



Cognitive Behavioral Therapy for Chronic Pain: Core Strategies

Ann M. Steffen, PhD, ABPP

UMSL | Psychological
Sciences
University of Missouri-St. Louis

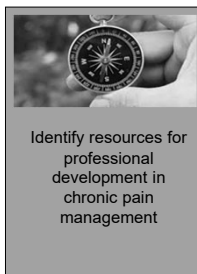
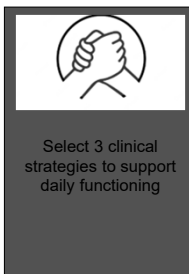
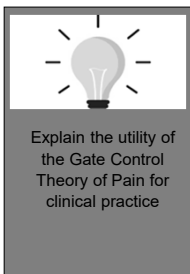
1

Conflict of Interest



2

Learning Objectives



3

Personalized Skills for Chronic Pain: **Pain 4 Learn**

Understanding Pain and Depression

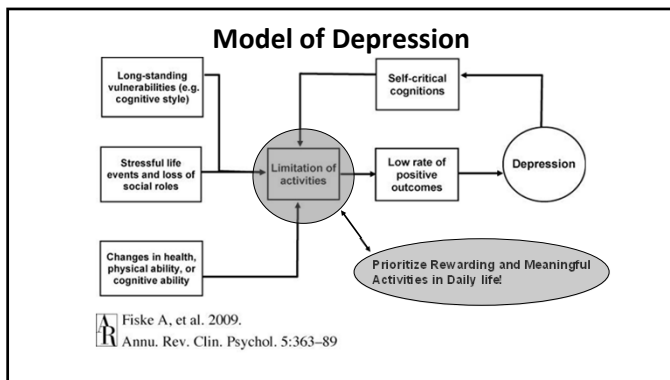
- Sometimes pain and depression create a vicious cycle in which pain increases your symptoms of depression, and then the resulting depression increases your feelings of pain.
- Pain and the problems caused by pain can wear you down over time and affect your mood. Chronic pain causes a number of problems that can lead to depression, such as trouble sleeping and stress.
- Chronic pain can cause low self-esteem because it interferes with valued activities, such as social activities, exercise, and hobbies.
- Depression doesn't just occur with pain resulting from an injury. It's also common in people who have pain linked to a health condition such as diabetes, cancer, or heart disease.

Question: How do you think your depression and pain are related?

Question: Have you asked someone close to you about their perspective on your experiences of pain? What do they think?

© Oxford University Press
Steffen et al., 2021

4



5

Early Steps in CBT for Chronic Pain Management

1. Ask client to tell their story of conditions and surgeries that led to current pain experiences
 - a) Listen fully and carefully, summarize periodically
 - b) Write out timeline together to track complicated treatment history
 - c) Your investment of a full session devoted to listening and validating will pay off

6

Early Steps in CBT for Chronic Pain Management

2. Ask client for full list of medications (Rx, OTC, CBD, etc)
 - a) Names, dosages, client's understanding of what they are used for
 - b) Client's view of when they work, when they don't work
 - c) What does client do when they don't work? (ask for more, take friends' meds, give up and spend day in bed, etc)

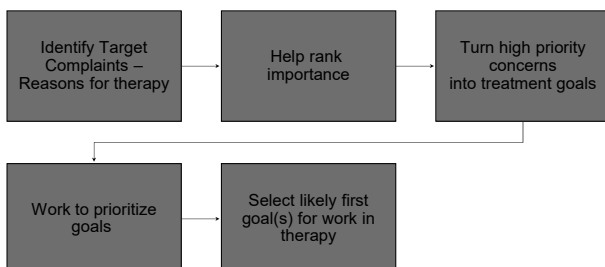
7

Early Steps in CBT for Chronic Pain Management

3. Obtain signed release and communication with PCP/clinic/PT/OT, to:
 - a) Gain objective view of pain source(s) and how being medically managed
 - b) Understand messages that providers are emphasizing with client
 - c) Send periodic faxed treatment plan/summaries, first reviewed with client, that outlines collaborative therapy goals and strategies

8

Turning Problems into Goals



9

Skills for Getting Started: **Start 7 Practice**

Problems to Target in Treatment

Date(s): _____

As I think about my current life situation, what troubles me the most? What is most bothersome/stressful that I can focus on in this program?

