Faculty Disclosure

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Dr. Guck has listed no financial interest/arrangement that would be considered a conflict of interest.

Psychological Aspects of Acute and Chronic Pediatric Pain

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Program Objectives:

• 1. Present general considerations when treating pain in a pediatric population.
• 2. Describe Cognitive Behavioral strategies for the management of acute pain.
• 3. Describe Cognitive Behavioral & Acceptance and Commitment Therapy (ACT) interventions for the management of chronic non-cancer pain.

Difference Between Acute and Chronic Non-Cancer Pain

• Acute Pain
  • New
  • Short-Term
  • Associated With Tissue Damage
  • Warning Aspect of Pain is Reliable
  • Pain = Harm
  • Goal: Search for Fix/Cure
  • Treatment
    – Surgery
    – Rest
    – Medication – Including Opioids
    – Physical Medicine and Rehabilitation and Anesthesiology Based Interventions
  • Successful Outcome:
    – Pain Relief

• Chronic Pain
  • Old
  • Long-Term- 6 months or Bonica, “pain 1 month past healing time”
  • Warning of Pain is NOT Reliable
  • Pain ≠ Harm
  • Goal: Pain Management
  • Treatment
    – Reconceptualize Pain
    – Reactivation
    – Pain vs Pain Contingent Behavior
    – CBT and ACT
    – Medication: Clinical Guidelines for the Use of Chronic Opioid Therapy
  • Successful Outcome:
    – Function Even in Presence of Pain

Successful Patients Make This Conceptual Shift
Behavioral Interventions: General Considerations

- Developmental Level - Piaget
  - Concrete thinking – better for younger kids
  - Abstract thinking – can be done with older kids

- Ethno-cultural Variables
  - Racial and ethnic minorities are at risk for under treatment of pain

- Gender Bias
  - Over 90% of women with chronic pain believe healthcare system discriminates against female patients.

When do you use cognitive-behavioral or psychological techniques for acute pain?

- When mental status is intact
- Before pain is out of control
- Before all other methods have failed
- With anxiety, fear, depression, anger, avoidance or catastrophizing
- With procedures, exacerbations, or persistent pain
**Preparation for Acute Pediatric Pain**

- Proven effective for anesthesia, surgery, venous access, dental procedures, imaging, hospitalization, ear piercing
- Timing – Accurate expectations lead to better coping
  - Use developmentally appropriate methods
  - Sufficiently in advance of the event, but not too far that it causes undue anxiety or forgetting
  - Major vs Minor – Less invasive may be well suited to same day whereas major surgery require advanced delivery
- Format – computer programs and apps, videos, puppets, written summaries, live modeling, hospital tours
  - Critically important to actively engage child and encourage questions

**Preparation for Acute Pediatric Pain**

- Parent Behavior not Presence makes a difference
  - Adult modeling of distraction and coping behaviors decrease distress
  - Criticizing, apologizing, and excessive reassurance increases child distress
- Content
  - Content and language must be clear, concrete, and developmentally appropriate
  - Specific sensory and procedural information allows child to develop mastery of material and ability to apply it to their experience
  - Active relaxation (e.g. diaphragmatic breathing, imagery, progressive muscle relaxation)
  - Distractions Techniques (e.g. counting backwards, imagery, repeating a mantra, solving problems)
**Information**

- Sensory - break into sensations
- Temporal - break into smallest possible time units
- Beisecker, Medical Care, 1990. “Give patients information, before they seek it”

**Education**

- Provides information useful in reframing
- Establishes self-efficacy
- Improves adherence
- Improves recovery time
- Addresses patients beliefs, perceptions, & expectations
Reframing

• Tom Sawyer
• Acknowledge what is difficult; then talk about what has been accomplished & what they can control
• Focus on: accomplishments, positives
• Look at situation from perspective of friend: What would you say, think, do
• Focus on temporary

Distraction

• Anything that takes attention away from pain. Examples: Talking, breathing, massage, pressure, sound
• The more painful the procedure; the more vivid and multisensory the distracting image
• Example: Blowing a balloon - real or imagined
**Imagery**

- Find image counter to imagery of their pain e.g. Hot pain > Breathe arctic air
- Use storytelling to create images
- Have patient tell stories. You ask patient: temperature, colors, sounds, etc.
- Bring in surprises. “Who just came in”

**Basics of Imagery or Hypnosis**

- Preliminary Requirements:
  - Some attention capacity
  - Limited disruptions within the setting
  - Some interest, motivation by the patient
- 1) Capture attention (breathing)
- 2) Deepen focus of attention (reduce external world)
- 3) Imagine a situation (visualize and involve senses)
- 4) Suggest goals (comfort, anesthesia, change sensation)
- 5) Return to alertness
- Stay away from Pain/Discomfort
- Stay with Positive, Comfort, Pleasant, Safe, etc.
Features of Chronic Non-Cancer Pain

- **Acute Pain**
  - New
  - Short-Term
  - Associated With Tissue Damage
  - Warning Aspect of Pain is Reliable
  - Pain = Harm
  - Goal: Search for Fix/Cure
  - Treatment:
    - Surgery
    - Rest
    - Medication – Including Opioids
    - Physical Medicine and Rehabilitation and Anesthesiology Based Interventions
  - Successful Outcome:
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Successful Patients Make This Conceptual Shift

**Acceptance and Commitment Therapy (ACT)**  
*Steven Hayes, Ph.D.*

- Your chronic pain and suffering are normal and universal
- You cannot deliberately get rid of your pain and suffering, but you can take steps to avoid increasing them artificially.
- Pain and suffering are not the same.
- Perform value directed behavior in the presence of pain, suffering, or negative mood
1. Determine Your Values

“Bulls Eye” Exercise

- Who is most important to you?
- What is most important to you?
- Self-Care
- Others

Place a mark on this target that reflects the degree to which you are living your values.
- A mark in the center means you are participating in your life to the fullest extent possible.
- A mark away from the center means you living your values sometimes or maybe not at all.
2. Identify Unwanted Inner Experiences

- What gets in the way of moving toward your values?
  - Pain
  - Negative Thoughts
  - Negative Emotions
  - Suffering associated with or mislabeled as pain

“Your Geese”

They flock,
They come in bunches,
They crap all over everything.

3. Eliminate: Things Done (or not Done) to Ease Unwanted Inner Experiences

- Maladaptive Coping Strategies
  - Avoidance
  - Escape
- Not Consistent with Values
  - Opioids
  - Inactivity
  - Numb out with TV or Videogames
  - Quit sports
  - Frequent sick days
  - Say no to friends
  - Don’t go to the Party
  - Isolate
  - Etc, Etc, Etc………..
4. Committed Action: Small Things Matter

- What small behavior would you be willing to do consistent with your values even in the presence of your “Geese?”
  - Something Kind
  - Something Active
  - Something Brave
  - Something that would be a 2nd or 3rd Chance
  - Something Bold
  - Something Valued

If you wait to act until your “Geese” are quiet, you may never act!

Chronic Pain and Activity Pattern
Plan, Not Pain or Mood Directed Behavior

Core Principles of Behavioral Activation
- Key to changing how people feel is help them change what they do
- Structure and schedule activities that follow a plan not mood
- Change will be easier when starting small
- Emphasize activities that are naturally reinforcing
- Act as a coach
- Emphasize a problem-solving empirical approach
- Don’t just talk; Do!
- Troubleshoot possible and actual barriers to activation
Fordyce’s Laws

• “Pain behaviors are interesting social communications, the meaning of which remain to be discovered in the individual case”
• “People who have better things to do don’t suffer as much”