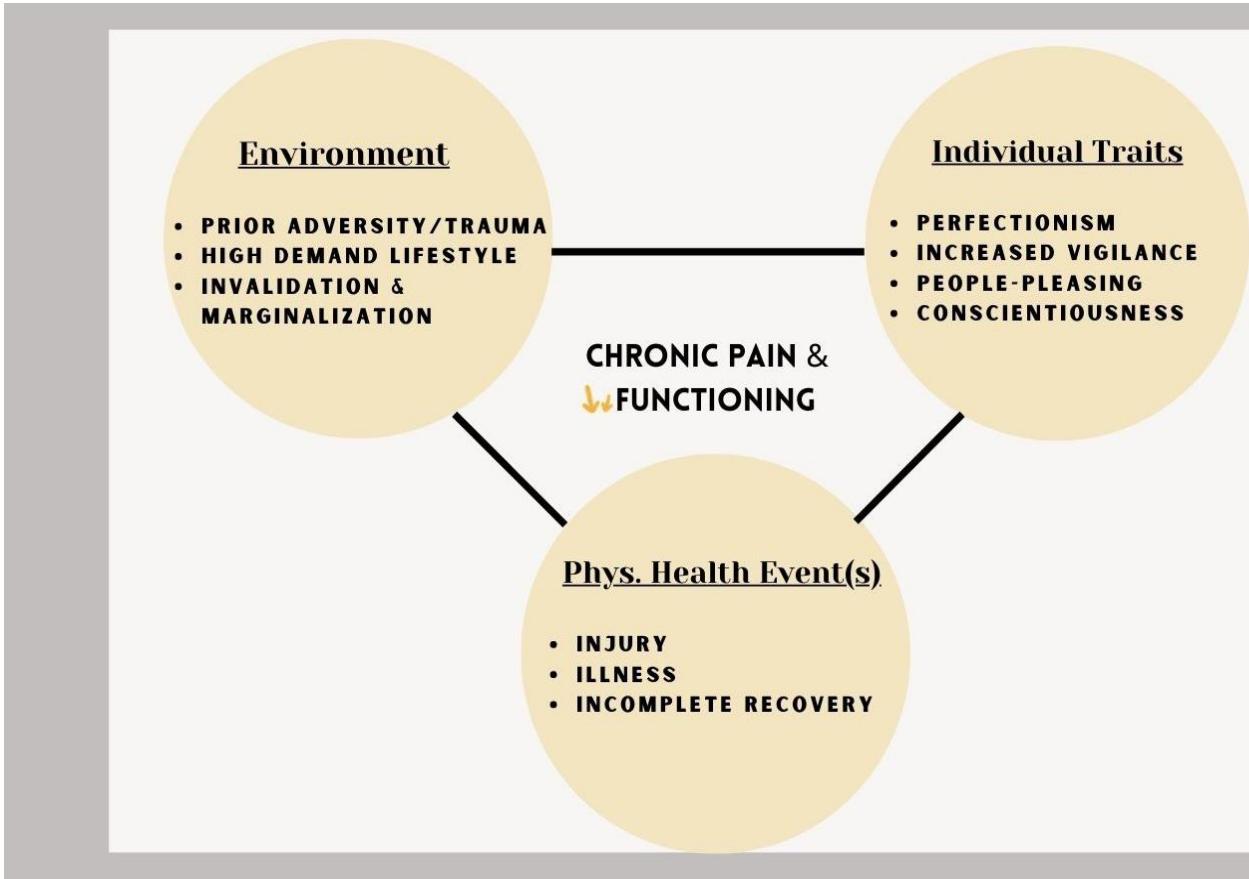


Disrupting the dynamics of chronic pain, trauma & perfectionism



Ashley Greenwell, PhD,
Psychologist

Why this talk?

- **Scope, severity, & complexity of the issue**
 - Nationally 14% have multimorbidity chronic medical issues
 - 25% condition interferes work, school, or imp. activities
 - Onyeka, 2020
- **Fragmented, Simplistic, & Harmful Systems**
- **Suicide Risk**
 - Thwarted belonging, entrapment, & burdensomeness
 - Kirtley et al, 2020
- **My background**
- **Our clients**

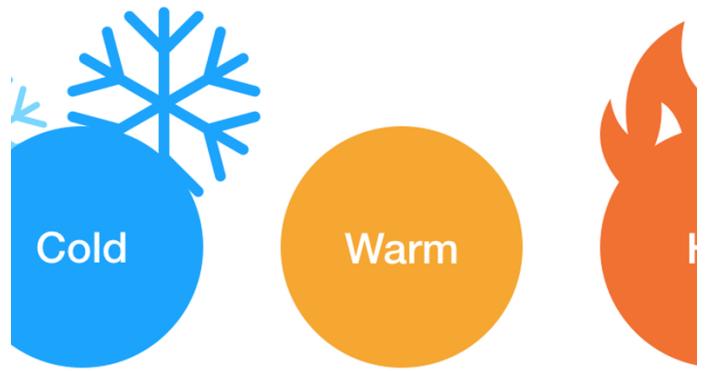


Why Radically Open DBT (RO DBT) & Pain Reprocessing Therapy (PRT)?

- Interventions that address the threat systems in our body
 - RO DBT
 - For Embodied Psychological Safety & Social Connection
 - PRT
 - For Embodied Physical Safety

Disclaimers & Givens

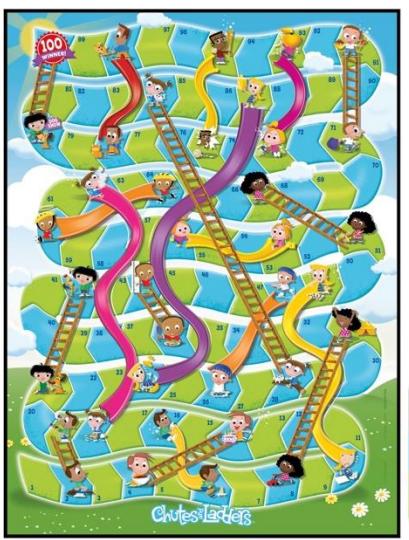
- Pain is real. All pain involves the brain. People are not imagining their pain.
- Not a PRT or RO DBT therapist training or certification
- This is not your fault.
 - Even if you discover you've been doing some things that might be worsening the severity of your pain.
- I am not Pro/Anti Traditional Healthcare or Holistic Care
- I'm not giving YOU specific advice today.
- Get curious about our certitude.



