

# Quick Start for Self- Managing Chronic Pain

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UNIVERSITY  
OF MANITOBA

# What is it all about?

- The Pan Am Pain Clinic is pleased to offer this pain self-management education program to all patients referred to the clinic.
- As a part of our multidisciplinary approach, we recommend that all patients attend. However, attendance is optional. You will not be treated any differently if you choose not to attend for any reason.
- We welcome the attendance of significant others (eg, spouse, family member, or close friend) who are in a supportive role.
- The sessions are repeated every two to three months and are facilitated by the Pain Clinic Psychologist and Physiotherapist.

- If you register for a session but are unable to attend, you are welcome to register for a future session.
- These sessions provide very general information and a basic understanding of recommended strategies for chronic pain self-management, and therefore may not meet the needs of those seeking more specific or detailed information about their particular pain condition.
- Your participation in practical exercises is optional. We ask that you not disturb others.
- If you would like to download a copy of the presentations, along with the handouts containing relevant information and practical exercises, you may do so at:

<https://www.panamclinic.org/patients-visitors/patient-resources>

# Outline

- What is Pain?
- Myths About Chronic Pain
- Impact of Chronic Pain
- Biopsychosocial Perspective
- Relaxation/Meditation
- Stress and Emotional Well Being
- The ACT Model of Treatment
- Effective Communication
- Sleep

# What is Pain?

- “An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.”
- Can be acute or chronic
- Motivates us to withdraw from potentially damaging situations, protect ourselves, and avoid similar situations in the future
- Necessary for survival

# Myths of Chronic Pain

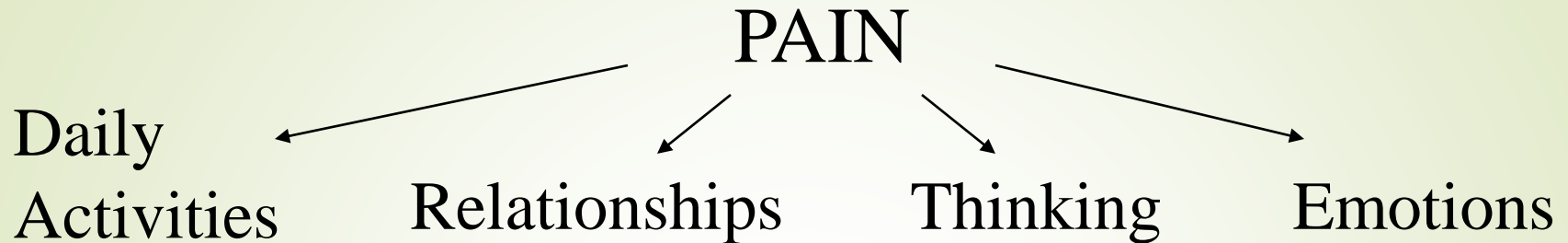
- “It’s all in your head/You’re making it up.”
- It’s NOT all in your head. Most people with chronic pain do not have a prior history of mental disorder.
- 2) “If you can’t see it, it isn’t there.”
- Often there are no visible signs or identifiable causes
- 3) “Medical advances should be able to cure it.”
- Medications and other treatments may help to reduce pain, but there is seldom a cure. One-time treatments (e.g., surgery) are not a guarantee and sometimes worsen the condition.



- 4) “People with chronic pain are just lazy”
- Although some become quite sedentary, most people with chronic pain have been “overdoers”
- 5) If I work hard enough I can beat this pain.
- “Beating the pain” through will-power or effort usually does not work. Rather, learning to relax and “let go” is often beneficial.
- 6) I am being punished
- You did nothing intentional to deserve this pain



# Living with Chronic Pain



Self-Care  
Work  
Household  
Family  
Social  
Recreational

Strain  
Conflict  
Isolation  
Miscommunication  
Less Intimacy

“Can’t cope”  
“Failure”  
“Blame others”  
“Blame Self”  
“All in my head”  
“Why me?”  
“Nothing I can do”  
“Worse and worse”  
“Letting others down”  
“Not taking me seriously”  
“Fix or Cure”

Frustration  
Irritable  
Anger  
Defensive  
Sadness  
Depression  
Anxiety  
Fear  
Guilt

