

INSPIRE Study

# Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) Group Program

Session Handouts and Worksheets

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## Note:

The CBT-CP participant packet used in the INSPIRE study included materials reprinted from various sources. We are not able to reproduce these materials here for public distribution. However, we have cited the original source materials and provided links when available.

## Group Session 1. Introduction to Group, CBT-CP, and Diaphragmatic Breathing

- Class Guidelines
- Diagram of Biopsychosocial Model
- Homework Practice with Diaphragmatic Breathing
- Pain and Distress Cycle

## CBT for Chronic Pain Class Guidelines

- 1. Group discussions are confidential: What is said in group, stays in group!**
- 2. We encourage you to practice ways to feel your best so you can participate actively.**
  - a. Class time offers an opportunity to experiment with your experience.
  - b. We endorse creativity that increases your comfort (e.g., pillows, laying down, sitting, comfortable posture).
- 3. This is a CBT skills class.**
  - a. Group members are encouraged to practice skills and discuss their practice each week.
  - b. We take a proactive and focused approach (this is not a space for venting).
  - c. We emphasize self-accountability.
  - d. You will be encouraged to set goals and monitor your progress.
  - e. We will teach and reinforce skills to help you work towards your goals and values.
- 4. We encourage fostering a safe, respectful environment for one another.**
  - a. We encourage you to attend and participate. Experiment and see what happens.
  - b. Please arrive on time to group, and call if you are going to be late or miss a session.
  - c. Please silence all cell phones while in group.
  - d. Please be respectful of each other's opinion and space.
- 5. We foster a positive, compassionate class environment.**
  - a. "We are all doing the best we can."
  - b. Nonjudgmental stance towards self and others.
  - c. Compassion vs. Caretaking.
- 6. For telehealth groups, we ask that you (in addition to items 1-5 above):**
  - a. Please turn on your video (webcam). Being able to see one another helps us all get the most out of group.
  - b. Attend group in a space free of distractions, where you can be alone and speak freely.
  - c. Attend group in a room where a nonmember (e.g. family member, roommate, etc.) cannot see or hear the group.
  - d. Do not record the meeting or take screenshots of other group members.
  - e. Mute your audio when you are not speaking. This helps reduce extra noise so we can all hear each other.
  - f. For safety reasons, please do not drive during the group session.

**Others:**

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## Diagram of Biopsychosocial Model

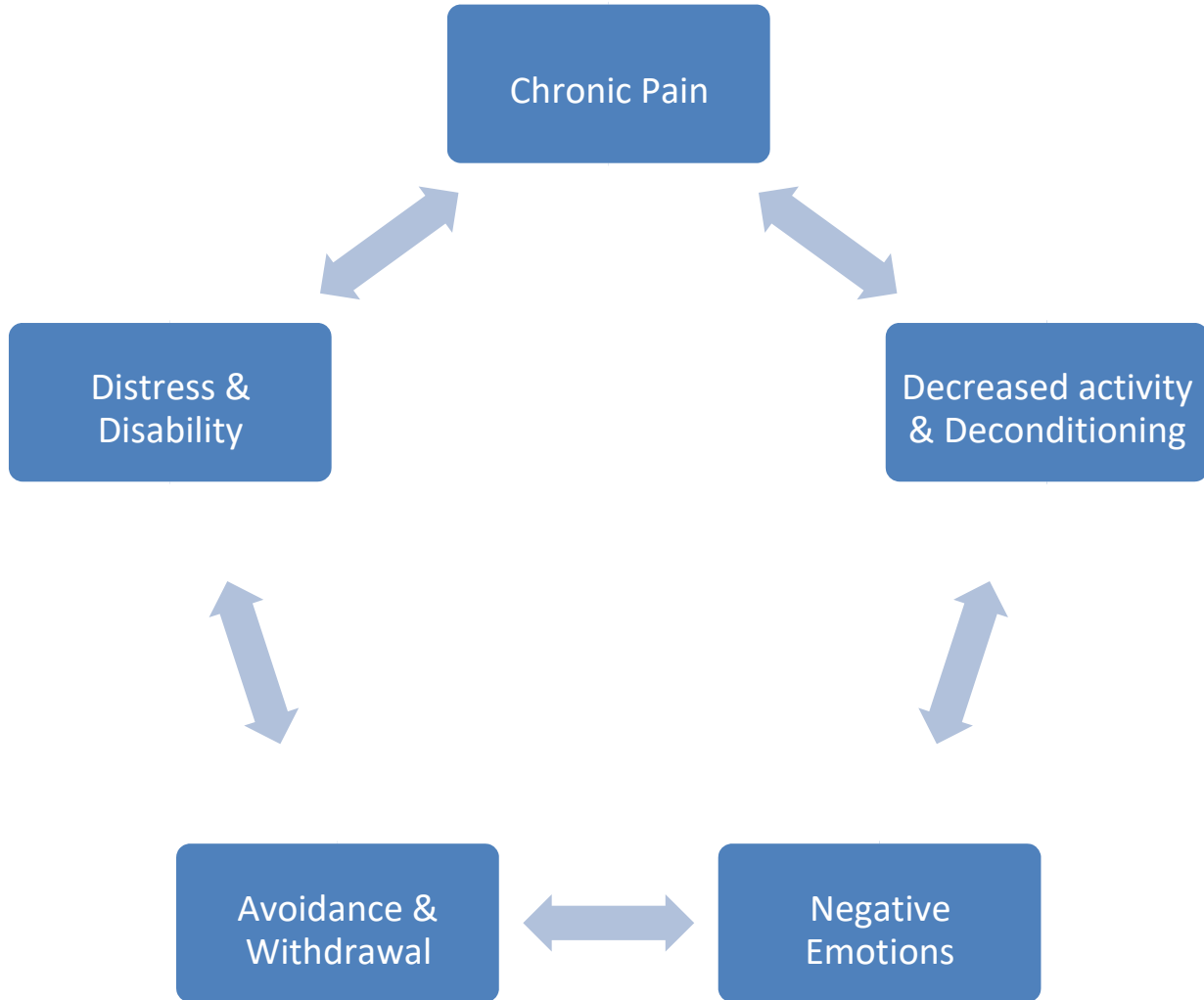
Image reprinted from the blog post “The Biopsychosocial Model of Disease” from The Patient Patient.  
Available from: <https://thepatientpatient2011.blogspot.com/2013/04/the-biopsychosocial-model-of-disease.html>.

