

## Practice Pain Needs Communication for Young Adults and Others

These practice suggestions are created for single or group use with anyone struggling with communication and wanting to advocate for themselves in a healthcare setting. It is based on My Pain Alert® Scale. All My Pain Alert® books include the interactive training stories which were designed to be age neutral. My Pain Alert Scale Communication Tool (MPASCT) and My Pain Alert® Book e publications include an annotated bibliography of references which support this approach with disabled patients. Try it, and please give feedback and reviews. The author welcomes your input through [www.mypainalert.com](http://www.mypainalert.com)

Every person experiences pain. Being able to effectively communicate their pain care needs contributes significantly to their wellbeing. If the development or use of pain care communication skills is disrupted then practice is needed to reestablish use. Field trial research proved that using My Pain Alert® Scale with stories, sign language and song can significantly reduce patient, family and medical staff stress.

The author's goal was to provide an inclusive and improved option to the well-known but hard-to-use faces pain scales. My Pain Alert® Scale (MPAS) is user-friendly and works for everyday aches and pains, as well as, chronic severe pain. MPAS does not require detailed recall of prior personal pain events. MPAS is remedy based, reinforcing appropriate use of medications and other pain therapies. MPAS does not require interpretation of different emojis, a challenge to the near-vision impaired. My Pain Alert® scale pictures are whole-body representations of a degree of pain, differentiated by posture, action, location, and clothing. Our song, with it's alert notes and verse for each level gives access to the blind. Families with the help of Speech Therapy and Nursing may condition a communicative response in severely communication disabled individuals.

People like to communicate about themselves. This training involves our hands-on wipe clean scale, and lots of question opportunities. The questions can be answered by: pointing, headshakes, American Sign Language signs, familiar phrases, and/or single sounds in response to song cues. Pin-strokes and other forms of memory loss can destroy an individual's ability to communicate for pain care at any point in time. MPAS interactive recall and learning process is insurance that their needs will be met quickly and efficiently.

A boy experiencing belly pain was the chosen icon for My Pain Alert® Scale, as belly pain is a universal experience, and most people are motivated to focus on and try to help a child in pain. Learning a little easy sign language is fun, so it is included for all users. The first part are the level stories -short explanations of the pain experience and what help to expect for it. Starting with the level story and having the patient follow along is recommended for most sessions.

Fine! Level 0 was placed above levels two and three because taking ordinary medications results in pain relief which fades over time in a down-up-down experience. The yellow background to the words was chosen to enhance vision for reading the level names and cues. The circles for comparing pain relief to pain return experience are intended for more severe level use. Families can multiply a 0-5 MPAS scale number by two to give a number comparable to those use in most hospital settings when talking to healthcare workers. Adding level words helps too!

For a practice of the Level 1 Ouch! story you may use pictures of bullying or falls. You may talk about how your individuals comforted little ones with temporary hurts. For another review, you may use a mannequin/doll asking “What hurts when you start to move it?” “Does moving a limb help the pain become less?” “Do your knees hurt when you get up out of bed?”

Level 2 Need Meds! Props may include representations of aspirin, acetaminophen and other over the counter analgesics. Asking each group member what they can take and why? heightens their cognitive involvement in their healthcare process. Do they get options besides applesauce to help take pills? My nursing care facility used different flavors of yogurt with some patients.

Level 3 Need Stronger Meds! Props may include items related to ear aches or urinary tract infections. Sexually transmitted disease treatment may be a topic for some groups to discuss.

Level 4 Meds Not Working! Props include telephone, note pad, pictures of ambulances, the local hospital, local doctors who provide care to your individuals. Nursing may want you to review the circle row asking how you felt when you last took meds (black dot) and how you feel now. Different sessions may involve discussing the different types of pain listed on the word side of the MPAS scale. Have they had sharp or dull pain? Practice helps get the participation right.

Level 5 Need Escape! Props include catastrophe pictures and pictures of I-V set ups. You may review the circle row and pain type words again. You may talk about how your people deal with needles... do they look away? Current research with children has found that sucking something sweet helps with receiving shots. Blowing soap bubbles can distract and reduce arm tension. If it works for kids.... This may also be time for a discussion of “good living” and “good death.” An individual’s thoughts on this can change over time. Discussing it in a group, rather than with the family, or their doctor may be less threatening. Your documentation on more than one occasion may prove significant for family members and nursing care staff.

The second major component is the American Sign Language for each of the levels. There are situations such as intubation when individuals can’t talk. Learning a few signs can be empowering. Just learning yes, no and pain will help. The signs in the books were chosen for their simplicity, but they can be modified for special needs. A hemiplegic could practice “pain” in a single-handed manner. Adding signs like “Please” and “Thank you” provides more signing practice opportunities. A true use of our training methods was of a toddler learning the ASL sign “pain,” which was reinforced each time his bottom hit the floor. Waking in the middle of the night, he signed “pain” to his Mom and touched his ear. Individuals practicing with the patient may find including ASL signs on the device may result in more attention to patients sensations.

The third component is the My Pain Alert® Song. The composition (free download on the [www.mypainalert.com](http://www.mypainalert.com) website) by Morgan Zinn and myself is a gentle lullaby teaching tool for all the pain levels (guitar chords and piano music on request). Individuals participate by saying the level sound and/or words when the introductory notes alert “now it’s time” to respond. For practice one person can say a sound, others say the level words.

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