

PRT Group Protocol Outline

Session I. Psychoeducation

- Identity/loss of identity due to pain
 - Normalize and validate: everyone has some form of neuroplastic pain.
- Pain Beliefs
 - What do you think is causing your pain?
 - What messages have you received from doctors?
- Psychoeducation
 - Pain is a protective, survival mechanism, and we are evolutionarily hardwired to associate physical pain with physical damage.
 - Neuroplastic pain is due to learned neural pathways and the misfiring of pain circuits in the brain.
 - Pain = Sensation + Fear
- PRT Randomized Clinical Trial (JAMA Psychiatry)
 - 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 large reduction in fear and catastrophizing.
 - Results held up over time and patients continued to be pain-free or nearly pain-free at a one-year follow-up.

Session II. Assessment

- Assessment Criteria: Clues pointing toward a neuroplastic diagnosis.
- Create Evidence List
- 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.

Session III. Somatic Tracking and Leaning Into Positive Sensations

- Somatic Tracking: A technique to retrain your brain to interpret signals from your body correctly and turn off pain.
 - Mindfulness, Safety Reappraisal, Positive Affect Induction

- Common Barriers: Ulterior Motive, Tracking with Intensity, Difficulty “Letting Go”
- 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!

Session IV. The Pivot and the Process

- Art of the Pivot: Giving your body what it needs, aka, when to use tools like somatic tracking and leaning into positive sensations, and when to take it easy.
 - Avoidance Behaviors: Use when pain intensity is high.
- The Process: 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 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 would like – similar to staying hydrated.
 - Setbacks: Can be part of the process
- 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.

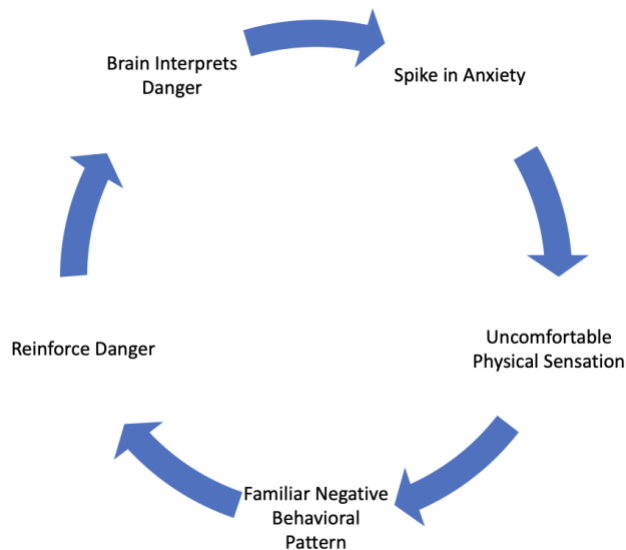
Session V. Other Danger Signals

- Can include anxiety, depression, fatigue, nausea, itching, and more.
- Building Motivation: Why is it important to regulate these other danger signals, outside of pain?
 - 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.
- “Formula” for Overcoming Other Danger Signals
 - Understand that the brain can misinterpret safe/neutral signals as dangerous.
 - Understand/accept that what your brain is interpreting as threatening is objectively safe.

- Gain experiential evidence (using somatic tracking).

Session VI. Recognizing Preoccupation and Negative Behavioral Patterns

- Identifying Fears: The brain can learn to fear almost anything regardless of whether the fear accurately reflects danger.
 - Conflict, intimacy, rejection, emotions, etc.
- 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 defense mechanisms
 - 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 calm down our system temporarily. But sometimes, the things that feel familiar and safe may be more harmful than helpful.



Session VII. Self-Compassion

- Increasing motivation for self-compassion and self-care:
 - Why would you intervene on your behalf if you don't care about yourself?
 - If you intervene 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 – idea of treating yourself with the same kindness, care, and understanding that you would this person.
- Self-Compassion Myths vs. Realities
 - Self-compassion is weak vs. a source of strength and resilience.
 - Self-compassion is self-indulgent vs. leads to healthier behaviors.
 - Self-compassion decreases motivation vs. increases motivation.
 - Self-compassion is selfish vs. enhances interpersonal relationships.
- Developing a Foundation of Self-Compassion
 - 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.
 - Reappraise that self-compassion and self-care are not scary/threatening.
 - Replace: Lean into a pleasant physical sensation in your body.

Session VIII. Relapse Prevention

- Intensity
 - Behavioral: Reduce activities that put the brain on high alert.
 - Cognitive: Thoughts around your pain symptoms/other threats.
 - Somatic: How pain is felt.
- Neglecting internal state: How can you better attend to yourself/ your danger signals?
- Stages of Relapse
 - Panic: Characterized by high level of fear and despair.
 - What to do: Communicate safety.
 - Forcing It: Characterized by frustration, pressure, and criticism.
 - What to do: Communicate safety.
 - “Oh yea, this is how it works!”: Characterized by lightness, low alert, and ease.
 - What to do: Celebrate and congratulate yourself, as you know the sensations your brain once misinterpreted are actually safe.
- Preventing Relapse
 - Self-care keeps your brain feeling safe.
 - Utilize your toolbox built in this group!