Stigma and Chronic Pain

Introduction

Stigma surrounding chronic pain is rooted in the commonly misunderstood mechanism of pain; that pain is legitimate, or "real", only when there is clearly persisting evidence of tissue damage. Despite broad new evidence demonstrating that chronic pain is "learned" in the brain by maladaptive neuroplasticity[1], this traditional misconception persists and causes stigma. Although more research is needed to recognize and reduce the stigma of chronic pain, what we now know is that stigma exists at multiple levels within health care settings and internally within patients themselves. Correspondingly, there are varying approaches to address stigmatizing responses to patients with chronic pain. At all levels, a first approach is education on the nature of chronic pain.

Understanding Stigma and Chronic Pain: A-State-of-the-Art Review

Lies De Ruddere and Kenneth D. Craig's article, *Understanding Stigma and Chronic Pain: A-State-of-the-Art Review*, in the August 2016 issue of *Pain* synthesizes the current evidence around stigma and chronic pain. It offers useful information for primary care organizations wanting to address stigma surrounding chronic pain. The table below highlights some of their findings.

Topic	Highlights	Interventions
Stigma perceived by the patient	• Patients with chronic pain experience stigma from many different groups (family members, nurses, medical providers, friends) • They do not feel believed by others, including their providers	• Offer Cognitive-Behavioral (CBT) or Acceptance and Commitment Therapy (ACT) • Educate patients on pain science

Public stigma	• Without clearly evident tissue damage, the general population and medical professionals:
	  ○ Attribute lower pain to the patient
	  ○ Experience negative feelings toward the patient (e.g., suspect deception, dislike)
	• This could be a result of several factors, including:
	  ○ Expression of chronic pain often tends to appear to be voluntarily controlled, while visceral acute pain displays do not
	  ○ Preferential evaluation of members of "in-groups" versus "out-groups" (e.g., race)
	  ○ Lack of confidence and comfort among medical professionals to manage chronic pain
		• Consider implicit bias
		• Use patient-centered language
		• Educate providers and staff on pain etiology
		• Employ motivational interviewing
		• Integrate non-opioid treatments
		• Develop consistent policies and workflows
		• Develop clear referral pathways for opioid use disorder

Impact on well-being	• Stigma has a harmful impact on well-being, self-esteem, dignity, and rehabilitation, potentially affected by a patient's:
	  ○ Resilience in the face of stigma
	  ○ Understanding of the causes of chronic pain
	  ○ Perceptions of injustice	

[1] *Neuroplasticity: The ability of neural networks in the brain to change through growth and reorganization.*

All Six Building Blocks materials developed by the University of Washington Department of Family Medicine and Kaiser Permanente Washington Health Research Institute. Funded by Agency for Healthcare Research & Quality (#R18HS023750, #HHSP233201500013I), Washington State Department of Health (CDC #5 NU17CE002734), National Institute on Drug Abuse (#UG1DAO13714), and WA State's Olympic Communities of Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of AHRQ, WA DOH, or NIDA.

Strategies to Address Stigma of Chronic Pain

Intervention strategies for addressing the stigma surrounding chronic pain should be directed at individual, interpersonal, and structural levels. Below are examples of the kinds of interventions primary care clinics can use to address stigma around chronic pain within each of these categories along with supporting resources.

Individual interventions

Offer Cognitive Based Therapy or Acceptance and Commitment Therapy

Provide training and resources to clinicians in Cognitive Behavioral Therapy or Acceptance and Commitment Therapy. These types of therapy can help patients handle stigmatizing responses and defuse distress. Two manuals to support this work include:

- The VA Cognitive Behavioral Therapy for Chronic Pain Manual
- The Acceptance and Commitment Therapy (ACT) for Chronic Pain Manual

Educate Patients on Pain Science

Identify resources to teach patients about our new understanding of the nature of chronic pain. Consider using one of the following short videos and begin to develop your own library:

- Tame The Beast — It's time to rethink persistent pain, Lorimer Moseley: This 5 minute animation explains how pain works, how our nervous system can learn pain, and explains new approaches to help reduce your pain.
- Best Advice for People Taking Opioid Medication, Dr. Mike Evans: This 11-minute video is great for both patients and clinicians. It explains what chronic pain is, what we know about the benefits and risks of opioid medications, and how to avoid the pitfalls that can be associated with opioid treatment.
- Understanding Pain: What to do about it in less than five minutes?: This easy to follow 5 minute video about chronic pain helps you understand what current research has been saying about chronic pain.

