1. Why Dialectical approach to Chronic Pain?

Evidence Basis

Treatment for chronic pain, anxiety, depression

\[ \text{Distress} \]

Evidence-Based intervention: DBT

- Dialectical behavioral therapy (DBT)
- Emotional dysregulation: lots of evidence
- Trans-diagnostic approach
- Chronic pain – nascent attention
  - \[ \text{missing?} \]
  - \[ \text{explicit focus on physical sensation} \]
  - \[ \text{translation to physical pain} \]

Evidence-Based interventions, cont.

- Cognitive behavioral therapy for Chronic Pain (CBT-CP)
  - Behaviors: sleep, exercise, pacing, relaxation, pleasant activity, goal setting, etc.
  - Cognitions: restructure “maladaptive” beliefs and pain cognitions
  - Coping: reduce guarding and avoidance
  - Evidence: reduces pain and increases function, 1980s +

Relevance to DBT?
Missing?
**Evidence-Based interventions, cont.**

- **Mindfulness-based stress reduction (MBSR)**
  - Jon Kabat-Zinn
  - Practice: mindfulness meditation. Graduated awareness practice. Start with breath, then expand to all experiences.
  - Evidence: spontaneous coping responses, and symptom reduction (pain, fatigue, depression, anxiety).

  relationship to DBT?

- **Acceptance and Commitment Therapy (ACT)**
  - Steven Hayes; applied to pain: Lance McCracken
  - Value-based life, even with pain, fear, etc. (it’s not about controlling or avoiding pain)
  - Acceptance → greater function, and reduction in symptoms
  - evidence: 11+ RCTs and numerous uncontrolled trials


relationship to DBT?

- **Mindful self-compassion (MSC)**
  - Kristin Neff and Christopher Germer
  - Hold painful feeling in mindful awareness with kindness, understanding, sense of shared humanity
  - Preliminary data: self-compassion may buffer distress


**MBSR v. CBT v. usual care group (Cherkin, et al., 2016)**

Comparison:
- 342 randomized (20-70 yr old) with chronic low-back pain
- 8 week groups. Significant improvement at 26 weeks and 52 weeks
- No significant differences in outcomes for MBSR and CBT


**Dialectical approach**

- Acceptance
- Behavioral
- Mindfulness
- Cognitive (compassion)

**PAIN & DISTRESS**
Why is “dialectic” relevant to chronic pain?

Q: All-or-Nothing Thinking?

Examples? Effects?

Acceptance
Change

DBT Core Strategies

Acceptance  Change

Validation  Problem Solving

Dialectics

Dialectical Behavioral Therapy

What is DBT?

• Marsha Linehan, 1993
• Cognitive behavioral approach + Buddhist acceptance
• Originally with chronically suicidal women

Pain!
Acceptance
Change

“what is” values, despite pain values, with pain

strategies to reduce pain and suffering
Comorbidity, estimated

Borderline Personality disorder  Chronic Pain

• Kalira, V., Treisman, G.J. & Clark, (2013)

Components of DBT

• DBT individual therapy
  • Diary Card – to track “target behaviors” and daily skills use
  • Hierarchy in session:
    I. Life-threatening behaviors and self-harming behavior.
    II. Therapy-interfering behaviors
    III. Quality of life
  • Behavioral Chain Analysis
• DBT phone coaching - in-the-moment coaching for clients
• DBT skills training group - weekly class teaches skills and assigns HW practice
• DBT therapist consultation team - to keep therapists motivated, competent, and supported in work with people with complex, difficult-to-treat disorders

Assumptions in DBT about emotionally sensitive people

• They are doing the best they can
• They want to improve
• They must learn new behaviors in all relevant contexts
• They may not have caused all of their own problems, but they have to solve them anyway
• They cannot fail in DBT
• They need to do better, try harder, and/or be more motivated to change
• Their lives are unbearable as they are currently being lived

DBT for emotional dysregulation

Translation to sensory dysregulation . . .

