



Thrive Program

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Welcome to the THRIVE Program

A Practical Skills-Based Program for Managing Chronic Pain

THRIVE helps you build a life that feels bigger than your pain.

What Is THRIVE?

THRIVE is a skills program designed for people living with chronic pain. It combines tools from CBT (Cognitive Behavioral Therapy), DBT (Dialectical Behavior Therapy), and other evidence-based strategies. The goal is to help you live a fuller life—even when pain is present.

Rather than focusing only on reducing pain, THRIVE focuses on increasing your functioning, improving your relationships, and helping you feel more satisfied with life.

The Modules of THRIVE:

- Mindfulness
- Emotions
- Dealing with Distress
- Interpersonal\Intrapersonal\Relational

Each module provides practical skills that build on each other. They can be used alone or combined as needed. You'll learn how pain affects your:

- **BIOLOGICAL — *Understanding your body and your pain***
 - You'll tell your pain story and how it affects your life
 - Learn to track your symptoms: when they happen, how intense they are, and what helps
 - Set goals based on what you value and want more of
 - Start building healthy daily routines, including sleep and preparation for medical appointments
- **PSYCHOLOGICAL — *Understanding how pain affects your thoughts and emotions***
 - Learn about how change happens (and where you are in the process)
 - Explore how depression, anxiety, anger, and loss show up when you live with pain
 - Use skills like:

- **JNC (Just Noticeable Change)** – making small shifts that matter
- **Distress tolerance & stress management** – calming your nervous system
- **Finding meaning** – reconnecting to what matters to you
 - Learn how to manage stigma, prescriptions, and emotional coping
- **SOCIAL — *Building healthy relationships with yourself and others***
 - Start with how pain has changed your sense of identity, connection, and confidence
 - Practice two different types of problem-solving: individual and social
 - Build and maintain stronger social support networks to help you feel less isolated and more empowered

Who Is This Program For?

THRIVE is for anyone dealing with chronic pain—whether it started recently or has been part of your life for years.

Pain can take away jobs, relationships, hobbies, and hope. But with support and skills, you can rebuild some of what may have been lost and create new purpose and meaning.

The program doesn't promise to erase pain—but it does teach ways to reduce the impact it has over your life.

What Makes THRIVE Unique?

- **Whole-person approach:** Body, mind, and relationships
- **Practical tools:** Skills you can use today
- **Measurable progress:** Pain and behavior tracking to help guide your journey
- **Realistic goals:** Small, doable steps that lead to long-term change
- **Repeating is OK:** Many participants go through THRIVE more than once—and learn something new each time

What You Can Expect to Gain:

- More confidence in managing pain

- A stronger sense of purpose
- Better emotional and physical balance
- Increased connection to others
- Hope and motivation to keep going

Ready to Begin?

Start where you are. Each module offers practical tools and exercises that can help you move forward—one step at a time.

You're not alone. You can THRIVE—even with chronic pain.



Mental Health Systems, Inc.
6600 France Ave S, #230
Edina, MN 55435
952-835-2002
952-835-9889 fax

Bill of Rights for Persons Served

1. Mental Health Systems, Inc. (MHS, Inc.) does not discriminate on the basis of religion, race, sex, marital status, age, sexual orientation, gender identity, national origin, previous incarceration, disability or public assistance status.
2. Every client shall be fully informed, prior to or at the time of the intake session, of the services available at MHS, Inc. and of related financial charges that are the client's responsibility to pay beyond the coverage (if any) of health insurance.
3. Every client can expect complete and current information concerning their diagnosis and individual treatment plan in terms they can understand from their mental health professional or practitioner. This information shall include diagnosis, the nature and purpose of the proposed treatment, the risks and benefits of the proposed treatment, the possible negative outcomes of and possible alternatives to the proposed treatment, the probability that the proposed treatment will be successful, and the prognosis if the client chooses not to receive the treatment.
4. Every client shall have the opportunity to participate in the formulation of their individual treatment plan.
5. Every client shall have the right to know the name and competencies of the licensed mental health professional responsible for coordination of their treatment.
6. Every client who will be treated by an unlicensed mental health practitioner shall have access to a Statement of Credentials posted in the lobby of each facility that will include the following information before treatment begins:
 - a. Name, title, business address and telephone number of the unlicensed practitioner;
 - b. Degree(s), training, experience, or other qualifications of the unlicensed practitioner;
 - c. Name, business address and telephone number of the unlicensed practitioner's licensed mental health professional supervisor;
 - d. Brief summary, in plain language, of the theoretical approach used by the unlicensed practitioner in treating clients.
7. Every client shall have the right to respectfulness of privacy as it relates to their psychotherapy treatment program. Assessment, case discussion, consultation and treatment are kept private.
8. Every client shall have the freedom to voice grievances and recommend changes in policies and services to MHS, Inc. staff free from restraint, interference, coercion, discrimination, or reprisal.
9. In addition to the rights listed above, consumers of psychological services offered by psychologists licensed by the State of Minnesota have the right to:
 - a. Expect that a psychologist has met the minimal qualifications of and experience required by state law;
 - b. examine public records which contain the credentials of a psychologist;
 - c. to obtain a copy of the rules of conduct for psychologists. A consumer who wishes to obtain a copy should contact the Minnesota Board of Psychology, 2829 University



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952-835-9889 fax

Avenue S.E., Suite 320, Minneapolis, MN, 55414-3237, 612-617-2230.

10. In addition to 1-8 above, consumers of psychological services offered by social workers licensed by the State of Minnesota have the right to:
 - a. Expect that a social worker has met the minimal qualifications of and experience required by state law;
 - b. examine public records which contain the credentials of a social worker;
 - c. to obtain a copy of the rules of conduct for social workers. A consumer who wishes to obtain a copy should contact the Minnesota Board of Social Work, 335 Randolph Ave, Suite 245, Saint Paul MN 55102, 612-617-2100.
11. In addition to 1-8 above, consumers of psychological services offered by counselors licensed by the State of Minnesota have the right to:
 - a. Expect that a counselor has met the minimal qualifications of and experience required by state law;
 - b. examine public records which contain the credentials of a counselor;
 - c. to obtain a copy of the rules of conduct for counselors. A consumer who wishes to obtain a copy should contact the MN Board of Behavioral Health and Therapy, 335 Randolph Avenue, Suite 290, St. Paul, MN 55102, 651-201-2756.
12. Every client has the right to refuse to participate in any experimental research.
13. Every client has the right to reasonable notice of changes in services or financial charges.
14. Every client may expect courteous treatment and to be free from verbal, physical, and sexual abuse by MHS, Inc. staff.
15. Every client shall receive information on billing before receiving treatment.
16. Every client may refuse mental health services or treatment.
17. Every client has a right to coordinated transfer when there will be a change of therapists.
18. Every client may assert the client's rights without retaliation.
19. Every client has the right to choose freely among available mental health professionals and practitioners in the community and to change therapists after mental health services have begun within the contractual limits of the client's health insurance, if any.
20. Other mental health services may be available in the community. For more information, telephone First Call for Help at 211.



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Procedures for Filing a Grievance (Complaint)

- I. If a client believes that their rights have been violated by a mental health practitioner, the client is encouraged to submit an oral or written complaint to the clinic lead of the location they are receiving services. If the client is not able to submit a complaint written by the client or by someone else of the client's choosing on behalf of the client, the client may choose to submit a taped complaint in the client's own voice identifying the specific rights violation(s) believed to have occurred. The clinic lead shall investigate the complaint and attempt to rectify the problem within five working days. The client may request that this resolution be put in writing and given to the client.
2. If a client believes that their rights have been violated by a mental health professional, the client is strongly encouraged to submit a written complaint clearly stating the specific rights violation(s) and signed and dated by the client to the clinic lead. The client may choose to file a complaint with the mental health professional's state licensing board, or with the Office of Mental Health Practice in the case of a mental health practitioner.
 - A nurse is licensed by the Minnesota Board of Nursing, 1210 Northland Drive Suite 120, Mendota Heights, MN 55120. Call 612-688-1841 or file [here](#).
 - A psychiatrist is licensed by the Minnesota State Board of Medical Practice, 335 Randolph Avenue, Suite 140, St. Paul, MN 55102. Call 612-617-2130 to file.
 - A psychologist (LP) is licensed by the Minnesota Board of Psychology, 2829 University Avenue S.E., Suite 320, Minneapolis, MN. 55414. Call 612-617-2230 or visit the [board website](#) for more information on filing a complaint.
 - A counselor (LPCC, LPC, LADC) is licensed by the MN Board of Behavioral Health and Therapy, 335 Randolph Avenue, Suite 290, St. Paul, MN 55102. Call 651-201-2756 or visit the [board website](#) for more information.
 - A social worker (LICSW, LGSW) is licensed by the Minnesota Board of Social Work. 335 Randolph Ave, Suite 245, Saint Paul MN 55102. Call 612-617-2100 or file [here](#).
 - An unlicensed mental health practitioner is regulated by the MN Board of Behavioral Health and Therapy, 335 Randolph Avenue, Suite 290, St. Paul, MN 55102. Call 651-201-2756 or visit the [board website](#) for more information.

Data Privacy Notice for Clients Who Provide Information in Person

1. Minnesota Statute requires MHS, Inc. to give a "data privacy notice" or "Tennessee Warning" before asking anyone for private or confidential data. Often the first contact with a prospective client is over the telephone. In cases where persons are asked for private data such as name or service desired or some details about circumstances, they must be given the following data privacy information:

"Before I can ask you to give me any information I am required by law to explain who can see it and how it will be used. The information you give will be used by the staff of this agency to help you determine the kind of treatment you need. No law requires that you give us information, but we cannot help you without some information. What you say will be kept private. but it could be reviewed by the staff who work in the program(s) you are treated within.

If you are a minor you can ask that data about you be kept private from your parents."



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Any prospective client given this information over the telephone should also be given a copy of the complete data privacy notice at the intake session.

2. Federal and state laws require MHS, Inc. to keep all information about you strictly private. Anyone at MHS, INC. who may have access to information about you must keep that information private. Anyone who illegally shares information about you is subject to fines, dismissal or other legal action.
3. All information we request will be used for one or more of the purposes stated below:
 - a. to evaluate your need for care;
 - b. to plan the types of care that will help you the most;
 - c. to assist MHS, Inc. in collecting payment for the service we provide you.
4. You are not required to provide any information to us. However, if you choose not to give us information about you, that will make it more difficult for us to help you, and may interfere with or prevent achieving your counseling goal(s).
5. Information about the type, the amount, the dates, the cost, the outcome and the evaluation of the treatment given to you will be available to MHS, Inc. staff who need such information to keep records. This information may be sent to your insurance company for billing purposes, but only after you give your signed permission.

No audio or video recording of a treatment session will be made without your written permission. No one except MHS, Inc. staff involved in your treatment will view or listen to a treatment session or recording of a session, or read a verbatim transcript of a session, unless you give your permission.

There are a few instances where MHS, Inc. may be unable to protect your privacy. MHS, Inc. staff are required by law to report suspected child or vulnerable adult maltreatment, even if the information was received in confidence. If you are involved in a court action, your record may be subpoenaed. During an emergency non-MHS, Inc. affiliated individuals or agencies may be contacted (for example, physician, hospital, telephone answering service) in order to help you resolve your emergency. If you do not pay your bill on time, it may be reviewed by our attorney, used in a lawsuit or turned over to a collection agency.

6. You may see all the data about you unless it is used to investigate an illegal action or if a licensed mental health professional believes that it will be harmful to you or others. You may have the information explained to you and have information corrected you think is wrong and MHS, Inc. finds to be wrong. If you consider incorrect any information which MHS, Inc. finds to be correct, you may still attach your own explanation to your client record.

Privacy

Most of the information we collect about you will be classified as private. That means that you and MHS, Inc. staff who need the information can see it while others cannot. For example, MHS, Inc. therapists may participate in periodic case conferences for case review in order to insure that you and other clients



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receive the most effective service possible. Your therapist will inform you if your case is discussed in a case conference.

Occasionally statistics and other anonymous data may be taken from the information we collect about you. This is public and open to anyone, but it will not identify you individually in any way.

Access by You

You can see all public and private records about yourself and your children. (See section on minors for an exception.) To see your file, submit a written request for records to your primary clinician. Access may take a few days, but ten working days is the longest you can be asked to wait. You may also authorize anyone else to see your records. Any access is without charge, but you will be charged for photocopies. Remember to bring identification with you when you request to see records.

Access by Others

Employees of MHS, Inc. will have access to information about you any time their work requires it. Any individual or agency you authorize by informed signed consent may have access to information about you for the purposes you identify. By law, some other government and contractor agencies may also have access to certain information about you if they provide a service to you or if they provide a service to this agency that affects you and requires access to your records. In circumstances specified in statute, information about you may or must be released without your consent. For examples of these circumstances, please review the document, “Access to Health Records: Practices and Rights,” given to you at the time of your intake interview.

Details about how the information we collect about you may be shared are available from the staff person(s) who work with you.

Purposes

The purposes of the information we collect from you, or that you authorize us to collect from others about you, are listed below. Because this list of purposes covers a variety of situations, some of the purposes will not apply to you. Details about the purposes of the information we collect from you are listed on any release of private data form(s) you will be asked to complete and are available from MHS, Inc. staff. Depending on the services you receive. The purposes of the data we collect from you are:

- to assess your need for treatment;
- to provide effective care and treatment of problems identified by you;
- to coordinate your treatment with other members of your interdisciplinary team;
- to prepare statistical reports and do evaluative studies (you will not be individually identified in the reports or studies);
- to enable us to collect federal, state or county funds for the services, care or assistance that you or your dependent(s) receive from this agency;
- to permit this agency to collect from you or the Minnesota Department of Human Services or a county human services agency the payment owed us for the service(s) you receive from MHS, Inc.;



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- to evaluate and audit programs; and
- other purposes specifically authorized by you.

Other Rights

You have the right to challenge the accuracy of any of the information in your records. If you want to challenge any information, talk to your MHS, Inc. therapist or write to a MHS, Inc. clinic lead. Your challenge must be answered in 30 days.

You have the right to insert your own written explanation of anything you object to in your records.

You have the right to appeal the decisions about your records. To file an appeal, you may write to the Commissioner of Administration, State of Minnesota, 50 Sherburne Avenue, St. Paul, Minnesota, 55155. Your notice to the Commissioner of Administration should contain the following information:

- your name, address, and phone number, if any;
- a statement that Mental Health Systems, Inc. is the agency involved in the dispute and that one of MHS, Inc.'s clinic leads is the responsible authority representing MHS, Inc.;
- a description of the nature of the dispute, including a description of the data; and
- the desired result of your appeal.

This notice must be filed within 60 days of the action being appealed.

Minors

If you are a minor (i.e., less than 18 years old), you have the right to request that information about you be kept from your parent(s) or legal guardian(s). This request should be made in writing to your MHS, Inc. therapist and both explain the reasons for withholding data and show that you understand the consequences of doing so. In a few cases the law permits us to withhold data from your parent(s) or legal guardian(s) without a request from you, if that data concerns the treatment of drug abuse or venereal disease or if you are married. If you have any questions about this, ask the MHS, Inc. therapist who works with you.

Whom to Contact

If you have any questions regarding the Data Practices Act or any of the information above, ask your MHS, Inc. therapist or an MHS, Inc. clinic lead. Please refer to www.mhs-dbt.com for current contacts. You may also direct inquiries to the Data Privacy Division, Department of Administration, 305A Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155, 651-296-6733 or 1-800-657-3721.

Funding

MHS, Inc. is a private, for-profit clinic whose sole source of revenue is based on fees for services provided. Major sources of reimbursement for services provided are the Minnesota Health Care Programs (MHCP), and private health insurance. MHS, Inc. accepts MHCP (Medical Assistance, MinnesotaCare, or



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Medicare) reimbursement as payment in full for covered services provided to a recipient with the following exceptions: (1) in the case of a spend-down, (2) when the recipient has received an insurance payment designated for the service, in which case MHS, Inc. is allowed to bill the recipient directly to recover the insurance payment that the recipient has received, and (3) under MinnesotaCare, if a co-payment or dollar cap on the service exists. A fee schedule is available in the lobby of the each clinic or upon request.

Responsible Authority

The clinical leads at Mental Health Systems, Inc. are the responsible authority regarding the interpretation and implementation of the Government Data Practices Act. They are the people responsible in this Center for answering inquiries from the public concerning the provisions of the Data Practices Act.

MHS DBT Program Rules & Expectations

- **Program Members are expected to attend every scheduled session.** Absences must be planned with the therapist and/or group in advance. Documentation of absences may be requested. All absences, regardless of reason, count towards overall attendance. Attendance below 90% will result in an attendance contract to support consistent attendance. Three consecutive absences without phone calls will be grounds for discharge (see attached attendance policy).
- Members must maintain confidentiality. Group issues cannot be discussed outside of programming or during break. Breaking confidentiality may be grounds for discharge. Recording, photographing, screenshotting, or otherwise capturing any part of programming is strictly prohibited. This includes the use of phones, smart watches, smart glasses, computers, tablets, AI-enabled devices, or any other recording technology. Maintaining the privacy and confidentiality of all group members is a shared responsibility.
- Members are expected to participate in programming through active listening, providing support and feedback to peers, being engaged in teaching, presenting diary cards, and completing behavior chains and homework as assigned.
- Members are expected to take problem-solving time and practice skills whenever they report significant distress.
- Members' feedback and behavior are expected to be respectful at all times. Anyone engaged in disrespectful feedback will be given a verbal warning and then may be asked to take a break or leave. Examples of disrespectful behavior include:
 - Interrupting others
 - Using inappropriate verbal and/or non-verbal language
 - Sharing specific details of behaviors that are self-injurious
 - Not respecting the boundaries of others
 - Using cell phones or participating in other distracting activities
- A pattern of disrespectful behavior may result in a Success Plan, suspension, or discharge from programming.
- Discrimination and harassment of any kind will not be tolerated. Discrimination or harassment may be grounds for discharge from programming.
- Relationships and interactions between members outside of programming are generally discouraged (this includes social media spaces), but at times members may be allowed to use each other for skill-based support outside of programming. Members are expected to be clear and respectful of each other's boundaries. Members are not allowed to have romantic or other private relationships with each other, and they are not allowed to engage in behaviors that could be problematic or unskillful with one another (for example, substance use, gambling, sexual behavior, etc.).
- Members are not allowed to use alcohol, drugs, or engage in unhealthy behaviors together. Participating in these behaviors may be grounds for discharge.
- Members are not allowed to engage in SI/SIB behaviors on premises or come to group under the influence of alcohol or drugs. Members are not allowed to vape or use any other substances in the therapy space. Such behaviors may be grounds for discharge.
- Members may not call other members for 24 hours after they have acted on SI/SIB/TIB behaviors.
- Members are required to participate in ongoing individual therapy and comply with prescribed medications.
- To help maintain a safe, respectful, and therapeutic environment, Members are expected to wear clothing that fully covers the genitals, buttocks, and chest/torso, as well as shoes, while in the clinic. Our clinic is committed to creating a welcoming environment where people of all identities and backgrounds can feel safe, respected, and able to focus



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on treatment. Clothing and footwear expectations are intended to support physical safety, promote a professional healthcare environment, and be mindful of the diverse experiences, cultural backgrounds, personal boundaries, and trauma histories of those in our community. These expectations apply equally to everyone and are not intended to make assumptions about gender identity or expression. We ask everyone to follow these expectations to help foster a therapeutic space where all individuals can feel comfortable and supported.

- Members are expected to comply with their payment agreements.

Acknowledged by: _____

MHS DBT Virtual Clinic Rules and Expectations

- Members must be physically located in the state of Minnesota at the time of participation in group.
- Members participating in virtual programming are expected to attend sessions from a safe, private, and stable location where confidentiality can be maintained.
 - Never record, stream, or screenshot your session.
 - Never include anyone in your physical environment in the session, i.e. no friends or family members in the room, no one walking in and out of the space you are using for sessions etc.
 - Members may not participate while driving or being driven or engaging in other activities that interfere with treatment.
 - Keep your camera unless it is a break time. If you must briefly turn off your camera due to tech difficulties or a brief break, please inform your group in the chat; failure to inform your facilitator about camera being off and lack of verbal communication may result in being removed to the waiting room.
 - An intentional violation of confidentiality will result in discharge; an unintentional violation (as determined by the group facilitator) will be reviewed by the clinical team to determine if virtual programming is an appropriate ongoing care option.
- Safety expectations:
 - At the beginning of each virtual session, members must be able to provide their current physical location (an address and make/model/license number of vehicle if parked somewhere confidential) so staff can respond appropriately in the event of a safety concern or wellness check. If you connect for a session from a different or new location, you must inform your therapist immediately upon login to session.
 - Members will have an active safety plan, cooperate with safety assessments, and will be clear about their safety related to suicidal ideation (SI) and urges.
 - Members who do not have a clear commitment to safety with suicidal ideation and urges by the end of the session will have the police and/or ambulance sent to their physical location and transported to the hospital for further evaluation.
 - Members who deliberately disconnect during a safety assessment, intervention, or effort to obtain a safety commitment will have police and/or ambulance sent to their physical location and transported to the hospital. This behavior will result in discharge.
 - *Members who have technical difficulties or who get unintentionally disconnected will immediately call/email their facilitator to ensure safety (this applies to all clients, regardless of safety concerns). Deliberately disconnecting will be treated at a Therapy Interfering Behavior (TIB).*
- Members must treat the virtual space as if it were a shared physical space, including:
 - Refraining from all nicotine/vaping use until break times (*all use must be off-screen during break times*)
 - Facing the camera as if you are in an in-person conversation
 - Refraining from distracting activities (use of cell phone or other devices, moving around your home to do chores, vigorous exercise, cooking, TV on in the background etc.)



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- Your group facilitator may also suggest use of hand-raising, muting, headphones etc. to support an environment where everyone can participate without talking over each other or being interrupted by environmental noise
 - Members are also encouraged to come to the session as if coming to an in-person appointment, this may include: changing out of pajamas into something you would wear out; sitting up; arriving a few minutes early; preparing a snack or meal in advance; having fidgets or comfort items to use skillfully during group
- If your group facilitator becomes disconnected unexpectedly from the session, please wait at least 15 minutes for them to reconnect to the session. Please pause therapy-related discussion until they return.

DBT Beliefs About Skills Training

■ **CORE CONCEPT:** How we think about ourselves and skills training influences the success of our efforts.

The following beliefs provide a foundation for DBT and skills training. Consider these beliefs and use them to guide your approach to learning and practicing skills.

You are Doing Your Best

Everyone, yourself included, is doing their best in any given moment. None of us want to make mistakes, offend or put off others, or fall into behaviors that do not work. When you or someone else is struggling, remember this belief and dialectically balance it with the next belief.

Skills Help You to Do Better

Even though we are all doing our best, sometimes our best is not enough to be effective. We all have room for improvement, and skills help us to be better.

Skills Apply to All Areas of Your Life

Most of us are skillful sometimes, with some people, in some situations. The trick is to learn how to use skills in our trouble spots: with those people and situations in which we struggle to be effective. Practice your skills across all areas of your life.

No Matter How a Problem Happened or Who Caused it to Happen, You are Responsible for a Skillful Response

Sometimes we cause our own problems and sometimes other people cause them. Sometimes stuff just happens. Blaming others and getting into behaviors that make situations worse tends to be self-defeating. Focus less on how something happened or who should be accountable, and focus more on how you can be skillful in the face of difficulties.

Skills Work When You Work the Skills

Merriam-Webster's Dictionary defines a skill as “the ability to do something that comes from training, experience, or practice.” You have to work the skills for the skills to work. It's that simple. Do not give up. Again, practice your skills to be more skillful.

THRIVE Program Guidelines: Participation, Respect, and Safety

Core Concept: Structure and safety help everyone in the group thrive.

This program is designed to support you in managing chronic pain more effectively. For that to happen, we need clear rules and expectations that make group a safe, respectful, and productive place for everyone.

Attendance Expectations

Being present matters. Skills and support only work if you show up regularly.

- You're expected to attend all scheduled sessions.
- If you can't make it to your next program session, please talk beforehand with your therapist or share this with your therapist and the group. Documentation may be needed in the case of repeated absences.
- Missing more than 1 of 10 group sessions will lead to an attendance contract. A repeat of missing more than 1 of 10 group sessions will lead to a discharge contract. Missing more than 1 of 10 group sessions again could lead to discharge. There are no excused absences, but mitigating circumstances will be considered prior to discharge.
- Missing three groups in a row without calling could mean discharge from the program.
- *Why this matters:* Chronic pain management is about consistent skills training and application. Each session is important as they build from each other.

Confidentiality and Emotional Safety

Group is a private space.

- What's shared in group stays in group. No discussing group content outside or even during breaks.
- Breaking confidentiality may result in being discharged from the program.
- *Why this matters:* Respect and privacy help people share openly and feel safe.

Participation and Skill Practice

You get out what you put in.

- Be present: listen, ask questions, support others.

- Share your homework, behavior chains, and diary cards when asked.
- If you are feeling high distress, use skills or ask for problem-solving help.
- *Why this matters:* Practicing skills helps you apply them when pain flares up or life gets overwhelming.

Respectful Communication

We speak and act with kindness.

- Everyone deserves to feel heard and respected.
- Interrupting, inappropriate language, or boundary violations are not allowed.
- First, you'll get a verbal reminder. If it continues, you may be asked to leave or take a break.
- Ongoing disrespect may lead to a behavior contract or discharge.
- *Why this matters:* Emotional pain often makes relationships harder. Practicing respectful communication supports healing.

Boundaries Outside of Group

Support is great—so are boundaries.

- Skill-based contact between group members is allowed with clear, respectful boundaries.
- No private or romantic relationships between group members.
- No using drugs/alcohol or engaging in harmful behaviors with each other.
- You may not contact another member within 24 hours of self-harm or high-risk behavior.
- *Why this matters:* When managing chronic pain and emotional distress, structure keeps things safe.

Outside Therapy & Medication

This group is part of your bigger recovery plan.

- You must be in regular individual therapy.
- Follow your prescribed medication plan and stay in contact with your providers.
- *Why this matters:* Managing pain takes a full team approach. Group is only one piece.

Payment

Healing is an investment.

- You're expected to stick to your agreed payment plan.
- Talk to your therapist or billing staff if issues arise.
- *Why this matters:* Following through on commitments is part of rebuilding structure and self-trust.

Use this page as a guidepost. These rules are designed to help you build a better life, even while living with chronic pain. Respecting the structure helps you and your fellow group members move forward.

Understanding Payment Responsibilities

Core Concept: Regular financial contribution helps keep the THRIVE program running and available to those who need it.

Managing chronic pain often involves ongoing support, and being part of a structured program like THRIVE means committing not only to your treatment goals but also to the shared responsibilities that keep the program available. That includes understanding how billing works and making consistent payments—even small ones—when possible.

What You Need to Know

Mental Health Systems, Inc (MHS) is a fee-for-service clinic. This means we are reimbursed for the care you receive through your insurance and your contributions. To stay in the program, every participant is expected to take part in this system of shared responsibility.

What You May Be Billed For

Your insurance may require one or more of the following:

- Co-pays (a fixed fee per session)
- Deductibles (what you pay before insurance starts covering services)
- Co-insurance (a percentage of the cost)
- Spend-downs (what you owe if you're on certain state plans)

These are not optional. MHS is legally and contractually required to collect them.

If You Can't Pay in Full

We understand that chronic pain can make work and income unpredictable. If you can't pay your full bill:

- You can set up a monthly payment plan with the business office.
- No interest will be charged, and your account won't be sent to collections.
- We ask that you stick to your agreement and make at least your agreed-upon monthly payment.

Important: No one with an outstanding balance will be seen without making at least a minimum contribution, even during financial hardship.

When and How to Pay

- Due Date: Payments are due by the 20th of each month.
- How to Pay: You can give your payment to your therapist, mail it to the Edina business office, or pay online via the pay online link on the MHS webpage.

If Your Situation Changes

- New insurance? Let MHS know right away.
- Lost coverage? We won't discharge you immediately.
 - You must actively look for insurance, and
 - A new payment agreement will be created during the gap.
 - If you are paying reduced fees without insurance, you have up to six months to complete the THRIVE program.

Non-Payment Policy

- If you go three months without paying and don't communicate or make new arrangements, this may lead to discharge from the program.

Why This Matters in Pain Management

Chronic pain care is long-term. Regular financial contributions help keep programs like THRIVE sustainable and available to others in similar need. Just like we encourage you to show up for your therapy and practice your skills, this is another area of follow-through that builds stability and supports recovery.

Vision of Recovery (VOR) and Goal Setting

Core Concept: Knowing what you want your life to look like—even while living with chronic pain—helps you stay focused and motivated.

What Is a Vision of Recovery (VOR)?

Your Vision of Recovery is your *big picture*. It's your personal idea of what life could look like if pain or illness no longer had control over your day-to-day experiences.

