Life with Chronic Pain:
An Acceptance-based Approach

Therapist Guide and Patient Workbook

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***Life with Chronic Pain*:**
Preface and Therapist Notes

Hello and welcome. We have been working on the present treatment for a number of years now and hope that you find it useful. One of the dilemmas in attempting to derive a "treatment protocol" is that it often entails formalizing treatment artificially and can convey a certain amount of inflexibility. This is a problem when the theoretical underpinnings of our approach (i.e., the third-wave cognitive and behavioral therapies) likely *require* some degree of flexibility in order to be most effective and achieve the stated goals of therapy.

So, while we believe the methods included in the present protocol to be effective and necessary (based on existing corroborative data as well as our own analyses of outcomes), please use it with a degree of healthy skepticism and allow things to flex to best meet the needs of the treatment environment.

The treatment itself is designed to take place over eight sessions, each consisting of 90 minutes, although that too is flexible. We have provided a small description of each session, including the session goals, on the following few pages to be used as a rough guide for therapists providing treatment.

We would like to add two additional caveats. First, it is assumed that the therapist using this manual is familiar with the assessment and treatment of chronic pain. Second, it is likely necessary that the therapist also have working knowledge of Acceptance and Commitment Therapy and Relational Frame Theory, and the functional contextualistic philosophy of science and practice underlying them. Therapist competency in both of these areas is likely to effect the fidelity of the treatment provided to the theoretical model from which it was developed, ability of patients to understand treatment material and translate it to their own lives, and, perhaps most importantly, the effectiveness of treatment itself.

If you are interested in further training, etc., there are many workshops offered on Acceptance and Commitment Therapy. You may want to take a look at the official website of our organization, the Association for Contextual Behavioral Science (ABCS; *www.contextualpsychology.org*). The website is a fantastic resource for information, articles, treatment protocols, and training opportunities. Access to some parts of the website requires membership. Membership to ABCS is values-based; in other words, you pay what you think it is worth and what you can afford (the minimum is $1). There are listserves for Acceptance and Commitment Therapy and Relational Frame Theory (see the website for details). We have found the listserves to be a great place to ask questions and discuss issues in a supportive and stimulating environment. Finally, we have provided an abbreviated list of readings and references, which may be of use. In particular, there are now two useful books on the subject of acceptance and chronic pain (Dahl et al., 2005; McCracken, 2005).

The present manual is in its third iteration. We began work on it in 2004 while in the final years of our doctoral training (post-doctoral fellowship for JTS and pre-doctoral internship for KEV). Over the years, we have refined our methods and techniques based on clinical observations, outcome data, continued advancement of the field, and feedback from patients. It is not copyrighted, so feel free to copy and distribute it to patients or providers as necessary. We do ask, however, that our names remain attached to the document.

As of 2008, both this manual and its corresponding treatment program are still under development and refinement. Please contact either of the authors to offer feedback, suggestions, or to determine the latest revisions or treatment effectiveness information.

***A brief note regarding metaphors and experiential exercises:*

Using a contextual approach often entails the use of metaphor and moment to moment experiences as one way of circumventing some of the naturally occurring (and at times problematic) characteristics of language and thinking in humans, particularly as they relate to verbal rules. We have observed that those who are new to this approach (*i.e., us when we were putting the first draft of this manual together!*) will sometimes overuse metaphors in treatment or will inform their patients of the meaning of the metaphor before using it in treatment, which likely undermines its value and impact. As responsible and caring clinicians, we want to do everything possible to ensure that our patients get all they can out of treatment, but there may be a need to step back and let patients get out of it what they will get out of it – in other words, we may need to take a leap of faith (off a chair perhaps?) that the people who we treat will "get it" and resist our own urges to guide them too much. They may not always get it in the way we want them too – the space between is likely fertile ground for the work of treatment.

Update: September 2008

We are about to post this manual to the ABCS website, which means it effectively leaves our hands – a good thing. At the very least, a small update is required as a complete update of this manual is not feasible at present.

In the time that have passed since our last revision, there has been substantial work in this area. A few key references that may be of interest follow (see complete references on p. xxv). First, an excellent self-help book has been published by JoAnne Dahl & Tobias Lundgren (2006). Second, our early pilot work using this manual is in press at *Cognitive and Behavioral Practice* and a draft version of the manuscript is available on the ABCS website (http://www.contextualpsychology.org/node/3423). Finally, there are at least ten trials of ACT in chronic pain that are published or in press – this is certainly an active area. You can search for recent trials listed on PubMed by clicking: http://www.ncbi.nlm.nih.gov/pubmed?**term=**chronic+pain+acceptance+outcome

Again, thanks for your interest and hope this work is of some use.

Session 1: Introduction and the Treatment Agenda

1) Providing the opportunity for patients to become familiar with each other and the treatment aims.

Initially, we allow each group participant to tell his or her "story". Issues often discussed include history of pain and specific areas in which difficulties and suffering are occurring. We generally focus on functional issues early in treatment by asking participants what brought them to treatment and what they expect to get out of participating in it. This discussion provides an occasion to gently begin to shape the treatment focus and participant expectations. Finally, it is usually a nice opportunity for some normalization of individual experiences to begin.

2) Determine the change agenda through the use of a "creative hopelessness" exercise (see Hayes et al., 1999, as well as Dahl et al., 2005 & McCracken, 2005).

We then ask each individual to state how long pain has been occurring and we then calculate a rough average (or any other measure of central tendency). This allows the therapist to acknowledge the longstanding nature of pain, as well as comment on the importance of the patients' experience in their role of living with ongoing pain, as they are the true "pain experts".

Next, participants are asked to list all previous treatments for pain. Lance McCracken, in his 2005 book, also mentions that they have used this exercise to discuss other behaviors that have been used in the past to cope with pain (e.g., avoiding social situations, use of canes/wheelchairs, activity limitations/resting). Generally speaking, we have found that even a small group of patients will provide a list of almost every available treatment, conventional and otherwise. We have found it useful to also ask participants about other things they have tried to minimize the impact of pain on their lives (e.g., turn down social invitations, stop working/playing sports/etc.). The therapist can also use this time to provide some general education on previous pain treatment strategies and the data, or lack thereof sometimes, which underlies them.

Finally, we run through an analysis of prior treatments and divide these up into short and long-term consequences. It usually becomes quite apparent that previous treatments have had few, if any, long-term benefits, and have significant costs, over both the short and long term. We try to avoid using this as an opportunity to "bash" previous treatments and instead use it to fuel some discussion on what has been learned and what potential options exist. Dahl et al. (2004) have used a similar exercise and use the opportunity to ask, "What does your experience tell you?" which may afford the same opportunities to begin the process of shifting the treatment agenda from one of pain control to one more functional in orientation.

It is quite common for this exercise to have significant emotional impact on patients, as they come in contact with the possibility that the pursuit of pain control has resulted in few beneficial outcomes, while it may have contributed to suffering. The unworkability of a pain control/elimination agenda can be integrated into discussion as well.

3) Homework.

The homework is designed to begin the process of increasing flexibility by directly addressing participants' change agenda. Encourage completion of the homework, as it may be useful to the participant.

Session 2: Behavior Change and Mindfulness

1) Potential Values and an Issue of Choice.

The homework is designed to aid in determining what patient options exist if pain elimination is not achievable. There are a variety of ways to proceed clinically based on patient feedback. Things we have found useful to include in the discussion are: (a) introducing the concept of values, (b) continued focus on workability, sometimes in the form of cost/benefit analyses, (c) noticing when one is "stuck" and becoming caught up with how bad that experience can be versus noticing being "stuck" and moving on (based on goals/values/etc.), and (d) introducing the possibility that everything is a choice (i.e., there is nothing that one "has to do" & not doing something is a choice not to just as choosing to do something is a choice to do so).

This exercise can often bring some aspects of the treatment that are scheduled for later dates forward a bit. It is an opportunity to flexibly incorporate the issues that arise.

2) Introduce the behavioral model and the concept of behavior change.

The tripartite behavioral model (Lang, 1968; see also Cone, 1978) is utilized as a framework for discussing interrelations among thoughts/feelings, physiological functioning, and observable behaviors. Our colleagues in the United Kingdom have used a four-part model that separates thoughts and feelings in to separate categories. Either of these methods likely will suffice.

Participants are usually quick to fill in the three parts of the model, which we have generally performed as a group exercise (using a blackboard, flipchart, etc.), rather than doing this individually. We begin by identifying pain as a physiological sensation (conducted through the nerves and spine to the brain) and discuss how an increase in pain intensity impacts thoughts/feelings and behaviors. From there, one can continue to illustrate the further effects each of these components on the others (integrating some of Beck's cognitive theory, the fear-avoidance model of pain, etc.).

Through the course of discussion, we generally make the following conclusions from this exercise:

a) Pain (and other physiological sensations), thoughts, mood, and behaviors are strongly interrelated and can quickly become a "vicious cycle." This can be used as an opportunity to discuss any fears of "it's all in my head"/"people think I am faking" that may be present.

b) Getting caught in the "trap" illustrated by the exercise is common, understandable, and to be expected. In other words, it means participants are normal. Getting caught in the trap is not necessarily the problem *per se*; rather, struggling to get out, using the same methods that have not worked in the past, and remaining stuck in it is the problem.

1. Some discussion of committed action can be integrated here as well in that patients can make a choice to remain stuck, perhaps noticing just how stuck they really are, which ultimately contributes to remaining stuck (with all of the emotional and physical fallout entailed). Alternately, they can notice that they are stuck and take some action to get moving again (towards values, etc.). We have found these discussions particularly useful when individuals present in the midst of having a "bad day" (i.e., high pain/distress).

c) Attempt to determine if the interrelations among thoughts/moods, action, and physiological sensations can also work to our benefit. In other words, if adaptive changes occur in one, will that have a beneficial effect in the other areas?

Next, a discussion of where to begin efforts of behavior change can occur using the tripartite model to guide discussion.

a) Pain is a typical place to begin and it may be useful to review the previous exercise pertaining to the effectiveness of a pain control agenda.

b) Thoughts and mood can be tricky to discuss. There are many defusion exercises available to be used. We typically use the "chocolate cake" exercise (i.e., try not to think about chocolate cake), as well as the Polygraph metaphor (i.e., don't get stressed or I'll shoot you) both from the Hayes et al. (1999) book to begin some of the defusion work, however, there are a number of ways to proceed. A key issue is to refrain from trying to convince the participants of one's position.

   It can also be useful to discuss some or all of the following findings:

   - Cioffi and Holloway (1993) and/or Sullivan et al. (1997), who report on the effectiveness, or more specifically, lack thereof, of suppressing the pain sensations associated with an acute pain induction task.

   - Feldner et al. (2006) report on the role of emotional suppression (i.e., experiential avoidance) in acute pain, which contributed to lower tolerance times.

   - Vowles et al. (2007) found that actively trying to control pain sensations while performing a series of bending and stretching tasks was associated with worsening performance in comparison to individuals instructed to notice pain without reacting and focus on functioning.

c) The discussion of functioning or action, which is essentially equivalent to overt behavior, also affords opportunities to discussion defusion topics. We tend to avoid discussing this as the "right" way of doing things and instead talk about

what individual's experience has told them. Possible discussion points/exercises include: (1) exploring whether it is possible to feel one way and act another (e.g., being gracious after receiving an unwanted gift; doing something courageous in the face of danger/anxiety/fear, have participants actively tell themselves to do one thing while performing an action incompatible with that thought) or (2) introduce the concept of values now and methods of engaging in values-based action.

3. Mindfulness Practice.

We find the practice of mindfulness is a key component of treatment and can be a useful way of talking about concepts such as awareness, nonreaction, and radical acceptance. One note of caution: If one is going to teach people in mindfulness, it is probably necessary to practice mindfulness in some way.

See Kabat-Zinn (1990, 1994), Linehan (1993), and Segal et al. (2002) for scripts, session outlines, and general information on mindfulness. What follows are scripts adapted from these sources, as well as from scripts developed by Lance McCracken and his team in the United Kingdom (see also McCracken, 2005).

