Certificate in Psychology of Chronic Pain Management

Cognitive-Behavioral Strategies for Pain Management

Acceptance and Commitment Therapy (ACT) – Related terms: mindfulness, values clarification, psychological flexibility. A CBT-based approach that encourages patients to accept pain without judgment, commit to actions aligned with personal values, and develop flexible coping strategies. Example: a patient practices observing pain sensations while noting personal goals such as returning to gardening. Challenges include resistance to "accepting" pain and difficulty identifying meaningful values when chronic pain limits activities.

Activity Pacing – Related terms: graded exposure, energy budgeting. The technique involves breaking daily tasks into manageable segments with scheduled rest periods to prevent pain flare-ups. Practical application: a patient schedules 15-minute blocks of housework followed by 5-minute relaxation, gradually increasing work duration. Common challenges are over-pacing (leading to inactivity) and under-pacing (causing fatigue).

Adaptive Coping – Related terms: problem-focused coping, emotion-focused coping. Strategies that reduce pain-related distress and improve function, such as using relaxation skills or seeking social support. Example: a patient uses deep breathing during a pain episode to lower anxiety. Difficulty may arise when patients default to maladaptive coping like catastrophizing.

Altruistic Self-Talk – Related terms: positive self-talk, cognitive restructuring. Internal dialogue that emphasizes helping others or contributing to a cause, which can shift focus away from pain. Practical use: a patient reminds themselves, "I can still support my family by listening." The challenge is maintaining authenticity when pain dominates attention.

Anchoring Technique – Related terms: grounding, sensory focus. A mindfulness method that directs attention to a present-moment sensation (e.g., feeling feet on the floor) to interrupt pain rumination. Example: during a flare, a patient counts the pressure of their shoes. Some individuals find anchoring insufficient for severe pain spikes.

Automatic Thoughts – Related terms: cognitive distortions, core beliefs. Immediate, often unexamined mental reactions to pain (e.g., "I'll never be normal again"). Identifying these thoughts is a first step in cognitive restructuring. Challenges include patients' limited insight into their own thought patterns.

Behavioral Activation – Related terms: reinforcement, activity scheduling. Encourages engagement in rewarding activities despite pain, counteracting avoidance. Practical use: a therapist creates a weekly plan that includes a short walk to a favorite café. Barriers include fear of worsening pain and lack of motivation.

Biofeedback – Related terms: physiological monitoring, self-regulation. Provides real-time data on muscle tension, heart rate, or skin temperature, allowing patients to learn control over physiological stress responses that can amplify pain. Example: a patient uses EMG feedback to relax shoulder muscles. Limitations involve equipment cost and the need for regular practice.

Catastrophizing – Related terms: cognitive distortion, pain amplification. An exaggerated negative mental set characterized by rumination, magnification, and helplessness. Cognitive restructuring targets these thoughts by challenging evidence ("What proof do I have that the pain will worsen?"). The challenge is that catastrophizing is often deeply entrenched and reinforced by past experiences.

Chronic Pain Acceptance – Related terms: psychological flexibility, ACT. The willingness to experience pain without attempts to control it, fostering engagement in valued life areas. Example: a patient acknowledges pain but continues to attend a weekly art class. Resistance may stem from cultural beliefs that "pain must be eliminated."

Compassionate Imagery – Related terms: guided visualization, self-compassion. A CBT technique where patients imagine a caring figure offering comfort, reducing the emotional intensity of pain. Practical use: a therapist guides a patient to picture a warm light soothing the painful area. Some patients find imagery abstract and struggle to generate vivid scenes.

Core Beliefs – Related terms: schemas, automatic thoughts. Deeply held assumptions about self, world, and future (e.g., "I am weak because I cannot work"). Identifying and modifying core beliefs can diminish chronic pain distress. Challenges include the time-intensive nature of schema work.

