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 12th, 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 3: Treatment Strategies For Somatization in Pediatrics

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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.
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Speaker Introduction

Andrea Chapman,
MD, FRCPC

Amrit Dhariwal,
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Speaker Introduction

Joanna McKay, RN

Sandra Westcott, MD, FRCPC

Somatization in Children and Teens

Session 3

Treatment Strategies for Somatization in Pediatrics

Dec 12, 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

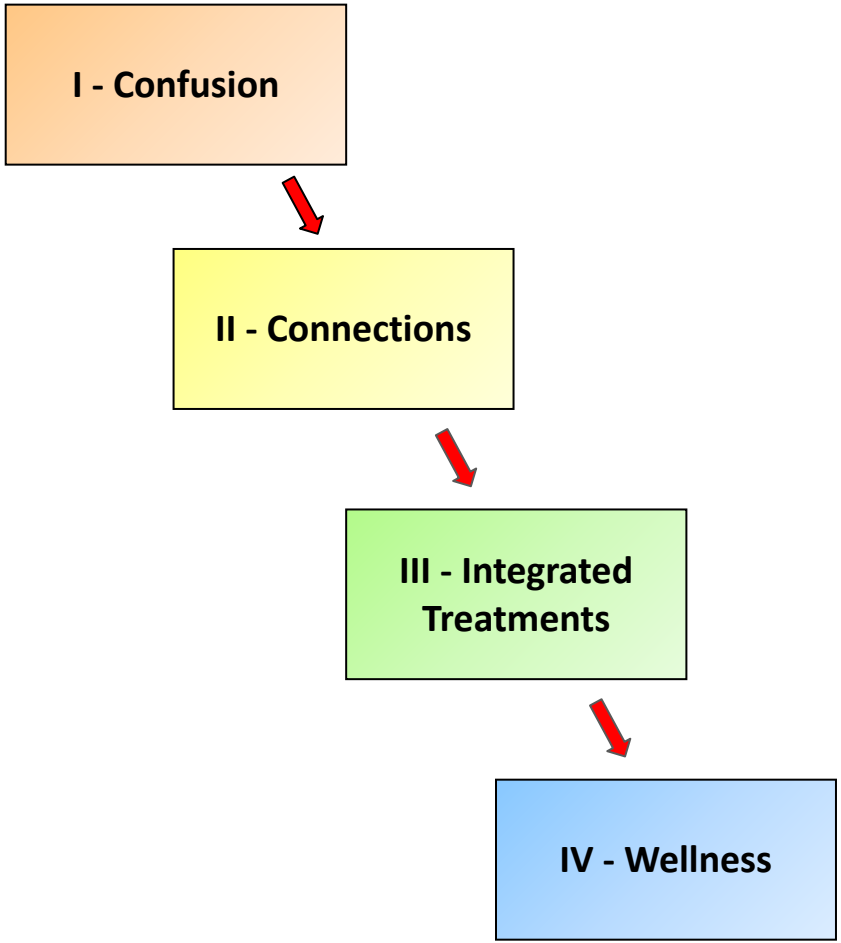
Series Objectives

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.

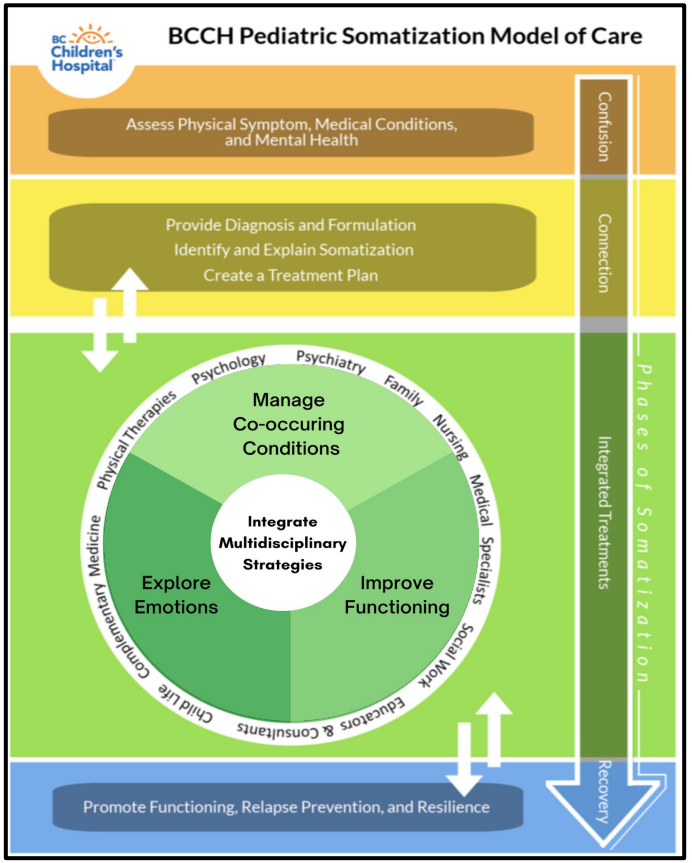
Session 1 & 2 Recap:

Phases



Session 1 & 2 Recap:

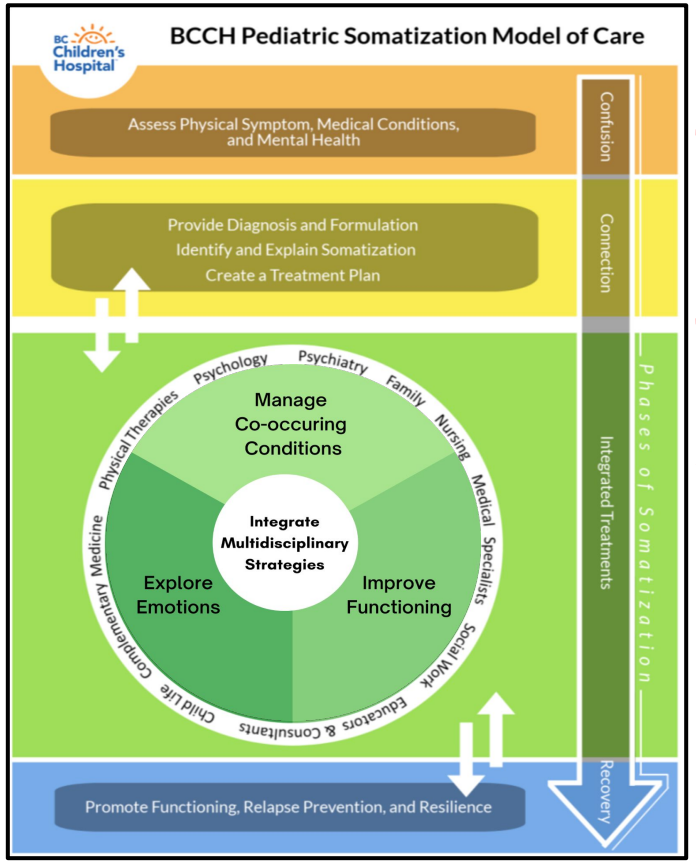
Model of Care



Session 1 & 2 Recap:

Roles

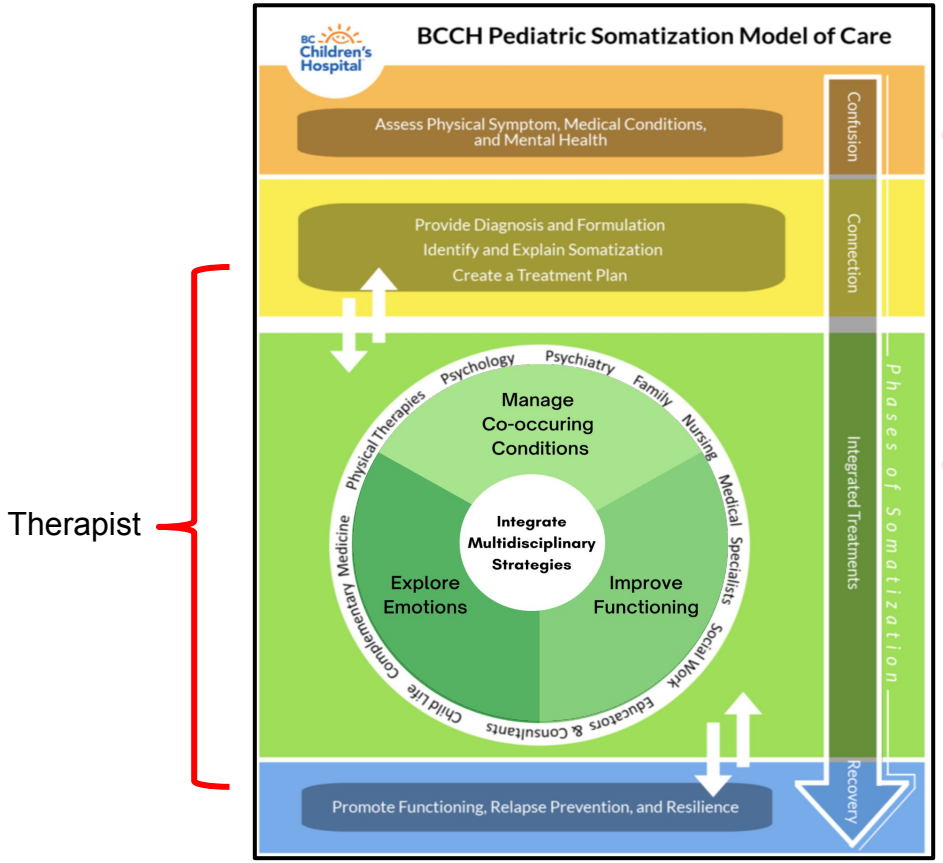
Primary Care Provider



Specialist

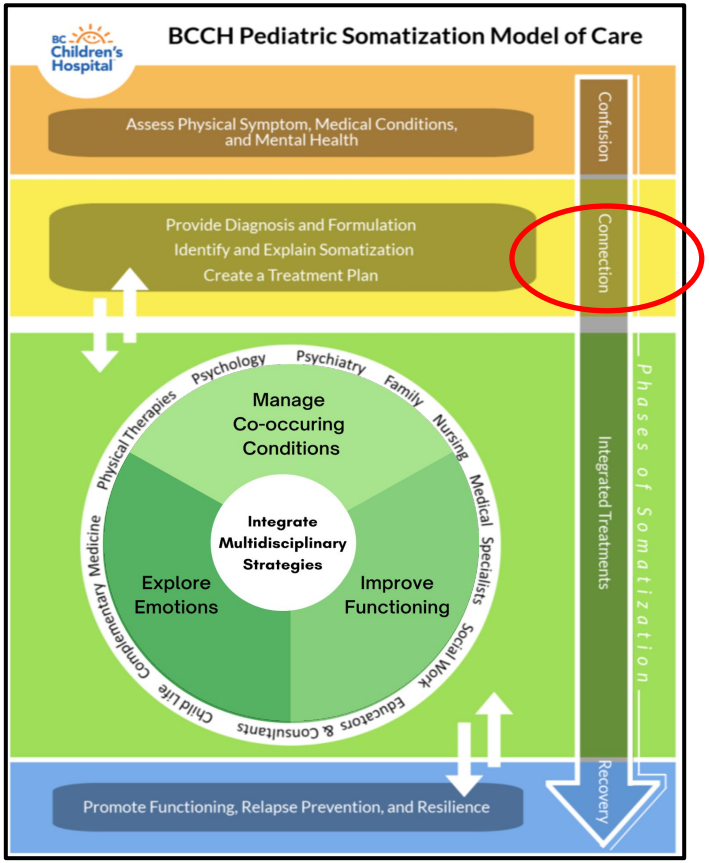
Session 1 & 2 Recap:

Roles



Session 1 & 2 Recap:

Roles

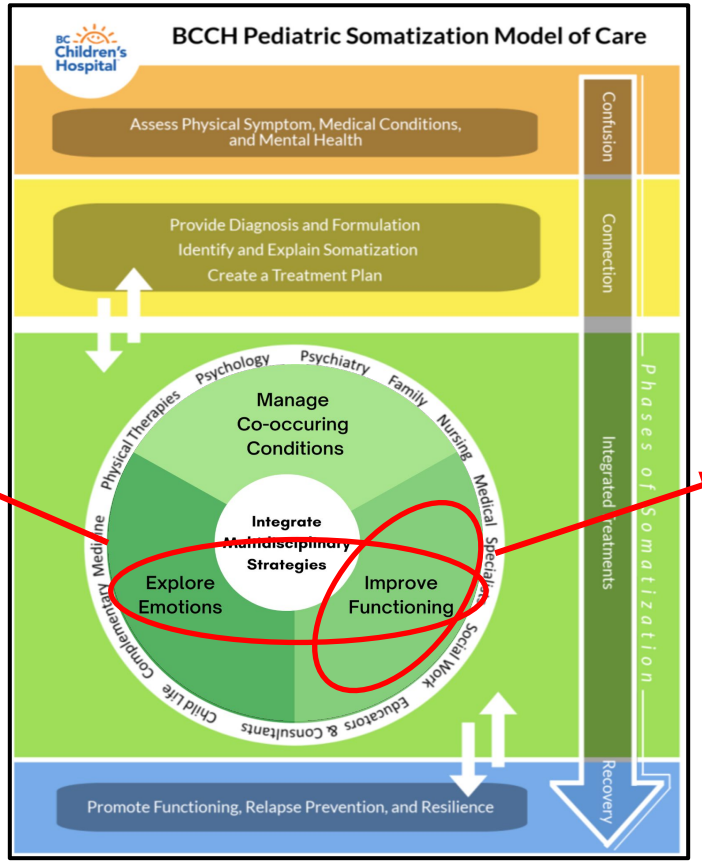


BCCH
MBT Group

Session 1 & 2 Recap:

Roles

Occupational Therapist



School Team and Physiotherapist

What You Said

What challenges do you experience in supporting a move towards wellness?

