

# Huddle Card Series: Confronting Bias, Stigma, and Racism in Care for Patients with Chronic Pain

**HUDDLE  
CARD  
SERIES**

## How to use this resource

This guide is meant to help clinic teams reduce bias, stigma, and racism in care for patients with chronic pain. While confronting bias, stigma, and racism is important for all patient care, these topics deserve special attention for this population because chronic pain and some of its treatments are stigmatized. We encourage teams to dedicate time to learning about the unique challenges faced by patients with chronic pain and strategies to support those patients. We also invite clinic teams to adapt content and apply resources as they see fit; much of the content is applicable to all patient care.

The content is divided into 6 modules that can be covered in 15-20 minutes at weekly huddles or monthly all-staff meetings. The first 3 modules are focused on bias, stigma, and racism and the last 3 modules are focused on skills in empathy, mindfulness, and de-escalation to counteract bias, stigma, and racism in patient care.

Each module has 5 sections:

1. Patient Perspective
2. What is \_\_\_? (a definition of the module topic)
3. How does this topic affect care for patients with chronic pain? OR Why is this skill important in caring for patients with chronic pain?
4. Strategies and Resources
5. Discussion Questions

## Modules

Module 1: Bias.....	2
Module 2: Stigma.....	4
Module 3: Racism.....	6
Module 4: Skill-Building—Empathy.....	8
Module 5: Skill-Building—Mindfulness.....	10
Module 6: Skill-Building—De-Escalation.....	12



## What is bias?

- Bias is prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair.
- Bias can be conscious or unconscious.
  - Conscious bias is intentional—the person is aware of their prejudice and deliberate in their choice to act on it (for example, by using derogatory language against someone of a different race or gender).
  - Unconscious bias comes from the mental shortcuts humans use to process the reality around us. These shortcuts occur automatically, without our conscious intent, and below our cognitive awareness.
- Everyone has bias (whether they recognize it or not); acting in an unbiased manner requires intentional effort.
- Common biases include racism, sexism, and ableism.

### Patient Perspective

*I've had knee pain for many years. Sometimes I'm in so much pain I can barely walk across my house. My doctor told me to pace myself and referred me to physical therapy which didn't give me much relief. Last year, my husband started having knee pain that was less severe than mine and he was immediately referred to a pain specialist, where he had multiple visits with 1:1 attention to help him manage his pain. We see the same doctor. Why was my husband's pain taken more seriously than mine?*

## How does bias affect care for patients with chronic pain?

- Women and people of color (especially Black, Indigenous, and Latinx people) are less likely to have their pain taken seriously, less likely to be believed, and less likely to receive adequate treatment.<sup>1,2,3,4</sup> Many of these differences in treatment are rooted in unconscious bias (caused by mental shortcuts that happen without our conscious intent).
- Patients with pain may also experience bias based on their age, income, and education level.<sup>5,6</sup>
- People with multiple marginalized identities may face additional challenges to getting appropriate care (for example, a Black, Hispanic, woman). The idea that intersecting or overlapping identities are subject to multiple systems of discrimination and disadvantage is called intersectionality.
- These differences in treatment can lead to unnecessary suffering as well as patient mistrust of the healthcare system.

<sup>1</sup> Zhang, L., Losin, E., Ashar, Y. K., Koban, L., & Wager, T. D. (2021). Gender Biases in Estimation of Others' Pain. *The Journal of Pain*, S1526-5900(21)00035-3. Advance online publication. <https://doi.org/10.1016/j.jpain.2021.03.001>

<sup>2</sup> Meghani, S. H., Byun, E., & Gallagher, R. M. (2012). Time to take stock: a meta-analysis and systematic review of analgesic treatment disparities for pain in the United States. *Pain medicine (Malden, Mass.)*, 13(2), 150–174. <https://doi.org/10.1111/j.1526-4637.2011.01310.x>


<sup>3</sup> Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America*, 113(16), 4296–4301. <https://doi.org/10.1073/pnas.1516047113>

