1 Overview of the Rotation:

The Pediatric Pain Management rotation provides training in the assessment and treatment of children and adolescents experiencing chronic pain. Cases present with a variety of pain issues, including headache, abdominal pain, sickle cell and other pain disorders (e.g., complex regional pain syndrome), as well as psychosomatic complaints, that are interfering with functioning. Residents have the opportunity to assess and treat these patients in a co-therapy model, assuming more responsibility over the course of the rotation. An initial clinical assessment leads to treatments that include CBT and family-based interventions designed to increase functioning (e.g., school attendance). Residents will also receive specific experience in relaxation training and potentially, peripheral biofeedback for pain management.

The rotation runs from 1-5pm every Tuesday afternoon. On each day, the first hour is individual supervision to review upcoming evaluations and current cases. The remaining time is dedicated to patient care, either new evaluations or treatment of ongoing cases. The intervention model is typically one of co-therapy, with the trainee taking an increasingly active role as the rotation progresses. The trainee may be involved in the care of up to 6 patients at any given time, including some that may have begun treatment before the trainee began the rotation.

2 Achievement of Competencies:

Ethical and Legal Standards: Competencies in this area will be achieved through the demonstration of ethical practice within all clinical, research, and administrative/professional activities, as well as discussion of ethical/legal issues during supervision.

Professionalism and Self-Awareness: Competencies in this area will be developed by participating as a professional member of the multidisciplinary team, participating in ongoing educational activities, and reflecting on professional roles and responsibilities within the context of supervision.

Interpersonal and Communication Skills: Residents will demonstrate competencies in this area through their participation as a professional member of the multidisciplinary team, including opportunities to communicate data, ideas, recommendations, and feedback to others.

Assessment and Diagnosis: Competencies in this area will be developed through completion of an initial assessment, largely consisting of a clinical interview with the patient and family, which will informs case conceptualization and intervention development. Residents will be encouraged to address specific behavioral and emotional issues, incorporating contextual factors that are likely influencing symptom presentation.

Effective Intervention: Competencies in this area will be developed through delivering individual and family-based interventions based on the specific needs of individual cases. Evidence-based treatments for pediatric pain management will be employed. Treatment
goals will be operationalized and evaluated over the course of treatment, and modifications to treatment made based on these results.

**Consultation**: Residents will have the opportunity to consult with referring physicians, pediatricians, school personnel, and other mental health professionals, as appropriate, depending on the needs of the case.

**Supervision and Teaching**: As this rotation only accommodates one resident at a time, residents do not typically have opportunities for supervision and teaching on this rotation. However, when the opportunity arises, residents will be encouraged to teach pediatric trainees about psychological interventions for pediatric pain management.

**Research and Scholarly Activities**: Residents do not typically have formal opportunities to develop scholarly inquiry and research skills during this rotation. However, residents are encouraged to review current literature related to their cases and to provide suggestions as to how the literature relates to the treatments they are implementing.

**Cultural and Individual Diversity**: Residents will develop skills in this area through working with diverse patients and families. Patients and families may present with cultural and individual diversity across, but not limited to, race and ethnicity, socioeconomic status, parental psychopathology and other family risk factors, sexual orientation, and co-occurring disorders.

### 3 Time Commitment:

The rotation requires a 4-5 hour commitment on Tuesday afternoons (plus time for documentation and collateral contacts). One hour of individual supervision per week, plus supervision within the context of co-therapy, is provided.

### 4 Duties & Responsibilities:

Residents who participate in the rotation will provide therapeutic interventions for children and adolescents experiencing chronic pain. Over the course of the rotation, trainees will take an increasing leadership role in developing and implementing treatments. Trainees will conduct assessments of and provide treatment for children and families as they relate to psychological and behavioral management of chronic pain. Residents carry up to 6 cases, depending on frequency of therapy sessions. Residents will collaborate with medical, mental health, and educational providers, as appropriate. Residents will complete paperwork in a timely manner.

### 5 Time Table:

Approximate weekly time table: individual supervision (1 hour); face-to-face therapy (3 hours); coordination of care, preparation, and documentation (as needed). Oversight of the resident’s time will be the responsibility of Dr. Pelletier.

### 6 Methods of Teaching:

The primary modalities of teaching include co-therapy, role modeling, feedback, and one-to-one didactic instruction. Reading material related to psychological treatments for pediatric pain management is provided.

### 7 Treatment Units of Programs Involved:

Treatment is provided at the Division of Child and Family Psychiatry, Rhode Island Hospital/Hasbro Children’s Hospital, Coro Center West, Suite 204, 1 Hoppin St., Providence, RI 02903.
### 8 Supervision:

Dr. Pelletier will provide supervision, overseeing the resident’s time and experience, providing oral feedback in weekly supervision, and providing written feedback at the middle and end of the rotation. Dr. Pelletier is reachable by e-mail and phone and is available for impromptu supervision and consultation between regularly scheduled supervision meetings, as needed. Residents are encouraged to seek additional supervision and/or feedback if they feel that it would be helpful in their clinical work or professional development.

### 9 Relationship to Core Program:

Training in the Pediatric Pain Management rotation reflects the overall philosophy of the Brown Internship Program, which is based on the clinical science model. In addition to the outlined duties and responsibilities specific to the rotation, release time allows for attendance at various seminars, educational opportunities, additional clinical rotations, and a research placement.

### 10 Designation of Key Liaison Personnel:

Dr. Heather Pelletier is responsible for the training and supervision of the clinical psychology resident on this rotation.

Jennifer Freeman, Ph.D.– Track Coordinator, Child Track

Elizabeth McQuaid, Ph.D., ABPP – Director, Brown Clinical Psychology Internship Training Program

### 11 Criteria for Success:

Successful residents will achieve ratings of “Satisfactory Progress” on all competencies that are available within this rotation. Plans will be made for residents to obtain further training, supervision, and/or remediation to address competencies that are rated as “Needs Improvement” or are otherwise identified as areas that require additional emphasis in training. This rotation will be one of several that is considered in an overall determination of resident "competence" at the completion of the internship period.