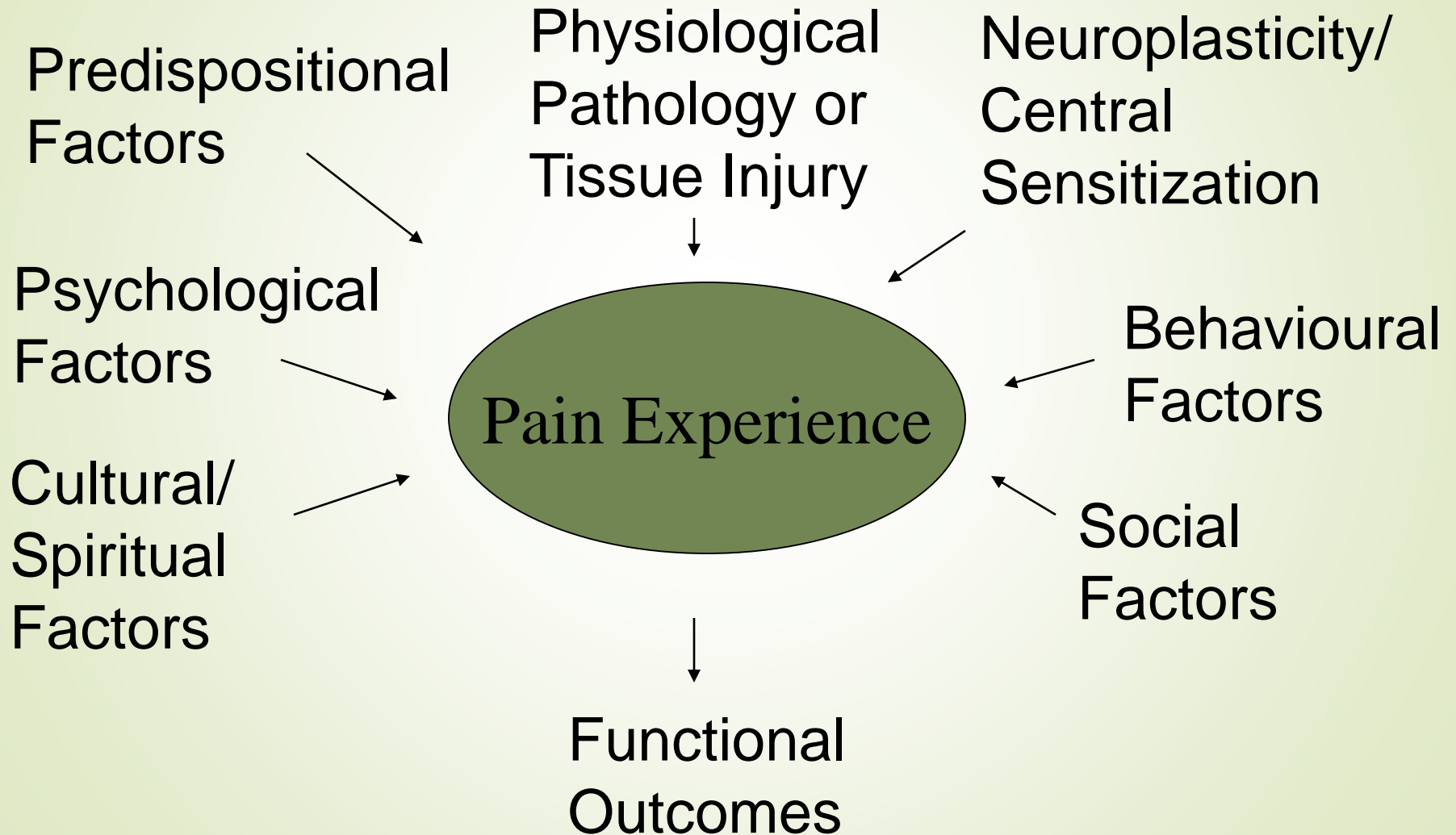
# Secondary Problems

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- Anxiety/Fear (25%-50%)
- Depression (50%-70%)
- Anger and Frustration (50%-80%)
- Insomnia (50%-80%)
- Medication Misuse
- Sexual Dysfunction
- Family Dysfunction

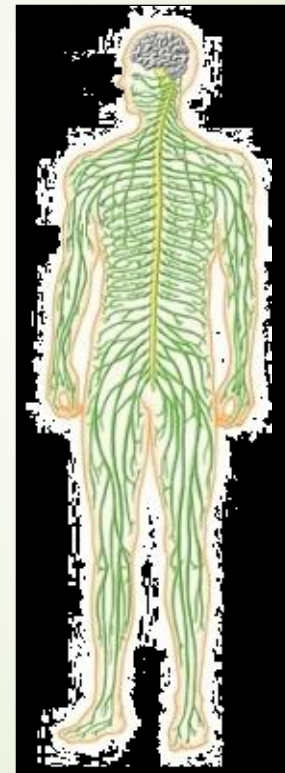


# Biopsychosocial Model



# Gate Control Model of Pain

- Nerves from different body parts all travel to the brain via the spinal cord
- Pain messages travel along nerves and pass through “gates” on the way to the brain
- Pain messages are affected by our psychological state and coping



# Gate Control Model of Pain

- If the gates are **open**, **more pain** is felt
- If the gates are **closed**, **less pain** is felt

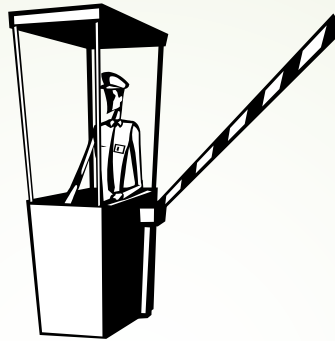
# Gate Control Model of Pain

What opens  
the gates

Stress and  
muscle tension

Lack of activity

Focusing on  
negative aspects  
of pain; fear



What closes  
the gates

Relaxation

Regular Activity

Focusing on valued  
activities/goals

# What Helps to Decrease Pain

- Relaxation/Meditation
- Regular appropriate physical activity
- Pacing
- Medication scheduling
- Changing the nature of your relationship with pain, thoughts, and feelings



# Why Practice Relaxation/Meditation?

- It calms the central nervous system and helps to close the pain gate
- Decreases the effects of stress on your mind and body
- It is a skill that can be learned through regular practice
- Regular practice can help reduce the need for certain kinds of medication
- Free or low cost and can be done just about anywhere

# Relaxed/Mindful Breathing



# Chronic Pain: Stress and Emotional Well Being

# Stress

- Stress is our cognitive, emotional, and physical reaction to anything exciting, upsetting, or unexpected.
- Stress can be a response to a positive or negative event
- Stress can be the result of a major event or minor hassles
- Stress can increase pain
- Our stress level is largely determined by how our thoughts hook us and this can lead to ineffective behavior

# Some Barriers to Valued Living

- Struggling with Symptoms
- Setting unrealistically high standards
- Self-criticism
- Intolerance of Uncertainty
- Over-responsibility for others/Self-neglect
- Need for approval
- Guilt
- Over-scheduling/Procrastination
- Fear/Avoidance

