

MY SUPPORT TEAM

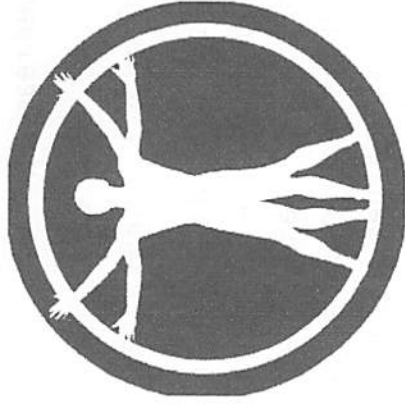
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WHAT YOU CAN DO ABOUT CHRONIC PAIN



NOTES

A GUIDEBOOK FOR PRACTITIONERS AND PATIENTS

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What is Chronic Pain, and does this apply to me?

Chronic Pain is a painful condition that has not begun to get better within 3 months of starting, or is not resolving as quickly as expected. The condition can be one that has a clear diagnosis, or one for which no diagnosis has been reached.

How would a Guidebook help ME?

There are certain strategies of managing chronic pain that apply to everyone. If there has been a thorough medical work-up, and there are no currently planned interventions such as surgery, epidural injection, etc. (and sometimes even when these are planned) these strategies will likely be helpful in better managing the pain problems for you and your health care team.

How to practice?

There will be several log or diary sheets at the end of this booklet. Use of these to record your efforts and the effects on you pain will be most helpful for both you and your healthcare team.

ABC METHOD		
ACTIVATING Event /Thought (Upset Feelings)	BELIEFS (Any Distortions?)	CONSEQUENCES (Upset Feeling or Behavioral Issue)

DISPUTES (More Realistic Thoughts)	EFFECTS (Improved Feelings / Different Outcome)

6. Jumping to Conclusions

This refers specifically to jumping to a negative conclusion that is not justified by the facts of the situation. Two types of jumping to conclusions are Mind Reading and Fortune Telling.

- A. **Mind Reading.** You assume you know why someone else does what he/ she does, and you don't bother to check it out. For example, you pass a coworker in the hallway and say "Hi!" He doesn't respond. You think "He must be upset with me. What did I do wrong?" When you check it out, you find that the coworker was preoccupied about a sick child he had just left at home.
- B. **Fortune telling.** You "know" that things will turn out badly. Given your bad luck, you predict it as an already established fact. For example, you wake up with a headache. You say, "Now my whole day is ruined."

7. Emotional Reasoning

This refers to taking your emotions as evidence for the truth. If you feel that something is right, then it must be true. For example, you find yourself thinking, "I feel useless. [Therefore] I am useless."

8. Labeling

This refers specifically to identifying a mistake or negative quality and then describing an entire situation or individual in terms of that quality. For example, instead of seeing yourself as an individual who has a pain problem, you find yourself saying, "I'm defective, imperfect, and good for nothing."

9. Personalization

This refers to taking responsibility for a negative event even when the circumstances are beyond your control. For example, you and your spouse go out to eat at a fancy restaurant, but the service and food are poor. You find yourself feeling responsible for making a bad choice and "ruining" your evening together.

10. Shoulds

These are attempts to motivate (or browbeat) yourself by saying things like, "I should know better," "I should go there," or "I must do that." Such statements set you up for feeling resentful and pressured. The also imply that you are complying with an external authority.

THE FIGHT OR FLIGHT RESPONSE

In our bodies, we have a powerful tool to deal with danger called the Fight or Flight Response.

This reaction to stress enabled humans to survive when the world was a more dangerous place. The specific events that happen in our body are:

- brain releases the chemical adrenaline
- heart beats more quickly
- you either hold your breath or shallow breathe more quickly
- muscles mildly tense up
- blood pools around vital organs by restricting blood flow to the hands and feet
- causes cooling / tingling of the extremities
- pupils of the eyes dilate
- sweat more for body cooling
- can have hair raising – like a cat!

While at one time this was a useful tool, now it often becomes activated at low levels (e.g., someone saying something that upsets you). Unlike in prehistoric times, we don't have 4 hours to unwind the effects of "Fight or Flight." Therefore, unless you do something actively, the effects can begin to build up in your system. Physical effects such as high blood pressure, heart disease, digestive problems, and some autoimmune disorders, and emotional effects of depression, anxiety, and some relationship problems are all thought to be related to chronic low-level stress. It becomes essential that you practice relaxation of some form, in addition to the regular routine of exercise in order to "undo" the effects of the Fight or Flight response.

POWERFUL INTERVENTION

If we were going to describe the MOST POWERFUL intervention, the thing that helps the most people, most of the time, it's MOST likely that would be the place you'd start. Right?

Power in this case comes from something quite subtle: something that may seem insignificant: Routine.