Even though pain may still be a part of your life, your VOR helps you imagine a life where pain doesn't *stop* you from doing what matters most.

This is your chance to dream. You get to define:

- What you want out of life
- What's meaningful to you
- What life could look like with more freedom, movement, or connection

Questions to Guide Your VOR:

- What do I want my life to look like in a few years?
- What do I want to be doing if I'm no longer in weekly treatment?
- What would life look like if pain wasn't in charge?
- What strengths do I already have that I can build on?

Your VOR becomes your North Star—it helps guide your treatment and your efforts.

Turning Your VOR into Goals

Once you have your big-picture vision, the next step is breaking it into clear, realistic goals.

Living with chronic pain means that your goals need to focus on *function* more than *fixing*. We may not be able to erase your pain—and we can build a life around it.

Example:

VOR: "I want to feel more connected and active again."

Goal: "I want to have a weekly lunch with a friend and take a short daily walk."

Goal Setting: The Steps

1. Start with your VOR

What do you want your life to look like?

2. Set your goals

What do you need to work on to move toward that vision?

3. Break goals into small steps (objectives)

What can you do today, this week, or this month?

Why Use Your Own Words?

Using *your* words helps you take ownership of your goals. It's not about what your therapist wants—it's about what *you* want to build.

Power, Control, and Motivation

Chronic pain often takes away the feeling of control. But goal setting gives that power back.

When *you* are the one setting the direction, you're more likely to stay motivated—even on tough days.

Reflective Questions:

- “What I need to work on to reach my VOR is...”
- “My top treatment priorities are...”
- “What I need to learn or do differently is...”

Remember:

Your pain doesn't define your future

Small steps build big changes

You have the power to shape a life that feels meaningful—even with pain

Goal Setting and Motivation

Core Concept: Setting realistic goals helps you stay motivated and move forward—especially when you’re managing chronic pain. Real and lasting change comes from moving forward to achieving something new, rather than stopping doing something ineffective.

Why Goals Matter

When you live with chronic pain, it’s easy to feel stuck or discouraged. You may want things to change but not know where to start. Goal setting is one way to take back control. It helps you build a life that works *with* your pain instead of waiting for it to go away.

Goals give you:

- A sense of direction
- Focus and structure
- Motivation and hope

Step 1: Set Realistic Goals

Not all goals are helpful. Some can actually make things worse—like setting a goal to “get rid of pain completely.” That’s not something anyone can promise. Instead, focus on increasing your function and quality of life.

Ask yourself:

- “What does my life look like if I’m functioning better—even if the pain is still there?”
- “What small things can I do that help me feel more in control?”

You can use the VOR (Vision of Recovery) to imagine this “big picture.” Then, create smaller, reachable goals and break them into steps (called *objectives*).

Example:

- VOR: “I want to feel more connected and less isolated.”
- Goal: “Talk to one friend each week.”
- Objective: “Send a text or make a 5-minute call by Friday.”

Step 2: Balance Wants and Needs

It's totally normal to want to go back to the life you had before pain. But treatment works best when we focus on your *needs* first—like:

- Managing energy
- Improving sleep
- Keeping up with daily tasks
- Reducing isolation

Wants like “working full-time” or “running again” matter too, but they come after your needs are supported.

Use a Pain Skills Implementation Plan (PSIP) to handle day-to-day issues while keeping your bigger goals in sight. (INCLUDE PAGE NUMBER OF THE PSIP)

Step 3: Stick With It (Even When It's Hard)

Change takes effort, and it's easy to lose motivation when progress is slow. That's why your goals need to matter to YOU. They should reflect your values—not just your clinician's ideas.

Work together with your therapist to:

- Set goals that *feel right*
- Adjust when things change
- Celebrate progress—even small steps

Helpful Tips for Staying Committed

- Stay Flexible
Life is not all-or-nothing. Don't give up just because things didn't go perfectly.
- Notice Small Wins
Instead of saying “I only walked 5 minutes,” say “I added movement today. That matters.”
- Use Gaining Language
Talk about what you're *adding* to your life, not just what you're losing.
“I'm trying to stop feeling pain.”
“I'm building more calm and energy in my day.”

- Think Long-Term

Recovery isn't quick. It's more like a marathon than a sprint. Stay steady and kind to yourself.

Reflection

- What's one need you want to focus on this week?
- What's one small step you can take toward your VOR?
- How will you reward yourself for making progress?

Let your goals guide you—not overwhelm you. With support, structure, and skill practice, change is possible—even with chronic pain. 🌻

Goal Setting Worksheet: Building Your Vision of Recovery (VOR)

Core Concept: This worksheet helps you turn your “big picture” into small, doable steps—even when living with chronic pain.

1. My Vision of Recovery (VOR)

What do I want my life to look like when pain isn't in control anymore?

(Write a few sentences in your own words.)

Example: “I want to feel confident going to appointments, see my friends more often, and not let pain stop me from doing basic things.”

My VOR:

2. What Are My Priorities Right Now?

What's most important for me to work on first? These should focus on improving function—not eliminating pain.

- ☐ Improving sleep
- ☐ Feeling more connected with others
- ☐ Building energy or activity
- ☐ Coping with strong emotions
- ☐ Something else: _____

3. My First Goal

Goal (in my own words):

What's one realistic thing I want to work toward?

Why this goal matters to me (motivation):

4. Breaking It Down: Action Steps

What small steps can I take to start working toward my goal—even on tough days?

Step I will take

When/how often

Things I will do despite pain

5. Checking In

What challenges might get in the way?

What skills can I use when pain or frustration shows up?

- Deep breathing
- Movement/stretching
- Pacing
- Asking for support
- Other: _____

6. Encouraging Progress

How will I celebrate small wins or progress?

Reminder: Your goals can grow and change. Keep moving toward your VOR, even one small step at a time. Progress—not perfection—is what counts.

Goal Setting Homework Worksheet

Core Concept: Goals help give direction and focus—especially when managing chronic pain or long-term health conditions. Clear goals help you feel more in control, motivated, and confident in your ability to improve your quality of life.

1. Define Your Goal

Take time to think about what matters to you. This is your personal roadmap.
Use your own words!

My goal is to:

My need is to:

Example: “I want to be able to take a 10-minute walk each day without overwhelming pain.”

2. Identify Your Assets

Think about what tools, people, or strengths you already have that will help you reach this goal.
What do I already have that could help me reach my goal?

(E.g., a supportive friend, a heating pad, a therapist, medication, past experience, access to a pain group)

3. Understand Your Barriers

What might make this goal difficult? Pain? Fatigue? Negative thoughts? Lack of support?

Barriers to My Goal

Example: Pain flare-ups on walking days

Skills I Can Use to Work Through Them

Use pacing, mindfulness, or breathing exercises

4. Create an Action Plan

Now break your goal into small steps. Choose what you'll do and when you'll do it.

Action Behavior

Timeline (When will I do it?)

Walk to the mailbox and back

Every other day after lunch

Do 5 minutes of stretching

Each morning before breakfast

Call a friend for encouragement

Once a week on Sunday afternoons

5. Assess the Results

Check in with yourself. What happened? How did it feel in your body and mind?

Immediate Changes

Changes Over Time

Example: Felt more relaxed after walk

Less fear about movement after 2 weeks

6. Talk About It

Bring this worksheet to your next session. Be ready to talk about:

- What worked and what didn't
- What helped you stay on track
- What needs adjusting
- How this affects your experience of pain

What happened and how can I keep the change going?

Reminder: Chronic pain may not go away overnight, but setting meaningful goals helps you build a life that's more manageable and fulfilling—one step at a time. You've got this.

Goal Setting & Motivation – Worksheet

Use this worksheet to help set, track, and stay focused on your goals as you manage chronic pain.

1. Define Your Vision of Recovery (VOR)

What do you want your life to look like when your pain is better managed?

2. Set a Clear Goal

Write down one goal that feels important and realistic to you:

3. Small Steps (Objectives)

List the small, manageable steps that will help you reach your goal:

Step 1: _____

Step 2: _____

Step 3: _____

4. Needs vs. Wants

Need (something necessary for your well-being):

Want (something you'd like to have, but not essential):

5. Staying Motivated

What helps you stay committed when things get tough?

List one small thing you can celebrate this week:

6. Use Positive Language

Instead of saying: 'I'm failing at this goal...'

Try saying: 'I'm still learning and making progress.'

Write your own positive reframe:

Functioning, Pain, and Loss

Core Concept: Pain affects your daily life, but you can respond in ways that support healing, growth, and purpose.

How Pain Impacts Functioning

Chronic pain can affect your ability to function and do the things you enjoy. Many people feel stuck when they can no longer do what they used to. This might lead to less activity, more frustration, and a sense of loss. Learning how pain affects your choices—and how you respond to that pain—can help you move forward.

Understanding Reinforcement and Pain

Positive Reinforcement

Sometimes, pain leads to care and support from others—which can feel good. When this happens too often, it might cause you to become more passive or dependent, even when you could do more on your own.

Example:

- You're in pain, so someone brings you meals or does tasks for you.
- It feels comforting—but over time, you may do less and feel less confident.

Negative Reinforcement

Sometimes, avoiding pain means avoiding tasks. When someone else takes over, you feel relief. But this also teaches your brain that avoiding is the solution—even if it's not helping you grow.

Example:

- You don't want to clean, so you say you're in pain. Someone else cleans for you.
- You avoid the pain, although also lose strength and confidence.

Pain can grow from inactivity. Muscles weaken, and flexibility drops. This is called deconditioning—and it often makes pain worse in the long run.

Reinforcement and Healthy Behavior

Doing things that improve your life—like practicing self-care or attending appointments—should feel rewarding. But sometimes people are accidentally "punished" for doing healthy things.

Example:

- You go for a short walk and someone tells you, “You’re going to hurt yourself!”
- Even though walking was good for you, you feel afraid to try again.

When healthy actions lead to criticism or fear, people often stop trying. This is why it’s so important to notice and celebrate progress—even the small steps.

Grieving Losses Related to Pain

Chronic pain often comes with many types of loss:

- Less ability to do daily tasks (like driving, working, or hobbies)
- Changes in relationships and independence
- Loss of identity and roles
- Feelings of sadness, grief, or hopelessness

These losses are real. It’s okay to feel them. But focusing only on what’s been lost can stop you from seeing what’s still possible.

Growth begins when you focus on what you can do today—not just what you used to do.

Tools for Improving Functioning

1. Behavioral Mapping

Track your activities throughout the day. Notice:

- What tasks you did
- What pain levels you felt before and after
- What helped or hurt

This helps you learn what's worth doing and what needs adjusting.

2. Event Planning (Pain/Distress Level Worksheets)

Before a challenging event, make a plan. Use skills you've learned to reduce stress and stay grounded. This helps you stay in control.

3. Modifying Activities

Try adjusting:

- Frequency (How often?)
- Intensity (How hard?)
- Duration (How long?)

This keeps you active—without making things worse.

Common Pain Coping Patterns

Pattern	What It Looks Like	Long-Term Effect
Fight	You push through the pain no matter what	May lead to burnout or more pain
Flight	You stop as soon as pain starts—or might start	May lead to loss of function
Freeze	You avoid activities altogether	Can shrink your world and increase fear

The key is finding balance—not too much, not too little. A behavioral analysis can help you see what leads to your choices and how to try something new.

Moving Forward

- Pain is real. So are your choices.
- What you do matters—even when progress feels small.

- By understanding how pain interacts with your habits, you can begin to reclaim power, improve functioning, and build a more meaningful life. Relevant Skills (Building Mastery, Building Positive Experiences, Mood Momentum, and Instilling Hope)

Pain Skills Implementation Plan Worksheet (PSIP)

Core Concept: This worksheet helps you prepare for how to manage chronic pain and distress at different intensity levels. When you know what to expect at each level, you can respond more effectively.

0-1 No Pain or Distress

Typical Situation:

Typical Thoughts:

Feelings:

Behaviors:

Skills to Use:

1-2 Early Warning Signs

Typical Situation:

Typical Thoughts:

Feelings:

Behaviors:

Skills to Use:

3-4 Some Pain or Distress

Typical Situation:

Typical Thoughts:

Feelings:

Behaviors:

Skills to Use:

5-6 Increased or Increasing Pain or Distress

Typical Situation:

Typical Thoughts:

Feelings:

Behaviors:

Skills to Use:

7-8 Intense Pain or Distress

Typical Situation:

Typical Thoughts:

Feelings:

Behaviors:

Skills to Use:

9-10 Crisis Pain or Distress

Typical Situation:

Typical Thoughts:

Feelings:

Behaviors:

Skills to Use:

Support Contacts

Therapist: _____ Phone #: _____

Psychiatrist: _____ Phone #: _____

Case Manager: _____ Phone #: _____

Friend: _____ Phone #: _____

Other: _____ Phone #: _____

Other: _____ Phone #: _____

In Case of Emergency

If you've tried your skills and reached out to your contacts but still feel overwhelmed, take the following steps:

- During work hours, call Mental Health Systems at (952) 835-2002 for skills coaching.
- After hours, call CRISIS CONNECTION at (612) 379-6363 or 911.
- You can also go to the nearest emergency room for immediate help

Behavior and Solution Analysis (Chain Analysis)

Core Concept: Understand what leads to problem behaviors—and find skillful alternatives that support chronic pain management.

Why Use This?

Behavior and Solution Analysis helps you figure out:

- What led to a problem behavior (like withdrawing, overdoing activity, skipping medication, or emotionally shutting down)
- What keeps that pattern going
- What you can do differently next time

It's especially helpful when you're managing chronic pain. Pain often affects your emotions, sleep, thoughts, and motivation. Over time, this can lead to unhelpful behaviors that keep you stuck. This tool helps you break that cycle.

When to Use This

Complete this worksheet when:

- You avoided something important because of pain or mood
- You had a pain flare-up and reacted in a way that didn't help long-term
- You noticed yourself doing something that made pain worse or recovery harder
- You want to understand a pain-related behavior more clearly

This is not a punishment. It's a way to *learn* what's going on—and build more helpful responses.

What This Tool Does

- Tracks what happened before, during, and after the behavior or pain flare-up
- Highlights your vulnerabilities (like poor sleep, skipped meals, emotional stress)
- Identifies triggering events (e.g., a conversation, pain spike, disappointing news)
- Maps your reactions—thoughts, feelings, body sensations, and actions

- Offers new ways to respond—so you can reduce the behavior’s impact or even stop it from happening again

Example (for chronic pain):

Triggering event: “I woke up with a pain level of 7 and skipped my morning routine.”

Thoughts: “What’s the point? I can’t do anything today.”

Emotions: Hopeless, frustrated

Behavior: Stayed in bed all day, didn’t stretch or eat

Consequence: Felt worse physically and emotionally by the end of the day

Possible skillful alternative next time:

- Acknowledge pain
- Use paced activity (even light stretching)
- Apply a soothing strategy (warm compress, distraction)
- Use a grounding thought: “Doing something small helps me long-term.”

Steps for Using Behavior and Solution Analysis

1. Start with the behavior or situation you want to change.
2. Track what led up to it (What happened? How were you feeling? What were you thinking?)
3. List how your body felt (pain, fatigue, tension, etc.)
4. Describe the behavior and what happened after.
5. Note any short-term relief and long-term consequences.
6. Brainstorm what could help next time.
7. Circle or list specific strategies or coping skills to try in the future.

Tips for Getting the Most Out of It

- Be honest but kind to yourself—this is about learning, not judging
- Look for patterns (certain pain levels, times of day, triggers)
- Keep it brief and specific
- Review your plan with your therapist or support team

REMEMBER: You don't have to "fix" everything right now. Just understanding your behavior is already a big step toward change. Pain doesn't have to control your life. These tools can help you regain a sense of control—one link at a time.

Behavior and Solution Analysis Worksheet

CORE PURPOSE: Understand your behavior, learn from it, and plan new responses—especially when chronic pain adds to the challenge.

Step 1: Identify the Problem Behavior

What happened that you want to understand or change?

(Example: "I skipped my PT exercises and stayed in bed all day.")

Problem Behavior:

Step 2: What Triggered This Behavior? (Prompting Event)

What started the chain of events?

(Example: "Woke up with pain level 8 and felt overwhelmed.")

Prompting Event:

Step 3: Vulnerabilities

What made you more likely to react this way? (Circle all that apply or add your own)

- ☐ Poor sleep
- ☐ High pain level
- ☐ Skipped meds
- ☐ Emotional stress
- ☐ Conflict with others
- ☐ Feeling lonely
- ☐ Poor eating
- ☐ Other: _____

Step 4: Chain of Events (What happened next?)

Use short bullet points to show the sequence after the triggering event:

(Example: Felt hopeless → Thought “why bother” → Turned off alarm → Stayed in bed)

Step 5: Thoughts, Emotions, Body Sensations

What thoughts went through your mind?

“I can’t do this anymore.” “No one understands.”

What emotions did you feel?

Hopeless, angry, sad, anxious, defeated

How did your body feel?

Muscle tension, shallow breathing, fatigue, heavy limbs

Step 6: Consequences

What happened after the behavior?

- Short-term relief (if any):

(Example: Avoided pain of movement)

- Long-term consequences:

(Example: More stiffness, guilt, lost progress in PT)

Step 7: Where Could You Use a Skill?

Go back through your chain—what moment could you have made a different choice?

(Example: When I thought “Why bother,” I could have used a coping statement or distraction)

Step 8: New Plan – Skillful Alternatives

What skills or strategies can you try next time at these points?

Point in Chain

New Skill to Try

Examples: Mindfulness, paced movement, opposite action, self-validation, SIP plan, soothing strategies, calling a support person

Step 9: Reflection

What did you learn about your patterns or pain response?

What’s one small thing you can try differently next time?

Baseline Assessment Form

Core Concept: Learn from past experiences to plan wisely and manage pain more effectively.

Managing chronic pain means being thoughtful about how your body responds to activity. This worksheet helps you check in with yourself, learn from past experiences, and create a smart plan that supports your functioning without making pain worse.

1. Rate Your Current Pain

Use a 0–10 scale to rate your current pain:

- 0 = No Pain
- 10 = Worst Possible Pain

What level of pain feels manageable for you? That’s your “coping zone”—where you still feel able to use skills and get things done.

2. How Often Do You Do the Activity?

Think about a similar activity you’ve done in the past.

- How often did you do it?
- Did doing it more often increase your pain?

Tip: If pain increases with frequent activity, you might need to reduce how often you do it or space it out.

3. How Hard Are You Pushing? (Intensity)

Think about how much effort you used when doing the activity.

- Did pushing harder make your pain worse?

Tip: You can change how you do the activity. Try pacing yourself, using breaks, or asking for help.

4. How Long Are You Doing It? (Duration)

Think about how long you did the activity before pain started.

- Was the length of time part of the problem?

Tip: Try breaking the task into smaller parts. It's okay to do things in stages over time.

5. What Do You Expect This Time?

Based on your past experiences, ask yourself:

- What's the chance this activity will increase my pain?
 - Low
 - Medium
 - High

Knowing your pattern helps you plan better.

6. Pros and Cons

Ask yourself:

- What are the benefits of doing this activity?
- What are the downsides of doing it—or skipping it?

Also consider:

- Are you feeling strong today or more vulnerable?
- What matters most right now—comfort or function?

7. Review Your Coping Plan (PSIP Form)

Before you start the activity, create or look over your Pain Skills Implementation Plan (PSIP) to make sure you know:

- What coping skills you'll use
- How you'll respond if pain increases
- What support you might need

8. Take Action and Follow Through

Once you've made your plan, commit to it.

- Trust your thinking and preparation.
- Avoid second-guessing.
- Learn from the experience and adjust as needed next time.

REMEMBER: Pain doesn't have to control your choices. With planning, pacing, and problem-solving, you can stay active and empowered—even with chronic pain. Small changes = big gains.

Date: _____

Time of Day
(circle)

Activity
(describe)

**Intervention
Used**
(check)

**Level of Pain
BEFORE
Intervention**
(check)

**Level of Pain
AFTER
Intervention**
(check)

Location of Pain
(circle)

Morning:

12:00am-2:00am

2:00am-4:00am

4:00am-6:00am

6:00am-8:00am

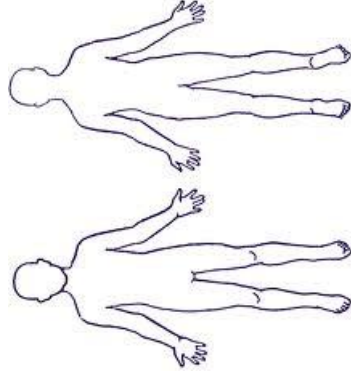
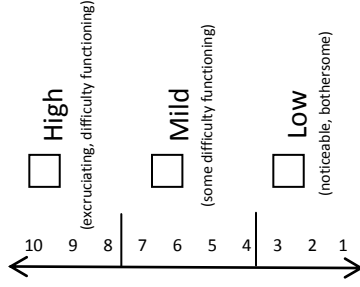
8:00am-10:00am

☐ Used medication for
pain
(Biological)

☐ Used skills to manage
pain
(Psychological)

☐ Used support for pain
(Social)

☐ No interventions



Midday/Evening:

10:00am-12:00pm

12:00pm-2:00pm

2:00pm-4:00pm

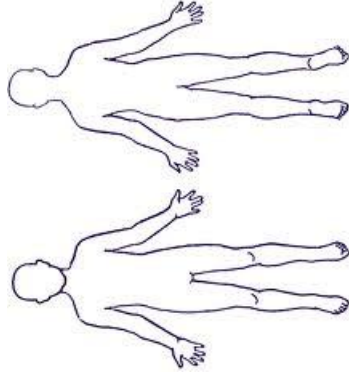
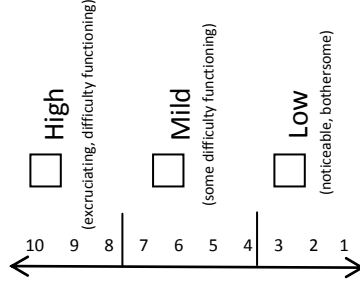
4:00pm-6:00pm

☐ Used medication for
pain
(Biological)

☐ Used skills to manage
pain
(Psychological)

☐ Used support for pain
(Social)

☐ No interventions



Evening/Night:

6:00pm-8:00pm

8:00pm-10:00pm

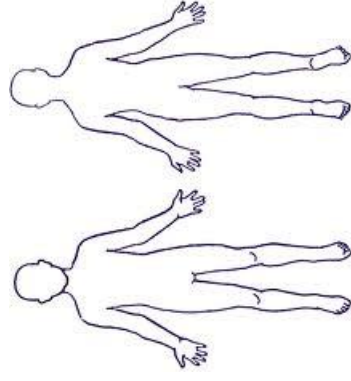
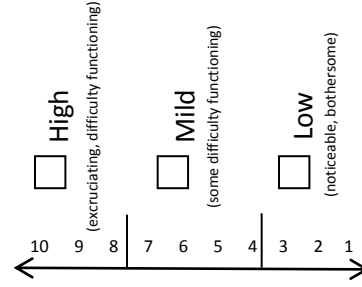
10:00pm-12:00am

☐ Used medication for
pain
(Biological)

☐ Used skills to manage
pain
(Psychological)

☐ Used support for pain
(Social)

☐ No interventions



Pain Planning Worksheet: Making Smart Choices with Chronic Pain

Core Concept: Plan ahead to avoid pain flare-ups and increase success.

This worksheet will help you think through how an activity might affect your pain and functioning. By looking at what has happened before and creating a plan, you can make more confident, effective decisions about how to move forward.

Step 1: Rate Your Current Pain Level

On a scale of 0–10 (0 = no pain, 10 = worst pain imaginable), how would you rate your pain right now?

My current pain level: ____

Now, choose a pain level that feels manageable and where you know you can still function and use your coping skills.

My “okay” pain level is: ____

Step 2: Think About the Activity

Frequency: How often did you do this activity in the past? How did that affect your pain?

Example: “I used to walk daily, but it made my knees hurt if I didn’t rest.”

Intensity: How hard did you push yourself when doing this activity before? Did going “all in” cause more pain?

Example: “When I cleaned the whole house in one afternoon, I was in bed the next day.”

Duration: How long did you do this activity before? Was it too long, just right, or not enough?

Example: “Thirty minutes of gardening was okay. An hour made my back ache for days.”

Step 3: Predict the Outcome

Given what you know from the past and how you're feeling today, what's the chance this activity will cause a pain flare-up?

☐ Low ☐ Medium ☐ High

Step 4: Pros and Cons List

What are the benefits and downsides of doing—or not doing—this activity?

Engaging in the Activity

NOT Engaging in the Activity

e.g., "Feel accomplished and active"

e.g., "Avoid extra pain today"

Step 5: Review Your Coping Plan

What skills or tools can help you manage your pain while doing this activity?

- Use pacing
- Take breaks
- Use my pain relief tools
- Track how I feel before and after

Step 6: Make Your Action Plan

What will I do?

When will I do it?

How will I support myself before, during, and after?

Final Step: Follow Through—Without Regret

You've done the work to plan, review, and prepare. Whatever happens, you are learning and growing. Make your choice with confidence and adjust as needed next time!

Tracking Your Progress: The Diary Card

Core Concept: The Diary Card helps you understand your mood, pain, and behavior patterns—so you can make changes that improve your life.

What Is a Diary Card?

The Diary Card is a simple tool to help you track how you're doing each day. This includes:

- Emotions and moods
- Urges (like the urge to isolate or use substances)
- Skills you've tried
- Pain levels and how you coped
- Sleep, medication use, and overall functioning

This is especially helpful for people living with chronic pain. Pain affects your emotions, energy, sleep, and choices. The Diary Card helps you see how all these pieces connect—so you can make skillful changes.

Why Use a Diary Card?

What you track is what improves – Tracking your pain, feelings, and coping helps you understand patterns and make positive changes.

It builds awareness – You'll begin to notice how your pain affects your mood, motivation, and relationships.

It helps you and your therapist – The information you write down helps guide your therapy sessions and keeps your progress on track.

Tips for Success

- Do it daily – Choose a consistent time, like after dinner or before bed.
- Spend 5–10 minutes max – Keep it simple!
- Track your averages – Think about the past 24 hours and write down how things went overall.
- Give yourself credit – Notice when you tried a skill or got through a tough moment.

- Look for patterns – Over time, you may notice certain situations make your pain or mood worse—or better.

What Can I Track?

Here are some things often included on a Diary Card:

- Skills used (like pacing, distraction, or mindfulness)
- Pain levels (morning/evening or before/after activities)
- Depression or anxiety
- Anger or frustration
- Medications taken
- Urges or actions related to self-injury, substance use, or avoiding treatment

Your therapist may help you create a custom Diary Card that fits your goals and needs. For example:

- If your pain flares up during certain activities, we'll track when and how.
- If sleep affects your functioning, we'll track that too.

If You Forget...

Everyone forgets sometimes. If you notice the Diary Card becomes a pattern of avoidance (especially if pain or distress is high), your therapist may help you do a short Behavior and Solution Analysis to problem-solve what's getting in the way.

Pro tip: Set a reminder or pair your Diary Card with another daily habit, like brushing your teeth or watching your evening show.

Final Thoughts

Starting the Diary Card may feel strange or even overwhelming. That's okay. Stick with it. You are building new awareness—and that's a powerful step in taking control of your life and pain management.

You've got this!

[illegible]

	MON	TUES	WED	THURS	FRI	SAT	SUN
Stressors							
Feelings							
Thankful							
Daily Goal							
Time							

Wise Mind (WM) To dialectically balance emotion and reason so you can respond rather than react
Observe (OB) To just notice experience
Describe (DE) To put words on experience
Participate (PA) To fully enter into your experience
Nonjudgemental Stance (NJS) To not attach strong opinions or labels to experience
One-mindedness (OM) To focus your attention on one thing
Effectiveness (EF) To focus on what works

Pleased (PL)

Physical Health: To engage in behaviors that keep your body healthy
List Resources and Barriers: To identify your resources and barriers for each area of PLEASED
Eat Balanced Meals: To maintain a healthy diet everyday
Avoid Drugs and Alcohol: To minimize or eliminate drug and alcohol use
Sleep 7 to 10 Hours: To get the amount of sleep that helps you feel good
Exercise: To exercise 20 minutes three to five times each week
Daily: To make PLEASED skills daily habits, for maximum benefit

Build Mastery (BM) To do things to help you feel competent and in control

Build Positive Experience (BPE) To seek out events that create positive feelings

Attend to Relationships (A2R) To connect with meaningful people in your life

Mood Momentum (MM) To perform balanced behaviors to maintain positive moods

Opposite to Emotion (O2E) To do the opposite of the action a negative emotion pulls you to perform

Distract with ACCEPTS

Activities (AC): To keep busy and involved
Contributing (CON): To do something for others
Comparisons (COM): To see that others struggle, too
Emotions (EM): To do something that creates other emotions
Push Away (PA): To shelve your problem for later
Thoughts (T): To think about something other than your distress
Sensations (S): To invigorate your senses or to do something physically engaging

Self-Soothe (SS) To relax yourself through the senses

Urge Surfing (US) To ride the ebbs and flows of emotions/urges without reacting

Bridge Burning (BB) To remove the means to act on harmful urges

IMPROVE the Moment

Imagery (IM): To relax or practice skills visually in your mind

Meaning (ME): To find the “why” to tolerate a difficult time

Prayer (PR): To seek connection and guidance from a higher power

Relaxation (RE): To calm the mind and body

One Thing at a Time (OT): To focus on one thing when overwhelmed

Vacation (V): To take a brief break

Encouragement (EN): To coach yourself with positive self-talk

Pros and Cons (P&C) To weigh the benefits and costs of a choice

Grounding Yourself (GY) To use OB and DE to come back to the here and now

Radical Acceptance (RA) To acknowledge “what is” to free yourself from suffering

Everyday Acceptance (EA) To accept daily inconveniences that occur in li

Willingness (WI) To remove barriers and do what works in a situation

Fast (F)

Fair: To be just and take a Nonjudgemental Stance (NJS) with yourself and others.