Parallels in experience of chronic suffering

Emotional Dysregulation, Borderline personality disorder
• Emotions can feel overwhelming and out of control
• Hopelessness
• Invalidation

Chronic pain, fibromyalgia and other pain disorders
• Pain can feel overwhelming and out of control
• Hopelessness
• Invalidation

Attitudes about chronic suffering

Emotional dysregulation / BPD
• “Difficult”
• Undesirable
• Turnover with therapists
• Focus on maladaptive behaviors
• “Axis II”
• Professionals may not have training
  ➔ “too much”
• Fear
• Lack of empathy

Chronic pain disorders
• “Difficult”
• Not responsive to tx
• Poorly understood
• Invisible ailment
• Medical professionals may feel ineffective
• Blame patient
• “Medication seeking”
• Maladaptive
### Etiology of syndromes

**Biosocial theory**
- Predisposition of high emotional sensitivity, high reactivity, slow return to baseline
- Pervasively invalidating environment
- Phobia of valid, natural responses to experience
- Self-invalidation / rejection of self
- Emotional overwhelm
- Maladaptive behaviors (all/nothing)

**Development of chronic pain**
- Sensitivity or predisposition to chronic pain syndrome
- Triggering event (tissue damage, trauma, illness)

### Vulnerabilities

<table>
<thead>
<tr>
<th>Emotional suffering (Borderline Personality Disorder)</th>
<th>Physical suffering (Chronic pain syndromes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>baseline</td>
<td>• heightened sensation &quot;unbearable pain&quot;</td>
</tr>
<tr>
<td>triggers</td>
<td>• heightened emotion &quot;emotional burn victim&quot;</td>
</tr>
<tr>
<td>invalidation</td>
<td>• greater emotional arousal, slow to return to baseline, coded as emotional</td>
</tr>
<tr>
<td></td>
<td>• formative history, and triggering</td>
</tr>
</tbody>
</table>

### What skills are needed to cope well with exquisitely sensitive system?
- To cope skillfully with invalidation
  - Capacity to self-validate
  - Radical acceptance
  - Understand that people are wired differently
  - Know who and what can handle
  - Ability to act differently to adapt
  - Some days need to push, uncertain how will react
- Skills to decrease vulnerability
  - Coping ahead
  - Balancing “PLEASE skills”
  - Understand and live the acceptance/change dialectic
- Wise mind
  - Be able to plan retreat
  - Learn balance point
  - Structure one’s environment
  - Nonjudgmental, one-minded
  - Effective
  - Life worth living
  - know what this is
  - values and risk taking

**Notes from Kelly Koerner, UNC, May 2015**

### 2. Distress as its own concept

- Not a simple reflection of tissue damage
- Pain = psycho-bio-social construct
- Complex distress response
Concept of “Distress”

- **Language**
  - broken heart, hurt feelings, emotional pain

- **Experience**
  - Bereavement
  - Cross-cultural diagnosis

- **Brain**
  - amygdala (involved with emotions and emotional vigilance)
  - right anterior insula (helps regulate motor control and cognitive functioning)
  - superior frontal gyrus (involved in self-awareness and sensory processing)
  - hypothalamus (links the nervous system to the endocrine system)
  - dorsal anterior cingulate cortex (autonomic functions - heart rate, blood pressure; cognitive functions - reward anticipation, decision making, empathy, impulse control, and emotions)

Emotional and Physical Pain ("Distress")

- **So much research!**
  - shared brain circuitry in emotional & physical distress
  - brain changes with chronic physical pain
  - brain changes with emotional dysregulation
  - distress in one area predisposes to other
  - treatment of one generalizes to the other

Research findings show overlap:

**Shared brain systems:**
- Example: genetic mutation feels pain with bereavement
- Social and physical pain share circuitry
  - social rejection; empathy for other’s pain

**Chronic distress:**
- Chronic pain:
  - persistence of inflammation, even in absence of injury
  - When pain persists, brain activity changes from “sensory” to “affective”
- BPD/emotion dysregulation:
  - heightened arousal, altered emotion processing circuits, and greater sensitivity to physical pain too

Other examples of chronic distress?

