

In This Issue:

| | |
|--|----|
| Pain Awareness Month Symposium | 1 |
| Pain Connection Receives \$50,000 Grant | 3 |
| An Integrative Approach to Pain Management | 3 |
| Membership | 4 |
| Impact of Approved Drug Labeling on Chronic Opioid Therapy | 5 |
| Martin Luther King Service Day | 7 |
| Mindfulness Based Practices at Pain Connection | 7 |
| New Pain Warriors Brochure and Program | 7 |
| Upcoming Meetings | 8 |
| Filling the Gaps in Pain Care | 8 |
| “Living Well with MS” | 8 |
| Meet our Graduate Counseling Intern | 8 |
| Turnover at the Top | 9 |
| Pain Connection on Podcast and YouTube | 9 |
| Various Ways to Support Pain Connection | 9 |
| Volunteer Thank You’s!!! | 10 |

Pain Awareness Month Symposium

The annual Pain Awareness Month Symposium was held on September 28, 2012, “Hope, Help and Healing: Changing the Culture of Treating Chronic Pain”.

The Montgomery County Proclamation was presented by County Executive Isiah Leggett’s representative, Jennifer Long, and a Proclamation was received from Governor Martin O’Malley, proclaiming September Pain Awareness Month in the State of Maryland.

Keynote speakers

The keynote speakers presented fascinating insights into the latest developments in four separate fields of pain medicine. The first speaker was **Jay Shah, M.D.** Director, Medical Rehabilitation Training Program and Senior Staff Physiatrist, Rehabilitation Medicine Department, Clinical Center National Institutes of Health. Dr. Shah spoke on the latest Scientific Advances in Myofascial Pain and with the aid of colorful slides analyzed the ever expanding knowledge of the connection between the different parts of the brain and the experience of severe pain. “Myofascial pain arises from muscle and its connective tissue”, explained Dr. Shah—myofascial trigger points (MTrP’s) are “nodules located in a taut band of skeletal muscle that are palpable during physical examination”. MTrP’s cause pain that may feel like deep aching and cramping, muscles become weak and range of motion becomes limited. The pain goes from peripheral sensation to central sensitization.

David Keyser, Ph.D. from the Department of Defense Traumatic Injury Research Program at the Department of Military and Emergency Medicine, Uniformed Services University of the Health Sciences presented on his research and practical work in the field of post traumatic stress disorder. (PTSD). He discussed Heart Rate Variability (HRV) and how to measure the time between heart beats as a method of assessing the severity of PTSD and pain. This is not the same as heart rate or pulse. Dr. Keyser said it is easy to learn this technique. Three electrodes are placed on the soldier: left wrist, left ankle and right shoulder. The soldier relaxes for five to ten minutes and keeps his eyes closed to get a baseline. Then he opens his eyes to view a computer game which requests him to perform four tasks at once. This measures the sympathetic response. The last five minutes he is told to breathe at a pace of five counts. Usually a high heart rate drops when the person is challenged. Although this technique was originally developed for returning military suffering from PTSD, Dr. Keyser is expanding its use to the assessment of pain.

Mary Lee Esty, LCSW-C, Ph.D., President of the Brain Wellness & Biofeedback Center of Washington and a clinical social worker with a doctorate in health psychology, presented a third approach to the treatment of chronic pain. The subject of her talk was “*Research Results from Neurotherapy Treatment of Iraq/Afghanistan Veterans with TBI/PTSD and Pain*”. Dr. Esty talked about observing the electrical activity of the brain and using brainwave training on soldiers. The

SAVE THE DATE!

Next year's Pain Awareness Month Symposium will be held on **September 27, 2013.**

PAM 2012 SPONSORS

We thank you for helping making this symposium a success!

American College of Occupational and Environmental Medicine (ACOEM)

ALLSUP, Inc. Sponsored military scholarships.

FOOD AND GIFT DONATIONS

Harris Teeter–Park Potomac

Fresh Market–Rockville

Trader Joe's–Rockville

Starbucks–Rockville

Lebanese Taverna–Rockville

Great Harvest Bread Company–Rockville

Harris Teeter–Rockville

M.O.M.s–Rockville

Roots–Olney

Caribou Coffee–Olney

Acupuncture Treatment: Lisa Marie Price Rockville

Massage: Massage Associates, LLC., Rockville

Gentle Movement Session: Kim Thompson, Gaithersburg

As Kindred Spirits–Rockville

Klaradal, Swedish antique and gift shop, Olney

Capital Teas–Olney

Mamma Lucia–Rockville

Harry & David–Rockville

THANK YOU!

clinician watches one screen while the soldier watches another screen on which there could be a simple game, which earns him points. Clinicians can make games harder and more challenging. Dr. Esty stated that chronic pain is common after concussion, including concussion from automobile accidents, and more damage occurs at low speeds. A g-force of 18 applied to the skull adversely affects short term memory.

