

Behavioral Treatment of Chronic Pain

Updated 7.9.18

What's up with this handout?

The main goal of this behavioral health handout is to help you be as effective as possible in self-management of chronic pain.

One step in that direction is to find 1, 2 or 3 new coping skills that work for you and your individual situation. Long-term pain causes some people to feel helpless or hopeless, or both, so this handout is intended to get you thinking about options and choices, and to stir up proactive discussions between you and your healthcare providers. This handout is intended to help empower you. This behavioral approach to pain management is meant to compliment and add to your existing medical treatment plan with your physician. Your physician is still your main healthcare provider.

You are not expected to practice everything that is described on the following pages. There will not be a test on the following information, so please do not stress about that possibility. Instead, this handout describes effective coping strategies based on research, evidence-based interventions, clinical common sense and coping skills other persons with chronic pain have found helpful. Read this handout at your own pace and consider whether the coping skills make sense for your situation. Also, reading this handout can make time with your behavioral healthcare provider more useful, since it contains information you will likely be talking about during your upcoming appointments. This handout can also remind you of helpful concepts and strategies in the future, when you might consider the information from a different perspective. Please share this information with your spouse or partner, because that person can be a valuable resource and support the more they understand what you are working toward.

Please complete the questionnaire on the following page before moving on to the rest of this handout. The questionnaire is only intended to stir up helpful discussions.

On page 3 is a list of readings to consider. **It is strongly recommended you obtain a copy of the first reading listed, "Living a Healthy Life with Chronic Pain."** All persons with chronic pain should read chapters #1 and #5, and then pick other chapters that apply to them.

Pain Questionnaire

The following questions are intended to stir up helpful discussions about pain. Please circle True (T) or False (F) based on your opinions and experiences.

1. It is possible to avoid physical pain. T F
2. Prescription pain medication is the only effective way to reduce pain. T F
3. Physical pain is not normal. T F
4. Physical pain is always a signal to stop moving. T F
5. Physical pain is a sign I should cut back on socializing and doing fun things. T F
6. Physical pain is a sign of weakness in my personality. T F
7. I need to stop working at my job when experiencing long-term pain. T F
8. There is no one to blame for my pain. T F
9. I want to feel better now. T F
10. It is safe and OK to take narcotics, opioids and/or muscle relaxers for months or years. T F
11. Physical pain sensations serve a useful purpose. T F
12. Fear of movement and fear of the future are common with chronic pain. T F
13. I should wait to start “living” and having fun until after my pain is gone. T F
14. I suspect people do not believe me when I describe my pain. T F
15. Looking back, I see I have taken higher and higher doses of pain medication trying to get the same amount of pain relief I used to get. T F

Pain is both a physical and psychological experience. For this next question, try to separate how you feel physically from how you feel psychologically (or emotionally), and give a rating for both below.

My physical pain today is _____ (0 = no pain at all, 10 = extremely severe)

My psychological pain today is _____ (0 = no pain at all, 10 = extremely severe)

Readings to Consider

- 1) “Living a Healthy Life with Chronic Pain,” by Sandra M. LeFort, et al. (2015)
- 2) “Living Beyond Your Pain: Using Acceptance & Commitment Therapy to Ease Chronic Pain” by Joanne Dahl & Tobias Lundgren (2006)
- 3) “The Anxiety and Phobia Workbook,” 6th edition by Edmund J. Bourne (2015)

A Class Teaching Skills To Better Self-Manage Pain

Go to LivingWell.Utah.gov and scroll down to “Pain Management” and click on “Search” to see a list of upcoming class dates and locations. Click “Register” next to the location and date that is best for you.

These classes are free! They are held for 6 consecutive weeks to teach and discuss evidence-based coping skills and strategies for improved self-management of pain.

What Is Pain?

From a clinical point of view, pain is “an unpleasant sensory and emotional experience associated with actual or potential tissue damage...” (The International Association for the Study of Pain, IASP). In other words, pain is both a physical and psychological experience.

How is pain helpful?

Most pain is adaptive; it helps us survive. Pain is a warning system built into the body. For example, if a person falls and breaks her arm, pain signals her to temporarily limit use of that arm, to seek medical assessment and treatment, and to monitor it for possible problems (such as infection, swelling, unusual coloration, unusual sensitivity, etc.) The possibility of experiencing pain, or the anticipation of pain, often makes us cautious in many activities, because we are motivated to avoid pain and injury. We may be cautious when using a hammer, driving a vehicle, lifting a heavy object, using a knife while cooking, while walking across a street, while using a lawnmower, walking down stairs, or while standing at the edge of a tall ledge. Being cautious and aware of the possibility of injury and pain is extremely necessary in our daily lives. Therefore, the goal is not to completely rid ourselves of pain.