Research findings show promise:

**Shared outcomes:**
- Close contact and social kindness reduce distress sensitivity
- "cage mate," holding hands, beliefs
- Medication reduces distress behaviors
- Opiates across species (distress calls mother-infant)
- Experiments on social rejection (Tylenol as "emotion relief")

**Chronic pain:**
- Emotional regulation has analgesic effect
- Vagal nerve and inflammation
- Psychologically modulated analgesia holds promise for treatments
Brains are very complex based on predictions, not immediate sensory input.

What is an Emotion?

- physiological experience + attribution

All emotions come from training, and can also be retrained.


• Neurons that fire together wire together

Neuroplasticity

• Why so hard - Validation
• Also, hope for change
• Finding and extending the exceptions
• Teaching skills and approach

Recap: Why DBT helps with chronic pain

• Evidence basis: acceptance, change, mindfulness
  +
• Dialectic involved with chronic pain
  +
• Parallels between emotional and physical distress
3. Pain Gate
How Chronic Pain works and what you can do

PAIN GATE THEORY OF PAIN
Ronald Melzack & Patrick Wall (1965)

Pain-modulating system:
• Neural gate in spinal cord
• “Pain Gate” opens and closes
• affects how brain perceives sensation
• Pain NOT simply message from injury ➔ brain

Model of Distress

Components of physical pain

<table>
<thead>
<tr>
<th>Sensory</th>
<th>Affective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Location</td>
<td>1. Evaluative component</td>
</tr>
<tr>
<td>2. Quality</td>
<td>2. “good”/ “bad”</td>
</tr>
<tr>
<td>3. Intensity</td>
<td>3. Drive to terminate</td>
</tr>
</tbody>
</table>

When pain is chronic, brain activity shifts from “sensory” to “affective”

What affects experience of Pain

• Complex processes ➔ great variability in experience.

What Opens and Closes Your Pain Gate?

<table>
<thead>
<tr>
<th>Pain Gate Openers</th>
<th>Pain Gate Closers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• stress, anxiety</td>
<td>• emotional regulation</td>
</tr>
<tr>
<td>• depression</td>
<td>• relaxation response</td>
</tr>
<tr>
<td>• catastrophizing</td>
<td>• social kindness</td>
</tr>
<tr>
<td>• attention</td>
<td>• closeness / connection / love</td>
</tr>
<tr>
<td>• mind-wandering</td>
<td>• distraction/positive engagement</td>
</tr>
<tr>
<td>• expectations</td>
<td>• mindfulness practice</td>
</tr>
<tr>
<td>• uncertainty</td>
<td>• meaning / commitment</td>
</tr>
<tr>
<td>• anticipation</td>
<td>• hypnosis / guided imagery</td>
</tr>
<tr>
<td>• invalidation</td>
<td>• acceptance</td>
</tr>
</tbody>
</table>

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Utility of **Pain Gate** Concept

1. **Mindfulness** practice – it keeps changing
2. **Science and metaphor to frame experience**
   - find helpful responses
   - find choice (where to “spend pain”)
3. **Data-driven thinking**
   - experimental mindset
   - active, engaged expert
   - develop new intuition
   - “evidence-based” action

**Why does it matter??**

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Some take aways:

1. **Concept of “distress”**
   - NOT: emotional OR physical
2. **Brain has responses to distress, and chronic distress.**
3. **Validate what makes this so hard, and also opens more strategies.**

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**Evidence based strategies**

<table>
<thead>
<tr>
<th>Aroma</th>
<th>Laughter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beauty</td>
<td>Love</td>
</tr>
<tr>
<td>Biofeedback</td>
<td>Massage therapy</td>
</tr>
<tr>
<td>Body scan</td>
<td>Medication</td>
</tr>
<tr>
<td>Breath work</td>
<td>Meditation</td>
</tr>
<tr>
<td>Caress</td>
<td>Mindfulness /MBSR</td>
</tr>
<tr>
<td>Compassion</td>
<td>Music</td>
</tr>
<tr>
<td>Connection</td>
<td>Progressive muscle relaxation</td>
</tr>
<tr>
<td>Guided imagery</td>
<td>Taste</td>
</tr>
<tr>
<td>Heat and cold</td>
<td>TENS</td>
</tr>
<tr>
<td>Hypnosis</td>
<td>Touch</td>
</tr>
<tr>
<td>Intimacy</td>
<td>Yoga</td>
</tr>
</tbody>
</table>

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**Distress Tolerance Skills:**

Self soothe (with five senses)

- Vision
- Hearing
- Smell
- Taste
- Touch

---

**4. How to work with distress?**

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**LUNCH**
Dialectical Pain Management w/ D. Barrett

Practice: to radically accept “what is” and make changes

Validation → change

1. Carl Roger’s (person-centered therapy)
   - trust in competency to be self-determining, and provide a relationship infused with congruence, empathy, and acceptance
2. Strong, accurately worded validation
   - Regulates emotions
   - Increases adaptive responses
   - Reduces arousal

Validation without reinforcing dysfunction

- Experience of sensation, emotion, behavior, thought (“kernel of truth”)
- Problem importance
- Task difficulty
- Wisdom in ultimate goals
- Ultimate ability to meet goals

Do NOT validate the invalid.
Avoid “but…”
Use “and…”

How to Validate

1. Express empathy (other’s perspective)
2. Communicate that their experience and responses “make sense…”
3. Levels of validation
   1. awake, alert, aware
   2. reflection
   3. nonverbalized
   4. past learning or biology
   5. current circumstances
   6. radical genuineness
4. self validation

Practice example

New client.
Terrible pain. Calls to say that she’ll miss session. She just feels too awful to come in.
Has been in bed for days due to pain.

What to validate? (without reinforcing dysfunction)

How and when do you invite change??
Validate the Valid

1. Validate the experience
2. Problem importance
3. Task difficulty
4. Wisdom in ultimate goals
5. Ultimate ability to meet goals

And then, gently invite change:

- Are you willing to imagine something?
- Imagine yourself here. Ok? What feels different between here and there?
- I wonder ... what would it take to ... ?
- What’s the hardest part?

dialectical strategies

- Bring awareness of dialectical tensions into all interactions
- Hold dialectic of both/and (not: either/or)
- Use metaphors and stories
- Devil’s advocate
- Take client more seriously than she takes herself
- “What do you know in your wise mind to be true?”
- Lemons to lemonade: “Gift” or opportunity to practice
- Stylistic: irreverence, vulnerability, radical genuineness

Case example

- Man presents with primary complaint of pain, with suicidal ideation
- He wants to contribute to his family, but feels overwhelmed by pain. Sometimes he pushes through the pain until he collapses in pain and exhaustion. What used to be easy for him now causes his pain to spiral out of control. He vacillates between “trying” and feeling overwhelmed with exquisite pain. At times he turns to alcohol to numb everything. He feels frustrated, despairing, and desperate to stop the pain and get back his life.

- 1. Validate his experience (and not what’s invalid)
- 2. Introduce concept of Pain Gate (link with his experience)
- 3. Identify “life worth living goal”
- 4. Introduce dialectic approach (acceptance and change, both)
DBT Behavioral Chain Analysis

- Collaborative strategy
- About getting a complete picture of a behavior: what it is? how did it start? what keeps the behavior repeating?
- Helps keep crisis from undermining motivation to engage, understand, move forward
- Goal: to decipher factors that led to behavior, identify patterns, and put new behaviors into effect.

You cannot solve what you cannot understand.

Process of chain analysis

1. Start with specific problem behavior (most severe and best remembered) – use specific language about events, thoughts, feelings, intensity.
2. Describe prompting event
3. Identify vulnerabilities (more than usual)
4. Chain of events that led up to behavior (in excruciating detail) include thoughts, feelings, behavior, reactions
5. Identify consequences (to self, to others)
6. Solutions?
   1. Where could you do something different?
   2. Anything you could have done to prevent from starting?
   3. Repairs that you can make?

Behavior Chain Analysis

Behavior Chain Analysis

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Learning from BCA

- Learn what led to outcome.
- Identify skills to regulate emotion and/or physical distress
- Change problematic contingencies, CONDITIONED RESPONSES and ineffective cognitive processes
- Find patterns over time, too

Emphasize choice: What’s effective? How impacts pain gate?
Man presents with primary complaint of pain, w/ SI
He wants to contribute to his family, but feels overwhelmed by pain. Sometimes he pushes through the pain until he collapses in pain and exhaustion. What used to be easy for him now causes his pain to spiral out of control. He vacillates between “trying” and feeling overwhelmed with exquisite pain. At times he turns to alcohol to numb everything. He feels frustrated, despairing, and desperate to stop the pain and get back his life.