Counter-Conditioning – Related terms: classical conditioning, exposure therapy. Replaces a pain-associated response (e.g., avoidance) with a more adaptive response (e.g., relaxation). Example: pairing gentle movement with relaxation music to reduce fear of motion. Difficulties arise if the patient's fear is high and the new response is not reinforced enough.

Daily Mood Log – Related terms: self-monitoring, affect tracking. A brief record of emotional states, pain intensity, and coping attempts each day, facilitating pattern recognition. Example: a patient notes a 6/10 pain rating and a "frustrated" mood after missing a workout. Compliance may wane without therapist reinforcement.

Decatastrophizing – Related terms: cognitive restructuring, thought challenging. Specific CBT process of reducing catastrophizing by examining evidence, probability, and alternative explanations. Practical steps: list three facts contradicting "My pain will ruin my life." Some patients view this as "intellectualizing" and feel their emotions are dismissed.

Defusion – Related terms: ACT, cognitive distancing. A technique that helps patients separate themselves from thoughts ("I am having the thought that…") to reduce their impact. Example: saying "I notice I'm

thinking 'I'm a burden'" rather than believing it. Difficulty may occur when patients are unfamiliar with the abstract nature of defusion.

Distress Tolerance – Related terms: DBT skills, emotional regulation. Ability to endure uncomfortable sensations without resorting to maladaptive coping. Strategies include paced breathing, self-soothing, and distraction. Example: a patient uses a "5-4-3-2-1" sensory grounding exercise during a flare. Challenges involve low tolerance thresholds in chronic pain populations.

Emotion-Focused Coping – Related terms: expressive writing, emotional processing. Managing the emotional response to pain rather than the pain itself, often via journaling or supportive conversation. Practical application: a patient writes a letter to "pain" expressing frustration. Risk includes excessive rumination if not balanced with problem-focused strategies.

Exposure Therapy – Related terms: graded exposure, fear avoidance. Systematic confrontation of feared activities or movements to reduce avoidance and pain-related fear. Example: a patient gradually increases time spent standing, starting with 1 minute. Barriers include high anxiety, misinterpretation of pain signals, and need for careful pacing.

Fear-Avoidance Model – Related terms: catastrophizing, avoidance behavior. Conceptual framework describing how fear of pain leads to avoidance, deconditioning, and increased disability. Understanding this model guides CBT interventions targeting fear and avoidance. Challenges involve patients' entrenched belief that avoidance protects them.

Functional Restoration – Related terms: rehabilitation, activity pacing. Programs aimed at restoring the ability to perform daily tasks despite pain, often integrating CBT techniques with physical therapy. Example: a multidisciplinary clinic combines graded exercise with cognitive restructuring. Coordination among providers can be complex.

Goal Setting – Related terms: SMART goals, behavioral activation. Establishing specific, measurable, attainable, relevant, and time-bound objectives to guide pain management. Example: "Walk 10 minutes three times a week for the next month." Difficulty arises when goals are set too ambitiously, leading to discouragement.

Graded Exposure – Related terms: exposure therapy, activity hierarchy. Incrementally increasing exposure to feared movements or activities, allowing habituation and reduced fear. Practical steps: create a hierarchy from "standing for 30 seconds" to "walking a full block." Requires careful monitoring to avoid over-exertion.

Guided Imagery – Related terms: visualization, relaxation. Uses mental pictures of soothing scenes to reduce pain perception. Example: a therapist guides a patient to picture a cool stream flowing over the painful area. Effectiveness varies with individual imagery ability.

Health Locus of Control – Related terms: internal control, external control. Beliefs about the degree to which

health outcomes are under personal control versus chance or medical professionals. CBT can shift a maladaptive external locus toward a more internal, empowering stance. Resistance may stem from past medical experiences.

Hypnotherapy – Related terms: suggestion, trance state. Utilizes hypnotic suggestions to alter pain perception and promote relaxation. Example: a patient receives suggestions of “numbness” in the painful region. Evidence is mixed, and patient suggestibility influences outcomes.