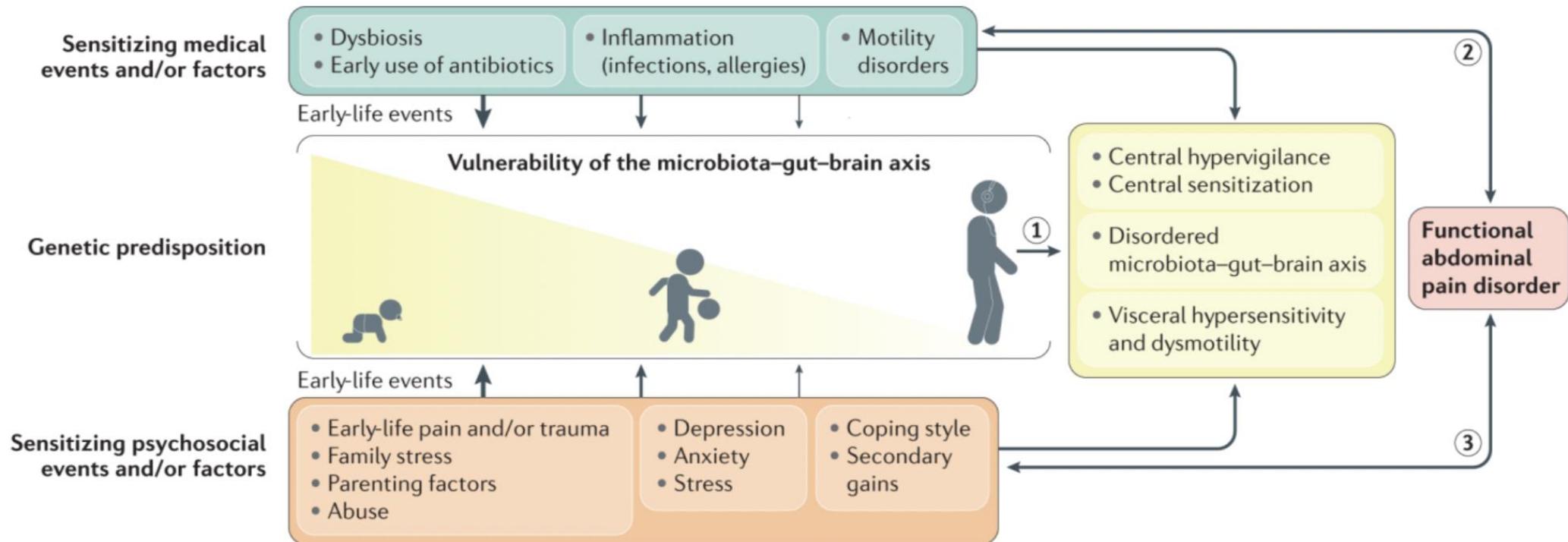
Today's Areas of Focus

- Problematic Cycles & Systemic Limitations
- RO DBT for social & emotional threat
- What is Pain (physical & psychological)?
- PRT for physical threats
- What is the central theory behind these newer interventions?

Common Patient Traits



Developmental Pathways for Chronic Pain & Illness



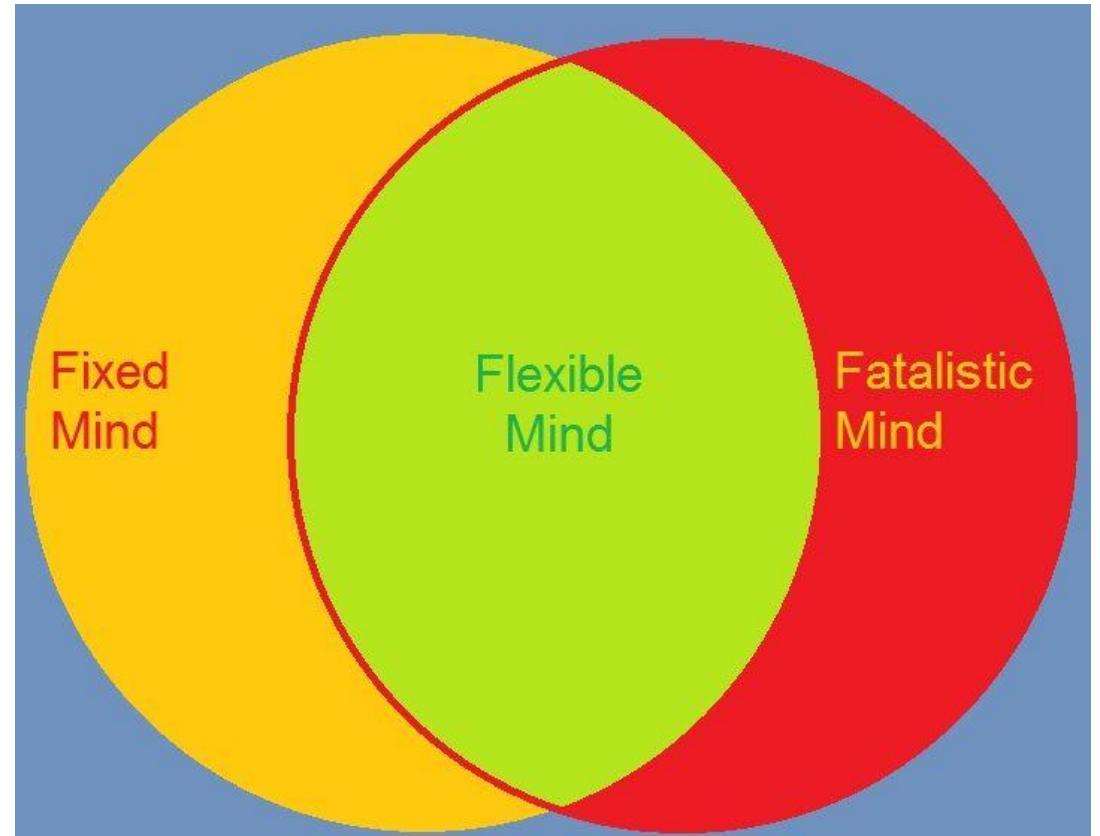
Perfectionism speeds biological wear & tear

- Neuroticism has long been linked to digestive disorders and chronic and diffuse pain conditions (& used to dismiss medical concerns).
- Sensitivity & Reactivity to daily hassles heightens risk of chronic health conditions

Piazza, 2013

- Private internal vigilance
 - *Perfectionism*
 - *Conscientiousness*
 - *People Pleasing*
 - *Health Anxiety*