Making the diagnosis

- *Challenges with diagnostics*
- *Diagnostic clarity*
- *Feeling like the two paths approach is not missing anything unknown medically*
- *Knowing what is somatization versus something else*
- *As a school counsellor sometimes teachers/parents/support staff don't recognize the problems.*

Not accepting the diagnosis

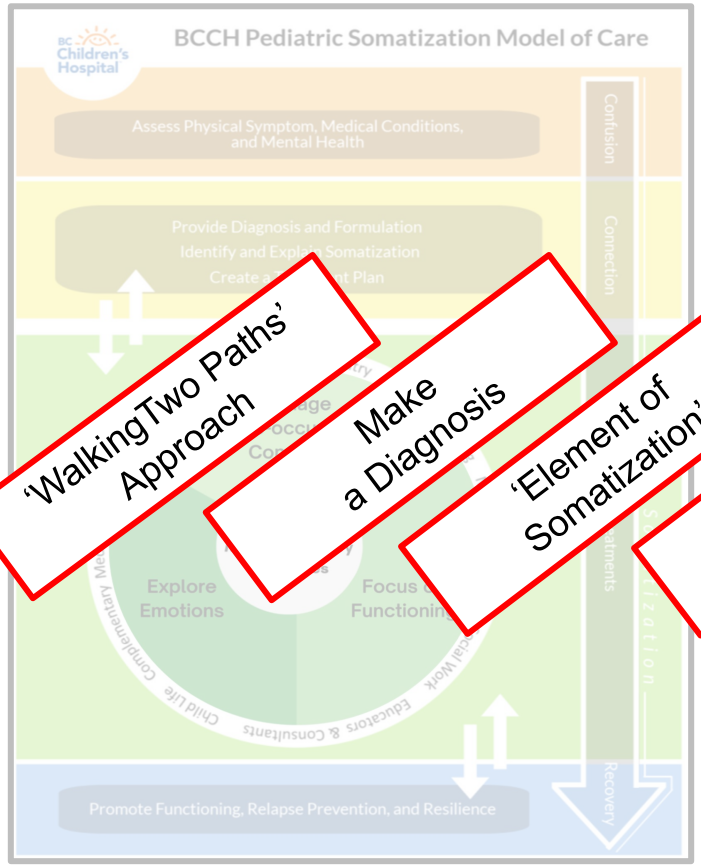
- *Disbelief that the symptoms are explained by somatization.*
- *Teens that disbelieve or want a medical diagnosis*
- *To have the buy in from the client on the diagnosis*
- *Focusing on emotions versus clients wanting to talk about medical issues and frustration with system.*

Explaining the diagnosis

- *Difficulty explaining somatization,*
- *How to develop a safe and trusting relationship, in order to open the dialogue*

What You Said

Strategies



I - Confusion

II - Connections

IV - Wellness

'Walking Two Paths' Approach

Make a Diagnosis

'Element of Somatization'

Normalize Somatization

Scripts for Somatization and MBT

What You Said

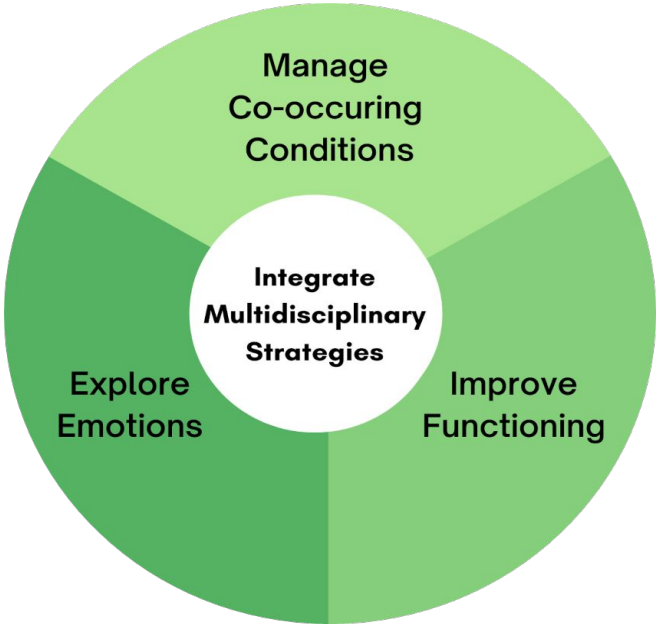
What challenges do you experience in supporting a move towards wellness?

Treatment challenges

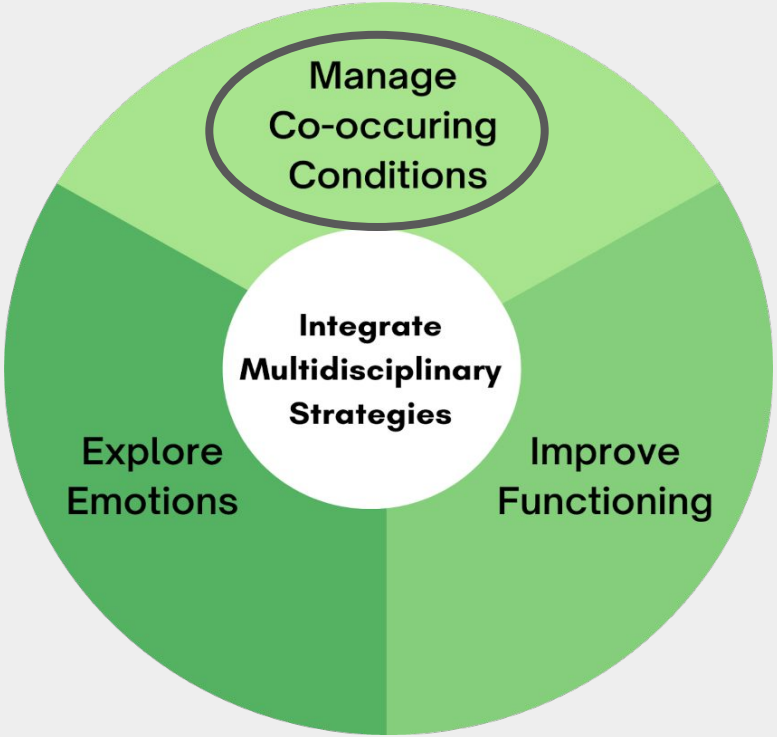
- *Coordination of care providers*
- *Lack of mental health psychology or counselling services*
- *Lack of resources*
- *Mental health barriers*
- *Fast paced environment of hospital and surgical services; not a lot of time to explore and implement treatment plans.*
- *Sometimes, the symptoms are their only means of connecting to others (parents, supports, healthcare) etc.*
- *Attention sometimes with younger people?*
- *Parents wanting fix*
- *Talking to parents who want a "fix" right away.*
- *Balancing between resting/taking it easy and encouraging activity.*
- *Tolerance for learning skills to address it (for folks who are often in crisis)*
- *Appropriate medication. What is the role of psychopharmacology?*
- *Shifting identification with illness role to wellness/ function mindset*
- *Difficulty focusing on function rather than symptom alleviation (pain, etc.)*
- *Relationship with somatization and other Dx such as anxiety, depression, BPD*
- *Supporting with an eating disorder*

Today's Outline & Objectives

1. Identify somatization in pediatric populations
2. Communicate effectively to reduce confusion and increase trust
3. **Apply integrated treatment strategies**
   - Manage Co-occurring Conditions
   - Explore Emotions
   - Improve Functioning

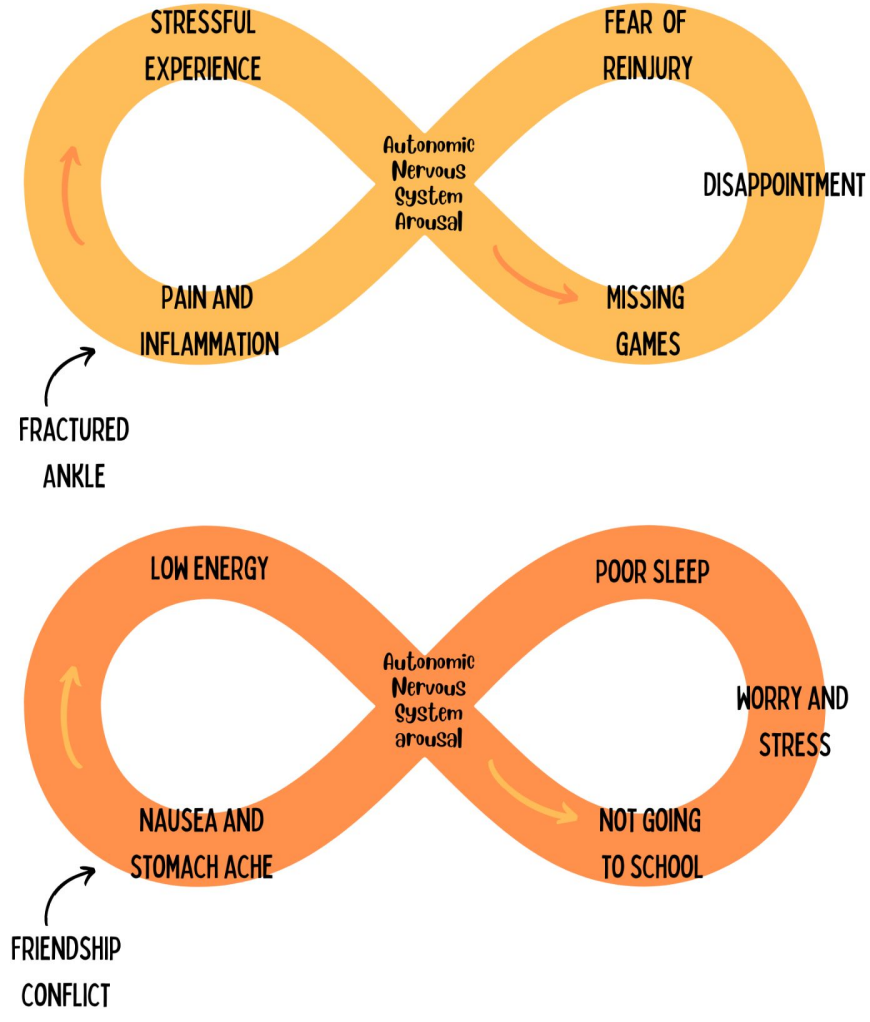


Manage Co-occuring Conditions

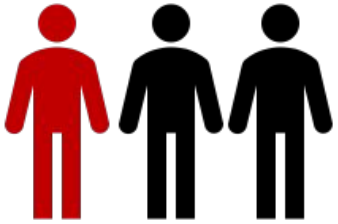


- ❏ Arrange for a medical provider to be involved and do follow up visits
- ❏ Continue to assess and treat physical symptoms judiciously
- ❏ Psychotherapy and pharmacotherapy for psychiatric comorbidities

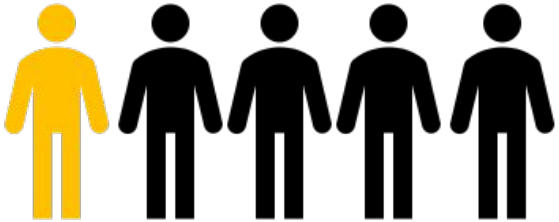
Recall: What starts somatization?



Co-existing Conditions are Common!



People with IBD who also have IBS
(a disorder of gut-brain interaction)



People with psychogenic non-epileptic seizures who also have epilepsy

Halpin & Ford (2012), Liampas et. al. (2021)

Ongoing Medical Follow Up

1. Manage co-existing medical conditions

2. ‘Two paths’ approach to ongoing management of somatic symptoms
   - Reassurance
   - Judicious assessment and treatment
   - Support interventions
   - Appropriate referrals
   - Consultation with other providers

Regularly scheduled follow ups with medical provider, independent of symptoms, can help improve outcomes.

Psychiatric Conditions are also Common!

Psychiatric conditions are **common** among youth with somatization, particularly:

- Anxiety
- Depression
- PTSD

Comorbid psychiatric disorders are associated with greater disability

Treat psychiatric conditions as usual, with pharmacotherapy and psychotherapy

Medications

- No clear evidence that psychiatric medications treat somatic symptoms
- However, medications may help treat co-occurring psychiatric conditions
- Consider side effect profile in context of somatic symptoms, for example:
  - Mirtazapine for treating someone with depression and chronic N/V
  - SNRI for anxiety or depression in someone with chronic pain
  - Escitalopram instead of sertraline in someone with significant GI symptoms
- Start low and go slow!!

