

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

- Patti Robinson, PhD, Psychologist



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Self-employed consultant

Author receiving royalties from book publications

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# 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

# Bibliography / Reference

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# 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 than 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 (McCracken, 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*

**F**ocus on **functioning and barriers** to functioning related to

(1) rule following

(2) emotional and behavioral avoidance

**A**ccept the presence of distressing, unwanted private experiences that function as barriers to workability

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

**T**ake actions which propel the him/her down that path

Robinson, Gould & Strosahl, 2010; Strosahl, Robinson & Gustavsson, 2012, Robinson, 2020

# 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 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*

*One of my least favorite problems  
to treat*

**Awful**

*Something I should help make go away*

Is not my fault

... one path ... avoidance and control, leads from illness or injury to chronic pain

## **Experiential Avoidance** **Avoid uncomfortable thoughts & feelings.....**



*Look young!  
Feel good!  
Be happy!*

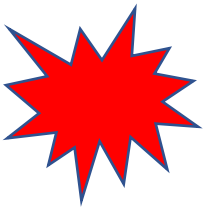


If you can't make that work, there's something wrong with you!



*On no, how can I distract myself?*

... Behavioral Avoidance and Pain



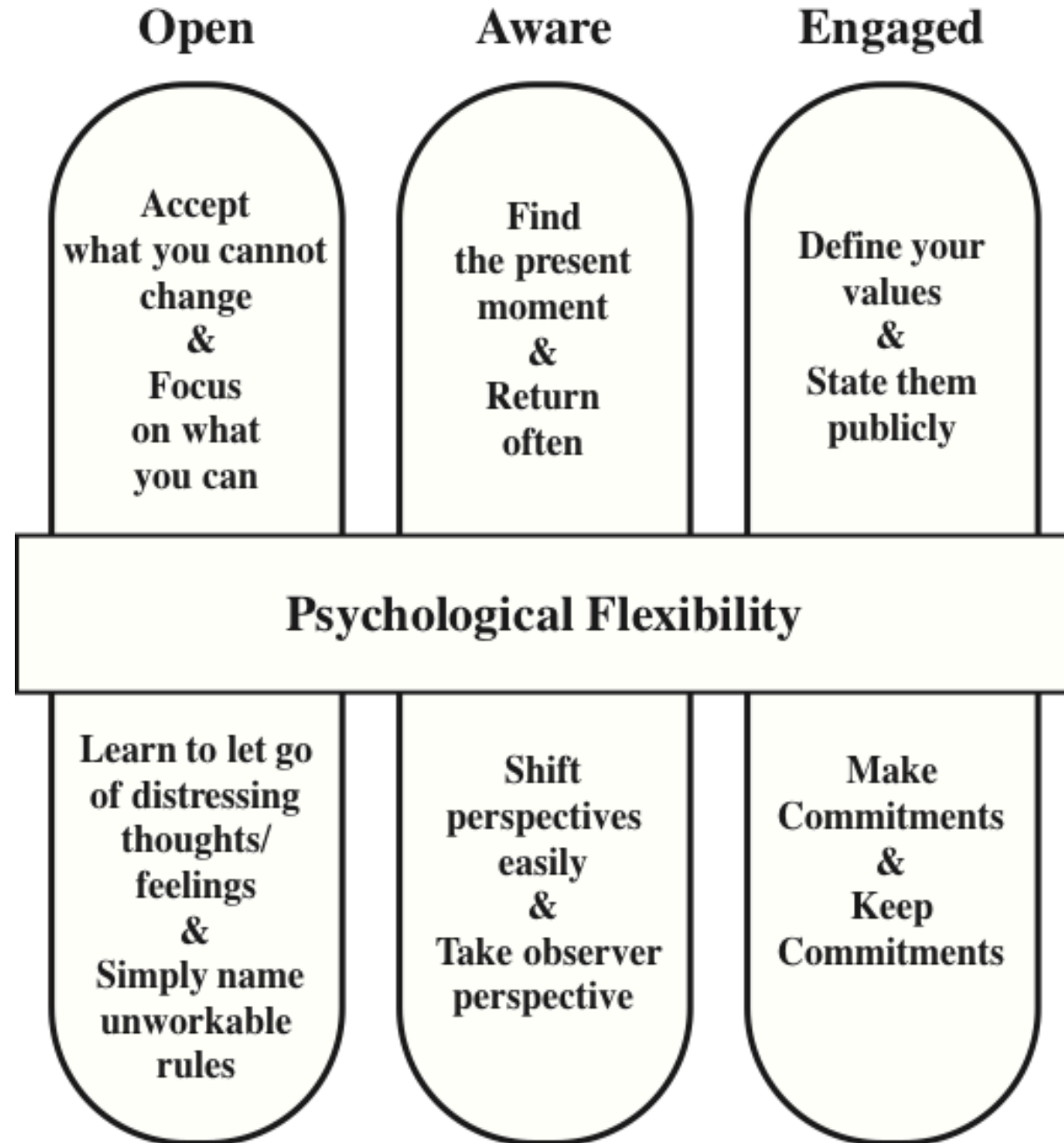
... pivot on the path from avoidance and control to approach



Use FACT is to grow  
Psychological Flexibility

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.

# FACT Pillars of Psychological Flexibility



# 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.

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

# PAUSE

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

# A Post-test

*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

PAUSE

and

ADD IN

Psycho

Bio

Social

P  
Press palms together

A  
Ask, in this moment

am I okay?

what matters?

what action will I take?

U  
Understand your vulnerability

S  
Send kindness to yourself

E  
Engage – do what matters



From **patient** perspective, pain is . . .

Grabs my attention

Something doctors should care about

And I can **PAUSE**

Requires my kindness

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



Something you can have  
And still do what matters to you

Just a part of your  
story, not your life

Thoughts, feelings, and sensations  
we can explore together

Is nobody's fault

# 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

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