The final presentation was by **Tanya J. Lehky, M.D.** Director of the Clinical EMG Lab, National Institute of Neurological Disorders and Stroke, National Institutes of Health. She is a neurologist with a subspecialty in neurophysiology and she presented on *"Painful Neuropathies: What We Know about Them and What We Need to Learn."* Dr. Lehky previously worked at the National Navy Medical Center, specializing in Multiple Sclerosis. Dr. Lehky discussed the pain sensations of neuropathies which her patients described as burning, throbbing, feeling like an ice pick and prickly. She noted that in her research people have wide responses to the same stimulus and that the autonomic system is affected by two types of peripheral nerves. The sensory nerves detect pain, temperature, pressure, vibration, and position, senses on the skin's surface, sending messages through the sensory nerve up the spinal cord to the brain. The motor nerves activate the muscles to contract and move the joint. Most neuropathies will not affect life span, but do affect quality of life, with greater risk of injury to feet, diabetic ulcers and infections and damaged joints. Treatment includes diabetic education, avoidance of alcohol, proper nutrition and good foot hygiene. Early evaluation is essential, together with good pain control, such as antidepressants, antiepileptics, opioids, topicals (lidocaine and capsaicin), physical therapy, complementary alternative medicines, vitamins/

supplements and herbs, to help a person remain active.

Practicums

In between the presenters, there were brief practicums on complementary alternative therapies. The first practicum was by Kim Thompson, Yoga Specialist, Gentle Movement Instructor, who set the tone by demonstrating correct postural positions. Good sitting alignment makes you physically relaxed, mentally alert, and able to engage with the world around you. Special attention was given to the hips, spine and ribs, head, neck and shoulders, legs and feet and then breathing. Learning to sit well is a good first step toward relieving low back, neck and shoulder pain. This was taught to help people remain comfortable during the day long symposium and to take care of themselves.

The second practicum was given by Lisa Marie Price, Acupuncturist, who taught the audience about reflex points and how to give oneself self-acupressure on the ears, hands and feet.

Lee Blank, Massage Associates, led the third practicum, focusing on self-massage. Self-massage helps lower stress hormones and blood pressure, calms the mind and nervous system, promotes sleep, and reduces pain and anxiety. Ms. Blank stressed that people with gout, Deep Vein Thrombosis and Lymphedema risk should not massage affected parts of the body.

The fourth practicum was given by Elsie Ferguson, PhD, Clinical Psychophysicologist and Pain Connection Board Director. Elsie talked about the importance of the breath, how breathing is a behavior and directly regulates body chemistry. Ms. Ferguson instructed the audience on "The Quiet Response". Take a very deep breath and as you slowly exhale (breathe out) do the following all

at the same time and only once: 1st smile with your eyes and mouth, 2nd relax and lower your shoulders and 3rd think calm body mind.

Continuing Education Units (CEU's) were approved by the National Association of Social Workers for this event.

Two dedicated Pain Connection volunteers, Julie Litten and Deborah Senior, did a marvelous job of contacting local businesses to obtain food and gift donations for the Symposium (see box).

Pain Connection Receives \$50,000 Grant

Pain Connection has been awarded \$50,000 by Healthcare Initiative Foundation (HIF) for FY13 General Operating Support. HIF has previously awarded funding to Pain Connection to publish its book "Making the Invisible Visible: Chronic Pain Manual for Health Care Providers", helped with the development of the Filling the Gaps in Pain Care program and also helped create eight educational webinars on chronic pain for the Primary Care Coalition's professional staff.

The present grant requires Pain Connection to demonstrate how Foundation funds will improve organizational sustainability, enhance quality of care and access to care for low-income uninsured or underinsured persons. Pain Connection will improve the Filling the Gaps in Pain Care program by expanding availability, increasing participation, and enhancing quality of life of vulnerable populations in Montgomery County. Also, Pain Connection will develop partnerships with the Primary Care Coalition, Suburban, Holy Cross and Med Star Hospitals, Walter Reed and the Veterans Administration.

Effective on July 1, 2012, the Healthcare Initiative Foundation (HIF) became a 501(c)(3) private foundation. This establishes the Foundation's new designation as an independent entity after having been a charitable support organization for almost 40 years. As part of their transition and continuing commitment to healthcare in Montgomery County, HIF provided Suburban Hospital with a major gift in support of their current capital campaign. The Board of Trustees are eager to continue support for 501(c)(3) healthcare nonprofits that offer solutions to improve the quality and delivery of healthcare for residents of Montgomery County, Maryland, particularly programs and services that protect the safety-net for vulnerable citizens.

We thank Healthcare Initiative Foundation for their belief and support of our mission to help people with chronic pain.

Grants received in Winter of 2012

Beaconfire gave a \$4,7000 grant to help support Pain Connection's mission to empower people with chronic pain to improve their quality of life and to support its programs and outreach to the military. Beaconfire helps nonprofits that serve good causes accomplish great things on the Internet. "We design and build web sites and craft online campaigns that make people care—and act. We are smart, curious, and creative people who make a difference and are technologists, strategists, and marketers who like to collaborate, innovate, and offer candid advice". They are located in Arlington, Virginia. www.beaconfire.com. A special thanks goes to Daniel Herman for nominating Pain Connection.

