Distraction Pain and Guided Imagery Workshop

Focusing on Pain and Fear in Children and Adolescents

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Overview

Zoom Workshop

- Expanded view of pain and cognition
- Mindful Distraction and Guided Imagery
- Practice skills
- Development and Change

What is pain and how can we best manage it?

Pain = hurt = sensation = nociception

- Simplistic, narrow and outdated view
- Pain is complex
- Implications for practice?
  - Limited to pharmacology
  - Limits practice
  - Limited efficacy

Nociception and Pain … Or Not.

- Beecher* (1946)
  - extensive peripheral soft tissue injury,
  - compound fracture of a long bone,
  - a penetrated head,
  - a penetrated chest or
  - penetrated abdomen

*Anaesthetist forward hospital Italy WW2

- Of all the patients considered [n=215] only one-quarter, on being directly questioned shortly after entry in a Forward Hospital, said that their pain was enough to cause them to want pain relief therapy; three-quarters did not need such relief. This was the case notwithstanding the fact that the most recent morphine had been administered hours before.

(Beecher, 1946 p.104)

If pain is more than sensation, what is it?

Moving beyond the IASP Definition of Pain:

> Pain is an unpleasant **sensory** and **emotional** experience associated with actual or potential tissue damage or described in terms of such damage.
> (IASP, 1979. pp. 249-252)

PAIN = SENSATION + EMOTION 1980s – 1990s

PAIN = SENSATION + EMOTION + 'THINKING' 2000s

PAIN = SENSATION + COGNITION (2010-)

PAIN = SENSATION + COGNITION + SOCIAL (2015-)

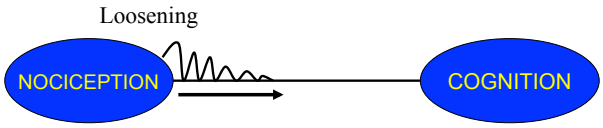
Pain is an alarming cognitive and sensory social experience.

Pain = Cognition + Sensation + Social

Cognition includes:

- Memory
- Emotion
- Attention
- Language
- Learning
- Thought
- Consciousness

Pain



Pain and Cognition

- Memory
- Emotion
- Attention
- Language
- Learning
- Thought
- Consciousness

Pain Assessment Management

Adverse Pain Experience

- Memory
- Emotion
- Attention
- Language
- Learning
- Thought
- Consciousness

Constructs

Preparation/Relaxation/ Distraction/Imagery/ACT

- *Memory*
- *Emotion*
- *Attention*
- *Language*
- *Learning*
- *Thought*
- *Consciousness*

Constructs

Procedural Pain is *not* the same as acute pain, post-op pain, chronic pain, cancer pain.

- A badly injured patient who says he is having *no wound pain* will *protest as vigorously* as a normal individual at an inept venepuncture.

  (Beecher, 1946, p. 98, italics added)

  - extensive peripheral soft tissue injury,
  - compound fracture of a long bone,
  - a penetrated head,
  - a penetrated chest or
  - penetrated abdomen

*Anaesthetist forward hospital Italy WW2

Procedural Pain: Social Element

- You are Hurting Me!
- It's not fair
- It's not right
- You keep going
- I'm scared
- You are going to hurt me more
- I want to get out of here... => Fear

Emotions: 'The Big Five'

- Fear
- Anger
- Sadness
- Disgust
- Joy

Emotions as Waves

'Needlephobia'

- Does not appear in http://phobialist.com/reverse.html#I-
- Not an 'irrational' fear.
- Maintains the notion of the 'problem child'.
- Places the 'problem of pain' on the child.

"I've got needlephobia". (***Fusion***)

Some children (and grown-ups) have a debilitating fear of medical procedures.

Power and Status in Emotion

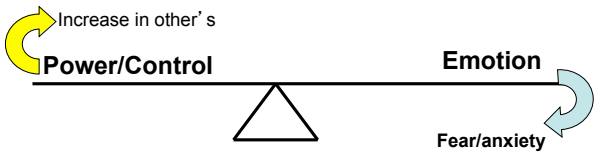
(Kemper, 1993)

- Power is a relational condition in which one person actually or potentially compels another person to do something he/she does not wish to do.
- How is the child construing* his/her power and status in the procedure room?

