The Hopkins Centre

Research for Rehabilitation and Resilience

Bold ideas. Better solutions.

Pain: a complex protection system

Participant learnings from the ENGAGE study

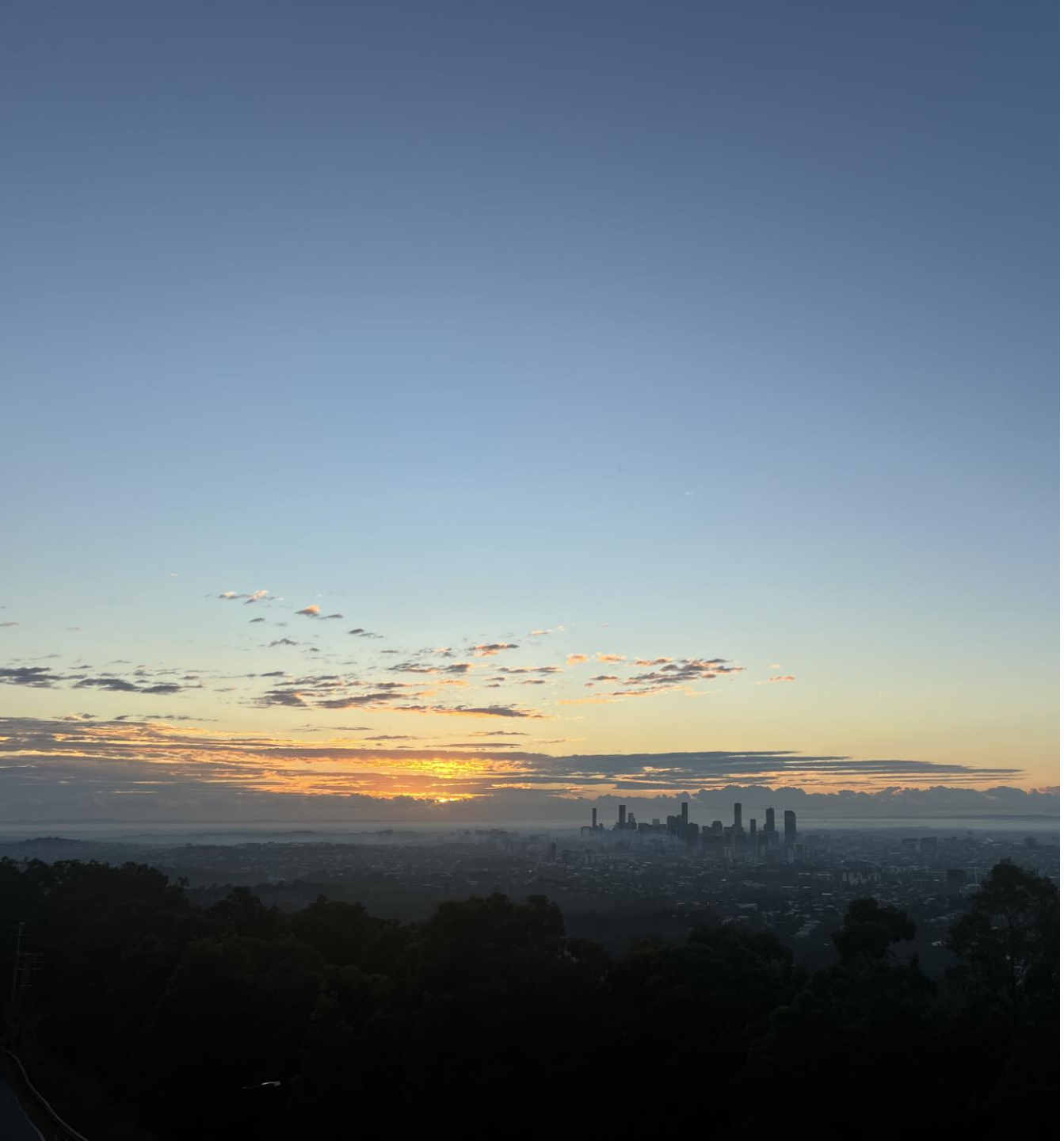
Bold ideas. Better solutions.

