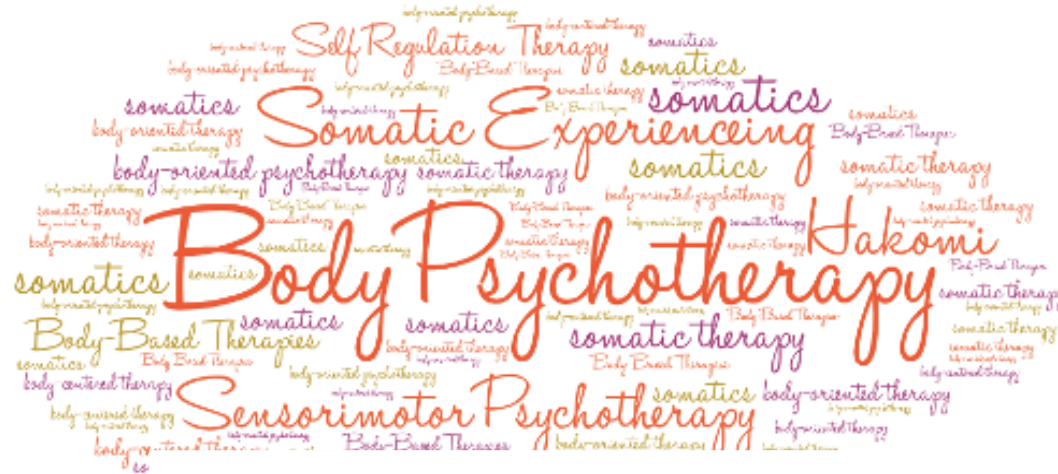


Conservative and Reversible: The Role of Body Psychotherapy in the Treatment of Temporomandibular Disorders



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What is TMD?

Temporomandibular Disorders (TMD):

- Second most common form of musculoskeletal pain
- Marked by tension, grinding, and chronic pain of the jaw and facial muscles.
- Exact causes are unknown, but often looked at from a mechanical perspective
- Some evidence that emotion and somatic awareness play a role in this disorder.

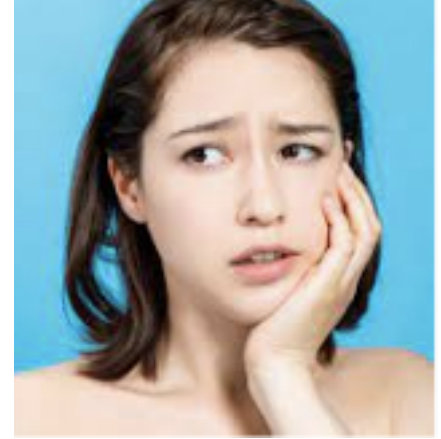


How TMD is typically treated

- Stabilization splints (List & Axelsson, 2010).
- Medications such as muscle relaxant and psychiatric medications (Kapos et al., 2020)
- Physical therapy focused on jaw mobility (Shimada et al., 2019)

Current Goal:

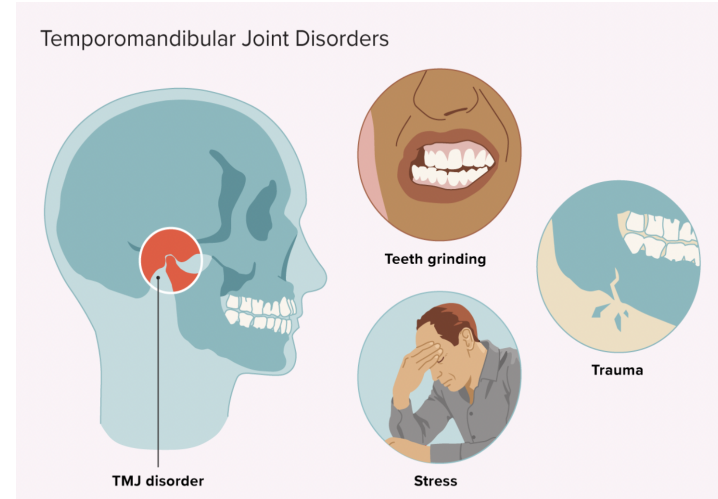
Conservative and Reversible Treatments



Underlying Causes of TMD

From a study of 2,737 participants tracked over time:

