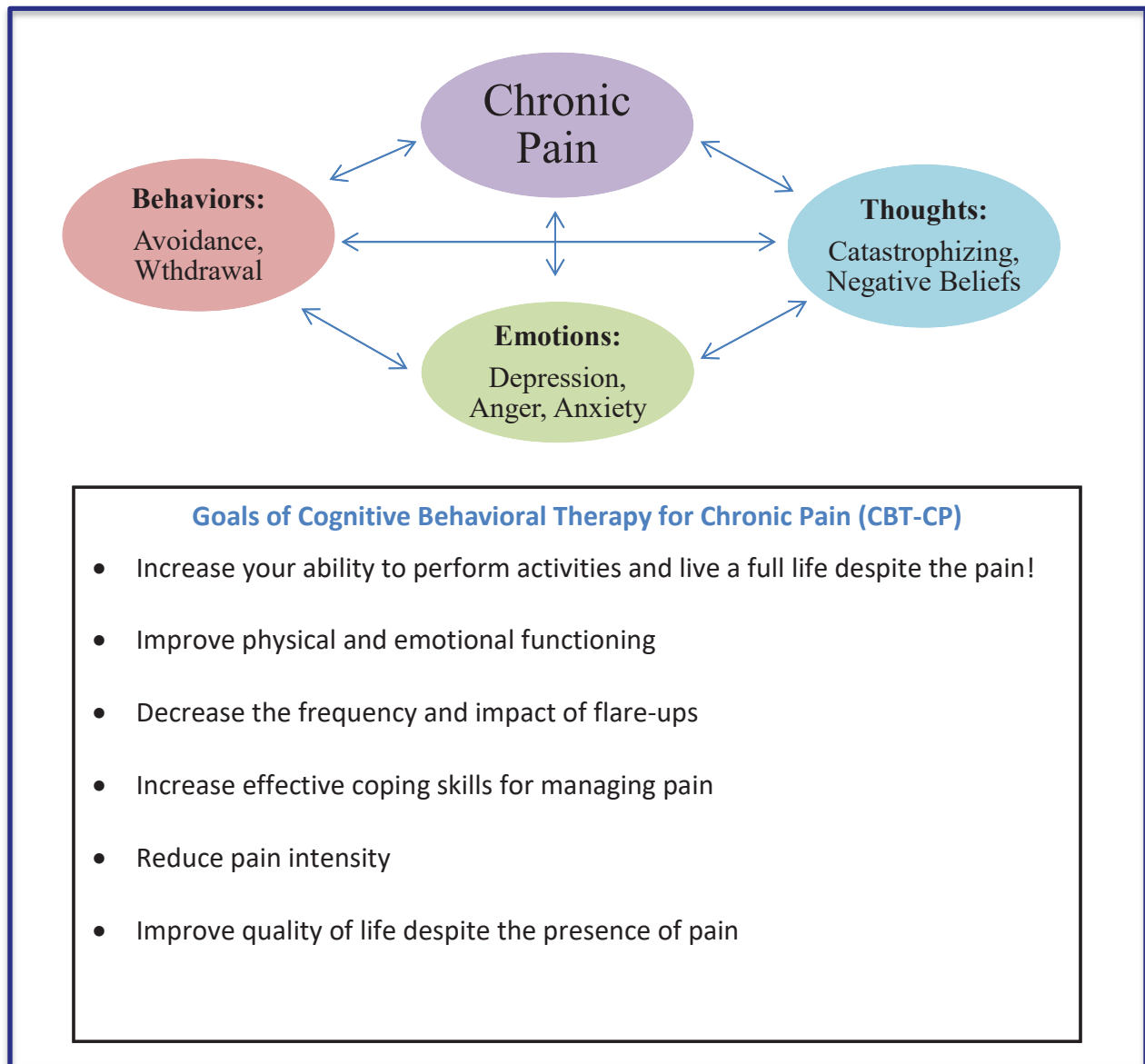


Cognitive Behavioral Approach to Chronic Pain

One's experience of chronic pain involves more than the pain itself. Chronic pain is best understood as an interaction between the physical components of pain, behaviors, thoughts, and emotions. Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) focuses on these biopsychosocial interactions between thoughts, behaviors, and feelings that impact your chronic pain experience. As shown below, all of these pieces affect each other. The aim of this treatment is to help you develop adaptive coping skills so that you feel a greater sense of control over your life and your pain, and to improve your quality of life despite pain.



Pain Thoughts: Identifying and Replacing Thoughts That Are Not Helpful

Thinking about how much pain you are in does not help you cope with the pain. As pain increases, thoughts may become more negative; as thoughts become more negative, pain often increases further. Negative thoughts can lead to:

- Worsening mood
- Avoiding activities
- Isolating/avoiding others

Although pain thoughts can be automatic, with practice you can become more aware of them. Then you can replace unhelpful thoughts with ones that are helpful. Here are some examples of unhelpful pain thoughts and some coping statements that you can use to replace them:

Types of Unhelpful Thoughts	Examples of Unhelpful Thoughts	Examples of Helpful Thoughts
Catastrophizing: Believing something is the worst it could possibly be.	When my pain is bad, I can't do anything.	Even when my pain is bad, there are still some things I can do.
Should Statements: Thinking in terms of how things should, must, or ought to be.	My doctor should be able to cure my pain.	There is no cure for chronic pain, but I can use skills to cope with my pain.
All or None Thinking: Seeing things as "either or" or "right or wrong" instead of in terms of degrees.	I can only be happy if I am pain free.	Even if I am in pain I can still be happy. There is always something that I can do to have a better quality of life.
Overgeneralization: Viewing one or two bad events as an endless pattern of defeat.	I tried doing exercises for my back pain before and it didn't help. So, it isn't going to help now.	Although physical therapy didn't help much before, maybe this time it will help. I might as well try.
Jumping to Conclusions: Making negative conclusions of events that are not based on fact.	When I move my back hurts, so it must be bad for me to move.	Hurt does not equal harm.
Emotional Reasoning: Believing how you feel reflects how things really are.	I feel useless, so I am useless.	Even though I can't do all the things I used to do, it doesn't mean I can't do anything.
Disqualifying the Positive: Focusing on only the bad and discounting the good.	So what if I am doing more, I am still in pain.	Doing more is important for me to live the life I want to live.

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Catching ANTs: How to Catch, Check, & Challenge Automatic Negative Thoughts

When you get upset, you often have negative thoughts. These thoughts may happen automatically and increase your pain and negative mood. You can feel better physically and emotionally by catching ANTs when they occur, noticing how they make you feel, and challenging them with a more balanced thought.

Identify at least one ANT each day. Evaluate the thought and generate a new helpful one.

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 Unhelpful	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 Unhelpful	
		Helpful or Unhelpful	
		Helpful or Unhelpful	
		Helpful or Unhelpful	
		Helpful or Unhelpful	
		Helpful or Unhelpful	

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Coping Statements Checklist

Here are some statements that can be used to replace unhelpful thoughts. Put an “X” next to the ones that you think may be helpful for you. What things have you told yourself in the past to get through a pain flare or difficult situation? Add your helpful statements to the list.

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 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 <i>can</i> do, not what I can’t do.

Adapted with permission from K.M. Phillips, Ph.D.

Remember: It’s easy to think of helpful statements when you’re feeling okay. But, if you are in a bad mood or having a pain flare, it’s more difficult. Keep a list of these or other helpful statements in a place where you can easily find them when you need them most (e.g., in your wallet, on your refrigerator, in your phone).