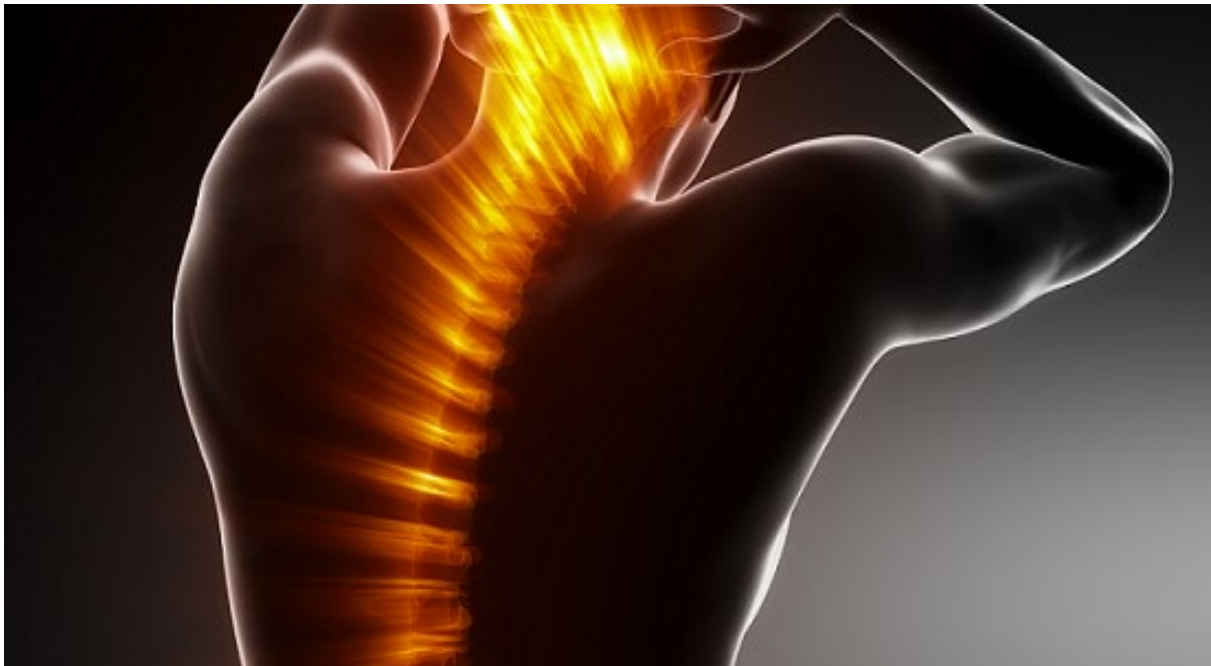


Wellbeing with Persistent Pain

WORKBOOK



Safety and Wellbeing

Due to the format of our courses we are not able to check in with each person individually. If you feel at risk to yourself or others, or feel at risk from anyone else, please utilise your risk management plan that was agreed at assessment. The services below can also be used for support:

- Contact a friend or family member for support – consider the management plan discussed with the practitioner at your assessment
- Call **the Samaritans** (24 hours) telephone **116 123** or e-mail jo@samaritans.org
- NHS out of hours support: **111**, or **999** (in an emergency)
- Speak with your GP or other healthcare professionals involved in your care e.g. the Community Mental Health Team (CMHT)

If you live in Dorset:

- Call **Connection**, a local 24/7 helpline run by Dorset HealthCare: **0800 6520190**
- Visit **The Retreats**:
Hahnemann Road, Bournemouth BH2 5JW
Maiden Castle Road, Dorchester DT1 2ER

If you live in Southampton:

- **The Lighthouse** -
<https://www.southernhealth.nhs.uk/locations/thelighthouse/>
- **Solent Mind** – for peer support

Please make a note of your useful telephone numbers, so that you have them to hand when you need them. You may want to write them in the space below, or save them in your phone so they are ready to use (e.g. Family/ Friend contact details, your GP / CMHT telephone number.)

My Personal Safety Plan

Signs that my mood is deteriorating
What steps can I take? Who is my support?

Welcome!

Wellbeing with Persistent Pain is a ten-week closed course; this workbook covers all ten sessions. Each session is listed below along with the relevant page numbers in this workbook.

- Session 1 – Introduction to pain (pages 4 to 12)
- Session 2 – Activity (pages 13 to 20)
- Session 3 – Pacing and rest (pages 21 to 29)
- Session 4 – Sleep (pages 30 to 43)
- Session 5 – Anxiety (pages 44 to 53)
- Session 6 – Worry-management (pages 54 to 63)
- Session 7 – Depression and negative thinking (64 to 72)
- Session 8 – How to reduce negative thinking (73 to 81)
- Session 9 – Stress and pain (pages 74 to 92)
- Session 10 – Review and Relapse-Prevention (93 to 98)
- **Appendix 1** - Diet and Pain (pages 99-101)
- **Appendix 2** – Various Resources (pages 102-104)

Aims of the course

- Enhance your understanding of the link between thoughts, physical sensations, behaviours, attention, and emotions
- Increase your understanding of pain and suffering
- Become aware of and challenge unhelpful beliefs and thoughts
- Explore how to make activity levels manageable
- Learn to re-focus attention away from physical sensations
- Develop a maintenance plan

The focus of this course is the reduction of depression and/or anxiety symptoms for people living with persistent pain. This is not a pain-management course. However, you may find your pain decreases as a side-effect of improving your mood or reducing anxiety.

Getting the most from this course

For therapy to be most effective, it requires your commitment to attend all the sessions that you can, and to set aside time between sessions to practise the strategies we share with you.

We welcome your engagement in these sessions. You will notice a 'chat' box to interact with us and/or the other participants; please use it! The more you put into these sessions, the more you will get out.

We will be giving you tasks to take away and put into practice; please try these, and continue using those you find helpful.

Use any support networks you have. Whilst you are attending these sessions as an individual, there is nothing wrong with involving your friends, family, colleagues or loved ones with the between-sessions tasks.

Some of you may be receiving support from other professionals. Please feel free to inform them of what is being covered in these sessions.

Advice from previous clients

Treatment can be life-changing; however, you will need:

Time	Reflection	Honesty	Kindness	Practice
<ul style="list-style-type: none">• It isn't a quick fix• Takes time• Be patient	<ul style="list-style-type: none">• Stop and think• What is really going on?	<ul style="list-style-type: none">• Be honest with yourself• Don't be scared of the truth	<ul style="list-style-type: none">• Be kind to yourself• What would you say to a friend?	<ul style="list-style-type: none">• Changing habits is hard• Small steps make a difference

What is pain?

The International Association for the Study of Pain (IASP) defines pain as “An unpleasant sensory and emotional experience associated with or resembling that associated with actual or potential tissue damage”.

Pain can be viewed as an internal alarm signal which protects the body and motivates us to stay safe. This seems quite simple when, for example, you bang your toe or burn your finger, but there are many complex processes involved in your nervous system and your brain before you actually experience pain.

Let's assume a situation – you are stung by a wasp:

Starting with nerves, each of the peripheral nerves houses millions of detectors called nociceptors. These nociceptors are activated when they sense an injury or potential injury. They are therefore sensitive to changes in temperature, chemicals (produced by the body such as inflammation or externally such as a wasp sting) or any mechanical changes such as pressure or pinches.

Once activated, an electrical signal is sent to the spinal cord. Chemicals are released within the spinal cord when a message is received from the nerves. These chemicals are called neurotransmitters; you may have heard of these. Examples of neurotransmitters are serotonin, dopamine and histamine.

The spinal cord can be viewed as a complex information hub. Pain messages received from the nerves, following the release of chemicals (neurotransmitters) are sent to the brain from the spinal cord information hub (or dorsal horn).

Once received in the brain, your brain then has to make sense of what has happened. This process involves cataloguing the event, adding emotions, comparing to other experiences of pain, and much more:

Memory - What was your last experience of being stung by a wasp? Are you allergic? Did the sting become infected?

Context - Had you just had an argument with someone? Is it your birthday? What else was happening when you were stung?

Emotions – Were you feeling scared? In love? Depressed? Joyful?

Physically - How well did you sleep the night before? Were you hung-over?

How's that for complicated?!

With all this information to hand, the brain then makes a decision about what action to take, if any.

Remember the slide showing the man whose boot was punctured by a 6" nail? He experienced intense pain, until the nail was removed and was found to have pierced between his toes; he was uninjured. This demonstrates that the experience of pain is not only due to physical damage, but is moderated by our beliefs, expectations and perceptions.

The opposite is also true; remember the slide showing an X-ray of a man's skull with a nail embedded in it? The man believed he had been scratched on the head when a workmate accidentally let off a nail gun. He only realised the full extent of his injury 10 days later, after he collapsed and surgeons at the Hope Hospital in Manchester found a nail embedded in his skull.

Acute Pain and Persistent Pain

Generally speaking, acute (short-term) pain lets us know that the body has been injured or infected. The pain will reduce in intensity as the body heals, until it disappears altogether.

For some health conditions (e.g. arthritis and cancer) there is an underlying physical cause for on-going pain. However, acute pain can persist even after the injury has healed and there is no on-going physical injury or inflammation. This is known as chronic or persistent pain. There is no definitive reason why acute pain becomes persistent, but there are three physical reasons why this may occur:

1. Chemicals continue to be released at the injury site
2. Nerves are more sensitive to pain messages, resulting in increasing pain intensity as the message travels to the brain
3. The brain may not process the message properly, possibly due to the brain having a memory of the pain which it cannot remove

Research suggests it is also likely that psychological factors can influence the intensity and chronicity of persistent pain:

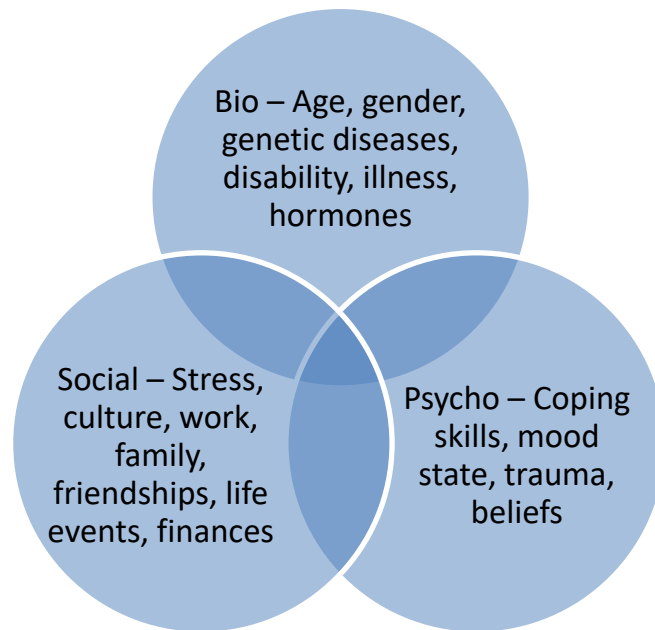
- Cortisol, which is released when anxious or stressed, can amplify pain
- Negative mood states such as depression, hopelessness and anger can amplify the intensity of the sensory input
- Psychological history will also have an influence
- Other factors such as smoking, poor eating habits, poor sleep and lack of exercise are also known to heighten pain
-

Consequences of living with persistent pain

- Irritability
- Low mood
- Poor concentration
- Stress
- Resting too much
- Time off from work
- Disturbed sleep pattern
- Reduced activity
- Reduced social interaction
- Worry about longevity of pain
- Not being able to carry out usual activities

What are the consequences of living with pain for you?...

Bio–Psycho–Social Model of Pain



The bio-psycho-social approach views pain as the result of an intricate and dynamic interaction between biological, psychological, and social factors. These factors can often intensify the pain condition. As a consequence, individuals tend to express variability in the intensity of their pain due to the interaction of these factors.

Your goals for this course

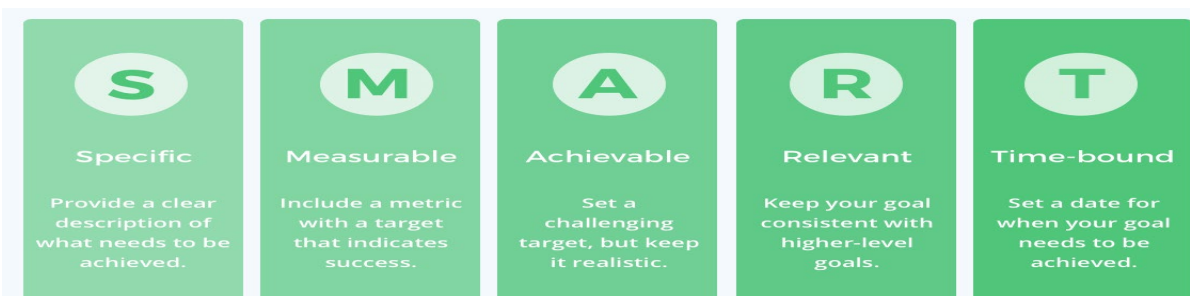
- Thinking about the impact of the symptoms of pain, what would you most like to change during this course?
- What would you like to achieve in the short term?
- What would you like to aim for in the long term?

It can be really helpful to focus on “easy-wins” at first, especially when struggling with pain. You don’t run a marathon straight away; you build up gradually, and build up stamina to do so.

Sometimes there might be something bigger that we want to achieve, and it’s perfectly fine to include these here, but it’s important to remember to break the steps down into smaller chunks to make it more manageable. Think about changes you want to make; maybe start by thinking about one thing that you want to achieve, or one thing you used to enjoy that you have stopped doing.

When you have chosen some areas that you want to work on, it can be really helpful to make sure you have set SMART goals.

SMART goals help us to make sure that we set ourselves appropriate, helpful and manageable tasks:



My SMART Goals

(think about what's important to you!)

1.

2.

3.

4.

5.

Do you need to break these down into more-manageable chunks?

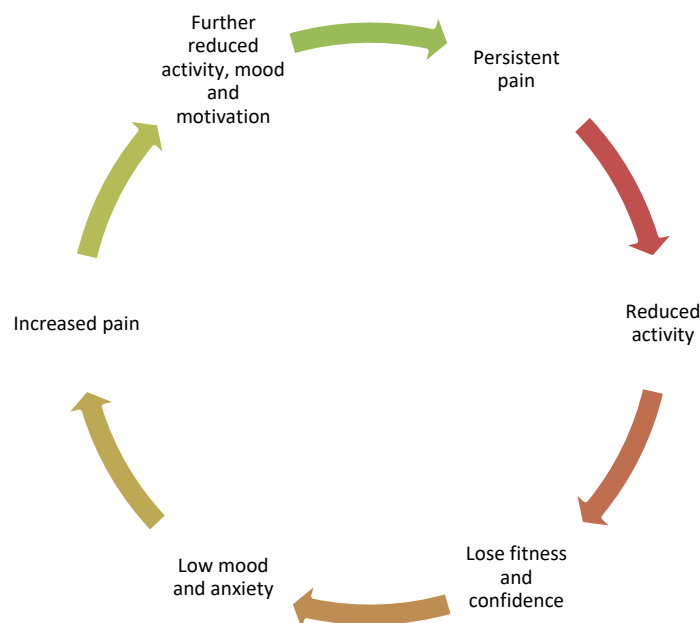
Online Resources

- Understanding pain - Brainman video
<https://www.youtube.com/watch?v=5KrUL8tOaQs> This is a great explanation of persistent pain
- Tame the Beast (a five minute video explaining why pain becomes persistent)
<https://www.youtube.com/watch?v=ikUzvSph7Z4>
<https://www.tamethebeast.org/>
- Lorimer Moseley 'Body in mind – the role of the brain in chronic pain'
<https://www.youtube.com/watch?v=RYoGXv22G3k> Lorimer Moseley is a pain expert who presents several videos explaining pain
- Why Things Hurt (TEDxAdelaide - Lorimer Moseley – educational talk by leading pain specialist)
<https://www.youtube.com/watch?v=gwd-wLdlHjs>
- Living with chronic pain – free online CD <http://www.paincd.org.uk/listen>
Developed by Neil Berry (psychologist) This link provides 10 audio tracks to help with living with chronic pain

Session 2 - Activity

There are 3 interrelated aspects to pain, the sensory (the actual feeling of pain, its nature and locality), the cognitive (what we think about the pain and how we interpret its meaning and context), and the behavioural (how we behave in reaction to it). In this section, we are going to look at the last aspect – how do you behave in response to your pain?

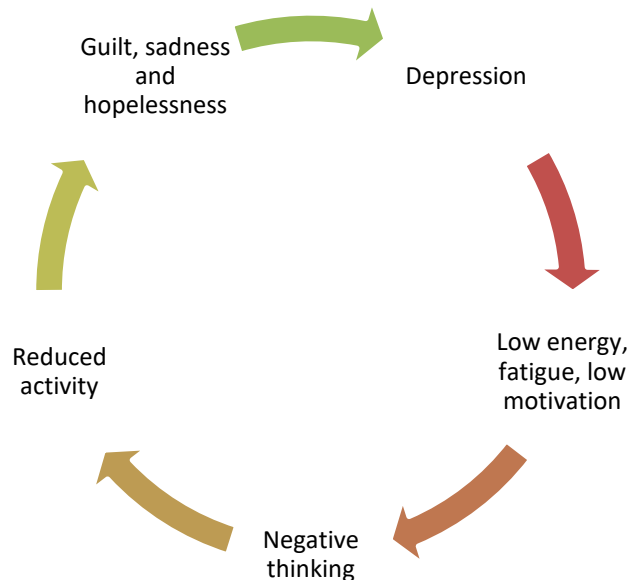
Vicious Cycle of Pain



As it is usual to benefit from rest when in acute pain, often people continue resting for fear that they will cause further damage or pain in their body. Unfortunately, whilst this is a very understandable response to pain, it often leads to the vicious cycle above, and people with pain often choose to do less or to spend a lot of time resting. Unfortunately, reducing activity can often lead to boredom and depression, which can worsen pain. In addition, excessive resting reduces fitness levels, with the consequence that activity leads more quickly to pain and fatigue, often meaning that you do less, and so on.

Depression and Activity

The symptoms of depression and anxiety can also have a huge impact on your life, particularly in terms of behaviour. When feeling low in mood, it is common for motivation and energy also to lessen. You may lose interest in, and stop or reduce, your usual activities, or want to withdraw from or avoid other people, preferring to stay at home more.