We tend to provide a minimal rationale for mindfulness and focus on the actual practice of it. Nonetheless, it may be useful to talk about mindfulness versus relaxation, meditation, distraction, etc. The majority of patients will have had some contact with these methods. Drawing a distinction between exercises intended to obscure moment-to-moment awareness from those that are intended to illuminate can be useful.

The first mindfulness session generally incorporates the following:

a) Discuss posture – alert versus not alert.
b) Ask participants to close eyes.
c) Awareness exercise: Notice the feeling of being in a chair, feet on floor, feel of clothes on skin. Note that the point is about awareness. After a few minutes of this, we stop and ask for feedback.
d) Breathing exercise: Notice sensation of breathing. Specific bodily parts can be included. After a few minutes, we stop and get feedback again.
e) Formal breathing: Repeat (d) from above. This time, ask participants to pick a place where the sensation of breathing is most clear and vivid. Instructions are to stay with that sensation on a moment-to-moment basis. Continue for a few minutes. Feedback again.

Mindfulness feedback:

a) Praise effort, not effect. Bringing awareness back from wherever it has gone is effortless; struggling to keep it focused on one thing (or on nothing) is the difficult part. Thus, patients can be encouraged to stop the struggle and merely bring awareness back (to sensation of breathing, etc.) whenever they become aware that it has strayed.

b) Redirect the purpose from relaxation to awareness gently. Relaxation often occurs with these exercises, which can be an added bonus, but it is not the explicit purpose. Any decreases in pain that occurred can be treated in the same fashion.
c) Normalize the occurrence of distractions (e.g., “I kept being distracted by pain/mood/feelings/sounds/etc.”). Reinforce noticing that a distraction has occurred (e.g., self-awareness) and any efforts towards bringing awareness back to the present moment.
d) Although time may not allow during this session, asking participants to each provide feedback can be quite useful. It also appears to decrease the chance of single individuals “not getting it” and being missed in the process of discussing the practice with more vocal individuals.

4) Homework.

A simple and brief mindfulness exercise is assigned asking participants to check-in with themselves several times over the course of the day and record experiences on a daily basis.

Session 3: Values

1. "Acceptance".

We provide a definition of acceptance as the term itself is often tricky for pain patients in that acceptance may be seen as the equivalent of "giving up hope" (Viane et al., 2004). Alternate definitions of acceptance, drawn from the dictionary or other sources, may assist in focusing treatment. The Serenity Prayer can also be of assistance in the differentiation between targets of treatment (i.e., things that are changeable) from the unchangeable.

We have also found it useful to introduce the concept of broad focus (versus "tunnel vision") at this point in treatment. This issue may have already been a topic of in-group discussion and can be clarified at this point.

2. Values.

Values identification and clarification can be one of the most important and meaningful topics of the entire treatment. It can be a tricky business, however, and confusion about values vs. goals vs. desires is often present. For instance, patients can come up with a value of "being pain free", which can contribute to therapist annoyance that the patient does not seem to be "getting" (i.e., understanding) the treatment. The following can aid in the discussion of values (see also Wilson & Murrell, 2004):

a) Take the time to discuss them in a thorough fashion and allow adequate patient discussion, rather than trying to rush through all the material.

b) Problematic values are discussed. Take the time to determine if another value underlies the identified one (e.g., "having a life with meaning", "being a loving spouse", "contributing to society" for the example of "being pain free"). Various ways of doing this include using the "gravestone test" (e.g., Here lies Joe, he was pain free), questioning if it would be worth it if no one knew it was true, or determining if it would still be worth it if the consequences were changed (e.g., "What if I could guarantee you would be pain free, but in order to do so, you could never have contact with your children again and they would forget that you ever existed."). The latter example can be reversed (i.e., "What if I could give you a fulfilling relationship with your children, but you would always have pain?").

c) The issue of choices is included. Values are a personal choice and active questioning of whether a value is personally important or important simply because society, or someone/something else, tells one it is important can be illuminating.

There are many values clarification exercises that can be used. Two that we have found useful include the "funeral metaphor" from the original ACT book (Hayes et al., 1999)

and the “long journey metaphor” from McCracken (2005). Both of these entail having the patients’ imagine that their loved ones, close friends, etc. make a statement about what the patient does and how they will be remembered. These exercises can be powerful in differentiating desires (e.g., to be happy, pain free, rich) from values (e.g., to be a loving parent, trustworthy friend, to be compassionate towards others).

We’ve found that an initial discussion of values and some clarification work provides a nice foundation to be expanded upon by the homework and exercises during the next meeting.

3. Mindfulness

Allow approximately 30 minutes for mindfulness. Discuss the homework exercise and determine what sorts of things came up, as people became aware/ “checked-in” with themselves. This brief discussion can be used to further discussion of this week’s practice.

We generally do a basic breathing exercise at this point in the program, adapted from McCracken (2005). It generally entails introducing the idea that mindfulness is an exercise in awareness or “just noticing”. It may help to address some patient ideas of, “I am not doing this correctly” by restating that the purpose is not to stop the mind from wandering, but rather to allow it to go where it wants, notice when it is wandering, and notice when we get caught up in that activity (and stop just noticing it).

The exercise generally follows the format of the final part of last week’s exercise. A general outline is:

a) Discuss posture – alert versus not alert.
b) Ask participants to close eyes.
c) Notice the position of the body (including sensations – feeling in chair, feet on floor, feel of clothing)
d) Notice breathing
e) Notice breath coming in and going out.
f) Notice sensations of breathing as the breath is followed throughout the entire course of one breath.
g) Utilize periodic prompts to bring attention back to breathing, while gently suggesting the behavior of noticing that attentional focus has changed (e.g., “If you notice that your mind has wandered, gently bring your attention back to the sensation of breathing).
h) After 15-20 minutes of practice, discuss observations during the exercise. Possibilities to discuss include surprises (e.g., “I never noticed that I can feel my breath on the back of my tongue.”), what thoughts came up, action urges, and feelings.

4. Homework.

a) Complete The Values Assessment Rating Form.

b) Practice mindfulness daily. It may be helpful to problem solve with patients to address any perceived barriers.

Session 4: Values Clarification and Goals

1. Values Clarification

Clarifying values affords the opportunity for patients to pay particular attention to the things that are truly important to them. At times, identified personal values can be confused with goals or what others "say" should be one's values. There may be opportunities when cognitive/emotional/ physical experiences are fused with values in an unhelpful manner (e.g., "to be happy, healthy, and wise"). Some clarification work can be of benefit at this stage, especially when used as a follow-up to the last session's exercise and the homework.

If possible, ask patients to get in to pairs and discuss the values that were identified. You may give them a few guiding principles or "tests" to subject values to discuss during the exercise. Some possibilities include:

a) Differentiating values and goals: "Can the value be achieved?" If so, it may be a goal. The associated value may then be identified.
b) Personal values versus values of others: "What if no one knew you were doing it?" or "What if everyone forgot that you did it when you finished?"
c) Values clarification: "What would this do for you?", "What is this value in service of?", "Would you want this on your tombstone?"

These exercises can, and perhaps should, be done in a flexible and inquisitive manner. It is entirely possible that patients will identify values that are odd to the therapist or to other patients. This is not necessarily a problem and care should be taken to allow the patients to trust in their experience and how well the value works for them, rather than confront values that are in opposition to beliefs or values held by others.

2. Barriers.

We have used two metaphors, again both from the 1999 ACT book (Hayes et al.) to discuss the possibility of moving on with valued actions, even in the face of adversity, difficulty, and suffering. The "Bubble in the Road" metaphor usefully illustrates how soap bubbles can absorb barriers in the form of other soap bubbles – that is, they simply absorb them and move on. The "Swamp" metaphor is also useful to illustrate that some negative and uncomfortable experiences can be part of the pursuit of values or goals. If patients are not willing to have some discomfort, it may mean that they give up pursuit of the value.

A final metaphor comes from the Japanese martial art of Aikido, which advocates dealing with attacks, resistance or barriers much as a wave of water does. That is, active resistance often begets more force and increased resistance from an attacker (picture a pair of arm wrestlers, each sweating with veins popping out in their necks, eyes bulging out, meanwhile, their arms are motionless). Waves don't react in that way to barriers, such as pier pylons, granite cliffs, or sand castles. They simply flow around

or over. Interestingly, by doing this, waves reach their destination with almost any barrier, without expending any observable effort.

3. Goal Setting and Introducing Committed Action.

In the past, we have used a modification of a relatively standard goal setting exercise. Modifications include making goals explicitly related to a value and the identification of specific actions that lead towards the goal (and value).

We generally run through one example and then indicate that patients will have the opportunity to individualize goals and actions as homework.

4. Mindfulness.

We do a "body scan" mindfulness during the fourth session. In general, we also ask patients to do this exercise in any other position besides sitting in a chair to aid with generalization. If mats are available, we ask them to lie down. They can also stand, lean, or sit on the floor.

Following a brief induction that is similar to those given the last few weeks, we ask patients to bring awareness to different parts of the body. We generally go from head to feet, body part by body part, although this order is arbitrary. During the exercise, we ask patients to notice what is happening in that particular body part (tension, relaxation, sensations of warmth/cold, pain, hunger, etc.). We generally take our time progressing through the body and throw in periodic cues to focus awareness back on the body part if it has drifted. This exercise can be particularly useful when a painful body part is contacted, especially if participants can notice pain *and* notice some of the other sensations that are present at the same time.

5. Homework.

The homework worksheet asks patients to identify three values, three related goals, and three actions for each goal.

Session 5: Defusion

1. Homework Review and Pacing.

We spend some extra time discussing the homework and problems/observations/etc. that came up. In addition, we discuss the tendency of humans to "overdo" activities or to set goals/actions that are too large and poorly defined. It is also an opportunity to begin to discuss the quirks of the human mind, which is then elaborated upon during the remainder of the session.

The pacing vs. activity cycling discussion is a pretty standard review of the problems inherent in operating in a non-paced manner. It is also possible to discuss the impact of activity cycling on pursuit of values. Finally, the tendency of the mind to tell us that we "are not doing enough" or that if we "cannot do it how we used to be able to do it, it is not worth it," provide opportunity for more defusion work. As with all the content of the treatment, we tend to emphasize that neither approach is the "correct" one, each simply contributes to different outcomes. The important piece is choosing in an active and honest way.

2. Defusing the threats of language

There are many defusion exercises that can be employed at this stage in treatment. It is our experience that some confrontation of "yes, but"-ing, etc. is a place ripe for clinical intervention. Barriers to values and goals are also fair game for discussion.

We tend to include at least some of the following, based on the perceived needs of the group. Most of the exercises come from Hayes et al. (1999).

a) The arbitrary value of perceived threats and tendency for "tunnel vision" to occur when a threat is presented. The frequent rigid nature of the mind can also be included.

- Ask patients to recall a time when they were threatened and determine if they can recall the details of the scene. Often, the scene ultimately boils down to the threat and the escape path. Kelly Wilson, in an ACT workshop, discussed this in terms of a rabbit in the forest being confronted by a lion. For the rabbit, there is only the lion and the rabbit warren (or "hidey-hole"); nothing else exists. This example can then be used to discuss patient's experiences and whether there is a use for broader awareness in circumstances when a threat is present or perceived. Issues of stimulus generalization and discrimination can also be integrated.

- The "what are the numbers" and "mental polarity" exercise from the 1999 ACT book (Hayes et al., 1999) also can be used to discuss the arbitrary functioning of the mind.

- The but/and dichotomy and “musterbation” (invented, to our knowledge, by Dr. Albert Ellis) provide an opportunity to include a discussion of human language as well.

b) Finally, a review of who is in charge can be useful now and as a step towards increasing awareness of the patient’s sense of self as distinct from the content of thoughts. The “Passengers on the Bus” metaphor (Hayes et al., 1999) often captures some important struggles that patients are going through.