<sup>4</sup> Ghoshal M, Shapiro H, Todd K, Schatman ME. (2020). Chronic Noncancer Pain Management and Systemic Racism: Time to Move Toward Equal Care Standards. *J Pain Res*, 13, 2825-2836. <https://doi.org/10.2147/JPR.S287314>

<sup>5</sup> Makris, U. E., Higashi, R. T., Marks, E. G., Fraenkel, L., Sale, J. E., Gill, T. M., & Reid, M. C. (2015). Ageism, negative attitudes, and competing comorbidities—why older adults may not seek care for restricting back pain: a qualitative study. *BMC geriatrics*, 15, 39. <https://doi.org/10.1186/s12877-015-0042-z>

<sup>6</sup> Joynt, M., Train, M. K., Robbins, B. W., Halterman, J. S., Caiola, E., & Fortuna, R. J. (2013). The impact of neighborhood socioeconomic status and race on the prescribing of opioids in emergency departments throughout the United States. *Journal of general internal medicine*, 28(12), 1604–1610. <https://doi.org/10.1007/s11606-013-2516-z>



Strategies	
<b>Be aware of your biases</b>	We all have biases. Making an effort to uncover your own conscious and unconscious biases is the first step in learning to counteract them.
<b>Focus on the patient as a person first</b>	Think about the person you are interacting with apart from whatever group identity they may have, including their diagnosis or reason for visit.
<b>Engage in personal reflection</b>	Think about your own experience with bias. Have you ever experienced the effect of others' bias? Has anyone ever told you they felt your actions were biased? How did this content "land" with you? Did you feel defensive? If so, why do you think you reacted that way?
Resources	
<b>SEEDS Model of Bias</b>	<p>Created by the NeuroLeadership Institute, the SEEDS Model simplifies approximately 150 cognitive biases into 5 categories. Each category of bias has a set of actions that can help mitigate them.</p> <p><a href="https://equityinclusionanddiversity.kaiserpermanente.org/wp-content/uploads/2020/05/NLI-SEEDS-Model-2-Pager.pdf">https://equityinclusionanddiversity.kaiserpermanente.org/wp-content/uploads/2020/05/NLI-SEEDS-Model-2-Pager.pdf</a></p> <div style="border: 1px solid #0070C0; border-radius: 15px; padding: 10px; margin-top: 10px;">  <p>This is an excellent resource! We recommend printing this two-pager for team members to reference during and after the Module 1 huddle session.</p> </div>
<b>Mitigating Bias in Care Delivery (Self-paced CME/CEU opportunity)</b>	<p>This 3-part, self-paced webinar series led by the NeuroLeadership Institute was designed for primary care providers and staff. It offers a deeper exploration and application of some key concepts from the SEEDS Model. One hour of CME/CEU credit is available for completing the course, along with learning handouts, practice tools, research summaries, and a team discussion toolkit.</p> <p><a href="https://cl.kp.org/natl/clin_ed/cme/mitigating-bias.html?context=you-might-like#1">https://cl.kp.org/natl/clin_ed/cme/mitigating-bias.html?context=you-might-like#1</a></p>
<b>Belong@KP</b>	<p>Belong@KP is a two-part learning journey to foster inclusion and social justice. Part 1 focuses on disrupting bias, and Part 2 focuses on dismantling racism. Belong@KP can be completed via video-based learning, live workshops, and/or recorded workshops, depending on your role. <a href="http://equityinclusionanddiversity.kaiserpermanente.org">http://equityinclusionanddiversity.kaiserpermanente.org</a></p>

### Discussion Questions

In small groups of 2-3 people, discuss the following:

- Have you ever experienced the effect of others' biases?
- Have you ever noticed yourself acting based on bias? If so, what did you notice and what might you do differently next time?
- What biases might come up in a visit with a patient with chronic pain? Based on the information presented in the SEEDS Model of Bias, Mitigating Bias in Care Delivery CME and/or Belong@KP program, what strategies could you use to identify and disrupt these biases?

