Inpatient Management of Somatic Symptom and Related Disorders [SSRD] Clinical Practice Guideline

STEP 1

Early Recognition of Potential Somatization[1,2]

- *Introductory inpatient evaluation handout*

Common SSRD Diagnoses:
- Somatic Symptom Disorder F45.0
- Conversion Disorder F44.4-7
- Illness Anxiety Disorder F45.21
- Psychological Factors Affecting General Medical Conditions F54

**See Appendix B for Diagnostic Criteria*

Provide Illness Experience Model and reinforce throughout hospital stay

STEP 2

Early Interdisciplinary Assessment
Order Routine Psychiatry Consult

- *Script for introducing psychiatry*

- Consider consulting Child Life, PT/OT, Psychology early in admission
- Conduct a thorough, but judicious medical workup

(Note, for overnight admits by residents &/or fellows: If patient is stable, limit radiologic studies and subspecialty consults until reviewing with attending in the am)

STEP 3

Interdisciplinary Provider Meeting
(within 24-48 hours after initiation of Step 1)

- After assessments completed, primary team to schedule 15 minute meeting with interdisciplinary providers to achieve consensus on evaluation, diagnosis, and management plan
- Prepare for the informing family meeting with respect to discussing clinical findings, SSRD formulation and diagnosis, other relevant comorbid diagnoses, and treatment plan
- Nursing: Document in Gen Assess flowsheet 'Behavioral Health Observation Note' each shift[3]

SSRD Diagnosis Confirmed?

No → **Continue care for alternative diagnosis**

Yes

STEP 4

Interdisciplinary Informing Family Meeting
(within 24 hours of confirmed diagnosis of SSRD)

- *Informing family meeting script*

- Ensure Social Work is involved in coordinating meeting
- Review of the illness history and interdisciplinary evaluation of findings
- Discuss the mind-body connection, SSRD diagnosis, and interdisciplinary management plan
- Use uniform language
- Highlight family strengths
- Assess family response and address any questions or concerns

STEP 5

Interdisciplinary Management During Inpatient Hospitalization

- 'Demedicalization' of the patient's medical problems
- Interdisciplinary symptom management and ongoing psychoeducation about SSRDs
- Rehabilitation interventions
- Ensure Child Life is involved with supportive treatment
- Discuss and provide family with summary information packet, including discharge care plan and SSRD education material[4]

Discharge from Hospital

[1]Potential Somatization Red Flags

Red Flags of somatization:
- Symptoms inconsistent with known anatomic and physiologic patterns
- Symptoms and impairment out of proportion
- Poor response to standard or previously effective treatment
- Discrepancies in patient presentation
- Multiple visits to ED and/or subspecialty clinics for somatic symptoms in the past year
- Pain out of proportion to organic disease (i.e. headaches, psychogenic non-epileptic seizures, functional abdominal pain, widespread musculoskeletal pain)

Individual/social/family risk factors, see Appendix A

Diagnosis of somatic disorder can occur without a clearly identified acute stressor or psychiatric disorder and could have inconsistent history and examination

[2]Exclusion Criteria

- Malingering:
  - -Simulation of disease by intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives;
  - -Do not want to be treated;
  - -Do not want accurate identification of their behavior and appropriate intervention
- Factitious Disorder Imposed on Self/Another F68.1
  - -Unintentional falsification of physical or psychological symptoms, or induction of injury or disease by self or caregiver, associated with signs of deception and in the absence of external incentives

[3]Points of Observation

- Child and caregiver interactions with each other and particularly caregiver response to child's symptoms
- Caregivers' interactions with each other in front of the child (eg, distant, argumentative, focused entirely on child's symptoms)
- Caregivers speaking for the child (ie, responding to questions directed to the child)
- Ease of caregivers separating from the child
- Child's behaviors and symptom expression (physical and emotional) when caregivers are in the room vs when they are not
- Child's and caregivers' interactions with interviewer

[4]Discharge Planning

- Schedule outpatient psychotherapy appointment
- Schedule other required outpatient appointments
- Provide functional treatment goals
- PCP letter describing diagnosis
- Return to school letter, if needed
- Include SSRD as a diagnosis on discharge summary

Appendix A-Risk Factors for Somatic Symptom and Related Disorders

Individual Factors

- Temperament, Coping Style, Defense Mechanism
  Avoidant, solitary, internalizing, denial, isolation of affect, alexithymia, perfectionist, "good child", anxious
- Developmental
  Attachment or separation issues
- Learning Difficulties
  May or may not be supported
- History of medical illness, injury, medical evaluations, interventions
- History of somatization
- History of comorbid psychopathology, specifically anxiety and depression