   We have done it in two methods. The first is more didactic and seems to work fine.

   The second, which we have adopted more recently, is a bit more experiential and allows for patients to participate actively, which arguably is more meaningful clinically. It is adapted from Walser and Pistorello (2004) and involves asking for 4-5 volunteers, one to drive the “bus” and the others to be the passengers. Each passenger is given an identity (e.g., “pain”, “self-doubt”, “depression”, “anxiety/worry”) – we have generally written this identity on a sticky note prior to session and given it to the person. The passengers are instructed to act their part wholeheartedly, however, we do set the rule that they may not touch the driver.

   With either exercise, possible methods of dealing with the passengers should be discussed. General options discussed are to reason with them, kick them off, call for help (e.g., call the police), and fight back. The results of these actions, which generally fail miserably and only serve to make things worse, seem to provide ample topics for clinical discussion. One purpose, of course, is to point out the problems of taking thoughts too literally or following their direction explicitly.

3. Mindfulness.

Mindfulness up until now has been guided for the patients – in other words, the therapist tends to speak rather frequently during practice. In order to aid with generalization, we use a general “awareness” mindfulness at this point – a nice example is from Hayes et al. (1999; p. 179). There is much less direction provided by the therapist compared with prior mindfulness sessions.

Our general format is as follows:

1. Get in a comfortable, but alert position. Close eyes.

2. Brief awareness and centering exercise with cues to notice certain characteristics of the environment (light, noise, physical location).

3. Instructions to notice bodily sensations – feelings of feet on floor, legs on chair, body temperature, feelings of breathing, etc.

4. General instructions to observe the thoughts, feelings, and sensations (including urges to move) as they come up. Just watch them come and watch them go.

5. Over the course of the 10-20 minute practice, add in a few cues instructing patients to come back to an observing, aware stance if they find that their mind has wandered. Reinforce that the task is to remain aware – aware of thoughts, emotions, etc, as well as being aware that the mind has wandered.

During feedback, some things to consider:

1. Difficulties can be labeled as thoughts as well (e.g., “I just couldn’t do it,” “I just couldn’t relax.”)

2. Discussion of what the mind does when asked to do nothing.

3. Possible utility of maintaining an observing, aware posture towards experiences outside of the treatment group.

4. Homework.

The homework is intended to begin some of the work regarding committed action and to allow for barriers to come up and be identified. In addition, it can serve as a cue for being mindful of actions and their consequences.

Session 6 – Committed Action

1. Treatment review.

We take 10-15 minutes at the beginning of the session to provide a formal review of treatment progress, remaining areas of concern, etc.

The homework review also fits nicely here and can be used to flexibly incorporate lingering issues of avoidance and cognitive fusion or clarify previous topics. The reinforcement of effort, not necessarily effect, also appears useful.

2. Committed action.

Initially, some time can be spent acknowledging the difficulty of the change process. The "Jump" exercise (Hayes et al., 1999, p. 241) can also illustrate the difference between planning for action and taking action. . The case can be made for educating oneself on the many aspects of the sport of "chair jumping" (e.g., reading books, getting "expert" advice, practicing on other objects, asking patients how they would do it, etc.) – none of these, however, are jumping. Clinically, this can also be used to draw some of the subtleties of avoidance and fusion out. For instance, are patients planning to do things, "after treatment" or "in the new year" etc.? If so, these could be indicators of avoidance. From time to time, we get someone who is committed to learning all that he or she can about something before taking action – the "jump" exercise offers an occasion to explore these issues. Also, a distinction can be made between choosing the height from which to jump, which is under behavioral control

It is also a nice opportunity to discuss willingness to have something uncomfortable as a means to pursue important outcomes. There is a "leap of faith" inherent in many, perhaps even in all, actions. We also tend to try and discuss exactly where the "difficulty" in behavior change lies. Is it in the action or is it in all the mental buzz that leads to the activity?

Barriers that can come up and that are great to discuss include things like lack of confidence/motivation/self-esteem/etc., others have to change for me to change, and setting goals that are too lofty or ill defined. Conducting the "OK, you're right" exercise at this point can be a good technique to use. Robyn Walser, an ACT Therapist at the National Center for PTSD at the VA Palo Alto Healthcare System, uses the "OK, you're right" exercise to illustrate the way that barriers (e.g., cognitive fusion) can get in the way of action. Have patients get in to pairs. Ask them to select an individual goal, based on some value that they have had difficulty engaging in behaviorally. Patients write down all the reasons why they are not active in moving towards that goal with each reason on a sticky note. For each reason, ask them to stick it on their shirt and firmly state that they believe that reason to be true. You may even ask them to stand up and declare their belief in that reason. Once the list of reasons is exhausted, have the patient then ask, "Now what?" See if they can actively move towards a goal, even with all of those "reasons" stuck to them.

You may even want to demonstrate this by selecting a goal of "touching the wall on the far side of the room" and generating a list of barriers (e.g., gravity, sore knee, obstacles in the way, you don't feel like doing it, lack of self-confidence/motivation/etc.).

Many previous issues can be reviewed or introduced here - possible examples include: passengers on the bus, the swamp, values clarification, and cognitive fusion.

3. Mindfulness and Observing Self-Exercises.

The observing self-description and mindfulness activities are meant to be methods of helping to defuse thoughts, feelings, and emotions from the committed action process. In observing thoughts as thoughts, feelings as feelings, and emotions as emotions, these aspects of the person are experienced for what they are (e.g., uncomfortable experiences) rather than as literally what is said about those private events (e.g., horrible, dangerous, threatening, preventative from doing what's important). Some suggestions for demonstrating and illustrating the observing self include the chessboard metaphor, thoughts in a parade exercise, or the leaves on a stream exercise – all of which are detailed by Hayes et al. (1999)

"Act on" is a metaphor for taking the conceptualized self out of the committed action process. "Act on" is the result of taking "I" out of "action." In this portion of the session, to demonstrate "act on", it is important to integrate any experiential activity that helps illustrate how patients can "have" uncomfortable thoughts, feelings, and emotions and carry them along while they move in directions consistent with their values. For example, in this protocol we have included an activity where patients write down things on flash cards they are struggle with. These cards are placed in a bag that patients then carry around the room as they would travel towards value-consistent goals. This experiential exercise demonstrates that patients can "have" the unwanted thoughts, feelings, memories, and sensations such as pain AND move in the direction that's important.

Another helpful metaphor to use here is the "Values Compass." A value, as described in a previous module, is a direction towards which one moves in life. It is not a destination or even a stop along a path. Values guide the direction of behavior and goals. To help patients with the "Act on" exercise above, ask them to look at their "values compass." What direction is the values compass needle pointing? Once patients respond, ask them what direction their behavior or action needle is pointing. Are they pointing in the same direction? If not, there is discrepancy. What needs to happen for these two needles to point in the same direction? Either one or the other needs to change direction (i.e., either the value must change or the behavior/action must move directions).

3. Homework

The homework is a simple behavior record. We designed it to also gently begin to move participants closer to independently making decisions on activity. It is an open-ended assignment and the therapist can modify instructions if specific issues arise, at either a group or individual level.

Session 7 - Willingness

1. Primary and secondary suffering.

A review of homework will often provide a nice introduction to willingness. Patients will often bring up how difficult it was to begin to take action because they encountered some uncomfortable consequences, in the form of private experiences, reactions of spouses/significant others, etc. We try to take time to go around the room and review everyone's experiences to arrive at a consensus regarding the number of difficulties that arose. This is often true even when significant success was achieved (so don't forget to reinforce behaviors indicating effort!).

Primary suffering is defined as the initial injury – it is inherent in living. Secondary suffering as the reaction to initial injury. Primary suffering is not a choice; secondary suffering is.

We generally begin by asking the question in the second paragraph of the "Willingness" section. That is, what is the point of values? What is the point of treatment? Discussion can generally be framed around choices, freedom of behavior, and living a valued life.

Two things we usually include:

a) "Joe the Bum" metaphor (Hayes et al., 1999, p. 240). What to do when an uninvited, stinky, rude, and obnoxious guest arrives at your party? Primary suffering is the bum's arrival, our responses contribute to the probability of secondary suffering. Pain, bad moods, etc. are all bums that show up to the party that is our life. A distinction between evaluation or bargaining and willingness can also be formulated. An alternative (especially if you live in England!) is a "walking in the rain" metaphor where one has to get home and can choose to hunch up, grab a newspaper off the sidewalk, and walk as fast as possible (while still getting soaked usually) or can behave differently.

b) A circle with pain in the middle can then be drawn on the board (primary suffering). What patients do about it (and the consequences of these actions) can be drawn in subsequent circles. This exercise often allows some of the less obvious avoidance strategies to come to light – you may want to ask about reactions to pain over the past week or so. Again, the focus is gently on workability – the point is not to beat anyone into submission, but to allow them to honestly evaluate behavior patterns and the consequences of these patterns.

The swamp metaphor fits nicely in with this content as well, if time allows. It can incorporate many aspects of patients' experiences and make a direct connection with patients' values.

2. Commitment and barriers to willingness

The commitment being asked for is not one of success, but commitment to actions that lead to values - even in the face of continued “relapse”. You may want to highlight this distinction.

This is an opportunity for patients to honestly assess whether they are willing to make the effort and go through the hardships that are often required. Again, a potential tricky part is to avoid getting a patient to “give in”, rather, this is a choice.

3. Walking Mindfulness

The treatment team at the Royal National Hospital for Rheumatic Diseases introduced us to the idea of having patients perform mindfulness while going out for a walk. In our experience, it is a nice step towards generalization, independence in practice, and provides a novel method of practice. The instructions are consistent with those of previous mindfulness sessions.

We add in the following:

1. Go alone.
2. Try to leave the building and go outside.
3. Try not to speak to anyone.
4. Walking mindfully may involve a different pattern of walking that is often slower and more pronounced.
5. From time to time, a patient will come back from a walking mindfulness and state that it was hard to walk with closed eyes. Thus, we often explicitly note that this is to be done with eyes open.
6. We set a time to return to the meeting room for feedback –15-20 minutes seems sufficient time to walk.

Feedback sessions follow as before. A short discussion of other “every day” opportunities for mindfulness can be fun to do as well (e.g., eating, resting, brushing teeth, sexual activity).

4. Homework

More work on generalization. You may want to discuss and identify specific homework with specific individuals, if necessary.

Session 8: Wrap-up & Conclusions

1. Values clarification.

A final values exercise is included to reinforce the identification of values in a nonavoidant and nondefensive manner. The exercise is adapted from Wasler & Pistorello (2004).

It involves putting individuals in to small subgroups (2-4 people in each group). Have participants sit closely together, give them a few moments to think, and when ready, stand up and declare one's values in one or more domains. It may be helpful to list the "values domains" on a board to be reviewed by group members.

Instruct each person to stand and state values without rationale or reasoning – just make a statement. The other group members are asked to remain present and focused to the individual's declaration of values. If the other group members feel that avoidance, defensiveness, rationality, etc. are involved in the declaration, they can provide some feedback (gently) and ask for the individual to make the values declaration again.

2. Relapses and Setbacks – Preparation, not Prevention

A relatively standard "setbacks" discussion. We tend to focus much more on "relapse preparation" rather then "relapse prevention" given the chronic nature of pain.

At times, if significant worries regarding fusion with thoughts remains (and are "underlying" some setback worries), we will do a "contents on cards" (Hayes et al., 1999) exercise to explicate what can be done with these (often credible) thoughts and worries. Writing one's most-feared/scary/depressing/etc. thought on a card and taking it along for the ride can, for some individuals, be an important experience.

3. Good-byes

We use this as an opportunity to review treatment, plan for the future, and say farewell. It is also a nice opportunity to review committed action as a "lifelong assignment" and/or provide time to complete post-treatment assessment measures.

**Follow-ups: At various points in the development of this treatment, patients have requested a follow-up group. When requested, we have set-up an informal meeting every month or so for patients to come in and see one another, review successes and failures, and check-in. These have generally been well attended and appear to serve a purpose in maintaining behavior changes, although we have not done any analysis formally of follow-up data.