Problem Description: _____

As I think about this specific aspect of my life, how much do I feel: (circle)

Sad	Not at all	A little	Moderately	Very Much	Extremely
Worried	Not at all	A little	Moderately	Very Much	Extremely
Frustrated	Not at all	A little	Moderately	Very Much	Extremely

Problem Description: _____

As I think about this specific aspect of my life, how much do I feel: (circle)

Sad	Not at all	A little	Moderately	Very Much	Extremely
Worried	Not at all	A little	Moderately	Very Much	Extremely
Frustrated	Not at all	A little	Moderately	Very Much	Extremely

© Oxford University Press, Steffen et al., 2021

10

Skills for Getting Started: **Start 8 Practice**

My Target Problems

Date(s): _____

As I pick the top 2 problems I need help with, I can try to be specific about which thoughts, feelings, and behaviors are hardest in my current situation.

I will fill out 2 of these forms, one for each problem I want to work on.

Problem #1: _____

In what situations does this happen? _____

Why do I think this problem happens? _____

Has this problem come up before? If so, what have I tried in the past to help manage this problem? _____

Has anyone helped me with this problem in the past? _____

Did these coping efforts help before, even a little? _____

© Oxford University Press Steffen et al., 2021

11

Skills for Getting Started: **Start 9 Practice**

My Goals for this Program

Date(s): _____

I need a list of concrete goals for my work during this program. This will help keep me on track and motivated. To get started, I can list as few or as many goals as I want and then later select the most important ones.

Use a general goal and then write a more specific version.
Here are examples:

General: Not be depressed any more
Specific: Go to bed at night knowing that I've done at least one thing that day that gives my life meaning.

General: Be closer to my family
Specific: Spend time with a family member at least once a week (in person or by phone)

General: To be healthier
Specific: To walk at least 20 minutes, 5 times each week

Some of my goals include:

- _____
- _____
- _____
- _____
- _____

I will now circle 2 that are my top goals. These are the ones that are the most important for me to work towards in this program.

© Oxford University Press Steffen et al., 2021

12

Skills for Getting Started: **Start 10 Practice**

My SMART Therapy Goals

Date(s): _____

It is important to make sure that my goals are SMART. With my clinician's help, I will fill out one of these forms for each of my main goals for this program (up to 2 goals total, one page for each goal).

My Goal # _____

I've reviewed this goal and believe that it is (check off each one that fits):

☐ Specific
☐ Measurable
☐ Agreeable/Positive
☐ Realistic
☐ Time-limited

At this time, I would say that this goal has been met (circle number):

1 2 3 4 5 6 7 8 9 10
 Goal not Goal partially Goal fully
 met met met

How could I or someone else know that this goal has been met by the end of treatment? What behaviors or events would show that I've reached this goal? What would I be doing or not doing? I can write my answers below:

If this program is a success in regard to this goal, I will know because I will be doing (or not doing) these specific things: _____

If this program is partially a success in regard to this goal, I will know because I am doing (or not doing) these specific things: _____

If this goal is not met at all, I will know because I will still be doing or not doing these things: _____

© Oxford University Press
 Steffen et al., 2021

13

PAIN SCALE

0 1 2 3 4 5 6 7 8 9 10

No Pain Mild Pain Moderate Pain Severe Pain Very Severe Pain Worst Pain Possible

14

Most people expect change to happen immediately once the process of working on skills begins.

Starting new skills →

Or, they may expect that progress on goals occurs at a steady pace, or in a continuous direction, like climbing steps

Starting new skills →

Instead, most change happens with setbacks in between, and looks more like a "saw tooth" curve:

Starting new skills →

15

Tips for Clinicians.....Pay
Attention

to Sudden Changes in Pain Experiences

16

Tips for Clinicians.....

Validate

Validate, and Validate some more
(thoughtfully and with intention)

17

Tips for Clinicians.....

Emphasize

Values-Consistent Behaviors,
not Distraction

18

Tips for Clinicians.....

Support	The Hard Work of Physical Therapy
---------	-----------------------------------

19

Tips for Clinicians.....

