

THE POWER OF PREVENTION: EPISODE 4

CHANGING THE PARADIGM ON PAIN: CHRONIC PAIN SELF-MANAGEMENT

Christin D'Ovidio: Welcome to **The Power of Prevention** podcast. In each podcast, we will go deeper into the topic of prevention in New Hampshire. We'll share our best interviews, the people who are working tirelessly for their professions, their families, and their communities to stop something unwanted from happening. In this case, the prevention of substance misuse. This is a podcast for people who are looking for solutions and want to make New Hampshire a better place where we all have the opportunity to live, love and thrive. We are hoping to make your lives a little better with these inspirational stories about substance misuse prevention.

I'm your host, Christin D'Ovidio.

Christin D'Ovidio: We are joined by Paula Smith and Lisa Stockwell. Lisa Stockwell is a master trainer and Paula is the director of Southern New Hampshire Area Health Education Center or AHEC. AHEC is a licensed holder for and coordinates the chronic pain self-management program in Southern New Hampshire. They are also the leader of the trainings and are responsible for program fidelity and outcome evaluation. Today we're going to talk to them about something that many people grapple with and have to manage every day, chronic pain. To start off I asked them both what is pain? Is it in our head or is it a truly a physical experience? Here's Lisa.

Lisa Stockwell: It's surprising, but all pain comes actually from the brain and people are going to go right away, "I feel this right here". Right. And of course, other body parts send messages to the brain, but it's the brain that actually tells us we have pain. So, when we feel pain, many parts of our brain become active, especially the part that controls our thoughts and emotions. And these parts are actually connected in a network. So our thoughts and emotions, positive.. negative.. actually influence this network as well as the impulses carried by nerves from all over the body. And these nerve impulses can be common from an injury. Or just from ordinary things like breathing or knowing we're sitting in a chair and all of this information from our thoughts, emotions, and body sensations actually are processed by this network and our body. And here's the thing. If our brain thinks our body is in danger, three things happen. So, first we feel pain. Second, we decide to do something to protect ourselves. Like we might pull our hand away from something hot, like a stove, right? And then, if it's really bad, we'll get help. But third, our body releases chemicals throughout our nervous system to regulate the stress that our body is feeling. So the purpose of pain is to protect us from harm. So it has this survival value and it's important on making us take action, it gets our body ready to deal with the stress. However, chronic pain is pain that has happened, and it exists longer. Let's say, you have a back pain that comes and goes, and here's the thing. Even after our doctors have ruled out any specific disease causing the pain or injuries. Our brain continues to process pain signals, even though our tissues have healed. And actually, research shows that the chronic pain is less about damage to our body and more about the sensitivity of our nervous system and how our brain interprets this information. So, when we have chronic pain, it actually means our nervous system has become sensitive to things that don't

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normally cause pain. And, our over-sensitive nervous system that makes our brain protect our body, sends these signals and our brain goes, “Oh. We must protect!”, but this isn't helpful because our tissues have already healed. And our brain is misinterpreting these nerve signals. What's really cool is over time, our nervous system can change and become less sensitive. And, the important thing to know is that we actually control a lot of the information that we're sending to our brain, right? - Maybe our thoughts, our stress levels, our feelings and our behavior. And, with chronic pain, we actually have to step back a little bit and look at the bigger picture because so many things affect our nervous system and our brain. And here's the thing. It's good news because it means there's lots of things we can do to manage it. And that's what this workshop's all about. Knowledge is more than sometimes what we think it is and there are things we can do about it.

Christin D'Ovidio: They went on to say that if someone is dealing with stress, anxiety or depression this is a part of what they call a “symptom cycle” where one symptom feeds into another.

Lisa Stockwell: Yeah. It's part of that symptom cycle. We talk a lot about in this program that one symptom feeds into another. So the anxiety might cause you not to sleep, which can cause you depression. When we become aware of this, we can decide, I'm going to do something about that. I'm going to break it right here. Maybe I'm just going to take a moment to distract myself. I'm gonna' listen to the birds outside. I know that sounds simple, but that actually is a very specific act to shift the cycle. And it actually can lessen things when you start to realize, oh, I can stop this right here right now. And then move on to the next.

Christin D'Ovidio: Despite medication, physical therapy, and even surgery, millions of people in this country suffer from chronic pain and the treatment is often ineffective. So what are the ways AHEC focuses on alternatives to the typical treatments for managing it? Here's Paula.