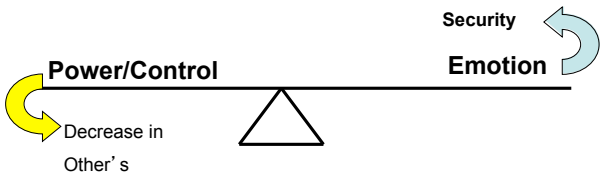
*Personal Construct Psychology

'Control' in Top-Down Pain Control

- A sense of being
  - Allowing/willingness/okay with/riding the wave
- Not
  - Control of feelings
  - Control of pain
  - Control of fear
  - Control of symptoms
  - Control of self
  - Control of others



Increase in the other's power / control has the same effect as a decrease in one's own power and control - *fear/anxiety.*



Decrease in the other's power / control results in the increase of one's own power and control => *security*.

Emotion	Behaviour	Function
Fear	Escape	Protection
Anger	Attack	Destroy
Sadness	Cry	Reintegration
Disgust	Vomit	Reject

Plutchik, R. (1980). *Emotion: a psychoevolutionary synthesis.* New York: Harper and Row.

Emotion	Behaviour	Function
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Don't get caught up or stuck on the behaviour

Emotion	Behaviour	Function
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Why is the child behaving in a particular way?
What is the function? **Behaviour has a purpose.**

Threat, Anxiety and Fear

- Threat: the 'what ifs'
  - What if they put the needle in and all my blood runs out and I die?
  - What if I lose control and they hold me down and hurt me?
  - What if it hurts like hell and they don't listen to me?
  - What if Mum leaves me in there alone?
- Anxiety
  - May be general or specific
  - Mild, moderate, severe (breath taking)
  - Characteristic feelings
- Fear

"This child, parent, patient… is anxious".
"This child, parent, patient… is afraid".

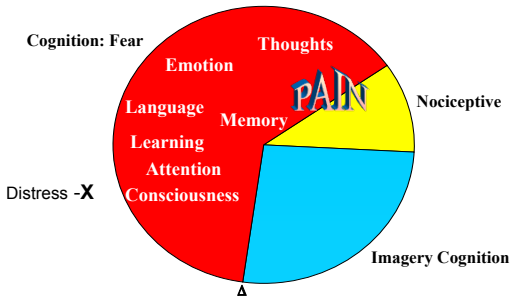
Threat and the 'what ifs'

- Need to be spoken and heard.
- If you want to know what is wrong? … Ask
- Is there anything you are worried about..
- What is the worst part of all this?
- Do you have any 'what ifs'?
  - Knowledge and information
  - Plan of action.

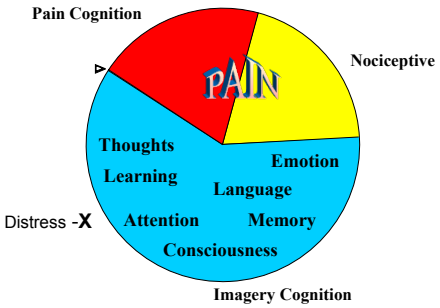
Anxiety and Fear: What can we do?

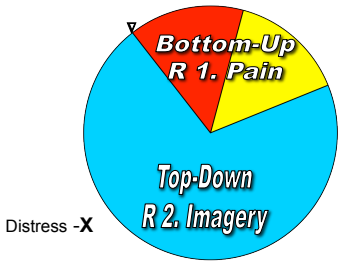
- Be a good listener
- Approach and attitude
  - Anxiety and fear are *normal* feelings and *okay*
- Sit on a chair, preferably physically equal to or lower than the child.
- Hester's Poker Chip Tool for Fear
- Check out and respond to 'What ifs'.
- Waves of fear and anxiety
  - Waves go up, waves go down
- Language: direct or indirect

ER Case 1: A 12yro boy, sutures to large laceration on inner aspect of upper thigh. Adrenaline & Cocaine 15 min and Lignocaine 20ml infiltrated.



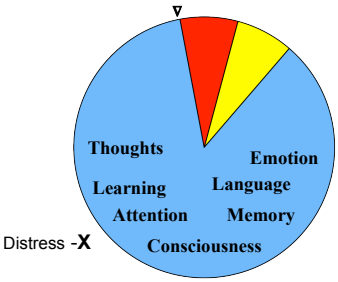
Case 2: 5yro girl – Venipuncture (No EMLA)





R1 = Procedural reality, Pain Cognition ≈ Bottom-up
R2 = Imagery reality, Imagery Cognition ≈ Top-Down

A Good Six!



