

CBT for Chronic Pain (CBT-CP)

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Why CBT for Chronic Pain?

- 15-30% of adults have chronic pain
- Two decades worth of literature showing CBT-CP is effective
- Helps improve myriad aspects of life across multiple year follow-ups
 - Lower pain scores, improved functioning and quality of life, higher self-efficacy and view of life control
- Works across multiple conditions
 - Chronic low back pain, Fibromyalgia, Rheumatoid arthritis, Chronic musculoskeletal pain

Working with Pain Clients

A strong therapeutic alliance is **crucial** in this work

Help them understand what our role is

- Help find ways to cope better with the pain
- Reduce the negative impact pain has on their life
- Not to find a "fix" or "cure" the pain

Working with Pain Clients

They are actively hurting and often feel misunderstood

Often frustrated by or suspicious of healthcare providers

- Angry/Unmotivated due to lack of answers
- “They treat me like I am crazy!” and “I have tried everything!”

May be focused on medication options, so emphasize benefits of self managed care techniques

Working with Pain Clients

Co-occurring disorders (depression, anxiety) highly prevalent with Chronic Pain

Balance empathy and understanding with being directive and authoritative

Focus on behavioral change, which is key driver of outcomes

Working with Pain Clients

Integrated and multimodal treatment plans are key for care of chronic pain patients

- Medication management
- Physical therapy
- Psychotherapy
- Neurology
- Other services as needed

Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) *Therapist Manual & Workbook*

Murphy, J.L., McKellar, J.D., Raffa, S.D., Clark, M.E., Kerns, R.D., & Karlin, B.E. (2014). *Cognitive behavioral therapy for chronic pain among veterans: Therapist manual*. Washington, DC: U.S. Department of Veterans Affairs.

(Available free online)

CBT-CP

Like all forms of CBT, it is a structured but flexible treatment

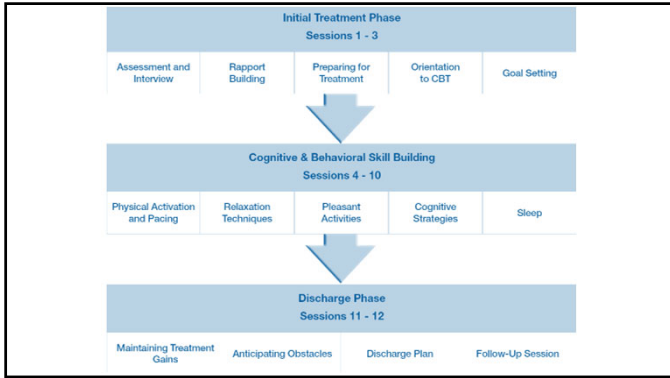
Can be delivered in person or via telehealth

Typically done in a 12-session format

Goal is to help patient develop self-management and *adaptive* pain coping skills in order to increase ability to manage life

CBT-CP

- Session 1 Interview and Assessment
- Session 2 CBT-CP Orientation
- Session 3 Assessment Feedback and Goal Planning
- Session 4 Exercise and Pacing
- Session 5 Relaxation Training
- Session 6 Pleasant Activities 1
- Session 7 Pleasant Activities 2
- Session 8 Cognitive Coping 1
- Session 9 Cognitive Coping 2
- Session 10 Sleep
- Session 11 Discharge Planning
- Session 12 Booster Session



General Session Structure

- ✓ Administer SUDS.
- ✓ Establish agenda.
- ✓ Review previous session.
- ✓ Present current session content.
- ✓ Discuss home practice.

