

**Keeping
Healthy
When
You Have
Pain**

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What is this book about?

The book is divided into 4 sections:

STEP 1

Introduction: What is this book about? (This section)

STEP 2

Understanding the way I feel

STEP 3

Ways of managing symptoms/feelings

STEP 4

Continuing to stay well

STEP 1



Introduction

Firstly thank you for participating in this important research. We know that pain is one of the most common reasons for seeing a GP and for many these pains improve fairly quickly. But, sometimes they can persist or improve and then come back, and sometimes the pain can become more widespread. It is when the pain persists, comes back or becomes widespread that it can affect people's lives. We want to try to prevent this from happening and this is the reason we are undertaking this study. You have told us that you have consulted with your GP recently about pain and you also

reported some other symptoms (including difficulty in sleeping, stress or feeling low in mood and other bodily symptoms) and this is the reason you are part of our study.

Our study involves you working in partnership with a therapist and this book. Most of what is in the book you will discuss with your therapist but we wanted you to have a record of the things that might help so that you can read it and use it to help you manage any symptoms that you have.

What is the support I will receive?

We know from our previous research that a talking therapy called cognitive behaviour therapy (CBT) has been helpful for many people who have widespread pain in both the short and the long term. We also know that people liked having CBT by telephone as it was much more convenient than travelling to an appointment or taking time off work. Let us explain what CBT is. Cognitive behaviour therapy (CBT) is a treatment which helps people to manage a wide range of symptoms and difficulties. CBT was first used to help people who were experiencing depression and anxiety, but because of its common sense approach it has been successfully used in many other areas, for example; obesity, sleep problems, chronic pain and other medical conditions. CBT is a 'talking therapy' based on a view that what we do, the way we think and our physical symptoms are linked. CBT helps to identify unhelpful patterns of thinking and behaviour (and we all have them) and find ways of changing these patterns so that they affect us less.

With your therapist you choose the intervention that you think best suits you. Some people feel that having therapy means that their pain or symptoms are not believed by doctors or that they believe the pain or symptoms are psychological in origin. But this is simply not true, pain and other bodily symptoms are very real, but what CBT can help with is reducing or managing symptoms better so that they affect you less.

Who will be my therapist?

Your therapist will be someone who is an expert in Cognitive Behaviour Therapy (CBT). All the therapists are trained and experienced in CBT. You will have received a picture and short biography of your therapist. Their role is to help you understand your feelings and the impact it has on you. Most importantly, they will work with you to identify the things that can help you. If you wish, they can also speak to a friend or relative.

How often will I see my therapist?

Your therapist will telephone you every week for 7 weeks then again after 3 months followed by a final telephone call 6 months after you joined the study. The telephone calls will last about 30 minutes except for the first one which lasts for between 45-60 minutes. Your therapist will always try to contact you at a time that is most convenient to you.

Your therapist is like a personal fitness trainer. If you go to the gym or play sports, personal fitness trainers don't do the actual physical work of getting you fit. That's up to you. However, the trainer will help devise a fitness plan, monitor your progress and keep encouraging you when the going gets tough. Your therapist will act in the same way by listening to you, providing techniques which can help and offering support and encouragement.

'With your therapist you choose the intervention that suits you best'

'Your therapist will be someone who is an expert in Cognitive Behaviour Therapy (CBT)'

STEP 2



Understanding the way I feel

Experiencing ups and downs in the way we feel is part of everyday life. Usually, how happy or sad we feel, and how long this feeling lasts depends on how good or bad life is at any particular time. As we described earlier, this study is trying to prevent pain from persisting or becoming more widespread. You have told us that you have consulted with your GP recently and you also reported some other symptoms (including difficulty in sleeping, stress or feeling low in mood and other bodily symptoms). These symptoms can affect people in a number of different ways. People can experience aches and pains that can cause them to worry that something else might be going on with their health. They may notice changes to their diet or appetite. Sleep can also be affected with poor quality sleep or waking frequently. They may worry about their life, themselves or the future.

Firstly, let us look at how we can make sense of the way we feel.

