



# POPS

## ONE PAGE CBT FOR PATIENTS WITH CHRONIC PAIN

The following is a brief description of how to think more realistically about your chronic pain

**P** **AUSE** Take a few deep slow breaths. Stop reacting to whatever is around you. Try and relax and centre yourself. This is a good time for controlled breathing (Breathe in for count of five, short pause, out for count of five, short pause, repeat).

**O** **BSERVE** What is going through my mind? What am I thinking and feeling? What is the story I am telling myself? It might be “Oh no, there is the pain again”, it might be “This is never going to end” , or it might be “I have to find an answer for this pain”. It might also be more personal “If this goes on I will lose my job” or “I am going to end up in a wheelchair”. How are these thoughts making me feel? Are these thoughts feeling or fact? Are they literally true or opinion? Are they helpful to me at this point (even some things that are true are not helpful to dwell on!)? If you have done the CBT links - ask whether you are falling into any thinking traps. Are you giving a certain meaning to things “this pain means that...”

Some thinking traps which you might observe are:

- Catastrophising: Thinking the worst will happen
- “What if”: Running over the future in your mind and asking the question “what if”, without accepting any solutions. For example, “what if I lose my job?” without accepting the answer “I will have to look for one I can cope with, or retrain”
- Self pity: Feeling sorry for ourselves is natural, but if prolonged it becomes harmful and makes us despondent
- All or nothing thinking: for example “If I can’t go out walking anymore I will become really unfit” – “I will need to change my exercise to swimming, short walks or yoga” would be more realistic/helpful.

**P** **ERSPECTIVE** Is my reaction appropriate? When I am older and wiser what will I think of this? How much will this matter in five years time? What would a good friend make of this? Try a “birds eye” view – imagine you are flying over this scene, watching it with understanding and insight. What would you think of it? What would you advise? Is an actual event happening, or am I reacting to my thoughts?

**S** **ET YOUR SAIL** Make unrealistic and negative thoughts more reasonable. Don’t try not to think about negative things, you can’t “empty your mind”, instead, replace them with more balanced and positive thoughts which reflect your values. “I know I have pain right now, but it is important to me to finish this task for my friend”, “Pain does not have to stop me enjoying things”, “Right now this is difficult but not all days will be like this”.



# MAPS



## MANAGING PAIN SKILLS

Information for patients on the MAPS Course



## Many people have chronic pain, and help is at hand

Around 20 percent of people in the UK, US and Australia have chronic pain. We now have a much clearer idea about what causes pain to become chronic and how to approach this problem. MAPS is a 7 session course for patients designed by GPs and the NHS Highland chronic pain service, to help patients with chronic pain. MAPS is a scientific approach based on modern understandings of what causes chronic pain and how it can be alleviated. Traditional approaches, particularly the prescribing of powerful opiate related medications are now known to be of very limited benefit in long term, non-cancer related pain. However, new approaches are emerging which are safe and effective. MAPS is a short course which employs treatments which are being applied in pain clinics around the world. It may be helpful to realise that it is not your fault that you have chronic pain: You may not be responsible for where you are right now – however, you can change the future impact which chronic pain has on your life. MAPS will help you to do this. Many patients have been able to get back to social and physical activities and even back to work after a MAPS course.

### MAPS aims to:

- Help you understand what chronic pain is and what causes it
- Help you develop a range of skills and strategies which will allow you to experience less pain, worry less about pain, and manage your pain better
- Help you get back to enjoying more activities
- Feel more in control of managing your pain.

This handout/PDF is provided as a useful support for the MAPS course. However it is not intended that you can simply read this patient guide and “have done MAPS”.

If your practice does not provide a MAPS programme they may have something similar and you might find the links in this guide useful.

## Some Important points about MAPS for patients to remember

Chronic pain is both a physical thing and an unpleasant experience – these can never be separated. The mind and body are joined by a very complex neurological network which in turn is affected by hormones, by the way we think (sometimes called “*cognition*”) and by the worries and beliefs we have about our bodies and our pain. A positive mindset, good diet, meaningful activity and strong relationships all make pain feel less troublesome – this is the case regardless of the cause of the pain. MAPS will teach you some ways to cope with and improve your pain. Making a commitment to finding out more about chronic pain, learning some skills for dealing with it and pledging to apply at least some of these discoveries will help you get most benefit from MAPS.

***As a minimum you should be prepared to spend 20 minutes three times a week working on the MAPS resources.***

### Common questions:

*You are asking me to work on new thinking patterns – are you saying this is all in my head?* No, definitely not!. Modern medical science does not think of the mind and body as separate. Our emotional state effects our physical body ( remembering a sad time can make our lacrimal glands produce lots of fluid – when we cry) , and our physical health affects our emotional state and thinking.