We have found that individuals with ongoing, chronic pain have most often let the pain dictate their lives to the point they've lost a "normal" routine. Therefore, to help get the pain back under control, we have to re-establish "Routine." What is involved in routine? All the other areas we will mention below: exercise, relaxation/meditation, socialization, medication use, changing negative thoughts, etc.



What is routine? It is the creation of a scheduled way of doing things, which is not affected by how you feel, by other things that happen, etc. For example, you may have an aerobic exercise routine of 20 minutes stationary bicycling. When you have a pain flare-up, it is essential that you not NOT exercise.

NEGATIVE THINKING

Many individuals with chronic pain have negative thinking styles which can increase pain. Look through these 10 styles to see which you do. You may want to figure out a system to create more neutral or positive thoughts. 10 Types of Cognitive Distortions:

1. All or Nothing Thinking

This refers to a tendency to evaluate personal qualities or situations in extreme, black or white categories. For example, before chronic pain, you used to play baseball on the weekends. Now you find yourself thinking, "If I can't play baseball, I can't enjoy the sport anymore." There is an apparent advantage to thinking in black-and-white, all-or-nothing terms. It is more predictable and creates the feeling that there is order in the world around you. This, in turn, should give you an edge to controlling your world. Unfortunately, it doesn't work. Uncertainty is all that we have. Living comfortably with uncertainty is possible, but it takes time.

2. Overgeneralization

This refers to the tendency to see a single negative event as a never-ending pattern of defeat. Given the preceding example, you might respond, "I'll never be able to enjoy anything anymore." Misery does love company, but globalizing misfortune in this way creates an exaggerated sense of rejection and loneliness.

3. Mental Filtering

This refers to the tendency to dwell exclusively on a single negative event, perceiving the whole situation as negative. For example, you're preparing brunch for friends and discover that you do not have an essential ingredient to make a dish you were planning to include. All you can think of is how the whole brunch will be ruined. It gives you indigestion.

4. Discounting the Positive

This refers to the tendency to take neutral or positive experiences and turn the focus onto the negative. For example, a friend comes over and tells you that you look great. Your immediate thought is this: "I don't feel great. She doesn't understand me." Maybe not, but try a simple "thank you" first. Maybe you don't look as bad as you feel!

5. Magnification and Minimization

In magnification, you exaggerate the importance of a negative event or mistake. If, for example, you experience a flare-up in your pain, you find yourself saying, "I can't stand this! I can't take this anymore." As a matter of fact, however, you can. You may not want to, and that's okay, but you can take it. In minimization, conversely, you take positive personal qualities or events and deny them their importance. For example, a when a family member comments on how nice it is to see you at a family outing, and you reply, "A lot of good it does if I can't participate in the activities."

PURPOSE

Purpose is the act of doing something with positive, meaningful outcome. While some of us would not say our work provides this, for most individuals, work is a purposeful routine. Other areas of purpose to think of are school and volunteering. If you are at a state in which you can no longer work or are retired, it is essential that you have some purposeful activity to help distract you from pain, and to provide something more important and meaningful to focus upon. We usually recommend volunteering just 2 hours, 2x per week. At that level, you can pace yourselves to get other needs (exercise, relaxation and chores) all done without exhausting yourself. If you are returning to work, you may need to pace yourself as well. Discuss with your health care provider how you can successfully get a work routine established again.

Instead, keeping the routine, you've established, you cut back the amount of time, and stationary bicycle for 5 or even just 2 minutes, so you've maintained the routine. Then, when you're feeling better tomorrow, it's not as difficult to get back into the routine.

As mentioned above, there are specific routines that people who have ongoing, chronic pain have to keep that other people don't. For example, some people can exercise 3 times a week, and stay in shape. People with chronic pain usually must exercise 5-7 days per week, but at lower intensity to develop conditioning and the extra energy/endurance to do what's necessary. While many people can multitask, people with chronic pain need to plan and pace their activities better, and take time out for relaxing muscles and clearing their minds throughout the day. While negative thinking strikes everyone sometimes, the irritability and negative thinking that accompanies ongoing pain takes extra practice to work against.

EXERCISE



The 1st routine we're going to discuss is exercise. Many people with ongoing pain tell us, "How can I exercise when I'm hurting all the time?"

First, we need to make sure you are safe. This requires that your practitioner tell you it is SAFE to do mild exercise. That is, even though you may hurt, you are not doing any "damage" with exercise [Hurt ≠ Harm]. If you wait until you "feel better" to exercise, it will never happen. Therefore, we should create a simple enough exercise plan that you can begin **NOW**, that will lead to future **SUCCESS**.

