

ACT + PHYSICAL THERAPY: A BIOPSYCHOSOCIAL APPROACH FOR TREATING CHRONIC PAIN

A Comprehensive Multimodal Approach to
Chronic Pain for Practitioners

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Need Better Professional Tools For Treating Pain and Suffering?

Do your patients with pain keep coming back with the same complaints?

Are you confused why some patients get results from your time together, while others (with similar complaints) experience few, if any improvements – even though they appear to follow your treatment approach to the letter?

Are you frustrated by not being able to help more of your patients truly resolve their pain as they shoulder the burden of seemingly never-ending suffering that appears to have no lasting solution?

I understand.

Before I figured out a more comprehensive multimodal approach (I'm going to share with you in this guide), mixed results also gave me pause and a strong desire to find a real solution for those patients.

As you know, chronic pain affects over 100 million Americans. That is more than heart disease, diabetes and cancer combined. It also consistently ranks as the number one or two reason patients seek care. Patients are suffering and they're hungry for solutions that minimize side-effects, need for surgery or injections and get them to true root cause resolution.

As you'll learn, this is because the effective treatment of pain requires a comprehensive approach. There is a growing body of scientific evidence that I want to share with you that shows that the biomechanical approach alone may not fully address how their pain is manifesting itself psychologically.

It's unfortunate that most PTs weren't taught the more powerful biopsychosocial approach that encompasses a much more effective multimodal approach, when patients (who are in considerable pain) are pouring into your clinic, office, nursing home or on to your schedule over and over.



Less than 1% of overall healthcare training is devoted to pain, and what's worse, so very few practitioners are aware of this multimodal solution that consistently yields better long term results; and you'll see why in this guide, as well as in my special on-demand training.



You may be relieved to know that the information I'm going to share with you will allow your patients to actually become and remain pain-free and heal faster. There really is a method out there right now that works just as well as (or even better than) pharmaceutical medications, surgery and the interventions you're currently using.

Both PTs and other health professionals are currently using it to resolve the underlying causes of chronic pain for their patients in practical ways that are easy to apply – and it's my mission to get this information out to more PTs like you.

In this guide, we're going to cover the exact reasons why the biomechanical approach to pain isn't enough in my opinion, as well as how you can use Acceptance and Commitment Therapy as a form of psychologically informed pain care.

What's great is that this method is well within your scope of practice as a PT and OT, so you could use it to start improving your patient outcomes from this week onward.

This guide will get you started on this journey, but be sure to also [take advantage of my free masterclass](#) that gets consistently great reviews from attendees.

To your success,

Joe Tatta, PT, DPT, CNS
Founder, Integrative Pain Science Institute

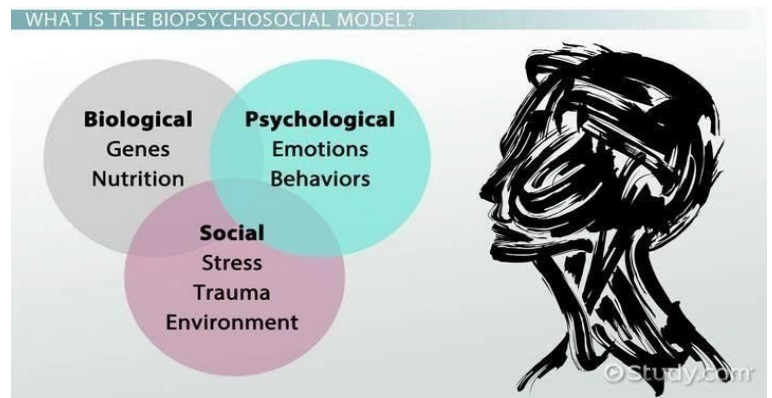


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The Biopsychosocial Approach To Pain Treatment

The biopsychosocial model has led to the most therapeutic and cost-effective interdisciplinary pain management programs in use now.

You may have already come across it during your training or professional study.



The biopsychosocial approach couldn't be more relevant at this moment because it strongly mirrors advancements being made across the field of pain management and psychologically informed pain care. One leading approach with over 300 randomized controlled trials for both physical and mental health conditions is Acceptance and Commitment Therapy. This is an evidence-based way to treat the psychosocial factors of pain, and it can be successfully delivered by physical therapists and other healthcare professionals.