Session 1 – Interview & Assessment

- Conduct clinical interview
- Complete assessment measures
- Discuss next session
- Contact PCP

Measuring Outcomes

- Demographics Interview/Self Report
- Pain Numeric Rating Scale (Pain NRS)
- Subjective Units of Distress Scale (SUDS)
- Pain Catastrophizing Scale (PCS)
- West-Haven Yale Multidimensional Pain Inventory - Interference (MPI-INT)
- Patient Health Questionnaire (PHQ-9)
- World Health Organization Quality of Life – Brief (WHOQOL)
- Working Alliance Inventory – Short Revised (WAI-SR)

Timing of Assessments

Session	SUDS Distress (0-10)	PCS	WAI-SR	Pain NRS	MPI-INT	PHQ-9	WHOQOL-BREF
Session 1 (Baseline)	SUDS	PCS		Pain NRS	MPI-INT	PHQ-9	WHOQOL-BREF
Session 2	SUDS		WAI-SR				
Session 3	SUDS						
Session 4	SUDS						
Session 5	SUDS		WAI-SR				
Session 6	SUDS						
Session 7 (Mid-Point)	SUDS	PCS		Pain NRS	MPI-INT	PHQ-9	WHOQOL-BREF
Session 8	SUDS		WAI-SR				
Session 9	SUDS						
Session 10	SUDS						
Session 11 (Termination)	SUDS	PCS		Pain NRS	MPI-INT	PHQ-9	WHOQOL-BREF
Session 12 (Booster)	SUDS						

Support from PCP

- Important to keep an integrated care perspective
- Communication about meds and what is taking place in therapy
- Allows for checking to make sure the exercise program is appropriate and doable

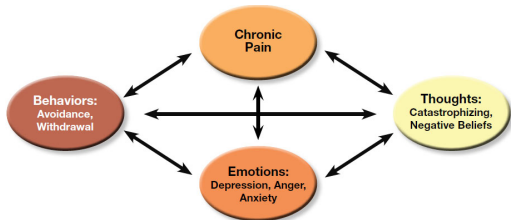
Session 2 – Orientation

- Administer SUDS
- Establish agenda
- Ensure all measures were completed
- Content: CBT-CP treatment, pain cycle, biopsychosocial approach
- Complete WAI-SR

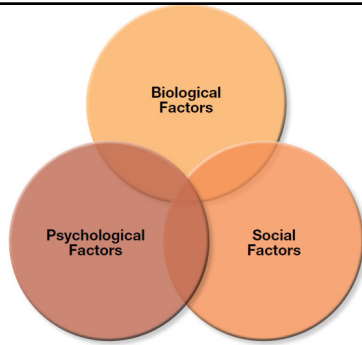
CBT-CP Orientation

- Structure of treatment
- Expectations for attendance and participation
- Role of the therapist
- Overview of the CBT-CP model
- Rationale of home practice

CBT-CP Model



Biopsychosocial Model of Pain



Session 3 –Feedback & Goals

- Administer SUDS
- Establish agenda
- Review Session 2
- Content: Assessment feedback & goal planning
- Discuss home practice

Feedback on Measures

Take time to give brief, but meaningful account of what the various measures showed

Can use numbers, but also make sure to give qualitative impressions as well

CBT-CP Objectives

- Reducing the negative impact of pain on daily life.
- Improving physical and emotional functioning.
- Increasing effective coping skills for managing pain.
- Reducing pain intensity.

SMART Individual Goal Setting

- Specific - Identifies a specific action or event that will take place
- Measurable - Should be quantifiable so progress can be tracked
- Achievable - Should be attainable and realistic given resources
- Relevant - Should be personally meaningful and really matter
- Time-Bound - State the time period for accomplishing the goal

Immediate Targets for CBT-CP Group

- Reduce the impact pain has on daily life
- Learn skills for coping better with pain
- Improve physical functioning and decrease intensity of physical pain sensations and frequency of flare-ups
- Maximize daily function and improve quality of life
- Minimize reliance on pain medication
- Decrease negative thinking and painful emotions (e.g., anger, anxiety, & depression)

Practice

Ask to use SMART formula to keep thinking about long and short term goals

Complete SMART goals worksheet

Session 4 – Exercise & Pacing

- Administer SUDS
- Establish agenda
- Review Session 3
- Content: Hurt vs. harm, exercise program, time-based pacing
- Discuss home practice

