

Mindfulness-Based Cognitive Therapy for Chronic Pain

A CLINICAL MANUAL AND GUIDE



Melissa A. Day



WILEY Blackwell

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Editorial Offices

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The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

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Mindfulness-Based Cognitive Therapy for Chronic Pain

*To all people living with unremitting pain and those who are working with them
to alleviate their suffering.*

Foreword

When I first heard about the proposal to develop a version of MBCT (Mindfulness-Based Cognitive Therapy) for patients living with chronic pain, I wondered whether acronyms had been confused, didn't they mean MBSR (Mindfulness-Based Stress Reduction)? Wasn't MBSR introduced to the world in the early 1980s through studies showing its impact on reducing chronic pain? Isn't chronic pain the "domain" of MBSR, whereas depression and anxiety are the "domain" of MBCT? These may have been quaint notions in the early days of the development and dissemination of MBSR and MBCT, but it is clear that they no longer apply. The participants who find their way into these interventions are often presenting with multiple diagnoses and, as has been amply demonstrated in the literature, pain and depression are often comorbid. We no longer have (if we ever did have) the conceptual luxury of segregating patients by diagnoses to treatments that address a singular problem. The answer instead, is to find the mechanisms that contribute to the perpetuation of symptoms and then find increasingly efficient and targeted ways of teaching patients how to address them.

This is exactly why Melissa Day's book outlining MBCT for chronic pain is so important. It represents a second generational format of the original MBCT framework that Mark Williams, John Teasdale, and I developed over 20 years ago. Marshaling psychological, neural, and social evidence, Day has identified internal and external drivers of the pain response and then modified the MBCT program to accommodate these elements. It actually reminds me of our own trajectory when we discussed how exactly to reconfigure the MBSR platform for patients who were recovering from a mood disorder.

This book will be embraced by clinicians who are interested in exploring Day's approach. Clear illustrations of how the central cognitive-behavioral therapy (CBT) and mindfulness components address pain amplification and maintenance are tied to specific sessions in which these elements are taught. In addition, the book is sensitive to and supports treatment integrity by emphasizing the importance of the therapist's own mindfulness practice, both as a way of knowing what is being taught "from the inside," but also to embody mindfulness more generally in ways that communicate grounding and presence, even if distressing experiences are present.

Finally, it is clear to see that this book is written with an intention toward service. The treatment manual outlines the eight-session structure and is supplemented by curricula for the therapist, handouts of class material, troubleshooting

tips, and a workbook for clients—practically a one-stop shop for delivering the therapy. This book will serve as a model for others who may be looking to modify existing mindfulness-based interventions for increasingly complex patient groups. For right now, it already provides a valuable template for helping patients learn how to change their relationship to chronic pain in meaningful and significant ways.

Zindel V. Segal, PhD
The University of Toronto

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About the Companion Website

This book is accompanied by a companion website:



www.wiley.com/go/day/mindfulness_based_cognitive_therapy

The website includes:

- Appendices
- MP3 meditations
- Appendix A. Pre-Treatment Client Handouts
- Appendix B. Meditation Scripts
- Appendix C. MBCT for Chronic Pain Management: Daily Home Practice Record
- Appendix D. Example Program Completion Certificate
- Appendix E. Mindfulness-Based Cognitive Therapy Adherence Appropriateness and Quality Scale (MBCT-AAQS)
- Appendix F. The Brief 4-Session Clinical Manual
- Appendix G. Client Handouts for the 8-session Clinical Manual

Contents

Foreword *ix*

Acknowledgments *xi*

About the Companion Website *xiii*

Introduction *1*

Part I Chronic Pain *5*

- 1 Defining Chronic Pain and its Territory *7*
- 2 Psychosocial Chronic Pain Management: Current State of the Theory and Evidence *39*
- 3 The Development of MBCT for Chronic Pain *63*

