

# EOCCO Online Pain School

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# Learning Objectives

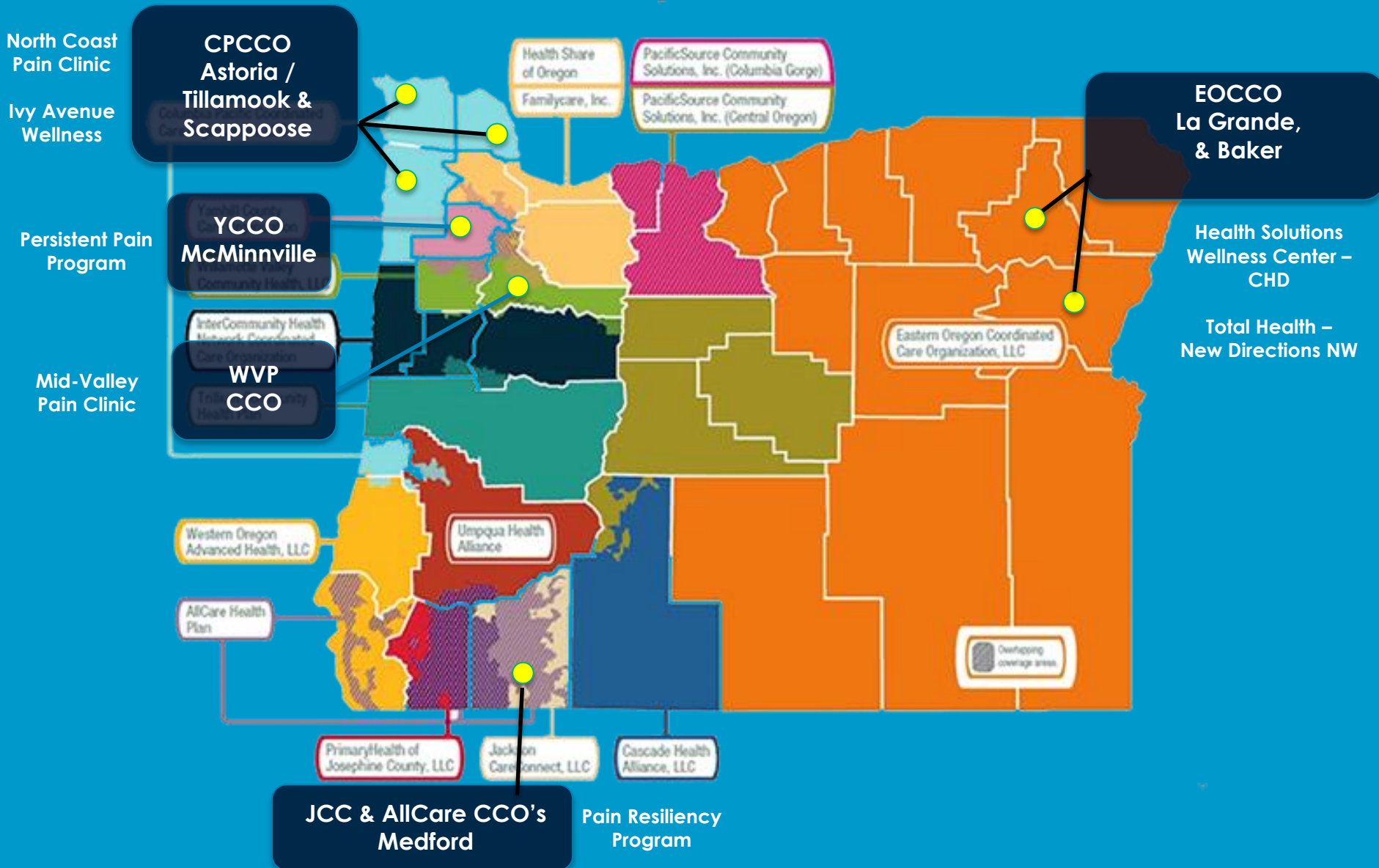
- Understand what pain schools offer and how they can be an adjunctive support option to biomedical treatment for chronic pain.
- Describe the curriculum offered during a four week online pain school group.
- Better understand the strengths and weaknesses of an online program.
- Describe the online pain school opportunity available to EOCCO patients.

