

Mommy My Stomach Hurts
Integrating Cognitive Behavioral Therapy
and Mindfulness Approaches for Children
and Teens with Anxiety, Physical Complaints
and Medical Conditions

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Disclosures

- None

Integrating CBT and mindfulness

- Behavioral therapies are
 - grounded in learning principles (respondent & operant conditioning)
 - characterized by a functional analysis – understanding the nature of the difficulty by its context
- Mindfulness-based CBT and mind-body stress reduction treatments are similar to CBT
- Significant overlap and complementarity
- Mindfulness approaches are different in important ways (e.g., relational – acceptance, non-judgment)
- At core mindfulness is a way of interacting with all experience - a way of living



Anxiety and pain is real
reaction to it is often the core of suffering



- Pain and discomfort is real
- Reaction to uncertainty
- Reaction to pain/anxiety
- What to do when anxiety/pain occurs
- How to manage life even if not feeling well or feeling anxious

Points of entry and help CBT and mindfulness

- Education and information
- symptom management
- Relationship with the symptom
- Relationship with experience and life
- How do you wish to be in interaction with others?

Problem with coping with anxiety and pain

- Anxiety is dangerous- intolerable
- Something wrong w me for being anxious
- Can't feel this way
- Need to get rid of it
- It will never go away
- Avoid anything that could bring it on

Goals for the day

- Exploring the rationale and decision making for integrating CBT and mindfulness approaches
- How to explain this to kids and parents in words and thru experiences or exercises
- Working with CBT and mindfulness strategies as ways to cope with anxiety and pain
- How to guide kids and parents through difficult parts of day (getting to school, bed)
- What additional issues are addressed in helping families coping with ongoing medical conditions or chronic illnesses
- Suggestions for important task of coordinating care with medical providers.

"Mindfulness trees us from the limits of our conditioning" *

By show of hands:

- Who has taken an MBSR class?
- Who has a personal mindfulness practice?

Let's step out of a conditioned habit right now with some practice.

We will define mindfulness conceptually, the habitual way, later

* Michael Liebenson-Grady

From reactivity to skillful responding

Between stimulus and response there is a space.

In that space is our power to choose our response.

In our response lies our growth and our freedom.

**~ Victor Frankl,
author of Man's search for meaning**

Mindfulness is always experiential

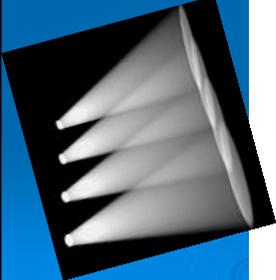
- Brief guided sitting meditation
- Awareness of different objects in the field of awareness
- Responding vs. reacting to unwanted internal and external experiences

Inquiry

- Always after and sometimes during exercises when teaching
- Today we will not always inquire out loud, however with clients it is important
- Dialogue about how this may serve anxious kids and their parents

What was in the field of awareness?

bMBSR Program (Molnar)



The field of awareness
(What now where is attention?)
 Attentional Foundations (ACT) How are you missing this and other personality?

<p>Class 1 Sensations Internal and external The "It" of Body Hearing, seeing, feeling, smelling, touching Direct non-conceptual "Beginner's mind" experiencing</p>	<p>Class 2 Mental activity Thoughts & other cognition The "It" of Beliefs Stories we tell the self Images / Pictures / Movies Nature of mind Intention / Attention Letting go & kindness</p>
<p>Class 4 Behaviors and urges The "It" of behavior Changing & maintaining habits How we respond vs. react to unwanted (Attention as a behavior) Cultivating Patience & Non-Striving</p>	<p>Class 3 Emotion / Feelings Composed of the 3 "It's" Stress and resources Getting needs met Trust / Allowing / Acceptance</p>

What is the figure (getting attention) and what is the ground?
 What else is possible?

Each MBSR class includes teaching grounded in different styles of learning (experiential, visual, auditory using material alive in the moment), focuses on a different "sphere" that can be found in the field of awareness (1) "It" that language mentions, (2) culture's "foundational attitudes" that are the "soil in which mindfulness grows", (3) our clear, problems on the CD's, (4) MFA's & needs support applications.

www.buddhistcenter.com

Cool inquiry

- So is awareness (the knower of sensations and feelings, a bigger "you")
 - itchy...
 - scared...
 - in pain?...

What is Mindfulness?

It is a way of relating with experience, a construct, & it can be a way of life.

The **awareness** that emerges through intentionally paying attention on purpose in a particular way (with the "foundational attitudes") to the unfolding of experience moment to moment.

~ Kabat-Zinn, 1990; 1994; 2003

Mindfulness is a way of *relating* with experience intra-personally and inter-personally in ways that are kind, & compassionate

Example: *How you'd talk to a child you love*

Foundational Attitudes of Mindfulness or the "soil in which mindfulness grows"

- Non-judgment
- Non-striving
- Patience
- Kindness
- Beginner's mind / curiosity / openness
- Trust
- Allowing. Letting be for now. Letting go

Kabat-Zinn (1990)

*Think of good parenting practices and conditions that facilitate learning. These ways of relating with experience will be both implicit and explicit in the guidance of the mindfulness teacher.

