



Facilitation Notes

Overcome Pain Self Management (OPSM)

Pain science education is an effective and evidence-based intervention for people in pain. Not only does it decrease pain and increase functional outcomes, it also positively impacts clinician stress. The OPSM facilitation notes, and accompanying ten video segments, allow you to commence this education now – whether in your clinic, in a doctor’s office, or in your community.

For those already providing pain education, the OPSM package will enhance your current process and patient care outcomes. Additionally, these resources provide innovative opportunities to collaborate with community health professionals, while potentially expanding your business, community-impact and quality of patient care.

History of OPSM

Early in 2013, through a Pain BC initiative, we tested a basic prototype of the OPSM package, at that time called Empowering Self Management of Pain. Feedback was even more enthusiastic than we expected from those using the initial version.

Experienced health professional educators, and others uninitiated in pain-science education told us of the excellent improvements experienced and described by their patients with complex chronic pain. We heard from clinicians that many of the barriers to providing this education were overcome when the educator no longer needed to be ‘the’ content expert. The educators were able to focus their attention on the people in pain, rather than endeavoring to convince them of a new pain paradigm. Patients enjoyed the opportunity to discuss how the pain science related to their particular situation and experience.

Finally, and most importantly, patients were less likely to state that the facilitator was suggesting that the pain was ‘**all in their head**’. Whenever this perspective came up, the facilitator could divert such negative inferences to the ‘expert’ on the video, commencing a discussion of how this statement is both invalidating, and has some truth in it. Overall, the pilot project was a success.

We questioned whether larger groups, up to 12, but as many as 60, would retain the information, and whether we would see shifts from pre contemplation, and towards less catastrophic thinking. Preliminary findings trended to positive shifts, changing beliefs and thinking in the majority of patients. Possibly our most telling result was that health care professionals increased their referral rates into the facilitated education process after experiencing the positive changes in their patients completing the education.

Overview and Organization

This package includes 10 video segments, ranging from 3:15 to 9:02 in length. In total, there are 70 minutes of instructional video. At the end of each segment (cued by a Group Discussion Slide seen in the photo below), please refer to the facilitation notes for the following: questions to stimulate discussions, engaging stories to highlight the key points, and opportunities to make the information relevant to the individuals in your group.



If you limit discussions between the video segments to 5 minutes, then the education process can be completed in 2 hours. However, it is best to find a balance between facilitating important discussions and letting participants continue to learn and experience the pain science education content.

Organize the discussion periods to best suit your schedule and facilitation style.



Schedule your education session for between one and two hours, with movement breaks. You can get creative with the breaks and incorporate breath practice, meditation and/or body awareness work.

Getting started

- Gather together a group of people with pain.
- Do not limit enrolment based on length of pain episode.
- Whenever possible, start the education during the sub acute stage.
- Provide an introduction, including who you are if the individuals have not met you.
- Explain that the purpose of this education to provide information about how the pain systems work, and that you hope this information will help with their recovery.
- State that you will use short video segments, in which a 'pain expert' will provide details of what we understand about pain. After about 8 minutes, you will pause the video for interactive group discussion, allowing for sharing on how the information relates to their person pain and injury story.
- Explain the video presenter's credentials including Clinical Assistant Professor at UBC.
 - Physiotherapist ,yoga therapist, and yoga instructor
 - 30 year career working with people with complex pain conditions, chronic persisting low back and neurogenic leg pain.
 - Recipient of The Excellence in Interprofessional Pain Education award in 2012.
 - Neil works clinically in Penticton, BC, Canada providing the knowledge and tools for effective pain self management throughout physiotherapy and therapeutic yoga.
 - Owner of lifeisnow.ca and resources



Before you start the first video:

- Remind everyone to feel free to stand up or change positions, rather than staying seated even though the pain is getting worse.
- Share the resources called Overcome Pain Live Well Again, at www.lifeisnow.ca.
- Encourage participants to refer to their journal as they wish.
- Remind them there is no need to take notes since they can watch this information again at www.lifeisnow.ca, but they are welcome to.

Preparation for Facilitator

- Watch the Overcome Pain webcasts at www.lifeisnow.ca , many of your participants may have already found these, and they are a great open access resource to which your participants can refer after your education. Family members also find these helpful to understand pain, and the lived experience of pain better.
- Watch the How to Move in the Face of Pain webinar – it is part of the Yoga for People in Pain series at www.lifeisnow.ca.
- Watch the unedited version of Pain BC’s Empowering Self Management of Pain to acquaint you with the information, metaphors and stories of OPSM.
- View Youtube clips by Lorimer Moseley also provide engaging stories to highlight the key points and start a group discussion.
<https://www.youtube.com/watch?v=-3NmTE-fJSo> is a good place to start!
- Read Lorimer’s book Painful Yarns, and Lorimer and David Butler’s “Explain Pain”.





