

Edith Cowan University  
**Research Online**

---

ECU Publications Pre. 2011

---

1997

## Evaluation of the Bunbury chronic pain management program

Samar Aoun

Carmen Gregg

Follow this and additional works at: <https://ro.ecu.edu.au/ecuworks>



Part of the [Rehabilitation and Therapy Commons](#)

---

Aoun, S., & Gregg, C. (1997). Evaluation of the Bunbury chronic pain management program. Bunbury, Australia: Edith Cowan University.

This Report is posted at Research Online.  
<https://ro.ecu.edu.au/ecuworks/6842>

# Edith Cowan University

## Copyright Warning

You may print or download ONE copy of this document for the purpose of your own research or study.

The University does not authorize you to copy, communicate or otherwise make available electronically to any other person any copyright material contained on this site.

You are reminded of the following:

- Copyright owners are entitled to take legal action against persons who infringe their copyright.
- A reproduction of material that is protected by copyright may be a copyright infringement. Where the reproduction of such material is done without attribution of authorship, with false attribution of authorship or the authorship is treated in a derogatory manner, this may be a breach of the author's moral rights contained in Part IX of the Copyright Act 1968 (Cth).
- Courts have the power to impose a wide range of civil and criminal sanctions for infringement of copyright, infringement of moral rights and other offences under the Copyright Act 1968 (Cth). Higher penalties may apply, and higher damages may be awarded, for offences and infringements involving the conversion of material into digital or electronic form.

**THE GREATER BUNBURY DIVISION  
OF GENERAL PRACTICE**

**EVALUATION OF THE  
BUNBURY CHRONIC PAIN MANAGEMENT PROGRAM**

**JUNE 1997**

**Prepared by Dr Samar Aoun  
and Carmen Gregg**

**WA Centre for Rural Health and Community Development  
Edith Cowan University  
Bunbury Campus**

## Table of Contents

### EXECUTIVE SUMMARY

1. BACKGROUND AND OBJECTIVES
2. METHOD
3. RESULTS
  - 3.1 Participants characteristics
  - 3.2 Comparison of the pain inventory measures pre-program and at program completion
  - 3.3 Client satisfaction survey
  - 3.4 GP satisfaction survey
  - 3.5 Staff satisfaction survey
4. DISCUSSION AND RECOMMENDATIONS

### REFERENCES

### APPENDICES

## **EXECUTIVE SUMMARY**

The objective of this study was to evaluate the effectiveness of a six-week program in pain management for patients with chronic pain referred by GPs in Bunbury, Australind, Harvey, Collie, and Donnybrook. The evaluation consisted of a retrospective analysis of patient data from the first 3 courses of the program (November 1996 to March 1997), and satisfaction surveys for 26 clients, 26 GPs and the 7 staff in the multidisciplinary team.

A comparison of pre-program and post-program pain inventory psychometric measures revealed a significant decrease in the amount pain interfered with general activity, social activities, normal work, sleep and mood. There was a trend towards an increase in sense of control or coping, but no change is recorded in the severity of pain or the relief obtained from medication or analgesics. It is important to note that nearly all the variables changed favourably despite the reported pain levels remaining high and the same pre- and post-program. This is consistent with outcomes of other pain management programs which conclude that improvements resulted from implementing strategies for coping with pain rather than reducing pain. Similarly the changes in the Physical Fitness Measures, before and at completion of the program, reflected a significant improvement in fitness and endurance.

80% of the clients perceived that they had successfully implemented strategies for coping with pain and increased their awareness and understanding of pain, and 70% were satisfied with their improved fitness, flexibility, endurance, energy and motivation. The majority of clients were also satisfied with the facilities, the interaction with the staff implementing the program, and the contents and presentation of the course. Over two-thirds of the GPs had very good to good feedback from their patients regarding the benefits of the program, and 80% were satisfied with the communication and support they received from program staff. All 7 staff regarded the selection of patients into the program as appropriate and considered the treatment to be highly effective (57%) or moderately effective (43%), and the remuneration to be moderately appropriate.

