



“Chronic Pain Management”

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CHRONIC PAIN MANAGEMENT

1.5 CEU Credit Hours

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Course Description:

Explore treatment strategies for impacting chronic pain with both medications and non-medication alternative therapies.

Course Objectives:

The primary objectives of the course are to enable a mental health professional to:

1. Understand the benefits of both medication and non-medication treatment of chronic pain.
2. Develop treatment strategies for impacting sufferers of chronic pain.

Purpose of this course:

The purpose of this CEU course is to provide discussion relevant to the mental health counselor on treatment issues concerning chronic pain.

Course Outline:

Part 1: Course organization, Documentation and Introduction.

Part 2: Reading of the course materials (this document)

Part 3: Administration and Completion of the Evaluation of Learning Quiz

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1.5 Clock Hours = 1.5 CE Credits



Your instructor is **Richard K. Nongard**,
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INTRODUCTION

A message from your instructor, Richard K. Nongard

This brief CEU course is comprised of two sections. The first contains a few case studies with a discussion on medications as the primary intervention for pain management. The second section explores alternatives to drug therapy for the management of chronic pain.

One of my first jobs in the field of counseling was with a pain management treatment program in Houston. Through a variety of experiences with those clients, I learned that targeted pharmacotherapy combined with methods of therapeutic relaxation, self-hypnosis and cognitive-behavioral interventions was highly effective at reducing pain-related symptoms.

Quite often, advocates of certain treatment methods or approaches will fail to recognize or accept the importance of a multi-dimensional and complimentary treatment approach. It is my belief that we have a responsibility to our clients to provide as much valid opportunity for relief as possible. We must remember that every client is different, and different approaches should be considered, as necessary, on an individual client basis.

My hope is that you will find the information in this short course to be valuable to the clients on your caseload.

Should you ever have any questions about this or other PeachTree / FastCEUs.com courses, please do not hesitate to contact us.

Sincerely,

Richard K. Nongard, LMFT/CCH



Managing Chronic Pain with Medications

Helen, 52, had a broken back for more than a decade and didn't know it. After falling from a ski lift in Mt. Hood, Ore., when she was 23, Helen was diagnosed with a broken left arm and thought that was her only injury. Her arm healed. But she developed excruciating back pain that made it hard to sleep and move around. "I worked as a teacher, so some doctors suggested that the problem was from standing on my feet all day," Helen says. "Others told me it was all in my head. For years, I left doctors' offices feeling desperate for help."

The pain grew worse during her 30s. One morning, Helen woke up with stabbing pains in her back and could barely walk. This time, her husband took her to an orthopedic surgeon who specialized in back problems. The doctor ordered X-rays that revealed three old fractures in Helen's spine.

"When the doctor showed me the X-rays, I cried," Helen says. "Someone had finally given me the words and understanding for all the pain I had been suffering from for so long."

Pain That Persists

By definition, acute pain after surgery or trauma comes on suddenly and lasts for a limited time, whereas chronic pain persists. "Acute pain is a direct response to disease or injury to tissue, and presumably it will subside when you treat the disease or injury," says Sharon Hertz, M.D., deputy director in the Food and Drug Administration's Division of Anti-Inflammatory, Analgesic, and Ophthalmologic Drug Products. "Chronic pain goes on and on--for months or even years."

Common types of chronic pain include back pain, headaches, arthritis, cancer pain, and neuropathic pain, which results from injury to nerves. In Helen's case, her untreated back injury caused her spine to twist out of place, not only resulting in severe back pain, but also putting intense pressure on the nerves in her legs. "I often felt pain shooting down my legs," she says, "like a jolt of electricity."

Experts say the first step in treating chronic pain is to identify the source of the pain, if possible. Many people with chronic pain try to tough it out, according to research from the American Academy of Pain Medicine. But persistent pain should never be ignored because it could signal disease or injury that will worsen if left untreated. Sometimes, it turns out that the cause of pain is unknown. Fibromyalgia, for example, is characterized by fatigue and widespread pain in muscles and joints. While scientists have theorized that the condition may be connected to injury, changes in muscle metabolism, or viruses, the exact cause is unclear.

Regardless of the type of chronic pain, the physical and emotional effects can be devastating. Helen says, "My teaching career suffered, my children were confused about why I always felt bad, and our finances were ruined." Sometimes, she says, she even considered suicide.

Finding Relief

Helen believes the first two surgeries she had to repair the fractures in her back and realign her spine were necessary. But she questions the four surgeries that followed. "I talked myself into the operating room more than once because I was desperate to feel better," Helen says. "Even when doctors told me there was only a small chance another surgery would help, I wanted to take the chance." But after several surgeries, Helen's pain only seemed to be getting worse.

