

# THERAPEUTIC COMMUNICATION: BRIEF CBT/MI APPLICATIONS FOR TREATING PAIN

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# OVERVIEW

- Brief review of pain system/Gate Control Theory
- Role of emotions, thoughts, core assumptions/interpersonal elements impacting pain perception and experience.
- Therapeutic Communication as necessary for CBT/MI
- Intervention and tools for practicing clinicians i.e how to ask about pain, how to listen, how to reflect and how to apply CBT/MI - Discussion/questions/case-based format

# Learning Objectives

Participants will be able to:

- 1) Differentiate emotional v. physical pain experience/pathways.
- 2) Discuss ways in which to utilize therapeutic communication, MI, & CBT skills in 5-10 minute encounters with patients.
- 3) Practice one MI skill by end of presentation.

# PAIN

- PHYSICAL PAIN = Survival mechanism serving as warning sign(s) of ongoing or impending tissue damage....
- PAIN is an electrical impulse delivered from peripheral systems to the cortex via three primary pathways...
- PAIN PERCEPTION is processed in the brain and integrates the affective response.
- “PAIN...represents a final integrative package, the components of which consist of neurobiological processes as well as contextual, psychological, and socio-cultural factors...” Cohen & Mao, (2014)

# GATE CONTROL THEORY OF PAIN

- “Arguably, the start of this modern era in chronic pain treatment began with the publication of the gate control theory of pain (Melzack & Wall, 1965), which emphasized the importance of cognitive, and affective, as well as sensory, influences on pain.” Ehde, Dillworth, & Turner (2014)

# COMPARISONS: GATE CONTROL THEORY OF PAIN

## **OPEN THE GATE (PHYSICAL)**

- EXTENT OF INJURY
- READINESS OF THE NERVOUS SYSTEM TO SEND PAIN SIGNALS
- INAPPROPRIATE ACTIVITY LEVEL

## **CLOSE THE GATE (PHYSICAL)**

- APPLICATION OF HEAT OR COLD
- MEDICATION/PLACEBO
- MASSAGE
- DEEPENING AND SLOWING BREATHING
- RELAXATION SKILLS TO LOWER READINESS OF NERVOUS SYSTEM TO SEND PAIN SIGNALS
- APPROPRIATE ACTIVITY LEVEL

# COMPARISONS: GATE CONTROL THEORY OF PAIN

## **OPEN THE GATE (EMOTIONAL)**

- DEPRESSION
- WORRY
- ANXIETY
- FEAR
- TENSION
- ANGER

## **CLOSE THE GATE (EMOTIONAL)**

- EQUINIMITY
- SELF CALMING
- VALIDATION OF EXPERIENCE
- POSITIVE EMOTIONS
- MANAGING STRESS
- DISSOCIATION (ACUTE PAIN/TRAUMA)
- DISTANCING FROM INTENSE EMOTIONS

# COMPARISONS: GATE CONTROL THEORY OF PAIN

## **OPEN THE GATE (COGNITIVE)**

- FOCUSING ON THE PAIN
- BOREDOM DUE TO DECREASED INVOLVEMENT IN NOVEL/LIFE SUSTAINING ACTIVITIES
- ATTITUDE AND CORE ASSUMPTIONS THAT “I CANNOT HANDLE THIS.”
- EXTERNAL LOCUS OF CONTROL

## **CLOSE THE GATE (COGNITIVE)**

- FOCUSED ATTENTION ON ACTIVITIES THAT ARE/WERE ONCE ENJOYABLE...
- SOCIAL ACTIVITIES
- CULTIVATING POSITIVE ATTITUDE “I CAN HANDLE THIS...I CAN LIVE WITH THIS...”
- NOVELTY AND CREATIVE PROBLEM SOLVING...
- RECOGNIZING THE ROLE OF EMOTIONAL DISTRESS/ANXIETY/FEAR ON THE EXPERIENCE OF PAIN
- REFRAMING THE MEANING OF PAIN

# COMPARISONS: GATE CONTROL THEORY OF PAIN

## **OPEN THE GATE (BEHAVIORAL)**

- WITHDRAWAL FROM SOCIAL/POSITIVE/LIFE AFFIRMING ACTIVITIES
- USING PAIN AS AN EXCUSE FOR NOT DOING ANYTHING...
- EXCESSIVE COMPLAINING ABOUT PAIN
- POOR HEALTH HABITS/POOR NUTRITION

