



Psychological Assessment in Pediatric Chronic Pain

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Faculty/Presenter Disclosure

- ❑ **Faculty:** Danielle Ruskin, PhD, CPsych
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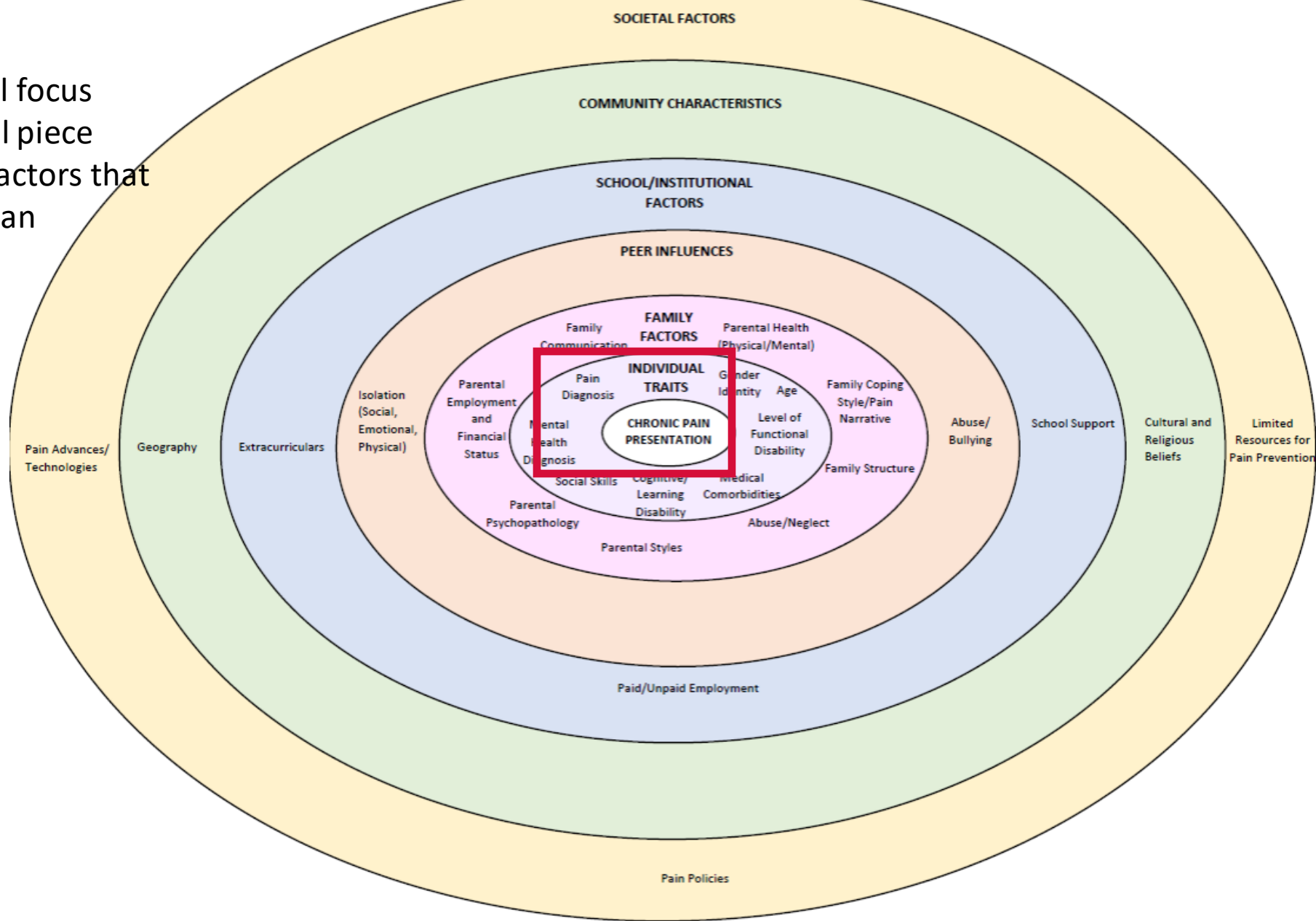
Learning Objectives

By the end of this session, participants will be able to:

1. Recognize patient criteria for psychological assessment
2. Identify key components of a pain psychology assessment
3. Discuss strategies to build engagement during the assessment of psychological factors
4. Identify important considerations when assessing cases with significant mental health needs



Today, we will focus on just a small piece of the many factors that contribute to an individual's presentation



What psychological contributors might require further assessment?

Case #1:

15 y.o. "Ava" with 2 year history of abdominal pain and newer onset dizziness, feeling faint and weak starting in September. GI and infectious disease have cleared of any significant pathology. Has tried various GI medications that have not helped. Family feels dismissed because some specialists have suggested Ava's pain is psychological. Eating triggers pain and so is avoiding eating certain foods. Is a very good student, but currently missing most days of school as feels better able to get work done on her own. Not seeing friends as feels she cannot enjoy time with them due to symptoms. When more active (when at school, out at malls, social events) symptoms can come on and feels nauseous and dizzy and has almost fainted. As a consequence, is now spending more time at home and resting in bed as this helps to reduce symptoms. Ava also worries that she might faint when away from home and so is reducing her time outside of the house. She feels frustrated that no one is able to tell her why she is having these symptoms. Parents have reduced work hours as they now must assist her with some ADLs given her dizziness and weakness. They have moved her bedroom to the first floor so that she does not need to climb the stairs. When asked about mood, she reports her symptoms are frustrating but says she is not depressed and she does not think she is anxious.



