**Self-management interventions for chronic pain.**

[Mann EG](https://www.ncbi.nlm.nih.gov/pubmed/?term=Mann%20EG%5BAuthor%5D&cauthor=true&cauthor_uid=24654764)1, [Lefort S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lefort%20S%5BAuthor%5D&cauthor=true&cauthor_uid=24654764), [Vandenkerkhof EG](https://www.ncbi.nlm.nih.gov/pubmed/?term=Vandenkerkhof%20EG%5BAuthor%5D&cauthor=true&cauthor_uid=24654764).

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**Abstract**

SUMMARY Individuals living with chronic pain face daily challenges of managing symptoms, modifying roles and responsibilities, and coping with the negative emotional consequences of pain. Self-management interventions teach a variety of strategies to meet these challenges and build participants' self-efficacy for their use. These interventions have been delivered in individual, group and online formats for a variety of different pain conditions. The evidence supports the efficacy of self-management interventions in improving pain, mental health and health-related quality of life outcomes. Acceptance of the chronic nature of their pain is a necessary step before individuals are ready to self-manage. Clinicians can play a critical role in supporting self-management through answering questions, providing advice, addressing barriers and facilitators, and encouraging self-management efforts.

Collaboratively setting goals with patients’ input leads to higher compliance levels than provider-mandated goals.17

Help patients with chronic pain avoid getting bogged down in their descriptions of their pain or in how pain limits their activity. Use goal setting to focus on what they can do, and emphasize their accomplisments as the true indicator of how they are doing.

 Active coping strategies are useful for managing chronic pain. Active coping strategies are associated with better outcomes and might include regular exercise, maintaining daily activities, ignoring pain sensations (when appropriate), developing adaptive thinking (i.e., decreasing catastrophizing, fear-avoidance beliefs and increasing pain self-efficacy beliefs), or practicing relaxation exercises and guided imagery.39

Passive coping strategies, which do not involve taking action in response to the pain, are associated with poorer outcomes. Examples include venting emotions, using medication, increasing clinician visits (seeking someone else who can do something to make the pain go away), and avoiding activity.

**The tool of acceptance**

In recent years, there has been increasing research in acceptance-based therapies, such as Acceptance and Commitment Therapy (ACT) and Mindfulness-Based Cognitive Therapy (MBCT). The focus of these approaches is not so much on control or suppression of pain, but rather on acceptance of pain. In contrast to the focus in CBT on challenging and changing distorted thoughts around controlling pain, the focus in acceptance based treatments is on increasing individuals’ capacity to be both aware and nonjudgmental of present moment experiences, including pain and their reaction to pain.114 The basis for these therapies is the idea that it is perhaps misguided to assume that negative internal experiences such as chronic pain will resolve. In fact, assuming that pain will resolve may actually contribute to greater distress and interfere with healing.115

The mechanism used in ACT treatment is presumed to be acceptance, in contrast to control-orientated treatments (e.g., controlling your thoughts) found in CBT. Hayes and colleagues defined psychological acceptance within the ACT paradigm as the willingness to remain in contact with thoughts and feelings without having to follow them or change them.116 Acceptance of pain involves the following:117

• Disengagement from the struggle with pain

• Grieving the loss of a pain free life

• Adopting a realistic approach to pain

• Re-engagement in activity without trying to avoid, restrict or control pain.

Patients are encouraged to adopt a “new normal,” and in doing so, they figure out how to take value-based actions that increase a sense of meaning and purpose in life despite the pain condition.

A meta-analysis of randomized clinical trials of acceptance-based treatment for chronic pain indicated small improvements in pain and depression and small to moderate improvements in physical well-being relative to education controls or treatment as usual.118 This study concluded that these acceptance-based treatments appear at least equally effective as traditional CBT.

Additionally, several randomized controlled trials provided support for the use of ACT for chronic pain.115,119-123 Findings suggest that ACT yields positive effects such as increased physical and social functioning and decreased pain-related medical visits, even three years following treatment.124

A large randomized controlled trial comparing ACT to CBT for chronic pain found that both treatments improved pain interference, depression, and pain-related anxiety in individuals with chronic pain. ACT was rated more satisfactory by patients than CBT.115 ACT was also found to be associated with less pain, lower disability and distress, better overall

functioning, and greater psychological well-being.125-127 ACT-based treatments for chronic pain have also been found to produce benefit even when administered in the form of a self- help book.128

See the clinical tool, Working with Pain-Related Thoughts, for more information on how to teach these approaches to patients.