Purdue Pharma, L.P. granted \$15,000 for Pain Connection to develop a "Pain Warriors" brochure, a "Pain Warriors" 8-week program to teach coping strategies, and resources on

their website for the military/veteran community. Walter Reed Hospital has recently moved from Washington, DC to the Bethesda campus and there are more active military and veterans living in and around Montgomery County. Pain Connection is located in Rockville which is in Montgomery County and has been actively collaborating with the Mental Health Association and several other community non-profits to help provide services to this population. The rising numbers of suicide among military are due to untreated post traumatic stress disorder, traumatic brain injury, and chronic pain. The military culture has taught their population to be strong and ignore their pain and injuries. This creates stress and anxiety on wounded soldiers and increases their pain levels. Pain Connection wants to normalize their pain and provide resources that can help these "Pain Warriors" develop a quality of life.

Healthcare Initiatives Foundation

awarded a \$2,500 grant for Pain Connection to design and present eight webinars to educate and train health care providers for Primary Care Coalition's 11 clinics on treating chronic pain.

Pfizer, Inc. gave a \$2,000 grant to support Pain Connection's upcoming September 27th Pain Awareness Month Symposium in 2013. "Pfizer and its legacy companies have a strong tradition of funding external, independent, not-for-profit organizations to support shared goals and to demonstrate our commitment to fund programs and activities that provide broad public benefit, advance medical care and improve patient outcomes."

An Integrative Approach to Pain Management

Millions of Americans suffer from pain, making it one of the primary

Membership

We Need You! Chronic pain is still a new and developing field in medicine and mental health.

We Need You! There still is not enough awareness by the public to try and solve this debilitating problem.

We Need You! Chronic pain is not pressing on the minds of government, foundations and private donors.

We Need You! In order to support and further develop out programs.

Take a Stand! Help solve this pressing problem, become a member and grow with us!

Join Pain Connection Today!!!

- Your payment of a \$40.00 annual membership fee may be made in the following ways:
- Credit card on-line through our secure server.
- Check mailed to Pain Connection with completed application form.
- Fax your completed application and credit card information to 301-231-6668.
- Through Network For Good and Razoo which are secure services. Please also send in an application form for our records.

Your membership benefits include:

- DISCOUNTS of up to 25% with local wellness providers
- DISCOUNTS on our trainings, groups, symposiums and DVDs
- Monthly notices of support group meetings and the Professional Speaker Series by mail, email and/or phone call
- Chronic Pain resources
- Pain Connection's newsletter
- Contact information for your local support leader (on request)
- Health care practitioner referral list for your geographic area (on request)

reasons for seeking medical attention. The conventional approach to pain management often involves medications that can carry many risks. While pain medications can provide relief, they often have unwanted side effects such as GI upset, addiction, and impaired physical and mental functioning. Fortunately, diet can be very effective and have little to no adverse effects.

Diet: (foundation of your health)

The foods you eat have the ability to trigger either pro-inflammatory chemicals or anti-inflammatory chemicals. Pro-inflammatory foods increase pain, swelling, and cellular damage. An increase in inflammatory chemicals has been associated with most chronic diseases including arthritis, heart disease, high blood pressure, osteoporosis, and various cancers. Anti-inflammatory foods are health promoting and protective to the body.

Current trends in the American diet

- Eating out a lot, most being fast food
- Eating on the run—increased need for antacids, which can dampen digestion/absorption
- Eating more processed foods (containing high salt, sugar, refined oils, artificial colors, preservatives, unhealthy fats, synthetic ingredients, and other additives)
- Eating less fruits and vegetables and whole grains (less fiber, healthy fats, vitamins and minerals)
- Eating more “empty calories”
- Eating foods that have been genetically manipulated
- Drinking more soda
- Eating foods containing toxins such as: hormones, pesticides, herbicides, etc.
- Eating more food but getting less nutrients
- Eating restricted diets or a narrow range of foods (increases likelihood of nutritional deficiencies)

These lead to nutrient deficiencies, chronic illness, fatigue, obesity, etc....

Pro-inflammatory foods: (foods to avoid)

- Trans fats, hydrogenated oils (margarine or shortening), and refined polyunsaturated oils such as sunflower, safflower, cottonseed oil, and corn oil
- Red meat (conventional meat (hormones), grass-fed is preferred)
- Grilled and processed meats
- Refined carbohydrates (white rice, white flour, white bread, noodles, pasta, biscuits and pastries)
- Sugar
- Dairy products (especially highly processed or non-organic)
- Chemical additives and preservatives, pesticides, herbicides
- Foods that you are sensitive or allergic to, such as Nightshade vegetables (potatoes, tomatoes, sweet and hot peppers, eggplant, tomatillos, pimentos, paprika, cayenne), gluten, wheat, soy, corn, dairy, eggs, etc.

