

I have no conflicts of interest to disclose.

OBJECTIVES: Power of Suggestion in Pain Management

Why do we **Hypnosis &** How to How to **Suggestion as Suggestion** need it a patient communicate communicate and what the communication with direct and with sensory research says language indirect tool

suggestions

Problems in Pain Management

Many reasons why hospitalized patients, providers and nurses complain about poor management:

"It's complicated!"

"Everyone just thinks I'm an addict!"

"I can't get rid of her pain. She always wants more."

"I gave him enough opioid to kill a horse."

"How am I supposed to manage pain for patients while balancing what insurance will cover and the opioid epidemic?"



Music or art therapy

Meditation

Reiki

Therapeutic touch

Psychotherapy

Acupuncture/Acupressure

Herbal Remedies

Physical Therapy

Superficial heat and cold

TENS

Chiropractic

Cognitive Behavioral Therapies

Distraction

Aromatherapy

Hypnosis

Pet Therapy

Biofeedback



"There's no question that the mind-body connection is real, even if we can't quantify it. Hope is one of the greatest weapons we have to fight disease."

-- David Agus, MD

HYPNOSIS

A state of attentive receptive concentration that helps patients explore their own capacity to interact with a painful or uncomfortable situation.

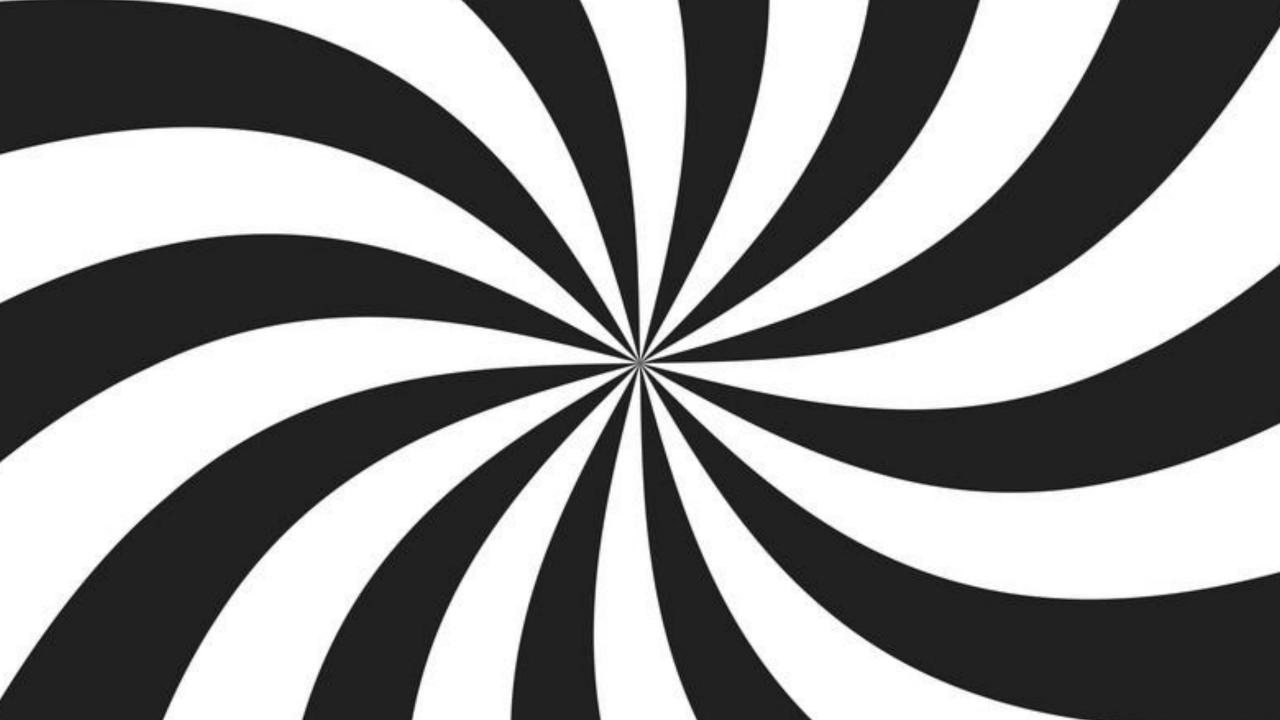
Widely used

Hypnosis has been used to treat every type of pain condition imaginable over centuries and across cultures.

