

# BRIEF PAIN SELF-MANAGEMENT (BPSM) PROGRAM

PMRI/RNSH

## FACILITATORS' GUIDE

(Version 11; February, 2017)



This ***Facilitators' Guide*** is intended to be used in conjunction with the ***Participants' Workbook*** as part of a pain management program aimed at teaching pain self-management (coping) skills to participants assessed as suitable for this approach.



The *Guide* and *Workbook* assume that the supervising health professionals (facilitators) have had advanced training in teaching pain self-management skills.



The program is based on the self-help book '***Manage Your Pain***'. Each chart in the workbook is linked to a chapter in *Manage Your Pain* and facilitators should make sure they are fully conversant with all aspects of the book.

**Note:** the participants do not need to get the book themselves. They can if they wish, and it is available in many public libraries, but it is not required.

Other relevant resources include: ACI Website (Pain Network), *Brain Man* YouTube cartoon, Pete Moore's Pain Toolkit.

The Brief Pain Self-Management (BPSM) Program, including the *Facilitators' Guide* and *Participants' Workbook* was developed by several members of the staff at the Pain Management & Research Centre (PMRC) and the University of Sydney Medical School-Northern at Royal North Shore Hospital. Main authors: Michael Nicholas, Duncan Sanders, Catherine Ketsimur, Lois Tonkin, Maria De Sousa, Lee Beeston, John Waine, Brad Wood, Mayumi Oguchi, Sarah Overton, Jessica Castle, Tumelo Dube, and Charles Brooker.

## INTRODUCTION

This program is intended for people with persisting (or chronic) pain that is causing a mild to moderate degree of distress and interference in their quality of life.

The NSW Agency for Clinical Innovation (ACI) has published guidelines on the principles and key features of pain management programs (see the ACI website). The program described here would be classified as a **low intensity program** by the ACI documents (see Table 1).

**Table 1. ACI guide for low intensity group programs**

PMP	Suitable patients	Exclusions
<b>Low intensity group</b>  6 sessions  2 hours per session (1 per week) over 6 weeks        12 hours	Patients identified by their GP as having chronic pain  Pain persisting longer than 3 months <u>or</u> beyond the normal healing time of an injury resulting in declining functional and psychological well-being (e.g., musculoskeletal pain, whiplash, neuropathic pain, fibromyalgia).  Independently mobile Understanding of the written and spoken materials presented Ability and willingness to attend all sessions Low to moderate complexity	Worker's compensation or third party insurance claims Opioids > 10mgs oral morphine equivalent per day Inability to participate in a group Presence of significant mental health disorders Significant disability

The program may be conducted by a range of health care providers. This would typically include physiotherapists, psychologists, nurses, and occupational therapists, but in special populations, like those who are less confident with English, the list may include multi-cultural health workers, health education officers, and bilingual educators. It should be recognised that whoever conducts the program should have undertaken a course in the skills required to conduct a pain self-management program. Currently, the most relevant training is provided online (in webinar format) by the Pain Education team at the Pain Management Research Institute, PMRI) at the Royal North Shore Hospital.

This training course is available through the PMRI by application ([paineducation.admin@sydney.edu.au](mailto:paineducation.admin@sydney.edu.au)).

The therapists conducting the course should also be fully conversant with the self-management book (*Manage Your Pain*) which is the key resource (and guide) for the program. A copy of the theoretical and empirical basis of the program written by Nicholas and George (2011) is included in the Appendices. The

guiding principles and key features for the program are presented below, and may also be seen on the ACI's Pain Network website, along with other useful and easily accessible resources.

The program is intended to conform to the ACI Pain network guiding principles (Table 2) and main content areas for a pain self-management program (Table 3).

<b>Table 2. Guiding Principles</b>
1. A person-centred approach should determine timing of and suitability to participate in a self-management program
2. Structured, time-limited activities are aimed at improving pain self-management through a goal setting and problem solving approach
3. Screening assessment to confirm suitability should precede participation in a self- management community program
4. Inclusion and exclusion criteria for the self- management programs should be specified (referral pathways developed for ineligible patients)
5. Where relevant to potential benefit, inclusion of the support network including family, carers and healthcare providers is appropriate
6. The self- management pain program is derived from the biopsychosocial perspective and should include applicable content: condition management, emotional consequences and daily life
7. Evaluation of outcomes (in terms of achievement of specific goals and common functions, e.g. disability, mood, pain, health care utilisation) should be pursued using validated tools (e.g.: pain self-efficacy scale)
8. Clinicians with appropriate skills and training are required to run the pain self- management program education sessions.

<b>Table 3. Content areas of a Self-management Pain program</b>
1. Understanding the mechanism for chronic pain and its effects
2. Goal setting, tracking progress and problem solving
3. The role of medication in pain management
4. The role of physical activity, conditioning and pacing in pain management
5. The role of healthy lifestyle in pain management
6. Emotional and other coping strategies for dealing with pain, disability and distress (e.g. relaxation, distraction techniques)
7. Managing flare ups

## ASSESSMENT & PREPARATION FOR BPSM PROGRAM

This program was originally developed to run in conjunction with the Back Pain Pathways project at the Royal North Shore Hospital, but it is suitable for direct community-based settings or other hospital pain clinics where they see potentially suitable patients. The following steps are those planned for **community-based** versions. The ACI website materials are accessible from anywhere with the right internet connections.

1. **GP Review:** Assessment should start with a review by the potential participant's GP to identify or rule out those people with potential 'red flag' conditions. Those with 'red flag' conditions will require further investigations and possible medical/surgical treatment.
2. **GP Approval:** The GP should complete the pre-assessment screening tool with a potential participant and provide the course facilitator with his/her approval for their attendance at the program.
3. **The OMPSQ-SF screening tool** (Linton et al., 2011), see page 5. Those patients deemed suitable on clinical grounds should also have an **OMPSQ-SF score of  $\geq 50/100$** .
4. **An approved BPSM facilitator (who may be a physiotherapist, multi-cultural health workers, health education officers, or bilingual educators)** must interview all proposed participants to make sure they are suitable and help to prepare them for the program. This interview includes **(brief) assessment, preparation and initial pain education**.

**The key elements are listed below:**

- a) **Brief confirmatory assessment** (clarifying nature of pain problem).
- b) **Provide web address for ACI Pain Resources** and information (<http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/resources-for-chronic-pain>) – give out **ACI postcard (or card with address included)**
- c) Provide address of the **Youtube cartoon** (*Explaining chronic pain*) (<https://www.youtube.com/watch?v=gy5yKbduGkc>)
- d) **Explanation of BPSM and how it could help** – use formulation diagram (see p 6) – note changes that can happen as acute pain becomes chronic (and their possible consequences). This includes differentiating between acute and chronic pain. Point out the limited role of pain medication (if this is a concern then consider full, multidisciplinary assessment). It is important to check that the patient understands the formulation and sees how it applies to him/her.