Practice: Select target and conduct BCA to increase understanding

Dialectical Pain Management Skills Class
1. Dialectical approach and Pain Gate
2. Core mindfulness
3. Radical acceptance and values work
4. Emotions and Pain
5. Mindful self compassion (as cognitive restructuring)
6. Self-care to reduce vulnerabilities
7. Validation, recovering from invalidation, and being effective
8. Coping ahead

Week 1: Dialectical approach and Pain Gate

What can I do to close the pain gate?
Distress tolerance skills: self soothe, distract, etc.
Middle path: New ways!
Life worth living
How do I move forward, with “what is”?

Week 2: Core Mindfulness

What it is? (and what it isn’t)
• A way of paying attention
• Only this moment
• Focus of attention (like spotlight)
• Slows things down
• Opens possibilities
• Can respond (not react)
• Can focus, choose, savor

Mindfulness:

curious, experimental mindset
Awareness: PAIN GATE and how it works
All data = Useful information
Core Mindfulness

Problems:
- Avoidance of discomfort produces maladaptive behaviors
- Feeling overwhelmed
- Despair that life isn’t fair

Goals of module:
- Observe thoughts, feelings, and body sensations (without reactivity)
- Cultivate non-judgmental stance
- To experience reality as “it is”
- Participate in life with awareness (not impulsive or mood-dependent behaviors)

Core Mindfulness – states of mind

- Awareness of each “mind state”
  - Balance point of view
  - Intersection of reason and emotion states
  - Embraces dialectic

Cultivate “Wise Mind”
- Balanced point of view
- Intersection of reason and emotion states
- Embraces dialectic

Core Mindfulness – practicing mindfulness

What to do:
- Observe
- Describe
- Participate

How:
- Non-judgmentally
- One-mindfully
- Effectively

Mindfulness

- Non-judgmentally observe and describe experience (including sensations, emotions, thoughts)
- Pain is a judgment
- One-mindfully participate with present moment
  - Engage senses (self-soothe), engage mind and body (distract/accepts skills)
  - Effectiveness: adaptation (middle path)
Week 3: Radical acceptance and ACT values work

**What it is?**
- Acknowledging “what is” in the present moment

Radical accept that life can be worthwhile, even when there’s pain.

Non-acceptance is trying to assert will on reality (that moment) to be different than it is.

**What it isn't**
- Liking situation
- Approval
- Giving up or giving in
- About “forever”
- “Live with it” mentality
- “It’ll always be this hard!”

Radical acceptance is the alternative to non-acceptance.

Radical acceptance (in that moment) to be different than it is.

Radical acceptance is to be accepting of myself, others, life, etc.

Acceptance to be accepting of myself, others, life, etc.

Adventure to actively explore novel or stimulating experiences

Authenticity to be authentic, genuine, and real to myself

Caring to be caring toward myself, others, the environment, etc.

Compassion to act kindly toward myself and others in pain

Connection to be fully present with others

Contribution to contribute, give, help, exist, or share

Cooperation to be cooperative and collaborative with others

Courage to be brave in the face of fear, threat, or difficulty

Creativity to be creative, express through art

Curiosity to be curious, open-minded, and interested; to explore and discover

Encouragement to encourage and reward behavior that I value in myself and others

Excitement to seek, create, and engage in activities that are exciting or stimulating

Justice to be fair and just to myself or others

Flexibility to adjust and adapt readily to changing circumstances

Independence to choose how I live and help others do likewise

Friendliness to be companionable, or agreeable toward others

Forgiveness to be forgiving toward myself or others

Fun and humor to be fun loving; to seek, create, and enjoy in fun-filled activities

Gratitude to be grateful for and appreciative of myself, others, and life

Honesty to be honest, truthful, and sincere with myself and others

Integrity to be industrious, hardworking, and dedicated

Intimacy to be intimate, nurturing, or caring toward myself or others

Love to act lovingly or affectionately toward myself or others

Mindfulness to be present, engaged, and curious about the present moment

Order to be orderly and organized

Perseverance to be persistent, continue, despite problems or difficulties

Respect to treat myself and others with care and consideration

Responsibility to be responsible and accountable for my actions

Safety to be secure, protect, or ensure my own safety or that of others

Sexual expression to create, enjoy, and explore sensual and sexual experiences

Independence to be free, or have control over my body and my life.

