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Integrated Health Approaches to Pain Management and PTSD with Adolescent Gunshot-Wound Survivors

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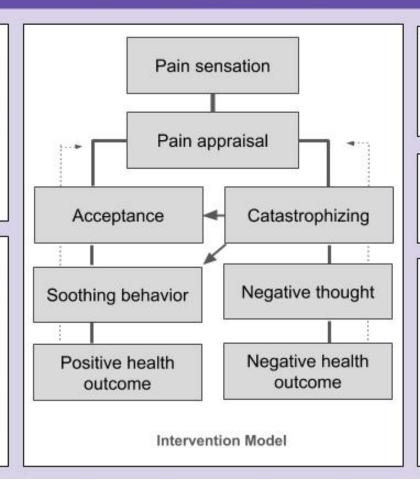
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CASE INFORMATION

- → Patient is a 15-year-old male treated for a gunshot wound of his lower back
- Referred for management of his pain and post-traumatic stress symptoms
- → No complications with bullet extraction Prior history of ADHD
- → Chronic illness includes asthma.

LITERATURE REVIEW

- Gun violence exposure increases risk for psychological trauma symptoms [1]
- → 32% of youth with chronic pain report comorbid PTSD [1]
- → High rates of comorbidity are known to correlate to higher levels of pain intensity and psychological problems and substance use [1]
- → Patients with "pain catastrophizing" will appraise their pain more intensely, and this is mediated by their feelings of fear [2]



TREATMENT

- Pain medications should be prescribed at the lowest effective dose for the shortest duration possible [4]
- → CBT utilized to limit cognitive catastrophizing and promote adaptive behavioral response

RESULT

- → Decrease in post-traumatic stress symptoms
- Pain management without use of opioids
- → Self-report increase in self-efficacy

REFERENCES

- [1] Noel M, Wilson AC, Holley AL, Durkin L, Patton M, Palermo TM (2016) Posttraumatic stress disorder symptoms in youth with vs without chronic pain. Pain 157(10): 2277-2284
- [2] Vlaeyen J, Morley S, Linton SJ, Boersma K, de Jong J (2012) Pain-related fear: exposure based treatment for chronic pain (1st ed.). Seattle (WA): IASP Press.
- [3] Dowell D, Haegerich TM, Chou R (2016) CDC Guidelines for Prescribing Opioids for Chronic Pain-US, 2016. MMWR Recomm Rep 65(1): 1-49 14.16.