- Most common risk factor:
 - **General health measure** capturing somatic symptoms such as headache, IBS, low back, and genital pain, predicts first experiences of TMD (Slade et al. 2013)
- Second most common risk factor:
 - **Psychological measures** of general psychological symptoms, perception of stress, and PTSD symptoms were significant risk factors -(Slade et al. 2013)



Somatic Theory: Perspectives on Jaw Pain



- **Reich:** seven segments: ocular, **oral**, cervical, thoracic, diaphragmatic, abdominal, and pelvic, each with their own relation to the psyche (Reich, 1980).
- **Kestenberg:** viewed different movement patterns (shape, flow, and attribute) as representations of different periods in biological/psychological development (Amaghi et al., 2018).
- **Lowen:** patterns of physical holding or tension as the suppression of different urges. (Lowen, 1989).
- **Caldwell:** connection to their somatic experiences and spontaneous impulses can help them generate a deeper sense of self-efficacy and wholeness (Marlock & Weiss, 2015)
- **Levine:** each organ in the body has a separate psychic representation in the mind (Levine, 1997).



Why might we use Body Psychotherapy

Benefits of psychotherapeutic approaches to TMD:

Brief Cognitive Behavioral Therapy (CBT) interventions:

- Relaxation training, explanation of coping strategies, and patient education (Calderon et al., 2011)
- **Outcomes:** improvements in jaw function, pain, and depression over the following year (Turner et al. 2006)

Providing counseling materials, patient education and self-care protocols:

- Suggestions for self-care, including shifts in diets, avoidance of activities that may strain the jaw muscles, improving posture, and improving sleep
- **Outcomes:** patients experienced a reduction in pain, social disability, and improvements in their oral health impact profile. Magesty et al. (2021)

Structured self-care intervention:

- Individually tailored self-care plan, patient education, relaxation and stress management training, and instructions for self-monitoring.
- **Outcomes:** decreased pain at follow-up and sought out fewer TMD treatment sessions (Dworkin et al., 2002)

Sociocultural Perspectives

- Accessibility of treatments
 - Financial and time considerations
- Understanding different communities' relationship to healthcare and barriers to access
 - How can we help build bridges?
- Holding awareness that the body is not always safe
 - Exploration of trauma, tension, or pain may bring forth deep vulnerability
- Being aware of contraindications
 - temporal arteritis - inflammation of arteries near the temples, and can cause soreness in the temple and jaw when chewing

Applying Somatic Therapy to TMD

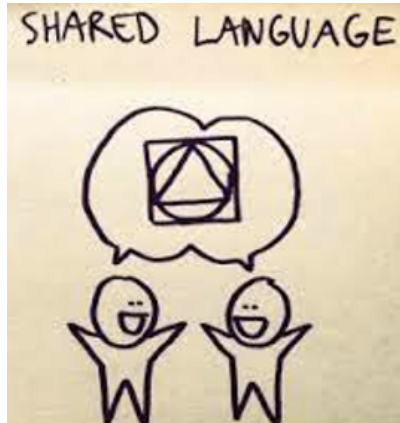
Exploring a brief intervention.

- This is an invitation and you do not need to participate in this exploration.
- Noticing resourcing externally
- Noticing resourcing internally
- Directing attention to discomfort
- Sequencing and integrating



Future Steps

- More research with body psychotherapy being applied to TMD is needed.
- Simple assessment tools for body psychotherapists to assess, track change, and have suggestions for referral or co-treatment of various presentations.
- Creating a shared language for body psychotherapists to use with dentists, chiropractors, and other allied health practitioners.



Conclusions

- TMD is the second most common cause of musculoskeletal pain.
- Growing body of research is pointing to emotional causal factors of TMD.
- Body Psychotherapists have a particular skill set to support this population.
- More research needed to validate this promising line of work.
- Continued work needed to create referral and co-treatment networks with other allied care workers





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