GRIFFITH UNIVERSITY | Metro South Health | Queensland Government

A joint initiative of the Department of Rehabilitation, Metro South Health, and Griffith University.

NIISQ

Primary funding partner



Presenters

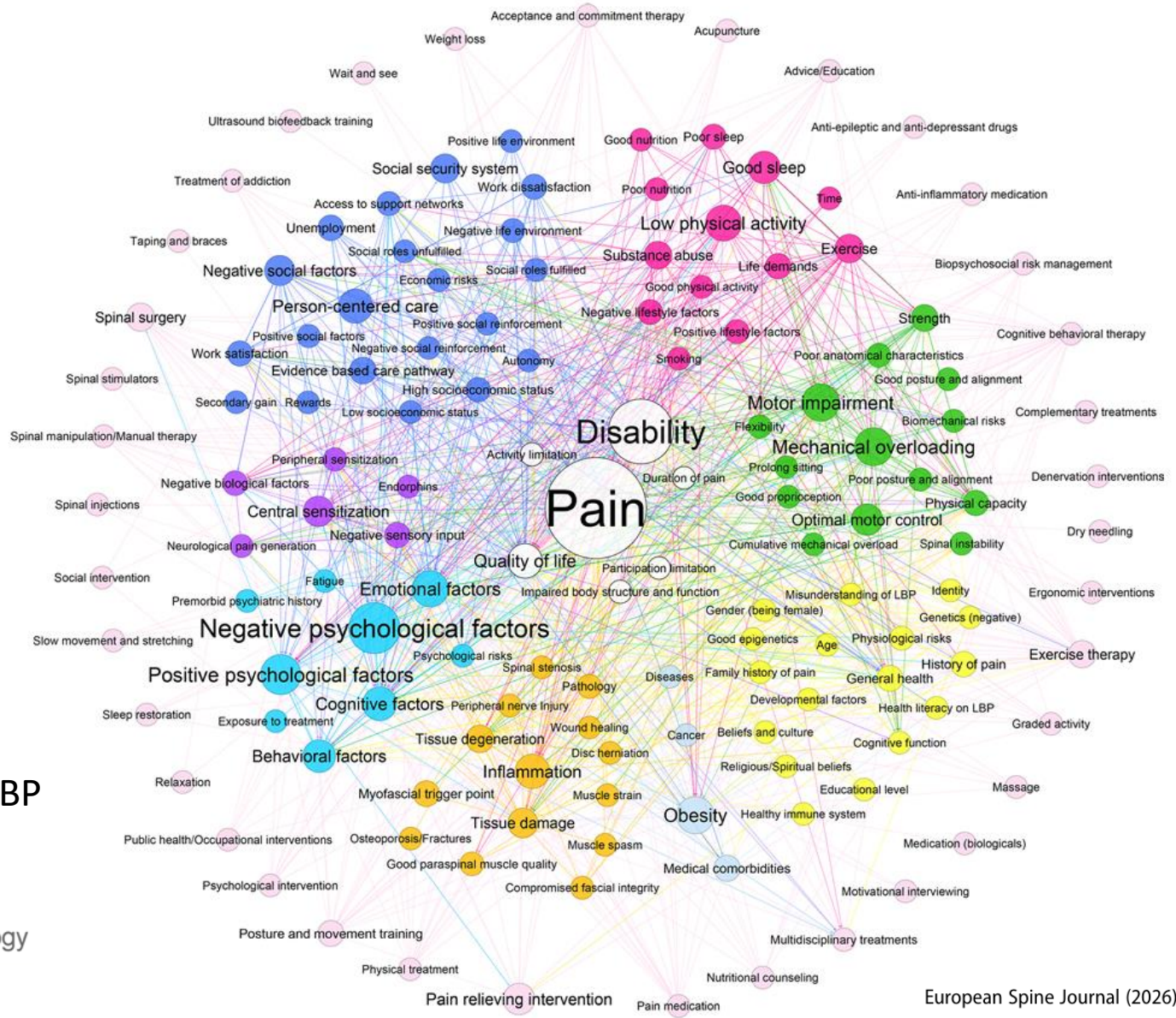
- Dr Nicholas Aitcheson, Pain and Rehabilitation Consultant, Director of the Pain Rehabilitation Centre
- Michael Deen, Occupational Therapist, Allied Health Team Leader at the Pain Rehabilitation Centre
- Kelly Walsh, Senior Physiotherapist at the Pain Rehabilitation Centre
- Lizzie Dite, Consumer Representative

