

The DIGNITY Physiotherapy Pain School for Trauma-Affected Populations

A MANUAL FOR GROUP AND
INDIVIDUAL TREATMENT

DIGNITY Implementing Manual

DIGNITY Physiotherapy Pain School Treatment for Trauma-Affected Populations

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The following implementing organizations and their
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revision of the manual, they contributed feedback and
reflections related to the content and format of the
treatment.

- Institute for Family Health - Noor al Hussein
Foundation (IFH-NHF) – Jordan
- The Tunisian Institute for the Rehabilitation of
Survivors of Torture (NEBRAS) – Tunisia
- The Restart Center for Rehabilitation of Victims of
Violence and Torture – Lebanon
- The Medical Association of Rehabilitation of
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The full content, opinions and clinical choices included in this manual for The DIGNITY Physiotherapy Pain School for Trauma-Affected Populations are those of DIGNITY, the authors, and the contributors. They are based on clinical experience, best practices, and current research evidence.

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DIGNITY – Danish Institute Against Torture

DIGNITY – Danish Institute Against Torture (DIGNITY) is an independent human rights and developmental organization. Our vision is a world free from torture and cruel, inhuman, and degrading treatment. DIGNITY works towards this through programmes and collaborations focusing on documentation, prevention, rehabilitation, and research.

DIGNITY is headquartered in Copenhagen Denmark with supporting offices and collaborating partner-organizations in the regions in which we work.

DIGNITY has provided rehabilitation for trauma-affected populations including survivors of torture, war, and organized violence for more than 35 years¹. DIGNITY operates a clinic in Denmark that is recognized by the Ministry of Health as a “highly specialized” service that provides services for persons with refugee experiences and those affected by torture and other traumatic experiences. This clinic is staffed with more than 25 specialists including medical doctors, psychologists, physiotherapists, social workers, and researchers that collaborate to provide interdisciplinary treatment.

DIGNITY also works in collaboration with implementing organizations in Europe, Asia, Africa, Latin America and the Middle East to support the delivery of evidence-based rehabilitation & mental health and psychosocial support (MHPSS) interventions for trauma-affected populations. To implement these services, DIGNITY collaborates with the implementing organizations to deliver professional educational programs and associated clinical services that are sustainable and culturally and contextually relevant. Additionally, to advocate for rehabilitation services for trauma-affected populations, DIGNITY and the implementing organizations collaboratively conduct research to evaluate the need for and impact of these services.



The DIGNITY Physiotherapy Pain School for Trauma-Affected Populations

The aim of the DIGNITY Physiotherapy Pain School for Trauma-Affected Populations (Pain School Treatment) is to work alongside people impacted by trauma and/or ongoing stress to strengthen their abilities to live meaningful and engaged lives despite pain and stress experiences.

Treatment Goals

Through participation in the Pain School Treatment, participants will:

- Experience regulation of their pain and stress levels so that they do not interfere with activities that are important and that bring them joy
- Integrate movement and self-management techniques into their daily lives to reduce the impact of pain and stress experiences and to support living active, meaningful, and engaged lives
- Understand pain and stress neurobiology and apply this in their daily lives to support healthy sleep, physical activity, and the regulation of pain and stress levels
- Strengthen their abilities to prevent pain and stress experiences from becoming overwhelming by noticing changes in their bodies and minds and responding in helpful ways

The Unique Evidence-Based Treatment Approach

The Pain School Treatment is designed for people impacted by psychological trauma and/or significant ongoing stress, and specifically those that are facing the impact of persistent pain and stress experiences in their daily lives. It is centred in a trauma-informed approach. This involves delivering the treatment in a way that reflects an understanding of the impact of trauma and the community-centred practices for healing and functional recovery. A trauma-informed approach also involves delivering the Pain School Treatment in a manner that actively resists re-traumatization which is the vivid and harmful re-experiencing of traumatic events.²

A unique aspect of the Pain School Treatment is that it aims to strengthen resiliency and functioning in persons impacted by both persistent pain and stress experiences, rather than addressing one of these in isolation¹. The Pain School Treatment simultaneously addresses persistent pain and stress experiences through the application of novel and evidence-based treatments including interactive education, therapeutic movements, and techniques and activities that promote self-management. It integrates the current evidence-based understanding of the interrelatedness of pain and long-lasting stress experiences like depression, anxiety, and post-traumatic stress disorder.³

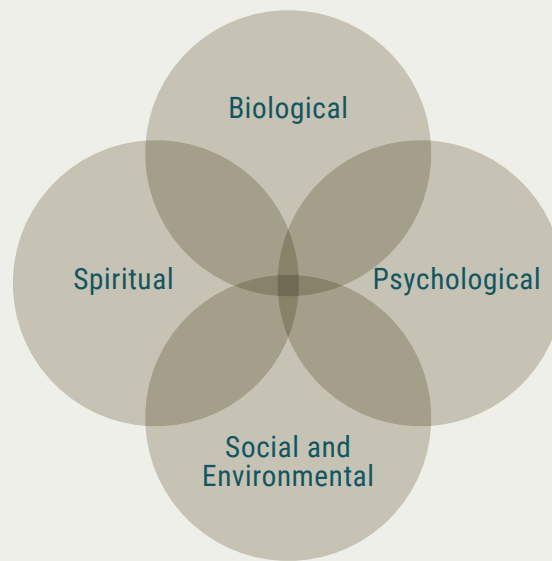
¹ Persistent pain refers to all pain experiences that remain longer than would be expected from acute injury in the body's tissues. The Pain School Treatment uses the term persistent pain rather than chronic pain as it more accurately reflects the research-based principle that long-lasting pain experiences are not permanent or static.

The Pain School Treatment recognizes the current research evidence that indicates that persons with stress experiences are at a higher risk of also experiencing long-lasting pain experiences as the symptoms mutually maintain each other.⁴ It also recognizes that when a person experiences the impact of both persistent pain and stress experiences, the duration and associated functional difficulties tend to be magnified.^{5,6} The Pain School Treatment is framed within the evidence-based understanding that this interrelatedness of persistent pain and stress experiences stem from and contribute to an increased alertness and sensitivity of the nervous system. This increased sensitivity of the nervous system results in lower pain thresholds for both acute and persistent pain experiences. This increased sensitivity of the nervous system also contributes to magnified pain and stress experiences in response to daily physical activities and psychological and emotional stress. Furthermore, both persistent pain and stress experiences are characterized by fear avoidance behaviours that result in avoiding physical discomfort, emotional discomfort, and even slight increases in pain. This often results in reduced levels of physical activity and an overall inactivity in daily life. This inactivity contributes to changes in the body that impact overall function and health including reduced physical abilities, increased risk of chronic disease, difficulties with physical, psychological, and social functioning, and reduced participation in family, community, education, and livelihood activities.⁷

To simultaneously address both pain and stress experiences and their impact on daily life, the treatments integrated within the Pain School Treatment are based on a variety of evidence-based recommendations. Here are a few key evidence-based principles embedded throughout the Pain School Treatment:

- Persistent pain and stress experiences stem from changes in the nervous system that are often no longer protective but rather interfere with daily life, and these changes can be reversed through active approaches⁸
- Treatment of persistent pain experiences should involve interactive and relevant education about the neurobiology of persistent pain and opportunities to apply this new information while performing movement, physical activity, and activities of daily living⁹
- Treatment of persistent pain and stress experiences should ideally integrate peer support, like participation in group treatment services, to allow for peer-to-peer exchange and the normalization of pain and stress experiences¹⁰
- Treatment of persistent pain and stress experiences should involve therapeutic movement that: 1) gently and gradually addresses any changes associated with physical inactivity like limited muscle strength and endurance, 2) creates opportunities for exploring movements while self-regulating pain and stress experiences, and 3) involves gradual exposure to increased physical and emotional challenges associated with movement¹¹
- Ongoing stress can contribute to persistent pain and stress experiences – Therefore treatment should integrate an emphasis on self-management through learning and applying skills and strategies that support the self-regulation of pain and stress levels in daily life¹¹
- Biological, psychological, social, environmental, and spiritual factors all play a significant role in human functioning and health and effective treatments address all these factors through an integrative rehabilitation approach¹²

The Biopsychosocial-spiritual Understanding of Health and Function



Participants

The Pain School Treatment is specifically designed for the following participants:

- Persons with persistent pain and stress experiences which interfere with their daily lives
- Survivors of psychological trauma including experiences of torture, war, displacement, conflict, and/or organized violence
- Persons experiencing ongoing stress such as living in refuge and/or poverty, experiencing personal loss, having limited opportunities for community participation, and/or having limited access to livelihood, education, and health opportunities
- Persons experiencing the biological, psychological, and social impacts of trauma and/or ongoing stress which could be experienced in a variety of ways including inactivity, fear and avoidance of physical and emotional discomfort, sleep problems, social difficulties, and/or a variety of physical experiences like headaches, chest pain, and stomach problems – This can include those who have or who have not been diagnosed with post-traumatic stress disorder, depression, and/or anxiety

The Pain School Treatment is appropriate and effective for persons with specific and localized persistent pain experiences such as low back pain. It is also relevant for persons that have not experienced significant benefits from traditional physiotherapy or other medical pain treatment approaches like medication or surgery.

The Pain School Treatment can also enhance outcomes of livelihood activities as it can support participants' capacities to engage fully. It does so by strengthening their abilities to regulate their pain and stress levels so that they don't interfere with their participation in livelihood activities.

Implementing Physiotherapists and Organizations

The Pain School Treatment should only be delivered by fully authorized physiotherapists and those that have received training and supervision specific to the Pain School Treatment. This is essential as the theoretical knowledge and the practical clinical skills of the Pain School Treatment reflect a unique speciality that are not standard competencies in most physiotherapy educational programs.

Any physiotherapist that delivers the Pain School Treatment maintains the full responsibility for identifying and responding to any psychological, social, physical, and/or medical challenges that the participants may have.

As authorized physiotherapists, they are expected to have the knowledge and skills to identify and respond to physical “red flags” that may indicate severe medical conditions that require treatment, such as:

- Weight loss that is unexplained and significant
- Bladder and bowel changes
- Fainting that is unexplained
- Pain in the chest that radiates down the left arm
- Unexplained swelling of extremities
- Unmanaged seizures
- Any other symptoms that may place the participant at risk for a serious adverse medical event

As the Pain School Treatment is designed for persons affected by trauma, it is likely that participants may present with suicides risks, protection risks, and/or symptoms of depression, anxiety, and/or post-traumatic stress disorder. The physiotherapists must have the ability to identify these needs and then use the organization’s referral pathways to effectively connect the participants to relevant professionals like psychiatrists, general practitioners, psychologists, and counsellors. See pages 184 for more information.

The implementing organizations that deliver the Pain School Treatment also have a responsibility to provide the necessary clinical supervision, supplies, referral pathways, and resources to allow the physiotherapists to respond to the diverse health and functioning needs that the participants present with.

Additionally, when working with trauma-affected populations during the delivery of the Pain School Treatment, the physiotherapists will be exposed to a variety of psychological, physical, and social conditions that can affect their own wellbeing and functioning. It is not uncommon for physiotherapists delivering the Pain School Treatment to develop pain and stress experiences like those of the participants. For example, the physiotherapists may have difficulty sleeping well, feel a sense of being nervous without knowing why, have difficulty concentrating, feel a lack of energy, and/or socially withdrawal from colleagues and family members. Sometimes, they may even experience an increase in physical pain and discomfort. To mitigate these potentially harmful effects of working continuously with trauma-affected populations, the implementing organizations must: 1) offer clinical supervision, 2) follow trauma-informed policies and practices, 3) create healthy work environments, and 4) provide opportunities for self-care and community care. Selfcare is defined as actions that promote and maintain health, prevent disease, and support the ability to cope with illness and disability with or without the support of a healthcare

provider. Community care extends beyond self-care and consists of both small- and large-scale actions that individuals and organizations do to show support for another person, or a group of people.^{13,14}

Required Training and Supervision

Physiotherapists require intensive and specialized training and clinical supervision to be able to deliver the Pain School Treatment. Due to the unique nature of this treatment approach, this training and supervision can only be delivered through a professional educational program approved by DIGNITY. Furthermore, it can only be delivered by trainers educated and certified by DIGNITY. There are physiotherapists that are certified Trainers of the Pain School Treatment throughout the Middle East and North Africa Region. These Trainers conduct professional educational programs in their first languages which includes Arabic, Kurdish Sorani, French, Danish, and English.

Professional educational programs for the Pain School Treatment involve high quality and consistent training and clinical supervision that aims to equip physiotherapists with the skills to deliver sustainable treatment services. DIGNITY Trainers of the Pain School Treatment collaborate with implementing organizations to design a professional educational program that meets their needs, cultures, and contexts. These programs can be delivered with hybrid educational solutions that include both online and on-site trainings, and the use of online learning platforms.

The professional educational programs that equip physiotherapists with the skills to deliver the Pain School Treatment include the following components:

- 120 hours (15 full days) of training: This interactive and practical training equips the physiotherapists with the knowledge, skills, and behaviours required for delivering the Pain School Treatment within a trauma-informed approach and a biopsychosocial-spiritual understanding of health and function.
- 10 individual clinical supervision sessions: These sessions involve a Trainer providing clinical supervision individually with each physiotherapist while they are delivering the Pain School Treatment with participants. These sessions strengthen the physiotherapist's clinical reasoning skills and ability to deliver a safe and effective treatment.
- Knowledge, attitude, and behaviour evaluations: The knowledge, attitude, and behaviour evaluations serve to direct the professional educational program, inform clinical supervision, and support the certification of the physiotherapists. It involves administering learning outcomes questionnaires throughout the program to evaluate the participants' knowledge acquisitions. It also involves the evaluation of clinical reasoning skills during the clinical supervision sessions.
- Data collection and sharing: Internal data collection processes specific to the Pain School Treatment are established within implementing organizations. Data sharing agreements between DIGNITY and implementing organizations are formed when possible. Data collection allows for the analysis of clinical outcomes which supports further validation of the Pain School Treatment and improves program delivery within the organization and across the various implementing organizations.
- Program implementation support: As requested, implementing organizations can engage in activities to strengthen non-clinical aspects that support the implementation of the Pain School Treatment. This may involve discussing administrative management, funding, and logistical solutions to support the sustainable and long-term delivery of the Pain School Treatment.

Method of Delivery

The Pain School Treatment is designed to be delivered via face-to-face sessions and in groups with five to ten participants. If a group contains five or more participants, two physiotherapists must facilitate the sessions together. Alternatively, one physiotherapist can be supported by a mental health professional. If the context does not allow for group treatment sessions, the treatment sessions can be conducted individually. See pages 179-180 for more information.

The Pain School Treatment focuses on providing consistent opportunities for the participants to practice self-management techniques and therapeutic movements and to apply new information to their own pain and stress experiences and daily lives. This is accomplished by:

- Guiding the participants to practice self-management techniques and therapeutic movements during the Pain School Treatment sessions, as well as, in their daily lives
- Including many opportunities for the participants to discuss and plan how to apply the information, self-management techniques, therapeutic movements, and activities to their pain and stress experience and within their daily lives
- Sharing and discussing information through interactive education activities, rather than delivering information via a lecture format
- Including many opportunities for participants to connect to their own strengths, resources, and knowledge and to apply new information to their own experiences

Treatment Duration and Frequency

The Pain School Treatment consists of an individual pre-assessment, ten treatment sessions, and an individual post-assessment. Ideally this is carried out over 12 to 14 weeks, with one session occurring per week. It is highly recommended that the ten treatment sessions be conducted for a group of five to twelve participants.

The ten treatment sessions are designed to each be delivered in 90 minutes. Some adaptations can be made to the sessions based on the specific cultures and contexts and the preferences of the implementing physiotherapists and organizations. When adapting the sessions, to achieve the treatment goals of the Pain School Treatment, it is essential that therapeutic movement and self-management techniques are always prioritized and included. It is important that the time allocated for these activities are always equal to or more than the time allocated for interactive education activities.

The treatment duration and frequency can be adapted to support sustainability and feasibility. However, if the context doesn't allow for at least 5 weeks of consistent treatment sessions and additional time for pre and post assessments, then alternative treatment approaches should be considered. For example, individual physiotherapy sessions could be delivered that integrate components of the Pain School Treatment that are most relevant to the participant's needs, goals, experiences, and preferences.

Treatment Pathway

The following is the recommended treatment pathway for the Pain School Treatment, which ideally spans at least 12 weeks.



Referral to Pain School Treatment

Participants can be referred to the Pain School Treatment in a variety of ways, depending on the context. This could be through an internal referral within the implementing organization or an external referral from a physician, psychiatrist, mental health professional and/or a coordinating physiotherapist. See pages 184-185 for more information.

Pre-Assessment: One to Two Appointments

Everyone that participate in the Pain School Treatment must complete a pre-assessment with the treating physiotherapist. This typically involves one to two, face-to-face individual appointment. The DIGNITY Physiotherapy Pain School Assessment form is recommended to support the assessment process. It serves as a clinical evaluation and a monitoring and evaluation tool. The content of this assessment form can change based on the experiences of implementing physiotherapists, needs of implementing organizations, contexts, cultures, and the data from completed assessments.

The Pre-Assessment for the Pain School Treatment serves to:

- Determine if the participant is appropriate and safe for the Pain School Treatment
- Inform the physiotherapists' clinical decision making regarding the content and structure of the Pain School Treatment sessions
- Identify any needs the participant may have that would benefit from a referral
- Provide baseline measures to allow for the evaluation of clinical outcomes

As of 2022, the assessment contains the following:

- Informed consent
- Personal history
- Perceived general health status ¹⁵
- Screening for nociplastic pain and changes ¹⁶
- Brief Pain Inventory Short Version 9 (BPI) ¹⁷
- Body Awareness Scale-Experience (BAS-E) ¹⁸
- DIGNITY's Pain School Monitoring Scale
- Screening for depression, anxiety, and PTSD ¹⁶
- Narrative exploration of the participant's goals

Referrals as Needed

Each organization offering the Pain School Treatment must have effective referral pathways to medical and psychological professionals, protection services, community resources, livelihood support activities, and emergency health and psychological services. The physiotherapists must make these referrals as needed which could be before, during and/or after the treatment sessions.

Pain School Treatment Sessions: Ten Appointments

Participants engage in ten group or individual sessions, ideally occurring one time per week for 10 weeks.

Post-Assessment: One to Two Appointments

Everyone that participates in the Pain School Treatment must complete a post-assessment following the completion of the treatment sessions. This involves the same treating physiotherapist completing the same DIGNITY Physiotherapy Pain School Assessment Form with the participant in one to two, face-to-face individual appointments. During the post-assessment, the physiotherapist should integrate opportunities for the participant to reflect on and share what they have learned, the impact of the treatment, and their plan for engaging in a full life despite any pain and stress experiences. The post-assessment provides an opportunity for the physiotherapist to reflect on the clinical outcomes with the participant and allows for objective monitoring and evaluation analyses to inform service delivery.

Follow-up: As Feasible

Ideally, each participant is contacted three months after the post-assessment to engage in a follow-up. This can be conducted via a face-to-face consultation or over the phone. This can involve completing the DIGNITY Physiotherapy Pain School Assessment Form. If the context allows for this follow-up, it can be supportive to the participants and contribute to an analysis of treatment outcomes to inform service delivery.

Treatment Location

The Pain School Treatment should take place in a room that provides enough space for the participants and physiotherapists to sit in a circle and also stand and perform full body movements. The space must be completely private without anyone being able to see or hear the participants. This ensures confidentiality and creates a feeling of safety and security. The space should also have access to restroom facilities and simple refreshments such as water, juice, coffee, and tea.

Considering that the Pain School Treatment is designed for persons affected by persistent pain experiences, it is important that the physiotherapists and implementing organizations ensure that the treatment location is accessible for people with different physical abilities. Some important considerations include the distance required to travel to access the location, the accessibility and feasibility of modes of transportation, and the physical accessibility of the building, treatment space, and restrooms.

Treatment Supplies

The following supplies are required to deliver the Pain School Treatment:

- Chairs for all participants and physiotherapists
 - As the treatment is designed for persons affected by persistent pain experiences, it is important to provide comfortable chairs. It is often best to have chairs with a high stable back and stable legs, rather than wheels. Armrests can be helpful for participants with significant pain experiences. However, armrests can make it more challenging to perform some of the therapeutic movements. Therefore, it is ideal to have both options available.
- Large posters of the illustrations included in the Pain School Treatment
- Flip chart and markers
- Water, coffee/tea, juice, and simple snacks for all participants
- Hand sanitizer for all to use
- Printed materials including the assessment forms and handouts for the participants
- Padded mats for all participants and physiotherapists
- Cleaning spray to sanitize the padded mats and any other materials after every use to protect the health of the participants and physiotherapists
- Pillows and /or blankets to support positioning
 - Make sure that these are washed after every use to protect the health of the participants.
 - In some contexts, it may be appropriate to ask the participants to provide their own pillow-cases and/or blankets.

The Content of the Treatment

The DIGNITY Physiotherapy Pain School for Trauma-Affected Populations (Pain School Treatment) includes multiple evidence-based components, centred in a trauma-informed approach and a biopsychosocial-spiritual understanding of health and function. The treatments aim to provide opportunities for people impacted by trauma and/or ongoing stress to strengthen their abilities to live meaningful and engaged lives despite pain and stress experiences.

Therapeutic Movement

The Pain School Treatment concentrates on consistent opportunities to practice progressive therapeutic movement during the treatment sessions and to integrate these into daily life. The movements are inspired by Basic Body Awareness Therapy (BBAT) which is an evidence-based physiotherapy approach.¹⁹ The therapeutic movement used in the Pain School Treatment has many clinical aims including supporting the participants to experience regulating pain and stress levels while moving their bodies and restoring their physical abilities and confidence to move and be physically active despite and pain and stress experiences. See pages 108-119, 171-178 for more information.

Self-Management Techniques

Techniques that promote the self-management of pain, stress, sleep, and physical activity are practiced regularly throughout the Pain School Treatment. Additionally, the sessions provide many opportunities to support the participants to implement these techniques into their daily lives to support the regulation of pain and stress levels. The self-management techniques included in the Pain School Treatment include the Grounding and Breathing technique, the Progressive Muscle Relaxation technique, the Leaves on a Stream technique, and the Traffic Light. See pages 92-107 for more information.

Interactive Education

Interactive education is integrated into all the Pain School Treatment sessions. The interactive education activities centre on discussion and illustrations, rather than lecture, to provide an opportunity for the participants to engage with the information and apply it to their own experiences and daily lives.

The four topics addressed with the interactive education include:

- Pain Mechanisms: Why we get pain and why pain sometimes continues longer than expected and interferes with our daily lives
- Pain and Stress: Why and how daily stress and prior overwhelming experiences influence our pain and stress experiences

- Pain and Sleep: Why do we need our sleep and how can we support ourselves to have healthy sleep
- Pain and Activity: How can we plan our daily lives to regulate our pain and stress experiences so that we can do the activities that are important and that bring us joy

The Pain School Treatment is not designed to provide an opportunity for participants to share details of their traumatic experiences or to discuss mental health diagnoses like post-traumatic stress disorder. This is a purposeful clinical choice as addressing this is beyond the scope of the physiotherapists trained within the Pain School Treatment. Therefore, during the Pain School Treatment, the physiotherapists should use the terms stress, stress experiences, and overwhelming experiences to refer to possible traumatic experiences related to war, conflict, and displacement. Additionally, the physiotherapists should utilize facilitation skills to remain focused on the clinical aims of the Pain School Treatment, including the impact of overwhelming experiences on the body, mind, and daily life. See pages 165-165 for more information.

Metaphors

Metaphors play a key role in the interactive education component of the Pain School Treatment. A metaphor is a description or story that illustrates an abstract idea or situation to better explain a concept and make it relevant and meaningful. Each session includes relevant metaphors that provide an opportunity for the participants to apply the new information to their own experiences. See pages 120-149 for more information.

Active Planning for Behavioural Changes

Active planning for behavioural changes is integrated into the interactive education component of the Pain School Treatment. These involve focused discussion and structured activities that provide an opportunity for the participants to apply newly gained knowledge to their daily lives. They focus on exploring feasible and relevant ways that each person can prevent pain and stress experiences from becoming overwhelming and interfering with their daily lives.²⁰

This Manual

This manual for the Pain School Treatment provides a flexible guide to support trained and certified physiotherapists to deliver the treatment service. It was developed to be culturally and contextually relevant in the Middle East and North Africa Region and can also be adapted for other contexts. This manual was not designed to be a rigid step-by-step guide, but rather a flexible framework that can be adapted by trained physiotherapists and implementing organizations based on the participants' cultures, contexts, experiences, and needs. This manual is purposefully designed to support physiotherapists to plan treatment sessions that: 1) integrate comprehensive and evidence-based treatments, 2) facilitate treatments in a culturally and contextually relevant manner, 3) progress treatments effectively for persons impacted by pain and stress experiences, and 4) provide sufficient and relevant opportunities to practice self-management techniques and movements while applying new information.

Sessions

Structure of Sessions

The DIGNITY Physiotherapy Pain School for Trauma-Affected Populations (Pain School Treatment) includes four themes, with each theme designed to be covered over two, 90-minute sessions.

The Pain School treatment is designed to follow the same structure during each session. This consistency supports the participants' abilities to engage and remain settled as they know what to expect. Sessions one and ten have slight variations as they serve to start and conclude the treatment.

Below is a description of the recommended structure to follow for each session, including estimated durations for each activity. The structure is designed so that each group session lasts 90 minutes, including a ten-minute break.

Within this recommended structure, the Pain School treatment embraces flexibility and purposefully includes a variety of activities for each session theme. The physiotherapists are expected to use their clinical reasoning skills to plan and deliver the sessions to meet the unique needs of participants in a variety of contexts and cultures. It is the responsibility of the physiotherapists to plan and adapt the content and structure of the sessions based on the participants' needs, preferences, contexts, cultures, conditions, abilities, as well as the physical and psychological reactions observed during the sessions. For example, the physiotherapists may choose to repeat Interactive Education content or choose to increase the time spent on specific activities like Follow-Up. Or, for example, the activities that support arousal regulation, like Movements and the Grounding and Breathing Technique, can be included at any time throughout the session based on the physical and emotional reactions of the participants.

When planning and adapting the content of the sessions, the physiotherapists should always be working towards the main aim of the Pain School treatment: Empower persons affected by trauma and stress to live a meaningful and engaged life through education, movements, and promotion of self-management.

The physiotherapists should use the "Session Template for the Pain School Treatment" to plan the content of each session (Page 182).

Icon Explanation



Grounding and Breathing Technique
Progressive Muscle Relaxation



Practical Information



Follow up



Movements



Break



Interactive Education



Follow-Up on Topics to Be Explored



Discussion on Activity Plan

Recommended Session Structure



GROUNDING AND BREATHING TECHNIQUE (5 MINUTES)

This activity is facilitated at the beginning of every session. It serves to regulate arousal and prepare the participants and physiotherapists to be present and physiologically prepared to participate in the session. After the technique, the participants should always share the state of their minds and bodies with the use of the Traffic Light (Page 105-107, 152).



PRACTICAL INFORMATION (2 MINUTES)

The aim of this activity is to share practical information about the session with the participants. This is not the time to discuss the topics of the session or the plan for the session but rather to share any practical or logistical needs. Here are examples of what could be shared: Today we will finish 15 minutes earlier than planned; As I shared with you last session, my colleague is joining us today; It is hot today, so please let me know if we need to open the windows; Please remember to turn your phones on mute; Does anyone have to leave early today?



FOLLOW-UP (10 MINUTES)

The aim of this activity is to facilitate a discussion based on the content included in previous sessions, as well as the specific needs, experiences, cultures, and contexts of the participants. This discussion serves to explore how the participants are integrating the new ideas, movements, and techniques into their daily lives and experiences.