These can be broken down into 3 areas:

- » Things we feel physically
- » Things we do or stop doing (our behaviour)
- » Things we think

Things we feel physically include the physical symptoms you experience; this might be pain or other symptoms such as headaches, feeling anxious/stressed/sad with pain, difficulty sleeping, sleeping too much, exhaustion, fatigue, poor concentration, tearfulness, or poor appetite.

Things we do or stop doing include avoiding things that we used to do or doing them less, or not enjoying them as much.

Things we think include some of the unhelpful thoughts that you might be having such as worthless, sad or angry thoughts or thoughts that things won't improve or can't change which make us feel less confident.

The 'Vicious Circle' of Symptoms and Feelings

The things we feel, do and think are all related to each other. For example, our physical feelings can lead to changes in the way we do things and the way we think. If we stop doing things we can feel worse physically and have unhelpful thoughts. These thoughts can mean that we stop doing things and this can make our physical feelings worse. This 'vicious circle' of unhelpful thoughts, changes in behaviour and physical symptoms can cause these symptoms and feelings to continue.

Now let's think about you. What are your physical symptoms, behaviours and thoughts? Below is a copy of the sheet that you can use to write down how your symptoms/feelings are affecting you. Your therapist will help you with this during the first or second session.

My physical symptoms

Things I do or have stopped doing

My thoughts

Now see if you see how these three areas might be linked? Below is a copy of the sheet that you can use to write down how these different areas are linked. Once again, your therapist will help you with this.

My physical symptoms, behaviours and thoughts are linked in the following ways:

'People can experience aches and pains that can cause them to worry that something else might be going on with their health.'

'If we stop doing things we can feel worse physically and have unhelpful thoughts.'

Setting some goals

Many people find it a really good idea to set themselves some goals to start managing their symptoms/feelings better. You could base these goals around any areas/issues that you want to change. For example, this may include socialising more, feeling more confident, improving sleep, managing feelings, returning to work, reducing alcohol or stopping smoking, taking medication, increasing exercise and healthy living. Goals can be anything that you want to work with.

Remember, you can work with your therapist who will help you with this.

Goals will help you to:

- » keep focussed
- » be clear about what you want to achieve
- » give you feedback on your progress

Examples of goals:

- » To return to work full time
- » To be able to sleep through the night
- » To start going to gym
- » To go for a 20 minute walk every day
- » To spend more time with friends

Below is a copy of the sheet that you can use to write down your goals. So that you know how you are doing, we have written down a simple scale underneath each goal. Circle one of the numbers for each one. This will tell you how difficult you find each goal. You can re-rate your goals every 2-3 weeks to show you how you are doing.

Goal number 1

Today's date.....

I can do this now (circle a number):

0 1 2 3 4 5 6
Not at all Occasionally Often Anytime

Goal number 2

Today's date.....

I can do this now (circle a number):

0 1 2 3 4 5 6
Not at all Occasionally Often Anytime

STEP 3



Ways of managing symptoms/feelings

There are a lot of different things you can do to improve your symptoms and feelings and how these might be locked into a vicious circle. There are many ways that we can help improve our physical symptoms, change our behaviours and help us think differently. The idea is to get the vicious circle working in reverse. If our physical symptoms improve, our behaviours and thoughts can also change for the better. If we choose a way to change our behaviours, our thoughts and physical symptoms can change. Changing thoughts can lead to different behaviours and improved physical symptoms. Your vicious circle can be turned into a 'recovery circle'.

In the following pages we describe a number of ways of improving the way you feel. They are not in any particular order. Some people use one technique; other people like to try a number of them. Your therapist will help you decide which might be the best place for you to start.

Improving your sleep

Sleep problems can take many forms. Some people have difficulty getting off to sleep, some people wake early in the morning and are unable to get back to sleep and for others they wake frequently whilst others sleep but wake up without feeling rested. Some people sleep too much, sleeping throughout the day. Other people sleep a lot because they feel so tired and have lost energy.

If your sleep is disturbed here are some useful do's and don'ts about sleep which you could find helpful.

Try not to sleep in the day. The problem with not sleeping at night is that we then feel down, tired and washed out. This tempts us to nap in the day. Unfortunately napping in the day just creates another vicious circle. The more we take daily naps, the harder it becomes to sleep at night.

