

Figure 9.1. Gate Control Model of Pain Handout

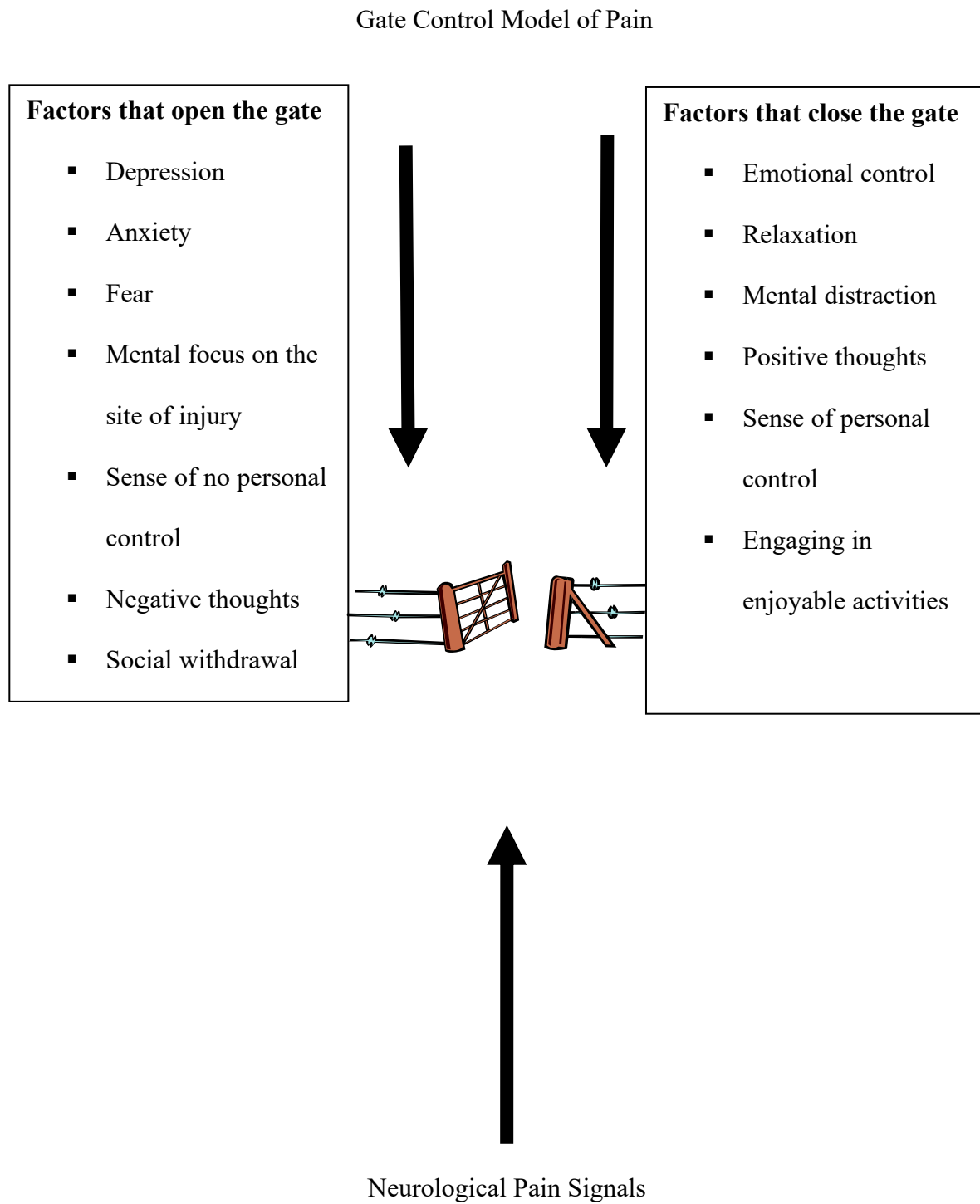


Figure 9.2. Understanding Chronic Pain Handout

Understanding Chronic Pain

Chronic pain is best understood as an interaction of numerous factors. Many aspects of these factors can be addressed to help manage chronic pain conditions.