Sometimes pain is non-adaptive, meaning it does not provide our brain with any new and useful information. Sometimes pain continues after tissue, or ligaments or bone have physically healed, which means the warning system is no longer working properly. Sometimes long-term, or chronic, pain may not have a specific known cause. Pain from old injuries, or pain from slowly deteriorating conditions, can also be categorized as non-adaptive pain. Non-adaptive or chronic pains are real, but they do not serve a useful purpose. Mild to moderate physical activities in these situations, even if pain occurs, is not harmful (but get clearance from your physician before increasing your activity level).

What is chronic pain?

Chronic pain:

- lasts longer than the typical healing time, after tissue healing has occurred
- may not be responsive to certain treatments, interventions or remedies
- lasts longer than 3- or 6-months
- can be idiopathic, meaning there is no known cause and is more difficult to diagnose than acute pain
- is often not helped by tensing muscles and limiting movement (which is often a helpful and protective reaction for acute pain)
- almost always requires increased movement and activity level balanced with rest
- does not have value in terms of providing new useful information about our bodies
- may result in behavioral health complications, such as sleep problems, feeling hopelessness or helpless, medium to high stress, less socializing, having fewer and fewer fun experiences, low energy, high moodiness or anger, or medication problems

Refer to page 9, Table 1, in the book “Living a Healthy Life with Chronic Pain” for an excellent contrast of acute pain and chronic pain.

Do’s and Don’ts for Self-Managing Chronic Pain

- 1) First, it is important to realize that **the realistic goal is to reduce pain**, not stop it completely. It would be great to completely end nagging, long-term, and sometimes intense pain that can interfere with many parts of our lives, but that goal is not realistic and it is rarely (if ever) achieved. In a sense, physical pain is always a part of our life to some degree, no matter how healthy or unhealthy a person may be. If a person expects

nothing but complete pain relief, he or she will likely set themselves up for an angry, depressed, or hopeless reaction. Since pain is always a part of our lives, the most important question becomes, “What can I do to live the best life possible, regardless of pain level?”

- 2) **Physically move.** Mild to moderate exercise on a routine basis has huge benefits. It is not necessary to run a half marathon or bike 50 miles to experience all the positive benefits. Mild to moderate exercise on a routine basis clearly helps in several areas of our lives, as described below.
 - a. Specific exercises strengthen muscle in, or near, weak areas. The stronger you become in and around your pain areas, the more you can physically do in your daily life.
 - b. Mild to moderate exercise increases overall energy level. In other words, don't wait to have energy before moving more often, otherwise you might wait indefinitely. **People must spend energy to build energy.**
 - c. Mild to moderate exercise improves mood by releasing endorphins, which are natural mood enhancing chemicals in your body.
 - d. Mild to moderate increases in activity level improve the important sense of accomplishment and control.
 - e. Increased amounts of exercise improve mood by decreasing cortisol (high cortisol is connected with a high stress response).
 - f. Mild to moderate increases in activity improve memory, concentration and problem-solving abilities due to improved oxygen and blood flow to various areas of the brain.
 - g. Increasing activity level increases the chances of discovering a new interest or hobby, which can then increase happiness.
 - h. Increased activity levels increase opportunities for social interactions. Staying connected with others is critical to overall behavioral health.

- i. Increased activity levels provide more opportunities for fun experiences. Moving more often can be done creatively through fun interactions with others, and fun is certainly one of the opposite emotions of depression.
 - j. Improved physical strength, flexibility and endurance results in a lower likelihood of future physical injuries or problems, and reducing your future risk for further injuries is another opportunity to increase a sense of control over your physical health.
 - k. Increased activity level improves the immune system, so your body can more effectively fight off illnesses that might otherwise make moving and functioning in daily life more difficult. (Yes, things can go from bad to worse, so be proactive in moving in a healthier direction, regardless.)
 - l. Increased activity level is one factor in maintaining a healthy weight, which is extremely important to reducing strain on the spine and knees, for example.
 - m. At any given moment, you are becoming more physically healthy or less physically healthy. At any given moment, you are building physical strength and energy (conditioning) or losing physical strength and energy (deconditioning). Deconditioning starts almost immediately when you move too little. There is no such thing as hitting the “pause button” to keep your physical strength at the same level until after a physical pain heals. So get moving!
 - n. Other benefits of mild to moderate exercise you know of, or suspect? _____
-

3) **Suggestions for boosting activity level** include the following.

- a. Find an exercise buddy, or two. Being accountable to others increases your chances of sticking with good intentions to become more active.
- b. Join a group activity scheduled for a specific time and place (like a yoga class, cycling or “spin class,” a softball team, a golf league, bowling league, a neighborhood walking group, or a hiking group).