Ensure that you prepare yourself for sleep before going to bed. Try to relax for an hour or so before going to bed. Some people find it useful to have a warm bath or a milky drink.

Eating a large meal in the evening may prevent sleep, so try to eat earlier.

Don't drink tea or coffee before going to bed. Such drinks contain caffeine which is a stimulant and will keep you awake.

Don't watch TV in bed as this can be stimulating at the wrong time.

If you cannot get to sleep, try to relax your body and mind. Focus on resting rather than sleeping. For some people doing some mental relaxation exercises can help.

Try to go to bed and get up at the same time each day. Keeping to the same routine every day is more likely to restore your sleeping pattern.

Try to do some exercise every day. This could just be a brief walk or doing some gardening. 'Little and often' and 'start small' are good pieces of advice. A ten minute walk every day is a great start.

Keep a notebook and pen by your bed so if you are troubled by thoughts that won't go away you can jot them down and deal with them in the morning.

Improving your diet

When people feel stressed/low in mood or have other physical symptoms they often lose their appetite. For other people, they find that they eat more. We sometimes stop bothering to cook, shop or prepare a meal. Even if we are tempted to eat, we tend to choose convenience or 'junk' foods. This kind of food makes us feel temporarily better but quickly leaves us craving for more.



If your symptoms/feelings are causing you a problem with eating here are some useful do's and don'ts which you may find helpful.

- » Try to eat small meals regularly. It is often easier to face small amounts of food often rather than a huge meal all at once.
- » If you don't want to make a lot of effort to prepare food, try to buy healthy food that doesn't need much preparation. Fruit, yoghurts, salad and fish are examples of foods which are easy to prepare.
- » Try to avoid too much comfort eating – it rarely feels comforting in the end. It is easier not to buy it at all when you go shopping than to resist eating it when it is in the cupboard.

Dealing with feeling irritable

Irritability is common for many people when they are in pain/have other physical symptoms or feel low or stressed. We end up being intolerant of people and may snap at them. We do this with our loved ones, our work colleagues and even people we don't know. Sometimes this can go beyond irritability and we can end up being quite angry with everyone. We can get angry with our employers for not understanding our situation, angry with our families for constantly bothering us, and angry with our doctors for nagging about health issue.

If irritability or anger is one of your symptoms here are some useful do's and don'ts which you could find helpful.

Try reminding yourself that the way you are feeling is because of your physical symptoms or stress. This is not the 'real' you. It is a symptom.

Many people find they need help to relax. Some simple relaxation exercises might help here. Your therapist will be able to teach you some easy relaxation techniques that you can use at home on a regular basis. Listening to your favourite music is another good way to relax.

Most of us need to take time for ourselves but many of us struggle to do this. Taking time out just for you is important for our physical and mental health. Mostly it will include something that you find pleasurable, something just for you. This could involve a simple activity such as having a relaxing bath, listening to some favourite music, or reading.

Dealing with poor concentration

Experiencing difficulties with concentration is difficult. Many people find that they cannot pick up a book or newspaper anymore. Even the thought of reading can be off putting. Our memories seem to deteriorate and we forget what we have just read or heard. This can happen in conversation with people, not just when reading or watching the TV.

Actually, our concentration may not be as bad as we fear. In fact, when we are feeling stressed or low we tend not to listen as carefully as we normally do. Because we don't listen clearly, we don't remember information properly. We then end up worrying about our concentration. Once we start to worry, our concentration gets even worse. It's another vicious circle.

If concentration is a problem for you here are a couple of useful ideas which you may find helpful to try.

- » One useful suggestion is to write things down. It can be helpful to keep a list of important things to do.
- » Because our concentration can be affected we often simply stop doing things like reading. One solution is to read regularly but for small periods of time only. Alternatively, we could read something that is slightly easier to digest than the material we are used to.



Dealing with loss of energy & poor motivation

Loss of energy is a key symptom of pain/physical symptoms/stress/low mood. Energy loss is another vicious circle. The less we do, the less we want to do.

If loss of energy is a problem for you here is a useful idea which you may find helpful to try.

