Table 1

Demographic Characteristics of Participants in Intervention and Control Groups

Variable	Total (n = 152-157)	Intervention (n = 64 - 66)	Control (n = 88-91)
Female, n (%)	139 (88.5)	58 (87.9)	81 (89.0)
Age, (M_{years} ± SD)	30.67 years ± 8.62	29.78 ± 7.43	31.30 years ± 9.37
Ethnicity, n (%)			
European/White	131 (83.4)	48 (72.7)	83 (91.2)
Black/African/Caribbean	9 (5.7)	7 (10.6)	2 (2.2)
South and Southeast Asian	7 (4.5)	6 (9.1)	1 (1.1)
Aboriginal/First Nations/Metis	2 (1.3)	0 (0.0)	2 (2.2)
Other[1]	8 (5.1)	5 (7.6)	3 (3.3)

Notes:
[1] Other ethnicities include: Arab, Latin American, and selection of multiple ethnicities for a given participant.

Table 2

Sample quotes for sub-themes derived during thematic analysis

Meta Theme	Sub Theme	Sample Quotes
Knowing and growing your roots	• Knowing the child (I, C)	• *I personally feel like management's a lot easier based on knowing the client. 'Cause again if you're gonna use distraction you're gonna distract them with what you know they like or is gonna work….So I think the management really has to go based on knowing the client.* (I) • *I think once you start knowing the child you are able to see when there is maybe discomfort in the child, just behavioral change or instead of smiling they become very quiet or they're acting out or…but that only comes with knowing the child better.* (C)
	• Consideration of personal factors and first-hand experiences (I, C)	• *All of your experience, you kind of put it together and patch work something that you can use - that makes sense for you and for the people that you work with."* (I) • *I guess more or less we look at our own personal experiences of us, how we would feel if we were sick…* (C)
	• Collaborating and communicating with others (I, C)	• *…I've only worked here for 2 years, so a lot of the time if it's a client I've only seen once, I have no idea what I'm assessing in terms of pain assessment, because I haven't worked with that individual…so a lot of times I have to rely on more senior staff to be like, 'what do you usually see', and 'how do they usually exhibit it?' (I)* • *The caregivers give us a lot of information too, and sometimes when we question something we can call them and they will give us feedback - try this or do that or see if this helps…and then you keep that in mind for the next time. (C)*
Using your trunk and foliage	• Pain Assessment – Informal Behavioral Observation (I, C)	• *I think the most typical way that everybody uses is just like, that there's a significant, or even sometimes a subtle change in their [the child's] behavior. Something that they're doing that's not typical for them. It's a pretty good indicator that there's something going on in their world.* (I) • *I usually just [can] tell that there's something not quite right, like their whole aura and demeanor is not right. Like someone who's more happy can all of a sudden just be really quiet…* (C)
	• Pain Assessment – Informal Self-Report (I, C)	• *I think that it's important to look for that self-report regardless of the individual that you are working with umm because ultimately what we're seeing isn't necessarily what may be going on. So even the slightest form of self-report [can] kind of change a diagnosis or a thought process.* (I)

		• *For a lot of them, like, if you notice something different, you can ask them like, ‘do you have a headache?’ Sometimes they can answer you yes or no.* (C)
	• Pain Management – Pharmacological Strategies (I, C)	• *…they have like pre-prescribed MAR [medication administration record] sheets, so if they need something you can give it to them and sign off on it.* (I) • *We administered his PRN [as needed; standing order], like for a headache, and within half an hour he just, he was fine.* (C)
	• Pain Management – Physical Strategies (I, C)	• *And a lot of our kids do have that in their care plans where, you know they’re not comfortable at all in their [wheel]chair so they spend, you know maybe 9 hours out of that 12 hour shift…like on a bean bag or on the mats.* (I) • *Sometimes a nice hot bath can be like…with the jets even can help soothe some muscles…* (C)
	• Pain Management – Psychological Strategies (I)	• *It depends on what kind of pain. Sometimes I’m so good at using distraction with the kids when it comes to pain. Yeah, because they might…hit their toenail or hand or something. So instead of saying, “Oh, how are you,” I can just go and hit the table that they hit you know, [and say to the table] “Stop it! Don’t do this!” “Hehehe.” They start laughing, you know, help distract them...* (I) • *Usually it’s like breathe. Deep breaths. Take deep breaths with me.* (I)
Growing and strengthening your tree	• Knowledge Development, Validation, and Confidence (I)	• *I feel like I’m more confident in what I know, like in terms of like strategies and stuff when I’m trying to assess a child’s pain.* (I) • *So I think it was kind of nice to have that reassurance that we are on the right track with that* [*pain management*], *that there is research behind what we are doing even though we didn’t know that it was necessarily there.* (I)
	• Improved Awareness of Pain and Nuanced Perspectives (I)	• *I guess just “don’t just think [maladaptive] behaviors, think pain!” I think that’s the first thing because we are so trained in behavior training…so to really get out of that “this is only [negative] behavior” mindset is, I think, the first step…* (I) • *I would say that probably before [the training], you don’t necessarily check for pain without an obvious kind of physical mark, or, you saw the situation happen kind of thing…but they could be experiencing other things, like different chronic pain or headaches, which is hard to just see, so I feel like maybe more checking for that more usually than just the obvious pain.* (I)

	• New, Specific Strategies and Approaches (I)	• *So I think as far as respite workers, we definitely have a bit more of - like - more tools in our tool box type thing on how to assess for pain…and just addressing those needs so they feel like their pain is listened to…* (I) • *Yea actually the breathing one – so I tried it with my one client…* (I)

Notes: I = sub theme/example relevant to pain training group; C = sub theme/example relevant to control training group.