Interpersonal interventions

Educate Clinicians and Staff on Pain Science

Educate clinicians and staff about the biopsychosocial model of pain. This CME course from the Oregon Pain Management Commission is an excellent resource. You can also consider using the shorter patient education videos listed above.

Use Patient-centered Language

Language can be stigmatizing. Consider crafting patient-centered scripts and terminology to use with patients with chronic pain, such as the Six Building Blocks provider and staff scripts. Revisit your clinic policy and patient agreement and revise them with an eye toward using patient-centered language. Consider the Six Building Blocks Patient Agreement as an example. Refer to our Empathic Communication resource and University of Minnesota's Person-Centered Language Clinical Tool for additional support.

Employ Motivational Interviewing

Train clinicians and staff in motivational interviewing that encourages patients to be involved in their medical encounters. Some training and practice resources to consider include:

- The CDC training on Motivational Interviewing during chronic pain care, which includes principles, steps, and best practices.
- This video series was developed by the American Society of Addiction Medicine to support providers in understanding and utilizing motivational interviewing and empathic listening in the clinical setting.

- The pocket-sized card, Motivational Interviewing Reminder Card (Am I Doing This Right?), developed by the Center for Evidence Based Practice at Case Western Reserve University provides 11 questions for clinicians to build self-awareness about their attitudes, thoughts, and communication styles.

Integrate Non-opioid Treatments

Provide training and resources to clinicians in the wide range of non-opioid treatments available to address chronic pain, including nutrition, sleep, activity, and mood. Resources for non-opioid treatments include:

- Use Psychology Today or another therapist search engine to identify local behavioral health resources for patients. Consider maintaining an internal clinic list of therapists that provide high quality care to patients with chronic pain.
- Offer training in Cognitive Behavioral Therapy, such as sharing this University of Washington's TelePain presentation with clinicians and staff.
- The Oregon Pain Guidance Pain Education Toolkit, which includes a selection of handouts that educate patients on how pain works and how they can improve their health and manage their pain through exercise, sleep, nutrition, mood, and tapering.
- The CDC Alternative Treatments Fact Sheet
- The Six Building Blocks' Evidence on Complementary and Alternative Approaches to Chronic Pain, which summarizes existing evidence for noninvasive non-pharmacological treatments and complementary health approaches for chronic pain conditions.
- This list of chronic pain self-management resources

Consider Implicit Biases

Offer resources and opportunities for clinicians and staff to reflect on their implicit biases and how it might affect care. We all make automatic associations based on past experiences, cultural messages, education, and other influences without even knowing that we do so. A good first step for clinicians and clinical staff is to explore these associations by taking Implicit Association Tests, such as for weight or race.

Structural interventions

Develop Consistent Policies and Workflows

Develop consistent standards of practice, which limit the influence of bias and stigma from affecting the kind of treatment offered to patients. The Six Building Blocks program offers a roadmap on how to build in these systems of care for patient with pain, including the following resources:

- Model policy: An example policy your clinic can use during the policy revision process; developed using the CDC guidelines and Washington state opioid prescribing rules.
- Policy checklist: A checklist to use when reviewing if your policy aligns with evidence-based guidelines.
- CDC Guidelines for Prescribing Opioids for Chronic Pain
- Chronic pain appointment workflow: An example workflow for chronic pain appointments.

Develop Clear Referral Pathways for Opioid Use Disorder

Develop clear referral pathways for patients who develop challenges with opioid medications where there is a concern for opioid use disorder (OUD). Create and refine compassionate language/provider scripts to use in this referral process and educate providers regarding best practices in expressing concern about OUD symptoms.