In summary, despite the small sample size of patients involved and the short period the program has been operating, most of the program objectives have been achieved. This evaluation reiterates the potential benefits of an interdisciplinary pain management approach for enhancing outcomes in individuals with chronic pain reported in the literature.

Suggestions for improving the program have overlapped for clients, GPs and staff, and therefore recommendations are a reflection of their opinion:

- Follow-up or back-up sessions, after the course is completed, are needed to provide support and sustain the level of improvement beyond the course period.
- The course could be made longer and addressed in more depth, with the services of a dietitian included.
- Remuneration of staff needs to be more commensurate with the services offered.
- It is desirable to improve the setting of the exercise room.

## 1. BACKGROUND AND OBJECTIVES

The Greater Bunbury Division of General Practice (encompassing Bunbury, Australind, Capel, and Donnybrook) identified in 1995 the need to set up a chronic pain management centre to service an estimated target group of 300 patients with chronic pain, with approximately 60 new patients per year.

The chronic pain management centre was established in 1996 at the Bunbury Recreation Centre, a very large sporting complex owned and operated by the Bunbury City Council. The mission statement specified that -

“The Bunbury pain Management Centre will exist to advise, support and assist people who have chronic pain to manage their pain, thus empowering them to function more effectively”.

The multidisciplinary team of staff comprised: a GP, a clinical psychologist, 2 physiotherapists, and a nurse coordinator. Further back-up was obtained from the Bunbury Regional Hospital pharmacist and occupational therapist, and a local anaesthetist with an interest in nerve blocking procedures.

Patients were referred by GPs in the South West and had to fulfil some selection criteria to be admitted to the program. These were:

- The absence of clinical evidence of a cause for the pain that is likely to be amenable to conventional medical or surgical intervention.
- No medical or psychiatric problems likely to interfere with management
- Declared motivation.

The treatment package consisted of six weeks of 3 hours/day of modules of education, movement awareness, and physical conditioning. The program aimed to:

- implement strategies for coping with pain,
- increase fitness, flexibility, and endurance,
- reduce intake of analgesics,
- encourage early resolution of outstanding legal proceedings, and
- return the patient to productivity and appropriate employment.

The WA Centre for Rural Health and Community Development of Edith Cowan University in Bunbury was commissioned to evaluate the 3 courses of the program by June 1997. These courses took place as follows:

- Course 1: 11 November - 21 December 1996
- Course 2: 6 January - 14 February 1997
- Course 3: 17 February - 28 March.

The maximum number of patients per course was set at 12.

## 2. METHOD

This evaluation consisted of four components.

- Analysing the clinic data from the pain inventory questionnaires which the patients completed at two points in time: before they engaged into the program and when the program was completed. The pain inventory consisted of a set protocol of psychometric and physical fitness measures, decided upon by the interdisciplinary team.
- A client's satisfaction survey was mailed to all 26 participants in the three courses of the program (8 in course 1, 9 in course 2, 9 in course 3). The objective of this survey was to ascertain how much of a difference the program has made to the various aspects of pain management, and to provide suggestions for improvement.



- The GPs were also given the opportunity to rate their satisfaction level, through a questionnaire. At this stage of the program, 26 GPs had referred patients.
- The seven staff, who were involved in implementing this multidisciplinary program, were invited to complete a questionnaire to ascertain their perceptions of the processes and outcomes of the program.

Self addressed stamped envelopes were provided for the return of questionnaires from clients, GPs and staff. All three types of questionnaires are in Appendix 1.

### 3. RESULTS

#### 3.1 Participants Characteristics

The number of participants who have completed the pre- and post-program pain inventory questionnaires was 26. Their mean age was 43.9 years (SD = 9.4) ranging from 22 to 64 years. The gender composition was nearly equally distributed between females (54%) and males (46%). All were suffering from back problems, either solely (26.3%) or with several combinations such as: back/head (15.8%), back/limb (26.3%), back/head/limb (21.1%), back/abdomen (10.5%). Nearly all of the participants had suffered from pain for at least 2 years, with half of them over 5 years.