Unc: Chapel Hill School of Social Work Clinical Institute
### Examples of Acceptance

- Getting yourself here, just as you are
- Using a scooter in grocery store
- Exercising for 30 seconds
- Showing up for people you care about
- Taking recuperative breaks
- Cooking for family while seated
- Allowing yourself to grieve and move forward
- Getting out of bed even when every fiber hurts

### What not accepting reality looks like:

<table>
<thead>
<tr>
<th>Thought Examples</th>
<th>Emotion Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/White thinking</td>
<td>Dread</td>
</tr>
<tr>
<td>All or Nothing thinking</td>
<td>Hopelessness</td>
</tr>
<tr>
<td>Sick or Well thinking</td>
<td>Apathy / lack of caring</td>
</tr>
<tr>
<td>Pain or No pain</td>
<td></td>
</tr>
<tr>
<td>Giving up</td>
<td></td>
</tr>
<tr>
<td>This will never change</td>
<td></td>
</tr>
<tr>
<td>I can’t stand this</td>
<td></td>
</tr>
<tr>
<td>Why me?</td>
<td></td>
</tr>
<tr>
<td>It’s not fair that ...</td>
<td></td>
</tr>
<tr>
<td>Catastrophizing</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavior Examples</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoiding doing things</td>
<td></td>
</tr>
<tr>
<td>Avoiding engaging in life</td>
<td></td>
</tr>
<tr>
<td>Unwillingness to try to help yourself</td>
<td></td>
</tr>
<tr>
<td>Doing things that make it worse</td>
<td></td>
</tr>
<tr>
<td>Powering through (no matter what)</td>
<td></td>
</tr>
</tbody>
</table>

### What does acceptance look like?

<table>
<thead>
<tr>
<th>Thought Examples</th>
<th>Emotion Examples</th>
<th>Behavior Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am living right now, even with this pain</td>
<td>Curious</td>
<td>Engaging with the moment</td>
</tr>
<tr>
<td>I cannot stand this and I am standing this</td>
<td>Approach:</td>
<td></td>
</tr>
<tr>
<td>The pain is what it is</td>
<td>Open, willing</td>
<td>Willing to try things</td>
</tr>
<tr>
<td>I am many things. Pain is one part of my experience</td>
<td>Hopeful</td>
<td>Willing to do what works in the moment</td>
</tr>
<tr>
<td>I don’t know why I am experiencing this pain right now, and I can still live a meaningful life</td>
<td>Caring / life matters</td>
<td></td>
</tr>
<tr>
<td>I can have this pain right now, and still do things that matter to me.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Emotion Regulation Skills

1. Understand emotion – “like a wave”
2. Accumulate positives, and build mastery
3. Acting opposite to emotion (and body)
Accumulate Positives

Engage in positives emotional experiences
• Short-term (daily)
• Long-term (invest in positive life, step by step)
• Be unmindful of worries

Mindful engagement on positives.
Savor, share, reflect on these.
Notice effect on pain gate?

Build Mastery

• Do something each day to feel competent, confident, and capable
• Combats hopelessness and helplessness

• Pain, plus . . . ?

Opposite to Emotion Action

Opposite to body also
1. Notice “urge” that arises
2. Validate
3. Engage in behavior that’s effective, even when you don’t feel like it
4. Observe effects

→ practice developing new intuition based on data
What effect on emotions and pain gate?

