

Session 3

Buddies

Guided Imagery – A Safe Place

Check-in:

1. What is working for you in your pain management and from this program
Buddies, meditation CD, pain diary, group support, other?
2. What is challenging
Buddies, meditation CD, pain diary, group, chairs, other?
3. What you noticed from keeping the diet diary

Intro to CBT/ SMARTER goals review

A Gratitude Journal & Pleasurable activities

Nutrition in Pain: Things to add

Med Check

Homework:

Relaxation response Exercise 20 minutes per Day

Pain Diaries and Feedback Form

Write 3 things in your gratitude journal each day

And check in with your buddy!

You don't have to be perfect to be wonderful.

-Laurel Mellin

Food Rules

- Eat Food, not too much, mostly plants.
- Don't eat anything with more than five ingredients, or ingredients you can't pronounce.
- Don't eat anything that won't eventually rot. "There are exceptions -- honey -- but as a rule, things like Twinkies that never go bad aren't food,"
- Shop the peripheries of the supermarket and stay out of the middle
- Eat your colors.
- Eat foods made from ingredients that you can picture in their raw state or growing in nature
- If it came from a plant, eat it; if it was made in a plant, don't.

-Michael Pollan

An Introduction to Imagery

Everyone has images; they are basic to the human mind and human nature. . . Images are thoughts that draw on the senses; they may involve one, several, or all of the following senses: *sound, taste, movement (kinesthesia), vision, touch, and inner sensation*, or “felt sense.” Imagery is not just visualization. ¼ of all people rarely or never “see” things in their mind, but they may use other senses in imagery quite effectively.

The body understands and responds to images more directly than it does to words. To demonstrate this to yourself, try talking yourself into going to sleep some night when you are restless. “Body, go to sleep” or some such phrase is not likely to be a very effective sleeping potion. Instead, imagine a pleasant or repetitive scene – or better yet, let your bodymind drift into the memory of what it feels like to go to sleep, remembering your usual position, allowing a felt sense of floating or moving downward into a deep and comfortable position.

- from Jeanne Achterberg, *Rituals of Healing*

For most people, symbolic imagery works more effectively than concrete (biologically correct) imagery. For instance, pain imagery might include pitchforks, knives, knots of rope, and so on, and healing images might involve the removal or release, untying, melting, or whatever seems to work.

With tape recordings of guided imagery, the person’s own voice is more effective than a stranger’s voice. For this reason, we are giving you the script for the safe place imagery exercise, so you can create your own safe place guided imagery recording.

A Safe Place Guided Imagery Exercise

Sit comfortably, with your back and neck completely supported. Allow the floor, or chair, or whatever you are sitting on to hold you. Let tension melt away as you bring your attention to your breath. With each breath in . . . feel your diaphragm moving down toward your feet. . . and your lower abdomen beginning to expand. . . With each breath out. . . as your abdomen relaxes. . . feel the muscles in your neck and shoulders drifting down with gravity. . . and relaxing even more deeply. . .

Take a mental journey now, through your body, beginning at the bottom of your feet. Tighten the muscles of your feet, your toes, then let them relax and release the day's tension. . . Next tighten your calves and thighs, then loosen them. Move your attention slowly to the top of your head in this way, letting go of any tightness or restriction you find. (Pause about one minute.)

Your mind has just moved through your body, connecting with it, giving it attention, soothing the tense, tired places. Now let your mind move to a still point, a place of pure peace and calm. In your imagination, think of a place that is safe and comfortable. . . a place where you can retreat and care for yourself. . . a place where you can go to replenish your body and spirit. . . a place that is absolutely your own, secure and private. The place that you choose will be uniquely yours . . . It can be a place you have been to before, or somewhere you would like to find. . . It may be a beautiful outdoor scene. . . a beach, a meadow, an ancient forest. . . or it may be a special room. . . a childhood bedroom, a music room, a chapel. . . it may be a bubble in the clouds. You may decorate this place any way you wish. Imagine it with all your senses, smelling the fragrance of flowers, incense, or the ocean breeze. . . Feel the texture of the surface under your feet and against the skin of your hands, your arms. . . Hear all the sounds of this place . . . birds

singing, wind blowing, waves on the beach or beautiful classical music or jazz. See the colors and shapes as you turn full circle to get a complete view. Let this place be a safe and nurturing hideaway, full of color, music, all the things that you need to feel sheltered and cared for.

