Brief and digital behavioral Innovations care: Tools for right now

across the continuum of

#### painTRAINER: Chronic pain self-management program delivering online, self-completed cognitive-behavioral pain coping skills

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Christine Rini has documented that she has nothing to disclose. This presentation contains investigational use of products (painTRAINER)

#### Learning objectives:

- 1. Describe key features of cognitive-behavioral therapy-informed pain management and pain coping skills training
- 2. Identify methods for making this treatment more accessible to patients
- 3. Describe basic features of self-completed, web-based pain coping skills training as delivered in painTRAINER

#### Literature references:

- 1. Bennell, K. L. et al. (2018). Effects of internet-based pain coping skills training prior to home exercise for people with hip osteoarthritis (HOPE trial): A randomised controlled trial. *Pain*, 159(9), 1833-1842.
- 2. Rini, C. et al. (2014). Retaining critical therapeutic elements of behavioral interventions translated for delivery via the internet: Recommendations and an example using pain coping skills training. *Journal of Medical Internet Research (JMIR), 16(12),* e245.
- 3. Rini, C. et al. (2015). Automated, Internet-based pain coping skills training to manage osteoarthritis pain: a randomized controlled trial. Pain, 156(5), 837–848.



## Cognitive-behavioral therapy for pain

- painTRAINER delivers web-based pain coping skills training (PCST), which applies principles of cognitive-behavioral therapy (CBT) to managing chronic pain<sup>1</sup>
- Trains patients to use evidence-based skills to reduce cognitive, behavioral, and emotional responses known to exacerbate pain severity and interference
- PCST can be an adjunct to other pain treatments
- Patients often enjoy using these skills—they feel more actively engaged in their own pain management







## Examples of skills taught in PCST

- **Relaxation**: Progressive muscle relaxation, brief relaxation methods to reduce muscle tension
- **Distraction techniques**: Pleasant imagery, pleasant activities
- Managing activity: Using activity/rest cycling to avoid overdoing activities or resting excessively
- Cognitive restructuring: Reduces pain catastrophizing
- **Problem solving**: Avoid situations that exacerbate pain and determine which coping skills to use at what time
- Maintenance: Methods for maintaining new behaviors



Behaviors

**Emotions** 

Thoughts

## Evidence supports efficacy of PCST

- Meta-analyses and systematic scientific show benefits for various chronic pain conditions, e.g.,
  - Migraine/tension headache<sup>1</sup>
  - Low back pain<sup>2</sup>
  - Osteoarthritis/musculoskeletal pain<sup>3</sup>
  - Fibromyalgia<sup>4</sup>
  - Mixed chronic pain populations<sup>5</sup>
  - Patients on opioids for clinical pain<sup>6</sup>
  - Cancer pain<sup>7</sup> (and perhaps neuropathic pain<sup>8</sup>)

1 Bae et al, 2021; Probyn et al., 2017
2 Petrucci et al., 2022; Richmond et al., 2015; Hoffman et al., 2007
3 Fordham et al., 2021; Wang et al., 2021
4 Mascarenhas et al., 2021 Glombiewski et al., 2010
5 Williams et al., 2020; Khoo et al., 2019 Niknejad et al., 2019
6 Garland et al., 2019
7 Sheinfeld Corin et al., 2012; Tatrow and Montgomery, 2006
8 Cassileth and Keefe, 2010;



## It's underused in clinical care—Why?

- Traditional delivery is resource intensive
  - PhD-level clinicians lead 8-12 weekly group sessions of ~60-90 min each
  - Lack of programs in many geographic areas
  - Telemedicine approaches and delivery by other health professionals improves access, but doesn't completely solve problem
- Some patients unwilling to attend sessions (e.g., too busy, too ill, lack transportation, prefer at-home training, privacy concerns)
- Healthcare providers may lack familiarity with this approach, or ability to refer patients to training programs
- Reimbursement difficulties



### How to make PCST more accessible to patients?

- Our goal: PCST that is self-completed (no therapist), web-based, free
- Training is standardized and available from home 24/7
- Patients can review sessions as often as desired
- Web-based interventions can have effect sizes that are similar to in-person therapies<sup>1</sup>

1 Cavanagh et al., 2004; Proudfoot et al., 2003; Wantland et al., 2004; Webb et al., 2010.



## painTRAINER

- Eight 35-45 min. training sessions completed over 8 weeks
- Self-completed for flexible use at home—No therapist
- "Virtual coach" is guide/educator—enhances engagement
- Tailoring and interactive features apply expertise of therapists who deliver traditional PCST to retain key therapeutic features<sup>1</sup>
- Minimal reading—Information presented in audio (coach's voice) with only most important text on screen
- Easy to use-simple navigation







# painTRAINERV®

#### What is painTRAINER?

painTRAINER is an interactive, online program based on scientific research. It teaches you coping skills to reduce and manage your pain. They can also help you get back to doing things that are important and meaningful to you.

#### Who may benefit from painTRAINER?

painTRAINER is for adults over the age of 18 who have pain.

#### How to access painTRAINER?

Click register on the menu, above. Then complete the registration pages. The information you provide will be securely handled to protect your privacy.

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LOGIN

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REGISTER

#### United States version: www.mypaintrainer.org



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#### What is painTRAINER?

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HOME

ABOUT

painTRAINER is an interactive, online program based on scientific research. It teaches you coping skills to reduce and manage your pain. They can also help you get back to doing things that are important and meaningful to you. Who may benefit from painTRAINER?

painTRAINER is for adults over the age of 18 who have pain.

• Patients register to use program

•••

REGISTER

• At first log in, they view brief tutorial on program and navigation

÷.

LOGIN

- Online workbook can be printed
- Adaptive design allows access from many types of devices

United States version: www.mypaintrainer.org



















## Typical Session

Session 1: Therapeutic rationale—clear, simple explanation of pain neurophysiology

Sessions 2-8: Interactive review of practice for prior skill; explore experiences; positive reinforcement Training in new skill

Guided practice in new skill Interactive activity to explore experience with new skill

Interactive activity to set practice goals for week; provide practice tips

"Appointment" for next session



















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## Past, present, and future of painTRAINER

- Initial RCT found clinically significant pain reduction in older women with symptomatic hip/knee osteoarthritis<sup>1</sup>
- Studies with collaborator Bennell also show efficacy for osteoarthritis pain<sup>2</sup>
- Australian version freely available (paintrainer.org);
- U.S. version open for research and some patient usage (*mypaintrainer.org*) undergoing further testing in multiple NIH-funded RCTs (e.g., for cancer pain)
- Soon to begin: SKIP-Arthralgia-Can painTRAINER reduce aromatase-inhibitor associated arthralgia in breast cancer survivors? Might it have secondary benefits for Al adherence, sleep disruption, and vasomotor symptoms?
- Ultimate goal: Make painTRAINER freely and widely available to patients

1 Rini et al, 2015 (PMC4402249) 2 Bennell et al., 2018 (PMID 29794609); Lawford et al., 2018 (PMC5966648); Bennell et al., 2017 (PMID 28241215)



## Thank you!

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- NIH/NIAMS UG3AR077360 (Cohen, Campbell, Castillo)
- NIH/NINR:
  - R21NR019047(Cheatle)
  - UG3NR019196 (Ang, Wake Forest)
  - R01NR019947 (Spiegel)











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