

PAIN SELF-MANAGEMENT TEN FOOTSTEPS PROGRAMME

LWWP Training Team

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Session Three
17/04/24



The Ten Footsteps

What we've covered so far

- Footstep 1 – Pain and the Brain**
- Footstep 2 – Acceptance**
- Footstep 3 – Pacing**
- Footstep 4 – Goal Setting**
- Footstep 5 – Relaxation & Mindfulness**
- Footstep 6 – Sleep**



Breakout Recap & Review

- What areas have gone well for you in exploring or using Ten Footsteps approach and/or other suggested resources
- What struggles have you had? Let's problem solve them where possible

Responses in the chat when you return...

Overview of Session 3

□ Focus on Footsteps :

- *Footstep 6: Sleep*
- **Footstep 7: Communication**
- **Footstep 8: Managing Moods**
- **Footstep 9: Medicines & Nutrition**
- **Footstep 10: Setbacks**



Footstep 6

Sleep



Footstep 6: Sleep

Tim and Louise's sleep stories: ZZZZZZ

What do you hear are their problems:

- ❓ **make notes**
- ❓ **feed into the Whiteboard when he finishes**

Some key problems with pain and sleep: _

- Worry thinking - sleep pattern “what it should be” ... 90 minute cycles
- “ daytime napping” and what to do about it!
- “Sleep pattern chaos + pain” the role of unwinding the painful body, tackling thinking + getting into day + night time routines
- Role of useful programmes like Sleepio + need for crucial discipline

Louise & Tim's experiences – Sleep



Sleep: Facts or myths

Use chat to answer True or False + Why

- 1) People of all ages needs 8 hours sleep each night
- 2) It helps to drink caffeine or “cola” based drinks to help your sleep
- 3) Resting in bed, watching TV helps for a better night’s sleep
- 4) Snoring and waking through the night is normal
- 5) A good night’s sleep means waking episodes in the sleep cycles through the night
- 6) A memory foam mattress will help improve my sleep

Footstep 6: Learning to sleep well

- Identify with person their typical 24 hour pattern; day/night + typical sleep pattern (sleep diary option)

- **Enable access to resources** so person explores + identify possibilities to change, creates helpful conversation

Five action areas to improve sleep – see **tool**

- **Routines,** stretch, beds vs. recliners etc
- **Some never tips** no screens
- **Always tips:** time for me, relaxation of body and mind



How to Sleep well with Pain

Why can't I sleep?

It's likely that there are a number of causes of your sleep difficulties. Here are six triggers often found by people living with pain:



Activity: Do you experience any of these triggers? Circle the ones that affect you.

The five areas

There are lots of changes you can make to help you sleep well. Over a period of five to six weeks these can make a huge difference. Here are the five areas we are going to look at:



Footstep 7

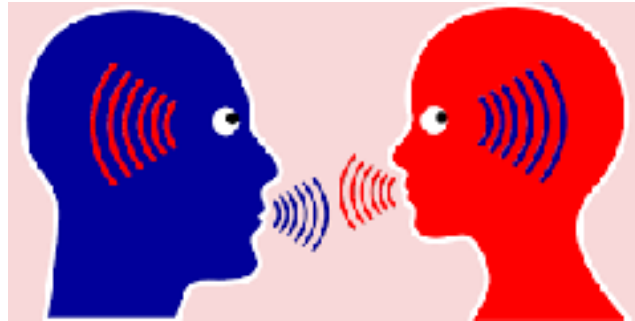
Communication



Relationships & Communication

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- Pain has a wide reaching impact on many different relationships in peoples lives



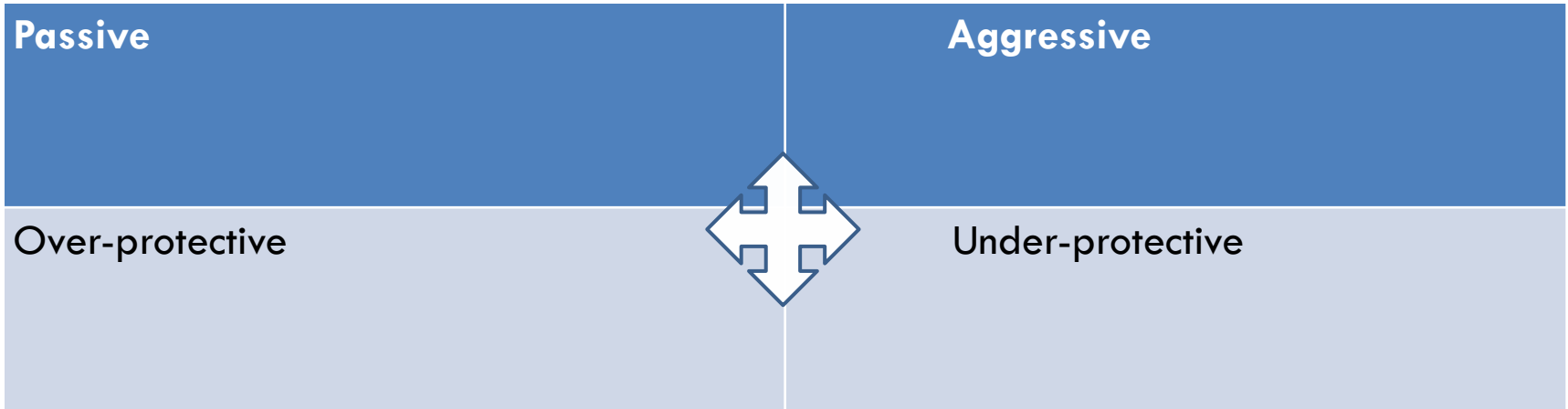
- As a result, the communication and dynamics within these relationships can change. Sometimes in a positive way; but often in a negative way creating more emotional pain

Lived experience: Communication

- Did your pain have an impact of your communication/relationships?
- What difficulties did you face?
- What strategies enabled you to communicate your needs better ?

Communication problems & relationship styles

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Discussion task

What skills can practitioners draw on to help people communicate their pain?



Support people to develop their communication skills

Here are some communication suggestions to share with the person you're supporting:

- People can't see pain, so they won't know what you have to deal with. Explain your condition – if you don't, they will guess and probably get it wrong.
- Let people know persistent pain is a long-term condition which requires self-management and explain what this is.
- Remember that different people need to know different things. Family, friends, employers, health care professionals all need different types of information to support you, so focus on the things they need to know.
- Be confident, keep calm, know what you want to say, practice saying it.
- It's OK to tell others what you need – such as to go slowly or to take rest breaks.
- Saying 'no' is OK – this is not about people pleasing.
- Don't say "I'm fine" if you're not.
- If there's something you can't do – be honest about it and say so. But always try to include a positive, like "I'm learning how to manage this."