Effective

Supported by much research over several decades.

EXAMPLE: Burn patients who accept suggestions that the wounded area is cool and comfortable are easier to treat, more optimistic, and heal faster.













Hypnosis

Induction Deepening Suggestions Termination

Suggestion

- Process by which a physical or mental state is influenced by a thought or idea.
- Easy to implement with every interaction, does not require induction into trance, or permission to use.



Lang, E., & Laser, E. (2009). Patient sedation without medication: rapid rapport and quick hypnotic techniques. San Bernadino, CA.

Jensen, M.P. & Patterson, D.R. (2014). Hypnotic approaches for chronic pain management: clinical implications of recent research findings. American Psychologist, 69(2), 167-177



"I CAN BECAUSE I THINK I CAN."

-Response Expectancies

Response Expectancies

We respond to a situation the way we anticipate we will respond. EX: If you think you'll do well, you'll likely feel more positive and create favorable outcomes.

EX: If you think you'll fall, you are 50% more likely to fall.

EX: If a patient expects something to hurt, they are more likely to experience pain.

The power of suggestion can influence a patient's perception of pain



Suggestions shape your reality

Suggestions can influence:

- how a patient remembers things
- how they respond to treatments
- how well they will behave

What happens at the cellular level?

Activation of endogenous opioids and pain modulating networks

Decreased pain transmission

Release of dopamine in striatum



BUT...

DOES IT WORK?

Meta-Analysis of 5 metaanalyses of 391 publications found medic hypnosis is a safe and effective complementary technique for use in medical procedures, and can be a component of effective doctor-patient communication in routine clinical situations. (Hauser, Hagl, Schmierer & Hansen, 2016)

tic c dur n was related ac ab t reduction of signifi intrapı ety, ain, procedur<u>al</u> perceive ugs dosage a analgesi perceived ratio without anecting total RF delivered time and procedural safety (Scaglione, et al, 2019). Hypnosis represents a safe and table tool in chronic pain agement of hospitalized older patients. (Ardigo, et al, 2016).

minute session...patients
reported an immediate
decrease in pain levels similar
to what one might expect from
an opioid pain killer (Garland, et
al, 2017).



There is "empirical support in pain management.

Empirical evidence also supports the use of hypnotherapy to manage cancer pain, low-back pain, arthritis, pain from SCD, TMJ, fibromyalgia, and other pain conditions.

-Department of Health & Human Services, Pain Management Best Practices Inter-Agency Task Force Report, 2019



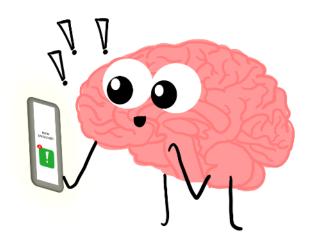
"Hypnosis...has few negative side effects. In fact, with hypnotic treatment, most patients report positive side effects, such as an improved sense of well-being, a greater sense of control, improved sleep, and increased satisfaction with life, independent of whether they report reductions in pain."

-Jensen & Patterson, 2014



Direct vs. Indirect Suggestions

The critical filter examines, interprets and filters incoming information.



Direct suggestions:

Telling a person what to do or experience. *May meet more resistance.*

Indirect Suggestions:

More likely to bypass the critical filter of conscious because they are permissive, not direct commands.

May gain more compliance.

Direct vs. Indirect Suggestions



Direct: Look at the ceiling.

Indirect: You may want to look at a spot

on the ceiling; any one you like.

Direct: Your eyes feel relaxed.

Indirect: You might be surprised to find the small muscles in your eyes relaxing.

Direct: Hold, please.

Indirect: Would you mind if I placed you

on a brief hold?

Use Positive Suggestions

"How *comfortable* are you?"

"What can I do to make you as *comfortable* as poss

Indirect Positive Suggestions:

"I wonder when you're going to start feeing this medication relaxing the muscles in your back."

"I think you'll notice this medication is slowly relieving your nausea."



THE NOCEBO EFFECT!

An expectation of a negative outcome may lead to the worsening of a symptom



"...individual expectations may lead to physiological changes underpinning the central integration and processing of magnified pain signaling."

