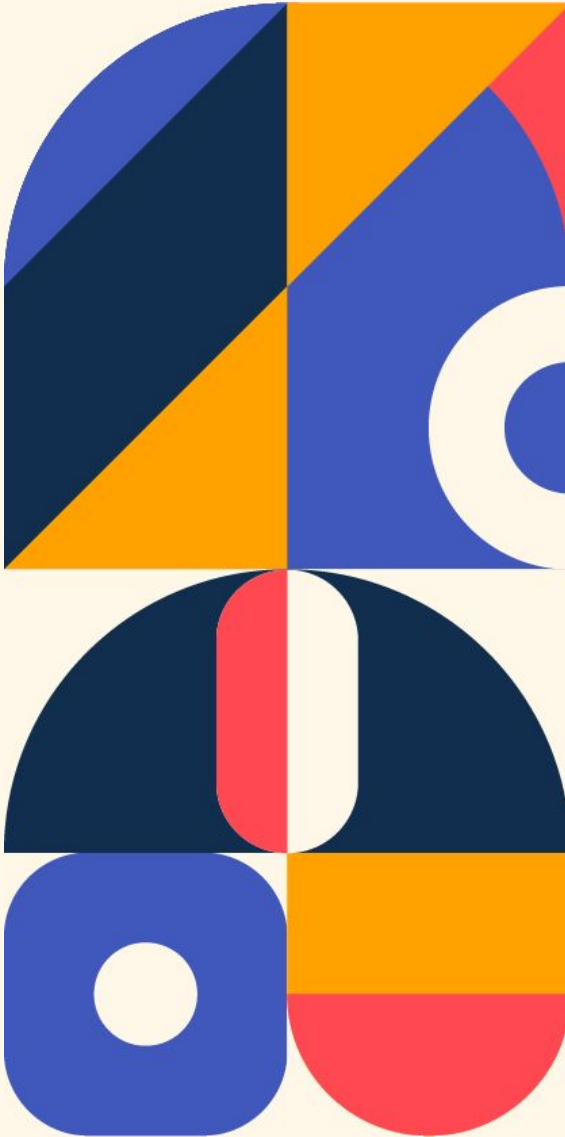


**LC  
AP**

**London Centre for  
Applied Psychology**

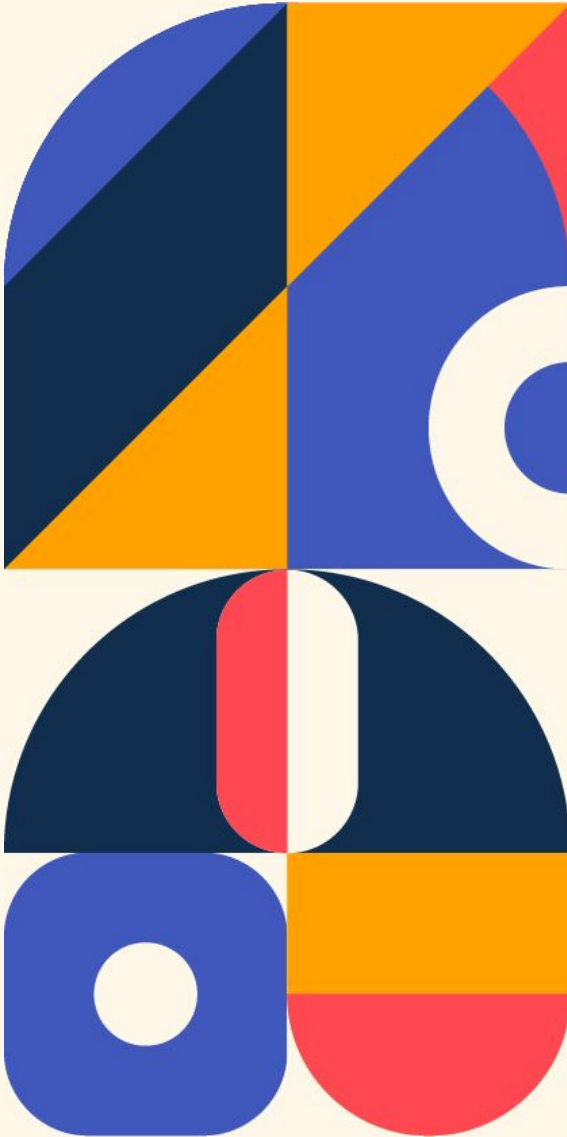
**Managing Chronic Pain**

**Part One**



# What we'll cover in Part One

- 1 What is chronic pain? How does it differ from acute pain?
- 2 Your relationship with your pain
- 3 The bio-psycho-social model
- 4 Goals and pacing



# What we'll cover in Part Two

- 1 Biological management
- 2 Psychological management
- 3 Social management
- 4 Resources







# Let's start with some principles...

We are **not** seeking to eliminate pain.

We are working to **accept** the pain  
(and its genuine impact).

We are going to help you become more  
active in **managing** the impact of your  
pain so it dominates your life less, so  
that you feel more content and in  
control of your life.





“The central shift is from a focus on **what** you think and feel to **how do you relate** to what you think and feel. Specifically, the new emphasis is on learning to step back from what you are thinking, notice it, and **open up** to what you are experiencing. These steps keep us from doing the damage to ourselves that efforts to **avoid or control** our thoughts or feelings inflict, allowing us to focus our energies on **taking the positive actions** that can alleviate our suffering.”

Steven C. Hayes

# Chronic pain negative cycle



# Chronic pain positive cycle



## This is Sam.....



Sam had a bicycle accident five years ago that left him with severe pain in his lower back and one shoulder. He's in his mid-30s, has a good relationship with his partner, Daniel, but is struggling to continue with his work as a teacher, and thinks he might have to find another career. He takes medication on an almost daily basis to manage his pain and sometimes to help him sleep. He wants his pain to be fixed, and has tried numerous treatments like acupuncture and massage, with little long term benefit. He is hiding his anxieties about the future from Daniel, despite their good relationship.