Find a place to sit, on an old hollowed-out log or a rock that feels as if it were contoured just for you, in a billowy cloud-chair, or whatever fits in your special place. Make yourself very comfortable. For in this place of safety, only you are allowed. In this place of safety, no one can come without your invitation. In this place of safety, you are always at peace.... Allow the images to come.... Notice the color of the sky at your favorite time of day. And in this place, at this most perfect time of day, at the season and the temperature that you like on your skin, allow your senses to become more and more alive. Look around at the surroundings and allow yourself to see; if not with your eyes, then sense with your heart.... Each time you come to your safe place, you may develop it and allow it to become more and more beautiful. Allow yourself to see, feel and hear what is here today.... Let yourself bask in the safety and the peace....

Allow yourself to walk around, to be in this place, to notice more and more, to create more and more in this place.... Perhaps you would like to build a shelter of some kind, a cottage, a cave, a tent, a tree house. And if it's already there, you may add to it.... Plant flowers, adding a splash of color. Add special places or rooms to your safe place.... Create special places for special kinds of feelings that need to be healed, special places to wash away fear and pain.... Create a waterfall or a pool of healing water. Stand under the waterfall to wash away the fear.... Let the healing waters wash away what you'd like to be finished with. Each time you come to the waterfall or the healing pool of water, you can wash away more and more of the past.... Each time you come, you are cleansed and rejuvenated, shame is washed away. Wash away the pain. Wash all of it away, as you are ready. [Long pause.] When you are finished, step out of the water and you will find a robe or a towel to dry and warm yourself.

Now allow yourself to continue walking around your safe place.... You find a place for a healing garden, a place that is just for your healing. You can plant anything you would like.... You can plant wishes and dreams for the future. You can plant seeds of your healing. And you can weed out what you want to be finished with. Take some time to work with your garden now. [Long pause.]

And now, find your favorite place in all of safety. Walk around until you find just the right place. [Long pause.] Sit down, and get comfortable.... Breathe in the safety and the peace. Breathe out the fear.... Breathe in the safety and peace. Breathe out the fear.... Breathe in the safety and peace. Breathe out the fear.... And just be in this place as you breathe and heal.... Stay in this place as long as you would like.... And when you are ready, simply count yourself out by counting from one to five. When you reach the number five, your eyes will open. And you will be awake and alert, and feeling safe and at peace. One.... Two.... Three. Take a deep breath.... Four.... And five.

A Gratitude Journal

"I have noticed that the Universe loves Gratitude. . . Gratitude brings more to be grateful about. It increases your abundant life. Lack of gratitude, or complaining, brings little to rejoice about. " Louise Hay

Gratitude unlocks the fullness of life. It turns what we have into enough, and more. It turns denial into acceptance, chaos to order, confusion to clarity. It can turn a meal into a feast, a house into a home, a stranger into a friend. Gratitude makes sense of our past, brings peace for today, and creates a vision for tomorrow." - Melodie Beattie

"As the months pass and you fill your journal with blessings, an inner shift in your reality will occur. Soon you will be delighted to discover how content and hopeful you are feeling. As you focus on the abundance rather than on the lack in your life, you will be designing a wonderful new blueprint for the future. This sense of fulfillment is gratitude at work, transforming your dreams into reality." Sarah Breathnach

Assignment:

Each day, write three things in your journal that you are grateful for. If you are in severe pain or in personal crisis, this may be hard to come up with at first, or it may seem trivial compared with your overall situation, but it is a useful exercise and will become easier as time passes. Keep your journal by your bedside and write in it each night before going to sleep, or pick another time of day, such as first thing in the morning, when you are fresh, to write.