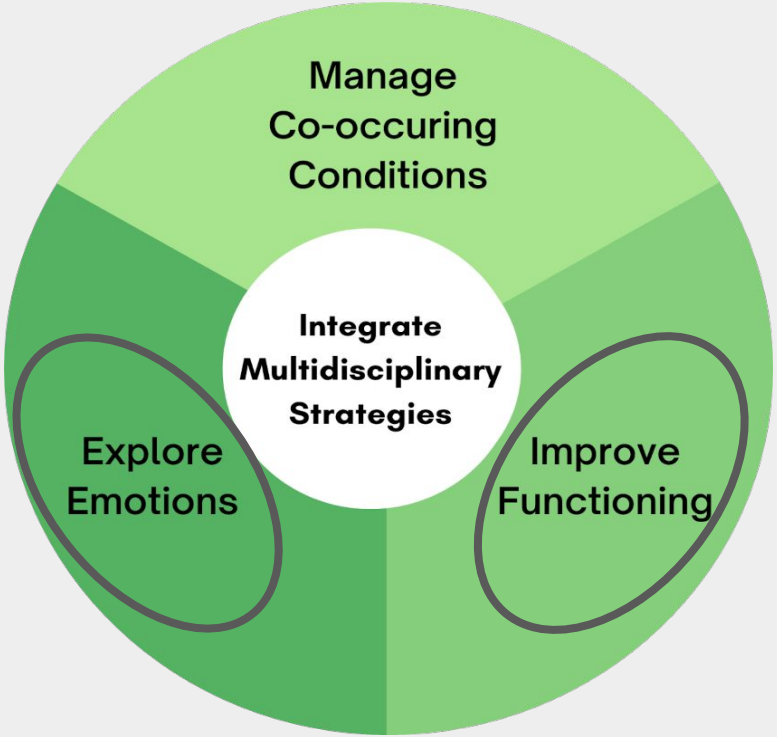
Kleinstauber et. al. (2014)

Transdiagnostic Treatment

Many psychological strategies are transdiagnostic,

and can help youth cope with symptoms and distress regardless of whether due to somatization vs medical condition vs psychiatric condition

Emotions + Functioning



- Ordering of these two components may vary, depending on your role, your clinical style, the stage of treatment, and patient needs.
- **Inpatient example:** you may recommend concrete functional improvement strategies and refer for psychotherapy.
- **Outpatient example:** you may learn about emotional barriers before attempting to implement functional improvement strategies

Why focus on emotions + functioning?

Summary of Evidence: Systematic Reviews and Meta-Analyses

1. **Gold standard**: `cognitive and behavioural approaches`
   (Bonvanie et al. 2017, Fisher et al., 2017; Hulgard et al., 2017; Elliot et al., 2020)
   - **Focus on:** varying focus on behavioural exposures, thought challenges, inclusion of parents.
   - **Benefits**: moderate effect on reducing symptom load and disability
   - **Limitations**: 1) effects vanish after 6mo/1yr, especially for teens; 2) unclear what the important treatment components should be (e.g., parents varyingly included) 3) effects for SSD (pain, IBS, CFS) not FND

2. **Increasing evidence**: `psychodynamic and emotionally focused approaches` (Abbass et al. 2021; 2020 2012; 2009)
   - **Focus on:** increasing awareness of emotions in the body, their psychological meanings, and actions needed to resolve
   - **Benefits**: large or mod effect on physical sx, disability psychiatric sx, interpersonal problems, and social adjustment; effects larger than CBT
   - **Limitations**: 1) evidence in pediatric populations is only emerging 2) other research groups needed

Emotions + Functioning

Psychotherapeutic Steps to Wellness

Stage 1: Engage family to jointly formulate emotional focus.

- Talking about mistrust is a way into their emotional and interpersonal worlds. So is talking about disappointment of not getting better.
- Requires significant empathy and validation. Keep creating holding space and activation for interpersonal/emotional focus.
- Support embodied mentalizing (i.e., exploring how experiences have taken a toll on the body; noticing shifts in body language in the moment)

Stage 2: Focus on how this focus has recurred in life.

- Constantly linking interpersonal needs, primary and secondary emotions, perceptions, behaviours, and symptoms.
- Microslicing narratives to create nuanced, differentiated understanding.

Stage 3: Empower them to take charge of the process.

Luyten & Fonagy, 2020

Emotions + Functioning

Mind and Body Together Group

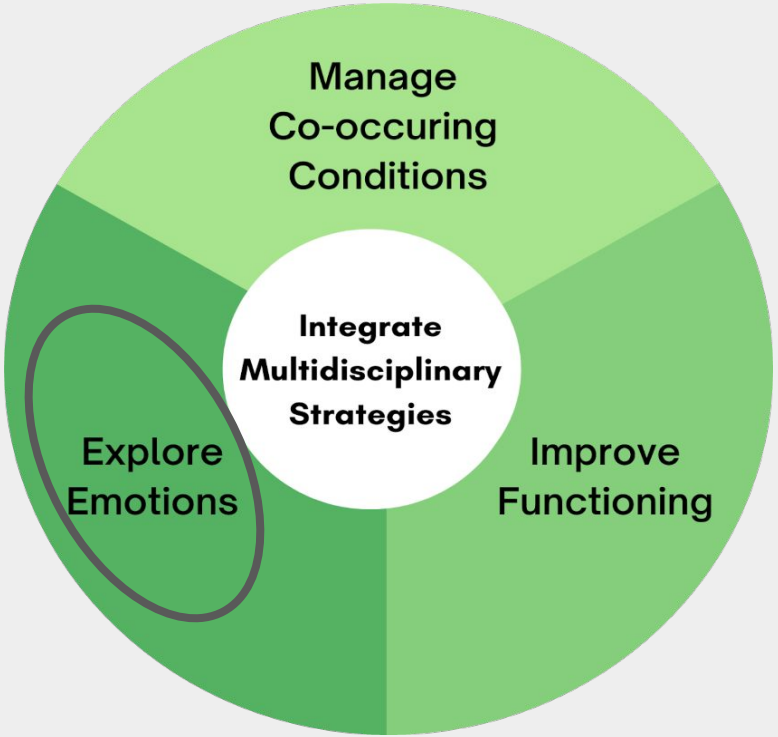
Unpublished manual (Dhariwal, Chapman, et al, 2022)
Single-arm open label trial pilot study (Dhariwal et al., 2018)
Treatment mechanism study (Dhariwal, Lui, et al., forthcoming)

Patient-oriented: group is based on patient suggestions
Tolerable and satisfactory to patients and parents
Improvements occur over time in symptoms and functioning

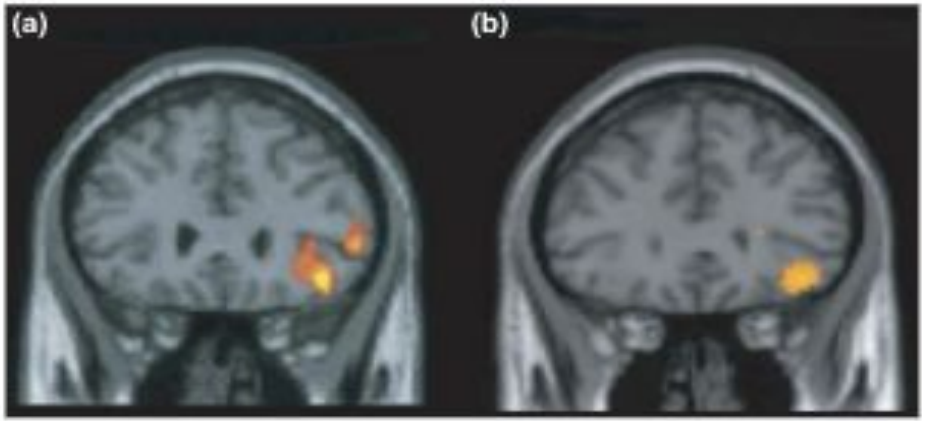
Process of Change...

Step 1. Exposure to similar others provides normalization and belonging
Step 2. This creates a safe foundation to learn more about somatization
Step 3. New information prompts engagement with MH strategies

Explore Emotions: Practical Strategies



Legitimizing emotions in the body



Social pain regulation Physical pain regulation

- THE BRAIN IS SPARKED IN SIMILAR AREAS BY PHYSICAL PAIN AND SOCIAL PAIN.
  Whether we get physically injured, or lose an important relationship, our brain sends a similar kind of "alarm" signal.

- THIS MAKES SENSE FROM AN EVOLUTIONARY PERSPECTIVE!
  Activating physical protection helps us survive danger.
  So too does activating social bonds - we need other humans for survival.

Eisenberger & Lieberman (2004)

Normalizing emotional stress: it is necessary for growth

Testing Boundaries
Explore and Experiment
Be Creative
Become Independent
Push Away From Caregivers
(And Seek Out Caregivers)
Break Rules
Take Risks

Connecting Socially with Peers
Hang out in Groups
Care What Others Think
Desire to be Liked
Have Conflicts
Have a Crush
Go Out with Individuals
Fall in Love

Searching for Identities
Find Out What You Are Good At
Find Out What Makes You Happy
Develop Self-Esteem
Care About Appearance
Care About Health and Well-Being
Make Choices About the Present
Set Goals for Future

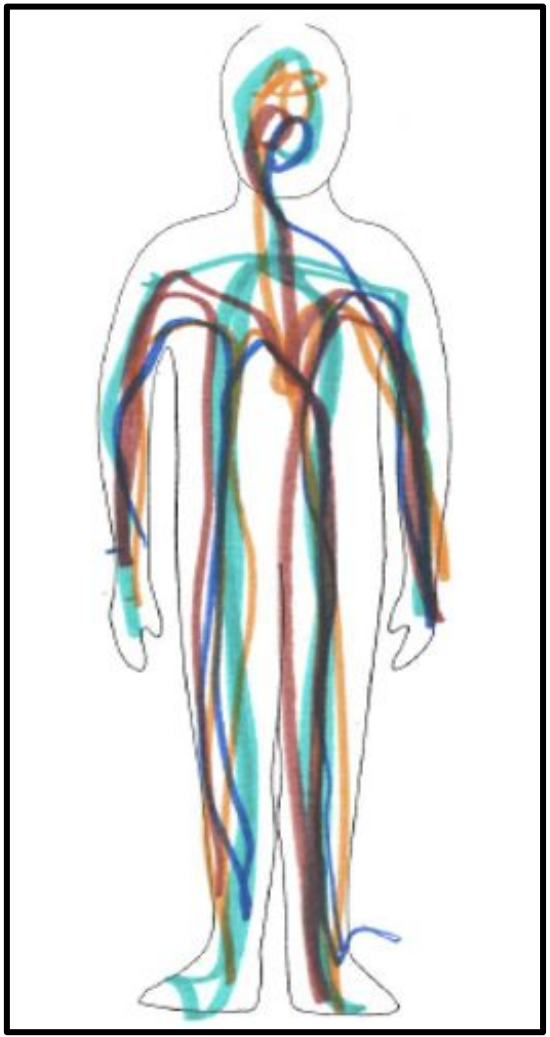
Experiencing Emotions
Be Affected By Stress
Complain About Stress
Be Confused
Experience Both Highs and Lows
Swing Between Highs and Lows
Find Ways to Cope
Learn to Manage Stress/Emotions

Noticing "I'm Fine"

Image: insta @central_minds_therapy posted Oct 10, 2021

Statistics: https://www.mentalhealth.org.uk/news/mental-health-foundation-launches-im-fine-campaign

Acknowledging
Inside
is different from
Outside



Discovering what is "inside" or underlying somatization

- Feeling like there is **too much pressure** in life (school, performance, etc.)
- Growing up and **independence feels scary**.
- Feeling like you **need others** to help you.
- But very **aware of others' feelings** and worrying about burdening them with your problems.
- **Perfectionistic tendencies** and not wanting to show any weaknesses or ask for help.
- **Bottling up**, downplaying, or ignoring negative emotion states – sometimes doing this so well that you are **unaware of your own emotions**.
- **Worrying about your physical well-being** and survival instead of emotional state.
- Feeling **powerless** to change anything.

Identifying costs of suppressing distress

Imagine holding your ball underwater. As long as you hold it there, the surface of the pool is smooth and serene.

But your actions in the pool are limited. You can't move around easily. The longer you hold it underwater, the more tired you become. Before long, it comes shooting up through the surface of the water and if you're unlucky, it smacks you right in the face.

When this happens, you might frantically try to shove the ball under again. This makes sure the waves subside in the short-term. It also ensures that you'll continue to be stuck in the same place.

Ultimately learning how to let the ball rise to the surface, slowly with control becomes the goal. The ball might stay near or float away, but you are free to decide where to go.