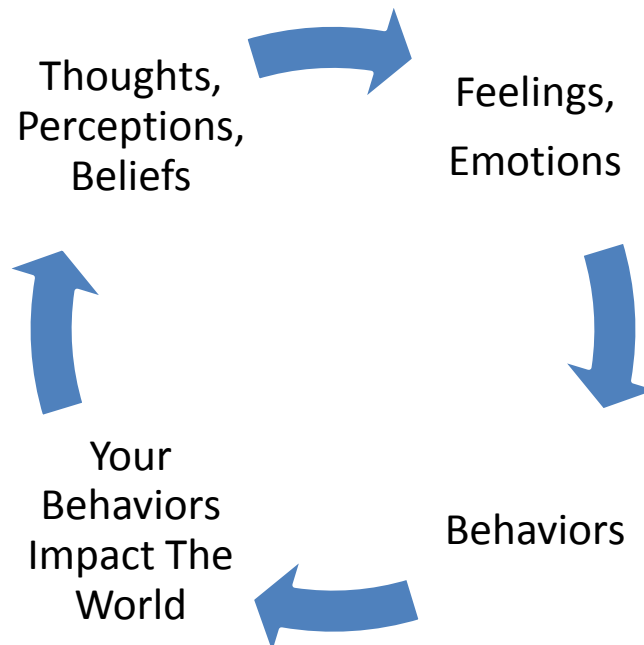
- c. Start with small activity or exercise goals. Big and sudden changes in exercise often fail to become habits. Starting small (and being persistent) increases your chances for successfully creating healthier habits in the long run.
 - d. Schedule a specific time, place and activity in writing, or on some sort of calendar you often use. Scheduling exercise or activities increases the chances you will complete them. Otherwise, it will be easier to procrastinate.
 - e. Combine fun and exercise.
 - f. Listen to energetic or inspiring music.
 - g. Remember that walking counts! Increased activity level does not mean doing exhausting or extreme sports. A brisk or deliberate walking pace burns approximately 70% of the calories of jogging or similar activities. **Walk. Walk. Walk. Even if you walk very slowly at first, walk.**
 - h. Ask a couple people you trust to encourage you to stick to your plan for increased activities. Letting others know of your health goals increases the chances of following through. Keeping your health goals secret makes them much easier to ignore or forget.
 - i. **Don't play mind games with yourself.** Increasing your activity level is not a matter of having time, it is a matter of making it a priority. If you look for a reason to procrastinate or avoid increased activity, you will find it every time. But, if you see mild to moderate exercise as a priority, you will do it. If you were offered \$10,000 a day to get moving for 30 minutes, you'd get moving.
 - j. Other ideas? _____
- 4) **Relax.** Long-term pain often increases the body's tension level. Thinking about pain produces muscle tension. Pain, or the expectation of pain, triggers physical tension. Pain, or the expectation of pain, can result in people practicing unusual walking habits, or unusual postures or sitting habits. Those unusual posture or walking habits can produce new pain since people over use other muscles and joints to protect the areas of the body in pain. Bracing ourselves for pain that is expected to occur at any moment results in high muscle tension. When people get emotionally anxious about

pain, they become physically tense. Sometimes, people might not realize they haven't relaxed in a very long time. Overly tense muscles can make pain worse in the long-run. Talk with your healthcare providers about the following relaxation skills.

Options for practicing relaxation include:

- a. guided imagery
 - b. visualization – including visualizing yourself functioning better in daily life
 - c. abdominal breathing (also known as belly breathing)
 - d. mindful counting
 - e. Progressive muscle relaxation (PMR)
 - f. meditation
 - g. certain forms of yoga
 - h. other ideas for improving relaxation (without chemicals)? _____
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- 5) **Self-talk affects pain.** What we tell ourselves matters a great deal. Self-talk refers to silent thoughts, personal beliefs, automatic beliefs, opinions, “facts” we presume to be true, momentary thoughts, and automatic thoughts that we rarely question. Self-talk may be very healthy, rational, insightful and balanced. Or, self-talk might be some degree of unhealthy, unbalanced, distorted or irrational. Consider the following illustration showing the connection between thoughts, feelings, behaviors and the world around us. Imagine how these connections work in healthy and unhealthy ways.



Imagine practicing the following unhealthy self-talk over and over and over. What emotional feelings would probably occur as a result of the following self-talk? What behaviors might follow after those thoughts and feelings? How would a person's world be impacted?

- “My pain will never stop.”
- “No one really understands how much I hurt.”
- “If I could just get past the pain, everything would be back to normal.”
- “If I could just find the right medication, I'd be OK.”
- “Those doctors don't know what they are doing!”
- “It hurts every time I move.”
- “I don't feel like doing anything.”
- “I can't _____.”

Below is an illustration of unhealthy talk, the resulting feelings, the resulting behaviors and how those factors might impact the person's life.



Now imagine the following examples of healthy and well-adjusted self-talk. What emotional feelings would probably occur as a result of the following self-talk? What behaviors might follow after those thoughts and feelings? How might a person's world be affected as a result of this healthier and balanced thinking?

