

# **International Pain Foundation Hero of Hope Nominees 2020**



## **Care Provider Award**

## Celeste Cooper, RN



*Adversity is only an obstacle if we fail to see opportunity*

- Twitter: [www.twitter.com/PainedInkSlayer](https://www.twitter.com/PainedInkSlayer)
- As I near the seventh decade of my life, I find it more difficult to deal with myofascial pain, chronic migraine, fibromyalgia early onset spinal disease, autoimmune thyroid disease, and several other painful co-occurring conditions.
- As we work through the process from denial to acceptance, we must not underestimate our abilities to live a meaningful life despite the adversities imposed by chronic pain and invisible illness.
- Celeste Cooper, R.N., is a freelance writer focusing on chronic pain and fibromyalgia.
- Celeste has worked as a nurse and nurse educator for more than 20 years before being diagnosed with fibromyalgia, chronic myofascial pain, and chronic fatigue syndrome.
- I believe it is important to accept my limitations and develop new goals, aspirations I can achieve by using all the tools available to me. I have not reinvented myself; I have discovered skills I didn't realized I had.
- I experience new chapters in my life, I accept change; a great deal of change has been for the better.
- I have worked as a real estate sales person, office manager, switchboard operator, bookkeeper, and income tax preparer, and I supported my family as a bartender while in nursing school. I worked hard as a single mother of two small children, but it was worth it. For over twenty years, I enjoyed caring for patients and mentoring others as a registered nurse. Yes, I have done many things.
- I hold a Bachelors of Science Degree in Nursing (BSN) and a degree in paralegal studies.
- I strongly feel that we are our own best advocate and we should not forget to use our voice on matters that are important to us. I am grateful for the opportunity to write on issues that affect all of us who live in this special community.
- I vow to be true to myself and continue this journey as best I can with spunk, tenacity, and compassion.

- It may take me ten to a hundred times longer than it once did, but I will not surrender to the dread that lives in all of us.
- My history as a registered nurse, hospital educator, and nurse paralegal has a huge influence on my writing as an author and blogger. My experience as a freelance contributor to Sharecare, Health Central and ProHealth helped me grow as a writer. I have learned I do better; I find balance when I draw from my strengths and accept challenges as motivators. The support and collaboration as an advocate counterbalance my weaknesses, and I have plenty.
- She enjoys her family, writing and advocating, photography, and nature
- She is lead author of Integrative therapies for Fibromyalgia, Chronic Fatigue Syndrome, and Myofascial Pain and the Broken Body, Wounded Spirit: Balancing the See-Saw of Chronic Pain book series.
- She is now an advocate for sufferers of these disorders and lives in Missouri and Arizona.
- **Books:**
  - *Integrative Therapies for Fibromyalgia, Chronic Fatigue Syndrome, and Myofascial Pain: The Mind-body Connection* <http://amazon.com/dp/1594773238>
  - *Broken Body, Wounded Spirit: Balancing the See-Saw of Chronic Pain:*
    - Winter Devotions* <http://amazon.com/dp/0615924050>
    - Spring Devotions* <http://amazon.com/dp/0615958664/>
    - Summer Devotions* <http://amazon.com/dp/0615798268>
    - Fall Devotions* <http://amazon.com/dp/0615638082>

# Gayle Ford, LCSW, LCAC



## ***Benevolent***

*- because I am charitable and find great joy in helping others*

## ***Altruistic***

*- because as a Social Worker I have devoted my life to the welfare of others.  
In fact, my company is devoted to helping others to improve their lives*

## ***All go, no quit***

- [GAYLE@THERAPYSERVICESONLINE.COM](mailto:GAYLE@THERAPYSERVICESONLINE.COM)
- Facebook: [www.facebook.com/gayle.m.taylor](https://www.facebook.com/gayle.m.taylor)
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- LinkedIn: [www.linkedin.com/in/gayle-taylor-ford-1b72553](https://www.linkedin.com/in/gayle-taylor-ford-1b72553)
- "If you don't like something, change it. If you can't change it, change the way you think about it. Don't complain." That is an anonymous quote i wrote down and kept on my refrigerator when I was a single mother of two boys in diapers and going back to college. It meant different things to me on different days...
- By staying motivated myself. If I am not motivated everyone else around me will feel that. I must choose to be motivated then I can share my motivation with others. In other words, lead by example. Show others how to stay positive by being positive.
- For the International Pain Foundation and the National MS Society I have done advocacy work at both the State and Federal Level having made trips to Washington DC in 2018 and 2019. I have testified several times at the state level while advocating on specific bills.
- Goals: To expand Medicaid in Kansas. To pass step therapy reform for commercial insurance in Kansas. To get transparency in medication as everyone deserves to know where their medication is being made and what is going into it.
- I am a past Hero of Hope Nominee in the category of Caregiver, but have never won the award.