The turning point occurred in 1995 when a physical therapist referred Helen to a pain management specialist, a professional who takes a multidisciplinary approach to managing pain. She was treated by a team of pain experts. Doctors and nurses worked with her to manage pain medications. Psychologists addressed her depression and anger, and physical therapists helped improve her strength and mobility.

Helen finally found effective drug treatment with a pump implanted into her abdomen that delivers morphine through a catheter into the fluid surrounding her spine. The pump, called an intrathecal drug infusion pump, is used for severe pain only after other oral and intravenous drug therapies have failed. The pump is programmed to deliver a controlled amount of medication continuously. Risks include surgical complications, such as infection, and complications with the catheter or pump. "It doesn't take away all the pain, but it's a drastic improvement and allows me to be in control of the pain," says Helen, who also takes other pain medication as needed.

Seddon Savage, M.D., a pain specialist on the faculty of Dartmouth Medical School in Hanover, N.H., says there are times when it's impossible to eliminate pain. "The goal of pain management is to provide as much pain relief as possible and improve functioning," Savage says.

Because pain varies from person to person, treatment is individualized. Someone with arthritis may do well with occasional use of an over-the-counter pain reliever, whereas someone else with arthritis may need a prescription pain reliever and regular aerobic exercise to feel good.

"Treatment for chronic pain is about much more than medication," Savage says. It can also involve stress relief and relaxation, physical therapy, improved sleep and nutrition habits, and exercise. Helen says that through a multidisciplinary approach to pain management, she also learned to pace her activities so that she is realistic about how much she can do in a certain time period.

Savage recommends that people seek professional help for chronic pain when they feel that pain is interfering with their quality of life. "Start with your primary care physician, who may refer you to other specialists," she says. "Consider asking your doctor about a pain management specialist if you feel that your pain is just not getting better over time." Another reason to seek advice from a specialist is if you are experiencing intolerable side effects from medications.

Concerns About Drug Abuse

One of Helen's biggest fears was of becoming addicted to pain medications. "It's a common concern for both patients and health providers," says Savage, who specializes in addiction.

"Most forms of chronic pain respond to non-opioid drug treatments," she says. Examples of non-opioid pain relievers, which don't have addiction potential, include aspirin, acetaminophen, ibuprofen, naproxen, and other non-steroidal anti-inflammatory drugs. A combination of different types of analgesic medications at lower doses is often more effective than a single high-dose medication.

"But if opioids are prescribed for your pain, you are not abusing drugs if you are taking the medication as prescribed," Savage says. "Taking doses of drugs to relieve pain is not the same as taking drugs to get high."

Opioids are controlled substances that are potentially addictive. Pain medications containing opioids include Vicodin (hydrocodone), OxyContin and Percocet (oxycodone), MS-Contin (morphine), Tylenol #2, #3 and #4 (codeine), and the Duragesic Patch and Actiq (fentanyl).

June Dahl, Ph.D., director of the American Alliance of Cancer Pain Initiatives and professor of pharmacology at the University of Wisconsin-Madison Medical School, says she recently took a call from a man with cancer who said he stopped taking an opioid pain medication on his own for fear that he was becoming addicted. "But what he described were not signs of addiction, but signs of physical dependence," Dahl says.

Addiction is characterized by craving and compulsive use of drugs. Physical dependence occurs when a person's body adapts to the drug. If someone has become physically dependent on a drug and suddenly stops taking it, withdrawal may occur. These symptoms can include muscle aches, watery nose and eyes, irritability, sweating, and diarrhea. Physical dependence is a normal response to repeated use of opioids and is distinct from psychological addiction.

Savage says that in prescribing potentially addictive medications, doctors should consider patients' personal and family histories of addiction, as well as psychological and social stressors that may affect medication use. Also, some people who begin taking opioid medications for pain as prescribed may later discover that they are using the medication for its psychic brain effects. Physicians need to be aware of this potential adverse effect, and should educate patients and their families about appropriate use of addictive drugs.

To better guide physicians, the Federation of State Medical Boards adopted guidelines for the use of controlled substances for pain treatment in 1998. The guidelines advise physicians on patient evaluations, treatment plans, and medical records.

The use of opioids in pain treatment remains controversial for several reasons. The rate of addiction in the properly treated pain population is unknown. The media has

highlighted problems of addiction to pain medicine among celebrities. And there has been considerable drug abuse involving OxyContin, which the FDA approved for moderate-to-severe pain in 1995. The FDA strengthened warnings for oxycodone in 2001, while continuing to recommend appropriate pain control for people living with severe pain.