Anti-inflammatory foods

- **Spices** such as ginger, turmeric, cayenne, cinnamon, dill, rosemary, oregano, basil, etc.
- **Herbs** such as green tea, licorice, nettles, etc.
- **Omega 3 fatty acids**—wild salmon, flax, walnuts, etc.
- **Dark leafy greens** (pak choi, collards, kale, mustard greens, turnip greens, dandelion greens, spinach, etc)—provide powerful plant chemicals and essential minerals
- **Colorful fruit and vegetables** (berries, citrus, melons, pears, apples, beets, carrots, cabbage, onions, yams, peppers, cauliflower, broccoli, mushrooms, garlic, leeks, etc)—provide antioxidants and vitamins
- **Whole grains** (brown rice, millet, quinoa, whole wheat, corn, etc)—

provide protein, fiber, vitamins, and antioxidants

- **Legumes** (lentils, soy, black beans, pinto, garbanzo beans, etc)—provide protein, fiber, and vitamins
- **Nuts and seeds** (almonds, pine nuts, Brazil nuts, pumpkin seeds, sunflower seeds, walnuts)—provide essential fats, minerals, and protein
- **Sea vegetables** (wakame, kombu, hijiki, arame, nori, dulse)—essential minerals and trace minerals
- **Healthy fats**—eggs, avocados, butter, flaxseed oil, nuts and seeds, nut butters (almond butter, pumpkin seed butter, sunflower seed butter, tahini), olives, sardines, and other oily fish (cod, haddock, mackerel, salmon), meats (buffalo, lamb, organic / grass-fed beef, venison), cooking oils (olive, coconut, butter, ghee)
- **Organic dairy foods / dairy alternatives** (almond, rice, hemp, oat, soy, coconut, etc)—provides protein
- **Organic/hormone free meat, poultry, grass-fed beef, fish, eggs**—rich in protein and essential fats
- **Filtered water**—detoxification, lubrication, and assimilation

Importance of eating healthy fats

- Compartmentalize key structures/ keep shape and integrity of cells and tissues by being essential components of cellular membranes
- Play an important role in cell-to-cell communication
- Help decide what should come into a cell and what should be kept out
- Play a key role in immune system modulation
- Provide energy for the body
- Provide cushion, insulate, nourish, and protect vital organs
- Transport fat soluble vitamins—vitamins A, D, E, and K—antioxidant activity, metabolism of calcium, proper blood clotting, and regulation of immune functioning

- Combine with other substances to create phospholipids—help to maintain normal functioning and health
- Support brain health, heart health, joint health, eye health, immune health, etc.

Whole foods (diverse, nutrient-dense diet)

A whole foods diet is a way of eating that promotes life-long health. It emphasizes an abundance of fresh, organic, raw and cooked vegetables, seasonal fruit, whole grains, high quality protein and fats, beans, and purified water.

Eating a whole foods diet provides a diverse range of beneficial nutrients to:

- Promote optimal intestinal function—*70% of immune system in gut*
- Decrease cellular damage
- Decrease systemic inflammation
- Support optimal organ function
- Assist in hormonal balance
- Regulate the immune system
- Maintain a healthy weight

Specialty testing

- **Food Sensitivity Testing**—Sometimes even “healthy” foods can be bothersome to people. Food proteins can trigger the immune system and signal inflammatory chemicals to be released. If you suspect that certain foods aggravate your symptoms it is best to eliminate these foods from your diet or consider doing a food sensitivity test. Sensitivities to particular foods such as wheat, gluten, dairy, soy, etc. can trigger your immune system and result in many different symptoms and health concerns (headaches, skin rashes, fatigue, weight gain, pain and inflammation, digestive problems, sinus congestion, etc). This test helps

to identify which foods should be eliminated or rotated in your diet to maximize your health.

- **Spectracell Micronutrient Analysis**—Nutrient deficiencies are common and can contribute to various health conditions. This unique test will take the guesswork out of what supplements you need. It provides a comprehensive overview of vitamin, mineral, amino acid, and fatty acid levels, and can help determine if your medications and lifestyle factors could be negatively influencing your nutrient levels.
- **Adrenal/Neurotransmitter Testing**—This test measures key hormones and brain neurotransmitters that could be contributing to common complaints such as fatigue, insomnia, depression, and stress. Medical research has established a definite link between numerous health complaints and neurotransmitter and endocrine imbalances.

