

# **STRESS AND PAIN MANAGEMENT**

**HOPE FOR RENEWED LIFE**  
**By Sherry Rosenblad, Ph.D., LPC-S**

**ASSESSMENT TOOLS AND JOURNALS**

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## HOW IS YOUR STRESS?

Stress is unavoidable. Some is positive and some is negative. But too much stress is harmful. This scale measures stress in terms of 43 life events. Check the following events that apply to you in the past 12 months. Then add up the total values.

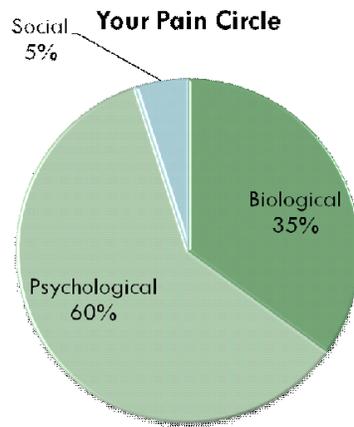
	Event	Value	Your Score		Event	Value	Your Score
1	Death of spouse	100		2	Son or daughter leaving home	29	
2	Divorce	73		3			
3	Marital separation	65		2	Trouble with in-laws	29	
4	You or your spouse serve a jail term	63		4			
5	Death of close family member	63		2	Outstanding personal achievement	28	
6	Personal injury or illness	53		5			
7	Marriage	50		2	Spouse begins or stops work	26	
8	Fired from work	47		6			
9	Marital reconciliation	45		2	Starting or finishing school	26	
10				7			
11	Retirement	45		2	Change in living conditions	25	
12	Change in family member's health	45		8			
13	Pregnancy	40		2	Revision of personal habits	24	
14	Sex difficulties	39		9			
15	Addition to family	39		3	Trouble with boss	23	
16				10			
17	Business readjustment	39		3	Change in work hours or conditions	20	
18	Change in financial status	38		11			
19	Death of close friend	37		3	Change in residence	20	
20				12			
21	Change to different line of work	36		2	Change in schools	20	
22				3			
23	Change in number of marital arguments	35		3	Change in recreational habits	19	
24	Mortgage or loan over \$10,000	31		4	Change in church activities	19	
25				5			
26	Foreclosure of mortgage or loan	30		3	Change in social activities	18	
27				6			
28	Change in work responsibilities	29		3	Mortgage or loan under \$10,000	17	
29				7			
				3	Change in sleeping habits	16	
				8			
				3	Change in number of family gatherings	15	
				9			
				4	Change in eating habits	13	
				10			
				4	Vacation	13	
				11			
				4	Christmas season	12	
				12			
				4	Minor violation of the law	11	
				13			
					<b>TOTAL</b>		

Total Score =	
<input type="checkbox"/>	Less than 150:
<input type="checkbox"/>	150 - 300:
<input type="checkbox"/>	300 or more:

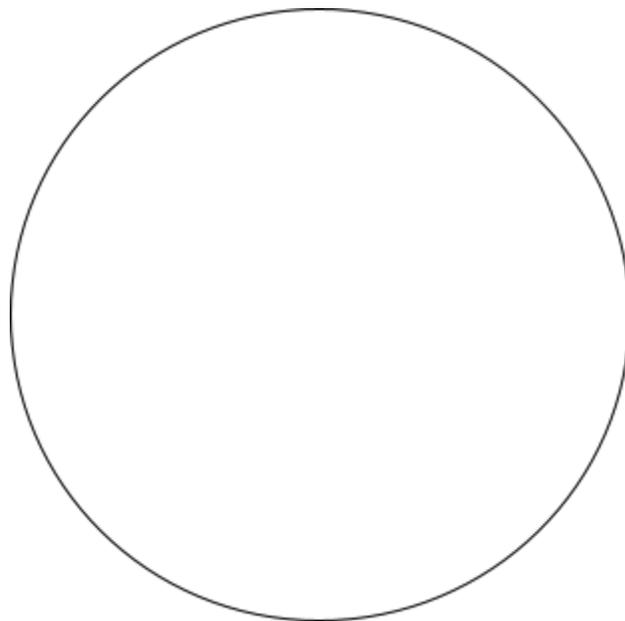
% Chance of becoming ill in the next 2 years:	
	37%
	51%
	80%

Developed by Dr. Thomas H. Holmes & Dr. Richard H. Rahe at the University of Washington Medical School

