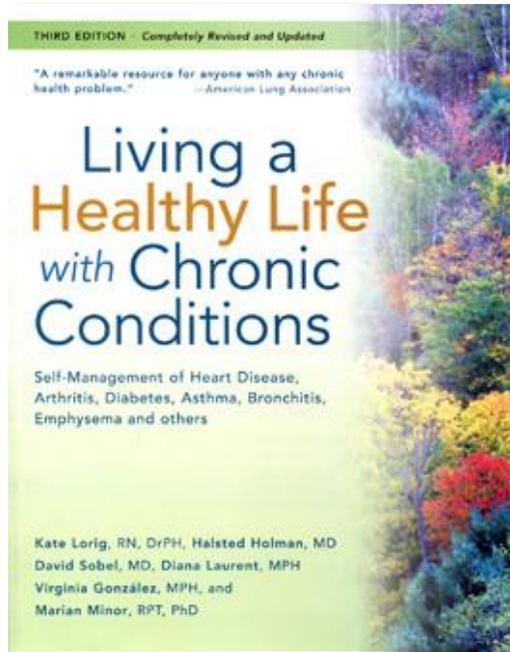


# The chronic pain self-management program: Living well with chronic pain



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# Disclosure & Conflict of Interest

- Ruth Dubin: disclosures and conflicts of interest: none

At the end of this session participants will:

- Recognize the value of inexpensive, community based, peer-led patient education programs
- Be familiar with the basic principles of self-management
- Understand their benefits for participants' self-efficacy, depression, and coping skills

# Why we need pain self-managements programs



- Limits of “pure” medical model
- Lack of access to specialists
- Chronic disease sufferers = social isolation
- Benefits of psycho-education
- The Bio-psycho-social-spiritual connection
- Existential **suffering**

# What is Self-Management?

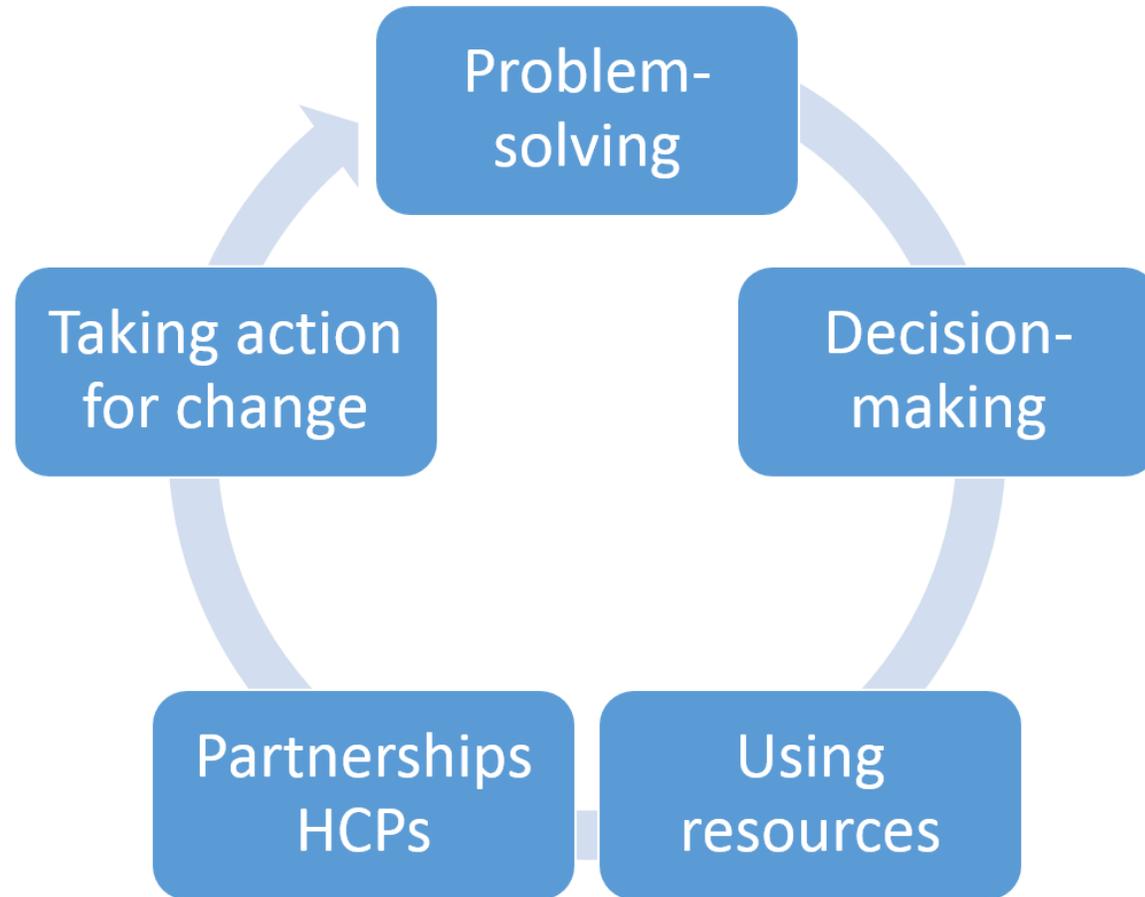
“ The individual’s ability to manage the symptoms, treatment, physical and social consequences and lifestyle changes inherent in living with a chronic condition”.

