



CBT for Somatic Symptom and Related Disorders

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Disclosures

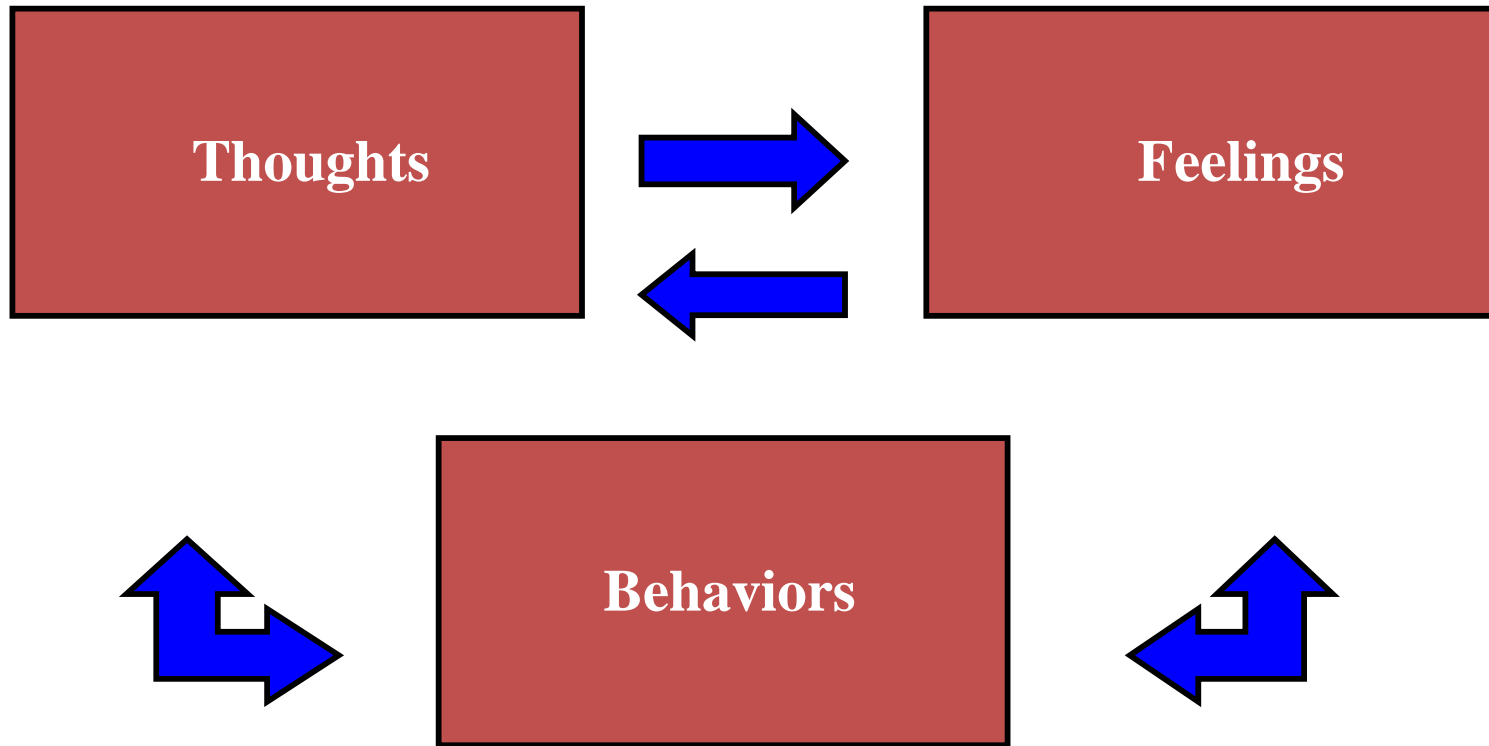
I receive royalties from Oxford University Press for co-authoring treatment manuals. I receive royalties from Springer for co-editing a book. I receive honoraria from the Association for Behavioral and Cognitive Therapies (ABCT) for being Associate Editor of a journal.