What mindfulness is not

- It is not relaxation although that often is a side-effect.
- It is not "clearing the mind"
- It is *not what you think*, rather it is what you experience & know non-conceptually right now
- It is not an image or an idea of the breath or other parts of the body

Ommmmm

Mindfulness-Based Cognitive Therapy for Depression

A New Approach to Preventing Relapse

Zindel V. Segal
 J. Mark G. Williams
 John D. Teasdale

THE PROGRAM OF THE STRESS REDUCTION CLINIC AT THE UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER

FULL CATASTROPHE LIVING

Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness

Jon Kabat-Zinn, Ph.D.
Revised and Updated Edition

FIFTEENTH ANNIVERSARY EDITION
 WITH A NEW INTRODUCTION BY THE AUTHOR

The MBSR / MBCT* Curriculum

- Orientation: Pre-class screening, assessment, & identification of intentions for class
- 8 weekly 2.5 hour "outpatient" classes of 30 people with one instructor with a personal mindfulness practice
- One full day mindfulness meditation retreat
- 45 minute home practice of formal mindfulness meditation practices 6 days a week with CDs
- Daily informal mindfulness meditation practices & workbook exercises (reading FCL is optional)
- Post class assessment and ongoing seasonal retreats

*MBCT overlaps 95% with MBSR. MBCT: focus on depression; MBSR on the full range of negative emotion and other unwanted experiences (e.g., pain)

MBSR Formal meditation practices

- Mindful eating of raisin
- Body scan meditation
- Sitting meditation
- Mindful movement
 - Hatha yoga, walking meditation
- Choice-less awareness
- Loving-kindness / friendliness meditation
- Mindful speaking and listening
- Mountain & lake meditations (& > metaphors)

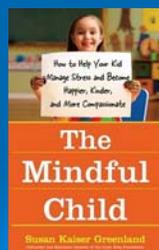
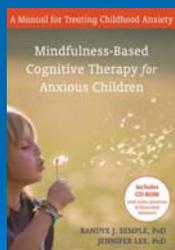
Other MBSR Activities taught in weeks 1 to 8

- Informal Practices
 - cue-controlled mindfulness (e.g., 3 minute breathing space) in response to naturally occurring 'mindfulness bells'
 - 'dropping in' with mindful attention while doing every day activities like eating, walking, washing, doing dishes, arriving and leaving places, exercise, etc.
- Didactic & experiential education about stress and mind-body interconnections
 - Choice points for transforming threat into challenge
 - Pleasant /Unpleasant event and experience monitoring
 - Triangle of awareness: Thoughts, Feelings, & Sensations of events
 - Creative problem solving (9 dots)
 - Gestalt figures
- Many poems, metaphors
 - Awareness as an ocean or a sky and mental events like clouds or waves / bubbles; you as a mountain that endures changing weather (mental activity including feelings) or a lake that mirrors what is

Still Quiet Place



Mindfulness for kids

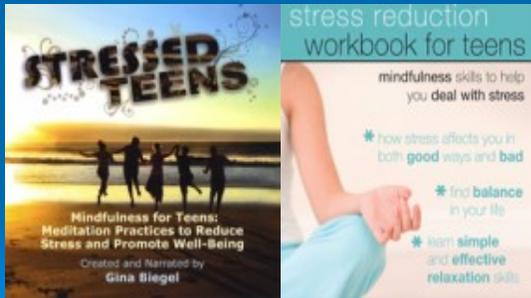


The New ABCs

- Attention
- Balance
- Compassion

The Mindful Child by Susan Kaiser-Greenland

Gina Biegel



Benefits of mindfulness for enhancing well-being and reducing negative emotions

- Meta-analyses suggest that integration of formal mindfulness training decreases distress, such as that found across multiple mood and anxiety disorders in adults (Baer, 2003; Bishop, 2002; Ost, 2008; Toneatto & Nguyen, 2007)
- Budding evidence that mindfulness benefits children and parents (Bogels et al., 2010; Burke, 2010; Thompson & Gauntlett-Gilbert, 2008)
- Several physical benefits too (umassmed.edu/cfm – look under research)

What skills can be learned from a mindfulness practice ?