# Disclosure Statement

- No conflicts of interest to report

# CCO Pain Management Programs

8-10 Week On-Site



“EOCCO Online Pain School is intended to compliment, not replace, the existing non-pharmacological pain clinic programs currently operating at the Center for Human Development in La Grande and New Directions NW in Baker City.”

# The Three-Legged Stool



Pain  
Education

Sleep

Mindset

**SELF CARE**

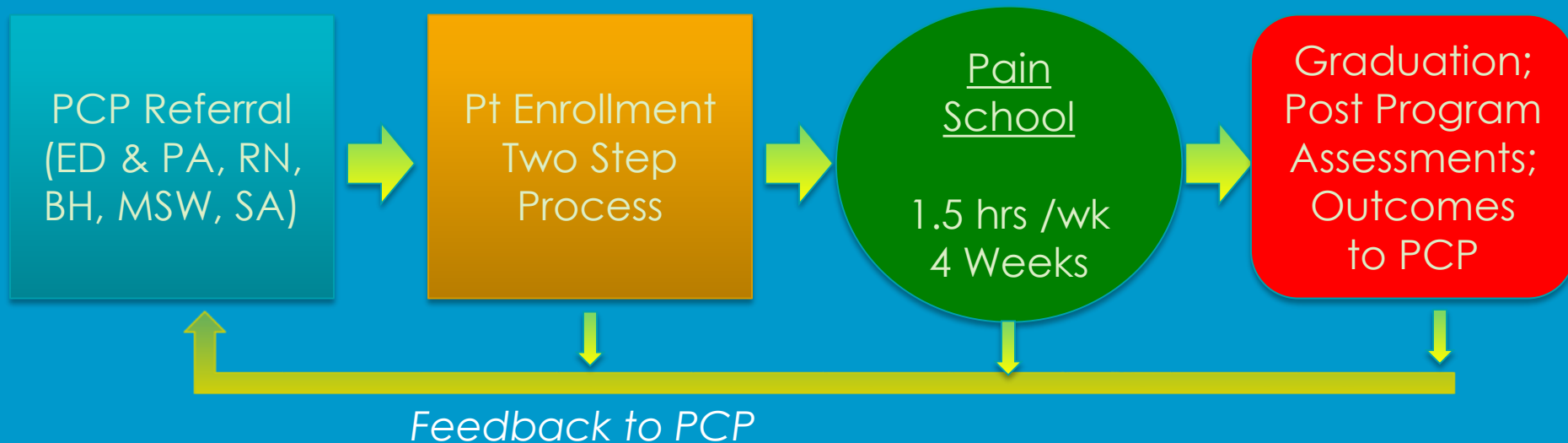
Nutrition

Movement

# Online Pain School Program Workflow

## 4 Week Group Program; No Rx

Pain School - Behavioral Health Consultant w/Educational & CBT Focus  
Movement Therapy – Yoga Therapist with Chronic Pain Training





# Class Registration Process & Scheduling

Two Step process for provider or self referral and enrollment.

Step 1. Referral email & web link directs to a form, which they complete and requires:

- Patient Name;
- Patient Email Address; and/or
- Patient Phone Number.

**Optional (not required)** information that can be included:

- Medical Provider Name;
- Provider Email Address;
- Provider Phone Number; and/or
- Note Section to add other information they would like to include.

# Class Registration Process & Scheduling

Step 2. Welcome / Enrollment email & web link directs participants to an intake form, which asks for more info on:

- Demographics
- Type of pain
- Mental Health / Substance Use
- Exercise
- Sleep Quality
- Nutrition

# Format

4 Classes – Education / Coaching +  
Movement Therapy.

➤ Offered once a week for 1.5 hours.



