

PRT Group Protocol (8 Weeks)

Session 1. Psychoeducation

Group Rules and Introductions

Discussion of identity/loss of identity due to pain

- Ask participants to include one positive attribute outside of pain.
 - Was it challenging to come up with something?
 - Lead into a discussion about identity (how pain impacted identity).

Normalize and Validate

- Everyone has some form of neuroplastic pain.
 - Examples: Chest pain when anxious, stomachache before taking an exam.
- 25% of the world's population/1.5 billion people suffers from chronic pain.
- It is not your fault - the pain produced is primarily by an unconscious process.
- Pain is not "all in your head" - pain is always an output of the brain regardless of whether it reflects a physical issue/injury.

Pain Beliefs

- What do you think is causing your pain?
- What messages have you received from doctors?
- What messages have you received from people in your life?

Psychoeducation

Pain is not all bad.

- Pain is a protective survival mechanism, and we are evolutionarily hardwired to associate physical pain with physical damage.

What is neuroplastic pain?

- Studies show that physical problems in the body are not the cause of many forms of chronic pain.
- Pain can be due to learned neural pathways and the misfiring of pain circuits in the brain.
 - Use analogies to help participants understand this concept.
- Pain = Sensation + Fear
 - Fear (threat) fuels the pain.
 - When pain comes on, where does your mind go?
 - How and why does this response contribute to the perpetuation of your symptoms?
 - Discuss fear and all the responses that fall under this umbrella of fear (frustration, annoyance, despair, anger, preoccupation, problem-solving, etc.)
 - The goal is not to immediately get out of pain but to start changing your response to and relationship with pain.

PRT Randomized Clinical Trial (JAMA Psychiatry)

This trial was the first evidence-based study proving the efficacy of PRT. In the PRT group, 98% of the patients improved, and 66% were either pain-free or nearly pain-free.

- Beliefs reported about the patient's pain and their bodies changed dramatically, including a significant reduction in fear and catastrophizing.
- Results held up over time, and patients remained pain-free or nearly pain-free at a one-year follow-up.

What is PRT?

Two-pronged approach:

1. Address fear around pain symptoms.
2. Address more general fears that may keep you in a state of fight or flight or sensed threat.

Bio-Psycho-Social approach:

- Bio: Is there something physically wrong with you?
 - Minimize fear around the symptoms.
- Psycho: What stress in your life is exacerbating your pain?
 - Minimize more general fears.
- Social: What is your support system/environment like?
 - How can you create safety in your social environment?

Homework

Journal: Knowing that Pain = Sensation + Fear...

1. What fears must you overcome to start your recovery journey?
2. What are your most significant barriers to doing so?

Session 2. Assessment

Review Assessment Criteria: Clues pointing toward a neuroplastic diagnosis.

1. Symptoms Begin Without Injury
 - Note: Even if pain begins with an injury, if it persists after it has healed, it's likely neuroplastic.
2. Symptoms Begin During Time of Stress
 - Stress puts the brain on high alert and can trigger pain.
3. Symptoms Are Inconsistent/Vary
 - a) Symptoms Move/Spread
 - b) Delayed Onset: Symptoms occur after, but not during, an activity/exercise.
4. Symptoms are Unexplainable by Known Structural Conditions/Physical Diagnosis
 - Note: Even with a diagnosis, symptoms may still be neuroplastic.
 - a) Multiple Symptoms: Assuming no systemic disorder such as MS, CF, or Lupus, this points to neuroplastic pain. Having 3 or 4 unrelated physical conditions is extremely unlikely. Specifically, if symptoms occur in many different parts of the body simultaneously. A single underlying cause is a far more plausible explanation.
 - b) Symmetrical Symptoms: Symptoms that mirror each other on both the right and left sides of the body rarely occur in structurally-rooted pain.
 - c) Symptoms on One Whole Side of the Body/Face/Head/Torso
5. Symptoms Triggered by Factors that Have Nothing to Do with the Body
 - a) Stress: Pain is triggered by/increases during a stressful time. Conversely, the pain goes away/decreases when authentically engaged in something enjoyable.
 - b) Conditioned Responses: In instances where pain becomes linked with a neutral trigger, such as physical positions, activities, smells, sounds, light, time of day, etc., it is likely to be neuroplastic.
6. History of Childhood Adversity
 - Childhood trauma, such as abuse and neglect, or anything that made you feel unsafe growing up, can predispose you to chronic pain. These experiences can cause you to see the world through a lens of danger, making you more susceptible to neuroplastic pain.
7. Presence of Common Personality Traits
 - Traits that put the brain on high alert: Perfectionism, conscientiousness, people pleasing, anxiousness.