Acceptance and Commitment Therapy (ACT) for Chronic Pain

We are undergoing a revolution in our understanding of human pain and suffering. One of the most promising therapies designed to address human pain is Acceptance and Commitment Therapy (pronounced as "ACT" in one word). Stemming from traditional cognitive behavioral therapy (CBT), ACT is an empirically based, third wave cognitive behavioral therapy that uses acceptance, mindfulness, commitment and behavior change strategies to



increase psychological flexibility. The ultimate goal in ACT for chronic pain is to clarify patients' values so that they can return to a rich, full life.

In many ways, ACT challenges conventional notions of pain management that focus on pain reduction and other “feel good” approaches. ACT for chronic pain is contrary to almost every biomedical approach to alleviating pain— including analgesic medication (opioids, NSAIDs, etc.). These approaches operate under the notion that “pain is bad” and that it must be completely eliminated in order to achieve a free and healthy existence.



A modern exploration of human suffering suggests chronic pain isn't the enemy and that it doesn't need to be stopped, fought or controlled. Supported by research in the fields of Relational Frame Theory and Functional Contextualism, the ACT model believes psychological suffering is usually caused by the interaction between human cognition and the control of human behavior through direct experience. ACT protocols target the processes of language that are hypothesized to be involved in suffering and its improvement.

ACT believes that while pain hurts, it is the “struggle” with pain that causes suffering (1).

The ACT approach to living with chronic pain is altogether different and refreshing. It helps patients to accept that while pain may be unpleasant, their lives don't need to be put on hold in order to manage it. In many ways, ACT works to reverse the negative patterns that many pain patients have endured for years. Attempts to avoid pain can sometimes cause more harm than good, both to the body and peace of mind.

How ACT Can Help Patients Drop the Struggle with Chronic Pain

Acceptance and Commitment Therapy (ACT) emphasizes acceptance and mindfulness paired with commitment action to make lasting changes that will improve quality of life. The three tenets of ACT are:

1. **A**ccepting experiences instead of rejecting them simply because they may cause chronic pain.
2. **C**hoosing behaviors mindfully versus allowing automatic or conditioned responses.
3. **T**aking action and having agency in your life rather than becoming paralyzed by unpleasant thoughts, memories, emotions or sensations.

ACT and Chronic Pain

Chronic pain often leads to fear, anxiety, and avoidance behaviors, or what is known as *experiential avoidance* in ACT. Patients stop engaging in activities that they associate with pain, often abandoning hobbies they enjoy. Unfortunately, behaviors like these that are intended to reduce pain can actually wind up causing patients to focus on it even more. By swerving through quick-fix treatments and medications, patients end up spending more time trying to 'solve' their pain than they do enjoying life. Pain becomes the center subject and managing it becomes a full-time job. Ultimately, this results in even greater dissatisfaction with life, with equal or more pain.

ACT aims to increase patients' activity and function, enabling patients to see how they can improve and enjoy their lives without necessarily eliminating their pain. The goal is no longer to reduce pain, but to live a peaceful life in spite of persistent pain. ACT encourages patients to think about what their lives could look like without pain, before helping them to understand that they can live well, with or without it.

Committed action is a key part of the treatment and ties into the patient's personal values. Positive outcomes of ACT include an increase in physical and social activity and a decrease in pain-related medical visits. Acceptance of pain is also linked to decreased anxiety, depression, and disability (2).



Psychological Flexibility— The Heart of ACT

Psychological flexibility encourages patients to stop trying to control their pain and to embrace the fact that unpleasant experiences are a part of life. *The practitioner does not try to change the patient's thoughts or feelings about pain.* Instead, he or she encourages the patient to approach unpleasant thoughts, emotions, memories, and sensations from a place of acceptance. Psychological flexibility allows a person to live consciously by committing only to behaviors that have valued ends. In this manner, treatment encourages patients to accept negative feelings such as fear, anxiety, or frustration instead of constantly struggling against them. Psychological flexibility reminds patients to remain grounded in the present without getting *hooked* by unpleasant thoughts and feelings. Unpleasant internal and external experiences no longer bully behavior or inhibit participation in meaningful activities. Psychological flexibility is targeted through six core ACT processes (3).