Here are some questions that can help facilitate this discussion: 1) Can anyone share an example of how you have applied what we talked about during the last session into your daily life? 2) Can anyone share your experience doing the movements and techniques at home?

The physiotherapist can also support participants during this discussion by prompting them based on specific things that a participant shared in previous sessions. For example: 1) I remember you shared that you wanted to do the Breathing and Grounding Technique before bedtime to support your sleep. Was this possible for you? 2) I recall that you felt that one of the movements helped release the tension in your shoulders. Did you find a way to use this movement in your daily life?



TOPICS TO BE EXPLORED (1 MINUTE)

The Pain School Treatment includes four session themes, and each theme includes a set of Topics to Be Explored. As each theme can be covered in two sessions, the physiotherapist selects one to three Topics to Be Explored for each session.

The aim of this activity is to share the topics of the session. The aim of this activity is not to discuss or explore the topics in detail.

Sharing the topics to be explored supports the participants to understand the main purpose of the session. It also helps the participants connect the information shared to the overall themes, their experiences, and their daily lives. In addition to sharing the topics verbally, it can be helpful to share a visual of the topics. For example, the topics can be written on a board, a symbol or picture that represents the topics can be shared, and/or the poster of the Session Outline can be used (Page 153).

Here is an example of how to facilitate this activity: "You can see on this poster that we include topics related to sleep within these sessions. Many of you have shared that you struggle with sleeping well. Many of you have also shared that poor sleep impacts your stress experiences, and your daily life. So, it is important for all of us to explore ways to improve our sleep. So, in today's session the topics to explore are: One, why do we need sleep and two, what impacts our sleep."



INTERACTIVE EDUCATION ONE (15 MINUTES)

The aim of this activity is to create opportunities for the participants to explore, discuss, and learn about the session's Topics to Be Explored. This manual includes details on various options for Interactive Education that can be used to address each Topic to be Explored. The Interactive Education activities are formatted in a variety of ways including as illustrations, metaphors, educational information, and resources to support discussion.

Interactive Education should be facilitated in an interactive manner where the priority is that the participants have an opportunity to discuss, share, and apply the ideas to their own lives and experiences.

During this activity, it can be easy to discuss something that is not related to the topic or main purpose of the Interactive Education. For example, a participant might start talking about something that they are worried about or the physiotherapist may become excited about sharing additional information. Discussing subjects outside of the main topic is often unhelpful because it makes it difficult for the participants to stay engaged and focused. Also, when this happens, often the main purpose of the Interactive Education is not be achieved and the participants have limited opportunity to apply the ideas to their experiences and daily life.

Physiotherapists can use the following strategies to remain focused on the session's Topics to be Explored and the main purpose of that specific Interactive Education:

- Develop a deep theoretical understanding of the topic to support the ability to respond to questions and points from the participants in a manner that remains focused on the main purpose.
- Develop skills related to effectively facilitating group discussion.

- Prepare a plan for the session using the “Session Template for the Pain School Treatment” (Page 182).
- When planning the session, identify the main purpose of each specific Interactive Education activity.
- Share the main purpose of the Interactive Education activity with the participants prior to facilitating it.
- When facilitating the Interactive Education activity, make sure to remember the main purpose so that discussions can remain focused.
- If working with a co-facilitator, the physiotherapist that is not leading the Interactive Education activity can be responsible for observing and providing helpful prompts to support the discussion to remain focused on the main purpose.



MOVEMENTS (20 MINUTES)

The aim of this activity is to facilitate a series of movements in a manner that integrates the participants' internal resources and abilities. The series of movements should predominantly include movements inspired by Basic Body Awareness Therapy (BBAT), as described in this manual (Page 128-119). The movement series can also include a few additional relevant therapeutic exercises. However, the physiotherapist is responsible for facilitating the entire movement series based on the principles of pacing and BBAT. The physiotherapist is also responsible for designing the movement series, and adapting and modifying the movements during the session, to meet the needs and experiences of the participants.

The Traffic Light is used throughout the series of movements. The aims of using the Traffic Light during the movement series are: 1) to support the participants to notice the state of their body and mind, including including somatic responses and experiences of pain, stress, comfort, and relief. 2) to support the participants to respond to any experience in helpful ways that promote pacing, non-avoidance, and self-regulation.



BREAK (10 MINUTES)

Encourage the participants to use the break to drink water, use the restroom, socialize, and check their phones. It is helpful to inform the participants when they should return to the session.



INTERACTIVE EDUCATION TWO (10 MINUTES)

The aim of this activity is to continue to discuss the session's Topics to be Explored and to build on the content delivered in the Interactive Education One. The Interactive Education Two could involve using the same content as presented in Interactive Education One or introducing new illustrations, metaphors, educational information, or discussion. It is important to describe to the participants how the content described in the session's Interactive Education One is connected to the content discussed in the session's Interactive Education Two. It is also important to follow the same principles described above regarding Interactive Education.



FOLLOW-UP ON TOPICS TO BE EXPLORED (2 MINUTES)

The aim of this activity is to state the session's Topics to Be Explored and then provide a brief opportunity for the participants to share questions or needs related to the topics. The participant's questions, reflections, needs, and suggestions should be integrated into the plan for the next session.

This activity should not involve: 1) the participants summarizing the topics, 2) evaluating if the participants have understood the content, 3) discussing the topic, or 4) providing education on the topic.

Here is an example of a helpful way to facilitate this activity: "Today we explored two topics: why we need sleep and what impacts our sleep. Is there anything related to these topics that you would like us to talk about in more detail in a future session? Or is there anything that you feel that you did not understand clearly and would like an opportunity to learn more about in the future?"



DISCUSSION ON ACTIVITY PLAN (10 MINUTES)

The aim of this activity is to support each participant to develop their own plan for including helpful movements, activities, and techniques into their daily life. The physiotherapist is responsible for facilitating a discussion that encourages the participants to consider what they can continue doing and what they could start doing to support themselves to live a meaningful and engaged.

The physiotherapist can support the participants in selecting the activities that may be valuable. It can also be helpful to encourage the participants to consider details like when and where they would do a certain activity. However, it is important to create a dynamic where the participants make the final decision and plan and where the participants can disagree with what the physiotherapist recommends.

Here is an example of how to introduce this activity: "One of the main aims of these sessions is to support you to do activities in your daily life that helps you live your life fully and do the things that are important to you. So, at the end of every session, we discuss and support you in planning helpful activities to include in your daily life. Can anyone share what activities you think may be helpful for you? Can you share how and when you plan to do these activities in your daily life? The activities could be things you learned in these sessions or other things that you have found helpful in your life."



PROGRESSIVE MUSCLE RELAXATION TECHNIQUE (5 MINUTES)

This is the last activity of the session and it aims to support the participants to leave the session feeling relaxed and present. When facilitating this technique, emphasize the release of the muscle contraction as this supports self-regulation and relief. Following the technique, encourage the participants to move or stretch their body in whatever way they feel is helpful to them in that moment. Conclude the session by using the Traffic Light to allow the participants to share the state of their mind and body.

Session outlines: (Pages 28-91)

The detailed outlines for Session 1-10 (pages 28-91) are not available for direct download. We highly recommend that physiotherapists providing the treatment are trained through the DIGNITY Pain School training program to ensure the treatment services are provided in a way that promotes a high-quality and no-harm approach.

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Self- Management Techniques



Self-Management Techniques

Self-management techniques play a key role in the DIGNITY Physiotherapy Treatment for Trauma-affected Populations (Pain School). These techniques are designed to promote the self-management of pain and stress experiences, sleep, and physical activity. Research evidence demonstrates that these types of techniques directly impact the increased alertness and sensitivity of the nervous system that contributes to both pain and distress conditions. Self-management techniques are integrated into every Pain School session to support the participants to engage fully in the sessions and to promote the integration of these techniques into daily life.

Pages 95-107 provide guides for the self-management techniques that are integrated into the DIGNITY Physiotherapy integrated into the Pain School. These provide a suggested way to facilitate these techniques. They were inspired by evidence-based interventions but are adapted to be relevant to the culture and context of the Middle East North Africa Region. However, it is the responsibility of the physiotherapists to understand the participants' needs and experiences and to invest time and energy to make helpful adaptations prior to and during the session.

Here are some key principles to follow when facilitating the self-management techniques:

- Adapt the techniques based on the participants' pain and stress experiences, cultures, contexts, languages, levels of education, fear avoidance behaviors, and preferences.
- Create an environment where the participants can focus and listen by having a quiet and private room and having mobile phones turned off.
- Create an environment where everyone feels comfortable to explore and find what is the most supportive way for them to perform the technique. There are a variety of ways to do this including normalizing a range of experiences, providing options for how to perform the different aspects of the techniques, and reinforcing that the aim is not to do the techniques perfectly, but rather to explore how to do the techniques in the ways that they find helpful.
- Before facilitating the technique, support the participants to find a comfortable sitting position and encourage them to change positions as needed to regulate pain levels.
- Before facilitating the techniques for the first time, explain to the participants the purpose of the technique and how it will be facilitated. Explaining this before facilitating the techniques helps the participants to engage, make meaning from what they experience, and may also reduce anxiety associated with the new experience. The guides include text to support this explanation.
- Facilitate the techniques with a calm and clear voice.
- When movements are involved in the technique, make sure all participants can observe the movements being demonstrated by the physiotherapist.
- When movements are involved in the technique, emphasize creating movement experiences for the participants that, over time, contribute to increased movement fluidity and variety. To do this, physiotherapists should practice the techniques regularly outside of the treatment sessions to be able to role model quality movements.
- When facilitating the techniques, it may be helpful to recommend to the participants that they keep their eyes open to help them learn the techniques and to avoid flashbacks or increased anxiety. Over time, if the participants feel comfortable, they can close their eyes.
- When facilitating the techniques, it may be helpful to have calm and culturally relevant music playing quietly in the background. It is best to use music that is instrumental and doesn't have

lyrics. It is recommended to facilitate the techniques with and without music so that the participants can experience both and express their preferences.

- When facilitating the Grounding and Breathing technique, the Progressive Muscle Relaxation technique, and the Leaves on the Stream technique, it is important to integrate the Traffic Light. This can be done by asking the participants to reflect on what area they are in on the Traffic Light before, during, and after the technique and how they know this.
- If time is limited when facilitating the techniques, make sure to adapt the techniques in a way that still achieves the main purpose. For example, it aligns with the main purpose of the Grounding and Breathing technique and the Progressive Muscle Relaxation technique to include fewer movements, rather than moving quickly so that all movements are included.
- It may be helpful to make audio recordings of the techniques and share these with the participants. These can support the participants to integrate the techniques into their daily lives.
- The final aspect of facilitating a technique is encouraging a short discussion to support the participants to reflect on and share their experiences and how the techniques could be relevant and helpful in their daily lives. Here are some questions that can support this:
 - **What did you experience? What did you notice?** (The physiotherapists can keep this question open or can focus the participants' reflections in different areas like the mind, body, thoughts, energy levels, pain levels, stress levels, abilities to concentrate, breathing, and/or on the Traffic Light.)
 - **Can anyone share when you think this technique may be helpful for you to use in your daily life? Perhaps when trying to sleep, when getting home from work, or when experiencing a headache.**

Grounding and Breathing Technique

Purpose

- Become present and prepare our minds and bodies for a task or situation – This is used at the beginning of every Pain School session to support ourselves to prepare our minds and bodies to participate fully in the session
- Explore and practice a technique that we can use in our daily lives to regulate pain and stress levels so that they do not become overwhelming
- Practice breathing in a way that is calming and that keeps us present
- Practice noticing the different sensations and experiences in our bodies which can help us regulate pain and stress levels

GUIDE FOR FACILITATION:

Introduction

This text supports explaining the technique to participants before facilitating it for the first time.

There are many techniques that can support us to regulate pain and stress levels in our daily lives. We are now going to do one of these techniques together. It is called the Grounding and Breathing technique. We will do the Grounding and Breathing technique together at the very beginning of every Pain School session. This will prepare us to focus on the activities in the session.

During the Grounding and Breathing technique we will sit in our chairs. We will guide you to perform a few simple and safe movements. During the movements, we can each try to use a small amount of energy and to move in a way that feels comfortable, fluid, and supportive. We will also guide you to notice your breathing.

During the technique, there isn't a right or wrong way to move. Rather each person can experience the movements and explore what feels most supportive to them. It is important that each person does what feels most comfortable to their own body.

If during the technique anyone feels overwhelmed or worried, please share and we will support you.

The Grounding and Breathing technique can help us learn how to notice the different sensations and experiences in our bodies. This can help us regulate our pain and stress levels. To support this, we will use the Traffic Light before, during, and after the technique.

We may find it helpful to use the Grounding and Breathing technique regularly in our daily lives to regulate pain and stress levels, support healthy sleep, and help us participate in physical activity.

(If relevant, inform the participants about how to access and use the recording of the technique.)

Technique

This text supports facilitating the technique during every Pain School session

We start by finding a solid and active sitting position. You can sit with your back supported by the chair or you can sit on the edge of the chair.

Place your head on top of your spine, as if you are carrying something on your head. This will guide you to move to an upright and open position. Explore and find the position that is comfortable for you and that doesn't create too much tension.

Place both feet flat on the ground. Your hands can rest on your thighs. Move your body parts around, like your arms and legs, until you find where it feels comfortable to have them rest.

I will be performing the technique so you can look at me whenever it is helpful. But you do not need to look at me the entire time. Rather, you can keep your eyes open and rest them on a spot on the floor or in the room, so you are not focusing your attention on anyone or anything.

From this solid and active sitting position, we will do a few movements that are supportive for our bodies and minds.

Bring your attention to one foot...Feel it connected to the ground...Lightly push this foot into the ground...push...and slowly release it...Feel the tension flow out of your foot and leg...Now, bring your attention to your other foot. Feel it connected to the ground...Lightly push this foot into the ground...push...and slowly release it...feel the tension flow out of your foot and leg.

We will now move our backs up and down, like an elevator. Bring your attention to your low back. From your low back, sit upright and move your head up towards the ceiling, as though the elevator is going to the top floor. Feel yourself sitting up taller...Now slowly release your low back so it curves, and your entire body moves down, as though the elevator is moving back to the ground level. As you round your back, raise your chin and look up towards the ceiling...And again, move slowly up...and release and move slowly down.

Return to the active sitting position that is comfortable for you.

As you sit upright, turn in one direction, looking over your shoulder...Turn in the other direction. Looking over your other shoulder...Continue turning a few times...Move in a slow and fluid way.

Return to the active sitting position that is comfortable for you.

As you sit upright, turn your head in one direction...Turn your head in the other direction...Continue turning your head a few times...Move in a slow and fluid way.

Return to the active sitting position that is comfortable for you.

As you sit upright, slowly reach one hand up towards the ceiling. Feel your shoulder reaching up towards the ceiling...And slowly release it, bringing your hand back down to rest on your leg...Feel the tension flow out of your arm...Now, slowly reach the other hand up towards the ceiling. Feel your shoulder reaching up towards the ceiling...And slowly release it, bringing your hand back down to rest on your leg...Feel the tension flow out of your arm.

Return to the active sitting position that is comfortable for you. You can sit with your back supported by the chair. Feel your feet staying connected to the ground.

Bring your attention to your breath. Don't try to change your breathing pattern but just notice it. Notice your inhale...Notice your exhale...

As you breathe out, image all the stress, tension, pain, and discomfort leaving with your breath... imagine it flowing out of your body just like the breath flows out of your body.

Allow your breath to move in and out as is comfortable and natural for you...As you breathe in, imagine that peace and calmness flows into you...peace flows in as you breathe in, and it fills your belly...

Breathe out tension and pain...breathe in peace and calmness...feel peace flowing through your body...

As you sit upright, breathe in so that your belly becomes large...Hold this breath for 5,4,3,2,1 and allow the air to flow out naturally.

Continue breathing in this way a few more times.

Let your breath return to its natural pattern again...Notice your inhale...Notice your exhale...As you exhale, notice any tension and pain leaving your body...As you inhale, notice peace and calmness filling your body.

We will come back together now...Slowly move your body...slowly move your feet...stretch your arms...take a deep breath...stretch and move in whatever way your body needs right now.

Progressive Muscle Relaxation (PMR)

Purpose

- Become present and prepare our minds and bodies for a task or situation – This is used at the end of every Pain School session to support ourselves to prepare our minds and bodies to leave the session
- Explore and practice a technique that we can use in our daily lives to regulate pain and stress levels so that they do not become overwhelming
- Practice noticing when tension increases in our bodies so we can do something helpful before it becomes overwhelming and contributes to pain and stress experiences
- Practice softening or releasing tension in our muscles and bodies

GUIDE FOR FACILITATION:

Introduction

This text supports explaining the technique to participants before facilitating it for the first time

There are many techniques that can support us to regulate pain and stress levels in our daily lives. We are now going to do one of these techniques. It is called the Progressive Muscle Relaxation technique. We will do the Progressive Muscle Relaxation technique together at the very end of every Pain School session. This will prepare us to leave the session and resume our daily activities.

The Progressive Muscle Relaxation technique is designed to help us practice noticing tension in our muscles and bodies and to learn how to soften or release this tension. By practicing this technique, we can notice when tension increases in our bodies so then we can do something helpful before it becomes overwhelming.

During the Progressive Muscle Relaxation technique, we will sit in our chairs. We will guide you to tense or contract different parts of your bodies. We will hold the tension for a count of 5. When doing this, do not tense the muscles to your maximum amount but around half of your maximum amount. Do what feels comfortable to you and your body. Do not tense the muscles to the point where you experience increased pain levels. If you feel your pain or stress levels increasing, try to tense a little bit less.

After tensing an area of the body, we will relax the muscles and release the tension. We will guide you to explore what it feels like as you allow tension to flow out of your body. The most important experience during this technique is releasing the tension. We will focus on having time to experience this release.

Throughout the technique, we will try to allow our breath to naturally flow in and out.

During the technique, there isn't a right or wrong way to move. Rather each person can experience the movements and explore what feels most supportive to them. It is important that each person does what feels most comfortable to their own body.

If during the technique anyone feels overwhelmed or worried, please share and we will support you.

The Progressive Muscle Relaxation technique can help us learn how to notice the different sensations and experiences in our bodies. This can help us regulate pain and stress levels. To support this, we will use the Traffic Light before, during, and after the technique.

You can perform the Progressive Muscle Relaxation technique in sitting, standing, or laying down. We may find it helpful to use the Progressive Muscle Relaxation technique regularly in our daily lives to regulate pain and stress levels, support healthy sleep, and help us participate in physical activity.

(If relevant, inform the participants about how to access and use the recording of the technique.)

Technique

This text supports facilitating the technique during every Pain School session.

GUIDE FOR FACILITATION:

We start by finding a solid and active sitting position. You can sit with your back supported by the chair or you can sit on the edge of the chair.

Place your head on top of your spine, as if you are carrying something on your head. This will guide you to move to an upright and open position. Explore and find the position that is comfortable for you and that doesn't create too much tension.

Place both feet flat on the ground. Your hands can rest on your thighs. Move your body parts around, like your arms and legs, until you find where it feels comfortable to have them rest.

I will be performing the technique so you can look at me whenever it is helpful. But you do not need to look at me the entire time. Rather, you can keep your eyes open and rest them on a spot on the floor or in the room, so you are not focusing your attention on anyone or anything.

Settle into your sitting position. We will sit quietly for about 15 seconds. During this time, bring your attention to your body and notice any sensations that you are experiencing.

Now bring your attention to your feet resting on the ground...Press your toes towards the floor, as if you were grabbing on to something with your toes...Hold this tension...notice what this tension feels like in your toes...your feet...your lower leg...notice your breath.

Slowly release the tension...let all the tension flow out of your feet and into the ground...notice what you feel in your toes...your feet...your lower legs...notice any differences between what you experience when you are tensing and what you experience when you are releasing...notice if any tension remains...You can try to soften any remaining tension or just notice it and let it be...Notice your breath, flowing in and out freely.

Now focus your attention on one of your hands and forearm...with that hand, make a fist so that all the muscles in your hand and forearm are tense...bring your fist up towards your shoulder as if you were trying to show how big your upper arm muscles are...hold this tension...notice what this tension feels like in your fingers...your fist...your upper arm...your lower arm...notice your breath.

Slowly release the tension...let all the tension flow out of your hand...notice what you feel in your fingers...your hand...your upper arm...your lower arm... notice any differences between what you experience when you are tensing and what you experience when you are releasing ...notice if any tension remains...You can try to soften any remaining tension or just notice it and let it be...Notice your breath, flowing in and out freely. Repeat for the other hand.

Suggested muscle groups to include:

Now include some of the following muscle groups into this technique by using the same pattern as described in the text above. Consider including a variety of muscle groups. Before facilitating the technique, the physiotherapists can also ask the participants what areas of the body they would like to focus on during this technique. Then the physiotherapist can guide this technique based on their preferences.

- Leg: stretch the leg straight and point the toes away from the head
- Lower back: sit up tall and arch the low back
- Upper back: pull the shoulders down, back, and away from the ears
- Shoulders: pull the shoulders up towards the ears
- Neck: bring the chin towards the chest while keeping the neck long
- Forehead: raise the eyebrows as high as possible
- Eyes and nose: squint the eyes and wrinkle the nose
- Mouth and jaw: clench the teeth and pull the corners of the mouth out

After facilitating a variety of muscle groups, facilitate this final phase of the technique:

Guide for facilitation continued:

Now, let's tense all our body parts together. Start with moving the toes towards the floor...bring the knees together...tighten the buttocks...stretch both arms towards the floor...clench the hands into fists...move the shoulders up towards the ears...close your eyes tightly...bite your teeth down...hold this tension...notice what this tension feels like...notice your breath.

Release it all...feel your body collapse...breathe out...allow yourself to sigh...

As you sit upright, find a position that feels comfortable to you. You may feel comfortable with your back against the chair. Feel your feet stay connected to the ground.

Notice how your body feels...Move your attention throughout your body...Move your attention to the different areas of your body that you tensed and relaxed.

Notice any areas of tension. If you find an area of tension, explore tensing and releasing it on your own...Explore if you can soften the tension.

Take a few calming breaths at your own pace. With every breath, explore if the relaxation can spread more and more throughout your body.

For about one minute, I will stop talking. During this quiet, bring your attention to any sensations of relaxation, calmness, and release...It is normal for our minds to try to think of other things. If this happens, notice it. Then try to bring your attention back to your body, your breathing, and to any sensations of relaxation and calmness.

We will come back together now...Slowly move your body...slowly move your feet...stretch your

arms...take a deep breath...stretch and move in whatever way your body needs right now.

GUIDE FOR FACILITATION OF AUDIO RECORDING

The following text can be used to create an audio recording of the Progressive Muscle Relaxation technique. It includes the most relevant muscle groups and an abbreviated script which is more relevant for an audio recording. When creating an audio recording of this technique, make sure to leave time and quiet space for the participants to do the movements as they are listening. Make sure to also emphasize time for the participants to release the tension before going on to the next area of the body.

Facilitation text:

Sit, stand, or lay down in a comfortable position where you feel fully supported.

Take a few deep breaths. As you inhale, feel your stomach moving out...As you exhale, feel the air flowing out of your nose.

Lift your toes towards you...feel the tension...hold...relax and release all of the tension.

Push your toes away from your head...feel the tension...hold...relax and release all of the tension.

Bring your knees together...feel the tension...hold...relax and release all of the tension.

Squeeze your buttocks...feel the tension...hold...relax and release all of the tension.

Notice how your legs feel...Notice any sensations in your legs.

Make your hands into tight fists...feel the tension...hold...relax and release all of the tension.

Stretch your arms out straight...feel the tension...hold...relax and release all of the tension.

Raise your shoulders up towards your ears...feel the tension...hold...relax and release all of the tension.

Notice how your arms feel...Notice any sensations in your arms.

Close your eyes tightly...feel the tension...hold...relax and release all of the tension.

Bite down so your jaw tightens...feel the tension...hold...relax and release all of the tension.

Notice how your face and head feels...Notice any sensations in your face and hand.

Now tense everything all at the same time. Start with moving the toes towards the floor...bring the knees together...tighten the buttocks...stretch both arms towards the floor...clench the hands into fists...move the shoulders up towards the ears...close your eyes tightly...bite your teeth down.

Feel the tension...hold...relax and release all of the tension.

Notice what you feel throughout your entire body...Notice any areas of relaxation.

Breathe in...hold it for a moment...exhale slowly through your nose.

You may remain quiet for a few minutes and notice how your body feels. Move your attention throughout your body, to the different areas of your body that you tensed and relaxed. Notice any areas of tension. If you find an area of tension, explore tensing and relaxing it on your own. Explore if you can soften the tension.

End...

Leaves on a Stream Technique

Purpose

- Become present and prepare our minds and bodies for a task or situation by observing our thoughts, without reacting to them or trying to control them
- Experience how our thoughts come and go and that we have the ability to not actively focus on unhelpful thoughts and worries but rather let them pass by
- Explore and practice a technique that we can use in our daily lives to regulate pain and stress levels, address overthinking, and help us fall asleep

GUIDE FOR FACILITATION:

Introduction

This text supports explaining the technique to participants before facilitating it for the first time.

There are many techniques that can support us to regulate pain and stress levels in our daily lives. We are now going to do one of these techniques. It is called the Leaves on a Stream technique. The Leaves on a Stream technique is designed to help us learn how to observe our thoughts without reacting to them or trying to control them.

Through the Leaves on a Stream technique, we can experience how our thoughts come and go and that we can choose to not actively focus on them, but rather let them pass by. By practicing this skill, over time, we can experience relief from overthinking. We may find that this supports us to regulate our pain and stress levels in our daily lives and to have healthy sleep.

During the Leaves on a Stream technique, we will sit in our chairs (or lay on the floor in a resting position). We will guide you to imagine a stream of water. We will guide you to imagine placing your thoughts on leaves that drift down this stream.

There are no movements in this technique, but rather it is a technique that focuses on using our imaginations.

There is no right or wrong way to experience this technique. One of the most important things is to notice how you experience this technique and how it impacts your ways of thinking.

Our thoughts often influence our pain and stress experiences. So, we will use the Traffic Light before, during, and after the technique to support us to notice and reflect on what we experience in our bodies.

It may be helpful for you to use the Leaves on a Stream technique regularly in your daily life. You can perform it in sitting, standing, or laying down. Many people find it helpful to do the Leaves on a Stream technique when they are trying to fall asleep.

By practicing this technique regularly, you may experience that you are better able to notice when your thoughts are contributing to your pain and stress experiences. Then you can actively

choose to let the thoughts pass through your mind, rather than giving them your attention, time, and energy.

By practicing this technique regularly, it can become a part of our daily routines and we may find that our pain and stress levels are less likely to feel overwhelming.

(If relevant, inform the participants about how to access and use the recording of the technique.)

Technique

This text supports facilitating the technique during the Pain School session

We start by finding a comfortable position for ourselves. This can be sitting in a chair with your back resting against the back of the chair. Or this can be laying on the floor, using pillows to feel fully supported.

Keep your eyes open. But you do not need to look at me. You can rest your eyes on a spot on the floor or in the room, where your neck is in a comfortable position, and you are not focusing your attention on anyone or anything.

Picture that you are sitting next to a gently flowing stream of water. Picture this in a way that brings you peace and joy...Perhaps you are sitting under a tree, and you can hear birds singing above you. (The physiotherapists can add content here to support the participants' imagination of the setting and the stream. When facilitating this, include pauses and silence to allow for the participants to imagine and experience it).

Picture leaves floating on the surface of the water...The leaves float by you as they are carried along in the stream.

As a thought enters your mind, picture yourself placing the thought onto a leaf...Then let the leaf, with your thought, float away from you...watch it being carried away by the water.

