Part 2: Cognitive Behavioral Treatment for Chronic Pain
Structure of Treatment

The CBT-CP treatment consists of 12 sessions. The overall structure, components, and goals of the intervention will be reviewed. In addition, individuals who are likely to benefit from the intervention, as well as the specific structure of each individual session, are discussed.

### Initial Treatment Phase

**Sessions 1 - 3**

- Assessment and Interview
- Rapport Building
- Preparing for Treatment
- Orientation to CBT
- Goal Setting

### Cognitive & Behavioral Skill Building

**Sessions 4 - 10**

- Physical Activation and Pacing
- Relaxation Techniques
- Pleasant Activities
- Cognitive Strategies
- Sleep

### Discharge Phase

**Sessions 11 - 12**

- Maintaining Treatment Gains
- Anticipating Obstacles
- Discharge Plan
- Follow-Up Session

### Who Can Benefit

Before discussing the specific aspects of treatment, it is useful to review what Veterans may benefit most from this protocol.

Many Veterans with chronic pain may find CBT-CP helpful. As already reviewed, there is growing empirical literature that provides evidence of the efficacy of CBT for a large and increasing number of painful medical conditions. Furthermore, there are no data that document specific contraindications for this intervention, including comorbid mild to moderate cognitive deficits or mental health conditions. Among patients with chronic pain, psychological intervention is typically indicated when:
Veteran could benefit from additional coping skills to self-manage pain maximally.

Veteran is not progressing as expected with indicated medical treatments.

Veteran presents with a negative, exaggerated, emotional, or behavioral reaction to pain.

The criteria below provides other guidelines for patient selection:

Veteran has a chronic pain condition and is experiencing pain-related impairment in various domains of functioning.

Veteran does not report current and significant symptoms of psychosis or mania such that it impedes ability to follow the structured content of CBT-CP.

Veteran is able to engage in some form of physical rehabilitation.

**Objectives**

The objectives of CBT-CP are:

**Reducing the negative impact of pain on daily life.**

**Improving physical and emotional functioning.**

**Increasing effective coping skills for managing pain.**

**Reducing pain intensity.**

CBT-CP focuses on improving functioning and overall quality of life by reducing pain-related impairments and pain intensity. Increasing the use of various self-managed approaches provided in this protocol aids Veterans in achieving the best life possible, despite the presence of chronic pain, by adjusting thoughts and behaviors. Veterans will also develop individual goals to help motivate their personal completion and success in the treatment. Session 3 provides more specific information on how the use of individualized goals will be discussed and implemented through the treatment.

**Components**

The CBT-CP intervention can be understood within the framework of six separate but mutually informative components. It is important to remember that while CBT-CP alone can be efficacious, empirical evidence and clinical practice strongly encourage an integrated and multimodal treatment plan for pain care. In VHA, this includes communication with other medical, mental health, and rehabilitation providers for coordination of care. This is expounded more fully in session 1 of CBT-CP.

**Assessment**

Assessment of chronic pain typically involves chart review, clinical interview, and collection of clinical assessment measures. A review of the patient’s medical history is crucial in order for a provider to be able to appreciate the various factors that may be contributing to the patient’s experience of pain. The clinical interview allows the patient to tell their pain story and provide details about their experience, which also initiates the process of developing a therapeutic alliance. Clinical assessment measures can help identify specific areas that may need more clinical attention. In addition, they provide an empirical evaluation of impairment at the outset, mid-point, and conclusion of treatment to help direct ongoing care and measure progress.
### Reconceptualization of Pain

Reconceptualization of pain involves helping the patient move from a view of pain as purely sensory/biomedical to more multidimensional. Assessment results assist in this understanding by providing an opportunity to review the varied areas of life and functioning that are impacted by chronic pain. The education process continues throughout treatment as Veterans learn how pain is influenced by the adoption of active coping strategies and by changes in physical or emotional functioning.

### Skills Acquisition

This component of CBT involves learning cognitive and behavioral skills that may be used to reduce the impact of factors such as negative thinking or deconditioning on the experience of chronic pain. This process begins with providing a rationale for and description of the skill, followed by practice of the skill both during and after the session. Subsequent review of practice hones skills and reinforces learning.

### Rehearsal

Acquisition is unlikely to lead to long-term use of a given skill unless rehearsal of the skill occurs outside of treatment sessions. Rehearsal outside of treatment sessions also allows for identification of barriers and ways to better implement learned skills. Given the heterogeneity of factors that contribute to a patient’s chronic pain disorder, the coping skills that prove most useful to a specific patient are often “discovered” during the rehearsal phase.

### Generalization and Maintenance

Generalization and maintenance of the coping skills learned in CBT results from the combination of successful learning on the part of Veterans and effective feedback from CBT therapists. Successful identification of effective coping skills can lead patients to feel increased self-efficacy in managing their chronic pain disorder. Therapists can assist this process by reinforcing the need to implement treatment components daily and create “good habits” as a foundation for effective pain management.

### Treatment Follow-Up

Many psychosocial interventions assume that it is normal for patients to become “rusty” with newly learned coping skills and potentially revert to prior ways of coping with conditions. Because of this, CBT interventions often include a component referred to as relapse prevention, referring to the common occurrence of “relapsing” to prior patterns of behavior. To address this possibility, CBT-CP provides a structure for careful discharge planning to anticipate potential challenges as well as the use of follow-up sessions. The “booster session,” scheduled approximately one month after discharge, can be helpful to identify challenges encountered in independent CBT-CP implementation and to review previously learned skills based on what is needed.
## Sessions

### Figure 6. CBT-CP Session Structure

<table>
<thead>
<tr>
<th>Session</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Interview and Assessment</strong>: Clinical pain evaluation and baseline assessment measures.</td>
</tr>
<tr>
<td>2</td>
<td><strong>CBT-CP Orientation</strong>: Pain education and familiarization with the CBT-CP approach to treatment.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Assessment Feedback and Goal Planning</strong>: Clinical implications of assessment and development of treatment goals.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Exercise and Pacing</strong>: Importance of movement and thoughtful approach to physical activities.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Relaxation Training</strong>: Relaxation benefits and techniques.</td>
</tr>
<tr>
<td>6</td>
<td><strong>Pleasant Activities 1</strong>: Identification of meaningful pleasant activities.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Pleasant Activities 2</strong>: Implementation of selected enjoyable activities.</td>
</tr>
<tr>
<td>8</td>
<td><strong>Cognitive Coping 1</strong>: Understand automatic negative thoughts and how they impact pain experience.</td>
</tr>
<tr>
<td>9</td>
<td><strong>Cognitive Coping 2</strong>: Monitor and challenge automatic thoughts.</td>
</tr>
<tr>
<td>10</td>
<td><strong>Sleep</strong>: Strategies for improving sleep despite pain.</td>
</tr>
<tr>
<td>11</td>
<td><strong>Discharge Planning</strong>: Plan for flare-ups and review of CBT-CP skills.</td>
</tr>
<tr>
<td>12</td>
<td><strong>Booster Session</strong>: Evaluate implementation of CBT-CP skills.</td>
</tr>
</tbody>
</table>
Session Structure

The CBT-CP protocol targets a variety of behaviors and thoughts to improve the quality of life of Veterans with chronic pain. All session materials excluding measures are included in the Appendix of this manual. Each session is structured in order to ensure that important content is presented to the patient with sufficient time to address concerns or provide clarification. The exact content of each session will vary by topic but the following elements will occur in most sessions.

| ✓ | Administer SUDS. |
| ✓ | Establish agenda. |
| ✓ | Review previous session. |
| ✓ | Present current session content. |
| ✓ | Discuss home practice. |

**Administer and discuss SUDS rating.** Administration and discussion of the brief rating of Subjective Units of Distress Scale (SUDS) can provide a quick barometer of the Veteran’s mood state at the outset of each session. Therapists often use the results of the SUDS rating to discuss potential benefits or sticking points associated with skills introduced in prior therapy sessions. Increases in the SUDS rating can also help identify the potential need to add an additional item to the session agenda.

**Review agenda for session.** Reviewing the agenda for the session helps orient the Veteran to the topics that will be covered in the session. An essential part of discussing the agenda is asking Veterans if they have anything to add. This allows the Veteran to influence the agenda and emphasizes the collaborative nature of CBT-CP. While the CBT-CP protocol is highly structured, it is important to acknowledge that events may occur that warrant discussion and that may result in adjusting content covered in a specific session.

**Review issues and practice from prior session.** Providing a brief review of material covered in the prior session can create continuity between sessions and allow the Veteran to raise questions as needed. Consulting about potential questions reinforces the collaborative nature of the intervention and reduces the chance of important messages being misconstrued. In addition, referencing the previous session creates the ideal time to review the practice of skills and completion of activities between sessions. Completing the home practice is an essential component of CBT-CP and serves to build competencies in the use of adaptive pain coping strategies. It should also enhance Veterans’ sense of self-efficacy to manage their chronic pain condition by implementing acquired skills in the “real world.”

**Sample Questions for Bridging from the Previous Session**

- What did you learn from the previous session?
- What message did you take home from the previous session?
- Are there things from the previous session that we need to follow up on in this session?
- Was there anything that bothered you from our previous session?

**Cover topics for session.** Provide a clear rationale to the Veteran for central topics of each therapy session. To ensure understanding, frequently elicit reactions from the Veteran to material covered. Through discussion that involves active listening, cuing, and reinforcing learning in a supportive and collaborative environment, the Veteran is able to acquire adaptive pain management skills.
Discuss home practice. After a new topic has been reviewed in the session, it is important for the Veteran to be able to practice building and implementing the skill independently. Discuss helpful areas for home practice with the patient. It is important that the Veteran understands the potential benefits of engaging in the coping technique and how it is related to better managing the effects of chronic pain. Practice should be discussed collaboratively to ensure that it is manageable for the Veteran.

Final Considerations before Initiation

During the initial treatment phase, focus on establishing a strong rapport with the Veteran, as a solid therapeutic alliance is the basis for all future interventions. This is particularly true in patients with chronic pain since they may feel misunderstood by healthcare providers. Make it clear that the Veteran’s pain is believed to be exactly what the Veteran says it is. Furthermore, the alliance developed will help both Veteran and provider work together to implement the CBT-CP strategies most effectively.

Veterans will have a range of reactions about being referred to a mental health provider for their pain. While some may appreciate the opportunity to speak with a professional, others may feel it suggests that their pain is not “real” (e.g., “I don’t know why I’m here, I’m not crazy”). Since theirs is a physical problem, Veterans may be resistant to or lack understanding regarding why they would consult anyone other than a medical provider. Below is an example of how a therapist might address this in an initial session:

**TALKING TIPS: Why mental health?**

Some individuals are confused about how a mental health professional can help them with their pain. First, let me assure you that I believe your pain exists exactly as you describe it, and that it impacts your life in many negative ways. Chronic pain is a complex problem and addressing it from only one perspective, such as the medical, will attend to only part of the issue. My role is to help you find ways to cope better with the pain as well as to reduce the negative impact pain has on your life. Our focus will not be on finding a “cure” or “fix,” but on giving you more tools to manage the pain so that you can improve your quality of life.

