



reducecept

Reducecept Manual Professionals

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**Reducecept is the new digital training
which supports the treatment of chronic pain**

Reducecept

Blokhuisplein 40, 8911 LJ Leeuwarden, The Netherlands

www.reducecept.com



Manual

You are now going to read how to use Reducept in your treatment. In the following pages a manual for using Reducept is given. This manual is written for different professionals who treat pain complaints. In the manual several practical tips are given. The manual can be seen as a step-by-step plan for the use of Reducept and provides guidance for your treatment.

For whom is Reducept suitable?

Internationally, there is much agreement over the 'standard of care' that should be provided for Chronic Pain'. The standard of care indicates that pain education is an important first step for anyone with chronic pain symptoms, regardless of the severity of the care. In addition, interventions that teach a person how to manage his or her own pain play an important role in the standard of care. In this sense, Reducept is suitable for anyone who has been struggling with pain for a long time. This is also a personal assessment - perhaps one patient has enough education through Reducept, where another patient can train more extensively.

Our experience shows that patients who regulate their pain less well and have a very somatic vision of pain, gain most by training with Reducept.

Stepped care

Reducept fits well within a model of 'stepped care'. This means that you increase the intensity of stepped care (unless there are good indications to immediately provide heavier care). Reducept is an accessible introduction to pain education and pain management and a patient can train many hours at home, without affecting the cost of the program. We recommend, in line with the Chronic Pain standard of care, to apply Reducept at the beginning of treatment.





The parts of Reducept

Reducept consists of several parts. VR, Smartphone and the website. Where VR is used in the treatment setting, patients can work at home with the smartphone and on the Reducept website.

Virtual Reality (VR)

Reducept is best known from the VR training we offer. VR offers an intensive training experience that is especially suitable to offer in the treatment setting. The best experience is provided by professional VR headsets, where we currently support the PICO G2 4K as a VR headset for professionals.

The Smartphone App

The Reducept smartphone app, available for iOS and Android, is a copy of the VR experience. Patients make the same journey through the nervous system. Patients have the choice to do so without a VR headset, or special VR headset for the cell phone. We advise patients to purchase a VR headset for the smartphone, but unfortunately not every smartphone is suitable for VR. At that time, the flat version is an option.

The Member page

At www.reducept.com/members patients can login with their own profile. On this page patients can

- To follow a digital pain course
- Download workbooks
- Do additional exercises
- Expert videos (back) watching
- Follow live events

In short, on this page patients will find supporting information that can help them further. The information is arranged in the categories thinking, doing, feeling, attention and knowledge.

Dashboard

On dashboard.reducept.com you organize your patients as a practitioner. Here you can create profiles and view patients' progress, manage VR headsets and add colleagues. You can also decide whether to activate home use for your patient, which will send patients their own login details for the app and website.



Session 1: Explaining treatment to patient and technical explanation

Before this session takes place, it is assumed that during an intake it has been established that the patient has chronic pain symptoms.

Make sure the patient is logged into the practitioner's dashboard before the session starts! A 'player' must be created for the patient. If you are using the VR headset for the session, you can login it at 'devices'. If you use the mobile version, you need the mobile activation code of the patient. All manuals for Reducept can be found on our website.

Goals of the session:

- Announce Rational Reduction Concept
- Technical explanations and actions needed to start Reducept
- First acquaintance Reducept
- Schedule to train with Reducept

As far as not yet discussed with the patient, you can indicate that Reducept will be part of the treatment of chronic pain complaints. This session will use the full time of a session often.

Rationale: 'As part of the treatment you will train with Reducept. Reducept is a digital training specially developed for people who have had pain symptoms for a long time. The training complements the conversations/exercises we have/do here.

Reducept is a digital training that takes place in Virtual Reality and on the website of Reducept. In VR you make a journey through the nervous system. You see and hear how pain works. Understanding how pain works makes it possible for you to respond to your pain in daily life. In addition, in Reducept you do various exercises, which ensure that your brain deals with pain in a different way. So that you get a better grip on your pain complaints. Because it is a game you will sometimes not even realize that you are doing an exercise.