# Sam's negative cycle



1. What is **chronic pain**? How does it differ from acute pain?

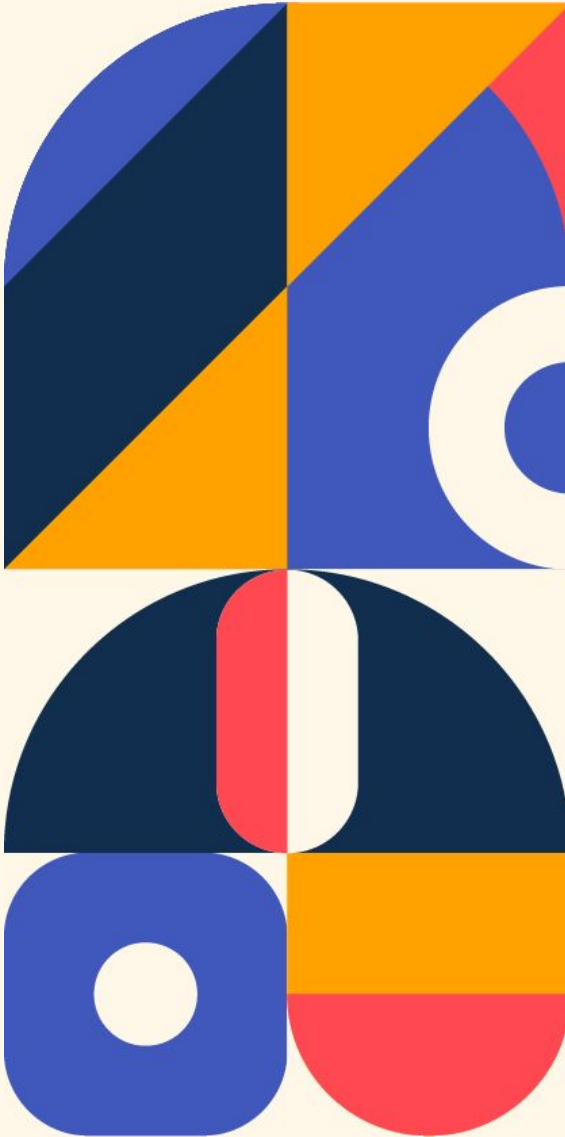


# What is pain?

“The sensation of acute physical hurt or discomfort **caused** by injury, illness etc.”

# What is pain?

Pain occurs when the brain is protecting us from certain types of information.



## Acute pain

Short term.

Serves a purpose. There really is damage to that part of your body.

The brain turns the pain off.

Focus on treatment.

## Chronic pain

Long term.

You can't "fix it". Focus on management.

The brain struggles to turn the volume down on the pain despite the trigger stopping.

Rest is usually unhelpful.

## **2. Your relationship with your pain.**

How much does your pain control your life?





# Some questions to get you started

What helps ease your pain?

What times of day/week is your pain worse?

What does the pain stop you doing?

Does your pain affect your mood and stress levels? What about the other way around?

Do you take pain relief medication?  
Does it help?

What do you **tell**  
**yourself** about your  
pain?

# Chronic pain negative cycle



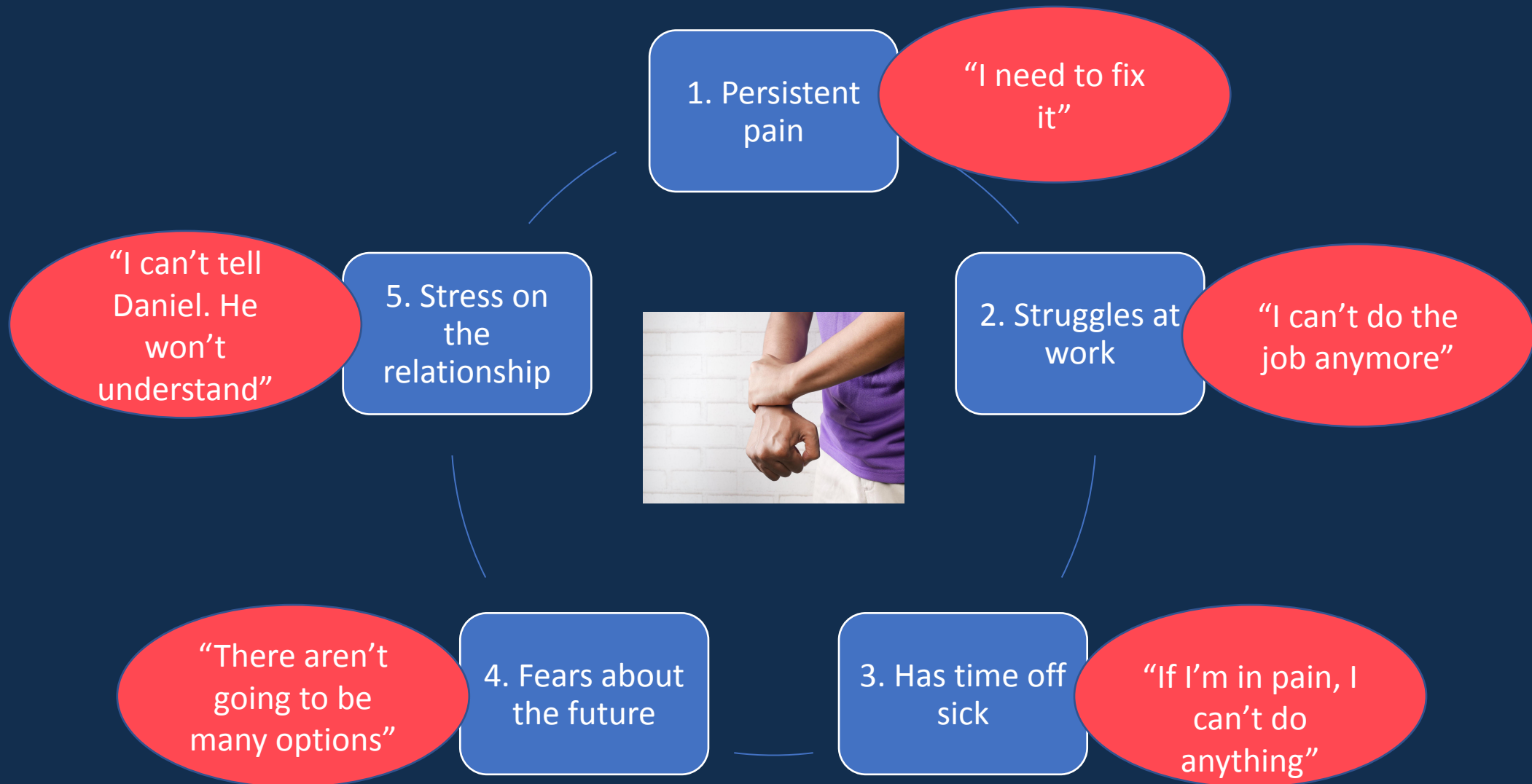


## This is Sam.....



Sam had a bicycle accident five years ago that left him with severe pain in his lower back and one shoulder. He's in his mid-30s, has a good relationship with his partner, Daniel, but is struggling to continue with his work as a teacher, and thinks he might have to find another career. He takes medication on an almost daily basis to manage his pain and sometimes to help him sleep. He wants his pain to be fixed, and has tried numerous treatments like acupuncture and massage, with little long term benefit. He is hiding his anxieties about the future from Daniel, despite their good relationship.

