Development and Validation of an Implicit Measure of (Chronic) Pain-related Fear, Avoidance, and Acceptance in Adolescents.

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STUDY 1



Spider Fear (n=30)

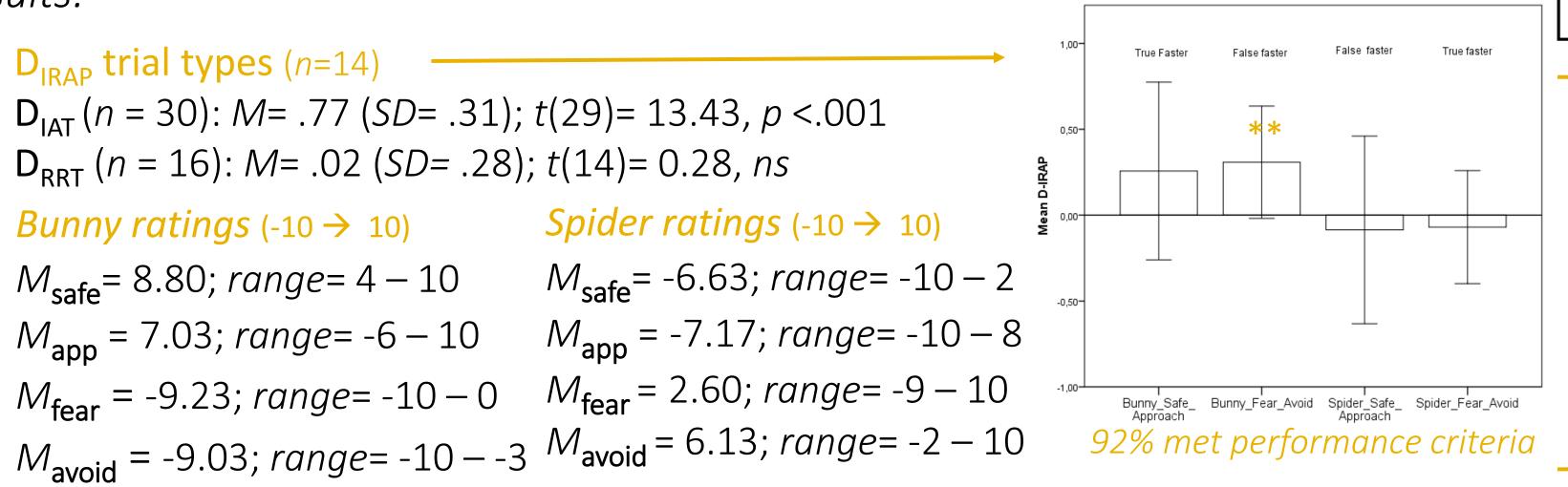
Can we asses children's automatic fear-avoidance responses with an implicit measure?

- * Stimuli: pictures (spiders vs. bunnies) + statements (fear-avoidance vs. safety-approach)
- Implicit measures:

Implicit Relational Assessment Procedure (IRAP)³

Relational Responding Task (RRT)⁴ Implicit Association Test (IAT)⁵

- * Explicit measures: Fear, Avoidance, Safety, and Approach ratings
- **Results:**



Conclusion: IRAP and IAT can assess automatic fear responses in children but high variability in spider fear

