

### Communication with families

Experiences from research and clinical practice in the treatment of young people with functional disorders

Ditte Hulgaard, Associate Professor, PhD, MD, Consultant
Department of Clinical Research, University of Southern Denmark
Child and Adolescent Psychiatry Odense, Mental Health Services in the Region of Southern Denmark



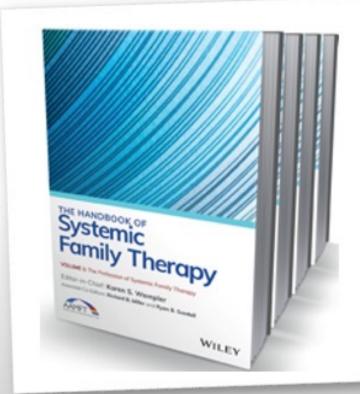


### Agenda

- Etiology the role of the family when a child has symptoms
- Understanding the family perspective
- Communication with children and their parents in treatment









### Somatic Symptom and Related Disorders in Children and Adolescents

Ditte Roth Hulgaard 8, b, Kevin K Tsang 6, d, Patricia Ibeziako 6, d, and Charlotte Ulrikka Rask 8, d, a Department of Clinical Research, University of Southern Denmark, Odense, Denmark; b Child- and Adolescent Psychiatry Odense, Mental Health Services in the Region of Southern Denmark, Odense, Denmark; C Department of Psychiatry and Behavioral Sciences, Boston Children's Hospital, Boston, MA, United States; <sup>d</sup> Harvard Medical School, Boston, MA, United States; <sup>e</sup> Department of Child and Adolescent Psychiatry, Research Unit, Aarhus University Hospital, Aarhus, Denmark; and <sup>1</sup>Department of Clinical Medicine, Aarhus University, Aarhus, Denmark

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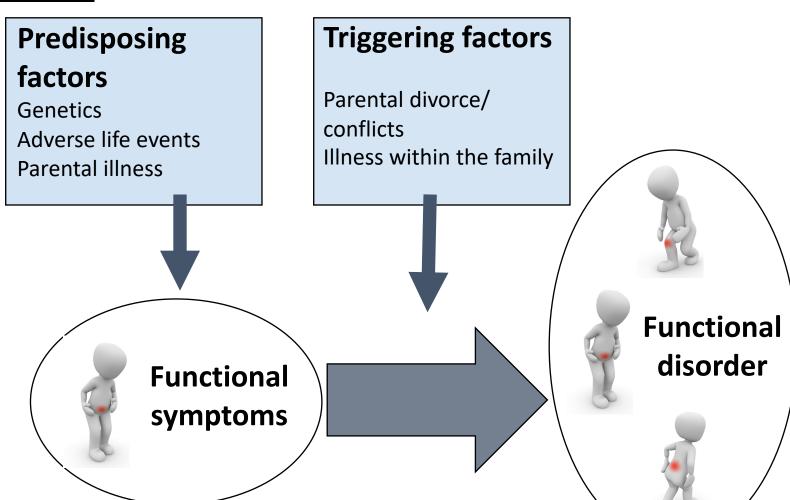
Chapter 18: Funcitonal symptoms and disorders Ditte Roth Hulgaard







### Etiology – family factors



### **Maintaining factors**

Family illness beliefs: e.g.: somatic

attribution

Family illness behaviours: e.g.: emotional overinvolvement

Family help seeking behaviour, overexamination and treatment

### **Protective factors**

Positive/ active coping mechanism
Modelling of physical functioning in spite of symptoms







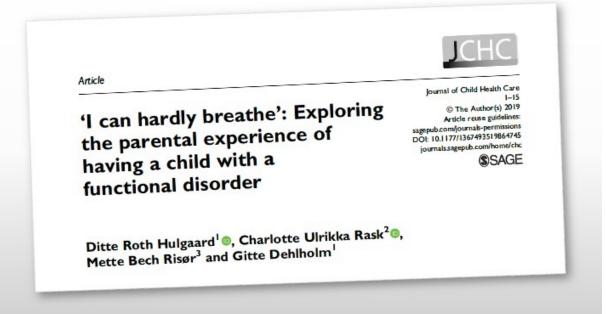
# Understanding the family perspective





### Counterintuitive parenting

'And she [the neighbour] said after 10 minutes, we have to call an ambulance. And I said we couldn't do that, we are simply not allowed to. Because it is not dangerous. I think that is difficult, really difficult. It is really difficult because they say that it isn't dangerous. [...] And that is a huge responsibility to give to us [the parents]'.