As thoughts come up, place each thought onto a leaf. Place every thought on a leaf whether the thoughts are positive or negative, pleasurable, or painful...Even if you have joyous or exciting thoughts, place them on a leaf and let them float by.

If your thoughts seem to stop, simply continue imagining the stream. Sooner or later, thoughts will come into your mind again.

Allow the stream to flow at its own pace...Do not try to make the water move faster as you are not trying to get rid of your thoughts. Rather you are allowing them to come and go as they do.

If your thoughts say things like: "This is stupid," or "I cannot do this," recognize that this is normal. Try to take those words and place them on a leaf and watch them float away.

If a leaf with a thought gets stuck in the water, just leave it. You cannot force it to float away.

If a difficult feeling arises, such as boredom or impatience, simply notice it. Tell yourself: "Here is a feeling of boredom" or "Here is a feeling of impatience." Place those thoughts on a leaf and allow them to float by.

From time to time, your thoughts may hook you. You may find yourself grabbing onto a thought and thinking about it in detail. This can distract you from being fully present. It can distract you from watching the stream and enjoying the beauty of the stream. This is normal and will continue to occur at times. When you notice this happening, try to bring your attention back to the stream. Try to place the thought onto a leaf and watch it float down the stream.

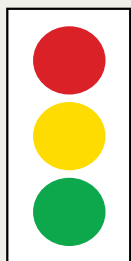
I will be quiet now for a few minutes. Continue to explore this experience of placing thoughts on leaves and watching them float down the stream.

If your eyes are closed, slowly open them. Look around the room. Notice what you can see. Notice what you can hear. Stretch and move in whatever way your body needs right now.

We will now share and discuss what we experienced during this technique. (Facilitate a brief discussion to explore the participants' experiences, whether they tried to control their thinking, and how they can apply this to their pain and stress experiences and daily lives. Here are some questions that can help this discussion: What was it like letting the thoughts float by without holding on to them? – What did you experience in your body? - If a difficult thought, emotion, or physical sensation arose, what was the impact of acknowledging it and releasing it rather than focusing on it? – What types of thoughts hooked you or were difficult to let go? – Did you notice if you ever made the water flow faster to try to control the thoughts and get rid of them faster?)

Traffic Light

Illustration 2



Purpose

- Explore and practice a technique that we can use in our daily lives to regulate pain and stress levels, so that they do not become overwhelming
- Practice noticing changes in our pain and stress levels so then we can do something helpful before they become overwhelming and interfere with our daily lives
- Support us to effectively integrate movements, self-management techniques, and activity planning into our daily lives

GUIDE FOR FACILITATION:

Introduction

This text supports explaining the technique to participants before facilitating it for the first time

Throughout the Pain School sessions, we are going to use a Traffic Light as a tool to notice our pain and stress levels and to learn how to regulate them before they become overwhelming. Let's discuss how we can use this Traffic Light. (Show the participants the illustration of the Traffic Light. Have this hanging up during every session so that it can easily be discussed throughout the sessions.)

Throughout the world, traffic lights are used to regulate traffic and to influence how people drive. This is necessary to avoid chaos and accidents and to promote an easy flow of traffic.

On a traffic light, what does each color represent? What do we do on a red light? ...What do we do on a yellow light? ...What do we do on a green light? ...

Now let's apply the Traffic Light to our pain and stress experiences. Recognize that each person may experience the three areas of the Traffic Light in different ways.

The red area of the Traffic Light represents stop. It represents being overwhelmed by pain and stress experiences. Can anyone share what you may experience in your body if you were in the red area on the Traffic Light?

Often when we are in the red area on the Traffic Light, we can feel overwhelmed with our pain and stress experiences. We may feel completely exhausted in our minds and bodies. We may feel overwhelmed by pain. We may feel overwhelmed with emotions like grief, anxiety, worry, or sadness. We may feel like our thoughts are out of control. When we are in the red area, we often want to be alone. We are often unable to do the activities in our daily lives that are important and that bring us joy.

The yellow area on the Traffic Light represents slowing down and needing to notice and be aware. It represents being challenged by pain and stress experiences but not overwhelmed. Can anyone share what you may experience in your body if you were in the yellow area on the Traffic Light?

Often when we are in the yellow area on the Traffic Light, we can feel changes in our bodies and minds and an increase in pain and stress levels. The yellow area does not represent that we are in danger but rather that we are being challenged. The yellow area indicates that we have an opportunity to learn and strengthen our minds and bodies in ways to support us to engage in our daily lives.

When we are in the yellow area, we may feel an increase in the tension of our muscles, a tightness in our chest, or the start of a headache. We may feel emotions like mild anxiety or anger. We may feel irritable and easily annoyed. We may find ourselves starting to get stuck in unhelpful ways of thinking. We may have difficulty concentrating and communicating clearly with others.

The green area of the Traffic Light represents that we can keep going. It represents feeling safe and comfortable. Can anyone share what you may experience in your body if you were in the green area on the Traffic Light?

Often when we are in the green area, we feel comfortable in our minds and bodies. We may feel that our breathing flows easily and our muscles and joints feel open and healthy. We may feel emotions like joy, excitement, or relaxation. We may find that we can think clearly and concentrate well. We may find it enjoyable to be around other people and to do the activities in our daily lives.

Throughout the Pain School sessions, we will frequently ask you to notice what area you are in on the Traffic Light and what are you experiencing in your minds and bodies that indicates this.

By using the Traffic Light, we can learn how to notice signs that our pain and stress levels are increasing – when we are entering the yellow area. When we notice this, we can then do something helpful before the pain and stress experiences become overwhelming – before they enter the red area. In this way, we can regulate our pain and stress levels so that they don't interfere with the activities in our lives that are important to us and that bring us joy.

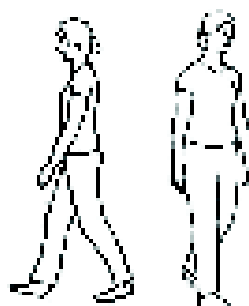
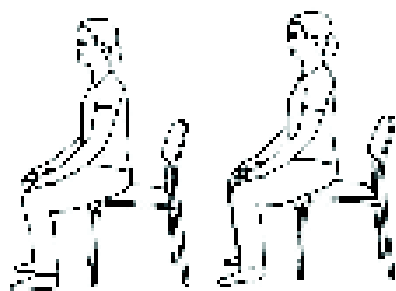
We are not trying to avoid being in the yellow or red areas on the Traffic Light. It is not dangerous to be in those areas. Actually, being in the yellow area can be helpful as this is when we can build physical strength and endurance and the ability to cope with challenging experiences.

Throughout the Pain School sessions, we will learn and practice a variety of self-management techniques, movements, and strategies to support us to live an active life despite experiencing moments in the yellow and red areas on the Traffic Light.

We hope to gain confidence in our ability to be in the yellow area and still function in our lives. We hope to learn how to regulate our pain and stress experiences before they become overwhelming and move to the red area. Similarly, we can also learn what is helpful when we inevitably do enter the red area so that it doesn't have a significant negative impact on our daily lives. We also aim to learn how we can spend more time in the green area on the Traffic Light.

(The Traffic Light is integrated throughout the Pain School sessions. It should be utilized during the self-management techniques, movements, and Interactive Education activities. The Pain School session guides include recommendations on how to do this. However, it is the responsibility of the physiotherapists to apply the Traffic Light throughout all the sessions and in a way that works to empower the participants with the skills to regulate pain and stress levels in their daily lives.)

Therapeutic Movements



Sitting balance

Sit on the front of your seat without any support for your back. Place the seat so that you can feel the two bones at the bottom of your pelvis against the seat of the chair. These are also called the sitting bones. Let your legs find a natural position so that your feet rest on the floor (without shoes). Your legs will then give you support when you are sitting. Seek to allow your body weight to come down on the support, at the same time as you maintain an upright posture. Let your shoulder be as relaxed as possible and let your hands rest on your thighs.

Now, seek for the most free and stable sitting balance by relating to your axis from top of your head to your sitting bones. Start with an up-down lengthening along the axis: take contact with the axis and seek to lengthen easily along the axis from the sitting bones to the top of your head, towards the ceiling. Then, release softly along the gravity, so that you land in as free and balanced sitting as possible. Repeat the up-down movement 10 times, and seek to let your breathing follow the movement.

Then, again take contact with your axis from your seat to the top of your head. Seek to move the axis, like a pendulum, rhythmically and easily from side to side, noticing the outer limits, without reaching them. Afterwards, make some small pendular movements sideways, alternately to left and right. Allow the movements to be small and light, and not maximal. Seek to let the breathing find its own rhythm, without control of any kind. Allow yourself time to rest in a stable sitting balance.

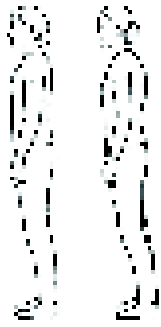
After the movement, sit for a little and stay in contact with yourself. How was this for you? Be free to reflect over what you noticed.

Walking balance – to walk

Start with taking contact to the ground and and lengthening the axis and thereby be present in yourself. Let your breathing come freely and as natural as possible. You are now ready to walk: give yourself time to seek a comfortable, free and easy way to walk. For awhile, you may direct your attention to the length axis, as an inner support while you walk. Further, you may let the soles of your feet roll from the heel to the toes, to invite a natural flow into the movement: "I am walking forward". Allow yourself to simply be present in your walking. This may give you a sense of being carried forward.

Another aspect to bring into the walking; take contact with your movement centre and imagine an elastic band pulling you forward from your centre. Seek to let your walking be coordinated from your centre.

After the movement; walk for a little and just stay in contact with yourself, let your walking carry you. How was this for you? Be free to reflect over what you noticed.



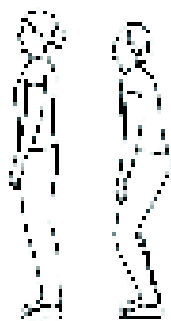
Standing balance – to stand

Stand with free, unlocked knees and let your arms hang along your side. Take contact with the ground and the axis from your feet to the top of your head. Start with an up-down movement along the axis: contact the axis and make a lengthening from feet to the top of your head towards the ceiling. Then, give gently in to gravity, so that you remain standing as free and balanced as possible. Now, you will explore where to place the axis so that you have contact with the whole sole of the feet. Make a small to-and-fro, pendular movement about ten times with the whole of you, where your weight is transferred between heel and toes to explore where the limits are. Let the axis fall into the forefoot, just in front of the ankle joint. Then, change to a pendular movement about ten times alternately between right and left, and then let the weight fall equally in both feet. You will now have a free and stable standing balance with an active posture.

After the movement; stand for a little and “stay in” contact with yourself. How was this for you? Be free to reflect over what you noticed.

Standing bouncing

Stand with free, unlocked knees, letting your arms hang along your side. Take contact with the ground and the axis from your feet to the top of your head. Let your breathing come and go as naturally as possible. Start by rising gently on to your toes (a couple of centimetres), so that your heels are barely off the ground, then come down again, so that the heels meet the floor, like a bouncy ball. Continue with a quicker change, where the heels alternately leave and meet the floor, until you have found a light and bouncy rhythm. The movement is very small; the heels are only lifted high enough to barely leave the floor. As if imagining a small, elastic ball. Continue bouncing lightly for a couple of minutes. Seek a free breathing, and let your shoulders and arms remain relaxed. Take a rest to ease the tension in your calves, before repeating the bounce. After the movement; stand for a little and “stay in” contact with yourself. How was this for you? Be free to reflect over what you noticed.

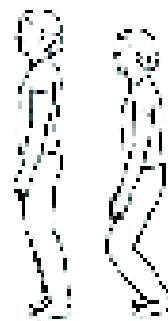


Folding movement up-down along the axis

Seek to stand freely, balanced and stable, knees unlocked and arms hanging along your side. Take contact with the ground and the axis from your feet to the top of your head. Let your breathing come and go as naturally as possible. You are now ready for a movement down-up along your axis, letting your breathing follow the movement. Down: gently give in to gravity, and sink down along the axis by bending a little in your neck and chest, hips, knees and ankles like a “zig-zag” or “folding” movement along all of you. Up: come up again along the axis to return to an upright, stable and free standing balance.

Imagine a relieved sigh, – an “aaah” while you give in along the axis. Then the movement will naturally follow. You might also use the image of a warm, comfortable shower between your shoulderblades, before returning to an upright position. Repeat about ten times while you allow the movement to develop into a continuous, rhythmic “giving in and rising up again” motion.

After the movement; stand for a little and “stay in” contact with yourself. How was this for you? Be free to reflect over what you noticed.

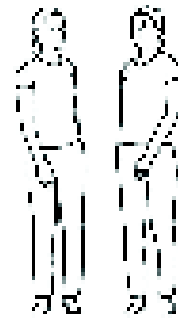
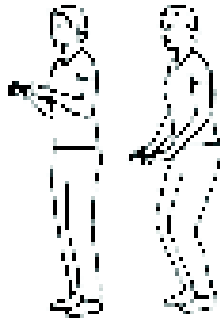


Up-and-down along the axis

Stand with free, unlocked knees, letting your arms hang along your side. Take contact with the ground and the axis from your feet to the top of your head. Let your breathing come and go as naturally as possible during the movement. You are now ready to explore three movement sequences:

1. Firstly, sink down along the axis (by bending hips, knees and ankles) and then move up again to standing. Repeat a about ten times in a continuous motion, with rhythmic flow.
2. Rise up along the axis (by lifting the heels a few centimetres from the floor) and sink back to standing. Repeat about ten times in a continuous motion
3. Do the two movements together (1+2) sinking and lifting along the axis in a continuous motion, while seeking a rhythmic flow. Repeat about ten times. Continue without interruption in this rise-sink motion until it gradually assumes an elastic, rhythmic and light feel.

After the movement; stand for a little and “stay in” contact with yourself. How was this for you? Be free to reflect over what you noticed.



Arm movement – the elliptic wave

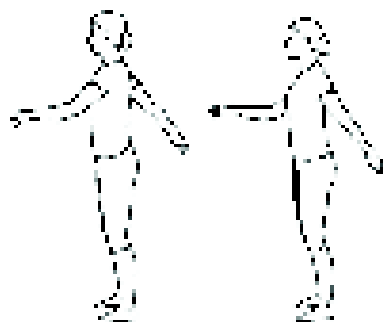
Stand with free, unlocked knees, letting your arms hang along your side. Take contact with the ground and the axis from your feet to the top of your head. Let your breathing come and go as naturally as possible. The arm movement involves creating an ellipse in front of you. Start by lifting the arms forwards and up to slightly under shoulder height. Then bend the wrists and elbows so that the hands are lowered down close to the body, without letting the arms go at the completion of the ellipse. Let the movement develop into a uniform elliptic motion without beginning or end. Seek to be involved in the movement so that you are going up – down along the axis simultaneously with the elliptic movement of the arms: down-up, down-up about ten times. Let the movement develop so that you are moving as effortlessly and unified as possible.

After the movement; stand for a little and “stay in” contact with yourself. How was this for you? Be free to reflect over what you noticed.

Turning around the axis

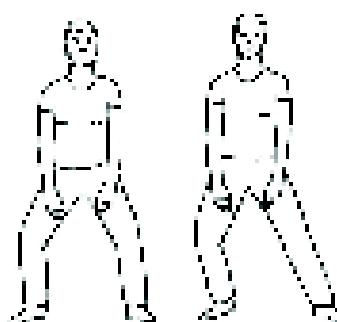
Stand with free, unlocked knees, your feet out to the side, slightly more than hip width apart and letting your arms hang along your side. Take contact with the ground and the axis from your feet to the top of your head. Let your breathing find a natural rhythm. You are now ready: start the turning movement, around the axis, to the right, then to the left, in a continuous motion which includes the whole body from feet to head. Seek a unified movement – so that the whole of you, head, trunk, pelvis, knees and ankles are turning simultaneously. Let your arms hang loose and swinging (moving with a pendulum motion) freely with the movement. Repeat the turning movements about ten times, and continue without interruption until the movement has a rhythmic and light feel.

After the movement; stand for a little and “stay in” contact with yourself. How was this for you? Be free to reflect over what you noticed.



Arm swing

Swing your arms and simultaneously bend your knees slightly. Keep your knees slightly bent the whole time.

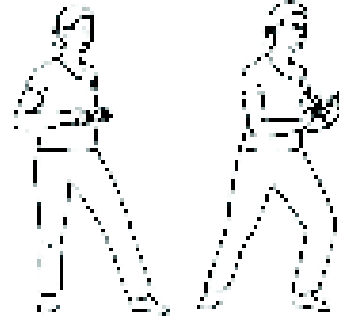
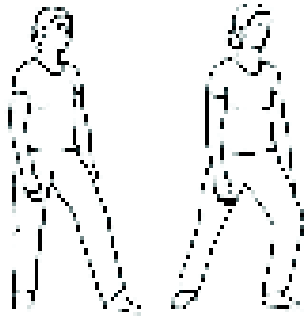


Sideways movement

Place your feet out to the side, slightly more than hip width apart. Let the soles of your feet stay in contact with the floor throughout the movement. Take contact with the floor and the axis and seek to let your breathing find a natural rhythm. You are now ready: sink down along the axis by flexing ankles, knees, and hips as if about to sit down on a high stool. Let your arms hang down.

Seek to find a position where your knees are free and flexible. Move sideways (horizontally) by shifting the weight, alternately from right to left. Repeat the movement about ten times while you let your legs absorb the motion.

After the movement; stand for a little and “stay in” contact with yourself. How was this for you? Be free to reflect over what you noticed.



Forward-backward movement

Stand with hip wide space between your feet. Take a step forward with your left leg, about a foot. Turn the right foot so that it points 45 degrees outwards. Seek to maintain equal weight on both feet. You now have a greater support base that you may move within. Take contact with your axis. Sink along the axis as if you were about to sit on a high stool. You are now ready: Move forward and back while you maintain the same height. Seek to find a rhythm in the forward-backward movement. Continue about ten times, while your arms are hanging loose along your side. Now, repeat the same sequence, but with the opposite foot forward.

After the movement; stand for a little and “stay in” contact with yourself. How was this for you? Be free to reflect over what you noticed.

Push-pull movement

Stand with hip wide space between your feet. Take a step forward with your left leg, about a foot. Turn the right foot so that it points 45 degrees outwards. Seek to maintain equal weight on both feet. You now have a greater support base that you may move within. Take contact with your axis. Sink along the axis as if you were about to sit on a high stool. You are now ready: Move forward and back while you maintain the same height. Seek to find a rhythm in the forward-backward movement.

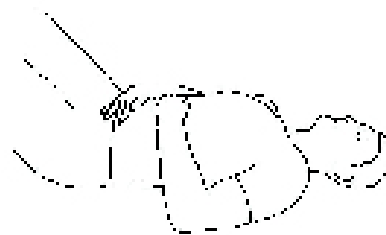
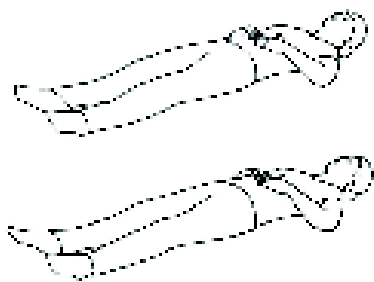
While in the movement, lift your arms and let the palms of your hands take contact with an imaginary car (a cupboard, a table ...and so on) that you imagine pushing before you: push forwards. Relax the tension in your arms and hands when moving your weight backwards. Continue the movement, foorward – baaack, foorward – baaack.

While in the movement imaging making bread, or find an image that suits you. Repeat the sequence about 10-12 times in a comfortable rhythm. Seek to let your breathing join the movement and follow your own rhythm.

Repeat the same sequence with the opposite leg forward.

After the movement; stand for a little and “stay in” contact with yourself.

How was this for you? Be free to reflect over what you noticed.

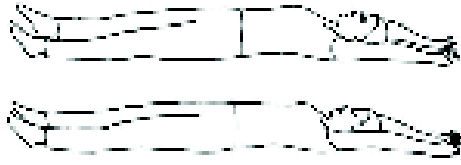


Contact with the surface – lying

Lie on your back on a blanket, a mat or directly on the floor. To begin with, if you need it, you can put a cushion under your knees, small of the back and/ or neck. Take contact with the whole of you from feet to the top of your head, and seek to give in to gravity and let the floor receive you. Close your eyes if this feels natural. Let your elbows rest on the floor. Rest your fingers on the soft part between your navel and breast bone, an area also called the body's movement centre. Take contact with your fingertips. Can you notice a movement under your fingers? Let your breathing come freely without any intervention or disturbing it in any way. Lie like this from 5-10 minutes without judging if anything is right or wrong.

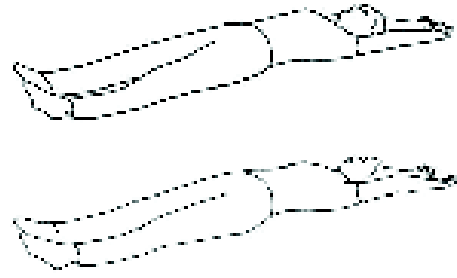
Pull to the center

Lie on your back with your knees bent and feet firmly on the ground and with your lower back against the floor. Place your hands on your stomach; one above and one below your navel. Pull the lower part of your stomach gently toward your spine, by tilting your pelvis backwards. Hold the pull gently and let go slowly. Repeat a few times in your own pace.



Symmetrical stretch

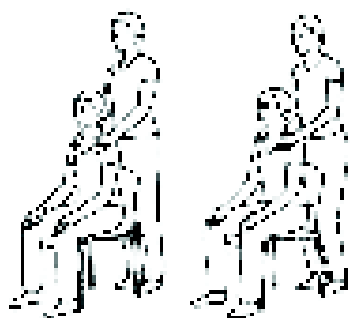
Glide the arms along the floor, out and above your head. Gather your legs along your axis (midline). Take contact with the axis, and imagine it as an elastic rubber band from toes to fingertips. Seek to lengthen the rubber band (without over-stretching), as a whole from centre to periphery, as softly and comfortably as possible. When you have lengthened, let go of the tension. Repeat the sequence about 10 times in as comfortable rhythm as possible: loong – let go, loong – let go. Bring your arms back down. After the movement; lie for a little with fingers resting on the centre, in contact with yourself. How was this for you? Be free to reflect over what you noticed.



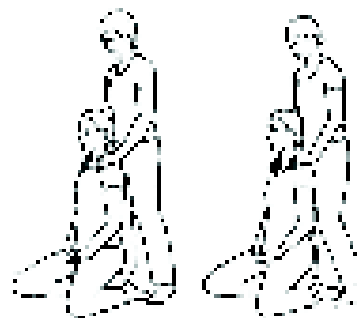
Asymmetrical stretch

Glide the arms along the floor, out and above your head. Take contact with your axis (midline). Again, gather your arms and legs along the axis. Seek to lengthen alternatively right and left sides along the axis: stretch right side loong – let go. Stretch left side loong – let go, right side long – let go. Stretch left side loong – let go, right side loong – let go, leftside loong – let go, loong – let go, loong – let go. Repeat the sequence about 10 times, and seek a rhythm that feels natural for you.

After the movement; lie for a little with fingers resting on the centre, in contact with yourself. How was this for you? Be free to reflect over what you noticed.



Sitting on chair

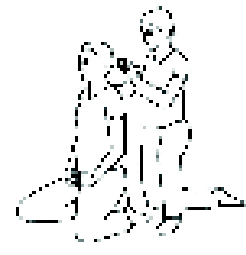
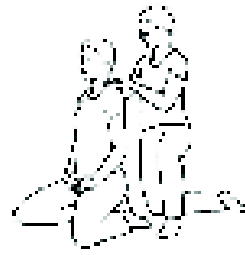


Sitting on a cushion

Massage in sitting – a relational movement step 1

As giver of massage you follow four steps:

STEP 1) Place your hands on the receiver's shoulders so that all fingers are pointing forwards (also the thumbs). Start by taking contact with yourself and how you are standing. Start by moving down-and-up along your axis, so that your hands are giving a light and gentle, but clear pressure, straight down. Seek to follow your own rhythm, alternately up and down. At the same time, listen to how the receiver is accepting and adjusting. Repeat rhythmically for about 10-15 times.



Sitting on chair

Sitting on a cushion

Massage in sitting – a relational movement Step 2

As giver of massage you follow four steps:

STEP 2) It is now the little finger side of your hands that are “giving the massage” on top of the shoulders. This is effected as your hands rhythmically are “lifted and falling” on the shoulders, like light, elastic raindrops falling on the shoulders. Let the hand movement happen at the elbows and alternate between right and left hand. Let the hands “travel” toward the soft area on the shoulders, and back again towards the receiver’s neck (without touching it), for some minutes. At the same time, listen to how your receiver is accepting and adjusting, in the same manner that you are adjusting to what you feel under your hands.

STEP 3) Finish by letting your hands rest listening on the receiver’s shoulders, for a few seconds.

STEP 4) Remove your hands. Allow the receiver to sit quietly for a moment, to take time to feel how this was for them. Now the roles are reversed; the receiver becomes giver and giver becomes receiver. The same four (4) steps are repeated.

After the massage; sit together for a little and just “stay in” what you did together. Be free to share a few words with each other about how the massage was experienced and what you noticed.



Lying rest position

Lie on your back with your knees and feet up from the floor. Breathe out with an M-sound and pull yourself up to the center with your arms. Release when inhaling.



Cat walk

Person 1 lies prone and person 2 is standing above person 1. Person 1 puts their hands at the neck of person 2 and “walks” down with the hands to the sacrum. Moving the pressure from side to side. Repeat a few times.

It is important that the physiotherapist notice if the participant is tensing up, holding their breath. If this is the case the physiotherapist asks the participant “I feel that your muscles are tensing up, is this how you feel it too?” The pressure should at all times be gentle and the physiotherapist must use her/his clinical judgment to end the exercise if it does not have the intended relaxing reaction. Ask the participant after the exercise: “what did you notice in your body and how do you feel now?”

Metaphors

Metaphors

Metaphors play a key role in the interactive education component of The DIGNITY Physiotherapy Treatment for Trauma-Affected Populations (Pain School Treatment). A metaphor is a description or story that illustrates an abstract idea or situation to better explain a concept and make it relevant and meaningful. In a variety of cultures, metaphors and storytelling are part of how humans connect, communicate, learn, and create meaning from difficult experiences. Research evidence has demonstrated that facilitating metaphors with an interactive storytelling approach supports effective pain neuroscience education and patient education that results in knowledge gains and meaningful improvements in symptoms and function. Therefore, metaphors are integrated throughout the Pain School Treatment to support the participants to understand their complex pain and stress experiences and to empower them to live meaningful and engaged lives.

Pages 123 -149 provide guides for a variety of metaphors that are integrated into the Pain School Treatment. These provide suggested ways to narrate and facilitate the metaphors. To strive for cultural and contextual relevance, they were developed alongside physiotherapists from the Middle East & North Africa Region. However, the facilitators should always adapt the metaphors based on the specific participants so that they are relevant and meaningful to their daily lives and pain and stress experiences. Some ideas for adaptation are included in the metaphor guides through the use of (). It is the responsibility of the facilitators to understand the participants' experiences and to invest time and energy to prepare helpful adaptations prior to each treatment session. When making adaptations, the facilitators should ensure that the purpose of the metaphor is followed so that the intended learning outcomes for each metaphor can be achieved.