Hurt vs. Harm

Many people believe that increased activity will lead to increased pain and cause physical damage

This is true in *acute* pain, but not usually true in *chronic* pain

CP is an ongoing condition, so the pain experienced is not a reliable warning sign that harm is happening

Both can cause you to withdraw from pain-causing situations, but this is usually maladaptive in CP

Chronic Pain Cycle

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    graph TD
      A[Distress/Disability] --> B[Chronic Pain]
      B --> C[Decreased Activity/Deconditioning]
      C --> D[Negative Emotions]
      D --> E[Avoidance/Withdrawal]
      E --> A
  
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The Costs of Inactivity

- More pain
- Poorer physical fitness
- Less time with family and friends
- Depressed mood or increased irritability
- Lower self-esteem
- Increased strain on relationships
- Decreased quality of life

Introduction to Pacing

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    graph TD
      Rest[Rest] <--> Pain[Pain]
      Rest --> Overactivity[Overactivity]
      Pain --> Overactivity
  
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Benefits of Increased Activity

- Low impact exercise that can benefit everyone with chronic pain
- Can lessen pain, boost strength, increase flexibility, and prevent pain flare-ups
- Can be done year-round regardless of weather and is integral to all activities of daily living
- Gradually increased walking program can help improve physical and mental health, as well as overall functioning

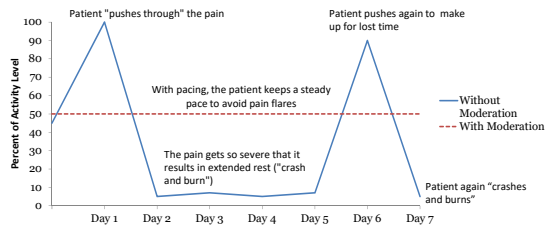
Exercise Options

Walking (after medical approval) is typically the most recommended way to start

Other forms of exercise to explore with patients:

- Aquatic therapy
 - Water exercises especially helpful with chronic pain since effects of gravity (essentially) disappear in water
 - Water resistance = faster muscle toning
 - Classes at a local YMCA or gym
- Stationary bicycle, recumbent bike
- Yoga or Tai Chi

Push-Burn-Crash Cycle



Advantages to Pacing

Moderate, thoughtful pacing improves productivity

Designated start and stop points can make reaching activity goals feel less overwhelming and more attainable

Accomplishing tasks without adverse consequences (e.g., drastic pain increase) improves sense of self-efficacy, increases self-esteem, and helps combat negative emotions

Pacing Activity Worksheet

Use the table below to record how you pace activities this week. Use the sample as where each period of activity and rest equals one cycle. In the examples provided, indicates working for 10 minutes, resting for 15 minutes for one cycle of pacing.

	Sample	Activity 1	Activity 2
Activity	Wade around		
Active Goal	10 minutes		
Rest Goal	15 minutes		
Day 1	10 / 15 (3)		
Day 2	10 / 15 (2)		

Practice

Implement walking plan and track the number of minutes they do each day

Initiative pacing of activities

Stress importance of logging what they do to share in session

Session 5 – Relaxation Training

- Administer SUDS
- Establish agenda
- Review Session 4
- Content: Relaxation rationale and strategies
- Discuss home practice, complete WAI-SR

Building a Case For Relaxation

Explained most easily by focusing on chronic pain as a chronic stressor, both mentally and physically

When individuals experience pain, their bodies react with a 'flight or flight' response involving an increased stress response, controlled by the sympathetic nervous system

This is adaptive when faced with a dangerous or threatening situation, and is protective with acute pain

With chronic pain, the prolonged physiological stress response is no longer adaptive – instead it creates an ongoing stressor for the body

