

Communicating Effectively with Chronic Pain Patients:

Responding with Empathy to Build Strong Relationships

Dr. Molly McCarthy, Ph.D., C. Psych

Dr. Rachel Siegal, Ph.D., C.Psych

Clinical and Health Psychologists

Toronto General Hospital

Conflicts of Interest

- Speakers: Dr. Molly McCarthy, C. Psych & Dr. Rachel Siegal, C. Psych
- Relationships
 - Employees of UHN-Toronto General Hospital
 - Dr. McCarthy is Co-Investigator, Innovation Fund Project Grant from the Ministry of Health
- No conflicts to declare

Outline

- Pain as threat & importance of validation in safety & adherence
- Pain-Validation
 - Levels of validation and the essential elements in chronic pain
- Dialectical Behaviour Therapy (DBT) Distress Tolerance skills
 - 5 senses grounding & paced breathing
- Practice!

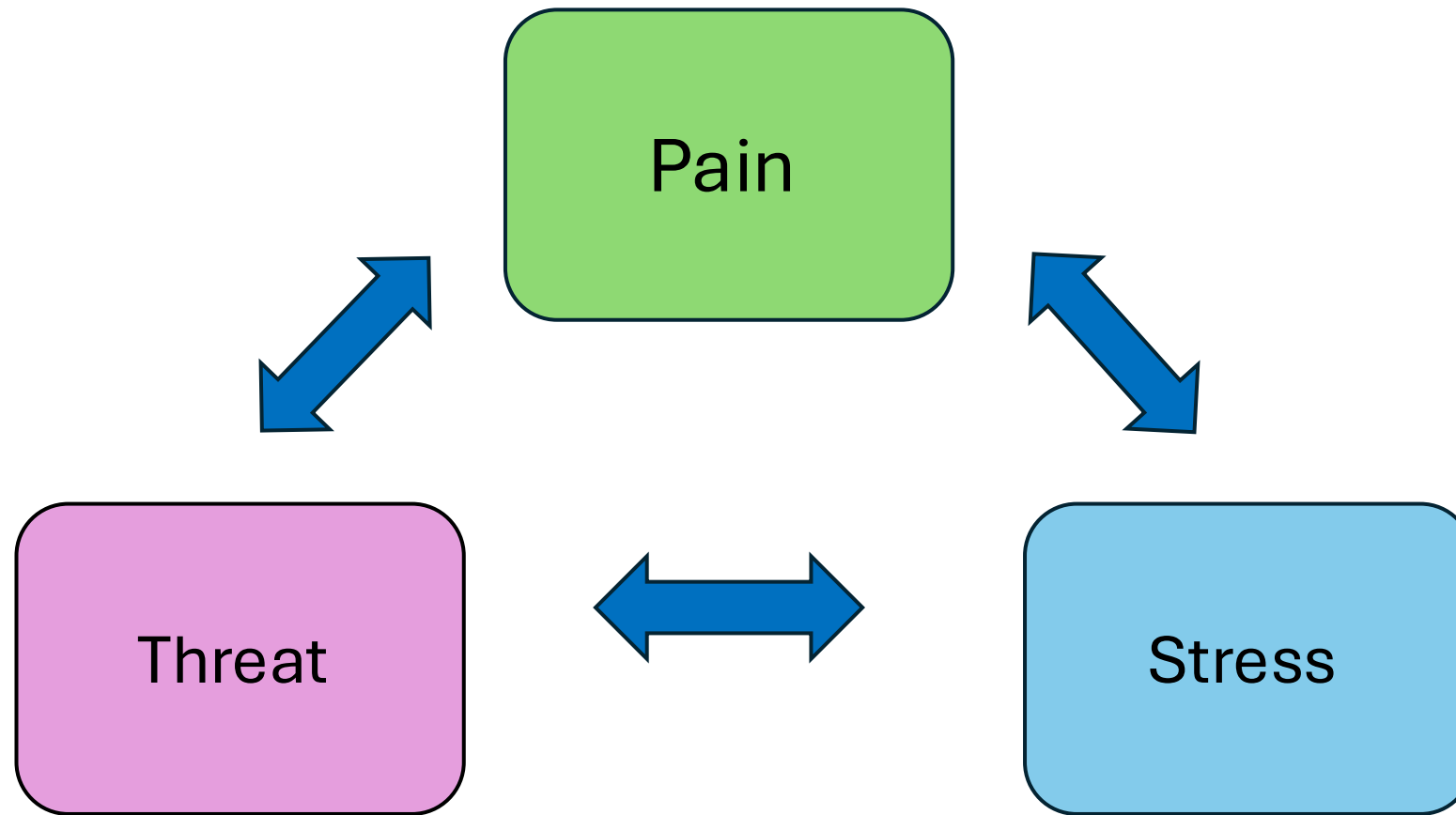
Pain as a threat response

- IASP (2020) definition of pain:

"An unpleasant *sensory and emotional* experience associated with, or resembling that associated with, *actual or potential tissue damage*"

"Pain is always a personal experience that is influenced to varying degrees by *biological, psychological, and social factors*"





Invalidation of Pain

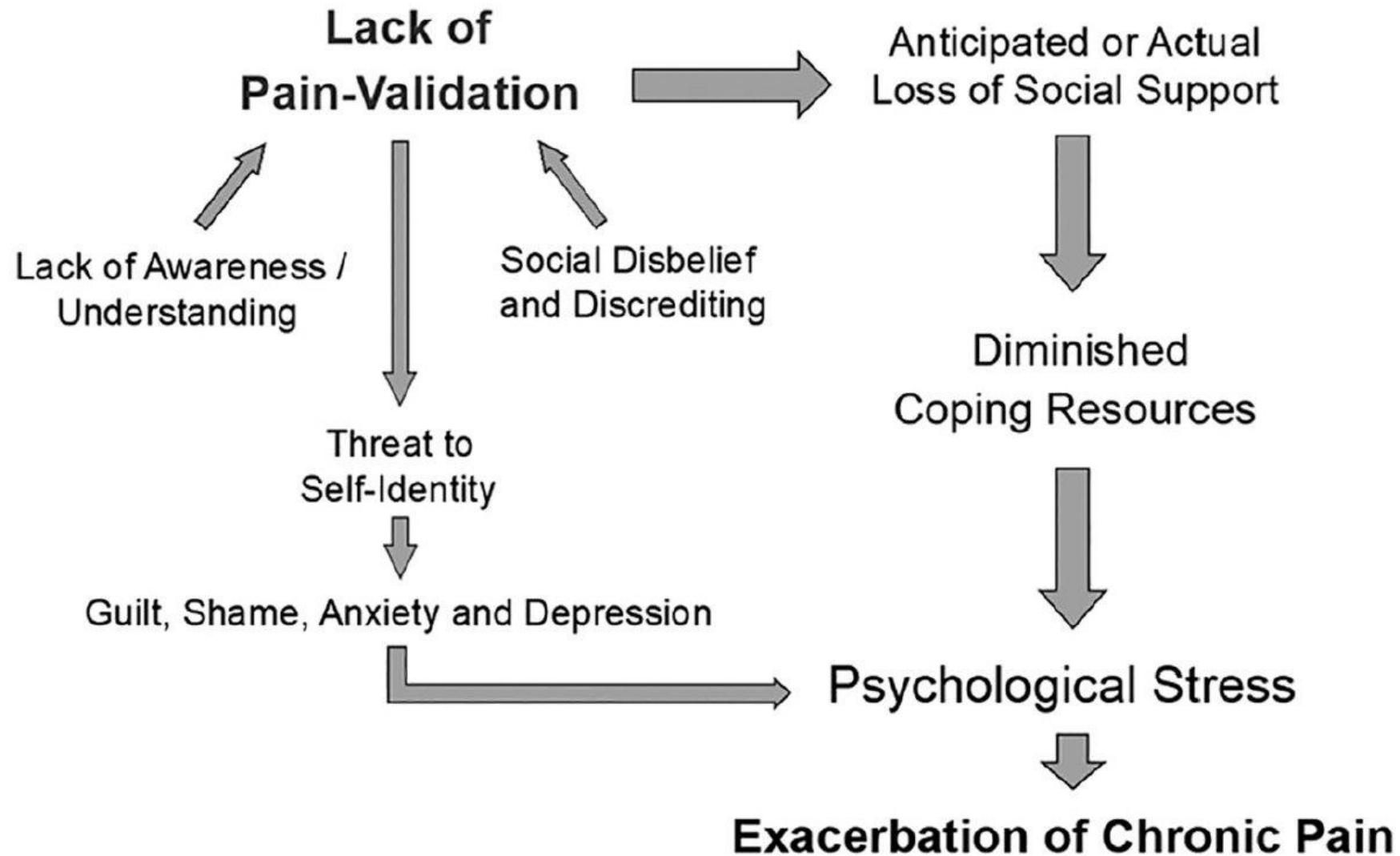
- Ignoring, minimizing, dismissing; not trying to understand; misreading or misinterpreting; treating another unequally

