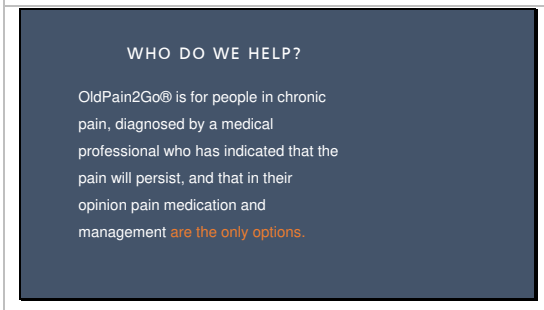
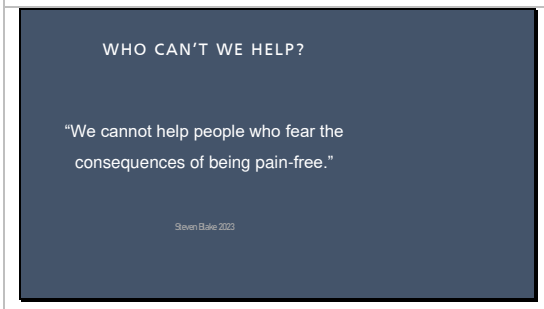
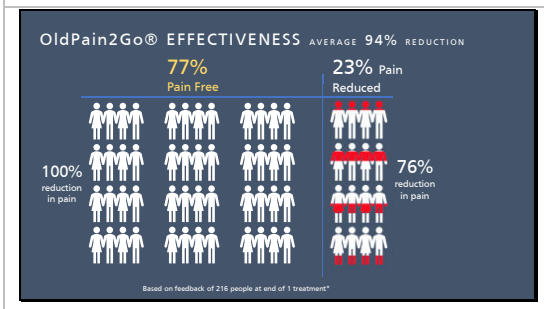
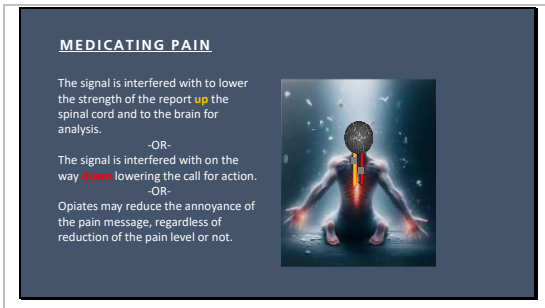
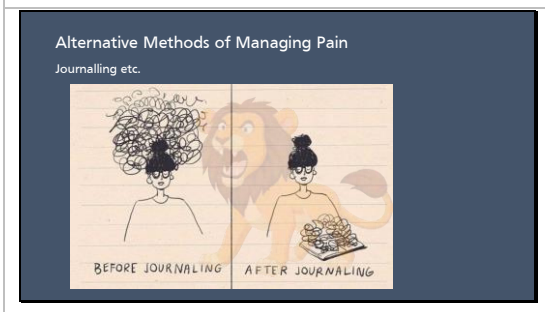
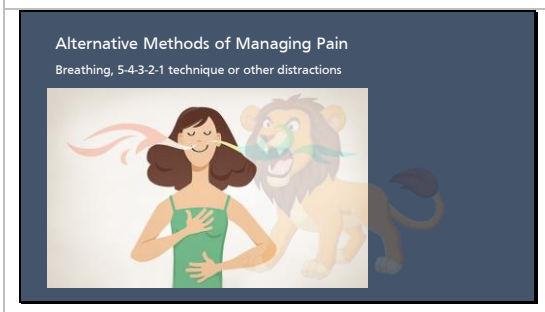