Here are some key principles to follow when facilitating metaphors:

- Adapt the metaphors based on the participants' cultures, contexts, languages, levels of education, experiences, and preferences.
- Create an environment where the participants can focus and listen by having a quiet and private room and having mobile phones turned off.
- Before facilitating the metaphor, support the participants to find a comfortable sitting position and encourage them to change positions as needed to regulate pain and stress levels.
- Before facilitating the metaphor, explain the purpose of the metaphor to the participants. Explaining the purpose before facilitating a metaphor helps the participants engage and make meaning from the story. It also supports them to apply the concepts to their own lives in relevant ways. The metaphor guides include text to support these explanations.
- Facilitate the metaphors in an interactive and storytelling manner, without simply reading the guide. This supports the participants continued concentration. It also guides them to apply the metaphors to their daily lives and make meaning out of their personal experiences. There are a variety of ways to facilitate metaphors with an interactive approach including integrating engaging body language and tone of voice, using images, and asking simple questions throughout the metaphor.
- The final aspect of facilitating a metaphor is encouraging a discussion to support the participants to explore the key concepts reflected in the metaphor and apply them to their own experiences. The metaphor guides provide suggestions for discussion questions that can be used to facilitate this. It is not essential to go into a detailed full group discussion. Rather, explore if the main purpose of the metaphor was achieved and create an opportunity for the participants to reflect on and connect the concepts of the metaphor to their daily lives.

The oxygen mask

Purpose

- Support the Interactive Education Activities in Session 1
- Explore the role of actively caring for ourselves in our daily lives and the impact that this has on our ability to care for others
- Emphasize that it can take time and practice to learn how to regularly care for ourselves and how to regulate pain and stress levels in our daily lives

Guide for Facilitation

When flying in an airplane, the flight attendants always provide information on what do to in case of an emergency. Perhaps you have seen this in movies, or you may have experienced this in real life. (Use Illustration The Oxygen Mask page 151). The flight attendants usually explain that in an emergency, oxygen masks will fall from compartments in the ceiling above each person's seat. In this situation, you should put the mask on over your nose and mouth, and it will provide you with oxygen to breathe in case the air in the plane becomes dangerous. Can anyone remember the instructions that the flight attendants provide about how to put on the oxygen mask and how to helps others do this?

The flight attendants explain that you should first put on your own oxygen mask. Then you can help someone else, like your child or other family members, to put on their oxygen masks. Why do you think that the flight attendants provide these specific instructions? What may happen if you first try to help your child put on their oxygen mask before putting on your own mask?

This can apply to our own lives. It can be important to first take care of ourselves so then we can have the ability and energy to help others, like our children and family. If we don't have what we need to be healthy, then it can be difficult to support others. It can be difficult to do what is important for our families or to consistently behave in the ways that we would like to.

When we have pain and stress experiences in our daily lives, it may be helpful to remember that if we care for ourselves, then we can better care for others, like our families. In daily life, it isn't always easy to recognize when we need the oxygen mask – when we need to take time to care for ourselves and to regulate our pain and stress levels. It can take practice to understand this. It can take practice to include time and activities in our daily lives where we care for ourselves.

Throughout the Pain School Treatment sessions, we will explore different ways that we can care for ourselves and how we can do this regularly in our daily lives so that we can better care for others.

Discussion Questions

- Can anyone share an example of when you tried to care for someone else, but it was difficult or impossible because you were struggling and needed to care for yourself first? For example, perhaps you didn't sleep well and so you couldn't focus to help your child with their schoolwork. Or perhaps you worked very hard all day and then your pain levels were so high that it was very difficult to prepare a healthy dinner for your family.
- Can anyone share an example of "an oxygen mask" that you use in your daily life? What is something that you find helps you to have the ability and energy to help others? What gives you energy? What brings you relief from pain and stress experiences?

Learning to swim

Purpose

- Support the Interactive Education Activities in Session 1
- Explore the role of practicing activities and techniques in our daily lives, even if they are unpleasant, scary, and uncomfortable
- Explore why the Pain School Treatment integrates opportunities to regulate pain and stress levels and to learn and practice movements, self-management techniques, and activities
- Encourage us to engage in a learning process together throughout the Pain School Treatment sessions

Guide for Facilitation

Imagine that you learned how to swim when you were a child. You used to love to swim. But you haven't swam in many years because of your pain experiences. Also, whenever you have tried to go into the water you have felt overwhelmed with the fear of drowning. However, you decided that you want to get back to swimming. You have asked me to help you learn how to swim again.

Do you think you could learn to swim again in deep water by us discussing all the different swimming techniques but without you ever going into the water to practice them? Do you think you could return to swimming regularly if we only discussed how you can regulate pain and stress levels while swimming but you never actually tried this in the water?

If you want to return to swimming regularly, then it's important to get back into the water and practice. So, imagine that we are at a pool (lake) together. One of your friends told you to just jump into the deep water and that you will be able to swim again. But you do not want to do this because you are afraid that if you do, it will be such an overwhelming experience that you won't ever want to swim again.

So, we decide to take a different approach. We start with standing in the water so that the water only covers your feet. Gradually, you walk in a bit deeper and feel the water covering your legs. You feel some anxiety and fear, so you take time to calm yourself, before you walk in to the point where the water reaches your chest.

You feel frustrated and impatient that you are starting off with this small step. You have thoughts like "I am never going to be able to swim again if I go this slowly." But we discuss this and try to remember that by doing this process slowly and step-by-step, you are more likely to be able to return to swimming regularly in your daily life.

The next day we return to the pool (lake) together. This time you float on your back in the water. At times, you feel afraid but I help you explore different techniques to regulate this stress experience so you can continue to float. You try slowly swimming in the shallow water. We explore together how you can do this in a way that doesn't make your pain feel overwhelming or make you want to stop swimming completely.

We return to the pool (lake) together several more times so you can practice swimming in the shallow water. You practice different techniques and ways of swimming so that your pain levels

don't become overwhelming. You also practice noticing when it is helpful to take a short break so that you don't become too tired and feel like you cannot continue swimming.

After these many practice sessions in the shallow water, you feel ready to swim in the deep water. As you swim in the deep water, you use all the techniques that you have been practicing in the shallow water. You still experience some pain and stress, but you find that you can regulate them so that you can enjoy swimming in the deep water. You feel confident that you can return to swimming regularly in your daily life because, through experience, you know that you have the knowledge and skills to regulate your pain and stress experiences.

(Consider adapting this metaphor with a more relevant skill like learning how to ride a bicycle or learning how to make bread)

Discussion Questions

- Can anyone share an example of an activity that you find difficult due to your pain and stress experiences but that you want to learn how to do again regularly in your daily life?
- If we apply this metaphor to our own experiences, do you think that we will be able to return to activities in our daily lives if we just talk about them and discuss new ideas and techniques? Or do we need to gradually enter the water and slowly practice swimming – do we need to practice the activities gradually in our daily lives?
- If we apply this metaphor to our own experiences, can anyone share what you may feel in your body when you start swimming again – what you may feel in your body when you start doing activities in your life again that have been scary and overwhelming for you?
- If we apply this metaphor to our own experiences, do you think that learning how to swim again or learning how to do activities in our daily lives again will always be a pleasant and comfortable experience? Does anyone have an example of what you have gained when doing something unpleasant or uncomfortable – when challenging yourself just the right amount resulted in achieving something?
- If we apply this metaphor to our daily lives, rather than starting immediately by swimming in the deep water, what steps could we take to help us return to the important activities in our daily lives?
- In this metaphor, you learned and practiced techniques so that swimming wouldn't feel overwhelming. In the Pain School Treatment sessions, we will also learn and practice techniques to prevent pain and stress experiences from becoming overwhelming. Can anyone share an example of what would help you learn how to use these techniques in your daily life?

The fire alarm

Purpose

- Support the Interactive Education Activities in Sessions 2 & 3 and 4 & 5
- Explore the relationship between our body's alarm system and our pain and stress experiences
- Reflect that pain and stress experiences serve to protect us
- Explore why sometimes we have pain and stress experiences because our body's alarm system is overprotective and too sensitive
- Explore how we can influence our pain and stress experiences by calming down our body's alarm system

Guide for Facilitation

Imagine that your body is like a big house. This big house has many floors. Each floor has a different purpose in your daily life and contains things that are important to you. For example, the first floor has the living room where you sit with guests. The second floor has the kitchen. The third floor has the bathroom. The fourth floor has the bedrooms. Every day you move between the different floors to do the activities that are important to you and that bring you joy.

Just like your body, it is important to protect this house. So, you installed a fire alarm system in the house. This fire alarm system is just like your body's alarm system. As we share this story of the fire alarm system, think about it being like your own body's alarm system and your own pain and stress experiences.

The fire alarm system is set up throughout the entire house. It is designed to turn on if there is any fire or the threat of a fire. When the fire alarm is turned on, it makes a very loud sound and informs you of the specific location of the fire. This fire alarm helps you to protect your house because it notifies you of a fire so you can take care of it before it becomes too big and overwhelming.

For many years, the fire alarm system has worked well. The fire alarm has notified you when there were small fires, and you were able to put them out before they spread to other floors. Occasionally, you had a large fire that damaged a few floors. In this situation, it took time, energy, and the help of others to repair everything so that you could use the floors again.

However, recently, the fire alarm is working differently. You are very confused. The fire alarm is turning on all the time. When you rush to the area where the alarm tells you the fire should be, there isn't any sign of a fire. You cannot see a fire and you cannot smell a fire. But the alarm remains on, and the loud sound of the alarm prevents you from doing anything else. When the alarm is on, all your attention is focused on worrying about the possibility of a dangerous fire. Sometimes the alarm will stay on for an entire day even when there are no signs of a fire. One day the fire alarm will indicate that the fire is on one floor, and the next day it will indicate that the fire is on a completely different floor.

You are confused because you think that if the fire alarm is on, then there must be a fire. So, you ask others for help. You ask your friends and even a firefighter to check to see if there is a fire. When they check, they say that there is no fire so you must have not heard the fire alarm at all. You feel very frustrated because you know the fire alarm is turning on.

Over time, you realize what is happening. You realize that the fire alarm must be too sensitive. The fire alarm is turning on even when there are no fires or even a threat of a fire. So rather than helping you protect the house, the fire alarm is now making it difficult for you to even live in the house and do all the things you need to in your daily life. Therefore, you start to retrain the fire alarm so that it will only turn on when there is a real danger – when there is a real fire.

Just like the house's fire alarm system, our body's alarm system can become too sensitive. Often, we have ongoing pain and stress experiences because our body's alarm system keeps turning on even where there is no danger.

But we can retrain and calm down our body's alarm system so that it only turns on when there is real danger. Then we won't experience constant pain and stress experiences in our daily lives, and we can return to doing the things that are important to us.

Discussion Questions

- Is the fire alarm system important and helpful? How does it help you protect the house? How is this like the role of pain experiences in our lives? How is this like the role of stress experiences in our lives?
- Considering that this fire alarm system is like our body's alarm system, what do you experience when your body's alarm system turns on?
- Considering how the fire alarm was turning on even when there were no fires, do you think that every pain experience indicates that there is something wrong with our bodies? Do you think that every time we have a pain experience, we should think that something is injured and that we need medical treatment?
- Considering that this fire alarm system is like our body's alarm system, why do you think we can sometimes experience pain even when there isn't any significant injury or tissue damage in our body?
- Can anyone share what changes you think you may experience if you were to calm down your body's alarm system?
- Can anyone share what are some things that you could do to calm down your body's alarm system?

The emergency response center

Purpose

- Support the Interactive Education Activities in Sessions 2 & 3 and 4 & 5
- Reflect that pain experiences serve to protect us
- Explore how the brain decides to produce pain and stress experiences based on the various messages it receives from inside our body and from our environment and experiences
- Explore why sometimes we have pain and stress experiences because our brain's Emergency Response Center is overprotective and too sensitive
- Explore how we can influence our pain and stress experiences by calming down our brain's Emergency Response Center

Guide for Facilitation

Imagine that your brain has an Emergency Response Center. This Emergency Response Center serves to protect you and make sure that you are always safe. It is constantly receiving messages from your entire body and from the environment that you are in. It monitors these messages for signs of danger and for signs of safety. If there are signs of danger, then it will respond in a way to protect you from injury or harm.

Just like traffic police often set up roadblocks with sirens to notify others of the danger of a severe car accident, the brain's Emergency Response Center notifies you of danger by producing pain and other physical and emotional experiences, like feelings of anxiety and changes in your breathing. Often, the greater the danger, the more pain and stress experiences will be produced. The Emergency Response Center in your brain can make it so that you have intense pain and stress experiences even when you encounter small amounts of movement, stress, or challenge. (If helpful, connect this concept to the participant's personal experiences with pain and stress.)

Let's think about how your Emergency Response Center responds if you are physically injured. If a part of your body gets injured, then the Emergency Response Center in your brain is notified. It receives all kinds of messages stating the danger that you are in. As there are many signs of danger, the Emergency Response Center produces pain, increased muscle tension, and a fear of moving that part of the body. The Emergency Response Center in your brain produces all of these to notify you of the danger in that part of your body and to protect you from further injury. (If helpful, apply this to a relevant example, like an ankle sprain.)

Let's think about how your Emergency Response Center in your brain responds if you are overwhelmed by a stressful situation. If you are in a very overwhelming situation, then the Emergency Response Center in your brain is notified. It receives all kinds of messages stating the danger that you are in. Because there are many signs of danger, the Emergency Response Center produces stress experiences like feelings of anxiety, a headache, difficulty breathing, an upset stomach, and other uncomfortable physical and emotional sensations. The Emergency Response Center in your brain produces all of these to notify you of the danger and to protect you from it. (If helpful, apply this to a relevant example, like losing employment.)

That is how the Emergency Response Center in your brain is designed to protect you from danger. But sometimes your Emergency Response Center can become too sensitive and overprotective. It can keep interpret the messages it receives as an indication of danger, but actually you are

healthy and safe. In this situation, the Emergency Response Center continues to produce pain and stress experiences. So, you have pain and stress experiences even though there is no danger, like an injury or a life-threatening situation. This often happens when the Emergency Response Center has received many danger messages from the body, like with persistent pain conditions. It can also happen if you have experienced life-threatening circumstances in your past. In this situation, the brain's Emergency Response Center decides that it is safer to continue to notify you of any small signs of danger so that you remain protected. But this protection is no longer needed. Rather, the pain and stress experiences that the Emergency Response Center is producing interferes with your ability to move, sleep, and do activities in your daily life.

When the Emergency Response Center becomes too sensitive and overprotective, it needs to be retrained. It can be retrained by sending it new and accurate messages so that it can learn that the body is safe. It can learn that you no longer need the intense level of protection. You can retrain the Emergency Response Center by understanding your experiences and by engaging in activities that you enjoy, doing smooth and new movements, and practicing self-management techniques. When you do these things regularly in your daily life, you are telling the Emergency Response Center that you are safe and healthy. As your brain's Emergency Response Center learns through experience that you are indeed safe, it will stop producing pain and stress experiences in unhelpful ways in your daily life.

Discussion Questions

- Is your brain's Emergency Response Center important? How does it protect you?
- What situations in your daily life often contribute to your brain's Emergency Response Center deciding to produce pain and stress experiences?
- Considering how our Emergency Response Centers can become too sensitive and overprotective, do you think that every pain experience indicates that there is something wrong with our bodies? Do you think that every time we have a pain experience, we should think that something is injured and that we need medical treatment?
- Considering how our Emergency Response Centers work, why do you think we can sometimes experience pain even when there isn't any significant injury or tissue damage in our body?
- Can anyone share what you experience when your brain's Emergency Response Center decides to produce a stress experience?
- Can anyone share what changes you think you may experience if you were to retrain and calm down your brain's Emergency Response Center?
- Can anyone share what are some things that you could do to retrain your brain's Emergency Response Center, so it only produces pain and stress experiences when there is real danger?

Pathways

Purpose

- Support the Interactive Education Activities in Sessions 2 & 3 and 4 & 5
- Explore how the nerve pathways in our brains and bodies are influenced by how we move and what we do, think, remember, and experience
- Explore how our nerve pathways contribute to our pain and stress experiences
- Explore how we can change the nerve pathways in our brains and bodies to help us regulate pain and stress levels

Guide for Facilitation

Our brain and body have thousands of nerves in it. (Consider using Illustration 3 on page 154 to show the nerves.) The nerves are like pathways throughout our bodies. The nerve pathways travel to every part of our body and brain, and they are all interconnected. They are used to send information between the different parts of the body and the brain. These nerve pathways are always changing based on our experiences – based on how we move and what we do, think, and remember.

You can think of the nerve pathways in our bodies and brains like a series of walking pathways in a village. The pathways in the village run all through the village to connect the houses to each other and to connect the houses to the market and mosque. They also connect the village to the neighboring villages. Each nerve pathway in our body has a specific purpose just like each pathway in the village has a specific purpose. For example, we have specific nerve pathways for moving our right arm, for problem solving, and for talking. We also have a specific nerve pathway for our body's alarm system that contributes to our pain and stress experiences. (Consider connecting this to the content shared in the "Fire Alarm" and "The Emergency Response Center" metaphors. Make sure not to indicate that there are nerve pathways that send pain messages from the body to the brain. Because pain is always produced by the brain.)

Just like pathways in a village, our nerve pathways change based on how they are used. For example, what happens as people frequently use a walking pathway in the village? As people use a walking pathway more often, the grass and dirt get pushed down and the pathway becomes easier to walk on. This is the same for nerve pathways. As you use the nerve pathways by repeating an action, movement, thought, or emotion, that specific nerve pathway gets stronger and easier to use.

What happens as people stop using a walking pathway in the village? If people stop using a pathway in the village, it gradually becomes difficult to use because grass grows over it and the dirt builds up. This is also true for nerve pathways. If you stop using a nerve pathway, like you stop doing a certain skill, movement, or thinking a certain thought, then that nerve pathway becomes more difficult to use.

If a person has a scary and overwhelming experience on a pathway in the village, like being attacked by a dog, will they keep using that same pathway? The person will avoid using the pathway where they had an overwhelming experience. This is often the same for nerve pathways. For example, if moving part of the body in a certain way has been overwhelming, painful, and/or scary, then we often unconsciously avoid using the nerve pathway that is responsible for that movement. We will avoid moving our body in that certain way. Then over time, this nerve path-

way becomes more difficult to use. So, it can feel like we lose the ability to move like we used to. (If helpful, add a relevant example from the participants' pain and stress experiences.)

If a new house is built in the village, how would they go about making a new walking pathway for it? At first, it would take a lot of effort to make the new walking pathway. They would have to pull out the grass and smooth out the dirt. But then as the pathway is used more and more, it would get easier to walk on. This is the same for our nerve pathways. If you learn something new or have a new experience, a new nerve pathway is created. As you practice the new skill, you keep using that nerve pathway and making it stronger and easier to use. (If helpful, add a relevant example from the participants' pain and stress experiences.)

As people walk through the village, they naturally use the pathways that are the easiest to use. This is the same for our nerve pathways. We naturally use nerve pathways that are easy to use and that have been used a lot in the past. It takes more effort for our nervous system to use a nerve pathway that is new or that is not used very often. Therefore, it can be difficult to learn new skills or to return to doing an activity that you haven't done in many years. (If helpful, add a relevant example from the participants' pain and stress experiences.)

Discussion Questions

- Can anyone share an example that demonstrates that the nerve pathways in our bodies and brains are influenced by how we move and what we do, think, remember, and experience? Perhaps you have learned a new skill after practicing for many hours. Perhaps you returned to doing an activity that you had not done for many years. Perhaps you frequently get stuck thinking about the same worries and concerns.
- What do you think happens to our nerve pathways when we experience pain and stress for a long period of time? How do you think this impacts your pain and stress experiences in daily life? Does it affect how you move your body? Does it affect the thoughts that you have?
- If your nerve pathways can change based on what we do, think, remember, and how we move and use our bodies, do you think that you can impact your ongoing pain and stress experiences? Can anyone share what you think could be helpful to change the nerve pathways that are contributing to your pain and stress experiences?

The two brothers

Purpose

- Support the Interactive Education Activities in Sessions 2 & 3
- Explore how each person can have unique pain experiences based on the various things that can influence it including thoughts, beliefs, memories, and emotions
- Explore how our pain experiences are influenced by how we understand our pain and whether we consider the pain experiences to be a sign of danger or not

Guide for Facilitation

Imagine a family that has four children. Two of the children are sons (daughters). The older brother is only one year older. These two brothers (sisters) are similar in many ways. They look very similar. They have similar body types and are both strong and enjoy playing outside. These two brothers enjoy doing everything together. When one brother plays football, the other plays football too. When one brother climbs a tree, the other brother climbs the tree too.

But there is something that the parents notice is quite different between these two brothers. The older brother consistently experiences more pain than the younger brother, even when they both are in the same situation and get the same injury.

For example, one day, the brothers were climbing a tree together. They were sitting together on one of the tree branches when it suddenly broke. Both brothers fell to the ground. Both brothers landed on their hands and knees. They both experienced the same fall and landed in the same way. Their hands and knees were scraped and bruised. Both brothers had the same amount of mild injury in their bodies.

When the two brothers fell from the tree, the younger brother slowly stood up. He grimaced a little from pain. He brushed the dirt off from his hands and knees. He slowly walked around and stretched out his arms and legs. After a few minutes, the younger brother was ready to get back to playing.

But when they fell from the tree, the older brother reacted very differently. The older brother laid down on the ground and cried out. He said that his hands and knees hurt a lot and that he was not able to move them. He was clearly experiencing a lot of pain when he tried to move his hands and knees. It took a long time for the older brother to calm down. He kept talking about how he broke his leg a few years ago so he was sure that his leg was broken again. He kept saying that he was worried that he would never be able to play football again.

Over the next few days, both brothers had bruises on their hands and knees. The younger brother wasn't experiencing pain and he was playing football. However, the older brother experienced pain for many days and was not wanting to play football again until two weeks later.

The parents wondered how the brothers were so similar in age, personality, and physical strength, but the older brother experienced more pain when they faced the same injury.

(If it feels more relevant to female participants, consider changing the two brothers to two sisters. If helpful, change the activities, like playing football, to more relevant activities.)

Discussion Questions

- Why do you think the two brothers experienced different amounts of pain even though they faced the same fall and the same injuries? What could be the various things that influenced their pain experiences?
- The two brothers understood the same experience of falling from the tree and getting hurt in very different ways. How do you think the older brother's thoughts, beliefs, and memories about the pain and injuries influenced his pain experience?
- How do you think the older brother's emotions, like fear and anxiety, influenced his pain experience?
- Can anyone share an example like this from your own life? Perhaps you have days where you experience more pain than other days, even though the state of your physical body remains the same. Or perhaps if you are worried, scared, or anxious, your pain levels increase. Why do you think this happens?

Fatme – the unwanted guest

Purpose

- Support the Interactive Education Activities in Sessions 2 & 3 and 4 & 5
- Explore how our thoughts and emotions can influence our pain and stress experiences
- Explore how pain and stress experiences can be negatively impacted by overthinking, worrying, and/or trying to control difficult experiences and our reactions to them
- Explore how trying to control our pain and stress experiences can increase our suffering and make it difficult for us to participate fully in the daily activities that are important and that bring us joy

Guide for Facilitation

The main character of this story is you. It is about a party (gathering) that you are hosting in your garden for your family and friends. The second character in this story is a woman named Fatme (a man named Ahmed). Throughout the story, Fatme represents your pain and stress experiences, including your thoughts, beliefs, emotions, and memories of these overwhelming experiences.

Imagine that you are hosting a large party in your garden. You have invited many family members, friends, and colleagues. You have spent days planning for this. You invited the guests, purchased all the supplies, and prepared the food. When the day of the party finally arrives, you spend the entire day preparing all the final details. You clean and decorate the garden, set out the tables and chairs, and make the final preparations for the food. The guests begin to arrive in the evening. The garden quickly fills up with all your family and friends. You are enjoying welcoming everyone. The guests seem to be enjoying the food and everyone is talking with each other.

During the party, there is a knock at the door. You don't know who that could be as all the guests that you invited have already arrived. But you open the door. Fatme, your neighbor, is standing in front of you. You did not invite Fatme to the party. You purposefully didn't invite Fatme to the party because Fatme is always very loud, says inappropriate and insulting things to others, and makes everyone feel uncomfortable. She often gets into arguments with other people. As you are thinking about how to explain to Fatme that she is not invited, Fatme walks past you and into the garden.

As you watch Fatme, you feel yourself become very worried and anxious. Your mind is full of thoughts like, "What if Fatme embarrasses me? Fatme makes me so angry. I wish she would go away."

Fatme begins to eat a lot of the food. She is taking so much food that you are worried that there won't be enough for the other guests. Fatme walks around the garden and makes inappropriate comments to the other guests. She spills juice on the dress of another guest. You can see how Fatme's presence is making the other guests feel uncomfortable. You want to go chat with your friends, but you are so worried about Fatme interfering with the party that you continue to focus on watching her.

As you keep watching Fatme, you begin to feel overwhelmed. You feel the need to control the situation. So, you approach Fatme. You tell Fatme that she needs to leave. Fatme refuses to leave.

So, you take her by the arm and lead her to the door. As you are doing this, your chest feels tight, your stomach feels upset, and your pain levels increase.

Fatme is now gone. But you still feel overwhelmed so you sit for a bit to rest. You observe your guests continuing to enjoy the food.

After a few minutes, you feel ready to interact again with your guests. You stand up to go turn on a song that you know everyone loves. As you do so, you hear a knock at the door. When you open it, Fatme is there again. You start to explain to her that she is not welcome, but she runs past you and into the garden. You follow her. You grab her arm and lead her out the door. You close the door behind her.

You are worried that Fatme may try to come back. So, you stand by the door to keep watch and make sure that she doesn't come inside. As you are standing there, you feel sad you cannot enjoy the time with your friends and family. You feel frustrated and angry because Fatme is making you miss out on all of the fun.

After awhile, you realize that putting all your focus and energy on keeping Fatme away from the party, is making you miss out on the time with your family and friends. You worked so hard to prepare this party and now you are not even enjoying it. So, you decide that the most important thing is to enjoy the time with your guests. You will no longer try to control Fatme. If Fatme wants to come inside and join the party, then you will allow that. So, you leave the door and return to your family and friends. You begin to chat with your friends and enjoy the tea and sweets. You feel your breathing become easier. Your feelings of anger and frustration lessen.

After some time, Fatme returns. She is again eating the food and arguing with the guests. You do not put your attention and energy on Fatme. But you focus your attention on enjoying the time with your friends. Your friends notice that you are laughing with them again. They feel happy to know that you care about them. Even though you notice Fatme being inappropriate, you don't feel very upset. Your mind feels light. Your body feels relaxed.

Sometimes, you feel yourself focusing on Fatme again which makes it difficult to enjoy the conversation with your friends. But when you notice this, you try to focus on what your friends are saying. For the rest of the party, Fatme remains at the party, but you are also able to enjoy yourself.

Discussion Questions

- Throughout the story, Fatme represents your pain and stress experiences, including the thoughts, beliefs, emotions, and memories of these overwhelming experiences. Can anyone share a specific example of what Fatme represents in your life?
- In the story, we saw how we first wanted to put all our time, energy and attention into controlling Fatme. What impact did this have on our minds, bodies, and social interactions? How can we apply this to our daily lives and our pain and stress experiences?
- In the story, what emotions did you experience when you were focusing on trying to control Fatme and keep her out of the party? In your daily life, how do your emotions impact your pain and stress experiences?

Wrinkles

Purpose

- Support the Interactive Education Activities in Sessions 2 & 3
- Understand the results of medical imaging, like MRI scans, in relation to our pain experiences
- Explore how the brain decides to produce pain experiences based on the various messages it receives from inside our bodies and from our environment and experiences
- Explore how sometimes we have pain experiences that are not caused by physical injury or a medical condition

Guide for Facilitation

Some of you may have had medical imaging, like X-rays or MRI scans, with the hope of understanding why you are experiencing pain. Perhaps you were told that the medical imaging showed that there are changes in your body like osteoarthritis or a disc prolapse (Include relevant examples based on the participant's medical histories and experiences.) Has anyone experienced something like this?

It is important for you to know that research has shown that many changes on medical imaging are very normal and don't necessarily contribute to pain experiences.

