

Self-Management of Chronic Orofacial Pain Including TMD

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Step 1:

What is “self-management of chronic orofacial pain”?

Introduction

This guide has been written to help **you** self-manage Chronic Orofacial Pain. Self-management refers to a range of things that you can do yourself to reduce your pain or to reduce the impact it has on your life.

The guide includes case studies of people experiencing the same issues as you are. By reading and talking about the feelings & pain you have, will help you see that you are not alone & that there are people & methods available to assist you to manage your pain.

The aim of this guide is to empower you to learn how to deal with these kinds of feelings. Of course, everyone is an individual but hopefully this guide will give you a starting point for managing your own feelings.

In this guide, we have included advice about using self-management techniques that have been developed from research evidence. We have also included things that people with chronic orofacial pain themselves have told us they have found useful. We believe that the combination of both will produce the most informative and practical guide to help people manage their pain. We hope you will manage to find all the information helpful. Most of all, we hope you will put some of these suggestions into practice.

At this point, we want to reassure you that you are not on your own. We don't want you to use the guide without support from other people.

Managing your chronic pain is a team effort; a partnership.

Cases

The world can be a hectic and challenging place. For people with chronic orofacial pain it can be even more challenging and you can become overwhelmed by your situation. Yolanda and Jack feel overwhelmed with their pain and how it affects their lives and their worlds. These are their stories:

Yolanda:

I am 28 and I work at a garden centre. I live on my own but I might be moving in with my boyfriend soon. I've had a clicking in my jaw ever since I had a tooth removed 5 years ago and find it difficult to open my mouth wide, for instance when I yawn. I also get a terrible nagging pain in my jaw and over the past few months, this has got worse to the point where I have to take time off work because of the pain. I have even more days off sick when it is cold because bad weather seems to make the pain worse.

I find that other things also make the pain worse, for example, when I have to lift heavy things at work. Although my colleagues can do a lot of this for me, I would rather do it myself and when I can't, I feel embarrassed and not good at my job. Although my boss is very understanding, I worry that I will get the sack. I really need to keep my job, as my bank account is overdrawn. My pain is much worse when I get stressed, for example, when my boyfriend wants to talk about buying a house together. I am worried I won't be able to afford to pay the mortgage and the bills if my facial pain continues to affect my job. My pain also affects our relationship. One of the problems is that I never know when the pain is going to flare up, so we're always cancelling plans with friends at the last minute because I don't feel up to going out, and now it's getting to the stage where we just don't make plans at all. We rarely see our old group of friends, and my boyfriend tends to go out on his own now while I stay in and go to bed early. I don't want to talk to him about the pain and how it affects me as I don't think he will understand. The doctors and dentists don't know what causes my pain, so I don't know what to tell him about my condition.

Over the years, I have seen 5 different dentists at 3 different dental practices to try to find out what is causing the pain. Eventually I was referred to a specialist who made a soft splint for me to wear over my teeth at night. The pain did go away for a short while but after a few days the throbbing sensation returned. Sometimes I worry that the pain will always be this bad and that makes me feel down. When I feel fed up, I feel even less like going out or doing anything much and that makes me focus on the pain more, I feel like I'm in a vicious circle.

I have heard that chronic orofacial pain is related to stress and I can actually relate to that. I know I felt much better when I had a proper break in Spain for a fortnight, my pain did not flare up at all when I was away from the usual routine, and money and relationship worries. I would like to be able to manage the pain better, but I'm not sure how.

Jack:

I am 55 and divorced with three grown up children. I live on my own since my son got married and left home about 3 years ago. Shortly after he left, I had a car accident, which left me with whiplash. The time after the accident was stressful for me because I was left with this pain, and struggled to get compensation from the insurance company. As well as the terrible nagging pain I get in my face, I also suffer from lower back pain so about a year ago I took early retirement from my job as a transport manager. I take a lot of painkillers but they don't seem to do much to help. I did have physiotherapy, and the exercises they gave me to do can make me feel a bit better, but sometimes the pain in my face is so bad, it feels like nothing can relieve it.

I used to do a lot of gardening, go to my son and daughter in law for lunch every Sunday and out for a pint and a curry on a Friday night with some of the drivers from where I used to work, but that has stopped now. I don't sleep well because of the pain so I don't have the energy to do much and I don't like eating in front of other people. This is because I have to cut my food up really small so I don't need to chew much, so it can take me ages to eat a meal. Sometimes I stop for a break to rest my jaw. If I get something too chewy like some fatty meat, I can't cope with it and have to spit it out into a napkin. It's just embarrassing and if I chew for too long, it makes my facial pain worse.

It might sound funny, but since the accident, I've felt like my teeth don't fit together properly. I've been to two different dentists, but they both say that my teeth haven't moved and there is nothing wrong with them. Although I'm sure the dentists and doctors I've seen are good, I've been looking on the internet and I've read that you can pay for an operation to correct the way your teeth fit together. If nothing else works, I might just be tempted to cash in some savings to give it a try because I'm fed up and exhausted and will try anything right now.

I also read that talking to someone can help with chronic pain, but I'm not sure I believe in all this psychological stuff. I know all this pain is not just in my head, and if they had to put up with it, they would think differently. I don't really want to spend a fortune on an operation that might not work, or carry on seeing different doctors and dentists. I would like to get to grips with this facial pain a bit better and stop it from taking over my life, but I'm not sure where to start.

How could we describe Yolanda and Jack's problems?

If anything about the way Yolanda or Jack are feeling sounds like the way you feel sometimes, this guide will help you.

As mentioned, we want to reassure you that you are not on your own. We don't want you to use the guide without support from other people. Managing your chronic pain is a team effort; a partnership. So first of all, let's meet the team. The team includes you, this guide, your facilitator and your friends and family.

Meet your team

You: You are the most important person in the team. Only you know what you feel like at any moment. And only you can take the steps that are needed to get back to the way you want to be. Actually, you are the only person that really knows what this feels like. You are the expert in how you feel.

Receiving help can be hard. It is not always easy to ask for, or receive help. For some people it may feel like giving up. However, everybody needs help sometimes and the ability to seek and accept help is a strength. Following this guide, and asking for support from friends or family can both be key elements that will help you.

As we said earlier, this is a team effort. Although you are the person in charge of your own recovery, you are not alone. The next important member of this team is this guide.

This guide: This guide will help you manage situations, which you are finding difficult at the moment. When you are in pain, concentration can be affected and so we have tried to keep this guide as friendly as possible. The guide is based on supported self-management. Before we explain more about the guide, let us explain what supported self-management involves.

Supported self-management in this guide combines techniques involving posture control and CBT (cognitive behaviour therapy) which is a “talking therapy” based on a view that the way we act (behaviour) and our thoughts (cognitions) and our physical sensations (pain) are all interlinked and therefore affect each other. CBT was first used to help people who were experiencing anxiety and depression; has and has now been successfully used in many other areas, for example, chronic pain, obesity, sleep problems and other medical conditions.

Your facilitator will work with you to identify patterns of responding to pain (or other situations) that may be unhelpful, and to try out different alternatives. This may include learning new techniques or choosing to do things differently. Together you will experiment with different ways of thinking and acting and learn how they might affect your experience.

Some people feel that having a talking therapy means that their pain or condition is not believed by health professionals or that they believe the pain has psychological origins - this is not true. Pain is very real and there are many reasons why pain occurs. Therapy helps you with learning techniques that assists you to manage the pain and more importantly, to reduce the impact it has on your life.

This guide is divided into steps:

Step 1: “What is self-management of chronic orofacial pain?” (This section)

Step 2: “Understanding how my chronic orofacial pain is affecting me”.

Step 3: “Ways of managing my pain”

Step 4: “Continuing to manage my pain”.

Stories: Ali, Maria and Sara

- Steps 1 and 2 are important for everyone to deal with.
- Step 3 is different. In it, we describe ways to manage your pain. In this step, you can make choices between the different things described to help you. When you are managing your pain better,
- Step 4 looks at things you can do to continue to manage your pain when the programme has finished.

We have used real cases to illustrate how you can use the different ideas and techniques we describe in the guide. These cases are about ordinary people. They show how real people with

real problems can manage their chronic pain. Before we wrote these cases, we talked to a lot of people who have experienced chronic orofacial pain about what should go in the guide and the cases are based on real experiences. We have also asked doctors, dentists and other health professionals for their advice.

This guide has been written by a team of researchers working in the NHS and universities. Our team includes dentists, nurses, psychologists and health researchers. All of us are committed to making life better for people who struggle with chronic orofacial pain. Everything we suggest in this guide is something that we know someone else has found useful, or we have personally found helpful. All the techniques are things we would do ourselves. We would feel very happy recommending them to our own friends and relatives.

Your facilitator: Your facilitator will be someone who is trained in supported self-management and will have specific knowledge about chronic orofacial pain. Their role is to support you as you learn to manage your pain. They will help you to understand your feelings and the impact it has on you. Most importantly, they will help you to choose the most useful exercises for you in the guide. Managing chronic pain can be tough. So when you feel discouraged, your facilitator will give you advice and offer you support.

Your facilitator is a really important part of your programme. Think of them like a personal fitness trainer. If you go to the gym or play sports personal fitness trainers don't do the actual work of getting fit; that is up to the individual. However, the trainer will develop a fitness plan, monitor your progress and keep encouraging you when the going gets tough. Your facilitator will do the same; they are there to support you.

Your friends and family: It's natural to want to keep problems to yourself. Many people do not want to bother friends and family with how they are feeling or you might worry about being a burden. You might wonder if there is really anything they can do to help.

But people close to you will notice if you are affected by pain, even if they don't know the reason. It can be a relief to have the chance to talk and share your problems. Friends or family may also feel relieved to understand what you are going through and have the chance to help.

We believe that families and friends are very important in helping to manage chronic orofacial pain. Everyone must make their own choices about what they say to whom. In general however we would encourage you to discuss both the way you are feeling and the programme in this guide with at least one person you are close to.

Tips for helping you to manage your pain

To help you with your programme, here are some tips that have helped people manage their pain.

Good and bad days: You are going to have some good days and some bad days. On bad days you will avoid looking at the guide. You might even avoid speaking to your facilitator. You will probably feel guilty about this. However, remember that this is what it feels like to be down. Sometimes we just want to avoid important things. If you put the guide down for a while or miss a session with your facilitator, don't feel guilty about it. Contact your facilitator again. If you really don't feel able to make an appointment, just ring them and rearrange. They will understand and support you.