But experts say that finding a balance between cracking down on drug abusers and protecting people in pain is an ongoing struggle. "Some doctors fear regulatory scrutiny for over-prescribing these drugs," Dahl says. "And concerns about the small segment of people who abuse drugs ends up interfering with effective pain management for others."

Sheryl Kaufman, 40, of Boston, who uses oxycodone and a fentanyl patch for severe pain associated with breast cancer, says she recently filed a grievance with a pharmacy over her struggles to get prescriptions filled. "They made me feel like a criminal," she says. "Sometimes I've had to go without pain medication for two to three days because of delays in filling prescriptions."

The Value of Support

Helen's experiences with chronic pain led her to establish the National Chronic Pain Society in 2002. The organization provides peer support for people with chronic pain and their families.

"We give people support for dealing with all of the issues that can go along with chronic pain-not having your pain taken seriously, frustration over not finding relief, how to communicate your pain to your doctor, and how to maintain relations with your family," Helen says.

Penney Cowan, executive director of the American Chronic Pain Association, another peer support organization in Rocklin, Calif., says support systems are important because they give people with pain the coping skills needed to take an active role in their recovery. "Sometimes doctors tell people they'll have to learn to live with the pain," Cowan says. "But too often they stop short of telling them how to accomplish that."

Helen says finding effective treatment and gaining the skills to live with her pain made all the difference. "It's about being a person first and not letting pain define who you are," she says. "Our motto is: Pain may be unavoidable, but suffering is optional."

For More Information[American Academy of Pain Management](#)

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Chronic Headaches

More than 45 million Americans have chronic headaches, according to the National Headache Foundation. The most common types include tension headaches, which are associated with muscle tension. These are sometimes described as feeling like a tight band squeezing the head. Cluster headaches are marked by severe pain around one eye. Migraines are characterized by throbbing pain on one side of the head. Most people with migraines also experience nausea and sensitivities to light and sound.

Andrew, 38, of Lincolnshire, Ill., who has had migraines since he was 12, says headaches used to wipe him out for days. But things improved in 1992 when the FDA approved Imitrex (sumatriptan), the first drug in a class known as triptans. This class of drugs marked a huge leap forward for headache sufferers. Unlike some previous drugs that dulled the perception of pain, triptans stop the pain by narrowing blood vessels in the brain and reducing inflammation.

Andrew's migraine treatment now includes a newer triptan called Frova (frovatriptan). Side effects include nausea, dizziness, and dry mouth. He also takes the pain reliever Vicodin as needed, sticks to a regular sleep schedule, and avoids red wine and other migraine triggers.

Migraines, tension headaches, and cluster headaches are considered primary headaches because they are not caused by underlying illness. "But it's important to rule out disease, especially when headaches are resistant to treatment," says Seymour Diamond, M.D., founder and executive chairman of the National Headache Foundation.

Diamond performed an MRI (magnetic resonance imaging) on Andrew a couple of years ago. "We assessed him for a possible brain aneurysm, but luckily, there wasn't a problem," he says.

Most headaches can be successfully treated with over-the-counter pain relievers. But you should seek professional help for headaches if they persist or get worse or if the headaches are keeping you from work and social activities. "You should also see a doctor if you've never had headaches before and you start having them, if you get headaches upon exertion, or if headaches are accompanied by a stiff neck, fever or neurological symptoms like dizziness or blurred vision," Diamond says.

For more information, contact the National Headache Foundation at (888) 643-5552, www.headaches.org/consumer/.

Pain Basics

People usually feel pain when receptors in skin, bones, joints or other tissues are stimulated by an injury or threat to the body. Neuropathic pain is triggered by changes in the nerves themselves, or caused by changes in the brain or peripheral tissues.

Pain involves the interaction between several chemicals in the brain and spinal cord. These chemicals, called neurotransmitters, transmit nerve impulses from one nerve cell to another. Neurotransmitters stimulate receptors found on the surface of nerve and brain cells, which function like gates, allowing messages to pass from one nerve cell to the next. Many pain-relieving drugs work by acting on these receptors. For example, opioid drugs block pain by locking onto opioid receptors in the brain.

Other drugs control pain outside the brain, such as non-steroidal anti-inflammatory drugs (NSAIDs). These drugs, including aspirin, ibuprofen, and naproxen, inhibit hormones called prostaglandins, which stimulate nerves at the site of injury and cause inflammation and fever. Newer NSAIDs, including Celebrex (celecoxib) and Vioxx (rofecoxib) for rheumatoid arthritis, primarily block an enzyme called cyclooxygenase-2. Known as COX-2 inhibitors, these drugs may be less likely to cause the stomach problems associated with older NSAIDs, but their long-term effects are still being evaluated.