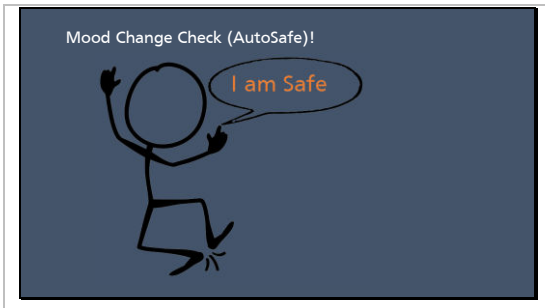
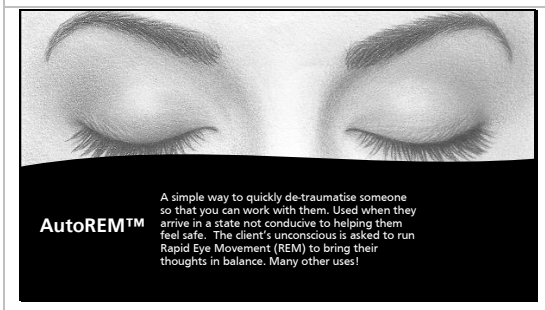
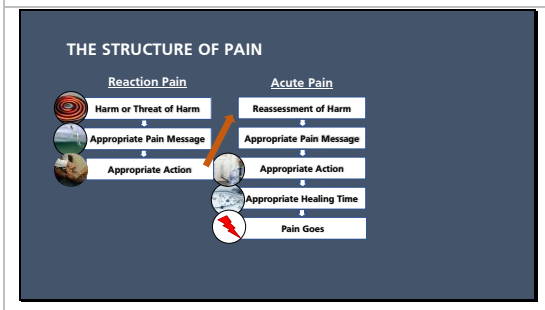
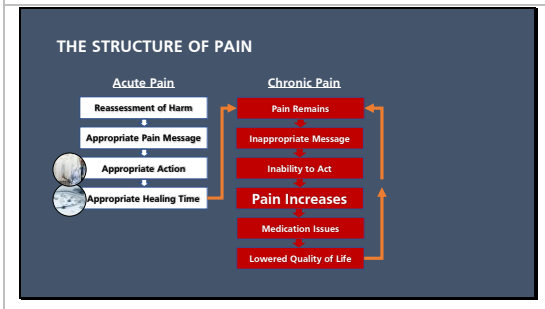
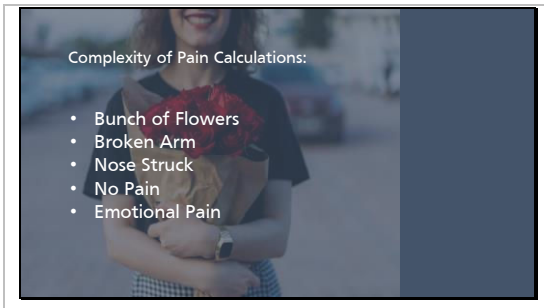
OldPain2Go® Training PowerPoint Presentation Handout