# Acceptance-Based Model : Assumptions

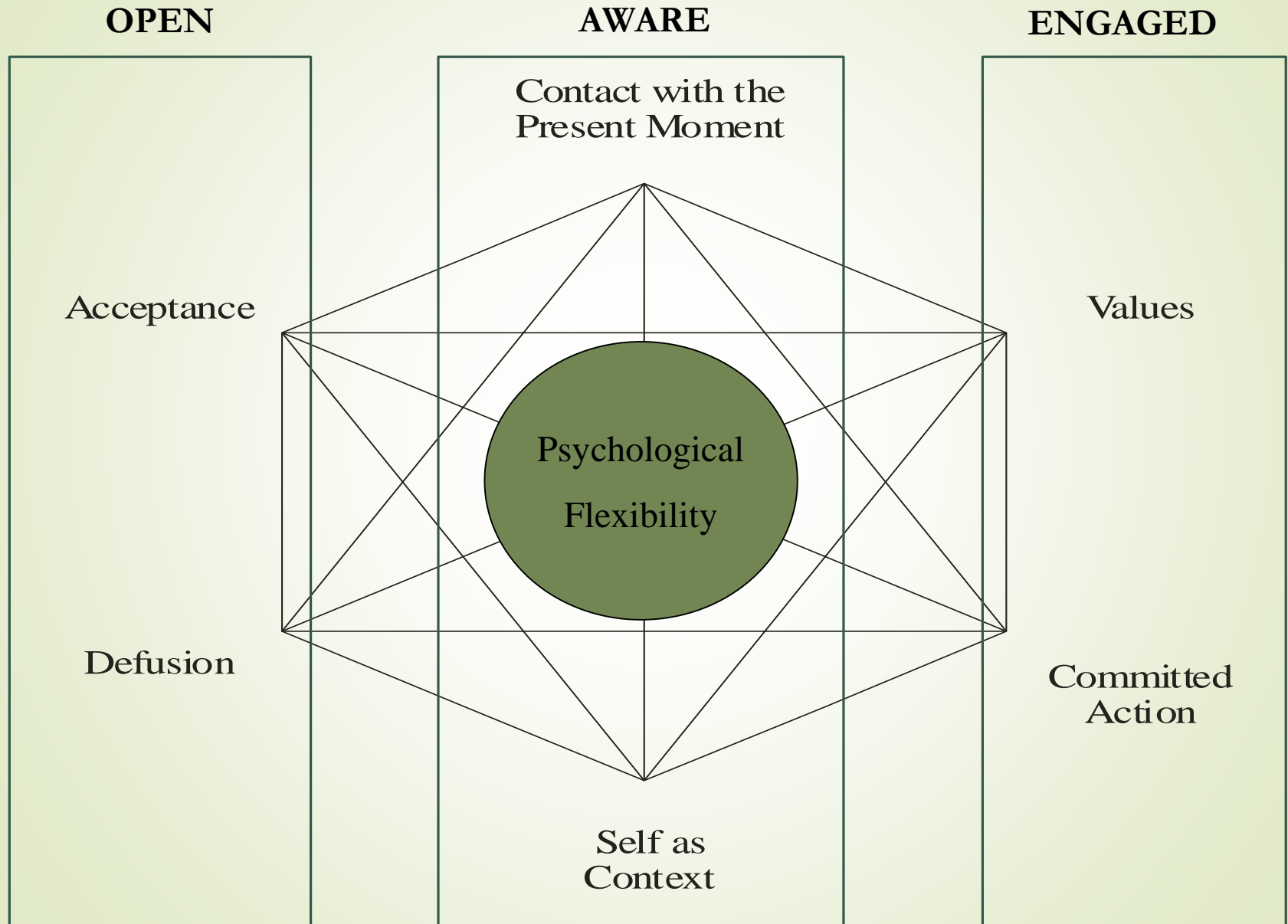
- Human Suffering is Universal
- Our Culture/Society has a general aversion to present moment experiences that are unpleasant but inevitable and necessary
- Our Culture/Society tends to approach the human body from a mechanistic perspective
- Rule of Private Events
- Chronic Pain and other internal sensations, thoughts, and emotions are inevitable and can have adaptive features

# Acceptance-Based Model of Suffering

- Human suffering is determined by how we relate to our internal experiences, often by over-identifying with our thoughts, feelings, and bodily sensations
- Distressing thoughts, feelings, and bodily sensations are often seen as dangerous to our well-being
- Efforts to avoid/escape distressing thoughts, feelings, and bodily sensations are often seen as the primary strategy for improving our life
- Experiential avoidance leads to behavioral avoidance - we fail to engage in actions that are consistent with what really matters to us



# The ACT Model of Treatment



## Case Study - Lauren

Lauren, age 54, has a long history of diffuse body pain that was recently diagnosed by a rheumatologist as fibromyalgia syndrome. Although she has consulted with a pain clinic, oral analgesics have only been moderately effective, and she continues to experience pain, fatigue, and physical limitations that disrupt her functioning across a number of life domains. At her first appointment with her counsellor, she stated that she is frustrated with her symptoms, and how they are impacting her. Lauren separated from her spouse of 32 years recently, and described the relationship as emotionally abusive. She has two grown children and two young grandchildren and wishes she could spend more time with her grandchildren. She stopped working as a legal assistant, something that she really enjoyed, about 5 years ago, and indicated that her quality of life has diminished significantly, plus she feels bad about not working. Although she has four siblings, she is the one who spends the most time taking her ageing parents to their appointments and helping them with whatever they need. She figures that this is because she is no longer working. As a result she has reduced activities that she enjoyed in the past, including dining out and socializing with friends.