# One of Sam's negative cycles



In what **ways** does your  
pain affect your life?

# **3. The biopsychosocial model.**



## Biological

Sensations in the  
body

Types of pain

Limitation in  
movement

## Psychological

Thoughts – “I can’t  
do that anymore”.

Emotions/feelings –  
anxiety/low mood

Behaviours – what I  
do or don’t do

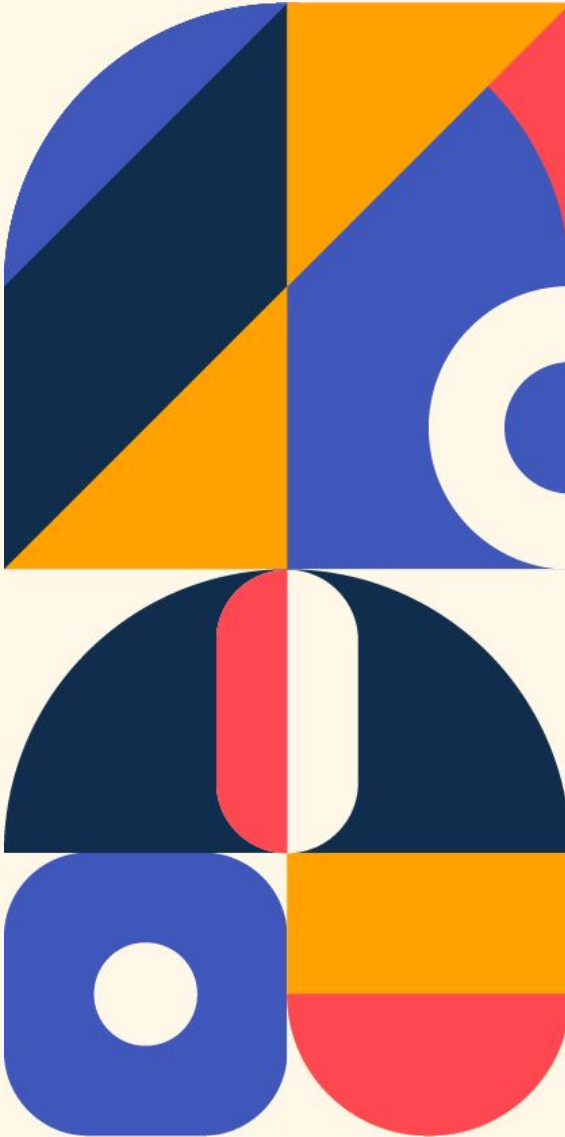
## Social

Work

Relationships

Money

Hobbies/activities



## Biological

I cry a lot.

When I move, the  
pain is immense.

I struggle to sleep.

I'm regularly  
constipated.

## Psychological

I am a coward.

I'm hopeless.

Others are bored of  
my moaning.

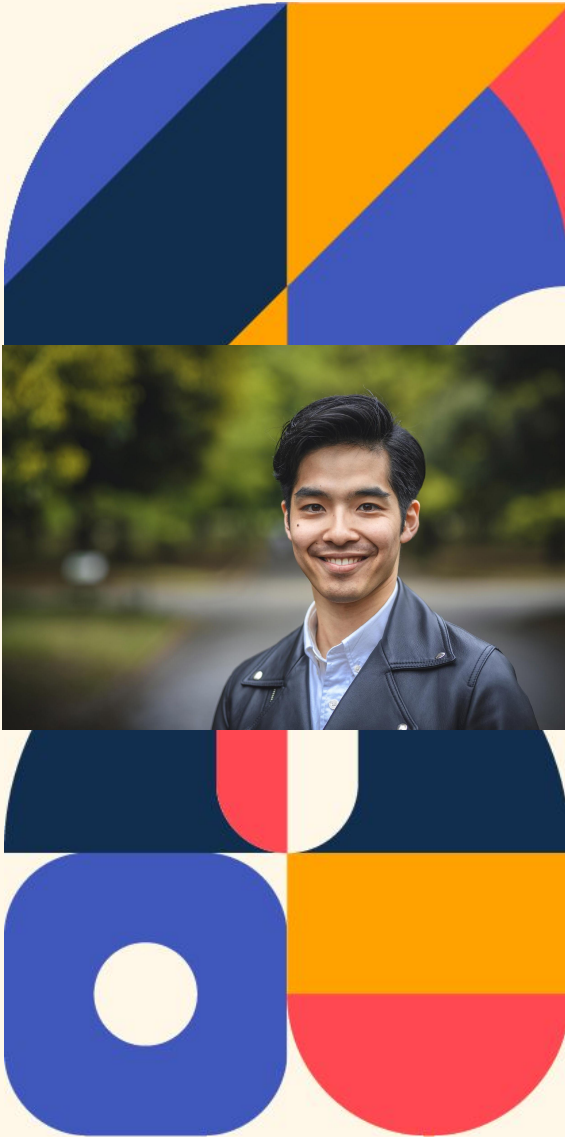
My pain has beaten  
me.

## Social

I don't do much for  
myself now.

I used to love to go out  
with my friends.

I've lost my job. I don't  
make as much money  
as I used to.



## Biological

The pain keeps me awake.

I've tried lots of different pain interventions – painkillers, massage, acupuncture – and nothing cures it.

## Psychological

I'm scared of losing my job.

The fear is making me stressed and anxious.

## Social

I don't feel I can talk to my partner about my worries.

I don't have the energy to see my friends.

I'm worried about money.

