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# Supporting Students with Chronic Pain: A Group Manual for School Counselors

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# Supporting Students with Chronic Pain: A Group Manual for School Counselors

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**Abstract**

The purpose of this literature review was to examine the current literature on evidence-based interventions for working with youth who have a chronic pain condition. Interventions and other relevant information found were then used to formulate a school counseling group manual utilizing evidence-based interventions for school counselors to deliver to a group of students who live with chronic pain. Cognitive Behavioral Therapy (CBT) is an empirically supported intervention for use with people with chronic pain, adolescents, and group work. Acceptance and Commitment Therapy (ACT) is a newer modality that has promising research on efficacy for adolescents with chronic pain and use with adolescents in the school setting. The benefits and drawbacks of delivering interventions in a group format will be discussed as well as the role school counselors play in working with students who have chronic pain. There is currently a lack of resources available for school counselors to address common issues that occur for this population of students. Evidence-based treatments highlighted in this review include using a multidisciplinary approach, improving physical exercise and sleep routines, CBT, ACT, and mindfulness approaches for managing pain or anxiety. A 6-week group manual was developed utilizing CBT and ACT principles targeting specific areas of struggle for adolescents with chronic pain to support this group.

*Keywords:* chronic pain, school counseling, group counseling, adolescents

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## Introduction

Chronic pain conditions are overlooked in children and adolescents in the school setting and there is a lack of evidence-based resources for school counselors to support students with chronic pain symptoms (Solé et al., 2017). Chronic pain conditions are common in youth (Friedrichsdorf et al., 2016; Liu et al., 2022; Morey & Loades, 2020; Neville et al., 2019; Sinclair et al., 2018; Solé et al., 2017), and adults who don't receive effective treatment face poorer outcomes as they age (Friedrichsdorf et al., 2016; Neville et al., 2019). Chronic pain in youth is a biopsychosocial issue, thus treating youth who live with it requires a biopsychosocial approach (Friedrichsdorf et al., 2016; Muris et al., 2007). This group manual is meant to provide school counselors with a tool to help their students who are living with these conditions. School counselors can play a key role in helping these students achieve success. According to the American School Counseling Association (ASCA), school counselors identify students who experience barriers to learning (2019). Group counseling is a common intervention used by school counselors in order to respond to student needs (ASCA, 2019). The purpose of this group is multifaceted, with special attention being paid to normalizing the use of building or strengthening healthy daily routines combined with CBT skills and ACT mindfulness techniques to improve students' overall functioning both in and out of school. Students will complete a brief pediatric pain screening assessment during a pre-group informational meeting with the counselor and during the final session of the group. To participate in the group, the student must have their medical doctor sign off on their participation. This is to ensure the student's medical providers coordinate care effectively and for the student's safety. School counselors should follow their

specific school's policy and process in filing the release of information documents with the student's medical providers.

# Literature Review

## Prevalence, Definitions, and Background Information

Definitions of chronic pain usually include that it is a biological, psychological, and social-cultural phenomenon (Friedrichsdorf et al., 2016; Muris et al., 2007). A study examining the treatment of youth with chronic pain at an interdisciplinary children's pain clinic in Minneapolis, MN (Children's) stated that chronic pain conditions occur when pain symptoms last longer than can be medically explained, or about three months (Friedrichsdorf et al., 2016). The pain may be episodic, or persistent and ongoing (Friedrichsdorf et al., 2016). Estimates of the prevalence rates of chronic pain conditions in children and adolescents vary from 10-20% (Morey & Loades, 2020), 11-37% (Solé et al., 2017), 11-38% (Liu et al., 2022; Neville et al., 2019), 20-35% (Friedrichsdorf et al., 2016), and 25% (Sinclair et al., 2018). One possible explanation for this range in prevalence is that many people with chronic pain conditions experience a degree of diagnostic uncertainty (Friedrichsdorf et al., 2016; Neville et al., 2019). Diagnostic uncertainty occurs when the patient perceives that medical professionals are unable to provide a clear and complete explanation for their symptoms (Neville et al., 2019).

The exact cause of most chronic pain conditions is unclear but is influenced by biological, psychological, and social-cultural factors (Friedrichsdorf et al., 2016). Young children with internalizing thought patterns are more likely to develop chronic pain symptoms, rather than children developing internalizing thought patterns after having chronic pain symptoms (Kolaitis et al., 2021). Furthermore, anxiety, depression, and behavioral disorders in early childhood are risk factors for later developing a chronic pain condition (Friedrichsdorf et al., 2016). Some

experts now view chronic pain symptoms of headaches, abdominal pain, and muscoskeletal pain as the result of an increased sensitivity to pain (Friedrichsdorf et al., 2016).

Women and girls are more likely to be diagnosed and face poorer mental and physical health outcomes (Friedrichsdorf et al., 2016). Individuals with chronic pain in the United States make less money and are more likely to be unemployed than healthy individuals (Friedrichsdorf et al., 2016). Due to so many uncertain factors, treatment of chronic pain conditions can be complex (Friedrichsdorf et al., 2016; Neville et al., 2019). This can be discouraging for patients whose pain can be stigmatized or treated as not real (Friedrichsdorf et al., 2016; Neville et al., 2019). Chronic pain patients are often under-treated, and when care is delayed or inaccessible, their physical and mental health declines (Friedrichsdorf et al., 2016). Medical professionals have expressed a lack of understanding about whose responsibility it is to treat patients with chronic pain (Friedrichsdorf et al., 2016). An interdisciplinary approach is often recommended to address chronic pain effectively because it effects so many areas of life (Friedrichsdorf et al., 2016; Liu et al., 2022). School counselors can play a critical role in this because of their access to students and the significant role school plays in youth lives.

**Common Disorders and Comorbid Conditions**

Chronic pain is associated with numerous other conditions. Students who present to their school counselor with a chronic pain condition may not have a formal diagnosis—most often this manifests as headaches, abdominal pain, and muscoskeletal pain (Friedrichsdorf et al., 2016; Liu et al., 2022). Children's refers to this as a primary pain disorder (Friedrichsdorf et al., 2016). Other students with chronic pain symptoms will have a diagnosis, such as inflammatory bowel disease, sickle cell disease, or rheumatoid arthritis (Friedrichsdorf et al., 2016). Children's found

that the majority of students had a diagnosed condition and a primary pain disorder (Friedrichsdorf et al., 2016). The majority of their patients also had a family member with chronic pain symptoms (Friedrichsdorf et al., 2016). Family life is an important influence in both the manifestation and treatment outcomes of chronic pain (Friedrichsdorf et al., 2016).

People with chronic pain symptoms often suffer from mental health conditions such as anxiety and depression (Friedrichsdorf et al., 2016; Jastrowski Mano, 2017; Liu et al., 2022). Youth with anxiety face higher levels of impairment (Friedrichsdorf et al., 2016). Children's found that among their youth patients, 75% met the criteria for a mental health diagnosis (Friedrichsdorf et al., 2016). Diagnostic uncertainty in particular leads to an increased risk of anxiety and depression (Neville et al., 2019). Individuals with chronic pain have an over 10% increase in reporting of depression compared to the general population and have an increased risk of suicidal ideation and attempts (Friedrichsdorf et al., 2016).

Anxiety commonly presents as social, peer, and school anxiety, with an estimated 20% of youth with chronic pain experiencing social anxiety (Jastrowski Mano, 2017). Students who have school anxiety are more likely to engage in avoidance behavior, such as skipping school (Jastrowski Mano, 2017). Students may feel anxiety about experiencing symptoms while at school, missing so much that they feel unable to catch up, and how their academic performance may be impacted (Jastrowski Mano, 2017). They may also feel isolated from their peers, struggling to relate to them due to their condition (Friedrichsdorf et al., 2016; Jastrowski Mano, 2017). They may also be at an increased risk for social developmental impacts due to judgment, isolation, or questioning of their illness (Friedrichsdorf et al., 2016). Group counseling can be beneficial for students with social anxiety, because it provides them a safe environment to

practice social skills in (Corey, 2015). Groups have the added benefit of allowing students to learn from one another, and helping students realize that they aren't alone in the struggles they are facing (Corey, 2015).

Some common physical symptoms suffered by individuals with chronic pain include insomnia and fatigue (Friedrichsdorf et al., 2016; Larche et al., 2021; Liu et al., 2022; Morey & Loades, 2020). A study examining the use of the Pittsburg Sleep Quality Index (PSQI) in children, adolescents, and young adults with chronic pain found that scores were correlated with age, pain intensity, functional disability, and anxiety and depression symptoms (Larche et al., 2021). This emphasizes the importance of discussing self-care as it relates to the physical well-being of students living with chronic pain.

Individuals may also experience a lack of trust in the medical system due to negative experiences and treatments not working (Neville et al., 2019). This can spiral into further undertreatment of conditions, poorer health outcomes (Neville et al., 2019), and catastrophizing. Pain catastrophizing is commonly seen in patients with chronic health conditions and has been shown to lead to negative outcomes for children and adolescents with chronic pain (Feinstein et al., 2017; Friedrichsdorf et al., 2016; Miller et al., 2016; Muris et al., 2007). It is a negative pattern of cognitions and emotions consisting of: magnification, rumination, and helplessness toward pain (Feinstein et al., 2017; Friedrichsdorf et al., 2016; Miller et al., 2016). Pain catastrophizing and depression and anxiety symptoms are commonly associated (Feinstein et al., 2017; Friedrichsdorf et al., 2016; Miller et al., 2016). Pain catastrophizing has been shown to negatively impact daily life more in adolescents than in any other age group (Feinstein et al., 2017). There is a well-documented association between maladaptive pain-related behaviors and

catastrophizing in youth with chronic pain and their families (Friedrichsdorf et al., 2016). Additionally, there are associations with increased fear, unhealthy inhibitions, reduced attentiveness, and regular overstimulation (Muris et al., 2007).