	Slide 1. Introduction with carefully chosen brief descriptions. Your signed Ethical Agreement gives you access to using my material within the rules of that agreement. It has taken a lot of years to get it right, no need for you to re-invent the wheel.
	Slide 2. Very Important that clients have sought medical attention. As we only talk to the client, and are not doing physical things to them, it is a safe procedure. I never ask permission of their doctor, but you may need to do so to comply with legislation or insurance rules where you live.
	Slide 3. We cannot help anyone who has a stronger reason to keep the pain than to get rid of it. Bear in mind that people who suddenly recover enough to no longer need disability support won't immediately be fit for work or be able to find it.
	Slide 4. The World Market for chronic pain, is believed to be 1.6 Billion People. Statistics for each country vary widely. Some countries don't even record back pain as being an issue.
	Slide 5. 1,323 start units and 77 end pain units, an average reduction of 94%. Pain Free = 996 start units and 0 end units a reduction in pain of 100%. Pain remaining = 327 start units and 77 end units an average reduction in pain of 76.45%.

BrainBargaining - the Concept Intended as Protection but is it Harmful? Our client consciously wants to be free of the problem, but the unconscious sees it as necessary. A baby's blanket provides comfort and a reassuring substitute for the mother's protection. When deprived of the blanket, a baby may experience distress due to feelings of insecurity and vulnerability. We cannot snatch, hide or remove the safety blanket by trickery. We must, reassure them and wait for them to recognise the blanket, not as safety, but as a dirty, smelly cloth, full of germs, that could harm them, they will do this when mature enough to recognise it for what it truly is! We must treat our clients with the same respect. 	Slide 6. We should not only treat the client with respect and dignity we should also treat and trust their unconscious and our unconscious in the same way. Their conscious and unconscious have a differing opinion, it is our job to reconcile it.
PAIN DESCRIPTION "An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. The International Association for the Study of Pain (IASP) "Pain is more than a physical sensation - it has psychological, emotional and biological components. These components influence the intensity with which individuals experience pain, how debilitating the pain is, and how effective treatment is likely to be." International Organization for Migration	Slide7. Pain is "An unpleasant sensory and emotional experience!"
The Purpose of Pain Pain is a calculation made by the brain to be at the minimum level, that in the brain's calculated opinion, will achieve the appropriate perception for attention and be sufficiently unpleasant to cause **effective, protective action.**	Slide 8. When looking for solutions it is always about what action was intended that they take, and can they take it?
The Purpose of OldPain2Go® The purpose of **OldPain2Go®** is to help the client change their brain's **opinion** about there being a need for pain when **no effective action can be taken.**	Slide 9. The purpose of **OldPain2Go®** is to help the client change their brain's **opinion** about there being a need for pain when **no effective action can be taken.**
All Pain Is made in the BRAIN Sensory neurons respond to damaging or potentially damaging stimuli by sending "**possible threat**" signals **up** the spinal cord and to the brain for analysis. The brain creates the sensation of pain, sending it **down** to the body part, drawing attention to the area so effective action can be taken, and the threat can be mitigated. The sensory neurons are called Nociceptors, and the process is Nociception (from Latin nocere 'to **harm or hurt**') 	Slide 10. Many doctors still do not understand this concept that is now known pain science.

	Slide 11. We have nothing to do with acute pain or medicating it. Our help is after it becomes Chronic.
	Slide 12. It is important when sharing our message that we make it clear that this does not apply to acute pain and that we only help people remove their own chronic pain and **that it doesn't numb an area**.
	Slide 13. Whilst there are good alternatives to medicating oneself for life, a lot focus on distraction or clearing the mind. Techniques that many people in pain would struggle to do.
	Slide 14. Dr. John Sarno brought this method forward to many people and for some it worked well enough to get better just from reading his books.
	Slide 15. Steven's personal thoughts: Why make hard work of interfering with the pain level that is no longer a protective measure. Asking for it to review pain is so much easier, and far more effective.

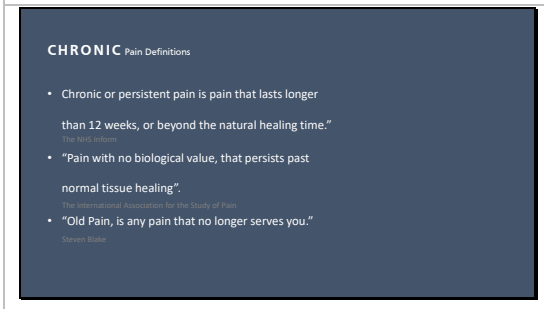
	Slide 16. AutoSafe, a brief and very effective technique for people to use whenever they feel an unwanted sudden change of mood or emotion coming on. Please teach it to others, but acknowledge that I created it.
	Slide 17. AutoREM an Eye accessing therapy method, that does not need a skilled therapist to get the movements right, the client's unconscious does all the work. Use if the client is distressed and you need them to be in a state conducive to work with them. You can also teach it to the client for self help.
	Slide 18. **A good analogy to share with clients**, to get a basic understanding of pain.
	Slide 19. How pain works. The interaction of sensory data and the brain's decision making.
	Slide 20. How different chronic pain is to acute pain – for your understanding. I wouldn't explain this to clients but knowing this enables you to be able to answer any questions they raise.