Factor	What you can do to improve pain management
Physical	<ul style="list-style-type: none"> ▪ Keep muscles toned through physical activity ▪ Take prescribed pain medication ▪ Use relaxation techniques relax muscles and control the stress response
Emotional	<ul style="list-style-type: none"> ▪ Use relaxation to control anxiety ▪ Stay involved with relationships and enjoyable activities to protect against depression and other negative moods
Cognitive	<ul style="list-style-type: none"> ▪ Recognize unhealthy thinking patterns that interfere with adaptive coping with pain ▪ Challenge faulty thinking and replace it with healthy thoughts
Behavior	<ul style="list-style-type: none"> ▪ Stay physically active ▪ Pace your activities; avoid a cycle of over-activity and under-activity ▪ Adhere to medical recommendations (including medications and physical therapy)
Social	<ul style="list-style-type: none"> ▪ Discuss what you find helpful and not helpful with family and others who are close to you ▪ Stay socially involved

Figure 9.3. True or false? Common Pain Beliefs Handout

TRUE or FALSE: Common Pain Beliefs

- Pain must be a sign of serious physiological disease or injury.

FALSE: *“Pain is a neurological event that is not highly related to severity of harm.”*

- The best intervention for pain is rest and inactivity.

FALSE: *“For acute injuries, a short period of rest to allow healing to occur is helpful.*

When pain lasts beyond a normal healing period, it is best to be active to build strength and maintain full use of your body.”

- “Other people must understand how much I hurt.”

FALSE: *“Making a point to ensure everyone around you knows how much you hurt and expecting them to really understand is likely to keep you focused on your pain and may lead you to feel disappointed, angry, resentful and unsupported. It may be better to let a few key individuals know, those who can support you in coping adaptively with your condition, and let the others in your life continue to be unaware.”*

- “Having chronic pain means I am broken and a flawed human being.”

FALSE: *“Thinking about yourself in unrealistic, negative terms will likely make coping more difficult. It is best to find ways to live life with meaning, grace, and dignity, and to find ways to adapt to the pain.*

- “Pain is ruining my life and will ruin my future.”

FALSE: *“Pain is a difficulty you have in your life; however, whether it ruins your life or your future is up to you.”*

- “I can’t be happy as long as I have pain.”

FALSE: *“Pain can certainly impact your mood, but it doesn’t control it. Happiness is a*

choice and mindset. ”

- “If my doctor is recommending non-medical intervention for my chronic pain, it must mean she does not believe me or thinks I’m exaggerating my pain.”

FALSE: *“The state of the art treatment for chronic pain is to use a multidisciplinary approach which combines the expertise of many medical specialties to address multiple factors contributing to pain, such as emotions, thoughts, behaviors, social interactions, learning and environment. This gives you the best chance of improvement. ”*

- “The only worthwhile goal is to be pain free.”

FALSE: *“Although it is desirable to eliminate the pain, this may be an unrealistic goal. There are other worthwhile goals for improving your quality of life without eliminating the pain. ”*

Five Steps for Managing Intense Pain Episodes

1. **Manage your thinking:** What do you think before pain episodes? What do you think during pain episodes? What do you think after pain episodes? Which of these thoughts are helpful in managing your pain? Which are unhelpful? How can you alter your thinking to make it more helpful?

Unhelpful self-talk	Helpful self-talk
I can't stand this pain. (Underestimating ability)	I've dealt with it before; I can get through it again. (Acknowledging ability to tolerate pain)
This pain is horrible, awful, terrible. (Emotional evaluations)	This pain is an 8 on a 0 to 10 scale. (Concrete, unemotional evaluation method)
This pain is ruining my life. (Global assessment)	This is a difficult time for me. (Specific assessment)
I can't do anything to make this stop. (All or nothing thinking)	There are things I can do to get through this. (Avoiding all or nothing thinking)

2. **Stay as relaxed as possible.** Use deep breathing when you first feel an increase in pain. Continue using deep breathing throughout the pain episode.
3. **Use imagery and distraction.** Use relaxing imagery. Watch television. Listen to music. Do a mentally challenging puzzle or game.
4. **Use medications effectively.** Recognize early warning signs of increased pain. Take medication early to help better manage pain episodes.
5. **Use your support network.** Talk to your family members or others about what they can do or say to help during a pain episode. Let them know what is not helpful during a pain episode.

