Pain Education:
Understanding and Managing Chronic Pain

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WCHRI Women's College Hospital Health care for women | REVOLUTIONIZED
In partnership with: camh Centre for Addiction and Mental Health Sinai Health System St. Michael's Inspired Care. Inspiring Science. UHN Toronto General Toronto Western Princess Margaret Toronto Rehab

About this book

This workbook was created by the Toronto Academic Pain Medicine Institute for the use of persons enrolled in our Pain Education class.

This book is not meant to resolve all your pain concerns or manage a crisis situation. It is not a replacement for active therapy. This book is designed to be a resource for working on managing your pain. If you feel overwhelmed or helpless about your pain, we encourage you to seek professional advice and medical assistance.

Class Objectives

1. Describe the Toronto Academic Pain Medicine Institute.
2. Learn what pain is and how the feeling of pain occurs.
3. Learn why pain persists and factors that can affect your pain.
4. Discuss different strategies for pain management.
5. Learn how to make a personal plan for managing persistent pain.

Group Guidelines

As an active participant in this class, I commit to following:

- I will be **respectful** of myself and of everyone in the group at all times.
- I will honour **confidentiality**. I appreciate that what is discussed in this room may be personal stories and experiences.
- I will take on a **non-judgmental** and **open-minded** attitude. I will be sensitive about how I phrase my comments and I will listen to others without placing judgment on what they say
- I will move around (stand, walk) as needed, and request accommodations if I need them to fully participate
- **Be aware of airtime**. I will participate when I feel I have something to contribute, and I will recognize that others need opportunities to talk as well. I will save my personal questions for the end of the session. I will avoid side conversations and cross-talking.
- I will be **patient** with myself and with other members of the group. I will recognize that learning a new skill is not easy and that everyone learns at their own pace.
- I will respect the hospital's **scent-free policy.** This includes avoiding perfumes, colognes, and hair products.
- I will turn my **cell phone to silent** and put it away during this class

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What is the Toronto Academic Pain Medicine Institute (TAPMI)?

TAPMI stands for the Toronto Academic Pain Medicine Institute. TAPMI is a partnership of the five major teaching hospitals in downtown Toronto. The purpose of TAPMI is for all people with persistent pain to have access to a variety of OHIP-funded services.

People may see different health care providers at more than one location.

While we hope your pain decreases over time, the goal of treatment in TAPMI is not to get rid of your pain. Instead, we are here to help you learn how to manage your pain so you can become more active and engaged in life, often resulting in a better quality of life.

Location	Services Offered
Women's College Hospital	Self-management groups Clinics: Interventional pain clinic, Young Adult Clinic, Pelvic pain clinic Pharmacist Consultations Substance Use Service Centre for Headache
University Health Network (UHN): Transitional Pain Service at the Toronto General Hospital	Consultation for people within 6 months of surgery
UHN: Interventional Pain Service at the Toronto Western Hospital	Interventional pain management
UHN: Rehab Pain Program at Toronto Rehabilitation Institute – University Centre	Medication management Self-management coaching
Sinai Health System (Mount Sinai)	Medication management Pain Education
St. Michael's Hospital	Interventional pain management Neurostimulation program
Centre for Addiction and Mental Health (CAMH)	Interprofessional Pain and Addiction Recovery Clinic for clients with a chronic pain condition and aberrant use of substances

What is pain and how does pain occur?

Pain can be defined as, “a mutually recognizable **somatic experience** that reflects a person’s **apprehension of threat** to their bodily or existential integrity.”

Or as, “an unpleasant **sensory and emotional experience** associated with actual or **potential** tissue damage, or described in terms of such damage.”

Acute Pain
- Temporary, new pain
- Caused by a specific injury or condition

Chronic pain
- Lasts longer than the expected period of healing, or more than 3-6 months

What is a chronic condition?

- Chronic or persistent describes health conditions that last for a long time.
- Some chronic conditions are heart disease, diabetes, hypertension, arthritis, fibromyalgia, **and chronic pain**
- Each of these conditions are unique in their symptoms, but share common challenges related to their management, such as:
    - Dealing with symptom severity
    - Managing medication
    - Adjusting to additional stressors or psychological demands (including lifestyle adjustments)

Pain is normal

- Pain is a feeling
- All pain experiences are normal responses to what your brain perceives as a threat
- The amount of pain you experience does not directly relate to the severity of injury
- Pain protects you from danger or harm
- In Canada, 1 out of every 5 people have persistent pain

Hurt is not harm

While pain is our body's warning system for danger, pain does not always mean there is damage to the body. In fact, many things that can hurt a lot don't harm us at all! For example, a "brain freeze" or "ice cream headache" hurts a lot, but doesn't do any harm.

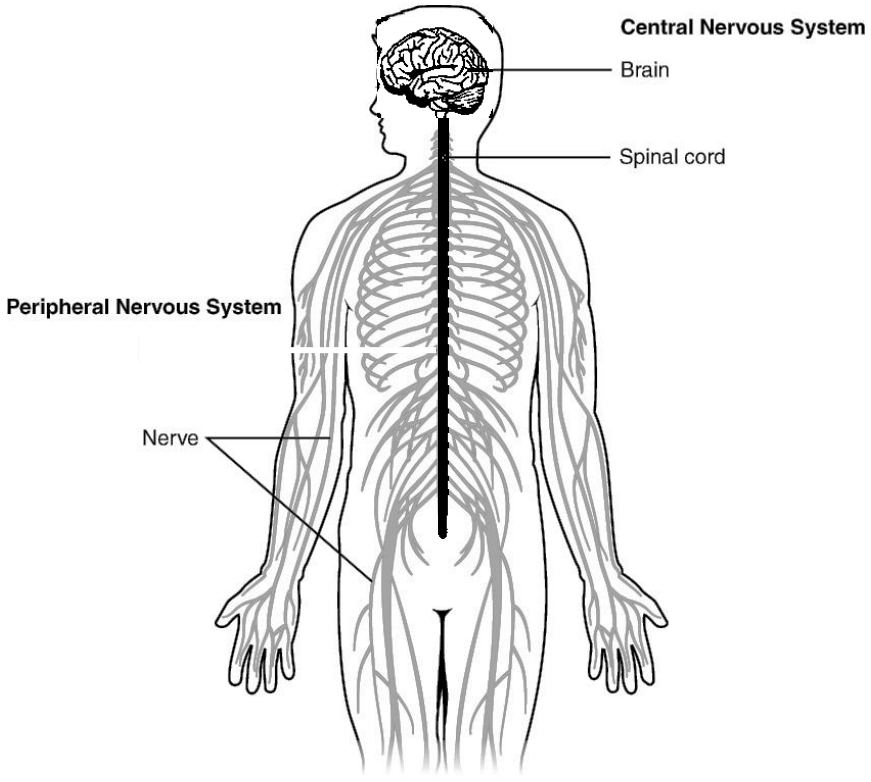
As well, people can have lots of damage without any pain. The brain decides what level of pain we should feel in order to best protect us. There are people who have had a leg bitten off by a shark who only felt a "bump" at the time. Their brains didn't produce pain because it was important for them to get back to shore.

What situations have you been in where something hurt but was not dangerous?

What situations can you think of where something might be less painful than expected?

The nervous system: Our danger alarm

The nervous system can be thought of like a fire alarm. The alarm system detects changes in the body and tells the brain about them. When the alarm system senses danger, it goes off.



https://commons.wikimedia.org/wiki/File:1201_Overview_of_Nervous_Syste

The nervous system has 3 parts:

- Brain
- Spinal cord
- Peripheral (body) nerves

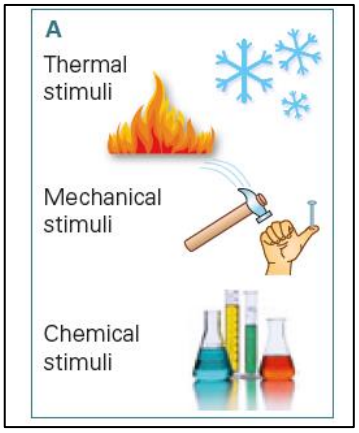
All pain is experienced in your nervous system.

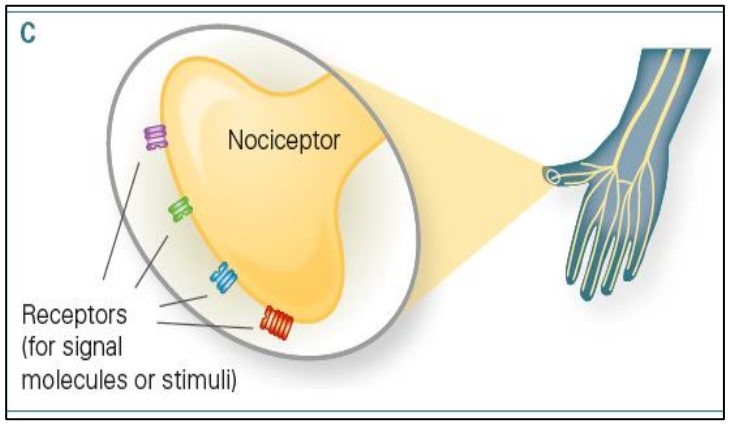
Nociception: Sensing Danger

Nociception is the process of danger sensors (nociceptors) on the ends of our peripheral nerves picking up different kinds of sensation that might be dangerous and sending a message to the brain. Nociception is an **input** of information into the nervous system.

The sensation can be:

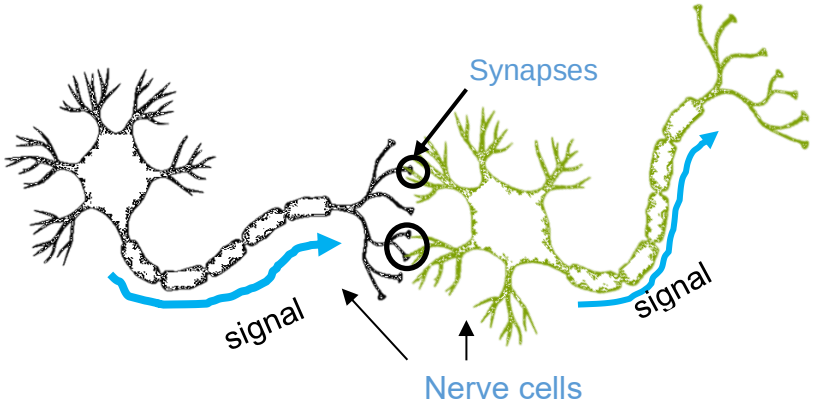
- Temperature, such as hot and cold
- Mechanical, such as pinch, pressure, sharp
- Chemical, including lactic acid, allergens, or inflammation in the body





The Synapse

The synapse is the tiny gap where two nerves meet and exchange information. They exist throughout the nervous system, including many in the brain. There are billions of neurons and trillions of synapses in each of our nervous systems!

