

Cognitive Behavioral Therapy (CBT) with Chronic Pain

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Disclosure Statement

Nothing to disclose

Objectives

At the end of this presentation the learner will:

1. Examine the premise of CBT in the context of chronic pain.
2. Identify the problematic thinking styles that are amenable to change with CBT, especially catastrophizing.
3. Apply talking points in assessing patients for CBT referral

“I am not able to sit for more than 2 hours, so I can’t go back to my job.”

“My back pain will lead to my wife leaving me.”

“A good day doesn’t mean I will have others.”

“I hurt so much there is not way my MRI results are true.”

“I’m worthless.”

“My pain is totally out of control.”

“You think you know what it’s like.”

“A good doctor should know how to fix me.”

“This is what I get for not taking care of myself.”

Categories of Unhelpful Thinking

All or nothing: “I am not able to sit for more than 2 hours, so I can’t go back to my job.”

Fortune telling: “My back pain will lead to my wife leaving me.”

Disqualifying the positive: “A good day doesn’t mean I will have others.”

Emotional reasoning: “I hurt so much there is not way my MRI results are true.”

Labeling: “I’m worthless.”

Catastrophizing: “My pain is totally out of control.”

Mind reader: “You think you know what it’s like.”

Should statements: “A good doctor should know how to fix me.”

Personalization: “This is what I get for not taking care of myself.”

Adapted from Coupland, 2009

CBT View of Chronic Pain

- **Automatic thoughts create impression of pain that negatively impacts coping.**
- **Cognitive appraisal of seriousness of event, its impact on life, & internal resources for coping.**

See Coupland, 2009

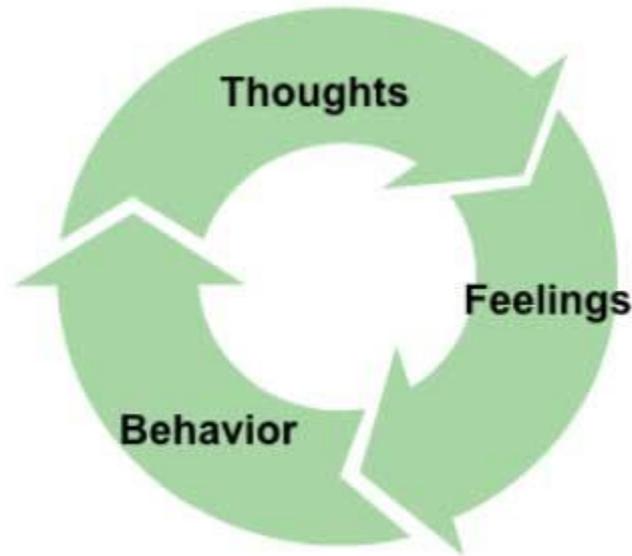
CBT & Chronic Pain



Focuses on cognitive processes underlying the beliefs concerning pain, the behaviors that need to be extinguished and those that need to be reinforced to cope with pain.

See Coupland, 2009

Cognitive Behavioral Therapy (CBT)



- **Targets unhelpful thoughts and behaviors**
- **Evidence-Based Therapy, very manualized**
- **Used for anxiety, depression, chronic pain**
- **Present-focused, problem-focused & action oriented**

See Coupland, 2009

CBT & Goals for Change with Chronic Pain



- **Become more functional, despite pain.**
- **Not equate chronic pain with disability.**
- **Pain acceptance leads to less pain, less pain distress and depression, lowered disability and greater function.**

See Coupland, 2009; McCracken, 1998

CBT & Chronic Pain Outcomes



- Decrease risk for long-term leave by 3-9 fold
- Decrease number of physician and PT visits
- Increase internal LOC, performing home exercises
- 5 year follow-up found sustained effects

Linton & Andersson, 2000; Linton & Ryberg, 2001;
Harkapaa, 1991; Harkapaa et al., 1991; Linton & Nordin, 2006

Unhelpful Thinking Styles

All or nothing thinking



Sometimes called 'black and white thinking'

If I'm not perfect I have failed

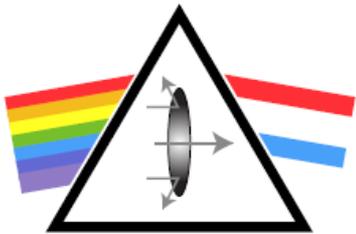
Either I do it right or not at all

Over-generalising



Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw

Mental filter



Only paying attention to certain types of evidence.

Noticing our failures but not seeing our successes

Disqualifying the positive

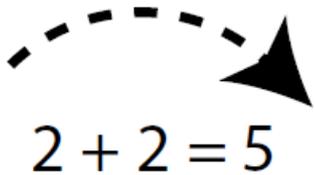


Discounting the good things that have happened or that you have done for some reason or another

That doesn't count

Unhelpful Thinking Styles

Jumping to conclusions



There are two key types of jumping to conclusions:

- **Mind reading**
(imagining we know what others are thinking)
- **Fortune telling**
(predicting the future)

Magnification (catastrophising) & minimisation



Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important

Emotional reasoning



Assuming that because we feel a certain way what we think must be true.

I feel embarrassed so I must be an idiot

should must

Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed

If we apply 'shoulds' to other people the result is often frustration

Unhelpful Thinking Styles

Labelling



Assigning labels to ourselves or other people

I'm a loser
I'm completely useless
They're such an idiot

Personalisation

***“this is
my fault”***

Blaming yourself or taking responsibility for something that wasn't completely your fault. Conversely, blaming other people for something that was your fault.