## What is stigma?

- Stigma is a tendency to label, stereotype, or discriminate against people with a certain characteristic or group identity.
- Stigma encompasses negative attitudes and the harmful behaviors that result from those attitudes.
- Stigma operates on multiple levels:
  - Self-stigma (internalizing stereotypes or negative attitudes)
  - Interpersonal (1:1 or social interactions that demonstrate negative attitudes)
  - Structural (discriminatory or exclusionary policies and systems based in stereotypes or negative attitudes)
- Stigma is one way that unconscious biases—the mental shortcuts humans use to process the reality around us—are communicated. Stigma can come from ideas rooted in racism, sexism, and ableism.

### Patient Perspective

*I take opioids to manage my pain. Sometimes having access to opioids is the difference between doing all my daily activities (work, caring for kids) and staying in bed all day. I understand that there is an opioid crisis, and that we all need to be careful with controlled substances, but sometimes at the doctor's office I feel like I'm being treated like a well-mannered drug addict rather than someone with a medical condition.*

## How does stigma affect care for patients with chronic pain?

Stigma operates in multiple ways for patients with chronic pain: stigma around chronic pain itself, stigma around opioid use, and stigma around substance use disorder (SUD).

- Patients with chronic pain often face stigma. Because pain is a personal, subjective experience and often “invisible” or unseen in a medical context, patients often have their pain dismissed.
- Patients advocating for their chronic pain to be taken seriously may be accused of being emotional, dramatic, or even drug-seeking.
- For many, chronic pain is an invisible disability that may lack visual evidence. As a result, tactics for coping with pain (e.g., standing, sitting, or stretching frequently) are often met with skepticism and irritation rather than empathy.
- Stigma and unconscious bias can lead to poor communication or even conflict between the patient and provider.
- Patients with chronic pain may face added stigma due to their personal or group identities, such as their race, sexual orientation, or age.
- Stigma and bias can lead to clinician behaviors that can harm patients, including undertreatment, mistreatment, and emotional harm. This can undermine the promise to “do no harm” when caring for patients with chronic pain.
- Experiencing stigma can prevent patients with chronic pain from seeking medical help when they need it.



Strategies	
<b>Avoid stigmatizing language</b>	Words matter. Practice using person-centered language, which focuses on the person rather than their behavior or condition (for example, person on chronic opioid medications rather than opioid user).
<b>Strive to understand your patient as a person first</b>	Ask your patient about what is important to them and their goals. Ask how pain impacts their day-to-day life and/or functioning. Understanding who they are outside of the clinic walls can help you to better connect with them and avoid stigmatizing behavior.
<b>Listen and ask questions for learning and understanding</b>	If a patient tells you they feel stigmatized by a comment, behavior, or requirement, take a moment to listen to their concerns before responding. Even three to five seconds of silence can allow the patient to experience feeling heard and give you time to process what they have said. If you need to, ask questions from a place of learning and curiosity. Take time to reflect on their feedback afterwards.
Resources	
<b>Educational videos about chronic pain</b>	<p>Taking time to understand what patients with chronic pain are experiencing can help to combat stigma. It may also be helpful to view a video with a patient so you have a shared language to discuss the patient's pain. Here are a few patient-facing videos that outline the complexity of chronic pain.</p> <ul style="list-style-type: none"> <li>• Understanding Pain and What to Do About It <a href="https://bit.ly/2GGuEhk">https://bit.ly/2GGuEhk</a></li> <li>• Tame the Beast: It's time to rethink persistent pain <a href="https://bit.ly/3nzADoU">https://bit.ly/3nzADoU</a></li> </ul>
<b>Motivational interviewing training</b>	<p>Motivational interviewing is a collaborative method of communication and a valuable skill for leading non-stigmatizing conversations. This motivational interviewing training is available through an organization called Providers Clinical Support System. The training covers the key skills and concepts of motivational interviewing, with lots of examples related to substance use. It's free and offers 1 hour of CME credit.</p> <p><a href="https://learning.pcssnow.org/p/PrinciplesOfMI">https://learning.pcssnow.org/p/PrinciplesOfMI</a></p>

## Discussion Questions

In small groups of 2-3 people, discuss the following:

- How have you seen stigma show up in caring for patients with chronic pain?
- Can you think of something that was stigmatized in the past but is not anymore? What can that teach us about how we can reduce stigma in care for patients with chronic pain?

