



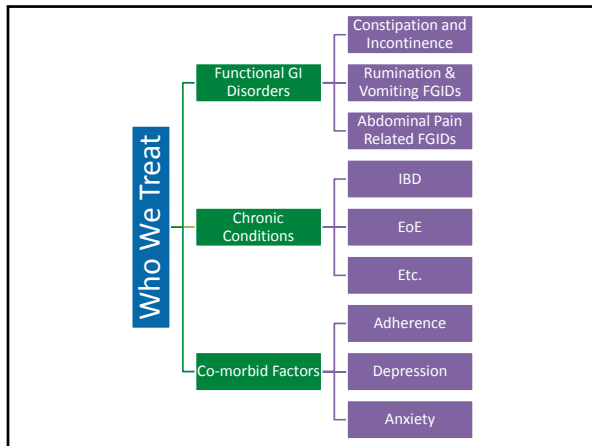
What Happens Behind Closed Doors: The Ins and Outs of Psychological Treatments

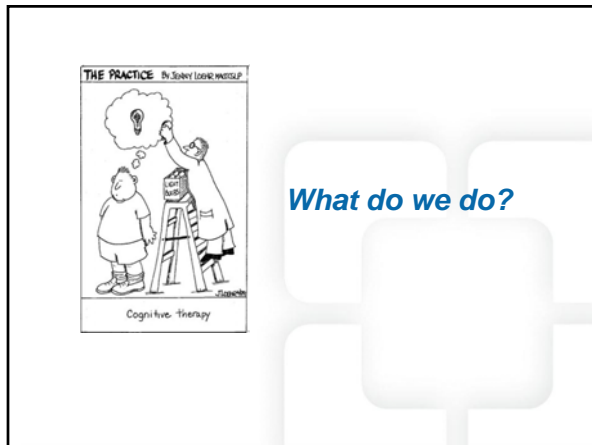
October 10, 2015
Katherine Lamparyk, PsyD
Director, Behavioral GI Program

*No financial disclosures or
conflicts of interest*

Learning Objectives

1. Summarize existing research on the efficacy of psychological interventions in treatment of pediatric GI conditions.
2. Describe the basic principles of cognitive behavioral treatments.
3. Increase awareness of additional psychological strategies and interventions and how they interrelate.

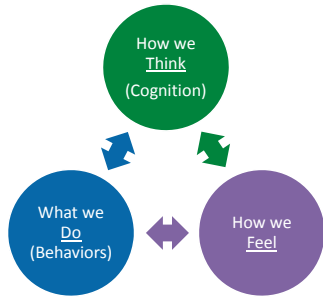




Behind Closed Doors (Sometimes)

- Setting**
 - Office
 - Exam or inpatient rooms
- Participants**
 - Patient and parents
 - Together or separate
- Process**
 - Collaborative / Active Participation
 - Teaching

Cognitive Behavioral Therapy



What We Do

- Relaxation Training**
 - Breathing, Progressive Muscle Relaxation
 - Imagery, Hypnosis
 - Biofeedback
- Behavioral Activation / Exposure**
 - Return to normal functioning
 - Systematic and gradual expectations
 - Modify environment as necessary
- Operant Conditioning**
 - Identify and eliminate secondary gain
 - Remove attention for complaints or checks
 - Positive attention for well behaviors

How we Think

- Education**
 - Reframing the symptoms
 - Increase sense of efficacy and hope
- Cognitive Coping**
 - Thought monitoring
 - Questioning maladaptive thoughts
 - Creating coping thoughts

Additional Areas of Focus

Sleep Hygiene

- Behavioral Sleep Recommendations
- Relaxation training

School Interventions

- Identification of learning difficulties
- 504 Accommodations Plan

Family Therapy

- Improving communication
- Family problem solving

Adjunctive Treatment Modalities

- Hypnosis
 - An altered state of consciousness characterized by intense focused attention and increased concentration and receptivity.
- Biofeedback
 - Utilizing precise instruments to measure physiological activity and “feed back” information to the user to enable an individual to learn how to change physiological activity
- Acceptance and Commitment Therapy

Treatment Efficacy: Anxiety and Depression

- Anxiety:
 - CBT > wait-list or active controls
 - CBT = Sertraline (but less side effects!)
 - CBT + Sertraline > single modality
- Depression:
 - CBT and IPT > supportive therapy
 - CBT = Fluoxetine by 18 weeks
 - CBT + Fluoxetine initially > single modality

Walkup JT, Albano AM, Piacentini J, Birmaher B, Compton SN, Sherrill JT, Ginsburg GS, Ryan MA, McCracken J, Wasicck B, Iyengar S, March JS, Kendall PC. (2008) Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety. *N Engl J Med*. 359(26):2753-66.
 March JS, Silva S, Petrycki S, Curry J, Wells K, Fairbank J, Burns B, Domino M, McNulty S, Vitiello B, Severe J. The Treatment for Adolescents With Depression Study (TADS): Long-term Effectiveness and Safety Outcomes. *Arch Gen Psychiatry*. 2007;64(10):1132-1143.

