Pain ECHO Education Event

SICK KIDS LEARNING INSTITUTE
The Hospital for Sick Children. Toronto.

DISTRACTION, PAIN AND GUIDED IMAGERY WORKSHOP

Focusing on Pain and Fear in Children and Adolescents

OUTLINE

OBJECTIVES AND PROGRAM

Workshop date: **Thursday 23 March 2023**
Time: **EST 08.30 - 16.00**

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March 2023

Overview

Welcome and thank you for your interest and registration in this workshop. I am grateful to the Pain ECHO Program and The Hospital for Sick Children, Toronto for their support with this education and training.

The workshop includes theory and practice with a strong emphasis on linking the two. We will start with the complexity of pain, a little neurophysiology, and the psychology of emotion in relation to pain. We will then focus on the practical skills especially mindful distraction and guided imagery. Typically in North America and Canada 'Guided Imagery' utilises Imagery Scripts. If you are familiar with these then this workshop will give you new skills because you will learn an interactive, essentially conversational technique that does not draw on scripts. Indeed, every Guided Imagery case is different because the child chooses what she or he would like to focus on.

Throughout the workshop it is hoped you will relate the content to your own experiences and clinical challenges in managing procedural pain in children and adolescents. The knowledge and skills also apply to older adolescents and adults. The workshop will integrate the following theoretical and practical components:

The Theoretical Component will focus on:

- Shifting from the bottom-up sensory appraisal view to a top-down constructivist view of pain;
- Defining pain as an alarming sensory-cognitive and social experience encompassing *memory, emotion, attention, language, learning, thought* and *consciousness* and the relevance of each of these in pain assessment and management;
- Emotions, particularly waves of fear and feelings of threat and strategies for reducing their impact on pain;

The Practical Component will focus on:

- Actually doing mindfulness techniques, focused breathing and mindful distraction, individually and with a colleague.
- Engaging in Guided Imagery both as the person in the imagery and guiding a colleague through a guided imagery session.
- Putting skills into practice in a multidisciplinary approach to managing pain.
- Advice on how to approach the notion of using these techniques with children and parents.
- What to do if a child is distressed and losing control.

Workshop Objectives

Upon completion of the Workshop, the participant will be able to:

- Discuss cognitive and sensory aspects of pain;

- Use focused breathing and mindful distraction with children and adolescents in painful or emotionally challenging situations;
- Teach children and parents breathing and mindful distraction skills on admission or initial assessment.
- Discuss ways of increasing the efficacy of distraction techniques in managing pain.

Pain and Guided Imagery Workshop Program

08.30	Introduction to pain neurophysiology, cognitive theory and emotions in health care. Why pain is more than nociception.
	Personal Construct Psychology, distraction, focused breathing and mindfulness: techniques for pain, fear and anxiety in children and adolescents.
10.00 - 10.20	Morning Tea Break
10.20	Break-out pairs and practice mindful distraction
	Guided Imagery Technique: theory, practice and demonstration.
12.15 - 13.00	Lunch Break
13.00	Guided Imagery Cases: review and discussion of videos.
14.30	Break-out pairs and practice guided imagery.
	Group discussion
16.00	Feedback and Finish

Guided Imagery Practice

For each of the three practices make notes on items 1 to 7 on the Case Summary Sheet.. After completing the three practices, finish your notes (on the back of Case Summary Sheet #3) on items 8 and 9 together with any other reflections on the Workshop and your experiences.

1. Describe the situation and setting or procedure.
2. How did you introduce the use of Guided Imagery?
3. How did the child/patient, parent(s) and colleagues react to guided imagery and how did you feel?
4. What was the choice of imagery? How did the child choose and what you can build on from this case?
5. Level of absorption in imagery: Good – Intermittent – Poor
6. Briefly describe the imagery.
7. How did you feel guiding the imagery? What did you find that was easy/challenging?
8. Comment on your level of confidence in using guided imagery across the three practices.
9. What have you learned across the three practices and how will you apply what you have learned to your practice in pain management?

