



Pediatric Pain Medicine Program: Psychology 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

The Psychology Service of the Pediatric Pain Medicine Program at Children's National Medical Center is part of the unique interdisciplinary program that provides consultative inpatient and outpatient pain medicine, for children, adolescents, and their families.

The Pediatric Pain Medicine team includes pain medicine experts from the Sheikh Zayed Institute for Pediatric Surgical Innovation, as well as the clinical Divisions of Anesthesiology and Pain Medicine, Physical Medicine and Rehabilitation, Psychology, and Nursing. We partner with primary care physicians, the child, and his or her family, to develop a unique treatment plan using the latest diagnostic tools, unique pharmacotherapy, regional techniques, alternative pain medicine, and traditional pain medicine interventions, all in one location.

Psychological factors such as mood, anxiety, and beliefs about pain and coping style have been found to play a role in an individual's adjustment to acute and chronic pain. When pain persists over time, a child or adolescent may avoid participating in daily activities for fear of further injury or increased pain, including missing school, work, social activities, sports, or other pleasurable activities/hobbies. The longer pain continues, the child or adolescent may develop negative beliefs 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 decreased participation in enjoyable and reinforcing activities, can lead a child or adolescent to feel depressed and anxious, which fuels and maintains the pain cycle.

Pain Behavior Assessment & Disability Evaluation

The Psychology Service offers comprehensive biopsychosocial pain evaluation, including individual and family psychotherapy. An initial appointment consists of an evaluation to determine the patient's understanding of the pain; to define pain behavior, disability, and impairment; and to determine the relationships of pain behavior and pain behavior impacts daily living. The goal of this evaluation is to develop a comprehensive biopsychosocial treatment plan tailored to the individual and his or her family.

Treatment

The Psychology Service of the Pediatric Pain Medicine Program utilizes a comprehensive and innovative treatment approach that has been found to be highly effective in helping patients to reduce pain, disability, and distress--Cognitive Behavioral Therapy (CBT). CBT for chronic pain management involves modifying negative thoughts related to pain (e.g., I can't cope with this pain) and increasing a person's activity level and functional daily living activities. The treatment protocol includes a behavioral goal setting component in which patients set weekly goals to work toward each week. CBT for pain management is tailored to the individual needs of each patient and his or her family, and will include but is not limited to:

- Education: Treatment consists of education about the pain related condition and the cycle of the pain experience.
- Cognitive interventions / cognitive restructuring: These approaches can be used with children and parents. Generally, cognitive interventions include techniques aimed at helping the child regain the ability to function in his or her daily life. Such techniques involve identifying and changing pain-related behaviors that have developed over time. This can be done by altering how certain behaviors are reinforced at home and school, providing rewards for behaviors that increase functioning and teaching children self-monitoring strategies to track their own thoughts and feelings related to their pain.
- Behavioral Interventions: Providing education and reinforcement on increasing activities of daily living as well as incorporating a graduated plan to return to activity scheduling and functional activities of daily living will be part of weekly goal setting.
www.ChildrensNational.org
- Relaxation training
 - ◇ *Deep breathing* – Slow, deep breathing can promote generalized relaxation, which can help to dilate constricted blood vessels and reduce muscle tension that contributes to headache pain.
 - ◇ *Progressive muscle relaxation* – Typically these techniques involve tensing and then releasing large muscle groups throughout the body to heighten awareness of the tension-free state. Children can improve their ability to recognize and reduce 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 has been shown not only to distract the child from pain but also to reduce the perception of pain by eliciting descending signals from the brain that can help to block pain signals.
- Sleep hygiene: Patients and their families are provided with education and behavioral plans to improve sleep hygiene. This is an important concept of the treatment plan as we know inadequate sleep can impact an individual's pain receptors and cause increased sensitivities to pain.

This comprehensive approach for pain management has been shown to be highly effective in promoting positive cognitive and behavioral changes in children and adolescents with chronic pain. This integrative treatment approach is highly effective in reducing anxiety and depression and improving overall quality of life for the child and their family. Treatment is delivered individually and through parent/family modalities.

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