- "I'm hurting badly, but I've been down this road before and lived."
- "After I walked the neighborhood last time, I remember feeling good I did it."
- "I might not get it all done today, but I can work on that project for 10 minutes, then take a break, and then work on it for another 10 minutes."
- "What will I do today to stay in touch with my family?"
- "If I wasn't in pain, what would I do today?"
- "Do I need this dose of pain medication, or can I wait 15 minutes and then decide?"
- "Even though I don't feel like it, I will _____."
- "I don't have to like my physical therapy homework in order to do it."
- "A spike in pain is always temporary."
- "When tomorrow comes, what will I wish I did today?"
- "I'm not where I want to be, but I'm closer than I was."

- “Just because I’m struggling, doesn’t mean I’m failing.”
- “Even though it’s not a cure, ice packs makes it feel better.”

Below is an example of a healthier self-talk cycle.



The power of “and” and “yet.” Words matter, especially with self-talk. Read the following pairs of sentences. Notice the two different meanings and implications.

“I want to go see my family at the BBQ, **but** I know my back will hurt if I drive.”

“I want to go see my family at the BBQ, **and** I know my back will hurt if I drive.”

“I can’t clean any part of my house.”

“I can’t clean any part of my house, **yet.**”

“I want to go into work today, **but** I know I’ll be hurting later.”

“I want to go into work today, **and** I know I’ll be hurting later.”

“I can’t work a full day.”
“I can’t work a full day, **yet.**”

“I want to do at least a few minutes of yard work, **but** I’m afraid I’ll make the pain worse.”
“I want to do at least a few minutes of yard work, **and** I’m afraid I’ll make the pain worse.”

“I don’t know how to live with this pain.”
“I don’t know how to live with this pain, **yet.**”

“I want to start decreasing my OxyContin, **but** I’m afraid the pain will increase and I’ll have withdrawal symptoms.”
“I want to start decreasing my OxyContin, **and** I’m afraid the pain will increase and I’ll have withdrawal symptoms.”

To help practice healthy self-talk, to make it a new thinking habit, the following steps can be very helpful.

- a. **Catch** unhealthy self-talk when it is happening. Be on the look-out. Be aware. Catch it early when starting down that unhealthy “road” of self-talk. Feeling emotionally stressed it probably a sign unhealthy self-talk is happening.
- b. **Challenge** the unhealthy self-talk. This means consciously, deliberately and consistently telling yourself to “go down a different road” of self-talk.
- c. **Correct** it by practicing healthier self-talk, over and over. We improve a skill through practice. Tell yourself something more balanced, encouraging and realistic, even if it feels awkward at first.

These are called **The 3 C’s – Catch It. Challenge It. Correct it.**

- 6) **Pace yourself.** There is no requirement to complete an item on your to-do list all at once. If you think there is a requirement to do it all right now, that requirement probably exists only in your mind. Maybe you have a strong work ethic. Maybe it drives you crazy to leave something half finished. Maybe you got a certain chore or

task done all at once in the past, so it was an old familiar habit that served you well for many years. However, in reality, it is OK to complete a task in pieces over time. **A task completed in pieces over time is still a completed task.** Usually, the only person passing judgement on your speed is you. Recognize how long you can physically work at a project before hurting yourself. Stop working before excessively pushing yourself. Rest for at least a few minutes, or an hour, or a day. Return to the project or task. Take a break. Return to work. Take a break. Return to work. Repeat this process as long as needed.

Accurately using a pain scale can help people pace activities. For example, if using the traditional ratings from 0 to 10, a person rates his pain before starting yard work at 3 / 10. He tells himself in advance that when, or if, his pain reaches 6 / 10, he will take a 5 minute break, or take a break until pain goes back down to at least 3 / 10. When pain is back down to 3 / 10, the person re-starts his yardwork until pain increases again to 6 / 10, then takes another break until pain drops back down to 3 / 10. This pacing strategy could be adjusted to a wide variety of tasks, and the numbers could be adjusted to fit different people's individual pain situations. In the end, the task is likely to get done without "over doing it."

Another variation of pacing, for example, is to switch to a relatively easy activity after pain increases by 3 points while doing a more strenuous activity. For example, if a person's pain rating increases from 3 / 10 to 6 / 10 while mowing the lawn, he follows the plan to stop mowing the lawn and switch to cleaning out and re-organizing his toolbox in the garage until his pain goes back down to a 3 / 10. Once pain decreases, he returns to mowing the lawn, and repeats the process as needed. At first, the person might have short endurance for mowing the lawn, but **over time, physical endurance will increase.**

Another variation of pacing is to strategically plan easier and harder activities at certain times of the day, depending on what a person knows about her own energy level, pain tolerance and strength. For example, a person might schedule something relatively easy at the start of the day to "loosen up," then schedule harder tasks in the middle of the day when her strength and endurance are usually at their best, and then schedule easier and much less physically demanding tasks late in the day. **Work smartly. Own your schedule.**

When pacing, do not try to make up for lost time, or get caught up with tasks you haven't been able to complete yet. The risk is you may push yourself too hard too fast, after having lost strength and endurance while being inactive due to pain or

because of recovery times. Either way, the risk for re-injury or worse pain will be high when a person tries to make up for lost time.