Keeping notes: Because having chronic pain affects our concentration it is a really good idea to write things down. Keep a record of what you are doing, the exercises and plans you have made. When you begin to manage your pain, you can look back at these and see just what progress you are making.

Make a step by step plan: At first it can seem very daunting to work on your problems. Step by step plans break down your recovery into manageable chunks. Doing little and often is the best way to manage your pain. It is also a great way to measure your progress.

Do something every day: Just like trying to get physically fit, the best programmes involve regular activity. Try to do something from your recovery programme each day, even if it is just one thing. But remember, if you have a bad day it is not the end of the world. Tomorrow is an opportunity to try again.

Talk to friends, family and your facilitator: support from friends, family and your facilitator is vital. Keep talking to them. Let them know how you are doing.

If something is not working, try another thing: this guide is full of different ideas and exercises. Some may not work for you. If this is the case, try another one. Make sure you discuss this with your facilitator. She or he will help you to make the right choices.

There are a number of ways that we know we can help people with chronic orofacial pain - what you need to do is look through the different techniques (your facilitator will help you to do this) and then work on this with you. But perhaps the best way to start is to ensure that you understand what pain means to you and how it affects your life.

Step 2:

Understanding how my orofacial pain is affecting me

How is your chronic orofacial pain affecting you?

Many people with chronic orofacial pain have had the condition for months or years, sometimes with pain-free periods in between. People tend to have tried lots of things to make the pain go away, like having surgery on their teeth, using splints or taking painkillers. Often, these things don't work or only work for a short time before the pain comes back. It can be frustrating to have to attend lots of appointments and still not feel any better.

It is common for pain to have an important impact on daily life. You might find that you are avoiding or reducing some of the things that you used to find most rewarding. This was highlighted in Yolanda's and Jack's stories in the first section. Being unable to deal with the pain usually means that you stop doing things that you were doing before the pain started. This can be things that are a part of your daily routine such as housework, working, childcare, personal hobbies and interests and socialising with other people. Chronic orofacial pain often means that you stop working or that working becomes a struggle and it also affects your social lives and all the things that you enjoyed doing. Chronic orofacial pain can have an impact on all areas of people's lives.

Before you choose some of the exercises that you will work through with your facilitator, we need you to do two things to begin your programme. You and your facilitator need to understand:

- the impact that your pain is having on your life,
- more about orofacial pain.

What is the impact of orofacial pain on your life?

Many people with chronic pain find that writing down the impact of their problems on their life is the first step towards managing their condition. Although it can be quite distressing to list all these things, writing them down can give us something to aim for.

Your orofacial pain may affect your home life, your social life, your work and your personal relationships with partners, families and friends. The things you identify now are the things you really want to change. With your facilitator discuss and write them down on an Impact Sheet.

- What exactly do you find difficult?
- Where and when is this difficult?
- Are the difficulties associated with specific situations or people?

The Impact Sheet will help you decide what to write. Your facilitator will help you to use this to choose an exercise to help you manage your orofacial pain.

IMPACT SHEET

Home | Things around the house, such as housework, cooking, etc.

The things to do with home I find difficult because of my pain are:

.....
.....
.....
.....
.....
.....

Work | Paid, self-employment, home working or caring for others:

The things to do with working that I find difficult because of my pain are:

.....
.....
.....
.....
.....
.....

Relationships | Family and close relationships with others:

The things to do with relationships with others that I find difficult because of my pain are:

.....
.....
.....
.....
.....
.....

Social Activities | Being with other people

The things to do with being with others that I find difficult because of my pain are:

.....
.....
.....
.....
.....
.....

Personal Activities | Doing things alone which you enjoy, such as reading

The things to do with personal activities that I find difficult because of my pain are:

.....
.....
.....
.....
.....
.....

Some information about chronic orofacial pain

There is no way of knowing whether one person's experience of pain is the same as another's, however most people report their pain as unpleasant - leading to a loss of function in their lives.

Pain is the most common reason for people going to see their GP. Sometimes there are obvious reasons for a person presenting to their GP or dentist with pain, for example in the case of a fractured arm or broken tooth; however sometimes the cause is unclear. This is more often the case with chronic conditions, for example, chronic orofacial pain. Often, people with chronic orofacial pain are frustrated that tests and examinations have been unable to find the cause of their problem.

Throughout this guide we will use the term "chronic orofacial pain". This term relates to a number of diagnoses used by dentists and doctors. A doctor or dentist might have called your condition "temporomandibular (joint) disorder", "burning mouth syndrome", "atypical facial pain", "myofascial pain", "atypical odontalgia" (toothache) or something similar.

There are many theories about why people develop chronic orofacial pain, however at this time we do not know exactly what causes it and there are no known cures.

What most people with chronic orofacial pain want is to decrease the impact that the pain has on their everyday life. An important first step in managing pain better is to have knowledge about what is happening to us. There is no single way a person who is in pain feels. It is an individual experience. However, there are many similar feelings that people have. The following section describes a model that many people use to help them understand and manage their pain better.

Pain has an effect on three different elements of experience:

- Things you feel physically (the physical feelings of pain).
- Things you do or stop doing.
- Things you think.

Things you feel physically include the physical sensations you experience with pain. These may include sensations such as shooting, nagging, dull aching types of pain, but may also include difficulty sleeping, sleeping too much, exhaustion, fatigue, poor concentration, tearfulness and poor appetite.

Things you do or stop doing include avoiding things because you feel they might be too difficult or because you fear they will cause more pain. You end up not doing things that you previously enjoyed and often our daily routine becomes disrupted.

Things you think include worthless or angry thoughts which make us feel less confident. People might have thought that the pain will get worse, and they will end up dependent on others, or that it is a sign of a more serious disease. Some people have thought that life is not worth living, whilst others might have definite thoughts of harming themselves.

The vicious circle of chronic orofacial pain

Things you feel, do and think are all related to each other. For example, your physical feelings can lead to changes in the way you do things and the way you think.

If you stop doing things, you can feel worse physically and have very negative thoughts. These thoughts can mean that you stop doing things and make our physical feelings worse.

This “vicious circle” of unhelpful thoughts, changes in behaviour and physical symptoms can make the pain less manageable. Here is an example:

Pearl:

Pearl has been experiencing episodes of chronic orofacial pain for 3 years. She describes stiffness in her jaw and a dull, throbbing pain in her cheeks. This is accompanied by feelings of exhaustion, which is made worse by the fact she is unable to get a good night's sleep.

On a bad day (usually about 3-4 times a week) she does not go out or see anyone. She does not open her mouth, other than to drink and eat soup or soft foods like mashed potato and will not speak to anyone as she feels the pain will become worse. She can only manage a few light household tasks, as she finds that lifting heavy items such as the vacuum cleaner causes a painful pulling sensation on her jaw. Pearl does not like to drive on a bad day because she finds concentrating and sitting in the driving position for more than a few minutes makes the pain worse.

The painkillers she takes to try to ease the pain don't make much difference. Pearl does not feel that she can be herself properly. She is constantly aware of physical actions of the mouth, face and jaw and adjusts her behaviour to reduce the pain and discomfort. She feels that things like singing and laughing have to be controlled, and can no longer be done spontaneously. Because she prefers to keep her jaw clamped shut, Pearl rarely leaves the house. She has no social life and is becoming more dependent on others to help her out. She feels guilty and angry that she cannot do more for herself and suffers from lack of confidence and low mood. Often she thinks that things will never get better, and that she will never be her old sociable, happy self again. That makes her feel very sad. The more Pearl has these thoughts, feelings, and behaviours the worse her pain is and the less control she has over her pain. This 'vicious circle' of thoughts, physical symptoms and changes in behaviour is making the pain worse.

For example, because Pearl tightly clenches her teeth together, the muscles around her jaw become tense. She is so afraid of opening her mouth wide she clamps and clenches her jaws shut. This increases her physical experience of facial pain, which evokes more feelings of desperation and guilt. This leads to her becoming more withdrawn and isolated. This and other vicious circles are keeping Pearl feeling less and less in control of her pain.

Setting some goals

You already know how your mood affects your life from writing it down on the Impact Sheet. Many people find it a really good idea to set some goals when starting to manage their pain. You should base these goals around the areas where your life is affected by your orofacial pain. That way, you can do something really positive to overcome the impact of your pain. You can set as many or a few goals as you can manage, you don't have to deal with all of them at once. Remember, your facilitator will help you with this.

Goals in detail

You are the person who can decide what you want out of your treatment. These will be your goals. Goals will help you to:

- Keep focused on managing your pain.
- Be clear about what you want to achieve.
- Give you feedback on your progress.

A goal is what you want to be able to do at the end of your treatment programme. You should be as clear as you can. You may want to “feel better” or “feel less pain” but ask yourself what “feeling better” means you will be able to do.

Examples of a person's specific goals:

- To go out for a meal once a week and not worry about whether I will be able to eat.
- To get to sleep in 30 minutes, six times weekly.
- To go for a bike ride three times a week.

Your goals

What are your goals? We have provided some sheets for you to write this down.

Working with too many goals can be confusing. We would advise you to work with between one and three goals. Here is some advice for setting your goals:

- Ask yourself what you want to be able to do.
- Be as specific as you can by stating how often you want to do something.
- Set realistic goals, things you want to do in the future or used to do in the past.
- State goals positively, start with “to be able to ...”, rather than, to stop ...”.

You can ask your facilitator to go through this with you.

Goals are things to aim for. Pick things that your chronic orofacial pain is getting in the way of. Because of this they should be things you are struggling with at the moment. The techniques in this guide are designed to help you reach your goals. So that you know how you are doing, we have written down a simple scale underneath each goal. Circle one of the numbers for each one. This will tell you how difficult you find each goal.

At the moment, you should choose goals that are difficult. As time goes by however, we hope that the techniques you try will help you to find it easier to achieve your goals. Re-rating them using the same scale every now and then is an excellent way to monitor your own personal progress. Aim to do this at least monthly during your recovery programme. Your facilitator will be able to do this with you.

My Goals

Today's date

Goal number 1

.....
.....

I can do this now (circle a number)

0 1 2 3 4 5 6

Not at all Occasionally Often Anytime



Goal number 2

.....
.....