Gordon, 2022



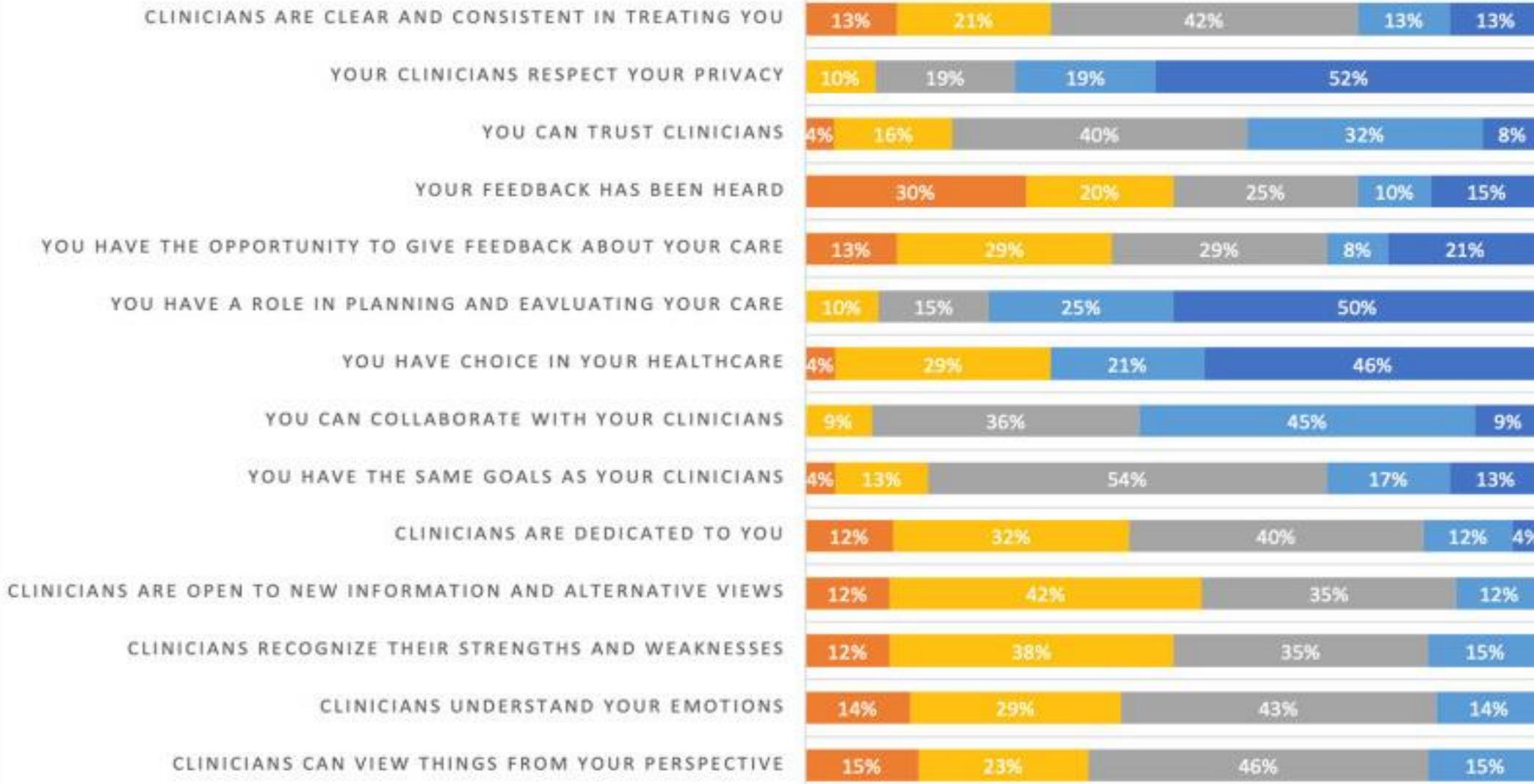
RO DBT Lynch, 2018

Toxic Environments



IMPRESSIONS OF CLINICIANS

■ never ■ rarely ■ sometimes ■ most of the time ■ never



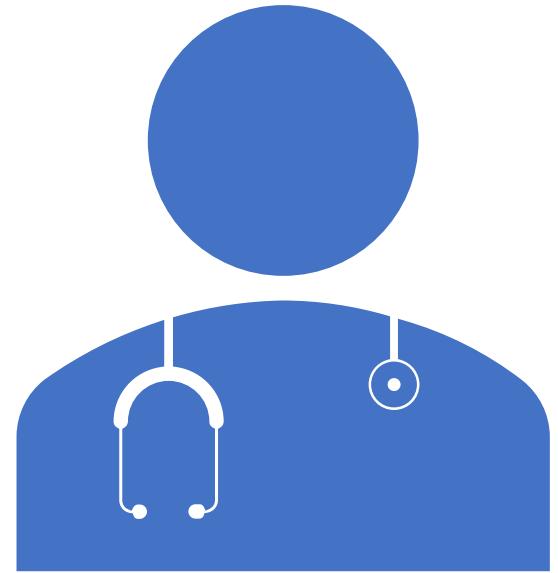
One must ask themselves if an obsessive attention to symptoms or precisely optimized self-care will result in better health. The patient has to hold in mind two contradictory modes:

Insistence on the reality of the disease (ext. threat)

and

Resistance to her own catastrophic fears (internal threat)

