

Cognitive behavioural therapy

The uses with acute and chronic pain

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Today

What CBT is and should be

Formulation

Brief case study

CBT

Collaboration

Empowerment

New learning or awareness

(identify a take home message in every session and a task to support learning)

Build curiosity about possibility of change

Build psychological flexibility

Developing insight

Adapting

**Identify and reduce contributing factors which impact pain experience
(anxiety, depression, stressors, trauma,)**

**Identify potential barriers to change
forewarned, avoid potential pitfalls later**

Reflection

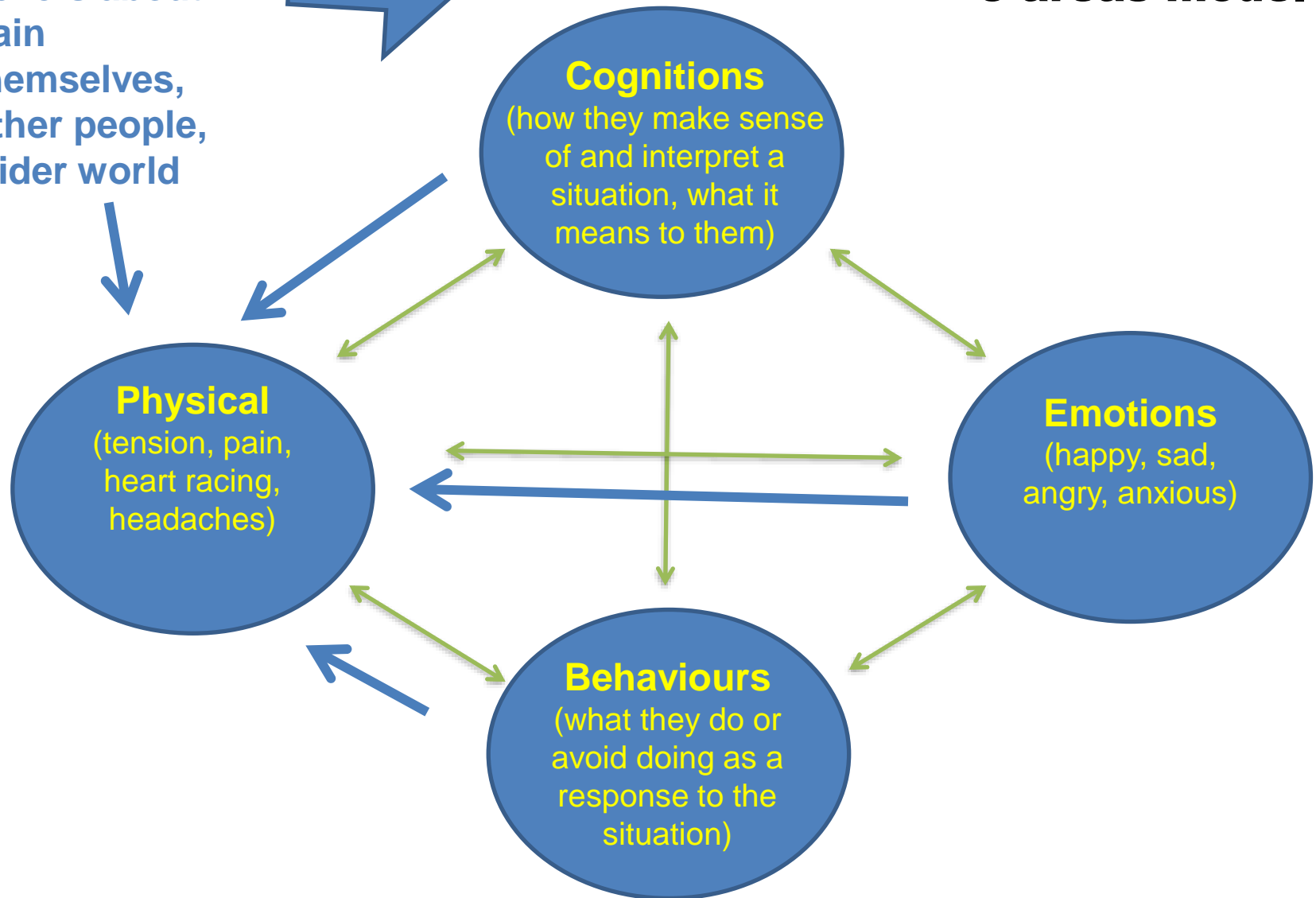
Looking back so that the view
looking forward is even clearer.