FIGURE 9.4. Five steps for managing intense pain episodes.

Figure 9.5. Resources for Patients with Chronic Pain: Websites, Mobile Applications, and Books

Type	Location	Description
Websites	American Pain Society www.americanpainsociety.org	The American Pain Society is a multidisciplinary organization of scientists, clinicians, and other professionals dedicated to increasing knowledge of pain, transforming public policy related to pain and enhancing clinical practice to reduce pain-related suffering.
	International Association for the Study of Pain www.iasp-pain.org	IASP is the largest multidisciplinary international association in the field of pain.
Mobile Applications	WebMD Pain Coach https://play.google.com/store/apps/details?id=com.webmd.paincoach&hl=en https://itunes.apple.com/us/app/webmd-pain-coach/id536303342?mt=8	A free mobile application designed to help users manage chronic pain. The app delivers daily tips for specific pain conditions. It also helps users monitor personal patterns to improve their understanding of pain triggers, set goals, and share progress health care providers.
	BioZen https://play.google.com/store/apps/details?id=com.t2&hl=en	BioZen is a free mobile application developed by the U.S. Department of Defense's National Center for Telehealth and Technology (T2) which with a variety of commercially available physiological sensors and Bluetooth

		<p>technology to help manage pain and improve health through biofeedback.</p> <p>It is compatible with sensors measuring brainwave activity, cardiac activity, muscle tension, galvanic skin response, respiratory rate and skin temperature.</p>
Books	<p>Managing Pain Before it Manages You (4th ed)</p> <p>Caudill, M. A. (2015)</p>	<p>Details 10 steps that can change the way pain sufferers feel, both physically and emotionally. Includes treatments to coping with flareups, solving everyday problems, and using power of relaxation techniques. It Has content on mindfulness, a "Quick Skill" section in each chapter with simple exercises, supplementary reading and resources (including smartphone apps), and more. Practical tools include MP3 audio downloads and easy-to-use worksheets that purchasers can now download and print.</p>
	<p>Managing Chronic Pain: A Cognitive-Behavioral Therapy Approach Workbook (Treatments That Work)</p> <p>Otis, J. D., (2007)</p>	<p>Covers proven-effective CBT methods for patient use, such as stress management, sleep hygiene, relaxation therapy and cognitive restructuring.</p>

Figure 9.6. Monitoring Pain Handout

Monitoring Pain

Date/Time	Pain Intensity 0=none; 10=excruciating	Duration (hrs/mins)	Precipitating Factors	Thoughts related to pain	Emotional Reactions	Pain Behaviors

Introduction to Pacing Activities for Pain Management—Chapter 9

People without chronic pain have an alarm system to tell them when something is wrong. If they feel pain, it can be taken as a signal to stop doing whatever they are doing as they might be harming themselves, such as walking on a sprained ankle. When you have chronic pain, however, this alarm system no longer works well. Because you have pain frequently or constantly, it no longer reliably serves to help you tell the difference between harm and hurt. If you stop doing everything when you feel pain, you will end up doing nothing. The fact that the pain is no longer a symptom of harm means that stopping activity is not indicated.

Because the "pain equals harm" message is well engrained in most of us, people with chronic pain often needlessly continue to use pain as a signal in this manner. As a result, they remain inactive, sitting or lying for extended periods. Because pain tends to fluctuate in a natural cycle, the pain will typically decrease. Being tired, bored, and frustrated with not having been doing anything, people often will become active, trying to make up for lost time and engaging in activities they could not do while they were experiencing higher levels of pain. As a result, these individuals frequently will be overly active, resulting in an increase of their pain. This cycle of underactivity and overactivity continues as a pattern.

Learning to pace your activities can break this pattern. Pacing involves doing a reasonable level of physical activity for a period of time you have determined to be appropriate, followed by a period of rest or sedentary activity that is long enough to allow you to be active again shortly. By deliberately pacing yourself, you can become more functional while avoiding the consequences of being overly active or inactive.