Apologies Not Needed: To not apologize for having an opinion, for your own viewpoints or for things over which you have no control

Stick to Values: To know what values are non-negotiable and when values conflict, work to resolve the conflict through Wise Mind (WS)

Truth and Accountability: To be honest and accountable with yourself and others

Give (G)

Genuine: To be honest, sincere, respectful and real with others

Interested: To make efforts to connect with a person — listen intently, ask questions and listen to the answers, make appropriate eye contact

Validate: To acknowledge others’ feelings, thoughts, beliefs and experiences without judgement

Easy Manner: To treat others with kindness and a relaxed attitude

Dear Man (DM)

Describe: To outline the situation in nonjudgemental language

Express: To share your opinions and feelings if they relate and will help others understand the situation

Assert: To ask clearly for what you want or need, say no or set your boundary

Reward: To let others know what is in it for them, avoid ultimatums and threats

Mindful: To stay focused on your goal

Appear Confident: To use an assertive tone of voice, make eye contact and use confident body language

Negotiate: To strike compromises that make sense, meet in the middle

Individual Complexity

Core Concept: Chronic pain often comes with overlapping mental health and life challenges—this is known as complexity, not weakness.

What Is Complexity?

When someone has both chronic pain and mental health struggles (like anxiety, depression, or trauma), we call that “comorbidity.” In this workbook, we use the word complexity instead. It helps reduce stigma and reminds us that pain affects more than just the body. It also impacts thoughts, mood, relationships, and motivation.

Chronic Pain and Mental Health Often Go Together

You are not alone if you’re dealing with more than just pain. Most people with chronic pain also face emotional and psychological stress. Pain can change how we feel, think, and relate to others. These changes are real and valid.

Examples of Common Challenges in Chronic Pain:

- Mood changes (irritability, sadness, anxiety)
- Loss of motivation or energy
- Cognitive fog or trouble focusing
- Trouble sleeping
- Social withdrawal or isolation
- Strained family or work relationships
- Grief over past functioning
- Frustration with medical care
- Financial stress

Diagnosis Isn’t the Whole Story

Mental health professionals use a guide called the DSM-5 to help diagnose concerns like depression or anxiety. Diagnoses describe patterns of symptoms but don’t define who you are. A diagnosis may explain part of your story—but you are not your diagnosis.

Start With Validation

Before trying to fix or change everything, it helps to validate what you’re feeling. Validation is noticing and acknowledging your experience as real and important.

Validation IS:

- “I’m hurting, and that’s real.”
- “This is hard, and it makes sense I feel overwhelmed.”
- “I have pain and I’m doing my best.”

Validation is NOT:

- “It’s not that bad, I should just tough it out.”
- “Others have it worse, so I don’t deserve help.”
- “Maybe it’s all in my head.”

Practice Self-Validation:

- Validate your pain and your experience of it.
- Validate your emotions without judgment.
- Validate your needs, even if others don’t understand them.
- Validate your efforts to cope and grow.

Things to Remember:

- It’s common to have both pain and mental health challenges.
- Validation is different from giving up—it’s a first step toward change.
- You are more than your diagnoses. You are a whole person with strengths and a story.

My Story – Part 1

Please share your story involving physical pain and psychological distress

What is your current relationship with your physical pain?

What is your current relationship with your psychological distress?

How does your physical pain affect your psychological well-being?

How does your psychological distress affect your physical functioning?

My Story – Part 2

(To be completed as a requirement for graduation from the program)

Please share your story involving physical pain and psychological distress

What was your physical pain like when you started this program?

What is your current relationship with your physical pain?

What was your psychological distress like when you started this program?

What is your current relationship with your psychological distress?

How does your physical pain and your psychological well-being currently affect your functioning?

Please tell your story as you anticipate it happening for the next year.

Emergence and Patterns

Core Concept: Understanding how your pain started and the patterns that have developed can help you learn new ways to cope.

Why This Matters

Everyone's pain story is different—but many people with chronic pain go through similar experiences. Whether your pain started because of an injury, a medical condition, genetics, or stress, you may find yourself stuck in patterns that are hard to change. This handout helps you explore how your pain developed and what patterns might be keeping you stuck, so you can create a plan that works for you.

How Pain Often Starts

- Injury or illness: Some people can point to a specific time when the pain started, like after a surgery or accident.
- Medical conditions: Others live with ongoing health conditions that cause or increase pain over time.
- Family history: Some people may be more likely to develop chronic pain because of genetics.
- Stress and environment: Emotional stress, trauma, or lifestyle can also play a role.

No matter how your pain started, it's what happens next that really affects your daily life.

How People Learn to Cope with Pain

We often learn how to deal with pain by:

- Trying things on our own (“trial and error”)
- Watching what others do
- Listening to doctors or advice from the internet or media

But most people are never taught a systematic way to cope—especially when pain becomes chronic.

The Pain Cycle: Why It's Hard to Break

Pain is supposed to protect us—like when you pull your hand away from a hot stove. But chronic pain is different.

- You try to push through the pain... sometimes it helps, sometimes it doesn't.
- You try to rest... sometimes it helps, sometimes it doesn't.
- You get stuck in a loop of doing what worked *once*, even if it's no longer working.

This creates a confusing pattern of pain, short-term relief, frustration, and hopelessness.

Understanding Your Pain Patterns

Pain often feels unpredictable—but we can start to make sense of it. One way is to track the Frequency (F), Intensity (I), and Duration (D) of your pain.

Use tools like the Pain Diary or Behavior Chain to look at:

- When pain happens
- What you were doing before it started
- How long it lasted
- How strong it felt
- What helped or made it worse

This information helps create a personal action plan to reduce suffering and build healthier coping routines.

Skills You Can Use

These skills help you manage the ups and downs of chronic pain:

- Behavioral Mapping – Track how your activities affect your pain.
- SIP (Skills Implementation Plan) – Prepare for tough days or events ahead of time.
- Modify Activities – Adjust how often, how intensely, or how long you do something (called “FID”: Frequency, Intensity, Duration).
- Identify Coping Styles – Notice if you usually fight (push through), flee (avoid), or freeze (shut down). Then practice healthier responses.

Managing Flare-Ups: Learning to Cope with Pain Increases

Core Concept: You can reduce the impact of chronic pain flare-ups by understanding what triggers them and using smart coping strategies.

Why This Matters:

Chronic pain is unpredictable. Some days are better than others. You might feel fine one day and experience a painful flare-up the next. This handout helps you understand common patterns and gives you tools to manage them.

Common Flare-Up Cycle:

When pain increases, many people:

- Stop moving to avoid making it worse
- Miss out on activities they enjoy
- Lose muscle strength over time
- Start to fear pain even more

This can lead to:

- More pain from inactivity
- Less motivation
- Hopelessness and frustration
- Questioning whether treatment is working

This is called a **negative feedback loop**. The pain leads to inactivity. Inactivity leads to worse pain. It becomes a cycle that is hard to break—but not impossible.

Fear of Reinjury: A Real Barrier

It's common to worry:

- “Will I make my pain worse?”
- “What if I get hurt again?”
- “What if it doesn't stop this time?”

While these fears are understandable, avoiding all movement can actually increase pain in the long run. The goal isn't to ignore pain—it's to move in safe and supported ways that match your current ability.

Reflect with these questions:

- Have I been injured doing this activity before?
- Has a doctor or provider said it's unsafe—or is it just my fear?
- Am I avoiding pain, or avoiding progress?
- What happens when I try to push through? What happens when I avoid?

Thought Tool: Break the Negative Feedback Loop

Here's a common example:

Pain Starts → I Reduce Activity → I Get Weaker & Isolate → I Feel Worse → I Disengage from my Life

How to Break the Cycle:

- Use pacing (shorter time, lower intensity, more rest)
- Focus on function, not complete pain relief
- Follow your care team's plan, even on hard days
- Use pain logs to track patterns and prepare for better days

Action Steps for Managing Flare-Ups

1. **Identify early signs** that your pain is increasing.
2. **Pause and assess** – Can you use a coping skill or rest briefly instead of stopping entirely?
3. **Use pacing** – Break tasks into smaller steps. Take breaks before pain spikes.
4. **Avoid all-or-nothing thinking** – Some movement is better than none.
5. **Communicate** with your team if your flare-ups are increasing.

Coping Skills to Practice:

- Stretching and gentle movement

- Heat/ice packs
- Mindfulness or breathing exercises
- Distraction (music, TV, games)
- Talking with a friend or support person

Workbook Reflection:

1. What activities increase my pain when I overdo them?
2. How can I pace or modify those activities?
3. What are my top 3 flare-up coping tools?
4. Who can I talk to when I feel discouraged?

Remember: You are not alone. Flare-ups are part of living with chronic pain—but they don't have to control your life. With practice and planning, you can ride them out and stay focused on what matters to you.

Adherence to Treatment Protocols

Core Concept: Following your treatment plan helps you manage chronic pain and improve functioning.

What Is Treatment Adherence?

Adherence means sticking to the treatment plan you and your provider agreed on. That plan might include things like:

- Taking your medications as prescribed
- Going to appointments
- Using physical therapy or practicing skills
- Making daily lifestyle changes

For people with chronic pain, staying consistent with treatment is a key part of feeling better and building a life worth living.

Why Is It So Important?

Not following your treatment plan (nonadherence) can lead to:

- More pain and fewer improvements
- More medical visits and higher health costs
- Less ability to work or enjoy daily life
- Slower recovery and more emotional distress

Even though no one can follow every recommendation perfectly, improving your adherence can help you make real progress.

Common Reasons People Struggle with Treatment Plans

Below are some barriers that people with chronic pain often face. You're not alone if you've experienced these.

1. Frustration with Medications

Many people with chronic pain take medications to help manage symptoms. But you might have mixed feelings, like:

- *“Is this even helping?”*
- *“I don’t like the side effects.”*
- *“I don’t want to become dependent on pills.”*

Because of this, some people skip doses, take more than prescribed, or stop meds completely. This can make it hard for your provider to know what’s really working. Taking meds exactly as prescribed helps you and your provider make the best decisions about your care.

2. Frustration with Providers

It’s common to feel:

- Rushed during visits
- Unheard or misunderstood
- Unsure if the provider believes your pain
- Left out of your own care plan

When you don’t feel like a partner in your treatment, it’s easy to lose motivation. But your voice matters. Asking questions, sharing honestly, and giving feedback can improve your care experience—and your results.

3. Frustration with Progress

You might be doing everything "right"—taking medications, showing up to appointments, practicing your skills—and still not feel much better. That can feel deeply discouraging.

People with chronic pain often ask:

- *“Why am I still hurting?”*
- *“What’s the point of all this if I don’t feel any different?”*
- *“Shouldn’t I be better by now?”*

This kind of frustration can make you want to give up. But change often happens slowly and unevenly, especially with long-term pain.

Try this mindset shift:

Focus on function, not just pain. Ask yourself:

- Am I sleeping a little better?
- Am I more active or connected?
- Am I using more coping skills than before?

These are all wins—even if your pain isn't gone.

4. Frustration with Yourself

It's very common to feel frustrated with your own efforts. You may:

- Miss appointments
- Avoid doing exercises or homework
- Skip medications
- Stop tracking your progress

Then you might feel guilty, ashamed, or like you've failed. But lapses are part of the process.

Important to remember:

- You're not lazy.
- You're not broken.
- Chronic pain and mental health challenges can drain your energy and motivation.

Instead of judgment, try self-compassion:

- What small step can I take today?
- What's getting in the way—and how can I problem-solve it?
- Who can I ask for support?

Progress is not about being perfect. It's about practicing, learning, and starting again—as many times as needed.

REMEMBER: Chronic pain is complex. It affects your mood, energy, sleep, relationships, and more.

Treatment is not just about fixing pain—it's about improving your life, step by step. The more involved and consistent you are, the more your plan can work for you.

Tips to Improve Adherence:

- Use a daily routine to remember meds
- Write down questions for your provider
- Track how you're doing and bring notes to appointments
- Talk to your clinician about barriers you're facing
- Ask for help adjusting your plan if something isn't working

Preparing for Appointments

When you're managing chronic pain, preparing for appointments can make a big difference in the care you receive. Planning ahead helps reduce stress, improves communication with your care team, and helps you get your needs met.

Before the Appointment

1. **Prioritize needs and wants:**
Make a list of what you need and want from your appointment. Put the most important things at the top.
2. **Set clear goals and objectives:**
Be clear on what you want to happen in the appointment. What answers or help are you hoping to leave with?
3. **Create a list of questions:**
Write down your questions as they come up. Keep the list in a spot where you can add to it easily.
4. **Organize tracking forms:**
Bring up-to-date tracking sheets like symptom logs or medication lists to help explain your current situation.
5. **Plan for childcare (if needed):**
Make arrangements so you can be fully present during the appointment.
6. **Coordinate transportation:**
Arrange a reliable way to get to your appointment. This is one of the most common reasons people miss visits.
7. **Bring an advocate:**
Consider having a trusted person attend with you to help take notes or offer support.
8. **Visualize the appointment:**
Imagine yourself staying calm, asking your questions, and working as a team with your provider.

Day of the Appointment

1. **Confirm childcare:**
Double-check your childcare plan to avoid last-minute issues.
2. **Gather materials:**
Bring your notes, tracking forms, and list of questions.
3. **Review your goals:**
Remind yourself what you want to get from the appointment.
4. **Manage stress:**
Take time to breathe or stretch before you go.
5. **Leave early:**
Plan to arrive 10-15 minutes before your appointment. Being late can add unnecessary stress.

Mindfulness & Chronic Pain: A Simple Introduction

What Is Mindfulness?

Mindfulness means paying attention to what’s happening **right now**, without judging it. It’s about being fully present in the moment—aware of your thoughts, feelings, body, and surroundings.

For people with **chronic pain**, mindfulness helps you notice pain without letting it control you. Instead of fighting it, mindfulness teaches you how to live alongside pain with less stress and more peace.

Why Try Mindfulness?

- It can **reduce the stress and anxiety** that often come with chronic pain.
- It helps you **notice pain without adding fear or frustration**.
- It gives you tools to **respond calmly** instead of reacting quickly.
- It **changes how your brain experiences pain**, making it feel less overwhelming.

Mindfulness in Everyday Life

You can practice mindfulness in simple ways:

Mindful Skill	How It Helps with Pain
Breathing deeply	Calms the body and lowers pain tension
Body scans	Helps you notice areas of tightness or ease
Being curious, not critical	Reduces emotional suffering around pain
Focusing on what matters now	Shifts attention away from pain thoughts

Even just **2–5 minutes a day** can make a difference!

What It’s NOT

- Mindfulness isn’t ignoring pain.
- It’s not about “fixing” pain.

- It's not about being calm all the time.

Instead, it's about **accepting what's happening**, so you can make wiser choices—like resting, stretching, connecting with others, or just breathing through a hard moment.

Wise Mind: Your Inner Balance

In DBT (Dialectical Behavior Therapy), we talk about **Wise Mind**—the balance between **emotion mind** (reacting with feelings) and **reason mind** (thinking only logically).

Mindfulness helps you find your **Wise Mind**, even when you're in pain, so you can act with strength, self-kindness, and clarity.

Try This: One-Minute Mindfulness

1. Sit or lie down.
2. Close your eyes (or soften your gaze).
3. Take a deep breath in... and out.
4. Notice where your body feels pain. Just notice it—don't try to change it.
5. Now notice where your body feels neutral or okay. Hold on to noticing\ongoing awareness of neutral and ok sensations.
6. Say to yourself: *"This is what I feel right now. I can be with it."*

Remember:

"Mindfulness doesn't take the pain away. But it gives you space around it."

Practicing mindfulness daily—even in small ways—can help you feel **calmer, more in control, and more connected to life** beyond pain.

Understanding Your Mind: Emotion, Reason, and Wise Mind

Core Concept: *Wise Mind* is the balance between emotions and logic—and it's especially helpful for managing pain.

Three States of Mind

In DBT (Dialectical Behavior Therapy), we talk about three ways your mind works:

1. **Emotion Mind** – driven by feelings
2. **Reason Mind** – driven by facts
3. **Wise Mind** – the calm middle ground where emotion and reason work together

When you're dealing with **chronic pain**, these mind states can affect how you cope with your symptoms, make decisions, and handle stress. The goal is to spend more time in **Wise Mind**.

Emotion Mind

This is when **your feelings take over**. It might lead to quick decisions or strong reactions. With pain, Emotion Mind can make things feel even worse.

When you're in Emotion Mind:

- Pain feels overwhelming or unbearable.
- You may think, *"I can't take this anymore!"*
- You might snap at others, isolate, or do things impulsively to escape pain (like overeating, avoiding movement, or using substances).

But emotions are not bad! They help:

- **Communicate** how we feel (e.g., crying when overwhelmed).
- **Alert** us to danger or stress (e.g., fear telling us to be careful).
- **Motivate** us (e.g., sadness making us reach out for support).

Chronic Pain Tip:

Emotion Mind might say, *"This pain will never end."*

With mindfulness, you can notice that thought without believing it, creating space between you and your suffering.

Reason Mind

This is your **logical, thinking brain**. It helps you focus on facts, problem-solve, and make smart plans.

When you're in Reason Mind:

- You track your pain symptoms and identify what makes it worse or better.
- You build a pacing schedule for activity or plan helpful routines.
- You can think clearly and avoid emotional spirals.

Reason helps you:

- Make decisions with less drama.
- Talk to others calmly, even when you're hurting.
- Stick to a treatment plan or self-care schedule.

Chronic Pain Tip:

Reason Mind helps you plan small goals (like walking for 5 minutes or practicing breathing exercises) that keep you moving forward—without being overwhelmed.

Wise Mind

This is the **best of both** Emotion and Reason Mind. It's calm, centered, and connected to your deeper truth.

In Wise Mind:

- You accept that pain is real—but also remind yourself you can cope.
- You listen to both how you feel *and* what makes sense.
- You act with self-compassion and strength.

Chronic Pain Tip:

Wise Mind might say, *"I'm in pain, and I can take care of myself right now."*

Try This: Wise Mind Check-In

Use this when your pain flares up or you feel overwhelmed:

1. Take 3 slow, deep breaths.

2. Ask yourself:

- What am I feeling? (Emotion Mind)
- What are the facts? (Reason Mind)
- What do I know deep down is the next right step? (Wise Mind)

3. Make a small choice from your Wise Mind—like resting, stretching, or reaching out.

Key Takeaways for Pain Management

- **Emotion Mind** can make pain feel worse—but also shows what you care about.
- **Reason Mind** helps you stay on track and avoid panic.
- **Wise Mind** is your *inner compass*—use it to choose responses that support healing.

"You may not control the pain—but you can learn to respond to it in a wise, grounded way."

Mindfulness Skills: Your Path to Wise Mind

Core Concept: You can build Wise Mind using two types of skills:

- **“What” skills** – What you do
- **“How” skills** – How you do it

When you’re living with **chronic pain**, these skills help you stay grounded, respond wisely, and reduce suffering—even when pain is still there.

WHAT Skills: What You Do to Be Mindful

Observe

Just notice what’s happening—inside and outside of you—without trying to fix or avoid it.

This skill helps you step back and look at your pain, your emotions, and your thoughts like passing clouds.

Try it with pain:

- “I feel warmth in my back... now tingling in my leg... now my breath going in and out.”
- Let the sensations come and go without judgment or tension.

Other examples:

- Notice the sound of birds, the shape of a tree, or the way your feet feel on the ground.
- Pay attention to your breathing, thoughts, or emotions—just observe without reacting.

Chronic pain tip: *Observing helps separate pain from panic. Pain is there, but you are also more than the pain.*

Describe

Put words to what you observe—clearly and simply.

Describing helps you make sense of your experience without getting tangled in it.

Try it with pain:

- “My shoulder feels tight and pulsing. My mind keeps saying, ‘This won’t end.’”
- “My breath is short, and my thoughts feel fast.”

Other examples:

- “My heart is racing, and I feel nervous about the doctor’s appointment.”
- “I feel heat in my cheeks and my jaw is clenched.”

Chronic pain tip: *Saying it out loud or writing it down can lower the emotional charge around pain.*

Participate

Fully join the moment. Be present with what you’re doing instead of watching from the sidelines.

This skill helps you stop resisting or checking out and instead choose how to engage.

Try it with pain:

- While stretching or using a heating pad, **focus** on how it feels instead of being distracted by fear.
- When you’re in a conversation, be present—even if you’re in some discomfort.

Other examples:

- Get absorbed in music, a creative hobby, or a walk in nature.
- When cooking, notice the sounds, smells, and textures of what you're making.

Chronic pain tip: *Participation keeps you connected to life—not just to pain.*

Mini Practice: Using All the What Skills

Example: You’re having a pain flare-up.

- **Observe:** “I feel burning in my legs. My breath is shallow.”
- **Describe:** “I’m feeling afraid this will last all day. I notice my body tensing.”
- **Participate:** “I choose to do a 2-minute breathing exercise to calm my body.”

Final Thought

Mindfulness doesn’t take away chronic pain—but it gives you tools to relate to it differently, with more peace and less struggle.

Mindfulness HOW Skills: Practicing with Purpose

Core Concept: These “How” skills guide *how* you use mindfulness. They help you stay calm, focused, and effective—especially when dealing with **chronic pain**.

1. One-Mindfully – Focus on One Thing

What it means:

Pay full attention to just *one* thing at a time. Distractions will happen, but you can gently return to the moment—again and again.

Why it matters with chronic pain:

Pain can pull your attention in many directions. One-Mindfully helps you stay grounded in *now*—not lost in worries about the past or future.

Try it with pain:

- Focus fully on breathing in and out for one minute.
- When using a heating pad, notice only the warmth—let other thoughts pass by.
- If your mind wanders to fear or frustration, gently bring it back to your breath or your body.

Other examples:

- When talking to someone, give them your full attention.
- While stretching, focus only on the feeling of the stretch—not on pain stories in your head.

Each time you bring your mind back, you’re strengthening your ability to stay present—even through discomfort.

2. Nonjudgmentally – Accept What’s There

What it means:

Describe what’s happening **without labeling it as good or bad**. See things for what they are, not what you wish they were.

Why it matters with chronic pain:

Judging your pain (“This is awful,” “I can’t handle this”) adds **suffering on top of pain**. Letting go of judgment reduces emotional overload.

Try it with pain:

- Instead of “This is the worst pain ever,” say, “I’m feeling sharp tension in my lower back right now.”
- Replace “I’m weak for needing rest” with, “My body needs care today.”

Other examples:

- “Today was hard” instead of “I’m a failure.”
- “My friend canceled plans” instead of “No one wants to be around me.”

Judgments make pain louder. Letting go of them creates more space to breathe, cope, and move forward.

3. Effectively – Do What Works

What it means:

Do what helps in the **real situation**—not what you wish were happening. Let go of being “right,” and instead ask, *What will help me feel better or move forward right now?*

Why it matters with chronic pain:

You might want to power through or push your limits, but doing what actually works—like pacing, resting, or asking for help—leads to less long-term suffering.

Try it with pain:

- Instead of pushing through when you're in pain, rest or stretch mindfully to reduce flare-ups later.
- If you’re sad or tired, call a friend or journal instead of ignoring your needs.

Other examples:

- If a pain treatment isn’t working, talk to your provider instead of giving up.
- If you miss a goal, adjust your plan rather than quitting.

Being effective means acting from Wise Mind—not reacting out of frustration or pride.

Quick Summary: HOW Skills for Pain Relief

Skill	What It Means	Pain Relief Tip
One-Mindfully	Focus fully on one thing	Focus on breath, movement, or sound to ground yourself
Nonjudgmentally	Let go of “good/bad” labels	Say what’s happening without criticism
Effectively	Do what works in the real situation	Pace, rest, or shift your plan based on what your body needs

Final Thought

Mindfulness can’t take pain away—but it can change how you live with it, making space for healing, calm, and clarity.

Letting Go of Judgments: A Mindfulness Skill

Core Concept: Judgments are not always “bad”—but when they’re rigid or negative, they can add stress and make pain worse. Learning a **Nonjudgmental Stance** helps you respond with balance and kindness. Rigid and negative judgments are the enemy of change.

What Is a Judgment?

A **judgment** is when you label something as good, bad, right, wrong, annoying, unfair, etc. We all do it! Sometimes it helps—but other times it keeps us stuck.

When Judgments Can Be Helpful:

- **Quick decisions:** “The weather is bad—I’ll stay in.”
- **Summing up experiences:** “I had a good day.”
- **Staying safe:** “That alley looks dangerous—better avoid it.”
- **Managing time:** “That’s not worth my energy today.”

In chronic pain, it might sound like:

“This treatment didn’t help me last time, so I’ll try a different one.”

When Judgments Become Harmful:

- You **overgeneralize**: “Nothing ever works. I’ll always be in pain.”
- You **criticize yourself**: “I’m weak because I need to rest.”
- You **judge others** unfairly: “People don’t get it, so they must not care.”
- You **refuse to change**: “If I try something new, I’ll just fail.”

These kinds of judgments make pain feel worse and recovery feel impossible.

Two Types of Judgments

1. Teflon Judgments (Helpful, Flexible)

- Light and easy to let go.
- You can update them with new information.

Examples:

- “I don’t think this exercise is right for me—and *I’ll talk to my therapist about adjusting it.*”
- “That group class wasn’t helpful last time; *maybe I’ll try it again with a different instructor.*”

2. Sticky Judgments (Heavy, Harmful)

- They cling to you and feel emotionally intense.
- Hard to change, even when they’re not working.

Examples:

- “No one understands my pain. I’m alone.”
- “If I can’t do what I used to, I’m worthless.”
- “This pain is ruining my life, and nothing will ever help.”

Sticky judgments are like tinted glasses—they color everything you see in a painful way.

How to Let Go of Sticky Judgments

Try these strategies:

Strategy	Description
Self-Reflect	Notice when a judgment keeps repeating or feels heavy.
Drop the Backpack	Imagine removing heavy judgment “rocks” from your mind and setting them down.
Smash the Glasses	Picture breaking tinted lenses—challenge what you assume is 100% true.
Take Another View	Ask: <i>What else could be true here?</i> Look at things from more than one angle.

Pain Example: Reframing a Sticky Judgment

Judgmental Thought	Nonjudgmental Reframe
“I’m useless because I need help today.”	“I’m in pain, and it’s okay to ask for support right now.”
“I’ll never get better.”	“Today is hard, but change is still possible.”

Judgmental Thought

“Nobody understands what I’m going through.”

Nonjudgmental Reframe

“People may not fully get it, but some want to support me.”

Final Thought

Judgments are like mental habits—some help, others hurt.

When you let go of the ones that weigh you down, you create space for healing, clarity, and Wise Mind.

Mindfulness Daily Practice Log

Core Concept: The more you practice mindfulness, the more you notice how it helps you manage pain, emotions, and stress. This worksheet helps you track your practice and reflect on its impact—even when changes feel small.

How to Use This Log:

Each day, choose one short mindfulness activity (breathing, body scan, mindful walk, grounding, stretching, etc.). Then, use this worksheet to notice:

- Your distress or pain levels before and after
- Your thoughts and feelings before and after
- What helped—or didn't help—you feel more balanced

You don't need to feel perfect. You just need to show up and observe.

Daily Practice Tracker

Day	Mindfulness Exercise	Distress/Pain Level Before (0–10)	Distress/Pain Level After (0–10)	Thoughts/Feelings Before	Thoughts/Feelings After
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Weekly Reflection

1. Which exercise(s) helped you feel calmer or more in control?

2. Were there any exercises that didn't seem helpful?

3. What patterns did you notice in your distress or pain levels?

4. How can you use mindfulness more effectively next week?

Reminder

Mindfulness is a skill—not a superpower. Some days are harder than others.

The goal is to stay curious, keep practicing, and notice the small shifts that add up over time.

Understanding Attributions and Chronic Pain

Core Concept: Sometimes we **misunderstand** the reasons behind our pain or distress. These misunderstandings—called **attribution errors**—can lead to **blame, guilt, or missed opportunities for healing**.