*Can you cure my pain?* That’s unlikely, but MAPS is highly likely to reduce your pain. Accepting that pain cannot be totally removed can actually be a helpful part of recovery, allowing us to move on from constantly dwelling on our pain, or spending lots of effort and emotion looking for a cure.

## The Physio Sessions

The physiotherapist has special training in Chronic Pain and will work with you for up to 4 sessions. You might find these resources helpful during this time.

### Relaxation exercises

Breathing exercises for stress are some of most easily learned and effective ways of dealing with stress. See

<https://www.nhs.uk/conditions/stress-anxiety-depression/ways-relieve-stress/>

Or the NHS sponsored stress reduction video

<https://www.nhs.uk/Video/Pages/anxiety-control-training-podcast.aspx>

You might want to watch this video which shows you two of the best treatments you can have for your chronic pain and other aspects of health!

<https://youtu.be/aUalnS6HIGo>

You may find the resources from the NHS exercise site useful including the fitness videos on stretching, pilates etc:

<https://www.nhs.uk/conditions/nhs-fitness-studio/>

## Finishing off and Rounding up

Well done and thankyou for engaging with MAPS. The best results are through continuing to use the learning afterwards. You will be asked to complete the modified pain/disability index wherever you finish the programme – this helps your GP understand whether the programme is successful.

You may want to keep these resources to help remind you in the future.

The following page you will find a one page summary of the CBT approach to chronic pain – very useful if you don’t have a computer or are away from it.

If you have any feedback on how to improve MAPS please contact Dr Alistair Appleby: [alistairappleby@nhs.net](mailto:alistairappleby@nhs.net)



**MAPS is supported by the Scottish Government through the “Realistic Medicine” initiative**





## Introducing CBT

CBT (cognitive behavioural therapy) is probably the most powerful approach to chronic pain – it also improves sleep and mood. This is probably the single most important part of the programme.

You are expected to spend 20 minutes  
3 to 5 times per week working on  
CBT - that's a big part  
of how MAPS  
works.



You can find resources here:

1. Web – based ones: There are few online resources which use CBT specifically aimed at chronic pain sufferers. However the moodjuice site – either “depression” or “anxiety” tabs have good CBT resources.

<https://www.moodjuice.scot.nhs.uk/Anxiety.asp> and <https://www.moodjuice.scot.nhs.uk/Depression.asp>

2. If you do not have a computer or cannot use one your GP may offer you the “one page CBT for chronic pain” or “POPS sheet” resource available at the end of this guide.

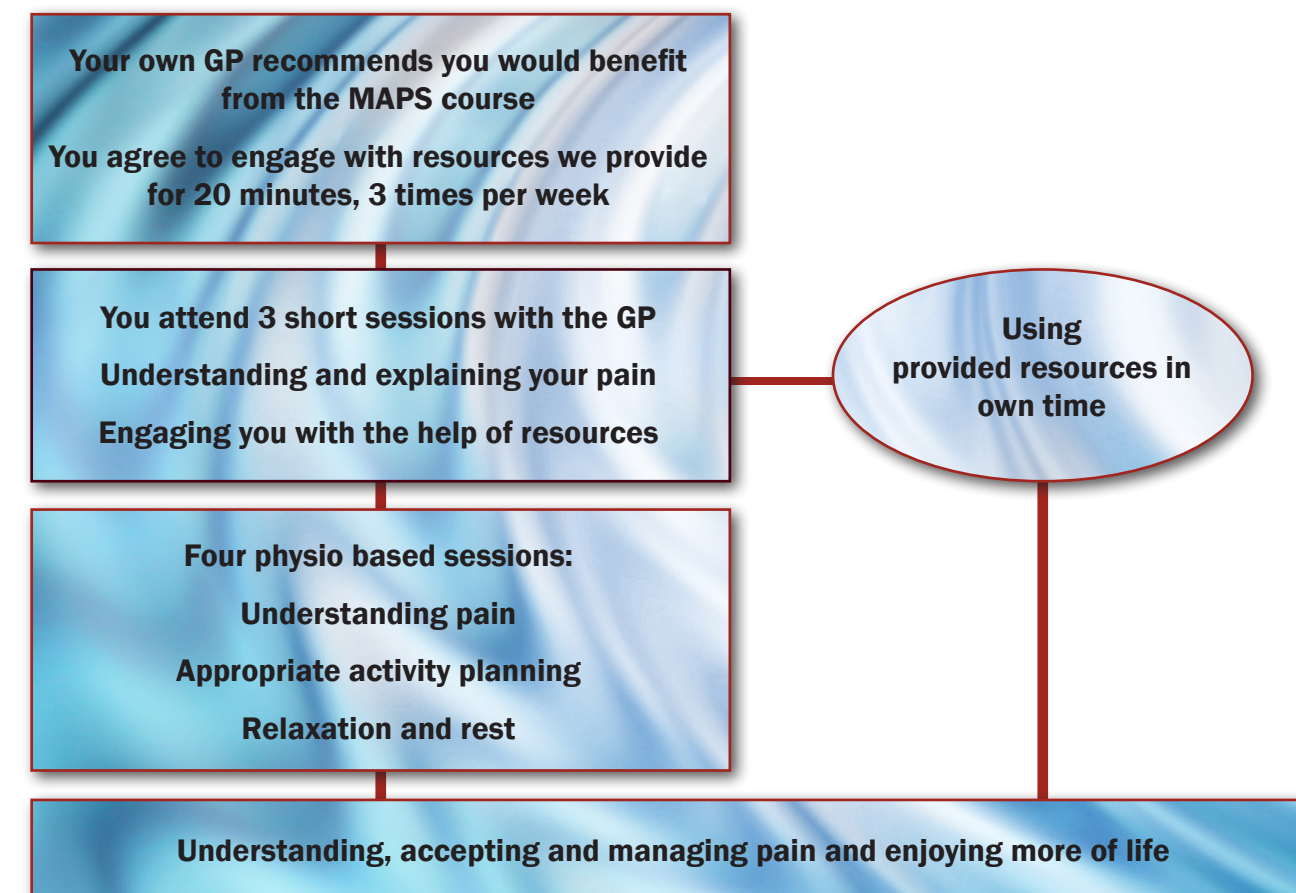
3. If you want a very readable little booklet then Chris Williams book “Rescue your life...” can be useful too.

