

SELF CARE AND PAIN: AN OVERVIEW

THE IMPORTANCE OF SELF-MANAGEMENT OF CHRONIC PAIN

Part of the importance of promoting self-management for pain is not only that it can empower patients to proactively address their pain, but also shifts how patients and clinicians relate to one another. It contributes to a successful working alliance and has the potential to make the management of chronic pain much less burdensome to clinicians.

A chronic pain condition requires day-to-day management by the Veteran in chronic pain. Clinicians are in a powerful position to educate patients and refer them to a variety of self-management tools. A clinician's authority can do much to increase a Veteran's willingness to give these tools a try. Teaching patients about the importance of self-management can also help alleviate clinician burn-out. Enhancing patient-centered communication and empathy, as well as focusing on shared decision-making, hold promise for alleviating the strain on clinicians.¹

Ways Clinicians Can Promote Self-Management

1. **Provide** chronic pain patients with a **rationale** for adopting a self-management approach to their pain. Highlight the connection of the mind and body. This can validate patients' pain experience and open them up to the possibility that they can take action to decrease the pain.
2. **Redefine the problem.** Emphasize that pain is a complex experience and that their thoughts, feelings, and behaviors can influence their perception of pain.
3. Help patients understand that their chronic pain may be a lifelong condition with the goal being **pain management, not necessarily pain elimination**. With management as the focus, clinicians can discuss what approaches are available from a medical management perspective and how effective they are. Medical management is not more important than teaching the patient what they can do for self-management.
4. Educate patients on the **limitations of pain medications** and help inform patients' expectations around their use. Opioid use in young Veterans has been on the rise in recent years.² Research has demonstrated that using them for over a year does not lessen pain and may actually decrease overall functioning. US Veterans of Iraq and Afghanistan with pain and mental health diagnoses, especially PTSD, had an increased risk of receiving opioids for pain, engaging in high-risk opioid use, and having adverse clinical outcomes.³ In the well-known Danish Health and Morbidity survey⁴ of over 16,000 individuals, opioid usage was associated with moderate, severe, or very severe pain, as well as poor self-rated health, higher rates of unemployment, higher use of health care system resources, and poorer quality of life.

Some tips for enhancing a working alliance with Veterans in pain and increasing their motivation to adopt a self-management approach to their pain rehabilitation include the following:

1. Use “third person statements” to discuss a self-management plan
2. Validate the experience of chronic pain
3. Address how loss impacts many individuals with pain
4. Provide reassurance and offer realistic hope that although the condition may be chronic, patients can learn strategies to manage the impact the condition is having on their lives.
5. Reassure them about what you will be doing to evaluate and treat this condition
See the *Communicating about Chronic Pain: Instructions for Clinicians* clinical tool, under the binder tab “Tools,” for information on how clinicians can communicate more effectively with Veterans in pain.

INCREASE SELF EFFICACY

When working with management of chronic pain, do all you can to enhance self-efficacy. It is similar to trying to bring about behavior change in other areas, such as diet, substance use, or exercise. A series of successes that give patients a sense that what they do truly makes a difference will do much to help them effectively manage chronic pain by changing their thoughts, behaviors, and attitudes.

Self-efficacy is a concept that generally refers to an individual’s belief that he or she can perform a certain behavior and achieve a desired outcome. Self-efficacy levels can likely be enhanced, and the following suggestions may be useful to encourage this in patients with pain:

- **Provide positive feedback** for any reported attempts at self-management such as in exercise, depression, anxiety, sleep, improving the quality of life, and other factors impacted by pain. Your positive comments can be a powerful reinforcement.
- **Involve significant others**, such as a spouse or family members to encourage self-management behaviors outside of the clinician’s office.
- **Discuss realistic and attainable goals**, with action plans. Suggest small changes in the desired direction. See the *Goal Setting for Pain Rehabilitation* clinical tool, under the binder tab, “Tools.”
- **Discuss the difference between “hurt” versus “harm.”** Just because they are hurting (experiencing an unpleasant sensation) does not mean the body is being harmed or damaged as a result of activity. Provide graded exercise through individualized treatment with physical therapist to build confidence. The clinical tool, *Working the Body in Chronic Pain: What Clinicians Need to Know*, under the binder tap, “Tools,” is recommended.

