



**Alberta Health
Services**
Capital Health



STOLLERY
CHILDREN'S
HOSPITAL



Sooner rather than later;

Reaching out to children with chronic pain

- telling them it's real.

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Disclosure of conflicts of interest

- None

The problem

Quote from a 12 year old girl:

“ No – one ever cared about my opinion”

Objectives: to discuss

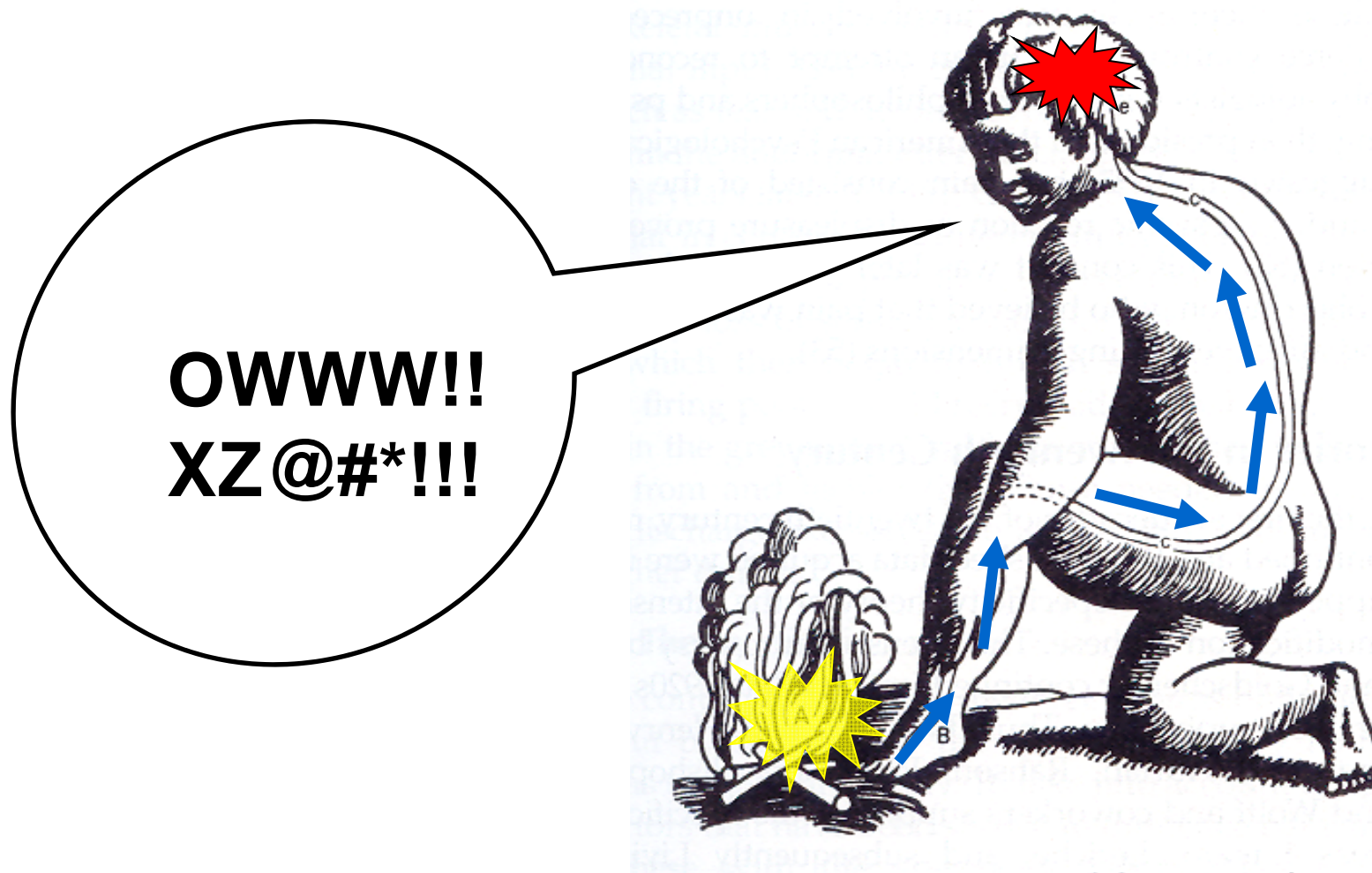
Validation of a child's pain can be achieved by:

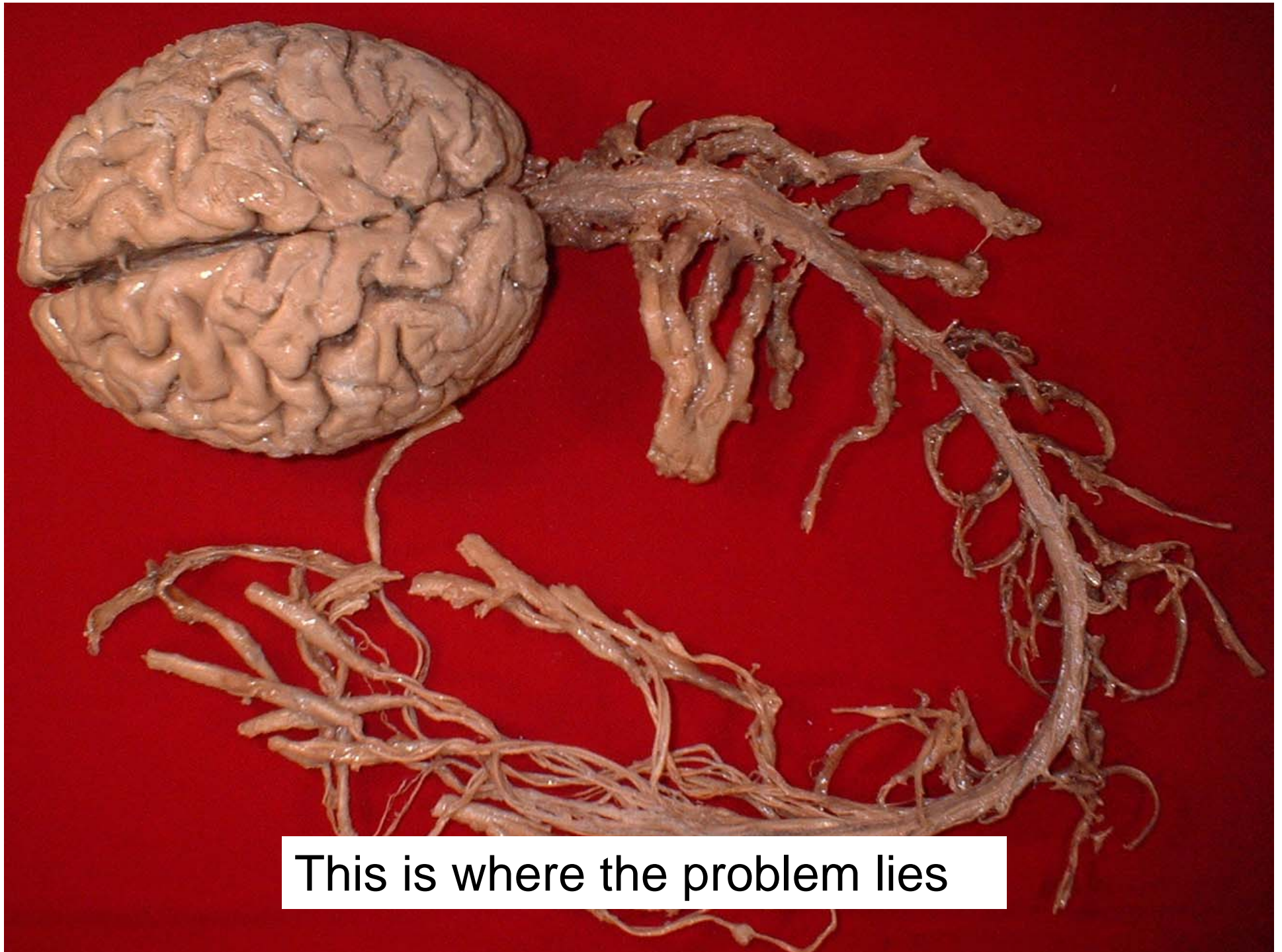
- Active listening
- Straightforward explanations long before the child comes to the attention of the interdisciplinary pain centre.

Chronic Pain – disorder of perception.

- Neurobiology – sensory perception
- Educational level
 - Some of our colleagues just don't get it.
and sometimes neither do we!

Cartesian Fixation - some of our colleagues are still fixated on the acute pain model





This is where the problem lies

‘He who asks questions will get answers –
but hardly anything else” – Michael Balint

Listen..

- Doctors interrupt their patients on average 18 seconds after they begin to state reasons for their visits.
- and most patients do not complete their statements after being interrupted.
- Ref: Beckman and Frankel 1984

Children are competent at giving their story and describing their symptoms in their own terms.

- Provided given latitude
- Provided you don't drive the parents insane with repeated questions.
- Ref: Clemente I 2008 and 2009 & Carter B 2004

..and want to be believed

- Children felt misunderstood, disbelieved, abandoned.
- Positive interaction with the healthcare professional is vital.