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Session 1: Introductions and Basic Foundations of Treatments

Thank you for coming and welcome to our group. The *Life with Chronic Pain: An Acceptance-Based Approach* group treatment is for patients with problems related to chronic pain. We hope that participating in this program will help you learn more about your problems and how to manage your life to the best of your abilities even though you have chronic pain.

Session Goals:

1. Why we all are here?
2. Ground rules
3. Introductions
4. Treatment overview and goals of this program
5. Review the basic foundations of this treatment
6. Home assignment

1. Why Are We All Here?

Each person in this group may have similarities such as hometown, outside interests, or careers. Although you also likely have some differences among yourselves, you all have the common experience of chronic pain. The particular problems related to your pain may differ, but all of you have some level of chronic pain that gets in the way of living your life.

Please take a moment and list a few reasons that you are participating in this group. Also, write a few things that you would like to take away from it; that is, how do you want to be different or be doing differently after completing this program? We will come back to your responses in a few minutes.

Why am I participating in this group?	What would I like to learn in this group?
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____

2. Ground Rules

The best way to make positive gains from this group is to actively participate in every aspect of treatment. Here are a few tips to follow so that you can maximize your benefits:

- Come on time to sessions.
- Participate in every session (try not to miss any groups).
- Be respectful of others.
    - Allow everyone a chance to talk.
    - Listen to what others have to say.
    - Be supportive.
- Be helpful and constructive.
- Keep a focus on the 'here and now'.
    - Think about what you can do now and tomorrow about your problems rather than what you didn't, should have, or could have done in the past.
- Complete all activities and exercises
- Let your therapist know if you are having problems with the group or if you are not satisfied as soon as possible.
- Maintain group confidentiality and respect the privacy of others.

Here is some additional information about the group and its format that will be helpful for you to remember:

Your therapist's name is: _____
S/he can be reached at: _____
_____

Your group will meet at the following times for 8 consecutive weekly sessions:

- Day: _____
- Dates: _____
- Time: _____
- Location: _____

For emergencies, call: _____

3. Introductions

Let's use the next few minutes to get to know one another. Please look back to section one, "Why we are all here?" and tell the group a little bit about what you wrote. Please also consider sharing some or all of the following:

1. Your name
2. Where you are from and grew up
3. How you spend your time
4. Hobbies or interests you enjoy
5. Personal goals you have in life

4. Treatment Overview and Goals of This Program

As we have discussed, your treatment is a total of 8 sessions. Each session devotes time to learning new information and skills as well as providing time for group discussion about issues that arise while reviewing program material. Your active participation is very important to maximize your benefits.

We have some basic assumptions that we have used in designing this treatment. These are to help direct the flow of treatment in a supportive, caring environment so that you can benefit from the information and skills taught in a way that will improve your overall well being. These assumptions are:

1. Your pain is **real**. Just because we cannot "see" it or directly measure it, we know that you are in pain every day.

2. Pain is disrupting your life in a negative way and is keeping you from doing what you want to do or need to do.

3. You are ready to make changes in order to decrease the negative impact of pain on your life.

We also want you to know a few things about the treatment.

1. We will talk about difficult things. In response, you will likely feel sad, angry, anxious, and uncomfortable at times. This response is natural and to be expected.

2. You will see expressions of suffering and emotion from others while in this group. This is difficult work and difficult emotions are expected.

3. The treatment will be hard. Living your life with chronic pain is complex and there are no simple solutions. We will help in any way possible, however, the ultimate choice to participate or not in this treatment is yours.

We do not take these issues lightly.

We will take them seriously and will never attempt to use them to our advantage or for personal gain.

You are free to express emotions as you see fit. Do not feel a need to hide them or keep them buried. Again, we will not ever consciously use these emotional expressions in a harmful or inappropriate way.

We ask that you make a conscious commitment to taking part to the best of your abilities. If you cannot do so, this may not be the best time for you to be here.

5. Review of past treatments for chronic pain:

On average, people who have gone through this program have had pain for six years, some people have had pain longer and some for a shorter period of time. For the vast majority of these people, numerous treatments have been tried including medications, injections, physical or vocational therapies, and in some cases, invasive surgeries.

We would now like to review as many of these treatments as you can remember. There is a worksheet on the next page that you can use.

First, we will come up with a list of treatments.

Next, think about how these treatments were of benefit to you over the short and long term. You may want to talk about benefits in the form of pain relief, improved mood, greater ability to function, interpersonal relations, etc.

Also, think about any costs and difficulties associated with these treatments, again over both the short and long term.

While you are doing this, try to focus on *why* these treatments worked or did not work. Was it that they didn't change your pain level, or increased it? Side effects? What about functioning – did any of them help you do more of the things you wanted to do?

Analyzing Pain Treatments: Costs and Benefits

The majority of people who come to us for treatment of chronic pain have had numerous treatments in the past that have attempted to decrease pain's negative effect. We are interested in your experience with these treatments, as well as the results you have attained with them. Please take a few moments and complete the following table.

Pain Treatment	Short-term benefits	Long-term benefits	Short-term costs	Long-term costs	What were the ultimate results of the treatment?

Consider the previous exercise. Have your attempts to eliminate or reduce pain worked for you? What were the costs associated with these treatments?

Perhaps most importantly, did these treatments assist you in the pursuit of living the sort of life you want to live?

For many individuals who have completed this treatment course, pain is a fact of life. It may vary from time to time and treatments may be available to provide short-term relief. The experience of pain, however, continues over time. If there are no treatments available to provide you with long-term pain relief, what are your other options?

6. Conclusions for today.

1. Welcome to the group. We know that pain is a negative impact on your life. We are glad that you have decided to take part in this treatment to assist you with “learning to live” with chronic pain.

2. Your fellow group members are a valuable resource for you. They will be able to provide information and ways of living with pain that you may not have been aware of prior to this. You will be able to do the same for them.

3. Total elimination of pain is the goal of most treatments for chronic pain. For many people, however, this is not obtainable. Perhaps more importantly, the difficulties associated with pursuing pain relief can often come at a tremendous personal cost.

4. **Homework:** Over the next week, take some time each day, perhaps 10 minutes or so, to contemplate your options. Where can you possibly go from here? If pain will be present for the rest of your life, what could you do next? We will discuss these issues next week.

5. We look forward to seeing you next time.

Life with Chronic Pain:
Week 1 Homework

Between treatment sessions, please complete the following sheet. Take 10-15 minutes each day this week and contemplate what possibilities exist that would enable you to live your life even with continuing pain. Try and be as specific as possible.

If you find that you are getting stuck and thinking of only one option or cannot get 'unstuck' from focusing on pain reduction as your only option, perhaps consider what you would do if pain were not present or things that you have done in the past even with pain present that have surprised you.

This exercise will be discussed next week and is an important foundation to build upon. Please take the time each day to complete this homework.

Day	Day of the week	What are your options?
1		
2		
3		
4		
5		
6		
7		

Session 2: Options and Setting a Course for Treatment

Welcome back to the group. Here is what we will cover today:

Session Goals:

1. Homework Review
2. Relations among pain, mood, and functioning.
3. Mindfulness

1. Review of Homework – Options:

Take a look at the options that you wrote down. Is there any common ground between them or do they focus on different aspects of your life?

Think back to when you were completing the exercise. What barriers continued to come up? Where did you get "stuck"? _____

_____

_____

_____

2. Relations among pain, mood, and functioning

Take a moment to reflect on a recent experience of increased pain. As you think back, it can become pretty clear that pain and stress are closely related. Further, by reviewing past treatments, it is often readily apparent that total pain elimination may not be completely possible. Many people with chronic pain are already aware of this fact.

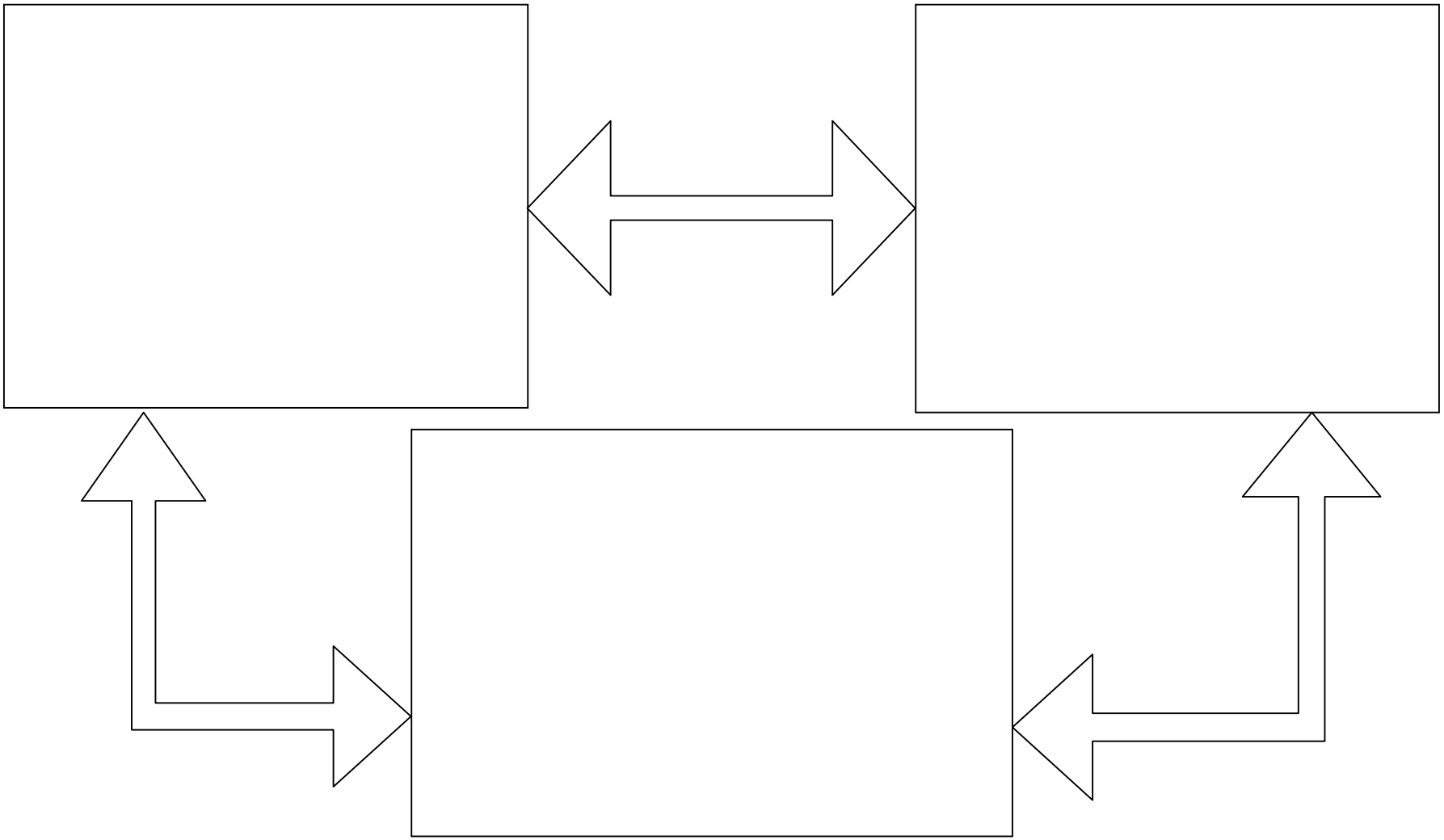
There are a number of other emotions that pain can interact with in either a positive or negative way. Depression and anxiety are the two most commonly identified moods, but positive moods also have a relation with pain. Next, we are going to discuss how these relations work and how we can best take advantage of them to improve your quality of life.

It generally is easiest to discuss the impact of higher pain on mood and functioning. Using the boxes on the next page, write down how higher pain intensity affects your mood and ability level.

