Self-Management Education for Chronic Pain

Sandra M. LeFort PhD, RN

Professor, School of Nursing

Memorial University of Newfoundland

Lisa Webster RN

Objectives

1. Present an overview of the concept of self management
2. Differences between SM education and traditional patient education
3. Discuss the Stanford model and programs
4. Describe the CPSMP and evidence from research studies

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)

History of self-management

- First coined in the 1960's by Tom Creer, a pediatrician in Denver, to denote a patient's active participation in day-to-day treatment
- Emerged as a major research priority in the 1980's following prevalence studies of the rapid rise in chronic illness in the two previous decades
- Realization that standard health care delivery models of acute care were too narrow in scope to address chronic conditions

  - *Holman & Lorig, 2004*

Critique of traditional patient education

- Scope of education: focuses on technical self-care skills & specific disease-related information. This is not enough to handle complexity of impact of chronic disease.
- Client is a passive recipient of information – little active involvement
- Lacks adequate complexity to address the multiple tasks of long term conditions and co-morbidity

Tasks in all chronic conditions

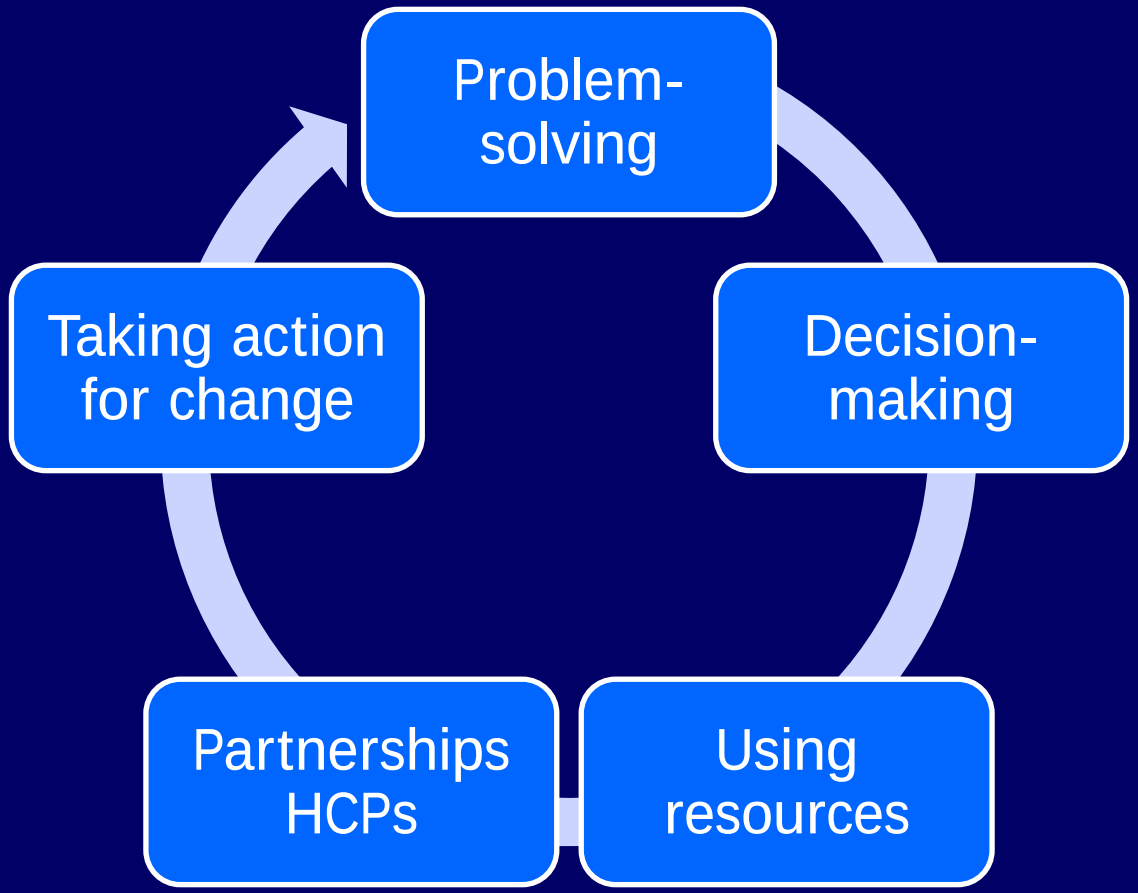
- Individuals will need to self-manage day-to-day:
  - medical treatment
  - symptoms
  - physical, emotional & social impacts
  - lifestyle changes

Impact

- Deep distress
- Functional limitations
- Depression
- Sleep problems
- Low self esteem
- Job change or job loss
- Change in social relationships
- Effects on the family

Brevik et al. (2006); Boulanger et al. (2007)

Five Core Self-Management Skills



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).

