



CORE CURRICULUM FRAMEWORK FOR SUPPORTED PAIN SELF-MANAGEMENT COURSES AT TERTIARY PAIN PROGRAMS IN BRITISH COLUMBIA

TOPIC: PAIN EDUCATION

KEY POINTS FROM THE LITERATURE

- The standard education provided to those with chronic pain is neuroscience-based pain education (NPE)¹⁻¹⁷, often called *Pain Science*.
- The main goal of NPE is to educate clients about central sensitization, facilitate a reconceptualization of pain, and help clients shift away from maladaptive pain beliefs and instead toward coping with their pain^{2, 9, 10, 16}.
- NPE can decrease pain, disability, pain catastrophizing, kinesiophobia, and depression in the short-to-medium term for adults with a variety of chronic pain conditions including spinal pain, migraine, jaw pain, fibromyalgia, general musculoskeletal conditions, and chronic fatigue syndrome with chronic pain^{1, 6, 9, 11, 13, 16, 17}.
- NPE should be coupled with goal-setting, pacing¹⁵, gentle movement, active physiotherapy techniques^{2, 17}, breathing exercises and relaxation techniques, as well as prescribed behavioral and pharmacological treatments⁹. It is suggested that manual therapy be avoided, if possible, because it can cause clients to believe there is an underlying tissue problem, which is in opposition to the goals of NPE¹¹.
- Group-based courses led by interdisciplinary teams of qualified health care practitioners are the safest option and have the most beneficial effects^{3, 4, 9}. Web-based self-guided pain education can minimally improve pain intensity, disability and kinesiophobia in the short term, and should be offered to clients when resources are limited or when clinical expertise cannot be offered within a reasonable time frame or at all⁷. As well, group-based education may improve kinesiophobia more than one-on-one sessions with a qualified instructor. However, this may not be accessible for those who are very anxious, in which case, one-on-one instruction can also provide significant benefit^{3, 13}.
- NPE should follow a bio-psycho-social approach to address the emotional and cognitive factors of chronic pain^{1, 9, 14} and improve overall benefit¹⁵. NPE can be beneficial in a variety of settings; however, all programs should be person-centred, culturally appropriate and delivered in a format that is accessible to the clients^{2, 5, 12}.
- Clinicians can enhance their clients' experience of NPE by creating an environment that is clear of "pain provocative images" such as pathological diagnostic images, by sharing normative data such as, "40% of people with no low back pain have disc bulges and continue to with healthy lives", by using consistent language and terminology associated with NPE, and by using compassion and empathy⁸. Additionally, allowing clients to share their story has beneficial impact on understanding and adherence to education topics^{8, 16}.
- There does not seem to be a specific dose requirement for successful NPE¹³. However, it's recommended to use NPE with multimodal design that addresses the bio-psycho-social aspects of chronic pain with graded exposure to the material^{3, 4}. It is suggested that courses that are shorter in length and a program that is shorter than eight weeks in length may increase attendance⁴.

RECOMMENDED LEARNING OBJECTIVES FOR PARTICIPANTS

We recognize that not everyone who enters a pain self-management program will be in the same place in their journey to living well with pain and not everyone will have the same level of readiness to change their behaviour. Therefore, the following suggested skills and activities have been organized according to the Stages of Readiness for Change.

1. Precontemplation:

- i. Start to explore ideas of what factors are contributing to pain.
- ii. Start to articulate the concept that pain does not necessarily mean tissue injury has occurred.

2. Contemplation:

- i. Identify gaps in knowledge of how pain happens.
- ii. Discuss past experiences with learning a new subject or idea about pain.
- iii. Discuss the benefits of learning about the neuroscience of pain.

3. Preparation:

- i. Locate a pain education class within the pain program (or in the community) that offers education about pain science and sign up.
- ii. Explain the importance of understanding pain and the factors that could be contributing to it.
- iii. Create a Brief Action Plan for education goals.

4. Action:

- i. Participate in a new pain education class or program.
- ii. Incorporate what is learned about the neuroscience of chronic pain in the class or program on a consistent basis, either daily or weekly.
- iii. Be attentive to thoughts or actions that are not in alignment with pain science and try to replace them.
- iv. Seek out ways to learn more about pain science, including books, blogs, podcasts, or documentaries.

5. Maintenance:

- i. Continue to revisit the idea that pain does not indicate tissue damage and that some pain is normal with movement (especially with new movements).
- ii. Identify ways to share with others about the science of pain.
- iii. Acknowledge and celebrate the new knowledge and understanding.

RESOURCES AND TOOLS

This is a selection of recommended resources. Please supplement with resources and tools you have used at your clinic/program as needed.

