The Five Coping Skills Every Chronic Pain Patient Needs

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Recognized as

“distinguished comprehensive multidisciplinary pain care”

Disclosures

- None
Learning Objectives

1. Name the five essential pain coping skills.
2. Explain how each skill is important in coping with chronic pain.
3. Describe an easy way to teach relaxation to a patient.

Overview

The “Three-Legged Stool” of Pain Treatment

Injections & Surgery
Medications
Self-care skills - Things a patient learns to do for self

The Five Self-Care Skills

1. Understanding
2. Thinking (Accepting)
3. Calming
4. Balancing
5. Coping
1. Understanding

In general patients need information about:

1. pain and their pain condition
2. treatment and treatment options

This is true for all health issues, and is the first step.

How Chronic Pain Works

It's not as simple as most think

Three Kinds of pain:

From a User Perspective

There are 3 kinds of pain:
1. Nerve
2. Joint (Inflammation)
3. Muscle
   - Spasms
   - Tightness/“knots”
   - Deep soreness (referred pain)

So it’s not “I hurt” but “Which kind of pain am I having the most right now?”
Modulation - “Volume Control Knobs”

- Thoughts about self & pain
- Attention/Focus
- Pain gates: emotions
- Peripheral
- Hx of trauma
- Hx of pain

Examples - “How can that happen?”

- Phantom limb pain
- Pain after a total knee replacement
- CRPS and mirroring
- People with the same tissue damage can have very different levels of pain
- People with significant psychological issues have increased pain

So?

- Pain is NOT simply a reflection of tissue damage.
- It is a signal that is altered by several factors.
- “We can help you decrease your pain even if we can’t fix the damage.”
- Several of the volume control knobs are up to the patient to control.
For providers

- It is important to remember these principles.
- First, it is common to think technically and focus on pain generators and treat these.
- It is easy to forget the psychological modulators that are at play, and how central these are to the pain experience.
- One way or the other, psychology should be (and already is) a part of every pain patient’s treatment.

2. Thinking (Accepting)

- In general:
  - Cognitive Behavioral Therapy (CBT)
  - Acceptance and Commitment Therapy (ACT)
  - Catastrophizing - a key variable in outcomes

Catastrophizing:
The main driver of outcomes

- Catastrophizing: focus on the negatives, often with beliefs that are not true.
- Outcomes in surgery and outcomes in chronic pain treatment are more related to catastrophizing than to any other variable, including tissue damage.
- If there is one single variable to focus on for pain patients, it is catastrophizing.
Examples of Catastrophizing

- "This pain is awful – I can’t stand it any more!"
- "My pain is always a 10/10 – it’s a 15/10!"
- "I think there is something very wrong with me that no one has discovered yet!"
- "I should be able to do more!"
- "My body is very damaged; all that can be done is give me a lot of medication."

Working on catastrophizing

- This is the most important variable and the hardest to treat.
- It’s likely why intensive treatment programs ("pain rehab") have better outcomes; they have many hours to work on thinking.
- That why substance abuse programs use 28-day or intensive programs.
- Getting someone to change their thinking about a big deal in their lives is very difficult.

Quick pointers

- Catastrophizing is based on false or only partly true beliefs. These can be challenged – or accepted.
- "Should’s" are not helpful and cause misery.
- Progress is moving from “Why me” to “What now"
3. Calming

- Decreasing stress can take many forms:
  - Tai chi
  - Progressive muscle relaxation
  - Meditation
  - Biofeedback
  - And more….

- A good and easy start: Breathing

Let's try it.

Count your breaths for 30 seconds

About breathing

- Breathing is the only part of the stress response that you can control.
- Most adults breathe with their shoulders.
- Infants and young children breathe with their diaphragm.
- You get more air when you breathe with your diaphragm.
- Singers and musicians know this.
- Diaphragm breathing slows your breathing down.
- This slows down the whole stress system.
Diaphragmatic “belly” breathing

- Lay down and put your hand or a book on your belly.
- Breathe with your belly (diaphragm).
- Wait until you need to breathe, and then breathe.
- Try it.

OK, now count your breaths again for 30 seconds

See? You’ve learned it.
Relaxation: Going “below normal”

- It’s more than just calming down.
- It’s creating an endorphin response in yourself.
- It is triggered by focusing on one thing.
- All relaxation techniques do this.
  - Beach, nature, tai chi, meditation, yoga, . . .
- The best relaxation method? The one that fits you.

A Simple Relaxation Technique:
“The Benson Method” *

- Take slow, deep breaths
- Pick a word, or a short prayer or a short phrase for a mental focus.
- Repeat it with each breath.
- When your mind wanders, as it will, gently bring it back to the focus point.
- Don’t try to do it “well” – just do it.