Acknowledgement of Country

- We are privileged to be meeting here in Meanjin/Brisbane, traditionally cared for over millennia by the Jagara and Turrbul peoples.
- We pay respect to elders and their wisdom and culture, past, present and emerging.
- We acknowledge that sovereignty was never ceded and that this was always, and always will be, Aboriginal land.
- Through collaborative intent we seek to create the best outcomes possible for First Nations people and all Australians.
- We also acknowledge the widely varied and deeply experienced cultural backgrounds that are brought from all around the world to this meeting. We pay respect to these traditions in recognition of the wealth that they bring to our community.

The Hopkins Centre
Research for Rehabilitation and Resilience

Pain is complex



Meta-model representing expert knowledge of LBP

- Behavioral/ Lifestyle
- Biomechanical
- Comorbidities
- Individual factors
- Nociceptive detection and processing
- Psychological
- Social/Work/Contextual factors
- Tissue injury or pathology

European Spine Journal (2026) 35:3795–3808

History of multidisciplinary pain management – Global and Local

- 1st Multidisciplinary Pain Clinic – 1960 – University of Washington

- 1st Multidisciplinary Pain Clinic in QLD – 1967 – Royal Brisbane Hospital

- Metro South Pain Rehabilitation Centre – established 2011

Pain Management Programs

PMPs

- Group format
- Outpatient
- Varying intensities
- Therapist led
- Education/skills development

PMP Evidence

✓ Efficacy

✓ Patient Experience

✓ Satisfaction

GOALS OF A PAIN PROGRAM

1. To improve patients understanding of chronic pain and its effects
2. To improve level of physical function and promote return to daily living tasks
3. To modify perceived level of pain, disability and suffering
4. To provide coping strategies for dealing with pain, disability and distress
5. To promote self management
6. To reduce or achieve appropriate future utilisation of healthcare services related to pain
7. Preparation for discharge/maintenance of gains

