BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

Compass

Putting Mental Health and Substance Use Connection and Consultation in Your Hands

Dec 5th, 2022

Compass Connections Webinar Series
Moderator: Dr. Katharine Thomson. R. Psych

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Disclosures

- None

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Land Acknowledgement

With gratitude and humility we acknowledge that we work on the traditional, ancestral and stolen lands of the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and Səlílwətaɬ/Selilwitulh (Tsleil-Waututh) Nations.

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COMPASS CONNECTIONS:
Somatization

Session 2: Communicate Effectively to Reduce Confusion and Increase Trust

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About Compass

Compass connects community care providers across B.C. to the information, advice, and resources they need to provide evidence-based and timely mental health and substance use care to children and youth (up to 25 years) close to home.

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Accredited by UBC CPD

- The Division of Continuing Professional Development, University of British Columbia Faculty of Medicine (UBC CPD) is fully accredited by the Continuing Medical Education Accreditation Committee (CACME) to provide CPD credits for physicians.
- This Somatization Webinar Series is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by UBC CPD.
- You may **claim a maximum of 4.5 MOC Section 1 Group Learning hours** (credits are automatically calculated). This one-credit-per-hour Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by UBC CPD for up **to 4.5 Mainpro+® credits**.
- Each physician should claim only those credits accrued through participation in the activity.
- CFPC Session ID: 198592-001

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Speaker Introduction

Andrea Chapman,
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Speaker Introduction

Joanna McKay, RN

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Somatization in Children and Teens

Session 2

Communicate Effectively to Reduce Confusion and Increase Trust

Dec 5, 2022

Amrit Dhariwal, Joanna McKay, Andrea Chapman, Sandra Westcott

Disclosures

Relationship with Commercial Interests				
	AD	AC	SW	JM
Grants	BCCH Research Institute (BCCHRI) International Center for Emotionally Focused Therapy (ICEEFT) Provincial Health Services Authority (PHSA)	BCCH Research Institute (BCCHRI)	n/a	n/a
Research	Clinical studies of group and attachment focused family treatments for somatization	Clinical studies of group treatments for somatization	n/a	n/a
Honoraria/fees	n/a	n/a	n/a	n/a
Relationship with agencies related to content	Circle of Security International, ICEEFT	n/a	n/a	n/a
Others	Private practice in child and family psychology	n/a	n.a	n/a

Managing Potential Bias

- Self-reflection on conflict that may be perceived as creating bias
- Full disclosure of potential conflicts
- Views and opinions expressed in this presentation are ours alone
- Balanced review of literature and presentation findings

Acknowledgements

Series Objectives

After attending this webinar series, participants will be able to:

1. Define somatization, and identify challenges to assessing and treating somatization.
2. Apply a model in the management of somatization with strategies for communicating compassionately and respectfully to patients and families
3. Practice effective intervention strategies and locate clinical resources for patient care.

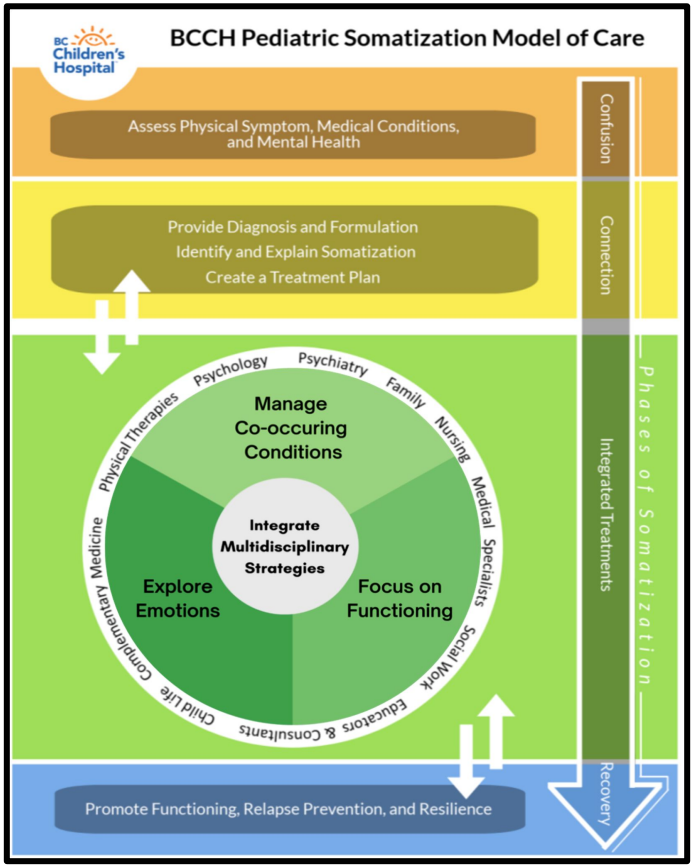
Session 1 Recap:

Somatization and MBT

- Defined somatization and spectrum of symptoms
- Discussed the importance of having a diagnosis
- Reviewed the concept of ‘Mind and Body Together’
- Gave tips for explaining somatization

Session 1 Recap:

Model of Care and Roles



I - Confusion

II - Connections

III - Integrated Treatments

IV - Wellness

slido

Which tasks do you feel most comfortable with in supporting youth with somatization? (select those relevant to your role)

ⓘ Start presenting to display the poll results on this slide.

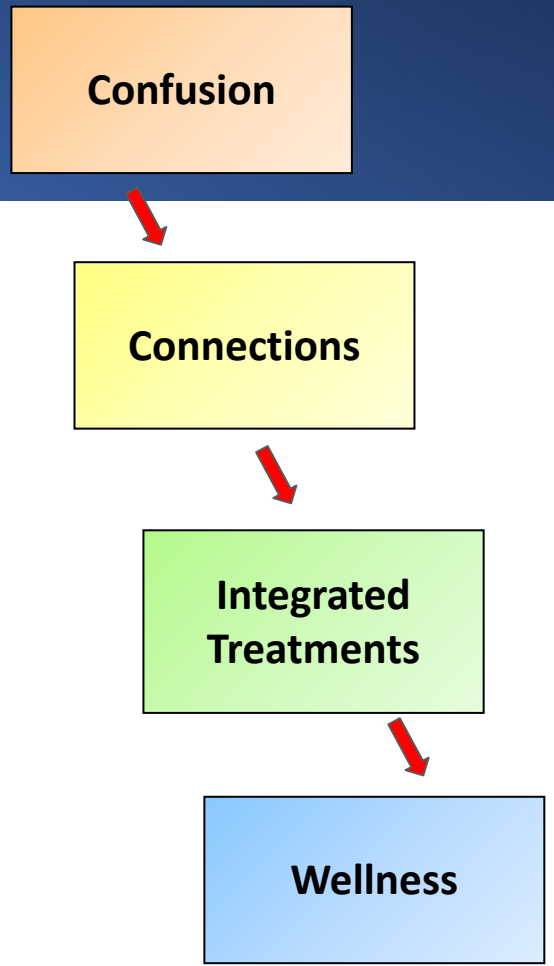
slido

What challenges do you experience in supporting youth with somatization move towards wellness?

ⓘ Start presenting to display the poll results on this slide.

Today's Outline & Objectives

1. Identify somatization in pediatric populations
2. **Communicate effectively to reduce confusion and increase trust**
   - Explain reasons for mistrust and confusion
   - Discuss techniques to increase trust and decrease confusion
3. Apply integrated treatment strategies



Today’s Seminar

- Information based on research and clinical experience
- Participant polls
- Sample scripts - what you can say to families
- Case presentation and role play
- Questions and discussion

Mistrust and Confusion

Families of somatizing children may mistrust you and become confused by the information you try to share.

Artwork by Seth Martin https://dailyegyptian.com/112072/news/black-skepticism-and-medicine-throughout-history/

slido

Why might youth with somatization and their families mistrust you?

ⓘ Start presenting to display the poll results on this slide.

Why might families mistrust you?

1. Confusion and mixed messages from us
2. Prevalent stigma of mental health
3. Their own difficulty trusting

slido

What are some words or diagnoses you've heard that refer to somatization?

ⓘ Start presenting to display the poll results on this slide.

Mixed Messages

Variations in language used by physicians to describe somatization

Discipline / attribution		Selected Terms
Psychiatry	Mind	Somatoform disorder, somatization disorder, **somatic symptom disorder**, **conversion disorder**, **pain disorder**, dissociative disorder, persistent somatoform pain disorder, somatoform autonomic dysfunction, neurasthenia, bodily distress disorder
Neurology	Mind	**Psychogenic** seizures/attacks/events, psychogenic movement disorder, hysteria/ hysterical seizures, pseudo-/pseudoepileptic seizures, psychosomatic, **stress-related**, **dissociative seizures**
	Ambiguous	**Functional** (neurological symptoms, seizures, movement disorder, somatic syndrome)
	None	**Non-epileptic seizures/spells**, non-epileptic events, **non-epileptic attack disorder**, non-epilepsy, unexplained, non-organic
Medicine	Mind	Stress-/anxiety-related, abnormal illness behaviour, psychogenic, behavioural, psychological, supratentorial, subconscious, psychosocial
	Body	Central sensitization, somatosensory/somatic amplification, visceral hyperalgesia/ hypersensitivity, hyperexcitability, allostatic load, nerve chemical imbalance/overactivity, centrally-mediated, brain dysfunction
	Mind / body	Psychophysiological, body vigilance/distress/stress, somatization, mind-body
	Ambiguous	**Functional** symptoms/syndrome/disorder, chronic/complex pain, physical symptom disorder, persistent physical symptoms, complex physical symptoms
	None	**Medically unexplained**, non-specific, idiopathic, non-pathological, non-structural, non-organic, lack of disease