## Homework Practice with Diaphragmatic Breathing

Record your experience with diaphragmatic breathing practice. The goal is to practice at least one time each day and to notice its effects. The examples below illustrate some ways you might record your experience on this worksheet. Do what seems most helpful to you.

Date or day/time	Situation	Plan/Practice	Length of Practice?	Level of tension (0-10)		Level of Pain (0-10)	
				Before	After	Before	After
<i>7/25/18</i>	<i>Noticed I was holding breath at computer</i>	<i>Practiced in a breakout room</i>	<i>10 breaths</i>	<i>7</i>	<i>3</i>	<i>7</i>	<i>4</i>
<i>Wed morning</i>	<i>While waiting in line at grocery and feeling anxious</i>	<i>Practiced in grocery line</i>	<i>3 mins</i>	<i>10+</i>	<i>6</i>	<i>8+</i>	<i>&lt;6</i>
<i>Wed midday</i>	<i>Pain was rising</i>	<i>Practiced in a recliner</i>	<i>10 mins</i>	<i>Medium</i>	<i>Low</i>	<i>High</i>	<i>OK!</i>

### Pain and Distress Cycle



## Group Session 2. Relaxation Techniques and Behavioral Activation/Pleasant Activity Scheduling

- CDC Guideline for Prescribing Opioids for Chronic Pain
- Gate Control Theory of Pain
- Positive Activities for Behavioral Activation
- The Brain and Pain



## CDC Guideline for Prescribing Opioids for Chronic Pain

Information handout reprinted from the Centers for Disease Control and Prevention.\* Available from:  
[https://www.cdc.gov/drugoverdose/pdf/infographic-cdc\\_guideline\\_for\\_prescribing\\_opioids\\_for\\_chronic\\_pain-a.pdf](https://www.cdc.gov/drugoverdose/pdf/infographic-cdc_guideline_for_prescribing_opioids_for_chronic_pain-a.pdf)

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\* Reference to materials on the CDC website does not constitute its endorsement or recommendation by the U.S. Government, Department of Health and Human Services, or Centers for Disease Control and Prevention.

## Gate Control Theory of Pain

Ronald Melzack and Patrick Wall introduced a scientific theory to explain variation in people's experience of pain. \* They identified a "neural gate," at the base of the cervical spinal column that affects how pain signals are transmitted and interpreted by the brain in any given moment. When the gate is wide open, pain feels more intense. When the gate closes, pain signals are blocked or muted. Their research has provided important ways to understand and change people's experience with chronic pain.

