

PAIN SELF-MANAGEMENT TEN FOOTSTEPS PROGRAMME

**Louise Trewern & Sean Jennings, Lived Experience of
Chronic Pain**

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**17th January 2023
Session One**





Welcome & Introductions

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- ☐ Introductions
- ☐ Overview
- ☐ House keeping
- ☐ Learning objectives



Overview & Aims

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- ❑ Key knowledge about on pain & self management
- ❑ Focus on “fact and not myths” about pain
- ❑ Guide how to increase knowledge, skills + tools & resources to manage people with pain using Ten Footsteps programme
- ❑ Ways to have different conversations be a coach, guide enabling, support “Tiny habit” change
- ❑ Ways to enable self management core skills; *pacing, goal setting, getting more active, setbacks, sleep issues*
- ❑ Positive, helpful attitudes to working with people with pain
- ❑ Support, resources + further training



TASK - poll

Confidence levels + learning outcomes

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1. Score your confidence to enable a person with chronic pain to engage with and use self management skills

0 (no idea) – 10 (absolutely confident)

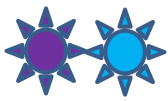
2. Write your **one** learning objectives for the training in the chat



Part 1 – The Biopsychosocial impact of Pain

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- Understanding the impact of long-term pain
- Louise's Story
- Sean's Story
- Recognising the biopsychosocial nature of pain
- Assessing the impact of Pain
 - The Pain Cycle
 - The Live Well With Pain Health & Well Being Tool
 - Pain Iceberg Tool



Task: The impact of long-term pain

What is the impact of long term pain on individuals ?

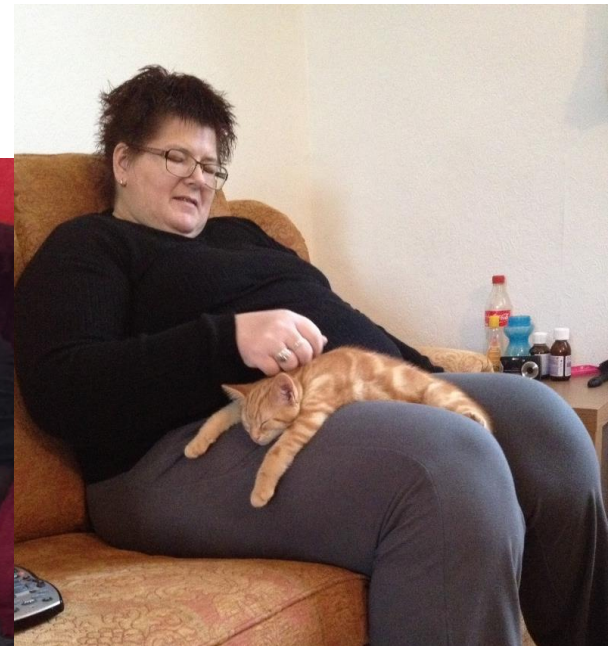




Impact of pain – Louise's story

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- Pain since teenage years (>30 years)
- No perceived cause. Attributed to growing pains, never resolved
- Diagnosed Fibromyalgia
- Significant impact on activity, relationships & socialising
- Prescribed Opiates
- Frequent hospitalisations