# 4. Goals and pacing



# SMART objectives

**S** – Specific and Stretching

**M** – Measurable

**A** – Achievable and Agreed

**R** – Relevant

**T** – Time-Bound, Tied To Values

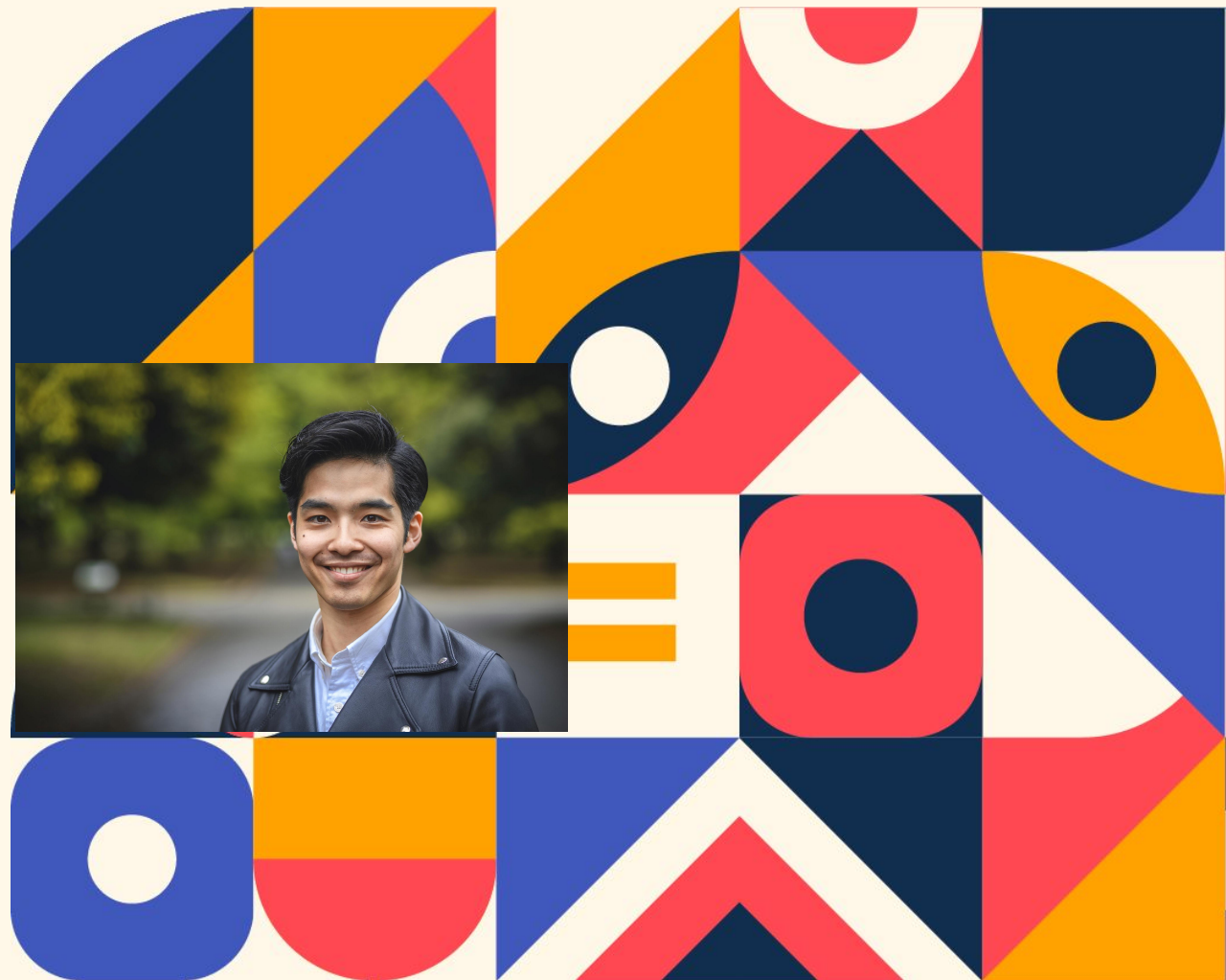


# Sam's SMART objectives

I want to talk to my boss about the impact of my pain, at the end of the month, so they understand what adjustments we need to make.

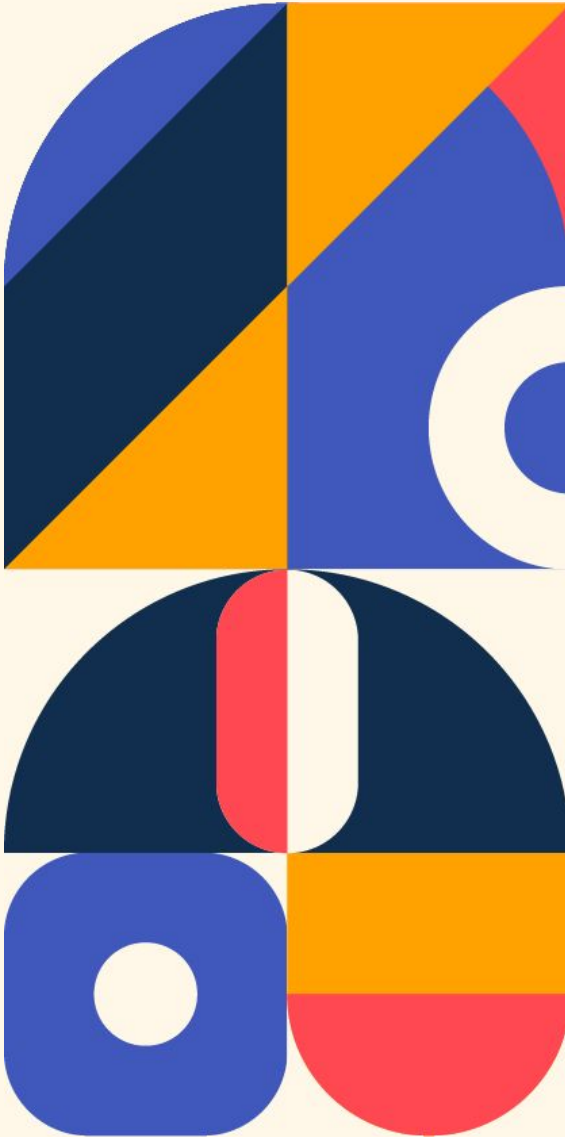
I'm going to ask Daniel if we could have a regular Sunday night check-in together to talk about how my pain has affected my week, and to plan for the week ahead.

I'm going to find a physical therapist who specialises in chronic pain, by the end of the month, so that I can work with someone who understands better how I can manage the physical affects of my pain.



**Which two or three problems do you really want or need to change starting **now**?**

**What are your **SMART objectives** relating to make the change happen on those two or three problems?**



# Recap of Part One

1

With chronic pain, we are focusing on management and acceptance, not treatment. This is not the same as fatalism or defeat. We're looking to focus on realistic, hopeful change.

2

This might require a shift in your relationship with your pain, and how you think about it.

3

Then you can make use of SMART goals in bio/psycho/social areas of your life.