ıer Pain Intensity

Physiological sensations, thoughts/mood, and behavior: How are they related?:

What *was your mood like? How were you interacting with others? Where was your attention focused? What behaviors did you do, or avoid, when pain occurs?*



This exercise can clarify the strong interrelations among pain, mood, and functioning. They can often work together to create a "vicious cycle" of increasing pain, distress, and disability. Based on our clinical experience, this is one of the biggest "traps" in chronic pain and becoming caught up in it is common.

Physical sensations, thoughts/mood, and functioning interact in a way that contributes to increasing problems and decreasing quality of life. Is it possible, however, to use these relations in a way that is of benefit to us?

If this is indeed possible, an important question arises: *Where to begin?*

We have three choices: Pain (and other physical sensations), thoughts/mood, or functioning.

> **Pain.** Unfortunately, changing pain is a difficult undertaking. Among other things, the previous review of your treatments for chronic pain may have illustrated that the available treatments do not often lead to long term decreases in pain. Therefore, pain may not be the most appropriate target for your efforts.
>
> **Thoughts/Mood**. Changing thoughts and moods are similarly problematic. It is difficult to change one's mood just by wanting to change it. For example, if you wake up in a sad mood, does telling yourself, "Don't be sad anymore." lead to any change in your mood?
>
> Further, if one tries NOT to think about something, he or she often ends up thinking about it more. There are a few exercises that your therapist may review in order for you to see if you can observe this happening. Additionally, available scientific evidence supports that actively suppressing thoughts generally leads to more frequent occurrence of them. Some evidence from laboratory pain studies indicates that this is true for pain as well.
>
> These findings illustrate the difficulty in attempting to change one's mood or thoughts simply by wanting to change them. So, it looks like thoughts may not be the best target for your efforts either.
>
> **Functioning.** Thus far in treatment, we have defined functioning broadly as "the ability to do the things you want to do or feel you need to do." Functioning may in fact be the area where your efforts will have the most impact. By determining what it is that you want or to do, direction to your efforts can be provided. It may then be possible to plan a method of achieving your identified goals in a way that maximizes the probability that you will achieve them.

Perhaps the next question, then, is, "Can I think or feel one way and behave in the opposite manner?"

One last note: Just because we are suggesting that a focus of efforts on functioning is the most likely to yield results, this does not mean it will be easy. In fact, behavioral change is incredibly difficult. It requires ongoing evaluation and effort. If behavioral change were easy, there would be fewer problems with tobacco use, drug abuse, and obesity in the present world and you would not be in this group right now at this very moment. Difficulty is an integral part of living with chronic pain.

3. Mindfulness.

At times in our day to day lives, it is possible to get so caught up in the "buzz" of what is happening in our minds. These circumstances can make it difficult to focus, and in some cases, may not lead us towards outcomes that we desire. The practice of mindfulness has been defined in a number of ways. Perhaps the most useful definition is, "an awareness of the present moment." One of the tricky things about mindfulness is that it is better to practice it, rather than talk about it or its purpose.

There are many ways of practicing mindfulness and your therapist will use a few of them in the next few weeks. We will practice weekly and you will be encouraged to continue to practice throughout the week.

4. Conclusions for today.

1. To achieve success in the treatment of chronic pain, sometimes it is important to change expectations as well as the focus of treatment. Having realistic desires for treatment outcome is critical.

2. Pain, mood, and functioning interact in a complex fashion; together these interactions can create immense suffering. It is possible, however, that these multi-directional relations can be used for improvement as well. Perhaps focusing on changing functioning will allow the greatest opportunity for improving how you are living your life.

3. **Homework**. Check in with yourself in a mindful fashion a few times each day over the coming week. You may find it most useful to schedule times or maybe it will be a random occurrence that will happen when you notice that you are being mindful. Use the following sheet to record what happened and any other information you think is important.

Life with Chronic Pain:
Week 2 Homework

Use the following sheet to record what you noticed when you "checked-in" with yourself. It may be useful to complete this form every evening so that you can be accurate in recording your experiences.

Just like the last homework exercise, we will discuss your experiences next week. Please take time each day to complete this homework.

Day	**Day of the week**	**What happened?** *Where were you? What did you notice? Did you feel like reacting or behaving in any certain way? What distractions occurred?*
1		
2		
3		
4		
5		
6		
7		

Session 3: "Learning to Live" with Chronic Pain

Session Goals:

1. Acceptance of chronic pain
2. Values
3. Mindfulness and Homework review

1. What is acceptance of chronic pain?

Learning to live your life with chronic pain can be extremely difficult and challenging. Many of the traditional chronic pain coping strategies are well supported through research and clinical observation. These techniques generally give patients a method of gaining control over situations or feelings. Sometimes, however, control methods of coping do not completely eliminate pain and it continues to disrupt one's life and functioning. When this experience occurs, people are often told to, "learn to live with it", "get on with it", or "accept it."

What in the world does it mean to "accept" chronic pain?

Take a moment and think about this word. Does it have meaning to you, what thoughts come to mind, or does it elicit images for you?

_____

_____

_____

_____

Acceptance can be defined as a way of addressing an unchangeable situation or a life experience. It is not the same as defeat, helplessness, quitting, or resigning to a life of unhappiness, struggle, or misery. According to dictionary.com, acceptance is defined as, "the mental attitude that something is believable and true." Accepting that you have pain (or that your pain is true and believable) is different than giving up all hope.

Acceptance of chronic pain, therefore, might entail living a valued life along with having a problem that contributes to pain and suffering.

An alternative way of thinking about acceptance is found in the Serenity Prayer. You may have heard this before:

"Grant me the SERENITY to accept the things I cannot change ~ the COURAGE to change the things I can ~ and the WISDOM to know the difference."

What does this mean to you? What is the message that stands out for you when you read or hear this? There may be a religious meaning for some who read the Serenity Prayer that connects with them on a spiritual level. For others, it can carry a message offering new perspective on living with an uncontrollable problem.

Everyone has had a problem at some point in his or her life that was persistent and was associated with a struggle to remove pain and suffering. With persistent problems of this nature, it can be easy to become stuck focusing on removing that problem before focusing on other aspects of life or before other aspects of life can be enjoyed. It may be very difficult to move on while also having that problem at the same time. It can seem like carrying an overloaded suitcase up a mountain or having an elephant strapped to your shoulders as you walk up a long flight of stairs. In our efforts to remove or control a persistent problem, we can end up doing the very thing that we are trying to avoid or prevent.

Broad field of vision. As we mentioned earlier, it can become easy to stay focused on what is distressing about having chronic pain. “This is too hard, I can’t do it”, or “it’s too painful,” are examples of what may become the primary focus of a distressing experience such as having chronic pain.

Although it also is important to be aware of your feelings of distress at the same time, having a broader focus will help you find new directions that will take you to where you want to be rather than where your pain or other difficult feelings say you should be. Think about this scenario when considering the importance of focus. It’s like taking a piece of paper, poking a pinhole through it, and trying to look through that hole while driving in rush hour traffic.

What would happen if you tried this? It would be hard to maneuver in the traffic without bumping into other cars, right? What would happen if you took this piece of paper away from your field of vision? You would be in the same place but you would have a much better ability to see what’s in front of you and where you want to steer your car.

Just like wearing blinders while maneuvering through a dangerous cliff-side path, you’d be better off taking the blinders away from your vision in order to make it along the path without falling. Keep in mind that a broader field of vision doesn’t change what’s in front of you; that will remain. What does change, however, is the way that you see what’s in your chosen path.

Acceptance is an ongoing process. Remember that acceptance is not "throwing in the towel" but rather it is an ongoing process of learning to live your life fully and completely, day-to-day, without trying to change, alter, eliminate, or control some of the problem(s) you face, especially when those difficulties cannot be controlled or efforts to control them just lead to more heartache. Just as Bob Dylan once said, ". . . the times, they are changing . . .," so too are your experiences, constantly and moment-to-moment. Acceptance never stays the same and never stops; it goes on and changes constantly as you change as a result of your experiences. This entire process requires that you take action in a valued direction while experiencing difficult life challenges. Do something about how you feel, learn to accept the things you cannot change for what they are, and not as they say they are. Commit yourself to action and be aware of all your experiences. Not just the "good" or the "bad" but all of them. Using the skills you are learning, you can be with each moment without the need to change it before you live your life the way that you choose to live it.

2. Exploring Your Life Values

So, how can broadening our focus be done? Right now, you might be aware of the hopelessness regarding the possibility of total pain elimination, which can contribute to thoughts about, "Where to go from here?". These are important questions and we will be talking about something called "values" which could be of use in answering them.

Rather than using your problem as your gauge for moving on with life (i.e., is my problem solved and removed from my life?), an alternative perspective focuses on behavior that leads you towards goals that are consistent with your values in life rather than removing your struggle and then moving on.

Simply put, values are what you want your life to stand for. Values are what you want to be remembered for by loved ones and close friends after you have passed. Values pertain to things that you would be proud to have on your gravestone or as an epitaph. In short, values can be powerful and emotional things to discuss indeed.

Your therapist may lead you through an exercise designed to assist you in identifying some of these values. After the exercise, take a few minutes to write down what came up for you.

Values Exercise

What sorts of things came up during the exercise? What did people say?
What do you want to be remembered for?

1._____ 6._____

2._____ 7._____

3._____ 8._____

4._____ 9._____

5._____ 10._____

What you have listed above can give you a general idea about what values you have. Take a moment to consider which of the above values are most important to you. You may even want to rank them in order of importance.

Next, take an honest assessment of how closely you have been living your life according to these values. Have you been engaged in activities that are consistent with your stated values? Are you doing things that are important priorities for you? If so, how are you able to do this? If not, what is getting in the way for you to accomplish things that are important?

_____
_____
_____
_____

Over the next week, you will be asked to complete an additional exercise to aid with clarification of values. In addition, we will discuss them further at next week's meeting.

3. Mindfulness Practice

Take some time to discuss the homework with your therapist and the other group members. You may want to share things that came up including expected and unexpected experiences, thoughts, emotions, or urges to do some action. Also, what sorts of things did you notice that you may otherwise not have detected, if you did not make a conscious effort. What problems did you experience?

We will do another basic mindfulness practice today and ask that you do it at least once a day for the coming week.

4. Conclusions for Today.

4. Acceptance of chronic pain is not giving up or “throwing in the towel” on living with pain. Rather, acceptance is facing your struggles for what they are as normal human experiences without attempting to control or change them. This process then allows you to move in valued directions in areas of your life that you have defined as important.

5. Values can be defined in many ways. A few ways include what you want your life to stand for, what you find inspirational, and how you want to be remembered. The exercise today may have increased your awareness of the values that you hold. We will discuss values again next week.

6. **Homework.**

    a. Complete the Values Assessment Rating Form that will be handed out to you today. When completing it, keep in mind that not everyone will have values in every domain. Filling out every blank is not the important part, selecting personally relevant values is.

    b. Take 10-15 minutes daily and practice mindfulness.

Life with Chronic Pain:
Week 3 Homework

Values Assessment Rating Form

A value is a direction in life that you would like to move towards (e.g., the direction of West), but that you cannot arrive at, once-and-for-all (i.e., you can always keep moving West). In contrast, goals are attainable destinations in your valued direction (e.g., going to American from Europe). Thus, being a loving partner or a helpful colleague are both values, because you have to keep living like one, or you will cease to be one. Values are important because working towards them brings meaning and satisfaction to our lives.

The following are some possible domains in which people have values. Not everyone will view these values the same, and this worksheet is not a test to find the "correct" values. Please list the most important values that you have in the domains indicated. In choosing your values, only write down those that ***you*** really want to work towards. In other words, before writing one down, ask yourself: "Would I write this value down, if nobody could know that I was working towards it?" If the answer to this question is no, then this is not a true value for ***you***, and you should not write it down.

Try to identify at least one statement of your value in each domain. For each value, rate how important it is on a scale of 1 (high importance) to 10 (low importance). Rate how successfully you have lived this value during the past month on a scale of 1 (very successfully) to 10 (not at all successfully). Finally rank these values in order of the importance you place on working on them right now, with 1 as the highest rank through to the number of values you listed.