Table 3

Participant evaluation of various aspects of the pain training [0 (strongly disagree) - 10 (strongly agree)].

	Intervention Group Mean (SD; range)
1. The training content was valuable.	9.29 (1.05; 6-10)
2. The information provided at this training is applicable to my work.	9.38 (1.07; 6-10)
3. The format of the training was effective/well-suited to the material.	9.37 (1.07; 5-10)
4. The size of the group present for the training was ideal.	9.57 (0.83; 7-10)
5. The group discussions were useful in further understanding the topic.	9.39 (0.89; 7-10)
6. The topic was interesting.	9.56 (0.76; 7-10)
7. I would encourage other respite workers to take part in a training workshop like this.	9.56 (0.88; 7-10)
8. I would be interested in learning more about this topic.	9.40 (1.09; 5-10)
9. I plan to incorporate what I have learned into my work.	9.63 (0.77; 7-10)
10. I believe my pain-related training needs were met in completing this training program.	9.22 (1.28; 4-10)

Note: Sample size: 60-63. The median and mode for all questions was 10.

Table 4

Process Evaluation Questions for the Let's Talk About Pain Training Program [n, (%)][1]

Process Evaluation Question	Response Type	Participant Responses (n = 62-66)	Research Assistant Responses[2] (n = 7)
Topic Most Interested in Learning	Multiple-Choice		
• General Pain-Related Information		10 (15.2)	0 (0)
• Pain Assessment Information		33 (50.0)	5 (71.4)
• Pain Management Information		25 (37.9)	2 (28.6)
• Other		1 (1.5)	0 (0)
Topic Least Interested in Learning	Multiple-Choice		
• General Pain-Related Information		32 (48.5)	3 (42.9)
• Pain Assessment Information		3 (4.5)	1 (14.2)
• Pain Management Information		3 (4.5)	3 (42.9)
• Nothing (All Interesting)		16 (24.2)	0 (0)
• Other		5 (7.6)	
Most Important Thing Learned	Open-Ended		
• General Pain-Related Information		7 (10.6)	n/a
• Pain Assessment Information		34 (51.5)	
• Pain Management Information		27 (40.9)	
• Other		0 (0)	
Factor Contributing Most to Learning	Multiple-Choice		
• Presentation/Speaker		38 (57.6)	6 (85.7)
• Small Group Discussions/Activities		11 (16.7)	0 (0)
• Large Group Discussions/Activities		18 (27.3)	1 (14.3)
• Sharing with the Larger Group		10 (15.2)	0 (0)
• Videos		8 (12.1)	0 (0)
• Other		0 (0)	0 (0)
Why Factor Contributed Most to Learning	Open-Ended		
• Effective Information Provision		8 (12.1)	2 (28.6)
• Fit to Group – Passive[3]		10 (15.2)	2 (28.6)
• Fit to Group – Active[3]		12 (18.2)	2 (28.6)
• Presenter Personal Quality		10 (15.2)	2 (28.6)
• Peer Support		13 (19.7)	0 (0)

• Other		2 (3.0)	0 (0)
Factor Contributing Least to Learning	Multiple Choice		
• Presentation/Speaker		4 (6.5)	0 (0)
• Small Group Discussions/Activities		22 (35.5)	2 (28.6)
• Large Group Discussions/Activities		6 (9.7)	0 (0)
• Sharing with the Larger Group		3 (4.8)	1 (14.3)
• Videos		13 (21.0)	3 (42.9)
• None/Nothing		11 (17.7)	0 (0)
• Other		2 (3.2)	1 (14.3)
Why Factor Contributed Least to Learning	Open-Ended		
• Lack of Effective Information		8 (12.1)	2 (28.6)
Provision		4 (6.1)	0 (0)
• Lack of Fit – Passive[3]		11 (16.7)	2 (28.6)
• Lack of Fit – Active[3]		2 (3.0)	1 (14.3)
• Difficulty Sustaining Attention		1 (1.5)	2 (28.6)
• Time Too Short/Too Long		6 (9.1)	0 (0)
• None/Nothing		5 (7.6)	1 (14.3)
• Other			

Notes:
[1] Some participants selected more than one response option for a given question, so the values may not add up to the number of participants responding to a given question.
[2] Following each training and as part of a fidelity checklist, an accompanying research assistant indicated responses to these questions based on their observations of the training.
[3] (Lack of) Fit to group – passive refers to a passive learning approach that contributed most or least to participants' learning and involves looking or listening to information provided within the workshop; (Lack of) Fit to group – active refers to an active learning approach that contributed most or least to participants' learning which focused on active use of information through applied or hands on activities during the workshop.