

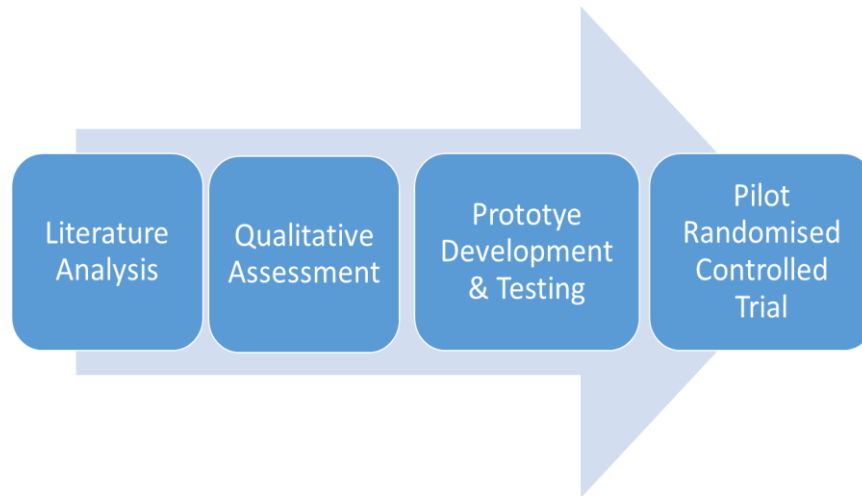
# Development of *Feeling Better*: A web-based pediatric chronic pain management programme

Angeline Traynor, Jonathan Egan, Brian McGuire

School of Psychology and Centre for Pain Research, National University of Ireland, Galway



McManus & McGuire, 2010



[www.feelingbetter.ie](http://www.feelingbetter.ie)



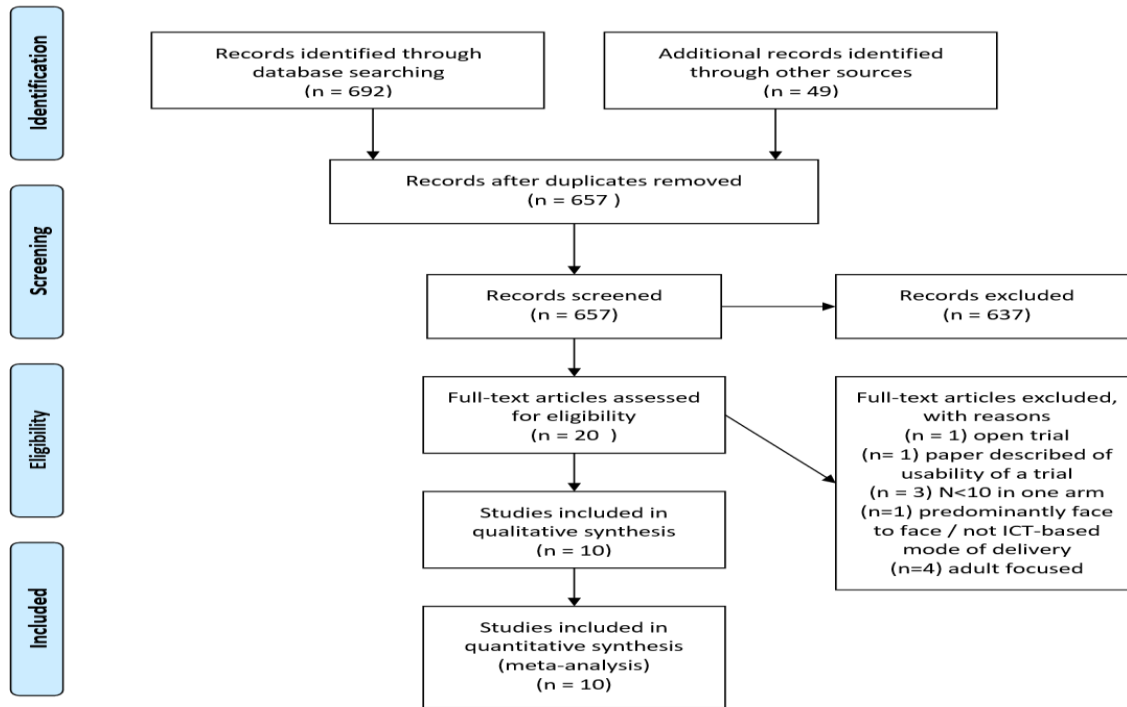
NUI Galway  
OÉ Gaillimh

School of Psychology & Centre for Pain Research

# Systematic Review



PRISMA 2009 Flow Diagram



- The Behaviour Change Technique Taxonomy (v1) (Michie et al, 2013)
- The Theoretical Domains Framework, (Cane, O'Connor and Michie, 2012)