## Gaining Awareness: Lauren's Pain Matrix

# Outside World

**What have I tried to move me away from  
(avoid) what hurts inside?**

**What actions do I take (or could I take) to move me toward what matters to me?**

## Away

ME

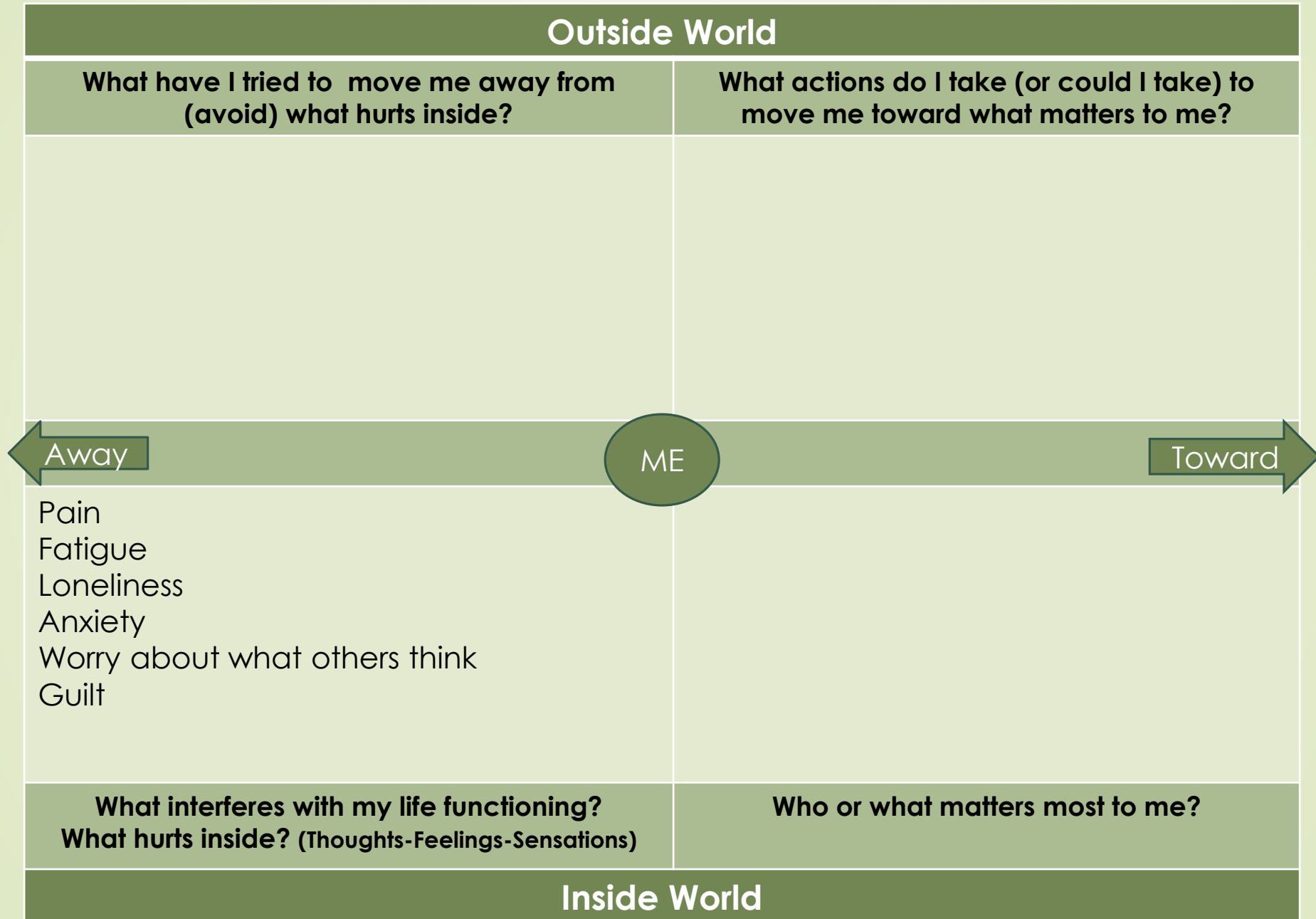
# Toward

**What interferes with my life functioning?**  
**What hurts inside? (Thoughts-Feelings-Sensations)**

## Who or what matters most to me?

# Inside World

## Gaining Awareness: Lauren's Pain Matrix



## Gaining Awareness: Lauren's Pain Matrix

Outside World	
What have I tried to move me away from (avoid) what hurts inside?	What actions do I take (or could I take) to move me toward what matters to me?
Take pain medications Rest a lot Stay home Take care of my parents Stay quiet during family discussions (don't rock the boat)	
<div>← Away</div> <div>ME</div> <div>Toward →</div>	
Pain Fatigue Loneliness Anxiety Worry about what others think Guilt	
What interferes with my life functioning? What hurts inside? (Thoughts-Feelings-Sensations)	Who or what matters most to me?
Inside World	

## Case Study: Bill

Bill is a forty-one-year-old man with chronic back pain and depression. He injured his back while lifting a pallet on the job five years ago. He returned to work after two months of leave but found that his back pain was too intense for him to continue his work. He filed for permanent work disability but his claim was denied. Nevertheless, Bill continued to experience pain on a daily basis. He was offered a vocational retraining option but declined because he didn't feel he could work at all with his pain.

Bill consulted a surgeon and had a spinal disc fusion that initially helped but eventually left him with even worse pain. He was prescribed opioid medication and now he's dependent upon the medicine and still experiences a lot of pain. Bill describes his pain as a burning, stinging sensation, like someone is putting a needle in his back. Pain sensations radiate down his right leg, where he experiences numbness and tingling. His physician has refused to increase his dosage and even recommended that he reduce it. Bill is furious that his doctor isn't helping. He feels that none of his doctors have taken very good care of him.

Bill's daily routine is to spend a lot of time sleeping or lying on the sofa, as this provides some relief. He also spends a lot of time in his room watching Netflix or playing video games. He doesn't go out much because upright activity tends to cause pain. He used to go to church with his wife but he stopped after having to leave once because of a pain flare-up. Bill's wife complains that he doesn't help around the house and that he's short with her and their kids. They don't have much intimacy anymore as sexual activity increases his pain.

Bill believes his depression is caused by his chronic pain. The more he struggles to control his pain, the more angry and irritable he becomes. He often thinks about the day he hurt his back and whether he could have done something to prevent his injury. He doesn't see much hope that his life will turn around unless the pain is eliminated. He's disappointed in himself for not being able to work and he feels bad when he yells at his kids for no good reason. More than once, he's thought about suicide because he feels his family would be better off without him.

