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**Living well with Pain**

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**Helpful contacts to Keep Safe**

**Need to contact Sheffield Talking Therapies?**

You can contact Talking Therapies Admin on **0114 226 4380. Please let us know if you are unable to attend a session or you would like to discuss other treatment options.**

**Need urgent help?**

If your mood is particularly low and you are concerned about your safety, please use the following information:

* Speak with friends and family for support
* Please make an appointment to **speak to your GP** as soon as possible
* **NHS 111 – select option for mental health support** (24 hours a day, 7 days a week)
* Samaritans: **116 123**
* Rethink: **0808 8010440**
* A blue silhouette of a head with a heart in the middle

  Description automatically generatedAlways call **999** in an emergency

**Completing the questionnaires**

Before each session we will send you questionnaires by email or text.

These questionnaires include the PHQ-9 which looks at symptoms of depression and the GAD-7 which looks at symptoms of anxiety.

These questionnaires can help measure the severity of your mood and it can show any changes in your mood during your treatment.

For each symptom, have a think about **how often** the symptom has bothered you over the last **two weeks** in total.



|  |
| --- |
|  |

For each questionnaire, you can add up each number scored to provide you with a total score.

**The PHQ-9 is out of 27.   
The GAD-7 is out of 21.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Session 1** | **Session 2** | **Session 3** | **Session 4** | **Session 5** |
| **PHQ-9**  Depression |  |  |  |  |  |
| **GAD-7**  Anxiety |  |  |  |  |  |

Add up your total each week to watch your progress throughout the course.

**Living well with pain course**

Welcome to the living well with pain course. This course is provided by Sheffield Talking Therapies. It is an NHS service that offers treatment for depression and anxiety.

This course is made up of **six** sessions which take place on the same day, at the same time for six weeks. We recommend attending all six sessions. The information is designed to fit together. If you miss one week, you will miss a big piece of the picture. There will be a short break during each session.

Since 2013 Sheffield Talking Therapies have worked with clinical Psychologists, physiotherapists and doctors from pain specialist services to understand how low mood and anxiety can affect long-term pain. We also recognize that long-term pain makes people more likely to worry, feel frustrated, and get angry. It makes them struggle with some relationships and change how we act. On this course we try to give you a way to make sense of what you feel like while you live with pain. We will share information and ideas that you can practice at home that might have an effect on how you feel.

Please bring this workbook to every session of the course. You can write notes in it and you will find worksheets to use at home. You are welcome to copy these worksheets or design your own. If you share pages from the workbook with other people please explain where the pages came from.

Do you have questions about The Living Well with Pain Course or the Talking Therapies service? If so, ask the course facilitators or check our website at www.sheffieldtalkingtherapies.shsc.nhs.uk.

**Session**

**1st**

**What is long-term pain?**

**“Pain is a highly unpleasant physical sensation or severe mental discomfort or distress”.**

Pain is experienced differently by everyone; only you can know what your pain feels like.

No one can tell you how much, or what type of pain you ‘should’ or ‘ought’ to be feeling. Pain will often involve a combination of physical and mental or emotional suffering.

Just under half of the UK population have long-term pain that lasts for more than six months. Eight million people report that their pain is so bad that they feel disabled by it. Twenty-eight million people report that they have long-term pain but it doesn’t disable them.

Long-term pain can be caused by a lot of different things. The cause of the pain doesn’t tell you how bad the pain will feel to someone. Sometimes doctors and other health care professionals can’t find the reason for the pain, even when they do scans and X-Rays.

Some of the things that can cause long-term pain are: accidents, injury or illness (which includes chronic widespread pain or fibromyalgia, degenerative change, neurological conditions and inflammation). It can also be caused by changes in the central nervous system.

This course does not try to explain why you have pain, and we are not trying to change your pain or get rid of it. The aim of this course is to help you to cope with long-term pain as well as possible.

**The impact of long-term pain**

**What has changed in your life because of long-term pain:**

**Your toolbox**

It can be helpful to think about having a box of tools that you can choose to help you deal with your long term condition. Medication is just one of your tools, but this doesn’t work for all of the problems. We need additional tools in the box to help.

**Use the space below to think about how you already cope with the effect of your illness. Write down any tools or ideas that you see on the slides that you would like to know more**

**The difference between long-term and short-term pain**

|  |  |  |
| --- | --- | --- |
|  | **Short term (or acute) pain – less than 6 months** | **Long term (or chronic) pain – more than 6 months** |
| **How it starts** | Usually quickly and suddenly | It can start suddenly or it might come on gradually over time. |
| **What it’s for** | Warning sign that part of your body could be hurt. Reminds you to protect that part of your body and let it heal. Prompts you to get help. | Doesn’t have a useful purpose. |
| **What causes it** | A cause is usually easy to find e.g. a cavity in your tooth, a broken bone, an infection etc. | Sometimes the same causes as short-term pain but the pain carries on after the body has healed. |
| **How it’s described (diagnosis)** | There is usually a way to describe the pain that most people are familiar with and can understand | You might not be given a name for your type of pain. You might be told that your pain is called something that can be misinterpreted e.g. ‘wear and tear’ |
| **What treatment does** | Cure the cause of the pain and get things back to how they were before pain occurred. | Make it easy as possible to manage the pain and live the most active life possible. |
| **What professionals try to do** | Find out what is causing the pain. Offer treatment. | Investigate the cause. Offer treatment options, medication if appropriate. Education about how to live with pain. |
| **It’s helpful for you to…** | Follow the treatment plan; this is likely to lead to symptoms going away and things getting back to normal. | Manage the pain from day to day. Stay as active as possible. Maintain relationships with health care practitioners. |

**What does acceptance mean?**

**The box and ball**

Living with pain, illness, suffering, or difficulty is hard work. Sometimes the way we think about and react to what is happening in our life can affect how bad it feels.

A screenshot of a chat

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You can choose to notice the hard things in your life. If you do, you can see the problem without wanting to get rid of it or resisting it. This might give you more time, attention, and energy for other things. Instead of shrinking the ball, you might be able to make the box bigger.

**Task 1: What are some of the signs of low mood or anxiety that you have noticed?**

**Thinking**

e.g. what if I can’t get to work today, everyone thinks I’m useless

**Feelings**

e.g. nervous, worried, low

**Body**

e.g. aching, headaches

**Behaviours**

e.g. staying in bed, not wanting to see anyone

**The five** **areas model**

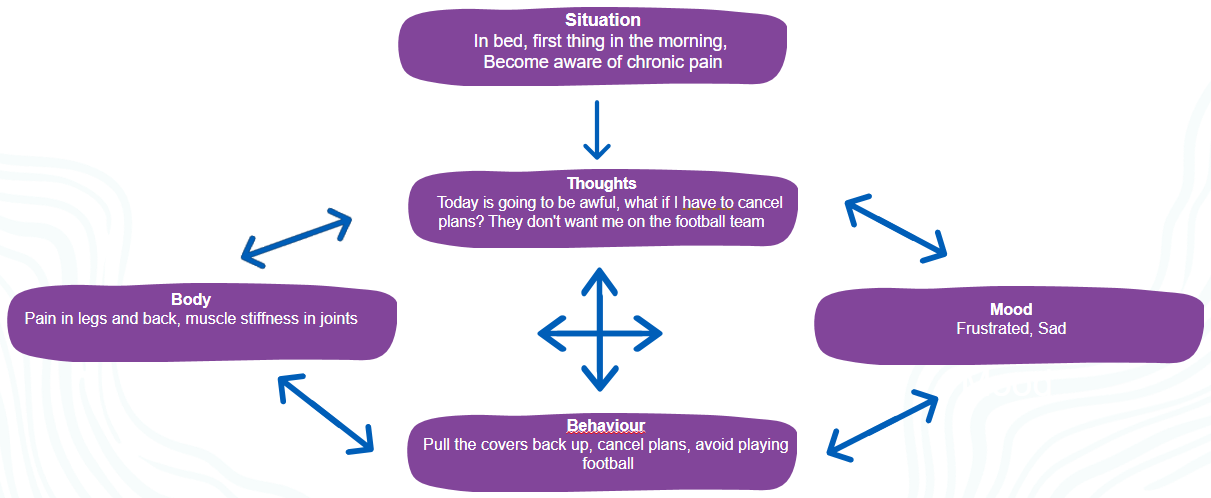
Cognitive Behavioural Therapy (CBT) treatment focuses on the way our thoughts, feelings and behaviours link with each other.

When feeling anxious, it is common to fall into a vicious cycle. In this vicious cycle, our thought processes and behaviour patterns can be unhelpful. They keep anxiety going. The more we think and behave in unhelpful ways, the longer the anxiety will last.