⌘ (Barlow et al, 2002)

# What is Self-Management Education?

- Programs, based on adult learning principles, that provide patients/clients with the five core skills needed to live an active and meaningful life.
- The goal is to maintain a wellness focus in the foreground, even in the midst of a chronic condition, to improve quality of life (Lorig, 2003).

# Five Core Self-Management Skills



# Why is self-management so important?

- Patient SM is **inevitable**.
- Outcomes are better when patients are **actively involved, have skills to deal with the consequences of chronic conditions, and believe in their ability to do so (self-efficacy)**.
- The professional's role is to be in **partnership with the patient**.
  - Professionals are experts about diseases and treatments; patients are experts about their own lives.

# Self-Management Education: Underlying Principle

- Active self managers are willing to learn about and take responsibility for daily management of their chronic condition and its consequences and are able to:
  - Take care of overall health
  - Carry out normal activities and roles in life
  - Manage emotional changes

# History of Stanford SM Programs

- ASMP – arthritis only
- CDSMP – chronic diseases (respiratory, heart disease, hypertension, diabetes, and arthritis)
- DSMP - diabetes only
- Positive SMP – HIV/AIDS
- CPSMP – chronic non-cancer pain
  - Y-PEP ( CPSMP + structured exercise component)
  - CASMP – chronic angina pain

# Theoretical base for Stanford Model -Theory of self-efficacy

- Developed by Albert Bandura at Stanford
- *“The exercise of human agency through people’s beliefs in their capabilities to produce desired effects by their actions”*
- not just knowing ‘what to do’, but belief in one’s ability to organize and integrate cognitive/ social/behavioral skills to achieve control over everyday circumstances

# Self-efficacy enhancing strategies

- Skills Mastery - the opportunity to practice skills in a supportive environment
- Modelling - peers are role models for other - *"If they can do it, I can do it"*
- Reinterpretation of symptoms - cognitive reframing; examination of illness-related beliefs
- Social Persuasion - gentle support and encouragement from peers, family, friends, HC providers

# Process components

- Mini-lectures
  - information sharing
- Self-reflection — sharing of feelings
  - about how chronic illness affects their lives, how it affects communication, etc.
- Quiz
  - addressing common mis-beliefs
- Brainstorming
  - about benefits of exercise, symptoms of depression

# Process (cont.)

- Setting weekly action plans
  - learning the process of setting short term goals
- Feedback
  - about how well they are doing (verbal & written)
- Group problem-solving
  - dealing with difficult emotions, solving problems that arise with the action plan
- Telephone support mid-week

# “Don’t mess with the process”: confidence-building strategies

- Making action plans
- Feedback - action planning, exercise diary and action plan forms
- Modeling - Program participants serve as models for each other
- Reinterpreting symptoms and changing beliefs - cognitive reframing
- Persuasion - by seeing others succeed in class, by encouragement to do a ‘bit’ more by leader