Helping patients explain their pain to others

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- **Developing useful phrases**
 - “I have a long-term pain condition but I’m learning to manage it”

- **Asking or declining help**
 - “I am having a bad day today so could you help do xxx?”
 - “I am pacing my activity and working towards my goal of xxx. I am confident that I can manage this on my own”

- **Asserting needs to family & friend, health care professionals; employers; HR, occupational health:**
 - Encourage patients to write down any questions to be asked
 - Practice / role play
 - Emphasis the patients expert knowledge in their own pain

Footstep 8

Managing moods



Footstep 8 Moods

- Mood problems are very common in people with chronic pain
- At least 50% of people with chronic pain are depressed
- The ongoing presence of mood problems can often indicate greater disability and dependence as a result of pain
- Managing mood is an important factor that needs addressing

White board Task: What ways have you found pain affects mood?

Lived experience stories: In what ways did pain affect your mood?

Louise – Managing Moods

Louise shares “then” and “now”



Tim – Managing Moods



Pain & Mood

Pain can impact mood in many different ways, the three most common ways that mood is effected are;

Anxiety can be linked to:

- overestimate of the danger or harm
- underestimate ability to cope + use resources or rescue factors

Anger is linked to:

- pain itself / sense of injustice
- Loss of identity & what used to do
- Frustration at not being listened to or understood

Depression is shift in thinking to:

- Negative view of self, others and the world and the future

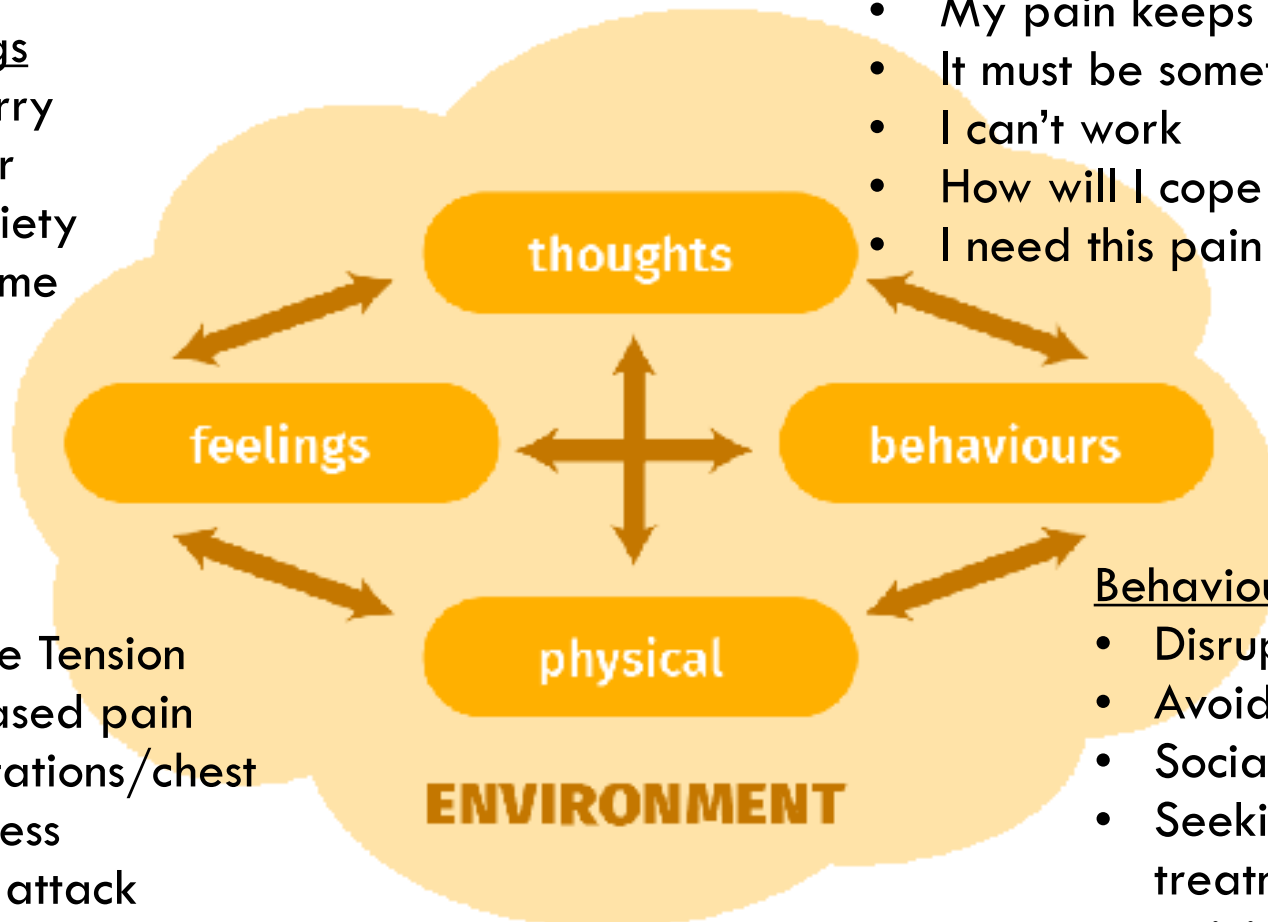
The five areas model - anxiety

Feelings

- Worry
- Fear
- Anxiety
- Shame

Thoughts

- My pain keeps getting worse
- It must be something serious
- I can't work
- How will I cope financially?
- I need this pain sorting out



Physical

- Muscle Tension
- Increased pain
- Palpitations/chest tightness
- Panic attack

Behaviours

- Disrupted sleep
- Avoidance
- Social isolation
- Seeking medical treatment / second opinions
- Poor engagement

Our Role in self management - HCPs, social prescribers

- Role is to understand the intensity & persistence & interference that mood is having on daily life.
- **Recognise**
- **Normalise**
- **Educate**
- **Scaling**
- **Refer or Escalate**
- **Sign post**
- **Encourage self-care strategies**

Discussion task: How to ask about mood?

- Does the pain have any impact on how you feel? In what way? Give an example in the last week to help me/us understand.
- We've spoken a lot about how the pain affects you physically, does it affect you emotionally at all? In what way? Give an example.....
- How would you describe your mood at moment?

Another way to explore mood issues is with these questions in Footstep 6

Identify mood issues and review regularly

To identify moods quickly you can use these two questions, adapted for the different moods:

□ **For depression or low mood:**

1. During the last month, have you often been bothered by feeling down, depressed or hopeless?
2. During the last month, have you often been bothered by having little interest or pleasure in doing things?

□ **For anger:**

1. During the last month, have you often found yourself being angry, irritable or frustrated, every day or some days?
2. During the last month, have you found that being angry, irritable or frustrated has interfered with your day-to-day life, affected others or the pain itself?