Related to catastrophizing, perceived injustice can lead to similar feelings and similar outcomes (Miller et al., 2016). In addition to these symptoms, perceived injustice also carries feelings of unfairness or blame (Miller et al., 2016). A study examining perceived injustice in children and adolescents with chronic pain found that higher levels of perceived injustice were associated with more pain intensity, catastrophizing, social anxiety, and poorer emotional, social, and school functioning (Miller et al., 2016). One of the goals of the school counseling group is to empower students to advocate for themselves. This is to help students gain a greater sense of control over how they communicate their illness-related needs in the school environment, and beyond.

**Impact on School**

Students with chronic pain are at a higher risk of being chronically absent, or missing at least 10% of the school year (Allison et al., 2019). Students who are chronically absent are likely to fall behind their peers, particularly in social skills and reading, and at risk for poor behavioral outcomes and drug abuse (Allison et al., 2019; Liu et al., 2022; Miller et al., 2016; Solé et al., 2017). Rates of chronic absenteeism vary across ages in America and apply to an estimated 19% of high school students (Allison et al., 2019). This risk is greatest among students whose chronic pain is unrecognized, under-treated, or for whom resources are inaccessible (Allison et al., 2019). A study from a clinic in Manitoba found that prior to treatment, 67% of children and adolescents missed school (Liu et al., 2022). There is a lack of information and guidelines for teachers and

other school staff on how to work with students with chronic pain conditions (Davis et al., 2019; Solé et al., 2017). When teachers react in an unsupporting way, it can negatively impact the student with a chronic pain condition (Solé et al., 2017). This highlights the importance of youth access to care. Identifying these students and implementing interventions at the school level can help students continue attending and achieve success (Allison et al., 2019).

In general, students are also more likely to miss school if they perceive their health as being poor, or they do not feel safe or respected in the school environment (Allison et al., 2019; Miller et al., 2016). Schools that enact policies and regulations that help create a positive and healthy culture promote attendance from students (Allison et al., 2019). Building that sense of connection and community leads to students engaging in less maladaptive behaviors and attending school more regularly (Allison et al., 2019). For these reasons, school-based programming that emphasizes caring relationships between youths and adults reduces student absentee rates (Allison et al., 2019). As a school counselor this means that a sense of justice and inclusion in the school climate is of vital importance in helping these students feel safe at school.

Children's recommends for their patients to find a means of practicing integrative medicine strategies at their schools and homes (Friedrichsdorf et al., 2016). Schools have generally been cooperative with this approach on a case-by-case basis and family therapy is an expectation (Friedrichsdorf et al., 2016). School nurses play a critical role in reducing student absenteeism rates as they can assist in providing needed care and accurately determine if a child can be sent back to class (Allison et al., 2019). Much like the approach to treating chronic pain conditions, approaches to encourage school attendance must also be multidisciplinary, involving

health care, school, and family resources working together (Allison et al., 2019; Friedrichsdorf et al., 2016).

The role of school counselors is multifaceted and includes recognizing and responding to student barriers to success and needs and responding with appropriate interventions (ASCA, 2019). For this reason, school counselors' preparation to use relevant and effective interventions in school settings with children with chronic conditions is paramount. Interventions must be culturally and developmentally appropriate (ASCA, 2019).

**Evidence-Based Interventions**

An interdisciplinary approach is needed for many patients with chronic pain to successfully manage their symptoms and live their daily life (Friedrichsdorf et al., 2016; Liu et al., 2022). The multi-disciplinary strategy is of particular importance because many children and adolescents experience frustration over failed prior treatments that only addressed one area of functioning (Friedrichsdorf et al., 2016). Sensory and emotional triggers can lead to distress in some youth with chronic pain conditions (Sinclair et al., 2018). Treatment should take these things into consideration when working with these youths on a case-by-case basis (Sinclair et al., 2018). Increasing peer and social support as well as social connectedness and building social skills can be an important aspect of treatment for many children and adolescents with chronic pain conditions (Morey & Loades, 2020). School counseling groups are an opportunity to practice building social skills with peers in a safe and therapeutic environment. Group counseling provides school counselors with a prime opportunity to help facilitate this in a school setting.

The versatility of small-group counseling makes it useful for students with chronic pain. The group provides an opportunity to educate students, connect students to one another, and help

students process difficult experiences, feelings, and thoughts (Corey, 2015). Small group counseling will be most appropriate for students to connect with one another while learning and processing new information (Corey, 2015). Short term counseling is most appropriate in the school setting, with counselors referring students needing long-term care to outside services (ASCA, 2019). The school counselor facilitating the group will balance educating students with facilitating the group process (Corey, 2015). Consideration needs to be given to the opening and closing of each meeting, as these critical periods can set the tone for the session and ease students back into their usual routine (Corey, 2015). For the chronic pain group, sessions will begin with a check-in activity that provides each student an opportunity to share. Each session will close with a ten-minute mindfulness practice. The group will run for 6 sessions. Caregiver communication will contain information letters to share with the student's medical care team. Students will be recruited using various methods. Recruitment involves determining which students will be a good fit for the group, as well as allowing the student and their families to determine if the group is a good fit for them (Corey, 2015). It can depend on the school's size and culture. The exact method used will depend on the school environment in which the group will be held.

Psychoeducation is commonly used in the treatment of children and adolescents with chronic pain (Morey & Loades, 2020; Wicksell et al., 2009). It's been shown to help patients accept their symptoms (Wicksell et al., 2009). It can be an effective way to start a group because it exposes foundational knowledge and gets everyone on the same page. Targeting a return to normal function and finding ways to cope with pain is ideal for pain outcomes (Friedrichsdorf et al., 2016). Psychoeducation also lends itself well to small-group counseling in the school setting

(Corey, 2015). The small group setting allows the information shared to be more targeted in relevance to the student (Corey, 2015).

Upon intake, Children's screens patients for medical, physical therapy, and mental health to measure quality of life outcomes (Friedrichsdorf et al., 2016), and addresses patient's often low hope of living without the interference of pain from 16% at intake to 92% after their first visit (Friedrichsdorf et al., 2016). They express to patients that the function of pain is to alert our bodies that we are being damaged, this function is lost with chronic pain because bodily damage is not occurring (Friedrichsdorf et al., 2016). This does not make the pain any less real (Friedrichsdorf et al., 2016). Furthermore, with primary pain disorders, sometimes pain levels will increase when attempting to return to normal functioning (Friedrichsdorf et al., 2016).

Children's devised a multi-disciplinary daily strategy for youth with primary pain disorders to return to normal functioning entailing Sports, Social, Sleep, and School, having found that without a holistic approach, symptoms were unlikely to improve (Friedrichsdorf et al., 2016). The stress and isolation from school absenteeism as well as anxiety and depression worsen pain symptoms and are mitigated by counseling and daily norms (Friedrichsdorf et al., 2016). Physical activity and distraction techniques are emphasized for primary pain disorders because of how our bodies regulate pain (Friedrichsdorf et al., 2016). Physical therapy is crucial for the management and treatment of chronic pain conditions, and comorbid anxiety and depression. Much of this treatment is unfortunately beyond the scope of school counseling.

Caregiver involvement is vital for children and adolescents with chronic pain. To engage them, communication about topics discussed in the group and means of engaging in activities at home is necessary. In particular, parents can shape student morning and night routines

(Friedrichsdorf et al., 2016). Parents also influence their children's catastrophizing if they engage in catastrophizing themselves (Friedrichsdorf et al., 2016).

***Cognitive Behavioral Therapy***

Cognitive behavioral therapy (CBT) is focused on adjusting beliefs, perceptions, and thought patterns by targeting negative cognitions (Kress et al., 2018). CBT emphasizes altering maladaptive thought patterns, developing coping skills, and improving problem-solving skills and positive decision-making over a limited time (Kress et al., 2018). Tactics are action-oriented, collaborative, didactic, and present-focused (Kress et al., 2018). CBT is well-researched, effective, structured, and brief; all of which make it ideal for use in schools (Corey 2015; Kress et al., 2018).

Group-based CBT typically follows 3 stages (Corey 2015). Psychoeducation and group orientation occur in the initial stage, with the facilitator taking an active teaching role (Corey 2015). There is usually a pre-group meeting to go over expectations and informed consent (Corey 2015). The second stage, known as the working stage, is when cognitive restructuring, problem-solving, and coping skills are taught (Corey 2015). This is done through the use of modeling, coaching, homework, feedback, and reinforcement (Corey 2015). The final stage focuses on helping members transfer their newfound skills and learnings into the real world by providing feedback and discussing possible setbacks, coming up with action plans for setbacks, practicing skills, and creating a meaningful end for the group (Corey 2015).