# Pain Circle

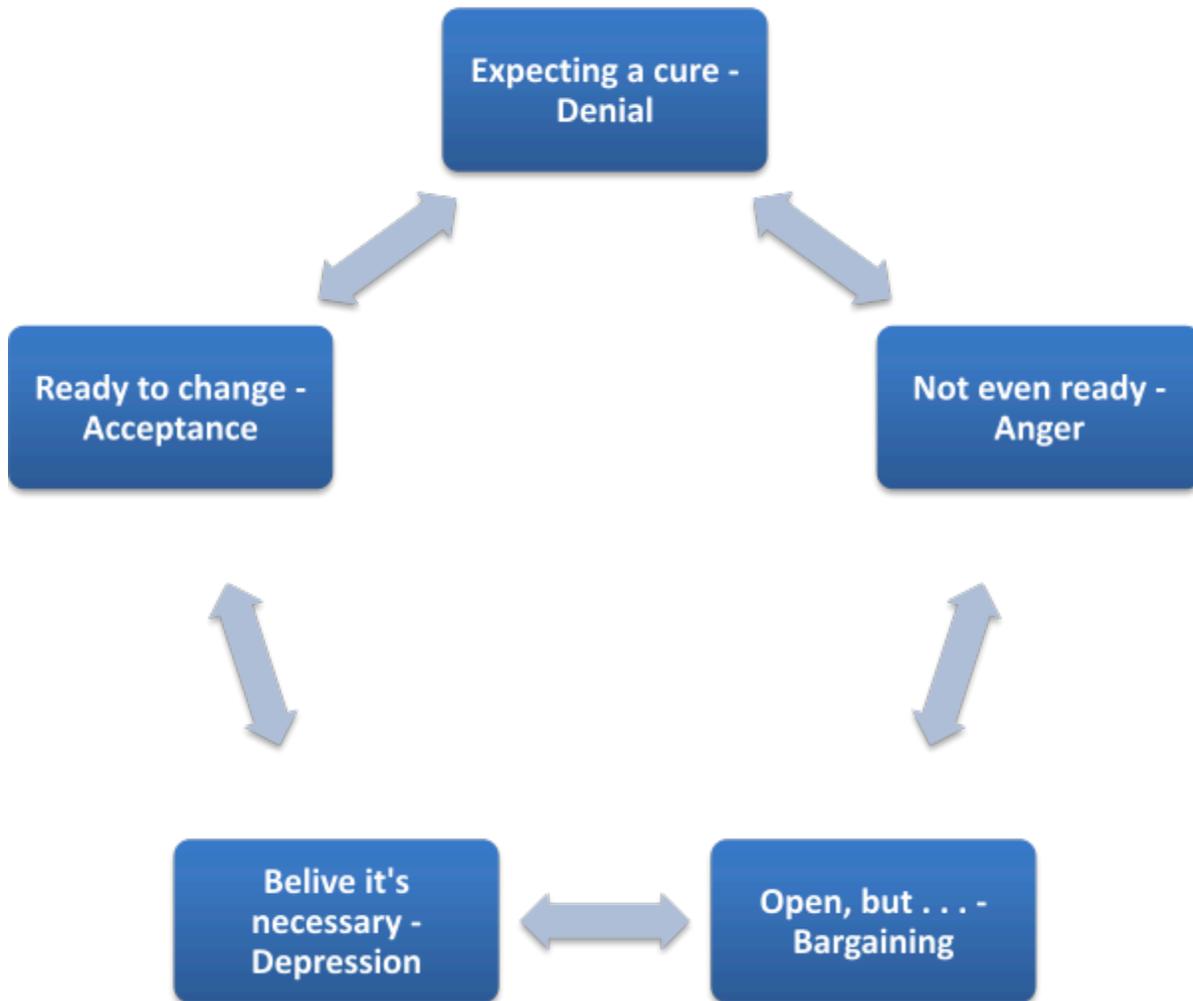


What does your pain circle look like? Fill in the circle with the percentages of your life affected by each area.



- \_\_\_\_\_ % Biological
- \_\_\_\_\_ % Psychological
- \_\_\_\_\_ % Social

# THE CHANGE/GRIEF CYCLE



Where are you now? \_\_\_\_\_

Where have you been? \_\_\_\_\_

Where do you want to be? \_\_\_\_\_

## ASSESSMENT

On a scale of 1 to 10, 1 being no symptom, 10 being the worst imaginable, rate the following each day:

	Before	After
What is your present pain level?		
What is your present muscle tension?		
How irritable do you feel?		
How sad or depressed do you feel?		
How worried or anxious do you feel?		
How angry do you feel?		