## **CLOSE THE GATE (BEHAVIORAL)**

- INCREASED LIFE AFFIRMING AND ENJOYABLE ACTIVITIES
- EXERCISE
- HEALTHY EATING
- TAKING PAIN INTO THE WORLD...
- ACKNOWLEDGING & VALIDATING THE PAIN IN PLACE OF COMPLAINING....
- PRACTICING THE ART OF DISTRACTION...
- LEARNING NEW SKILLS TO MANAGE PAIN

# HOW DO WE AS PROVIDERS ASSIST PATIENTS IN LEARNING HOW TO CLOSE OR MANAGE THE GATE?

BY DEVELOPING SKILLS IN THE FOLLOWING AREAS:

- 1) Therapeutic Communication & Listening  
(establishing rapport and partnership)
- 2) Basic Cognitive-Behavioral Interventions  
(Thoughts and Core Assumptions)
- 3) Motivational Interviewing (Behavior Change)
- 4) Triage (Is there a relationship between Complex Trauma/Adverse Childhood Events and Chronic Pain experience?)
- 5) Referral – When to refer to Behavioral Specialist and/or Psychiatry?

# EMOTIONAL & PHYSICAL PAIN

- Ask your self what is the difference?
- Mind/Body or Mind-Body or Mindbody?
- Emotional distress and physical pain activate the same pathways & brain regions leading to pain affect, pain behaviors, and the same stress response.

# HOW ABOUT THE ROLE OF EMOTIONAL AND PSYCHOLOGICAL TRAUMA?

- Emotional and physical pain are not only connected/they are one and the same experientially/using the same neurological/electrical/nervous system elements...

# GOING TO SCHOOL TO PAIN

- Pain Says: “If one would teach, he must first get the student’s attention. I am an excellent attention getter. I am deep. If you would not fear me, be deep like me. I come from the center. A point is my sign. A stab from me is the cosmic goad. If you would not fear me, live each present moment with the same intensity that you experience me. I am the great purifier. Only the essential can endure me. All else is burnt away. I am the great valuer. All values come from me and my partner, death. I am the gateway to the mysteries. An image of me is your highest concept of the sacred. I am the quintessential NOW. I lie in ambush of those who miss their daily dose of life. This elixir, unconsumed, accumulates and overflows its little vial, raining its concentrated torrent on the negligent soul. I am the angel of annunciation for the awesome NOW. Time is a gliding serpent bearing precious jewels upon its back – each jewel a present moment.”

Encounter With the Self: A Jungian Commentary of William Blake’s Illustrations of the Book of Job; E. Edinger (1986) p. 32

# THERAPEUTIC COMMUNICATION SKILLS

- LISTENING FOR MEANING/EXPERIENCE
- PRACTICING BEING FULLY PRESENT IN THE MOMENT
- CULTIVATING A STANCE OF CURIOSITY/HUMILITY
- COMPARTMENTALIZING JUDGEMENTS AND DIAGNOSTIC THINKING...
- VALIDATING EXPERIENCE
- VALIDATING PATIENT'S AGENDA EVEN IF YOU DON'T AGREE...
- REFLECTING WHAT YOU ARE HEARING...

# STORIES OF HOW THE INTERPERSONAL IMPACTS EXPERIENCE OF PAIN

- GOOD NURSE/BAD NURSE – How compassion and anger impact pain...
- BAD ENT/GOOD ENT - How a moment of truth telling, personal connection, and hopefulness finally stopped the bleeding...
- Milton Erickson's Grandson – How distraction and re-framing stopped the crying and fear.

# HOW TO ASK ABOUT PAIN

“How do you experience pain?”

Goal is to determine and assess **HOW** patients think about pain/what are core assumptions underlying experience of pain. Very often patient express the core belief that “I can’t handle it...it’s too much for me....”

“What are you hoping will happen with your pain?”

Goal is to develop a future orientation so that patient can imagine a different relationship with pain...

# HOW TO LISTEN

# HOW TO REFLECT

Content

Affect

Process

Meaning

# BASIC CBT SKILLS

- Challenging Core Assumptions
- Identifying 10 Common Thought Distortions
- Problem Solving v. Letting GO
- Behavioral Activation (Incremental)

# BASIC MI SKILLS

- Ratings 1.....10
  - Hopefulness
  - Motivation
  - Current Distress
- Exploring Ambivalence
  - “What do you like about smoking?”
- Gathering Change Statements
  - “If were to quit how would you go about it?”

# RECOMMENDED READING

- THE FIFTEEN MINUTE HOUR (Stuart & Lieberman)
- MOTIVATION INTERVIEWING IN HEALTH CARE (Miller and Somebody)