



## Pediatric Pain Medicine Program: Psychological Service

**Contact Us: 202-476-EASE**

**Physician Questions: 202-476-1215**

### **Clinic Hours**

- Montgomery County Regional Outpatient Center:  
First, third, and fourth Thursday of every month  
9 am to 5 pm
- Sheikh Zayed Campus for Advanced Children's Medicine: Wednesday 9 am to 1pm, G.I. Clinic
- Fairfax County Regional Outpatient Center:  
Second Thursday of every month, 9 am to 5pm
- **\*COMING SOON\***  
**(October 2012):**  
Sheikh Zayed Campus for Advanced Children's Medicine, Monday-Friday 9 am to 5 pm

### **Physicians**

Sarah Rebstock, MD,  
Clinical Director  
Julia Finkel, MD  
Angela Fletcher, PsyD  
Jeffery Rabin, DO

### **Clinic Team**

Christina Baxter, RN  
Marian McEvilly, RN  
Kathy Sheehy, APRN, PCNS-BC  
April Steiner, APRN, PNP-BC

Welcome to the Psychology Service of the Pediatric Pain Medicine Program at Children's National Medical Center. This service is part of the unique pediatric pain medicine program recently launched at Children's National through the Sheikh Zayed Institute for Pediatric Surgical Innovation. Successful treatment for complex pain involves the whole family and the community around the child who is in pain, so we aim to partner with you, your child, your primary care doctor, and your family to develop the treatment plan that works best.

Though there is no such thing as a typical pain patient, we find that many children with ongoing pain often need psychological support. When pain persists over time, children or adolescents often begin to avoid participation in daily activities they used to enjoy. This can include: missing school, work, social activities, sports, or other hobbies.

The longer pain continues, the child or adolescent may develop negative attitudes about their experience of pain (e.g., this is never going to get better) or negative thoughts about themselves (e.g., I'm weak and not good at anything). These reactions, along with the isolation that comes from not participating in enjoyable activities, can lead to depression and anxiety for the child and the family.

### **Pain Behavior Assessment & Disability Evaluation**

Your first visit with the Psychological Service will include an evaluation of your child's physical pain, his or her general psychological state, how he or she reacts and thinks about the pain, and how the pain impacts interactions with friends, family, and life in general. This initial evaluation helps the pain medicine team to develop a comprehensive treatment plan that will work best for your family.

### **Treatment**

The Psychology Service uses Cognitive Behavioral Therapy (CBT)—a proven treatment approach—to help patients and their families reduce pain, disability, and distress. CBT helps the patient change negative thoughts of pain (e.g., I can't cope with this pain) and sets goals to gradually increase activity level to return to functional daily living.

This approach for management of pain promotes positive mental and behavioral changes, reducing anxiety and depression while improving overall quality of life for the child and family.

Typical activities of Psychology Service might include:

- Education: Child/adolescent and family are taught to recognize the cycles of experiencing pain.
- Cognitive interventions /cognitive restructuring: Techniques that help the child regain daily life activities, including identifying and changing negative pain-related behaviors that may have developed. This is a family activity that includes changing not only how the child behaves, but how the people at home, school, and around him or her react to those behaviors.
- Behavioral Interventions: Incorporating a gradual plan with weekly, achievable goals, and a system of positive reinforcement, to help the child to return to activity and daily life.
- Relaxation training
  - ◊ *Deep breathing* – slow, deep breathing can promote generalized relaxation, which helps to dilate constricted blood vessels and reduce muscle tension that sometimes contributes to pain.
  - ◊ *Progressive muscle relaxation* – Tensing and then releasing large muscle groups throughout the body to heighten awareness of the tension-free state, which helps children recognize and reduce their own muscle tension.
  - ◊ *Guided imagery* – Imagery is a cognitive (i.e., brain-based) technique in which children are coached to imagine a pleasant or happy scene that is inconsistent with feelings of tension and pain. Imagery distracts the child from pain and reduces the perception of pain.
- Sleep hygiene: Inadequate sleep can cause a child to be more sensitive to pain. This approach helps patients and families understand the importance of establishing a healthy sleep pattern.

[www.ChildrensNational.org](http://www.ChildrensNational.org)

For more information or to schedule an appointment with the Psychology Service of the Complex Pediatric Pain Medicine Program, call 202-476-EASE.