Part II MBCT for Chronic Pain *87*

- 4 Overview of the Eight-Session Treatment *89*
- 5 Session 1: Stepping Out of Automatic Pain Habits *115*
- 6 Session 2: Facing the Challenge *137*
- 7 Session 3: The Breath as an Anchor *155*
- 8 Session 4: Learning to Stay Present *167*
- 9 Session 5: Active Acceptance *183*
- 10 Session 6: Seeing Thoughts as Just Thoughts *197*
- 11 Session 7: Taking Care of Myself *211*

12	Session 8: Harnessing the Power of the Mind for Chronic Pain Management	223
13	Integrating MBCT for Chronic Pain with Existing Treatments	235
	Conclusion	249
	Index	259

Introduction

Pain is symbiotic with the human condition, a universal experience. When pain persists and becomes chronic however, it can be the cause of intense and sometimes even relentless suffering. Chronic pain affects hundreds of millions of individuals worldwide and changes the entire landscape of a person's everyday existence: one's sense of self, relationships, employment and financial situation, hobbies ... no aspect of experience is left untouched. All that is encompassed in people's thoughts, emotions and behavior, our entire phenomenal experience comes to fall within the landscape of ongoing pain. Chronic pain, by its very nature, is recalcitrant to traditional biomedical treatments consisting of medications and surgery alone. To address the pervasive landscape of chronic pain, psychological approaches—such as the Mindfulness-Based Cognitive Therapy (MBCT) approach we explore in this text—are incredibly beneficial across a range of pain types and target not just pain reduction, but also improved function, mood, quality of life and one's overall sense of well-being.

The majority of people living with persistent pain have seen an array of medical practitioners and most typically have a medical record bulging with various test results (some of which have led to various “conclusive” diagnoses along the way), have tried an armamentarium of pain medications, and many have had surgeries ultimately deemed “failures” as the pain persists and in some cases worsens. In the search to find some way to experience relief, most people living with persistent pain fall into the role of a passive recipient of biomedically driven healthcare. The approach described in this book, however, reverses that role, and places the person living with pain firmly and powerfully in the driver's seat: actively taking charge of managing their pain, suffering, and beyond that, their life. Thus, the MBCT for chronic pain approach is intended to be a complement, or in some cases an alternative to a traditional biomedical approach to pain. For most people, however, MBCT delivered as an integrated component within an interdisciplinary care team represents the ideal approach, and indeed, interdisciplinary treatment is considered the gold standard in chronic pain management (Ehde, Dillworth, & Turner, 2014).

There are a number of reasons as to *why* psychological approaches such as MBCT are effective for pain, although one primary, encompassing reason is that

living with chronic pain is stressful and stress makes pain and suffering worse. If we target and improve stress management and coping skills, by default we also target the pain. Your client may say they are in pain but not stressed: well, psychological approaches such as MBCT can still help as they have been shown to enhance descending inhibition and modulation of pain, changing the way the brain processes pain itself. So if you are wondering who should be referred to such an approach as MBCT for chronic pain, the answer is anyone with chronic pain who wants to suffer less, and do more.

I see myself as both a scientist and a clinician, and initially I was hesitant in writing this book as I wanted to ensure that we first had a sufficiently large evidence base on MBCT for pain before facilitating the ready availability of its use. However, in the context of the relatively recent release of Segal, Williams, and Teasdale's excellent second edition of their MBCT for depression text, and the rapidly growing body of research over the past decade supporting its use for the treatment of an array of conditions, it is clear that MBCT is formed on a solid conceptual basis. Indeed, the widespread interest in mindfulness more broadly is growing at an exponential rate. In a recent review paper I wrote with my colleagues we reported that between 1990 and 2006 the number of published scientific articles on mindfulness went from fewer than 80 to over 600, and at the time we were writing that article there existed over 1,200 research articles in PubMed devoted to the topic (Day, Jensen, Ehde, & Thorn, 2014). We are now just at the beginning of witnessing the potential of MBCT for managing chronic pain, which is a particularly promising time.