## What is racism?

- Racism is prejudice against someone because of their race when those views are reinforced by systems of power.
- Racism can also be defined as a system of oppression or a system of advantage based on race, as well as a White supremacist system. Dismantling Racism Works notes, “Racism is when the power elite of one group, the White group, has the power to carry out systematic discrimination through the institutional policies and practices of the society while shaping the cultural beliefs and values that support those racist policies and practices.”<sup>7</sup>
- Ibram X. Kendi, author and Director of Boston University’s Center for Antiracist Research, defines racism as “a marriage of racist policies and racist ideas that produces and normalizes racial inequities.”<sup>8</sup>

### Patient Perspective

*My doctor told me that only White people need pain medicine because Black people have a naturally high pain tolerance. He also said people of color are more likely to get addicted to pain medications. My jaw dropped. I just couldn’t believe I was actually hearing that.*

## How does racism affect care for patients with chronic pain?

- Racism is a type of bias that is tragically so common in medicine that we can see its effects in nearly every health outcome (life expectancy, maternal and infant mortality, chronic disease burden, etc.).
- The idea that people of different races have biological differences is an incorrect yet deeply entrenched and harmful misconception. This idea is rooted in racist research that has subsequently been rejected as pseudoscience. Even though the idea that race is biological has been proven to be untrue, we need to continue to identify and change how this falsehood has affected medical care.
- Below are some real examples from patients who were denied proper pain care because of their race. These were some reasons their healthcare providers stated for not providing them pain medicine.

## Racism-Based Reasons Stated for Denying Pain Medicine

<i>People of different races feel pain differently.</i>	<b>FALSE</b>
<i>People of color have a higher pain tolerance than White people.</i>	<b>FALSE</b>
<i>Black people are more likely than White people to abuse prescription drugs.<sup>9</sup></i>	<b>FALSE</b>

<sup>7</sup> Dismantling Racism Works (dRworks). Racism defined. <https://www.dismantlingracism.org/racism-defined.html>

<sup>8</sup> Kendi, I.X. (2019). *How to Be an Antiracist*. Penguin Random House LLC.

<sup>9</sup> Hirsh, A. T., Anastas, T. M., Miller, M. M., Quinn, P. D., & Kroenke, K. (2020). Patient race and opioid misuse history influence provider risk perceptions for future opioid-related problems. *American Psychologist*, 75(6), 784–795. <https://doi.org/10.1037/amp0000636>





Strategies	
<b>Be aware of your racial biases</b>	We all have racial biases. Making an effort to uncover your own conscious and unconscious racial biases is the first step in learning to counteract them.
<b>Ask yourself how and if your privilege and positionality have benefitted you</b>	Different aspects of a person’s identity, such as race, gender, or socioeconomic status, come with different amounts of social power. Being aware of your privilege and positionality can help you be mindful of how they shape your view of the world, how you interact with others, and how you can use your privilege to fight systematic racism. For an explanation of intersectionality, privilege, and positionality, check out this article and 5-minute podcast from Brandeis University. <a href="https://www.brandeis.edu/now/2019/october/intersectionality-privilege-thetake.html">https://www.brandeis.edu/now/2019/october/intersectionality-privilege-thetake.html</a>
<b>Leave room for spirituality and culture in patient care</b>	If a patient with chronic pain has a spiritual or cultural understanding of their pain, support them in incorporating their beliefs into their care. For some patients, prayer is a big component of managing pain; for others “mal de ojo” or evil eye is playing a role. Be open to ways of knowing that are different from your own and let the patient’s spirituality and culture take precedent over yours.
Resources	
<b>Liberation in the Exam Room: Racial Justice and Equity in Health Care</b>	This tool from the Racial Reconciliation & Healing Team and the Southern Jamaica Plain Health Center is intended to guide individuals in the health care delivery context as they work to identify key areas of focus for improving racial justice and health equity. <a href="http://www.ihl.org/resources/Pages/Tools/Liberation-in-the-Exam-Room-Racial-Justice-Equity-in-Health-Care.aspx">http://www.ihl.org/resources/Pages/Tools/Liberation-in-the-Exam-Room-Racial-Justice-Equity-in-Health-Care.aspx</a>
<b>Racial Equity Tools</b>	The organization Racial Equity Tools has a wide array of tools and resources on their website. “History of Racism and Movements” is a great place to start. <a href="https://www.raciaequitytools.org/resources/fundamentals/history-of-racism-and-movements">https://www.raciaequitytools.org/resources/fundamentals/history-of-racism-and-movements</a>
<b>Belong@KP</b>	Belong@KP is a two-part learning journey to foster inclusion and social justice. Part 1 focuses on disrupting bias, and Part 2 focuses on dismantling racism. Belong@KP can be completed via video-based learning, live workshops, and/or recorded workshops, depending on your role. <a href="http://equityinclusionanddiversity.kaiserpermanente.org">http://equityinclusionanddiversity.kaiserpermanente.org</a>

