

Diagnosis and Treatment of Psychophysiologic Disorders

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NPTC Washington
May 6, 2022

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Psychophysiologic Disorders (PPD)

Illness caused by
past or present
psycho-social stress.

(Not associated with
abnormal organs or structures.)



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A New Skill for Mental Health Professionals

- Relieve Pain or other Physical Illness
- Better Understand Your Clients
- Rewarding Clinician Experience
- Lower Healthcare Cost

3

Relieve Physical Symptoms with Psychotherapy

50 year old woman with undiagnosed attacks of severe vomiting and dizziness for 15 years. (60 hospital admissions)



4

Better Understanding of Your Clients

- Central Pain is Different
- Goal is Relief, not mere coping
- Address ACEs, Trauma & Emotions

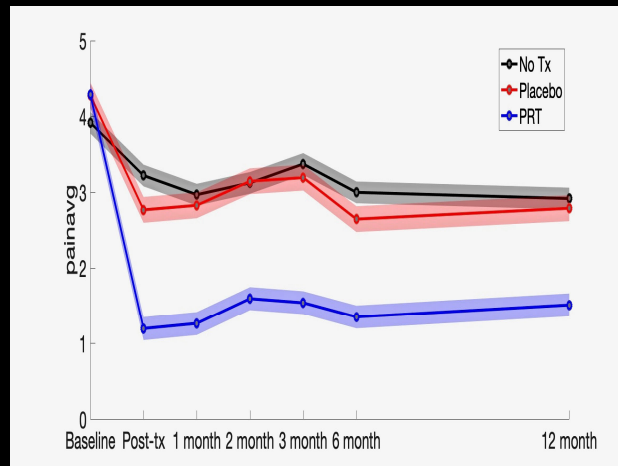


5

Three New Psychotherapies (that have much in common)

Ashar, Y et al. JAMA Psychiatry. Sep 2021

Ten Years
of Pain
Relieved in
8 sessions



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Rewarding Clinician Experience



- Integrated DBH with three Family MDs
- Learned the material in this course
- "These ideas put the joy back in my practice."

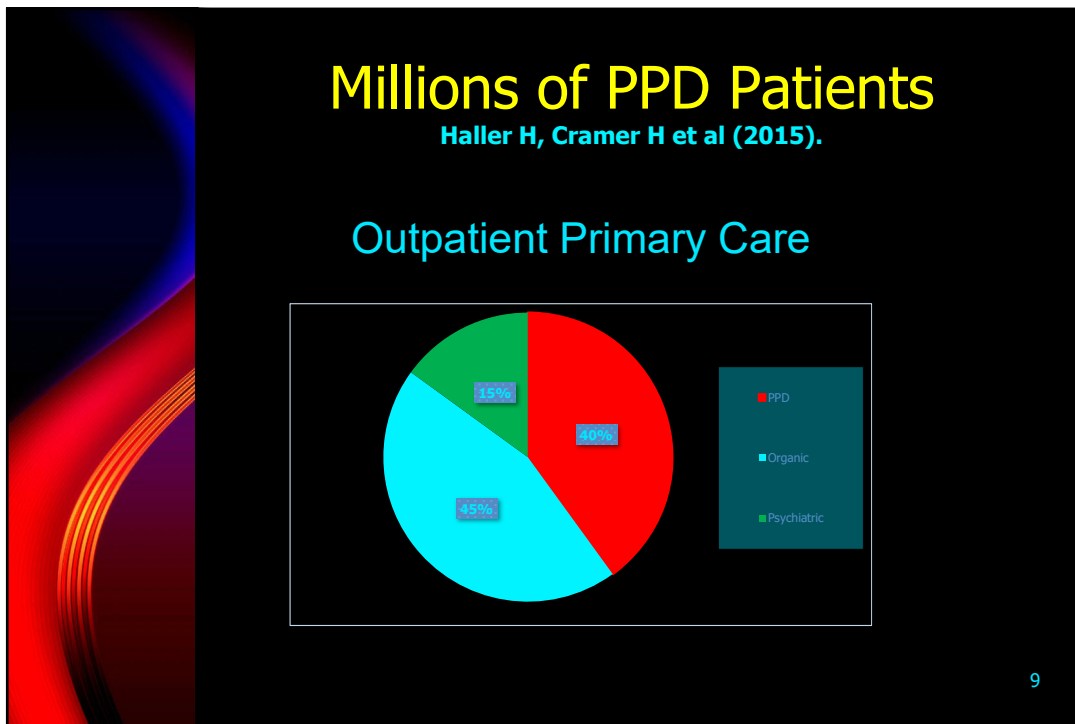
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Reduce Costs in Healthcare's Largest Blind Spot

PPD Patients are a large population who have:

- Chronic Pain not due to structural/organ disease
- Medically Unexplained Symptoms of almost any type, number, duration and severity
- Chronic Functional Syndromes (IBS, Fibromyalgia, CRPS, Interstitial Cystitis etc)

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Usual Care of PPD

- Abdominal pain for nine months unexplained by diagnostic testing
- No inquiry about stress

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A note from the Referring Physician

“Thank you for helping her. It is reassuring to know that I didn’t miss anything important.”