-Adapted from Megan O'Rourke, 2022



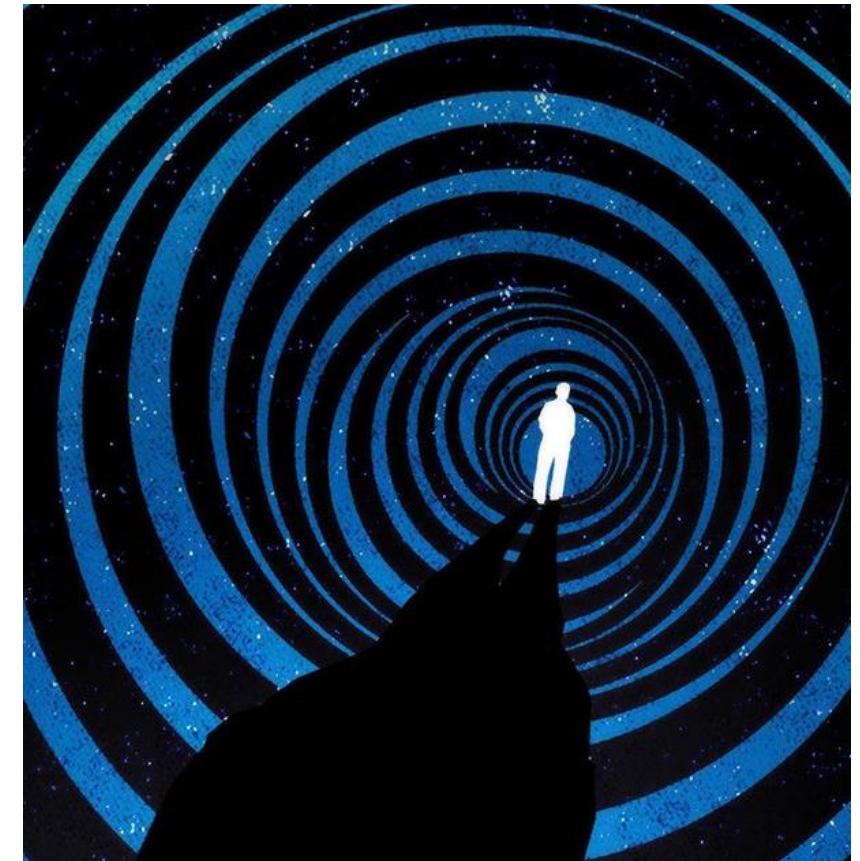
Observing Cycles

We must look dynamically at these complex interactions not via snapshots

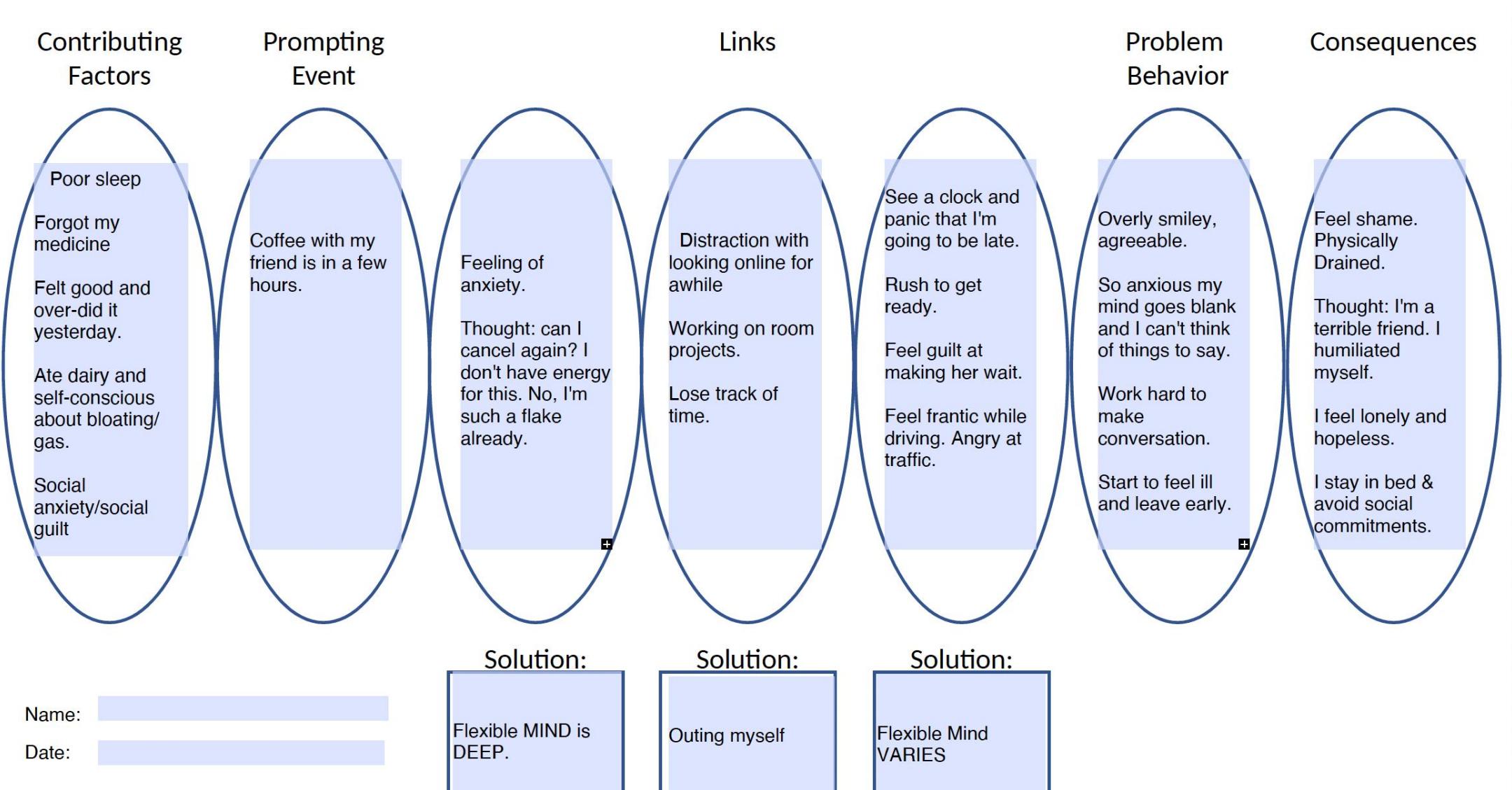


Entrenched Cycles

- Authenticity vs. attachment dilemma
- Sense of burdensomeness, so I must be small.
- Perfectionism => Procrastination => Disappointment
- Suppression => Apparent emotionality/impulsivity
- Hope-disappointment roller coaster.
- Boom/Bust cycles
- Inefficiency => frantic rushing
- Poorly titrated exposure practice to pain



RO DBT: A Behavioral Chain Analysis



Strengths of many people w/ this triad

- Nature's shock absorbers
- Deeply empathic
- Precision & detail-focused processing
- Sentinels for all of us
- Strong sense of duty, integrity
- Resilient
- Early onset wisdom born through experiences of inescapable suffering.



Posttraumatic Growth

“There is a razor thin line between trying to find something usefully redemptive in illness and lying to ourselves about the nature of suffering. Until we mourn what is lost and have a medical community that takes this suffering seriously, we cannot celebrate what is gained.”

-O'Rourke, 2022

What does help look like?



Easy is
hard.

What is RO DBT?

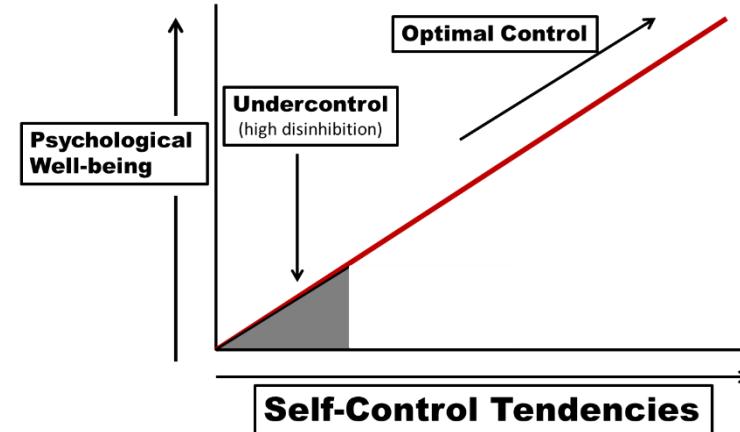
An EBT developed by Thomas Lynch, PhD targeting excessive overcontrol and its impact on loneliness, hyper-perfectionism, rigidity, risk aversion, lack of emotional expression, and other difficult to treat mental health problems such as OCPD, restrictive eating disorders, treatment-resistant anxiety, and chronic depression.

Goal: Creating a life worth sharing.

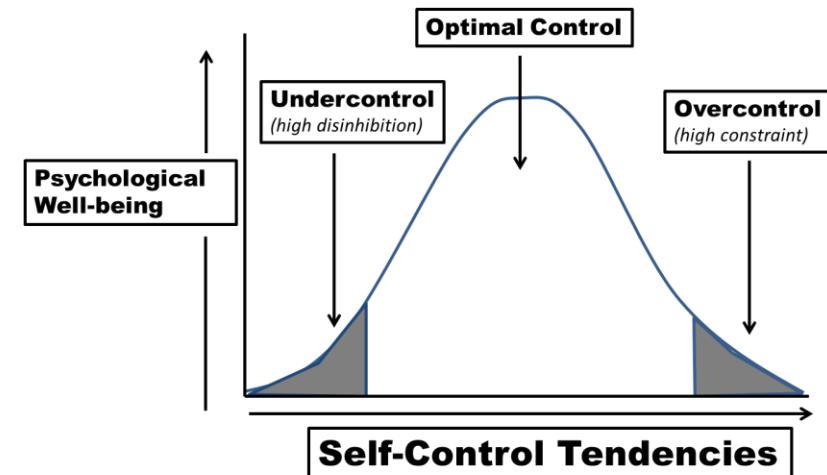


Too much of a good thing: the problem of overcontrol

- Existing research tend to see self-control as a linear construct: more is better



- However: you can have too much of a 'good thing'