Most people report that their "gate" closes (pain becomes less bothersome) when they are engaged in something engrossing. It is also common for the "gate" to open in times of stress, when the focus is on pain and worries, and when there's nothing else demanding attention or providing distraction.

### What opens the gate?

**Stress and Tension** – A particularly stressful or frustrating situation can make the pain feel worse. Anxiety and anger often lead to tension in the body, which opens the pain gate.

**Mental Factors** – Focusing on pain can have the effect of magnifying it. When the brain is not otherwise engaged, the pain gate opens. Feelings of emotional distress—anxiety, worry, dread, anger, frustration, irritation—can also intensify pain.

**Lack of activity** – Inactivity can also open the pain gate and make it harder to become active.

### What closes the gate?

**Relaxation and Acceptance** – General feelings of relaxation and acceptance of the current moment can help close the gate.

**Mental Factors** – Focusing on something meaningful and feelings of gratitude, kindness, closeness, connection, and love can all help close the gate.

**Activity** – Engaging in activities that are stimulating can occupy the mind and distract from pain, thus closing the gate.

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\* Melzack R, Wall PD. Pain mechanisms: a new theory. Science. 1965;150(3699):971-9.

## Positive Activities for Behavioral Activation

Those who suffer from chronic pain may begin to decrease their functioning in order to cope, such as avoiding activities they fear will further pain or injury. This leads to decreased activity and physical deconditioning. This often leads to negative thoughts about pain and oneself and diminishes participation in pleasurable activities.

Behavioral activation is a strategy to help people to engage in things that are enjoyable, even when they do not feel like it. The goal is to engage in something each day that you find enjoyable, engaging, or that provide a sense of accomplishment.

Step 1: Begin by listing activities that you enjoy and find valuable:

Examples: <i>Gardening, yoga, seeing live music, playing board games, reading, folding laundry</i>
At home:
With others:
Work or housework related:
For fun and creativity:
Outdoors and/or physical:
Before bed:

Now you will log what you did each day and what you noticed before and after completing the activity, such as reduction in distress or an increase in vitality.

Step 2: Use the list on the front page to incorporate into your weekly activities:

Day / time	Activity	Duration	What did you notice?	
			Before	After
<i>Sunday, evening</i>	<i>Saw live music with friends</i>	<i>3 hours</i>	<i>Felt tense, hurting, and didn't feel like going</i>	<i>Was surprised how much fun it was!</i>

## The Brain and Pain

Information handout reprinted from *Cognitive Therapy for Chronic Pain: A Step-by-Step Guide, Second Edition*, by Beverly E. Thorn. New York, NY: The Guilford Press; 2017.

## Group Session 3. Self-Care and Wellbeing: Sleep Hygiene and Exercise

- Prescription Opioids: What You Need to Know
- Promoting Safer and More Effective Pain Management
- Improving Sleep through Behavior Change
- Sleep Log

## Prescription Opioids: What You Need to Know

Information handout reprinted from the Centers for Disease Control and Prevention (CDC) and the American Hospital Association. \* Available from: <https://www.cdc.gov/drugoverdose/pdf/AHA-Patient-Opioid-Factsheet-a.pdf>

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*\* Reference to materials on the CDC website does not constitute its endorsement or recommendation by the U.S. Government, Department of Health and Human Services, or Centers for Disease Control and Prevention.*

## Promoting Safer and More Effective Pain Management

Information handout reprinted from the Centers for Disease Control and Prevention (CDC).<sup>\*</sup> Available from: [https://www.cdc.gov/drugoverdose/pdf/guidelines\\_factsheet-patients-a.pdf](https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-patients-a.pdf)

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<sup>\*</sup> Reference to materials on the CDC website does not constitute its endorsement or recommendation by the U.S. Government, Department of Health and Human Services, or Centers for Disease Control and Prevention.



## Improving Sleep through Behavior Change

### Stimulus Control Procedures

1. *Go to bed only when you are sleepy.* The longer you are in bed, the more bed is associated with a place to be awake instead of being asleep. Delay bedtime until sleepy.
2. *Get out of bed when you can't fall asleep or go back to sleep in about 15 minutes.* Get out of bed if you don't fall asleep fairly soon. Return to bed only when you are sleepy. When you feel sleepy, return to bed. The goal is to reconnect your bed with being asleep.
3. *Use the bed for sleep and sex only.* Do not watch tv, listen to the radio, eat, or read in your bed or bedroom.