Impact of pain – Sean's story

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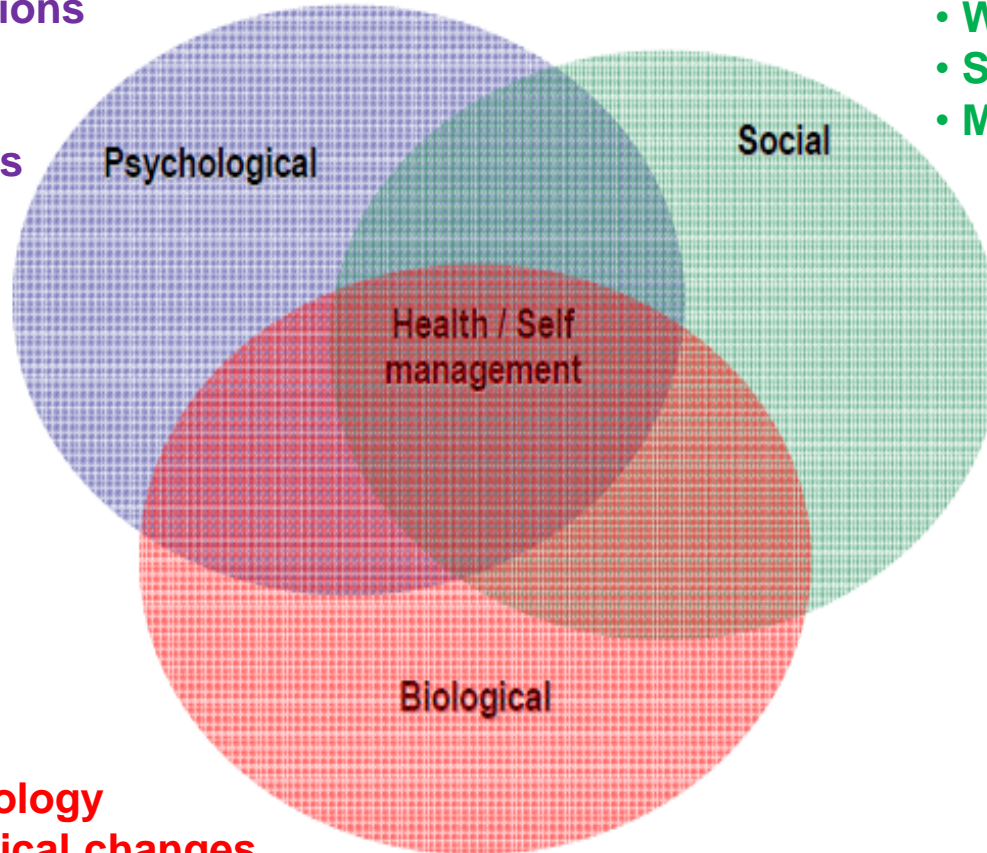


- ❑ Not being able to do all activities after operation.
- ❑ Exploratory operation, diagnosed nerve entrapment in gauze repaired
- ❑ Extensive social life all gone
- ❑ Feeling totally worthless
- ❑ High dose polypharmacy
- ❑ Weight gain through inactivity, and medication