### Discussion Questions

In small groups of 2-3 people, discuss the following:

- Have you encountered racist beliefs that influence pain care such as those mentioned above? How did you respond?
- How might you respond if you encounter racist beliefs about pain care in the future?
- Can you name some examples of how systemic racism is reflected in policies or practices within the medical system? How could we start to undo these policies or practices?

## What is empathy?

Empathy is the ability to understand and relate to the feelings and experiences of others.

We can demonstrate empathy in many ways, including:

- Using non-verbal cues such as good eye contact, nodding, facial expressions, leaning forward, or pausing to listen before responding.
- Reflecting the emotions expressed by another person (e.g., “it sounds like that was really frustrating”).
- Taking on another person’s perspective and understanding it may be different from yours.

### Patient Perspective

*What I wish my doctor understood is, even just getting to an appointment is an ordeal. After spending time in the car and sitting in the waiting room, I’m in so much pain I want to cry. I know providers are stressed and overworked, but I wish my doctor knew how I felt at the start of a visit and approached me with more understanding.*

## Why is empathy important when caring for patients with chronic pain?

- Because pain is a personal, subjective experience and often “invisible” or unseen in a medical context, patients often have their chronic pain dismissed; this is a barrier to successful pain treatment and management. Practicing empathy can make you more effective in listening to and understanding your patients with chronic pain, building trust with them, and collaborating to create a safe and effective care plan.
- Living with chronic pain is difficult. You can increase your empathy for people living with chronic pain by learning about some of the challenges they face. See the “Strategies and Resources” section below for several places where you can read or watch patient stories.

## Strategies and Resources

### Strategies

#### Try these strategies for practicing empathy

Enhance the effectiveness of your empathy skills by doing the following:

- Talk to new people and approach these conversations with curiosity: Ask your patients with chronic pain about their experiences and respectfully listen to what they share.
- Try out someone else’s life: Use some of the stories below to consider what it’s like to live with daily chronic pain.
- Admit your biases: Seek to understand your conscious and unconscious biases and reflect on how they may affect your ability to have empathy for patients with chronic pain. Intentionally work to counteract these biases.