The symptoms of depression can bring about some drastic changes in someone's life. These changes often lead to a worsening of the depression and prevent improvement in mood. For example, a lack of motivation or a lack of energy can result in someone cutting back on their activities, neglecting daily tasks and responsibilities, and leaving decision-making to others. Have you noticed these changes in yourself? You may find that you have become less and less active, don't go out much anymore, avoid hanging out with friends, and have stopped engaging in your favourite activity. When this happens, you have become stuck in the vicious cycle of depression.

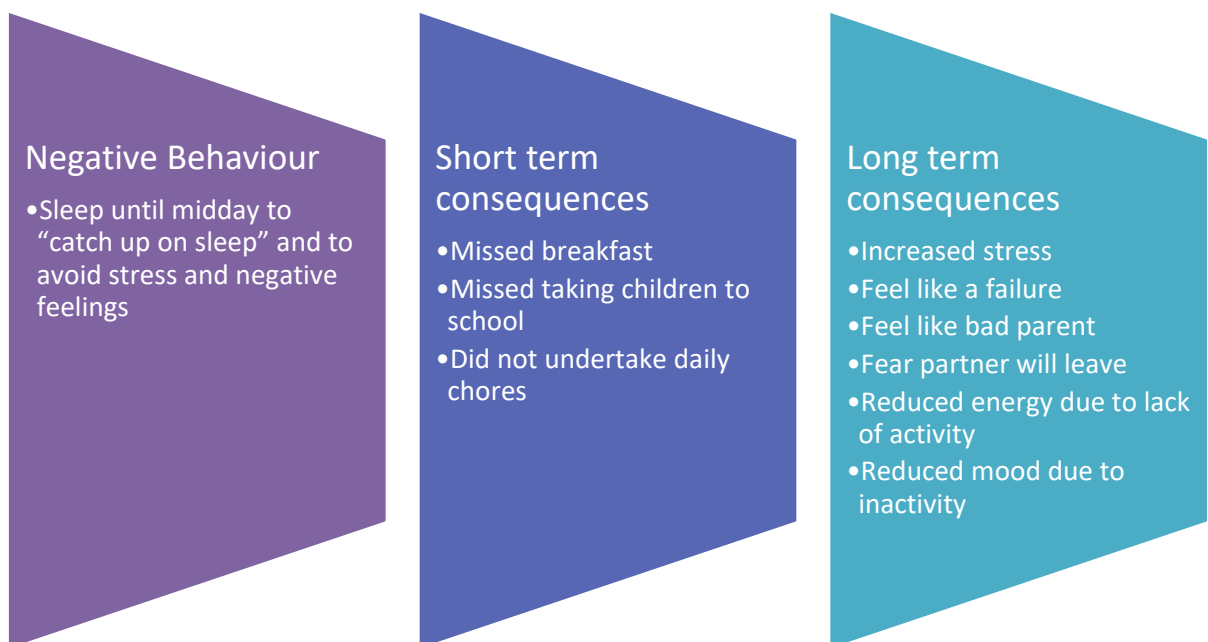
Although with the current restrictions, our lives can look very different to pre-Covid times, you may have noticed yourself withdrawing from going outside, connecting with others, or exercising, for example.

With decreased activity often people become even less motivated and more lethargic. Due to missing out on experiencing the positive feelings and experiences associated with activities, depression can worsen. Similarly, if you begin neglecting your responsibilities or chores at work or at home, you can quickly feel overwhelmed and stressed. You may feel overwhelmed by the pile of things you have put off doing, and this may result in feelings of inadequacy, - feeling like a failure or an imposter. And depression again may worsen.

Why does inactivity increase pain and lower mood?

- Reduction in neurotransmitters
- Boredom
- More time to overthink
- More time to worry
- Less sense of purpose
- Decreased functional abilities
- Less enjoyment
- De-conditioning in the body
- Stiffness in the body

When less active, your body will become less used to activity, and therefore stiffness can increase. Your muscles will also lose mass and become deconditioned. When your body is stiffer and in a worse condition, this can have a negative impact on the nervous system, increasing your experience of pain.



The solution? Do more!

Within this section of the course we are going to be focusing on how to find a balance of activity and rest, and exploring how this positively impacts on your mood as well as your pain.

Why is activity important?

- You feel better!
- You will sleep better
- You can shift awareness onto your body instead of your thoughts
- It is a way of managing stress
- Leads to increased energy
- Routine exercise helps your body to stabilise itself

Feel better: when you undertake certain activities, neurotransmitters are released which improve your mood.

Sleep better: you will likely feel tired rather than fatigued.

Manage stress: when physically active, cortisol is released, which helps to manage stress

Pattern of activity

Before starting to think about any changes to your activity and rest, it is useful first to get a baseline, - where are you starting from – then you can plan where you want to get to.

Below is an example of an Activity Diary, which we would strongly encourage you to complete each day for the next two weeks. A printable version can be found here: <https://www.getselfhelp.co.uk/docs/ActivityDiary.pdf>

After keeping a diary for two weeks, you are likely to notice patterns of activity and inactivity.

Ensure you keep a note not only of what you do, but also how you feel.

Once you have completed a diary for a couple of weeks, it is then useful to begin devising an activity and rest plan

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am to 9am							
9am to 10am							
10am to 11am							
11am to 12pm							
12 to 1							
1 to 2							
2 to 3							
3 to 4							
4 to 5							
5 to 6							
6 to 7							
7 to 8							
8 to 9							
9 to 10							
10 to 12am							

We will mention the types of activity, and why this can be helpful, before then moving on to planning activity.

For you to gain the most benefit from the activity diary, it will be an ongoing project for you beyond what we cover in the course sessions. This is why we talk about recording it for 2 weeks – we will check in on how you are getting on with it next week then show you how to build on it once you have your baseline. Baseline is explained next!

Finding your baseline activity and building on it

- Your baseline is defined as the amount of a certain activity you can undertake before feeling increased pain. This is your baseline level for that activity, however you feel.
- You want your baseline to be possible on a bad day
- Gradually build up the amount of activity (whatever activity that may be) over time
- Be patient and prepared to go slowly. If you are tempted to do more on your good days, this can lead to a flare-up of pain, and ensuing disappointment and frustration

Types of activity that help



Fun

Aim to do more enjoyable activities. When we have fun, dopamine levels increase. You can try re-introducing a hobby or sport that you used to enjoy back into your routine. Or try something new.

Achievement

Our brains get a boost when we achieve things during the day. Achievement increases the neurotransmitter dopamine, and purposeful activity increases serotonin.

Self-care

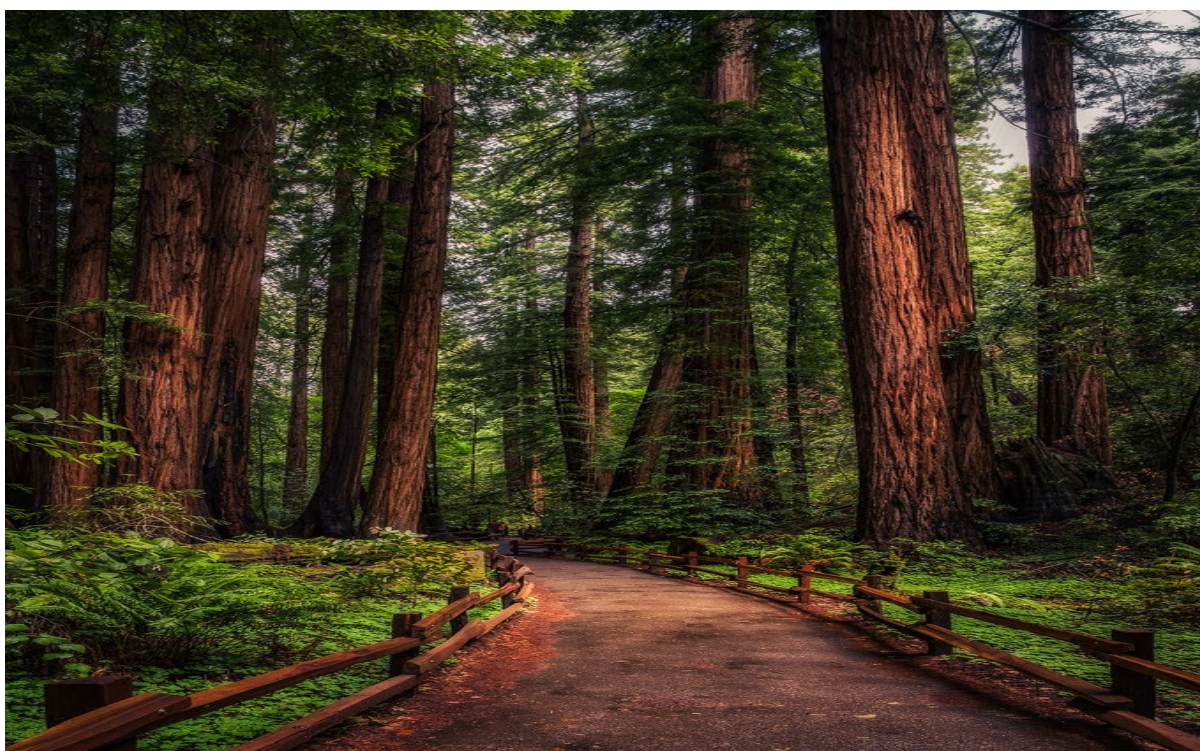
Taking good care of our physical needs not only equips us to cope with emotional problems, but also gives a message to yourself that you are worth taking the time to look after. Taking care of yourself means taking any prescribed medication, taking steps to gain adequate sleep (discussed next week), eating regularly and healthily (see appendix on food and mood), spending time outdoors, exercising (gently at first) but combined with rest periods – also discussed next week. Be mindful of caffeine, nicotine, alcohol and illicit drugs that may negatively impact on your mood and pain.

Closeness to others

As mentioned before, when depressed, as well as when in pain, we can withdraw and isolate ourselves and neglect our relationships.

However, connecting with and/or helping others boosts the neurotransmitter oxytocin which will boost our feeling of wellbeing.

Nourishing vs. depleting activities



When your mood is good, and/or your pain is less, the tendency is to undertake a large variety of enjoyable activities, in addition to the more mundane activities/chores we need to do.

When mood dips, the tendency is to drop the enjoyable activities but continue with mundane activities which are often depleting and draining when we are already drained of energy and motivation

The activities spoken about in the previous slide are more-nourishing activities that energise and aid recovery both mentally and physically 😊

Between-session tasks

- Keep a diary of activity over the next week

Daily Activity Diary

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am to 9am							
9am to 10am							
10am to 11am							
11am to 12pm							
12 to 1							
1 to 2							
2 to 3							
3 to 4							
4 to 5							
5 to 6							
6 to 7							
7 to 8							
8 to 9							
9 to 10							
10 to 12am							

Or print one off from <https://www.getselfhelp.co.uk/docs/ActivityDiary.pdf>

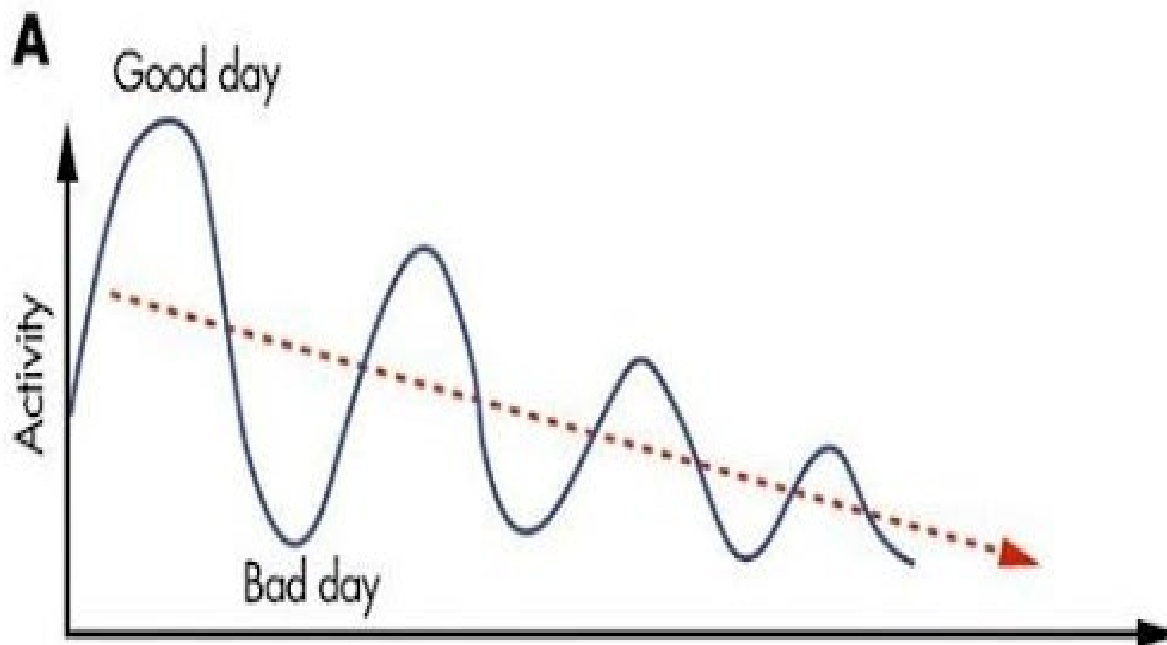
- Make a note of depleting and nourishing activities.

Further Reading

- <http://painconcern.org.uk/wp-content/uploads/2016/09/Manage-Your-Pain-English.pdf>
- <https://www.cci.health.wa.gov.au/-/media/CCI/Consumer-Modules/Back-from-The-Bluez/Back-from-the-Bluez---02---Behavioural-Strategies.pdf>

Session 3 – Pacing

Boom and Bust



People tend to respond to persistent pain in two different ways.

As it can make sense to reduce activity when you initially experience pain, this can continue, leading to avoidance of activities, and excessively resting for fear of further injury. Although this may be understandable, it can lead the body to become deconditioned, causing stiffness and increased pain when you are active. The longer you have experienced pain, the harder it can be to keep active.

The other response is to battle through, attempting pre-pain, pre-depression or pre-anxiety activity on good days, leading to pushing yourself too hard, and ending the day in pain. This usually leads to reducing activity the following day, and needing to over-rest. When you have recovered, this pattern occurs again, leading to a cycle of 'booming' activity and then 'busting' and needing extended rest periods. This is what is termed a "boom and bust" or "over and under" activity cycle. This can be unhelpful because over time you can start avoiding activity, thus becoming less and less active.

So how do we break the cycle?

- Plan
- Pace
- Prioritise



This cycle can be overcome through planning activity, pacing activity and prioritising activity!

Planning Activity

- Routine!
- Consistency (activity and rest)
- Regularity (activity and rest)
- Keep your activity stable to begin with (rather than increase)
- Avoid using bed for resting during the day
- Plan rest

Routine – having a routine to your activity is important. If you are resting in response to being over-active, your body never gets used to a level of activity. This can often lead to you feeling as though you do not benefit from a rest.

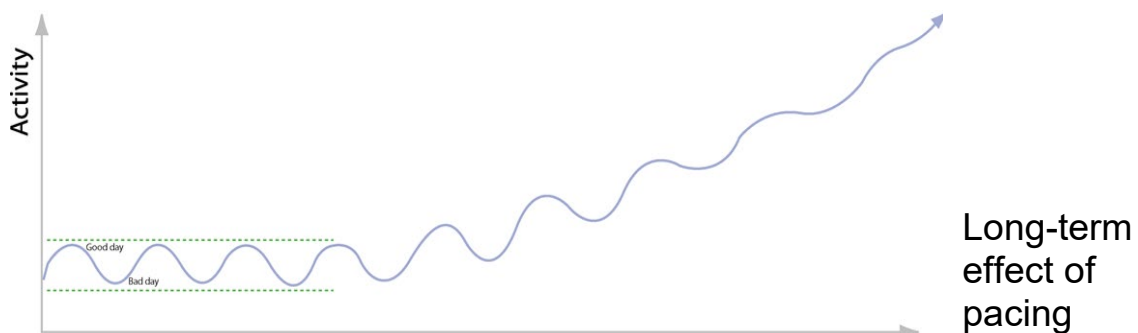
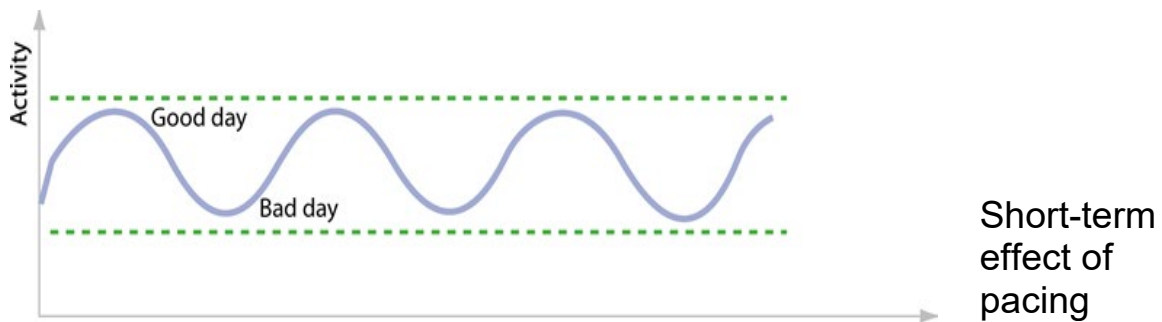
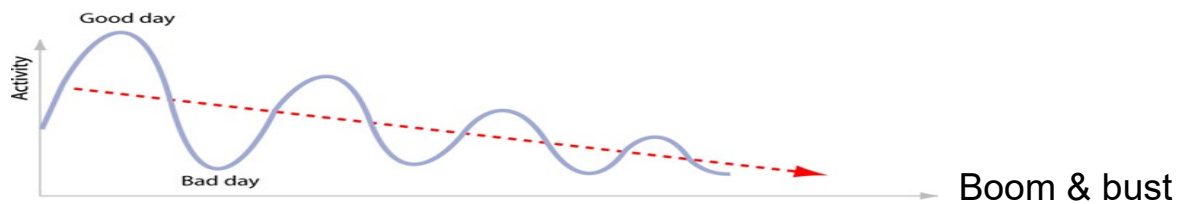
Consistency and regularity – plan small chunks of activity at regular intervals rather than long periods of irregular activity. The plan is to GRADUALLY increase your activity and reduce the need for rest. When we say gradually, this means keeping a level of activity maintained for 2-3 weeks before increasing SLIGHTLY.