These vicious cycles can also be influenced by the way we interpret different situations. When we feel anxious, we tend to interpret situations negatively. This can lead to unhelpful feelings and behaviours.

When starting CBT, it is helpful to identify your own unhelpful thought patterns and behaviours. This helps you find your vicious cycle. Once you have identified your vicious cycle, you can learn how to break it and make changes.

Here is an example:



**Completing your five areas**

Situation

Body

Behaviour

Thoughts

Feelings

**Stress, Muscle Tension and Pain**

When our muscles are tense for a long time, we get an additional layer of pain. Our movements become stiff and slow, and we are more tired. Our muscles can be tense without us noticing. A lot of things can make your muscles tense up, for example:

* Thinking that something might hurt us
* Something is hurting
* Feeling worried, frustrated, irritable or stressed

If you experience triggers like this often it can start to feel normal for your muscles to be tense all of the time, but this will not be helping you.

Feeling worried, frustrated, irritable or stressed will trigger a physical reaction known as the Fight or Flight response there is more about this on page 16. If the Fight or Flight response is active your muscles will become tense.

There are many sources of stress:

* Pain itself is a source of stress
* Coping with the impact of long-term pain can be stressful. For example, unemployment, changes in lifestyle, and conflicts with doctors and family
* Stress can also result from the demands and hassles of everyday life that have nothing to do with pain

Whatever the source, stress and muscle tension can affect the experience of pain. Not just the physical experience, but also the mental and emotional consequences. It can look something like this:

**A diagram of a muscle injury

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**The Fight, Flight or Freeze Response**

When we are faced with situations that pose danger to us, our natural response is to want to run away from it or fight it. In order for our bodies to feel prepared in these situations, lots of changes happen at once and can make us feel uncomfortable. It is important to know that these changes are happening because they are protecting the body.

The diagram below explains some of the changes that may occur and the reasons why. It is helpful to know the reasons why these changes occur to enable you to feel more in control of them. If you were to interpret any of these normal symptoms of anxiety in a catastrophic way, then this may cause you to feel panicky and result in a panic attack.

A diagram of the body

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**Relaxation**

**Relaxation is a state in which your body is free from muscle tension**

People often have things that they do to “relax” like reading, walking, watching TV, or having a bath. These activities are enjoyable but your mind or body can still be stressed and active while you’re doing them; this is not true relaxation.

If you can truly relax, changes happen in your body which are the opposite of the changes that happen when you’re stressed and in pain:

* Your blood pressure may reduce
* Your heart rate slows down
* Your rate of breathing may change, becoming slower and deeper
* You will feel calmer and more comfortable
* Your tolerance of pain may improve

## Top tips for relaxation

## When you’re learning how to relax try to remember…

## If it hurts – don’t do it

If any part of a relaxation exercise causes you pain or discomfort then stop doing it.

There are a lot of ways to relax, you will find a different technique that suits you.

## Relaxation is a skill that requires practice

Relaxation is a skill that needs to be learnt and practised. Some people learn to relax easily, for others it takes longer and needs more practice.

## Do not expect immediate results

Relaxation is not something you can learn overnight. Be patient! Try to practice regularly for a few weeks.

1. **Practise regularly**

Set aside some time to practise at least once a day while you’re learning.

1. **Give yourself a chance to relax**

Practise relaxation somewhere quiet, and at times when you’re not going to be disturbed.

## Choose the right time

It can be hard to concentrate on relaxation when you’re feeling tired, tense or upset, and when you’re experiencing intense pain. As you get better at relaxation you might be able to use it at more difficult times.

## Find a comfortable position

Try and find the most comfortable position that you can for the time you will spend relaxing. The most important thing is that the whole of your body is supported. If it feels uncomfortable, don’t do it.

## Relaxation will not get rid of your pain

It can help you cope with your pain and feel more in control of it, but it will not get rid of it completely.

We have looked at how changes in your body and emotional state can produce muscle tension. We know that people with long-term pain often worry a lot as well. Worry is the opposite of relaxation.

**Task 2: Try some relaxation techniques**

When you look at the symptoms of the Fight or Flight response **(page 17)** you might notice that most of those symptoms come from automatic systems in your body. Those are systems that you can’t change by choice. You can’t tell your body how much sweat or saliva to produce, or consciously tell your heart to slow down. In a similar way; many people who worry and think gloomy thoughts feel like they can’t control what kind of thoughts go through their head. Relaxation techniques are different ways to change how your body is working, and what you are paying attention to.

We will give you some information about these techniques now. Your group facilitator will offer a relaxation session during the course. You might want to mark on this page which techniques you found easiest to use.

**Autogenic: Was this technique helpful? Y/N**

Autogenic means something that comes from within you. In this relaxation technique, you use both visual imagery and body awareness to reduce stress.

You repeat words or suggestions in your mind to relax and reduce muscle tension. For example, you may imagine a peaceful setting and then focus on controlled, relaxing breathing. Or you could focus on imagining relaxation as a physical sensation that spreads over your whole body.

**Try it by:** Imagining a small patch of relaxation on the back of your hand. Every time you breathe in, picture breathing relaxation into your body. This makes the relaxation on your hand grow until it covers your whole body.

**Progressive muscle relaxation: Was this technique helpful? Y/N**

In this relaxation technique you focus on slowly tensing or stretching and then releasing each muscle group one at a time. This helps you to notice the difference between tension and relaxation, and to chose relaxation. People who are in pain often have tense muscles already so it can be more comfortable to stretch your muscles, instead of tensing them up even more. Never stretch or tense muscles in a way that causes you pain or discomfort.

**Try it by:**

1. Face. Notice any tension that is in your face. Notice if your back teeth are touching each other. Now stretch your jaw downwards so that your mouth is open and your bottom jaw stretches towards the floor. Notice how this feels. Then release your jaw so that it falls back into a comfy position. Make sure that the back teeth aren’t touching each other. Notice how this feels.
2. Notice any tension in your neck and shoulders. Notice the length of the gap between the bottom of your earlobe and the top of your shoulders. Now stretch this area by lowering your shoulders away from your ears, hold that stretch for two or three breaths and then let it go. Let your shoulders hang comfortably from your neck. Notice the distance between your ears and your shoulders again.
3. Think about the top of your chest, the tops of your arms, and the area between your shoulder blades. Apply a stretch here by pulling your elbows into the side of your body. Hold that stretch for two or three breaths, notice where in your body you can feel the stretch, and then release it.
4. Next think about your forearms and hands. Notice any tension in that part of your body. Stretch here by spreading your fingers as far apart as you can. Notice any sensations that you can feel while you hold the stretch for two to three breaths and then let your hands fall back onto your lap, chair arms, or bed.
5. Notice how your body feels from the waist down to your toes. Apply a stretch here by pushing your feet into the ground or by lifting your toes towards your knees. Notice how that feels. Hold that stretch while you breathe slowly for two or three breaths and then release it.
6. Stay still for a few breaths and notice a new sense of relaxation in your body.

**Guided imagery or visualisation: Was this technique helpful? Y/N**

You use your imagination to create a peaceful, calm, safe space that you can explore in your mind. While you visit this place that you have imagined try to use all of your senses.

**Try it by:** Imagine a place where you feel calm, safe and peaceful. This can be somewhere real that you have visited or somewhere imaginary. A lot of people enjoy imagining a beach, a forest, mountains or a combination of these.

Think about what you can see and smell there, what the air feels like on your skin, can you taste or hear anything? Let yourself explore the environment that you have imagined for as long as you like.

Learning how to breathe well can help with pain for two reasons. First, when we feel pain we will sometimes hold our breath, this isn’t helpful. Sometimes we will take shallow and quick breaths, this is equally unhelpful. Remember the fight or flight reaction?Breathing is the part of that reaction that we can take control of on purpose.

**Good deep breathing**

By changing our breathing to a pattern of good deep breaths we can reduce the fight or flight response and help to relax our muscles. This can change your experience of pain and anxiety.

**Try this:**

* Put one hand on your stomach between your ribs and tummy button.
* Put the other hand on your chest just below your collar bones. Now take a deep breath.

Did you breathe through your nose or through your mouth?

Which hand moved the most?

If your top hand moved more this is not good breathing.

**Good breathing:**

* Uses the full capacity of your lungs. When your lungs are full of air they move to fill your whole rib cage.
* Uses the **diaphragm muscle**. This muscle is shaped like an open umbrella and is between your lungs and stomach. When you are breathing slowly and deeply the muscle flattens downward and gently pushes the stomach out.

• The breathing rate is between 10-14 breaths per minute

* Is **through the nose** and not the mouth.

