Pain is . . .
a primer on using Focused Acceptance and Commitment Therapy to reframe the meaning and experience of pain

• Patti Robinson, PhD, Psychologist
Faculty Disclosure

The presenters of this session currently have or have had the following relevant financial relationships (in any amount) during the past 12 months.

- Self-employed consultant
- Author receiving royalties from book publications
Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• Provide a response to the prompt, “Pain is . . .”, informed by Focused Acceptance and Commitment Therapy (FACT)

• Name the 3 FACT pillars of psychological flexibility

• Describe the use of PAUSE and ADD IN to help patients with chronic pain live more meaningful lives


Learning Assessment

• How does FACT help a provider and patient see pain more clearly?

• What are the 3 FACT pillars of psychological flexibility?

• Describe an intervention patients with chronic pain can learn to use to open to pain and to actively pursue more meaningful lives.

• A question and answer period will be conducted at the end of this presentation.
The context of pain

More people suffer from chronic or persistent pain than diabetes, heart disease and cancer—combined (CDC. 2011).

Most patients with persistent pain receive care for pain from their Primary Care Clinicians (PCCs) (Fortney & Abraham, 2012). Most of these patients are complex and have more pain that those in tertiary settings (Fink-Miller, Long, & Gross, 2014).

Most patients with persistent pain are at risk for addiction (Potter, 2001), and PCPs are increasingly encouraged to reduce use of pain medications for non-malignant pain.

Today, more than 50 people will die from overdoses involving prescription opioids.
Acceptance and Commitment Therapy and pain

ACT interventions:

• reduce pain levels

• Improve overall functioning

Evidence based on:

• randomized controlled trials (Buhrman et al., 2013; Dahl et al., 2004; Thorsell et al., 2011; Wetherell et al., 2011; Wicksell et al., 2008; Wicksell et al., 2013)

• partially controlled trials (Johnston, Foster, Shennan, Starkey, & Johnson, 2010; McCracken, Vowles, & Eccleston, 2005; Vowles, Wetherell, & Sorrell, 2009) and

• effectiveness studies (Vowles & McCracken, 2008; McCracken & Gutiérrez-Martínez, 2011).
Focused Acceptance and Commitment Therapy (FACT)

• FACT or low intensity ACT in primary care
  • 4 visit group outperformed TAU group on pain acceptance, disability, depression and emotional functioning (McCraken, Sato & Taylor, 2013).
  • 4-session group feasible and acceptable to patients (Kanzler, et al., 2018)
  https://doi.org/10.1016/j.cct.2018.01.004
Primary care patients and pain acceptance

• Chronic pain acceptance significantly moderates the relationship between pain severity and general activities (Kanzler, submitted)

• Higher acceptance reduces the negative effect of pain on activities and level of disability.

• Lower levels of acceptance worsens impact of pain on disability at all levels of pain severity. (Kanzler, submitted)
FACT

*Focused Acceptance and Commitment Therapy*

Focus on *functioning and barriers* to functioning related to
(1) rule following
(2) emotional and behavioral avoidance

Accept the presence of distressing, unwanted private experiences that function as barriers to workability

Choose a life path based in *personal values* rather than avoidance of pain

Take actions which propel the him/her down that path

Robinson, Gould & Strosahl, 2010; Strosahl, Robinson & Gustavsson, 2012, Robinson, 2020
I am broken. My body has abandoned me . . . Since the accident, I can no longer do what I care about. My family pities me and they leave me out a lot . . . Maybe that’s best. I go to doctors and I try to understand what they tell me, but often I don’t. I try to do what they say, and sometimes I just can’t make it work. I spend my days watching TV and movies, and I used to love the outdoors.

From patient perspective, write in response to prompt, Pain is . . . For 3 minutes. Then, share your response with someone from a different area of health care.
A Warm Up

I am broken. My body has abandoned me . . . Since the accident, I can no longer do what I care about. My family pities me and they leave me out a lot . . . Maybe that’s best. I go to doctors and I try to understand what they tell me, but often I don’t. I try to do what they say, and sometimes I just can’t make it work. I spend my days watching TV and movies, and I used to love the outdoors.

From clinician perspective (listening to patient story), write in response to prompt, Pain is . . . For 3 minutes. Then, share your response with someone from a different area of health care.
From patient perspective, pain is . . .

Robs me everyday

Ruined my life

An unwelcome guest that won’t leave

Awful

Something doctors should make go away

Is not my fault
From clinician perspective, pain is . . .