CBT has been shown to improve symptoms and functional outcomes for children and adolescents with chronic pain (Barlow & Ellard, 2004; Friedrichsdorf et al., 2016). Interventions need to be delivered on a case-by-case basis due to variability in illness, complicating treatment

for these youth (Morey & Loades, 2020), who commonly experience psychological distress as a result of physical pain (Friedrichsdorf et al., 2016). Adolescents with chronic pain have a need for coping strategies and routines as part of interventions to address catastrophizing and reach baseline functioning (Friedrichsdorf et al., 2016). Interventions that have been used with adolescents who have had chronic pain in the past include cognitive restructuring of illness-related thoughts, behavioral activation in order to balance illness-related activities with enjoyable activities, psychoeducation, relationship-building, and other skills specific to the patient's diagnosis as needed (Morey & Loades, 2020).

CBT has been associated with improving symptoms of pain catastrophizing (Friedrichsdorf et al., 2016). It is important to have a plan for catastrophizing due to it reducing the effectiveness of distraction as a pain coping mechanism (Friedrichsdorf et al., 2016). Reducing catastrophizing can help reduce fear of pain, which has been shown to improve behavioral outcomes (Friedrichsdorf et al., 2016).

Regulation and relaxation techniques are encouraged to be practiced daily (Friedrichsdorf et al., 2016). The techniques used by patients at Children's that could be practiced in a school counseling group include breathing techniques, aromatherapy, biofeedback, progressive muscle relaxing, autogenic training, mindfulness, yoga, and self-hypnosis (Friedrichsdorf et al., 2016). Practicing these activities can improve pain symptoms as well (Friedrichsdorf et al., 2016). Distraction is another technique that has been shown to help reduce pain (Friedrichsdorf et al., 2016). Interventions that utilize positive thinking, cognitive restructuring, acceptance, and distraction have been shown to lead to lower levels of anxiety and depression symptoms and fewer physical complaints than other coping strategies (Compas et al., 2006).

An adaptation of CBT is Mindfulness-Based Cognitive Behavior Therapy (MBCT). It includes components of CBT with mindfulness-based stress reduction exercises (Corey 2015). Mindfulness emphasizes a non-judgmental attitude and attentiveness to the present moment (Burckhardt et al., 2017; Corey 2015; Kanstrup et al., 2016; Kress et al., 2018; Sinclair et al., 2018; Wicksell et al., 2009). This can include grounding exercises and accepting your thoughts without judgment (Burckhardt et al., 2017; Corey 2015; Kress et al., 2018). MBCT has been implemented as an 8-week group program (Corey 2015). MBCT and Acceptance and commitment therapy (ACT) are similar in this manner but differ in their implementation of mindfulness (Burckhardt et al., 2017; Corey 2015; Kress et al., 2018). Furthermore, while CBT and MBCT focus more on addressing maladaptive thought patterns, ACT is more focused on acceptance of one's present reality and addressing avoidance strategies or psychological inflexibility (Burckhardt et al., 2017; Kanstrup et al., 2016; Kress et al., 2018).

### *Acceptance and Commitment Therapy*

ACT is a more recently developed third-wave therapeutic modality. It is still being studied, but early research has promising results for its efficacy with adolescents and individuals with chronic pain conditions (Burckhardt et al., 2017; Kress et al., 2018; Sinclair et al., 2018; Wicksell et al., 2009). In particular, meditation can be difficult for some adolescent clients to participate in, so the more practical conversational, and engaging ACT strategies are regarded as more appropriate in a school setting (Burckhardt et al., 2017). The support it provides with identity development at this critical stage of life can be particularly beneficial for adolescents (Burckhardt et al., 2017). It has been used successfully in both clinical and sub-clinical populations (Burckhardt et al., 2017). Evidence is promising that ACT works with adolescents

(Burckhardt et al., 2017; Fang & Ding, 2020; Wicksell et al., 2009), but more research must still be done before it becomes a common modality. Furthermore, culture should always be taken into consideration when running any group with students; ACT interventions have been examined with students of different cultural contexts (Burckhardt et al., 2017; Takahashi et al., 2020; Fang & Ding, 2020).

Identifying and applying personal values to life goals is a core tenet of ACT (Burckhardt et al., 2017). When values are clearly defined they provide a guide for clients when determining and pursuing their goals (Burckhardt et al., 2017). Mindfulness strategies used in ACT include imagery, metaphors, stories, and exercises (Burckhardt et al., 2017). The mindfulness strategies are applied to internal experiences including thoughts, emotions, and body sensations (Burckhardt et al., 2017). Behavioral principles exist in ACT with the use of goal-setting (Burckhardt et al., 2017). Behavioral pursuit of goals can aid in short and long-term emotional regulation skills (Burckhardt et al., 2017). ACT skills commonly used in groups with adolescents include value exploration, aligning committed actions in the form of goals with values, committed action, present-moment awareness, acceptance, and defusion (Burckhardt et al., 2017; Fang & Ding, 2020; Kanstrup et al., 2016; Takahashi et al., 2020; Wicksell et al., 2009).

One successful ACT study used ten weeks of individual sessions following an ACT framework (Wicksell et al., 2009). Throughout the sessions, psychoeducation was used to facilitate acceptance of symptoms (Wicksell et al., 2009). Participants engaged in activities that helped them identify their core values (Wicksell et al., 2009). Participants also evaluated previously used coping strategies to reduce pain (Wicksell et al., 2009). The purpose of this is to help adjust the participants' perception from avoiding painful symptoms to living a life of value

alongside their symptoms (Wicksell et al., 2009). Behavior goals are then set based on previously defined values. Acknowledging and accepting unpleasant symptoms while still engaging in daily activities was encouraged throughout the program (Wicksell et al., 2009).

In a Chinese ACT study, ten lecture-based sessions were delivered to groups of students in one-hour increments over five weeks (Fang & Ding, 2020). Participants were adolescents from a low socioeconomic region with high-risk factors for poor mental and physical health outcomes (Fang & Ding, 2020). Compared to the control group, who received courses on Chinese character development instead of ACT, the students in the ACT group showed significant improvement in psychological capital and school engagement (Fang & Ding, 2020). Both groups showed significant improvement in psychological flexibility (Fang & Ding, 2020).

Another study in Japan examined the effect of low-dose ACT as a school-based universal intervention, delivered by a psychologist on adolescents' psychological flexibility and emotional/ behavioral problems (Takahashi et al., 2020). Topics covered included values, defusion, acceptance, and committed action (Takahashi et al., 2020). Adolescents in grade 9 were in ACT or wait-list control groups and given six sessions over 3 weeks (Takahashi et al., 2020). The students who displayed clinically significant symptoms who received ACT experienced reduced hyperactivity/inattention, and all participants who received ACT experienced a decrease in avoidance (Takahashi et al., 2020).

In a study comparing the differences between individual and group treatment of ACT for adolescents with chronic pain and their parents, no significant differences were found between individual and group formats (Kanstrup et al., 2016). Over 14 sessions, participants engaged in four phases of intervention, with acceptance and defusion being practiced throughout (Kanstrup

et al., 2016). First was psychoeducation, followed by activities designed to aid in shifting participants' perspectives from being focused on reducing pain to living a life in line with their values (Kanstrup et al., 2016). Phase three of the intervention focused on acceptance and utilized cognitive defusion activities (Kanstrup et al., 2016). Phase four focused on values and goals (Kanstrup et al., 2016). Metaphors, experiential activities, and normalizing daily functioning were utilized throughout (Kanstrup et al., 2016). Homework assignments were utilized and integrated into follow-up sessions to ensure continued practice (Kanstrup et al., 2016). Parent sessions were held throughout treatment covering topics of psychoeducation, values, and behavioral activation (Kanstrup et al., 2016). The post-study analysis determined that 21-63% of adolescent participants experienced significant improvements in the areas of pain interference, depression, pain reactivity, and psychological flexibility (Kanstrup et al., 2016). Parents also experienced significant improvements in parenting reactivity and psychological flexibility (Kanstrup et al., 2016).

In a final school-based ACT intervention, values, committed action, present-moment awareness, acceptance, and defusion were taught in a large classroom lecture-style format for Australian students (Burckhardt et al., 2017). Participants were from a high socio-economic income region (Burckhardt et al., 2017). The ACT concept of self-as-context was intentionally excluded due to concerns about lack of understanding by adolescent students (Burckhardt et al., 2017). Concepts were described with verbal explanations, stories, metaphors, PowerPoint, videos, and experiential exercises (Burckhardt et al., 2017). Although results were not statistically significant, the study demonstrated the feasibility of ACT in a school setting, and students did show minor improvements in areas of functioning (Burckhardt et al., 2017).

### *Screening*

One tool used by physicians to aid in treatment planning for children and adolescents with chronic pain is the Pediatric Pain Screening Tool (PPST) to determine which areas of life they are most affected by (Friedrichsdorf et al., 2016; Simmons et al., 2015). This measure will be used for multiple purposes, including screening participants to ensure the group is a good fit for them, and to provide baseline and post-intervention data to analyze the group's efficacy. This measure will also help to identify treatment areas that are most needed for the students and to track changes in pain-related outcomes. Initial assessments will be provided before official registration for the group to allow participants to gain a full understanding of the group and make an informed decision about joining (Corey, 2015). The initial assessment will take place during the pre-group informational meeting. Post-group screening will take place during the final meeting. The PSQI could be another measure used to track pain-related student outcomes. Because sleep difficulties are so common (Friedrichsdorf et al., 2016), they may be an appropriate topic to address in the school counseling group. Evidence-based interventions such as reduced screen time before bed are an effective strategy for improving sleep (Friedrichsdorf et al., 2016).