Stress Response	Relaxation Response
<ul style="list-style-type: none"> Physical <ul style="list-style-type: none"> Muscle tension Poor sleep Tachycardia/ tachypnea 	<ul style="list-style-type: none"> Physical <ul style="list-style-type: none"> Reduced muscle tension Improved sleep Reduced heart rate, respiratory rate
<ul style="list-style-type: none"> Cognitive/Emotional <ul style="list-style-type: none"> Focus on negative Poor coping skills Frustration/anger Depression 	<ul style="list-style-type: none"> Cognitive/Emotional <ul style="list-style-type: none"> Focus on "what is" Improved coping skills Calm Positive feelings
<ul style="list-style-type: none"> Behavioral <ul style="list-style-type: none"> Isolation Unhealthy habits Ignoring self-care 	<ul style="list-style-type: none"> Behavioral <ul style="list-style-type: none"> Improved social connection Healthy habits Engaged with self-care

Types of Relaxation

Three empirically validated relaxation techniques that help 'turn off' the stress response that will be used in CBT-CP

- Deep/diaphragmatic breathing
- Progressive muscle relaxation
- Guided imagery/visualization

Practice DB and PMR in session

Considerations

Some patients are uncomfortable engaging in relaxation techniques because it can expose vulnerabilities

This is particularly true for those with PTSD and/or anxiety disorders. Relaxation can trigger negative thoughts of traumatic events/memories

Depending on the clinical needs of client, the therapist may suggest helpful adaptations such as keeping their eyes open or using one of the more physically engaging techniques such as progressive muscle relaxation

Potential Obstacles to Relaxation

"I'm in too much pain to relax."
• Relaxation helps to manage pain
• Relaxation helps cope with pain

"If I slow down, the pain really catches up to me. I have to keep moving to keep the pain away."
• Pushing and constant movement without breaks increases pain
• Pacing is important

"I relax all the time, that's part of the problem!"
• Relaxation ≠ resting, sleeping, sedentary activities
• Relaxation is physiological response that reduces tension and stress

"There's too much going on / I'm just too busy to relax."
• Relaxation is designed to assist with stress/demands of life
• Relaxation aids productivity and concentration

Practice

Encourage patient to practice relaxation techniques at least once per day over the next week, more if possible
• Ask them to use the Relaxation Practice Record to track practice and progress

Remind patient that as skills develop, the techniques will become easier and benefits will increase

Continue to track activity and pacing as well

Session 6 – Pleasant Activities 1

- Administer SUDS
- Establish agenda
- Review Session 5 and do visualization
- Content: Exploring pleasant activities
- Discuss home practice

Guided Imagery

After reviewing DB and PMR and how practice went the past week, GI is introduced as another relaxation method

Do standard GI script and technique

Pleasant Activities

Patient with chronic pain may have decreased their involvement in pleasant activities because:

- They believe they can't physically do the things they enjoy
- They are afraid to make plans since a pain flare may interfere
- They feel they are 'no fun' to be around anymore

What are the impacts of a lack of pleasant activities?

- Decreases quality of life
- Increases negative emotions and lowers self-esteem
- Diminishes relationships with family and friends

Benefits of Pleasant Activities

Positive distraction from pain

Improved mood and self esteem

Increased socialization

Enhanced attention and concentration skills

Enhanced sense of purpose and direction

Exploring Options

Begin by asking patient about activities that:

- They used to enjoy doing
- Have always wanted to try

Generate a discussion of how to engage in previously enjoyed hobbies, ones that may have been 'ruled out' long ago

Important to help patient think creatively re: adaptive ways to engage in activities

Explore local resources

- Local sport venues, volunteer opportunities, gyms options/promotions

Barriers to Pleasant Activities

Helping patient identify pleasant activities may be more difficult than it sounds for various reasons such as:

- Negative mood (e.g., depression, irritability) may lessen ability to identify activities or the motivation to engage in them
- Psychosocial barriers such as limited resources (e.g., money, car)
- Chronic pain and poor sleep lead to feeling tired and fatigued
- A focus on an inability to participate in physical activities like they want to or once did

Explaining the benefits of engaging in pleasant activities and exploring creative and adaptive ways to participate despite pain is the goal of this session

Practice

Think about pleasant activities to incorporate into life

Choose three activities for next time and try to engage in one

Continue increased activity and relaxation, with monitoring and logging

PLEASANT ACTIVITIES LIST

Try different activities to distract yourself from pain and improve your mood.