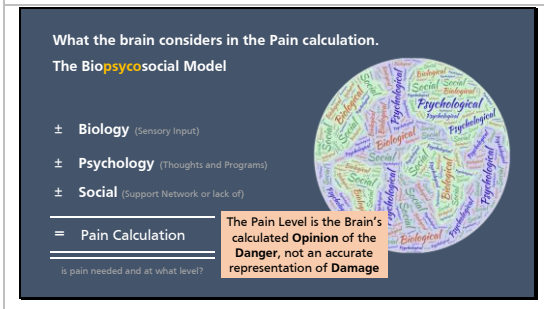
Slide 21. Steven explains several examples. Best to sit and watch, and only take any notes you feel are needed.

- Bunch of Flowers
- Broken Arm
- Nose being Struck
- No Pain
- Emotional Pain

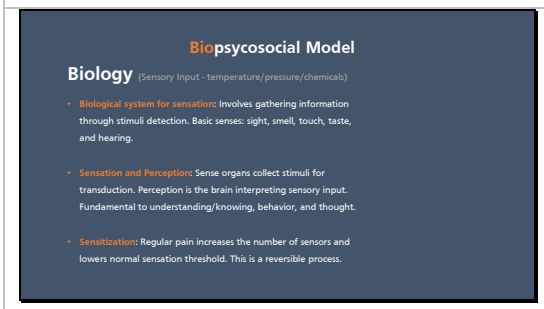
Slide 22. A great explanation to use with clients, why Chronic pain is so different to acute pain, and therefore why it can go without it being detrimental.



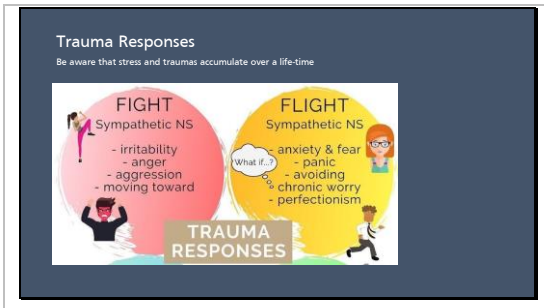
Slide 23. Medical terminology states it is about how long you have had the pain. Typically, 3 months, although some countries say up to 6 months. Personally, I prefer to call it "Old Pain" giving a distinction between new pain you need to check out, and old pain is when the pain message is no longer of any informative value and you can remember not to cause it again.



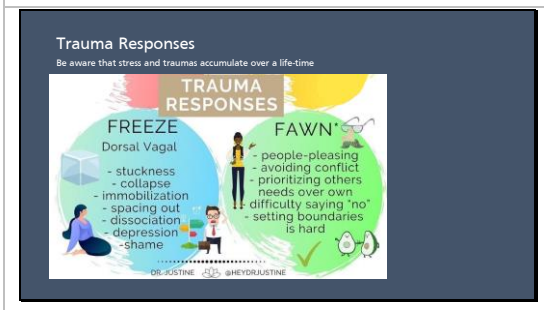
Slide 24. If you checkout the science of Pain this is the closest model to OldPain2Go®, Biopsycosocial. I wouldn't suggest using this term with clients unless they ask about the science.



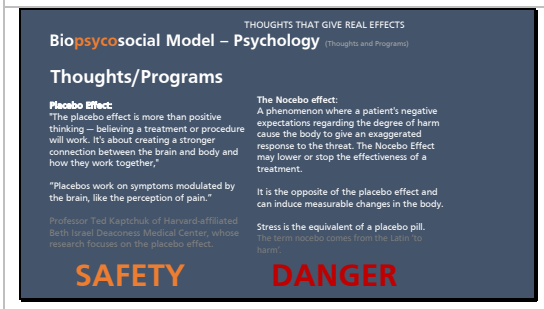
Slide 25. It's important to know that all our "senses" are made sense of **only by the brain**, it applies to what we see and hear and touch and also to pain. This is for your information but may come in handy if needed to explain pain to sceptics.