For example, disc prolapse often show on MRI images with people that have no pain. Osteoarthritis in the knees will show on MRI images with people that have no pain. (Add other imaging results based on the experiences of the participants.)

If you take ten people that do not have back pain experiences and do an MRI scan of their back, at least four of them will show a disc prolapse. If you take ten people that do not have knee pain experiences and do an MRI scan of their knees, at least eight will show knee osteoarthritis. What do you think you can conclude from this? (Consider making a drawing to support the participants to understand. Draw ten stars or other shapes to represent ten people. Then when explaining each point, circle the amount of people that will show changes on the imaging but that will not have pain. For example, for knee osteoarthritis, circle eight of the stars.)

This is very new information and even some doctors and healthcare providers are not aware of this. So, you may have been told other information.

Just because medical imaging shows changes in our bodies, this doesn't mean that we must have pain experiences. This doesn't mean that these changes are the primary cause of our pain experiences. So, if we do medical treatment to address these changes, we may continue to have pain experiences.

We can think of these changes on the medical imaging as normal changes. We can think of these changes on medical imaging like wrinkles on our skin. We all get wrinkles on our skin, and they increase as we age. But wrinkles don't cause any problems. They don't cause us any pain. The changes on the medical imaging, like osteoarthritis, are like wrinkles inside our bodies. They don't necessarily cause us any problems or are the main reason that we have pain experiences.

Has anyone struggled with pain experiences but medical imaging, like an MRI, didn't show any changes? It is common for people to have pain experiences even when medical imaging and testing does not show any injury or significant changes in the body. In this situation, why do you think someone may be having a pain experience?

Pain experiences are always produced by the brain when it perceives that we are in danger. This is true for all pain experiences including acute injuries, when there are changes seen on medical imaging, and when there are no changes seen on medical imaging. Many things in our lives can contribute to the brain perceiving that we are in danger and need protecting. Many things, other than injuries, can contribute to our pain experiences like being inactive and not moving much, not sleeping well, and our emotions like fear and worry. We can also experience ongoing pain experiences when our body's alarm system or Emergency Response Center is too sensitive and over-protective. (Consider referring back to content shared in the "Fire Alarm" and/or "The Emergency Response Center" metaphors.)

If medical imaging shows changes in our bodies, like a disc prolapse or knee osteoarthritis, we may have pain experiences, but we don't have to have pain experiences. If medical imaging shows changes, we can still experience relief. Pain experiences are never chronic or permanent. We can always influence our pain experiences and how pain experiences impact our daily lives.

Discussion Questions

- How do you understand the similarities between wrinkles on our skin and changes in our bodies seen on medical imaging, like MRI scans and X-rays?
- If you have had medical imaging, like an MRI scan, and it showed changes in your body, do you think that this means that you will always have overwhelming pain experiences? Do you think this means that the only thing that will provide relief from the pain experience is medical treatment to address these changes?
- Considering that we experience pain when our brain perceives that we are in danger, can anyone share what could have a helpful impact on your pain experiences?

The lion

Purpose

- Support the Interactive Education Activities in Sessions 4 & 5
- Explore the natural responses that serve to protect us during overwhelming situations
- Explore what we experience in our bodies in response to stressful and overwhelming situations
- Explore how experiencing past or current overwhelming situations can contribute to ongoing physical and emotional responses and pain and stress experiences
- Reflect on what may help regulate our responses to challenging situations so that our stress experiences no longer interfere with our daily lives

Guide for Facilitation

When we are in danger, all humans have a series of responses that may happen. These are natural responses that serve to protect us. You may have experienced them when you were in dangerous situations. These responses can also happen in our daily lives when we experience difficult situations and challenges.

To explore this more, let's imagine that a lion (or other animal) entered this room. In that moment, which area would you be in on the Traffic Light?

Imagine that the lion is moving closer to us and looking angry. What are the different responses that we may have?

Which parts of your body would respond and how you would experience this? (Consider using Illustration The Body and Mind on page 154 to support the participants to share.)

Usually when humans are in danger, we will have one of three responses: fight, flight, or freeze. All of these responses serve to protect us from danger. We may try to fight the lion. We may try to flee and escape the situation by running away from the lion. Or we may freeze and become stiff and unmoving so that the lion is less likely to see us.

All three responses are natural and protective. These responses are like a reflex as they happen without us making a conscious decision to do them. They are part of our survival instinct. These responses serve to keep us alive in dangerous and scary situations.

After the lion leaves the room and we are all safe, what should happen in our bodies? It is helpful for us to continue to be in a fight, flight or freeze response after we are safe?

After a dangerous, stressful, or overwhelming situation is resolved and we are safe, our bodies should stop being in a fight, flight, or freeze response. Our bodies should return to a calm and regulated state so that we can rest and recover. It is often exhausting and unhelpful to be stuck in those responses for a long period of time.

But sometimes, we can get stuck in fight, flight, or freeze responses even when we are safe. In this situation, we may feel that we are frequently nervous, irritable, and easy to anger. It's can feel like we are stuck in the yellow and red areas on the Traffic Light.

Sometimes we may enter fight, flight, or freeze responses in our daily lives and in reaction to only slightly stressful situations, rather than to a life-threatening situation. It may feel like small stressors and challenges easily move us into the yellow or red areas on the Traffic Light. It may feel like you often respond in unhelpful ways to small challenges in your daily life.

If your body is stuck in this pattern, you may find that you easily get angry and aggressive with your family. Or that when you face a challenge, it easily feels too overwhelming to deal with, so you avoid it. Or when your family begins talking about a difficult memory or topic, you find yourself freezing and unable to engage or communicate.

Often our ongoing stress experiences are connected to us being stuck in fight, flight, and freeze responses. Many changes happen in our bodies when we are in a fight, flight, or freeze response. These changes may be a part of your stress experiences.

When you are in fight, flight, or freeze.... (Consider using Illustration The Body and Mind on page 154 to discuss the changes in our bodies.)

- Does your heart rate increase or decrease?
- Do you feel warm or cold?
- Does your breathing become faster or slower?
- Do your muscles feel relaxed or very tense?

During these responses, blood rushes away from the organs in the middle of your body and to your arms and legs. This allows your arms and legs to have the energy they need to fight, run away, or freeze and be alert. The organs in the middle of your body including your stomach, intestines, and colon don't need to do much when you are focused on protecting yourself from a lion.

But what if we are often in fight, flight, or freeze responses in our daily lives? What if we get stuck in these responses in our daily lives?

When Our intestines and colon work slower when they don't have much blood. When we get stuck in fight, flight, or freeze responses in our daily lives, we can develop problems with our digestion because the blood is not flowing fully to these parts of our body. In this situation, we may experience a variety of things including upset stomach, acid reflux, constipation, diarrhea, and/or general discomfort and sensitivity in the stomach and colon. Sometimes people experiencing this stress response may be diagnosed with irritable bowel syndrome (IBS).

Often our ongoing stress experiences are connected to us being stuck in the fight, flight, and freeze responses. But we don't have to be stuck in these responses. We don't have to have continuous stress experiences that interfere with our daily lives.

When trying to regulate our stress levels, it is not helpful to avoid difficult situations, like our pain and stress experiences, difficult memories, or whatever is like the lion in our lives. Rather, there are things that we can do to support ourselves in our daily lives whenever we do enter a fight, flight, or freeze response. There are things that we can do to retrain our brains and bodies so that we don't respond with fight, flight, or freeze responses as often in our daily lives. For example, we can integrate self-management techniques, movement, and enjoyable activities into our daily lives. We can learn how to notice when our stress levels increase and then practice responding in helpful ways before we enter a full fight, flight, or freeze response. This is related to noticing when we are in the yellow area on the Traffic Light and actively doing something to prevent our stress responses from entering the red area.

Discussion Questions

- Can anyone share what are things in your daily life that are like a lion and often cause you to enter a fight, flight, or freeze response?
- Can anyone share what you personally experience in your body when you face a lion in your daily life – when you enter a fight, flight, or freeze response in your daily life?
- Does anyone think that some of your pain and stress experiences could be because you are often in a fight, flight, or freeze response? Can anyone share an example of this from your daily life?
- Can anyone share what you think would be helpful to do to regulate your fight, flight, or freeze responses in your daily life so that they don't become overwhelming?

The lemon

Purpose

- Support the Interactive Education Activities in Sessions 4 & 5
- Experience and explore how thoughts can impact our bodies and our pain and stress experiences
- Explore how we can practice and learn helpful ways to direct our attention and thinking

Guide for Facilitation

I am going to ask you to imagine a lemon (or other more relevant fruit or food that is very distinct and flavorful). I will guide you to picture this lemon in detail. This may seem silly or strange. But by doing this activity, we can experience how our thoughts can impact our bodies and our pain and stress experiences.

It is normal to have difficulty imagining and visualizing this lemon. Just try your best and be open to the experience.

We start by finding a comfortable sitting position. There is no right or wrong way to sit. Explore and find the position that feels the most comfortable for you in this moment.

You do not need to look at me. If it feels comfortable, you can close your eyes. Or you can keep your eyes open and rest them on a spot on the floor or in the room, where your neck is in a comfortable position, and you are not focusing your attention on anyone or anything.

Notice your breathing. Notice your inhale. Notice your exhale. If you like, you can take a few calming breaths.

Let your breath settle to its natural rhythm. Notice your inhale. Notice your exhale.

Notice what area you are in right now on the Traffic Light. Are you in the green, yellow, or red area? How do you know this? What are you experiencing in your body? What are you experiencing in your mind? Your thoughts? Your energy levels? Your level of concentration?

Now, imagine a lemon. Bring it to your mind. Imagine that you are holding the lemon in your hand.

This lemon is bright yellow. It is one of the most beautiful lemons that you have ever seen. Notice the beauty of this lemon and its bright yellow color.

Feel the lemon in your hand. Feel the weight of it resting in your hand. Squeeze the lemon gently in your hand. Run your fingers over the lemon peel.

Bring the lemon up towards your nose. Inhale and smell the lemon. Notice the lovely citrus scent.

Place the lemon in front of you. Pick up a knife in one hand. With the knife, cut the lemon in half. Imagine cutting the lemon in slow motion. Notice the smell of the lemon filling your nose. Notice the juice of the lemon squirting out as you are cutting. See the inside of the lemon being revealed as you cut it. Notice the lemon juice running onto your fingers.

Pick up one half of the lemon. Squeeze it gently and feel the juice running onto your fingers. See the juice dripping out of the lemon. Notice the smell of the lemon filling the entire room.

Bring the lemon up to your nose. Inhale and fill your body with the smell of the lemon.

Bring the lemon to your mouth. Take a bite of the lemon. Notice the burst of flavor that fills your mouth. Notice the feeling of the lemon on your lips and in your mouth. Feel the lemon juice running down your chin.

Notice your breathing. Notice your inhale. Notice your exhale.

Notice what area you are in right now on the Traffic Light. Are you in the green, yellow, or red area? How do you know this? What are you experiencing in your body? What are you experiencing in your mind? Your thoughts? Your energy levels? Your level of concentration?

When you are ready, open your eyes and come back to the room.

Discussion Questions

- Can anyone share what you experienced? What did you experience in your body as you directed your attention and thoughts to the lemon? Did this have any impact on your pain and stress levels?
- What do you think we can learn from this experience and apply to our daily lives? How can our thoughts and ways of thinking impact our pain and stress experiences?
- Rather than trying to control our thoughts – like forcing ourselves to think more positively or trying to not think about certain things - what could we do that may be more helpful? How could we direct our attention or distract ourselves in a way that can support us in our daily lives?

Pink elephant

Purpose

- Support the Interactive Education Activities in Sessions 4 & 5 and 6 & 7
- Explore how we cannot control our thoughts and ways of thinking and trying to do so often contributes to more suffering
- Explore that rather than trying to control our thinking or avoid thinking about difficult things, we can practice and learn helpful ways to direct our attention

Guide for Facilitation

I am going to ask you to imagine a pink elephant (or other more relevant animal). I will guide you to picture this pink elephant in detail. This may seem silly or strange. But by doing this activity, we can experience how our thinking works and how trying to control our thoughts is often impossible.

It is normal to have difficulty imagining and visualizing this pink elephant. As I guide you, just try your best to create a picture or movie of a pink elephant within your mind.

We start by finding a comfortable sitting position. There is no right or wrong way to sit. Explore and find the position that feels the most comfortable for you in this moment.

You do not need to look at me. If it feels comfortable, you can close your eyes. Or you can keep your eyes open and rest them on a spot on the floor or in the room, where your neck is in a comfortable position, and you are not focusing your attention on anyone or anything.

Notice your breathing. Notice your inhale. Notice your exhale. If you like, you can take a few calming breaths.

Let your breath settle to its natural rhythm. Notice your inhale. Notice your exhale.

Imagine a pink elephant. Picture it in your mind.

How big is it?

Is the pink elephant standing, walking, or laying down? Or perhaps it is eating leaves from a tree.

How long is its tail? How large are its ear?

What does the pink elephant smell like?

Imagine touching it. What does the pink elephant feel like?

Is the pink elephant making any sounds?

Imagine all the details of this pink elephant.

Now, let go of the pink elephant. Stop thinking about the pink elephant.

For the next minute, I am going to ask you to think about anything but the pink elephant. Try to think about anything except the pink elephant. (Throughout the minute, regularly remind the participants that they shouldn't be thinking about the pink elephant).

When you are ready, open your eyes and come back to the room.

Discussion Questions

- When I asked you to stop thinking about the pink elephant, what did you experience? Were you able to control your thoughts or did you find that the pink elephant would continue to jump into your mind and your thoughts? Did you experience any emotions when this happened?
- In your daily life, what is like the pink elephant? What thoughts continuously jump into your mind? What happens when you try to control these thoughts or try to avoid thinking these thoughts? How does trying to control these thoughts impact your pain and stress experiences?
- Rather than trying to control our thoughts – like forcing ourselves to think more positively or trying to not think about certain things - what could we do that may be more helpful? How could we direct our attention or distract ourselves in a way that can support us in our daily lives?

The beach ball

Purpose

- Support the Interactive Education Activities in Sessions 6 & 7
- Explore how pain and stress experiences can often be made worse if we put a lot of attention and energy into controlling our pain, stress, sleep, and thinking
- Explore how rather than trying to control difficult experiences, we can focus our attention and energy on things that we enjoy and find helpful and meaningful

Guide for Facilitation

Imagine that you are standing in a swimming pool (or in a lake). You are holding a large inflatable beach ball in both of your hands. As this beach ball is full of air, it easily floats on the surface of the water, but it requires a lot of force to hold it underwater.

Now, let's imagine that this beach ball holds all your problems, pain, stress, and discomfort. It also holds the memories you have of experiencing pain and stress. The ball holds all these things. You feel that if you can hold the ball underwater, you won't have to deal with all these difficult things. If you can hold the ball underwater, you can be in control. So, you try to hold the ball underwater. You put all your energy and strength into holding the ball underwater. You find that you can keep the ball underwater for a few seconds, but it always keeps popping up to the surface.

As you keep trying to force the ball underwater, you feel your entire body getting tired. You experience pain and discomfort throughout your arms and back. As time passes, your pain and stress levels increase, and you cannot focus on anything except the ball. As you force the beach ball underwater, you keep thinking, "I just want these feelings of pain and stress to go away."

The entire time that you are focusing on holding the ball underwater, there are things happening around you. Some friends and family are barbecuing nearby. Others are playing games, and some are having tea and chatting. You want to join these activities, but you feel that you cannot, as you must keep the ball underwater. You are worried that if you let the ball come to the surface, the pain and stress experiences may become overwhelming.

But perhaps if you let the ball come to the surface, the pain and stress experiences may float around you. But maybe even if the pain and stress experiences are floating around you, you can be free to give your attention and energy to other things. You can go eat some delicious barbecue or play a game or enjoy talking with a friend. You may still have pain and stress experiences, but they may actually be less than when trying to control them. You may still have pain and stress experiences, but you can enjoy the event and time with your family and friends.

Discussion Questions

- What might you experience when you focus on trying to keep the ball underwater? How does it affect your body, thoughts, energy level, and ability to enjoy the activities?
- Can anyone share how you connect the beach ball metaphor to your experiences of pain and stress?

- Can anyone share an example of what you experience when you try to focus all your attention and energy into trying to control your pain and stress experiences, like trying to control the beach ball?
- Rather than trying to control our difficult experiences, what could we do that may be more helpful? How could we direct our attention and energy in a way that can support us in our daily lives?

Planning the party

Purpose

- Support the Interactive Education Activities in Sessions 8 & 9
- Explore what happens if we do too much or if we do not plan well for activities in our daily lives
- Explore how we can plan our activities so that our pain and stress levels do not become overwhelming and prevent us from doing and enjoying the activities that are important to us

Guide for Facilitation

Do you recall the metaphor about Fatme? That story was about you hosting a party (gathering) in your garden. We are now going to tell the story about how you planned and prepared for this party. This will help us explore how planning activities can impact our pain and stress experiences.

There are two ways that the planning of this party could go. One way is that you do too much and don't plan well which results in your pain and stress levels becoming overwhelming. The other way is that you plan well so you can regulate your pain and stress levels. Let's begin with imagining the first scenario.

You have invited many family members, friends, and colleagues to a party in your garden. You are worried that when preparing for this party, your pain and stress levels will become overwhelming. You are worried that this will prevent you from doing everything that is needed to prepare.

There are a few activities that often cause your pain and stress levels to increase – making bread (or other relevant food) and going shopping. During the week of the party, you rest on the couch until the day before the party. You hope that this will help prevent your pain and stress levels from interfering with the preparations.

The day before the party, you wake up early as you must get everything ready. Your body feels very stiff and heavy. But you get dressed quickly, and you go do the shopping. While shopping you feel your pain levels increase. You even avoid picking up a special dessert because you feel so tired.

When you get home, you feel anxious that your pain levels will get continue to get worse. But you think "I have to get everything ready. I can't rest." You immediately start to make the bread for the party. You also spend hours preparing all the other food. As you do so, you experience a headache, overwhelming fatigue, and difficulty breathing. But you push through all this, as you feel pressure to get everything ready for the party.

You don't sleep well that night because you have a very bad headache, and you are overthinking. Your mind is very busy with thoughts and worries about how you may not have the energy to do the final preparation for the party the next day.

On the day of the party, you get out of bed early to make sure that you have time to get everything ready. Your sister offers to help you prepare for the party, but you refuse as you don't want to burden her. You clean and decorate the garden. As you do this, you notice your pain and stress levels increasing to a yellow level – almost a red level – on the Traffic Light. You sit for a minute to rest, hoping that this will help. But you can't seem to calm down and regulate your pain and stress

levels. Your thoughts continue to focus on making sure you get everything ready. These thoughts make your stomach feel tight.

You are busy preparing right up until the moment that the first guests arrive. The garden quickly fills up with all your family and friends. You are enjoying welcoming everyone. After about 20 minutes of standing and welcoming your guests, you feel very overwhelmed with pain. So, you sit down. You try to talk with your friends. But you are finding it difficult to focus on the conversations as your thoughts get stuck on the pain that you are feeling. You hear your friends laughing but you are missing the jokes and funny comments.

During the party, there is a knock at the door. You open the door. Fatme, your neighbor, is standing in front of you. Remember that Fatme represents your pain and stress experiences, including your thoughts, beliefs, emotions, and memories of these overwhelming experiences. Fatme walks past you and into the garden. You are very worried about how Fatme may disrupt your party and annoy your guests. Your body and mind feel so tired. It feels like it would take too much energy to try to force Fatme to leave and to keep her away from the party. So, you bring her inside into a room. You and Fatme sit together. You are away from all the other guests. You can hear them talking and laughing in the garden. But you are not able to enjoy the time with your family and friends.

Now let's imagine a second situation - where you plan the preparation activities well so you can regulate your pain and stress levels.

You are excited to host this party. To prevent your pain and stress levels from becoming overwhelming, you plan to do 1-2 tasks every day throughout the week before the party. One day, you call and invite the guests and you clean the garden. Another day, you decorate the garden. Another day, you go shopping for some of the items.

You also decide that asking others to do some tasks would be helpful. As you know that making bread is often overwhelming for you, you ask your sister to make the bread or to purchase it fresh on the day of the party. You also ask your son to go to the shop on the day of the party to pick up the special dessert.

When you are out shopping for the party, you feel your pain and stress levels increase into the yellow area on the Traffic Light. You notice this because you can feel a slight headache, a tightness in your shoulder muscles, and difficulty focusing. What could you do in that moment that would help you regulate your pain and stress levels?

Throughout the week, every day you do a few activities to prepare for the party. Sometimes your pain and stress levels increase. What would be helpful for you to do when your pain and stress levels increase?

On the day of the party, you do the progressive muscle relaxation technique before getting out of bed. Today, you only have to do the final preparations of the food and then everything is ready for the party.

In the evening, your guests begin to arrive to the party. The garden quickly fills up with all your family and friends. You are enjoying welcoming everyone. The guests seem to be enjoying the food and everyone is talking with each other.

During the party, there is a knock at the door. You open the door. Fatme, your neighbor, is standing

in front of you. In this situation, how do you think Fatme will impact your experience of the party?

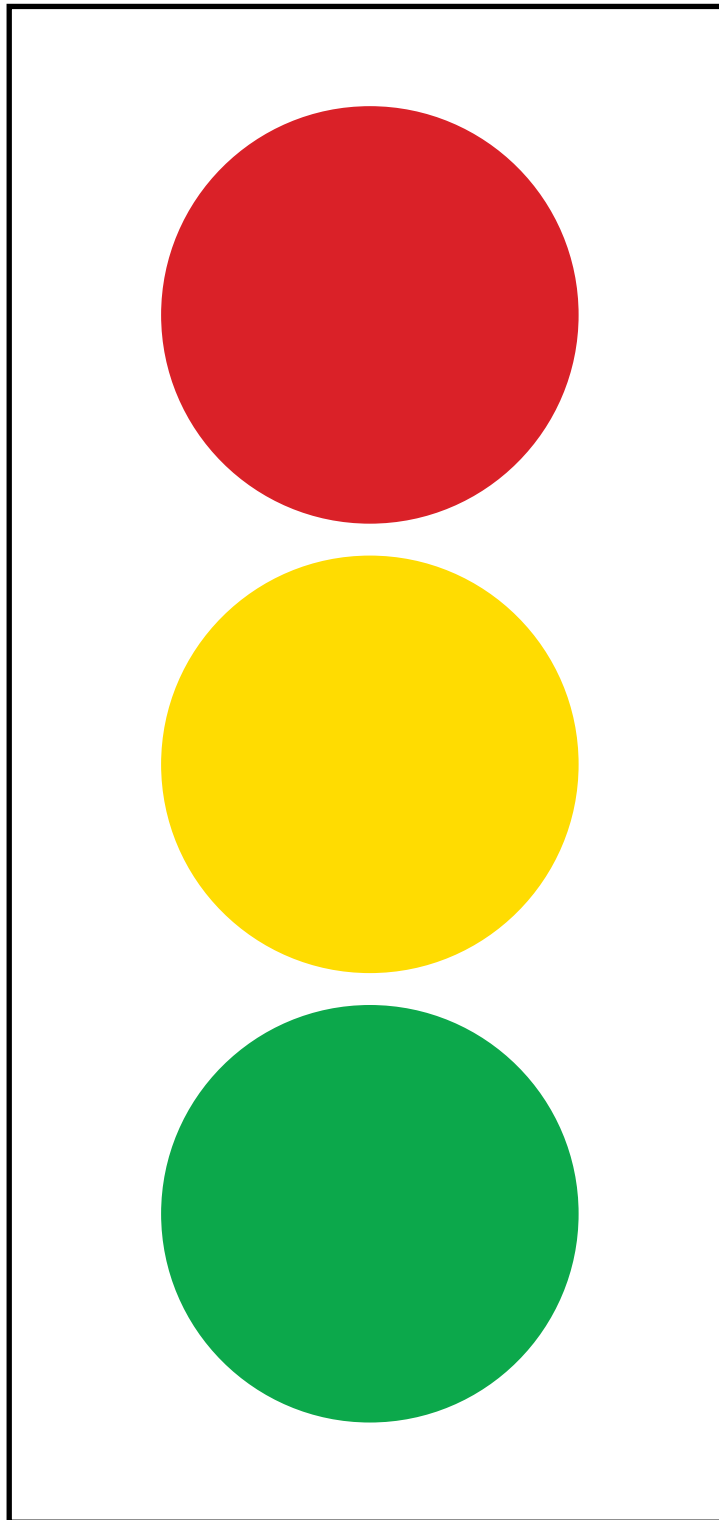
Discussion Questions

- In the first situation, you did too many activities all at once and you didn't plan well for all the activities that were required to prepare for the party. Can anyone share an example of when you have done too much or did not plan well for activities? How did this impact you?
- Can anyone share what was done differently in the second situation? How did this impact your pain and stress experiences, your ability to prepare for the party, and your ability to enjoy the party?
- Can anyone share how they could apply this to their own life? How could you plan your activities so that your pain and stress levels do not become overwhelming and prevent you from doing and enjoying that activities that are important to you?

