

***The following excerpt was taken from the “Peer Support Group Leader Training Manual for Chronic Pain” developed by Dr. Melissa Geraghty, Psy.D., Director of Mental Health and Support at the U.S. Pain Foundation.***

## **Module 7.7: How to Pace with Chronic Pain**

Pacing is a crucial concept in managing chronic pain, emphasizing the need for individuals to balance their activities and energy levels to avoid exacerbating pain and fatigue. It involves consciously regulating and structuring one's daily routine and tasks to prevent overexertion and minimize the risk of triggering flare-ups or worsening symptoms. By pacing activities, individuals can effectively manage their energy reserves, optimize their functional abilities, and maintain a consistent level of activity without exceeding their physical limitations. Pacing should not be confused with fear avoidance which is when individuals drastically modify or restrict their activities due to a fear of exacerbating pain or worsening their condition, often leading to a cycle of decreased physical functioning and increased distress.

The concept of pacing is further highlighted in the comprehensive resources provided on the Millions Missing website. The guides they offer have valuable insights and practical strategies for individuals navigating the challenges of chronic pain and fatigue, particularly in the context of conditions such as myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) and Long COVID. These manuals emphasize the significance of developing a pacing plan tailored to individual needs, considering factors such as pain levels, energy fluctuations, and specific symptom triggers unique to each person's experience.

The following Pacing and Management Guides can be found on MEAction.net. Check out [meaction.net/resource/pacing-and-management-guide/](https://meaction.net/resource/pacing-and-management-guide/)

- Pacing and Management Guide
- Pediatric Pacing & Management Guide
- Clinician’s Pacing and Management Guide

Pacing techniques often include establishing a structured daily routine, breaking tasks into manageable segments, and incorporating regular rest periods to prevent the depletion of energy reserves. Some suggest the utilization of adaptive tools and assistive devices to facilitate task completion with minimal strain and fatigue, enabling individuals to conserve energy and optimize their functional capabilities. This could include, but is not limited to, using a wheelchair at the airport even if you do not use a wheelchair daily.

It’s also suggested to prioritize activities based on their importance and impact, encouraging individuals to allocate energy to tasks that align with their personal goals and values while delegating or modifying tasks that may be more physically demanding or less essential. By adhering to the pacing strategies and recommendations, individuals can develop a sustainable and effective approach to managing their chronic pain and fatigue, fostering a sense of empowerment and improved overall well-being.

A well-known metaphor used to explain the limited energy and resources individuals with chronic illness have each day is called “The Spoon Theory.” It was created by Christine Miserandino. In this theory, “spoons” represent units of energy, and individuals must carefully manage their spoons to accomplish daily tasks. It emphasizes the importance of prioritizing activities and making conscious choices to conserve energy. The Spoon Theory has become a widely recognized concept in the chronic illness community, helping to raise awareness about the challenges individuals face and fostering empathy and understanding among those who do not experience chronic illness themselves. Check it out here: [butyoudontlooksick.com/articles/written-by-christine/the-spoon-theory/](http://butyoudontlooksick.com/articles/written-by-christine/the-spoon-theory/)

### ***Energy Conservation Plan***

The following is taken from Dr. Geraghty’s 2012 doctoral dissertation, “The Biopsychosocialspiritual Impact of Chronic Pain in Adolescence: A Proposed Model for Psychotherapeutic Intervention.” While this dissertation centered on adolescence, it is important to note that this Energy Conservation Plan and the subsequent explanation can be tailored to suit individuals of all age groups.

The APA (2012a) discussed how chronic illness “can rob you of the emotional energy necessary to move forward with your life” (The need for emotional endurance section, para. 1). It can also be especially frustrating to clients when all of the work they are doing in order to help their chronic pain often does not lead to immediate progress. Some clients may not follow their exercise regimen or medication regime at times due to not seeing immediate progress. It is ideal for the clinical health psychologist to explain the difficulties that may arise due to not following a treatment plan. The APA further stated that “working with your physician and other specialists, the psychologist can help develop appropriate coping strategies that will not only reinforce your treatment program, but also help you [sic] fulfillment in life regardless of any physical limitations” (What to do section, para. 2).

