

Session 2 Summary for Clients: Identifying Automatic Thoughts

THE GOALS OF THIS SESSION

- To introduce you to the stress–appraisal–coping model of pain.
- To help you identify negative automatic thoughts or images.

REVIEW OF PREVIOUS WEEK'S SESSION

- Stress is a biological, emotional, and cognitive (thoughts) response.
- Chronic pain is itself a stressor.
- Non-pain-related stressors also trigger pain.
- Your appraisal of stress (threat, loss, challenge) shapes how you think and feel, and what you do about it.

HOMEWORK REVIEW

- Pick one stressful situation from your Stress–Pain Connection Worksheet, and share what you wrote with the group.
- What did you learn about the importance of the appraisal category?
- What did you learn about specific thoughts associated with the stressful situation?

INTRODUCTION TO THE STRESS–APPRAISAL–COPING MODEL OF PAIN

- Early theories of pain (tissue damage equals pain) are incorrect.
- Newer theories of pain emphasize the importance of the brain as a pain filter.
- The centers for thoughts and feelings in the brain influence how the brain processes pain signals, and influence the experience of pain.
- The stress–appraisal–coping model of pain emphasizes the importance of thoughts:
 - Our thoughts influence our emotions, our behavior, and our physical functioning.
 - Thought categories in the stress–appraisal–coping model of pain include these:
 - Appraisals (the topic of last week's session)
 - Automatic thoughts (the topic of this week's session)
 - Beliefs
 - Coping
 - Often thoughts in response to pain or stress are automatic. That is, we are not even consciously aware of the thoughts.

(continued)

IDENTIFYING AUTOMATIC THOUGHTS OR IMAGES

- Automatic thoughts are related to stress appraisals.
- Negative, distorted automatic thoughts are related to stress appraisals of threat and loss.
- Such automatic thoughts are harmful for these reasons:
 - They focus our attention on pain or pain-related cues.
 - They result in magnification or accentuation of the perception of pain.
 - They contribute to an inability to direct thoughts away from the pain.
 - They lead to beliefs that you are helpless to exert any control over your condition.
- There are different kinds of negative thoughts, and certain types may be characteristic of your kind of thinking.
- Learning to identify negative, distorted automatic thoughts is the first step to changing them.

SUMMARY OF KEY POINTS

- The brain controls how we experience pain. The centers for thoughts and emotions in the brain influence our perception of pain.
- The stress–appraisal–coping model of pain emphasizes thoughts, and each category of thoughts (appraisals, automatic thoughts, beliefs, coping) influences your adjustment to pain.
- Automatic thoughts are those that arise in response to situations, and you may not even be consciously aware of their presence.
- Negative, distorted automatic thoughts are harmful, and the first step to changing them is becoming aware of them.

HOMEWORK ASSIGNMENT

- Using the Automatic Thoughts Worksheet–1 (ATW-1), continue identifying automatic thoughts. Try doing this each day.
- When you notice a change in your emotions or a physical change, note that down. Note the time, date, and situation.
- What automatic thoughts or images were present immediately before, during, or after the event? Note all that seem relevant.
- Rate how strongly you believe each of the automatic thoughts/images.
- Bring your homework to the next session, and be prepared to discuss what you have learned.

Examples of Negative, Distorted Thinking

Category	Definition	Example
All-or-nothing thinking	Viewing a situation as two distinct categories rather than on a continuum—“black-versus-white” thinking.	“I can’t work any more, so nothing I can do is worthwhile.”
Fortunetelling	Predicting the future negatively without considering other possible outcomes.	“Oh, man, here comes a migraine aura. I’ll wind up in the emergency room for sure!”
Disqualifying the positive	Telling oneself that positive experiences don’t count.	“I was able to cook dinner last night, but one night out of 20 doesn’t mean much.”
Emotional reasoning	Assuming that because one feels or believes something so strongly, it must be true.	“I can just feel my bones grinding together when I move. I don’t care what the physical therapist says; it can’t be good for me to do those exercises.”
Labeling	Attaching a global, extreme, negative label to oneself or others.	“All doctors are uncaring jerks!”
Magnification/minimization	Magnifying the negative or minimizing the positive.	“My pain is totally unbearable!”
Mental filter	Paying undue attention to a single negative detail instead of seeing the whole picture.	“My fibromyalgia means that I am less than a whole person.”
Mind reading	Believing that one knows what others are thinking.	“My husband thinks that I am exaggerating how bad I feel.”
Overgeneralization	Making global negative conclusions that go well beyond the current situation.	“I can’t do the work I was trained for any more, so I won’t be able to go back to work at all.”
“Should” statements	Holding fixed ideas about how the world “should,” “ought to,” or “must” be.	“A competent doctor would be able to get rid of my pain.”
Personalization	Seeing oneself as the cause of negative external events for which one is not necessarily responsible.	“This pain is a punishment from God for something I did wrong.”

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Automatic Thoughts Worksheet-1 (ATW-1)

Date/time	Stressful situation	Shift in emotion and/or physical change	Automatic thought or image* (How much do you believe it? 0-100%)	Comments/notes

*Automatic thoughts often occur immediately before a shift in emotion (e.g., anxiety) or physical sensation (e.g., neck tension).