Illness Perception – Related terms: cognitive appraisal, common-sense model. The way a person conceptualizes their pain, its cause, timeline, and controllability. CBT interventions target maladaptive perceptions (e.g., “My pain is untreatable”). Changing deep-seated beliefs can be slow.

Imagery Rescripting – Related terms: cognitive restructuring, trauma-informed care. Alters distressing mental images associated with pain by replacing them with more adaptive scenes. Example: a patient visualizes a protective “shield” around the painful area. May be challenging for those with limited imagination.

In Vivo Exposure – Related terms: graded exposure, fear avoidance. Direct confrontation of real-world feared situations (e.g., climbing stairs). Structured planning and safety monitoring are essential. Some patients experience heightened anxiety and need additional coping skills.

Interoceptive Exposure – Related terms: sensory awareness, anxiety reduction. Deliberate focus on internal bodily sensations (e.g., heart rate) to diminish fear of those sensations. Example: a patient practices noticing a mild ache without escalating anxiety. Requires careful pacing to avoid overwhelming the patient.

Judgmental Self-Talk – Related terms: negative self-talk, cognitive distortions. Harsh internal commentary (“I’m weak”) that reinforces pain distress. CBT aims to replace it with compassionate statements. Patients may resist self-compassion due to cultural norms valuing stoicism.

kinesiophobia – Related terms: fear of movement, avoidance behavior. Excessive fear of physical activity due to anticipated pain. Measured by the Tampa Scale of Kinesiophobia. CBT interventions include education, graded exposure, and cognitive restructuring. High kinesiophobia predicts poorer functional outcomes.

Mindfulness-Based Stress Reduction (MBSR) – Related terms: mindfulness, meditation. An 8-week program integrating mindfulness meditation, body scanning, and gentle yoga to improve pain coping. Practical example: daily 20-minute mindfulness practice. Challenges include adherence and initial difficulty sustaining attention.

Motivational Interviewing (MI) – Related terms: behavior change, ambivalence. A collaborative counseling style that enhances intrinsic motivation for change, often used to initiate CBT engagement. Example: therapist explores patient’s “why” for improving activity levels. Resistance may surface if patients feel judged.

Negative Reinforcement – Related terms: operant conditioning, avoidance. Removal of an unpleasant stimulus (pain) by performing an avoidance behavior, which unintentionally strengthens avoidance. CBT teaches alternative coping to break this cycle. Recognizing reinforcement patterns can be abstract for patients.

Neuroplasticity – Related terms: brain remodeling, pain pathways. The brain's ability to reorganize neural connections; CBT can influence neuroplastic changes by modifying pain-related thoughts and behaviors. Translating this concept into patient education requires simple analogies.

Operant Conditioning – Related terms: reinforcement, punishment. Learning process where behaviors are shaped by consequences. In pain management, avoidance is negatively reinforced, while active coping can be positively reinforced. CBT uses reinforcement schedules to promote adaptive behaviors. Complexity of reinforcement schedules may need simplification.

Pain Catastrophizing Scale (PCS) – Related terms: assessment tool, catastrophizing. A 13-item questionnaire measuring rumination, magnification, and helplessness. Scores guide treatment planning. Limitations include self-report bias and cultural differences in expression.

Pain Diaries – Related terms: self-monitoring, trigger identification. Structured logs where patients record pain intensity, activities, thoughts, and coping attempts. Example: "7/10 pain after climbing stairs; thought: 'I'll never recover.' Used breathing technique." Maintaining consistency can be burdensome.

Pain Self-Efficacy – Related terms: confidence, functional ability. Belief in one's ability to manage pain and engage in activities. CBT aims to bolster self-efficacy through mastery experiences and verbal persuasion. Low baseline self-efficacy may impede progress.

Pain Neuroscience Education (PNE) – Related terms: bio-psycho-social model, education. Teaching patients about the neurophysiology of pain to reduce threat perception. Practical delivery: short videos explaining nociception and central sensitization. Some patients may find scientific explanations intimidating.