### Sleep Hygiene Guidelines

1. Caffeine - Avoid caffeine 6 to 8 hours before bedtime.
2. Nicotine - Avoid tobacco near bedtime and during the night.
3. Alcohol - Avoid alcohol after dinner. Alcohol often promotes the onset of sleep but interrupts the natural sleep pattern. Do not consume alcohol within 4 hours of going to bed.
4. Sleeping Pills - Sleep medications are effective only temporarily. Sleep medications lose their effectiveness after about 2-4 weeks of regular use.
5. Regular Exercise - Do not exercise within 2 hours of bedtime. It may elevate nervous system activity and interfere with your ability to fall asleep.
6. Bedroom Environment - Your bedroom should have a moderate temperature and be quiet and dark. Noises can be masked with background white noise (eg, fan) or with earplugs. Bedrooms may be darkened with blackout shades or sleep masks may be worn.
7. Eating - A light bedroom snack, such as a glass of milk, cheese, or a bowl of cereal can promote sleep. Avoid snacks in the middle of the night because awakening may become associated with hunger.
8. Avoid Naps - The sleep you obtain during the day takes away from the amount of sleep you need that night. If you must nap, schedule it before 3pm and do not sleep more than 15 to 30 minutes.

9. Allow yourself at least an hour before bedtime to unwind - Find what works for you to wind down, and perhaps give yourself an hour to do so.
10. Regular Sleep Schedule - Keep a regular time each day, 7 days a week, to get out of bed. Keeping a regular waking time helps set your circadian rhythm so that your body leans to sleep at the desired time.
11. Set a Reasonable Bedtime and Arising Time and Stick to Them - Set the alarm clock and get out of bed at the same time each morning, weekdays, and weekends, regardless of the bedtime or the amount of sleep you obtained the previous night. The guideline is designed to regulate your internal biological clock and reset your sleep-wake rhythm.

## Sleep Log

<b>Complete in the morning:</b>							
	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Time you went to bed							
How did you unwind before bed? (e.g., light reading, breath work, meditation)							
Time you woke up							
Total hours of sleep							
How many times you woke up							
<b>Complete in the evening:</b>							
Number of caffeinated drinks							
Time of last caffeinated drink							
Time of last meal							
Minutes of exercise during the day							
Rate your pain (0=no pain, 10=great pain)							

Observations/Comments:

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## Group Session 4. Automatic Thoughts, Cognitive Errors, and Pain

- ABC Model
- The Feeling Wheel
- Thought Record
- Unhelpful Thinking Styles

## ABC Model

Information handout reprinted from TherapistAid.com. Available from <https://www.therapistaid.com/therapy-worksheet/abc-model-for-rebt>.

## The Feeling Wheel

Image reprinted from: Willcox, G. (1982). The Feeling Wheel: A Tool for Expanding Awareness of Emotions and Increasing Spontaneity and Intimacy. *Transactional Analysis Journal*, 12(4), 274-276. <https://doi.org/10.1177/036215378201200411>

### Thought Record

Activating Event	Beliefs (Automatic Thought)	Consequences (Emotions and Behavior)	Balanced Thought	Bodily Sensations
<i>Someone invited me on a walk</i>	<i>I can't do this, I can't do anything</i>	<i>I feel despondent and hopeless, and I retreat</i>	<i>I appreciate that someone invited me, and I have options about how I respond, I could pace myself and take a short walk and see how it goes or invite them to do something else</i>	<i>Sweaty palms, tension in muscles</i>

## Unhelpful Thinking Styles

Information handout reprinted from PsychologyTools.com. Available from:  
<https://www.psychologytools.com/resource/unhelpful-thinking-styles-archived/>



## Group Session 5. Cognitive Re-Structuring and Cognitive Distancing (Distraction)

- ABC Model
- Coping Statements
- Thought Record

## ABC Model

Information handout reprinted from TherapistAid.com. Available from <https://www.therapistaid.com/therapy-worksheet/abc-model-for-rebt>.

## Coping Statements

Coping statements can help decrease anxiety, depression, and negative self-judgment. When we're especially upset or activated it's easy to get caught up in negative, self-defeating thoughts. One way to reduce their power is to come up with healthier alternatives that are true for you. Come up with a list of coping statements that feel reasonable and believable to you. Even when coping statements feel awkward at first, try to repeat them often. The more that you practice saying coping statements to yourself, the easier it will become to replace negative thought habits or "loops." It takes time and practice to create new habits. The good news is that the human brain is quite plastic, so we can actually re-condition ourselves and create new neural pathways.