**How do you feel at the end of Part One?**

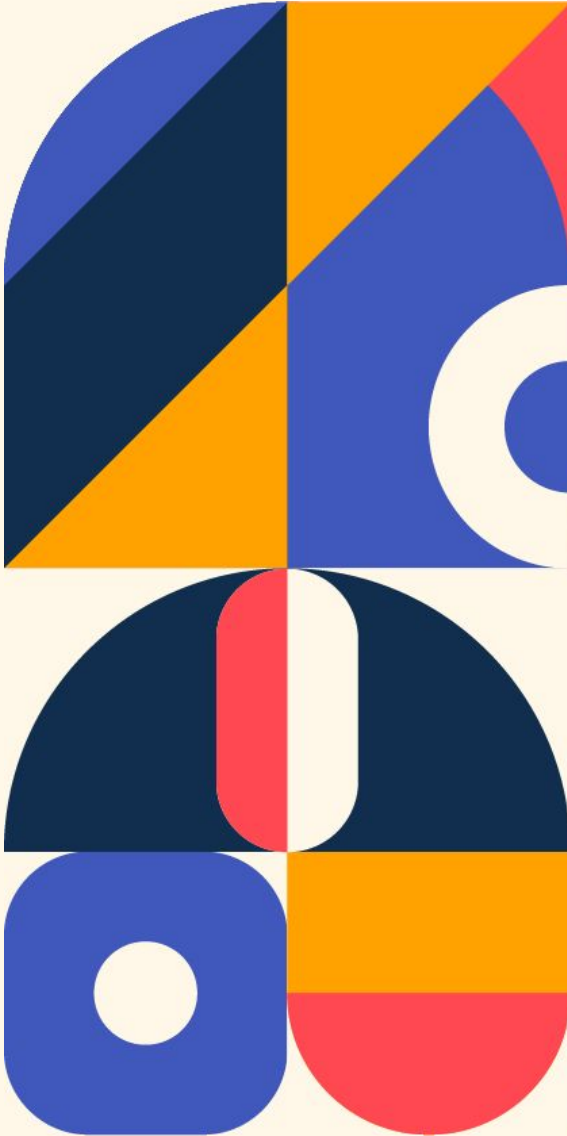
**Open to how you'll put this into practice? Still  
sceptical?**

**LC  
AP**

**London Centre for  
Applied Psychology**

**Managing Chronic Pain**

**Part Two**



# What we'll cover in Part Two

- 1 Bio
- 2 Psycho
- 3 Social
- 4 Resources

# A reminder of our principles...

We are **not** seeking to eliminate pain.

We are working to **accept** the pain  
(and its genuine impact).

We are going to help you become more  
active in **managing** the impact of your  
pain so it dominates your life less, so  
that you feel more content and in  
control of your life.





**Which two or three problems do you really want or need to change starting **now**?**

**What are your **SMART objectives** relating to make the change happen on those two or three problems?**

# 5. Bio(logical)







# Biological support

- Manual therapy – stretching, manipulation and mobilisation
- TENs – transcutaneous electrical nerve stimulation
- Painkillers – keep a record of what works for you, and side effects.
- Injections – local anaesthetic mixed with an opioid; spinal injections for sciatica.
- Intrathecal pumps and spinal cord stimulators.
- Exercise – pacing! It's perfectly normal to get mild muscle and joint aches after exercise.



# Make it easy...

If you go five miles, you're likely only going to the gym once a month. If your gym is three and a half miles away, you're going five times a month.

People who go to the gym because they feel guilty if they don't go form habits less successfully than those who go to the gym because they **enjoy** it.

# ...and something you enjoy.



Has your physical activity today been too  
**easy**, too **hard**, or **just right**?

A horizontal Likert scale with five points, numbered 01 to 05. Above each number is a circular emoji icon. A horizontal bar with a color gradient from green to red spans the width of the scale, with segments corresponding to each point. The gradient starts green at 01, transitions to light green at 02, yellow at 03, orange at 04, and red at 05.

Point	Emoji	Color
01	Happy face	Green
02	Slightly happy face	Light Green
03	Neutral face	Yellow
04	Slightly sad face	Orange
05	Sad face	Red

# My activity diary

Use this in conjunction with *Pacing* – a really useful skill for people with pain from My Live Well with Pain



Time	Activity	How many minutes did you do?
8am	Shower Got dressed Made me and Anne some breakfast	10 5 20
9am	Washed the dishes and tidied the kitchen	25
10am	Sat with Anne and had a coffee and a chat Sat in kitchen and wrote a shopping list	45 15

Has your physical activity today been too  
**easy**, too **hard**, or **just right**?

A horizontal Likert scale with five points, numbered 01 to 05. Above each number is a circular emoji icon. A horizontal bar with a color gradient from green to red spans the width of the scale, with segments corresponding to each point.

Point	Emoji	Color
01	Happy face	Green
02	Slightly happy face	Light Green
03	Neutral face	Yellow
04	Slightly sad face	Orange
05	Sad face	Red



Activity	On a good day	On a bad day	On an average day	Number of times	Effort scale
Walking	15 mins	5 mins	10 mins	3	3
Stretching	30 mins	10 mins	20 mins	2	2
Cooking (while standing)	45 mins	15 mins	30 mins	1	4
Lying down for a rest	10 mins	30 mins to 1 hour	20 mins	1	1



