

## **Chronic Pain Self-management Program- Leader Training**

"The Chronic Pain Self-management Program" is a 6- week workshop developed to help individuals who are dealing with a chronic pain better manage their health and daily lives. The teaching process makes this program effective. Classes are highly participatory. Mutual support and success builds participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

The Chronic Pain Self-management Program was developed by Stanford University and has been tested for effectiveness. For more information go to <https://selfmanagementresource.com/>

### **Format**

Small group workshop, 10-12 participants

2.5 hours per session, 1 session per week for 6 weeks

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.

### **Subjects Taught**

Techniques to deal with problems such as frustration, fatigue, pain, isolation, poor sleep and living with uncertainty

Appropriate exercise for regaining and maintaining flexibility, and endurance

Making decisions about treatment and complementary therapies

Communicating effectively with family, friends, and health professionals

Nutrition

Setting priorities

Relationships

(Please note: Participants make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program. Physicians and other health professionals both at Stanford and in the community have reviewed all materials in the workshop.)

### **Who should become a leader?**

Adults 19 years of age or older whom living with a chronic condition or if you are interested in supporting people with a chronic condition to better manage their symptoms, such as caregivers, community volunteers and health care providers.

### **Leader Attributes**

Non-judgmental and open to new ideas  
Responsible, respected and trustworthy  
Committed towards helping others  
Willing to listen, learn new skills and be a healthy role model  
Committed to the philosophy of the program

### **What are the benefits of becoming a leader?**

Learn facilitation skills  
Learn techniques and strategies you can use in your own life  
Share in other people's success  
Peer Leaders will receive a stipend for leading a workshop

### **What is involved with the training?**

You must attend a leader training workshop, which is 2 hours twice a week for 6 weeks.  
Once you complete the training, you will receive a Leader Trainer Certificate  
You must be willing to deliver your first workshop within the first 6 months after your training date.  
Training is free  
Training workshops are interactive and fun.

### **Am I on my own when delivering a program?**

Workshops are delivered with 2 certified leaders. You will be partnered with a more experienced leader until you are comfortable. All registration, materials and evaluations are handled by the Central Self-Management team

### **Still interested and willing to attend a peer leader training?**

If you are interested in becoming a certified leader, please fill out the online leader registration form and a member from our team will contact you to discuss training opportunities.

## **VOLUNTEER APPLICATION FORM**

Training Location: Virtual

Training Dates:

Mondays and Fridays February 20<sup>th</sup> – March 30<sup>th</sup> 1pm -3pm.

Please check all that apply:

<b>Please Mark</b>		<b>Date:</b>
<b>First Name:</b>	<b>Last:</b>	<b>Phone:</b>
<b>Address:</b>		<b>Cell:</b>
<b>City:</b>		<b>Fax:</b>
<b>Postal Code:</b>	<b>Email:</b>	

<b>AVAILABLE TO LEAD WORKSHOP</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Mornings</b>							
<b>Afternoons</b>							
<b>Early Evenings</b>							

<b>Occupation</b>	<b>Employer</b>	<b>Contact/Phone Number</b>
<b>Emergency Contact</b>	<b>Relationship</b>	<b>Phone Number</b>
<b>Planned Date of 6-week workshop and Location (if known)</b>		

*Languages other than English:*

(Spoken) \_\_\_\_\_ (Written): \_\_\_\_\_

***Other than helping in the community, what are your reasons for wanting to become a volunteer?***

***Please describe your previous volunteer and work experience:***

***Describe your experience with elderly people or people with physical or cognitive disabilities:***

### **Opportunities**

In addition to co-leading “Healthy Living Now” workshops, are you able to:

Distribute posters or brochures  Arrange space, time and dates for a workshop   
 Help to recruit participants  Register participants for a workshop  
 Share your testimony on the program for promotional purposes (print, photo, Testimony)

### **Volunteer Commitment and Responsibilities**

There is NO COST for the Volunteer Peer Leader Training, but we require all trained leaders commit to co-lead one, six-week “Healthy Living Now” workshop each year. Are you able to make this commitment? **Yes**  **No**

### **Before becoming a Volunteer Peer Leader:**

The volunteer recruitment procedures below are standard practice and help to promote a safe environment for self-management workshop participants and fellow Volunteer Peer Leaders.

I agree to participate in an interview in person  or by phone .

I agree to submit a “signed commitment” to:

a) Honor my responsibilities as a Volunteer Peer Leader and sign a code of conduct.

I understand and agree to undertake or submit evidence of a valid Vulnerable Person Police



Self-Management Program, Central LHIN  
465 Davis Drive, Box 7  
Newmarket, ON, L3Y 2P9  
Tel: (905) 895-4521 ext. 6489  
Fax: (905) 952-3063

Reference Check (completed within the past 2 years). I understand that if the Reference Check is not satisfactory, I may not be offered a volunteer position. This check might take several months to process and its expense will be reimbursed by the Self-Management Program, Central LHIN.

## References

Please supply two references (no family members living with you, please)

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**THANK YOU for your interest!**

**Please submit this form, by Email: [skirby@southlakeregional.org](mailto:skirby@southlakeregional.org)**  
**This information will be kept in confidence**

**OFFICE USE ONLY:**  
How heard about training: References Checked:  
Plans to offer workshop: Dietary Restrictions:  
Application Reviewed  Interview Scheduled  Interview Completed   
Graduated Training  Police Check Received  Instructed First Workshop