I can do this now (circle a number)

0 1 2 3 4 5 6

Not at all Occasionally Often Anytime



Goal number 3

.....
.....

I can do this now (circle a number)

0 1 2 3 4 5 6

Not at all Occasionally Often Anytime

There are a lot of different things you can do to manage your pain and reduce the impact it is having on your life. Probably the last thing you want to do right now is make a choice from a great long list of options. This is where your facilitator comes in.

A few pages ago you saw Pearl's experience of living with chronic orofacial pain. You also looked at your own feelings, behaviours, and thoughts. There was a very good reason for this.

This treatment can be divided into techniques designed to improve our physical symptoms, strategies to alter our behaviours and ways to get us to think differently.

The idea is to get the vicious circle working in reverse. If your behaviours and thoughts can change for the better, our physical symptoms can improve. If you choose a technique to change your behaviours, thoughts and physical symptoms can improve. Your vicious circle can be turned into a "recovery circle".

Now is the time to step into your recovery circle. In the following pages we describe a number of useful ways of improving the way you feel. They are not in any particular order of helpfulness, some people use one technique; other people like to try a number of them.

Your facilitator will help you decide which of these techniques might be the best place to start. However, to help you make a choice we have collected some recovery stories for you to read. They are stories about ordinary people who have used some of the ideas in the guide to cope with their orofacial pain.

PERSONAL USE ONLY

Step 3:

Ways of managing my pain

PERSONAL USE ONLY

Improving the way I feel physically

1. For people with Temporomandibular Disorders (Jaw Joint and Muscle Pain)

A patient's story of managing her pain using posture control and self-management.

Isabelle:

Isabelle has been experiencing episodes of chronic orofacial pain in her jaw joint and muscles following a fall. Her symptoms were very similar to Pearl's. At first they said it would heal on its own but as months passed it became more painful. Simple things like eating a sandwich became an issue as she couldn't open her mouth very much. After seeing many specialists, she felt she was starting to head down a similar route to Pearl. Realising that this was a long term issue and rather than pass from specialist to specialist, she wanted to take control.

Before being referred to the self-management clinic, Isabelle had already started to analyse her pain. She was very aware of the impact it was having on her daily life & being a busy mum, couldn't afford to have the down time it was causing. Acknowledging the impact it was having on her life was the first step. She felt ashamed that the bad days left her unable to do simple chores as the pain was unbearable. No one could see it, so what was wrong, she tried to remain upbeat but inside she was exhausted and not improving.

Isabelle started making what seemed like simple changes but the effect was huge. Being aware that she rested her cheek in her hand a lot was the first step. Being aware that she did this and trying to break the habit. She asked family members to point out when she was doing it. She soon realised she did it a lot more than she thought.

Having struggled to sleep, as when she lay down on her side with her face on the pillow, the pain started to niggle. A simple change to force her not to lie on her side was to put her pillow upright and lie on her back. By putting the pillow upright it supported her neck & head and made it more difficult to roll onto her side. Keeping her from resting on her cheeks / jaw enabled her to fall asleep better and prevented her teeth coming together and stopped her night-time clenching and grinding habit.

Isabelle also takes time out when she feels the pain starting; she will lie down & be aware of what the muscles in her face are doing. Often just relaxing her jaw and having a small opening of her mouth is enough to relax the muscles & ease the pain. Gentle massage of the area also helps.

Isabelle also uses distraction techniques and undertakes activities that require a lot of concentration, not focusing on the pain helps (games & puzzles help!).

Below, we have listed the common physical symptoms experienced by many people with Temporomandibular disorders. These are the symptoms that can really interfere with your daily lives. We have written down some ideas which you could use to help you to improve these symptoms. If they sound like the kind of thing you would like to try, you should discuss them with your facilitator.

Clenching, Grinding and Clicking:

Temporomandibular joint and muscle pain can be as a result of clenching and grinding your teeth which leads to tension in the muscles of the face.

The pain is usually worse in the mornings because you have been clenching and grinding during the night. People sleeping next to you may hear your grinding your teeth at night. The muscles most affected by clenching and grinding are the masseter muscle (coloured in green in figure 1 on the next page) and the temporalis muscles (coloured red). The insertion of both muscles is located near your upper teeth so pain in these muscles can sometimes feel like toothache.

- **Massage to masseter and temporalis from origin to insertion**

Massaging the green masseter muscle in figure 1 can be very effective. The muscle fibres run from where its origin at the cheek bone and insert into the lower jaw. Massage it along the fibres starting from the cheekbone (grey part of muscle) by sliding four fingers over the muscle from the cheekbone and down to the lower jaw where it inserts (green part). Do this regularly and not just when the pain is at its worst. It will not only ease tension in the masseter but also keep your teeth apart during the day and stop daytime clenching. Build this into your daily routine.

Similarly you can massage the temporalis muscle (coloured red) starting from the middle of head and sliding your fingers along its fibres towards the ear. Muscle tension can also be reduced by applying heat or cold packs to the muscles shown in the diagram. **Heat or cold and massage should be implemented on a regular basis and not when the pain is at its worst. This will ease tension in the muscle and block pain pathways thus breaking the vicious cycle of pain-anxiety and muscle tension. Videos describing these and other techniques can be accessed via the link below:**



- **Jaw posture control:**

Reversal of clenching and grinding can alleviate your pain symptoms by reducing muscle tension. Simple techniques for doing this include sleeping on your back at night (see Isabelle's story) which will prevent your teeth from making contact and avoid clenching and grinding altogether. Daytime clenching can be reduced by increasing your awareness of the habit and trying to keep your teeth apart. Train your mind to think about giving your teeth and muscles a rest. Figure 1 shows the two main muscles that become painful

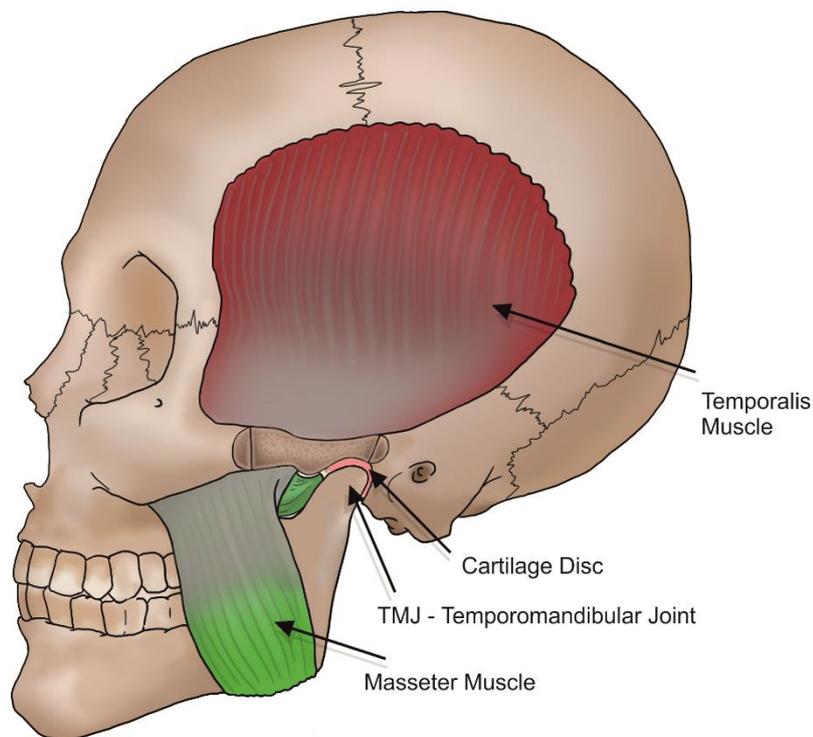
as a result of clenching and grinding. If the muscle in red becomes painful this can cause symptoms of a headache.

Pain in your facial muscles may also be accompanied by muscle tension in other areas of your body particularly the neck and back. Being aware of your general posture and reducing tension in your neck and other muscles by massaging them can also help.

- **Clicking**

You may also experience clicking sounds in your joint. This is due to movement of the joint disc (coloured pink in figure 1). This is usually not a concern and many people experience clicking in their jaw joint. This can improve on its own and reducing muscle tension can also help. If you have concerns about the clicking you can discuss this further with your facilitator.

Figure 1: The jaw joint and associated musculature



More information on TMD is available on our study website which can be accessed via the QR code below:



2. For people who have a diagnosis of Burning Mouth Syndrome

This condition presents as a burning sensation in your mouth and usually located on your tongue and inside of the cheeks. It can also involve the gums and palate.

If you have this type of chronic orofacial pain chewing can sometimes reduce the pain symptoms. The chewing action can block pain pathways and chewing sugar free gum can thus give you some relief from the symptoms particularly when they are at their most severe. This can help you achieve some degree of control over your pain.

Please be aware that other types of chronic orofacial pain like temporomandibular pain can get worse with chewing so you need to assess your symptoms carefully before using sugar free gum to alleviate your pain. Your facilitator may be able to advise you further if you are unsure.

3. Other physical techniques which will help all types of facial pain

Poor sleep.

People with chronic orofacial pain often have disturbed sleep. Sleep problems can take many forms. Some people have difficulty getting off to sleep. Some people wake up early in the morning and are unable to get back to sleep. Some people wake frequently in the night whilst others sleep but wake up without feeling rested. Some people sleep too much, sleeping throughout the day. This can be because they feel so bad and they think that sleep will help or give them some respite from their pain. Other people sleep a lot because they feel so tired and have lost energy.

If your sleep is disturbed, here are some useful dos and don'ts about sleep which you could find helpful

- Try not to sleep in the day. The problem with not sleeping at night is that you feel down, tired and washed out. This tempts us to nap in the day. Unfortunately napping in the day just creates another vicious circle. The more you take daily naps the harder it becomes to sleep at night.
- Ensure that you prepare yourself for sleep before going to bed. Try to relax for an hour or so before going to bed. Some people find it useful to have a warm bath or a milky drink.
- Eating a large meal in the evening may prevent sleep so try to eat earlier.
- Don't drink tea or coffee before going to bed. Tea and coffee contains caffeine. Caffeine is a stimulant and will keep you awake.
- If you cannot get to sleep, try to relax your body and mind. Focus on resting rather than sleeping. For some people, doing some mental relaxation exercises can help.
- Try to go to bed and get up at the same time each day. Keeping to the same routine every day is more likely to restore your sleeping pattern. Avoid those long lie-ins if possible.