# GOALS

- Provide pain education to open awareness, reduce threat value and enable new choices.
- Combine activity-based and mindfulness-based approaches.
- Utilize supportive and positive peer relationships.
- Foundational concepts of Hope, Self-Efficacy and Resilience.
- Index the program to the need and readiness of the individual.
- Support integration of MH, SA and primary care.

# Pain School Curriculum

## Class # 1

- Pain 101 - Understanding Chronic Pain
- Stress & Pain
- Relaxation Response – Diaphragmatic Breathing

## Class # 2

- Thoughts, Emotions & Values.
- Mindfulness, Gentle Movement, Breathing

# Pain School Curriculum

## Class #3

- Adaptation – Pacing & Flare Ups
- Body posture, sitting, standing, & calming CNS activity.

## Class #4

- Sleep & Nutrition
- Visualization, relaxation strategies for sleep.
- Resiliency & Graduation

# Defining Pain

Pain: an unpleasant sensory and emotional experience associated with actual or potential tissue damage.

(International Association for the Study of Pain)

Acute Pain < 3 months

Chronic Pain > 3 months – more to do w/central sensitization than tissue damage.

# Central Sensitization



**Central sensitization** is a condition of the nervous system that is associated with the development and maintenance of chronic pain.

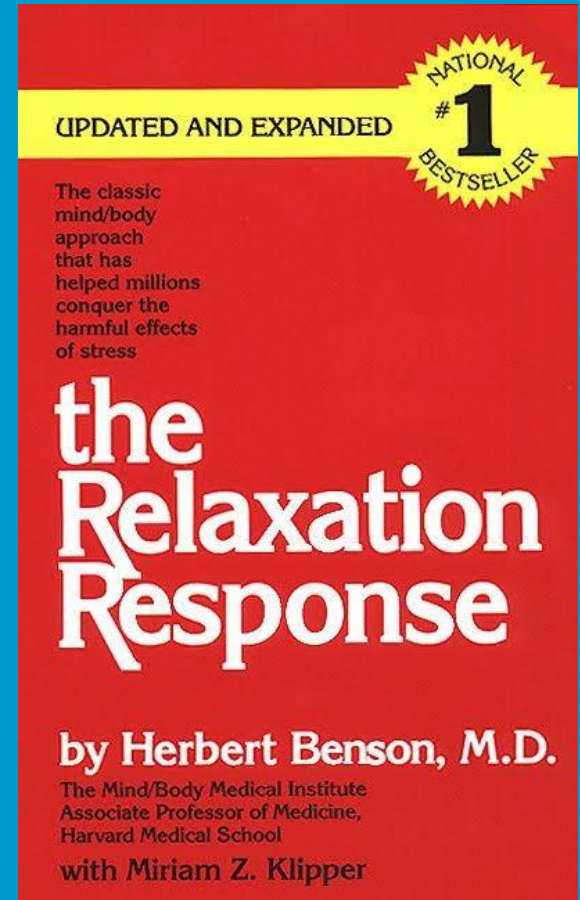
When **central sensitization** occurs, the nervous system goes through a process called “wind-up” and gets regulated in a persistent state of high reactivity.



# Relaxation Response

Opposite (physiological reaction) of the Flight or Fight response. – parasympathetic arousal.

- A technique to help people counteract the toxic effects of chronic stress by slowing breathing rate, relaxing muscles, and reducing blood pressure.
- Video:  
<https://youtu.be/HR0bUf2jwOg?list=PLID6CJUcwWp4U9cNEdUn6QZnJiSC5HNAM>