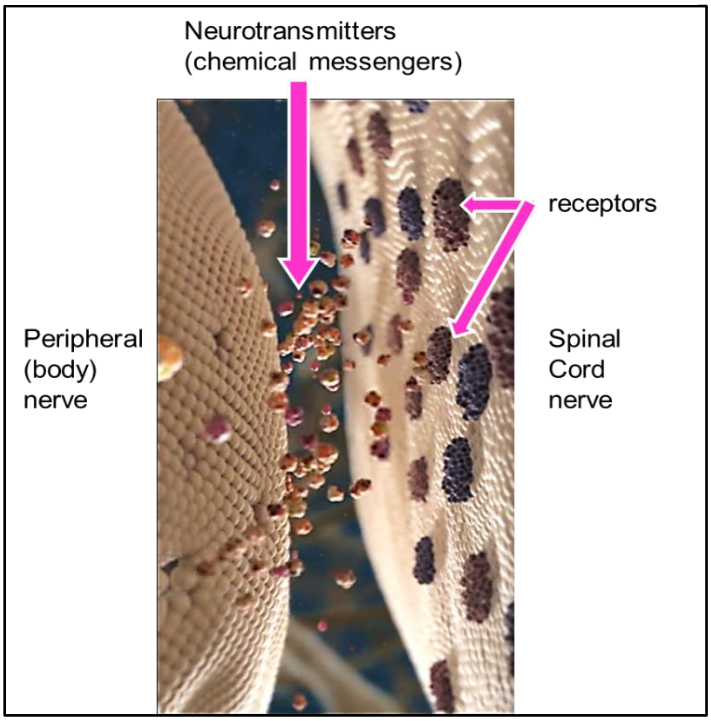


In the synapse, the signal changes from an electrical signal to a chemical signal. The peripheral nerve releases chemical messengers (neurotransmitters) that tell the spinal cord nerves what to do.

These chemicals fit into receptors on the spinal cord nerve and tell the spinal cord to send this message by electrical signal up to the brain.

Each synapse is one place where the danger signal continues or stops, and a place where calming signals can change the danger signal.

The Synapse

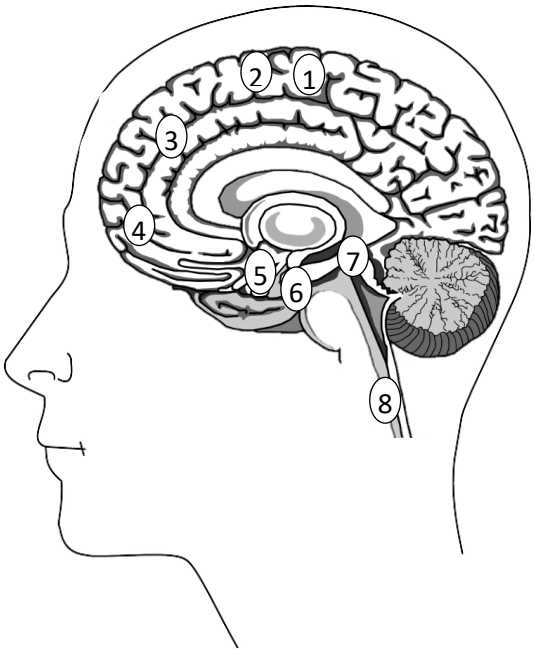


The receptors are like the holes in this child's toy, and the chemicals are like the blocks – only certain chemicals fit into each type of receptor.

As long as there are enough chemical messengers, the message will continue. If there are not enough, then the spinal cord will not send the danger message along.

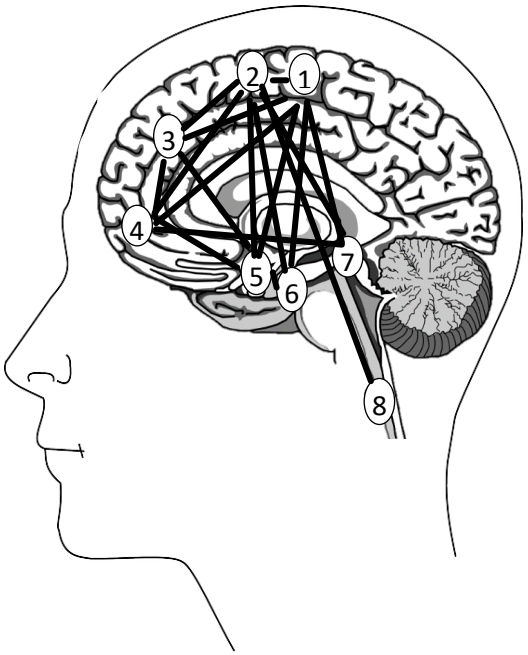
The Brain

When a danger message reaches the brain, it is sent to many different areas. All these areas of the brain work together to process the message. The brain then decides what needs to be done next to protect you.

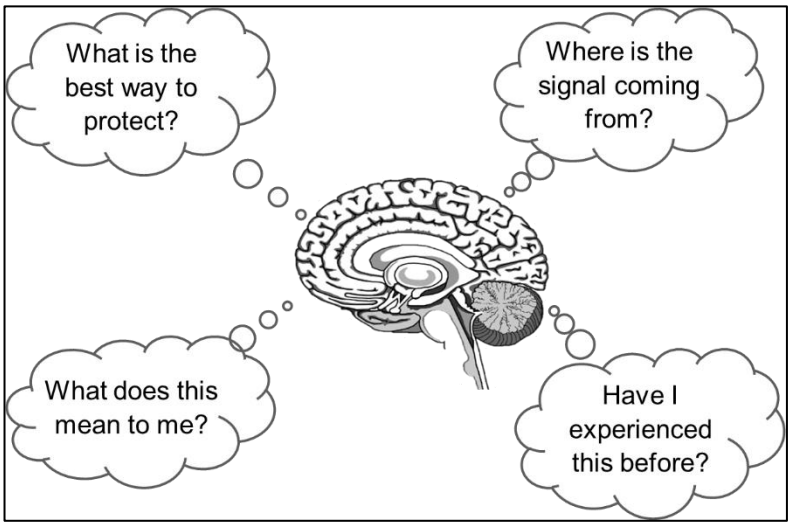


1	Sensory Cortex	Identifies body parts
2	Premotor/ motor cortex	Organizes movements
3	Cingulate cortex	Concentration and focus
4	Prefrontal cortex	Problem solving
5	Hypothalamus/ thalamus	Stress response, regulates autonomic system
6	Amygdala	Fear, anxiety, anticipation, emotions
7	Hippocampus	Memory
8	Spinal cord	Gateway from the peripheral nerves

All these areas of the brain connect to one another in a network. This network is made up of common pathways that signals travel along. It is sometimes called the neuromatrix. The purpose of the neuromatrix is to organize information coming into our brain so that our bodies respond as a unified whole, such as in the pain response. This establishes a pattern of connected sensations, thoughts, actions, and emotions over time. We can think of this network like an orchestra playing a song. Everyone's song is a little different.



The brain will decide what the signals mean: the context is important! For example…A paper cut will hurt more on a violinist's finger because that hand is important to the person's livelihood. When the brain has decided what the signals mean, we may feel pain: Pain is an **output** of the nervous system.



If the brain decides protection is needed, then pain is experienced!

Key points:

- Pain is there to protect us
- Chronic pain is a common experience
- Danger messages go to many areas of the brain
- No matter where we feel pain in the body, all pain is processed by the brain

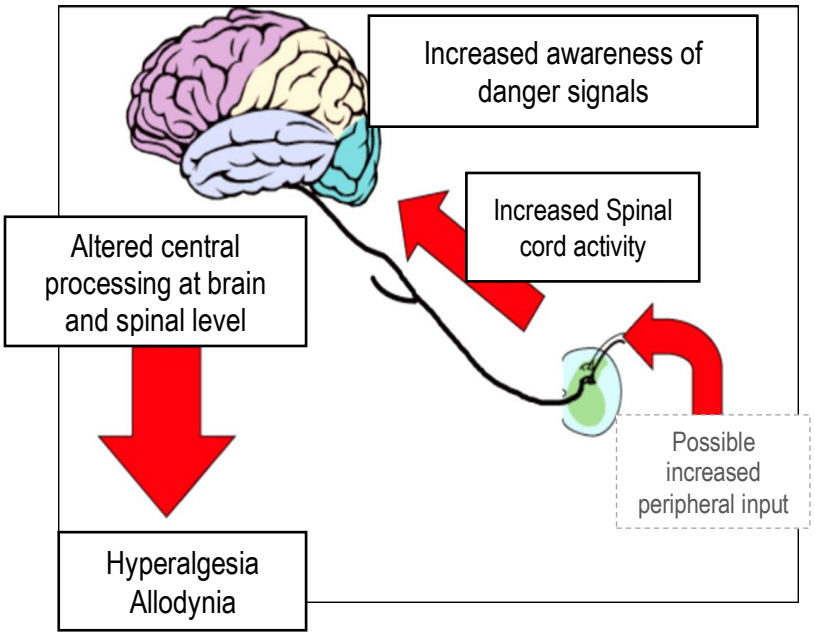
Why does pain persist?

Over time the nervous system gets more sensitive, like a fire alarm going off even after the fire has been put out. This is why we can still feel pain even after an injury has healed. The brain is trying protect you from future dangers by changing brain pathways that regulate emotions, memory, movement, stress, and so on. These pathways get stronger over time, so messages get sent more quickly.

Peripheral and Central Sensitization

Different parts of the nervous system can become more sensitive in different ways. We call it peripheral sensitization when the body nerves change, and central sensitization when the brain and spinal cord change.

- The peripheral (body) nerves can build more danger sensors due to inflammation or scar tissue from surgery.
- Body nerves can become more sensitive to potential danger due to the chemicals released during a stress response.
- In the synapse, the body can produce more chemical messengers to pass on danger messages.
- In the synapse, the body can make more receptors to pick up chemical danger messages.

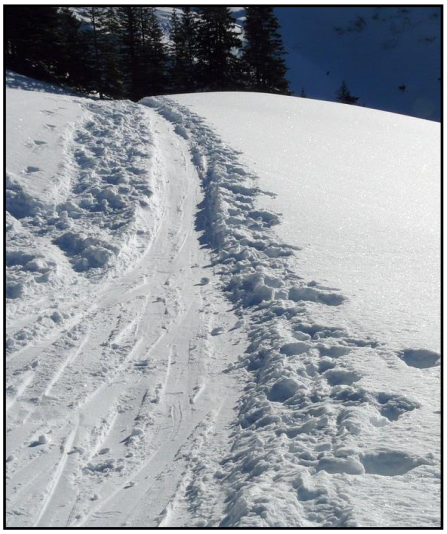


Central sensitization means that the brain and spinal cord have become more sensitive to various types of stimulation. Central sensitization has two distinct characteristics:

- Hyperalgesia – things that hurt start to hurt more
- Allodynia – things that didn't hurt now hurt

The nervous system's ability to change and adapt to our experiences is called **neuroplasticity.** All of these changes in peripheral and central sensitization are examples of neuroplasticity in action.

Neuroplasticity



The pattern of connections between brain areas can become like a well-worn path. Sometimes we say, “What fires together wires together,” to describe how brain areas become linked. When one group of brain cells is active and sends a lot of messages to activate another group of brain cells, these areas can become strongly connected.

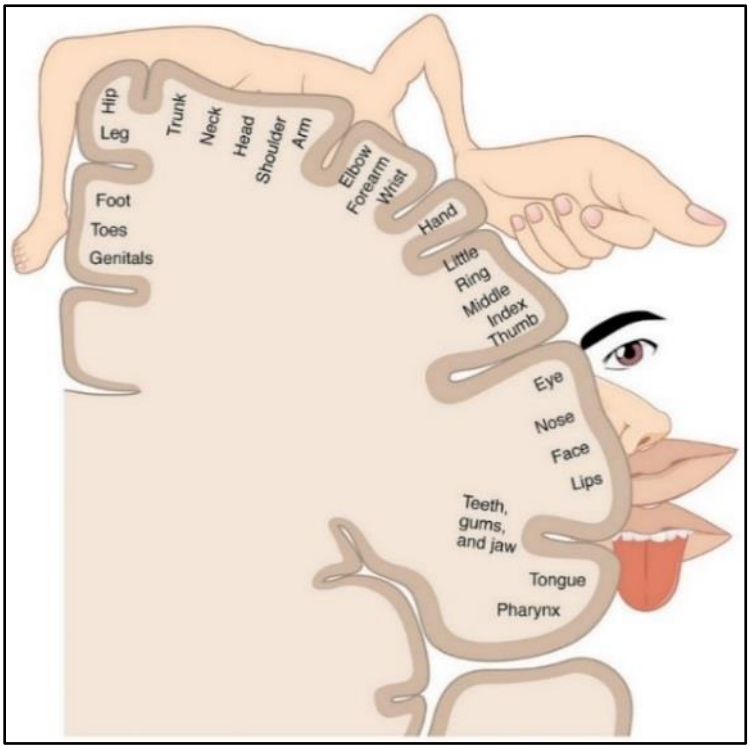
Another way you can think of this is imagining our brain connections are like paths through fresh snow. When we use the same parts of our brain together, and they send messages back and forth the same way one over and over, it is like creating a faster path. When you are starting a new pain self-management strategy or doing something new to manage your pain, it will be like making a new path through the snow.

Ways the Brain Changes: The Virtual Body Map

The virtual body map or homunculus is an area of the brain where all of the parts of the body are represented.

This body map helps explain why people can have pain even when there is no damage to that body part. There is even a condition called “phantom limb pain” in which people who have had an amputation still feel pain in the missing limb. The pain is actually being processed in the brain’s virtual body map. This can happen without having an amputation – it can be part of central sensitization.

Over time, the areas representing different body parts on the virtual map can “smudge” together, making it feel like the pain is spreading to other areas of the body, even when there is no new tissue damage or harm.



Ways the Brain Changes: Memory

People who have been in car collisions often report their pain increases when they visit the scene of the collision. The memory part of the brain can activate the "pain song" and send danger messages to the other parts of the brain.

Ways the Brain Changes: Thoughts and Emotions

Thoughts that increase our perception of threat can activate the "pain song." For example, every time we think, "My back is wrecked," or, "It's bone on bone in there," or, "my body is falling apart," this strengthens the connection between the thought, movement, and sensory areas of the brain.

Key points:

- Pain can last long after tissues such as muscle, bone, and nerves heal
- The nervous system changes over time in a process called "neuroplasticity"
- The areas of the brain that process danger signals and protect us with pain get more strongly connected and are more easily activated
- New pain or changes in pain can sometimes be explained by central sensitization
- **Neuroplasticity got you into this mess, and neuroplasticity can get you out again! (Explain pain supercharged, p. 74)**

What factors can affect whether pain will persist?

How does nervous system sensitivity increase?

It may be surprising, but our thoughts, feelings, and actions can actually change our body chemistry as well as how our brains communicate. Since pain is an output of the nervous system, many of these inputs below can be part of the information the brain considers when deciding whether or not protection by pain is needed. Below are some of the factors that influence the sensitivity of the nervous system.

Thoughts	Feelings	Actions	Stressors
• Beliefs • Expectations • Memories • Inner self-talk	• Depression • Anxiety • Anger	• Avoiding activity • Resting a lot • Trouble following through on tasks	• Busy schedule • Lack of social support • Limited financial resources

Beliefs and thoughts can have an effect on our pain.

Alarm-raising Beliefs or thoughts	Calming beliefs or thoughts
This pain is killing me!	This pain is unpleasant but I can find ways to cope with it.
“I’m in pain so there must be something harmful happening to my body.”	Pain does not mean damage to the body. Pain is there to protect us.
“The MRI shows lots of degeneration, someone should fix my back so it stops hurting.”	Degeneration is not always linked to pain. This could be like “wrinkles on the inside.”
“I am so worried that this pain means I’ve injured my back again - I am not going to do anything until it goes away!”	Moving may feel uncomfortable right now, but hurt is not harm.
“We can send people into space, someone should just fix this pain for me!”	Pain is complex! It is something my nervous system learned over time, and will take time to retrain my nervous system to become less sensitive.

Feelings affect pain

It is normal to feel unhappy, worried, or angry when we experience pain. People usually want to escape or get away from these feelings. However, avoiding difficult emotions can increase stress in the long term or lead to unhelpful ways of coping. This in turn can lead to more pain. People with chronic pain who learn to manage difficult emotions and cope with them in helpful ways report the following:

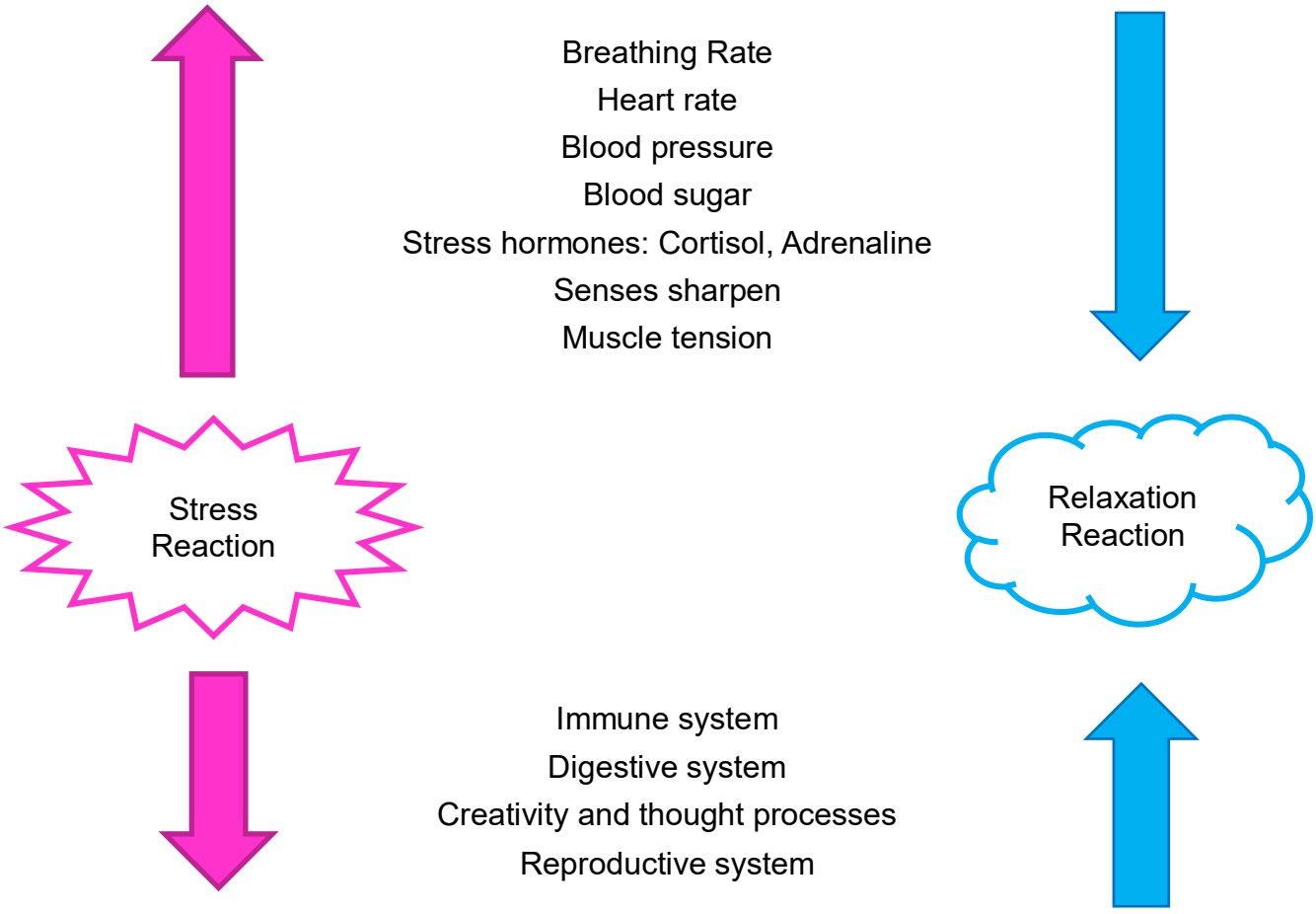
- Better life satisfaction
- Lower pain intensity
- Better day to day function

The Stress Reaction

Pain and stress are very strongly connected. The stress reaction can happen in response to a dangerous or potentially dangerous situation, including thinking about a dangerous situation. The stress reaction (fight, flight, or freeze) and relaxation reaction (rest and digest) are opposite reactions and only one can be going on at a time. In times of stress, the body’s short term survival systems get energy and the body’s long term survival systems do not.

The Stress Reaction

(Cai-Duarte, Kircher, Moore, & Sheffe, 2018)



Chronic stressors, particularly when they occur in early childhood, have the potential to change how the nervous system responds (Vinalli, 2016, Goldstein, 2019).

- Up to 40% of people presenting for pain treatment also have PTSD (Goldstein, 2019)
- Up to 75% of people presenting for PTSD treatment also have chronic pain (Goldstein, 2019)
- People with both PTSD and pain report more pain sensitivity, functional interference and disability
- Past adverse experiences, threats of death, serious injury, or violence may contribute to the development of chronic pain and mental health disorders.

Adverse Childhood Experiences

- Physical violence from parents or caregivers
- Sexual abuse
- Neglect
- Being separated from parents or caregivers frequently or for a long time

Traumatic Experiences

- Sexual or physical assault
- Highly stressful medical interactions
- Historical trauma, intergenerational transmission of trauma, race-based trauma

To check your own ACE score, you can visit: https://acestoohigh.com/got-your-ace-score/

Seeing medical imaging can raise the alarm

If you have been told of abnormal findings on an MRI or x-ray, it makes sense to be concerned! However, many "abnormal findings" actually show normal changes that happen with aging.

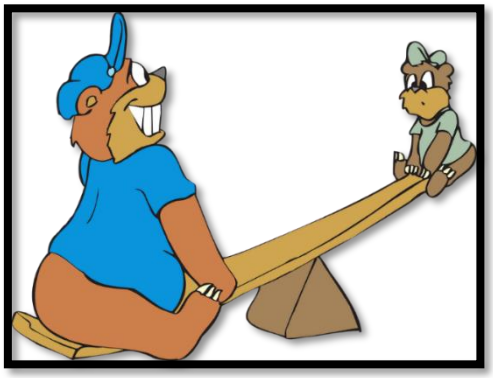
- Studies show low back disc degeneration in 40% of people under 30 years old and 90% of people over age 50! (Jam, 2014, poster)
- MRI studies of healthy adults **with NO back pain** found that 29% of these adults had disc bulges that were pressing on the spinal cord, yet they didn't have any symptoms!

Behaviours and actions

Our behaviour (what we do) can teach the nervous system that an activity or movement is safe or dangerous. Often we behave in predictable ways in response to pain.