## Gaining Awareness: Bill's Pain Matrix

## Outside World

**What have I tried to move me away from  
(avoid) what hurts inside?**

**What actions do I take (or could I take) to move me toward what matters to me?**

## Away

ME

## Toward

**What interferes with my life functioning?**  
**What hurts inside? (Thoughts-Feelings-Sensations)**

## Who or what matters most to me?

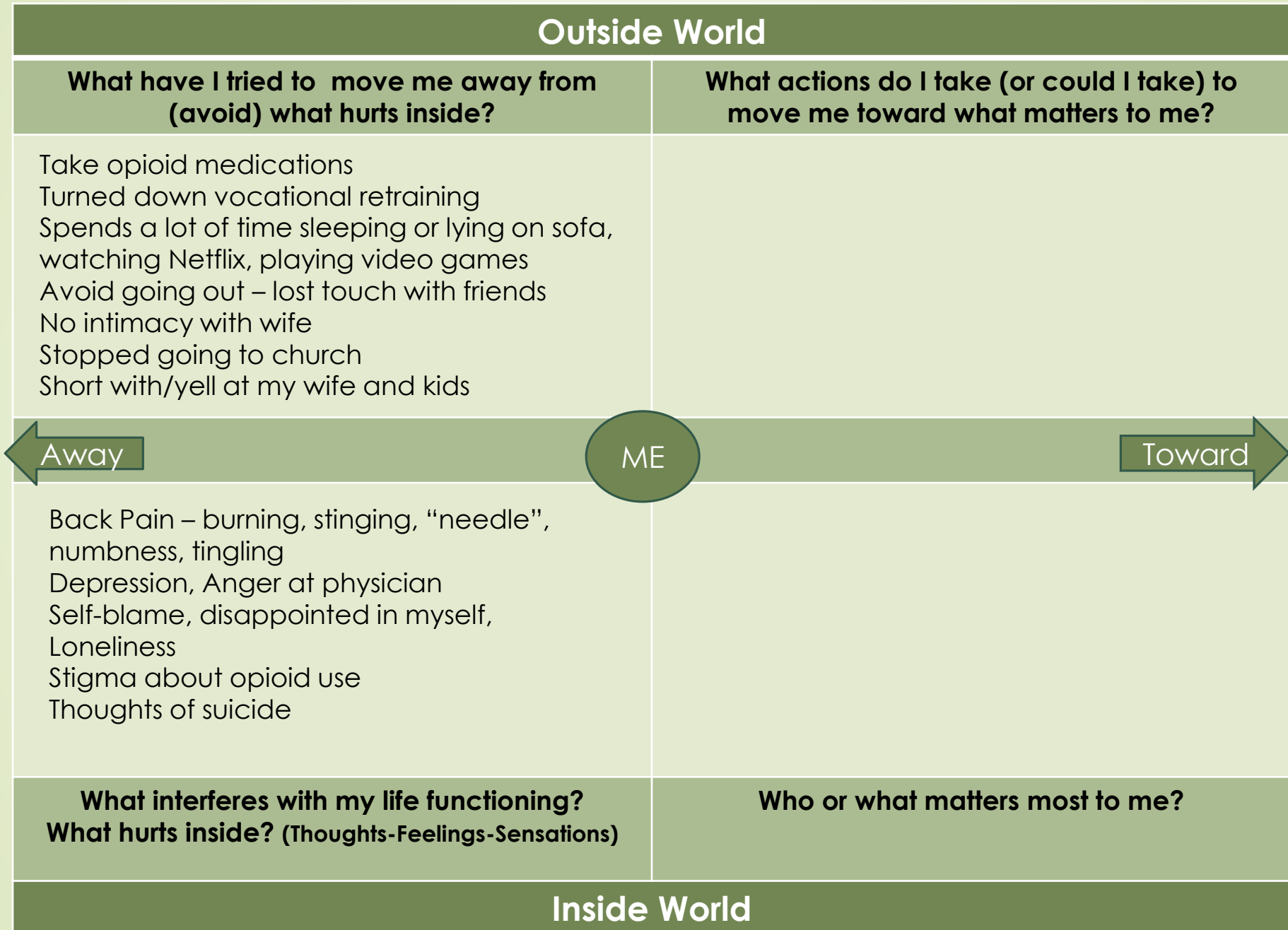
# Inside World



## Gaining Awareness: Bill's Pain Matrix

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What interferes with my life functioning? What hurts inside? (Thoughts-Feelings-Sensations)	Who or what matters most to me?
Inside World	

## Gaining Awareness: Bill's Pain Matrix



# Reframing the Problem

- Controlling the way you feel is the problem, not the solution
- You aren't hopeless, but the strategies you're taught to use are hopeless
- Which are you going to believe, your mind or your experience?
- You can gain control of your feelings, but to do so you must lose control of your life
- Controlling your feelings is like holding a beach ball under water. You can do it, but you can't focus on anything else
- A rabbit has to stop running before it can figure out if it's safe
- Going to the dentist hurts, but it hurts a lot more if you don't go
- It isn't about feeling good, it's about getting good at feeling

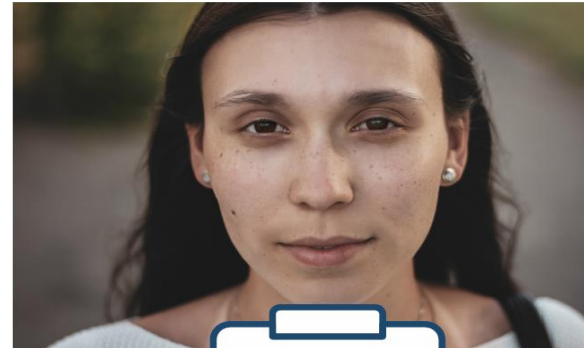
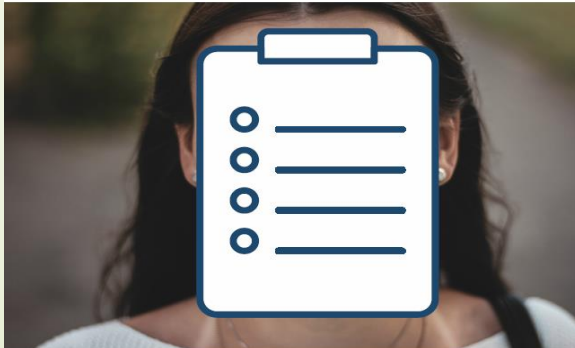
### Events or Situations in Bill's Life

1. Bill suffered an on-the-job injury.	A	C
2. Bill experiences back pain on a daily basis.	A	C
3. Bill was denied a disability pension.	A	C
4. Bill has thoughts that he has too much pain to work at any job.	A	C
5. Bill refuses to go through vocational retraining.	A	C
6. Bill underwent an unsuccessful back surgery that left him with more pain.	A	C
7. Bill spends a lot of time on his sofa to control the pain.	A	C
8. Bill doesn't go to church.	A	C
9. Bill doesn't exercise regularly because of the pain.	A	C
10. Bill takes larger and larger doses of narcotics to control his pain.	A	C
11. Bill experiences burning and stinging sensations in his back.	A	C
12. Bill experiences sensations of tingling and numbness in his leg.	A	C
13. Bill feels angry and irritable when in pain.	A	C
14. Bill remembers the injury.	A	C
15. Bill thinks about how he could have prevented the injury.	A	C
16. Bill yells at his children.	A	C
17. Bill is short with his wife.	A	C
18. Bill doesn't have sexual relations with his wife because his back hurts.	A	C
19. Bill has thoughts that life has given him a raw deal.	A	C
20. Bill has thoughts that he would be better off dead.	A	C



# PUTTING DOWN THE CLIPBOARD

The clipboard is like all of our internal "stuff". We can't get rid of the clipboard, but we can create space between us and the clipboard so that we can live our life.