- **Discuss self-management of flare-ups in advance** so that the patient does not give up when these inevitably occur. Recommended is the clinical tool, *A Pain Flare Management Plan: Suggestions to Offer Patients*, found under the binder tab, “Tools.”
- **Create/utilize multiple opportunities** for education and encouragement for the individual in pain such as the following:
 - Pain management groups
 - Group programs that encourage people to work the body, including exercise, tai chi, walking meditations, or other offerings specific to your setting
 - Interdisciplinary pain programs
 - Support groups that encourage self-efficacy
 - Shared medical appointments that include educational and support elements
 - Pain psychology or other specialists who work with pain
 - Printed materials that advocate self-management
- **Provide graded exercise.** Individualize treatment with a physical therapist, and titrate exercise up gradually to build confidence.

EFFECTIVE GOAL SETTING

Help patients with chronic pain avoid getting bogged down in their descriptions of their pain or in how pain limits their activity. Use goal setting to focus on what they can do, and emphasize their accomplishments as the true indicator of how they are doing.

The best management strategies for chronic pain involve setting goals around decreasing the impact of pain; the focus should be on the patient’s emotional, physical, and social role functioning, not on the rating of pain severity.⁵ Given that pain levels may or may not change, setting goals to increase level of functioning is a better marker of progress in pain rehabilitation.

Active coping strategies are psychological or behavioral responses that are geared to alter the source of stress (pain) or how one thinks about it. Active coping strategies are associated with better outcomes and might include regular exercise, maintaining daily activities, ignoring pain sensations (when appropriate), developing adaptive thinking (i.e., decreasing catastrophizing, fear-avoidance beliefs and increasing pain self-efficacy beliefs), or practicing relaxation exercises and guided imagery.^{6,7}

Passive coping strategies, which do not involve taking action in response to the pain, are associated with poorer outcomes. Examples include venting emotions, using medication, increasing clinicians visits (seeking someone else who can do something to make the pain go away), and avoiding activity.^{6,8-10}

Consider six common active coping strategies patients might choose to incorporate into their self-management plans as they set their goals:

1. Exercise (strengthening, stretching, aerobics)
2. Relaxation/meditation/quieting response
3. Social support/social activity
4. Meaningful life activities (work, volunteer, responsibilities to family/church, etc.)
5. Pleasurable activities (hobbies, interests, diversions, distractions, social)
6. Attitude/mood/thinking

The SMART goal-setting acronym is recommended to help patients set effective goals. Patients may be more successful if they set goals that are attainable, realistic, and can be achieved in a short period of time. The SMART acronym stands for:

- **Specific** – Be concrete about what you exactly what you want to do.
- **Measureable** – The amount of time and frequency that you will do the activity.
- **Action Oriented** – Describe the specific action of the goal.
- **Realistic** – Start with something small and achievable, and build on small steps.
- **Timed** – Have a start date and end date, and celebrate your success!

HELPFUL TIPS FOR CREATING SMART GOALS:

1. **Pick one goal to get started.**
What 3 – 6 month SMART Goal would help you to meet the change you desire?
Example: *“I plan to increase my vegetable intake by one serving a day”.*
2. **Strengths.** What strengths and inner resources do you have that will help you to achieve this goal?
3. **Barriers / Action Plan.** Are there any potential barriers to your meeting this goal? Create an action plan that also addresses overcoming barriers.
4. **Resources.** Check in with your health care team to make sure you have all of the skills, resources and tools you need for success.
5. **Follow-up plans.** The key to success is not only having a plan, but working the plan and having support and follow-up that works.

For more information on how to incorporate the SMART goal-setting tool with your pain patients see the clinical tool, *Goal Setting for Pain Rehabilitation*, under the binder tab, “Tools.”

RESILIENCE AND CARE FOR THE CAREGIVER

The secret of the care of the patient is caring for oneself while caring for the patient.¹¹

Burnout for clinicians treating individuals with chronic pain is a legitimate concern. Matthias and colleagues (2010) conducted in-depth interviews of primary care practitioners at a VA Medical Center.¹ and found that three broad themes emerged:

1. The importance of the patient-clinician relationship was emphasized as essential for good pain care.
2. Common difficulties when treating chronic pain include feeling pressured to treat with opioids, as well as worries about secondary gain and diversion.
3. Caring for patients with chronic pain took an emotional toll on clinicians, who often reported feeling frustrated, ungratified and guilty.

THE RISK OF BURNOUT?

To do a quick burnout check-in (and it is highly recommended that you do so frequently, as it has been found that scores vary greatly from day to day or week to week), consider these two items from the Maslach Burnout Inventory—which, according to a 2009 study, correlated well with the score of the full 22-item test:¹²

1. I feel emotionally burned out or emotionally depleted from my work.
2. I have become more callous toward people since I took this job—treating patients and colleagues as objects instead of humans.

