



Volume XXXII

Assessing Chronic Pain in the Cognitively Impaired

A Video Guide for Nurses and Certified Nursing
Assistants in Long-Term Care Facilities

Facilitator's Guide



Elder-Care
communications

ASSESSING CHRONIC PAIN IN THE COGNITIVELY IMPAIRED

Health care providers in long-term care face many different kinds of challenges when caring for residents. Pain management is among the most significant responsibilities. Assessing chronic pain can be difficult, but it becomes even more complicated when residents are unable to report their pain. That is often true when residents are afflicted with dementia or other forms of cognitive impairment.

As cognitive functions deteriorate, residents become less likely to self-report, even though they probably experience the same levels of pain as other residents who can communicate more clearly.

A recent nursing home study found that nearly half of all residents in long term care suffer from some sort of cognitive impairment and 55% of them have at least one condition that is generally considered painful. When residents with cognitive impairment cannot self-report their pain, then in fact, approximately 25% of nursing home residents suffer from pain that they are unable to communicate.

When residents cannot clearly self-report their pain, caregivers need to consider other tools for assessing pain. Different options exist, mostly tools based on recognizing non-verbal signs and a general knowledge of your residents.

This program will focus on defining chronic pain among long-term care residents with dementia and demonstrate proven and practical tools that caregivers can employ with residents who are not able to report their pain. This facilitator's guide will help you plan for and conduct sessions to help ensure that you maximize the material in this video. Investigate your facility's protocol for assessing chronic pain in the cognitively impaired and consider topics to engage in meaningful discussion regarding dementia as well as chronic pain assessment.

VIEWING GUIDELINES

“Assessing Chronic Pain in the Cognitively Impaired” is a video-based learning program. It supports the needs and motivations of health care professionals and staff who provide direct resident care. Conduct learning sessions for:

- All CNAs
- All RNs
- All newly hired CNAs and RNs

“Assessing Chronic Pain in the Cognitively Impaired” can positively influence care giving by helping you understand how to:

- Define pain, so that it is easier to understand when it is present
- Use your skills to recognize and assess pain in your residents
- Address some special challenges that caregivers face in assessing pain when residents cannot self-report. This is often the case when residents have cognitive impairment, like different forms of dementia



PROGRAM CONTENT

“Assessing Chronic Pain in the Cognitively Impaired” is a practical educational tool. It demonstrates important skills necessary to help care givers address the unique needs of residents, especially those suffering from varying stages of dementia. This video demonstrates important skills necessary to help caregivers assess pain – using signs that are often non-verbal. It also explains how caregivers must rely on their trusted understanding of each resident.

Filled with practical information and useful instruction, this video training provides a unique and interactive learning experience. In addition to the valuable information contained in the video and accompanying facilitator’s guide, the video in-service provides opportunities for facilitated discussion to help participants assess chronic pain in the cognitively impaired.



SAMPLE GROUP SESSION AGENDA

Use the following sample agenda to structure a session featuring “*Assessing Chronic Pain in the Cognitively Impaired.*”

Length of program: approximately 25 minutes

Materials needed:

- This facilitator’s guide
- The “*Assessing Chronic Pain in the Cognitively Impaired*” program
- Optional paper and pencils for participant note-taking
- Optional flip chart and markers for writing key ideas



SUGGESTED SESSION AGENDA

<i>Time</i>	<i>Content</i>
2 min	Welcome the group to your session.
3 min	Show first module of video program: <i>Introduction</i>
5 min	INTRODUCE the “ <i>Assessing Chronic Pain in the Cognitively Impaired</i> ” topic by leading this discussion: ASK: In your facility, how common is dementia? ASK: How often do you experience challenges in assessing pain in residents with dementia? <i>Review</i> the learning objectives – after viewing this program you will be able to understand: <ul style="list-style-type: none">• The definition of pain, so that it is easier to understand when it is present• How to use your skills to recognize and assess pain in your residents• Some special challenges that caregivers face in assessing pain when residents cannot self-report. This is often the case when residents have cognitive impairment, like different forms of dementia• How you and your facility can help residents manage pain ASK: How are these learning objectives relevant in your facility?

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DISCUSS prior knowledge of pain assessment for residents with dementia. Try to understand the group's prior knowledge so you can help reinforce good practices and change those that are incorrect. (Encourage discussion to help uncover staff knowledge). With this baseline, you can better understand how to focus later discussion and follow-up exercises. You can also realize how the learning sessions have helped to improve training.

5 min Show second module of video program – *What is Pain?*

10 min Engage viewers in a brief discussion about MODULE 2. If group members are slow to respond, consider briefly recapping the main ideas emphasized in this module (or the key situations and behaviors with which you feel your group can most easily relate.)

ASK: Describe the differences between acute and chronic pain. Why are these distinctions important? How do these differences affect the way you assess pain in your residents?

ASK: Discuss the consequences of chronic pain as presented in the video. How do these consequences affect your caregiving?

ASK: How do you cope with pain? Discuss the differences in coping mechanisms among different participants in the group.

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DISCUSS effects of dementia on pain – both the consequences of pain and our ability to cope with it. Encourage participants to talk about some of the pain-related problems that they witness in their residents with dementia. Discuss their role in assessing pain and how that role can either be expanded or altered to better suit the needs of the residents under their care.

7 min

Show third module of video program – *Assessing Pain*

15 min

Engage viewers in a brief discussion about MODULE 3. If group members are slow to respond, consider briefly recapping the main ideas emphasized in this module (or the key situations and behaviors with which you feel your group can most easily relate).

ASK: How often do your residents experience pain? How can you tell when a resident is suffering?