## SLEEP

Do you have trouble falling asleep? \_\_\_\_\_

Does it take more than 10-15 minutes to fall asleep? \_\_\_\_\_

Do you go to bed at different times each night? \_\_\_\_\_

Do you have interruptions in your sleep? \_\_\_\_\_

Do you have trouble staying asleep? \_\_\_\_\_

Do you wake up early & have trouble going back to sleep? \_\_\_\_\_

Do you have nightmares that wake you up? \_\_\_\_\_

Do you sleep more or less than normal? \_\_\_\_\_

Do you wake up feeling tired & not rested? \_\_\_\_\_

## ALTERATION OF SOCIAL ACTIVITIES

**I** = Independently performs                      **NH** = Needs help to complete

**A** = Avoids (**recreational**)   **E** = Engages in                      **W** = Watches

	Before Treatment Date:	Treatment Goal
Socializing	Family: <input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> daily Friends: <input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> daily	Family: <input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> daily Friends: <input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> daily
Recreational/Hobby	___ Play sports ___ Fish, camp, hike	___ Play sports ___ Fish, camp, hike

	Before Treatment Date:	Treatment Goal
	--- Dance, go to parties --- Sew, arts & crafts --- Woodworking, constructing ...	--- Dance, go to parties --- Sew, arts & crafts --- Woodworking, constructing ...

### JOURNALS

On a scale of 1 to 10, 1 being no symptom, 10 being the worst imaginable, rate the following each day:

Day	1	2	3	4	5	6	7
What is your present pain level?							
What is your present muscle tension?							
How irritable do you feel?							
How sad or depressed do you feel?							
How worried or anxious do you feel?							
How angry do you feel?							
How intense are suicidal thoughts?							

### SLEEP

Day	1	2	3	4	5	6	7
Time went to bed?							
How many minutes to get to sleep?							
Time got up and out of bed?							
Number of sleep interruptions?							
Total hours slept?							
Total time in bed?							
How rested when woke up? 1-10							
Sleep medications used?							

### SOCIAL ACTIVITIES UPDATE

**I** = Independently performs  
**(recreational) E** = Engages in

**NH** = Needs help to complete  
**W** = Watches

**A** = Avoids





- Is it a preference?
- Is it really awful?
- Can I really not stand it?



**Rational Beliefs**

- Non-demanding preferences - wishes, wants, desires
- Evaluating - it's unfortunate, but not horrible
- High frustration tolerance - I don't like it but I can stand it
- I - and others - are imperfect human beings, make mistakes



**E - Effect (New)**

- New healthy emotions, constructive behaviors
- Sadness
- Disappointment
- Empowerment
- Regret
- Frustration



## ASSERTIVENESS PRACTICE

What is the problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who is involved? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does it make you feel? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you want? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you normally handle the problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would happen if you gave an assertive response? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Using "I" statements, write out the request simply, without accusation or embellishment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VOCATIONAL PLAN

### Work History (most recent first)

1.

---

2.

---

3.

---

### Transferrable Skills/Interests

1.

---

2.

---

3.

---

### Short Term Job Options

1.

---

2.

---

3.

---

### Long Term Options

1.

---

2.

---

3.

---

### Training Plan

1.

---

2.

---

3.

---

- Create Cover Letter and Resume
- Search Job Websites including federal and state job search tools
- Review local Newspapers
- Contact prospective employers directly to:
  - Submit resume
  - Find out hiring status
  - Get specific job descriptions
- Contact DARS to set up an appointment

# **INFORMATION AND COPING STRATEGIES**

## Myths

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- Rest is Best
- No pain, no gain
- You must have a low tolerance for pain
- It's all in your head

## Biopsychosocial Model of Pain

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- Biological or physical components
  - Tissue damage, degenerative changes, scarring
  - Muscle tension
  - Sleep disturbance, fatigue
- Psychological or emotional components
  - Thoughts, beliefs, ideas about pain
  - Anger, frustration, irritability
  - Depression & anxiety
- Social components
  - Reactions of family and other significant people
  - What you learned about pain as a child

## Stress-Pain-Appraisal Connection

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- Stress – Threat, Loss, or Challenge
- Stress-Pain Connection
  - Pain produces stress
  - Stress increases pain
  - Managing stress reduces pain
- Stress Response
  - Biological
  - Emotional
  - Cognitive

# RELAXATION EXERCISES

## DEEP BREATHING

- € As you breathe in, imagine your lungs are cups and you are filling them from the bottom, all the way to the top. And as you breathe out, empty your lungs completely.
- € Breathe in, breathe out, breathe in, breathe out
  - Breathe in – Breathe out

## PROGRESSIVE RELAXATION

- € Progressive Muscle Relaxation
  - Tense each muscle group – notice how the tension feels
  - Take a deep breath in
  - Breathe out and relax the muscle group, noticing the difference between the tension & relaxation
  - Do this 2 times for each muscle group
    - Feet
    - Legs, calves
    - Abdomen, chest
    - Arms, hands
    - Neck, shoulders
  
- € Now choose one of these sensations that you like the best:
  - Heavy or Light     Floating     Warm or Cool     Tingling
  - Imagine the sensation you chose starting at the top of your head, filling your body with that feeling. All tension, stress and worry are replaced by the sensation you chose. This sensation moves
    - down into your neck and shoulders
    - into your chest and back – removing all pain and discomfort
    - down into your arms, the stress and tension leave your body out through your fingers

- Finally, the sensation moves into your legs and all remaining stress and tension leave your body out through your toes, leaving only that pleasant sensation and relaxation
- Now choose one of these emotions
  - Calmness
  - Joy
  - Peace
  - Comfort
- Imagine it filling you up inside, taking away all other negative emotions, leaving only that pleasant one.