Passive Coping – Related terms: avoidance, reliance on others. Strategies that involve minimal personal effort (e.g., relying solely on medication). CBT encourages transition to active coping. Resistance may stem from entrenched habits or fear of increased responsibility.

Patient-Centered Goal Setting – Related terms: shared decision making, SMART goals. Collaborative process where patients identify personally meaningful objectives. Example: "Attend my granddaughter's birthday party without needing a wheelchair." Requires therapist skill in balancing realism with optimism.

Positive Reappraisal – Related terms: cognitive restructuring, meaning-making. Finding beneficial aspects in a painful situation (e.g., "This teaches me patience"). Used to shift perspective and reduce distress. Over-optimism can be counterproductive if it ignores legitimate limitations.

Positive Self-Talk – Related terms: affirmations, cognitive restructuring. Deliberate use of encouraging statements (“I can handle this”). Integrated into daily routines to counteract negative thoughts. May feel forced initially; practice enhances authenticity.

Pre-Activation – Related terms: muscle warm-up, activity preparation. Light exercises performed before more demanding activity to reduce pain spikes. Example: gentle shoulder rolls before lifting objects. Challenges include remembering to perform pre-activation consistently.

Progressive Muscle Relaxation (PMR) – Related terms: relaxation, tension reduction. Systematic tensing and relaxing of muscle groups to lower physiological arousal. Practical: guiding a patient through a 10-minute PMR session before bedtime. Requires regular practice for lasting effect.

Psychological Flexibility – Related terms: ACT, acceptance. Ability to stay present and act in line with values despite uncomfortable thoughts or sensations. Central target of ACT interventions. Some patients misinterpret flexibility as “giving up” on pain control.

Psychosocial Factors – Related terms: stress, social support. Non-biological influences on pain experience, including mood, relationships, and work environment. CBT addresses these through coping skills and problem-solving. Complexity of interacting factors may overwhelm patients.

Quality of Life (QoL) Measures – Related terms: outcome assessment, health surveys. Instruments (e.g., SF-36) evaluating physical, emotional, and social domains. Used to gauge effectiveness of CBT interventions. Interpretation of scores requires clinical expertise.

Recovery-oriented Language – Related terms: strength-based, empowerment. Communication that emphasizes capabilities rather than deficits (e.g., “You are learning new skills”). Promotes hope and engagement. Habit change for clinicians is necessary.

Reinforcement Schedule – Related terms: operant conditioning, behavior change. Timing and frequency of rewards for adaptive behavior (e.g., praising a patient after completing a walking session). Variable schedules may sustain long-term adherence. Complexity can confuse patients if not simplified.

Relaxation Response – Related terms: parasympathetic activation, stress reduction. Physiological state opposite to stress, achieved through techniques such as deep breathing, guided imagery, or PMR. Example: a patient practices diaphragmatic breathing to lower pain-related tension. Consistency is key; occasional use yields limited benefit.

Safety Behaviors – Related terms: avoidance, maladaptive coping. Actions intended to prevent feared outcomes (e.g., using a cane for any activity). While initially protective, they can maintain fear. CBT works to gradually reduce reliance on safety behaviors. Patients may feel unsafe when these are removed.

Self-Compassion – Related terms: mindfulness, kindness. Treating oneself with understanding during pain,

reducing self-criticism. Techniques include loving-kindness meditation. Some individuals view self-compassion as indulgent, requiring cultural reframing.

Self-Efficacy Scale (SES) – Related terms: assessment, confidence. Measures belief in one's capability to execute behaviors needed for pain management. Scores guide individualized CBT focus. Low scores may predict slower skill acquisition.

Self-Monitoring – Related terms: pain diary, behavioral tracking. Ongoing observation of pain, activity, mood, and coping attempts. Enables pattern identification and feedback. Requires motivation; automated apps can aid adherence.