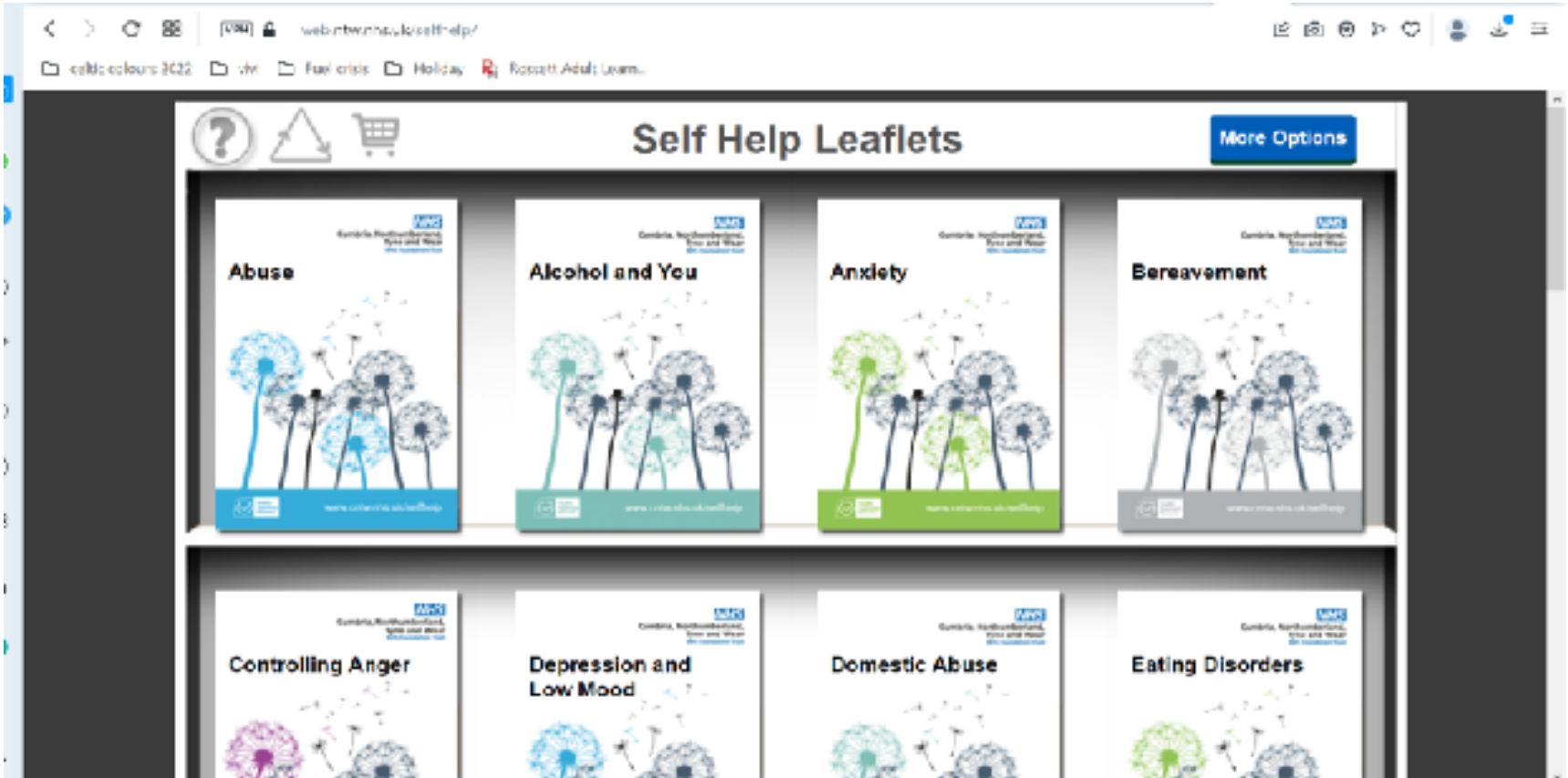
Encourage self-care strategies

FOOTSTEP Six

- **Nine ways to help you manage moods**
- 1. Noticing negative thoughts
- 2. Practice 'balanced thinking'
- 3. Do things that unwind your mind
- 4. Build a list of positive things you have done today, or this week
- 5. Practice being kind to yourself
- 6. Learn from others with similar pain issues
- 7. Get into helpful habits
- 8. Discover other ways to tackle negative thinking (You can find self-help resources to manage moods in most local libraries or explore the websites below)
- 9. Share your plans with people you trust and get their support

Remember that you are not alone.

Useful CBT resources; – Free and in app



NHS Self Care <https://web.nth.nhs.uk/selfhelp/> and the free app

Role Play Task; Break out rooms

Work in pairs; one person be the clinician and the other be the patient...

Patient:

- Role play a person with pain who is experiencing either;
- low mood
- increased anxiety
- Frustration/anger

Clinician:

- Ask about mood to establish how it is being effected by pain.
- Explain the biopsychosocial nature of pain to reassure the patient.
- Suggest some self-care strategies that the patient could try to improve how they feel.



Footstep 9

Medicines and nutrition



What we are clear about....at present NICE guidelines [NG193 & NG215]

- Consider an antidepressant (amitriptyline, citalopram, duloxetine, fluoxetine, paroxetine, sertraline) (this is off label use see NICE information on prescribing medicines)
- Seek specialist advice for 16-17 year olds
- Explain that the medicines may help with quality of life, pain, sleep and psychological distress even in the absence of a diagnosis of depression



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Antidepressants for pain management in adults with chronic pain: a network meta-analysis

Hollie Birkinshaw, Claire M Friedrich, Peter Cole, Christopher Eccleston, Marc Serfaty, Gavin Stewart, Simon White, R Andrew Moore, David Phillippo, [✉ Tamar Pincus](#) Authors' declarations of interest

Version published 10 May 2023 [Version history](#)

<https://doi.org/10.1002/14651858.CD014682.pub2> [🔗](#)

Task: Listen to Louise & Tim's Stories



The Great OPIOID SIDE EFFECT Lottery

Opioids (strong painkillers) can be really useful for a short time – until an injury or surgery, for example – but they won't work long. They only reduce pain for about 10 percent of people in the long term.

Most of many 100 people do get no benefit long-term, and they'll still get the side effects.

If you're taking opioids, the chances are you're experiencing at least some of the side effects listed here. Tick the ones that affect you, and you may decide it's time to end your medication with your clinician.

Remember: none come off your medicine suddenly as this may cause other problems!

- Dry mouth
- Reduced sex drive, erectile dysfunction, infertility
- Unable to lose weight
- Immune system affected
- Increased levels of pain
- Sleep problems
- Forget things / memory loss
- Dizziness (feeling light)
- Mood changes
- Emotionally numb

- Feeling dizzy, dizziness
- Sweating
- Constipated, sleep
- Constipation
- Risk of falls and fractures
- Weight gain

Other consequences

Tolerance – your body gets used to it, so the same dose is less effective than it used to be

