

Group Session Two Guidance Notes

Session two aims to:

1. Find out how the homework went
2. Discuss how our activity levels change as our pain changes (over/under activity cycle).
3. Discuss pacing
4. Remind participants about setting baselines and goals

The session content is detailed below:

1. Over / under activity cycling (5-10 mins)

Start with the flow diagram on the flip chart that you finished with last session.

- Remind the participants about the vicious cycle, or ask the group to summarise what the diagram shows.

Suggested narrative:

“We discussed last session how we tend to do less when we are in pain and how this can cause physical changes such as muscle weakening.”

Now, draw the **BLACK text and lines** only chart in Figure 2 on a new page of the flipchart and ask:

- “Does anyone’s pain do this?”

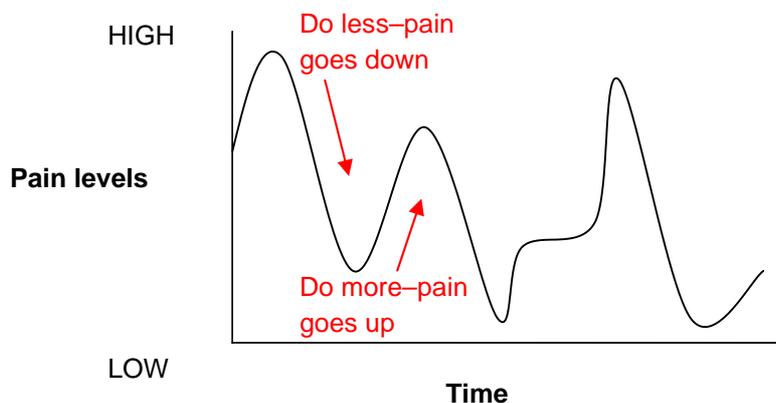


Figure 2 Diagram to show over active / underactive cycle

When the group agree ask them:

- “What happens to your activity levels when you are in pain?”

They should conclude that their activity levels are reduced when they are in pain. Discuss what then happens to their pain, with this reduction of activity. They should agree that their pain subsequently reduces/settles.

Now ask the group:

- “What happens to your activity levels when you are having less pain or having a good day?”
 - The group will likely agree that their activity levels increase, for example, catching up on jobs or doing all the housework
 - Try to show how this contributes to their pain going up and down, i.e. the increased activity on better days can often flare up their pain, leading to decreased activity the next day. **Write the RED text and arrows onto Figure 2.**
 - Remember that this is a logical way of managing our activity levels. We all do this normally, for example, we might do more on a Saturday around the house and then do very little on a Sunday if we have had a busy Saturday
 - The problem here is that this way of managing our activity levels isn’t very helpful when we have a pain problem as it **reinforces** the link between activity and pain and leads us to avoiding more and more in an attempt to get control over the pain.
 - In general the over active / under active cycle leads to a gradual decline in activity

- Summarise by leading onto pacing. Suggested dialogue:

“Therefore, trying to avoid these peaks and troughs is likely to be helpful and this is called pacing”

2. Introduction to pacing (20-25 mins)

Explain to the group what pacing is. Make sure you include all the points below:

- Pacing is a systematic approach to changing a person’s activity, whether to gradually build on what they can presently comfortably achieve or to limit over-activity
- Pacing means balancing activity so that the day is divided into periods of relative rest and activity. It will help patients manage the day better and, by keeping to their planned target, means that they will be more in control of how much they do and avoid the over activity/under activity cycle just discussed
- Pacing also means doing the activity whether feeling good or bad, not doing too much and not doing too little. The aim is maintain an even level of activity over the day and week.
- Emphasise that on a good day, patients should not wait for the pain to tell them when to stop. They should still stick carefully to their plan and avoid overdoing things. They should not do more just because they are feeling good - they may pay for it the next day!
- It is also important to highlight that if they are having a bad day they should still try to keep going as they had planned but could try to break up the activities more

Guidelines to pacing

Ask the group to come up with an activity that they tend to over-do-it with, for example, cleaning the car, doing the laundry, hovering etc. Pick one of the activities and run through the guidelines below with the patient's, helping them problem solve how to pace the activity. An example of cleaning the car is given below.