Overcontrol is often not recognised

Overcontrolled people

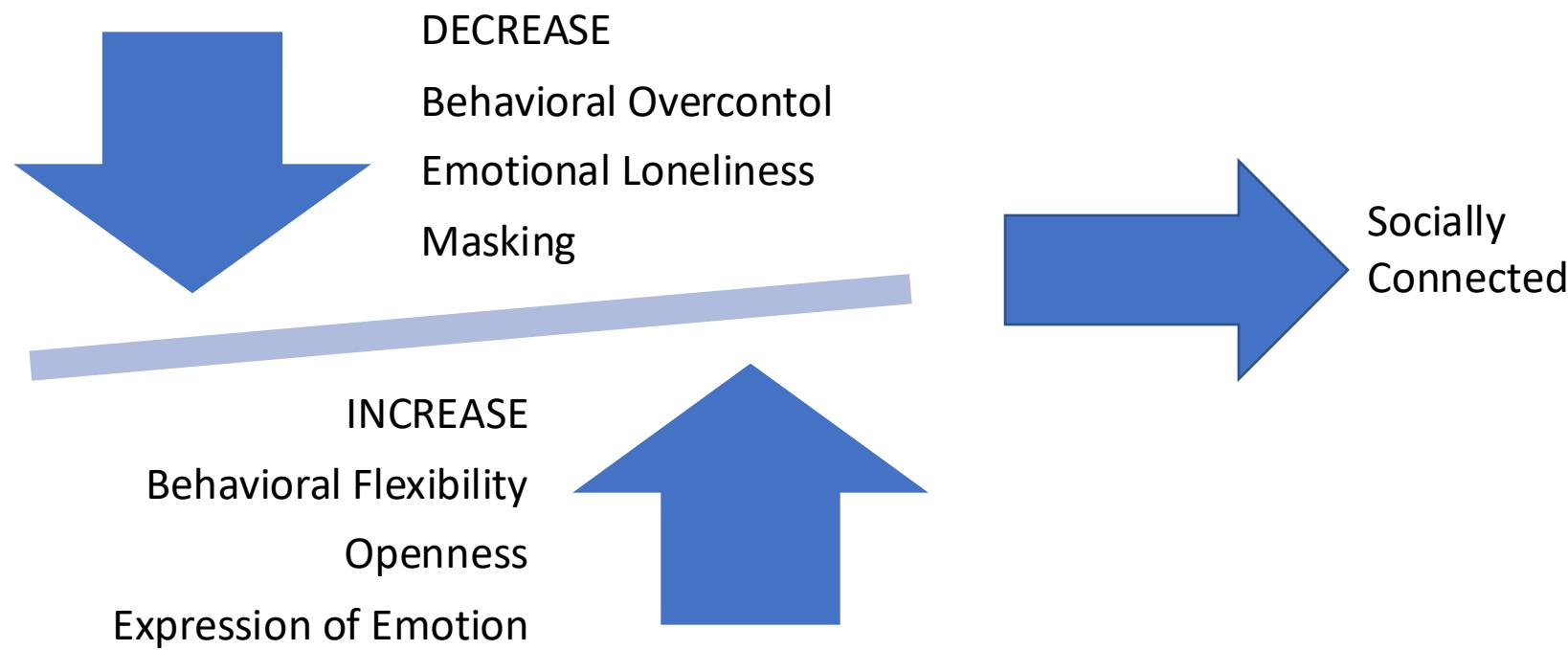
Are not roaming the streets in gangs—they are not causing riots; they are not the people you see yelling at each other from across the street

They are hyper-detail-focused perfectionists who can see ‘mistakes’ everywhere (including in themselves)

And tend to work harder than most to prevent future problems without making a big deal out of it.

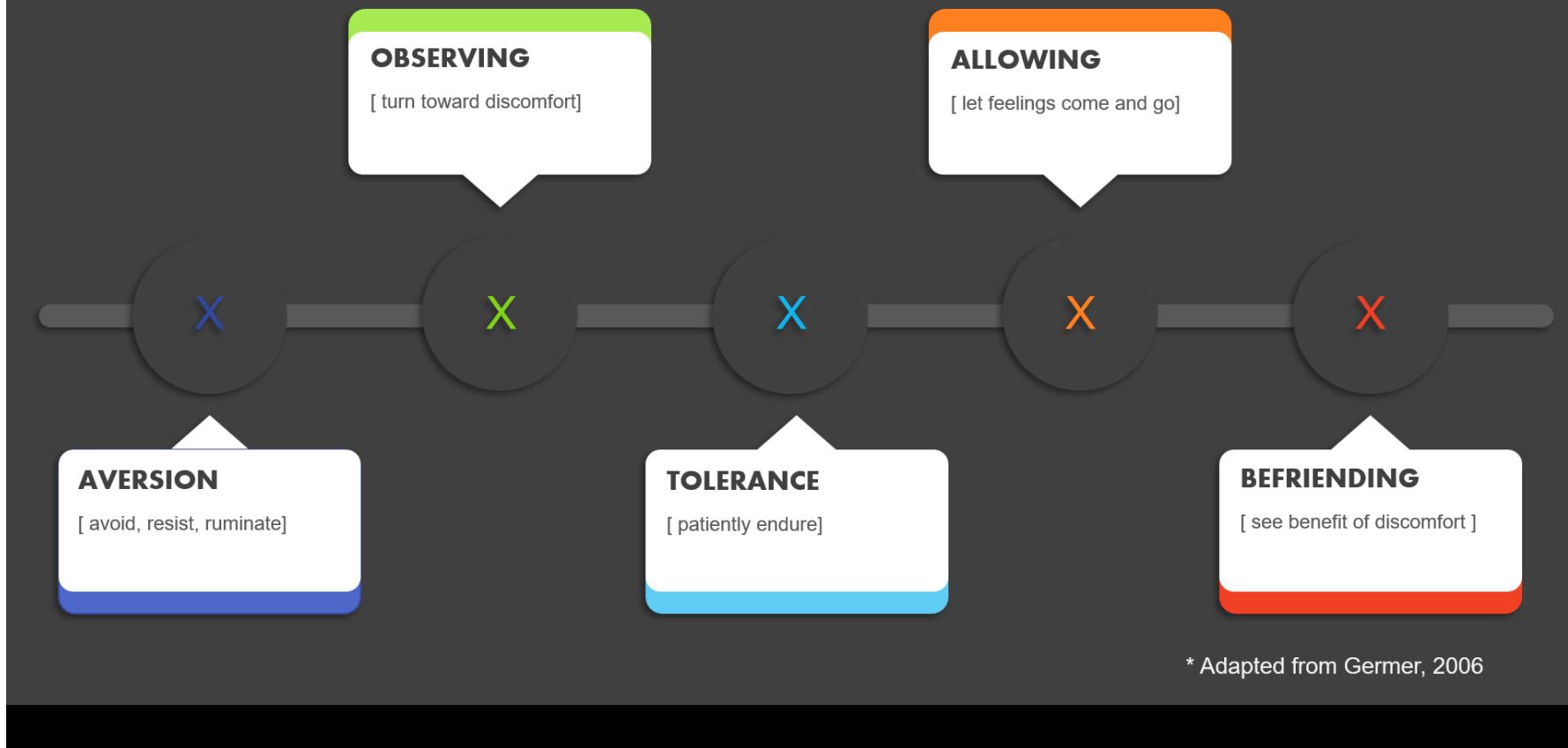
Plus, are expert at not appearing atypical on the outside (in public).

