

OBJECTIVES: The purpose of this poster is to highlight new initiatives within our clinic, including the development of a pain education session for families, group treatments (e.g., a 5 week Rise Above Pain Group; a 5-week Parenting Group), and a research database (to allow for program evaluation integrated within our clinical work).

DESIGN/METHODS: Challenges in developing a new clinic/new programs and providing care to complex families (e.g., professional roles and competencies, diagnostic discrepancies) will be discussed.

CONCLUSION: Implications for program development in new and established clinics will be highlighted.

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A GROUP FOR PARENTS OF YOUTH WITH CHRONIC PAIN: RATIONALE, STRUCTURE, CONTENT, AND PRELIMINARY OUTCOME DATA

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BACKGROUND: Parenting a youth with chronic pain can be challenging and have a significant impact relationally, emotionally and financially on caregivers (Palermo, 2000; Lewandowski et al., 2010). There is a growing literature indicating that parent emotions (e.g., anxiety, depression), cognitions (e.g., coping, pain catastrophizing), and behaviours (e.g., attending to pain symptoms) can moderate a child's adjustment to chronic pain (Logan & Scharff, 2005; Palermo et al., 2014; Palermo & Eccleston, 2008). Therefore, intervening with parents of youth with chronic pain is believed to foster better outcomes regarding children's functioning (e.g., school attendance; Coakley & Wihak, 2017).

OBJECTIVES: No study has evaluated a stand-alone intervention targeted at parents of youth with chronic pain. Consequently, this poster presents a five week parenting group that we developed and ran on four occasions. Preliminary results pertaining to group feasibility, satisfaction, and effectiveness will also be presented.

DESIGN/METHODS: The group is designed to augment the treatment of youth in our program and includes the following topics: chronic pain 101 (psychoeducation), impact of pain on the family, self-care, tools for managing a child's pain, identifying and overcoming barriers, school partnerships, and celebrating successes. Each session involves homework review, a mindfulness activity, new material (inclusive of a didactic activity), goal-setting, and assigned readings.

To date, 41 parents of youth with chronic pain have participated in the four group cycles. Outcomes were measured using the Adult Responses to Children's Symptoms (ARCS) Questionnaire (Noel et al., 2015; Van Slyke & Walker, 2006) which parents completed at the start and end of the group. Feedback and parent satisfaction were also obtained on a feedback form designed by authors and given on the last session of group.

RESULTS: Overall, the group demonstrated adequate feasibility, was well-received by parents, and high satisfaction was reported. Preliminary data suggest that the group was helpful in reducing some parental responses associated with maladaptive child outcomes. More specifically, statistically significant decreases in protectiveness, monitoring, and minimizing (subscales of the ARCS) were found after the 5 week intervention.

CONCLUSION: "Anecdotally, many parents expressed uncertainty about how to respond when adolescents complained of pain and refused to go to school, and parents appeared eager for...strategies to help them negotiate the situation" (Logan & Simons, 2010, p. 833).

Our results are consistent with previous literature (Logan & Simons, 2010; Saunders et al., 1994) and suggest that intervening with parents may help improve outcomes for youth with chronic pain.

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CLINICIAN KNOWLEDGE, COMFORT, AND PERCEIVED BARRIERS IN TREATING TRANS PATIENTS WITHIN A TERTIARY CARE PEDIATRIC CENTRE

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BACKGROUND: Historically, there have been numerous barriers to trans people - including youth - in terms of their access to health care in a variety of settings. Trans-specific care for youth is sparse across the

country with long wait lists to access care. Further, there is a known period of vulnerability for trans people who have decided to access transition support and have not yet received it.

OBJECTIVES: This needs assessment survey was a first step to assess what training clinicians have received regarding working with trans patients, how comfortable they are working with trans patients, and what might be barriers to providing good care to trans patients. Addressing clinician perceived barriers may improve access to care.

DESIGN/METHODS: A 36-question survey was distributed electronically to faculty within the departments of paediatrics and psychiatry and to paediatric residents. The anonymous survey was designed to take approximately 10 minutes. The questions covered the topics of training, comfort, and practice. Data was analysed descriptively, and will be used to inform future educational sessions. Results are reported in the following areas: Training, Comfort, Practice, Barriers and Facilitators.

RESULTS: 38 clinicians completed the survey (29 faculty, 7 residents). 16% reported having received training in trans-specific care. 86% indicated interest in training in trans-related care, with the majority favouring grand rounds (74%) and online modules (71%) as learning formats. 22 respondents (58%) felt 'comfortable' or 'very comfortable' in assessing overall health of trans patients. More than 40% of respondents responded 'not applicable' to questions about prescription of puberty blockers/exogenous sex hormones, indicating that they consider this outside of their scope of practice.

82% of respondents agreed that they were aware of colleagues to whom they could refer trans patients. Two respondents (5%) indicated that they regularly provide trans-specific care. One respondent (3%) indicated having a religious and/or cultural objection to providing trans-specific health care. Most respondents reported using patients' preferred names and gender in verbal communication (89%) and when documenting (78%). 68% of respondents indicated that they would mirror language used by patients or try to use gender-neutral language when discussing anatomy.

Ten participants with experience in caring for trans patients identified a variety of facilitating factors. It was noted that this is "rewarding work" and "very much needed". 76% cited a 'lack of training in trans-specific care' as the primary barrier.

CONCLUSION: Information collected from the survey will assist us in creating appropriate educational sessions for the relevant departments. It is hoped that addressing clinician perceived barriers will facilitate better access to care amongst a group of patients that has historically been marginalized within health care.

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PRISE EN CHARGE MULTIDISCIPLINAIRE D'ADOLESCENTS AVEC SYMPTÔMES DOULOUREUX FONCTIONNELS RÉFRACTAIRES

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BACKGROUND: La douleur chronique, d'origine organique ou somatique, représente un fardeau financier important au niveau du système de santé. L'intervention multidisciplinaire a été démontrée efficace pour améliorer cliniquement l'impact fonctionnel de cette condition.

OBJECTIVES: Étude de l'impact d'une prise en charge multidisciplinaire pédiatrique et psychologique sur les symptômes douloureux fonctionnels et leur retentissement dans une population adolescente référée pour échec de prise en charge initiale.

DESIGN/METHODS: Analyse rétrospective de dossiers d'adolescents, de 14 à 18 ans, suivis en clinique des adolescents pour des symptômes douloureux fonctionnels entre janvier 2016 et juin 2017. L'équipe multidisciplinaire est composée de pédiatre, psychologue en suivi individuel ou lors du groupe d'intervention en gestion de la douleur, physiothérapeute et infirmière.

RESULTS: 24/36 adolescents ayant des symptômes réfractaires avaient des dossiers exploitables. L'âge médian était de 15,9 ans [14,9; 16,3] avec 87,5% de filles dans l'échantillon. Les principales plaintes rapportées étaient des céphalées (50%), nausées/vomissements (50%), douleurs