The Six Core ACT Processes

1. Acceptance
2. Cognitive Defusion
3. Present Moment Awareness
4. Self as Context
5. Values
6. Committed Action

When using ACT with chronic pain patients, it is important for practitioners to express genuine compassion for their clients by tailoring their exercises to individual needs. Practitioners must openly accept and validate their patients' feelings and take a compassion-focused and shared perspective. The word acceptance is not used in therapy, rather a skilled therapist helps the patient to clarify their values, then encouraging them to take correct action.

Acceptance

The first part of the ACT therapeutic model lies in acceptance. Before progress can be made, the patient must first demonstrate a willingness to experience some pain while still living the life he or she chooses. Rather than trying to escape pain or its associated unpleasantness, the patient learns to see it as normal (4). Acceptance methods promote the engagement in goal-directed



action that may include unwanted feelings and refraining from attempts to control feelings.

Exercise: Build willingness skills

Practitioners help their patients to “build willingness skills.” The goal in this part of the treatment is to show patients that their thoughts and emotions are a natural response to pain. By teaching patients to experience emotions naturally, we help them to understand that enjoyable activities need not be compromised for imagined safety and comfort.

Ask your patients to write down an activity that they want to do but are unable to because of their pain. Ask patients to consider what exactly is holding them



back. Have them focus specifically on their emotions and body sensations. Then ask them if there were other times in their life when they felt this way but overcame the emotion for something important. This exercise helps patients understand that they do not have to be controlled by their pain and/or associated feelings. A common example of this is public speaking. (Metaphors can often help patients to better

understand acceptance and can be tailored to each individual patient.)

Cognitive Defusion

Thoughts can feel automatic and we don't even realize their impact on our behavior. Part of diminishing the power of thoughts lies in detaching from them (5). During this step, patients learn to simply notice thoughts as they occur without attaching any significance to them. Thoughts are no longer judged as good, bad, right or wrong. Patients simply acknowledge thought without any judgment. In doing so, they can differentiate between having a thought and getting *wrapped up in a thought*.

Patients practice skills to become aware of their minds without being obsessed with its preoccupations. To help them do this, you can show them how to see thoughts simply as words without assigned power. In this case, patients are not actually changing or challenging thoughts (traditional CBT) but noticing them



and *choosing* not to allow them to influence or control their behavior. Through this step, they begin to recognize the difference between “thoughts” and “truth or reality.”

Exercise: Adding Labels to Your Thoughts

Sometimes labeling thoughts and feelings can help create emotional distance between you and your thoughts and feelings. For example, instead of thinking “I have unbearable pain today,” you can label this thought by adding the phrase “I am having the thought” in front of it. For example, “I am having the thought that I have unbearable pain today.” What thoughts have you been having lately that are related to your pain?

Focus on an especially difficult thought and really try to believe that it’s true. How does this make you feel? Let’s return to the idea of labeling thoughts. Take the same thought you were just believing and add the phrase “I am having the thought that . . .” in front of it. How do you feel now? Do you believe the thought more or less? You can add more layers to this, by adding more phrases in front of the thought. For example, “I am realizing that I am having the thought that . . .” How does this make you feel? Do you still believe the thought or does it feel less a part of you?

Present Moment Awareness



It can be hard to live in the present moment when suffering from pain. During this step of ACT, the patient tries to remain present, instead of replaying past events or worrying about future possibilities. The patient begins to actively focus on experiences as they are occurring in the moment, in real time, developing an awareness of when his or her focus begins to drift into the past or future and then consciously shifting attention to the present moment.

Exercise: Using Your Senses to Connect with Your Environment

When you are trying to be mindful of the present moment, it can help to use your senses to focus in on your surroundings. Take a deep breath and try to



focus on your breathing. Look in front of you and identify three objects in your line of sight. For example, perhaps you see a tree out your window or a framed photograph nearby. Now take another deep breath and relax and pay attention to the sounds in your environment. Can you hear three different sounds if you really focus your attention? Perhaps you can hear birds chirping or the sounds of traffic. Take another deep breath and relax and see if you can feel three different things in or near your body. For example, is the carpet below your feet soft? Or do you notice an itch on your leg? When you perform this exercise, it forces you into the present moment as you pay attention to what lies directly before you.