**Örebro Musculoskeletal Pain Screening Questionnaire (Short-form)(Linton et al, 2010)**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1. How long have you had your current pain problem? Tick (✓) one.**

- ☐ 0-1 weeks [1]    ☐ 1-2 weeks [2]    ☐ 3-4 weeks [3]    ☐ 4-5 weeks [4]    ☐ 6-8 weeks [5]  
☐ 9-11 weeks [6]    ☐ 3-6 months [7]    ☐ 6-9 months [8]    ☐ 9-12 months [9]    ☐ over 1 year [10]

**2. How would you rate the pain that you have had during the past week? Circle one.**

0    1    2    3    4    5    6    7    8    9    10    [   ]  
*No pain* *Pain as bad as it could be*

**For items 3 and 4, please circle the one number that best describes your current ability to participate in each of these activities.**

**3. I can do light work (or home duties) for an hour.**

0    1    2    3    4    5    6    7    8    9    10    (10-)[   ]  
*Not at all* *Without any difficulty*

**4. I can sleep at night.**

0    1    2    3    4    5    6    7    8    9    10    (10-)[   ]  
*Not at all* *Without any difficulty*

**5. How tense or anxious have you felt in the past week? Circle one.**

0    1    2    3    4    5    6    7    8    9    10    [   ]  
*Absolutely calm and relaxed* *As tense and anxious as I've ever felt*

**6. How much have you been bothered by feeling depressed in the past week? Circle one.**

0    1    2    3    4    5    6    7    8    9    10    [   ]  
*Not at all* *Extremely*

**7. In your view, how large is the risk that your current pain may become persistent?**

0    1    2    3    4    5    6    7    8    9    10    [   ]  
*No risk* *Very large risk*

**8. In your estimation, what are the chances you will be working your normal duties (at home or work) in 3 months**

0    1    2    3    4    5    6    7    8    9    10    (10-)[   ]  
*No chance* *Very Large Chance*

**9. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.**

0    1    2    3    4    5    6    7    8    9    10    [   ]  
*Completely disagree* *Completely agree*

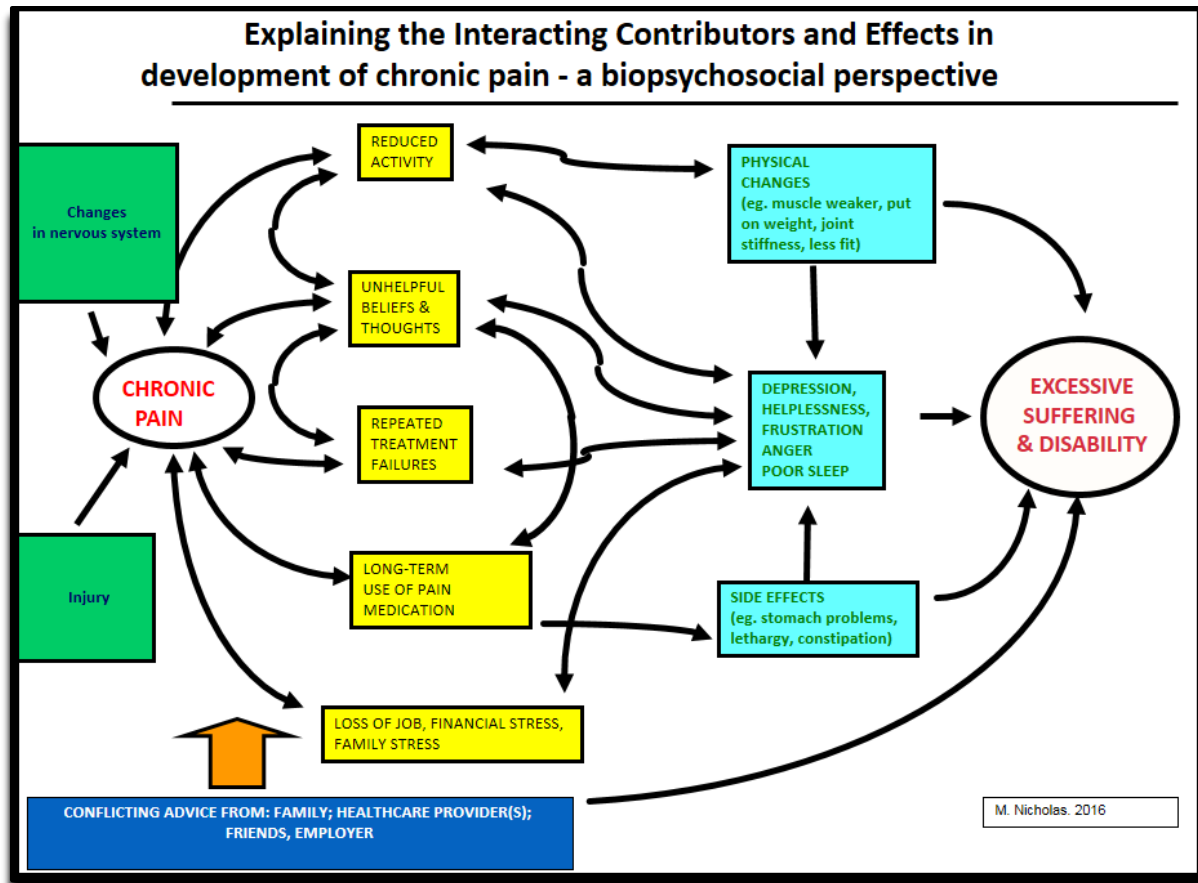
**10. I should not do my normal work (at work or home duties) with my present pain.**

0    1    2    3    4    5    6    7    8    9    10    [   ]  
*Completely disagree* *Completely agree*

SUM: \_\_\_\_\_

\_\_\_\_\_

## A GENERAL FORMULATION OF THE PROBLEMS COMMONLY EXPERIENCED BY PEOPLE WITH CHRONIC PAIN



- e) Confirm **patient understands the program** and agrees with its aims and expectations (includes commitment to attend all sessions, practice exercises and planned activities between session, participate actively during sessions).
  - f) **Resolve any uncertainties** or questions they may have about the program.
  - g) **Identify specific functional (activity-based) goals** they would like to achieve by doing the program. If the participant is not familiar with the idea of a goal, then help them identify what they'd call them. They may be things they've stopped doing but would like to do again. Or they may be new things they'd like to do but pain now restricts these. These should be described as activities and should be entered on the Goal Chart provided and brought to Session 1. For example, if a person said s/he would like to have their old life back, ask what activities this would involve.
  - h) **Confirm suitable start date** – check options (can start any week when there's a vacancy).
  - i) Max number is 10 at any one time.
5. To begin with, the evaluation of the BPSM (Multi-cultural version) will be based feedback from participants and those conducting the program.
  6. All health care providers for an individual participant in the pain program should be made aware of the program, its nature and expected outcomes. These providers should be encouraged to support the participant's attendance at the program and the continued application of the coping skills learnt.

## REFERENCES:

Linton SL, Nicholas MK, MacDonald S. Development of a Short Form of the Örebro Musculoskeletal Pain Screening Questionnaire. *Spine* 2011; 36(22): 1891-95.

