CBT FOR CHRONIC PAIN

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UW Medicine

Speaker Disclosures

- The presenters of this session have NOT had any relevant financial relationships.
  - The presenters of this session DO hold the following beliefs:
    - All pain is real, and all pain is a biopsychosocial experience.
    - The more people understand chronic pain the better treatment outcomes they have.
    - Hurt ≠ Harm.
    - Pain = Protection.
    - Pain is complex and everything matters when it comes to chronic pain.
    - Recovery is possible.

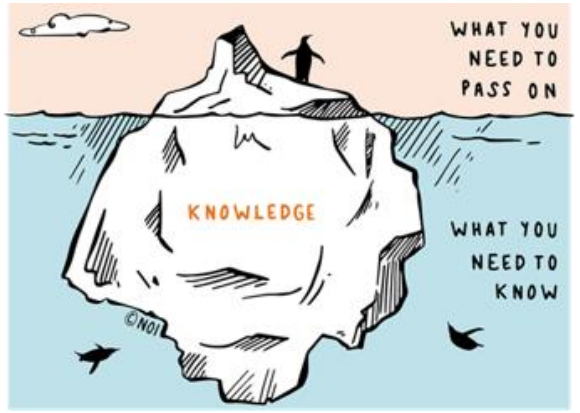
Learning Community Overview

- Session 1: Pain Neuroscience Education (PNE)
- **Session 2: Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)**
- Session 3: Acceptance and Commitment Therapy for Chronic Pain (ACT-CP)
- Session 4: Pain Reprocessing Therapy (PRT) and Emotional Awareness and Expression Therapy (EAET)

PNE Review: All Pain Is Real

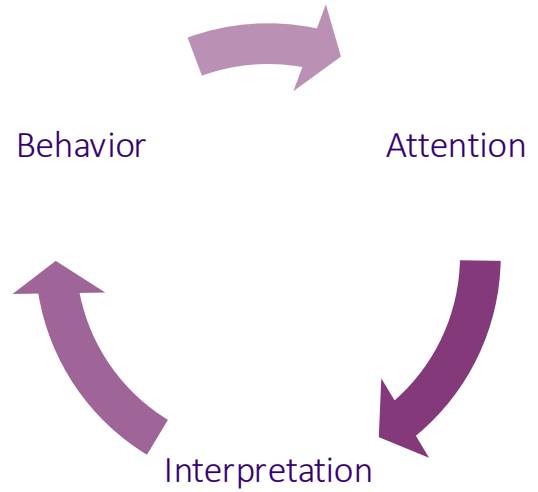
- The purpose and function of pain is to protection
- Pain is an output from the brain, it is a real experience that is always unique to that individual, and is dependent on meaning, which is always context-dependent.
- When our brain decides to interpret a sensation as painful, it also sends a signal back to the body that intensifies that feeling. Nerve endings can chemically change in response to signals from the brain. Pain is more like a conversation between the brain and the body.
- Pain is not “just in your head,” it involves multiple systems including the neurological, muscular-skeletal, psychological, and digestive systems

Training Objectives



- Gain a better understanding of foundational CBT-CP skills including:
  - Measurement based care for chronic pain
  - Goal setting
  - Time-based activity pacing and desensitization
  - Behavioral activation and pleasant activity scheduling
  - Relaxation training
  - Cognitive coping
  - Developing a pain action plan

Pain perception – CBT model



- Three important processes

1. Attention – on purpose or involuntary
2. Interpretation – appraisal/reaction
3. Behavior

Why CBT for Chronic Pain?

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CBT Rational

- Cochrane Database of Systematic Reviews 2020
  - Most evidence-based intervention for chronic pain.
  - CBT has been found to be cost-effective when compared to usual care
  - Associated with improvements in pain rating, distress, and disability compared to treatment as usual and active control conditions.

CBT Rational

- CBT-based interventions are associated with improved pain rating, reduced distress, improved self-efficacy, and improved function.

- Limited evidence comparing CBT-based interventions and existing evidence does not suggest one is superior.

Majeed, M. H., Ali, A. A., & Sudak, D. M. (2019). Psychotherapeutic interventions for chronic pain: Evidence, rationale, and advantages. *International Journal of Psychiatry in Medicine*, *54*(2), 140–149.

Evidence Base

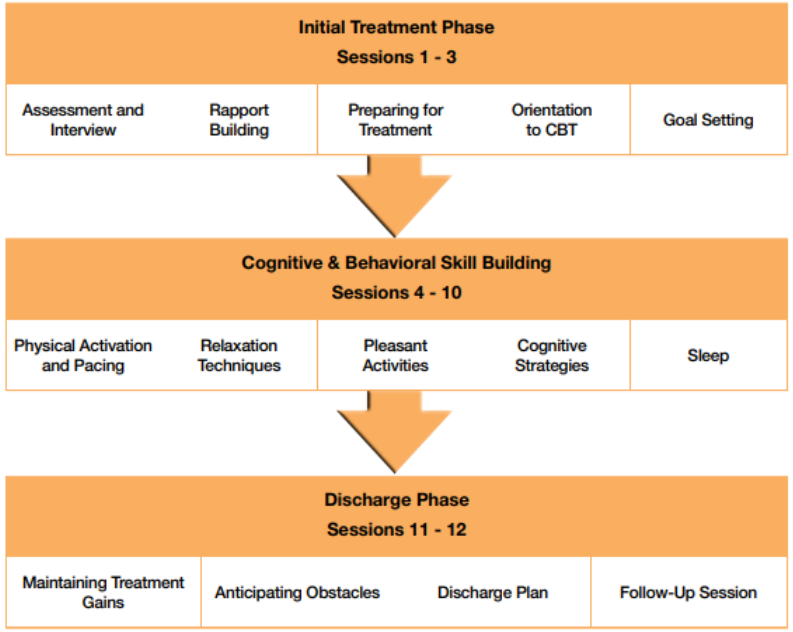
- Chronic pain is a common condition, multiple types of interventions are necessary to treat pain in a sufficiently patient-centered way across diverse settings and populations.
- Briefer versions of CBT-CP offered in primary care are effective (Ahles et al., 2006; Buszewicz et al., 2006; S.K. Dobscha et al., 2009; Lamb et al., 2010; Martinson, Craner, & Clinton-Lont, 2020; Moore, Von Korff, Cherkin, Saunders, & Lorig, 2000; Smith & Torrance, 2011; Von Korff et al., 1998; Wetherell et al., 2011)
- Brief CBT-CP is associated with clinically significantly improvement in a composite measure of pain intensity and pain-related functional impairment (Beehler et al., 2019)

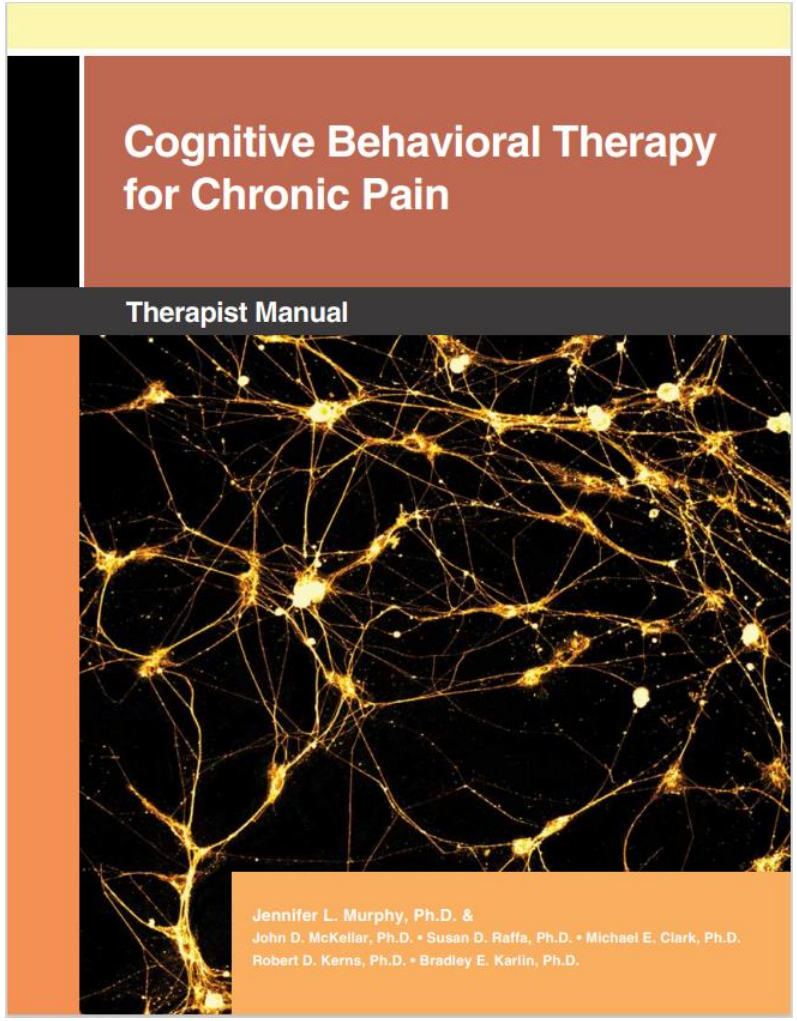
The CBT Umbrella

- Cognitive Therapy
- Behavioral Activation
- Motivational Interviewing
- Acceptance and Commitment Therapy
- Dialectical Behavioral Therapy
- Rational Emotive Behavior Therapy
- Mindfulness-Based Stress Reduction
- Mindfulness-Based Cognitive Therapy
- Solution-Focused Therapy
- Exposure Therapy
- Etc. etc. etc. …

CBT-CP

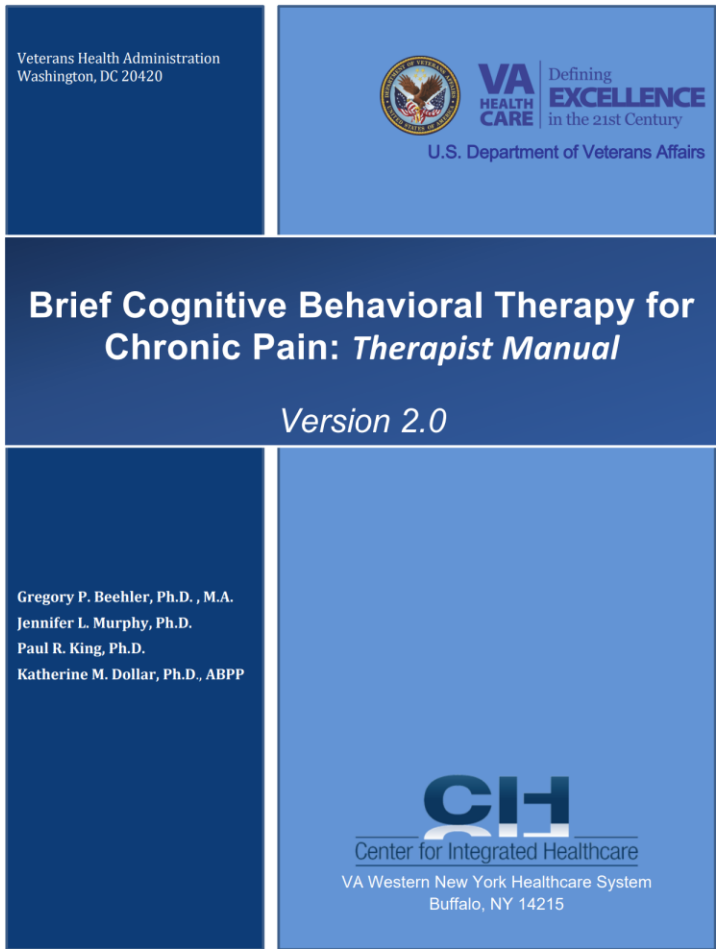
- Rooted in the development of a strong therapeutic relationship that encourages clients to adopt an active, problem-solving approach to cope with the many challenges associated with chronic pain





CBT_chronic pain (va.gov)