- Selective Attention & Attention Switching
 - Present moment focus (not past and not future)
 - 'Letting go' of non-skillful habits such as obsession, worry, rumination, always doing, vigilance to threat...
- Awareness: The big picture / Larger field of attention .
 - What is in the "ground" besides the figure?
 - What else is possible?
 - Creative problem solving through seeing choices and possibilities where before none were noticed

More skills learned

- Reduced reactivity to events
 - Observation of internal and external events as they unfold without getting caught up in & swept away by the "stories" we tell ourselves about thoughts, feelings, sensations, & other events
 - Welcome, approach, & allow vs. fight & resist what is here now
- Acceptance instead of change efforts
- Non-identification / non-fusion with mental events
 - I am feeling anxious vs. I am anxious

More skills strengthened

- Discernment of consequences of reactive / avoidance choices
 - accurate detection of contingencies
- Insight into the impermanence of emotion
- Compassionate relationship with the self and others; and the unwanted
- Listening to the wisdom of primary emotional experience (fear, sadness, joy, etc.) and what it signals
- With emotion awareness comes enhanced awareness of one's valued life and the discipline & courage to live it

How Do We Cultivate Mindfulness?

- Experience and Practice
 - Everyday informal practice
 - Taking the steps or walking from far-away parking spot
 - Formal meditation practice
 - Running a mile or lifting weights
 - Retreat Practice
 - Running a marathon or lifting heavy weights

Playing in the field of awareness

- Because play and fun enhance:
- positive emotion and thereby facilitate learning
- Expand the field of attention thereby supporting appreciation of other possibilities to choose and “the big picture” of consequences of mental and behavioral habits

Mindfulness is really the opposite of several anxiety disorder symptoms:

- Avoidance of elements of emotion
 - Behavioral & physiological
 - Cognitive
 - focusing attention on either the past or the future and not now
 - Narrow focus on sources of threat
- Control efforts versus allowing life to unfold
- Reactivity: cognitive, physiological, & behavioral
- Critical judgments & lack of trust
 - self & others as objects

Feelings are made up of:

- Body
- Mind
- Behavior

Feelings are emotions of which we are aware

Mindfulness meditation out loud

- When teaching kids to apply mindfulness it is useful to meditate out loud so you understand experience in real time and can prompt in order to teach what you intend to teach
 - Teach to name objects in the field of awareness
 - When giving choices (e.g., itch sensation) you can insure kids are experimenting with attending as you intend and guide accordingly

The importance of practice

Meditation is best-described as a way of being.

And what's most important about it is it's like weaving a parachute. You don't want to start weaving the parachute when you're about to jump out of the plane. You want to have been weaving the parachute morning, noon, and night, day in day out. And then when you need it, it might actually hold you.

The way we practice meditation is to do it every day. Carve out some time every day that's just your time for being.

~ Jon Kabat-Zinn, Ph.D.

And practice does matter (and encodes learning in cerebellum where it is not so vulnerable to effects of stress):

Jha, A. et al., 2010. Examining the protective effects of mindfulness...Emotion, 10, 54-64.

Carmody, J. & Baer, R. (2007) Relationships between mindfulness practice and levels of mindfulness, medical and psychological symptoms and well-being in a mindfulness-based stress reduction program. Journal of Behavioral Medicine, 31, 23-33.

The Problem with Anxiety: The Emergency that Isn't

- Child doesn't understand what is happening to him/her
- Child *feels* like it is an emergency
- Child wants *you* to take away the emergency or wants to *escape*
- You can't take away something that wasn't there in the first place



What Maintains Anxiety?

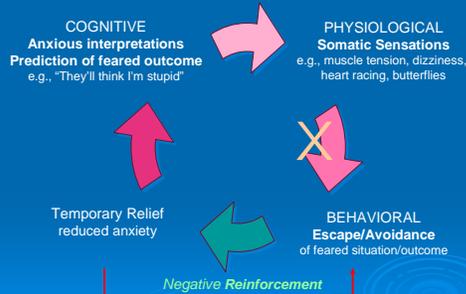
- Paradoxically, the things that kids do to try to make themselves feel better, e.g., avoidance, only makes things seem harder
- The things that parents and sometimes teachers do—reassure, help, avoidance—can make kids dependent on that reassurance and validates that the fears make sense
- Accommodations need to happen, but so does a plan for growth

Psychoeducation

- Anxiety and worry are normal responses
- Anxiety Disorders are “too much of a good thing”
- This is not your fault!
- Alarm system: fight or flight
- Three component model of anxiety
- Empowerment Model: Learning to take back control from worry



The Cycle of Anxiety



Education and engagement

- Explain what anxiety is (body's alarm system backfiring)
- Give it a name, draw a picture of it
- Think about what you hate about it
- Think about what you want to be doing instead.

Chansky, T. *Freeing your child from anxiety*



A Different Kind of Solution

- It's not the Thought, it's what you do with it
- Relabel the situation: Change the picture of what the child is experiencing
- Differentiate worry from other thinking
- Anxious (first thought) is fast, not accurate, cultivate a second reaction- the Oh no response
- Differentiate *feeling scared* from *being in danger* (use a non-feared situation to illustrate the point)

Chansky, T. *Freeing your child from anxiety*



Engaging kids and families regarding physical vs anxiety



- Unless the child sees it that way, it is not helpful to debate if it is anxiety or not
- Instead frame for child- goal to help you cope better with your stomach/head pain
- How you want to live your life with sensitive stomach or headaches
- Usually if not pushed, anxiety component becomes clear with education and comfort

All anxiety treatment involves

- **Ideally embracing uncertainty**
- **At least tolerating uncertainty**

It is ok to prepare and plan when it is possible and makes sense to do so

However, best laid plans do not always go as planned and some things cannot like love

Ways to Boss Back:

- It 's the Oh nooo reaction
- Yadda yadda yadda or whatever
- Oh you again- hello old friend
- Good enough
- This is really not helpful to me



Tolerating affect



- Surfing anxiety*
- Learning to tolerate strong affect instead of fearing it
- Don't fight it
- This is only a feeling
- Identify what you are meant to be doing
- Internal to external (interpersonal or grounding)

Chilled: The Cool Kids Anxiety and Depression Program. Schnieing, Lyneham, Wignall and Rapee (2006). Center for Emotional Health, Macquarie University Sydney, Australia.

Exposures are about facing fear step by step and teach us...

Instead of avoiding.....

- Anxiety will go away on its own, without having to do anything fancy.
- Bad things are very unlikely to occur.

Never promise bad things won't occur because no one can- but you handle it if did

Master Plan for Anxiety



- Empathize with what the child is feeling
- Relabel the problem as the worry brain
- Rewire and resist: Act with your smarts not your fears
- Get the body on board: Turn off the alarms
- Refocus on what you want to do
- Face fears step by step
- Reinforce the child's efforts at fighting!

Chansky Freeing your child from anxiety

Most common physical concerns

- Stomachaches
- Headaches- migraines or others
- Aches and pains
- Fatigue

- Fear of getting sick or vomiting

What kids say and do

- My stomach hurts
- I don't feel good
- I don't want to go to school
- I am scared I am going to be sick
- Complain, linger in bed, or at times hide
- Don't go thru morning routines
- Don't want to eat

What parents say and do

- Every morning she says her stomach hurts
- I feel so bad for her/him
- I get so frustrated
- My morning starts off so bad, I am upset for a long time after drop off. Even when I know he/she is better
- Beg, nag, remind, cajole
- Yell in frustration



Different types sickness



- anxiety, worry and more chronic ongoing stomach and headaches
- Assess for response to current stressor (parental conflict, peer issues)
- Assess for school issue- academic, bullying
- Vomit phobia- primarily avoidance and worry
- OCD like presentation- rituals washing, constant checking- am I going to be sick, feeling fever (lay head mom's arm), checking with authorities, want to be taken doctor, nurse



Patterns in physical symptoms



- Fine once in school – very common
- Problem morning at home or night before esp Sun
- Stress school related – mostly weekdays better on weekends –assess for school stressor, learning issue, or peer conflict
- More OCD or severe anxiety reaction – can interfere fun activities or going out

Recurrent abdominal pain

- Usually used when no physical cause can be found but we are understanding more and more about mind-body interactions and organic and functional causes can occur together
- 80-90% serotonin in gut
- Check with pediatrician who can assess danger signs or need for additional testing
- Many families already extensive testing that can be traumatic itself
- Abdominal migraine — intense abdominal pain centered in the mid-abdomen > 1 hour. Accompanied by other symptoms such as nausea, headache, or photophobia-often family history of migraine

Red flags rare in clinical presentation

- Weight loss or limited growth
- Blood in stool or vomit, continuous vomiting
- Severe pain or night-time awakening due to pain or diarrhea
- Strong reactions to particular foods/ food allergies
- Other physical symptoms in addition to GI distress

Tilburg et al. Pediatrics (Nov 2009) –four 20 min & CD
Guided imagery- letting a special shiny object melt into their hand and then placing their hand on their belly, spreading warmth and light from the hand inside the tummy to make a protective barrier inside that prevents anything from irritating the belly. 73% reduced pain by half or more- ages 6-15

www.uptodate.com- evidenced based site by experts in area



Education for all



- Concept of danger alarm
- Warned me every day going to be sick but was not **BUT TODAY IS THE DAY**
- Noisy bodies but we are usually too busy or not listening to them
- Thinking and checking makes feel worse
- If sick, it will be terrible and last forever
- All the energy and worry spent trying to prevent something unlikely to happen

Education: power of suggestion

- There is no way to not start feel sick when thinking about getting sick
- If sat for 15 minutes just thinking we would all be queasy
- Just like if we sat for 15 minutes thinking about a chocolate cake- can taste it
- Feelings are following the thoughts
- Just because having feelings does not make it true going to happen



Child strategies



- Education and recognize signs of worry
- Cognitive frame-sign of worry not of illness
- Boss back taking my time- making me worry
- Nothing to be done except keep on living- playing, talking to friends, learning
- Throwing up is over quickly and usually makes you feel better
- Worrying has wasted days, months, years