Environmental Factors

- School, academic stress
- Competitive sports
- Bullying, trauma, loss

Family Factors

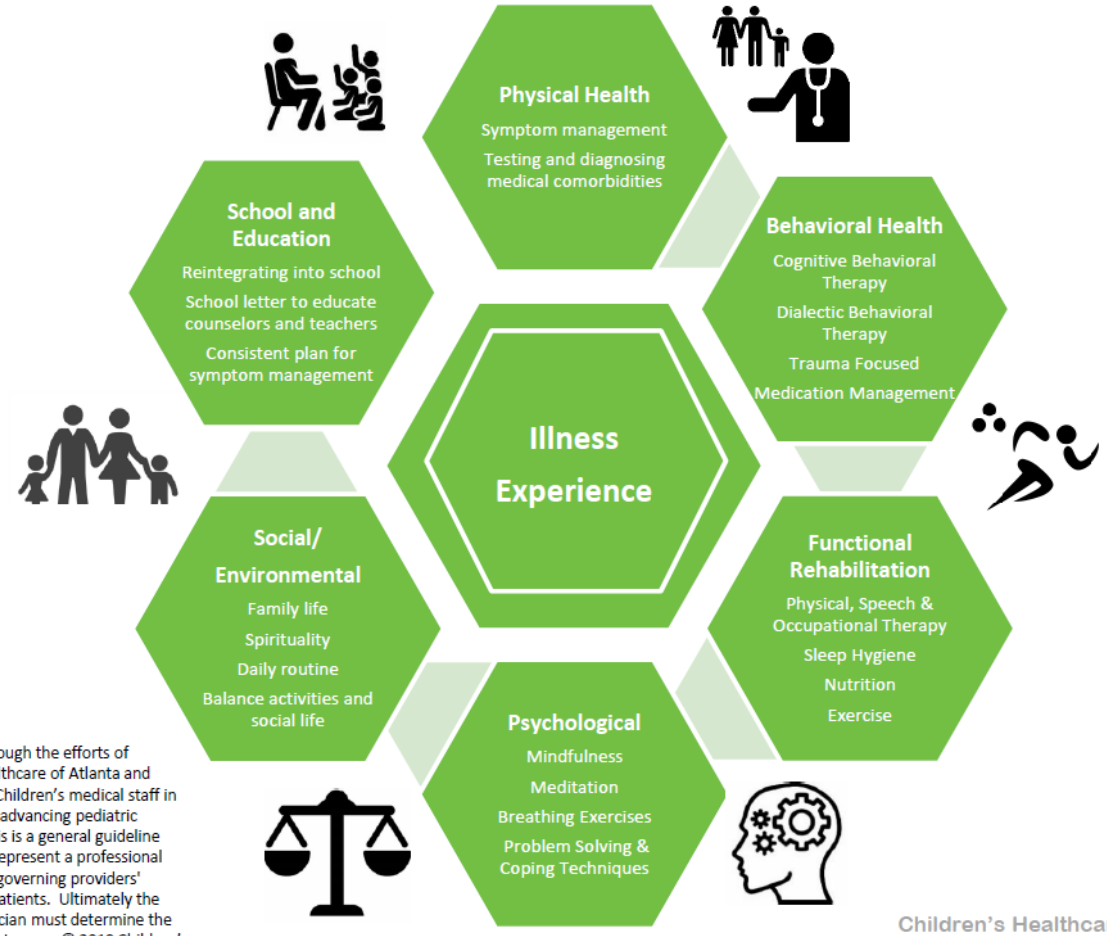
- Family conflicts
- Family enmeshment
- Family history of medical illness, including family history of somatization and functional disorders (e.g. irritable bowel syndrome, fibromyalgia, chronic pain, and chronic fatigue syndrome)
- Symptoms model illness within family (e.g. anyone else in family with similar types or patterns of symptoms as patient)
- Family psychiatric history
- Family losses