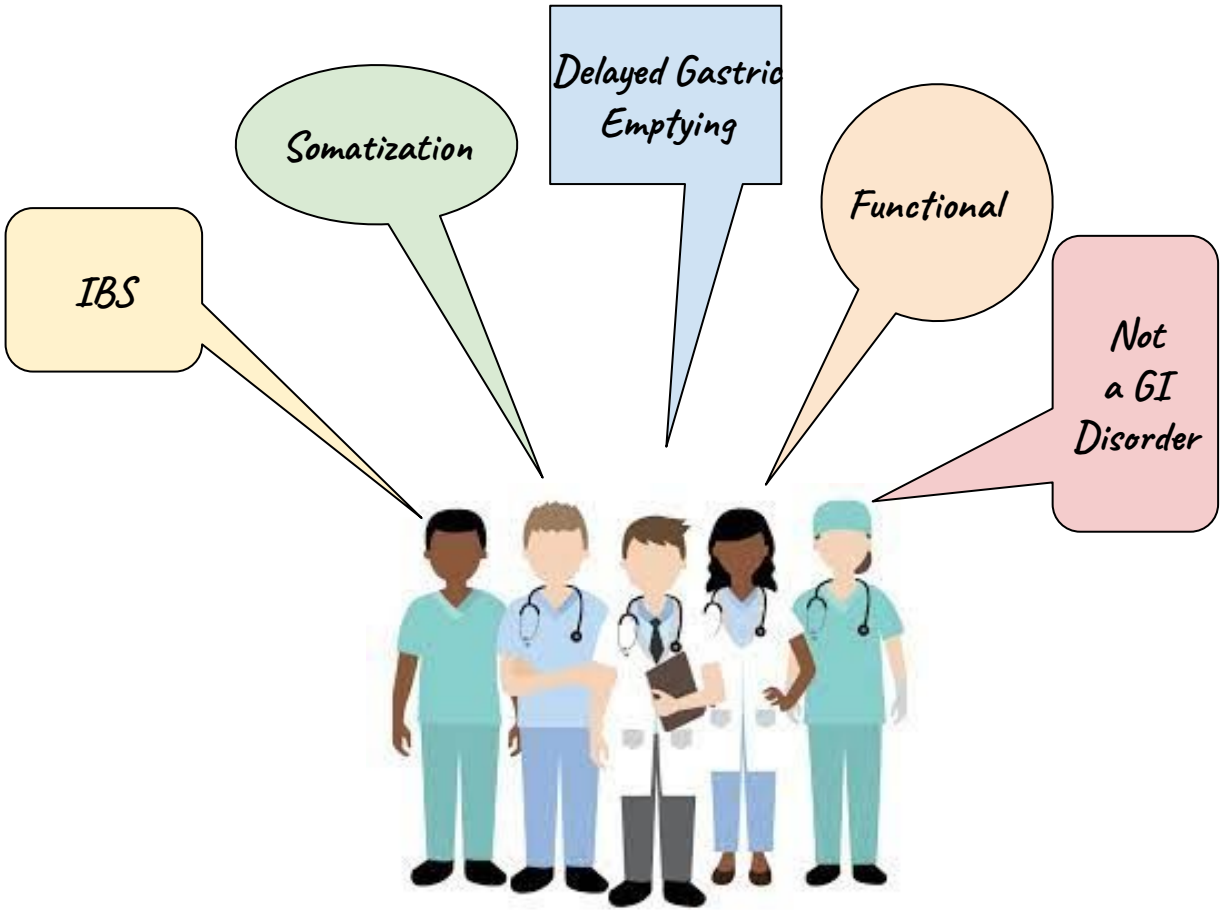
Bold preferred by physicians. Green preferred by patients. Red nonpreferred. Westwell et al. (2018)

What are the mixed messages a family might perceive?

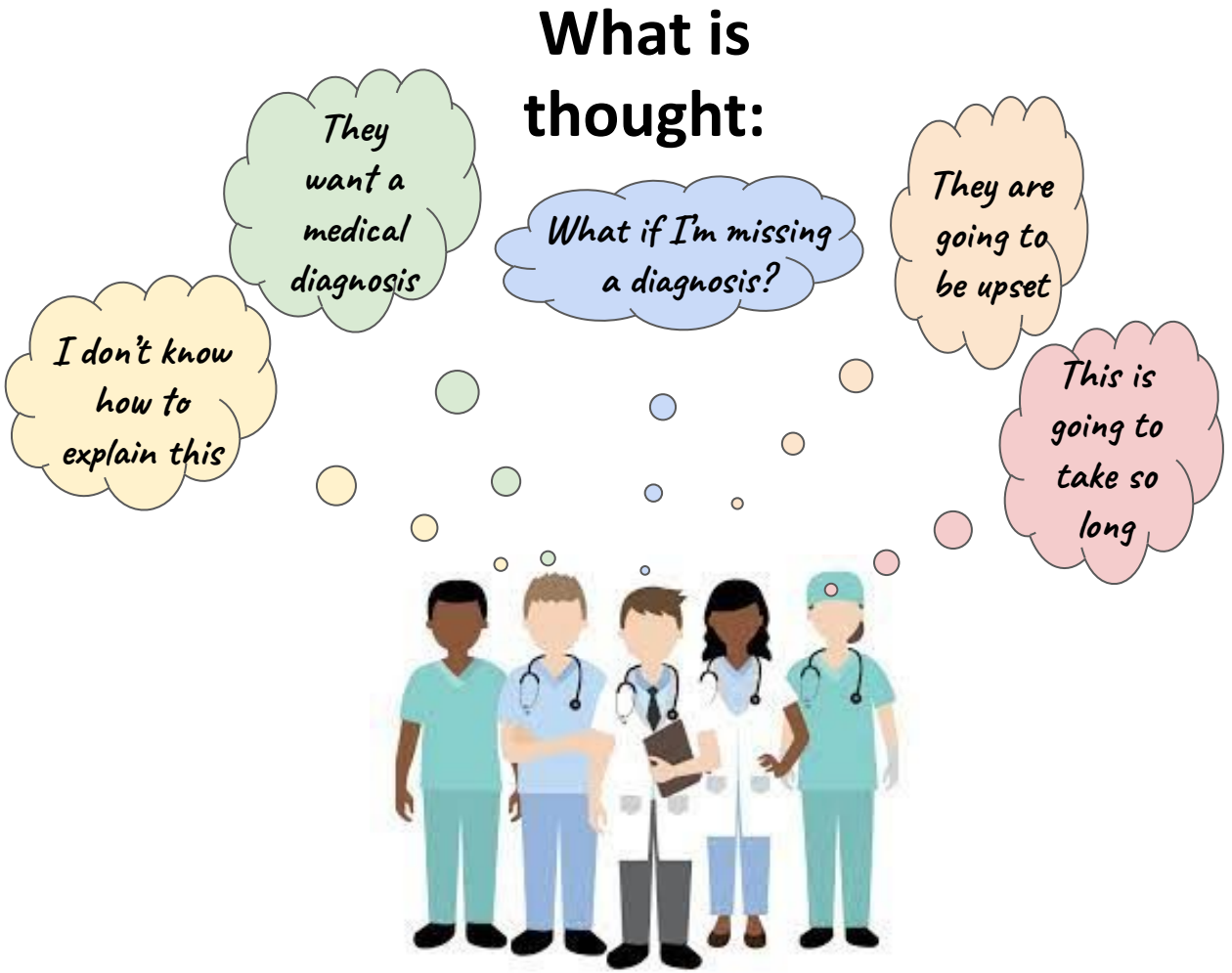
image credit @thepelvic.connection

Mixed Messages

What is said



Mixed Messages



Mental Health Stigma is Prevalent

The public believes symptoms are due to “lack of willpower” unless the person is close to them (von dem Knesebeck et al., 2020)

Clinicians believe patients with “psychological” vs “neurobiological” symptoms are more responsible and blameworthy for their symptoms (Miresco & Kirmayer, 2006)

Clinicians likely to avoid and unjustly withdraw from care of somatizing patients (Rommelfanger et al., 2017)

Patients likely to under report problems and not seek MH care (Bhardwaj et al., 2022)

Mixed Messages

What might be heard

Epistemic Trust

What is your inclination to trust **socially transmitted information** that comes from others?

- Your doctor?
- Medical experts?
- Mental health experts?
- Peer-reviewed research articles?
- The government?
- Those who spend time getting to know you?
- Your family?
- Your friends?
- Online chat groups?

Mistrust

"If you put too much faith in what people tell you, you are likely to get hurt"

So you treat information from others as unreliable or ill-intentioned.

Campbell, Tanzer, Saunderson et al., (2021); Fonagy & Allison, 2014

Credulity

"When I talk to different people, I find myself easily persuaded even if it's not what I believed before."

So you overvalue what others tell you, and are vulnerable to exploitation.

Campbell, Tanzer, Saunderson et al., (2021); Fonagy & Allison (2014)

Trust

"I can trust and absorb information when it comes from someone who knows me well."

You are appropriately open to opportunities for social learning.

Not just influenced by immediate context

("does this speaker seem reliable?")

But reflects a trait-like tendency to trust others

(and resilience to psychopathology)

Campbell, Tanzer, Saunderson et al., (2021); Fonagy & Allison (2014)

How does trust develop?

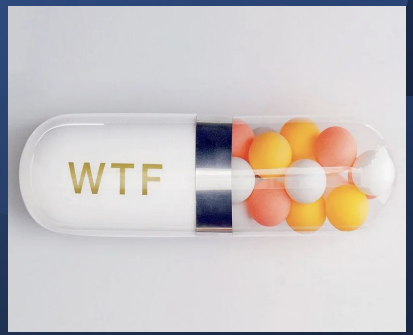
Your capacity to trust socially transmitted information is rooted in early experiences.

An adaptation that allows you to get info from (better informed) caregivers and benefit from the complex knowledge of the immediate culture and survive.

But you must read sufficiently well the intentions of others and tell between trustworthy and untrustworthy information.

Talia, Mazzarella, Duschinsky, Miller-Bottom, Taubner, Holms & Fonagy (2021)

What is the link between trust and somatization?



- Patients (and/or families) have been critically hurt when they trusted someone. Likely in early developmental and medical contexts.
- They are probably high on both **mistrust and credulity** at the same time. **What a dilemma!**
- They may appear inflexible, contradictory, or standing in their own way. **But they are petrified of mistakes**.
- They may be alarmed something bad will happen to them or their children.