Strong positive responses to these statements correlate with a high likelihood of burnout. (For more on burnout, see the Clinician Self-Care module on the Whole Health Library Website. The website is reviewed on page 209 of the binder.)

BRAINSTORM

What is going well in your practice of providing pain care to Veterans?

What are the challenges of providing pain care to Veterans? Where do you struggle?

How do you feel you are doing at this time with respect to burnout? How does this compare with other times?

What areas of self-care would most contribute to building and maintaining your resilience?

Cultivate Resilience:

Key to caring effectively for individuals with chronic pain and addressing times of burnout is cultivating resilience. Resilience can be defined as “the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.”¹³ It is the flip side of burnout, and it can be cultivated in a number of ways.

Resiliency arises through a combination of being very clear on what you need and value, both personally and professionally (with “Me” at the center of the circle), cultivating insight (working with mindful awareness), taking care of yourself (the green circles of proactive self care), and making the best use you can of the help and support of others.



Table 1 summarizes ways to cultivate resilience based on a synthesis of suggestions compiled from many different sources:¹⁴⁻²⁰

Table 1. Contributors to Clinician Resilience

Themes	Related Suggestions
Attitudes and Perspectives	<ul style="list-style-type: none"> • Find a sense of meaning related to the work you do • Foster a sense of contribution • Stay interested in your role • Accept professional demands • Come to terms with personal limitations (self-acceptance) and confront perfectionism • Work with thinking patterns • Develop a health philosophy for dealing with suffering and death • Exercise self-compassion • Give up the notion that you have to figure everything out • Practice mindful awareness • Interject creativity into work; consider an array of different therapeutic options, as appropriate • Treat everyone you see as though they were sent to teach you something important • Identify what energizes you and what drains you, seeking out the former
Balance and Priorities	<ul style="list-style-type: none"> • Be aware of both personal and work goals • Balance work life and home life effectively • Set appropriate limits • Maintain professional development • Honor yourself • Exercise • Find time for recreation • Take regular vacations • Engage in community activities • Experience the arts • Cultivate a spiritual practice • Budget your time just as you might your finances, planning ahead when possible
Practice Management	<ul style="list-style-type: none"> • Identify areas of work that are most personally meaningful (patient care, education, teaching, research, leadership, etc.) and shape your career accordingly • Create a workplace environment that is as comfortable as it can be • Stay organized at work • Maintain a manageable workload (if only it were as easy said as done!) • Make optimal use of electronic records • Delegate appropriately • Create a safe place for discussing medical errors with colleagues
Supportive Relations	<ul style="list-style-type: none"> • Seek and offer peer support • Network with peers • Find a supportive mentor • See your own primary care provider • Consider having your own psychologist or counselor • Nurture healthy family, friend, and partner relationships

Mindful awareness builds resilience and decreases clinician burnout

There is increasing evidence that mindful awareness can help to enhance clinician well-being. Research using mindfulness practices such as the body scan found improvements in burnout, mood disturbance, emotional stability, and empathy scores correlated with the degree of improvement subjects showed on measures of mindful awareness.²¹ Fortney and colleagues²² found that an abbreviated mindfulness course for 30 primary care clinicians resulted—even at 9 months follow-up—in improvements in all Maslach Burnout Inventory subscales (emotional exhaustion $P = 0.009$; depersonalization $P = 0.005$; personal accomplishment $P < 0.001$). There were also statistically significant improvements in measures of depression, anxiety, and stress.

(For more on mindful awareness, see the Mindful Awareness module on the Whole Health Library Website. The website reviewed on page 209 of the binder.)

PAUSE, PRESENCE, PROCEED²³

The Pause, Presence and Proceed technique helps bring more mindful awareness to the present moment and can be used at any point during your clinical activities. Any time you feel your breathing accelerate or find yourself feeling overwhelmed, take a brief moment to refocus your attention with this simple practice.

Pause

Stop what you're doing and consider where your mind is right now. What are you thinking? What are you feeling?

Presence

Bring your attention into this moment.

Take a deep breath. Feel your abdomen expand as you inhale. Feel it relax as you exhale.

Consider the patient, or some challenge, with which you are confronted in this moment. What is this situation asking of you?

Proceed

You have taken the time to drop in to this moment, anchored your awareness in the breath, and considered what is requested of you right now. At this point, you're primed to move forward with reasoned, skillful, and compassionate action.

Use mindful speech, mindful action, and positive intention to meet the demands of this moment. Be gentle with yourself.