Nicholas MK, George S. Psychologically informed interventions for physical therapists. *Physical Therapy* 2011; 91:765–776

# RESOURCES

## Participants

All participants should attend wearing loose fitting clothing that is suitable for exercising in. They should bring a pen, and a timer (a smart phone may suffice or they could buy a small battery powered electronic timer – available at electronic stores for about \$20).

Participants should also be encouraged to go to the ACI website to view the videos about chronic pain:

<http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/resources-for-chronic-pain>

## Staffing

Two staff should facilitate the sessions (they may come from different professions or disciplines, but they must have had appropriate training and preparation for conducting the program).

It is also important that the participant's medical practitioner (GP) is kept informed about their patient's progress and is accessible for discussions as needed during the program.

If possible, support should be arranged with the nearest public pain clinic. This may be in the form of a telephone link or regular meetings depending upon availability.

## Room:

The room required would need to be able to accommodate 10 ambulant patients, with chairs and other equipment as specified. Other equipment includes a large white board (with coloured texters), and gear for the Exercise Circuit.

**Exercise equipment:** a Chair (no arm rests) for sit-to-stands; a number of small weights (for patients to select from): e.g. 1, 2, 5 kg; cloth shopping bags for lifting and carrying tasks); a gym mat for floor exercise (plank); and a step (for step-ups). The staff will need a timer (to keep the times accurate).



# PAIN PROGRAM TIMETABLE

The program comprises 6 sessions (2.5 hours each) over a six week period. Participants who have had their preparation interview with BPSM facilitators may join the program at any session and continue until they've completed 6.

**Preparation Interview:** Explain model and chronic pain; identify goals; Participants' Manual

The timetable set out below is indicative only and may be varied in light of experience and feedback

TIME	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
20 Min	DISCUSSION Feedback, Plan for today	DISCUSSION Feedback, Plan for today	DISCUSSION Feedback, Plan for today	DISCUSSION Feedback, Plan for today	DISCUSSION Feedback, Plan for today	DISCUSSION Feedback, Plan for today
15 Min	RELAXATION In daily life	RELAXATION In daily life	RELAXATION In daily life	RELAXATION In daily life	RELAXATION In daily life	RELAXATION In daily life
30 Min	ACTIVITY/ EXERCISE CIRCUIT	ACTIVITY/ EXERCISE CIRCUIT	ACTIVITY/ EXERCISE CIRCUIT	ACTIVITY/ EXERCISE CIRCUIT	ACTIVITY/ EXERCISE CIRCUIT	ACTIVITY/ EXERCISE CIRCUIT
20 Min	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK
30 Min	PROBLEM- SOLVING (When pain increases)	PROBLEM- SOLVING (Stress)	PROBLEM- SOLVING (Communication)	PROBLEM- SOLVING (Planning for staying on track)	PROBLEM- SOLVING (Sleep)	PROBLEM- SOLVING (Nutrition)
25 Min	ACTIVITY PLANS (Step by step)	ACTIVITY PLANS (Step by step)	ACTIVITY PLANS (Step by step)	ACTIVITY PLANS (Step by step)	ACTIVITY PLANS (Step by step)	ACTIVITY PLANS (Step by step)
10 Min	HOME TASKS	HOME TASKS	HOME TASKS	HOME TASKS	HOME TASKS	HOME TASKS

**At 6<sup>th</sup> session:** Those completing are provided with the **evaluation form** and review goal achievements with facilitators (need to arrange a time individually).

## SESSION CONTENTS (REPEATED EACH SESSION)

### 1. Discussion/Feedback/Planning/welcome (15 min)

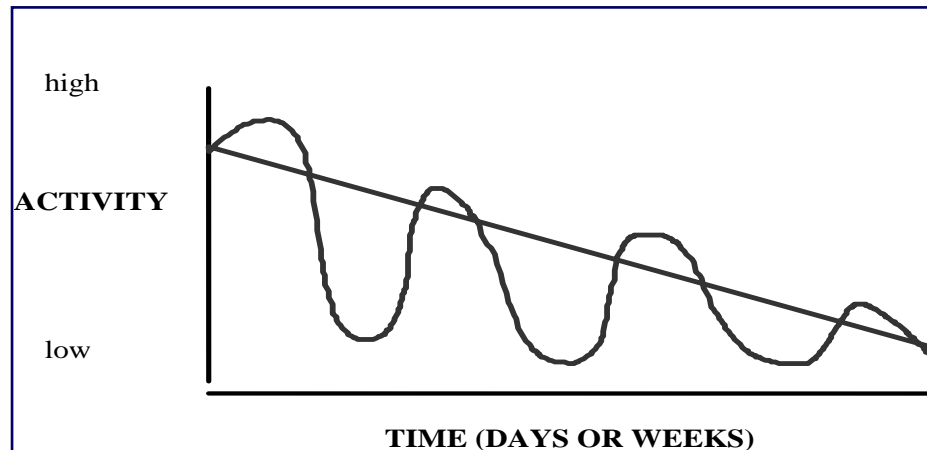
- Warmly welcome all new participants, introduce facilitators, and welcome back all continuing participants.
- **If new participants present:** Housekeeping (point out facilities; remind participants of 'house rules/expectations' – punctuality, let facilitators know if running late, or can't attend that day, emphasise importance of participation to maximise chances of benefit, but request that they try to allow one person to speak at a time, and remind them that the goals of the program are to help them improve their ability to live with their pain and to lead as high a quality of life as possible).
- Make sure all participants have their folders and right equipment, and each person should have a name tag.
- **For continuing participants** remind them that during today's session you will be checking on their practice at home since last session.
- Remind participants to view the ACI resources through the program:

<http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/resources-for-chronic-pain>

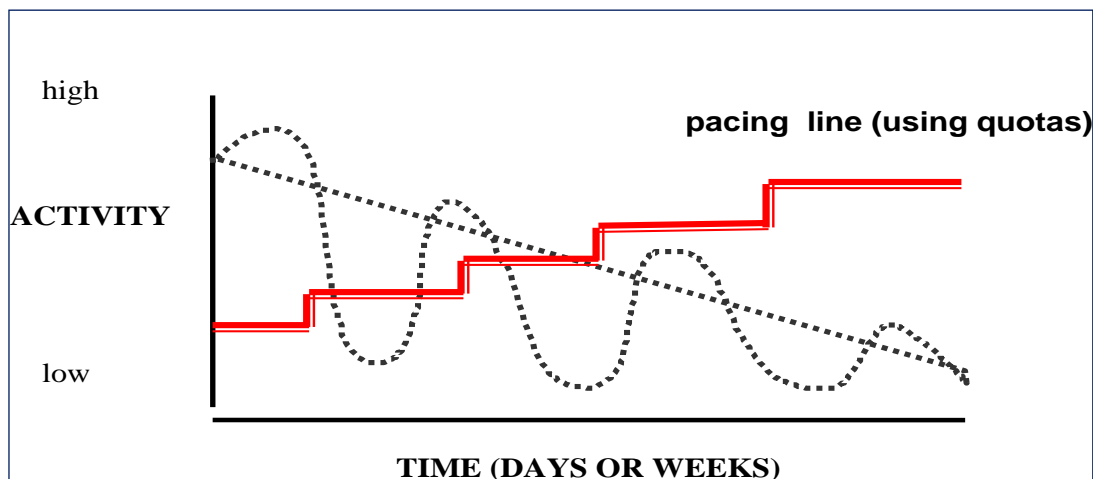
### 2. Key messages to deliver (each day)

