Active Pain Coping Group – Summary



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| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Attendance: | | \_\_\_\_ of 8 sessions |
| Start Date: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | End Date: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |



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| What was **your goal** stated in the group? |
| What **progress** did you make on the goal? |
| How will you make **further progress** on this goal? |
| What are your **accomplishments** from the Active Pain Coping Group? |
| Which of the Big 5 Skills is **most important or most helpful** to you? |
| What are your **future goals** for practice of **self-managing** your pain? |
| What are your **next steps** at the Chronic Pain Centre? **Which groups** do you plan to take next? |

Think of each of the Big 5 Skills explored in the Active Pain Coping group. How would you describe each of the following: (low, medium, or high):

1. **Your understanding or knowledge of the skill?**
2. **The value or importance of the skill to your pain management plan?**
3. **Your confidence in using the skill when needed?**

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| **Big Skill** | **Understanding or Knowledge** | **Importance to Plan** | **Confidence in Using** |
| Self-Monitoring |  |  |  |
| Pacing |  |  |  |
| Relaxation |  |  |  |
| Self-Talk |  |  |  |
| Communication |  |  |  |
| Flare-Up Planning |  |  |  |

**Please indicate if you would like more help or support with any of these skills**



**Please do not write below in this box.**

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| Group Leader’s Observations and Impressions: |
| Recommendations: |

Group Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_