Talia, Mazzarella, Duschinsky, Miller-Bottom, Taubner, Holms & Fonagy (2021)

How might patients and families relate to specialists?

Self-Reinforcing Loop

Patients may cling to a specialist who they idealize as a “last resort” who will cure them

…But this inevitably leads to disappointment and reproach.

…Further, this is likely to induce feelings of contempt and rejection in clinicians.

…Patient response to treatment is reduced.

Luyten & Abbass (2013); Luyten & Fonagy (2017)

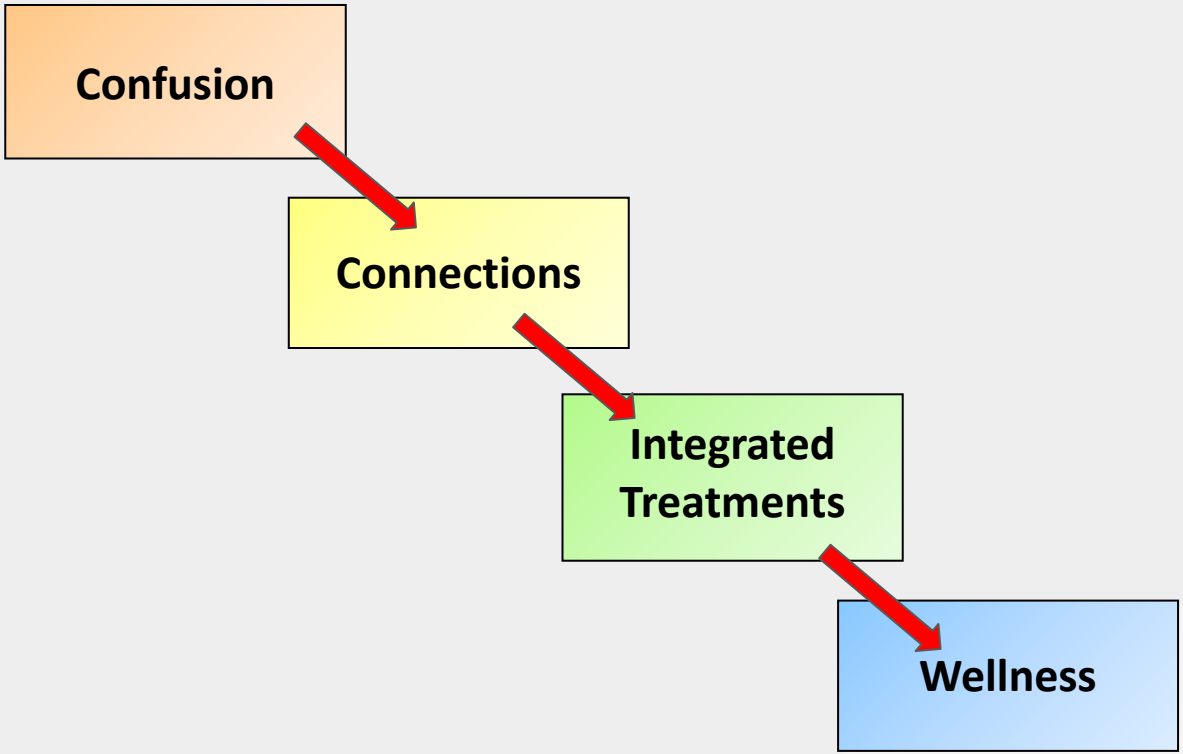
What should you do about the mistrust and confusion?

Families of somatizing children may mistrust you and become confused by the information you try to share.

That part is not necessarily your fault.

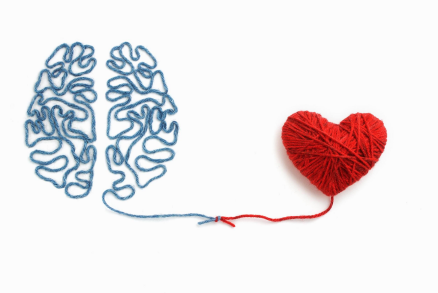
But becomes your responsibility to take care of their mistrust and confusion.

Strategies for Increasing Trust and Reducing Confusion



Strategies for Increasing Trust and Reducing Confusion

1. Be with the distress
2. Conduct a therapeutic assessment
3. Address ambiguity about the diagnosis and the plan
4. Normalize somatization
5. Give a framework
6. Provide resources



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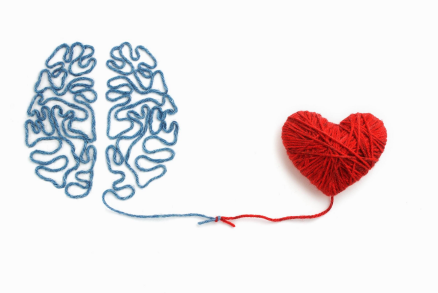


Be with the distress

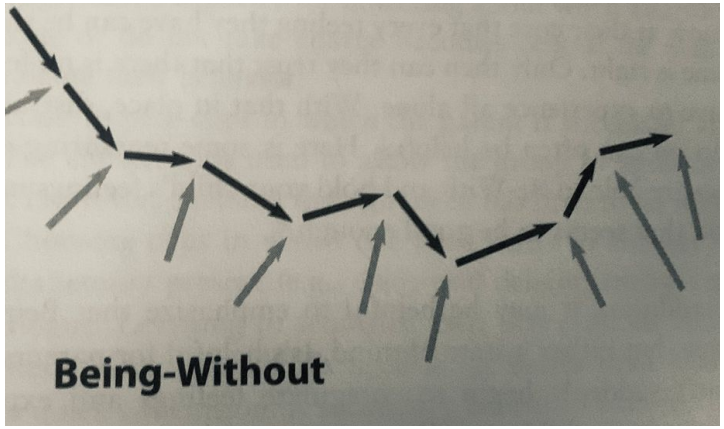
Convey:	Not:
I am here	I agree or I disagree
I understand you	I must make you happy
I care	I know how to fix this

"Being with" helps your patient feel more understood and gives them space to develop self-awareness and increase their own problem-solving capacities

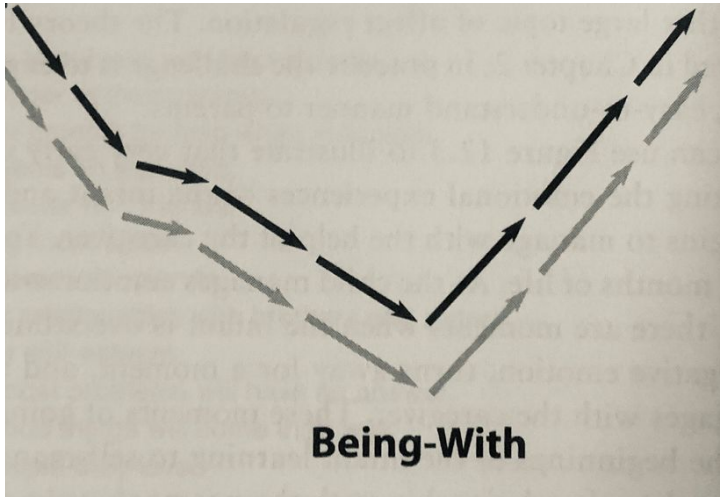
Be with the distress

Be with the distress

How Joy reacted



How Sadness responded



Be with the distress

Strategy	The patient's experience	Example
Matching	Allowing you space to feel your emotions and figure out what to do. Not trying to change anything.	*Sitting there, nodding, etc.,* *Matching facial affect, vocal tone, or body language*
Reflecting	Mirroring back what you are showing, proving they are getting it.	*"You feel unsure about these findings."* *"You're wanting me to know just how frustrating this is for you."*
Validating	Letting you know your way of seeing things is legitimate.	*"It makes sense you that this diagnosis feels incorrect to you, because your son hasn't been looking stressed out or talking about stress. The most stressful part has been trying to live with these symptoms."*

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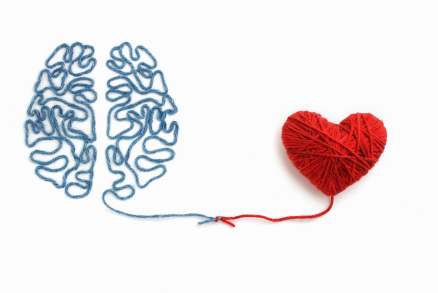


What is a therapeutic assessment?

A brief humanistic intervention that has impact of a longer therapy

1. You are open to learning from patient interactions. You respect them as agentic beings with important knowledge.
2. You look for how early adversity has affected their ability to trust you, and name it.
3. You assume positive intentions, adaptive survival strategies behind confusing or non-engaging parental behaviour (not parental deficit).
4. You attune and respond to their feelings of unsafety and suspiciousness, enabling them to take on socially useful knowledge, restoring trust.
5. Patients expect more success and meaning from treatment, show more progress, are more satisfied, feel empowered, have new insights, show increased follow-through.

How do you conduct a therapeutic assessment?

1. Spread assessment out over more sessions (up to 6).

2. Co-construct assessment questions and enlist curiosity.

"So what things would you like to learn about yourself? Are there things you have been wondering about yourself that you'd like to understand better?"

3. Tie new info to their questions (ostensive cuing).

This part about "two paths" might relate to your personal goals you mentioned earlier.

4. Attend to self-verification bias and scaffold bottom-up.

Gradually build with 1) info that matches their understanding 2) info that does not fundamentally contradict but expands learning 3) info that challenges understanding.

What else should be included in a therapeutic assessment for somatization?