Attend	To Pain-Related Cognitions
--------	----------------------------

20

Tips for Clinicians.....

Pay	Attention to Sudden Changes in Pain Experiences
Validate	Validate, and Validate some more
Emphasize	Values-Consistent Behaviors over Distraction
Support	The Hard Work of Physical Therapy
Attend	To Pain-Related Cognitions

21

Personalized Modules of Treating Later-Life Depression

Core Sections (for many patients)

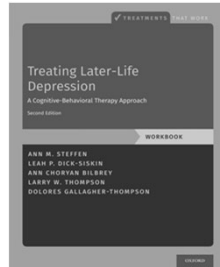
Skills for Getting Started (Therapy Orientation and Goal Setting)
Skills for Feeling (Emotional Literacy, Cultivating Positive Emotions)
Skills for Doing (Behavioral Activation and Problem-Solving)
Skills for Thinking (Self-Compassion and Cognitive Reappraisal)

Personalized Sections (for some patients)

Skills for Brain Health (Preventing and managing cognitive concerns)
Skills for Managing Chronic Pain (Psychoeducation and pain management)
Skills for Healthy Sleep (Psychoeducation and Sleep Hygiene)
Skills for Caregiving (For family and informal caregivers)
Skills for Living with Loss (Support for healthy grieving)
Skills for Relating (Communication and interpersonal effectiveness skills)


Core Section (for many patients)

Skills for Wrapping Up (Termination processes and plans)



22

Skills for Chronic Pain



© Oxford University Press
Steffen et al., 2021

Personalized Skills for Chronic Pain: Pain 1 Learn

Introduction to Skills for Managing Chronic Pain

It is easy to feel discouraged when painful physical conditions are chronic. Any physical pain that you have should first be evaluated and treated by a medical professional. The suggestions provided in this module should only be used alongside treatments suggested by your health care provider. This module is not a substitute for a medical evaluation of your pain condition; active medical treatment should always come first.

- You might be living with a chronic condition that creates long-term pain. Chronic pain is pain that is present most days of the month, has lasted more than 3-6 months (usually for years), and interferes with valued activities of living. Sometimes, long-term pain comes in intermittent episodes (e.g., migraine headache) but still lasts for months or years.
- Living with chronic painful conditions is difficult and stressful. Sometimes, your experience of persistent pain may be related to your depressed mood and/or clinical depression. This module has been created to help your efforts to manage chronic pain. When added to earlier sections of this workbook-like Skills for Doing—these strategies can help you feel better and more in control of your life.

In this section, you will learn to:

1. Recognize how the brain reacts to long-term pain vs. short-term pain.
2. Develop some new coping strategies to help you hold on to the important and meaningful parts of your life.

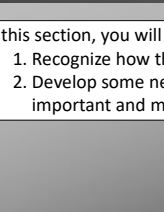
□ Use **Pain 1 Practice, Review of Mr. Treatment Single** now to review the main goals you normally have for your depression treatment. Review is a ring binder so how you see them now. Talk with your clinician about your reactions to treatment and how this section may be added to these goals. Tracking progress on an ongoing basis is important to stay focused.

□ **Start 1 Practice, Mr. Session Summary** and **Start 1 Practice, Preparing for Mr. Next Session** will help you stay focused on your efforts.

□ **Pain 1 Practice, Mr. Review of Skills for Chronic Pain** reminds you to use these skills in your daily life.

23

Skills for Chronic Pain



© Oxford University Press
Steffen et al., 2021

Personalized Skills for Chronic Pain: Pain 1 Learn

Introduction to Skills for Managing Chronic Pain

It is easy to feel discouraged when painful physical conditions are chronic. Any physical pain that you have should first be evaluated and treated by a medical professional. The suggestions provided in this module should only be used alongside treatments suggested by your health care provider. This module is not a substitute for a medical evaluation of your pain condition; active medical treatment should always come first.