Dependence – withdrawal symptoms if stopping suddenly or without medical support

Addiction – psychological dependence and sometimes physical dependency

Misuse – not using them in a responsible way

100% Low Pain

Louise – On all Medication



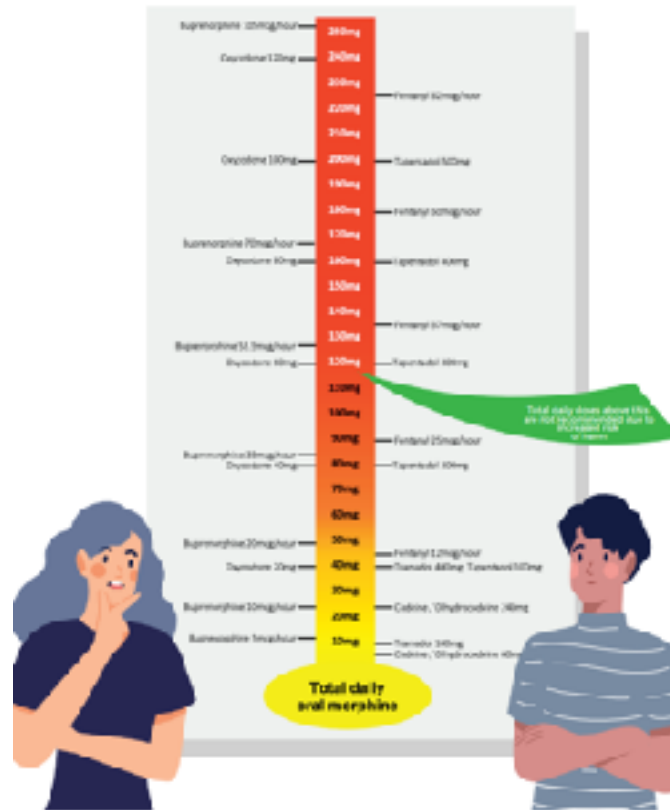
Louise - OFF medication



Tim's Medication Story



Opioid thermometer



Take the temperature of opioid pain medicines

In persistent pain, using opioid painkillers, such as codeine, tramadol and morphine for more than a few months, has not been shown to be helpful.

As doses increase above the equivalent of 120mg oral morphine per day, there is a much greater risk of harm and little extra pain relief.

Harms can include:

- Muddled thinking
- Poor sleep
- Depression
- Dizziness
- Weight gain
- Headaches
- Tiredness
- Mood changes
- Vision changes

Opioids can even make pain worse.

Use this thermometer to check the dose.

The higher the dose, the greater the risk of problems. If more than one opioid is being taken, the total dose will be even further up the thermometer.

Whenever the dose is on the thermometer, if there are side effects or any other concerns about pain medicines, it should be reported to the healthcare team. People using pain medicines are recommended to have a review at least once a year.

Medicines that are not helping should be carefully reduced and stopped, even if there are no alternative medicines to try.

For more information and ideas on other ways to manage persistent pain, visit www.livewellwithpain.co.uk

The opioid thermometer is intended for illustrative purposes and should not be used in place of consultation between opioid prescribers. All equivalences are approximate and cannot guarantee patient variability.

Footstep 9: Medicines and nutrition

- Medicines only reduce pain for about 40 % of people
- Medicines appear to become less effective over time
- Side effects can have a major impact on a person's life.
 - sedation, fatigue and weight gain can make it harder for people to become more active, something we are confident has a positive effect on pain and well-being.
- At least 50% of people with pain are overweight and pain medicines can make that harder to change.

So supporting a person with pain often involves making changes with both [medicines](#) and [nutrition](#) . . .



Your role....

Guide the person in the safe and effective use of pain medicines, ensuring they do not inadvertently come to harm.

You can do this by:

- Finding out whether the pain medicines are actually helping the person to do more in their lives, and similarly, what they still find difficult in spite of the medicines.
- Helping the person to understand the risks and potential long-term harms of pain medicines, and exploring how these might be affecting them.
- Ensuring you have introduced other concepts of supported self-management such as pacing and goal setting.

<https://livewellwithpain.co.uk/wp-content/uploads/2022/09/patient-medicines-decision-guide.pdf>

The image shows a patient decision guide form titled "Using medicines for persistent pain". The form is designed to help patients and healthcare professionals discuss the benefits and risks of pain medicines. It includes several sections with checkboxes and radio buttons for responses.

Using medicines for persistent pain

How much do your medicines actually help you get on with life?

0% 25% 50% 75% 100%

Do you normally find it difficult to do your normal activities?

Yes No

Do you often feel unwell with side effects from your medicines?

Yes No

Do you usually accept a medicine's risks?

Yes No

Do you feel your long-term health is at risk from taking pain medicines?

Yes No

Write down benefits and problems (side effects) of taking medicines for your pain.

Benefits: + Problems or side-effects: -

How well do you manage your pain? Are there more risks or problems in taking medicine?

More benefits More problems

Choose from these medicine options for you now:

Stay on the medicines

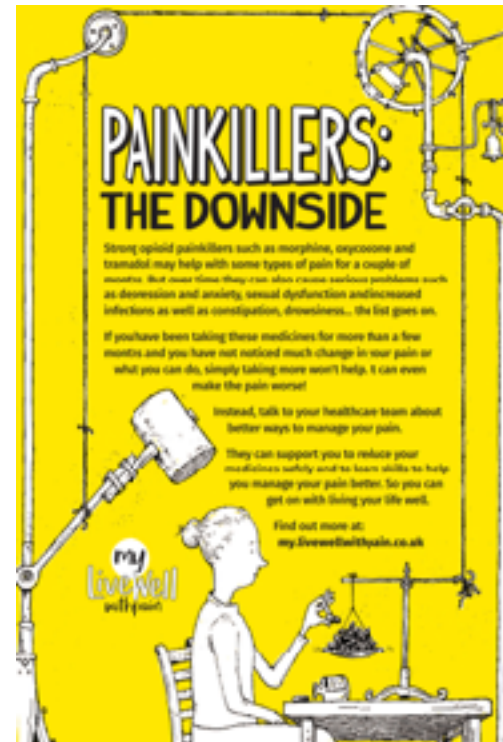
Explore other medicines or make changes to these

Plan to gradually reduce and stop

Changing the conversation...

It is not a person's fault that they often want more or different pain-relieving medicines when they are not likely to be aware that they do not 'work' for everyone.

- We should be mindful that people who have taken pain medicines for long periods of time, may feel confused that they are only just being told.
- For the majority of people, despite publicity about the risks of analgesic medicines, being told that 'painkillers do not kill pain' challenges their beliefs.
- It is important to give people time to process and make sense of the information.



<https://livewellwithpain.co.uk/wp-content/uploads/2022/09/painkillers-poster-2.pdf>

Actions practitioners can take

- Whilst most people will not gain much benefit from taking pain-relieving medicines, it is not possible to know who those people are until they have taken them
- Understand the evidence/guideline around the use of analgesic medicines in particular pain conditions. It can be easier not to prescribe in the first place, rather than try to stop medicines later on.
- When an analgesic is prescribed, ensure the patient understands it will be a trial and not an indefinite prescription.
- Agree a goal with the patient which will be used to review whether the pain-relief is helping or not. This could be an improvement in sleep, a short daily walk or something they feel is achievable and meaningful. A goal should be agreed whenever a dose is changed and even if the patient is already taking analgesics. ([Footstep 4: Setting goals](#))
- Agree what dose will be prescribed, if it can be increased, by how much and when.
- Agree when the review will be – normally two weeks after starting the trial in the first instance.