Please keep in mind the following:

- Storytelling is powerful! “Words set things in motion. Words set up electrical fields and charges”.
- There is strong evidence that engaging patient-stories are an effective way to provide alternatives to current unhelpful beliefs about pain and recovery.
- The stories of the individuals in your education session can be more powerful than the stories you tell.
- As a facilitator, use your skills to draw out these stories. Even when the Story provided doesn't fully hit the concepts; there is usually opportunity to segue to the point you are discussing.
- If you decide to use any of the stories included in these notes, do not tell the story in ‘first person’ – unless of course you have a similar experience.
- You can use a story to reinforce what has been stated on the video, or to open a discussion with the group.

Vary your Facilitation ideas based on the following:

- Be aware of the individuals in your group, noting various adult learning styles, culture, age and literacy levels and their experience with pain.
- Be aware and intuitive to their reactions to the information. You only need to shift people so they will consider new ideas as possibly helpful, rather than taking responsibility for making certain their beliefs and behaviours change immediately.
- Be patient.
- Be particularly aware of when individuals start looking uncomfortable: body language, distracted, fidgeting, or loss of interest with the information. This can be a sign that you are being misunderstood, or that you are challenging strong beliefs. ... Use this as an opportunity to ask individuals what they think of this information, and how it relates to their situation – or not.
- Be aware of participants who may be feeling that they are being patronized.
- You may need to ask the group or individuals if they feel the message they are hearing is genuine. They may be experiencing the idea that the ‘expert’ has a hidden agenda.
- Make the questions you ask “safe”, clearly stating all opinions are okay, and that you are open to other ideas. (The more you push to prove that the ‘expert’ is right, the more resistance you may face.)

Get Started

- Introduce yourself!
- Discuss your experience as a facilitator
- Discuss your experience with chronic pain
- Have some fun and set the stage for interactive learning
- Organize any flip chart paper or other facilitation tools you may want to use. (parking lot, journals, name tags etc.)
- Have the participants introduce themselves. Make it engaging, fun and short!
- Create a learning plan for the session.
- Explain the way the learning will take place with video/power point and interactive discussions: Stating *“Through these education sessions we hope you will learn new ideas about pain and about chronic pain. The goal is to then use this knowledge to help you move with more ease and increase your activity, as well as to decrease your pain.”*

OPSM Video Segment 1 – Introduction

Story - A logger with a long history of LBP, learned over the years to ignore LBP, because all the other loggers seemed to keep working no matter how badly their backs hurt. Then, a new injury (a tree falls on his torso) leaves him with legs that give out when he stands and walks. The doctors can find no evidence of pinched nerves after all the investigation, yet his legs give out. Even though he is trying really hard to get better, some have doubts about whether he really wants to go back to work. Yet, we need to consider that for years he has ignored danger signals coming from his back. He is masterful at not changing his behavior no matter how many signals are coming from his back. “So what do you think a sophisticated protection system would do if you didn’t listen to it?” (A: find another way to stop you!)

Facilitation ideas to discuss

- Your body has a sophisticated protection system for pain management.
- What sort of protection responses have you experienced?
- What would a sophisticated protection system do if you practiced not paying attention to its warning signals? In the story, his legs give out... how else could the body stop us?
- Do you believe it is possible to become masterful at not paying attention to warning signals?
- Have you ever done that, or known someone who did?



OPSM Video Segment 2 - Understanding the Pain System

Story - imagine you are standing inside a nerve cell inside your spinal cord. There is an injury to your thumb, and you can see the chemicals released from the nerves coming from your thumb into your spinal cord. The chemicals are fitting into 'key' holes in gates in the wall of your nerve cell, and these gates open to let in positively charged particles. When your nerve cell has enough charge, the danger signal flashes up towards your brain. But all of a sudden, the nerve you are in becomes less excited. Different chemicals are attaching to different key holes, decreasing the charge in your nerve so it isn't sending any more messages up. Can you think where these chemicals come from? (if you were six years old, your mom or dad probably gave you a kiss or hug; if you were a 20 year old man, maybe the person you most wanted to perceive you as strong just walked into the room)

Facilitation ideas

- Do you remember a pain or injury experience that wasn't so simple as, 'more injury gives you more pain'?
 - How do you feel about the idea that the complexity of pain may be an explanation of why pain is lasting longer than expected?
 - Have you ever wondered why putting heat on a painful body part decreases pain?
 - Lead a discussion about how the **heat sends** other signals to the spinal cord, and how these compete with the danger signals. And, we usually feel good, more relaxed and soothed when our body is warmed. This will allow the brain to send signals down the spinal cord that decrease signals coming up. (The same sort of things happen when we smile, hang out with friends, pet an animal, do exercise that feels good, ...)
- **Ask** each participant to give an example of their pain-reducing experience(s), and **You** give an example of what you have done in your life to reduce pain/discomfort, then see if this worked for any of the other participants.