## Conclusion

School counselors are in a position where they can help students with chronic pain conditions adjust to their school environment. Chronic pain disorders are diverse and complex but have similar underlying patterns throughout. The negative outcomes associated with unmanaged chronic pain conditions make it an important area to address for the health and well-being of students. A group setting provides an opportunity to help multiple students, build social

skills, and build a support network for these students. CBT and ACT are useful frameworks for working with students with chronic pain and will help provide the structure for the group.

## Group Overview

### Facilitator Requirements

Groups facilitators must meet one of the two following criteria:

(1) licensed school counselors or social workers

(2) Students completing counseling or related coursework, working under the supervision of a licensed school counselor or social worker

### ASCA Standards

| | |
|---|---|
| M1 | Belief in development of the whole self, including a healthy balance of mental, social/emotional and physical wellbeing |
| M2 | Self confidence and ability to succeed |
| B-SMS7 | Demonstrate effective coping skills when faced with a problem |
| B-SS2 | Create positive and supportive relationships with other students |
| B-SS8 | Demonstrate advocacy skills and ability to assert self when necessary |

### Theoretical Models

| |
|---|
| Acceptance and Commitment Therapy |
| Cognitive Behavior Therapy |

### Description

The purpose of this group is to provide education and support for students who are living with chronic pain. CBT and ACT will be leveraged to teach coping strategies in order to help normalize daily functioning at school. Some tactics from these involve teaching cognitive restructuring skills, mindfulness strategies to cope with fear of pain and catastrophizing. Student attendance will be facilitated by building/encouraging every day routines, increasing sense of

community and support or sense of belonging, while being true to themselves (acceptance), building social skills and connections with peers.

**Goals**

1) Improve student attendance

2) Teach CBT and mindfulness strategies. Help students find personalized coping strategies

3) Improve self-advocacy and confidence - increase knowledge (psychoeducation)

4) Build healthy routines(behaviors) - including sleep

5) Identify personal values and set relevant goals based on values

6) Acceptance: normalize every day functioning; build/improve self-management skills needed for independent living

**Participants**

At least three and no more than eight total participants

High school student grades 9-12

**Screening**

Students will be screened using the pediatric pain screening tool (PPST) during the initial pre-group meeting and during the final session of group.

**Recruitment**

The method used will depend on the school environment in which the group will take place. Suggested recruitment methods include:

- Sign-up sheet in the nurse's office
- Arranged by school counselor based on student knowledge

- "Advertised" using flyers or other methods (depends on school)
- Teacher or parent recommendation/request

**Initial Meeting and Pre-Screening**

***Materials***

- Professional Disclosure and Informed Consent (Appendix A)
- PPST Screener (Appendix B)

***Points to cover***

1 - Screen participants

2 - Professional disclosure and informed consent paperwork

# Group Manual

## Session 1: Psychoeducation

### Goals

1. orient participants to group expectations and build rapport
2. Understand how experiencing chronic pain can impact our thoughts, feelings, and behaviors
3. Recognize and acknowledge the importance of "normal" functioning
4. Staying in the present moment (reduce escaping/avoidance behavior)
5. Introduce cognitive triangle

### Materials

- Pencil
- Notebook
- Binder for materials
- Appendices C, D, E, M, O

### Introduction

You can share as much or as little as you feel comfortable with & can always opt out of answering any question - some days we feel up to talking about certain things and sometimes not, and that's okay.

Hand out the Hoffman list of feelings (Appendix C). Give all of the students the list, ask them to describe how they're feeling using at least one feeling from the list; one body sensation from the list, and describe with as much or little details as desired. Have students keep all handouts in a binder. Approximate time: 5-10 minutes.

**Activity**

Give each student a handout of the cognitive triangle (Appendix D). Teach the cognitive triangle. Describe how I'm going to teach how chronic pain relates to the cognitive triangle. Give each student a copy of the "How Pain Affects Your Thoughts and Feelings" handout (Appendix E). Popcorn read through each section. Approximate time: 15 - 20 minutes.

Journal prompt. Reflect on the reading for something that personally stood out to you, whether it impacts you or gets in the way of you accomplishing the things you want to do in a day. Is there anything specifically that you would like to work on? Approximate time: 5 minutes.

Discuss journal entries. What was it like to learn more about how chronic pain can impact your mental well-being? Approximate time: 10 minutes.

**Conclusion & home activity**

Noticing the room activity (Appendix M)

Thank students for participation and ask if they have any questions or feedback. Inform students that communication will be sent to caregivers outlining our first meeting. Please follow up if you have any questions.

Encourage students to share learnings with caregivers, doctors, and anyone involved in their day-to-day well-being.

**Parent Communication**

Take home summary information for parents and discuss it with collaborative medical professionals.

Include a link to the NHS chronic pain self-help guide:

https://www.nhsinform.scot/illnesses-and-conditions/mental-health/mental-health-self-help-guides/chronic-pain-self-help-guide/

**Session 2: CBT & ACT skills**

**Goals**:

1. Practice reframing unhelpful thoughts, accepting truths
2. Practice Defusion

**Materials**

- Pencil
- Notebook
- Binder for materials
- Appendices C, F, G, P

**Introduction**

Ask students to open their binders and bring out the Hoffman list of feelings (Appendix C). Give all of the students the list, ask them to describe how they're feeling using at least one feeling from the list; one body sensation from the list, and describe with as much or little details as desired. Approximate time: 5-10 minutes.

Today's topic will build off last week. We will dive deeper into the connection between our thoughts, feelings, and actions, and how unhelpful thought patterns related to your illness can impact your life. We will also learn about cognitive defusion!

**Activity**

Introduce the concept of defusion. Defusion helps us separate ourselves from our thoughts, allowing us to think more flexibly. You are not your thoughts!

Here is an example of applying defusion. I think, "I cannot participate". A defused thought would be: "I am having the thought that I cannot participate." Ask if students have done

this before or noticed their feelings in this manner. Can you show thoughts you've had that might have benefited from defusion? Approximate time: 10 minutes.

Hand out the "Thinking About Pain" (Appendix G) handout.

Hand out the cognitive restructuring template from the NHS self-help guide (Appendix F) to students. Using this worksheet, students will practice identifying a situation in which they were triggered by a catastrophic thought. They will describe the thought and how they felt, identify a body-felt sense, and describe how it impacted their behavior. Approximate time: 20 minutes.

**Conclusion & home activity**

No matter how you address an unhelpful thought (defusion or restructuring) - pausing and taking a beat of space before acting can be helpful.

Next, we will practice a mindfulness technique to help with pausing and taking a beat. We're going to watch this YouTube video "Guided Wellness: Cognitive Defusion" (Appendix P).

**Session 3: ACT - Personal Values**

**Goals**:

1. Explore self-identity both related and unrelated to health condition
2. Students examine/identify personal values
3. Practice relaxation techniques

**Materials**

- Pencil
- Notebook
- Binder for materials
- Bowl
- Scissors
- Appendices C, K, L

**Introduction**

Ask students to open their binders and bring out the Hoffman list of feelings (Appendix C). Give all of the students the list, ask them to describe how they're feeling using at least one feeling from the list; one body sensation from the list, and describe with as much or little details as desired. Approximate time: 5-10 minutes.

Introduce the concept of values. Explain how values are different from goals. Explain how committed actions can help us live in line with our values.

**Activity**

Ahead of time facilitator to cut “Concept of Values” (Appendix K) cards and place them in a bowl. Have students pull cards from the bowl. Read each value exploration question that gets pulled, and take turns discussing. Approximate time: 30-40 minutes.

**Conclusion & home activity**

Give “Values Clarification” worksheet (Appendix L). Approximate time: 5-10 minutes.

Journal Prompt: How do you feel when you act in line with your values compared to when you act on what feels best in the moment? What small action can you take to live in line with your values?

**Session 4: Coping Strategies - Healthy Routines**

**Goals**:

1. Identify adaptive vs maladaptive coping strategies

2. Practice aligning coping behaviors with personal values

3. Understand how taking care of ourselves helps us to stay within our window of tolerance - this is a committed action

**Materials**

- Pencil
- Notebook
- Binder for materials
- Appendices C, I, J, O, Q

**Introduction**

Ask students to open their binders and bring out the Hoffman list of feelings (Appendix C). Give all of the students the list, ask them to describe how they're feeling using at least one feeling from the list; one body sensation from the list, and describe with as much or little details as desired. Approximate time: 5-10 minutes.

Introduce the lesson topic: the key to this lesson is to emphasize the importance of truly caring for one's well-being instead of indulging in escape or other quick fixes that feel good in the moment, but end up hurting us in the long run. Students will learn about the window of tolerance, and how to recognize when they are inside or outside of theirs. Students will connect how healthy habits help us to stay in our window of tolerance more often.

**Activity**

Hand out the “Window of Tolerance” handout (Appendix O). Define and discuss. As a discussion prompt, talk about what it’s like when we’re inside the window. What are you capable of doing when you’re in your window of tolerance? What activities can you do in hyperarousal? Share examples of hyperarousal in your life or that you’ve noticed in media. What activities can you do in Hypoarousal? Share examples of hyperarousal in your life or that you’ve noticed in media. Connect these to student values, looking at this list of values from last week, how do our healthy routines play into our values? How do healthy routines help us to stay in our window of tolerance? Add an example of an un-defused thought that needs to be reframed—like I didn’t sleep well last night so I can’t go to school today or participate. Approximate time: 30-40 minutes.

**Conclusion & home activity**

Read through the “Notice it” activity (Appendix Q).

Hand out the “Waking up Refreshed” handout (Appendix I) and the “Sleep Hygiene for Teens” handout (Appendix J). For review and sharing at home.