Although it sounds difficult to do, taking some exercise will actually help with loss of energy. The idea is to break the vicious circle of tiredness followed by inactivity and more tiredness. You should try and plan some exercise into your day every day. Set yourself small goals – this might be a walk, a slow swim or anything that involves even a small amount of movement. An important thing to remember is that exercise is unlikely to make you any more tired than you already feel. We have suggested some techniques in the next section which might help you plan some exercise into your daily routine.

Changing the things I do

Getting active

In this book we have discussed how, when we feel stressed/in pain we feel physically unwell, think unhelpful thoughts and change the way we behave. As we have shown, these feelings, thoughts and behaviours are all linked. We end up in a vicious circle where we can withdraw or avoid doing the normal things that we do. The key message is that we can often end up following our mood and not our plan.



Some of the things we avoid are regular, routine activities such as cleaning the house, washing up, cooking a meal, etc. Our routines also become disrupted. We change the time we go to bed or get up, when we eat and how we cook and care for ourselves. Although we often moan about our daily routines they do make us comfortable in our surroundings.

Other activities that get disrupted are the things we do for pleasure. These can include seeing friends, enjoying a day out with our families, reading or doing whatever interests we have. These are the things that in normal circumstances we find pleasurable. They are the necessary breaks from our routines.

The third area is where we avoid important necessary things such as looking after our health, paying bills or confronting difficulties at work, home or in our close relationships. Although the consequences of not doing these things can be quite serious, when we feel down we often avoid doing them.

Behavioural activation is a technique where we focus on re-establishing or developing new daily routines, increase our pleasurable activities and do the things that are necessary for us. Basically, behavioural activation is about 'following our plans and not our mood or the way we feel'.

How do I start to do this?

There are four stages to behavioural activation. If you choose to try it, your therapist will help you to make a start.

Stage 1 is to fill in a weekly diary of what you are doing now.

Stage 2 is to think about activities that you would like to do or that you wish to start doing again. Some of these things will be routine things. Other things will be pleasurable activities such as going out and meeting people and some things will be important activities that may need to be dealt with quickly.

Stage 3 is to make a list of many of these different activities. You write the most difficult things at the top of the list and the easiest activities at the bottom. When making these lists it is a good idea to make sure that you have some routine, some pleasurable and some necessary activities evenly spread throughout.

Stage 4 is using the behavioural activation diary to plan out how to start doing these things. You can do this by starting with the easiest activities first and adding activities from higher up your list as time goes on.

At each stage you will be able to discuss your plans and activities with your therapist .

Stage 1

Take a blank behavioural activation diary. Each day, write down what you do. Try to be specific and try to fill in each square. Even if you think that you have done nothing, make a note. This is all helpful information. When you record your activities write down some details about what exactly you have done. It can be helpful to record details such as where you were, when you did things and if you were with anyone.

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	What Where When Who	Met sister at 10 am for coffee in town	Tired, lay on the couch all morning	Got up at 10am	Stayed in bed until 11am	Got up at 10am	Stayed in bed until 11am	Got up at 10am
	What Where When Who	Came home -unpacked shopping		Spent an hour weeding the garden		Attended hospital appointment		Vacuumed the lounge
Afternoon	What Where When Who		Had lunch	Had lunch Slept on couch for an hour	Had lunch	Sat and did nothing	Had lunch at parents	
	What Where When Who	Slept in chair	Went for a 30 minute walk in the park	Did the laundry	Read for a couple of hours		Went food shopping	Felt tired - went to bed
Evening	What Where When Who	Prepared and ate supper	Son visited and stayed for supper		Tried to watch TV but dozed off	Daughter visited. Watched TV		
	What Where When Who	Fell asleep watching film	Bed	Bed		Tired. Went to bed	Bed	Went to bed

Stage 2

Think about the things that you want to do. Many of these things will be activities that you have stopped doing recently. Include routine activities such as shopping and cooking and pleasurable activities that you would normally enjoy. Finally think of things that are necessary such as paying bills, dealing with conflict etc.

Use Worksheet A, like the one shown below, to list all these activities. Put them down in any order you like.