- Medical validation important

“Sometimes I felt that they just did not get it – like they weren’t following me....that they did not believe me”

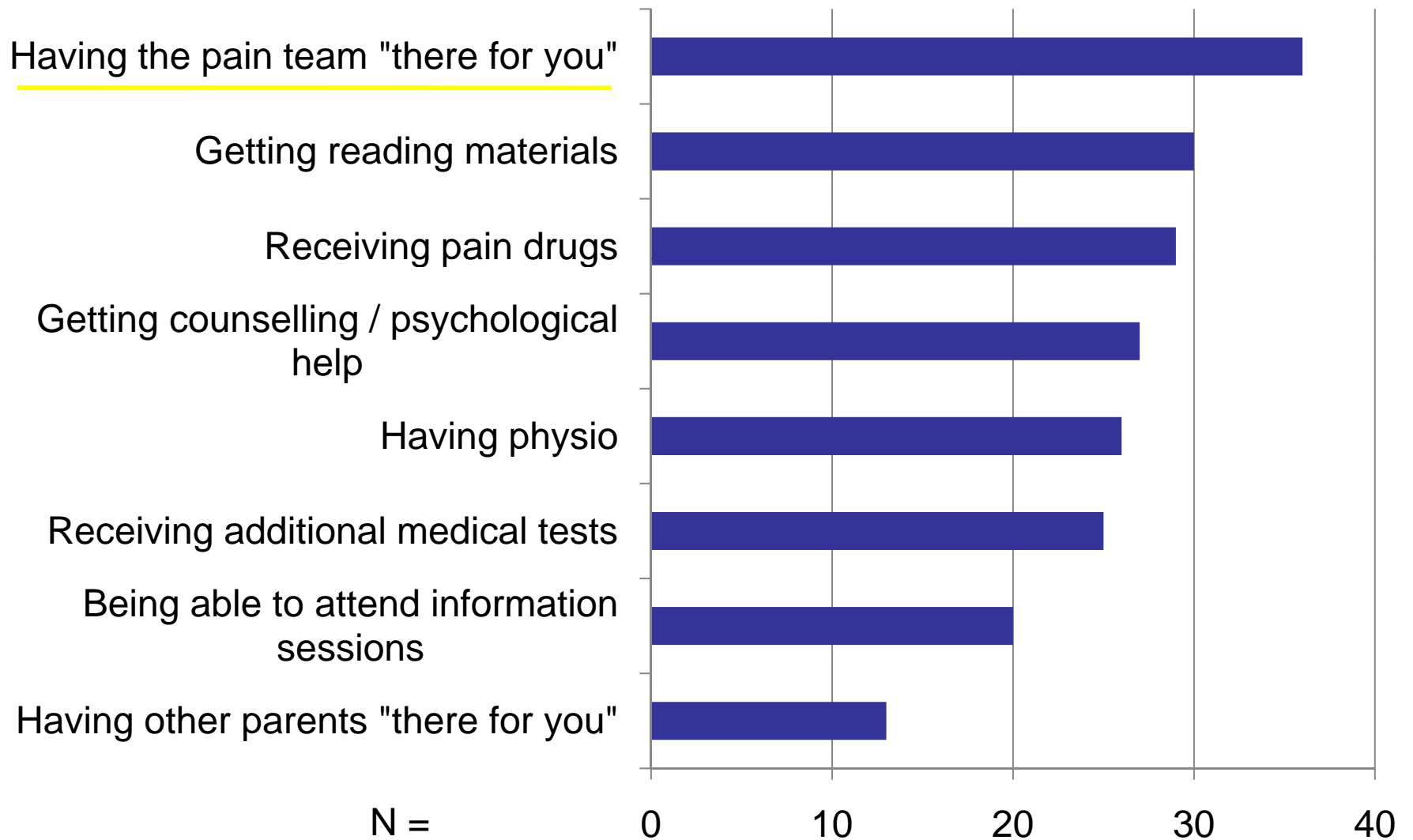
- Refs: Dell'Api et al 2007 & Meldrum et al 2009

If we take the time....

Eliciting the child's story can help the child
“rewrite the story”