- Try to do some exercise every day. This could be a brief walk or some gardening. “Little and often” and “start small” are good pieces of advice. A ten-minute walk every day is a great start.
- Avoid using electronics (mobile phones, iPad, laptops) before bed. The way you hold these may add to tension in your head, neck & jaw.

You may also wish to discuss your sleep problems with your GP who can refer you for specialist treatment or signpost you to online tools like CBT-I which use CBT to target sleep problems.

Problems with eating

Some people with chronic orofacial pain have problems with eating. Because the pain is in their face and mouth people are sometimes scared that eating will make their pain worse. This can make eating a distressing experience.

Another problem with suffering from chronic pain is that sometimes, cooking just feels like too much effort. You stop bothering to cook, shop or prepare a meal. If your appetite is poor or you are feeling fed up with the pain, it can seem like there is little point in making an effort. When your mood is low, even if you are tempted to eat, you can tend to choose convenience or junk food.

If your chronic orofacial pain is causing you a problem with eating, here are some useful do's and don'ts which you may find helpful.

- Try to eat small meals regularly. It is often easier to face small amounts of food rather than a huge meal all at once. If hard or chewy foods are making your pain worse, try to cut your food in small pieces or avoid hard foods that trigger your pain.
- Spicy foods can also make a type of chronic orofacial called burning mouth syndrome worse. You should try to keep a record of foods that trigger your pain and try to avoid them.
- If you don't want to make a lot of effort to prepare food, try to buy healthy food that doesn't need too much preparation. Fruit, yoghurt, soup and fish are examples of foods which are easy to prepare and easy to eat.
- Try to avoid too much comfort eating - it rarely feels comfortable in the end. It is easier not to buy comfort food at all when you go shopping than to resist eating it when it is in the cupboard.

Feeling irritable

Feelings of irritability, frustration, stress and anger are a common experience for people suffering from chronic pain. You can become intolerant of people and snap at them. You do this even with people you don't know. In turn, this can make you feel guilty about the way you are behaving. Guilty thoughts are common when you are feeling down. They can make us feel even worse.

If irritability is one of your orofacial pain symptoms here are some dos and don'ts, which you could find very helpful indeed.

- Try reminding yourself that the way you are feeling is because of your chronic orofacial pain. This is not the “real you”. It is a symptom.

- Get your facilitator and other supportive people on board. Explain to your family and friends that chronic pain is associated with low mood and how that affects people. You could ask them to read this guide. The main idea is for you to help your family and friends understand that your irritability is a symptom of your pain.
- Many people find they need to relax. Some simple relaxation exercises might help. Listening to your favourite music is another good way to relax.
- From time to time, even the most placid person needs to take time out. Many people experiencing chronic orofacial pain find that one thing that helps is to have some respite from their day-to-day lives. Respite can be anything. Mostly it will include something that you find pleasurable, something just for you. This could involve a simple activity such as having a relaxing bath or listening to some favourite music. Other people find telephoning a friend or going out with friends or family a way to distract themselves.

Lack of concentration

Experiencing difficulties with concentration can be a very distressing symptom of chronic pain. Many people find that they can not pick up a book or a newspaper or concentrate on tasks at work. Your memory seems to deteriorate, and you can forget what you have just read or heard. This can also happen in conversation with people.

Actually, your concentration may not be as bad as you fear. Suffering from a chronic pain condition can mean you tend not to listen as you normally do. Because you don't listen clearly you don't remember information properly. You then end up worrying about your concentration. Once you start to worry, your concentration gets worse. It's another vicious circle.

If concentration is a problem for you here are a couple of useful ideas which you may find helpful to try

- One useful suggestion is to write things down. It can be very helpful to keep a list of important things to do. Sometimes repeating what somebody has said either out loud or in our head can help with remembering things.
- Because your concentration can be affected when you are feeling down, you often stop doing things like reading. One solution is to read regularly but for small periods of time. Alternatively, you could read something that is slightly easier to digest than the material you are used to.

Fatigue and exhaustion

Fatigue and exhaustion are very common for people who experience chronic orofacial pain. People experience a loss of energy. Loss of energy is a key symptom of pain and is closely linked to tiredness or fatigue. Energy loss is another vicious circle. The less you do, the less you want to do.

However, some people with pain experience bursts of energy and want to take advantage of this feeling. They therefore overdo it and consequently feel much worse the next day. Some people become fatigued because of "booms and busts", which is when people do lots on one day but then feel exhausted for the next few days. A good way of managing this is explained in the next section.

If fatigue and exhaustion is a problem for you here is a useful idea which you may find helpful to try

Although it sounds very difficult to do at first, taking some exercise will actually help with loss of energy. The idea is to break the vicious circle of tiredness followed by inactivity and more tiredness. You should try and plan some exercise into your day every day. This might be a walk, a slow swim or anything that involves even a small amount of movement.

An important thing to remember is that exercise is unlikely to make you any more tired than you already feel.

Pacing your activity is very helpful for people who alternate between resting some days and overdoing it on others. Pacing yourself means structuring your day so that it is balanced by activity periods followed by rest period.

Exercise worries

Some people who suffer from chronic orofacial pain worry that exercising will make their pain worse and lose confidence in their ability to move in certain ways. For chronic orofacial pain, this could mean moving the jaw, face or mouth in certain ways, lifting things, altering their posture or exercise in general. Most people who avoid certain activities still find that their pain does not go away as a result.

In fact, avoiding certain movements or exercise can result in muscles becoming weak and the pain becoming worse. You can also feel down about not being able to do the things you'd like to do. Another vicious circle can be created. If your doctor or dentist has not told you to avoid certain movements, it is unlikely that they will make your pain any worse even though it might not feel better immediately. Some techniques in the next section might help you to start to gain confidence to move in ways in which you have previously avoided.

PERSONAL USE ONLY

Changing the things I do

Behavioural activation

In this guide we have discussed how chronic pain can consist of feeling painful sensations, being physically unwell, feeling tired, thinking unhelpful thoughts and changes in the way you behave. As we have shown, these feelings, thoughts and behaviours are all linked. They end up in a vicious circle where you withdraw or avoid doing the normal things you do.

When you have chronic pain, it is often the pain that controls what you do or don't do. Generally, you do one of two things: 1) you either stop/avoid or greatly reduce all of the things you used to do; or 2) you wait for the pain to become more tolerable and rush around to get as much done as possible (but this often results in us feeling much worse later on). This is referred to as "boom and bust" behaviour. Although the reasons you do this are understandable, it can cause problems for us because the level of pain you are feeling determines our activities and our life. Our lack of control can make us feel hopeless, unhappy or anxious.

Some of the things you avoid are regular, routine activities such as cleaning the house, washing up, cooking a meal etc. Your routines also become disrupted. You change the time you go to bed or get up, when you eat, how you cook and care for yourself. Although you often moan about your daily routines they do make you comfortable in your surroundings.

Other activities that get disrupted are the things you do for pleasure. These can include seeing friends, enjoying a meal out with your family, reading or doing whatever interests you have. These are the things that in normal circumstances you find pleasurable. They are necessary breaks from your routine.

The third area where you can end up avoiding activities are important, necessary things such as paying bills or confronting difficult situations at work, home or in close relationships. Although the consequences of not doing these things can be quite serious, when you suffer from chronic pain and feel down you can often avoid doing them. Going back to work after a period of sickness can be one such difficult but necessary activity.

Behavioural activation is a technique where you focus on establishing your daily routines, increase our pleasurable activities and do things that are necessary for you. It can help you to be more in control of your pain by planning, pacing and structuring your activities differently and making sure that there are planned rest periods. Research into pacing has shown that this technique makes you feel more in control of your pain, can help to reduce the amount of medication that you take, but most importantly helps to increase the things you want to do. Your facilitator will discuss behavioural activation in more detail with you, but basically it means planning, structuring and pacing your activities as well as incorporating planned rest periods and gradually building them up to a level that is right for you.

How do I start to do this?

There are 4 stages to behavioural activation. If you choose to try it, your facilitator can help you to make a start.

Stage 1: is to make a weekly diary of what you are doing now.

Stage 2: is to think about activities that you would like to start doing again. Some of these things will be routine things. Other things will be pleasurable activities such as going out and meeting people and some things will be important activities that may need to be dealt with quickly.

Stage 3: is to make a list of many of these different activities. You will write the most difficult things at the top of the list and the easiest activities at the bottom. When making the lists it is a good idea to make sure that you have some routine, some pleasurable and some necessary activities evenly spread throughout.

Stage 4: is doing the behavioural activation diary to plan out how to start doing these things. You can do this by starting with the easiest activities first and adding activities from higher up your list as time goes on.

At each stage you will be able to discuss your plans and activities with your facilitator. If you wish to read a story of someone who has chosen behavioural activation as part of their programme, then refer to Maria's story.

Stage 1

Take a blank behavioural activation diary.

Each day, write down what you do. Even if you think that you have done nothing, make a note, this is all helpful information. When you record your activities write down some details about what exactly you have done. It can be helpful to record details such as where you were, when you did things and if you were with anyone.

Behavioural Activation Diary

		Mon	Tue	Wed	Thu	Fri	Sa	Sun
Morning	What							
	Where							
	When							
	Who							
	What							
	Where							
	When							
	Who							
Afternoon	What							
	Where							
	When							
	Who							
	What							
	Where							
	When							
	Who							
Evening	What							
	Where							
	When							
	Who							
	What							
	Where							
	When							
	Who							

Stage 2.

Think about the things that you wanted to do. Some of these things will be activities that you have stopped doing since the start of your orofacial pain but might contain new activities. This will be discussed in detail with your facilitator.

Remember to include routine activities which need to be done such as shopping and cooking. Also include pleasurable activities that you would normally enjoy. Finally try to think of things that are necessary such as paying bills, dealing with conflict or activities associated with work.

Use worksheet A to list all these activities. Put them down in any order you like.

PERSONAL USE ONLY

Behavioural Activation Worksheet A

Write down your routine activities here e.g. cooking, cleaning and shopping

.....

.....

.....

.....

.....

Write down your pleasurable activities here e.g. going out, visiting friends

.....

.....

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.....

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.....

Write down your necessary activities here e.g. Paying bills

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.....

.....

.....

.....

Stage 3.