Stability – Keep activity stable, BUT if you are, for example, doing all your cleaning in 3 hours on one day and then needing to rest the following day, break this cleaning down into 20-30 minute chunks throughout the week.

Pacing

Pacing is an energy-management strategy aimed at achieving a balance (that works for you) between rest and activity.

This is not a strategy to “cure” pain; rather this is a strategy to assist you to manage your pain, and hopefully reduce rather than exacerbate your symptoms.



Many people struggling with low mood and pain get anxious at the idea of pacing. It feels counter-intuitive to reduce the amount you do on a good day. Pacing is not about stopping you from achieving things; rather, instead of only being able to achieve lots on one day and then being wiped-out out for days, you will be able to achieve a few things every day. This increases your opportunities to do things and to feel good. It also helps to build your stamina, which is helpful in managing both mood & pain.

Spoon Theory



Spoon theory uses spoons as a visual representation of how much energy someone has throughout their day. We start each day with a limited number of spoons. People with persistent pain will have limited spoons.

Each activity undertaken during the day will cost a certain number of spoons; the greater the effort required, the more spoons are utilised. Once all the spoons are used up for that day, that's it; all your energy is used up.

Example - let's say Gill normally has 10 spoons of energy for the day. Gill will not wake every day with 10 spoons. Gill may have slept badly the night before (-1 spoon) and woken in pain (-1 spoon), so she may start the day with only 8 spoons.

Spoon theory encourages more-effective pacing in your daily life by giving weight to the tasks/activities you want to complete. Spoons can be replenished during the day through sufficient food and rest.

The hope is that spoon theory will prevent 'burn out'. Spoon theory can also be a way to help friends and family understand your pain & fatigue.

Prioritising Activities

Some daily activities are necessary, but others aren't. Ask yourself the following questions to find out which of yours are necessary:

- What do I need to do today?
- What do I want to do today? Something fun?
- What can be put off until another day?
- What can someone else do?

Prioritising means making choices about what to do. You have only so much time and energy.

Think about what needs to be done and about what you really enjoy doing. It is important to get a good balance between those chores and tasks that need to be done and those activities that you do for interest or pleasure.

Remember, pain is felt less intensely if we are feeling happy, feel a sense of achievement, feel connected to others and/or feel looked after.

Rest



Rest means relaxing the body *and* the mind.

The advice on rest is to take short breaks throughout the day, even if you don't think you need them – this can be for 2-10 minutes throughout the day, rather than one big extended rest.

Rest means relaxing the body and mind. Often, when sat at rest, our minds can be very active. For example, reading the news on your phone or in a paper, you might be physically inactive, but if you read something unpleasant, this can trigger a stress response.

During rest, stop and do nothing, or a very relaxing activity. Calm your mind, and try breathing or guided relaxation techniques.

Although you may *feel* as though you need *more* rest, this can disturb your sleep and lead to your muscles becoming deconditioned and thus more easily fatigued.

- R** **Regular** – Take regular rest periods during the day
- E** **Essential** – Rest is essential for recovery and managing fatigue
- S** **Structured** – rest periods must be structured into your activity diary
- T** **Taken** – Take your rest period like you would prescribed medication

Allow yourself between 2 minutes and 10 minutes to rest. These breaks need to be taken regularly. You need to stop what you are doing and minimise contact with the environment around you. Rest periods can be structured into your routine using your activity diary. It may also help to set reminders on your phone or to have the rest periods at natural breaks in your day such as after or before mealtimes. While we can't fully remove ourselves from our environment, it helps to minimise distraction, including mobile phones, TV and radio. Having said this, rest periods can be taken in busy places if needed. It is the conscious choice to stop what we are doing. It may be helpful to focus on noticing your breath or doing a mindfulness exercise to help you rest.

Tips on Rest

Plan! Being active and resting based upon how much pain you are feeling at the time isn't very reliable, and can lead to flare-ups. As increased pain is usually a sign that you have over-done your activity, resting at regular intervals is recommended.

Set a reminder! It is not uncommon to lose track of time when undertaking an activity you enjoy or that is urgent. This can lead to a flare-up. Therefore, it can be useful to set a break/rest reminder to avoid overdoing activity.

Change body posture! Your body can stiffen if kept in one position for an extended time, which can increase pain. Using rest to change your position and/or stretch can avoid this, and become a self-care activity.

Relaxation: Listen to music, do a crossword, read a newspaper, or anything you find relaxing. You will learn some techniques in the next session.

Engaging activity: It can be useful during your rest period to choose an activity that you enjoy or find engaging as you are more likely to rest

Activity diary

Daily Activity Diary							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am to 9am							
9am to 10am							
10am to 11am							
11am to 12pm							
12 to 1							
1 to 2							
2 to 3							
3 to 4							
4 to 5							
5 to 6							
6 to 7							
7 to 8							
8 to 9							
9 to 10							
10 to 12am							

Let's bring this all together now –

Once you have a baseline of activity, the plan is to increase your activity if you are resting too much, or decrease your activity if you are doing too much.

Balance is key! If you are resting too much, then the plan here is - gently and gradually - to increase activity.

If you are the opposite, - working late, and taking on too much, then the aim here is to plan rests, take a lunchbreak, finish work on time and have a balance of activity and rest.

Plan rest periods – these do not need to be for extended periods, and can include a 2-5 minute mindful activity.

Between-session tasks

- Write a list of activities you would like to do during the next week. Print off another Activity Diary or use the one above to plan your new schedule.
- Specify for how long you want to undertake the activity
- Be careful not to over-do activity
- Plan a mixture of activities – fun, chores, with others and alone, daily living activities, etc. Ensure you include relaxation and rest!

Additional Resources

- <https://www.ouh.nhs.uk/patient-guide/leaflets/files/11850Ppacing.pdf>
- <https://painconcern.org.uk/wp-content/uploads/2021/03/Diet-and-Pain-v.2-WEB.pdf>
- <https://youtu.be/jn5IBsm49Rk>
- <https://thespoontheory.tumblr.com/>

Session 4 – Sleep

Many people with persistent pain describe difficulties with falling and staying asleep. Pain can make getting comfortable in bed harder and can delay falling asleep. It can also reduce sleep continuity, – frequent waking and waking early.

Recent research into sleep and persistent pain has revealed that sleep impacts on the experience of pain more than pain interferes with sleep. In relation to your pain experience, therefore, looking to improve sleep needs to be made a priority.

Sleep science has developed significantly in the past 20 years, providing growing insight into how sleep works, why it's important, the ways that it can be disrupted, and how it can be restored. In this session we will cover basic information about sleep, and consider ways in which you can take more control over your sleep regime, and other factors that can help you improve your sleep.

The importance of sleep

- Sleep restores our tissues and allows our muscles to recuperate
- New proteins are synthesised, and hormones are produced
- Sleep improves memory, motor task proficiency (“muscle memory”) and creativity
- Sleep connects our different memories, experiences and skills to create new ideas and insights
- Dreams can reduce pain from traumatic events
- Sleep helps decode facial expressions accurately and improve problem-solving

What is sleep?

REM

Distinguished by faster brainwave activity similar to when you're awake. You brain's visual, motor, memory and emotional centres are activated and pockets of feelings, memories, motivations are combined into a giant movie screen, i.e. your dreams. Your eyes may move rapidly as you dream

Non REM

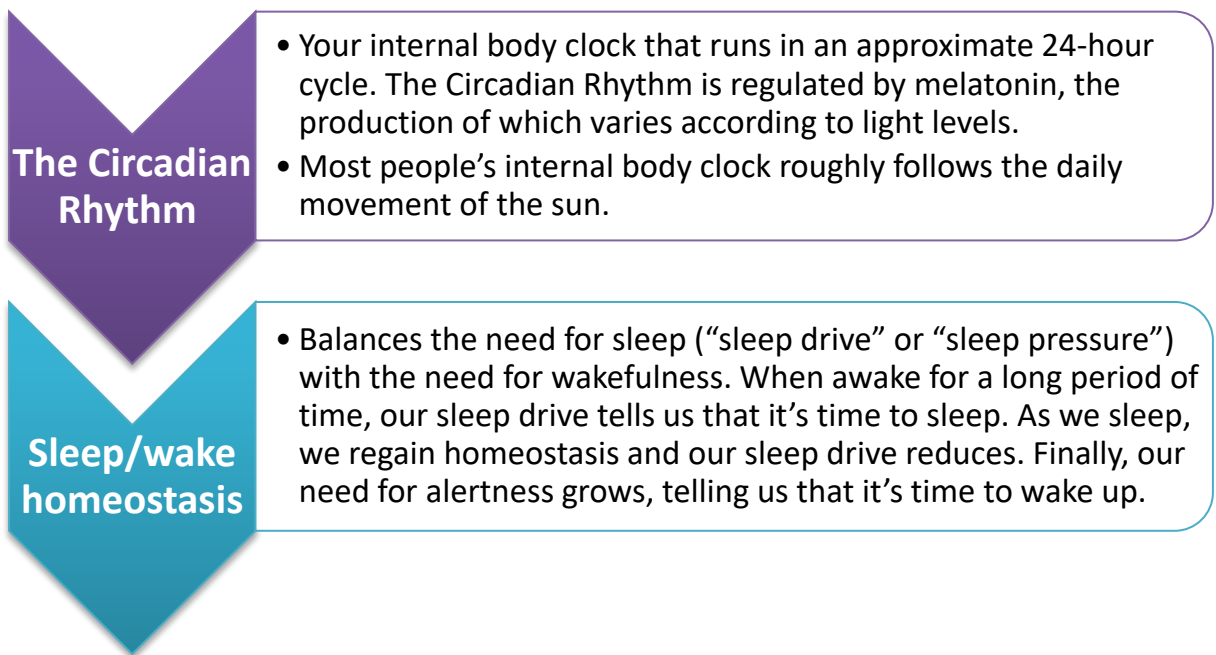
Characterized by deep, slow brainwaves 10 times slower than when awake. During deep NREM sleep, a sensory blackout occurs and our cortex (logical centre of brain) is relaxed. Entire brain is now fully aligned to cleanse and transfer selected memories from your short-term memory (frontal lobes) to your long-term memory (back of your brain).

3 stages of progression: 1) light sleep, 2) true sleep, 3) deep slow-wave or delta sleep.

Sleep consists of two distinct states that alternates in cycles and reflect differing levels of brain activity. These are Non-REM sleep and REM (Rapid Eye-Movement) sleep. Every night, your brain switches between REM and Non-REM sleep. During a normal night's sleep, everyone progresses through these stages five or six times. Each stage lasts approximately 90 minutes.

When we're awake, we continuously receive new sensory inputs from the environment. Non-REM sleep strengthens and stores those raw data and skills. REM sleep incorporates these ingredients by connecting them with one another and with our past experiences and knowledge, to improve our understanding about the world, develop new insights and resolve problems creatively.

What controls sleep?



Have you ever noticed that you feel more alert at certain times of day, and feel more tired at other times? Those patterns are a result of two body systems: sleep/wake homeostasis and your circadian rhythm or internal body clock. These systems control your body’s need for sleep.

The Sleep Cycle

It is **normal** to wake for 1-2 minutes about every 2 hours during the night, although many people are unaware of waking briefly. These minutes of wakefulness become more frequent towards the end of your sleep cycle.

If you are afraid of waking, you are likely to become more alert when you do wake; then these times of wakefulness last longer than 1-2 minutes.

When sleep-deprived you do not need to make up the time you have lost, as the brain and body are skilled at compensating for this by moving more quickly into REM sleep and staying there for longer.

Sleep problems

Sleep difficulties are a common symptom of depression, anxiety, and persistent pain.

Sleep difficulties come in different forms:

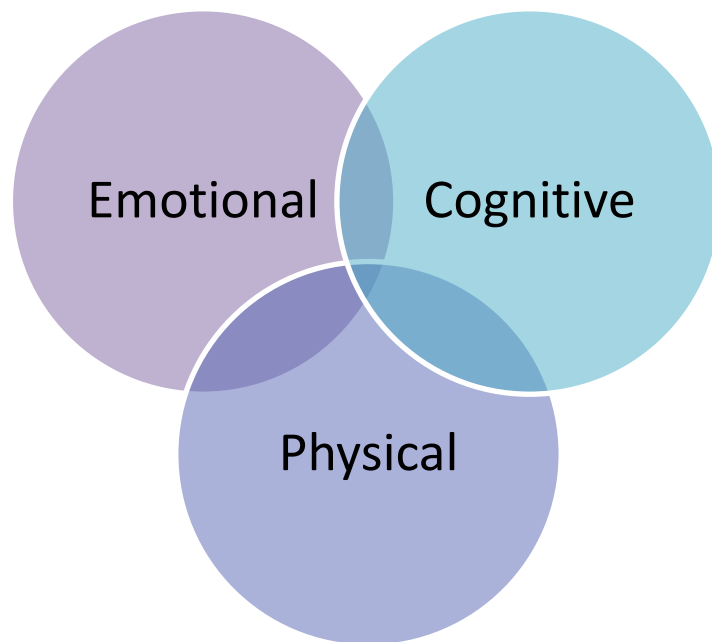
- Difficulties getting off to sleep
- Early waking
- Sleeping too much
- Waking frequently in the night
- Difficulties returning to sleep after waking in the night

Sleep problems can be caused or exacerbated by

- **Stress, anxiety and depression:** worries and negative thoughts can go round and round in your head, making it difficult to sleep. Anxiety and depression can also alter your sleep pattern; not sleeping at night, or when you do sleep well, still feeling tired all the time.
- **Sleep apnoea:** several types of sleep apnoea exist, the most common of which is obstructive sleep apnoea, in which the throat muscles intermittently relax, blocking the airway during sleep. It is therefore common to snore and wake up with a dry mouth, sore throat and a headache. Other people might notice that you seem to stop breathing for short periods during your sleep and then splutter on again. It is especially common in people who are overweight.

- **Periodic Limb Movements during Sleep (PLMS):** repetitive movements, commonly of the legs, during sleep due to muscle tightening or flexing. This often leads to waking still feeling tired.
- **Some Medications** used in pain treatment may affect sleep, either causing insomnia or daytime sleepiness. If you have concerns, discuss these with your GP. Sometimes simple changes like altering the time at which you take your medication can help.
- **Street drugs and OTC medications can affect sleep patterns:** e.g. if you suddenly stop taking sedative medication (including Night Nurse or Nytol) you are likely to experience “rebound” poor sleep.
- **Poor sleep habits:** napping during the day; varying bedtimes; going to bed on a full stomach; excessive alcohol use.
- **Stimulants:** caffeine in tea, coffee, cola and energy drinks; chocolate, and nicotine.
- **Worrying about not sleeping:** clock-watching.
- **Negative thoughts about sleep** are common when you are having difficulties with sleep. It can be useful to make a note of these thoughts. We will be spending some time on challenging negative thinking later in the course, so make a note of them in preparation for this session

The impact of poor sleep





Physical - lack of sleep affects our physical health; some research indicates that poor sleep increases the risk of a number of diseases, from cancer to diabetes and coronary heart diseases. Physical difficulties from poor sleep also include fatigue, and poor physical coordination and reaction time.

Emotional – Sleep-loss can increase emotional sensitivity, and cause irritability and other mood disturbances.

Cognitive - Poor sleep can also lead to poor concentration, memory problems, disorientation, and impaired judgement.

Sleep Diary

Sleep Diary

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
 Complete in the MORNING							
I went to bed last night at (time)							
I got up this morning at (time)							
I slept for a total of (hours)							
I woke up during the night (# times)							
 Complete in the EVENING							
Number of caffeinated drinks today							
Time of last caffeinated drink							
Exercise completed today (minutes)							
What I did in the hour before I fell asleep							
Mood today? (0=awful, 10=great)							

We recommend that you use this sleep diary if you are struggling with your sleep. It can help you to keep an accurate record of how much you sleep - sleep patterns and areas for improving sleep hygiene. If you have negative beliefs about your sleep, this can also help you check if they are correct (e.g. “I never sleep more than 5 hours a night”).

A printable Sleep Diary is available here:

<https://www.getselfhelp.co.uk/docs/SleepDiary.pdf>

Sleep Hygiene

(good sleeping habits)

- **Reduce or stop daytime naps:** napping can stop us sleeping in the evening and often leads to feelings of exhaustion, rather than feeling rested after a nap. If you must have a nap, people generally report 20 minutes as being the optimum time to nap and feel rested. It can be useful to distinguish between tiredness (needing sleep, yawning and itchy eyes) and fatigue (no energy). Only sleep if tired.
- **Eating:** it is not advisable to go to bed just after eating a large meal, as you may get heartburn, and you may become bloated and uncomfortable. However, if you are hungry when you go to bed, this can lead to waking during the night (to eat). Eating something like a banana, a handful of almonds, or a glass of milk 30 to 60 minutes before bed can be helpful. These food items contain tryptophan, which can aid muscle relaxation and sleep.
- **Nicotine:** if you smoke, it is recommended that you have your last smoke a couple of hours before bed if possible. Nicotine is a stimulant and therefore likely to affect the quality of your sleep.
- **Caffeine:** again, is a stimulant, and is best avoided at least 2-3 hours before going to bed. Although many people say they can sleep after drinking coffee, for example, if you are experiencing difficulties sleeping, this is best avoided.

- **Alcohol:** although alcohol may help you to drop off to sleep, it can disrupt your sleep as it metabolises in your body. As such, it is best avoided, again at least a couple of hours before bed, if not at all.
- **Bedroom:** if you want to sleep well, you want your bed to be an inviting place to sleep. A comfortable mattress, clean bedding, and an uncluttered and calming look to your environment will all help promote restful sleep. Dim the lights, and don't watch TV or use electronic devices; they emit blue light which mimics daylight and can fool our internal body clock. Keep your bedroom relatively cool, and use your bed for sleeping and sexual activity *only*.
- **Clock-watching:** many people struggling with sleep tend to clock-watch. Checking the clock during the night can wake you up and reinforce negative thoughts such as "Oh no, look how late it is; I'll never get to sleep." or "if I don't get to sleep soon, I'll be so tired in the morning".
- **Be patient:** none of the advice here is a quick fix for sleep difficulties. Rather they are good practices to give you the best chance of a good night's sleep.
- Another option is to discuss night-time sedation with your GP.