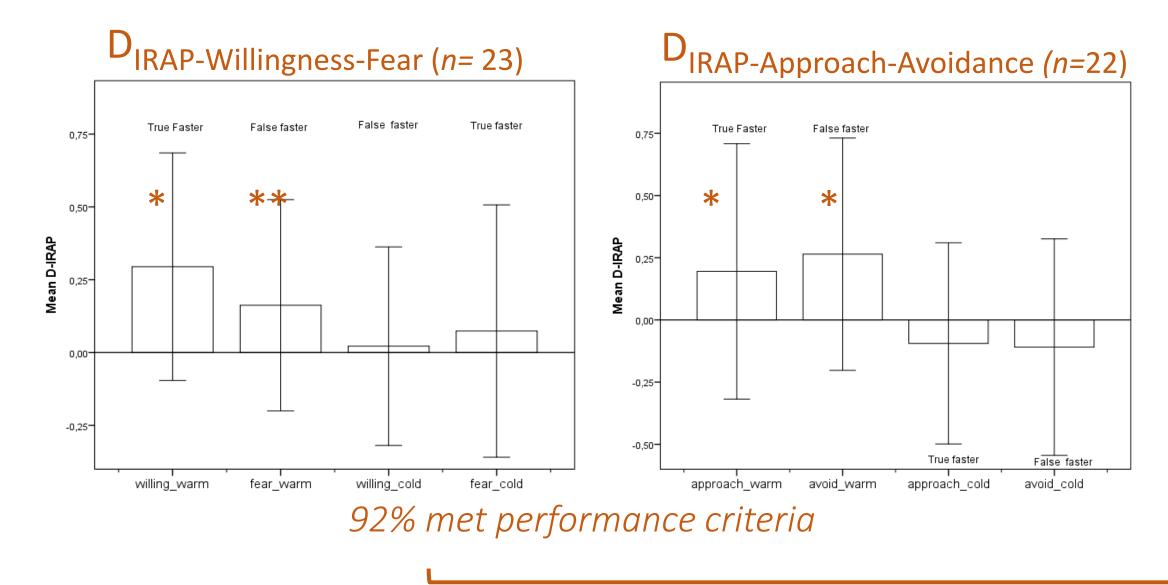
Can we assess children's automatic <u>pain-related</u> responses with an implicit measure? How does this relate to their explicit and behavioural responses in an acute pain context?

- * Stimuli: pictures (hand in painful vs. neutral CPT) + statements (fear vs. willingness & avoidance vs. approach)
- Implicit measures: Willingness-Fear IRAP + Approach-Avoidance IRAP
- * Explicit measures: pre-CPT fear, avoidance, approach, willingness ratings (0-10) + pain ratings (0-10) + self-reports
- * Behavioural outcomes:

Cold Pressor Task (CPT⁶; CPT^A: baseline (1') + CPT^B tolerance) \rightarrow pain tolerance (max = 4')

Tone detection task (RIR⁷; RIR^A baseline (1') + RIR^B during CPT) \rightarrow pain interference = mean RT (ms), error %

Results:



r (Implicit, Explicit): r (willing_cold, willingness) = -.48*

Pain (Post-CPT^A)

 $M_{\text{mean}} = 5.92$; range = 0 - 9 $M_{\text{end}} = 6.27$; range = 0 - 10 $M_{\text{worst}} = 7.14$; range = 2 - 10

Pre-CPT^B

 $M_{\text{willing}} = 4.98$; range = 0 - 10 $M_{\text{fear}} = 5.20$; range = 0 - 10 $M_{\text{approach}} = 3.35; range = 0 - 10$ $M_{\text{avoid}} = 5.49$; range = 0 - 10

Conclusions: IRAP works with children, but high variability in acute pain responses

M_{tol} = 153 138 ms; range: 18 550 ms – 4' RIRA M_{RT} = 187 ms; range = 139-261 ms Δ_{RT} = ns % _{error}= 3 %; range= 0-2 % RIRB M_{RT} = 197 ms; range = 137-301 ms % _{error}= 9 % ; range= 0-4 % _ $\Delta\% t(50) = 6.58***$ r (Implicit, Behavioural): no relations r (Explicit, Behavioural) r (Willing, error%) = -.41** r (Fear, error%) = .34*

Acute Pain (n=50)

r (Implicit, Explicit)

 $r_{spiders}$ (FA, avoid) = .63*

 $r_{spiders}$ (FA, safety) = -.74**

STUDY



Can we assess children's automatic pain-related responses in a chronic pain context? How does this relate to their explicit responses and daily pain-related functioning?

- Stimuli: idiosyncratically selected pictures of daily (painful) activities (PHODA⁸) + statements
- Implicit measure: Fear-Avoidance/Safety-Engage IRAP
- Explicit measures: fear, safety, avoidance & engagement (acceptance) ratings + value and frequency of engagement ratings (0-10) + self-reports (pain, pain-related functioning, pain catastrophizing, painrelated fear, pain acceptance)
- **Behavioural outcomes:**

Willingness Measure \rightarrow "How willing are you to perform this activity here, right now?" (0-10)

> stimuli = PHODA pictures (painful, non-painful, valued, non-valued)

r (Approach, error%) = -.46**

r (Approach, CPT tolerance) = .29*

r (Avoid, error%) = .29*

1-Week Diary -> pain-related thoughts, feelings, behaviour

>> Data collection starts in August 2017 <<