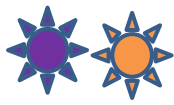
The Bio-psychosocial model of Pain

- Beliefs & expectations
- Worry
- Distress
- Thought processes



- Relationships
- Environment
- Work
- Support network
- Media

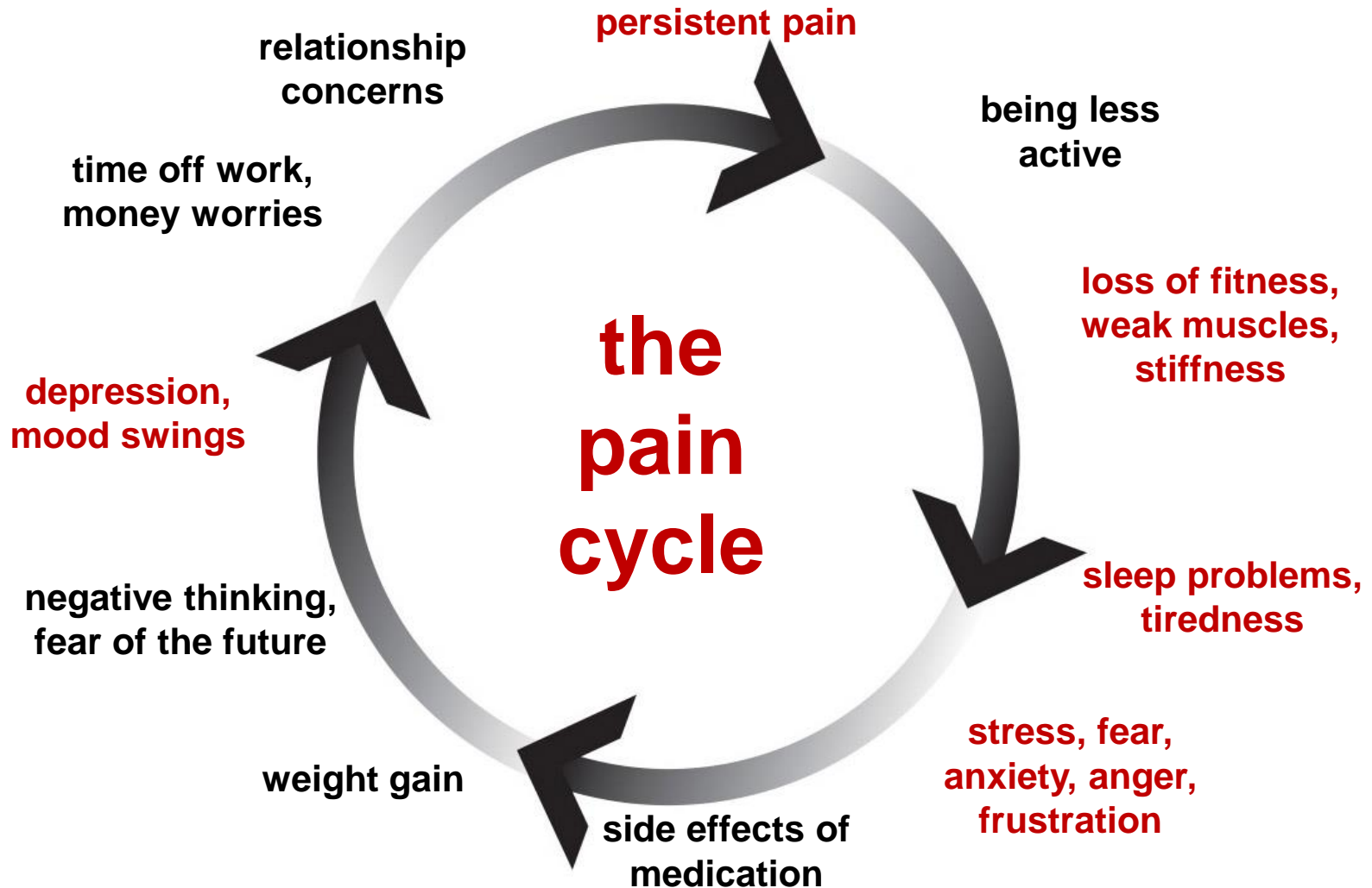
- Pain
- Pathology
- Physical changes



The Pain Cycle

Understanding the 'what' before the 'how'

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Live Well with Pain Health Check tool

The LWWP Health Check tool was developed for clinicians in primary and community care for use in brief, 10-15 minute consultation times and can help:

- address the impact of chronic pain on an individual's health and wellbeing.
 - widen the focus of a medication review
 - help use resources that exist within the local context
 - provide outcome measures of changes in mental health wellbeing, self-efficacy, pain intensity and pain distress.
-
- **STEP 1 How do you feel?**
 - **STEP 2 Tell us a bit about your pain**
 - **STEP 3 Do you have any problems or difficulties with...**
 - **STEP 4 The three most important things to change now**

The LWWP Health and Well Being Tool

Live Well with Pain Health Check

Exploring how pain affects your health and life

Please help us understand about your health and the main obstacles to improving your quality of life and self managing with confidence.

There are **four steps** to completing this Health Check. Please complete all four steps – tick or circle all the answers that apply to you.

STEP 1 How do you feel?