Strategies (continued)	
<b>Use the Empathic Communication Framework</b>	<p>Many providers are familiar with the four steps of empathic communication. Here are some ways to apply those steps to conversations about pain:</p> <ul style="list-style-type: none"> <li>• Use reflective listening: Reflective listening is a way to communicate to the patient that you understand them by relaying what you heard them say in your own words.</li> <li>• Demonstrate empathy freely: Use words and body language to communicate that you are aware of the feelings and experiences your patient is sharing.</li> <li>• Ask permission to share information or have a discussion: You might say, “I have some information to share that could be helpful. Are you interested in hearing it?” This approach establishes respect, helps to set a positive tone, builds the relationship, and promotes inclusivity and responsibility.</li> <li>• Following the patient’s lead, provide appropriate resources or education. Set the stage for shared decision making. If you have training in motivational interviewing, consider using those skills to develop a treatment plan in partnership with the patient.</li> </ul>
<b>Read or listen to patient stories about living with chronic pain</b>	<p>A healthy dose of empathy is a good prophylaxis for stigma. It can be challenging for providers who have never experienced chronic pain to empathize with patients. Listening to patient stories can help you put yourself in a patient’s shoes and better understand the challenges they face.</p> <ul style="list-style-type: none"> <li>• Written stories: <a href="https://creakyjoints.org/support/things-you-only-understand-if-have-chronic-pain/">https://creakyjoints.org/support/things-you-only-understand-if-have-chronic-pain/</a></li> <li>• Video by a patient about living with chronic pain: <a href="https://www.youtube.com/watch?v=7kBiwe_DqaU">https://www.youtube.com/watch?v=7kBiwe_DqaU</a></li> </ul>
Resources	
<b>Listening with Empathy</b>	<p>This training activity was developed by the American Medical Association to help providers identify the benefits of listening with empathy, use best practice techniques, and engage in reflection.</p> <p><a href="https://edhub.ama-assn.org/steps-forward/module/2702561">https://edhub.ama-assn.org/steps-forward/module/2702561</a></p>
<b>Patient-Centered Care Starts with Empathic Communication</b>	<p>This 1-hour webinar is part of the Center for Care Innovations ACE Academy Series. It provides an introduction to empathy as a part of evidence-based healthcare.</p> <p><a href="https://www.careinnovations.org/resources/recording-of-ace-academy-1-patient-centered-care-starts-with-empathic-commu/">https://www.careinnovations.org/resources/recording-of-ace-academy-1-patient-centered-care-starts-with-empathic-commu/</a></p>

## Discussion Questions

In small groups of 2-3 people, discuss the following:

- Why is it important for providers to act with empathy towards patients with chronic pain?
- Describe a time when you wish someone would have had more empathy for you. How did you respond? What do you wish they would have done differently?
- Can you think of a time when you’ve been able to increase your empathy for another person? How did you do it?
- How can you increase your own empathy for patients living with chronic pain?

## What is mindfulness?

- Mindfulness is the ability to be fully present in the moment, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us or what happened in the past or might happen in the future. It also involves being aware of our thoughts and feelings without judging them as "good" or "bad."
- The practice of mindfulness is derived from Buddhist meditation. A secular version has evolved over the past 45 years, in part through the work of Jon Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR) program at the University of Massachusetts Medical School.<sup>10</sup> Mindfulness has been widely studied and found to help reduce the negative effects of stress, including in the workplace.<sup>11</sup> MBSR can also be beneficial for managing a wide variety of health conditions, including chronic pain.<sup>12</sup>
- Mindfulness does not have to involve lots of training or time. You can start by simply taking a minute a few times a day to stop and focus on your current surroundings, how your body feels, and the thoughts going through your mind.

### Patient Perspective

*I know my provider is listening because she repeats back what I said and answers my questions thoughtfully. She is honest with me and tells me that she doesn't know what's causing my back pain, but that we can work together to manage it. During my appointments she is fully present—she looks at me, responds to what I am saying with both her words and body language, and stays focused on our conversation. This makes me feel like she really cares about me, like we're a team.*

## Why is mindfulness important in caring for patients with chronic pain?

- We are more likely to act on our biases when we are on "auto-pilot." Providers and clinic team members often operate in this mode because they are so busy. Taking a moment to recenter and act with intention between and during patient visits could make a huge the difference in avoiding stigmatizing care.

## Strategies and Resources

### Strategies

#### Practice mindfulness, even if it's just for a moment

Before seeing your next patient, take just a moment to pause, take a deep breath, and let go of other thoughts or stressors you may have on your mind. Visualize those thoughts as balloons that you let go into the sky or imagine yourself putting these thoughts into a drawer to return to later. Exhale and find yourself with a clear mind, ready to fully listen and engage with your next patient.