Domain	Valued Direction	Importance	Success	Rank
Family				
1.				
2.				
Intimate Relations				
1.				
2.				

Continued on next page.

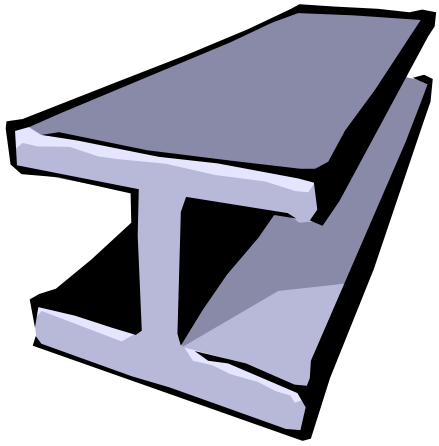
Values Assessment Rating Form (*con't)*				
Domain	Valued Direction	Importance	Success	Rank
Friends				
1.				
2.				
"Work"				
1.				
2.				
Health				
1.				
2.				
Growth/ Learning				
1.				
2.				

Modified from Bond, F. W. (in press). ACT and Stress Management.

Session 4: Values and Action

Session Goals:

1. Values Discussion
2. Barriers to Values
3. Goals and Action
4. Mindfulness



1. Values Clarification and Discussion

Take a look at the homework that you completed and the values you identified following last week's exercise.

What similarities or differences do you notice? What areas did you rank as the most important? Which were least important?

It may be of use for us to take some time and discuss the values you identified. Sometimes values and goals can be confused.

The key difference between values and goals is that values can never be reached, whereas goals can. Values and goals are, however, almost always closely tied to one another. For example, if one has the value of being a loving spouse, they can never achieve the value to the extent that they will be finished with it. On the other hand, if one states that they want to spend time each day talking with his or her spouse in a meaningful, non-distracted way, then that is a goal. The goal is consistent with the value, but they are both fundamentally different. Another less clinical example is that of going west (a value) and going to Hawaii (a goal). Theoretically, one could move west forever.

Other times, the value identified may actually reflect a value of someone else (or even a value society says that I "should" have) or a value in another domain. For example, certain societies may have a tradition of "being an individual" or "conforming to fit-in" and may not truly reflect what is important to the individual, which can at times be in opposition to the message perceived by society.

Take some time to discuss these issues. Your therapist may ask you to get with a partner, so that each of you can discuss identified values, or even refine or clarify values, in a more thorough fashion.

2. Barriers to Values

All values, and their related goals, are going to have barriers that interfere with your ability to pursue them. Some of these barriers are external to you, and some of them may be internal, in the form of fears and worries, perhaps. Additionally, there may be no way to get rid of a few barriers – pain for instance. So, it may be useful to think what is to be done in those cases.

First, take some time to write down three or four of your most important values in the space below. Next, write down a few barriers or difficulties that may make your pursuit of these values difficult.

Value	**Barriers**

As noted above, some of these barriers may be permanent and unchangeable. What is to be done then? Does this mean you give up moving in the direction of your values and the pursuit of your goals?

It may be that a degree of willingness to have some difficulty and discomfort are a necessary part of the pursuit of values. Values provide us with some direction – is it possible to continue to move in a direction even when difficulties occur? If so, how?

3. Goals and Actions

Values can provide a general direction to our lives. Goals can be compared to some of the “signposts” that indicate we are on our way to values. Specific actions are the behaviors that occur, which add up to us achieving a goal. Much like directions while on a journey, values, goals, and actions can provide guidance as we live our lives.

With values identified, it is time now to set some goals. While you are establishing your goals remember to have patience and make your goals:

- Specific
- Measurable
- Realistic
- Consistent with your identified life values

One method of setting goals is to identify a value and then a related single goal. Next, come up with a series of specific actions that will increase the chance of reaching your goal.

Goal Setting Examples:

Top 3 Values/Priorities:

(A) Be a supportive and trustworthy friend.
(B) Take care of myself.
(C) Be a caring/loving spouse/partner/parent/etc.

Goal for value (A)*:* (1) I will coordinate with two friends to arrange a special trip to occur once a year where we can get together for a weekend visit, spend time together, and travel to a place where none of us have been before. This yearly activity will be exciting, interesting, and will support lasting friendships.

Behaviors for value (A) long-term goal (1): (a) I will set aside 10-15 minutes twice a week to either write a letter or telephone a friend who I have not been in touch with in over 3 months. It will be fun and feel nice to be in touch with old friends again. (b) I will go out to lunch or to coffee with a friend once per week. (c) I will begin to save $10 per week in order to fund the trip. (d) I will check the Internet and travel brochures to find a place that is affordable and where I would like to go.

Goal for value (B): (1) I will lose 10 pounds.

Behaviors for value (B) long-term goal (1): (a) I will spend two hours this weekend at the library researching ways to improve my diet to be more balanced and healthy. Learning more about healthy eating is something that I’ve wanted to do and achieving this goal will make me feel good. (b) Schedule and attend my

two annual appointments with my primary care doctor. By keeping my medical appointments I will not only learn more about how to live a healthy lifestyle but will also feel more confident in my health knowing that I'm putting forth great effort to be committed to myself. (c) I will start walking for 15-20 minutes twice per week.

Another goal for value (B): (1) Improve my ability to decrease pain's negative influence on my life.

Behaviors for value (B), goal (1): (a) Check in with myself every morning to determine my options for the day and how my actions are impacting the things I value. Performing this action daily can aid me in determining what is truly important in my life and taking the actions that are appropriate. (b) Take a moment each day to notice the effects of my activities on my mood and pain, regardless of whether they are helping or hurting me and my quality of life. (c) Do something each week when pain is present, even if it is a small, easy action. This can illustrate to me that I am in control of my life, not pain.

4. Mindfulness Practice.

We are going to broaden out our practice of mindfulness this week by including not only our breathing, but also other things occurring in the body as a whole. Throughout the exercise, take the time to notice what your body is doing. Also, notice when you are getting "caught up" in your body's activity, rather than simply taking note of it.

5. Conclusions for Today.

1. Values define our reasons for living. Although other things happening can at times obscure them, they don't seem to change and never appear to be truly forgotten. Keeping track of our values, and where we are in relation to them, can provide our lives with direction.

2. The identification of goals and actions follows directly on to value identification. They are the ways of living that allow us to live our values. There will always be identified barriers to living our values and achieving our goals. Nonetheless, knowing where our barriers lie allows us to prepare to deal with them to the best of our ability.

3. **Homework.**

a. Complete the goals and action worksheet that is attached. If you find yourself having trouble thinking of actions and goals, refer back to the goal setting examples discussed today for assistance. We will integrate your identified goals and actions, as well as values, throughout the remainder of treatment.

b. Take 10-15 minutes daily and practice mindfulness. Use any of the methods that we have used so far – you may even want to use a mixture of methods.

Life with Chronic Pain:
Week 4 Homework

Select a single value and list it below. Next, identify a single goal that is consistent with the identified value. Finally, list at least three specific behaviors that will assist you in achieving the goal. If you are having difficulty, refer to the examples in the last few pages for some assistance.

A. Identified Value: _____

1. *Goal:* _____
   _____
   _____

   a. Specific Behavior: _____
      _____

   b. Specific Behavior: _____
      _____

   c. Specific Behavior: _____
      _____

B. Identified Value: _____

1. *Goal:* _____
   _____
   _____

   a. Specific Behavior: _____
      _____

   b. Specific Behavior: _____
      _____

   c. Specific Behavior: _____
      _____

C. Identified Value: _____

1. *Goal:* _____

   _____

   _____

   a. Specific Behavior: _____

      _____

   b. Specific Behavior: _____

      _____

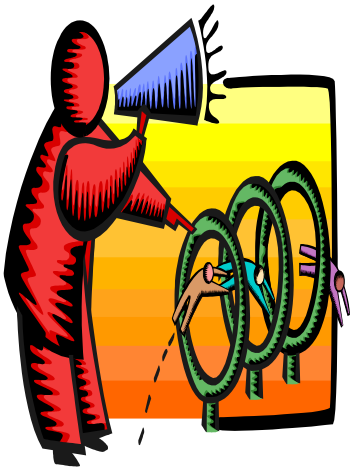
   c. Specific Behavior: _____

      _____

Session 5: Urges, Thoughts, & Feelings

Session Goals:

1. Homework Review and Activity Pacing
2. "What if's", "yes, buts", pop-up ads, and other tricks of the mind
3. Mindfulness



1. Homework Review and Activity Pacing

Take a look at the goals and actions related to values that you identified over the last week. What were your experiences with having to set goals/actions in such a structured manner? Was it easy? Difficult? Did you mind ever pop in to encourage you to change goals, perhaps telling you that you were not doing enough?

One of the major problems in chronic pain is presented by the mind often demanding that we do more. If chores are piling up, we may be "guilted" in to doing them by our own minds, even if that means spending the next few days in bed. Operating in this manner, where activity cycles from high to low, can be incredibly problematic.

Beginning to pace activities is often one of the most difficult adjustments that individuals with chronic pain have to make. Activity pacing is a method of increasing daily activity in a structured fashion to achieve consistency, even when pain is present. It decreases the chance of falling into the trap of basing what you do solely on how you are feeling.

Typically, individuals with chronic pain do less when pain is more severe. Additionally, as less is being done, the work tends to pile up. Perhaps you can relate to this fact – when you hurt more, do the dishes and laundry pile up, the house get dusty, and the lawn not get mowed? If this does happen to you, the "trap" that you can fall in to is trying to get everything done on days when your pain is lower. What is the effect of trying to get everything done on low pain days?

Most people will answer that question by saying that they get a number of tasks finished; however, the pain is so severe the next day that they again are disabled by it. This can contribute to a "roller-coaster" pattern of functioning that can be quite problematic because: (1) functioning never becomes consistent and (2) the amount that can be done on low pain days starts to decrease over time.

Illustration of the "avoidance" pattern of functioning:

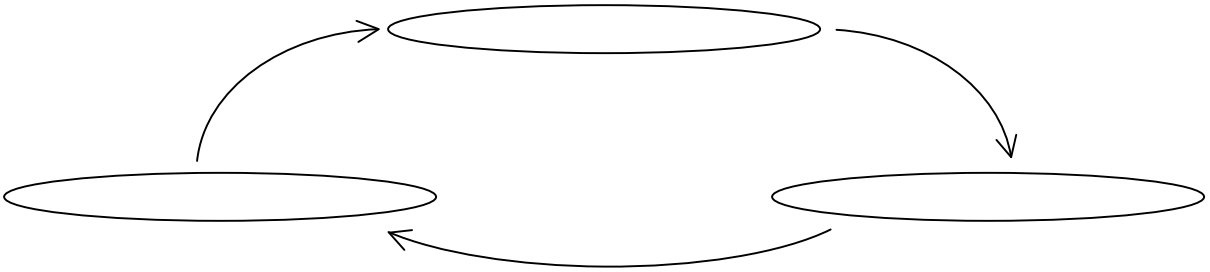
OVERACTIVITY

Task completion and prolonged rest

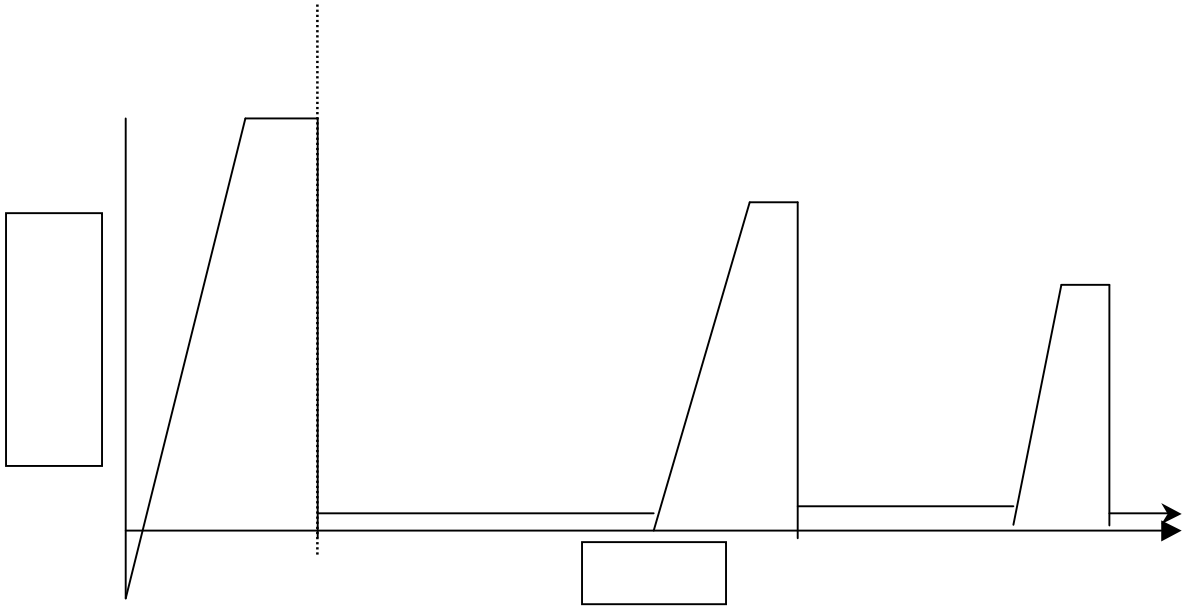
PROLONGED REST

INCREASED PAIN

The typical roller coaster of activity is represented by the following illustrations. First, the normal way of doing things:



If observed over time, levels of functioning and activity can begin to look something like the following.