Self-Regulation – Related terms: emotional control, goal pursuit. Ability to modulate thoughts, emotions, and behaviors to achieve desired outcomes (e.g., sticking to an exercise plan). CBT builds self-regulation through skill practice. Impairments may stem from chronic stress.

Self-Talk – Related terms: cognitive restructuring, internal dialogue. The narrative individuals use internally; can be negative ("I can't") or positive ("I can"). CBT techniques teach patients to identify and modify unhelpful self-talk. Initial awareness may be limited.

Sleep Hygiene – Related terms: insomnia, relaxation. Behavioral recommendations for improving sleep quality, such as consistent bedtimes and limiting caffeine. Poor sleep exacerbates pain; CBT often incorporates sleep hygiene education. Compliance may be hindered by pain-related awakenings.

Social Support – Related terms: family involvement, peer groups. Emotional and practical assistance from others, shown to buffer pain distress. CBT may involve family training to reinforce adaptive coping. Over-reliance on others can undermine self-efficacy.

Stress Inoculation Training (SIT) – Related terms: coping skills, exposure. Structured program teaching coping strategies (relaxation, cognitive reframing) before stressors arise. Example: practicing deep breathing before anticipated pain-provoking activity. Requires early introduction; patients may undervalue pre-emptive practice.

Thought Record – Related terms: cognitive restructuring, worksheet. Structured form where patients note situation, automatic thought, emotion, evidence for/against, and alternative thought. Used to challenge catastrophizing. Some patients find the format cumbersome; digital versions can improve usability.

Thought-Stopping – Related terms: cognitive control, distraction. Technique where a patient interrupts unwanted thoughts by saying "stop" and redirecting attention. Helpful for intrusive pain rumination. May be ineffective if the underlying belief is not addressed.

Therapeutic Alliance – Related terms: rapport, collaboration. The collaborative bond between therapist and patient, predictive of treatment success. Strong alliance facilitates openness to CBT techniques. Building

alliance can be challenging with patients who have prior negative healthcare experiences.

Trauma-Informed CBT – Related terms: adverse childhood experiences, safety. Adapting CBT to acknowledge past trauma that may amplify pain perception. Includes establishing safety, offering choice, and avoiding re-traumatization. Requires therapist training; patients may initially resist discussing trauma.

Trigger Identification – Related terms: pain diary, pattern recognition. Process of pinpointing activities, emotions, or thoughts that precede pain spikes. Example: noticing that stressful work emails increase back pain. Accurate identification relies on detailed self-monitoring.

Unhelpful Beliefs – Related terms: cognitive distortions, core beliefs. Rigid, inaccurate thoughts such as "Pain means permanent damage." CBT works to replace these with realistic appraisals. Resistance may stem from long-standing cultural narratives.

Values Clarification – Related terms: ACT, purpose. Process of identifying what matters most to the patient (e.g., family, creativity). Guides goal selection and motivates engagement despite pain. May be difficult for patients whose life has been limited by chronic pain.

Vicarious Learning – Related terms: modeling, peer support. Learning coping skills by observing others (e.g., group therapy participants). Example: a patient watches a peer successfully use a pacing strategy. Effectiveness depends on relatable models.

Virtual Reality (VR) Analgesia – Related terms: distraction, immersive therapy. Use of VR environments to divert attention from pain, reducing perceived intensity. Sessions may last 10-20 minutes. Access to equipment and motion sickness are potential barriers.

Vulnerability Stress Model – Related terms: biopsychosocial, risk factors. Framework describing how biological, psychological, and social vulnerabilities interact to influence pain outcomes. CBT addresses the psychological component. Complexity can be overwhelming for patients without simplification.

Worry Management – Related terms: metacognitive therapy, anxiety reduction. Strategies to reduce excessive future-oriented worry about pain (e.g., scheduled worry time). Example: a patient allocates 15 minutes each evening to write concerns, then shifts focus. Over-use of worry postponement can become another avoidance behavior.