<sup>10</sup> <https://www.ummhealth.org/center-mindfulness>

<sup>11</sup> Janssen, M., Heerkens, Y., Kuijer, W., van der Heijden, B., & Engels, J. (2018). Effects of Mindfulness-Based Stress Reduction on employees' mental health: A systematic review. *PLoS one*, 13(1), e0191332. <https://doi.org/10.1371/journal.pone.0191332>

<sup>12</sup> Cherkin, D. C., Sherman, K. J., Balderson, B. H., Cook, A. J., Anderson, M. L., Hawkes, R. J., Hansen, K. E., & Turner, J. A. (2016). Effect of Mindfulness-Based Stress Reduction vs Cognitive Behavioral Therapy or Usual Care on Back Pain and Functional Limitations in Adults With Chronic Low Back Pain: A Randomized Clinical Trial. *JAMA*, 315(12), 1240–1249. <https://doi.org/10.1001/jama.2016.2323>



<b>Strategies (continued)</b>	
<b>Incorporate mindfulness into a visit</b>	<p>You can incorporate mindfulness into a patient visit by:</p> <ul style="list-style-type: none"> <li>• Taking a moment to see the person in front of you as an individual</li> <li>• Giving your undivided attention—sit or stand facing the patient if possible</li> <li>• Validating your patient’s feelings</li> <li>• Being accepting and nonjudgmental</li> <li>• Restating what the patient is saying in your own words to improve communication and understanding</li> <li>• Making space for patients to share their priorities by asking questions such as:               <ul style="list-style-type: none"> <li>○ How does chronic pain affect your daily activities or quality of life?</li> <li>○ What do you hope for with your chronic pain care? What do you worry about?</li> </ul> </li> </ul>
<b>Resources</b>	
<b>KP MindfulHub</b>	<p>KP’s MindfulHub, which is organized by a group of volunteers from across KP, has extensive resources including multiple daily Teams mindfulness sessions, a Yammer group, on-demand videos and articles, and more. You can even request a MindfulHub facilitator to join one of your team meetings to lead a mindfulness practice.</p> <p><a href="https://sp-cloud.kp.org/sites/MindfulHub">https://sp-cloud.kp.org/sites/MindfulHub</a></p>
<b>Getting Started with Mindfulness</b>	<p>Mindfulness.org has information and resources for getting started with both mindfulness as well as meditation.</p> <p><a href="https://www.mindful.org/meditation/mindfulness-getting-started/">https://www.mindful.org/meditation/mindfulness-getting-started/</a></p>
<b>Mindfulness for Healthcare Professionals</b>	<p>Twice per year, WPMG partners with Mindfulness Northwest to offer a 6-session class for healthcare professionals. More information and additional resources are available on the Mindfulness Northwest website.</p> <p><a href="https://www.mindfulnessnorthwest.com/mhp">https://www.mindfulnessnorthwest.com/mhp</a></p>
<b>Calm</b>	<p>Calm is an app focused on meditation and sleep. It’s free to use and can help you practice mindfulness. <a href="https://www.calm.com/">https://www.calm.com/</a></p>

## Discussion Questions

In small groups of 2-3 people, discuss the following:

- Have you ever tried mindfulness or meditation before? What was your experience?
- How might you practice mindfulness during your workday? What mindfulness tool could you use?
- How do you think mindfulness may help you deliver better care for patients with chronic pain?

## What is de-escalation?

- De-escalation is behavior that can reduce the tension of a conflict or other tense situation.
- De-escalation involves meeting strong emotions such as aggression, anger, or sadness with calm and kindness. It is a skill that requires practice.
- As long as the person is not an immediate threat to themselves or others, there is time to try to diffuse or de-escalate the situation.

## Why is de-escalation important when caring for patients with chronic pain?

- We can expect conflict and strong emotions to come up in the clinic setting. We should be prepared to handle these situations as best as possible.
- Patients and their families who are experiencing loss, fear, extreme pain, or chemical dependency/withdrawal may present with difficult or even threatening behaviors.
- Chronic pain is sometimes associated with trauma such as abuse history or PTSD. Approximately 15% to 35% of patients with chronic pain also have PTSD.<sup>13</sup> Using a trauma-informed care approach requires us to anticipate the needs of these patients and meet them with extra empathy and support.<sup>14,15</sup>
- As discussed in previous modules, patients with chronic pain may experience bias, stigma, and/or racism within the healthcare system because of their identities or appearance. If you feel tensions rising in a visit (for example, if a patient becomes emotional when they are describing their pain experience), take a moment to reflect on how you are interpreting the situation and whether your assessment could be driven by implicit biases. Knowingly or unknowingly acting on bias, stigma and/or racism is likely to escalate a situation.