**Session 5: Goals**

**Goals**:

1. Set SMART goal(s) in line with personal values
2. Understand the growth mindset & the importance of daily practice
3. Practice mindfulness strategy

**Materials**

- Pencil
- Notebook
- Binder for materials
- Appendices C, M, N

**Introduction**

Ask students to open their binders and bring out the Hoffman list of feelings (Appendix C). Give all of the students the list, ask them to describe how they're feeling using at least one feeling from the list; one body sensation from the list, and describe with as much or little details as desired. Approximate time: 5-10 minutes.

**Activity**

Pass around the "Smart Goals" handout (Appendix N)

Go over what smart goals are. Discuss how using action-oriented objectives can help. Have students share ideas for goals.

How can we tell if our goals are in line with our values?

**Conclusion & home activity**

Noticing the room activity (Appendix M)

**Session 6: Farewell**

**Goals**:

1. Process & celebrate growth and new learnings

2. Obtain participant feedback

3. Complete assessment

**Materials**

- Pencil
- Notebook
- Binder for materials
- Appendices B, C, H, K, L, Q

**Introduction**

Ask students to open their binders and bring out the Hoffman list of feelings (Appendix C). Give all of the students the list, ask them to describe how they're feeling using at least one feeling from the list; one body sensation from the list, and describe with as much or little details as desired. Approximate time: 5-10 minutes.

**Activity**

Begin this session by having students fill out the PPST screening tool - reflect on changes noticed

Discuss goals and how they relate to values and how we can incorporate them into our routines. What sort of obstacles might come up when we are working towards our goals? What can we do when this happens?

Read more "Concept of Values" cards leftover from session 4 (Appendix K)

Have students pull out their "Values Clarification" (Appendix L) handout from lesson 3. Hand out the "Personal Values - Circles of Influence" worksheet (Appendix H).

**Conclusion & home activity**

Read through the "Notice it" activity (Appendix Q).

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# Appendices

## Appendix A

## Professional Disclosure and Informed Consent

Dear Parent/Guardian,

I am COUNSELOR_NAME, a counselor at SCHOOL_NAME. One of my roles as school counselor is to lead group counseling sessions for students to improve social, emotional and academic health. There is an upcoming group for students with chronic pain that I believe would benefit your child.

The purpose of this group is to provide education and support for students who are living with chronic pain. Once a week over the course of six weeks, students will attend group counseling during school hours. Students will develop coping strategies in order to help normalize daily functioning in and out of school. This includes teaching and encouraging routines, cognitive restructuring skills, and mindfulness strategies to cope with unhelpful thought patterns. Over the course of group, students will build connections and community amongst peers in similar circumstances.

Small group counseling involves learning with a group of peers and sharing thoughts, feelings, and experiences with one another in group. We emphasize the importance of respecting confidentiality amongst group members. By signing you are agreeing to participate in the group and maintaining confidentiality - this means not sharing what others say in the group with anyone outside the group. School counselors are mandated reporters, and as such are obligated to break confidentiality if a participant of the group were to threaten harm to themself, someone else, or were to disclose harm being done or going to be done to them.

**Appendix A (2)**

**Professional Disclosure and Informed Consent**

Parent, doctor, and student collaboration is required for the student to benefit most from the group. Students are encouraged to share lessons and personal learnings from the group that don't break confidentiality with their parents. Additionally, communications will be sent home to caregivers after each meeting, outlining key learnings and activities for home.

By signing this form, I consent for my child to participate in the counseling group for chronic pain.

Student's Name_____

Parent/Guardian Signature_____ Date_____

Student's Signature_____ Date_____

Counselor_____ Date_____

SCHOOL_NAME PHONE_NUMBER

EMAIL_ADDRESS

**Appendix A (3)**

**Professional Disclosure and Informed Consent**

Greetings,

_____(student name) will be participating in a counseling group facilitated by SCHOOL_COUNSELOR at SCHOOL_NAME. The focus of the group is helping students with guided support and education on how their chronic pain condition can impact their well-being and functioning at school. This group is not meant to treat any underlying medical conditions, nor is is a substitute for medical care. The participating student must be under the supervision of a medical doctor. Signing below confirms that the student meets all requirements to participate.

Doctor_____ Date_____

Medical Practice/Hospital_____

Address Line 1_____

Address Line 2_____

Phone Number_____ Email_____

# Appendix B

## PPST Screener

### Child and Adolescent Form

Thinking about the **last 2 weeks** check your response to the following statements:

| | | **Disagree** | **Agree** |
|---|---|---|---|
| 1 | My pain is in more than one body part. | ☐ | ☐ |
| 2 | I can only walk a short distance because of my pain. | ☐ | ☐ |
| 3 | It is difficult for me to be at school all day. | ☐ | ☐ |
| 4 | It is difficult for me to fall asleep and stay asleep at night. | ☐ | ☐ |
| 5 | It's not really safe for me to be physically active. | ☐ | ☐ |
| 6 | I worry about my pain a lot. | ☐ | ☐ |
| 7 | I feel that my pain is terrible and it's never going to get any better. | ☐ | ☐ |
| 8 | In general, I don't have as much fun as I used to. | ☐ | ☐ |

9. Overall, how much has pain been a problem in the last 2 weeks?

| Not at all | A little | Some | A lot | A whole lot |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

# Appendix C

## Hoffman List of Feelings

hoffman
*When you're serious about change*

### Feelings List

**Accepting / Open**
Calm
Centered
Content
Fulfilled
Patient
Peaceful
Present
Relaxed
Serene
Trusting

**Aliveness / Joy**
Amazed
Awe
Bliss
Delighted
Eager
Ecstatic
Enchanted
Energized
Engaged
Enthusiastic
Excited
Free
Happy
Inspired
Invigorated
Lively
Passionate
Playful
Radiant
Refreshed
Rejuvenated
Renewed
Satisfied
Thrilled
Vibrant

**Angry / Annoyed**
Agitated
Aggravated
Bitter
Contempt
Cynical
Disdain
Disgruntled
Disturbed
Edgy
Exasperated
Frustrated
Furious
Grouchy
Hostile
Impatient
Irritated
Irate
Moody
On edge
Outraged
Pissed
Resentful
Upset
Vindictive

**Courageous / Powerful**
Adventurous
Brave
Capable
Confident
Daring
Determined
Free
Grounded
Proud
Strong
Worthy
Valiant

**Connected / Loving**
Accepting
Affectionate
Caring
Compassion
Empathy
Fulfilled
Present
Safe
Warm
Worthy

**Curious**
Engaged
Exploring
Fascinated
Interested
Intrigued
Involved
Stimulated

**Despair / Sad**
Anguish
Depressed
Despondent
Disappointed
Discouraged
Forlorn
Gloomy
Grief
Heartbroken
Hopeless
Lonely
Longing
Melancholy
Sorrow
Teary
Unhappy
Upset
Weary
Yearning

**Disconnected / Numb**
Aloof
Bored
Confused
Distant
Empty
Indifferent
Isolated
Lethargic
Listless
Removed
Resistant
Shut Down
Uneasy
Withdrawn

**Embarrassed / Shame**
Ashamed
Humiliated
Inhibited
Mortified
Self-conscious
Useless
Weak
Worthless

**Fear**
Afraid
Anxious
Apprehensive
Frightened
Hesitant
Nervous
Panic
Paralyzed
Scared
Terrified
Worried

**Fragile**
Helpless
Sensitive

**Grateful**
Appreciative
Blessed
Delighted
Fortunate
Grace
Humbled
Lucky
Moved
Thankful
Touched

**Guilt**
Regret
Remorseful
Sorry

**Hopeful**
Encouraged
Expectant
Optimistic
Trusting

**Powerless**
Impotent
Incapable
Resigned
Trapped
Victim

**Tender**
Calm
Caring
Loving
Reflective
Self-loving
Serene
Vulnerable
Warm

**Stressed / Tense**
Anxious
Burned out
Cranky
Depleted
Edgy
Exhausted
Frazzled
Overwhelm
Rattled
Rejecting
Restless
Shaken
Tight
Weary
Worn out

