

Formal: Use written contract, which includes:

- Realistic (seems possible) goal or desired behavior
- Measurable behavior (e.g., agrees not to hit anyone during procedures)
- Contract written, dated, and signed by all persons involved in any of the agreements
- Identified rewards or consequences that are reinforcing
- Goals that can be evaluated
- Commitment and compromise requirements for both parties (e.g., while timer is used, nurse will not nag or prod child to complete procedure)

There is strong evidence that distraction and hypnosis are effective interventions for needle-related pain and distress in children and adolescents ([Uman, Birnie, Noel, et al, 2013](#)). There is less evidence that cognitive-behavioral therapy (CBT), parent coaching plus distraction, suggestion, or virtual reality are effective for needle-related pain. Environmental and psychological factors may exert a powerful influence on children's pain perceptions and may be modified by using psychosocial strategies, education, parental support, and cognitive-behavioral interventions. CBT is an evidence-based psychological approach for managing pediatric pain ([Logan, Coakley, and Garcia, 2014](#)). CBT uses strategies that focus on thoughts and behaviors that modify negative beliefs and enhance the child's ability to solve pain-related problems that result in better pain management.

Nonnutritive sucking (pacifier) ([Fig. 5-5](#)), kangaroo care, swaddling/facilitated tucking interventions reduce behavioral, physiologic, and hormonal responses to pain from procedures, such