An alternate to the “roller-coaster”, or activity cycling, way of functioning is to pace activities. Simply put, activity pacing means that you do a little bit more than you would typically do on days when pain is severe, and a little less than you would typically do on days when pain is low In other words, it is about activity consistency. The key here is to change your unit of measurement from task completion (or pain level) in the short term to consistency of activity over the long term, followed by scheduled, time-limited rest. What’s more is that this can be done in a safe, productive way that will be consistent with your values and goals. Another benefit from activity pacing is that it maximizes your “up time” and decreases your “down time” over the course of a week.

2. Tricks of the mind.

When we talk about the human mind, what is it we are speaking about? And, is this mind helpful or harmful?

It’s probably both – the mind has allowed us to radically advance as a species. It also appears to cause us a few problems. For example, when is the last time your mind identified a particular strength of yours? When is the last time it pointed out an imperfection?

Has your mind ever told you that you were perfect in every way? How about telling you that you were a total failure?

Often, the human mind seems to focus on the negative. Unfortunately, it looks like we are just made this way. Based on earlier sessions, we have discussed how hard it is to change the mind (or the thoughts and moods that it is made of) just by wanting it to change. So, we are stuck deciding what to do with a mind that can, at times, be hard to live with.

Your therapist will discuss some exercises with you as we explore the funny things that the mind can do. Throughout these exercises, we would encourage you to take a quizzical view of the mind – that is, try to notice what it is doing without reacting. This may be somewhat the same as what you notice you are doing while exercising mindfulness.

Feel free to notice when you feel defensive about the content or worried. Take the time to notice exactly what is happening in that moment.

3. Mindfulness

You may have noticed by now that there are many, many ways of practicing mindfulness. We only have the chance to do a few in here. However, every moment of every day is an opportunity to open ourselves to the many things that are occurring right then and there. It does not matter whether it is sitting in a room with your eyes closed

attending to your breathing, watching the sunset, eating lunch, having an intimate occasion with your partner, or taking a walk. Each of these instances are opportunities to simply observe what is happening in the moment.

Today, we are going to practice a simple awareness exercise. We will not focus on any particular body part. We will simply notice what is happening right at that very moment in time.

4. Conclusions for today.

1. Pacing and "activity cycling" are two different ways of performing. Each brings about it's own advantages and difficulties. Choosing which way to perform in a mindful, honest, and aware way may allow better choosing of how to perform.

2. Although our ability to think has contributed much to our lives, it also can come with a cost. We can sometimes be "our own worst enemy" if we take the content of our minds, and what it tells us, too seriously. The trick here is not to struggle to change how our minds work, we seem to be "programmed" to operate in this fashion. An alternative approach is to be mindful and aware of what the mind tells us and whether the information provided, and subsequent action taken, is consistent with our values and goals in life.

3. **Homework:**

    a. Review your homework from last week. Check in with yourself on each identified ***goal and action*** to explore whether any of them: (1) could be further divided in order to allow better pacing and, ultimately, increase the chance of success, (2) is the product of your mind telling you that you "should" do, rather than what you value, or (3) can be changed to be more consistent with your values.

    b. Next, select one or two actions to perform on the majority of days between now and the next session. Record your performance on the attached sheet. More importantly, record the ***results*** of your performance with regard to values. There are extra spaces to allow you to record multiple activities per day. See if its possible to perform these actions, or something resembling them, even if you experience a day filled with pain, difficulty, or discomfort. Feel free to use additional sheets of paper if necessary.

    c. Take 10-15 minutes per day and continue practice of mindfulness. Use the time to note any observations or results of practice on the attached sheet.

Life with Chronic Pain:
Week 5 Homework

Weekday & Time	Action *(What did you specifically do? What values are associated? Where did you do it? What was happening?)*	Observations *(What were the results? What would you do differently next time? Were you surprised? Could the action contribute meaningfully to your life if continued? What got in your way?)*

Session 6: Action – Getting Your Feet Moving

Session Goals:

1. Progress Update: Check-in
2. Planning for Action Versus Action
3. Mindfulness and the Observing Self
4. Taking the "I" out of Action
5. Mindfulness

1. Progress Update: Check-in.

As of right now, we are more than halfway through this group. Today is an appropriate time to reflect on the treatment process thus far. First, how did the past week go for you? How was the practice of pacing skills and being mindful of your activity level? Take a moment to answer the following questions by comparing what you are doing now with what you were doing before the treatment began:

1. What you have learned? _____
2. What are you doing differently? _____
3. What do you still need to change? _____
4. What important issues have not yet been addressed? _____

Taking the time to review progress periodically can be an important part of living with a chronic condition, such as pain. This review serves much the same purpose by increasing awareness both about treatment progress thus far and areas in need of our attention.

2. Planning and Action.

In reviewing the treatment thus far, it can become apparent that we have taken an approach that requires some careful and deliberate thought. It may have required you to question many logical assumptions that you had regarding pain and emotional discomfort. It may have involved careful planning and attention to detail. All of these processes are important. They have essentially involved planning for an action.

Unfortunately, planning for action is distinct and different from taking action. There is a saying about the "best laid plans" that suggests planning, although important, does not guarantee an outcome. So, we've come to a point of decision: action or inaction? Which directions do you choose and are these directions worth it to you?

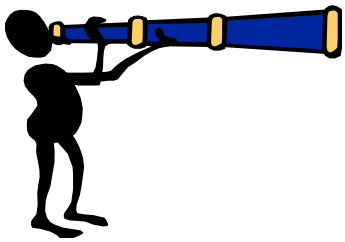
Planning is part of the process but it is not the same. Moving your feet in the direction that you have stated to be important and of value to you is essential. As you may have experienced so far in treatment, things get in the way of your feet moving even though you have taken great efforts to plan and prepare for action. What barriers have gotten in your way?

Often, just when we begin to take action or change behavior, something gets in the way. Someone who has quit smoking recently invariably has a stressful day. A person with chronic pain who has recently begun to do more may have a day of increased pain for no particular reason. Obviously, these experiences present barriers to continued action – it is easier to stop. However, in what ways does stopping behavior impact values and goals? In some cases, it might directly interfere with your ability to pursue your values.

When barriers come up, there is a tendency to focus on those barriers and lose sight of other things that are occurring. We might even use those barriers as reasons to stop. For example, "Well, I had a stressful day, so I deserve a cigarette." Or "Wow, I hurt today, that's reason enough for me to not get out of bed." Behaving in such a way could clearly impact the pursuit of values if there are identified values of being healthy or using a day productively.

So, what are your barriers? Do you ever "buy in to them" as being true immediately? Does this ever cause problems or difficulties? What is to be done when this occurs? Perhaps an exercise asking you to buy in to these barriers immediately could be helpful. Your therapist will explain the exercise in more detail.

3. Mindfulness and the Observing Self



The way that we see or consider ourselves can be greatly influenced by the way that we say we ***should be*** *or* ***how we must act****.*

For example, “I should not experience anxiety because anxiety is bad and it makes me look foolish in front of my friends” and “I cannot spend time with my son at his ball game because my back pain will get worse and I’ll ruin the day for everyone” illustrate what might be said that gets in the way of doing what is important. Subsequently, by trying to control these experiences, there is a decrease in time spent with friends for fear of having anxiety and being supportive of your son for fear of having pain.

Rather then listening to the experience (what actually happens in a situation), what we say about our experience in a situation can adversely impact what you actually do. Therefore, learning to identify private experiences (e.g., negative thoughts) that get in the way of valued direction, giving up attempts to change and/or control them, and responding to our actual experience (rather than what we say about our experience) can lead to greater flexibility in allowing room for uncomfortable experiences such as anxiety and pain while doing what you most value in life (e.g., time with family and friends).

But don’t listen to a word of what we are telling you; listen to what your experiences tell you. Through mindfulness exercises, similar to what you already have been doing in treatment, you can experience the observing self as different from who you are actually according to your experiences. These exercises also can assist with raising moment-to-moment awareness, which we have discussed a few times so far in treatment.

To begin, ask yourself; is it possible to be separate from your thoughts, feelings, and emotions? Can your thoughts, feelings, and emotions be just that: thoughts, feelings, and emotions? Can you be an outside observer of those experiences and see them for what they are and not as they say they are? That is, can you remove yourself from the perspective that thoughts, feelings, and emotions say that you are “bad, broken, wrong, negative, etc” and observe those experiences as part of you and not *as* you? If you cannot imagine that, can you be willing to try if it means *doing* what is most important to you?

4. Act On: Taking the “I” out of Action

Now, being as you are and not as you say you are involves taking the “I” out of action. In other words, you will “act on” and carry with you thoughts, emotions, and memories that you may have struggled with in the past. Act on means rather than listening to what your thoughts, feelings, and emotions say about you or an event, you press forward with what’s important (committed action) and listen to your experiences. By way of committed action, you will have more experiences towards which to listen and more room to be flexible to allow uncomfortable experiences to exist while doing what is important to you. Being mindful of your “internal” experience and moving in valued directions with them is the essence of committed action. Allow yourself to be as you are, not as you say you are.

As a group exercise, write down on flash cards anything that you struggle with. For example, anxiety, pain, anger, shame, disappointment, depression, low motivation, etc and then place that card into a bag. Once you have listed as many things as you can think of that you struggle with each day and placed it into a bag, pick up that bag and begin to walk. Walk in the direction that is important to you related to family, friends, career, personal growth, or health. Notice what your experience tells you here. With all these 'things' that you carry in your bag, you can still do what?

Put your values, preparation, and mindfulness practice into action and go out and do what is important to you. "Act on" and notice what your experiences tells you in the situations you encounter while pursuing what you value. Look towards your values compass and determine if your actions are pointing towards your valued direction.

5. Conclusions for Today.

1. Reflecting back on how treatment has gone can provide perspective on where you are now, where you have been, and what you have done to get here. It is another way of being mindful about where you are at this point in time.

2. Values and goals can lead you to committed action, but taking the steps necessary to actually act can be scary. The thoughts, feelings, and emotions we have can still be perceived as barriers. Ask yourself, must I be free from these barriers before I act? The difficulty may lie in struggling to be free from barriers, rather than in the taking of action.

