EMPOWERED RELIEF®

Pain relief skills in *a single two-hour class.*

A skills-based intervention that gives patients rapid, lasting tools for managing acute and chronic pain — deliverable in person or online, to groups of 10 to 100 or more.

Developed at Stanford University School of Medicine · One two-hour session · Adopted in 31 countries

THE FORMAT

Quick access.

A single class can treat up to 100 people at once, so organizations can cut long wait times and get patients into effective, skills-based pain care right away — not weeks or months later. Because the format is didactic, it stays personal even at scale: everyone leaves with a plan they built themselves.

One session

One certified-instructor-led two-hour class — no multi-week course, no long waitlist. Delivered with a standardized slide deck, instructor scripts, and patient-facing materials.

In person or online

Run it in a clinic room or over Zoom, Teams, or a similar platform. Typical class size is 10 to 100 patients, making broad access practical.

Personalized in the room

Participants complete a pain survey during class and build a personalized Empowered Relief plan that tailors the skills to their own situation.

A free Calm Tool app for every attendee

Everyone in the class gets the Calm Tool at no cost — customizable, with choices to suit each person, and available for immediate, unlimited use. It folds directly into the personalized plan they build in the room.

Who can deliver it

Many types of licensed clinicians can become certified through an 11-hour CME workshop, offered online and quarterly. A small number of need-based scholarships prioritize Federally Qualified Health Centers and low-resource settings, and Stanford runs free faculty-led “community of practice” webinars every two months to support clinician implementation.

BY THE NUMBERS

Reach and adoption.

2,000+
CERTIFIED INSTRUCTORS

Tens of thousands
PATIENTS REACHED

31
COUNTRIES

9
LANGUAGES

15,000
CALM TOOL VISITS EACH MONTH

THE EVIDENCE

A multi-national body of published evidence.

Independent investigators and funders — NIH, NIDA, DoD, PCORI, CIHR, and others — have supported research on Empowered Relief across chronic and acute pain and a range of patient populations, spanning completed and ongoing trials. Study design and stage are labeled throughout so the strength of each finding is clear.

PUBLISHED — COMPLETED RESEARCH

01 Chronic low back pain

N=263 · NIH-funded RCT · *JAMA Network Open*, 2021

> Single-session Empowered Relief was clinically equivalent to 16 hours (8 sessions) of cognitive behavioral therapy at 3 and 6 months for pain-related distress, pain intensity, interference, bothersomeness, depression, anxiety, fatigue, and sleep disturbance. Covered by an NIH press release and the New York Times.

Read the study ↗

02 Durability of effects (low back pain)

Follow-up analysis of Study 01 · Durability analysis · *Pain Reports*, 2024

> Treatment effects held to 6 months post-treatment, with continued non-inferiority to 8-session CBT and new superiority for anxiety, pain bothersomeness, and pain catastrophizing.

Read the study ↗

03 Mixed-type chronic pain

N=105 · Online RCT · Ziadni et al. · *JMIR*, 2021

> Online-delivered Empowered Relief produced multidimensional and superior symptom reduction relative to standard care.

Read the study ↗

04 Breast cancer surgery

N=63 · RCT · Automated version · *Pain Medicine*, 2019

> A fully automated, on-demand version (My Surgical Success) at Stanford Hospital. Women who engaged with the digital treatment needed about one week less of opioids after surgery than those given a digital health-education control.

Read the study ↗

05 Orthopedic trauma surgery

N=84 · RCT · Automated version · *Anesthesia & Analgesia*, 2022

> On-demand Empowered Relief delivered mostly on an iPad in hospital days 1–3 after surgery. Patients reported less pain after surgery, with analgesic benefits persisting to 3 months — suggesting clinically meaningful, sustained relief and enhanced recovery.

Read the study ↗

06 Patient perceptions

N=82 · Qualitative · *PAIN Reports*, 2025

> Post-treatment qualitative data from patients who received Empowered Relief as standard care revealed seven themes describing how the intervention helped them.

Read the study ↗

07 Patients taking daily prescription opioids

N=60 · Feasibility · Telehealth · *JMIR Formative Research*, 2025

> 68% attended the telehealth class. Pain catastrophizing dropped at 3 and 6 months and pain intensity at 3 months. A trend toward reduced daily opioid use (β=−9.31, P=.02) did not survive correction for multiple comparisons.

Read the study ↗

08 Marfan syndrome & Marfan-like diseases

N=92 · Feasibility & efficacy · Online national cohort · *Scientific Reports*, 2026

> Delivered online to a single national cohort in partnership with the Marfan Foundation (75% female; mean age 48; 85% White). Attendance (80.7%) and treatment appraisal (80%) supported feasibility for large-group delivery. At 3 months, pain intensity and interference (primary outcomes) and all secondary outcomes — including catastrophizing and anxiety — improved significantly.