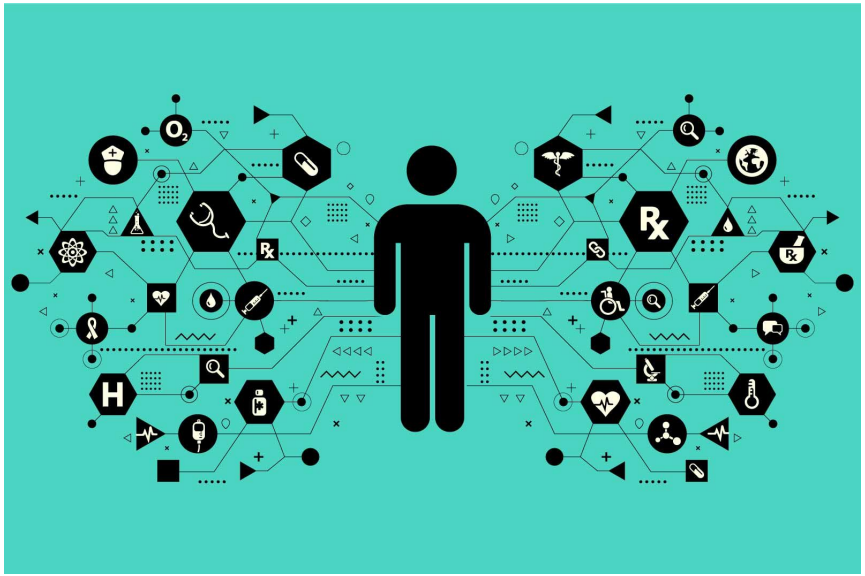
1. **Acknowledge with humility we don't know precise causation of THIS SPECIFIC patient's symptoms.** We have group-based research on predisposing, precipitating, and perpetuating factors but not every patient is the same

2. **Do not hint their complaints are wholly caused by emotions/stress.** This will erode trust. Especially with mounting evidence of biological factors related to most FSS. Get buy in with info about allostatic load: overdrive, underdrive, and biological crash.

3. **Listen to their cautionary tales. Explicitly talk about previous repeated experiences. Their expectations are to be misunderstood, rejected, abandoned, or criticized.** An opportunity to deactivate the old attachment template. Explicitly talk about what might go wrong to prevent avoidance behaviour in session…Find out about other the times they've felt this way.

Personalized Medicine

Tailoring to the patient's characteristics, needs, and preferences.



Before providing information or care to patients, identify which ones may or may not benefit from different types of more or less specialized treatment and why this is the case.

Strategies for Increasing Trust and Reducing Confusion

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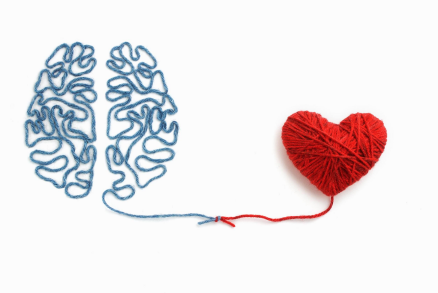


Recap from Session 1

Diagnosis

- Somatization is a ‘medical’ diagnosis based on the history, physical exam and investigations that are done by the **qualified** provider.
- It’s important to have an accurate and common language across specialties.
- Use the word **somatization**.

Recap from Session 1

Role play: Communicating Diagnosis

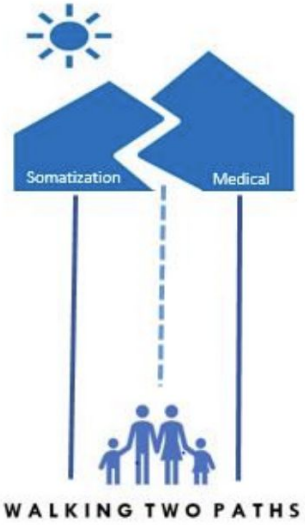
(1) Summarize presentation and symptoms, validating suffering
(2) Summarize results of physical exam and Ix
(3) Explain approach or framework for making a diagnosis (eg structural vs messenger system)
(4) Provide diagnosis of somatization or ‘element of somatization’
(5) Explain and normalize somatization and concept of ‘mind and body together’
(6) Invite questions and provide opportunity to express concerns / fears / reactions*
(7) Talk explicitly about ‘two paths’
(8) Provide more education about somatization as needed
(9) Shift to talking about moving towards wellness (may be another visit or two…)

Tips for Addressing Ambiguity

Even when there are ongoing investigations, it can be helpful to introduce terms:

“Element of somatization”

“Two paths”



An “Element of Somatization”

Phrases like “element of somatization” are helpful: because:

- Reflect reality
- Move away mind body dualism
- Families are generally accepting

*You have chronic pain with an **element of somatization**.*

*Your symptoms and test results tell us that your Crohn’s illness is **affected by somatization** right now.*

*You’ve been diagnosed with dysautonomia which is a condition that often is **influenced by somatization**.*

“Two Paths” Approach

Be explicit with families about the two paths approach. The door to one path never closes if you follow the other path. Access remains.

*We take a “**two paths**” approach. It is important to get the appropriate medical investigations and treatment, **and** move forward with somatization treatments.*

Specifically, this means that it is important to:

- *monitor your physical symptoms*
- *treat any medical conditions*
- *use symptom management*
- *support activities*
- *understand experiences, stress and emotions*
- *develop strategies to cope*

Sample Script
What you can say to families

Use “Two Paths”

Your doctor ordered some more tests and referred you to a gastroenterologist They also confirmed somatization is contributing to your symptoms. While we wait for tests and gastroenterology it is important to not delay treatment for the results we already have. This is the “two paths” approach.

That means that your doctor will continue to be involved and assess your symptoms, and when necessary, do more testing. They will keep me updated.

It makes sense that you want to be sure nothing is being missed. I also don’t want to miss anything and I’m open to re-evaluating the diagnosis and treatment plan as new information becomes available.

While waiting for ongoing information, I would still like you to start treatment for somatization. Somatization responds best to treatment before the symptoms have persisted for too long. The treatment is talk therapy, and very conservative. It does not carry any the same risks as treatments like medications or surgeries. The benefits include…

The goal is managing your symptoms so that you can spend more time doing what matters to you [can insert specific examples here e.g., seeing friends].

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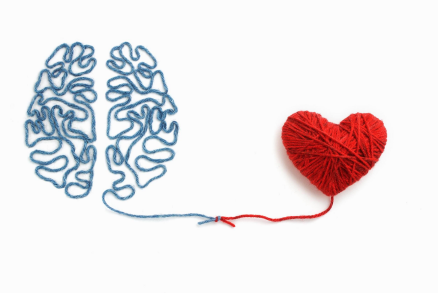


Sample Script
What you can say to families

Define Somatization

Somatization is normal, and something we all do every day. 'Soma' means body, and so somatization just refers to the physical expression of emotions and stress.

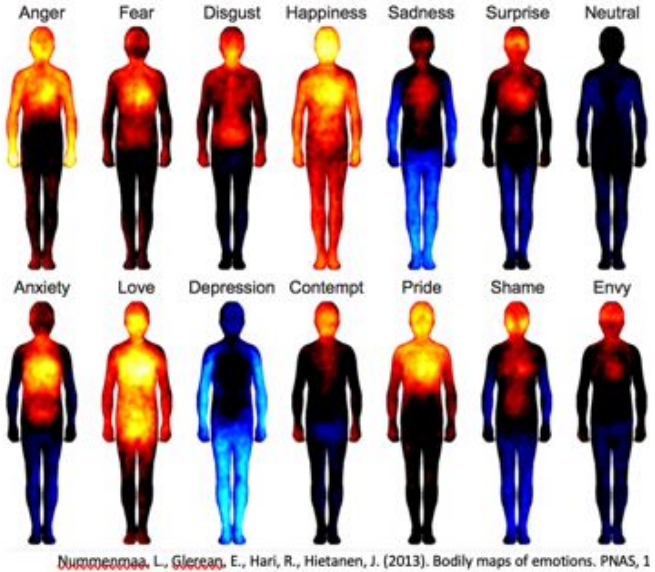
All our emotions are felt in our bodies physically, and there is a reason for this. Bodily sensations give us information about what we want or need, so that we can quickly and automatically take action.

For example, our muscles tense up and our heart starts to beat fast when we feel anxious, so that we can run away from or deal with threatening situations. Alternatively, a foggy brain might tell you that you feel overwhelmed, and a spring in your step might tell you you are feeling joyful.

Somatization happens because our mind and our body work together to keep us safe and healthy.

Normalize somatization

Give examples of everyday somatization



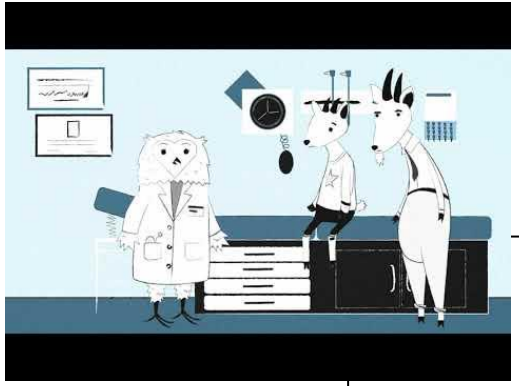
Nummenmaa, L., Glerean, E., Hari, R., Hietanen, J. (2013). Bodily maps of emotions. PNAS, 1

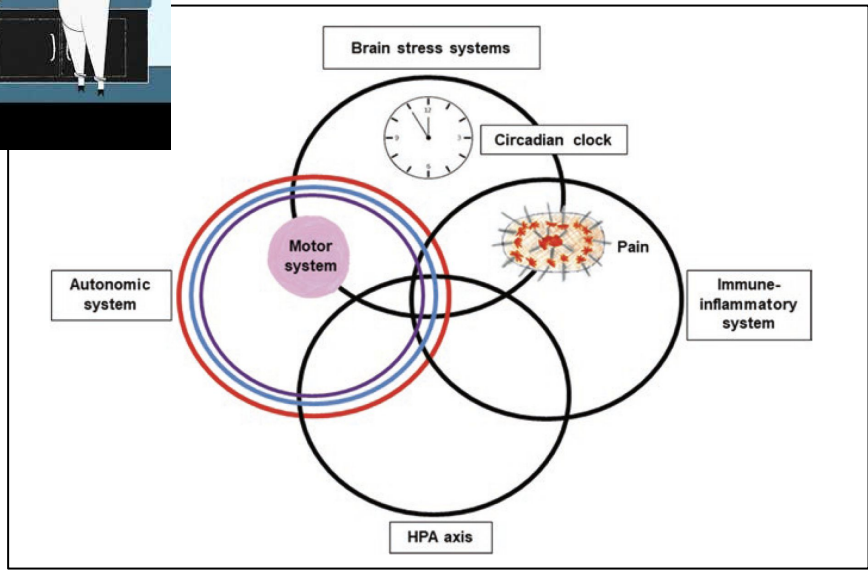
Somatization is **universal**, **real**, and serves a **purpose.**

Bodily felt sensations help you rapidly respond to your environments and keep you safe.