Use this list to get started. Choose a handful that resonate with you or write alternatives that work better. You may want to carry a list of your top 5-10 coping statements in your wallet, planner, or phone so they are always handy.

"This situation is temporary, this too shall pass."

"I've survived painful experiences before, I will survive this too."

"Just for this moment this is how it is, but this moment will pass, as all moments do."

"I can be uncomfortable, and still make it through this situation."

"It's okay. I can do this."

"All I have to manage is this very moment."

"I can choose how I want to show up in this moment."

"This is a moment. Let me relax into it and breath."

"I am strong enough to handle what is happening to me right now."

"My thoughts do not control my life."

"I am the master of my own life, and I can chose my responses and tolerate my feelings."

"I accept all my feelings and sensations as part of myself in this moment."

"Even though the pain is high, I am not in danger right now, I am safe."

"This situation sucks, but it is only temporary."

"So what?! Seriously, so what if \_\_\_\_\_??"

"God/Spirit/The Universe always takes care of me; somehow I am always taken care of."

"If I am alive, I have been taken care of and protected by someone or something."

"Everything is working out exactly as it should, for the good of all concerned, even if I can't see it right now."

### Thought Record

Activating Event	Beliefs (Automatic Thought)	Consequences (Emotions and Behavior)	Dispute/ Challenge Beliefs Balanced Thought	Effective New Beliefs	Bodily Sensation
<i>Someone invited me on a walk</i>	<i>I can't do this, I can't do anything</i>	<i>I feel despondent and hopeless, and I retreat</i>	<i>It's not true that I can't do anything, I can do some things</i>	<i>I appreciate that someone invited me, and I have options about how I respond, I could pace myself and take a short walk and see how it goes or invite them to do something else</i>	<i>Sweaty palms, tight muscles</i>

## Group Session 6. Stress Management and Time-Based Pacing

*No additional handouts or worksheets this session.*

## Group Session 7. How To Work with Painful Emotions (e.g., Anger, Frustration)

- Anger Management Skills
- Anger Warning Signs
- Worksheet: Dealing with Painful Emotions
- Stress-Judging-Pain Worksheet

## Anger Management Skills

Information handout reprinted from TherapistAid.com. Available from:  
<https://www.therapistaid.com/therapy-worksheet/anger-management-skills>

## Anger Warning Signs

Information handout reprinted from TherapistAid.com. Available from:  
<https://www.therapistaid.com/therapy-worksheet/anger-warning-signs>.



### Worksheet: Dealing with Painful Emotions

Situation	Emotion	Thoughts and Urges	Coping Response (Self-Talk, Relaxation, Action)	Observation/Outcome
<i>My partner said something that felt unkind</i>	<i>Anger, hurt</i>	<i>Feel like snapping or yelling</i>	<i>I paused, breathed deeply, took a step back</i>	<i>I was able to reduce emotional reaction and return to talk later about it</i>

## Stress-Judging-Pain Worksheet

Information handout reprinted from *Cognitive Therapy for Chronic Pain: A Step-by-Step Guide, Second Edition*, by Beverly E. Thorn. New York, NY: The Guilford Press; 2017.

## Group Session 8. Review and Trouble-shooting

- Applying Your Pain Coping Skills: Problem Solving
- Dealing with a Setback
- Goal Setting and Moving Forward

## Applying Your Pain Coping Skills: Problem Solving

Your pain coping skills menu now includes several different skills:

### Pain Coping Skills Menu

- ❖ Relaxation
  - Diaphragmatic breathing
  - Progressive muscle relaxation training
  - Imagery
- ❖ Increasing engagement
  - Distraction methods
  - Activity-rest cycle (pacing)
  - Pleasant activity scheduling
  - Getting active (behavioral activation)
- ❖ Working with thoughts
  - Changing self-talk
  - Letting go of thoughts
  - Challenging (negative) thoughts
  - Calming self-statements
- ❖ Improving self-care
  - Sleep practices
  - Activity-rest cycle
  - Getting active
  - Stress-management toolkit
- ❖ Working with painful emotions
  - Managing anger
  - Reducing distress
  - Identifying/communicating feelings
- ❖ Increasing positive emotions
  - Getting active
  - Pleasant activities
  - Gratitude exercises
  - Calming self-statements

As you practice with these skills you will notice many positive benefits. Sometimes bringing in one skill – such as relaxing with diaphragmatic breathing – is enough to make a significant difference. Other times, you may need a combination of skills. When stress levels are high, it is more difficult to think of the skills you need. Use the following steps while you are feeling calm and relaxed as a way to be ready with skills to use in more challenging situations.

