

pain connection

helping people with chronic pain and their families

Publication of Pain Connection – Chronic Pain Outreach Center, Inc.

SUMMER/FALL 2007

Pain Connection's Conference Chronic Pain and Your Practice: "Making the Invisible Visible"

Pain Connection's first multidisciplinary conference on chronic pain was held at Rockwood Manor on June 8, 2007. We wish to thank all of the participants and contributors in making this conference a great success. A total of 39 mental health professionals attended this year's conference. The conference was developed as part of Pain Connection's mission to raise awareness and provide education regarding the many issues facing the 75 million Americans who continue to suffer "invisibly" from chronic pain.

The conference provided a broad range of up to date information as well as insight into the lives of those living with chronic pain through a unique panel discussion with clients and family members. Keynote Speaker Dr. Michael April, Psychiatrist and Pain Management Specialist presented a detailed talk on the subject "What is Chronic Pain? The Truth About Chronic Pain," which included the latest research in the field of chronic pain and treatment approaches. Gwenn Herman LCSW-C, Founder & Executive Director of Pain Connection, presented "The Psychosocial Stages of Chronic Pain-Six Stages" and "Helping Chronic Pain Clients Change their Reactions to Pain Messages: Teaching Affirmations". Linda Girdner, PhD, LCMFT, presented "Understanding the Grief Process and Chronic Pain." Paula Mintzies, PhD, LCSW, presented "Developing a Treatment Plan." Mary French RN, LCSW-C presented "Skills and Interventions: Mind/Body Approach to Chronic Pain and The Use of Mindfulness Based Practices and Guided Imagery."

A special thank you to Lee Blank of Massage Associates, who provided free massages. Molly Carr, RN & Herbalist and Amy Brush, Herbalist, hosted a Herbal Hospitality table with delicious healthy teas and treats.

Participants received 8 CEU's honored by NASW.

What Participants Said...

"You should become a training program that certifies."
"I'm so glad that I came and got to know of the work Pain Connection does. I'm inspired and hope to be a part of this work in some way."
"Make it two days."
"The Health Seekers Panel was very moving and powerful."
"Encourage M.D.'s to attend a course such as this."
"Made me more sensitive to disabling quality of chronicity."
"Validation personally & professionally."

Whom Participants Work With...

Oncology, marines returning from Iraq, addictions, multiple sclerosis, arthritis, students with disabilities, mood disorders, grief work, prisoners.

What Participants Have...

Fibromyalgia, arthritis, Lyme Disease, myofascial pain, migraines, Ehlers Danlos Syndrome, neck and back pain, MASS-Marfans Connective Tissue Disorder.

Attention Health Care Professionals

Due to positive responses from the conference and requests for further training, we will be offering three training formats to professionals:

* Supervision Group - of mental health providers treating chronic pain clients

(Continued on page 2)

| <i>In This Issue</i> | <i>Page</i> |
|-----------------------------|--------------------|
| Pain Connection Conference | 1 |
| Baltimore Group Starting | 2 |
| 2007 Speakers Series | 3 |
| Support Group Calendar | 3 |
| "A Doctor For Judith" | 4 |

MISSION STATEMENT

There are seventy five million Americans suffering from chronic pain who are not receiving the treatment they need. Many fall between the cracks in their own private health insurance, workman's compensation, and disability benefits. Others are helpless because of a lack of insurance.

Pain Connection® is a 501(c)(3) not for profit human health service agency that provides monthly support groups, therapy groups, supervision, coffee clubs, information and referrals, community outreach and education, website and newsletter. Pain Connection plans to establish an outreach center which will provide counseling, support groups and seminars, 24 hour hotline, library with Internet access, training program, case management, advocacy, and transportation for people suffering from chronic pain. These services will improve the quality of life, offer a chance for rehabilitation, decrease the sense of isolation this population experiences and enable the chronic pain sufferer to take control of his/her condition and treatment and maintain independence.



PAIN CONNECTION®
CHRONIC PAIN OUTREACH
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Groundhog Day By Laura S.