### Challenging parental identity

'All along, I had a feeling that they have been looking for some kind of trauma, which isn't there.

[...] And then it comes, between the lines, that I am overprotective, right? And damn, that is just [PAUSE] I can hardly breathe'.









# Health anxiety by proxy

- Health anxiety by proxy is a newly described clinical phenomenon
- Characterised by obsessive parental worries about their child's health, leading to preoccupation with symptoms and fear that health professionals overlook serious illness in the child

Lockhart E (2016) Health anxiety in children and parents. BMJ 353: i2891

Thorgaard MV, Frostholm L, Walker L, et al. (2017b) Health anxiety by proxy in women with severe health anxiety: a case control study. Journal of Anxiety Disorders 52: 8–14.





# Health anxiety by proxy – through the eyes of the parents

Katrine Ingeman<sup>1,2,3</sup>, Ditte Roth Hulgaard<sup>4,5</sup>, and Charlotte U Rask<sup>1,2</sup> Journal of Child Health Care
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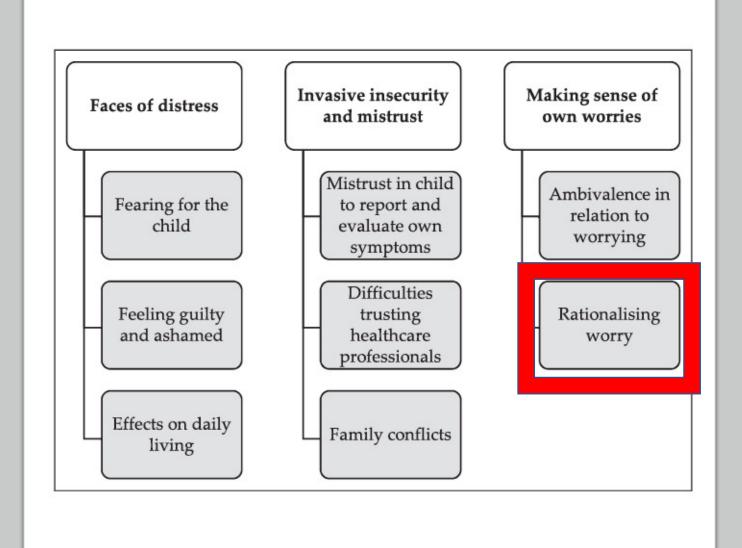




### Results

'Like, if I don't react on this, do I risk that he will become seriously ill? It is also like: I feel like I am not taking proper care of my child by saying "oh this is probably nothing." So, there is a conflict there because I sort of ...'.

(William)





# Parents as part of the solution

How do we include parents in the treatment





# Family based interventions



- Research about family based interventions for functional disorders is scarce
- The best quality studies are based on CBT
- The psychological foundation for treatment influences illness explanations
- Studies agree that addressing family illness beliefs, behaviors, including somatic attribution, is important





# Common grounds for communication

1

Agree on illness beliefs & symptom understandings

2

Agree on relevant etiological factors

3

Adress relevant etiological factors in treatment







# Roles and expectations

Parents are considered coaches and co-therapists

Parents are considered co-patients and co-therapists

The family as a whole is considered patient





That day, when we started family therapy, that day everything changed. The heavy load on my back got lighter. And the day, when I had told everything that was bothering me was the day that my back pain was gone.





# Adressing guilt and avoiding blame Mary's mother:

I also think that illustrations and material that can illustrate explanations, like the biopsychosocial model, they can provide hope, and further, they can take some of the guilt away. And I have felt a lot of guilt, and some of that could be taken away, which was a good thing.









Increased physical symptoms and worries



Emotional overinvolvement/protection Somatic attribution Medical visits and examinations



#### Child

Anxiety and negative thoughts about the body
Increasing avoidance behaviour







### Helpfull psychoeducational models

#### **Timeline**

#### Psychosocial events Medical history Premature birth Sensitive to noises and sounds Mother struggles with headache and stress at work Mother looses her job due to sick leave Complaints about stomach pain, GP visit 1. Pediatric outpatient evaluation: Treatment for obstipation Appendicitis surgery (not confirmed) Sam stops playing football 2. Pediatric evaluation: celiac disease, lactose intolerance and inflammatory bowel disease Mother is on leave from work to provide for excluded Absence from school 80 - 100 % Pediatrician diagnoses SSD Mother is consulting a neurologist for her symptoms

### **Biopsychosocial model**

