



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

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Background

Drexel University Stephen and Sandra Sheller 11th Street Family Health Services Center

11TH STREET SERVICES

- Primary care
- Nutrition
- Dental
- CIT
- Behavioral Health
- Creative Arts Therapies
- Social Work
- Physical Therapy
- Fitness

DEMOGRAPHICS

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

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
 - Nurse
 - Complementary integrative therapist
 - Dance/movement therapist
 - Music therapist

Qualitative Study

PURPOSE

- Investigate participants’ perceptions of the impact of PoP on their understanding of and coping with persistent pain and their overall well-being

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

DATA ANALYSIS

- Theoretical thematic analysis procedures as outlined by Braun and Clarke¹⁰
- Transcripts imported into MAXQDA 11 and analyzed by two coders
 - Semantic approach to coding

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 psychological 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

PRELIMINARY THEMES

Theme 1: Transformation from being stuck to feeling empowered

- Prior to PoP: Participants felt stuck physically, emotionally, cognitively, and socially
- After the PoP:
 - Greater understanding of persistent pain helps to break/deal with stigmas
 - Feeling empowered and motivated
 - Improved self-care

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

Theme 3: Preferred pain management techniques

- Exercise and activities
- Relaxation
- Meditation
- Music (to refocus, relax, or energize)
- Social engagement (e.g. interacting and talking with others, helping others)

Theme 4: Program feedback

- Appreciation of educational handouts; mixed feedback about textbook
- Liked learning different self-management techniques
- Suggestions for improvement: longer session length and larger group size

Literature Review

PERSISTENT PAIN

Persistent pain is pain that lasts longer than 3 months, creates neuroplastic changes in the brain and is harmful instead of protective

The Institute of Medicine (IOM) 2011 report on chronic pain:

- Affects 100 million people
- Healthcare costs \$635 billion
- Need more healthcare provider and patient education

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
- Cognitive
- Psychological
- Social
- Behavioral

A Cochrane review and meta analysis of 41 studies found moderate quality evidence that multidisciplinary care was more effective than standard care in improving long term pain and long term disability.⁶

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

- Self-Perceived Disability^{1,4,7}
- Interference of pain on daily activities²
- Physical performance^{4,5,9}
- Perceived pain control^{2,8}
- Quality of Life⁷
- Pain severity²
- Catastrophizing^{5,9}
- Pain severity²
- Understanding illness^{4,8}
- Kinesiphobia⁹
- Emotional distress²
- Depression¹

BEST PRACTICE FOR TREATING PERSISTENT PAIN

A multidisciplinary approach to psycho-education has been shown to be effective in persistent pain management.¹⁻⁵

Most persistent pain research using patient education has been quantitative.¹⁻⁹

Few have qualitatively investigated patients’ perspectives on impact of persistent pain education.

Concept Map

Clinical Reasoning Model for Persistent Pain



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Self Managing Patient

Healthcare Team Serves as Consultants

SHARED PLAN OF CARE

PATIENT • PT/REHAB • BEHAVIORAL HEALTH • 1stCARE • COMPLEMENTARY SERVICES • SPECIALISTS

SHARED GOALS • SHARED REASONING



References

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Free Persistent Pain Handouts

Patient handouts and classes were based off of principles found in The Pain Survival Guide.¹¹

Use the link below to access free PoP resources

bit.ly/poweroverpain