## VISUALIZATION

- € Imagine your favorite place. It can be real or fictional. Maybe you are:
  - Walking on the beach next to the waves
  - At the beginning of a quiet path in the woods or by a lake
  - In the crisp air of a majestic mountain retreat
  - A leaf floating down a river toward a quiet cove alone
  - At a wildlife preserve, hearing the birds sing, watching the tame animals at peace
  - In a meadow surrounded by fragrant flowers
- € Where ever you are, you are completely safe, at peace, restful.
  - As I count from 10 to 1, you walk through your peaceful place and become more relaxed, more at ease, more at peace, more of your stress and worry leaving.
    - 10, 9, 8, 7, 6, 5, 4, 3, 2, 1 – more deeply relaxed.
  - Look around you and see the colors of the animals or the trees, smell the fragrance of the flowers or the crisp, clean air, hear the sounds of the birds or the waves, feel the wind on your face or the water on your hand. This is your place of refuge with God. Completely relaxed. Walking with Him. You can return to this place anytime you need to feel refreshed, or you need to talk to God, or just to be still in his presence.

## PAIN MANAGEMENT

- € As you breathe in, feel the pain at its worst.
  - As you breathe out, feel some of the pain leaving your body with the air.
  - As you breathe in, notice the pain.
  - As you breathe out, the pain gets smaller and smaller.
  - As you breathe in, notice how intense the pain is.
  - As you breathe out, feel it get less and less.
  - As you continue to breathe in and out, the pain decreases 10% more with each breath.
  - Breathe in, Breathe out more of the pain.
  - Breathe in, Breathe out, see and feel it getting smaller and smaller.
  - Breathe in, Breathe out, 50% of the pain is gone.
  - Breathe in, Breathe out, only 20% of the pain remains.

- Breathe in, Breathe out, the pain has almost decreased to nothing.
  - Breathe in, Breathe out, there is no more pain. It is completely gone.
  - You are learning to take control over your pain as you breathe.
- € Remember a time when you had no pain
- € Picture the pain in your body
- Picture taking the pain out and putting it in a box
  - Now close the lid on the box set it down and walk away, leaving the pain behind you.
- € Now as I count from 0 to 5, with each count you become more alert and refreshed. 0, 1, 2, 3, 4, 5. Alert and refreshed.

## Improving Sleep Patterns

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- Sleep Journal – notice patterns
- Factors that Affect Sleep
  - Substance use
  - Exercise
  - Napping
  - Routines
- Don't go to bed until tired
- Use bed only for sleep
- Have set time for going to bed and waking up

# Coping Self-Statements

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- There are others much worse off than me.
- Be brave and carry on despite the pain.
- I can overcome the pain.
- I “psych” myself up to deal with the pain, perhaps by telling myself that it won’t last much longer.
- I try and imagine that for some reason it is important to endure the pain.
- I can’t let the pain stand in the way of what I have to do.
- I can cope with the pain without imagining or pretending anything.
- I will deal with the pain and it will get better in the near future.

## Coping Scripture-Statements

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- And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.  
Philippians 4:7
- So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand. Isaiah 41:10
- For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope and a future.  
Jeremiah 29:11
- I will take refuge in the shadow of your wings until the disaster has passed. I cry out to God Most High, to God, who fulfills {his purpose} for me.  
Psalm 57:1-2
- In the same way, the Spirit helps us in our weakness. We do not know what we ought to pray for, but the Spirit himself intercedes for us with groans that words cannot express. Romans 8:26

## Coping Strategies

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- Distancing
- Appropriate pacing
- Praying
- Distraction
- Ignoring

# Family Changes

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- Re-evaluate family roles
- Educate on condition and chronic pain
- Practice open communication
- Teach them coping skills
- Use pacing as a tool
- Dealing with pain and sex

# Assertiveness

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- Asking for what you want or saying no to something in a simple, direct and honest manner
- Awareness of own feelings, needs, and wants
- Communicating to others
- Non-verbal assertive behaviors
  - Look directly at the other person
  - Hold an open posture
  - Stay calm while standing your ground
- Verbal assertive behaviors
  - Simple and direct “I” statements