- Draw model on board before group starts – and **remind** group on the focus of the group (**doing active things despite pain, rather than pain relief**).
- Remind group of **difference between acute and chronic pain** (hurt/harm; warning signal/pest)
- Remind group of '**good news**' - if they could make progress towards achieving their activity goals, helps to change brain's perception of pain. Can lead to less pain and their pain will trouble them less.
- Remind group of **activity pacing – explaining the step by step approach to achieving goals.**
  - Outline the under-do/over-do cycle on the white board (seek recognition of pattern of behaviour from the group) – **USE DIAGRAMS (on next page):**

### Being active according to pain levels (“Boom-Bust”)



- Another common strategy that people living with pain report is trying to get all their day's chores done in the morning, so they can rest in the afternoon.
- Once general agreement is reached that these antics are familiar, elicit the likely long-term (negative) implications of these approaches (hard to sustain RTW, going round and round like a dog chasing its tail).
- Introduce idea that most people know that if they work to a graduated exercise plan, starting from where they are now to where they want to be in a few months, they're more likely to achieve goals (seek examples from group). USE DIAGRAM – PACING UP BY QUOTAS



- Conclude with reminder that they should try to practice pacing all activities that aggravate pain.
- Also, explain that pacing will be emphasised in exercise program and activity upgrading.

- Finally, point out what aspect of the program will be addressed later in session today (e.g. dealing with flare-ups, maintaining program at home, etc).
- Repeat that positive outcomes all depend on their efforts – their willingness to do the exercises, to apply the relaxation and coping strategies – especially at home between sessions – that means:

**The treatment is what they do at home – the sessions at the hospital/clinic/centre are for advice and encouragement**

**Encourage participants to talk about their program at home with family members, even suggest the family join in the activities**

### 3. Relaxation

Some participants may like to use a CD or suitable recorded music when practising and that is OK (whatever they feel comfortable with)

But it must be made clear: they should also practice without these aids AND in different places (so it is applied to daily life)

#### For continuing participants

- Ask them to start practising their relaxation and the facilitators will come around and check on their progress (check their charts to ensure they are being completed as expected).
- Once it seems they are able to relax themselves re-introduce the idea of **using the technique at times of stress**, like when their pain is worse. For this they should be encouraged to try allowing themselves to feel their pain (i.e. don't block it) while they relax – emphasise this will help them learn to be comfortable with having chronic pain and relaxing at the same time.
- They should practice for the rest of the session and remind them to use the relaxation during exercises and other activities.

#### For new participants

- Explain that the use of a relaxation technique can be a method for reducing the stress of experiencing pain and improving their ability to cope with it.
- Explicitly state that their chronic pain is not due to stress (or tension). It's more likely that stress can aggravate existing pain and make it difficult to manage.
- Confirm that there are many ways to relax and that no method works with everyone or in all situations. So, if the participants already have a favourite method and it works for them, that's fine and they should stick with it, providing they can use it when they feel stressed or in worse pain (i.e., not just when they are feeling relaxed anyway).
- One way that has been felt helpful chronic pain is based on **slowing breathing and focused attention**.
- This method has much in common with other techniques but the important thing is **that it can be performed in many different and stressful situations**, even when they are talking or doing something else.
- Like any useful skill, the only way to become effective with this technique is to practice it many times a day. So the participants will be asked to practice 5-7 times a day between sessions, as per their Relaxation chart.

- Explain the three key elements of the relaxation method (from *Manage Your Pain*). These are:
  1. Don't try to relax – let yourself relax
  2. Focus your mind on something repetitive – it can be anything. Suggest possible example, such as repeating (silently, to one's self) a word like 'relax' or 'one'. Remind them their attention will still wander, but when they realise they are wandering try to gently, not forcefully, bring their attention back to the task. This will need much practice.
  3. As they breathe out normally, try to imagine they are breathing away any stress or tension, without making any effort, just letting go a bit more with every breath.
- Ask the participants to practice these steps for 3-4 minutes (until you tell them to stop) while they are seated, and then ask what they noticed. If they seem to have got the idea (and notice they were starting to loosen or calm or even become a little sleepy) praise them – with statements like 'that's great'. If they didn't notice anything or found it hard to concentrate or their mind was wandering, explain those responses are quite normal and that most of us have to practice a lot before we notice any changes – so, don't give up, keep working at it.
- Introduce the **Relaxation Chart** (pointing out the chapter in *Manage Your Pain* as well), and explain that each day we would like them to conduct 2 long sessions (of 15-20 minutes) and at least 5 short sessions (of 30 seconds to 1 or 2 minutes). Importantly, the long sessions should be done when they think they won't be disturbed for that period (like when lying in bed at night) and the short sessions should be done in as many places as they can think of. This is to help them get used to doing it anywhere – from the kitchen to the car, and at the supermarket or while waiting for the train or bus. The aim of the short sessions is mainly to get them used to doing it anywhere and not to get that relaxed. But with practice that will come. The longer sessions should be more relaxing and if they do it in bed at night they could well nod off to sleep.
- But whenever they do it, it is important they tick off the session in their chart. Start with the current session and get them all to tick off the first short session next to today's date.
- Finally, explain that the **first step** to using relaxation as a coping strategy is to get good at using it.
- The **second step** is learning to use it at times of stress, like when their pain is worse. But the second step will be addressed in the next session.
- **For the coming week**, the task is to practice at least 7 times a day.

#### 4. Exercise/Movement Circuit (30 min)

- Briefly remind the group of the **benefits** of general exercises or movements that involve the whole body, emphasising the importance of normal movement rather than highly specific exercises. Acknowledge specific exercises can have a role, however, at this stage the most important task is to promote the participants' normal functional activities, so specific exercises will not be included in this program.
- If some participants wish, they could practice the movements of a familiar dance as their exercise/movement session.
- Emphasise that the exercises are used to regain or maintain normal movements/activities rather than pain relief.
- In this context, the exercises are just one aspect of pain management and they need to be done in conjunction with all other strategies to gain maximal benefit.
- Do a gentle warm-up (1-2 mins), this may include walking and stretches.
- Ask them to go to an exercise station to begin the exercise circuit.
- Remind them to start at a manageable amount; they are encouraged not to compete with the other group members.