Appendix B-Diagnostic Criteria for Somatic Symptom and Related Disorders

Diagnosis	ICD-10	DSM V Diagnosis Criteria	Red Flags	Specifics
Somatic Symptom Disorder	**F45.1**	A. One or more somatic symptoms that are distressing or result in significant disruption of daily life B. Excessive thoughts, feelings, or behaviors related to the somatic symptoms or associated health concerns 1. Disproportionate and persistent thoughts about the seriousness of one's symptoms 2. Persistently high level of anxiety about health or symptoms 3. Excessive time and energy devoted to these symptoms or health concerns C. The state of being symptomatic is persistent (>6 months)	•High level of anxiety/catastrophic thinking even when explained and proven the condition is non-life threatening •Health concern becomes the person's identity and dominates interpersonal relationships •High level of medical care utilization •Unusually sensitive to medication side effects •Assessment and treatment is always inadequate	•With predominant pain •Persistent severe symptoms with marked impairment >6 months •Severity: **Mild:** only one of the symptoms in Criterion B **Moderate:** ≥2 symptoms **Severe:** ≥2 symptoms plus multiple somatic complaints
Illness Anxiety Disorder	**F45.21**	A. Preoccupation with having or acquiring a serious illness for at least 6 months, but the specific illness that is feared may change over that period of time B. Somatic symptoms are not present C. There is a high level of anxiety about health, and the individual is easily alarmed about personal health status D. Performs excessive health-related behaviors or exhibits maladaptive avoidance (e.g. repeatedly checks body for signs of illness; avoids doctor appointments)	•Provider's attempts at reassuring generally do not alleviate anxiety •Illness becomes a huge part of their life •Topic of social discussion, self-image, or a characteristic response to a stressful event •Examine themselves and research via the internet or friends •Dissatisfied with medical care and feel not being taken seriously by providers •Often seek medical care multiple times, but do not seek mental health care	•Care-seeking type •Care-avoidant type
Conversion Disorder/Functional Neurologic Symptom Disorder	**F44.4-7**	A. ≥1 symptoms of altered voluntary motor or sensory function B. Clinical findings provide evidence of incompatibility between the symptom and recognized neurological or medical conditions C. Symptom/deficit is not better explained by another medical or mental disorder D. Symptom/deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation	•Upon examination, look for inconsistencies -Hoover's Sign: weakness of hip extension return to normal strength with contralateral hip flexion against resistance -Marked weakness of ankle plantar-flexion when tested on the bed of a person who can walk on tiptoes -Positive findings on tremor entertainment test: unilateral tremor changes when person distracted -During attacks resembling epilepsy: resistance to open closed eyes or normal EEG -Tunnel vision •La belle indifference: lack of concern about symptoms should not be used to diagnose	•Neurological symptom or deficit •Symptoms are Acute (<6 months) versus Persistent (≥6 months) •With or without a psychological stressor
Other Specified Somatic Symptom and Related Disorders	**F45.8**	1. Brief somatic symptom disorder: symptoms <6 months 2. Brief illness anxiety disorder: symptoms <6 months 3. Illness anxiety disorder without excessive health-related behaviors: Criterion D for illness anxiety disorder is not met 4. Pseudocyesis: False belief of being pregnant associated with objective signs and reported symptoms of pregnancy	Same as Somatic Symptom Disorder	No specifiers indicated
Unspecified Somatic Symptom and Related Disorders	**F45.9**	•Symptoms cause clinically significant distress but do not meet full criteria for any of the SSRD disorders •This diagnosis is used for unusual situations where there is insufficient information to make a more specific diagnosis	Same as Somatic Symptom Disorder	No specifiers indicated
Psychological Factors Affecting General Medical Conditions	**F54**	A. A physical medical symptom or condition is present B. Behavioral factors adversely affect the medical condition in one of the following ways: 1. Infuenced the course of the medical condition as shown by a close temporal association between the psychological factors and the development or exacerbation of, or delayed recovery from, the medical condition 2. Interfere with treatment of a medical condition 3. Constitute additional well-established health risks 4. Influence underlying pathophysiology, precipitating or exacerbating symptoms or necessitating medical attention C. Psychological and behavioral factors in Criterion B are not better explained by another mental disorder (e.g. panic disorder, major depressive disorder, PTSD)		Current Severity: **Mild:** Increases medical risk (e.g. inconsistent with antihypertension treatment) **Moderate:** Aggravates underlying medical condition (e.g. anxiety aggravating asthma) **Severe:** Results in medical hospitalization or emergency room visit **Extreme:** Results in severe, life-threatening risk (e.g. ignoring heart attack symptoms)
Factitious Disorder Imposed on Self	**F68.10**	A. Falsification of physical or psychological signs or symptoms, or induction of injury or disease, associated with identified deception B. Presents themselves to others as ill, impaired, or injured C. Deceptive behavior is evident even in the absence of obvious external rewards D. Behavior is not better explained by another behavioral disorder	•Willing to undergo incredible hardship, limb amputation, organ loss, and even death to perpetuate masquerade •Often leads to iatrogenic physical conditions, such as postop pain syndromes and drug addictions •Continue to crave hospitalization for its own sake	•Single episode •Recurrent episodes: ≥2 events of falsification of illness and/or induction of injury
Factitious Disorder Imposed on Another *(previously known as Munchausen's by Proxy)*	**F68.10**	A. Falsification of physical or psychological signs or symptoms, or induction of injury or disease, in another, associated with identified deception B. Individual presents another individual (victim) to others as ill, impaired, or injured C. Deceptive behavior is evident even in the absence of obvious external rewards D. Behavior is not better explained by another behavioral disorder, such as delusional disorder or another psychotic disorder	•Individuals can flasify illness in a child, adult, or pet •Methods of illness falsification can include exaggeration, fabrication, simulation, and induction of injury or illness •Victims often have a legitimate illness •Mean age at diagnosis is 40 months, most have history of failure to thrive and multiple hospitalizations •Perpetrator personal fulfillment from the care and attention of hospital staff •Perpetrator is typically pleasant, medically savvy, socially skilled •Invasive procedures on child often welcomed	*Note: The perpretator, not the victim, receives this diagnosis* •Single episode •Recurrent episodes: ≥2 events of falsification of illness and/or induction of injury
Malingering	**Z76.5**	•The simulation of disease by the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives, such as: -Avoidance of military conscription or duty, avoidance of work, obtainment of financial compensation -Evasion of criminal prosecution, obtainment of drugs, gaining of hospital admission •Do not want to be treated •Last thing they want is an accurate identification of their behavior and appropriate intervention	•Do not want to be treated •Last thing they want is an accurate identification of their behavior and appropriate intervention	No specifiers indicated