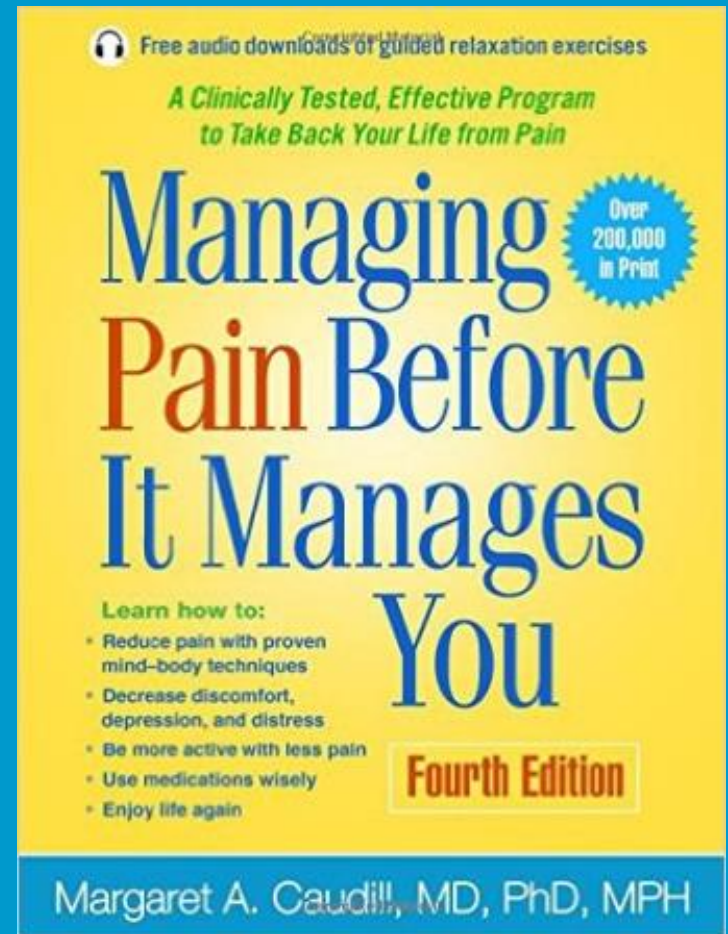


# Cognitive Behavioral Therapy (CBT)

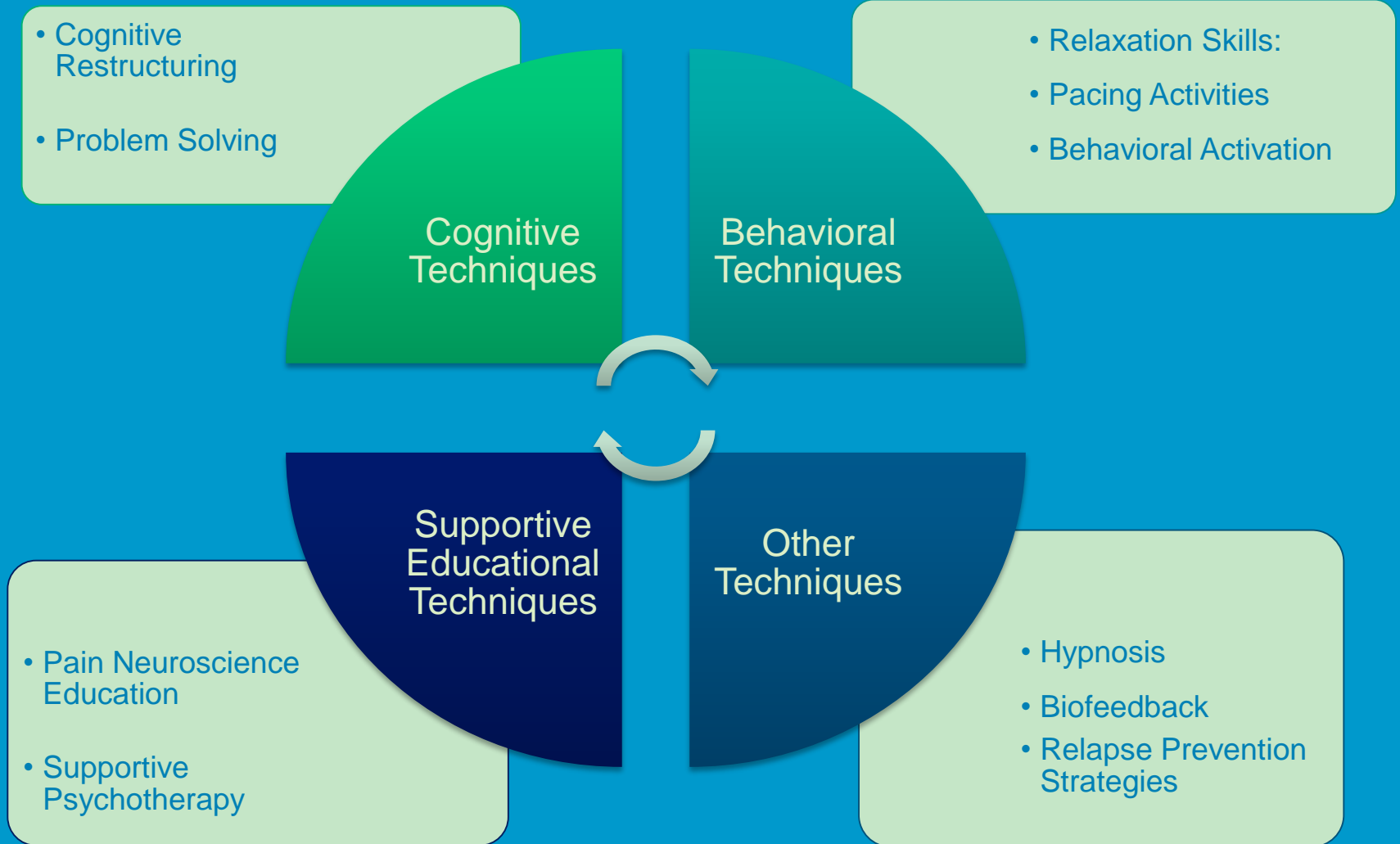
Maladaptive thoughts and behaviors contribute to increased sensitivity to pain and decreased function.