Brief CBT-CP

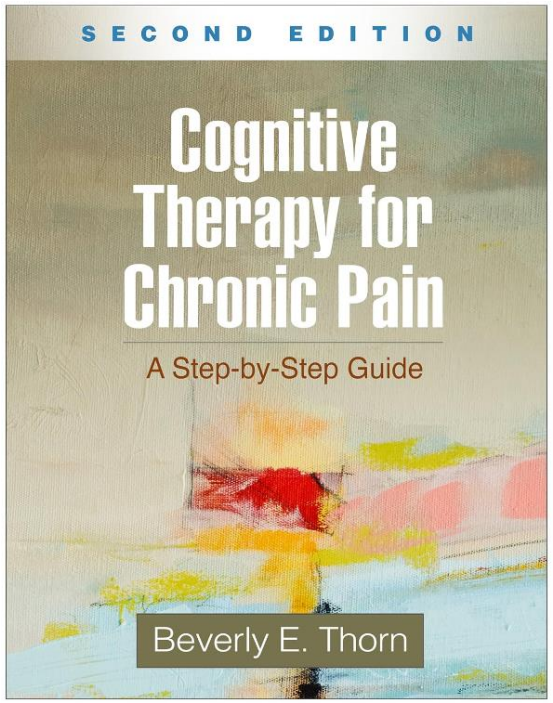


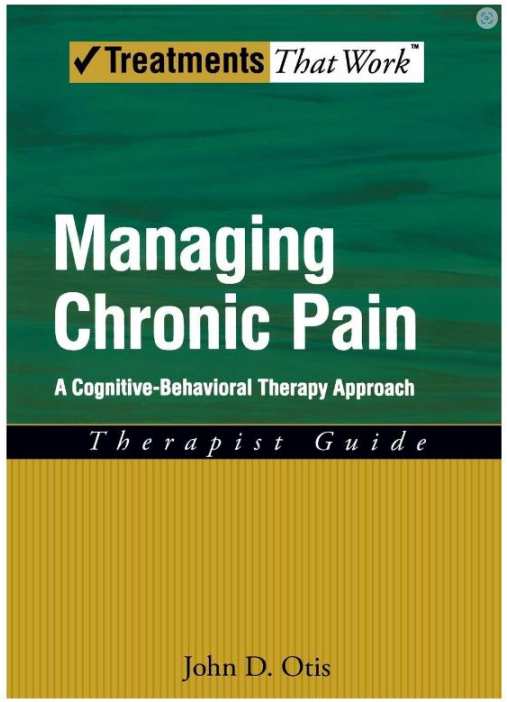
- Adapted from full-length VA CBT-CP treatment protocol (Murphy et al.) for primary care integrated behavioral health service delivery platform.

- 6 sessions of 30 minutes or less, highly focused brief assessments, skills building to improve functional outcomes, and early detection and prevention.

Brief_CBT-CP-Manual-V2_5-6-2021.pdf (va.gov)

Additional manuals





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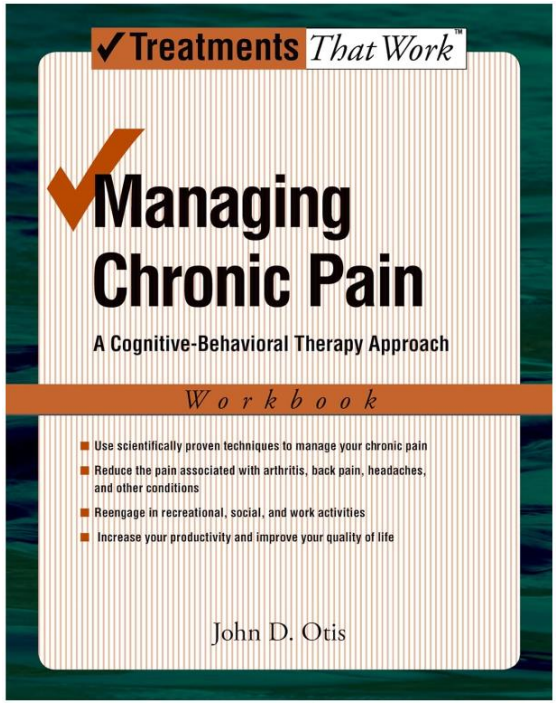
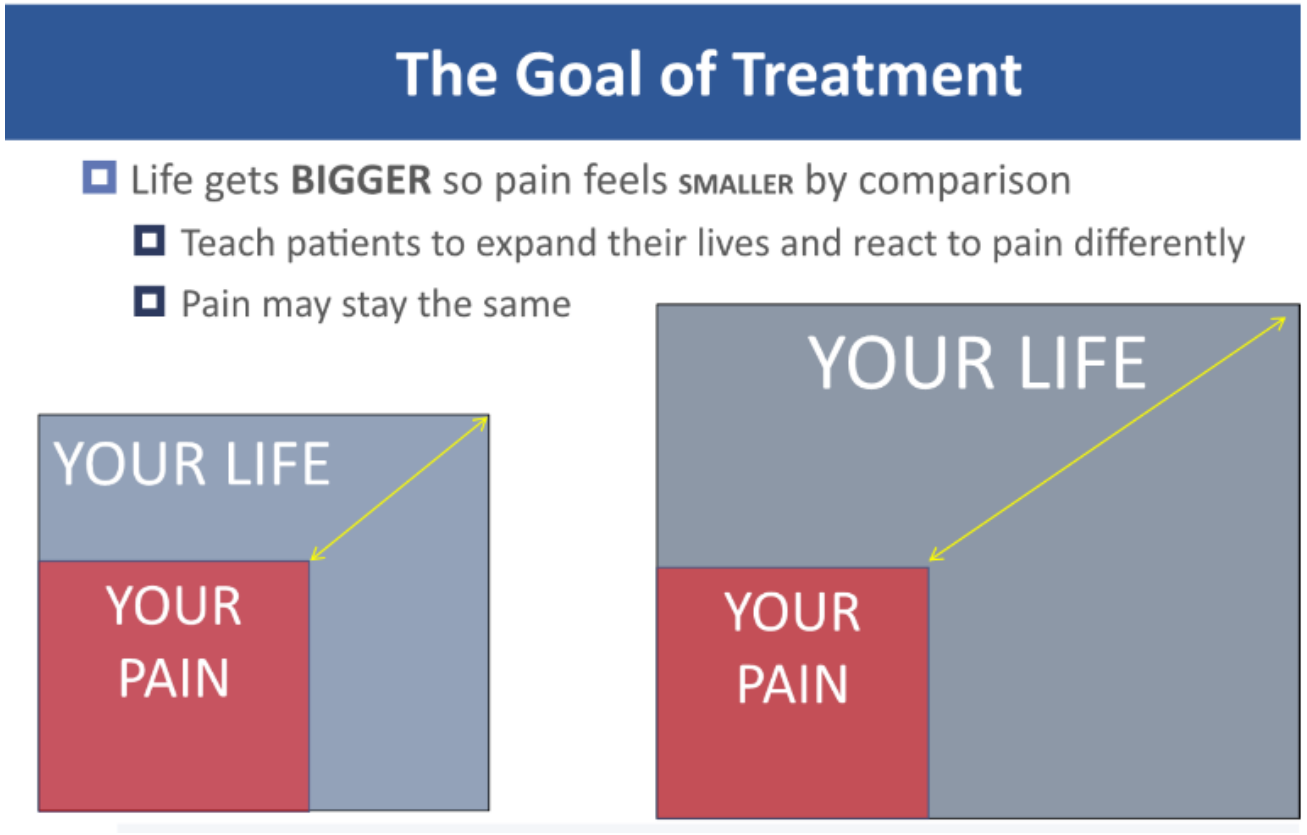


Goals of CBT-CP

- Increase participation in meaningful activities
- Manage pain flares more effectively
- Decrease pain intensity
- Reduce worries about increased pain or injury
- Improve overall quality of life.



Treatment Overview

- Foundational pain education and the development of treatment goals.
- Balanced engagement in physical activity and pleasurable events.
- Skills training for easily implemented relaxation techniques.
- Focus on recognizing and modifying unhelpful thoughts that negatively impact pain.
- Relapse prevention and independent implementation of skills following treatment.

Measurement-Based Care (MBC)

- Use of brief validated measures to capture patient-reported outcomes at each contact is strongly recommended to inform both patient and provider about patient response to treatment.
- Previous research has indicated that routine outcome monitoring is important for identifying patients who are not responding to treatment, with continued monitoring useful for capturing patients' response to treatment modifications (Carlier et al., 2012; Scott & Lewis, 2014)

PainTracker

Treat the Patient, Not the Pain: Using a Multidimensional Assessment Tool to Facilitate Patient-Centered Chronic Pain Care

Dale J. Langford, PhD[1], David J. Tauben, MD, FACP[1], John A. Sturgeon, PhD[1], Daniel S. Godfrey[1], Mark D. Sullivan, MD, PhD[2], and Ardith Z. Doorenbos, RN, PhD, FAAN[3]

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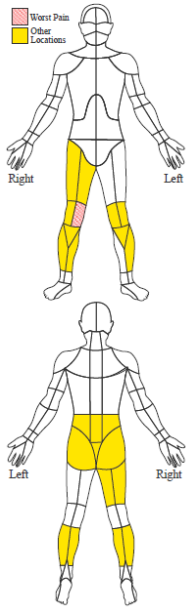
Pre-treatment

Outcomes	
PHQ-4	9 (0-12) ⚠
PHQ-9	12 (0-27) ⚠
Suicidal Ideation	3 (0-3) ⚠
PEG	23 (0-30) ⚠
Sleep Interference	3 (0-10)
Risk Stratification	
PTSD	N/A
STOP	1 (0-4)
FM	11 (0-31)
TAPS-1	1 (0-1) ⚠
Opioids	
Problems	N/A
Concerns	N/A
Taper	N/A



Printed: 4/11/2022
Last Completed Session: 4/11/2022 11:14am

PainTracker™

Patient-reported Recent Treatments				Patient-reported Treatment Goals and Expectations		
Type	Last 3 Dates	Helpful?	Total	Rank	Goals (4/11/22)	Expectations (4/11/22)
Injection	None reported		0	1st	Help w/ important activities	Don't know
Started Phys. Therapy	Not reported		0	2nd	A reduction in pain	Medications for pain
Started Psych. Therapy	Not reported		0	3rd	Help coping w/ pain	Injections or nerve blocks

PainTracker Scores for 4/11/2022

A single PainTracker session has been completed. Once another session has been completed, charts showing how your health has changed over time will be displayed.