- I have also provided educational presentations to several different agencies in Kansas and for the International Pain Foundation.
- I would want to understand the value of volunteer work at a younger age.
- In Kansas Medicaid expansion was held up by Senate Leadership that wanted an abortion bill passed, meaning any and all bills associated with healthcare were blocked late in the session so that nothing to do with Medicaid Expansion could sneak in unless this abortion bill passed. It did not pass, therefore, very little to do with healthcare was accomplished in Kansas this legislative session. Our Step Therapy bills died in committee. The KanCare aka Medicaid expansion bill died in committee.
- In my professional life I own a company called Therapy Services LLC.
- My husband. My hero. My husband is a veteran who survived three helicopter "mishaps" in three different countries. Several years later he developed Diabetes, Multiple Sclerosis, Ortho-static Hypotension, and Stage 3 Kidney disease. He has chronic pain and rarely complains. He is in a wheel chair and wears custom footwear due to a misshaped foot that was broken by a shark in a boat!
- On a more personal level I am a caregiver for my husband and advocate for him daily and at every medical appointment.
- The biggest highlight this year is becoming a member of the Creating Patient Access Task Force and becoming a part of this great new venture. The mission of Creating Patient Access Task Force (CPATF) is to promote the collaborative work of those involved in patient healthcare, improving access to timely and proper care, based on the individual patient's needs.
- The fact that not everyone who needs healthcare has healthcare. Kansas has not expanded Medicaid and the current administration is wanting to dismantle the Affordable Care Act in any way that they can. Not having healthcare hurts everyone.
- With my addictions treatment centers I have educated the counselors about chronic pain and we accept clients on Medication Assisted Treatment. We also understand that pain is real. We understand that every client and every condition is different. For the Brain Injury waiver we work with both traumatic brain injury and acquired brain injury. Many of these clients also experience chronic pain especially migraines post brain injury. The transportation part of the business transports people to their medical appointments. Many of whom have chronic pain.
- Yes, I currently have two student interns that are completing their internships with my agency. I already have three students lined up for the Fall semester. This is incredibly important for preparing new professionals for the workforce. For giving them a variety of experience.
- Advocacy work includes:
  - International Pain Foundation, Secretary, Board Member
  - National MS Society, Government Relations Advisory Committee Member
  - Creating Patient Access Task Force, member
  - National Association of Social Work, member
  - Kansas Association of Social Work, member
  - Brain Injury Association of Kansas and Greater Kansas City, volunteer
  - National Heart Association, volunteer
  - Alliance for a Healthy Kansas, volunteer



# Dr. Harbinder Sandhu



***Never give up on your dreams, life might put us on various paths along the way, which will bring opportunities, challenges and sometimes doubt, but know that you have the strength to move in the direction you want too.***

### ***Authentic***

*- I want to help people with pain because it truly fits in with my values and purpose. I have been involved in the pain community for over 11 years and I myself have grown professionally and personally. Making a difference to someone's life, and helping them achieve a quality of life despite their pain is what gives me joy. Connecting with people globally and working with a community who all have a common goal of advancing our understanding of pain and how we can better help is important. The aim is to keep learning from each other.*

### ***Passionate***

*- Whether it is seeing patients, teaching healthcare professionals or developing novel applications and new ideas in pain management, I truly believe I do what I do because it fits my purpose and my why. I have been told that I have the ability to help anyone feel at ease, which is a lovely compliment to accept and feel a quality that really helps me in my line of work. I never want to give up on the need and drive to do more to push our understanding of pain forward.*