In addition, some may be concerned that speaking to a mental health provider will negatively affect access to PCPs, pain specialists, or others. Veterans should be reassured that they will continue to see other providers and that engaging in this treatment will not create obstacles to medical contact. Further, explain that VA focuses on all areas that might influence the management of medical conditions and that this treatment may help facilitate more effective care by other disciplines.
Content of Treatment: CBT-CP Protocol

Session 1: Interview and Assessment

The focus of this session is the initial clinical interview, the patient assessment measures, and contact with the Veteran’s PCP. During the interview, Veterans are able to share their chronic pain history and discuss how it has affected their lives. The assessment tools provide data that supplement information gained in the clinical interview. Finally, informing PCPs about CBT-CP and obtaining their support is a key to facilitate successful treatment. This important meeting establishes the first face-to-face contact with the patient and is vital in setting the tone for the rest of treatment.

Session 1 Agenda

- Conduct clinical interview.
- Have Veteran complete assessment measures.
- Discuss next session.
- Contact PCP.

Session 1 Materials

- CBT-CP Clinical Interview form
- All assessment measures except WAI-SR
- Communication with PCP

Clinical Interview

The initial clinical interview in CBT-CP is an opportunity to gather much of the general information that is acquired at the beginning of any psychotherapy course such as psychosocial status, mental health issues, and substance abuse history. However, since this intervention is specific to chronic pain, additional pain-specific information should also be obtained, such as:

- Pain location, onset, and intensity
- Current medications
- Previous and current treatments
- Areas of functional impairment

It is important to obtain detailed information about the Veteran’s pain history. Begin with asking about the primary, or most significant, pain location. Secondary pain locations are also reported. Information on when and how the pain began (e.g., single precipitating event, gradual onset) as well as the quality of the pain (e.g., sharp, aching, tingling) should be obtained. In addition, discussing current and previous treatments for pain and their effectiveness, including medications, will help clarify what has been helpful or not helpful. When a Veteran states that a treatment modality has not been beneficial, inquiring about why it was not helpful is recommended. For example, if someone states that physical therapy (PT) did not help, they may report that it “just made my pain worse.” If they have become highly inactive because of pain and only attended one PT session, this is a personal example that may be used at a later point to illustrate the connection between deconditioning and increased pain. Asking for details related to exacerbating or minimizing factors related to pain intensity and what a typical day is like will allow for a fuller picture of the negative influences of pain on the Veteran’s life. Perhaps the most important pieces of pain-specific information gathered are the ways in which pain has functionally impacted the Veteran’s life – mood, physical and social activities, sleep, mobility, recreational hobbies, and the like.
The information collected through the interview will help the CBT-CP therapist begin to develop hypotheses about the patient’s core beliefs and patterns of thinking. In addition, the important alliance between therapists and patients will develop as Veterans share their personal experiences and struggles with chronic pain.

**Assessment**

Another important piece of the initial phase of treatment is the completion of clinical assessment measures by the patient. These tools will allow the therapist to better understand the Veteran’s experience of pain and the functional domains that are impacted, as well as assess the gains that are made throughout treatment. Explain to patients that the questionnaires, while they may seem cumbersome, are another way for the therapist to gain a clearer picture of the effects of pain on their lives and will enhance the ability to tailor the CBT-CP to their specific needs. Again, focusing on completing the measures as a means to better understand the individual experience of the patient may be a helpful frame. The data may also be used as a way to demonstrate positive changes and treatment effectiveness to patients and others.

**Measures**

A brief description of the assessment measures that are incorporated into the protocol as a way to inform treatment and monitor progress is provided. Some measures may be available through the VA's Mental Health Assistant in the Computerized Patient Record System (CPRS). The recommended timing of administration follows the description of the measures. For the initial, mid, and discharge sessions where all measures are given, it may be helpful to ask Veterans to arrive 15-20 minutes early. This facilitates completion of the measures without interfering with the day’s session content.

Some patients may find the completion of assessment measures aversive or feel it is a waste of their time. In these cases, discuss with Veterans any thoughts or concerns they may have about completing the assessment measures. Sometimes the Veteran and therapist can collaboratively brainstorm ideas for how to overcome any potential barriers to completing measures. Furthermore, providing a rationale for the measures is encouraged.

Here is an example of how the therapist might discuss the use of self-reporting measures:

**TALKING TIPS: Assessment**

I appreciate you taking the time to complete the measures that I provided. The information will help me better individualize this treatment to help meet your needs. I will also be giving you some direct feedback in a later session about what you reported and how we can incorporate it into our treatment.

I know that some people are hesitant about completing measures and view it as a waste of time. But the assessment actually serves a purpose similar to that of vital signs measured at a doctor’s visit. The information is useful and can highlight an area that needs attention, like if your blood pressure was high. It can also help us measure the progress that you are making over time in a more concrete way – that is information that is helpful to us both.

**Clinical Assessment Measures**

**Pain Numeric Rating Scale** (NRS; Jensen & Karoly, 2001) Assesses pain intensity on a scale of 0-10 with 0 being “no pain” and 10 being “the worst pain imaginable.” Ratings for average, worst, and least pain over the last week are obtained.

**Pain Catastrophizing Scale** (PCS; Sullivan, Bishop, & Pivik, 1995) Assesses tendency to ruminate, magnify, and feel helpless about pain (i.e. catastrophize). Level of catastrophizing is a primary predictor of disability level. Decreased catastrophizing is associated with decreased depressive symptoms and improved pain-related outcomes (Sullivan & D’Eon, 1990).

**West-Haven Yale Multidimensional Pain Inventory-Interference Subscale** (WHYMPI/MPI-INT; Kerns, Turk, & Rudy, 1985) Assesses interference of pain in various areas such as socialization, work, daily activities, and relationships with others including family/marital.
**Patient Health Questionnaire** (PHQ-9; Kroenke, Spitzer, & Williams, 2001) Assesses the existence and severity of depressive symptoms, which have a high co-occurrence with pain. *Note:* Item 9 on the Patient Health Questionnaire-9 (PHQ-9) inquires about thoughts of death and suicidal ideation. It should always be checked during this session with follow-up care provided as clinically indicated.

**World Health Organization Quality of Life-Brief Version** (WHOQOL-BREF; Murphy, Herrman, Hawthorne, Pinzone, & Evert, 2000) Assesses perception of quality of life with general questions regarding overall health and satisfaction, and a series of four questions covering the following domains: physical health, psychological health, social relationships, and environment.

**Working Alliance Inventory-Short Revised** (WAI-SR; Hatcher & Gillaspy, 2006) Assesses the quality of the therapeutic alliance including level of agreement on the goals of therapy and patient-therapist bond. The therapeutic relationship is a strong predictor of psychotherapy outcomes.

**Subjective Units of Distress Scale** (SUDS; Wolpe, 1969) A one-item screen for clinical use that assesses level of overall distress rated from 0-10.

**Figure 7. Timing for Administration of Assessment Measures**

<table>
<thead>
<tr>
<th>Session</th>
<th>SUDS Distress (0-10)</th>
<th>PCS</th>
<th>WAI-SR</th>
<th>Pain NRS</th>
<th>MPI-INT</th>
<th>PHQ-9</th>
<th>WHOQOL-BREF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1 (Baseline)</td>
<td>SUDS</td>
<td>PCS</td>
<td></td>
<td>Pain NRS</td>
<td>MPI-INT</td>
<td>PHQ-9</td>
<td>WHOQOL-BREF</td>
</tr>
<tr>
<td>Session 2</td>
<td>SUDS</td>
<td></td>
<td>WAI-SR</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Session 3</td>
<td>SUDS</td>
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<tr>
<td>Session 4</td>
<td>SUDS</td>
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<tr>
<td>Session 5</td>
<td>SUDS</td>
<td></td>
<td>WAI-SR</td>
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<td></td>
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<tr>
<td>Session 6</td>
<td>SUDS</td>
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<tr>
<td>Session 7 (Mid-Point)</td>
<td>SUDS</td>
<td>PCS</td>
<td></td>
<td>Pain NRS</td>
<td>MPI-INT</td>
<td>PHQ-9</td>
<td>WHOQOL-BREF</td>
</tr>
<tr>
<td>Session 8</td>
<td>SUDS</td>
<td></td>
<td>WAI-SR</td>
<td></td>
<td></td>
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<tr>
<td>Session 9</td>
<td>SUDS</td>
<td></td>
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<tr>
<td>Session 10</td>
<td>SUDS</td>
<td></td>
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<tr>
<td>Session 11 (Termination)</td>
<td>SUDS</td>
<td>PCS</td>
<td></td>
<td>Pain NRS</td>
<td>MPI-INT</td>
<td>PHQ-9</td>
<td>WHOQOL-BREF</td>
</tr>
<tr>
<td>Session 12 (Booster)</td>
<td>SUDS</td>
<td></td>
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</tbody>
</table>

**Support from Primary Care Provider**

Particularly when working with patients with chronic pain, it is important to have coordination with and support from their PCP as well as others who might be involved in their care (e.g., physical therapist, neurologist). CBT-CP typically is only one piece of a patient-centered, multimodal, multidisciplinary plan of care. Maintaining contact with providers by adding them to notes in the electronic medical record, sending emails, or having face-to-face discussions can be critical in developing a coherent treatment plan and delivering a consistent message to the patient. Alert those in Primary Care or the Pain Clinic to the services that are being offered through CBT-CP as well as the type of Veteran that is most appropriate for referral. Typically, those in other disciplines will be grateful for the assistance in offering alternatives for helping Veterans better manage their chronic pain.
After the initial meeting, the CBT-CP therapist must contact the Veteran’s PCP directly via email or as an additional signer on the session note (see Appendix for template). The physician is made aware of the general nature of the intervention and told that the patient will be engaging in CBT-CP. Second, the PCP is asked to provide approval to indicate that the Veteran is physically capable of engaging in a mild, graduated, tailored walking program. If it is indicated that walking is not appropriate, the PCP is asked to provide an alternative activity. Make it evident to the physician that the importance of physical activation is a critical part of the CBT-CP process. The communication fostered between the CBT-CP therapist and the PCP will facilitate the Veteran’s optimal management of chronic pain by providing a consistent message with a focus across providers on increasing activity and improving overall quality of life.

Support from Mental Health Provider

Communication among mental health providers is also important in the effective implementation of CBT-CP. Many of the referrals for this intervention will originate from mental health providers who do not have the specific skills to treat chronic pain in Veterans. Other healthcare providers such as a PCP or physical therapist, however, may also refer patients for CBT-CP. Since many Veterans will already have an established clinician treating other mental health issues (e.g., depression, PTSD), alerting that provider to the proposed plan for CBT-CP is recommended. Provide information on the content of the intervention such as the general structure and goals. In addition, confirming that CBT-CP will be complementary and synergistic rather than potentially deleterious to the ongoing mental health treatment is critical. For example, in the case of a Veteran who has only recently become engaged in substance use disorder treatment, legitimate concerns may be raised about the timing of additional treatment that could distract the patient from the primary goal of sobriety. When a shared decision is made to provide concurrent treatment, it is important to negotiate specific complementary objectives and roles. Plans for communication such as adding providers to notes in the electronic medical record, sending emails, or having face-to-face discussions can be critical in delivering a consistent and therapeutic message to the patient. Finally, if services are being provided in the community (i.e., outside VHA), with the consent of the Veteran, the CBT-CP therapist should engage in similar discussions with non-VA providers in order to facilitate the best possible outcomes.