ASK: Do your residents with dementia report their pain? Are they always forthright and complete in their reports? How does the accuracy or lack of ‘self-reporting’ affect the level of care you provide?

ASK: How do you think changes in the brain and behavior associated with dementia affect a resident’s ability to accurately report pain?

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ASK: If a resident is unable to report pain, what are some ways that you can still assess it?

ASK: What are some of the non-verbal signs that you hear or observe that might indicate a resident is in pain?

10 min BREAK

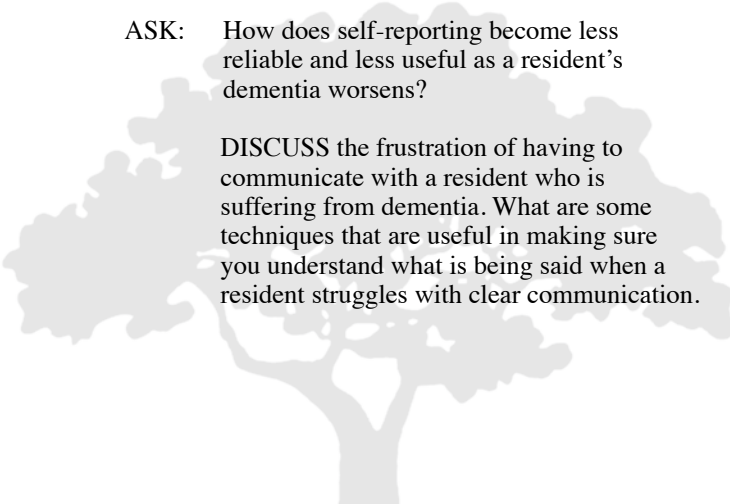
1 min Welcome the group back from the break.

6 min Show fourth module of video program – *Assessing Pain – Non-verbal signals*

15 min Engage viewers in a brief discussion about MODULE 4. If group members are slow to respond, consider briefly recapping the main ideas emphasized in this module (or the key situations and behaviors with which you feel your group can most easily relate).

ASK: How does self-reporting become less reliable and less useful as a resident's dementia worsens?

DISCUSS the frustration of having to communicate with a resident who is suffering from dementia. What are some techniques that are useful in making sure you understand what is being said when a resident struggles with clear communication.



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ASK: In general, how can body language and facial expression be helpful as cues to pain?

DISCUSS the techniques demonstrated in the video that you can use to assess pain when a resident cannot report.

DISCUSS the six categories of non-verbal pain behaviors and indicators:

- Facial expression
- Verbalization/Vocalizations
- Body movement or body language
- Changes in interpersonal interactions
- Changes in activity patterns or routines
- Mental status change

ASK: Cite examples of these non-verbal pain signs that you have observed in your residents.

ASK: Why is it important to get to know your residents? How does this knowledge help you to communicate?

4 min Show fifth module of video program – *Managing Pain*

10 min Engage viewers in a brief discussion about **MODULE 5**. If group members are slow to respond, consider briefly recapping the main ideas emphasized in this module (or the key situations and behaviors with which you feel your group can most easily relate).

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DISCUSS what caregivers can do to help ensure resident compliance with their prescribed pain management.

DISCUSS the participants' roles in engaging family members in pain assessment.

5 min

In closing:

ASK for questions or additional comments from the group.

DISCUSS as appropriate.

**Thank group members for their participation
and conclude the session.**



EXERCISES AFTER VIDEO

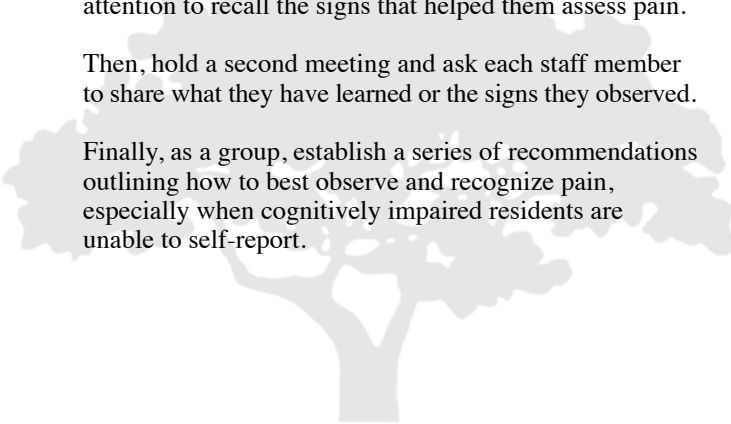
- 1 How do you rate our current success in providing information regarding pain assessment of long-term care residents with dementia? How do residents rate our success?
- 2 What are some examples you've seen in just the last week or two of:
 - Specific causes of pain and the impact on different aspects of resident living (sleep, eating, socializing, etc.)
 - Non-verbal signs of pain exhibited by your residents
- 3 What can you do to help yourself and other members of the staff better understand how to assess pain in cognitively impaired residents?

Suggest that participants accept a follow-up assignment as a proactive step in improving their understanding of how to assess chronic pain in the cognitively impaired.

For example, each participant might be asked to identify a cognitively impaired resident at their facility who frequently suffers with pain. Ask each caregiver to note how and when they observe pain – paying special attention to recall the signs that helped them assess pain.

Then, hold a second meeting and ask each staff member to share what they have learned or the signs they observed.

Finally, as a group, establish a series of recommendations outlining how to best observe and recognize pain, especially when cognitively impaired residents are unable to self-report.





Questions?

If you have questions about how to implement the *“Assessing Chronic Pain in the Cognitively Impaired”* program, or if you would like information about other programs available from ElderCare Communications, call or write:

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