

# **Treatment Planning Workshop:**

## **Creating Your Personal Self-Management Plan**

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## Treatment Planning Workshop Topics

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Welcome to the Group

Informed Consent

Group Rules and Guidelines

Introductions

Explaining Pain Revisited

Impact of Pain

Treatment Planning

- Explore 8 Categories of Action
- Review the Next Steps Map
  - Options for Groups and Individual Treatment at CPC

Your Personal Self-Management Plan (PSMP)

- Connect Your Action Plans to Next Steps at CPC

Take Home Assignment

- Follow up and take action on your PSMP
- **Call** CPC Reception at 403-943-9925 or stop at the Reception Desk to book into a group.
- If you requested to see a team member, wait for CPC to call you to offer an appointment time

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## About the Treatment Planning Workshop

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### What is the Treatment Planning Workshop?

The Treatment Planning Workshop is a two hour discussion and planning session that encourages you to share ideas and explore options for managing and treating your pain. We review the neurophysiology of pain and explore how pain has impacted your life.

### How will the Treatment Planning Workshop help me?

This workshop will help you understand the resources available at the Chronic Pain Centre and the options for treatment. It will help you choose where to start and what appointments and/or groups to book.

### What will I learn?

The Treatment Planning Workshop highlights what we know about pain and the evidence-based treatments for pain. This workshop also reviews the resources available at the Chronic Pain Centre and the options for group and/or individual treatment.

By the end of the workshop you will create a Personal Self-Management Plan (PSMP). This plan identifies your priorities and your most beneficial areas for action. You will also choose the groups and/or individual healthcare providers that will help you achieve your goals.

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## **Informed Consent for Pain Treatment Groups**

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### **Description of the Groups**

- The purpose of these groups is to develop skills and strategies to manage and decrease pain
- The groups are based on cognitive-behavioural treatment which focuses on changing thinking and behavioural responses to pain
- The groups involve listening and learning, developing skills and strategies, group discussion, and completion of take home assignments
- Each group will consist of the same group members who will meet for a fixed number of sessions

### **Possible Risks of the Groups**

- You may experience temporary negative emotions such as stress, anxiety, anger or sadness as you become more aware of pain patterns and the impact of pain on your life. This typically resolves as you develop pain coping skills and strategies

### **Possible Benefits of the Groups**

- Improved function, improved mood, and decreased pain
- Increased understanding of pain may lead to a better ability to manage and reduce pain
- Increased number and type of pain management skills and strategies which can lead to a sense of being in more control of the pain experience
- Improved stress management, communication, and relationships
- Increased awareness that you are not alone with the pain which may lead to a sense of feeling supported by others who understand chronic pain
- A sense of accomplishment from participating in the group

### **Limits to Confidentiality**

- The group leader shares information about you with your team
- Information you share in the group is not confidential if you are planning to imminently harm yourself or someone else
- If you talk about a child or dependent adult being abused or neglected
- If a court of law requests your records by subpoena
- You must sign a consent form to release your health information to a third party (e.g., short term and long term disability, AISH application, etc.)
- If you have an active WCB claim, and the WCB is funding your CPC program, you have already consented to releasing information about your care to the WCB and no further written consent is required

**Alternatives to the Optional Groups**

- Continue treatment with your family doctor
- Participation in a community program (such as Alberta Healthy Living Program: 403-9-HEALTH)
- Wait for an individual assessment with a provider at the Chronic Pain Centre

**Consequences of not attending the Explaining Pain and Treatment Planning Groups**

- As you know from your letter from the Chronic Pain Centre, these groups are your first step to treatment here
- If you choose not to attend these two groups, your referral to the program will be closed. You have the option of a telephone consult between your family doctor and one of our pain physicians before your referral is closed

**Emergency or Crisis Services**

- We do not provide emergency or crisis services at the Chronic Pain Centre. If you are experiencing a medical emergency please call 911 or go to the nearest emergency department. If you are experiencing a mental health crisis please call the distress line 403-266-4357 or go to the nearest emergency department.