A side view of a person's body

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**Diaphragmatic Breathing:** **Was this technique helpful? Y/N**

**Exercise 1: Moving the diaphragm muscle**

* Push your stomach out and then allow it to relax back. You move your stomach with your diaphragm muscle
* Practice this until you feel comfortable when you move the muscle
* Don’t think about breathing at this stage, just practice moving the muscle

**Exercise 2: Breathing with your diaphragm**

* Take a breath and let out as much air as possible and let your shoulders and upper chest relax
* When you breathe in, push your stomach out
* Let your tummy button move back towards your spine when you breathe out

**Exercise 3: Practice the timing of breathing**

* Don’t worry about moving your tummy when you breathe for this exercise
* Start by breathing in for one second and out for one second. Count while you breathe
* This might not feel like long enough
* Try breathing in and out for 2 seconds, then 3 seconds
* Find a length of breath that is comfortable
* Then breathe out for one second longer than you breathe in. e.g. breathe in for 3 seconds and out for 4 seconds

**Exercise 4: Diaphragmatic breathing (bringing it all together)**

* Move your stomach out when you breathe in
* Move your stomach in when you breathe out
* Breathe out for one second longer than you breathe in
* Aim for 10 – 12 breaths per minute
* Aim to **breathe in a slow, steady, comfortable rhythm**

It takes time to be able to control your breathing. Be patient and keep practicing.Practice the slow, even breathing pattern when lying down, sitting, standing and when walking.

**Between Session Tasks**

Each session, you will set some tasks for the next week based on the material covered. It is important to practice each task regularly over the next week to begin to see improvement in your mood.

Session 1 Between Session Tasks:

1. **Finish your 5 areas model (page 15)**
2. **Try one of the relaxation techniques (pages 18-24)**

****

**End of session 1 review**

At the end of each session, reflect on what you've learned. Consider how you can apply it to your own situation. Use the prompt questions below to think about what you’re going to spend the next week practicing. Consider some solutions to any barriers that may prevent you making the agreed changes.

* **What did I learn in today’s session?**
* **How can I apply this to my own situation?**
* **What might get in the way of doing this?**
* **How can I stop this from happening?**
* **What am I going to practice from this session?**

**Session 1 - notes**

**2nd**

**Session**

**Start of session 2 review**

It’s helpful to review the practice you have done over the last week. Don’t be disheartened if you haven’t been able to complete all the tasks. Instead, it is helpful to think about what got in the way and consider how to overcome this next time.

**How did you get on with the between-session tasks?**

**How do you feel about this?**

**Did you come across any barriers? How did/will you overcome them?**

**Managing Low Mood**

Persistent low mood, or depression, is a natural reaction to difficult life events. You might be more likely to feel this way if you feel that you have lost something because you live with pain in your life. However it starts, your behaviour can have a big effect on how quickly depression gets better.

When people are low in mood, they are often tired and lose interest in things that they usually enjoy. Many people with low mood are bothered by negative thoughts about themselves and the world. All of this can lead to a pattern of avoiding and putting off doing things. This can keep depression going. A diagram of a diagram

Description automatically generatedImagine that you have been feeling low for a while and a friend rings you to invite you out. The thought of getting ready and going out might make you feel tired. You might think that they don’t really want to see you, or worry that you haven’t got anything interesting to say.

These predictions will make you feel uncomfortable so you decide to tell your friend that you can’t see them. As soon as you get out of going you feel better – you feel relief from the horrible feelings.

Unfortunately doing this means that you have fewer opportunities to feel enjoyment or a sense of achievement. When the relief fades you might be left feeling guilty or upset with yourself, and disappointed; which would make your low mood worse.

**Behaviour and Low Mood**

If low mood is affecting you, then one of the most effective ways to manage this is to change how you use your time. Many people with low mood don’t feel motivated to do things that would give them an opportunity to feel differently. Instead of waiting to feel motivated we suggest trying to do some things anyway. You can use the activity diary to plan what you will do. Sometimes seeing things written down can help you to do them.

There are three kinds of activity that it can be helpful to look at:

A person pushing a stroller

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**Necessary activities** – are the things that you need to do or there will be unwanted consequences. E.g. paying the rent, getting your children to school. These might be the first things that you want to plan in your diary.

**A person cutting tomatoes on a cutting board

Description automatically generated**A person planting plants in a garden

Description automatically generated**Routine activities** – are the things that you do to feel comfortable in your body and environment. E.g. brushing your teeth and washing yourself, cleaning your house, eating meals. Some of these activities are very short and easy and can help you to feel more comfortable very quickly.

**Pleasure and achievement** – are the things that give you opportunities to have fun or feel like you’ve done something really worthwhile. You might not feel how you expect to feel when you do these at first but if you can keep doing them they’re likely to have an effect on your mood.

When you are planning your activities, it can be helpful to **prioritise** the things that matter the most to you.

**Values**

Before we start to improve our mood, we need to consider what you value in your life. Also, how you might be living in relation to these values.

**Values** represent the kind of person we want to be and the things we stand for in life. Thinking about values can identify what actions are important to us. We’re also more likely to achieve our goals when they are **valuable**.

Life has many values. The most common are about relationships, spirituality, education, culture, and our wellbeing.

**Try Task 3 on the following page and then consider the following questions:**

1. **Which of the values are the most important to you?**
2. **Describe your values in that area**
3. **What activities do you currently do that meet that value?**

**Task 3**: Complete your values compass

**Functional Equivalence**

Friendships

Family/relationships

Religion

Other

Education/ career

Arts and culture

Physical wellbeing

Parenting/caring

Another way to consider how to do activities differently is functional equivalence. When people have a long-term condition it can mean they are unable to physically do activities they used to do and this can be really difficult to adjust to especially if the activity was important to you.

So, what we can do is think about the **‘function’ or ‘purpose’** of that activity you can no longer do and think about other activities that serve the same function. Here is an example:

|  |  |
| --- | --- |
| **Activity** | **Function** |
| Meeting a friend for a walk and coffee | * Socialise with friends * Exercise for health benefits |

Now let’s consider other activities that serve the same function:

|  |  |
| --- | --- |
| **Function** | **Other activities** |
| Socialising | * Meeting at a coffee shop * Arranging a telephone call with friend * Arrange a catch up at my house |
| Exercise | * Physio exercises * Meet for a shorter walk with planned rest breaks (i.e. benches at the park) |

Although the activities are different and may not give the same enjoyment or experience as the original activity, it still gives a sense of pleasure and enjoyment by doing things that serve the same purpose and allows to connect with others. It is important to make adaptions to the things you may no longer be able to do and focus on the things you are physically able to do.

**Functional Equivalence**

**Task: What activities can I do differently?**

Considering your values and functional equivalence, have a go at completing the table below:

|  |  |  |
| --- | --- | --- |
| **Activity I used to be able to do** | **Function** | **Other activities serving same function** |
| *e.g. Drive to do big food shop on my own* | *Independence* | *Online food shop* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**‘Boom and Bust’**

Boom and bust is a pattern of activity that a lot of people with pain fall into. It can look like this:



**1**

**2**

**3**

**4**

**Activity**

* 1. A “good” day with more energy, better mood, and less pain than usual. You feel like things are back to “normal” and decide to make the most of it. You do a lot more activity than your body is used to. You might see friends, do gardening and housework, exercise more than usual.
  2. However long this good patch lasts, eventually you will have a bad day or your pain will be aggravated by doing too much. The severity of your pain might force you to do less.
  3. Your pain might force you to rest or reduce your level of activity so that you can’t do your normal amount of activity.
  4. We repeat this cycle indefinitely.

Do you recognise this activity cycle?

What do you feel like on a good day?

What do you feel like on a bad day?

**‘Take It Easy’**

Most people who experience pain will have been advised to ‘take it easy’ or rest because of their pain. The people who give this advice have usually got good intentions. Their experience of short-term pain makes them believe that resting will cure whatever is causing your pain. We know that this is not true for long-term pain.

Fear can play a big part in doing less. You might think that pain means that your body is being harmed or damaged. This is very unlikely to be true with long-term pain. You will probably want to avoid doing things that make your pain more noticeable anyway; or even things that might make your pain worse.

Resting for a while and then suddenly doing more than usual can make pain more noticeable. We can believe that it is the type of activity that makes our pain worse and then avoid doing that kind of activity in the future.

Feeling low in mood, or depressed, can make it hard to do things. People who are low often find it easier to avoid doing things like seeing friends, and they are often very tired most of the time.

There are a lot of reasons why you might do less when you are in pain but doing less can lead to you getting stuck in the take-it-easy trap.