Four participants out of 26 (15%) were working at the time they had enrolled in the program. The remaining 85% were on a workers compensation, or a disability pension or some other social security benefits. Most of them have been out of the labour force for at least 12 months. Four percent of the participants were from a Non-English Speaking Background (NESB).

### **3.2 Comparison of the pain inventory measures pre-program and at program completion**

#### The psychometric measures

These measures were obtained from the participants questionnaires. The participants rated these measures in two points in time, before the start of the program and at completion. These measures provide a comprehensive assessment of the subjective experience of pain, on a variety of scales ranging from 1 - 5 points to 1 - 6 points to 0 - 10 points. (For example, the participant rated the severity of pain from 1 = no pain to 6 = very severe pain). Eight measures were selected to assess the extent to which the program has met its stated objectives. These were: pain interference with social activities, normal work, general activity level and sleep; sense of control over pain, mood levels, relief by medications and the pain severity.

Data collected pre-program and at program completion from November 1996 to March 1997, was analysed retrospectively using the Wilcoxon Signed Ranks Test, to compare changes between the 2 stages (Table 1).

The Wilcoxon Signed Ranks Test reveals a significant decrease in the amount pain interfered with general activity, social activities, normal work, sleep and mood. There is a trend towards an increase in sense of control or coping, but no change is recorded in the severity of pain or the relief obtained from medication or analgesics. It is important to note that nearly all the variables changed favourably despite the reported pain levels remaining high and the same pre and post program. This is consistent with outcomes of other pain management programs which conclude that improvements resulted from implementing strategies for coping with pain rather than reducing pain (Flavell et al 1996, Lynch et al 1996).

*Table 1: Comparison of eight psychometric measures before and after completion of the chronic pain management program*

Variables	Mean Rank Pre Program	Mean Rank at Completion	z-value	p-value
Pain interferes in social activities (1-5)	3.47	2.65	-2.70	0.007
Pain interferes in normal work (1-5)	4.17	3.63	-2.48	0.013
Pain severity (1-6)	4.83	4.63	-0.78	0.435
Sense of control (0-6)	3.25	3.70	-1.93	0.053
Pain interferes with general activity (0-10)	7.38	5.17	-3.42	0.001
Pain interferes with sleep (0-10)	7.54	5.42	-3.17	0.002
Pain interferes with mood (0-10)	7.21	4.92	-3.19	0.001
Relief by medications (1-6)	3.52	3.38	-0.39	0.693
* the range of scales for each variable is between brackets				

### Physical Fitness Measures

These measures consisted of functional capacity tests designed to monitor the progress of body strength, endurance and fitness.

- Stair climb (2 minutes test)
- Sit to stand (1 minute test)
- Wall press-ups (2 minutes test)
- Walk (20 minutes test)

These measures provide more of an objective assessment of change.

*Table 2: Comparison of four physical fitness tests before and after completion of the chronic pain management program.*

Variables	Mean Count Before Program	Mean Count at Completion	t-test	p-value
Stair climb	5.24	7.15	4.62	0.000
Sit to stand	12.96	25.63	6.33	0.000
Wall press-ups	36.29	71.66	8.49	0.000
20-minute walk	1338.68	1679.40	3.78	0.001

Changes between pre- and post-program data were analysed using the paired t-tests. The test reveals a significant increase in the number of counts in stair climb, sit to stand and wall press-ups and the distance walked in 20 minutes, hence reflecting an improvement in fitness and endurance (Table 2).

### 3.3 Client Satisfaction Survey

20 out of 26 participants responded to the questionnaire, representing an excellent response rate of 77%. The least response was obtained from participants in the first course which took place last year (1996). By contrast the ones who participated more recently (1997) were more eager to give their feedback.

The participants were asked to rate their satisfaction level, on a scale of 1 - 5, regarding five outcomes the program has set out to achieve.