**CBT formulation
(maintenance cycle)
5 areas model**

Trigger situation

Past experiences
beliefs about pain
themselves,
other people,
wider world



Cognitions

(how they make sense
of and interpret a
situation, what it
means to them)

Physical

(tension, pain,
heart racing,
headaches)

Emotions

(happy, sad,
angry, anxious)

Behaviours

(what they do or
avoid doing as a
response to the
situation)

Cognitions

Beliefs about pain (which can lead to unhelpful behaviour)

- I must be pain free to feel better
- I cant do anything when I am in pain
- Its better to rest when I feel pain
- If pain is present it means I am causing damage
- There is nothing I can do to control my pain
 - People think I am making it up
- I am useless as pain means I cant work
 - Things will only get worse

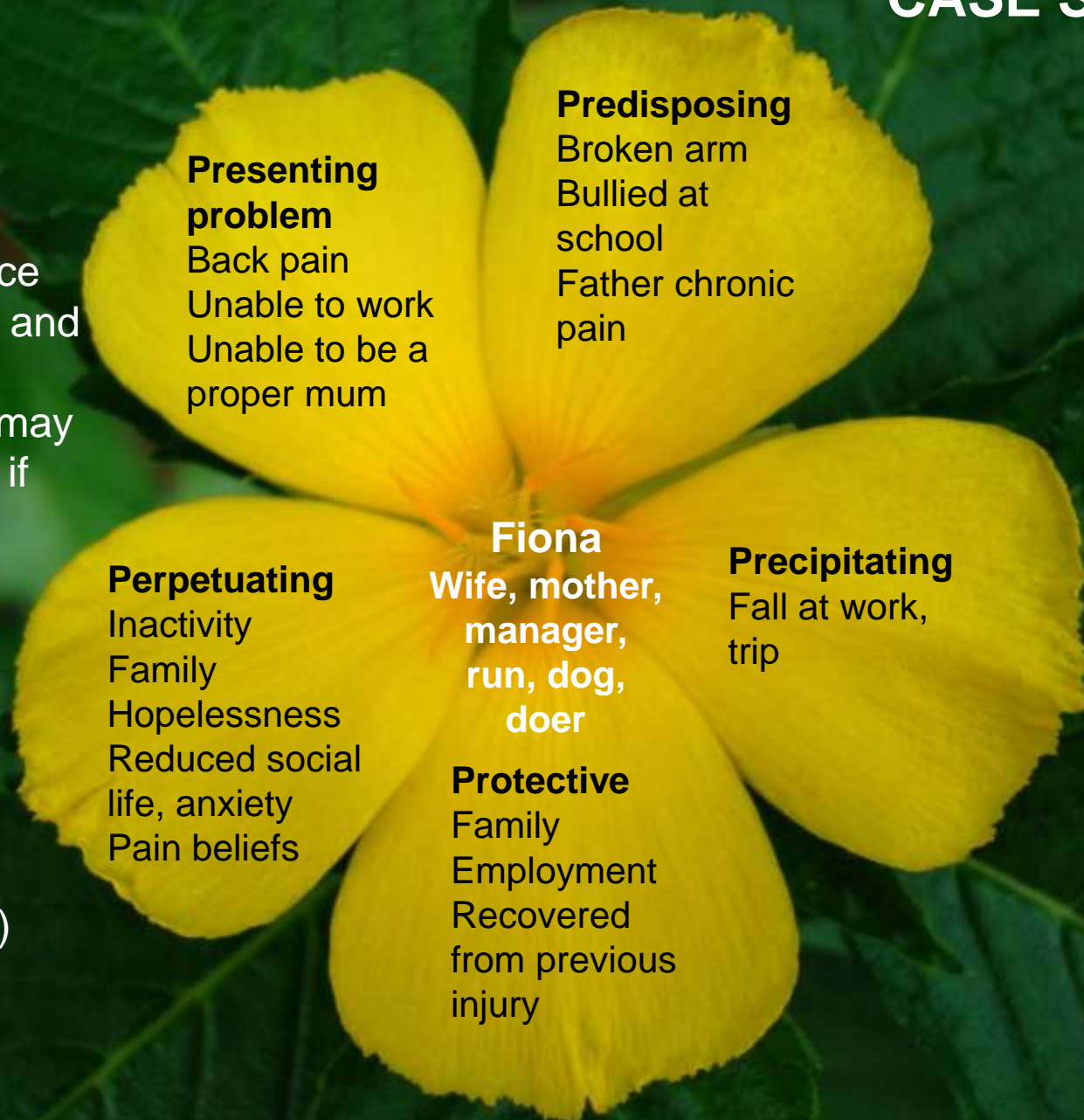
Behaviours

- reduced activity
- declining opportunities
- excessive resting
- social isolation and withdrawal
- compensatory behaviours: use of aids
 - over reliance on others
 - medication use
- overactive and absence of pacing
 - boom and bust behaviour

Initial Assessment

- Conversation
- Interactive
- Unique
- Clients Story
- Lived experience
- functioning pre and post
- Goals – some may not have goals if they don't feel obtainable
- Curious about change
- Change cycle
- Relationship (trust, honest)
- Expectations (you and them) 'expert' 'fixed'
- Shared understanding
- Slow to go fast

CASE STUDY



Treatment Focus

Shift focus from curing and eliminating living with pain
improving life despite having pain

Cognitions

- I must be pain free to feel better
- Its better to rest when I feel pain
- If pain is present it means I am causing damage
- There is nothing I can do to control my pain
- People think I am making it up
- I am useless as pain means I cant work
- Things will only get worse
- my pain is continuous
- My pain rating does not change

Expectations

- self
- treatment
- therapist