Pain Intensity & Interference (lower is better, higher is worse)
Pain Intensity: 8 out of 10
Pain Interference: 7 out of 10

PHQ-9 & GAD-7 (lower is better, higher is worse)
PHQ-9: 12 out of 27
GAD-7: 14 out of 21

Sleep (lower is better, higher is worse)
Sleep Interference: 3 out of 10

Role & Activity Interference (lower is better, higher is worse)
WHODAS-12: 30 out of 48
Important Activity Difficulty: 8 out of 10

Days w/ Excess Meds (past month)
None

Important Activity
walking

What I want next from my clinician is:
help and a better understanding of what to do to make this better, a holistic approach

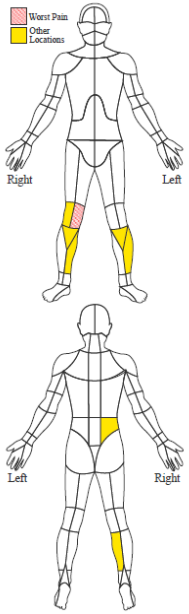
Quality of Life Interference (0-10)
8

Treatment Satisfaction (0-10)
0

Most Bothersome Side Effect
No

Post-treatment

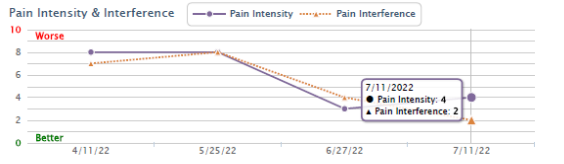
Outcomes	
PHQ-4 Depression	1 / 12 - Normal
GAD-7 Anxiety	N/A
Suicidal Ideation	N/A
PEG	8 / 30
Sleep Interference	0 / 10
Risk Stratification	
PTSD	N/A
STOP OSA risk	1 / 4 - Low
FM	11 / 31
TAPS-1 Substance use	1 / 1 - Problem use ⚠
Opioids	
Problems	N/A
Concerns	N/A
Taper	N/A

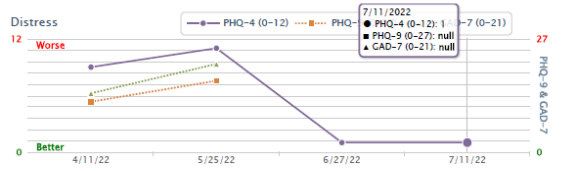


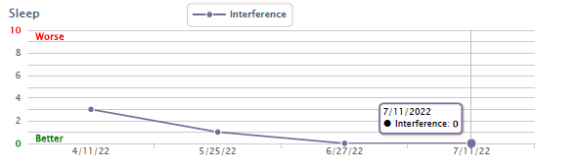
Printed: 7/11/2022
Last Completed Session: 7/11/2022 2:07pm

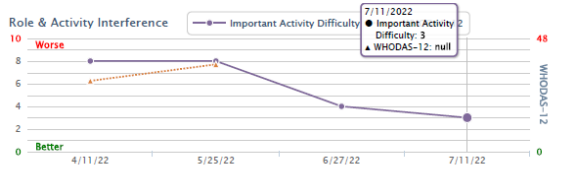
PainTracker™

Patient-reported Recent Treatments				Patient-reported Treatment Goals and Expectations		
Type	Last 3 Dates	Helpful?	Total	Rank	Goals (7/11/22)	Expectations (7/11/22)
Injection	None reported		0	1st	Help w/ important activities	Counseling
Started Phys. Therapy	Not reported		0	2nd	--	Stress Management
Started Psych. Therapy	Not reported		0	3rd	--	Relaxation therapy









Most Bothersome Side Effect (From most recent assessment)

No

Condensed paper version of PainTracker can be found at [PainTracker_PatientVersion.pdf (washington.edu)]

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PHQ-9: Depression & Chronic Pain

- Between 40% and 60% of patients with chronic pain have depression, and due to the association, the term ‘pain–depression dyad’ has been coined.
- Coexistence of the two conditions is underestimated and poorly understood.
  - Serotonin and norepinephrine are thought to play a key role in the association, but the exact mechanism is unclear.
- When the two conditions are comorbid, outcomes are worse.
- Management can be difficult, and a multi-disciplinary approach is vital

Surah & Morley, 2014

GAD-7: Anxiety/Fear & Chronic Pain

- 35-45% of primary care patients with chronic pain screened positive for ≥ 1 of the 5 types of common anxiety disorders, compared with 18% in the general population, and those with anxiety disorder had higher pain scores (Kroenke et al., 2013, McWilliams, et al., 2003).
- The Fear-Avoidance Model of chronic pain posits that pain catastrophizing and fear of pain (including avoidance, cognitions and physiological reactivity) are key antecedents to, and drivers of, pain intensity and disability, in addition to pain-related psychological distress (Asmundson et al.,1999; Vlaeyen & Linton, 2000; Vlaeyen & Linton, 2012;Rogers and Farris, 2022).

PC-PTSD-5

In the past month, have you...

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?
   YES / NO
2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
   YES / NO
3. Been constantly on guard, watchful, or easily startled?
   YES / NO
4. Felt numb or detached from people, activities, or your surroundings?
   YES / NO
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
   YES / NO

*If positive screen recommend PCL-5 for ongoing symptom monitoring at subsequent visits

Adverse Childhood Experiences & Pain

- Retrospectively reported ACEs, specifically verbal/sexual abuse, parental psychopathology, and early parental loss, are associated with painful medical conditions as an adult regardless of the severity of an adult's mood or anxiety (Sachs-Ericsson, N. J., et al., 2017)

  - Proinflammatory tendencies associated with ACEs drive inflammation and the pathogenic systems that lead to pain-related conditions during aging (Miller G. E., et al., 2011)

  - Dysregulation of the hypothalamic-pituitary-adrenal (HPA) stress response due to ACEs during developmental years and the theory of reserve capacity impacts an individual's ability to develop effective coping skills thus influencing the experience of chronic pain (Sachs-Ericsson, N. J., et al., 2017)

TAPS-1: Substance Use

In the past 12 months, how often have you:

- Used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?
- {Males} Had 5 or more drinks containing alcohol in one day?
  {Females} Had 4 or more drinks containing alcohol in one day?
    - 1 standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.
- Used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?
- Used any prescription medications just for the feeling, more than prescribed, or that were not prescribed for you?
    - Prescription medications that may be used in this way include:
        - Opiate pain relievers (for example, Oxycontin, Vicodin, Percocet, methadone).
        - Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin).
        - Medications for ADHD (for example Adderall or Ritalin)

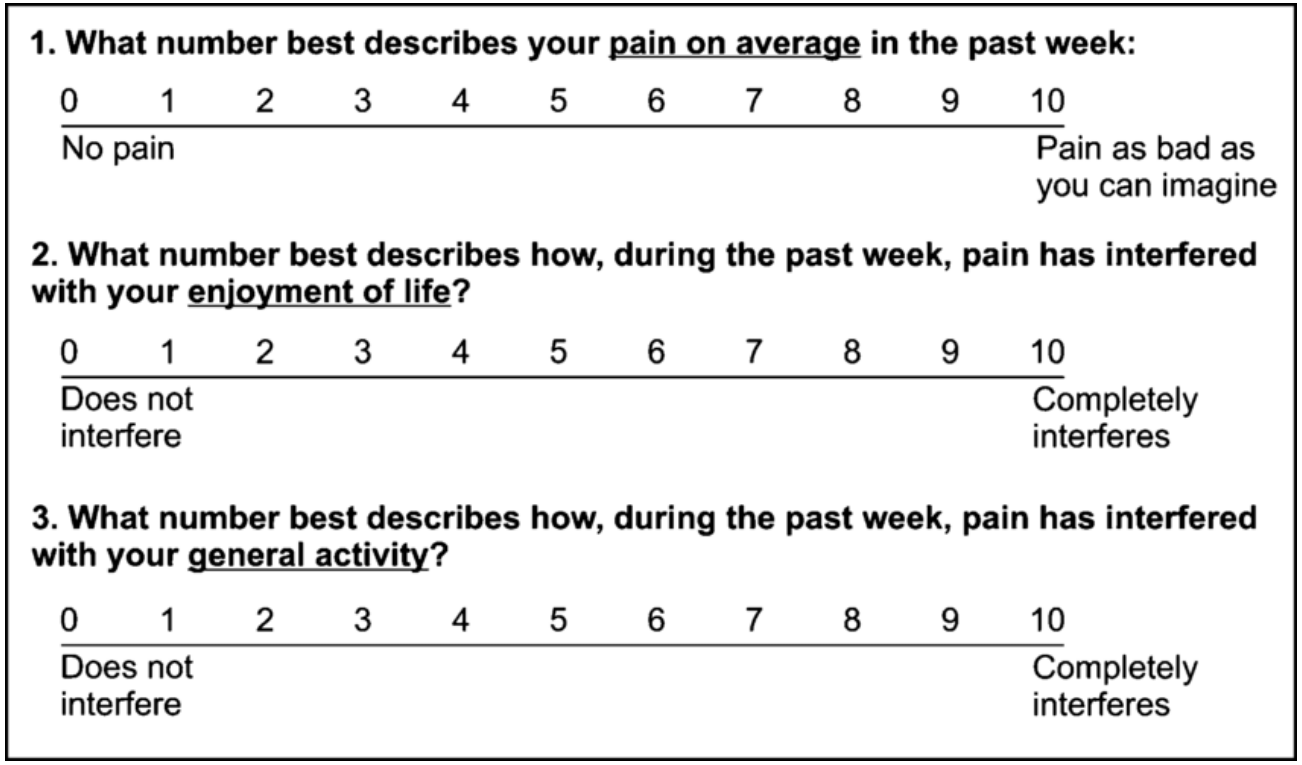
Response Options (regarding the past 12 months)

- Daily or almost daily
- Weekly
- Monthly
- Less than monthly
- Never

Gryczynski et al., 2017

Pain, Enjoyment of Life and General Activity scale (PEG)

- Three item screener to assess average pain intensity (P), interference with enjoyment of life (E), and interference with general activity (G).
- The PEG is a practical and useful tool to improve assessment and monitoring of chronic pain in primary care.



1. What number best describes your pain on average in the past week:

0 1 2 3 4 5 6 7 8 9 10

No pain — Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

Krebs, et al., 2009

Goal Setting with Chronic Pain

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Self-efficacy

- One's perceived ability to perform and successful complete a task.
- In chronic pain research, higher self-efficacy is associated with *less*:
  - Functional impairment
  - Emotional distress
  - Pain severity
- Especially true for those who experienced pain the longest

Jackson, Wang, Wang, & Fan (2014)

Goal Setting

- Short-term goals can be accomplished over the near future, or about 3 months from now.
- These should be personally meaningful goals that motivate people.
  - Track goals at each contact to ensure that progress is occurring. If it is not, adjust as needed.
- Accomplishing short-term goals keeps people motivated to achieve long-term goals.
- Long-term goals are those for the next 6–12 months (or even longer).

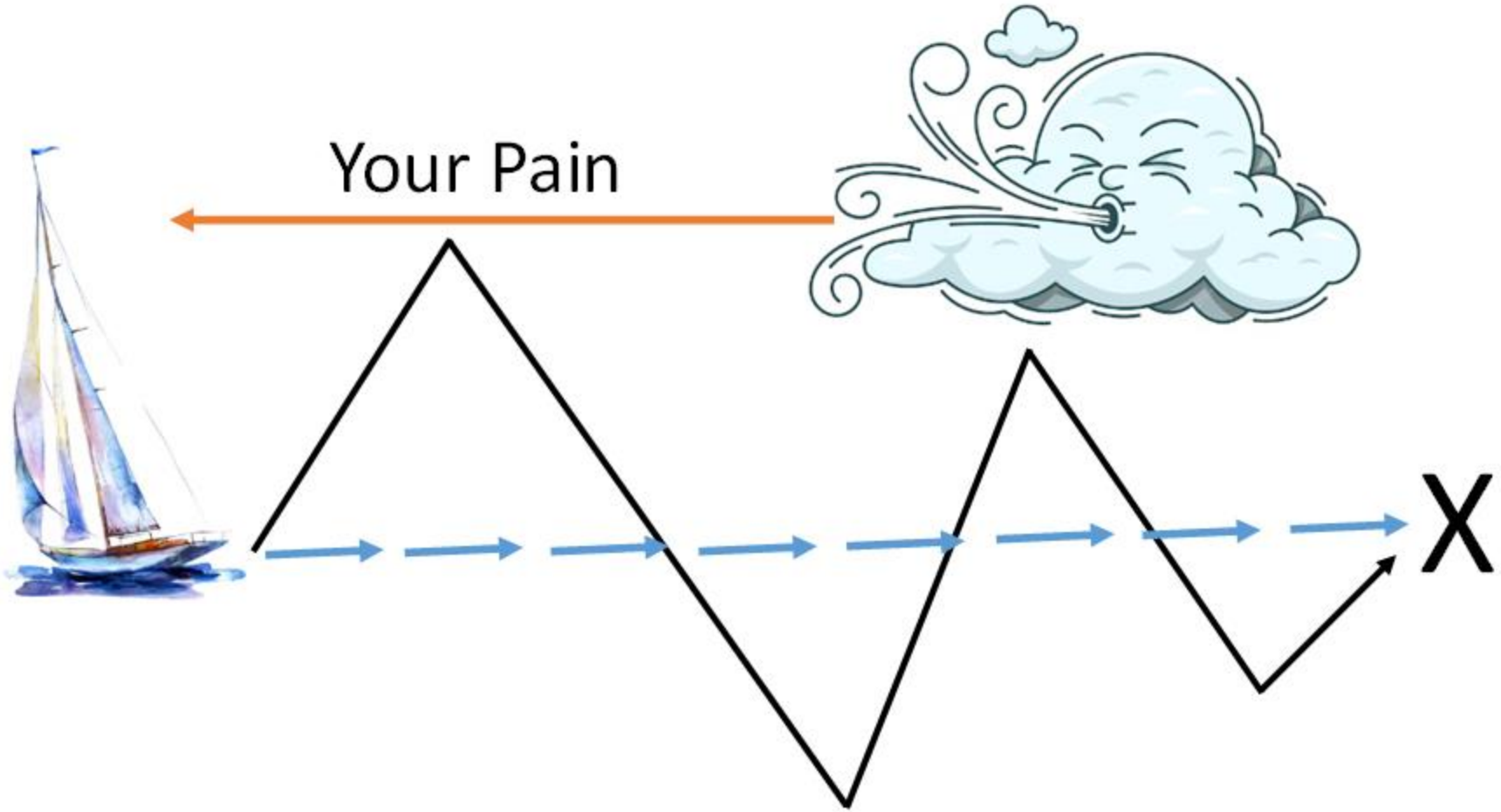
SMART goals

Values vs. Goals

- Values
  - North star/general direction
  - Abstract concept
    - e.g., to be a generous person

