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## *Pain, Pain, Go Away*

### *Outsmarting Chronic Pain So It Doesn't Cramp Your Style*



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Pain is typically the sign of a broken body part, But often it has a life of its own—flaring up when you least expect it, spreading to other areas, and even persisting once the offending source is fully healed. In the end, it's in your head. Which means pain can play mind games with you—but also that you can fight back once you know its tricks.

#### **A New View**

Cognitive Behavioral Therapy (CBT) is one of several arrows in your quiver that can help you outsmart persistent pain. Researchers have shown that CBT can be as effective in treating chronic low back pain as lumbar spinal fusion, a major surgical procedure.

Changing the way a person thinks about and interprets pain can alter the experience of pain. A recent study showed that CBT, behavioral therapies, and self-regulatory therapies (biofeedback, hypnosis, and relaxation training) were highly effective in treating people with chronic low back pain. These treatments don't just help you deal with the physical discomfort, they actually reduce it.

The use of psychological treatments reflects a shift away from the medical model of pain, which construes pain narrowly—as a sensory event directly arising from disease or tissue damage. Beginning in the mid-1960's, an evolving understanding led to the so-called bio-psychosocial model of pain, which sees pain not only as a sensory event but also an emotional experience, one shaped by our thought and beliefs about the causes and consequences of the pain, as well as by our reactions to stress and our social world.

Emotional arousal can influence pain directly by increasing muscle tension and altering levels of hormones and neurotransmitters associated with pain. Fear of re-injury or more pain, for example, can lead us to limit or avoid activities, which then decreases muscle strength and causes loss of function and more pain and disability.

#### **Suffering Together**

Those in pain often feel angry, frightened, helpless, resentful, depressed, or guilty about being a burden, and they may try to bottle it up to ease others' discomfort. Partners and loved ones also experience intense feelings—they have to watch someone they care about in distress—and they too tend to hold in their feelings of sadness, anxiety, or inadequacy.



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When the patient, partner, or, especially, both shy from emotional expression, the silence can make the pain worse. Interventions are being developed that reduce ambivalence about expression and better allow both patients and their partners to communicate not only if and when they are in pain, but also how they feel about it.

## **Skeptics Wanted**

Researchers are still working to pinpoint which patients will benefit from a particular intervention or combination of approaches. There's nothing special about any specific technique. They are all designed to bring about the same end point: helping a person self-manage their condition.

One of the most important stages of recovery is making the decision to try something new. For example if someone is skeptical that relaxation will help their pain, being willing to take that first step and try it, can be very beneficial.

Combining conventional medical treatment with a psychological approach may be your best bet for combating pain. With an orchestrated effort, you can keep pain from getting the upper hand.

## ***5 Ways to Tame the Pain***

**Consider these complements to a conventional medical approach.**

- **Diversion Techniques**, such as visualization and guided imagery training, shift your attention away from the pain. Even music and aromatherapy have been shown to reduce pain sensitivity through distraction.
- **Biofeedback, Relaxation**, controlled breathing, meditation, and self-hypnosis teach you to respond to pain with mental relaxation. They help you learn to ease your muscles rather than tense them, which increases pain.
- **Cognitive Restructuring** helps curb negative thinking and catastrophizing—"This will never get better, nothing works!" - in favor of more realistic thoughts—"Yes, I had a pain flare. I've had them before and they don't last forever."
- **Activity Pacing** helps you gradually increase your tolerance for activities by understanding your limits, alternating moderate periods of activity with rest, and stopping before the pain becomes severe. This halts a devastating cycle. Fear of pain leads to avoiding activities and a gradual loss of function, which then leads to more pain and disability.
- **Operant Conditioning** is based on the observation that pain behaviours—grimacing, moans, limping, withdrawing from activities—can become habitual because of the responses they elicit from your spouse or doctors. Along with teaching you coping skills, operant conditioning trains family members to reinforce efforts you make toward coping and self-management, rather than reward negative behaviours.



## *An Author in Our Midst*

FAC is proud to announce a soon to be released book authored by one of our psychologists. Terra Taylor has researched the relationship between finances, mental health and everyday life. This research has resulted in the following book.