SSRD Illness Experience Model 2019

Children's Healthcare of Atlanta



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Step 1: Family Introductory Inpatient Evaluation Handout

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Your child currently has physical symptoms that are causing great worry and may leave you with questions and concerns. Your family is attempting to understand your child's symptoms and get an explanation for why your child continues to have physical symptoms. These symptoms are impairing and getting in the way of your child's health and success. We understand that your child's illness has been difficult for your child and everyone in your family.

At this time, your child will be admitted to the hospital for a brief stay to conduct an evaluation with the goals of the following:

- Understanding your child's symptoms and their impact on functioning;
- Providing a diagnosis or diagnoses;
- Providing an explanation for your child's symptoms;
- Providing some symptomatic relief for your child; and
- Developing a plan for continued care to improve your child's functioning

Your child's evaluation will include the following (consider using the Illness Experience Model here):

- A careful review of previous medical records and information about your child;
- Completion of any further evaluations as needed; and
- Working together with a team that may include pediatricians, pediatric subspecialists, psychiatry, psychology, social work, physical therapy, occupational therapy, speech therapy and child life

At the end of your child's stay, your child will have completed evaluation, discussion of results, review of diagnoses, and explanations for symptoms as well as a plan for future symptom care. Your child's symptoms may not be gone when your child is ready to leave the hospital. We will work to establish goals to improve your child's health and help your child return to normal activities, including a plan to collaborate with your child's school, primary care doctor, and other providers in the community to promote your child's functioning and improvement on discharge.

Content from Ibeziako, P. et al. (2019). Developing a Clinical Pathway for Somatic Symptom and Related Disorders in Pediatric Hospital Settings. *Hospital Pediatrics, 9(3)*.

Step 2: Introducing Psychiatry and other consultations to the family

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Introducing psychiatry and other consultations to the family script. This script is to be used by the primary team when the patient is first admitted after completing the H&P assessment.

Do not start by saying "The exam results were negative" or "We found nothing"; use positive terms like "The test results were normal and revealed that your child's body is functioning as it should" or "The test results were normal, and we learned that your child is healthy, and there are no dangerous medical diseases causing these symptoms"

We are going to review all the tests and treatments you've done so far to determine what has been helpful, what needs to be repeated, and what new tests and consultations are needed. We see many children with symptoms similar to what your child has and have a standard multidisciplinary approach to care that includes different consultants from medical specialties, surgical specialties, physical and/or occupational therapy, social work, psychiatry and/or psychology, etc. This comprehensive approach will help us better understand the nature of your child's symptoms and the impact on all areas of his or her life and will also help us develop an effective management plan.