### Patient Perspective

*When I talk about my chronic pain, I often get emotional. My pain has prevented me from doing things that I love; it alienates me from my friends and family. In a visit with my provider, I was describing my pain, speaking passionately, and talking with my hands. He told me I was too worked up and called a security guard to escort me out. It was humiliating. Everyone was looking at me like I'd done some horrible thing. It was all I could do not to burst into tears in the waiting room.*

## Strategies and Resources

### Strategies

<sup>13</sup> U.S. Department of Veterans Affairs. Chronic pain and PTSD: a guide for patients. [https://www.ptsd.va.gov/understand/related/chronic\\_pain.asp](https://www.ptsd.va.gov/understand/related/chronic_pain.asp)

<sup>14</sup> Afari, N., Ahumada, S. M., Wright, L. J., Mostoufi, S., Golnari, G., Reis, V., & Cuneo, J. G. (2014). Psychological trauma and functional somatic syndromes: a systematic review and meta-analysis. *Psychosomatic medicine*, 76(1), 2–11. <https://doi.org/10.1097/PSY.000000000000010>

<sup>15</sup> Herrera-Escobar, J. P., Apoj, M., Weed, C., Harlow, A. F., Al Rafai, S. S., Lilley, E., Kasotakis, G., Brasel, K., Kaafarani, H., Velmahos, G., Salim, A., & Haider, A. H. (2018). Association of pain after trauma with long-term functional and mental health outcomes. *The journal of trauma and acute care surgery*, 85(4), 773–779. <https://doi.org/10.1097/TA.0000000000002017>



<b>Stay calm</b>	Make your voice and body language as calm and non-threatening as possible. The tone of your voice is more important than the words you use.
<b>Listen</b>	Give the person your undivided attention and let them know you are listening to them. Make your body language and facial expressions as nonjudgmental as possible.
<b>Tolerate silence</b>	Silence could de-escalate a situation all by itself. A moment of silence could give an upset person a moment to mentally step back from the situation and think more clearly.
<b>Acknowledge feelings</b>	Verbally identify what the person wants or feels. You can say, “I know you are feeling frustrated,” or “I can see that you feel strongly about this.”
<b>Show empathy</b>	Reflect back what you are hearing from them and validate their experiences. Saying something like “That must be really difficult” or “Wow, I hear what you’re saying,” could make the person feel heard.
<b>Offer choices</b>	A person may escalate a situation because they don’t feel they have other options or because they feel they’ve lost autonomy or control. This experience may create strong feelings of vulnerability and anxiety. Offering choices and allowing the person to have input on how to proceed can help.
<b>Try something and see how it goes</b>	Anything you do (including doing nothing) may make the situation better, worse, or have no effect. Pay attention to the way things are going and adjust accordingly. If something seemed helpful, do more of it! If something made the situation worse, try something else. De-escalation usually requires making the situation calmer step-by-step.
<b>Respect personal space</b>	Keep your distance from an upset person and make sure they can exit the situation if they want to (i.e., try not to block/stand in the way of doors). Physical tactics such as touching, grabbing, blocking, or restraining someone should only be used when that person is an imminent threat to themselves or someone around them.
<b>Resources</b>	
<b>De-escalating Conflict in the Healthcare Setting</b>	This presentation by Margaret R. Paccione, PhD, Director of Clinical Innovation at Bradley Hospital in Rhode Island outlines some strategies for de-escalating conflict that occurs in the healthcare setting. <a href="https://health.ri.gov/materialbyothers/DeEscalatingConflictInTheHealthcareSetting.pdf">https://health.ri.gov/materialbyothers/DeEscalatingConflictInTheHealthcareSetting.pdf</a>

## Discussion Questions

In small groups of 2-3 people, discuss the following:

- Describe a time (in your personal or professional life) where you’ve seen someone successfully de-escalate a situation. What happened? What de-escalation strategies did you observe?
- How might you use de-escalation techniques in your practice?
- Why is de-escalation important when it comes to caring for patients with chronic pain?