What psychological contributors might require further assessment?

Case #2:

14 yo male, "Andy", with a 1 year history of back pain that is described as sharp, shooting and aggravated by activity. Previously athletic, participating in hockey and baseball but now homebound as back pain is described as excruciating. Fearful of doing any bending or rotating movements as these aggravate pain. Investigations through orthopedics, neurology, rheumatology have not revealed a specific cause for back pain. Now, reports extreme fatigue, poor concentration, lethargy and sleep problems (sleeps during day and up at night). Acknowledges that he feels very annoyed and irritated because he can't do the activities that are important to him in his life. Playing video games in his room most days and is extremely angry. Parents have given up trying to set limits with Andy as they see he is in tremendous pain. Has stopped attending school because it is too painful to sit in class and has stopped seeing friends as feels friends are active and he cannot do the activities they are interested in. Parents appear very distressed and are seeking second opinion from a back specialist in the USA and are requesting imaging to be re-done.



We walk a balance between helping our patients to feel listened to and completing our assessments....



Situation: You are assessing your patient's pain and are trying to determine next steps to assist the patient
When is further psych assessment warranted?

1. Pain Distress

- ✓ • Ask about pain bugging (0 = pain doesn't bug you at all, 10 = pain bugs/annoys you out of your mind)
- Administer pain catastrophizing scale
- If pain bugging > pain intensity suggests psychological factors are contributing to pain experience
- If pain catastrophizing is high (T scores > 60)
https://www.researchgate.net/publication/6237978_The_child_version_of_the_Pain_Catastrophizing_Scale_PCS-C_A_preliminar_validation

2. Fear of Pain / Injury

- ✓ • Are there situations where you notice you are protective of your pain area / guarded? (e.g., busy hallways during classroom changes, certain movements, hugs, subways / concerts, sitting in middle seat of car)
- Are they avoiding any of these situations?
- Yes – further psych assessment



3. Connection between stress and pain

- Do you ever notice that your pain changes when you get more stressed?

4. Administer Brief Screening Tools for Anxiety, Depression

- PROMIS screener – 8 items



<https://www.assessmentcenter.net/documents/PROMIS%20Anxiety%20Scoring%20Manual.pdf>

If T score > 60 refer for further assessment

5. Family dynamics are contributing to the presentation

- Regressive behaviour – older child has begun co-sleeping with parent
- Parent highly distressed and focused on child's symptoms
- Secondary gain – child receives special privileges or protected time with parent when has symptoms
- Parents are reinforcing child's pain behaviours - 'she refuses to go to school....' 'he wants me to stay upstairs with him'

What is influencing child's level of functional impairment?

How much is level of dysfunction due to pain vs other factors (anxiety, mood, fatigue)

e.g., child with pain may not be attending school because of social anxiety or bullying vs pain; unless these issues are targeted in treatment even the best pain treatments will not help them return to school

Insight into mind – body connections?

Does patient see any link between stress and their pain?

Processing of Emotions

Can patient talk about their emotions?

Signs that this might be difficult for someone

Saying “I’m ok” when daily routines are disrupted, responding with “I don’t know” to questions about emotional experience

Does patient have an underlying DSM-5 diagnosis (anxiety, depression, eating disorder ARFID, somatoform)? **25-47% of children with chronic pain have a co-occurring mood or anxiety disorder ***

- Bateman, S., Caes, L., Eccleston, C., Noel, M., & Jordan, A. (2023). Co-occurring chronic pain and primary psychological disorders in adolescents: A scoping review. *Paediatric & neonatal pain*, 5(3), 57–65.

This patient will benefit from a psychology assessment – but where can I get this?



Find a Psychologist in Ontario

In Ontario, Clinical Psychologist and Health Psychologist conduct psychological assessments that can clarify mental health diagnoses

https://members.cpo.on.ca/public_register/new

Refer Child To Pediatric Pain Clinic in Ontario

Ministry of Health and Long Term Care Pediatric Pain Clinics:

Pain Psychologists available at Ottawa (CHEO), McMaster (Hamilton), London Children's (London), Hospital for Sick Children (Toronto)

Obtain consultation from Pain Psychology

Present your case at a PedECHO session

City of Toronto

≥ 16 yo virtual urgent care consult at CAMH for those residing in Toronto

<https://www.camh.ca/en/your-care/programs-and-services/virtual-urgent-care>

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https://cmha.ca/find-your-cmha

Canadian Mental Health Association (CMHA)



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Pain Center COVID-19 | Research Protocol | Files we have in | The Chronic Pain | My files - OneDrive | Document.docx | (1,321 unread) - | Mail - Danielle Ruskin | Attachments - | pedECHO Talk | BounceBack Online | Find Your CMHA | New Tab | screenshot on a |

cmha.ca/find-your-cmha

In crisis? Please call 1-833-456-4566 toll free (In QC: 1-866-277-3553), 24/7 or visit www.crisisservicescanada.ca.

Canadian Mental Health Association Mental health for all 100 years of community National FIND YOUR CMHA f t i y l n Q

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pedECHO Talk

Reducing wait times, primary care visits and emergency room visits.

Providing children and their families with faster access to the care they need is part of the government's plan to build a better Ontario through its [Patients First: Action Plan for Health Care](#), which is providing patients with faster access to the right care, better home and community care, the information they need to stay healthy and a health care system that's sustainable for generations.

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