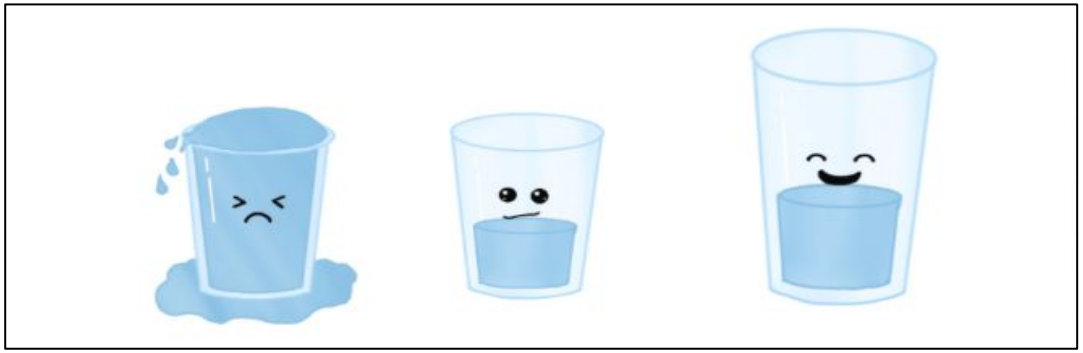
Normalize Somatization

Explain ‘Mind and Body Together’





Normalize somatization



We all have a ‘cup’. Everyone’s cup is a different size, and we all have different things that fill our cup, including biological and social things.

If a cup is overflowing, people can experience both emotional and physical symptoms.

To stop the cup from overflowing, we can either reduce the amount of liquid in the cup, or make the cup bigger.

Explaining ‘Mind and Body Together’

Zara
(patient)

Grace
(family doctor)

Role Play

Explaining ‘Mind and Body Together’

Key points in this example:

- Tailor the explanation depending on your clinical style and patient/family needs (there are many ways to explain ‘Mind and Body Together’
- Slow down, invite questions, ensure patient and family understanding.
- Ask permission before delivering expertise.
- Notice self-blame in the narrative - and then normalize somatization.

Role Play

Grace: Hi Zara, thanks for coming back again. Last week we reviewed the results of your investigations and recent visit to gastroenterology, and talked about your diagnosis of a disorder of gut-brain interaction. We also talked about somatization. I'm mindful that there was a lot of information to take in. I wanted to meet with you again to see if you had any questions, and to talk a little more about somatization and next steps in treatment.

Zara: OK yeah that sounds good. I mean I was thinking about what we talked about last time and I kind of understand somatization and how the gut and the brain work together. But I think I'm still having a hard time seeing how it fits for me. I don't understand how that could explain why I'm having so much pain. I really don't get stressed so I'm not sure that it makes sense for me, although I could see how this might fit for other people.

Grace: You're being very thoughtful about this - you're really mulling it over. And it sounds like you're not sure how somatization fits for you. And at the same time, it sounds like you are willing to learn more. Is it okay if we talk about the mind body together concept?

Zara: Okay

Role Play

Grace: What do you understand about this?

Zara: It means that my emotions make it *seem* like I have pain and nausea.

Grace: So the way you understand somatization means that your symptoms aren't real. It makes sense then to me that you are grappling with this diagnosis. Our team understands it a little bit differently. What we have been learning is that your mind and body are one integrated system, and that emotions live in your mind and your body. Any experience you have, affects both your mind and your body. For example, if your stomach is empty, messages are automatically sent to your brain, so you know that you need food – you feel hungry and even "hangry". Once you get that information then you can act on it. Another example might be hearing a loud bang. You feel a sense of anxiety and your body automatically gets ready to act by tensing up, speeding up your heart, and making you breathe more quickly. Does that make sense?

Zara: Yes, that does.

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Role Play

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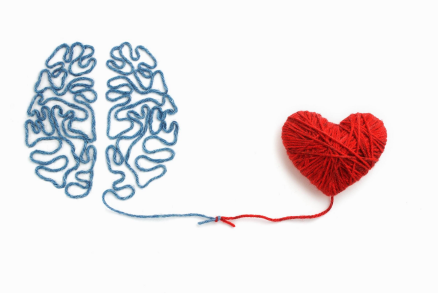
Grace: When you first had nausea and pain, your body was paying a lot of attention to what was going on. I'm guessing that you were a bit worried about when the symptoms would get better – you were missing out on volleyball, and had a lot going on at school at that time, and those are things that are really important to you!

Zara: I do remember being worried about my grades because I couldn't go to classes.

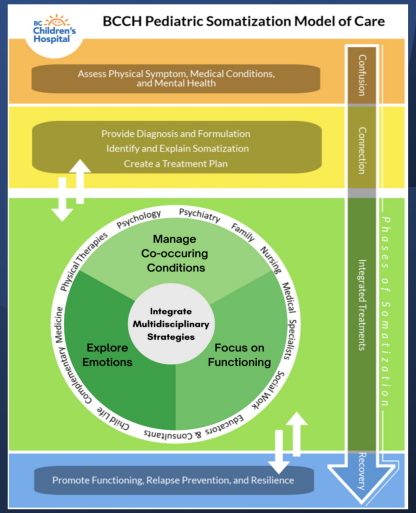
Grace: Right that makes sense. That type of worry can add to symptoms. For me, I get migraines for lots of reasons - like not sleeping enough, not having coffee in the morning. I've also noticed that I tend to have more migraines on Mondays - I love my work but it tends to be busier and more stressful on Mondays. That's what we call the mind and body working together.

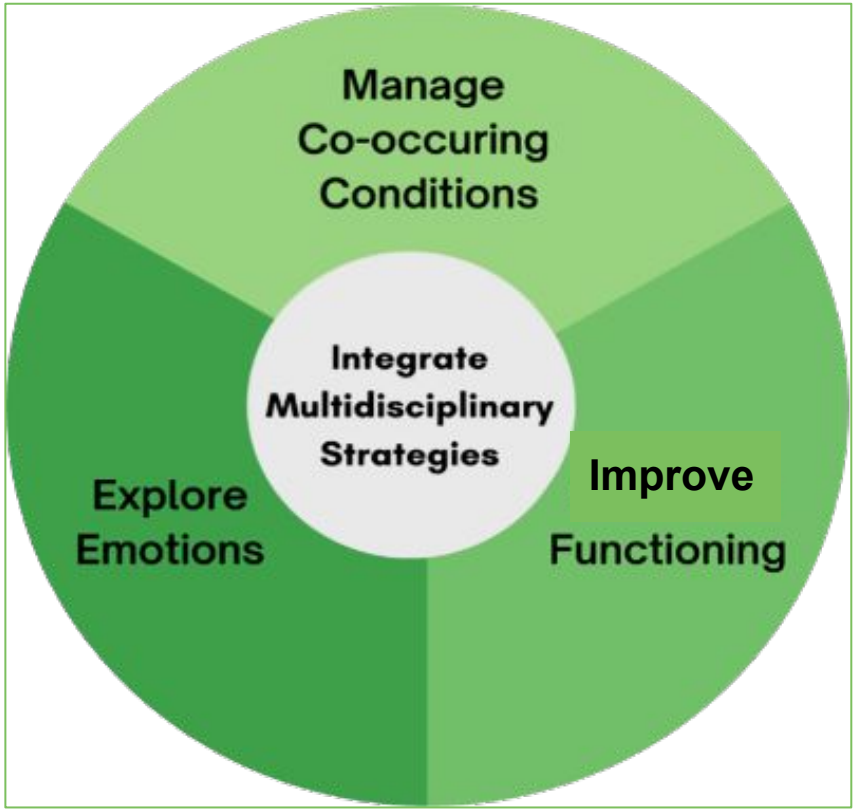
Strategies for Increasing Trust and Reducing Confusion

1. Be with distress
2. Give a therapeutic assessment
3. Address ambiguity about the diagnosis and the plan
4. Normalize somatization
5. **Give a framework**
6. Provide resources



Give a Framework

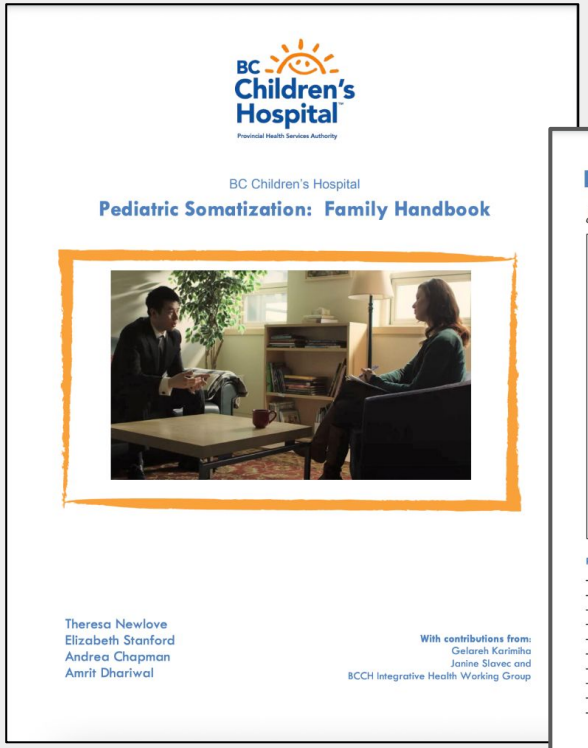




Give a Framework

Family Handbook

Kelty Mental Health Website
https://keltymentalhealth.ca/somatization

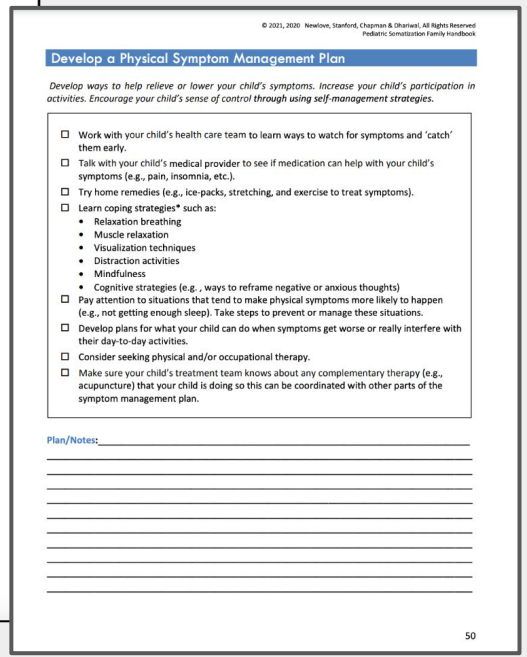

BC Children's Hospital
Provincial Health Services Authority

BC Children's Hospital

Pediatric Somatization: Family Handbook

Theresa Newlove
Elizabeth Stanford
Andrea Chapman
Amrit Dhariwal

With contributions from:
Gelareh Karimiha
Janine Slavec and
BCCH Integrative Health Working Group