Use worksheet B to organise all these different things into a list, with the most difficult activities at the top of the list and some easier activities at the bottom. Try to make sure that you mix up routine, pleasurable and necessary activities in the bottom, middle and top of the list.

Behavioural Activation Worksheet B

Now try to put your list in order of difficulty

Most difficult	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Medium difficulty	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Easiest	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

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Stage 4.

In this last stage you should take a blank diary sheet to plan out how to start doing some of your activities. Take some routine, pleasurable and necessary activities from near the bottom of the list and write in your diary when you would like to do them. Try to include sufficient rest periods.

Once again, being specific is helpful. Write down what the activity is, where it is done, when it will be done, how it will be done and (if it includes other people) who it can be done with. Writing things down will clearly help you when you come to do the activity.

Try to schedule something at least once a day, more if you wish, but for most people it is best if they start small.

When you have tried to do some of the activities you have listed, discuss your progress with your facilitator. Over time you can move up your list to do other things. You can go at your own pace and your facilitator will support and encourage you.

For many people even doing what were once pleasurable activities may not bring immediate pleasure. To start with, people often feel a sense of achievement rather than actual pleasure. As the weeks go on you should find that you get back to either your old routine or you develop new ones. The main thing with behavioural activation is to plan carefully and keep going.

		Mon	Tue	Wed	Thu	Fri	Sa	Sun
Morning	What							
	Where							
	When							
	Who							
	What							
	Where							
	When							
	Who							
Afternoon	What							
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Evening	What							
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PERSONAL USE ONLY

Changing the way I think

Cognitive Restructuring

Cognitive restructuring is a way of changing our unhelpful thoughts by looking at them and challenging them.

When you are suffering pain and feeling down, you have many unhelpful thoughts such as “I am no fun to be around, I can’t go out for meals or talk and have a laugh anymore”, “I’m in so much pain I can’t do anything in case it gets worse”. They may be thoughts about the stigma of pain and illness like, “I can’t tell people how bad it is because they will think I am complaining”, “people don’t understand what it is like to have this pain”. There may be thoughts about how to control the pain, such as, “when I have a good day I pay for it the next”, “I just need to take the opportunity of not having pain today” or “resting will help me to get better”. Other thoughts might be linked to emotions such as anger or despair; “why me?” guilt; “I am a burden on others, I don’t want to become dependent” or anxiety and worry; “If I do anything physical it will make the pain worse”.

These unhelpful thoughts often stop you doing things that you want to do. The more unhelpful thoughts that you have the less confident you become. The less confident you become, the less you do which increases the amount of physical pain you experience. You can then have even more unhelpful thoughts. It is yet another vicious circle.

The features of unhelpful thoughts are:

- These are automatic. You don’t think them on purpose; they just appear in our heads.
- They seem believable and real at the time they appear.
- They are the kind of thoughts that would upset anybody.

You can use cognitive restructuring to help you put your thoughts in perspective. An example of how this is helpful is given in one of the recovery stories on page 57 of this guide. If you want to use this technique your facilitator can give you some support.

The stages of cognitive restructuring

There are three stages to cognitive restructuring.

Firstly, you need to identify exactly what the content of your unhelpful thoughts are.

Secondly, you do something to help you examine the thought more objectively. Sometimes this includes collecting evidence as to how accurate the thought really is.

Finally, you reconsider the thought considering the evidence you have collected. You can then put the thought into perspective.

How do I do cognitive restructuring?

If you want to do some cognitive restructuring, you can use a thought diary to collect and write down your thoughts.

Stage 1

Each time you feel sad, depressed, frustrated, anxious, guilty, worried, or irritable:

- Write down in the first column of your thought diary a brief description of the situation where the thought occurred. You should write down where you were and what you were doing.
- In the second column, write down the actual feeling you had. This may be sad, anxious or angry. Also record how bad that feeling was on a scale of 0-100%. 0% is not at all. 100% is I totally believe this thought. An example can be found below.
- For the time being, ignore the last 2 columns as you start the diary.

Thought diary

Situation	Feeling (<i>rate how bad it was 0-100%</i>)	Thought (<i>rate how much you believe this thought 0-100%</i>)	Revised thought (<i>rate how much you believe this thought 0-100%</i>)	Feeling (<i>How bad was it? 0-100%</i>)
<i>Example:</i> <i>Sitting doing nothing</i>	<i>Example:</i> <i>Sad 70%</i>	<i>Example:</i> <i>Things will never get better for me 90%</i>		

We suggest you collect your thoughts for 2 weeks in this way. At the end of two weeks, look at your diary. Preferably also talk to your facilitator about what you have written in the diary. Often these thoughts might all be about a similar topic such as guilt or feeling a failure. Such thoughts are very common when you are feeling unwell and your mood is low.

Stage 2.

Stage 2 is all about collecting some kind of evidence to see if your thoughts are accurate or not. There are many ways to collect this evidence. Some are more difficult than others. In this guide we have described one of the most common ways to do this. It is also one of the most straightforward things to do yourself.

We suggest that you examine a frequent thought in more detail from the ones you have collected. To do this, take one thought that you have rated yourself as believing in at least 60% and which is causing you distress.

Write the thought down on top of the “evidence table”. Add in your percentage of how much you believe it. In the evidence table, one column is labelled “evidence for” and one column is labelled “evidence against”.

Next, imagine that you are the judge in a court where the evidence for and against the truth of your thought is being examined. Write down the evidence for and against the thought being true. Remember that you are the judge, and you need to present the full picture so that a fair decision is made.

My thought	My % belief
Evidence for	Evidence against

Sometimes people find this quite difficult. People particularly find it difficult to come up with evidence that the thought is not true. To help you give your thought a “fair trial”, think about the following questions:

- *If my best friend or partner were giving evidence, what would they say for and against this thought?*
- *If you rate the belief in your thought as 75% then there is a 25% chance of the thought you do not believe to be true. Ask yourself what makes up this 25%.*

Stage 3.

Now you need to reconsider the thought in light of the evidence you have collected. You should be able to come up with a revised thought. Use the fourth column of the thought diary to write down this new thought. You should also rate how much you believe the revised thought.

In the final column rate your feelings again using the same 0-100% scale. Note how by changing your thought your mood has also changed. This is the way cognitive restructuring can really work to change the way you feel.

Here are some tips to make cognitive restructuring easier:

- Unhelpful thinking takes time to change. Often you will need to challenge your thoughts several times before change takes place.
- Ask a friend you trust to help you look for evidence for and against your unhelpful thoughts.
- Practice cognitive restructuring with other thoughts. Use your evidence table to judge them.
- As you become more expert in this, try to catch the thoughts and judge them as they actually occur.
- Carry your diary with you so that you can catch and challenge your thoughts straight away.

Your facilitator will also show you some other techniques to help you. He/she will show you how to carry out some “experiments” to test out whether your beliefs are valid. For example, the person who feels that they are not able to do anything might, with support from their facilitator test this thought out by trying something new.

PERSONAL USE ONLY

Step 4: Managing my chronic orofacial pain in the long term

Many people ask what happens when their programme has finished. We would suggest that it is *your* programme and you should continue with it, including keeping your diaries until you feel that your new routines have become fully incorporated into your lifestyle.

Your facilitator will discuss in detail with you before the end of the session how to keep your routine going and how to cope with “bad days”. With your facilitator you will devise a plan of how to help you continue with your progress.

There are two ways to increase the chances of you staying well.

- Keeping a healthy lifestyle.
- Continuing to build on the progress you have made.

A healthy lifestyle.

We know that what we do in our lives has an important effect on our health and mood. Lifestyle activities such as regular exercise, positive relationships with other people and making sure we allow some time in our lives for things that give us pleasure, all help to keep our health stable. A balanced diet is another important factor in staying well.

We suggest that toward the end of this programme you have a look at your overall lifestyle. See if you wish to identify any changes that could help. Pay attention to exercise, scheduled rest periods, diet, sleep, your balance between duties and pleasures and your close relationships. Is there anything you could do to make any of these aspects of your life more positive? If there are, it could be a really good idea to make some positive changes in the next few weeks.

Continuing to build on the progress that you have made

During your programme, you will have discussed what to do if you start to fall back into your unhelpful routines. With your facilitator you will have written down a plan in case this happens. This plan will be individual to you. It will include monitoring your plan, recognising if problems are happening again and dealing with setbacks. However, we have outlined the basic principles below:

During this recovery programme you have probably learnt a lot about the way you feel about your pain. You will have understood your pain in terms of the way that it makes you feel, the things you have stopped doing and the things you think. We suggest that you pay attention to these aspects of yourself on a regular basis. Notice if you begin to experience any of these feelings again. These could be potential early warning signs that you have stopped managing your pain as well as you had been.

Cases:

Ali, Maria and Sara.

Ali

Ali's story is about someone who used a technique from the guide which is aimed at improving some of the physical consequences of chronic orofacial pain.

Ali is a 42-year-old man who works as a maths teacher. In 2003, he began to experience a clicking in his jaw when he tried to bite and chew certain hard foods, such as baguettes. Despite avoiding difficult to eat food, about a year later his jaw became intermittently painful, which he later put down to grinding his teeth at night. Over the years, the pain had become increasingly severe and persistent and he also began to develop irritable bowel syndrome. He tried acupuncture, physiotherapy and mouth splints however he still described his facial pain as "unbearable at times". He does not like to take painkillers, and chose to take ibuprofen only when the pain was most severe; however he found that this only slightly eased the pain, and the effects were short lived.

Ali is married with young children, and although his family were supportive, he felt he was not putting enough back into family life. He felt like he was barely getting by at work, and turned down an opportunity to be considered for promotion to head of department. This was because he was finding it difficult to concentrate, marking and lesson plans were always done at the last minute and he did not feel he would be able to cope with the extra responsibility. Ali had always found that his pain was a lot less severe during the summer break; however last year, just after going back after summer he needed to take a week off when his facial pain and irritable bowel syndrome flared up badly. Ali found that one of his major problems was fatigue, and that if he could just get a good night's sleep, he would be able to cope better with his facial pain. He said at the time, "The combination of pain and lack of sleep makes me feel a lot less tolerant, more ratty, you know? It makes me feel exhausted, often I am too tired to read my children a bedtime story, or spend time with my wife and that can be hard for all of us. I think the stress goes with my job; sometimes I worry a bit more about things though, especially at night which keeps me awake, so I feel even worse the next day". He tried sleeping tablets a few years ago and they helped a lot but after a few months they stopped working.