**A diagram of a health problem

Description automatically generated**

**Pacing**

Pacing is a different way to approach how much you do. In Boom and Bust, your pain might force you to be inactive when you have done too much. If you pace well then you become more able to plan, and the pattern of activity might look more like this line in the middle.



**Activity**

**Time**

**1**

**2**

**3**

* 1. On a good day do a little bit less than you are able to; don’t push yourself to your limit.
* Take frequent short breaks
* Break tasks or activities down to smaller actions
* Change position regularly

Do this Before your pain gets worse. Don’t wait until you need to rest or move, rest or move ‘by the clock’. Set a timer to remind you to rest or move and listen to it. Experiment to find out how often you need a rest or a change, it might be every 5 minutes on one day and every 20 minutes on another day.

* 1. This protects you from a flare-up of pain that would stop you from doing any activity at all for a while.
  2. You are likely to keep having some days that are better than others, and to do a bit more than usual on those days. However if you pace your activity the ups and downs are not so dramatic.

Pacing means finding a balance of activity by limiting how long you spend on an activity. This stops big increases in pain and makes sure you keep to a regular amount of activity to prevent the problems of too much rest. This helps you to plan activity instead of doing things based on how you feel.

**Examples of Pacing**

**Here are some examples of pacing:**

* 1. If you find that doing half an hour of work in the garden without stopping is enough to give you a lot of pain, you could do 15 minutes. Then go and do something else, perhaps something less physical, such as sit down and have a cup of tea, read the paper, or make a phone call. Then go back later to do another 15 minutes. You still do 30 minutes of gardening in the day but without the same increase in pain and without ruining your day.
  2. If standing and ironing leave you with a lot of pain, you could sit on a stool and do 2 or 3 items at a time. By doing small amounts of ironing at a time over a day or two will mean that the ironing gets done but without the same increase in pain.

## Planning

Planning is deciding **when and how you are going to do things**. Think about what kind of activity you do, and how it is spread out over hours, days, weeks and months.

Make sure that activities you find difficult are spread out. You can use copies of the activity diary to help you to plan.

Try to get a **balance** of things you’ve got to do and things you enjoy doing every day.

It can be helpful to think about what is physically involved in an activity you are thinking about doing. For example, don’t forget to think about how much travel is involved.

**Plan breaks** and give yourself enough time to **finish the activities** you are planning to do. Try not to compare what you can do now with how you used to do things.

## Prioritising

Prioritising activities **means making choices about what you do**. You will need to think about what needs to be done as well as what you would like to be doing. It's important to make time for things that give you pleasure. You should balance tasks that need to be done with activities for interest and pleasure. You may need to consider what has to be done today or sometime this week and what can wait a while. **Ask yourself what is really important.**

**A clipboard with check marks and a pen

Description automatically generated**There may be times when you choose to do something knowing you will ‘pay the price’ and have a lot of pain afterwards because other things can sometimes be really important to us, for example, attending a family wedding. Although this may be a choice you make it can be particularly helpful to consider how you pace and manage your pain before and after the event.

**Task 4: Planning ahead using pacing**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Morning** | **Afternoon** | **Evening** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

**Between Session Tasks**

Each session, you will be set some tasks for the next week based on the information covered. It is important to practice each task regularly over the next week. This will help you begin to see some improvement in your anxiety.

**Session two tasks:**

**3. Review the values Compass (page 33)**

**4 . Complete the activity diary (page 41) and think about how you could use the 3P’s to pace your activities**

**A blue silhouette of a head with a heart in the middle

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**End of session two review**

At the end of each session, reflect on what you've learned. Consider how you can apply it to your own situation. Use the prompt questions below to think about what you’re going to spend the next week practicing. Consider some solutions to any barriers that may prevent you making the agreed changes.

* **What did I learn in today’s session?**
* **How can I apply this to my own situation?**
* **What might get in the way of doing this?**
* **How can I stop this from happening?**
* **What am I going to practice from this session?**

**Session two - Notes**

**3rd**

**Session**

**Start of session three review**

It’s helpful to review the practice you have done over the last week. Don’t be disheartened if you haven’t been able to complete all the tasks. Instead, it is helpful to think about what got in the way and consider how to overcome this next time.

|  |
| --- |
| **How did you get on with the between-session tasks?** |
|  |
| **How do you feel about this?** |
|  |
| **Did you come across any barriers? How did/will you overcome them?** |
|  |

**What is worry?**

Worry is a type of thinking that focuses on the future and we all do it. People think that worry helps them to get ready for something that could go wrong. For example a person who thinks that they will not be able to cope with a long journey might worry about it.

**Why is it a problem?**

When we worry our muscles become tense and we have less time to do other things. Worry can change how we feel and can get in the way of enjoying life. This can become a cycle that makes us feel anxious and low. A diagram of a headache

Description automatically generated

**What can I do about it?**

1. **Learn how to relax your muscles by using progressive muscle relaxation**
2. **Learn how to tell the difference between hypothetical worries and practical problems**
3. **Use worry time**
4. **Learn how to solve practical problems**

**Keeping a Worry Diary**

The first step of managing worry is becoming aware of worries.

Writing worries down can help to process them differently in your mind. It can help to take a step back from the worry and gain some perspective or distance. Catching the worry early can sometimes prevent it from spiralling into something catastrophic.

You will find an example of a worry diary on the next page. When completing a diary, be specific. Write the trigger and the worrying thought. ​

Rating the intensity can also help to determine which worries to tackle first if there are some that cause you to feel more anxious.

**Classifying Worries**

Worry can be separated into two different types: ​

**Hypothetical worries** tend to be based in the future and are things we often cannot do anything about immediately, they often start with ‘what if’.

**Practical worries** are usually worries we can take some action against and do something about at the time we experience the worry.

Classifying worries can help determine how to manage it. There are different solutions for different types.

The best way to determine whether a worry is hypothetical or practical is to ask yourself: **Can I do anything about this?** If you can, it is practical. If you cannot, it is hypothetical.

**Try it:** Record worries using a worry diary and classify them.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Situation** | **Worry** | **Intensity of anxiety**  **0-100%** | **Classify** | |
| P | H |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |

**Worry management**

**A diagram of a problem

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**Hypothetical worries: Worry Time**

Worry time is a helpful technique for dealing with hypothetical worries. It helps you to spend less time worrying. If you repeat the following steps, it can help keep your worry under control and to pay attention to what is happening in the present moment. This will give you more chance to notice things that are enjoyable. It takes regular practice to see results. Remember that you are trying to break a habit!

**Step 1:** Notice that you are worrying.

**Step 2:** Record what you are worrying about. Use paper and pen or your phone instead of trying to remember the worry.

**Step 3:** Refocus by paying attention to what you are doing. This might be a productive activity.

**Step 4:** Repeat the above steps as often as you need throughout the day.

**Step 5:** Plan a time for your ‘worry time’ for each day. Ideally this is later in the day but not too close to bed time. E.g. you might choose 20 minutes after you have eaten in the evening. During worry time, look at your list of worries, allow yourself to think about them and to worry. This may feel uncomfortable – this is normal.

**Step 6:** At the end of worry time, put your list of worries away or throw it in the recycling. Refocus your attention back onto the present moment.

**Task 5:** Use the table below to plan to carry out worry time and review how it went

|  |  |
| --- | --- |
| **When?** |  |
| **For How Long?** |  |
| **Where?** |  |
| **Relaxing Activity:** |  |
|  | **After worry time…** |
| **What went well?** |  |
| **What did not go well?** |  |
| **What will I do next time?** |  |

**Top Tips for worry time**

* If you start to notice yourself spending worry time doing something other than worrying, remind yourself to focus on the worry in this time, no matter how uncomfortable it feels.
* Use the worry diary to make a note of the worries through the day, and then go through this list in worry time, crossing off any worries that no longer seem relevant or worrying.​
* Set a timer to let you know when worry time has ended
* Avoid scheduling worry time around bedtime. It is important to not associate sleep with worrying.
* Do not give up:worry management is a tricky skill to develop and may take a number of attempts. For some people it takes a few weeks to develop this skill.

With repeated practice of postponing worry, our minds will naturally start letting go of hypothetical worries without much effort.

**Paying Attention on Purpose**

**Pain and worry are good at getting your attention**; they make it hard to think about other things. When you learn how to control your attention this can help you to manage worry and pain. Learning how to train your attention is like strengthening a muscle and it needs to be practiced.

To manage worry it is helpful to be able to focus your attention on the here and now. If you can pay attention to what you are doing instead of paying attention to pain then this can reduce how bad pain feels.

**How to train your attention:**

* Use mental or physical activity; try to choose something that you are interested in doing.
* Try to notice the different parts of the activity.