# Pilot RCT of online intervention for pre-adolescent children with chronic pain

Ongoing, two-arm, pilot RCT of *Feeling Better* intervention compared to a WLC

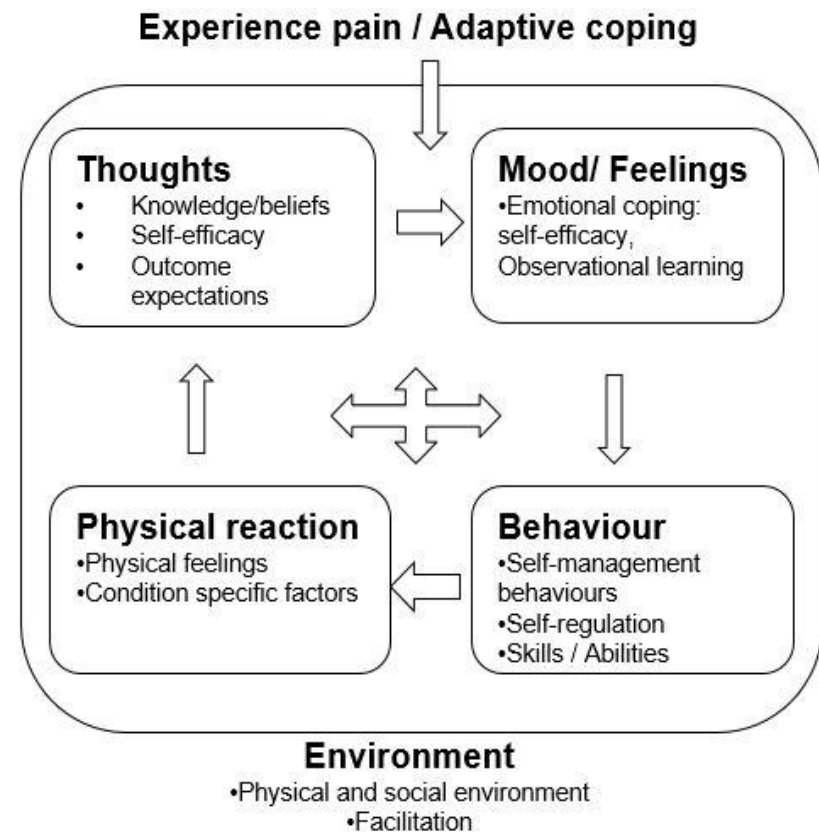
Core components of CBT for pediatric chronic pain

Aims:

- (i) increase knowledge
- (ii) expand range of coping
- (iii) enhance function despite pain

Guided by social cognitive and self-management theory

Assessment: baseline, post-test and at three month follow-up



**Table 1 Intervention content analysis**

<b>Module</b>	<b>CBT intervention technique</b>	<b>Theoretical construct targeted</b>	<b>BCT used*</b>
Introduction	Introduce <i>Feeling Better</i> format, CBT approach		
1 Understanding Pain	<ul style="list-style-type: none"> <li>Establish participant knowledge of chronic pain,</li> <li>Provide information</li> </ul>	Knowledge/Beliefs, Outcome expectancies, Self-efficacy	1.1, 2.3, 3.1, 4.2, 5.1, 5.3,
2 Relaxation Training	<ul style="list-style-type: none"> <li>Provide information/skills to implement relaxation strategies (deep breathing), manage outcome expectancies about the time it takes to achieve change</li> </ul>	Self-efficacy, Outcome expectancies	1.1, 1.5, 2.3, 6.1, 8.1
3 Activity Pacing	<ul style="list-style-type: none"> <li>Encourage evaluation of behaviour patterns</li> <li>Provide information/skills to implement activity scheduling, goal-chunking strategies</li> </ul>	Outcome expectancies, Self-efficacy	1.1, 1.5, 2.3, 6.1, 8.1, 15.1
4 Attention Management	<ul style="list-style-type: none"> <li>Provide information/skills to implement focusing and mindfulness strategies</li> </ul>	Outcome expectancies, Self-efficacy	1.1, 1.5, 2.3, 6.1, 8.1
5 Attention Management	<ul style="list-style-type: none"> <li>Provide information/skills to implement distraction strategies</li> </ul>	Outcome expectancies, Self-efficacy	1.1, 1.5, 2.3, 6.1, 12.4, 12.5
6 Cognitive re-structuring	<ul style="list-style-type: none"> <li>Identify evidence for and against thoughts</li> <li>Create positive coping statements, positive skills inventory</li> </ul>	Self-efficacy, Observational learning, Emotional coping	1.1, 2.3, 5.6, 6.1, 8.1, 11.2, 13.2, 13.3,
7 Problem-solving	<ul style="list-style-type: none"> <li>Encourage completion of BEST problem solving plans</li> <li>Address: Sleep hygiene / School functioning</li> </ul>	Self-efficacy, Facilitation	1.1, 1.2, 2.3, 6.1, 8.1
8 Communication skills	<ul style="list-style-type: none"> <li>Provide information/skills, encourage practice of positive communication with family, health professionals</li> </ul>	Facilitation Individual / family factors	1.1, 2.3, 6.1, 8.1, 13.3
9 Future Planning	<ul style="list-style-type: none"> <li>Re-cap of core points of each strategy, potential obstacles and solution</li> </ul>	Facilitation	1.2, 2.3, 8.1

\*BCT: Behaviour change technique; The Behaviour Change Taxonomy v1 (Michie et al., 2013)