Session 6

Relaxation Response: Guided Imagery with an Inner Healer

Check-in:

1. Share two items from your gratitude journal
2. Any changes in your diet since we have been talking about nutrition? Any results?
3. An example of Pacing, Adaptation, or Delegation that you have used in the last two weeks
4. Any cognitive distortion you have noticed?

Cognitive Distortions – changing your thoughts to change your mood

Vertical Arrow technique (The Worst-Case Scenario)

Sleep and Pain, Part 1

Medication Check

Homework:
Relaxation response Exercise 20 minutes per Day
Pain Diaries and Feedback Form
Write 3 things in your gratitude journal each day
Track your sleep

And check in with your buddy!

And if tonight my soul may find her peace
in sleep, and sink in good oblivion,
and in the morning wake like a new-opened flower
then I have been dipped again in God, and new-created.
~D.H. Lawrence

A good laugh and a long sleep are the best cures in the doctor's book. ~Irish Proverb

Sleeping is no mean art: for its sake one must stay awake all day. ~Friedrich Nietzsche

The Inner Healer in Guided Imagery

We are all healing all the time. The only thing you need to do to evoke healing is to poke yourself with a pin. (paraphrase of Rachel Naomi Remen) In the same way that there are cells within you that know how to heal a cut, there is a part within you that knows how to heal emotional and physical traumas, but often there are layers of critical mind that interfere with us accessing this information that we have. The imagery is a way to allow the inner compassion, wisdom or intuition to speak to us.

To incorporate this into your imagery tape: take yourself through relaxation and into your safe place or into some other special place for this contact, such as climbing to the top of a mountain or entering a special sanctuary.

> Something good and transformational is about to appear, your own inner healer. It might be an animal, or it might be a person. It might be an angel. It might even be a wise old man or woman who looks strikingly like you will many years from now. When it approaches, make eye contact with this entity. . . reach over and touch it. Receive an enveloping hug or a soothing touch, if that is what you are in need of. . . If you have a question, ask it, and then quietly receive an answer. . . Hold the answer in your mind. . . Ask for an object or a sign to remind you of what you have learned when you return to daily life.
>
> When you feel ready, graciously thank this guide and say good-bye. Leave your safe place by your own private path. . . this may be a winding footpath through the forest, a trail over the dunes, a climb down a crystal stairway, or by way of a secret doorway or passage. As you leave, turn back to notice the landmarks so that you may return to this place again. . . Return to your own reality when you feel ready, noticing that you are refreshed and energized.

Other uses of imagery in chronic pain:

We can create an image for our pain and dialog with our pain, learn about its qualities, what it needs from us, and more. We can then develop healing imagery, inviting the image to change. The inner healer may accompany you as you explore and interact with other images.

Another process can be working with the image of our "future healed self" and to ask it how it came to be, what were the steps on the path, etc.

Vertical Arrow: Silent Assumptions/Irrational Beliefs

David Burns uses this "vertical arrow technique" to identify silent assumptions. Often, as the process continues one will either arrive at a clearly absurd irrational thought, or uncover a real issue that needs to be dealt with. Either way, the information is useful.

> You are an planning a gathering with your family. You develop severe anxiety and feelings of panic whenever you think about the event. Write down several automatic thoughts during the week, then choose one automatic thought with which to work. For example: "They might ask me a question I can't answer".

Thoughts:

"They might ask me a question I can't answer."

If that were true, why would it be upsetting to me? What would it mean to me?

"I'll make a fool of myself in front of my children"

If that were true, why would it be upsetting to me? What would it mean to me?

_____

If that were true, why would it be upsetting to me? What would it mean to me?

_____

If that were true, why would it be upsetting to me? What would it mean to me?

_____

If that were true, why would it be upsetting to me? What would it mean to me?

_____

If that were true, why would it be upsetting to me? What would it mean to me?

_____

To identify your silent assumptions, ask yourself these questions after each thought.

Example: *"I'll never be able to get this all done."*
If that were true, why would it be upsetting to me? What would it mean to me?

_____

_____

If that were true, why would it be upsetting to me? What would it mean to me?

_____

_____

If that were true, why would it be upsetting to me? What would it mean to me?

_____

_____

If that were true, why would it be upsetting to me? What would it mean to me?