- increasing awareness and understanding of chronic pain
- implementing strategies for coping with pain
- improving fitness, flexibility and endurance
- reducing intake of pain controlling medication

- increasing energy and motivation.
- The outcomes of the program, which were successfully achieved by over 80% of respondents, were coping with pain and increased awareness and understanding (Table 3).
  - The outcomes, which were successfully achieved by over 70% of respondents, were improved fitness, flexibility, endurance, energy and motivation. However, only 2 participants have gone back to work at the completion of the program (Table 3).
  - The finding that the program has not significantly reduced the intake of analgesics for about 60% of the respondents is compatible with the quantitative analysis results that there was no change recorded in the relief obtained from medication and hence the severity of the pain (Table 3).

*Table 3: Client satisfaction level in 5 criteria: percent reporting a lot/quite a bit of improvement, or moderate improvement.*

	A lot/ quite a bit	Moderate	Total
Awareness and understanding of chronic pain	73.6%	15.8%	89.4%
Coping with pain	57.9%	31.5%	89.5%
Reduced intake of pain controlling medication	31.6%	10.5%	42.1%
Energy and motivation	47.3%	26.3%	73.6%
Fitness, flexibility and endurance	36.8%	42.1%	78.9%

89% of participants rated the facilities as good to adequate. Two thirds of them got on "very well" with the staff implementing the program, and one third got on "well".

The aspects of the program that participants found most useful could be grouped into five categories: (The total percent exceeds 100% due to provision of multiple responses).

- The exercise program (65%)
  - Floor exercises
  - Awareness through movement
  - Hydrotherapy.
- The support of and interaction with others in the same situation (25%).
- The benefits of relaxation and coping with pain (25%).
- The staff professionalism and support in general (15%).
- The psychology sessions (15%).

However the majority of the participants found all aspects of the program very useful, well coordinated, and found very little to comment on what they found least useful. For the few who did comment (9 participants), their opinion was that

- the time was too short on most sessions and hydrotherapy
- the temperature of the pool was cold
- lack of back-up support once the course was finished
- the psychology sessions need to address individual needs, not only group needs
- pain level increased
- exercises were too much
- facilities: no fresh air, lack of natural light, and thumping noises from other rooms.

Most of the suggestions for improving the program addressed the mentioned issues that participants were critical of:

- more exercise in the pool and teach non-swimmers to swim
- support needed to keep motivation and exercise at home after the end of the program. Ongoing relaxation and stress management would be helpful.

- extend the time of the course to full 2-3 days/week
- more depth is required for psychological sessions such as group discussions to share ideas
- invite more guest speakers on relevant subjects
- awareness training for employers to understand the difficulties employees have with back problems
- include a dietitian in the program
- improve the facilities: a bigger area for floor exercises.

In general, the positives of the program far outnumbered the negatives, and one participant has summarised well his/her experience by reporting that “the program was very well planned and presented and could have been longer”.

#### 3.4 **GP Satisfaction Survey**

Referring GPs were from the Greater Bunbury Division of General Practice (Bunbury, Australind and Donnybrook), or from outside the division’s boundary (Harvey and Collie). 77% of GPs responded to the survey (20 out of 26). 80% of the GPs rated the communication and support they received from program staff as good to adequate. Over two-thirds had very good/good feedback from their patients regarding the benefits of the program. The majority (78%) regarded the staff expertise available for the program as very good/good and 88% regarded the facilities available at the Bunbury Recreation Centre as good to adequate. All of the referring GPs agreed that the program filled a definite and growing need in the South West and it has been an appropriate and worthwhile project for the local Division of General Practice.