RELAXATION THERAPY FOR CHRONIC PAIN

One important aspect of self-management is learning how to reduce the distressing feelings which can arise in response to chronic pain and stress. Examples of these distressing feelings include frustration, anger, resentment, irritability, sadness, discouragement, guilt, anxiety, worry, fear, and general unhappiness. All of these distressing feelings compound the problem of chronic pain by adding to one's general suffering and misery.

One set of very useful tools to increase your ability to self-manage both chronic pain and the distressing feelings arising from stress is relaxation. Three major types of relaxation can be distinguished: Coping relaxation, time-out relaxation, and relaxing activities.

Coping Relaxation

This type of relaxation is aimed at helping you to cope more effectively with stressful situations, emotional upsets, and intense pain episodes. It can be used anywhere and at any time that you experience physical or emotional distress. It is accomplished by using a simple, but powerful technique called the SIGNAL BREATH.

How to do the Signal Breath

The signal breath is aimed at giving you an immediate experience of relaxation. It is accomplished by creating a slight increase in tension (using your breath), and then letting the tension go (by breathing out).

1. Take in a deep breath and hold it in for a few moments. If a deep inhalation is painful for you, modify it so it is not painful. Also, don't hold it too long. About 3 or 4 seconds is usually long enough.
2. Exhale slowly while at the same time saying to yourself mentally calming words such as "relax," "let go," "easy does it," or any other words that suggest letting go of tension.
3. Also, while you are exhaling, try to let your jaws, shoulders, and arms go loose and limp.

What to Ask Yourself Immediately After Doing the Signal Breath

Immediately after using the signal breath (or series of signal breaths), you should pause briefly to reflect on the situation (i.e., *Stop and Think*).

This may involve asking yourself some important questions.

For example, if you are in the middle of a stressful situation and are emotional upset, you can ask yourself:

1. What emotions am I feeling right now?
2. What is it about this situation that has triggered these upset feelings?
3. Am I seeing this situation clearly or am I distorting it?
4. What is the smartest and wisest thing that I can do *right now* to manage this situation? Notice, the question should not be, "What do I *feel* like doing?" What you feel like doing may get you into more trouble.
5. Can I do anything right now to constructively change the stressful situation, or do I need to regroup emotionally and deal with it at another time after I have had a chance to think it through?

If you are in the middle of a chronic pain flare-up, you can ask yourself:

1. Can I identify the immediate cause or trigger for this intense pain? (e.g., Did I overdo it physically?)
2. Is there anything I can learn from this pain flare-up?
3. What constructive actions (physical and/or mental) can I take right now that will help me to decrease the pain intensity, or at least get through this temporary episode until it eases up?

Whenever you link the signal breath to this "stop and think" process, you are actually increasing your awareness of the situation in a present-centered, here-and-now manner. The signal breath is not meant to directly solve the problem, whether it be emotional distress or intense pain. Rather, you can use the breath to bring *wise attention* to the situation you are experiencing.

With wise attention you are able to see the situation and your reactions to it from a center of calmness and inner stability. Rather than simply reacting to stressful situations and pain in an automatic manner, the signal breath is aimed at helping you to think more clearly. This will enable you to respond to the situation more wisely and effectively.

Your ability to do this form of coping relaxation (signal breath) and make effective use of it, will increase significantly to the extent that you also learn and regularly practice time-out relaxation.

Time-Out Relaxation

This type of relaxation requires you to take time out from your regular activities and spend time (e.g., 5 to 30 minutes) doing a special relaxation exercise or meditation. It requires that you first find a quiet place where you won't be disturbed so you can devote your full attention to relaxing your mind and body as deeply as possible. Once you find a quiet place, it is important to get your body into a relaxed and comfortable position that will not result in physical strain.

Time-out relaxation then involves directing your mind in a passive and non-effortful manner to particular objects, physical or mental, which are conducive to deep relaxation. Physical objects of relaxation may involve focusing on a visual object (e.g., a pretty picture or photograph, a flower, a burning candle, or even just a spot on the wall) or sounds (e.g., the sound of ocean waves, gentle rain, wind chimes, relaxing music, etc.). Mental objects of relaxation include particular thoughts, ideas, suggestions, and mental images that you find relaxing.