If you are the type of person who says to himself or herself, “I know I’m going to pay the price for this later,” then you are definitely a person who needs to practice some version of pacing your activities.

- 7) **Options for self-managing localized pain**, such as the neck, back or knee include the application of heat or cold, and massage. (“Living a Healthy Life with Chronic Pain,” pages 46 and 47) Heat and massage increase blood flow to specific pain areas, while cold make those areas of the body numb. For heat, consider using a heating pad or warm cloth, or warm shower or bath with the water directed at the painful area. If you are seeking to numb the area, especially an inflamed area, a bag of frozen peas or corn can work well, and be reused. Be sure to use a towel between the heat or cold source so as not to irritate your skin, and limit the heating or cooling time to 15 or 20 minutes for each self-management period. For self-massage, considering using a non-irritating skin cream or oil to provide lubrication. For a cooling effect, use a mentholated cream. Self-massaging is not appropriate for a joint area that is red, swollen and hot to the touch, or an infected area.
- 8) **Ask for help**. Even before you had chronic pain and physical limitations you could not do everything yourself. It is not a sign of weakness to ask for help with certain projects, chores or physically demanding tasks. It is a psychological fact that talking with a good listener about stress lowers stress most of the time. It is a sign of good judgement and healthy self-awareness to ask for help when needed. Doing difficult things, such as asking for help, literally requires strength. Doing difficult things is the opposite of weakness. Please do not allow excessive pride, an oversized ego, embarrassment, or poor planning prevent you from reaching out for help with physical activities that are too risky. Yes, it is generally a good idea to challenge and push yourself to physically “normal” things in your daily life (even if painful), but pushing yourself should be balanced with protecting yourself. If your goal is to worsen chronic pain, be sure to tackle many projects all by yourself.
- 9) **Maintain a pain journal** to objectively track pain intensity, how pain is impacting your life, and to track your coping skills and self-management strategies. Persons

coping with chronic pain are at risk for several bad habits, such as all-or-nothing thinking, selectively attending only to negative events, not giving themselves realistic credit for accomplishments and improvements, over rating pain, neglecting important parts of their lives, and over-using or under-using pain medication. Keeping a pain journal can be a very effective strategy for tracking information objectively, with fewer emotional or thinking distortions created by chronic pain. To minimize the negative effects of time on memory for details, it's very important to **make journal entries on a daily basis**, whether it was a horrible day, or a great day, or just an uneventful "normal" day. An example of a pain journal can be found at the end of this behavioral health handout, but feel free to make your own. It is recommended that you bring your pain journal with you to appointments with healthcare providers to help make the most of those appointments. For a description of a pain journal, see page 46 in the recommended reading, "Living a Healthy Life with Chronic Pain."

- 10) **Recognize emotional stress and its impact.** Chronic pain is often psychologically draining. This may be an obvious statement that you are well aware of, or maybe you only suspect there is a connection between your body and your mind. Regardless, there is definitely a connection. Physical health affects psychological health, and psychological health affects physical health. It is always a 2-way street. So when chronic pain is present, it is extremely important to deliberately take care of your thinking habits, your emotions, your behavioral habits, your wide range of social relationships, your need for fun, your need to be productive, and your spiritual life. "Toughing it out" is an important (mental) skill, but it is important to have other "tools in your toolbox." Of course chronic pain patients should have a well-developed medical plan to manage chronic pain, but it is equally important to have a psychological plan to self-manage pain (also known as your behavioral healthcare plan).

Talk openly with your healthcare providers about psychological areas of your life, even if you are uncertain about how to describe experiences of emotional stress, fatigue, tension, hopelessness, worrying, sadness, or anger. Specific and proven treatment plans exist in the world of behavioral healthcare for these stressors. Chronic pain often co-exists with sleep problems, sadness, anxiety, stress, social isolation, and/or over relying on pain medications too long. Those conditions need to be part of the bigger treatment plan so there is a well-rounded 100% effort toward effective self-management of chronic pain, not just 50% of a treatment plan involving only medical / physical interventions.

Ask your prescriber or behavioral healthcare provider about specific proven treatment plan options for the following problem areas. You can also preview more behavioral handouts at any time for most of the following concerns; just ask the behavioral provider for more information on any of the following topics.

