

APPENDIX 1: Summary of Stakeholder Feedback and Modifications to the Pain Coping Skills Training Program

Skill	Stakeholder Feedback	Modifications and Enhancements
Active (Progressive Muscle) Relaxation	<ul style="list-style-type: none"> • Add pictures to demonstrate relaxation poses • Handout 1-3: seems like it may have contradictory statements in regards to practicing when most relaxed but to not be discouraged if it is difficult for one to become relaxed completely. This should be clarified. 	<ul style="list-style-type: none"> • Photographs taken of “tensed” and “relaxed” positions for each exercise and added to handout. • Language of handout and script clarified to communicate that participants should not be discouraged if it is difficult “at first” (e.g., when first learning the skill) to relax completely.
Mini-Relaxation	<ul style="list-style-type: none"> • Include “dots” or some kind of other materials to help with reminders to do mini-relaxation practices • Handout 2-1: Replace wording of “upon your command” with something like “whenever and wherever you need to” • Handout 2-3: Replace “drinking” with “before or after a meal” since drinking may suggest alcohol. Also suggest replacing “getting into a car” with “before leaving the house” due to safety reasons 	<ul style="list-style-type: none"> • Handout and script gave examples of cues, including adhesive dots or post-it notes, that participants could use as reminders. • The wording was changed as recommended. • The wording as changed as recommended.
Activity Pacing	<ul style="list-style-type: none"> • Emphasize the importance of rest in getting jobs done – e.g., taking rest breaks or having a time limit can actually help you to get the job done better or make it easier to complete • Link this skill with communication, being able to explain to people around you why you are doing things differently and addressing issues of being a good “representative” of the broader community. Some people are raised to do things “right and on time.” So it’s important to be able to explain why activity pacing is actually helping you to do that. • Handout 5-1: Not sure how prolonged rest/avoidance leads to overactivity. May be helpful to add narrative to the page that describes the cycle rather than just saying it repeats itself many times. 	<ul style="list-style-type: none"> • This language was added to the script. • This language was added to the script. • The handout and script were modified to explain that after prolonged rest or avoidance, sometimes people feel much better but then engage in over-activity again to make up for lost

		time
Pain Communication	<ul style="list-style-type: none"> Worksheet (2-6) is a little difficult to understand. Modify this to make it simpler and include an examples of different types of conversations (expressive and decision-making) 	<ul style="list-style-type: none"> Wording was simplified, and examples were added for both expressive and decision-making conversations
Managing Unhelpful Mood	<ul style="list-style-type: none"> Handout 4-1: Remove the word “negative” in reference to consequences related to “thoughts that are working against you”. Handout 4-3: In step 2, challenge the unhelpful thoughts, ask is any evidence to support the thought AND any evidence against the thought (versus just evidence against). It can be helpful for people to say, “no, I really don’t have any evidence to support the belief.” 	<ul style="list-style-type: none"> The word “negative” was removed. Throughout handouts and scripts, the term “unhelpful” was used instead of “negative.” This wording was added to the handout.
Pleasant Activities	<ul style="list-style-type: none"> Convey to people that some pleasant activities have to be scheduled at first, then they sometimes become routine. Let participants know that example list of pleasant activities (in the back of participant handouts) was from a previous study teaching pain coping skills to people with arthritis. This will help to reinforce to participants that although they are participating in an individual program, they are part of a larger group who has gone through this intervention. 	<ul style="list-style-type: none"> This language was added to the script. This list was moved within the Pleasant Activities module (rather than at the back of the handbook) so it was more apparent to participants.
Physical Activity	<ul style="list-style-type: none"> The information in the handouts needs to be reduced to a smaller number of key points. Suggested key points: <ul style="list-style-type: none"> People who are not active may be afraid to be active – stress that this can help and be safe for people with arthritis It’s OK if you can’t do activity every day (if you have pain, for example) Give people information on where they can go for exercise classes, etc. Provide a chart, in the handout, showing a basic exercise plan, frequency of aerobic, strengthening, and stretching exercises Handout 8-5: In regards to the action plan example 1 for weeks 1-4, consider a 	<ul style="list-style-type: none"> The number of key points was reduced in the handout. Multiple examples of physical activity / exercise resources were added to the back of the handout. An example exercise plan was added to the handout The changes in action plans between weeks 1 and 4 for this example were changed so the progression is more gradual.

