The Chronic Pain Summit:

Integrating Perspectives to Optimize Pain Care for Women

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A Summit Snapshot:
Addressing the Barriers to Pain Care

1. Validate & Address the Burden of Pain

Empathize, Assess, Reflect, Connect

2. Improve Communication

Be transparent about treatment decisions especially when expectations are at odds with treatment guidelines

3. Practice Trauma-Informed Care

Assume every person with pain may have a history of prior trauma and act accordingly

3 . Sensitively Address Mental Health

Normalize overlap between pain and MH

"It's **not** all in their head. . ."

Spotlight on Trauma-Informed Pain Care

- Given the high prevalence of sexual abuse in the female population and its demonstrated association with chronic pain, assume that <u>any woman</u> with pain could have a history of sexual abuse and practice *trauma informed care*

- This means that you assume every patient may have a history of prior trauma and treat all of your patients as if they do have that history
  - *"at its core, TIC is good patient-centered care"* *(Machtinger, et al, 2015)*

Trauma-informed care checklist

__Knock before entering room

__Ask permission before touching during physical exam

__Sit at eye level with patient

__Give the patient the option of where to sit in the exam room

__Support patient control, choice, and autonomy in medical recommendations

__Ask questions about mental health sensitively and appropriately

__Ask about the nature of past trauma history sensitively and appropriately

__Respond sensitively to disclosure of trauma history (if applicable)

__Ask about intimate partner violence sensitively and appropriately

__Respond sensitively to disclosure of intimate partner violence (if applicable)

How the Approach Changes with TIC

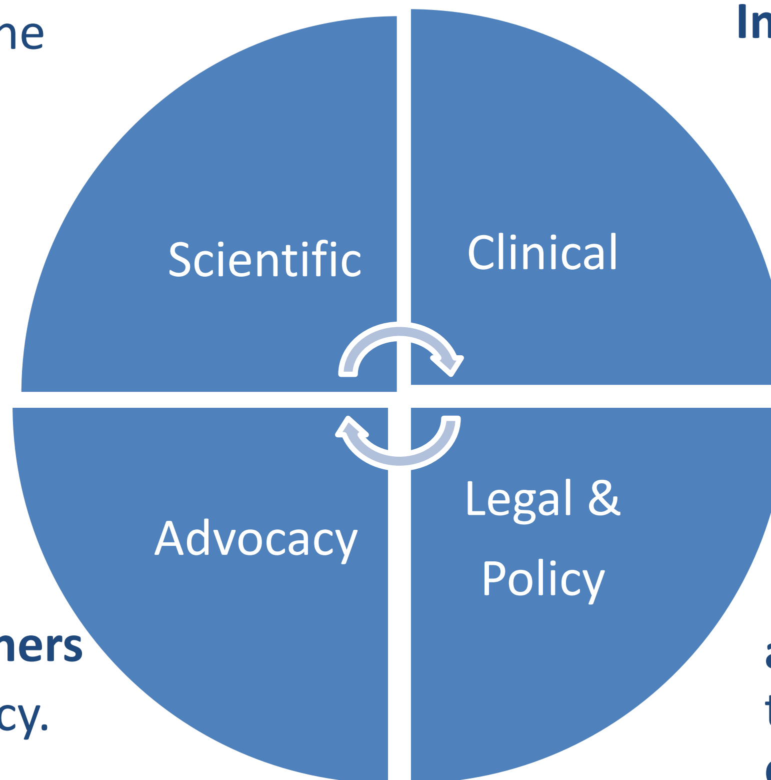
Survivor Behavior	Traditional Attribution	Trauma Informed Attribution
Gets angry easily.	Is being manipulative. She wants what she wants.	Understand fear often underlies anger. Ask what is scaring her.
Does not want to follow-through with referral or has excuses for why she hasn't.	Is being difficult. Not invested in care. Doesn't care enough to get better.	May fear for her safety (e.g. referral to mixed gender setting, unfamiliar provider).
Comes in for every ache and pain.	Is drug seeking or a hypochondriac.	Needs regular reassurance from someone she trusts.
Acts uninterested or does not engage in care.	Doesn't care. Stubborn.	May be triggered in appts. Feels overwhelmed and keeps to self.

Chronic Pain Summit: Moving Forward to Optimize Care for Women

Identify and target the biopsychosocial research **gaps.**

Make science **accessible** to the public.

Include patients & advocates as **partners** in science and policy.



Improve communication and **reduce stigma** to identify functional goals.

Adopt a **trauma-informed** approach.

Use evidence to **advocate** for access to care and to **eliminate** disparities.

Personal Reflections on the Summit

- Identifying opportunities to make science accessible to clinical and lay audiences
  - Lay article

- Engaging patients in research:
  - Veterans Engagement Group (VEG; design/feedback)
  - Qualitative Investigations

- Resident and Clinician Education
  - Trauma Informed Care Didactic Series

Thank You!