Ali had difficulty getting off to sleep and woke often. He reported having about 4 hours sleep a night. He described feeling exhausted when he wakes in the morning and at the end of the working day. He often lay down on the sofa and napped when his children had gone to bed. He had stopped putting them to bed, because he would often fall asleep on his daughter's bed whilst reading a bedtime story. He took naps during the day at weekends to try to catch up with some sleep. After his naps, he would wake and drink coffee to help to wake himself up again. Once he had woken up, he often found it hard to wind down again, and regularly stayed up late watching television. He would frequently wake up in the night and struggle to get back off to sleep. When this happened he would usually go downstairs to have a cigarette out of the back door. His tiredness and grumpiness caused friction with his wife. They argued over the amount of help he gave her around the house and she felt that Ali was not making any effort to spend time with her and the children. In many ways, Ali found the exhaustion had more of a negative impact on his life than the pain.

With the help of his facilitator, Ali decided on the following goals:

My Goals

Today's date

Goal number 1

To sleep for 6 hours a night

.....
.....

I can do this now (circle a number)

0 1 2 3 4 5 6

Not at all

Occasionally

Often

Anytime

~~~~~

Goal number 2

*To put my children to bed and read to them 3 nights a week without falling asleep*

I can do this now (circle a number)

0      1      2      3      4      5      6

Not at all

Occasionally

Often

Anytime

~~~~~

Goal number 3

To spend an hour in the evening on weekdays catching up with marking and planning

I can do this now (circle a number)

0 1 2 3 4 5 6

Not at all

Occasionally

Often

Anytime

Ali read some of the techniques in his guide and decided that he would like to do something to improve his sleep. His facilitator suggested that he kept a sleep diary. Ali recorded the following:

- What time he went to bed
- What time he fell asleep
- What time he woke up
- Details of other times of the day that he slept and for how long

Mon	Tues	Wed	Thu	Fri	Sat	Sun
Woke at 4.45am, got up at 6.30am	Woke up at 5.30 am didn't go back to sleep	Woke up at 4.30 am didn't go back to sleep at	Woke up at 5.45am lay there until alarm	Day off sick.	Woke up at 5.30	Woke up at 7am, got up at 7.30
Fell asleep on the sofa at about 8.10pm woke at 9.30pm	properly then alarm went off at 6.30am	all. Really bad night smoked 2 cigarettes gave up trying at 5.45am.	went off at 6.30am	Slept from 11am until 2pm	Went to sleep at 2.30pm, woke up at 4pm, had nap with the baby	Fell asleep on the sofa from 9pm to 10.45pm
Went to bed at 01.15pm	Fell asleep on the sofa at about 8.30pm	Fell asleep on the sofa from 8pm to 9.30pm	Short nap on the sofa about 8.30pm to 9pm	Went to bed at 1am	Went to bed at 2am, woke up at 4.30, went back to sleep at about 5.45	Went to bed at 12.30
Fell asleep around 2.30am	for about half an hour	when wife woke me.	12.00, fell asleep about 1.30			
	Went to bed at 12.30, went to sleep at 1.30 am	Went to bed at 12.30am	Woke up about 3.15 could not get back to sleep at all			

At the next session with his facilitator, Ali discussed his sleep diary. He was able to see clearly that his sleep pattern was probably not helpful. He was surprised at how infrequently he even tried to go to bed or miss an evening nap.

Ali tried to change his sleeping routine. With the help of his facilitator they agreed that for the 1st week, Ali would go to bed every night, rather than falling asleep on the sofa. He agreed that he would go to bed at 11.00pm every night. He would also not nap on the sofa after work. At the next appointment with his facilitator, Ali had managed to do this every night. It was still taking him an hour or so to get to sleep and he still woke early, around 5.00am, but this regular 5 hours sleep was a great improvement. Although he slept less in the afternoons he found he was much less tired than he had been previously. Over the next few weeks, Ali developed his sleep pattern so that it allowed him to structure his days better. As he was less exhausted he started to be more active after work. When he got home, he played with his children for half an hour, then sat down at the dining room table rather than the sofa and caught up with some work. He put the children to bed and read to them on Fridays and at the weekend and started to cook the family's weekend meals. Ali felt that he was less irritable and felt like he played a much more active role in his family. He and his wife get along much better and, although he still had bad facial pain days he felt that overall his pain had reduced and he could manage the pain much better now that he was less exhausted. Six months later, Ali was still working full time, could not remember the last time he had a day off sick, enjoying reading to his children regularly in the evening and felt that work was no longer getting on top of him.

Ali scored his goal sheet again several times during his programme. His ratings went up as he began to feel better and achieve his goals. These are detailed in Ali's goal summaries:

My Goals						
	Today's date					
Goal number 1	<i>To sleep for 6 hours a night</i>					
.....						
I can do this now (circle a number)						
0	1	2	3	4	5	6
Not at all	Occasionally			Often	Anytime	
~~~~~						
Goal number 2	<i>To put my children to bed and read to them 3 nights a week</i> .....					
.....						
I can do this now (circle a number)						
0	1	2	3	4	5	6
Not at all	Occasionally			Often	Anytime	
~~~~~						
Goal number 3	<i>To spend an hour in the evening on weekdays catching up with marking and</i>					
<i>planning</i>						
.....						
I can do this now (circle a number)						
0	1	2	3	4	5	6
Not at all	Occasionally			Often	Anytime	

Maria

Maria's story is about someone who used behavioural activation, a technique from the guide which is aimed at increasing the things people stop doing because of their chronic orofacial pain by helping them to pace their activities and including planned rest periods.

Maria is 58, divorced with 4 grown up children and 2 grandchildren and works part time as a receptionist in a hotel. About 4 years ago she was diagnosed as having chronic myofascial pain by a dental specialist; however she has been experiencing severe throbbing pains around her face and mouth intermittently for about the past 9 years. Over the previous year the pain had become "impossible to cope with" and Maria does not like to open her mouth or use her jaw for too long as she finds it makes the pain much worse. Because her job involves answering the telephone and talking to hotel customers, she reduced her hours to 3 half days per week, however she has been thinking of changing to an office job where she would not need to talk so much. She has also become depressed and has been taking anti depressants as well as a number of painkillers. She has suffered from a low mood in the past, but now feels that because of the pain, it has spiralled out of control.

Maria feels that much of her life is controlled by her facial pain. She is struggling financially because of her reduced working hours, and because she has spent a large proportion of her income on visiting private dentists, alternative practitioners and remedies sold over the internet, in an unsuccessful search of a cure for her facial pain. She generally manages to hold down her job, but after work on bad days she does nothing else. Maria states "I try to make the most of my good days by catching up and cramming everything in. This feels great at the time, but afterwards I am usually in agony and have to rest more". She feels she does not have any routine in her life and is unable to plan anything because she can not predict how she will be feeling and what she will be able to do. She had lots of thoughts such as "what if the symptoms are a sign that something much worse is wrong with me" and "I want to live a normal life but I can't manage it with this pain in my face". Since the pain became severe she had lost contact with many of her friends and began to spend more time using the internet instead. She felt ashamed of her inability to cope with her pain and did not think her friends would understand. She no longer went swimming or for the walks and pub lunches she used to enjoy regularly with friends. Maria had always enjoyed preparing big family meals, but as eating caused her great discomfort, she stopped planning meals and now eats mostly cereal and soup. Maria's children visited regularly however she often didn't want them to stay for long as talking made the pain worse. This was particularly tough for her eldest daughter, who was going through relationship problems, and had always come to Maria for chats and advice. They had always been very close, but Maria felt as if she was pushing her away. Although she slept reasonably well, she often went to bed very early, as the evenings seemed unbearably long. She often found it hard to concentrate on the television or a book and she found sleep to be a respite from the pain.

Maria felt that these problems were having an impact on her life in many ways. She wrote on her impact sheet that a big problem was that she was lonely and she wanted to see more of her family and meet with her friends again, even though she did not feel like talking much. She also felt that she would like to start swimming again. A big problem was that she could not afford the repayments on her car. She was getting letters from the finance company and was worried that soon the car would be repossessed. She could not sell it as the car belonged to the finance company until the loan was repaid. This was causing her a worry and she had kept this a secret from her children.

With the help of her therapist, Maria decided on the following goals:

My Goals

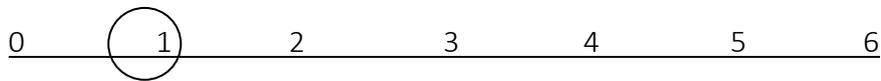
Today's date

Goal number 1

To have a conversation that lasts over 15 minutes with my daughter 4 times a week

.....
.....

I can do this now (circle a number)



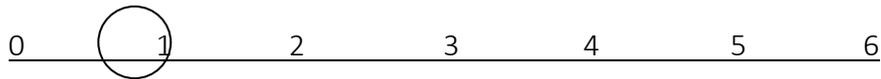
Not at all Occasionally Often Anytime

Goal number 2

To go swimming at least once a week

.....
.....

I can do this now (circle a number)



Not at all Occasionally Often Anytime

Goal number 3

To sort out my car repayments

.....
.....

I can do this now (circle a number)



Not at all Occasionally Often Anytime

Maria read through some of the techniques in her guide and decided that she would like to do something to help to get her into a routine. She discussed this with her therapist and together they decided to try “behavioural activation”.

