Format for Interdisciplinary Consultation on Chronic Pain in people with intellectual Disability

Source: Dutch Guideline on pain in persons with intellectual disability (SKILZ, 2025)

This format can be used for forming a clinical picture in patients with chronic pain and ID. In most cases, these are patients who have previously undergone diagnostics and/or treatment for (sub)acute pain. During the interdisciplinary consultation, information gathered in earlier contacts with the patient or patient system can be used to obtain a complete picture. In some cases, it may be necessary to request additional information from the patient or patient system before or after the consultation.

During the interdisciplinary consultation, the SCEBS acronym (Dutch General practitioners association, 2013) is used to clarify the different aspects of pain. SCEBS stands for: Somatic, Cognitive, Emotional, Behaviour, and Social. Below, important questions per dimension are described.

For a complete understanding, it is important that the different involved professionals are present and contribute their insights. It is advised that at minimum the personal caregiver, behavioural specialist, ID physician or nurse practitioner, and a paramedic participate. Preferably, the behavioural specialist coordinates the process to ensure a broad perspective.

After forming the clinical picture and determining the type of pain, an analysis is made and a treatment plan is set up, indicating which professional should be involved for which purpose. It is important to consider the patients resilience towards treatment and avoid distress as a consequence of treatment.

This format can also be used for hetero-anamnesis when it is not possible to organise a multidisciplinary consultation.

Somatic

Where does the patient experience pain? How severe is the pain? How long has the patient had the pain? What is the nature of the pain (e.g., throbbing, stabbing, burning)?
Which additional symptoms does the patient have (e.g., sensory loss, tingling, increased local or general sensitivity, loss of strength)?
Which factors influence the pain (positive or negative)?
What are the consequences of the pain?
What is the patient's physical capacity? Is there a loss of fitness?
What is the influence of the (genetic) cause of the (intellectual) disability on pain perception? What is the influence of chronic conditions on pain perception?

Cognitive

Does the patient understand what pain is and can he/she indicate pain?
Does the patient know how he/she can influence the pain him/herself?
Which thoughts about pain play a role in the patient's perception?
Which thoughts about the pain play a role in the patient system and how does this influence the patient's pain perception?
What expectations do the patient and patient system have regarding treatment?
Is the patient motivated for treatment?

Emotional

Which emotions related to pain does the client experience (e.g., mood, withdrawal, anxiety or panic)? What signs of these emotions do you observe?
Is there tension or stress?
Does the client have associations that may influence the pain (e.g., fear of hospitals, mirroring with others)?
Has the client had traumatic experiences that could influence pain perception?
Does the client feel heard and supported in their pain experience?

Behaviour

Is there observable behaviour change in the patient? Are there behaviours that indicate pain?
Does the patient avoid or provoke pain through his/her behaviour?
Is there behaviour or interaction between patient and patient system that increases or decreases pain?
Is there self-injury? Is there a possible link with pain?
How can the behaviour be influenced?

Social

What influence does pain have on the patient's social activities or social life?
How does the environment react to the patient's pain/pain behaviour (support and interaction)?
Does the reaction of the environment influence the patient's pain behaviour?

Pain Characterisation

Chronic nociceptive pain, neuropathic and/or nociplastic pain (mixed forms) and explanation.

Additional Diagnostics

Examples: pain characterisation (sensitisation), genetic causes, comorbidities (ID physician), psychosocial aspects of pain (behavioural specialist), psychiatric comorbidities (ID physician and behavioural specialist), resilience (OT and PT).

Analysis and Conclusion

Consider the interactions and influence between the different dimensions of pain.

Treatment Plan

Goals, decisions about who does what and when, and priority setting. Consider client load capacity and stress sensitivity. Goals are formulated positively and across biopsychosocial domains.

Evaluation

Evaluation criteria, what, who, when, and determining next steps.