Wicksell et al. (2008) devised a study that included a 10 session protocol “emphasizing values-based exposure and acceptance strategies to improve functioning and life satisfaction by increasing the participants’ abilities to behave in accordance with values in the presence of interfering pain and distress (psychological flexibility)” (p. 169). The outcome resulted in significant improvement in psychological inflexibility, fear of physical movement, depression, life satisfaction, and pain disability. Based on this research and the research of others, this author created a worksheet that allows clients to engage in exposure therapy, allowing clients to learn how to live life to the fullest while in pain. The worksheet, titled the Energy Conservation Plan (See Appendix C), allows clients to assess their pain levels and explore their priorities in a quick fashion. The worksheet further allows clients to actively engage in values work, creating realistic goals based on their self-assessment of current functioning. This author was inspired by ACT research on values, goals, and committed action, which is heavily integrated within the worksheet (Ciarrochi et al., 2008; Dahl & Lundgren, 2006; Dahl et al., 2009; Hayes & Smith, 2005; Hirsh et al., 2008; McCracken & Yang, 2006; Vlaeyen & Crombez, 1999; Vowles & McCracken, 2008; Vowles et al., 2008; Waddell et al., 1993). This author has not been exposed to another worksheet like this that combines both pain assessment and values work.

### *Self-assessment of Pain Levels*

The first portion of the worksheet begins by assessing pain, emotional suffering, and fatigue levels. The pain assessment portion allows clients to learn how to evaluate their functioning. Over time, the client can learn to assess whether his or her experience of physical pain is influencing emotional suffering. If the answer is yes, the client would be encouraged to engage in mindfulness and other mind-body techniques. The client will also be able to, based on the pain assessment, make appropriate decisions regarding which coping skills to apply in any given situation.

The purpose of this assessment is so clients do not overextend themselves. The client learns how to conserve energy for what needs to get done in an adaptive manner. They learn how to organize priorities (i.e., school, family, social) realistically by assessing pain levels and fatigue. Clients are further encouraged to engage in mindfulness to see where they are at the current time so they can make educated decisions. The psychologist and client will have to work on the difference between avoidance and rearranging one's schedule due to the current realistic situation. It is about learning to balance between doing too much and doing too little. This includes pacing oneself, perhaps taking medications at more effective times, and engaging in continued exercise, as decreased activity increases immobility (Gruft, 2008). If a client circles that the pain is intense or severe, the client is encouraged to tell a loved one. This is for the client's safety, and so that the client and the loved one can evaluate whether additional measures should be taken, such as contacting a doctor.

### *Exploration of Priorities*

Olkin (2001) discussed fatigue and pain at length. When making decisions about one's schedule, Olkin suggested, "preserve it to conserve it" (p. 249). It is important to gain perspective on which tasks are essential to complete each day, and which tasks may be completed on a more flexible timeline. Priorities also include understanding how to examine one's daily routine. If the adolescent with chronic pain experiences difficulty with mornings due to stiffness, it may be wise for the adolescent to schedule in mindfulness and breathing, or even gentle stretching or yoga in the morning. The exploration of priorities is all about adaptability and flexibility.

Many adolescents with chronic pain who this author has met have a quite serious demeanor, likely due to the amount of responsibility that goes along with having a disability. When exploring priorities, it is important for the client to make sure to schedule in "fun time" and treat this as a goal to complete. When a client's mind starts to tell them that they do not have time for fun, or if the client begins to experience guilty thoughts, they can thank their mind for these thoughts. The client is to further note that these thoughts are not helping the client go in the direction of their values, and then they are to gently bring awareness back to completing the goal. Self-care, which includes having fun, is a priority (Hayes & Smith, 2005).

### *Energy Conservation Plan Worksheet*

Appendix C provides the Energy Conservation Plan worksheet that this author created while Appendix D includes an example of what the Energy Conservation Plan might look like if an adolescent in chronic pain were filling it out with the help of his or her psychologist. Clients are encouraged to take this worksheet with them during the day as a reminder of what they are moving toward in life. Carrying the worksheet also allows clients the flexibility to re-assess pain and fatigue levels when needed to see if goals need to be adjusted or moved around to different times or dates.