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Usual Care of PPD is Quadruply Painful

1. No diagnosis
2. Ongoing pain and undetected IPV
3. Numerous costly tests
4. Physician Frustration



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Francis Peabody, MD

(1881-1927)

Harvard Medical School

"...is it not rather narrow minded to limit one's interest to those disturbances of function which are based on anatomic abnormalities?"

JAMA. (1927). Care of the Patient. 88: 877-882.

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Ms T: A 46 Year Old with Neck & Arm Pain



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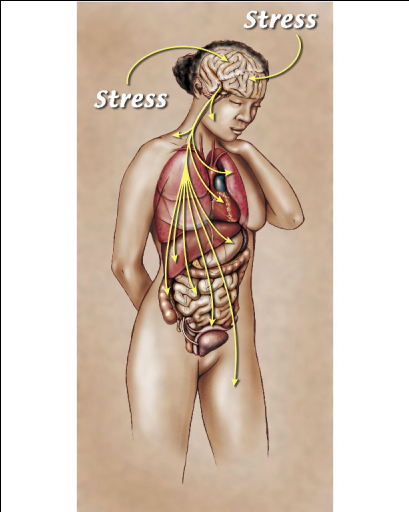
Pain for Several Years Diagnostic Tests Fail to Explain

Chronology:
Pain onset after PT and
during a date.



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A Wide Range of Presentations



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Francis Peabody, MD

(1881-1927)

Harvard Medical School

"In all your patients whose symptoms are of functional origin, the whole problem of diagnosis and treatment depends on your insight into the patient's character and personal life."

JAMA. (1927). Care of the Patient. 88: 877-882.

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Addressing Skepticism

Early on, clarify that under stress pain can be generated in the brain. (Analogous to phantom limb pain. Brain is anatomically different.)

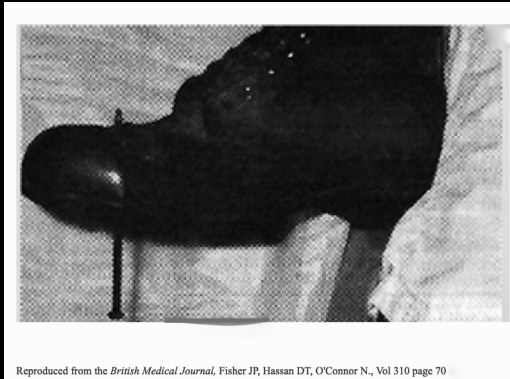
Analogy with "knot" in the abdomen when tense.

Stress-related pain is real & not self-inflicted.

Effective treatment is available.

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Central Pain vs Peripheral Pain



Reproduced from the *British Medical Journal*, Fisher JP, Hassan DT, O'Connor N., Vol 310 page 70

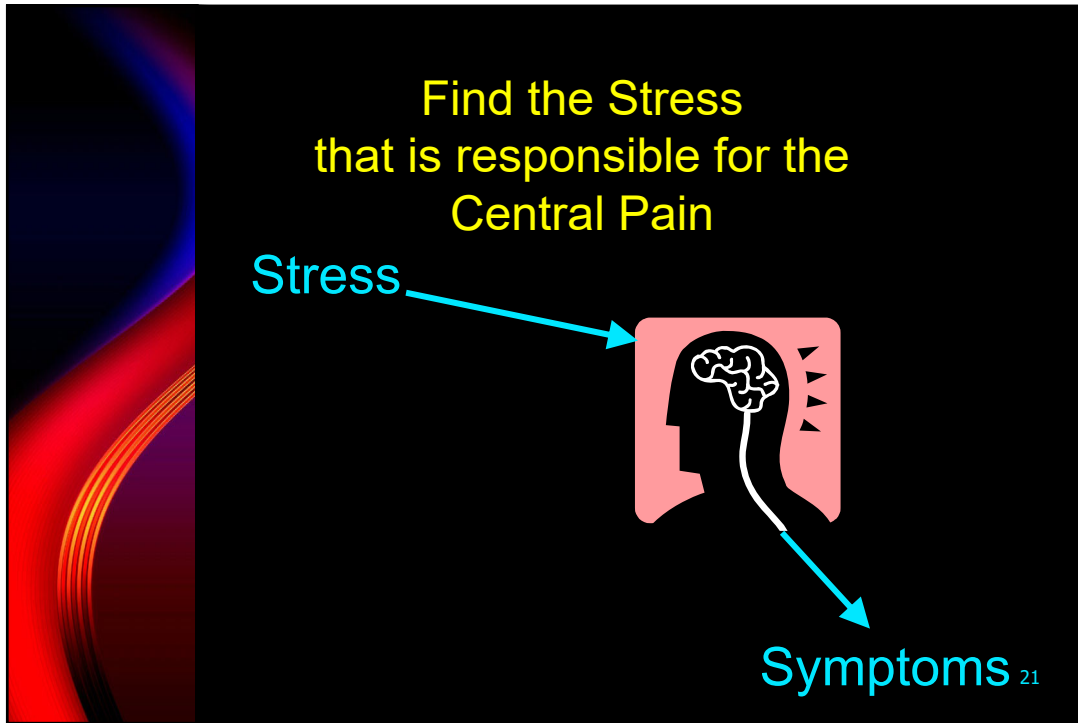
19

21st Century Discovery: Neuroanatomic Changes

In Fibromyalgia, links from the Somatosensory Cortex to the Anterior Insula are increased and correlate with pain severity and degree of catastrophizing.