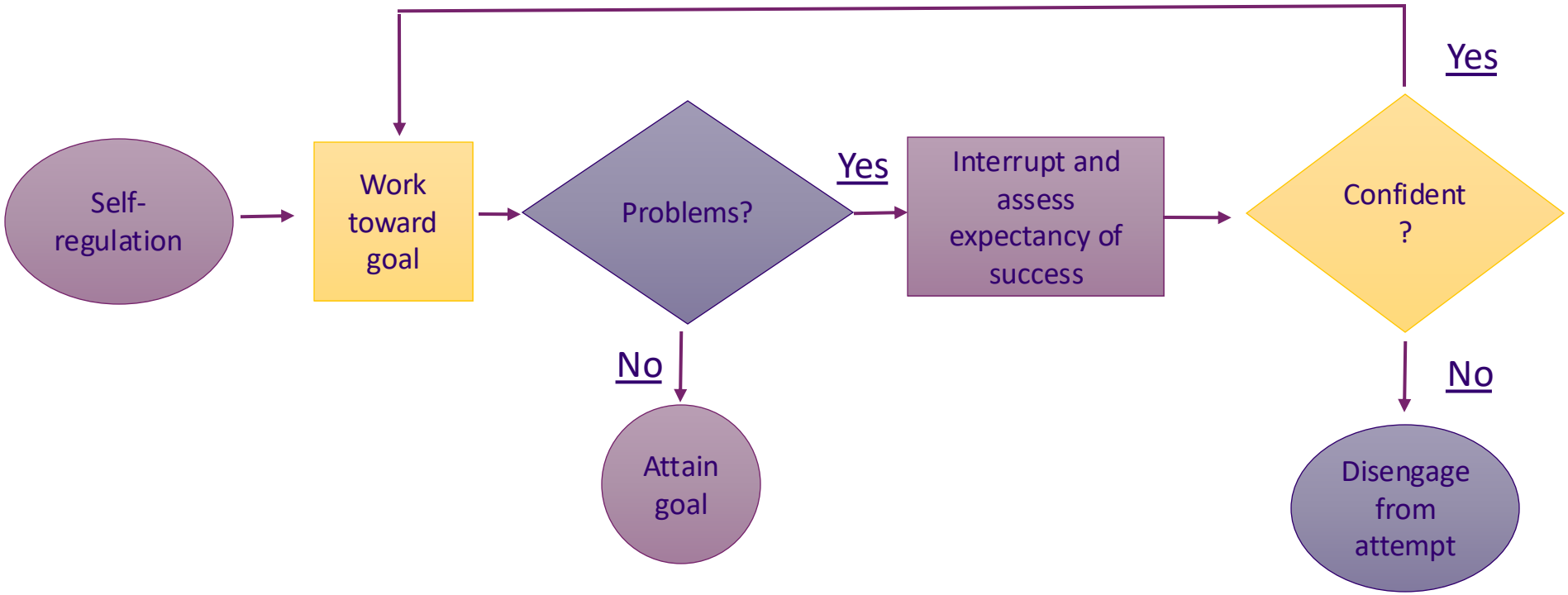
- Goals
  - Step by step directions with landmarks along the way
  - Concrete behavior
    - e.g., helping a friend move on Tuesday

Goal Setting and Pain



Goal Setting – SMART Goals

- Value + Self-Efficacy = Goal Pursuit



Scheier & Carver, 2003

SMART goal setting

- S = Specific

- Identifies a specific action or event that will take place.
  - What do you want to accomplish?
    - What is the desired result and what will you specifically do?

  - Think about what you will do, not just what you won't do
    - It is much easier to do something instead, rather than just not doing the thing

SMART goal setting

- M = Measurable

- Goals should be quantifiable so progress can be tracked.
  - How will you know when you have accomplished your goal?
  - How will you measure your progress?

SMART goal setting

- A = Achievable (Self-efficacy)

- Goals should be attainable and realistic, given resources.
- Aim for at least 80% confidence that we can/will do what is proposed.
  - How will the goal be accomplished?
  - Do I possess the skills to meet this goal?
  - Do I have the resources (e.g., money, time, etc.)?
  - Do I need to break down the goal into smaller goals?
  - Is there another goal I may need to achieve first on the path to pursuing this goal?

SMART goal setting

- R = Relevant (Value of the outcome)

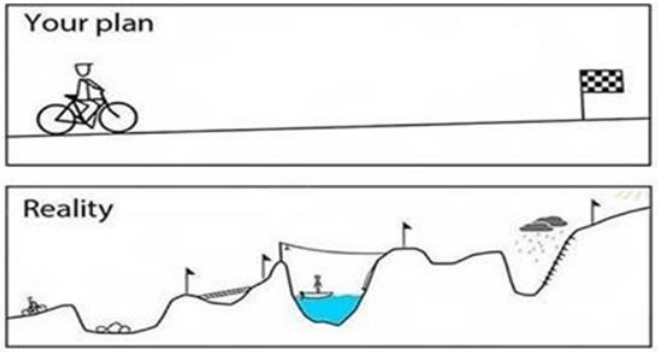
- Goals should be personally meaningful.
  - Is this goal worth experiencing discomfort for? Explain why.
  - Values exercises can be helpful in identifying personally meaningful and inherently rewarding goal targets.

SMART goal setting

- T = Time bound

- States the time period for accomplishing the goal.
  - Needs to be concrete enough to put it in a calendar like an appointment.
    - e.g., doing PT exercises Monday/Tuesday/Wednesday at 12:30pm for 15 minutes.
  - Create goals for the:
    - Short term (next few weeks)
    - Medium term (next few months)
    - Long term (next year or more)

SMART goal setting

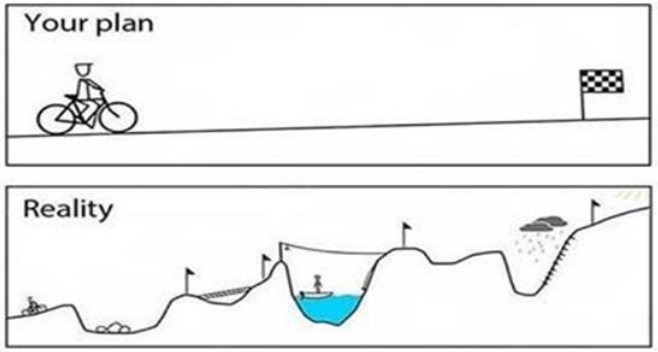


- Helpful thought questions:
  - Why does this goal matter to you?
  - How long have I had this goal?
  - What has stopped you in the past?
  - Why do you want to commit to this goal now?
  - The smallest, easiest step you can begin with is…?
  - What discomfort are you willing to experience in pursuit of this goal?
  - Who can you share this with to help provide support?
  - If you struggle, it will be helpful to remind yourself that…?

Example SMART goal

Long-term goal: hike 5 miles	Goal for next week: start paced walking
Specific	Walk to the mailbox and back (30 ft)
Measurable	Yes, track on calendar
Attainable	80% confident
Relevant	Walking and hiking improved overall mood; spending time in nature and with family/friends; improve physical fitness and activity tolerance.
Time-bound	Monday, Wednesday, and Friday at noon

SMART goal setting



- Things to keep in mind:

- Avoid using the work "failure" or "failed." Instead, say "That was not the right goal for me at this time and I need to adjust it."
- Confidence comes after experience.
  - It can be helpful to view SMART goals as behavioral experiments that help to build insight and adapt goal planning.
- Achievability and scheduling (time bound) are key!

Activity Pacing and Desensitization

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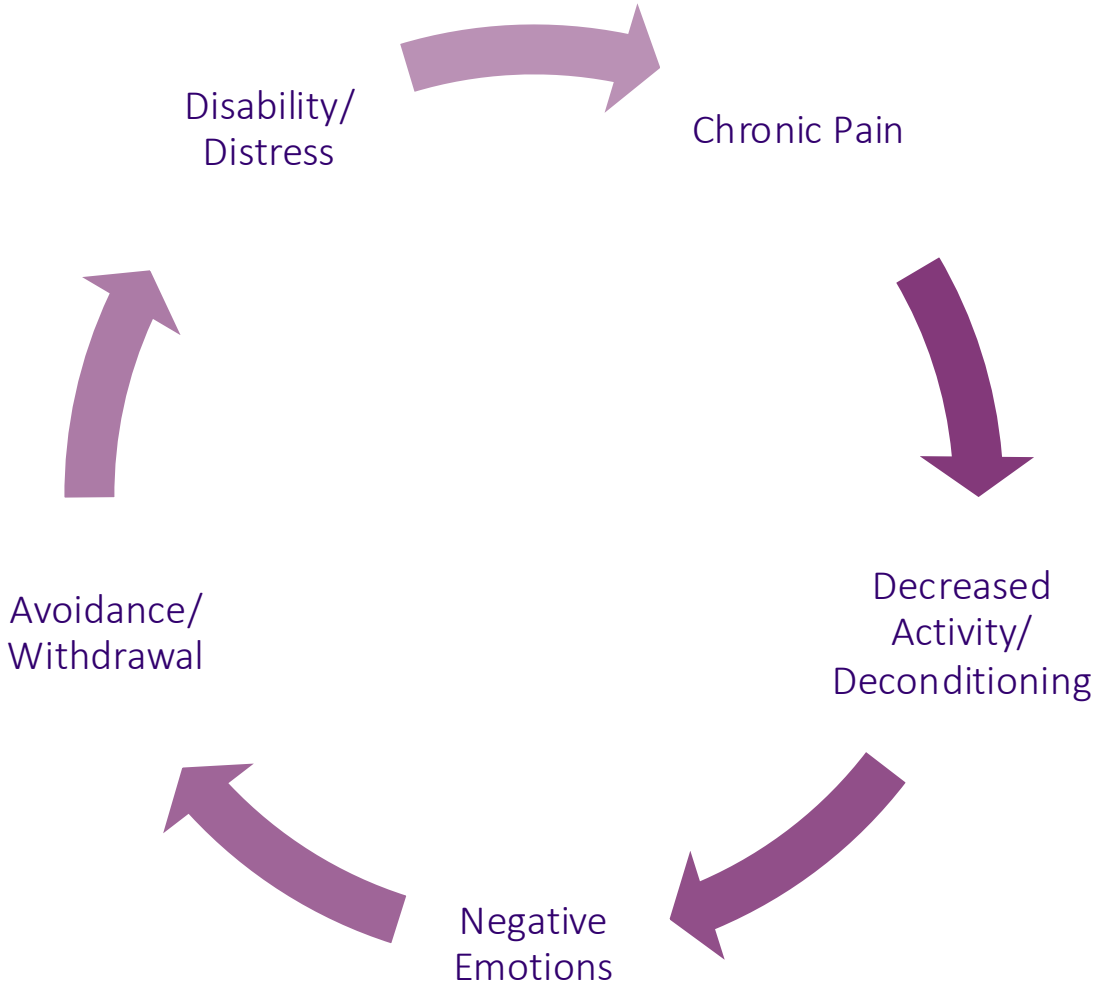
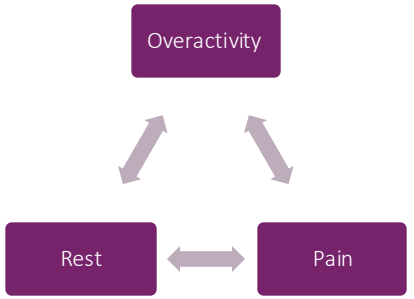
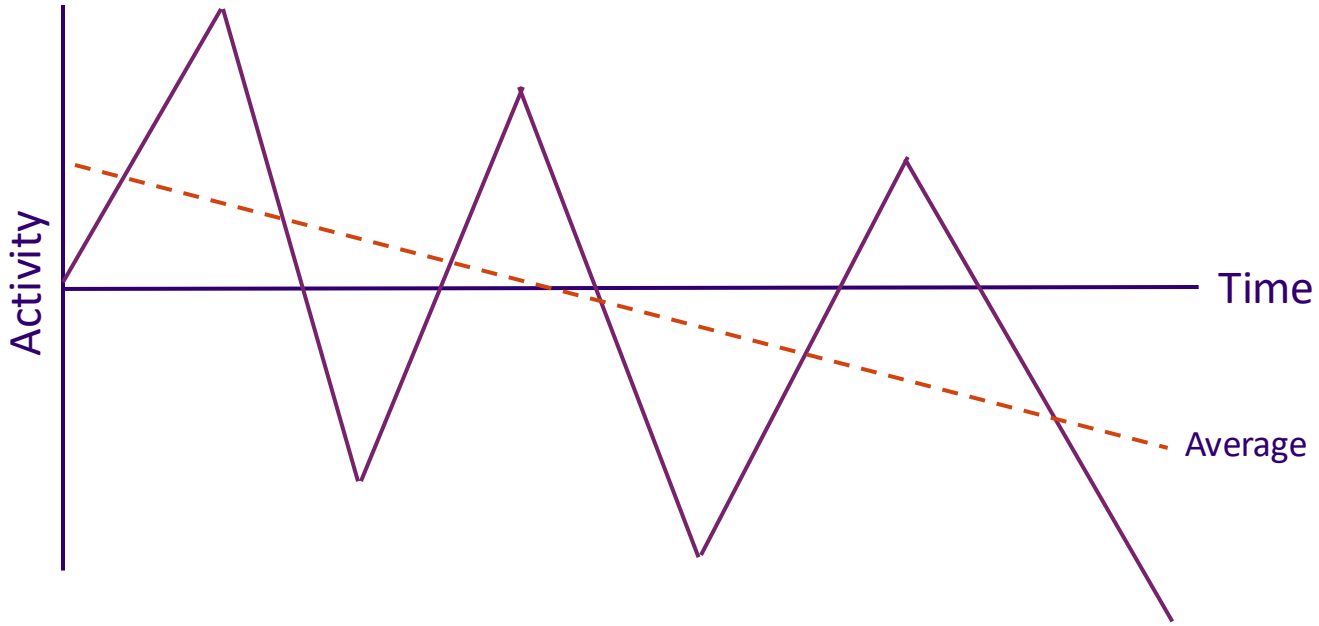
Chronic pain cycle