- You might be living with a chronic condition that creates long-term pain. Chronic pain is pain that is present most days of the month, has lasted more than 3-6 months (usually for years), and interferes with valued activities of living. Sometimes, long-term pain comes in intermittent episodes (e.g., migraine headache) but still lasts for months or years.
- Living with chronic painful conditions is difficult and stressful. Sometimes, your experience of persistent pain may be related to your depressed mood and/or clinical depression. This module has been created to help your efforts to manage chronic pain. When added to earlier sections of this workbook-like Skills for Doing—these strategies can help you feel better and more in control of your life.

In this section, you will learn to:

1. Recognize how the brain reacts to long-term vs. short-term pain.
2. Develop some new coping strategies to help you hold on to the important and meaningful parts of your life.

24

Personalized Skills for Chronic Pain: Pain 2 Learn

Understanding Your Chronic Pain

As you develop new coping strategies for managing long-term pain, it is important that you feel heard and understood. Describing your pain to your clinician helps with this.

Experiences of pain may begin in many parts of the body. Mark an X next to any/all conditions that create pain for you:

- ☐ Musculoskeletal pain (joints, hips, hands, back, neck, etc.)
- ☐ Osteoarthritis
- ☐ Rheumatoid arthritis
- ☐ Degenerative spinal disc disease
- ☐ Compression fractures (osteoporosis, injury, cancer, etc.)
- ☐ Peripheral neuropathy (diabetes, chemotherapy, etc.)
- ☐ Nerve pain due to pinched nerves, shingles, or after a stroke
- ☐ Headache
- ☐ Gastrointestinal pain (peptic ulcers, gastritis, constipation, etc.)
- ☐ Cardiovascular conditions (angina, etc.)
- ☐ Cancer-related pain
- ☐ Other sources of pain for me:
- ☐ I don't know

Question: What is your sense of where your worst pain comes from?

Question: Our pain can feel a lot of different ways (burning, aching, deep, aching, knife-like, hot, shooting, searing, heat-like, searing, tearing, or stinging). What words best describe your pain?

Question: What have you learned from your doctor(s) about your pain?

© Oxford University Press
Steffen et al., 2021

25

Case Study: Maria

- 45 yrs old, 2nd generation Mexican American
- Head of household - daughter (22 yrs) and infant granddaughter live with her
- Office manager at architect's office
- Car accident involving lower back injury (herniated disc) 9 months ago
- After medical treatment and physical therapy was discharged from PT and told she "made all the progress she was going to make"
- Current pain and discomfort -
 - Uncomfortable at work sitting (or standing still) for long periods
 - Poor quality sleep
 - Standing while cooking, changing diapers at home
 - Doing less and less, depressed mood

26

Turn to Person Next to You:

What might be some specific goals for Maria's work in CBT for Chronic Pain?

27

Discussion



28

Early Strategies with Maria

- Psychoeducation about chronic pain
- Start with pacing on "good days" first
- Explore OT consult for improving fit with physical environment
- Spend time exploring personal values and strengths
- Slowly build in value-based positive daily activities



29

Personalized Skills for Chronic Pain: Pain 3 Learn

Short-term vs. Long-term Pain

What do we mean by short-term pain? Why does it help to understand the differences between short-term and long-term pain?

Short-term (Acute) pain is an expected response to something that has happened to the body. Pain is triggered by some injury, trauma, or disease. This pain goes away when the body heals. When you have acute pain, you typically get medical help, your body heals over time, and pain goes away.

Long-term (Chronic) pain is when we continue to have pain because of a chronic health condition, after the healing of an injury, or after the usual course of an acute disease. Sometimes, the cause is not exactly clear.

The way we feel pain involves complicated pathways among nerve fibers in our nervous system (brain and spinal cord). Chronic pain is very different from acute pain. It can vary over time but lasts months or years.

© Oxford University Press
Steffen et al., 2021

30

Acute pain and chronic pain are experienced differently because your brain handles them differently.

Our brains are always developing new connections based on our experiences. Sometimes this rewiring and neuroplasticity is good, as when we develop new skills. In chronic pain, this rewiring links brain areas involved in pain signals to other brain areas not typically involved in pain signals (like the part of our brain that is involved in emotions).

This results in our becoming more sensitive to pain. Over time, our emotions and thoughts can be more and more linked to our experience of pain, which can make the pain even worse.

Question: How does this information relate to your chronic pain?