My intention in writing this book is to provide a resource that is highly practical and of use to those of you who are clinicians (both experienced and in-training), researchers, or both, so that we can further our collective understanding and use of MBCT for chronic pain. Hence, this manual is intended to "bridge the gap" between researchers and clinicians, and I write the text from this perspective, as a true scientist practitioner. This book is not intended to spark a new and "trendy" revolution in therapy and research for chronic pain management. But primarily to provide a further treatment option for researchers to explore and for clinicians to use when it seems other available treatments aren't working or perhaps when they don't appeal to the client sitting in front of them. Just as we have multiple forms of antidepressant medication for depression in order to (hopefully) find the one class that best suits a given individual, so too do we need a range of psychological treatment options for chronic pain. MBCT represents another approach to pain management that may just reach that client whose pain is refractory to other treatment approaches.

My overarching aim is that in essence this book teaches the basics of *how to do*, or deliver, MBCT for chronic pain. And at base, in delivering MBCT and indeed any psychological approach for chronic pain, it is essential that the delivering clinician have a solid, in depth, core knowledge of pain, including pain theory, the neurophysiology of pain, the cognitive, emotional, behavioral, and societal correlates of living with chronic pain, as well as pain assessment and treatment. However, a recent pain psychology national needs assessment conducted in the USA identified that only 28% of graduate and postgraduate psychology training

programs include at least 11 hr of training in pain instruction, and more than one-third of the psychologists/therapists surveyed reported little or no education in treating pain (Darnall et al., 2016). Hence, if you feel unprepared to treat individuals with chronic pain, do not fear, you are not alone! Thus, Part I of this book is intended to provide a working knowledge base of pain and pain psychology and I provide references to additional learning resources throughout the book. I then transition into describing how this knowledge has informed the development and continued evolution of psychosocial approaches for chronic pain—the foundation upon which MBCT for chronic pain is built. I conclude Part I by introducing and describing the MBCT theoretical model as developed and subsequently applied to chronic pain.

Part II opens by providing an overview of the MBCT approach, which includes a description of the steps needed to prepare and “be ready” to deliver your first MBCT for chronic pain program. I suggest opportunities for further training in pain psychology and more specifically in delivering MBCT, describe practical considerations to address prior to starting up your first program, and include recommendations for tracking client progress to optimize outcomes and prevent premature drop-out and treatment failure. Then in Chapters 5 through 12, I provide step-by-step, detailed guidance on delivering the eight-session MBCT for chronic pain treatment. Each session includes a therapist outline as well as client handouts (also available for download for ease of distribution to your clients), and built in to each of the sessions are troubleshooting tips, illustrative case scenarios, and clinical experiences, as well as basic supervision so that you can enhance your delivery of this approach. Part II concludes with a number of suggested ways you can implement and adapt the MBCT for chronic pain manual for optimal use in your own clinical practice and research setting, along with some caveats and considerations for retaining treatment integrity when doing so.

A large number of online supplementary materials are included to further your learning and knowledge of the techniques and treatment structure, and to foster seamless implementation of this program in to your clinical or research setting. Pre-treatment client handouts to foster positive and realistic client expectations coming into treatment, meditation scripts for each meditation delivered along with downloadable MP3 guided audio files, session-related client handouts and meditation practice log record forms, a therapist fidelity monitoring form as well as a four-session version of the manual are all available for free download at the companion webpage. Additionally, I conclude the text with a number of other recommended excellent resources for continued and advanced learning opportunities.

This text brings together the efforts of innovative thinkers, both in the broad psychotherapy and pain literatures, to describe this fresh approach to traditional cognitive therapy that does hold so much promise for chronic pain management. The feedback I have received over time from clinicians I have trained in MBCT for pain is a resounding “Ahh, this is what I have been missing in my cognitive-behavioral therapy work.” The integration of mindfulness into traditional cognitive-behavioral therapy adds a dimension of depth that resonates, feels genuine,

and provides a unique approach to shifting patients from unhelpful cognitive, emotional, and behavioral patterns into a way of being with their pain that allows them to adaptively live a life of meaning and value. I hope that in presenting this work—which truly rests on the shoulders of the groundbreaking work of many skilled scientist-practitioners in both the broad psychotherapy and pain literatures—that it will further our combined efforts to give people living with daily pain a way to live a meaningful life, with pain and all. May it be of benefit.

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Part I

Chronic Pain