- Go fishing
- Text, email, or call friends/family
- Get your hair cut or nails done
- Take a walk, exercise, or stretch
- Do yard work or gardening
- Read a book or magazine
- Repair or fix something
- Start or finish a project
- Go to the pool or beach
- Plan something nice for others
- Go for a drive
- Decorate or re-arrange your home

Session 7 – Pleasant Activities 2

- Complete assessment measures
- Establish agenda
- Review Session 6
- Content: Establishing and scheduling pleasant activities
- Discuss home practice

PA Implementation

Review home practice and any engagement they have done

Can do further discussion of PA to do if needed

Incorporate 2-3 PAs into their schedule for the next week.

- Use pacing as needed
- Start with achievable activities
- Be as specific as possible (time, day, location, frequency, etc.)
- Help problem solve potential roadblocks and obstacles

Barriers to Activity Scheduling

"There's no way I can do any activity no matter how much I pace myself."

- Expectations/fear of movement may lead to reluctance
- Encourage behavioral experiments to test expectations
- Start with activities that are comfortable, no matter how simple
- Reinforce incremental achievements

"I can't find the motivation to do this – it's hard enough just getting out of bed every day."

- Use motivational enhancement strategies
- Sometimes, motivation follows the behavior
- Consider rewards as external motivation

Practice

Complete planned PAs and track progress

Continue with relaxation and exercise

Session 8 – Cognitive Coping 1

- Administer SUDS
- Establish agenda
- Review Session 7
- Content: Recognize and monitor negative thoughts
- Discuss home practice and complete WAI-SR

Cognitive Focus

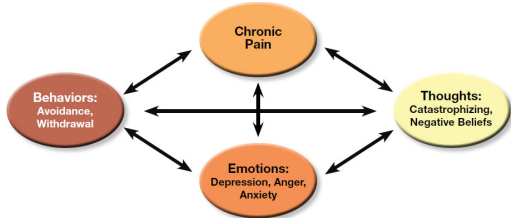
So far, the focus has been on changing behaviors that influence pain and functioning; the focus in these sessions will be on recognizing, challenging, and adapting thoughts that are unhelpful

For those with chronic pain, the role of negative cognitions can be powerful

- As pain persists over time, patients' thoughts may become more negative and exert a greater influence on pain

Often times, negative thoughts are automatic and outside of one's awareness but may still significant impact emotions and behaviors

CBT-CP Model



Thoughts and Pain

Patients will often recognize that with increased stress or negative emotions, that have an increase in pain intensity; they will also likely recognize that increased pain brings increased negative thoughts

While patients may be able to easily identify experiencing emotions such as frustration or sadness, discuss that negative thoughts often accompany these feelings and may be a precursor

Example: Waiting for an extended time at doctor's office produces feelings of irritability and impatience. What are the thoughts?

- I hate waiting. This person is always late. My pain is getting worse the longer I sit here.

Automatic Nature of Thoughts

Thoughts in general are automatic, they occur without much conscious awareness or input

All human beings have automatic thoughts that may be positive or negative

- Presence of pain sets the stage for an increase in negative thinking since an uncomfortable stimuli is always present

Negative thoughts *do not cause* pain but unhelpful thoughts can negatively impact pain experience in direct and indirect ways

Having more adaptive thoughts can have a positive impact on one's pain experience

Catching Automatic Negative Thoughts (ANTs)

Day/Situation	Catch It! Identify ANT	Check It! Effect on your pain/mood
Tuesday/Cleaning garage and pain flares	This pain is killing me. I can't do anything anymore.	Helpful or <u>Harmful</u>
		Helpful or Harmful

Practice

Review "pain thoughts" handout and work on identifying ANTs

Use ANT catching handout

Continue exercise, relaxation, and pleasant activity scheduling

Session 9 – Cognitive Coping 2

- Administer SUDS
- Establish agenda
- Review Session 8
- Content: Challenging negative thoughts
- Discuss home practice

Challenging Negative Thoughts

Once they catch an ANT, they need to challenge it via fact collection

- Is this 100% true?
- Is there a different way to look at this issue?
- What would I tell a close friend if they had this thought?
- Is this thought helpful to me?
- Is there evidence I am not taking into account?