OPSM Video Segment 3 Danger Signals

Story - Provide an engaging story of someone who had a significant tissue injury, yet they felt no pain - because the brain decided that having the pain would not have promoted survival. Bethany Hamilton's, and Aron Ralston's stories are useful. Feel free to use the story of Yves, that I recorded in the Overcome Pain webcasts. Yves is a first aid attendant who doesn't realize his arm was amputated in an accident, until he gets away from imminent danger. The story works well because it is surprising, and has some humour in it.

Facilitation ideas

- How many of you thought the birdhouse builder would have more pain? Less pain? (show of hands)
- Because he hit his thumb, his nervous system responded with pain, right? What do you think?
- Have any of you heard of people being injured significantly and not having the pain one would expect? Like Aron Ralston, the fellow who had to cut off his own arm when it was trapped behind a boulder, ...
- If you can injure the body and not feel pain, and you can have pain without injuring the body, what does that tell you about the pain system? OPEN UP for group discussion.
 - It's much more complex than we thought.

Questions to ask the group

1. Have you experienced pain when you saw someone else in pain, or injured? (To reinforce how the brain can create pain when we see someone else get hurt, it sometimes helps to mention that the same thing happens when we look at pictures of disgusting skin lesions. Within minutes of doing this, our immune system will start to boost itself up - as if you need more protection.)
2. When your pain is bad, does it impact how well you can pay attention and focus on what you want?
3. How else does your pain impact you?



OPSM Video Segment 4- The Perception of Pain

Story - Provide a story in which a person with a sensitized nervous system has learned to decrease the pain by teaching the nervous systems that it isn't so dangerous.

One example is an individual with a rotator cuff injury, who experiences allodynia to light touch in the skin over her shoulder joint. She believes that it is not dangerous to touch her skin, even though it hurts to do so. Each hour she places her hand on the painful skin, and says, "I hurt and I am okay". By performing this every hour for about one week, this leads to decreasing allodynia.

Or a person in whom holding a pen in the hand is enough to make more neck pain, or in whom lifting a carton of milk from the fridge produces more LBP.

Facilitation ideas

- What do you think of the idea that your brain can conclude that something is dangerous, without you having to consciously decide if it is?
- Do you think it is possible for us to influence how our brain interprets danger signals?
- Can you think of a movement that hurts, yet you know it cannot be dangerous for your body to do that movement? How could you try to change that?
- If pain control is like a dimmer switch, how long do you expect it will take to get this fully under control?

OPSM Video Segment 5 - How the Nervous Systems Work

Introduction

Before we get to talking about how the nervous systems change when pain persists, and how we can use this information to find a way to move again with less pain, it's important to learn more about how the nervous systems work.

Story Mary had experienced low back pain for many years. She had been told that she had the worst degenerative disc disease in her lumbar spine (low back) that her doctor had ever seen on an x-ray of someone her age. She came to physical therapy for help after a lifting incident at work. She was lifting and twisting and ended up

stuck in a forward bent position with even worse than her normal daily back pain. Mary diligently performed the exercises prescribed to her because each time she did them she had less pain and could stand straighter again. She had been prescribed repeated stretches of her back based on Robin McKenzie's system. Within a few days her back was feeling not only better, but even a little better than normal. As such, she was motivated to continue with using exercises to assist her pain and recovery. Within three weeks she progressed from constant low back pain to pain only when she lifted heavy objects, maintained a forward bent position, tried to touch her toes or twisted while she was bent forward.

Mary believed that if the pain was getting this much better, her spine must be healing thanks to the exercise. This seemed unlikely, but she wanted an x-ray to see what was happening in her spine. A few days later she brought in new x-rays and the ones she had from a few years earlier. Coincidence brought a back surgeon to our clinic that day, along with his senior resident. We all looked at her x-rays and could see no improvements from her previous x-rays. They might have even looked a little worse. So the improvement in pain and function was not due to any improvements of the X-rays findings.

We decided to ask the back surgeon's medical resident to see if she could identify Mary from the many people exercising in our gym. The medical resident did not know anything other than that the x-rays were of a woman of 43 years.