- A more general challenge related to my advocacy work over this past year has been the stigma of applying psychology to pain management. A common belief amongst people living with long term pain is, “why am I seeing a psychologist? Is the pain in my head?” which can sometimes lead to initial resistance. I have overcome this through discussion, education and highlighting the benefits of incorporating collaborative approach with psychology in pain management.
- Another key advocacy goal of mine is to raise awareness of potential risks and provide education around safe prescribing, promoting holistic self-management of persistent pain using various techniques, including non-pharmacological techniques. I am actioning this by leading the first clinical trial in the UK to test the effectiveness of an Opioid tapering support programme for people with long term pain. The name of this trial is Improving the Wellbeing of Opioid Treated Chronic Pain (I-WOTCH) and we are now in the final stages of this four-year study. Even within the current challenges of COVID-19, we still have the global issue of the increase in prescription opioids and the lack of support available for people with persistent pain wishing to reduce their opioids. Quite often people on high doses of opioids also experience sedation, nausea, respiratory depression/sleep apnea, depression or abdominal pain and are at higher risk of overdosing. I am, however also aware that for some people small doses of opioids is needed to manage a quality of life and therefore my advocacy goal is to support physicians in working with their patients to produce the best pain management plan for them. Ultimately, I want to continue to work with the pain community to shape the future of pain management.

- At the moment, one of my goals is to complete my Opioid and pain study (I-WOTCH) by the end of the year. This has many challenges especially with the current situation with COVID-19 and having limited access to the building where our data is held. I have many competing priorities across all of the work I do and sometimes this can be stressful. I am always thinking of ways to keep my team and those around me motivated. I am always thinking about ways to further my learning, expand my teaching and build on my networks and collaborations. Sometimes this can bring challenges and time is needed to invest and make meaningful relationships in any collaboration. I often remind myself to be proactive rather than reactive.
- Developing expertise in methodology as well as an understanding in improving communication between clinicians and patients and the impact on patient outcome.
- Dr Harbinder Sandhu is Associate Professor, Division of Health Sciences (Warwick Clinical Trials Unit), University of Warwick.
- Dr Sandhu started her academic research career drawing on a health psychology background in the area of "doctor-patient communication".
- Dr Sandhu's expertise within health psychology continued to develop, drawing specifically on behavior change and the development of complex interventions.
- During the lockdown period I have also become a part of the co-founding community of Kinrgy which is led by the Dancing with the Stars celebrity Julian Hough. The concept behind Kinrgy centres on how we can use the body through movement and mindfulness to express, release and manage energy and emotions. This is something I would like to explore more, having already met people within the group with pain and how they have used Kinrgy as part of their pain management.
- For five years I have attended a fortnightly pain management support group for patients living with chronic pain and carers in Milton Keynes, UK. This was a support group funded by the local Hospital. The sessions were run in the community and it was a place to share creative ideas and taster sessions, to have tea and biscuits and a general chat. As the psychologist attending this group, it provided a great opportunity to bond with the patients, build a relationship with them, and really get to know the patients beyond their pain.
- I am a mentor in my clinical and academic work. Being a mentor is important to me because it fits in with one of my core values of helping others to reach their full potential. Working as an academic over the last 16 years, I have learnt a lot from my own experiences. I have seen a lot of changes in my field of work and feel honored to have the opportunity to help others who are on their own professional journey, helping them just as my mentors helped me.
- I am a true believer that every challenge I have faced in the past has brought me to the place I am meant to be right now. Every mentor that has come into my life has come at the right time, every time I have had a platform for a voice in the pain community I have used it (even if I have been terrified!), and the only advice I would give myself is to never let a challenge or a knock back hold me back. The inner strength to continue to do what I am passionate about will always outweigh any challenges, doubt or fear.
- I am frequently contacted by early career Health Psychologists who are interested in careers in Health psychology and pain management, and I always make the time to listen and talk, to share some of my experiences and offer guidance.
- I am truly grateful to be connected to so many great scientists and physicians in the pain community nationally and internationally. This includes, the USA, Canada, Australia, India and many more. What motivates me is the opportunity to collaborate with these amazing people and to be at the forefront of the scientific study of pain and pain management. Another motivating factor is that I get



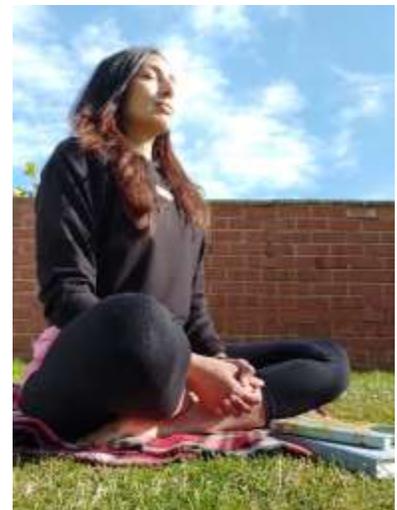
to apply my knowledge and all I learn in a clinical setting, and see real tangible impact! I get to work with the real experts, those who live with pain day in and day out. My scientific work informs my clinical practice and my clinical practice informs my scientific work.