Relaxation to aid sleep – Body scan

This relaxation exercise is taken from the Sleep Foundation. As with learning any new skill, relaxation exercises take practice. Repetitive and on-going use of relaxation exercises is usually more effective than one-time or short-term use.

- Start by taking a few deep, slow breaths to get your body into a relaxed state.
- Bring your attention to your feet, noticing any sensations in your toes, and if you're holding any tension in this part of your body.
- If you notice discomfort here, acknowledge it and let go of any thoughts or stories you have about it. Visualise the tension leaving your body through the breath.
- When you're ready, move your focus to your calf muscles, repeating the process of noticing sensations, letting go of thoughts or stories, and visualising the tension leaving through your breath.
- Methodically move your attention to each part of your body, one-by-one, moving from your feet to your forehead until you've scanned your entire body.

Autogenic Training to aid sleep

Autogenic Training takes you through the same steps as the body scan, but adds in self-statements about heaviness and warmth in each part of the body. The idea is that, with practice, you can begin to calm different parts of your body at any time. Here's how it goes:

- Start with a few minutes of deep, slow breathing to get into a relaxed state.

- Next, bring your attention to your feet, then slowly repeat to yourself six times, “my feet are very heavy; I am completely calm.”
- Focus again on your feet, then slowly repeat 6 more times, “my feet are very warm, I am completely calm.”
- Repeat this process as you move your attention to each part of your body, from your feet to your head, repeating each phrase about heaviness and warmth.

This exercise is also taken from the Sleep Foundation.

If you find it too distracting to remember each phrase or count how many times you’ve said them, you can record yourself going through the process and play it back at bedtime. You can also find audio and video records online if you’d prefer to have someone else walk you through autogenic training.

Yoga Nidra

Yoga nidra, sometimes known as a bedtime yoga, is a great tool for sleep meditation. This yoga offers a very deep relaxation, and research shows that a regular practice can activate the parasympathetic nervous system and increase the alpha-waves in the brain.

Yoga nidra is often performed lying down. The practice often starts with a positive affirmation which is repeated in the beginning and end of the meditation (e.g. “I’m calm and relaxed”.)

During the practice, people focus on their breathing and centre their attention on different parts of their body.

Sleep-restricting

Sleep restriction can be a powerful technique, but it can also be the most challenging to implement.

It is designed to eliminate prolonged middle-of-the-night wakefulness. It doesn't aim to restrict actual sleep-time, but rather to initially restrict the time spent in bed. Subsequent steps consist of gradually increasing the time spent in bed. The initial time spent in bed should be the average nightly total sleep time over the last week.

- **Average the Hours of Sleep per Night:** using your sleep diary, find the average number of hours of nightly sleep.
- **Set Your Bedtime:** start by going to bed in time to achieve only the average number of hours that you calculated. For example, if you usually only sleep 6 hours, and you need to wake up at 7:00 am, then your initial bedtime should be 1:00 am. It is recommended, however, that you do not restrict the sleep time to less than 5.5 hours even if that is more than your average sleep time. You can also get apps that help with this.
- **Maintain the Same Wake Time:** keep the same waking-up time every day of the week.
- **Stick to this Schedule for at Least Two Weeks:** the time spent in bed should not vary according to the amount of sleep you got during the night either.
- **Increase the Time Spent in Bed:** when you are sleeping relatively well through the night and starting to feel tired during the day, gradually increase the time spent in bed. Move back your bedtime by adding 15 minutes each week.
- **Find Your Ideal Bedtime:** you will know that you have reached your ideal bedtime when you are sleeping better through the night and feeling rested during the day.

Tips on night-time waking

- **If you can't fall back to sleep after 15 - 20 minutes, get out of bed.** Get up and leave your bedroom. Don't spend time in bed trying to fall asleep. You'll probably worry about not falling asleep and then learn to associate the bedroom with not sleeping well.
- **Find an uninteresting activity.** Read something uninteresting (not on a screen), or knit, or play solitaire (not on a screen). When you start to feel drowsy, go back to bed.
- **Play gentle music.** Try listening to relaxation/gentle music. Set a timer for 15-20 minutes.
- **Try not to catastrophise.** Try not to view waking as the worst thing; if on waking you immediately have negative thoughts, you will likely feel frustrated and stressed, making it more difficult to return to sleep. Instead, remind yourself that waking is normal.
- **Use a relaxation technique,** as described above.
- **Get up again if you are not back to sleep within 20 minutes** and use some of the ideas above. Wait until you feel sleepy; then go back to bed and try sleeping again.

Between-session tasks

- Keep a sleep diary
- Continue with pacing your activity
- Consider how you might use some of the tips and techniques discussed within today's session, and practise some of them.

Additional resources

- <https://painconcern.org.uk/wp-content/uploads/2020/09/Getting-a-Good-Nights-Sleep-v.2.pdf>
- https://www.cntw.nhs.uk/content/uploads/2017/06/F_03_Yoga-Nidra.mp3
- <https://soundcloud.com/hachetteaudiouk/meditation-8-the-three-minute-breathing-space>
- www.sleepfoundation.org
- www.sleepcouncil.org.uk
- <https://thesleepcharity.org.uk/information-support/adults/sleep-hygiene/>
- <https://www.ifis.org/blog/2014/food-science-and-technology/how-does-food-affect-sleep>
- <https://www.sleepio.com/>

Session 5 – Anxiety

What is anxiety?

Physical	Emotions	Behaviours	Thinking
Heart racing	Anxiety	Avoidance	What if...?
Muscle aches / pins & needles	Paranoia	Hyper-vigilance	Anticipating the worst
Breathing becomes shallow	Feeling on edge	Worrying	Better safe than sorry
Butterflies in your stomach and nausea	Distressed	Reassurance-seeking or self-reassurance	Images of negative consequences
Fidgety	Overwhelmed	Checking	
Dry mouth		Distracting yourself	
Agitation		Narrow focus on threat	
Sweating			

Anxiety is a normal emotion which everyone experiences at some time in their lives. Cast your mind back to a time when you were interviewed for a job; what were you feeling when you entered the room for your interview? Or think of when you had to sit an exam, or run a race; what did you feel?

There are lots of different forms of anxiety, but they mainly relate to either physical harm, social rejection, or harm to those we love.

Anxiety – Fight / Flight / Freeze



Anxiety occurs in response to a perceived danger. The fight, flight or freeze response is an instinctive reaction that aims to keep you safe and prepare your body to either fight against a threat, run away from it, or inhibit you if fighting or fleeing is too dangerous. It is a survival reaction.

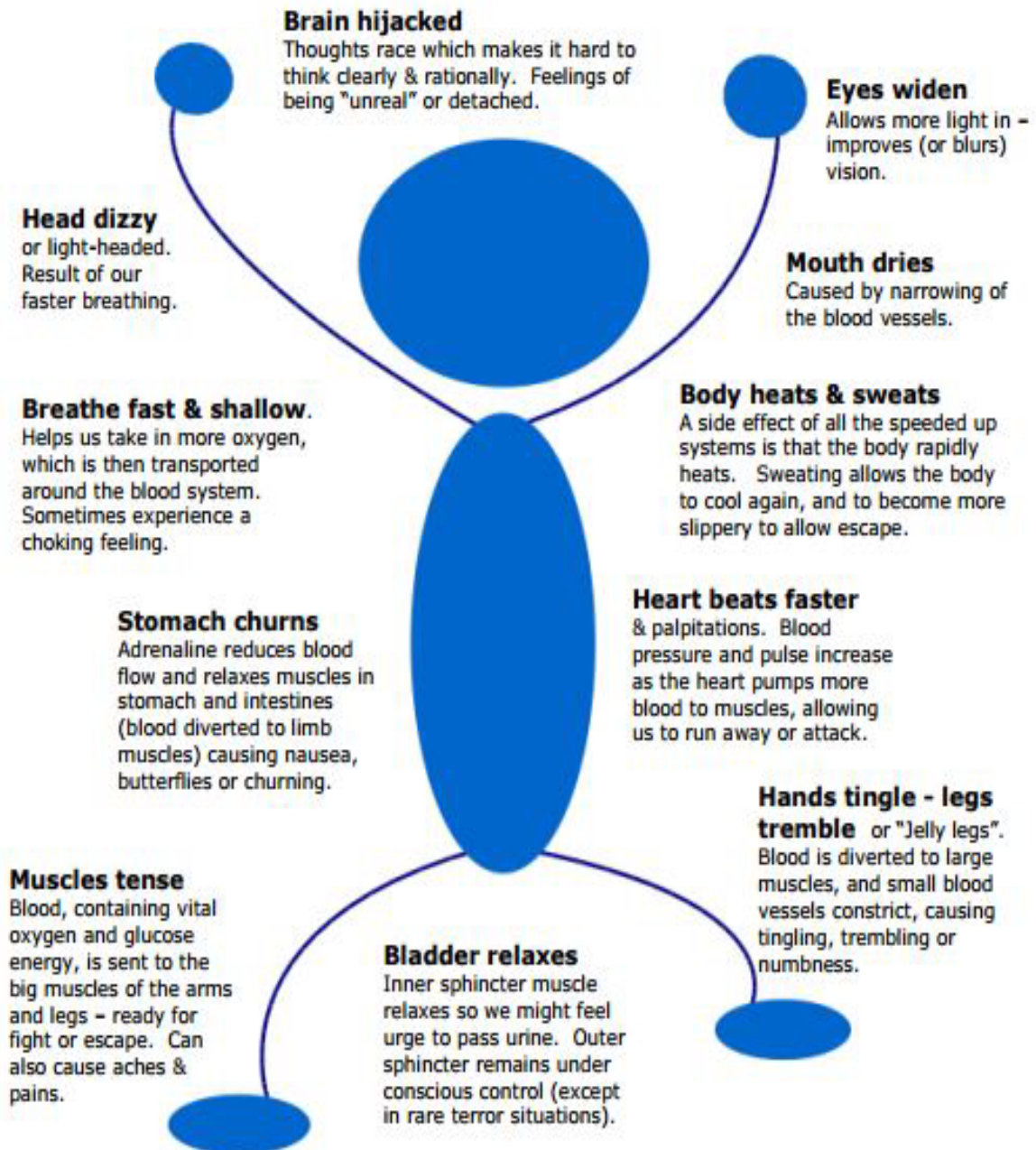
Unfortunately, this fight, flight or freeze response can also be triggered by day-to-day situations and stressors that are perceived as threatening. A great gift that we have as humans is to be able to imagine, anticipate and plan. An upside and a downside to this is that we can imagine threatening things happening to us. This triggers the fight, flight and freeze response in exactly the same way that seeing a tiger running towards us would. This can help us anticipate danger and stay safe when there really are significant potential threats in our lives. It can also lead to us being overwhelmed with anxiety and worry, even when there aren't any significant dangers in our lives.

	Physical	Emotional	Behavioural	Cognitive
Fight	heart racing	anger	attack	how dare you do this to me?!
Flight	rapid breathing	fear	escape	I can't cope with this & I've got to get to safety
Freeze	holding breath	terror	hide / freeze	can't think

ALARMING ADRENALINE !

The body's alarm system

When the brain perceives a threat, it activates the body's "fight or flight" alarm system, and adrenaline is released into the blood from the adrenal glands. We experience uncomfortable feelings because the adrenaline makes the body systems speed up, diverting blood towards the big muscles, preparing us to attack (anger) or escape (anxiety).



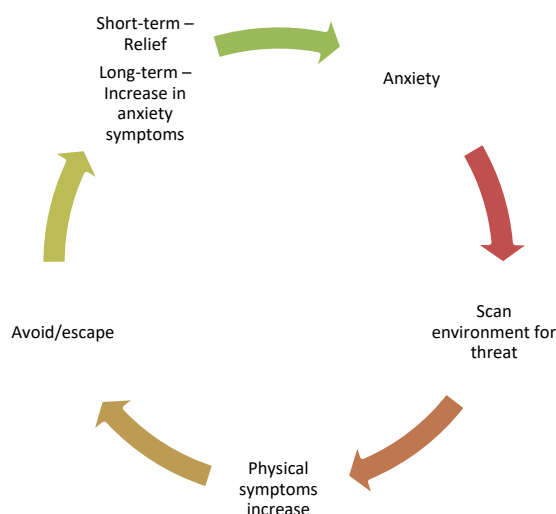
After the adrenaline has died down, we can feel exhausted, shaky and weak.

(This diagram is from <https://www.getselfhelp.co.uk/>)

Regardless of whether your response is to fight or flee, your body needs to prepare for action. This triggers a number of physical changes, including increased heart rate, raised blood pressure, redirection of blood to the muscles, rapid breathing to increase oxygen levels in the bloodstream, release of stored sugars into the bloodstream to fuel the muscles, slowing down of digestion and suppression of the immune system so that the body's resources are directed to immediate survival. Are you familiar with these physical symptoms of anxiety?

The Cycle of Anxiety

When developing symptoms of pain or fatigue you can become hesitant and anxious about movement and exercise because this often hurts. If you do not understand pain and why something hurts, this can lead to you creating your own explanations. This can be problematic as these conclusions may not always be accurate. Avoidance is a common reaction to the fear of harming yourself, or as a result of these conclusions as to why something is painful. Unfortunately, the more you avoid, the more anxious you will feel, and a vicious cycle begins.



You can also start to lose confidence in yourself when you have pain. This can result in social events becoming more difficult, and being in crowds feeling overwhelming at times. You can find yourself scanning for danger; looking out for people who might knock into you, triggering pain. This can lead to feeling stressed and anxious, increasing tension in your body, increasing cortisol, and in turn increasing your pain. Understandably, this can lead to withdrawal from social contacts and avoiding going out. Withdrawal can increase anxiety and can lead to depression.

What we are seeing so far is that anxiety can have an intense impact on us mentally, emotionally, and physically. Think about how pain and anxiety interact with each other in your experience. Do you feel more anxious when you are in more pain? Does your pain feel worse when you feel anxious?

We are now going to look at some strategies to help reduce anxiety, which may consequently help to reduce your experience of pain.

Calm and Rest



Opposite to the fight, flight and freeze response are the 'rest and digest' response and the 'calm and connect' response. Imagine that you have enjoyed a large lunch and are having an afternoon nap on the sofa; that is the rest and digest response. Your body is busy digesting your food, rather than focusing on danger.

Imagine that you are spending enjoyable and effortless time with people you care about and feel safe and secure with; feeling happy and free; that is the calm and connect response. In many ways, the calm and connect response is our default setting, that we only move away from when we have a need to place our attention and energy elsewhere.

For the remainder of the session we will focus on some techniques to assist you to access your 'rest and digest', and 'calm and connect' states.

Progressive Muscle Relaxation

Progressive muscle relaxation involves tensing a group of muscles as you breathe in and relaxing them fully as you breathe out. Concise written instructions can be found here: <https://www.uofmhealth.org/health-library/uz2225>

And there are several audio recordings on YouTube; just search for Progressive Muscle Relaxation. Two examples are here:

<https://www.youtube.com/watch?v=912eRrbes2g> (female voice)

<https://www.youtube.com/watch?v=vUQoflmFQpw> (male voice)

Mindfulness Breathing Exercise

1. Sit comfortably, with your eyes closed and your spine straight – relax your shoulders
2. Direct your attention to your breathing
3. Try not to control your breathing but focus on the sensation of breathing; the in-and-out of the breath
4. Bring your attention to your belly, feeling it rise or expand gently on the in-breath and fall or recede on the out-breath
5. When thoughts, emotions, physical feelings or external sounds occur, simply accept them, giving them space to come and go without judging or getting involved with them
6. When you notice that your attention has drifted off and is becoming caught up in thoughts or feelings, simply note that your attention has drifted, then gently bring your attention back to the breathing
7. If your mind wanders away from your breath a thousand times, then your job is simply to bring it back to the breath every time

Soothing Smell

A soothing smell can bring a sense of calm. Make time to practise this exercise when you have the time, rather than rushing it.

Practise when you have 5 minutes of alone-time in a space in which you can relax. Feel free to close your eyes, but this is not essential.