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Useful Links

*Top-down Pain Control http://www.top-downpaincontrol.com
*PEDIATRIC-PAIN Mailing List http://pediatric-pain.ca/resources/pediatric-pain-mailing-list/
Centre for PCP, University of Hertfordshire, http://www.centrepcp.co.uk/
Personal Construct Psychology in Europe, http://www.pcp-net.org/europe/home.html
Personal Construct Gateway, http://www.personal-construct.net/
The PCP Portal http://www.pcp-net.de
International Association for the Study of Pain (IASP) http://www.iasp-pain.org/
*IASP Special Interest Group Pain in Childhood http://www.iasp-pain.org/SIG/Childhood
Association for Contextual Behavioral Science. https://contextualscience.org/act
*Dr Russ Harris: http://www.actmindfully.com.au/acceptance_&_commitment_therapy
*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
*Understanding pain and what's to be done about it in less than 10 minutes. Review and links to this excellent video and supporting material: http://childpain.org/ppl/issues/v17n3_2015/v17n3_whitaker.pdf
CAPCH Acute procedural pain paediatric recommendations and implementation toolkits.
http://ken.caphc.org/xwiki/bin/view/Paediatric+Pain/Acute+Procedural+Pain%3A+Paediatric+Recommendations+and+Implementation+Toolkits

GUIDED IMAGERY (refer also to workshop notes)

I know a way we can make this easier… would you like to try?

You know sometimes when you wake up in the morning and you have been dreaming… sometimes those dreams were very REAL - like it was really happening and you were there but you were asleep!

Imagery is a bit like having a dream in the daytime and you can do it ANYWHERE… even here in this …

You know if you breathe on a window it fogs up…If you look through the window, things are a bit foggy. Imagery is a bit like 'fogging up the window'. You can still see things and know what is going on around you but it is not quite the same. Especially as you move with the imagery.., where ever you go like the playground/pool/park/football field/backyard/ shopping/…

What do you like doing the most? What is really good fun? I*t is important the child/patient chooses his or her imagery.*

If you could do anything or be anywhere right now, what would it be? What would it look like?

Once the child has identified a focus. Go through the mindful distraction technique… Then: Eyes closed Think/imagine that you are....(whatever the child chose to imagine)

- walking a familiar route - home from school, to the park
- playing in the school yard/playground/park/backyard. Riding a bike etc
- going on holidays or a trip somewhere fun
- doing anything that is experiential - swimming, skating, football, skiing
- travelling on bus, a train or a ride in the car
- shopping

You *'I don't know what it looks like, where you are, just imagine you are there, right now'.*

Tell me, what does it look like where you are? Can you describe it for me? Where are you going? What are you going to do? Picture what it looks like, and tell me what you are imagining.

Guide and be guided by the child's imagery...

Start with broad - general 'global questions' open-ended and move to specific or focused questions *based on the child's description* (you have to follow what the child is saying).

Keep it concrete/experiential: Back door - What does it look like? Any steps?

In the car - which seat are you in? Who is driving? As you go around a corner - tell me when you hear the indicator clicking….

Going swimming/football/shopping/seaside/holiday etc “Are you there or on your way?

Have a look to your left, what can you see there? And to your right?

Is there anything that catches you attention?

Would you like to check that out?

Take your time and tell me when you...

Describe it for me. Is anyone else there? What are they doing?

What about colours? Sounds? Wind in your hair or on your face?

Offer choices: Where would you like to go now? What would you like to do?

Is it…? Or, is it…? (If the child corrects you Great! It means they are engaged in the imagery.

Counting is good in imagery eg: steps going up or down, bouncing a ball, swimming strokes etc

Follow imagery, allow the child to describe his/her imagery.