Session 2: Treatment Orientation

This session will be used to provide an orientation to the CBT-CP treatment model as well as education about the complex nature of chronic pain. In addition, the therapeutic alliance will begin to develop and will be measured at the conclusion of the session.

Session 2 Agenda

- Administer SUDS.
- Establish agenda.
- Ensure all measures from previous session are completed.
- Present Session 2 content: CBT-CP treatment; pain cycle and biopsychosocial approach.
- Ask Veteran to complete WAI-SR at session conclusion.

Session 2 Materials

- CBT-CP Model Handout
- Chronic Pain Cycle Handout
- Factors That Impact Pain Handout
- WAI-SR
CBT-CP Orientation

It is important to orient the Veteran to both the structure and process of CBT-CP. This may include information about CBT and how it differs from other types of therapy.

Orientation to CBT-CP involves the therapist providing the following types of information:

<table>
<thead>
<tr>
<th>CBT-CP Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The structure of treatment</td>
</tr>
<tr>
<td>Expectations for attendance and participation</td>
</tr>
<tr>
<td>Role of the therapist</td>
</tr>
<tr>
<td>An overview of the CBT-CP model</td>
</tr>
<tr>
<td>Rationale of home practice</td>
</tr>
<tr>
<td>Responses to any questions from the Veteran about CBT-CP</td>
</tr>
</tbody>
</table>

The therapist will introduce the specifics of the CBT-CP treatment intervention. The goal is to provide the Veteran with a roadmap for what can be expected during treatment and to establish clear expectations for both the therapist and the Veteran. The information below is straightforward and can be presented while allowing time for questions:

- Treatment Structure (see Figure 6)
  - A brief overview of the treatment
  - The length and frequency of sessions (11 weekly individual sessions and one follow-up session)
  - A review of the session format – example provided below

- Expectations for attendance and participation
  - Regular attendance
    - Emphasize the importance of regular attendance as a measure of participation and as critical for learning CBT-CP skills
  - Completion of home practice
    - Review the importance of actively practicing skills learned between sessions so that mastery can be achieved

- The role of the therapist
  - Collaborative nature of this treatment
  - Since the focus is on learning specific tools for pain management, explain that the therapist may need to redirect the conversation to stay on task but is always listening and interested in input from the Veteran

- Overview of the CBT-CP
  - CBT-CP targets thoughts, emotions, and behaviors in order to improve functioning and promotes a problem-solving approach that emphasizes personal responsibility [Use the CBT-CP Model Handout (figure below) to illustrate the CBT-CP model]
  - It promotes the adoption of self-managed tools by patients so that they can take an active role in effectively addressing chronic pain and its associated negative effects

- Q & A
  - Ensure understanding and elicit feedback from the Veteran throughout the orientation process

√ Check on mood and complete one measure.
√ Set an agenda for that day.
√ Review material from the previous session including the home practice.
√ Introduce the new material and answer questions.
√ Discuss helpful practice for the next session.
Chronic Pain Education

Chronic pain is a condition that affects various aspects of daily functioning and areas of life. Use the Chronic Pain Cycle Handout (see Figure 4) to discuss the process and stages that may occur over time for those with chronic pain. As the figure illustrates, the onset of chronic pain often leads to a decrease in activities, which leads to physical deconditioning. Dealing with constant pain may also lead to negative thoughts (“I can’t do anything when I have pain like this”) and emotions such as frustration and depression. These factors contribute to increased avoidance of family and friends, and anything that involves movement since it hurts to move. This combination means more distress and disability, leading to increased pain. Most Veterans will be able to recognize this process in their own lives. The CBT-CP Model Handout can also be used to illustrate how pain, thoughts, emotions, and behaviors interact and affect each other.

Figure 4. Chronic Pain Cycle
Below is an example of how the therapist might discuss the cycle of chronic pain:

**TALKING TIPS: Chronic Pain Cycle**

Think of yourself like a machine. All the gears work together to keep your body going. When you are not in pain life tends to be easier, you feel good and it’s easier to get things done. When you have chronic pain, it’s like having a bad gear that doesn’t go away. It disrupts all the other gears and slows down the whole machine. Over time, it can bring the entire machine to a stop.

Chronic pain touches many parts of your life, and each piece affects how the others run. Once we discuss more about the areas of your life that are affected, we will talk about how this treatment may be able to help you manage the effects of your pain.

**Effects of Pain**

Chronic pain affects many different areas of life. The interaction between biological/physical (pain and medical issues), psychological (cognition and affect/emotion), and social influences helps to explain the variability between individuals and their reports of pain. Figure 3 shows the overlap between these areas.

**Figure 3. The Biopsychosocial Model**

Use the Factors That Impact Pain Handout to review some of most important biological, psychological, behavioral, and social variables that may influence chronic pain. Discuss with Veterans how pain has impacted their lives from all aspects: (a) the biological or medical factors (e.g., pain condition; comorbidities); (b) the psychological factors (e.g., negative mood; lowered self-esteem; and (c) the social factors (e.g., relationships; employment). Explain that each of these areas must be addressed in treatment – since chronic pain is a complex problem, it must be approached in a comprehensive way. While some factors such as previous injuries cannot be changed, emphasize that many of the factors that impact pain can be adapted with the assistance of CBT-CP.
Below is an example of potential pain effects and the ways in which participating in CBT-CP may be helpful to Veterans. Sharing how this intervention can be beneficial across domains will help motivate Veterans while tying together the discussion of CBT-CP, the chronic pain cycle, and the biopsychosocial model.

**TALKING TIPS: Effects of pain and what you can do!**

**BELIEFS –** You may begin to believe that it is better to try and restrict your movement.
- **CBT-CP and You** – You will learn about your body and make some changes that will show moving is actually helpful.

**ACTIVITY –** Cutting back on activity can make your muscles stiff and cause you to lose strength.
- **CBT-CP and You** – We will focus on slowly introducing activities to get you back to things that you enjoy and want to do.

**PHYSICAL –** Not moving may have led you to gain weight or to feel fatigued and tired much of the time.
- **CBT-CP and You** – Starting to move and walk will improve your physique and give you more energy.

**MOOD –** The effects of chronic pain may make you feel down, frustrated, anxious, angry, and more.
- **CBT-CP and You** – Beginning to engage in pleasant activities and resuming regular activities will help improve your mood and self-esteem.

**SOCIAL LIFE –** You may have withdrawn from others and feel irritable or guilty from your pain and its effects.
- **CBT-CP and You** – We will focus on interacting more with others and having positive social experiences.

**THOUGHTS –** You may spend a lot of time worrying about your pain or thinking negative thoughts.
- **CBT-CP and You** – We will help you learn how to change your thinking so that you can manage your outlook.

**Treatment Initiation Assessment**

Now that the interview, assessment, and general chronic pain education has occurred, discuss with Veterans whether they would like to participate in the full course of CBT-CP. Use the following questions to determine interest in continuing treatment beyond this session:

- Based on what you have learned, do you think CBT-CP may be a good fit for you?
- If you have any reservations about participating, what are they?
- Do you feel ready to take a more active approach to managing your chronic pain?
- Do you have any other questions that you would like answered regarding CBT-CP?

If Veterans do not wish to continue with treatment, recommendations for follow-up care should be made. If they do wish to participate, Veterans will return for Session 3. In the case of the latter, remember to congratulate them on taking an important step towards learning to better manage their pain and improve their lives.

**Session 3: Assessment Feedback and Goal Setting**

During this session, the therapist provides direct feedback to the Veteran on information reported in the assessment measures. Using the Veterans’ report is a valuable way to reflect back the pain-related impairments in their lives, and perhaps draw attention to the significant impact of pain across domains. Areas where the patient is using adaptive coping strategies should also be noted. The feedback delivered will help inform the second part of the session, which is to develop individualized goals for treatment. Providing assessment feedback will highlight specific areas that may need the most attention and facilitate the formulation of meaningful, Veteran-centric goals.
### Session 3 Agenda

| √ | Administer SUDS. |
|   | Establish agenda. |
| √ | Review Session 2. |
| √ | Present Session 3 content: Assessment feedback and goal planning. |
| √ | Discuss home practice. |

### Session 3 Materials

- SMART Goals Worksheet

### Assessment Feedback

Spend time after the initial sessions reviewing the results of each self-report measure to gain a better understanding of the Veteran’s experience of pain. Combining data from the assessment tools with the information provided during the clinical interview will help in developing an overall picture of the pain-related interference in various domains and general emotional functioning.

Reviewing the results of the self-report measures in session can elucidate the negative effects of chronic pain and help motivate Veterans to engage in treatment. The summarization of pain-related impairment can help with connecting how the short-term effort involved in CBT-CP will be worthwhile for the potential long-term gains. In addition, the information revealed through the assessment can greatly assist in determining goals for treatment that will be developed later in the session.

In delivering assessment feedback, provide the brief but meaningful messages ascertained from each tool. It is unnecessary to review numerous specific items in detail; on occasion, however, it may be relevant to discuss a particularly relevant, representative, or concerning response. Below is a basic structure for reviewing each of the measures that include a general note on focus accompanied by an italicized example of how the therapist might relay the feedback. In addition, the case example provides sample feedback to Sheila.

**Pain Numeric Rating Scale** (NRS; Jensen & Karoly, 2001)
- Acknowledge reported pain intensity and note significant highs/lows or patterns (e.g., consistency across time).
- Based on your report, it seems that your pain intensity stays around a seven most of the time without much fluctuation.

**Pain Catastrophizing Scale** (PCS; Sullivan, Bishop, & Pivik, 1995)
- Note general tendency to catastrophize or not; use specific items as examples.
- You often agreed with pain-related statements such as, “It’s terrible and I feel it’s never going to get better.” Based on your responses, you seem to experience a lot of negative pain-related thoughts, which may lead to frustration or sadness for you.

**Multidimensional Pain Inventory-Interference** (MPI-INT; Kerns, Turk, & Rudy, 1985)
- Review areas where there is specific pain-related interference, highlighting the most significant areas.
- While pain affects many areas of your life, it seems to cause significant issues in your relationships. I recall you mentioning this several times during the interview as well so this may be an important area of focus during treatment.