Create an Evidence List and Review

Review Barriers to Acceptance

- Biology: Evolutionarily hardwired to associate physical pain with physical damage.
- Conditioned responses: Protect us from repeating dangerous behaviors by creating associations between specific activities and adverse outcomes.
- Medical diagnoses: Reinforce that something is wrong.
 - Ruling out with a physician and ruling in with the assessment criteria.
 - Building your case (personal evidence list).

Homework

Continue to build your evidence list and refer back to when pain occurs.

Session 3. Somatic Tracking and Leaning Into Positive Sensations

Somatic Tracking

A technique to retrain your brain to correctly interpret signals from your body and change your relationship with pain. Components include:

1. Mindfulness
2. Safety Reappraisal
 - Create a safety reappraisal list based on your evidence list.
 - Emphasis on language that lands with each individual.
3. Positive Affect Induction
 - Create a list of stories, memories, or things to do to increase positive affect.

Common Barriers

1. Ulterior Motive: Reinforces that a problem exists.
 - Solution: Reframing
 - Corrective experiences don't only need to be that the pain is going away.
 - Think of whatever happens during somatic tracking simply as gathering information.
2. Tracking with Intensity: Tracking through a lens of danger.
 - Solution:
 - Pivot to positive affect induction and safety reappraisal.
 - Reframing: Gathering information to provide insight into your relationship with pain (fear).
3. Difficulty "Letting Go": Might manifest in pain not moving at all during (often, sensations ebb/flow/change in some way when somatic tracking).
 - Solution:
 - Stay with stagnant sensation so long as fear is not increasing.
 - Pivot to positive affect induction.
 - Mention a more profound struggle of letting go to invoke emotion.

Leaning Into Positive Sensations

Increase capacity for positivity.

- May turn off danger signals. If fear is cut off, pain loses its fuel.
- "Back way" into somatic tracking.
- Will create a new "default setting" – getting good at feeling good!

Homework

- Create your safety reappraisal list (Example: "This is temporary").
- Create your positive affect induction list (What brings you joy?)
- Try independently using somatic tracking and/or leaning into positive sensations (facilitator may provide recordings).

Session 4. The Pivot and the Process

Art of the Pivot

Learning to give your body what it needs, when to use tools like somatic tracking and leaning into positive sensations, and when to take it easy.

Avoidance/Resourcing) Behaviors: Use when pain intensity is high.

- Internal: Shifting attention away from a painful sensation to another sensation.
- External: Changing physical positions or engaging in an activity that reduces pain.
 - Create your list of avoidance strategies (ice pack, lying down, medicine, etc.)

The Process: A set of strategies to use as a function of pain intensity.

- High pain intensity:
 - Do not push through your pain.
 - Engage in as many avoidance/resourcing strategies as needed.
 - Communicate messages of safety.
- Low to medium pain intensity:
 - Opportunity to practice somatic tracking.
 - Take baby steps as tolerance allows.
 - Engage whenever/as often as you like – similar to staying hydrated.

Extinction Burst: Occurs after a reinforced behavior is no longer supported. Then, the brain makes one last ditch-effort to hold onto the behavior before extinction.

Setbacks: Normalize as part of the process

- Think of the game, *Chutes and Ladders*.

Homework:

- Create your list of avoidance/resource strategies.
- Practice “The Process”: Use somatic tracking and avoidance/resource strategies based on pain intensity.

Journal: Notice the relationship between your level of stress and engaging in feared activities.

1. Where does stress/anxiety show up in your body?
2. What do you usually do when your fear increases?

Session 5. Other Danger Signals

Review of Other Danger Signals

- Anxiety, depression, fatigue, nausea, itching

Building Motivation: Why is regulating these other danger signals outside pain necessary?