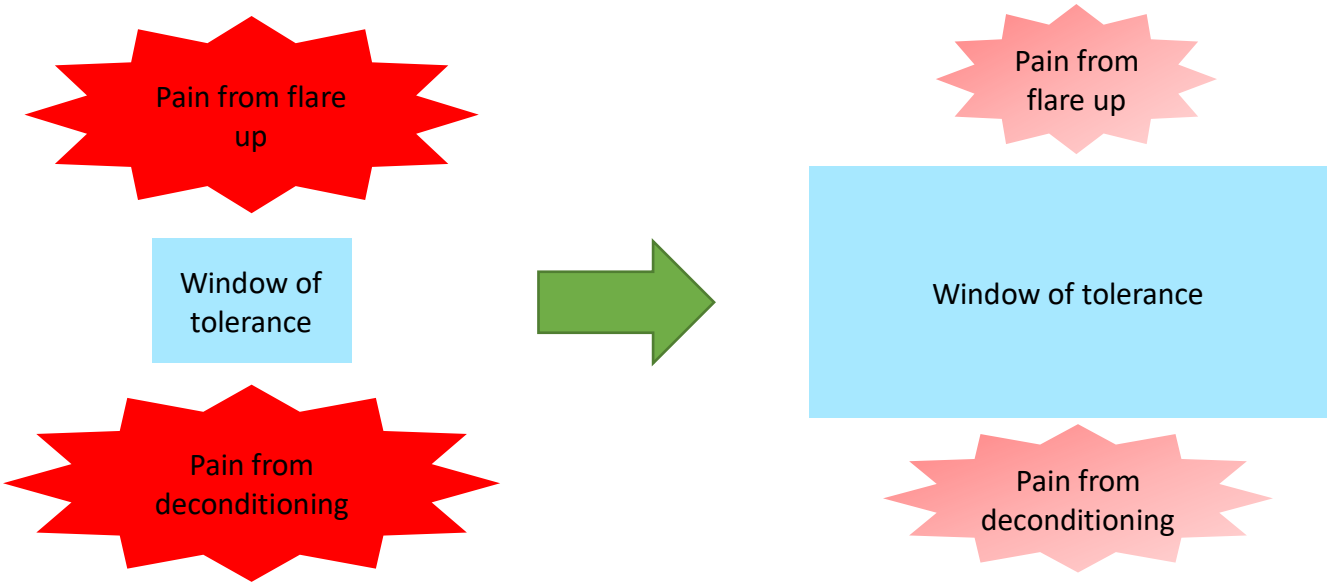
One common approach to pain is the "push through" approach. People may keep going no matter what, which can lead to a crash or pain flare up. This teaches the brain that activity and movement is dangerous, and results in more protection by pain over the long-term.

Another common approach to pain is the "wait until" approach. People may wait until pain is lower or gone, and only do activity when pain is low. This teaches the brain that we can't move safely if pain is present. When we stop an activity due to pain and don't come back to it after a short break or rest, this also conditions the nervous system to produce a greater sense of danger around that activity.



Usually people use a combination of these two approaches: trying to get everything done on a good day, then crash, then wait for pain to decrease, then push through again. This is like being on a teeter totter.

Overall, our window of tolerance for activity can shrink over time as the brain overprotects with pain. Over time, we can increase that window of tolerance for activity and movement. We can do this through using brain training techniques.



Summary: Factors that can increase or decrease sensitivity

Things you hear, see, smell, taste, touch	Noisy crowds, sounds at dentist, massage, watch funny video
Things you do	Smoking, physical activity, inactivity, overactivity
Things you say	My knee is busted, it's old age, it hurts but doesn't harm me
Things you think and believe	Pain is forever, insurance has it in for me, I can't do it
Places you go	Doctor's office, hospital, dance class
People in your life	Friends, nosy neighbor, out of date health care provider
Things happening in your body	Stress, fatigue, quality of sleep

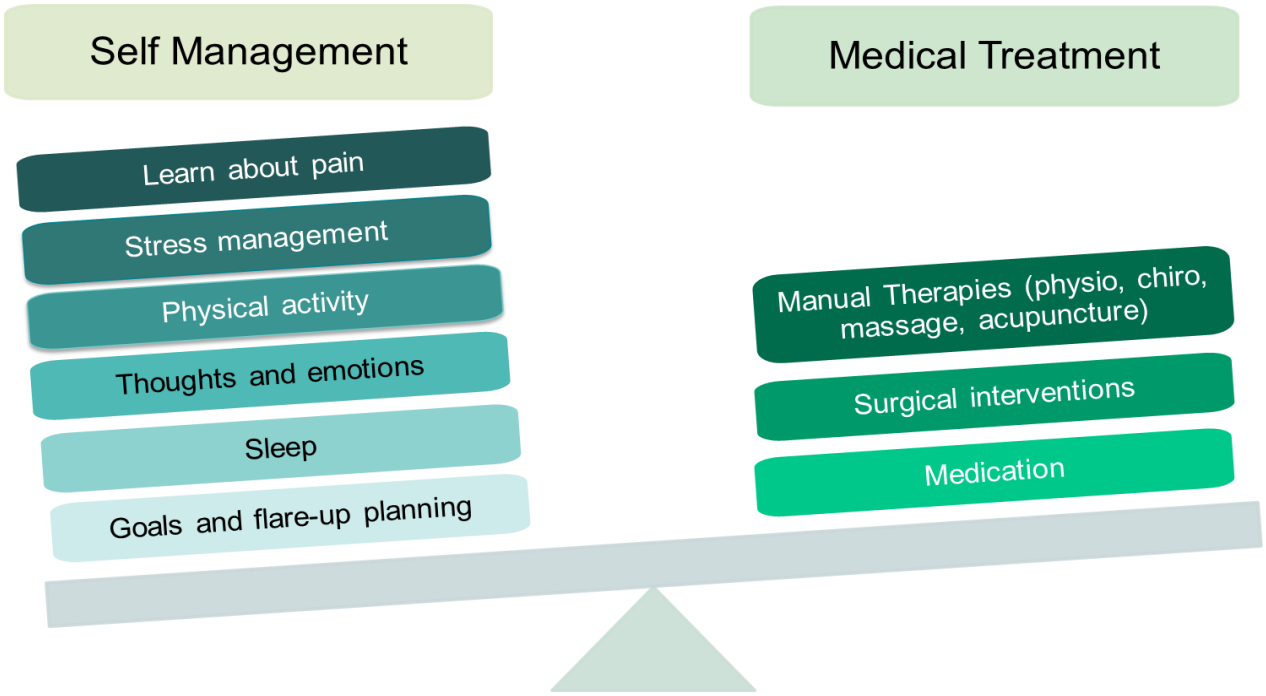
What are some of your own sensitivity factors?

What increases sensitivity? (Turns up the alarm)		What decreases sensitivity? (Turns down the alarm)
	1. Things you hear, see, smell, taste, touch	
	2. Things you do	
	3. Things you say	
	4. Things you think and believe	
	5. Places you go	
	6. People in your life	
	7. Things happening in your body	

Key points:

- Identifying factors that affect our own pain can be helpful to understand what makes pain worse or better.
- Thoughts, feelings, and beliefs about pain can be danger signals that amplify pain
- Actions and stressors can also be danger signals
- We can identify and create more safety signals to desensitize the nervous system. We can do this through self-management skills to retrain the nervous system.

How can I manage my pain?



Self-management and medical treatment are both important parts of your pain management plan. Ongoing self-management of your pain and health care allows you to be the one in charge of your health, and is important regardless of your diagnosis or health condition.

Self-management programs help people to:

- Learn new ways to solve pain related issues
- Change habits (improve sleep, activity, function)
- Learn how to find and use community resources
- Learn to communicate and advocate with your health care team

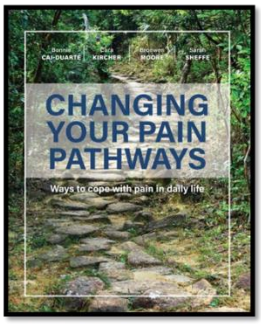
How do I get ready for self-management? Check off all statements that apply.

- ☐ I am ready to **learn new strategies for coping** with persistent pain.
- ☐ I am ready to commit to **trying new strategies at home.**
- ☐ I **am addressing any unstable medical issues** that require priority treatment.
- ☐ I **am addressing any mental illness**, including active psychosis, self-harm, or dissociation.
- ☐ I want to **increase my participation in important activities.**
- ☐ I want to **develop a plan** for better pain management.
- ☐ I will look for ways to **connect** with my community and find available resources.

Self-Management Strategies

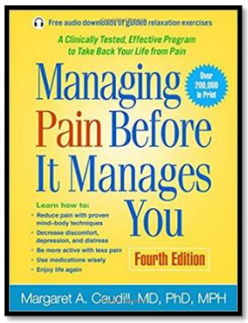
Learning about pain and pain management tends to help people feel more confident and less fearful, which are powerful safety messages.

Learn about Pain



- YouTube videos
  - Tame the beast
  - Understanding Pain in 5 minutes or less

- Books
  - Managing pain before it manages you
  - Explain Pain 2nd Edition
  - Changing Your Pain Pathways: Ways to cope with pain in daily life
  - The Explain Pain Handbook Protectometer



- Websites
  - www.tapmipain.ca
  - https://www.liveplanbe.ca/
  - www.painscience.com

Stress Management

Finding healthy, effective ways to cope with stress begins with knowing what tends to cause you stress, and what stress feels like for you. You can think about stress management like turning down the heat on a pot of water before it boils over.

1. Identify patterns of stressors: people, places, body sensations, weather, mood, activities, internal or external
2. Identify warning signs: body sensations, emotions, and behaviours that are clues to stress ramping up

Coping with stress can include the following strategies:

- ☐ Find outlets for frustration
  - Deep breathing, Enjoyable exercise, Meditation, Creativity
- ☐ Regular relaxation
  - Guided relaxation techniques, Experience nature, use heat or cold, self-massage, visualization

- ☐ Gain social support
  - Talk to caring people, Give support to others
- ☐ Create predictability and routine where possible
  - Budgeting, Schedules
- ☐ Figure out where it is helpful for you to have control
  - Create realistic goals, Be aware of your feelings

Physical activity

Physical activity is:

- Any body movement, using muscles, requiring increase in use of energy

Exercise is:

- A type of physical activity
- Planned and structured body movement to improve physical fitness

In persistent pain, physical activity and exercise have an important role in re-training the brain. Physical activity can improve sleep, mood, and energy, and can decrease pain from deconditioning. Gradually getting used to movement in ways that feel safe and calm helps to decrease the brain's assessment of danger. Avoidance of painful activities reinforces the brain's assessment of danger.

Physical activity may require pacing or activity adaptation to help you keep doing what you need and want to do.

- Pacing
  - Balance activity and rest
  - Over-resting can lead to pain from deconditioning
  - Over-doing can lead to pain flare-ups
- Adapting activity
  - Find creative new ways to keep doing what you need to do and want to do
  - Prioritize, take breaks, delegate, use tools and adaptive assistive devices

Here are a few ideas for gentle movement:

- ☐ Walking
- ☐ Restorative yoga
- ☐ Tai chi
- ☐ Chair yoga
- ☐ Qi gong
- ☐ Dancing
- ☐ Warm water pools: swimming, hydrotherapy, or aquafit classes

How do I know if it's safe to move?

- Is pain in a completely new area of the body, and is it different than your usual pain?
- Is there new tingling, burning, numbness, or weakness?
- Does the pain last longer than about 2 days (delayed onset muscle soreness can come on even after 24 hours) – you shouldn't pay for it days later.
- Pain shouldn't increase with every repetition (this is not necessarily unsafe, just means you need to change something. For example, make the movement smaller, go slower, or do fewer repetitions)

Thoughts and Emotions

Informal strategies:

- ☐ Coping self-talk, e.g., "This hurts but doesn't harm me." "This is uncomfortable now but I know it will fade." "I can feel pain and still feel calm."
- ☐ Talk with a friend, loved one
- ☐ Spend time with a pet
- ☐ Write in a journal

Formal therapeutic strategies for coping with difficult feelings or thoughts:

- ☐ Cognitive behavioural therapy (CBT)
- ☐ Acceptance and Commitment Therapy (ACT)
- ☐ Mindfulness-based stress reduction (MBSR)
- ☐ Trauma Therapy

Sleep

- 50% to 80% of people with persistent pain have trouble with their sleep.
- The body systems that make us sleep are guided by cues such as light and darkness, activity level, and routines.
- Benefits of sleeping well include improved memory and concentration, improved immune system, lower stress, more energy, less pain intensity, and faster healing.

Sleep strategies:

- ☐ Have a consistent and relaxing bedtime routine
- ☐ No screen time at least 1 hour before bed (blue light disrupts the body clock)
- ☐ Wake up at the same time every day
- ☐ Get bright light in the morning
- ☐ Move your body during the day
- ☐ Avoid napping

Smoking Cessation

- People with pain are more likely to smoke than the general population
- People who smoke rate their pain higher than people who don't
- Nicotine may decrease pain in the moment that you are smoking, but causes long term increases in pain

Setting Goals

Goals are:

- Things you can check off a to-do list
- Achievements
- Activities involving concrete actions

Why bother to set goals?