Behavioural Activation Worksheet A

Write down your routine activities here: e.g. cleaning, cooking, shopping etc

Write down your pleasurable activities here: e.g. going out/visiting friends or family

Write down your necessary activities here: e.g. paying bills, looking after your health etc

Stage 3

Use Worksheet B, like the one shown below, to organise all these different things into a list, with the most difficult activities at the top of the list and some easier activities at the bottom. Try to make sure that you mix up **routine**, **pleasurable** and **necessary** activities in the bottom, middle and top of the list.

Behavioural Activation Worksheet B

Now try to put your lists in order of difficulty.

Try to make sure that you mix up routine, pleasurable and necessary activities in the bottom, middle and top of the list.

MOST DIFFICULT

MEDIUM DIFFICULTY

EASIEST

Stage 4

In this last stage you should take a blank diary sheet to plan out how to start doing some of your activities. Take some routine, pleasurable and necessary activities from near the bottom of your list and write in your diary when you would like to do them.

Being specific is helpful and makes it more likely that you will do what you have planned. Write down what the activity is, where it will be done, when it will be done, how it will be done and if it includes other people who it will be done with.

Try to schedule something at least once a day, more if you wish, but for most people it is best if they start small.

When you have tried to do some of the activities you have listed, discuss your progress with your therapist. Over time, you can move up your list to do other things. You can go at your own pace and your therapist will support and encourage you.

For many people even doing what were once pleasurable activities may not bring immediate pleasure. To start with, people often feel a sense of achievement rather than actual pleasure. As the weeks go on you should find that you get back to either your old routine or you develop new ones. The main thing with behavioural activation is to plan carefully and keep going.



Changing the way I think

Cognitive restructuring (or thinking about things differently)

Cognitive restructuring is a way of changing our unhelpful thoughts by looking at them and challenging them. When we are stressed/in pain or have other bodily symptoms we can have many unhelpful thoughts such as “I am worthless”, “Everything I do is wrong”, “Why does nothing ever go right for me”. Sometimes these thoughts might take the form of worries or fears about bad things that might happen in the future, or unpleasant things that have happened in the past. These unhelpful thoughts often stop us doing things that we want to do. The more unhelpful thoughts we have, the less confident we are and the lower our self-esteem becomes. It is yet another vicious circle.

Unhelpful thoughts:

- » seem automatic. We don't think them on purpose, they just appear in our heads.
- » seem believable and real at the time they appear.
- » are the kind of thoughts that would upset anybody.

You can use cognitive restructuring to help you to put your thoughts in perspective. If you want to use this technique your therapist will help you.

How do I do cognitive restructuring?

If you want to do some work with your thoughts you can use a thought diary to collect and write down your thoughts.

Stage 1

Each time you feel sad, depressed, in pain, worried or irritable:

- » Write down in the first column of your thought diary a brief description of the situation where the thought occurred. You should write down where you were and what you were doing.
- » In the second column write down the actual feeling you had. This may be sad, anxious or angry. Also record how bad that feeling was on a scale of 0 -100%. 0% is 'not bad at all', 100% is 'the worst it could be'.
- » In the third column write down exactly what your thought was and how much you believe that thought to be true. Here 0% is "I do not believe this at all", 100% is "I totally believe this thought". An example can be found in the thought diary below.

For the time being, ignore the last two columns of the diary.

Situation	Feeling Rate how bad it was (0-100%)	Thought Rate how much you believe this thought (0 -100%)	Revised thought Rate how much you believe this thought (0 -100%)	Feeling How bad was it (0-100 %)
E.g. Sitting doing nothing	Sad (70%)	Things will never get better (90%)		

We suggest that you should collect your thoughts for one to two weeks in this way. It is also helpful to talk to your therapist about what you have written in the diary.

'You can use cognitive restructuring to help you to put your thoughts in perspective.'

'It is also helpful to talk to your therapist about what you have written in the diary.'

Stage 2

Stage two is all about collecting evidence to see if your thought is true or not. There are many ways to collect evidence. In this booklet we have described one of the most common ways to do this. It is also one of the most straightforward to use yourself.

We suggest that you look at one thought at a time.

Write the thought down on top of the 'evidence table' sheet, like the one shown below. Add in your percentage rating of how much you believe it. In the evidence table, one column is labelled **evidence for** and one is labelled **evidence against**.