**Patient Health Questionnaire-9** (PHQ-9; Kroenke, Spitzer, & Williams, 2001)
- Provide feedback on general level of depression, noting specific areas of concern.
- Your report suggests that you are experiencing a moderate level of depression, and that it interferes with things such as your energy level and concentration.
**World Health Organization Quality of Life-Brief Version** (WHOQOL-BREF; WHOQOL Group, 1995)
- Comment on general level of reported health.
- *You seem to feel that your health is poor, and are discouraged that you don’t feel the level of interest in things that you used to.*

**Working Alliance Inventory-Short Revised** (WAI-SR; Hatcher & Gillaspy, 2006)
- Note any areas of strong disagreement and agreement, and determine how issues might be resolved or enhanced depending on need.
- *I know we have only seen each other for a brief period, but thus far it appears that you are comfortable with my style and feel that we are on the same page regarding your treatment.*

Elicit Veterans reactions to the assessment results and the consequences of their pain conditions. Ask them to identify the benefits of reducing the negative impacts of their pain. This is an ideal way to transition to the development of goals in the latter portion of the session.

The following is an example of therapist feedback provided to Sheila:

| Therapist: | First, thank you for completing the packet of questionnaires. This information helps me to better understand what you are going through and what you may want to get out of treatment. I’d like to take some time to review it with you and discuss your experiences. |
| Sheila: | Yeah, that sounds good. There were a lot of questions; I can’t even remember what I said! |
| Therapist: | Well this should help serve as a reminder then. You indicated that your pain intensity ranges from a high of 9 to a low of 4. Is it accurate then to say that your pain fluctuates quite a bit? |
| Sheila: | Yes, I never know what to expect with this fibromyalgia. |
| Therapist: | Tell me about how that impacts your daily functioning. |
| Sheila: | It’s frustrating. I’m always hurting, but some days it’s manageable and I can really get things done. But when it gets up to an 8 or 9, I have to spend the day in bed. |
| Therapist: | Yes, the frustration that you’re describing was apparent in some other measures as well. You seemed to strongly agree with statements like, “It’s awful and I feel that it overwhelms me.” From your responses, it seems like you spend a lot of time thinking about your pain, worried about the bad things that may happen. Would you say that’s accurate? |
| Sheila: | I try not to, but when you hurt like I do it’s impossible not to focus on the pain and worry about how bad the next flare up is going to be. And when my pain is bad, my PTSD seems worse too. So it just never ends. |
| Therapist: | Through your report in our interactions as well as on these measures, it seems that there is a powerful relationship between your pain and emotional experiences. On another questionnaire you reported significant symptoms of depression, which is consistent with the others things that you have told me. |
| Sheila: | Yeah, again between the pain and the PTSD, I get overwhelmed and down easily. |
| Therapist: | We will work together with the help of these tools to develop some specific treatment goals. These measures tell us that you are experiencing pain-related impairment in a number of areas, and that it has caused you to feel quite down about yourself. This information can help shape your personal goals for treatment. |
| Sheila: | Okay. I know I have work to do and I’m not sure how I can better manage my pain but there are a lot of things I want to change about my life. |
| Therapist: | Well that’s why you’re here. We are going to work on achieving some of those things together. But the first step is gaining awareness as to exactly how pain is affecting you, which is why we are reviewing the results of the assessment. |
Goal Planning

CBT-CP Objectives

The focus of CBT-CP is to improve quality of life by improving functioning in multiple domains. Reducing the negative effects of pain on daily life by engaging in more activities, improving mood, and increasing coping skills should be highlighted. While decreased pain intensity may occur, try to help Veterans shift their preoccupation away from pain and towards functioning. It is important to be clear and direct about the objectives of treatment so that expectations are realistic for patient and therapist.

General objectives of CBT-CP are to improve quality of life by:

- Reducing the negative impact of pain on daily life.
- Improving physical and emotional functioning.
- Increasing effective coping skills for managing pain.
- Reducing pain intensity.

Individual Goals

For many patients in CBT-CP, chronic pain has become the center of their lives and attention. Therefore, in addition to the general therapeutic objectives, it is important to develop individualized, meaningful goals with Veterans. Establishing goals will help patients focus on the purpose of engaging in treatment and will help divert attention from pain. Veterans’ goals will help guide treatment by identifying areas that may need additional emphasis.

It is sometimes difficult for individuals to produce specific goals on their own, so it can be helpful to ask questions to guide the discussion, such as the examples provided below:

- What is something specific that you would like to see change in your life over the next few months?
- What would you like to be able to do (do better, do more of, etc.)?
- Are there relationships that you would like to improve?
- If CBT-CP worked, how would your life be different?

In order to assist in goal setting, the SMART model will be used to develop individualized goals that are:

- **Specific**: Identifies a specific action or event that will take place.
- **Measurable**: Should be quantifiable (countable) so progress can be tracked.
- **Achievable**: Should be attainable and realistic given resources.
- **Relevant**: Should be personally meaningful.
- **Time-Bound**: State the time period for accomplishing the goal.

(Adapted from Doran, 1981)

The SMART Goals Worksheet should be used with the Veteran in session. This worksheet includes both short-term goals that can be accomplished over the course of the CBT-CP treatment timeline, as well as long-term goals that may span over the next year but are important in serving as a motivator. It is critical that these are Veteran-centric and are personally meaningful to the patient. While engaging in CBT-CP requires time and effort, these goals should help illuminate why the long-term benefits
outweigh the short-term investment. Once individualized treatment goals are established, they should be monitored on an ongoing basis for positive reinforcement and to make adjustments in goals and treatment as indicated. It is recommended that both the Veteran and therapist have a copy of the goals sheet available throughout the course of treatment so that it can be referred to regularly.

Consider the following exchange between Juan and his therapist regarding goal planning:

**Therapist:** Today I would like to discuss your personal goals for treatment. I understand that you would like to better manage your pain, but I’d like to talk about the specific things that pain is affecting in your life that you would like to change.

**Juan:** Well, for starters, I can’t work because of the pain.

**Therapist:** How is it that pain affects your ability to work?

**Juan:** I work on computers all day, which requires a lot of sitting, and sitting for more than 15 minutes increases my pain.

**Therapist:** So if I hear you correctly, one goal would be to be able to sit for longer periods of time so that you can work?

**Juan:** Yes. If I could sit for even 30 minutes and be mostly comfortable that would be a big help.

**Therapist:** What would be another goal?

**Juan:** I’d like to not feel like an old man.

**Therapist:** Can you be more specific? What is it that makes you feel like an old man?

**Juan:** Staying at home every day watching my body get bigger. I used to be out all the time, at the gym or at the clubs. I’m still a young guy, I should be hanging out with my buddies, having fun, working out.

**Therapist:** So spending more time in fun activities, such as going out with friends?

**Juan:** Yeah.

**Therapist:** How often are you hanging out with your friends now?

**Juan:** My buddies get together a few times a week. They usually text me where they’ll be, but sometimes I just don’t even answer.

**Therapist:** So if we think about making “going out with friends” a measureable goal, how often would you feel that you’d like to go out so that you’d realistically be able to achieve this goal while still feeling like you’re “a young guy?”

**Juan:** I’d like to go out and do something at least once a week.

**Therapist:** Okay. And what other goals do you have?

**Juan:** Well, my weight. My doctor told me I’m becoming “obese.” This really upset me because as a Marine, I was in the best shape. With my back pain I can’t lift weights anymore so I’m all soft. But I know I need to exercise.

**Therapist:** So I hear you saying that your weight is a concern. How much weight would you realistically like to lose over what period of time?

**Juan:** I’d love to lose 40 lbs. But realistically, if I can lose 20 lbs. by the end of the year, I think that would be a good start.

**Therapist:** Okay, so we discussed three goals:

1. increasing your ability to sit for periods of 30 minutes or more so that you can work,
2. going out with friends at least once per week, and
3. losing 20 lbs. by the end of the year.

**Practice**

Ask Veterans to continue to contemplate both short- and long-term goals. Stress the importance of following the SMART formula reviewed during the session. Remind Veterans that the general CBT-CP objectives will be the framework for all sessions, while the individualized objectives will help motivate Veterans to engage in activities that will improve the quality of their life and reduce the negative consequences of pain. The SMART Goals Setting Worksheet should be completed at home prior to the next session.
Session 4: Exercise and Pacing

This session introduces several critical issues in conceptualizing and managing chronic pain effectively. Providing an explanation of the difference between the physical sensation of hurt and the physical damage of harm will help Veterans understand important differences between the management of acute and chronic pain. Because pain is often associated with avoidance of activity, fear of movement, and a cycle of negative consequences, elucidating this pattern highlights the need for physical activation. With the support of a medical provider, Veterans will be asked to begin a walking program to initiate gradual exposure to movement. Finally, introducing time-based pacing as a means to manage pain more effectively through thoughtful activity will help define the parameters for consistent, moderate engagement in physical, recreational, and social activities.

Session 4 Agenda

- Administer SUDS.
- Establish agenda.
- Review Session 3.
- Present Session 4 content: Hurt versus harm, exercise program, and time-based pacing.
- Discuss home practice.

Session 4 Materials

- Chronic Pain Cycle Handout
- Walking Log
- Pacing Activities Worksheet

Hurt versus Harm

Often times, one of the greatest challenges for those with chronic pain is the belief that they can no longer engage in life fully or do the things that they want to do. Veterans with chronic pain may believe that activity will lead to increased pain and cause physical damage. This belief, while typically true in acute pain, is often inaccurate in chronic pain.

<table>
<thead>
<tr>
<th>Acute Pain</th>
<th>Chronic Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months</td>
<td>More than 3 months</td>
</tr>
<tr>
<td>Is a symptom</td>
<td>Is a condition</td>
</tr>
<tr>
<td>Identified cause; body’s response to injury</td>
<td>May develop after incident; may have known or unknown cause</td>
</tr>
<tr>
<td>Diminishes with healing and responds to treatment</td>
<td>Persists beyond expected healing time and/or despite treatment</td>
</tr>
</tbody>
</table>

While acute pain is a symptom and requires adjustments in behavior so that appropriate healing can take place, chronic pain is an ongoing condition that no longer signifies that damage or harm is occurring. Even though these two different types of pain sensation may feel very similar to the person experiencing them, chronic pain does not serve as a reliable warning sign. Both acute and chronic pain may motivate Veterans to withdraw from situations that cause pain; however, while this is typically indicated in acute pain, it is maladaptive in chronic pain.
By avoiding activity, chronic pain worsens over time because of deconditioning. Inactivity leads to issues such as decreased flexibility and stamina, increased weakness and fatigue, and even spasms from tight muscles. The problems related to deconditioning often lead to increased risk of injury and weight gain (adding strain to the body) as well as feelings of sadness, frustration, or boredom, which only encourage more general withdrawal from people and places.

The avoidance response has been termed *kinesiophobia* (Miller, Kori, & Todd, 1991), or fear of movement, and may develop to varying degrees in those with chronic pain. Unfortunately it creates a self-fulfilling cycle – not moving only makes patients’ next attempts to engage in activity more difficult and painful, reinforcing this fear. The negative consequences that often accompany kinesiophobia make coping with the daily challenges of chronic pain even more difficult. For those with chronic pain, decreasing fear and engaging in activity is a key to improved functioning.

Another common response to chronic pain is compensating with or favoring another area of the body that does not hurt. In these cases, not only may the initial area of pain become deconditioned, the area that is now absorbing additional stress may begin to develop new pain. For example, someone with a right knee injury may begin overusing the left knee. Now that the left knee is the object of additional pressure, it may ultimately become injured and another chronic pain location created inadvertently. Again, although Veterans may guard certain painful areas and favor others in an effort to protect their body and minimize pain, they are more likely to experience increased pain and even initiate new injuries.

Use the Chronic Pain Cycle Handout to discuss the negative consequences that often result from inactivity. A sample of how this information may be presented by the therapist follows Figure 4.

**Figure 4. Chronic Pain Cycle**
Below is an example of how the therapist might discuss all of these related and very important concepts with the Veteran:

**TALKING TIPS: Hurt vs Harm, Kinesiophobia, and the Chronic Pain Cycle**

There is a difference between acute and chronic pain. Acute pain is a signal that an injury or damage has occurred, like with a broken arm. You need to protect that arm until the injury has healed. Chronic pain lasts beyond 3 months and persists after all the healing that is going to occur has already happened. Although you are still hurting, the pain is no longer alerting you of additional injury or damage. Acute pain is a symptom; chronic pain is a condition.

Often when people have chronic pain, they decrease their level of activities because it hurts to move. The term *kinesiophobia*, or fear of movement, is the name for that hesitation that often develops. While this is understandable as a means of protection from pain and injury, the inactivity actually makes the pain worse over time. As you can see in the Pain Cycle Handout, inactivity can cause you to get into a rut that creates deconditioning with problems like decreased flexibility and stamina, increased weakness and fatigue, and even spasms from tight muscles. All of this can lead to increased risk of injury, weight gain, and feelings of sadness, frustration, or boredom. Unfortunately, these experiences may only make you feel worse and encourage you to further avoid people and places.

But there is good news – we are going to help you find ways to break out of this destructive cycle!

**Exercise Program**

In order to break the chronic pain cycle, it is necessary to begin increasing physical activity. This is often a daunting idea for Veterans who may be sedentary or believe that they cannot or should not engage in physical activity. It is important to stress that the initiation of any activity will be based on Veterans’ current level of functioning and will increase at a gradual pace. Furthermore, assure patients that their current PCP has provided support for the planned activity. It may also be helpful to remind patients about the negative consequences of pain that they have previously shared, and the ways in which increasing activity may positively impact those areas. Implementing a regular walking program for Veterans is one simple way to incorporate sensible and achievable activity into their lives.

As people age they do not develop as much synovial fluid (i.e., lubrication) in the joints, often making movement more challenging. Because of this, those in orthopedics sometimes say that “*motion is lotion*” for the joints, since movement is a critical piece of good overall health. Walking is a low-impact, accessible, aerobic form of movement that can benefit almost everyone, especially those with chronic pain. It can increase flexibility and strength, decrease pain and flare-ups, and improve mood. In addition, since walking is an integral part of most daily activities it can enhance overall functioning by making engagement easier (e.g., trip to the grocery store). While patients may experience increased pain secondary to increased soreness after initiating activity, explaining that this is a normal process for those with and without pain can be helpful.

Before beginning any walking or exercise program, each therapist has already requested and received permission from the Veteran’s PCP. *No exercise program should be initiated until approval is obtained.* If the PCP has responded and indicated that participation is appropriate, a walking program should be coordinated with the input of patients based on current level of ability. Veterans should be encouraged to walk on a flat, even surface and to maintain constant movement, even if the pace is slow. In addition, the following directions for general proper walking mechanics are helpful and should be used as basic guidelines:

- Hold head high
- Focus eyes 15 to 20 feet in front of you
- Keep chin parallel to ground
- Move shoulders and arms naturally, freely
- Position feet shoulder-width apart

Use the Walking Log to help Veterans develop a plan. If patients can currently walk 6 minutes without stopping and plan to walk 5 days this week, days 1 and 2 can be set for 6 minutes, with an increase to 7 minutes on days 3 and 4. Again, the emphasis should be on making purposeful movement part of the routine and overcoming fears associated with activity. It is important that
walking is a planned part of the day, and is not simply incorporated into other activities. For example, Veterans may say that when they have an appointment at the VA they are sure to walk for “more than the six scheduled minutes” getting to appointments. While this may be accurate, during this part of the protocol it is important to plan for separate walking times. Getting Veterans into the habit of incorporating exercise into daily life is part of the goal. By doing so, walking that arises during trips to VA or grocery store will become easier.

Other forms of exercise that may also be explored with patients include:

- Yoga or Tai Chi
  - Exercises that involve slow, purposeful movements that can often be adapted
- Aquatic therapy
  - A favorite choice as buoyancy decreases weight bearing on joints and muscles and water resistance prevents sudden movements that could cause re-injury while maximizing muscle strengthening
- Riding a stationary or recumbent bicycle
  - No force on joints and spine makes riding a bike both indoors and outdoors an attractive option

Be sure that Veterans check with their physician prior to initiating any new form of exercise to ensure that it is safe for them.

**NOTE: This is one of the most difficult ideas for people to accept – it seems unnatural that movement will make their pain better. Emphasize that movement is the foundation for building a better body, that walking is safe (PCP approved), and that engagement and increases will be individualized and gradual.**

Tight muscles, decreased stamina, fatigue, and extra weight can worsen your chronic pain and make it harder for you to do different activities. But adding exercise and walking to your life has been shown to help your body combat chronic pain and improve your mood. Physical activity helps:

- Increase endurance and strength
- Return muscles to normal size
- Help you have less pain when you move

While starting something new is tough for all of us, as you practice walking and engage in more activities, things will get easier each day as your muscles are strengthened.

Time-Based Pacing

Some people are prone to “pushing through” pain in the name of accomplishing a task and will not stop until it is complete, while others may be preoccupied with fears about harming themselves and avoid activity altogether. Often times, those with chronic pain use a “good pain day” when they are feeling better to try to complete one or more rigorous activities that have fallen by the wayside. For example, they clean the garage or mow the grass without excessive pain – but wake up the next day feeling like they cannot move and thus are “laid up” for several days in a row. This cycle of overactivity, increased pain, and increased rest seen in Figure 8 often happens on a recurring basis. It can lead to various negative consequences such as increased stress and anxiety, decreased efficiency, lowered self-esteem, and avoidance of any activity.
Engaging in a moderate, safe level of activity on a regular basis is how to avoid this cycle. Using the skill of pacing, where time is the guide for activity engagement, can be a helpful strategy. It allows Veterans to consistently engage in activities without causing detrimental consequences. Pacing is often about balancing activities and planning ahead, or working “smarter not harder.” Breaking tasks into “chunks” such as painting a room for 45 minutes per day over 4 days instead of for 3 hours on a single day is one example of pacing. Being more thoughtful about activity allows Veterans to get more done on a more consistent basis, which also encourages mood improvements brought about by accomplishment. Without pacing, the cycle of being sedentary or over-active with pain flare-ups can be very discouraging.

During this session, use the Pacing Activities Worksheet to explore how to pace an activity with the Veteran. Use examples to illustrate how pacing can enable Veterans to consistently carry out activities while minimizing the likelihood of increased pain. It is the middle ground between doing nothing and over-exertion that enables Veterans with chronic pain to engage in reasonable amounts of activity and improve quality of life.

**TALKING TIPS: Time-Based Pacing**

Pacing involves taking breaks at regular times, not just when the task is done. By resting regularly, you can actually get more done in the long run and not “pay for” extended periods of activity. Pacing helps you maintain a consistent activity level over time, which is good for your body and mind.

Remember:
- Take breaks based on how much time you have worked not on how much you have accomplished.
- Take breaks before the pain begins to increase, not after it gets bad.
- Practice makes perfect – your body must learn how to respond.

This is about working smarter not harder!
Once the concept of pacing has been reviewed, it is important to discuss in session how Veterans will apply it to their own lives. Ask the Veteran to choose an activity where they can use pacing over the next week such as washing the dishes or doing yard work. With the worksheet and sample provided, use the following steps to develop a plan for incorporating the activity into the week:

- Ask Veterans to identify one activity that they are planning to do or would like to do this week, particularly something that they are concerned may increase their pain.
  - Write this in the Activity row
- In collaboration with the Veteran, approximate how long they can safely do the activity without causing a significant pain flare up.
  - Add this to the Active Goal row
- In collaboration with the Veteran, estimate the amount of rest time that will be needed in between periods of engagement/exertion.
  - Add this to the Rest Goal row
- Ask the Veteran to complete this form over the next week for one to three activities.

The minutes set initially are approximations and it is expected that they may need to be increased or decreased. Remind Veterans that pacing is a skill that must be practiced in order to be effective, so they should avoid pain-based decisions of what to do and not do on a daily basis. Although this may be a very difficult concept, it is critical in effective self-management of pain.

The following is an example of how Reggie and his therapist might determine his pacing of completing a common household chore:

| Therapist: | I remember you mentioned before that you feel “guilty” that you are not able to help your wife more around the house. What is something that you would like to help with? |
| Reggies: | Well my wife wants all kinds of help around the house but I tell her I can’t because even something like the laundry hurts too much to do. |
| Therapist: | Would you be open to developing a plan for how you might use pacing to help with the laundry? |
| Reggies: | Sure, I’m open. She does so much for me and I know it would make her happy. |
| Therapist: | What is the biggest issue when you do the laundry? |
| Reggies: | Just too much standing and bending. Especially with the clean clothes that come out of the dryer and have to be folded and hung. It’s too just much on my ankles and knees. |
| Therapist: | Okay. How long are you able to stand now before your pain increases? |
| Reggies: | I don’t know, maybe 5 minutes. |
| Therapist: | So let’s make your active goal time for getting the clean laundry 5 minutes. How much rest do you think you would need before you could stand again? |
| Reggies: | Just a few, maybe 3 minutes. |
| Therapist: | Great. We’ll make 3 minutes your resting goal time. Once 3 minutes are up, you can return to the laundry room for another 5 minutes and repeat this cycle until the laundry is done. |
| Reggies: | Sounds good, I could try that. |
| Therapist: | Perfect. And if you find that you can stand for longer or that you need more rest, you can just make adjustments as you go. The key is to be mindful of the clock and not over- or under-do. That way, you can accomplish the chore with the least strain. |
Practice

Ask Veterans to begin implementing walking plans and tracking the number of minutes that they complete each day using the Walking Log. This will help maintain a gradual increase of activity and can facilitate a discussion about successes or issues next session. In addition, they should begin to initiate pacing of activities during their days using the Pacing Activities Worksheet. Again, remind them of the importance to log what they do so that it can be shared in session and adjusted as needed.

Session 5: Relaxation Training

This session introduces Veterans to the pain management benefits of relaxation and then reviews three specific techniques: diaphragmatic or deep breathing, progressive muscle relaxation, and guided imagery. Since these are used in the treatment of various mental health conditions, many therapists may already be familiar with them. Two of these strategies will be practiced with the Veteran during this session, and all of them will be continued as home practice between sessions. Emphasize that practicing these techniques regularly between sessions is critical to mastery and effective application.

Session 5 Agenda

- Administer SUDS.
- Establish agenda.
- Review Session 4.
- Present Session 5 content: Relaxation rationale and strategies.
- Discuss home practice and ask Veteran to complete WAI-SR at session conclusion.

Session 5 Materials

- Relaxation Benefits and Tips Handout
- Deep Breathing
- Progressive Muscle Relaxation
- Guided Imagery
- Relaxation Record
- WAI-SR

Rationale

Relaxation techniques are fundamental skills for managing chronic pain. However, the notion of relaxation in the service of pain management is an unfamiliar concept to most individuals with chronic pain. The rationale behind the use of relaxation techniques for pain management can be explained most easily by focusing on chronic pain as a chronic stressor, both physically and psychologically.

When patients experience chronic pain, their bodies react with a “fight or flight” response. This stress response, controlled by the sympathetic nervous system, is critical to survival when individuals face a dangerous or threatening situation. In the case of chronic pain, however, the physiological stress response is prolonged, is no longer adaptive, and creates additional wear and tear on the body. Since the body is chronically stressed due to persistent pain, it does not have the chance to recuperate (Benson, 1975).

Veterans may hold certain areas of their bodies rigidly to brace or protect against pain. They may tense their necks or shoulders in anticipation of or in response to pain. These types of reactions only increase tension levels and pain intensity, but are
often done unconsciously. In addition, coping with the chronicity of the pain condition, not feeling understood by others, reduced involvement in enjoyable activities, and negative thoughts may also increase the stress related to pain. Since stress and pain have a bidirectional relationship – pain influences stress and stress influences pain – gaining greater control over the response to stress can help to better manage pain.

The good news is that there is an opposite physiological process that slows down and stops the fight or flight reaction. This parasympathetic nervous system, or relaxation response, has the effect of reversing physiological arousal and bringing the body back to a calm state. The better news is that human beings are capable of developing control over this relaxation response and engaging it as a means of managing stress and/or pain. With practice, the skill of using relaxation techniques to return the body to a relaxed state can be developed, thereby closing the pain gate and reducing the intensity of pain.

Clinical Considerations

While many Veterans will agree that pain is a stressful experience, they may still doubt that relaxation can be beneficial. It often helps to share that research supports the use of relaxation and shows that it has numerous benefits including decreased muscle tension and fatigue, improved sleep, and increased energy (Laevsky, Pabst, Barrett, S., Stanos, 2011; Persson, Veenhuizen, Zachrison, & Gard, 2008). Some Veterans may worry that using relaxation equates to slowing down and doing less, but using these skills will actually help them by increasing clarity, productivity, and overall functioning. Finally, some patients are uncomfortable engaging in relaxation techniques because it can expose vulnerabilities. Particularly for those with PTSD, relaxation can trigger negative thoughts of traumatic events. Depending on the clinical needs of Veterans, suggest helpful adaptations such as keeping their eyes open or using one of the more physically engaging techniques such as progressive muscle relaxation.

TALKING TIPS: Relaxation

Relaxation is a skill that can help people better manage stress and muscle tension that can increase pain. There are many relaxation skills that are easy to use, and we want to find some that work for you. It’s important to make them part of your daily routine, and they can help when you have a pain flare-up.

The goal of relaxation is to reduce the effects of stress on your health. Chronic pain taxes your body and creates increased muscle tension so even if you don’t feel “stressed” emotionally, it is likely that your body is impacted. While we can’t avoid all stressors or pain, we can change how we respond. Relaxation is more than resting or enjoying a hobby. It involves taking a break and reducing tension in your body and mind.

Implementation Assistance

It is useful to discuss specific benefits of relaxation and tips that may make implementation easier. One point that should be emphasized is the importance of practicing relaxation at least once every day. Explain to the Veteran that, as with any new skill, practice is necessary for mastery. It can be helpful to offer an analogy such as learning to play the guitar. While at first it may be difficult and uncomfortable with little noticeable improvement, regular practice helps a person become a skilled musician over time. In fact, fingers may begin to play certain songs on “autopilot” as the body develops a memory for the movements. This is the case with practicing and learning relaxation as well. Over time, relaxation exercises become easier to implement, with less thought, and will result in greater benefit with regard to managing stress and pain. Daily practice is required to develop these skills.

Some hints that may be helpful:

Pair relaxation with a daily activity such as having a meal.

Use a relaxation “app” on a smart phone.

Select a phrase or mantra that serves as a cue such as calm, peace, or positivity.
Use the handout on Relaxation Benefits and Tips in session, which further outlines the advantages to developing the skill of relaxation and ways to implement it successfully.

Consider the following exchange between Reggie and his therapist regarding practicing relaxation training:

<table>
<thead>
<tr>
<th>Therapist:</th>
<th>What are your thoughts on the relaxation techniques we discussed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reggie:</td>
<td>I don’t know about that. When I relax, what works for me is listening to music or going fishing.</td>
</tr>
<tr>
<td>Therapist:</td>
<td>Listening to music and going fishing can be peaceful, but those activities are actually considered “distraction” techniques. Active relaxation is different in that it aims to create a physiological change in your body, for example by slowing your breathing or reducing muscle tension.</td>
</tr>
<tr>
<td>Reggie:</td>
<td>I’ve tried an imagery exercise in the past, but it didn’t work for me. I wasn’t able to focus because my mind just kept wandering.</td>
</tr>
<tr>
<td>Therapist:</td>
<td>The mind wandering is natural, and it doesn’t necessarily mean that it wasn’t working. Whenever thoughts occur, simply acknowledge them and let them go. Imagine the tide rolling in, and just as easily rolling out. It may also be helpful in those moments to refocus on your breath.</td>
</tr>
<tr>
<td>Reggie:</td>
<td>I hear what you’re saying, but I’m not really into the imagery thing.</td>
</tr>
<tr>
<td>Therapist:</td>
<td>There are a number of different relaxation techniques you can try. I think it’s good to try a few to find one that works best for you. If you don’t like imagery exercises, try breathing exercises or progressive muscle relaxation.</td>
</tr>
<tr>
<td>Reggie:</td>
<td>I can try that muscle relaxation one.</td>
</tr>
<tr>
<td>Therapist:</td>
<td>Great. And remember that it’s a skill that takes practice. You may find that you need to do it a few times before getting the hang of it, and that’s okay. Practice it at home at least once a day. We can discuss any problems you experience.</td>
</tr>
</tbody>
</table>

**Techniques**

Three relaxation techniques will be introduced, though only the first two will be practiced with the therapist in this session.

All relaxation techniques have two basic foundational components:
1. Focusing attention on something such as a process, image, phrase, or sensation.
2. Passive disregard of everyday thoughts when they occur in order to return to focus of attention.

**Get Prepared**

- Sit in a comfortable chair or on a mat.
- If you get in bed you may fall asleep so it is not recommended, unless you are using the technique to aid in sleep initiation.
- Lower the lights.
- Take off your shoes and loosen tight clothes.
- Close your eyes.
- If you want to keep your eyes open, then focus them on one spot.
- Turn off your phone, TV, and radio.
- Put pets in another room.
- Let others in the house know you need some time alone to focus on your health.

**Deep Breathing**

The first relaxation technique is diaphragmatic breathing, often called “deep breathing,” and it is the foundation for all other relaxation techniques. It uses deep breathing to contract the diaphragm by expanding the chest cavity and allowing more room for the lungs to fill with air. This serves the purposes of slowing breathing, increasing oxygen intake, and even increasing energy.
Diaphragmatic breathing is a brief and portable strategy that can be done anywhere, at any time, and usually without others becoming aware that it is being done. It involves normal breathing, but uses breaths that are intentionally smoother, slower, and deeper than the breaths usually taken throughout the day. It is one of the easiest, most effective ways to decrease tension in the body.

The steps for teaching this exercise are detailed here. The clinician can help model effective technique by engaging in the exercise along with the Veteran.

**STEPS**

- Establish good posture.
- Explain chest/shallow versus belly/deep breathing.
- Have Veteran place one hand on chest and one hand on abdomen.
  - Determine if the Veteran is “chest breathing” or “belly breathing.”
- Close eyes completely or look downward and fix gaze on one spot.
- Observe the hands and ensure they are free of tension.
- Have the Veteran keep one hand on chest and one hand on abdomen and keep eyes closed or fixed on one spot.
- Have the Veteran inhale slowly through the nose (if possible), causing the abdomen to expand, extending inhale to 3-5 seconds in duration.
- Instruct the Veteran to exhale slowly and completely through mouth, extending exhale to 3-5 seconds in duration.
- Continue this exercise for 3-5 minutes.

During the exercise, the clinician may wish to coach the Veteran with statements such as: “Feel your body become more and more relaxed with each exhalation,” or “Each time you exhale, think of the word relax,” or “Breathe in feelings of relaxation and breathe out any tension.” Please also refer to the Deep Breathing Handout for a sample script of this exercise, which will be provided to the Veteran.

**TALKING TIPS: Mini-Breathing**

One idea is to try and use mini-sessions of deep breathing during the day. Incorporating brief sessions of breathing will help with frequent practice and because this exercise is so portable and easy, it can help any time you are “on the go.”

For example, when you are standing in a line at the store, you may find yourself becoming increasingly tense or impatient. Instead of focusing on that:

- Take a deep breath in; as you breathe out imagine the tension and negativity leaving your body.
- On your next breath, imagine breathing in feelings of calm and relaxation.
- Count to six taking a slow, deep breath; breathe out slowly, again to a count of six.

Before you know it, you will feel less tense and more in control. What are some other situations where you might be able to do a mini-session during the day?

**Progressive Muscle Relaxation**

The second technique is progressive muscle relaxation (PMR). This exercise is focused on systematically tensing and relaxing specific muscle groups. The underlying explanation for the utility of this technique is that a muscle group cannot be both tense and relaxed at the same time. By deliberately tensing the muscles and then relaxing them, patients can learn to observe the difference between these two sensations; the body can then learn to notice tension in muscles and to release that tension.

Gentle contraction (i.e., mild to moderate tension) of each muscle group is required, not severe tension. Tensing the muscle should not hurt, but it may feel unfamiliar and thus slightly uncomfortable on the first practice of PMR. Muscle groups that are particularly tense may be repeated, if desired.
For Veterans who fear that contracting a particular muscle will increase pain in that location, it is helpful to review hurt versus harm. On rare occasions, Veterans will report a muscle spasm that originates upon tensing a muscle group. If this happens, it is recommended that the patient first try to modify by squeezing the muscles more gently. If the spasm still occurs upon contraction, then Veterans can visualize the muscle and imagine tensing that area when it is their “turn.” Veterans should continue to contract the other muscles in the body as the PMR exercise continues.