- Helps us know if we're living according to our values
- Helps to stay organized
- Helps to stay motivated

Often, we set goals that are too big or hard to achieve. Setting small, meaningful, SMART goals can help you to see more success.

Plan for Flare-ups

Flare-ups are a normal part of having persistent pain, and are an increased intensity of pain experience in response to changes in environment, activity, overall health, or stress. Flare-ups are time-limited and have an end.

- ☐ Create a flare-up toolkit to help you through the pain flare-up.
  - ☐ A list of helpful pain-management strategies
  - ☐ Relaxing items ready to go in a box

Medical Treatment

Manual Therapies

These therapies can offer short term relief. They should be used if they help to get you closer to your activity goals.

- ☐ Massage Therapy
- ☐ Physiotherapy
- ☐ Acupuncture
- ☐ Chiropractor
- ☐ Modalities: TENS machine, heat, cold

Medications

Medication Principles: The 5 "S"

1. **S**triking a Balance of risks and benefits
   - Pain relief and side effects/addiction/drug interactions
2. **S**ignificant pain relief
   - Defined as ~30% pain reduction
3. **S**afe use of opioid medications
4. **S**elf-medications and prescription medications
   - Who, what, when, how and why you are taking
   - Maintain a current list of medications
   - Your community and clinic pharmacists can help you!
5. **S**afe storage and disposal of medications

Common medications used to manage chronic pain: (***use only under direction of your doctor or nurse practitioner)***

Simple analgesics	• Acetaminophen (Tylenol ®, Tylenol 1®, Robaxacet ®)
Anti-Inflammatories (NSAIDs)	• Ibuprofen (Motrin ®, Advil ®) • Naproxen (Aleve ®) • Celecoxib (Celebrex ®) • Topical NSAIDs (e.g., Voltaren®)
Antidepressants	• Duloxetine (Cymbalta ®) • Venlafaxine (Effexor ®) • Amitriptyline (Elavil®) • Nortriptyline (Aventyl®)
Anticonvulsants	• Pregabalin (Lyrica ®) • Gabapentin (Neurontin ®) • Topiramate (Topamax®) **migraines* • Carbamazepine (Tegretol®) **trigeminal neuralgia*

Minimize adverse drug events by considering the following:

- Avoid prolonged use of these medications (over 1 month of daily use)
  - Opioids – for example, Percocet, hydromorphone, morphine
  - Benzodiazepines – for example, Lorazepam, Clonazepam, Diazepam
  - Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) – for example, ibuprofen, naproxen

- Talk to your health care provider about opportunities to "de-prescribe"

- Take medications within the recommendation doses
  - Increasing doses of some medications may not provide further benefits for pain

Surgical Interventions

Surgical interventions are considered a success with 50% decrease in pain. They are not typically used for widespread pain. Here are some of the more common surgical interventions used in pain management:

Epidural Steroid Injections	• Used for back pain associated with certain conditions such as spinal stenosis. • A combination of corticosteroids and local anesthesia is injected around the spinal cord and nerves. • The effects of the injection may last from one week to six months.
Nerve Blocks	• Used for pain in the neck, back, feet, or head, if pain is only in ONE body area linked to a specific nerve • May include local anesthetic and epinephrine, with corticosteroids, and/or opioids that are injected directly into the nerve group associated with reported pain.
Trigger Point Injections	• Used to relieve muscle knots that form when muscles do not relax. • The injection contains a local anesthetic that may include a corticosteroid.

Facet Injections	• Used for chronic neck or back pain caused by inflamed facet joints, which are located between each set of vertebrae in the spine from the neck to the tailbone. • A mixture of local anesthetic and corticosteroid medication is injected into the facet joint to reduce swelling and inflammation around the facet joint space.
Radio-frequency Ablation	• Used to treat severe chronic low back pain. • Radiofrequency waves produce high heat on specifically identified nerves surrounding the facet joints in the lumbar spine, cutting the nerves and destroying their ability to transmit signals. • In most people the nerves regenerate.
OnabotulinnumtoxinA (Brand name: Botox)	• Used for relief of frequent migraine headaches.
Spinal Cord Stimulator	• The most common use is with people diagnosed with failed back syndrome • A SCS includes electrodes implanted in the spine, an electrical pulse generator implanted in the lower abdominal area of gluteal region, connecting wires to the generator, and a generator remote control.

Key points:

- Pain self-management and medical intervention are both important parts of a pain management plan
- Self-management strategies are things you can do for yourself and can be thought of as retraining your nervous system for safety and calm
- Medical and surgical interventions are considered successful when pain is reduced by 30-50%
- Stress management, physical activity, and coping with thoughts and emotions are all ways to decrease central sensitization of the nervous system.

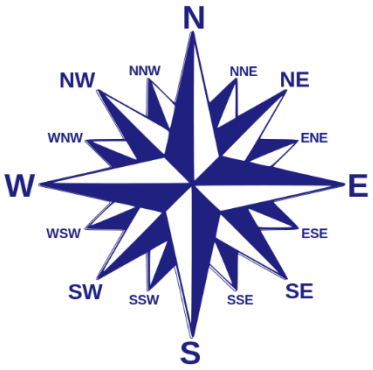
Making a Plan for Pain Management

People have different reasons and levels of motivation to address chronic pain using self-management. It can be helpful to reflect on what you want to do about your concerns related to your pain, your current pain management, and your plan for managing pain in the future.

The final choice and decisions about any changes you make in your lives is always your own. Each person's plan is personal and unique, and based in your own values.

What is a value?

- A principle that can give life direction and meaning
- Your own judgment of what is important in life
- A compass for how you behave or act
- Personal
- Can change over time
- NOT a goal – we never "achieve" our values



Knowing our values can help us:

- Prioritize what activities are important/meaningful
- Choose and do activities that give a sense of purpose
- Make decisions
- Have less stress over conflicting values

How do I identify my values?

- What do you want your life to be about?
- What sort of person do you want to be?
- What kind of things would you be doing if you were living that value?

On the next pages is a list of common values. Check off any that are important to you.

	Acceptance	To be accepting of myself, others, life, etc.
	Adventure	To actively explore new or stimulating experiences
	Authenticity	To be authentic, genuine, and real; to be true to myself
	Compassion	To act kindly toward myself and others in pain
	Connection	To engage fully in whatever I'm doing and be present with others
	Cooperation	To be cooperative and collaborative with others
	Courage	To persist in the face of fear, threat, or difficulty
	Creativity	To be creative or innovative
	Comfort	To feel ease, strength, and hope
	Curiosity	To be open-minded, and interested; to explore and discover
	Fairness and justice	To be fair and just to myself or others
	Family and friends	To have caring, meaningful relationships with others
	Flexibility	To adjust and adapt readily to changing circumstances
	Freedom	To choose how I live and help others do likewise
	Forgiveness	To be forgiving toward myself or others
	Fun and humor	To seek, create, and engage in fun-filled activities
	Generosity	To contribute, give, help, assist, or share
	Gratitude	To be grateful for and appreciative of myself, others, and life
	Health	To be in a state of thriving or doing well
	Honesty	To be honest, truthful, and sincere with myself and others
	Independence	To be able to rely on oneself for strength and effectiveness
	Kindness	To be considerate, nurturing, or caring toward myself or others
	Love	To act lovingly or affectionately toward myself or others
	Nurturance	To provide affectionate care and attention; to take care of my body and mind
	Order	To be orderly and organized
	Patience	To go through difficulty or strain calmly and without haste
	Persistence	To continue resolutely, despite problems or difficulties.
	Productivity	To be effective in bringing about results; to work
	Respect/self-respect	To treat myself and others with care and consideration
	Responsibility	To be responsible and accountable for my actions
	Sensuality/ pleasure	To create or enjoy pleasurable and sensual experiences
	Spirituality	To have a deep sense of belonging and connectedness relating to something bigger than oneself
	Other	

Top Three Values

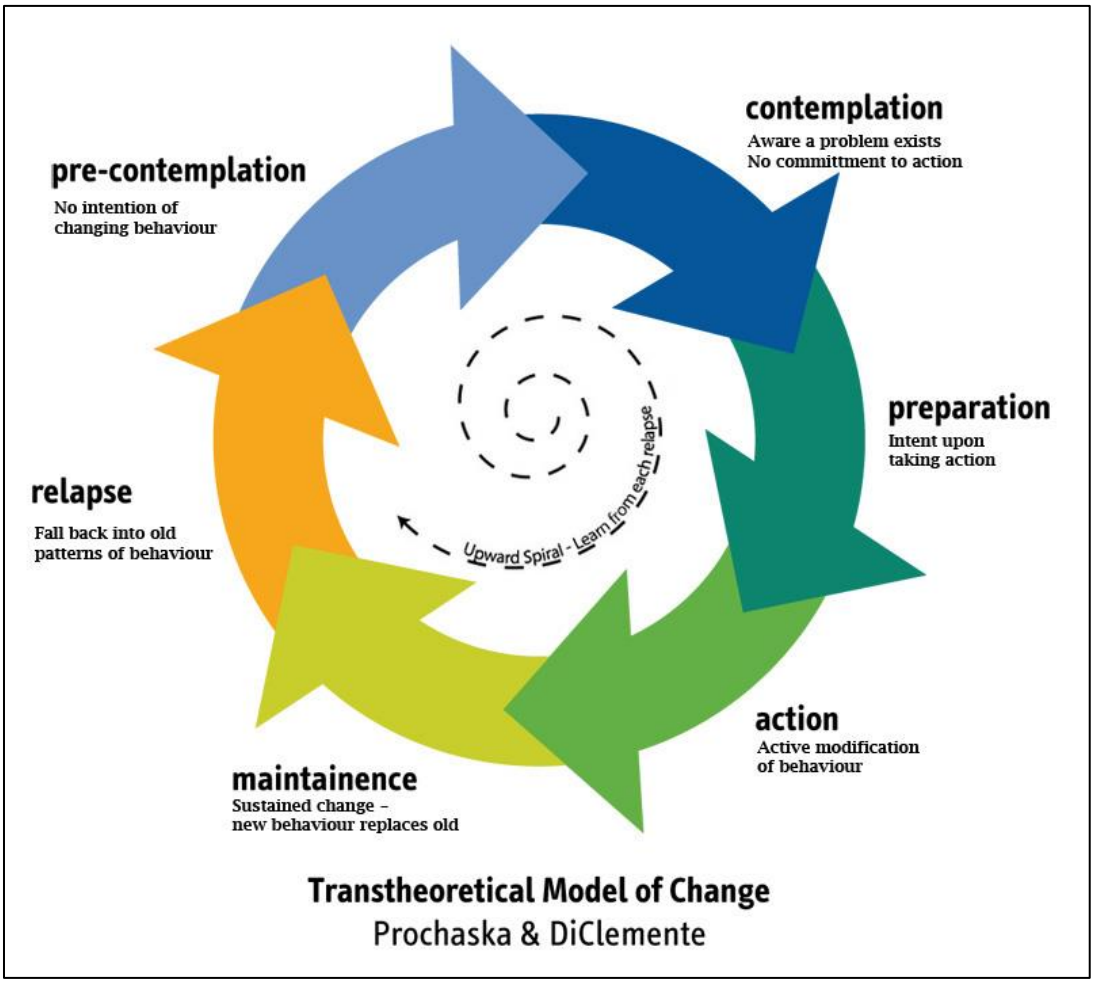
List the values that are most important to you.

1. _____
2. _____
3. _____

Values give life purpose and meaning. However, pain can be a major barrier to acting in accordance with our values. Self-management strategies and skills can help us move toward our values, even in small ways. If you aren't sure where to start, use the following stages of change guide to help you decide!