Paula Smith: We, as the Southern New Hampshire AHEC are really focused on workforce development and improving the quality of lives for people in New Hampshire. And so we didn't really start out with chronic pain. We actually started out with chronic disease self-management way back in 2009. And so we started collaborating with partners from the New Hampshire Diabetes Education Program and the New Hampshire Asthma Control Program to offer evidence-based training to leaders, to offer self-management training, to anybody with a chronic disease of any type. So that could include chronic pain, but it also included diabetes, asthma, and arthritis. People who wanted to stop smoking, people who were, overweight and also, for caregivers. And so that's really how we started. Kate Lorig, who's a researcher from Stanford, and her team did a lot of the research into the effectiveness of the program. And so we have offered what we call CDSMP or: Chronic Disease Self-Management, otherwise known as

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“Better Choices, Better Health - New Hampshire” for more than 10 years. And so it took us a while to get into the chronic pain scenario. What happened was we had some people with chronic pain who were attending some of our workshops and they just didn't feel comfortable sharing about their struggles with chronic pain when other people were, you know, talking about their challenges with, let's say diabetes and hypertension. And so I actually had a student, in 2018, she was a double major in nursing and public health, and she did a needs assessment about adding the evidence-based chronic pain self-management program to our license. And we're licensed by the self-management resource center, which is like an offshoot of Stanford University, where the research was originally done. And so, the student did a needs assessment process. And she interviewed representatives from a variety of organizations, such as primary and specialty care hospital systems, pain clinics. And what she found out was that very few people interviewed knew about the chronic pain, evidence-based, self-management program, but they all talked about seeking more alternatives for their patients as they try to move away from opioids. And so that was really that needs assessment prompted us to get additional licensing to offer the chronic pain program. And so we offered our first leader training program in fall of 2019. We're very excited to train these leaders. Lisa was one of the master trainers. And then we had workshops set up in early 2020. That also was very exciting until they were canceled because COVID hit and, and all of the evidence-base was that it was a face-to-face training. So we have been working with SMRC, the Self-Management Resource Center, those are the folks we have our license from, to allow us to be able to move away from the face-to-face trainings and do them remotely. So there's all kinds of pilot programs going on over the summer of 2020. And so now we're kind of back in the saddle, training new leaders in chronic pain and trying to build more capacity to do workshops across the state. Really, driven by the opioid epidemic here.

Christin D'Ovidio: This program is helping us get ahead of the needs of New Hampshire residents in terms of preventing the inappropriate use of prescription pain medications and accidental overdose. Lisa says we have a network of partners across the state to thank for this.

Lisa Stockwell: We are really working with partners across the state. Offer the workshops remotely. And so even though they're not face-to-face, UNH cooperative extension is one of our partners. We have the north country health consortium and Northern New Hampshire AHEC are doing programs, and really trying to build capacity to offer programs more than we have been.

Paula Smith: The program is funded by the New Hampshire Bureau of Elderly and Adult Services. We're also supported by in kind contributions from hospital systems and other healthcare organizations. And then we also have freelance leaders who are not affiliated with a specific organization and they offer workshops as well. For example, there are some folks at hospitals who are offering programs. And then I mentioned, UNH Cooperative Extension is one of their partners. And actually, they have their own opioid prevention grant that helps to support

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expansion of the chronic pain program. And so we're always looking for opportunities to bring in financial sustainability of the program. And we do have an outreach plan that guides us. Our goal is to connect with some of the Managed Care Organizations in the state and see if we can build in funding for the program, through that resource. But the workshops themselves are typically free for participants.

Christin D'Ovidio: That is so amazing. To learn more about the programs that are available Lisa and Paula encourage people to head to their website snhahec.org. You can also check out their Facebook page- "[Better Choices, Better Health - NH](#)" They also partner with the [New Hampshire Healthy Lives Program](#). Here's Lisa, the master trainer, and leader of the program to weigh in on what is entailed in the workshops.

Lisa Stockwell: So we talk about how we manage our chronic pain every day. I'm at home at work and we're not in a provider's office. So how we live our life every day, the choices we make, can affect our pain, other symptoms, our overall health, and we can choose our quality of life in how we manage it. So if we choose to do less. Which means less movement, not eating well, maybe letting our stress take over, we can actually gradually lose the ability to do the things we want to do in our life, or we can choose to improve our physical and mental, spiritual, overall fitness in order to maintain or regain our enjoyment of life. So it is our choice. To be a passive manager or an active manager over our chronic pain. And that's what we talk about. We talk about how we can choose to take responsibility for managing our pain condition and how well we can choose to take responsibility, to do certain tasks. Like there's certain things you can do to feel more in control, and to feel like you actually can affect how this affects your life such as taking care of your pain condition health, which, as a lot of us know, means being physically active, changing the way we eat and all this. But even though we all *know* it, we have to practice it. Right. So we do go over this and we also talk about practicing relaxation to quiet our nervous system. We're talking about being informed about our health status, actually being a partner with our health provider. So we need to be part of the planning of our treatment program. We also have to choose when we have chronic pain, to do our normal activities every day. Right. So chores, employment, meetings with friends. So doing the things in life that we like that's important to us. And that can mean that we might have to plan ahead when you have a chronic condition or chronic illness. Maybe prepare meals ahead of time and put them in the freezer. So if you're having a bad day, that's taken care of and you don't have to worry about it and that's self-management. It also means being aware of how our emotional state is. Because when we're in pain, we can feel all kinds of things: frustration, change in our expectations of the future, maybe even our personal goals. Sometimes we can even feel depressed. These emotional changes also impact our relationships at work at home with family. And so an important thing to remember is that these emotional ups and downs are actually a natural part of life. And through