Self as Context

In addition to becoming self-aware and remaining aware of the present moment, patients must also learn to notice “self as context” or “the observer self.” Essentially, this means recognizing that their “self” is separate from their thoughts, emotions, or even their physical body. This shift in perspective challenges the self the patient has created—especially when it inhibits positive behavioral change. For example, when a patient allows his or her identity to become entwined with his or her pain. With this practice, patients can learn how to observe their pain without *becoming* their pain.

Pain mindscripts

Mindfulness is an extremely important, core practice in ACT. It helps establish a sense of self that is greater than one’s thoughts, feelings, body and other private entities. Adopting this point of view also helps with cognitive defusion and enables patients to detach from their own thoughts without being overly influenced by them. Mindfulness exercises can help reduce “pain mindscripts.” For example, *I can’t work because of my pain, Any form of exercise will exacerbate my pain, or My pain has to be my priority above all else.* When patients learn the “observer self” perspective, as someone who is separate from his or her thoughts, then they can begin to release the mindscripts that are holding them back. Notice your patient’s pain mindscripts so that they can learn to consciously let go of them.

During this part of ACT, patients can learn to release the labels and self-judgments they have created that are not helpful. The following brief exercise can help patients to develop their observer skills.



Exercise: Becoming an Observer Self

In order to better observe your thoughts and feelings and see yourself as a separate entity from them, try the following exercise. Close your eyes and take a deep breath. Become aware of any feelings in your body, whether that's a pain in your back, an itch on your arm, or simply a feeling of deep relaxation. What thoughts are you having? Simply notice them without judgment. What sounds do you hear going on around you? Recognize that you are paying attention to the feelings in your body, the thoughts in your mind, and the sounds in your environment. Acknowledge that you are separate from each of these things and are simply observing them. Notice the separation from the one who is thinking the thoughts and the one observing the thoughts.

Values

One of the greatest goals of ACT is to help patients pursue their valued activities. This happens when the fear of pain causes a patient to pursue alleviation to an obsessive and limiting extent. Valued activities can include things like exercise, socializing with friends, intimacy with a spouse or partner, going to work, playing with their kids, or being involved in community events. Actions that align with a patient's values are what bring meaning to that patient's life.



When patients forsake valued activities for pain control, it often causes them to become depressed. Helping patients identify their values and establish the activities associated with these values enables them to refocus their priorities, away from pain and towards what they enjoy.

To begin this part of the ACT treatment process, ask patients to define their values in major life areas, such as career, family, intimate relationships, friendships, health, and spirituality. Ask them to reflect on what is most important to them.

A potential challenge in identifying values is that patients are likely to perceive how “far” they are from actually embodying them. In this case, the practitioner



can show how positive behavior changes can lead patients to better live their values.

Committed Action

Committed Action is the final step of ACT, where patients commit to changing their behavior and taking actions that support their values, in spite of their pain. At this stage, patients begin to develop goals that align with their values. For example, if the “friend” domain is extremely important to one patient, she may choose to engage in more social activities. If the “growth and learning” domain is important to another patient, he may set a goal of taking guitar lessons once a week.

One of the primary issues that arises during this part of the ACT treatment process is dealing with barriers. Perhaps the woman who made a commitment to socializing with friends feels increased anxiety before a lunch date because she fears her back pain will flare up. Or the man who decided to learn a new instrument nearly cancels his guitar lesson because he starts to worry that lessons will conflict with doctor’s appointments and that playing the guitar may worsen his arthritis.

When psychological barriers crop up, it is important for patients to utilize some of the other ACT steps, such as Cognitive Defusion, Present Moment Awareness, and Self as Context in order to remember that they are not their thoughts and feelings. Have patients identify the barriers that do arise in order to help them see what actions they can take to move beyond them.

ACT for Pain Research

Meta-analyses of ACT for chronic pain show improvements in depression, anxiety, pain intensity, physical functioning and quality of life (6,7). Acceptance and commitment therapy for chronic pain is quickly spreading through the mental health and pain psychology fields. There is even some data favoring ACT over traditional CBT!