Kim J et al. The Somatosensory Link... in Fibromyalgia.
Arthr & Rheum, Jan 2015.

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Stress Evaluation Part I

Begin with the Chronology of the Illness

²²


Clues to PPD

- Multiple & Diverse Symptoms
- Lack of Correspondence to Nerve Distribution
- Symptoms migrate to different body locations
- High variability in intensity not linked to activity
- Years or decades in duration
- Relief during vacation or in a safe environment
- Triggered by light touch
- Flare after activity but not during activity
- Symptoms not reliably reproducible by same action


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Stress Evaluation Part II

Current Stress




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Stress Check-Up Part II Ms T

- Any significant current stresses?

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Stress Check-Up Part II Ms T's Current Stresses

- Relationships with men
- Consistently they are bad partners
- This is often an effect of ACEs

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Stress Evaluation Part IIa

Insufficient Personal Time



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Stress Check-Up Part IIa

Ms T's Self-Care Skills

- Does she care for others to the exclusion of her own needs?

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Stress Check-Up Part IIa Ms T's Self-Care Skills


Buying luggage to appease her boyfriend suggests:

- Potential for poor self-care skills.
- Co-dependence

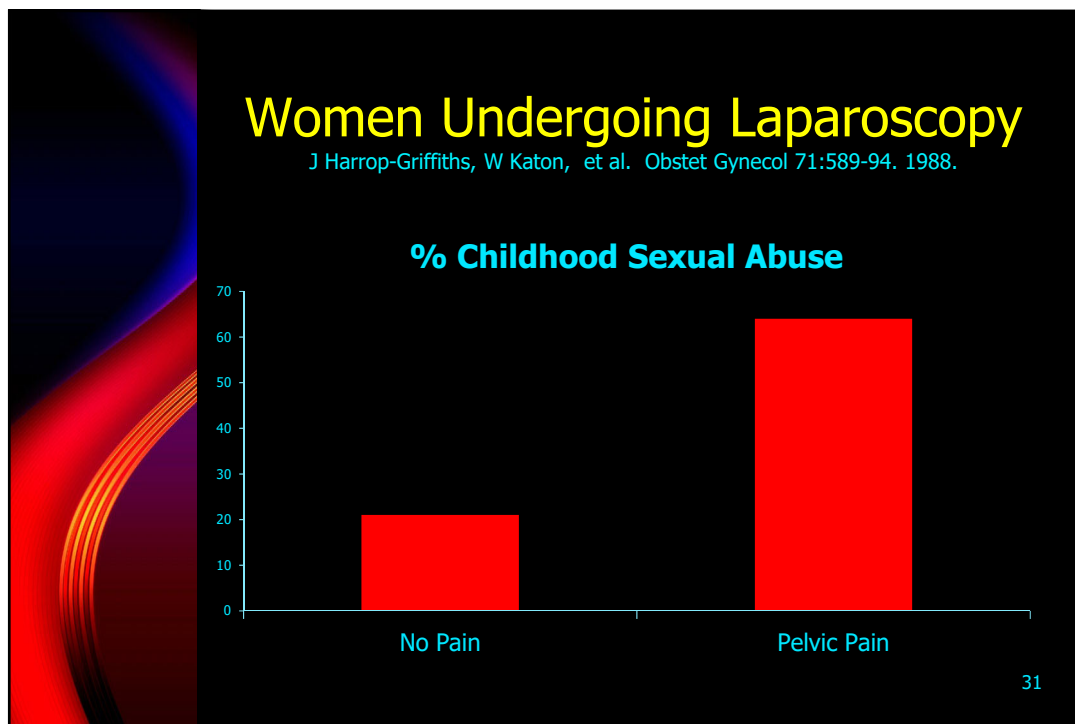
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Stress Evaluation Part III

Childhood Stress



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- ## Asking, Listening, Accepting: A Sequence of Questions
- Did you experience stress as a child?
 - How much? (0-10 scale)
 - Why that number?
 - What if it was your child?
- 32

Adverse Childhood Experience Study

Felitti VJ, Anda R (1998). [Am J Prev Med. 14:245-258.](#)

Ten Factors Measured: 18000 Patients

- 1-3. Physical, Sexual or Verbal Abuse
- 4-5. Physical or Emotional Neglect
- 6-8. Family member depressed or mentally ill, addicted or in prison.
9. Witnessing abuse of mother
10. Losing a parent to separation, divorce or death

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Chronic Unpredictable Toxic Stress

- Observing Sibling or Father abuse
- Community Violence
- Dehumanization
- Poverty
- Bullying at school (afflicts 25%)
- Arguments/Tension in Family
- Lack of Affection/Communication in Family
- Early Medical Trauma
- Family Secrets