Reference: DeSteno, Gross, & Kubzansky (2013)
Metaphor Reference: Story modified from http://www.sohocbt.com/act/

Supporting Parents to Be With Child's Distress

Way	Positive Intention	Example
Matching	Allowing them space to feel their emotions and figure out what to do. Not trying to change anything.	*Sitting there, nodding, holding hands, etc., matching body language or facial affect*
Reflecting	Mirroring back what you see and hear, so the person knows you are getting it.	*"You're wanting me to know just how hard this is." "You feel unsure about that test."*
Validating	Letting them know their way of seeing things is legitimate.	*"It makes sense you that you don't want to talk about this right now." "No wonder you're scared. Anyone would, having walked in your shoes."*

Way	Positive Intention	Example
Reassurance	Calming you down by telling you everything is going to be ok.	*"Everything will be ok." "You will be fine."*
Downplaying	Helping you see the problem is not that big of a deal.	*"It's nothing to worry about." "Just let it go."*
Problem-solving	Giving you advice or suggestions about what you could do.	*"Why don't you try…" "Let me help, take over…"*
Distraction	Changing the situation so you are doing something less stressful	*"Let's take your mind off this" "Let's talk about…"*
Cheerleading	Helping you focus on all of your wonderful qualities instead.	*"You are so strong." "But you're so good at…"*
Shutting down	Protecting you from having to talk about your problems.	*Silence or one word answers. "Let's talk later.."*
One-upping	Helping you feel like you are not alone by telling you their probs	*"That reminds me of…" "Others have it worse"*
Questioning	Asking you why you feel the way you do so they u can understand.	*"Are you ok?" "Why do you let it affect you?"*
Appeasing	Helping you in the way you want, by asking you to verbalize it.	*"Tell me what to do." "What do you want?"*
Defending	Making sure they know you are on their side, and trying to help.	*"I'm not the bad guy." "What did I do now?"*
Correcting	Noticing an error in your way of seeing things and wanting to fix..	*"You're looking at the glass half empty."*
Over-identifying	Sharing in your experience by adding their own meanings to it	*"Oh no, this the worst!""You must feel like…"*

Supporting Parents to Be With Child's Distress

Being With

When a parent acknowledges, accepts, and mirrors back a child's feelings….

My parent is here for me.
My feelings are mine.
But I'm not alone in my feelings.
My emotions don't overwhelm my parent.
My parent is not trying to fix my feelings.
My parent trusts me to handle my emotions.
It's ok to have and express my emotions.
I'm safe.

Role Play

How to provide psychoed on emotions in the body

Pat
(parent)

Miriam
(psychologist)

Role Play

.

Providing psychoeducation on emotions in the body

Key points in this example:

- Reinforce Mind and Body Together
- Be open to learning from patient and family
- Identify positive intentions and validating them (repeatedly)
- Scaffold from the bottom up starting with information that matches their understanding, moving to information that expands (but yet doesn't contradict) their understanding.
- Ensure new information ties to their questions (not clinician’s agenda)

Role Play

Pat: I feel so terrible because I didn't know that Zara had all this stress. Are all her symptoms just because of stress? Was I missing something all this time? I should have helped her better. Do you think there was something really bad that happened to her?

Miriam: I can see you care deeply about Zara and you have a lot of questions. I'm also sensing you're taking on a lot of responsibility for Zara's symptoms, is that right? more

Pat: I'm her mother, I should have known. If something bad happened to her, she must have felt so bad and couldn't tell me. That's why she's having these symptoms. Her body is doing the talking for her.

Miriam: All you want to do as a parent is protect her.

Pat: Yeah

Miriam: So I'm noticing you said her emotions or something bad seem to be the only reason for her symptoms?

Role Play

Pat: I feel I should have known.

Miriam: Can I add something to your understanding?

Pat: Sure.

Miriam: Actually, it's a combination of emotions and biology that contribute to symptoms. She wouldn't have had these symptoms if she didn't already have some physiological vulnerability. It doesn't mean there was something really bad, like a trauma that happened. The slow accumulation of everyday smaller stressors can be significant, that can cause the wear and tear effect on the body too. For Zara, the stress of having pain and nausea probably is something that continues to contribute to her distress and symptoms.

Pat: That helps me a little. At least I know it's not ALL in her head.

Miriam: Yeah, I agree. We know that emotions don't just live in your head - all emotions and stresses are bodily felt. They are a mind and body experience.

Role Play

Pat: I really just want her to get better

Miriam: I think that must be why you are taking on so much responsibility, and I sense guilt too, for her well-being. It's harder to let go and recognize that Zara has her own work to do, which is not fully in your control. It's hard to play a supportive role.

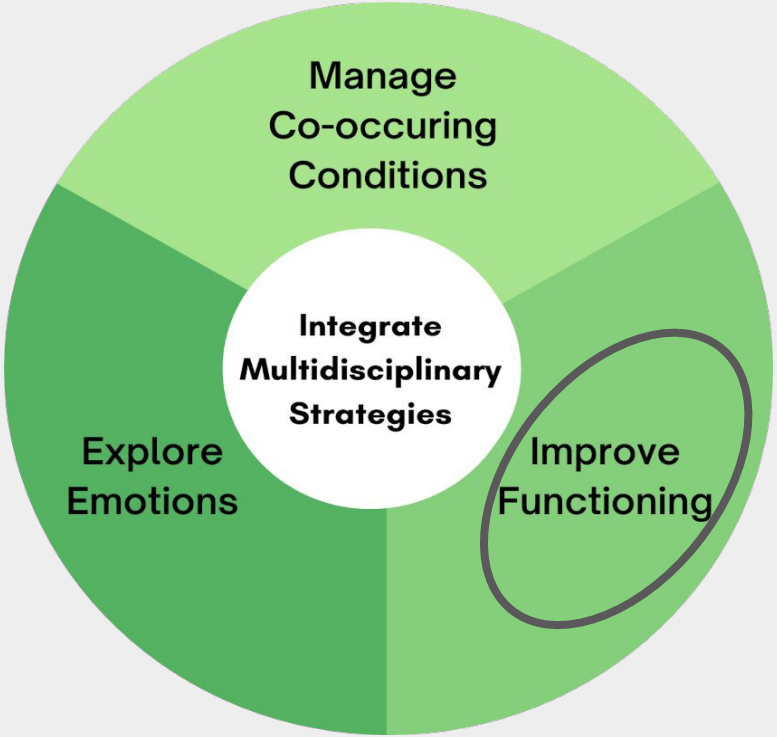
Pat: Exactly…

Miriam: Can we talk about some of the ways to "be with" all of this?

Pat: Sure - anything. I struggle with knowing what to do or how to respond when she's suffering.

Miriam: Let's talk about the concept of "being with"

Improve Functioning: Practical Strategies



Identifying inner dialogues relevant to functional improvement:

Youth

What's Bad if Things Stayed the Same?	What's Good if Things Stayed the Same?
• *I feel behind at school.* • *I can't do dance or do sports.* • *I feel tired, drained, and burned out.* • *I have appointments all the time.* • *I can't hang out with friends.* • *I have too much time with my family.* • *I don't have independence.* · *I'll still don't have answers* · *I don't have control over my life*	• *I have less pressure. I can sleep and stay home if not well.* • *My parents and teachers get less upset with me when I miss things.* • *People check in on me more often and give me more attention.* • *I get more help and support.* • *I don't have to deal with my fear of change.* • *People accept physical problems more easily than emotional ones.*
What's Bad About Recovering?	**What's Good About Recovering?**
• *Expectations will go back to normal or will go even higher.* • *When I just need a break, no one will take me seriously.* • *I might not trust that I'm actually okay. Symptoms could return.* • *I'll be on my own, I'll get less care.* · *I'll get mentally better, but physically worse* · *I won't be able to explain I can't do something because of my mental health (vs physical health).*	• *I will be able to do more things (volleyball, school, party)* • *I will have a social life* • *I will have more freedom.* • *I won't be a "sick kid", afraid to have symptoms, going to appointments.* • *No more stigma, I won't be called lazy.* • *I'll be normal, not explain myself to anyone* • *Victory over my illness.*

Identifying inner dialogues relevant to functional improvement:

Parents

What's Bad if Things Stayed the Same?

- *Missing school, work, normal activities*
- *Witnessing child physical distress*
- *Not knowing why symptoms are happening or how long they will last*
- *Isolation from community and peers*
- *Seeing child's emotional well-being deteriorate (becoming increasingly sad, withdrawn).*
- *Feeling helpless as a caregiver*
- *Child becoming center of attention due to high needs, which changes the dynamic in other family relationships (e.g., siblings)*
- *Child feeling singled-out, feeling like a burden to family*
- *Child not meeting the expectations, which are only increasing with age*
- *Parents' feelings of guilt*

What's Good if Things Stayed the Same?

- *Don't have to think of fun activities to do and organize*
- *Feeling strong in the face of difficulty*
- *More connection and increased support in parent-child relationship.*
- *Learning and utilizing new parenting strategies, e.g. tracking pain/feelings.*
- *Others becoming more understanding of the limitations of physical symptoms*
- *Can "manage" or survive (but not thrive); predictable lifestyle*
- *Extra support: extra assistance, tax benefits, disability/financial help*
- *Cheaper when kids don't participate in activities*
- *Fewer late nights waiting up for kids, worrying about them being out in world by themselves..*

What's Bad About Recovering?

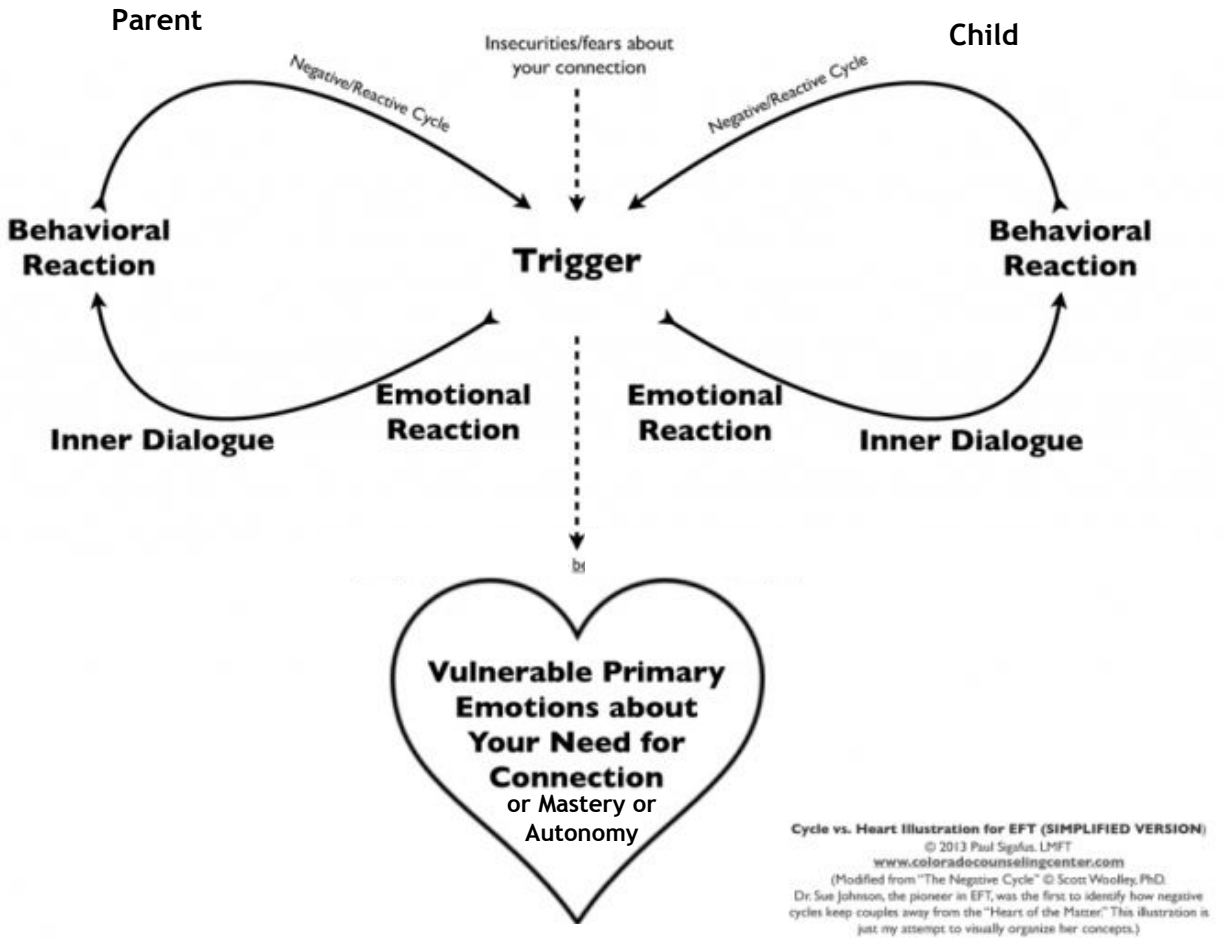
- *Change will be hard.*
- *Child will need help and resources to get better: attention, 1:1 time, finances.*
- *Child may become emotionally more difficult or challenging (e.g., energetic, testing limits, etc.)*
- *Others may resume unsolicited advice-giving about raising children.*
- *Loss of support from the school and community. Family may withdraw support and we will become "invisible".*
- *Loss of clear reasons (explainable to others) to avoid hard activities*
- *Loss of moments of connection/comfort for child related to symptoms*
- *Parents need to develop a new identity themselves (going back to work, new roles in the family, etc.)*

What's Good About Recovering?