[https://www.amazon.co.uk/dp/B00CY4IEEO/ref=dp-kindle-redirect?\\_encoding=UTF8&btkr=1](https://www.amazon.co.uk/dp/B00CY4IEEO/ref=dp-kindle-redirect?_encoding=UTF8&btkr=1)

Your practice may have copies of this for patients at cost price.

If you are struggling to engage with these resources, please mention this to your GP. Usually after 2 sessions with the GP you will be referred on to the physio for the second part of the MAPS course. Your GP will let you know when you are ready for this.

## Here is a brief look at how the MAPS programme works



### Prior to Session One

Read the information you were sent out. Ask yourself what you hope to achieve from the MAPS programme – perhaps one activity (a night of camping, a cinema trip, some yoga, a regular meet with friends) or goal which is just out of reach now that you hope to achieve. Commit to doing the improvement activities and looking at the resources. Consider asking a friend or family member to support your efforts. You might also wish to buy a notebook to record your progress.

*You must fill out the **pain assessment scale** and bring it with you to the first meeting.*

### The GP Sessions

Your GP has a carefully designed programme to help you – if you want to ask questions about other health issues then your usual GP is the best person to speak to – but use the precious time with the MAPS GP to address your chronic pain, not other health issues, your repeat prescriptions etc!

The GP will listen to and help explain to you why you have chronic pain and may use some videos to help you understand. You may wish to look at some of the videos used again (from the Australian pain association), either alone, or perhaps with a partner or close family member.

<https://youtu.be/jlwn9rC3r0I>



During the MAPS Course the GP may also show you diagrams etc which help explain chronic pain.

Remember that many things may contribute to chronic pain: In addition to physical tissue damage, which is often ceased by the time chronic pain is present, these factors include Emotional stresses, Poor sleep, Poor mood, Negative thinking patterns, lack of activity or excessive activity, poor diet etc. Developing a stonger sense of meaning and purpose in life can also contribute to improvements in pain, as can greater social contact and positive relationships. If chronic pain has been triggered by bereavement or a personal,

relationship or spiritual crisis this might need specific help from a specialist provider such as a relationship councillor, healthcare chaplain or bereavement counsellor.

These resources can help you understand the nature of chronic pain:

The pain toolkit: <https://www.paintoolkit.org/resources/for-patients#main-resources> contains further information including a short online course.

The moodjuice site contains an excellent section on what causes chronic pain <https://www.moodjuice.scot.nhs.uk/mildmoderate/ChronicPain.asp>

## Understanding Chronic Pain

Like a gong being hit, and its echo ringing on long after the strike - once pain pathways have been firing for around 3 months or more, they can continue to fire – and be experienced as pain for a long time after, despite the fact that tissue damage has stopped.

The brain produces soothing downward messages - a bit like a sprinkler system damping down a fire. This sprinkler system tends to be turned off in patients with chronic pain – but the work you will be doing will help turn it back on!

Like an **amplifier** or **set of controls** on your hi-fi pain impulses can be amplified, muffled or changed by the way the brain processes these impulses.

**Like a motorway** – the cars and tarmac may in good condition but despite this the traffic may be moving slowly, or be jammed – in the same way the neurological system can look normal – but have abnormal flow of impulses around it. This is what we call a “functional” problem.