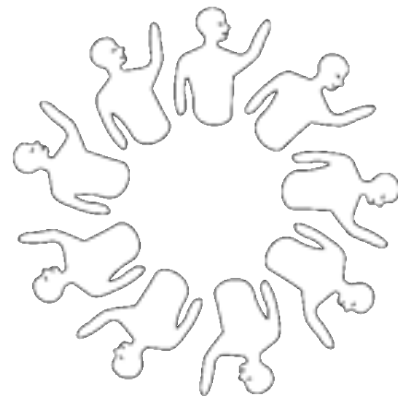
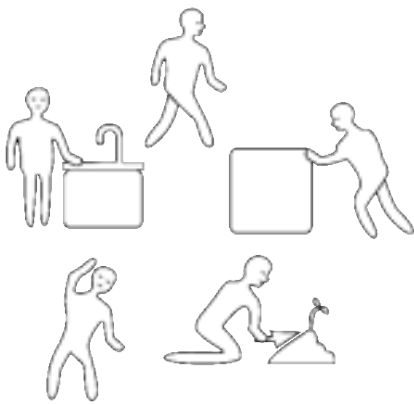
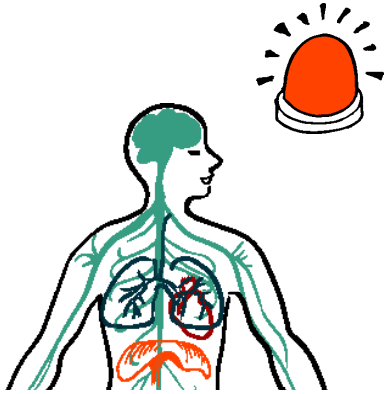
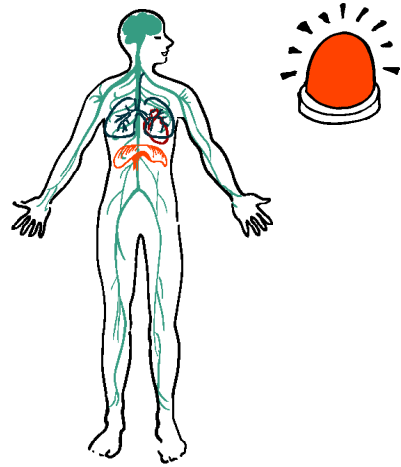
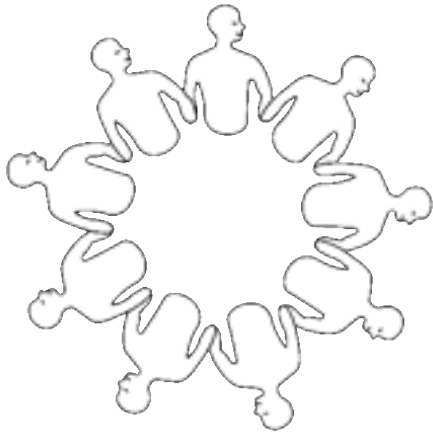
Illustrations



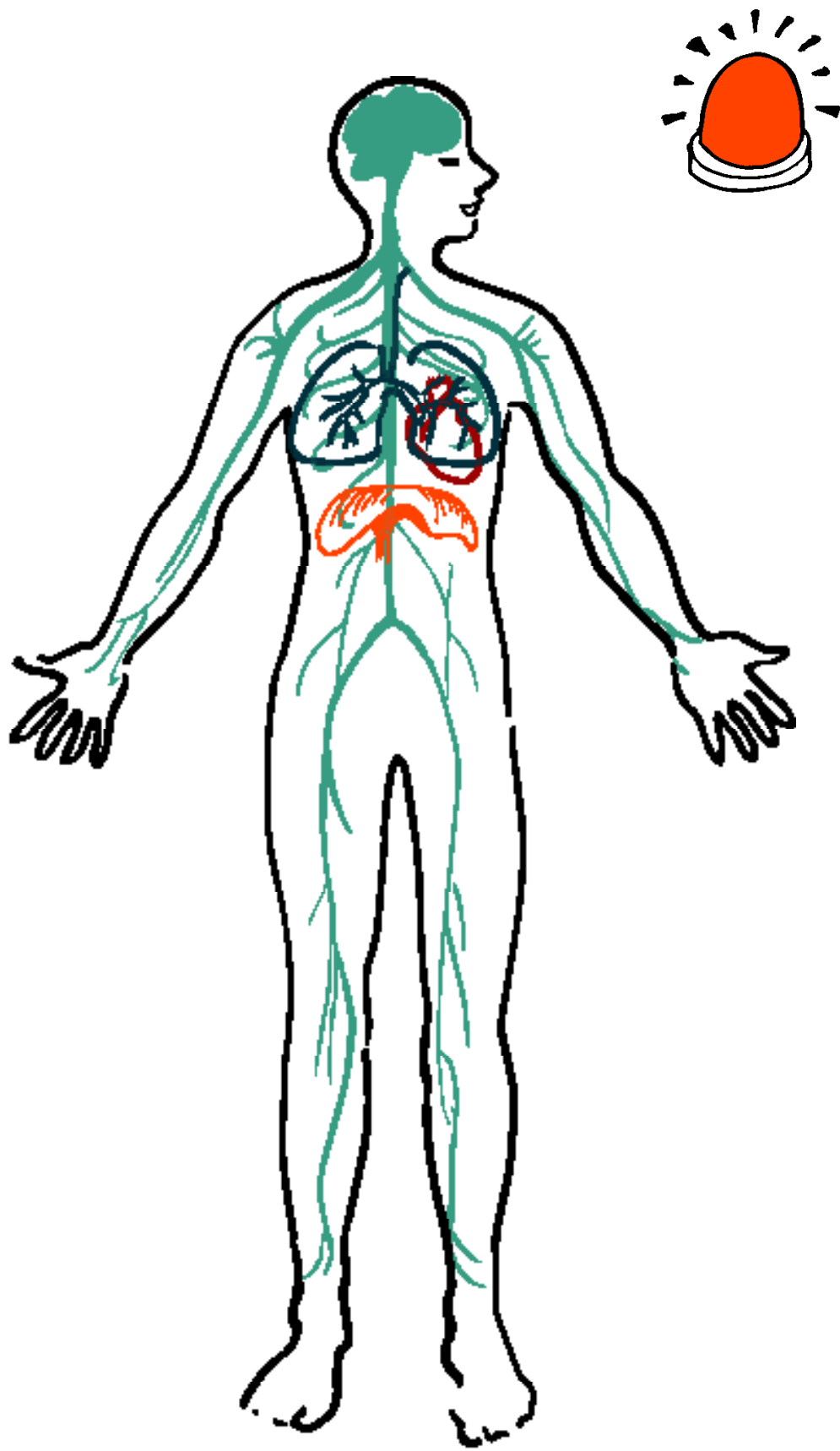
Oxygen Mask



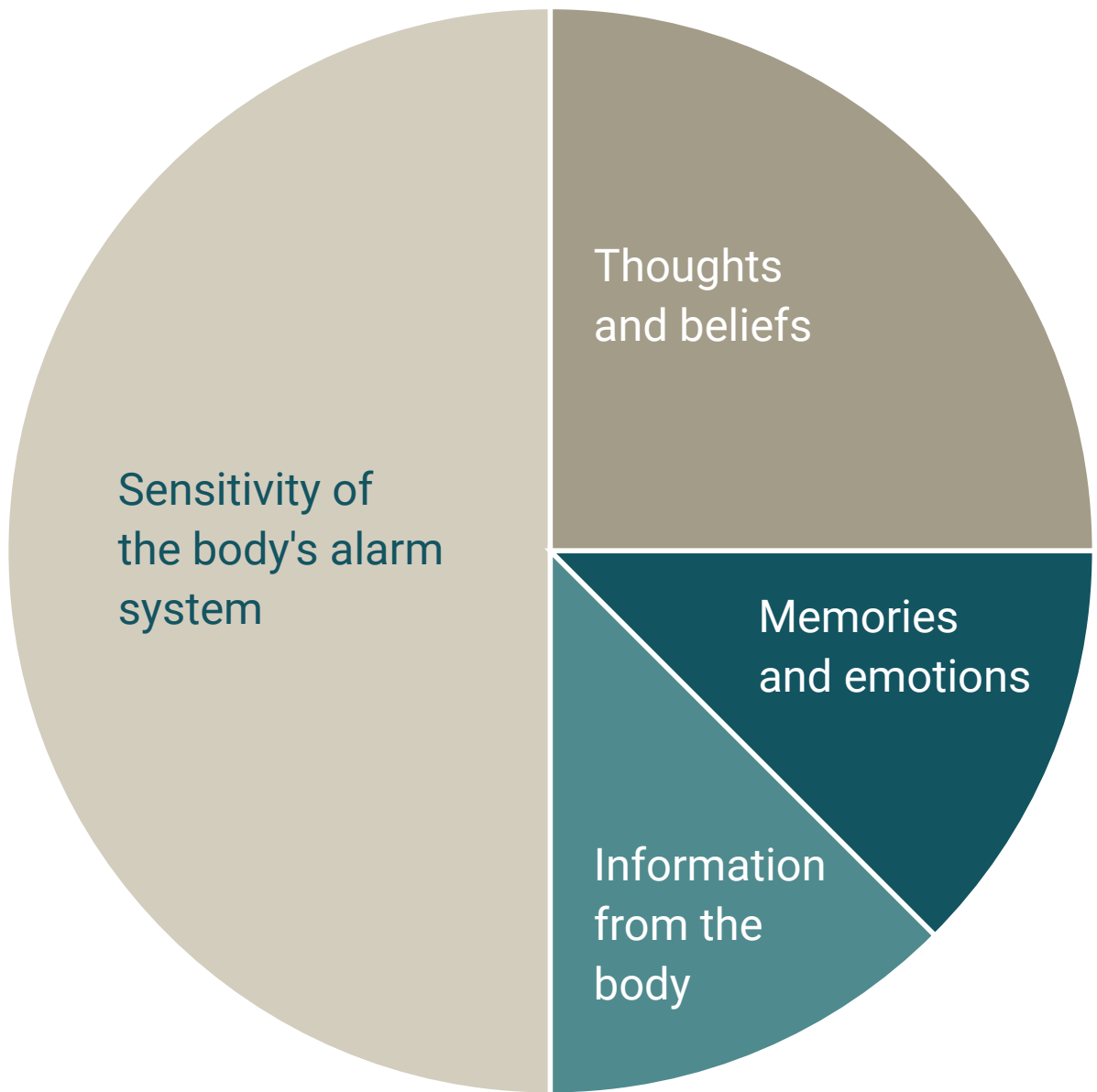
Traffic Light



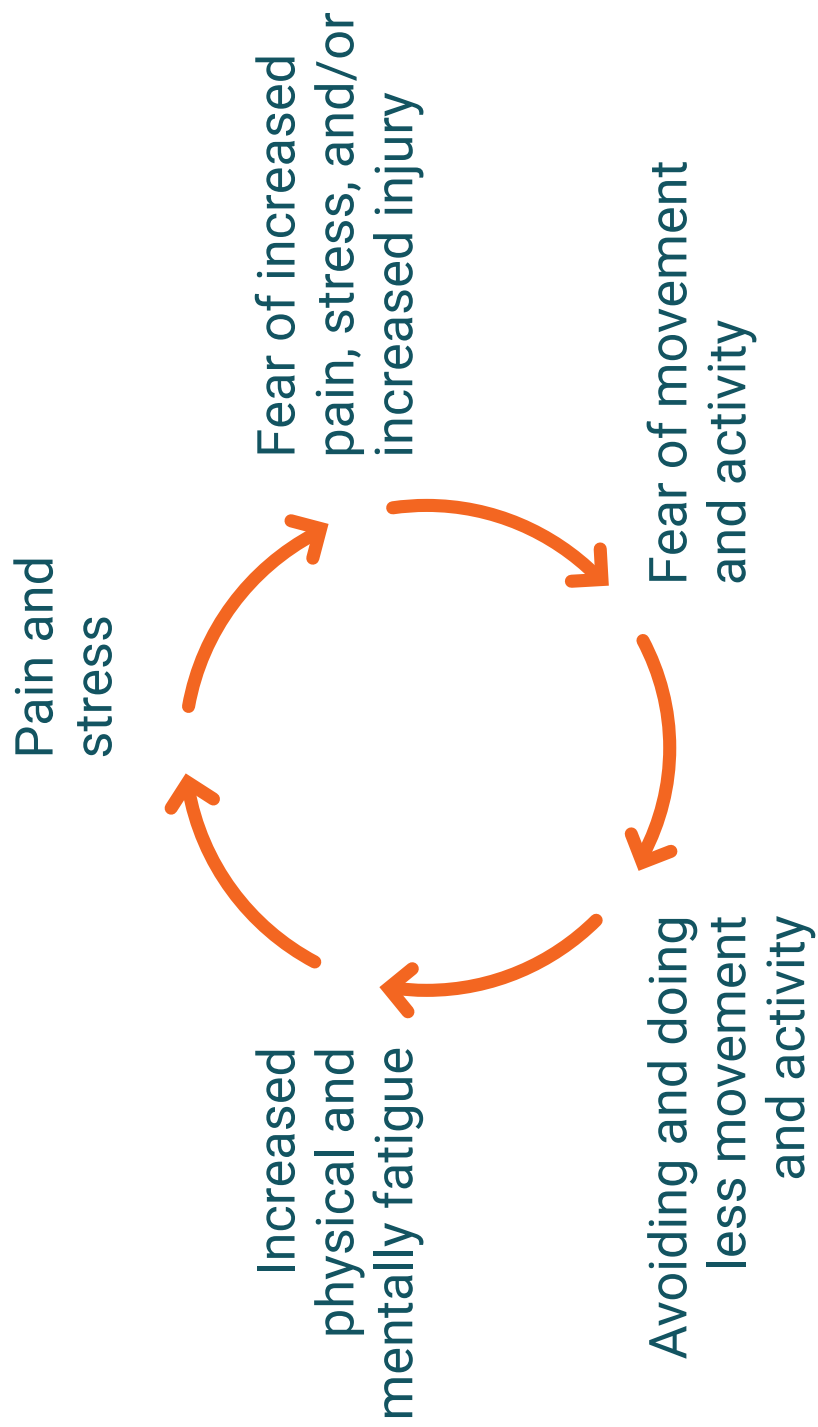
The Pain School Treatment



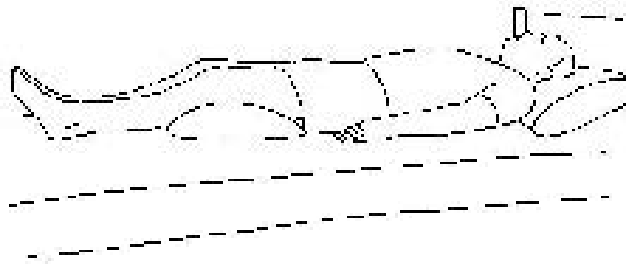
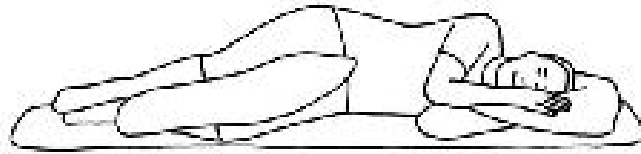
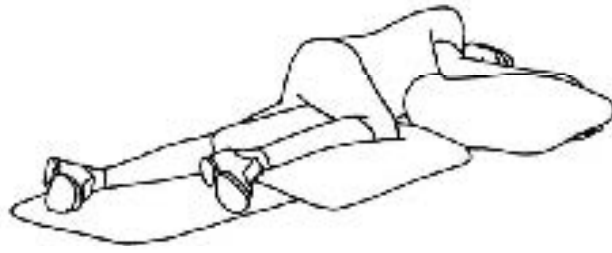
The Body and Mind



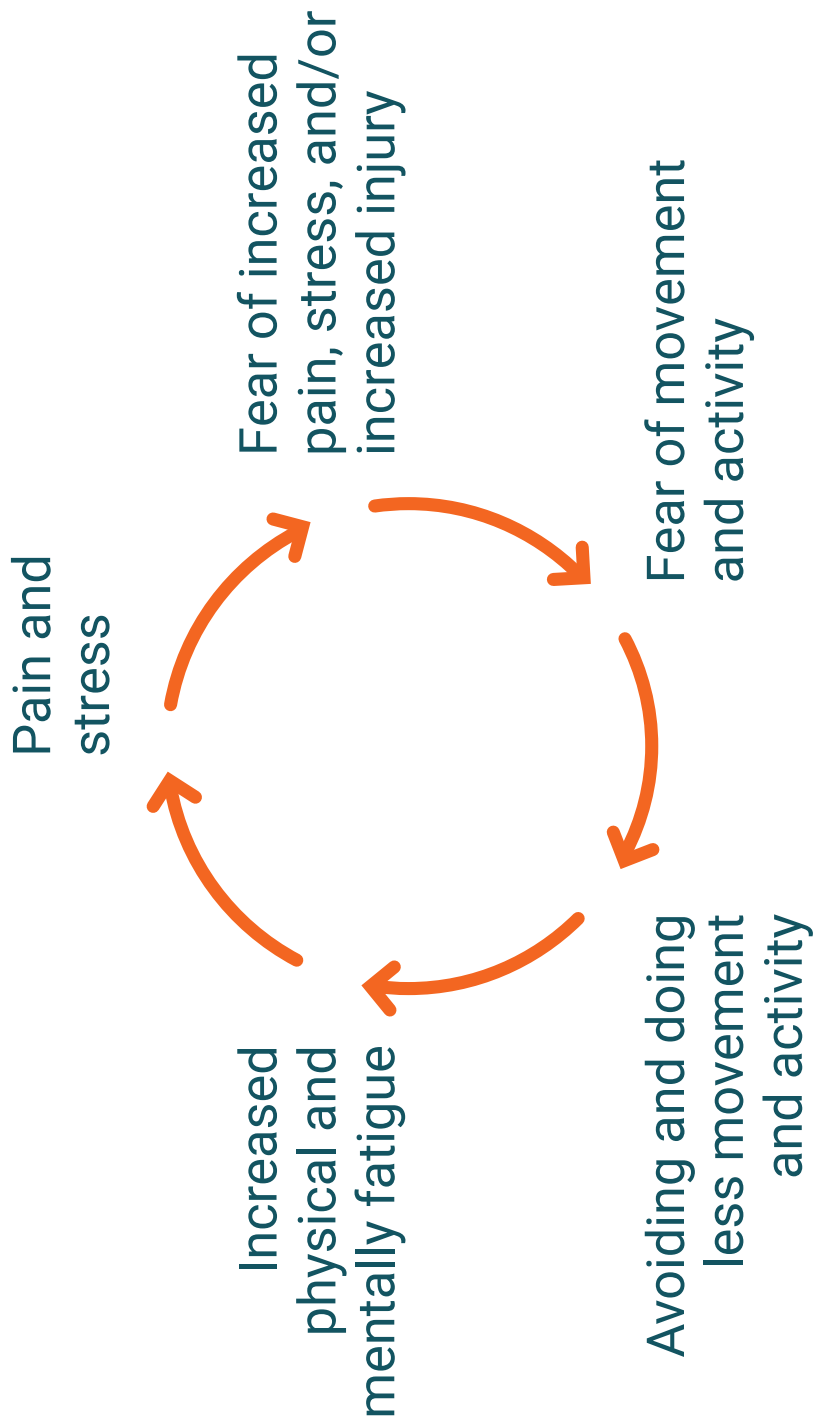
Factors Contributing to Pain Experiences



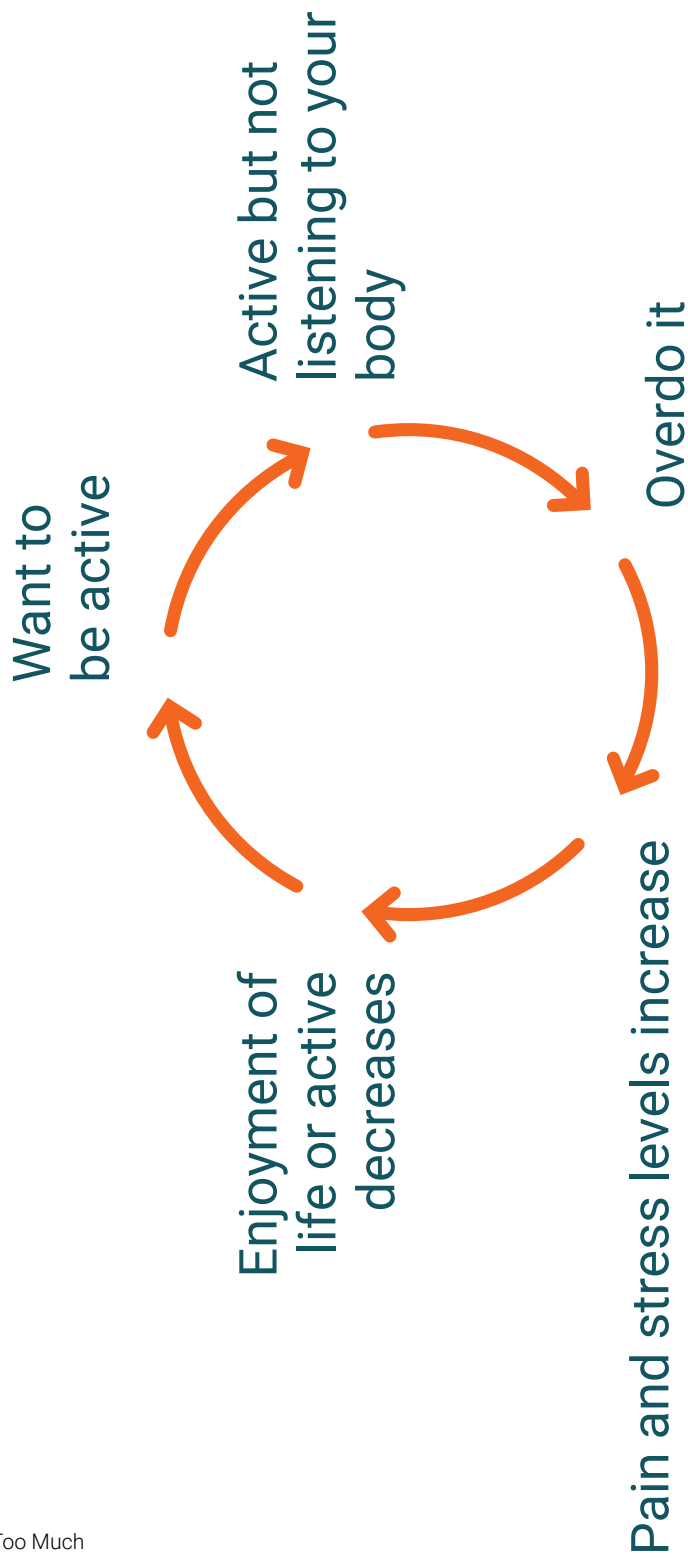
The Pain, Stress, and Activity Cycle



Resting and Sleeping positions



Avoidance



Cycle of Doing Too Much

Annexes

Working Alongside People That Are Affected by Trauma and/or Ongoing Stress – Key Evidence-Based Principles

This content is not comprehensive but rather provides some key concepts for working alongside people that are affected by trauma and/or ongoing stress. These evidence-based principles are rooted in a trauma-informed approach and a biopsychosocial-spiritual understanding of health and function. Physiotherapists must integrate these principles into the delivery of The DIGNITY Physiotherapy Pain School for Trauma Affected Populations (Pain School Treatment). Specialized training, ongoing clinical supervision, and sufficient resources and support from an implementing organization is essential for the physiotherapists to be able to effectively integrate these principles into the Pain School Treatment.^{21, 22, 23, 24}

Creating a Safe Environment Through a Trauma-Informed Approach

As the Pain School Treatment is designed for persons affected by trauma and/or ongoing stress, one of the most important aspects of the treatment is to create a safe environment for all participants. A safe environment is one where a person believes and experiences that they are both physically safe and psychologically safe. Psychological safety refers to a person believing and experiencing that they can share their experiences, emotions, and ideas without being humiliated, shamed, excluded, or punished.

Research evidence shows that creating opportunities for psychological safety has a positive impact on pain and stress experiences and overall health and functioning. Traumatic experiences often involve a violation of both physical and psychological safety so it can take significant time, support, and shared experiences for persons affected by trauma to feel psychologically safe. It is the responsibility of the

physiotherapists to purposefully create a physically and psychologically safe environment for all participants during the Pain School Treatment. To do so, the physiotherapists must be purposeful in applying a trauma-informed approach which recognizes the impacts of trauma and integrates this understanding into the delivery of the treatment.

The following are key evidence-based principles for creating a safe environment through a trauma-informed approach during the delivery of the Pain School Treatment. They are designed to be relevant to cultures and contexts in the Middle East North Africa region:

- Informed consent and choice are foundational practices for creating safety and should be integrated into all aspects of the Pain School Treatment. Informed consent is an ongoing process throughout the treatment that involves the physiotherapists consistently describing the plan for the session and specific activities, and then creating an environment where the participants can choose if and how they participate at any moment. Providing opportunities for the participants to make choices is important for creating safety and also strengthens the participants' abilities to make helpful and supportive choices in their daily lives. There are a variety of ways to provide choices in the Pain School Treatment including: 1) demonstrating and supporting different ways to perform the self-management techniques and movements, 2) creating different ways that people can engage in the interactive education activities like verbally sharing in the large group, verbally sharing with one other participant, writing, drawing, and exploring an illustration, and 3) while performing the movements, frequently using the Traffic Light to guide the participants to choose how to perform the movements in the way that is best for them in that moment.
- Trauma-informed options for creating a feeling of

physical safety that may be helpful include: 1) inviting the participants to choose where they sit, 2) giving participants options to sit with their backs against a wall and/or facing the door, 3) exploring what level of lighting in the room is most helpful, and 4) providing opportunities for the participants to take whatever position they feel comfortable in at any moment – like sitting on a chair or on the floor or standing and leaning against the wall.

- The physiotherapists should directly ask the participants during the pre-assessment and the treatment sessions about what can be done to help create safety and comfort. The physiotherapists should then plan so that these needs can be directly integrated into the Pain School Treatment. If something is not feasible, then the physiotherapists should discuss this with the participants and explore alternative ideas together.
- All participants and physiotherapists should be arranged in a circle without any tables or other structures in between. This applies to individual sessions and group treatment sessions. If two physiotherapists are facilitating a group treatment session together, they should sit across from each other – the physiotherapists should not sit next to each other.
- To create opportunities to build trust and feelings of safety, the physiotherapists should purposefully use their body positions and movements, tones of voices, language, and eye contact to communicate empathy, compassion, and understanding. For example, in a group treatment session, the physiotherapists should emphasize making everyone feel included by positioning themselves in a way where they can easily make eye contact with all the participants while they also keep an open and welcoming body posture.
- When the participants are sitting, the physiotherapists should also be sitting. Occasionally, it may be helpful for the physiotherapists to stand to write on a flipchart or discuss an illustration. But this should be limited to facilitate the participants' active participation.
- The physiotherapists should rarely take on the roles of expert or lecturer as the participants are the experts of their own experiences. The Pain School Treatment is designed to be interactive to provide an opportunity for participants to connect to their own strengths, resources, and knowledge and to apply new information to their own experi-

ences. The participants may not have experienced this type of interactive and strength-based treatment approach before. Therefore, the physiotherapists should explain the approach during the pre-assessment and the first treatment session and continue to reinforce it throughout the Pain School Treatment.

- In many contexts, participants may have limited reading and writing skills. The physiotherapists should be aware of the participants reading and writing skills and plan the activities of the Pain School Treatment accordingly to create opportunities for everyone to be included and to understand and contribute. Using pictures and illustrations can be supportive.
- Have drinking water available for the participants but recognize that people may have different habits related to drinking water. For example, some may only drink water if they feel thirsty or some may limit water intake due to fear of using a public toilet. If participants drink a limited amount of water during the session, the physiotherapists can encourage the participants to drink water before and after the session.
- Participants may present gifts to the physiotherapists as a sign of gratitude. The physiotherapists and their implementing organization should have a policy on how to respond to this situation. Note, if a gift is presented in a group treatment session, it is important to recognize that when witnessing this, the other participants may feel social pressure to provide a gift and/or shame in not being able to offer a gift.
- In the Pain School Treatment, the physiotherapists often ask the participants to share how they are feeling, like while performing movements or when discussing the follow-up at the beginning of each session. In many cultures, the participants may answer these questions with a formal response like "Al hamdulillah" in Arabic. Therefore, the physiotherapists should be prepared to guide the participants in a culturally effective way, to share with greater depth and to the degree that each participant feels comfortable with in that moment.
- It can be relevant and meaningful to facilitate opportunities for the participants to apply their spiritual and religious beliefs, rituals, and practices to the content shared in the Pain School Treatment. For example, the participants may share about spiritual beliefs that give them

comfort when overwhelmed with stress experiences or religious rituals that support them to have healthy sleep. The physiotherapists should create opportunities for this while maintaining firm boundaries that create psychological safety for everyone regardless of religious and spiritual practices and backgrounds. Helpful boundaries include that no one, including the physiotherapists, are allowed to do the following: 1) shame or minimize religious or spiritual practices, 2) communicate that their beliefs, rituals, or practices are the best, and 3) force or coerce others to embrace their beliefs, rituals, or practices.

Facilitating Referrals to Appropriate Professionals

Physiotherapists and organizations implementing the Pain School Treatment must be prepared with skills and resources to support the participants' overall functioning. One important aspect of this is being able to facilitate effective referrals to appropriate professionals and community resources. As the Pain School Treatment is designed for persons affected by trauma and/or ongoing stress, it is likely that participants may present with suicides risks, protection risks, symptoms of depression, anxiety, and/or post-traumatic stress disorder, and/or additional mental, physical, and social health needs. The physiotherapists are responsible for facilitating efficient and effective referrals to mental health, protection, and medical professionals and/or additional community resources. The process of referral and the most appropriate professional or resource will vary based on the context, culture, and available resources.