What are stages of change?

The pain stages of change model can help us to reflect and think about our own motivation to make changes in our lives. There are 5 stages of change: Pre-contemplation, Contemplation, Preparation, Action and Maintenance.



How do I find my stage of change?

Stage of change	Common thoughts or beliefs
Pre-contemplation	☐ I don't need to change. ☐ My pain is strictly physical. ☐ I only need to use medical interventions (like surgery and medication) for pain control. ☐ I don't think self-management will help me. ☐ I don't plan to change any of my behaviour in the next 6 months.
Contemplation	☐ Do I need to change? ☐ I think a strictly medical approach has some limits, and I see the potential benefits of self-management ☐ I see some risks of not changing my behavior. ☐ I am considering making a change, but still unsure and feel on the fence.
Preparation	☐ I will change, just not yet. ☐ I've weighed the pros and cons of change, and decided that the pros of self-management outweigh the cons. ☐ I plan to change in the next month. ☐ I am getting ready for change, for example, by searching for ways to try new strategies.
Action	☐ I am changing. ☐ I am willing to change and I am doing self-management. ☐ I sometimes feel tempted to return to old behaviors during the first weeks and months of change. ☐ I am still getting more confidence in my ability to try new things.
Maintenance	☐ I have changed. ☐ I firmly believe in the usefulness of self-management. ☐ My new behavior is habitual and doesn't take a lot of effort to keep going. ☐ I intend to expand my pain management coping skills. ☐ I am very confident that I will maintain my changes.

What you can do based on your stage of change

Find your stage of change below, and go to the page that has the recommended activity.

Precontemplation

- ☐ Short-term and long-term pros and cons: **page 32**

Contemplation:

- ☐ Making a decision: **page 33**
- ☐ Pain self management plan: **page 35**

Preparation:

- ☐ SMART goal worksheet – choose one habit or strategy to change: **page 38**

Action:

- ☐ Preparing for challenges: **page 42**
- ☐ Staying motivated: **page 43**
- ☐ Getting confident: **page 44**

Maintenance:

- ☐ Consider adding a new strategy to your self-management toolbox – you can get ideas from the pain self management checklist **page 35**
- ☐ Staying on track **page 45**

What should I do next?

There are many ways you can work towards a personal pain management plan:

- ☐ Fill out the worksheets in this workbook.
- ☐ Create a flare-up toolkit.
- ☐ Use workbooks and online resources (*see resources starting on **page 46***)
- ☐ Go to a peer support group
- ☐ Go to a self-management group for pain in your community
- ☐ Let your doctor, counsellor, physiotherapist, or other health care provider know about your plan, and touch base regularly.
- ☐ Ask your doctor to refer you to TAPMI self-management groups if you think you need more support.
- ☐ Talk to us or your doctor if you need any guidance! We are available over the phone at 416-323-6269, or through My Health Record online patient portal.

Worksheets

Short-term and Long-term Pros and Cons Grid

Short-term	Long-term
1. Pros: What are the short-term pros of continuing with your current behavior? *e.g. I don't get sore/hurt*	2. Pros: What are the long-term pros of continuing with your current behavior? *e.g. I continue to hold out hope for a fix*
3. Cons: What are the short-term cons of continuing with your current behavior? *e.g. When in pain, I don't do anything, even important tasks*	4. Cons: What are the long term cons of continuing with your current behavior? *e.g. I don't feel that good anyway*

Making a Decision

Based on Handout 3.1 from Group Therapy for Substance Use Disorders: A Motivational Cognitive-Behavioral Approach. Copyright 2011 by the Guilford Press. By Linda Carter Sobell and Mark B. Sobell.

The behavior I am thinking of changing is:

_____

When trying to make a decision, people often weigh the costs and benefits of the options. It is common to have mixed feelings when making decisions.

This worksheet will help you look at the good things and difficult things about changing.
To make a change, the scale needs to tip so the costs outweigh the benefits.

List the costs and benefits of changing and of not changing. Look at each list and ask yourself: are the costs worth it?

	Changing	Not Changing
Benefits of		
Costs of		

It's your decision! You are the one who must decide what it will take to tip the scale in favor of changing.

The most important reason I want to change is:

What steps would you have to take to change?

Pain Self-Management Plan

Adapted from Cai-Duarte, B., Kircher, C., Moore, B., & Sheffe, S. (2018). Changing your pain pathways: Ways to cope with pain in daily life.

We can use neuroplasticity to our advantage to reduce how often our nervous system protects by pain. Your sensitivity is always changing in response to your environment – both internal and external. Below is a checklist with some ways of creating an environment that promotes feelings of safety in your nervous system.

Check off the strategies you want to include in your pain self-management plan. It is best to make sure your flare up plan has strategies from all categories! If your plan looks unbalanced, think about what new strategies you can start to include.

Learn about pain		
YouTube videos	❒ Tame the beast	❒ Understanding Pain in 5 minutes or less
	❒ Lorimer Moseley – Why Things Hurt	❒ See page 36 for more
Books	❒ Changing Your Pain Pathways: Ways to cope with pain in daily life	❒ Managing pain before it manages you
	❒ Explain Pain 2nd Edition	❒ The Explain Pain Handbook Protectometer
	❒ See page 36 for more	
Websites	❒ www.tapmipain.ca	❒ https://www.liveplanbe.ca/
	❒ www.painscience.com	❒ See page 37 for more
Stress Management		
Learn about your stress	❑ Identify your patterns of stressors	❑ Identify your warning signs
Find outlets for frustration	❑ Deep breathing	❑ Enjoyable exercise or physical activity
	❑ Meditation	❑ Creative activity
Regular relaxation - informal	❑ Take a hot bath or shower	❑ Get a massage/ self-massage
	❑ Use a cold or hot pack	❑ Use soothing cream
	❑ Use TENS machine	❑ Listen to relaxing music
	❑ Experience nature	❑ Other:
Regular relaxation - formal	❑ Do a 3-minute breathing space	❑ Do a body scan relaxation
	❑ Gently tighten and release muscles	❑ Imagine being warm and heavy

Gain social support	❑ Give support to others	❑ Volunteer
	❑ Call or talk to a family member: _____	❑ Call or talk to a friend: _____
	❑ Therapist or doctor	❑ Email or text someone
	❑ Attend a group	❑ Call a help line
Create predictability and routine	❑ Create a regular, daily routine	❑ Use a to-do list
	❑ Make a budget	❑ Use an agenda
	❒ Complete activity tracking log page 30 - 34	
Nurture your body	❑ Eat healthy food	❑ Drink water & herbal tea
	❑ Limit alcohol, nicotine, and drugs	❑ Eat comfort food, in moderation
Physical Activity		
Gentle activity	❑ Go out of the house	❑ Go shopping
	❑ Go for a short walk	❑ Stretch gently
	❑ Move gently through your range of motion	❑ Other:
Use Pacing and adapt activities	❑ Take short rest breaks	❑ Take sitting breaks
	❑ Look for new tools and devices to help you	❑ Gradually increase activity only 10% per week
Gentle exercise	❑ Warm water fitness or swimming	❑ Restorative yoga
	❑ Chair yoga	❑ Tai Chi
	❑ Qi Gong	❑ Walking
	❑ Dancing	❑ Other:
Thoughts and Emotions		
Informal strategies	❑ Coping self-talk, e.g., “This hurts but doesn’t harm me.”	❑ Write in a journal
	❑ Spend time with a pet	❑ Talk with a friend, loved one
Therapies	❑ Cognitive behavioural therapy (CBT)	❑ Acceptance and Commitment Therapy (ACT)
	❑ Mindfulness-based stress reduction (MBSR) or mindfulness-based cognitive therapy (MBCT)	❑ Trauma Therapy
Other	❑	❑

Sleep		
Learn sleep strategies	❑ Have a consistent and relaxing bedtime routine ❑ Wake up at the same time every day	❑ No screen time at least 1 hour before bed (blue light disrupts the body clock) ❑ Get bright light in the morning
	❑ Move your body during the day	❑ Avoid napping
	❑ See page 35 for more	❑ Other:
Goals and flare-up planning		
Set a goal	❑ Set a very small, manageable goal (p. 25-25)	❑ Celebrate small wins
	❑ Plan something fun, like a fantasy vacation	❑ Aim to do at least one thing every day
Make a flare-up toolkit	❑ Complete this list of helpful pain management strategies	❑ Gather relaxing items ready to go in a box
	❑ Plan how to slowly ease back into activity as the pain gets better	❑ Plan a reward for when the flare-up passes
Other	❑	❑

Making SMART Goals

Specific: Who, what, when, where, and how

- Name your goal: I want to…
- Make it more detailed: What exactly I am going to do
- Describe the way you'll do it: How am I going to do it?
- Name a location: Where I will do this…
- Name a time of day/week: When I will do this…

Measurable: Amount (1/2 cup), how long (mins), # of times or days in a week

- How are you going to measure this goal?
- How will you know you are making progress?
- How will you know when you have achieved your goal?

Attainable: Make a change you feel confident about achieving

- List the first few actions you need to take to work on this goal. These should be specific as well.
- Think of challenges, barriers, or obstacles to achieving your goal. Come up with at least two solutions for each challenge

Relevant: How relevant is my goal?

- Rate how **confident** you are that you can do this, and how **important** it is to you.
- If you are less than 70% on either, choose a new goal or revise this one.
- List the values you hold that are related to this goal: why is this goal important to you? What is the meaning of this goal?

Time-bound: Establish a time frame in which to achieve your goal

- Set a date to start working on the goal (to complete the first action from the "realistic" stage)
- Set a date for checking your progress

EXAMPLE OF A SMART GOAL ACTION PLAN

SPECIFIC

I want to: *improve my walking*

What I am going to do (be specific): *I am going to walk, standing upright with good posture.*

How am I going to do it? *With my friends, do some stretching exercises to warm up and prepare*

Where I will do this: *Around my neighbourhood*

When I will do this: *Saturdays – every week in the afternoon at 3 pm*

MEASURABLE

How I will measure this to see my progress: (amount, # minutes, # days per week):

5 minutes at a time (starting point) – add 10% per week

Week 1: 5 minutes	*Week 5: 7.25 minutes*	*Week 9: 10.5 minutes*	*Week 13: 15.25 minutes*
Week 2: 5.5 minutes	*Week 6: 8 minutes*	*Week 10: 11.5 minutes*	*Week 14: 16.75 minutes*
Week 3: 6 minutes	*Week 7: 8.75 minutes*	*Week 11: 12.75 minutes*	*Week 15: 18.5 minutes*
Week 4: 6.5 minutes	*Week 8: 9.5 minutes*	*Week 12: 14 minutes*	*Week 16: 20 minutes*

I will know I have achieved my goal when: *I can walk for 20 minutes.*

ATTAINABLE

The first 3 actions I will take to achieve this goal are (be specific):

1. *Pick a day to be the starting day*
2. *Take a book so I can read and have a coffee at the end of my block (5 minutes' walk)*
3. *Call a friend to join me*

Here is how I will cope with challenges while working on this goal:

Challenges	Solutions
1. *Family obligations – people needing me for things.*	• *Learn different ways of saying "no", e.g., say "I'm committed"* • *Remind myself that taking care of myself helps my family as well* • *Share my goal ahead of time so they know it's important to me* • *Put it in my calendar and don't schedule over it*
2. *Sticking to the time for myself*	• *Remembering it's a priority* • *Look at my list of values*
3. *Pain*	• *Remember that my medication is not addictive, and take it as prescribed.* • *Keep doing my stretches and deep breathing* • *Take more frequent breaks during the walk*

RELEVANT

How **confident** am I that I will be able to accomplish this goal?