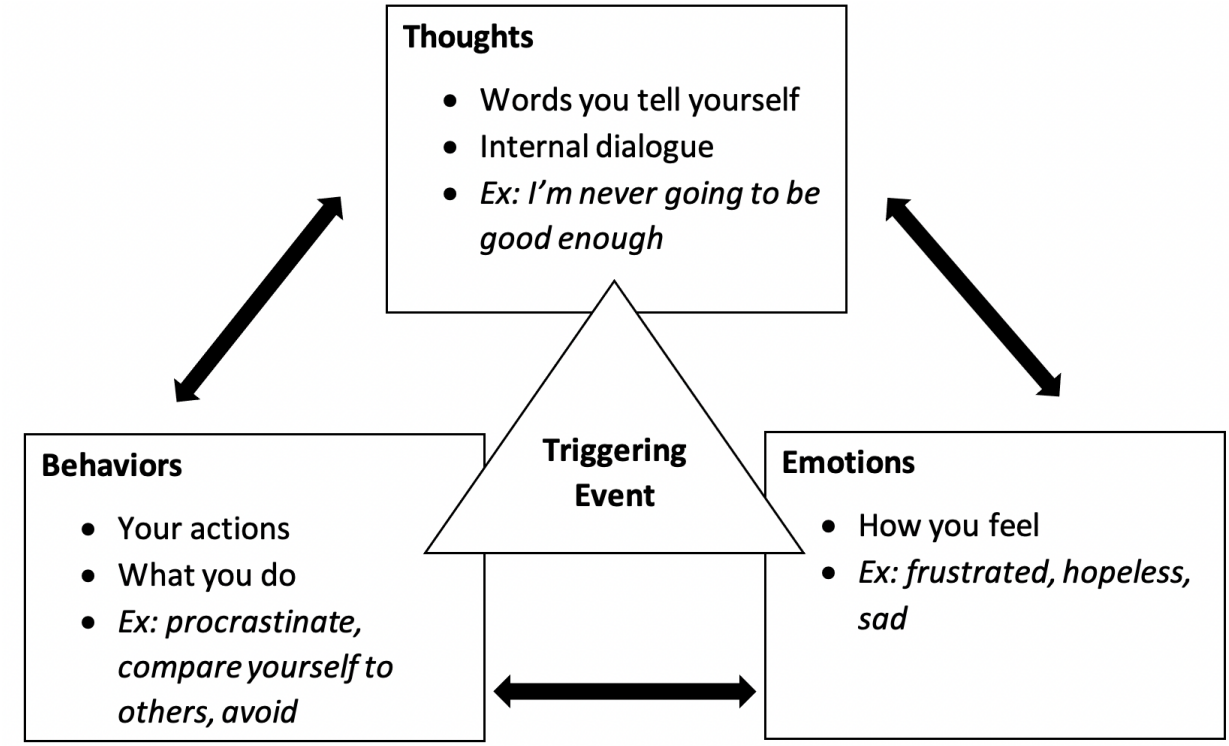
**Unsettled / Doubt**
Apprehensive
Concerned
Dissatisfied
Disturbed
Grouchy
Hesitant
Inhibited
Perplexed
Questioning
Rejecting
Reluctant
Shocked
Skeptical
Suspicious
Ungrounded
Unsure
Worried

### Body Sensations

Achy
Airy
Blocked
Breathless
Bruised
Burning
Buzzy
Clammy
Clenched
Cold
Constricted
Contained
Contracted
Dizzy
Drained
Dull
Electric
Empty
Expanded
Flowing
Fluid
Fluttery
Frozen
Full
Gentle
Hard
Heavy
Hollow
Hot
Icy
Itchy
Jumpy
Knotted
Light
Loose
Nauseous
Numb
Pain
Pounding
Prickly
Pulsing
Queasy
Radiating
Relaxed
Releasing
Rigid
Sensitive
Settled
Shaky
Shivery
Slow
Smooth
Soft
Sore
Spacey
Spacious
Sparkly
Stiff
Still
Suffocated
Sweaty
Tender
Tense
Throbbing
Tight
Tingling
Trembly
Twitchy
Vibrating
Warm
Wobbly
Wooden

## Appendix D

## Cognitive Triangle



# Appendix E

## How Pain Affects Your Thoughts and Feelings

Living with chronic pain can affect a number of areas of your life, in a lot of different ways.

**Home and work life**

- You might find you have less energy to do the things you enjoy.
- It can be stressful to manage work, home, and other commitments when dealing with pain.
- It might be harder to concentrate on work or study when dealing with pain.
- You might struggle to get enough sleep, leaving you tired and struggling to cope.

**Anxiety and fear**

- You could feel anxious or scared about what's causing the pain, and worried about damaging your body.
- Many people feel worried about the future, and about living with pain for a long time.

**Other challenging emotions**

- You could find yourself being irritable with the people you care about due to the pain.
- You might feel hopeless or down about the pain, which can lead to depression.
- Some people feel angry – either with people they meet who don't understand the pain, or with the pain itself.
- Others feel angry with themselves – they see pain as a sign of weakness, and resting up as "lazy" or "letting the pain win".

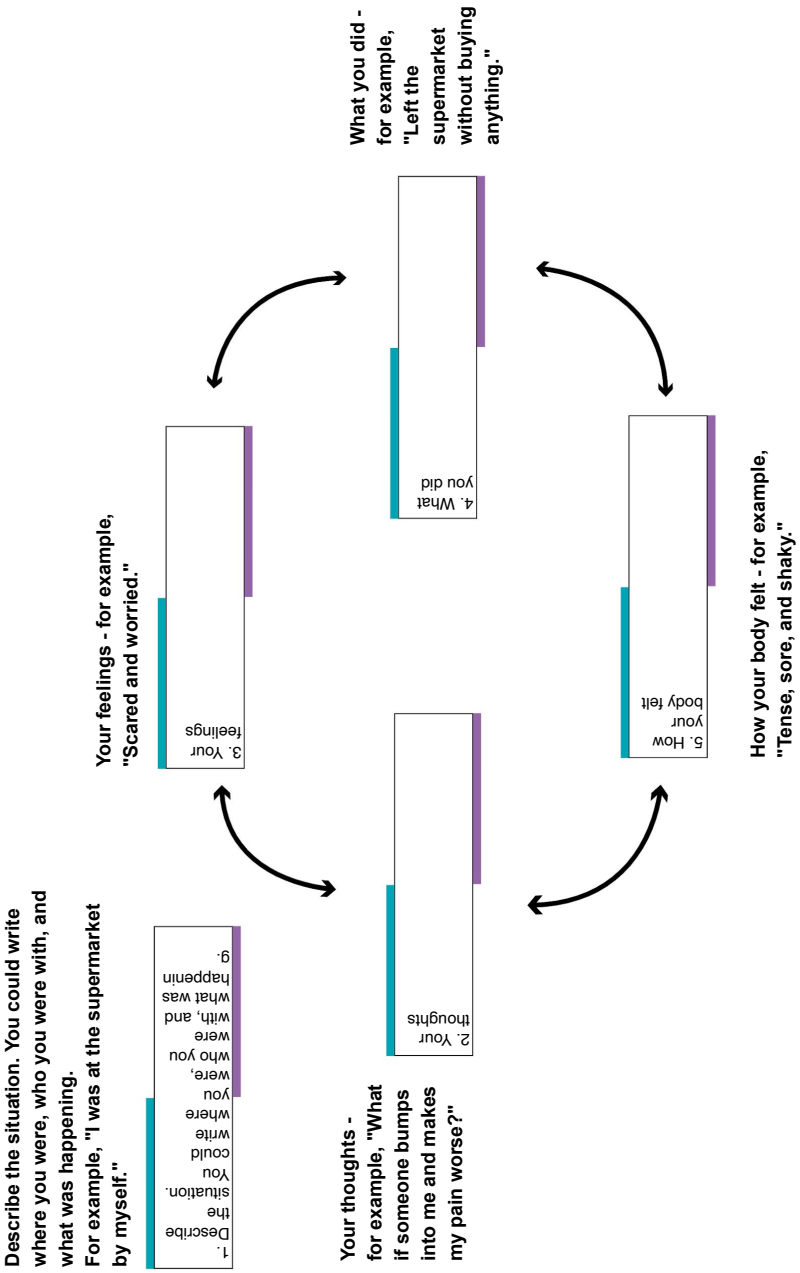
# Appendix F

## How Feelings and Thoughts Affect Pain Activity

The way people think and feel about pain affects how they experience the pain, and also how they cope with it. If you feel pain every time you perform a task or activity, it's unlikely that you'll continue with it, or do that activity again.

This exercise will show you how the way you think about pain can make a difference to the way pain affects you.

Fill in the boxes on the next page about a time you experienced pain, and how you felt about it.



# Appendix G

## Thinking About Pain

When dealing with chronic pain, a lot of people struggle with unhelpful thoughts and patterns of thinking. This can make it more difficult to manage their pain and develop healthy habits for dealing with it.

### Patterns of unhelpful thinking

Knowing the common patterns that unhelpful thoughts follow can help you recognise and challenge them before they have a negative effect on the things you do.

Here are some common patterns of unhelpful thinking:

**Emotional reasoning**

This means treating emotions as if they’re facts.

For example:

- "I feel like I'm lazy – I must be useless."

**Catastrophising**

People often catastrophise when they're worried about pain and its effect on their lives. They can feel like something that's happened is far worse than it really is.

For example:

- "I wasn't able to meet my friend because I had a flare up – they're going to stop talking to me."
- "I had a good day today – I'm going to feel terrible tomorrow."

## Appendix G (2)

## Thinking About Pain

**Black and white thinking**

People often see things as black or white when they're struggling with pain – there's no 'in between'.

For example:

- "I can't cuddle my child/grandchild – they think I don't love them or that I'm a bad parent/grandparent."

**Must and should statements**

People often have fixed rules for themselves about what they "should" do and how they "should" feel, and judge themselves harshly if they don't meet these expectations.

For example:

- "I must vacuum the whole house every day."

When people think like this, they're being critical of themselves, which brings their mood down.

If you find yourself thinking this way, it can help a lot to accept that things and people aren't always perfect, and they don't have to be for you to be happy.

## Appendix G (3)

## Thinking About Pain

**Jumping to conclusions**

People often assume they know what others are thinking, and the assumptions are usually negative.

For example:

- "People at work think I'm taking advantage because I can't do as much physical work as they can."

Jumping to conclusions can also make you feel like you know the future, and that it will be bad.

For example:

- “I lost my job – I’ll never find another one.”

**Over-generalising**

Based on one isolated incident, people with this thinking pattern assume all future events will follow a similar pattern. It becomes hard to see a negative event as a one-off.

For example:

- "I wasn't able to pace this activity properly – I'll never be able to get pacing right."