CBT includes a range of strategies aimed at enhancing life skills, increasing self-efficacy in managing pain; and

Goal of CBT is to change **BEHAVIOR** in response to pain.

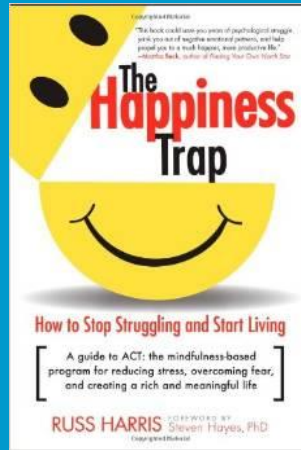
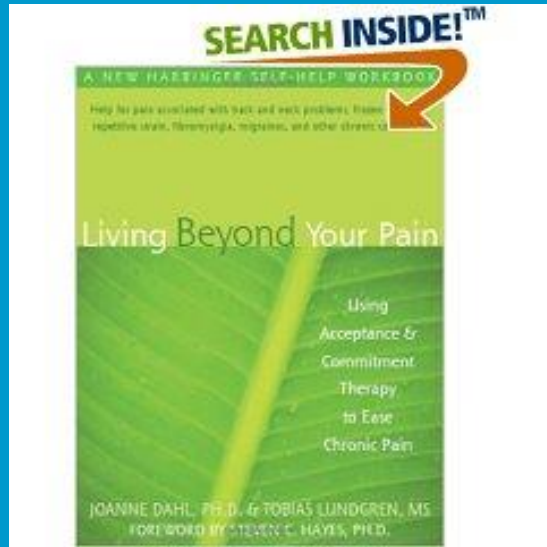