Somatic Symptom Disorder

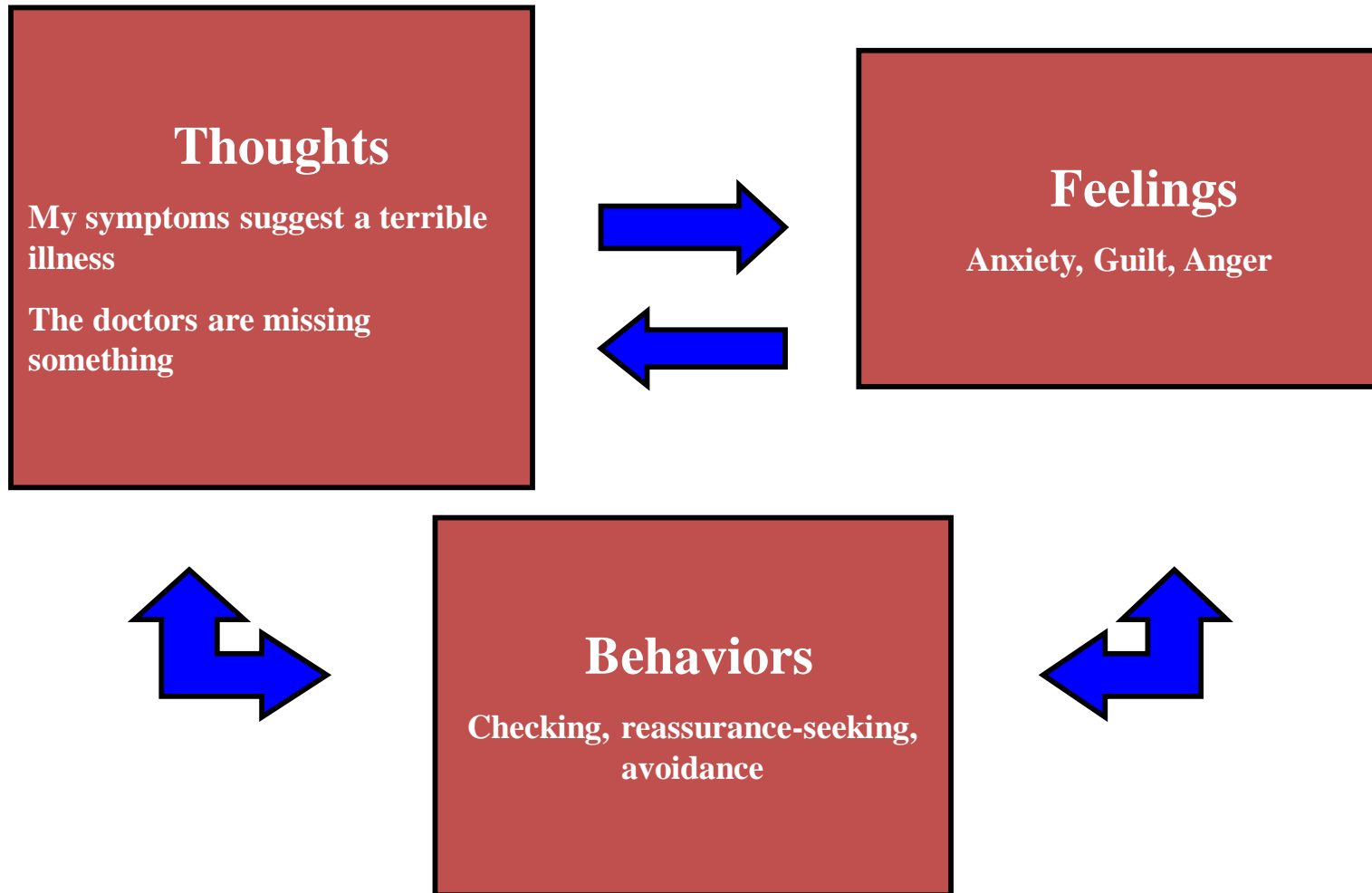
- One or more distressing or disruptive somatic symptom
- Excessive thoughts, feelings or behaviors related to the somatic symptoms
 - Worries about seriousness of symptoms
 - High level of anxiety about health or symptoms
 - Excessive time and energy devoted to these symptoms or health concerns
- State of being symptomatic is persistent (typically > 6 months)

(DSM-5; APA, 2013)

Simple CBT Model



Simple CBT Model—Somatic Symptom Disorder



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

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

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)