Develop a Physical Symptom Management Plan

*Develop ways to help relieve or lower your child's symptoms. Increase your child's participation in activities. Encourage your child's sense of control **through using self-management strategies.***

- ☐ Work with your child's health care team to learn ways to watch for symptoms and 'catch' them early.
- ☐ Talk with your child's medical provider to see if medication can help with your child's symptoms (e.g., pain, insomnia, etc.).
- ☐ Try home remedies (e.g., ice-packs, stretching, and exercise to treat symptoms).
- ☐ Learn coping strategies* such as:
  - Relaxation breathing
  - Muscle relaxation
  - Visualization techniques
  - Distraction activities
  - Mindfulness
  - Cognitive strategies (e.g., ways to reframe negative or anxious thoughts)
- ☐ Pay attention to situations that tend to make physical symptoms more likely to happen (e.g., not getting enough sleep). Take steps to prevent or manage these situations.
- ☐ Develop plans for what your child can do when symptoms get worse or really interfere with their day-to-day activities.
- ☐ Consider seeking physical and/or occupational therapy.
- ☐ Make sure your child's treatment team knows about any complementary therapy (e.g., acupuncture) that your child is doing so this can be coordinated with other parts of the symptom management plan.

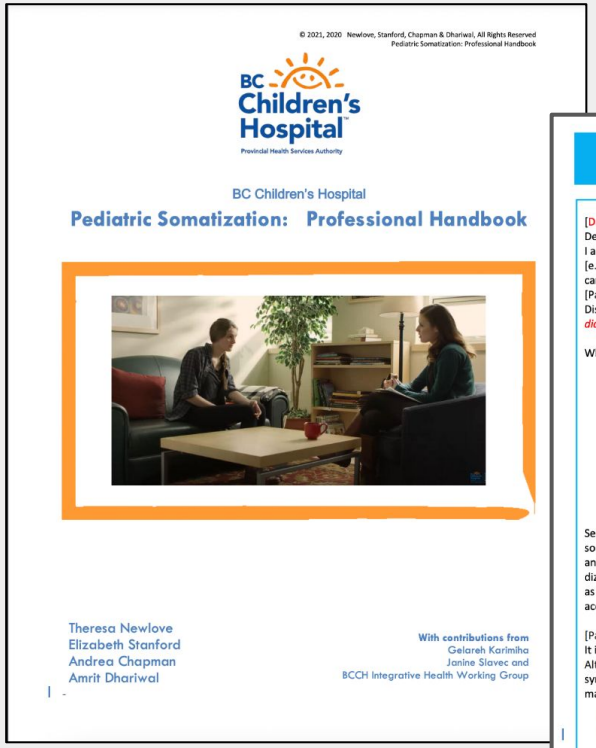
Plan/Notes:

Give a Framework

Professional Handbook

Compass

https://compassbc.ca/resources



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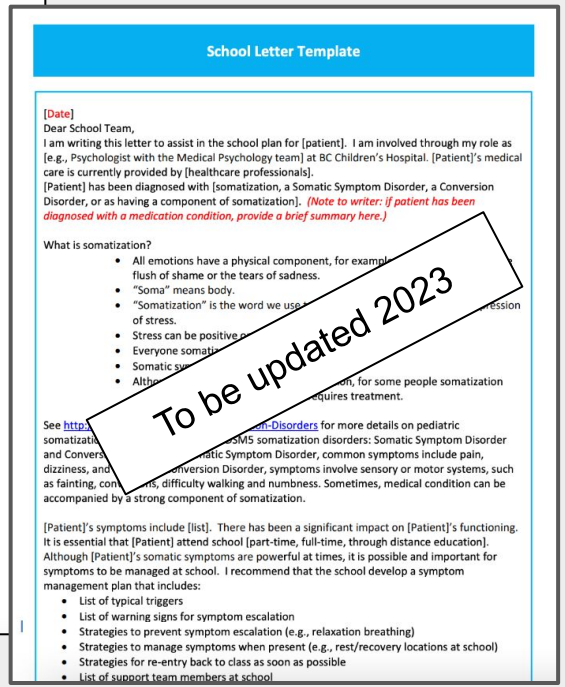


School Letter Template

[Date]
Dear School Team,
I am writing this letter to assist in the school plan for [patient]. I am involved through my role as [e.g., Psychologist with the Medical Psychology team] at BC Children's Hospital. [Patient]'s medical care is currently provided by [healthcare professionals].
[Patient] has been diagnosed with [somatization, a Somatic Symptom Disorder, a Conversion Disorder, or as having a component of somatization]. *(Note to writer: if patient has been diagnosed with a medication condition, provide a brief summary here.)*

What is somatization?

- All emotions have a physical component, for exampl… flush of shame or the tears of sadness.
- "Soma" means body.
- "Somatization" is the word we use… of stress.
- Stress can be positive o…
- Everyone somati…
- Somatic sy…
- Altho… …on, for some people somatization …equires treatment.

To be updated 2023

See http… …n-Disorders for more details on pediatric somatizati… …SM5 somatization disorders: Somatic Symptom Disorder and Convers… …atic Symptom Disorder, common symptoms include pain, dizziness, and … …Conversion Disorder, symptoms involve sensory or motor systems, such as fainting, con… …ns, difficulty walking and numbness. Sometimes, medical condition can be accompanied by a strong component of somatization.

[Patient]'s symptoms include [list]. There has been a significant impact on [Patient]'s functioning. It is essential that [Patient] attend school [part-time, full-time, through distance education]. Although [Patient]'s somatic symptoms are powerful at times, it is possible and important for symptoms to be managed at school. I recommend that the school develop a symptom management plan that includes:

- List of typical triggers
- List of warning signs for symptom escalation
- Strategies to prevent symptom escalation (e.g., relaxation breathing)
- Strategies to manage symptoms when present (e.g., rest/recovery locations at school)
- Strategies for re-entry back to class as soon as possible
- List of support team members at school

Give a Framework

Zara
(patient)

Grace
(family doctor)

Role Play

Introducing framework for integrated treatments

Key points in this example:

- Provide an overview of the framework to reduce confusion and give patients, families, and care providers a roadmap for treatment.
- Explain that the framework was created based on experience working with many previous patients.
- Explain the three main components of integrated treatments: (1) manage co-occuring conditions, (2) improve functioning, and (3) explore emotions.

Role Play

Grace: We actually have a framework for managing somatization - it maps out steps that have been really helpful for youth in their journey to getting better, so it's something we have a lot of confidence in. Would you like me to tell you about the framework?

Zara: Sure.

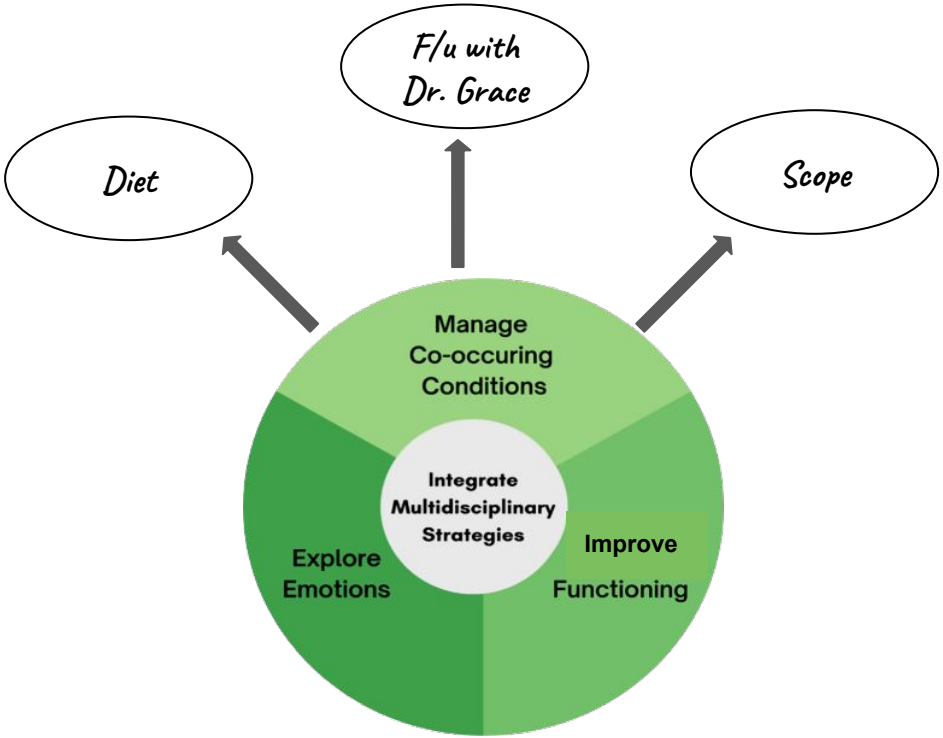
Grace: If you look at the paper you can see that there are three different areas in green: manage co-occuring conditions, improve functioning, and explore emotions. We'll start with the first one.