Work-Related Stressors – Related terms: occupational therapy, ergonomics. Job demands that exacerbate pain (e.g., repetitive lifting). CBT includes problem-solving, ergonomic adjustments, and communication skills for workplace accommodations. Organizational barriers may limit implementation.

Yoga Therapy – Related terms: mind-body, flexibility. Structured yoga sessions focusing on gentle movement, breath, and relaxation to improve pain coping. Example: a patient practices a modified Sun Salutation routine. Contraindications for certain musculoskeletal conditions must be screened.

Zero-Tolerance Approach – Related terms: pain education, myth busting. Teaching that pain does not always indicate tissue damage, reducing fear of activity. Involves confronting beliefs such as “pain = injury.” May be met with skepticism; requires empathetic delivery.

1-Minute Breathing Exercise – Related terms: quick relaxation, anchor. Simple diaphragmatic breathing for 60 seconds used during pain spikes. Steps: inhale for 4 counts, hold 2, exhale 6. Provides immediate autonomic shift. Some patients forget to initiate without prompts.

2-Week Activity Log – Related terms: self-monitoring, pattern analysis. Extended diary capturing activities, pain, mood, and coping over 14 days, enabling identification of trends. Helpful for complex cases where short logs miss variability. Data overload can discourage patients.

3-Step Cognitive Reframing – Related terms: thought record, alternative thought. Procedure: (1) Identify negative thought, (2) Examine evidence, (3) Generate balanced statement. Example: “My pain will never improve” → “I have had days with less pain; I can try new strategies.” Simplicity aids adoption.

4-Quadrant Stress Model – Related terms: stress management, coping. Framework dividing stressors into physical, emotional, cognitive, and behavioral domains. CBT interventions target each quadrant (e.g., relaxation for physical, cognitive restructuring for thoughts). Comprehensive but may feel extensive for brief sessions.

5-Minute Progressive Relaxation – Related terms: PMR, quick reset. Shortened version of PMR focusing on major muscle groups, suitable for busy patients. Conducted before a painful activity to lower tension. Effectiveness may be limited compared to full sessions.

6-Week CBT Program – Related terms: structured therapy, dosage. Typical duration for chronic pain CBT, comprising weekly sessions covering education, skills training, and relapse prevention. Allows sufficient time for skill acquisition. Some patients desire faster results, requiring expectation management.

7-Day Mindful Walking Plan – Related terms: behavioral activation, exposure. Daily 10-minute mindful walk, focusing on foot sensations and breath, to reduce fear of movement. Encourages gradual exposure to activity. Weather and safety concerns may impede adherence.

8-Hour Sleep Hygiene Checklist – Related terms: sleep hygiene, insomnia. List of behaviors (no screens 1 hour before bed, cool room, consistent wake time) to improve sleep, thereby reducing pain sensitivity. Patients often need reminders to implement consistently.

9-Step Pain Coping Hierarchy – Related terms: graded exposure, skill progression. Hierarchical list from basic relaxation to complex activity scheduling, guiding systematic skill building. Therapist and patient co-construct the hierarchy. Complexity can overwhelm novice learners; simplification may be needed.

10-Minute Guided Relaxation – Related terms: audio script, stress reduction. Short audio recording leading

the patient through body scan and breathing, usable during work breaks. Facilitates regular practice. Audio quality and patient preference affect engagement.

11-Point Pain Scale – Related terms: numeric rating, assessment. Standardized measure from 0 (no pain) to 10 (worst imaginable) used for tracking. Provides quantitative data for CBT progress monitoring. Some patients find it too abstract; visual analog scales may complement it.

12-Week Relapse Prevention Plan – Related terms: maintenance, booster sessions. Structured plan after active CBT, outlining coping strategies, warning signs, and scheduled check-ins. Supports long-term maintenance of gains. Patients may neglect the plan without periodic reinforcement.