CAUSES:

- lack of belief in the pain, esp. w/o medical explanation
- fluctuating pain levels
- inconsistent activities
- lack of understanding
- lack of visibility
- attitudes about pain

CONSEQUENCES:

- feeling isolated, not accepted or acceptable
- feeling unimportant and irrelevant
- question one's subject experience & ability to communicate
- feelings of inadequacy or "wrong"
- self-invalidation
- social threats increase cortisol and pro-inflammatory responses



What is Validation?

- Communication that a person's thoughts, feelings, and overt behaviours are understandable and make sense in the context of their lives and/or the current moment (Linehan, 1993)
- "...communication of pain being acknowledged, believed, and construed as acceptable" (Nicola et al., 2022, p. 3)

EMPATHY

accurate understanding of the world from the patient's perspective



COMMUNICATION

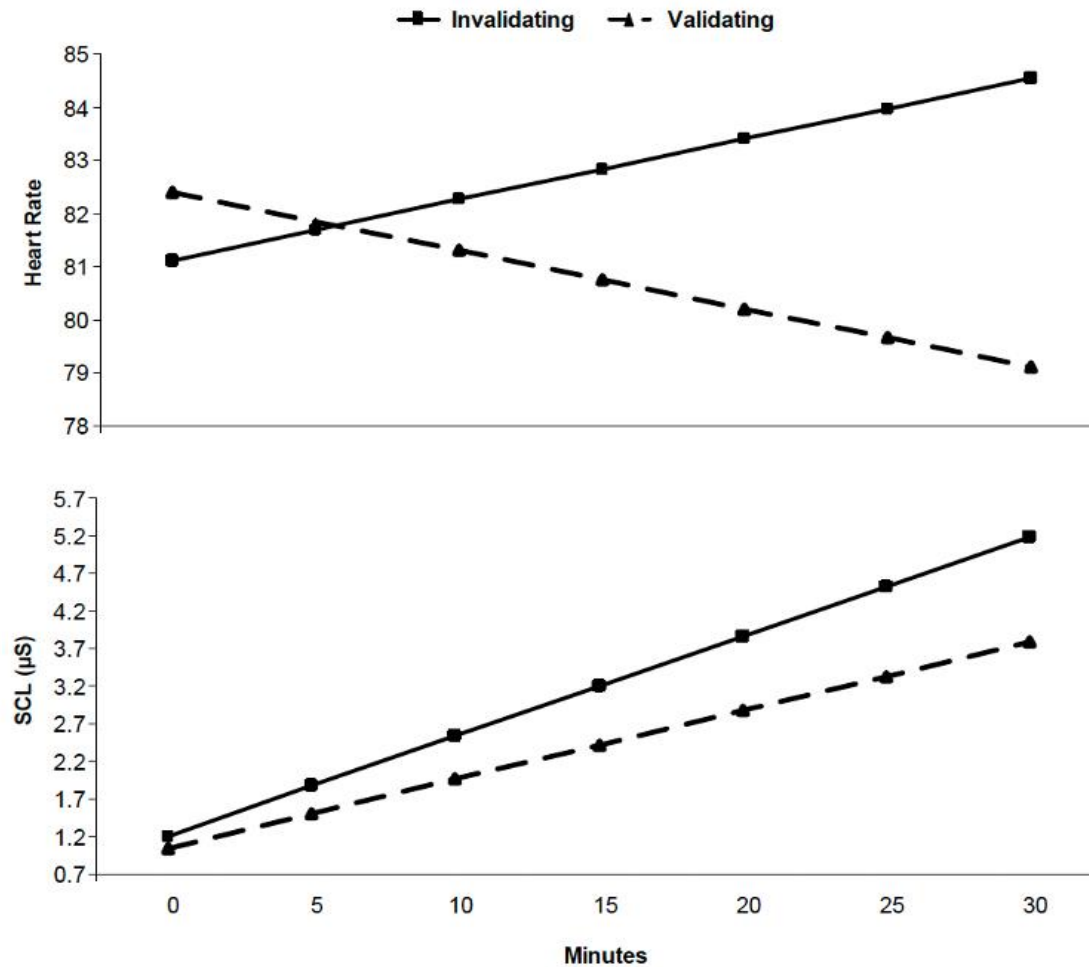
that their perspective **MAKES SENSE**

The Importance of Validation

- Much research points to the importance of empathy and validation in patient care as being associated with increased adherence to treatment and improved outcomes (Fuertes et al, 2015; Licciardone et al. 2024)
- Empathic communication facilitates trust, which leads to a greater sense of empowerment and self-efficacy among patients (i.e. Dorflinger et al, 2013)



