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# Simplifying Non-Pharmacological Treatments for Chronic Pain: Part 2

Cognitive Behavioural Therapy

Dr. Lydia Hatcher MD CCFP FCFP CHE D-CAPM



# Faculty/Presenter Disclosures

- **Presenter: Lydia Hatcher**
- **Relationships with financial sponsors:**
  - **For Profits:**
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# Faculty/Presenter Disclosures

- **Presenter: Lori Montgomery**
- **Relationships with financial sponsors:**
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  - **Other:** No relationship with industry.



# Faculty/Presenter Disclosures

- **Presenter: Todd Hill & Lisa Diamond Burchuk**
- **Relationships with financial sponsors:**
  - No financial sponsors to disclose.



# Learning Objectives

At the end of the session, participants will be able to :

- define Cognitive Behavioural Therapy (CBT) and its principles
- recognize the common cognitive distortions that lead to negative beliefs and thoughts
- develop and apply a 5-step framework to incorporate CBT into their practice and own self-care

# What is Cognitive Behavioral Therapy (CBT):

The idea that our thought patterns and deeply held beliefs about ourselves and the world around us drive our experiences.

- Helps patients evaluate the accuracy of their negative thoughts and beliefs (cognitive distortions).
- Practicing the new skills (i.e., homework) is crucial for the effectiveness of therapy.

# Framing CBT

- You can only change your own behavior
- You can't change anyone else's

BUT

- Change your behavior in a positive way
- The response from others will change

# Common Cognitive Distortions

- All-or-Nothing Thinking;
- Overgeneralizing;
- Discounting the Positive;
- Jumping to Conclusions;
  - Mind Reading;
  - Fortune Telling;
- Magnification  
(Catastrophizing) and  
Minimizing;
- Emotional Reasoning;
- Should Statements;
- Labeling and Mislabeled;
- Personalization



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# 5 Steps of CBT

1. Identify a problem (*Issue*)
2. Identify feelings (*Emotions*)
3. What were the beliefs you had (*Cognitive distortions*)
4. Discuss positive alternative behaviours (*Rational responses*)
  - a. Best choice - patient centred
  - b. Practice the new behavior (*Homework*)
5. Re-rate feelings/beliefs (*Validation*)

# Step 1: Identify a problem

Write it down:



**SOMETHING YOU  
WOULD LIKE TO DO**



**SOMETHING YOU WANT  
TO STOP DOING**



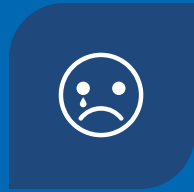
**SOMETHING YOU WANT  
TO AVOID DOING**

# Step 2: Identify feelings (*Emotions*)

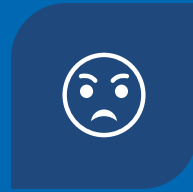
Write them down:



SAD



UPSET



ANGRY



FRUSTRATED



ABANDONED

# Step 3: Cognitive Distortions

## Absolutes

- Always – having to cancel outings with friends
- Never – going to be able to do that activity
- Everyone – else can do those things
- No-one – cares how I'm feeling

## Imposed Limits

- Can't – do any housework
- Must – be a terrible parent
- Should – be able to golf/fish/hike....
- Impossible – to do what the physio tells me to



# Step 4: Rational (Positive) Responses

Requires action over time.

- You ask patient to suggest positive alternatives
- You suggest other possible responses

# Step 4: Action Response - examples

**Always having to cancel outings with friends - I can do some outings when I'm having a good day**

1. How long can I stay out before I flare
2. Where can I go that's comfortable
3. Concrete ideas: How about a coffee house, pool visit, card night, watching a show etc.

**Must be a terrible parent – My kids understand I can't play with them like I once did**

1. What can I do with them
2. Concrete ideas: watch them play sports, quieter activities together – games, colouring, making things, helping with homework, TV etc

# Step 5: Validation



- What happened when you behaved/acted differently?
- Did you feel better?
- What were your new feelings?
- What could you do differently to make your feeling even more positive ?
- If you didn't get the hoped-for outcome what else could you try next time?

**Takes time to be able to rationalize effectively**



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