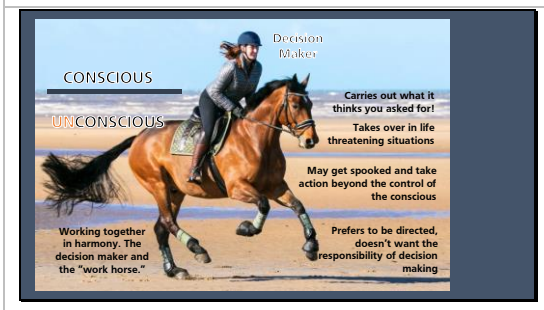
Slide 26. We all have triggers that are protective predictions of what we may need to do next. When we get unwanted feelings and emotions that do not relate to current circumstances, that is when it is problematic.



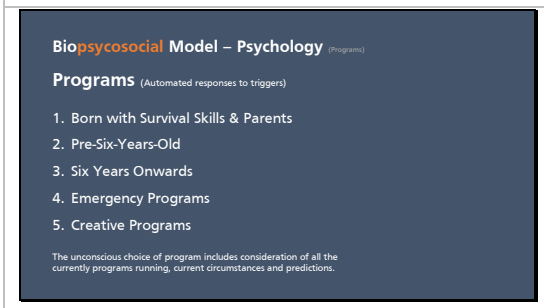
Slide 27. Although not talked about as frequently as the first two, MANY people who we will see as clients will fit into the FAWN (people pleaser) category. It is common for me to recommend assertiveness training being helpful to those clients. Learning to say NO is a really helpful skill. My belief is that depression is a learned freeze state and the "stuck" element makes it more difficult to shift compared with anxiety for example.



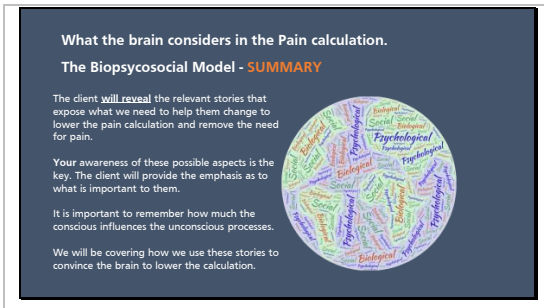
Slide 28. Placebo gets a bad press. It is a very profound effect and anyone who can help a client tap into it will get results. Nocebo is rarely spoken of but is the effect of negative reinforcement of ideas, beliefs and ideology. The more exaggerated it is the more damage it does.



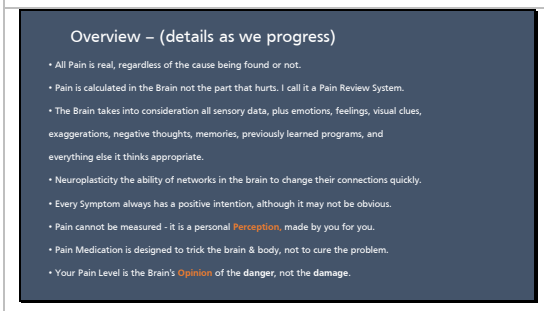
Slide 29. You will notice I slip between calling it the unconscious and the subconscious. It is helpful to call it subconscious when explaining it as being under the command of the conscious, but in every other aspect it is far superior to the conscious. The conscious is the decision making aspect and the unconscious the automated fetcher of those decisions.



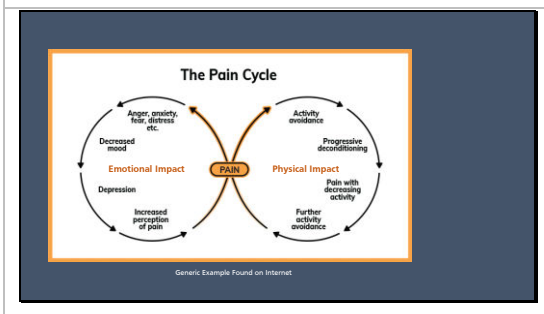
Slide 30. Our personality, our Ego, is just a collection of all the programs we use. It's all up for change if we desire it enough.