Examples of special time out relaxation procedures include focused breathing awareness, progressive muscle relaxation, passive body scan, relaxing mental imagery, environmental focus (sounds or visual objects), and self-hypnosis exercises. Mindfulness meditation is another useful and potentially powerful technique aimed at increasing your awareness of the present moment. This method involves being fully aware of whatever sensations or thoughts that pass through your conscious mind without trying to judge them or resist them in any way.

Benefits of Time-Out Relaxation

Time-out relaxation can help you to cope with chronic pain in several ways:

- 1. *Relaxing tense muscles.*** Muscle tension resulting from the pain itself or from emotional stress often increases painful sensations. Therefore, relaxation reduces the amount of pain that is directly caused by tense muscles.
- 2. *Attention diversion*** relaxation exercises require you to direct your attention to pleasant sensations, thoughts and images. Although you still may feel the pain to some extent, you cannot be fully attentive to your pain and at the same time direct your attention to relaxing thoughts and sensations. Thus, by occupying your attention with something else, relaxation reduces the amount of pain you experience.
- 3. *Increased awareness of tension.*** Many individuals are tense without being aware of it. Also some people may think they are relaxed when they actually are not. By practicing time out relaxation and experiencing what it feels like to really let go and become deeply relaxed you are also learning to become more aware of your own subtle signs of physical and mental tension.

By becoming more aware of tension throughout the day you can learn to use those signs of tension as cues or reminders to use coping relaxation.

- 4. *Help with sleep problems.*** Many people with chronic pain have difficulties with sleep. Consequently, you may find it harder to cope with pain when you are tired.

Time-out relaxation can help you by making it easier to fall asleep or by serving as a restful substitute for sleep.

5. Gain a new perspective on pain. At a deeper level, time-out relaxation in the form of mindfulness meditation can help you understand and relate to your pain in a different way. Rather than automatically fighting and reacting against pain in a manner that increases tension, emotional distress and suffering, you can actually learn to work with the pain. While most of you would prefer to ignore or distract yourself from pain, you also know that there are times when this does not work.

From a center of calmness and inner stability which comes from mindfulness meditation techniques (such as the passive body scan), you can observe the ebb and flow of physical/sensory messages passing through your mind/brain system. These sensory messages may or may not be labeled as pain, and they may or may not convey useful information from your body. As you learn to watch these physical sensations, as well as your thoughts about these sensations, in a more calm and non-reactive manner, you can understand and respond to them in a more detached and appropriate manner.

As discussed in Dr. Kabat-Zinn's book on mindfulness meditation, "your pain is not you." Rather than completely identifying yourself with chronic pain and disability, you can see yourself as a whole person who also happens to have a chronic pain condition. Rather than allowing that condition to dominate your life, you are learning to handle and respond to it in a wise and intelligent manner.

Importance of Regular Practice

In order to truly benefit from time-out relaxation, you must do it regularly. Deep relaxation is a skill, and like any other skill, it has to be learned. For some people, it comes easily. For others, it takes longer and more practice. It is important that you be patient with yourself and not always expect immediate, significant results.

Paradoxically, you will find that the less goal-oriented you are in your approach to time-out relaxation, the more you will benefit. In other words, just start doing it for its own sake rather than for expected results. It is easiest to do time-out relaxation initially under more ideal circumstances. Thus, you should practice in a quiet environment and at times when you are experiencing less pain. Most people find it difficult to concentrate on relaxation when they are tired, tense, emotionally upset or are experiencing intense pain. Later, as you become more skilled at relaxation and meditation, you may be able to apply it to more difficult times.

A Beginning Relaxation Exercise: Focused Breathing Awareness

This breathing meditation exercise can be used for at least two reasons. First, it can be used to help bring about a state of deep mental and physical relaxation. Second, it can be used to train your mind to focus awareness on a simple object or process without a great deal of effort in concentration.

Both reasons make this exercise very useful as a simple pain management strategy. That is, when you are deeply relaxed and focused on your breathing, you cannot at the same time be fully aware of and responsive to your pain and discomfort. Later, after you master the basic exercise you can introduce modifications which will make it an even more powerful tool in controlling your pain.