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Dehumanization I

- Regular excessive force by police
- Harsher outcomes in criminal justice for the same offenses
- Greater victimization by crime including homicide (8x compared to whites)
- Extra hurdles before voting
- Lower educational quality for children
- Barriers in access to quality higher education
- Lower quality of health care
- Reduced access to primary care physicians

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Dehumanization II

- Higher maternal (3x) and infant (2x) mortality
- Worse mortality from Covid (> 2x)
- Greater exposure to environmental toxins and heat
- Challenges in obtaining nutritious food
- Bias in hiring and promotion
- Greater age discrimination for both older and younger job applicants
- Greater bias in numerous computer algorithms
- Restricted access to housing

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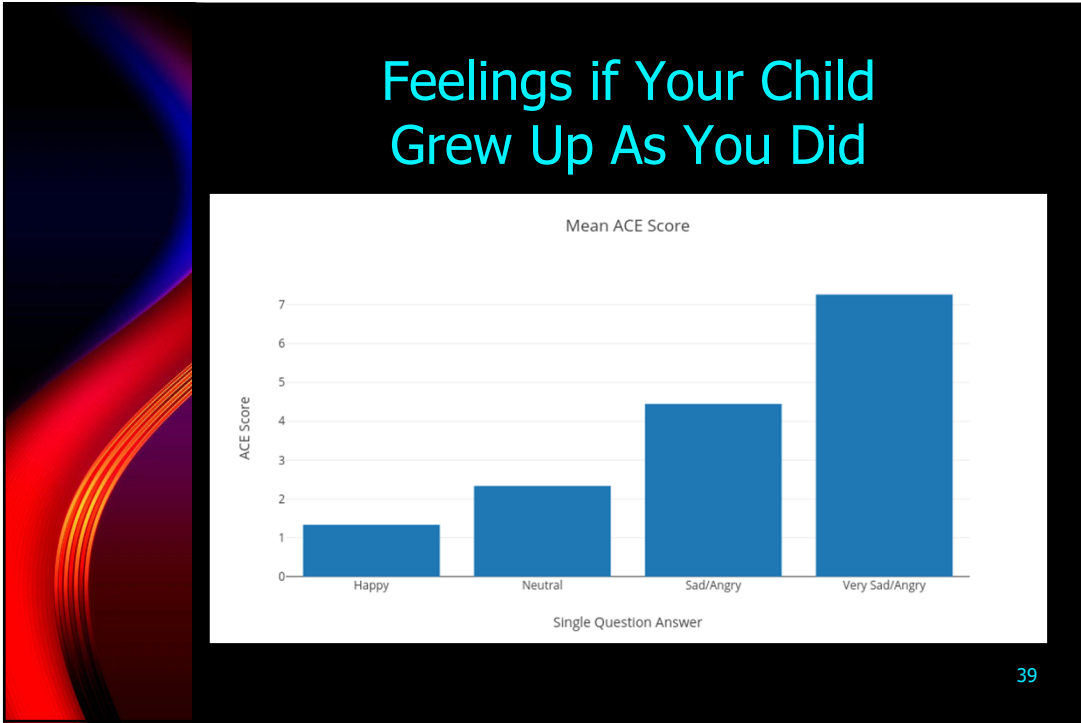
Dehumanization III

- Restricted access to loans for mortgages and business
- Reductions in the value of home appraisals
- Greater impact from climate change
- Reduced disaster relief
- Exclusion from the New Deal (1930s) and GI Bill (1944-56)
- Greater disruption of neighborhoods by highway construction
- Four centuries of discriminatory mistreatment ³⁷

Dehumanization IV

- Applies to BIPOC, LGBTQ+, Religious minorities, the disabled, neuro-atypical
- Need for continual vigilance about personal safety
- Need for continual vigilance about perception by others
- These issues often are either not shared with MHPs or not inquired about.
- 86% of psychologists are White