There are many things to be grateful for. Some examples include:

- being alive and changing our lives
- thrift shops and garage sales
- having dreams
- M&Ms and chocolate
- mud and little boys
- a computer that works most of the time
- the assistance we receive from our social network
- soft kittens and warm mittens
- making it through each hour, each day; having three good hours out of the day
- butterflies and freedom
- the peace and quiet of sleeping children
- seeing the trees wave in the wind
- being able to read
- having a friend to phone
- a sunny day
- my loving family
- beautiful memories of a child when small, of falling in love, etc.
- the ability to forgive myself when things don't turn out just the way I was attached to them turning out.
- living in a community that is tolerant and welcoming

A simple way to make your journal unique is to make a collage from magazine cutouts on the front cover. The theme of "things I'm grateful for" can be used in the decorating process: family photos, recipes, favorite sayings, fabric swatches or a child's drawing.

Finding Pleasurable Activities

Some people feel so bad about their pain and their lack of a “productive life” that they feel guilty about even wanting to do anything pleasurable. They feel they do not deserve any pleasure. The truth is, however, that it is easier to become engaged in life again by doing something enjoyable; this is the first step towards increasing your activities in general.

Recall what pleasure used to be and plan some – take an active part in creating your own happiness. If this is hard for you, try substituting “satisfaction” or “beauty” for pleasure. Activities to make time for include:

Laughter
Music
Fun
Connect with nature
Feed the birds
Watch a sunset or sunrise
Watch children at play
Buy or make a trinket for the child within you
Play with a pet

- Pleasurable activities should be conscious and purposeful. They help you become involved in your surroundings and make your days meaningful.
- Once you have discovered a pleasurable activity, share it with someone. If you see a beautiful sunset, call a friend and tell them to step outside to see it as well.
- You deserve to engage in pleasurable activities for your psychological and physical health!

Little things

Most of us miss out
On life's big prizes.
The Pulitzer. The Nobel. Oscars, Tonys. Emmys.
But we're all eligible for
Life's small pleasures.
A pat on the back.
A kiss
Behind the ear.
A four-pound bass.
A full moon.
An empty parking space.
A crackling fire. A great meal. A glorious sunset.
Hot soup.
Cold beer.
Don't fret about copping life's grand awards.
Enjoy its tiny delights.
There are plenty for all of us.

Nutrition and Pain 101, Foods to Add/Increase

The Diet Affects:

- Wound healing (raw materials)
- Inflammation – allergies, fats, antioxidants
- Neurotransmitter synthesis – amino acids, excitotoxins
- Energy Production – muscles need energy to relax
- Gut Flora – which affects all of the above
- Obesity – Adipose tissue is inflammatory

Obesity and Inflammation

Adipose tissue (fat) makes inflammatory mediators – this may be part of why it is associated with diabetes and heart attacks as well as chronic pain

People who are obese have more joint pain, in the hands as well as weight-bearing joints.

What to Eat:

Vegetarian or Vegan Diet - Numerous studies in fibromyalgia and rheumatoid arthritis

What foods to eat : fresh fruits, salads, raw vegetables & juice, nuts, seeds, whole grain products, tubers, flax oil, extra virgin olive oil

What foods to avoid: alcohol, caffeine, foods containing refined sugar, corn syrup, refined and/or hydrogenated oil, refined flour, dairy, eggs, and all meat

Basic Prerequisites

Water (filtered)

Quantity: 2 liters fluid (this can be herbal tea, juice, etc. as well as water) per day minimum, more if you drink alcohol, caffeine

Digestion

- Chewing - Stomach acid – beware acid blocker medications, Supplement enzymes if these cannot be avoided
- Bile
- Digestive Enzymes
- Absorption – leaky gut/mucosal injuries

When to Eat

Do Not Skip Meals, especially breakfast - Fasting increases cortisol

Do not eat the majority of your calories in the evening

Raw Materials For Healing

Protein – minimum 0.6 g/kg/d (50 g for a 180 lb person), more if you have injuries that need to heal