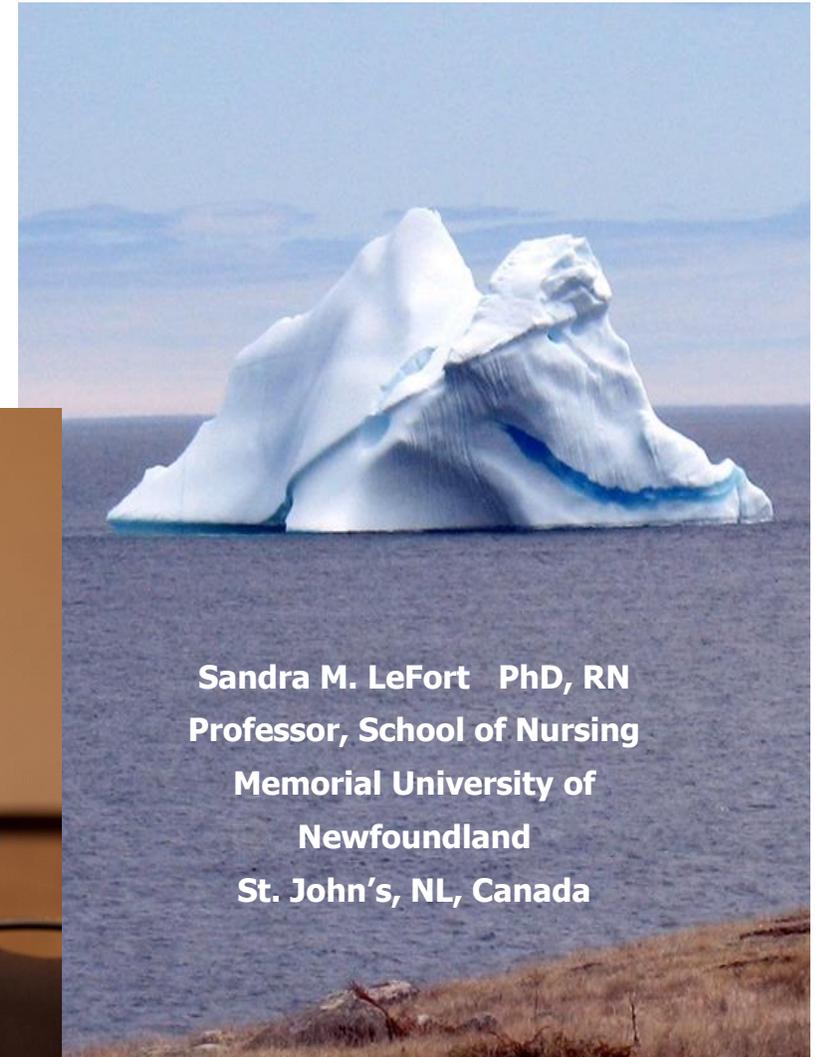
# In 2004, one man's tears in my office led me to Dr. Sandi Lefort: chronic pain self-management program developer



- 44 yr old from Central America
  - left 1985 (Civil War-PTSD)
- LBP since 1990
- Managerial job (very successful)
- WSIB 1991, 1997, rehab +++
- chronic opioids 2001
- let go 2003 (taking meds at work )
- Depression, Disability, Hypertension
- Had every intervention, drug, & referral known to mankind except back surgery or spinal cord stimulator

# Chronic Pain Self Management Program

- Standardized program
- Community-delivered
- 10-15 people per group
- 2.5 hrs /wk for 6 weeks
- Adaptation ASMP/CDSMP
- Train-the-trainer model of dissemination
- Leaders – Peers or HCPs
- Pain workbook and exercise audio CD

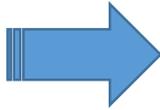


**Sandra M. LeFort PhD, RN**  
**Professor, School of Nursing**  
**Memorial University of**  
**Newfoundland**  
**St. John's, NL, Canada**

# 2006-7: YMCA-PEP (pain exercise program)

- trained certified YMCA instructors
- self-management workbook by Dr. Sandra Lefort
  - based on Stanford Model/Arthritis Self-management Program
  - specifically developed and validated for chronic pain sufferers
- two 1.5 hr. sessions/week
  - R.O.M dance, workbook, walking, relaxation
  - same as above + group exercise, pool, tai chi, yoga, etc.