[Please provide the family with a handout on the "Illness Experience Model"]

If family is resistant to psychiatry consultation or asks for more information regarding this, clarify that psychiatry helps with the following:

- Understanding the child's symptoms;
- Assessing the impact of the symptoms on the child and on the family; and
- Helping the child and family cope with the symptoms and get their lives back

Content from Ibeziako, P. et al. (2019). Developing a Clinical Pathway for Somatic Symptom and Related Disorders in Pediatric Hospital Settings. *Hospital Pediatrics, 9(3).*

Step 4: Informing family meeting

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Step 4-Interdisciplinary Informing Family Meeting:

As we said at the beginning of your child's hospital stay, after completing your child's evaluation, we come together as a multidisciplinary team to discuss what we think is contributing to your child's symptoms and what we think the treatment should be. We want to give you a chance to ask questions and to be sure that you feel comfortable about our assessment and treatment plan. We understand how debilitating these symptoms have been and want to take our time to be sure we address your questions or concerns.

We want to share with you a summary of your child's symptoms, why we consulted with the specialists we did, what diagnoses we were considering, and what our findings did or did not support. Please tell us along the way if we have any part of the history wrong or if there is anything you do not understand. And please let us know if there is any particular medical condition or diagnosis that you feel we have not adequately addressed.

- *[Patient Name] first presented with:*
- *Previous workup included:*
- *Our team performed the following tests and/or evaluations:*
- *We found the following:*
- *We ruled out the following causes:*
- *Given these findings and with the input from our specialists, we think your child's symptoms are best understood as: [Insert Diagnosis here].*

Your child's symptoms are very real. These symptoms are not dangerous to your child's health. The good news is that we have ruled out potentially dangerous causes to the symptoms. Sometimes these symptoms can co-occur with a known medical illness, but the severity of they symptoms or specific symptoms are not explained by the medical illness alone. Please remember that your child is not doing this purposefully, and they are not controlling their symptoms. We will provide you with an educational handout that includes helpful tips for you as the guardian.

> *Provider Note: If a SSRD is being considered or the diagnosis has been made, the attending physician leading the meeting should use the actual diagnosis rather than a symptom or general language (e.g. conversion rather than "stress"). Ask psychiatry colleagues present to give their assessment of potential contributors that have been determined from the psychiatric evaluation performed.*

- Allow specialists a chance to discuss their findings and recommendations: Psychiatry, PT/OT, Psychology, Pain, GI, etc.
- In our experience, symptoms due to [*insert here*] respond best to the following treatment approach:
  - Regular cognitive behavioral therapy sessions
  - Medication management if indicated
  - Behavior management
  - Outpatient rehabilitation (PT, OT, Acupuncture, Biofeedback, etc.)
  - Close follow up with your primary care provider
  - Continued follow up with relevant subspecialists
  - Returning to normal routine, school and continued reassurance and support from family
- Refer back to the Illness Experience Model

Step 4: Discussing the mind-body connection

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Step 4-Interdisciplinary Informing Family Meeting:

The brain and body are connected and communicate through nerves, hormones, and chemicals. We call this the mind-body connection. Sometimes it's hard to understand how the mind-body connection contributes to symptoms, so we want to explain that. The body automatically sends information to the body to communicate feelings, such as fear and pain.

You may have heard of the 'fight-flight-freeze' response. When we sense danger, the brain tells the body to stay on alert using electrical and chemical signals. The body starts doing things to help us survive; for example, lungs breathe faster and shallower, and the heart beats faster and harder to get more oxygen to the brain and muscles. Muscles tense up, getting ready to fight or run. All of these reactions happen quickly and automatically, without us even thinking about it. Later, when the danger is gone, the brain tells the body to calm down, but the experience can leave a physical toll on the body. This is our body's response to stress, also known as the physiology of stress.

Stress can be positive or negative, and although we may not consider something 'dangerous' or stressful, our bodies can experience the effects of stress through physical symptoms. In this way, we can view the physical symptoms as the body telling us it is feeling distressed or that we are feeling the emotion or stress in our bodies.

Content from Ibeziako, P. et al. (2019). Developing a Clinical Pathway for Somatic Symptom and Related Disorders in Pediatric Hospital Settings. *Hospital Pediatrics, 9(3).*

Somatic symptom and related disorders: Facts for families

Children's Healthcare of Atlanta

This is general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care for your child.

What is somatic symptom and related disorders (SSRD)?

Somatization is when emotions are expressed as physical symptoms.

- "Soma" is the Greek word for body.
- Everyone experiences somatization at times.

Somatic symptoms are the physical signs of emotion or distress. They show how the mind and body are connected (called the "mind-body connection"). Somatic symptoms may include:

- A fast heartbeat when you feel nervous
- Butterflies in your stomach when you feel nervous
- Tense muscles when you feel angry
- Crying when you feel sad

Your child's care team may use different words to describe your child's symptoms. They all mean the same as "somatic". These words may include:

- Functional
- Non-organic
- Psychogenic
- Psychosomatic
- Amplified
- Medically unexplained

Your child may also have a health problem along with somatic symptoms. Somatization can make a medical problem more intense or stronger. For example, it is common for people with epileptic seizures to also have psychogenic non-epileptic seizures. This is also known as conversion disorder.

