

PEDIATRIC PAIN SIG NEWSLETTER

Fall 2022

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Updates from the Pain SIG Co-Chairs!

We are pleased to share the Fall 2022 edition of the Division 54's Pain SIG Newsletter! In our biannual letter, we aim to highlight important topics in pediatric pain, including research, clinical, and educational activities, as well as update readers on what we have been up to in the Pain SIG.

First, please enjoy the fascinating and novel research summary by Maria Pavlova, MSc, Kendra Mueri, BA (Hons), & Melanie Noel, Ph.D. entitled, "Mother—and Father—Child Reminiscing About Past Events Involving Pain, Fear, and Sadness," and the incredible student journey of Brooke Greenberg featured in this newsletter.

We are also thrilled to announce that Dr. Anna Hood will be presenting at our upcoming research webinar on Friday, January 27, 2023 at 12pm EST on "Antiracism and Cultural Humility in Pediatric Pain Research." Please join us in listening to her speak on this critical topic.

Second, our pediatric pain psychology fellowship didactic series began with the incredible leadership of Dr. Rashmi Bhandari, Pain SIG Education Chair. If you are a pediatric pain psychology fellow or training director and would like to take part in this series, please contact Dr. Bhandari at rbhandar@stanford.edu.

Third, we are excited to share our recent increased trainee involvement in our SIG. With the leadership of our student representative, Jennifer Christofferson, we have developed a student task force consisting of talented individuals at various stages of their training who share ideas about how our SIG can better support the needs of students. For any student or trainee interested in this task force, please contact Jennifer at jchristofferson@ku.edu. You will notice a new addition to our newsletter called Student Corner, which addresses common challenges that trainees face throughout their development. Please let us know if you have a topic to feature in our Spring newsletter!

Lastly, we want to hear from you about what more we can do to support your clinical work. Dr. Sara Fligelman, our Pain SIG Clinical Chair, is heading a clinical task force to develop materials to disseminate to clinicians and trainees. If you are interested in supporting this effort, please contact her at sara.fligelman@seattlechildrens.org.

Your 2022-2023 SIG co-chairs,
Emily Wakefield, Psy.D. and Sarah Nelson, Ph.D.

Research Spotlight

Mother- and Father-Child Reminiscing About Past Events Involving Pain, Fear, and Sadness

Maria Pavlova, MSc, Kendra Mueri, BA (Hons), & Melanie Noel, PhD

Pain is prevalent throughout childhood. How children remember their past pain predicts how children experience future pain (Noel et al., 2012). Research has demonstrated that how parents and children talk about past pain influences children's pain cognitions (i.e., pain memories; Pavlova et al., 2022a). In fact, decades of developmental research have demonstrated that parent-child verbal exchanges (reminiscing) about past autobiographical events influences young children's social, emotional, and cognitive development (Salmon & Reese; 2016; Wareham & Salmon, 2006). That is, parents whose reminiscing style is elaborative (i.e., frequent open-ended questions and emotion-laden language) have children with better developed autobiographical memory, richer vocabularies, and better emotion comprehension (Salmon & Reese, 2016; Wareham & Salmon, 2006). Few studies that have examined parent-child communication about past autobiographical events involving pain demonstrated that reminiscing about past pain differs from reminiscing about sadness. Parents tended to be more elaborative when discussing past sadness but not pain (Pavlova et al., 2019). It is not yet known whether there are differences in how parents reminisce about past pain versus fear. Fear is a natural response to stimuli perceived to be dangerous. Fear of pain or medical procedures, such as needle procedures, is common in childhood (Gullone, 2000; Ollendick, 1983), and the association between pain and fear has been well established in the literature (Rhudy & Meagher, 2003). Fear has been shown to exacerbate pain experiences and influence future pain (Rhudy & Meagher, 2003).

Pavlova and colleagues (2022b) aimed to fill the gap in the literature by examining parent-child reminiscing about past autobiographical events involving pain, fear, and sadness, as well as examining child sex and parent gender differences in reminiscing between these three events.

One hundred and three 4-year-old children (55% girls) and their parents (52% fathers) took part in a reminiscing task in which they talked about past events involving pain, fear, and sadness. Parent-child narratives were coded using an established coding scheme (Pavlova, 2019). When reminiscing about past events involving fear, compared to pain, parents used more negative emotion-laden words, used fewer pain-related words, and provided more explanations. Parent-child reminiscing about past fear events, as compared to sad events, were similar in that parents used a comparable degree of emotion-laden language (both positive and negative) and explanations. When reminiscing about sad, versus painful, events, parents used fewer pain-related words and more emotion-laden language (both positive and negative) and explanations. Overall, these findings suggest that parents and children reminisce about past fearful events in a manner that is similar to other emotionally negative events (e.g., sadness). However, when reminiscing about past painful events, parents engage in a different style of reminiscing involving less emotion-laden language and fewer explanations, which is a style that been linked to less optimal developmental outcomes such as less developed autobiographical memory and lower levels of emotion comprehension (Salmon & Reese, 2015; Warehouse & Salmon, 2006).