- *Child could go to school, participate in activities, plan for future*
- *Child will have more fun and happiness*
- *Child will have less pain/discomfort*
- *Child can be independent so parents can go out again, less strain at work, decreased late nights, co-sleeping and other situations in which parents give comfort but impinges on their own time*
- *Fewer doctor's appointments.*
- *Reduced feelings of invalidation in medical settings.*
- *Parents experience positive feelings and enjoy life; time for self-care*
- *Re-balance of time and attention to siblings*
- *Feeling of mastery, hope, overcoming*
- *Less pressure on parents knowing kids are ok*

Linking the pattern together

antecedents and consequences of illness behaviours



(what the other can't see - because of the fear driven cycle)

Empowering Families to Become Proactive

Acute Medical Model	Rehabilitation Model
Goal is to cure the illness or injury and return you to your life as it was before	Goal is to increase functioning, develop more independence, and attain a meaningful quality of life
Health care team provides treatment	Health care team works with you to develop strategies and skills
Focus is on what health care providers can do for you	Focus is on developing tools and skills that work for you
Progress may be quick	Progress will take time, and there are often ups and downs along the way
Treatments may work spectacularly, but they can carry risk	Treatments are more effective the more you do them, and are almost always good for you
Best suited for acute injuries or illnesses	Best suited for chronic conditions and long-standing physical symptoms

Shifting from Acute Medical to Rehabilitation Model

Zara
(patient)

Grace
(family doctor)

Role Play

Shifting from acute medical to rehab model

Key points in this example:

- Praise efforts to return to functioning.
- Validate that moving towards wellness is hard work.
- Convey hope that things can get better.
- Explain rationale for the rehabilitation model and shifting attention to function.

Role Play

Grace: So were you able to get to school last week?

Zara: Well, I went on Thursday for the first block but then my nausea was worse than ever and I had to go home.

Grace: It sounds like your nausea is so strong these days. I wonder if that's discouraging, you may have had hopes that your appointment with the gastroenterologist would have pointed you to a specific treatment, like a medicine to take.

Zara: I almost wish she had told me I had stomach cancer - just so I would know and I knew what to do.

Grace: Oh wow, these symptoms are so awful that you just want clear answers even if you had a really bad disease so you could have it treated.

Zara: Yes, I get the mind body stuff but it's not a quick fix. And I'm not sure I understand exactly what to do.

Role Play

Grace: That makes so much sense Zara. I am very confident that things will improve - that's what I've learned from my other patients with similar symptoms. You're right, we don't have a quick fix, but we do have very good treatments to help your brain-body messages get back on track and for you to build confidence in your health. I know you met with your therapist who is going to help too.

Today I wanted to talk about one piece of the treatment - the one we call "improve functioning". I'm not sure if you remember from our last appointment, but this is part where it's important to focus on the things in life that matter to you - the things you enjoy and value like spending time with friends and playing volleyball, and the things that you need to do, like going to school.

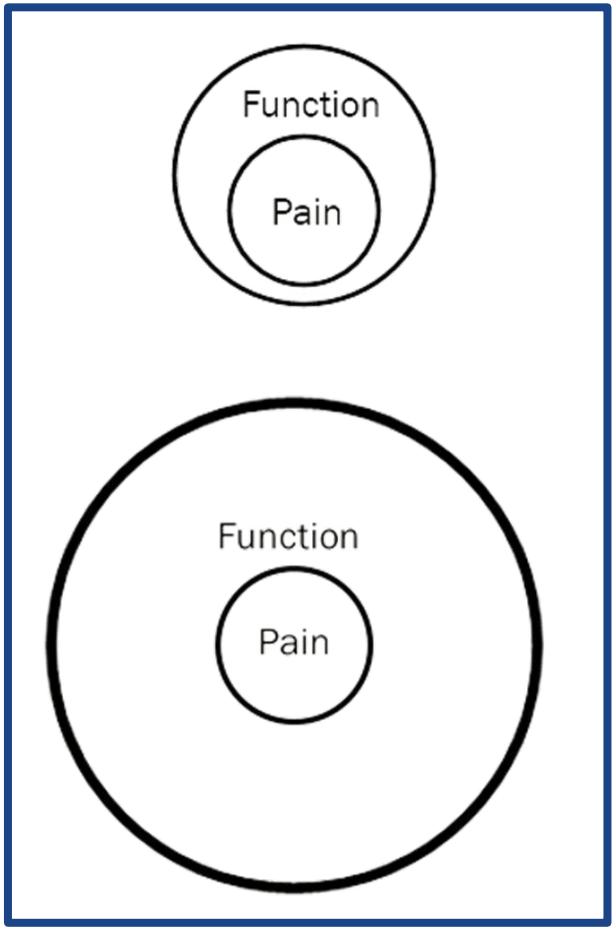
When any of us have physical symptoms, at the beginning we pay a lot of attention to the symptoms - that makes sense because symptoms can be the body's way of warning us that something is wrong. We rest, go to the doctor, and stop activities. With gut-brain interaction and somatization symptoms, we shift to a new approach. Now we know that your symptoms aren't dangerous, they are real and intense, but they aren't dangerous, so we are going to ask you to do less resting and more getting back to normal activities.

Role Play

Zara: But what if my symptoms are too bad?

Grace: That's the hard part but the really important part. In a rehabilitation model you continue to do small pieces of activities even when you have symptoms. It's like retraining your muscles after you've had a broken leg - even if it's uncomfortable, you continue to do some activity. This way you are helping your muscles and your brain-body messenger system gain confidence. Let me show you a picture that might help explain why this is important.

Shifting from Acute Medical to Rehabilitation Model



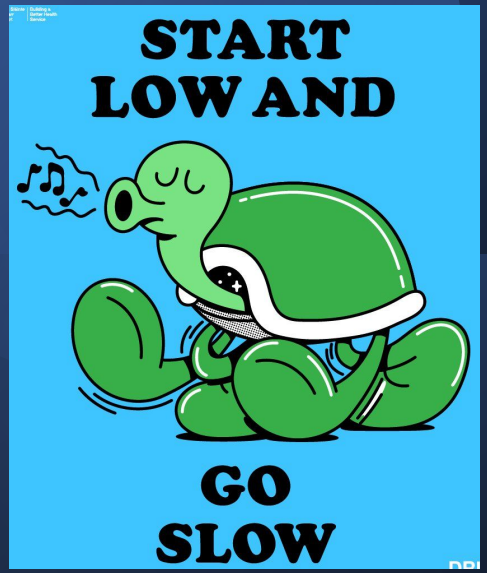
- Caitlyn Dunphy, OT

Teaching how to support tolerance and acceptance of painful thoughts, feelings, and sensations

Photo credit: https://www.sonia-jaeger.com/en/act-exercise-hands-and-thoughts/

Photo by Anne Spratt

Developing exposures



Graded exposure	Pacing
A planned, deliberate, step-by-step increase in activity	A strategy of energy conservation to ensure adequate rest when doing activities
Imagine stairs, not a slope. You check to see if step is solid and secure before proceeding. Each activity increase in very small.	You have a baseline level of activity that allows you to function comfortably, and with periods of rest and relaxation. You do not push yourself to any discomfort.
Steps are not directed by your symptoms. You keep going even with mild-moderate symptoms.	Steps depend on fluctuation in symptoms. You judge your capacities and avoid triggering symptoms.

Ensuring consistency in exposures to prevent burnout

Reference: Curable Health App

Graded Exposure: the Start of a Plan

Zara
(patient)

Grace
(family doctor)

Role Play

Graded exposure

Key takeaways in this example:

- Validate distress caused by symptoms.
- Validate positive intentions and motivation.
- Plan activities (exposures): small steps on a weekly basis, varied time and location.
- Be flexible in functional goals (e.g. 50% online classes).
- Do not stop the activity even when symptoms are worse.
- Add in support to make the exposures successful.
- Elicit others to co-manage (primary provider, school staff, therapist, etc.).

Role Play

Zara: I tried to go to school every morning last week and I made it twice.

Grace: Sounds like you put a lot of effort into going to school - your motivation is really high to get to school.

Zara: Yeah, catching up on school is really important to me

Grace: I wonder if we should look at whether the full morning is the right amount of time? What do you think about going to one class each day for now?

Zara: If I do that then I'll be really far behind, and I want to graduate with my friends.

Grace: Ok it's good for me to know your priorities. It sounds like you are working towards graduating with your friends which means a more full course load. I wonder if there is an in-between step. Some of my other patients have done part-time in person school and taken one or two online courses.

Zara: One of my friends does a lot of her courses on-line, I could look into that. I also want to be in person because I like getting to see my friends.

Role Play

Grace: Even if you do some on-line classes, it sounds like it's really important for you to be in person at school too. What if you and I think about a plan for getting you back to school gradually.

Zara: Yeah it is.

Grace: Do you want to aim for one class a day or two? And remember the really important thing is that once you decide on when to go, you stick with it even when your symptoms are really strong.

Zara: I think I could do one class a day for now.

Grace: Okay, what is the best time of day for you? Mornings or afternoons?

Zara: I think it's hard to wake up because I'm not sleeping well, so maybe in the afternoon.

Grace: Some of my patients like doing the second class of the day – they can sleep in a bit, but they aren't waiting around all morning anticipating school. But it's also important to choose the class carefully. Do you have one class that you really want to do? Or that you have a friend in, so it's easier to be there even with your symptoms?

Role Play

Zara: I like my biology class, my teacher is really understanding. That's in the afternoon, but I think that would work okay for me.

Grace: Okay – do you think it's realistic for you to go every day for the next two weeks? Then we can check in and see about adding another class. If it goes well the first few days, maybe you can add in lunch time to be with your friends. That could be optional – but being in class is something you should do everyday.

Zara: Yeah that would be okay.

Grace: It can really help to have a plan for how to manage your symptoms when you are at school. Could you work on this with your therapist or your school counselor?

Zara: I can check with him. My therapist also gave me a letter for the school and offered to talk to them with me.

Grace: That's great Zara. I think we are all on the same page!

Developing a Symptom Management Plan

Is relevant and necessary across conditions

Help develop a Symptom Management Plan

Determine how symptoms interfere with normal activities and how others respond

Develop physiological distress tolerance strategies

- Relaxation (deep breathing, PMR)
- Exercise activities
- Modifying diet or fluid intake

Plan for environment-specific strategies

- Where to go
- Who should be there for support

Suggest practicing strategies

Example for GI symptoms

Symptom Management

Zara's plan

for stomach pain and nausea

Every day:

- take ginger tea to school ,stay hydrated
- eat small meals throughout day (protein bars)

When pain starts:

- do 5 4 3 2 1 activity
- listen to music, if possible
- use heating pack

After 15 min if needed:

- take a break from class (return in 10 min)

School planning for NES

Symptom Management

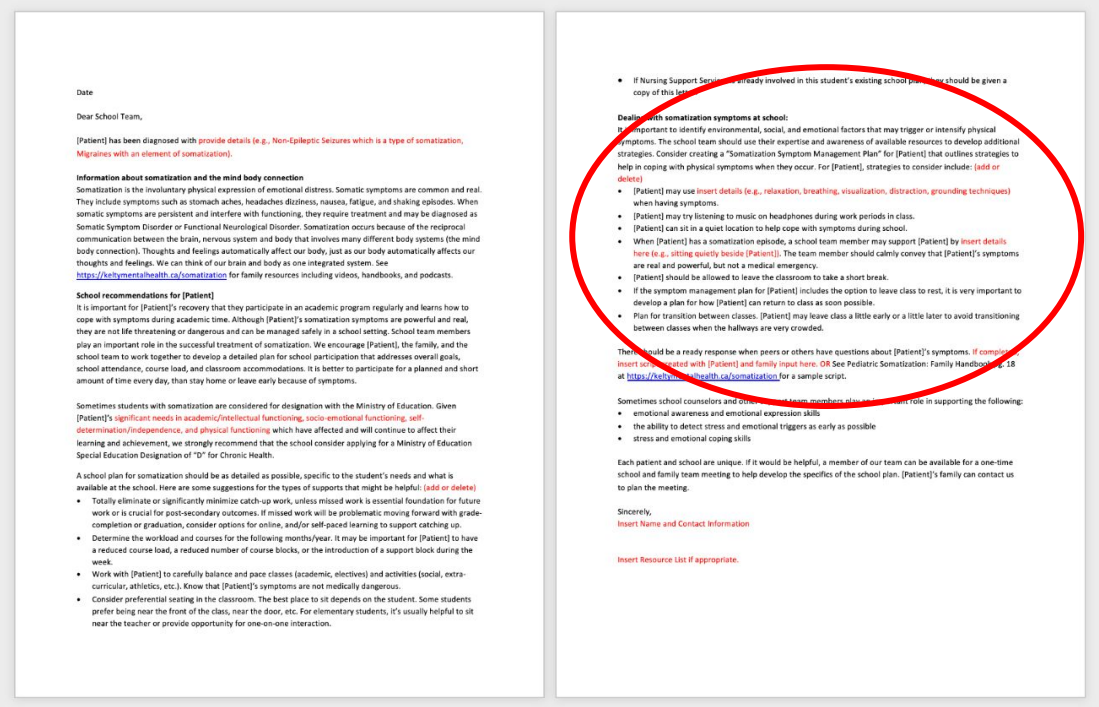
During a non-epileptic event Chris is not able to control the way his body moves, senses things, or thinks. These events are not life-threatening. Non-epileptic events can last for seconds, several minutes, or even longer. The length of time is not an indication of severity or medical emergency. If Chris has an event, he can be monitored in a calm and quiet manner.