**Any questions about this information?**

**If you choose to stay in this group, you have consented to this treatment.**

**If you leave the room, you have not consented.**

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## Group Rules and Guidelines

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These rules and guidelines help create a supportive and confidential space, so group members feel safe to share without feeling judged.

1. **Protect everyone's privacy** and confidentiality—don't talk about personal information shared in the group outside of the group.
2. **Share what you're comfortable sharing.** You don't have to share, but not sharing at all limits what you and others get out of the group. The group leader talks about your goals with your team using notes and by speaking with your team members.
3. **Allow each member to share** their thoughts and feelings without judgment. Don't give advice, but do share your own experience. Be an active listener. Don't talk while others are talking. Please do not use swear words.
4. **Pace your position.** Change your position to stay comfortable and so your pain doesn't get worse. Use pillows, stools, or mats.
5. **Be positive.** Focus on what you would like to do rather than what you can't do. Have fun learning and sharing.
6. **Be scent-free.** Some people are sensitive or allergic to fragrances and smells, including the smell of smoke. Please don't wear scented products. Please don't smoke during the break.
7. **No electronic devices.** Please do not use your device (e.g., phone, tablet) for any reason during the session. Do not make or take calls during group—if you must, keep your device on vibrate. Do not record the session or take notes on your device. If you want to take a photo of the whiteboard, ask permission first.
8. **No food.** You can bring water. Eat snacks during the break outside the group room.
9. **Students or healthcare professionals** may watch or train in a group. If so, we'll tell you.
10. **Know that the group isn't for everyone.** The group leader may withdraw a person from the group. They will meet privately with the member to talk about why the group isn't right for them and suggest other options.

## Explaining Pain Revisited

### What Do You Know About Chronic Pain?

#### Explaining Pain Take Home Points:

- Pain is a brain output designed to protect
- All of your body is involved
- It is not just about injury or damage
- Whatever is going on in your life, in that moment, influences your pain
- Safety in me: Anything that implies I and/or my world is safe
- Danger in me: Anything that implies threat
- Pain is dependent on context
- What you practice matters

#### What are your DIMs and SIMs?

DIMs Danger in Me		SIMs Safety in Me
	Things I hear, see, smell, taste & touch	
	Things I do	
	Things I say	
	Things I think & believe	
	Places I go	
	People in my life	
	Things happening in my body	