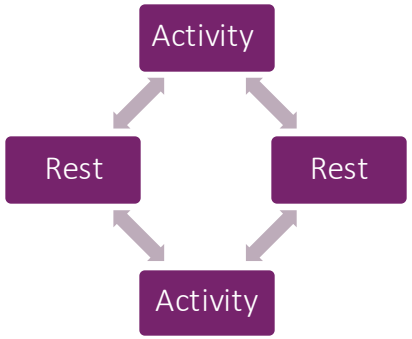
Pushing through and crashing



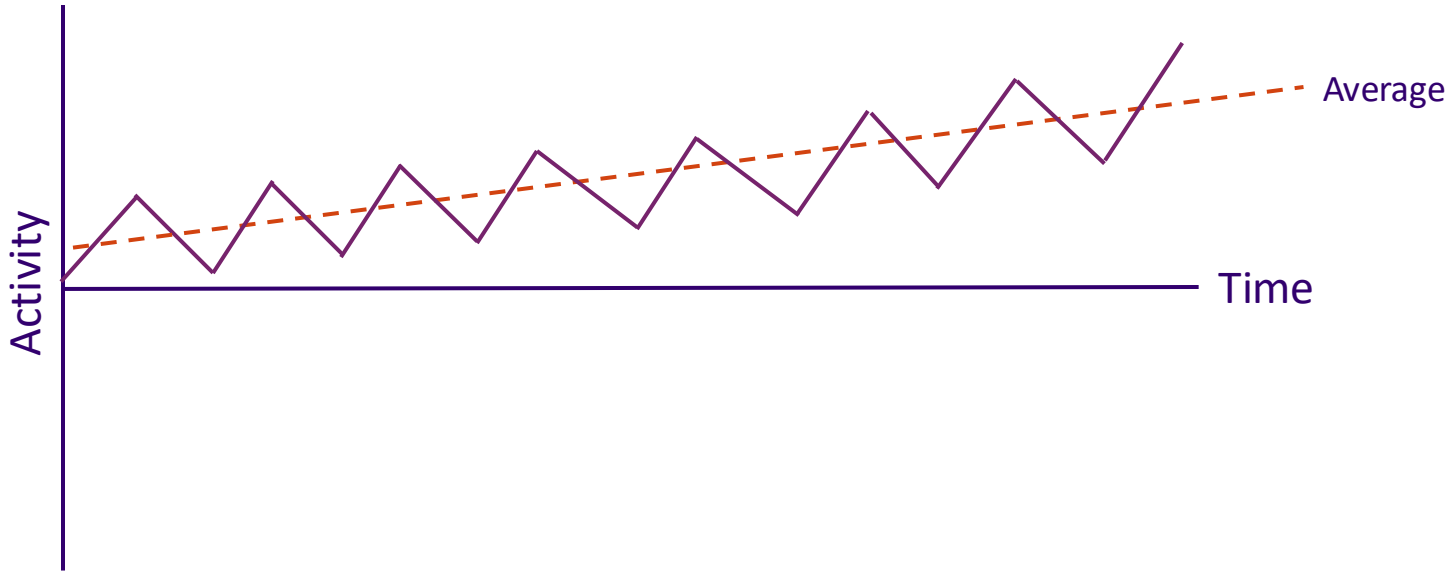
- Boom and bust cycle leads to gradual worsening over time. In this pattern, patients tend to do and tolerate less activity over time.



Activity Pacing



- Finding the amount of activity that can be consistently tolerated over time with frequent breaks, building up to increased activity tolerance slowly, helping the nervous system learn movement is safe.



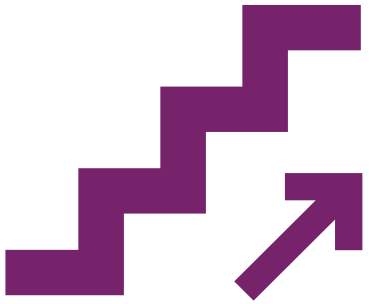
Estimating activity tolerance

Pacing formula:

- Three trials (Time 1, Time 2, Time 3)
  - Different days, different times of day, order of repetitions
- Average of 3 trials
- Take 80% of the Average and this is the baseline pacing time
- ((Trial1 + Trial2 + Trial3)/3) x 0.8

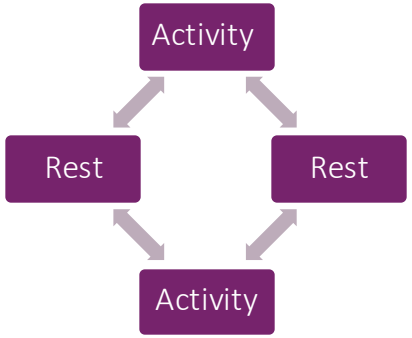
Start low and go slow

Aim for slow, steady increases in activity over time.



- Practice activity daily, within reason
- Increase by 10% increments every 1-2 weeks
  - If they are having substantial pain flares, go back to previously tolerated activity level and continue pacing until ready to increase.
  - People with chronic fatigue may need more time to increase
- Pay attention to posture/position, emotions/thoughts, context, etc.

Pacing tips



- Consider balance between leisure, self-care, and productivity.
- Find baseline activity tolerance.
- Pace on both "good" and "bad" days.
- Plan for more/longer breaks on worse pain days.
- Break up "uptime activities" with "downtime activities."
- Break larger tasks into smaller steps.
- Set goals, track progress, celebrate successes!

Pacing examples

- Specific activities/movements (e.g., walking, household chores, sitting, reading)
- Social activity
- Physical therapy
- Activities that cannot typically be broke up (e.g., grocery store, medical visits, etc.)

Relaxation Training

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Benefits of Relaxation

- When you are relaxed, your muscles are loose, your heart rate is normal, and your breathing is slow and deep. Learning how to relax can help especially when you feel pain.
- Relaxation won't cure pain, but skills that relax the body and the mind may help decrease muscle tension, prevent muscle spasms, and relieve the stress that can aggravate pain and other symptoms.

Relaxation Practice Record

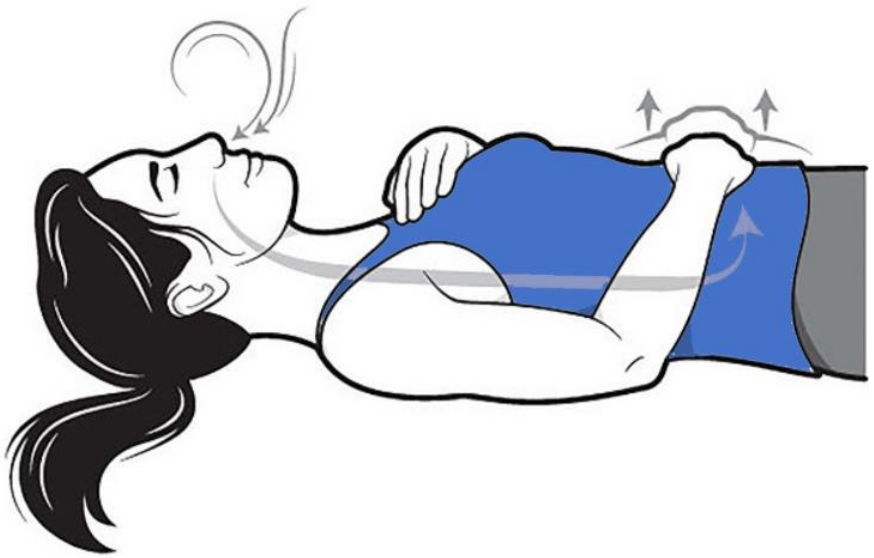
- Establish a routine:
  1. Set aside time to practice relaxation at least once or twice a day. Pairing relaxation with a regular activity may help you remember to practice

  2. 2. Practice at various times throughout the day until relaxation becomes natural and you can use it readily when you feel stressed. You may want to leave "reminders" for yourself to relax

0	1	2	3	4	5	6	7	8	9	10
Extremely Tense		Slightly Tense		Slightly Relaxed			Very Relaxed		Totally Relaxed	

Date	How long did you practice? (minutes)	Level of tension before practice (0-10)	Level of tension after practice (0-10)	What did I notice?

Diaphragmatic Breathing



- Diaphragmatic breathing, often called "deep breathing," and it is the foundation for all other relaxation techniques.
- An autonomic nervous system exercise.
- Diaphragmatic breathing is a brief, portable and can be done anywhere, at any time, and usually without others becoming aware that it is being done.

