

# Cognitive Distortions in the Interview With the Chronic Pain Patient

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Daniel O'Connell, PhD  
Seattle, WA  
danoconn@me.com  
204-282-1007  
Seattle, Washington

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## How to Use Practical CBT

- Learn to detect the distortions in yours' and the patient's framing of the situation
- Recognize your reaction to the distortion
- Learn to construct alternative framings that are both more accurate and therefor more actionable
- The key is turn the distorted statements (predictions/theories) into more accurate descriptions of emotions the patient is having right now.
- Let's practice now!

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**Distortion:** a misrepresentation, alteration, falsehood, spin, bias, that alters clarity

- 2 Types of **distortions**
  - Intentional – in pursuit of an objective
  - Unintentional/unconscious – truly believed yet inaccurate
    - exaggeration or minimization,
    - or defense mechanism – managing psychological distress
      - denial, repression, rationalization, projective identification, projection, suppression, conversion, somatization etc.

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## Types of Maladaptive Cognitions

- Catastrophizing
- Emotional Reasoning
- All or nothing thinking
- Mind reading/projection/umping to conclusions
- Postponement
- Entitlement
- Magnifying/Amplifying
- Victim-Persecutor-Rescuer
- Fear Avoidance
- Mental Filter
- Hopelessness

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## Catastrophizing

anticipating/predicting the worst

"I will never be able work or function again."  
**You worry that you won't be able to find any way to cope with this.**

"I will lose my mind if this goes on any longer."  
**Sometimes it feels really overwhelming.**

"I cannot live without the pain medication."  
It sounds like the medication has become the main way that you try to cope.

"If I don't give the patient what he wants he will get me in trouble/complain about me/give me low scores."  
**If the patient complains I will have a thoughtful explanation.**

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## Emotional Reasoning

feeling a thing more deeply does not make it more true

"Because I fear flying, airplanes must be dangerous."  
**Perhaps my fears are exaggerated compared with the evidence?**

"Because I'm afraid my benefits will be cut off, the bureaucrats must be heartless."  
**I wonder what criteria you would use if you were responsible to making benefit decisions?**

"Because I anticipate a difficult conversation this must be a difficult person."  
**The patient is not the problem. The problem is the problem.**

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## All or Nothing Thinking

unable to see gradations, spectrums, gray

"You're either going to help me or you're not!"  
**There may be more than one way to help you.**

"My wife doesn't understand my pain."  
**You wish she was more sympathetic?**

"This medication doesn't help at all."  
**You did not get as much relief as we were hoping.**

"I don't have the willpower."  
**Tell me what you think about where will power comes from and how best to apply it and I may have some ideas**

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## Mind reading/jumping to conclusions

I know what you're really thinking and I know where you're headed. - Usually an emotion being misrepresented as a prediction/theory

"I know you think I'm lying about this."  
**I wonder if there is something you have not told me yet.**

"I know you think I'm just a drug addict."  
**You worry that I have already you judged and labelled labeled you.**

"I know they're plotting against me right now to cut off my benefits."  
**It's worrisome to imagine that you might lose eligibility.**

"My kids have lost respect for me."  
**You worry that they think you are not doing everything you can to overcome this?**

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## Postponement

everything must wait until...

"Once my pain is under control, I will be able to do more."  
**The problem is that there isn't a safe way to reduce your pain more than we have already.**

"Let's not make any plans until I see how I'm feeling."  
**So it's become a vicious circle where fear of pain puts everything and everyone's wishes on hold. How has that affected your relationships?**

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## Entitlement

feeling one deserves something because of the pain

"I worked hard for that company and now they owe me something."

**It's been hard to reach an agreement on what's reasonable.**

"Only I can judge my pain and how much narcotic I need or how much it's fair to ask me to do."

**Does that leave other people feeling powerless when they need something from you.**

"If you've never been in this kind of pain you don't know what you're talking about."

**Do most people accept that, or do they still think you should take their thoughts into account?**

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## Magnifying/Amplifying

exaggeration in all its forms

"I would rate my pain an eight-nine."

Despite the fact the patient seems to be sitting relatively comfortably

**I can see that you have learned to push through quite a bit of discomfort simply to live your life.**

"They have no respect for you over there. They make you wait forever."

**I find it frustrating to wait myself sometimes.**

"I'm in excruciating pain all day long."

**Patients tell me that they have to watch out or the pain gets remembered more easily than the day's or week's satisfactions and accomplishments.**

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## Victim-Persecutor-Rescuer

assign people to one of only three possible roles

"Either you are with me or against me."

**I want to be on the side of you're having the most satisfying life possible despite the pain.**

"My caseworker doesn't care."

**Some of her decisions and requirements are hard to understand.**

"You've got to make my wife understand about the pain medicines and stop questioning me all the time."

**What does she see that worries her?**

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## Fear Avoidance

*fear that because discomfort or difficulties could occur then exposure to any risk should be avoided*

"Every time I go to PT I have a setback, so I stopped going."

**What do you mean by setback?**

"I know what would happen if I tried that."

**Why do you think your therapist recommended it?**

"A doctor told me once that I could reinjure myself very easily."

**And how does that fit with the specific assessments you have had most recently?**

"Are you 100% certain that I can go back to work successfully now?"

**Its hard to feel sufficiently reassured with anything less than a 100% guarantee and yet without a solid try you can be 100% certain that you will never work again.**

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## Mental filter discounts the positive

*fears, and past disappointments come readily to mind while hopeful or grateful thoughts are quickly filtered out*

"I may be doing better now but it never lasts."

**You try never getting too hopeful. What are the drawbacks of thinking that way I wonder?**

"My wife is constantly negative."

**That may be her way of saying she still believes things could be better for you and the family.**

"If I go through PT then they'll try to make me go back to work."

**On the one hand, improving your ability to move and do things would make life more normal and satisfying, but on the other hand improving raises concerns about when you might be asked to go back to work.**

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## Hopelessness

*a sense that the way one feels now is the way one will always feel, nothing will ever improve*

"I don't think this will ever get better."

**Sounds like it is very important to you to turn this around. Let's think about where best to invest that motivation in a way that would make a difference.**

"So you're giving up on me too Doctor."

**I am giving up on an approach that has not worked.**

"Some days I wish I was dead."

**That's a scary way to feel. Tell me more and we can think about how best to help.**

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