Both the knowledge and exercises of Reducept are based on scientific research and treatment methods that are proven to positively influence pain.

You may notice a difference in your pain experience the first time you play. Someone has to train for a longer period of time to notice a difference, but the training can work through in your daily life. You can compare practicing Reducept with playing sports, where the beginning is often difficult and you have to persevere for a longer period of time for results. '

Check if patient has understood the information, let your patient summarize what you discussed or ask a few short questions. If necessary, correct expectations - especially when the patient's focus is very much on pain reduction. When patients focus too much on (rapid) pain reduction, this often works counterproductive. It does not have to be denied that knowledge and training on the long term can lead to a reduction of pain (because there is a lot of evidence for that), but try to focus on learning knowledge and skills.

Walk with the patient through the technical actions

Walk with the patient through the steps to start Reducept on the VR headset, or the steps to activate Reducept on the cell phone. If you manage to start Reducept, you can immediately go through part of the training. You can also decide to train your patient at home. When the patient is training with the cell phone at home, it is useful that the patient has a VR set for cell phones. We advise you to search for a suitable VR headset for cell phones via www.unboundvr.nl.



In the Reducept dashboard manual you will find detailed instructions on how to create home licenses. For a player, click on 'Actions' and 'Allow home use'. Your patient will receive an activation link via email and an additional explanation on how to apply Reducept. So you don't have to give your patient any extra information, we will send it all to you. Your patient will also receive informative e-mails about new articles and online events of Reducept, for which they can of course also easily unsubscribe.

CAUTION on all phones where Reducept is available in the app store (Apple or Android) the app is running. Some Samsung phones (The Galaxy S series) have their own VR system - Gear VR. Reducept is not available in VR for these phones.

If you let the patient play during the Reducept session applies:

Ask the patient to play the introduction and, for example, 'the nerves' - this is a good time to evaluate and usually the end of the first session. Let the patient start Reducept. Most patients get through the introduction on their own. By listening with the patient you can hear where he is at that moment. Assist the patient if necessary.

CAUTION: The next game item will not become available until the first item has been completed. Someone must have gone through all the parts before they can make a "free choice" as to which parts can be replayed.

Patient Reduce to the "nerve pathways".

Discussion: 'You may pause Reducept for now. You don't have to do anything and you can just turn the headset off'.

Ask for the first experiences of the patient. The first time VR often makes a big impression! Often patients are already able to name things they have noticed. Reflect with your patient on the education and the first gameplay part of Reducept in which patients recover the danger stimuli.

The most important points that emerge from the education are the first gameplay (nerve paths):

- There are danger stimuli in your nervous system that can cause pain
- These stimuli protect you against possible danger
- In case of chronic pain, there may be more dangerous stimuli at the place of pain.
- These danger stimuli can also be there when there is no damage (anymore) present in your body.

The main principles in the first gameplay (nerve paths):

The first piece of gameplay is a strong visual metaphor in which the patient has clear control and influence on the danger stimuli in his nervous system. The emotional part of our brain 'thinks' that what we see in VR is real. By giving the patient control, the emotional brain reacts - sometimes immediately with less pain!

Exercises using this kind of 'visual' strategies are very common in psychology. Among other things, relaxation exercises, mindfulness and many exercises from cognitive behavioral therapy make use of them.

Let's get to work!

We assume in this manual that most patients can train at home, or regularly at the practice. The recommendation is to let patients play with Reducept several times a week for four weeks. As a practitioner you can follow this yourself in the dashboard.

- Make a training and follow-up appointment



- Advise patients daily through the entire program in the app. Preferably regularly with the 'entire' education. A fixed moment in the day often works best in making a new habit.
- Ask your patient to write down the experiences: what has the patient (every training) experienced and learned?
- In addition to the app training, patients can start their own pain course on the member page, or find more in-depth information.