Child strategies

- Focus inward to outward
- General stress reduction- support, relaxation, breathing, activity/exercise, yoga, meditation for more chronic headaches and stomachaches
- Focus on preferred activity- what you would rather be doing- pet the dog, read in morning, watch cartoons
- Gather data on whether you can be at school, play, go out- not assume you can't
- If school attendance big issue, practice on outside school activities- shorter, more choice

Bad memory of being sick

- If child has “traumatic memory” of a time when sick, it is important to describe what happened
- child and others reactions (e.g. parents grab up and run to bathroom, friends reactions)
- Comic panel of step by step action what happened
- Can rewrite the ending or way of viewing

To prepare or not prepare

At recommendation of counselor- was saying
If I get sick, people will help me

Good idea but not the **1st** thought because
preparing for problem to happen, instead

1st thought - Wrong again- no way

Break rules- need to have breakfast, modify lunch
for now more snack foods, go to second floor
activities

Parental stance

- Parent job is not to prevent or protect from anxiety but teach how to cope with it
- Belief in child’s ability by promoting exploration and risk taking
- This belief also includes allowing them to make mistakes or deal with consequences
- Learning things can be hard at times and takes practice
- Making mistakes is how you learn- model it at home

Parent stance

- Parents need to step outside of anxiety
- Rather than be trapped with their child in it
- Empathize:
 - I am sorry this is a hard day, I can see you are upset right now, I know changes are hard for you
- You are not in danger you are feeling afraid
- It is just your first reaction- this feeling will pass

Attention for coping

Anxious kids get a lot of attention for....**being ANXIOUS.**

An essential component of treatment is to attend to and reward coping behavior.

-parents should validate their kids’ experience with anxiety, but at the same time, not feed into anxiety.

-parents might need help coping with their own anxiety or anger.



Parents fears and response



- Parents are often nervous about vomiting or illness
- Often feeling that something is really wrong and not being a good parent to ask, attend and seek out doctors
- Usual parent instinct is to hold, comfort, make it all better
- Behaviors of parent asking repeatedly about how feeling
- Interactions become based around illness rather than child

Messages sent by parent actions

- Behaviors suggest illness cause for concern- allow to stay home, bucket by bed
- If parents acts in accordance with fear (check temp repeatedly), then child feels I must be on to something or my parents wouldn't be acting this way
- Doing for the child at some level tells child not only do I, but also my parent does not feel I can handle this alone
- If child going to have physical issues need to learn to live with and around them.
- If treat it like anxiety maybe it will all abate. Same approaches either way

Family approach to terrible mornings

Ahead of time not in the moment

- Clarify in calm moments the expectations to go about life- fever or vomit rule for school
- Therapist needs to know blow by blow of morning from when wake up until leave- engagement, nagging, etc
- Have child be involved in devising how they would like their morning to be- write out a plan
- Note and rearrange contingencies- dressed and eaten before tv- get an alarm clock instead of a terrible parent child wake up
- Breakfast important –stomach hurt more without food- but can modify -easier to eat foods, etc.

Morning strategies for families

- Validate once- sorry not feeling well
- Then disengage from worry not from the child
- This morning is your time to relax and enjoy- our time to be together- let's design morning you want to have
- Don't tarry or beg child to get going- instead meet you downstairs for breakfast
- Talk about anything else but illness- set tell time
- Gather data or find out whether you can function not assume you can't

Parent strategies

- Validating child's experience does not mean agreeing to child's solution
- Kid not going to thank you at first
- Feel parents don't care
- Caring in a different way to help child step out of cage of fear- helping you not worry
- It is okay to say we have to do this differently for family to function
- Reclaim our mornings and evenings from worry for the child and the family- I want to be with you

Helping: from modeling to self sufficiency

- Early on- all strategies gone or can't be used in moments of anxiety, especially hi anxiety situations
- Parent can provide or remind specific coping statements and strategies designed by therapist
- With practice, many parents understand and can generate coping specific to situation



Helping: from modeling to self sufficiency

- As child gets more confident, remind what knows- the first step is....
- Parent prompt but child say it out loud for themselves. If just do what afraid of without cognitive strategy, talking not so important
- Begin to ask for child to do it on own (even if claim don't know or remember)- what do you remember or what ideas do you have



How to stay safe from thoughts of being unsafe

- 14 yo worrier but coper
- Variety of safety fears- feel unsafe
- Something bad going to happen
- CBT- Awareness vs vigilance
- Coping talk
- New flavor- same old story
- This is anxiety nothing more
- No danger here or radar too sensitive

More mindful

- Realized working on coping was keeping her engaged in worry
- Instead.....It is just a thought
- Let thought walk on by – don't walk with it
- Don't give it my energy but fighting or get rid of it
- Instead go toward it and it drifts away
- Engage with what I want to
- Require her to give her sister freedom

What are your mindfulness bells?