*This article is based on the authors' poster presentation at the June 2007 International Conference on Pain and Chemical Dependency in New York City.*

## Education and Exercise Program for Chronic Pain Patients

Y-Pep, a Canadian community-based program for chronic pain patients, provides hope, improves physical function, pain tolerance, and coping skills.

By C. King-VanVlack, BSc, MSc, PhD;  
G. Di Rienzo, BSc BPHE, MScPT;  
M. Kinlin, BA, BPHE, MScPT;  
D. Rehel, BSc, MscOT;  
C. Spermezan-Fecior, BA, MScOT;

H. Walker, BSc, MscOT;  
D. Tripp, BA, MSc, PhD;  
M. Paterson, BScOT, MSc, PhD;  
and  
R. Dubin, MD, PhD, CCFP, FCFP

# Get with the Program: People who attend the program attain:

- Improved self efficacy
- Improved bodily function
- Reduced pain
- Improved Mental health Composite score (SF-36): (vitality, Social and emotional functioning and mental health)
- Reduced catastrophizing
- Reduced depression and catastrophizing scores in our studies linked to improved overall function

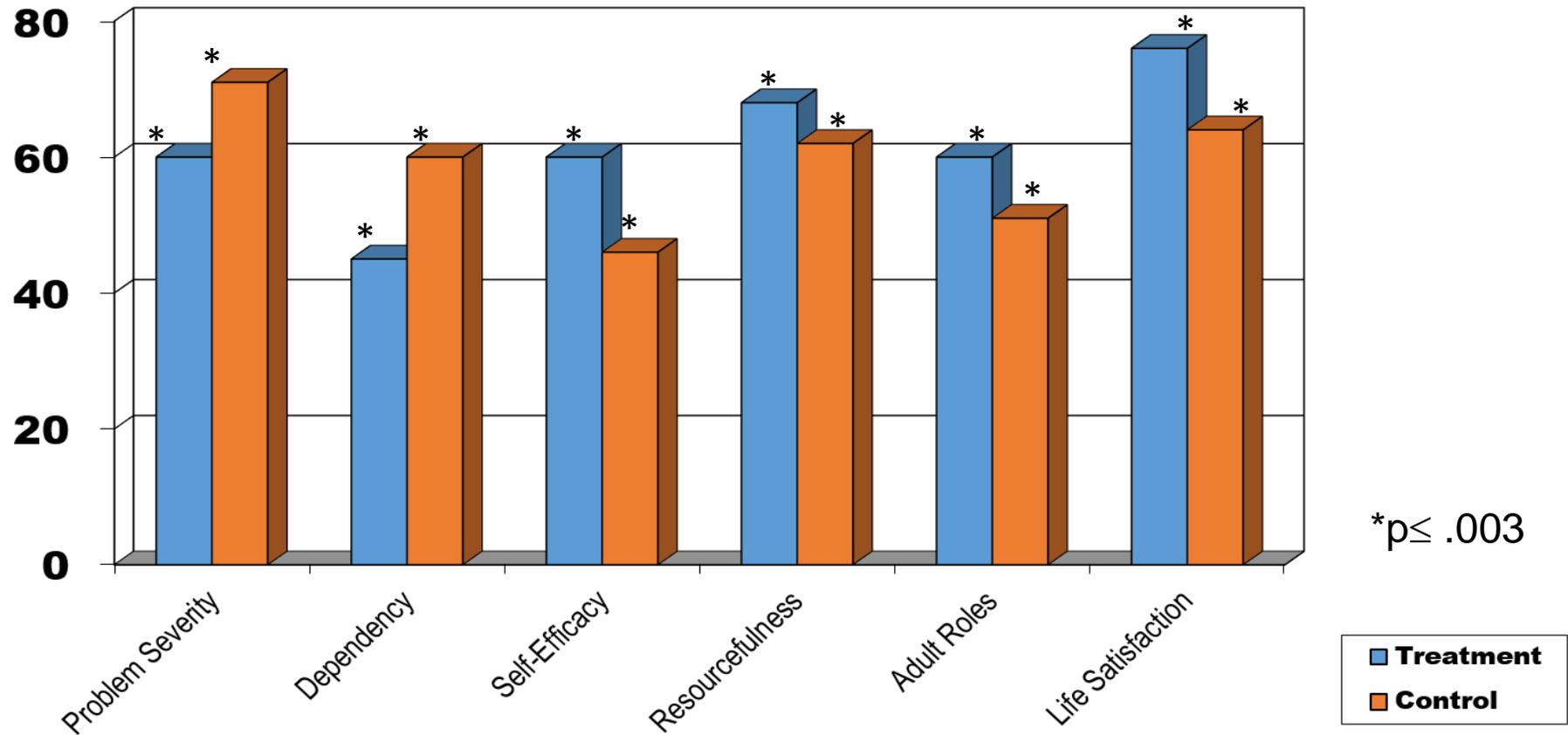
# PAIN SELF-MANAGEMENT TOOLBOX

|                                   |                        |
|-----------------------------------|------------------------|
| Physical Activity/Exercise        | Problem-Solving        |
| Managing Fatigue                  | Using your Mind        |
| Pacing & Planning                 | Healthy Eating         |
| Relaxation & Better Breathing     | Communication          |
| Medications                       | Understanding Emotions |
| Working with Health Professionals | Finding Resources      |

| <b>CPSMP Program</b>                               | <b>Week 1</b> | <b>Week 2</b> | <b>Week 3</b> | <b>Week 4</b> | <b>Week 5</b> | <b>Week 6</b> |
|--|---------------|---------------|---------------|---------------|---------------|---------------|
| <b>Overview of self-management</b>                 | ✓             |               |               |               |               |               |
| <b>Debunking myths</b>                             | ✓             |               |               |               |               |               |
| <b>What is chronic pain?</b>                       | ✓             |               |               |               |               |               |
| <b>Making an action plan</b>                       | ✓             | ✓             | ✓             | ✓             | ✓             | ✓             |
| <b>Feedback/Problem-solving</b>                    |               | ✓             | ✓             | ✓             | ✓             | ✓             |