Treatment Efficacy: Functional Abdominal Pain

	Intervention	Outcomes
Sanders et al, 1994	CBT-Family	70.6% vs 38.1% pain free
Humphreys et al, 2000	CBT + biofeedback + parental support	72% vs 7% pain-free
Robins et al, 2005	CBT	Lower Abdominal Pain Index Scores
Duarte et al, 2006	CBT	86.6% vs 33.3% decrease in pain episodes
Hicks et al, 2006	CBT (internet)	72% vs 14% decrease in pain score
Vlieger et al	Hypnotherapy	85% vs 25% with decrease in intensity and frequency
Alfven and Lindstrom, 2007	Psychological and Physiotherapy	Significant improvement in pain scores with addition of psychological tx.
Levy et al, 2010	CBT	Decreased pain/GI sx. vs control
Wicksell et al, 2009	Exposure and Acceptance (ACT)	Improved pain intensity and functioning vs control

Treatment Efficacy: Functional Vomiting Disorders

- Adolescent Rumination Syndrome
 - Case reports and chart review show promise for behavioral or multidisciplinary
- Cyclic Vomiting Syndrome
 - Case report show promise for CBT along with biofeedback training
 - Psychosocial factors suggest important role of psychological interventions

Chial, H. J., Camilleri, M., Williams, D. E., Litzinger, K., & Perrault, J. (2003). Rumination syndrome in children and adolescents: Diagnosis, treatment, and prognosis. *Pediatrics*, 111, 158-162.

Schroedel RL, Alloto A, Di Lorenzo C. Behavioral treatment for adolescent rumination syndrome: A case report. *Clinical Practice in Pediatric Psychology*. 1:89-93, 2013.

Slutsker, B., Konichevsky, A., and Gotheif, D. (2010). Breaking the cycle: Cognitive Behavioral Therapy and biofeedback training in the case of cyclic vomiting syndrome. *Psychology Health and Medicine*, 15 (6): 625-31.

Treatment Efficacy: Functional Constipation and Encopresis

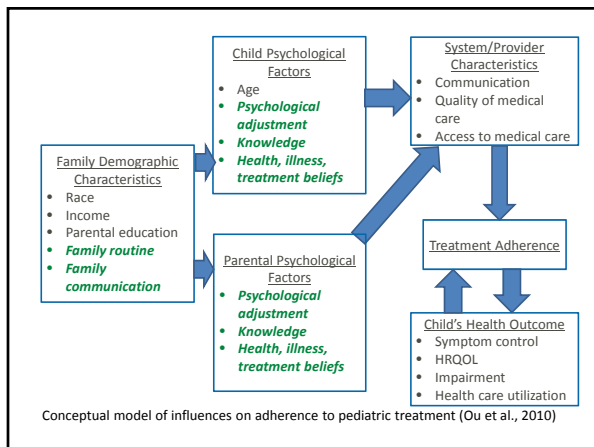
- Medical Management + Behavioral Treatment (Enhanced Toilet Training)
 - Mild increase in efficacy
 - Less medication needed
- Variations of treatment implementation:
 - Online behaviorally-based treatment
 - Group based treatment
- Biofeedback: mixed results

Borowitz, S. M., Cox, D. J., Sutphen, J. L., & Kovatchev, B. P. (2002). Treatment of childhood encopresis: A randomized trial comparing three treatment protocols. *Journal of Pediatric Gastroenterology and Nutrition* 34, 379-384.

Loening-Baucke V. (1995) Biofeedback treatment for chronic constipation and encopresis in childhood: long-term outcome. *Pediatrics*, 96:105-10.

Stark, L. J., Owens-Stively, J., Spirito, A., Lewis, A., & Guevremont, D. (1990). Group treatment of retentive encopresis. *Journal of Pediatric Psychology*, 15, 609-671.

Treatment Adherence



Getting Them Through The Door

Talking Points

- Learn skills / strategies...
 - To control your body
 - To manage your symptoms
 - To cope better
 - To not let your symptoms “get in the way of life”.
- We work together with your doctor
 - Treatments are complementary
- Part of the medical team to treat the whole person

Summary

- Psychotherapy involves patient and parents for active learning and behavior change
- Psychotherapy (CBT especially) is effective in treating
 - Anxiety and depression
 - Functional abdominal pain
 - Encopresis
 - Many other GI conditions (but more research is needed!)
- Can easily be incorporated into medical treatments...if patients will come / participate.