When teaching kids mindfulness

- Only teach what you have practiced and experienced
- Have fun and encourage play and curiosity
 - Play with the breath and in the field of awareness!
- Consider cognitive and emotional development
 - "there's no such thing as monsters"... "...as thoughts"
- Always conduct "inquiry" after meditation to reinforce learning and to assess how kids are understanding & relating with experience
- Remember, embody & guide with the "foundational attitudes"
- Teach in real time (parent's mindfulness facilitates this)
- Correct the idea that mindfulness is a way to avoid or control experience or something to do – it is a way to **be with** what is here now both internally and externally and to practice non-doing
- Don't use it to punish or judge: "you are not being mindful"
- Let go of outcome and learn from children even if not what you intended to teach (e.g. Let me show you how a cow farts yoga pose)

Be clear about your intention for choosing an activity

- Consider what children need to learn about how to respond differently when unwanted sensations arise and choose based on this.

Examples:

- Transform narrow attention to threat into big picture awareness
- See what else is possible
- Disengage from scary content
- Pause and choose response instead of reactivity
- Impact of shallow fast breathing, holding breath vs. alternatives

Activities to teach younger kids (and inner kids) mindfulness

- Raise your hand when you cannot hear the bell (keep breath flowing and muscles relaxed)
- Hoberman Sphere and expanding the field of attention
- Glitter Ball, pausing & breathing to see clearly
- Monkeys in a barrel and "dropping it"
- Souls of the feet and grounding / getting out of the head
- Sound or sight meditation and expanding the field of attention
- Flashlight / spotlight of attention

How could the practices you have experienced be applied to kids with anxiety about health?

- What would you try and why?
- What treatment rationale would you use?

How to teach about brain and body connections to motivate practice

Draw pictures of the brain and body (belly / whole GI system) talking with each other that includes "the connectors" and the 3 waves per minute

Different kinds of muscle activate when we are feeling (anxious / fearful / etc.)
Mindfulness Muscle Activate! In response to body sensations (belly aches)
Thought bubbles include words and "movies" or "pictures" in the mind

ANS "wires"

Chemical messengers

Example of how imagining something scary can get the body going

We can use the breath to slow down the waves

Imagination can be used to make things worse or skillfully to strengthen different mental and behavioral habits

Fun concrete ways to enhance learning
Look at that wide field of attention



Hoberman sphere is pictured

Experiential exercises

- Walking into (approaching) open spaces verses avoiding what is unwanted
- Neisser's selective attention task (gorilla with parasol modification on YouTube)
- Gestalt figures
- 9 dots
- Teaching breathing by blowing bubbles or pinwheels and noticing impact
- Games (e.g., shake or pass the glitter ball)

Fun tools for teaching about ways of breathing



Mindfulness with Super Grover!
He observes. He questions. He investigates. He shows up



Many stories, poems, metaphors, songs, & quotes

- The white tiger and conditioned ways of responding verses what else is possible?
- Autobiography in 5 chapters – changing mental and behavioral habits takes time and practice
- Between stimulus and response & the pause that is mindfulness
- Clouds, bubbles, mountains, etc.
- If you're happy & you know it (Rose)
- Story about the maze study

Family mindfulness / relational mindfulness

- Hello game
 - What is happening in the mind or body
 - Is that a future thought, a past thought, or is it about now?
 - Is it easy or hard to pay attention or in-between?
 - Thumbs up, down, or sideways
- From Kaiser-Greenland's book (see resources)

Mindful dinner table questions

- Is it true?
- Is it here now?
- Is it friendly / kind or unfriendly / unkind?
- Is it likely to lead to happiness or not?
- Make a different choice? (get out of the hole or an "almost / about to" moment)

From Kaiser-Greenland's book & Amy Saltzman's in press Still Quiet Place manual (see resources)

What is one thing you are thankful for the PRESENCE of today?

- Attend to specifics about it
- Note: not something you avoided or escaped
- Notice how you feel after attending to this one thing
- Connects us to sense of resources and enhances resilience / buffers from stress

Take a breath by Betsy Rose

If you're **happy** and you know it take a breath (2X)
If you're happy and you're breathing
Oh your joy will be increasing
Breathing in and out is sweet- so take a breath!
If you're **angry** and you know it... (2x)
If you're angry and you know it
Take a breath before you blow it
You can choose how you will show it- take a breath!
If you're **scared**... (2x)
If you're scared and you're breathing
Soon your fears will all be leaving
You'll feel stronger if you stop and take a breath!
If you're **sad** and you know it... (2x)
If you're sad and you breathe
It will give your heart some peace
And you'll know just what you need- so take a breath
If you don't know what you're feeling take a breath... (2x)
It's OK if you don't know
You can breathe and just let go
You're alive from head to toe
So take a breath!!

How can I learn to teach mindfulness?