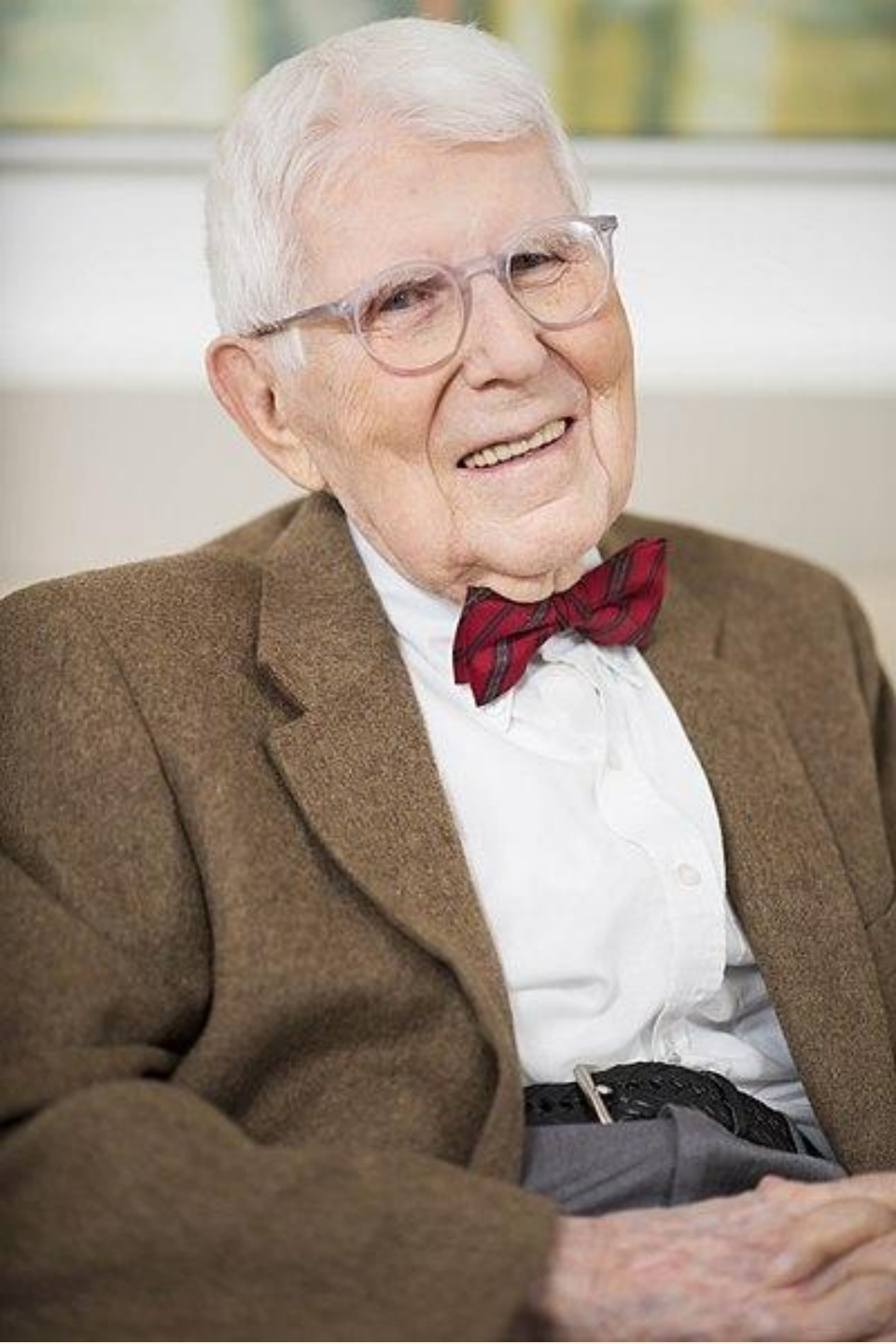
Sam has developed an activity planner, especially to remind him to be active on bad days. He will focus on low effort activities on bad days – like stretching and some easy cooking. On average and good days, he will incorporate more stretching and some gentle running.

**How will you include good pacing in your daily and weekly activities to manage your pain?**

**Are you someone who pushes too hard on a good day? Are you someone who takes it too easy on a bad day?**

**Would an activity planner be helpful?**

# 6. Psycho(logical)



**“By correcting erroneous  
beliefs we can lower excessive  
reactions.”**

Aaron T. Beck



## 1. POLARIZED THINKING

When you have an "All-or-Nothing," or "Black and White" thinking pattern. Desire to be perfect or you are a complete failure.



## 2. MENTAL FILTERING

### NEGATIVE MENTAL FILTERING

Focuses on negatives of a situation and filters out positives. Negative details are magnified.

### DISQUALIFYING THE POSITIVE

Acknowledges positives but refuses to accept it. Finds excuses to turn it into a negative one.



## 3. OVERGENERALIZATION

Focuses on a single event and makes a conclusion based on a single piece of negative evidence. Incorrectly conclude all similar events going forward will result in the same negative experience.



## 4. JUMPING TO CONCLUSIONS

### MIND READING

Know what others are thinking. Assumptions of their intentions occur with no evidence.

### FORTUNE TELLING

Make conclusions and predictions with no evidence and can have negative outcomes.



## 5. CATASTROPHIZING

### MAGNIFICATION

Over exaggeration, which leads to worries escalating to the worst-case scenario.

### MINIMIZATION

Minimizing positive experiences. The importance of positive qualities is diminished.



## 6. PERSONALIZATION

Takes things personally, which causes a direct and personal reaction to what others do or say, even if it is unrelated. Assuming you have been intentionally excluded or targeted.



## 7. BLAMING

Blaming others, playing a victim role, and holding others responsible for their pain. Blame is external rather than blaming themselves or taking some responsibility.

Emotional reasoning - taking one's emotions as evidence of truth.

"Should" statements reflect our (often unreasonable) standards.

Labeling and mislabeling - "I am hopeless" or "I am stupid".

**Which of these cognitive distortions do you  
fall prey to, in relation to **your pain**?**



## TEN WAYS TO UNTWIST YOUR THINKING

1.	<b>Identify the Distortion</b>	Write down your negative thoughts so you can see which of the ten cognitive distortions you're involved in. This will make it easier to think about the problem in a more positive and realistic way.
2.	<b>Examine the Evidence</b>	Instead of assuming that your negative thought is true, examine the actual evidence for it. For example, if you feel that you never do anything right, you could list several things you have done successfully.
3.	<b>The Double-Standard Method</b>	Instead of putting yourself down in a harsh, condemning way, talk to yourself in the same compassionate way you would talk to a friend with a similar problem.
4.	<b>The Experimental Technique</b>	Do an experiment to test the validity of your negative thought. For example, if, during the episode of panic, you become terrified that you're about to die of a heart attack, you could jog or run up and down several flights of stairs. This will prove that your heart is healthy and strong.
5.	<b>Thinking in Shades of Grey</b>	Although this method might sound drab, the effects can be illuminating. Instead of thinking about your problems in all-or-nothing extremes, evaluate things on a range of 0 to 100. When things don't work out as well as you hoped, think about the experience as a partial success rather than a complete failure. See what you can learn from the situation.
6.	<b>The Survey Method</b>	Ask people questions to find out if your thoughts and attitudes are realistic. For example, if you believe that public speaking anxiety is abnormal and shameful, ask several friends if they ever felt nervous before they gave a talk.
7.	<b>Define Terms</b>	When you label yourself "inferior" or "a fool" or "a loser," ask, "What is the definition of a 'fool'?" You will feel better when you see that there is no such thing as a "fool" or a "loser."
8.	<b>The Semantic Method</b>	Simply substitute language that is less colorful and emotionally loaded. This method is helpful for "should statements." Instead of telling yourself "I shouldn't have made that mistake," you can say, "It would be better if I hadn't made that mistake."
9.	<b>Re-attribution</b>	Instead of automatically assuming that you are "bad" and blaming yourself entirely for a problem, think about the many factors that may have contributed to it. Focus on solving the problem instead of using up all your energy blaming yourself and feeling guilty.
10.	<b>Cost-Benefit Analysis</b>	List the advantages and disadvantages of a feeling (like getting angry when your plane is late), a negative thought (like "No matter how hard I try, I always screw up"), or a behavior pattern (like overeating and lying around in bed when you're depressed). You can also use the Cost-Benefit Analysis to modify a self-defeating belief such as, "I must always try to be perfect."