First of all, Maria completed stage 1 of behavioural activation which involved completing a weekly diary of her current activities. She felt that it had been a typical week. As can be seen by the diary on the next page, Friday had been a good day, but she had suffered for it the next day.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	What	Work	Did some shopping on the internet so I don't have to talk to anyone	Work	Tidied up	Work	Slept in to 10.30am.	Looked at the news on the internet
	Where							
	When							
	Who							
	What	Work	Surfed the internet	Work	Went to see my grandchild's school play	Work	Felt dreadful, in pain went back to bed.	Housework then had a nap for an hour
	Where							
	When							
	Who							
Afternoon	What	Felt fed up, sat watched tv	Filled up the car with petrol at pay at pump so didn't have to talk	Nothing – felt fed up	Surfed the internet	Made a batch of soup for freezing because I eat it all the time	Had a bath	Went to see my younger daughter. She invited me for lunch but didn't feel like eating what she was having
	Where							
	When							
	Who							
	What	Had a microwave fish pie – easy to eat.	Ate soup,	Dozed on the sofa, ate soup	Ate porridge	Made a chicken casserole with mash for my daughter & me, ate lots	Sat with a heat pack on my face – made no difference to the pain. Had cup a soup	Looked at facial pain support forums on the internet, ate soup
	Where							
	When							
	Who							
Evening	What	Went to bed at 8pm	Went to bed at 8.30pm, read a few pages of my book	Watched tv, went to bed at 8.15pm	My son came over with his children – was ok, they did all the talking!	Emma (eldest daughter) came round, had bottle of wine & good chat until 10.30	Had soup + extra painkillers and went to bed at 7.30pm.	Watched tv for a bit, fell asleep on the sofa. Went to bed at 8.45pm
	Where							
	When							
	Who							
	What				Bed at 9.30pm	Bed at 11.00pm		
	Where							
	When							
	Who							

Maria also completed the worksheets from stages 2 and 3 of behavioural activation. She made lists of routine, pleasurable and necessary things in her life. When she discussed these with her facilitator, it was clear that sorting her car repayments out was very important.

Behavioural Activation Worksheet A

Write down your routine activities here e.g. cooking, cleaning and shopping

I don't really have a routine, although I would like to.

I would like to be able to enjoy doing something fun in the evenings instead of just going to bed early.

I used to enjoy the ladies only swimming sessions every Monday, Wednesday and Friday afternoons but I hardly go any more.

I love cooking but I'm fed up of making soup all the time. But it's so easy to eat because I don't have to open my mouth wide.

Write down your pleasurable activities here e.g. going out, visiting friends

I would like to start contacting my old friends and speak to people instead of going on the internet. I would like to be more of a help to Emma.

I used to enjoy walks with a pub lunch at the end

I like spending time with my children and catching up on their news

Write down your necessary activities here

I must sort my car payments out. My son works in a bank and he thinks it's best to get a bank loan over a longer period of time so the payments won't be as high then I can pay off the car and they won't be able to repossess it. If I don't get a move on though he said my credit rating will be too bad for a bank loan.

Behavioural Activation Worksheet B

Now try to put your list in order of difficulty

Most difficult	<p><i>Sorting out my car payments.</i></p> <p><i>Meeting friends - especially chatting to them for a long time and having meals.</i></p> <p><i>Going back to work.</i></p>
Medium difficulty	<p><i>Having long chats with Emma</i></p> <p><i>Finding something I feel like doing in the evenings</i></p> <p><i>Starting up regular swimming again</i></p> <p><i>Spending more time with my children and being more involved with my grandchildren.</i></p>
Easiest	<p><i>Not going on the internet as much</i></p> <p><i>Cooking different types of food</i></p>

Maria and her facilitator discussed the behavioural activation sheet 2 and planned some of the activities that she could do. One of the important things the facilitator discussed with her was to do the activities she had planned regardless of the level of pain. With routine activities she decided she would not go to bed before 9.30pm and begin to go swimming again every Monday afternoon. She would arrange to do things with friends that required less talking, such as cinema visits and card games. Maria planned to also consult her cook books and start to prepare more adventurous meals that could easily be cut up into small pieces, and planning for plenty of time to eat the meal.

Maria noticed that some of the things she found most pleasurable, such as eating and conversation were the main things she had started to avoid because of her facial pain. These were the things that had made up her social life, and missing out on them had led to her feeling more depressed. With her facilitator, Maria planned to call her closest friend, and arrange a card game, explaining that she would not be able to chat for more than 10 minutes at a time to begin with. The facilitator stressed that Maria should chat for no longer than 10 minutes at a time, even if she felt like continuing. For the necessary activity, Maria agreed to sit down and complete a budget planner, working out how much she could afford per month for her car. To ensure that Maria paced her activities, rest periods were built in. Maria's stage 4 behavioural activation diary is shown here. It has a range of activities including routine (red), pleasurable (purple), necessary (blue) and rest periods are yellow.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	What	work	Chores	work	Chores	work	Fill in budget sheet from bank statements	Fill in budget sheet from bank statements
	Where							
	When							
	Who							
	What	work	30 mins rest	work	30 mins rest	work	30 mins rest	30 mins rest
	Where							
	When							
	Who							
Afternoon	What	30 mins rest	Walk to the local butchers	30 mins rest	Look after son's baby for an hour	30 mins rest	Visit son	Visit family
	Where							
	When							
	Who							
	What	Swimming	30 mins rest	Arrange card game with Joan	30 mins rest	Ask Emma to go to the cinema next week	30 mins rest	30 mins rest
	Where							
	When							
	Who							
Evening	What	Plan a meal for tomorrow	Eat something new	Plan a meal for tomorrow	Eat something new	Plan a meal for tomorrow	Eat something new	Tea at daughter's
	Where							
	When							
	Who							
	What	Stay up until at least 9.30pm	Stay up until at least 9.30pm	Stay up until at least 9.30pm	Card game with Joan	Stay up until at least 9.30pm	Stay up until at least 9.30pm	Stay up until at least 9.30pm
	Where							
	When							
	Who							

Maria told her facilitator the following week that she had managed to do most of the things in the diary. On the Monday she had been in pain and had gone to bed 8pm but for the rest of

the week she had gone to bed at 9.45pm. However, despite the pain, she had still managed to go swimming and visit family. She had found filling in the budget sheet very difficult, but established that she could afford £115 per month for a loan. Despite a difficult week, Maria was pleased with what she had done. She enjoyed the rest periods more than she had before, because she felt they gave her 'permission' to rest.

With her facilitator, Maria planned next week's diary. She had enjoyed swimming and planned to go on both Monday and Friday next week. She also planned to call her friend and ask her round for another game of cards. This had been very successful, as there were natural intervals between talking when they concentrated on the game. She also planned a menu for the week comprising more adventurous meals that were still easy to eat. Maria also decided to look at some of the menus for the local pubs and restaurants to see where there were meals she could eat easily and with less embarrassment, with a view to asking some friends to meet for lunch. She also planned to ring her bank manager about making an appointment for the loan.

PERSONAL USE ONLY

Maria's second behavioural activation diary.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	What	work	chores	work	Chores	work	Take suit to dry cleaners	Walk to newsagents for newspaper
	Where							
	When							
	Who							
	What	work	30 mins rest	work	30 mins rest	work	30 mins rest	30 mins rest
	Where							
	When							
	Who							
Afternoon	What	30 mins rest	Arrange card games	30 mins rest	Play cards with Joan	30 mins rest	Visit family	Visit family
	Where							
	When							
	Who							
	What	Swimming	30 mins rest	Call the bank	30 mins rest	Swimming	30 mins rest	30 mins rest
	Where							
	When							
	Who							
Evening	What	Stew	Spag bol	Fish pie	Risotto	Beans on toast	Curry and rice	Omlette
	Where							
	When							
	Who							
	What	Stay up until at least 9.30pm	Cinema with Emma	Stay up until at least 9.30pm				
	Where							
	When							
	Who							

A week later, the facilitator rang Maria. On 6 of the 7 days, she had gone to bed after 9.30 and had made an appointment at the bank the following week. She was delighted with her progress and had started to develop a routine. Although her pain levels were no different, she felt the pain was more controllable. As can be seen by the diary below, Maria decided to go to bed later in the evenings, see her friend again, arrange a short walk and lunch with friends and go to the bank for her appointment. With the help of her facilitator, she also planned a menu for her evening meals next week consisting of a variety of easy to eat foods.

Maria's 3rd behavioural activation diary

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	What	work	Appointment at the bank	work	Chores	work	Read	Took neighbour's dog for walk
	Where							
	When							
	Who							
	What	work	30 mins rest	work	30 mins rest	work	Short walk with Joan, Chris and Jill, followed by lunch	30 mins rest
	Where							
	When							
	Who							
Afternoon	What	30 mins rest	chores	30 mins rest	Play cards with Joan	30 mins rest	30 mins rest	Visit family
	Where							
	When							
	Who							
	What	swimming	30 mins rest	Coffee with friends in town	30 mins rest	swimming	Visit family	30 mins rest
	Where							
	When							
	Who							
Evening	What	Pasta carbonara	Shepherds pie	Chicken casserole	Risotto	Fish pie	Soup – but ok because I had lunch out	Roast chicken
	Where							
	When							
	Who							
	What	Stay up until at least 10pm	Play cards with Joan	Stay up until at least 10pm	Stay up until at least 10pm	Cinema with Emma	Cards at Joan's house.	Stay up until at least 10pm
	Where							
	When							
	Who							

The following week, Maria discussed her progress with her facilitator. Maria had been successful, and had begun to get DVDs and books from the library to enjoy in the evenings. She had stuck to the new menu and enjoyed every meal, allowing herself permission to take her time to cut up her food into smaller pieces. She had found that her friends and family understood better than she had thought that sometimes talking was uncomfortable for her, and did not mind if she went quiet for a while. She had been to the bank and sorted out a loan over a longer period of time for her car. This now meant that her car could not be repossessed, and as she owned it outright she could sell it if she decided to and use the money to pay off the loan. The thing she was most pleased about was seeing more of Emma, her daughter, and apologising for not being there for her when she needed to talk. She was surprised to find that Emma was only upset that Maria had not told her how much the pain had affected her.

Over the next few sessions Maria's routine became more established, she started seeing her friends and family regularly and her pain improved. She also agreed to let Emma move in with her for a while, so she could afford to go back to do a university course. Although talking and eating was still painful, Maria found that she noticed it a lot less than she used to.

Maria's final diary example shows how much progress she had made in establishing a routine and doing more pleasurable activities with regularly planned rest periods. Maria's manager, had offered her a different job at the hotel doing office work 3 full days per week. After some discussion with Emma, she had decided she was ready to take up this offer. Maria still had days where her pain was severe, but she felt much more in control of her life.

Maria scored her control sheet again several times during her programme. Her ratings went up as she started to do more with scheduled rest periods.

Maria's goal summaries:

Goal number 1: <i>To have a conversation over 15 minutes long with my daughter</i>		
Time 1: 1	Time 2: 2	Time 3: 5
Goal number 2: <i>To go swimming at least once a week</i>		
Time 1: 1	Time 2: 3	Time 3: 6
Goal number 3: <i>To sort out my car repayments</i>		
Time1 0	Time 2: 3	Time 3: 6

Sara

Sara's story is about someone who used cognitive restructuring, a technique from the guide which is aimed at changing the way you think.