For further questions or to set up a private consultation, please contact:

Margo Gladding, MS, CNS, LDN
Village Green Apothecary
5415 W. Cedar Lane
Bethesda, MD 20814
301-530-0800 x1025
margo@myvillagegreen.com
www.myvillagegreen.com

Impact of Approved Drug Labeling on Chronic Opioid Therapy

(FDA Part 15 Public Hearing – 2/7/13)

Gwenn Herman testified at the Federal Department of agriculture as a clinician and chronic pain patient. Here are some of the highlights from her speech:

“In my 30 years of experience in treating substance abuse, I have seen many drugs and substances of choice

come in and out of fashion—Valium, Xanax, Quaaludes, glue, spray paint, pot, LSD, speed, Heroin, Cocaine, Methadone, Crack, Adderall, Oxycontin and Suboxon. These drugs are frequently taken in combination with each other and almost always in combination with alcohol. Throughout the years one thing has remained constant—the ability of recreational users and people addicted to these substances to find what they want in high schools, colleges, medicine cabinets, in neighborhoods, on the streets and now on-line—with or without a medical prescription. The problem of substance abuse in America is vast, but severely neglected, as are most mental health issues.

According to SAMHSA, the Substance Abuse and Mental Health Services Administration, last year alone approximately 20 million people who needed substance abuse treatment did not receive it and an estimated 10.6 million adults reported an unmet need for mental health care. SAMHSA also reported that the number of emergency department visits involving attention deficit /hyperactivity disorder (ADHD) stimulant medications more than doubled from 13,379 visits in 2005 to 31,244 in 2010. Hospital emergency department visits linked to Suboxone, a medication used to treat opioid addiction, increased substantially—from 3,161 visits in 2005 to 30,135 visits in 2010 with 52% (15, 778) in 2010 involving non-medical use.

According to the latest NIDA, National Institute on Drug Abuse survey of Teen Drug Use in 2012, 41.5% of 12th graders consumed alcohol during the previous 30 days and 36.4% used marijuana.

The figures for prescription drugs were: Adderall—7.6%; Vicodin—7.5%; Cold medicines—5.6%; Tranquilizers—5.3%, OxyContin—4.3%, and Ritalin—2.6%.

I am citing these statistics not as a means to advocate the relative merits or safety of one drug or another, but to emphasize that substance abuse is a major health problem in this country and that it encompasses a wide variety of drugs.

My major concern as a mental health practitioner is that this issue has been pushed to the background by the war on drugs, the war on opioids and the war against government spending on healthcare, and in particular mental health. If we persist in treating this problem as one of classification or labeling, all we are doing is tinkering with the statistics. We may move a drug up or down the pop chart of drugs of choice, but we will have done nothing to address the overriding issue of substance abuse.

Against this background, I would stress that we are all interested in the safe and proper use of all medications. People with chronic pain rely on a variety of medications, including opiates, in order to carry out basic daily functions and achieve a minimal quality of life. There is not one drug which suits all pain patients and there is no one size fits all dosage. Each patient is a unique individual and each person's pain changes many times during the day and over time. That is why establishing a satisfactory relationship between patient and physician is essential. The problem as I see it from my work with people with chronic pain is the need to train physicians and patients alike in the proper management of chronic pain. There is no one prescription to address chronic pain. If the FDA wishes to ensure the safe and appropriate use of all medications, including opioids, then it needs to ensure that physicians are educated before writing a prescription. Physicians should be required to prepare a treatment plan prior to the initiation of a course of treatment with their patients. Providers must be educated in the ART of working with people

with chronic pain. Both physicians and patient must understand that proper treatment is not just medications and that the psycho-social aspects of chronic pain cannot be ignored. I believe that this principle applies to all types of chronic pain from whatever cause and that no artificial distinction should be drawn between one type of pain and other, be it cancer or non-cancer, traumatic or genetic. **Pain is pain.**

The following issues need to be addressed:

1. Medication is just one component of a proper pain management treatment plan.
2. Chronic pain is best managed with a combination of treatment modalities, Western and Eastern Medicine, Complementary Alternative Medicine (CAM)-acupuncture, mindfulness meditation, guided imagery, biofeedback, breathing techniques, massage therapy, herbs, vitamins, supplements and nutrition, since pain is constantly changing in the body.
3. The whole person must be treated, because chronic pain affects every aspect of a person's life—the physical, social, psychological, career, hobbies and spirituality. All these aspects need to be integrated when developing a treatment plan.
4. The emotional impact of the pain can often lead to depression and some may self-medicate and even commit suicide when there is minimal monitoring of the treatment plan. Pain Connection is one of a number of organizations that provide resources and support for people with chronic pain. Health care providers need to be made aware of and recommend these resources to their patients."

At the end of her presentation Gwenn addressed the family members present against opioid medications:

“My heart goes out to the families and significant others who have lost their loved ones to legal or illegal medications and substances. I am so sorry. They should have not died. They did not receive the appropriate treatment. They did not have the resources to learn how to live with their pain and this is the main purpose of Pain Connection. Let us not sacrifice people living with chronic pain due to these losses. These are two separate issues.”

Martin Luther King Service Day

Pain Connection members participated in the Montgomery County Service Day held at the Marriott Conference Center in Rockville on Monday, January 21st —Martin Luther King Day and Inauguration Day. About thirty non-profits had information tables in the main vestibule of the hotel, and service tables for students fulfilling their school service requirement filled the ballroom packing lunches for the homeless, writing letters to service men and women, making quilts, paper flowers and pictures for them. The atmosphere was terrific, and many people stopped by the Pain Connection table wanting to learn more about the organization. Several signed up to receive more information by email, and several indicated a desire to volunteer their services to us. A good day was had by all.

Mindfulness Based Practices at Pain Connection

Join us in our upcoming 7-week Mindfulness Based Stress Reduction Program. We will work together in a small supportive group to move toward healing anxiety, stress, pain and chronic illness. The classes will be held on Fridays from 10 a.m. till noon. The

dates for the Spring session are: April 5, 12, 19, and May 3, 10, 17 and 24. Visit Pain Connection website at www.painconnection.org for class details.

The National Association of Social Workers has approved this course for 14 CEU's.

Class will be led by Mary French RN, LCSW-C who first began practicing mindfulness in the early 1990's after struggling with her own chronic pain condition. Mary found this practice to be instrumental in improving her ability to cope with pain as well as finding peace and equanimity in her life with a chronic illness. Mary completed an internship for health care professionals at the Mindfulness Based Stress Reduction Clinic in Worcester, Massachusetts (now the Center for Mindfulness) founded by Jon Kabat-Zinn and has incorporated this practice when working with clients for close to 20 years.

MBSR (Mindfulness Based Stress Reduction) is based on ancient Buddhist practices of Vipassana (“Insight”) Meditation and was first introduced into mainstream hospital based programs back in the late 1970's by Jon Kabat Zinn author of “Full Catastrophe Living; Using the Wisdom of your Body and Mind to Face Stress, Pain and illness.” Consistently studies have shown a dramatic reduction in pain for many who have completed 8-week programs at the clinic. Since the 1970's MBSR has flourished and is now being taught in many major medical institutions as part of the mind/body movement in Integrative Medicine.

Mindfulness practice helps with a broad range of medical and psychological issues such as anxiety, stress, pain, and chronic illness. It facilitates deep states of relaxation where one is able to pay attention to distracting thoughts, sensation, and discomfort, while at the same time learning to work with, rather than ignore, information from the

body and mind. The benefits of these techniques include an increased sense of balance and an enhanced capacity to handle life's challenges with greater clarity and wisdom.

There are many lessons to be learned from the practice of Mindfulness, which is achieved by maintaining moment-by-moment nonjudgmental awareness through a variety of possible meditative practices. Increasing awareness of the present moment increases our ability to:

- See pain closely and clearly
- Change relationship and response to pain
- Realize that you are not your pain, and that at times, we perceive our pain through inaccurate predictions of doom and fear, which contributes greatly to our level of distress
- Bring a curiosity and interest to what we are experiencing and develop a greater awareness of what our bodies are telling us, strengthening our natural feedback mechanisms to promote regulation and balance of the body and mind
- Realize we can influence pain levels
- Learn to use the breath to penetrate and soften pain
- Begin to see that pain along with everything in life is constantly changing and we can learn to ride the “waves” of pain knowing it will not always stay at intense levels
- Decrease negative attention bias—see more positive in experiences
- Develop compassionate attitude to the self and others.

New Pain Warriors Brochure and Program

The Pain Warriors is a group that meets for 8 weeks and teaches military members and veterans survival strategies and techniques to confront adversity and to thrive. The group will work from

Upcoming Meetings

“PAIN CONNECTION LIVE” CONFERENCE CALLS

1st Thursdays, 1:30–2:30 p.m. EST
3rd Thursdays, 7:00–8:00 p.m. EST
Registration is required for each call.
For more information, email info@painconnection.org or call 301-231-0008.

SUPPORT GROUP

Kaplan Center for Integrative
Medicine
6829 Elm Street, Suite 300
McLean, VA 22101
2nd Wednesdays, 1:30–3:00 p.m.

SPEAKERS SERIES

March 11

David Gleekel, Certified Reiki
Master/Teacher

April 29

Bill Rolle, Doctor of Physical
Therapy, “Benefits of Trigger Point
Dry Needling”

May 20

Richard C. Wilson, OTR, “Body
Mechanics: A Key to Protecting Your
Body and Managing Pain”

June 24

Stephanie Snyder, Certified Arthritic
Instructor, “Benefits of Aquatic
Therapy”

September 23

Neil Goldstein, “Painless Puzzles”
author, “Regrow Gray Brain Matter
through Acrostic Puzzles”

October 28

Margo Gladding, Nutritionist, Village
Green Apothecary. “Learn about
nutrition, diet, herbs, vitamins and
supplements to help with pain,
fatigue and stress” Part II

November 25

TBA

Holiday Park Senior Center
3950 Ferrara Drive
Wheaton, MD 20906
240-777-4999 (directions only)
1:15–2:30 p.m.

Pain Connection’s book *Making the Invisible Visible*, learn guided imagery, meditation and breathing techniques. The program begins in the fall: October 25, November 1, 8, 15, 22, December 6, 13 and 20, 2013 from 10a.m.–Noon. The fee is \$160, \$150 for members, and scholarships are available.

You can send in a check for the full amount of \$160 (\$150 for members), or pay through PayPal at www.painconnection.org.

Filling the Gaps in Pain Care

Filling The Gaps in Pain Care (FIG) is an 8-week evidenced-based tailored program designed for people with pain and their families to improve their ability to manage chronic pain more effectively, resulting in an increased sense of well-being and improved quality of life.

The next session will be held on Fridays from 1:00-3:30 p.m. (paced for people with pain), October 25, November, 1, 8, 15, 22 and December 6, 13 and 20.. Registration and an interview are required. Fee \$250. Discount for members. See www.painconnection.org/updates/fillingthegaps

“Living Well with MS”

Pain Connection has joined with the National Multiple Sclerosis Society in collaborating on their program “Living Well with MS”. Living Well with MS is a 12-week interactive learning course, starting March 18, designed specifically for people diagnosed with MS within the last few years. This newly diagnosed course will help you better understand MS and develop lifestyle strategies that can help diminish the effects of the disease. Contact Kelly Schrader at

202-296-5363, option 2 to receive an application go to:

<http://www.nationalmssociety.org/chapters/dcw/programs--services/recreation--wellness/living-well-with-ms/index.aspx>

Meet our Graduate Counseling Intern

My name is Stephanie Snyder. I am a graduate student with Capella University and will be graduating in June, 2013 with my masters in Mental Health Counseling. I have been working as a Mental Health Counseling Intern for Pain Connection since September 2012 and receiving supervision from Gwenn Herman. I have been active in the Filling the Gaps in Pain Care program, the Speaker Series and Pain Connection Live conference calls and have been working with individuals and families on developing “Wellness Plans”. The wellness plan focuses on looking at: the clients’ current health conditions; how they make time for self; rest and sleep; managing stress; exercise, and nutrition. Individuals are encouraged to fill out their plans and indicate their realistic goal(s) for each category. Once the goals are identified, specific tasks are established to help achieve those goals. Depending on the time of year, weather, or event, an action plan may look different. At each session, the Wellness Plan is reviewed and tweaked to help the client(s) cope with their chronic pain. Some common examples and techniques used by fellow chronic pain warriors include: deep breathing to reduce anxiety within a situation, portable ice packs or heating pad for long car rides, preparing a plan for going on an outing and how to take care of oneself if and when a flare-up occurs. I will be presenting on June 24th at the Speaker Series on the “Benefits of Aquatic Therapy”.

Turnover at the Top

Pain Connection is proud to announce the installation of new officers of its Board of Directors. Effective January 1, 2013 Sharon Barrett took over the reins as Board President. She is capably assisted by Kim Thompson as Vice President. Malcolm Herman remains as Secretary and Frances Stafford remains as Treasurer. Neil Goldstein will continue as a Board member, following his stints as Treasurer and President.

2013 Board of Directors

President: Sharon Barrett
Vice-President: Kim Thompson
Secretary: Malcolm Herman
Treasurer: Frances Stanford
Directors: Neil Goldstein, Michael Sitar, and Elsie L. Ferguson
Honorary Directors: Mary French, Senator Jamie Raskin, and Dr. Gary Kaplan
Executive Director and Founder: Gwenn Herman

We are looking for professionals with experience in fundraising, grant writing and public relations. If you are interested in joining our Board, please let Sharon know by emailing her at semily1@gmail.com

Pain Connection on Podcast and YouTube

Podcast: "Essentials of Healthy Living" Radio Show, talks with Gwenn Herman, founder and Executive Director of Pain Connection. Host Nutritionist Dana Laake

YouTube: "Hope, Help, and Healing: Relief from Chronic Pain". A short documentary about Pain Connection, a Montgomery County, MD nonprofit organization which serves as an outreach center for people facing chronic pain.

This documentary was produced as part of a Docs In Progress Documentary Production class. Produced by Shereen Cade-Jackson and Stacy Morin.

Various Ways to Support Pain Connection

Direct donations

A donation to Pain Connection makes a wonderful gift for you to send to your friends and family. It' is tax deductible for you, and your friends and members of your family will know that the gift comes straight from the heart. Send your gift donation and donations for your friends and family to Pain Connection at 12320 Parklawn Drive, Rockville, MD 20852.

Donors over \$100: United Way, Joseph Ruby, Neil and Cordelia Goldstein, Sharon Barrett, Michael Sitar, PhD, Elsie Ferguson, PhD, Frances Stanford, Malcolm Herman, David and Jane Green, Ellen Weiss, Nancy Magnusson....thank you very much!

United Way Campaign

Our United Way National Capitol Area Campaign designation is #8695. Our United Way Combined

Federal Campaign designation is #62705. Please designate us on your donor card at work or when making a donation! Also, tell your co-workers, family, friends and neighbors.

Donate your car to Pain Connection

Pain Connection has made arrangements with a company called CARS (Charitable Auto Resources) to enable us to accept donations of vehicles in an efficient and cost effective manner. If you have a vehicle (car, truck, RV, boat, motorcycle,



or other vehicle) you no longer want or need, please consider donating it to Pain Connection. To learn more, call CARS at 877-537-5277

Raise money for Pain Connection just by searching the web and shopping online!

Give a gift!

Making the Invisible Visible: A Chronic Pain Manual for Health Care Providers

Pain Connection's *Making the Invisible Visible: A Chronic Pain Manual for Health Care Providers* is a comprehensive and unique publication that contains up-to-date information on chronic pain, exercises and handouts for developing coping skills and strategies, and insights and experiences of chronic pain sufferers and their families.

Written by Gwenn Herman and Mary French, who each have more than 25 years of experience as health providers and also live with chronic pain, the 262-page manual examines a wide range of topics including:

- Myths and misconceptions about chronic pain clients
- Psychosocial effects of chronic pain
- Pain Connection's Support Group Model
- Complementary and alternative treatments

Ms. Herman's and Ms. French's firsthand exposure to the difficulties of getting healthcare providers to properly recognize, diagnose and treat chronic pain makes this an excellent resource for both professionals and patients.

Dr. Gary Kaplan, Founder and Medical Director of The Kaplan Center for Integrative Medicine

The book is \$25.00, plus \$5.00 shipping and handling fees plus tax. To order, go to www.painconnection.org or call 301-231-0008.

Pain Awareness Month Symposium, From Research to Clinical Practice

Pain Connection's Pain Awareness Month Symposium, From Research to Clinical Practice DVDs are still available. If you missed the symposium you can see presentations by Dr. Gary Kaplan, Osteopath, Pain Specialist, Kaplan Clinic, "Treating Depression and Chronic Pain" and Dr. Alan Pocinki, Internist, Chronic Fatigue Syndrome (CFIDS) Specialist, "Developing an Individualized Treatment Plan for Chronic Fatigue Syndrome".

Cost for both DVDs: \$30 non-member
\$25 member. For one DVD: \$20 nonmember \$15 member

Painless Puzzles, Volume 2

For donations of \$25 or more, donors will receive a free gift of the second volume of "Painless Puzzles of The Acrostic Kind", created by Pain Connection Board member Neil Goldstein. The book contains 52 acrostic puzzles originally published by the Tribune Media syndicate and edited by the Quote-Acrostic guru Charles

Preston. Donation forms are available elsewhere in this Newsletter and from our website www.painconnection.org. Donate now and receive the book as our thanks!

Rockville Rewards new sales price starting March 1st!

Ready to save? Spend \$10 to support Pain Connection & get savings at over 75 local businesses! Purchase a Rockville Rewards Card for \$10 from Pain Connection, and show it at participating Rockville businesses to receive a discount.



As a cardholder, you will receive both Everyday Rewards, as well as a Weekly Hot Deal, providing a way for savvy shoppers to give a little, but get a lot!

Fifteen area non-profits are involved in the program and can potentially raise up to \$25,000 each through card sales. Give a little, Get a Lot. The only cost to you is the cost of the deal.

Volunteer Thank You's!!!

Dr. Gary Kaplan, Herb Dubin, David Kaminow, Molly Carr, Mary French, Kim Thompson, Lisa Marie Price, Sherry Hutchinson, Lee Blank, Stephanie Snyder, Denise Pirnea, Cordelia Goldstein, Julie Litten, Deborah Senior, Margo Gladding, Linda Kuserk, Bill Rolle, Neil Goldstein, Malcolm Herman, Elsie Ferguson, Frances Stanford, Michael Sitar, Clark French, Daniel Herman, Rana Palaniyandi

There are 100 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's mission is to help people with chronic pain improve their quality of life, decrease their sense of isolation and take a more active role in their treatment. We do this by providing information, psycho-social support, skills-building and training to people with chronic pain, their families and health care providers.

Pain Connection is a 501(c)(3) human health service agency and was incorporated in 1999.

© 2013 Pain Connection—Chronic Pain Outreach Center, Inc.
All Rights Reserved

PAIN CONNECTION®
CHRONIC PAIN OUTREACH CENTER, INC.
12320 Parklawn Drive
Suite 210
Rockville, MD 20852
Tel. 301-231-0008/Fax. 301-231-6668
www.painconnection.org

Executive Director and Founder
Gwenn Herman, LCSW-C, DCSW

Board of Directors
Sharon Barrett, President
Kim Thompson, Vice President
Frances Stanford, Treasurer
Malcolm Herman, Secretary
Elsie Ferguson, Director
Neil Goldstein, Director
Michael Sitar, Director

Honorary Board Members
Senator Jamie R. Raskin
Mary French
Gary Kaplan