My child doesn’t (can’t/won’t) go to school!

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Disclosure
In the past 12 months, I have had no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

Objectives
Learn how to . . .

• Explain why it hurts if the tests are normal
• Identify obstacles to school attendance
• Implement strategies for return to school
A typical case

- Shawn is 10 years old, AP X 1 year
- Pain is worst in the morning.
- Loves school, excellent grades, popular, well-behaved

The Parent’s Perspective

FROM: Mr. & Mrs. S.
TO: Dr. Lynn Walker

We have several questions that we think can be answered by fax.

Do you believe our son’s problem is physical or a psychological problem?

If you feel it’s a physical problem, then what do you hope to accomplish with him?

If you feel it’s a psychological problem, what is your plan to help resolve it?

Specificity Theory of Pain

“The Pain Pathway,” Rene Descartes, 1664
Acute Pain
- Well-defined source
- Resolves with healing
- Pain is adaptive

Chronic Pain, Functional Pain
(e.g., Functional GI Disorders)

Medical evaluation:
- No identifiable source of pain
- “Nothing is wrong” – but impaired and complaining

Implicit Message:
- “The pain is not real”
- “It’s all in your head”
- “I can’t help you”

PARADIGM SHIFT
Sources of Visceral Sensation

- **Peripheral**
  - Nociceptors in gut (respond to distension and chemical, osmotic, and thermal stimulation)

- **Central**
  - Spinal cord (dorsal horn and interneurons)
  - Higher centers of conscious perception (emotion, cognition, attention)
Pain Modulation in the Brain

Three Components of Pain

- Nociception (sensory)
  - Stimulation of nerves (nociceptors) that convey information about potential tissue damage
- Emotion
  - Immediate reaction to nociception (e.g., fear, anger).
  - Emotional response is automatic, involuntary.
- Cognition
  - Meaning attached to the emotional experience (can trigger more emotional reactions).

It's makes common sense!

Harry still got a sick, burning feeling of shame in his stomach every time he thought about it.

J.K. Rowling, Harry Potter
"The Pain Signature": Neural influences on pain and sensory processing

IBS vs Healthy Controls: Areas showing consistent activation differences during imaging studies of rectal pain or discomfort

Our thoughts and emotions influence our experience of pain.

ANXIETY produces thoughts and emotions that intensify distress and undermine coping.
**Lifetime Incidence of Anxiety Disorder:**
FAP Patients vs. Controls
(Shelby et al, Pediatrics, in press)

![Graph showing lifetime incidence of anxiety disorder between FAP patients and controls.](image)

**Common Anxiety Disorders in FAP Patients vs. Controls**

<table>
<thead>
<tr>
<th>Disorder</th>
<th>FAP</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Anxiety</td>
<td>26%</td>
<td>6%</td>
</tr>
<tr>
<td>Generalized Anxiety</td>
<td>18%</td>
<td>6%</td>
</tr>
<tr>
<td>Separation Anxiety</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>Post-Traumatic Stress</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>Panic</td>
<td>7%</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Fear-avoidance model of pain**

(Vlaeyen & Linton)

![Diagram illustrating the fear-avoidance model of pain.](image)

Vlaeyen JWS, Linton SJ. Fear-avoidance model of chronic musculoskeletal pain: A state of the art. PAIN 2000 April 85(3); 317-332.
FAP – Social Anxiety – Withdrawal – Disability

Note from 10-year old boy to his mother on the night before his return to school after FAP medical evaluation:

This is coming from Love.
I don't want to go because I'm scared.
I don't know why but I am.
So just let me sleep in.

I don't care if I don't get a scooter but I never want to go back.

Explaining functional abdominal pain to families

Components of Pain

- Sensation
- Emotion
- Suffering
- Attention & Thinking
Identifying Obstacles to School Attendance

In Addition to Your Pain

- Sensation
  - Cramping
  - Bloating
- Emotion
  - Scared
  - Angry
  - Frustrated
- Suffering
- Attention & Thinking
  - I can't stand it
  - What if it never stops?
- Worry about school work
  - Fatigue
- Suffering
  - I'm no good at math
- Emotion
  - Scared
  - Angry
  - Frustrated
- Sensation
  - Cramping
  - Bloating
- Attention & Thinking
  - I can't stand it
  - What if it gets worse?