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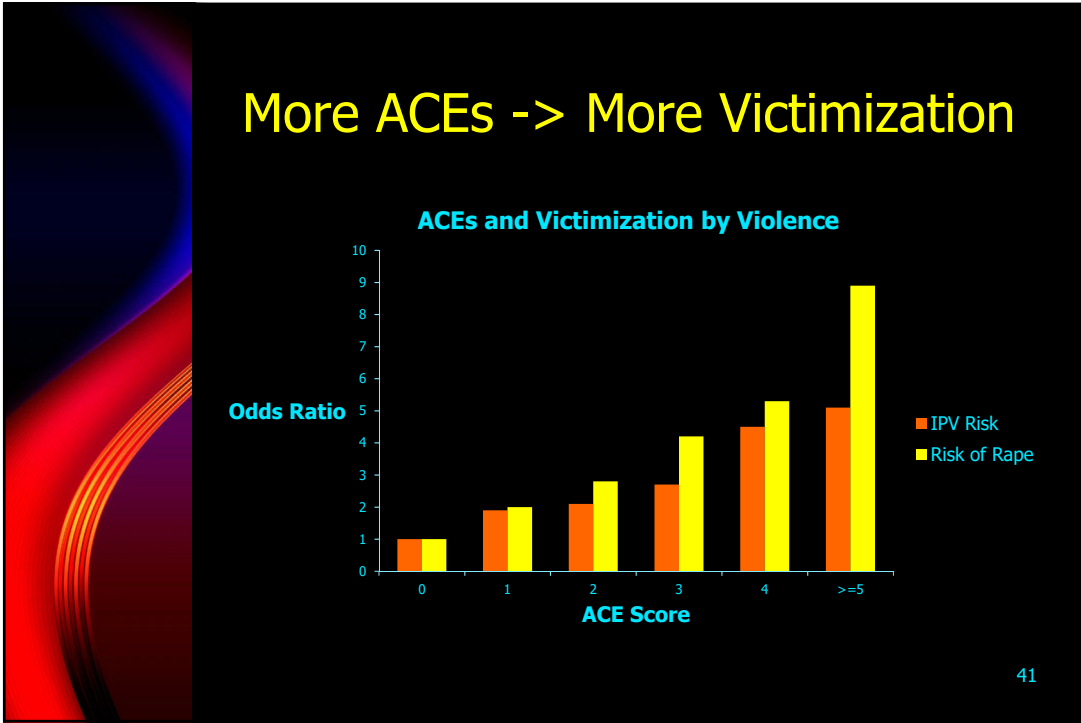


4+ ACEs vs Zero ACEs

Odds Ratios

IV Drug Use	11.0
Suicide Attempt	9.5
Alcohol Abuse	5.3
Domestic Violence	5.0
Multiple Body Symptoms	2.7
Emphysema	2.4
Obesity	1.8


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- ## Additional ACE Outcomes
- Repeating a Grade in school and ADHD
 - Juvenile and Adult Incarceration
 - Hospitalization for Autoimmune Disease
 - Cancer and Diabetes
 - Heart Disease (after controlling for other risk factors)
 - Asthma
 - Irritable Bowel & Peptic Ulcer
 - Chronic Back Pain & Migraines
 - Eating Disorders
 - Bipolar disorder, Schizophrenia, Anxiety, Depression
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Low Self-Esteem, Anger, Fear, Shame, Guilt or Grief caused by:


- C.U.T.S.
- Physical/sexual abuse
- Parental drug abuse
- Neglect
- Dehumanization
- Adult responsibilities
- Witnessing violence
- Lack of approval
- Family Secrets



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Childhood Stress: Negative Outcomes

- Narcissistic Partners
- Focus on Pleasing Others
- Living on High Alert
- Highly Self-Critical
- Co-Dependency
- Need for external validation
- Self-sacrifice
- Fear of Abandonment
- Difficulty setting boundaries



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Childhood Stress: More Negative Outcomes


- Addictions
- Poor assertiveness
- Eating Disorders
- Anxiety and/or Depression
- Inability to feel emotions
- Self-mutilation



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Childhood Stress: Positive Outcomes


- Reliable
- Detail-Oriented
- Compassionate
- Hard-Working



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Childhood Stress: I Deserve Better

- More respect
- More support
- Get as much as you give
- “I am a great person who was born in a bad place.”
- GPBI Syndrome




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Childhood Stress: Rage (or Fear, Shame, Grief, Guilt)

Often unexpressed due to:

- Anger is unpleasant
- Many years learning to suppress emotion
- Hope for reconciliation




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Stress Check-Up Part III Ms T's ACEs

- Has she suffered childhood stress?


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Stress Check-Up Part III Ms T's ACEs

- "Ursine" father physically abuses her over a "teenage-type spat."
- Did she *readily* give up those keys?
- "Falls in love" with Zach's loving mother


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Are there Long-Term Consequences from Ms T's Childhood Stress?

- Can we assess her stage of recovery from Childhood Stress?

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Long-Term Consequences from Ms T's Childhood Stress

- Low Self-Esteem
- Excuses Father's brutality
- Appeases narcissistic boyfriend
- History of many Bad Partners (women doomed to compensate for their lack of maternal love forever)
- Unexpressed Rage

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Stress Evaluation Part IV

Depression




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This slide features a black background with a decorative vertical bar on the left side containing red and blue curved lines. The title 'Stress Evaluation Part IV' is written in yellow at the top. The word 'Depression' is written in cyan in the center. To the right is a photograph of a man in a striped shirt sitting at a bar, looking down at a glass of amber liquid. The number '53' is in the bottom right corner.

Stress Evaluation Part V

Post-Traumatic Stress




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This slide features a black background with a decorative vertical bar on the left side containing red and blue curved lines. The title 'Stress Evaluation Part V' is written in yellow at the top. The words 'Post-Traumatic Stress' are written in cyan in the center. To the right is a photograph of a firefighter in a brown jacket sitting in a fire truck, looking distressed with his hand to his face. The number '54' is in the bottom right corner.

Stress Evaluation Part VI - a


Generalized Anxiety Disorder



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Stress Evaluation Part VI - b


Social Anxiety Disorder



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Stress Evaluation Part VI - c


Panic Disorder



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Treatment of Current Stress

Listing Your Stresses



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Treatment of Current Stress

- Relaxation Technique.
- Mindfulness Meditation.