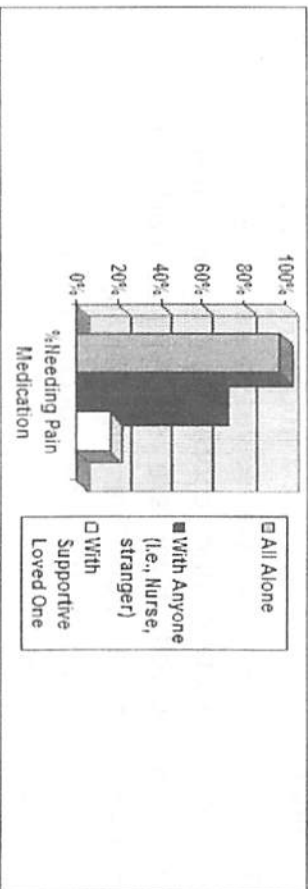
We find that individuals with chronic pain often overestimate how much they can ("should") do. Then, they create a pain flare-up and stop completely, undoing the "routine" we so much need. We need you to start so simply that you can keep up these exercises, even on a bad day – although you may need to cut down the intensity on those days.

Kinds of exercise: There are 3 major kinds of exercise: Aerobic conditioning, Stretching and Strengthening. We have found that for individuals with severe problems of pain, it is best to leave the 3rd area, until other routines are well established. Then, adding strengthening; you will help the other areas progress more quickly.

SOCIAL CONTACT & PURPOSE

What is "Social Contact"? Isn't that something you were told to avoid for fear of disease? Seriously, when people have Chronic Pain, most often they begin to withdraw for fear they will bring others down with their pain, or others have distanced themselves. We know that socialization is important in managing pain. There was one study of about 10,000 pregnant women and medications require for their delivery.

See the chart below:



What does that mean for you? It means we need you to be connected with others-outside your family-on an ongoing basis. An example of this is a group. If you were interested in reading, and the local bookstore had a reading club. Then, all members read one book per month. When you gather to review the book, on a good day, you could talk a lot. On a "bad day" you could say less but just "be there." This is the kind of regular (more than monthly, less than multiple times a week) socialization we mean.

RELAXATION EXERCISES

How you set up these exercises will make them successful.

1st get a quiet place where you won't be disturbed for a few minutes.

2nd sit in the most comfortable position you can.

3rd don't expect the effects to be immense, or to be nothing - it will likely be somewhere in between and will change with practice.

A **relaxation** exercise to begin with is muscle relaxation. Focus your mind on your forehead. As you breathe in, try to gather all the tension across your forehead so that when you release your breath, you release the tension in that muscle group. Then, move to your eyes and temples. Next, your nose and cheeks, then your jaw & chin. Remember there are more muscles in your face than the whole rest of your body. Progressively moving down the body, focus next on your shoulders, as you breathe out, let your shoulders loosen and fall more relaxed than usual. Then, your upper arms & chest, lower arms & belly, and your hands. Then, your mind focuses on your hips, thigh & calf muscles, ankles and feet. You may use a visual image of your body being filled with sand, like a sandbag.

As you focus on each muscle group, and breathe out the tension, imagine all the sand falling out of that area, leaving it loose and limp. Notice the effect on your mind and body as you practice this, perhaps writing it down (see Relaxation Log).

There are 2 simple kinds of **meditation** you can begin with, preferring one, or trading off between them. First is an exercise to try and focus on a specific thing or word. For example, Dr. Benson in The Relaxation Response suggests using the number "1." Focus your mind on that word or object as you take each breath in, and as you exhale each breath. Notice what happens in your mind & body as you do this. The other exercise is to try & Clear your mind of all thought, and just focus on your breathing. Then, you notice where, your mind goes, what kinds of things you begin thinking of.

Aerobic conditioning can be done with walking, stationary bicycling, water walking etc. Three things to keep in mind: It has to be accessible enough you can do this **REGULARLY**; it has to be continuous; and you have to create success in meeting initial goals. We often recommend walking because it requires no equipment, no driving to get there, etc. However, a stationary bike from Goodwill (with no tension, just pedals that turn), or a nearby pool are ideal. You can even use more than one type of exercise, giving variety to different days of the week. We have people start walking or biking for 5 minutes (e.g., 2½ minutes out from the front door, 2½ minutes back) - sometimes as low as 2 minutes total. Then, we'll have them add 10% per week if doing this on their own, or perhaps more if doing this in group format (e.g., 1 minute more per day) until a goal level is reached (e.g., 20 minutes per day of walking).

Specific stretches are usually given by a physical therapist, to help you establish a routine. However, remember we are not trying to just work on the area of injury alone, but stretches for your entire body. (Remember "the hip bone is connected to the thigh bone", etc.).

A good starting point may be Bob Anderson's Stretching book, available at most bookstores.

Typically, we encourage **10-20** minutes stretching each day, in addition to the aerobic activity mentioned above.



