

Group Session Five Guidance Notes

Session five aims to:

1. Review the homework on avoided movements / activities and relaxation.
2. Discuss the effects of worrying about pain.

1a. Review of Homework (10-15 mins)

Refer back to the vicious cycle diagram (fear avoidance).

- Ask the group if anyone can summarise what the cycle shows.

Find out from the group how they got on with the homework. Again either pick successes to discuss or problems. Encourage the group to problem solve for each other.

1b. Review of Relaxation (5-10 mins)

Ask the group about how the relaxation went. If no one volunteers any problems ask if anyone had problems with carrying out the relaxation. If some people didn't have a go, why not? Try and get the group to problem solve any issues that arose.

Commonly patients will say that they couldn't physically relax. It is worth reflecting to these people that if they find relaxing difficult it probably means that they need to practice it all the more!

As the patients are reflecting back on what happened when they tried to relax, look out for typical thoughts such as 'it seemed like a waste of time' or 'I don't have the time to just relax', or 'I just laid there thinking about all the things I had to do'. As these thoughts crop up you can use your questioning skills to challenge them – for example 'why would it be a waste of time to practice this?' 'how do you know it won't work?' etc.

Let participants know that you will be teaching a further two techniques for them to try at the end of the session.

2. The effects of worrying about pain (25-30 mins).

Open up a conversation on the effects of worrying about pain. Suggested dialogue is below:

"As we've seen with the previous sessions it is very easy to get into vicious cycles with pain. We now realise that lots of different things can impact on how much pain you feel. To demonstrate this I'd like us to talk about clocks!"

"Have you ever noticed that we sometimes seem to notice a clock ticking more loudly? Can you give me some reasons as to why I might notice the ticking more?"

Write on the flipchart the reasons that the patients give you, such as:

- Night time
- I need to be somewhere at a certain time

- I'm bored
- I'm waiting for something (time is important)
- The room is quiet
- When I'm stressed or ill

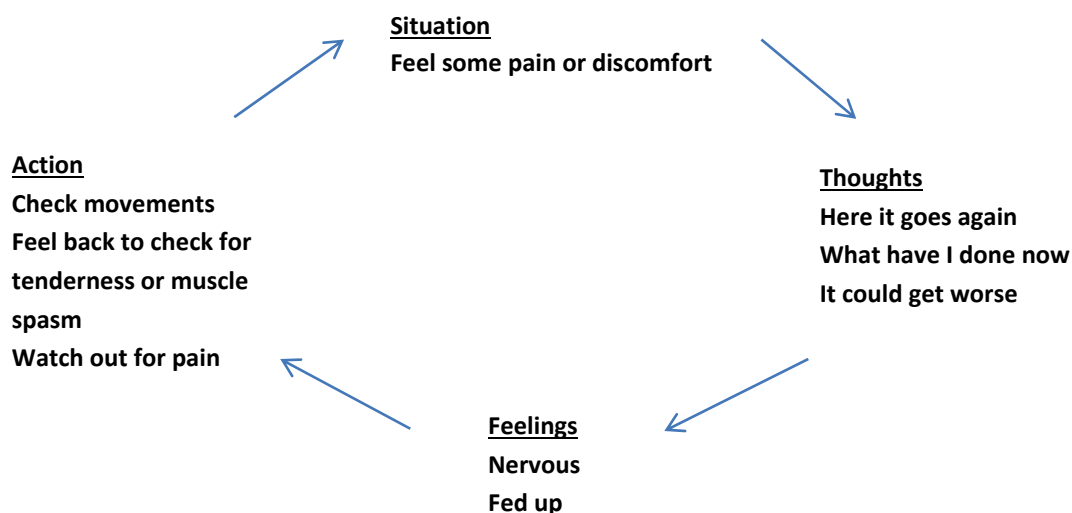
Emphasise that this means that the ticking hasn't actually got louder or quieter even though it seems louder or quieter.

Ask the group whether they can make any connections between this and their pain.

- For example pain at night when it's quiet, dark, and there is nothing much else to think about.

Draw their attention to how the ticking gets louder when we are worried in any way about the time and **how this would relate to their low back pain if they are worried about it.**

Demonstrate this by drawing the following diagram on the flipchart:



Try to discuss how the **actions actually reinforce the thoughts** that cause the vicious cycle.