- I believe it is really important to fully understand what the challenges are. This could include sitting with the team and breaking down the actual cause of concern. Following this, I will try and listen to others and create an opportunity to problem solve solutions to the challenge. Working with the team to create solutions ensures we all have a role to play, shows that their opinions matter and enables them to feel valued. One way to keep people motivated is to help them understand that we can only work on the things that we can control and that, quite often, we may not be able to control external factors. I also apply a learning attitude and encourage those around me not to think of challenges and setbacks as “failure”. Instead when we can learn from these, take feedback and improve.
- I have also taken on a mentor role for other clinicians in the pain community. This includes being available to talk through clinical cases and offer guidance where I can.
- I have two advocacy highlights that really stand out for me. The first, has been establishing a highly successful pain management company (Health Psychology Services Ltd) which has allowed me to deliver pain management clinics to individual patients as well as group pain management programmes. I have worked creatively through this company with patients, caregivers and healthcare professionals in applying my transferable pain management skills to a range of pain conditions including fibromyalgia, musculoskeletal pain, and pain injury from sports. This includes working with athletes in team and individual sports, such as archery, boxing and cycling and helping them build their confidence, setting goals and using techniques such as mindfulness and relaxation to manage their pain as part of their rehabilitation.
- I live with osteoporosis myself, and although there are days when I struggle with worry about what the future might look like, I remember the key principles I teach in pain management including rationalizing my thoughts, mindfulness and pacing. This was one of the drivers that led me to start my journey with weightlifting, I wanted to strengthen my body and mind, and this is something that I continue to do today (photo attached).
- I was recently invited to be on screen with Oprah Winfrey as part of her ‘Your Life in Focus a virtual tour.’ The discussions centered on finding purpose, values, goals and being kind to yourself, especially during these challenging times. One piece of advice that really resonated with me was taking time to reflect, and always being true to what you believe in anything you do. Even slight changes can be so powerful when making any behavior change, the “I can” attitude. This is something I will continue to apply in my own life personally and professionally and encourage those around me too, including colleagues, family, friends and patients.
- It is an absolute honour to be nominated for these awards. Through combining my clinical role as a Health Psychologist in chronic pain management with my academic role as an Associate Professor at Warwick Clinical Trials Unit, University of Warwick, my advocacy goals are to help people change their relationship with pain, incorporate positive behaviour change in their pain management, and provide education and care for patients and carers. I also want to promote a collaborative approach to pain management to help people in the different areas of their life which can be impacted by pain including mobility/activity, relationships, family life, mood, emotions, thoughts and feelings. Furthermore, I want to learn from, teach, educate and support fellow healthcare professionals within the pain community. I am driven by my ambition to help people live better and achieve their goals in spite of their pain. I am a strong believer in combing a psychological, biological, sociological and spiritual approach to pain management. “A loss of personal identity” is something I hear too often from my patients, and it is devastating to think that their persistent pain is defining who they are. As a



Health Psychologist I want to help people rebuild their lives, help them explore their own values and goals, gain a sense of achievement and live better with their pain. I want to apply science and clinical experience within the pain community across different areas of pain from musculoskeletal pain to desperately underserved areas such as chronic headaches.