##### **For continuing participants**

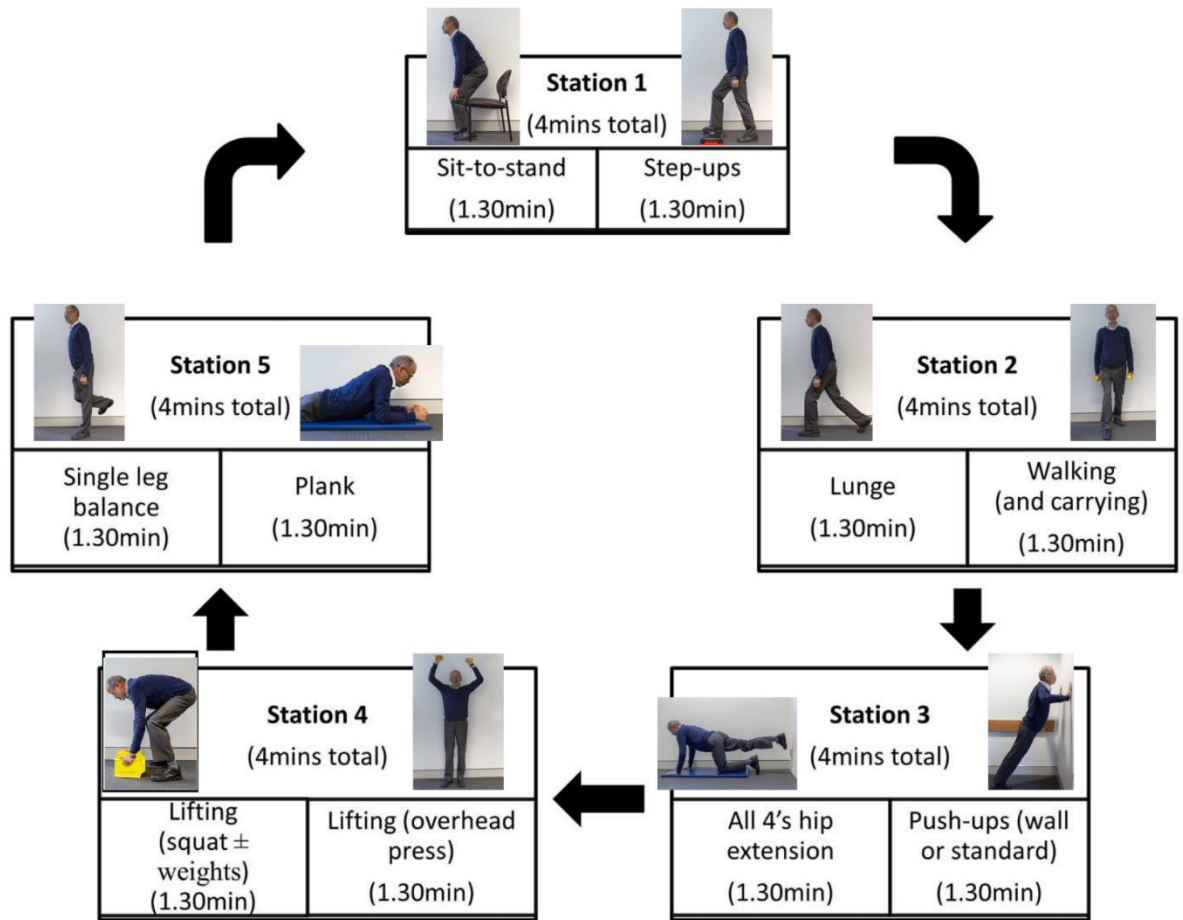
- Ask them to make a start on their exercises and that they will be checked by one of the team during the session.
- Check the participants' exercise charts (or exercise App) to confirm they are practising at home (reinforce accordingly). If not practising at home (or very little), ask what is preventing them. If minor issue (like 'no time this week') encourage them to keep trying. For more major problems (e.g. disagreement with exercises), then either they think about what is said about this in the book (MYP) or they might like to discuss further with their GP. Avoid long discussions as this is inefficient and not the place. Arrange to discuss specific individual issues outside the group time.
- The staff should move around the room, assisting where needed and providing encouragement and reinforcement (via praise). Avoid focusing on what they might be doing wrong; rather praise what they are doing well and suggest how they might modify the exercise to make it more effective. Remember the exercises do not have to be done perfectly, it is more important that all exercises are attempted. More concerning would be participants avoiding certain activities.
- Use the exercises to help develop the participants' problem solving skills, so use Socratic questioning as discussed previously. For example, if they are struggling to get off the floor, do not help them physically; rather, talk to them about possible solutions for getting up (e.g., what do you think might be your options here? How have you done it at home in the past? If I wasn't here, how might you do it? And so on).

### **For new participants**

- If this is the **first** session for a participant the first task is to explain the exercise circuit and remind them that the exercises should be started at a manageable level for each individual (avoid competing with neighbours). A manageable level is one the individual should feel comfortable with physically and in relation to their thoughts of performing that activity.
- Demonstrate all exercises to be performed and remind them to tick the exercise chart for each exercise in their workbook. Reinforce the importance of performing all exercises at a manageable level. Explain that it may be normal to experience a little more pain initially, but most likely this is due to sensitization effects rather than further damage.
- In the first week they might like to try one upgrade in each exercise before their next session.
- Remind them to practice their exercise program daily at home and record this on their chart.
- Perform a brief (2min) cool-down and praise them on their efforts (regardless of success or not).
- Also, remind them to practice at home and record/tick their completed exercises on the chart.



# ACTIVITY/EXERCISE CIRCUIT



Photography by Judy Tanner

## 5. Activity goals (Activity Tolerance Chart)

### For continuing participants

- One facilitator should check their upgrading progress based on their charts.
- As with the exercises, reinforce evidence of effort and any achievements. Encourage continued upgrading.
- Again, if having trouble with some tasks, use their experiences to help them develop their problem solving skills. In particular, try to help the participants to develop possible solutions to any problems – reinforce their efforts. There will usually be many possible answers, so try to make it clear there is not one 'right' answer, but whatever they think would work for them.

### For new participants

- Before attending all participants were asked to identify and write down (on their Goal Chart) a number of personally-relevant (functional or activity) goals they wanted to achieve by attending the program. Remember, if a participant doesn't like the term 'goal' help them identify a term they would prefer. The key thing is that it is an activity and can be specified, and they want to achieve it.
- Facilitators should check each participant's goal chart to make sure their goals are clear and specific, and that they really want to achieve them.
- Remind the participants that these goals are just a starting point and they may change them or add to them as they go along.
- On the **Activity Tolerance Chart** ask them to write down what they will need to work on or change if they are to achieve their goals (taking that information from the **Goal Chart**). For example, increasing sitting or walking times.
- These are the tasks they will need to work on using the Pacing methodology.
- **For session 1**, they should estimate how long (or how far) they can perform the specified activities **reliably** (at present) and write these times/distances on their charts.
- Then reduce each by roughly 20% (this doesn't have to be exact, just less than what they estimated to begin with). Write down this down as the **Baseline** on the chart.
- Explain that this is where they should start for each day of the first week and they should try **one upgrade per activity during the week** (having written it on the chart first).
- At the end of each day they should review if they have met their planned goal for each activity for that day and tick the activity on the chart accordingly.
- Point out that this is just the start and that if they have trouble meeting their expectations during the week they can discuss it at the next session.