9/17/2013
Treating Your Pain

Sensation
- Fiber
- Sleep

Emotion
- Plan coping
- Reduce load

Attention & Thinking
- Enjoyable activities
- Reduce parent attention

Suffering

Treating Your Pain

Sensation
- Fiber
- Sleep
- Exercise

Emotion
- Plan coping
- Reduce load
- Enjoyment

Attention & Thinking
- Explain pain
- Use distraction
- Reduce parent attention

Implementing Strategies for School Attendance
Patient Education: Volume Control Metaphor

• You can control the messages that go from your brain to your body
• Your mind is like a stereo that can turn the volume up or down on pain signals sent by neurotransmitters.

Turning down the pain volume

• Relaxation
• Activities and people you enjoy
• Having a positive attitude

Turning up the pain volume

• Tension, stress
• Worry about pain
• Isolation, inactivity
Catastrophizing Thoughts

Parent Catastrophizing:
““You could catch pneumonia, run up a terrible hospital bill, linger a few months, and die”

Whatif (from A Light in the Attic by Shel Silverstein)

Last night, while I lay thinking here,
Some Whatifs crawled inside my ear
And pranced and partied all night long
And sang their same old Whatif song:
Whatif I’m dumb in school?
Whatif they’ve closed the swimming pool?
Whatif I start to cry?
Whatif I get sick and die?
Parent as “Health Coach”

- Coping with pain as a life skill
- Promote child competencies
- Reduce attention to symptoms
  (schedule limited time to ask about pain)

Substitute Positive Self-talk for Catastrophizing about Pain

- Parent and child identify “What if . . .” statements about pain, etc.
- Substitute positive images and memories of past success
- Introduce self-encouragement ("I can do it")

Belly Breathing

1. Sit or lay in a relaxed position.
2. Place one hand on the upper chest, and place the other hand on the stomach just below your rib cage.
3. Take a deep breath. Notice if the hand on your chest moves but the hand on your stomach remains still. This is how we often breathe—with our chest.
4. Now, take breaths that only move your stomach. The goal of belly breathing is to keep the hand on your chest still and the one on your stomach rising and falling.
Progressive Muscle Relaxation

• Tense and relax each muscle group

• Become aware of muscle tension and how to relax

• Scripts are available for children (e.g., “Squeeze a lemon in your hand”)

Obstacle:
Make-up Work

• Fears: Cannot do it; No time for play

• Strategies:
  – Break work into small components
  – Limit time spent on schoolwork
  – Negotiate with school for reduced load

Obstacle:
School Bathrooms

• Fears: No privacy; will be late to class

• Strategies:
  – Free access to bathroom during class
  – Letter to school
Obstacle: Anticipate pain at school

- Fears: Unable to cope; no escape; no support
- Strategies
  - Gradually increase attendance
  - Plan in case of pain
  - Teach pain coping skills

Plan return to school to increase sense of control

- Teach breathing exercises
- Plan for make-up work
- Arrange bathroom pass

GOAL

Immediate success, however small, in order to break the cycle of repeated failure and build child and parent confidence
Some Patients Need Mental Health Referral

Myths about Referral to Behavioral Health Providers

• Parents do not believe that psychosocial factors contribute to their child’s pain

• Parents do not believe that behavioral interventions will help their child

Percentage of Mothers of RAP Patients who endorsed Psychosocial Causes
(n = 98; Claar & Walker, 1999)

- 50% Child is nervous or worried
- 32% Child is stressed
- 30% Child puts pressure on self
- 29% Child overly sensitive to pain
- 12% Child has emotional problems
Therefore, use parent’s terminology in discussing psychosocial factors:

“Worry” “Pressure”

Percentage of Mothers of RAP Patients who endorsed Psychosocial Remedies (n = 98; Claar & Walker, 1999)

53% Learning how to relax
32% Less stress
18% Counseling

Therefore, use parent’s terminology in making a referral:

“Relaxation & stress management”
Mothers’ Beliefs About Causes of their Children’s Abdominal Pain  
(n = 98; Claar & Walker, 1999)

13.3% Physical causes only  
18.4% Psychosocial causes only  
52.0% Both physical & psychosocial  
16.3% Don’t know

17th Century → 21st Century

Specificity Theory  
Gate Control; Neuromatrix Theories

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