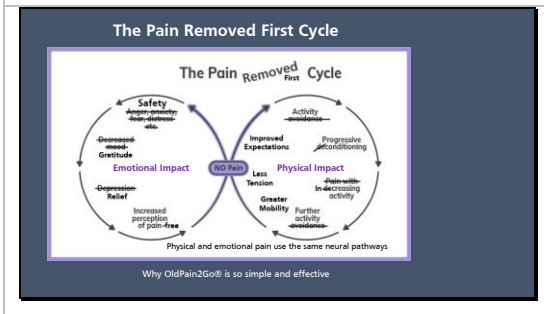
Slide 31. Summary: The client **will reveal** the relevant stories that expose what we need to help them change to lower the pain calculation and remove the need for pain. **Your** awareness of these possible aspects is the key. The client will provide the emphasis as to what is important to them. It is important to remember how much the conscious influences the unconscious processes. We will be covering how we use these stories to convince the brain to lower the calculation.



Slide 32. Summary: All Pain is real, regardless of the cause being found or not. Pain is calculated in the Brain not the part that hurts. I call it a Pain Review System. The Brain takes into consideration all sensory data, plus emotions, feelings, visual clues, exaggerations, negative thoughts, memories, previously learned programs, and everything else it thinks appropriate. Neuroplasticity the ability of networks in the brain to change their connections quickly. Every Symptom always has a positive intention, although it may not be obvious. Pain cannot be measured - it is a personal **Perception,** made by you for you. Pain Medication is designed to trick the brain & body, not to cure the problem. Your Pain Level is the Brain's **Opinion** of the **danger**, not the **damage**.

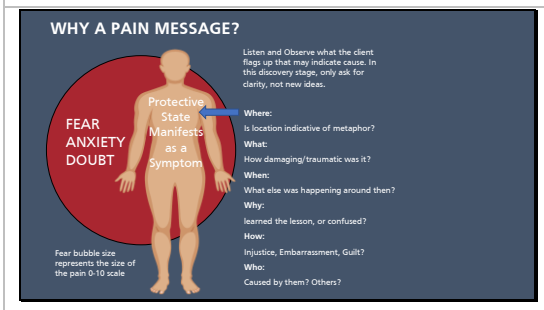


Slide 33. Even the best of modern techniques that work focus on removing the problems first, hoping that will help with the pain. It's a slow way of getting results for a few.



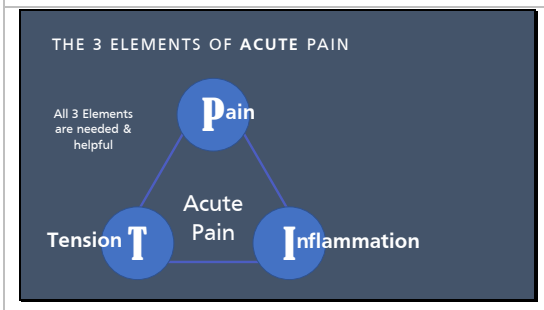
Slide 34. When we help a person free themselves of pain, they can then help themselves get back to whatever level of fitness they are willing to put in the effort to achieve. Whether we help them with that next stage is a decision only you can make. Personally, my time is better getting people out of pain and then they can choose from thousands of others who help them tweak the last few bits!

Slide 35. An Overview of the steps of the whole process. Details later.

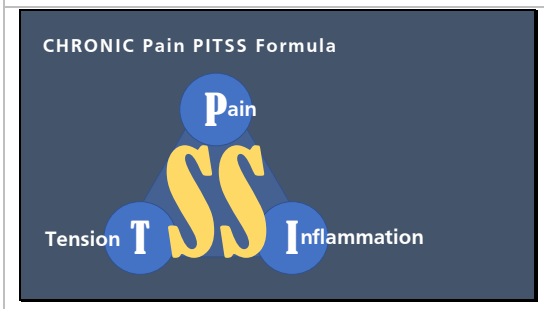


Slide 36. Pain is a message, is a key part of our understanding that we share with the client. The message with acute pain is clear but with chronic pain it is more of a hint!