- Prioritise

Help patients decide the most important things that need to be done. That is, what has to be done immediately and what can wait until another time.

Car cleaning example: Dust inside of the car and clear out rubbish first as people getting a lift in my car

- Plan

With the patients, plan activities so that difficult ones are spread out and not done all in one go. Help them decide what order to do things in, if they need help to do them, or if they need to do them in a different way.

Example: try vacuuming the back of the car one day and the front another day, or spreading it over a morning and an evening. Can they use a hose to rinse the car to save needing to carry so many buckets of water? Could they leave the wheels for the next day?

- Tolerance level

The patients need to work out their baseline level or time level for each activity in their plan, that is, how much of the activity can be done without overdoing it.

Example: either set baselines by taking three measurements (explained in next section of the group) or try and find the middle ground between what you would do on a good day and what you would do on a bad day.

- Evaluate

Encourage them to stick to the plan. After several days carrying out this plan they should look back and decide if any changes need to be made.

Example: if they had no problems with dusting and emptying the car of rubbish, next time they could try vacuuming the back seats as well and see how they feel.

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.

3. Reminder of working out baselines (5-10 mins)

Whatever activity they are planning, it is important to work out where to start for each activity. This is called setting a baseline.

It is important for the patients to work out their capacity or level for each activity or exercise in their plan, that is, how much of the activity or exercise can be done at the moment without overdoing it. Using an example of walking (below), a good way to do this is:

- Let the patient choose the best time of day to walk and select a good place to start.
- Patients walk at their own pace for a sensible period that they feel they can manage at that time. They may have to make an educated guess at this stage but encourage them to use their knowledge and experience of roughly how much is all right for them.
- They record the amount of time or distance they have walked e.g. 15 minutes
- They repeat the same sequence again another day walking as much as they feel they can manage on that day.
- Record the time or distance you have walked e.g. 20 minutes
- They again repeat the sequence on yet another day using the same principles and recording the outcome e.g. 10 minutes
- Calculate the average (i.e. add the scores and then divide by three). In this example the average would be 15 minutes.
- The general principle is that their baseline should be at a level below their average.

You can use the example above or select one from the group.

Progressing on from your baseline (Graded activity)

Once they have been able to carry out the baseline activity on most days of the week for one or two weeks, they need to progress on. This will usually be a small increase, around 10-20%. The participant would continue increasing at this rate every one to two weeks until they reach their goal. This is called GRADED ACTIVITY and represents an incremental approach to allow physical conditioning to occur.

On flipchart draw Figure 3 to demonstrate the graded activity approach.

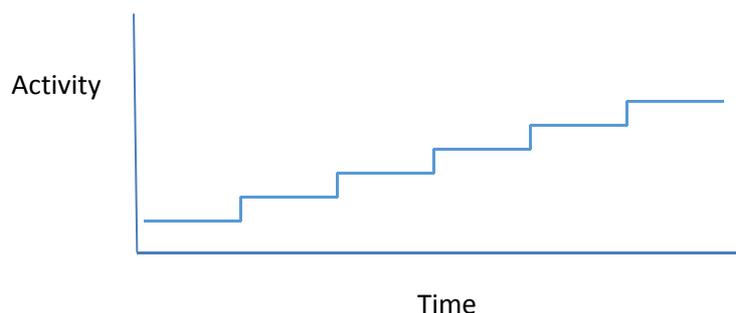


Figure 3 Diagram to demonstrate incremental increases in activity in 'Graded Activity'

Discuss as a group, what would be a good plan if we have an increase in pain after making a graded increase → a good plan would be to go back to previous level for a little while longer, or drop down so the increase isn't quite as much.

4. Goal setting (10-15 mins)

Check how the group got on with the homework of identifying goals they have for the programme. Most people will have identified one or two other goals they have. If anyone has had difficulty then the following questions can be used to help prompt new goals;

'I want less pain...'

- OK, how would I know you were in less pain, (if I were watching you) what would I see you doing differently?
- If I had a magic wand and took away your pain, what would I see you doing over the next week / month / year
- Tell me about your perfect day

'I'm doing everything I want to...'

- If I were to look back to ____ years ago, what would I see you doing then that you are not doing now?
- Are you able to do everything you want, when you want? Or only on a good day?