## 6. Home tasks (Weekly Action Plan)

This is a brief session to:

1. Check how they've found today's session
2. Answer any questions they may have
3. Set their home tasks for the next week

- **Home tasks for each Week:**

1. Practice each circuit activity/exercise they've been asked to do (record in activity/exercise chart with a tick when complete each day)
2. Similarly, on their **Activity Tolerance Chart** record their progress for each of the specific activities they have nominated as needing to change. Use times or distance, etc – but, encourage them to stick to the pacing instructions of working within their specified limits.
3. Before leaving the session the facilitators should help each participant to fill in their **Weekly Action Plan** from their folder. The achievement of each activity should be ticked off by the participant during the week. Encourage the participants to spread their activities through the day and to avoid clumping them, such as planning to do all in the mornings. They should also look to upgrade these activities as appropriate. This will help to limit pain flare-ups.
4. Continue viewing ACI website resources for chronic pain:

<http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/resources-for-chronic-pain>

## Problem-solving skills - applications

Each session should include 30 minutes on specific skills that are generally useful. To simplify matters, we will use a generic problem-solving strategy as the basis for each 30 minute coping skills session. This will be applied to common problems faced by people living with chronic pain.

Specifically:

1. Flare-ups in pain severity
2. Communication difficulties with significant others
3. Maintaining normal daily activities and self-management despite ongoing pain
4. Dealing with stress
5. Sleep disturbance due to pain
6. Nutrition challenges

## Problem-solving

- This is a fundamental strategy but often overlooked, especially at stressful times. The good news is that all adults already have the skill (they must have developed some problem solving abilities to have survived this far) – they just need to be reminded to use it with their pain. This can be introduced as a refresher course for the participants: giving them a chance to rehearse the key elements as a precursor to coping with stressful periods, such as flare-ups in pain.
- The key point to make is that success in dealing with different problems of daily life will usually be helped by using a systematic and structured (step by step) approach. With practice, this will become almost automatic.
- **To start each Problem-solving session**, prompt their orientation by using the Socratic questioning method to ask the participants to come up with some answers (in brackets):

### Questions:

1. What might be the first step in dealing with a problem? (identify problem and analyse what is happening)
2. What might be the second step? (work out possible options for dealing with it)
3. What might be the third step? (prioritise them in terms of likely effectiveness and cost – plan A, Plan B, etc)
4. What might be the fourth step? (select one and try it)
5. What might be the fifth step? (review outcome and, if successful, what was learned – for next time)
6. If not successful, what could the next step be? (either go to next option in list of solutions or review analysis of problem – may have overlooked something)

**[For more information, refer to chapter on Problem Solving in Manage Your Pain]**

## Applications

### 1. Problem solving for flare-ups in pain severity. [Chapter 17, Manage Your Pain]

**Ask for an example of a recent experience** of one of the participants. Go through the problem-solving steps with the group offering examples. Reinforce, with praise, their contributions and ask that they try these steps over the next week when their pain flares-up.

#### i) **Identify problem:**

##### • **Possible explanations for flare-ups:**

- Given the participants are likely to have a sensitized nervous system and impaired descending inhibitory system (as discussed in Mechanisms at Preview or *Brain Man* youtube video) they are likely to experience flare-ups in their pain, especially when they start increasing their exercises and general levels of activity. For the most part, these will be brief (a few minutes to a few hours), but some might find the flare-up continues for more than a day before settling to 'normal' (baseline) levels.
- The first step is to 'normalise' these experiences. Most likely, they are a marker of doing things rather than more damage – so many people living with chronic pain actually call them 'good pain' (a bit like athletes who say "no pain, no gain"). But this is not to diminish the experience, just to make sense of it.
- As these flare-ups are just about inevitable, it is important they don't become a trigger for relapse or feelings of hopelessness. It would therefore make sense to have a coping strategy in place before they happen, so they can be prepared and avoid the traps.
- Remind the participants that if they use their pacing strategy consistently they will have fewer flare-ups.

#### ii) **Options for dealing with problem:**

The group should use their **Flare-Up Plan chart** for this exercise and try to come up with options. The Plan already provides cues or suggested options to get them started, but they might like to add to these options to make it more specific to their individual case.

Once all participants have worked out their basic Flare-Up Plans suggest they could (as their **homework task**) write the details on a small, postcard size piece of paper or cardboard to carry in their wallet/purse.

#### iii) **Applications & review:**

Remind them to try their plans out in the coming week and report back on their progress next session.

## 2. Problem-solving for communication difficulties

- This session cannot possibly cover all that might be needed on this complex topic, but it might provide some ideas that the participants could pursue subsequently.
- The actual focus of the session or how it works out with one group may differ from group to group, but the session should provide an opportunity to flesh out some of the important issues and ways of dealing with them.
- A key issue is the recognition that chronic pain can place an extra stress on the relationships of people living with pain. The relationships may be those with family members, friends or with others at work. The problem may be manifested by irritability, short-temper, desire to withdraw, anger, or distress.
- It is usually important for the group to work out ways of talking about their pain with others. This can help to improve their relationships, minimise misunderstanding, and promote more effective support for the person in pain.
- In this session the facilitator should adopt a problem-solving approach in which s/he should encourage the participants to identify their common communication problems over their pain and then possible ways of overcoming these problems.

### i) **Identify problem(s):**

Ask if anyone in the group has experienced any problems of communicating with others about their pain. This is quite common, so the question will normally get the participants talking.

Use the **Communications Issues Chart** in the participants' Workbook. They should write down at least one issue or area of difficulty and a possible solution in the session, but ask the group to record more issues (and their possible solutions) during the week. The facilitator should use the whiteboard to guide and record the discussion.

### ii) **Options for dealing with problem:**

Using the whiteboard, the problems can be listed in a column and then the possible solutions can be listed in another column to the right.

### iii) **Application and review:** Once some possible solutions have been identified the participants should be encouraged to apply them over the next week or two of the program as part of their home tasks. They should report back to the group on their experiences at subsequent sessions.

### iv) The facilitators should also keep in mind the possibility that some participants might benefit from more focused counselling on this area from appropriate health professionals. These can be recommended to this group.

### 3. Problem-solving for maintenance of activities and self-management

As their chronic pain is likely to persist it is important for each participant to consider how they will maintain their new strategies and normal activities in the face of the inevitable challenges they will face. [Refer to Chapter 20, *Manage Your Pain*]

i) **Identify likely problems/challenges:**

Ask the participants to identify possible challenges they might face in managing their pain in the future. Use the whiteboard to list them. If there is any difficulty in identifying them, the facilitator can suggest a few to get the discussion moving (e.g. episodes of worse pain; becoming sick and unable to exercise for a few weeks; a new employer refuses to allow them to pace their work activities; become so good at managing their pain that they forget how they got there and stop using their strategies; their doctor tells them they should start using stronger pain killers and that would help them much more than their self-management strategies, etc).

ii) **Possible options:**

The next, ask for possible solutions to these challenges from the group and write these next to the identified challenges on the board.  
Discuss each with the participants and weigh up which would be most likely to help.

iii) **Application and review:**

The participants should write their choices into their Maintenance page in their workbook. They should also be encouraged to try them if the opportunity arises in the next week, and report back to the group on how it went.