Choose a smell that you like, or that has only positive memories attached

- 1) Get or prepare the source of your smell (e.g. a perfume; a spice or herb; a scented candle; coffee beans; a flower; or anything else you can hold)
- 2) Sit comfortably where you can easily lift the smell to your nose (often this means propping your elbow on a surface, or under a pillow)
- 3) Close your eyes if you feel comfortable to do so, or if not, looking down with a soft gaze at your lap or a point in front of you
- 4) Start by taking a deep breath in. Notice the air rushing up through your nostrils, and your chest expanding as your lungs fill with air
- 5) On your next breath in, bring the smell to your nose and take a deep breath in. Notice the smell entering your body through your nose, filling up your lungs and travelling around your body. Repeat a couple of times
- 6) On your next breath in, breathing in your smell, notice how your smell leads you to feel emotionally: happy; relaxed; peaceful; calm; take a moment to notice this emotion, and repeat a couple of times
- 7) On your next breath in, breathing in your smell, notice how those emotions affect you physically. Has your breathing started to slow down? Have you started to let go of any tension you feel in your body? If you notice tension, let it go as you breathe out
- 8) On your next breath in, breathing in your smell, notice if there is an image that comes to mind, and notice the emotions and feelings in your body
- 9) Notice these images and feelings for a couple more breaths
- 10) When you are ready, open your eyes

Leaves on a Stream

- (1) Sit in a comfortable position and either close your eyes or rest your gaze gently on a fixed spot in the room
- (2) Visualise yourself sitting beside a gently flowing stream with leaves floating along the surface of the water
- (3) For the next few minutes, take each thought that enters your mind and place it on a leaf, and let it float by. Do this with each thought – pleasurable, painful, or neutral. Even if you have joyous or enthusiastic thoughts, place them on a leaf and let them float by
- (4) If your thoughts momentarily stop, continue to watch the stream. Sooner or later, your thoughts will start up again
- (5) Allow the stream to flow at its own pace. Don't try to speed it up and rush your thoughts along. You're not trying to rush the leaves along or lose sight of them. You are allowing them to come and go at their own pace.
- (6) If your mind says "This is silly", "I'm bored" or "This can't be right", place *those thoughts* on leaves too, and let them pass
- (7) If a leaf gets stuck, allow it to hang around until it's ready to float by. If the thought comes up again, watch it float by another time
- (8) If a difficult or painful feeling arises, simply acknowledge it. Say to yourself, "I notice myself having a feeling of boredom / impatience / frustration." Place those thoughts on leaves and allow them to float along
- (9) From time to time, your thoughts may hook you and distract you from being fully present in this exercise. This is *normal*. As soon as you realise that you have become side-tracked, gently bring your attention back to the visualisation
- (10) When you feel ready to end the exercise, gently open your eyes and come back to the room

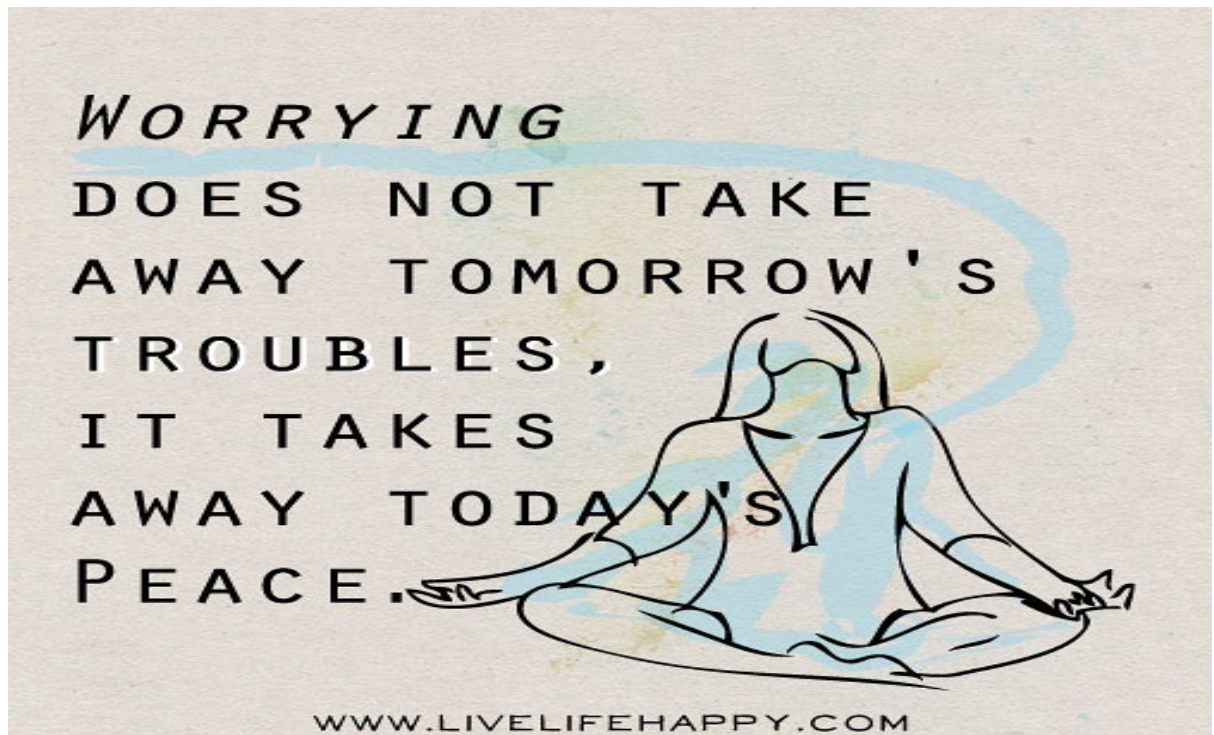
Between-session tasks

- Practise relaxation techniques as discussed today
- Reflect upon how anxiety impacts on your pain
- Add your relaxation techniques into your activity diary and observe the impact they have on your anxiety, your mood and your pain

Additional resources

- <https://www.mindful.org/meditation/mindfulness-getting-started/>
- <https://www.compassionatemind.co.uk/resource/resources>
- <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Anxiety>
- <https://www.mentalhealth.org.uk/sites/default/files/How%20to...mindfulness.pdf>

Session 6 – Worry-management



What is worry?

‘Worry is a thought process that is concerned with future events where there is uncertainty about the outcome; the future being thought about is a negative one, and this is accompanied by feelings of anxiety.’ Ref: Macleod, Williams, & Bekerian.1991

Worrying is the *mental* process associated with the *physical* feeling of anxiety.

Common worries related to persistent pain

- What if my pain doesn't improve?
- How will I pay my bills if I lose my job?
- What if there is nothing the doctors can do?
- Will my pain become worse?
- What if I injure myself by doing too much?

Are these familiar to you? What are *your* worries about pain?

Why worry?

- Worry helps me to cope better with things
- Worry prepares me for the worst
- Worry motivates me to do things better
- I worry because I care
- Worry helps me to find solutions to my problems
- Worrying is uncontrollable

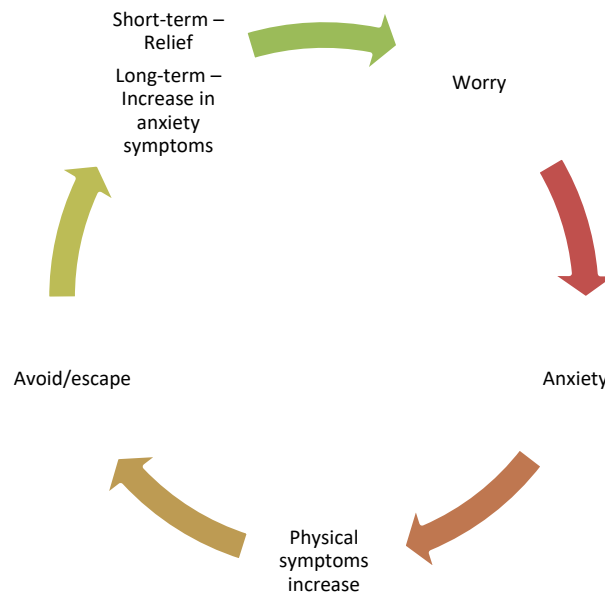
Above are some common beliefs about why people worry. We often worry because we think it is helpful.

The notion of having positive beliefs about worry might seem a little contradictory because you would rather *not* worry. Nevertheless, research has established that **worriers hold stronger beliefs that worry is useful compared to people who worry less.**

Why do you think you worry? Is it helpful?

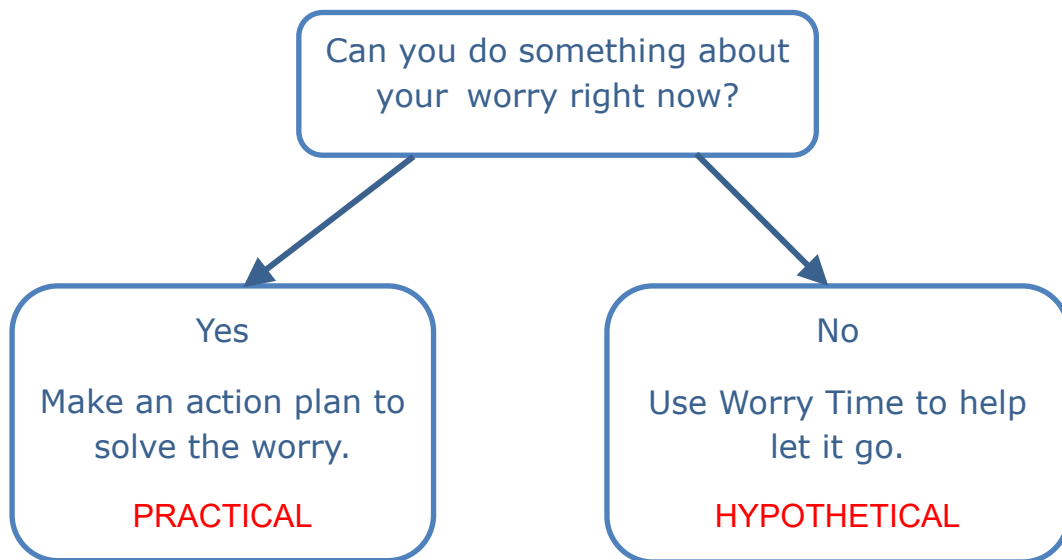
- Do you achieve what you hope to achieve from worrying?
- Does it help you to problem-solve?
- Do you feel prepared?
- When the worst has happened, has it been helpful to worry beforehand?

Cycle of Anxiety & Worry



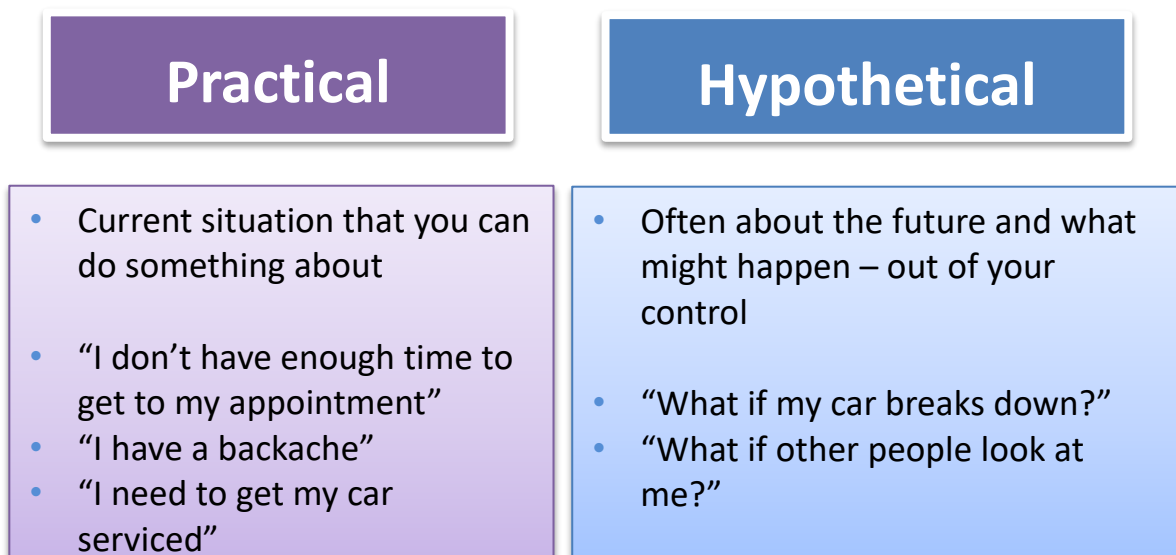
The more you worry, the more anxious you feel. Then, our natural tendency is to do something to avoid or escape from the uncomfortable anxiety symptoms. This gives short-term relief, but in the long term you don't get to deal with your worries.

Managing Worry



This is a useful tool to help establish the type of worry and which technique to use.

Types of Worry



Practical worries - It is quite normal when we are feeling anxious or overwhelmed not to act on our worries, and to start putting things off. However, this often leads to our worries piling up and we can become overwhelmed and stuck in a vicious cycle.

Hypothetical worries - These worries can be very overwhelming and can lead to us worrying about worrying. If you have too many hypothetical worries, it can be harder to focus on the practical problems that you could solve.



The Worry Tree expands on hypothetical vs practical worries, and then helps you focus on what you can control. Here's a short summary of how it works:

Step 1: Ask yourself – “what am I worried about?”

Step 2: Ask yourself – “is there something I can do about this problem?”

Step 3: If the answer is 'no', then you have to let this worry go; this might take some practice. Try to change your focus onto something else, or practise stating a phrase such as 'I can't control that' or 'that is very unlikely to happen'.

Step 4: If there's something that you can do about the worry, get the details of what, where, how and when; then either put an action plan in place to sort it now, or schedule to deal with it later. Once you have done that, change your focus of attention to something else.

Worry Time

- Allocate yourself time to worry. Choose a time in your day, each day, to worry. Identify a time when you will not be disturbed. Worry Time is 15 minutes.
- During your day (up until your Worry Time) make a note of any worries you have. Write these on a piece of paper or on your mobile 'phone. There is no need to spent time on this worry now. Turn your attention to the present moment and the activities of the day to help let go of the worry until the Worry Time has arrived.
- During your Worry Time, reflect on the worries you have written down from the day. Only worry about the things you have noted if you feel you must. You may find it helpful to write your thoughts on paper rather than worrying in your head.

Letting go of worries

Once you have either solved a practical problem, or realised that your worry is a hypothetical (“what if...?”) worry, then you need to let go of the worry, as you know it is not helpful. The best way of letting go of worries is **attention retraining**, which means deliberately focusing your attention on something other than your worry thoughts.

When practising attention training exercises, it is useful to remember that it is completely normal for your mind to wander off onto other things, or to return to worrying. This is what minds do, they drift off to memories, concerns, sensations, images, planning, and daydreams etc. Firstly, try to notice that your mind has wandered, then instead of criticising yourself, remind yourself that it is perfectly understandable that your mind has wandered off onto something else. Then bring your attention back to the exercise you were practising. It doesn't matter how many times your attention wanders off; this is part of the training!!

Try the following practices:

Focus on what you can See

Look around you; observe your environment. Find an object to focus on. Look at how colours blend or contrast; stand out or fade in. Are there light or dark patches; shimmers, sparkles, matt or dull patches? Are there different materials such as metal and plastic? Are there differences in texture? Does it look the same close-up or an arm's length away?

Focus on what you can Hear

Notice what you can hear; traffic or birds? The hum of a computer or electronic devices? Can you hear the wind or the rain? Are there people talking? (Focus on the voice tones, volumes, accents rather than what they are saying.) Can you hear your own breath? Try moving; what noises do you notice?

Focus on what you are Doing

Whatever task you are undertaking, focus your attention on what you are doing, and notice what sensory (sight, sound, smell, taste and physical sensation) information is present. For example, when washing up, what is the texture of the plate like? Is there a difference between the top and bottom of the plate? As you put the plate in the water do you notice a difference in temperature between the water on your hand and the air on your wrist? What do the soap and bubbles in the water look like? What colours can you see? Do you hear anything from soap bubbles popping or water splashing? Can you smell the food on the plate, or the soap?

Focus on Texture

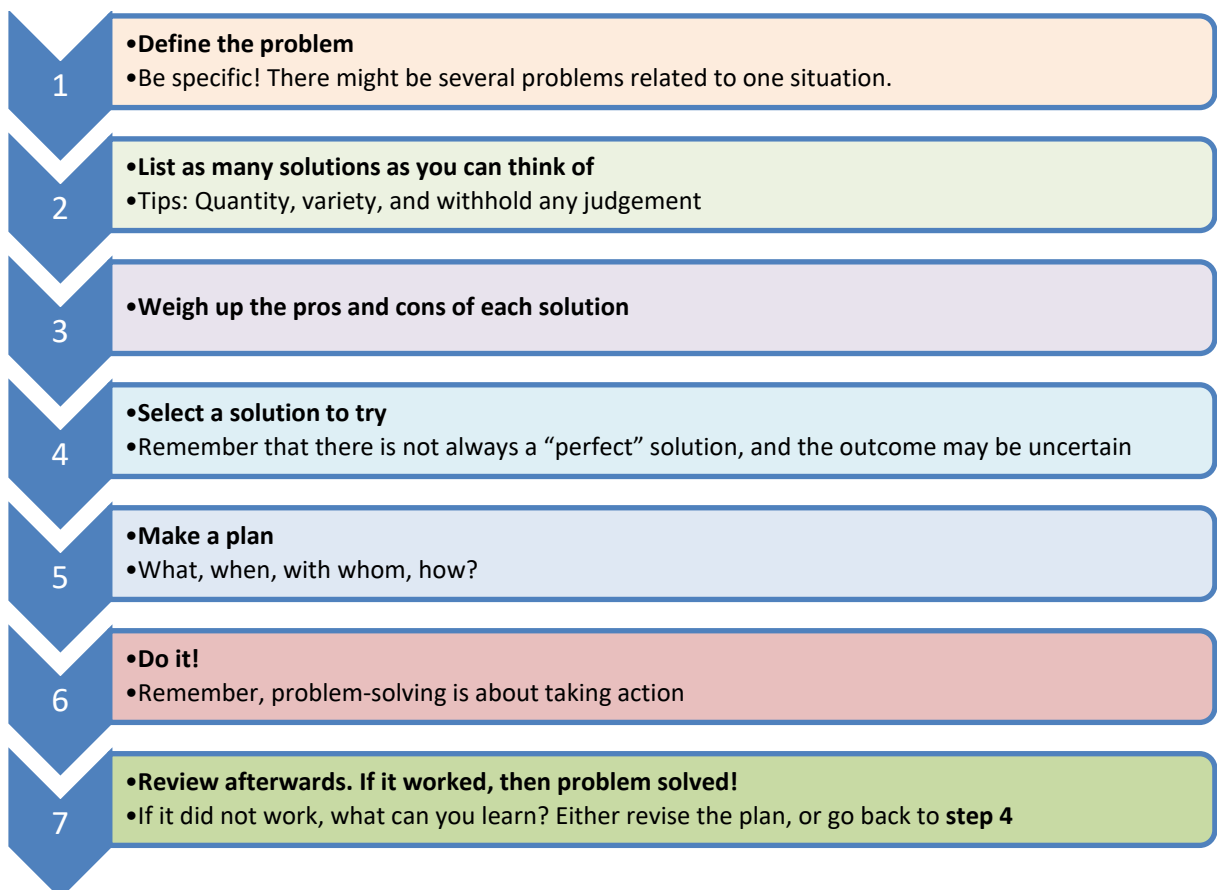
Take a moment to notice if there is a difference in texture between your top and your trousers or skirt. Notice anything rough, smooth, warm or cold? What about your jewellery or your watch? The chair you are sat upon or the arm rest? Touch whatever is within reach, and notice how it feels...

Problem-Solving

This is the strategy used to resolve practical problems that you may be worrying about.

For example, a bill arrives, but because you lack motivation, feel overwhelmed, and/or don't have the resources, you ignore the bill. This is due to the fact that when we are anxious or low in mood, our problem-solving abilities are compromised, which perpetuates and exacerbates the situation, leaving us feeling overwhelmed, anxious, low, and/or frustrated.

