

# DARWeb: DEVELOPING AND ONLINE INTERVENTION FOR CHILDREN WITH RAP AND THEIR PARENTS

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## BACKGROUND

Recurrent abdominal pain (RAP) is one of the most frequent pain problems in children (King et al., 2011). It affects children's quality of life and their daily activities (Yousseff et al., 2006) and it also negatively impacts family (Lewandowski et al, 2010). Moreover, RAP in childhood can be related with health problems in the later life (Gieteling et al., 2008). Psychosocial interventions based on the cognitive-behavioural model are effective (Palermo et al., 2010). However, these interventions are usually designed to children with severe pain problems, and access to these interventions is not easy.

Interventions directed to prevent long-term problems in children with mild and moderate problems are needed. Information and Communication Technologies can help to increase the access to these interventions (Velleman et al., 2010).

## OBJECTIVES

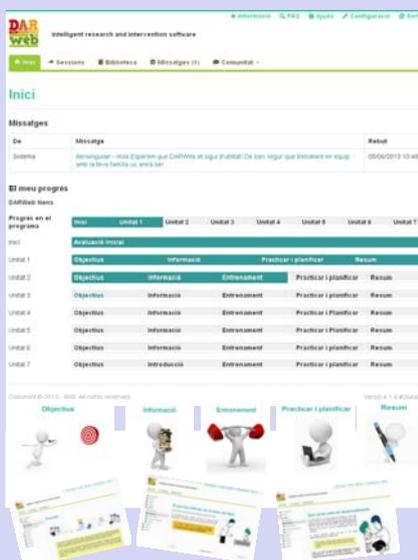
- 1- To create an online psychosocial intervention for children with RAP and their parents (taking into account the best available research evidence and the experience with families)
  - 2- To test the feasibility of this intervention with a small sample of participants.
- In this poster we describe the intervention and present preliminary data of our feasibility study.

### DARWeb'S ESSENTIALS

1. Based on literature and family experiences.
2. Complimentary to standard medical care.
3. Attractive and ease to use.
4. Available online, and using multimedia resources (such as Alex' comic)



5. Implemented using IRIS®: Intelligent Research and Intervention Software (Developed by Dr. McGrath at the IWK Health Center).
6. Self-guided intervention (only with reminders when families do not enter to DARWeb during 12 days).
7. Designated to be completed in 7 weeks (one unit per week).



### DARWeb'S UNITS

#### CHILDREN

1. What is pain?
2. Triggers, stress and pain.
3. SMART goals.
4. Relaxation.
5. Communication skills.
6. Management thoughts.
7. Pain distraction.

#### PARENTS

1. What is pain?
2. Triggers, stress and pain.
3. SMART goals.
4. Parental responses to child's behaviors.
5. Communication skills.
6. Parental modeling.
7. Management thoughts.

OBJECTIVE 1

### ANLYSIS OF FAMILIES PARTICIPATION

A total of 15 families (parents and children) were included for the pilot study.

#### After 8 weeks of starting DARWeb:

- 13 (87%) parents started the program.
- 11 (73%) children aged between 9 and 14 years (mean 11.45; SD: 1.86) started the program

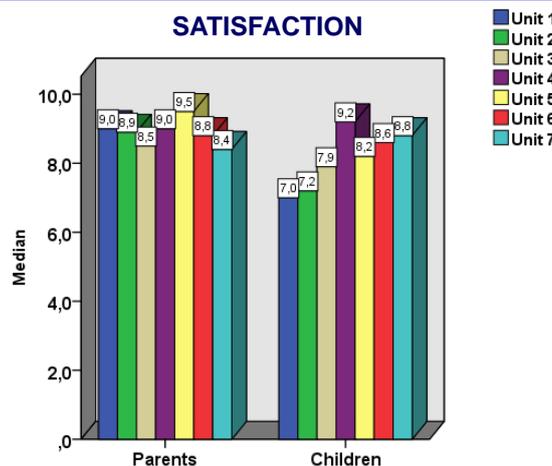
#### Of the 13 families starting the program, completed the UNITS...

- UNIT 1:** 13 (100%) parents and 11 (85%) children
- UNIT 2:** 12 (92%) parents and 9 (69%) children
- UNIT 3:** 10 (77%) parents and 8 (62%) children
- UNIT 4:** 10 (77%) parents and 6 (46%) children
- UNIT 5:** 8 (62%) parents and 5 (38%) children
- UNIT 6:** 5 (38%) parents and 4 (31%) children
- UNIT 7:** 4 (31%) parents and 3 (23%) children

Note: 2 of the 13 participating families started the program later than the former group.

OBJECTIVE 2

### SATISFACTION



## CONCLUSIONS

Although most of the families followed the intervention, only a few of them did it in the expected time (seven weeks). Although DARWeb was designated to be self-guided, probably we have to think in strategies directed towards increasing adherence to the intervention. Parent's satisfaction with DARWeb was very high (above 8 for all units). However, for children, although adequate, satisfaction was lower than for parents (above 7 for all units). Altogether, although we need feedback from more families completing the intervention, preliminary results are encouraging and show that an online psychosocial intervention such as DARWeb can be useful for these families.

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