

FIGURE 10.1. Understanding Chronic Pain Handout

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	Keep muscles toned through physical activity. Take prescribed pain medication. Use relaxation techniques to relax muscles and manage the stress response.
Emotional	Use relaxation to manage anxiety. Stay involved with relationships and enjoyable activities to protect against depression and other negative moods.
Cognitive	Recognize unhealthy thinking patterns that interfere with adaptive coping with pain (e.g., catastrophizing). Challenge unhelpful thinking; replace it with more helpful thoughts. Focus thoughts on what you can control.
Behavior	Stay physically active. Pace your activities; avoid a cycle of overactivity and underactivity. Adhere to medical recommendations (including medications and physical therapy).
Social	Discuss what you find helpful and not helpful with family and others who are close to you. Stay socially connected and involved.

FIGURE 10.2. True or False: Common Pain Beliefs

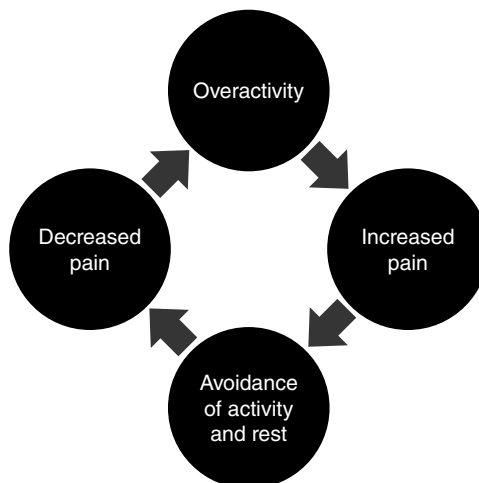
True or False: Common Pain Beliefs

- “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. You can choose to engage in meaningful activities while adapting to the pain.*
- “If my doctor is recommending nonmedical 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 that 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.*

FIGURE 10.3. Pacing Activities Handout

Pacing Activities

People who live with chronic pain may try to push through pain to complete rigorous activities, especially when they are experiencing lower levels of pain, only to wake up with increased pain levels the next day. They will then avoid activity and spend a significant amount of time resting to recover. This *overactivity/underactivity cycle* may happen on a recurring basis and can lead to negative consequences, such as increased stress and anxiety, decreased efficiency, lowered self-esteem, and avoidance of any activity.



Engaging in a moderate, safe level of activity on a regular basis is key to avoiding this cycle. Using the skill of pacing, where time is the guide for activity engagement, can be a helpful strategy.

How to Pace

Estimate how long you can safely do one of your regular activities (e.g., yardwork, dishes) without causing a severe pain flare. Subtract 1 minute from that time and set that as your “active” goal time for the activity. Approximate the amount of “resting” time you will need in order to safely resume activity or continue your day. Times may need to be adjusted after pacing begins. Stick to time-based pacing goals whether you are having a good or a bad pain day to avoid the crash-burn/overactivity cycle or the avoidance/inactivity cycle. Moderation is the key! Spread out activities during the week and be reasonable with the schedule so you can succeed.

Use the table below to record how you pace activities this week. Use the sample as your guide, where each period of activity and rest equals one cycle. In the examples provided, 10/15 (1) indicates *working for 10 minutes and resting for 15 minutes for one cycle of pacing*.

	Sample	Activity 1	Activity 2	Activity 3
Activity	Cleaning house			
Active goal	10 minutes			
Rest goal	15 minutes			
Day 1	10/15 (1)			
Day 2	10/15 (2)			
Day 3	10/15 (3)			
Day 4	15/15 (1)			
Day 5	15/15 (2)			
Day 6	15/15 (3)			
Day 7	20/15 (2)			

FIGURE 10.4. 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 following 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. <i>(This is an example of underestimating your ability.)</i>	I've dealt with it before; I can get through it again. <i>(This is an example of acknowledging your ability to tolerate pain.)</i>
This pain is horrible/awful/terrible. <i>(This is an example of an emotional evaluation.)</i>	This pain is an 8 on a 0 to 10 scale. <i>(This example uses a concrete, unemotional evaluation method.)</i>
This pain is ruining my life. <i>(This is an example of a global assessment.)</i>	This is a difficult time for me. <i>(This is a more specific assessment.)</i>
I can't do anything to make this stop. <i>(This is an example of all-or-nothing thinking.)</i>	There are things I can do to get through this. <i>(This example avoids all-or-nothing thinking.)</i>

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, or do a mentally challenging puzzle or game.
4. **Use medications effectively.** Recognize early warning signs of increased pain; take medication early to help manage pain episodes better.
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 10.5. Resources for Patients With Chronic Pain: Websites, Mobile Applications, and Books

