



*Automated web-based
pain coping skills
training that retains
therapeutic features
of in-person training*

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Pain Coping Skills Training for People with Osteoarthritis Pain



- OA one of most common sources of pain and disability in the elderly, affecting ~ 27 million in U.S.
- Despite efficacy of cognitive-behavioral interventions for OA pain, few people with OA use them

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- OA one of most common sources of pain and disability in the elderly, affecting ~ 27 million in U.S.
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- Pain Coping Skills Training (PCST)
 - Empirically-supported cognitive-behavioral intervention for OA pain developed by Keefe and colleagues
 - Teach adaptive coping skills involving attention diversion, activity patterns, and pain catastrophizing to decrease OA pain and impairment
- Taught in-person by trained therapist over 10-12 wks

Increase access with eHealth?



- Mostly older adults, some with low computer experience/access, some living in rural communities

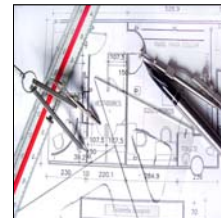
Increase access with eHealth?



- Mostly older adults, some with low computer experience/access, some living in rural communities
- Focus groups with similar population
 - Enthusiasm for learning pain self-management skills
 - Willing to try computer-based training at home, but some concern about motivation/isolation
 - 15-30 minute sessions considered to be ideal
 - Desire to take breaks during sessions—flexibility was key
 - Liked idea of “personal health coach” (an “average person,” not “glamorous” or “robot-like”)
 - Wanted feedback on progress and motivational messages, information about other people’s experiences

PainCOACH: Internet-based PCST

- Web application accessed with touch-screen tablets
- 8 sessions, completed 1 per week in pre-determined order, lasting about 35-40 min.
- “Virtual coach” to act as therapist/guide/educator—no therapist involvement
- Information presented in audio (coach’s voice) with only most important text on screen
- Tunnel information architecture
- Simple navigation