Chicken 3 ounces 26.3 g protein

Cottage cheese 3 ounces 21 g

Black beans, 1 cup 14.5 g

Fruits and Veggies

5-9 Servings per day decreases the risk of

- Cancer
- Heart disease
- Degenerative Arthritis

There are more nutrients in a carrot than we can even name, and certainly more than you will find in a multivitamin – vitamin pills do not produce the above benefits

Fiber

- Is Filling
- Replaces higher caloric density foods
- Maintains normal colonic flora
- Lowers Glycemic Index (more later)
- Binds things
 - Enterohepatic Circulation of Cholesterol
 - Toxins produced by bacterial fermentation
- Keeps the bowels moving regularly

“Good” Fats

- Nuts and Fish have omega-3 fats:
 - Anti-inflammatory
 - Anti-clot
 - Stabilize mood, decrease depression

Tips to Increase Fruits & Veggies

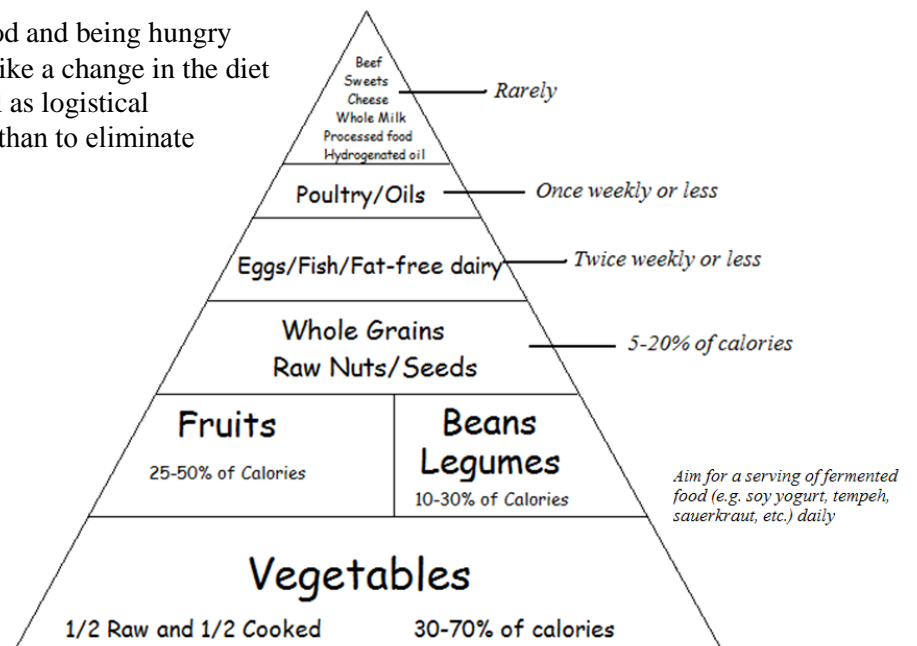
- Pre-cut vegetables and salad mixes, even fruit
- Add fresh fruit and vegetables to foods you already eat - like berries and bananas to yogurt and cereal; vegetables to soup, pasta and pizza; and lettuce, tomato and onion to sandwiches
- When it’s snack time, grab an apple or orange, or make a ready-to-eat bag of sweet cherries.
- Make a quick smoothie in the blender by puréeing peaches and/or nectarines, a touch of your favorite fruit juice, crushed ice, and a light sprinkling of nutmeg.
- Use sauces to improve flavor for veggies you do not like
- Generally, a fruit and vegetable serving is about the size of your fist. A serving of leafy greens should be larger than your fist, while a serving of dried fruit is smaller than your fist.

