A QUALITATIVE INQUIRY INTO THE IMPACT OF “POWER OVER PAIN”: A PSYCHO-EDUCATIONAL GROUP FOR PERSISTENT PAIN MANAGEMENT

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Background

POWER OVER PAIN (PoP)

Group classes for patients with persistent pain that provide knowledge and resources for self-management
• 18 topics in 27 weeks
• 9 patient led discussion sessions for:
  • Reflection
  • Incorporation of new ideas
  • Problem solving
  • Asking questions

Each class led by a team member:
• Physical therapist
• Behavioral health specialist
• Dance/movement therapist
• Music therapist

DATA ANALYSIS

• Theoretical thematic analysis procedures as outlined by Braun and Clarke

STUDY DESIGN

Semi-structured interviews with PoP participants

Inclusion Criteria: Participants with persistent pain who have attended a minimum of 10 PoP sessions

Interviews conducted by research assistants

FUTURE DIRECTION

Define the process of participants’ knowledge acquisition

Comparison of qualitative and quantitative data

Knowledge gained will be used to:
• Guide future PoP programming
• Inform healthcare communities about the benefits and curriculum of persistent pain education programs

PHYSICAL THERAPIST
• Assessment
• Exercise prescription
• Education
• Stress management

SOCIAL WORKER
• Emotional support
• Problem solving
• Advocacy

NURSE
• Communication
• Emotional support
• Help with daily activities

COGNITIVE BEHAVIORAL THERAPIST
• Cognitive restructuring
• Coping strategies

PSYCHOLOGIST
• Psychotherapy
• Cognitive-behavioral therapy

COUNSELOR
• Counseling
• Support group

PhD

Conducting a qualitative study to evaluate the impact of PoP

Demographics

• Population: serves 20,000 residents of North Philadelphia
• 90% African American
• Median family income: $13,000
• Uninsured: 40%

Most persistent pain research using patient education has been quantitative. Most qualitative researchers have explored patients’ perspectives and the impact of persistent pain education.

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PRELIMINARY THEMES

Theme 1: Transformation from helpless to hopeful
• Prior to PoP: Participants felt stuck physically, emotionally, and socially
• After the PoP:
  • Greater understanding of persistent pain helps to break dealing with stigma
  • Feeling empowered and motivated

Theme 2: Most valued aspects of the PoP program
• Social support, shared experience, exchange of ideas
• Refocus on positive things
• Renewed appreciation of exercise and activities
• Relaxation techniques and meditation

QUOTES

Quotes from PoP interviews:
• “So coming to the power over pain class, they teach us how to approach my pain more on a psychological way. You know physically sometimes I can’t control that, but it taught me more how to psychologically deal with my pain.”
• “Power over Pain helped me to realize that I might not have control over where the pain is coming from, but I do have control over how much I put on myself.”
• “As far as Power over Pain, it helps to be around other people that understand what you’re going through, so just being honest and being able to talk to someone that can relate to you.”

RESULTS

Many studies have found that multidisciplinary pain management programs provide significant improvements in the following outcomes compared to standard care:

• Self-Percieved Disability
• Pain interference
• Quality of life
• Catastrophizing
• Understanding illness
• Pain control
• Emotional distress
• Depression
• Kinesiophobia

After the PoP:
• Participants felt physically, emotionally, and socially empowered
• Participants felt less pain and improved function
• Depression scores decreased by 50%

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PERSPECTIVE OF PATIENTS

The Institute of Medicine (IOM) 2011 changes in the brain and is harmful to management.1-5

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PERSISTENT PAIN

Persistent pain is pain that lasts longer than 3 months, creates neuropathic changes in the brain and is harmful to psychological well-being.1-5

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RESEARCH

The purpose of a multidisciplinary approach for pain management is to teach skills in decreasing central sensitization by reframing beliefs about pain and coping with all aspects of the pain experience using techniques in the following five areas:2

• Biological
• Psychological
• Social
• Behavioral

A Cochrane review and meta-analysis of 41 tindler found moderate-quality evidence that multidisciplinary care was more effective than standard care in improving long term pain and long term disability.8

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BEST PRACTICE FOR TREATING PERSISTENT PAIN

A multidisciplinary approach to psycho-educaion has been shown to be effective in persistent pain management.

References


FREE PERSISTENT PAIN HANDOUTS

Patient handouts and classes were based off of principles found in The Pain Survival Guide.

Use the link below to access free PoP resources

bit.ly/poweroverpain