# HAVING A THOUGHT VS. BUYING A THOUGHT

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Our thoughts only have as much power as we give them. Notice how changing the label of a thought can change how that thought makes you feel. This exercise again helps us to gain some distance from our thoughts. We can have thoughts – but we don't necessarily have to “buy” our thoughts.

**"I am..." vs. "I am having the thought..." vs. "I notice I am having the thought..."**

**"I am** worthless."

This is a powerful, self-defining thought.

This labels the *thought as the truth*.

**"I am having the thought** that I am worthless."

This loses its self-defining power over you.

It is now simply a *thought*.

**"I notice I am having the thought** that I am worthless."

This creates an even greater distance between you and the thought.

*What was it like to make the change in that language? What happened to how you felt about the situation?*

We can learn to separate from our thoughts – “Here is me.... And here are my thoughts. I am not my thoughts. So thoughts are not necessarily the truth. In fact, they are rarely the absolute truth.” By gaining this distance from our unhelpful thoughts, we can decrease our suffering in very real ways.



# YOU ARE THE SKY

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Our thoughts and feelings are like the weather. Some are really black, thick clouds that might even have thunder and lightning in them. Some might be rain, snow clouds; or lighter, fluffy clouds. Of course, there is also the sun.

Sometimes we can forget the sky is there, because there are so many clouds in the way – like some times we get so caught up in our thoughts and feelings we lose track of who we are and what matters to us.

The weather changes all the time and no matter how bad it gets, the sky never gets hurt. The sky is still there, behind the clouds, lightning and rain. The sky can hold all the clouds and weather, and still stay the same behind it all.



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Our thoughts and feelings can change, but no matter what, we are still there. We can learn to be like the sky, making room for all sorts of weather that turns up, and still be ourselves.

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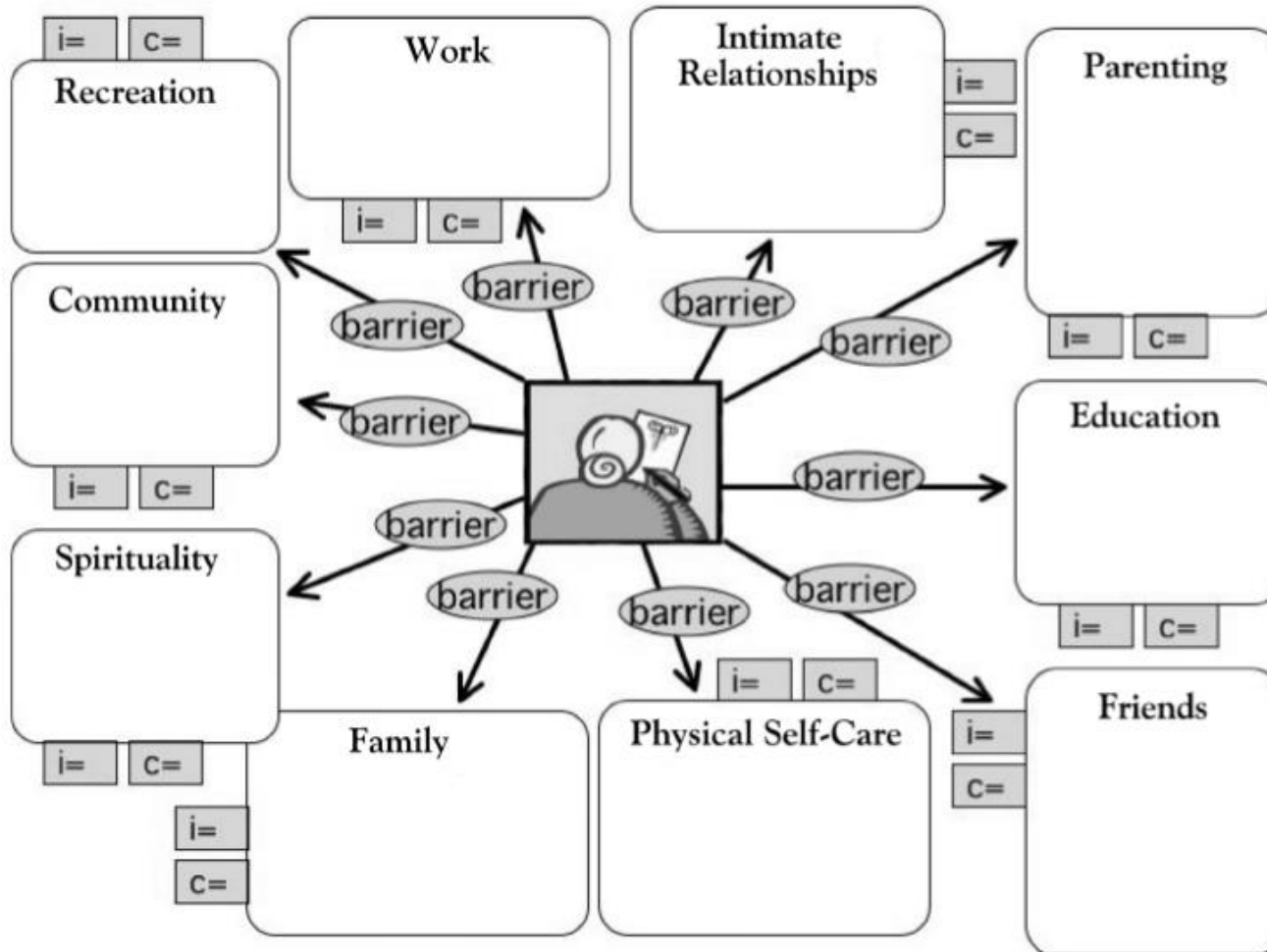
# Values