By identifying these patterns, we can reduce unnecessary suffering and make more helpful choices.

Four Attribution Distortions That Affect Pain and Distress

◆ Covariation (Relating Two Things That Happen Together)

Just because two things happen at the same time doesn't mean one is causing the other.

Example (True):

"When my pain flares up, I also happen to be watching TV—but the TV isn't causing my pain."

Pain or Distress Generator Example:

"I always feel worse after talking to my sister, so she must be the cause of my flare-ups."

(This might ignore stress buildup, lack of rest, or emotional triggers.)

◆ Extremity (When Intense Feelings Seem Like Your Identity)

If an experience is intense, we may believe it defines who we are.

Example (True):

"I felt really angry today, but that doesn't mean I *am* an angry person. It was just a strong feeling."

Pain or Distress Generator Example:

"Because I was overwhelmed by pain and snapped at someone, I must be a bad partner."

(This can lead to shame and isolation.)

◆ Discounting (Dismissing the Bigger Picture)

When we understand the situation, we're less likely to blame ourselves unfairly.

Example (True):

"My doctor was rushed today, but I know it's not because I did something wrong—he's managing too many patients."

Pain or Distress Generator Example:

“My physical therapy isn’t going well—I must be lazy or doing something wrong.”

(This may ignore pain fluctuations, poor fit with the treatment, or external challenges.)

♦ Augmentation (Growth After Challenge)

When you succeed even while facing difficulty, it can build your strength and motivation.

Example (True):

“I was afraid to go for a short walk because of the pain, but I did it anyway—and now I feel more confident.”

Pain or Distress Generator Example:

“I pushed through the pain to prove I’m strong, and now I’m in a major flare-up—I feel like I failed.”

(Motivation is helpful, but ignoring body signals can backfire.)

Your Reflection: Personal Examples

Use the space below to write your own examples for each distortion:

Attribution Style	True Example (Neutral or Helpful)	Pain/Distress Generator Example
Covariation	_____	_____
Extremity	_____	_____
Discounting	_____	_____
Augmentation	_____	_____

Your Skills Plan: Reduce One Pain/Distress Generator

Choose one of the painful attribution styles above (e.g., Extremity), and create a small plan to reduce its impact.

- Which attribution style do you want to work on?

- What will you practice noticing or changing?

- **What DBT or mindfulness skill might help you with this?**
(e.g., Observe, Describe, Nonjudgmentally, One-Mindfully)
-

- **What will success look like (even a tiny success)?**
-

Final Thought

You can't always control pain—but you can change how you explain it to yourself.

Healthier attributions = less blame, more insight, and better choices.

Problem Solving: Finding What Works for You

Core Concept: Problem solving is a skill anyone can learn. It helps reduce stress, manage daily challenges, and meet your needs more effectively — especially when you’re living with chronic pain.

Why Problem Solving Matters

When you live with chronic pain, it’s easy to feel stuck or overwhelmed by even small tasks. That’s why learning **how to solve problems step by step** can help you:

- Feel more in control of your life
- Reduce emotional outbursts or frustration
- Avoid making the pain worse through stress
- Improve your relationships

Many people aren’t taught how to solve problems clearly. This can lead to trying to guess solutions, giving up too soon, or repeating unhelpful patterns. But there are **better ways** — and this handout walks you through them.

Method 1: Watching Others

We often learn how to solve problems by watching caregivers or people around us. This can work well — but not always.

Healthy example:

You see someone handle frustration by taking a walk, asking for help, or using a step-by-step plan. You learn to try these skills yourself.

Unhealthy example:

You watch someone explode in anger or ignore problems until they get worse. You might copy this without realizing it’s hurting more than helping.

CHRONIC PAIN EXAMPLE:

You may have grown up seeing others ignore their pain until they “broke down.” You might now feel guilty about asking for help early. A better model would be someone who paces their activities, asks for support, or uses tools like heat/ice or stretching throughout the day.

Method 2: Trial and Error

This is where you **try something**, see if it works, and adjust if it doesn't. Over time, this helps you find what works best for you.

Strengths:

- You get hands-on experience
- You become more confident through learning
- You build your own solutions
- You have time to experiment
- You keep track of what helps and what doesn't
- You can learn from small wins and adjust over time

Risks:

- It can be frustrating if things don't work quickly
- If you don't track what you tried, you may repeat mistakes
- You might give up early without knowing what worked or
- It can also cause frustration when you **keep treating the effects instead of the root problem**. This is called "**chasing fires**."

CHRONIC PAIN EXAMPLE:

You might try multiple sleep positions before discovering which one reduces your nighttime pain. Or you may try 3 different stretches before finding the one that eases your back tension. Trial and error works best when you track your progress.

Method 3: One-Size-Fits-All — When Your "Go-To" Stops Working

Many people find one problem-solving strategy that works for them and stick with it. This works well — until it doesn't.

If you always try the **same approach** no matter what the problem is, you might end up with poor results or even **make the situation worse**.

Every situation is different — what works with your doctor might not work with your child, and what helps your back pain might not help your stress.

CHRONIC PAIN EXAMPLE:

Let's say you've learned that **pushing through the pain** helps you finish chores. This might work short-

term. But if you push every time — even when your body is telling you to rest — you may increase your pain flare-ups. Over time, your go-to solution might backfire.

Why It Matters: Recognizing “Problem Patterns”

Each of these problem-solving styles has strengths — and blind spots:

Method	Strength	Risk
Watching Others	You learn by example	You might copy unhealthy habits
Trial and Error	Builds real-world skills	You might treat symptoms instead of causes (“fires”)
One-Size-Fits-All	Gives quick, familiar options	Might fail when the situation is new or complex

Takeaway: Flexible Thinking = Better Results

Problem solving is a skill, not a personality trait. The more flexible you become in how you approach problems, the more effective you'll be — especially when chronic pain adds extra barriers.

In our next handout, we'll teach a **step-by-step process** you can follow any time a problem pops up. Whether it's pain, relationships, work, or stress — the steps are the same.

You're not stuck. You're learning.

Problem-Solving Plan: Solving Problems on Your Own

Core Concept: When you're living with chronic pain, even small problems can feel overwhelming. This handout gives you a step-by-step guide to solve challenges on your own—at your pace and with your needs in mind.

1. Identify the Problem

What is the issue you're facing right now?

How is this affecting your thoughts, feelings, and behaviors?

(e.g., “My pain makes it hard to sleep, which makes me feel frustrated and exhausted during the day.”)

2. Review Your Values

What matters most to you in this situation?

(e.g., health, independence, stability, connection)

3. Know Your Strengths and Limitations

Strengths: What are you good at? What coping skills help you?

Limitations: What makes this harder (e.g., fatigue, limited mobility, stress)?

4. Consider the Whole Picture

What factors are involved in this problem?

Include:

- Yourself and your pain levels
- Other people (support systems, caregivers)
- Your environment (home, work, healthcare systems)

5. Brainstorm Solutions

Write down ALL possible ideas—no judgment. Even ideas that seem silly might spark something useful.

6. Weigh the Consequences

Narrow your list and ask:

- What could go **right** with each idea?
- What could go **wrong**?

7. Create a Pros and Cons List

For each option, make a list of benefits (pros) and risks or downsides (cons).

8. Choose and Try One

Pick the option that seems most doable and helpful. Start with a small, manageable action step.

9. Evaluate and Adjust

After trying it out:

- **Is it helping?**
- **Does it need tweaking?**
- **Should you try a different approach?**

Remember: This is not about being perfect. It's about *learning, adapting, and honoring your needs*—especially while managing chronic pain.

Living with chronic pain means you already navigate challenges every day. This tool helps you approach problems with structure, clarity, and self-compassion

Stages of Change: Growing Through Chronic Pain

Core Concept: Change takes time—and it happens in stages. When living with chronic pain, knowing **where you are** in the change process helps you take the next small step with self-awareness and compassion.

What Are the Stages of Change?

These stages describe how people move toward healthier choices, especially when the journey is hard or slow—like with chronic pain.

There's no shame in any stage. Everyone moves forward *and* sometimes backward. That's normal.

The 6 Stages of Change for Pain Management

1. Precontemplation – “I’m not thinking about change.”

You may not see a need to change, or you’ve tried before and felt it didn’t help.

You might feel stuck, discouraged, or simply focused on surviving the day.

Thoughts in this stage:

- “Nothing ever works for me.”
- “I’ve tried everything—what’s the point?”

Helpful tools:

- Compassionate listening (from self or others)
- Mindfulness to observe your pain without judgment
- Gentle reminders that change is still possible

2. Contemplation – “Maybe I could try something different.”

You start to think about making changes—even if you’re unsure.

You may feel two ways about it: hope *and* fear, interest *and* doubt.

Thoughts in this stage:

- “Maybe stretching could help... but what if I make it worse?”
- “I want to feel better, but I’m scared to start over again.”

Helpful tools:

- Journaling or talking it out
- Weighing the pros and cons
- Connecting with others who've made similar changes

3. Preparation – “I’m getting ready to act.”

You’re gathering information and support. You might set a goal or make a plan to start small.

Thoughts in this stage:

- “I’ll try five minutes of movement each morning.”
- “I found a support group I might join.”

Helpful tools:

- SMART goals (small, specific, doable)
- Setting up reminders or routines
- Asking for help or accountability

4. Action – “I’m doing it.”

You’re actively working on change—this takes energy, courage, and support. You’re using new strategies to manage pain and take care of yourself.

Thoughts in this stage:

- “I’m pacing my activities better and resting before I hit my limit.”
- “I’m using mindfulness instead of fighting the pain.”

Helpful tools:

- Daily check-ins and skill practice
- Problem-solving obstacles as they come
- Self-celebration for small wins

5. Maintenance – “I’m sticking with it.”

You've made changes that are working. Now your goal is to **keep going** and adjust as needed. This stage can last a long time—and that's okay.

Thoughts in this stage:

- "I still have pain, but I don't feel powerless anymore."
- "I know what helps, and I use it most days."

Helpful tools:

- Staying connected to support
- Updating goals over time
- Accepting that ups and downs are normal

6. Relapse or Recycle – "I slipped back... now what?"

Pain flared up, life got overwhelming, or motivation dropped—and you feel like you've lost progress. But this is not failure. This is part of the process.

Thoughts in this stage:

- "I feel like I'm back at square one."
- "I haven't practiced my skills in weeks."

Helpful tools:

- Radical self-compassion
- Learning what triggered the setback
- Returning to any earlier stage with a new plan

Change is a Cycle, Not a Straight Line

"You can begin again—at any stage, on any day."

Every step you take matters. Every pause teaches you something.

Use This Reflection Tool:

Ask yourself:

1. What stage am I in today when it comes to managing my pain?

2. What would help me take just *one small step* forward?
3. What does self-kindness look like in this stage?

Just Noticeable Change (JNC) Worksheet

Core Concept: A *Just Noticeable Change* is a **small shift**—in thought, feeling, or behavior—that helps move you in a healthier direction. These **baby steps** can lead to big progress over time, especially when managing chronic pain.

Why Use JNC?

When you're in pain, change can feel overwhelming. Even a **tiny change**—like shifting your focus, adjusting a thought, or trying something new—can lower distress and increase hope.

"You don't need to feel 100% better to take one small, helpful step."

Instructions:

1. Look at each category below.
2. Think of one **small example** of something you can do, feel, or think that would be a **just noticeable change**.
3. Choose one to **reinforce** (keep practicing) or **start working on** today.

THOUGHTS

What small thought could you notice or shift?

Example: "This is hard" → "This is hard... and I'm still trying."

| JNC I want to maintain or reinforce: _____ |

FEELINGS

What small feeling can you observe, allow, or welcome?

Example: Letting in a little bit of self-compassion instead of only frustration.

| JNC I want to maintain or reinforce: _____ |

BEHAVIORS

What small action or routine can you try or keep up?

Example: Doing 2 minutes of gentle stretching each morning.

| JNC I want to maintain or reinforce: _____ |

ATTITUDES

What small attitude shift might support your healing?

Example: Moving from “I’m stuck” to “I’m exploring what’s possible.”

| JNC I want to maintain or reinforce: _____ |

EXPECTATIONS

Can you shift an expectation that might be getting in the way?

Example: From “I should be better by now” to “Healing happens at its own pace.”

| JNC I want to maintain or reinforce: _____ |

BELIEFS

What’s one belief about yourself or your pain you’d like to gently change?

Example: From “Pain controls me” to “I’m learning how to respond to pain differently.”

| JNC I want to maintain or reinforce: _____ |

ANTICIPATED OUTCOMES

What’s one small shift in what you expect will happen?

Example: From “This won’t help” to “This might help a little—and that’s enough today.”

| JNC I want to maintain or reinforce: _____ |

Reflection Questions:

1. Which JNC feels most helpful to focus on this week?

2. What would help you remember or reinforce this change?

3. If it feels hard, what's one even **smaller** step you could take?

Introduction to Distress Tolerance

Core Concept: Distress tolerance helps you get through tough moments **without making things worse**. These skills give you short-term relief that supports your long-term healing.

Why It Matters

When you're in physical or emotional pain, it's natural to want quick relief. But some quick fixes—like overeating, substance use, overspending, or self-injury—can actually **make things worse** over time.

Distress tolerance skills help you **survive a crisis** without creating new problems. They offer safe ways to manage intense pain, emotions, or stress—especially when your usual coping tools aren't working.

"Pain is inevitable—suffering is optional." These skills help reduce the suffering part.

What You'll Learn in This Section:

- Distraction techniques (like ACCEPTS skills)
- Ways to **self-soothe** when you're overwhelmed
- How to improve the moment using simple tools
- Acceptance strategies that lower resistance to pain

Practice Builds Strength

Just like a muscle, **the more you practice**, the stronger your skills become.

Practice Tip	Why It Helps
Practice before a crisis	You'll be ready when it really counts.
Use skills even when you're "okay"	They become habits, not just reactions.
Keep it light	Many distress tolerance tools are enjoyable (like music, art, or movement).

Trying to use a skill you've never practiced in the middle of a crisis is like trying to run a race without training.

Create a Distress Tolerance Plan

Being proactive means less panic and more peace. Create a **go-to plan** that you can use when things feel out of control.

Steps to Build Your Plan:

1. Look back:

- When were you most overwhelmed?
- What worked to get you through?

2. Identify triggers:

- What situations (people, pain, memories) are the hardest for you?

3. Name your current coping habits:

- Which ones help?
- Which ones make things worse?

4. Start small:

- Choose 2–3 new skills to try.
- Add them to your “in-case-of-crisis” list.

5. Include skills from all areas:

- Emotion regulation → e.g., self-care
- Mindfulness → e.g., grounding
- Interpersonal → e.g., texting a friend

Reflection: Your Distress Tolerance Plan

- My most common triggers are:

- In the past, I got through hard times by:

- Unhelpful things I want to reduce:

- Skills I want to try instead:

- One small thing I can do when pain feels unbearable:

Final Thought

You don't need to fix everything in a crisis. You just need to get through the moment without making it worse.

That's real strength—and it's something you can practice and grow.

Rules for Distress Tolerance

Core Concept: Distress tolerance helps you survive tough moments—but only if used wisely. These rules keep your coping strategies effective and supportive of long-term healing.

1. Use Skills to Survive the Moment—Not Avoid the Problem

These skills are meant to **get you through** painful moments without causing more harm—not to escape life’s challenges forever.

Chronic pain tip: Use distress tolerance to manage pain flare-ups, then return to problem-solving when you’re able.

Helpful Example:

“I use deep breathing to calm down, then I call the clinic to schedule my appointment.”

Unhelpful Use:

“I distract with TV every day but never refill my meds or stretch because I feel overwhelmed.”

2. Know What You Can Change—and What You Can’t

If you can **fix the issue**, do that. If not, focus on **how you respond** to it.

Chronic pain tip: You may not control your pain entirely, but you *can* control your mindset, actions, and support system.

Helpful Example:

“I can’t stop the weather from affecting my body, but I can cancel plans and rest.”

Unhelpful Use:

“I use skills to tolerate daily mistreatment, even though I could set boundaries.”

3. Tolerance ≠ Approval

Using distress tolerance doesn’t mean you’re giving up or saying something is okay. It means you’re choosing **not to make things worse**.

Chronic pain tip: Accepting your condition isn’t giving in—it’s giving yourself room to breathe and cope more effectively.

Helpful Example:

“I accept that I’m in pain right now—so I’m going to respond gently, not push harder.”

Misunderstood Use:

“If I accept that I can’t work full-time, I’m failing.”

(Truth: You’re adjusting to protect your health.)

4. Remember: These Skills Are Temporary Tools

They help you survive **right now**—but you still need to address **long-term needs** when you're ready.

Chronic pain tip: Use distress tolerance to get through a flare-up, but follow up with treatment planning, movement, or support.

Helpful Example:

“I watched my favorite show to get through the night—then I journaled about what triggered me.”

Misuse Example:

“I take a long bath every time I feel pain, but I’ve stopped communicating with my care team.”

5. Build a Toolbox of Many Skills

What works today might not work tomorrow. The more skills you have, the more flexible and resilient you become.

Chronic pain tip: Some days breathing helps; other days, music, ice, or journaling might work better.

Helpful Example:

“If my first skill doesn’t work, I try another one.”

6. Practice = Power

The more you practice, the more natural these skills become—even when you're in crisis.

Tips to Build Your Practice:

- Use a calming skill daily (e.g., breathing before bed).
- Try one distress tolerance skill *before* you need it.
- Reflect weekly: What’s helping? What needs adjusting?

Mantra: “The skills work when you work the skills.”

Reflection: My Takeaways from the Rules of Distress Tolerance

- What rule stood out the most to me?

- What skill am I using as a “permanent escape” that I might need to reevaluate?

- What can I do to better balance tolerance *and* action?

Turning Fear & Inactivity into Hope and Action

1. Past Activity

What activity or behavior were you engaging in?

2. Impact on Pain

How did this activity affect your pain?

3. Lesson Learned

What did you learn from this experience?

4. How Reinforced

What made you want to repeat this behavior (e.g., relief, praise, habit)?

5. Potential New Situation

Describe a similar situation that could happen again.

6. Compare Situations

How is this new situation similar to the old one?

How is this new situation different from the old one?

7. New Response + Lesson Learned

How could you respond differently using what you've learned?

8. New Message to Self (Cheerleading)

Write a positive and encouraging message to yourself.

9. Possible Outcomes

What might happen if you try this new response?

10. Action Strategies

List the coping skills or actions you can use to follow through.

11. Disengagement Strategies + ACT Commitment

What can you do if things don't go as planned? How will you stay committed?

Attending to Distress

Core Concept: When you focus too much on pain or distress, it can grow stronger. Learning when and how to shift your attention can improve your coping and functioning.

Understanding Pain and Distress

Living with chronic pain takes time, energy, and emotional effort. The more we focus on our pain or distress, the more it can take over our lives. This handout helps you learn how to shift your focus in ways that support healing, not hurt it.

Focusing on Distress

Pain is an alarm system. Your body sends pain signals to protect you. For example, touching a hot stove automatically makes you pull your hand away—no thinking needed. But chronic pain is different.

When pain sticks around for a long time, your body's alarm system becomes less helpful. Pain becomes something you live with daily, and the automatic “pull away” reaction doesn't work anymore. Now, you have to learn how to respond differently.

Try this: Notice when you're focusing too much on your pain. Ask:
“Is paying attention to this right now helping me or hurting me?”

Thinking About Distress

What we think shapes what we do. When we're in pain, we often try to “figure it out” by finding a cause. But sometimes, we jump to conclusions and make false assumptions:

Example:

You feel sore after a short walk and assume it means your pain is getting worse.

But the soreness could simply be from muscles being used in a new way—not from harm.

Remember:

“Hurt does not always mean harm.”

If you avoid all discomfort, you might stop doing helpful things like stretching, walking, or socializing—things that could actually help you heal.

Acting on Distress

When people are in pain—especially chronic pain—they often react by:

- Avoiding activities
- Over-resting
- Withdrawing socially

But too much rest or avoidance creates new problems. In fact, studies show that inactivity can:

- Increase your risk for heart disease and high blood pressure
- Raise your chances of depression and anxiety
- Lead to lower energy and worse physical health

Try this: When you want to avoid something because of pain, ask:

“Am I helping my body and mind, or giving in to fear?”

Workbook Activity

Shift Your Focus from Distress

1. What’s one situation where I often focus too much on my pain or distress?

2. What thoughts do I usually have in that situation?

3. How could I gently shift my thinking or attention instead?

4. What helpful action can I take, even if I’m still feeling some pain?

Final Thought

You don’t have to ignore your pain, but you also don’t need to let it take over. Small changes in where you put your attention can help you live a fuller, more functional life—even with chronic pain.

Stress Management & Chronic Pain

Core Concept: Stress is normal, but when it builds up, it can make chronic pain feel worse. Managing stress can improve your energy, mood, and ability to cope with pain.

Why Stress Management Matters for Chronic Pain

When stress builds up, it doesn't just affect your emotions—it can also increase your physical pain. Chronic pain and stress often go hand in hand, creating a cycle that can be hard to break.

Common signs that stress is affecting your pain:

- Feeling more tired or achy than usual
- Trouble sleeping or concentrating
- Mood swings, sadness, or irritability
- Needing more medication or rest than usual

Learning to manage stress gives you more control and helps reduce the overall impact of chronic pain.

What Is Stress?

Stress happens when your mind and body feel overwhelmed. It's not always "bad"—some stress can help you grow or take action. But chronic stress (stress that sticks around) can wear you down and increase pain.

"Stress is when your body thinks there's a threat—even if there isn't one right now."

Common Symptoms of Stress

Check any that you've experienced recently:

- ☐ Muscle tension or back pain
- ☐ Headaches or stomachaches
- ☐ Sleep problems
- ☐ Feeling anxious, sad, or irritable
- ☐ Using alcohol or food to cope
- ☐ Difficulty focusing
- ☐ Low motivation

These symptoms can also increase your pain or limit your ability to do daily activities.

How Stress Affects Chronic Pain

- Stress makes muscles tighten, which can trigger or worsen pain
- It can lower your immune system, making it harder to heal
- It increases inflammation in the body
- It can lead to more negative thoughts, which increase distress and physical discomfort

Stress-Busting Tools for Chronic Pain

Tool	What It Does	When to Use It
Deep breathing	Calms the nervous system and reduces pain tension	Before a stressful activity or during a flare
Gentle stretching	Loosens tight muscles and boosts movement	Daily or when you feel stiff
Visualization/Imagery	Distracts from pain and builds calm	During rest or before sleep
Positive self-talk	Shifts your mindset from stuck to hopeful	When you're feeling discouraged
Routine	Builds structure and reduces decision stress	Daily — especially mornings and evenings

Your Stress Management Plan

1. My Top 3 Stress Triggers:

1. _____
2. _____
3. _____

2. How Stress Affects My Pain:

3. What Skills Help Me Feel Better (choose 2–3 to try this week):

☐ Deep breathing ☐ Guided imagery

☐ Light exercise ☐ Journaling

☐ Reaching out to someone ☐ Saying “no” when overwhelmed

4. My Goal for This Week:

“Each day, I will _____

so I can reduce my stress and manage my pain better.”

Final Thought

You don’t have to eliminate all stress—just learning to handle it better makes a big difference. The more you use these skills, the more confident and in control you’ll feel.

Distract with ACCEPTS Skills

Core Concept: When you're in pain or emotional distress, it can feel impossible to stay grounded. The **ACCEPTS skills** give you practical ways to gently shift your attention away from pain and distress until you're ready to cope more directly.

Distraction is not avoidance—it's a **short-term skill** that creates space between you and overwhelming emotions or pain.

The ACCEPTS Distraction Skills:

Use the prompts below to think about how each skill could support you during pain or distress. You can revisit this sheet during flare-ups, high-stress moments, or emotional overload.

A = Activities

Do something to engage your **mind or body**—even for a few minutes. Choose something absorbing or meaningful (e.g., art, games, puzzles, crafts, movement).

Chronic pain tip: Gentle movement or mindful crafting can help reduce physical and emotional tension.

How I can use Activities:

C = Contributing

Help someone else, even in small ways. Kindness shifts your focus from pain and gives a sense of purpose.

Chronic pain tip: Smiling, sending a text, or holding a door open are all valid contributions.

How I can use Contributing:

C = Comparisons

Think about a time you got through something tough—or how others manage their challenges.

Chronic pain tip: This isn't about guilt or minimizing your pain. It's about **gaining perspective** and remembering your strength.

How I can use Comparisons:

E = Emotions

Use music, movies, or memories to **intentionally change your mood**—even slightly.

Chronic pain tip: Music or laughter can shift your emotional state without invalidating what you're feeling.

How I can use Emotions:

P = Push Away

Give yourself permission to **set the pain or stress aside** temporarily. Imagine boxing it up, writing it down and putting it away, or scheduling a time to deal with it later.

Chronic pain tip: Pushing away is okay for now. You can return to the problem when you have more emotional space.

How I can use Push Away:

T = Thoughts

Distract your mind with **something else**—count, recite lyrics, read, do mental math, or repeat an affirmation.

Chronic pain tip: You can't think about two things at once. Use that to your advantage!

How I can use Thoughts:

S = Sensations

Use **strong, safe physical sensations** to grab your attention—cold water, firm pressure, intense flavors, or deep breathing.

Chronic pain tip: Some sensations can override emotional distress or pain-focused thoughts, providing quick relief.

How I can use Sensations:

Reflection: Your Personalized ACCEPTS Plan

1. Which ACCEPTS skills feel most natural for you?

2. Which skills might be useful during a pain flare-up?

3. Which one will you try first the next time you feel overwhelmed?

IMPROVE the Moment Skills

Core Concept: When you can't change the situation, you can still **make the moment feel more bearable**. IMPROVE skills help you reduce distress without making things worse.

Like the ACCEPTS skills, these tools are **short-term coping strategies**—especially helpful during pain flares, emotional overwhelm, or crisis moments.

Use the acronym **IMPROVE** to remember the tools:

I = Imagery

Use your imagination to go somewhere calm and safe. Picture a peaceful forest, warm beach, or favorite memory. You can also visualize yourself coping well or healing.

Chronic pain tip: Imagery can calm your nervous system and reduce tension. It's a great tool for bedtime or flare-up recovery.

How I can use Imagery:

M = Meaning

Find purpose in your pain or struggle. Ask yourself: *What can I learn from this?* What's important to me? What values help me keep going?

Chronic pain tip: Finding meaning (even in small ways) can make pain feel more manageable.

How I can use Meaning:

P = Prayer or Connection

Turn to your faith, spirituality, or any source of comfort—whether that's a higher power, nature, ancestors, or someone you admire. You can also “talk” to someone important to you, living or not.

Chronic pain tip: Connection—spiritual or emotional—can ease feelings of isolation and hopelessness.

How I can use Prayer/Connection:

R = Relaxation

Try breathing exercises, light stretching, music, or gentle hobbies like coloring, cooking, or sitting with a pet. Relaxation brings your body out of fight-or-flight mode.

Chronic pain tip: Daily relaxation helps reduce flare-ups and builds resilience.

How I can use Relaxation:

O = One Thing, Step, or Moment at a Time

Focus on just **one thing**—one breath, one task, one hour. Let go of everything else for now. This helps reduce overwhelm and builds forward momentum.

Chronic pain tip: If the day feels too big, focus on just the next few minutes.

How I can use One Thing, Step, or Moment at a Time:

V = Vacation

Take a mental or physical break—even just for 5 minutes. Step outside, sip tea, scroll something light, or talk to a friend. Give your mind permission to rest.

Chronic pain tip: Mini-breaks help reduce emotional and sensory overload during long days.

How I can use Vacation:

E = Encouragement

Talk to yourself like you would a friend. Say kind, realistic things to yourself like, “This is hard, and I’m doing my best.” You deserve support—even from yourself.

Chronic pain tip: Encouraging self-talk reduces fear, frustration, and shame that often come with pain.

How I can use Encouragement:

Reflection: My Go-To IMPROVE Skills

- Which IMPROVE skill feels **most natural** to me?

- Which one feels **hard but important** to try?

- What could I remind myself when I feel stuck in pain or distress?

Self-Soothe with the Senses

Core Concept: Calm your nervous system by mindfully connecting to your five senses. The Self-Soothe skill helps you **regulate pain and emotions** using safe, comforting sensory experiences.

These are not distractions—but a way to **ground yourself in the present moment** through mindful attention to what you can see, hear, smell, taste, and feel.

Sight

Use your eyes to notice beauty—whether in nature, art, photos, or the little details in your everyday space. Gaze at the sky, watch trees move, light a candle, or look at something you love.

Chronic pain tip: Visual calm can lower tension. Try using soft lighting or spending time outdoors.

How I can Self-Soothe with sight:

Sound

Listen closely to soothing sounds: music, nature, ambient noise, or even silence. Try mindful listening—focus deeply on one sound or musical layer at a time.