13-Item Pain Beliefs Questionnaire – Related terms: assessment tool, maladaptive beliefs. Measures beliefs such as “pain is harmful” or “rest cures pain.” Guides individualized CBT focus. Length may discourage completion; brief versions are available.

14-Day Gratitude Exercise – Related terms: positive psychology, mood enhancement. Daily writing of three things the patient is grateful for, fostering positive affect that can buffer pain distress. Some patients initially find gratitude forced; guidance helps make it authentic.

15-Minute Stress Buffer Session – Related terms: brief intervention, coping. Short session combining breathing, brief cognitive restructuring, and grounding, designed for use during acute pain spikes. Provides rapid symptom relief. Requires therapist training to deliver efficiently.

16-Week Integrated CBT-Physical Therapy Model – Related terms: multidisciplinary, coordinated care. Long-term program where CBT and PT sessions are synchronized, focusing on both mental and physical skill acquisition. Demonstrates synergistic benefits for function. Coordination logistics can be complex.

17-Step ACT Protocol for Chronic Pain – Related terms: acceptance, values, defusion. Detailed ACT sequence: (1) psychoeducation, (2) mindfulness, (3) values clarification, (4) defusion, … through (17) committed action plan. Provides comprehensive roadmap for clinicians. Length may be daunting; modular adaptation is common.

18-Month Follow-Up Study – Related terms: outcome research, durability. Longitudinal evaluation of CBT effects on pain intensity, disability, and quality of life over 18 months. Demonstrates sustained benefits when booster sessions are included. Attrition can limit data completeness.

19-Item Fear-Avoidance Beliefs Questionnaire (FABQ) – Related terms: assessment, work fear. Assesses fear-avoidance beliefs related to physical activity and work. Guides exposure planning. Cultural differences may affect interpretation of items.

20-Minute Guided Imagery Script – Related terms: visualization, relaxation. Audio script leading patient through a calming scene (e.g., beach) while focusing on breath, used before painful procedures. Short

enough for clinic use. Patient preference for imagery content varies.

21-Day Mindful Eating Challenge – Related terms: interoceptive awareness, nutrition. Daily practice of eating slowly, noticing flavors, and recognizing fullness cues, which can improve body awareness and reduce stress-related pain. Some patients may struggle with time constraints.

22-Point Pain Management Checklist – Related terms: self-audit, skill reinforcement. List of evidence-based strategies (e.g., pacing, relaxation) for patients to review each week, ensuring comprehensive use of skills. Checklist fatigue can occur; prioritization is advised.

23-Hour Pain Hotline Protocol – Related terms: crisis management, support. Structured script for clinicians handling acute pain calls, including assessment, de-escalation, and brief coping instruction. Provides consistent response and reduces patient anxiety. Staffing and training are essential.

24-Week Chronic Pain CBT Curriculum – Related terms: course design, competency. Detailed syllabus covering assessment, psychoeducation, skills training, exposure, and relapse prevention across 24 weekly sessions. Used in certificate programs. Requires flexibility for individual pacing.

25-Item Chronic Pain Self-Management Scale – Related terms: outcome measure, self-efficacy. Captures frequency of self-management behaviors such as exercise, relaxation, and medication adherence. Helps monitor skill utilization. Length may burden respondents; short forms exist.

26-Week Integrated Mind-Body Program – Related terms: multimodal, holistic. Combines CBT, mindfulness, yoga, and nutrition counseling over half a year. Addresses multiple dimensions of chronic pain. Resource intensive; may be limited to specialized centers.

27-Step Pain Acceptance Process – Related terms: ACT, stages of change. Sequential phases: (1) recognizing pain, (2) allowing sensations, (3) committing to values-driven actions, … (27) sustaining acceptance. Provides granular roadmap for therapists. Complexity may necessitate condensed versions for practice.