What causes SSRD?

Somatic symptoms may be related to emotions or problems that your child has not been able to fully express in words. There can be things that bother your child. Your child may not be aware, or it may be too hard to talk about.

- When your child's feelings build up inside, their body may show those feelings in a physical way.
- These can start as new symptoms or a worsening of an existing health problem.

This handout contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency room right away.

2019

SSRD: Facts for Families (cont.)

- Your child may have these feelings due to:
  - Problems with friends at school.
  - Problems at home.
  - Other recent life changes or stress.

Your child may have somatic symptoms even without a stressor. **It is important to know that your child's symptoms are very real. Your child is not exaggerating or faking the symptoms.**

- Sometimes, somatic symptoms start with a health problem such as an injury or infection.
- The physical symptoms may not go away even after the health problem is treated.
- The health problem may teach your child's body to act a certain way. This may become more automatic over time, even after the health problem has resolved.
- Somatic symptoms may also make an existing health problem worse. Or, it may start out of the blue without any prior illness or injury.

What are the possible symptoms?

Some of the common symptoms are:

- Headaches
- Nausea, vomiting (throwing up) or stomach aches
- Seizure-like episodes, fainting or movements that are not normal
- Feel very tired, dizzy, weak or numb
- Memory problems
- Changes in vision, blindness or has unusual visions or sounds
- Cough, trouble breathing or shortness of breath
- Pain that is more intense or stronger than expected

What is the treatment?

- Many of the symptoms that are caused by somatization go away on their own.
- If these symptoms last more than a few weeks or months, they may need more active treatment.
- Others may continue to have symptoms for some time, but will be able to function better in daily life.
- The goal of treatment is to help your child return to his normal level of functioning (at home and at school).

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In case of an urgent concern or emergency, call 911 or go to the nearest emergency room right away.

SSRD: Facts for Families (cont.)

The treatments are not the same for everyone. The best treatment involves a team that understands the emotional and physical impact of the person's symptoms.

Team members may include:

- Family doctors/ Pediatricians
- Psychologists, psychiatrists or other mental health providers
- Social workers
- Physical therapists (PT)
- Occupational therapists (OT)
- Nurses
- Teachers
- School counselors
- Specialty doctor, such as Neurologist, Gastroenterologist if needed

Treatment usually includes:

- **Therapy as the primary recommended treatment to**
  - Understand the mind-body connection.
  - Address any problems that may have led to somatic symptoms.
  - Cope with the emotional challenges of SSRD.
  - Treat mental health problems (such as anxiety or depression).
- Other therapies may include breathing, visualization, biofeedback, acupuncture.
- PT and OT to regain motor strength and movement.
- Encouragement to return to regular activities.
- Return to school with support from staff, teachers, nurses and school counselors.
- Medicines to help treat any mental health or physical health problems.
- Regular check-ins with your child's care team.

When can my child go home from the hospital?

Your child may go home from the hospital before their symptoms improve. Based on research, children improve the most when they return to their home setting. When you normalize your child's symptoms, it can help decrease anxiety and stress.

How can I help my child?

As a caregiver, you are an important member of the team. You can help others understand your child's needs. You may:

- Support and validate their suffering, concerns and emotions. At the same time, celebrate their effort towards recovery and focus less on the physical symptoms.
- Encourage your child to talk about their emotions and stress.
- Learn about the mind-body connection.

This handout contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency room right away.

SSRD: Facts for Families (cont.)

- Find providers who understand the mind-body connection.
- Support ways to help decrease symptoms or cope with symptoms.
- Work with your child's school and other programs to help your child return to their normal activities.
- Help your child practice coping and relaxation strategies.
- Manage your own anxiety and concerns.
- Stay hopeful.

Where can I find more information?

For more information, you may visit these websites:

- https://www.strong4life.com/en/landing-pages/resilience-and-emotional-wellness
- http://youth.anxietybc.com
  - These websites have information about stress, anxiety and tools to manage them.
- http://keltymentalhealth.ca/Somatization-Disorders
  - This website has information about somatic symptoms and the mind-body connection.
  - It has a brochure that explains somatization. It also has a 20 minute video of two children who have been treated for somatic symptom disorder.
- https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Physical_Symptoms_of_Emotional_Distress-Somatic_Symptoms_and_Related_Disorders.aspx
  - This website was developed by the American Academy of Child and Adolescent Psychiatry workgroup of board-certified child and adolescent psychiatrists.