Not sure — Somewhat sure — Extremely sure

0 1 2 3 4 5 6 7 ⑧ 9 10

How **important** is this goal to me?

Not important — Somewhat important — Very important

0 1 2 3 4 5 6 7 8 9 ⑩

The values related to my goal are (why this goal is important to me):

1) To be able to travel, 2) To be able to keep up with friends and be social, 3) To have fun

TIME-BOUND

I will take the first step on this date: *Monday, November 5th*

I will check my progress on this date: *Monday, Nov. 19th. I will check my progress every 2 weeks.*

SMART Goal Action Plan

SPECIFIC

I want to:

What I am going to do: (be specific)

How am I going to do it?

Where I will do this:

When I will do this:

MEASURABLE

How I will measure this to see my progress: (amount, # minutes, # days per week):

ATTAINABLE

The first 3 actions I will take to achieve this goal are (be specific):

1.

2.

3.

Here is how I will cope with challenges while working on this goal:

Challenges—List 3	Solutions

RELEVANT

How **confident** am I that I will be able to accomplish this goal?

Not sure				Somewhat sure						Extremely sure
0	1	2	3	4	5	6	7	8	9	10

How **important** is this goal to me?

Not important				Somewhat important						Very important
0	1	2	3	4	5	6	7	8	9	10

The values related to my goal are (why this goal is important to me):

_____

_____

TIME-BOUND

I will take the first step on this date: _____

I will check my progress on this date: _____

Preparing for Challenges

Challenges, flare-ups, and set-backs are a normal part of making changes. Planning ahead for how you want to deal with these challenges can make it easier to keep going with your new habits.

Here is how I will cope with challenges:

Challenges	Solutions

Flare up plan

What are the top 5 strategies to help me through a flare up? (You can look at the list of self-management strategies in this book for ideas).

1. _____

2. _____

3. _____

4. _____

5. _____

Staying Motivated

It can be hard to stay motivated to continue making changes when barriers such as pain, time, or fatigue come up.

It can help to remember why this change or habit is important to you. What are some of the reasons you want to keep working on this?

What can you say to yourself when you are feeling unmotivated?

e.g. “I am doing this to take better care of myself,” “I did this once, I can do it now.”

What is one action you can take to get back to your plan when you have had a pause or a flare up?

Getting Confident!

What makes you feel confident about your plan/habit?

What times in your life did you manage to engage in self-management strategies (e.g., relaxation, socializing, safe exercise), despite the pain? How did you do it?

What personal qualities, skills, social support, or resources do you have that might help you to continue to make a change? (e.g., openness, supportive partner, time)

If I talked to someone who knows you well, what would they say are some of your strengths, which might help you succeed?

When else in your life have you made a significant change like this? How did you do it?

Staying on Track

It can help to reflect on your progress to stay on track. These questions may give you some insight into how things are going for you.

What is working and why?

What isn't working and why not?

Do I have enough support from family, friends and co-workers? What would I like?

Have I learned effective stress management skills? (Describe)

Have I developed healthy, alternative habits to replace the old ones? (Describe)

Can I use all of these newly learned skills when I'm tempted to return to old habits? (Explain)

Resource List

Interesting YouTube Videos

Title	Channel
Central Sensitivity Syndromes	CCDP
CPS Breathing space	Cara Kircher
CPS Progressive muscle relaxation	Cara Kircher
Gentle Tai Chi and Qi Gong LEAP Service	Cara Kircher
Gentle Chair Yoga – 10 min LEAP Service	Cara Kircher
Gentle Chair Yoga for Pain	Women's College Hospital
Lorimer Moseley – Why Things Hurt	Tedx Talks
Understanding Pain: What to do about it in less than 5 minutes?	Brainman
Tame the Beast	Tame the Beast – It's time to rethink persistent pain

Apps

1. **CBT-I Coach**
   - CBT for insomnia
2. **Headspace**
   - https://www.headspace.com/headspace-meditation-app
   - Has both free meditations and paid subscription options
3. **Insight Timer**
   - Website: https://insighttimer.com/
   - Free meditation resources for children, teens, and adults by leading experts
4. **Loop habit tracker**
   - Track your habits or goals in a simple way
   - Free app for android
5. **Recognize App**
   - For Android: https://play.google.com/store/apps/details?id=com.recognizeapp&hl=en
   - For Apple: https://apps.apple.com/us/app/recognize-app/id1124254520
   - Has cost attached
6. **Smiling Mind**
   - Website: http://smilingmind.com.au/
   - Free meditation resources for children, teens, and adults

Books

Pain self-management and pain science

- Changing Your Pain Pathways: ways to cope with pain in daily life. By B. Cai-Duarte, C. Kircher, B., Moore, & S. Sheffe (2018).
- Explain Pain. By D. Butler & L. Moseley (2013).
- Managing Pain before it Manages You. By M. Caudill (2016 edition).
- The Explain Pain Handbook - Protectometer. By D. Butler & L. Moseley (2014).
- The Brain's Way of Healing. By N. Doidge (2015).
- The Brain that Changes itself. By N. Doidge
- Painful Yarns: Metaphors and Stories to Help Understand the Biology of Pain. By L. Moseley (2007).

Stress, anxiety, and mood

- Full Catastrophe Living – Revised Edition. By Jon Kabat-Zinn (2013)
- Get Out of Your Mind and Into Your Life: The New Acceptance and Commitment Therapy. By Steve C. Hayes (2005).
- The Happiness Trap: How to Stop Struggling and Start Living: A Guide to ACT. By R. Harris (2008).
- The Mindful Way Workbook by J. Teasdale, M. Williams & Z. Segal (2014).
- Mind Over Mood. By D. Greenberger & C. Padesky (2016).
- The Relaxation & Stress Reduction Workbook, By Davis, M. Eshelman, E. R., Mckay, M
- The 10 Best-Ever Anxiety Management Techniques Workbook. By M. Wehrenberg (2010).
- The Anger Control Workbook by McKay, M. & Rogers, P. (2000). Oakland, CA: New Harbinger
- The Assertiveness Workbook: How to Express Your Ideas and Stand Up for Yourself at Work and in Relationships by Randy J. Paterson (2000). New Harbinger Publications

Trauma and adverse childhood experiences

- The Body Keeps the Score. By Bessel Van der Kolk (2015)
- The Deepest Well. By Naomi Burke Harris (2018).

Meaningful activity

- The Ultimate Guide to Sex and Disability. By Miriam Kaufman, Cory Silverberg, and Fran Odette (2003).

Sleep

- Quiet Your Mind & Get To Sleep: Solutions To Insomnia For Those With Depression, Anxiety, Or Chronic Pain. By C. E. Carney & R. Manber (2009).
- The Sleep Book. By G. Meadows (2014)

Online Resources

Pain self-management and pain science

- Hamilton Health Sciences –De Groot Pain Clinic
  https://www.hamiltonhealthsciences.ca/areas-of-care/medicine-and-complex-care/clinics/pain-clinic/

- PainAction
  www.painaction.com
    - Provides educational information, self-management strategies and emotional coping strategies for a variety of pain conditions, including back pain, migraine pain, cancer pain, neuropathic pain and arthritic pain.

- Pain Australia
  http://www.painaustralia.org.au/
    - Provides education and information regarding self-management strategies and resources related to pain.

- Pain BC
  https://www.painbc.ca/
    - Provides information regarding self-management strategies, support groups, resources, kids and teens in pain, and support for friends and family with love ones experiencing pain.

Mental Health

- Bounce Back Ontario
  www.bouncebackontario.ca/

- Women's College Hospital – Trauma Therapy Program

https://www.womenscollegehospital.ca/programs-and-services/mental-health/trauma-therapy-program/
    - Provides information regarding the Trauma Therapy Program, a specialized trauma focused therapy service for persons with childhood histories of trauma.
    - Referrals from a Physician or Nurse Practitioner are accepted on the second Wednesday of each month.

- Assert Yourself. By Michel, F. (2008). Perth, Western Australia: Centre for Clinical Interventions. http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=51/

- Mindful Magazine: articles, research, and recordings
  www.mindful.org

- Mindfulness Toronto
  www.mindfulnesstoronto.net/mindfulness-courses-toronto/
    - A listing of mindfulness programs and retreats throughout Toronto and the GTA

- Mindful Way Through Anxiety
  http://mindfulwaythroughanxiety.com/exercises/

Opioid management

- My opioid manager toolkit
  https://www.opioidmanager.com/

Crisis Resources

In case of an emergency, call 911.

Crisis Lines

Operated by various agencies for individuals who need someone to talk to. Open 24 hours a day (unless otherwise indicated).

Distress Centres Toronto (150+ languages)	416-408-4357
Distress Centre Durham - Volunteer Crisis Line - East of Toronto, Pickering Ajax, Oshawa, etc.	905-430-2522 1-800-452-0688
Distress Centre Oakville	905-849-4541
Spectra Distress Line - Peel Region - Brampton, Mississauga, Caledon - Suicide, Elder Abuse, Post-Partum, TeleCheck Seniors Program support. Punjabi, Urdu, Hindi, Spanish, Portuguese, Mandarin, Cantonese.	Brampton & Mississauga: 905-459-7777 Caledon: 1-877-298-5444
York Support Services Network (including North York)	1-855-310-COPE(2673)
Gerstein Centre	416-929-5200
H.E.Y.Y. (Hearing Every Youth Through Youth) Mon-Fri, 6:00-9:00 p.m.	416-423-4399
PFLAG Canada - support, info and resouces to gay, lesbian, bisexual, transgender or questioning people, families and friends	1-888-530-6777 x 226 or email operations@pflagcanada.ca
Trans Lifeline - Transgender people experiencing a crisis	1-877-330-6366
Toronto Rape Crisis Centre, 9 a.m. - 5 p.m.	416-597-8808
Assaulted Woman's Helpline Toronto (toll free 1-866-863-0511)	416-863-0511
Fem'aide - Services for French speaking women who are survivors of assault	1-877-336-2433
Dual Diagnosis crisis services: Peel Crisis Capacity Network Mon-Fri, 9 a.m. - 5 p.m. Provides crisis response services within 24 hours to individuals with a developmental disability (including dual diagnosis) who are 11 years of age or older.	905-273-4900
Crisis addiction services: Toronto Withdrawal Management System (Operated by St. Michael's Hospital)	1-866-366-9513

Warm Lines (if you are looking for information and support but not in immediate crisis)

- Progress Place Warm-Line: 416-960-9276 (a support line open daily from 8pm to midnight)
- Mood Disorders Association of Ontario (MDAO) Peer Warm Support Line – 1-866-363-6663 (Monday to Friday 9:30 am-5:00 pm)
- C/S Info Centre (peer info line) – 416-595-2882 (Monday to Friday, 9:00 am-5:00 pm)
- Krasman Centre Peer Warm Support Line – 1-888-777-0979 (24 hours/day, 7 days/week)

Mobile Crisis Intervention Teams (MCIT)

Mobile Crisis Intervention Teams (MCIT) are collaborative partnerships between participating hospitals and the Toronto Police Service. The program partners a mental-health nurse and a specially trained police officer to respond to 9-1-1 emergency and police dispatch calls involving individuals experiencing a mental health crisis. The team will assess needs and connect the person in crisis with appropriate services. If you are experiencing a mental health crisis and require emergency assistance, visit your local emergency department or call 9-1-1.

What are MCITs?
MCIT stands for a Mobile Crisis Intervention Team. Each team consists of a specially trained police officer and a mental-health nurse. The program operates in twelve Divisions across Toronto.

What type of calls do MCITs attend?
MCITs attend in response to a call from a Priority Response Unit involving a mental-health crisis including thoughts of suicide or self-harm, distorted or psychotic thinking, anxiety, overwhelming depression, and those who may be suffering from a temporary breakdown of coping skills.