* Herbert Benson “The Relaxation Response” 1976

Mindfulness

- Mindfulness-Based Stress Reduction (MBSR) is increasing in popularity.
- Many MBSR practitioners I have met feel that it takes many hours of training to be able to teach others this skill.
- Traditionally MBSR is taught with an eight-week course with nightly practice for an hour.
MBSR and Its Impact

- Fadal Zeidan at Wake Forest has looked at brief MBSR treatment – 3 sessions of 20 minutes each.
- He has gathered pre-post fMRI data looking at pain correlates in the brain.
- He has found that three sessions can produce changes in brain pain patterns.
- So even short-term MBSR treatment “rewires the brain.”

4. Balancing

- Getting into helpful routines and decreasing pain flares
- There are many issues involved in this:
  - Sleep hygiene,
  - Saying “no”,
  - Time management
  - Nutrition (an anti-inflammatory diet)
- The Biggie: Activity Pacing
"Be a Turtle"

- The solution is to back off earlier and not push it.
- It’s not a sprint; it’s a marathon. Pace yourself.
- Don’t be the hare, be the turtle. Slow and steady wins.
- You’ll get more done, and not have so much pain.
- “Up time” and “down time.”
- Ask any successful pain patient and they will say they have learned this.
“An Energy Budget”

- You are on an energy budget – you have limited resources.
- You need to make some decisions and choices. Say “no” to some things.
- Likely your family is the most important thing in your life.
- Are you saving time for them? For the end of the day when they come home?

5. Coping

- Remember there are three kinds of pain:
  - Nerve pain
  - Joint pain (inflammation)
  - Muscle pain

- Step one: what kind of pain am I having?
- Step two: what can make this better?

A List of Coping Tools

- Joint pain: Ice (tips), rest, elevation.
- Muscle pain – spasms
  - Cold
- Muscle pain – tension, “knots”
  - heat, massage it.
Trigger points

- They are triggers because pressure makes them release.
- That’s how massage and injections work.
- Patients can learn point massage.
  - Look up point massage tools (tennis balls in a sock, Thera-cane, Back Buddy)
- We have found pretty much every pain patient has “knots” and can benefit from these tools.

Distraction is a key tool

- Distraction is the most effective pain reducer there is.
- On many burn units for bandage changes they do not use high doses of opioids. They use a video game (virtual reality).
- So all patients should a coping plan that includes distraction (and TV is not an effective distraction).

Virtual reality?

- There are some emerging virtual reality products for pain relief.
- Companies include:
  - DeepStreamVR
  - AppliedVR
  - Cognifisense
- You will see more and more tested products for pain relief and relaxation training that providers and patients can buy.
Again, The Five Skills

1. Understanding
   ✓ Decreased pain despite damage
2. Thinking
   ✓ Decreasing catastrophizing
3. Calming
   ✓ Breathing and relaxation
4. Balancing
   ✓ Routines, activity pacing and choices.
5. Coping
   ✓ Muscle pain help, distraction

Use as a Diagnostic Tool

✓ “Doc, I had a terrible weekend and I need more breakthrough medication.”
  — “I spent five hours in the garden” [pacing]
  — “My pain is 15/10, I can’t do anything. I will never get any better.” [catastrophizing]
  — “I had an argument with my wife” [pain gates]
  — “I think I herniated another disk. I have a huge painful knot in my back” [trigger points]
  — “I didn’t know what to do so I took an extra of those long-acting pills” [no coping plan]

Make time. Make room.

Teaching these skills
Access is a usually problem

- Most pain practitioners do not have access to a complete range of educators, psychologists, counselors and the like who teach these skills.
- Pain patients as a rule generally don’t like making additional appointments at another location to access these educators.
- There are far more patients that need these treatments than there are providers.

Offering brief treatment

- We have had three treatment models.
  - 1. We have offered individual sessions that target specific issues.
  - 2. We also offered a single two hour group session, quickly reviewing the five skills.
  - 3. We are currently offering a short group series: five consecutive weekly groups, 90 minutes each, each one focusing on a skill with some practice time each week.

Pros and cons

- There are pros and cons to each of these three models.
- A fourth model is for you pain practitioners to spend some time in your visits teaching these skills. You likely do some of that already.
Comments about our classes

- “I enjoyed this class and learned quite a bit about coping with my pain without meds”
- “I learned to balance my work with a timer. Learned to meditate in a different aspect. I have learned more in this class than any other mental relaxation [sic].”
- “It was good talk about my experience. I don’t talk about it usually. The knowledge is very helpful.”

And

- “Handouts will be helpful for my flare management pain—wish I’d had this 2 years ago”
- “I believe any doctor’s office prescribing any pain medications should by law require classes such as this. People with chronic pain have the right to be educated as to options we have to not only pain medication but pain education.”

Tips, for Group or Otherwise

- Use handouts.
- Ongoing pain and decreased sleep changes the brain and impairs memory.
- Without handouts patients will forget what you said.
- Keep it simple. Fancy concepts and words will not be understood.
- Consider becoming a Certified Pain Educator.
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Thank you!

REFERENCES