The Challenge

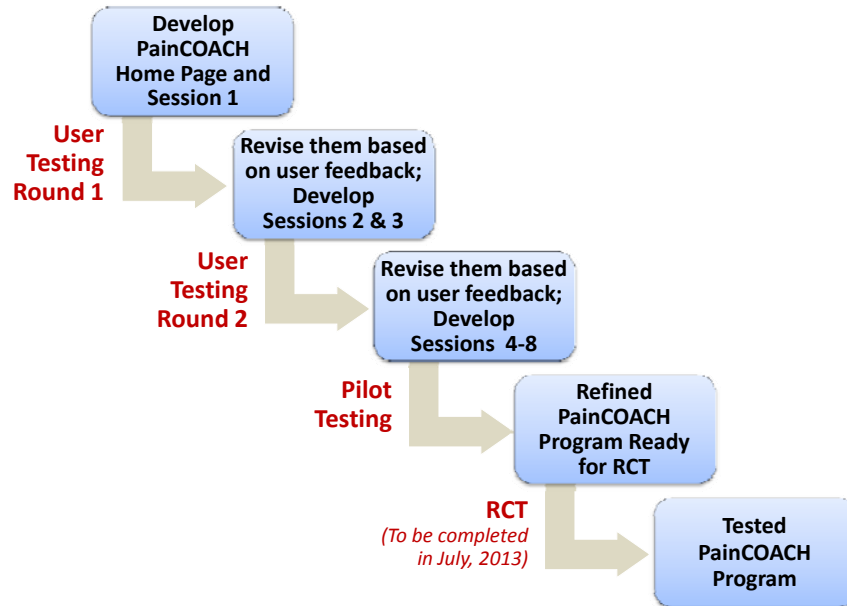


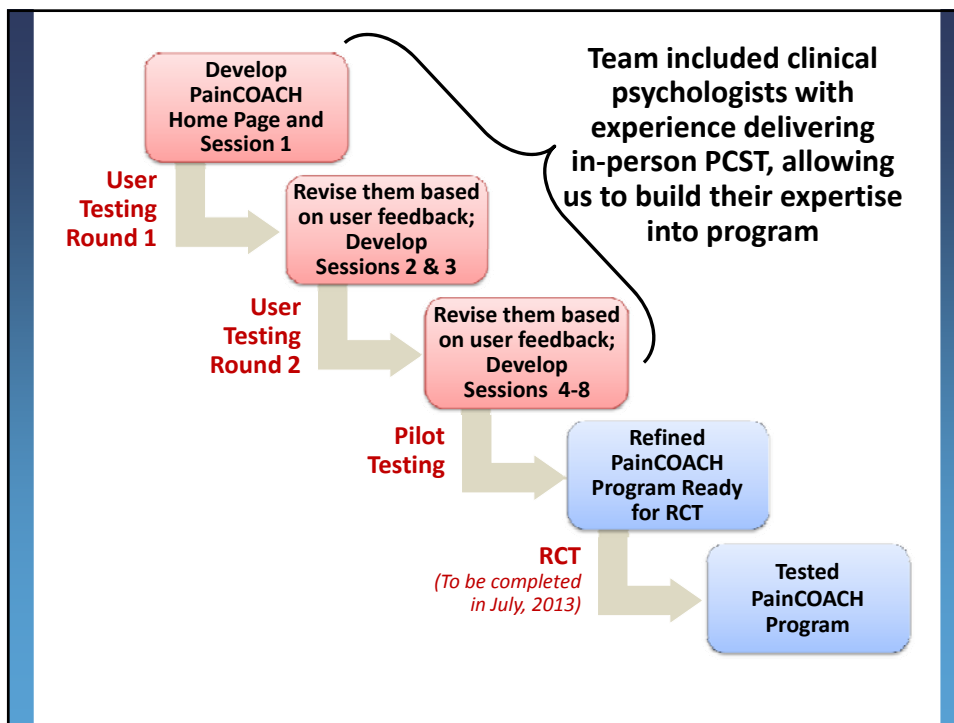
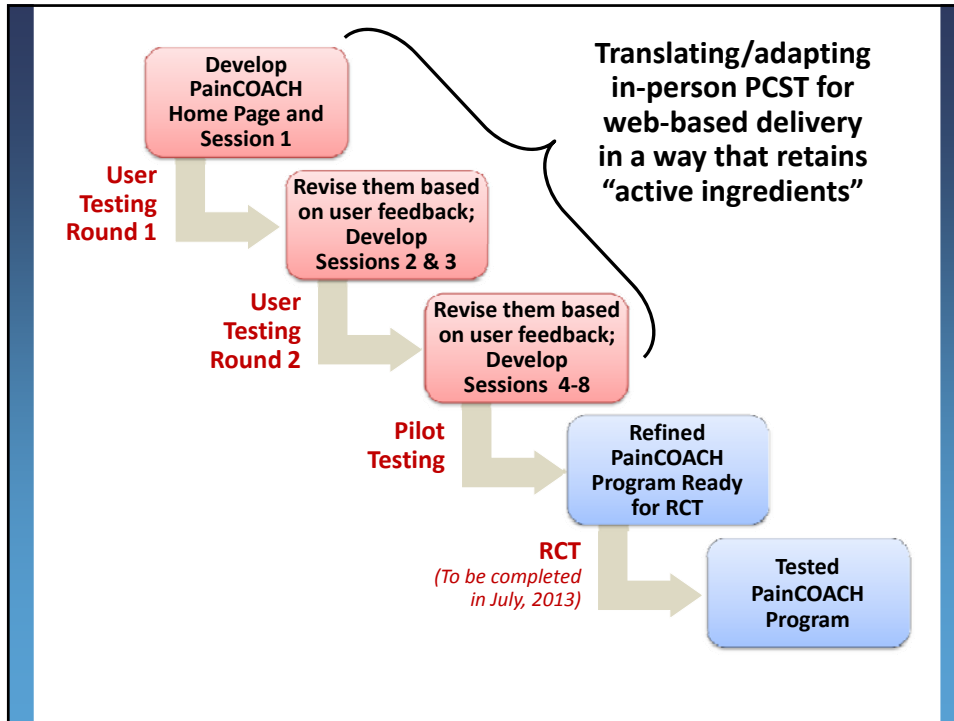
Failing to engage “active ingredients” of in-person cognitive-behavioral interventions



Failure to obtain therapeutic benefits found for in-person PCST

- In-person cognitive-behavioral interventions are highly collaborative, individualized, and require therapeutic alliance between therapist and patient
- PainCOACH automated = no therapist involvement





Therapeutic Feature: Education



Knowledge about...

- How certain types of cognitions, behaviors, and emotions contribute to a health problem
- Cognitive and behavioral skills that can be learned to influence these cognitions, behaviors, emotions
- How to enact these skills correctly and use them in daily life to prevent/manage health problem



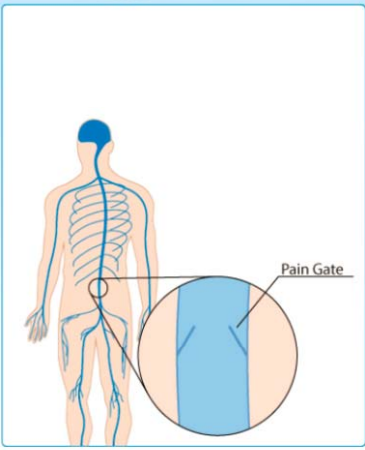
Therapist provides verbal education along with written materials/graphics to reinforce learning



Multi-media presentation; social modeling; interactive features to assess/remediate learning; review 24/7

The screenshot shows the PainCOACH web application interface. At the top, the logo "PainCOACH" is displayed in green and black text. To the right of the logo are buttons for "Test Connection" and "Logout". Below the logo are several red award icons and three white seal icons. The main content area is divided into two columns. The left column is titled "Sessions" and contains a list of eight sessions, each with a red briefcase icon and a blue button: "1: Understanding Pain and Relaxation", "2: Brief Relaxation with Mini-Practices", "3: Activity/Rest Cycles", "4: Pleasant Activity Scheduling", "5: Coping Thoughts", "6: Pleasant Imagery", "7: Problem Solving", and "8: Looking Back and Moving Forward". The right column is titled "Today's Messages" and contains a message: "Logging your practices in COACHtrack can help you stay on track. And logging your practices helps your coach give you personalized feedback on how you're doing in each session." Below the message is a "Next Message" button. At the bottom of the right column are three blue buttons: "COACHtrack", "COACHchat", and "MyCOACH". The background of the interface is a blue sky with white clouds and a green field.

Home Gate Control Theory

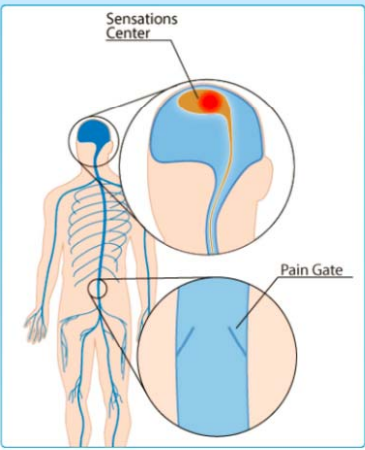


...there's a gate located in your spinal cord right in the middle of your pain pathway.

Restart Play Back Next

The diagram shows a human silhouette with a callout to the spinal cord. A circular inset shows a cross-section of the spinal cord with a blue vertical bar in the center labeled 'Pain Gate'. The bar is closed, preventing signals from passing through.

Home Gate Control Theory



When the gate is open, pain signals can travel right through it to our brain's sensation center.

Restart Pause Back Next

The diagram shows a human silhouette with two callouts. One callout points to the brain, showing a red area labeled 'Sensations Center'. Another callout points to the spinal cord, showing a cross-section with a blue vertical bar labeled 'Pain Gate'. The bar is open, allowing a signal to travel from the spinal cord up to the brain.

Therapeutic Feature: Help Applying Skills

• Collaborative, personalized training in...

- Ability to recognize one's own maladaptive cognitions, behaviors, and emotions
- Awareness of one's own internal/external triggers
- Ability to use skills to prevent/reduce maladaptive cognitions, behaviors, and emotions in daily life



e.g., Therapist models skills, guides patient through behavioral rehearsal, observes performance, provides corrective feedback



View peer using skill, interactive exercises leading patient through behavioral rehearsal, identifying/fixing problems with tailored feedback

Therapeutic Feature: Enduring Skill Use

• Collaborative, personalized training in...

- Setting goals and monitoring goal attainment
- Identifying and overcoming likely barriers
- Anticipating and overcoming future setbacks



e.g., xxx



xxx

Therapeutic Feature: Working Alliance

• Build trusting, collaborative relationship with therapist...



e.g., Therapist responds with warmth and acceptance



Virtual coach who is warm and relatable who responds with warmth and acceptance; tailoring to promote sense of being understood

Summary

- Many web-based interventions use a cognitive-behavioral approach
- This approach is more than just education
- Adequately capturing “active ingredients” in web-based interventions is critical to realizing benefits of in-person interventions
- Research to develop “best practices” is needed
- Having relevant expertise on development team valuable

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