The following are key evidence-based principles to support physiotherapists and implementing organizations to facilitate effective referrals to appropriate professionals during the delivery of the Pain School Treatment:

- Physiotherapists delivering the Pain School Treatment should be equipped with the knowledge and skills to screen for symptoms of anxiety, depression, and post-traumatic stress disorder. Furthermore, they need to have the skills and resources to facilitate effective referrals for these mental health needs. In some rare cases, a participant may be too overwhelmed with emotional distress to participate in the Pain School Treatment. In this situation, the physiotherapist is responsible for facilitating an effective referral to a mental health professional and can consider offering the Pain School Treatment once the emotional distress is stabilized.
- Suicide is defined as death caused by self-directed injurious behavior with any intent to die because of the behavior. Experiences of trauma and ongoing stress, as well as persistent pain and stress experiences, are risk factors for suicide. Therefore, physiotherapists delivering the Pain School Treatment should be able to notice behaviors and symptoms that may indicate that a person is at an immediate or serious risk for suicide or a suicide attempt. Furthermore, physiotherapists should have the skills and resources to refer a participant to a trained mental health professional that can conduct a suicide risk assessment and provide the appropriate life-saving interventions.
- Participants of the Pain School Treatment may present with undiagnosed and/or untreated medical conditions, possibly due to challenges in accessing healthcare services. Physiotherapists are required to screen participants to ensure their physical safety and to make effective referrals to medical healthcare services. In some rare cases, a participant may be unsafe to participate in the Pain School Treatment until after receiving adequate medical services. In this situation, the physiotherapist is responsible for facilitating an effective referral to a medical professional and can consider offering the Pain School Treatment once the medical condition is stabilized.
- Protection risks are situations that threaten a person's human rights, safety, and security. These can include difficulty accessing safe housing and livelihood opportunities and situations of gender-based violence, child labor, coerced armed conflict, and sexual exploitation and abuse. Physiotherapists should be able to notice signs of protection risks and facilitate an effective referral to the appropriate professionals and community resources.
- Persons in situations of ongoing stress may present with needs related to accessing educational opportunities, financial support, livelihood activities, and healthcare services. Physiotherapists delivering the Pain School Treatment should be

equipped with the skills and resources to facilitate effective referrals that support the participants' access to opportunities, resources, and services in their community.

Staying Focused on the Clinical Aims of the Pain School Treatment

During the delivery of the Pain School Treatment, it is essential that the physiotherapists keep the activities and discussion focused on the specific clinical aims. This is necessary when applying any treatment approach to effectively achieve the therapeutic outcomes. However, it is even more important when working alongside persons affected by trauma and/or ongoing stress, as sharing details of traumatic experiences can cause physical and emotional harm when not done purposefully and with the support of someone with appropriate experience and skills.

Participants engaging in oversharing can make it difficult to stay focused on the clinical aims of the Pain School Treatment. Oversharing can be described as sharing information without much self-awareness or control and that is not relevant to what is being discussed and/or includes details of their traumatic experiences and/or ongoing stressful situations. Oversharing is a common effect from experiences of trauma and/or ongoing stress.

When someone is engaged in oversharing, it can seem as if they are disconnected from others, are overwhelmed, and are not able to stop themselves from sharing and talking. Oversharing can be a harmful and unhelpful experience for that person, as it can quickly increase pain and stress levels to an overwhelming amount and/or contribute to overwhelming stress reactions like panic attacks or flashbacks. Additionally, later, the person may feel ashamed that they shared intimate details with others, and this may make it difficult for them to participate in future treatment sessions. Oversharing can also be unhelpful and harmful to other participants in the group as it can be overwhelming to hear the details of a person's traumatic experiences and to witness a person experiencing significant stress reactions.

The following are key evidence-based principles to support physiotherapists to stay focused on

the clinical aims and to address oversharing during the delivery of the Pain School Treatment:

- To stay focused on the clinical aims during the Pain School Treatment, the physiotherapists should share and discuss the clinical aims with the participants during the pre-assessment and during the first treatment session. Additionally, at the beginning of each treatment session, the physiotherapists should share with the participants the plan for the session and the specific clinical aims of the session. The physiotherapists should also inform the participants that if the group begins to move away from the clinical aims, the physiotherapists will gently focus the group back to the relevant topic and activity.
- As the Pain School Treatment is not designed to provide an opportunity for participants to share details of their traumatic experiences or to discuss mental health diagnoses like post-traumatic stress disorder, the physiotherapists are obligated to stop participants from sharing this.
- Physiotherapists must be prepared with skills and strategies to empathetically intervene when a participant begins to overshare and discuss information that is not relevant, unhelpful, and/or overwhelming for themselves or others. Specific ways of addressing this will depend on many things including the culture, context, relationship between the participant and physiotherapist, and the physiotherapist's experience and preferences. However, some key steps to address oversharing before it becomes unhelpful and harmful may include the following: 1) gently asking the participant to stop talking for a moment, 2) validating the participant's experiences, 3) normalizing that their desire to share is normal and then describing why it may not be helpful to share right now, and 4) reminding the participant and the group of the clinical aims of the current activity.
- If a participant in the Pain School Treatment engaged in oversharing, the physiotherapist should speak to that participant one-on-one after the session. The physiotherapist should demonstrate warmth, empathy, and understanding and explore if the participant is feeling comfortable with the experience of oversharing and/or being stopped from oversharing. During this discussion, it may be helpful to explore with the participant if they would benefit from a referral to a mental health professional that could offer a helpful space to

share.

- If a participant continues to engage in oversharing during the Pain School Treatment sessions, even with the use of helpful strategies, the physiotherapists should discuss options with their supervisor.

Understanding and Responding in Helpful Ways to Anger Experiences

As the Pain School Treatment is designed for persons affected by trauma and/or ongoing stress, it is likely that participants may have anger experiences during the Pain School Treatment. Anger is a normal and appropriate emotion, that everyone experiences. One common impact of trauma and ongoing stress is that people often feel that they get angry more easily, feel easily overwhelmed with anger, and feel that they have difficulty controlling their behavior when angry.

The following are key evidence-based principles to support participants that may have anger experiences during the Pain School Treatment:

- The physiotherapists must continuously monitor the participants for signs of overwhelming anger. Signs of overwhelming anger that the physiotherapists can look for include increased breathing rate, restlessness, increased muscle tension in the arms and hands, difficulty focusing on the activities, sweating, talking fast and/or in a disorganized and unclear manner or not talking at all.
- The Traffic Light can support the physiotherapists with monitoring the participants for anger experiences. Anger experiences that remain in the yellow area can be expected. However, the physiotherapists should support the participants to regulate anger experiences before they move to the red area and are overwhelming. Additionally, if stress levels remain in the green or yellow areas, then anger experiences will usually also remain at a helpful and appropriate level for the Pain School Treatment. Therefore, the physiotherapists should support the participants to regulate stress levels before they move into the red area.
- If a participant expresses feeling angry, the physiotherapists should allow them to express themselves for a short amount of time and in a manner where the participant remains well-regulated and not overwhelmed. Then the physiotherapists can gently guide the participant back to the relevant topic and activity.
- If a participant's anger experiences are harmful, unhelpful, and/or is directed at another participant or a physiotherapist, then the physiotherapists must directly address this. Specific ways of addressing this will depend on many things including the culture, context, relationship between the participant and physiotherapist, and the physiotherapist's experiences and preferences. However, some key steps may include the following: 1) giving the participant and/or participants a break and using the break as an opportunity to support the participant to regulate their anger levels – this could involve walking around, drinking water, or doing a self-management technique like the Grounding and Breathing technique, 2) explaining to the participant and to the group of participants that anger is a normal emotion, but sometimes we can become overwhelmed which isn't always helpful, and 3) facilitating an activity for the group that may support the regulation of the anger experiences, like the Grounding and Breathing technique.
- If a participant has an overwhelming anger experience in a group treatment session, it is important to support the group to understand what they witnessed and take the opportunity for the entire group to reflect on anger experiences and how they can regulate them in their daily lives.
- If a participant continues to have overwhelming anger experiences in the Pain School Treatment, even with the use of helpful strategies, the physiotherapists should discuss options with their supervisor, consider facilitating an effective referral to a mental health professional, and consider offering the Pain School Treatment once the anger experiences are stabilized.

Understanding and Responding in Helpful Ways to Overwhelming Stress Reactions

As the Pain School Treatment is designed for persons affected by trauma and/or ongoing stress, it is likely that participants may have overwhelming stress reactions including panic attacks, flashbacks,

and dissociations during the treatment sessions. Overwhelming stress reactions occur when a person's brain perceives that there is a high level of danger or a potential danger. They involve an emotional, physical, and behavioral response.

Panic attack is a common phrase used to describe a physiological and emotional reaction that occurs when stress levels become overwhelming. Panic attacks are often characterized by significant difficulty breathing, shaking, trembling, and feeling intense fear.

A flashback is commonly faced by people that have experienced one or more traumatic and overwhelming events. A flashback is an unconscious reaction that a person does not have control over in that moment. During a flashback, the person feels as if they are reliving the event and the fear and stress becomes overwhelming. They may see, hear, or smell things as they experienced them during the traumatic event. During a flashback a person often behaves as if they are re-experiencing the traumatic event and they are not able to interact with anyone. A flashback may last a few seconds or longer.

Dissociation is also commonly faced by people that have experienced one or more traumatic and overwhelming events. Dissociation is characterized by being disconnected from oneself and the surroundings. Dissociation is an unconscious protective strategy. It can be described and experienced in a variety of ways including feeling outside of the body, "zoning out", feeling like nothing is real, feeling as though they are watching themselves from the outside, not being able to remember recent experiences, and not responding when directly spoken too or responding in a disorganized manner. The experience, intensity, and duration of dissociation is extremely variable.

There are distinct differences between a panic attack, a flashback and dissociation. However, they are all reactions to overwhelming stress experiences, and they can be supported clinically in very similar ways during the Pain School Treatment.

The following are key evidence-based principles to support participants that may have over-

whelming stress reactions during the Pain School Treatment:

- Physiotherapists should normalize overwhelming stress reactions with the participants during the pre-assessment, session one, and regularly throughout the treatment sessions. It is also helpful for the physiotherapists to explain that the Pain School Treatment includes activities, like the Grounding and Breathing technique, that are purposefully designed to support overwhelming stress reactions.
- Often there are certain things that can contribute to the onset of a panic attack, a flashback or dissociation. This could be an internal experience like a thought, emotion, or physical sensation or an external experience like seeing or hearing something. It is often difficult for both the person that is having these experiences and physiotherapists to identify and understand what is contributing to them. However, it may still be helpful for the physiotherapists to ask the participants if there are any specific things that may prevent them from feeling overwhelmed and then to adjust the Pain School Treatment accordingly.
- The physiotherapists must continuously monitor the participants for signs of overwhelming stress experiences which may contribute to the onset of a panic attack, a flashback, or dissociation. Common signs that stress experiences are becoming overwhelming include increased breathing rate, restlessness, increased muscle tension, difficulty focusing on the activities, sweating, a sudden withdrawal from the activities, and talking fast and in a disorganized way or not being able to speak.
- The Traffic Light can support the physiotherapists with monitoring the participants' stress experiences. It is expected that stress levels will be in the yellow area, and this should be accepted. However, the physiotherapists should support the participants to regulate stress levels before they move to the red area – before the stress experiences may contribute to panic attacks, flashbacks, and dissociation.
- When a participant is having moderate stress experiences (in the yellow area on the Traffic Light), the physiotherapist can try a few simple strategies, but the strategies should involve the entire group and shouldn't single out that participant. Helpful

strategies include: 1) having everyone do a simple movement like shaking out their arms and legs while in sitting or standing up and taking a deep breath, 2) asking the person experiencing increased stress levels to support the group by handing out materials or water, and 3) engaging the group in a fun and easy conversation that is culturally appropriate, like sharing a joke or funny story or talking about a sporting event.

- If a participant experiences a panic attack, a flashback, or dissociation during a Pain School Treatment session, the physiotherapists must directly address this. Specific ways of addressing this will depend on many things including the culture, context, relationship between the participant and physiotherapist, and the physiotherapist's experiences and preferences. However, some helpful strategies may include the following: 1) acknowledging what is happening to the specific participant and the group of participants by explaining that this is common and that the physiotherapist will support the participant, 2) if the participant is able to interact with the physiotherapist, then they can be clearly told that they are safe and can be guided to stand up, walk around, have a drink of water, and/or be guided in the Progressive Muscle Relaxation technique, and 3) if the participant is not able to interact with the physiotherapist, then the physiotherapist should position themselves in front of and at the same eye level as the participant, and use a firm and calm voice to inform the participant that they are safe, where they are, and guide them to notice things that are in the environment – like what they can see or hear, and how their body is making contact with the environment like the floor and chair.
- When a person is experiencing a panic attack, a flashback, or dissociation, it can be startling and unhelpful to be touched by another person. Therefore, the physiotherapist must be aware of this when supporting someone.
- If a participant experiences a panic attack, a flashback or dissociation in a group treatment session, it is important to support the group to understand what they witnessed and take the opportunity for the entire group to reflect on overwhelming stress reactions and how they can regulate them in their daily lives.
- If a participant continues to have overwhelming stress reactions in the Pain School Treatment

sessions, even with the use of helpful strategies, the physiotherapists should discuss options with their supervisor, consider facilitating an effective referral to a mental health professional, and consider offering the Pain School Treatment once these experiences are stabilized.

Pain Experiences – Key Evidence-Based Principles

This content is not comprehensive but rather provides some key evidence-based principles related to pain education and treatment that physiotherapists must integrate into the delivery of The DIGNITY Physiotherapy Pain School for Trauma-Affected Populations (Pain School Treatment).

Research evidence demonstrates that if people understand, believe, and apply accurate and helpful beliefs about pain in their daily lives, then their pain experiences and function are positively impacted. The following are accurate and helpful beliefs related to pain that physiotherapists should support participants to understand and apply to their own pain and stress experiences.

- The International Association for the Study of Pain defines pain as: An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage - This definition applies to all pain experiences including acute pain, persistent pain, and pain associated with a medical condition.
- The term “persistent pain” should be used rather than “chronic pain” when referring to long-lasting pain conditions as recent research and theories of modern pain science show that long-lasting pain conditions are most often reversible and that the term “persistent pain” facilitates a more accurate, hopeful, and motivating prognosis.
- Pain is always a real and an individual experience so a person’s experiences and expressions of pain should always be acknowledged and believed
- Pain experiences can be expressed in a variety of ways including in how we move, what we say and our facial expressions and behaviors.
- Pain is always a decision by our brain and is experienced when our brain thinks that we are in danger
- Biological, social, psychological, and spiritual factors always contribute to how and when we experience pain.
- When our brain decides to produce pain, it also produces other changes in our body and mind like slowing down our movement, creating a fear of movement, producing feelings of general anxiety, increasing muscle tension, increasing heart rate and breathing rate, and having us overthink about the pain and other potential signs of danger – We can use the term “pain experiences” to capture these various physical, emotional, cognitive, social, and behavioral experiences we have alongside pain.
- Pain and stress experiences are interrelated and impact each other.
- Pain experiences are greatly influenced by what we think and believe about pain, specifically whether we understand our pain experiences to be a sign of danger.
- Pain experiences serve to protect us, but if our body’s alarm system becomes too sensitive and overprotective, we can experience pain in an unhelpful way that interferes with our daily lives.
- Pain experiences are not often directly related to the amount of injury in our body so we cannot always think that a pain experience indicates an injury or medical condition.
- Pain experiences are never permanent as our nervous system can change through understanding our pain experiences and regularly practicing movements, daily activities, and self-management techniques in our daily lives.
- For persistent pain experiences, pain medication and/or surgery rarely result in improved function and significant relief – A more comprehensive approach is required to address the many factors that contribute to persistent pain experiences and the ability to function in daily life.
- Medical imaging, like MRIs and X-Rays, are not always accurate and helpful for pain experiences as many people without pain experiences will show similar changes on imaging.

- Pain experiences are not an expected or inevitable effect from aging or getting older.
- Complete bedrest is never a helpful approach to pain experiences but rather it will increase pain experiences and contribute to ongoing pain and difficulties with function.

Evidence-Based Treatment Principles for Acute Pain Experiences

When a pain experience is new, it can be called acute pain or an acute pain experience. Examples of acute pain include what you experience when you cut your finger, twist your ankle, or wake up with a new pain in your back or neck. During the Pain School Treatment, if it seems therapeutically relevant, the following evidence-based treatment principles for acute pain experiences can be shared with the participants.

With acute pain experiences, the amount of pain that you feel is usually directly related to the amount of injury. However, it is important to understand that acute pain experiences are always influenced by biological, psychological, social, and spiritual factors. This is exemplified in The Two Brothers metaphor in the Pain School Treatment.

As an acute injury heals, your brain will gradually produce less pain as it determines that the area is safe again and that it no longer needs to be protected. So, following the onset of an acute pain experience, over time, your pain experiences will become less. Over time, you will be able to gradually return to moving and using that part of your body like you did before.

The acronym POLICE is used in English to recall the five different aspects for addressing acute pain experiences. These include Protection – Optimal Loading – Ice – Compression – Elevation. The aim of this approach is to promote healing, facilitate the restoration of function, and prevent the development of persistent pain experiences. This approach is expanded beyond the older approach referred to as RICE (Rest – Ice – Compression – Elevation). The RICE treatment approach for acute pain experiences is no longer considered appropriate or effective as

it has been found to contribute to delayed healing, poor functional recovery, and the development of persistent pain experiences.



Protect

Immediately following the onset of an acute pain experience, the area of the body can be protected for a few days to one week. Protection can include using that part of the body slightly less, moving it more slowly than usual, and protecting it from heat or other irritating things like specific clothing.

For example, if you twist your ankle and have an acute pain experience, you may protect the ankle for a few days by walking less, walking more slowly than usual, and avoiding running and jumping.



Optimal Loading

Optimal loading involves engaging the area of the body in a helpful amount of movement, weightbearing, and activity that supports the healing process. While entirely resting an area after the onset of an acute pain experience may often be recommended, research demonstrates that all tissues in the body require activity and movement to heal, including nerves, bones, tendons, ligaments, and muscles. Too much rest and not moving the area of the body also causes additional problems like joint stiffness, increased swelling, poor balance and coordination, and muscle weakness and tightness. Completely resting and not moving or using the body part also causes increased sensitivity of the body's alarm system which contributes to increased acute pain experiences. Complete rest can also lead to persistent pain experiences. Therefore, optimal loading is required to support the healing process and prevent the development of additional problems and persistent pain experiences.

For example, if you twist your ankle and have an acute pain experience, optimal loading may involve walking short distances and regularly performing gentle circular movements of your ankle. This safe amount of activity helps to reduce swelling, maintain muscle strength and joint mobility, and reduce both

acute and persistent pain experiences. The Traffic Light can help you find the optimal amount of activity and movement, as being in the green and yellow areas is helpful for healing and restoring function.

I

Ice

Ice can provide relief during acute pain experiences and support a person's abilities to engage in optimal loading. Icing the area of the body can calm down the sensitivity of the body's alarm system so that pain levels do not become overwhelming and make it difficult to perform helpful movement for optimal loading.

For the first five to seven days following the onset of an acute pain experience, it is recommended to apply ice two to three times a day with a slightly wet towel and for ten to twenty minutes at a time. It should be stopped if any negative effects are experienced like skin changes or increased pain or swelling.

For example, if you twist your ankle and have an acute pain experience, it is helpful to apply ice immediately and to continue to apply ice two to three times a day for the first week.

C

Compression

Swelling is a normal and helpful response to an acute injury. But swelling can contribute to increased pain experiences and difficulties with movement, activity, and optimal loading. Therefore, with acute pain experiences, compression can be helpful as it reduces swelling.

Compression can be applied with a variety of compression bandages. When applying compression bandages, the area should feel as though it is being squeezed but there shouldn't be an increase in pain or any feelings of numbness. The compression bandage shouldn't affect blood circulation, so check the skin for appropriate color and temperature.

For example, if you twist your ankle and have an acute pain experience, it may be helpful to apply compression for the majority of the daytime. Once

the swelling reduces and returns to your normal level, then the compression bandage is no longer needed.

E

Elevation

Elevating the area of the body above the level of the heart can be helpful in reducing swelling and regulating pain experiences. When elevating an area of the body, make sure to provide enough support so the muscles don't have to work to hold the area in position, as this can contribute to increased pain experiences. Gently moving the body part while it is elevated can enhance the positive impact of elevation.

For example, if you twist your ankle and have an acute pain experience, it may be helpful to elevate immediately and to continue to elevate regularly throughout the first week. When elevating the leg, use pillows and blankets to support the leg to be above the level of your heart, with a slight bend in the knee, and in a way that allows the leg muscles to fully relax. While elevating, you can promote healing by moving the ankle up and down and in gentle circles, while only experiencing a slight increase in pain and tension.

Therapeutic Movement – Key Evidence-Based Principles

This content is not comprehensive but rather provides some key evidence-based principles related to therapeutic movement that the physiotherapists must integrate into the delivery of The DIGNITY Physiotherapy Pain School for Trauma-Affected Populations (Pain School Treatment). The principles are designed for facilitating therapeutic movement with persons affected by trauma, ongoing stress, and pain and stress experiences. They are also designed to be relevant for cultures and contexts in the Middle East & North Africa region.

Selecting the Therapeutic Movements

It is the responsibility of the physiotherapists to select and design the specific therapeutic movements for each Pain School Treatment session. This clinical decision making process should be centered on the clinical aims of therapeutic movement (see pages 172-176) and the specific needs, experiences, and cultures of the participants.

Here are some considerations for selecting the specific therapeutic movements in the Pain School Treatment:

- When applying and adapting the Pain School Treatment, it is essential that therapeutic movement is always prioritized and included. It is important that the time allocated for therapeutic movement is always equal to or more than the time allocated for interactive education activities.
- Therapeutic movement should focus on the movements inspired by Basic Body Awareness Therapy (BBAT). See pages 108-119.
- The selection of the therapeutic movements should be informed by the following: 1) the experiences, preferences, beliefs, and conditions of each participant as shared on the pre-assessments, 2)

observations made by the physiotherapists during the treatment sessions, and 3) experiences and preferences shared by the participants during the treatment sessions.

- The greatest clinical outcomes can be achieved if the same therapeutic movements are consistently facilitated throughout all the Pain School Treatment sessions rather than introducing new ones in every session. This repetition creates an opportunity for the participants to become familiar with each movement which enhances the quality and fluidity of the movements. It also contributes to regulating pain and stress levels by supporting the participants to move with greater ease, the most helpful amount of energy, and less tension.
- Therapeutic movement in the Pain School Treatment should focus on restoring the participants' physical abilities required for performing functional tasks in daily life. Examples of functional tasks in daily life that may be relevant include picking something up from the floor, standing up from the floor, carrying bags home from the market, cleaning the house, or gardening. The physiotherapists should understand the relevant functional tasks in the daily lives of the participants which will vary based on the participants' contexts, genders, ages, and roles and responsibilities. The physiotherapist should then select specific therapeutic movements that will work towards restoring the physical abilities required to perform these functional tasks.
- The therapeutic movement should gradually be progressed throughout the Pain School Treatment sessions to work towards the following: 1) restoring physical abilities, 2) restoring confidence in the ability to move and be physically active, 3) directly reducing the sensitivities of the nervous system, and 4) practicing the regulation of pain and stress experiences with progressively greater challenges. Different aspects of the therapeutic

movement can be gradually progressed including the duration, speed, body position, and what aspects of the body and the movement the participants are guided to notice. Another BBAT-inspired way of progressing therapeutic movement is to gradually include interaction between the participants, like having two people mirror or copy each other's movements.

- Traditional therapeutic exercises may be relevant and helpful to integrate into the movements inspired by BBAT. When doing so, it is essential to remain focused on the clinical aims of therapeutic movement in the Pain School Treatment (see pages 172-176). The Physiotherapists must also facilitate these exercises while following the same principles described here.

Creating an Environment for Experiencing Movements

It is important to create a comfortable environment that feels psychologically and physically safe for all participants to perform and experience movement. Safety is essential as the impact of therapeutic movement does not come from just performing the movements. But rather, it comes from the participants having an opportunity to notice how the movements impact their minds and bodies, to experience feeling safe and unafraid while moving and being physically active, and to explore how to move in the way that is best for them in any moment. For the participants to engage in this type of movement experience, a safe environment for all must be created.

Here are some helpful ways to create an environment for experiencing movements:

- During the pre-assessment and first treatment session, explore with the participants what clothing will be helpful and feasible for them to wear to allow them to move easily.
- During the pre-assessment and the first treatment session, explain to the participants that the therapeutic movement is designed to be safe for all the participants based on their abilities, health conditions, and previous experiences.
- Make sure to have a large enough room that allows for the number of participants to comfortably do the therapeutic movements that are planned.

- Arrange the participants and the physiotherapists in a way that all participants can observe the movements being demonstrated by the physiotherapists and the participants are not distracted too much by the movements of the others.
- Have chairs and floor mats and plan how these should be arranged for experiencing movements in sitting, standing, and laying down positions.
- Plan how to maintain a room temperature that supports moving the body while not feeling too hot.
- Make sure the floors are clean, especially if the participants will be invited to take off their shoes.
- Consider dynamics between genders to make sure that everyone can feel comfortable performing and experiencing all the movements fully.
- Have water and juice available in the room and encourage participants to drink it whenever they would like to, rather than waiting for a break or for it be offered to them.
- Create an environment where everyone feels comfortable to explore and find what is the most supportive way for them to perform each therapeutic movement. There are a variety of ways to do this including normalizing a range of experiences, providing options for how to perform the different aspects of the movements, and reinforcing that the aim is not to do the movements perfectly, but rather to explore how to do the movement in the way that they find helpful.
- Regularly explain that there isn't a right or wrong way to move. Rather each person can experience the movements, explore what feels most supportive to them, and do what feels most comfortable to their own body.

Facilitating Opportunities for Pacing

Pacing can be described as a practical approach to daily activities that involves self-monitoring pain and stress experiences and then doing helpful things to prevent pain, stress, and fatigue levels from becoming overwhelming and contributing to functional difficulties and inactivity. Trauma, ongoing stress, and persistent pain and stress experiences often contribute to inactivity, reduced physical ability, and a sensitivity of the nervous system that reduces tolerance to movement and physical activity. For persons impacted by this

situation, pacing is a way to approach returning to movement, daily activities, and physical activities. It emphasizes each person making individual choices in their daily lives to regulate pain and stress experiences. Rather than focusing on short term improvements or relief, pacing strengthens long-term abilities to participate fully in a meaningful and active life.

The physiotherapists must facilitate therapeutic movement in a way that provides opportunities for the participants to learn how to integrate pacing into movements and activities. The aim is that therapeutic movement in the Pain School Treatment focuses on providing consistent opportunities for the participants to notice sensations in their bodies, including pain and stress experiences, interpret them accurately, and then use a pacing approach to respond in a helpful way.

Here are some ways to facilitate pacing while guiding the participants in therapeutic movement:

- The physiotherapists must continuously monitor the participants for signs of overwhelming fatigue and pain and stress experiences. Slight increases in feelings of fatigue and pain and stress experiences are expected and helpful while performing therapeutic movement. However, the physiotherapists should guide the participants to notice changes in their pain and stress experiences and respond in helpful ways before they become overwhelming. Helpful ways to respond could include changing the speed of the movement, changing the position of the body, changing the amount of energy being used, changing how the body is moving, doing a different movement, or taking a short break.
- The Traffic Light is specifically designed to support pacing while moving and being physically active. This can be used before, during, and after therapeutic movement. See page 105 for more information.
- Within a group treatment session, if one or more participants are showing signs that their pain and stress experiences are moving towards becoming overwhelming, the physiotherapists can modify the movements for the entire group or offer helpful options to the specific participants.
- The physiotherapists should support the participants to understand the following key beliefs related to pacing and movement:
 - It is expected that sometimes pain and stress

experiences will increase during movement and possibly for up to four hours after. It is also expected to experience some muscle soreness for a few days after performing movement and being physically active. These experiences do not indicate that we did too much activity, that we are injured, or that the movement was harmful to us. Rather, it indicates that our bodies are getting stronger and developing the ability to be more physically active.