### ***What is the book called?***

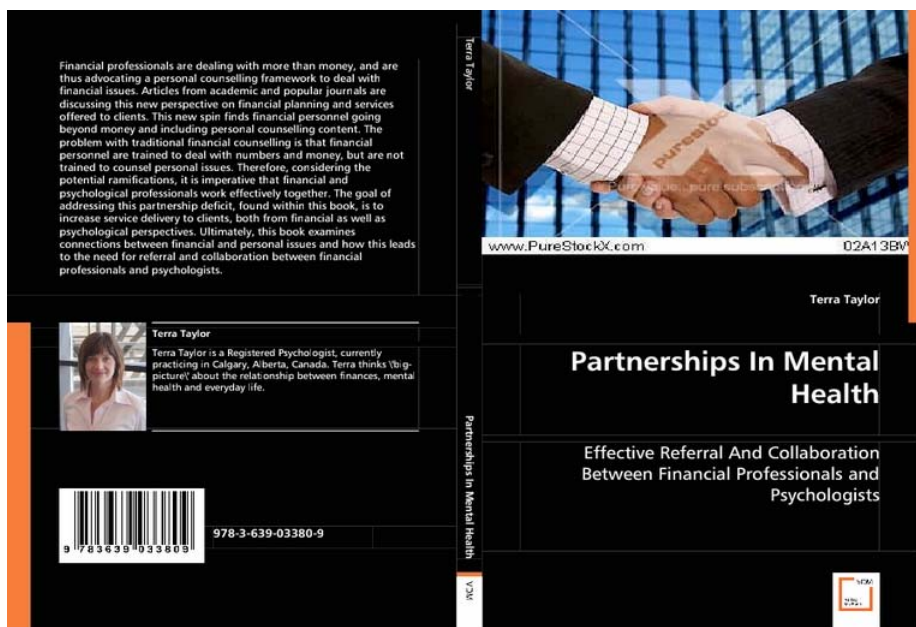
*Partnerships in Mental Health: Effective Referral and Collaboration between Financial Personnel and Psychologists*

### ***What is the book about?***

Financial professionals are dealing with more than money, and are thus advocating a personal counselling framework to deal with financial issues. Articles from academic and popular journals are discussing this new perspective on financial planning and services offered to clients. This new spin finds financial personnel going beyond money and including personal counselling content. The problem with traditional financial counselling is that financial personnel are trained to deal with numbers and money, but are not trained to counsel personal issues. Therefore, considering the potential ramifications, it is imperative that financial and psychological professionals work effectively together. The goal of addressing this partnership deficit, found within this book, is to increase service delivery to clients, both from financial as well as psychological perspectives. Ultimately, this book examines connections between financial and personal issues and how this leads to the need for referral and collaboration between financial professionals and psychologists.

### ***When will it be available?***

Stay tuned for the official release date!





## *Parenting Coordination Presentation*

In January of 2008 Eileen Ailon and Hanita Dagan presented on Parenting Coordination to the Family Law Lawyers at Vogel & Co. They also did a presentation at Foster Stock Richmond in March of 2008.

This Alternative Dispute Resolution Process for high conflict families is increasingly in demand as its efficacy becomes more widely recognized. However, as a relatively new modality there is a lack of clarity as to the specifics of the procedure.

The presentation provided a greater understanding of the Parenting Coordination process including how and when to refer families, ethical concerns, and differentiating Parenting Coordination from Practice Note 7.

The guidelines for conducting Parenting Coordination as established by the AFCC task force on Parenting Coordination were clarified. This included defining the qualifications necessary to be a Parenting Coordinator. As this process requires a high level of experience and skill in a variety of fields, including mediation, arbitration, child and family development, and the dynamics of high conflict families, the presenters emphasized the need for specific Parenting Coordination training, which they themselves have undergone and has been offered only through the AFCC.

In view of the need to promote a greater understanding of Parenting Coordination, Eileen Ailon and Hanita Dagan would be pleased to offer their Parenting Coordination presentation to anyone that is interested. For more information you can call our office at 403-266-2017.



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### SUGGESTIONS/COMMENTS?

*Do you have any suggestions for future articles*, or just a comment regarding this newsletter?

We welcome your feedback. Please contact Wanda Mueller at 266-2017 or at [wmueller@worldpsych.ca](mailto:wmueller@worldpsych.ca).