- Begin with a personal practice – to find an MBSR class visit www.umassmed.edu/CFM/MBSR
- Take a class or buy MBSR CDs (CFM is a good resource)
- Receive supervision in teaching (CFM can refer you to an institution nearest you internationally)
- See resources list

Managing the child with anxiety and medical issues

Pediatric anxiety and common childhood medical conditions

- Kids with medical conditions have higher rates of anxiety disorders than healthy controls (see Zaubler & Katon, 1996, for a review and Pinquart & Shen, 2011 for meta analysis).
- Meta analysis finds strongest elevations in chronic fatigue, migraine/tension HA, sensory impairment and epilepsy.
- Other populations with similar elevations:
 - Asthma, allergies, GI, cardiac

Pediatric Somatization: Epidemiology

- Common complaints in the general population (Great Smoky Mtns, Costello, et al 1996)
 - Head aches 10%
 - Stomach aches 2.8%
 - Musculoskeletal pains 2.2%
- Others reports of abdominal pain higher: (Saps, et al 2009)
 - 72% > 1 somatic symptom weekly (45% GI/AP)
 - 52% GI/AP persisted >4 consecutive weeks and was associated with higher anxiety/depression, lower QOL

Common complaints

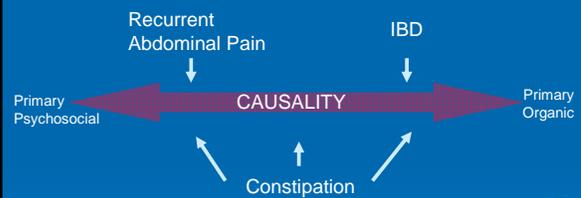
“My child say s/he has _____ and won't _____.”

Childhood somatic complaints are common and so is childhood anxiety.

Anxiety Symptoms

- Cognitive:
 - Fears
 - Worry
 - Obsessions
- Behavioral:
 - Crying, somatic complaints, screaming, avoiding eye contact, lip/facial expression
 - Compulsions
- Physiologic:
 - Autonomic symptoms
 - Tachycardia/palpitations, shortness of breath, sweating, dizziness, flush, dry mouth, muscle tension, chest pain, faint

The continuum of illness



Lask & Fosson (1989)

Diagnostic Considerations: Clinician concerns

- Stress/Anxiety or other psychological etiology
- Factitious vs. Malingering vs. Somatization
 - Factitious: intentional, motivation is sick role
 - Malingering: intentional, motivations are varied (getting something, or getting out of something)
- Medically Unexplained Symptoms

Medical decision making process

- Risk assessment/management
- Diagnosis driven
- Empirical treatments
- Role for relationship, caring
- What will the test/exam do for the treatment decision? i.e., will it result in a different path for treatment?
- Medical-legal CYA

Common illnesses that have possible psychological etiology

- Headache/migraine
- Vocal cord dysfunction
- Pseudo-seizure
- Pain/muscular-skeletal issues
- GI complaints

Often physical illness are exacerbated by stress

The Problem with Anxiety: The Emergency that Isn't

- Child doesn't understand what is happening to him/her
- Child *feels* like it is an emergency
- Child wants *you* to take away the emergency or wants to *escape- get me out of here*
- You can't take away something that wasn't there in the first place
- Chanksy-
Freeing Your Child from Anxiety



The Problem with Anxiety and Physical Illness: The Emergency that Might Be

- Maybe there is a physical issue or maybe not?
- Everyone *feels* like it is an emergency
- Child wants *you* to take away the emergency or wants to *escape- get rid of the pain/illness*
- Parent wants to protect child from illness
- Healthcare staff feel compelled to respond as though it is an emergency



Diagnostic Considerations: Parent concerns

- What is the cause for the _____?
- The challenge of uncertainty
 - When a parent doesn't know what it is, they can get stuck in knowing how to respond
 - Questioning persists / maybe as parent I haven't done enough
 - Harder to empathize with a child
 - Overtime, it can get harder to empathize with a child (the boy who cried wolf)

Parental overall role: anxiety management

- Anxiety or stress is normal and part of life
- It may be uncomfortable at times but it is not dangerous
- Parent role is not to prevent, protect or remove children from experiencing anxiety or adversity
- Parent role is to teach and model how to cope with anxiety and to persevere under adversity

Parental overall role when child has physical illness

- Illness symptoms become part of a “new normal”
- It may be uncomfortable at times, **and** may represent some acute or long-term danger
- Parent role in protection is challenged, and expanded to relying on a healthcare team.
- Parent may struggle with teaching and modeling coping with illness, depending on their own personal experience of illness and traumatic reactions to child's illness/diagnosis.

Challenges to communication in medical settings

- Limited time
- Parents under stress
- Jargon heavy
- If MD can't find a physiological cause, or provide a medical treatment that works to alleviate the condition, then it must be “all in your head”
- Example: “I'm here to check if your son has...”