If the child comes to the "end" of whatever it was that he/she was describing or if you want the session to finish:

Rounding off… a logical place/time to finish

Ask the child if he/she would like to finish their imagery/walk/game etc;

Remember ‘*fast forward’* as a way of rounding off to an appropriate point

A nice big deep breath in, and let it out slowly

Think backwards from 4 to 1; with young children count with them from 1 to 4;

Eyes open slowly, look at the floor and then look up (clinical areas are often bright)

Become aware of feet/wiggle toes;

Stretch of arms and legs. Don’t stand up immediately, take a few moments to ‘collect and reorientate oneself’;

Emerging from imagery can be a little like dreaming and then waking up;

Make a fist and then relax hands;

Ask the child how he/she feels;

Point out that because the child is relaxed, he/she might feel a little "funny" for a few minutes.

As with relaxation, a cool feeling or overall warmth are possible; also watery eyes, feeling very relaxed or sleepy; emerging emotions in older adolescents and adults.

Focused Breathing and Mindful Distraction for Pain Management

You can teach this simple mindful technique on admission and prior to procedures; this will boost your confidence using the technique with children and adolescents during painful or distressing treatments.

'Just notice your breathing… *take a nice BIG breath in' - you breathe with the child*, and breathe OUT with a slow releasing breath.

Breathing – one hand on your tummy, the other on your upper chest, slow deep breath in through the nose, upper hand still, lower hand moving out as you consciously push your diaphragm down - tummy out. Then gently blow out through pursed lips. Repeat this three or four times.

Then start with the following mindful distraction sequence:

- Toes (wiggle) feet on the floor (or dangling), back to heels – top of feet, where laces would be… Ankles
- Lower legs, up to your knees… notice the sensations, touch, position...
- Upper legs… bottom… your weight on the chair
- Notice your breathing… the breath that goes in... and out (time this with the child's breath)

- Lower back and back against the chair… (adjust according to child's position)
- Up to your shoulders… let them drop a little... (that's good...)
- Into your neck area, noticing sensations, maybe gently look to the left and right
- Up the back of your head and ears, up to your *tallest point* on top of your head
- Notice your breathing… the breath that goes in... and out (time this with the child's breath) *repeat any time*

- Around the front to your forehead and eyes… (eyes can be open, closed or alternate, child's choice)
- Down through your jaw and down your neck… notice the sensations... hair, clothing, pillow etc
- Across to shoulders… right out to the tips of your shoulders
- Now down both arms together… through elbows, wrists and fingers (can pause at elbows, then on down)

Variations:

Left side, up and down then the right side. Reverse the order and work your way from fingers to toes.
Breathing in a soothing colour and 'sending' it around your body, ask the child where she/he is 'sending it'
'Mindful Tracing' around fingers and thumb – first one hand then the other - let the child choose.
Generally done with eyes open but can be done with eyes closed.

Finish with a deep breath in, and out and a stretch of arms and legs.
If the child/adolescent has closed eyes and drifted then a deep breath in and think backwards 4,3,2,1 then open eyes and all finished. Follow this with a stretch of arms and legs. Don't stand up immediately, take a few moments to 'collect and reorientate oneself'. You can use this technique with children as young as 4yrs but they are unlikely to respond to 'relaxation', which is why we use the term 'mindful distraction'.

This technique should only be used in a safe environment where the child could fall asleep without any risk of harm. It is one technique that can be added to other distraction techniques such as blowing bubbles, iPad, music, video, games etc. The child may feel sleepy or experience altered sensations… watery eyes (not crying), overall warmth or a cool feeling, light-headedness; emerging emotions in older adolescents and adults.

Talk with the child about his/her experience. If the child had a procedure, remember, in a child-centered approach the end of the procedure is not defined by technical aspects. The immediate post-procedural period is a crucial opportunity for building and reconstruction; don't waste it by walking away. Remember, any gain is a gain. Lots of encouragement and 'Achievement' stickers and rewards rather than 'Bravery'.

TDPC Workshops

- Distraction, Pain and Guided Imagery On-site / Online
- Stress & Emotins in Health Care
- Paediatric Palliative Care

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