Chronic pain tip: Rhythm and gentle tones can reduce anxiety and shift focus away from discomfort.

How I can Self-Soothe with sound:

Smell

Enjoy comforting scents: essential oils, candles, clean laundry, fresh air, or favorite foods. Close your eyes and breathe in deeply.

Chronic pain tip: Aromatherapy or simply inhaling pleasant smells can relax your body and shift mood.

How I can Self-Soothe with smell:

Taste

Eat or drink something slowly and mindfully. Savor each bite or sip—engage fully with the flavor, temperature, and texture.

Chronic pain tip: Mindful tasting (rather than emotional eating) can bring pleasure and help reset focus.

How I can Self-Soothe with taste:

Touch

Engage with comforting textures—soft blankets, warm baths, lotion, pets, or cozy clothes. Hug someone, hold a mug, or notice the way the ground feels under your feet.

Chronic pain tip: Gentle pressure or warmth can calm the body and reduce the intensity of emotional pain.

How I can Self-Soothe with touch:

Multiple Senses Together

Create a rich sensory experience. Light a candle, play music, enjoy a warm drink, and sit in a soft chair—all at once. You're aiming for a **whole-body reset**.

Chronic pain tip: Combining senses can fully immerse your mind and shift attention away from distress.

How I can Self-Soothe with multiple senses:

Reflection: My Go-To Soothing Strategies

- What sense do I naturally use when I feel overwhelmed?

- What new sense-based tool would I like to try this week?

- How can I set up a soothing space at home for when pain or stress gets high?
-

Self-Soothe Ideas Checklist

Core Concept: You can calm your mind and body by using your **five senses** in gentle, mindful ways. Try these soothing activities and notice which ones bring you the most relief, especially during pain or emotional distress.

How to Use This Page:

- Pick at least **one item from each sense** to try this week.
- Check them off as you go.
- Use this page with your **Weekly Distress Tolerance Skills Practice Log** (later in this workbook).
- Stay mindful—really **notice** how each activity makes you feel.

Sight – Calm your eyes and mind

- ☐ Look closely at a book, magazine, or photo
- ☐ Draw, paint, or doodle mindfully
- ☐ Watch the sky, weather, or nature outside
- ☐ Notice the details of a building or tree
- ☐ Watch a movie or calming show
- ☐ Look through family photos or cards
- ☐ Create a collage with magazine clippings
- ☐ Observe shadows on the wall or floor
- ☐ Visit a park and observe the scenery
- ☐ Walk through a museum or art gallery

Sound – Let sound soothe or shift your mood

- ☐ Listen to music with headphones
- ☐ Sing, hum, or vocalize gently
- ☐ Enjoy music at a spiritual or community event
- ☐ Listen to rain, thunder, or nature sounds
- ☐ Play a calming audiobook or podcast
- ☐ Use white noise or nature sounds
- ☐ Notice the soft background hum of your space

- ☐ Attend a live music performance
- ☐ Join a choir or casual singing group
- ☐ Walk in nature and listen to birds or wind

Smell – Inhale comfort

- ☐ Use scented soap, lotion, or shampoo
- ☐ Keep a sachet of herbs or dried flowers nearby
- ☐ Light a scented candle or use incense
- ☐ Enjoy the smell of food cooking or baking
- ☐ Smell clean laundry or fresh sheets
- ☐ Use essential oils in a diffuser or roller
- ☐ Grow herbs (like mint, rosemary, basil)
- ☐ Visit a flower shop or botanical garden
- ☐ Bake something fragrant like cookies
- ☐ Take deep breaths of outdoor air

Taste – Savor each bite or sip

- ☐ Eat favorite foods with full attention
- ☐ Add fresh fruits or veggies to your meals
- ☐ Sip hot tea, cocoa, or coffee slowly
- ☐ Take a cooking or baking class
- ☐ Share a snack or meal with someone
- ☐ Make popcorn or a healthy snack at home
- ☐ Eat one small treat slowly, mindfully
- ☐ Try a new recipe or cuisine
- ☐ Visit a farmers' market and sample produce
- ☐ Blend a smoothie with your favorite ingredients

Touch – Ground yourself through texture and comfort

- ☐ Squeeze a stress ball or use a fidget toy
- ☐ Hold a soft pillow or plush item
- ☐ Sit in grass or lay on a cozy blanket

- ☐ Try pottery, knitting, or tactile crafts
- ☐ Take a warm bath or shower
- ☐ Pet a cat, dog, or therapy animal
- ☐ Stretch or do light yoga
- ☐ Use a foam roller or massage tool
- ☐ Garden with your hands in the soil
- ☐ Lay on the floor and feel its coolness

Reflection Prompt

After trying a few options from this list, take a moment to reflect:

- Which sense brought me the most relief?

- What surprised me or felt better than expected?

- What would I like to add to my regular routine?

How to Use the Pros and Cons Skill

Core Concept: People with chronic pain often are faced with emotions and pain interfering with an ability to make decisions and move forward. A structured tool to aid in that process can be helpful at those times.

1. Identify the Decision You're Facing

Example: "Should I skip therapy because I'm in pain?"

What decision are you trying to make?

2. List the Pros (Positive Outcomes)

What good things might happen if you choose this path?

Example Pros of going to therapy despite pain:

- I stay committed to my goals
- I might feel supported and less alone
- I learn new coping tools

My Pros:

3. List the Cons (Negative Outcomes)

What challenges, risks, or discomforts could come up?

Example Cons:

- It might be physically uncomfortable to go out
- I may feel emotionally vulnerable

My Cons:

4. Weigh Short-Term vs. Long-Term Outcomes

Some choices give **short-term relief** but **long-term harm**. Others feel hard now, but bring long-term healing and strength.

Quick fix: Staying in bed with a distraction

Long-term healing: Practicing gentle movement and self-reflection

What are the short-term benefits of each choice?

What are the long-term consequences of each choice?

5. Ask Yourself: Is It Worth It?

Do the pros **outweigh** the cons—especially over time?

Final Thoughts:

6. Make a Decision and Take Action

Decide with Wise Mind. Then take one small, meaningful step.

I choose to:

My next action is:

Common Situations to Use Pros and Cons

- Whether to go to therapy or cancel
- Choosing rest vs. pushing through during a pain flare

- Deciding to speak up about something that bothers you
- Choosing to practice a coping skill instead of a harmful behavior
- Deciding whether to set boundaries or stay silent
- Choosing between self-care and social obligations
- Deciding whether to forgive someone or hold on to anger
- Choosing to attend a pain support group or isolate

Reflection Prompt

- How did it feel to slow down and think this way?

- What surprised you about your pros and cons list?

- What kind of decisions do you want to apply this skill to in the future?

Pros and Cons Worksheet: Coping Skills vs. Escapes

Core Concept: This worksheet helps you decide whether to use a **coping skill** or fall into an **escape behavior** (like avoidance, substance use, isolation, or shutdown). Explore both options fully—short- and long-term—to support your Wise Mind.

The decision I am considering (e.g., Use a skill or avoid):

Short-Term Pros of Using Coping Skills Short-Term Cons of Using Coping Skills

- | | |
|---------|---------|
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |

Long-Term Pros of Using Coping Skills Long-Term Cons of Using Coping Skills

- | | |
|---------|---------|
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |

Short-Term Pros of Choosing Escapes Short-Term Cons of Choosing Escapes

- | | |
|---------|---------|
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |

Long-Term Pros of Choosing Escapes Long-Term Cons of Choosing Escapes

Short-Term Pros of Choosing Escapes Short-Term Cons of Choosing Escapes

- | | |
|---------|---------|
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |

My Summary and Decision

- Which path feels more aligned with my long-term goals or recovery?

- What does my Wise Mind say about this choice right now?

- My decision:

- One small action I will take today to support this decision:

Grounding Yourself Checklist

Core Concept: Grounding brings you back to the **here and now**—especially when pain, anxiety, or distress pulls you away from the present moment.

These skills are especially helpful for:

- Dissociation or “checking out”
- Feeling numb or disconnected
- Flashbacks or PTSD symptoms
- Chronic pain that makes it hard to stay in your body

You can’t always escape discomfort—but you can reconnect to safety in the present.

How to Use This Page

- Try each grounding exercise and check it off as you go.
- Use them **when you feel overwhelmed**, spacey, or emotionally “far away.”
- Combine these with your **mindfulness and self-soothe skills** for a full-body reset.

Grounding Through the Senses

- ☐ Open your eyes and **describe your surroundings** in detail (colors, shapes, textures).
- ☐ Name **5 things you see**, 4 things you can touch, 3 you hear, 2 you smell, and 1 you taste.
- ☐ Use a grounding object—hold something (stone, fabric, stress ball) and notice its **weight, texture, and temperature**.
- ☐ **Smell a calming scent** like lavender, peppermint, or eucalyptus.
- ☐ **Drink something slowly**—notice the temperature, flavor, and how it feels in your mouth.
- ☐ **Rub your hands together**—focus on the warmth and friction.

Grounding in the Body

- ☐ Feel your body **against the chair**: your back, legs, arms, and feet.
- ☐ **Breathe slowly and deeply**, counting each breath in and out.
- ☐ **Stretch gently** or shift your posture—feel each movement.
- ☐ **Place your hand on your heart** or hold your hands together to notice pressure and warmth.

- ☐ **Feel your pulse** and notice the steady rhythm of your heartbeat.
- ☐ **Use cold water** on your face, neck, or hands. Focus on the sharp sensation.

Mental Grounding and Visualization

- ☐ **Repeat a grounding phrase** like: “I am safe. This is now.”
- ☐ **Describe your current activity out loud** step-by-step (e.g., “I’m filling the kettle. I’m pouring the tea.”)
- ☐ **Visualize a safe place**—a beach, a forest, or your favorite calm memory. Use all five senses to picture it.
- ☐ **Look at a photo** of someone you love or a favorite place. Focus on details: colors, facial expressions, background.

Active and Task-Based Grounding

- ☐ **Go for a short walk**—notice how your feet feel on the ground.
- ☐ **Listen to music**—focus on the beat, lyrics, or instruments.
- ☐ **Do a simple task** like folding laundry, sweeping, or organizing. Keep your attention on each step.
- ☐ **Engage in light physical activity** like yoga, dancing, or walking to music.

Reflection: What Helps Me Feel Grounded?

- My favorite grounding technique so far:

- A grounding tool I want to keep in my bag or by my bed:

- How I know I’m grounded again (a sign I’m back in the present):

Acceptance vs. Change

Core Concept: Balancing acceptance and change helps you cope more effectively with chronic pain and life challenges.

Living with chronic pain means facing difficult situations that we may not be able to change completely. That’s where this important skill comes in: learning when to accept and when to change. By balancing both, you can take care of your physical and emotional well-being.

What Is Acceptance?

Acceptance is acknowledging something as it is—without trying to fight or deny it. It’s not the same as giving up. In fact, accepting your current situation is often the first step toward positive change.

Example:

“I live with pain every day. I may not be able to make it go away, but I can change how I respond to it.”

What Is Change?

Change is taking action to improve your situation. This could mean adjusting your habits, routines, or mindset to better manage your pain and improve your quality of life.

Example:

“I can’t do everything I used to, but I can start walking for 10 minutes a day and build from there.”

The Four Acceptance and Change Skills

These four tools help you figure out what you can accept, what you can change, and how to move forward:

Skill	What It Means	Chronic Pain Example
Radical Acceptance	Accept 100% of your situation—even the hard parts you cannot change.	“I accept that pain is part of my life, and I choose to focus on how I respond to it.”
Practical Acceptance	Accept most of the situation but change what you still can.	“Pain limits me, but I can adjust my daily routine to make life easier.”

Skill	What It Means	Chronic Pain Example
Radical Change	Take action to change everything—used when nothing else has worked.	“I need to try to change how I approach treatment to get better results.”
Practical Change	Change most of the situation while accepting some limitations.	“I’m changing how I eat, sleep, and move to improve my health, even though some pain may stay.”

Why This Matters for Chronic Pain

- Too much focus on rapid change can lead to frustration when pain doesn’t go away.
- Too much focus on acceptance can lead to hopelessness or giving up.
- The best path is in the middle—accept what’s real while taking steps to improve your life.

Reflection Questions

- What parts of my situation do I need to accept today?
- What changes am I willing and able to make?
- How can I balance both—accepting my pain while still moving forward?

By practicing these skills, you can feel more in control, reduce emotional suffering, and build a life that works—even with pain.

Radical Acceptance Skill

Core Concept: Radical Acceptance helps you stop **fighting reality** so you can begin healing. It doesn't make the pain go away—but it keeps you from adding **extra suffering** on top of it.

The Core Formula of Suffering

Pain + Fighting Reality = Suffering

Pain + Acceptance = Just Pain (and that can be survived)

You don't have to like the situation. You don't have to approve of it. But by **accepting that it is happening**, you free yourself to focus on how to respond—rather than staying stuck in anger, shame, or resistance.

When to Use Radical Acceptance

Use Radical Acceptance when you're facing:

- Chronic pain or illness you can't change right now
- Loss, injustice, or trauma
- Situations that feel unfair or unbearable
- Moments when “this should not be happening” is keeping you stuck

Radical Acceptance isn't weakness. It's the first step to reclaiming your power.

Your Four Choices in Painful Situations:

Choice	Description
Change what you can	End harmful patterns, seek help, set boundaries, or try new skills
Change how you view it	Reframe it: <i>What could I learn? How have I grown?</i>
Radically accept what you can't change	Let go of resistance to what's already happened or cannot be fixed
Continue suffering	Refuse to accept, deny or suppress the pain—this usually prolongs it

Common Myths (and Truths) About Radical Acceptance

Myth	Reframe
“Acceptance means I approve of it.”	No—it means you stop resisting it. You can accept reality <i>without</i> approving it.
“Acceptance means giving up.”	No—it means facing reality head-on so you can move forward.
“If I accept this, nothing will ever change.”	No—acceptance creates the clarity and calm you need to change what you can.

Radical Acceptance doesn't mean saying “this is fine.” It means saying “this is real.”

Reflection: Radical Acceptance in My Life

1. What painful situation am I struggling to accept?

2. What parts of this situation can I change?

3. What parts are out of my control (for now)?

4. What does fighting this reality cost me?

5. What would acceptance make room for?

Turning the Mind Skill

Core Concept: Turning the Mind means choosing acceptance over and over again—even when it’s hard. You actively shift your mindset away from fighting reality and toward making peace with it.

You may not be able to change what happened, but you can change how you meet it.

What Does “Turning the Mind” Mean?

Radical Acceptance doesn’t happen by accident—it’s a **conscious choice** you make, sometimes dozens of times a day. Turning the Mind helps you stop resisting what is, and instead **turn gently but firmly toward reality**.

Steps in Turning the Mind

Step	What It Involves
Notice resistance	“This shouldn’t be happening,” “Why me?” or “I can’t take this” are signs you’re fighting reality.
Make a conscious choice	Say to yourself: “I don’t like this... but I accept that it is happening.”
Repeat the turn	Like a steering wheel out of alignment—you may need to turn your mind back to acceptance again and again.
Use mindfulness	Observe and describe your thoughts and feelings without judgment. Let them pass without clinging.
Acknowledge the pain	Acceptance doesn’t mean pretending it’s okay—it means allowing it to exist without letting it take over.
Move forward	With acceptance, you free up energy to take care of yourself and make skillful choices.

What Happens When You Practice Turning the Mind

Benefit	Why It Matters
Greater emotional resilience	You bounce back faster, even in the face of long-term pain or setbacks.
Less suffering	Pain still happens—but without resistance, it doesn't take over your whole life.
Personal growth	Acceptance builds insight, strength, and compassion.
Improved mental health	Studies show that acceptance lowers anxiety, depression, and emotional reactivity.
Healing & closure	Acceptance creates space for emotional recovery and new beginnings.

Reflection: Turning My Mind Toward Acceptance

1. What situation am I currently fighting or rejecting?

2. How does resisting this reality affect me emotionally or physically?

3. What would “turning my mind” toward acceptance sound like?
(e.g., “This is happening. I don’t like it, but I accept it.”)

4. What small action could I take after accepting this reality?

5. How might this support my healing?

Radical Acceptance in Action: Life + Pain Management

Core Concept: Radical Acceptance helps you stop resisting difficult realities—like illness, pain, or loss—so you can move forward with more clarity, energy, and healing.

Radical Acceptance Examples Table

Scenario	Misconception	Radical Acceptance Practice
You feel resentful about lost opportunities due to a chronic condition	Accepting pain means giving up on goals or dreams	Acceptance allows space to grieve losses and find new, meaningful ways to engage with life
A parent is separated from their children due to health limitations or care needs	Accepting this means they've failed their family	Acceptance allows creative connection (calls, letters, moments of presence), not giving up
You were betrayed by a close friend	Acceptance means trusting them again	Accepting betrayal helps you move through grief and make mindful decisions about future trust
You have reduced mobility or energy due to chronic illness	Acceptance means you're weak or less valuable	Accepting limits lets you adapt, pace yourself, and focus on what still brings meaning and joy
A child is coping with a parent's pain or disability	Acceptance means they're "okay" with their parent struggling	Acceptance helps the child develop empathy and adjust to the new normal without guilt
You are judged based on needing medication, mobility aids, or visible supports	Accepting this means those labels define you	Acceptance lets you focus on your values—not others' assumptions—while advocating for your needs
You can't work full-time due to ongoing symptoms	Accepting this feels like failure or laziness	Acceptance opens the door to redefining success, seeking balance, or exploring new paths

Reflection Prompts

- Which scenario mirrors something I've experienced?
-

- Where do I notice myself still **fighting reality** when it comes to pain?

- What might become possible if I **turned my mind** toward acceptance in this area?

Radical Acceptance Worksheet

Core Concept: This worksheet helps you practice **Radical Acceptance** by shifting away from resistance and toward tolerance and healing. You're not approving of what happened—you're choosing to stop fighting reality so you can move forward with less suffering.

"Radical Acceptance is saying yes to the moment—not because you like it, but because it's what's real."

Step-by-Step: Practice Accepting What Is

1. Describe the situation that is causing you to suffer

What's happening right now that feels unfair, painful, or overwhelming?

2. What can you realistically change?

What parts of this situation are **within your control**? (Problem-solving, reframing, boundary-setting)

3. What can't you control and may need to accept?

What **facts or realities** must be met with acceptance—even if you don't like them?

4. What other DBT or mindfulness skills might help you practice Radical Acceptance?

Examples: Turning the Mind, Self-Soothe, IMPROVE, Wise Mind reflection

5. How will you benefit from radically accepting this situation?

What suffering might lessen? What clarity, peace, or relief might grow?

Willingness Skill

Core Concept: Willingness means being open, adaptive, and realistic—especially when life gets hard. It helps you let go of rigid control (willfulness) and respond more skillfully and effectively.

“Willfulness digs in. Willingness leans in.”

Willingness vs. Willfulness

Many of us were taught to power through problems with sheer force—“If I just try harder, I’ll succeed.” But this mindset often leads to frustration, power struggles, and burnout, especially in chronic pain or emotionally intense situations.

Instead of digging in with willfulness, **Willingness invites you to bend without breaking**—to stay open and flexible, even in the face of discomfort or change.

Willfulness	Willingness
Rigid and resistant	Open and flexible
Emotionally reactive	Responsive and adaptive
Demands control	Aligns with reality
Clings to "shoulds"	Accepts “what is”
Avoids discomfort	Makes space for growth

Willingness in Action

Use the chart below to explore how Willingness can help you respond more effectively in real-life situations.

Scenario	Willfulness (What Doesn’t Work)	Willingness (What Works Better)
Relationship disagreements	Insisting on being right, escalating conflict	Stepping back, listening, and seeking mutual understanding
Workplace challenges	Refusing to adapt to a new system	Learning the system and making it work for you
Health & well-being	Clinging to unhealthy routines out of fear or fatigue	Taking small steps toward healthier habits, with support

Scenario	Willfulness (What Doesn't Work)	Willingness (What Works Better)
Dealing with uncertainty	Demanding certainty in uncontrollable situations	Accepting the unknown and focusing on what you can control
Social interactions	Avoiding people or events due to discomfort	Showing up anyway and building confidence gradually
Scenario	Willfulness (What Doesn't Work)	Willingness (What Works Better)
Problem-solving	Only trying one rigid solution that isn't working	Exploring new strategies and accepting help
Emotion regulation	Suppressing or ignoring feelings	Allowing feelings to be felt and managed skillfully
Learning & growth	Rejecting feedback that feels challenging	Using feedback to reflect, grow, and improve
Facing mistakes	Blaming others or refusing responsibility	Owning your part and learning from the experience
Relationships	Expecting others to meet your needs without compromise	Valuing balance, empathy, and shared responsibility

Reflection: Practicing Willingness

- Where in my life am I currently digging in with willfulness?

- What would willingness look like in that situation?

- What might become possible if I let go of control or "shoulds"?

Introduction to Emotion Regulation

Core Concept: Emotion regulation helps you manage emotional intensity, reduce suffering, and create more of the emotions you want to feel.

Emotions are messengers—not enemies. When you understand them, you can respond more wisely.

Why Do Emotions Matter?

Emotions give you valuable information about:

- Your body and internal state
- Your relationships and boundaries
- What you care about (values, needs, safety)
- How to act (motivation for change, connection, or protection)

Without emotions, we wouldn’t form bonds, stand up for ourselves, or know what brings us joy.

When Emotions Become Too Intense

Sometimes emotions become **dysregulated**, meaning they’re too intense, too frequent, or out of proportion to the situation. This can lead to:

- Acting in ways that don’t align with your goals
- Deepening pain or conflict
- Avoidance or emotional shutdown

Examples:

Emotion	Balanced Use	Dysregulated Use
Anxiety	Helps you prepare and focus (e.g., for a test)	Overwhelms you or causes avoidance (e.g., test panic)
Anger	Signals boundary violations, motivates action	Destroys relationships, leads to aggression
Attraction	Creates meaningful, respectful connection	Leads to obsession or return to unhealthy relationships

Emotion	Balanced Use	Dysregulated Use
Sadness/Depression	Motivates reflection or change	Leads to hopelessness, shutdown, or avoidance of support

What Emotion Regulation Skills Help You Do

Purpose	Skill Benefit
Understand emotions	Learn how events—and your thoughts about them—trigger emotional patterns
Reduce vulnerability	Strengthen your self-care routines to prevent emotional overload
Create positive emotions	Use skills like Build Mastery and Positive Experiences to generate joy and connection
Change emotional momentum	Use skills like Opposite Action to shift out of anxiety, anger, or depression loops

Reflection Prompt

1. Which emotions tend to feel “too big” or hard to manage for me?

2. What do I usually do when I feel overwhelmed emotionally?

3. What might be possible if I learned to regulate these emotions instead of being controlled by them?

The Cycle of Emotions

Core Concept: Emotions don't just happen—they follow a predictable cycle. By learning how this cycle works, you gain more influence over your emotional reactions and the choices that follow.

You don't control when emotions arise, but you can choose how to respond once they do.

The 6 Parts of the Emotional Cycle

Step	What It Means	Example
1. Prompting Event	Something happens—either external (outside your body) or internal (a thought, memory, or sensation)	You're asked to give a presentation at work or school
2. Interpretation	Your thoughts or beliefs about the event shape how you feel	You think, "If I mess up, everyone will judge me."
3. Emotion	You feel a physical and emotional response in your body	Your heart races, your chest tightens—you feel anxious
4. Action Urge	The emotion pushes you toward a behavior or reaction	You feel the urge to cancel or avoid the presentation
5. Behavior	You act—or choose not to act—based on that urge	You call in sick and skip the presentation
6. Consequences	Every action has an outcome. That outcome influences your next emotional cycle.	You feel short-term relief, but then guilt and anxiety increase, reinforcing avoidance next time

How This Cycle Repeats

When consequences are **negative**, they often feed into the next prompting event and keep the emotional cycle going—especially for chronic pain, anxiety, shame, or fear-based patterns.

Unskillful choices tend to increase emotional suffering. Skillful ones help break the cycle.

How to Shift the Cycle Skillfully

Part of the Cycle	How You Can Influence It
Prompting Event	Sometimes you can shape your environment (e.g., choose not to engage with triggering people or situations)
Interpretation	Use skills like Check the Facts or Wise Mind to reframe your thinking
Emotion	Use mindfulness to name the emotion, self-soothe, or practice relaxation to reduce its intensity
Action Urge	Pause. Breathe. Use Opposite Action or Wise Mind to decide whether to act or wait
Behavior	Choose behaviors that align with your goals and values—not your fear
Consequences	Learn from outcomes. Notice what helps and what makes things worse. Use this info to make different choices next time

Reflection: Understanding My Emotional Cycle

1. Think of a recent emotional moment. What was the prompting event?

2. What was your interpretation of that event?

3. What emotion did you feel? What were the physical signs?

4. What urge did you have, and what behavior followed?

5. What were the consequences—immediate and later?

6. If you could re-enter the cycle and make one change, what would it be?

PLEASED Skills: The Foundation of Emotion Regulation

Core Concept: Self-care is the root of emotional balance. PLEASED skills reduce vulnerability to distress and support physical, mental, and emotional well-being—especially when living with chronic pain or long-term stress.

Emotion regulation starts with body regulation. When you care for your body, your emotions become easier to manage.

What Does PLEASED Stand For?

Letter Skill Area

- P Prioritize Physical Health
- L List Resources and Barriers
- E Eat Balanced Meals
- A Avoid Drugs and Alcohol
- S Sleep Between 7 and 10 Hours
- E Exercise Regularly
- D Daily Practice of All These Skills

P — Prioritize Physical Health

Take care of your body so it can support your emotional health. Stay on top of medical needs, medications, and healthy habits.

Examples:

- Attend medical checkups and screenings
- Follow treatment plans for chronic conditions
- Practice basic hygiene and health maintenance

L — List Resources and Barriers

Identify what helps you stay well—and what gets in the way. Use this awareness to build realistic self-care plans.

Examples:

- Ask friends or family to join you in your routines
- Use apps or online tools for nutrition or exercise
- Adjust for barriers (e.g., walk at home if you can't get to a gym)

E — Eat Balanced Meals

Fuel your body consistently with whole foods and hydration. This directly impacts mood stability, energy, and pain tolerance.

Examples:

- Plan meals with protein, fiber, and whole foods
- Keep healthy snacks ready (fruit, nuts, yogurt)
- Drink water throughout the day

A — Avoid Drugs and Alcohol

Substance use often worsens pain, mood, and relationships. If you struggle in this area, seek support.

Examples:

- Choose nonalcoholic options at social events
- Call a friend or use a skill when cravings hit
- Attend a support group or talk with your provider

S — Sleep Between 7 and 10 Hours

Lack of sleep increases emotional vulnerability. Prioritize restful, consistent sleep for regulation and healing.

Examples:

- Create a relaxing bedtime routine
- Avoid screens and stress before bed

- Keep your room dark, quiet, and cool

E — Exercise Regularly

Movement supports mood, focus, and physical resilience. It doesn't need to be intense—just consistent.

Examples:

- Take short daily walks
- Try a low-impact activity like yoga or swimming
- Build in movement (stretching, walking, playing with pets)

D — Daily Practice

To work, PLEASED needs to be part of your daily life. Build it into your schedule, track it, and treat it like your mental health prescription.

Examples:

- Use a self-care tracker or daily journal
- Set alarms or reminders for water, meals, or breaks
- Build routines that support each part of PLEASED

Reflection: Strengthening My PLEASED Practice

1. Which part of PLEASED do I already do well?

2. Which area needs more attention or support?

3. What barriers get in the way of my self-care?

4. What resources or supports could help me improve?

5. One small action I'll take this week to strengthen my self-care is:

Focus on Nutrition and Exercise

Core Concept: How you eat and move affects how you feel. Good nutrition and consistent movement support your emotional balance, energy levels, and pain resilience.

Healthy habits don’t change everything overnight—but they give your body and brain a stronger foundation to heal and thrive.