*Table 4: Rating by GPs of 4 aspects of the Pain Management Program*

	<b>Very Good</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>
Communication	15%	40%	40%	5%
Feedback	25%	40%	20%	15%
Facilities	5.9%	58.8%	29.4%	5.9%
Staff	38.9%	38.9%	22.2%	-

### 3.5 Staff Satisfaction Survey

All 7 staff in the multidisciplinary team responded to the questionnaire. They all regarded the selection of patients into the program appropriate, and the treatment considered highly effective (57%) or moderately effective (43%). The facilities and equipment met the staff requirements for optimal success of the program (very well/well 72%). Remuneration was not applicable for all staff, however for those who were remunerated, 60% considered it to be moderately appropriate.

In addition one member of staff gave a lengthy feedback which touched on many issues raised by the clients:

- The **facilities** could be improved as the current exercise room is too small with no windows for natural light or ventilation.
- The program can be extended over a **longer** period of time, with **more depth**.
- **Follow-up** sessions are needed after the program to provide ongoing support.
- The services of a **dietitian** are desirable.



- **Remuneration** for physiotherapy is inadequate.

The details of this feedback appears in appendix 2.

#### 4. **DISCUSSION AND RECOMMENDATIONS**

This evaluation reiterates the potential benefits of a multidisciplinary pain management approach for enhancing outcomes in individuals with chronic pain (Lynch et al 1996). A multidisciplinary pain clinic provides the ideal specialist environment to implement a diversity of therapeutic skills (psychological and physical) for the comprehensive explanation and control of pain (Gamsa 1994 and Loeser and Cousins 1990).

Although pain intensity did not change for the participants in this program, pain was perceived to interfere less with life activities through an increased sense of control. Also the significant improvement in physical fitness, as a result of the program, is remarkable and reported in Flavell et al (1996) and Lynch et al (1996). For a program in its beginning, feedback from the first 3 courses, has been positive, despite the small sample size of participants involved. Most of the objectives have been achieved except for “the early resolution of outstanding legal proceedings” which was deemed to be an inappropriate objective by the program staff. Also, at this stage of the evaluation, it is too early for the program to enable participants to return to productivity and appropriate employment, especially when most of them have been out of work for at least a year.

Some recommendations for improvement are common to patients and staff:

- One valuable aspect of the program that most clients appreciated was being part of a support group which provided an opportunity for people with similar experiences to share feelings and to find alternate ways of dealing with limitations imposed by their condition, also reported in a study by Lewis et al (1993).

However, most of the clients found it hard to keep up the momentum with the exercises, the relaxation and stress management, alone at home after the end of the program. Although there is a support group of graduates of the program, it is only attended by a minority of committed individuals. The possibility of extending the program into less frequent back-up sessions is worth exploring as it would sustain the level of improvement beyond the program period, and could possibly return some participants to employment. As future evaluations will take into consideration the clients' perceptions at 3- or 6-months' follow-up, the benefit of back-up sessions can be assessed and possibly compared between groups who had a back-up and those who did not.

- Clients and staff also agreed that the course could be longer and addressed in more depth, with an emphasis on longer or more frequent sessions of hydrotherapy. Adding a dietitian to the multidisciplinary staff was highly desirable.
- The facilities need to be improved, particularly the exercise room that has no windows and can become stuffy with a number of people exercising. However, this is limited to the availability of space in the recreation centre which also houses the swimming pool needed for hydrotherapy.
- Remuneration has not been adequate for some team members, and this should be taken into consideration in the next budget of the program.

Sixty one percent of GPs in the Greater Bunbury Division have referred patients to the program for the first three courses, with 7 GPs from other areas in the South West outside the Division boundaries. Therefore, GPs in Bunbury and the South West seem to appreciate the opportunity offered by such pain management clinics for referral of their patients, particularly that such clinics are not yet widely accessible to many practitioners in Australia (Mather and Cousins

1992). As most of these patients have had their problems for over 2 years, and half of them for over 5 years, the savings in the number and length of consultations, and travel to the metropolitan area for extra specialist help, can be significant. According to the NHMRC report, the costs of chronic pain are in the order of \$10 billion annually in Australia (cited in Loeser and Cousins 1990). Indeed, Flavell et al (1996) reported that such chronic pain management programs seem to be a relatively inexpensive option in managing this problematic group of patients. The Bunbury initiative can only be a step in the right direction!