For each statement please circle which is closest to how you have been feeling over the past two weeks

	all of the time	most of the time	more than half the time	less than half the time	some of the time	at no time
I have felt cheerful and in good spirits	5	4	3	2	1	0
I have felt calm and relaxed	5	4	3	2	1	0
I have felt active and vigorous	5	4	3	2	1	0
I woke up feeling fresh and rested	5	4	3	2	1	0
My daily life has been filled with things that interest me	5	4	3	2	1	0

STEP 2 Tell us a bit about your pain

Your current level of pain

Circle one of the numbers on the scale to rate your pain level at present.

0 = 'No pain' 10 = 'Worst/extreme pain'

0	1	2	3	4	5	6	7	8	9	10
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Your pain over the last seven days

Circle the number on the scale to rate how distressing the pain was on average over the last seven days.

0 = 'No distress' 10 = 'Extremely distressing'

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Managing your pain

Please rate how confident you are that you can do the following things at present, despite the pain. Circle one of the numbers on each of the scales.

0 = 'Not at all confident' 6 = 'Completely confident'

"I can live a normal lifestyle, despite the pain"

0	1	2	3	4	5	6
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"I can do some form of work, despite the pain"

0	1	2	3	4	5	6
---	---	---	---	---	---	---

(work includes housework, paid and unpaid work)

STEP 3 Do you have any problems or difficulties with:

- Walking or moving about, lack of fitness and stamina ☐
- Balance or recurrent falls ☐
- Side effects or problems with current pain medication e.g. tablets etc. ☐
- Pain relief ☐
- Understanding why persistent pain occurs ☐
- An unhelpful cycle of activity of less pain, so do too much, so more pain, so rest more often or for longer ☐
- Eating the right sort of foods, weight changes ☐
- Disturbed sleep, tiredness or lack of energy ☐
- Managing mood changes of depression, anger, anxiety or worry ☐
- Relationship difficulties: with partner, family etc, or sex life concerns ☐
- Remaining in work or returning to work and/or training ☐
- Financial or money difficulties ☐
- Other difficulties (for example, concerns about housing, leisure or social events, drinking, gambling or drug use). Please describe here:

STEP 4 If you ticked more than three boxes above, please circle the three most important ones to change.

Have you completed all four steps?

Please have the completed form with you at your pain management and medicines review. We will look at it together to help explore your concerns, issues and problems linked to your pain. Thank you for helping us understand how your pain is affecting your health and life.

Your name Your date of birth
Date filled in

The LWWP Health and Well Being Tool

Assessment and Review

Step one: How do you feel?

- Asks about five emotional areas which may have affected the patient in the previous two weeks.

Step 2: Tell us a bit about your pain

- Covers aspects of pain + the self confidence to manage it e.g. pain intensity and pain distress levels.

Step 3: Do you have any problems or difficulties with...

- Helps the individual to see the wider picture of the impact of pain on their health across 13 areas of need at the current time. More areas ticked or identified, the greater the impact on all aspects of health; physical, emotional + social role function.

Step 4: The three most important things to change now

- This final step guides the patient to prioritise their current needs to form a focus for a consultation or review, thereby making best use of brief consultation time.
- Patients > directed to self-management resources within the online tool from Live Well with Pain, Ten Footsteps to Living Well with Pain:



Pain Iceberg Tool

Persistent pain is like an iceberg – there's so much more to it beneath the surface....

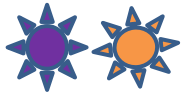
How to use it

- Ask you patient to circle three things that they would like to change now (they can also add any other issues that aren't listed on the poster)
- Explore different ways that they could deal with these issues
- They can then take the poster away with them to help remind them of what they plan to tackle



Task; Assessing the impact of Chronic Pain

Role Play



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- Work in pairs in breakout rooms
- One person be the clinician, one person the person with pain then swap
- Use the **Live Well with Pain Health Check tool** to assess the impact of chronic pain and identify 3 areas to change
- 10 minutes

The LWWP Health Check Tool - Review

Case Study

Patient:

- ❑ Age 77 years
- ❑ 3 year history low back pain and pain in both knees
- ❑ Worsening mobility: unable to leave the house, 2 falls in the past 3 months
- ❑ Not able to prepare meals as unsteady on their feet and standing worsens the pain. Their neighbour brings them microwave meals.
- ❑ Little social contact as had to stop going to bridge club and shops
- ❑ Poor sleep- has to sleep on recliner chair as unable to do the stairs, wakes regularly
- ❑ Feeling very low and tearful. Feels lonely.
- ❑ The only thing that helps their pain is keeping warm, but they're very worried about having the heating on because of rising utility costs



Part 2 – Enabling effective self management

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- What is self management?
 - What are the benefits to the patient, friends & family & the NHS
 - What do people need to be able to self-management effectively?
- Engaging people with a self-management approach
- Providing a framework for understanding pain

What is self-management?



Lorig KR, Sobel DS, Ritter PL, Laurent D, Hobbs M. 2001 Effect of a self management program on patients with chronic disease Effective Clinical Practice [URL:http://www.ncbi.nlm.nih.gov/pubmed/11769298](http://www.ncbi.nlm.nih.gov/pubmed/11769298)

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Self-management means managing (long term) health conditions, in order to **minimise the impact** that health has **on quality of life**.

This means helping people to see that there are things **they** can do that will make a difference rather than relying on health & care professionals.

Task: What are the benefits of self-management for...?



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1) The pain patient



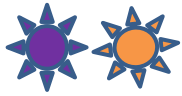
2) Family, friends & carers of people with pain



3) The NHS



Task (LETs): What do people need from clinicians to be able to self-manage pain?



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- **Accurate information** about pain to develop appropriate concepts (e.g. explanations about what pain is and what they can expect to happen)
- **Information** that fits with what people know (e.g. *valid* in terms of their experience)
- The chance to “**normalise**” their experience (e.g. to talk about the wider impact of pain)
- To develop a **sense of control** over the problem (e.g. explanations of pain cycle biopsychosocial nature of pain)
- The **knowledge and skills and resources** to self-manage their pain
- **Support and engagement** to develop practical self-management skills
- **Encouragement** to feel positive about what they are doing

