Cognitive Behavioral Therapy (CBT) & Chronic Pain

Nora Morse, LCSW
Ellen Zimmerman, LCSW

“Chronic pain is an invisible epidemic that has a profound effect on people and society”

Almost 1 in 3 people in the U.S. have chronic pain


Acute pain:
(Ex) post-surgical pain, post-traumatic pain

Chronic pain:
• does NOT resolve with tissue healing.
• issue around “perception” of pain
• amplified by stressors like underlying psychiatric illness, confirmatory bias or anxiety issues

Emotions (feelings) associated with pain
• Depression (not being able to do what used to do)
• Guilt (see above, + impact on others)
• Fear - mortality, lack of independence / reliance on others
• Grief/loss - “new normal”
• Anger / irritability

Fear of Invalidation
• If I complain about pain, I will be judged
• The Dr. will think I am an addict if I ask for pain medications
• Many people conceal their pain because of stigma and shame
Before referral: Validation

Validate the pain: real, not “all in your head!”
value of alternatives: cost v. benefit
enlarge the menu of options: team approach

Nervous system

We work on the parasympathetic nervous system using:
CBT, including mindfulness, relaxation, exercise, thinking changes, support/validation

Your personality is a 3 part system:
CBT: Changing your thoughts and your actions can change your feelings

Think: Changing your thoughts and your actions can change your feelings

Achieving Behavioral Change

1. Plan ahead: Schedule time/place in advance
2. Incremental change, not Mount Everest on day one
3. Make a commitment to another person
4. Make a “to do” list
5. Anticipate problems and try to prevent them

Switch: How to Change Things When Change Is Hard, Chip Heath and Dan Heath
Some types of thinking errors

- Exaggerations: I won't be able to do anything, anymore!
- Unreasonable expectations: Now I'll never be in the Olympics!
- Jumping to conclusions: My husband will leave me.
- Catastrophizing/snowballing: "I'll never have any fun anymore."

Don’t believe everything that you think!

There are more things in heaven and earth than are dreamt of in your philosophy.

-(Hamlet to Horatio) Shakespeare

Which thinking errors do you hear from patients with chronic pain?

Common thinking errors in Dr.’s office

- Nothing will help.
- I can’t do anything anymore.
- I’ve tried everything; I’m doomed.

Context and narrative (the story) are very important in pain perception

Fixed v. Growth Thinking

Fixed: I can’t do fractions! v.

Growth: I can’t do fractions “yet.”
**Control (15%) v. no control (85%)**

- Notice the behavior or thinking you want to change (old neural pathway)
- Practice changing old to new (to the new neural pathway)

**Warning:** Changing thinking or behavior might take 3+ weeks of practice (Outliers by Malcolm Gladwell)

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**Change the story, change the world**

Two steps for changing the brain:
1. Notice the behavior or thinking you want to change (old neural pathway)
2. Practice changing old to new (to the new neural pathway)

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**Mindfulness helps us**

- **notice** thoughts, feelings, actions, without acting on or judging them
- **accept**, let go of what we can't control
- **slow down** impulsivity and emotion dysregulation
- **reduce stress**, as we notice thoughts feelings without acting on them

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**UCLA mindfulness for pain**
Be tough in the way a blade of grass is rooted, willing to lean, and at peace with what is around it.

-Natalie Goldberg

Unhooking yourself from your thoughts (ACT)

I am in pain
- I’m having the thought that my shoulder hurts
- I’m aware that I am having the thought that my shoulder hurts
- I am noticing that I am aware that I am having the thought that my shoulder hurts

References


References (cont.)

http://www.np-act-training.com/resources
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