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this program, we talk about ways to manage our emotions so we can feel better and actually community. So, the chronic pain self-management program is actually designed to give us some of the self-management tools needed to take on these tasks and to help us become more active self-managers. So that's what self-management is, and this can greatly improve our lives. And in this program, we actually learn about tools that can help us improve our quality of life. And we talk about physical activity and actually problem solving. We talk about pacing and planning. We talk about using our mind. We talk about decision making and maybe how to get a good night's sleep. Or we talk about action planning and understanding our emotions and medications. We also learn what pain is, and what to do about it.

Christin D'Ovidio: Again, something that people aren't aware of, is the "symptoms-cycle" and how it can make chronic pain even worse, Lisa goes on to talk about cycle cessation and management tools...

Lisa Stockwell: There actually are other symptoms that can lead or increase our pain, such as fatigue, ineffective breathing, restricting our movement, maybe some anxiety, lack of sleep, and chronic pain can cause these symptoms. But, each of these symptoms can by themselves, contribute to the other symptoms as well. So when you think about it, it's this cycle. So for example, chronic pain can cause you to unintentionally hold parts of your body in tension. And when you do this, this actually restricts your movement and muscles and joints. And this actually can lead to ineffective breathing so that your body doesn't receive the oxygen it needs to function, so it's understanding that all of these symptoms can lead to one another and they actually can feed on each other. And, what we want to do is learn ways to break this pain symptoms cycle. And that's what we do in this program. We actually teach folks about different self-management tools they can use to break the cycle. So some of these self-management tools that we cover, are to learn about the mind and the body connection and how our mind has relation to body and how our emotions, feelings, and thoughts can influence how pain affects us. And in this workshop, we explore ways to manage our pain, such as using: distraction, positive thinking, and actually practicing two relaxation activities called "a body scan" and "guided imagery". We also learn about difficult emotions, what causes them and participants in the group brainstorm ways on how to deal with them. We talk about depression and how to know what we're feeling depressed. And participants brainstorm ways to work through negative emotions. And this is where positive thinking comes in and how changing our thoughts and attitudes actually can impact and influence our condition. We do talk about being physically active and we learn about moderation, intensity levels, flexibility, and we practice a program called the "moving easy program", which is a gentle, flexibility program that actually uses simple, easy flowing movements that most participants can do. And we emphasize that a little exercise is

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better than none. We talk about fatigue management and how fatigue and extreme tiredness can be mental, physical, or both; and they feed into that symptom cycle I just talked about.

Christin D'Ovidio: In addition to participants brainstorming solutions to break the symptom cycle, they also talk about creating new habits and routines.

Lisa Stockwell: We actually talk about healthy eating guidelines. They learn differences between serving sizes and we actually review some foods that might impact chronic pain. Specifically, we do talk about medications for chronic pain and their purpose such as keeping our pain in check, improve everyday functioning or improve other symptoms. And we also talk about some of the problems, the negative side effects with pain, medications, and special concerns around physical dependence tolerance and the risk of addiction and how to minimize this risk, and to help them make the best decisions for themselves. And many times, participants assist others in coming up with really good ideas to address these challenges and that's something else that we do every week. What's important is that sometimes it can be overwhelming to think about all the changes we want to make or the activities we wanted to accomplish to manage our chronic pain. Sometimes they seem too big to work on all at once, which makes it hard to get started. So to help with this, we have one of the most important self-management tools in our toolbox called "action planning", and action plans allow us to achieve what we want to, or decide to do, by breaking down the activity in just smaller, more doable steps. What is important is that participants walk away feeling successful on what they can accomplish. And what's really cool is at the end of this workshop, participants feel more confident, more in control of their choices and quality of life.

Christin D'Ovidio: Each workshop is six sessions and they go for an hour and a half, and though normally it's in person, their online sessions are just as engaging.

Lisa Stockwell: We do encourage folks to go to all six sessions because in each session we might focus on those tools, and do actually focus on those tools. We might do, you know, the "moving easy program". A couple of times we might talk about difficult emotions. We might have a segment just on communicating with family and friends, how to communicate with your healthcare provider, and how to talk about pain with all of them.

Christin D'Ovidio: What an incredible program, I wanted to know how it fits into the State's Opioid Response. Paula talks about how they integrate their work with clinical health providers but that their program doesn't take the place of the providers and instead works along side of them.