# Cognitive Behavioral Therapy (CBT)

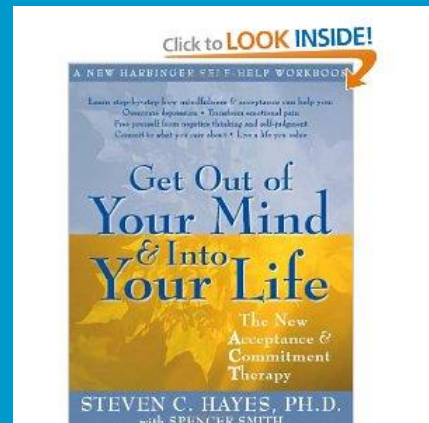
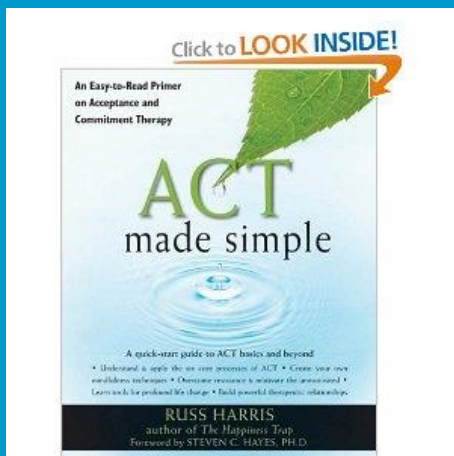


# Acceptance & Commitment Therapy (ACT)

Steven Hayes, 1994



Goal of ACT is to help individuals live a rich, full, and meaningful life while effectively handling the pain that is inevitably experienced.



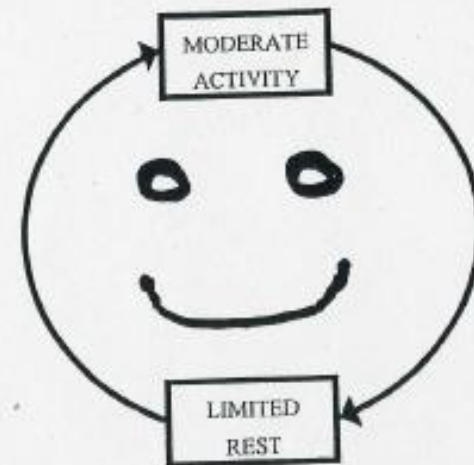
# Pacing Activities / Adaptation

NOT PACING



FIGURE 10.4. Pain cycle.

PACING

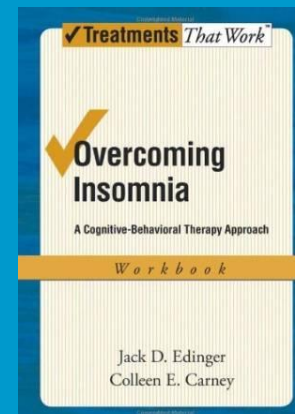
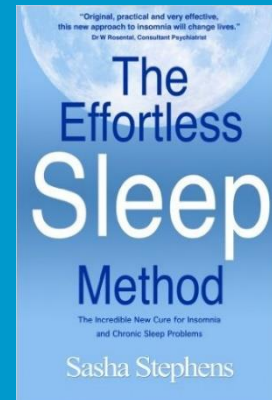
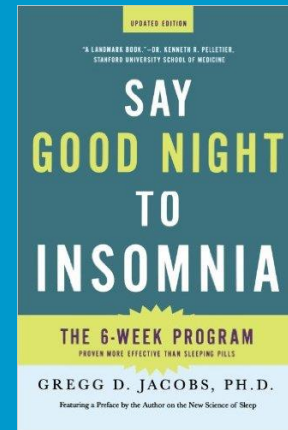


The Activity-Rest Cycle in Chronic Pain (Gil, Ross, & Keefe, 1988) in Psychological Approaches to Pain Management: A Practitioner's Handbook. Edited by Robert J. Gatchel and Dennis C. Turk (1996)