Chris does not require 911 response and, in fact, calling 911 can increase the stress and perpetuate events. However, if Chris develops difficulty breathing or blueness around his mouth, or there is concern the episode is significantly different from his prior episodes, then 911 should be called.

Developing a Symptom Management Plan

Important for School Functioning

School Letter Template



Date

Dear School Team,

[Patient] has been diagnosed with provide details (e.g., Non-Epileptic Seizures which is a type of somatization, Migraines with an element of somatization).

Information about somatization and the mind body connection
Somatization is the involuntary physical expression of emotional distress. Somatic symptoms are common and real. They include symptoms such as stomach aches, headaches dizziness, nausea, fatigue, and shaking episodes. When somatic symptoms are persistent and interfere with functioning, they require treatment and may be diagnosed as Somatic Symptom Disorder or Functional Neurological Disorder. Somatization occurs because of the reciprocal communication between the brain, nervous system and body that involves many different body systems (the mind body connection). Thoughts and feelings automatically affect our body, just as our body automatically affects our thoughts and feelings. We can think of our brain and body as one integrated system. See https://keltymentalhealth.ca/somatization for family resources including videos, handbooks, and podcasts.

School recommendations for [Patient]
It is important for [Patient]'s recovery that they participate in an academic program regularly and learns how to cope with symptoms during academic time. Although [Patient]'s somatization symptoms are powerful and real, they are not life threatening or dangerous and can be managed safely in a school setting. School team members play an important role in the successful treatment of somatization. We encourage [Patient], the family, and the school team to work together to develop a detailed plan for school participation that addresses overall goals, school attendance, course load, and classroom accommodations. It is better to participate for a planned and short amount of time every day, than stay home or leave early because of symptoms.

Sometimes students with somatization are considered for designation with the Ministry of Education. Given [Patient]'s significant needs in academic/intellectual functioning, socio-emotional functioning, self-determination/independence, and physical functioning which have affected and will continue to affect their learning and achievement, we strongly recommend that the school consider applying for a Ministry of Education Special Education Designation of "D" for Chronic Health.

A school plan for somatization should be as detailed as possible, specific to the student's needs and what is available at the school. Here are some suggestions for the types of supports that might be helpful: (add or delete)

- Totally eliminate or significantly minimize catch-up work, unless missed work is essential foundation for future work or is crucial for post-secondary outcomes. If missed work will be problematic moving forward with grade-completion or graduation, consider options for online, and/or self-paced learning to support catching up.
- Determine the workload and courses for the following months/year. It may be important for [Patient] to have a reduced course load, a reduced number of course blocks, or the introduction of a support block during the week.
- Work with [Patient] to carefully balance and pace classes (academic, electives) and activities (social, extra-curricular, athletics, etc.). Know that [Patient]'s symptoms are not medically dangerous.
- Consider preferential seating in the classroom. The best place to sit depends on the student. Some students prefer being near the front of the class, near the door, etc. For elementary students, it's usually helpful to sit near the teacher or provide opportunity for one-on-one interaction.

- If Nursing Support Services already involved in this student's existing school plan, they should be given a copy of this letter.

Dealing with somatization symptoms at school:
It is important to identify environmental, social, and emotional factors that may trigger or intensify physical symptoms. The school team should use their expertise and awareness of available resources to develop additional strategies. Consider creating a "Somatization Symptom Management Plan" for [Patient] that outlines strategies to help in coping with physical symptoms when they occur. For [Patient], strategies to consider include: (add or delete)

- [Patient] may use insert details (e.g., relaxation, breathing, visualization, distraction, grounding techniques) when having symptoms.
- [Patient] may try listening to music on headphones during work periods in class.
- [Patient] can sit in a quiet location to help cope with symptoms during school.
- When [Patient] has a somatization episode, a school team member may support [Patient] by insert details here (e.g., sitting quietly beside [Patient]). The team member should calmly convey that [Patient]'s symptoms are real and powerful, but not a medical emergency.
- [Patient] should be allowed to leave the classroom to take a short break.
- If the symptom management plan for [Patient] includes the option to leave class to rest, it is very important to develop a plan for how [Patient] can return to class as soon possible.
- Plan for transition between classes. [Patient] may leave class a little early or a little later to avoid transitioning between classes when the hallways are very crowded.

There should be a ready response when peers or others have questions about [Patient]'s symptoms. If completed insert script created with [Patient] and family input here. OR See Pediatric Somatization: Family Handbook pg. 18 at https://keltymentalhealth.ca/somatization for a sample script.

Sometimes school counselors and other school team members play an important role in supporting the following:

- emotional awareness and emotional expression skills
- the ability to detect stress and emotional triggers as early as possible
- stress and emotional coping skills

Each patient and school are unique. If it would be helpful, a member of our team can be available for a one-time school and family team meeting to help develop the specifics of the school plan. [Patient]'s family can contact us to plan the meeting.

Sincerely,
Insert Name and Contact Information

Insert Resource List if appropriate.

Supporting Parents to Give Children Autonomy and Agency…

…and Reduce Overhelping

When a child is sick, we commonly find ourselves doing things for them.

When a child is trying to get better, the new challenge is letting them do things by themselves.

Supporting Parents to Give Children Autonomy and Agency…

…and **Reduce Overhelping**

Secure base and
safe haven

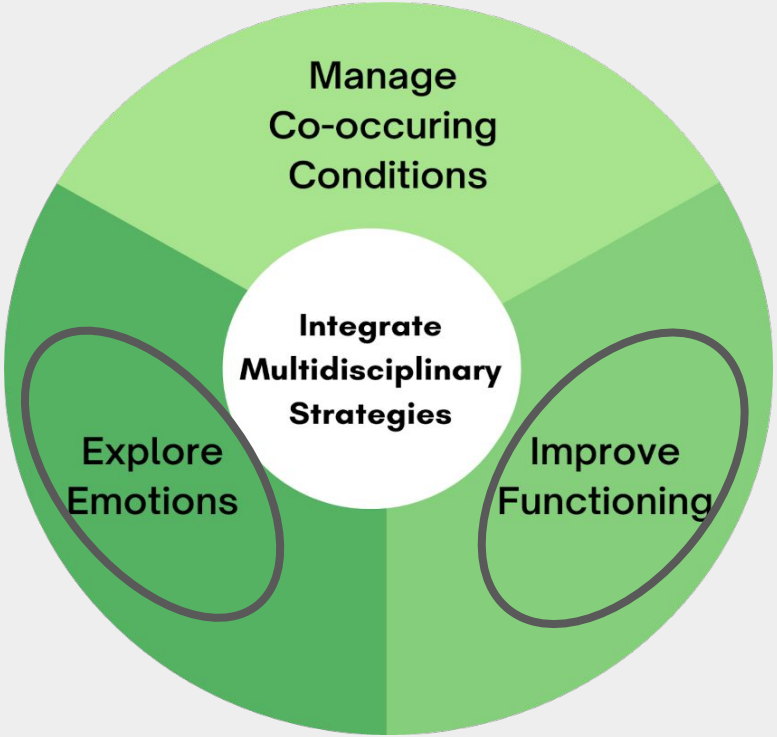
Exploring

THE CIRCLE OF SECURITY

Stretch limit

Check-in/support

Integrating Emotional + Functional Approaches



Role Play

Emotions + Functioning: The Balancing Act

Pat
(Parent)

Zara
(Child)

Miriam
(Psychologist)

Role Play

Emotions and functioning - A balancing act

Key takeaways:

- Validate distress experienced on both sides.
- Notice and articulate the positive intentions and motivation for both parent and child.
- Microslice the narrative: break down the interactions very specifically tosee where things might be going sideways, or see what they don’t know about the other.
- Support implementation of ‘being with’ strategies (validating the child’s physical and emotional distress while also maintaining expectations of forward movement) to balance when to push and when to pull back. ‘Being with’ doesn’t mean agreement.
- Empower the child to increase autonomy in their care; empower the parent to play a supportive role.

Role Play

Pat: I've tried everything all the doctors have told us. Nothing is working.

Zara: I'm feeling so frustrated. Everyday I'm supposed to go to school and it's not working. The exposures are just disappointing. I do these little baby steps, and I need to get much further ahead. The symptoms keep staying the same. It feels really overwhelming

Miriam: The two of you are working really hard on getting better and just that is very disappointing when it doesn't get you to exactly where you need to be.

Zara: I feel like I've done everything everyone has told me to do. Mum's telling me to do stuff too. And everyone's getting so frustrated, and I feel so bad that I'm not doing things right.

Miriam: There's a lot on your shoulders, Zara. And Pat, I just want to check in with you - you might see things differently - but did you know that about Zara? That she's feeling frustrated that it's too much and that she's not doing it right, and I get the sense (Zara you can correct me) she doesn't want to let you down and doesn't want you to be frustrated with her?

Role Play

Pat: I'm working really hard, I'm just trying to help her.

Miriam: But did you know what she just said?

Pat: What part?

Miriam: The part about her worrying about letting you down, and getting you frustrated.

Pat: I didn't realize she felt that she was letting me down. I can see that she's working really hard but I am just trying to get her to do the things that will get her better.

Miriam: You didn't know that part. And I think that's really common that kids want to do the best for themselves but also for their parents. I'm just going to map this together. Zara, you are pushing yourself very hard to get better - you're finding the exposure hard and it's disappointing when they don't pay off immediately. And then on top of that you are worrying about letting your mom down.

Role Play

Zara: Yeah, and then I just end up feeling so overwhelmed that I shut down and can't do anything!

Miriam: Ok, so Pat, you see Zara shut down. That must be very hard to see. And that prompts you to help. You try doing some things - what are those things?

Pat: I'm getting her up in the mornings so she's not spending the day in bed, trying to keep her on schedule, and reminding her throughout the day about what she needs to do to stay on top of school

Miriam: You are doing a lot! You're doing those things because you care. But then something happens. Zara, what's it like when mom does all those specific things throughout the day?

Zara: It makes me feel like I can't do them myself.

Role Play

Miriam: Wow - so let me piece this together. The more mom tries to do things, the less you feel like you can do them. It leads you to shut down. And then Pat, you see the shut down and you try to help do things. The more you see her shut down, the more you try to do things. You guys are stuck in this loop.

Pat: Yes, that's how it feels. We are stuck. But what am I supposed to do. Just sit back? Nothing would get accomplished.

Zara: I do need your help mom, but I want to feel like I can do things too.

Miriam: It sounds like you don't want your mom to give up - you do want her support. But it sounds like you want her to salute your OWN motivation.

Pat: I'm just trying to help. She is my daughter, I love her and don't want her to feel disappointed or frustrated.

Miriam: Zara, did you know that - mom wants to help you?

Zara: I don't think so, I think she just wants me to be able to do everything I used to do so our family gets back to normal. I feel like a screw-up.

Role Play

Miriam: But mom said she doesn't want you to feel bad, disappointed, or frustrated. I think that's news to you then.

Zara: Yes…

Miriam: So when you are shutting down…?

Zara: . . . mom should let me rest so I don't feel worse. I need to be left alone.

Miriam: So then what happens is that even though you want to rest and be alone, I remember there is this other part of you that also wants to see your friends and get back to school.

Zara: That's true.

Miriam: Pat, that must be your conundrum - that she wants to rest and move forward at the same time.

Pat: I don't know when to push and when to pull back. I tried "being with" like we talked about. But like I said, nothing happens. I end up accepting that she is going to rest, I call work and cancel my day.

Role Play

Miriam: To you, does “being with” mean accepting or agreeing with Zara?

Pat: I guess.

Miriam: So you seem to see two choices…either to get her to do things, or then to give up.

Pat: Yep.

Miriam: “Being with” is actually very hard to do in moments like you’re describing. Being with the emotions of frustration, exhaustion, and overwhelm (while also feeling all those things yourself). And then at the same time, keeping your foot on the gas, and getting her moving forward. In those moments of shut down, have you ever told Zara that you can see she’s feeling frustrated and overwhelmed?

Pat: No I haven’t tried that. I thought she knew.

Zara: I didn’t.

Role Play

Miriam: So it sounds like, if I'm paying attention to both of your voices, one thing you haven't tried in these moments of shut down is for Mom to take a beat and let you know she sees what you're feeling, see it from your eyes. That can be very calming and empowering. That might help you both keep your foot on the gas for you so you don't slip backwards into more shut down.