One pacing strategy I encourage you to use involves a 10-point rating scale to monitor your pain when you are active. If your pain level increases by two points above your normal level, it's time to take a break. Engage in a relaxation exercise or do something sedentary until your pain drops to its original level. Go back to your activity and continue in this cycle. For example, you are vacuuming and your pain is at a level 5 on the 1 to 10 scale. After vacuuming for 10 minutes, your pain increases to a level 7. You sit and read for a while. After about 15 minutes of reading, your pain has dropped back to a level 5. You begin vacuuming again. If this pattern continues, you now know that a cycle of 10 minutes of activity and 15 minutes of rest works for you when vacuuming. Different types of activity may stress your body differently, and, therefore, the rate of cycling can be adjusted for various activities. By planning your activities in this way, you can maintain your function and improve your satisfaction each day.

Understanding the Role of Psychological Factors in Pain Script—Chapter 9

Pain is a complex problem; medical science is finding this to be truer all the time. Our old understanding of pain such as yours was that pain was a direct reflection of an injury or disease and that the only way to address pain was to identify the physiological cause and remove it or block it. The problem with that model is that it didn't account for pain very well. In other words, sometimes there is a great deal of physical abnormality with little pain, and, at other times, there can be minimal or no physical disease but significant pain.

Let me give you a couple examples of how physical injury and the experience of pain don't always correspond well. One is the phenomenon of pain blocking. Take as an example a soldier who, in the midst of a battle, might fight bravely and assist his injured buddy get to a helicopter for medical evacuation. Only after his buddy is safe, does the soldier realize that he too has been injured. Because of situational demands, mental distraction, and the flow of adrenalin, he didn't recognize his own injury or feel the pain. In this situation, these other factors played more of a role in pain and perception of pain than did the actual physical injury.

Another example is a phenomenon called phantom pain, which sometimes occurs when people undergo amputation of a limb. These individuals sometimes feel pain in the location of the amputated limb even though that limb is no longer there. If pain was purely a physiological issue, phantom pain could not occur. These are just a couple of examples that show the role of psychological factors in pain perception. Let me be clear, this does not mean people make up their pain or that it is not real. Pain is real, as you know. Understanding and targeting these other factors, however, gives people more control over their pain.

One helpful way in which scientists have thought about how these non-physical factors

contribute to pain is that there is something like a "gate" (see Figure 9.1 for handout to use for this discussion) between the location of a physical injury and the brain. This gate affects the flow of the pain signals up and down your spinal cord. If the gate is wide open, pain signals flow freely and the brain will register more pain. If, however, the gate is slightly closed, the pain signals will be blocked and less pain will be perceived. Numerous factors contribute to how open the gate is. Negative emotion is one factor that can open the gate. People feel more pain when they are depressed, angry, or anxious. Reducing the intensity of these emotions can help close the gate and reduce pain. This is important, because chronic pain and its effect on one's life can contribute to feelings of depression, helplessness, anxiety, or frustration.

Negative thinking is also a factor that can open the gate. Often people will feel pain more at times when they are focused on the pain than they do when they are distracted from it. Parents use this with children; if a child is distressed over falling and skinning his knee, they will kiss it to make it better and send the child off to play. The kiss did not heal the injury but it changed the child's mental focus, which reduced the pain. Because the sensation of pain automatically draws one's mental focus, it can require real skill to successfully distract oneself.

There are also behavioral and physical factors that open and close the gate. For example, if a person is overly inactive because it hurts to walk or exercise, their muscles will become weak, which, in turn, adds to pain. Lack of involvement in enjoyable activities contributes to depression and frustration, boredom, and more focus on the pain, which in turn opens the gate for pain signals.

Another helpful concept is the distinction between pain and suffering. Pain is the sensation caused by neurological signals from the site of an injury or disease to the brain; suffering is the sum total of the emotional, mental, behavioral, social, occupational, and lifestyle effects of the pain. As a behavioral health provider, there is not a lot I can do to help you with injury in your body; that's the role of your primary care provider. However, I can work with you and your primary care provider on some of those other components that play a role in how much you suffer from the pain. In other words, I can help you learn to take more control of your life so you are living more as you would like to rather than letting the pain have so much control in your life. That may or may not result in less pain; however, many patients report a better quality of life after this kind of treatment. Is that something you would be interested in working on together?"