Step 1: Describe the situation

Step 2: Think of difficulties you are likely to have in the situation

Step 3: Think of coping skills you will be able to apply that would be helpful

## Dealing With a Setback

Sometimes coping with a stressful situation will lead to a setback in your coping efforts. In a setback, you might be overwhelmed by self-defeating thoughts and feelings and stop applying your coping skills.

Below are four steps for coping with a setback. If you apply these steps, you can ensure that the setback is a minor one in which there is only a temporary lapse in coping efforts.

Step 1      **Stop, look, listen.** Your reaction to this situation can be viewed as a warning sign that you are in danger. Find a quiet place where you can stop, rest, and review the situation and how you might react to it.

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Step 2      **Keep calm.** The usual reaction to a setback is to become upset and begin thinking in a negative and distorted fashion. This emotional reaction is normal. Give yourself time to relax and let the feelings pass. The problems you are having coping do not mean that you are a failure or that your coping efforts are useless. Try to look at the problems as an independent event, perhaps something that might be able to be avoided in the future.

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Step 3      **Review the situation leading up to the setback in coping.** Review the events leading up to the setback. Were there any warning signals or other factors that might be important (time of day, activities you were doing, mood)? Are there different ways that you might have coped with the events that might have helped?

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Step 4      **Make an immediate plan for coping.** If you can remove yourself from the stressful situation, do so. If this is not possible, use imagery or other methods to try to distance yourself from the problems you are confronting. Try to do something pleasant for yourself. Use your skills in cognitive restructuring to deal with overly negative thoughts. Ask your friends and family members to help by providing suggestions for ways of coping or alternative activities. Call a friend and seek support.

## Goal Setting and Moving Forward

Take this opportunity to reflect on goals that you set earlier. What have you been able to accomplish? How may your goals change? Consider what you'd like to focus on currently. Remember to break your goals into small enough pieces that you can accomplish within a week or so. You can use the action plan below to help with this process.

### Setting a Goal:

1. Identify something you want to do.
2. Is this a reasonable goal? Can you expect to accomplish it? Is it a short-term or a long-term goal? Take a moment to consider if you need to modify your answer above.

### Developing an Action Plan to Accomplish Your Goal:

1. Consider the following questions:
  - a. What would it look like if you had accomplished your goal? (i.e., how would you or how would someone else know you had met your goal?)
  - b. What would be different about you and about your life?
  - c. How long will it take you to complete your goal?
2. Using the information above, answer the following questions to help you to state your goal in terms of specific and observable behaviors:
  - a. How much?
  - b. When?
  - c. How long?
  - d. How often?
3. What steps do you need to take to accomplish your overall goal?
4. Rate your confidence level in your ability to complete the entire action plan (0-10).

## Personal Plan for Maintaining Progress

<p><b>Part 1:</b> Circle the 3 or 4 coping skills that helped you the most, and that you are planning to emphasize the most in your home practice.</p> <ol style="list-style-type: none"><li>1. Diaphragmatic breathing</li><li>2. Progressive muscle relaxation training</li><li>3. Imagery</li><li>4. Distraction</li><li>5. Activity-rest cycle</li><li>6. Pleasant activity scheduling</li><li>7. Getting active (behavioral activation)</li><li>8. Changing self-talk</li><li>9. Letting go of thoughts</li><li>10. Calming self-statements</li><li>11. Sleep practices</li><li>12. Managing painful emotions</li></ol>	<p><b>Part 2:</b> Circle the coping skills you have found somewhat helpful but need more practice with.</p> <ol style="list-style-type: none"><li>1. Diaphragmatic breathing</li><li>2. Progressive muscle relaxation training</li><li>3. Imagery</li><li>4. Distraction</li><li>5. Activity-rest cycle</li><li>6. Pleasant activity scheduling</li><li>7. Getting active (behavioral activation)</li><li>8. Changing self-talk</li><li>9. Letting go of thoughts</li><li>10. Calming self-statements</li><li>11. Sleep practices</li><li>12. Managing painful emotions</li></ol>
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**Part 3:** In the space provided below, write down some goals that you are likely to achieve in the next six months if you continue to practice your pain coping skills.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_