

Helping your patients understand
behavioral methods for managing pain

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Where to begin

- Patients' values and expectations act as filters for their view of treatment options (Col, et al, 2020)
- Goals of physician and patient often diverge (Col)
- ***Mutual*** understanding is key to developing a plan
- Aim for options based on evidence and patient's hopes



What
might
you say
to a
patient?

- From everything we've discussed, I can see that you've lost the ability to cook the way you used to, and you don't go for walks anymore. You almost never see your friends. What do you most want to steal back as you get better?
- If I understand you right, improvement for you would mean X and Y. Let's talk about some options for getting there.

Patient Web Resources

acpanow.com

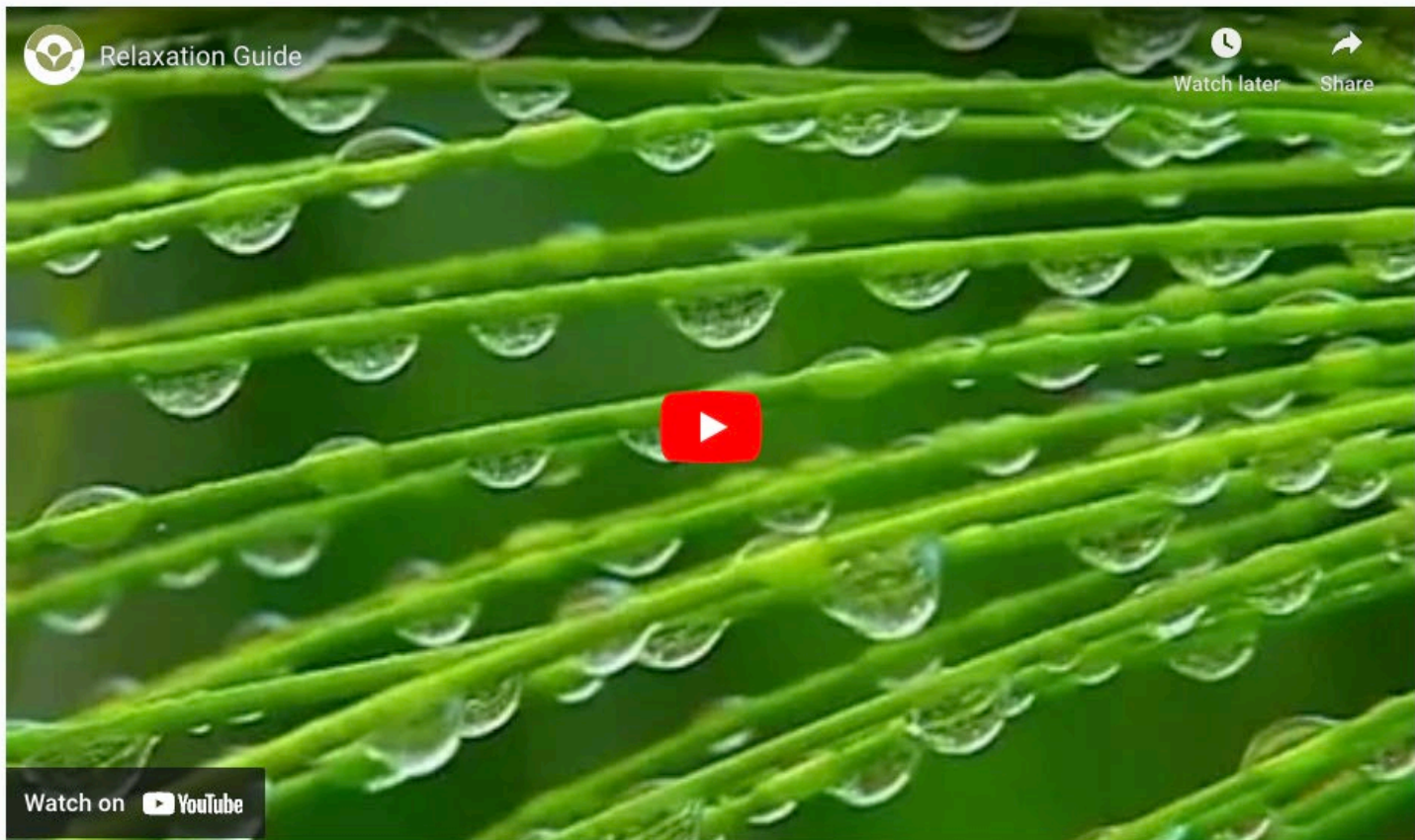
(On home page, scroll down to find...)