For patients (general):

- Online self-management portal from Pain BC: [LivePlanBe and LivePlanBe+](#)
- Online program by Pain BC: [Pain Support and Wellness Groups](#)
- Online course by University of Victoria: [Self-Management BC](#)

Commented [BSCH1]: Would 'Making Sense of Pain' also fit the profile?

Commented [KS2R1]: Program is run at various clinics at various times and not directly by Pain BC, so would not be accessible to all patients at all time periods, so I added the Pain Support and Wellness Groups instead

- Lessons: "[Retrain Pain](#)"
- Resource from Dr. Lorimer Mosely: [Tame the Beast](#)
- Animated video: [Pain Explained by Central London Community Healthcare Trust](#)
- Video from The Pain Revolution 2017 by Dr. Lorimer Mosely: "[An Introduction to Pain Science](#)"
- Video: "[Understanding Pain: Brainman Chooses](#)" An introduction to Chronic Pain Management
- Article: [Neuroplasticity](#)
- Webinar: "[Making sense of pain through science and story](#)" by Joletta Belton
- Blog on the science of pain: [www.painscience.com](#)
- Book: "Pain Explained" by Dr. Lorimer Moseley and David Butler
- Book: "Protectometer" by Dr. Lorimer Moseley and David Butler
- Book: "Pain is Really Strange" by Steve Haines and Sophie Standing

For Indigenous people living with chronic pain:

- First Nations Health Authority: [Traditional Medicine web.pdf \(fnha.ca\)](#)
- First Nations Health Authority: [First Nations Virtual Doctor of the Day \(fnha.ca\)](#)
- Metro Vancouver Indigenous Counselling: [Indigenous Mental Health and Wellness Counselling \(mvic.ca\)](#)

Resources in Punjabi:

- Punjabi Community Health Services: <https://pchs4u.com/optimized/index.html>
 - Support with: Provide services in Punjabi for many different aspects such as mental health, family supports, addictions, and senior supports. Phone: (905) 677-0889
- Sikh Family Helpline: Call 1-800-551-9128 to be supported by volunteers in Punjabi. You leave a voicemail and they will return your call within 24 hours
- Moving Forward Family Services: Offer counselling in Punjabi. Phone: 877-485-5025
- Deltassist: Offer support groups and counselling in Punjabi. Phone: 604-594-3455
- List for Punjabi counsellors: <https://counsellingbc.com/counsellors/language/punjabi-64>

Resources in Arabic:

- [Mental Health Information & Resources in Arabic - MMHRC \(multiculturalmentalhealth.ca\)](#)
- [EENet | Arabic-language mental health resources for newcomers \(camh.ca\)](#)
- [عادات غذائية تساعدك في التخلص من الألم المزمن \(ajel.sa\)](#)
- [الألم المزمن: أسباب، أعراض، وعلاج \(webteb.com\)](#)
- [مايو كلينك - الألم المزمن: قرارات العلاج](#)

Resources in Chinese:

- Richmond Mental Health Outpatient Services http://www.vch.ca/Locations-Services/result?res_id=665
- 中僑心理輔導服務 S.U.C.C.E.S.S. Counselling Service <https://successbc.ca/news/s-u-c-c-e-s-s-extends-free-affordable-community-counselling-services/>
- 中僑互助會心理熱線 S.U.C.C.E.S.S Chinese Help Lines <https://successbc.ca/counselling-crisis-support/services/help-lines>
- 由教練帶領的學習 BounceBack Coaching <https://bouncebackbc.ca/bounceback-coaching/>
- 粵語「打開心窗」關懷互助小組 Cantonese 'Heart to Heart' Share and Care Group <https://vancouver-fraser.cmha.bc.ca/programs-services/chinese-mental-health-promotion/>



- 開創會所中文愛心小組活動 Pathways Richmond Chinese Family Support Group
<https://pathwaysclubhouse.com/what-we-do/chinese-support/>

For program facilitators:

- B.C. Guidelines: Managing Patients with Pain in Primary Care – [Part 1](#) and [Part 2](#)
- [Canadian Pain Task Force Report: March 2021](#)
- [Pain Foundations for Allied Health Providers](#)
- [Pain Foundations for Primary Care Providers](#)
- Pain BC Chronic Pain Management Workshops for [Occupational Therapists](#), and [Manual Therapists](#)
- [BC ECHO for Chronic Pain](#)
- [Pain BC's free webinars for health professionals](#)
- PHSA: [San'yas Indigenous Cultural Safety Online Training \(sanyas.ca\)](#)
- Island Health: [Indigenous Health Cultural Safety | Island Health](#)
- Trans Care BC: [Intro to Gender Diversity - Expanded - LearningHub \(phsa.ca\)](#)
- Intercultural Online Health Network (iCON): [English iCON \(iconproject.org\)](#)
- EQUIP Health: [Trauma and Violence Informed Care](#)

LITERATURE SUMMARY

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