

Group Session One Guidance Notes

Session one aims to:

1. Introduce group patients to each other and to the Back Skills Training
2. Outline the responsibilities of the group to the Back Skills Training
3. Understand more about why we can have chronic pain
4. Understand the effects of inactivity on our bodies
5. Monitor progress with exercise's and activity goal

The session content is detailed below:

1. Welcome (2-3 mins)

Before the first session starts, settle people in – they will be more nervous than you!

As participants arrive, distribute nametags and ask them to write their names, as they would like to be called (first names or nicknames).

Remind patients that their packs contain relevant information about each session and that they should bring these with them.

Reassure the patients that they can move around, stand, walk etc. whenever they need to, especially during the talks and that they don't need to ask. Let them know about the break half way through the session and any refreshments you are providing.

Point out the location of toilets and emergency exits.

Introduce yourself

• Suggested narrative:

“Everyone is here because they have one thing in common: back pain. The aim of Back Skills Training is to help you understand more about your back pain and so that you can manage your pain better than you have before.”

2. Participant introductions (5-7 mins)

Ask the patients to introduce themselves

Ask them to briefly to say how long they've had problems with their back and what their main goal is for this programme e.g. to walk further, to feel useful, to feel less tired. These can be taken from those goals negotiated during the assessment. Note: It may be useful to remind yourself of these goals prior to the session and write a couple on the flip chart as examples so that the patients know what you are looking for.

Write down their examples on the flip chart.

You should find that each of the goals will be covered by the intervention in one way or another and you need to let the group know this. If any patient has come up with an inappropriate goal such as, 'To get rid of my back pain,' this needs to be discussed.

Suggested narrative:

"Hopefully, by managing your pain using some of the techniques and skills we will be going through, you will find that your pain is bothering you less. We try to make goals easy to measure so that we know when we've achieved them. Another way of looking at it would be to ask you "how would I know that you were in less pain – what would you be doing that you are not doing now because of the pain?"

3. The course overview and the responsibilities of the programme patients (1-2 mins)

Using the course overview table in their packs (page 5), emphasise how the content of Back Skills Training is focused on teaching them skills to help them cope better with their back problem.

In order to get the most out of the course, patients should:

- Attend every session
- Ask anything they want
- Do the stretches and exercises given at initial assessment
- Give activities at least a two-week trial
- Do the weekly homework tasks

This is emphasised on the page no 3 in their folders on what is required from them.

The extent to which this course helps participants achieve their goals depends on many issues, for example:

- How realistic their goals are
- How well they put the skills into practice
- How much they actually want to achieve their goals

3. Different types of pain (20-25 mins)

The purpose of discussing different types of pain is to encourage the patients to see how a biomedical model for the management of their back pain may not be the most helpful approach.

Use the following exercise to highlight the frequent lack of relationship between pain and tissue damage, and to start the patients exploring this concept.

Start the exercise with this written on the flipchart:

SEVERE PAIN

MODERATE PAIN

MILD PAIN

NO PAIN

SEVERE TISSUE DAMAGE

MODERATE TISSUE DAMAGE

MILD TISSUE DAMAGE

NO TISSUE DAMAGE

Encourage the group to discuss which level of pain on the left is linked with which level of tissue damage on the right. Patients will usually do a linear connection such as – severe pain links to severe tissue damage etc. Draw the appropriate lines onto the chart as they are discussed.