Next, imagine that you are the judge in a court where the evidence for and against the truth of your thought is being examined. Write down the evidence for and against the thought being true. Remember that you are the judge and you need to present the full picture so that a fair decision can be made.

Evidence Table

My Thought	My % Belief
Evidence for	Evidence against

Sometimes people find this quite difficult. To help you to give your thought a 'fair trial', use some of the following questions:

- » If my best friend or partner were giving evidence, what would they say for and against this thought?
- » If you rate the belief in your thought as 75%, then there is 25% of the thought you do not believe to be true. Ask yourself what makes up that 25%.

Stage 3

Now you need to reconsider the thought in light of the evidence you have collected. You should be able to come up with a revised thought. Use the fourth column of the thought diary to write down this new thought. You should also rate how much you believe the revised thought.

In the final column rate your feelings again using the same 0-100% scale. Notice how by changing your thoughts, your mood may change. This is the way cognitive restructuring can work to change the way you feel.

Here are some tips to make cognitive restructuring easier:

- » Unhelpful thinking takes time to change. Often you will need to challenge your thoughts several times before change takes place.
- » Ask a friend you trust to help you look for evidence for and against your unhelpful thoughts.
- » Practise cognitive restructuring with other thoughts. Use your evidence table to judge them.
- » As you become more expert in this, try to catch the thoughts and judge them as they actually occur.
- » Carry your diary with you so that you can catch and challenge your thoughts straight away.



‘Unhelpful thinking takes time to change.’

‘Notice how by changing your thoughts, your mood may change.’

STEP 4



Continuing to stay well

Will my physical symptoms/pain/stress come back?

A question often asked by people is, **“Will my symptoms come back?”**

Your therapist will spend some time with you during your final few sessions discussing with you how to stay well.

There are two ways to increase the chances of you staying well.

- » Keeping a healthy lifestyle
- » Monitoring your mood

A Healthy lifestyle

We know that the things we do in our lives have an effect on our mood. Lifestyle activities such as regular exercise, positive relationships with other people and making sure we allow time in our lives for things that give us pleasure all help to keep our mood stable. A balanced diet is another important factor in keeping well.

We suggest that towards the end of this programme you have a look at your overall lifestyle. See if you wish to identify any changes that could help. Pay attention to exercise, diet, sleep, your balance between duties and pleasures and your close relationships. Is there anything that you could do to make any of these aspects of your life more positive? If there are, it could be a really good idea to make some positive changes in the next few weeks.

Monitoring your mood/stress levels

With your therapist, you will write down a plan in case your symptoms return. This plan will be individual to you. It will include monitoring your symptoms and mood, recognising if problems are happening again, and dealing with setbacks. However, we have outlined the basic principles below.

During this programme you have probably learned a lot about your feelings and symptoms. You will have understood your feelings and symptoms in terms of the way you feel, the things you do or have stopped doing and the things you think. We suggest that you should pay attention to these aspects of yourself on a regular basis. Notice if you begin to experience any of these feelings again. These could be potential early warning signs.

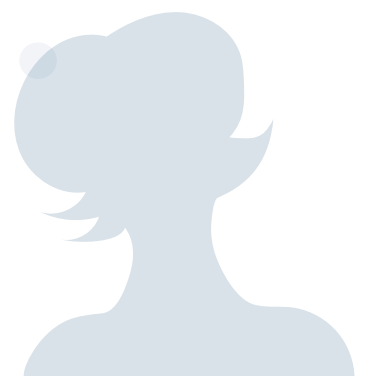
Of course, as you know it is quite normal for people to have ups and downs in their mood and physical symptoms. This does not necessarily mean that your pain/low mood is coming back. However, if these feelings persist or get worse, it is time to act. If these feelings stay around for more than 10 to 14 days we suggest that you fill in a short, easily completed mood questionnaire, called the Patient Health Questionnaire (PHQ-9) or the Somatic Questionnaire. Your therapist will help you to choose which questionnaire is best for you and how to understand the result.

Depending on the results of the questionnaire, you will have a number of options. These options will be discussed with you by your therapist and detailed in your plan.

Final thoughts

We hope that you have found this book helpful and we would welcome any feedback (positive or negative) about it so that we can improve it.

You can email us at: mammoth@abdn.ac.uk



Notes