## Appendix G (4)

## Thinking About Pain

**Dismissing the positives**

Often people can ignore the positive aspects of life or situations, and instead focus on the negative.

For example:

- "I played a game with my granddaughter, but I feel awful because I couldn't take her to the park."

**Labelling**

People who are feeling low often label themselves in negative ways.

For example:

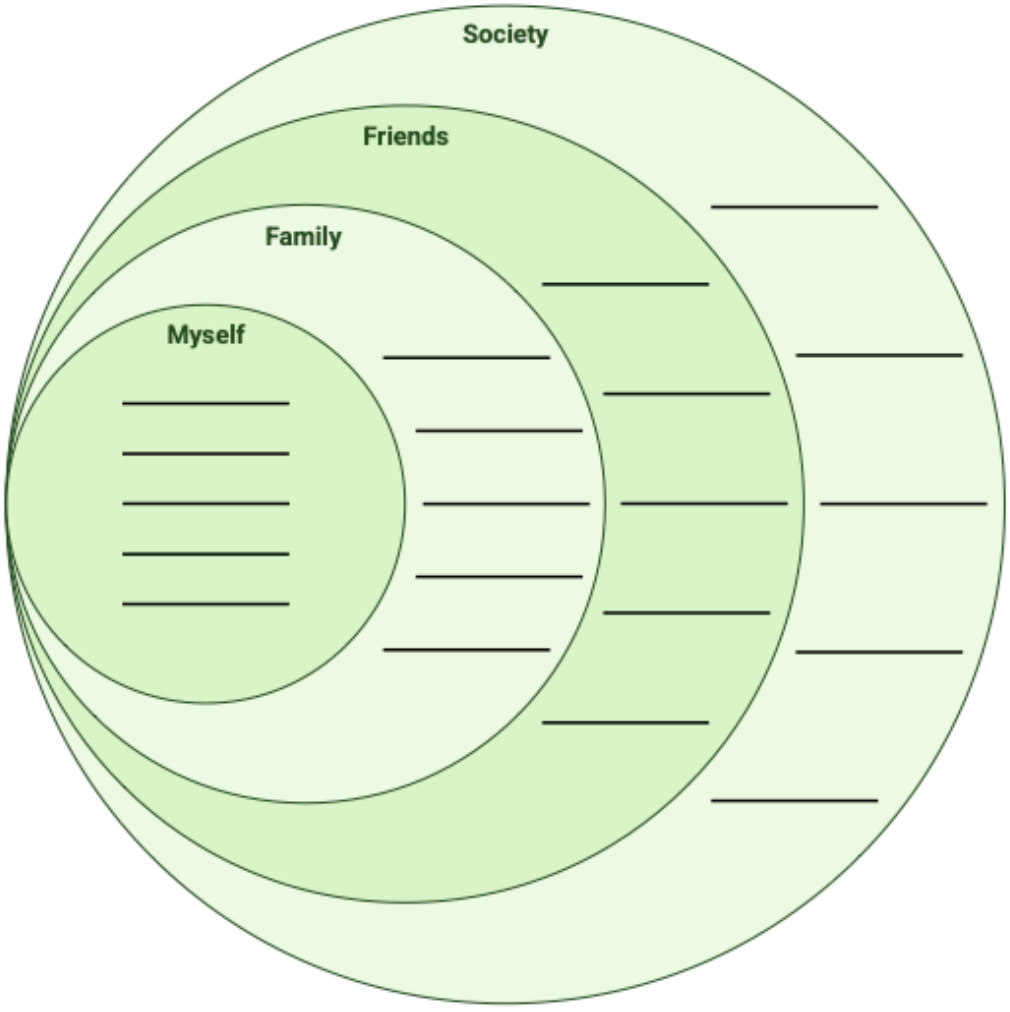
- "I'm a burden to my partner/family."

# Appendix H

## Personal Values - Circles of Influence

**Values** are the things you cherish most in life. They play a role in shaping your goals, priorities, and identity. Values are influenced by your own beliefs, as well as by your family, friends, and society. Staying true to your values can help you express your most authentic self.

**Instructions:** List the top 5 values held by each group or person below.



# Appendix I

## Waking Up Refreshed Handout

### Waking Up Refreshed

tips for better mornings

**Start with sleep.**

**Make sleep a priority.**
Even when life gets busy, don't sacrifice your sleep. A good night's rest will make your morning much easier.

**Practice sleep hygiene.**
Exercise regularly, avoid caffeine at night, power down electronics an hour before bedtime, and do a calming activity (reading a book, journaling) before going to bed.

**Stay on schedule.**
Though it's tempting to sleep in, keep a consistent bedtime and wakeup time, *even on weekends*.

**Rise and shine.**

**Wake up to good music or a pleasant alarm sound.**
Research has shown it is better to wake up to sounds that make you feel good, rather than startled.

**Don't hit snooze.**
Set your alarm before bed, then put it out of arm's reach. When you wake up in the morning, stay up! Interrupted sleep isn't as restorative anyway.

**"Feet on the floor."**
As soon as you wake up, get out of bed! Try using the mantra *"Feet on the floor."* This will help you avoid rolling over for a few extra minutes of sleep.

**Let in natural light.**
Getting some sunshine in the morning will help you feel more awake. Open the curtains before you go to bed, or step outside for a few minutes before starting your morning routine.

**Make your mornings pleasant.**

**Wake up earlier.**
It might seem counterintuitive, but waking up *earlier* may be one of the keys to waking up *better*. Having more time will let you move calmly and peacefully through your morning, rather than rushing.

**Have something to look forward to.**
Find something that will motivate you to get up and get going in the morning. It might be as simple as a good cup of coffee or a new podcast for your morning commute.

**Eat a good breakfast.**
Consistently eating a healthy breakfast can help you feel more alert in the mornings, and may even put you in a better mood.

Provided by **TherapistAid.com**

**Appendix J**

**Sleep Hygiene for Teens Handout**

# Appendix K

## Values Discussion Cards

| VALUES EXPLORATION | VALUES EXPLORATION |
|---|---|
| Name a person (real or fictional) you respect or admire. What traits of theirs do you appreciate?<br><br>**FOLLOW-UP**<br>What do you think this person values? | Describe what you would do on an ideal day. How does this compare with a typical day?<br><br>**FOLLOW-UP**<br>Which typical daily activities reflect your values? Which don't? |
| **VALUES EXPLORATION** | **VALUES EXPLORATION** |
| Describe one of your close friends. What makes you close?<br><br>**FOLLOW-UP**<br>What values do you share with your friend? | Imagine it's your birthday 15 years from now. Your friends and family give speeches about your life. What do you think they say?<br><br>**FOLLOW-UP**<br>Which of your values are recognized in their speeches? |
| **VALUES EXPLORATION** | **VALUES EXPLORATION** |
| What is your dream job, and why?<br><br>**FOLLOW-UP**<br>What does this say about your values? | Imagine you come into a large fortune that allows you to never work again, and buy anything you want. What would you do?<br><br>**FOLLOW-UP**<br>What do your actions say about your values? |
| **VALUES EXPLORATION** | **VALUES EXPLORATION** |
| When you were younger, what were your wishes for the future?<br><br>**FOLLOW-UP**<br>How have your values changed as you've gotten older? | What are your three most prized possessions?<br><br>**FOLLOW-UP**<br>Why do you value these items? |

# Appendix K (2)

## Values Discussion Cards

| VALUES EXPLORATION | VALUES EXPLORATION |
|---|---|
| What three things do you find yourself thinking of most often?<br><br>**FOLLOW-UP**<br>Do these thoughts reflect your values? Elaborate. | A genie in a bottle appears and grants you three wishes. What do you wish for?<br><br>**FOLLOW-UP**<br>What do your wishes say about your values? |
| **VALUES EXPLORATION** | **VALUES EXPLORATION** |
| What is something that makes your family unique?<br><br>**FOLLOW-UP**<br>What values have you learned from your family? | What are your goals in different areas of life (professional, family, and personal)?<br><br>**FOLLOW-UP**<br>Do you think most people would be supportive of these goals? Elaborate. |
| **VALUES EXPLORATION** | **VALUES EXPLORATION** |
| What would someone who knows you well say is important to you?<br><br>**FOLLOW-UP**<br>What might people *not* know is important to you? | If you could send a message to everyone on Earth, what would it be?<br><br>**FOLLOW-UP**<br>How does this message reflect your values? |
| **VALUES EXPLORATION** | **VALUES EXPLORATION** |
| What does "success" mean to you? How does society define "success"?<br><br>**FOLLOW-UP**<br>What does this say about your values compared to society's? | If you spoke to a stranger for five minutes at the grocery store, how would they describe you?<br><br>**FOLLOW-UP**<br>What would this person say you value? Would they be right? |

# Appendix L

## Values Clarification

Your values are the beliefs that define what is most important to you. They guide each of your choices in life. For example, someone who values family might try to spend extra time at home, while someone who values success in their career may do just the opposite. Understanding your values will help you recognize areas of your life need more attention, and what to prioritize in the future.