Which of these ways of untwisting your thinking about **your pain** resonate with you, and that you'd like to commit to try?

# Challenging negative thoughts - tools

**Thought journal** – record the thought. Stand outside the thought.

- Is there an event that caused a feeling, that led to a behaviour?
- What was the thought that shaped the interpretation of that event, that shaped the feeling?
- The **downward arrow** technique to get to the root thought/belief. “Which means that...”

I believe my pain will not change.



If I exercise, even moderately, I'll make my pain worse.



I'm going to get fat and that will make my pain even worse.



No-one will find me attractive.



I'll be alone for the rest of my life.

# Challenging negative thoughts - tools

**Breaking the pattern.** What's the evidence? What are the errors in thinking?

**Change the script** - is there a potential positive that isn't patronising and is based in evidence?.

Notice the impact of the **new** thought/belief on behaviours/actions.

How might **you** construct a  
thought journal?

# Thought Record

Situation	Thoughts	Emotions	Behaviors	Alternate Thought



# CBT Thought Record

Where were you?	Emotion or feeling	Negative automatic thought	Evidence that supports the thought	Evidence that does not support the thought	Alternative thought	Emotion or feeling
<p>Where were you? What were you doing? Who were you with?</p>	<p>Emotions can be described with one word, E.g.: angry, sad, scared Rate 0-100%</p>	<p>What thoughts were going through your mind? What memories or images were in my mind?</p>	<p>What facts support the truthfulness of this thought or image?</p>	<p>What experiences indicate that this thought is not completely true all of the time? If my best friend had this thought what would I tell them? Are there any small experiences which contradict this thought? Could I be jumping to conclusions?</p>	<p>Write a new thought which takes into account the evidence for and against the original thought</p>	<p>How do you feel about the situation now? Rate 0 - 100%</p>

# Mindfulness in everyday life

- Attention **is** your life. Make sure you're using your attention well.
- Taking shower. Eating. Having sex. Properly paying attention when you're talking to your partner.
- Doesn't this go against being **goal-based**? No. You can't multi-task. If you're planning for a future goal, concentrate on that planning. Accepting things as they are makes it **more** likely your plans will be realistic and evidence-based.











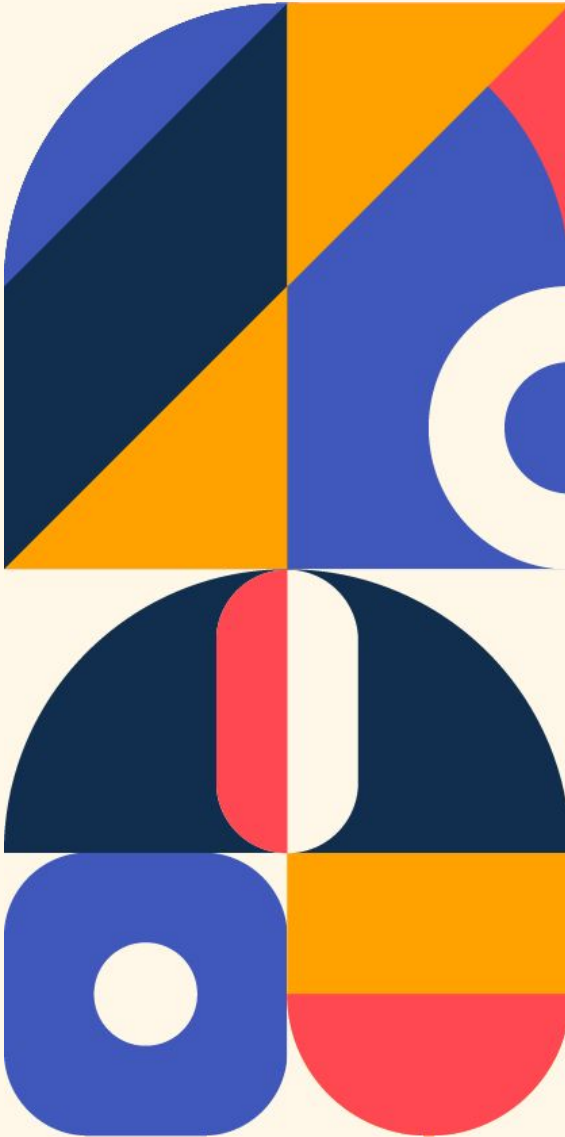
Sam used a thought journal to identify and then challenge his cognitive distortions. He is particularly concentrating on “I cannot work at all, and will lose my job”. He is working with Daniel, his partner, to identify where the grey area might be in this black and white thinking. For example, is there a way he can work with his employer to identify some adjustments at work? He is incorporating a daily short meditation exercise into his activity planner.

**Which of these  
psychological tools will you  
use to meet your SMART  
goals?**

# 7. Social



**“Just Do It, *Anyway*”**



# “Just Do It, Anyway”

Get started, but pacing, pacing, pacing!

- “I’ll start slow, and often rather than go big but get too tired.”

Plan, and prepare for setbacks

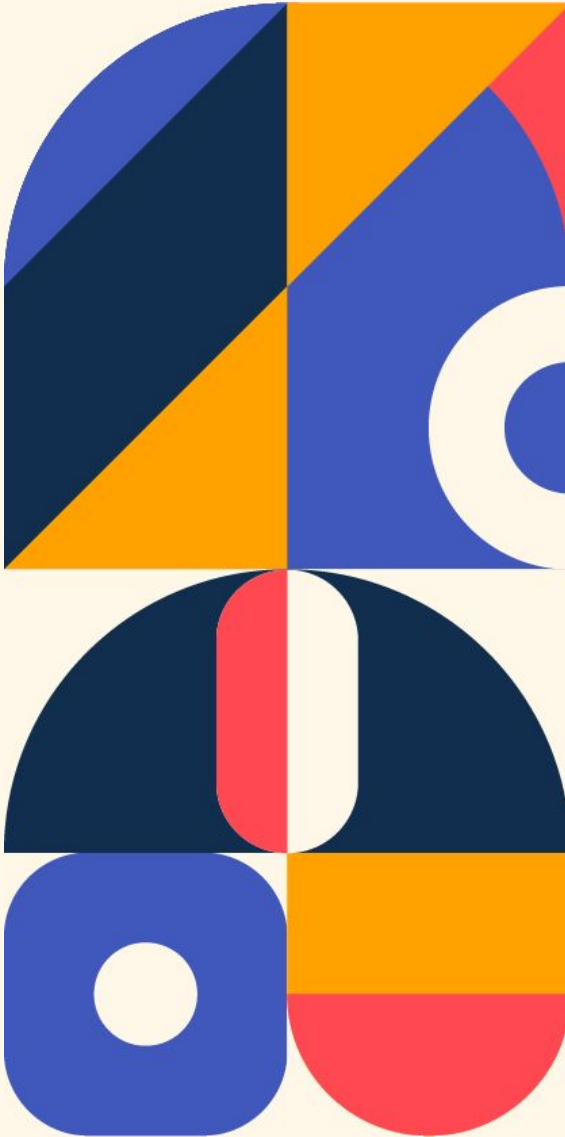
- “I know what I need to do and when. I won’t let it get to me too much if today is worse than yesterday. I know how to bounce back.”