If the group hasn't already started to make alternative non-linear connections, offer the following examples and ask the patients which level of pain and tissue damage they represent:

- *Someone involved in a car crash that walks for miles with a broken leg*
- *Soldiers in the battlefield*
- *Headache/migraine (mention hangover if necessary)*
- *Phantom limb pain*
- *Cramp in toes or legs*
- *Paper cut or torn nail*
- *Mouth ulcer or toothache*
- *Superficial burn vs deep burn*
- *Trapped wind*
- *Injured sports people that play on*
- *Buttock ache from sitting on a hard chair*
- *Stubbed toe or banging 'funny bone'*

When there have been enough lines put onto the chart in a criss-cross pattern, ask the group:

- *How reliable is pain at telling us what is going on in the tissues? Here you are looking for responses that support the idea that pain **can't always be trusted as a good source of information on which to base our decisions about levels of activity etc.***

At the end of the exercise, highlight the following points:

- *Pain is a very valuable and necessary thing as it is part of the body's protective system.*
- *Short lasting (acute) pain usually has an identifiable source and is limited in duration. It makes us protect the painful part e.g. sprained ankle – which is helpful.*
- *Persistent pain is an on-going nuisance and is no longer helpful, lasts for over 3 months and has an ill-defined source or cause.*

Research suggests that pain persists due to the following:

- *Changes in nerves which carry messages about pain to the brain:*
- *Nerves can become hyper-sensitive so even light touch is interpreted as pain.*
- *Amputation and phantom pain supports this – the pain felt is entirely due to the pain system and not due to tissue/muscle.*
- *Our brain remembers pain and can cause us to feel pain when we reproduce a previously painful movement, based on its memory of the past pain.*
- *Your brain contains a map representing the body. In, for example, a professional violinist, the hands will appear larger than those of a novice violinist. The larger representation of the hands means that the brain pays greater attention to them. In chronic pain, the area in pain,*

for example, lower back, can become larger in the brain and can even take over other areas of the body map. This means that movement from other body parts can now also result in pain.

- *Having pain that stops you doing things that you enjoy is associated with low mood, decreased activity and fitness, and also stress / frustration. All of which, can lead to increases in the pain that is experienced.*

“It is important to remember that the messages the brain receives from the tissues do not say ‘pain’. Your brain receives these messages and decides whether pain is an appropriate response. With the changes we have just talked about that occur in chronic pain, the brain is being sent messages that do not (anymore) reflect the state of the tissues. Therefore, the brains response, which may include pain, is based on incorrect information from the tissues.”

“All of the changes we have talked about can be reversible, we just need to re-train our brain and pain system.”

4. Previous treatments/self help (5-10 mins)

Generate a discussion on what treatments/self-help patients have tried before.

- Write these up on the flipchart. Ask them whether they found it helpful or not. Ask other patients if they have tried out the same treatments and whether they were helpful. This will generate a discussion where it is shown that there is **no one treatment that is helpful to everyone.**
- Ask the questions:
 - ⇒ *“So what does this tell us about treatments for back pain?”*
 - ⇒ *“Should we try out every treatment available to see if one works?”*
 - ⇒ *“Where do we find the balance between trying out different treatments/strategies for our back pain?”*
 - ⇒ *“Is there any risk with trying out lots of treatments and them not working? How do we feel when a treatment fails?”*

Point out that the research seems to suggest that if we manage our back pain better and get more active, that our pain can bother us less over time. Back Skills Training aims to help patients get the skills to get more active.

Break (10 mins)

Inform the group that they have a 10-minute break and that this break can be used to get a drink etc. or that there are mats available for people to do exercises if they choose. Make sure that everyone knows that you are available to answer any exercise questions specifically and that you can check any of the exercises that they are concerned about.

4) Introduction to the model and the effects of inactivity (10-15 minutes)

To summarise the previous section, which will lead into the rationale for exercise, write on the flip chart the text in blue in Figure 1:

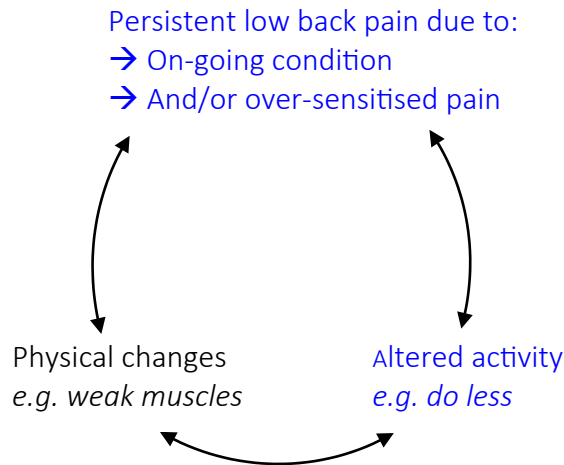


Figure 1: The cognitive behavioural low back pain model

After you write the top section ask the group what having pain does to their activity levels. They will say that it means that they can't do as much so add the arrow and the 'altered activity' section. Don't write in the 'physical changes' section yet. You can discuss how it is a two-way arrow, for example, when we do less we notice our pain more.

5) The effects of inactivity / benefits of exercise (10-15 mins)

- Ask the group what the effects of inactivity are. Write these on a new page of the flip chart like the table below (Table 1). You can use prompts to get them going such as '*what do you think will happen to your muscles if you aren't using them?*' You should end up with a box filled out as in the one below (keep the writing on the left ready for the next bit):

Table 1

Effects of inactivity
Weak muscles
Stiff joints and muscles
Less fit – feel tired
Feel tense – muscles knot up
Feel fed up
Put on weight

Go back to the flow diagram and add the bottom arrow and 'physical changes' section. Again, you can discuss how it is a two way arrow as being stiff and weak directly influences how much activity

we do, by making it harder to be as active.

Ask the group what effects they think that having weak muscles and stiff joints will have on their pain.

- When they say it will increase their pain, add the arrow from physical changes back to the start of the cycle (on-going low back pain). Again – discuss how the arrow goes two ways, for example, pain can directly inhibit muscle activity.

Now go back to the inactivity table on the flipchart

- Ask the group what the effects of activity or exercise are, and fill in as the table as below (Table 2):

Table 2

Effects of inactivity	Effects of activity or exercise
Weak muscles	Strengthen muscles
Stiff joints and muscles	Improved flexibility
Less fit – feel tired	More energy
Feel tense – muscles knot up	Wind down or relax
Feel fed up	Get a natural high – endorphins, own bodies painkiller
Put on weight	Lose weight

Explain that this is why they have been given exercises and highlight the following points:

- *Patients are likely to feel normal aches and pains due to exercise that are not associated with harm*
- *Doing any physical activity is better than doing none*
- *Strengthening and stretching exercises are thought to be important, but the research is less clear as to how much is best. Remind patients that they were all provided with some guidance about these types of exercise during their assessment, which were tailored to their individual situation*
- *There are three types of exercise: stretching exercises, strengthening exercises, and fitness exercises. Remind patients that they have already started on stretches and strengthening with their home exercise programme. They have been working on fitness through their fitness goal*

5. Review of fitness goal that was agreed in the assessment (10-15 mins)

Find out from the patients how they are getting on with their fitness goal that was set in the assessment. Problem-solve any difficulties as a group.

6. Homework (5 mins)

Ask patients to look at the two other goals that they have written in their folders and check that they still apply, or whether they want to change them as this will be preparation for next weeks session. They may have only come up with one goal in their initial 1:1 session, so this is a chance for them to think about what other goals they may have.

7. Feedback (1-2 mins)

It is important to check with the patients how they found the session; this information can help you 'tweak' future sessions or future groups. Ask questions such as:

- *How have you found this weeks session?*
- *Is there anything that I need to go back over again at the beginning of next week?*
- *Are you finding that we're going too fast/too slow?*

8. Link the information given in this session to what will be given in the next (1-2 mins)

- *Next session we will talk about how pain tends to fluctuate from one day to the next and the problem that this can cause us*
- *We will be discussing where to start from when we want to increase our activity levels or restart something that we've stopped due to the pain. This will help with thinking about our goals that we talked about at the beginning of the session*