DIAPHRAGMATIC BREATHING: Why it is the secret weapon against chronic pain? | Mayo Clinic Connect

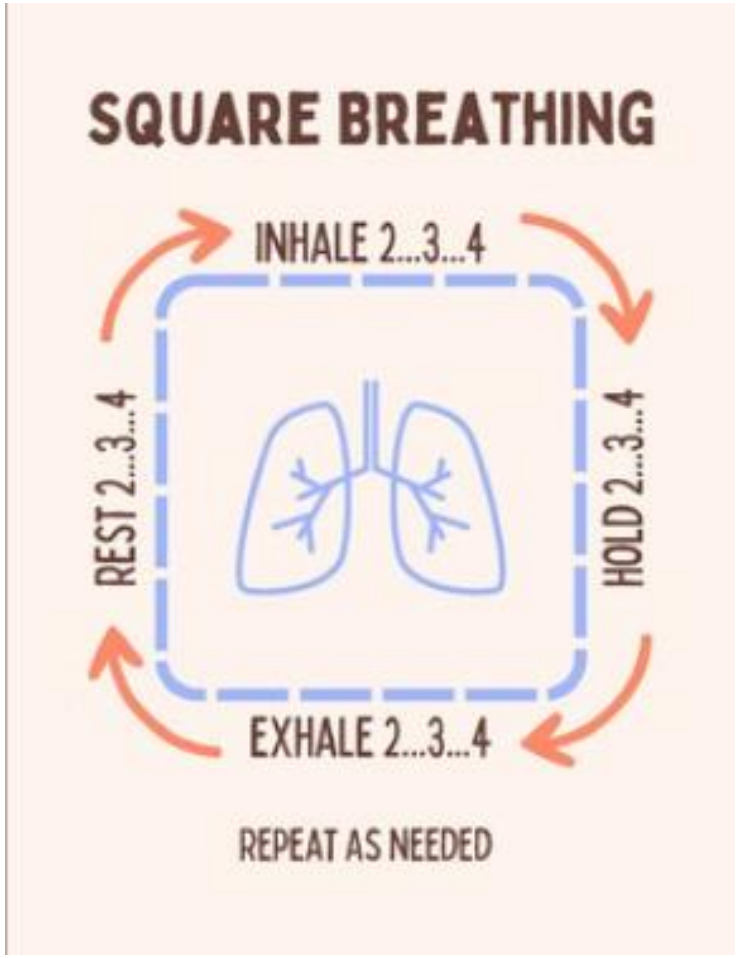
Diaphragmatic Breathing

- STEPS:
  - •Establish good posture.
  - •Focus on taking breaths from your belly instead of short shallow breaths from your chest.
  - •Place one hand on chest and one hand on abdomen.
  - •Close eyes completely or look downward and fix gaze on one spot.
  - •Observe your hands and ensure they are free of tension.
  - •Keep one hand on chest and one hand on abdomen and keep eyes closed or fixed on one spot.
  - •Slowly inhale through the nose (if possible), causing the abdomen to expand, extending inhale to 3-5 seconds in duration.
  - •Exhale slowly and completely through mouth, extending exhale to 3-5 seconds in duration.

Breathe2Relax: This free app is a stress management tool. Helps you learn how to perform and use diaphragmatic breathing techniques for stress control.

Square Breathing / Box Breathing

- Relax and focus on your breath as best you can
- Breath into your stomach for 4 seconds
- Hold your breath for 4 seconds
- Exhale evenly for 4 seconds
- Hold your empty lungs for 4 seconds
- Repeat until you feel content



3-6 Breathing Script

- 1. Notice the pace, depth and movement of the breath as you take three inhalations and exhalations (three breaths). Notice if the breath is deep, shallow, smooth, or rough and how it feels moving in and out of the body. What is your experience:
- 2. Deepening: Notice by focusing that you can make the breath deeper, smoother and slower. Take three breaths again, being careful not to hold your breath at any time. When you get to the edge of a full inhalations, begin to exhale without straining the body at any time. Bring the breath deep into the belly on the inhalation and release the breath completely on the exhalation, letting the body rest for a beat at the end of the exhalation before inhalation again. At the end of the third exhalation, reflect on what it feels like to deepen, slow and smooth out the breath.

3-6 Breathing Script (cont.)

- 3. Sipping: Imagine that there is a straw in your mouth, and you are inhaling through that straw very slowly and smoothly. Notice that you can bring the breath deep into your belly. At the edge of inhalation, begin to exhale through the nose. Do not hold or force the breath. Do this three time and then reflect on what this was like:
- 4. Counting: Now count to three as you inhale and then count to six on the exhalation. Counting with your fingers so that the exhalation is twice as long as the inhalation. You will have to practice this rhythm until it is comfortable for you and easy to demonstrate. Stay focused on the slow full rhythm of inhalation and exhalation, do this five time and then reflect on what it feels like:

Adapted from Anna B. Baranowsky, J. Eric Gentry, & D. Franklin Schultz, (2011). Trauma Practice: Tools for Stabilization and Recovery

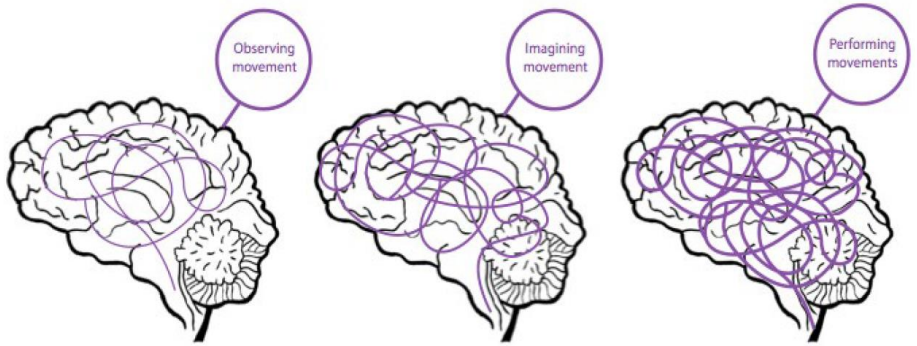
Progressive Muscle Relaxation

- Systematically tensing and relaxing specific muscle groups.
- Rubber band metaphor
- Either tense or relaxed – not both
- Gentle contraction (i.e., mild to moderate tension)
- Progressive Muscle Relaxation and Progressive Relaxation (va.gov)

Guided Imagery

Script-Handwarming-Guided-Imagery.pdf (va.gov)

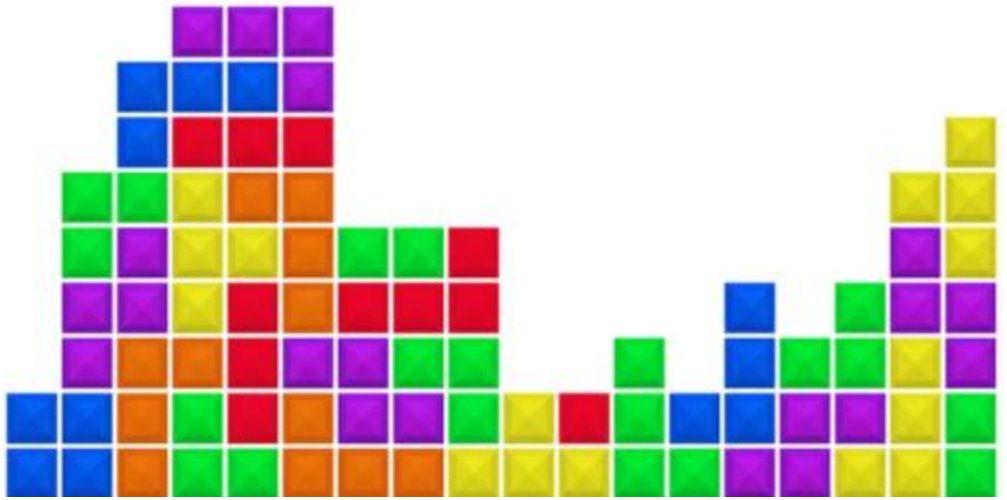
- This guided exercise is designed to train the people to create mental images that foster a relaxed state. You should choose a location to mentally visit during the exercise; the only "rule" is that you must pick a place that is peaceful and calm. The key to developing a deeply immersive experience, where you completely engage in the imagery exercise, is to give full attention to all the specific details of the scene.
    - Provide examples such as smelling fresh-baked cookies in the air, feeling warm sand in the hand, or hearing the crush of leaves underfoot.
    - Imagined movement



Tetris

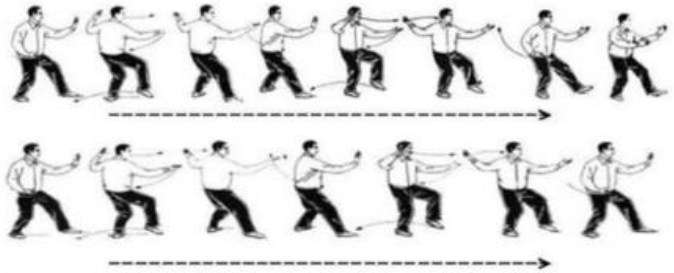
- **Active distraction** (whereas something like watching TV is a passive one) has the capacity to distract people from chronic pain.

- **Survival Brain vs. Thinking Brain** - the visuospatial tasks involved in playing Tetris block your brain's ability to store memories and can disrupt the neuromatrix of pain.



Jameson E, Trevena J, Swain N. Electronic gaming as pain distraction. Pain Res Manag. 2011 Jan-Feb;16(1):27-32.

Tai Chi



- Tai chi is a low-impact, slow-motion, mind-body exercise that combines breath control, meditation, and movements to stretch and strengthen muscles.
  - **Physically:** supports or improves balance, coordination, flexibility, muscle strength, and stamina.
  - **Mentally:** helps to relieve stress, improves body awareness and
  - **Socially:** when done in a group setting it reduces social isolation.
- Tai chi can be gentle or vigorous.
- Seated variations help for individuals with low mobility.
- Research shows tai chi can benefit people with osteoarthritis, rheumatoid arthritis, fibromyalgia, tension headache, and other ongoing, painful conditions.

Tai Chi: What You Need To Know | NCCIH (nih.gov)

Cognitive Coping

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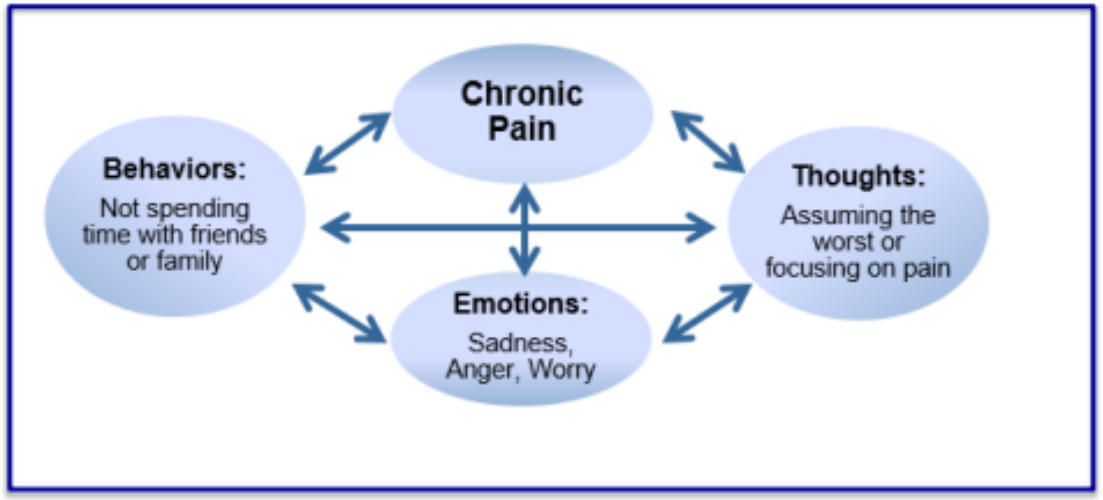
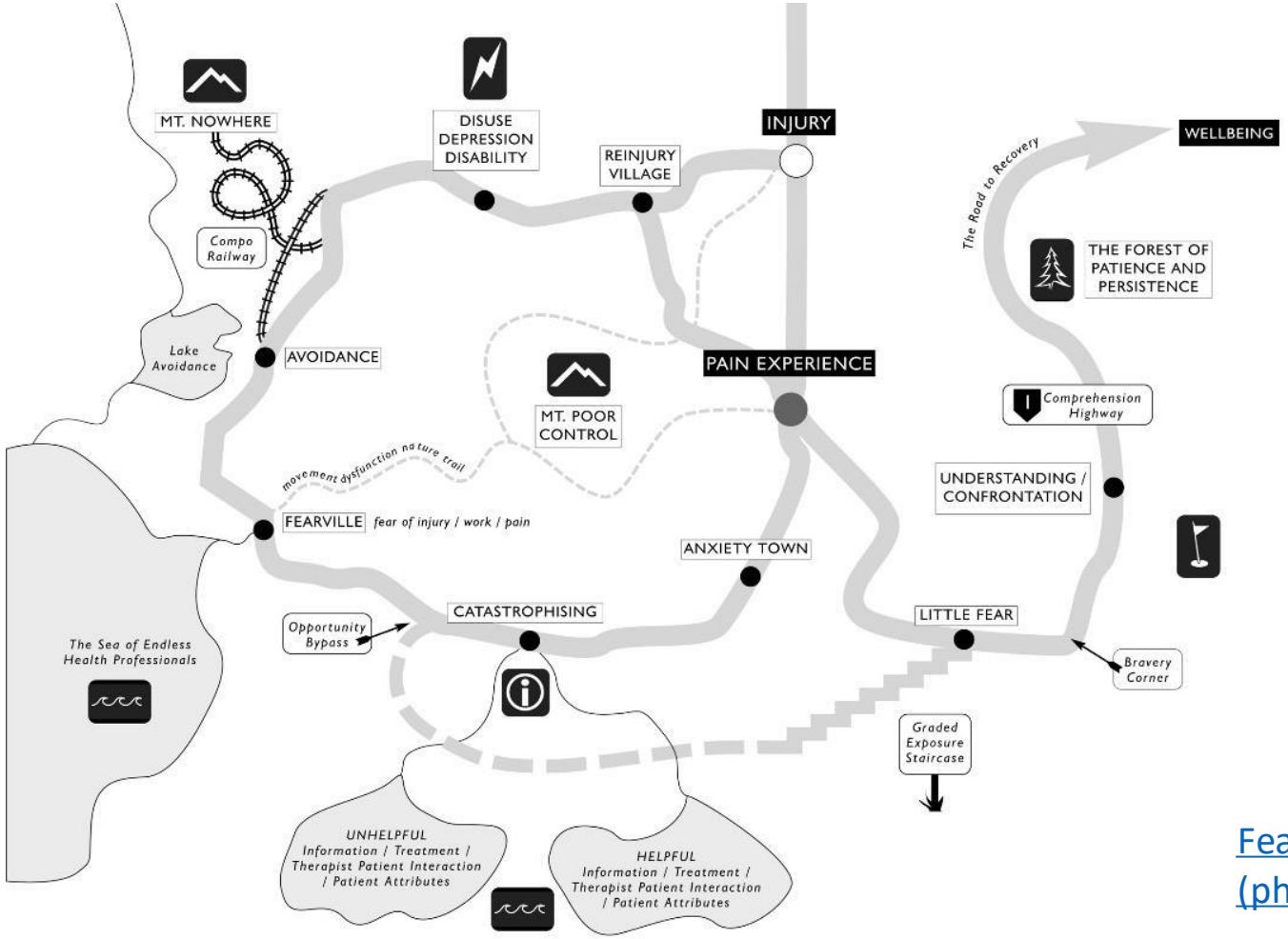
Linking thoughts to pain intensity

- Assure them that while their pain is real
- Unhelpful thoughts can negatively impact their pain experience in direct and indirect ways .
- Having more adaptive thoughts can have a positive impact and turn down the volume of their pain experience.



The Fear Avoidance Model



[Fear Avoidance Model - Physiopedia (physio-pedia.com)]

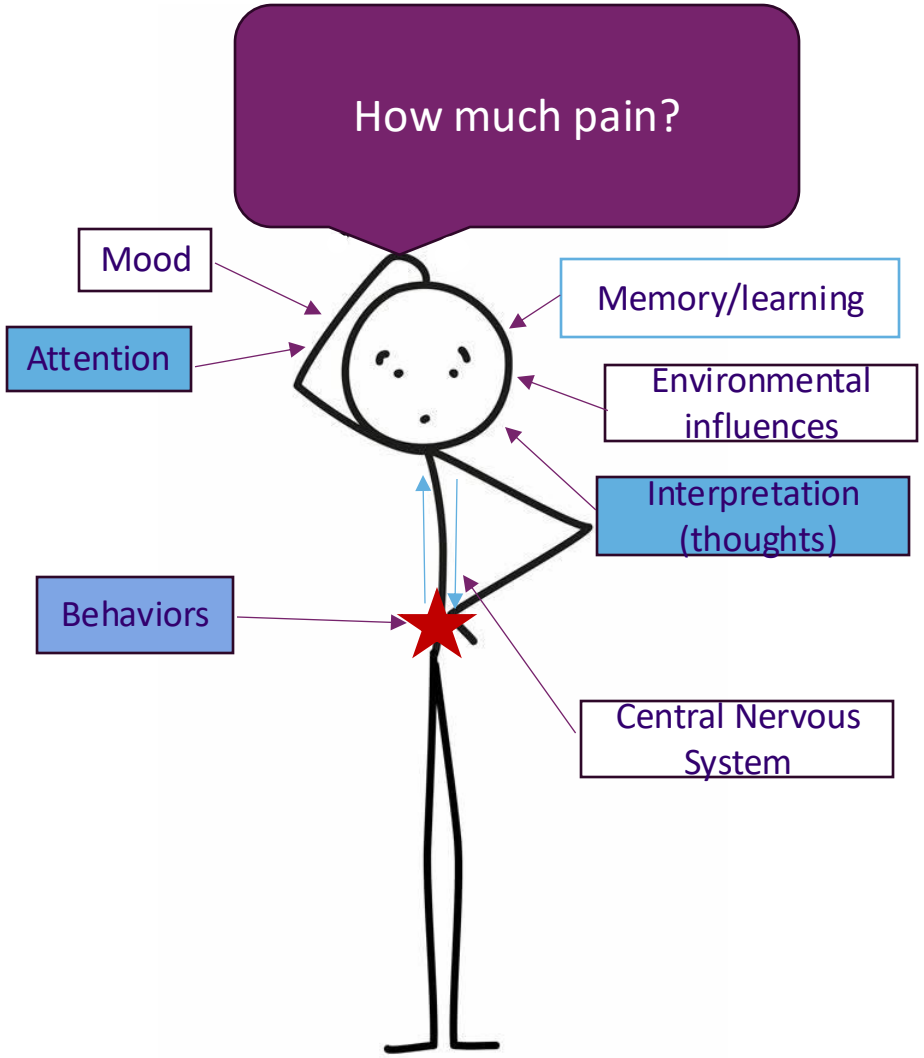
Vlaeyen and Linton, 2000; Butler and Moseley, 2003

Catching ANTs

- Look for the 3 "I"s
  - Infinite
  - Insurmountable
  - Incurable
- Recognizing Pain Catastrophizing
  - Magnification
  - Rumination
  - Helplessness

Unhelpful Thoughts/ANTs

Day/Situation	Automatic Negative Thought	Effect on your pain/mood	Challenge: Alternative/balanced coping statement
Tuesday: Walking and pain flares	*This pain is killing me. I can't do anything anymore*	Helpful or (Harmful)	*I'm hurting because I over did it but I know I will feel better soon. Then I will pace myself to get the job done.*
		Helpful or Harmful	



Unhelpful thinking styles: Jumping to conclusions, exaggerating/minimizing, ignoring important parts of the situation, oversimplifying, over-generalizing, mind reading, emotional reasoning

Socratic Questioning

- What is the evidence for and against this belief?
- Is your belief a habit or based on facts?
- In what ways is your belief not including all of the information?
- Does your belief include all-or-none terms or words or phrases that are extreme or exaggerated?
- In what way is your belief focused on just one piece of the story?
- Where did this belief come from? Is this a dependable source of information on this belief?
- How is your belief confusing something that is possible with something that is likely?
- In what ways is your belief based on feelings rather than facts?
- In what ways is this belief focused on unrelated parts of the story?

Common Pain Thoughts and Patterns of Problematic Thinking

Types of Unhelpful Thoughts	Examples of Unhelpful Thoughts	Examples of Helpful Thoughts
Catastrophizing: Believing something is the worst it could possibly be.	When my pain is bad, I can't do anything.	Even when my pain is bad, there are still some things I can do.
Should Statements: Thinking in terms of how things should, must, or ought to be.	My doctor should be able to cure my pain.	There is no cure for chronic pain, but I can use skills to cope with my pain.
All or None Thinking: Seeing things as "either or" or "right or wrong" instead of in terms of degrees.	I can only be happy if I am pain free.	Even if I am in pain I can still be happy. There is always something that I can do to have a better quality of life.
Overgeneralization: Viewing one or two bad events as an endless pattern of defeat.	I tried doing exercises for my back pain before and it didn't help. So, it isn't going to help now.	Although physical therapy didn't help much before, maybe this time it will help. I might as well try.
Jumping to Conclusions: Making negative conclusions of events that are not based on fact.	When I move my back hurts, so it must be bad for me to move.	Hurt does not equal harm.
Emotional Reasoning: Believing how you feel reflects how things really are.	I feel useless, so I am useless.	Even though I can't do all the things I used to do, it doesn't mean I can't do anything.
Disqualifying the Positive: Focusing on only the bad and discounting the good.	So what if I am doing more, I am still in pain.	Doing more is important for me to live the life I want to live.

Balanced Coping Statements

Coping Statements

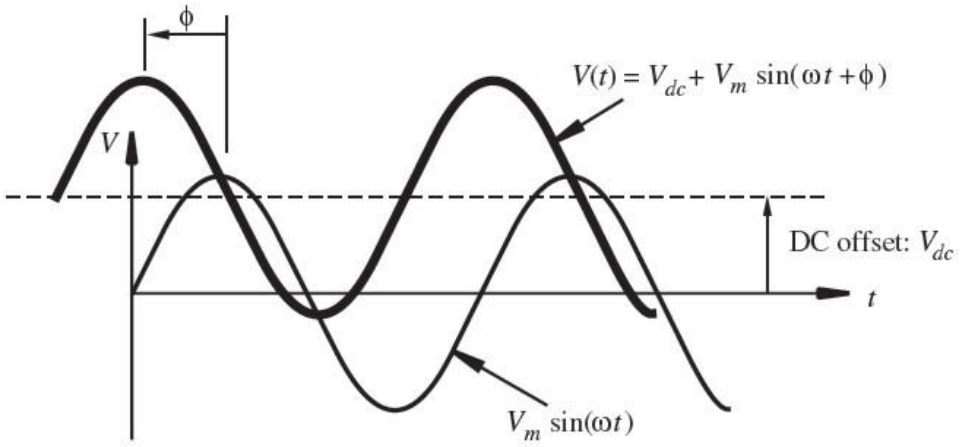
Here are some statements that can be used to replace unhelpful thoughts. Put an "**X**" next to the ones that you think may be helpful for you. What things have you told yourself in the past to get through a pain flare or difficult situation? Add your helpful statements to the list.

X	Coping Statement Checklist
	The pain flare passes in a while.
	I can handle this. I just have to make it through this moment.
	I've gotten through it before and I can get through it again.
	I don't have to suffer. I have skills I can use to cope.
	What would I tell a friend who was in pain?
	How can I set a good example for my kids about coping with life's challenges?
	How would someone I admire cope with this?
	I just have to focus on something else.
	There may be no cure, but I can still live my life.
	I'm going to focus on what I *can* do, not what I can't do.

Adapted with permission from K.M. Phillips, Ph.D.

Remember: It's easy to think of positive statements when you're feeling okay. But, if you are in a bad mood or having a pain flare, it's more difficult. Keep a list of these or other helpful statements in a place where you can easily find them when you need them most (e.g., in your wallet, on your refrigerator, in your phone).

- Goal Increase Safety and Acceptance-based beliefs
- Most unhelpful thoughts occur with pain flares
- Foster beliefs focused on self-efficacy
- Focus on present moment



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Activating Event A *"Something happens"*	Belief/Stuck Point B *"I tell myself something"*	Consequence C *"I feel something"*

Are my thoughts above in column B realistic or helpful?

What can I tell myself on such occasions in the future?

From *Cognitive Processing Therapy for PTSD: A Comprehensive Manual* by Patricia A. Resick, Candice M. Monson, and Kathleen M. Chard (2017)

Developing a Pain Action Plan

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Anticipating Obstacles: Plan for Coping

People have many challenging situations in their lives, and it is expected that certain obstacles will arise. A difficult day may involve life stressors and increased pain symptoms. The best time to plan for how you will cope with and manage your pain during one of these days is now.