#### 4. Problem-solving for **stress** (use the problem solving/stress management chart)

Stress can be anything that adds further demands on the participant – e.g. relationship difficulties, a co-morbid illness, children's homework/sporting activities, financial worries, social engagements, etc. It is commonly found that these extra demands/stressors can add to the burden or make it more difficult to manage chronic pain. While the tasks that need to be undertaken in each case will vary according to the situation being faced, the focus here is on dealing with the **experience of stress** (i.e. **NOT THE CAUSE OF STRESS** – if they can remove it, that's fine, but it's not always possible, but it IS possible to change the impact of feeling stressed by changing one's responses). That is the focus here.

The steps outlined here are intended to help the participant prepare a **general plan** for managing these periods. [Refer to Chapter 15 in *Manage Your Pain*]

##### i) **Identify problem:**

Ask the participants to nominate how they might recognise when they are feeling stressed (what might they feel or notice, e.g. tension in the jaw or neck, trouble thinking clearly, tightness in the chest, heart beating faster?). Write examples up on white board.

How might they decide this experience was related to stress? (e.g. mainly happens in stressful situations or when expecting a stressful situation)

##### ii) **Possible options:**

What might be their options for dealing with these feelings? List these on the white board.

##### iii) **Select most suitable (for that person)**

Encourage the group to discuss the pros and cons for each option, then record their best options on the **Problem-solving/Stress Management Chart** for their future reference.

##### iv) **Application and review:**

Encourage participants to try their chosen options for managing stress during the next week and report on progress at next session.



## 5. Problem-solving for sleep disturbance

Disturbed sleep is a common consequence of persisting pain, and pain is often more severe following periods of sleep disturbance. This interaction adds to the burden and fatigue of chronic pain. While medications, like some antidepressants, can help, the best results will be achieved when the person in pain contributes as well. Refer to Chapter on sleep in Manage Your Pain.

### i) **Identify problem:**

Identify the nature of sleep disturbance from the group (list on white board) (e.g. trouble getting to sleep, waking early and having trouble getting back to sleep)

Ask group to suggest possible reasons for these patterns – list on white board (e.g. pain itself, can't get comfortable, things on mind, can't relax, no clear reason)

### ii) **Possible options:**

Ask group to generate possible solutions for each cause of sleep problems. List on board and then write on their **Sleep plan** those they'd like to try. If the list is insufficient, suggest additional options (see sleep chapter in book, and Table on next page) and add them to the list for the group to consider for their plans.

### iii) **Application and review:**

The homework is to try the selected strategies and make a record of sleep each morning. Record on sleep chart (estimate of hours asleep, and time to get to sleep), plus which strategies tried.

Remind group that changing sleep habits is a long-term process (can take several weeks) so they must persevere with their plan and monitor their progress. Only adjust strategies after trial of several weeks.

**Table: Possible sleep options (from Manage Your Pain)**

<b>Common Causes of poor sleep</b>	<b>Options</b>
Daytime naps	Avoid them, restrict sleep to evenings
Too much resting during the day	Try to keep generally active, physically and mentally, through the day
Worries, stress	Deal with worries before bed, or write them down and decide to address them tomorrow. Use your relaxation technique and mental distractions. If you can't sleep get up and do something peaceful until feeling ready for sleep again, then return to bed
Medication (misuse or withdrawal)	If you stop your pain killers or tranquilisers, it can take a few days to a week or so before they are out of your system. So remind yourself that these effects will pass and that you are OK.
Stimulants before bed (coffee, tea)	If these are a problem, stop taking them in the evenings (replace them with warm drinks which don't contain caffeine).
Pain, discomfort	If you have paced your activities during the day your pain will not usually be as bad as when you overdo things, so you could prevent some of the pain. Often pain seems to feel worse at night anyway, partly due to there being no distractions for us to focus on. In this case, using relaxation can help. Remind yourself of the pain mechanisms – it is not signalling harm - you are OK.
Alcohol in the evening	Avoid or limit the amount and only drink with dinner
Depression, anxiety	Long-standing depression will take a while to resolve, but thought challenging is helpful and may be supplemented by antidepressant medication. Anxiety can be addressed by using relaxation, and thought challenging. You can use the strategies outlined in the book or seeing a clinical psychologist is worth considering.
Trying too hard to sleep (lying in getting frustrated)	Use your relaxation technique, get up bed tossing and turning, and do something relaxing or peaceful until ready to return to bed. You may need to repeat these several times, but try to stay as calm as possible. Remember, if you are relaxing you are still getting rest.

Engaging in activities late at night which get your brain going too fast (e.g. preparing your income tax return)

Try to plan to avoid these types of tasks if at all possible. At times it will be unavoidable, but this should be minimised. Plan to do more relaxing, pleasant tasks last in the day (reading, listening to music, etc.).

Going to bed at irregular hours or often sleeping in late in the mornings

Try to establish a regular routine at night (eg. getting ready to go to bed about the same time each night, first clean your teeth, then have a glass of water, then get undressed for bed and avoid watching TV or reading in bed). Try to get up at about the same time each day, regardless of how you feel.

## 6. Problem-solving for Nutrition

When pain becomes chronic a common response for many people is that they reduce their level of daily activity, but not their usual eating habits. This is likely to promote weight gain. At the same time, they may also be taking medication for their pain that can also contribute to weight gain.

The problem of gaining weight under these conditions is that it puts the body, especially joints like knees and hips, under more stress. Excessive weight gain can also have negative effects on our cardiovascular and endocrine systems. In turn, these effects can add to the risks of diseases like heart failure and diabetes, as well as problems like disturbed sleep. Weight gain for people with chronic pain can also increase their pain. On the other hand, **weight loss can reduce their pain**

It is critical, therefore, that everyone with chronic pain should try to maintain their normal level of fitness and weight. But moderating one's food intake or nutrition can be a problem, especially if they prefer to avoid exercise or active tasks. In this section we will try to help participants to work out ways in which they can deal more effectively with this problem.

### i) **Identify problem:**

Identify the sorts of problems the group has in modifying their food intake (list on white board) (e.g. trouble changing old habits of eating and snacking, using food as a comfort, feeling socially isolated if they don't join in at the table, wanting to avoid giving offense to the cook, etc).

### ii) **Possible options:**

Ask group to generate possible solutions for food/eating problem. List these on the board and then write on their **Nutrition plan** those they'd like to try. If the list is insufficient, suggest additional options and add them to the list for the group to consider for their plans.

### iii) **Application and review:**

The home task is to try the selected strategies and make a record of their achievements at the end of each day.

Remind group that changing nutrition habits is a long-term process (can take several weeks) so they must persevere with their plan and monitor their progress. Only adjust strategies after trial of several weeks.

## Evaluation

- The Goal Chart (Appendix 1)
- The Program Evaluation Questionnaire (Appendix 2).

These should be completed on a participant's last day on the program. Ideally, one of the facilitators should try to help them with this. This means arranging with the participant to sit down with them either before or after the session that day (or make another time with them). It should take just a few minutes, but it is important to get this data as it helps us to evaluate the program and provides useful information on improving the program.