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Treatment of Current Stress

Self-Care Time



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Pain Reprocessing Therapy

Ashar, Y et al. (submitted)

Breaking
the
Pain-
Fear-
More
Pain
Cycle

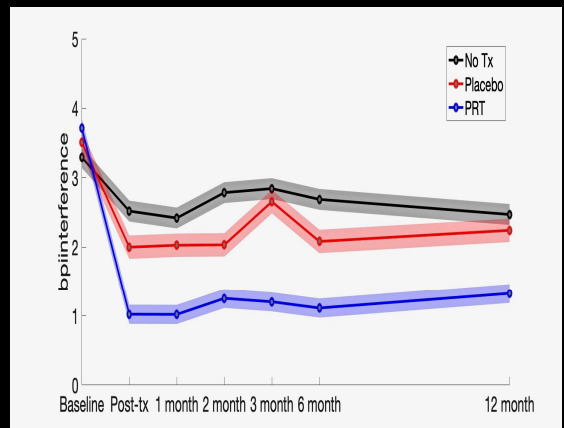
The graph shows 'painavg' on the y-axis (0 to 5) and time points on the x-axis (Baseline, Post-tx, 1 month, 2 month, 3 month, 6 month, 12 month). Three lines represent different groups: No Tx (black line with circles), Placebo (red line with squares), and PRT (blue line with diamonds). All groups start at a pain average of approximately 4.2 at baseline. The PRT group shows a sharp drop to about 1.2 at the post-tx point and remains significantly lower than the other groups through the 12-month follow-up. The No Tx and Placebo groups show a similar pattern of initial decrease followed by a slight increase and stabilization between 2.7 and 3.4.

Time Point	No Tx	Placebo	PRT
Baseline	4.2	4.2	4.2
Post-tx	3.2	2.8	1.2
1 month	3.0	2.9	1.3
2 month	3.2	3.1	1.6
3 month	3.4	3.2	1.6
6 month	3.0	2.7	1.4
12 month	3.0	2.8	1.5

Pain Reprocessing Therapy

- Somatic Tracking
- Cognitive Soothing
- Introspection

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Emotional Awareness & Expression



Buried Emotions need:

1. Conscious Recognition
2. Verbal Expression



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Empathy Skills



When Patients are unable to recognize negative emotions.

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Emotional Awareness & Expression

Schubiner, Lumley et al; *Pain* 158:2354-2363. (2017)

Fibromyalgia

RCT

N=230

Criterion	Emotional Awareness and Expression Therapy	Cognitive Behavioral Therapy	FM Education
50%+ Pain Reduction	22.5%	8.3%	12.0%
Improved Very Much/Much	34.8%	22.9%	15.4%

Figure 2
The percentage of patients in each treatment at 6-month follow-up reporting at least 50% pain reduction (left columns) and very much / much improvement (right columns)

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Emotional Awareness & Expression

Yarns BC et al; *Pain Medicine*. (2020) <https://doi.org/10.1093/pm/pnaa145>

RCT

EAET vs CBT

Older Male Veterans with Chronic Pain

N = 53

Treatment	Percentage
EAET	42%
CBT	5%

> 30% Pain Relief
p=.003

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Relieving Non-Structural Psychophysiologic Pain

Donnino MW et al. Psychophysiologic symptom relief therapy for chronic back pain: a pilot randomized controlled trial. PAIN Reports: September/October 2021

RCT

Non-Structural Chronic Back Pain

N=38

Week	PSRT (%)	MBSR (%)	Usual Care (%)
0	0	0	0
4	~25	~15	~5
8	~25	~10	~5
13	~55	~10	~5
26	~65	~25	~15

Figure 3. Pain relief over time. Figure shows, for every time point, the percentage of patients (with the 95% confidence interval) in each group who were pain free (0 out of 10 for pain bothersomeness) at that time, with 0 indicating baseline time. MBSR, mindfulness-based stress reduction; PSRT, psychophysiologic symptom relief therapy.


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Treatment of Childhood Stress

Acknowledge Their Heroism

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**Ms T's Treatment Strategy:
What is the first thing you will do?**




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**Ms T's Treatment Strategy:
Support her Self-Esteem**

- Acknowledge her heroism
- "Born on the far side of Mt Everest"
- Imagine a child coping with your parents
- Write a letter (un-mailed) to parents

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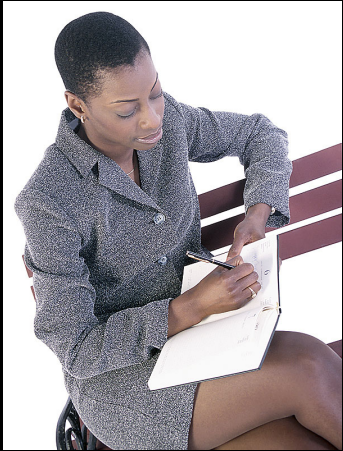


- What else can you do to help her?