**Major Muscle Groups**

Please also refer to the handout entitled Progressive Muscle Relaxation for a sample script of this exercise. The following are the muscle groups to be tensed and relaxed:

1. Lower arms/upper arms
2. Lower legs
3. Upper legs/buttocks/lower back
4. Abdomen
5. Chest
6. Neck/shoulders/upper back
7. Mouth/jaw/throat
8. Eyes/upper forehead/scalp

**STEPS**

- Start with relaxed, deep breathing.
- Systematically tense and relax each major muscle group.
  - Tension should last 5-10 seconds then relax for 10-20 seconds.
  - May spend additional time on muscles that are difficult to relax.
- Conduct a mental scan of the body.
  - Mentally scan the body in systematic order of muscle groups, looking for remaining tension.
  - Allow Veteran to relax any residual tension.

**Guided Imagery**

The last relaxation exercise to discuss is a guided imagery technique. While this option should be mentioned and reviewed conceptually, it will be used and applied at the beginning of the next session. It is recommended, however, that Veterans try this technique on their own as practice. Like the other options, they will be provided with instructions on a handout.

This guided exercise is designed to train the Veteran to create mental images that foster a relaxed state. The Veteran should choose a location to mentally visit during the exercise; the only “rule” is that the Veteran must pick a place that is peaceful and calm. The key to developing a deeply immersive experience, where the Veteran completely engages in the imagery exercise, is to give full attention to all the specific details of the scene. Provide examples such as smelling fresh-baked cookies in the air, feeling warm sand in the hand, or hearing the crush of leaves underfoot.

**Anticipating Obstacles**

Discuss anticipated barriers to the Veteran’s practice of relaxation exercises at home and collaboratively generate possible solutions. Below are some frequently cited barriers and strategies for addressing them in session. These issues may arise while discussing and practicing relaxation in Session 5 or while reviewing the home practice.

“I’m in too much pain to relax.”

Remind Veterans of the bidirectional stress-pain cycle. Discuss the incremental benefits of relaxation exercises (reference guitar example) and mention that learning to relax is a process that will continue to improve as Veterans practice and become more experienced.
“If I slow down, the pain really catches up to me. I have to keep moving to keep the pain away.”

Review the importance of pacing and the dangers of over-doing. Stress pacing as an important tool that emphasizes thoughtful movement and rest breaks as one way to help avoid pain flare-ups.

“I relax all the time, that’s part of the problem!”

Emphasize that using active relaxation techniques is not the same as lounging, resting, or avoiding. The strategies they are being asked to use require engagement that can create a physiological process that reduces muscle tension and helps manage chronic pain.

“I’ve tried to relax before but I just can’t”

Share that Veterans who have the most trouble with adopting relaxation skills are typically the individuals who need it the most. It is a skill that takes practice to acquire. Assure patients that the time it takes to train the body to respond differently to stress and tension is a worthwhile investment.

“With everything going on in my life, I’m really just too busy to relax.”

Emphasize that relaxation assists in better managing the stress of a demanding life. For those who have significant pressures, developing relaxation skills will help enhance productivity and concentration.

Practice

Encourage Veterans to practice relaxation techniques at least once per day over the next week, more if possible. Instructions for all three types of relaxation reviewed are provided. In addition, ask them to use the Relaxation Practice Record to track practice and progress. Ask the Veteran to write down a tension rating before starting the exercise and then return to the record afterward to self-assess and rate tension again. Set realistic expectations by sharing that there may not be tension differences before and after the practice the first couple of times the exercise is used. Remind patients, however, that as the skill develops, the techniques will become easier and benefits will increase.

- Handouts of Relaxation Techniques
- Relaxation Practice Record

Session 6: Pleasant Activities 1

Many Veterans living with chronic pain tend to avoid engaging in activity, including enjoyable activities. One reason may be that they believe they are no longer able to do the things they once enjoyed, such as golf or gardening, because of pain. Since activities often include interacting with others, they may want to avoid talking about their pain or feel embarrassed about their limitations. Not only may this avoidance contribute to physical deconditioning, but it can also lead to lowered self-esteem and increased depressed mood.

Sessions 6 and 7 are designed to help Veterans increase the number of pleasant activities in their lives. The benefits include providing opportunities for healthy distraction, increasing socialization, improving concentration, and developing a sense of purposeful direction.

Session 6 will provide the opportunity to articulate and clarify what types of activities Veterans have enjoyed historically while exploring new ideas for the future. Session 7 will create an action plan to implement activities in a paced manner.
Session 6 Agenda

- Administer SUDS.
- Establish agenda.
- Review Session 5 and do visualization exercise.
- Present Session 6 content: Exploring pleasant activities.
- Discuss home practice.

Session 6 Materials

- Guided Imagery Handout
- Pleasant Activities List

Guided Imagery

After reviewing home practice of the relaxation techniques from Session 5, begin this session with the guided imagery exercise. Ask Veterans for information about the idyllic place that they would like to mentally visit, reminding them that the place should be peaceful and calm, with positive associations. While the majority of this session will be focused on exploring pleasant activities, starting with thoughts and images about a pleasing place that create a relaxed state will set the stage for gathering that information.

Veterans’ choices for this technique may vary widely – some may find the beach or mountains relaxing, others may have a city of which they are fond. Some may have a specific location/time such as a childhood memory of grandma’s kitchen while she bakes cookies or being on a farm with a sibling. Allow the Veteran flexibility and creativity in selecting the location. The key to developing a deeply immersive experience, where the Veteran completely engages in the imagery exercise, is to give full attention to all the specific details of the scene. Encourage a focus on detailed images that take the Veteran away from stressful thoughts and bodily tension. It is crucial to involve all five senses, to consider specifically what would be seen, heard, smelled, felt, and tasted in this location (e.g., white sand path beneath feet, sweet and sour taste of cold lemonade, vivid color of tree leaves, soft texture of blanket, smell of cookies baking).

Once the mental scene and the details of the patient’s relaxing place are gathered, guide Veterans through the steps below. A sample for the therapist is presented below. Please refer to the Guided Imagery Handout for a sample script of this exercise.

STEPS

- Begin with comfortable posture and relaxed breath with eyes closed or gaze fixed.
- Imagine the “entryway” into the location (e.g., path, door, staircase, lake dock.)
- Enter the relaxing place (focus on five senses).
- Spend 5-10 minutes in the relaxing scene.
- Have the Veteran “leave” the location through the same “entryway”.


TALKING TIPS: Guided Imagery

Before we begin talking about pleasant activities that we can incorporate into your life, I want you to think about a pleasant location. This can be a positive memory or an ideal place that creates a relaxed feeling. Consider how the pace looks, feels, and smells. Close your eyes and put yourself there.

Imagine yourself walking slowly down a path toward your relaxing place. The path is comforting and peaceful. As you walk down this path, imagine that all of your stresses, worries, and tension are leaving you. Enjoy this journey to your relaxing place.

Reach out and touch something in this place… Notice its texture and how it feels against your skin. Notice the different objects around you…their shapes, textures, and colors. Notice the light and shade of this place and how the light reflects off of these objects…

Exploring Pleasant Activities

As previously discussed, living with chronic pain can affect Veterans’ lives in various ways. One of the most significant has likely been decreased involvement in pleasant activities. Many with pain may have stopped participating in hobbies, spending time with others, or engaging in physical activities. They may feel that they physically cannot do the things they want, are “no fun” to be with because of pain, or are worried about experiencing a pain flare-up that might interfere with plans. Regardless of the reason, a lack of pleasant activities decreases quality of life and often increases negative mood. The goal of this session is to explore things that patients enjoy and determine ways to regularly incorporate these activities.

Identifying pleasurable activities for those with chronic pain may be challenging for several reasons. Pain-related negative mood such as depression and irritability may lessen the ability to identify such activities or lessen the motivation to engage in them. Psychosocial challenges such as limited resources may be a barrier. Chronic pain and poor sleep may leave patients feeling too tired or fatigued to participate in activities. Primarily, however, Veterans may mention things that they would like to do but “can’t” because of pain limitations. Particularly among those who have been in the military, they may perceive themselves as athletes and feel they can no longer participate in sports and other physical activities as they once did. While this may be true, explaining the benefits of engaging in pleasant activities and exploring creative and adaptive ways to participate despite pain is the goal of this session.

Potential benefits of engaging in pleasant activities:

Positive distraction from pain
Improved mood and self-esteem
Increased socialization
Enhanced attention and concentration skills
Enhanced sense of purpose and direction

Use the Pleasant Activities List, to explore options. Begin by asking Veterans about activities they used to enjoy doing, engage in to a limited but not ideal degree currently, or have always wanted to try. This discussion will likely generate a forum for examining alternative ways to engage in previously enjoyed hobbies. Veterans, especially those prone to black and white thinking, may not have considered more creative solutions for how to be involved in pleasurable activities. For example, if Veterans report that they used to enjoy bowling but are now unable to, inquire about their willingness to teach bowling to children or adolescents. Remind Veterans that coaching is a path to share knowledge and experience regardless of pain, as many are unable to play sports...
in the same capacity as they age. In addition, Veterans may like the idea of being able to “give back” and help young people. If Veterans are uninterested in coaching, suggest the option of using a gaming system. Many on the market (e.g., Nintendo Wii) have bowling and other games that involve a limited amount of physical activity with a realistic experience of the sport.

In addition, many VA facilities have a recreation therapy (RT) department. If RT is available, they may be able to offer a wealth of resources for pleasant activity development. For example, instruction in areas such as wood and leatherwork, painting, or assembling models may be available, and craft kits often are available for home use. In addition, some VAs offer consultation for adaptive sporting options such as golfing, kayaking, or horseback riding. This service provides a personal evaluation and allows Veterans’ input on how they may modify their body mechanics when playing a sport, or how to use adaptive equipment. Finally, speaking with someone in RT or the Vocational Therapy department at VA about potential volunteer opportunities may be recommended. Many Veterans with chronic pain are not currently employed and feel a lack of purpose in their lives. Discussing volunteer options related to their interests such as being a Big Brother or Big Sister, helping with books at the local library, or volunteering at VA in service to their fellow Veterans may be appealing. Such activities not only help provide structure to the week, but patients often find them rewarding.

Since it may have been a while since the Veteran engaged in something for pleasure, the Pleasant Activities List may help generate areas for exploration.

The following is an example of an exchange between Sheila and her therapist regarding identifying pleasant activities:

**Sheila:** I know that I should do more fun stuff with Tim, but it seems like I’m always either in too much pain or just too tired.

**Therapist:** I noticed that you said you “should” do more. Do you want to do more?

**Sheila:** I don’t know. I think I said “should” because it’s really affecting my relationship. We used to go out with friends all the time. I used to be a fun person. Now Tim says I’m using pain as an “excuse” not to go out.

**Therapist:** Tell me more about using pain as an “excuse.”

**Sheila:** Well, sometimes we’ll have plans and I cancel because I’m just not feeling well. Tim gets upset and says, “You *never* feel well!” I know he’s sick of me being sick.

**Therapist:** What do you mean by that?

**Sheila:** He used to stay home with me but now he goes out without me. Whenever I tell him I can’t do something because I’m in a lot of pain, he just gets angry and leaves.

**Therapist:** What do you do?

**Sheila:** Stay home by myself. I watch TV then go to bed. I usually end up feeling even more down and am asleep before he gets home.