If you are planning to start a prescription, explore the resources in our [Medicines: starting a prescription](#) section

Tapering pain-relieving medications

- We are all being encouraged to review analgesic medicines, especially for people who have been using them for extended periods of time or at high doses e.g. greater than 120mg oral morphine equivalent daily dose.
- Whilst it is important not to continue medicines that are unhelpful or which are harmful, it can cause patients to feel targeted or that they are having changes made without their agreement.
- Patients tend not to know what the side effects of a medicine are, so consider asking them what other issues they have noticed or problems they are experiencing. These can then be linked back to the medication

If you are planning a medicines review, explore the resources in our [Medicines: resources to use when reviewing prescribed opioids](#) section

The Good OPIOID SIDE EFFECT Lottery

Opioids (strong painkillers) can be really useful for a short time - after an injury or surgery, for example. But they aren't meant to be used for long. They only reduce pain for about 30 percent of people in the long term.

Most of those 30 percent of people get no benefit, long-term, and they'll still get the side effects.

If you're taking opioids, the chances are you're experiencing at least some of the side effects listed below. Tick the ones that affect you, and you may decide it's time to review or withdraw with your clinician.

Remember to make sure you've made any needed changes to any other problems.

Big things

- Reduced sensation, muscle dysfunction, respiratory
- Constipation
- Increased levels of pain
- Sluggish problems
- Respiratory illness / respiratory distress
- Depression / feeling flat
- Mood changes
- Emotionally numb

Other consequences

- Tolerance - you need to take more to get the same effect (as opposed to what you need to be)
- Dependence - withdrawal symptoms if someone suddenly or without control support
- Addiction - psychological dependence and how you behave around it
- Misuse - not using them in a responsible way

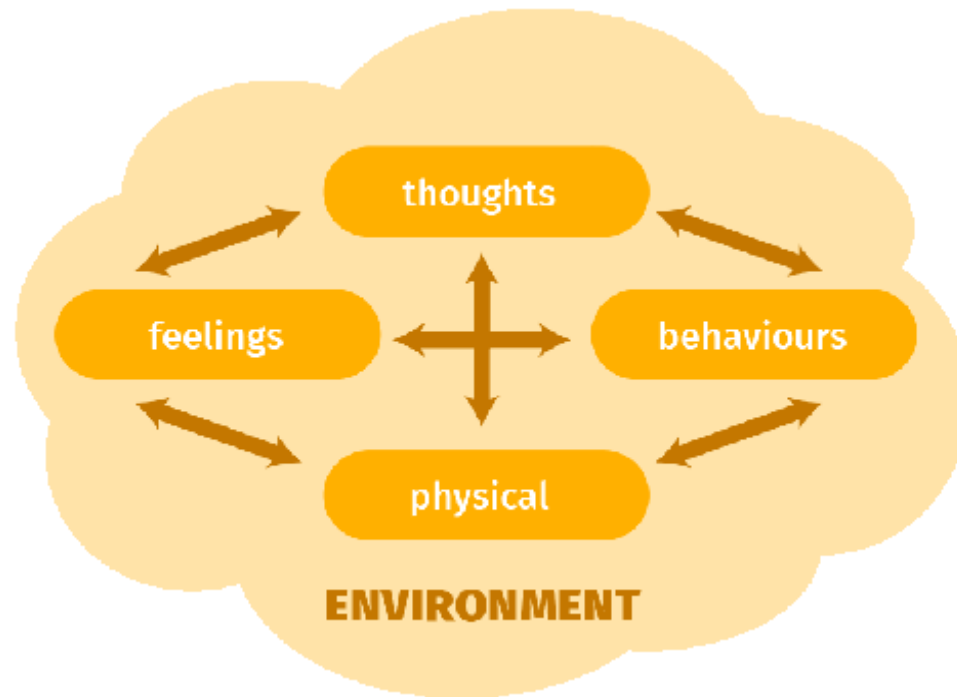
My Lottery ticket

- Feeling dizzy, drowsy
- Constipation
- Loss of appetite
- Loss of interest in things
- Sluggish
- Depression
- Feeling flat
- Increased levels of pain
- Sluggish problems
- Respiratory illness / respiratory distress
- Depression / feeling flat
- Mood changes
- Emotionally numb

My Lottery ticket

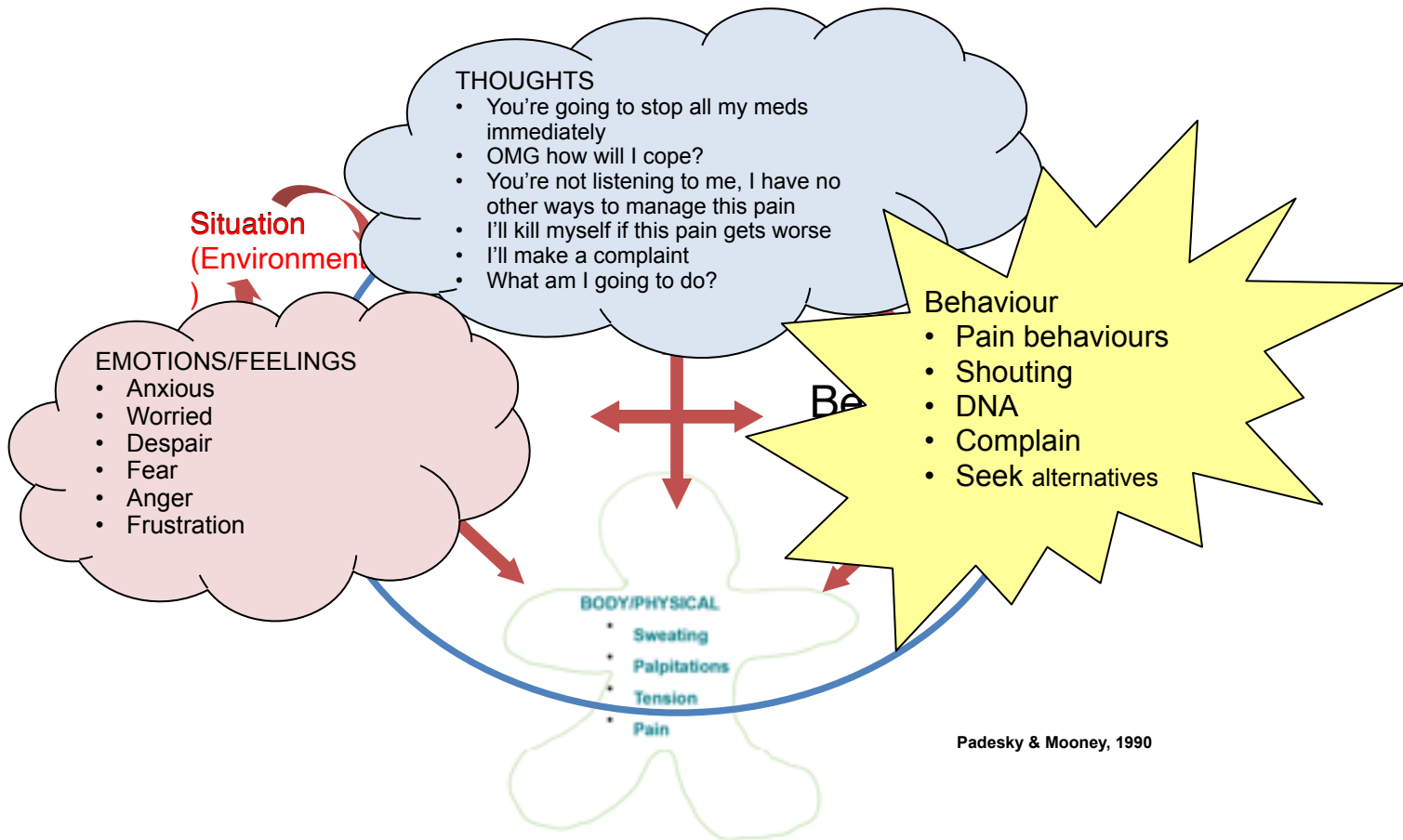
Reviewed by: [medicinesreviewing.com](#) in collaboration with Health Service Research Unit, Dundee. All Rights Reserved. 2018. 0001. © All rights reserved.