Validation Increases Safety



Validation Is Not

- Reinforcement
- Reassurance
- Approval
- Warm and fuzzy (although it can be)
- Praise (although it can be)
- Agreeing with the other person (although it can be)
- Validating something that is not valid
- Disingenuous (because this is inherently invalidating)



Levels of Validation

(1) Tune in and pay attention

Avoid looking at computer/notes, maintain eye contact, non-verbal communication

(2) Paraphrasing and Accurately Reflecting

“It sounds like you’re feeling _____, did I get that right?”

(3) Mind Reading

Ask tentatively, “I could be off base, and wonder if you are feeling...”

(4) Based on History

“Based on your history/diagnosis/etc. of _____, it makes sense that you feel/think/etc. _____”

Levels of Validation

(5) Based on Current Situation/Normalizing

There is a lot of change happening right now, it's natural to be feeling overwhelmed.

(6) Radical Genuineness

Use a manner and tone that is not condescending or fragilizing, respond to the patient as you would anyone else

- **Highlight Strengths and Successes**

"This is a very challenging situation, and I can see how hard you're working"

- **Functional Validation**

Pass a Kleenex, offer a warm touch (if boundary is established), open a door, make room for assistive devices in clinic, connect patient with relevant resources

DBT Distress Tolerance Skills



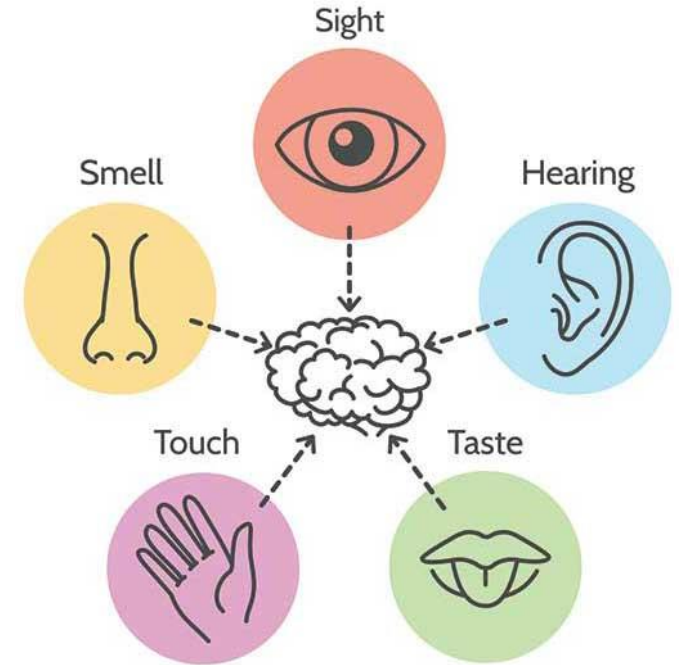
Goal is **not** to make the pain or emotional distress go away
Goal is to "**ride the wave**" of emotion without doing something impulsively to make it worse

Why?

- Easily accessible strategies
- Helpful for use by patients to resist urges for maladaptive coping
- Managing acute distress in a clinical encounter

Using Sensations to Tolerate Distress

- When overwhelmed by emotions
- Distraction, self-soothing, present moment
- Guide patients to attend to their 5 senses



"What are 5 things you can see, 4 things you can feel, 3 things you can hear, 2 things you can smell, 1 thing you can taste?"

Using Breathing to Tolerate Distress

- Paced breathing (from DBT TIPP)
 - 5-6 breaths per minute
 - longer exhalation than inhalation



Let's Practice

Consider:

- How can you **validate** the patient's **experience of pain**?
- How can you **validate** the patient's **emotional experience**?
- Is there anything that **you don't want to validate**?
- How can you **support** the patient's **emotional distress** in the moment?
- How can you **work collaboratively** with the patient?