- Enhance your overall quality of life.
 - No harm in doing this work.
- When one danger signal is activated, more likely to activate another and view everything through a lens of danger.
 - Think: Increased hypervigilance when watching a horror movie or a higher tendency to get angry when tired or hungry.
 - When we are overwhelmed by psychological/external threats, we have a lower stress threshold.

“Formula” for Overcoming Other Danger Signals

Like with pain, the brain can activate other danger signals (anxiety, depression, fatigue, nausea, itchiness, hunger).

1. Understand that the brain can misinterpret safe/neutral signals as dangerous.
2. Understand/accept that what your brain interprets as threatening is objectively safe.
3. Gain experiential evidence (using somatic tracking).

Homework:

Notice when your danger signals are activated and use somatic tracking/ other self-regulating techniques for the physical sensation of anxiety.

Journal:

1. What triggers feelings of unsafety outside of your pain?
2. Do your fears accurately reflect danger?
3. What do you do to minimize feelings of anxiety? What helps you feel safe?
4. Can you set a new goal for yourself outside of pain reduction?

Session 6. Recognizing Preoccupation and Negative Behavioral Patterns

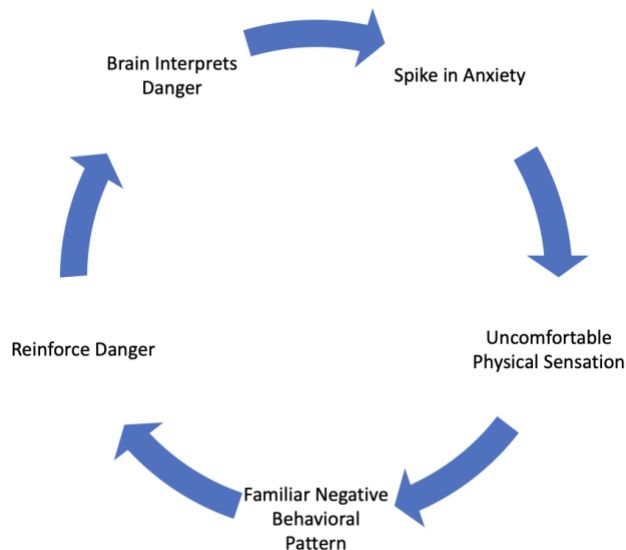
Identifying Fears

The brain can learn to fear almost anything regardless of whether the fear accurately reflects danger.

- Example: Conflict, intimacy, rejection, emotions
 - Feared Emotions: Based on past experiences, your brain may have learned to interpret certain emotions as dangerous to keep you safe/maximize your chance of survival.
 - Discuss reasons one may fear emotions.
 - Discuss how emotions present themselves in the body.
 - Discuss defense mechanisms: When scary emotions arise, the brain generates psychological shields. But defense mechanisms don't protect us from emotions directly. Instead, they protect us from the anxiety that comes up in response to emotions.
 - Solution: Regulate anxiety before these defense mechanisms get the chance to jump in (with somatic tracking).

Negative Behavioral Patterns (Example: Criticism, pressure, worry)

We engage in familiar negative behavioral patterns when faced with something scary. The brain does this because familiarity feels safe, and engaging in these behaviors can temporarily calm our system. But sometimes, the things that feel familiar and safe may be more harmful than helpful.



Common Negative Behavioral Pattern: Preoccupation

- Warning signs: when you are not in a state of rational thinking.
 - Ruminating, catastrophizing, shame, comparing self to others/other versions of the self.
- Toolbox

- Recognize: what fear thoughts your brain gravitates toward and why.
- Reappraise: Actively choose not to buy into the fear thought and take the road less traveled.
- Replace: with messages of safety, both cognitively and somatically.

Homework:

Journal: Think about your learned fears. Is there an emotion you notice you are afraid of? How about intimacy, disorder, uncertainty, or lack of control?

1. Why do you think your brain learned to interpret these as dangerous, and why does the fear around them persist?
2. Do you notice that you engage in any negative behavioral patterns?
3. How do past experiences impact your relationship with fear and safety today?