- London Olympics 2012: She offered psychological training to the Bhutan archer Sherab Zam and her coach Tshering Choden who competed in the London 2012 games and trained at The University of Warwick.
- More recently, COVID-19 has presented several challenges. Firstly, not being able to see people face to face for group and individual pain management has been really challenging for both myself and my patients. To try and adapt I have supported patients using video technology where possible and offering support in any way I can. I am aware that for many people with long term pain, social isolation may have already existed before the global pandemic and subsequent lockdown rules were enforced, and therefore my challenge was exploring how we could help reach out to this community.
- Other activities; Dr Sandhu has been invited as a Scholar to the British Journal of Health Psychology, International Advisory Board Panel. Dr Sandhu also leads the Health Psychology Group at Warwick, which is a network of health psychologists involved in various research, clinical practice and teaching from across the University of Warwick.
- Pre COVID-19, one of the challenges I faced related to the interpretation of my area of work in opioid management within the pain community. Although I-WOTCH has been positively received overall, some of the key messages relating to the reduction of strong pain killers had to be carefully managed. This was achieved through clear communication informing patients and physicians that low doses of strong painkillers (Opioids) may be beneficial and manageable for some people, and that abrupt withdrawal of opioids carries risks in itself.
- She developed expertise in the Roter Interaction Analysis System (RIAS) and was invited and approved by Professor Debra Roter, Bloomberg School of Public Health, Johns Hopkins University, USA to represent the RIAS in the UK. In 2008 she was awarded one of eight Investigator Network Grant Awards (each researcher selected from a different country), by the European Association of Communication in Health Care (EACH).
- She is a Health Care Professions Council (HCPC) Registered Health Psychologist and a Chartered Psychologist with the British Psychological Society (BPS).
- She has also been a leader in the development of research in the rare disease "Dystonia" and collaborates with The Dystonia Society with an aim of improving self-management and improve quality of life for those living with Dystonia. In addition to Research Dr Sandhu also leads the Health Psychology Teaching for the MBChB undergraduate medical program as well as contributing to other postgraduate courses across the University.
- She is collaborator on numerous trials including, pain and insomnia, self-management of chronic headaches and spinal cord stimulators (pre-trial vs no trial). She is currently leading a multi-centre National Institute of Health Research (NIHR) study on reducing opioid use in chronic pain.
- She is currently supervisor to PhD and masters students.
- The main roles I have in the pain community are: (i) a healthcare professional, working with patients in various clinical settings; (ii) an academic, applying science to design and test new interventions, developing knowledge and advancing our understanding of pain management, with an aim to have impact at a clinical, policy and guideline level; (iii) an educator, transferring knowledge through teaching (medical students, healthcare professionals, supervision of PhD's, facilitators to deliver interventions in pain management), publications, and collaborating with various organizations, charities



and Trusts. I also play the role of a patient myself, and for this I listen to others, I understand my own challenges and how I manage these and this also helps to keep me grounded.

- The second advocacy highlight recently, has been developing my public profile, enabling me to reach a wider audience. I have achieved this by utilizing various platforms such as national and international news channels, social media and lectures at both national and international scientific meetings to raise awareness of i) long term pain complexities and ii) the development and testing of new interventions to manage pain such as chronic headaches and opioid tapering for persistent non cancer pain. For example, in May 2019 I was invited as an expert in pain management to talk about the global opioid crisis on BBC Radio's 4 The Today Programme which has approximately 7 million listeners. I was also interviewed on BBC Radio 4's Inside Health programme which is a national Health programme dealing with current health issues.
- When challenges arise, they can be quite emotionally draining, so it's important to give the team an opportunity to recuperate yet still feel connected, and this could be simply going out for dinner after work. I am very much a person of "the glass is half full" so I would always try and look for opportunities in challenges and help those around me do the same.
- My leadership style is dynamic, reflecting the various leadership roles that I have from leading teams of people to working with individuals through coaching and mentoring. However, I hold a set of core behaviors that drive my leadership style across these diverse roles. These core behaviors include:
  - Listening: listening to each member of my team, what are their expectations and goals? What are their challenges? What are their enablers?
  - Lead by example: where possible I will always try and implement what I encourage others to do; this could be through prioritizing tasks and managing workloads to taking time out to reenergize.
  - Communication: I try to keep communication honest and open with my team. My aim is to create a psychologically safe environment where we can build trust, overcome potential challenges and problem solve together.
  - Encourage and motivate: I feel as a leader it is my responsibility to keep my team motivated and focused. This often includes regular meetings, reflecting on and recognizing achievements, and setting realistic targets for both the team as a whole and for individuals.
  - Recognize ability in others and provide opportunity to grow: I often come across individuals who, with more training and guidance, could develop and excel personally. As a leader I will always try to recognize this and create opportunities where possible.
  - The ability to adapt and be proactive rather than reactive: with many challenges and opportunities that may arise whilst leading, I think it is important to always take a step back, reflect and re-evaluate before putting an action into place.
  - Get to know your team: it is important to have social events and team building sessions outside of the typical work place. I find these fun and a great way to get to know the team. With this in mind, I often organize team meals and events.
  - Finally, as a leader, my leadership style includes very much the willingness to reflect and learn from my own mistakes and challenges. I once came across a quote that has stayed with me: "To be inspired is great, but to inspire others is an honor." As a leader, these are the values I work towards.
- Alongside news broadcasts, I have been invited as a speaker at various scientific meetings which has also given me the opportunity to educate fellow colleagues in the pain field. A few examples are:
  - The International Conference on Opioids, Harvard Medical School, Boston USA (June 2019)
  - Low Back Pain Forum, Quebec, Canada (July 2019)
  - The 12th Royal Marsden opioids, cannabinoids and gabapentinoids conference, London UK (November 2019)
  - Royal college of Physicians: avoiding harm from over prescribing: how to reduce was and dependence on prescription drugs, London UK (November 2019)
  - I was recently selected and invited as one of 20 speakers worldwide to discuss pain management from a behaviour change perspective at the International Chronic Pain Virtual Summit which attracted over 5000 delegates (June 2020). This was a fantastic opportunity to discuss how we apply behaviour change principles for pain management.
  - I have also been able to share my knowledge through written peer reviewed publications such as in the British Medical Journal as well as in communication pieces. For example, I was invited to share my