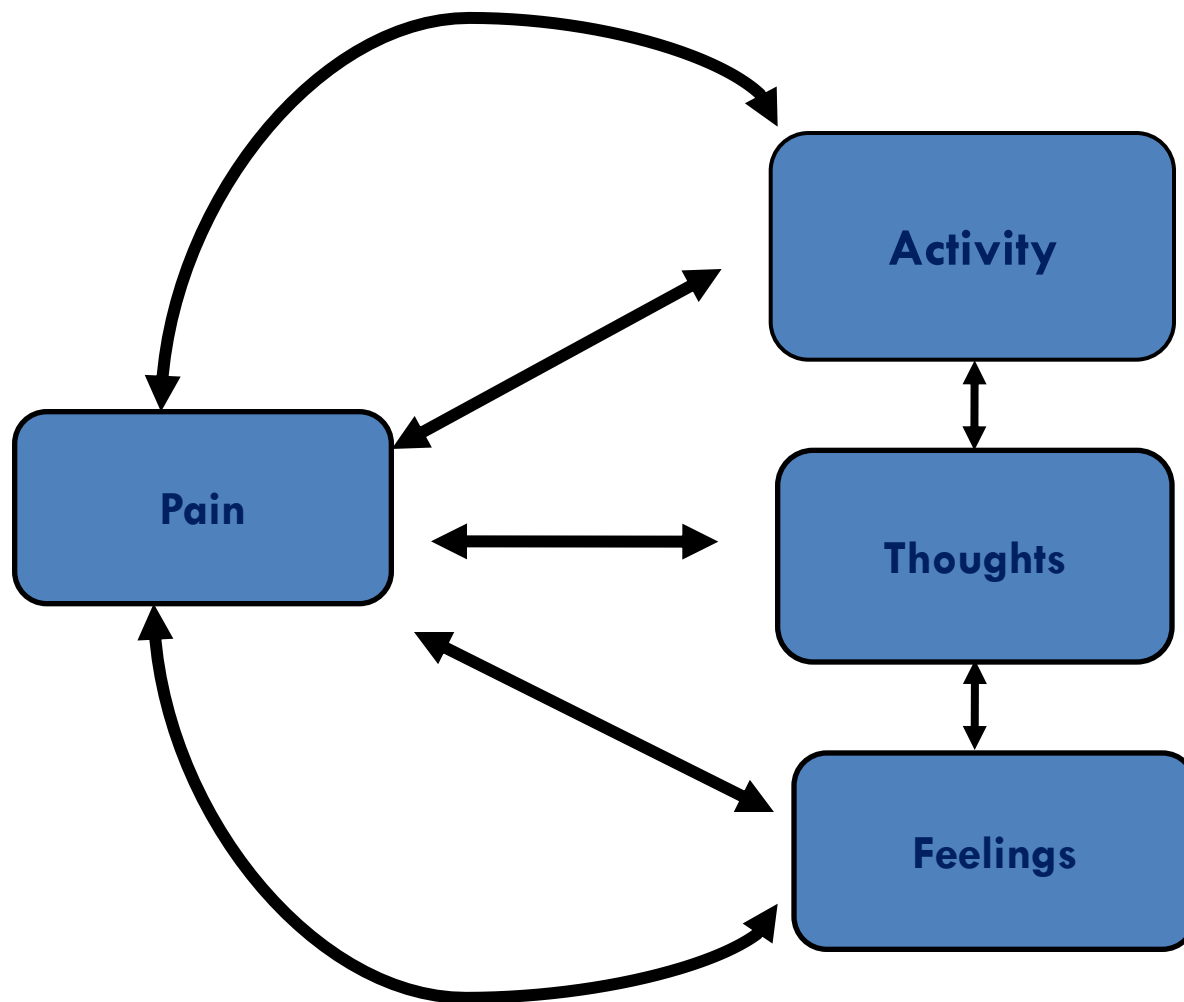
Engaging people in a self-management approach



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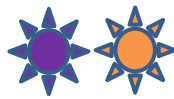
The tri-part model can be a useful visual way of demonstrating how pain, activities, thoughts & feelings are all inter-linked

This can help patients to move away from a medical view to a wider biopsychosocial understanding of their pain



Changing the impact of pain

Self care cycle

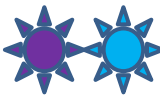


Now the 'how' – knowledge, skills, tools and resources

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Task: Engaging people in a self-management approach; Clinical role play



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Break out rooms

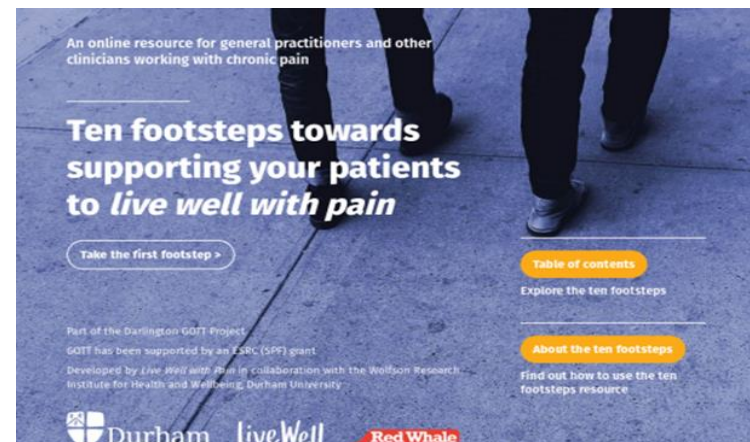
- **Work in pairs (1 clinician, 1 person with pain)**
- **Use Louise & Sean's stories to role play the person with pain**
 - ▣ Gaining information on the impact of pain
 - ▣ Explain the pain cycle
 - ▣ Using the tri-part model to engage people with a self-management approach
 - ▣ Shift the conversation to a self-management cycle & identify 3 footsteps for your patients to work towards



