

**Stanford Chronic Pain Self-Management
Master Trainer Session**

Cross-Training

**Current Stanford CDSMP (PATH) Master Trainers
Thursday June 21, 2012
8:30 a.m. - 4:30 p.m.**

Full Course

**Friday, June 22-Sunday June 24
8:30 a.m. - 4:30 p.m.
Monday, June 25th
8:30-12:00**

**Comfort Inn-Airport
4155 28th Street
Grand Rapids, MI.**

This training will provide current Stanford CDSMP (Path) Master Trainers with a one-day cross training that will provide the content to become a Master Trainer in the Chronic Pain Self-Management Program.

If you are a leader or master trainer in any of the other Stanford or EBDP programs, you will need to take the 3.5 day full training to be considered a Master Trainer in Chronic Pain Self-Management.

As a Master Trainer you will:

- Recruit and train volunteers to lead the Chronic Pain Self-Management workshops
- Coordinate the program in your community
- Market the program to older adults, as well as others
- Evaluate outcomes

What is Chronic Pain Self-Management?

The Chronic Pain Self-Management Program is presented in the same format as other Stanford programs, which is 2.5 hours once per week for 6 weeks. Each workshop is led by 2 trained leaders. The workshop is has a standard format and schedule so that all presenters give the same material.

Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, isolation, and poor sleep 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, 6) pacing activity and rest, and, 7) how to evaluate new treatments.

Moving Easy Program Sherry Keny info
Each participant in the workshop receives a copy of the companion books, *Living a Healthy Life With Chronic Conditions, 3rd Edition* and *Chronic Pain Workbook*.

*have workbook + audio CD 25 min activity start week 3-6
more info medications*

It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

The Self-Management Program will not conflict with existing programs or treatment. It is designed to enhance regular treatment. The program gives participants the skills to coordinate all the things needed to manage their health, as well as to help them keep active in their lives.

What To Bring:

If you are attending the cross-training only, please bring your Master Trainer manuals and your copy of "Living a Healthy Life with Chronic Conditions". The Chronic Pain book will be supplied to you.

Area Hotel

The trainings will be held at the Comfort Inn- Airport located at 4155 28th St. Grand Rapids, MI. 49512-1903. A block of rooms has been reserved for participants at the rate of: \$64.95 per night. To get this rate, you must indicate on your registration form the number of nights you will be staying.

Website: http://www.comfortinn.com/hotel-grand_rapids-michigan-MI121

Cost:

There is no cost for the training, however, you are responsible for your own lodging, meals and transportation.

Working with your area agency on aging (AAA):

Due to the high cost of this training, all participants are expected to contact their area agencies on aging to work together with them in the delivery of workshops. The AAA may request that you sign a memorandum of agreement with them to teach a fixed number of leader trainings or workshops. This will also ensure that the program is offered as widely as possible within the State of Michigan.

Registration Form:

Please complete the registration form on the next page. Remember that you do not need to make your own hotel reservations. This form will serve that purpose. Please return your registration form via email (kings1@michigan.gov), or fax: 517-373-4092.

Registrations are due no later than June 8th. Questions should be directed to: Sherri King, 517-373-4064 or kings1@michigan.gov.

**Registration Form
Chronic Pain Self-Management
Master Training
June 2012**

Select One:
 Cross Training
 Full Training

Name
Job Title
Organization
Type of Organization (please check one): AAA/Dept on Aging ___ Disability Agency ___ Community/NonProfit ___ Council of Govts ___ For Profit ___ Health & Human Services ___ Healthcare/Hospital ___ Home Healthcare ___ Municipality/Parks & Recreation ___ Municipality/Senior Services ___ Public Health Dept ___ Faith Based: ___ Senior Residences ___ University/College ___ Other: Please list: _____
Mailing Address
City, State, Zip
Phone
Fax
E-mail

HOTEL RESERVATIONS: Please indicate the nights you wish to reserve a room.

Number of Persons in Room: _____ Name of second person: _____

Is person attending training? YES NO

Wednesday June 20 _____ Thursday June 21 _____ Friday June 22 _____
 Saturday June 23 _____ Sunday June 24 _____ Monday June 25 _____

SPECIAL ACCOMMODATIONS: Please list any special accommodations that are needed, including snacks/meals: