



PAIN AND THE SOCIAL WORKERS ROLE

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Hi mom!



I'm just the social worker!

- Average LOS 24 days
- Weighted down with paperwork and evals-sometimes one after another
- No training to help with pain control

◦ **However**

- View pain through a cultural lens
- Treat pain with non traditional methods
 - EMDR
 - Alpha Stim

CULTURE Definition & Meaning - Merriam-Webster

- **A:** the customary beliefs, social forms (*how society organizes relationships and identifies*), and material traits of a racial, religious, or social group
- *also* : the characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time
- popular *culture*
- Southern *culture*
- **B:** the set of shared attitudes, values, goals, and practices that characterizes an institution or organization
- a corporate *culture* focused on the bottom line
- **C:** the set of values, [conventions](#), or social practices associated with a particular field, activity, or societal characteristic
- studying the effect of computers on print *culture*
- Changing the *culture* of materialism will take time ...–Peggy O'Mara
- **D:** the [integrated](#) pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations

Pain and cultural influences

Pain is filtered through the lens of one's culture. The culture sets the template for how we are primed for the experience of pain.

Emdria.org

“Our culture relates directly to the expression of pain. Our [upbringing and social values influence how we express pain](#) and its nature, intensity and duration. These factors are not as obvious as socio-psychological values such as age and gender.”

- “But over the following centuries pain was progressively [medicalised](#). Research into physiology in the 17th and 18th centuries demystified pain and made it accessible to human intervention. The discovery of anesthetics and analgesics in the 19th century then made possible the discretionary use of pain mitigation by doctors.”
- “As a result the relation of pain to cultural values and expectations underwent a radical change: pain was subject to human intervention and treatment.”

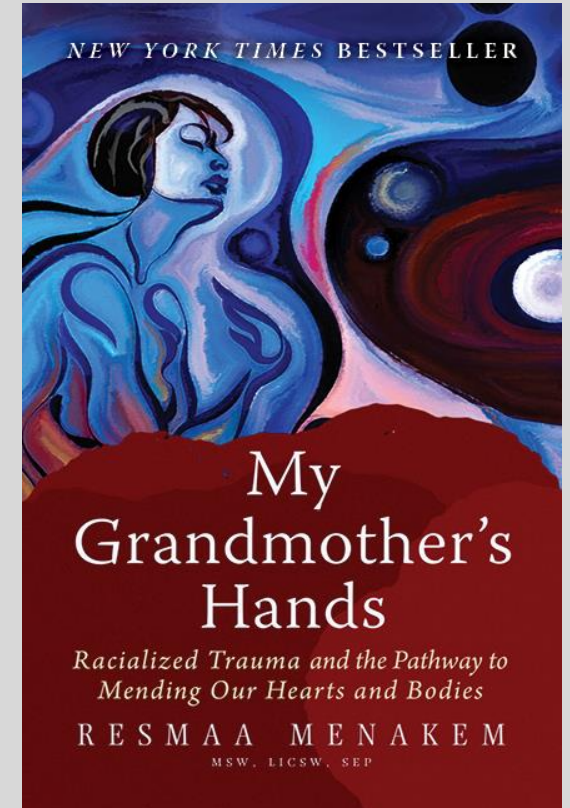
[How different cultures experience and talk about pain - International Association for the Study of Pain \(IASP\)](#)

Cultural Humility (self exploration/critique and willingness to learn)

2016 “These findings suggest that individuals with at least some medical training hold and may use false beliefs about biological differences between blacks and whites to inform medical judgments, which may contribute to racial disparities in pain assessment and treatment.”

“We examine whether this racial bias is related to false beliefs about biological differences between blacks and whites (e.g., “black people’s skin is thicker than white people’s skin”).”

Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites - PMC-NIH.gov



Part of the answer for better pain control

- “In conclusion, [evidence-based](#) guidelines, [multidisciplinary](#) approaches, and [tailored interventions](#) are crucial for effective pain management. By acknowledging diverse influences on pain experiences, clinicians can provide personalized care, dismantle systemic barriers, and contribute to closing knowledge gaps, impacting individual and public health, well-being, and overall quality of life.”
 - [Unraveling the Tapestry of Pain: A Comprehensive Review of Ethnic Variations, Cultural Influences, and Physiological Mechanisms in Pain Management and Perception - PMC](#)

Cultural intervention

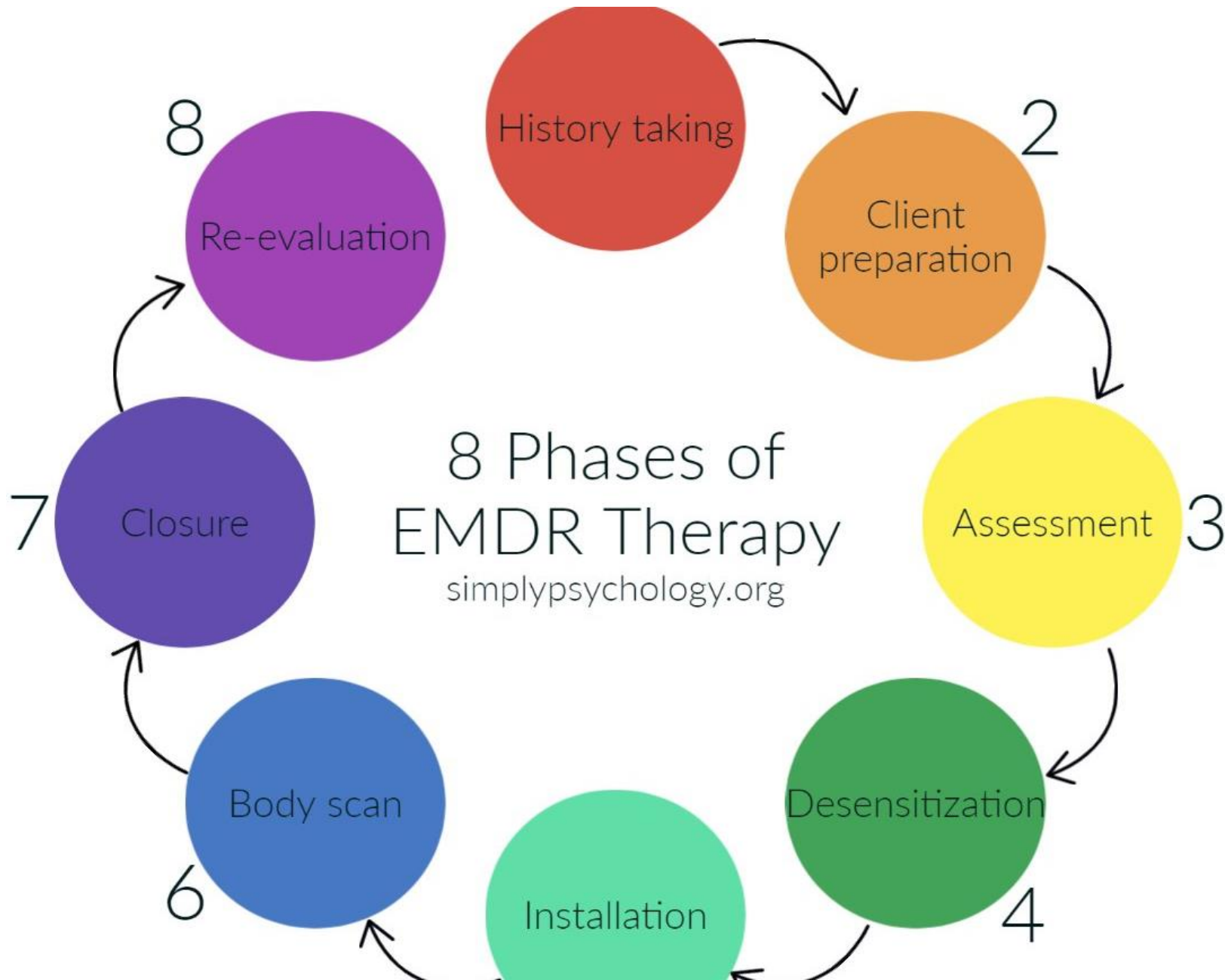
- Identify patient's predominate culture
- Begin a conversation about how pain was viewed/managed
- Then/now
- Honor how suffering/pain is managed



History of EMDR

- Originally intended for single incident trauma
- Research from inception (1987) to 2013
- Since 2013 it's become a stand-alone therapy used for most mental health conditions including pain
- Learned a lot along the way





Basics of EMDR

8-phases

Learning Objective:
Participants will have a basic understanding of how EMDR works

The neurobiology of memory formation

Sensory information, Emotions/Sensations, Cognitions

Forming a memory: Event occurs, Thalamus (brain's central relay station) relays to the Amygdala, information is compared to existing information and a value is assigned.

Long term memory storage-"*Chronic pain is a type of memory*"

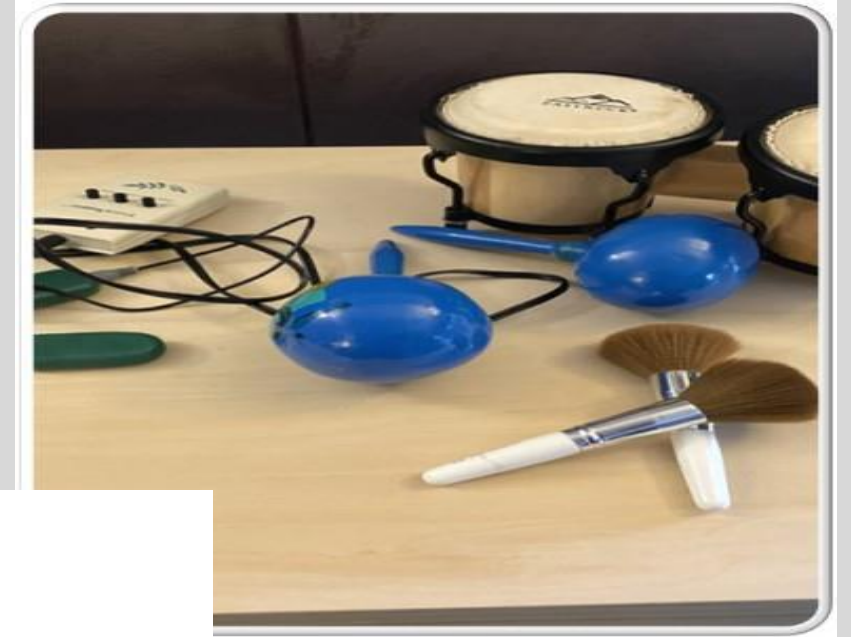
Pain control with EMDR by Mark Grant

"Pain and memory: disrupting the pain neural pathway and networks that reinforce the pain experience, disrupting and reprocessing other maladaptive memory networks that reinforce these pain neural pathways and networks, and restoring more healthy and adaptive biochemical states in the body and what is referred to as regional brain functioning. As this occurs, the different substructures of the brain are able to again work together with one another in pro-health states versus states of unhealth and amplified pain perception."

Emdria.org

Mechanisms of Action

- BL/DAS Bi-later Stimulation/Dual Attention Stimuli
- Orienting Response
- Taxing the working memory



Research

- Maxfield, L., Melnyk, W.T., & Hayman, C.A.G. (2008). Dual-attention taxes working memory and allows hippocampal activity to move experiences to long-term memory storage
- ◦ de Voogd, L.D., Phelps, E. A cognitively demanding working-memory intervention enhances extinction. *Sci Rep* 10, 7020 (2020)
- Reichel, V., Sammer, G., Gruppe, H., Hanewald, B., Garder, R., Bloß, C., & Stingl, M. (2021). Good vibrations: Bilateral tactile stimulation decreases startle magnitude during negative imagination and increases skin conductance response for positive imagination in an affective startle reflex paradigm. *European Journal of Trauma & Dissociation*, 5(3). <https://doi.org/10.1016/j.ejtd.2020.100197>

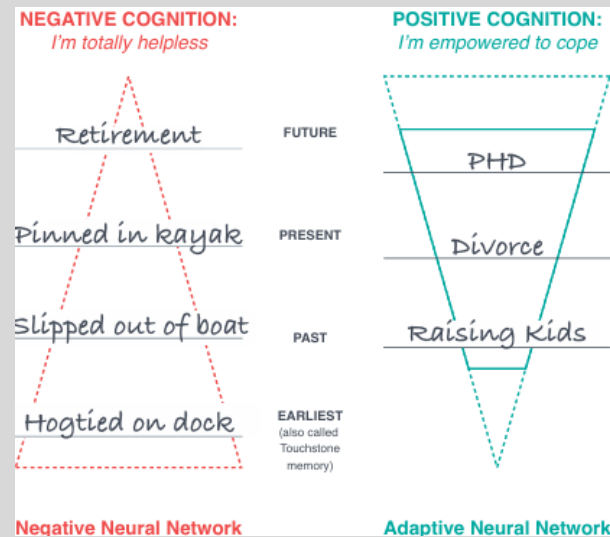
Mark Grant-3 links to pain

- 1. Event that caused the pain (MVA, tumor)
- 2. Psychological issues associated with the pain (I'm overwhelmed/can't handle it...)
- 3. Consequences of the event and pain (I can't provide for my family...)

- Theory: if we can decrease two of the three links to the pain the pain will decrease

Phase 1-History Taking

- How did we get here?
- Questions about culture (customs, art, social institutions...), perceptions about pain
- Organize and prioritize our care
 - Belief Focused Target Sequence Plan
 - Negative Cognition and Positive Cognition-I'm overwhelmed, I'll manage
 - Past, present, future



Phase 2-Preparation

Learning Objective: participants will have a basic understanding of the need for preparation before processing

- Calm/secure space
- Containment
- Grounding/stabilizing exercises
- Team of helpers
- Resource figures: nurturing, protecting, inner wisdom, spiritual guide
- Loral Parnell Tapping In
- Fast tapping vs. slow
- Short sets vs. long sets

◦ Demonstration

Phase 3-Assessment

- Figuratively poke the wound (Pain is the traumatic memory if pain is not associated with trauma)
- Without activation there is no processing
- 1. Snapshot of the worst part: size, shape, color, sound...
- 2. Negative cognition: I'm overwhelmed, I'm weak, I'm not good enough/tough enough
- 3. Positive cognition: I'll manage
- 4. VOC: 1-7
- 5. Emotion:
- 6. Sensation:
- 7. SUD: 10 scale

Phase 4-Desensitization

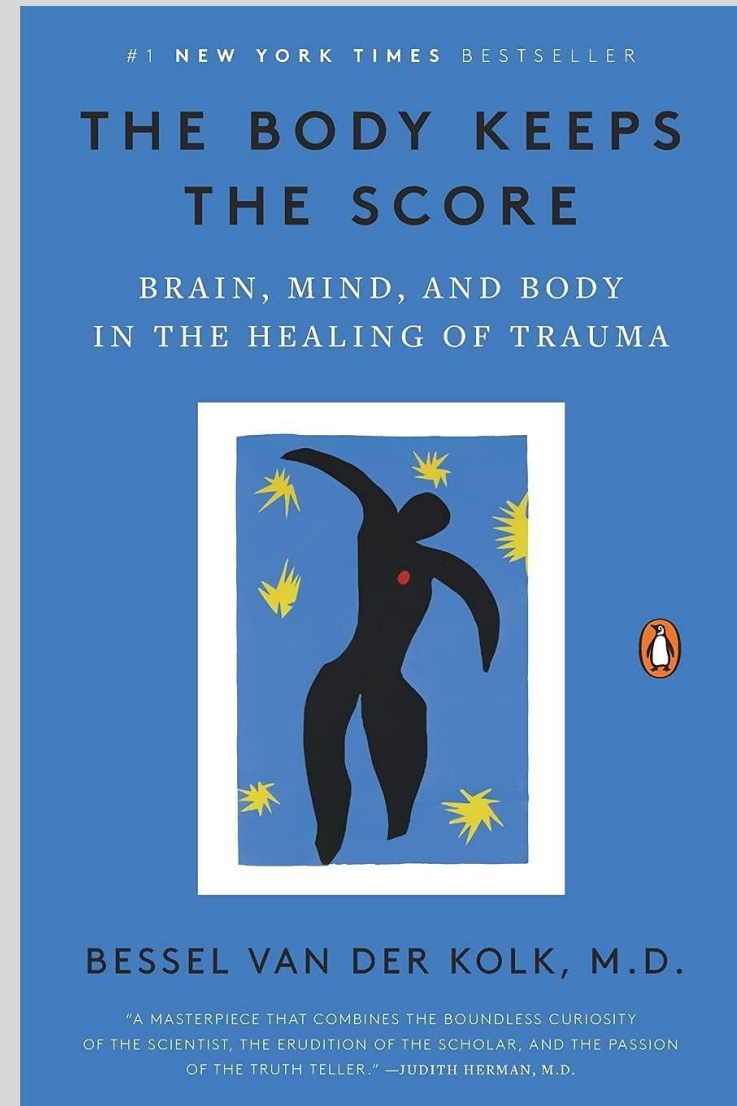
- 10% expectation
- Goal of taking the emotional component out of the pain
- Won't work for complex regional pain syndrome