Sara is 42 and lived alone with her son who is 17, following a difficult divorce 4 years ago. For the past 3 years Sara had suffered from a burning sensation on her tongue and mouth and a constant throbbing pain in her back teeth. She describes her face being so sore that she could not bear to touch it in some areas and had brought a child's toothbrush to make it easier to bear the pressure on her rear teeth and gums. Doctors and dentists diagnosed the burning sensation as 'burning mouth syndrome' however the pain in her teeth could not be explained, despite Sara having visited 3 different dentists and a specialist.

Sara's facial pain had become worse when she was made redundant and started to set up her own business as a web designer. She found that her pain made her feel distracted and unable to concentrate on doing the things she needed to do to get the business up and running. Sara felt that the constant pain also caused her to be irritable and angry with herself and her son. She also had difficulty getting off to sleep and often woke in the night. She spent most of the day sitting and believed that resting would help her to recover. However, Sara also felt frustrated that she could not function as she had before. She had wanted to start up her own business for a while, and had felt that her redundancy money would allow her to finally achieve this ambition. However, she felt terrified that she would not be able to take on such responsibility because she would not be able to cope with her facial pain. She felt ashamed that she had only done one piece of work since starting her business and guilty that she was using up her redundancy money. There was tension in Sara and her son's relationship and they argued frequently. Sara felt that her son disliked and resented her. Her son was learning to drive and wanted Sara to take him for a lesson in her car, but her pain made her impatient and she felt like she could not take him out in the car without becoming angry and tense and causing yet another argument. This made Sara feel like she was a bad mother. She felt ashamed of her condition and although she knew people believed how much pain she was in, she felt they did not understand her illness, and she thought they were always wondering when she was going to get better.

Sara felt that the pain impacted heavily on her life. Before the onset of her chronic orofacial pain, Sara had enjoyed Friday nights out with her friends and was very social. She enjoyed badminton and going to the gym. A friend had told her that one of her colleagues wanted to ask her for a date, but Sara had not been keen. She was worried she would have to cancel if it was a bad day for her pain, and she would make this man feel bad when that happened as he would not understand. She also felt that she was boring because she did not go out or enjoy her hobbies as much anymore and she felt unattractive on her bad days because she could not bear to touch her face to apply makeup or moisturiser.

With the help of her facilitator, Sara decided on the following goals:

My Goals

Today's date

Goal number 1

To work on my business

.....

I can do this now (circle a number)



Not at all Occasionally Often Anytime

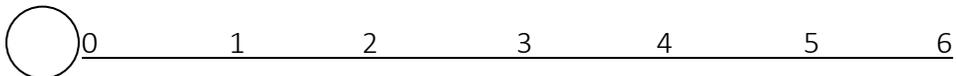
~~~~~

Goal number 2

*To take my son for a driving lesson in the car and keep calm ...*

.....

I can do this now (circle a number)



Not at all                      Occasionally                      Often                      Anytime

~~~~~

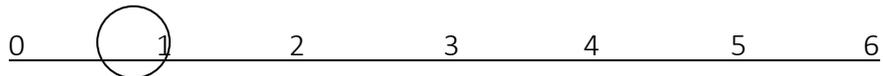
Goal number 3

To do a class at the gym 3 times a week

.....

.....

I can do this now (circle a number)



Not at all Occasionally Often Anytime

Sara felt that dealing with her thoughts would help her most. She felt that if she could feel less angry and frustrated, this would help her to do more things in her life. With the help of her facilitator, Sara learnt how to complete some thought diaries. These helped her to identify the exact type of thoughts she was having, the situations where these thoughts were occurring and how much she believed these thoughts to be true. To start with, Sara filled in these first three columns. An example of one of Sara's thoughts diaries is shown below.

Sara's first thought diary

Situation	Feeling (rate how bad it was 0-100%)	Thought (rate how much you believe this thought 0-100%)	Revised thought (rate how much you believe this thought 0-100%)	Feeling (How bad was it? 0-100%)
<i>Sitting at home watching tv my son asks me when I'm going to feel well enough to take him out in the car. I shout at him, "probably never so ask your dad for more money for lessons!"</i>	<i>Angry 60% Guilty 90%</i>	<i>I'm horrible and a bad mother, my son must hate me 80%</i>		
<i>Friend texts to invite me on a night out</i>	<i>Sad 80% Frustrated 95%</i>	<i>I don't go out anymore, I'm boring now, they probably didn't want me to go anyway 90%</i>		
<i>Watching dragon's den</i>	<i>Frustrated 90% angry 85%</i>	<i>I'll never make a go of my business. I bet those people didn't have this pain. 75%</i>		

Sara collected a week of diaries and discussed these at the next session with her facilitator. Through the diaries she saw the main type of thought she could recognise was "of no use to anyone and not doing anything with my life because of the pain". She saw the link between her thoughts, her belief in how true they were and her mood and subsequent behaviour. She was able to identify the link with her relationship with her son. She understood that her guilt and frustration with her chronic orofacial pain led her to believe that her son disliked and resented her. The more she believed that thought the more angry she became so she avoided spending time with him which led her to believe that she was a bad mother.

With help from her facilitator, Sara worked on the thought that she was a bad mother and her son disliked her. This was a distressing thought as she believed it to be 80% true. She looked at how true or false this really was. The way she did it was to imagine she was a judge in court where evidence for and against the truth of the thought was being examined. This is shown in Sara's evidence table.

<p>My thought <i>My son doesn't like me, and I am a bad mother</i></p>	<p>My % belief 80%</p>
<p>Evidence for</p> <p><i>I have no patience with him</i></p> <p><i>I don't do the things other parents do, like take him out in the car</i></p> <p><i>We argue over everything.</i></p> <p><i>He will think I'm a failure because my I've not got my business going</i></p>	<p>Evidence against</p> <p><i>He offers to help me do things around the house when I have a bad day</i></p> <p><i>When he played football for his school I came to watch him play nearly every match</i></p> <p><i>He does say he loves me now and again</i></p> <p><i>My brother said that no one is a perfect parent and that teenagers are always difficult. He said I do a good job of bringing him up on my own.</i></p> <p><i>Jake (my son) said he was proud of me when I did that one job for my business</i></p>

When Sara completed this exercise, she reconsidered her belief in her thought that her son disliked her and that she was a bad mother. She could see the evidence for believing the thought was fairly weak as it was based on feelings and assumptions rather than facts. Instead of believing it to be 80% true she decided that it was no more than 40% true. Because her belief was less, she felt less frustrated and angry when she had these thoughts. With her facilitator, she developed a new thought (called a revised thought) which was "Sometimes my son and I argue and get cross with each other on a bad day, but we have a normal relationship, I'm not a bad mother". She rated this new thought at 75% and her anger and guilt reduced considerably. This example is shown in Sara's second thought diary.

Situation	Feeling (rate how bad it was 0-100%)	Thought (rate how much you believe this thought 0-100%)	Revised thought (rate how much you believe this thought 0-100%)	Feeling (How bad was it? 0-100%)
Sitting at home watching tv my son asks me when I'm going to feel well enough to take him out in the car. I shout at him, "probably never so ask your dad for more money for lessons!"	Angry 60% Guilty 90%	I'm horrible and a bad mother, my son must hate me 80%	Sometimes my son and I argue and get cross with each other on a bad day, but we have a normal relationship, I'm not a bad mother 75%	Anger 10% Guilt 30%

Sara repeated this process a number of times with the same thought. She also tackled other thoughts, particularly about her belief that resting her body will help her facial pain. With support and encouragement from her facilitator Sara carried out some behavioural experiments. For example, one experiment was to rest for an entire day and rate her pain levels, the next day she was asked to do some mild activity and again rate her pain. She did this for six days and at the end of the experiment she discovered that her pain levels were less on the days she did some activity. Over the course of a few weeks, with challenging her thoughts and carrying out some behavioural experiments Sara felt that she was in more control of her pain. The more she challenged her thoughts the more confident she became and the more her behaviour changed as she started to do more. She felt much more confident and importantly her mood improved which led to her feeling less angry, which improved her relationship with her son. She allowed him to drive her car for half an hour along some country roads and found that she did not feel the need to prompt or instruct him too much. They did exchange cross words once, when he drove through a huge puddle of muddy water, but both of them managed to see the funny side. Sara started to go back to the gym, at first once a week, but is now managing to make it 3 times. She has just secured a contract to revamp the website for a small local restaurant chain, and is hopeful that this will lead to more work.

As with other recovery stories, Sara's improvement was not immediate and she continued to have days where she was in pain. She knew that she needed to continue to challenge her thoughts and carry out experiments but she did feel that she managed her pain much better. She also recognised that she had been in a low mood, which had led to her feeling low in confidence, frustrated and angry. She felt that she could use the techniques she had learned to manage these emotions.

Sara scored her goal sheet again several times during her therapy. Her ratings went up as she started to feel better and achieve her goals. These are detailed in Sara's summaries:

My Goals

Today's date

Goal number 1

To work on my business

.....

I can do this now (circle a number)

0 1 2 3 4 5 6

Not at all Occasionally Often Anytime

~~~~~

Goal number 2

*To take my son for a driving lesson in the car and keep calm ...*

.....

I can do this now (circle a number)

0            1            2            3            4            5            6

Not at all                      Occasionally                      Often                      Anytime

~~~~~

Goal number 3

To do a class at the gym 3 times a week

.....

.....

I can do this now (circle a number)

0 1 2 3 4 5 6

Not at all Occasionally Often Anytime

Acknowledgements:

We would like to acknowledge input from the patients with chronic orofacial pain including TMD who have helped co-produce and co-design this guide by sharing their experiences with us. Their insights have been invaluable. Patients from both Leeds Teaching Hospital Trust and Central Manchester Foundation Trust participated in the process.

We would like to thank the research team working on the MUSICIAN study at the University of Manchester for providing the manuscript from which this guide was adapted. We also acknowledge expert input from Professor Justin Durham and Dr Chris Penlington from Newcastle University who reviewed and suggested changes to version 3 of the manual.

This work was partly funded by a Clinician Scientist award held by Dr Vishal Aggarwal and issued by the National Institute of Health Research – grant number CS/2008/08/001. The views expressed in this publication are those of the authors and not necessarily those of the NHS, the National Institute for Health Research or the Department of Health.

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