# Insomnia (Sleep Hygiene)

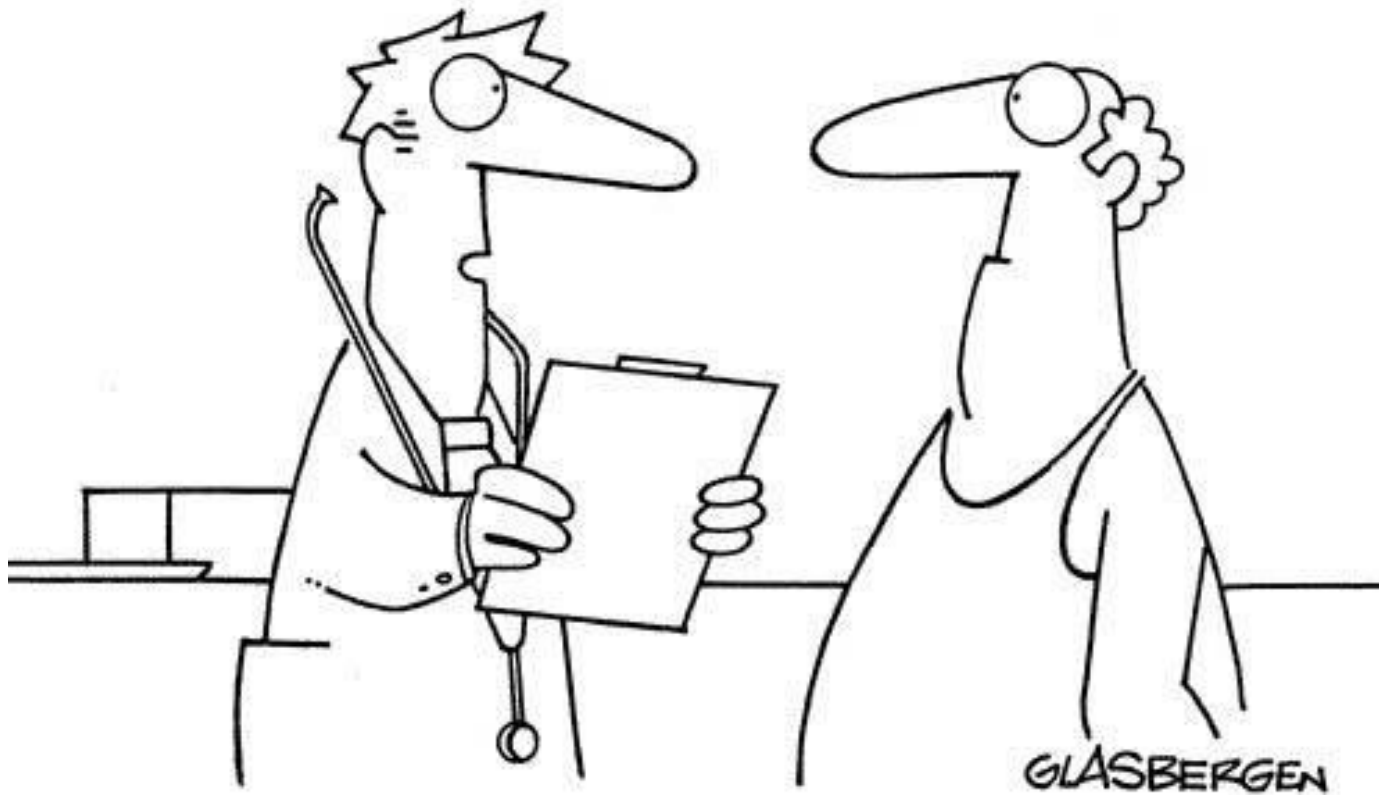
1. Maintain a regular bed and wake time schedule, including weekends.
2. Establish a regular, relaxing bedtime routine.
3. Workout regularly (stop exercise 3 hours before bed).
4. No electronics in bedroom - TV, phones.
5. No exposure to TV or computers 2 hours prior to bedtime.
6. Use bedroom only for sleep and partner time.
7. Finish eating at least 2-3 hours before bed.
8. Refrain from taking naps (not more than 20').
9. Avoid caffeine afternoon.
10. Avoid alcohol close to bedtime.