Read the study ↗

09 Nurse-delivered Empowered Relief

N=150 · RCT · Online · PI Watson · *Pain Management Nursing*, 2025

> A national RCT (funded by the American Society for Pain Management Nursing) in mixed-etiology chronic pain found multidimensional benefits superior to a waitlist control at the 2-month endpoint — indicating nurses can deliver it effectively and scale it nationally.

Read the study ↗

10 Acute low back pain — Canadian primary care

N=63 · Physical-therapist-delivered · PI Carrière · *Journal of Pain Research*, 2025

> A Canadian Institutes for Health Research–funded study of physical-therapist-delivered Empowered Relief for acute low back pain in primary-care clinics.

Read the study ↗

11 Patients on methadone or buprenorphine

N=69 · Single-arm national pilot · *JMIR Formative Research*, 2026

> 55 of 69 attended (80%). At 1 month (primary endpoint), pain intensity (d=0.71), bothersomeness (d=0.54), and interference (d=0.61) fell significantly, with effects maintained at 3 months. No significant effects were seen for catastrophizing, sleep, physical function, fatigue, depression, anxiety, social isolation, or opioid craving.

Read the study ↗

12 Long-term opioid therapy for chronic pain

N=213 · RCT · PI Ziadni · *The Journal of Pain*, 2026

> A Zoom-delivered RCT in a high-disability population on long-term daily opioids (59% on disability, median ~68 mg morphine-equivalent daily dose, 26% with opioid misuse), comparing Empowered Relief to an attention-matched health-education control. Effects were tempered relative to unselected chronic-pain samples: ER was feasible and acceptable and modestly improved mental-health measures, but did not produce unique reductions in opioid use or misuse versus control. If opioid reduction is the goal, brief skills training should be embedded within broader, taper-supportive care pathways. This specific population requires different and more intensive support.

Read the study ↗

13 Pediatric chronic pain

N=100 · Development, feasibility & early effectiveness · Youth · PI Simons · *The Journal of Pain*, 2026

> Development, feasibility, and early effectiveness of Empowered Relief for Youth (ER-Y) — a single-session pain relief skills class adapted for children and adolescents with chronic pain, built on the adult class's pain-science education and self-regulatory skills.

Read the study ↗

14 Knee replacement surgery — China

N=70 · Quasi-experimental · Cui et al. · *Hong Kong Physiotherapy Journal*, 2026

> A Chinese-language adaptation of Empowered Relief for patients undergoing total knee arthroplasty (TKA), delivered before surgery at a tertiary hospital in Lanzhou, China (70 enrolled, 64 completed; allocation by admission month). Versus usual care, the intervention group showed larger 3-month reductions in pain catastrophizing (median PCS 5 vs 19.5), pain intensity (NRS 1 vs 2, meeting the clinically important 1-point difference), and pain-management outcomes (APS-POQ-C 1.25 vs 5); post-discharge analgesic use did not differ. Because allocation was non-randomized and follow-up was 3 months, findings are preliminary.

Read the study ↗

> **On the CBT comparison:** The finding that a single session is clinically equivalent (non-inferior) to 8-session CBT comes specifically from the chronic low back pain trial (Studies 01–02). It is not a general claim across other pain types or settings. The large head-to-head comparison at scale is still underway in the PCORI trial below.

IMPLEMENTATION IN SPINE SURGERY

15 Standard-of-care rollout at Cleveland Clinic

Cleveland Clinic · Implementation (RE-AIM) · Davin et al. · *Frontiers in Pain Research*, 2022

> An implementation-science report describing how the Center for Spine Health — which performs roughly 2,000 spine surgeries a year — operationalized online, live-instructor Empowered Relief as standard care for spine-surgery patients. It covers the clinical pathway, operational and financial considerations, and patient engagement (about 62% engagement among scheduled patients, with high satisfaction). No screening is applied; every patient is offered the class.

Read the study ↗

16 Four-year standard-of-care evaluation

2,105 orders · Implementation / QI · Davin et al. · *North American Spine Society Journal*, 2026

> A four-year real-world analysis (Nov 2021–June 2025) of Empowered Relief for Surgery delivered as standard care across Cleveland Clinic's multi-site spine program. Of 2,105 class orders, 1,134 patients completed the class (54%); orders rose 99% (314 to 626 per year), reflecting growing provider uptake. Among the 241 completers who took the voluntary satisfaction survey, 58% rated the class 8–10 for satisfaction, relevance, and utility. The class is billed directly to insurance, and coverage has not been a barrier — evidence that a brief behavioral intervention is feasible, durable, and acceptable within a spine-surgery ERAS pathway.

Read the study ↗

ACTIVE — RESEARCH IN PROGRESS

17 Prescription opioid misuse (MOBILE Relief)

N=231 · NIDA-funded RCT · PI Darnall · Active — protocol published, results in development

> A national RCT testing a fully automated, interactive, on-demand version tailored to chronic pain with comorbid opioid misuse. Protocol published; results manuscript in development.

Read the protocol ↗

18 Spine surgery in military members

N=400 · Vanderbilt · PI Archer · Active — enrolling

> A $4M Department of Defense grant (2025) studying Empowered Relief as a rehabilitation strategy for military members following spine surgery.

19 Military chronic musculoskeletal pain

N=450 · University of Utah · MPI Fritz & Rhon · Active — enrolling

> An NIH/VA/DoD Pain Management Collaboratory award studying Empowered Relief in military members with chronic musculoskeletal pain.

20 **National comparative effectiveness trial**

N=1,650 · PCORI $13.4M · PI Darnall · Active — enrolling

> A national comparison of online Empowered Relief versus 8-session CBT in adults with chronic pain of any type — the definitive head-to-head test at scale. 1,500 of 1,650 enrolled; protocol published 2026.

Read the protocol ↗

> **And more:** Multiple other active studies in the U.S., Canada, and the Netherlands, in English and Spanish.

IN PRACTICE

Adopted as standard care — often for everyone, with no screening.

Empowered Relief is offered to anyone with pain, not only patients who also have psychological symptoms or a mental health condition. Across most settings and all but one study, it is delivered without screening criteria.

HEALTH SYSTEMS

Cleveland Clinic Spine Surgery — standard care for all, no screening; more than 1,000 patients before spine surgery, also paired with low-dose ketamine infusions.

Cleveland Clinic — standard care for chronic pain.

Stanford Health Care, Cedars-Sinai (spine), and **Lehigh Valley Health Network**.

UK National Health Service — orthopedic surgery patients.

Humana — adopted into its clinical portfolio.

PUBLIC & VETERAN CARE

Multiple **VA VISNs and Medical Centers** (US & Canada) for chronic and post-surgical pain.

Salem VA (Virginia) — perioperative standard care for rural Veterans.

California prison system (CDCR) — broadly implemented in primary care across the state.

Multiple **Federally Qualified Health Centers** and safety-net clinics.

University of Colorado state primary care clinics.

NONPROFIT & ACCESS

Pain Canada — monthly national classes, 50 Canadians per class.

Marfan Foundation — offers online Empowered Relief nationally.

U. Colorado and **Lehigh Valley** each have more than 30 certified clinicians.

Free **Calm Tool** app — 15,000 visits monthly.

Available in **9 languages, 31 countries**.

LANGUAGES

- Canadian French
- Chinese
- Danish
- Dutch
- English
- German
- Italian
- Spanish
- Ukrainian (trauma-informed)

ONE NETWORK'S RESULTS

Allegheny Health Network (Dr. Leah Flaherty) offers Empowered Relief to all patients at no cost. One month after the class, patients reported:

35%

FEWER DEPRESSIVE SYMPTOMS

25%

LESS ANXIETY

87%

WISH THEY'D HAD IT SOONER

TAILORED VERSIONS

Adapted for specific populations and settings.

Beyond the core class, tailored versions extend Empowered Relief to the people and contexts where pain shows up differently.

- **Acute pain — surgery & injury** (US · CA · UK)
- **Military members** (in trials)
- **Veterans** (US & Canada VAMCs)
- **Corrections settings** (CA prisons)
- **Peripartum** (under study)
- **Teens & young adults** (available)
- **Youth** (PI Simons)
- **Parents & caregivers** (in development)

BILLING

Billing is at the certified instructor's discretion.

— Once certified, billing for the service is at your discretion.

— Certified instructors are free to bill insurance for the class in accordance with their license and setting.

— In the US, codes depend on the clinician's license and setting.

— New codes that fit across disciplines: 96165 (30 min ×1) and 96164 (15 min ×6).

— Psychologists in medical settings may also explore Health & Behavior group codes.

— Many organizations offer it free; some clinicians charge a small fee (e.g. $20).

GETTING CERTIFIED

Certification is an 11-hour CME workshop.

— Certification is an 11-hour CME workshop, offered online and quarterly.

— A small number of need-based scholarships are available, prioritizing Federally Qualified Health Centers and other low-resource settings.

— Zero ongoing fees; certified clinicians receive the full implementation toolkit and ongoing resources.

— Stanford hosts free, faculty-led “community of practice” instructor support webinars every two months.

EMPOWERED RELIEF®

empoweredrelief.stanford.edu ↗

Developed at Stanford University School of Medicine. This overview summarizes program materials; study designs are labeled so findings can be read in context. Verify figures and citations against the primary publications before external use.