Contact information of individual submitting the abstract

Name: Randi Dovland Andersen Title: Special Advisor / Researcher (PhD) Email: anrd@sthf.no Phone number: +47 934 53 441 Address: Department of Research, Telemark Hospital Trust, P.O. Box 2900 Kjørbekk, 3710 Skien

Abstract Information

Title: Pain in children and adolescents with cerebral palsy - Do we care? The CPPain-Program

Author(s): Randi Dovland Andersen^{1,2}, Sindre Klakegg Bruflot^{3,KU}, Guro L. Andersen^{4,5}, Reidun B. Jahnsen^{6,7,8}, Martin Svendsen¹, Kjersti Ramstad⁶, Chantel Barney^{9,10}, Frank Symons¹⁰, Lara Genik¹¹, Jordan Sheriko^{12,13}, Christine Chambers^{12,13}, Agneta Anderzen-Carlsson^{2,14}, and Lars Wallin^{15,16}

Affiliation(s): ¹Telemark Hospital, Norway; ²Örebro University, Sweden; ³The Norwegian Cerebral Palsy Association, Norway; ⁴Vestfold Hospital Trust, Norway; ⁵Norwegian University of Science and Technology (NTNU), Norway; 6Oslo University Hospital, Norway; ⁷University of Oslo, Norway; ⁸Beitostølen Health Sports Center, Norway; ⁹Gillette Children's Specialty Healthcare, Minnesota, USA; ¹⁰University of Minnesota, USA; ¹¹University of Guelph, Ontario, Canada; ¹²IWK Health Centre, Nova Scotia, Canada; ¹³Dalhousie University, Nova Scotia, Canada; ¹⁴Region Örebro County, Sweden; ¹⁵Dalarna University, Sweden; and ¹⁶University of Gothenburg, Sweden

Abstract

Purpose: For children and adolescents with cerebral palsy (CP), pain is the most common secondary condition and a significant concern. Although treatment is available, pain is undermanaged. The aim of the CPPain-program is to diminish the pain burden in pediatric CP.

Methods: A prospective cohort comparative design with before- and after measurements and process evaluation of a nested intervention. Mixed methods approach. End users and researchers will co-create the intervention; determine aims, participants, settings, content, delivery, and evaluation. We would like to discuss approaches to the co-creation of the intervention. The theoretically based structure for the intervention is process evaluation of complex interventions (Moore, 2015) with its five main components: 1) intervention context, 2) intervention and its causal assumptions, 3) implementation of the intervention, 3) mechanisms of impact, and 5) outcomes. Evidence-based or evidence-informed strategies will be used in the knowledge translation, for example, involvement of leadership, assessment of barriers and facilitating factors, internal and external facilitators, ongoing evaluation, and local adaptation of the intervention. Local groups lead by an internal facilitator will use rapid PDSA-cycles to implement changes. Internal facilitators will be included in a network for peer support and supported by an external facilitator. Normalization Process Theory (NPT) and the NoMAD questionnaire will be used throughout the implementation process to describe, explain and predict implementation outcomes. Systematic dissemination of knowledge will be integrated into the program.

Results: Pre-intervention data collection is ongoing. Content, delivery and evaluation of the intervention is in early stages of development.

Conclusions: None yet.