Session 2: Continue rest of training

The second Reducept session takes about 30 minutes. To save time, it is possible to choose not to let the patient play Reducept during the session and only think about the education and follow-up planning. Especially if the patient has already completed the entire training several times at home.

When using the VR set, make sure that the patient is logged into the dashboard of the clinician before the session starts!

Goals

- Check whether patient Reducept can start and play properly
- Discuss education spinal cord
- Discussing Education Brain
- Subsequent planning Reduction plan

Start, review exercises

Start the session by discussing whether you have succeeded in applying Reducept as planned.

Some questions to consider with your patient in this case:

How did you experience playing with Reducept?

Did you use the member page? If so, what information did you take?

What new insights into pain has it given you?

It is, if the patient has any questions, a good time to connect with your own knowledge of chronic pain and/or the patient's problems.

Through to the spinal cord and brain:

After discussing the exercises, let the patient go through the spinal cord and brain if necessary. If the patient has been able to practice this at home or on location before, you can choose not to do it during the session. If you choose to go through it again during the session, ask the patient to take off the glasses after playing the spinal cord.

Take the time to discuss this part of the training with your patient.

What have you learned about pain in this part of the training?

What does this mean for you?

What could you change in your life to get a better grip on your pain?

What are the most important points from the education of the spinal cord?

- All nerve paths come together in your back
- Dangerous stimuli on the 'main track' come together from all over your body.
- Before a danger stimulus on the 'main track' comes to the brain, the danger stimulus must pass through a gate.
- The gates let through less danger if you feel positive and / or relaxed
- If you feel tense, the gates let through more stimuli and you have a greater chance of pain.
- By engaging in positive and relaxed activities in your daily life, you as a patient can get a better grip on pain symptoms.



What are the most important points in the education of the brain?

- The more often you have pain, the stronger your brain reacts to pain, which is called central sensitization. The networks of brain cells are getting better and better at creating (chain) reactions that cause pain.
- The ultimate feeling of pain arises in your brain
- If we do something a lot, we become better at it. If you skate a lot, you can skate better and better. Unfortunately, with pain it works the same way, but in a negative way. If you have a lot of pain, the brain reacts more and more strongly to danger stimuli with pain.
- Your brain is flexible and can also become 'less good' at creating pain.

Let's get to work!

Make an appointment for possible training at the practice/home

- Briefly note every time experience: what has the patient learned?
- In what ways in daily life can patients increase the number of activities that provide relaxation and fun? Are there hobbies that could be picked up again, more exercise, social contacts?
- Has the patient viewed the member page and perhaps started the pain course? Are there exercises that fit with the current treatment, and which exercises could be planned?



Session 3-5

If you have not been able to follow the planning of session 2 as described, or if there are still technical problems, spend time on it first.

These later sessions have a flexible layout. If all goes well, the patient now knows how Reducept works. The full 30 minutes are not (always) necessary for these sessions. In these sessions you can, if necessary, deepen the education with patients, focus on changing behavior in daily life and discuss with patients how Reducept will be used next to other treatments.

Discover how Reducept connects to your treatment and reinforces your results. Some examples of practitioners who have been working with Reducept for some time:

- For an exercise session let patients play Reducept
- Allow patients to move while playing Reducept, to demonstrate that attention and distraction are important ways to reduce the influence of pain.
- Have patients play and discuss the Reducept on the exercise bike. Was it more difficult or easier?
- Discuss with the patient which exercises, articles or parts of the online pain course are appropriate for the current treatment. How can the patient get started with his or her pain at home?

Purpose of the session

- Check if pain education is understood and complemented with your own knowledge
- Finding a pleasant way for patients to use Reducept
- Teach the patient to use new skills in everyday life

Start:

Start the session by discussing whether you have succeeded in applying Reducept as planned. Did patient use the App and/or website?