A horrible problem

Cripples some of my patients

Something I should help make go away

One of my least favorite problems to treat

Awful

Is not my fault
Experiential Avoidance
Avoid uncomfortable thoughts & feelings........

Look young!
Feel good!
Be happy!

If you can’t make that work, there’s something wrong with you!
On no, how can I distract myself?

. . . Behavioral Avoidance and Pain
Psychological flexibility (PF) is learning to be aware and open to the pain that comes into our lives while continuing to engage in activities we value.

Use FACT is to grow Psychological Flexibility

... pivot on the path from avoidance and control to approach
FACT

Pillars of Psychological Flexibility

Open
- Accept what you cannot change
- Focus on what you can

Aware
- Find the present moment
- Return often

Engaged
- Define your values
- State them publicly

Psychological Flexibility

Learn to let go of distressing thoughts/feelings
& Simply name unworkable rules

Shift perspectives easily
& Take observer perspective

Make Commitments & Keep Commitments
FACT INTERVENTIONS FOR PAIN . . .

OPEN
Is there a way to be gentle towards your pain?
Could you give your pain a shape / color / funny name?
Are there thoughts (or feelings, memories, sensations) that bully you?

AWARE
The body is a good place to go to find your feet.
Still like a mountain and flowing like a river.
If you were living in the next chapter of your book of life . . .

ENGAGED
What matters and who matters? Tell me more.
Set your intention like you were drawing an arrow from the quiver of your heart.
The rest . . . moving forwards, day after day . . .
with behavioral variability
Where attention goes, energy flows.

<table>
<thead>
<tr>
<th>Energy</th>
<th>Psycho (logical)</th>
<th>Bio (logical)</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid</td>
<td>Awful, control-focused, hyper-vigilance</td>
<td>Tension and stress born from resistance of fear</td>
<td>Effort to enlist similar efforts from others</td>
</tr>
<tr>
<td>Approach</td>
<td>Open, curious, finding a container to hold personal experience Connected with what and who matters Choosing 1 step at a time</td>
<td>Connected to body Using senses to experience inside / outside Tuned into the energy of emotions</td>
<td>Take perspective on social context and identify reinforcers / punishers / duds</td>
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<tr>
<td>Pivot</td>
<td>PAUSE And ADD - IN</td>
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An exercise for chronic pain patients and those who care for them

**P**ress palms together

**A**sk, in this moment
  am I okay?
  what matters?
  what action will I take?

**U**nderstand your vulnerability

**S**end kindness to yourself

**E**ngage – do what matters
I am broken. My body has abandoned me . . . Since the accident, I can no longer do what I care about. My family pities me and they leave me out a lot . . . Maybe that’s best. I go to doctors and I try to understand what they tell me, but often I don’t. I try to do what they say, and sometimes I just can’t make it work. I spend my days watching TV and movies, and I used to love the outdoors.

If this patient learned to use PAUSE and ADD-IN, what might they say pain is . . . ?
THE FACT PIVOT ON PAIN: from avoidance to approach

Press palms together
Ask, in this moment
am I okay?
what matters?
what action will I take?
Understand your vulnerability
Send kindness to yourself
Engage – do what matters

PAUSE
and
ADD IN
Psycho
Bio
Social

PAUSE
and
ADD IN
Psycho
Bio
Social
From patient perspective, pain is . . .

Grabs my attention
Something doctors should care about
And I can PAUSE
Requires my kindness

An unwelcome guest that moves around in my life
Pulls for fear
Pain or not, I am moving forward.
And, if you, as a clinician, learn to use PAUSE and ADD-IN, what might your mind say in response to the question, “What is pain?”
From clinician perspective, pain is . . .

Difficult

Challenging

Thoughts, feelings, and sensations we can explore together

Is not my fault

A horrible problem

Cripples some of my patients

Is nobody’s fault

One of my least favorite problems to treat

Something I should help make go away

Something you can have And still do what matters to you

Just a part of your story, not your life
Learning Assessment

• How does FACT help a provider and patient see pain more clearly?

• What are the 3 FACT pillars of psychological flexibility?

• Describe an intervention patients with chronic pain can learn to use to open to pain and to actively pursue more meaningful lives.

QUESTIONS?
I am not fully healed, 
I am not fully wise. 
What matters is that 
I am moving forward.

Yung Pueblo
Session Survey

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