**Exercises to help you to train your attention:**

1. Watch TV and at the same time notice how many times certain words have been said (like how many words have got the same first letter as your name).
2. Listen to music and pick out the different instruments that are playing Do a crossword puzzle and notice how many times different letters occur.
3. Go for a walk and notice how many times you pass a certain type of tree.
4. Focus on an object – describe it to yourself.

## Remember

When pain is at its worst you will need to change activities more often. Write a list of activities that it’s easy to pay attention to:

**Practical worries: Problem Solving**

Feeling anxious or low and overwhelmed can make us feel unable to cope with practical problems when they come up. This is especially true if pain is impacting how we are feeling. This can lead to avoidance or putting things off.

Humans have in-built problem-solving mechanisms, but these do not work as well when we are feeling anxious or overwhelmed or in pain.

Common practical problems can be around finances, relationships, education, employment, or health issues.

Problem Solving is a seven-step method that can be used to find solutions.

**Problem Solving: The Seven Step Method**

A picture containing text, screenshot, display, operating system

Description automatically generated

**Task 6: Try the problem solving technique**

**Step 1: Identify the problem**

**Step 2: Identify all the possible solutions**

**Step 3: Analyse strengths and weaknesses**

|  |  |  |
| --- | --- | --- |
| **Solution** | **Strengths** | **Weaknesses** |
| *Example: Planning a different activity to do with the grandkids* | *Less impact on pain* | *Could cost more money*  *Could still lead to a flare up* |
|  |  |  |
|  |  |  |
|  |  |  |

**Step 4: Select a solution**

**Step 5: Make a plan – be specific: when, who, where, how?**

**Step 6: Carry out the plan.**

**Step 7: Review how it went. What could you do differently?**

**Task 7: Worry Free Time**

We tend to worry less when our mind is occupied or busy. As well as having a time that is dedicated to worry, it can be helpful to identify tasks or activities that you find absorbing.

You may worry less when you are out of the house, spending time with others, exercising or engaging in a hobby or interest. ​

**Identify some activities below that can help to take your mind away from worries:**

**Between Session Tasks**

Each session, you will be set some tasks for the next week based on the information covered. It is important to practice each task regularly over the next week. This will help you begin to see some improvement in your anxiety.

**Session 3 tasks:**

**5.** Use the worry time techniques to help you postpone hypothetical worries (page 53)

**6.** Use the problem solving technique to help you solve practical problems (pages 57-59)

**7.** Engage with helpful activities to refocus your attention (page 60)

**A blue silhouette of a head with a heart in the middle

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**End of session 3 Review**

At the end of each session, reflect on what you've learned. Consider At the end of each session, reflect on what you've learned. Consider how you can apply it to your own situation. Use the prompt questions below to think about what you’re going to spend the next week practicing. Consider some solutions to any barriers that may prevent you making the agreed changes.

* **What did I learn in today’s session?**
* **How can I apply this to my own situation?**
* **What might get in the way of doing this?**
* **How can I stop this from happening?**
* **What am I going to practice from this session?**

**Session 3 – notes**

**4th**

**Session**

**Start of session 4 review**

It’s helpful to review the practice you have done over the last week. Don’t be disheartened if you haven’t been able to complete all the tasks. Instead, it is helpful to think about what got in the way and consider how to overcome this next time.

|  |
| --- |
| **How did you get on with the between-session tasks?** |
|  |
| **How do you feel about this?** |
|  |
| **Did you come across any barriers? How did/will you overcome them?** |
|  |

**A blue rectangle with white text

Description automatically generatedWhen Thoughts become Unhelpful**

The way that we think about, or interpret, an event will decide how we feel about it. Often experiencing something that we think of in a negative or frightening way (like pain) can lead to low mood and anxiety.

When we are low or anxious we are more likely to experience Negative Automatic Thoughts (NATs). NATs are:

**Believable:** we tend to believe our thoughts and take them as facts. A fact is something that is proved to be true, it can’t be interpreted differently by different people. **Remember, thoughts are not necessarily true, accurate or helpful.**

**Automatic:** most thoughts are automatic and arrive in our mind without us choosing them.

**Persistent:** thoughts can repeat in our minds which can make them feel believable.

**Distorted:** thoughts can pull events out of shape and give us a false impression of what is happening.

**Tip: Sometimes negative thoughts are factual; for example ‘My back hurts’ might be factual but spending time dwelling on it might not be helpful. We don’t challenge factual thoughts, but you can distract yourself from them if they are affecting your mood.**

**Unhelpful Thinking Styles**

When we think in unhelpful ways, there tends to be common patterns. These patterns are known as unhelpful thinking styles.

|  |  |  |
| --- | --- | --- |
| **Name** | **Description** | **Example** |
| **Overgeneralising** | Seeing negative things as a never ending pattern of defeat. | *Symptoms stop you from going for a walk one week so you think ‘I cant ever go for a walk’* |
| **Mind Reading** | Assuming what others are thinking without knowing it. | *They think I should try harder* |
| **Negative Mental Filter** | Seeing all situations through a negative lens. | *They said the scan was normal but I think they missed my problem* |
| **Catastrophising** | Imagining the worst case scenario. |  |
| **All or nothing thinking/Black or white thinking** | You are more likely to think of things as all good or all bad, with nothing in the middle/grey area. | *I didn’t finish everything that I should have done today so nothing good happened* |
| **Memories** | Memories of previously distressing episodes can cause us to believe danger is here and now rather than in the past, causing us distress right now. | *The last time I had this type of pain, I ended up in hospital* |
| **Emotional Reasoning** | Going with how you feel. | *I feel something is wrong so there must be something wrong* |

**Cognitive Restructuring**

Cognitive restructuring is an evidence-based technique. It can help by changing unhelpful thoughts to more balanced ones. When thoughts are more balanced they are less distressing. ​

Cognitive restructuring is not about creating motivational quotes or thinking positively. It is about thinking in a more realistic way to reduce the connection between low mood and thoughts.

**A screenshot of a computer

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**Step 1: Catching Thoughts**

The first step of challenging unhelpful thoughts is to begin to notice unhelpful thinking that can lead to heightened low mood or anxiety​. This can help increase awareness of your thought processes. The more aware you are, the easier it will become to challenge. Try to be curious without being self-critical.

Using the task on the next page, try and keep a thought diary where you notice the emotion associated with the thought and the intensity.

Try and write down thoughts as soon as possible​ so you don’t forget.

**Task 8**: Thought Diary

|  |  |  |  |
| --- | --- | --- | --- |
| **Situation** | **Thought (% belief)** | **Emotion**  **(% intensity)** | **Unhelpful Thinking Style** |
|  |  |  |  |

**Step 2: Identifying Unhelpful Thinking**

Try and identify the “hot thought” from the thoughts you have collected. The “hot thought” is the part of the thought that gives you an instant negative reaction e.g. “I’m going to lose my job” or “my manager thinks I’m stupid”.

You can use the unhelpful thinking styles on page 6 to help you spot some automatic thoughts.

**Step 3: Challenging Unhelpful thinking**

Once you have identified some unhelpful thoughts, you can challenge them by trying to find evidence **for** and **against** the thought being true. This helps highlight that thoughts are not facts.

Imagine you are presenting your hot thought in a court room. You need to consider evidence that the thought is true and evidence the thought is false. Below are some questions you can ask yourself to help gather evidence:

* Is this fact or opinion?
* Would I still believe this thought if I didn’t feel so anxious or low?
* Is my reaction in proportion to the event?
* What would I say to a friend if they were in a similar situation?
* What will happen if I continue to think this way, is it stopping me enjoy life?
* What is a more encouraging or useful way of thinking?
* Is there something I can learn from this situation, to help me next time?

**Task 8**: **Challenging thoughts continued…**

Choose a thought to challenge from your diary. Rate how much you believe the thought out of 100%. Then, find evidence that the thought is true or false (evidence for and evidence against).

|  |  |
| --- | --- |
| **My thought to challenge** | **Belief in thought %** |
| |  |  | | --- | --- | | **Evidence the thought is TRUE** | **Evidence the thought is FALSE** | |  |  | | |  |

**Step 4: Balancing thoughts**

You can now use the evidence you have gathered to create a **balanced thought** based in **fact.** Include as much evidence from the true and false column as you need to create a believable thought.

|  |
| --- |
| **My balanced thought** |
|  |

**Step 5: Reviewing Balanced Thoughts**

How does the new balanced thought compare with the old hot thought? Using the table below, you can rate not the belief in the hot thought **before** you created a balanced thought, and **after.** Compare the difference, what do you see?