Session 7. Self-Compassion

Assess reactions to the topic of self-compassion/self-care

- Increasing motivation for self-compassion and self-care:
 - Why would you intervene on your behalf if you don't care about yourself?
 - If you respond with criticism and pressure, will your brain feel safer or more threatened?
- Increasing capacity for self-compassion
 - Inner child work.
 - Think of someone you care about – the idea is to treat yourself with the same kindness, care, and understanding that you would this person..

Self-Compassion Myths vs. Realities

1. Myth: Self-compassion is weak.
 - Reality: Self-compassion is a source of strength and resilience.
 - Easier to cope when compassionate to self.
 - Research shows self-criticism is ineffective, as it is fear-based motivation. Remember, fear is the fuel for pain.
2. Myth: Self-compassion is self-indulgent.
 - Reality: Self-compassion leads to healthier behaviors.
 - More likely to take care of the self: exercise more, practice safe sex, eat healthily, sleep more, and go to the doctor.
3. Myth: Self-compassion decreases motivation.
 - Reality: Self-compassion increases motivation
 - Less self-comparison and unhelpful pressure.
 - Less fear of failure, which is shown to be one of the biggest reasons people feel less motivated.
4. Myth: Self-compassion is selfish.
 - Reality: Self-compassion enhances interpersonal relationships.
 - When you give yourself what you need, you have more to give others. Others feel the mental state we cultivate.
 - You are not alone in your struggle; it is a common human experience.

Developing a Foundation of Self-Compassion

1. Recognize: that you're coming at yourself from a place of criticism/pressure and that your brain is running away from self-compassion and self-care.
 - Does it matter to you that you are being treated this way and that the messages you give yourself are mean/scary (inner bully)?
 - What about self-compassion makes you feel anxious or uncomfortable?
 - What physical sensations come up in the body when caring for yourself?
2. Reappraise that self-compassion and self-care are not scary/threatening.
 - Experiential: Somatic tracking
 - Cognitive: Not buying into negative thoughts. You know what your brain is doing and why it is doing it, as a familiar habit. Just because the thought appears doesn't mean you must listen to it; it does not mean it's true.

Replace: Lean into a pleasant physical sensation in your body.

- The best way to communicate messages of safety to your brain.
- Use positive self-talk.

Homework:

Journal:

- Prompt 1: Self-Talk
 - Notice and write down what you say to yourself daily. How do you speak to yourself? Is it with care and compassion or with judgment and pressure?
- Prompt 2: Inner Child
 - Imagine yourself as a child. Visualize a time when you felt vulnerable, were being treated harshly, or were in some emotional pain and needed to be comforted. Notice what feelings are coming up. Think about how you would care for that child in your imagined situation. What would you say to them? What steps would you take to comfort this child?

Session 8. Relapse Prevention

Discuss Intensity

- Behavioral: Reduce activities that put the brain on high alert.
 - Emphasize individual self-care.
- Cognitive: Thoughts around your pain symptoms/other threats.
 - Communicate safety.
 - Lower the stakes.
- Somatic: How pain is felt.
 - Utilize tools - somatic tracking, leaning into positive sensations
 - Get good at feeling good.

Neglecting Internal State

- How can you better attend to yourself/ your danger signals?

Stages of Relapse

1. Panic: Characterized by a high level of fear and despair.
 - What to do: Communicate safety.
2. Forcing It: Characterized by frustration, pressure, and criticism.
 - What to do: Communicate safety.
 - What the primitive brain needs most is authentic feelings of love, care, and safety.
 - Source of motivation matters.
3. “Oh yea, this is how it works!”: Characterized by lightness, low alertness, and ease.
 - What to do: Celebrate and congratulate yourself, as you know the sensations your brain, once misinterpreted, are safe.

Preventing Relapse

*Self-Care: Keep your brain feeling safe and remember your toolbox:

- Evidence Sheets
- Somatic Tracking
- Avoidance Behaviors
- Messages of Safety
- Reducing Overstimulation
- Lowering the Stakes
- Catching Fears
- Embracing Positive Sensations
- Attending to your Danger Signals (whether hunger, thirst, exhaustion, etc.)
- Prioritize Healthy Habits (sleep, nutrition, exercise, social connection)

Discuss Takeaways