My life with chronic pain currently feels like the movie Groundhog Day (featuring Bill Murray). For those of you who have seen the movie, you know exactly what I am talking about. For those of you who haven't seen it, the premise is such: a news reporter (Bill Murray) who does not have the best moral compass, is forced to live the same day, Groundhog Day, over and over until he gets it right, learns lessons, and does things differently. At that point he is allowed for the day to stop repeating itself and he can move on with his life, as he is desperate to do.

Bill Murray's character actually wakes up day after day to the same song on his alarm clock and relives the same daily events. Each day he changes something he does or says until he learns his lesson, gets it right, and can wake up to a new and different day and move on with his life.

Enough of my sounding like a movie reviewer, but you need to understand the premise. I feel like I am living the movie Groundhog Day and many of you with chronic pain may understand what I mean by this. Each day I wake up with the same pain that has not gone away despite all of my efforts. Each night I go to bed with the same pain that hasn't gone away. Due to my chronic pain, I go through the same limiting daily activities and my life right now seems stuck. I am, as was Bill Murray's character in the movie, desperate to get out of my Groundhog Day.

The chronic pain I suffer with is causing me to be stuck in a rut. The pain allows me to work only part-time, limiting my job options and income. As if the pain isn't limiting enough physically, it causes it to be difficult to support myself and it affects relationships. The pain affects every aspect of my life, literally. When I wake up each day, I feel as though I am stuck living the same day over and over, unable to break the cycle of chronic pain despite my best efforts. I am doing everything in my power to improve my situation, but still feel like I am stuck in Groundhog Day. Maybe I am supposed to learn some lesson from all of this, or maybe not, but I will keep trying different things each day to break out of this cycle I feel like I am stuck in. After all, it worked in the movie.

Laura is a member of Pain Connection.

Attention Health Care Professionals

(Continued from page 1)

- * Group Leadership Training – 6 week in depth training of formatted 8 week chronic pain group program.
- * Mindfulness Based Stress Reduction – 8 week program focusing on chronic pain and developing personal skills in Mindfulness Meditation.

Contact the office if you are interested and/or you would like your staff/work place to be trained.

New Baltimore Group Starting in November

On November 1, 2007, the first chronic pain support meeting will be held at the American Pain Foundation, 201 North Charles Street, Suite 710, Baltimore, MD 21201. The group will be facilitated by Rosalie Koslof, a Certified Professional Counselor and Reiki Master with over 20 years experience as a health care professional. Call for more information.

Thank you American Pain Foundation for your support!

CHRONIC PAIN SUPPORT GROUPS CALENDAR

Montgomery County Support Group Dates - 1st Thursday

Location: Davis Library, 6400 Democracy Blvd., Bethesda, MD

Time: 1:30 - 3 PM

Prince George's County Support Group Dates - 2nd Wednesday

Location: Rexford Place, 9885 Greenbelt Road, Lanham, MD

Time: 1:30 - 3 PM

Anne Arundel County Support Group Dates- 2nd Thursday

Location: West County Library, 1325 Annapolis Rd.

Odenton, MD 21113 Meeting room B

Time: 1- 2:30 PM Call: 410-533-2999(Linda Girdner)

Howard County Support Group Dates- 3rd Monday

Location: 8840 Stanford Blvd., Suite 4300 Columbia, MD

Time: 1- 2:30 PM Call: 301-873-3959(Mary French)

For Your Comfort Bring Your Pillows, Mats, Ice or Hot Packs!

Searching For A Cure By H. Jonathan Cahan

In late 1999 I suffered a severe thoracic disk herniation. During the original surgery in March 2000, the surgeon cut out a large hole (laminectomy) in my T11 vertebrae in order to remove the part of the infected disc that was choking off my spinal cord. This left a large hole (covered three vertebrae) that was causing my spinal column to fall to the right side. The surgeon never implanted any device to support the spine where he left the hole, my T11 vertebrae was falling onto T12, crushing the T11 nerve root. As a result, unusual bone growth developed between the vertebrae, which are known as osteophytes.