Personal Construct Psychology

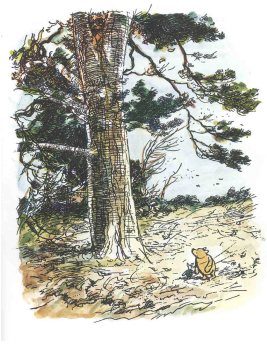
(Kelly, 1955)

The wind was against them now, and Piglet's ears

streamed behind him

like banners

as he fought his way



THE HOUSE AT POOH CORNER

along, and it seemed hours before he got them into the shelter of the Hundred Acre Wood and they stood up straight again, to listen, a little nervously, to the roaring of the gale among the tree-tops.

'Supposing a tree fell down, Pooh, when we were underneath it?'

'Supposing it didn't,' said Pooh after careful thought.

Piglet was comforted by this, and in a little while they were knocking and ringing very cheerfully at Owl's door.

Can I construe, see, understand this in another way?

If it wasn't … what could it be?

- Monster Infusion Pump

It's obvious what the problem is….

The obvious is usually an assumption
  – "Transcending the obvious" (Kelly, 1977)

- A trip to the dentist…
- This child/client is difficult, manipulative…
- In my opinion, this child/client is …

Three useful practical gemstones from Kelly's PCP

- If you want to know what is wrong…
  Ask
- Transcend the obvious
- … or not.

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When does a distractor become distraction?

- A distractor becomes a distraction when it is actively construed.
- Engaging in a pop-up book, blowing bubbles (Kuttner, 1986, 1989)
- Live dog vs. stuffed dog (Wells, 1998)

Construing as a 'Passive – Active' Construct

Passive Pole	Active Pole
Drifting	Engaging
Less effort	Demanding
Low key	Intense

Surprise (Plutchik,1990)

Low Intensity	High Intensity
Distraction	**Amazement**

Distraction: Levels and Processes

Zero Intensity	Low Intensity	High Intensity
Distractor	**Distraction**	**Amazement**

Distraction: Levels and Processes

Zero Intensity	Low Intensity	High Intensity
Distractor	**Distraction**	**Amazement**

Construing

Passive Active

Distraction: Actively construed

- Infants
  - light, sound and touch
- Pre-school
  - Bubbles, pop-up books, music books etc
- School age
  - iPod, iPad, games, toys, relaxation (mindful distraction), music, video, play…
- Adolescent
  - iPod, iPad, games, relaxation (mindful distraction), music, video – more advanced

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Resources: Two Videos

Reduce the pain of vaccination in children
http://www.youtube.com/watch?v=TGGDLhmqH8I

Reduce the pain of vaccination in babies
http://www.youtube.com/watch?v=dZcBc9UnMtw

Produced by Dr Anna Taddio
University of Toronto and The Hospital for Sick Kids Toronto
http://www.aboutkidshealth.ca/En/HealthAZ/TestsAndTreatments/GivingMedication/Pages/Painfree-Injections-in-Children.aspx

Mindfulness

- An active process of non-judgmentally being with one's own cognition – memories, emotions thoughts, feelings, pain …
  - Way of being in contact with a bigger picture
  - To take a step back from …
  - To be with …
  - To look at rather than from…
  - Not getting caught up in the wave… be the sea
  - Blue sky and the weather
- Mindful distraction – mindfully paying attention to a sequence of body areas, sensations and breathing.

Guided Imagery

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Types of "Imagery"

- Healing imagery
- Narrative
- End result imagery
- Therapeutic suggestion
- Therapeutic storytelling
- Guided imagery

Guided Imagery

A therapeutic technique that allows two people to communicate on a reality that one of them has chosen to construe through the process of imaging. (Whitaker, 2003)

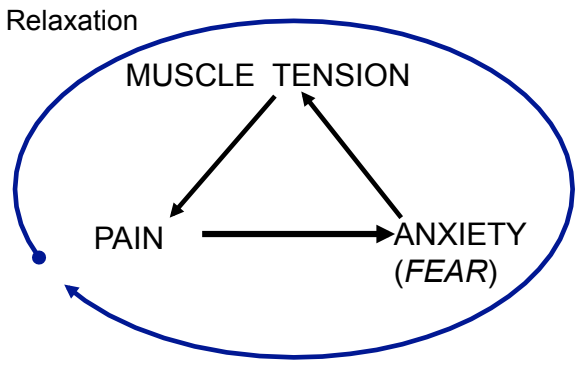
Three approaches to an 'altered state of consciousness'