- Sleep disruptions
- Reducing long-term use of pain medications (narcotics, opioids, muscle relaxers)
- Depression
- Reducing long-term use of prescription sleep medications
- Anxiety
- Smoking cessation strategies
- Healthy weight loss strategies
- Increasing daily activities and mild exercise

- 11) **Live a valued life.** This means not postponing important parts of your life due to pain. People who experience chronic pain often shrink their world over time by limiting their activities and relationships to the point of doing very little in their daily lives. These persons (understandably) fall into the habit of allowing pain to make decisions for them. Pain becomes the center of most everything, which is a very unhealthy place to be.

An important alternative is to pursue living a **valued life**, which means pursuing things that provide purpose, meaning and direction to your life. This is a big question to ponder is - **What provides purpose, meaning and direction to your life?** Think about the question. Write down a few brief answers that come to mind. Generate a list of 2, or 3 or more possible answers that apply to you, your life and your situation. When creating your list (which can be edited and updated at any time you wish), stop yourself from thinking about obstacles. Do not think about why an item on your list may be difficult or impossible. Just think about the original question above, and write down brief answers for yourself. Your answers to the question are considered your “values.” Devote at least 10 minutes to focus as much as possible on this question – What provides purpose, meaning and direction to your life?

The next step is to ask yourself, “What small steps am I taking to move in the direction of my values?” The goal is to persistently move in the direction of those values, even if the movement is in small step. Although it would great to suddenly and completely arrive at something that provides purpose, meaning and direction to

your life, the more likely scenario for anyone is to move in the direction of their values over time. It is an ongoing process, and values might be pursued over the course of months, years and decades. The following table may help you give yourself specific steps to move in the direction of your values.

The big goal is to practice making decisions according to your values, which is the opposite of letting pain make decisions for you. When pain makes your decisions it is like being a victim of your condition. Taking small steps toward living a “valued life” over time will automatically reduce physical pain, and bring other benefits.

Behavioral Goal Setting for Value Related Activities

One thing that provides purpose, meaning and direction to my life is _____

Steps	Plan
1. What is a specific activity that moves me closer to one of my values? (be specific)	
2. How many times a day, week or month will I do this activity?	
3. Where will I do the activity?	
4. When will I do the activity (day and time)?	
5. How long will I do the activity?	
6. What might stop me from completing this plan? What obstacles might arise?	
7. What might I change about my plan to deal with an obstacle identified under #6?	

- 12) **How do I improve my sleep?** Pain can certainly make it difficult to find a comfortable position when it's time to sleep, or interrupt sleep. Sleep problems become even more aggravating for persons with chronic pain because they look forward to sleep as a very welcomed escape from pain. And when sleep is disrupted over time, emotional coping and cognitive functioning become more and more difficult, which can easily irritate the pain experience.

Here are a few tips to establish or maintain healthy sleep habits. (See separate behavioral health handout on sleep for more details and suggestions.)

- a) Maintain a set schedule for your bedtime and wake up time. Even if you had a horrible night of sleep and you feel completely unrested and fatigued, get up at your daily pre-established wake up time. Soon, your temporary sleep deprivation will result in falling asleep easily at your set bedtime and help you remain asleep.
- b) If you are experiencing sleep problems, do not nap during the day! Napping reduces your drowsiness at bedtime, and/or makes it difficult to stay asleep. No napping! Instead, build up your sense of feeling tired during your waking hours, because that is the “normal” cycle for your body during a 24 hour period.
- c) If you are having problems falling asleep, do not physically go to bed until you are reasonably sure you will fall asleep in 15 to 20 minutes. Following this suggestion makes it (almost) impossible to have long delays in sleep onset while lying in bed. Remember to still follow your pre-established wake up time.
- d) Use the bed for sleep and sex only. In part, this means not using electronic devices of any kind while in bed. Feel free to use electronics if they truly calm you during the 30 or 45 minutes before your typical bedtime, but do not use them in bed. If reading before bed calms you, great. But, do not read in bed.
- e) Make sure your sleep environment is physically comfortable.
- f) Do not hit the snooze button more than once. The snooze button robs you of quality sleep, which is the very thing you are seeking. Using the snooze button 3 or 4 times teaches you to ignore the alarm, it drags out the waking up process (like taking a band aid off very slowly), and messes up the large percentage of REM (or dream) sleep that occurs shortly before wake up. Snooze alarm sleep is restless sleep. Instead, set the alarm for the time you actually want or need to get up, and give yourself the desirable gift of more undisturbed quality sleep.