The aim of cognitive restructuring is not to bring your belief in the original thought to absolute zero. It's important not to expect this straight away as you may feel like you've failed and increase the unhelpful thoughts you are experiencing.​

Research about Cognitive Restructuring tells us that even a small shift in belief and distress is good enough. Hopefully, you'll feel a slight improvement as a result. ​

**The more you practice, the more you will feel confident with your thought challenging.**

**The more you practice, the more you can reduce the belief and distress.** ​

**Task 8:** Reviewing thoughts.

|  |  |  |  |
| --- | --- | --- | --- |
| **Original Thought** | **My balanced thought** | **Belief Before %** | **Belief After %** |
|  |  |  |  |

**Cognitive Restructuring: A Summary**

* Writing thoughts down can be helpful.
* Putting your thoughts on trial helps you find balanced alternatives.
* Use the prompts in the thought diary to help find evidence against your hot thought.
* Practice, practice, practice!

**Rumination and the two minute rule**

Thinking about the past can be fun and helpful. You can **reflect** on things that have happened and learn from them. Some people **reminisce** or enjoy re-living happy memories. Sometimes thinking about the past can become **rumination**. Rumination means going over bad things that have happened in the past, painful thoughts and feelings and troubling memories. When you ruminate you might have a lot of ‘If only…’ or ‘I wish that I…’ thoughts.

Rumination makes your mood worse and makes you less willing and able to solve problems. When you ruminate you don’t pay attention to what is happening right now but concentrate on things that happened in the past. **The two minute rule** can be helpful if rumination is getting in the way of doing things that help you.

**The Two Minute Rule**

Once you notice that you are thinking about problems, continue for 2 minutes and then ask yourself:

* Have I solved a problem, or started to solve a problem?
* Do I understand something that I have not understood before?
* Do I feel less critical or less depressed than before I started thinking about this?

If the answer to these questions is ‘no’ then this is unhelpful rumination- use this as a cue to action. Notice what is around you or distract yourself with a different activity. This should help to break the cycle. Do something different!

**Being Kind to Yourself**

What you say to yourself in your thoughts is important, and so is how you say it. You might tell yourself something true and balanced instead of an unhelpful thought. But, if your mental voice or attitude is angry, demanding, judgmental, or blaming, then changing thoughts wont much affect how you feel. If you can talk to yourself in a kind way it’s likely to make more difference.

Being kind to yourself is sometimes called self compassion. It means not ignoring things in your life that are difficult, instead you could

* Notice your difficulties and don’t judge yourself for them
* Acknowledge that everyone, including you, will struggle, fail, make mistakes and feel bad about themselves sometimes. This is one of the things that makes us human.
* Do things for yourself that you would do for a good friend

It’s easier to be kind when you feel better in your mood. Something that can help you to feel better is a diary.

## Task 9: The kindness diary

It may be helpful to keep a diary of things that are joyful, pleasant or feel like achievements. This can be little things every day like sunlight, a smile from someone, cooking, a nice texture or smell. You can also use a notebook or make notes on your phone, keep a box of nice objects, photographs or recordings.

* Keeping a

**A hand holding a pen and a piece of paper

Description automatically generatedNote: When you are low in mood, stressed or anxious and bothered by physical symptoms you can find it difficult to remember the good things that have happened in your life. Keeping the diary means that you can get to these memories easily when you need them.**

**Between Session Tasks**

Each session, you will be set some tasks for the next week based on the information covered. It is important to practice each task regularly over the next week so you can begin to see some improvement in your anxiety.

**Session 4 tasks:**

**8.Try out the thought challenging process using a negative thought you notice over the next week**

**9. Practice self-compassion by using a kindness diary**

**A blue silhouette of a head with a heart in the middle

Description automatically generated**

**End of session four review**

At the end of each session, reflect on what you've learned. Consider how you can apply it to your own situation. Use the prompt questions below to think about what you’re going to spend the next week practicing. Consider some solutions to any barriers that may prevent you making the agreed changes.

* **What did I learn in today’s session?**
* **How can I apply this to my own situation?**
* **What might get in the way of doing this?**
* **How can I stop this from happening?**
* **What am I going to practice from this session?**

**Session four - notes**

**Session**

**5th**

**Start of session 5 review**

It’s helpful to review the practice you have done over the last week. Don’t be disheartened if you haven’t been able to complete all the tasks. Instead, it is helpful to think about what got in the way and consider how to overcome this next time.

|  |
| --- |
| **How did you get on with the between-session tasks?** |
|  |
| **How do you feel about this?** |
|  |
| **Did you come across any barriers? How did/will you overcome them?** |
|  |

**Pain, Communication and Relationships**

Living with long term pain can be difficult and most people find that relationships with family and friends and others can be affected.

Some of the changes people notice are:

•      People might be concerned about you and want to help

•      It might sometimes feel like sympathy has run out, or you may feel that some friends and family have never really understood how pain affects you

•      Sometimes friends or family can try to do things for you and encourage you to rest as a way of trying to help. Over time, this can become a pattern. It can be unhelpful for you because it can feel harder to feel in control of your situation or that you have a useful role to play.

Pain makes some people more irritable and frustrated. To avoid upsetting loved ones, they might withdraw.

**What changes have you noticed in your relationships because of long-term pain?**

**Responses to Pain**

When you are in pain you might do some things automatically, without deciding to do them. Sometimes it is difficult for other people to know that these behaviours mean, or what they are supposed to do to help you. Some people find it easy to talk about things and are good at asking for what they need. Other people find this more difficult.

**Do you do any of these?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Sometimes** |
| **Withdrawing verbally**  Not talking  Not making conversation  Not explaining what is happening |  |  |  |
| **Withdrawing physically without**  **explanation**  Leaving the room  Going to the bedroom  Go out of the house |  |  |  |
| **Showing pain behaviours**  Grimacing  Rubbing or holding the area of pain ‘ooh, ouch’ |  |  |  |
| **Talking about pain**  Only talking about how terrible it is  Not explaining what you need and why |  |  |  |

These behaviours and responses to pain are normal but they do not help others to know how to help you. They might try to guess what would be helpful and get it wrong! Over time they may feel that their efforts are not working and give up trying and they may feel frustrated or rejected.

**What Might Help**

**Instead of withdrawing verbally**

Try to tell people that your pain is troubling you.

**“The pain’s bothering me today. It’s hard to concentrate and I might be a bit quiet”**

**Instead of withdrawing physically and without explanation**

Try saying that your pain is troubling you and that you would like to have some time by yourself.

**“The pain’s pretty bad today, I’m going upstairs to do a relaxation exercise and let the tablets kick in. I’m not sure how long I’ll need so it’d be brilliant if you could check on me in half an hour and see if I need a drink”.**

**Instead of showing pain behaviours**

Try to limit the behaviours and try to do other things such as changing position, getting up or stretching.

**“When the pain’s bad I’m supposed to move around more than usual. If you see me sitting still for more than quarter of an hour can you remind me to stretch?”.**

**Instead of talking about your pain**

Try to find a way to quickly acknowledge that your pain is bad without going into details. If you need help with anything, ask and try to focus on what might help you to get through the day. Be specific about what would be most helpful from others.

**“My back is really bad today and it’s tiring me out to move. Could you take the kids to the park for an hour so I can do my stretches and have a rest?”**

**Task 10: Traffic Lights**

This page is for you to share with someone else.

Describing what you might be like on different kinds of days can help other people know what to expect. It can help both of you to know in advance what you might need from someone else on different types of day.

Agree how you will let the other person or people know what kind of day it is; you might wear an item of clothing or jewellery as a signal, or stick something to the fridge door.

**Green day:** My pain isn’t bothering me at all or isn’t too bad. I’ll be myself and I don’t need extra help.

**Amber day:** Pain is bothering me but I can still do most things. I might be irritable or quiet. I might need a bit of care and I might need people to be more patient with me.

**Red day:** The pain is very bad. I can’t do much and I’ll need some help.

**How my behaviour might change**

**What I need from other people**

**Green**

**Amber**

**Red**

**Task 11: Communication Styles**

Communication is how we convey or share ideas, feelings and information. We usually think about communication being verbal; that is, using words. However, we know that most of what we communicate to others is passed through non-verbal signals. These include tone, voice volume, body language, movements, and facial expressions.

There are four communication styles that we all use. What is happening in our life will affect our style of communication. So will our thoughts, feelings, and the people we talk to.

Each communication style is characterised by different non-verbal signals. They tend to be prompted by different kinds of thinking and will elicit different reactions from the other person in the conversation.

**The four main communication styles are:**

**•      Passive communication**

**•      Aggressive communication**

**•      Passive-aggressive communication**

**•      Assertive communication**

|  |  |
| --- | --- |
| **Passive** | Not expressing your thoughts, feelings and opinions,  and believing that others’ views are more important than your own.  Tending to avoid conflict, and seeking to gain approval of others. |
| **Assertive** | Expressing your feelings, thoughts and opinions in an open, direct and honest manner, whilst standing up for your rights and respecting those of others. |
| **Passive aggressive** | A style in which individuals appear passive on the surface but are really acting out anger in a subtle, indirect, or behind-the-scenes way.  People who develop a pattern of passive aggressive  communication usually feel powerless, stuck, and resentful. |
| **Aggressive** | Expressing your thoughts, feelings and opinions in a demanding and angry way.  You believe that your own needs are more important than others and therefore ignore and dismiss other’s needs. Talking over/ interrupting other people. |

**The Rules of Being Assertive**

There are certain beliefs that people who use assertive communication hold. You can learn to believe that these statements are true about you and others. Then, it will be easier to communicate assertively.

**I have the Right to:**

* Respect myself
* Recognise my own needs as an individual
* Make clear ‘I’ statements
* Allow myself to make mistakes
* Change my mind, if I choose
* Ask for thinking it over time
* Say No
* Allow myself to enjoy my successes
* Ask for what I want, rather than hoping someone will notice what I want
* Recognise that I am not responsible for the behaviour of other adults
* Respect other people and their right to be assertive and expect the same in return

**How often do you act in this way and use these rights?**

**Top tips for communicating assertively**

* Be honest with yourself about your own feelings
* Keep calm and stick to the point
* Be clear, specific and direct
* If necessary, keep repeating your message whilst also listening to the other’s point of view
* Explore alternative solutions with the other person if appropriate
* Ask if you are unsure about something
* Script what you want to say
* Try to stand back and see it from their point of view

**Saying “No”**

When you experience long-term pain you are likely to be in situations where you are asked to do things that you are no longer able to do. Being able to say ‘no’ in a calm and assertive way can be very helpful.

**How to say ‘no’**

* Be clear on what you are being asked. If in doubt ask for time or more information
* Be direct in your answer. Use the word “No” in the sentence.
* Be honest. You can give a simple reason for saying ‘no’ if you want to.
* Be firm, stick to your “No.” Other people’s limits will differ from your own and some people might ask a few times.
* Be equal: Allow the person to be upset by your answer; that is their right. You could say “I am sorry you are upset by my answer, but it is still “No.”
* Be sure and don’t hint that you might change your mind.
* Be kind - stress that it is the request that is being turned down, not the person.

**What makes it difficult to say no?**

**What tools from the course could help?**

**Completing your five areas**

**Making the most of your Healthcare Appointments**

**Before you go**

* Think about what you want to get out of the appointment
* Plan and write down the main questions you want to ask (try not to take a very long list to an appointment)
* Put your list in order of priority
* Think about whether you want to take someone with you

**When you are there**

* Be clear about the questions you want to ask or the things you would like to discuss at the beginning of the appointment. It might not be possible to cover everything in one appointment, and you and the doctor can then plan which are the immediate priorities
* It can be helpful to make some notes to help you remember what is discussed
* Before you leave, check that you have understood the next steps. These include changes to your medication, referrals, your next appointment, and the reasons for it.
* You could ask your doctor to direct you to some useful information e.g. leaflets, websites
* You might be able to get information or answers by phone or post, and remember that others working in a clinic (nurses or physiotherapists for example) might be able to help you.
* It’s helpful if you show that you consider yourself to be a partner in your medical care

**How to Ask for What you Need**

* Sometimes it might be difficult or frightening to ask for something you need. Scripting is a way to plan what you want to ask and to speak to the other person in a clear and direct way. You can write your script down beforehand and keep it with you or memorise it, whatever works best for you.
* Describe what has happened e.g. *I’ve noticed a new pain in my shoulder*
* Describe how this makes you feel e.g. *I feel frightened that this pain is going to keep getting worse*
* Describe what you are asking for e.g. *It would be helpful if you could examine my shoulder and explain why it is hurting, how long the pain might last and what I can do about it.*
* Describe what will happen if you get what you have asked for e.g. *If you can give me this information, I’ll be relieved and more able to look after myself.*

**Task 12: Who’s Who?**

Use the below table to write down any health care professionals you have contact with to help keep track of who can help and when:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  |  |  |
| **Job Title** |  |  |  |
| **Contact number and when are they open** |  |  |  |
| **When to make an appointment?** |  |  |  |
| **What can they help with?** |  |  |  |

**Medication and Pain**

You may choose to take pain killers – this is a personal choice.

If you are taking prescribed medications, we recommend you discuss any changes you would like to make, or any concerns about side-effects, with your health-care provider.

To find out if pain medication is helping consider these questions:

* + Are you being more active? Are you able to exercise?
  + Am I experiencing less pain?
  + Are you doing more of the things that boost your mood?

**Remember these points:**

* You can get used to some painkillers, so that it feels like they aren’t working as well
* Sometimes people take more and more to try to get the same effect, but high doses can cause more side-effects and other problems
* If they are not helping, discuss this with your doctor, who can help you to decide whether to continue or stop taking them
* Sometimes stopping pain killers slowly and carefully can help you to feel better overall

**The stages of sleep**

**A diagram of a sleep cycle

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The diagram shows a typical night’s sleep for an average adult. The times at the bottom are just suggestions to give a sense of how long bits of sleep might take, not saying we all go to bed at the same time.

**Stages of Sleep**

We have several cycles of sleep during a typical night. During each cycle we experience different **stages of sleep** – these are down the left side of the graph. A whole cycle lasts for about 90-120 mins, we might have two whole cycles in a night and then lighter sleep when we have more REM stage sleep.

**Stages 1 & 2** lighter levels of sleep. Stage 1 is very short. We are conscious of thoughts and easily woken. Stage two is a little deeper, our heart rate slows but we still wake easily.

**Stages 3 & 4** are the most restorative and refreshing stages of sleep, body temperature & blood pressure reduces, body repairs at cellular level, harder to awake.

**REM** –stands for Rapid Eye Movement. Heart rate and blood pressure increase. The body rehearses survival and reproduction systems during REM. We are likely to dream during this stage. But, our body is paralyzed so that we can’t act out our dreams.

**Partial waking** – happens several times a night. We usually don’t realise that we’ve woken up and go straight back to sleep unless something grabs our attention.

**Sleep and pain**

Most people with long-term pain have experienced problems with sleep e.g. difficulty getting off to sleep, and waking during the night because of pain.

If these problems persist the lack of sleep can add to other problems that already occur; like poor concentration, irritability and tiredness.

Although pain can cause problems with getting to sleep and staying asleep **pain is rarely the only reason why sleep is disturbed**.

* Pain may wake you (often because you need to move/change position)
* Other factors can also disrupt sleep, but the good news is many of these factors can be changed to improved sleep

## What can affect your sleep?

Graphical user interface, text, application

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**What tools could you use to improve your sleep?**

**Tips to Improve your Sleep**

* Even if you have had a bad night’s sleep the night before try not to have naps in the daytime. Napping during the day will make it harder to sleep at night.
* Take some time to relax and wind down before going to bed. Try to get into a routine of doing certain relaxing activities before bedtime, for example soaking in a warm bath, reading a book or listening to music.
* Do not do anything mentally demanding within 90 minutes of going to bed.

* Use the bed just for sleeping; avoid watching TV/using laptops or your phone in bed as the light and subject matter may inhibit sleep.
* If you wake in the night avoid looking at the clock to see what the time is, you could try turning the clock away from the bed so that you cannot see the time.

**When pain is at its worst**

* Remember that it can take time to reduce discomfort enough to rest.
* Relaxation can help you to become more comfortable and is the next best thing to sleep.
* It may be helpful to review medication with your GP or pharmacist if you have difficulty getting comfortable.
* Use pillows to support your legs or back. Seek advice from health professionals like a physiotherapist about sleeping positions.
* Heat from electric blankets, wheatbags or hot water bottles may help (use with care as per instructions)

**The Sleep Checklist**

**Alcohol**

A lot of people drink alcohol before they go to bed because they think that it helps them to get to sleep. Alcohol is a muscle relaxant so it can help to reduce how much you worry and might make it more difficult to notice pain for a little while. Sadly, alcohol harms sleep. It stops you from entering deep sleep and makes you more likely to wake up for longer. This happens when you have a wakeful moment at the end of a sleep cycle. Alcohol might make you less likely to move your body when you are asleep and this can lead to stiffness which could make pain feel worse.

The Health Service recommends **not drinking more than 14 units of alcohol a week** and do not drink alcohol for four hours before you try to sleep. If you are not sleeping well then you could experiment with not drinking any alcohol at all, to see if your sleep improves.