© Oxford University Press
Steffen et al., 2021


31

Personalized Skills for Chronic Pain: **Pain 5 Learn**


Gate Control Theory of Pain

Learning about the gate control theory of pain can help you develop useful strategies for managing your chronic pain. Although our pain may be felt in many different parts of our body, it is our brain that tells us where, how much, and how unpleasant the pain is.

In this research-supported theory about pain, our experience of pain depends (in part) on whether the pain signal gets past a neurological "gate" in our spinal cord and reaches the brain.



Open Gate
Pain signals reach your brain



Closed Gate
Fewer pain signals reach your brain

If the "gate" is wide open, then more pain impulses reach the brain, and we experience the full amount of possible pain.

The "gate" can also be closed, at least somewhat, by signals from different parts of our brains. This is why it helps to find ways to rewire the extra connections between the brain areas that are involved in pain signals and the brain areas that are involved in thoughts and emotions.

You can use this information to develop coping strategies and feel more in control of your daily life. If you like, share this with a family member.

☐ **Pain 2 Practice: Gate Control Practice** will help you learn more about specific things that open and close your pain gate.

© Oxford University Press
Steffen et al., 2021

32

Personalized Skills for Chronic Pain: **Pain 2 Practice**

Gate Control Practice

Date(s): _____

I will list below some of the situations and habits this week that opened and closed my "gate" to pain (even a little bit).

Situations and Habits That Opened My Gate to Pain

1. _____
2. _____
3. _____
4. _____
5. _____

Situations and Habits That Helped Close My Gate to Pain (even a little)

1. _____
2. _____
3. _____
4. _____
5. _____

© Oxford University Press
Steffen et al., 2021

33

Early Strategies with Maria

- Psychoeducation about chronic pain
- Start with pacing on "good days" first
- Explore OT consult for improving fit with physical environment
- Spend time exploring personal values and strengths
- Slowly build in value-based positive daily activities



34

Personalized Skills for Chronic Pain: **Pain 6 Learn**

Opening and Closing Your Pain Gate:
Physical/Behavioral Factors

It can be helpful to learn what opens and helps to (at least somewhat) close your pain gate. This happens through signals traveling up and down your spinal cord and that are then interpreted by your brain.

Physical Experiences/Behaviors That Open Your Pain Gate:

- ☐ Overactivity/inactivity (overdoing it when you feel well, then doing little)
- ☐ New injury
- ☐ Poor sleep
- ☐ Long-term narcotic use
- ☐ For you? Write here: _____

Physical/Behavioral Strategies That Help Close Your Pain Gate:

- ☐ Pacing your activities (avoid underdoing and overdoing)
- ☐ Relaxation
- ☐ Gentle movement: light stretching, slow walking, moderate activity
- ☐ Warmth/Cold
- ☐ Short-term use of pain medications
- ☐ Improving muscle strength and flexibility
- ☐ Improving sleep habits
- ☐ For you? Write here: _____

Start & Practice: My Values and Strengths reminds you of your values and personal strengths. Now is a good time to focus on daily activities that are rewarding and make life worth living. What daily activities help with this?

☐ **Pain 6 Practice: Gate Control Practice: Physical Activity** will help you try some new physical coping strategies for managing your pain. You may decide to continue using one of these forms over multiple weeks. Ask a family member or friend for support.

© Oxford University Press
Steffen et al., 2021

35

Personalized Skills for Chronic Pain: **Pain 8 Learn**

Opening and Closing Your Pain Gate:
Emotional Factors

It can be helpful to learn what opens and helps to (at least somewhat) close your pain gate. This happens through signals traveling up and down your spinal cord and that are then interpreted by your brain. Some of these factors are emotion-focused. Let's explore these together.

Emotional Factors That Open Your Pain Gate:

- ☐ Stress
- ☐ Anxiety
- ☐ Frustration
- ☐ Anger
- ☐ Helplessness
- ☐ For you? Write here: _____

Emotion-Focused Strategies That Help Close Your Pain Gate:

- ☐ Using skills to manage negative emotions (anxiety, frustration)
- ☐ Developing a sense of control over daily life
- ☐ Cultivating areas of hope
- ☐ For you? Write here: _____

Start & Practice: My Values and Strengths reminds you of your values and personal strengths. Now is a good time to focus on the things that are rewarding and make life worth living. What helps you do that?