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Treatment of Childhood Stress

Writing



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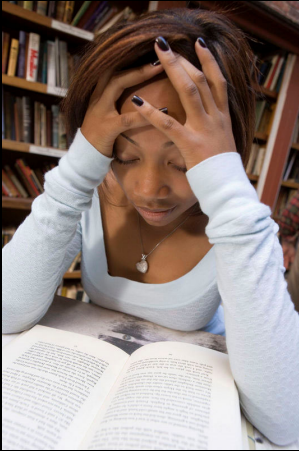
Writing Techniques for ACE Survivors

- Free Writing, then Assessment
- Letter to ACE Perpetrator (not mailed)
- Letter to Child suffering as you did
- Why You Love Yourself
- Deepest Emotions about the upheaval that most influences your life (20 min/day x4)

73

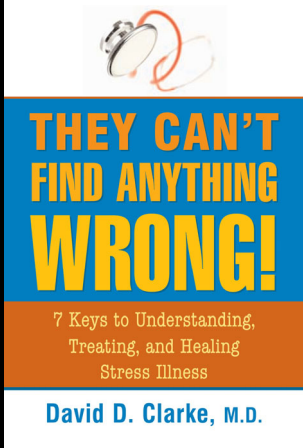
Treatment of Childhood Stress

“Do You Like to Read?”



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Written for Patients



“Wonderful.” (Yale)

“Truly remarkable.” (UNC)

“Extremely valuable.” (Berkeley)

“A spectacular accomplishment.” (OHSU)

www.stressillness.com

All earnings donated.

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Evidence-Based Resources

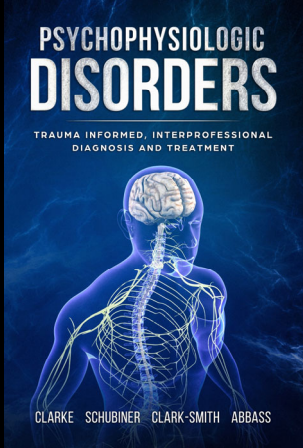
App: Curable

Books:

- The Way Out (Gordon)
- Unlearn Your Pain (Schubiner)
- Childhood Disrupted (Nakazawa)
- Pathways to Pain Relief (Anderson & Sherman)⁷⁶

Textbook for Professionals

November 2019



16 Authors

5 Countries

16 Specialties

Extensively Referenced

[All earnings donated to PPDAssociation.org](https://www.ppdassociation.org)

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Treatment of Childhood Stress

Support Groups



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Treatment of Childhood Stress

Psychotherapy

Forgiving Perpetrators

Tai Chi, Yoga



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Treatment of Depression, PTSD & Anxiety


Mental Health Counseling +/- Medication



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Why Do Some PPD Patients Relapse?

- Personality Traits
- Unrecognized Emotions
- Life Stress Triggers



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Stressful Personality Traits are Common in PPD Patients

- Low Self Esteem
- Limited Self-Care Skills
- Focus on Pleasing Others
- Perfectionism
- Excessively Self-Critical
- Narcissistic Partners
- Co-Dependency
- Living on High Alert
- Self-sacrifice



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Stressful Personality Traits that are Common in PPD Patients


- Difficulty setting boundaries
- Poor Assertiveness
- Fear of Abandonment
- Highly Reliable
- Detail-Oriented
- Compassionate
- Hard-Working
- Need for external validation



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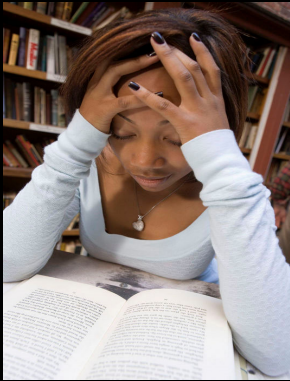
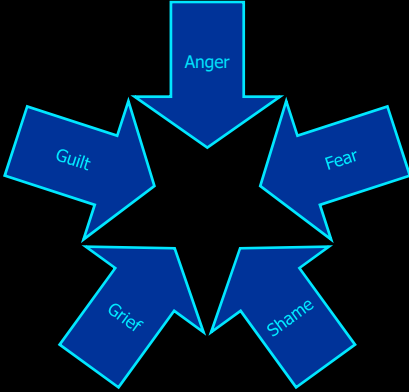
Treating Personality Traits Common in PPD Patients

- What did you learn about yourself as a child that isn't true?
- Who taught you these false assumptions and how did they teach them?