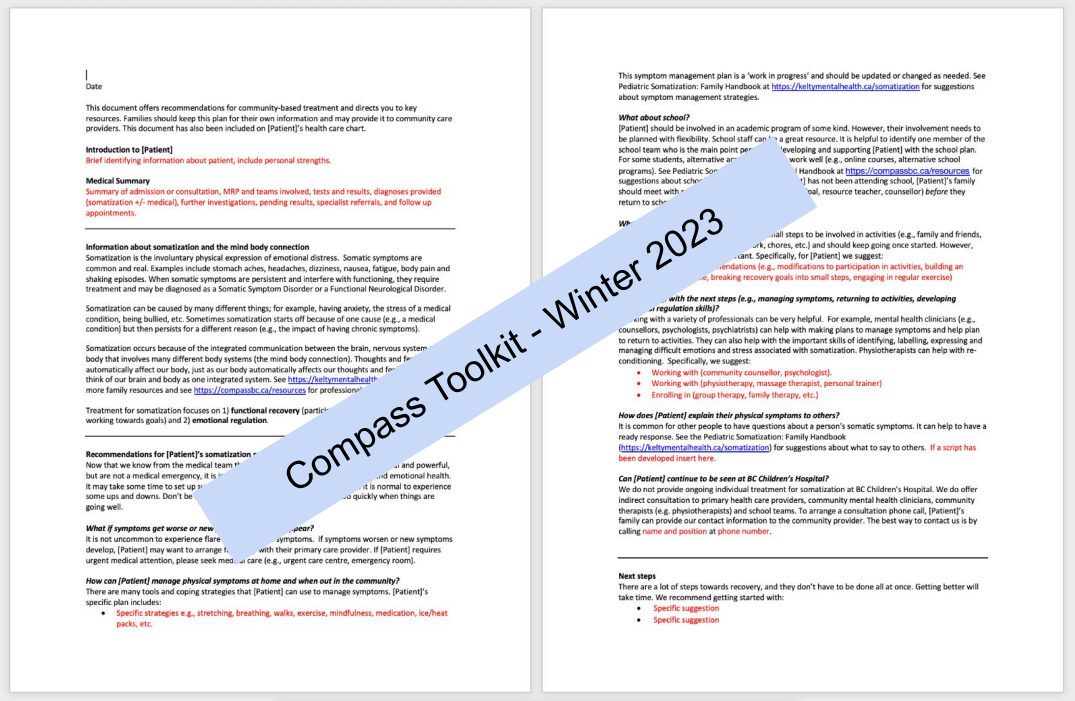
Zara: I would like to feel empowered.

Pat: I'd like to try doing something like that. It seems complicated - can I spend some more time learning about what you mean?

Resources

Treatment Template

Treatment Recommendations Template



Date

This document offers recommendations for community-based treatment and directs you to key resources. Families should keep this plan for their own information and may provide it to community care providers. This document has also been included on [Patient]'s health care chart.

Introduction to [Patient]
Brief identifying information about patient, include personal strengths.

Medical Summary
Summary of admission or consultation, MRP and teams involved, tests and results, diagnoses provided (somatization +/- medical), further investigations, pending results, specialist referrals, and follow up appointments.

Information about somatization and the mind body connection
Somatization is the involuntary physical expression of emotional distress. Somatic symptoms are common and real. Examples include stomach aches, headaches, dizziness, nausea, fatigue, body pain and shaking episodes. When somatic symptoms are persistent and interfere with functioning, they require treatment and may be diagnosed as a Somatic Symptom Disorder or a Functional Neurological Disorder.

Somatization can be caused by many different things; for example, having anxiety, the stress of a medical condition, being bullied, etc. Sometimes somatization starts off because of one cause (e.g., a medical condition) but then persists for a different reason (e.g., the impact of having chronic symptoms).

Somatization occurs because of the integrated communication between the brain, nervous system body that involves many different body systems (the mind body connection). Thoughts and fe automatically affect our body, just as our body automatically affects our thoughts and fe think of our brain and body as one integrated system. See https://keltymentalhealth more family resources and see https://compassbc.ca/resources for profession

Treatment for somatization focuses on 1) **functional recovery** (partici working towards goals) and 2) **emotional regulation**.

Recommendations for [Patient]'s somatization
Now that we know from the medical team t and powerful, but are not a medical emergency, it is n nd emotional health. It may take some time to set up s t is normal to experience some ups and downs. Don't be o quickly when things are going well.

What if symptoms get worse or new ear?
It is not uncommon to experience flare symptoms. If symptoms worsen or new symptoms develop, [Patient] may want to arrange f with their primary care provider. If [Patient] requires urgent medical attention, please seek med al care (e.g., urgent care centre, emergency room).

How can [Patient] manage physical symptoms at home and when out in the community?
There are many tools and coping strategies that [Patient] can use to manage symptoms. [Patient]'s specific plan includes:

- Specific strategies e.g., stretching, breathing, walks, exercise, mindfulness, medication, ice/heat packs, etc.

This symptom management plan is a 'work in progress' and should be updated or changed as needed. See Pediatric Somatization: Family Handbook at https://keltymentalhealth.ca/somatization for suggestions about symptom management strategies.

What about school?
[Patient] should be involved in an academic program of some kind. However, their involvement needs to be planned with flexibility. School staff can b a great resource. It is helpful to identify one member of the school team who is the main point per developing and supporting [Patient] with the school plan. For some students, alternative ar work well (e.g., online courses, alternative school programs). See Pediatric So l Handbook at https://compassbc.ca/resources for suggestions about schoo] has not been attending school, [Patient]'s family should meet with a oal, resource teacher, counsellor) *before* they return to sch

Wh
all steps to be involved in activities (e.g., family and friends, rk, chores, etc.) and should keep going once started. However, ant. Specifically, for [Patient] we suggest:
endations (e.g., modifications to participation in activities, building an e, breaking recovery goals into small steps, engaging in regular exercise)

with the next steps (e.g., managing symptoms, returning to activities, developing r regulation skills)?
king with a variety of professionals can be very helpful. For example, mental health clinicians (e.g., counsellors, psychologists, psychiatrists) can help with making plans to manage symptoms and help plan to return to activities. They can also help with the important skills of identifying, labelling, expressing and managing difficult emotions and stress associated with somatization. Physiotherapists can help with re-conditioning. Specifically, we suggest:

- Working with (community counsellor, psychologist).
- Working with (physiotherapy, massage therapist, personal trainer)
- Enrolling in (group therapy, family therapy, etc.)

How does [Patient] explain their physical symptoms to others?
It is common for other people to have questions about a person's somatic symptoms. It can help to have a ready response. See the Pediatric Somatization: Family Handbook (https://keltymentalhealth.ca/somatization) for suggestions about what to say to others. If a script has been developed insert here.

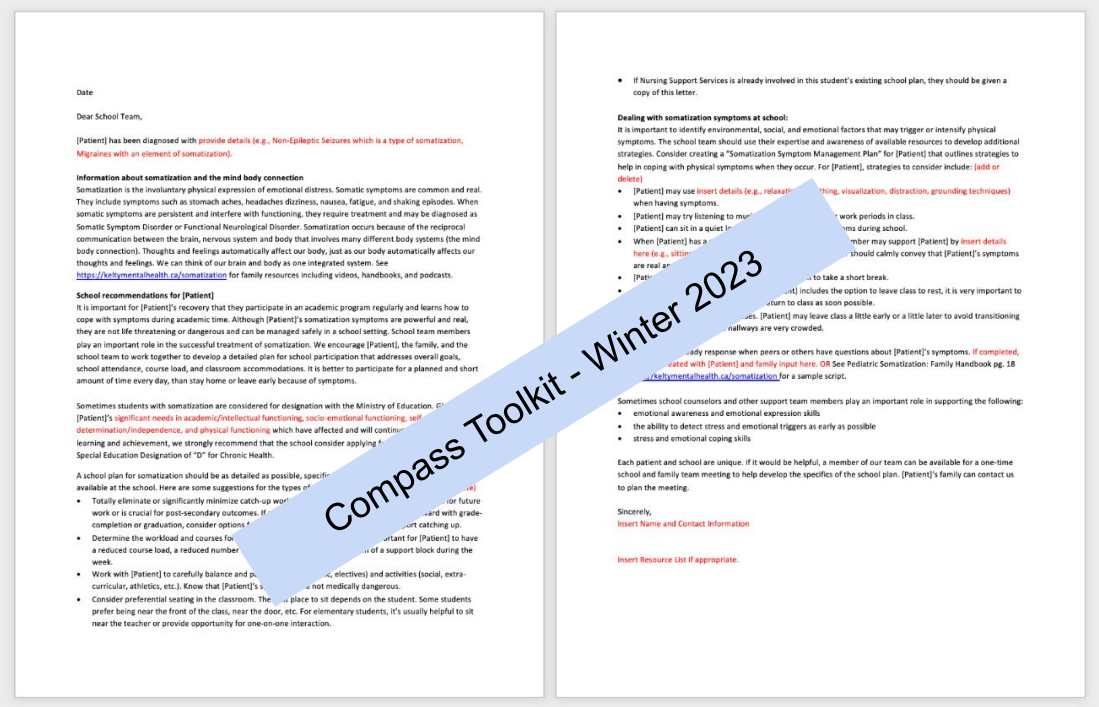
Can [Patient] continue to be seen at BC Children's Hospital?
We do not provide ongoing individual treatment for somatization at BC Children's Hospital. We do offer indirect consultation to primary health care providers, community mental health clinicians, community therapists (e.g. physiotherapists) and school teams. To arrange a consultation phone call, [Patient]'s family can provide our contact information to the community provider. The best way to contact us is by calling name and position at phone number.

Next steps
There are a lot of steps towards recovery, and they don't have to be done all at once. Getting better will take time. We recommend getting started with:

- Specific suggestion
- Specific suggestion

School Letter Template

School Letter Template



Date

Dear School Team,

[Patient] has been diagnosed with provide details (e.g., Non-Epileptic Seizures which is a type of somatization, Migraines with an element of somatization).

Information about somatization and the mind body connection
Somatization is the involuntary physical expression of emotional distress. Somatic symptoms are common and real. They include symptoms such as stomach aches, headaches dizziness, nausea, fatigue, and shaking episodes. When somatic symptoms are persistent and interfere with functioning, they require treatment and may be diagnosed as Somatic Symptom Disorder or Functional Neurological Disorder. Somatization occurs because of the reciprocal communication between the brain, nervous system and body that involves many different body systems (the mind body connection). Thoughts and feelings automatically affect our body, just as our body automatically affects our thoughts and feelings. We can think of our brain and body as one integrated system. See https://keltymentalhealth.ca/somatization for family resources including videos, handbooks, and podcasts.

School recommendations for [Patient]
It is important for [Patient]'s recovery that they participate in an academic program regularly and learns how to cope with symptoms during academic time. Although [Patient]'s somatization symptoms are powerful and real, they are not life threatening or dangerous and can be managed safely in a school setting. School team members play an important role in the successful treatment of somatization. We encourage [Patient], the family, and the school team to work together to develop a detailed plan for school participation that addresses overall goals, school attendance, course load, and classroom accommodations. It is better to participate for a planned and short amount of time every day, than stay home or leave early because of symptoms.

Sometimes students with somatization are considered for designation with the Ministry of Education. Cl… [Patient]'s significant needs in academic/intellectual functioning, socio-emotional functioning, self… determination/independence, and physical functioning which have affected and will continu… learning and achievement, we strongly recommend that the school consider applying f… Special Education Designation of "D" for Chronic Health.

A school plan for somatization should be as detailed as possible, specifi… available at the school. Here are some suggestions for the types o…

- Totally eliminate or significantly minimize catch-up wor… for future work or is crucial for post-secondary outcomes. If… ard with grade-completion or graduation, consider options … ort catching up.
- Determine the workload and courses fo… rtant for [Patient] to have a reduced course load, a reduced number … of a support block during the week.
- Work with [Patient] to carefully balance and p… electives) and activities (social, extra-curricular, athletics, etc.). Know that [Patient]'s s… not medically dangerous.
- Consider preferential seating in the classroom. The … place to sit depends on the student. Some students prefer being near the front of the class, near the door, etc. For elementary students, it's usually helpful to sit near the teacher or provide opportunity for one-on-one interaction.

- If Nursing Support Services is already involved in this student's existing school plan, they should be given a copy of this letter.

Dealing with somatization symptoms at school:
It is important to identify environmental, social, and emotional factors that may trigger or intensify physical symptoms. The school team should use their expertise and awareness of available resources to develop additional strategies. Consider creating a "Somatization Symptom Management Plan" for [Patient] that outlines strategies to help in coping with physical symptoms when they occur. For [Patient], strategies to consider include: (add or delete)

- [Patient] may use insert details (e.g., relaxati… hing, visualization, distraction, grounding techniques) when having symptoms.
- [Patient] may try listening to mu… work periods in class.
- [Patient] can sit in a quiet l… ms during school.
- When [Patient] has a … mber may support [Patient] by insert details here (e.g., sittin… should calmly convey that [Patient]'s symptoms are real a…
- [Pati… to take a short break.
- …it] includes the option to leave class to rest, it is very important to … turn to class as soon possible.
- …es. [Patient] may leave class a little early or a little later to avoid transitioning … hallways are very crowded.