Tip: I (Louis) sometimes get the question what I do when someone hasn't or barely trained. I always check the practical side first, 'does anyone know how everything works?', and supplement knowledge where necessary. Regularly that's not the problem. Then I start the conversation with a number of things in mind: – I allow the patient to practice, but nothing 'should' be done

I'm not going to discuss with anyone 'why it was all so difficult'. That's putting a lot of time and energy into the negative, that takes so much energy that I can't treat the next (well-motivated) patient properly anymore.

I ask someone if he is sure he wants to continue. Usually I go through this point a bit, taking a somewhat questionable attitude myself. I want to hear the patient say several times that he really wants to move on (or not, that's ok!).

If the patient has said several times that he wants to continue, I ask patients to come up with a proposal for how this will work out. I only ask questions (How often would you like to train? Is that feasible? How are you going to do that? How do you remind yourself?). Continue until your patient has a good plan! I would like to express my sincere appreciation.

I have three strategies for not rewarding procrastination behavior too much.

- 1. Pay little attention to it and see it as a fact. I do not enter into discussion about what are or are not good reasons.*
- 2. I ask, without judging the reasons, how it will work out next time. If necessary I repeat that in the next session.*



Doing this extensively makes many patients realise that it shouldn't be necessary (or should it be, and that's a good thing).

3. If I succeed, I finish the session earlier. I sincerely say that I hope it will work out now and express my confidence, but also let it be known that for now there is not so much to discuss (because there has been no progress).

Some questions to think about with your patient:

What have you experienced by playing Reducept?

What insights has Reducept given you?

What did you learn by playing Reducept?

Connect to questions with your own knowledge and examples! If you succeed, it often works well to answer questions in a very 'practical' way. Do an exercise while focusing on relaxation, bring attention to the pain during certain movements, or put on the patient's favorite music during a conversation. What happens? How can you link that to pain education? Inspiration for exercises and education can also be found here at www.reducept.nl/leden or www.reducept.nl/blog.

Input/Use Reducept:

Discuss with your patient whether he is satisfied with the extent to which he can be trained with Reducept. Is it necessary to adjust the planning?

Skills Reducept wider deployment:

Patients who train with Reducept acquire certain skills. Regular help is needed to realize that these skills can also be used outside Virtual Reality. These skills include the following:

- Imagine 'shooting away' the danger stimuli (outside VR!)
- Apply deep and calm breathing, possibly with a visualization, to relax.
- Shifting attention when you notice that you are in a negative way dealing with pain
- Using distractions at moments of (severe) pain
- Drawing up helpful thoughts based on knowledge about pain
- Optimize your own environment: use music to stimulate feelings of calm, or positivity.
- Expand positive activities in daily life

Check with your patient to what extent he (re)knows these skills. How could he use these skills in daily life? At what moments could he do that?

You and your patient can think about the following skills in more detail:

Positive thinking: *If necessary, devote time to drawing up sentences that can help your patient. Patients often have many negative (and unrealistic) ideas about pain. What has the patient learned from the education he would like to remind himself of when things are going less well?*

Examples:

The fact that I feel pain now has nothing to do with damage.

I can control how I react to my pain.

My brain is trying to protect me too much, causing me to feel pain now.

Also with pain I can undertake fun activities.



There are several ways for patients to be reminded of this. Some patients set reminders on their phone with helpful thoughts, others write them down on a bill which they put or hang up in a visible place. Patient may also intentionally recall thoughts in certain situations.

Visualize: *The patient pretends to close his or her eyes briefly at moments of pain and imagine that he or she is neutralizing the danger stimuli.*

Relax:

Make a schedule to relax, possibly with memories in the phone!

Provide sufficient relaxation at home / at work - possibly with accompanying relaxation exercises or Reducept.

Shifting attention:

At times when the patient senses his pain, actively bringing the attention to another sense.

Possibly even pick up a working memory task (counting trees, remembering license plates, doing calculations, etc.), and alternate this with focusing attention on the pain.