Week 5: Mindful self-compassion (MSC)

MSC
1. Kindness to self
2. Common humanity
3. Mindfulness – drop into experience with compassion

DBT
1. Nonjudgmental
2. Check the facts
3. Self validate
4. Cheerlead

ACT
1. Mindfulness of thought
2. Values-based action

Week 6: Self-care

Balance to reduce vulnerabilities

PLEASE skills → CARES skills

Reducing vulnerabilities

PLEASE:
• Physical health
• Eating
• Avoid mood-altering drugs
• Sleep and rest
• Exercise
Reducing vulnerabilities

(CARES):
- Consume sensibly
- Activities
- Relaxation response
- Exercise
- Sleep

Balance energy budget

Reducing vulnerabilities

(CARES):
- Consume sensibly
- Activities
- Relaxation response
- Exercise
- Sleep

Exercise increases stamina, endorphins and enkephalins

Key is to approach with mindful awareness.

Opposite Action to Emotion / Body

"Vitals" – gentle approach to things "you don't feel like"

Validate experience
Imagine
Take a small step
Applaud
Lighten the load (anticipate benefit)
Sweeten the pot (positively reinforce)

Week 7: Interpersonal effective (IPE) skills

How relevant to pain?

Interpersonal Effectiveness

Validation skills

IPE with chronic pain

- People often need a higher level of skill
- Relationship imbalances
- Ability to ask for what need, effectively
- Ability to say "no" skillfully
- "Understanding" myths
- Intrapersonal effectiveness
- Self-validation and recovering from invalidation
Recovering from Invalidation

• Reasons for invalidation:
  • you are ignored,
  • repeatedly misunderstood, misread, misinterpreted,
  • important facts in your life are ignored or denied,
  • you are disbelieved when truthful, or
  • your private experience is trivialized or denied.

1st step: Recognize experience of invalidation

Practices:

• Recognize invalidation hurts.
• Be compassionate toward yourself. Practice self-soothing.
• Be non-defensive. Check facts. Consider others’ views. Be curious!
• Remember: All behavior is caused. Blaming rarely helps.
• Practice radical acceptance of the invalidating person.
• Enlist someone you trust to validate the valid.
• Remember: being invalidated is rarely a complete catastrophe.
• Grieve traumatic invalidation and the harm it created.

Clarify Interpersonal Effectiveness

Goal – 3 types:

1. Objective
2. Relationship
3. Self-respect

Self-advocacy, even if others don’t “get it”

Week 8: Coping ahead

• Develop and rehearse a plan to deal skillfully with challenging situations
• Mental rehearsal (research on effects)
• Plan on how you will cope calming and effectively with pain and stress
• Brainstorm skills that will help. Practice mental rehearsal to ready yourself for skill use.

Pros and Cons of using skills

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<thead>
<tr>
<th>Using skills</th>
<th>Cons</th>
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<tbody>
<tr>
<td>Pros</td>
<td></td>
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<tr>
<td>Not using skills</td>
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### Mini treatment assessment

- **Client is “HERE”**
  - State positive and inspiring to client. Something they want for itself (not means to end). Use imagery, slogan, metaphor that client embraces.

- **ID factors & behaviors interfering w/ ultimate goals?**
  - What needs to learned, eliminated, increased, or decreased for goals to be attained? Identify reinforcers that keep current pattern. Consider pros & cons of current thinking/behavior and making changes.

- **Approach dialectically:** Do you/they know what to do? How do it? How is your/their motivation?

### Change strategies

- Mindfulness strategies to relax body and mind
- Mindfulness as deliberate attention to engage
- Mindfulness as self-soothing
- Positive emotional experiences
- Graduated exercise

### Acceptance practices

- Radical acceptance
- Live according to values, despite pain
- Pain as sensation (practice nonjudgmental stance)
- Mindful self-compassion
- Cheerlead through difficult parts
- Cope ahead

### Conclusion: outcomes

- Dialectical stance (acceptance and change)
- Strategies to reduce pain (greater efficacy)
- Less concern about pain, more on life quality
- See choice in the moment
- Ability to engage in life despite pain
- Acceptance of “what is” in the moment
- Middle path adaptation behaviors
- Process of grief (expressing emotion) → acceptance

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### Agenda and take-way points

- “Dialectical” approach (both/and)
- Pain Gate (science and metaphor)
- Distress concept, focus on downregulation and neuroplasticity
- Validation, how and why
- Acceptance and change strategies to move towards “life worth living”

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**Thank You!**

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