Toronto - Access through Toronto Police Services	CALL 911
Durham Mental Health Services - East of Toronto - Pickering Ajax, Oshawa	1-800-742-1890 905-666-0483
York Support Services Network (including North York)	1-855-310-COPE (2673)
Gerstein Centre - South Central Toronto - Eglinton to lake, Bayview to Victoria Park	416-929-5200
24/7 Crisis Support Peel - Brampton, Mississauga, Caledon, Malton, Bolton	905-278-9036
Mobile Crisis Scarborough	416-495-2891
Crisis Outreach and Support Team (COAST) - Halton	1-877-825-9011
Crisis Outreach and Support Team (COAST) - Hamilton	905-972-8338
Crisis Outreach and Support Team (COAST) - Niagara	1-866-550-5205

Find a new family doctor

Health Care Connect
This program helps Ontarians without a family health care provider find one.
Tel: 1-800-445-1822, Monday-Friday, 9:00 am – 5:00 pm
Register Online: https://hcc3.hcc.moh.gov.on.ca/HCCWeb/faces/layoutHCCSplash.jsp

Pain Self-management Resources

OHIP covered self-management groups & online workshops
Free, evidence-based, peer-lead, self-management workshops (six week cycles). Goal is to provide education and skills training workshops to individuals living with chronic conditions (e.g., pain). Focus is on addressing behaviours and choices that may improve condition or reduce complications (e.g., diet, exercise), tools for medication management, skills to help manage signs and symptoms of disease and increase confidence, skills to set goals and problem solve, relaxation techniques and mindfulness.

Toronto Central www.tcsmp.ca
Healthy Living with Chronic Conditions
Tel: 416-572-3767
ChooseHealthTC@srchc.con

Central (Markham, Richmond Hill) www.healthy-living-now.ca
Healthy Living Now
Tel: 905-895-4521 ext. 6656

Central East www.ceselfmanagement.ca
(Scarborough North/South, Durham West/North East, Peterborough, Haliburton)
Central East LHIN Self-Management Program
Tel: 1-866-971-5545

Mississauga Halton www.maximizeyourhealth.ca
Maximize Your Health
Tel: 1-855-223-6847
Maximizeyourhealth@haltonhealthcare.on.ca

Central West www.cwselfmanagement.ca
Living a Healthy Life
Tel: 905-494-6752 or 1-855-269-8401

Peer Support Groups

Chronic Pain Association of Canada –Toronto Chapter
http://www.chronicpaincanada.com/support
Kathy: 905-823-2061
Lori: 416-469-0898
Chronic pain peer support group – Meets at St. John's Presbyterian Church, 415 Broadview Ave, 1:30-3:00 every second Tuesday of each month.

Mood Disorders Association of Ontario
http://mooddisorders.ca/
Main Toronto Location:
36 Eglinton Avenue West, Suite 602
Telephone support line (Monday to Friday, 9:30 am to 5:00 pm) – 1-866-363-MOOD (6663)

Offers peer support programs, wellness recovery action plan (WRAP), and educational recovery groups for people living with depression, anxiety and bipolar disorders, as well as groups for family members and individuals providing support to those with depression, anxiety and bipolar disorders. Various peer support groups offered across Toronto and Ontario (see website for full schedule).

Toronto Fibro Support Group Website
www.torontofibrosupport.com/ontario-support-groups.html
Each support group is unique and focuses on the needs of the members in their group.

Warm Pools

Etobicoke York District

Gus Ryder Pool/Health Club
1 Faustina Dr. M8V 3L9 (Kipling Ave & Lake Shore Blvd W area).
416-394-8726
Warm Water Pool: 87-88 degrees, Hot Tub: 98 degrees

Humber Community Pool
205 Humber College Blvd. M9W 5L7 (Hwy 27 & Humber College Blvd area)
416-394-6050
Hot Tub: 104 degrees

North York District

Douglas Snow Aquatic Centre
5100 Yonge St. M2N 5V7 (Yonge St & Sheppard Ave W area)
416-395-7585
Therapy Pool: 100-102 degrees

Scarborough District

Agincourt Community Recreation Centre
31 Glen Watford Dr. M1S 2B7 (Sheppard Ave E & Midland Ave area)
416-396-4037
Warm Water Pool: 90-92 degrees

Birchmount Community Centre
93 Birchmount Rd. M1N 3J7. (Birchmount Rd. & Kingston Rd area)
416-396-4311
Warm Water Pool: 90-92 degrees

Centennial Recreation Centre
Senior programs: aquafitness, skating. Warm water pool.
1967 Ellesmere Rd., Toronto M1H 2W5 (Near Markham Rd.)
416-396-4057

Finnish-Canadian Senior Centre
Aquafitness, bazaars, bingo, cafeteria, concerts, crafts, fitness groups, game nights, hair salon, library, massage, musical program, parties, sauna/pool, seminars, singalongs, study groups, trips, walking groups, workshops. Warm water pool.
http://www.suomikoti.ca/#Community
795 Eglinton Ave. E., M4G 4E4
Near Laird Dr.
416-425-4134

H2O-Fit
Warm water pool. Various locations.
http://www.h2ofit.com/
647-449-0043

Holland Bloorview
Adult aquafitness, warm water pool.
http://www.hollandbloorview.ca/
150 Kilgour Rd., Toronto M4G 1R8 (Near Bayview Ave. and Eglinton Ave. E.)
416-425-6220, x3713

St John's Rehab Hospital
Arthritis aquatic program; warm water pool.
http://sunnybrook.ca/content/?page=sjr-patvis-prog-arthaqua
285 Cummer Ave, Toronto M2M 2G1 (Near Willowdale Ave.)
416-226-6780, ext. 7299

Tony Stacey Arthritis Recreational Pool Program
Arthritis aquatic program, warm water pool.
http://www.tonystaceycentre.ca
59 Lawson Rd., Toronto M1C 2J1 (Near Kingston Rd.)
416-284-9235

Variety Village
Senior programs: aquafitness, pilates, warm water pool, weight training, yoga. Need membership in Active Aging Club. For seniors 55+.
http://www.varietyvillage.ca/index.php
3701 Danforth Ave., Toronto M1N 2G2 (Near Birchmount Rd.)
416-699-7167

West Scarborough Neighbourhood Community Centre
Senior programs: annual barbecue, aquafitness, art group, badminton, bridge, carpet bowling, choir, computer courses, craft group, cribbage, day trips, euchre, exchange library, fitness, foot clinic, grocery shopping support, group dining, health and wellness seminars, income tax preparation, osteoporosis fitness, osteoporosis support, recreational swim, tai chi, transportation, travel, walking, warm water pool, water ball, West Scarborough Seniors Club, wood carving, yoga, zumba. For seniors 55+.
http://www.wsncc.org/
313 Pharmacy Ave, Toronto M1L 3E7 (Near St Clair Ave. E.)
416-755-9215

YMCA
Arthritis aquafitness, warm water pool. Various locations.
http://www.ymcagta.org/en/index.html

Toronto & East York District

Mary McCormick Recreational Centre
66 Sheridan Ave. M6K 2G9 (Dufferin St & Dundas St W area)
416-392-0742
Warm Water Pool: 88 degrees

Pam McConnell Aquatic Centre (Previously: Regent Park Aquatic Centre)
640 Dundas St.E. M5A 2B9 (Dundas St E & Parliament area)
416-338-2237
Spa Pool: 99 degrees
Tot/Leisure Pool: 88 degrees

Scadding Court Community Centre
707 Dundas St.W. M5T 2W6 (Bathurst Ave & Dundas St W area)
416-392-0335
Warm Water Pool: 88 degrees
Tot Pool: 88 degrees

St. Lawrence Community Recreation Centre
230 The Esplanade, M5A 4M8 (Sherbourne St & Esplanade Ave area)
416-392-1347
Tot Pool: 88 degrees

Trinity Community Recreation Centre
155 Crawford St. M6J 1G3 (Bathurst Ave & Queen St W area)
416-392-0743
Tot/Conversion Pool: 88+ degrees

Wallace Emerson Community Centre
1260 Dufferin St. M6H 4C3 (Dufferin St & Dupont Ave area)
416-392-0039
Warm Water Pool: 88 degrees

TDSB Pools

Frankland Community Centre
816 Logan Ave. M4K 3E1 (Danforth Ave & Logan Ave)
416-392-0749
Warm Water Pool: 86 degrees

Parkdale Community Recreation Centre
75 Lansdowne Ave. M6K 2V7 (Lansdowne Ave & Queen St W area)
416-392-6696
Tot Pool: 88 degrees

For contact information and further details about each location, visit the City of Toronto website http://www1.toronto.ca (Living in Toronto -> Parks Forestry & Recreation, Accessibility -> Facilities and Equipment -> Pools).

Salt Water Pools

Miles Nadal Jewish Community Centre
750 Spadina Ave. M5S 2J2 (Spadina & Bloor area)
416-924-6211
Temperature: 82-84 degrees

Markham region warm water Pools

Cornell Pool (Indoor)
3201 Bur Oak Avenue
(attached to the Markham-Stouffville Hospital)
Phone: 905-479-7753 ext. 4351
Community Programs Coordinator, Aquatics & Fitness: Warren Watson 905-470-3590 ext 4341
Pool Supervisor: Eric Ho 905-479-7753 ext 4551
https://www.markham.ca/wps/portal/Markham/RecreationCulture/ProgramsActivities/drop-in-programs

Thornhill Therapeutic Pool (Indoor)
7755 Bayview Avenue
(in the Thornhill Community Centre)
Phone: 905-944-3800
Community Programs Coordinator, Aquatics & Fitness: Nancy Letman extension 6194

Pool Supervisor: Alex Chu extension 6586
Pool Office: extension 6603
https://www.markham.ca/wps/portal/Markham/RecreationCulture/ProgramsActivities/drop-in-programs

Richmond Hill's Richvale Community Centre and Pool is located at:
160 Avenue Road
Richmond Hill, ON L4C 5L8
Phone: 905-884-0855 (main centre); 905-737-2956 (pool)
Therapy pool is 88 degrees
https://www.richmondhill.ca/en/things-to-do/Richvale-Community-Centre-and-Pool.aspx

Smoking Cessation

Toronto Public Health is partnering with the Centre for Addiction and Mental Health to provide research-based, cost-free quit smoking workshops at various community locations in Toronto.

Some facts about quitting:
Nicotine from smoking is more addictive than heroin and cocaine.
Even occasional tobacco use (social smoking) can lead to daily smoking and addiction.
Your brain craves nicotine once it's gone and it takes time to get used to living without tobacco.
When the nicotine level in your system begins to drop you'll probably feel irritable, restless and have problems with concentration; this is called withdrawal.

Quitting is a process, not an event. It takes most smokers many quit attempts before they are smoke-free for life.

Stop smoking medications can double your chances of quitting successfully
When you use more than one type of support, e.g. counselling and medication, you are more likely to stay smoke-free.

Eligible participants will:
1) Attend an educational session
2) Receive a five-week course of nicotine patches
To learn more, see if you qualify, and to register, contact: 416-338-7600

For a **free** Quit Kit contact **Toronto Public Health at PublicHealth@toronto.ca or 416-338-7600.
https://www.ontario.ca/page/support-quit-smoking

Government of Ontario Support to quit smoking
Smokers' Helpline: toll-free number 1-877-513-5333 and website to register for online programs and text-message support

The STOP Program
If you are a patient at an Ontario Family Health Team (FHT), Community Health Centre (CHC), or Addictions Agency, you can enroll in the STOP with FHTs or STOP with CHCs or STOP with Addictions program and receive ongoing smoking cessation treatment, including Nicotine Replacement Therapy and counselling support, at no cost.

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Notes