RO DBT – primary treatment targets

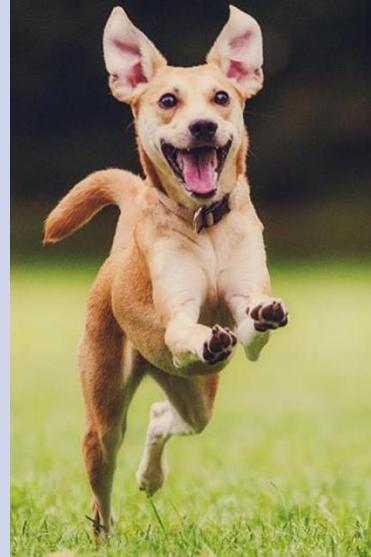


Why Radically Open?

Levels of acceptance for your internal experiences



Your Reaction to Environmental Cues

| Safety | Novelty | Goal Orienting | Threatening | Overwhelming |
|---|--|--|---|---|
|  |  |  |  |  |
| Content | Curious | Reward seeking | Fearful/Irritated | Numb/non-reactive |
| Socialize | Orient/Observe | Pursue | Flee/Attack | Give up |

RO DBT: SAGE Skill

The RO DBT Self-Conscious Emotions Rating Scale

Step 1. Identify the event, circumstance, or interaction triggering shame or other self-conscious emotions that you wish to evaluate.

Step 2. Identify the specific behavior you displayed or failed to display during the event that you believe may have caused or contributed to your shame or self-conscious emotional response.

Step 3. Use the event and specific behavior you have just identified to answer each of the questions that follow with YES or NO.

Step 4. Add up the number of YES responses, and use the scoring guidelines at the end of the handout to determine the extent to which your shame was warranted, partially warranted, or unwarranted.

1. *Did I purposefully lie, fabricate, or fail to disclose important information in order to achieve a goal or benefit myself?* YES/NO
2. *Did my behavior significantly damage an important relationship and/or result in serious injury to other tribal members or the community itself but benefit myself?* YES/NO
3. *Did my behavior result in severe physical or psychological injury to another person and/or my tribe as a result of my negligence, greed, envy, malice, or overconfidence?* YES/NO

Note: If you answered YES to any one of the three preceding questions, your shame or other self-conscious emotion IS WARRANTED. If you answered NO to all three questions, then answer the questions that follow to determine the extent to which your shame or other self-conscious emotion is likely warranted, partially warranted, or completely unwarranted.



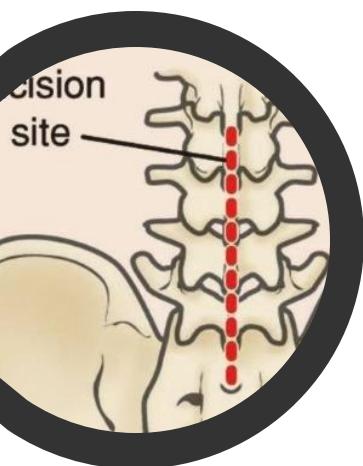
| Radically Open RO-DBT Diary Card | | | Initials/Name | Major OC Theme this Week: | Filled out in session: Y/N | How often did you fill out this side? <input type="checkbox"/> Daily <input type="checkbox"/> 2-3x <input type="checkbox"/> 4-6x <input type="checkbox"/> Once | |
|-------------------------------------|----------------|--|---|---------------------------------|----------------------------|--|--|
| Circle Start Day | Urge To: | ID # | Social-Signaling or Other Overt Behaviors | | | | |
| Day Of Week | Commit Suicide | Private Behaviors—Thoughts, Sensations, Emotions | Medications | | | | |
| | 0-5 | | Med as Prescribed Y/N | Other Drugs or Alcohol What. | | | |
| MON | | | | | | | |
| TUE | | | | | | | |
| WED | | | | | | | |
| THUR | | | | | | | |
| FRI | | | | | | | |
| SAT | | | | | | | |
| SUN | | | | | | | |
| Notes/Comments/Chain Analysis: | | | Valued-Goals sought this week: | | | New Self-Enquiry Questions: | |

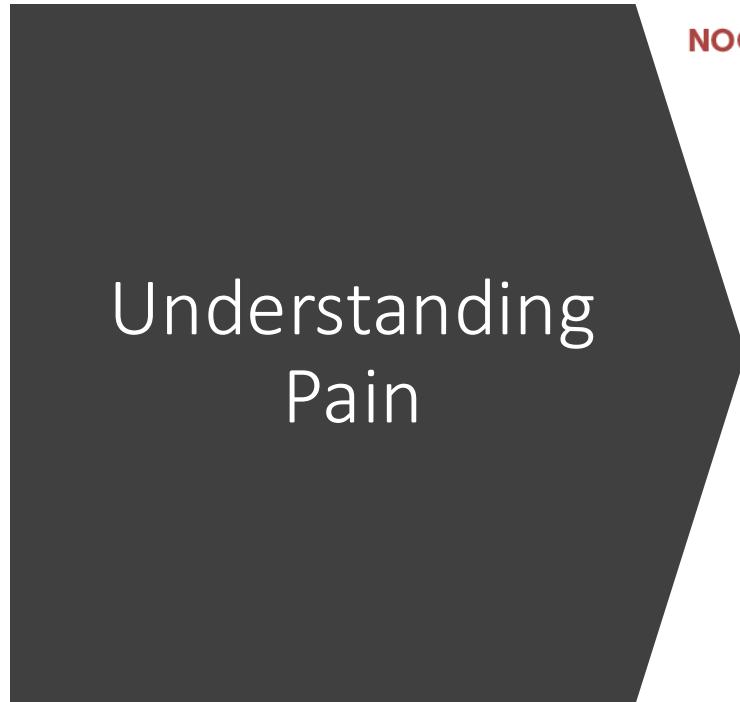
RO: The Dreaded Diary Card

PAIN REPROCESSING THERAPY

First a primer on pain....