Resource: CBT-i Coach



# Movement Therapy

© 2000 Randy Glasbergen. [www.glasbergen.com](http://www.glasbergen.com)



**“The handle on your recliner does not qualify as an exercise machine.”**

# Movement Therapy

Breathing

Posture – Walking / Sitting / Stretching

Connecting with your body

Mindfulness

Guided Imagery





**WHAT IF I TOLD YOU**



**THE VACUUM WON'T HURT YOU**

[livememe.com](http://livememe.com)

Our understanding of chronic pain conditions and treatment has changed...

- The **fear** of pain is more disabling than the pain itself.

- (Waddell, 1993)



# Mindfulness-based Stress Reduction (MBSR)

Jon Kabat-Zinn, 1979

- MBSR involves combination of meditation, body awareness and yoga.
- Focuses on increasing awareness and acceptance of one's experiences.
- Conclusion: people with LBP who did 8 x 2 hour sessions of group showed greater improvements in function compared to CBT alone.

**Effect of Mindfulness-Based Stress Reduction vs Cognitive Behavioral Therapy or Usual Care on Back Pain and Functional Limitations in Adults With Chronic Low Back Pain A Randomized Clinical Trial**

Daniel C. Cherkin; PhD, Karen J. Sherman; PhD; Benjamin H. Balderson, PhD; Andrea J. Cook; PhD; Melissa L. Anderson; MS; Rene J. Hawkes; BS<sup>1</sup>; Kelly E. Hansen, BS; Judith A. Turner, PhD

JAMA. 2016;315(12):1240-1249. doi:10.1001/jama.2016.2323.



Pain is Complex

All Pain is Real

**Pain ≠ Harm**

# Outcome Data

# Referral & Attendance Data

(as of September 1, 2018)

Cohorts Completed – 2 of 5

Referrals - 48

Registered - 44 (92%)

Attended First Class – 29 (66%)

Graduates – 26 (59%)

DNF – 18 (41%)

# Demographic Data

(as of September 1, 2018)

Age Range: 36 to 62

Gender:      Female – 28                      Male - 1

## Participant County of Residence

- Baker                      6
- Grant                      1
- Harney                    1
- Lake                      3
- Malheur                  8
- Umatilla                 6
- Union                     3
- Wallowa                 1

# Type of Pain

## (Number of Pt's by Self Report)

Note: All Pt's reported having one or more of the following pain types.

Back	26
Fibromyalgia	19
Neck	15
Neuropathic or Nerve	12
Headache	11
Abdominal	4
Hernia	1
Knee	2
Plantar Faciitis	1
Feet & Legs (Not Assoc. w/Diabetes)	1
Systemic Exertion Intolerance Disease (SEID)	1



# Mental Health

## (Number of Pt's by Self Report)

Depression, Anxiety & PTSD 18  
(18 pt's indicated they had all three)

Anxiety & PTSD 9  
(9 pt's reported having both)

Depression & Anxiety 7  
(7 pt's reported having both)

Anxiety 6  
(6 pt's reported having Anxiety)

Other 1  
(1 pt reported having Schizophrenia)

# Exercise, Sleep & Nutrition

## (Number of Pt's by Self Report)

### Weekly Exercise

None	22
More than 3 Days / Week	5
1 to 2 Days / Week	2

### Sleep Quality

Poor	16
Fair	10
Good	3

### Nutrition

Somewhat Healthy	9
Very Healthy	8
Not Healthy	12

# Assessment (Pre/Post) (as of September 11, 2015)

N = 26

PHQ4 / Anxiety & Depression

- 19 (74%) Reporting Decrease

PSEQ / Confidence

- 21 (80%) Reporting increase; 16 (62%) > 40

PEG 3 / Pain Interference

- 18 (69%) Reporting Decrease

# Exit Survey

## (By Cohort)

### Cohort # 1:

Very Satisfied	14
Somewhat Satisfied	3
Not Satisfied	0

### Cohort # 2:

Very Satisfied	8
Somewhat Satisfied	3
Not Satisfied	1

# Barriers

- Outdated computer hardware - which includes laptops, mobile devices/cell phones, and desktops.
- Old or outdated web browser or operating system software.
- Bad internet connection – connection was unstable or utilizing old technology.

**Questions?**