BODY SCAN

The body scan is a practice that invites you to sequentially tune in to the experience of various parts of the body. As you bring full awareness to the status of your body, notice the sensations in the body as a whole, identify what information your body is giving you and exploring what your body asks you to recognize. Through being with various sensations in the body, it's an opportunity to identify tension, discomfort and patterns of constriction that may be occurring as a

result of stress. Awareness of these patterns can empower you to better support yourself and your body throughout the work day.

This exercise can take five minutes or more than an hour, depending on how you choose to practice and your familiarity with the technique. It typically involves three steps:

1. Find a comfortable position. The first few times you do this practice, try lying on your back with your eyes closed.
2. Take five slow, deep breaths. Feel the rise of the abdomen as you breathe in, and the fall of the abdomen as you breathe out. Imagine you draw the breath in through the soles of the feet, and release the breath out through the top of the head. Continue to breathe slowly and deeply throughout the exercise.
3. Note the sensations in your body as a whole. What information is your body giving you? What does your body ask you to recognize? What self care is your body asking for right now?

A BODY SCAN SCRIPT

Begin by making yourself comfortable. Sit in a chair and allow your back to be straight, but not stiff, with your feet on the ground. You could also do this practice standing or if you prefer, you can lie down and have your head supported. Your hands could be resting gently in your lap or at your side. Allow your eyes to close, or to remain open with a soft gaze.

Take several long, slow, deep breaths. Breathing in fully and exhaling slowly. Breathe in through your nose and out through your nose or mouth. Feel your stomach expand on an inhale and relax and let go as you exhale.

Begin to let go of noises around you. Begin to shift your attention from outside to inside yourself. If you are distracted by sounds in the room, simply notice this and bring your focus back to your breathing.

Now slowly bring your attention down to your feet. Begin observing sensations in your feet. You might want to wiggle your toes a little, feeling your toes against your socks or shoes. Just notice, without judgment. You might imagine sending your breath down to your feet, as if the breath is traveling through the nose to the lungs and through the abdomen all the way down to your feet. And then back up again out through your nose and lungs. Perhaps you don't feel anything at all. That is fine, too. Just allow yourself to feel the sensation of not feeling anything.

When you are ready, allow your feet to dissolve in your mind's eye and move your attention up to your ankles, calves, knees and thighs. Observe the sensations you are experiencing throughout your legs. Breathe into and breathe out of the legs. If your mind begins to wander during this exercise, gently notice this without judgment and bring your mind back to noticing the sensations in your legs. If you notice any discomfort, pain or stiffness, don't judge this. Just simply notice it. Observe how all sensations rise and fall, shift and change moment to moment. Notice how no sensation is permanent. Just observe and allow the sensations to be in the moment, just as they are. Breathe into and out from the legs.

Then on the next out breath, allow the legs to dissolve in your mind. And move to the sensations in your lower back and pelvis. Softening and releasing as you breathe in and out. Slowly move your attention up to your mid back and upper back. Become curious about the sensations here. You may become aware of sensations in the muscle, temperature or points of contact with furniture or the bed. With each outbreath, you may let go of tension you are carrying. And then very gently shift your focus to your stomach and all the internal organs here. Perhaps you notice the feeling of clothing, the process of digestion or the belly rising or falling with each breath. If you notice opinions arising about these areas, gently let these go and return to noticing sensations. As you continue to breathe, bring your awareness to the chest and heart region and just notice your heartbeat. Observe how the chest rises during the inhale and how the chest falls during the exhale. Let go of any judgments that may arise. On the next outbreath, shift the focus to your hands and fingertips. See if you can channel your breathing into and out of this area as if you are breathing into and out from your hands. If your mind wanders, gently bring it back to the sensations in your hands.

And then, on the next outbreath, shift the focus and bring your awareness up into your arms. Observe the sensations or lack of sensations that may be occurring there. You might notice some difference between the left arm and the right arm – no need to judge this. As you exhale, you may experience the arm soften and release tensions. Continue to breathe and shift focus to the neck, shoulder and throat region. This is an area where we often have tension. Be with the sensations here. It could be tightness, rigidity or holding. You may notice the shoulders moving along with the breath. Let go of any thoughts or stories you are telling about this area. As you breathe, you may feel tension rolling off your shoulders.

On the next outbreath, shift your focus and direct your attention to the scalp, head and face. Observe all of the sensations occurring there. Notice the movement of the air as you breathe into or out of the nostrils or mouth. As you exhale, you might notice the softening of any tension you may be holding.

And now, let your attention to expand out to include the entire body as a whole. Bring into your awareness the top of your head down to the bottom of your toes. Feel the gentle rhythm of the breath as it moves through the body.