| <b>Physical activity/Moving Easy</b>               |               | ✓             | ✓             | ✓             | ✓             | ✓             |
| <b>Pacing activity &amp; rest</b>                  |               | ✓             |               |               |               |               |
| <b>Using your mind to manage symptoms</b>          |               | ✓             | ✓             |               | ✓             | ✓             |
| <b>Difficult emotions</b>                          |               |               | ✓             |               |               |               |
| <b>Fatigue/sleep</b>                               |               |               | ✓             |               |               |               |
| <b>Communication</b>                               |               |               |               | ✓             |               |               |
| <b>Healthy eating</b>                              |               |               |               | ✓             |               |               |
| <b>Medications</b>                                 |               |               |               |               | ✓             |               |
| <b>Depression</b>                                  |               |               |               |               | ✓             |               |
| <b>Making treatment decisions</b>                  |               |               |               |               |               | ✓             |
| <b>Working with your health care professionals</b> |               |               |               |               |               | ✓             |
| <b>Future plans</b>                                |               |               |               |               |               | ✓             |

# Comparison of Post-test Scores (Ancova)

*Lefort et al 1998 Pain 74:297*



\*p ≤ .003

# Results

- statistically reliable improvement in health status measures
- improvement in treatment group ranged from 9% to 47% with most in the modest range
- comparable results compared to studies of ASMP, and other chronic pain programs reported in the literature
- results supported self-efficacy theory (i.e., confidence building and increased problem solving lead to better outcomes)

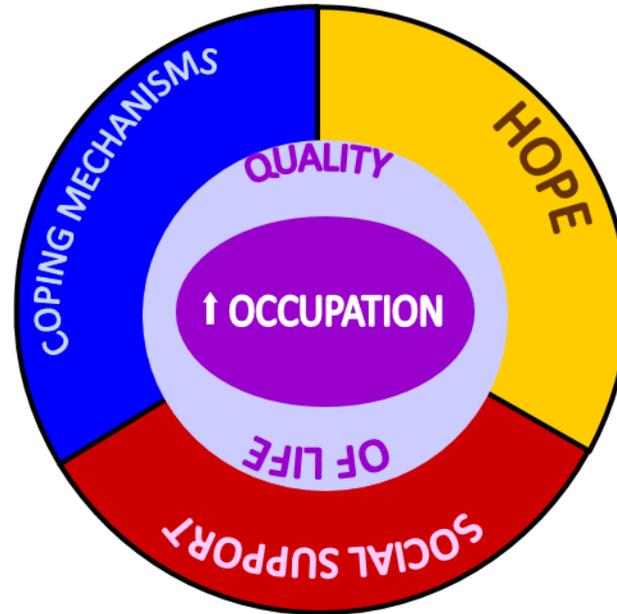
LeFort S, Gray-Donald K, Rowat K., Jeans, ME (1998). A randomized controlled trial of a community-based psychoeducation program for the self-management of chronic pain. *Pain*. 74; 297-306.