Phase 5-Installation

- Established positive belief-I'll manage, my pain doesn't dictate...
- Shifting Perspective
- Where are we directing the brain?

Phase 6– Body Scan

- Some people struggle to body scan
- The Body Keeps the Score
- Umbilical cord to the implicit



Phase 7-Closure



- Couch to car, car to rest of life
- Review, contain, stabilize



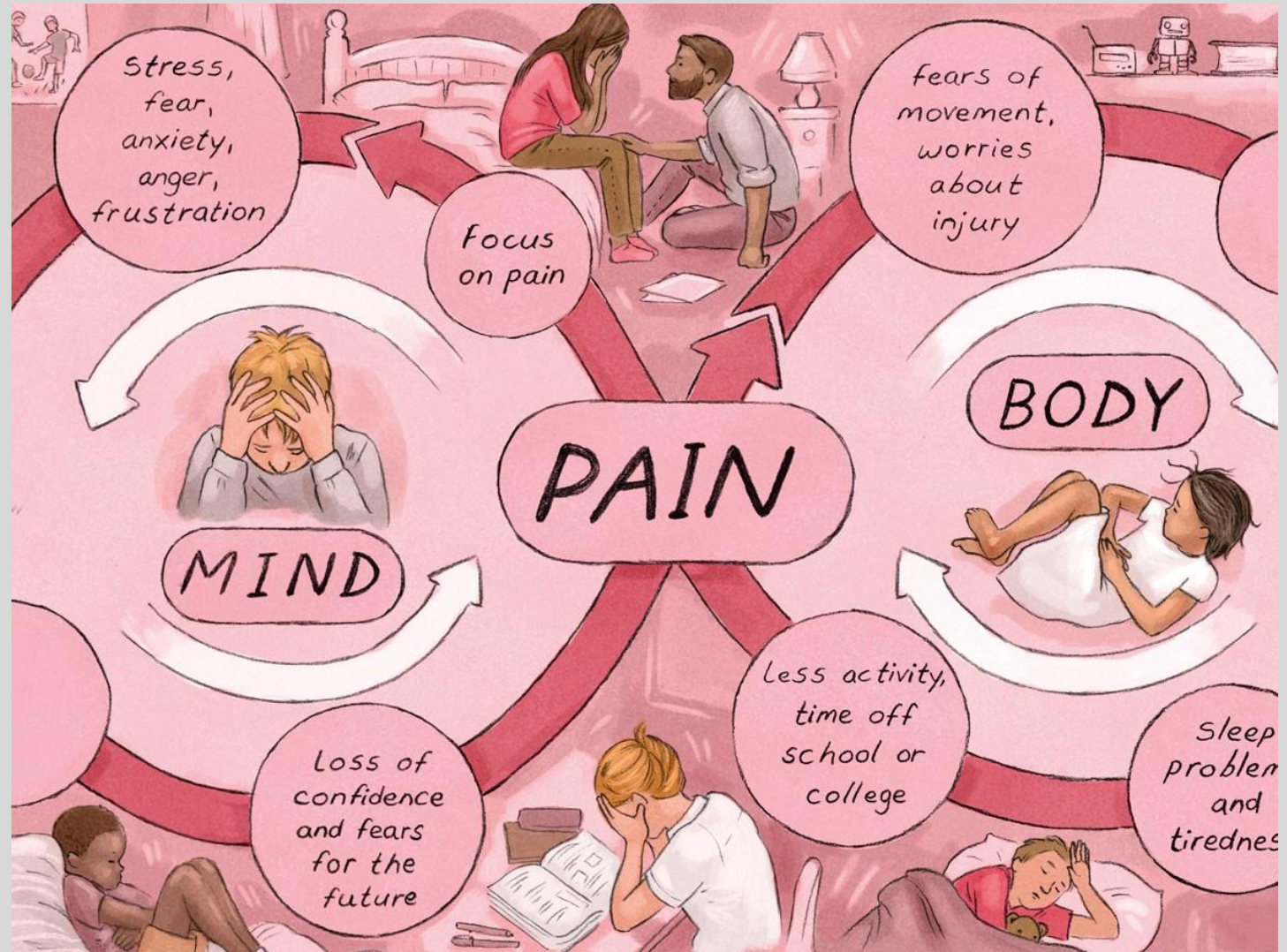
Phase 8-Re-evaluation

- Did it stick



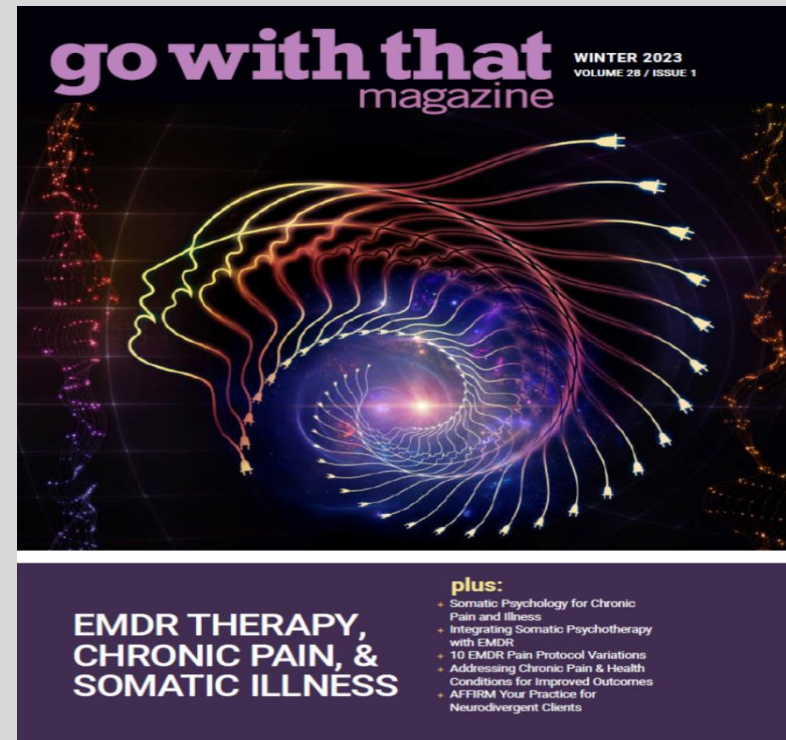
Pain and kids

- Million Dollar GI work up



Role of social worker

- Learning Objective: Participants will have a basic understanding of the role of the social worker in pain control using EMDR.
- understand past/present linkages with pain (i.e. pain in the past, this will be the same)
- Understand the cultural influence of pain
- Build resources to get clients from this session to the next
- Process pain with an agreed upon goal



Alpha-Stim

- FDA approved to treat anxiety, depression, insomnia and pain



MONDAY

- How might you use this information Monday?
 - What was most interesting?
 - Any further questions?