--Blasini, Corsi, Kliner & Luana, 2017





Psychological and Physiological Effects of Nocebo Language

Pain Catastrophizing



Anxiety/Avoidance



Cortisol Release



Avoid Negative Qualifiers & Warnings

"Don't" becomes "Do"



The mind takes on the image and disregards qualifiers. Telling a patient, "Don't move," may actually suggest to the patient to "move."

Phrase directions with positive language. When you want a patient to remain still during a procedure, use "Stay still" rather than "Don't move."

Warning a patient of upcoming painful stimulus may increase pain and anxiety. Be descriptive but leave the interpretation up to the patient.

Negative Suggestions

Positive Suggestions

"Longevity can be increased by forming healthy
habits."
"Exercise can improve physical function and
helps keep the joint lubricated."
"You can improve or even reverse your
symptoms by living a healthy lifestyle."
"The muscles stabilizing your shoulder can be
strengthened for improved function."
"You should feel the muscle lengthening and
relax as you perform this stretch."
"Your body is capable of healing at any your
age."
"Making better food selections will promote
higher energy levels and better overall health."
"We can improve your balance to help you
become more stable."
"Your nerves can be protected by eating a diet
that is low in sugar and high in fresh whole
foods."
"We can strengthen the muscles supporting
your hip to maximize efficiency decreasing your
need for a hip replacement."

Avoid Negative Qualifiers & Warnings

"Don't" becomes "Do"



The mind takes on the image and disregards qualifiers. Telling a patient, "Don't move," may actually suggest to the patient to "move."

Phrase directions with positive language. When you want a patient to remain still during a procedure, use "Stay still" rather than "Don't move."

Warning a patient of upcoming painful stimulus may increase pain and anxiety. Be descriptive but leave the interpretation up to the patient.



Matching Sensory Language

Observe your patient's language pattern to determine their perceptual strategy.

Matching your language to their perceptual strategy will facilitate rapport and communication, and put your patient at ease.

Matching Sensory Language

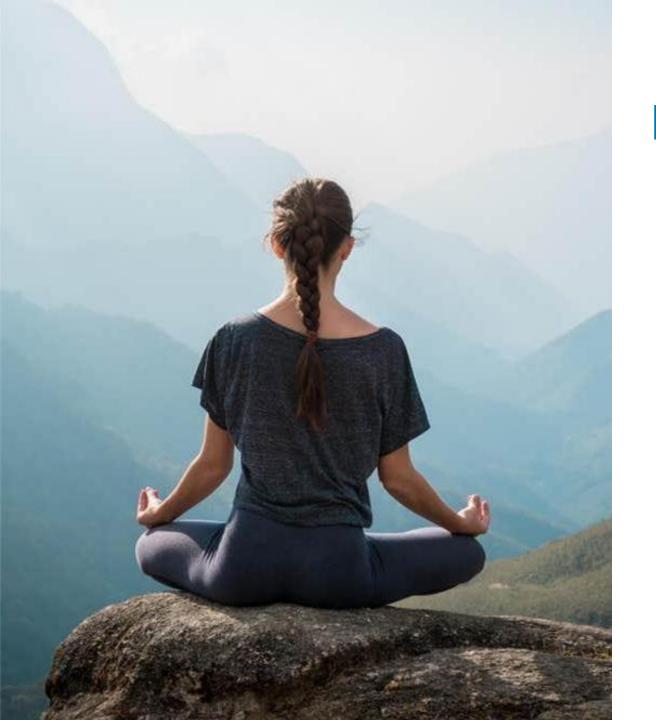
Sensory Preference	What the Patient Says	Example Response
Visual	"I don't like the looks of this."	"Are things beginning to look a little better?"
Auditory	"This is enough to make me scream."	"Does that sound like something you'd prefer?"
Kinesthetic	"I feel like I'm falling apart."	"If you can just hold on a few more seconds."
Olfactory	"This stinks."	"Have I cleared the air a little?"
Gustatory	"I'm getting fed up with trying to get a straight answer."	"I'll explain it in small bites that are easier to digest."



Word Clues to Sensory Preferences

Sensory preference	Words
Visual	Appear, bright, focus, dark, picture, envision, view, watch, pretty
Auditory	Argue, call, describe, hear, listen, silent, tell, sound, quiet, ring
Kinesthetic	Connect, cut, grab, grasp, handle, hold, pressure, smooth, feel
Olfactory	Breathe, inhale, odor, smell, stink, whiff, fragrant, stuffy
Gustatory	Bite, delicious, flavor, sweet, taste, tongue, juicy, yummy





Build awareness of your tone and word choice.