Following are instructions for beginning your practice:

- Assume a comfortable position in a place that is relatively free of distractions. Choose a time to practice when you are not experiencing emotional distress or a severe pain episode.
- Begin the exercise with one or two signal breaths or signal muscle contractions.
- Allow your breathing to return to its own natural rhythm. Don't try to change your breathing. Just allow your body to breathe by itself.
- Focus your mind on your breathing. Notice very carefully each and every inhalation and exhalation. Pay close attention to each in-breath and out-breath including the slight pauses in between. Notice how your chest and abdomen rise and fall with each breath cycle. Just observe your body breathing itself naturally and automatically.
- After you have gotten your mind focused on the steady rhythm of your breathing, you can add the mental suggestion that each time you exhale, you are actually letting go of any tension or negativity. Think of the word "relax" with each exhalation.
- Try keeping your mind focused on your breathing throughout the exercise. Some prefer to center their mind on the movements of the stomach, watching it rise with the in-breath and fall with the out-breath. Others find that it works best to count breath cycles. For example, you can say to yourself, "inhale 1, relax (with the out-breath), inhale 2, relax, inhale 3, relax"... continuing up to 10 and then start over again. You can do this exercise with your eyes open or closed. Experiment to see what works best. If you have a tendency to fall asleep, you should keep your eyes open.
- Although you should spend a minimum of 5 minutes for each practice session, 15 to 20 minutes is better. When you complete the exercise, take in a deep, refreshing, energizing breath and take a comfortable stretch.

Note: The above exercise involves passive observation of natural breathing. Some persons benefit from a related procedure called "Diaphragmatic Breathing." When you

breathe in a truly relaxed manner, your abdomen should move naturally up and down with each breath cycle. To tell how you breathe, place one hand on your breastbone and one hand over your belly button. Close your eyes and then notice which hand is moving when you breathe in and out. If your chest moves instead of your abdomen, you may want to work on diaphragmatic (abdominal) breathing. One way to do this is to place your hands over your belly button and imagine a balloon inside of your abdomen. When you breathe in, imagine that the balloon is filling with air and when you breathe out, imagine that the balloon is deflating.

Although this exercise is simple to perform, it is difficult to do in a perfectly correct manner. Doing it correctly means that all of your awareness is focused on your breathing. This may require considerable practice. When you first begin to practice it is likely that your mind will become distracted from time to time away from your breathing. Distractions may come from the outside environment (e.g., noises) or from your inside (e.g., distracting thoughts or distracting physical sensations).

When you become aware of the fact that you have been distracted, just try to refocus your attention on to your breathing. Each time a mental or physical distraction occurs, keep refocusing your mind on your breathing. Do not try to force distractions from your mind. It won't work. Also, it is unreasonable to expect that when you first begin you will be able to totally eliminate awareness of pain from your mind. This requires much practice. In fact, the only way you can expect significant benefits is to practice this exercise at least two times each day. You may also notice changes in your breathing. As you practice the exercise, your breathing should automatically become slower, deeper, and more regular.

Once you learn the basic procedure you can make some modifications and apply it during more difficult situations (e.g., during times of increased pain or emotional stress). Some like to modify the basic focused breathing procedure by adding mental imagery. For example, you may imagine that each time you exhale, you are actually sending or blowing healthy/purifying/healing air into and through the painful areas of your body. Another example is to imagine that each time you inhale, you are gathering together all of the pain sensations, and then when you exhale you are blowing them all out of your body.

Additional Comments about Time-Out Relaxation

There are a number of audio tapes and CDs containing various relaxation, guided imagery, and self-hypnosis procedures available. While these can be useful, it is also a good idea to become proficient at using a time-out relaxation technique entirely on your own. That way, you won't have to depend on having tape/CD equipment available in order to use this technique.

It is important to keep in mind that there is no one single right way or best way to do time-out relaxation. What ultimately matters is what works best for you. Some people like approaches which focus on the body (e.g., focused breathing, passive body scan),

whereas others do better with mental imagery.

Tapes and CDs may suggest some guided relaxation imagery exercises with themes such as "Relaxing Nature Walk," "Meadow and Stream," and "Mountain Cabin Scene." While these may be useful, you should also attempt develop your own relaxation imagery. Think of a specific place or scene from your memory that you find especially relaxing. Close your eyes and try to visualize it as best as you can. Imagine that you are actually in this place at the present moment. Once you develop this scene in your mind's eye, you can use it as your own special personalized place of relaxation and comfort. You can use it as a place that you can retreat to in your mind whenever you need to.

Relaxing Activities

It is also important to find healthy activities that you find relaxing. Although relaxing activities do not allow you to become as deeply relaxed as time out relaxation, they are still valuable in many ways. Ideally you should have a variety of relaxing activities. They should include activities that you can do indoors or out-of-doors, alone or with other people, and those which allow your body to be in different positions (to avoid excessive strain).

What makes a particular activity relaxing depends primarily on your attitudes toward the activity. For example, some enjoy reading while others would much rather be doing something with their hands such as making things or fixing things. Some people enjoy fishing and find it very relaxing whether or not they catch anything. Others find fishing boring or become easily frustrated if the fish aren't biting.