OUR PAIN EXPERIENCE IS
POWERFULLY INFLUENCED
BY THE BRAIN'S
HYPOTHESIS ABOUT
DANGER





Understanding Pain

Pain related to damage of somatic or visceral tissue as a result of trauma or inflammation

NOCICEPTIVE PAIN

Pain related to damage of peripheral or central nerves

NEUROPATHIC PAIN

Pain without identifiable nerve or tissue damage thought to result from persistent neuronal dysregulation

CENTRAL SENSITISATION

PREDOMINANTLY NEUROPATHIC

- PHN
- pDPN
- Lumbar or cervical radiculopathy
- Stenosis
- Tumour-related neuropathy
- Chemotherapy-induced neuropathy
- Small fibre neuropathy
- Persistent postoperative pain
- Multiple sclerosis pain
- Post-stroke pain
- Pain associated with spinal cord injury

PREDOMINANTLY CENTRAL SENSITISATION

- Fibromyalgia
- Irritable bowel syndrome
- Tension-type headaches
- Interstitial cystitis/pelvic pain syndrome
- Temporomandibular joint disorder
- Chronic fatigue syndrome
- Restless leg syndrome
- Neck and back pain without structural pathology

Mixed pain conditions with multiple pain pathophysologies such as chronic low back pain

PREDOMINANTLY NOCICEPTIVE

- Osteoarthritis
- Rheumatoid arthritis
- Tendonitis, bursitis
- Ankylosing spondylitis
- Gout
- Neck and back pain with structural pathology
- Tumour-related nociceptive pain
- Sickle cell disease
- Inflammatory bowel disease

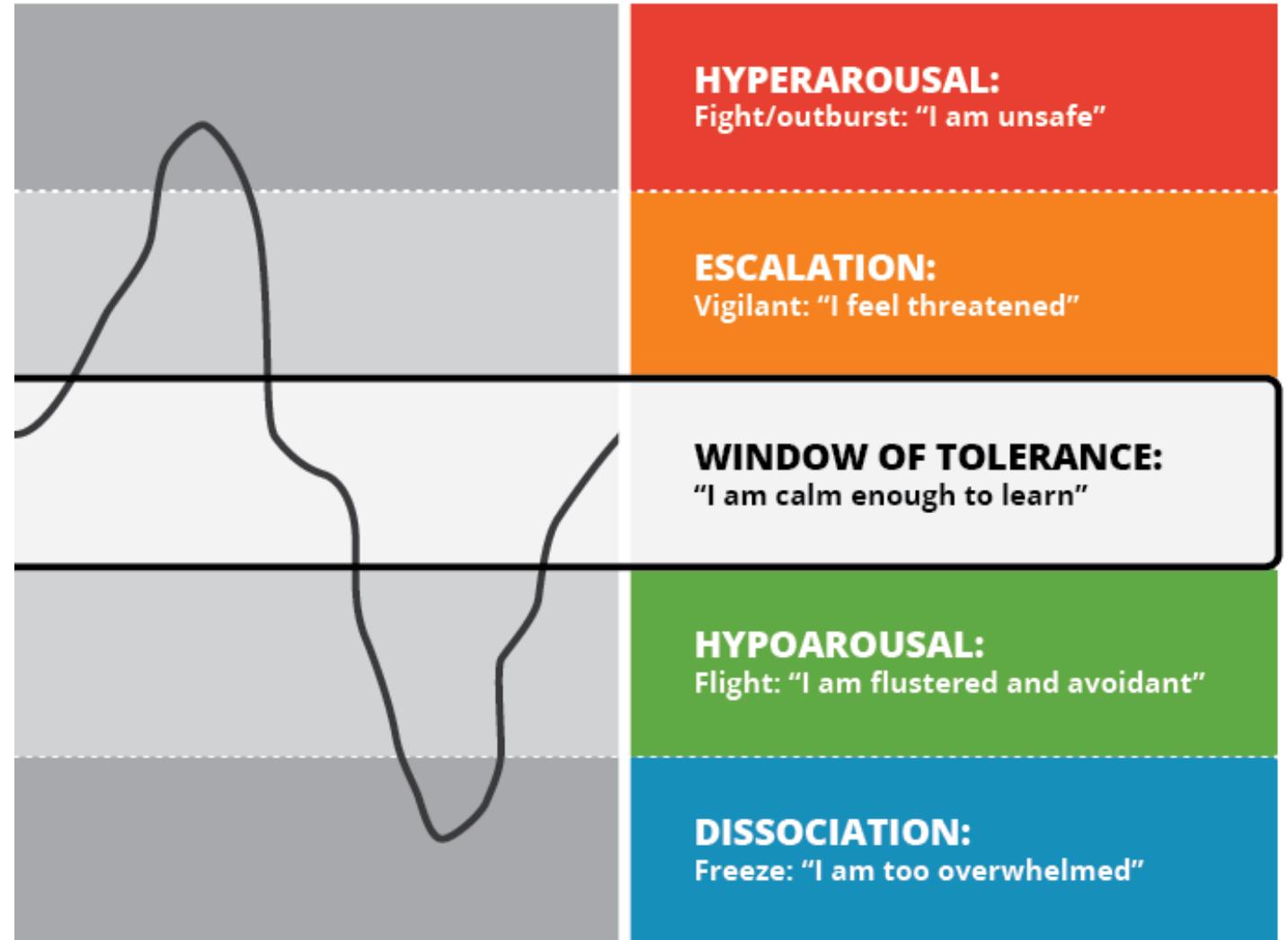
What is Pain Reprocessing Therapy?

- For Whom?
 - Designed for Neuroplastic Pain LESS focused on structural/systemic pain.
- The goal
 - We are helping you develop a sense of lightness with pain. You don't have to get rid of it or reduce the pain (no control/achievement agenda). We are outcome independent. Successful practice is letting go of some the fear, not whether the pain goes up or down.
- Evidence
 - Treatment of 8, 1-hour sessions over 4 weeks.
 - 66% near pain free after 11 years on average of chronic pain.

PRT: Indicators of the presence of neuroplastic pain

- 1) *Symptoms Originate Without Injury*
- 2) *Symptoms Begin During Time of Stress*
- 3) *Symptoms Are Inconsistent/Vary Atypically*
- 4) *Symptoms are Unexplainable by Known Structural Conditions*
- 5) *Symptoms Triggered by Factors that have nothing to Do with the Body (stress or conditioned response)*
- 6) *History of Childhood Adversity*
- 7) *Presence of Common Personality Traits*
- 8) *Co-Occurring Mental Health Conditions*
- 9) *Family History of Chronic Pain*

PRT: Somatic Tracking & Pain Management



An example of PRT



Summary

- Pain is your alarm system. Over time we can get better (not perfect) at discerning potential threats and adjusting the volume.
- We can find embodied safety through identifying key feedback loops.
- Flexible Mind opens us up to full catastrophe living to reduce our reliance on unreliable control strategies.
- None of these interventions are intuitive, easy, or quick but they are worthwhile.
- Sense of Community is a key resilience factor.