The five areas model



The “5 Areas Model” & Deprescribing

“My advice is to reduce the medications you’re taking”



Nutrition

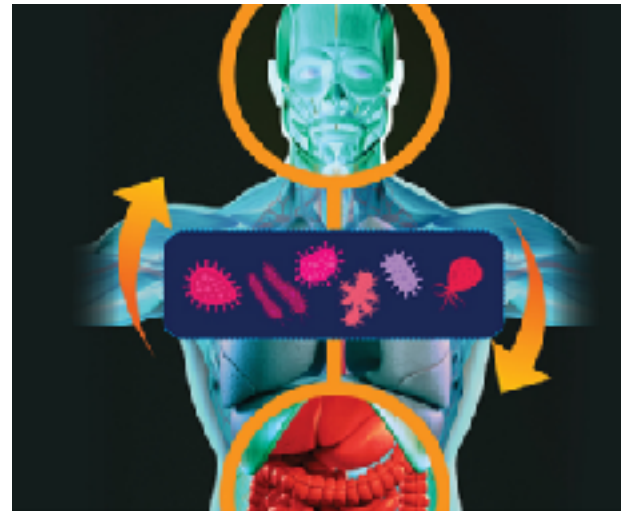
- A combination of medication side effects, together with being less active can lead to becoming overweight.
- Affects at least 50% of people with pain.
- losing weight is likely to be useful, but 'diets' may be psychologically unhelpful
- More positive outcome: focus on **healthy eating with greater levels of activity**
 - **high quality nutrition** e.g. a Mediterranean type diet as suggested in NHS Eat Well
- Public Health England recommend a vitamin D supplement daily for all and a dose of 10 micrograms/day to limit emergence of osteoporosis, especially in autumn/winter
- If you have access to local weight loss support services, consider referral – this group support may also help with social connectedness



Nutrition

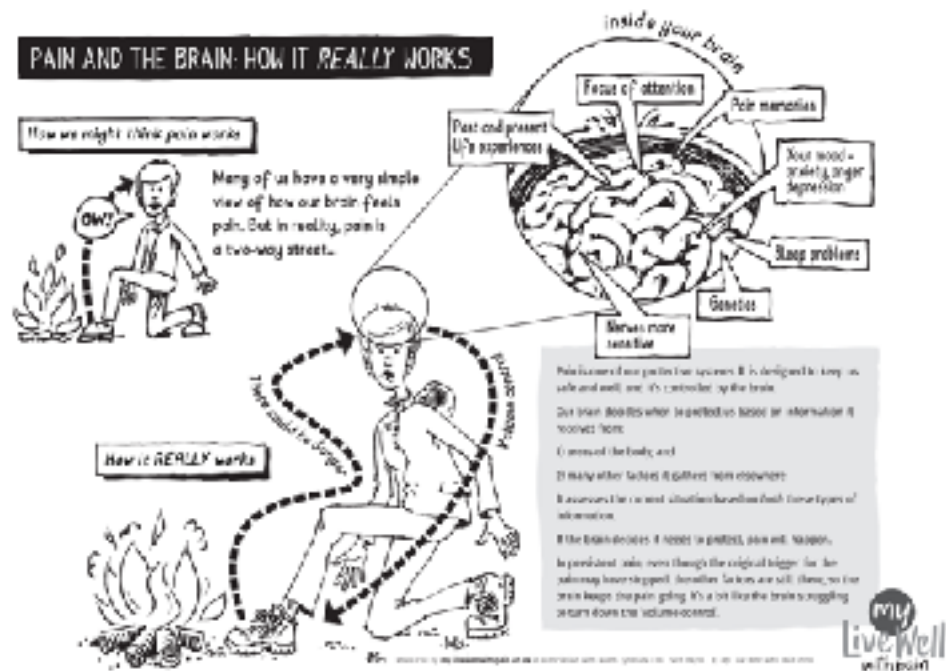
The role of the gut and the microbiome....

- Gut is full of trillions of bacteria, viruses and fungi. Some of these are good and some are bad.
- These are collectively known as the **microbiome**.
- While some bacteria are associated with disease, others are actually extremely important for your immune system, heart, weight and many other aspects of health.
- Emerging research around the role of the **gut microbiome in regulating pain**.



Review of Pain and the brain

- Pain is an output of the brain
- Protective mechanism: **protect by pain** alarm
- The decision of the brain on whether to sound the pain alarm is based upon **information that reaches it** from all parts of the body e.g.
 - the tissues,
 - different parts of the brain such as areas responsible for emotion and memory and
 - the **gut/microbiome**



How does the gut microbiome influence health?

There are a number of different ways in which the gut microbiome can affect key bodily functions and influence health

- **Digesting fiber:**
 - producing short chain fatty acids, which are important for gut health.

- **Helping control your immune system:**
 - The gut microbiome communicates with immune cells, thus controlling how your body responds to infection

- **Helping control brain health:**
 - The gut microbiome may also affect the central nervous system, which controls brain function and brain health e.g. neurotransmitter production
 - The gut is physically connected to the brain through millions of nerves. therefore, the gut microbiome may also affect brain health by helping control the messages that are sent to the brain

- **Microbiome diversity**
 - Lack of diversity in the gut microbiome or an imbalance of bad bacteria, triggers a low level inflammatory and immune response
 - This can sensitize the CNS and increase the volume of the danger messages reaching the brain

How Can You Improve Your Gut Microbiome?

To have good gut health we need a **wide range of different types of bacteria** or microbiome.