Pain is an equally distressing event, yet parents engage in a less optimal reminiscing style (i.e., less emotion-laden language and fewer explanations) when speaking about pain as compared to fear and sadness. Pain is a multidimensional experience involving both sensory and affective components. Yet, parents tend to focus more on the sensory component (i.e., pain-related words) and less on the emotional experience of past painful events (i.e., emotion-laden language). Parents also provide fewer explanations when reminiscing about past painful events.

Construction of coherent narratives, through the use of explanations, is necessary to make sense of past experiences (Pennebaker & Seagul, 1999). As young children's autobiographical memory skills are still developing, they rely on their parents to help process distressing events and construct meaning based on parental explanations. Given how prevalent pain experiences are in childhood, lack of explanations and emotion-laden language in parent-child reminiscing about past pain may lead to incoherent and distressing children's memories for past painful events. The findings demonstrated no significant interaction between child sex, parent gender, and event type. This suggests that mothers and fathers reminisce similarly with boys and girls about past painful, fearful, and sad events.

Overall, these findings demonstrate that parents reminisce about past fearful events and sad events in a similar manner, but not about past painful events. Parents used less emotion-laden language and fewer explanations when reminiscing about past pain events, despite pain being an equally distressing experience. Parental use of emotion language and explanations has been linked to optimal developmental outcomes including better developed autobiographical memory, richer vocabularies, and better emotion comprehension (Salmon & Reese, 2016; Wareham & Salmon, 2006). Parent reminiscing style can be altered through brief reminiscing interventions (Pavlova et al., 2022a), and these findings highlight specific targets for reminiscing interventions to alter parent-child reminiscing about past pain.

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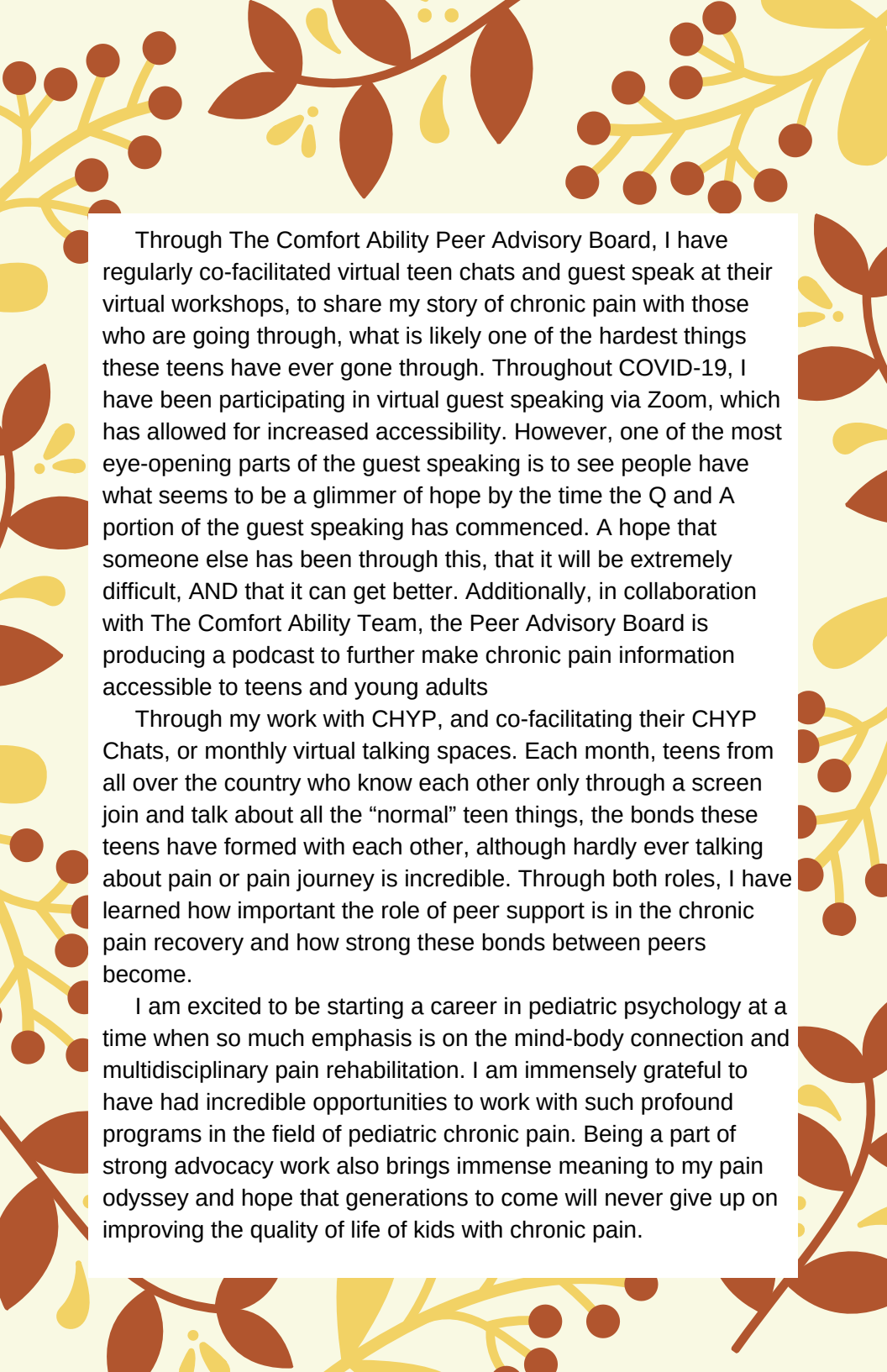
Student Spotlight