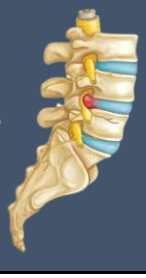
Slide 37. It all boils down to this – Action Taken.
When no action can be taken then a pain message is unnecessary and can be stopped from being made.

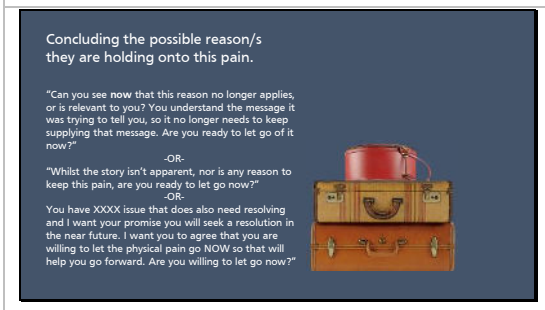
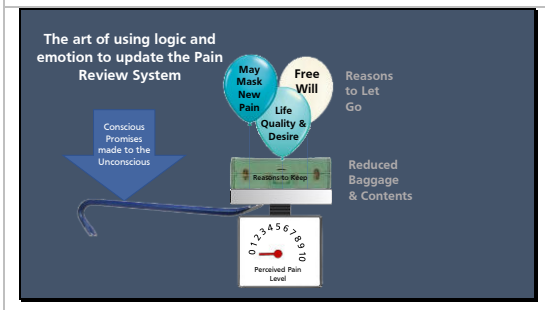


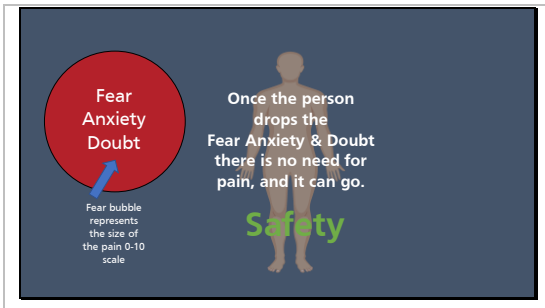
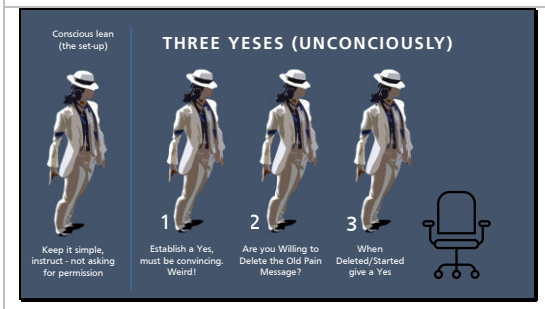
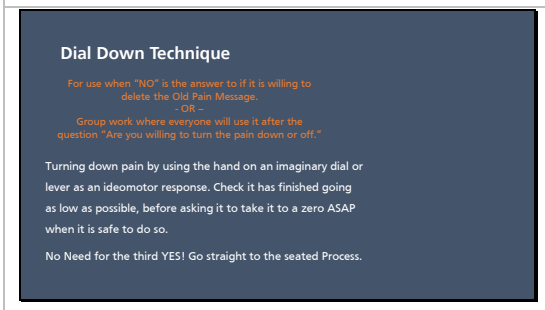
Slide 38. An important fact, that pain inflammation and tension all appear at the same time and stick around together until the pain finally goes.



Slide 39. The added difference between acute and chronic pain, Chronic pain is supported to continue by the story or stories that the brain takes into consideration for the pain level calculation (it's opinion). Take away the protective stories and the support for having the pain collapses.

