



The Donley Update



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Rhode Island Department of Labor and Training, Workers' Compensation Division

Summer 2009

Relaxation Training

(Part Two of a Five-Part Series on Self-Management of Chronic Pain)

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Many of the clients who come to see us for chronic pain management have rather ordinary diagnoses and no hard clinical signs that support their level of physical complaints and disability. However, they often present with observable but less measurable clinical findings of being hyper-vigilant, over-reactive, with excessive muscular tension and habitual bracing patterns. This creates frustration for injured workers, health care providers, insurers and employers. Physicians find it difficult to release these clients back to work, as they complain bitterly of their pain and often fatigue. Employers find it a burden to accept a worker who moves slowly, stiffly and exudes suffering.

The initial (and often most difficult) goal of self-pain management is to engage the client. The injured worker is seeking a reason for the negative sensations that they complain so bitterly about (chronic musculoskeletal pain; fatigue; weakness). When the MRI doesn't explain it, they often feel their integrity is being challenged. This is an opportunity for using a different paradigm of recovery, one that emphasizes the mind-body connection and the physiological response of the nervous system to prolonged pain and stress.

Although the client's injury probably began as a musculoskeletal problem, at the chronic stage, the autonomic nervous system may be contributing to the client's plethora of complaints. Herbert Benson, MD, a graduate of Harvard Medical School and the Director of the Institute for Mind-Body Medicine at Massachusetts General Hospital, is well known for researching the science behind the relaxation response.

The sympathetic "fight or flight" response is explained as a short-term solution that is critical to our survival if we are being attacked or harmed. However, if we stay in that mode for too long, it has negative effects on our functioning and well-being. We then discuss the parasympathetic system, the "rest and digest" system, which can be reached through relaxation techniques. This brings calm awareness, decreased muscular tension, and a heightened sense of well-being. The client then feels validated that their symptoms are real, despite not being identified in diagnostic tests. This encourages the client to realize that they can learn to help themselves.

Relaxation training is a skill that improves with practice. This term by no means suggests that people who are already too sedentary by work injury guidelines should just rest some more. It does mean that they learn to quiet their mind, gain awareness of their bracing patterns, and learn a different reaction to the pain experience. It is a precursor to effective movement, exercise and functioning. When done properly, relaxation training is such an organic process that clients usually feel its

authenticity immediately. The client consciously begins the process, but the autonomic physiological changes that take place are why they feel better (reduction of stress hormones, diminished respiratory rate, slower pulse, decreased muscular tension and more). Internalizing this experience is a step toward helping chronic pain sufferers make an attitudinal shift and engage them in the process of self-management for pain.

Clients with chronic work injuries are often observing and measuring the consistency of the health care provider's message. If we are rushed, tense, not relaxed or pressuring, the client does not believe the authenticity of what we are saying about the power of relaxation. On the other hand, if the provider actively practices relaxation, demonstrates calm conviction without pressure and conveys certainty, the clients are far more likely to see this consistency and gravitate toward it. They learn that developing calm inner awareness is a foundation for improving sports performance. They are guided to improve their own bodily awareness and learn what their own individual "hot spots" are: places where they unknowingly carry tension, that if left unchecked, leads to poor quality of movement and pain. When clients see they are learning what athletes are being taught, they understand that our focus is a model not of illness but of healthy living.

The nuts and bolts of our relaxation training incorporates diaphragmatic breathing, sometimes progressive muscle relaxation and guided imagery, practiced twice daily for 10 to 20 minutes. Every physical therapy session starts with relaxation practice prior to exercise. The client's response to pain is more reasonable and less over-reactive, now allowing an opportunity to benefit from exercise. They then learn to continue with the relaxation during their flexibility training. With proficiency, they can then be taught to use positive tension for strength and power.

We teach relaxation training as a healthy lifestyle change that is accessible to everyone, without cost and with huge dividends. **In Part 3 of our series, the topic of appropriate exercise for chronic pain will be addressed.**

Cognitive Behavioral Therapy

(Part Two of a Five-Part Series on Self-Management of Chronic Pain)

Joanne L. Fowler, Ph.D.
Psychologist

"My pain is killing me!" "I can't take it!" "There's got to be something wrong that hasn't been found." "I need more tests." "Nothing has helped." "I can't work." "I can't pay my bills." "I can't drive." "I'm so depressed all I do is cry." "My employer doesn't care." "My accident shouldn't have happened." "The insurer won't authorize..." "I'm so angry." "They keep saying you have to learn to live with it..."

Chronic pain is a major health problem with statistics estimating that 26% of Americans 20 years old and over have a problem with pain and 42% of these adults report pain that has lasted longer than one year.¹ In addition, pain is the second-leading cause of medically-related work absenteeism.² Despite these numbers, most people with pain know little about what chronic pain is and how best to treat it. Self-management for chronic pain is strongly recommended because it has been well established that history, beliefs, attitudes, behavioral responses and how one is treated when reporting pain influence the pain experience as much as anatomy and physiology.

However, if pain self-management is to be beneficial, the person suffering from pain must understand their condition, accept ownership of their pain and learn how to approach their pain from a mind-body perspective. This usually means changing beliefs about pain, committing to a new

treatment model and learning new strategies and behaviors in the face of pain.

Cognitive-behavioral therapy is an integral part of pain self-management. You've heard the old expression: you are what you eat. Well, from cognitive-behavioral therapy you are what you think and do. More specifically, cognitive therapy is based on the concept that the way we think about things affects how we feel emotionally about these things and behavioral therapy is based on the concept that we learn how to behave under different circumstances. The positive or negative consequences of our behaviors determine whether these behaviors persist. The good news is that your thoughts and behaviors are under your control, thus, can be changed if you want and know how to.

At the Donley Center, the behavioral medicine staff use cognitive-behavioral therapy (a number of psychological techniques) to help injured workers engage in the treatment. The process begins with education about chronic pain. Understanding what chronic pain is and how it presents is a necessary, but not sufficient, part of engaging in the treatment model. Beliefs are challenged to foster acceptance of pain.

As defined by McCracken et al.³ acceptance is "an active willingness to engage in meaningful activities in life regardless of the experience of pain-related sensations, thoughts, and related feelings that might otherwise hinder such engagement." Injured workers are taught how to identify negative and maladaptive thoughts and beliefs, challenge them, and replace them with more helpful and adaptive thoughts and beliefs. This requires demonstration, repeated practice, and reinforcement and support for efforts to change.

Cognitive-behavioral therapy focuses on the present, on defined problems and is time-limited. Problem-solving is a skill that can be enhanced and results in new and more

effective approaches to the problems associated with chronic pain.

Communication skills are important in making changes and often are part of the strategies addressed. To be maximally effective, these strategies are combined with other mind-body strategies that are recommended for chronic pain self-management and that are further discussed in other segments of this series.

¹ National Center for Health Statistics. Health, United States, 2006. Special feature on Pain, with Charbook on Trends in the Health of Americans. Hyattsville, MD. Available at [www.cdc.gov/nchs/data/06.pdf](http://www.cdc.gov/nchs/data/hus/06.pdf).

² American Pain Society. "Pain Assessment and Treatment in the Managed Care Environment." January 11, 2000. Available at www.ampainsoc.org/advocacy/assess_treat_mce.htm.

³ Keefe, FJ, et al.: Psychological Aspects of Persistent Pain: Current State of the Science. The Journal of Pain 5(4):195-211, 2004.

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