(Zahourek 1988, emphasis added)

- Relaxation
- Imagery
- Hypnosis

Focused Breathing Mindful Distraction

- Degree of 'relaxation' in a 4-6yro is questionable – hence 'mindful distraction'
- Position hands (signals start)
- Focus on breathing
- Paying attention to body regions and parts in a sequential manner – see notes



McCaffery & Beebe (1989)

Imagery

- "Any thought representation that has a sensory quality we call an image". (Horowitz, 1983,)
- "The internal experience of an event without the external stimuli". (Zahourek, 1988)
- Dreaming in the daytime, visualize, imagine, fantasize.

Hypnosis and Imagery

"Imagery" and "visualization are synonymous in our use of the terms and generally indicate incorporation of visual images, whereas "hypnosis*" may or may not* include visual imagery. … hypnosis implies an effort to achieve a state of highly focussed attention, during which time the patient is more susceptible to suggestion. *Suggestion is an integral part of hypnosis*, whereas suggestion may or may not be offered in imagery, relaxation or meditation strategies. (Syrjala and Abrams 1996, p.231 emphasis added).

Hypnosis

- Induction – much less emphasis with children (Kuttner, 1993; LeBaron & Zeltzer, 1996; Olness & Kohen, 1996)
- Deepening of trance state
- Intra-hypnotic suggestion
- Post-hypnotic suggestion

Guided Imagery: Preparation

- Explanation and Roles
  - Parent
  - Child (assent)
  - Health professionals
- Inclusion rather than exclusion.
- This is *one* technique that we add to our other techniques.
- Don't have to wait for a procedure to practice.

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Guided Imagery: Technique

- The choice of imagery is always the child's.
- Listen and engage with the child in his or her imagery rather than making suggestions.
- Allow the child to move into the imagery in the present tense rather than suggesting disassociation from the "here and now" self.
- Generally take the back seat: Allow the child to describe and direct his or her imagery.
- At times ask questions relevant to the child's imagery – guide and be guided.

Guided Imagery: Technique

- Rapport and trust
- "I know a way that we can make this easier - Would you like to try?"
- Identify focus What's good FUN
- Deep breaths and mindful distraction
- Child describes imagery
- You guide imagery

Refer to notes

Guided Imagery: Technique

- Inform the child as to what is happening whilst s/he is "in imagery"
- Reinforce and/or reframe imagery where necessary
- Round off imagery
- Count backwards 4,3,2,1
- Eyes open - look at the floor then up.
- Lots of encouragement.
- Did you feel as if you were here, there or in-between?

Imagery Response Indicators

- Eyes closed (not always at first)
- Eye movements (under closed lids)
- Slowing of respirations
- Relaxed and absence of muscle tension
- Speech: Normal to calm with no sign of apprehension
- Easy flowing description of imagery
- Appropriateness of affect and imagery
- If you ask something that does not "fit" the person will correct you.

Review each case: What can I learn from this child?

- Cases that went very well
  - What was easy to focus on?
  - What enhanced the child's imagery?
- Cases that did not go as well as you had hoped: You will learn as much, if not more, from these cases than the ones that flowed with ease.
  - Why did this case not go as well as I had hoped?
  - How can I address this in subsequent cases?
- In-between Cases: The spectrum
  - What were the goals?
  - Perhaps the outcome at this stage is realistic
  - How can I improve the outcome?

Precautions and potential problems

- Providing superficial relief of mental health problems.
- Causing tension by using images that promote fear.
- Withholding other treatment modalities.
- Caution with delusional or hallucinating subject: Out-of-body or out-of-reality sensations

Precautions and potential problems

- Postural hypotension
- Relaxation induced anxiety
- Light headedness/dizzy feeling
- Emerging emotions - adolescents and adults
- Re-orientation to the here-and-now

From the Koalas Video

- Doctor & Nurse – procedure focus
  - Deliver treatment
  - The job to be done
  - Their role
  - Most important: getting the cannula in
  - Get it over with as quickly as possible

From the Koalas Video

- Guided Imagery – Child focus
  - Child is the most important person in the room
  - The child needs to know that
  - Working together
  - Most important
    - Deliver treatment in a way that reduces harm
    - Give the child skills for the next procedure
  - 'Can you release the torniquet'
  - Not 'good guys' vs 'bad guys'

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