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Paula Smith: When we think about the chronic pain self-management program as a resource, it's not taking the place of meeting with your healthcare provider. What it is, is a resource for them so that they can refer people to the program and it might save the provider a little bit of time in the office so that they can focus on some other things instead of providing that kind of education. And so, you know, by referring patients to the self-management program, providers can really tell, since we'll get the education that they need using that evidence-based program. And it's very compatible with the other modes of treatment and reinforces things like Lisa was saying about breathing meditation, exercise, and managing medications. Research shows that building relationships is really important to mental health and building resiliency. And so this is another tool that the clinical staff have in their toolbox, to help patients manage their own health. So it doesn't matter what physician's office, you know, medical practice that you're involved with, you can go really to any workshop, other hospital system or organization, you know, really work with their own patients that are affiliated with their groups. And so, people have a lot of variety across the state of how they could get access to the program.

Christin D'Ovidio: In New Hampshire there is an aging population and not only are people living longer with chronic disease but also with chronic pain, and our guests want to reinforce that managing chronic diseases and chronic pain enhances quality of life, and the research speaks for itself.

Paula Smith: We collect data from participants and we call them back six months after the workshop is over. And we asked them a variety of questions about their physical and daily activities, their general health and how they feel about managing their own care. And so I'll just share a few examples. Like walking, for example, the most recent data shows that 9% of participants were walking more than three hours a week before the workshops. And then after the workshops, it went up to 26% of the people walking more than three hours a week. Now that doesn't mean they're walking three hours at a time. It could mean that they're walking 10 minutes here, 10 minutes there. And it adds up. The data also talks about how people are more able to enjoy their daily activities. So before the workshop, 37% of the people expressed that their daily activities were not at all affected by their chronic illness; after the training, 56% of people report that their normal social activities were not at all affected. And so that's a really great increase, that people are being able to enjoy their quality of life. And then the last example I'll share with you is that people are able to maintain the lifestyle changes for their health condition. So before the workshop 16% of the people strongly agreed that they could maintain their lifestyle changes, and after the training, it went up to 36%. And so the New Hampshire data is statistically significant and is reinforcing the research that has gone on in the past, that it's really making a difference in improving healthcare outcomes.

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Christin D'Ovidio: This is such great news! So how can we all handle pain for ourselves or help our loved ones? Turns out they believe in the sentiment of our podcast's namesake, "The Power of Prevention".

Paula Smith: It's never too late for prevention. The program helps people make lifestyle changes, you know, that support their health even before they need it. Or the program is there to help people experiencing chronic pain and helps them minimize the negative effects and promote healthy activities. The group support has been shown to be valuable in helping people make lifestyle changes. You are not alone and there are other people out there that can really help you, help yourself.

Lisa Stockwell: I think taking the first step and finding out what resources are available, being proactive and, you know, that's hard. Ask if there's these programs available, and what other resources are available to assist you when you need to, to live your life to get better control. You want to improve your quality of life. It's also taking a moment to learn more about your pain, and what other things you can do. So you feel more in control, and the choices you make and how that impacts it. That's I think the hardest part sometimes for folks is to decide to say, "I'm going to do this", and, uh, we hope so.

Christin D'Ovidio: So do we. So while we're on the topic of prevention, it's a perfect time to ask our closing question. How do you define prevention?

Paula Smith: The definition for me of prevention is kind-of multifactorial, right? It's, it's preventing things before they start, but then it's also preventing things from getting worse. I believe that there are steps that we can take to improve our quality of life. For me, that's what it's really all about. And so, telling people that like, these small, action steps can make a difference in your life.

Lisa Stockwell: So wherever you're at right now, it's a choice to take responsibility to say, okay, this stops right now. I might not be able to cure this, but I can manage it so I can live a better quality of life. And that means maybe it's talking to people that might have more answers to offer me more options. Maybe it's talking to your healthcare provider, or maybe you already know, and you just haven't made that first step. Choose the step that, you know, will have a positive outcome, for yourself and of course, whatever you do for yourself that will create a more positive, quality of life. It is going to impact others in your life, your work, your friends, your family, your overall whole health. It's more than physical and mental, it is spiritual. It's emotional, all that stuff that actually you have control of. So, whatever baby step you can take, that's a step and that's to be celebrated.

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Christin D'Ovidio: Thanks for listening to **The Power of Prevention**. Special thanks to our guests Paula Smith, Director of Southern NH AHEC and Lisa Stockwell, Master Trainer of the Chronic Pain Self - Management Program. If you liked this episode and want to hear more, please visit **The Partnership** at drugfreenh.org and follow us on Facebook or Instagram. You can subscribe to this series at [Apple Podcasts](#), [Spotify](#) or [Stitcher](#). We'll catch you on our next episode.