Children's Healthcare of Atlanta has not reviewed all of the sites listed as resources and does not make any representations regarding their content or accuracy. Children's Healthcare of Atlanta does not recommend or endorse any particular products, services or the content or use of any third party websites, or make any determination that such products, services or websites are necessary or appropriate for you or for the use in rendering care to patients. Children's Healthcare of Atlanta is not responsible for the content of any of the above-referenced sites or any sites linked to these Sites. Use of the links provided on this or other sites is at your sole risk.

This handout contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency room right away.

Letter to Primary Care Provider related to SSRD

Children's Healthcare of Atlanta

[PCP Address]
[Date]
[PCP Name]

This letter is regarding [Patient's Name], a patient in your practice who has recently been admitted to Children's Healthcare of Atlanta. [Patient's Name] was admitted for [SYMPTOM] from [Admit Date] to [Discharge Date]. A summary of the patient's hospital course is included below or in the discharge summary note. After medical evaluation and consultation with our subspecialties, [Patient Name] has been diagnosed with Somatic Symptom and Related Disorder (SSRD), [include specific SSRD diagnosis]. Other diagnoses identified during the hospitalization include: [List Diagnoses]

Typical symptoms for the patient's SSRD, include the following:

1. List patient's symptoms
2. Other symptoms as applicable

[Patient Name] will also follow up with [Name Other Specialists].

Summary of hospital course: [INCLUDE ONE PARAGRAPH SUMMARY FROM THE DISCHARGE SUMMARY NOTE]

Treatment for this disorder includes cognitive behavioral therapy (CBT) and outpatient mental health follow up. This also includes close follow up with the patient's primary care provider. This follow up should be regular, proactive and negotiated between the patient, family, and provider. The purpose of these visits is to proactively address symptoms, review new symptoms, provide reassurance when appropriate, and provide judicious evaluation only when needed, while limiting invasive or unneccesary testing or procedures. It is important to reassure the family if the patient continues to have events or complaints of physical symptoms. We appreciate your collaboration and continued care of [Patient Name].

Sincerely,

[Hospital medical and/or psychiatric provider]

Letter for school to address SSRD diagnosis and treatment plan

Children's Healthcare of Atlanta

School Letter Informing Staff of SSRD

To whom it may concern:

[Name] has been diagnosed with [SSRD or medical condition and SSRD] after a comprehensive evaluation. The student's primary symptom is [describe primary complaint]. In general, somatization occurs when emotions affect physical health. Somatization can be normal (e.g. stomachaches and muscle tension), but sometimes it can be prolonged and impairing. Somatization can occur on its own or with another medical condition.

Schoolteachers and counselors play an important role in the successful treatment of somatization. Children with SSRDs should continue to be involved in school and academic work. However, specific supports and accommodations are necessary. The following strategies are recommended:

1. Identify a staff member at school (e.g. nurse, case worker, social worker, or counselor) who will work directly with the student and his or her caregivers to create a behavioral and/or symptom management plan that includes the following:
    a. Identifying typical triggers for the symptoms
    b. Identifying warning signs for the escalation of symptoms
    c. Developing strategies to prevent symptom escalation (e.g. relaxation breathing or a quiet room)
    d. Avoiding significant disruptions to the child's routine or increased attention from peers during symptomatic periods when possible; addressing symptoms in a calm, planned, and neutral tone can be helpful in symptom management
    e. Developing strategies to manage symptoms when they occur (e.g. a place for the student to go for short breaks to gain control of symptoms, encourage use of identified coping skills) followed by reentry to class as soon as possible
    f. Incorporating rewards for healthy behavior
2. Schedule regular sessions with the school counselor to help with coping with the illness
3. Provide access to the school nurse for any prescribed medication

It is important that all staff and teachers involved use the plan consistently. The purpose of this letter is to inform the school staff about the child's diagnosis and recommended symptom management. Generally, these accommodations can be provided without a 504 Plan or Individual Education Plan, but some students may require a formal plan. If a formal plan is needed, then please notify the guardian.

Sincerely,
[Hospital medical and/or psychiatric provider]

Content from Ibeziako, P. et al. (2019). Developing a Clinical Pathway for Somatic Symptom and Related Disorders in Pediatric Hospital Settings. *Hospital Pediatrics, 9(3).*

Letter for school to address SSRD diagnosis and treatment plan

Children's Healthcare of Atlanta

School Letter Requesting 504 Plan

To whom it may concern:

[Name] has been diagnosed with [SSRD or medical condition and SSRD] after a comprehensive evaluation. The student's primary symptom is [describe primary complaint]. In general, somatization occurs when emotions affect physical health. Somatization can be normal (e.g. stomachaches and muscle tension), but sometimes it can be prolonged and impairing. Somatization can occur on its own or with another medical condition.