Type	Location	Description
Websites	American Pain Society (https://americanpainsociety.org/)	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 (https://www.iasp-pain.org/)	Largest multidisciplinary international association in the field of pain
Mobile applications	Pain Care (Google Play store, Android and Apple iOS)	Free mobile application helps users manage chronic pain. It is designed to help users regain control of their lives from pain through calming meditations, evidence-based training strategies, breathing tools, and functions for tracking pain.
	BioZen (Google Play store, Android and Apple iOS)	Free mobile application developed by the U.S. Department of Defense's National Center for Telehealth and Technology (now renamed Connected Health), with a variety of commercially available physiological sensors and Bluetooth technology helps manage pain and improve health through biofeedback. It is compatible with sensors measuring brainwave activity, cardiac activity, muscle tension, galvanic skin response, respiratory rate, and skin temperature.
Books	<i>Managing Pain Before It Manages You</i> , 4th ed. (Caudill, 2016)	Details 10 steps that can change the way pain sufferers feel, both physically and emotionally. Includes treatments for coping with flare-ups, 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.
	<i>The Pain Management Workbook: Powerful CBT and Mindfulness Skills to Take Control of Pain and Reclaim Your Life</i> (Zoffness, 2020)	Uses a biopsychosocial approach rooted in CBT, mindfulness, and neuroscience. It also addresses improving sleep, nutrition for pain, and methods for resuming desired activities.

Note. CBT = cognitive behavior therapy.

FIGURE 10.6. Monitoring Pain Handout

Monitoring Pain

Date/ time	Pain intensity (0 = none; 10 = excruciating)	Duration (hr/min)	Precipitating factors	Thoughts related to pain	Emotional reactions	Pain behaviors

FIGURE 10.7. Headache Monitoring Form

Date	
Time headache started	
Duration of headache	
Where did it hurt?	
Type of pain? (e.g., throbbing, tight band, dull ache)	
Intensity at its worst (0–10 scale)	
Any sensations before the pain began (aura)?	
How much sleep did you have last night?	
When was your last meal before the headache?	
How much caffeine did you have today?	
How much alcohol did you have today? What type?	
How much water have you consumed today?	
How much stress were you feeling (0–10 scale)? What were you stressed about?	
Did you consume any of the following? <ul style="list-style-type: none">• Aged cheese• Red wine• Peanuts or peanut butter• Chocolate• Soy• Smoked fish• Soda• Hot dogs• Processed lunch meat• Bread• Dried fruit• Potato chips• Pizza	
Any other foods you feel might be triggers	
What did you do to address the headache? Did it help?	

Script for Explaining the Role of Psychological Factors in Pain—Chapter 10

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 of 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 might fight bravely and assist his injured buddy get to a helicopter for medical evacuation in the midst of a battle. The soldier realizes that he too has been injured only after his buddy is safe. 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 have a limb amputated. 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 way scientists have conceptualized how these non-physical factors contribute to pain is that the brain develops a characteristic pattern or "signature" for pain over time. This pattern of neurological firing in the brain can generate pain sensations when your brain registers that body tissue is in danger and can occur even without any physical stimulus from your body. This pain signature connects various parts of the brain, including the limbic system, which controls emotions. Negative emotion is one factor that can trigger the brain to increase pain sensations. People feel more pain when they are depressed, angry, or anxious. Reducing the intensity of these emotions is one way to limit the activation of the pain signature and thus 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 trigger pain activation. People tend to hurt more 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 a knee, they will kiss it to make it better and send the child off to play. The kiss did not heal the injury but changed the child's mental focus, reducing the pain. Because the sensation of pain automatically draws one's mental focus, it can require real skill to distract oneself successfully.

There are also behavioral and physical factors that impact activation of the pain signals. For

example, if a person is inactive because it hurts to walk or exercise, their muscles will become weak, which, in turn, adds to the pain. Lack of involvement in enjoyable activities contributes to depression and frustration, boredom, and more focus on the pain, which in turn increases 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. 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 better quality of life after this kind of treatment. Is that something you would be interested in working on together?

Script for Introducing Skills and Changes That Might Affect Pain Symptoms, Functioning, and Suffering—Chapter 10

One thing that seems to increase your pain is your stress level. One way to help you manage that would be to help you learn how to turn on your body's natural relaxation response by learning how to use slow, relaxed breathing. Another thing we might do is to help you learn how to question your thoughts. You said that sometimes you have a variety of unhelpful thoughts that run through your mind and, in reaction to those, you choose not to do things you enjoy, you withdraw from others, and you notice your pain more. By not reacting to those thoughts, and by stepping back and questioning those thoughts, you can choose how you want to respond to the situation. This can make it easier to choose to do the things you enjoy and not make your pain intensity increase.

Script for Introducing Pacing Activities to Help Manage Pain—Chapter 10

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. However, when you have chronic pain, 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 necessary or helpful.

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, which increases 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 is to use called time-based pacing. Start by estimating how long you can safely do one of your regular activities, such as housework or yardwork, without causing a severe pain flare. Subtract one minute from that time and set that as your "active" goal time for the activity. Next make a best-guess on the amount of resting time you will need in order to safely resume activity or continue your day. Those times will now become your schedule for pacing yourself, rather than working until pain becomes too intolerable to continue. It is okay to adjust your after pacing begins. The goal, however, is to stick to your time-based pacing goals whether you are having a 'good' or a 'bad' pain day to avoid the crash-burn/over-activity cycle or the avoidance/inactivity cycle. Moderation is the key!

Spread out activities during the week and be reasonable with the schedule so you can succeed. This handout (see Figure 10.3) has a chart for you to record how you pace activities this week.