Some activities are relaxing in themselves. Other activities, such as those which involve physical exertion, may lead to feelings of relaxation after the activity is finished. Make sure that whenever you do physical activity associated with relaxation that you are not defeating yourself by exceeding your physical limits.

Benefits of Relaxing Activities

Attention Diversion - Relaxing activities are another way that you can direct your attention away from pain. When your pain is mild or moderate, you may be able to completely "forget" your pain.

Increase enjoyment and positive well being - A balanced life requires that we spend a reasonable amount of time doing things that are fun and enjoyable. This counters some of the negative attitudes that often accompany chronic pain.

Decrease feelings of depression - Depression and chronic pain often go hand in hand. Unfortunately depression usually leads to inactivity, withdrawal and increased preoccupation with pain and misery. Relaxing activities can help to counter many negative characteristics of depression.

Time out from frustration, tension and worry - Along with time out relaxation, relaxing activities can give you a temporary break from these negative feelings.

Concluding Comments

Each of these three types of relaxation are important in the overall self-management of your chronic pain. Ideally, they should all be regarded as life-long habits that are useful in maintaining your physical, mental and emotional well-being. It is also important that they be integrated into a larger life routine that involves meaningful activity. After all, it would not make sense to spend the vast majority of your time each day relaxing. In fact, some chronic pain patients spend far too much of their time sitting around relaxing and doing very little. The key here achieving a healthy balance between productive activity and relaxation.

Self-Hypnosis

Self-hypnosis is a related pain self-management tool that typically makes use of time-out relaxation procedures. Unfortunately, there are a number of myths and misconceptions surrounding the concept of hypnosis. It often conjures up mysterious images of "mind control" by another person, or becoming like a mindless robot. Some people automatically resist the idea of being "controlled" by another person and proudly proclaim that they cannot be hypnotized.

All hypnosis is ultimately self-hypnosis. No one can make you do anything you don't want to do. In fact, nearly everyone is capable of hypnosis; however, some are better at it than others. Some have the misconception that people who are the most hypnotizable are weak willed, gullible, suggestible, and easily manipulated. Actually, people who are the most hypnotizable tend to be those who are more creative and imaginative.

One definition of hypnosis is as follows:

SELF-HYPNOSIS IS THE PROCESS OF EXPERIENCING CERTAIN THOUGHTS, IDEAS, AND IMAGES AS THOUGH THEY ARE REAL

According to this definition, self-hypnosis involves a temporary suspension of ordinary reality, and a willingness to experience other thoughts, ideas, and images. Based on this definition, nearly all of us experience hypnosis from time to time, even though we don't call it hypnosis. Becoming absorbed in a good movie or book can involve a hypnosis-like state of awareness.

In pain management, hypnosis is typically used in two ways. First of all, it is used to create an immediate experience of increased comfort and decreased pain. According to the first use, the effects generally last as long as you are in the state of hypnosis. Second, self-hypnosis is used as a tool for modifying your thoughts and behaviors. This second use is accomplished through the use of what are called "post-hypnotic

suggestions." In this case, you are trying to "re-program" yourself and change certain bad habits of thinking and acting.

We typically identify three phases in the medical use of self-hypnosis:

1. Initial hypnotic induction. This typically involves attention narrowing and relaxation. Focusing on a spot on the wall or ceiling is one common technique.

2. Deepening. This is a mental device used to deepen the state of self-hypnosis. A common deepening technique is a numerical countdown accompanied by the self-suggestion that, with each number you count down, the deeper you sink into relaxation and self-hypnosis. This technique can be combined with mental imagery such as imagining going down on an escalator, elevator, or spiral staircase.

3. Working suggestions. This involves using those suggestions (i.e., ideas and images) that are aimed at accomplishing your particular goals. The suggestions can be delivered by another person or by yourself.

Types of Working Suggestions for Self-Hypnosis and Chronic Pain

Those with chronic pain conditions can use any number of suggestions while in a state of self-hypnosis. Following are just a few general examples:

1. Suggestions of increased relaxation and comfort. In this case, self-hypnosis is essentially a form of time-out relaxation and makes use of relaxing self-talk and relaxing mental images.

2. Images which alter the sensory aspects of pain. Depending upon the specific quality and location of your pain sensations, you can use specific images which alters your pain experience. Specific mental images can be used to dull sharp pain, cool burning pain, loosen tight areas, numb the pain, move the pain to other locations in the body, shrink painful areas, drain the pain from your body, project the pain to something outside of your body, etc.

3. Suggestions aimed at increasing confidence in your ability to cope with the pain. Through use of positive self-talk while in a state of self-hypnosis you can try to reprogram some of your negative attitudes and expectations regarding the way you cope with your pain.

4. Suggestions aimed at altering bad habits which interfere with your ability to effectively self-manage the pain. You may want to use self-hypnosis to work on changing specific habits which cause you difficulty. For example, you may want to alter your physical activity patterns, maintain an exercise program, lose weight, stop smoking, reduce or eliminate your use of alcohol, communicate more effectively with

your family and friends, change the way you deal with interpersonal conflicts, behave more assertively, change rigid and inflexible rules, etc.

THANK YOU FOR YOUR PARTICIPATION IN THIS COURSE

To receive continuing education credit for this course, you must have read this entire text file.

You must also complete and return the Evaluation of Learning Quiz and pay the CEU fee. (Instructions are on the next page.)

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Richard K. Nongard, LMFT, CCH, CPFT
Executive Director

"Chronic Pain Management"

1.5 Continuing Education Clock Hours

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EVALUATION OF LEARNING QUIZ - PAGE 1 of 4

PRINT & FAX or MAIL THIS PAGE AND THE ANSWERS PAGES TO OUR OFFICE

*** * * * OR * * * ***

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EVALUATION OF LEARNING QUIZ - PAGE 2 of 4

“CHRONIC PAIN MANAGEMENT”

1.5 Hours of Approved Continuing Education Credit

The purpose of the following Evaluation of Learning questions is to:

- A.) Verify that you have read the required course materials.
- B.) Demonstrate an understanding of the practical application of the course materials.
- C.) Officially document your participation and completion of this course.

➞ ANSWER THESE 20 T/F EVALUATION OF LEARNING QUESTIONS

- T F 1. I have read the entire required .pdf text file for this course.
- T F 2. By definition, acute pain after surgery or trauma comes on suddenly and lasts for a limited time, whereas chronic pain persists.
- T F 3. Common types of chronic pain include back pain, headaches, arthritis, cancer pain, and neuropathic pain, which results from injury to nerves.
- T F 4. There are times when it's impossible to eliminate pain.
- T F 5. Most forms of chronic pain respond to non-opioid drug treatments.
- T F 6. Physical dependence is characterized by craving and compulsive use of drugs. Addiction occurs when a person's body adapts to the drug.
- T F 7. More than 345 billion Americans have chronic headaches.
- T F 8. Migraines, tension headaches, and cluster headaches are considered primary headaches because they are not caused by underlying illness.
- T F 9. Neuropathic pain is triggered by changes in the nerves themselves, or caused by changes in the brain or peripheral tissues.
- T F 10. Opioid drugs block pain by locking onto opioid receptors in the brain.
- T F 11. Three major types of relaxation can be distinguished: Coping relaxation, time-out relaxation, and relaxing activities.
- T F 12. The signal breath is aimed at giving you an immediate experience of relaxation.
- T F 13. Time out relaxation relaxes muscles.

CONTINUED →

EVALUATION OF LEARNING QUIZ - PAGE 3 of 4

Course Title: "CHRONIC PAIN MANAGEMENT"

- T F 14. Many people with chronic pain have difficulties with sleep.
- T F 15. Deep relaxation is a skill, and like any other skill, it has to be learned.
- T F 16. Focused Breathing Awareness is an ineffective strategy.
- T F 17. It is important to keep in mind that there is no one single right way or best way to do time-out relaxation.
- T F 18. Hypnosis is a form of "mind control."
- T F 19. Becoming absorbed in a good movie or book can involve a hypnosis-like state of awareness.
- T F 20. Hypnosis can use images which alter the sensory aspects of pain.

GRADE THIS ONLINE COURSE! – Page 4

It is helpful to us to have you return this form via snail mail or fax, if you're not completing the Quiz & Payment info Online. Thank-you!

Participant Assessment of Home Study CEU Course

“CHRONIC PAIN MANAGEMENT”

1.5 Credit Hours

Please Rate the Following Statements from 1-5

(1 being the Lowest, 5 being the Highest.)

- _____ 1. I found the PeachTree Online Home Study Course Instructions simple to follow.
- _____ 2. I found the PeachTree Online Home Study Course materials to be of professional quality, and easy to read.
- _____ 3. I found the PeachTree Online Home Study Course materials to be of educational value, relative, and useful to my counseling practice.
- _____ 4. I completed the 1.5 Hour PeachTree Online Home Study Course in approximately 1.5 hours.
- _____ 5. I would take another PeachTree Online Home Study Course, and/or recommend them to a co-worker.

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