experiences and thoughts about pain management through Chronic Pain India, A Charitable Trust trying to raise awareness in India about various chronic pain conditions and chronic illness.  
<https://chronicpainindia.com/2019/09/05/in-conversation-with-dr-harbinder-sandhu>

- Past personal recognition or awards received:
  - Women in science and leadership for research and clinical work: In February 2017, I was selected as one of 350 Sikh Women via a national and international social media campaign celebrating the sacrifices, contributions and achievements of 350 Sikh women who are helping to inspire future generations. It was to celebrate the 350th anniversary of the birth of Guru Gobind Singh, the tenth Sikh Guru. I was included in the education/academic category which is pain and pain management.
  - In February 2019 I was selected as one of 550 people for values based and inclusive leadership, mapping on to Guru Nanak's teachings for inclusivity, equality, fairness and respect for all, regardless of gender, ethnicity, religion and disability. This was a national campaign to celebrate 550 years of the birth of Guru Nanak.
  - Research Grant Income from the National Institute of Health as leader and co-applicant on trials, leading work packages in behaviour change in pain management totalling over £4.5 million pounds. Areas of research income include: opioid tapering, diagnosis and management of chronic headaches, spinal cord stimulation, facet joint injections and sleep and chronic pain. Specific trials are listed below:
    - Improving the Wellbeing of people with Opioid Treated CHronic pain; I-WOTCH. NIHR, HTA (Chief Investigator) - £1,578,214
    - The prognostic value of a screening trial for spinal cord stimulation: A pilot randomised controlled trial & economic evaluation (Co-app and Health Psychology Lead) - £240,245
    - CHES: Chronic Headache Education and Self-management Study
    - NIHR Programme Grant (Co-app and Behaviour Change Work Package Lead) - £1,999,936
    - Awarded study of the year at the Thames Valley and South Midlands Clinical Research Network awards.
    - Facet Feasibility (FF) NIHR, HTA Programme Grant (Co-app and Work Package Lead) £405,281
    - Sleep management in chronic pain, NIHR Research for Patient Benefit (Co-app and Work Package Lead) - £285,667
    - A Multi-Disciplinary Pain Service, delivered closer to patients' homes.' for the Grünenthal Pain Awards 2017. This was for the commissioned service for pain management (including medication management and tapering). The service won the National Grünenthal Pain Awards 2017, Pain General Category. My role was co designing and training facilitators to deliver the tapering service. South Tees Hospitals NHS Foundation Trust, UK.
- Organizations, associations, professional, support groups and/or community groups you belong to:
  - Advisory Board Member for Mind Lab (an organization offering mindfulness solutions to improve health, wellbeing and performance).
  - British Journal of Health Psychology, International Advisory Board Panel member
  - British Pain Society (Full Member)
  - British Psychological Society (Associate Fellow)
  - COVID-19: National Health Psychology Research Exchange Group
  - Division of Health Psychology (Full Chartered Psychologist)
  - Division of Sport Psychology (Full member)
  - Health Professions Council (Practitioner Psychologist)
  - Stake holder: Safe prescribing and withdrawal management of prescribed drugs associated with dependence and withdrawal – National Institute of Clinical Excellence