Catching & Challenging ANTs

Day/Situation	Catch It! Identify ANT	Check It! Effect on your pain/mood	Challenge It! Positive/balanced coping statement
Tuesday/Cleaning garage and pain flares	This pain is killing me. I can't do anything anymore.	Helpful or <u> harmful </u>	I am hurting right now because I overdid it but I know that I will feel better soon. Then I will pace myself to get the job done.
		Helpful or Harmful	

Coping Statements

Another technique that can be helpful to manage pain flare-ups or negative thoughts or mood is the use of coping statements

Ideal coping statements...

- Helps patients remain calm during stressful situations
- Is a 'go-to' phrase that can replace unhealthy thoughts
- Can help patient cope with specific difficult situations, especially unanticipated ones

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 just have to stay focused on the positives.
	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.

Practice

Continue Catching ANTs worksheet, now challenging them too

Use Coping Statements Checklist to identify most useful ones

Continue to use exercise, relaxation, and pleasant events

Session 10 – Sleep

- Administer SUDS and ISI
- Establish agenda
- Review Session 9
- Content: CP and sleep education & approaches
- Discuss home practice

Pain-Sleep Interaction

Poor sleep can increase pain sensitivity, while good sleep can reduce it and aid in healing

Identify factors that impact sleep and behaviors to improve sleep, specific to CP *and* generally

Direct impact – sleep apnea, medications, bed and pillows, TBI

Indirect impact – daytime bed use, daytime activity, substances (opioid meds, alcohol, caffeine, nicotine), eating and drinking, schedule, environment, emotional impacts

Improving sleep hygiene

Stimulus Control

- Only go to bed when sleepy (not just fatigued or tired).
- Use bed only for sleep and sex.
- If unable to sleep after 20 minutes, get out of bed and return only when sleepy.
- Wake at the same time every day.
- Do not nap.

Practice

Use "Sleep Behavior Change" log to track specific habits to improve on
• If ISI score is above 14, may need to refer/implement CBT-I

Continue practicing ANT Catching, relaxation, exercise, and pleasant activities

Session 11 – Discharge Planning

- Complete assessment measures
- Establish agenda
- Review Session 10
- Content: Anticipating obstacles and discharging
- Review overall goals

Review Progress

Changes on measures & processing changes verbally

- Have you become more active?
- Has your mood improved?
- Do you feel like your life is more fulfilling, even though you still have pain?
- Are you accomplishing more?
- Have you noticed a difference in your pain intensity? What about how you react to your pain?

Obstacles

Coping with flare-ups

Identifying common triggers for pain increases

- Emotional stress
- Weather changes
- Lack of sleep

Discharge Planning

Develop a specific daily plan

Should incorporate all skills learned so far

- Exercise & activity
- Relaxation
- Pleasant events
- Cognitive restructuring
- Good sleep hygiene

Goals

Revisit goals from start of therapy, and then adjust for the future

How do goals change over time?

What new objectives and goals are there?

Practice

Stick with daily plan & use of new coping skills

Set booster session for 4-6 weeks

Session 12+ – Boosters

- Administer SUDS
- Discuss current functioning & progress
- Review CBT-CP model
- Troubleshooting
- Discuss future plans

Questions?

References

CBT-CP treatment manual - https://www.va.gov/painmanagement/docs/cbt-cp_therapist_manual.pdf

Murphy, J. L., Cordova, M. J., & Dedert, E. A. (2022). Cognitive behavioral therapy for chronic pain in veterans: Evidence for clinical effectiveness in a model program. *Psychological Services, 19*(1), 95–102.