The client begins by assessing pain levels followed by listing priorities of the day. This may include not going to the nurse's office during seventh period due to having to take a test. It is important to explain to clients that they can adjust their priorities throughout the day, if needed, due to fluctuating pain levels. The client then ranks the order of importance on a 5-point scale of these priorities (1 being least important to accomplish, 5 being mandatory to accomplish). An example would be that the seventh period test may be a 5 if the teacher is inflexible with make-up testing and will not let the client miss another test without consequences.

Next, the client is to list the values behind the priorities. This author will often play the values card game used in part three of the model with adolescent clients to learn what is most important to them. The fourth component is for the client to define each priority (i.e., How do you want to go about this priority? When and where would you like to accomplish it?). It is important to be as specific as possible—the more specific, the more likely clients will follow-through instead of putting it off. Fifth, the client lists some thoughts or feelings that may get in the way of accomplishing the goal. Thoughts or feelings that may get in the way often include, "I'm in too much pain," "I'm too tired," "This is stupid," "I feel worthless," "I'm too depressed," or "Nothing matters anyway, this won't take the pain away." It is when a client has thoughts and feelings like this that the client is encouraged to continue with his or her value-laden goals. The ACT community terms the steps one takes to accomplish goals as committed action. This ties directly into willingness where a person is willing to proceed with a goal knowing the likelihood of thoughts and feelings coming up that may produce anxiety or other difficulties (Dahl & Lundgren, 2006; Dahl et al., 2009; Hayes & Smith, 2005).

It is further explained that individuals do not always like to do the goals they set for themselves; however, if a goal is based on values, chances are there will be a deeper meaning and feeling of accomplishment upon completing the goal (Dahl & Lundgren, 2006; Dahl et al., 2009; Hayes & Smith, 2005). Lastly, at the end of the day, if the client completed their goal, they check it off on the worksheet. If not, the client is to think about what got in the way and determine whether they would like to try again tomorrow, in addition to processing this in psychotherapy.

Clients may want to fill out a full week's worth of sheets in session to practice learning how to make adjustments (i.e., conserve energy) as needed based on the daily pain assessment. An example would be that going out to dinner on Wednesday may mean not staying late at school

to watch a basketball game on Thursday, as two school nights in a row being out may not be beneficial for the client's health. This is where rating the scale of importance and assessing pain levels becomes vital. Despite some clients doing their best to make time for family and friends based on how much energy they have and where their pain levels are at, some individuals may still think that the client is making up excuses, cannot multi-task, or take offense to not being at the top of the list on some days. Olkin (2001) gave the following example:

Thus from others' perspectives it may look as if the person is uncooperative (e.g., because of not volunteering for a task), antisocial (e.g., not participating in social festivities), aloof (resting alone in the office behind closed doors while others are in the company cafeteria), lazy (asking others to take the mail up to the mail room), uncaring (not participating in Brownie troop outings), or unconcerned (refusing all the myriad invitations from your child's elementary school to bake, plant, clean, drive, organize, etc.). (p. 249)

When situations like this arise, clients, as well as their caregivers, are to be reminded about the psychoeducation they received on living with pain. Clients are also encouraged to voice their thoughts on the comments they may receive in an advocacy promoting way (Olkin, 2001).

As the client practices learning how to live with chronic pain while using the Energy Conservation Plan, they will come across an array of hurdles that perhaps they had not experienced previously. Some hurdles may, over time, become acknowledged under the category of easy choices, such as saving socializing with friends for weekends rather than school nights. However, other hurdles may seem quite overwhelming, such as concerns about going away to college, or being concerned about what career to go into and whether the client will be able to physically handle the demands of this career. Older adolescents may also begin to wonder whether they should have children or not, being afraid that they will not be able to be a proper parent due to pain. Though there is no quick fix or solution to these concerns, the client is encouraged to process them in psychotherapy when they come up, but mostly focus on the present moment and doing the next best thing in the now (Dahl & Lundgren, 2006; Dahl et al., 2009; Hayes & Smith, 2005; Olkin, 2001).

