Trauma & Chronic Pain: a Collaborative Approach to Treatment

Kerry McLean Small, RN, BSN, MSN
Lyn MacBeath, MD, FRCPC, ABAM-certified
Rae Samson, BSW, MSW
Introduction

- Impact of chronic pain on consumers, their families & health care system is high:
  - 13-30% of Canadians endure chronic pain/yr = 60 billion annually
  - 1 in 5, Mental Illness = 51 billion annually
  - 1 in 10 over age 15, alcohol/drug dependence $$$

- Connection between MHSU/Trauma & later development of pain/chronic disease

- Need for collaborative models of care
Objectives

- To incorporate trauma-informed practice into collaborative principles of care
- To develop an educational guide for Physicians and others specific to trauma & chronic pain
- To build trauma & chronic pain service linkages between key stakeholders & community partners
A Framework for Trauma-Informed Practice

BC Centre of Excellence for Women’s Health &
BC Ministry of Health

- Standard practice guidelines in collaboration with Provincial government & Health Authorities
- What is Trauma-Informed Practice?
  - To assist people in addressing the overlap between mental health, addiction, and past trauma
  - A comprehensive, collaborative model of care needs to be instituted
Connection between Trauma & Development of Chronic Pain

- Adverse Childhood Experiences Scale
  - Developmental trauma link
  - Insecure attachment
  - Biopsychosocial risk factors
  - Genetic component/epigenetic

- Neurobiological link
  - Fight/flight/freeze & system response

- Body-mind-brain connection & pain
Relationship between childhood trauma & unexplained symptoms in adulthood

![Graph showing the relationship between childhood trauma and unexplained symptoms in adulthood. The x-axis represents the number of unexplained symptoms, ranging from 0 to 8. The y-axis represents the percentage of individuals who were abused, ranging from 0% to 45%. The graph shows an increasing trend in the percentage of abused individuals as the number of unexplained symptoms increases.]
Symptoms of Un-Discharged Traumatic Stress

Peter Levine:
http://www.traumahealing.com/images/pptSlide01.gif
Incorporating Trauma-Informed Practice into Collaborative Care

“The success of Collaborative Care programs depends on individuals who have the capacity to visualize service delivery outside of traditional bounds”

It is essential to be ‘trauma-informed’:

- Exposure to trauma & neglect is common
- Lasting impact on identity, relationships, emotional regulation, mental & physical health
Foundational:
Creating safe space for recovery
(all Mental Health & Addiction)

Common Core:
Trauma-Informed Practice

Specialized roles:
Core trauma work for people in
EARLY RECOVERY
from MH &/or Addiction problems

Specialized roles:
Core trauma work for people in
LATER RECOVERY
from MH &/or Addiction problems

Trauma-Specific Treatment
(e.g. for PTSD)
Incorporating Trauma-Informed Practice into Collaborative Care

- Use principles and practices of trauma-informed approaches:
  - Trauma awareness
  - Emphasis on safety and trustworthiness
  - Opportunities for choice, collaboration and connection
  - Strengths-based and skill building
- Inspire & lead change, e.g. use Kotter stages

*Canadian Centre on Substance Abuse, 2012
Brief Intervention Guide for Physicians & Others

- Brief Intervention Guide provides practical information on how to conduct screening for trauma and chronic pain.
- Screening & Assessment is important as these conditions have significant deleterious effect on health and wellness.
- Determines level of risk based on reported trauma and chronic pain.
Brief Intervention Guide for Physicians & Others

- Consider 3 Screening Questions when clinical triggers/red flags exist OR when no response to other appropriate management.
- Positive Screens fall into 3 Categories (At risk, Simple PTSD, Complex PTSD)
- Screening moves into Assessment (first for trauma, then trauma related chronic pain)
Brief Intervention Guide for Physicians & Others

- Assessment moves into Brief Intervention
- Brief Intervention based on identified risk
- Brief Interventions motivate patients to improve related symptoms for trauma and/or trauma related chronic pain.
- Brief Interventions focus on awareness, de-stigmatizing, normalizing, goal-setting, treatment planning, etc.
Brief Intervention Guide for Physicians & Others

- Introduce the “Pain and Mood Tracking Diary”.
- Focus on principles of TI practice, not TS practice
- Apply concepts of trust, choice, collaboration, pacing, self-efficacy and coping
- Build linkages of brain/mind/body connection
- Offer possible referral/treatment options, i.e. MHSU services, somato-sensory therapies, rhythm/movement, meds, supports, etc.
Building Service Linkages

- Multi-level Linkages (Provincial, Regional, Local)
- Across Health Care Systems (Primary, Secondary, Tertiary)
- Across Health Care Sectors (Chronic Disease, Community MHSU, Acute/Emerg, HCC, Public Health, Long Term Care)
Building Service Linkages

- Key Stakeholders (DTFP)
- Aboriginal Health
- Divisions of Practice
- Advisory/Planning Committees
- Working Groups
- Psychiatry/Addiction Medicine Specialists
- Chronic Pain Specialists
- Health Care Leadership/Management
- Front Line Workers/Across Disciplines
- Consumers
Building Service Linkages

- Creating a Trauma-informed Environment & Culture
- Creating Awareness from Different Vantage Points
- Creating Productive Dialogue around Mutual Issues
- Building Key Relationships/Rapport
- Setting Like-Minded Goals/Objectives
Building Service Linkages

- Understanding the need for System Collaboration
- Developing Efficient Inter-related Systems & Services
- Creating Meaningful Partnerships
- Limiting Barriers and Expanding Possibilities
- Specialized Training, Supervision & Educational Needs
Small Group Breakout: 30 min.

1. Incorporating Trauma Informed Practice into collaborative principles of care
   - Dr. Lyn MacBeath

2. Developing educational guide for physicians and others specific to trauma & chronic pain
   - Kerry McLean Small

3. Building trauma & chronic pain service linkages between key stakeholders
   - Rae Samson
References


Discussion