_____

_____

If that were true, why would it be upsetting to me? What would it mean to me?

_____

_____

If that were true, why would it be upsetting to me? What would it mean to me?

_____

_____

Insomnia

Causes – Exogenous (Outside world
Noise
Excessive heat or cold
Bright light
Partner with snoring or restless legs

Substances
Coffee
Chocolate
Tea
Marijuana
Alcohol - more disruptive to sleep than caffeine
Medications:
Sleeping pills and Tranquilizers ("rebound")
Thyroid preparations
Oral contraceptives
Beta-blockers
SSRI's

Causes - Psychological
Personality:
Anxious, tense, somatic vs. Relaxed, phlegmatic.
Stress.
Life changes (birth, death, divorce, move, etc.).
Depression
Circadian rhythm sleep disorder
Poor Sleep Hygiene

Causes - Physical
Pain.
Decreased mobility.
Disturbing sensations or movements
Periodic limb movements. , "Restless Legs"
Consider high dose folic acid 5-10 mg

Check iron stores
Parkinson's drugs
Heart or breathing problems
Asthma
Heart failure
***Sleep apnea
GI – reflux, IBD
Age.

Causes - CNS
Alterations in the central nervous system (CNS) that initiate and maintain sleep.
Brain: stroke, head injury, dementia.
Metabolic: liver disease, blood sugar, etc.
For 3 am awakening, try a protein snack before bed.
Hormonal: thyroid, menopause

Solutions
Remove Causal Factors
Stop alcohol, stimulants, etc
Treat pain
Treat heart failure, sleep apnea, etc
Earplugs/ heavy curtains, etc
Treat partner

Stimulus Control Therapy
Associate bed, sleep environment only with sleep, intimacy - No reading, eating, or watching TV in bed.
Get out of bed and to do something relaxing if unable to sleep after 15 to 20 minutes.
(Not TV – light and content are arousing)
Sleep Restriction Therapy - Makes sleep more continuous, then gradually increase sleep time
No Naps
Rise at same time regardless of how little sleep
Limit sleep to 1-2 hours less than reported amount of sleep

Principles of Sleep Hygiene
Go to bed and arise from bed at the same time each day
Avoid daytime naps or limit them to one midafternoon nap
Avoid evening alcohol use
Avoid caffeinated drinks late in the day
Reduce or eliminate tobacco use, especially at night or in the evening
Exercise in moderation; avoid evening exercise
Use the bed only for sleep and sexual activity
Keep the bedroom dark, quiet, and cool
Avoid stress and worrisome thoughts in the evening before sleep
Light Therapy - Bright light in the am, Avoidance of bright light in pm

Relaxation techniques

Mental		Physical
Prayer	Biofeedback	Breathing
Journal	Delta wave inducing sleep CD	Progressive Relaxation
Imagery	Music – postop study in CABG patients	Sounder Sleep System–Sleep Yoga)

Pills and Potions - Herbs and Medications to Aid Sleep

Medications – Pros and Cons

Pros	Cons
Work quickly Covered by insurance	Stop working (Tolerance) Dependence – Rebound Sedation – FALL RISK, CONFUSION Amnesia

AVOID Over-the-counter Drugs
e.g. Nytol, Sleep-Eez, Sominex, Anacin PM, Excedrin PM, Tylenol PM, Unisom
antihistamines - not addictive, not effective in sustaining stage IV sleep, can make sleep worse

Natural Substances

Minerals - Calcium and Magnesium

Serotonin - Neurotransmitter in the brain that triggers sleep

Made from tryptophan – amino acid found in foods such as milk, turkey

5HTP - Increase REM sleep (typically by about 25%), Increase deep sleep stages 3+4
100–300 mg 30–45 minutes before retiring

Melatonin - Hormone made by the pineal gland – light and dark
Dosage: 3 mg at bedtime is more than enough (0.5 mg often effective)

Herbs

Passionflower - herbal "specific" for staying asleep
Studied vs. serax (benzodiazepine) for anxiety: equally effective, fewer side effects

Valerian – get to sleep faster, sleep deeper and wake up less. Less sleepy in am
Takes 2 – 3 weeks to start working