Which patient for which program? | Agency for Clinical Innovation

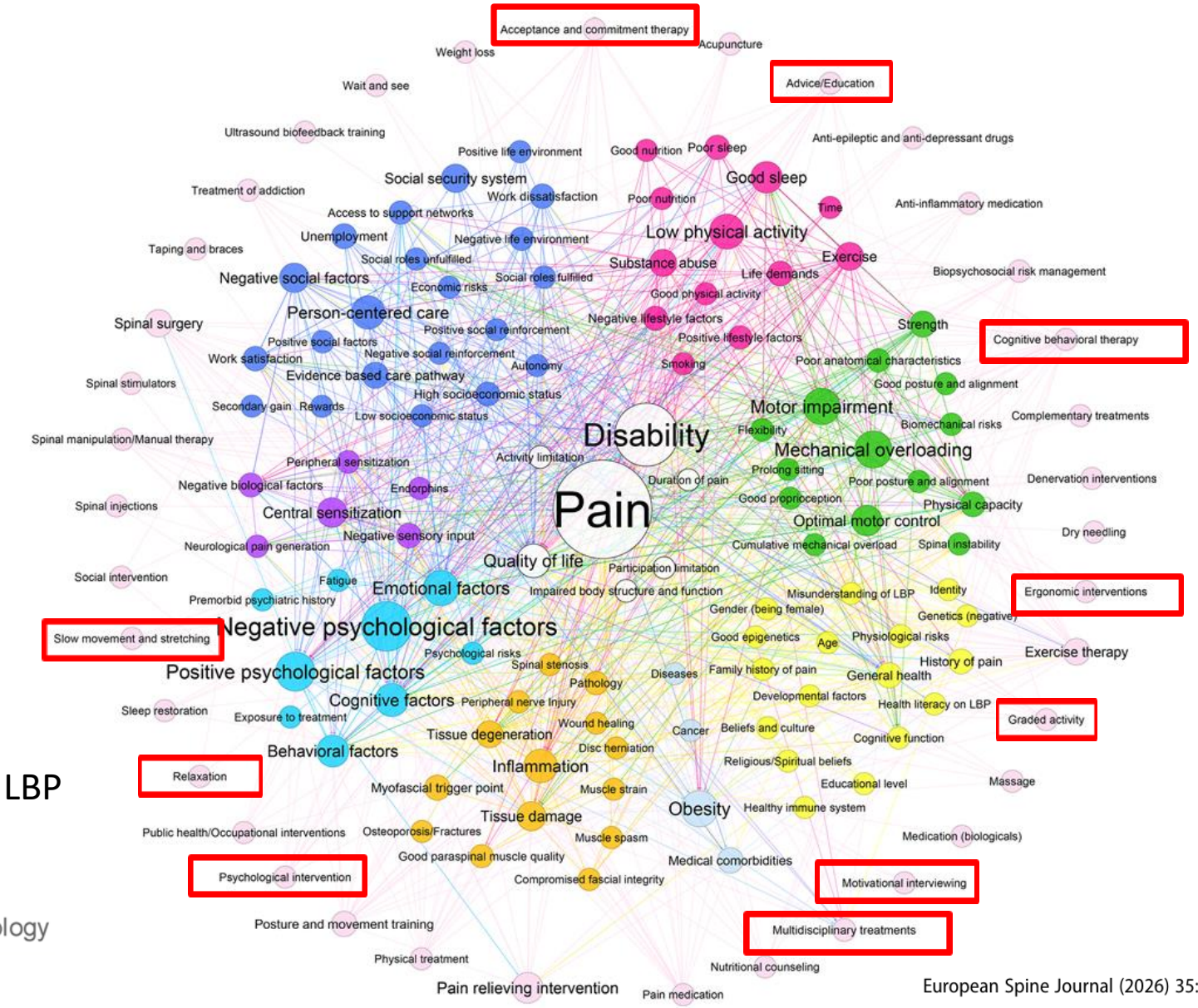
COMMON FEATURES OF A PAIN PROGRAM

1. Timetable and specified content for each session (ideally, with a patient manual)
2. Tailored education about pain (acute, chronic , contributing mechanisms and treatments)
3. Skills training in pain self-management (e.g. exercise, activity pacing, relaxation) facilitating generalisability to the usual environment
4. The use of interactive discussions
5. Application and practice of self management skills in patient's normal environment, and working towards functional goals
6. Preparation for participation in programme
7. Preparation for discharge/maintenance of gains

Which patient for which program? | Agency for Clinical Innovation

The Hopkins Centre
Research for Rehabilitation and Resilience

Pain is complex



Meta-model representing expert knowledge of LBP

- Behavioral/ Lifestyle
- Biomechanical
- Comorbidities
- Individual factors
- Nociceptive detection and processing
- Psychological
- Social/Work/Contextual factors
- Tissue injury or pathology

European Spine Journal (2026) 35:3795–3808

ENGAGE study

MSPRC Engage group

- 5 weekly sessions
- Phone call at wk 6
- Physio and psych + OT
- Pain science education
  ACT, graded activity, flare ups, goals

So… what did you learn, and what is different…?