3. The process of action allows learning to occur. Trust your experiences to tell you what is true for you. You need not believe anything that anyone tells you (including your therapist!) if a true and honest evaluation of your experience tells you differently.

4. **Homework**

    a. Commit yourself to action. Take the activity that you spoke about during the "Yes, you're right" exercise and begin to get to work. You may want to ensure that the activity is consistent with your goals. Track progress, difficulties, and experiences over the week and take some time daily to review. A sheet is attached. Take action as often as is necessary - make your own choices regarding what works best for you.

    b. Take 10-15 minutes daily and practice mindfulness.

Life with Chronic Pain:
Week 6 Homework

Day	Results

Session 7: Commitment

Session Goals:

1. Willingness
2. Commitment to the barriers
3. Mindfulness

1. Willingness.

The concept of willingness entails a certain behavioral quality. It involves actively taking part in an action and often invites uncomfortable thoughts, feelings, and sensations. For most people with chronic pain, bending to pick up a child or grandchild involves a sharp increase in pain. So, why do it?

It may be a value for them, right? Sure, possibly it is a value for them. But, what do values do? What is the point of all the work you have done up to this point it treatment?

It may be that the point is to behave freely. We could also say the point is to behave flexibly. Notice, we did not say be free, as in, free from suffering, hardships, or problems. You did not choose to be in pain, but you can choose how to respond to it.

Therein are some areas of difficulty.

Willingness does not involve bargaining ("I'll have some sadness/pain/fear, but only if it is not too bad and if it is on my terms.")

Willingness can be scary and may involve some discomfort. It involves these feelings because they are normal.

Willingness is not passive and does not involve manipulation. Rather, it is a choice regarding whether or not we are willing to have uncomfortable experiences and feelings as we pursue our values and goals.

Willingness is not lying to yourself by distracting and ignoring the reality of your experiences.

2. Commitment to actions and values even with barriers.

So, are you willing to make a commitment to taking action regarding your values and stick to it? Even in the face of barriers that will continue to come up?

Take a few minutes and think again of your personal, dearest values. What is going to get in your way? Think also about content from your mind that will come up? What will your mind throw at you along your way? What prior experiences will cause trouble?

If you are ready to commit, do something, *right now.*

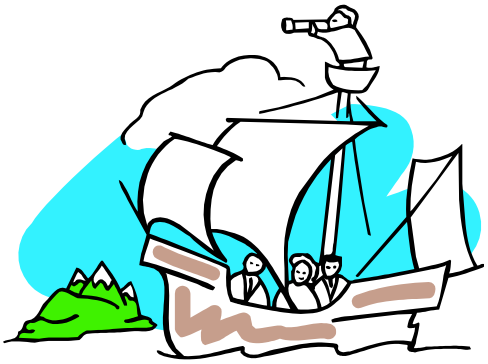
3. Walking mindfulness

Over the past few sessions, we have practiced mindfulness in a number of different ways. You may have begun noticing some different things in your day-to-day life that are related to this ongoing practice. Today, we are going to ask you to take a walk in a mindful fashion. This is another link in the chain of generalizing the things that you do in here to the world outside of treatment.

4. Homework

There is no real "homework" this week. You are hopefully at a point of making your own decisions about what works best for you. We would recommend continuing with taking committed action towards your goals and values. You may also want to continue with mindfulness practice.

Session 8: Lifelong Maintenance



Congratulations! Today marks the end of our treatment program. Well done! Although you are reaching the "finish line" in this treatment room, you also are reaching the "starting line" of life with chronic pain in the absence of a treatment group.

You now will begin your journey without the group you have been part of for the past eight weeks. Throughout treatment we have discussed many issues – one important one related to the constant change inherent in all our experiences. And now, too, your treatment is changing (as it always has been from the beginning). You may have changed as well and may have made substantial changes across many areas of your life.

We hope that the group has been useful. You will continue your journey learning new strategies, skills, and perspectives, some of which may be pleasant, easy, and helpful, and others that will be difficult and painful.

Session Goals:

1. Commitment
2. Relapse prevention and setbacks
3. Saying good-bye to the group
4. Lifelong assignment

1. Commitment.

Many times over the course of this treatment, we have talked about values, goals, and commitment. We have one last commitment exercise to do with you. It will involve getting into a group and declaring one or more values to your fellow group members. Take some time to select your value and simply declare it – there is no need to defend it, rationalize it, or give reasons – it is what you value and that is all that is needed for this exercise.

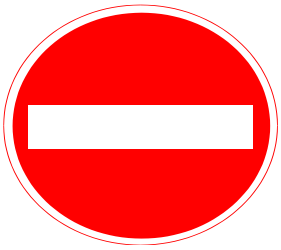
Your fellow group members will serve an important purpose. They will be asked to listen to your declaration in a present, attentive, and caring manner. They will also be asked to listen for rationalizations or defensiveness and point those out to you if they exist. When you are listening to others in your group, we will ask you to do the same.

2. Relapse : What is it and will it happen to you?

What is Relapse? When you hear the word “relapse”, what are the thoughts, images, and/or expectations that arise for you? Does this word touch a nerve? Does it have good or bad connotations?

Often, we think of relapses as they pertain to drug or alcohol abuse. Thus, someone “relapses” after a period of abstaining from a substance and beings to use it again.

When we are discussing chronic pain, however, what does a “relapse” look like?



A relapse is not necessarily an increase in pain. We know that pain will increase and decrease based on a number of factors, some of which are under your control and some of which are not. Typically, a relapse occurs when functioning decreases – so when someone begins to discontinue the values-oriented pursuit of goals or effective pain coping strategies are no longer used.

Relapse vs. Setback. The literal definition of relapse includes falling or to slide back to a former state, regress after partial recovery from illness, or to slip back into bad ways; backslide. A setback is something that temporarily slows you down. It is not total failure or close to it to encounter a setback. In this sense, a setback is an unfortunate, frustrating experience that hinders or impedes progress for a period of time. Who hasn’t experienced something like this in your life? Why wouldn’t hitting a bump in the road be frustrating or upsetting? Of course it will be upsetting; some times more than others. Nonetheless, you can continue in a valued, forward direction, even in the very moment that a setback is occurring.

Identification of setbacks. What are some examples of setbacks that may occur for you in the future? Perhaps you’ve already encountered a few setbacks while you’ve been in treatment. What have they been and what was it like for you?

_____
_____
_____
_____
_____
_____
_____

Setbacks often occur in high-risk situations. High-risk situations act like obstacles that might interfere with you practicing and applying the skills that you have learned in this group. Examples may include failure to an established goal, pain exacerbation, unsupportive friends, conflict with family, and recurrent stress.

What are some other high-risk situations that you have either faced in the past or that you have identified on your own? Write these situations in the space provided on the next page.

Examples of High-Risk Situations

Flowing with Setbacks. As you probably can see from your list above and the discussion in the group, setbacks can present themselves in many different ways. To help you better flow with setbacks, or ride the wave, we will review four steps that can be useful when you find yourself in the midst of a relapse.

Step 1: Stop what you are doing and attend to the fact that a setback is occurring.

Step 2: Take a moment to gather your thoughts (perhaps by remaining mindful).

Step 3: Review the situation leading up to the setback.

Step 4: Establish an immediate plan for action to allow your actions to remain in line with your personally chosen values and goals.

When you notice that a setback is occurring, stop what you are doing and attend to it. Once you feel that you have reached an appropriate level of focus, examine the situation leading up to the setback and ask the following questions:

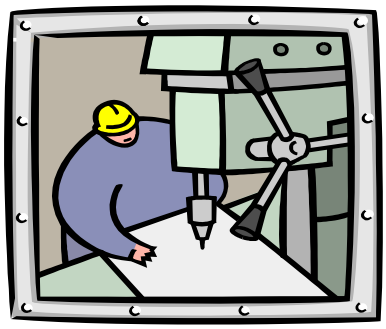
Where were you when it started?
What was going on in your immediate environment?
Who was with you?
Was there an identified trigger?
Did you have any particular thoughts, feelings, or physical responses that were associated with the setback?

Asking these types of questions can help you review and understand the situation leading to the setback. Having answers to these types of questions can help you develop a specific plan for immediate action.

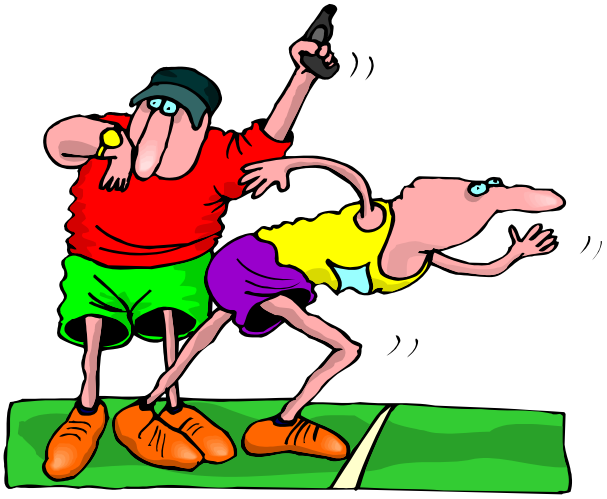
Perhaps your plan will involve asking for help, taking a few minutes from work to go for a walk so that you can "decompress", being mindful, or calling a friend for support. The plan that you establish should be quick and easy to use in the moment that you are having a setback. Can you think of some additional plans to use during a setback? Having a few on hand can facilitate riding the setback wave.

Equally as important to the plans that you establish during setbacks is what you do before setbacks appear. Preparing for setbacks can reduce the total number you experience and/or reduce their severity when they do occur. As needed, ask for help from others. If you are having a particularly difficult day, find a friend or family member to help you feel supported. Finally, patience and hard work will help you flow with setbacks. Know that setbacks are part of the treatment process and you may have many setbacks from time to time. Being prepared will ensure that a setback does not become a relapse.

The bad news: Expect Setbacks. No matter how much progress you've made in treatment, there will be some times in the future when things don't go as well as you'd like them to go. As you may now understand, however, setbacks and difficulties are a part of living this human life. Whether they occur or not may not be the issue: how we respond to them may be what's important.



3. Saying Good-Bye



For those with chronic pain, pain is an experience that may be part of life for a long time. Critically think about how you can use the experiences gained from treatment towards living your life fully so that you can maximize all that you can from it. Putting each component of treatment together will help you. You have this workbook to refer to if you ever want to practice the skills again on your own. You can even take the workbook to a counselor or therapist and ask him or her to help work with you on these exercises or suggest some other exercises for you to do.

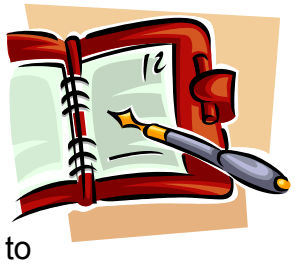
If you didn't make as much progress as you would like, think about what you can do to change this in the future. Ask questions in this session for ideas and further recommendations for improvement. Some people have the expectation that they will be able to get rid of all their chronic pain, permanently. As you may recall from the first few sessions, removing pain from your life may not be possible. After all, pain is something experienced by everyone at one time or another.

Finally, some people just need some more time to practice and consolidate their skills. Don't be afraid if you did not make as much progress as you would have liked. Remember, these topics are very difficult. You may continue to make progress for months, or even years, following today.

Thank you for taking part in this treatment group. We hope that it has helped you learn some new things about your pain, and we are grateful to you for helping us learn how to help patients with chronic pain. We wish you all the very best.

Take some time to say good-bye to others with whom you have walked down this treatment path. While learning new skills, sharing experiences, and hearing about other's challenges living with chronic pain, you may have made meaningful connections. This is a good time to share with them any thoughts you have about them being part of your treatment process.

4. Lifelong Assignment



Your lifelong assignment is to live your life.

Remember that every experience is constantly changing. All experiences will pass; both “good” and “bad” times will be followed by something new. Know your values and keep them in front of you. Move towards the goals that get you closer to your values. Don’t forget to stop and smell the flowers along the way, even when you feel like you are stuck.

Good-bye and take care.