# CONTEXTUAL CONSIDERATIONS IN PAIN ASSESSMENT

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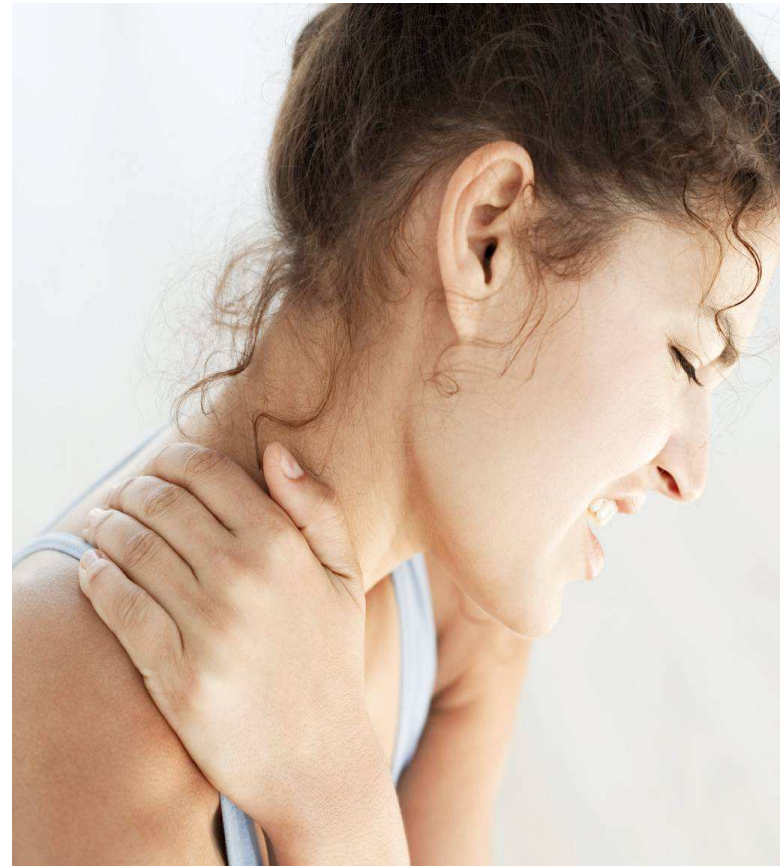
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# What is this "PAIN" we speak of?

+ "Pain is an unpleasant sensory and emotional experience associated with actual or expected potential tissue damage, or described in terms of such damage"

  -International Association for the Study of Pain

+ Types of pain:
  + Nociceptive
  + Neuropathic
  + Psychogenic
  + **Chronic**

# Biopsychosocial Model of Pain

+ This approach says that biological, psychological, and social factors play a significant role in human functioning.

+ Health related fields have begun adopting this model in contrast to more purely biological explanations.

+ The biopsychosocial model of pain considers multiple factors for assessment, diagnosis, and treatment of pain.  The model can better account for patient variation and can lead to more accurate assessment and more effective treatment.

# Cultural Sensitivity…

+ The ability to honor and respect the attitudes, behaviors, beliefs, and interpersonal styles of patients, service providers, and research participants.

+ However, in both research and practice, cultural competence has been addressed in a very limited way.

+ Is looking at ethnic differences enough?

# Shortcomings…

+ What is not addressed?

+ Differences in:

| | |
|---|---|
| history | economics |
| family | community |
| religion | prejudice |
| politics | discrimination |

# Contextual Sensitivity

+ How is it different?

+ Contextual Competence broadens the definition of Cultural Competence.

+ Becoming contextually competent involves:
    + Awareness
    + Implementation

# Implementation

+ Contextual Competence should be implemented in:

  + Research (ask more complex questions)

  + Practice (more tailored intervention)

  + Policy (education and training)

# Primary Care Setting…

+ Especially important in the primary care setting because it is often the first point of access/point of contact for many patients.

+ A better understanding of diversity at this stage can lead to tailored and more appropriate care early in and throughout the health care process.

# Pain Assessment

+ Clinical Interview


+ Psychological Assessments

# Contextually Sensitive Assessment of Pain

+ Clinical Interview
    + Semi-structured interviews allow for positive development of the patient/provider relationship and individualized case conceptualization.
    + Assessment of co-morbid medical and psychological conditions. Additionally, one can assess family history.
    + Identification of the perceived effectiveness of previous treatments/procedures for pain.
    + Objective assessment of quality of life and functional ability.
    + Identification of barriers/resources to effective treatment including coping.

# Contextually Sensitive Assessment of Pain

+ Patient considerations:
  + Variations in language and levels of acculturation.
  + Variations in contextual beliefs/conceptualizations of health and illness.
  + Undocumented status and sense of discrimination
  + Socioeconomic status and lack of knowledge about the health care system
  + Difficulty with assertiveness , ineffective communication skills and lack of trust in providers

# Contextually Sensitive Assessment of Pain

+ Practitioner considerations:
  + Insufficient practical cross-cultural skills and knowledge
  + Personal biases/prejudice towards certain groups or beliefs/attitudes.
  + Poor understanding of the role that power/hierarchical differential may play in interacting with patients, particularly of minority backgrounds.
  + Language and interpreter limitations
  + Underestimation of the role of contextual considerations on health behavior, as well as on treatment preferences and compliance.

# Contextually Sensitive Assessment of Pain

+ Contextual Sensitivity in psychological assessment measures:
    + Validation in population of use
    + Language of the assessment
    + Identification and Elimination of Contextual Biases (e.g., criterion-related validity, content-related validity, construct-related validity)

# Criterion-Related Validity

+ Relationship between a measure and relevant criteria

+ Regression lines show the relationship

    + Bias is evinced by different regression lines across groups

+ Differential accuracy of prediction

+ Reduction in test accuracy

# Content-Related Validity

+ Item Bias Detection Methods

+ Differential Item Functioning (DIF)
    + Comparable difficulty levels
        + Understanding of the question
        + Access to the information

+ An inferential problem related to DIF is determining if group differences are relevant to the construct.

# Construct-Related Validity

+ Are the same traits being measures?

+ Measure must be equally accurate across groups

    + Reliability coefficients

+ Factor Analysis

    "consistent factor analytic results across populations do provide strong evidence that whatever is being measured by the instrument is being measured in the same manner and is in fact the same construct within each group." (Reynolds, 1982, p.201)

# Treatment (A very brief introduction...)

+ Contextual factors may influence what types of therapy, health prevention behaviors, and interventions will be acceptable to and effective for the client

+ Treatment should be inline with the values of the patients for whom the treatment is for.

# The end.

+ Thank you very much!

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