Primary Aims:

1) To explore the knowledge that people acquire during and retain following Engage.
2) To explore experiences and self-reported changes (beliefs and behaviour) during and after Engage.

Secondary Aim:

1) To use information collected to develop a more person-centred IPMP for uptake in practice.

The Hopkins Centre

Research for Rehabilitation and Resilience

Bold ideas. Better solutions.

"It kind of made me feel less like I was the only one stuck out there in Painland"

Insights from the Engage Research Project

Kelly.walsh2@health.qld.gov.au
The Hopkins Centre

The Hopkins Centre
Research for Rehabilitation and Resilience

Our Team

Kelly Walsh
Rebecca Madden
Tammie Beach
Tamara Ownsworth
Karime Mescouto

Nicholas Aitcheson
Catherine Christophorou
Kristin Tynan
Michel Coppieters

Michael Deen
Frith La Vin
Niamh Jensen
Alex Borg

Aimed to explore:

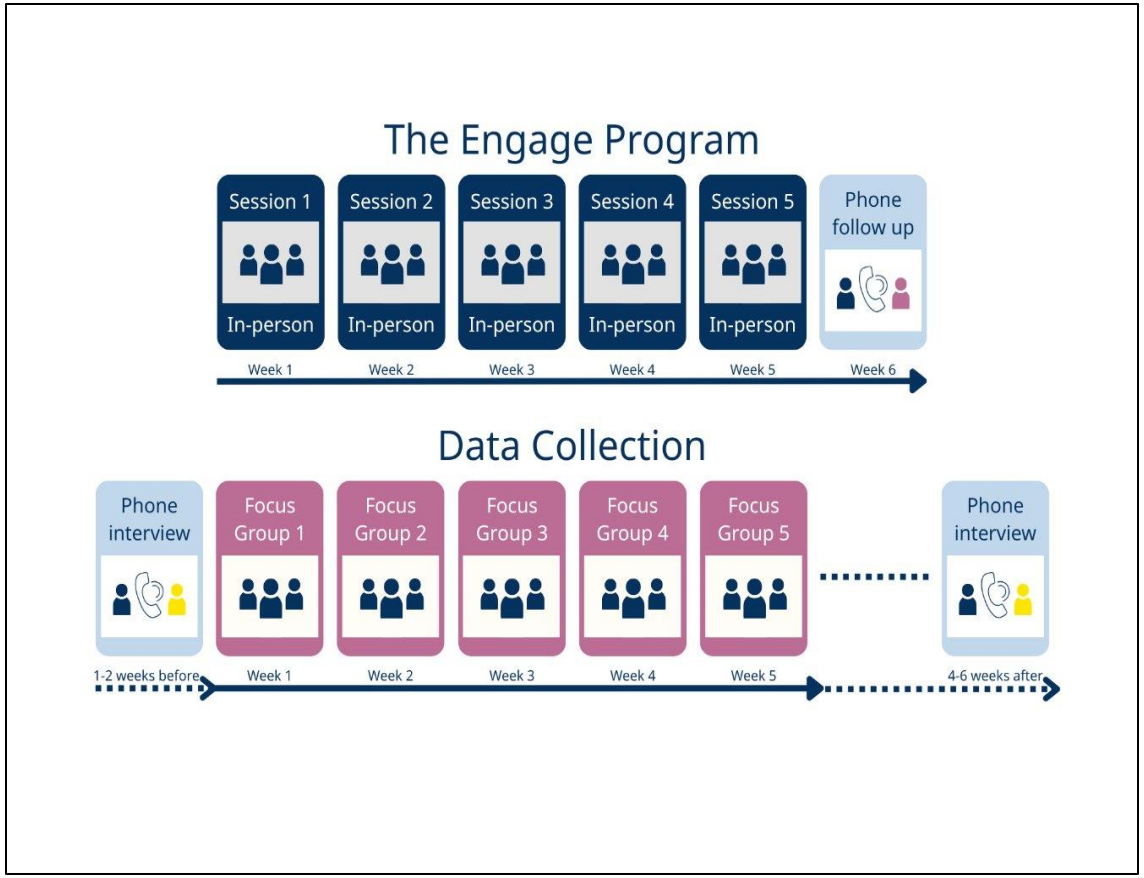
- The knowledge people acquire and retain throughout a group-based Interdisciplinary Pain Management Program (IPMP).