As you can guess, she could not pick out Mary based on what the x-rays showed. The medical resident was looking for someone with much more physical limitations than Mary had at that point.

Facilitation ideas

- Have you experienced times when you knew that the pain you were feeling was not an accurate indication of what was happening in the body?
- It is interesting that many people who have survived being knifed in the torso say that it didn't feel anything like they thought it would.
- Have you ever experienced a feeling like a knife was being stuck in our back? Why do you think it feels like that? (A: your systems are making certain you pay attention, they are not accurately telling you what's happening.)
- Lack of findings on x-rays or MRIs do not prove that there should be no pain. Disc bulges, bone spurs, joint changes seen on x-rays do not need to hurt. It is absolutely important that we learn that pain is not an accurate indication of tissue health! Does this make sense in terms of your injury and pain?
- What is the purpose of pain? Is it to tell you where the problem is, what the problem is, how bad the problem is?

OPSM Video Segment 6 - When Pain Persists

Story - Provide a story in which a person had worsening pain from other stresses in their life. It is compelling to tell a story of how dealing with insurance companies and lawyers (and dispassionate and doubting friends or work colleagues) can create windup, leading to more pain and more protection.

Take good care to keep this discussion on track!

Consider building on the patient story from segment 4, describing the reasons her nervous systems had become so cranky. Make certain that everyone hears the message that sometimes the systems get more and more wound up and we do not know why - because “everything changes pain”, many factors can work together, and because it seems this system can malfunction like other systems.

Facilitation ideas

- Have you noticed your pain or other protective responses are more on high alert now than before?” “What do you think might be the cause of this?
- Have you been able to identify stressors in your life that worsen the pain?
- Have you noticed things in your life, or activities you do that decrease stress and pain?

OBSM Video Segment 7 – How to move in the Face of Pain

Story - Violet was injured in a car accident. She was driving when her car was hit from the driver’s side. She had a number of injuries, which by the time she saw a PT were no longer problems. However her left knee continued to give her a lot of pain. Shortly after the injury she had two surgeries on her left knee, and the bone fractures took about 4 months to heal. It was four years later when she started treatment for chronic pain.

She had been told she would not be able to return to her job working on ocean-going passenger ferries.

Violet was intelligent and liked factual black and white information. She enjoyed learning about the nervous system and understood easily the need to work on relaxation and breathing techniques to help decrease the pain and improve her function. However, I made an error in educating her on how to use this information to improve how far she could walk. This was extremely important to her because she intended to find a new job on the ferry docks in which she would need to walk but did not need to perform any lifting or squatting.

I was working with Violet to find her baseline for walking – how far she should walk to promote desensitizing of the nervous system while improving her function. Violet told me she could walk four blocks before she needed to stop. She planned on using this as her baseline for walking rehab, but I thought she might be over estimating her baseline.

An assessment of her walking 4 blocks showed the following:

- Increased limping after one block of walking that worsened considerably by three, let-alone four blocks.
- Violet needed to rest for 30 minutes after walking this far.
- Her pain remained worse for about 2 hours.
- She felt very agitated about the pain by the end of four blocks.
- Her breathing became shallow and uneven, and it was difficult for her to relax after the four-block walk.
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When Violet walked about 30 m, she did not limp, she could breathe calmly, and the pain decreased in a short period of time. This seemed a better distance for her baseline of walking exercise. However, walking this distance also made Violet irritated and frustrated – because she felt this was too short a walk to be of any value for her knee.

With more education Violet realized that walking the shorter distance was the distance at which she needed to start to help decrease the hypersensitivity of her nervous system. Although it was frustrating to start with such “wimpy exercise”, Violet understood that finding the baseline should not be influenced by what she thought she should be able to do or what she could previously do easily.

When you exercise to increase the baseline, it is important to maintain ***calm breath, calm body, calm thoughts and emotions.***

Facilitation ideas - Segment 7

Ask the following questions and record answers if this will add to the learning of your group.

- Before we talk about these guidelines for moving in the face of pain have any of you already found a way to exercise that is helping you gain more ease of movement and function? (record some of the answers on flip chart paper)
- What are your first impressions of these guidelines?
- Considering that by now, your nerves and nervous systems are much more sensitive and cranky than ever before, what do you think are good ways you could work to keep your nervous systems as calm as possible when you are exercising?
- Who here is able to breathe calmly and release tension from your muscles when you are resting in your most comfortable position?"
- What happens to your breath and body tension when you move in a way that will be painful?"