- Each person is different so when moving and being physically active, each person can explore what feels most supportive to them and do what feels most comfortable to their own body. Additionally, our bodies and abilities change from moment to moment, so we don't need to focus on performing a movement in a certain way or with a certain number of repetitions. Rather, each of us can focus on noticing what we are experiencing in our bodies in any moment and then responding in a helpful way.
- We can all try to do less than we are able to but while still doing and moving. This refers to the central concept of pacing which is finding the most helpful amount of activity in any moment that allows us to remain active without doing too much which may contribute to overwhelming pain and stress experiences.

Facilitating Opportunities to Increase Body Awareness

Body awareness can be described as the ability to notice different sensations in the body and different physical states, and specifically to notice small changes and reactions in the body caused by internal and external inputs. Trauma and ongoing stress often directly impair body awareness which contributes to pain and stress experiences and difficulties performing functional tasks in daily life. Impaired body awareness also contributes to difficulties understanding physical experiences in a helpful way that supports living an active and full life.

The physiotherapists must facilitate therapeutic movement in a way that creates opportunities to increase body awareness. This will support the participants to strengthen their abilities to notice sensa-

tions in their bodies, interpret them accurately, and respond to them in helpful ways. For example, by increasing body awareness, the participants can develop the ability to notice increased muscle tension and then respond with movement, stretching, or other ways they have found to soften this, before it becomes an overwhelming pain experience. Improving body awareness also will strengthen the participants' abilities to use the most effective amount of energy during any given activity to prevent overwhelming experiences of fatigue, pain, and stress.

Here are some ways to facilitate opportunities to increase body awareness when guiding the participants in therapeutic movement:

- Facilitate alignment, rhythm and flow, a feeling of being grounded and free and coordinated breathing as described in more detail below. Facilitating opportunities to experience movement in this way directly improves body awareness.
- Regularly explain that there isn't a right or wrong way to move. Rather each person can experience the movements, explore what feels most supportive to them, and do what feels most comfortable to their own body in that moment.
- While performing therapeutic movement, the physiotherapists should guide the participants to notice sensations in their bodies. Here are some phrases that can be shared while performing the movements, but that the participants do not need to verbally answer:
 - Notice any sensations that you feel in your body – see if you can notice sensations besides pain
 - Notice how your balance and sense of stability feels
 - Feel your feet connected to the ground as you move
 - Notice your breathing – where is the air flowing in and out – what does this feel like
 - Bring your attention to your (say a body part) and notice what you feel – how is it moving – how much energy is going into it – what sensations do you feel there like heat, tension, lengthening, relief
- After the movements, guide the participants to notice and share about their experience and how this relates to their experiences in daily life. Here are some questions that can support this discussion:

- What did you experience when performing the movements? (The physiotherapists can keep this question open or can focus the participants' reflections in different areas like the mind, body, thoughts, energy levels, pain levels, stress levels, abilities to concentrate, breathing, and/or on the Traffic Light.)
- Is there a difference in how your mind and body feel now, in comparison to before we did the movements?
- Can you think of a situation in your daily life where you experienced something similar in your body?

Facilitating Alignment

Alignment can be described as how the head, shoulders, spine, hips, knees, and ankles relate and line up with each other. Helpful alignment places less physical stress on the body, supports free and coordinated breathing, and allows the body to move and function more easily and with the most helpful amount of energy.

Here are some ways to facilitate alignment when guiding the participants in therapeutic movement:

- The physiotherapists must demonstrate helpful alignment during the therapeutic movement to support the participants to do so. Therefore, the physiotherapists should practice the therapeutic movements regularly outside of the treatments sessions to be able to role model moving with alignment.
- Physiotherapists should not discuss alignment with the terms good and bad alignment or good and bad posture. This is an unhelpful concept as it doesn't strengthen the participants' abilities to notice what their body needs in any moment and respond to it in a helpful way. Rather, the term helpful alignment can be emphasized. Helpful alignment can be described as aligning our different body parts together so that we can move freely and easily.
- Often it can be too overwhelming for participants to focus on alignment when first learning and experiencing a therapeutic movement. Additionally,

if therapeutic movements are guided in a way that emphasizes moving with rhythm and flow, helpful alignment often arises naturally without the physiotherapists or participants consciously directing it. Therefore, the physiotherapists can make clinical choices on when it is helpful to emphasize alignment directly, like with verbal cueing.

- In the standing position, helpful alignment often includes the following:
 - Feet in line with the hips, sometimes slightly rotated out, and always fully connected to the surface to form the base of support.
 - Knees slightly open and bouncy – rather than locked or hyperextended.
 - Low back in a middle position – rather than curved in or rounded out.
 - Chest open with the shoulder blades pulled gently down and back – rather than a closed chest with shoulders rounding in.
 - Head in a middle position with the neck long – rather than the chin too far forwards or backwards.
- In the sitting position, helpful alignment is like the standing position with the following key differences:
 - The sitting bones on the bottom of the buttocks and the feet connect to the surfaces and form the base of support.
 - Knees are bent in a way that the feet can rest fully on the ground and support an upright position – rather than stretched straight or bent in too much.
 - Hands rest on the thighs in a position where the chest is open and shoulder blades are pulled gently down and back – rather than a closed chest with shoulders rounding in.
- In the laying position, helpful alignment is like the standing position with the following key differences:
 - Feet are in line with the hips, and they can fall open in a relaxed position .
 - Elbows are bent slightly with the chest opening and the shoulders relaxing – rather than emphasizing straight elbows.
 - Head in a middle position with the chin slightly tucked in so the neck is long – rather than the chin titling up.
 - A small pillow, rolled towel or other support may be helpful under the knees or the low back.

Facilitating Rhythm and Flow in the Movement

Rhythm in movement can be described as moving with a steady pace and repetition that creates a predictable and coordinated pattern of movement. Flow in movement can be described as moving fluidly between the different aspects of a movement so there is a smooth transition and no clear beginning or end. Experiencing rhythm and flow in movements involves finding flexible stability and just the right amount of energy to perform a specific movement.

Moving with rhythm and flow supports the regulation of pain and stress experiences, and fatigue levels. It also supports the muscles to be active with the helpful amount of energy, rather than being overactive and contributing to a feeling of muscle tension. Additionally, by emphasizing rhythm and flow during movement it supports the breathing to naturally move towards a free and coordinated pattern, where the body inhales and exhales the amount of air that is needed in that moment.

Here are some ways to facilitate rhythm and flow in movement when guiding the participants in therapeutic movement:

- The physiotherapists should facilitate all movements with motion rather than with static holds or with a defined beginning and end of the movement.
- The physiotherapist must demonstrate movements with rhythm and flow to support the participants. Therefore, the physiotherapists should practice the therapeutic movements regularly outside of the treatments sessions to be able to role model this.
- Helpful ways to guide the participants to move with rhythm and flow include the following: 1) demonstrating movements in way that emphasizes rhythm and flow, 2) using voice patterns that align with the rhythm and flow, 3) using a variety of tempos or speeds of movement, and 4) providing a long enough period of time for each movement so the participants can become familiar with it and their bodies have enough time to find and experience a coordinated pattern.

- The physiotherapists can plan the therapeutic movement to explore different speeds of moving and guide the participants to notice what speed supports them to experience new ways of moving, a more fluid and free feeling while moving, and/or a regulation of pain and stress levels.

Facilitating a Feeling of Being Grounded

The feeling of being grounded can be described as being present in the body and allowing yourself to feel centered and strong. It involves feeling a sense of being able to breathe freely despite any physical, emotional, or social challenges. It creates a balanced sense of having the ability to be flexible and move freely while also feeling strong and stable. A feeling of being grounded also facilitates free and coordinated breathing, effective balance, and a sensation of being firmly connected to the ground, both physically and emotionally.

Here are some ways to facilitate a feeling of being grounded when guiding the participants in therapeutic movement:

- A feeling of being grounded can more easily be achieved with open and flexible joints rather than locked or hyperextended joints. This position activates the muscles responsible for holding the body up against gravity. For example, to facilitate open knees, the physiotherapists can use a contract relax technique, direct the participant's attention to their knee position and ask them to explore the positioning, role model open knees, and use verbal and visual cues to support the participants to experience open knees.
- The physiotherapists can use phrases to facilitate a feeling of being grounded while performing therapeutic movement. Relevant phrases could include: 1) be down to earth, 2) stand your ground, 3) feel your feet (and/or bottom) connect to the ground (or chair), and 4) feel yourself rooted to the earth.
- The physiotherapists can integrate guided imagery into the facilitation of therapeutic movement to provide an opportunity for the participants to strengthen their feelings of being grounded. For

example: Imagine that you have roots, like a tree, growing from your body. They are reaching out of you. These roots reach into the ground beneath you. They are reaching into the earth below you...

Facilitating Free and Coordinated Breathing

Free and coordinated breathing can be described as a breathing pattern that naturally arises based on what the body and mind need in that moment. Rather than controlling or directing the breath during therapeutic movement, the emphasis is on creating an opportunity for a breathing rhythm to naturally arise. This indirect breathing approach creates opportunities for the breath to be released or exhaled fully, which is helpful as people affected by trauma, ongoing stress, and persistent pain and stress experiences tend to get stuck in a pattern of holding the breath.

Here are some ways to facilitate free and coordinated breathing when guiding the participants in therapeutic movement:

- It is not necessary for the physiotherapist to directly guide the participants to control their breathing. Rather the physiotherapists should focus on creating opportunities to move with alignment and rhythm and flow, because a free and coordinated breathing pattern will often naturally arise.
- The physiotherapists can guide the participants to explore different speeds of moving as different speeds will indirectly impact the breathing pattern and provide opportunities for the body to find free and coordinated breathing.
- Integrating the occasional tensing and relaxation of muscle groups into therapeutic movement can stimulate a release of the breath or a deep exhale.
- Other helpful ways to indirectly facilitate free and coordinated breathing include the following: 1) the physiotherapists occasionally sighing or exhaling loudly to create a space for others to also release their breath in this way, and 2) guiding the participants to do the "M-sound" on the exhale while performing the therapeutic movements.

Facilitating Integration of Movements into Daily Lives

One of the primary clinical aims of therapeutic movement is that the participants experience how to engage in calm, gentle, and rhythmic movements that can support the regulation of pain and stress levels in their daily lives. Therefore, the physiotherapists should create consistent opportunities for the participants to reflect on the potential impact of using therapeutic movement in their daily lives and on strategies to support this.

Here are some ways to facilitate the integration of movements into daily lives while facilitating therapeutic movement:

- While facilitating therapeutic movement, the physiotherapists can support the participants to reflect on how the therapeutic movement may be similar to functional activities in their daily lives and/or how it may support their ability to perform functional tasks. For example, perhaps a movement in standing is similar to a movement used when cooking food. The physiotherapists can provide an opportunity for the participants to reflect on this while they are performing the therapeutic movement.
- After the therapeutic movement, guide the participants to notice and share about their experience and how this can be applied in their daily lives. Here are some questions that can support this discussion:
 - Did any of the movements remind you of something from your daily activities?
 - Can anyone share how you think these movements may be supporting you to do activities more easily in your daily life?
- Here are some helpful strategies that the physiotherapist could offer that may support participants to integrate movements into their daily lives:
 - Explore creating a movement time in your daily schedule where you can do a series of movements that you find helpful and supportive. It is most helpful to aim to do the movement every day so that a habit can be created. The duration can be whatever feels helpful to you in the moment.
- Explore including some of the therapeutic movements throughout your daily life. For example, do one movement in bed before you get up in the morning, a few movements in standing in the afternoon, and a few movements in sitting in the evening.
- When integrating therapeutic movement into your daily life, focus on experiencing the movement, finding rhythm and flow, and noticing what you feel in your mind and body. You don't need to focus on doing the movement perfectly or trying to achieve a certain number of repetitions. Rather, notice your experience and aim to respond in helpful ways to any pain and stress experiences.
- Consider using the Traffic Light in your daily life to help you notice when it may be helpful to do movements to support the regulation of your pain and stress experiences and to prevent them from becoming overwhelming and interfering with your daily activities.
- Explore ways that you can be physically active and move your body within your community, both by yourself and with others that bring you joy. Some relevant options may be going for walks in the neighborhood or a nearby park, performing traditional dances, and gardening.
- Explore integrating other activities into your daily life that you have noticed helps you feel relaxed, energized, and supports the regulation of your pain and stress experiences. These may be things that you enjoyed doing in the past but for some reason no longer do. Relevant examples may be listening to music, dancing, holding hands with a loved one, praying, and sitting or walking in nature.

Integrating Relaxation Techniques into Therapeutic Movement

Relaxation techniques can be described as techniques that aim to create an opportunity for a person's nervous system to calm down. Relaxation techniques often create feelings of being emotionally relaxed and calm and physiological changes like decreased muscle tension, easier breathing, and slowed heartrate.

It may be relevant and beneficial for the physiotherapists to integrate relaxation techniques into therapeutic movement as it may support the regulation of pain and stress experiences and provide an opportunity for increased body awareness. However, as the Pain School Treatment is designed for persons affected by trauma, there are unique considerations for the use of relaxation techniques.

increased stress levels, be prepared to respond before they become overwhelming and may contribute to overwhelming stress reactions (see pages 161-167 for more information).

Here are some ways to integrate relaxation techniques while facilitating therapeutic movement:

- When facilitating a relaxation technique, the physiotherapists should think carefully about the positioning of the participants to promote feelings of physical and psychological safety. For example, laying on one's back can feel very unsafe and vulnerable and may contribute to overwhelming stress reactions. Therefore, it is recommended to perform relaxation techniques in a sitting position.
- The physiotherapists should understand that the nervous systems of some persons affected by trauma directly increase physiological energy and muscle tension as a protective strategy. This can help protect them from experiencing difficult emotions, memories, and physical sensations. Some participants that may be more likely to be engaged in this unconscious protective response include those that: 1) have high levels of anxiety experiences 2) have symptoms of depression and especially physical symptoms like low energy, very loose muscles, and a slumped body posture, and 3) survivors of sexual violence and sexual torture. Even though these participants may have difficulty entering a relaxed physical and emotional state, the physiotherapists should recognize that relaxation techniques may be harmful and overwhelming for participants that are engaged in this protective strategy.
- Here are some helpful ways to facilitate relaxation techniques while purposefully trying to prevent harmful and overwhelming reactions: 1) encourage the participants to keep their eyes open and resting on the floor in front of them, 2) provide options and create an environment where the participants have the freedom to choose if and how they participate in a relaxation technique, 3) continuously monitor the participants for sign of increasing stress experiences, and 4) if participants experience

Group and Individual Treatment

The DIGNITY Physiotherapy Pain School for Trauma Affected Populations (Pain School Treatment) is intended to be delivered in groups, due to the greater therapeutic benefit that group treatment offers. If circumstances do not allow for group sessions, the Pain School Treatment can be applied in individual sessions involving one physiotherapist and one participant.

Group Treatment

The Pain School Treatment can be delivered for a group of five to ten participants. If a group contains five or more participants, then to ensure safety and effective group facilitation, two professionals are required to facilitate the sessions together. Ideally, two physiotherapists facilitate the group together. However, if this is not possible, then one physiotherapist can be supported by a mental health professional.

When delivering the Pain School Treatment in a group, the physiotherapists must have skills to facilitate a healthy and effective group dynamic. This can be described as an environment where all participants feel safe and comfortable, where everyone's unique experiences and styles of communication and participation are embraced and supported, and where the clinical aims of the sessions can be achieved. The following are some key principles and skills required for delivering the Pain School Treatment in a group:

- As participants will bring diverse backgrounds and experiences, as well as different ideas and opinions, it is essential that the physiotherapists create an environment where everyone feels safe, comfortable, and respected regardless of race, religion, gender, physical ability, educational background, and political orientation. Specific

strategies that can support this include creating an agreement with the participants on how to behave within the group to create safety and comfort for all, role modelling listening to and being curious about the experiences and ideas of others, and effectively addressing any unhelpful comments or behaviors.

- The physiotherapists must always follow principles of confidentiality and support the participants to do so as well. For example, during the group sessions, the physiotherapists should not mention individual physical, psychological, or social challenges that a participant shared during their pre-assessment. Rather, based on the pre-assessments, the physiotherapists can integrate into the group activities the general challenges that are shared amongst the participants. The physiotherapists should also remind the participants throughout the sessions to maintain confidentiality by not sharing any personal information about each other with people outside of the group.
- The physiotherapists are responsible for facilitating the group sessions in a way where everyone has an opportunity to participate, share, and engage. Therefore, the physiotherapists must continually monitor all participants throughout the group sessions and make clinical decisions to support everyone's participation. These clinical decisions should recognize that people will participate differently based on their unique personalities, experiences, and abilities.

Individual Treatment

When delivering the Pain School Treatment with one individual participant, the content of the Pain School Treatment sessions can be applied quite similarly. The physiotherapist may be able to adapt the content

of the treatment sessions to be specific to the one participant's experiences, culture, context, preferences, and their beliefs regarding their pain and stress experiences.

During the delivery of individual Pain School Treatment sessions, participants may be more likely to express wanting passive treatments like electrotherapy and ultrasound. Often the use of passive treatments can make it more difficult for participants to develop confidence in their own abilities to regulate pain and stress levels. Therefore, it is important that the physiotherapists design treatment plans that remain focused on active treatments that provide participants with knowledge and skills to regulate pain and stress levels in their daily lives. However, to respond to a participant's preferences, it may be appropriate to initially integrate some passive treatments into their individual treatment plan, alongside the content of the Pain School Treatment, and then gradually move towards only using active treatments.

Dignity Physiotherapy Pain School for Trauma-Affected Populations (Pain School Treatment)


This session planning form supports physiotherapists to prepare for every Pain School Treatment Session

Facilitators: Session Number:

Unique Considerations to Support the Needs of the Participants:

PREPARATION FOR THE SESSION	
Grounding and Breathing Technique	
Practical Information	
Follow-Up	
Topics to Be Explored	
Interactive Education One	
Therapeutic Movements	
BREAK	
Interactive Education Two	
Follow-Up on Topics to Be Explored	
Discussion on Activity Plan	
Progressive Muscle Relaxation Technique	

Dignity Physiotherapy Pain School for Trauma-Affected Populations (Pain School Treatment)
 This form is a clinical documentation for that should be completed after every Pain School
 Treatment Session to support the delivery of high-quality services.

PHYSIOTHERAPY PAIN SCHOOL FOLLOW-UP FORM			 <small>DANISH INSTITUTE AGAINST TORTURE</small>		
Date:		Number of participants present:	Number of participants absent:		
Initials for physiotherapist:					
Session format					
<input type="checkbox"/> Group	<input type="checkbox"/> Individual	Session number (1-10):	Total time of session:		
Session topic					
<input type="checkbox"/> Introduction	<input type="checkbox"/> Pain	<input type="checkbox"/> Stress	<input type="checkbox"/> Sleep		
<input type="checkbox"/> Activity and daily living		<input type="checkbox"/> Evaluation and way forward			
Illustrations		Metaphors			
Which illustrations did you use?		Which metaphors did you use?			
Movements & Techniques – Check which ones you facilitated – Write down how much time you spent on each one					
<input type="checkbox"/> Grounding and Breathing Time: _____	<input type="checkbox"/> Relaxation and sleeping positions Time: _____	<input type="checkbox"/> Self-massage with massage-balls Time: _____	<input type="checkbox"/> Self-massage with own hands Time: _____		
<input type="checkbox"/> Progressive Relaxation Technique Time: _____	<input type="checkbox"/> Other graded exercises _____ Time: _____				
BBAT – Check the positions that you facilitated – Write down how much time you spent in each position					
<input type="checkbox"/> Standing Time: _____	<input type="checkbox"/> Sitting Time: _____	<input type="checkbox"/> Laying down Time: _____	<input type="checkbox"/> Walking Time: _____		
<input type="checkbox"/> Catwalk Time: _____	<input type="checkbox"/> Massage in sitting Time: _____	<input type="checkbox"/> M-sound Time: _____			
Evaluation of the session					
Was the session done as planned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Describe: _____ _____ _____	The session activities were changed due to physical and/or psychological reactions from participants(s)	<input type="checkbox"/> Yes Describe: _____ _____ _____	<input type="checkbox"/> No
The general atmosphere and group dynamic during the session was:	<input type="checkbox"/> Energetic and active <input type="checkbox"/> Calm and focused <input type="checkbox"/> Stressed / with many interruptions <input type="checkbox"/> Other / describe: _____ _____ _____	The participants(s) were referred to a psychologist, case manager or other after the session, due to psychological or physical reactions or other needs during the session	<input type="checkbox"/> Yes Describe: _____ _____ _____	<input type="checkbox"/> No	
Main activities and topic for the next session					
<input type="checkbox"/> Follow-up on home practice. Which ones? _____ _____ _____	<input type="checkbox"/> Pain Mechanism <input type="checkbox"/> Stress <input type="checkbox"/> Sleep <input type="checkbox"/> Activity and daily living <input type="checkbox"/> Evaluation and way forward	<input type="checkbox"/> Movements/Exercises/techniques – Which ones? _____ _____ _____			
Topics for supervision if planned:					
Next appointment date and time:					

The Dignity Physiotherapy Pain School for Trauma-Affected Populations (Pain School Treatment)

This referral guide supports professionals to identify people that may benefit from the Pain School Treatment.

What is the DIGNITY Physiotherapy Pain School for Trauma-Affected Populations (Pain School Treatment)?

- It aims to work alongside people impacted by trauma and/or ongoing stress to strengthen their abilities to live meaningful and engaged lives despite pain and stress experiences
- It is a physiotherapy treatment for adults with persistent pain and stress experiences that are interfering with their daily lives
- It includes multiple evidence-based treatment components, centering on a trauma-informed approach and a biopsychosocial-spiritual understanding of health and function
- It concentrates on consistent opportunities to practice progressive therapeutic movement and self-management techniques during the treatment sessions and also to integrate these into daily life
- It includes interactive education related to pain and stress experiences, sleep, and activity and provides an opportunity for the participants to discuss, share, and apply this information to their own lives and experiences

Who is appropriate to participate in the Pain School Treatment?

- Persons with persistent pain and stress experiences that interfere with their daily lives
- Persons experiencing the biological, psychological, social and spiritual impacts of trauma and/or ongoing stress – This impact could be experienced in a variety of ways including inactivity, fear and avoidance of physical and emotional discomfort, sleep problems, social difficulties, and/or a variety of physical experiences like persistent pain, headaches, chest pain, and stomach problems – This can include those who have and who have

not been diagnosed with Post-Traumatic Stress Disorder (PTSD), depression, and/or anxiety

- Survivors of psychological trauma including persons with experiences of torture, war, displacement, conflict, and/or organized violence
- Persons experiencing ongoing stress such as, living in refuge and/or poverty, experiencing personal loss, having limited opportunities for community participation, and/or having limited access to livelihood, education, and health opportunities

What are the treatment goals of the Pain School Treatment?

- Experience the regulation of pain and stress levels so that they do not interfere with activities that are important and that bring joy
- Integrate movement and self-management techniques into daily life to reduce the impact of pain and stress experiences and to support living an active, meaningful, and engaged life
- Understand pain and stress neurobiology and apply this in daily life to support healthy sleep, physical activity, and the regulation of pain and stress levels
- Strengthen ability to prevent pain and stress experiences from becoming overwhelming by noticing changes in the body and mind and responding to these in helpful ways

What is the treatment frequency and duration of the Pain School Treatment?

- It consists of an individual pre-assessment, ten treatment sessions, and an individual post-assessment - Ideally this is carried out over 12 to 14 weeks, with one session occurring per week
- It is highly recommended that the ten treatment sessions be conducted within a group of five to twelve participants but if the context does not allow for this, the treatment sessions can be conducted individually



What professionals deliver the Pain School Treatment?

- It should only be delivered by fully authorized physiotherapists and those that have received training and supervision specific to the Pain School Treatment
- If a group treatment session contains five or more participants, two physiotherapists must facilitate the sessions together - Alternatively, one physiotherapist can be supported by a mental health professional

THE FOLLOWING QUESTIONS CAN BE ASKED TO HELP DETERMINE IF A PERSON MAY BENEFIT FROM THE PAIN SCHOOL TREATMENT

Have you been experiencing pain, of any kind, in your body for more than 3 months?

- Yes (The Pain School Treatment is relevant)
- No (The Pain School Treatment could be relevant, but a physiotherapist should assess)

Have your pain experiences gradually improved since they started?

- Yes (The Pain School Treatment could be relevant, but a physiotherapist should assess)
- No (The Pain School Treatment is relevant)

Have you tried traditional physiotherapy treatments before, but have found little long-term relief?

- Yes (The Pain School Treatment is relevant)
- No (The Pain School Treatment could be relevant, but a physiotherapist should assess)

Do you have any of the following challenges?

- Headaches
- Difficulty sleeping
- Feeling tired very easily
- Difficulty concentrating and staying focused
- Difficulty remembering things
- Feeling stiff and achy in your body
- Feeling that pain has spread throughout your body
- Feeling easily overwhelmed
- Feeling easily annoyed with people
- Finding it difficult to complete your daily tasks
- Difficulty breathing easily and/or shortness of breath

Do you have any of the following challenges?

- Do you find it hard to distinguish between what is real and what is not real in your daily life? Do you experience hearing or seeing things that others insist are not there? (Signs of psychosis)
- Do you find it impossible to remember new information, follow instructions, or recall the activities that you were planning to complete? Most of the time, do you experience your thoughts as being chaotic and not organized? (Signs of significant cognitive difficulties)
- Have you recently experienced: 1) unexplained weight loss, 2) unexplained urine and/or faeces accidents, or 3) unexplained, consistent, and completely overwhelming pain? (Signs of a possible medical emergency)

(If a person presents with any of the above challenges, they should be immediately referred to an appropriate professional – after these challenges are addressed and stabilized, the person may be appropriate for the Pain School Treatment)

Are you interested in participating in the Pain School Treatment?

- Yes (The Pain School Treatment is relevant)
- No (The Pain School Treatment could be relevant, but a physiotherapist should assess)

Is the Pain School Treatment relevant for this person?

- Yes, the Pain School Treatment could be relevant and beneficial for this person – They can be referred to the Pain School Treatment – This will involve a detailed pre-assessment by an authorized and trained physiotherapist to assess appropriateness and safety
- No, the Pain School Treatment is not relevant for this person – They can be referred to other relevant services including: _____

(These challenges reflect stress experiences – The more challenges that are present, the more relevant the Pain School Treatment is)



PAIN SCHOOL CERTIFICATE

AWARDED TO:

.....
Name

**BY COMPLETING THE PHYSIOTHERAPY PAIN SCHOOL TREATMENT YOU GAINED
A NEW UNDERSTANDING ABOUT:**

- Why you experience pain
- What influences your pain and stress experiences
- How you can regulate your pain and stress levels while remaining active
- How sleep impacts you
- What you can do so that pain and stress have little impact on your sleep
- What happens if you avoid activities, do too much, or do not plan well for the activities in your daily life
- How you can plan your days, so you can do the activities in your daily life that you enjoy and that are important to you

YOU DEVELOPED THE ABILITY TO:

- Notice changes in your mind and body related to pain and stress experiences
- Actively regulate your pain and stress levels to prevent them from becoming overwhelming
- Actively support yourself to have healthy sleep
- Plan your daily activities so you can do them without being overwhelmed by pain and stress experiences
- Use movements, self-management techniques, and meaningful activities to support yourself to stay active in your daily life.

.....
Name of Physiotherapist

.....
Signature of Physiotherapist

.....
Date

.....
Name of Physiotherapist

.....
Signature of Physiotherapist

.....
Date

Endnotes

- 1 DIGNITY Danish Institute against Torture (2021) <https://www.dignity.dk/en/>
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