Some of the following information was given to the patients during their initial assessments. However, the information is reviewed in order to identify any difficulties with the concept.

Reiterate that:

- A goal is something that someone would like to achieve, in a set timescale.
- It helps to write down goals to focus on what is being worked towards.
- Point out that everyone has different problems and different ambitions so each person's goal will be different

Below are a few short and long term goals to give you an example of what would be appropriate goals:

Short term:

- Being able to walk to the local shop by the end of the month
- Riding a bicycle for twenty minutes, twice a week
- Managing to vacuum two rooms at a go, within a fortnight

Long term:

- Getting fit for work within eight months
- Taking on responsibility for weeding the garden within six months
- Going out with friends once a week within three months

Use the tips below to help patients with their goal setting:

1. Chose a meaningful goal that will improve quality of life. Ideally the goal needs to be pleasurable and provide a sense of satisfaction, or at least one of these. Avoid goals that are activities that the person feels they 'ought' to be able to do
2. Be realistic about what you can achieve, and set a deadline for achieving it
3. Break down goals into small achievable steps
4. Write goals down
5. Reward yourself when you succeed
6. If you don't achieve your goal, learn from this; try breaking the goal down into smaller steps and measure your baseline again
7. A goal needs to be **SMART**:

S	Specific	Encouraging the patient to be specific about a goal is quite a skill. They will usually start off with a vague goal e.g. I want to walk further. This will prove difficult to measure and so patients should be encouraged to think about what their capacity for walking is presently and what do they want/need it to be able to do in the future. An example of a specific goal is 'being able to walk to the local Post Office and back'.
M	Measurable	Being able to monitor progress via measuring distance, time etc. is important for a patient's self-reinforcement.
A	Applicable	The goal needs to be something the patient wants to do and that will enhance their quality of life.
R	Rewarding	This is important to aid motivation, enhance mood and combat any unhelpful beliefs that may hinder the patient's progress.
T	Timed	Establishing 'when' it is expected the goal will be achieved means it can be divided into short and long term parts that have definite end-points.

It is very important that patients can see how their goal setting and pacing skills apply to normal everyday activities, as this will help patients be successful in increasing these activities.

The majority of goals will need to be broken down into small steps that the patient can achieve using an effective pacing strategy. Setting goals and working out pacing intervals is quite straightforward with exercises but may require a bit more thinking when applied to daily activities.

Group exercise – make one of the patients' goals into a SMART goal together then work through with the group how to break it down into small achievable steps. Examples below:

Goal is to be able to ride a bike to/from work three times a week

- Begin on an exercise bike
- Set a baseline of how long you can manage on the exercise bike

- Plan how often you will be able to exercise
- Plan when you are going to increase the amount of cycling and by how much
- Plan when you will progress to a proper bike
- Set a baseline for the proper bike
- Make a plan of how you are going to increase this amount

Goal is to be able to mow the lawn once a week

- Plan how to get mower out of garage
- Check the mower has enough petrol
- Plan how to start it – if need to pull a cord then plan to perform that movement without resistance initially, building up speed and adding resistance
- Set a baseline of how long you can manage to push mower
- Plan how to empty grass cuttings e.g. start with container half-full
- Plan how to put mower away

Some of these steps may need to be broken down further

5. Goal setting in pairs (10-15 mins)

Ask the patients to get into pairs. Together they should try using the guidelines (Page 21 of their packs) to break down the steps on one of their goals. Remind them about setting baselines and about pacing the activity. They have 10-15 minutes to try this out. It will be up to the pair if they manage to get through just one of their goals or whether they have time to do a goal each.

When they come back together ask patients to share one of their goals with the group. Write their goal on the flip chart and note the steps they will take to achieve it. Depending on the time, you may wish to write up several successes or tackle problem goals.

6. Homework (1-2 mins)

Get started on their next goal—breaking it down, setting their baseline and deciding how to pace the steps towards achieving their goal.

7. Link to next session (1-2 mins)

They will be running through the homework at the beginning of the next session in case anyone had problems breaking down their goals

Let patients know that they will be learning about how thoughts and feelings can affect their pain.

8. Feedback (1-2 mins)

As per previous sessions