# Qualitative outcomes

- Having their voice heard
- Knowing they are not alone
- Sharing with others who understand
- Being a 'safe' environment
- Taking ownership of their pain



*“the pain is there but now I’ve learned how to cope with it, how to deal with it, and [I] get out and do the things that I enjoy doing” (Laura)*



*“And to have hope that yes, I have chronic pain, but look at these other people ... some people here are making big strides so if they can why not me.” (Jane)*

*“My biggest thing, walking out of the very first meeting...I am not alone and this could be a good thing.” (Martha)*

# MOHLTC supports the Stanford Based Self Management Programs\*

- <http://www.livingwellseontario.ca/>
- Multiple chronic disease self management programs (License fee paid by MOHLTC) see LINK TO STANFORD SELF MANAGEMENT PROGRAMS: Diabetes, COPD, HIV, Chronic Pain

\* Pay license fees, pay for training leaders, choices and changes workshop to teach PCP's how to improve uptake.



## PATIENT EDUCATION

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## Chronic Pain Self-Management Program

The Chronic Pain Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. Workshops are facilitated by two trained leaders, one or both of whom are peers with chronic pain themselves.

Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, isolation, and poor sleep 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, 6) pacing activity and rest, and, 7) how to evaluate new treatments.

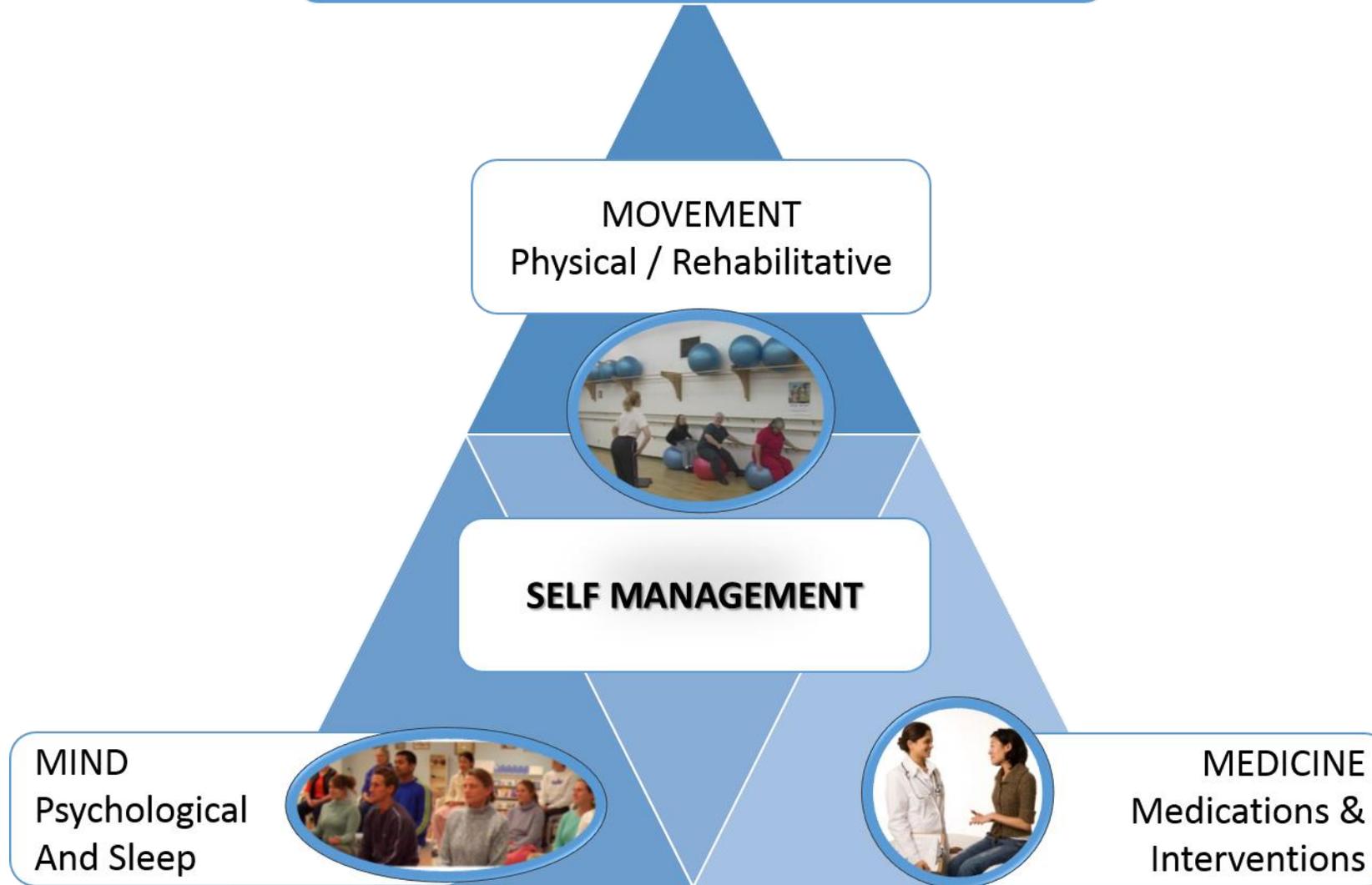
Each participant in the workshop receives a copy of the companion books, *Living a Healthy Life With Chronic Conditions, 4th Edition*, and *Chronic Pain Workbook*.