☐ **Pain 8 Practice: Gate Control Practice: Emotions** will help you try new emotion-focused coping strategies for managing your pain. Ask a family member or friend for support.

Learning about your own patterns will help identify what coping strategies are most likely to pay off as you manage your pain.

© Oxford University Press
Steffen et al., 2021

36

Mid-treatment Strategies with Maria

- Gently exploring thoughts about pain and pain management
- Spend time exploring personal values and strengths
- Slowly build in value-based positive daily activities



37

Personalized Skills for Chronic Pain: **Pain 7 Learn**

Opening and Closing Your Pain Gate:
What You Think Counts!

It can be helpful to learn what opens and helps to (at least somewhat) close your pain gate. This happens through signals traveling up and down your spinal cord and that are then interpreted by your brain. Your brain activity and thoughts are a part of this. What you tell yourself matters!

Cognitive Factors That Open Your Pain Gate:

- ☐ Focusing on the pain in an "all or nothing" way
- ☐ Worrying about the pain
- ☐ Thinking about bad things associated with the pain
- ☐ Lack of pleasurable or meaningful interests
- ☐ Losing connection to personal values and life goals
- ☐ For you? Write here: _____

Cognitive Strategies That Help Close Your Pain Gate:

- ☐ Using thoughts that help you cope when pain occurs
- ☐ Staying focused on pleasurable or meaningful interests
- ☐ Staying connected to personal values and life goals
- ☐ For you? Write here: _____

Start 5 Practice: My Values and Strengths reminds you of your values and personal strengths. Now is a good time to focus on the things that are rewarding and make life worth living. What are thoughts that help?

☐ **Pain 4 Practice: Gate Control Practice, Cognitive Activity** will help you try out some new ways to think about your pain. Learning about your own patterns will help identify what coping strategies are most likely to pay off as you manage your pain.

Some clients go from this page to material in Skills for Thinking to spend more time on the role of thoughts in managing pain.

© Oxford University Press
Steffen et al., 2021

38

Personalized Skills for Chronic Pain: **Pain 8 Practice**

My Checklist of Pain Management Strategies

Date(s): _____

Situations when my pain bothered me this week: _____

Strategies I used to help manage these situations:

Pacing:

- ☐ I paced myself and kept to a moderate level of activity for me.
- ☐ I completed physical therapy exercises as prescribed.
- ☐ I walked only as far as I could without pain, stopped for a break, then returned. This distance may change over time.
- ☐ I did some very light stretching to keep my joints flexible.
- ☐ Other: _____

Focus on What Matters:

- ☐ I kept my mind focused on activities that interest me.
- ☐ I talked or spent time with someone who matters to me.
- ☐ Other: _____

Relaxation:

- ☐ I took deep, long, and slow breaths to reduce tension.
- ☐ I took a warm bath or shower.
- ☐ Other: _____

Positive Coping Statements:

- ☐ I reminded myself that the pain will not last at this intensity forever.
- ☐ I reminded myself that I can still do some things while in pain.
- ☐ Other: _____

What strategies helped me the most this week? _____

© Oxford University Press
Steffen et al., 2021

39

Personalized Skills for Chronic Pain: Pain 7 Practice

Managing My Pain This Week

Date(s): _____

I can circle each day I used that practice to manage my pain this week. I can ask a family member or friend for support as I practice these skills.

Did I:

Sun Mon Tue Wed Th F Sat Pace myself and stay with daily routines?
 Sun Mon Tue Wed Th F Sat Focus on not overdoing or underdoing?
 Sun Mon Tue Wed Th F Sat Do something I find rewarding or enjoyable?
 Sun Mon Tue Wed Th F Sat Complete prescribed physical therapy?
 Sun Mon Tue Wed Th F Sat Take slow deep breaths in and out to relax?
 Sun Mon Tue Wed Th F Sat Talk with someone supportive who helped me manage my emotions?
 Sun Mon Tue Wed Th F Sat Focus on what is most important to me?
 Sun Mon Tue Wed Th F Sat Remember that I can persist through pain?
 Sun Mon Tue Wed Th F Sat Change environment to reduce overdoing?
 Sun Mon Tue Wed Th F Sat Keep my mind active with interesting things?
 Sun Mon Tue Wed Th F Sat Stay hopeful about my future?
 Sun Mon Tue Wed Th F Sat Other: _____