"I can't work and do what I love. This pain is never-ending and all consuming. I feel like I've tried everything and it's only going to keep getting worse. "

Scenario 1 – Functional changes & predictions about the future

- Pain has gotten in the way of doing what you love most, teaching. It is very **natural to feel overwhelmed and hopeless** when we experience such a profound loss.
- You have tried a lot of interventions for your pain without much relief, which is so **disappointing**.
- It's **really natural for our brains to make predictions about the future**, we want certainty as humans. I wish I had a crystal ball to know what will happen in the future. For now, **can we focus our attention on what can be done today** to manage your sense of overwhelm?

Let's Practice

Consider:

- How can you **validate** the patient's **experience of pain**?
- How can you **validate** the patient's **emotional experience**?
- Is there anything that **you don't want to validate**?
- How can you **support** the patient's **emotional distress** in the moment?
- How can you **work collaboratively** with the patient?

"I'm in so much pain right now. No one understands me, not even my own daughter."

Scenario 2 – Acute distress in session

- [If acute distress is not naturally resolving]: Susan, would you be open to trying something out with me now to help bring your distress down a notch so that we can talk more about what's going on? It would involve working with our breath a little bit, I can see right now your breathing is shallow. [Then walk patient through paced breathing...]
- [If Susan seems like she is naturally getting her breathing under control, that emotion is naturally reducing in intensity]: It's so hard to feel alone when we're in such pain. Let's talk together about what we might be able to do to manage this flare.

Let's Practice

Consider:

- How can you **validate** the patient's **experience of pain**?
- How can you **validate** the patient's **emotional experience**?
- Is there anything that **you don't want to validate**?
- How can you **support** the patient's **emotional distress** in the moment?
- How can you **work collaboratively** with the patient?

"I don't know, I just don't see the point, I guess. I find when I do them, I just end up feeling tired and sometimes in more pain. It seems like nothing will help me. "

Scenario 3 – Collaboration around treatment

- It makes sense to want to avoid doing things that increase pain and fatigue, and at the same time I wonder what avoidance might lead to in the long-run. Can we talk through some pros and cons of not doing the exercises? How about pros and cons of doing them?
- Physio exercises can be really challenging and you're not alone in feeling that way, many people with chronic pain struggle to do them. I've supported others in finding ways to cope with some of those challenges. Would you be open to problem-solving together how you can do the same?

Thank you! Questions?

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Distraction



Imagery



Meaning



Prayer



Relaxation



One thing



Vacation



Encouragement



Activities



Contributing



Comparison



Emotion



Push Away



Thoughts



Sensations



Vision



Hearing



Smell



Taste



Touch

Name 5 things you can see, 3 things you can touch, and 1 thing you can hear

Let's Practice!

Patient says: "I want a medication that will work. My pain is never going to end, and I can't stand it!"

- "It's so disappointing when we try things and they don't bring the relief we want"
- "I could be wrong here, and I'm wondering if you're feeling hopeless about the course of your pain given how hard it's been to find a medication that brings some relief"
- "You've been in pain for a long time, it's only natural to get frustrated and want relief"
- "It sounds like when you're in so much pain, it's really difficult to imagine a future where pain isn't so present, is that right?"

Let's Practice!

Patient says: "I don't want to do my physio exercises anymore, I just end up feeling tired and hurting for days afterward."

- "It's human to want to protect ourselves from pain and I've seen how hard you've been working on your exercises"
- "It makes sense to want to avoid doing things that increase pain and fatigue, and I wonder what that avoidance might lead to in the long-run"
- "Physio exercises can be really challenging and you're not alone in feeling that way, many people with chronic pain struggle to do them"
- "It sounds like you're feeling that the physio exercises aren't worth the pain and fatigue you feel in the short-term, is that right?"

Let's Practice!

Patient says: "I feel so alone. My friends don't understand why I need to cancel plans and some have stopped calling."

- "It really hurts when the people we care about don't seem to understand us"
- "It's natural to want to feel understood by people you care about"
- "It sounds like your social world is feeling small these days and you'd like to connect with people who better understand you and your situation"
- "I know it's been difficult for you to come to a place of balancing your activities and your pain, and I imagine it feels so disappointing when those around you don't get it"

Let's Practice!

Patient says: "I can't work, I can't go out. If I'm in this much pain now, just imagine how bad it will be in a year from now."

- Pain has resulted in so many important losses and changes for you. It would be very understandable to feel sad and hopeless right now.
- Some people who experience so many changes in their activities because of pain feel like they have lost a sense of direction or a sense of who they are, does that fit at all with your experience?
- It's really natural to feel worry about an uncertain future. I wish we had a crystal ball to know what will happen in a year from now. What would it be like if we focused on what could be possible for you over the next week instead?