- Participant experiences and perceived changes in beliefs and behaviours following the program.

Important considerations for the method:

- Pre-interviews – established what participants believed and what they were doing **PRIOR** to the IPMP.

- Focus groups – understand how things are changing during the program.



The Hopkins Centre
Research for Rehabilitation and Resilience

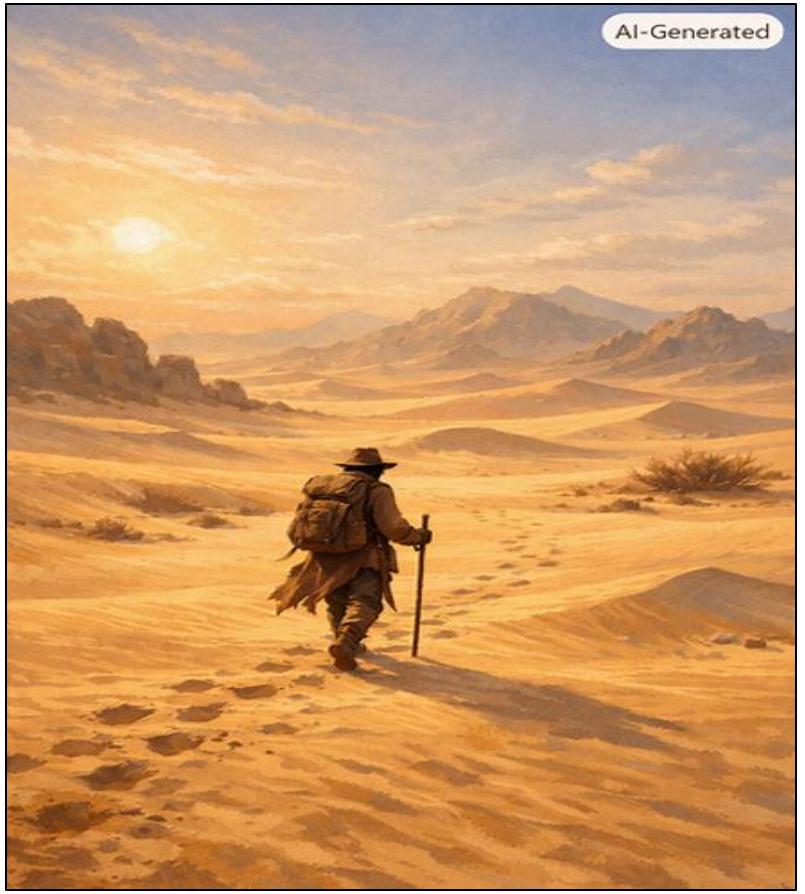
Theme 1: I'm not the only one stuck in Painland

Pre-program:

- "*Every single aspect of life has changed, and not for the positive.* ***Everything's been taken away from you****…"* (Paul – pre interview).

- *"I don't know anyone else that's in chronic pain…When you do talk to people that haven't been through it,* ***there's a feeling like it's all in your head*** *or it's not as bad as you say it is because it's invisible.* ***No one can see how big it is for you****. And I don't like to bring it up…****I feel very isolated"*** (Jackie, pre-interview).

- ***"I couldn't find any doctors that would listen to me*** *for a good five years…"* (Mark, pre-interview).