The severe pain was relieved by the surgery, but several months later burning pain in the surgical site (T11-T12) began accompanied by severe nerve pain traveling down to my feet. I was almost unable to walk and standing erect was unbearable. The pain worsened over the following several years during which I saw many renowned neurosurgeons and orthopedists, including multiple calls and visits to my doctor who told me he could not help me because he had absolutely no idea why I was suffering post-surgical pain.

In July, 2003, unable to work or enjoy recreation of any kind, I decided to liquidate my assets in the United States and move to Colombia, South America, to start a new life, learn Spanish and search for a cure. I had seen many specialists in the United States, all of whom told me unequivocally that I would need to take prescription pain medication for the remainder of my life and that I would have to "...attempt to modify the goals in my life to be compatible with my physical condition."

I could not accept this life sentence. I was convinced that my pain had a physical cause and was not just a "bad result" or a resulting nerve condition caused by the surgery. Although I was frequently castigated for not accepting the diagnoses of all these learned men, I refused to believe my life was over. I refused to believe I was doomed to a life of suffering. My body told me that whatever was wrong could be fixed. In November, 2004, in my search for a pianist to accompany my violin playing, I was introduced by the Executive Director of the local synagogue in Medellin to Dr. Marcos Roiter, pianist, philanthropist and renowned orthopedic surgeon. During our second rehearsal I was forced to stop playing due to severe back pain. He asked me to bring all of my x-rays and MRI's to our next meeting. Upon reviewing them, using only the sunlight from his window, he smiled and informed me that he knew exactly what the problem was and how to fix it.

Over the following year he performed four surgical procedures, all of which were necessary to repair the extensive damage done in the surgery performed in March, 2000. Dr. Marcos Roiter implanted steel bars and hooks that were used to support the spinal

column where the damage was and to maintain the correct space needed between the previously altered vertebrae. The bars and hooks are encased in bone graft that now have fully grown and healed. No nerves are now being crushed. Hence, no pain!! Today I am pain-free, taking no medications and living a normal life. I work, swim, play sports, travel, and am enjoying the best health I have ever had. **Jonathan is a group member living in Colombia.**

2007 SPEAKERS SERIES

October 22 - Dr. Ann Berger, Chief of Pain and Palliative Care, National Institutes of Health and Warren Grant Magnuson Clinical Center, "Pain Management: An Integrative Approach using the NIH Model."

November 26 - Micke Brown, RN, BSN, Director of Advocacy at American Pain Foundation, "Laws, Policies and Pain"

Margaret Schweinhaut Senior Center,
1000 Forest Glen Rd. Silver Spring, MD

TIME: 1.00 - 2:30 p.m

Designated Founders For Contributions of \$100 and Over:

Herbert Dubin
Sheldon Needle

***YOU CAN NOW DONATE ONLINE !
WITH YOUR CREDIT CARD GO TO OUR
DONATION PAGE. PRESS EITHER THE
"NETWORK FOR GOOD" LOGO WHICH IS A
SECURE SERVICE OR DONATE DIRECTLY TO
PAIN CONNECTION ON THE MEMBERSHIP
PAGE.***

Remembrance

Gordon Haug, a devoted member of our Montgomery County support group, passed away on July 1, 2007. Gordon was an uplifting man with a good heart and sense of humor. He greeted everyone with his warm and friendly smile and never complained about his pain. Gordon baked us his special Christmas cake that made many members go off their diets! We send our condolences to his family, Gordon will surely be missed by us.

OUR UNITED WAY NATIONAL CAPITOL AREA CAMPAIGN DESIGNATION NUMBER IS # 8695. OUR COMBINED FEDERAL CAMPAIGN NUMBER IS # 62705. PLEASE DESIGNATE OUR NAME & NUMBER ON YOUR DONOR CARD AT WORK OR WHEN MAKING A DONATION! TELL YOUR FAMILY, FRIENDS AND NEIGHBORS.

Members' Forum

Pain Connection welcomes articles, poems, and drawings from members and families to provide an insight into their lives

‘A DOCTOR FOR JUDITH?’

