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Parents' Perception of an Intensive Interdisciplinary Pain Treatment for Amplified Pain Syndrome

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Parents' Perception of an Intensive Interdisciplinary Pain Treatment for Amplified Pain Syndrome Jacqueline M. Pabis, PhD, Sabrina D. Ung, MA, Jennifer A. Scheurich, PhD, & Dustin P. Wallace, PhD

Introduction

- IIPT programs, an effective treatment for youth impaired by chronic pain (Claus et al., 2022), incorporate parents in treatment given parental distress has been found to impact health and functioning in this population
- Research found parent satisfaction may be related to increased child adherence, and in turn, reduced pain (Gorodzinsky et al., 2012)
- There is limited research on parental satisfaction with IIPT and the role of parentprovider communication

Methods

• Parents of children in an IIPT program anonymously completed quantitative questionnaires and were invited to provide comments approximately one week after program completion

<i>Table 1.</i> P	Participant Demographics (n = 99)
Parents	
Age	88.9% 35-54 years (4% 18-34;7.1% 55-74)
Gender	91.9% Female (13.3 % Male)
Education	39.8 % 4-year Degree (5.1% High School Degree; 23.5% Some College or 2-year Degree; 31.6% More than 4-year Degree)
Children	
Age	M = 15.63 years (1.89); 11-19
Gender	86.7% Female (13.3 % Male)
Race/	83.8% White, Non-Hispanic/Latino [H/L] (9.2%
Ethnicity	White, H/L; 2% Black; 2% Asian, 2% Other, H/L; 1% Other, Non-H/L)

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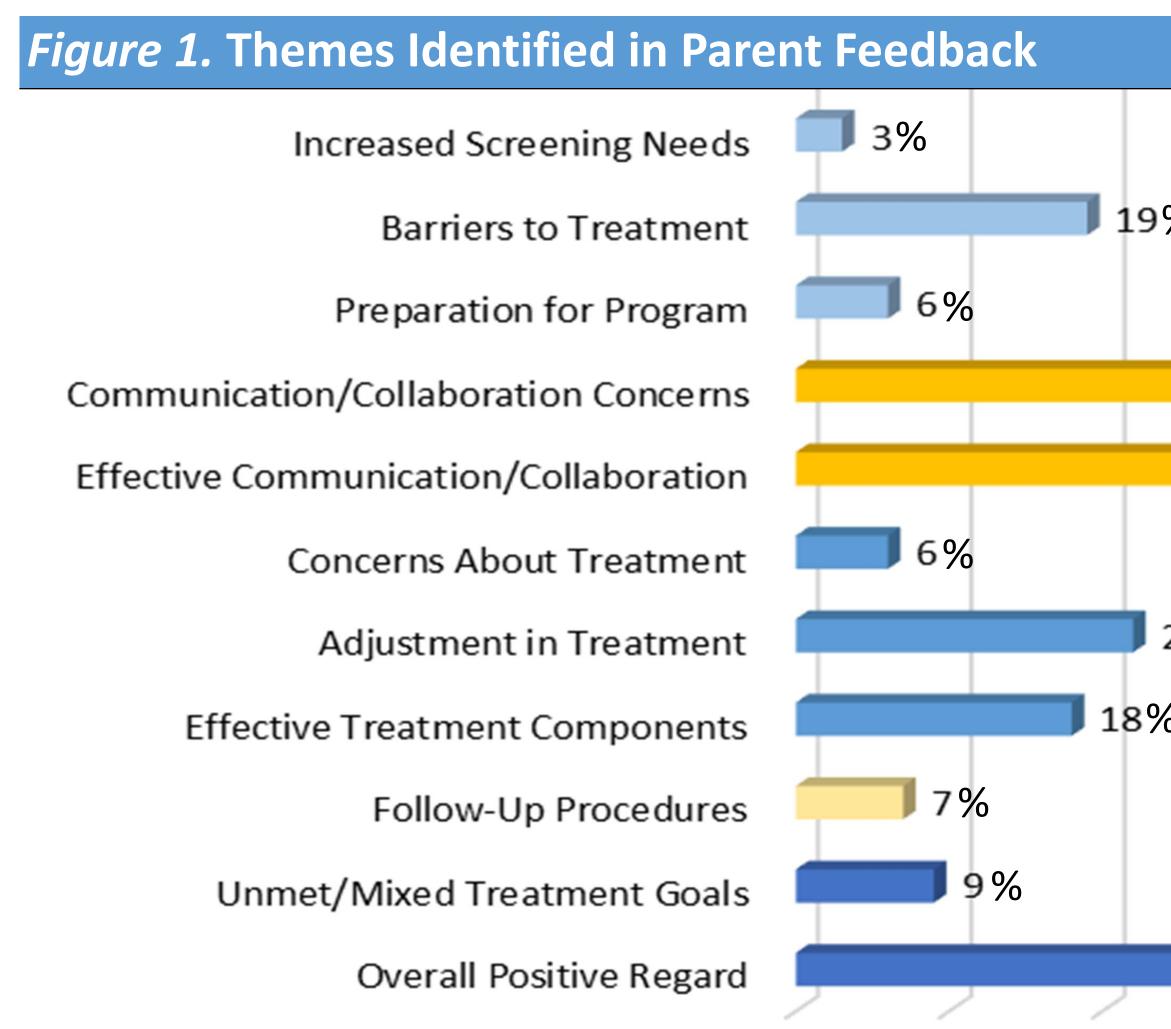
Parent Satisfaction	1-10 slider scale		
 Perceived Communication Comfort with provider Used clear explanations Concerns not discussed (Reversed) Listened carefully Showed respect Conveyed helpful information 	Average across four key providers on 3-point scale (Yes, definitely; Yes, somewhat; No)		
Perceived Child Functioning	5-point scale (Excellent- Poor)		
Qualitative Data	Open-ended response to provide additional comments about care		