Challenges to communication in medical settings: Parent and patient strategies

- Develop a question or two before hand
- Use a notebook to write information down
- Is this someone on my team – do they understand me?
- Create time for teens to develop their own relationship with the healthcare provider

Things you don't want to hear your doctor say:

- That's the worst case I've ever seen
- It's all in your head
- Oops
- Eek, yuck
- OMG!!!
- Ummm....I don't know what to do for that
- I've never seen anything like it

Common psychological concerns in medically ill children

- Feeding
- Needle/blood draw phobias
- Fears of death
- Treatment adherence problems
- Life disruption
- Traumatic stress reactions (child, parents)

Engagement in psychological interventions for medical conditions

- Is the family (patient) done with medical work-up?
- What is their understanding of etiology?
- Often can still join around function:
 - Can we use goal setting/coping strategies to improve function/ reduce distress-interference whether or not agree on etiology
- What is the medical priority?
 - Weight gain, non-adherence to treatment, etc

How to talk about mind-body connections

- Use the patients language
- Developmentally sensitive:
- Examples:
 - Your body betrays you
 - Stress shows up in your body
 - Connection between brain and body – teach on neuron systems (sympathetic v parasympthetic)
 - Common examples ('nervous stomach') are actually the problem the patient may have

REMEMBER: The pain is real...
the reaction to it is the problem!



- Pain and discomfort is real
 - Pain is a part physiologic and part psychological phenomena
- Anxiety can increase sensitivity to pain sensations (the double whammy)
- How to manage life even if not feeling well
 - Parent for self
 - Parent expectation for child



What to do with illness symptoms

Parent action plan: - goal to help cope better with pain

- Is my child having clear signs that need medical attentions (fever, vomiting – spontaneous, illness specific signs)?
- Is there a possible worry or stressor?
- Can the child still go to the activity?
 - Consider relaxation
 - Consider detective thinking – we won't know until we try
 - How much reassurance
- Talk about jobs – child vs parent vs doctor



How to communicate with physicians and other healthcare professionals

- Keep information brief and focused
- They want to know your diagnostic impressions
- Lead with what you need from them
- End with what they need from you / what you want them to do
- Hear what the doc said to family so you know what the family understood vs misinterpreted

- Connecting families to supports:
 - Illness based support groups
 - Kids Health: general information about body/health/specific conditions
 - <http://kidshealth.org/>
 - Coping Club: <http://copingclub.com/>
 - www.chop.edu/kidshealthgalaxy/



Thank you for your attention.

Children's and Adult Center for OCD and Anxiety

dr.cbaxt@gmail.com

siqueland@pobox.com

<http://childrenscenterocdanxiety.blogspot.com/>

META & Psychological Wellness Center, Inc.

chris@molnarpsychology.com

www.meta4stress.com

General Mindfulness Resources

Gunaratana, H. (2002) Mindfulness in plain English. www.wisdompublications.org or free download (via google)

Kabat-Zinn, J. (1994) *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York: Hyperion.

Kabat-Zinn, J. (2005). *Coming to our senses: Healing ourselves and the world through mindfulness*. New York: Hyperion.

Web sites:

www.meta4stress.com [mindful exposure therapy for anxiety center]

www.umassmed.edu/cfm [CFM: center for mindfulness]

www.dharma.org [insight meditation retreats]

www.metta.org [interpersonal mindfulness]

www.self-compassion.org [loving kindness for self & others]

www.contextualpsychology.org [ACT resources]

Listservs and research

www.personal.kent.edu/~dfresco/Resources/mindfulness_links.html

www.mindandlife.org/ml/research_network.html

Professional training available from the Center for Mindfulness at University of Massachusetts (www.umassmed.edu/cfm) Oasis program

Resources

Resources for teaching kids mindfulness:

<http://www.stillquietplace.com/>

<http://www.susankaisergreenland.com/inner-kids.html>

<http://www.stressedteens.com/>

<http://www.mindfuleducation.org/> (has listserv)

<http://www.garrisoninstitute.org/education2011>

http://betsyrosemusic.org/MP3/Take_Breath.mp3

<http://www.goodtube.org/View/Videos/tabid/65/VideoId/149/Default.aspx> for inner kids documentary

General resources:

Stomachaches and Anxiety in Children:

<http://www.adaa.org/resources-professionals/podcasts/pediatric-pain-related>

Coping Club: <http://copingclub.com/nashawnte-gives-tips-to-overcome-fears-of-sedation/>

Books for teaching mindfulness

- Moody Cow Meditates by Kerry Lee MacLean
- Moody Cow Learns Compassion
- Anh's Anger by Gail Silver
- Steps and Stones: An Anh's Anger Story
- There's No Such Thing as a Dragon by Jack Kent
- Stuck by Oliver Jeffers
- "Slowly, Slowly, Slowly," said the Sloth by Eric Carle
- Planting Seeds: Practicing Mindfulness with Children by Thich Nhat Hanh (and many more books by him)
- Mindful Monkey, Happy Panda by Lauren Alderfer
- Peaceful Piggy Meditation by Kerry Lee Maclean