Set reminders.

- “Even if I forget, my phone will remind me.”

Reward yourself.

- “I did what I said I would do. Time for that TV show I love...”



# “Just Do It, Anyway”

Accept it's not going to be perfect. Or fun.

- “I’m not doing this for it to be fun. It’ll be what it’ll be. It’ll help in the long run.”

Re-settle if you get distracted.

- “Argh. I’m on social media again. That’s OK. It happens. Time to re-focus.”

Don’t pursue the negative thoughts. Let them be.

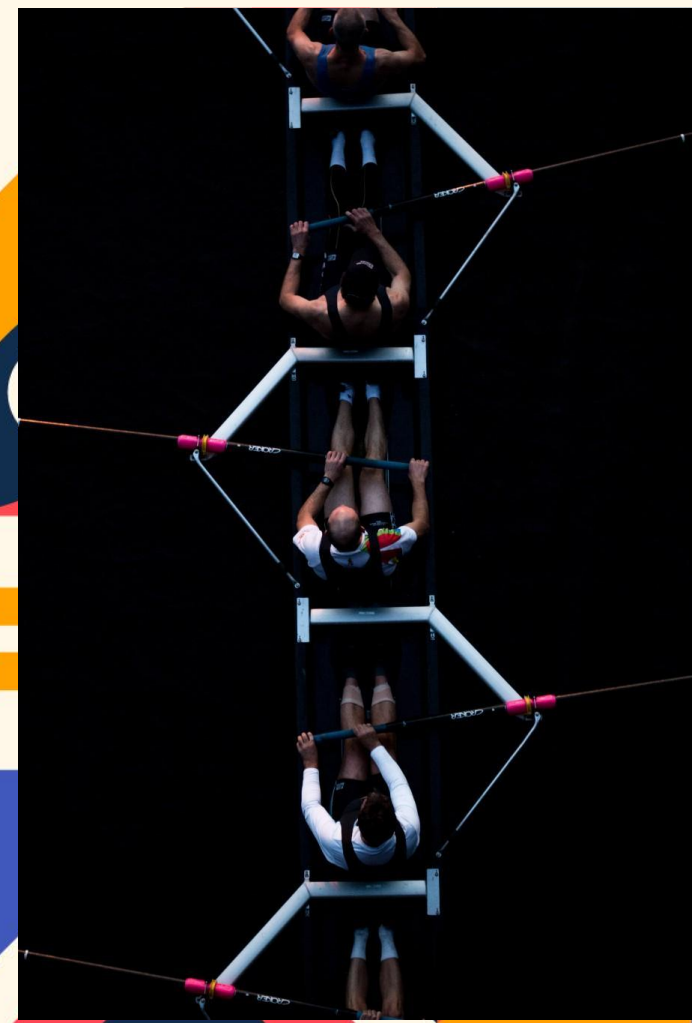
- “There’s a part of me that wants to give in to the pain. That’s OK – I understand that impulse. Let’s get back to it.”

# What is your support team?

Obvious support – friends, family, partners, colleagues.

**Less obvious support** – psychologists, physical therapists, GP, personal trainers.

“Who is on **my team**?”



# Setback plans

Challenge your thinking on bad days.  
Is this a blip or a trend?

Prepare for bad days. What's going to  
help you rebound?

Try to take a mindful approach. "I am  
in more pain than usual today. I will  
see what tomorrow brings." Or, "Today  
was a good day, but I didn't do the  
activities in my activity planner.  
Rather than beat myself up, I'll  
re-commit to stretching myself on the  
next good day".





Sam has talked with his friends, both to help make sure they're gently encouraging him to come out when they invite him. He is also taking a more proactive approach to getting dates in the diary with his friends. He's got a setback plan in place with affirmation cards written out in an easily accessible place to remind him to challenge his negative thinking spirals on the very worst days. He's expanded his support team by finding that new physical therapist he said he would, and he and Daniel are speaking together most Sunday evenings.

# Sam's negative cycle





# Sam's positive cycle



**Which of these social tools  
will you use to meet your  
SMART goals?**



# Recap

- 1 With chronic pain, we are focusing on management and acceptance, not treatment.
- 2 This might require a shift in your relationship with your pain, and how you think about it.
- 3 Then you can make use of SMART goals in bio/psycho/social areas of your life.
- 4 There is unlikely to be linear progress. Prepare for setbacks and remind yourself of your successes and skills. Pacing, pacing, pacing!
- 5 You are not alone. There are lots and lots of resources, organisations and groups out there to support you.

# 8. Resources

# Resources

## British Pain Society leaflets

<https://www.britishpainsociety.org/people-with-pain/patient-publications/>

## Ten Footsteps to Living With Pain

<http://resources.livewellwithpain.co.uk/ten-footsteps/cover/>

## NHS Fitness Studio Exercises

<https://www.nhs.uk/conditions/nhs-fitness-studio/?tab=name=pilates-and-yoga>

## Physiotherapy Pain Association

<https://ppa.csp.org.uk/content/links-people-living-pain>



# Resources

“Pain and Me” - Tamar Pincus of Royal Holloway, University of London

<https://www.youtube.com/watch?v=ZUXPqphwp2U>

Self Compassion exercises – Kristin Neff

[Self-compassion.org](https://self-compassion.org)

Overcoming Chronic Pain – Frances Cole, Helen Macdonald and Catherine Carus



# Cognitive Behavioral Therapy

*Made Simple*

10

STRATEGIES

for Managing Anxiety,  
Depression, Anger,  
Panic, and Worry

SETH J. GILLIHAN, PhD



**LC  
AP**

**London Centre for  
Applied Psychology**

**Thank you.**