This is a step-by-step guide to solving practical problems:



Between-session tasks

- Practise differentiating whether worries are realistic or hypothetical; use the Worry Tree
- Practise using Worry Time and Attention Retraining for hypothetical worries
- Practise Problem-Solving for realistic problems

Additional resources

- CBT online programmes (free) - www.moodgym.anu.edu.au and www.lltf.com
- https://cedar.exeter.ac.uk/media/universityofexeter/schoolofpsychology/cedar/documents/liiapt/Managing_Your_Worries.pdf
- <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Worry-and-Rumination>

Session 7 – Depression and Negative Thinking

Depression is different to feeling sad or blue for a few days, which everyone will experience at some point in their lives. Clinical Depression is more intense, lasts longer (symptoms last at least 2 weeks) and it interferes with your ability to do the things you are normally able to do easily.

Symptoms of Depression

Physical	Emotional	Behaviour	Thoughts
Fatigue	Low/sad	Overthink	Self-criticism
Reduced motivation	Anger	Reduce activity	Negative
Increased or reduced appetite	Hopelessness	Isolation	Suicidal
Changes in sleep patterns - poor sleep or sleeping too much	Guilt	Reduced self-care	Compare with others and previous self
Reduced concentration	Frustration	Loss of interest	Perfectionist
Reduced short-term memory	Numb	Using alcohol or other substances	
	Irritable		

These are the main symptoms of depression – do any of these look familiar to you? Do you believe you are depressed? Or are you feeling more anxious than depressed?

Do you notice any symptoms here that you might find difficulty in determining if they are a symptoms of depression or symptoms of pain?

What causes Depression?

Depression is not caused by just one thing. It is usually the result of a number of factors. These may include:

- Family history of depression
- Physical health conditions such as persistent pain
- Hormonal changes
- Life events such as relationship difficulties, bereavement, work difficulties / redundancy or trauma
- Brain chemical imbalances

Body – Mind Connection

As previously discussed, there is a two-way relationship between body and mind. Your physical symptoms affect how you think, how you feel emotionally, and what you do in response. In addition, what you think, what you do, and what you feel emotionally have an impact on your physical symptoms.

The first bit seems easy to understand, but the second bit about how your mind can influence your body is more difficult, and can be misunderstood as suggesting that pain is ‘all in the mind’. This is not what we are saying!

Thinking

What you think is crucial in determining how you feel. Ask yourself, when feeling good, what sorts of thoughts do you notice? When you are feeling anxious, what sorts of thoughts are you having?

It is not the situation itself that determines how you feel; more your interpretation of the situation that impacts on your emotions. What do you make of this statement? Agree? Disagree?

Many believe that external events, situations, and the behaviour of other people cause you to feel negative emotions such as anxiety, sadness or anger.

However, if this were true then everybody in a particular situation would react the same way; but we know that different people react differently. This suggests that it is the way we think about, perceive, or interpret the situation or others' actions that influences how we feel and behave.

What does your pain mean to you?

In addition to thoughts about pain, you will probably also attach meaning or interpretation to what happened to you. The interpretation or meaning attached to your symptoms, illness or challenging situations will affect how you feel about them; and affect your physical reactions and what you do.

Have you thought about what your pain means to you? How have you have interpreted your pain? What does this say about you or mean for your future?

Perspective / interpretation

Is it an old woman or a young woman?



Negative thinking

When you are feeling depressed, your thinking and interpretation of events can become more negative. These negative thoughts can be about yourself, the world (including others) and the future. They can often include negative thoughts about pain.

Have you noticed any negative thoughts about your persistent pain?

The way you think, particularly about your pain, can affect your experience of pain. If you have negative thoughts about your pain and what your future will look like, or scary thoughts about what is happening when you experience pain, the likelihood is that you will *feel* more distressed, which can have a knock-on effect on your pain.

Have you noticed this?

Impact of thoughts exercise

Trigger	Thoughts?	Emotions	Physical	Behaviour
See a friend walking on the opposite side of the road. Look and say hello. They walk on and do not acknowledge me		Angry	Tension in body, feel hot, breathing quickly and shallowly	Decide not to talk to them again
		Sad	Weighed down, tense	Withdraw from people
		Anxious	Tense, holding breath, palpitations	Worry for hours afterwards

Given this scenario, what could someone be thinking for each emotional response?

Example: Trigger - heart racing

Thought	Emotion	Physical Sensation	Behaviours
I am having a heart attack. Images of being in a hospital bed. Image of funeral	Fear	Butterflies in stomach; sweating; difficulties catching breath	Present in A&E Monitor symptoms
I just had a strong coffee	Neutral	No change	Drink some water
I am excited about the weekend and going to see my favourite band	Excited	Butterflies in stomach; sweaty hands	Watch video of band; imagine what you are going to wear

How we think is important in determining how we feel and how we behave. We are often not aware of how crucial our thoughts were. Is this a surprise to you?

Your thoughts when in pain?

Thoughts	Emotions	Physical Sensations	Behaviours

Consider a common thought you have in relation to your pain, and complete this table with that thought in mind. It can be helpful to think of a recent specific experience when completing this.

Unhelpful Thinking Styles

- **Mental filter** - Tunnel vision where you only focus on one part of the situation, ignoring the rest. Typically, this means focusing on the negatives and not seeing the whole picture.
- **Fortune-telling** - Making predictions about what will happen. These predictions are never positive.
- **Mind-reading** - Assuming you know what people are thinking. This is never positive.
- **Catastrophising** - Thinking the worst will happen, often blowing things out of proportion.
- **Personalisation** - Involves blaming yourself for everything that goes wrong or could go wrong, even if you are not responsible or only partly responsible.
- **Black & White / All or Nothing Thinking** - Thinking in terms of extremes, e.g. I'm a success or a failure. Thinking this way means that we don't take into consideration any shades of grey.
- **Shoulds / Musts** - Saying 'I/they should' or 'I/they must' puts unreasonable demands or pressure on you and sometimes on other people. We need to check that these are realistic expectations
- **Overgeneralisation** - When we overgeneralise, we take one instance in the past or the present and apply it to all current and future situations. Indicators that we are overgeneralising are using terms like 'always, everyone, never'.
- **Emotional Reasoning** - This involves basing our view of a situation or ourselves on the way that we are feeling; e.g. saying "I know it's going to be bad because I feel bad."
- **Magnification / Minimisation**- This involved magnifying positive qualities in others but minimising your own.

How can knowing these thinking patterns help?

Noticing your automatic thoughts, and starting to identify an unhelpful, biased thought is half the battle won. Recognising an unhelpful thinking style and labelling it as such can be enough to stop and alter the direction of your thoughts

By changing the way you think, you can alter how you feel emotionally, which then alters how you respond to your pain, your depression and/or your anxiety.

You may believe that you have little or no control over how you think and feel. Take a minute to consider if you have ever changed the way you think about something, perhaps due to a conversation you've had, something you have read or watched, or just as a result of your own experiences.

The take-away message is NOT 'just think positively and everything will be OK', but rather by using the strategies we will go into next session, it is possible to break unhelpful patterns of thinking and replace them with more realistic and helpful thoughts.

Between session tasks

- Reflect on your mood and negative thinking
- Keep a thought diary (below) to start to capture negative thoughts, triggering situations, and how you react in response

Trigger Situation	Physical Symptoms	Emotions	Thoughts	Behaviours

Additional resources

- <https://www.torbayandsouthdevon.nhs.uk/uploads/thinking-patterns-and-pain.pdf>
- <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Depression>

Session 8 – Thought-Challenging

Your Thoughts

- What happens to your thoughts when you feel pain? feel anxious? feel low?
- *Are they positive?*
- *Are they realistic?*
- *Are they rational?*
- *Are they true?*

We experience 50,000-60,000 thoughts a day. When feeling anxious or depressed, thoughts are often negative ones which fuel the anxiety or low mood we experience; why? Because we believe the thoughts to be true.

Creating Balanced Thoughts

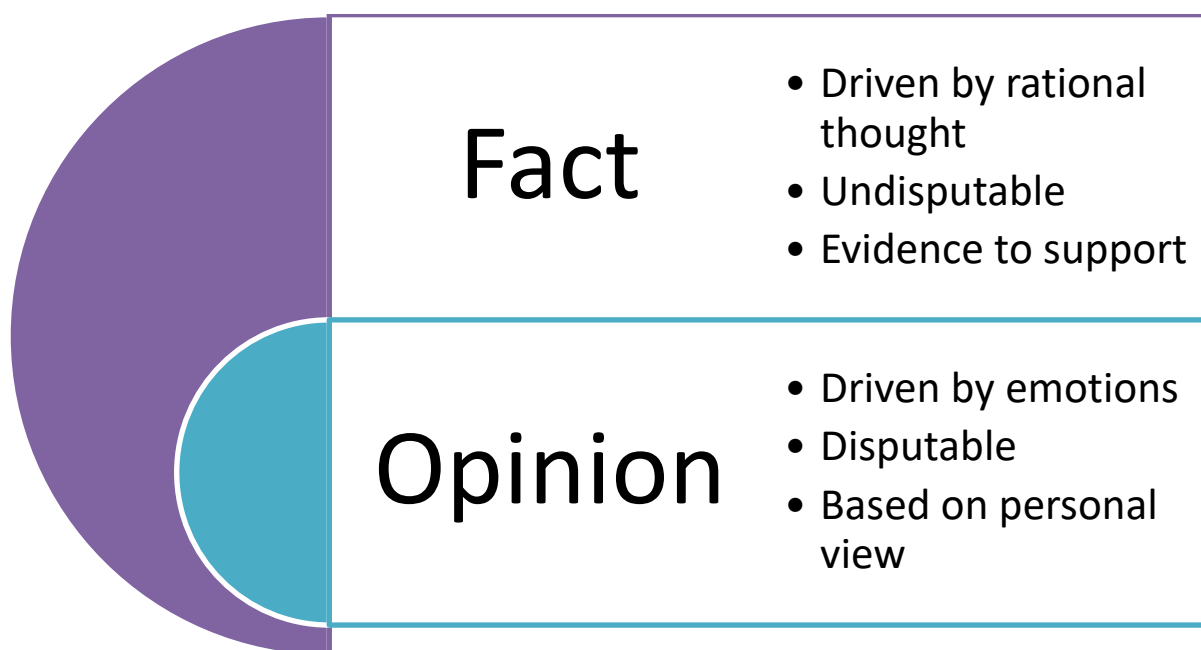
Thought-challenging isn't about ignoring the unhelpful thoughts you have, because that's almost impossible to do. It's about making these thoughts more balanced and realistic.

To do this you must acknowledge both the evidence **for** the thought and the evidence **against** the thought.

One way to address unhelpful thoughts is to challenge them head on. It can be helpful firstly to remember that thoughts are just that, - thoughts. Sometimes they will be accurate, sometimes they will be partially accurate, and sometimes they will not represent reality at all.

The only way we can work out how accurate our thoughts really are, is to question, dissect and evaluate them, otherwise known as thought-challenging. This isn't about creating positive thoughts as these can still be unrealistic; e.g. if you change "I'm the biggest failure in the world" to "I'm the biggest success in the world", that isn't going to help, but if you change it to "I'm ok at some things and not so good at others", this is realistic and so more believable.

To ensure you are looking at good quality evidence you need to identify whether your evidence is fact or opinion. Can you think of different examples of fact or opinion, or ideas to help you recognise which is which?



Thought-challenging - Thought Diary

Evidence for?	Evidence Against?	Balanced Thought

This diary continues from the thought identification diary you started previously. In this part you explore the evidence for your distressing thoughts. Then you use that evidence to build a more factual, realistic thought. Use an example of a thought you have related to pain, looking at evidence for and against the thought, so that you arrive at a balanced, realistic thought.

Ask yourself these questions:

- “Are there other ways of interpreting this situation?”
- “Am I jumping to conclusions?”
- “Am I only focusing on the negative and ignoring any positives?”
- “Am I over-generalising?”
- “If I was more relaxed and not feeling down, might I think differently?”
- “Might somebody else have a different view?”
- “Is what I am thinking entirely true?”

Learning to view things differently

When you find a situation distressing, it can feel too personal, too close to view it objectively, - like the saying “I can’t see the wood for the trees”.

‘Helicopter view’ is a metaphor for zooming out to view the bigger picture.



It can be useful to ask yourself the following questions from the helicopter view when completing a balanced thought diary:

- What am I reacting to? What does this situation mean to me?
- How would someone outside of the situation view what is happening / happened?
- What would this situation look like to others involved?
- What would be the best thing to do, – for me, for others, for this situation?

This is also something you can do if you can’t write a diary and need something to help you on the spot.

Rumination

Another type of thinking that can intensify your reactions is rumination. The term rumination comes from how cows chew the cud. An easy way to remember rumination is to visualise a cow eating grass, regurgitating it, and then chewing it over and over.

Ruminating involves:

- Repeatedly thinking about events from the past
- Dwelling on difficult things you find distressing

It's a strategy often used in an attempt to problem-solve or learn from past events.

Is rumination helpful?

Much like worrying, usually we are hoping to achieve something from ruminating. Sometimes, for example, thinking about an event will help to problem-solve or learn. However, rumination can be unhelpful if:

- It is not solution-focused
- You only focus on what has gone wrong
- You only use it to justify self-criticism
- It doesn't conclude in action, but rather avoidance and inactivity

Sometimes helpful reflection and rumination can get confused. We can still learn from past events, but to do this the thinking process must be completed within 30 minutes, it must be focused on realistic thoughts rather than negative thoughts or thinking distortions, and it must identify actions for the future. At this point the thinking process has done its job and can be shut off. If you continue going over things then you have slipped into unhelpful rumination, which can lead to depression.

The 5-Minute Rule

- Notice that you are ruminating
- Continue ruminating for 5 minutes
- After 5 minutes, ask yourself
 - Has my mood improved? Do I feel better?
 - Has any anxiety reduced?
 - Have I solved a problem?
- If the answer to the above questions is 'no', refocus on your environment, – what you can see, hear, smell, taste, or feel in your body.

Rumination Tool

<u>Situation</u> What was I doing?	<u>Ruminations</u> What was I ruminating about?	<u>Consequence</u> On my emotions, what I did, physical symptoms	<u>Is it helping me? Yes/No</u> If no, then do something else instead.	<u>Action</u> What did I do/can I do instead? (solve a problem, an activity, hobby, music, chores)
Driving at the weekend	An error I made on a piece of work I did yesterday, and how rubbish an employee that must make me	I felt sad, frustrated with myself, I felt like quitting	No, I just kept thinking about something I can't change at this point, and I felt rubbish	I will correct my work first thing Monday. I have added a reminder on my calendar. If I think about it on the drive to work tomorrow, I'll turn on the radio and focus on that instead

The rumination tool above can assist you to become more aware of any patterns to rumination:

Situation - people often ruminate when they are bored or undertaking a mundane task. If you know that you ruminate when you are driving to work, for example, you might choose to listen to an audio book to see what impact this has on your rumination cycle.

Themes – there maybe themes to the rumination. For example, something insensitive a friend said about fatigue. Becoming aware of your rumination, you could decide how you might let the friend know that what they said upset you and why. Or, if you do not wish to discuss this with your friend, is ruminating on it useful? This could assist you to take steps to let this thought go when you notice it.

Thought-suppression

One way we try to stop experiencing unpleasant thoughts or images is to try to suppress them. Unfortunately, this tends to have the consequence of actually increasing the frequency of these thoughts, sometimes leading to increased anxiety or low mood. Suppression doesn't just apply to our thoughts; sometimes people try to suppress their experience of pain, maybe thinking "ignore it and it will go away". Have you tried this?

Here's a thought experiment: don't think about blue polar bears for the next minute...

What did you notice?

Most people notice that anxious or negative thoughts are more frequent and disturbing the harder they try to suppress them.

Learning: the learning from this exercise is that it is counterproductive to try to suppress thoughts; therefore, stop trying so hard not to have the thoughts or images that are distressing you, and you will find they bother you much less. This may take practice!

As thought-suppression can increase negative thinking and focus your attention on unwanted thoughts or on your pain, a more helpful strategy is to acknowledge that you are thinking negative thoughts, or you are in pain, and to *choose to focus your attention elsewhere*.

Try the attention retraining practices listed in the section on Worry on pages 60 and 61. They are printed here again for you...

Focus on what you can See

Look around you; observe your environment. Find an object to focus on. Look at how colours blend or contrast; stand out or fade in. Are there light or dark patches; shimmers, sparkles, matt or dull patches? Are there different materials such as metal and plastic? Are there differences in texture? Does it look the same close-up or an arm's length away?

Focus on what you can Hear

Notice what you can hear; traffic or birds? The hum of a computer or electronic devices? Can you hear the wind or the rain? Are there people talking? (Focus on the voice tones, volumes, accents rather than what they are saying.) Can you hear your own breath? Try moving; what noises do you notice?

Focus on what you are Doing

Whatever task you are undertaking, focus your attention on what you are doing, and notice what sensory (sight, sound, smell, taste and physical sensation) information is present. For example, when washing up, what is the texture of the plate like? Is there a difference between the top and bottom of the plate? As you put the plate in the water do you notice a difference in temperature between the water on your hand and the air on your wrist? What do the soap and bubbles in the water look like? What colours can you see? Do you hear anything from soap bubbles popping or water splashing? Can you smell the food on the plate, or the soap?

Focus on texture

Take a moment to notice if there is a difference in texture between your top and your trousers or skirt. Notice anything rough, smooth, warm or cold. What about your jewellery or your watch? The chair you are sat upon or the arm rest? Touch whatever is within reach, and notice how it feels...

