

CORE CURRICULUM FRAMEWORK FOR SUPPORTED PAIN SELF-MANAGEMENT COURSES AT TERTIARY PAIN PROGRAMS IN BRITISH COLUMBIA

TOPIC: MOOD AND EMOTION MANAGEMENT

KEY POINTS FROM THE LITERATURE

- Interventions to address mood and emotions vary in terms of dosing and frequency depending on the clients' needs, progression, and satisfaction of the therapeutic interventions. They can be delivered one-on-one or in a group, and can be effective when delivered virtually, such as web- and telephone-based^{6, 15} but may be more effective in person²³. Discussions of mood and emotions should be part of the pain clinician's holistic assessment and treatment¹⁷. However, due to the delicate nature of mental health and the possibility for acute exacerbation of pain, specialized interventions need to be delivered by advanced trained professionals²⁻⁵.
- Adverse childhood events (ACEs), as well as cumulative trauma, have significant impact on the development and persistence of all types of chronic pain^{9, 13, 16} as well as post-traumatic stress disorders (PTSD), anxiety and depression^{13, 16, 17}. Women with chronic pain tend to have greater and more severe somatic and depressive symptoms than men^{16, 17}. As well, a person's culture and experiences can influence their understanding and expression of psychological suffering, trauma, and stress^{8, 19}.
- Emotional awareness and regulation influence the chronic pain experience. Emotional regulation, in the form of emotional flexibility rather than suppression, is adaptive and allows people living with chronic pain to respond to demands of life, which can reduce depression, stress, and anxiety^{11, 25}. Expressing and understanding emotions through the sharing of past trauma and current experiences can reduce pain and other somatic symptoms for a variety of conditions including fibromyalgia, irritable bowel syndrome, pelvic pain, head pain, and non-specific musculoskeletal pain^{12, 25}.
- Cognitive Behavioral Therapy (CBT) is a standardized psychotherapy that focuses on identifying and changing maladaptive behaviors, thoughts, and situations. CBT successfully improves pain intensity for a variety of people with chronic pain by altering brain function¹⁴, increasing pain-related cognition, and reducing anxiety related to pain²⁴.
- Acceptance and Commitment Therapy (ACT) aims to increase psychological flexibility by connecting with and accepting psychological or emotional experiences and living in line with personal values^{20, 23}. ACT can reduce depression and anxiety, while improving quality of life in those with chronic pain^{6, 20, 23}.
- Eye Movement Desensitization and Reprocessing (EMDR) is a validated treatment for chronic pain that combines established psychotherapeutic methods with specific elements such as bilateral sensory stimulation. EMDR was originally implemented as a treatment for PTSD and can provide long-term reductions in pain intensity for chronic pain sufferers²².
- Positive psychology and hope-based interventions, which aim to increase optimism, positive orientations, empowerment, and resilience, can reduce depressive symptoms and psychological distress while increasing physical functioning for those with chronic pain^{1, 10}.
- Mind-body interventions, such as meditation and yoga, are generally safe practices that can reduce depression for those with chronic pain^{7, 21}. These can be effectively embedded in other psychotherapy interventions including CBT¹⁸.

- For the safety of their clients, it is important for pain specialists to know that psychologists, social workers, and registered psychiatric nurses are registered professions in B.C. However, counselors and/or psychotherapists are not regulated in B.C. Registered clinical counsellors (RCC) or Canadian clinical counsellors (CCC) are protected titles and should be recommended when seeking a mental health counsellor²⁻⁵.
- To avoid re-traumatizing, pain professionals need to provide care using a trauma-informed approach that is person-centred¹⁷.

RECOMMENDED LEARNING OBJECTIVES FOR PARTICIPANTS

We recognize that not everyone who enters a pain self-management program will be in the same place in their journey to living well with pain and not everyone will have the same level of readiness to change their behaviour. Therefore, the following suggested skills and activities have been organized according to the Stages of Readiness for Change.

1. Precontemplation:

- Start to explore any fears and misconceptions about emotions and moods.
- Start to think about how emotions have influenced pain.

2. Contemplation:

- Discuss past experiences with mental health interventions.
- Identify coping mechanisms for sadness, anger, and worry.
- Discuss benefits of managing moods and emotions.
- Identify positive activities that have managed moods and inspired hope.

3. Preparation:

- Locate a class within the pain program (or in the community) that offers mood and emotion management.
- Explain the importance of emotional flexibility and healthy coping as an alternative to suppressing emotions.

4. Action:

- Participate in a new activity/class.
- Incorporate a mindfulness component into mood and emotion management (if desired).

5. Maintenance:

- Adjust goals related to mood and emotion management as needed as they learn to listen to their body's cues and understand their own limits.
- Identify triggers of significant emotion so that healthy coping mechanisms can be prepared in advance.
- Acknowledge and celebrate the change in their relationship with mood and emotion.

RESOURCES AND TOOLS

This is a selection of recommended resources. Please supplement with resources and tools you have used at your clinic/program as needed.