# Dr. Jennifer Stinson, RN-EC, PhD, CPNP



***Energetic (I like to get things done!)***

*Ideas are in the wind so just do it and make it happen*

***Collaborative***

*I am a team player - only way to do research and clinical care in chronic pain*

***Humor***

*keeping up the moral in my lab by recognizing my staffs' hard work*

- <http://www.sickkids.ca>
- Twitter: [www.twitter.com/DrJenStinson](http://www.twitter.com/DrJenStinson)
- Improve awareness of childhood pain, improve access to timely pain assessment and treatment across the care spectrum and focus research on priorities that matter to children and their families
- She works at Mary Jo Haddad Nursing Chair in Child Health as a Nurse Practitioner, Chronic Pain Program, Obtaining the funding for pediatric pain research that is important to patients and their families, Peter Gilgan Centre for Research and Learning, Professor, Lawrence S. Bloomberg, Faculty of Nursing, University of Toronto, Scientist, Child Health Evaluative Sciences, The Hospital for Sick Children, The patients with chronic pain and families I care for.
- Training the next generation of pediatric pain researchers is one of my top goals. I am co-director of Pain Centre at SickKids and oversee the Pediatric in Child Health (PICH) training consortium that is dedicated to training pediatric pain researchers in Canada and internationally through funding from MayDay Part of Ontario Chronic Pain Network to help improve access to pain care and lead provincial and national pediatric pain registry; Co-Director of Pain Centre at SickKids; one of the Nominated PI of the CIHR funded Chronic Pain Network



- I am a very collaborative person and sometimes it makes it slower to implement change when you are trying to get input from a lot of stakeholders (e.g., in developing a Canadian Pediatric Chronic Pain Registry)

- Working with my post-doctoral fellow to identify the top 10 pediatric pain research priorities in Canada from the perspectives of young people with chronic pain, their families and clinicians
- Registered Nurses Association of Ontario, Leadership Award in Nursing Research; James H. Flaherty Visiting Professorship, Ireland Canada University Foundation; Dr. Harold Merskey Award, The Pulsus Group: Stinson J, Lalloo C, Harris L, Isaac L, Campbell F, Brown S, Ruskin D, Gordon A, Galonski M, Pink L, Buckley N, Henry J, White M, Karim A.
- iCanCope with Pain™: User-centred design of a web- and mobile-based self-management program for youth with chronic pain based on identified health care needs.
- Pain Squad: Development and Testing of a Multidimensional Electronic Pain Diary for Youths with Cancer. Runner-up prize, CIHR's Institute of Human Development, Child and Youth Health (IHDCYH) Talks Video Competition,



- Past Awards Include:

- Early Career Award, IASP Special Interest Group on Pain in Childhood; Scholarship into Practice Award from Council of Ontario Universities' Programs in Nursing; Peter Lougheed CIHR, New Investigator Salary Award; The Early Career Award, The Canadian Pain Society; Early Research Award, Ministry of Research & Innovation; Canadian Arthritis Network & The Arthritis Society, Network Scholar Award; The MayDay Fund, Mayday Pain & Society Fellowship, Media and Communications Training; Nursing Excellence in Pain Management,
- Canadian Pain Society Award; Ministry of Health & Long-Term Care, Career Scientist Award; Interprofessional Nursing Project, Canadian Pain Society Award;
- John T Goodman Award Best Research Publication in Pediatric Pain; Northrop Frye Award: University of Toronto Award of Excellence for integrating research and teaching.
- University of Toronto Interfaculty Pain Curriculum Committee; Career Enhancement Award, Canadian Child Health Clinician Scientist; Canadian Pain Society Nursing Research Award
- Member, College of the Royal Society of Canada; Fellow, American Academy of Nursing, IASP; IASP Councilor; Canadian Pain Society; RNAO
- Democratic, Participatory, lead by example, coaching and mentoring members of my team and students



# Dr. Michael Cooney



## ***Beacon***

*- In the frustration of seeking pain relief, I represent a light in the darkness of that search*

## ***Tenacious***

*- I will do everything within my power to safely try to reduce a person's pain. If my expertise and technology cannot help, I will find/recommend another option. I never, ever say, Sorry, there's nothing else I can do for you.*