- Describe global qualities of ongoing behavior (ie, hard working, supportive, conscientious, compassionate, open, spiritual, imaginative, etc)
- Are deeply personal
- Create a sense of life meaning, purpose, and direction
- Aspirational (ie, what qualities or strengths do you want to exhibit on an ongoing basis) and
- Motivational

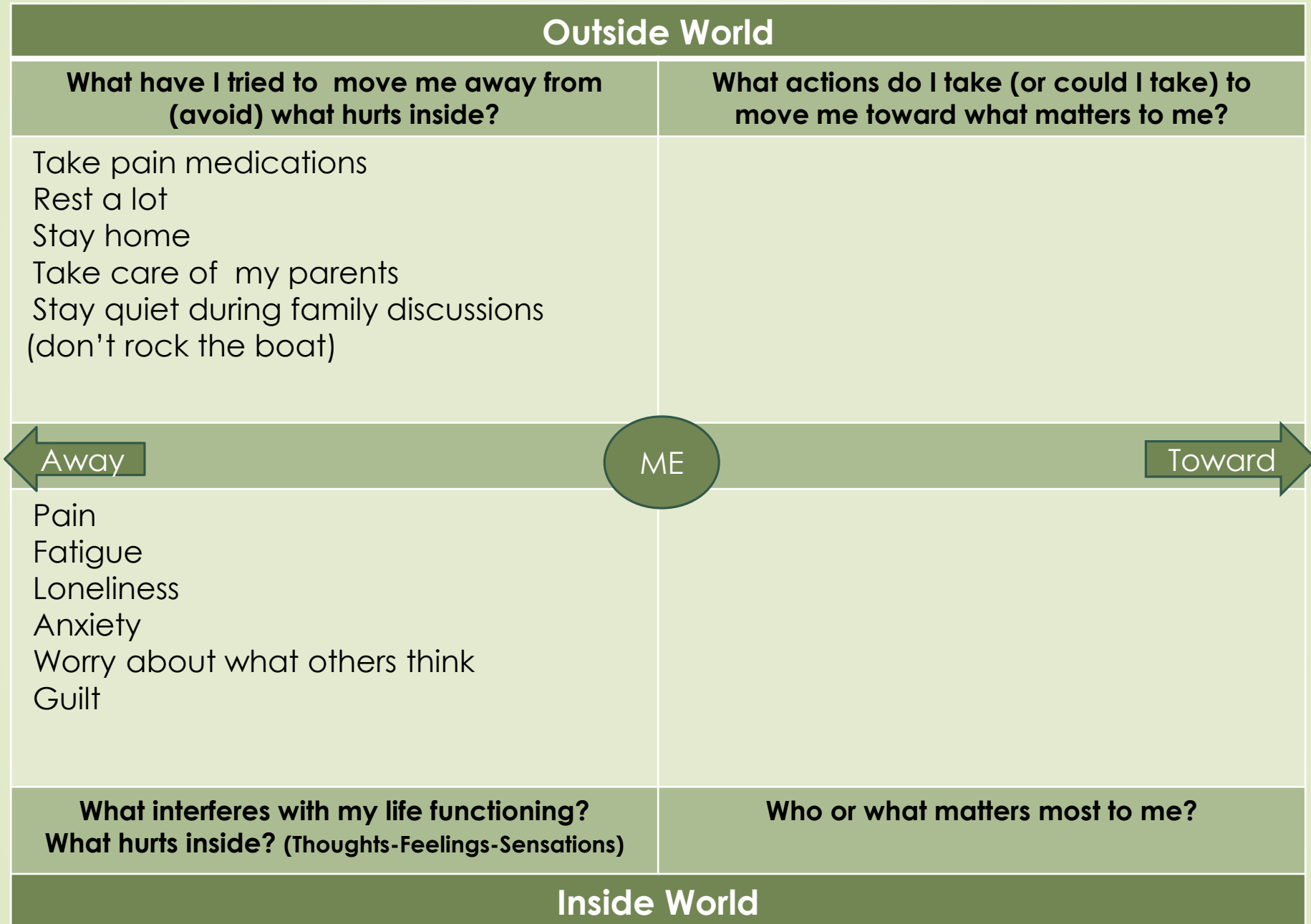
# Values: Interventions

- What do you want your life to stand for?
- 90<sup>th</sup> Birthday exercise
  - What did you worry too much about?
  - What did you spend too little time doing?
  - What would you do differently from this day onward?
- Life Compass

## LIFE COMPASS



## Gaining Awareness: Lauren's Pain Matrix



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Outside World	
What have I tried to move me away from (avoid) what hurts inside?	What actions do I take (or could I take) to move me toward what matters to me?
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<div>← Away</div> <div>ME</div> <div>Toward →</div>	
Pain Fatigue Loneliness Anxiety Worry about what others think Guilt	My kids My family Connecting with friends Learning and growing as a person Having new experiences My health Connecting with nature
What interferes with my life functioning? What hurts inside? (Thoughts-Feelings-Sensations)	Who or what matters most to me?
Inside World	

## Gaining Awareness: Lauren's Pain Matrix

### Outside World

**What have I tried to move me away from  
(avoid) what hurts inside?**

Take pain medications  
Rest a lot  
Stay home  
Take care of my parents  
Stay quiet during family discussions (don't rock the boat)

**What actions do I take (or could I take) to  
move me toward what matters to me?**

Spend more time with my friends  
Spend more time with my grandkids  
Take a course  
Join a scrapbooking club  
Start going for walks in the forest  
Let my family know that I need help  
Continue to **help** caring for my parents  
Do some self-care activities

Away

ME

Toward

Pain  
Fatigue  
Loneliness  
Anxiety  
Worry about what others think  
Guilt

My kids  
My family  
Connecting with friends  
Learning and growing as a person  
Having new experiences  
My health  
Connecting with nature

**What interferes with my life functioning?  
What hurts inside? (Thoughts-Feelings-Sensations)**

**Who or what matters most to me?**

### Inside World



## Gaining Awareness: Bill's Pain Matrix

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<b>What interferes with my life functioning?</b> <b>What hurts inside? (Thoughts-Feelings-Sensations)</b>	<b>Who or what matters most to me?</b>
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<div> <div>← Away</div> <div>ME</div> <div>Toward →</div> </div>	
<p>Back Pain – burning, stinging, “needle”, numbness, tingling</p> <p>Depression – sadness</p> <p>Anger at physician</p> <p>Self-blame, disappointed in myself,</p> <p>Loneliness</p> <p>Feel stigma about opioid use</p> <p>Thoughts of suicide</p>	<p>My wife and kids</p> <p>Being a good father</p> <p>Being a good communicator</p> <p>Connecting with friends</p> <p>Helping others</p> <p>Being able to work</p> <p>Taking better care of my health</p>
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## Choosing Valued Directions: Life Path Assessment and Turnaround Worksheet



### **More Control/Avoidance**

What do you want to control, avoid, or get rid of and how are you trying to do that?