Nutrition Tips: What You Eat Shapes How You Feel

Focus Area	What to Do	Examples
Drink water	Aim for 8+ glasses daily	Add lemon, cucumber, or mint; avoid sugary drinks or soda
Choose whole foods	Prioritize unprocessed foods	Shop the perimeter of the grocery store—vegetables, grains, lean proteins
Reduce low-value foods	Cut down sugar, fried foods, and processed snacks	Chips, candy, and fast food provide little nutrition and worsen inflammation
Eat fruits & veggies	At least 6 servings/day	Fill half your plate with produce; use frozen veggies if on a budget
Balance starches/grains	Stick to ¼ of your plate	Choose whole grains, sweet potatoes, quinoa
Limit dairy & meat	Choose lean, low-fat options	3 servings dairy, 6 oz meat max per day; add fish or lentils
Plan ahead & eat mindfully	Track meals and pre-plan snacks	Use a journal or app; eat slowly, enjoy textures and flavors
Be consistent	Build small habits over time	Stick with it—it takes time to see and feel the change

Exercise Tips: Movement Improves Mood and Mindset

Focus Area	What to Do	Examples
Aim for regular exercise	150 min/week moderate or 75 min vigorous	Brisk walks, dancing, swimming, hiking
Mix it up	Variety keeps it fun and sustainable	Try biking, yoga, kettlebells, group classes
Use tech tools	Track progress to stay motivated	Fitness watches, step counters, workout apps
Move throughout the day	Add natural movement between workouts	Stretch hourly, take stairs, garden, play with pets
Fuel your body after workouts	Choose healthy snacks post-exercise	Fruit, yogurt, trail mix—skip high-sugar “rewards”

Reflection: Building Healthy Habits

1. What small change to my eating habits would help me feel more balanced?

2. What type of movement do I enjoy (or at least tolerate)?

3. What’s one barrier I face with nutrition or exercise?

4. What’s one resource or support I could use to help?

5. One small action I will take this week to support my health is:

Focus on Sleep Hygiene

Core Concept: Restful sleep doesn't happen by accident. It's the result of daily habits that tell your body and mind: "It's time to rest." Good sleep hygiene helps regulate your emotions, manage pain, and restore your energy.

Better sleep is possible. It just takes practice, patience, and a plan.

Sleep Hygiene Practices That Work

Area	What to Do	Examples
Set a consistent sleep schedule	Go to bed and wake up at the same time daily—even on weekends	Set alarms for both wake-up and wind-down time
Create a sleep-friendly space	Keep your room dark, quiet, clean, and calm	Use blackout curtains, earplugs, or an eye mask
Make your bed comfortable	Arrange pillows, blankets, and mattress for comfort	Try cooling sheets or body pillows for support
Start a calming pre-bed routine	Wind down with a routine every night	Read, journal, stretch, take a warm shower
Limit naps	Nap only if truly necessary, and for less than 30 mins	Avoid naps after 3 p.m. to protect nighttime sleep
Avoid stimulants	Reduce caffeine and sugar intake, especially after lunch	Swap coffee for herbal tea in the evening
Be mindful of food and drink	Avoid heavy, spicy, or sugary snacks before bed	Finish eating at least 2 hours before sleep
Avoid mental or physical stressors before bed	Delay tough conversations, work, or intense exercise	Save challenging tasks for daytime hours
Stay mentally engaged during the day	Keep your mind active to reduce nighttime restlessness	Attend classes, volunteer, read, or work on a hobby
Use relaxation techniques	Breathe, stretch, meditate, or journal	Try body scan meditation or guided breathing

Area	What to Do	Examples
Get daylight exposure	Regulate your sleep-wake rhythm by going outside	Walk in the morning sunlight or open your curtains early
Reduce screen time before bed	Avoid blue light from phones, tablets, and TVs	Power down screens 30–60 minutes before bed
Consult your provider	Talk about sleep concerns or medications that interfere	Ask about sleep support if symptoms persist

Reflection: My Sleep Hygiene Action Plan

1. What is one sleep habit I already do well?

2. Which sleep hygiene skill do I struggle with most?

3. What specific change will I commit to this week?

4. What might get in the way of this change?

5. What can I do to stay consistent with this new habit?

Build Mastery Skill

Core Concept: When you complete tasks—big or small—you build a sense of control, capability, and confidence. This helps regulate emotions, reduce helplessness, and restore motivation, especially when living with chronic stress or pain.

Mastery is not perfection. It's about progress and showing up—even when it's hard.

Why Build Mastery?

- It increases **self-respect** and decreases shame.
- It restores a sense of **control** over your life, especially when emotions or pain feel overwhelming.
- It builds momentum: **small tasks lead to bigger accomplishments** over time.

Daily Tasks That Build Mastery

You don't need to do "big things" to feel capable. Start with the basics. These small wins add up.

Examples:

- Brushing your teeth or taking a shower
- Doing one load of laundry
- Answering one email or voicemail
- Cooking or shopping for a meal
- Cleaning a small area of your space
- Paying one bill or organizing paperwork
- Feeding or walking a pet
- Getting out of bed and dressing for the day

My Daily Mastery List

Write down a few small tasks that help you feel more in control when you complete them.

Expanding Your Mastery: Building Skills and Confidence

Mastery also means **stretching your comfort zone** and working toward meaningful goals, even in small doses.

Examples:

- Practicing a hobby (drawing, music, gardening)
- Trying a new recipe or DIY project
- Speaking up in a group or setting a boundary
- Exercising, stretching, or walking
- Learning a new skill (like budgeting, meditation, or scheduling)
- Volunteering or helping someone else
- Following through on a difficult conversation
- Making progress toward a long-term goal

My Mastery Growth Goals

List a few ways you'd like to build mastery beyond daily maintenance tasks.

Tips for Practicing Mastery

Do This	Why It Matters
✓ Start small	Even 5-minute tasks count—especially on hard days
✓ Set realistic goals	Avoid perfectionism; aim for “good enough”

Do This	Why It Matters
✓ Track progress	Journaling or checking off a list boosts motivation
✓ Give yourself credit	If you judge yourself when you don't do enough, be fair and notice when you <i>do</i>
✓ Pair with joy	Combine Build Mastery with Build Positive Experiences for emotional balance

Build Positive Experiences

Core Concept: Positive events lead to positive emotions. To feel better, you need to do things that feel better—even when you don’t feel like it at first.

Don’t wait to feel motivated—take action first, and the good feelings will catch up.

Why It’s Hard—and Why It’s Worth It

Many people avoid positive activities when they feel:

- Too tired or uninterested
- Undeserving of good things
- Worried it won’t work or will end too soon
- Anxious about others’ expectations

These are **common and valid emotional barriers**—but they don’t have to stop you.

Use skills like **Opposite Action**, **Mindfulness**, and **Willingness** to push through and redirect your attention to the present experience.

My Barriers to Positive Experiences

List what gets in the way for you, and which skills you could use to respond.

Barrier	Skill I Can Use
_____	_____
_____	_____
_____	_____
_____	_____

Three Levels of Positive Experiences

1. Immediate Positive Experiences

These are small joys that can happen *right now*—you just have to notice or choose them.

Examples:

- A pleasant conversation
- Hearing or telling a joke
- Sitting in the sunshine or feeling a breeze
- Listening to music
- Smiling at someone
- Helping someone with a small task

Try This Today:

2. Short-Term Positive Experiences

These are things you can plan in the next few days or weeks—experiences that give you something to look forward to.

Examples:

- Visiting a coffee shop
- Watching a movie or show
- Going to the mall with a friend
- Planning a picnic
- Attending a lecture or event
- Setting up a creative project

Schedule Something This Week:

3. Long-Term Positive Experiences

These are bigger goals that give your life meaning. They may take time—but every step builds confidence and satisfaction.

Examples:

- Going back to school
- Starting a fitness or wellness goal
- Building a new relationship or friendship

- Volunteering or mentoring
- Creating art, music, or writing
- Working toward a career shift

One Long-Term Goal I Want to Work Toward:

First Small Step:

Tips for Building Positive Experiences

Do This	Why It Helps
✓ Start small	Your brain builds positive momentum from little moments
✓ Be mindful	Stay present instead of judging or overthinking
✓ Schedule fun	Treat joy like a priority—not an afterthought
✓ Don't wait for energy	Action leads to motivation—not the other way around
✓ Celebrate wins	Every follow-through matters—give yourself credit!

Mood Momentum (MM)

Core Concept: Notice when your mood improves and choose helpful behaviors to keep it going — even with chronic pain.

What Is Mood Momentum?

Mood Momentum is about keeping the good going. When you feel even a little bit better—more hopeful, more connected, or more motivated—you can take steps to keep that mood around longer. This is especially important for people managing chronic pain, where positive moods may feel rare or short-lived.

Pain can drain your energy and motivation, but Mood Momentum helps you build on the positive emotions that are already happening.

Why Does This Matter for Chronic Pain?

Living with chronic pain often means dealing with stress, frustration, or sadness. But when a good moment shows up, Mood Momentum gives you tools to keep it going. The goal isn't to erase pain but to help you enjoy more of life—even when pain is present.

How to Use Mood Momentum

When you notice yourself feeling a little better:

- 1. Pause and notice. “Hey, this feels nice.”
- 2. Choose helpful actions. Pick a skill or activity that keeps that feeling going.

Here are some ways to build mood momentum, even with pain:

Ideas to Build Momentum	Examples
Build Positive Experiences	Watch a funny show, enjoy nature, chat with a friend.
Balance Activity and Rest	Plan something small and enjoyable, then take a break.

Ideas to Build Momentum	Examples
Use Mindfulness	Notice what feels good in your body—even small things like warmth or comfort.
Use PLEASED Skills	Eat a good meal, drink water, stretch gently, get enough rest.
Build Mastery	Do something you feel good about—even if it’s small, like folding laundry or calling a friend.
Do Something Meaningful	Work on a hobby, set a small goal, or reflect on something you care about.
Connect With Others	Spend time with someone who supports you, even if just a short call.
Celebrate Progress	Tell yourself: “That helped. I’m doing something right.”

Tips for Success

- Mix it up: Try different activities to avoid getting bored.
- Go easy: Choose things that match your energy level and pain level.
- Be flexible: If something doesn’t work today, try again tomorrow.
- Keep it simple: Little steps count. Even 5 minutes of joy matters.

Reflection Questions

- What helps lift your mood even a little?
- What’s one thing you can try today to keep a good moment going?
- How does your pain level shift when you’re engaged in something enjoyable?

Remember: Mood Momentum is not about pretending pain doesn’t exist. It’s about helping you live well alongside it. Small moments of joy can grow, and your actions make that possible.

Opposite Action Skill

Core Concept: Powerful emotions often push you toward behaviors that keep the emotion going.

Opposite Action helps you break that cycle by doing the *opposite* of what your emotion wants you to do—when that emotion isn't justified or helpful.

Emotions love themselves. But you don't have to keep feeding them.

What Is Mood-Congruent Behavior?

When you're stuck in a difficult emotion, your behavior often follows the emotion's lead:

- Anxiety → Avoid
- Depression → Withdraw
- Anger → Attack
- Shame → Hide
- Guilt → Shut down
- Low motivation → Do nothing

Opposite Action means doing the *opposite* of those behaviors when they are keeping you stuck.

Anxiety or Fear → Avoiding

Mood-Congruent Behavior: Avoidance

Opposite Action: Approach the situation gradually and build tolerance

Examples:

- Speak to someone you're nervous around
- Attend a group or event you usually avoid
- Volunteer to share your thoughts in a meeting

A time I used Opposite Action with anxiety:

Sadness or Depression → Withdrawing

Mood-Congruent Behavior: Isolating, being inactive

Opposite Action: Get moving and connect with others

Examples:

- Call or text a friend
- Go for a walk or stretch
- Start a hobby or do something creative

My Opposite Action plan for sadness:

Anger → Attacking or Ruminating

Mood-Congruent Behavior: Yelling, stewing, or staying in the fight

Opposite Action: Step back, cool off, and approach gently later

Examples:

- Take a break and breathe
- Journal your feelings before reacting
- Listen to calming music or get some space

My go-to Opposite Actions when I'm angry:

Guilt (Justified) → Avoiding

Mood-Congruent Behavior: Hiding from responsibility

Opposite Action: Make amends or take ownership

Examples:

- Apologize and repair the damage
- Accept the consequences with grace
- Recommit to doing better

A time I used Opposite Action with justified guilt:

Guilt (Unjustified) → Self-denial

Mood-Congruent Behavior: Giving up self-care, hiding your needs

Opposite Action: Keep doing what's healthy for you

Examples:

- Stick to a boundary even if it feels uncomfortable
- Enjoy a moment of joy without guilt
- Practice self-care even when it feels “selfish”

A time I used Opposite Action with unjustified guilt:

Shame → Hiding

Mood-Congruent Behavior: Keeping secrets, isolating

Opposite Action: Share your story with someone safe

Examples:

- Talk to a therapist or support group
- Journal and read your story to a trusted person
- Challenge the belief that your shame defines you

Who are your safe people to talk to about shame?

Low Motivation → Doing Nothing

Mood-Congruent Behavior: Inactivity

Opposite Action: “Just do it” —start small and take action

Examples:

- Set a 5–10 minute timer and start a small task
- Reward yourself afterward
- Use accountability with a friend or list

One small task I'll “just do” this week:

Opposite Action Recap

Emotion	What it wants	Opposite Action
Anxiety/Fear	Avoid	Approach what's safe but uncomfortable
Sadness	Withdraw	Get active and connect
Anger	Attack	Step back and soothe
Justified Guilt	Hide	Apologize and repair
Unjustified Guilt	Self-deny	Continue self-care and boundaries
Shame	Conceal	Open up to safe people
Low Motivation	Shut down	Start anyway—even if it's small

Do Your ABCs: Accumulate Positives, Build Mastery, Cope Ahead

Core Concept: When you regularly build positive experiences, complete meaningful tasks, and prepare for emotional triggers, you create emotional balance. The ABCs are small daily actions with big long-term impact.

Prevention is powerful. Emotional regulation starts before the crisis.

Accumulate Positives

Positives happen every day—you just need to notice and nurture them.

What to Do	Examples
Focus on what's going well	Notice kind gestures, smiles, completed tasks
Participate in joyful moments	Play with your pet, listen to music, go outside
Stay present for the good	Fully enjoy time with friends or hobbies
Balance your thoughts	Replace “everything’s bad” with “this went well today”
Seek the small wins	Celebrate a good meal, a clean room, or a fun moment

My Accumulate Positives Plan:

Build Mastery

When you complete tasks, you gain confidence. When you challenge yourself, you grow.

What to Do	Examples
Do something you've avoided	Clean a cluttered corner, return a message
Challenge yourself just a bit	Learn a new skill, try a hobby, step out of your comfort zone
Track your progress	Make a checklist or journal small wins
Give yourself credit	Pause to recognize your effort and follow-through

One small mastery task I'll do today:

Cope Ahead

Plan for challenges before they happen—so you're not caught off guard.

Step 1: Identify a Hot-Button Situation

Think of something coming up that might be emotionally difficult.

Example: A family gathering, work meeting, or pain flare-up during travel

My situation: _____

Step 2: Visualize Handling It Skillfully

Close your eyes and imagine yourself managing the situation effectively.

What I'll visualize: _____

Step 3: Write a Coping Plan

Skill	How I'll Use It
Mindfulness	Stay present, pause before reacting
Distress Tolerance	Use deep breathing or grounding
Interpersonal Effectiveness	Use DEAR MAN or GIVE during a tough conversation
Emotion Regulation	Use Opposite Action or validation statements

My Coping Ahead Plan:

ABCs Summary

Skill	Purpose	Best Used When...
Accumulate Positives	Build joy and resilience	You feel numb, low, or stuck in negativity
Build Mastery	Boost control and confidence	You feel unmotivated or overwhelmed

Skill	Purpose	Best Used When...
Cope Ahead	Reduce emotional hijacks	A hard situation is coming, and you want to feel ready

Working With Your Care Team

Core Concept: Building effective relationships with your healthcare team can improve treatment outcomes and reduce the stress of chronic pain.

Why This Matters

People with chronic pain often feel misunderstood or dismissed. Research shows that providers may take acute pain (like after surgery) more seriously than chronic pain. That's why how you prepare and communicate during appointments can directly affect the care you receive.

Before the Appointment: Get Ready to Speak Up

Preparing ahead can help you feel more confident, reduce frustration, and make the most of your time with your provider.

To-Do List:

1. Prioritize Your Needs & Wants
 - Make a list of what's bothering you most (pain, fatigue, sleep problems).
 - Rank them from most to least important.
2. Set Goals for the Visit
 - What do you want to learn or decide at this appointment?
3. List Your Questions
 - Keep the list somewhere visible so you can add to it over time.
4. Gather Your Tracking Tools
 - Bring your pain diary, symptom log, or completed SIP form.
5. Plan for Logistics
 - Arrange childcare, transportation, and bring an advocate or note-taker if needed.
6. Visualize a Calm, Productive Visit
 - Picture yourself staying focused and clear. Use deep breathing or mindfulness to stay grounded.

Day of the Appointment: Keep It Real

Use the KEEP IT REAL strategy to guide your communication:

KEEP IT REAL Strategy	What to Do
Key in on your goals	State why you're there and what you hope to accomplish.
Establish the available time	Ask how much time the provider has so you can pace yourself.
Engage respectfully	Be assertive, not aggressive. Avoid complaining—focus on the facts.
Provide tools and info	Hand over your symptom tracker or daily logs.
I statements	"I've noticed my pain increases when I sit too long."
Take notes	Jot down answers and next steps.
Request resources	Ask for written materials or follow-up instructions.
Echo what you heard	"So you're saying I should try this stretching routine daily?"
Ask all your questions	Don't leave confused—clarify anything that's unclear.
Leave with a care plan	Know exactly what comes next in your treatment plan.

Avoiding Complaining Traps

Frustration is understandable—but constant complaining can backfire. If you start every visit by venting, providers may shut down or not take your concerns seriously. Instead:

- Be specific about what's not working.
- Offer examples from your pain diary or tracker.
- Ask for help solving problems, not just venting.

Reminder: You Deserve Good Care

You are the expert on your experience. Your voice matters. Taking an active role in your care not only helps you feel more in control—it increases your chances of getting the support and respect you need.

Preparing for Appointments

When you're managing chronic pain, preparing for appointments can make a big difference in the care you receive. Planning ahead helps reduce stress, improves communication with your care team, and helps you get your needs met.

Before the Appointment

1. **Prioritize needs and wants:**
Make a list of what you need and want from your appointment. Put the most important things at the top.
2. **Set clear goals and objectives:**
Be clear on what you want to happen in the appointment. What answers or help are you hoping to leave with?
3. **Create a list of questions:**
Write down your questions as they come up. Keep the list in a spot where you can add to it easily.
4. **Organize tracking forms:**
Bring up-to-date tracking sheets like symptom logs or medication lists to help explain your current situation.
5. **Plan for childcare (if needed):**
Make arrangements so you can be fully present during the appointment.
6. **Coordinate transportation:**
Arrange a reliable way to get to your appointment. This is one of the most common reasons people miss visits.
7. **Bring an advocate:**
Consider having a trusted person attend with you to help take notes or offer support.
8. **Visualize the appointment:**
Imagine yourself staying calm, asking your questions, and working as a team with your provider.

Day of the Appointment

1. **Confirm childcare:**
Double-check your childcare plan to avoid last-minute issues.
2. **Gather materials:**
Bring your notes, tracking forms, and list of questions.
3. **Review your goals:**
Remind yourself what you want to get from the appointment.
4. **Manage stress:**
Take time to breathe or stretch before you go.
5. **Leave early:**
Plan to arrive 10-15 minutes before your appointment. Being late can add unnecessary stress.

Introduction to Interpersonal Effectiveness

Core Concept: Interpersonal effectiveness skills help you create healthy, respectful relationships—while maintaining your values, self-respect, and boundaries.

Being effective with others doesn't mean giving in. It means knowing how to be kind, clear, and true to yourself at the same time.

When These Skills Help

Interpersonal effectiveness skills are especially useful when you:

- Feel ignored, invalidated, or dismissed
- Have trouble standing up for yourself
- Avoid conflict (or cause it unintentionally)
- Struggle with boundaries or saying no
- Want to improve communication in relationships

The Three Pillars of Interpersonal Effectiveness

Skill	Main Focus	Guiding Question
FAST	Self-respect	How do I want to feel about myself after this interaction?
GIVE	Relationship care	How do I want the other person to feel after this interaction?
DEAR MAN	Assertiveness	What do I want or need from this interaction?

Let's explore each of these in action.

FAST: Self-Respect Effectiveness

Purpose: Protect your self-respect by acting in line with your values—even when it's hard.

If you value... Then you might choose to...

Honesty	Admit a mistake rather than cover it up
Kindness	Stay calm during a disagreement

If you value... Then you might choose to...

Responsibility Follow through on your commitments

A situation where I want to use FAST to maintain self-respect:

GIVE: Relationship Effectiveness

Purpose: Maintain or improve relationships by being present, thoughtful, and validating.

Ways to use GIVE How they help relationships

Listen attentively Builds trust and connection

Show appreciation Reinforces mutual care

Be gentle and warm Prevents unnecessary conflict

A relationship I'd like to strengthen with GIVE skills:

DEAR MAN: Goal Effectiveness

Purpose: Clearly ask for what you need or want while maintaining self-respect and fairness.

Example Goals

How DEAR MAN Helps

Asking for a deadline extension Helps you express your need respectfully and clearly

Saying no to a social event Helps you protect your time without guilt

Negotiating chores with a partner Encourages collaboration and clarity

Something I need to assert or request using DEAR MAN:

Skill Integration: Use Them Together

These three skills are strongest when used in **balance**:

- Use **DEAR MAN** to ask for something
- Use **GIVE** to maintain the relationship
- Use **FAST** to stay grounded in your values

Example:

You want to say no to a friend's request (DEAR MAN), but you want to preserve the friendship (GIVE), and you want to feel proud of how you handled it (FAST).

The 3 I's: Identity, Insecurity, and Isolation

Understanding how chronic pain and mental health can affect how you see yourself and relate to others

Core Concept: Chronic pain doesn't just affect your body, it can also affect how you see yourself, how you feel around others, and how connected you feel to the world. This handout introduces The 3 I's: Identity, Insecurity, and Isolation, three important areas that often shift when living with chronic pain.

1. IDENTITY: "Who Am I Now?"

When pain becomes a big part of daily life, it can change the way you think about yourself.

You might start to feel like:

- You're no longer the same person you used to be
- You're seen more as a "patient" or a "case" than a person
- People talk about your pain more than your strengths

Reflection Activity:

Think about who you were before pain became a daily part of your life.

Now think about who you are today, including your strengths.

Before pain, I was:

Now, even with pain, I am:

Tip: You are not your diagnosis. Your identity is bigger than any label.

2. INSECURITY: "Do I Feel Safe and Supported?"

Living with chronic pain often means dealing with medical systems, difficult emotions, and unanswered questions. It's normal to feel uncertain or insecure.

You might notice:

- You call or email your care team a lot looking for reassurance
- You feel let down when you don't get quick or helpful responses
- You worry that you're becoming a "burden" to others

Check-In:

Circle any that apply to you:

- I worry that I'm asking for too much help
- I feel unsure what to do when my pain flares up
- I've been labeled "needy" or "difficult" by others
- I feel guilty after asking for help

Strategy: It's okay to ask for help, but it's also helpful to build a few go-to coping skills for when others aren't available. Try journaling, a mindfulness exercise, or writing your questions down to bring to your next appointment.

3. ISOLATION: "Why Do I Pull Away?"

When people feel misunderstood or unsupported, they often pull back from relationships. That's called isolation, and it can feel safer at first—but over time, it can make pain and emotional distress worse.

You might notice:

- You stop answering texts or calls
- You avoid going out, even when you're physically able
- You spend most of your time alone

Reminder: Isolation might protect you short-term, but it often increases loneliness, sadness, and the feeling that no one understands.

Try This:

Write down one safe person or activity that helps you feel a little more connected.

When I'm tempted to isolate, I can connect with:

Final Thought:

The 3 I's—Identity, Insecurity, and Isolation—are common struggles for people living with chronic pain. Recognizing them is the first step toward reclaiming your confidence, your voice, and your connections.

Optional Practice Challenge:

Pick one "I" to work on this week. What's one small change you can try?

- Identity: Remind myself daily of one strength I have
- Insecurity: Practice a coping skill instead of immediately reaching out
- Isolation: Text or call one person I trust

Understanding Stigma

Core Concept: Stigma isn't just about judgment—it creates isolation, delays healing, and fuels suffering. For people living with chronic pain or mental health challenges, stigma can be more painful than the condition itself.

Stigma turns real suffering into shame. Understanding it is the first step to dismantling it.

What Is Stigma?

According to the CDC:

Stigma is an attribute that is deeply discrediting.

It sets people apart and brings shame, rejection, and isolation.

More modern definitions focus on its effects:

- Prejudice
- Avoidance
- Rejection
- Discrimination

Stigma causes harm:

- Delays in treatment
- Denial of symptoms
- Reduced participation in life
- Loss of access to housing, jobs, insurance, and medical care

Stigma is not just personal—it's a public health issue.

Stigma in Chronic Pain & Mental Health

Despite millions living with chronic conditions, many face stigma due to:

- Limited public awareness
- Invisible symptoms
- Minimal professional training (only ~10 hours in most 4-year medical programs on pain treatment)

Chronic pain is often called an **“invisible disability”**, which leads to damaging assumptions and hurtful labels.

Common Stigmatizing Beliefs About Pain

Stigmatizing Statement	Underlying Message
"You're just trying to avoid reality."	Pain = avoidance, not real suffering
"You're not tough enough."	Weakness, lack of character
"You don't want to get better."	Willful brokenness
"You're just being dramatic."	Seeking attention, exaggeration
"You're living off the system."	Lazy or exploiting resources
"It's all in your head."	Faking or imagining pain
"Other people are doing better than you." Comparison that minimizes your experience	

These messages cause real harm. They can lead to:

- Shame
- Social withdrawal
- Delayed treatment
- Loss of hope
- Disconnection from meaningful activities

✦Reflection: My Experience With Stigma

What harmful messages have I internalized or heard from others?

How has stigma affected my willingness to ask for help or explain my pain?

Who are the people or professionals who *do* validate my experience?

Reframing: From Stigma to Truth

Stigma Says

Reality Is

"You're weak."

You are surviving something most people don't understand. That takes strength.

"You're faking it."

Invisible pain is real pain. You don't need to prove it.

"You're lazy."

Pain makes everything harder. You're doing what you can with what you have.

"You're just trying to get meds."

You're trying to get relief and function. That's not addiction—it's self-advocacy.

Impact of Stigma on the Individual

Core Concept: Stigma doesn't just change how others treat you—it can change how you treat yourself. Left unchallenged, it can affect your health, identity, and hope.

If you hear something harmful enough times, you might start to believe it. That's why you need skills and truth to push back.

What Stigma Does, According to SAMHSA and NAMI:

Stigma Leads To...	How It Affects You
Inadequate insurance for mental health	Reduced access to care, longer wait times
Fear and mistrust from others	Social isolation, feeling unsafe or judged
Family and friends pulling away	Loss of connection and support
Discrimination at work or school	Fewer opportunities and increased stress
Internalized shame or self-doubt	Decreased self-esteem and identity confusion
Avoiding or delaying help	Worsening symptoms and missed early treatment

Stigma doesn't just hurt feelings. It blocks recovery, resources, and relationships.

The Power of Repeated Messages

"If one person tells you that you have a tail, laugh and dismiss it.

If five people tell you, consider it.

If ten people say it—you'd better turn around."

This saying reminds us how repetition builds belief—even when the message is false.

Ask Yourself:

- Who's sending the message?
- Are they experts in mental health or chronic pain?
- Are they repeating truth... or just passing down stigma?

Even messages with "good intentions" can be misinformed and harmful.

Negative Messages You Might Internalize

Stigmatizing Belief	Potential Impact
"You're just making it up"	You question your own pain and reality
"You should be better by now"	You feel like you're failing at healing
"It's all in your head"	You stop seeking treatment or stop meds
"Other people handle it fine"	You compare and blame yourself
"You're the problem"	You feel ashamed instead of supported

Reflection: My Experience With Internalized Stigma

A harmful message I've heard (from others or myself):

What this message made me believe about myself:

What I know now to be more true and helpful:

Reframe It: You Are Not the Problem

Stigma Says	Truth Says
"You're broken."	You are carrying something heavy—and surviving it.
"You're faking it."	Pain that can't be seen is still real.
"You should be over this."	Healing takes time, not timelines.
"You're too sensitive."	You are responding to real suffering in your body and mind.

FAST Skills: Self-Respect Effectiveness

Core Concept: Self-respect is the root of healthy relationships—and it starts with how you treat yourself.

If you sacrifice your values to please others, you lose your anchor. FAST skills help you stay grounded and proud of your actions.

What Does FAST Stand For?

Letter	Skill	Purpose
F	Fair	Be fair to yourself and others
A	Apologies Not Needed	Don't over-apologize for existing or having needs
S	Stick to Values	Let your actions match your core beliefs
T	Truth and Accountability	Be honest, take responsibility, and follow through

F — Be Fair

Treat yourself and others with respect—even in conflict.

Being fair means listening without judging, and giving yourself the same compassion you give to others.

Examples:

- Listening calmly during disagreement without interrupting
- Showing yourself kindness when you make mistakes
- Valuing others' input during collaboration

A situation where I can be more Fair (to myself or someone else):

A — Apologies Not Needed

Stop apologizing for existing.

Unnecessary apologies can erode your confidence and send the message that your needs don't matter.

Examples:

- Say "Thank you for your time" instead of "Sorry to bother you"

- State your views without disclaimers
- Decline invitations respectfully, not apologetically

A time I tend to over-apologize is:

A more empowered way to respond:

S — Stick to Values

Act in a way that aligns with what matters to you.