### *Summary*

The Energy Conservation plan was designed by this author specifically for clients in chronic pain. It was designed to help clients learn how to assess their pain, fatigue, and emotional suffering levels, and thus make the appropriate decisions on how to organize each day. Clients are to view their priorities in terms of values, setting realistic goals to accomplish (Dahl & Lundgren, 2006; Dahl et al., 2009; Hayes & Smith, 2005; Olkin, 2001).

### Appendix C: Energy Conservation Plan

Date: \_\_\_\_\_

**Physical Pain** (1 minimal pain, 10 most intense pain) 1 2 3 4 5 6 7 8 9 10  
**Emotional Suffering** (1 minimal, 10 most intense) 1 2 3 4 5 6 7 8 9 10  
**Fatigue** (1 alert/refreshed, 10 barely functioning) 1 2 3 4 5 6 7 8 9 10  
**Intensity of Pain** mild moderate intense\* severe\* *\*If pain is intense or severe, tell a loved one*  
**Quality of Pain (circle all that apply)** aching stabbing throbbing pressure gnawing cramping pulling  
 tightness shock-like electrical stiffness burning tingling numbness other: \_\_\_\_\_ other: \_\_\_\_\_

- 1.) List your priorities of the day after assessing your pain levels.
- 2.) Rank order of importance on a scale of 1-5 (*1 least important, 5 mandatory to accomplish*).
- 3.) List the value(s) behind these priorities.
- 4.) Define your priority (*How do you want to go about this priority? When and where would you like to accomplish it?*).
- 5.) List some thoughts or feelings that may get in the way of accomplishing your goal.
- 6.) If you complete your goal, check it off. If not, think about what got in the way. Determine if you would like to try again tomorrow.

Priorities	Importance (1-5)	Value(s)	Specific Goal (action, time, place)	Thoughts/Feelings	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

## Appendix D: Energy Conservation Plan Example

Date: 4-5-12

Physical Pain (1 minimal pain, 10 most intense pain) 1 2 3 4 5 6 7 8 9 10  
 Emotional Suffering (1 minimal, 10 most intense) 1 2 3 4 5 6 7 8 9 10  
 Fatigue (1 alert/refreshed, 10 barely functioning) 1 2 3 4 5 6 7 8 9 10  
 Intensity of Pain mild moderate intense\* severe\* \*If pain is intense or severe, tell a loved one  
 Quality of Pain (circle all that apply) aching stabbing throbbing pressure gnawing cramping pulling  
tightness shock-like electrical stiffness burning tingling numbness other: \_\_\_\_\_ other: \_\_\_\_\_

- 1.) List your priorities of the day after assessing your pain levels.
- 2.) Rank order of importance on a scale of 1-5 (1 least important, 5 mandatory to accomplish).
- 3.) List the value(s) behind these priorities.
- 4.) Define your priority (How do you want to go about this priority? When and where would you like to accomplish it?).
- 5.) List some thoughts or feelings that may get in the way of accomplishing your goal.
- 6.) If you complete your goal, check it off. If not, think about what got in the way. Determine if you would like to try again tomorrow.

Priorities	Importance (1-5)	Value(s)	Specific Goal (action, time, place)	Thoughts/Feelings	<input checked="" type="checkbox"/>
Mindfulness Moment	4	self-care health	During study hall, do deep breathing exercises (5 minutes)	Should be doing homework; it won't help today	<input checked="" type="checkbox"/>
home physical therapy	5	self-care health accomplishment	Before dinner do P.T. routine (yoga) for 15 minutes minimum	Don't have time or energy; in too much pain; I'm not normal	<input type="checkbox"/>
science Project (due next Tues.)	3	Education accomplishment Adventure	Star charting Project: work on it for 10 min @ 8pm.	It's not due until next wk so why bother; I'm too tired; my neck will become stiff from charting the stars	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>