It is often an anecdote that pediatric psychology trainees will share when asked about their "why?". Maybe it is a family member, a friend, or a story they heard on the news or read in a book. My "why" is simple: to improve the lives of youth and adolescents with chronic pain through research and clinical intervention. My "why" is a direct result of being a person with chronic pain for nearly 10 years. After attending a pain rehabilitation program in 2016, my life transformed in two ways: I was able to resume my life as a teenager, and I found the discipline of pediatric psychology.

Since 2016, I have been passionate about amplifying the voices of those living with chronic pain in various capacities and have found myself wearing many hats as a patient advocate, researcher, and a part of various teams including The Comfort Ability Peer Advisory Board and a group facilitator for Creative Healing for Youth in Pain (CHYP).



Brooke Greenberg
Nova Southeastern
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Through The Comfort Ability Peer Advisory Board, I have regularly co-facilitated virtual teen chats and guest speak at their virtual workshops, to share my story of chronic pain with those who are going through, what is likely one of the hardest things these teens have ever gone through. Throughout COVID-19, I have been participating in virtual guest speaking via Zoom, which has allowed for increased accessibility. However, one of the most eye-opening parts of the guest speaking is to see people have what seems to be a glimmer of hope by the time the Q and A portion of the guest speaking has commenced. A hope that someone else has been through this, that it will be extremely difficult, AND that it can get better. Additionally, in collaboration with The Comfort Ability Team, the Peer Advisory Board is producing a podcast to further make chronic pain information accessible to teens and young adults

Through my work with CHYP, and co-facilitating their CHYP Chats, or monthly virtual talking spaces. Each month, teens from all over the country who know each other only through a screen join and talk about all the “normal” teen things, the bonds these teens have formed with each other, although hardly ever talking about pain or pain journey is incredible. Through both roles, I have learned how important the role of peer support is in the chronic pain recovery and how strong these bonds between peers become.

I am excited to be starting a career in pediatric psychology at a time when so much emphasis is on the mind-body connection and multidisciplinary pain rehabilitation. I am immensely grateful to have had incredible opportunities to work with such profound programs in the field of pediatric chronic pain. Being a part of strong advocacy work also brings immense meaning to my pain odyssey and hope that generations to come will never give up on improving the quality of life of kids with chronic pain.

Student Corner

Question: As a graduate student, what are the best tips to manage clients, classes, research, teaching and all other obligations?

Productivity Tips

- Take it one week at a time
- Have protected time for things (i.e., Friday morning is writing time)
- Color code everything!
- Using a physical planner as a to-do list
- Set timers to allow yourself a certain amount of time to work on a task
- Learn how to "intelligently drop the ball" - we cannot give 110% effort to everything - we must recognize which balls are glass and which are rubber - inevitably you will drop some of them

Self-Care Tips

- Set boundaries
- Make sure to focus on your self
- Give yourself grace
- Do things to take stress off of your plate
- Take a day off/week from work
- Seek therapy

Social Tips

- Don't be afraid to ask others for help!
- Rely on your cohort
- Say yes to social events even if it feels like it's taking you away from work
- Enjoy the social parts of grad school

Don't forget to believe in yourself