## REFERENCES

Flavell, H, Carrafa, P, Thomas, C and Disler, P (1996). Managing chronic back pain: impact of an interdisciplinary team approach. *Medical Journal of Australia* Vol 165: pp.253-255.

Gamsa, A (1994). The role of psychological factors in chronic pain. *Pain* Vol 57: pp.5-15.

Lewis, D, Frain, K and Donnelly, M (1993). Chronic Pain Management Support Group: A program designated to facilitate coping. *Rehabilitation Nursing* Vol 18, No. 5: pp.318-320.

Loesero, J and Cousins, M (1990). Contemporary pain management. *Medical Journal of Australia* Vol 153: pp.208-216.

Lynch, R T, Agre J, Powers, J M, Sherman J (1996). Long-term follow up of outpatient interdisciplinary pain management with a no-treatment comparison group. *American Journal of Physical and Medical Rehabilitation* Vol 75, No 3: pp.213-222.

Mather, L E and Cousins, M J (1992). The pharmacological relief of pain - contemporary issues. *Medical Journal of Australia* Vol. 156: p.796.

## **APPENDICES**

Satisfaction Questionnaires (Appendix 1)

Feedback from staff (Appendix 2)

*WA Centre for Rural Health  
& Community Development  
Edith Cowan University  
Bunbury WA 6230*

**CLIENT'S SATISFACTION SURVEY**  
**FOR THE CHRONIC PAIN MANAGEMENT PROGRAM**

*(Please circle the answer which most closely measures your experience.)*

- Q1. How much has the program increased your awareness and understanding of chronic pain?
1. A lot
  2. Quite a bit
  3. Moderately
  4. Slightly
  5. Not at all
- Q2. How much has the program assisted you to implement strategies for coping with pain?
1. A lot
  2. Quite a bit
  3. Moderately
  4. Slightly
  5. Not at all
- Q3. How much improvement in fitness, flexibility and endurance have you experienced due to your participation in the program?
1. Greatly improved
  2. Slightly improved
  3. No Change
  4. Got worse
- Q4. Due to participation in this program, has your intake of pain controlling medication (analgesics) been reduced?
1. A lot
  2. Quite a bit
  3. Moderately
  4. Slightly
  5. Not at all
- Q5. Due to participation in this program, has your energy and motivation increased?
1. A lot
  2. Quite a bit
  3. Moderately
  4. Slightly
  5. Not at all
- Q6. How did you get on with the staff implementing the program?
1. Very well
  2. Well
  3. In between
  4. Poorly
  5. Very poorly

- Q7. What did you think about the facilities available for this program?
1. Excellent
  2. Good
  3. Adequate
  4. Poor

- Q8. How long has chronic pain been a part of your life prior to the start of this program?
1. Less than 1 year
  2. Between 1 - 2 years
  3. Between 2 - 5 years
  4. More than 5 years

- Q9. What is the main area in your body that is the primary cause of pain?
1. Upper back and neck
  2. Lower back
  3. Headache
  4. Limb pain (arm/leg)
  5. Abdominal
  6. Other (please specify) \_\_\_\_\_

- Q10. Can you please indicate which program you participated in?
1. Group 1: Nov - Dec 1996
  2. Group 2: Jan - Feb 1997
  3. Group 3: Feb - March 1997

Q11. What did you find most useful or helpful about this program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q12. What did you find least useful or helpful about this program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q13. Do you have any suggestions for improving the program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your cooperation.**  
**Please return this completed questionnaire, within a week of receiving it, in the stamped addressed envelope provided.**