Relaxation Session and Practice

[The American Chronic Pain Association: acpanow.com](https://acpanow.com) (scroll down from top of the website to find the following)

Relaxation Session and Practice

Calm your nervous system while listening to the Founder of the ACPA.



Patient Web Resources

retrainpain.org

(Topics: Understand Pain, Goals,
Sleep, Medications, Relationships)

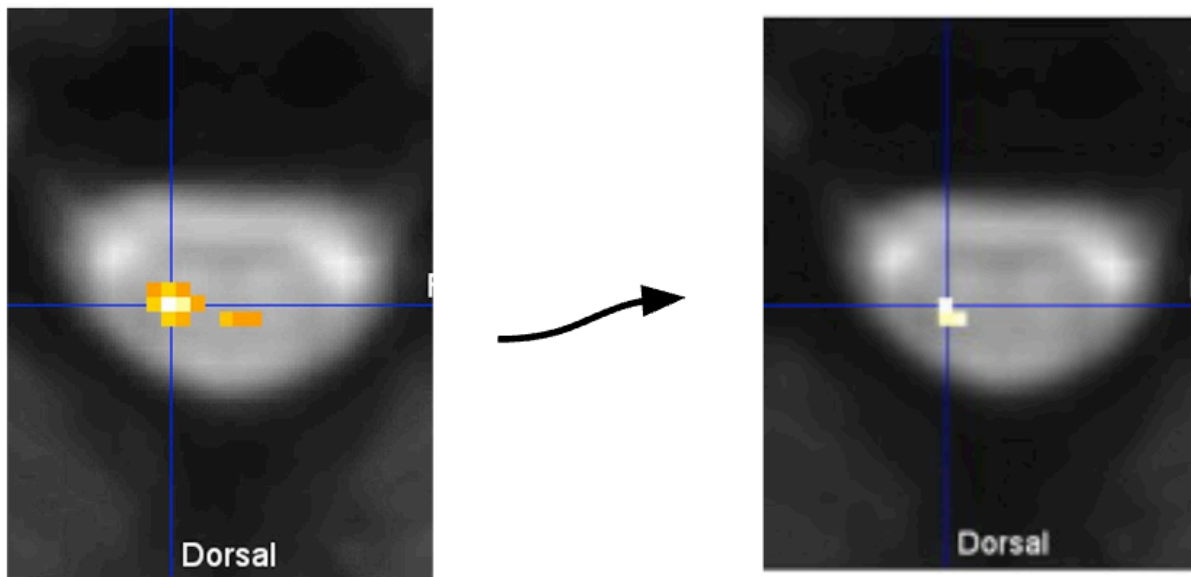
Sample slides from retrainpain.org

The person
then **focuses**
on a memory
puzzle



Sample slides from retrainpain.org

....as **attention** shifts, pain related nerve activity in the *spinal cord* **shuts off**



Source: Current Biology, June 2012 "Attention Modulates Spinal Cord Responses to Pain"

Sample slides from retrainpain.org



Attentional
techniques
actually change
the “**volume**” of
pain related nerve
activity in your
brain and **spinal**
cord

Practitioner and Trainee Resources

changethatmatters.umn.edu

Curriculum, note templates, &
printable handouts for clinic visits
(based on motivational interviewing,
goal-setting literature)

