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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

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Treating Chronic Pain

- Intensive interdisciplinary pain treatment (IIPT) is an effective treatment for youth impaired by chronic pain (Claus et al., 2022)
- IIPT programs incorporate parents in treatment, as parental distress has been found to impact health and functioning in youth with chronic pain (Palermo et al., 2015)
- Research suggests parent satisfaction may be related to increased child adherence, and in turn, reduced pain (Gorodzinsky et al., 2012)
- Limited research on parental satisfaction with IIPT and the role of parent-provider communication



Rehabilitation for Amplified Pain Syndromes (RAPS)

- For adolescents with disability, severe pain, & failure of outpatient treatment
- 4-6 week IIPT program (Intensive Outpatient)
 - Physician, APRN, Psychology, Social Work, PT, OT, Music & Art Therapy
- Goals:
 - Return to physical function
 - Reduce pain & associated symptoms
- Treatment Components:



Methods: Participants

 Parents (n = 99) anonymously completed quantitative questionnaires and were invited to provide comments approximately one week after program completion

Parents					
Purents					
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/ Ethnicity	83.8% White, Non-Hispanic/Latino [H/L] (9.2% White, H/L; 2% Black; 2% Asian, 2% Other, H/L; 1% Other, Non-H/L)				



Methods: Measures

Parent Satisfaction

• 0-10 slider scale

Perceived Communication

• Average across four key providers (4 items) 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

Communication Variables:

- Felt *comfort* with provider
- \bigcap
- Used clear *explanations*
- *Concerns* not discussed (Reversed)
- Listened carefully
- Showed respect
- Conveyed helpful information



Results

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

Forward Regression Models of Perceived Communication in Relation to Parent Satisfaction

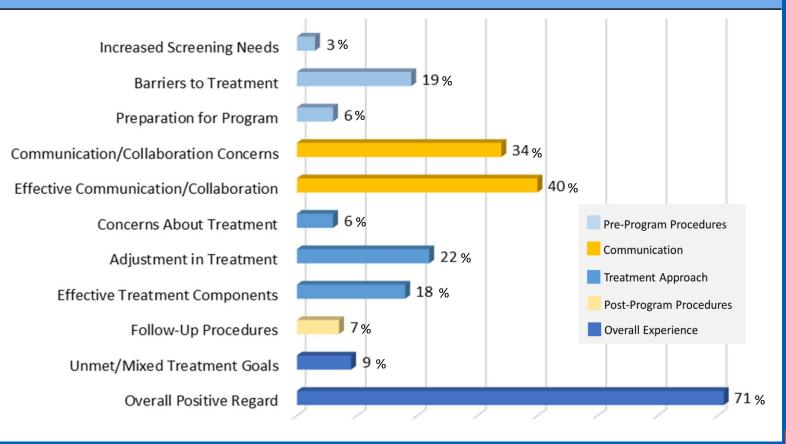
Variable	В	SE B	в	R ²	∆R ²	
Model 1				.19***	.19***	
Constant	76.21	4.08				
Child Function	4.76	1.01	.45***			
Model 2				.55***	.35***	
Constant	-13.79	11.23				
Child Function	3.17	0.78	.30***			
Respect	32.39	3.89	.61***			
Model 3				.58***	.03	
Constant	-14.15	10.90				
Child Function	2.97	0.76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



Results

- 70% of sample provided written feedback
- Of these individuals, 59.4% provided feedback related to communication/colla boration

Themes Identified in Parent Feedback



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



Examples of Feedback

Communication/Collaboration Concerns

Effective Communication/ Collaboration

- Limited time with specific providers
- Private vs. group updates
- Add parent liaison
- Need increased sensitivity from providers

- Daily, detailed feedback
- Balance of independence vs.
 support

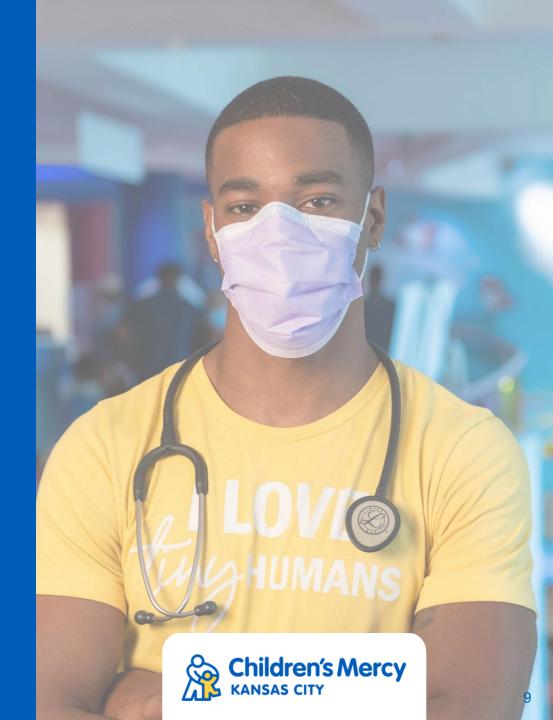
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• Providers knowledgeable, empowering



Discussion

- 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



References

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Resources

www.childrensmercy.org/RAPS/

Thank you! Questions?