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

Types 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 (LeFort, 1996; 2006 , LeFort & Webster)

Theoretical base for Stanford Model - Theory of self-efficacy

- Developed by Albert Bandura, a social psychologist, 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 elements of all Stanford Programs

- 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

Chronic Pain Self Management Program

- Standardized program
- Community-delivered
- 10-16 people per group
- 2.5 hrs /wk for 6 weeks
- Train-the-trainer model of dissemination
- Leaders – Peers or HCPs
- Pain workbook and exercise audio CD

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

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

CPSMP Research : RCT #1 (1998)

110 people, randomized to the SM CPSMP treatment group (N=57) or the wait-list control group (n=53)

- Mean age: 40 yrs (24 – 60 yrs)
- % female: 73 %
- % working: 38 %
- Neck/back pain: 68 %
- Pain duration: 6.5 yrs
- Recent visit to HCP: 62% in past 30 days

Results at 3 months

- Statistically significant improvement in health status measures (pain, disability, dependency on others, self-efficacy and resourcefulness, social and physical functioning, mental health, and life satisfaction)
- Results comparable to studies of other pain programs in the literature
- Results supported the role of confidence building and problem solving

RCT #2 (2003)

- Larger study in varied rural and urban sites (Ontario, Newfoundland and Saskatchewan)
- Facilitators were community-based nurses and allied health professionals
- Baseline, 3 and 12 month data collected on major study variables and monthly Pain Care Diaries to track economic costs

Participant characteristics (n=207)

- Mean age : 48 yrs
- % female: 80%
- % Working: 31%
- Mean pain duration: 9 yrs
- % back or neck pain : 75%
- Recent visit to a health care provider: 90%

At the end of the CPSMP What they said

- Having their voice heard
- Knowing they are not alone
- Sharing with others who understand
- Being in a ‘safe’ environment
- Taking ownership of their pain
- Learning from others/helping others
- Hope/direction

Dissemination and other research

- CPSMP being delivered in parts of Canada, the USA, Denmark and Australia
- Supports results from pilot studies done at Queen's University, Canada
- Evaluation of first 71 Danish participants found significant reductions in pain catastrophizing and functional limitations & perceived overall benefit.
- Danish health department conducting an RCT across 25 municipalities (n=500) in 2011/2012 with peer facilitators

Acknowledgments

- Supportive colleagues Dr. Judy Watt-Watson, Dr. Roman Jovey
- Other research colleagues working in self-management Dr. Mike McGillion & Dr. Jen Stinson
- Dr. Kate Lorig, Stanford Patient Education Research Centre (http://patienteducation.stanford.edu)

CPSMP-related references (selected)

Dubin, R. & King-VanVleck, C. (2010). The trajectory of chronic pain: Can a community-based exercise/education program soften the ride? *Pain Research & Management, 15*, 361-8.

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.

McGillion, M, LeFort, S. et al. (2011). Pain self-management: theory and process for clinicians. In M. Lynch et al. *Clinical pain management: a practical guide*. Wiley-Blackwell:

McGillion, M., LeFort, S. et al. (2008). Chronic pain self-management. In S. Rashiq et al*. Chronic pain: a health policy perspective*. WileyVCH Verlag: Weimheim.

McGillion, M., et al. (2008). Randomized controlled trial of a psychoeducation program for the self-management of chronic cardiac pain. *Journal of Pain and Symptom Management, 36*, 126-40.

King-VanVleck, C. et al. (2007). Education and exercise program for chronic pain patients. *Practical Pain Management*, 7, 17-27, 33.