**Therapist:** You mentioned “fun stuff” – what is an example of something that you would like to do?

**Sheila:** Honestly, I don’t know what I can do that won’t cause an increase in pain or wear me out so that I can’t work the next day.

**Therapist:** I hear you saying that you are concerned that your relationship is being affected because you’re not “fun” like you used to be, but at the same time you’re not sure how to have fun anymore or even if you can. Is that right?

**Sheila:** Exactly.

**Therapist:** To get you going, here is a list of activities that some people enjoy. For homework, look over this list. Choose at least three activities that are either already on the list or that you add to the list. We will discuss them next time we meet and come up with a plan for how to incorporate them into your life.

**Practice**

Before the next session, Veterans should continue to contemplate pleasant activities to incorporate into their lives. For practice, ask them to identify at least three activities using the assistance of the Pleasant Activities List. Although the next session will focus on implementation of activities, suggest that they try to engage in at least one of their chosen activities before the next meeting. This will facilitate a discussion about potential obstacles.
Session 7: Pleasant Activities 2

Session 6 focused on identifying pleasurable activities. During Session 7, Veterans will solidify the activities that they wish to pursue and develop a concrete plan for implementation. In all activity scheduling, pacing should be used to maintain a balanced approach.

Session 7 Agenda

- **Veteran completes assessment measures.**
- **Establish agenda.**
- **Review Session 6.**
- **Present Session 7 content: Establishing and scheduling pleasant activities.**
- **Discuss home practice.**

Session 7 Materials

- All assessment measures except WAI-SR
- Pleasant Activities List
- Pleasant Activities Schedule

Pleasant Activity Implementation

Review the home practice and discuss any engagement in pleasant activities since the last session. If Veterans are still uncertain about activities that they would like to adopt, more time should be spent discussing the list of possibilities and any other considerations. Activities such as excessive television watching or computer activities are discouraged due to their passive or often solitary nature.

Once two to three activities have been identified, scheduling these activities into each week will increase the likelihood that Veterans will follow through with implementation. Remind patients of the benefits of increasing pleasurable activities such as improved mood and increased socialization, as well as a healthy distraction from pain. It is important that the activities chosen as well as the schedule devised is feasible for Veterans to achieve. Creating an unrealistic plan only sets the stage for lack of completion and the accompanying negative emotions. In addition, the use of pacing during chosen activities is critical. Remind Veterans to use pacing and discuss in detail how it may be applied to their chosen activities.

Use the Pleasant Activities Schedule to plan how the selected activities will be implemented over the next week. Have Veterans add their choices in the *Activity* column. While playing basketball would require pacing, playing cards may not. Encourage Veterans to start with easily achievable activities in order to develop a sense of mastery, and move to more difficult tasks after some proficiency has been established. Veterans may feel motivated to expand the schedule of activities after initial successes have boosted mood and self-esteem. It may be helpful to provide a reminder that when adopting a new activity, the enjoyment may increase over time like with the guitar example from last session.

Discuss the details of the plan and be as specific as possible. Review not only the day or days of the week that will be best for the activity, but the time of day, location, frequency, and other relevant information. Being specific will help Veterans visualize enacting the plan, which has several benefits. First, it will bring attention to barriers that may be encountered and these can be addressed in session. For example, if a Veteran wants to play basketball, what if it is raining and the outdoor court is not an option? Is there an indoor court that might be accessible? It is helpful to process such real life circumstances with Veterans. Second, reviewing the specific details will encourage adherence to the plan. If Veterans have a clear picture when they leave session of what they will do and what to expect, they are more likely to implement activities as discussed.
Scheduling activities helps improve daily functioning, so encourage patients to have something planned each day, balancing physical activity with leisure and recreational activity.

<table>
<thead>
<tr>
<th>Therapist:</th>
<th>From our discussions, you said that lately you spend most of your time sitting in the recliner. However, it appears that you have a lot of interests, like listening to music, going fishing, spending time with your grandchildren, attending church functions. What is it that makes you most happy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reggie:</td>
<td>My biggest love was playing basketball. But I can’t do that anymore.</td>
</tr>
<tr>
<td>Therapist:</td>
<td>In the context of basketball, let’s talk about what you CAN do. Many people do not play basketball, but participate in other ways. Which ways can you think of?</td>
</tr>
<tr>
<td>Reggie:</td>
<td>I do watch it on TV. Also, my granddaughter is on her school’s basketball team. I used to watch her play, but haven’t been to a game this year.</td>
</tr>
<tr>
<td>Therapist:</td>
<td>Have you helped her practice?</td>
</tr>
<tr>
<td>Reggie:</td>
<td>Not in a while. I’m sure there are still some moves I can teach her, though.</td>
</tr>
<tr>
<td>Therapist:</td>
<td>What are some of the reasons that you haven’t gone to your granddaughter’s games or “coached” her at the house?</td>
</tr>
<tr>
<td>Reggie:</td>
<td>I just haven’t been leaving the house much lately.</td>
</tr>
<tr>
<td>Therapist:</td>
<td>What are your thoughts about creating a plan for engaging in these activities?</td>
</tr>
<tr>
<td>Reggie:</td>
<td>I can go to her games, she has one this weekend. My family also gets together for dinner after church on Sundays. I plan to start going to services again this weekend, I already told my wife and she told my kids so everyone’s expecting me. The grandkids usually play ball afterward. I can go outside with them then. I would like to spend more time with the grandkids anyway.</td>
</tr>
<tr>
<td>Therapist:</td>
<td>That’s a great plan. Remember, too, that you can always meet with the Recreation Therapist here at the VA about possibilities for adaptive sports.</td>
</tr>
</tbody>
</table>

**Anticipating Obstacles**

Discuss anticipated barriers to Veterans’ participation in scheduled activities and collaboratively brainstorm possible solutions or backup plans. Below are some frequently cited barriers and strategies for addressing them in session. These issues may arise during Session 6 while reviewing activity options or in Session 7 when discussing how Veterans will implement activities into their lives.

*“With all this pain, I can’t think about anything else that could be important.”*

Reinforce that a primary goal of this treatment is to help create a life worth living despite the presence of pain. Remind Veterans that having a positive distraction can help take their minds off of pain, even if temporarily.

*“I have too many other things going on to try and schedule things for pleasure.”*

More structured planning can actually improve time management skills and create opportunities for this additional activity. Discuss the importance of having pleasant activities to improve wellbeing and increase effectiveness in other areas. Stress the role of balance in overall health.

*“There’s no way I can do any activity no matter how much I pace myself.”*

Remind Veterans of progress they have already made with other physical activities such as walking. Encourage behavioral trials to test negative expectations and start with activities that are comfortable. Reinforce incremental achievements along the way.
Stress the importance of not allowing pain to dictate what Veterans do and do not do. Remind them of the biopsychosocial model, and the influence of activity and mood on pain experience.

Review the benefits of engaging in pleasant activities on both mood and pain. Tell Veterans that pushing themselves to engage in the behavior, even when they don’t feel like it, will improve their mood and overall motivation to try again.

Practice

Ask Veterans to complete the Pleasant Activities Schedule. Once their plan is complete, request that they track their progress and note, not only when they participated in the scheduled activity but, when they did not and why. Remind patients that multiple attempts are common and provide reassurance that through collaboration with the therapist they will find an activity schedule that is realistic and enhances their lives.

Session 8: Cognitive Coping 1

Sessions 8 and 9 target the cognitive component of the CBT-CP model by helping Veterans develop cognitive coping skills. Session 8 focuses on understanding the dynamic interplay between thoughts and pain, and recognizing common cognitive distortions. This will help Veterans gain awareness about how their thoughts relate to pain or negative mood. Session 9 helps Veterans actively challenge negative thoughts with the use of a thought record and coping plan.

Session 8 Agenda

- Administer SUDS.
- Establish agenda.
- Review Session 7.
- Present Session 8 content: Recognizing and monitoring negative thoughts.
- Discuss home practice and ask Veteran to complete WAI-SR at session conclusion.

Session 8 Materials

- Pain Thoughts Handout
- Catching ANTs Worksheet
- WAI-SR

Relationship Between Thoughts and Pain

For those with chronic pain, the role of negative cognitions can be powerful. As pain fails to improve over time, Veterans’ thoughts may become increasingly negative and exert a greater influence on pain. Research shows that negative thoughts are directly associated with pain perception (Lawrence, Hoeft, Sheau, & Mackey, 2011). Often times, negative thoughts are automatic and outside of a person’s awareness but may still significantly impact emotions and behaviors.

Use the previously reviewed CBT-CP model and Chronic Pain Cycle to discuss the relationships between thoughts, pain, mood, and behaviors. Veterans will often recognize that with increased stress or negative emotions, they also notice an increase in pain
intensity. While patients may be able to easily identify experiencing emotions such as anger or frustration, discuss that negative thoughts often accompany these feelings and may be a precursor. For example, while waiting at a doctor’s visit may increase irritability, negative thoughts associated with that experience impact the emotional response (e.g., “I hate waiting,” “This person is always late,” “My pain is just getting worse the longer I sit here.”). Explain to Veterans that all human beings have automatic thoughts that may be negative or positive. The presence of pain, however, sets the stage for an increase in such distorted negative thinking since an uncomfortable stimuli is always present. It may be important to tell Veterans that this is not suggesting that their thoughts have caused their pain; some patients may be sensitive to this as they may feel they have been accused of exaggerating pain in the past. Assure them that while their pain is real, it is also accurate that unhealthy thoughts can negatively impact their pain experience in direct and indirect ways; conversely, having more adaptive thoughts can have a positive impact on their pain experience.

**TALKING TIPS: Negative Thoughts**

So far we have focused on things that you can physically do to manage your pain such as walking and engaging in activities you enjoy. Today we are going to talk about something different - how your thoughts can affect your pain and how changing them can help improve your satisfaction with life.

When you are in pain, what kinds of thoughts go through your head? In general, we find that as pain gets worse, thoughts become more negative. And research even shows us that negative thoughts actually increase pain. Negative thoughts also get in the way of doing the things that we know help make pain better. Unhealthy thoughts lead to unhealthy choices.

Everyone has negative thoughts! Often these thoughts are automatic. For example, you may have thought, “My pain is never going to get better,” or “I can’t do anything with this pain.” Embracing these thoughts may lead to avoiding activities and people, and make it less likely to use the pain management skills you have.

This chain reaction of negative, unhealthy thinking, feeling upset, avoiding others, and not using active coping skills is the cycle that we are trying to break!

Introduce the term automatic negative thoughts, or ANTs, as this will be the helpful acronym used during these sessions and in practice. Ask Veterans for one or two negative thoughts they have in response to their pain. Use their examples to review the relationship between thoughts, feelings, and behaviors using the CBT-CP model from Session 2 (Figure 5 below). Discuss the downward spiral that can contribute to increased anxiety, tension, and pain followed by isolation and avoidance. Again, ask Veterans for examples from their own lives where ANTs may have contributed to the experience of pain or where negative thoughts occurred in response to an increase in pain.

**Figure 5. CBT-CP Model**