about April Vallerand, PhD, RN, FAAN

Dr. Vallerand joined Wayne State University College of Nursing faculty as an Assistant Professor in 1999 and was named an Associate Professor in 2005. Previously she was an Assistant Professor of Clinical Nursing at the University of Medicine and Dentistry of New Jersey School of Nursing and at the University of Florida College of Nursing.

Dr. Vallerand earned a doctorate in nursing at the University of Pennsylvania, where she also completed a postdoctoral fellowship in Psychosocial Oncology. She received the Nurse Exemplar in Pain Management Award from the American Society of Pain Management Nursing in 2009 and the Advancing the Science of Nursing Award from the Pain and Symptom Management Research Section of the Midwest Nursing Research Society in 2008. Dr. Vallerand was named a Fellow of the American Academy of Nursing in 2005.

selected publications


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Dr. April Vallerand knows pain – from the perspective of a clinician, a research scientist and a pharmacology expert. Her multi-faceted experience and knowledge provide a strong foundation for developing and evaluating pain management strategies.

Cover: Hasenau with Crystal L. Williams and her caregiver, Carl Love

**Research Will Evaluate Pain Management Techniques**

Dr. Vallerand’s particular interest began as she observed individual responses to severe pain. “I had a friend who was disabled with chronic pain while other patients were not incapacitated by it. What keeps some people functional despite chronic pain?” she questioned.

In 2004 she attended an American Pain Society session about disparities in pain management among different population groups. Since then, Dr. Vallerand has investigated patients’ attitudes about pain, treatment options, coping mechanisms, barriers to pain management, and pain-related disparities in various populations.

**Prevalence of Pain Increases as Cancer Becomes a Chronic Disease**

The increasing prevalence of chronic pain, due to better survival rates for cancer patients, makes this research particularly relevant. “Cancer is becoming a chronic disease and more patients are living with pain from cancer treatment, sometimes with pain from three or more sites,” Dr. Vallerand explained. While hospital and clinic staff regularly ask patients about their pain, this information doesn’t always reach the clinician who can respond to it, she pointed out.

Patients’ attitudes also may be a barrier to better treatment. Many patients don’t want to complain, and some believe that their “doctor knows best.” Physicians are mainly focused on the cancer, and may not be experts on the management of pain, and there aren’t enough pain specialists,” said Dr. Vallerand. In addition, patients’ hospital stays are shorter than in the past so they often return home with significant pain that must be self-managed on a daily basis with assistance from a caregiver – usually a relative or friend. Frequently, neither the patient nor caregiver has the knowledge or training to effectively manage pain.

**Pain Management Is Complex**

Dr. Vallerand’s early research concerning patients with chronic pain (Barriers to Pain Management in Arab-American Cancer Patients, 2008-2009, Pain in an Urban Primary Care Clinic for Indigent Adults, 2006-2007, Improving Cancer Pain in the Home, 2000-2005) demonstrated the many challenges of pain management. Typically, multiple medications are prescribed and caregivers and patients have difficulty managing them. Opioids and other medications can reduce some patients’ pain but finding the right combination of medications isn’t easy. In addition, clinicians, patients, and caregivers are frequently concerned about addiction and those concerns may lead to under-prescribing, withholding medication, or unwillingness to take opioid medications.

Dr. Vallerand’s early studies of cancer patients in the Detroit area showed that race, ethnicity, income, and educational levels affect patients’ beliefs about and response to pain and indicated a need for individualized pain management approaches. She found that African American patients tend to “catastrophize” or use more negative coping, believing that “pain will never go away and that nothing can be done.” This feeling of lack of control often leads to depression.

**Study Will Evaluate a Coaching Intervention for Pain Control**

Dr. Vallerand recently received a $1.1 million award from the National Cancer Institute of the National Institutes of Health to improve the function of African Americans with cancer pain. The study, Improving Functional Status in African Americans with Cancer Pain, will evaluate the results of the Power over Pain – Coaching intervention with 256 African American patients with moderate to severe cancer pain, and their caregivers. Nurses will make home visits to educate patients in the intervention group about medication management, including side effects. In addition, patients will be taught through role playing how to advocate for themselves by communicating effectively with their caregivers and physicians. Follow-up phone calls will address questions and provide support.

Another intervention component, Living with Pain, will provide tools to make pain tolerable so patients can do more of the things that are important to them. A key aspect of the nursing assessment is to ask the patient, “What does this pain keep you from doing?” If nurses can focus on helping patients return to activities that are meaningful to them, they can make a significant change in patients’ lives. “I tell patients not to stop activity because activity will help distract them from the pain,” Dr. Vallerand explained. Patients and caregivers will be evaluated at the end of 12 weeks to assess their pain levels, coping and overall ability to function. “We are trying to reduce suffering, decrease patient and caregiver distress and burden, and help patients function in spite of cancer pain,” says Vallerand.

Research participants record their pain, medications and side effects in a diary.