- g) If sleepless during the middle of the night for more than 15 or 20 minutes, get out of bed. Do something calm that quiets your mind until you feel tired enough to likely fall asleep within 15 or 20 minutes, and only then return to bed.
- h) Be aware, you may not need the 8 hours of sleep that is a general average for many people. You may need a little more. Or, you may only need 6 ½ or 7 hours of sleep to function in your daily life. The amount of sleep your body needs now, may not be the same amount it needed in years past, so don't try to "force fit" the old sleep schedule.
- i) If you have been on sleep medication for more than 3 or 4 weeks, taper off the medication at your own pace, after consulting with your prescriber about this goal you have set for yourself. Sleep medications do not teach healthy life long sleep behaviors. Sleep medications are not meant to be taken frequently for months or years, and although they make you unconscious, they do not provide genuine restful sleep.
- j) **Allow 4 to 8 weeks of consistently practicing new sleep behaviors to experience their effectiveness.** Bad sleep habits took months and years to grow in the wrong direction, so be sure to allow sufficient time for healthier habits to take root and benefit you.
- 13) **“What about pain medication? Just give me a pill.”** Prescription pain medications clearly serve a useful purpose. Narcotics are available, convenient, appropriate, ethical, legal and effective to reduce or almost eliminate pain in the short-term. Prescription pain medications definitely have their time and place. Common examples include:
- codeine
 - Demerol (meperidine)
 - Dilaudid (hydromorphone)
 - fentanyl
 - Tramadol
 - hydrocodone
 - Lorcet / Lortab / Norco / Vicodin (hydrocodone and acetaminophen)
 - OxyContin and Percocet (oxycodone and acetaminophen)
 - oxycodone
 - methadone
 - morphine
 - Percodan (oxycodone and aspirin)
 - MS Contin

However, narcotics, opioids and benzodiazepines have never yet healed bone, ligaments, nerves or body tissues. Prescription pain medications are intended to decrease the intensity of pain while people heal from acute conditions or situations (such as surgery or accidents), or as people cope with terminal conditions and end-of-life situations. Narcotics, opioids and benzodiazepines are meant to be taken for hours, days, or maybe weeks, but not for months or years.

In situations when chronic pain patients take opioids, or other prescriptions, or over-the-counter medications for months or years, there is a very important question to ask - What's the future plan? Is the plan to take those medications forever? Increase the dosage higher and higher because tolerance is building up? Take over-the-counter medications until liver or kidney problems arise? Using pain medications for the long-term "answer" is really not a healthy answer. They actually create more problems, and **meanwhile the chronic pain continues.**

Other Considerations for Pain Medication

- a) At some point, using pain medication may become a habit that is difficult stop. The habit becomes a problem when medication is taken (a) to avoid withdrawal reactions, (b) to possibly feel "high," (c) when there may no longer be a medical / physical reason for the medication, and (d) when healthier behavioral pain coping strategies are not learned and practiced for long-term self-management of pain.
- b) It is always important to have an "exit strategy" when starting or taking pain medication. When and how will the pain medication be discontinued?
- c) Keep the conversation about opioid medication "on the table" with your prescribing physicians, physician assistants, nurse practitioners and their staff. In other words, talk about it routinely so it does not become a taboo topic.
- d) The more a person takes the lead role in the self-paced approach for reducing the medication over time, the less discomfort he or she will experience.
- e) Pain medications often have a sedating effect; they decrease a person's energy level. Most this behavioral handout you are reading is aimed at increasing a person's energy level. Persons with chronic pain often experience depression. Pain medications, narcotics, and benzodiazepines can easily make depression symptoms worse (fatigue, low initiative, poor concentration, sleep problems, loss

of pleasure from usual activities), which can then make behavioral improvements much more difficult to achieve.

- f) Try to consistently ask yourself, “Do I really need this next dose of pain medication, even if it is scheduled or gives the option of taking it “as needed?” Or, can I wait 15 minutes and then make that decision?”

Ask your prescriber or behavioral healthcare provider about the proven self-paced treatment plan for reducing narcotics, opioids and benzodiazepines. (See separate behavioral health handout for tapering narcotics.)

- 14) **Mindfulness concepts** can be helpful for self-management of chronic pain, especially when people have developed “tunnel vision” and only define themselves by pain in one way, or another.

Mindfulness is the ability to step back and observe your thoughts, emotions, behaviors and sensations.

Mindfulness is observing yourself without judgement, labeling or criticism, and without the intent of taking any action.

Mindfulness is awareness of yourself in the present moment.

You may think or feel many different things, but none of them define you, or limit you. Mindfulness helps you look at your thoughts, feelings and sensations, rather than from them.

Mindfulness is not an escape technique. It is a skill you already possess to a degree that can grow with practice to provide a much wider perspective of yourself. Practicing for several minutes daily on a regular basis can significantly widen your vision of your life, and help you pay attention to daily opportunities that often arise. It is the opposite of tunnel (pain) vision.

Acceptance is concept and skill related to mindfulness that can offer a much different psychological perspective on pain and helps to explain why trying to “control” pain makes it worse.

Acceptance is not “passive resignation.” Passive resignation is giving up and thinking you cannot do anything about the pain. Acceptance is not about surrendering to a life of suffering and restricted activities.

Instead, acceptance is an active and positive engagement of all your experiences so you can live life more fully. It is about inviting the pain to come along with you because you have a meaningful life to pursue, and you choose not to remain stuck in battle to become pain free before you start living.