As you come to the end of this practice, take a full, deep breath, taking in all the energy of this practice. Exhale fully. And when you are ready, open your eyes and return your attention to the present moment. As you become fully alert and awake, consider setting the intention that this practice of building awareness will benefit everyone you come in contact with today.

Script written by Shilagh Mirgain, PhD, for UW Cultivating Well-Being: A Neuroscientific Approach

This material was compiled by Shilagh Mirgain, PhD, based in part on the Self-Management of Chronic Pain module written by Shilagh Mirgain, PhD and Janice Singles, PsyD, and the Clinician Self Care module written by J. Adam Rindfleisch which are available on the Whole Health Library Website, <http://projects.hsl.wisc.edu/SERVICE/>. See binder page 209 for more information.

References

1. Matthias MS, Parpart AL, Nyland KA, et al. The patient-provider relationship in chronic pain care: Providers' perspectives. *Pain Med.* Nov 2010;11(11):1688-1697.
2. Wu PC, Lang C, Hasson NK, Linder SH, Clark DJ. Opioid use in young veterans. *J Opioid Manag.* Mar-Apr 2010;6(2):133-139.
3. Seal KH, Shi Y, Cohen G, et al. Association of mental health disorders with prescription opioids and high-risk opioid use in US veterans of Iraq and Afghanistan. *Jama.* March 7 2012;307(9):940-947.
4. Eriksen J, Sjogren P, Bruera E, Ekholm O, Rasmussen NK. Critical issues on opioids in chronic non-cancer pain: An epidemiological study. *Pain.* Nov 2006;125(1-2):172-179.
5. McCracken LM. Psychology and chronic pain. *Anaesth Intens Care.* 2007;9(2):55-58.
6. Jensen MP, Turner JA, Romano JM. Self-efficacy and outcome expectancies: Relationship to chronic pain coping strategies and adjustment. *Pain.* Mar 1991;44(3):263-269.
7. Bond MR. Psychological issues in cancer and non-cancer conditions. *Acta Anaesthesiol Scand.* Oct 2001;45(9):1095-1099.
8. Novy DM, Nelson DV, Hetzel RD, Squitieri P, Kennington M. Coping with chronic pain: Sources of intrinsic and contextual variability. *J Behav Med.* Feb 1998;21(1):19-34.
9. Turner JA, Aaron LA. Pain-related catastrophizing: What is it? *Clin J Pain.* Mar 2001;17(1):65-71.
10. Nicholas MK, Wilson PH, Goyen J. Comparison of cognitive-behavioral group treatment and an alternative non-psychological treatment for chronic low back pain. *Pain.* Mar 1992;48(3):339-347.
11. Candib LM. *Medicine and the Family: A Feminist Perspective.* New York: BasicBooks; 1995.
12. West CP, Dyrbye LN, Sloan JA, Shanafelt TD. Single item measures of emotional exhaustion and depersonalization are useful for assessing burnout in medical professionals. *J Gen Intern Med.* Dec 2009;24(12):1318-1321.
13. The Road to resilience: What is resilience? American Psychological Association website. Available at: <http://www.apa.org/helpcenter/road-resilience.aspx#>. Accessed April 1, 2014.
14. Balch CM, Shanafelt T. Combating stress and burnout in surgical practice: A review. *Adv Surg.* 2010;44:29-47.
15. Najjar N, Davis LW, Beck-Coon K, Carney Doebbeling C. Compassion fatigue: A review of the research to date and relevance to cancer-care providers. *J Health Psychol.* Mar 2009;14(2):267-277.
16. Surawicz CM. J. Edward Berk distinguished lecture: Avoiding burnout: Finding balance between work and everything else. *Am J Gastroenterol.* Apr 2014;109(4):511-514.
17. Thiedke CC. Rediscovering the joy of family practice. *Fam Pract Manag.* Oct 2003;10(9):57-61.
18. Huggard P. Compassion fatigue: How much can I give? *Med Educ.* Feb 2003;37(2):163-164.
19. Joinson C. Coping with compassion fatigue. *Nursing.* Apr 1992;22(4):116, 118-119, 120.
20. Shanafelt T. A career in surgical oncology: Finding meaning, balance, and personal satisfaction. *Ann Surg Oncol.* Feb 2008;15(2):400-406.
21. Krasner MS, Epstein RM, Beckman H, et al. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *Jama.* 2009;302(12):1284-1293.
22. Fortney L, Luchterhand C, Zakletskaia L, Zgierska A, Rakel D. Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care clinicians: A pilot study. *Ann Fam Med.* 2013;11(5):412-420.
23. Rakel D. *Integrative Medicine.* 3rd ed. Philadelphia: Elsevier Saunders; 2012.