Between-session tasks

- Practise thought-challenging
- Try the 5-minute rule for rumination
- Practise acknowledging thought / pain, and using attention training

Additional resources

- <https://www.torbayandsouthdevon.nhs.uk/uploads/thinking-patterns-and-pain.pdf>
- <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Depression>

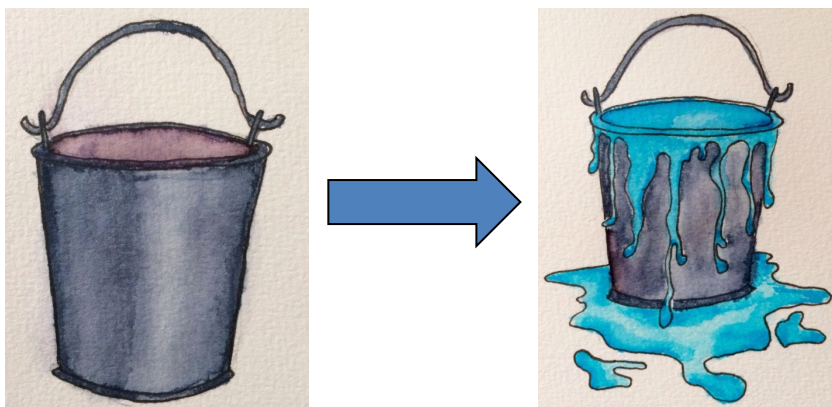
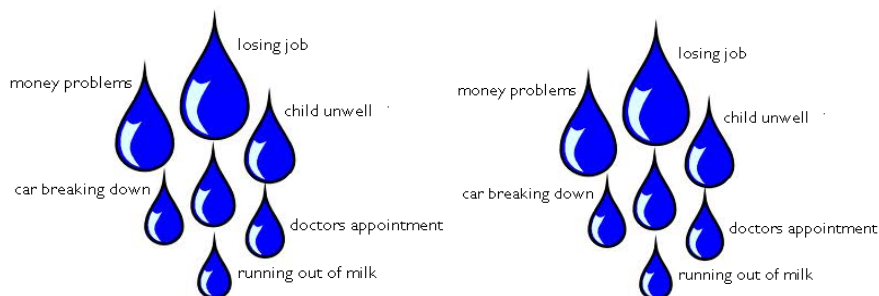
Session 9 – Managing Stress

What is stress?

Most people know what it's like to feel stressed, but it's not easy to pin down exactly what stress means. What does feeling stressed mean for you?

People tend to be triggered by situations or events that put pressure on them, e.g. having a lot of things to get done by a certain time. Stress can be exacerbated by not having much control over what happens.

The immediate physical reaction to stress in the short term can be helpful – concentration and productivity tends to increase. Unfortunately, when stress becomes prolonged, the opposite is true, and you start to see many negative responses.



It can be useful to imagine having a 'stress bucket' that is sometimes almost empty, and sometimes so full that it overflows. Your stress bucket may overflow when you have a lot going on, – maybe some big stressors as well as some smaller ones. You might feel able to cope with a few small stressors or one big stressor, but sometimes it can take just one small stressor to push you over the edge into feeling like you can't cope. Have you ever experienced this?



If you increase your coping skills, or your belief in your ability to cope, you will be able to gradually reduce your stress or manage it in a different way

You may have limited control over the things causing you stress. However, you do have control over how you respond to them, - how you manage stress. In learning to change your response to stressors, you can keep your stress bucket from overflowing.

How does stress affect us physically?

The Effects of Stress

Physical or mental stresses may cause physical illness as well as mental or emotional problems. Here are parts of the body most affected by stress.

Hair:

High stress levels may cause excessive hair loss and some forms of baldness.

Brain:

Stress triggers mental and emotional problems such as insomnia, headaches, personality changes, irritability, anxiety and depression.

Muscles:

Spasmodic pains in the neck and shoulders, musculoskeletal aches, lower back pain, and various minor muscular twitches and nervous tics are more noticeable under stress.

Digestive tract:

Stress can cause or aggravate diseases of digestive tract including gastritis, stomach and duodenal ulcers, ulcerative colitis, and irritable colon.

Skin:

Some individuals react to stress with outbreaks of skin problems such as eczema and psoriasis.

Mouth:

Mouth ulcers and excessive dryness are often symptoms of stress.

Heart:

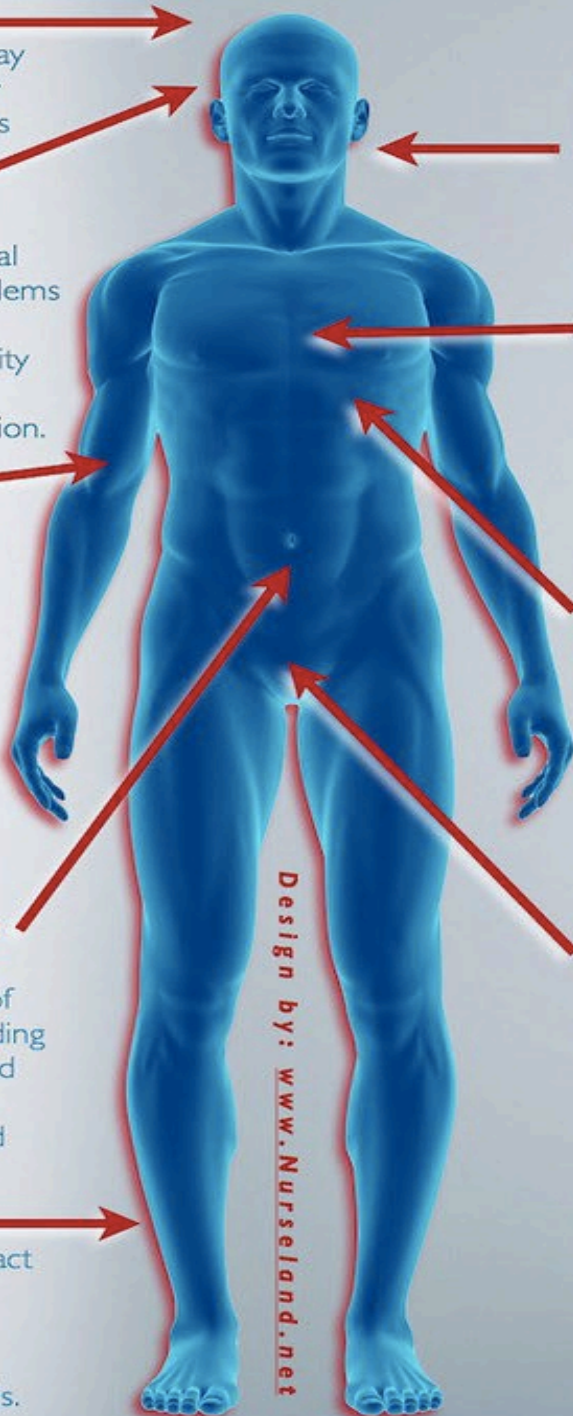
Cardiovascular disease and hypertension are linked to accumulated stress.

Lungs:

High levels of mental or emotional stress adversely affects individuals with asthmatic conditions.

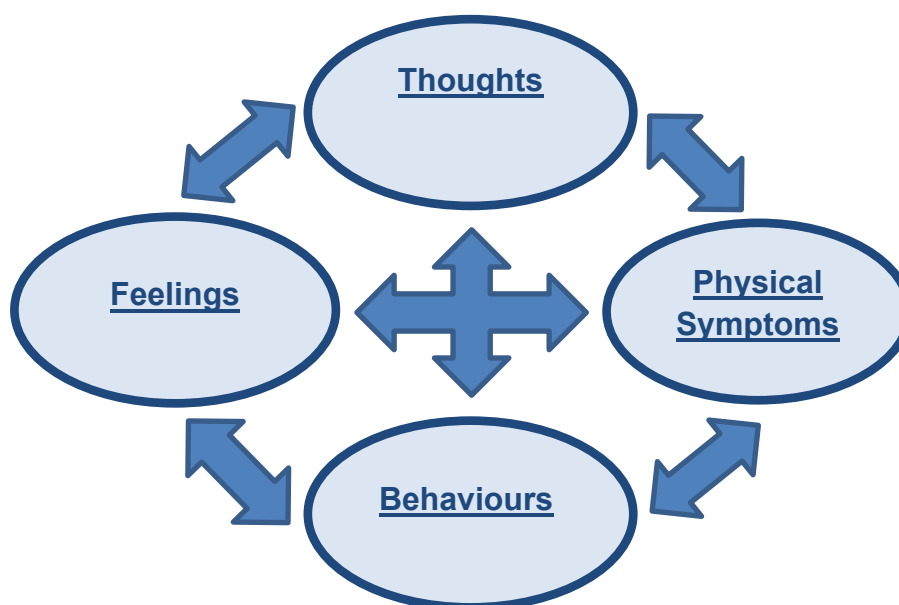
Reproductive organs:

Stress affects the reproductive system causing menstrual disorders and recurrent vaginal infections in women and impotence and premature ejaculation in men.



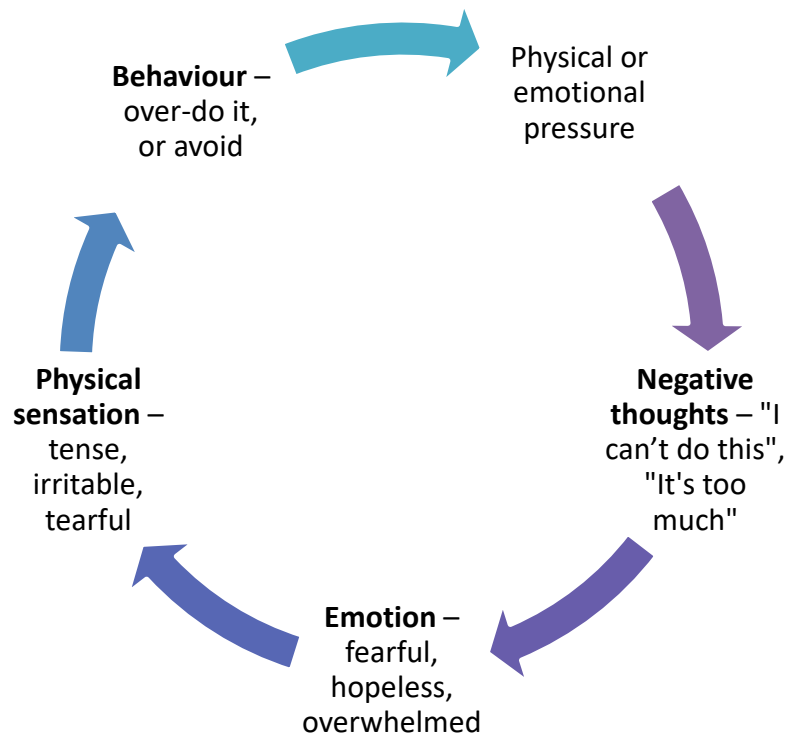
You may have noticed bodily reactions to stress such as muscle tension, headaches, skin conditions or digestive problems. These, and other physical reactions, are part of the ‘fight or flight’ response that was discussed in the session on anxiety. Extended periods of stress (chronic stress) can lead to physical symptoms as outlined in the diagram above. Have you ever noticed these physical symptoms of stress?

The Body – Mind Connection

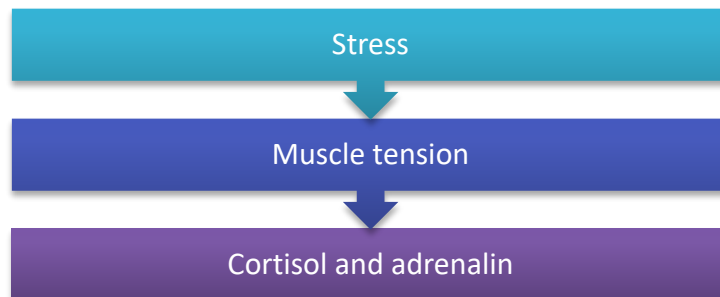


Stress response is not solely emotional and physical; it also involves your thoughts and behaviours. You may have noticed the links between stress, thinking and behaviour yourself. When stressed, thinking may become dominated by worrying thoughts and you may behave differently, – for example, pushing to get everything done, or avoiding situations that make you feel stressed. Unfortunately, these interactions can sometimes set up a ‘vicious cycle’ where thoughts, feelings, physical sensations and changes to behaviour all ‘feed off’ each other.

The Stress Cycle



Stress and pain



Stress is felt physically in your body. The impact of anxiety on pain has been discussed previously; stress has a similar effect on pain. When stressed, the hormones cortisol and adrenaline are released (do you remember the body's automatic way of preparing for a threat: 'fight or flight' response?).

These hormones affect the pain message that reaches your brain, worsening the pain. Stress can therefore worsen pain. This is the reason that managing stress has been included in this course.

One symptom of stress, as you have seen, is muscle tension. Adding this increased muscle tension to an area that is already in pain is likely to make it even more painful.

As you have just seen, your body is one part of four systems (body, thoughts, feelings, and behaviours). Since these systems interrelate, any change in one will affect the others, and the changes in those systems will affect the others and so on, leading to the vicious cycle.

The upside of these interactions is that an improvement in one system is likely to affect the other three in a positive way!

How do you cope with your stress?

Think about what you've done so far to cope, and how effective these strategies have been.

- Have your strategies helped in the short term? Long term?
- What coping strategies and support do you have available to you? Could you be making better use of these?
- Social support - speaking to people; family, friends, relatives, colleagues, etc.
- Problem-solving - being able to work out solutions to problems
- Looking after yourself – and making sure that you have some time to yourself

What do we know that helps with stress?

In this next section, we will focus on solutions to stress, some of which you may already have identified...

Relaxation



Particularly when feeling stressed, it is important to make time to relax and undertake activities you find enjoyable. As discussed in earlier sessions, this can help to improve your mood, aid sleep, and reduce your stress levels by calming your body and mind.

Without taking the time to unwind and relax, it is easy to feel overwhelmed with stress.

What you find relaxing is very personal and therefore can vary from person to person. Relaxation can involve doing an activity that you enjoy like colouring, gentle exercise like tai chi or some types of yoga, reading a book or having a bath. It can be useful to choose a relaxation activity you will look forward to and that gives you a break. Doing an activity that you enjoy will also give you less time to spend worrying.

Relaxation works most effectively when you make time for this every day. This might seem difficult, but it is worth making time, even for 5 minutes.

Distraction

Distraction is a technique to postpone symptoms of anxiety and stress when they feel overwhelming. Distraction is not usually a long-term solution to stress, but it can give you short-term respite as well as the space to manage a situation in a more considered and positive way.

Distraction simply involves engaging in an activity to take your mind away from whatever is causing you stress. Here are some ideas:

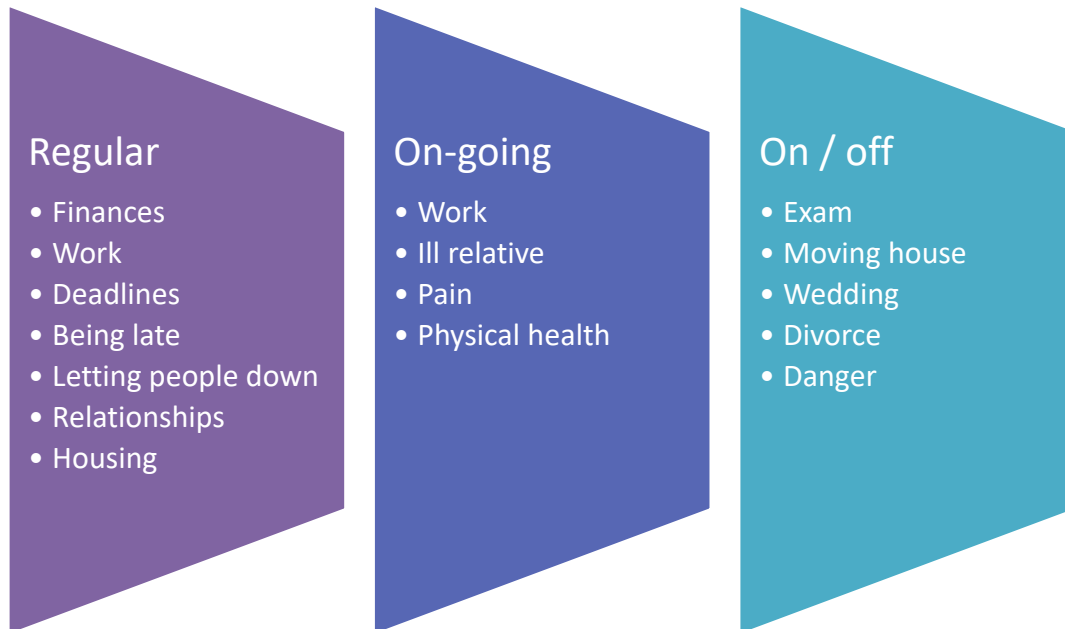
- Counting how many squares in the room, or how many people with glasses you can see
- Going through the alphabet backwards
- Naming objects beginning with a letter of the alphabet, e.g. how many animals can you name beginning with letter R?
- Counting backwards from 1000 in multiples of 7

Breathing

- Sit or lie down. Get as comfortable as possible but try to keep your back straight. If comfortable, place one hand on your chest and the other on your stomach
- Close your eyes and focus on your breathing, concentrating on breathing in and out slowly with a regular rhythm
- As you breathe in gently through your nose, imagine that you're filling a balloon with air. You will notice that your stomach will move out slightly.
- Breathe out through your mouth, slowly. Imagine that you are letting go of tension.
- Some people find it helpful to count as they breathe in and out. Breathe in for four regular counts and out for four counts
- Continue to do this until you feel calmer or, if you are practising this at a time when you feel calm, do this for three to five minutes

(Taken from Pain Concern booklet on stress and pain.)