**Caffeine**

A lot of drinks and food have got caffeine in them: tea, coffee, energy drinks, many fizzy drinks, chocolate and painkillers are some examples. Caffeine makes your body ‘wake up’; it prompts your heart to beat faster and your muscles to tense up. If your body is stimulated in this way it makes it difficult to fall asleep or to be rested by sleep. Caffeine can stay in your body for six hours. **Try not to drink or eat anything that might have caffeine in it in the afternoon.**

**Eating before bed**

Eating a big meal just before going to bed can make you feel over – full, and your body needs to work to digest the food, so this can interfere with sleep. Going to bed when you feel hungry might also make it difficult to drop off.

Try to eat your evening meal earlier in the evening, and having a small snack like a slice of toast or a milky drink before bed.

**Watching TV, using computers or playing electronic games**

Most screens project blue light which will keep your brain active, this would stop you from feeling tired. You could think about what you are watching on the screen – is it, frightening, exciting or stimulating? This could get in the way of sleep.

Try not to use screens for an hour before you go to bed, and try not to use screens in your bedroom.

**Activity levels**

Being active is good for your health and is an important part of managing pain. The Health Service recommend trying to spend twenty to thirty minutes a day moving gently but enough to make you slightly out of breath (so that you could still talk to someone). Activity and movement will make your body warmer and can give you a feeling of increased energy. When you are going to sleep your body tries to cool down so activity just before bed time can make it harder to get to sleep.

Try to do some gentle activity on most days but give your body time to cool down before you try to sleep.

**Smoking and vaping**

Just like caffeine, nicotine is a stimulant and makes it harder to fall asleep and to stay asleep. Try to avoid cigarettes for at least 2 hours before bed.

**Naps during the day**

When you sleep for several hours during the day you will need less sleep at night. Sometimes people expect to sleep for a certain number of hours at night, even if they have taken some of their sleep during the day. When they sleep for fewer hours than they expected to they begin to worry and feel distressed.

Try to be aware of how much sleep you tend to need during twenty-four hours. If pain is making it difficult to sleep at night it might be helpful for you to have a nap in the day. Remember that if you take some of your sleep during the day, expect that you might need less at night.

**A routine if you wake up in the night**

We all wake up several times during a typical night, usually we will fall asleep again without remembering this but sometimes pain or worry can catch our attention and keep us awake. If you wake during the night it can be helpful to plan what you will do at those times.

Try to have a plan of what you will do if pain wakes you up. You could walk around the house or do some gentle stretching exercises to make your muscles and joints less stiff. You could

**Between Session Tasks**

Each session, you will be set some tasks for the next week based on the information covered. It is important to practice each task regularly over the next week so you can begin to see some improvement in your anxiety.

**10. Complete your own traffic light system (page 83)**

**11. Practice assertive communication where appropriate (page 89)**

**12. Complete ‘who’s who’ table (page 91)**

**13. Identify changes that you can make to improve sleep (page 97)**

**A blue silhouette of a head with a heart in the middle

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**End of session Review**

At the end of each session, it is important to reflect on what you have learned and how you can apply it to your own situation. Use the prompt questions below to think about what you’re going to spend the next week practicing. Consider some solutions to any obstacles that may prevent you making the agreed changes.

* **What did I learn in today’s session?**
* **How can I apply this to my own situation?**
* **What might get in the way of doing this?**
* **How can I stop this from happening?**
* **What am I going to practice from this session?**

**Session 5 - Notes**

**Session**

**6th**

**Start of session 6 review**

It is helpful to review the practice you have done over the last week. Do not be disheartened if you have not been able to complete all the tasks. Instead, it is helpful to think about what got in the way and consider how to overcome this next time.

|  |
| --- |
| **How did you get on with the between-session tasks?** |
|  |
| **How do you feel about this?** |
|  |
| **Did you come across any barriers? How did/will you overcome them?** |
|  |

**Flare ups**

A flare up is an increase in pain which is above the usual level of pain, sometimes this is referred to as a setback. This does not refer to new pain sensations, and flare ups can be a normal part of living with long-term pain. Levels of pain can vary over time and its helpful to remember that flare ups are time limited.

**Task 14: My Flare Up Plan**

You can use this page to:

* Record anything that you notice about your flare ups when they happen
* Plan what you will do next time a flare up happens

**Before**

Was there a trigger? Did pain gradually build up over time? Any difficult life event or general stress? Could you have done something about these earlier? Will you spot them next time?

**During**

What do you do? How do you feel? What helps?

**After**

How will you increase your activity again? Do you need to review medication with a GP? What have you learned?

**Moving forward after the course**

There is no right or wrong way to feel at this point in the course. You may be feeling better and ready to finish treatment. You may not be feeling better and wanting to explore further treatment options. You may be somewhere in between.

To plan for the future, it can be helpful to think about how things have changed since the first session.

Research tells us that it is common for problems like anxiety and depression to return after feeling better. This is called lapsing and relapsing. While this may seem daunting, it is important to note that this is normal.

It can be helpful to consider what thoughts, feelings or behaviours could be warning signs that you were feeling worse again. When you are more aware of them, they can be stopped quickly and more effectively.

Using the task below, consider noticeable thought patterns, physical feelings behaviours or situations that might trigger low mood or anxiety.

**Task 15: My Warning Signs**

|  |
| --- |
| Situations:  Thoughts:  Physical feelings:  Emotions:  Behaviours: |

**Task 16: My Wellbeing Action Plan**

Think about the things you have changed over the past six weeks and make a plan of what you will do in the future if needed.​

While it is recommended to keep up all of the techniques you've learned, it is normal for them to not be needed after a long period of feeling better. Sometimes they just become automatic e.g. thought challenging. Taking the time now to remember what helps can help you restart anything you stop doing should you need to in the future. ​

Consider a time to check back in with the wellbeing plan to make sure it's still being followed or if any changes can be made. The length of time is up to you. ​

Even if you aren’t feeling better, it is helpful to think about what has been helpful and what you'll keep trying as you move forward with treatment – no matter how small.

**What has been working well?**

**What helped last time?**

**What can I do now?**

**What can I continue doing?**

**Mindfulness**

Mindfulness means paying attention in a particular way:

* On purpose
* In the present moment
* Non-judgemental

By being mindful we choose and learn to control the focus of our attention. When we worry, we tend to think about the future, trying to anticipate and solve hypothetical problems. Practicing mindfulness will help you to be more grounded in the present moment and to spend less time worrying

* A good way to start to practice mindfulness is to start with some routine activities you do (e.g. washing the dishes) and to carry them out mindfully instead.

You can learn how to practice mindfulness by using the Headspace app, reading Mindfulness for Health by Vidyamala Birch and Danny Penman, or using a website like **Freemindfulness.org**. There are a number of courses available that will teach you how to be mindful. Ask your course facilitators or practitioner for details of these.

**Mindful activity**

|  |
| --- |
| My activity: |
| During the activity focus on the following:  Touch:  Sight:  Hearing:  Smell:  Taste: |
| What did I learn from this task? |

**Reviewing goals**

During the course, we have discussed how setting goals to work towards that is in line with our values during treatment can improve motivation. Have a look back at the goal you set and think about how far you are from achieving it. You may have already done it, be part of the way there or not be close at all.

With this in mind, think about what you’d like to aim towards now the course is over. It could be the same as what you thought of in the beginning or a slightly revised version; it could be something different completely.

​You may wish to set a goal for further support or treatment, in these cases, it is helpful to use the 5 Areas Model to think about which specific areas need work.

**Task 17: My goals moving forward**

|  |
| --- |
|  |

**Next Steps**

The next steps of treatment will depend on how you are currently feeling:

A picture containing text, screenshot, font, number

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Based on the symptoms from your last depression and anxiety questionnaires, you may be offered a review call. We will discuss alternative options for treatment. This will be offered the week after the course has finished. If you are not offered a review call, you can contact our admin team to request it.

**End of session Review**

At the end of each session, reflect on what you've learned. Consider how you can apply it to your own situation. Use the prompt questions below to think about what you’re going to spend the next week practicing. Consider some solutions to any barriers that may prevent you making the agreed changes.

* **What did I learn in today’s session?**
* **How can I apply this to my own situation?**
* **What might get in the way of doing this?**
* **How can I stop this from happening?**
* **What am I going to practice from this session?**

**Session six notes**

**Further Information about Pain**

**www.sheffieldachesandpains.com/persistent/home**

A really useful website with a range of information and resources to help you to live with long-term pain.

**www.paintoolkit.org**

A free resource that has helped people to understand and live with long-term pain.

**www.britishpainsociety.org/people-with-pain**

This site provides links to free resources about living with long-term pain. The website also offers some information on how pain works.