It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

### related info

- [List of key articles supporting the Chronic Pain Self-Management Program](#)
- [Cross-training information & application](#)
- [Licensing information](#)

# TREATING CHRONIC PAIN



\*(R Jovey, Canadian Pain Society,2009-with input from R.Dubin)

Also see: Action Plan for the organization and delivery of chronic pain services in Nova Scotia, 2006

# Resources: When a structured program isn't an option...digital



[Gentle chair yoga routine](#)



[Progressive Muscle Relaxation](#)



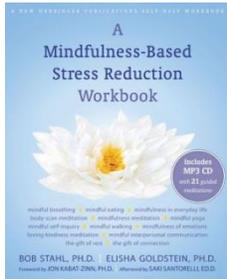
[CPS Meditation](#)



[CPS Body Scan Relaxation](#)

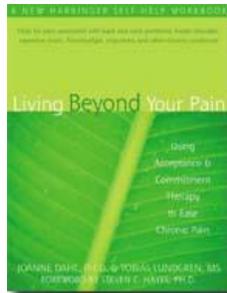
YouTube channel on Chronic Pain self-management meditations and exercise by [Cara Kircher](#), OT with TRI-RC's chronic pain program (google: YouTube Cara Kircher)

# ...or books!



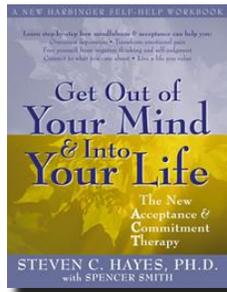
A Mindfulness-Based Stress Reduction Workbook

**Bob Stahl & Elisha Goldstein**



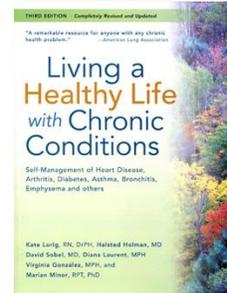
Living Beyond Your Pain: Using Acceptance & Commitment Therapy To Ease Chronic Pain

**JoAnne Dahl & T. Lundgren**



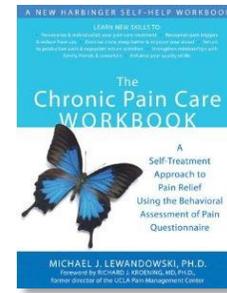
Get Out of Your Mind and Into Your Life The New Acceptance and Commitment Therapy

**Steven C. Hayes, Spencer Smith**



Living a Healthy Life with Chronic Conditions, 3rd Edition:

**Kate Lorig, et al.**



The Chronic Pain Care Workbook

**Michael J. Lewandowski**

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