Making Changes in What We Eat

- There is a difference between wanting food and being hungry
- Stages of Change: Big lifestyle changes like a change in the diet require preparation, emotional as well as logistical
- It is generally easier to add “good” foods than to eliminate the “bad” ones we crave

Logistics/Planning for Good Nutrition

- Stock easy healthy foods
- Cook ahead
- Use appliances
- Make trades



Symptom Diary

Full Circle Center for Integrative Medicine

4641 Valley East Blvd #2

Arcata, CA 95521-4630

707-840-4701

Fax 855-420-6321

Name _____

	Describe situation	Physical Sensation (0-10) before meds	Physical Sensation (0-10) 45 min. after meds	Describe physical sensation	Emotional response (0-10)	Describe emotional response/thought	Action taken, including medications
Monday							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Tuesday							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Wednesday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____

	Describe situation	Physical Sensation (0-10)	Physical Sensation (0-10)	Describe physical sensation	Emotional response (0-10)	Describe emotional response/thought	Action taken, including medications
Thursday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Friday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Saturday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____
Sunday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
Total:							Sleep: hours_____
Average:							Quality: _____



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FEEDBACK SHEET FOR HEALING GROUP

Name: _____ Date: ____/____/____

1) Please review your medication list and indicate any changes you have made in your medications, supplements, or over the counter meds since the last group (i.e. stopped any, increased any, decreased any, added new ones).

What refills do you need today? _____

2) Have you had any injuries, events in your personal life, any nerve blocks, physical therapy, other treatments, exercise, etc. since our last group that made your pain worse or better? Yes No
If yes, please give details. _____

3) Over the past 2 weeks has your pain level:
 Decreased Stayed the Same Increased All over the place
What changes have you noticed? Please be as specific as you can: _____

4) Rate your average pain score for the past 2 weeks:
NO PAIN 1 2 3 4 5 6 7 8 9 10 VERY SEVERE PAIN

5) Rate your pain score today:
NO PAIN 1 2 3 4 5 6 7 8 9 10 VERY SEVERE PAIN

6) Over the past 2 weeks has your emotional state:
 Decreased Stayed the Same Increased All over the place
What changes have you noticed? Please be as specific as you can: _____

7) Rate your average mood for the past 2 weeks:
VERY SAD 1 2 3 4 5 6 7 8 9 10 VERY HAPPY

8) Do you address special nutritional needs as part of your healing plan? Yes No If yes, what nutritional goals are you addressing? _____

9) For how long and how often did you do physical exercise in the past 2 weeks?

- Aerobic Time _____ How often? _____
- Stretching Time _____ How often? _____
- Strengthening Time _____ How often? _____

10) Did you meditate? Yes No How long? _____ How often? _____

11) Did you use other relaxation techniques or mini relaxation response exercises? Yes No
What did you do? _____ How often? _____

12) What goal did you set last time? _____

Did you accomplish it? Yes No If no, can you come up with a plan to help you succeed by identifying the obstacle and a solution to the obstacle?

Obstacle

Solution

FUNCTIONAL IMPACT OF PAIN

13) Did you miss social events, work, or other appointments this month because of your health?
 Yes No What did you miss and why? _____

14) Indicate the word that describes how, during the past 24 hours, pain has interfered with your:

General activity	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Mood	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Ability to work (in or out of home)	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Interactions with other people	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Sleep	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely
Enjoyment of life	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Often	<input type="checkbox"/> Completely

15) What did you do for fun or pleasure this month? Or what gave you pleasure this month? _____

16) Have you used any recreational drugs this month? _____

17) How many drinks of alcohol did you drink this week? _____ What kind? _____

18) How many cigarettes did you smoke this week? _____

19) How much caffeine did you drink this past week? _____ What kind? _____

20) How much candy, soda, or other sweets did you eat this past week? _____

21) The following could be medication side effects or from your underlying condition. Are you feeling/experiencing:

Symptom(s): Check box if present	Medication(s) or other condition(s) you think caused it:	How did you deal with it:	Do you want suggestions?
<input type="checkbox"/> Constipation:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty sleeping:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dizzy, dopey:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nausea/vomiting:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Difficulty waking in the morning:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Loss of libido:			<input type="checkbox"/> Yes <input type="checkbox"/> No

22) Any other physical complaints or questions you'd like your physician to respond to _____

Can this be discussed in group? Yes No *If no, please ask physician if you should make an appointment.*

23) Any feedback or suggestions you would like to share with the staff? _____