Schoolteachers and counselors play an important role in the successful treatment of somatization. Children with SSRDs should continue to be involved in school and academic work. However, specific supports and accommodations are necessary. The following strategies are recommended:

1. Plan a gradual return to school for students who have missed significant instruction. This process may include half days in the beginning, gradually working up to full days, on the basis of the student's progress in treatment.
2. Identify a staff member at school (e.g. nurse, case worker, social worker, or counselor) who will work directly with the student and his or her caregivers to create a behavioral and/or symptom management plan that includes the following:
    a. Identifying typical triggers for the symptoms
    b. Identifying warning signs for the escalation of symptoms
    c. Developing strategies to prevent symptom escalation (e.g. relaxation breathing or a quiet room)
    d. Avoiding significant disruptions to the child's routine or increased attention from peers during symptomatic periods when possible; addressing symptoms in a calm, planned, and neutral tone can be helpful in symptom management
    e. Developing strategies to manage symptoms when they occur (e.g. a place for the student to go for short breaks to gain control of symptoms, encourage use of identified coping skills) followed by reentry to class as soon as possible
    f. Incorporating rewards for healthy behavior
    g. Allow additional time on tests and quizzes to accommodate anxiety
    h. If the student struggles with pain, please allow the student to have an extra set of books to keep at home to avoid needing to carry heavy textbooks
3. Schedule regular sessions with the school counselor to help with coping with the illness
4. Provide access to the school nurse for any prescribed medication

It is important that all staff and teachers involved use the plan consistently. Generally, these accommodations can be provided in a 504 Plan between the caregivers, student, teachers, and school personnel, but some students with SSRDs qualify for and benefit from having an Individualized Education Plan.

Sincerely,
[Hospital medical and/or psychiatric provider]

Content from Ibeziako, P. et al. (2019). Developing a Clinical Pathway for Somatic Symptom and Related Disorders in Pediatric Hospital Settings. *Hospital Pediatrics, 9(3).*

Letter for school to address SSRD diagnosis and treatment plan

Children's Healthcare of Atlanta

School Letter Requesting Individualized Education Plan

To whom it may concern:

[Name] has been diagnosed with [SSRD or medical condition and SSRD] after a comprehensive evaluation. The student's primary symptom is [describe primary complaint]. In general, somatization occurs when emotions affect physical health. Somatization can be normal (e.g. stomachaches and muscle tension), but sometimes it can be prolonged and impairing. Somatization can occur on its own or with another medical condition.

Schoolteachers and counselors play an important role in the successful treatment of somatization. Children with SSRDs should continue to be involved in school and academic work. However, specific supports and accommodations are necessary. The following strategies are recommended:

1. Plan a gradual return to school for students who have missed significant instruction. This process may include half days in the beginning, gradually working up to full days, on the basis of the student's progress in treatment.
2. Identify a staff member at school (e.g. nurse, case worker, social worker, or counselor) who will work directly with the student and his or her caregivers to create a behavioral and/or symptom management plan that includes the following:
    a. Identifying typical triggers for the symptoms
    b. Identifying warning signs for the escalation of symptoms
    c. Developing strategies to prevent symptom escalation (e.g. relaxation breathing or a quiet room)
    d. Avoiding significant disruptions to the child's routine or increased attention from peers during symptomatic periods when possible; addressing symptoms in a calm, planned, and neutral tone can be helpful in symptom management
    e. Developing strategies to manage symptoms when they occur (e.g. a place for the student to go for short breaks to gain control of symptoms, encourage use of identified coping skills) followed by reentry to class as soon as possible
    f. Incorporating rewards for healthy behavior
    g. Allow additional time on tests and quizzes to accommodate anxiety
    h. If the student struggles with pain, please allow the student to have an extra set of books to keep at home to avoid needing to carry heavy textbooks
3. Schedule regular sessions with the school counselor to help with coping with the illness
4. Provide access to the school nurse for any prescribed medication

It is important that all staff and teachers involved use the plan consistently. Some students with SSRDs qualify for and benefit from having an Individualized Education Plan. The parents have requested an Individualized Education Plan and would like to begin the process.

Sincerely,
[Hospital medical and/or psychiatric provider]

Content from Ibeziako, P. et al. (2019). Developing a Clinical Pathway for Somatic Symptom and Related Disorders in Pediatric Hospital Settings. *Hospital Pediatrics, 9(3).*