For patients (general):

- B.C crisis information:
 - Crisis Centre – 1-800-784-2433 (1-800-SUICIDE) or www.crisiscentre.bc.ca
 - KUU-US First Nations Crisis Line Society – 1-800-588-8717 or www.kuu-uscrisisline.com
 - Trans Lifeline – 1-877-330-6366 or www.translifeline.org
 - HealthLink BC: [Mental health and substance use resources](#)
 - Vancouver Coastal Health: [S.A.F.E.R. \(Suicide Attempt, Follow Up, Education and Research\)](#)
- Finding a counsellor or psychologist:
 - [BC Counsellors interested in chronic pain management](#)
 - [BCACC: Finding a counsellor](#)
 - [Kelty's Key VCH Online Therapy](#)
 - [Canadian Psychology Association](#)
- First Nations Health Authority resources:
 - [Mental health benefit](#)
 - [Trauma informed yoga and meditation](#)
 - [Crisis and trauma, connection with culture and the land](#)
- Podcast by JoAnne Dahl, PhD: [ACT: Taking Hurt to Hope – Pain is inevitable, suffering is optional](#)
- Audio by Kristen Neff, PhD: [Guided self-compassion meditations](#)
- Anxiety Canada: [How to do progressive muscle relaxation](#)
- Canadian Mental Health Association BounceBack program: www.bouncebackbc.ca

For Indigenous people living with chronic pain:

- First Nations Health Authority: [Traditional_Medicine_web.pdf \(fnha.ca\)](#)
- First Nations Health Authority: [First Nations Virtual Doctor of the Day \(fnha.ca\)](#)
- Metro Vancouver Indigenous Counselling: [Indigenous Mental Health and Wellness Counselling \(mvic.ca\)](#)

Resources in Punjabi:

- Punjabi Community Health Services: <https://pchs4u.com/optimized/index.html>
 - Support with: Provide services in Punjabi for many different aspects such as mental health, family supports, addictions, and senior supports. Phone: (905) 677-0889
- Sikh Family Helpline: Call 1-800-551-9128 to be supported by volunteers in Punjabi. You leave a voicemail and they will return your call within 24 hours
- Moving Forward Family Services: Offer counselling in Punjabi. Phone: 877-485-5025
- Deltassist: Offer support groups and counselling in Punjabi. Phone: 604-594-3455
- List for Punjabi counsellors: <https://counsellingbc.com/counsellors/language/punjabi-64>

Resources in Arabic:

- [Mental Health Information & Resources in Arabic - MMHRC \(multiculturalmentalhealth.ca\)](#)
- [EENet | Arabic-language mental health resources for newcomers \(camh.ca\)](#)
- [المزمن الألم من التخلص في تساعدك غذائية عادات \(ajel.sa\)](#)

- [و علاج، وأعراض، أسباب: المزمن الألم \(webteb.com\)](http://webteb.com)
- [كلينك مايو\) - العلاج قرارات: المزمن الألم \(Mayo Clinic\)](http://www.mayoclinic.org)

Resources in Chinese:

- Richmond Mental Health Outpatient Services http://www.vch.ca/Locations-Services/result?res_id=665
- 中僑心理輔導服務 S.U.C.C.E.S.S. Counselling Service <https://successbc.ca/news/s-u-c-c-e-s-s-extends-free-affordable-community-counselling-services/>
- 中僑互助會心理熱線 S.U.C.C.E.S.S Chinese Help Lines <https://successbc.ca/counselling-crisis-support/services/help-lines>
- 由教練帶領的學習 BounceBack Coaching <https://bouncebackbc.ca/bounceback-coaching/>
- 粵語「打開心窗」關懷互助小組 Cantonese 'Heart to Heart' Share and Care Group <https://vancouver-fraser.cmha.bc.ca/programs-services/chinese-mental-health-promotion/>
- 開創會所中文愛心小組活動 Pathways Richmond Chinese Family Support Group <https://pathwaysclubhouse.com/what-we-do/chinese-support/>

For program facilitators:

- [Cognitive Behavioural Therapy Skills Groups](#)
- Pain BC webinar: [Coping with pain and anxiety during COVID-19](#)
- Pain BC webinar: [Mindfulness-based cognitive therapy for chronic pain](#)
- Pain BC webinar: [Mindfulness, emotions and pain treatment](#)
- Association for Psychological Therapies Canada: [Mindfulness-Based Cognitive Therapy \(MBCT\) Course](#)
- [Canadian Counselling and Psychotherapy Association](#)
- PHSA: [San'yas Indigenous Cultural Safety Online Training \(sanyas.ca\)](#)
- Island Health: [Indigenous Health Cultural Safety | Island Health](#)
- Trans Care BC: [Intro to Gender Diversity - Expanded - LearningHub \(phsa.ca\)](#)
- Intercultural Online Health Network (iCON): [English iCON \(iconproject.org\)](#)
- EQUIP Health: [Trauma and Violence Informed Care](#)

LITERATURE SUMMARY

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