*Pain and sadness: staying in my room; avoiding my wife and kids; not seeing friends; not working to avoid feeling embarrassed or making a mistake*

### **More Meaning**

What type of life would you choose if you could choose?

*Spending quality time with my wife and kids; being involved with my friends; coaching little league; bowling; camping; getting back into work*

**1. Draw an arrow above the line to indicate where you are on your life path these days and which direction you're moving in.**

**2. What, if any, are the benefits and costs of pursuing control?**

*Benefits: I can stay out of situations that I may fail at, that I don't have to embarrass myself, and that I avoid conflict.*

*Costs: missing out on relationships with my family and friends and not feeling a sense of accomplishment.*

# Chronic Pain: Effective Communication

Managing Interpersonal Stress

# Effective Communication

- Adopt an effective communication style (ie., Assertive rather than passive or aggressive)
- Avoid “mind reading” others’ thoughts
- Avoid trying to fool others about your pain
- Be honest and communicate clearly (eg, today I can participate 25%, 50%, 75%)

# Effective Communication

- Be flexible (ie, have a plan B or C for any given day)
- Attend to your basic needs before trying to assist others
- Encourage flexibility in others and tell them how they can help you (eg, delegating tasks, just listening)



# Chronic Pain: Strategies for Sleeping

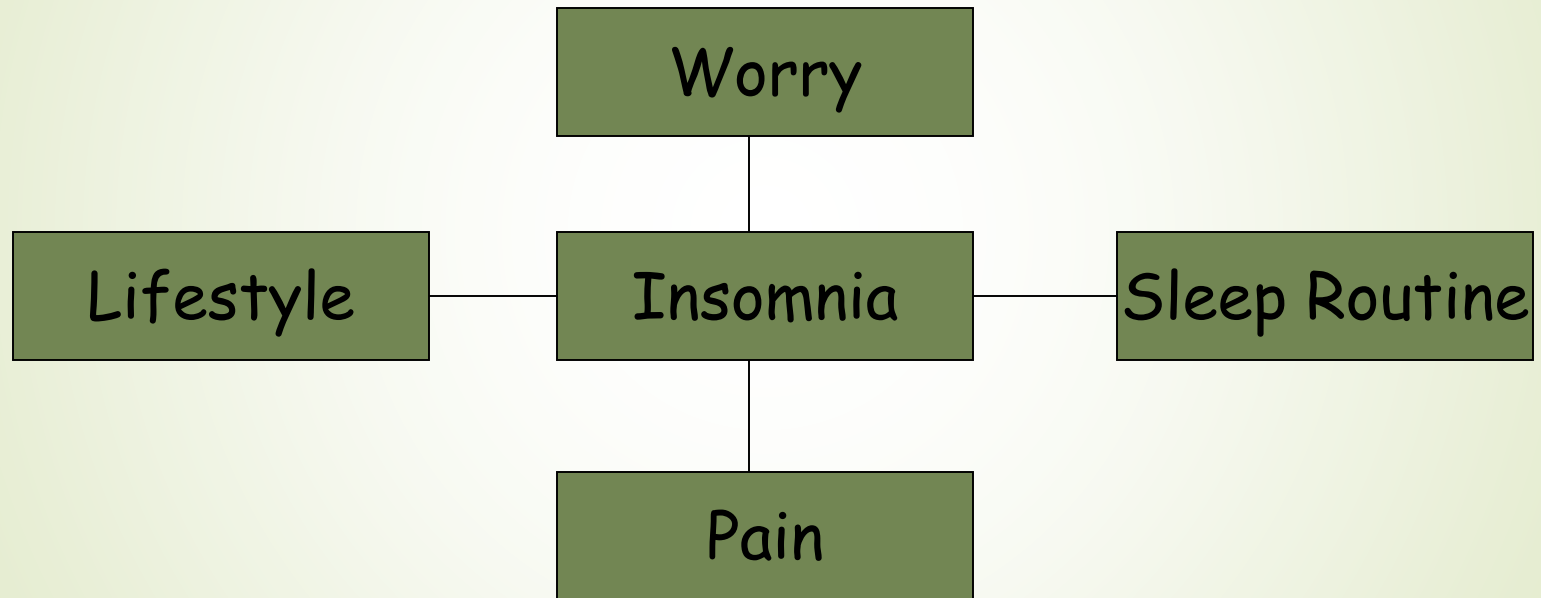


# Common Sleep Problems

- Difficulty falling asleep
- (normal: ~ 10-20 minutes)
- Waking up throughout the night
- Awakening too early
- Non-refreshing sleep



# Factors Contributing to Insomnia



# What can I do about it?

- Exercise regularly (morning to early evening)
- Avoid or limit napping during the day
- Avoid Stimulants (caffeine, nicotine)
- Avoid alcohol
- Use sleep medication as directed
- Avoid large meals

# What can I do about it?

- Control your sleep environment
- Beds are for sleeping
- Relax before bed (avoid stimulation)
- Go to bed (and stay in bed) only when you are sleepy
- Get up at the same time every morning

# Summary

- Sleep problems are common
- Review the sleep strategies
- Don't ignore sleep difficulties, tell your health care provider about them

# Pain Tools for Life

Room PZ 382 (3rd Floor) in the Clinical Health Psychology Wing of the PsycHealth Centre, Health Sciences Centre. 771 Bannatyne Avenue

Tuesdays from 1:00pm – 3:00pm

**Please phone the front desk at 204-787-7199, or ask a pain clinic staff for the information about dates/ times/ and topics and how to sign up for the program.**



# Thank-You...



<https://www.panamclinic.org/patients-visitors/patient-resources>