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Unrecognized Negative Emotions



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Relapse from Triggers


Good Partner –
Bad Illness
Syndrome



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Relapse from Triggers

Ongoing Interaction with ACE Perpetrator(s)

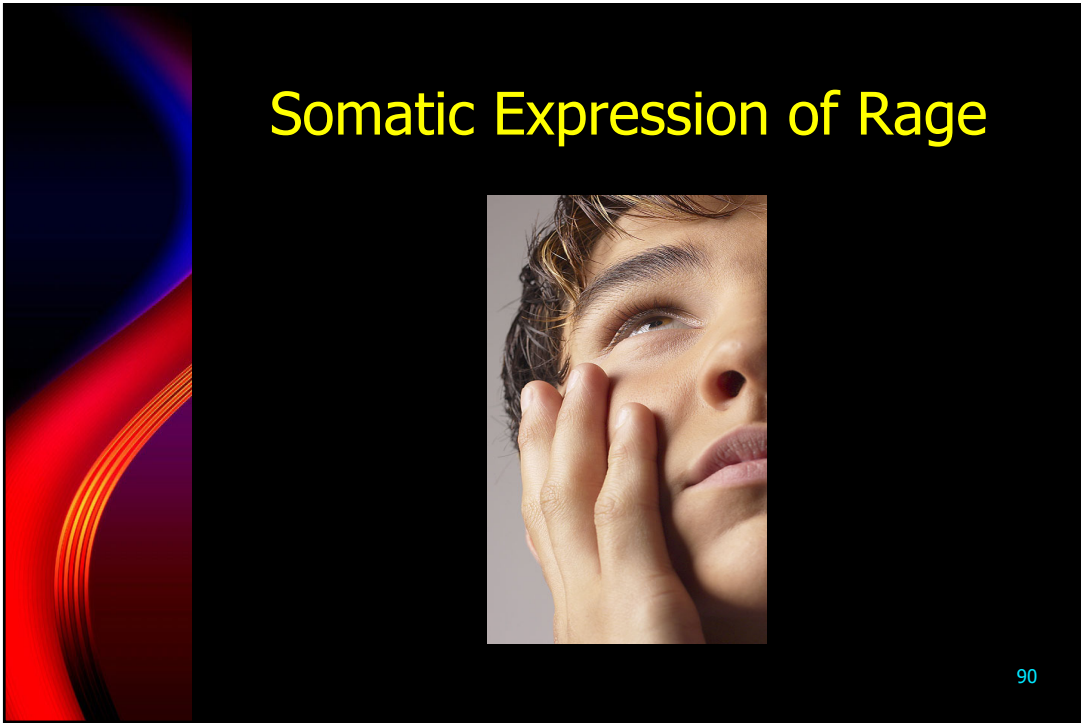
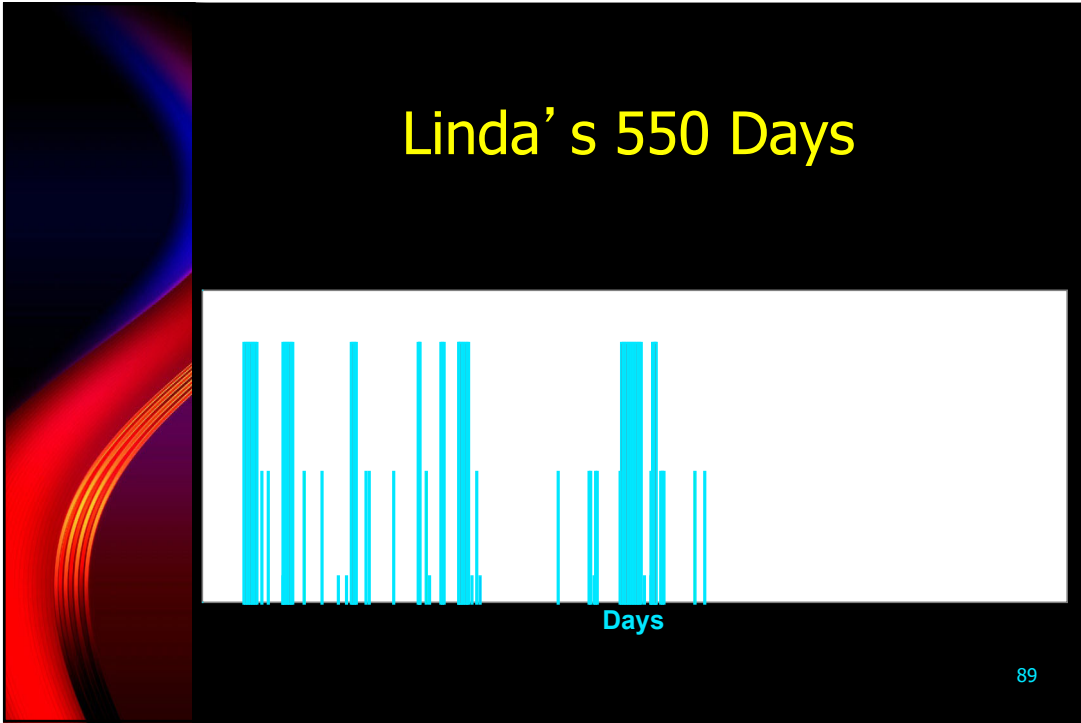


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The Mystery Solved



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The Talking Cure



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Stress Causes Real Symptoms



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Effective Treatment is Available



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What if there was a blood test for PPD?



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Psychophysiologic Disorders Association

EndChronicPain.org

2021 Conference (Recorded, 12 hours)

On-Line Video Course (5 hours)

Self-Assessment Questionnaire

Practitioner Directory

Indexed, Annotated Research Bibliography

Patient & Clinician Resources

PPD Association Facebook Page

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