Acceptance is living with what you cannot control (even if it’s unpleasant) **and** actively pursuing the life you want. Remember section #11 earlier in this handout about **living a Valued Life**? This would be a good time to revisit that extremely important question – What provides purpose, meaning and direction to my life? You have a good degree of control over the decisions you make to pursue your values.

Acceptance is very similar to that well known and powerful serenity prayer - “Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference”

When has life ever been without obstacles?

15) **Alternative treatments** exist under several names and categories, such as those listed below.

- homeopathic treatments
- holistic approaches or holistic medicine
- remedies
- supplements
- herbal remedies
- natural healing
- Other names you are aware of? _____

When considering alternative treatments, please keep the following guidelines in mind.

If the product or treatment approach sounds too good to be true, or if it promises fast and permanent pain relief with very little effort, beware. Be cautious.

Be a wise consumer. Remember, there are people behind that alternative treatment that are trying to sell you a product or service. In addition, they might be trying to take advantage of the fact you are highly motivated to rid yourself of the pain. You are their potential customer. Be cautious.

Think like a scientist. Ask yourself what side effects might exist. Ask yourself about possible interactions with others treatments you are pursuing. Ask yourself about possible interactions with prescriptions, or over-the-counter medications you are taking. Is the product promising permanent pain relief? Is it selling temporary pain reduction? How long are you supposed to use the product? What is the reputation of the seller or manufacturer? Is there any independent research behind the product? Has the research been duplicated by others?

There might be safe benefits to the alternative treatments. Some current, effective and common treatments probably started off as alternative treatments. There may be instances in which you want to at least consider those products or services, and gather more information. It can be smart to at least consider treatment alternatives, but be cautious.

Always keep your prescribers, physicians, pharmacists and other healthcare providers updated about all the alternative treatments you are considering, or already using.

You don't want to be in one of those situations after a bad treatment interaction where you say, "But I didn't know!" or "I really didn't think that _____."

16) **Get the most from your healthcare appointments.** It seems as though time is often too short when meeting with our healthcare providers, so here are a few tips for making the most of those appointments.

- a. **The 10 minute rule.** Arrive at least 10 minutes before the scheduled appointment time. Almost all healthcare providers have a couple checklists, or rating forms, for patients to complete, even for frequent patients, or patients they have known for years. It is good practice for providers to gather that information, every time, so you should be ready, every time. Also, unexpected

delays can occur at the check-in desk, so arriving early can help things flow productively in the clinic. Keep in mind that it takes several minutes to “pull up your record” and prepare to see you in the exam room, procedure room, or office. So when you check in 10 minutes early, those preparations can start once it is known you have physically arrived in the clinic. If it’s your first appointment with a certain provider, arrive at least 20 minutes before your scheduled appointment, or earlier if the clinic asked you to in advance.

- b. Remember the “big picture” when you feel irritable. You and your treatment team want to decrease your suffering and pain. So if pain is triggering your irritability, moodiness or blaming attitudes, try to mentally remind yourself that we all have the same goal.
- c. One or two days before your appointment, write a brief list of what you want to cover during the appointment. What information do you want to remember and convey during the appointment? What questions do you want to ask? Look over your Pain Tracking Forms for patterns or observations. Put your written questions, observations and forethoughts in a place you will remember to take them with you to the appointment. Bring your Pain Tracking Forms.

Here are a few questions to help you consider what to write down or communicate.

- When was the pain at its worst?
- What was pain at its lowest?
- What, if anything, has gotten in the way of being as active as possible?
- What have been your recent accomplishments? What’s gone well?
- What non-medication pain management strategies have you been practicing to improve your overall functioning?
- Would it be helpful to review treatment options again?
- What did you want to discuss right after the last appointment ended?

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- d. At the very start of the appointment, name the concerns you want to discuss so the treatment team can adjust enough time to address them. Usually, your physician, or other healthcare team members, will have an agenda also, so it’s best to put your needs and concerns out there early, so enough time and effort can be made to take great care of you and get it all in. **In other words, do not wait until the last moment in your appointment to say, “Oh, by the way there are three other problems I want to talk about.”**

- e. Near the end of the appointment, summarize in your own words what you believe the healthcare provider and other clinical staff said, and what you heard them recommend. After you summarize the appointment in your own words, ask your provider or clinical team member, “Is that accurate?” This strategy improves communication, improves safety, and improves treatment success.

Pain Journal - Record the following information at least twice daily when it is fresh in your mind, so it is accurate and reliable, and so it becomes a habit. Rate pain from 0 (no pain at all) to 10 (extremely severe pain, could not be worse). Photocopy as many blank pages as needed in advance.

Date	Morning Activities and Pain Rating	Afternoon Activities and Pain Rating	Evening Activities and Pain Rating	Notes about pain related medications, coping behaviors, moods, set backs, food, accomplishments, etc.