Your past experiences may influence your beliefs.

Choose empathy.



Quiz: Direct or Indirect Suggestion?

You liked this presentation. DIRECT

I think you'll find the concepts of this presentation useful with your patients.

INDIRECT



"Change the mind, Change the brain, Change the pain."

--Unknown



THANK YOU!

heathernaylor@creighton.edu

References

Bartels, D. J. P., Laarhoven, A. I. M. V., Stroo, M., Hijne, K., Peerdeman, K. J., Donders, A. R. T., ... Evers, A. W. M. (2017). Minimizing nocebo effects by conditioning with verbal suggestion: A randomized clinical trial in healthy humans. *Plos One*, 12(9). doi: 10.1371/journal.pone.0182959

Blasini, M., Corsi, N. Klinger, R., & Colloca, L. (2017). Nocebo and pain. *PAIN Reports*, 2(2). doi: 10.1097/pr9.000000000000585

Colloca, L. (2018). Neurobiology of the placebo effect. Cambridge, MA: Academic Press, an imprint of Elsevier.

Gan, Tong J, (2017). Poorly controlled postoperative pain: prevalence, consequences, and prevention. Journal of Pain Research, 10, 2287-2298. doi: 10.2147 JPR.S144066

Garland, E.L., Baker, A.K., Larsen, P. *et al.* Randomized Controlled Trial of Brief Mindfulness Training and Hypnotic Suggestion for Acute Pain Relief in the Hospital Setting. *J GEN INTERN MED* 32, 1106–1113 (2017). https://doi.org/10.1007/s11606-017-4116-9

Gupta, A., Daigle, S., Mojica, J., & Hurley, R. (2009). Patient perception of pain care in hospitals in the United States. Journal of Pain Research, 157. doi: 10.2147/pr.s7903

Institutes of Medicine: Relieving Pain in America: A Blue-print for Transforming Prevention, Care, Education, and Research. (2011). Washington, DC, The National Academies Press. Retrieved from: http://www.nationalacademies.org/hmd/Reports/2011/Relieving-Pain-in-America-A-Blueprint-for-Transforming-Prevention-Care-Education-Research.aspx

Jensen, M.P. & Patterson, D.R. (2014). Hypnotic approaches for chronic pain management: Clinical implications of recent research findings. American Psychologist, 69(2), 167-177.

Kirsch, I. (1999). Hypnosis and placebos: response expectancy as a mediator of suggestion effects. Anales de psiocologia, 15(1), 99-110.

Lang, E., & Laser, E. (2009). Patient sedation without medication: rapid rapport and quick hypnotic techniques. San Bernadino, CA.

Richter, M., Schroeter, C., Puensch, T., Straube, T., Hecht, H., Ritter, A., ... Weiss, T. (2014). Pain-Related and Negative Semantic Priming Enhances Perceived Pain Intensity. *Pain Research and Management*, 19(2), 69–74. doi: 10.1155/2014/425321

Savarese, J. & Tabler, N.G. (2017). Multimodal analgesia as an alternative to the risks of opioid monotherapy in surgical pain management. *Journal of Healthcare Risk Management*, 37(1). doi: 10.1002/jhrm.21262

Schrieber, J.A., Cantrell, D., Moe, K.A., Hench, J., McKinney, E., Lewis, C.P., Weir, A., & D. Brockopp. (2014). Improving knowledge, assessment, and attitudes related to pain management: Evaluation of an intervention. *Pain Management Nursing*, 15(2), pp 474-481. Retrieved from: http://dx.doi.org/10.1016/j.pmn.2012.12.006.

Tatta, J. (2018) 5 ways to reverse the nocebo effect. Integrative Pain Science Institute. Retrieved from www.integrativepainscienceinstitute.com/nocebo-effect/

Tick, H., Nielsen, A., Pelletier, K. R., Bonakdar, R., Simmons, S., Glick, R., ... Zador, V. (2018). Evidence-Based Nonpharmacologic Strategies for Comprehensive Pain Care. *Explore*, 14(3), 177–211. doi: 10.1016/j.explore.2018.02.001