Ref: Meldrum et al 2009

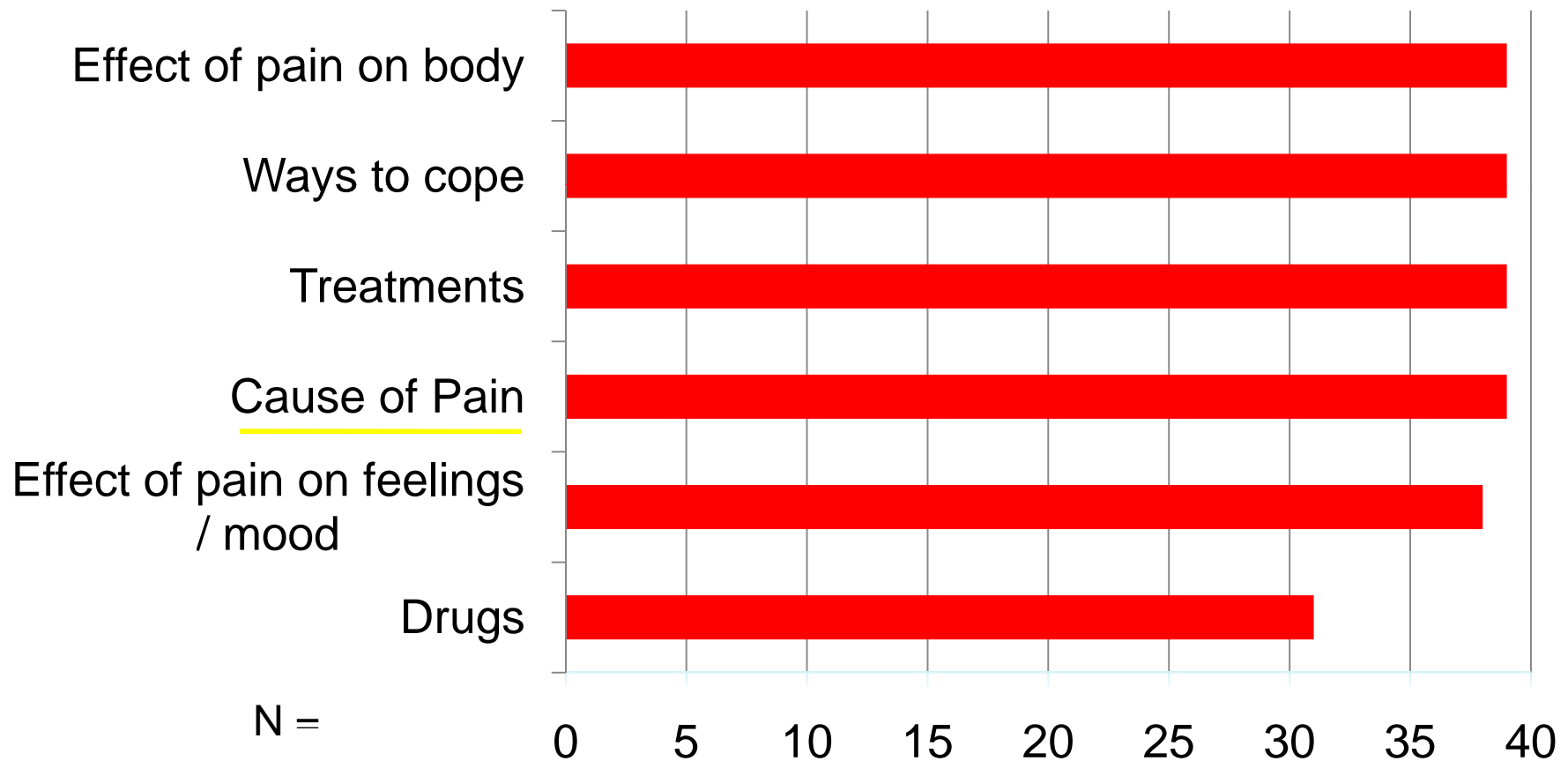
Parents Expectations of treatment options: "Important" or "very important"



The “Drug Doctor”

- the power of the therapeutic alliance

Parents' Expectations: Information that is "Important" or "very important"



At the Stollery we maximizing time for listening and explaining

Weeks to months before intake consultation.

*Referrals Triaged. NP gathers information.
Pre-clinic information given to parents.*



Days before intake consultation.

*Cases studied, journal articles
e-mailed.*





Avoiding repetition

Clinic Day

*NP compiles medical history by chart review
and brief interview.*



Clinic Day. Joint consultation.

“We want to hear from you”

History, exam, team conference, explanation & plan.

What do *you* say to validate the child's pain?

- “Your pain is real”
- “No-one can feel what you feel”
- “It's not in your head”
- “Your brain and nervous system have become very sensitive..”

Validation and explanation - an example

“The nervous system is sending pain signals to the brain when there is nothing harmful going on in the body.

...It’s a bit like a smoke alarm going off all the time when there is no fire”.

Validation and explanation

We suggest:

- “Scientists now are beginning to understand a lot about the cause of chronic pain..”
- With reference to the physical substrate of the nervous system.
- It is misinformation to say we do not know much about chronic pain – *we do!*

For discussion

How do you tell a child their pain is real?

What are the factors that delay the validation of a child's pain?

Why is it important to do this validation?



References

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