By Shelly Carlyon

The first time I met Judith, she was covered in silly string. It was a Fourth of July celebration for my freshman class. Judith was the mother of my classmate, Natalie, and was supposed to be chaperoning the event. It seems, however, that she'd gotten involved in a silly string war with half of the baseball team. The picnic was intended to bring the scared freshmen closer together before the start of term, but many students (myself included) remained withdrawn. Judith wouldn't have that. Her buoyant personality was contagious.

I hadn't wanted to go to the picnic. I was a new freshman in a new town, and I was terrified. My parents urged me to go and make new friends, but I had decided days before the event that I would just hover around the sidelines. I was toying with a blade of grass, determinedly not looking at anyone, when I heard Judith's loud, musical voice behind me. After introductions were made, she invited me to come over to her table. I was a little hesitant to spend the day around a woman with pink silly string in her hair, but I followed her. I didn't realize at the time that this woman would become one of the most influential people in my life.

Judith's daughter, Natalie, and I became fast friends. As the year progressed and Natalie and I grew closer, I learned more about Judith. She was retired from the U.S. Navy after 10 years of service. She loved animals of all kinds, but she was especially fond of horses. Judith was one of the most active people I ever met. That year, she and her husband took Natalie and I horseback riding, sailing, and on several long nature hikes. By the end of my freshmen year, Natalie and I were best friends and Judith had become my second mother.

But it couldn't last forever. A few days after her 45th birthday, Judith underwent surgery for a herniated spinal disc. She'd been in increasing amounts of pain for months before the diagnosis. Resigning to the truth, Judith realized that she might not be able to ride horses all day or hike to the top of a mountain anymore. But two months after surgery, when she was still in excruciating pain, Judith returned to her doctor. The doctor was either unable or unwilling to cite a specific cause, but he diagnosed Judith with Failed Back Syndrome (FBS).

Her life in the subsequent years was filled with pain. Judith could not straighten her spine; it was too painful. Because of her unnatural posture, she developed knee problems. Rising from her chair was too hard, so she spent nearly all day immobile in a recliner. A second surgery failed to help. Physical therapy seemed

to make it worse. The pain medication turned my friend into a kind of zombie. But even in her pain, Judith remained the strong, brave woman I had always known. She attended church when she could, spent her days knitting blankets as part of a volunteer program.

And then one day, about two years after the first surgery, Judith returned to her orthopedic surgeon for a reevaluation. The doctor looked Judith in the eye and told her that she would never get better. She would be in pain for the rest of her life. In other words, the doctor had given up on her.

At first, Judith was understandably depressed. Natalie told me that after returning home from the doctor's office, her mother locked herself in her bedroom for nearly twelve hours. But when she emerged, Natalie thought Judith was happy, inappropriately happy. That night I was invited to dinner. Judith never mentioned the visit to the doctor, or her pain. She chatted about frivolities. We all assumed this was her way of coping with what she had heard.

The last time I saw Judith she was covered by a handmade quilt in her recliner. The phone call came at dawn the next day. Natalie told me the news through frantic tears: Judith was found dead in her recliner.

Natalie's father declined an autopsy. Judith's body had been through enough medical procedures. The paramedics suggested she died of a heart attack. Suspiciously, none of us could find Judith's pain medication in the house, even though she had not been without it for two years. We were shocked, horrified, depressed. But if she did take her own life, none of us can blame her for wanting to escape.

It has been almost four years. Natalie and I remain as close as sisters, bonded by the tragedy of Judith's death. Natalie is engaged to be married. I am in college, bound for medical school.

No one can be blamed for the FBS. Perhaps that surgeon was uneasy about giving Judith false hope. But what is better: false hope or no hope at all? In truth, Judith may have never found relief for her pain. But maybe next year there will be a breakthrough for chronic pain sufferers. Maybe Judith could have been here to see her daughter get married, to see me become a doctor.

Judith taught me not to be afraid to come out of my shell. She had the most beautiful spirit of anyone I've ever met. And although Natalie blames him for Judith's untimely death, the surgeon taught me something as well. When I become a doctor, my first priority will be to inspire my patients as Judith has inspired me. A doctor's job is to make her patients feel better, both physically and spiritually. I will become the kind of doctor that Judith deserved.

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