Even under pressure, your integrity matters. When your behavior matches your values, you build pride and self-trust.

Examples:

- Choosing ethical actions even when it's inconvenient
- Saying no to gossip or dishonesty
- Prioritizing health, compassion, or honesty despite social pressure

A value I want to live by more intentionally is:

A small action I can take to honor this value:

T — Truth and Accountability

Be real. Be responsible. Be reliable.

Taking ownership builds credibility. Don't exaggerate, make excuses, or pretend to be less capable than you are.

Examples:

- Admitting when you're wrong without blaming others
- Following through on promises—or communicating honestly if you can't
- Acknowledging your capabilities and taking initiative

A time I avoided accountability—and what I'll do differently next time:

FAST Skills in Action

When you use all four FAST skills together, you act with **integrity**, **confidence**, and **self-respect**—even during difficult interactions.

Practice tip: Next time you feel pressured to people-please, ask:

“Will I feel proud of how I handled this?”

Values Worksheet

Core Concept: Identifying your values helps you live with purpose, direction, and greater self-respect.

Values are like a compass—when you're lost, they help point you toward the life you want to live.

Step 1: Identify Your Values

Below is a list of common values.

- **Circle** the values you already live by.
- **Star** the values you want to live by more often.
- Be honest—there are no right or wrong answers.

Examples of values:

Acceptance · Achievement · Adventure · Affection · Altruism · Assertiveness · Balance · Bravery · Calm · Caring · Challenge · Cleanliness · Compassion · Confidence · Connection · Courage · Creativity · Decisiveness · Empathy · Encouragement · Enjoyment · Excellence · Faith · Family · Freedom · Friendship · Generosity · Gratitude · Health · Honesty · Humor · Independence · Integrity · Joy · Kindness · Leadership · Learning · Love · Mindfulness · Motivation · Openness · Peace · Persistence · Playfulness · Resilience · Respect · Security · Self-control · Service · Simplicity · Spirituality · Strength · Structure · Success · Teamwork · Trust · Truth · Usefulness · Warmth · Wisdom

Tip: Go slowly. You might start to see themes about what matters most to you.

Step 2: Make Values Tangible

Core Idea: A value becomes powerful when you turn it into action. For each value you circled or starred, list three ways you can live it in daily life.

Value	Three Ways I Can Live This Value
-------	----------------------------------

- | | |
|------------------|--|
| Affection | 1. Give hugs and verbal affirmations to loved ones |
| | 2. Write heartfelt messages or cards |
| | 3. Spend quality time with people I care about |

- | | |
|------------|---|
| Fun | 1. Plan one enjoyable activity each weekend |
|------------|---|

Value Three Ways I Can Live This Value

2. Try a new hobby or revisit a playful interest
3. Laugh with friends or watch something that lifts my mood

Simplicity 1. Clean out clutter from my space

2. Say no to extra obligations I don't need
3. Focus on the most important thing, one task at a time

My Values in Action

Use this table to continue building your values-action roadmap. Add as many rows as you like.

Value Three Ways I Can Live This Value

1.

2.

3.

1.

2.

3.

1.

2.

3.

Reflection Questions

1. What values feel most important to you right now—and why?

2. Which value will you focus on this week?

3. How would your life feel different if you committed more fully to your top values?

GIVE Skills: Strengthen Relationships with Respect and Warmth

Core Concept: Focusing on others with kindness and validation builds strong, supportive relationships.

Balancing your needs with the needs of others helps you form meaningful, respectful relationships.

GIVE skills—**Genuine, Interested, Validate, and Easy Manner**—help you show care, build connection, and maintain trust. These skills can be used alone or paired with DEAR MAN to resolve conflict effectively.

GENUINE

Be authentic. Let your words and actions come from the real you.

Speak from the heart. Be honest and sincere in how you relate to others.

Examples:

- When a friend shares something personal, you respond with empathy and sincere care.
- When apologizing, you make eye contact and take responsibility without making excuses.
- When giving feedback, you're clear, kind, and constructive—not sugarcoated or harsh.

Write one way you can be more genuine in your relationships:

INTERESTED

Stay curious and present in your conversations.

Show others you care by actively listening, asking questions, and using open, relaxed body language.

Examples:

- You nod, make eye contact, and respond to what the person is saying.
- If someone talks about a hobby, you ask about their latest project.
- When a loved one shares plans or dreams, you express real interest in their journey.

How can you show more interest during a conversation this week?

VALIDATE

Let others know their emotions and experiences make sense.

Validation builds safety. It doesn't mean agreeing—it means showing understanding without judgment.

Examples:

- “I can see why that upset you” instead of “You’re overreacting.”
- “You worked hard—you deserve to feel proud!”
- “I understand that hurt you. I didn’t mean to, and I’m sorry.”

Practice validation: Write a validating statement you could say to a friend today:

EASY MANNER

Be approachable. Kindness opens doors.

Start soft. Use a relaxed tone, gentle words, and respectful body language. You can always increase intensity if needed.

Examples:

- In a disagreement, use a calm tone and listen with curiosity.
- During tense moments, offer soothing support instead of escalating the tension.
- Ask for help with a friendly attitude and express thanks.

How can using an easy manner help you in your next interaction?

Putting GIVE Into Practice

Try using all four parts of GIVE in one interaction today. Afterward, reflect:

- What worked well?
- What was difficult?
- How did the other person respond?
- How did you feel afterward?

VALIDATION: A Powerful Way to Connect

Core Concept: When you're living with chronic pain, it's easy to feel misunderstood or dismissed. Learning to validate others—and yourself—can reduce conflict, build trust, and support healing relationships.

VALIDATE is a reminder of how to stay connected, compassionate, and supportive—especially when pain or distress makes communication harder.

What Does VALIDATE Stand For?

Skill	What It Means	Chronic Pain Example
V – Value Others	Show people they matter, even if you don't agree with them.	"I know you're trying to help, and I appreciate that—even if it's not what I need today."
A – Ask Questions	Be curious and open. Ask how someone feels or what they think.	"How does it feel for you when I cancel plans because of a flare-up?"
L – Listen & Reflect	Repeat back what you heard to show you understand.	"So you're saying you felt overwhelmed when I didn't respond. Is that right?"
I – Identify with Others	Try to see things from their side. You don't have to agree to empathize.	"I get why this is frustrating. I'd feel the same way in your shoes."
D – Discuss Emotions	Talk about what someone might be feeling. Show that you care.	"It makes sense that you're upset. I know this pain has been really hard on both of us."
A – Attend to Nonverbals	Notice facial expressions, tone, and posture. These often say more than words.	"You seem quiet and tense today. Is the pain flaring again?"
T – Turn the Mind	When judgment or frustration comes up, gently return to empathy.	Instead of thinking, "They don't get it," say, "They're trying—I can explain what I need."
E – Encourage Participation	Invite connection. Be open to hearing and being heard.	"Would you be open to talking about how we handle hard days together?"

Why Validation Matters in Chronic Pain

Living with chronic pain can make emotions more intense. People may:

- Feel isolated or like a burden
- Struggle to explain invisible symptoms
- Experience tension in relationships

Using VALIDATE helps break that cycle. When you practice validation, you:

- **Feel more understood**
- **Strengthen support systems**
- **Reduce shame and miscommunication**

Try It Out

Practice saying one validating thing a day. It could be to someone else or even yourself.

- “It makes sense I feel overwhelmed—it’s been a tough week.”
- “I’m proud of myself for speaking up.”
- “They might not understand my pain, but they’re trying.”

Reminder:

Validation is not agreement. It means acknowledging someone’s experience, not necessarily agreeing with it. You can validate a feeling without giving up your boundaries or your truth.

What Validation Is NOT: A Guide for People Managing Chronic Pain

Core Concept:

Validation helps people feel seen and heard. But sometimes, what feels like support can actually miss the mark. If you live with chronic pain, you've likely had people try to help in ways that left you feeling dismissed. This handout will help you spot those moments—and give you better ways to respond to others (and yourself!) with real validation.

Common Mistakes That *Aren't* Validation

1. Shifting the Focus to Yourself

Not Validation:

- “I know exactly how you feel—my back hurt last week too.”
- “Oh, I’ve had way worse days. Let me tell you about mine.”

Better Approach (Validation):

- “I’ve had tough days too, but I want to understand what today was like for you.”
- “That sounds hard. How’s your pain been affecting you lately?”

Chronic pain example: If someone says, “You’re probably just tired,” and starts talking about their fatigue, it can make your pain feel invisible. Keep the focus on your unique experience.

2. Getting Over-Invested in Someone’s Pain

Not Validation:

- “I feel awful for you. I can’t stop thinking about it.”
- “Let me fix this for you.”

Better Approach (Validation):

- “That sounds really tough. I’m here to support you.”
- “I can’t fix the pain, but I care and I’m listening.”

Chronic pain example: Loved ones may want to “solve” your pain or take over. While well-meaning, it’s more helpful when they acknowledge your struggle and ask how they can best support you.

3. Jumping into Fix-It Mode

Not Validation:

- “You should just try yoga.”
- “Let me tell you what I’d do.”

Better Approach (Validation):

- “That sounds overwhelming. What have you tried so far?”
- “You’re doing a lot to manage this. How can I support you today?”

Chronic pain example: Unsolicited advice can feel invalidating—especially when you’ve already tried a dozen things. Listening first builds trust.

4. Cheerleading Too Soon**Not Validation:**

- “It’s not that bad.”
- “Others have it worse.”
- “You’re strong—you’ve got this!”

Better Approach (Validation):

- “I know today’s been rough. You don’t have to feel okay right now.”
- “You’ve gotten through hard things before. I believe in you—and I also know this moment hurts.”

Chronic pain example: Sometimes we need space to feel—not be cheered up right away. “Toxic positivity” can dismiss real suffering.

5. Just Agreeing to Avoid Conflict**Not Validation:**

- “Okay, whatever you say.”
- “Sure, we’ll do it your way.”

Better Approach (Validation):

- “I see where you’re coming from. Let’s find a way that works for both of us.”
- “Your pain is real—and we can still talk about what to do next.”

Chronic pain example: You might feel pressure to “go along” when you’re in pain. Real validation means being honest *and* respectful—both with yourself and others.

Remember:

Validation isn’t about fixing or agreeing. It’s about **seeing, hearing, and accepting** someone’s experience as real—even when it’s different from your own.

For chronic pain warriors: Start by validating your own experience. Your pain is real. Your efforts matter. You deserve to be heard.

Nurturing Support Systems

Chronic Pain Workbook Series

Why Support Matters

When you're dealing with chronic pain, it's easy to focus on what's going wrong and overlook the people trying to help. But having a strong support system can help you manage stress, improve your mood, and stay motivated.

Support systems can include professionals, family, friends, or even peers who understand your situation. The more we recognize and nurture these connections, the stronger and more helpful they become.

What Is Support?

Support means having people in your life who:

- Stick with you when things are hard
- Help you with daily tasks or health needs
- Remind you of your strengths
- Advocate for you when you can't
- Encourage you to keep going when pain makes life feel overwhelming

Support is not just physical — it's emotional, social, and psychological too.

Who's in Your Support System?

Support Role	Examples	What They Do
Professionals	Doctors, therapists, nurses	Provide medical care, treatment, and expert advice
Family	Parents, partners, siblings	Offer love, help with daily needs, advocate for you
Friends	Close friends, neighbors	Give emotional support, social connection, and fun

Support Role	Examples	What They Do
Acquaintances/Groups	Support groups, faith communities	Offer shared experiences and reduce isolation

Think about people in each category. Who's there for you?

Common Barriers (and What They Might Really Mean)

What You Might Say	Hidden Message
"I'm too busy."	"You're not worth the effort."
"They don't want help from me."	"I'm not good enough."
"I'm in too much pain."	"It's not worth trying."
"I can't."	"I don't know how or where to start."
"I won't."	"I feel like I should do this alone."
"I just want to be left alone."	"I feel like I deserve to suffer."

If you've thought or said any of these, you're not alone. Pain and distress can cloud your ability to connect with others. But small efforts to reach out can make a big difference — for you and for them.

Reflection Exercise: Who Can I Nurture?

1. Who in your life has been supportive lately?

2. What's one small thing you can do to reconnect with someone?

3. How can you show appreciation to someone in your support system this week?

A New Habit: Weekly Support Check-In

Each week, ask yourself:

- Did I reach out to someone?
- Did I let anyone know how I'm feeling?
- Did I offer appreciation to someone in my support system?

Use this space to check in each week:

Week of _____

Support action taken: _____

Reminder for Chronic Pain:

When you're in pain, it's easy to pull away from people. But that's often when you need support the most. Practicing connection — even in small ways — can reduce isolation, help you feel seen, and support your overall recovery journey.

Making Friends While Managing Chronic Pain

Core Concept: You can build strong and supportive friendships—even while living with chronic pain—by showing up with kindness, consistency, and a willingness to connect.

Why Friendships Matter When You Live with Pain

Chronic pain can make you feel isolated or misunderstood. Having people in your life who “get it” or who simply care can reduce emotional distress and help you cope. Building relationships doesn’t mean you have to always be “on” or pain-free—it means showing up as you are and letting others meet you there.

Friend-Making Tips (Even If Energy Is Low)

1. Find Shared Interests

When pain limits your energy, it helps to connect around things you enjoy. This gives your brain a break from focusing on discomfort.

Examples:

- Join an online book club from home.
- Attend a gentle yoga class or support group.
- Try a virtual hobby group for art, music, or gaming.

2. Engage with Your Community (In Small Doses)

Even one small action a week can build connections.

Examples:

- Attend a chronic pain support group or mindfulness class.
- Volunteer for short shifts doing things you can manage.
- Join an accessible event at your library or community center.

3. Start with Who’s Around You

Friends may already be in your daily life—you just haven’t connected yet.

Examples:

- Greet your neighbor or delivery person.
- Chat with a classmate or coworker about shared interests.
- Invite a friendly acquaintance for a short walk or coffee.

4. Show Interest (Even If You're Tired)

You don't need to talk a lot—just be present and curious.

Examples:

- Ask someone how they're feeling today.
- Listen and reflect instead of giving advice.
- Smile or make eye contact when they're talking.

5. Balance Giving and Receiving

Relationships need to feel balanced—even if pain limits how much you can physically give.

Examples:

- Offer emotional support or kindness.
- Send a text to check in.
- Let others support you, too—don't always feel like you need to be the helper.

6. Be Pleasant to Be Around

Chronic pain doesn't define your personality. Let your humor, warmth, or honesty shine through.

Examples:

- Share uplifting stories or memes.
- Offer genuine compliments.
- Express gratitude when someone listens or helps.

7. Share Wisely

Build trust slowly. Avoid oversharing early, but also don't hide your experience with pain.

Examples:

- Say, "I deal with pain, so some days I'm quieter, but I still love being around people."
- Open up over time about challenges and coping tools.
- Be honest when you need to reschedule—this builds trust.

8. Respect Social Differences

Not everyone will connect in the same way—and that's okay.

Examples:

- Some friends like deep talks, others prefer light chats.
- Be okay with quiet time or different social rhythms.
- Don't take it personally if someone needs space.

9. Take Your Time

Friendships build slowly, especially when managing pain and fatigue. Progress, not perfection.

Examples:

- Text or message someone once a week to stay in touch.
- Suggest short meetups that don't drain your energy.
- Let friendships develop at a natural pace.

10. Focus on Respect Over Popularity

You don't have to be the life of the party. Just be honest, kind, and dependable.

Examples:

- Say what you mean and follow through.
- Be fair, not perfect.
- Stand up for yourself gently when needed.

Reminder:

Friendships don't require you to be pain-free. They require honesty, effort, and a bit of vulnerability. Whether you're connecting online or in person, your experience—and your presence—matters.

Intimacy and Chronic Pain: Staying Connected When Things Get Tough

Core Concept: Intimacy is more than just physical closeness—it's about connection, trust, and emotional bonding. Chronic pain can challenge intimacy, but with awareness and effort, it can also create new opportunities for deeper connection.

What Is Intimacy?

Intimacy means closeness—feeling safe, understood, and connected with another person. It includes:

- Trust and open communication
- Shared goals and interests
- Emotional safety and support
- Both verbal and non-verbal ways of bonding (like a hug or a kind glance)
- Sexual activity can be part of intimacy—but intimacy is much more than sex

Chronic pain and mental health struggles can make intimacy harder—but they don't have to end it.

How Chronic Pain Can Affect Intimacy

1. Shifts in Roles and Responsibilities

- Pain might limit what you can do physically or emotionally.
- Partners may take on more caregiving, creating an unbalanced dynamic.
- You might feel guilt, frustration, or shame about needing more help.
- These role changes can strain connection and lead to resentment.

TIP: Talk openly about changes. Remind each other that partnership includes caring for one another through tough times.

2. Increased Stress in the Relationship

- Chronic pain can drain your emotional and physical energy.
- It may reduce time and space for fun, relaxation, and closeness.
- Stress around finances, daily tasks, or unpredictable flare-ups can increase tension.

TIP: Stress management = relationship support. Use mindfulness, relaxation, and pacing strategies to protect your energy for your relationships.

3. Communication Breakdowns

- Avoiding hard conversations can create distance.
- Misunderstandings often grow when people stop sharing how they feel.
- Loved ones may want to help but don't know what you need unless you tell them.

TIP: Practice gentle honesty. Even small check-ins about your pain, needs, or feelings can rebuild emotional closeness.

4. Changes in Sexual Feelings and Activity

- Pain, fatigue, medications, or emotional distress can affect libido and comfort.
- You may worry about making your pain worse or feel self-conscious.
- Your partner may not know how to talk about it or how to help.

TIP: Intimacy is still possible. It might look different, but closeness and pleasure are still available in many forms. Focus on connection, touch, and shared comfort—not just performance.

What You Can Do to Strengthen Intimacy

Do This

Talk about feelings, even if awkward

Appreciate the small things your partner does

Set boundaries and ask for what you need

Make time for connection—daily check-ins, hand-holding, a shared activity

Get creative with intimacy—change positions, schedule quiet time, use humor

Try to Avoid

Shutting down or avoiding hard topics

Taking support for granted

Expecting others to guess what you feel

Letting stress or pain control all your time

Believing sex or closeness must “go back to normal” to matter

Reflection

What has helped you feel close to others while living with chronic pain?

Write down 1–2 things you want to try (or keep doing) to maintain emotional or physical intimacy:

Remember:

Pain may change how you connect, although it doesn't mean you can't connect. Intimacy can grow deeper when we stay curious, compassionate, and open with the people we care about.

DEAR MAN Skills: How to Speak Up for Your Needs

Core Concept: DEAR MAN helps you ask for what you need, set healthy boundaries, and say “no” when needed—especially helpful when you’re living with chronic pain and your limits matter more than ever.

Before You Begin

When you’re in pain, it can feel extra hard to speak up. Here’s what to remember before using DEAR MAN:

- **People can’t read your mind.** Speak up clearly—don’t assume others know how much pain you’re in or what you need.
- **Use your words.** Eye rolls, sighs, and silence don’t work. Clear words do.
- **DEAR MAN isn’t magic.** It can’t force others to give you what you want, but it gives you your best chance.
- **Stay focused.** Know your goal and what’s non-negotiable (like protecting your health).
- **Use with GIVE & FAST.** DEAR MAN sets boundaries; GIVE builds relationships, and FAST helps keep your self-respect.

DEAR MAN = 7 Steps to Assertive Communication

STEP	WHAT IT MEANS	EXAMPLE (Chronic Pain Context)
D – Describe	Share the facts, not opinions	“Lately, you’ve been scheduling appointments for me without asking.”
E – Express	Share how you feel (optional)	“That makes me feel anxious and out of control of my own care.”
A – Assert	Say clearly what you need	“I need you to ask me before making plans that involve my body.”
R – Reward	Say why it matters	“If we plan together, I’ll feel calmer and more prepared.”
M – Mindful	Stay on topic—don’t get distracted	“I hear you want to help, but I still need you to ask first.” (repeat as needed)

STEP	WHAT IT MEANS	EXAMPLE (Chronic Pain Context)
A – Appear Confident	Use a calm, clear voice and posture	Sit up, make eye contact, speak clearly—even if you're unsure inside
N – Negotiate	Offer a compromise if needed	“Can we agree that you’ll check in with me before scheduling anything new?”

Practice Makes Progress

Using DEAR MAN takes practice—especially when chronic pain already drains your energy. Try writing out a few examples or rehearsing with a support person or therapist.

Try It Yourself

Use this space to plan out a DEAR MAN for a situation where you need to speak up:

- **Describe:**

- **Express (optional):**

- **Assert:**

- **Reward:**

- **Mindful (repeat key point):**

- **Appear Confident (what will you do?):**

- **Negotiate (your flexible point):**

Tip: DEAR MAN can be used in pain management conversations too—like asking for help at home, setting limits with friends, or talking to your doctor about a treatment plan that works for you.

You matter, and your voice matters.

Keep practicing!

DEAR MAN: Helpful Tips for Getting What You Need

Core Concept: Using DEAR MAN well takes practice. These tips can help you use it more effectively—especially when dealing with chronic pain, medical issues, or everyday stress.

Be in Wise Mind

When you're in **Wise Mind**, you're not ruled by frustration, fear, or pain—you're thinking clearly and calmly. If you're in **Emotion Mind** (like during a pain flare-up or when you feel overwhelmed), take a break and use calming skills first.

Chronic Pain Tip: Use a breathing or grounding exercise before asking for help with a task, scheduling, or discussing treatment needs.

Start with GIVE

Before using DEAR MAN, start by showing the other person you care. Use your GIVE skills: be **Genuine**, show **Interest**, **Validate** their side, and use an **Easy Manner**. This helps the other person feel respected—and makes them more likely to listen.

Chronic Pain Tip: “I know you’ve had a long day too—I just need a minute to talk about my follow-up appointment.”

Pick the Right Time

Timing matters. Choose a moment when both of you are more likely to be calm and present. But don't wait forever—especially if pain or stress is building up.

Chronic Pain Tip: Don't wait until you're exhausted to ask for help with chores—ask early and clearly when you know you'll need assistance.

Talk to the Right Person

Make sure you're speaking with someone who can actually help. If they aren't the right person, politely ask who is—or find someone else who can support your needs.

Chronic Pain Tip: If a receptionist says your doctor is unavailable, ask who you can talk to about getting your prescription refill or physical therapy referral.

Don't Give Up

Not every DEAR MAN works perfectly the first time. Keep practicing! You'll get better at speaking up and setting boundaries. It's okay to feel nervous—it's also okay to try again.

Chronic Pain Tip: If your first request for a workplace accommodation didn't go as planned, talk to HR again using DEAR MAN with your notes prepared.

Reminder

DEAR MAN helps you **ask for what you need**, **say no**, and **set limits**—all of which are especially important when you live with chronic pain. Practice it in small moments, so it's easier to use when it really matters.

DEAR MAN & Finding the Right Tone

Core Concept: Speak up for yourself in a way that others can hear and respect—especially when managing chronic pain.

Why This Matters

When you're living with chronic pain, it's even more important to ask for what you need—whether that's help at home, more information from a doctor, or a break from social obligations. But **how** you ask matters. If you're too quiet, your needs might be ignored. If you come on too strong, people might tune you out. The key is to be **assertive**—clear, respectful, and confident.

The Communication Spectrum

Too Passive	Just Right (Assertive)	Too Aggressive
You stay silent or say “it’s fine” even when it’s not.	You clearly ask for what you need and listen too.	You raise your voice, interrupt, or demand.
Others might overlook your pain or needs.	Others are more likely to hear you and help.	Others might shut down or get defensive.
You feel resentful or burned out.	You feel more in control.	You feel powerful short-term, but relationships suffer.

Tips for Using DEAR MAN with the Right Intensity

Start in the Low-Middle Range

Think of it like testing the water. Start calmly and clearly. If your needs aren't being heard, you can increase the intensity **bit by bit**. It's hard to go from aggressive → calm—but easier to go calm → firm.

Know Your Natural Style

- If you usually **hold back**, trying to be assertive may feel “too much” at first—but it's probably just right.
- If you usually **push hard**, softening your tone may feel too gentle—but it likely helps others respond better.

Use Your Skills

- **Observe & Describe:** Notice how people respond when you make a request. Are they shutting down? Do they look confused? Do they seem open?
- **Adjust Your Approach:**
 - If they ignore you → try being clearer and more direct.
 - If they get defensive → try softening your tone or using more GIVE skills (being kind, validating, etc.).

Chronic Pain Tip

Living with pain can make your emotions feel **stronger**, and it's easy to fall into either **passive** (because you feel tired or discouraged) or **aggressive** (because you're fed up). That's totally normal.

The trick is to **pause**, take a deep breath, and ask yourself:

"What do I want, and how can I say it so I'll be heard?"

Try writing down or practicing your DEAR MAN request in advance.

Practice Point

Pick one request related to your pain management (asking for help, more rest, clearer information from a provider). Now practice saying it using a **middle-level tone**. Try it in front of a mirror or with someone you trust.

Managing Conflict When Living with Chronic Pain

Core Concept: Conflict is a part of life—but when you're dealing with chronic pain, it can feel more intense and harder to manage. This handout helps you learn how to handle conflict in a healthy way, even when you're hurting.

Why Conflict Happens More with Chronic Pain

When you're in pain or feeling overwhelmed:

- Your patience and energy are lower.
- Small issues can feel like big ones.
- You may be more sensitive to how others treat you.
- People around you may not fully understand what you're going through.

It's normal to get frustrated—but how you respond to conflict can make your pain and relationships better or worse.

Positive Effects of Healthy Conflict

Conflict isn't always bad! When handled well, it can:

- Help you express your needs and feelings clearly.
- Build trust through open communication.
- Teach you how to set boundaries.
- Make relationships stronger over time.
- Reduce emotional tension that might increase physical pain.

Example: "I'm feeling worn out today and can't help like I usually do. Can we talk about how to handle dinner tonight?"

Negative Effects of Unmanaged Conflict

When conflict goes poorly, especially with chronic pain:

- You may feel attacked or misunderstood.
- Trust can be damaged.

- You may avoid people or withdraw, leading to loneliness.
- Stress and tension can make your pain feel worse.
- It can lead to depression, anxiety, or more frequent flare-ups.

Emotional stress = Increased muscle tension = More pain

Tips for Managing Conflict

Use these tools to handle disagreements more smoothly:

1. Take a Break First

If you're overwhelmed or in pain, say:

"I need a few minutes to calm down before we talk."

2. Use "I" Statements

Say how *you* feel rather than blaming:

"I feel frustrated when I'm not heard" vs. "You never listen to me."

3. Be Clear and Kind

Stick to one issue at a time and speak gently, even if you're upset.

4. Validate Others

Even if you don't agree, try saying:

"I hear you" or "That makes sense from your view."

5. Plan Ahead

If certain topics always cause conflict, think through what you want to say ahead of time.

6. Don't Let Pain Drive the Conversation

Take a moment to assess: Am I reacting because of my pain or the situation?

Practice: Conflict Reflection

Conflict Trigger	My Reaction	What I Could Try Next Time
Someone questioned my pain	I snapped and walked away	Take a deep breath, explain my pain briefly
Partner asked for help while I was flaring	I yelled	Use “I” statement to say I’m in pain and need rest

Reminders

- You are not your pain. Don’t let pain speak for you.
- Healthy conflict takes practice. It’s okay to mess up and try again.
- You can choose how to respond, even when you don’t choose the pain.

Social-Based Problem Solving: Homework Tool

Core Concept: Solving problems with others takes communication, planning, and flexibility.

This is especially important when chronic pain is affecting your mood, relationships, or ability to function. Use this worksheet to explore how to work through social problems step by step—with intention and care.

Step 1: Recognize the Problem

✓ What is the situation or issue?

Example: I feel misunderstood by my partner about how pain affects my mood.

- What is the problem? _____
- Why is it a problem? _____
- Who is involved now, and who might be involved later? _____

Step 2: Define the Problem

✓ Get clear on what the problem actually is. Sometimes chronic pain complicates communication or makes misunderstandings more likely.

- How do **you** define the problem? _____
- Are age, culture, values, pain, or power differences affecting this? ____
- What do others say about it? (Ask for feedback!) _____

Step 3: Generate Possible Solutions

✓ Don't filter ideas yet—get creative. Solutions could involve compromise, asking for support, or using coping strategies.

- What are some possible solutions? _____
- Make a simple pros and cons list for each one.

Step 4: Choose a Solution

✓ Pick one idea to try. It should help meet your needs now but also improve things over time.

- What solution will you try first? _____
- Does it help short-term? Long-term? Both?

Step 5: Review the Process

✓ Before acting, reflect:

- How did you come to this solution? _____
- Did you use the **Golden Rule** (treat others how you'd want to be treated)? ____
- Did you consider all the important factors (pain, energy, timing)? ____
- What is motivating your choice? _____

Step 6: Try it Out

✓ Put the solution into action. Then check in with yourself.

