

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

### TOPIC: RELATIONSHIPS

#### KEY POINTS FROM THE LITERATURE

- Those with chronic pain often feel like they are judged or not believed by their partners, relatives, friends, coworkers, and the public<sup>6,7</sup>. Often women, LGBTQ2S+ people, and/or racialized people with pain experience even greater stigma<sup>5,14</sup>. These interactions lead to reduced self-esteem and dignity<sup>3,6,7</sup>.
- People living with pain also feel stigmatized by health care professionals while having to validate claims related to their chronic pain<sup>3,6</sup>. This stigma is often exacerbated if the person occupies another marginalized identity. For example, the In Plain Sight report in BC highlighted the stigma faced by Indigenous patients and how this contributes to a lack of trust and avoidance of healthcare<sup>22</sup>.
- Internalized stigma can cause people living with chronic pain to feel alienated, out of place in the world, and like the legitimacy of their condition is being questioned<sup>25</sup>. Health care professionals can reduce stigma by facilitating personal empowerment, positive-thinking, and a sense of community in their clients<sup>3,6,25</sup>.
- The relationship between physical and mental well-being of people with chronic pain and their partners is reciprocal. Often as the wellness of the person living with chronic pain declines, so does the partner's<sup>20</sup>. As partners engage in beneficial coping and positive orientation toward problems, both the wellness of partners and people with chronic pain improves<sup>20</sup>.
- Individuals with chronic pain who engage in enhanced communication, emotional disclosure, and intimacy with their partners report reductions in current pain as well as improvements in marital satisfaction, feelings of helplessness, burden, personal distress, emotional regulation, and resentment toward their partners<sup>2,12,22</sup>. This work is often facilitated by a trained mental health therapist<sup>2,12,22</sup>. Those with chronic pain also report less negative emotion when they feel validated by their partner<sup>8</sup>.
- Cohesion, support, a positive attitude, determination, and communication all lead to increased resilience in families with loved ones experiencing chronic pain<sup>26</sup>. Effective communication may be improved by the person with chronic pain who practices assertiveness, active listening, and boundary setting.
- Resilience in those with chronic pain can be facilitated through interventions that increase autonomy, creativity, psychological flexibility, positive emotions and affect, and meeting of psychological needs<sup>9,10,11,16</sup>.
- Establishing social connections is an important factor for developing resilience while living with chronic pain<sup>16</sup>. Web-based peer groups for those with chronic pain facilitate inclusion, de-stigmatization, and acceptance as they anonymously engage with people of similar experiences<sup>1</sup>.
- A person's relationship to the land, their culture, and community have been identified as important social determinants of health for Indigenous peoples<sup>18</sup>. Culturally specific interventions (e.g. land-based healing; gathering and using traditional medicines) offer a promising path forward for Indigenous people living with chronic pain (along with other mental and physical illnesses)<sup>15</sup>.
- Mindfulness interventions, including self-compassion, can help those with chronic pain recognize they are worthy of compassion, respect, dignity, and forgiveness, especially when facing pain and suffering<sup>19,23</sup>. As well, spiritual practices that increase meaningfulness and purpose can facilitate pain acceptance<sup>24</sup> and lead

to reduced pain catastrophizing and depression<sup>18</sup>. No specific religion or level of engagement is recommended<sup>18, 24</sup>.

- Having concern for the client's pain, listening to personal narratives, and taking time to build a trusting and collaborative relationship are foundational to the relationship between people living with chronic pain and health care professionals. Once established, clients are more likely to adopt self-management strategies<sup>4</sup>.
- Health care providers who care for clients can experience empathy fatigue<sup>13</sup>. Clearly communicating expectations, setting boundaries<sup>4</sup>, and participating in self-compassion can mitigate this risk<sup>13</sup>. Simple self-compassion techniques include supportive touch or using self-talk to evoke kindness, connection, and presence<sup>13</sup>.

## 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 behavior. Therefore, the following suggested skills and activities have been organized according to the Stages of Readiness for Change.*

### 1. Precontemplation:

- i. Start to explore any feelings about relationships and pain.

### 2. Contemplation:

- i. Discuss past experiences of talking about pain with others and how this has affected relationships with self, partners, family, friends, health care providers, workplace, and others.
- ii. Identify coping mechanism for managing feelings about sharing pain experiences with others.
- iii. Discuss benefits of having healthy relationships.
- iv. Identify relationship-building activities that they enjoy and would like to try.

### 3. Preparation:

- i. Locate a class within the pain program (or in the community) that offers guidance on relationships and sign up.
- ii. Explain the importance of having healthy relationships.
- iii. Create a Brief Action Plan for building healthy relationships.

### 4. Action:

- i. Participate in new activity/class.  
Incorporate a mindfulness component into social interactions with others such as diaphragmatic breathing or self-compassion meditation. (If desired)

### 5. Maintenance:

- i. Adjust relationship goals as needed as they learn to listen to their emotional and psychological cues and understand their own limits.
- ii. Continue to incorporate mindfulness activities before, during and after social interactions.
- iii. Identify ways to promote safety in relationships, including boundary-setting.
- iv. Acknowledge and celebrate the behaviour change.

## 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:

- Pain BC: [Pain Support & Wellness Groups](#)
- Pain BC: [Support for friends and family](#)
- LivePlanBe: [Real stories](#)
- [LivePlanBe+: Module on relationships and pain \(requires account\)](#)
- Toronto Academic Pain Medicine Institute: [Communicating with family and friends](#)
- Toronto Academic Pain Medicine Institute: [Communication principles](#)
- healthtalk.org and University of Oxford: [Impact of chronic pain on the family](#)
- Audio by Kristen Neff, PhD: [Guided self-compassion meditations](#)

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 \(camh.ca\)](#)
- [عادات غذائية تساعدك في التخلص من الألم المزمن \(ajel.sa\)](#)
- [الألم المزمن: أسباب، وأعراض، وعلاج \(webteb.com\)](#)
- [\(مايو كلينيك\) Mayo Clinic - الألم المزمن: قرارات العلاج](#)

Resources in Chinese:

- Richmond Mental Health Outpatient Services [http://www.vch.ca/Locations-Services/result?res\\_id=665](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:

- Pain BC webinar: [New strategies for couples coping with chronic pain](#)
- Pain BC webinar: [Using the therapeutic relationship to promote neuroplastic change in chronic pain patients](#)
- Pain BC webinar: [The social consequences of pain](#)
- US Department of Veterans Affairs: [Communicating about chronic pain: Instructions for clinicians](#)
- Audio by Kristen Neff, PhD: [Guided self-compassion meditations](#)
- 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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