28-Day Sleep Optimization Challenge – Related terms: sleep hygiene, fatigue reduction. Daily tasks such as limiting caffeine, establishing bedtime routine, and using relaxation techniques to improve sleep, thereby decreasing pain sensitivity. Compliance tracking enhances accountability.

29-Item Multidimensional Pain Inventory (MPI) – Related terms: assessment, psychosocial impact. Measures pain severity, interference, and social support. Informs tailored CBT interventions. Administration time can be lengthy; abbreviated versions are available.

30-Minute Group CBT Session – Related terms: peer support, skill sharing. Structured group meeting focusing on a specific skill (e.g., thought challenging) with interactive exercises. Cost-effective and promotes modeling. Group dynamics may affect individual participation.

31-Day Activity Challenge – Related terms: behavioral activation, pacing. Incremental increase in daily activity minutes, encouraging gradual re-engagement. Participants track progress on a calendar. May trigger flare-ups if increases are too rapid; monitoring is essential.

32-Item Pain Coping Inventory (PCI) – Related terms: assessment, coping strategies. Evaluates use of active, passive, and avoidance coping methods. Guides CBT focus on increasing active coping. Length may affect completion rates; short forms are recommended for busy clinics.

33-Week Tele-CBT Program – Related terms: remote delivery, digital health. Series of video sessions delivering CBT for pain, incorporating digital diaries and online resources. Increases accessibility for patients in remote areas. Technical issues and privacy concerns require planning.

34-Item Emotional Regulation Scale – Related terms: affect regulation, distress tolerance. Assesses ability to modulate emotional responses to pain. Informs need for skills like distress tolerance training. May overlap with other affect measures; selection should align with program goals.

35-Minute Mindfulness Practice – Related terms: formal meditation, attention training. Guided session focusing on breath and body sensations, aimed at reducing pain-related rumination. Suitable for classroom or home use. Consistency is critical for benefits.

36-Hour CBT Training for Clinicians – Related terms: professional development, competency. Intensive workshop covering theory, case formulation, and skill practice for providers delivering pain CBT. Enhances fidelity and confidence. Follow-up supervision improves skill retention.

37-Item Biopsychosocial Pain Questionnaire – Related terms: comprehensive assessment, integrative model. Captures biological, psychological, and social contributors to pain. Supports holistic case formulation. Lengthy; clinicians may select relevant subscales.

38-Week Integrated CBT-Pharmacology Review – Related terms: medication management, CBT synergy. Regular meetings where therapist and prescriber discuss medication effects and CBT progress, ensuring coordinated care. Requires collaborative infrastructure.

39-Day Progressive Goal-Setting Challenge – Related terms: SMART goals, motivation. Daily increment in goal difficulty (e.g., walking distance) to build confidence. Visual tracking charts enhance motivation. Over-ambitious targets can cause discouragement; therapist oversight is advised.

40-Minute Relaxation Workshop – Related terms: skill acquisition, group learning. One-off session teaching multiple relaxation techniques (PMR, diaphragmatic breathing, guided imagery). Provides toolbox for immediate use. Follow-up needed to embed practice.

41-Item Pain-Related Disability Index (PRDI) – Related terms: functional assessment, outcome tracking. Measures impact of pain on daily functioning. Used to gauge CBT effectiveness. Sensitivity to change may

vary; complement with pain intensity scales.

42-Week CBT Maintenance Protocol – Related terms: booster sessions, relapse prevention. Scheduled monthly or quarterly check-ins after intensive CBT, reviewing skills and addressing setbacks. Supports long-term adherence. Patient dropout is a risk; incentives may improve retention.

43-Item Acceptance Scale for Chronic Pain – Related terms: ACT, psychological flexibility. Assesses willingness to experience pain without avoidance. Higher scores predict better engagement in valued activities. May require translation for diverse populations.

44-Day Mindful Breathing Challenge – Related terms: anchor technique, stress reduction. Daily practice of 5-minute focused breathing, tracking adherence. Builds habit