	<p>more gradual progression by changing the number of days one time and then minutes the next (or vice versa).</p> <ul style="list-style-type: none"> • Handout 8-4: In the “tips for success with physical activity” and the associated action plan, include suggestions for where people could walk if their neighborhoods aren’t safe or if communities they live in aren’t walkable at certain times. Perhaps suggest some of the “walking” DVDs or YouTube videos. Also consider suggesting “chair exercises” to start out with for people with mobility issues or who are not confident they can do other kinds of exercise. • Handout 8-2: Encourage stretching after warming up. Could also encourage stretching during a break like after walking for a while. • Handout 8-3: This handout could be about joint pain versus muscle soreness. Suggestion to focus this on joint pain. (Muscle soreness is addressed elsewhere). • Handout 8-4: Suggest removing statement about it being expected that physical activity can cause a little increase in joint pain, since an increasingly painful joint may need specific therapeutic exercises. 	<p>Either the number of days per week or minutes per day were increased between weeks, not both at the same time.</p> <ul style="list-style-type: none"> • Information was added to this handout to suggest different types of ways to walk and different ways to get “lifestyle” activity. • This language was added to the handout. • This handout was modified to focus on joint pain. • This statement was removed.
<p>Weight Management</p>	<ul style="list-style-type: none"> • The information in the handouts needs to be reduced to a smaller number of key points. • Emphasize healthy eating (not everyone in this study will be overweight) • Help people understand what a good weight would be. Provide information on body mass index as a reference point • Include the “Stoplight Diet” • Emphasize small changes (and that even small changes can make people feel better); it can be hard for older people to make changes in eating habits • Portion size is more important than 3 	<ul style="list-style-type: none"> • The number of key points was reduced. • This emphasis was added to the handouts and scripts. • A section describing a healthy weight, including a body mass index chart, was added. • The “Stoplight Diet” was added in the handouts. • This emphasis was added to the handout and script. • A section on portion size was

	<p>meals per day</p> <ul style="list-style-type: none"> • Move some of the information to an appendix • Handout 9-3: Under emotional eating, suggestion that this is a good place to reinforce use of the coping skills participants have been learning. • Handout 9-3 has lots of words on it and it may be helpful to have more white space on the page. 	<p>added to the handouts.</p> <ul style="list-style-type: none"> • Some components (e.g., Stoplight Diet” were added to the back of the handout. • This language was added to the handout. • The text on this page was broken up to add more white space.
Relapse Prevention and Maintenance	<ul style="list-style-type: none"> • Handout 11-1: Steps 1-2 for coping with setbacks imply that you can see warning signs coming but this isn’t always true. What if you did not notice any warning signs or have a chance to intervene early? Suggest adding guidance on what to do when you find yourself in a setback. 	<ul style="list-style-type: none"> • This language was added to the script.
General Comments	<ul style="list-style-type: none"> • Phone-based, individual programs lack a group dynamic – being with people who experience similar challenges and hearing about their results and ideas. The study team should identify ways to bring in some of these aspects. Some specific were to have the counselor describe examples of other people’s past experiences and strategies when going through this program and adding quotes or examples from previous participants to handouts. • Suggestion that we include an examples of coping using music / faith / prayer for the African American population. 	<ul style="list-style-type: none"> • Examples from prior studies and other participants were incorporated by the counselor. Participants could also invite a partner to join the calls. • These types of examples were added to the handouts and scripts.