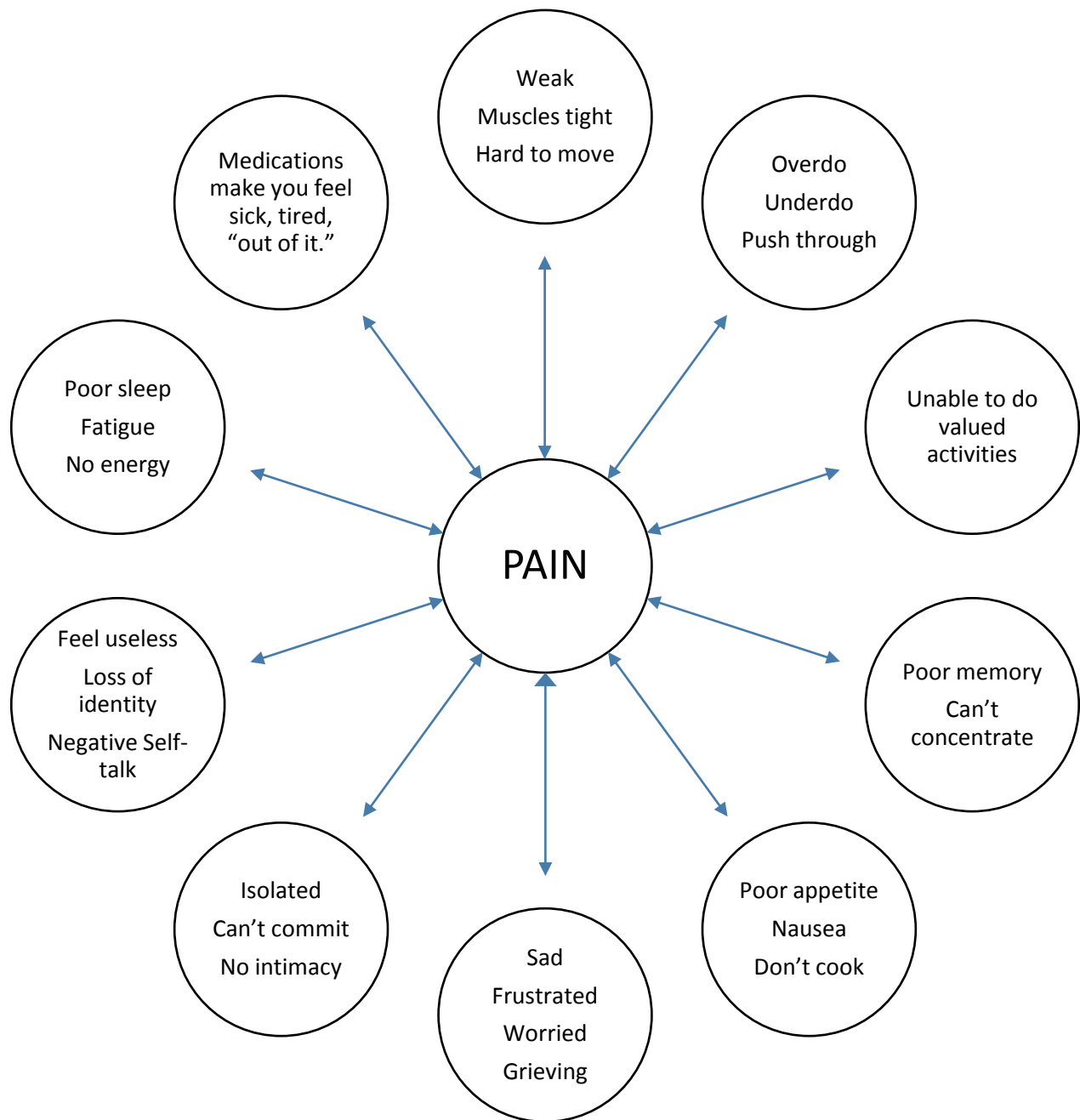
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## **Impact of Pain**

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Take a moment to write down the top 3 ways pain has impacted your life.





## Treatment Planning

### What do you know about treating chronic pain?

What does the evidence show us that people with chronic pain really need to do, over time, to get the best health outcomes and quality of life?

<b>Engage in Pain Treatment Activities</b>	
<b>Manage Pain Triggers &amp; Monitor Symptoms</b>	
<b>Manage Medications Effectively</b>	
<b>Manage Nutrition &amp; Eating</b>	
<b>Manage Physical Activity</b>	
<b>Manage Stress &amp; Mood</b>	
<b>Manage Fatigue &amp; Energy</b>	
<b>Engage in Social Support</b>	

Please have a look at the example **Personal Self-Management Plans** on the next pages.

Which areas would you **benefit most** from working on?

## Personal Self-Management Plan

Date Prepared: **September 10, 2019**

Referral, Treatment, Lifestyle Recommendations	Priority	Client Decision (circle one)	Action Time Frame	Client's Personal Goal and Action Plan → <b>Include Group or Team Member</b> for individual consult
Engage in Pain Treatment Activities	1	Yes No Unsure n/a		I want to learn what exercises are best for me to do. I will ask to see my team <b>Physical Therapist</b> .
Manage Pain Triggers & Monitor Symptoms		Yes No Unsure n/a		
Manage Medications Effectively	3	Yes No Unsure n/a		I wonder if I am on the best medications. I will book into the <b>Medication Essentials Group</b> .
Manage Nutrition & Eating		Yes No Unsure n/a		
Manage Physical Activity	2	Yes No Unsure n/a		I want to stop overdoing it on good days. I will book into <b>Active Pain Coping Group</b> .
Manage Stress & Mood		Yes No Unsure n/a		
Manage Fatigue & Energy	4	Yes No Unsure n/a		I want to do my housework without getting exhausted. I will book into the <b>Improving Function and Independence Group</b> .
Engage Social Support		Yes No Unsure n/a		

Client Name: **Joe Brown**

Provider Name \_\_\_\_\_

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## Personal Self-Management Plan

Date Prepared: **September 10, 2019**

Referral, Treatment, Lifestyle Recommendations	Priority	Client Decision (circle one)	Action Time Frame	Client's Personal Goal and Action Plan → <b>Include Group or Team Member</b> for individual consult
Engage in Pain Treatment Activities		Yes No Unsure n/a		
Manage Pain Triggers & Monitor Symptoms	1	Yes No Unsure n/a		I would like to return to sexual intimacy instead of avoiding it. I will book into <b>Intimacy Group</b> .
Manage Medications Effectively		Yes No Unsure n/a		
Manage Nutrition & Eating	2	Yes No Unsure n/a		I would like to learn more about the anti-inflammatory diet. I will book into <b>Nutrition Essentials Group</b> .
Manage Physical Activity	4	Yes No Unsure n/a		I want to go to the gym, but can't afford it. I will ask to see my team <b>Social Worker</b> to apply for Fee Assistance programs to access public facilities and transportation at a lower cost.
Manage Stress & Mood		Yes No Unsure n/a		
Manage Fatigue & Energy	3	Yes No Unsure n/a		I'm struggling to fall and stay asleep and want to improve my routine. I will book into <b>Sleep Essentials Group</b> .
Engage Social Support		Yes No Unsure n/a		

Client Name: **Jane Smith**

Provider Name

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## Personal Self-Management Plan

Date Prepared: **September 10, 2019**

Referral, Treatment, Lifestyle Recommendations	Priority	Client Decision (circle one)	Action Time Frame	Client's Personal Goal and Action Plan → <b>Include Group or Team Member</b> for individual consult
Engage in Pain Treatment Activities	4	Yes No Unsure n/a		I want to be sure that all tests have been done and my diagnosis makes sense. I will wait to see my team <b>Physician</b>
Manage Pain Triggers & Monitor Symptoms	2	Yes No Unsure n/a		I want to manage better at work and modify my office if possible. I will ask to see my team <b>Occupational Therapist</b> .
Manage Medications Effectively		Yes No Unsure n/a		
Manage Nutrition & Eating		Yes No Unsure n/a		
Manage Physical Activity		Yes No Unsure n/a		
Manage Stress & Mood	3	Yes No Unsure n/a		I feel depressed and anxious and need better ways to cope. I will ask to see my team <b>Psychologist</b> .
Manage Fatigue & Energy		Yes No Unsure n/a		
Engage Social Support	1	Yes No Unsure n/a		I want to stop avoiding my friends/family and learn to ask for help. I will book into <b>Active Pain Coping Group</b> .

Client Name: **Michael Glass**

Provider Name \_\_\_\_\_

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*Treatment Planning Workshop:* was written and developed most recently by the following healthcare providers:

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Lori Chomik, Social Worker  
Michelle DeLisle, Psychologist  
Penny Ford, Psychologist  
Sasha Mallya, Provisional Psychologist

### Remember Your Take Home Assignment!

- Follow up and take action on your PSMP
- **Call** CPC Reception at 403-943-9925 or stop at the Reception Desk to book into a group
- If you requested to see a Team Member, wait for CPC to call you to offer you an appointment time