OPSM Segment 8 - The Needs for Successful Recovery

Facilitation Ideas

Let your hands rest in your lap, and let your feet relax on the floor. Then try this simple technique. As you breathe in, say to yourself, "***Breathing in I am calm***", and as you breathe out, say to yourself "***Breathing out I smile***". Do this for a few breaths.

Describe the changes you feel happening in your body or breath when you did this? If nothing positive happened when you practiced for these few minutes, what do you think the impact would be of practicing this 5 or 10 times each day?

Guide participants in making their breath last a little longer, making their breath feel a bit softer, and making it feel smoother.

Then guide them to keep longer, softer, smoother breath while feeling some movement in belly, ribs and chest.



Ask the group:

- How did that feel?
- Did anyone find it hard/easy? Did your breathing change? How about your pain?
- If some found the pain distracted them from these breathing techniques, consider leading them in a breathing technique that requires finger or toe movement coordinated with breath.
- How did that feel?
- Did anyone find it hard/easy? Did your breathing change? How about your pain?
- How often and for how long do you think it is best that you practice each day?

OPSM Video Segment 9 - Pain and Body Awareness

Facilitation ideas

Questions to ask following the body awareness exercise:

- As you took your attention through your body, did you notice any areas of your body in which you felt sensations that were surprising or unexpected?
- Did anyone notice areas of the body that felt a different size or shape, or that felt dull, or absent?
- Sometimes in the area of pain, we can feel lots of different pain sensations, but we find it difficult to feel our body. Did anyone notice that?

Story

Tell a story of a patient with whom you worked, or once again build the story from segment 4. Highlight how the individual didn't realize how difficult it was to feel that part of the body. Her experience included trying not to pay attention to the pain, since it was intense. The first time she tried a body scan, she didn't want to take her attention to the area of pain. Yet with some practice, she was able to notice that whenever she thought about the painful body part, all she could feel was the pain. She couldn't really feel her body anymore. And it took lot of practice to find a way to take her attention towards the pain, without it making her feel really worse.



How often and for how long do you think it is best that you practice each day?

If participants are having difficulty with body awareness, sometimes they require more sensory feedback from the body. Ask them to gently press their thumb to their index finger while they breathe in, creating just enough tension so they can feel the muscles contracting, and to let the muscles relax as they breathe out. Then take the participants slowly through their body from toes up to their face, giving permission to skip any area in which they do not feel ready or safe to perform this. If their hands are the main area of pain, ask them to do the same initial gentle hold relax with their jaw muscles.

OPSM Video Segment 10 - Your path to recovery and living well

Facilitation Ideas

Questions to ask:

- What activities have you found that give you a break from the pain?
- Are there things you can do such as meditation, or maybe combing your daughters hair, or taking a hot bath with the right type of music, ..., that feel like an escape from the intense nature of the pain?
- There is a difference between activities that are for escape, and those that are for calming. It seems like calming activities are those in which we purposefully try to calm the nervous systems and the pain, rather than trying to get away from it.
- Do you think that is possible ... to calm your nervous systems?
- How many respite, calming and challenging activities do you think you could fit into your day - realistically?
- On days when the pain is worse, how could you modify your pain self management activities for the best success?

One more time, **“Breathing in I am calm, Breathing out I smile”**. **Take a few breaths with that.**

Now imagine something the pain stops you from doing, and imagine doing it better, with less pain. Maybe you can imagine doing it with no pain, or you need to



imagine doing it in a new way, but come to something you think is a realistic goal, and practice it in your mind.

If people do not 'buy' the power of imagery over body physiology, take them through this ...

"Hold your hand as if you have a fresh lemon sitting in your palm. The lemon is so fresh you can smell it. Feel the weight of the lemon in your hand. Feel that it is cool and damp. ... Now take the lemon up to your nose and really smell it. ... now put it down on the table in front of you, and pick up the sharp knife that is there are cut it in half in one slice. When you do that, you see the juices spray up, and you can smell it even more. Now pick up half of the lemon. When you do, feel the cold juice running down your fingers. Lift the lemon back to your nose and smell that amazing lemon smell again. ... Then open your mouth put the lemon in your mouth ... and bite it."

Important final question

*"Does what you think change what happens in your body? Absolutely!
Use this to help change your nervous systems!"*

The beginning ...

After this education, we want people to begin putting the information into practice. If you can assist the individual with breathing, body awareness, goal setting, and starting to move in the face of the pain, please do so. Encourage participants to set goals using the SMART format YET Goals that are inclusive of activities that include **respite, challenge and calm.**

Watch for more resources including participant handouts, goal-setting and educational apps, through www.lifeisnow.ca .