RECORD KEEPING

A Diary or Log is the best way to give yourself or others feedback about how your change process is going. We have included many Logs for your use in this booklet. You may copy them, to use on a daily or weekly basis.

	TIME DONE AM	PRE-STRESS LEVEL (1-9)	POST-STRESS LEVEL (1-9)		TIME DONE PM	PRE-STRESS LEVEL (1-9)	POST-STRESS LEVEL (1-9)
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							

RELAXATION

Review Relaxation exercises are now known to be quite powerful aids to improving Chronic Pain. While formal scientific review of relaxation and meditation/prayer have only begun in the last 35 years, use of these methods in association with Yoga and Tai Chi exercise has gone on for thousands of years. The purpose of relaxation is twofold: First, when we have stress, our muscles tighten up in response (see The Fight or Flight Syndrome). Unless you do something to counteract it, this increased muscle tension will increase already existing levels of pain. Second, certain relaxation and medication exercises (as well as prayer) will focus your attention on something other than pain, and serve as a distraction.

The foundation of all relaxation exercise is Diaphragmatic or Belly Breathing. Simply put, when you breathe in, your belly should fill like a little round balloon, yet your chest and shoulders will not move much at all. When you release the air, your belly will fall to normal. We all used Belly Breathing when we were children, but as adult stresses increased, we tend to hold our breath or take more shallow, chest based breaths. It is essential to undo this pattern. Therefore, if you checked your own breathing, and found you are not doing belly breathing, see if you can force yourself to breathe into your belly. If so, you will likely need to practice this 20 times per day for 1 or 2 weeks, until the "habit" can resume. Once in place, you can keep it there easily without much re-checking. If you can't get yourself to breathe there, you may want to get someone else to see if they can help with this, or to just try the relaxation exercises without (but they work best with Belly Breathing).

MEDICATION DIARY

Please fill out this sheet for 7 days. Record the time of day you take each pain related medication, the milligrams (mg), and the number of pills you take each time you take a medicine. Note other self-management strategies (e.g., relaxation/ meditation; exercise; stretching; thought changes, pleasure and comfort activities) used prior to taking the medicines you list. List any "over the counter" drugs you take such

as aspirin, Tylenol, etc. Also, list homeopathic medicines and nutritional supplements that you take to control pain. Rate your pain during the **30-minute period prior to taking medication and 30-minutes after taking medication**, using a scale of 0-10, where 0=None and 10=Unbearable pain. Bring this information to the next medical appointment; We will use it to plan possible changes in medication. If you run out of space, you could re-write medications on a second sheet.

	Time AM or PM	Medication Name	# mgs or # of pills	Other Methods Used	Pre- pain level (0- 10)	Post- pain level (0- 10)
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

PACING WORKSHEET

Review activities during the day. Start with your "baseline" pain level. List the number of minutes you engage in each activity before your pain sensation increases by 1-2 points ("uptime"). Then change activities for long enough to allow the pain sensation to decrease to baseline, and note the number of minutes this takes ("downtime"). Reassess your levels monthly, to see if you are increasing your endurance, or just planning your uptime well.

Base pain (0-10)	Activity during uptime	Uptime minutes	Downtime minutes	Activity during downtime

EXERCISE LOG

	TIME DONE AM/PM	TYPE(S) OF EXERCISE	DURATION OF EXERCISE	STRETCH BEFORE?	STRETCH AFTER?
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

Pain Diary

Monday						
	Describe Situation	Sensation (0-10)	Describe Sensation	Distress (0-10)	Describe Distress	Action taken (or medications)
Time 1						
Time 2						
Time 3						

Tuesday						
	Describe Situation	Sensation (0-10)	Describe Sensation	Distress (0-10)	Describe Distress	Action taken (or medications)
Time 1						
Time 2						
Time 3						

Wednesday						
	Describe Situation	Sensation (0-10)	Describe Sensation	Distress (0-10)	Describe Distress	Action taken (or medications)
Time 1						
Time 2						
Time 3						

Thursday						
	Describe Situation	Sensation (0-10)	Describe Sensation	Distress (0-10)	Describe Distress	Action taken (or medications)
Time 1						
Time 2						
Time 3						

Friday						
	Describe Situation	Sensation (0-10)	Describe Sensation	Distress (0-10)	Describe Distress	Action taken (or medications)
Time 1						
Time 2						
Time 3						

Saturday						
	Describe Situation	Sensation (0-10)	Describe Sensation	Distress (0-10)	Describe Distress	Action taken (or medications)
Time 1						
Time 2						
Time 3						

Sunday						
	Describe Situation	Sensation (0-10)	Describe Sensation	Distress (0-10)	Describe Distress	Action taken (or medications)
Time 1						
Time 2						
Time 3						