Next Steps & Resources:

- Books:
 - The Invisible Kingdom, The Way Out, RO DBT Skills Manual
- Apps
 - Reveri, RO DBT, Curable
- Consultation or Skills Group: info@greenwellpsychology.com
- National Therapist Directories
 - RadicallyOpen.net , painreprocessingtherapy.com, theROMEFoundation.org
- Local Directories
 - Womeninprivatepractice.com, utahpsych.com, LGBT guild
- Metrodora Institute, Mayo Clinic, EDS/Gastro Resource List

Citations:

- Ashar, Y. K., Gordon, A., Schubiner, H., Uipi, C., Knight, K., Anderson, Z., ... & Wager, T. D. (2022). Effect of pain reprocessing therapy vs placebo and usual care for patients with chronic back pain: a randomized clinical trial. *JAMA psychiatry*, 79(1), 13-23.
- Castro, W.H., Meyer, S.J., Becke, M.E., Nentwig, C.G., Hein, M.F., Ercan, B.L., et al. (2011). No stress – no whiplash? Prevalence of 'whiplash' symptoms following exposure to a placebo rear end collision. *International Journal of Legal Medicine*, 114, 316-322
- Gordon, A (2022). *The Way Out: Healing Chronic Pain*.
- Halverson, C. M., Penwell, H. L., & Francomano, C. A. (2023). Clinician-associated traumatization from difficult medical encounters: Results from a qualitative interview study on the Ehlers-Danlos Syndromes. *SSM-Qualitative Research in Health*, 100237.
- Kirtley, O. J., Rodham, K., & Crane, C. (2020). Understanding suicidal ideation and behaviour in individuals with chronic pain: a review of the role of novel transdiagnostic psychological factors. *The Lancet Psychiatry*, 7(3), 282-290.
- Lynch, T. R. (2018). *Radically open dialectical behavior therapy: Theory and practice for treating disorders of overcontrol*. New Harbinger Publications, Inc.
- Onyeka, I. N., Maguire, A., Ross, E., & O'Reilly, D. (2020). Does physical ill-health increase the risk of suicide? A census-based follow-up study of over 1 million people. *Epidemiology and psychiatric sciences*, 29, e140.
- Piazza JR, Charles ST, Sliwinski MJ, Mogle J, Almeida DM. Affective reactivity to daily stressors and long-term risk of reporting a chronic physical health condition. *Ann Behav Med*. 2013 Feb;45(1):110-20. doi: 10.1007/s12160-012-9423-0. PMID: 23080393; PMCID: PMC3626280.

Questions?

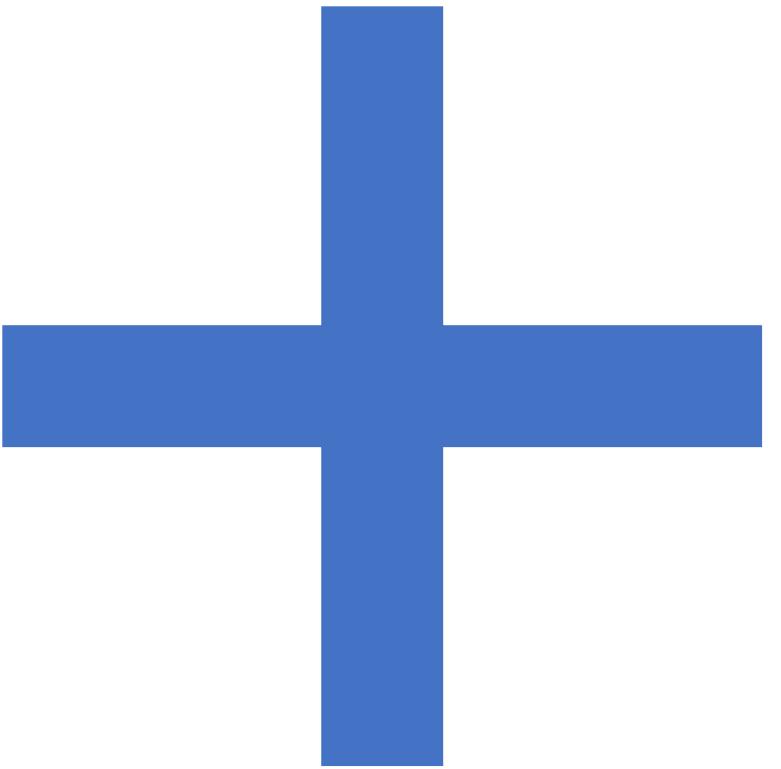


DR. ASHLEY GREENWELL, PSYCHOLOGIST | CONSULTANT

Integrating Science, Compassion, & Connection For Your Health & Vitality

Ashley@GreenwellPsychology.com

Bonus Areas:



ILLNESS NARRATIVES

-Restitution

-Chaos

-Quest





The Patient Identity

RO DBT: Flexible Mind is DEEP

Read through the list of values and mark the ones that you notice somatically tug at you (e.g. you notice internal sensations that suggest they really matter to you). See if you can notice the distinction between slight reactions and those examples of values with more evocative power behind them. The 3-5ish that are more important to you can be benchmarks that we use to guide us in future meetings.

- To be willing to question everything, including myself
- To trust myself and others
- To let others know when I admire them, love them, or feel happy in their presence
- To be disciplined and orderly
- To be undisciplined and disorderly
- To think before I act
- To act before I think
- To be self-controlled when the situation calls for it
- To have the capacity to relinquish control
- To fight tyranny
- To be able to stand up against powerful others, with humility, in order to prevent unwarranted harm or unethical behavior
- To be able to express vulnerability and accept help from others when I need it
- To seek what may be uncomfortable in order to learn
- To avoid what I dislike, with awareness
- To cultivate healthy self-doubt
- To cultivate healthy self-confidence
- To celebrate my successes without becoming arrogant
- To revel in the success of others without

- To be open to new experience and value the unexpected
- To passionately participate in life
- To be content with my life
- To appreciate knowledge, education, and learning
- To see all humans as equal
- To signal humility, nonarrogance and openness to those who are different from me
- To experience compassionate love toward myself and others
- To celebrate problems as opportunities for growth
- To live here and now
- To be humble and nonarrogant
- To make self-sacrifices in order to benefit the lives of others, without expecting anything in return
- To challenge authority
- To respect authority
- To be considerate of other people's feelings or way of thinking
- To be nonreactive and calm
- To be reactive and disinhibited when the situation calls for it
- To understand myself, others, and the world
- To be dutiful

- To be candid and straightforward
- To be honest and truthful
- To be ethical and fair-minded
- To respect myself and others
- To be taken seriously
- To have an easy manner
- To be kind to myself and others
- To treat other people as I would like to be treated
- To do the right thing, even if it causes distress in others
- To be seen as a loving parent, spouse, partner, or friend
- To attend to relationships
- To be faithful to my vows and prior commitments
- To be willing to break a promise when warranted
- To apologize to those I have harmed and repair the damage if possible
- To forgive those who have harmed me
- To acknowledge fallibility without falling apart
- To value diversity
- To do what is needed in the moment
- To be able to question myself without falling apart
- To behave responsibly
- To admit when I have been wrong or harmed someone, without expecting anything in return or resorting to harsh self-blame
- To express love to those I care about
- To not expect others to solve my problems
- To be acknowledged and appreciated
- To acknowledge when I succeed, without arrogance
- To care about the well-being of others
- To care about my own well-being
- To contribute to my tribe, my family, my community, and my society, without always expecting something in return
- To be self-directed
- To appreciate direction from others
- To take responsibility for my actions, emotions, and reactions to the world rather than blaming them on others or getting down on myself
- To accept those things that I cannot change
- To seek change when it is within my power
- To stand up for what I believe
- To admit when I fail but not let it stop me
- To not always assume I am right
- To not always assume I am wrong
- To be able to play, laugh, and relax
- To be open-minded
- To love and be loved
- To avoid harming others
- To be spiritually minded
- To be a leader
- To be productive
- To be powerful and influence others
- To contribute to society
- To achieve something important
- To enjoy the work I do

RO DBT: Behavioral Chain Analysis