Manage co-occurring conditions means that it's important to treat any medical or mental health conditions that you have and to have the right kind of follow up. For example, if you have migraines with an element of somatization and medication works, then you would take medication.

For you, this means paying attention to your diet for your disorder of gut-brain interaction and getting the scope we've arranged in a few months. It's also important for you to have follow up appointments with me, so we can keep an eye on how you are doing.

Grace: *We kno*

Give a Framework



Role Play

Zara: Okay, that sounds good. I like knowing there is someone I can talk to about my symptoms.

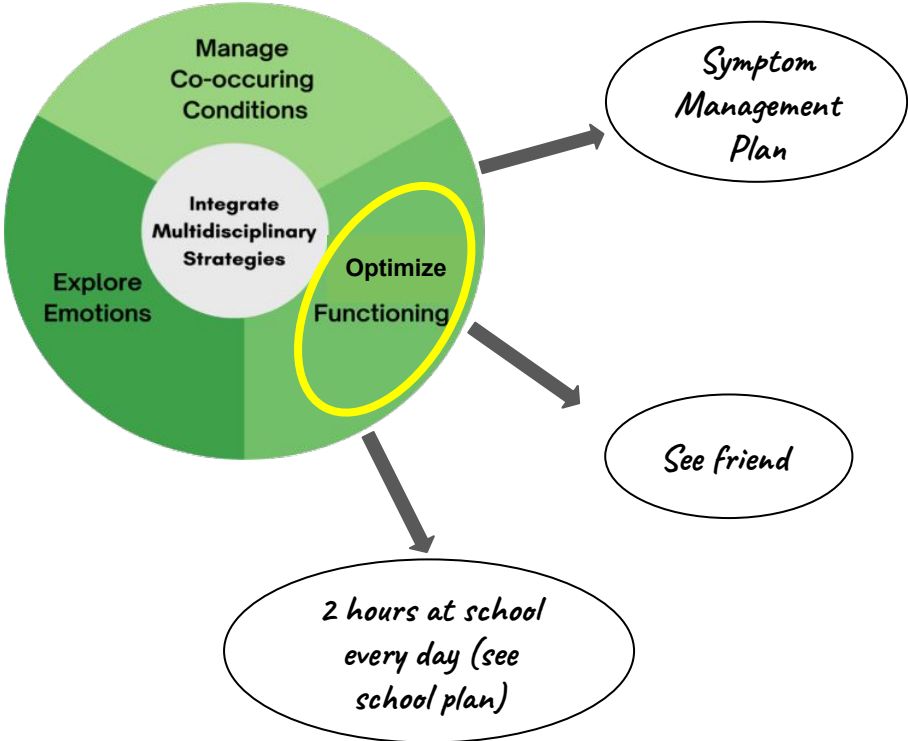
Grace: The second area is called Optimize Functioning. We know that when you have strong physical symptoms, the symptoms take you away from doing things that you love and things that are important for you to do. We've learned from other youth that getting their lives back is an important part of treatment. That's what we call Improving Functioning. So what we want to do is try and move the spotlight away from the symptoms, and focus on doing what matters. This can be really hard to do when you have strong physical symptoms, so it's important to make a plan for managing your symptoms, and slowly getting back to seeing friends, doing activities and going to school. It will be important to have some support in place and not overdo it.

Zara: But what about when my nausea is a 10/10?

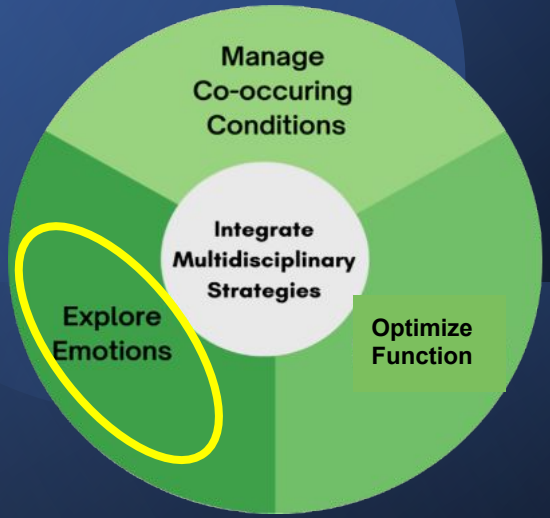
Grace: Now that we know your symptoms aren't dangerous, they're really strong and distressing, but not dangerous, we are going to focus on you doing everyday things even when you have the symptoms. I can share some resources and plans that have helped other youth in similar situations.

Zara: Sounds good.

Give a Framework



Role Play



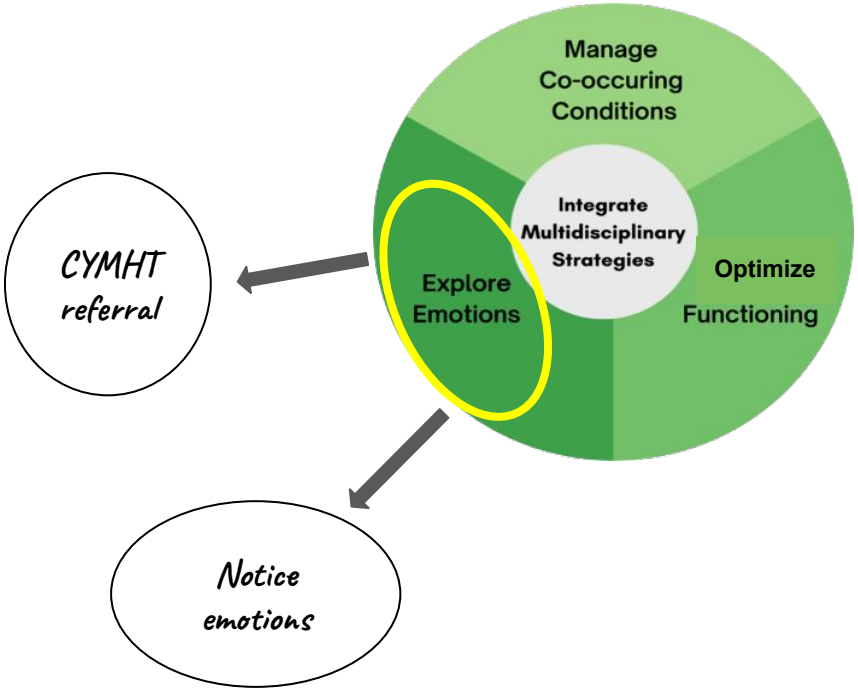
Zara: I would really like to get back to school. I'd like to hear more about what's worked for other people.

Grace: The last area is called Exploring Emotions. This means that over time you can start to notice different emotions and how that might impact your mind body signals and your symptoms. This area is too hard for any one person to do on their own. Many youth have found it really helpful to work with a psychologist or therapist to understand more about their stresses, things that make them feel better, and work on some coping strategies. Do you have someone like that already involved or should we figure out a referral?

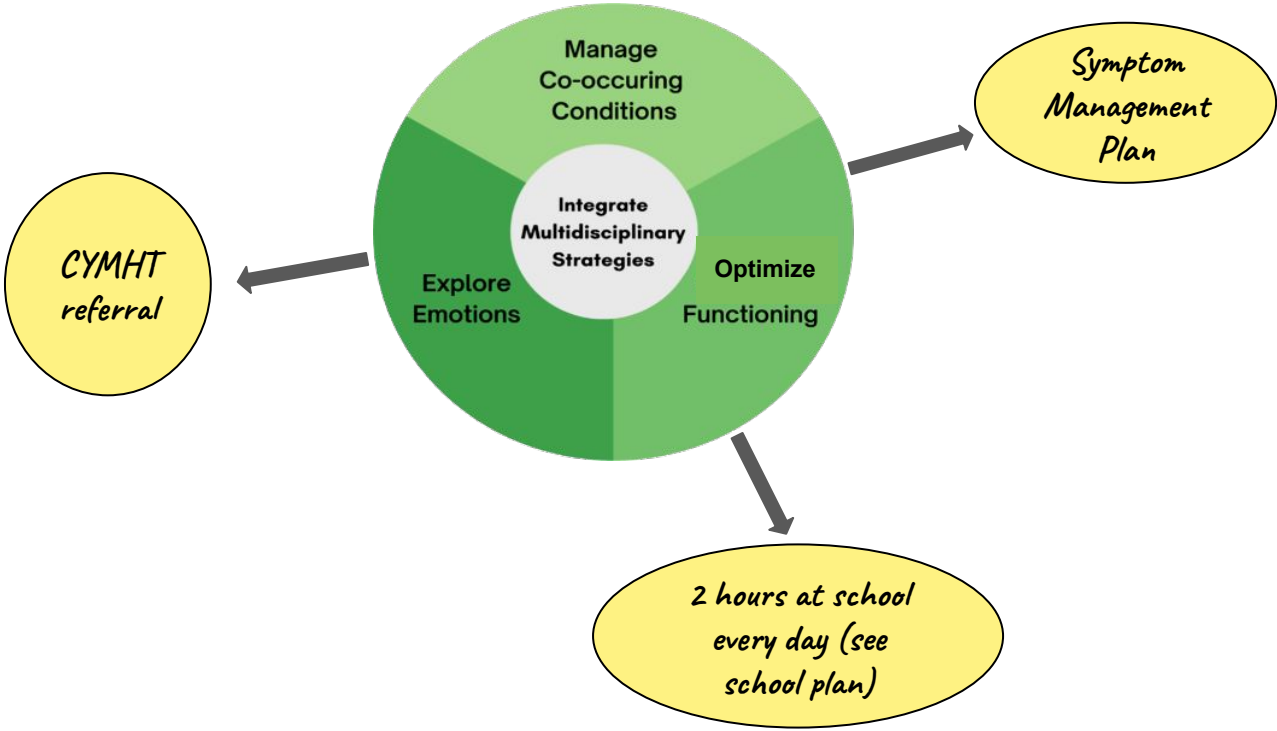
Zara: I think my Mom called the CYMH team and we have an appointment next week. I talked to a counselor in the past. I guess I'm okay with seeing them again.