Combining ACT with Physical Therapy and Other Disciplines

Combining physical therapy with ACT is one way to create an evidence-based and psychologically informed treatment for



patients with pain. A qualitative study investigated potential barriers and facilitators to embedding ACT within a physical therapist-led pain rehabilitation program (8). Findings suggested that this combination presented both challenges and opportunities, but that overall it was a positive experience with sufficient training.

Physical therapy treatment, guided by principles of ACT, creates a biopsychosocial treatment for chronic pain that is both evidence-based and innovative (9). Along with CBT and mindfulness, ACT is a psychological intervention that physical therapists and other pain practitioners can use as part of an integrative pain management program (10). The Importance of Embracing Psychosocial Factors of Pain for Physiotherapists will continue to grow.

Studies on physical therapy informed by ACT are just now blossoming and will infuse the physical therapy profession. ACT can seamlessly be integrated into a physical therapy clinical practice and will likely promote better outcomes in pain relief. ACT interventions have also informed the practices of primary care physicians, occupational therapists, nurses, social workers, counselors, corporate health assistants, fitness coaches, health coaches and more (1).

To learn more about ACT for Pain and training for practitioners, [click here!](#)

Best Next Steps

As a practitioner, I know that you already have a lot on your plate. However, learning how to integrate ACT into your typical treatment plan creates a biopsychosocial approach to pain.

ACT helps you become known as an exceptionally-skilled practitioner in the treatment of chronic pain. That expert positioning naturally leads to better patient outcomes and a faster-growing practice. Doing this is also an important way to increase your referrals, generate higher revenues and boost your job satisfaction and professional reputation.

If you're feeling burned out by repeat calls and observing how patients suffer long-term, wouldn't you love to have all the information at your fingertips regarding how they can truly resolve the root cause of their pain?



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To go much deeper on How to Use ACT to Treat Chronic Pain, [join me for my free masterclass](#), where I'll share so much more than I'm able to share here about how you can begin helping people overcome pain, improve function and avoid the side-effects of pharmaceutical medications, invasive surgery and interventional procedures.

There is an ample body of evidence that supports ACT, and I'll go into the best of it with you during the free masterclass. I will also provide you with the most effective way to apply ACT in your practice to improve your patient outcomes, regardless of your experience.

With the rising rates of autoimmune disease, joint replacements, spinal pain, surgeries and other pain-related problems in the U.S. now, this is the perfect time to become a leader in the area of integrative pain care.

I'm excited to share what we have developed at the Integrative Pain Science Institute. Grab something you can use to take notes, because I have a lot of knowledge I can't wait to share with you. I'm certain that it will change how you work with pain patients right away.

[WATCH THE FREE MASTERCLASS NOW](#)

Put your patients' suffering to rest – there ARE solutions for your patients' chronic pain! To learn how to apply ACT for Pain to your practice, [watch the free, on-demand masterclass right now!](#)



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About Joe Tatta, PT, DPT, CNS

Dr. Joe Tatta is one of the pioneering experts in lifestyle interventions for treating persistent pain.

A unique combination of physical therapist, nutritionist, and ACT trainer, he has 25 years of experience in physical therapy, integrative models of pain care, leadership and private practice innovation.

He holds a Doctorate in Physical Therapy, is a Board-Certified Nutrition Specialist and has trained extensively in Acceptance and Commitment Therapy.

Dr. Tatta is also the Founder of the Integrative Pain Science Institute, a company dedicated to reinventing pain care through education, research and professional training.

In 2017, Joe was a key member of the APTA task force expanding nutrition as part of the scope of practice for physical therapists. He is chair of the Physiotherapy SIG at the *Association for Contextual Behavioral Science*, the parent organization of Acceptance and Commitment Therapy.

He also volunteers his time on the New York Physical Therapy Opioid Speakers Bureau and the New York Physical Therapy Association Opioid Alternative Task Force.

Dr. Tatta is author of the bestselling book, [Heal Your Pain Now](#) and host of [The Healing Pain Podcast](#), featuring interviews and free training from respected pain experts.

Ready to explore an evidence-based understanding of what works for people in pain, and receive the guidance to incorporate it into your everyday care? [Begin by watching the free masterclass](#) from Joe Tatta here.



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