Change That Matters Topics



CHANGE *that*
MATTERS

Promoting Healthy Behaviors

[HOME](#)

[TOPICS](#)

[IMPLEMENTATION TOOLKIT](#)

[PUBLICATIONS](#)

[ABOUT US](#)

10 Behavior Modules

Alcohol Use



Chronic Pain



Mood



Healthy Eating



Medication Adherence



Physical Activity



Sleep



Smoking Cessation



Social Connection



Stress



Change that Matters: Chronic Pain

My plan to manage chronic pain

Chronic pain can affect all parts of your life — work, hobbies, relationships, and mood.

When your pain is bad, your instinct is to shut down and avoid activities that hurt. However, in the long run, being inactive makes the pain worse.

Sometimes chronic pain feels overwhelming and seems to take over your life. Maybe you feel like it has robbed you of meaningful activities.



What does pain keep you from doing?

Although pain may always be part of your life, it shouldn't define you! Are you ready to broaden your life and put pain in its proper place?



-1- **Take action to broaden your life and put pain in its place.** Reflect on what is really important to you. Here are some things people value in life.

- Intimate relationships (spouse or partner)
- Parenting
- Family (other than marriage or parenting)
- Friends / Social life
- Work / Career
- Education / Training
- Recreation / Fun
- Citizenship / Community Life
- Spirituality
- Health

-2- **Create two lists.** If the above list is missing something you value, add it below.

MY VALUES	BEHAVIORS
Rank the 10 values in order — from most important to least important in your life.	Rank the 10 values by how you spend your time — from spending most to the least amount of time.
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

-3- **Now review the two lists.** What do you notice? How are the lists similar? Different?

Set a goal. Perhaps you noticed that you don't spend a lot of time on a value that is important to you. **Which life domain do you want to invest more time and energy in?**

What specifically do you want to do?

When will you do it (day, time)?

What might get in the way?

Who can help you work on this goal?



Variety
(Menu) of
behavioral
options for
managing
pain

What's the option?

What's the evidence?

How could you discuss
it with the patient?

Cognitive Behavioral Therapy (CBT)

Moderately associated with pain reduction
(Garland, Brintz)

Reduces pain-related disability

Increases coping skills (reappraisal, activity
pacing, and relaxation; Glombiewski)

Acceptance and Commitment Therapy (ACT)
helps people understand that eliminating pain
is not in their control, acceptance is (Kratz)

ACT associated with less distress, better
functioning, lower pain intensity (Kratz)

CBT:
What
might
you say
to a
patient?

- This isn't easy – I'd like you to have support.
- A therapist can also teach you some skills you can use to cope with pain and to cope with the stress and the loss you're feeling due to pain.
- Part of your improvement is to explore what really matters to you and set goals that fit you.
- They can help you to set realistic goals, and with accountability.

Daily Activity Pacing

- Activity avoidance is considered a hallmark of chronic pain dysfunction (Cane)
- Avoidance often results from fear of further injury; has negative effects on well-being (Racine)
- Activity Pacing = Reasonable Behavior Goals and monitoring the follow-through
- Monitor the goal itself (the amount, the distance, the time) not the symptom change or energy expenditure
- Fibromyalgia Patients: High levels of Activity Pacing and low levels of Avoidance leads to better physical functioning (Cane)

What
might
you say
to a
patient?

- You've said you really want to get back to X.
- Sometimes people get onto a rollercoaster, overdoing it on a day your pain seems lower, and then feeling laid up the next day or two. Does that sound like you?
- There's evidence that breaking activities into smaller chunks could help you get off the rollercoaster and have more consistent activity.
- The key is to plan the activity in small chunks and then to stick with it, knowing the pain might come (acceptance), but it isn't harmful, and the activity is worth it.