The food you eat directly influences the diversity of your gut microbiome

- **Diverse range of foods:** e.g. legumes, beans and fruit (lots of fiber)
- **Fermented foods:** e.g. yogurt, sauerkraut and kefir
- **Limit your intake of artificial sweeteners**
- **Prebiotic foods:** e.g. artichokes, bananas, asparagus, oats and apples
- **Whole grains**
- **Plant-based diet**
- **Foods rich in polyphenols** e.g. red wine, green tea, dark chocolate, olive oil and whole grains.
- **Probiotic supplement**
- **Take antibiotics only when necessary**



Footstep 9 – Medicines and nutrition

Summary of key points

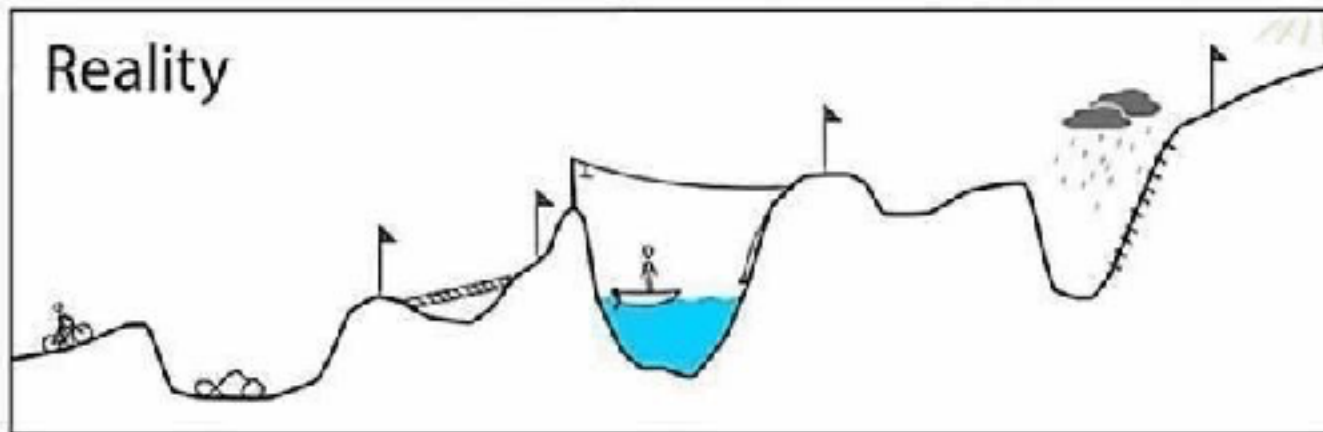
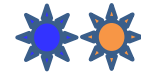
- ✓ Pain medicines remain a major part of most people's pain management, however they are poorly effective for the majority of people
- ✓ Side-effects of pain medicines, especially opioids and gabapentinoids, can make living with pain much harder but few people are aware of the problem.
- ✓ It is important to change the conversation about pain medicines, focusing on what they enable the person to do, rather than whether they take pain away
- ✓ Nutrition is important for a person's general health and well-being. The focus should not be just on weight loss but supporting someone to make healthier choices, when possible and to see food as part of their management plan



Footstep 10

Managing setbacks





Thought experiment

What is a Setback

What causes a setback



Footstep 10:

3 ways to manage setbacks



Sign posts

- ▣ Learn to recognise the situational signs of heading into a flare up

Warning signs

- ▣ Physical and/or emotional signs you are about to have a flare up

Flare up management plan

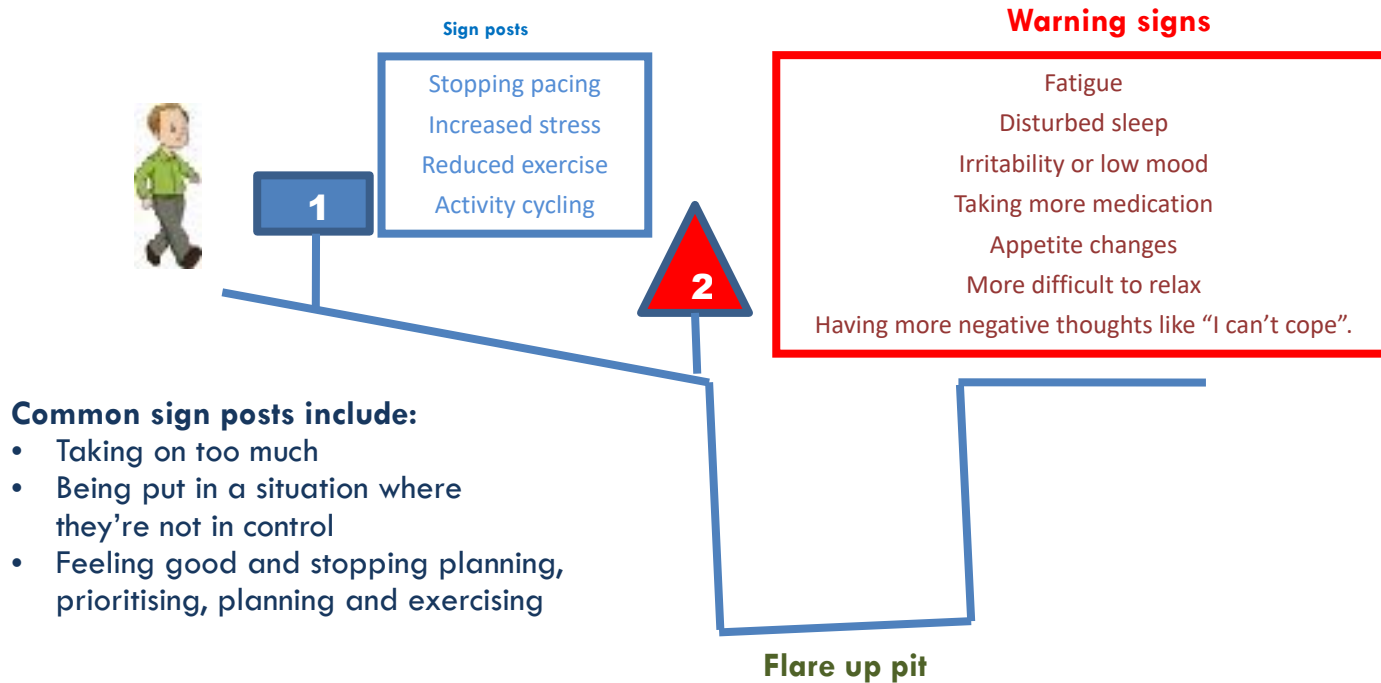
- ▣ Develop a practical plan to manage a flare up if you can't stop it happening

Set backs : Prevention and Management

Sign posts and warning signs



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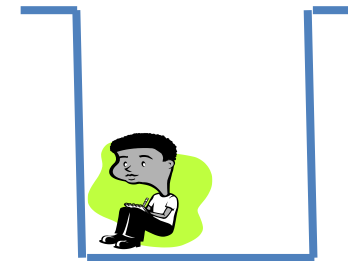


17/04/2024

Set Backs: Have a Plan!