**G.P. SATISFACTION SURVEY**  
**FOR THE CHRONIC PAIN MANAGEMENT PROGRAM**

*(Please indicate the answer that most closely reflects your opinion.)*

- Q1. With regard to patients you have referred, how do you rate the communication and support you received from the staff implementing the program?
1. Very good
  2. Good
  3. Adequate
  4. Poor
  5. Very poor
- Q2. Please rate the patient feedback regarding the benefits the program has offered them.
1. Very good
  2. Good
  3. Adequate
  4. Poor
  5. Very poor
- Q3. How do you rate the facilities available at the centre to implement such a program?
1. Very good
  2. Good
  3. Adequate
  4. Poor
  5. Very poor
- Q4. How do you rate the range of staff expertise available at the centre?
1. Very good
  2. Good
  3. Adequate
  4. Poor
  5. Very poor
- Q5. The program fills a definite and growing need in the South West.
1. Strongly agree
  2. Agree
  3. Disagree
  4. Strongly disagree
  5. Don't know
- Q6. This has been an appropriate and worthwhile project for the Division of General Practice.
1. Strongly agree
  2. Agree
  3. Disagree
  4. Strongly disagree
  5. Don't know



If you would like the opportunity to comment, please use the space below.

---

---

---

**Thank you for your cooperation.  
Please return this completed questionnaire, within a week of receiving it, in the  
stamped addressed envelope provided.**

**STAFF SATISFACTION SURVEY**  
**FOR THE CHRONIC PAIN MANAGEMENT PROGRAM**

- Q1. In your experience, how appropriate has the selection of participants into the program been?
1. Very appropriate
  2. Moderately appropriate
  3. Not appropriate
- Q2. How well have the facilities and equipment met your requirements for optimal success of the program?
1. Very well
  2. Well
  3. Moderately well
  4. Poorly
- Q3. Has remuneration for your professional services been appropriate?
1. Not applicable
  2. Very appropriate
  3. Moderately appropriate
  4. Not appropriate
- Q4. How do you rate the effectiveness of the program regarding the benefits achieved by the clients?
1. Highly effective
  2. Moderately effective
  3. Slightly effective
- Q5. Do you have any suggestions for improving the program or any other comments?

---

---

---

**Thank you for your cooperation.**  
**Please return this completed questionnaire, within a week of receiving it, in the stamped addressed envelope provided.**

*Re: The Bunbury Chronic Pain Management Programme*

This programme is very much a pilot programme. We are attempting, with very limited resources, to bring people to a constructive and realistic relationship with their physical and emotional problems.

I offer the following suggestions to consider:

1. My overall impression is that whilst the majority of clients battle their way through to an improved level of function, the programme is probably not long enough or deep enough to guarantee a sustained level of improvement.
2. When selecting clients we might test their motivation a little more thoroughly, so that all who start the programme are genuine contenders.
3. We need to be more thorough in coaching the clients to set personal objectives they wish to attain by the end of the programme. These objectives need to be functional, specific and measurable - such as: "able to manage my pain so i can ....." (eg: do the vacuum cleaning, make love, walk to the shops...etc). It is my experience that a fair percentage of the clients are still sitting back and waiting for the course to "do it" for them.
4. We might develop a curriculum that is more integrated, so that the individual tutors have a uniform set of perspectives that they reinforce in their sessions.  
eg: "It is safe to move"  
"Full bodied participation yields results".  
"You get out of it what you put into it"  
"Don't wait for it to go away, start living now...."  
"There is power in following through your commitments"  
"There is a distinction between pain and suffering"  
"No 'suffering' in class"  
"We are not here to fix it, but to make the best out of what is"  
whatever.....
5. The support group is only attended by a minority of committed individuals. Is there a way we could extend the curriculum into once weekly followup sessions?
6. On graduation we need to (i) help clients review their personal objectives and to examine the reasons they succeeded or failed to attain them.  
(ii) give them a structured programme to follow through with, something with a log book so they can document their efforts for another six weeks or so. Perhaps they could take their log book to meetings and discuss their progress.

In summary, I feel we are pioneering a new, potentially excellent form of health service delivery. It is important that we create the time (and funds) to subject this to ongoing review, so that the structure continues to evolve and does not become bogged down (as so much health care does) in a routine that fails to serve the clients and the practitioners best interests.