BOSS Clients (Burnout Overload Safety System) Reason for Fibromyalgia C.F.S, M.E. and similar (Lupus?): Driven personality (people pleasing type), that leads to overdoing things physically and mentally. They take little notice of Pain and Fatigue, so levels increase to force them to stop. Needs additional steps: • A promise from Conscious to Unconscious to listen to the Body. • Pacing System - I have had enough of this for today! (food example). • Discussion about assertiveness and learning to say no (nicely).	Slide 40. BOSS Clients have unique traits and some additional steps to take. It is irrelevant to us whether they have had a specific diagnosis of it or not. We get to see if they fit the driven criteria and discuss the possibility with them.
Trapped Nerves • Protective tension, from expectation of harm or pain. To restrict going to the painful place, causes restricted movement ending with pain, equals further tension, less movement and more pain. A vicious cycle. • No expectation of pain equals no need to tense up, so nerve not trapped, so easy movement, so feels safe, so use it more. A virtuous cycle	Slide 41. Protective tension, from expectation of harm or pain. To restrict going to the painful place, causes restricted movement ending with pain, equals further tension, less movement and more pain. A vicious cycle. No expectation of pain equals no need to tense up, so the nerve is not trapped, so easy movement, so feels safe, so use it more. A virtuous cycle
AutoSomatics Having the body remove "stuck" tension in muscles, by tightening them first then releasing them (3 times). (Adapted from the work of Thomas Hanna Ph.D.) 	Slide 42. Part of the script, so you already have the wording to say. Steven explains how an initial damage causes tension and problems the length of the spine over many years. And of course, how we can remove that tension.
CLIENT TELLS THE STORY "BRIEF" Case  Watch & Listen Carefully Need notes? -scribble them  	Slide 43. "Briefly… tell me the problem". The art of having the client's unconscious talk directly to you. It's a conversation, never an interrogation.
WE REALISE THEIR STORY  	Slide 44. We deal with a variety of stories, different with each client but all following a predictable pattern we look for.

	Slide 45. BrainBargaining is a term Steven invented to explain a process that always happens in every form of therapy. The client consciously wants to let go but the unconscious believes the pain is needed and we have to gently persuade it.
	Slide 46. What to say to a client to have them let go: "Can you see **now** that this reason no longer applies, or is relevant to you? You understand the message it was trying to tell you, so it no longer needs to keep supplying that message. Are you ready to let go of it now?" -OR- "Whilst the story isn't apparent, nor is any reason to keep this pain, are you ready to let go now?" -OR- You have XXXX issue that does also need resolving and I want your promise you will seek a resolution in the near future. I want you to agree that you are willing to let the physical pain go NOW so that will help you go forward. Are you willing to let go now?"
	Slide 47. Keep unpacking the stories so the client can let go, until all the resistance is gone.
	Slide 48. The conclusion before the yeses. This is where the client gets to realise they are in command. Their choice of outcome. The passion for their outcome is passed over to drive the unconscious to fulfil it.

	Slide 49. The main concept in a nutshell. It's all about from fear to safety.
	Slide 50. From the yeses onward. This is the consolidation of the work done so far and intended to make it a long lasting effect, cementing the decision to remove the old pain message.
	Slide 51. The Yeses, a similar process can be done with a head nod. Check with the client that they will be OK to do whatever method is chosen. It must be convincing for the client.
	Slide 52. Dial Down Technique, for when the brain won't agree to turn the pain fully off. Also can be used for group work when you feel confident enough (but always explain in advance the limitations of group work).
	Slide 53. Shifting the last bits, if it none of it has gone or if small amounts of pain or stiffness remain.

	Slide 54. A Group session with Steven. It's not the same as a fully focused one-on-one but wherever it gets you to can be added to by asking in the Facebook group where I am sure someone will help for the experience.
	Slide 55. Loads of support after the course. Please join the Facebook Group as the easiest way to access everything! You will be sent the after-course details and your certificate by email.

Thank you for training in OldPain2Go® and for the many people you will help become pain free. Please keep in touch and let us know if we can help you, in any way, to continue helping others to the best of your abilities.