Select the 10 most important items from the following list. Rank them from 1-10 with "1" being the most important item.

| | |
|---|---|
| ____ Love | ____ Honesty |
| ____ Wealth | ____ Humor |
| ____ Family | ____ Loyalty |
| ____ Morals | ____ Reason |
| ____ Success | ____ Independence |
| ____ Knowledge | ____ Achievement |
| ____ Power | ____ Beauty |
| ____ Friends | ____ Spirituality |
| ____ Free Time | ____ Respect |
| ____ Adventure | ____ Peace |
| ____ Variety | ____ Stability |
| ____ Calmness | ____ Wisdom |
| ____ Freedom | ____ Fairness |
| ____ Fun | ____ Creativity |
| ____ Recognition | ____ Relaxation |
| ____ Nature | ____ Safety |
| ____ Popularity | ____ _____ |
| ____ Responsibility | ____ _____ |

## Appendix M

## Noticing the Room Activity Guide

This short exercise shows what happens when group members focus their attention on the present moment.

First, ask group members to leave their chairs and take a walk around the room. As they do, ask them to notice the room as if they have never seen it before. Tell them to look around thoroughly, as if they were at an art exhibition taking in everything on display.

Ask them to notice more than the objects in the room, by paying attention with all their senses, including the temperature, lighting, sounds, smells, colors, shapes, and so on. Continue this for about 10 minutes, then ask the group to take their seats.

Next, ask the group members to share what they hadn't noticed before. You can use group members' comments to model acceptance and collaborative learning by reinforcing those things you also hadn't noticed previously; for example, by saying, 'Yes, you're right. I hadn't noticed that.'

You can point out how often we all get so caught up in our minds that we fail to notice what is right in front of us. You can explain how going through life on 'autopilot' (mindlessness) is an everyday experience that undermines our capacity to be present (mindfulness).

# Appendix N

## Smart Goals Handout

MAKE YOUR GOALS


Setting goals can be a great way to challenge yourself to make healthy lifestyle changes. Set yourself up for success by making your goals SMART!

| SPECIFIC | MEASURABLE | ATTAINABLE | RELEVANT | TIMELY |
|---|---|---|---|---|
| What is your goal? | How will you keep track of your progress? | How will you achieve your goal? Make a plan! | How will this goal help you? | When will you achieve this goal? |

**S** **My goal is:** _____

*e.g. To drink more water! I will aim for 6 cups per day*

**M** **I will track my progress by:** _____

_____

*e.g. I will track my progress by logging how many glasses I drink each day in my phone or planner*

**A** **I will achieve this goal by doing the following:**_____

_____

*e.g. 1. Keep a clear bottle with me so I can tell how much I've had*
*2. Set an alarm to remind myself to drink every 2 hours*

**R** **This goal helps me because:** _____

*e.g. This goal will help me to be healthier, have more energy, and help my skin*

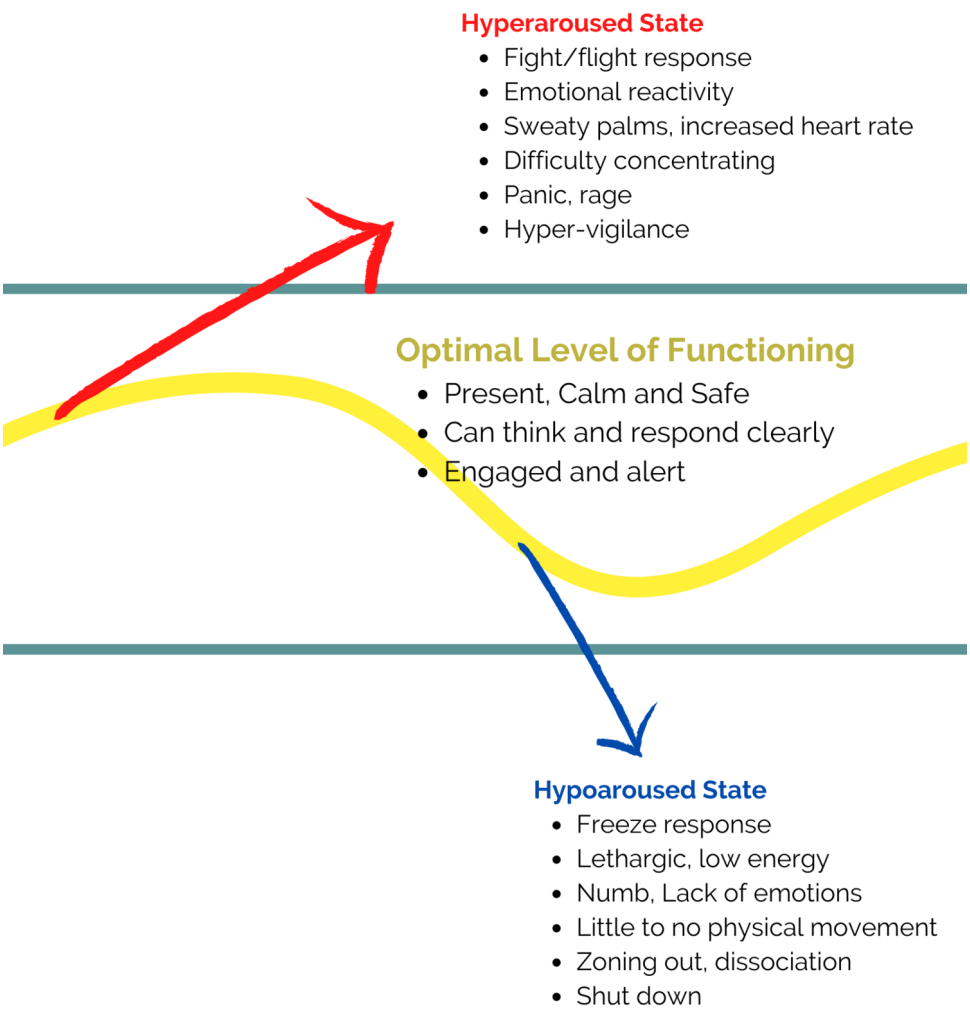
**T** **I will complete this goal by (date):** _____

*e.g. I will achieve my goal by February 15th*

**Meant2Prevent.ca**

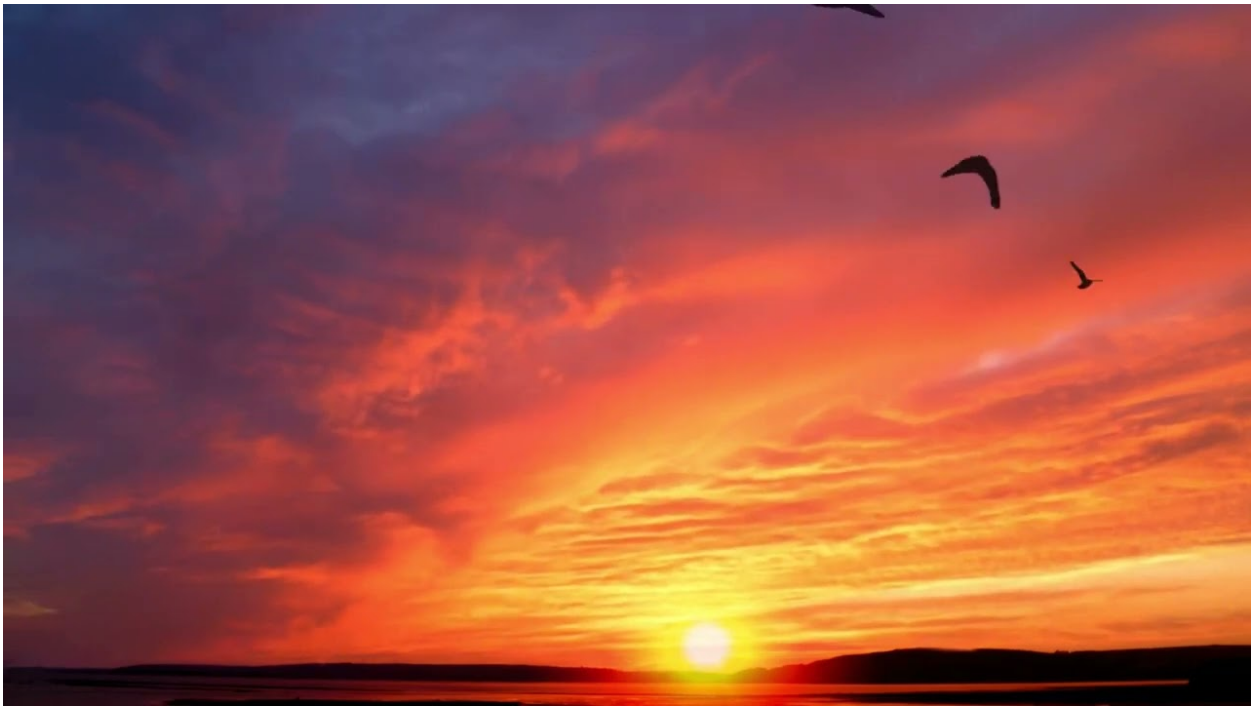
# Appendix O

## Window of Tolerance



## Appendix P

## Guided Wellness: Cognitive Defusion Video



# Appendix Q

## Cognitive Defusion - Notice It Exercise

When you notice you've been hooked by a thought, such as "That thing I said was so stupid," unhook by taking a step back from the thought and say or think to yourself:

"*I'm noticing a thought that* what I said was stupid."

Take another step back and think to yourself:

*I'm noticing I'm just having a thought that* what I said was stupid."

Take an even further step back by thinking to yourself:

"*I notice I'm having just another thought about* being stupid," or even further back with "*I'm noticing I'm having just another judgment*."

The effect of this intervention can be likened to watching a 3D IMAX movie in the front row: It's hard not to feel your heart pounding during action sequences. But when you move to the back of the theater and take off your 3D glasses, it's not nearly as triggering or compelling.