- Based in Rutherford, NJ
- Facebook: <https://www.facebook.com/calmare.nj>
- Twitter: <https://twitter.com/CalmareNJ>
- LinkedIn: <https://www.linkedin.com/in/drmichaelcooney>
  
- Absolutely. I delayed my retirement to continue to provide Calmare Therapy to help people who had already tried every neuropathic pain drug and therapy. I volunteer to help train other Calmare providers here in the US and as far away as India. This treatment should be in every town, every city and every country. If I can make a small contribution by sharing my 9 years of experience, I am honored to do so.
- A safe and successful journey to less pain. I'm at peace with the personal and professional choices I have made.
- Again, there are too many to list, but I strongly support organizations such as the Burning Nights CRPS (UK) which supports the complex regional pain syndrome community, who comprise a large portion of our patient base.
- Calmare Clinical Director Dr. Michael Cooney is a highly experienced chronic pain management specialist with over 30 years of experience.
- Dr. Cooney is a widely published expert on several diverse issues related to chronic pain, chiropractic issues and diminishing pain as a result of injury or disease.
- Dr. Cooney specializes in helping the most severe cases of neuropathy
- He also serves as a trainer for other Calmare providers and regularly shares his expertise with doctors treating patients all over the world.
- He has a loyal patient base from around the world whom he treats from his warm and comfortable clinic located in Rutherford, New Jersey in Bergen County.
- He has garnered global recognition for his successful patient outcomes using Calmare scrambler therapy to lessen or eliminate chronic nerve pain in children, teens, adults and seniors.
- I listen first and then take action. I'm a doctor, but the patient knows far, far more than I do. You learn more when you are not the person speaking.

- I represent non-invasive, drug-free alternative pain treatment options.
- I watch videos from past patients whose lives were changed after 10 scrambler therapy treatments.
- Medical insurance and Medicare do not fully support paying for Calmare therapy--but they will pay for far more expensive medications or treatments with proven poor outcome results."
- My goal is to offer people with medication and treatment-resistant chronic pain another pain management option which does not require drugs, invasive procedures or debilitating side effects.
- Offering an alternative pain management option for people in pain who are out of options.
- Often, in desperation, they have already resorted to surgery, experimental procedures outside the U.S. or powerful pain medications which leave them mentally and physically diminished by side effects--but still living in pain.
- Over the past 40 years, I've received more recognitions than I can recall. The important thing is that I was recognized for helping people win the war on acute and chronic pain. At my age, I no longer drill down to the details of these awards.
- Pain management experts who write about chronic pain and only discuss drug therapy--nothing else.
- Patients from as far away as Australia, South Africa, the UK, Canada and western Europe have traveled to Rutherford, New Jersey for his personalized treatment.
- Patients who have reached out to me and said, "My pain management doctors told me there is nothing else they can do for me."
- Read Dr. Cooney's feature article published by the National Pain Report.
- Since 2011, our singular highlight has been seeing patients resume a satisfying quality of life. They can sleep again and dispose of mobility devices. They can return to school or work and actively participate in daily life. They are free from the confines of pain and back in control of their lives.
- Successfully administering Calmare since 2011, Dr. Cooney was one of the first doctors in the U.S. to introduce Calmare scrambler therapy and is currently one of only seven (Oct. 2019) Certified providers of the treatment nationwide.
- The chronic pain community knows little or nothing about the merits of Calmare scrambler therapy because we do not have a pharma-sized ad budget. We rely on our patients volunteering to share their treatment experiences and social media.
- The importance of recognizing alternative treatments for neuropathy
- The majority of patients Dr. Cooney treats using scrambler therapy arrive at our clinic frustrated and exhausted by the endless search for pain relief.
- The patients who I cannot help to reduce their pain.
- Uninformed people who call alternative therapy like Calmare a 'sham or scam.'
- Dr. Cooney utilizes the MC-5A FDA-cleared device to treat chronic medical conditions, injuries and post-surgical pain. He is renowned for treating neuropathic conditions which are notoriously medication and treatment-resistant including:
  - CRPS/ RSD
  - Diabetic neuropathy (DPN)
  - Sciatica and lumbar pain (back pain)
  - Post-surgical pain
  - Shingles (PHN)
  - Chemotherapy-induced peripheral neuropathy (CIPN)