- What's working well? _____
- What's not? _____
- Should you continue, adjust, or stop? _____

Step 7: Reflect and Learn

✓ Problem solving is a skill that improves with use. Whether the outcome was perfect or not, reflection helps.

- What did you learn? _____
- How did this affect others and your pain/stress levels? _____

Reminder: Social challenges can increase pain when they cause stress, tension, or isolation. Solving them in a thoughtful way protects your emotional and physical well-being.

WORKSHEETS

My Distress Tolerance Plan

Use this worksheet to create a personalized plan for getting through high-stress moments, pain flare-ups, or emotional overwhelm—without making the situation worse.

1. My Warning Signs

What are the first signs that I'm heading into a distressing moment or flare-up?

- Physical signs (e.g., pain spike, tension, racing heart):

- Emotional signs (e.g., hopelessness, irritation, panic):

- Behavioral signs (e.g., withdrawing, snapping, urges to escape):

2. Things That Usually Make It Worse

What do I tend to do that adds more distress or pain?

- Unhelpful behaviors:

- Unhelpful thoughts or beliefs:

3. Skills That Help Me Cope (Instead of React)

Pick at least one from each category if possible.

Skill Type	Skill I Can Use
Mindfulness	
Sensory Distraction	
Support/Connection	
Activity	
Helpful Thought	

Skill Type**Skill I Can Use**

Self-Soothing

4. My Emergency Plan*When I feel out of control, I will...*

1.

2.

3.

Example: Breathe slowly, hold an ice cube, call my friend or text a therapist support line.

5. My “Safe” Reminders*Write reminders to help anchor you when you’re overwhelmed.*

- “I’ve gotten through hard moments before.”
- “This pain will pass.”
- “I don’t need to solve everything right now—I just need to get through this moment.”

Add your own:

Final Thought*Having a plan doesn’t mean life won’t hurt. It means you’re ready to respond with care instead of panic.*

Defense Mechanisms & Coping Styles with Chronic Pain

Everyone experiences distress at some point in life, especially when coping with chronic pain. This handout reviews common psychological defense mechanisms—ways we cope with stress—and gives examples of both healthy and unhealthy coping. Each section includes a chronic pain-related example and a skill suggestion to use instead of unhealthy responses.

Acting Out

Turning distress into actions instead of feelings.

- ✓ Healthy: Taking a walk or doing a task when you're in pain.
- ✗ Unhealthy: Yelling when frustrated about your pain.

Skill Suggestion: Skill: Try 'Opposite Action'—try a calming action instead of reacting impulsively.

Affiliation

Seeking support from others.

- ✓ Healthy: Calling a friend to talk about pain struggles.
- ✗ Unhealthy: Relying on others to do everything for you.

Skill Suggestion: Skill: Use 'Check the Facts' to assess your level of support need.

Altruism

Helping others to help yourself.

- ✓ Healthy: Volunteering to stay active and purposeful.
- ✗ Unhealthy: Ignoring your needs while taking care of others.

Skill Suggestion: Skill: Practice 'PLEASED' skills to meet your own needs.

Avoidance

Refusing to face distressing situations.

- ✓ Healthy: Taking a brief break from pain-related stress.
- ✗ Unhealthy: Pretending your pain doesn't exist and not seeking help.

Skill Suggestion: Skill: Use 'Mindfulness' to gently return focus to what matters.

Compensation

Excelling in one area to cover distress in another.

- ✓ Healthy: Focusing on a strength when pain flares.

- ✗ Unhealthy: Pretending everything is okay to avoid showing you're in pain.

Skill Suggestion: Skill: Try 'Build Mastery' by doing small manageable tasks.

Denial

Refusing to accept reality.

- ✓ Healthy: Taking a short break from distress with a plan to return.
- ✗ Unhealthy: Ignoring serious symptoms or avoiding medical care.

Skill Suggestion: Skill: Use 'Pros and Cons' to evaluate returning to reality.

Devaluation

Overemphasizing the negative.

- ✓ Healthy: Comparing with others to gain perspective.
- ✗ Unhealthy: Telling yourself you're useless due to pain.

Skill Suggestion: Skill: Use 'Self-Validation' to recognize your effort.

Displacement

Shifting feelings to a safer target.

- ✓ Healthy: Squeezing a stress ball or tearing paper.
- ✗ Unhealthy: Snapping at loved ones because you're in pain.

Skill Suggestion: Skill: Use Grounding skills to regulate emotional intensity.

Projection

Attributing your feelings to others.

- ✓ Healthy: Treating others with the calmness you seek.
- ✗ Unhealthy: Believing others are angry when you're the one upset.

Skill Suggestion: Skill: Use 'Observe and Describe' to stay objective.

Rationalization

Making excuses to avoid emotional discomfort.

- ✓ Healthy: Reminding yourself pain will pass.
- ✗ Unhealthy: Blaming your care team when progress is slow.

Skill Suggestion: Skill: Try 'Check the Facts' to reframe thoughts.

Regression

Returning to earlier behaviors.

- ✓ Healthy: Letting others help temporarily.
- ✗ Unhealthy: Shutting down and refusing help.

Skill Suggestion: Skill: Use 'Self-Soothe' for comfort and calming.

Reflection Activity:

For each defense listed above, write one example from your own life and attach a skill you could use to cope more effectively. Remember, all of these are common—try not to judge yourself.

Chemical Abuse & Chronic Pain

Core Concept: When you're living with chronic pain, the urge to escape, avoid, or alter your experience can lead to risky choices. Understanding chemical abuse can help you find safer ways to cope.

What Is Chemical Abuse?

Chemical abuse happens when a person repeatedly uses alcohol or drugs in ways that cause harm—even when they know it's making their life harder. This includes: 🗑️ Skipping responsibilities (work, school, or home)

- Doing risky things while under the influence (like driving)
- Legal trouble (DUIs, fights, arrests)
- Strained relationships (conflict with family or friends)
- Building tolerance or feeling withdrawal symptoms

Why Do People Use?

Living with chronic pain means dealing with a lot—physically and emotionally. People may turn to substances to:

1. Escape

"Make it stop."

When pain—physical or emotional—feels too much, we want relief. Using substances might feel like a way to “shut off” the discomfort for a little while.

Chronic Pain Example:

You're overwhelmed by constant back pain and just want to feel “normal” for an evening. You drink or take more medication than prescribed.

2. Avoid

"I don't want to deal with this."

People may use substances to avoid a difficult event or feeling they expect to come—like anxiety about a conversation or fear of more pain after doing a task.

Chronic Pain Example:

You expect a flare-up if you walk too far, so you take pills to numb the anticipation instead of planning a paced walk.

3. Alter

“I need to feel different.”

Sometimes, it’s not about escaping or avoiding, but just trying to change how you feel right now. Substances might help someone feel “better,” calmer, or even numb.

Chronic Pain Example:

You feel emotionally worn down from being in pain every day. A few drinks help you “take the edge off.”

Red Flags to Watch For

If you find yourself thinking or saying...

- “Just this once, I need a break.”
- “I don’t care what happens, I can’t take this anymore.”
- “They don’t understand what I’m going through.”
- “I’m not addicted—I just use when things get really bad.”

...these may be signs of unhealthy coping and should be discussed with your care team.

What Can You Do Instead?

Instead of escaping, avoiding, or altering your reality with substances, try:

- Practicing stress-reduction techniques (deep breathing, mindfulness)
- Light movement or stretching to shift your focus
- Writing out your feelings or using a Diary Card
- Talking to a support person
- Using the Pain Skills Implementation Plan (PSIP) to prepare for hard days
- Scheduling breaks and activities you enjoy

“I can’t make my pain disappear, but I can choose how I respond to it.”

Takeaway

It’s normal to want relief—but turning to substances can create more problems over time. Learning and practicing new coping skills is hard work, but it leads to more control, confidence, and healing—even while living with chronic pain.

Chemical Use & Chronic Pain: A Workbook Guide

Core Concept: When living with chronic pain, it's normal to want relief—fast. Some people turn to alcohol or drugs to escape or numb their pain. While this may seem to help in the short term, it often leads to bigger problems over time. This guide will help you understand the risks, reflect on your experience, and explore healthier ways to cope.

Why Do People Use Substances When in Pain?

People often use chemicals (like alcohol or drugs) to:

◆ **Escape**

To get away from physical or emotional pain that feels too overwhelming.

“I just want to feel nothing for a while.”

◆ **Avoid**

To put off facing stress, difficult emotions, or activities that may increase pain.

“If I take something now, maybe I won’t have to deal with what’s coming.”

◆ **Alter**

To change how they feel or to “take the edge off” an intense experience.

“This will help me feel more in control... or at least different.”

Common Consequences of Chemical Abuse

Chemical use might seem like a way out—but over time it can:

- Increase your pain sensitivity
- Interfere with your medications and treatment plan
- Cause mood swings, sleep problems, and fatigue
- Create new health conditions (like liver issues or high blood pressure)
- Damage relationships and lead to legal or work problems
- Make recovery harder

Is This a Problem for Me?

Use this checklist to reflect on your experience:

- ☐ I've used alcohol or substances to cope with chronic pain
- ☐ My use has caused problems with work, relationships, or health
- ☐ I've had trouble cutting back, even when I wanted to
- ☐ I've driven or done something risky while under the influence
- ☐ I've hidden or downplayed how much I'm using

If you checked one or more, it's a good idea to talk to a healthcare provider or counselor.

Health Risks Linked to Alcohol & Drug Use

According to the CDC and NIH:

- Long-term use increases the risk of depression, anxiety, and worsens pain
- Can lead to heart disease, liver damage, and brain changes
- Interferes with sleep and amplifies fatigue
- Reduces your ability to safely use prescribed medications
- Impairs judgment and increases the risk of injury

Reflection Exercise: My Pain & My Patterns

Take a few minutes to answer the following:

1. When do I feel most tempted to use substances?

2. What am I trying to escape, avoid, or alter in those moments?

3. Has my substance use affected my pain, health, or relationships?

4. What else might help me feel better without using substances?

Coping Without Chemicals: Pain-Friendly Skills

You don't have to rely on alcohol or drugs to feel better. Try some of these instead:

Skill	How It Helps
Paced Activity	Keeps you active without overdoing it
Mindfulness	Helps you stay grounded and less reactive
Self-Soothe	Uses your senses to calm your nervous system
Build Mastery	Focus on small wins to rebuild confidence
Talk to Someone	Getting support can reduce isolation and shame
Relaxation Exercises	Calms your body and reduces pain intensity

Final Thought

Substance use doesn't make chronic pain go away. In fact, it can make things more complicated. You deserve care that actually helps—and you have the strength to make changes, even if they're small at first.

Bridge-Burning: Removing the Temptation Before It Starts

Core Concept: You can't act on a harmful behavior if the tools to do it aren't there. Bridge-Burning means removing the things that make it easier to fall back into old habits.

When you're living with chronic pain, it's common to have strong urges—whether it's to use substances, spend too much, avoid people, or engage in harmful behaviors to escape the pain. Bridge-Burning is about *proactively* making it harder to act on these urges.

This skill is especially useful when you're feeling overwhelmed, exhausted, or stuck in a cycle of pain and distress.

Why This Works

- It gives you a *pause* to use skills before acting.
- It limits your access to harmful behaviors.
- It builds self-trust and accountability.
- It increases your chance to replace old behaviors with healthier habits.

Bridge-Burning with Substance Use (drugs or alcohol)

Chronic pain often leads people to seek quick relief. Substances may numb pain briefly, but they often make things worse long-term.

Try These:

- Remove all drugs/alcohol and paraphernalia from your home.
- Block phone numbers of people connected to substance use.
- Avoid places (like bars or certain friends' homes) that trigger cravings.
- Tell someone supportive when you have urges to use.
- Choose new routines that avoid risky places.

Add your own:

- _____
- _____

Bridge-Burning with Self-Injury or Suicidal Urges

Pain and hopelessness can sometimes lead to thoughts of self-harm. Creating barriers can help you stay safe when urges hit.

Try These:

- Remove any tools used for self-harm.
- Tell someone when you don't feel safe.
- Change rituals or patterns tied to self-injury.
- Go to the hospital or crisis line if you're unsafe.
- Stay in public or with supportive people.

Add your own:

- _____
- _____

Bridge-Burning with Overspending

Chronic pain can lead to emotional spending as a form of comfort or distraction. But overspending can add stress.

Try These:

- Cut up or freeze your credit cards.
- Have someone trustworthy help manage your money.
- Avoid online or in-store browsing when urges are high.
- Set a "cool-off" period before making purchases.

Add your own:

- _____
- _____

Bridge-Burning with Unhealthy Relationships

When you're vulnerable, unhealthy relationships may feel familiar—even if they're not safe or supportive.

Try These:

- Delete and block contacts that lead to pain.
- Avoid emotional conversations when feeling vulnerable.
- Tell others that you're moving on and need support.
- Fill your time with new, healthy activities or people.

Add your own:

- _____
- _____

Bridge-Burning with Overeating

Comfort eating is common when living with pain or stress. But it often increases discomfort and reduces energy.

Try These:

- Keep trigger foods out of your home.
- Serve reasonable portions and put extras away.
- Avoid buffet-style restaurants.
- Eat balanced meals and snacks throughout the day.

Add your own:

- _____
- _____

Bridge-Burning with Gambling

Gambling can become a way to avoid or alter pain, but it can spiral quickly into emotional and financial harm.

Try These:

- Stay away from casinos or apps that allow gambling.

- Block access to online gambling sites.
- Have someone else hold your cards or cash during high-risk times.

Add your own:

- _____
- _____

REMEMBER: Bridge-Burning isn't about punishment—it's about *protecting your progress* and giving yourself the space to choose something healthier.

Even small actions make a big difference when pain and distress are high.

Urge Surfing: Learning to Ride the Wave

Core Concept: You can learn to experience urges without acting on them—just like riding a wave.

What Is Urge Surfing?

When you live with chronic pain or emotional distress, you may feel powerful urges—like the urge to avoid, overuse medication, lash out, isolate, or even give up. These urges can be overwhelming, but they don't have to control you.

Urge Surfing teaches you how to notice those urges without reacting to them. Instead of “fighting the wave,” you learn to ride it out until the feeling passes.

Think of an urge like a wave in the ocean—it rises, peaks, and eventually falls. You don't have to crash. You can surf it.

Why It Matters for Chronic Pain

When you're in pain, urges might show up as:

- The urge to stop moving because it hurts.
- The urge to overdo it when you're having a good day.
- The urge to self-medicate or give in to hopelessness.

Urge Surfing helps you pause and respond wisely, rather than reacting impulsively.

Steps to Urge Surfing

1. Notice the Urge
 - “I feel the urge to _____ (skip PT, eat junk food, cancel my appointment...)”
 - Don't act. Just notice it.
2. Observe and Describe
 - Name what you feel in your body and mind.
 - Example: “My stomach is tight,” “I want to scream,” or “I feel desperate.”
3. Ride the Wave
 - Imagine the urge is a wave.

- Picture yourself floating on top of it, going with the motion without jumping off.
- Say to yourself: “This is uncomfortable, but it will pass.”

4. Let It Rise and Fall

- Urges don’t last forever.
- Most waves come and go within 30 minutes if we don’t feed them.

Practice Prompts

Write down your responses:

Today I felt the urge to:

What I noticed in my body or mind:

What I did to ride the wave (or what I could try next time):

Tips for Success

- Start with smaller urges (e.g., snacking, skipping stretching) before tackling big ones.
- Combine Urge Surfing with other coping skills like mindfulness, distraction, or grounding.
- Know your limits—if it’s too intense, it’s okay to step away safely.

Key Reminders

Urges are normal

You do not have to act on them

Every urge you ride is a step toward resilience and self-control

You’re building your ability to respond, not react

“You can’t stop the waves, but you can learn to surf.” – Jon Kabat-Zinn

Orientation to Change: Finding Power in Your Chronic Pain Journey

Core Concept: Understanding how you respond to change can help you regain a sense of power, even when living with chronic pain.

Why This Matters

When people feel in control, they're more likely to take action and advocate for themselves. But when it feels like nothing is in their control—like when chronic pain limits your life—it's easy to feel stuck, discouraged, or passive.

This handout helps you explore your patterns of thinking and behavior, and how they relate to making healthy changes—especially while managing chronic pain.

Internal vs. External Control

One way to understand how we face change is by learning about something called Locus of Control:

Internal Locus of Control

You believe YOU have the power to make choices, influence your life, and take action.

This means:

- You feel responsible for your actions.
- You work toward goals and problem-solve barriers.
- You believe effort and planning can lead to change.

Example: You're managing chronic pain and decide to try light daily walking. You adjust your goals, track progress, and ask your provider for feedback.

External Locus of Control

You believe that OTHERS or outside forces are in charge.

This may sound like:

- "Nothing I do makes a difference."
- "The doctor decides everything."
- "I just have to accept things as they are."

Example: After a pain flare, you stop attending appointments or stop taking your medication because it feels pointless.

Readiness to Change

Core Concept: Understanding where you are in the process of change can help you move forward, even when living with chronic pain.

Why It Matters

Living with chronic pain can feel overwhelming and unpredictable. When life feels out of control, it's common to either freeze or react impulsively. But learning where you are in the process of change can give you a starting point. It helps you set realistic goals and choose the right tools to move forward.

You don't have to be "perfectly ready" to start improving your life—you just need to start where you are.

How Distress Impacts Functioning

When pain is high or stress is intense, it's harder to think clearly or make thoughtful choices. You might:

- Feel stuck or hopeless
- React quickly without thinking
- Avoid doing things that matter to you

These are all normal reactions. The key is to practice coping skills regularly so that distress goes down and your functioning improves over time.

Stages of Change for Chronic Pain

Change happens in phases, and you may be in a different stage for each area of life (e.g., physical activity, sleep, medication use). These stages are based on research into how people with chronic pain manage their health.

1. Precontemplation (Not Ready Yet)

“It’s not me—it’s the doctors. They need to fix this.”

You may believe the only solution is medical, and you might feel like learning new coping skills won’t help. This is a natural stage, especially if you’ve tried many treatments that haven’t worked.

Your first step: Be open to learning how small lifestyle changes may help reduce suffering, even if pain doesn’t go away completely.

2. Contemplation (Thinking About It)

“Maybe learning new skills could help—but I’m still hoping for a cure.”

You’re starting to consider the idea of managing pain yourself, but you’re still unsure about letting go of the idea that a medical fix is the only way forward.

Your first step: Explore what self-management really means. Can you imagine being more in control even if pain remains?

3. Action (Trying New Things)

“I’m ready to learn skills and take more control.”

You’ve accepted that managing chronic pain is about what you can do—not just what doctors can do for you. You’re practicing skills like pacing, mindfulness, and problem solving.

Your first step: Stick with it! Use a tracking sheet or a Skills Implementation Plan (SIP) to measure progress and adjust when needed.

4. Maintenance (Keeping It Going)

“These tools are working—I want to keep growing.”

You’ve built confidence in your ability to manage pain. Now you’re working to stay consistent, even when setbacks happen.

Your first step: Keep updating your goals, and plan for how to handle tough days. Relapse doesn't mean failure—it's part of the process.

Self-Check Worksheet:

What stage are you in right now for the following areas?

Area of Life	Stage (Circle One)	Notes
Pain self-management	Precontemplation / Contemplation / Action / Maintenance	
Physical activity	Precontemplation / Contemplation / Action / Maintenance	
Sleep hygiene	Precontemplation / Contemplation / Action / Maintenance	
Mood/emotional care	Precontemplation / Contemplation / Action / Maintenance	
Use of coping skills	Precontemplation / Contemplation / Action / Maintenance	

Final Thoughts

Everyone moves through the stages of change at their own pace. You don't have to do everything at once. Even small shifts in thinking can open the door to feeling more in control and less defined by pain.

First Steps Toward Change

Core Concept: Everyone feels stuck sometimes. You're not alone. This section helps you look at common roadblocks and start making small but meaningful changes—even while managing chronic pain.

Why Change Can Be Hard

Living with chronic pain can feel overwhelming. When you're in pain or feeling down, it's easy to get stuck in patterns that don't help. This handout helps you take the first steps toward feeling more in control.

Common Barriers to Change

Thoughts

"I don't know what to do."

This might mean:

- You don't know *how* to do something → Go back to your skills.
- You don't *want* to do something → It's okay to feel stuck. When you're ready, you can try again.

Ask yourself:

- What skill could help me here?
- What strengths have helped me before?

Feelings

"I'm too upset to deal with this."

Strong emotions can make it hard to function. If you're dealing with chronic pain and distress:

- Focus first on safety.
- Break it down into short-, mid-, and long-term needs.
- Use coping skills that work best for you.

Try:

- Deep breathing
- Talking to someone

- Gentle movement or rest

Behaviors

“I keep doing what’s familiar—even if it’s not helping.”

Some behaviors are about what we *want*, not what we *need*.

Ask yourself:

- Does this behavior support my long-term health?
- What small step can I take to replace it with something more helpful?

Attitudes

“This will never work.”

Attitudes shape how you approach change. You can shift from:

- Willful → Willing
- Pessimistic → Realistic or hopeful

Reflect:

- Is this attitude helping or hurting?
- Can I try being just a little more open to something different?

Expectations

“If I can’t do it perfectly, why try?”

Perfectionism can block progress. So can assuming others expect too much from you.

Reminder:

- Mistakes are part of change.
- You don’t need to be perfect—you just need to start.

Beliefs

“I can’t change.”

Beliefs can keep us stuck. But even strong beliefs can shift over time.

Try this:

- Old belief: “I can’t change.”
- New belief: “Change is hard for me, but not impossible.”

Anticipated Outcomes

“What’s the point? It won’t work.”

The future isn’t predictable. Not acting because you’re unsure of the outcome often keeps you stuck.

Instead:

Focus on what you *can* influence. Even small steps matter.

Introducing: Just Noticeable Change (JNC)

Start with a tiny step—a Just Noticeable Change. It’s any small action you can take today to move in a better direction.

Examples:

- Get out of bed 5 minutes earlier
- Drink one more glass of water
- Spend 2 minutes outside
- Stretch your shoulders for 30 seconds

Try this:

Today’s JNC: _____

Why it matters: _____

Change doesn’t have to be big to be meaningful. With chronic pain, it’s about finding what works *for you*, starting small, and building momentum.

Control vs. Influence: Coping with Chronic Pain Wisely

Core Concept: Knowing the difference between what you can **control** and what you can **influence** helps you focus your energy in healthy, effective ways. It's a key part of staying in **Wise Mind** when living with pain.

What Is Control?

Control means you can directly decide or determine the outcome.

Examples of what you *can* control:

- How you breathe during a pain flare-up
- Whether you rest or pace your activities
- What you say to yourself when pain is strong
- If you take your medication or follow a treatment plan

You *can't* control:

- Whether pain appears on a certain day
- Other people's opinions or understanding of your pain
- How fast your body heals
- How a doctor responds or what treatments are available

Trying to control things you can't leads to frustration, shame, and hopelessness.

What Is Influence?

Influence means you can't control the outcome directly—but your actions can still have a positive effect over time.

Examples of things you can *influence*:

- Your pain level (through exercise, mindfulness, stretching)
- Your mood (through rest, connection, and mindset)
- Your relationships (by setting boundaries and communicating clearly)
- Your healthcare (by asking questions and advocating for your needs)

Influence is where change grows. Even small actions make a difference over time.

Why It Matters in Chronic Pain

When you confuse control and influence, you may:

- Blame yourself for things outside your control
- Give up on small, helpful actions that actually matter
- Feel powerless, stuck, or angry

But when you focus on what you **can control** and **actively influence**, you feel:

- Empowered to take meaningful steps
- Calmer and more grounded
- Less overwhelmed by what's outside your reach

Control vs. Influence Chart

Example Situation	Can I Control It?	Can I Influence It?
Whether I have pain today	No	Yes (with skills)
Whether someone believes my pain	No	Yes (through communication and boundaries)
Whether a treatment works immediately	No	Yes (by staying consistent and tracking progress)
How I respond to today's pain	Yes	Yes
Whether I feel discouraged sometimes	No	Yes (by how I treat myself in those moments)

Wise Mind Reminder:

"Control what you can.

Influence what you're able.

Let go of the rest with compassion."

Try This: Control & Influence Reflection

When pain feels overwhelming, ask yourself:

1. What do I have direct control over right now?
2. What can I influence over time or with effort?
3. What do I need to gently let go of for today?

Control vs. Influence

When it comes to chronic pain, *controlling* every aspect of your health isn't realistic—but *influencing* it is. (Control being an absolute and influence being having some impact on the outcome)

Control

"I must stop all pain."

"If this doesn't work, I failed."

All-or-nothing thinking

Influence

"I can manage how I respond to pain."

"Even small steps count toward progress."

Flexible, adaptive thinking

Try this shift:

Instead of saying, "I should be able to control my pain," try "I can influence my pain by pacing, stretching, or asking for support."

Pain, Emotions, and Expectations

Many people believe they *should* be able to "control" their emotions or pain. But pain is complex—and emotions are part of how we experience pain.

You can't always control what you feel, but you can influence how you respond.

Workbook Activity

1. Check-In: Where Do You Fall Today?

Circle one:

- I mostly feel in control of my pain and choices.
- I feel somewhat in control, but it's hard.
- I feel like everything is out of my hands.

2. My Control Beliefs

Complete the following:

One area where I feel in control of my life is:

One area where I feel out of control is:

Something I can INFLUENCE (not control) about my chronic pain is:

3. Changing the Message

Write one “control” belief and shift it into an “influence” statement.

- Control belief:

“ _____ ”

- Influence version:

“ _____ ”

Remember:

- You don’t have to do everything perfectly—you just need to keep moving forward.
- Influence creates momentum. Small changes matter.
- Learning to work with change (instead of against it) can reduce suffering and increase confidence.

Want to go deeper? Use the “Skills Implementation Plan (PSIP)” from your THRIVE workbook to plan small, achievable changes based on your current level of functioning.

DEAR MAN Worksheet

Core Concept: Use this sheet to plan what you want to say when you need to ask for something, say no, or set a healthy boundary—especially around chronic pain and self-care.

This skill helps you speak clearly and respectfully so your voice is heard—even if the other person doesn't agree.

Situation

What do you need, want, or need to say “no” to?

(This might be asking for rest time, more help, or a break from an activity that causes pain.)

D — Describe the Facts

What happened? Just the facts—no blame or judgment.

“Yesterday during dinner, I was in more pain than usual, and we kept talking for over an hour.”

E — Express Your Feelings

How do you feel about what happened (if you want to share)?

“I felt overwhelmed and frustrated that I pushed past my limits.”

A — Assert Your Need or Boundary

Say what you need clearly and respectfully. Ask, say no, or set a boundary.

“I’d like to limit dinners to 30 minutes when I’m flaring.”

R — Reward (What’s in it for them?)

Let the other person know how this helps the relationship or situation.

“This will help me stay more present and in less pain, and I’ll enjoy our time more.”

M — Mindful (Stay on track)

What can you do if the conversation drifts or the person tries to argue?

“I’ll gently repeat my main point: ‘This is important for my pain management.’”

A — Appear Confident

How will you show confidence through body language and tone of voice?

“I’ll speak calmly, sit up straight, and make eye contact.”

N — Negotiate (Optional)

What’s a compromise you’d consider if needed?

👉 “If needed, we can start dinner earlier so we can talk longer before I rest.”

Reminder: DEAR MAN doesn’t always guarantee you’ll get what you want—but it helps you speak clearly and kindly, which is always a win. Especially when chronic pain is involved, your voice and your boundaries matter.

Managing Anger and Conflict While Living with Chronic Pain

Understanding Anger

Anger is a normal and natural emotion. It often shows up as a strong, uncomfortable feeling when we feel threatened, hurt, or treated unfairly. For people living with chronic pain, anger may also come from frustration, fear of more loss, or feeling misunderstood. While anger itself isn't wrong, how we express it matters. When handled well, anger can help protect us or push us to stand up for ourselves. When handled poorly, it can damage relationships and make coping with pain even harder.

Why We Get Angry

Anger can protect us. But sometimes, especially with chronic pain, anger gets misdirected. We might lash out at others, ourselves, or even healthcare providers. Some examples of why people in pain might feel angry include:

- Feeling something important has been taken away (loss or change in functioning)
- Fearing more loss (protection)
- Wanting others to understand how bad things feel (entitlement or frustration)
- Using anger to push others to meet our needs (intimidation)

The MAD Skill: Managing Conflict in the Moment

Sometimes conflict builds fast. The MAD skill helps you pause and manage your reaction instead of letting anger take control.

- Minimize: Step away to cool down. Let others know when you'll come back to talk.
- Assess: Check in with yourself. How upset are you? What skills could help right now?
- Damage Control: Don't let anger push you into saying or doing hurtful things. Protect yourself with respect.

Managing Conflict – Reflection Homework

1. What skills can you use to prepare for interactions that may lead to conflict?

2. How will you know when to use your MAD skills?

3. How will you know if your skills are effective4. Prepare your plan for potential conflict (write out a few steps or ideas that work for you).