Ask the group how we can break out of this cycle.

- The group will most likely come up with distraction, or getting active as a strategy.

Ask the group as a whole what they have found works for them.

- They may come up with things such as: doing puzzles, using a TENS machine or a hot water bottle, phoning someone, watching TV. Patients often come up with painkillers as a strategy and at this point it is useful to **discuss the use of medication.**

Break at a suitable point in this session (10 mins)

3. Medication (10-15 mins)

There are many types of medication that are prescribed to people experiencing back pain.

Ask the group: What medications have they been prescribed for their pain? For example:

Pain killers; Mood modifiers; Sleeping tablets; Muscle relaxant; Anti-inflammatory

Encourage patients to share their experiences with the different medications for example, have they experienced any side effects from taking medication. e.g.

Stomach issues	Constipation	Dependency
Mood changes	Odd feelings	Appetite changes
Sleepiness	Over alertness	Brain fog

It is likely that the discussion will conclude that not all medications will suit everybody. This is a good opportunity to emphasise how each patient is individual and that each should try to work out what combinations are the best for them.

General principles with medication:

- Take the full recommended dose
- Take the medication regularly e.g. do not wait until the pain is out of control
- Reduce or stop additional medication when out of a flare-up (in discussion with doctor)
- If a prescribed medication is not effective or has unacceptable side effects, they need to discuss this with their doctor; it may be if they have no benefits from the medication that they need to come off it with the help of their doctor

Remind the patients that they have this information in their tips section of their packs (page 26).

4. Further relaxation techniques (15 mins)

a) Visualisation or Imagery

Discuss what this relaxation technique involves. Suggested dialogue below:

“To relax through visualisation, close your eyes and create a relaxing scene with your mind’s eye. So, if you enjoy relaxing at the beach, create a beach scene. If you prefer a garden, then create a garden scene. Create the scene using colours, sounds, smells, tastes, textures and emotion. The use of visualisation can help trigger the same relaxation you feel when you are actually there.”

Practice doing this with them. Before you start this exercise, check that everyone will find the visualisation place you have chosen relaxing to a greater or lesser extent; e.g.garden, beach, by a river. You do not want to choose a scenario that one or more of the group actually finds stressful. You can either choose to talk through the relaxation with the group, or you can use the audio

recordings downloadable from the online training programme.

Suggested process below:

- *Start with relaxed breathing*
- *Walk into the relaxing place and take a seat*
- *Notice what they can see around them*
- *Notice sounds*
- *Notice smells*
- *Notice what they can feel (e.g warmth on their skin, gentle wind in hair, feel of sand/ grass under their feet etc).*
- *Finish with returning to relaxed breathing*

b) Autogenic Relaxation

Discuss what this relaxation technique involves. Suggested dialogue below:

“Autogenic relaxation uses both visual imagery and body awareness. You focus on different physical sensations, moving from the feet to the head. You might focus on warmth and heaviness in the limbs, or imagine a red warm dot moving from your toes up and around your body spreading warmth along its way.”

Practice doing this with them. Suggested process below:

- *Start with relaxed breathing*
- *Become aware of right arm*
- *Right arm is getting heavy*
- *Right arm is getting heavier*
- *Right arm is getting warm*
- *Become aware of left arm.....(repeat other steps)*
- *Become aware of right leg.....left leg.....*
- *Finish with returning to relaxed breathing*

Finish the section on relaxation by telling the patients:

“These relaxation techniques are only suggestions. You can change and/or combine techniques to suit yourself. Some people like to relax to certain types of music. This is fine but you won’t always have tapes or CDs at hand when you need to relax. Remember the best relaxation techniques can be done anytime, anywhere and in any position.”

Homework and link to the final session (5 mins)

The final topic next week is about coping with flare-ups. They will also be revisiting all of the skills they have learned. It would be useful if, for homework, the patients could have a think about anything they would like to be reviewed next session or if there is any other problems that they would like discussed in relation to their back pain. They also need to practice the two relaxation skills from this session and record on their relaxation log how they got on.

Feedback (1-2 mins) As per previous sessions.