Education: The Brain is in dialogue with the rest of the body

- Patient understanding of pain mechanisms reduces “worst-case” thinking, fear of movement, and fear-based avoidance of activity (Galán-Martín)
- The patient’s pain experience is a result of central pain processing mechanisms (Galán-Martín)
- Descending Inhibition and Descending Facilitation could be targets for education (retrainpain.org: The meaning of your pain)
- Two-hour education class: Pain science plus mindfulness plus CBT skills non-inferior to 8 CBT sessions (“Empowered Relief,” Darnall)

What
might
you say
to a
patient?

- The brain and the body send signals back and forth for your protection.
- One example is pain control: some chemicals from the brain reduce pain, and others increase it.
- Just like other systems in your body, pain control can go well, or it can go poorly.
- Sometimes pain signals last too long—beyond the time needed for recovery (from tissue damage or injury).
- In that case, ***avoiding*** activity is no safer than being active, and for your life, it makes things worse.

Pain Education plus Guided Exercise

- Patients and caregivers often fear excessive movement (Terrier)
- Adding guided exercise to pain education aids functional improvement (Terrier)
- Incentives help people accomplish significantly more walking, even when viewing self as highly impaired (Terrier)
- What increases adherence? Supervised exercise (classes), targeted and graded activity, refresher visits, audio or video recordings (Jordan)

Pain Education plus Guided Exercise

- Motivation for more daily activity can help to break the fear-inactivity cycle
- Even recommended daily activity (150 mins per week of moderate; 75 mins of vigorous) did not result in worsening pain symptoms (Kaleth, Geneen)
- A 12-week increase in physical activity led to improvements in measures of physical impairment and overall well-being (Kaleth)
- Exposure therapy could be an option (Glombiewsky)
- Pain reprocessing therapy → significant reduction in chronic back pain at 1 mo. and 12 mos. (Ashar)

What
might
you say
to a
patient?

- When you're in pain, it's natural to wonder what you should and shouldn't do. I understand that you wouldn't want to make it worse.
- Actually, when people stay inactive, that becomes a bigger problem, because... (deconditioning, stiffness, pain sensitivity)
- My goal is to find a good starting point for you, with the right kinds of activity. Do you want to hear some options?

Practitioner and Trainee Resource

<https://www.va.gov/WHOLEHEALTHLIBRARY/docs/Communicating-About-Chronic-Pain.pdf>

COMMUNICATING ABOUT CHRONIC PAIN: INSTRUCTIONS FOR CLINICIANS

"Communicating about Chronic Pain: Instructions for Clinicians" is part of a series of six Whole Health tools designed to assist clinicians who want to enhance Veteran's chronic pain self-management skills. For additional information, refer to the other materials in ["Self-Management of Chronic Pain"](#).

Mindful Meditation

- Strongly associated with pain reduction (Garland, Brintz)
- Aim is to acknowledge chronic pain as unharmed sensory information versus a threat to the body (Garland, Brintz)
- May reduce opioid dose by strengthening self-regulation of autonomic function (Garland, Hudak)
- May increase physiological resources for self-regulation (Meditation -> Vagus nerve regulation -> dec. opioid dose) (Garland, Hudak)
- Can direct to acpanow.com

What
might
you say
to a
patient?

- We talked before about how the brain and body send signals back and forth.
- If you notice a pain signal and give it attention with questions and worry, the brain is likely to rev up the response—it reads it as a problem it needs to respond to.
- Mindfulness helps you practice having and noticing thoughts without automatically responding to them.
- That's useful because we're trying to help you plan and continue activities even when you notice pain.

Recap: Consider Your Role in Building Hope (The will and the way)

- Invest some time early to understand patient's hopes...then educate and discuss.
- Provide patient-friendly resources for pain management
- CBT and accepting some level of pain are both associated with moderate evidence of improvement.
- Activity pacing should focus on goal accomplishment, not on energy- or pain-level.
- Patients often fear that physical movement will make things worse. Educate and coach them toward movement.
- Mindful Meditation helps with acceptance and the calming function of the autonomic nervous system.

Questions?

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