- Even with the best of planning it may be impossible to avoid a flare up
- It is important to have a plan to follow
 - ▣ Having a plan is much better than not knowing what to do
 - ▣ It enables you to stay in control even if the pain is worse
 - ▣ It will generally help you to manage it more confidently and recover more quickly



Individual Setback Plan

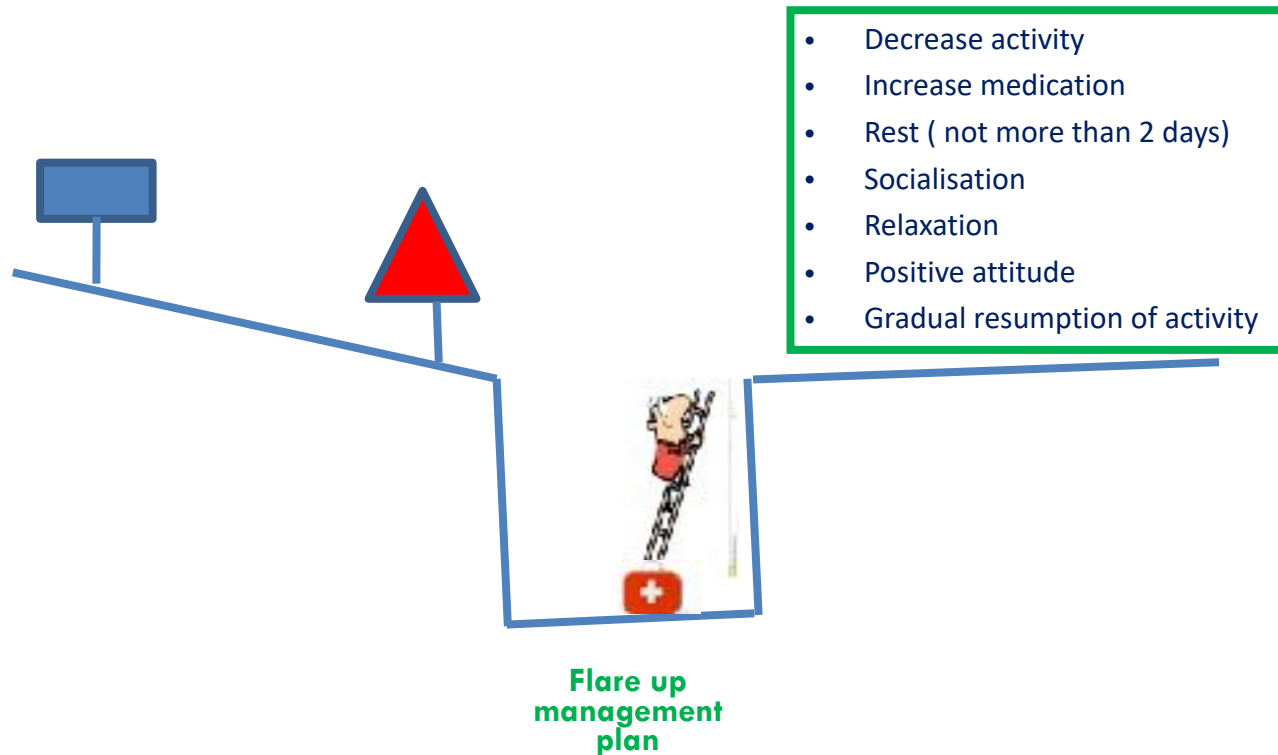


Free think

What might be helpful to have in a flare up management plan?

Set backs : Prevention and Management

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What helps you during a Setback?

- Distractions and/or Not talking about it
- Rest and/or Lie down
- Ice packs
- Engage the senses & treats e.g. Drinking cola, smelly candle, nice bath, Massage, Heat
- Gentle stretching
- Something social e.g. Going out
- Glass of wine
- Flare up “Box”
- Knowing when to stop/pause/rest
- Use of supports/splints and aids during the flare up
- Medication (speak with your prescriber)



Developing a Setback Plan

The things that help me get through setbacks		
Add as many ideas as you like <small>(If you need inspiration, look at the list on the previous page or talk it through with someone who knows you – a friend, family members doctor or other practitioner)</small>		
	Rest	
		
You may find it useful to share this setback plan with the GP or other practitioner who is supporting you to manage your pain.		

The three Ps

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Plan



Prioritise



Pace yourself

My “Setback box”



The best time to start weaving your parachute is not when you have jumped out of the plane!



Lived Experiences



Managing Setbacks

Tim: Setbacks

- I am my own solution!



Resources

<https://livewellwithpain.co.uk/wp-content/uploads/2022/11/Managing-setbacks.pdf>


How to manage setbacks
For people living with persistent pain



Many people living with persistent pain experience setbacks. By being confident to deal with them as a 'week away' you'll be successful later. This booklet shows you how to deal with setbacks of living.

My setback plan

My triggers (what triggers a setback for me)	How high is the risk of a setback? 1 = a problem 2 = a setback 3 = a setback
	1 2 3 4 5
	1 2 3 4 5
	1 2 3 4 5
	1 2 3 4 5
	1 2 3 4 5

My what-ifs (what are the things that could happen?)	How likely is it that these things will happen? 1 = a problem 2 = a setback 3 = a setback
	1 2 3 4 5
	1 2 3 4 5
	1 2 3 4 5
	1 2 3 4 5
	1 2 3 4 5

When should I seek professional advice?



- **New symptoms** that you are not familiar with?
 - Experiencing **new changes in your health**,
e.g. Unexplained weight loss, fever or temperature, changes in bladder or bowel control, significant weakness
 - **New injury or trauma** that caused existing symptoms to worsen, &/or New symptoms e.g. a fall or car accident?

- Using **flare up skills for at least two weeks** and your symptoms are continuing to worsen?

Caveat: Check in with expectations

Dealing with setbacks

Key ideas

- ✓ Setbacks are likely to occur but can pass
- ✓ Working through the other footsteps can reduce the risk of setbacks
- ✓ It is important to encourage patients to plan for setbacks

Refresher of The Ten Footsteps

- Footstep 1 – Pain and the Brain**
- Footstep 2 – Acceptance**
- Footstep 3 – Pacing**
- Footstep 4 – Goal Setting**
- Footstep 5 – Relaxation & Mindfulness**
- Footstep 6 – Sleep**
- Footstep 7 – Communication**
- Footstep 8 – Mood**
- Footstep 9 – Medication & Nutrition**
- Footstep 10 – Managing set-backs**



Confidence levels + learning outcomes

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

0 (no at all confident) – 10 (absolutely confident)

2. If the confidence level **has changed** since the last session
Share **two reasons** in the chat

Thank You!

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Sign up on the website for regular newsletters and any news updates including new events or additional resources added to the website

Ten Footsteps Training Plus+ Regular one hour online sessions throughout 2023 led by Frances Cole and other LWWP members to help with use of skills in the workplace and problem solve

Free to attend for delegates who have completed the Ten Footsteps Training Programme. Contact info@livewellwithpain.co.uk providing completed post training evaluation and obtained certificate

- ▣ Course certificate – details of how to access will be sent via email
- ▣ Course evaluation online questionnaire: https://nclpsych.eu.qualtrics.com/jfe/form/SV_d6cKIQLslQcST6m .

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