Let's get to work!

- Make an appointment for possible training at the practice
- Briefly note every time experience: what has the patient learned?
- Acquiring skills: Which skills can patients use when? Write down specific situations in which the patient wants to practice these skills.
- Are there any specific areas where patients can still make progress? The member page of reducept has been designed in such a way that exercises focused on thinking, doing, feeling and attention are accessible per theme.



Closing session

It is expected that after a few weeks of practice and 3-5 session counseling, the patient will have mastered both pain education and pain coping skills. In many cases patients show a preference for a certain strategy within Reducept to deal more efficiently with their pain.

Tip: As written above, many patients develop a preference for a certain strategy. Especially if this strategy is successful, the motivation to apply the other strategies may be less strong. I (Louis) offer the strategies myself, but do not force patients to make them all their own. It is often difficult enough to change a few habits in our lives!

Target session

- Discuss (added) value deployment Reducept
- Tracking education and deployment skills
- Prevention of relapse
- Finish

Deployment Reduction Concept

Briefly stop using Reducept during the last period. What might have changed in the last weeks?

Education and developed skills

Together with the patient, reflect on the knowledge and skills developed through treatment and use of Reducept. Some questions to consider:

- *Can the patient reflect on the moments he has played Reducept and how he develops skills and/or regulates himself in a different way than before?*
- *What skills has the patient developed that he can (also) use outside VR?*
- *Can the patient name what he has learned about pain?*
- *Has this knowledge led to adjustments in his daily life? If so, which ones?*
- *Does the patient need more treatment/skills to cope better with his pain?*

Don't go back!

Reflecting on the acquired skills builds a nice bridge to drawing up a 'grip on my pain plan' (or another creative name). One possibility is to apply the traffic light method:

With the traffic light method the patient describes in three zones (green, orange, red) what he does and/or how he thinks. This is explicitly not about the pain score. Next, the patient describes per zone what he can do to improve, or must continue to do to maintain. Someone with a high pain score can still be 'in the green' because he remains active, does his exercises and uses helpful thoughts.

Example:

Orange:

How do I recognize it: When I go to orange I practice less and less. I don't do my daily relaxation exercise anymore and don't walk when my pain increases. The household slowly devours and I start cancelling appointments because I don't feel like it.

How can I get back on top of this myself?

Keep practicing every day. Also walking when I am in pain and if necessary taking it easy. Keeping appointments. Do the housework in stages and ask my neighbor for help if necessary.



If the patient does turn up in the red, one of the steps he can take is to contact you again!

Discuss the traffic light method, or any other method with the patient as desired. Check whether it is possible to sketch concrete situations in which the patient can recognize that things are not going so well and which helping thoughts and/or actions the patient can take.

Patient takes these home, preferably to go through on a regular basis. Encourage patients to discuss the form with their partners as well; partners are often more likely than others to notice that patients are less concerned about them (although it is a pitfall for many partners to take too much out of the patient's hands!).

Tip: Maybe you can already see the shower hanging. Have you just drawn up a wonderful plan with your patient, which will be crumpled out of the bag in four weeks... How is your patient going to remember what you have drawn up?

Nice for a creative brainstorm with your patient, and below some creative examples:

- *Write with your patient a song or gedcith about the signals he recognizes in the orange and red zone and what to do on a familiar melody.*
- *Print the positive activities the patient would like to continue doing on objects for daily use or hang them in a visible place.*
- *Set up a savings system, for example, that each time you walk, you get 10 euros for the cinema pot. Enough saved, then (with the whole family!) to the cinema!*
- *Tell others about intentions. Share the intention with friends, family, colleagues. Or, keep track of your progress (on social media).*
- *Write a prescription for pain. A funny way to write down exactly the things you need to be sure that the pain increases.*
- *Be creative together with your patient!*

Completion: Closing treatment according to the guidelines of your own institution regarding DBC, closing letter, etc.