The Hopkins Centre
Research for Rehabilitation and Resilience


https://prioritylearningresearch.com/articles/power_of_connection.php

Post-program:

*"... **I'm not the only one that's going through this sort of thing** [pain]...that **there are people that understand** what I'm going through. And you guys at the [Pain Clinic] are just amazing with making me feel like I actually exist and listening to what I have to say....Just feeling like a sense of community ... **it kind of made me feel less like I was the only one stuck out there in Painland"*** (Kate, post-interview)

*"I actually learnt that **I wasn't alone**...*
(Judy, post-interview)


https://prioritylearningresearch.com/articles/power_of_connection.php

*I found it helpful to **speak to other people that understood** a bit more about my pain...feeling like I'm not on my own in those feelings.*
(Paul, post-interview)

Theme 2: Gaining autonomy for living with *my* pain

- Learning strategies for living better with pain and being supported to apply these

- Taking a different approach to living with persistent pain (life approach)

- Changing the relationship with your pain

The Hopkins Centre
Research for Rehabilitation and Resilience

*"I guess maybe more of a **using knowledge rather than just the head knowledge** of knowing, you know this is what it is, but **how to apply that knowledge** in your life"* (Beth, post-interview)

*"...the way I think about my pain now, it's not necessarily just something that's happening to me. **It's something that I can have a say in** in different ways"* (Jennifer, post-interview)

*"it was **about my life** and about **fulfilling my time**. And I don't think anyone thought about that"* (Jackie, post-interview)

Theme 3: I can and want to begin to re-engage with the world beyond Painland

- Beginning to become unstuck from Painland
- Re-engaging with aspects of their lives (even though the pain is still there)
- Thinking ahead to what they wanted to incorporate into life
- Hope

The Hopkins Centre
Research for Rehabilitation and Resilience

"I started a veggie garden"

(Jennifer, post-interview)

*"I've tried to do a couple more things more frequently...I went out to an event... In the past I might have been like, oh, that's probably going to make me feel like s**t after I won't go to that, maybe more frequently saying yes and just trying to plan around it.*
(Ryan, post-interview)

https://www.bhf.org.uk/informationsupport/heart-matters-magazine/activity/how-gardening-can-make-you-feel-better-and-eat-better

"Joining a choir is one of my goals" (Kate, post-interview)

"...this has given me hope that I can maybe get back to doing– as my pain gets better, doing the things I used to enjoy, and giving me a little bit of light that I can go forward" (Judy, focus group)

Theme 4: Becoming unstuck is an ongoing process that requires ongoing support

- Support from the pain clinic

- External support for other issues (ie. MH)

The Hopkins Centre
Research for Rehabilitation and Resilience

*"**I would like to be able to engage with other people**, but I don't know how, and I don't know where…I'm hoping that they [Engage clinicians] might have some input into **what I can do, where I can go**…"* (Evelyn, post-interview)

*"I do need **more one-on-one time**…I find that there's other aspects that I need to know about myself rather than being as overall group"* (John, post-interview)

"I need to look into specialised treatment…" (Casey, post-interview)

Important Considerations:

- Not all participants felt they learnt much, but all participants started to re-engage in previously lost/avoided activities

- Those that didn't feel they learnt much still wanted ongoing support at the pain clinic

- Findings were influenced by group processes – participants benefited from learning from each other

How have we changed and what's to come?

- Redesign of our program
- Additional post – Engage offshoots (Tai Chi, Yoga, psychological skills, "outing")
- Development of a short patient video/resource about IPMP's based on our findings

The Hopkins Centre
Research for Rehabilitation and Resilience

NIISQ

Funding Partnership

The NIISQ Agency provided funding to The Hopkins Centre to support and conduct research activities that aim to improve the health and quality of life outcomes for NIISQ participants.

The Hopkins Centre
Research for Rehabilitation and Resilience

hopkinscentre@griffith.edu.au

hopkinscentre.edu.au

The Hopkins Centre

twitter.com/hopkins_centre

linkedin.com/the-hopkins-centre