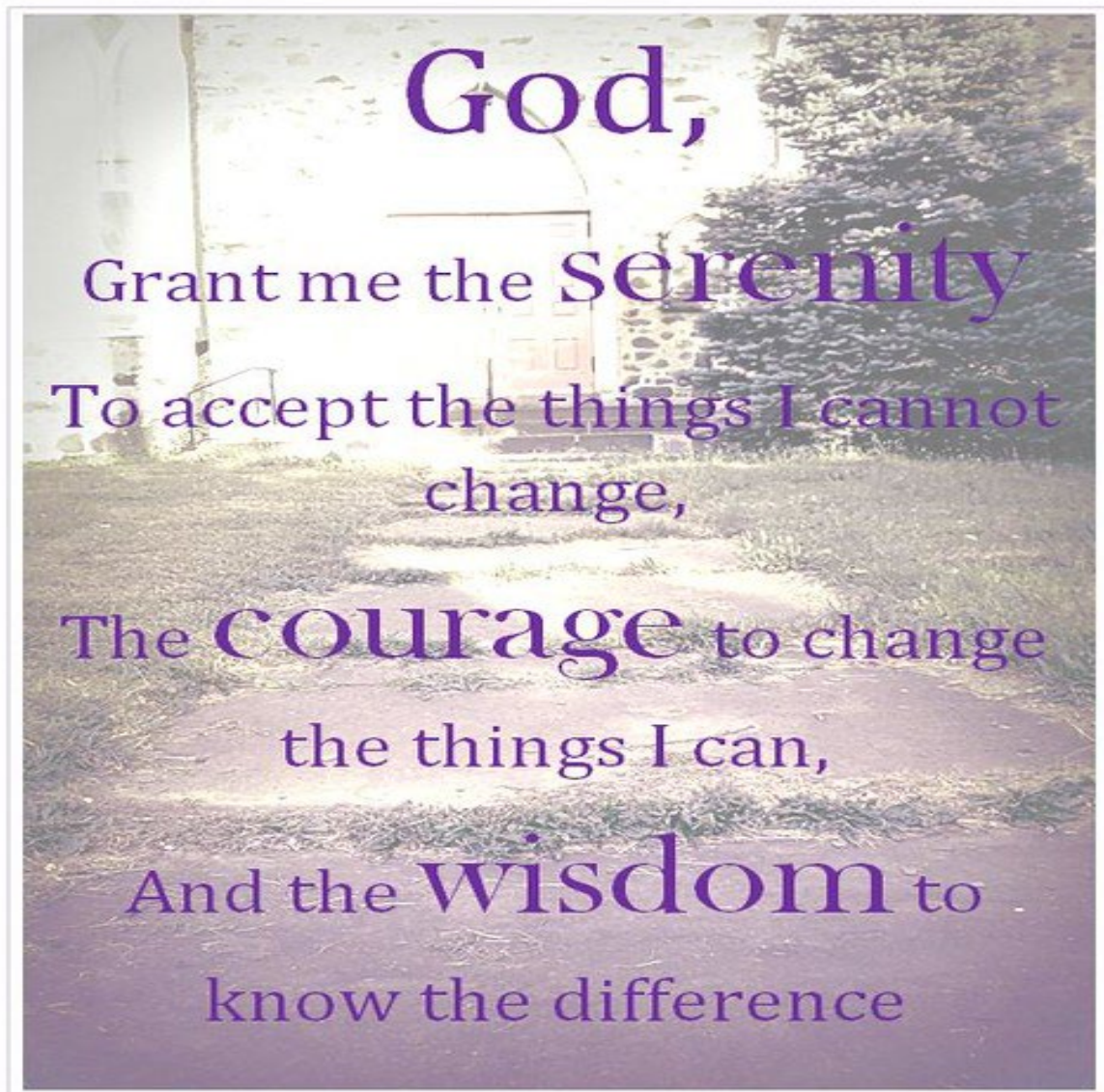
Identifying Triggers



Considering your stress triggers can help anticipate problems and think of ways to solve them. Even if you can't avoid these situations, being prepared can help. Reflect on situations and feelings that could be contributing to your stress. You could consider:

- issues that come up regularly, and that you worry about, for example paying a bill or attending an appointment
- on-going stressful events, like being a carer or having problems at work
- one-off events that are on your mind a lot, such as moving house or taking an exam

Accept the things you cannot change



You have probably heard of the serenity prayer before; what are your thoughts on this in relation to your stress?

It may not be easy, but accepting that there are some things you cannot do anything about can be helpful. Acceptance is not the same as saying you are okay or pleased with a situation; it is making a conscious decision to accept what is, and then deciding how to make the best of it.

Organise your time

Organising your time could help you feel more in control and more able to handle pressure. Here are some ideas:

- Identify your best time of day and do the important tasks that need the most energy and concentration at that time.
- Plan your time (if you have a deadline)
- Review your lifestyle (alcohol, drugs, taking on too much / not saying 'no' when you need to)
- Make a list
- Take breaks
- Delegate

3 D's Task Management Mantra

- **Do it!**
- **Delegate it!** or
- **Dump it!**

Between session tasks

- Try some of the stress-management tools
- Practise relaxation and breathing

Additional resources

- https://www.srft.nhs.uk/EasysiteWeb/getresource.axd?AssetID=158050&type=full&servicetype=Inline&filename=/Chronic_pain_and_stress_Mar_21.pdf
- [What is stress? | Mind, the mental health charity - help for mental health problems](#)
- <https://www.compassionatemind.co.uk/resource/audio>

Session 10 – Review and Relapse-Prevention

Today we are looking back over what we have covered on the course, and your experiences, gains and learning from it. The point of this is to help you identify what has been most beneficial for you to support you in maintaining progress, identify areas that still need work, and what to do if you experience a relapse. So, let's break this down, starting with an overview of what you've made of the course.

Reflect on your experience of the course. How have you found the course? How does it seem now to look back at your initial hopes & fears from session 1?

We will e-mail you a more detailed feedback form to complete on your experiences and thoughts about the course, but this is about beginning to reflect on your progress towards your goals.

- Have you made positive changes?
- What progress have you made towards your goals?
- Problems or barriers along the way?

What gains have you made?

Now let's take this a step further and really start looking at what you are taking from this course.

- How are you feeling in relation to your anxiety / depression? How about your pain?
- What changes have you made to improve how you feel?
- What has helped you to make the changes you have made?
- Any challenges? How have you overcome these?
- Any ongoing barriers?

Learning from gains

Considering what has helped you to make changes can be KEY to maintaining these gains. If you know what is helpful, keep doing it!

With this in mind, let's take a moment to consider your gains...

- What has been the most helpful thing you have learnt?
- What has been the most helpful technique you have applied?

Is there something you have learnt that would be useful to remind yourself of at difficult times? Is there a technique that would be useful to practise regularly?

Think of this as a language you have recently learnt; how do you improve? PRACTICE!

Challenges to recovery?

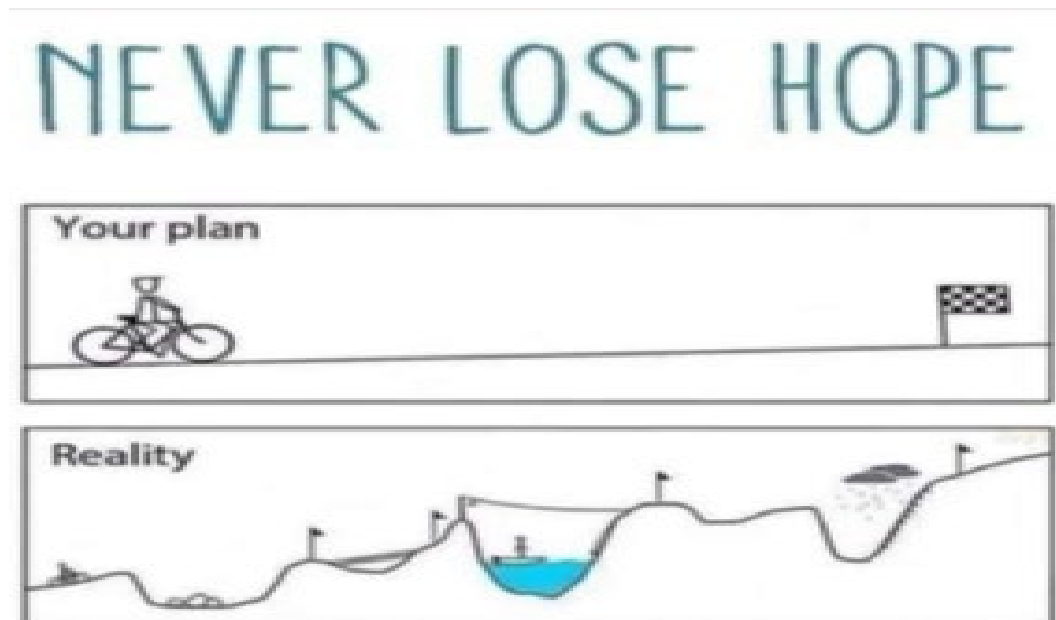
We identified earlier that you may have noticed some barriers or challenges to implementing strategies discussed in this course

With these in mind...

- How have you or could you overcome these barriers?
- What have you learnt from the challenges?

Maintaining Progress

It would be nice to think that when we start on the road to wellness that it is straight forwards. In reality, life throws things at us that we didn't expect; e.g. health problems play up, and this turns the road into a curvy, windy mountain path at times.



This means we need to consider the difference between a natural response to circumstances, a setback and a relapse. What do you think is the difference between them?

Setbacks and relapse

There are always times in life when it is natural to have an emotional response, e.g. reactions to Covid-19. This doesn't mean that the emotions are inappropriate, but we do have to make sure we use the most helpful techniques to keep the emotions at an appropriate level for the circumstances, e.g. the difference between wearing a mask in public indoor places vs. never going out of the house again.

Setbacks are a natural part of working towards a goal, regardless of what that goal is. Often it's a case of "two steps forward, one step back". Sometimes life makes it harder to cope with an already challenging health problem, e.g. going from lockdown to everyone wanting to meet up and do things; this is positive but still likely to increase anxiety; or developing a new health problem which is going to be upsetting and something to adjust to.

A *relapse* is going back to square one, as if you had no knowledge or gains since you started your journey. Even if you feel a lot worse you won't go back to square one because you now have more resources to draw on.

- Setbacks are a normal part of recovery!
- A relapse essentially means a return to the beginning, - where you were before embarking on this course; whereas a setback is a slip or a dip on your recovery journey.

How to manage setbacks

It can be very helpful to write down a plan for how to cope with a setback. When you are in the middle of one, the distress may make it challenging to remember what you found helpful previously, particularly if the setback happens months after the course. If you have a plan in writing, it's easy to refer back to. This might include techniques for general wellness, techniques for emergency situations, or a learning to remind yourself of.

You may have had the odd setback already during the course...

- What have you learned from the setback?
- What helped you to cope with the setback?
- What would you do differently next time?

Using your answers to the questions above, write down a plan to help you to deal with any future setbacks, because they will happen (that's life!). It can also help to write down early warning signs that you may be starting to struggle, - what you'd be feeling, thinking and doing.

This is a link to a Relapse Prevention form that you may find very helpful to use: <https://www.getselfhelp.co.uk/docs/RelapsePrevention.pdf>

Homework!

Just because the course has ended doesn't mean that this is the end of your work towards your goals...

- Keep practising the technique; observing what works for you and what needs adapting
- Go back over the workbook to keep everything fresh in your mind
- Work your way through the resources listed for websites and information pages that might be helpful to you



Appendix 1 - Diet and Pain

What we eat can have a significant impact on our experience of pain.

The information in this appendix may be a useful starting point for you to consider changes you could make to your diet...

- Increase food containing tryptophan (potatoes, turkey and chicken, cherries, nuts and seeds, milk, oats, eggs and fish)
- Increase Omega-3 (found in oily fish, fish oil, flax seeds and flax seed oil)
- Reduce Omega -6 (found in snacks and fast food)
- Vitamin B-12, C and D – consider taking a supplement
- Reduce dairy and grains
- Reduce caffeine
- Eat the rainbow!



Tryptophan – For the nervous system to function at an optimal level, it requires essential amino acids, one of which is tryptophan. Tryptophan not only aids sleep (by producing melatonin) but is the building block in the synthesis of the neurotransmitter serotonin which is very important in the body's own pain-dampening systems. Foods containing high levels of tryptophan are potatoes, turkey and chicken, cherries, nuts and seeds, milk, oats, eggs and fish.

Omega-6 – Research has found that Omega-6 can lead to increased inflammation; therefore, it is recommended to reduce food containing high levels of Omega-6.

Vitamins – Various vitamin deficiencies can lead to pain conditions; Vitamin B12 deficiency can lead to peripheral neuropathy; Vitamin D and C deficiency can cause musculoskeletal pain. You may wish to consider supplements as well as looking at which foods to include in your diet.

Polyamines – Polyamines found in oranges, orange juice, peanuts and crisps can amplify pain. As such, you might want to limit your intake.

Other anti-inflammatory foods – olive oil, red grapes (red wine and grape juice), blueberries and cherries.

Eat the rainbow – if you need to lose weight, the general advice is to eat more fish and meat, and lots of fresh vegetables, especially green leafy and brightly coloured vegetables. Essentially, think Mediterranean diet or the rainbow diet - the colour pigments which contain antioxidants, which are anti-inflammatory.

Restrict dairy and grains – as dairy and gluten can cause inflammation, it is recommended they are eaten in limited quantities. In addition, it can be beneficial to your health to limit simple carbohydrates and refined sugars, opting instead for wholegrains, including barley, buckwheat, oats, quinoa, brown rice, rye, and spelt.

Omega-3 - contained in oily fish, fish oil, flax seeds and flax seed oil, Omega-3 has anti-inflammatory effects. Research on rheumatoid arthritis found that increased omega-3 reduces joint pain, morning stiffness and the number of painful joints.

Caffeine – as well as affecting sleep, high caffeine intake has been linked to osteoporosis. 4 cups per day is the recommended maximum.

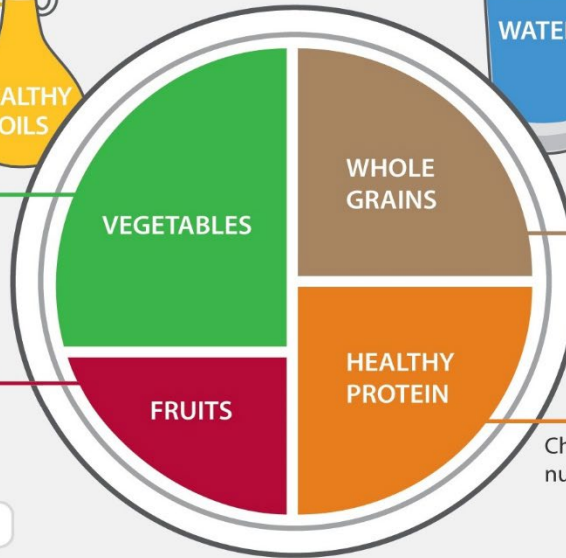
HEALTHY EATING PLATE

Use healthy oils (like olive and canola oil) for cooking, on salad, and at the table. Limit butter. Avoid trans fat.



Drink water, tea, or coffee (with little or no sugar). Limit milk/dairy (1-2 servings/day) and juice (1 small glass/day). Avoid sugary drinks.

The more veggies – and the greater the variety – the better. Potatoes and French fries don't count.



Eat a variety of whole grains (like whole-wheat bread, whole-grain pasta, and brown rice). Limit refined grains (like white rice and white bread).

Eat plenty of fruits of all colors.

Choose fish, poultry, beans, and nuts; limit red meat and cheese; avoid bacon, cold cuts, and other processed meats.



STAY ACTIVE!

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The Nutrition Source
www.hsph.harvard.edu/nutritionsource

Harvard Medical School
Harvard Health Publications
www.health.harvard.edu



A similar diet is recommended for mental health as it is for pain. Eating regularly can help maintain energy levels which will make it easier to manage both mood & pain.

Consider your diet and how you might benefit from changing what, and when, you eat.

Appendix 2 – Various Resources

The following is a list of resources, local and national, that you may find helpful...

Self-isolating help from volunteers

<https://volunteering.royalvoluntaryservice.org.uk/nhs-volunteer-responders-portal/isolating>

Domestic Violence

You First – 0800 032 5204

Domestic Abuse Helpline – 0808 2000 247

Women’s Aid – helpline@womensaid.org.uk / online chat room 10am-12pm Monday to Friday
chat.womensaid.org.uk

Galop – 0800 999 5428 (advice for lesbian, gay, bisexual and transgender)

Dorset Police – 999 in emergency / in non-emergency 101@dorset.pnn.police.uk or 101

Looking after Mental health, employment and children/young people

https://www.nhs.uk/oneyou/every-mind-matters/?WT.tsrc=Search&WT.mc_id=Brand&gclid=EAlaIqObChMI9pa9lLeN6QIVy7HtCh2wig5sEAAYASAAEgKixPD_BwE

CAMHS – children support: <https://www.camhs-resources.co.uk/>

Managing Anxiety - Russ Harris: FACE COVID (acronym):

<https://www.youtube.com/watch?v=BmvNCdpHUYM>

British Heart Foundation:

<https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/coronavirus-and-your-health>

General Guidance about COVID-19

World Health Organisation – Guidance on the Coronavirus:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

World Health Organisation - Mental Health and Psychosocial Considerations During COVID-19

Outbreak: https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_10

Centers for Disease Control and Prevention – Manage Anxiety and Stress:

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>

A Resource on Talking to Children about the Coronavirus:

<https://twitter.com/thelovelymaeve/status/1238399538878087169/photo/2>

Gov.uk: <https://www.gov.uk/coronavirus>

NHS: <https://www.nhs.uk/conditions/coronavirus-covid-19/>

Dorset County Council

<https://www.dorsetcouncil.gov.uk>

FINANCIAL

Dorset Citizen Advice

<https://www.citizensadvisedorset.org.uk/advice.html>

Council Tax Hardship Fund

<https://www.gov.uk/government/publications/council-tax-covid-19-hardship-fund-2020-to-2021-guidance>

Claiming Benefits

<https://www.gov.uk/browse/benefits>

SELF-EMPLOYED

Dorset Growth Hub

<https://www.dorsetgrowthhub.co.uk/covid-19/>

For small business

<https://www.fsb.org.uk/campaign/covid19.html>

FREE ONLINE COURSES

Open Learn

<https://www.open.edu/openlearn/free-courses>

Skill and Learning

<https://www.skillsandlearningace.com/distance-learning/>

VOLUNTEERING

NHS

<https://www.goodsamapp.org/NHS>

SELF-HELP APPS

Breethe: <https://breehe.com/>

Mood Gym: www.moodgym.anu.edu.au

FearFighter: <http://fearfighter.cbtprogram.com>

Happyhealthy: www.happyhealthyapp.com

Headspace: www.headspace.com

Sleepio: www.sleepio.com

LONG-TERM CONDITIONS

Diabetes UK

www.diabetes.org.uk

Chronic pain

www.paintoolkit.org

www.tamethebeast.org

Pain concern

<https://painconcern.org.uk/>

0300 123 0789

Pain: <https://painuk.org/>

Fibromyalgia

www.fmauk.org

0300 999 3333

British Heart Foundation publish free booklets online

<https://www.bhf.org.uk/information-support/publications>

British Lung Foundation

[https://www.blf.org.uk/support-for-](https://www.blf.org.uk/support-for-you/copd?gclid=EAlaIqobChMIypeB5iLi4gIVA7TtCh0A1AJWEAAYASAAEgIE4PD_BwE)

[you/copd?gclid=EAlaIqobChMIypeB5iLi4gIVA7TtCh0A1AJWEAAYASAAEgIE4PD_BwE](https://www.blf.org.uk/support-for-you/copd?gclid=EAlaIqobChMIypeB5iLi4gIVA7TtCh0A1AJWEAAYASAAEgIE4PD_BwE)

The End