Potential Obstacles/Triggers/Stressors: (Example: Medical appointment, kids fighting, Cold weather)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Ways to Cope: (Example: Pacing, deep breathing, pleasant activity scheduling)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Weekly Activities Schedule

- Use a schedule to plan your activities for the upcoming week.
- Include IADLS and the pain management strategies you will employ.
- Be SMART with your schedule.

Time	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
7:00 a.m.							
8:00							
9:00							
10:00							
11:00							
12:00 p.m.							
1:00							
2:00							
3:00							
4:00							
5:00							
Evening							

Wellness Toolkit & WRAP for Chronic Pain

- The Wellness Toolkit Recovery Action Plan or WRAP, is a self-designed prevention and wellness process that anyone can use to get well, stay.
- It was developed in 1997 by a group of peers to help them overcome their own mental health.
- It is now all over the world to address all kinds of physical, mental health and life issues.

wrap®
WELLNESS RECOVERY ACTION PLAN
Your Wellness Your Way

[Wellness Recovery Action Plan (getselfhelp.co.uk)]

[WRAP for Chronic Pain: Good for What Ails You - Wellness Recovery Action Plan]

Mindfulness-based Interventions

- Mindfulness interventions were superior to treatment as usual in multiple chronic pain conditions.
- MBSR most studied, limited research comparing types of mindfulness interventions.
- Limited evidences suggesting an effect on central sensitization/nociplastic pain.
- Insufficient evidence comparing CBT and ACT to mindfulness-based interventions. No significant difference between these interventions.

Pardos-Gascón, E. M., Narambuena, L., Leal-Costa, C., & van-der Hofstadt-Román, C. J. (2021). Differential efficacy between cognitive-behavioral therapy and mindfulness-based therapies for chronic pain: Systematic review. International Journal of Clinical and Health Psychology, 21(1).

İnce, B. (2020). Systematic review of the comparative effectiveness of cognitive-behavioural therapies for chronic pain. *Journal of Cognitive Behavioral Psychotherapy and Research*, *9*(3).

Mindfulness Based Stress Reduction (MBSR)

- Mindfulness Based Stress Reduction (MBSR) can be helpful for a variety of pain conditions including fibromyalgia and chronic low back pain.
- MBSR uses a combination of mindfulness meditation, body awareness, and yoga to help people become more mindful.
- Free web-based Mindfulness Based Stress Reduction (MBSR) course through Online MBSR/Mindfulness (Free) (palousemindfulness.com)

Cash et al. Mindfulness meditation alleviates fibromyalgia symptoms in women: results of a randomized clinical trial. Ann Behav Med. 2015 Jun;49(3):319-30

Cherkin, Daniel C., et al. "Effect of Mindfulness-Based Stress Reduction vs Cognitive Behavioral Therapy or Usual Care on Back Pain and Functional Limitations in Adults With Chronic Low Back Pain: A Randomized Clinical Trial." JAMA 315.12 (2016): 1240-1249

Cognitive Behavioral Therapy for Insomnia (CBT-I)

- May be spending more time resting in bed during the day.
- This can be a challenging behavioral change for many.
- Learn to associate the bed with other activities (e.g. rumination)
- Sleep restriction should be considered carefully for conditions where sleep disturbance is a major flare trigger (e.g., migraines).
- Consider strategies/tools that help to shift attention away from activating stimuli.
- Often an important element to include in early treatment stages.

CBT-I

- Short-term improvements in insomnia symptoms are associated with long-term improvements in chronic pain.
  - Vitiello, M. V., McCurry, S. M., Shortreed, S. M., Baker, L. D., Rybarczyk, B. D., Keefe, F. J., & Von Korff, M. (2014). Short-term improvement in insomnia symptoms predicts long-term improvements in sleep, pain, and fatigue in older adults with comorbid osteoarthritis and insomnia. Pain, 155(8), 1547–1554.

- Significant improvements in sleep, pain, and depressive symptoms. The probability of having less pain after CBT-I at post-treatment and final follow-up was 58% and 57%, respectively.
  - Selvanathan, J., Pham, C., Nagappa, M., Peng, P. W. H., Englesakis, M., Espie, C. A., Morin, C. M., & Chung, F. (2021). Cognitive behavioral therapy for insomnia in patients with chronic pain – A systematic review and meta-analysis of randomized controlled trials. *Sleep Medicine Reviews*, *60*.

TelePain: Ongoing Support and Consultation

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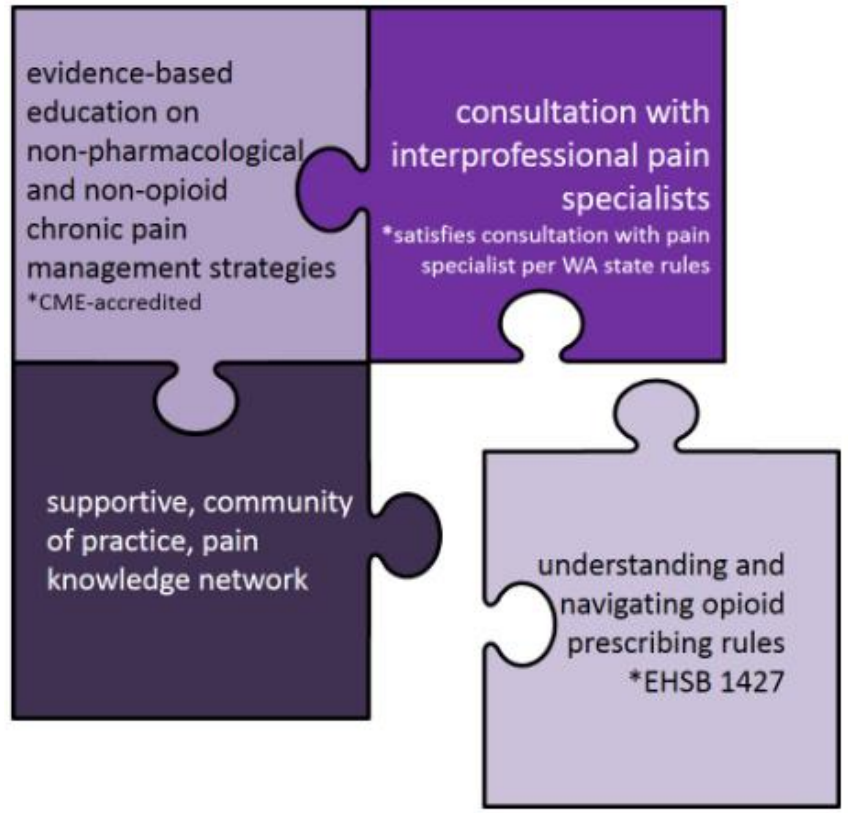
What is TelePain?

- TelePain is a free weekly service funded by Washington State for community providers and is intended to increase knowledge and confidence in chronic pain management, and to present difficult chronic pain cases for consultation.
- TelePain sessions meet via videoconference on Wednesdays from 12:00 – 1:30 and includes a network of interprofessional specialists with expertise in the management of challenging chronic pain problems.



[About TelePain (washington.edu)]

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Additional Resources

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painTRAINER (mypaintrainer.org)

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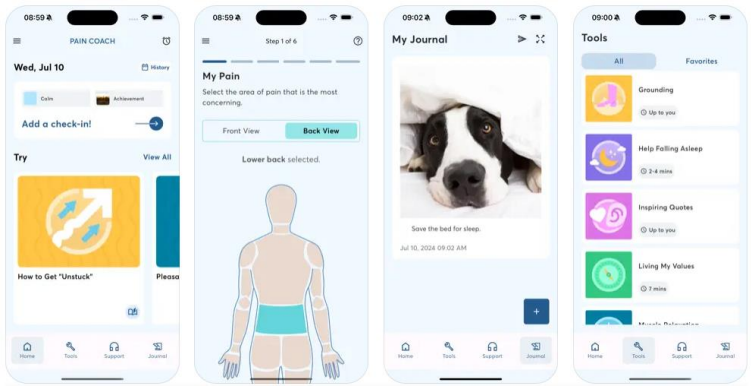
eMedicine: Pain Coach



- Pain Coach is an interactive app that was created for anyone who experiences chronic pain or has any pain that disrupts their life. The app uses cutting edge, evidence-informed strategies to help people manage chronic pain. It includes in-depth education, customizable support, and in-the-moment practice activities based on the latest in pain management.

Available on IOS and Android at [Pain Coach | VA Mobile]

eMedicine: Curable

- Curable is a subscription-based online pain psychology app that educates individuals about the stress-pain connection and provides evidence-based tools for behavioral coping skills, mindfulness and meditation.

Providers can sign up at https://www.curablehealth.com/connect to grant patients a free 6-week trial

eMedicine: CBT-I Coach

- Pain Coach is an interactive app that was created for anyone who experiences chronic pain or has any pain that disrupts their life. The app uses cutting edge, evidence-informed strategies to help people manage chronic pain. It includes in-depth education, customizable support, and in-the-moment practice activities based on the latest in pain management.

Available on IOS and Android at [CBT-i Coach | VA Mobile]

eMedicine: PTSD Coach

- PTSD Coach is a free app that was designed for those who have, or may have, posttraumatic stress disorder (PTSD). This app provides you with education about PTSD, information about professional care, a self-assessment for PTSD, opportunities to find support, and tools that can help you manage the stresses of daily life with PTSD. Tools range from relaxation skills and positive self-talk to anger management and other common self-help strategies.

Available on IOS and Android at PTSD Coach | VA Mobile

Workforce Training

Behavioral Health Protocols

- CBT for Chronic Pain – https://www.va.gov/PAINMANAGEMENT/docs/CBT-CP_Therapist_Manual.pdf
- Brief CBT for Chronic Pain - https://www.va.gov/PAINMANAGEMENT/CBT_CP/docs/Brief_CBT-CP-Manual-V2_5-6-2021.pdf

- CBT for Insomnia - https://www.treatmentworksforvets.org/wp-content/uploads/2018/04/CBT-I-Therapist-Manual.pdf
  https://www.med.unc.edu/neurology/wp-content/uploads/sites/716/2018/05/jdedingrCBTManual.pdf
  https://www.mirecc.va.gov/docs/visn6/Improve_Your_Sleep_Self-Guided_Approach_for_Veterans_with_Insomnia-March-2017.pdf (Self Guided)

- CPT - https://www.apa.org/ptsd-guideline/treatments/cognitive-processing-therapist.pdf
  https://div12.org/treatment/cognitive-processing-therapy-for-post-traumatic-stress-disorder/

- PE - https://div12.org/treatment/prolonged-exposure-therapy-for-post-traumatic-stress-disorder/

Workforce Training

- MUSC Trainings on CPT and PE
  - https://cpt2.musc.edu/
  - http://pe.musc.edu/
- National Center for PTSD – Free CE/CEUs
  - https://www.ptsd.va.gov/professional/continuing_ed/find_a_course.asp
- VHA Train – Free CE/CEUs
  - https://www.va.gov/COMMUNITYCARE/docs/providers/VHA_TRAIN-Create_Account.pdf

Resources for non-English Speakers

- Retrain Pain Foundation
  - https://www.retrainpain.org/

- Pain Revolution
  - https://www.painrevolution.org/painfacts

Books

CBT for pain books

- Managing Pain Before It Manages You by Margaret Caudill
- Managing Chronic Pain: A Cognitive-Behavioral Therapy Approach Workbook by John Otis
- The Pain Survival Guide by Dennis Turk and Frits Winter
- The Opioid-Free Pain Relief Kit by Beth Darnall

CBT for insomnia books

- Quiet Your Mind and Get to Sleep by Colleen Carney and Rachel Manber

Books on emotion, meditation, and chronic pain

- Full Catastrophe Living by Jon Kabat-Zinn
- The Mind-Body Prescription by John Sarno
- Unlearn Your Pain by Howard Schubiner (www.unlearnyourpain.com)
- Back In Control by David Hanscom

Questions

Thank you for being here & be well.

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