Grace: That's a lot to think about, so we will focus on a few steps at a time. The next thing is to figure out a symptom management plan, figure out how to get you back to school, and connect with CYMH.

Provide a Framework



Provide a Framework



Strategies for Increasing Trust and Reducing Confusion

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3. Address ambiguity about the diagnosis and the plan
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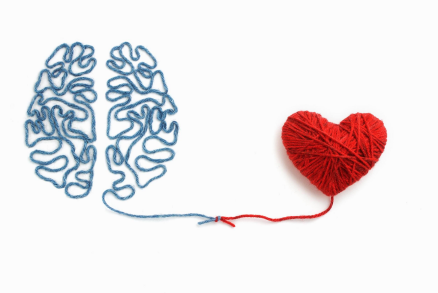
5. Give a framework
6. **Provide resources**



Provide Resources

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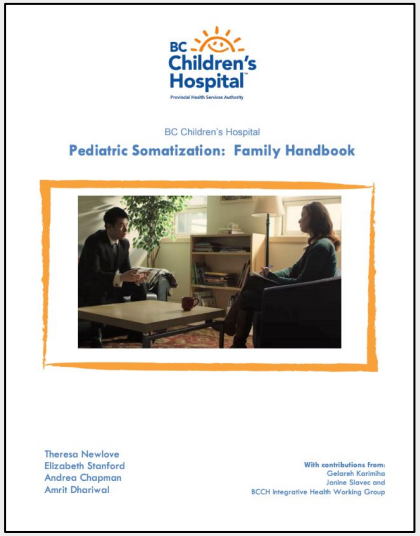

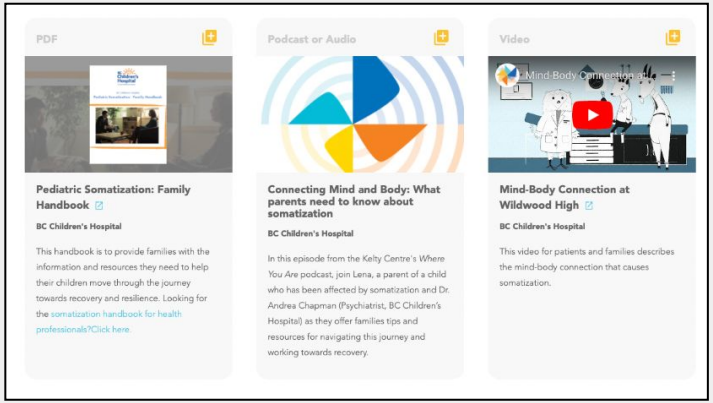

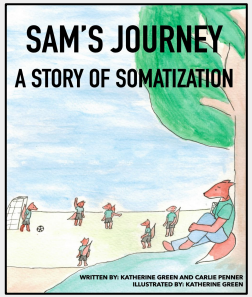

Provide Resources

1. BCCH/Kelty Mental Health: **Family Handbook, Videos, Stories, Podcast** https://keltymentalhealth.ca/somatization

2. AACAP (American Academy of Child Psychiatry: **Family Facts** https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Somatic-Symptom-Disorder.pdf

3. Boston Children's Hospital: **Information on Somatization** https://www.childrenshospital.org/conditions/somatic-symptom-and-related-disorders

4. SickKids Toronto: **Somatization How to Help Your Child or Teen at home** https://www.aboutkidshealth.ca/article?contentid=3770&language=english

Role Play

Therapeutic Assessment

Zara
(patient)

Pat
(parent)

Miriam
(psychologist)

Role Play

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Therapeutic assessment with mental health clinician

Key points in this example:

- Continue to address mistrust of diagnosis and treatment plan as it arises over time.
- Be open to learning from the patient and family, and listen to their experiences.
- Identify positive intentions and validate them (repeatedly).
- Seek permission to share ideas and strategies, and tie new information to what they have already said (scaffolding from bottom up).
- Co-construct goals of treatment.

Role Play

Zara: This is silly. I don't know why I actually came. I'm not sure you can even help me.

Pat: Look, the doctor said we should come, so let's just get this done and then we can move on to the next step.

Miriam: Zara and Pat - thank you both for sharing your perspectives; it's actually helpful to know. It must be difficult to feel like you have to come here to check something off a list so you can get ongoing medical service. That must make it hard to imagine how coming here and talking to me could genuinely benefit Zara in the long run.

Pat: We talked with Dr. Grace about somatization, and I understand it in theory, I just am having a hard time seeing how this might apply to Zara. She is always so strong, it's hard to imagine that stress causes all of these physical symptoms. It kind of feels like they are saying "it's all in her head" and I know that's just not true.

Miriam: So it's no wonder coming here doesn't feel right. You know the symptoms are real, and you know your daughter is strong. The idea that stress is part of the picture almost invalidates that reality and what you know.

Role Play

Zara: I've had stress before when I was younger, and this feels totally different. I feel like I learned how to deal with stress and I learned strategies to deal with stress. I feel like I'm a pretty strong person and it's hard to wrap my head around why this is happening now.

Miriam: I'm sensing you have a lot of questions that need to be answered. Like, why is this happening to you? Why is it happening now? If it was stress, why haven't all the previous strategies worked?

Zara: Yeah. I need those questions answered.

Miriam: Given that there are things you are curious about, I wonder if that should be the focus of our work right now. The preliminary goals being to make sense of these symptoms - whether they are connected to stress - as well as how/why. I don't think we can go forward to any other interventions until we all have a shared understanding that you can firmly agree is true.

Pat: I would really appreciate that approach - thank you. I need to know the treatment we are pursuing is actually on target. The bottom line is her health is stopping her from living her life. We need to get rid of the symptoms - especially the pain.

Role Play

Zara: If I can get rid of the pain, then I will be able to do all the things I need to do, like going to school and playing volleyball and seeing my friends.

Pat: It is hard seeing Zara suffer and miss out. I want to see her happy and with her friends again. She never smiles anymore.

Miriam: The symptoms have been very costly.

Zara: Once the pain and nausea are gone, then I'll be able to do those things again. For now, I just have to wait. My hands are tied.

Miriam: It sounds like there isn't a version of those things you can do, with the pain there.

Zara: No. If I'm only able to play volleyball half as well as before, what's the point? I don't need everyone's pity. I'm supposed to be the star of the team. Plus, what if playing makes the pain worse? I need to be perfectly healed before getting out there.

Miriam: I think I'm getting the picture. You're used to be the star, and it would feel like a pretty big tumble if you went out there and you felt like you were only a partial version of who used to be. That'd be hard to take.

Role Play

Zara: Yes. Totally.

Miriam: You mentioned your hands were tied. That must be a very powerless feeling. Often, people can be really defeated. It becomes hard to keep trying things when everything you try doesn't seem to help.

Pat: That's what I've been saying. She's done everything the doctors told her to do to get better. Now, she just looks so depressed. Nobody is understanding the toll this is taking on her.

Miriam: It sounds like you might be telling me it's important to both of you that Zara become empowered again. She has always been so strong, and seeing her defeated is really hard. You both want to see Zara feel in charge of her health again. Right now, her health is in charge of her.

Pat: Yes that's true. I just want to see her enjoying her life. Zara nods

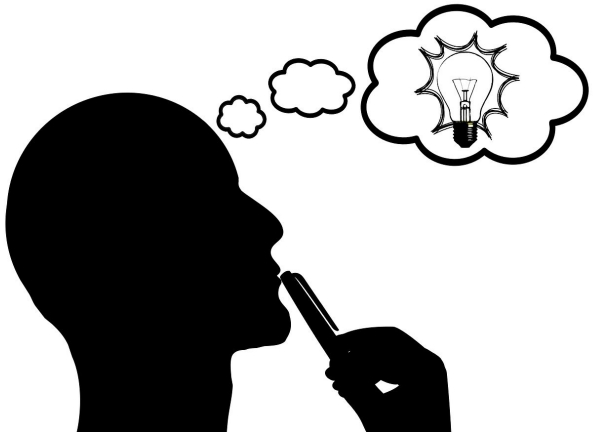
Role Play

Miriam: Can you tell me about some of the strategies you've tried……?

Zara: I've tried mindfulness and journaling and medications, and none of it seems to help.

Miriam: Thinking about your goals and what you want, you want more active strategies. Would it be okay if I tell you about some strategies that are different from those that may or may not be helpful to you.

Reflect



Which strategies did the therapist use that you think were helpful to increase trust / reduce confusion?

Could you envision yourself applying these strategies in your own work? If so, what would you need to change or do different?

In summary …

1. Identify somatization in pediatric populations
2. **Communicate effectively to reduce confusion and increase trust**
   - Explain reasons for mistrust and confusion
   - Discuss techniques to increase trust and decrease confusion
3. Apply integrated treatment strategies

Next week…

1. Identify somatization in pediatric populations
2. Communicate effectively to reduce confusion and increase trust
3. **Apply integrated treatment strategies**
    - Focus on functioning
    - Explore emotions

Resources for Families

1. BCCH/Kelty Mental Health: Family Handbook, Videos, Stories, Podcast
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2. AACAP (American Academy of Child Psychiatry: Family Facts
   https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Somatic-Symptom-Disorder.pdf

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4. SickKids Toronto: Somatization How to Help Your Child or Teen at Home
   https://www.aboutkidshealth.ca/article?contentid=3770&language=english

Resources for Professionals

1. Pediatric Somatization: Professional Handbook, BC Children's Hospital: https://compassbc.ca/resources

2. Stay tuned for the Somatization Toolkit! Compass Toolkits: https://compassbc.ca/toolkits

3. Mind and Body Together Group Referral http://www.bcchildrens.ca/health-professionals/refer-a-patient/outpatient-psychiatry-referral

BC Children's Hospital
Provincial Health Services Authority

Compass Mental Health
Supporting Providers

Thank you!

Join us next week on **December 12th 12-1:30pm** for PART 3:

"Treatment strategies for somatization in pediatrics"