Behaviours

- Reduced activity
- Excessive resting
- Social isolation and withdrawal
- Behaviours: limping, use of aids, groaning, reliance on others

Interventions

- Thought challenging,
- Behavioural experiments
- Grading activity
- Pain diary
- Repetitive exposure tasks
- relaxation
- pacing and grading
- Behavioural activation
- Problem solving skills
- assertiveness

Formulation

Sitting at home
Watching T.V



- I am useless
- my pain ruins everything
- If I try I will fail

pain in back
headache

depressed
angry

- Stay on sofa
- Thinks about past
- comfort eats



Psycho- education



Busting myths

Facts v opinions

Discovery

Encourage discussion / question asking

Reduce fear around implementing change

Understanding of what is / is not possible

Identify and remove barriers to change

Consistent message

Involves client & family & employers & friends

Behavioural Change

(weaken beliefs build chance of alternative view)

Grading of activities

Increased meaningful movement

Refocusing of attention (body part exercise)

Allow pain to be present (pink elephant suppression exercise)

Pacing activities

Relaxation (manage anxiety) mindfulness (be more present)

Increase social contact

Support not reassurance seeking

Breathing exercises

Short term aids with a clear function and shelf life

*******Evaluate and check in on the original beliefs*******

Cognitive Change

(weaken beliefs build chance of alternative view)

- Identify unhelpful pain beliefs - psychoeducation
- Provide alternative for beliefs - theory b thinking
- Identify predictions which can be a barrier to change
- Reframe unrealistic expectations - achievable and realistic goals
- Build a more compassionate view of self - positive experience diaries, surveys, friend stance
 - Mood monitor
- Activity diaries to chart progress, pain score, be active with pain
- Reward system: reinforce progress acknowledge challenges, build confidence