Other Herbs Used Traditionally:
Lemon Balm
Chamomile
Kava

Aromatherapy
Essential oil – scent or in bath
Lavender – nursing home study
Rose
Ylang-ylang
Neroli

Table 1 -- Drugs with a Food and Drug Administration indication for insomnia

Drug name	Dose range	Elimination half-life
Estazolam (ProSom)	1–2 mg	10–24 h
Flurazepam (Dalmane)	15–30 mg	48–120 h[a]
Temazepam (Restoril)	15–30 mg	8–20 h
Triazolam (Halcion)	0.125–0.25 mg	2.4 h
Quazepam (Doral)	7.5–15 mg	48–120 h[a]
Zolpidem (Ambien)	5–10 mg	1.4–3.8 h
Zolpidem ER	6.25–12.5 mg	2.8 h
Zaleplon (Sonata)	5–20 mg	1 h
Eszopiclone (Lunesta)	1–3 mg	6 h
Ramelteon (Rozerem)	8 mg	1–2.6 h

Long vs. Short-Acting Hypnotics

	Short	Long	
Hangover	+	++++	
Accumulation	0	+++	
Tolerance	+++	+	
Withdrawal insomnia	+++	+	
Decrease anxiety	0	+++	
Amnesia	+++	++	

More Medications Used for Insomnia

Imidazopyridines Selective for alpha-1 GABA R	Zolpidem (Ambien) 5-10 mg Zaleplon (Sonata) 5-10 mg
Less selective GABA R agonist	Eszopiclone (Lunesta) 2-3 mg
Melatonin receptor agonist	Rozerem 8 mg
Antihistamines	Diphenhydramine (Benadryl) 25 – 50 mg
Sedating antidepressants	Amitriptyline (Elavil) 10–75mg
	Trazodone(Desyrel) 25–100mg
	Doxepin 10 – 75 mg
	Imipramine 25 – 100 mg
	Remeron 15 mg
Anticonvulsants	Neurontin 300 – 1500 mg - Helps pain and PLM/Restless legs
	Gabitril 4 mg 1-3 at bedtime
Muscle relaxants	Soma 350 mg - Addictive
	Flexeril 10 – 20 mg at bedtime
Other	GHB (Xyrem)

Symptom Diary

Name _____

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	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:			Total:			Sleep: hours_____ Quality: _____
	Average:			Average:			
Tuesday							
Date:							
Time 1:							
Time 2:							
Time 3:							
	Total:			Total:			Sleep: hours_____ Quality: _____
	Average:			Average:			
Wednesday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
	Total:			Total:			Sleep: hours_____ Quality: _____
	Average:			Average:			

	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
Date:							
Time 1:							
Time 2:							
Time 3:							
	Total:			Total:			Sleep: hours_____ Quality: _____
	Average:			Average:			
Friday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
	Total:			Total:			Sleep: hours_____ Quality: _____
	Average:			Average:			
Saturday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
	Total:			Total:			Sleep: hours_____ Quality: _____
	Average:			Average:			
Sunday:							
Date:							
Time 1:							
Time 2:							
Time 3:							
	Total:			Total:			Sleep: hours_____ Quality: _____
	Average:			Average:			

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FEEDBACK SHEET FOR HEALING GROUP

Name:_____ Date: ____/____/____

1) Please review your medication list and indicate any changes you have you 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	☐ Not at all	☐ Some	☐ Often	☐ Completely
Mood	☐ Not at all	☐ Some	☐ Often	☐ Completely
Ability to work (in or out of home)	☐ Not at all	☐ Some	☐ Often	☐ Completely
Interactions with other people	☐ Not at all	☐ Some	☐ Often	☐ Completely
Sleep	☐ Not at all	☐ Some	☐ Often	☐ Completely
Enjoyment of life	☐ Not at all	☐ Some	☐ Often	☐ 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?**
☐ Constipation:			☐ Yes ☐ No
☐ Difficulty sleeping:			☐ Yes ☐ No
☐ Dizzy, dopey:			☐ Yes ☐ No
☐ Nausea/vomiting:			☐ Yes ☐ No
☐ Difficulty waking in the morning:			☐ Yes ☐ No
☐ Loss of libido:			☐ Yes ☐ 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? _____

_____