Part 3 – Clinical Skill Development

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- Supporting effective self-management using the **Ten Footsteps Programme**
- **Footstep 1 : Pain & The Brain**
- **Footstep 2 : Acceptance**
- **Footstep 3: Pacing**
- **Footstep 4: Setting goals**
- **Footstep 5: Relaxation & Mindfulness**
- **Footstep 6: Sleep**
- **Footstep 7: Communication**
- **Footstep 8: Managing Moods**
- **Footstep 9: Medicines & Nutrition**
- **Footstep 10: Managing setbacks**



Footstep 1

Pain and the brain





Building Knowledge about pain

- Helping patients to understand more about how the brain affects their experience of pain is a crucial way of shifting the conversation away from the medical model towards person focused self-care.
- The first step in this process is to help our patients develop a good understanding of how pain is produced and how it becomes persistent.



Pain Quiz!

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1. **Pain means there is some damage or injury to the body**

True / False

2. **The body tells the brain how much pain to create in a certain place**

True / False

3. **Chronic pain can cause physical changes to the brain**

True / False

Footstep 1:



Building Knowledge about pain

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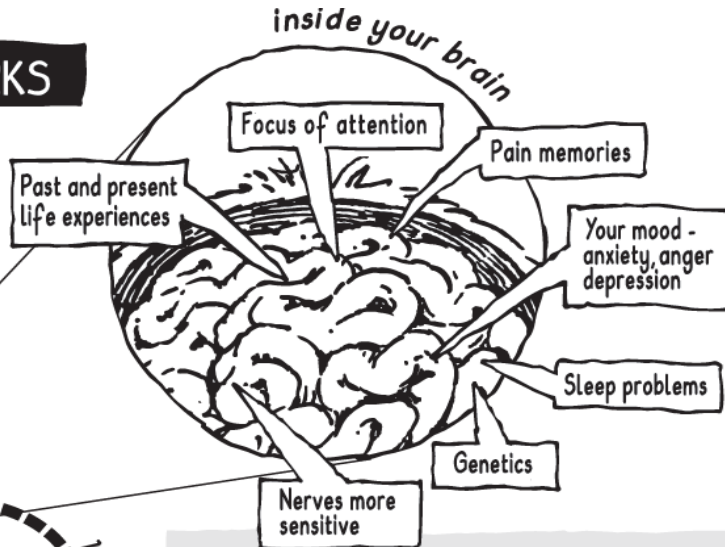
PAIN AND THE BRAIN: HOW IT REALLY WORKS

How we might think pain works



Many of us have a very simple view of how our brain feels pain. But in reality, pain is a two-way street...

How it REALLY works



Pain is one of our protective systems. It is designed to keep us safe and well, and it's controlled by the brain.

Our brain decides when to protect us based on information it receives from:

- 1) areas of the body, and
- 2) many other factors it gathers from elsewhere

It assesses the current situation based on *both* these types of information.

If the brain decides it needs to protect, pain will happen.

In persistent pain, even though the original trigger for the pain may have stopped, the other factors are still there, so the brain keeps the pain going. It's a bit like the brain struggling to turn down the 'volume control'.

Produced by my.livewellwithpain.co.uk in association with North Tyneside CCG V.01 09/18 © My Live Well with Pain 2018

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<https://youtube/DWuGGvyzE6k>

<https://livewellwithpain.co.uk/resources/supporting-self-management/pain-and-the-brain-explained/>

Understanding pain:



Additional resources

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Explaining pain

Understanding more about your persistent pain and how it affects your life



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<https://www.flippinpain.co.uk/understanding-pain/>



<https://my.livewellwithpain.co.uk/resources/understand-pain/understand-pain-in-under-five-minutes/>

<https://s3.eu-west-2.amazonaws.com/uploads-7e3kk3/12506/explaining-pain.7adbd1556ed9.pdf>

Explain Pain – Practice



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- Return to break out rooms: Working in pairs
- Each person should have a turn at role playing the clinician and practise explaining persistent pain using the ideas / resources discussed

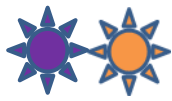
Once you've done that....