…ady response when peers or others have questions about [Patient]'s symptoms. If completed, …ated with [Patient] and family input here. OR See Pediatric Somatization: Family Handbook pg. 18 …://keltymentalhealth.ca/somatization for a sample script.

Sometimes school counselors and other support team members play an important role in supporting the following:

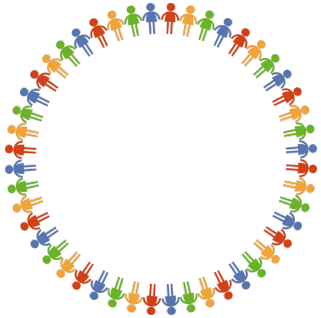
- emotional awareness and emotional expression skills
- the ability to detect stress and emotional triggers as early as possible
- stress and emotional coping skills

Each patient and school are unique. If it would be helpful, a member of our team can be available for a one-time school and family team meeting to help develop the specifics of the school plan. [Patient]'s family can contact us to plan the meeting.

Sincerely,
Insert Name and Contact Information

Insert Resource List if appropriate.

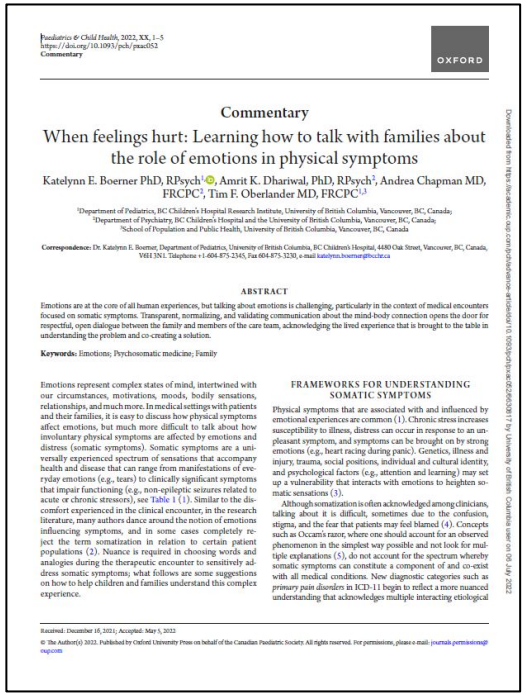
BCCH Mind and Body Together Group



- Psychoeducational and Supportive
- No individual direct therapy or care
- 4 groups/year
  - Youth group (13 - 19)
  - Parent group (any child/youth age)
- No waitlist
- Must attend MBT Group Information Session
- Anyone can refer
  http://www.bcchildrens.ca/health-professionals/refer-a-patient/outpatient-psychiatry-referral

Treatment Resources

Treating Somatization



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Commentary

OXFORD

Commentary

When feelings hurt: Learning how to talk with families about the role of emotions in physical symptoms

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ABSTRACT

Emotions are at the core of all human experiences, but talking about emotions is challenging, particularly in the context of medical encounters focused on somatic symptoms. Transparent, normalizing, and validating communication about the mind-body connection opens the door for respectful, open dialogue between the family and members of the care team, acknowledging the lived experience that is brought to the table in understanding the problem and co-creating a solution.

Keywords: Emotions; Psychosomatic medicine; Family

Emotions represent complex states of mind, intertwined with our circumstances, motivations, moods, bodily sensations, relationships, and much more. In medical settings with patients and their families, it is easy to discuss how physical symptoms affect emotions, but much more difficult to talk about how involuntary physical symptoms are affected by emotions and distress (somatic symptoms). Somatic symptoms are a universally experienced spectrum of sensations that accompany health and disease that can range from manifestations of everyday emotions (e.g., tears) to clinically significant symptoms that impair functioning (e.g., non-epileptic seizures related to acute or chronic stressors), see Table 1 (1). Similar to the discomfort experienced in the clinical encounter, in the research literature, many authors dance around the notion of emotions influencing symptoms, and in some cases completely reject the term somatization in relation to certain patient populations (2). Nuance is required in choosing words and analogies during the therapeutic encounter to sensitively address somatic symptoms; what follows are some suggestions on how to help children and families understand this complex experience.

FRAMEWORKS FOR UNDERSTANDING SOMATIC SYMPTOMS

Physical symptoms that are associated with and influenced by emotional experiences are common (1). Chronic stress increases susceptibility to illness, distress can occur in response to an unpleasant symptom, and symptoms can be brought on by strong emotions (e.g., heart racing during panic). Genetics, illness and injury, trauma, social positions, individual and cultural identity, and psychological factors (e.g., attention and learning) may set up a vulnerability that interacts with emotions to heighten somatic sensations (3).

Although somatization is often acknowledged among clinicians, talking about it is difficult, sometimes due to the confusion, stigma, and the fear that patients may feel blamed (4). Concepts such as Occam's razor, where one should account for an observed phenomenon in the simplest way possible and not look for multiple explanations (5), do not account for the spectrum whereby somatic symptoms can constitute a component of and co-exist with all medical conditions. New diagnostic categories such as *primary pain disorders* in ICD-11 begin to reflect a more nuanced understanding that acknowledges multiple interacting etiological

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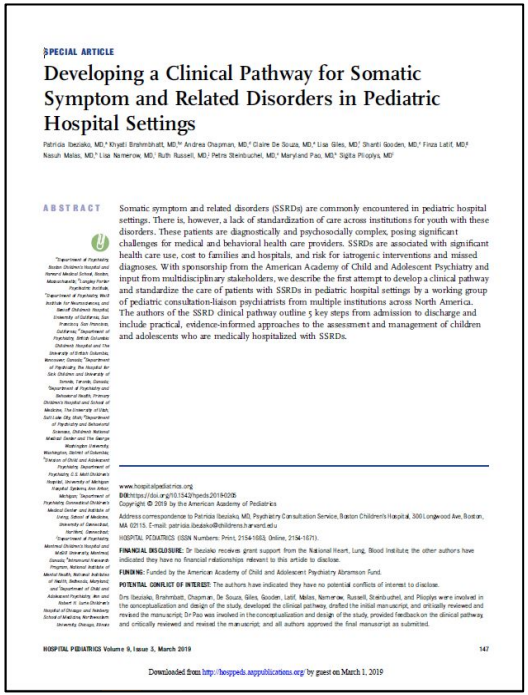

SPECIAL ARTICLE

Developing a Clinical Pathway for Somatic Symptom and Related Disorders in Pediatric Hospital Settings

Patricia Ibeziako, MD,[a] Khyati Brahmbhatt, MD,[b,c] Andrea Chapman, MD,[d] Claire De Souza, MD,[e] Lisa Giles, MD,[f] Shanti Gooden, MD,[g] Firoza Latif, MD,[h] Nasuh Malas, MD,[i] Lisa Namerow, MD,[j] Ruth Russell, MD,[k] Petra Steinbuchel, MD,[l] Maryland Pao, MD,[m] Sigita Plioplys, MD[n]

ABSTRACT

Somatic symptom and related disorders (SSRDs) are commonly encountered in pediatric hospital settings. There is, however, a lack of standardization of care across institutions for youth with these disorders. These patients are diagnostically and psychosocially complex, posing significant challenges for medical and behavioral health care providers. SSRDs are associated with significant health care use, cost to families and hospitals, and risk for iatrogenic interventions and missed diagnoses. With sponsorship from the American Academy of Child and Adolescent Psychiatry and input from multidisciplinary stakeholders, we describe the first attempt to develop a clinical pathway and standardize the care of patients with SSRDs in pediatric hospital settings by a working group of pediatric consultation-liaison psychiatrists from multiple institutions across North America. The authors of the SSRD clinical pathway outline 5 key steps from admission to discharge and include practical, evidence-informed approaches to the assessment and management of children and adolescents who are medically hospitalized with SSRDs.

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https://academic.oup.com/pch/advance-article-abstract/doi/10.1093/pch/pxac052/6630817

Consensus Recommendations – PT, OT, SLP

Rehab Resources

Neuropsychiatry

OPEN ACCESS

VIEWPOINT

Physiotherapy for functional motor disorders: a consensus recommendation

Occasional essay

Occupational therapy consensus recommendations for functional neurological disorder

General neurology

Review

Management of functional communication, swallowing, cough and related disorders: consensus recommendations for speech and language therapy

Pediatric Resources

BC Children's Hospital
Provincial Health Services Authority

BC Children's Hospital

Pediatric Somatization: Professional Handbook

Theresa Newlove
Elizabeth Stanford
Andrea Chapman
Amrit Dhariwal

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

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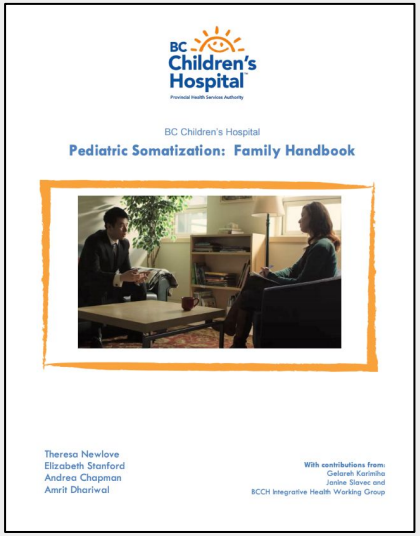
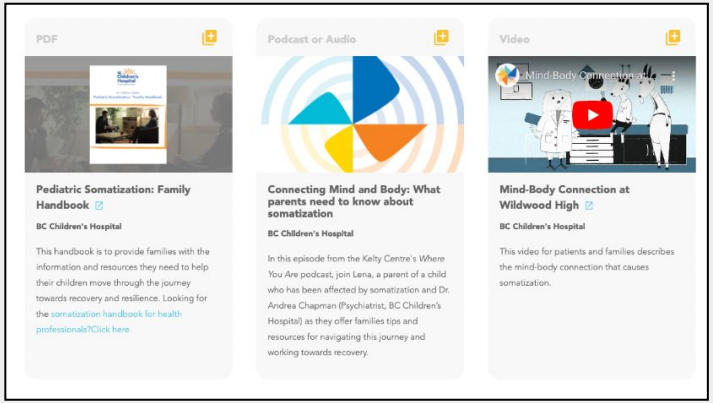
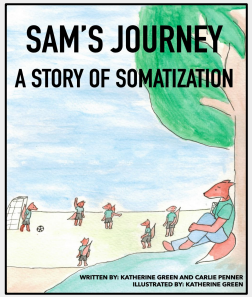
Family Resources

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







Adult Resources

neurosymptoms.org

fndhope.org

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

Resources for Families

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

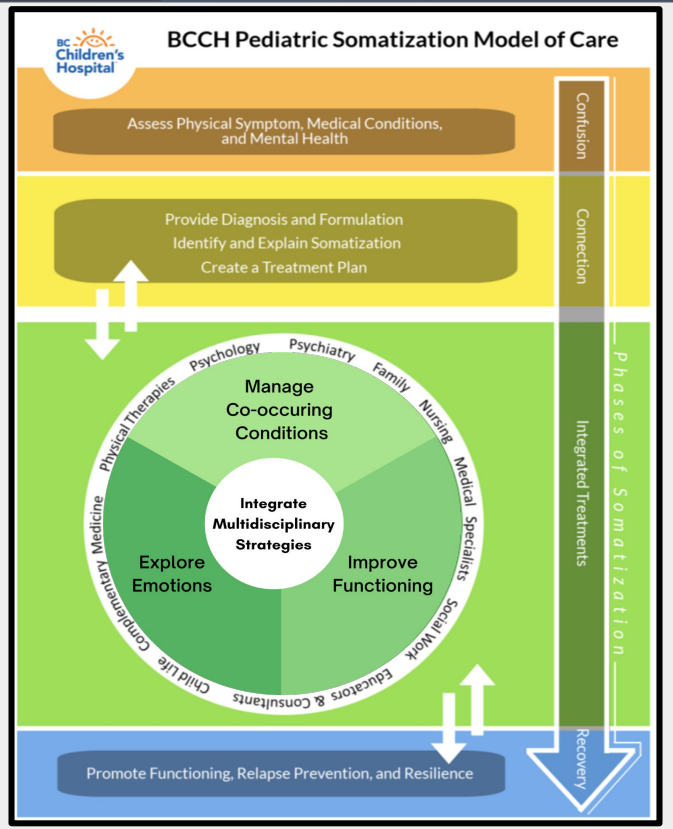
2. AACAP (American Academy of Child Psychiatry: Family Facts
   https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Somatic-Symptom-Disorder.pd

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

In Summary

1. Make a diagnosis
2. Explain and normalize somatization
3. Increase trust and decrease confusion
4. **Co-management is key**
5. **Attend to emotional regulation <u>and</u>**
6. **Improve functioning**



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Compass Mental Health
Supporting Providers

Thank you!

All of the recordings and slides from this webinar series will be posted on compassbc.ca