Catastrophizing

- Rumination
- Helplessness
- Magnification of pain-related symptoms

Can influence perception of pain

(Sullivan & Neish, 1999).

Predicts pain, disability, and
& chronicity more than disease

severity does (See Coupland, 2009).

Reductions in catastrophizing predicts decreased pain and disability
(Wertli et al., 2014).



See also Sullivan, 2009; Edwards et al., 2009

Catastrophizing, Pain and Neurobiology

Associated w/ amplification of pain processing

- interferes w/ pain inhibitory systems

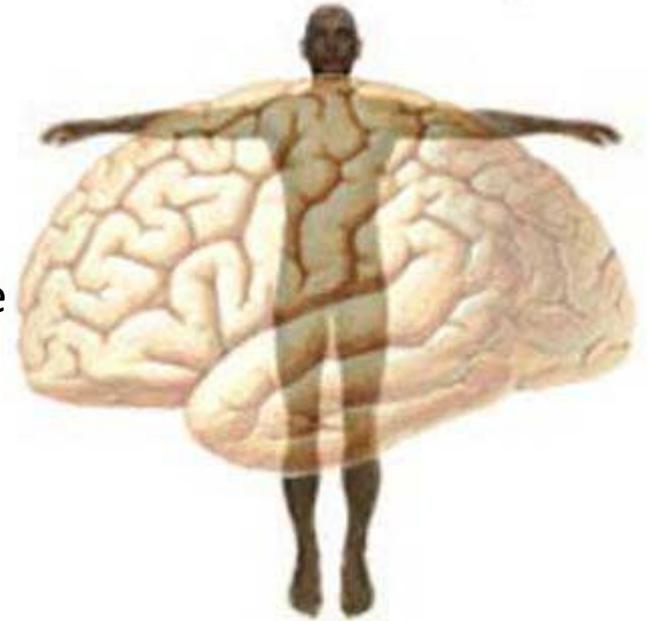
Associated with amplified inflammatory response

-IL-6 with acute pain

-C-reactive protein with RA, helplessness

Correlated with low cortisol variability, which

inversely relates to adaptivity, general health & well-being.



See Edwards et al., 2009; Sullivan, 2009; Johanssen et al., 2008

Assessing For Catastrophizing

Pain Catastrophizing Scale (PCS-EN)

- Studied in 851 injured workers with mostly soft tissue back injuries
- Translated into 27 different languages and validated in a dozen different studies (personal communication, 2016).
- Score >20 suggests moderate risk for chronicity
>30 considered high risk
- <http://sullivan-painresearch.mcgill.ca/pcs1.php>

Pain Catastrophizing Scale

0 – not at all **1** – to a slight degree **2** – to a moderate degree **3** – to a great degree **4** – all the time

When I'm in pain ...

- 1 I worry all the time about whether the pain will end.
- 2 I feel I can't go on.
- 3 It's terrible and I think it's never going to get any better.
- 4 It's awful and I feel that it overwhelms me.
- 5 I feel I can't stand it anymore.
- 6 I become afraid that the pain will get worse.
- 7 I keep thinking of other painful events.
- 8 I anxiously want the pain to go away.
- 9 I can't seem to keep it out of my mind.
- 10 I keep thinking about how much it hurts.
- 11 I keep thinking about how badly I want the pain to stop.
- 12 There's nothing I can do to reduce the intensity of the pain.
- 13 I wonder whether something serious may happen.

Restructuring Thoughts

Automatic Thoughts

My pain is totally out of control.



Restructured Thoughts

I am not able to sit for more than 2 hours, so I can't go back to my job.



One good day doesn't mean I will have others.



Adapted from Coupland, 2009



Automatic Thought

Bodily Sensations

Behaviors

Event	Automatic Thought	Feeling	Bodily Sensations	Behaviors	Consequences
Woke up in pain	"My pain is totally out of control."	Frustrated Sad "Bugged"	Tense Tired Pain	Cancel plans with friend. Go back to bed.	Feel lonely, worthless. Feel worse.

Event	Automatic Thought	Feeling	Bodily Sensations	Behaviors	Consequences
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STOP and Choose

Woke up in pain

"I usually feel better after a shower."

"There are things I can do to help myself."

Hopeful

Light
Energetic

Get up.
Take shower.
See friend.

Feel good about myself.

Restructuring Thoughts

Automatic Thoughts

My pain is totally out of control.



Restructured Thoughts

There are things I can do to help the pain. *

I am not able to sit for more than 2 hours, so I can't go back to my job.



I will accept job modifications allowing me to vary sitting & standing.

One good day doesn't mean I will have others.



One good day brings hope that there will be others.

Adapted from Coupland, 2009

Communicating about Changing Thoughts

- Engender hope with referral.
- Pain is real and not “in the head.”
- Pain can be amplified by types of thoughts and expectations.
- Pathways in the brain strengthened with certain ways of thinking and this can influence pain perception.
- Important to let patients know that there is “no wrong way to feel about an event,” but that this emotional footprint does not have to be an “everlasting impression.”

See Beckman, 2004; Coupland, 2009

References

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Cognitive Behavioral Therapy

