CBT for Somatic Symptom and Related Disorders

Susan Sprich, Ph.D.
Co-Clinical Director of Psychology, MGH
Director, CBT Program, MGH
Director, Postgraduate Psychology Education, MGH Psychiatry Academy
Assistant Professor, Harvard Medical School
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Somatic Symptom Disorder

• One or more distressing or disruptive somatic symptom

• Excessive thoughts, feelings or behaviors related to the somatic symptoms
  – Worries about seriousness of symptoms
  – High level of anxiety about health or symptoms
  – Excessive time and energy devoted to these symptoms or health concerns

• State of being symptomatic is persistent (typically > 6 months)

(DSM-5; APA, 2013)
Simple CBT Model

Thoughts → Feelings

Feelings → Behaviors

Behaviors → Thoughts
Thoughts
My symptoms suggest a terrible illness
The doctors are missing something

Feelings
Anxiety, Guilt, Anger

Behaviors
Checking, reassurance-seeking, avoidance
Behavioral Strategies

• The primary intervention is essentially exposure and response prevention (ERP)
• BUT, it looks a little different than the ERP we do with OCD patients
Identification of Safety Behaviors

- Seeking reassurance from family members, friends or doctors
- Searching for information on the internet
- Monitoring physical symptoms
- Requesting unnecessary tests
- Following rigid rules about diet, exercise or other health behaviors
Identification of Avoidance

• Seeing doctor
• Medical tests
• Hospitals or medical offices (even if taking a child or visiting a friend)
• Reading about health issues
• Watching shows on television
• Foods that trigger feared symptoms
• Physical exercise, sex
Avoidance

• Can be that the person avoids situations, experiencing feared symptoms or thoughts/images that trigger anxiety
• Important to help patients block avoidance and resist urges to use safety behaviors
Anxiety Hierarchy

- Need to understand what patient is avoiding and why in order to create effective hierarchy.
- Behaviors that look the same (going to the doctor, having medical tests) can be things that some patients avoid and serve as safety behaviors for others (and these patients engage in excessively).
## Exposure

### Example Hierarchy for Somatic Symptom Dx

<table>
<thead>
<tr>
<th>Distressing Stimuli/Situation</th>
<th>SUD (0-100)</th>
<th>Avoidance (0-100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrain from seeking reassurance from family members</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Engage in “dangerous” behavior (e.g., high intensity exercise, sex)</td>
<td>95</td>
<td>100</td>
</tr>
<tr>
<td>Refrain from searching internet about symptoms</td>
<td>90</td>
<td>95</td>
</tr>
<tr>
<td>Engage in “dangerous” behavior (e.g., exercise—walking at fast pace)</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>Delay reassurance-seeking behaviors</td>
<td>85</td>
<td>80</td>
</tr>
<tr>
<td>Delay searching on internet about symptoms</td>
<td>75</td>
<td>70</td>
</tr>
<tr>
<td>Have medical test</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>Go to doctor for physical</td>
<td>60</td>
<td>65</td>
</tr>
<tr>
<td>Watch dramatic movie (medical theme)</td>
<td>55</td>
<td>60</td>
</tr>
<tr>
<td>Watch medical drama on television</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>Take daughter to doctor’s appointment</td>
<td>40</td>
<td>35</td>
</tr>
<tr>
<td>Walk by health center without going in</td>
<td>30</td>
<td>40</td>
</tr>
</tbody>
</table>
Interoceptive Exposure

- Expose patient to physical sensations that are worrisome
- Need to figure out which symptoms are triggering anxiety and match exposure to those symptoms
- Can do in-session and assign for home practice
- Do exercise repeatedly to break link between symptom and anxiety to demonstrate that symptom is not dangerous
Interoceptive Exposure Exercises

- Head rolling
- Running in place
- Running up several flights of stairs
- Hyperventilation
- Straw breathing
Cognitive Strategies

• Thoughts about symptoms that, if true, are very scary
• The problem is that very often the thoughts are not accurate
• Patients need to learn to take a step back and evaluate thoughts for accuracy
Cognitive Strategies--Example

• **Situation:** notice abdominal pain
• **Automatic Thought:** This must be a sign of a serious problem.
• **Interpretation:** I’m probably going to die from cancer or another serious illness.
• **Emotion:** Anxiety
• **Safety behaviors:** look on internet, ask wife for reassurance, go to doctor often, insist on multiple diagnostic tests
• **Rational Response:** This is just a thought. There are many reasons why I could be having abdominal pain. I just ate a big, spicy meal—it could be indigestion.
Common Thinking Errors

• **Probability Overestimation**- overestimating the danger
• **Catastrophizing**- assuming the worst possible outcome is the one that is going to happen
• **Fortune Telling**- thinking that one can predict the future
Children and Adolescents

• In children, most common symptoms are recurrent abdominal pain, headache, fatigue and nausea (DSM-5, APA, 2013)
• A single prominent symptom is more common in children than in adults (DSM-5, APA, 2013)
• Family must be involved in treatment
Clinical Challenges

• Need to find balance—don’t want people to totally disregard somatic symptoms.

• Family members can get overly involved in providing reassurance/support. Need to be educated about the unhelpful role of reassurance in the long-term.
Clinical Challenges

• Important for clinician to avoid invalidating the patient (“it’s all in your head”). The symptom is very real to the patient, although the interpretation may be wrong, and the associated behaviors may be unhelpful.

• Medical provider burnout can be an issue.
Application to COVID-19 Pandemic

• Need to explore reasons for avoidance with patients—is it due to valid concerns about being in risky situations or is it due to anxiety?
• Therapists can help patient understand their personal limits for risk and provide psychoeducation.
Related Disorders-Illness Anxiety Disorder

• Focus is on having or acquiring a serious illness
• Same strategies listed above can be helpful in getting the patient to evaluate his or her negative thoughts more objectively and decrease or eliminate avoidance and safety behaviors
Related Disorders—Conversion Disorder (Functional Neurological Symptom Disorder)

• One or more symptoms of altered voluntary motor or sensory function that causes distress or impairment

• Can include—weakness or paralysis, abnormal movement, problems with swallowing, speech, seizures, anesthesia or sensory loss or disturbance
Related Disorders—Conversion Disorder (Functional Neurological Symptom Disorder)

• Patients learn to observe times when symptoms are triggered and then learn how to alter behaviors and thinking patterns
• Patients learn tools to cope with stress, be more assertive, and problem-solve more effectively
Additional Resources—Books

• *Overcoming Functional Neurological Symptoms* (Williams, Kent, Smith, Carson, Sharpe & Cavenagh, 2011)

• *Overcoming Health Anxiety* (Owens & Antony, 2011)