What I learned about managing my pain this week: _____

© Oxford University Press
Steffen et al., 2021

40


Skills for Managing Chronic Pain - Learn	Skills for Managing Chronic Pain - Practice
Pain 1 Learn Introduction to Skills for Managing Chronic Pain	Pain 1 Practice Review of My Treatment Goals [†]
Pain 2 Learn Understanding Your Chronic Pain	Pain 2 Practice Gate Control Practice
Pain 3 Learn Short-term vs. Long-term Pain	Pain 3 Practice Gate Control Practice: <i>Physical Activity</i> [†]
Pain 4 Learn Understanding Pain and Depression [†]	Pain 4 Practice Gate Control Practice: <i>Cognitive Activity</i> [†]
Pain 5 Learn Gate Control Theory of Pain [†]	Pain 5 Practice Gate Control Practice: <i>Emotions</i> [†]
Pain 6 Learn Opening and Closing Pain Gate: <i>Physical</i> [†]	Pain 6 Practice My Checklist of Pain Management Strategies [†]
Pain 7 Learn Opening and Closing Pain Gate: <i>Cognitive</i> [†]	Pain 7 Practice Managing My Pain This Week [†]
Pain 8 Learn Opening and Closing Your Pain Gate: <i>Emotional</i>	Pain 8 Practice Tracking Pain Management Strategies
Pain 9 Learn Formal Treatment Programs for Chronic Pain	Pain 9 Practice My Goals for Managing My Chronic Pain [†]
Pain 10 Learn Setting Personal Goals Related to Your Pain [†]	Pain 10 Practice My Plan for Fully Participating
Pain 11 Learn Ways to Think About Progress Toward Your Goals [†]	Pain 11 Practice My Review of Skills for Chronic Pain [†]

[†] especially appropriate for telehealth



41

To Learn More....



CHAPTER 12 Module 6: Skills for Managing Chronic Pain: Improving Daily Life

This personalized module of the workbook is focused on the skills of:

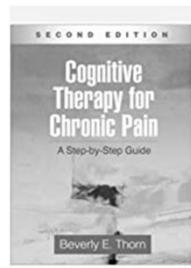
1. Monitoring therapy progress and fine-tuning treatment goals
2. Understanding the experience of chronic pain
3. Applying the gate control model of chronic pain
4. Revising therapy goals, staying encouraged and engaged in treatment

This chapter is provided to help you use the *Skills for Managing Chronic Pain* module of the workbook with your clients. We begin with a brief overview, followed by some practical tips based on the most common questions we hear from clinicians during professional trainings. The bulk of this chapter is devoted to reviewing skills to manage chronic and persistent pain conditions, with a description of the specific Learn pages and Practice forms that typically go with each other in the same session, estimates of how much can be accomplished in a given session, with the understanding that this may vary quite a bit depending upon your practice setting and specific client needs. We end the chapter with some comments about related topics that are not included in this treatment approach, and point readers to some resources for additional professional developments in chronic pain management.

42

Thanks to
Beverly Thorn,
PhD, ABPP
for
Consultation

THE UNIVERSITY OF
ALABAMA



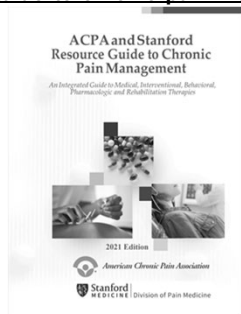
43

www.acpanow.com
The American Chronic Pain Association

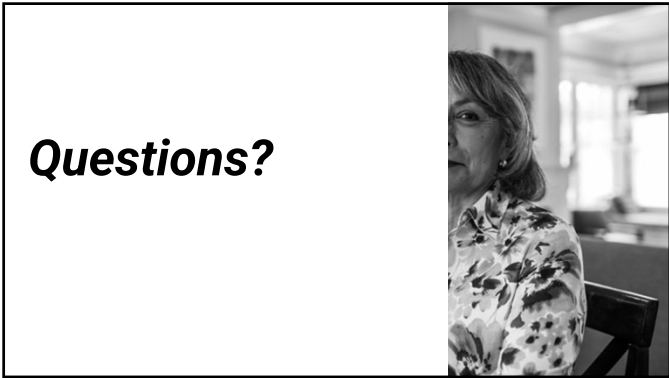


44

www.acpanow.com/uploads/9/9/8/3/99838302/2021-acpa-resource-guide-to-chronic-pain-management-v3.pdf



45

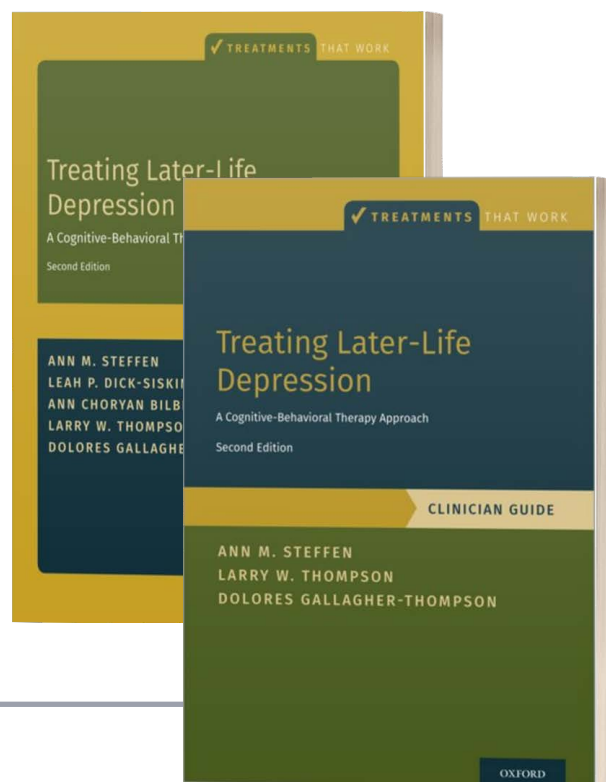


46

Treating Later-Life Depression

A Cognitive-Behavioral Therapy Approach, 2e
Clinician Guide & Workbook

Save 30% with promo code
ASPROMP8 on oup.com/academic



- Offers a personalized approach that gives clinicians and clients choice of which materials to use
- Provides specific recommendations for use in telehealth practice and with groups
- Includes built-in supports for culturally sensitive practice

New to this Edition:

- Follows a modular treatment framework to allow for personalized attention to individual client needs
- Revised treatment materials to be inclusive of adults in middle age
- Increased focus on cultivating positive emotion, values-based living, and self-compassion reflects the state of current clinical practice in CBT

Ann M. Steffen, PhD, ABPP is a board-certified geropsychologist and professor in the Department of Psychological Sciences at the University of Missouri-St. Louis. **Leah P. Dick-Siskin, PhD** has almost two decades of experience coordinating geriatric partial hospitalization programs and co-authored the book *Cognitive Behavior Therapy with Older People*. **Ann Choryan Bilbrey, PhD** completed her postdoctoral training at Stanford University's Alzheimer's Disease Research Center and is the Associate Director of the Optimal Aging Center. **Larry W. Thompson, PhD, ABPP** is a board-certified geropsychologist and an emeritus professor from Stanford University School of Medicine. He is the co-founder of the Optimal Aging Center. **Dolores Gallagher-Thompson, PhD, ABPP** is a board-certified geropsychologist and active emerita professor at Stanford University School of Medicine. She is the co-founder of the Optimal Aging Center.

Clinician Guide: 978-0-19-006843-1 | 392 pages | Paperback | Oct 2021

Price: \$65.00 **\$45.50*** USD | £41.99 **£29.39*** GBP

Workbook: 978-0-19-006839-4 | 384 pages | Paperback | Oct 2021

Price: \$54.95 **\$38.47*** USD | £35.99 **£25.19*** GBP



Follow @OUPPsychology



OXFORD
UNIVERSITY PRESS