- Results
- High Overall Satisfaction: 9.36/10
- Moderate to large associations between perceived communication factors and parent satisfaction (r = .48 - .74; p < .001)
- Among communication variables, respect and use of clear explanations accounted for the greatest variance in parent satisfaction while controlling for child functioning

Table 3. Forward Regression Models of **Perceived Communication in Relation to Parent**

Satisfaction							
Variable	В	SE B	в	R ²	ΔR^2		
Model 1				.19***	.19***		
Constant	76.21	4.08					
Child Function	4.76	1.01	.45***				
Model 2				.55***	.35***		
Constant	-13.79	11.23					
Child Function	3.17	0.78	.30***				
Respect	32.39	3.89	.61***				
Model 3				.58***	.03		
Constant	-14.15	10.90					
Child Function	2.97	0.76	.28***				
Respect	18.46	6.69	.35**				
Explanations	14.40	5.71	.32*				
Note: All communication variables included; * p < .05, **p < .01, ***p < .001.							

Results Continued



Note: Percentage of parents among those who provided written feedback (n = 68) whose comments were consistent with identified themes.

- 70% of sample provided written feedback; Of these individuals, 59.4% provided feedback related to communication/collaboration
- Examples of Communication/Collaboration Concerns: Limited time with specific providers; Private vs. Group updates, Add parent liaison; Need increased sensitivity from providers
- Examples of Effective Communication/Collaboration: Daily feedback, Balance of independence vs. support; Providers knowledgeable, empowering

Conclusions

- Overall, parents rate high satisfaction with IIPT, which could have important ramifications during and after treatment
- Results highlight the importance of parent-provider communication; therefore, it would be beneficial for programs to assess communication with validated measures during treatment for quality improvement
- Future research should examine individual and cultural factors that may impact associations





%							
	34%						
		40%					
22%			Pre-Program Procedures				
6			Treatment Approach				
			Post-Prog	ram Procedu	res		
		1	Overall Ex	perience			
					719	6	

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