## APPENDIX: 1. PARTICIPANTS' CHARTS

### MY GOAL CHART (Started at initial preparation interview)

	<b>MY GOALS</b> (What it is I want to achieve – be specific)	<b>Changes I can make over next 5 weeks</b> (Things I need to do/work on to achieve <u>my</u> goals)	<b>At the end of program, rate extent to which I achieved this goal</b> (0-100%)
<b>Example</b>	“Wash the dishes at least 3 times a week”	“Increase my standing tolerance (to 15 minutes)”	
<b>Home tasks or activities</b>			
<b>Paid work/study/voluntary work</b>			
<b>Family activities/relationships</b>			
<b>Social activities</b>			
<b>Recreation/sport/hobbies</b>			
<b>Other</b>			







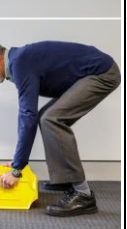



# RELAXATION PRACTICE CHART

The times are only a rough guide (even 30 seconds at a time can be helpful). Tick the chart each time you do it.

Practice at quiet times and while you are doing other things too, especially if feeling stressed or noticing pain more.

Day	20 min	20 min	2 min	2 min	2 min	2 min	2 min	Notes/comments
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

## EXERCISE/MOVEMENT CIRCUIT CHART

Start Date:	Sit-to-Stand	Step-ups	Lunge	Walking (and carrying)	All 4's hip extension	Push-ups (wall or standard)	Lifting (squat ± weights)	Lifting (overhead press)	Single leg balance	Plank
<b>Day 1</b> (tick when complete manageable amount in <u>1 ½ minutes</u> )										
Day 2										
Day 3										
Day 4										
Day 5										
Day 6										
Day 7										
Day 8										



## ACTION CHART – Important Daily Activities

	Sitting	Standing	Bending	Walking		Crouching	Carrying		Lifting		Reaching		Climbing		Key board	Other
				Dist	Time		Wt	Dist	Wt	Range	Fwd	O'head	Steps	Ladder		
Estimate what you can do now																
Starting level (Baseline)																
DAY	Goal	Goal	Goal	Goal	Goal	Goal	Goal	Goal	Goal	Describe	Goal	Goal	Goal	Goal	Goal	Goal
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

# WEEKLY ACTION PLAN

Plan your days over the next week. Try to spread tasks through the day and make times for breaks. Tick them off as you go.

	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
A M														
P M														
N i g h t														

# PROBLEM SOLVING/STRESS MANAGEMENT CHART

## **Step 1: What is the problem?**

Think about and discuss the problem or goal carefully, then write down exactly what you believe to be the main problem or goal.

---

## **Step 2: List all possible solutions**

Try to think of all possible solutions, even bad ones. List all possible solutions without any evaluation of them at this stage.

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## **Step 3: Consider and weigh-up each possible solution**

Quickly go down the list of possible solutions and assess the main advantages and disadvantages of each one.

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## **Step 4: Choose the best or most practical solution**

Choose the solution that can be carried out most easily with your present resources (time, money, skills, etc.)

---

## **Step 5: Plan how to carry out the best solution (Keep it simple)**

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## **Step 6: Do it!**

## **Step 7: Review how well the solution was carried out and praise yourself for your efforts.**

## FLARE- UP PLANNING

Develop your own flare-up plans after discussion with group

When	Step One	Step Two	Step Three
<b>Pain increases when doing something or for no obvious reason</b>	<b>Stop and assess</b> <ul style="list-style-type: none"> <li>• New or same old?</li> <li>• Check likely explanations</li> <li>• Overdoing?</li> <li>• Stress?</li> </ul> <p>(Take time, check any unhelpful thoughts)</p> <ul style="list-style-type: none"> <li>• Nothing broken, just usual pattern?</li> <li>• Review usual plans for this situation – working or time to change?</li> </ul>	<b>Consider options</b> <ul style="list-style-type: none"> <li>• Plan next actions</li> <li>• Take short break?</li> <li>• Relax (breathing)?</li> <li>• Respond to any unhelpful thoughts</li> <li>• Take it bit by bit</li> <li>• Cutting back on activities?</li> <li>• Tell others what's happening and how they can help?</li> </ul>	<b>Review</b> <ul style="list-style-type: none"> <li>• How am I going?</li> <li>• Using strategies?</li> <li>• Other options?</li> <li>• Reassure myself</li> <li>• Give myself credit for following plan</li> <li>• Do I need to cut back more or start doing more?</li> <li>• Goals for next week?</li> </ul>

**What if flare-up continues for more than a day or so?** Consider options, but likely to be very similar

## COMMUNICATION ISSUES

PROBLEMS	POSSIBLE SOLUTIONS
<p><b>Example: When my husband/wife (or close friend) asks me how the pain is today, I don't know how to answer without getting cranky. This usually leads to my feeling guilty and their feeling helpless – so we all suffer.</b></p>	<p><b>I could take a relaxation breath (letting go) and try to quietly say, it's OK, thanks for asking, but I'm managing it, and I'd rather we talked about what we were planning for tomorrow (or whatever).</b></p>

## MAINTENANCE PLANNING

**BENEFITS OF MAINTAINING PROGRAM:** \_\_\_\_\_

\_\_\_\_\_

**CONSEQUENCES OF NOT MAINTAINING PROGRAM:** \_\_\_\_\_

\_\_\_\_\_

POSSIBLE OBSTACLES	SOLUTIONS

## SLEEP PLAN

PROBLEMS	POSSIBLE SOLUTIONS
<b>Example:</b> Waking in middle of night, pain disturbing me, can't get back to sleep	Change position; start practising my relaxation exercise (not trying to sleep, just to enjoy relaxing); see what happens. If not asleep after 20 minutes or so, get up and go to another room, then practice relaxing again or read book / magazine (nothing stimulating), then return to bed and relax again

## NUTRITION PLAN

PROBLEMS	POSSIBLE SOLUTIONS
<b>Example:</b> Trouble saying “no” when offered more food	Explain that for my health problems I have been instructed by my doctor to limit my food intake



## Appendix 2: Pain Program Evaluation

We would like you to give us some feedback on the pain program. Your feedback helps us to make sure the participants feel it met their expectations. Your feedback can also help us to improve the program. Please include the date, but not your name.

Date: \_\_\_\_\_

Please answer the following statements by placing a mark on the line below.

1. **How helpful did you find the therapists?**

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Not at all  
helpful

Extremely  
helpful

2. **How understanding did you find the therapists?**

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Not at all  
understanding

Extremely  
understanding

3. **Did you find the facilities were adequate?**

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Not at all  
adequate

Extremely  
adequate

4. **Did you feel the sessions (2 hours) were about the right length?**

Yes \_\_\_\_\_ Too long \_\_\_\_\_ Too short \_\_\_\_\_

5. **Did you feel the content of the program was about right for you?**

Yes \_\_\_\_\_ Too little \_\_\_\_\_ Too much \_\_\_\_\_

6. **Did you find having the sessions on a weekly basis worked for you?**

Yes \_\_\_\_\_ No \_\_\_\_\_ (if No, how often? \_\_\_\_\_)

7. **Did you find the homework was about right for you?**

Yes \_\_\_\_\_ Too little \_\_\_\_\_ Too much \_\_\_\_\_

8. **Any other comments/suggestions you would like to give us?**

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