Alternative
cycle

Make cup of
tea



I can do things
I can do small
things
my muscles will
get stronger

proud
happy

x less stiff
x headache
pain in back

Sit down part-way
Get partner to carry

Catastrophic thinking

- People may make predictions about change



Creates high levels of anxiety

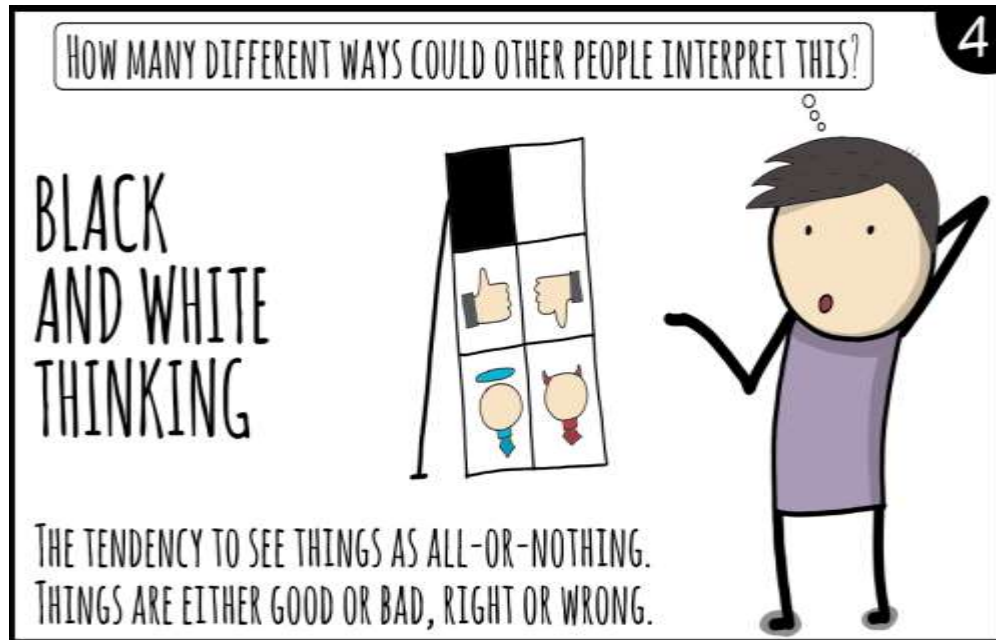
Test out predictions and evaluate actual outcome

It may be accurate in parts but there may be parts which are not as they predicted

Introducing possibility of a different way, flexibility of thinking, alternative reality, building a curious mind

Black and white thinking

- Individuals may have inflexible ways of viewing things



Draw attention to things which are in the grey areas

Draw attention to parts of a task which went well

Introduce idea that things do not have to be viewed as a success or a fail

Use of compassionate language

Introduce idea that we can have success and failures together and one doesn't erase the other

CASE STUDY TREATMENT

Social

- .Telephone friends
- .Walking

Inactivity

- .Pace and grading
- .Dog walking
- .Baking
- .Family buy in

Pain beliefs

- .Mood and pain diary
- .Psychoeducation about movement and damage

Work

- .Realistic return
- .contact
- .acceptance

Fiona

Wife, mother,
manager,
run, dog,
doer

Thought challenging

- .Positive 'qualities logs
- .'friend advice'
- .mindfulness

Collaboration – to avoid the ‘Yea, but.....’ trap



Client has to agree : negotiation. participation

Use examples which fit with their lives and way of understanding

Reflect back what they say using their language

‘Are there any times this week which didn’t fit with your belief that your pain prevents you from enjoying things?’

‘How did these experiences fit with your idea that you cant do things if you feel pain?’

How does that experience fit with your beliefs that when you do things your pain gets worse?

How could you use these experiences to help you this week?

What would you be willing to try first?

How can we break down these tasks so we start at a level you feel able to achieve

What would you say to a friend who had these fears or worries?

Language traps what is said v what is heard

***"Dancing queen,
feel the beat from
the tangerine!"***



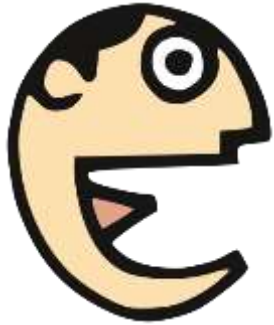
**"Every time you go
away, you take a piece
of meat with you"**



**"Just let me state
for the record"**

**"Just let me staple
the vicar"**

SISTER SLEDGE



- I don't think its your disc
- You should do this each day
- You could try x
- Exercise
- Your pain may reduce
- Challenge

- It could be your disc
- I have to do this each day
- You are not trying
- Running
- You will be pain free
- Fail

- Say what something is, not what it is not
- Focus on what they can gain not what they will lose
- Clarify understanding don't assume – feedback, detail

Language..... and the message it communicates

Less helpful

- I hurt myself when I exercised so I shouldn't exercise
- I cant go for a walk
- I have to be pain free before I can be active
- Why does my pain flare up
- If the pain gets worse I don't know how I will cope

Reframe: More helpful

- I hurt myself exercising so I should focus on doing a small amount of exercise first
- I find it hard to walk at the moment
- I may feel some pain and will set myself small tasks which I can manage with my pain
- I don't know why I have flare ups but I need to find strategies to manage them when I have them
- I would like pain to reduce so I will learn to understand what causes the pain and make changes



**Thank you !
Questions?**