- What are the key messages we need to convey to our patients?
- In the chat, feedback 1 analogy/ sentence/ metaphor you have used to explain pain

Footstep 2

Acceptance





Footstep Two: Acceptance

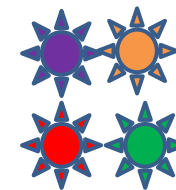
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What is acceptance?

Non acceptance of Pain Vs. Acceptance of Pain

“I do not like pain. I wish I did not have pain. My day would be better if I did not have pain. My day is ruined. Every day is like this. Why do I always have pain when I want to do something. All I want is to be pain free.”

“I have long-term pain which I have to manage”



Acceptance Continuum

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FURY

Focused on **fight to get rid of the condition/symptoms** to exclusion of anything else



- An ongoing journey
- Different stages of acceptance/grief
- Results in changes and challenges in self-identity

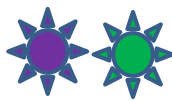
ACCEPTANCE

Working on improving life, without **trying** to get rid of condition/symptoms

RESIGNATION

Given up fighting anything

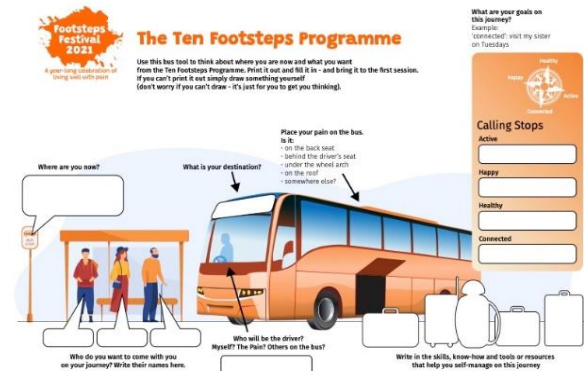
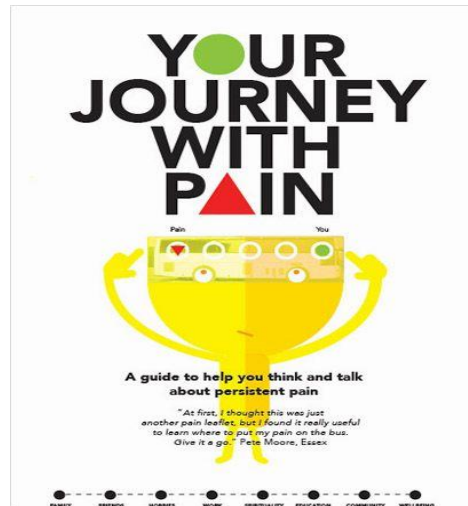




Acceptance; Clinical Resources

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- Two useful resources on LWWP website:
 - 1) Bus Journey – Written/ illustrated booklet



2) Pain & Me Video by Prof. Tamar Pincus (4 mins)

- Useful visual representation of the ongoing journey of change
- Highlights changes in individual roles & identities
- Demonstrates importance of investing in parts of self not related to

pain [footstep 2 - Acceptance - Ten Footsteps to Living Well with Pain \(livewellwithpain.co.uk\)](https://livewellwithpain.co.uk/footstep-2-acceptance)



Next time

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- Explore and work with your learning goals..... Seize chances
 - Remember the Edison effect
 - Check out Footstep 10 if you have setbacks

Next session will focus on:

Footsteps 3 -10 covering pacing, goal setting, getting active, moods, sleep, healthier living, mindfulness and relaxation and setbacks

See you all on 17th February 2023



Thank You

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