

What is it?

Pediatric or school-age somatization represents children who present to the health room with symptoms believed to be making the child feel ill that cannot be explained by known medical cause. Somatic symptoms are a subjective report of physical symptoms yet there is no identifiable physical cause or disease explaining the symptoms. Subjective “aches and pains” can include headache, abdominal pain, backache, dizziness, nausea, irritability, poor sleep, and poor appetite.



Students who frequent the health suite for vague, varied, and unsubstantiated complaints pose a particular but important challenge for school nurses. Children often struggle to explain or describe their symptoms and communicate what factors in their environment could be contributing to their symptoms. These students often frequently ask to visit the school nurse, spend considerable time outside the classroom, and complain of “just not feeling well.” The school nurse is uniquely qualified to holistically address the needs of the student; including the emotional and mental needs from physical, psychological, and social perspectives. School health is in an important and often front-line position to recognize somatization as a mental health issue.

Somatic symptoms typically begin in childhood and markedly increase with adolescence. Girls are more likely to present with somatic complaints and often at a younger age. Children who reported somatic symptoms are more likely to experience emotional and behavioral difficulties such as anxiety, depression, attention-deficit hyperactivity disorder, and oppositional defiant disorder. Multiple socio-emotional factors having been associated with somatic symptoms including stress, reduced coping skills, and family conflict. Childhood adversity such as poverty, violence, abuse, neglect, parental history of substance abuse have also been linked.

Somatic symptoms represent a significant developmental health issues because of the potential to lead to functional disability and emotional distress. Their symptoms are real and can become persistent and disabling. Aspects of a child’s daily life like sleeping, eating, attending school, participating in activities, and socializing with peers are all interrupted. These students are more likely to experience school stress like academic difficulty, poor grades, and missing assignments.

Cincinnati Children’s (2018) has identified the “W’s” of somatic symptoms in children.

What are the symptoms? The symptoms the child is experiencing are real physical symptoms.

Where do they occur? Symptoms can be neurological, gastrointestinal, cardiac, or pain.

When do they occur? Symptoms usually begin after an illness, injury, or stressor but continue after the healing period. Symptoms can increase during periods of stress.

Why do they occur? The autonomic nervous system interprets and reacts to stress differently.

Who experiences them? Somatic symptoms are diagnosed more in girls and most often during the adolescent years. They can begin as early as preschool.

Understanding the school nurse and classroom teacher's perspectives will help to recognize and respond to these symptoms appropriately. Symptoms should not be dismissed or believed to be fabricated. The school community can be instrumental in recognizing the timing, characteristics, triggers, and context of symptoms. The following list can be used as tools to initiate proper assessment, communicate with family and providers, and create plan when a child is experiencing somatic symptoms.

- ⇒ Establish and develop a therapeutic relationship. Acknowledge the student's needs and concerns.
- ⇒ Assess current health status, recent changes in mood, feeling, and level of activity.
- ⇒ Consider stressors at home such as a recent move, violence, abuse, neglect, family dynamic, divorce, loss, dysfunction, conflict, and unrealistic expectations.
- ⇒ Consider stressors at school such as lack of teacher support, testing, peer relationships, bullying
- ⇒ Consider peer/social factors such as participation in activities, teams, sports, dating
- ⇒ Formulate goals to reduce stress, avoid triggers, and improve academic performance
- ⇒ Develop a positive action plan with other school staff to reinforce goals

A child diagnosed with **Somatic Symptom and Related Disorders (SSDs)** experience excessive and routine worry generated by their physical symptoms. There is an extreme focus on the physical symptoms causing severe emotional stress and impaired function or disability. Diagnosis criteria includes at least one debilitating symptom resulting in disruption of daily life, excessive thoughts or behaviors about the symptoms or health concern, and general time period greater than 6 months.

Other diagnostic names include somatoform disorders, conversion disorders, psychological factors affecting medical conditions, or psychosomatic disorders, functional pain disorders, functional gastrointestinal disorders, or functional neurological symptom disorders.

A treatment plan should be comprehensive and collaborative. The child should be evaluated from both a biological, psychological, and social perspective to fully understand the history of symptoms and how they impact the child's day to day. SSD's are often temporary but can significantly impact a child during their developmental years. Treatment plans could include Cognitive Behavioral Therapy (CBT), physical exercise, and rehabilitation.

Considerations for school health and school counselors

Communication between the student, healthcare providers, family, and school should be on-going. A treatment plan will help each member of the team to understand their role to support the student's plan. The goal of the plan is to shift the focus from the physical symptoms to ways to improve function. A plan could include:

- Identifying triggers (workload, participation, group activity, peers, presentations, transitions etc.)
- Techniques to manage symptoms or stress (quiet space, calm breathing, fidget toy, headphones, etc.)
- Pace workload and activities as needed
- Gradual return to school or workload
- Identify support personnel in the school, safe person
- Current medication list including PRN medications, note side effects
- Consider 504/IEP plan

Resources & Manuals

Shannon, R.A., Bergren, M.D. & Matthews, A. (2010). Frequent visitors: Somatization in school-age children and implications for school nurses. *JOSN*, 26(3), 169-182.

Campo, J.V., & Fritz, G. (2001). A management model for pediatric somatization. *Psychosomatics*, 42, 467-476.

National Association of School Nurses. (2005). Issue brief: School health nursing services role in health care: Mental health and illness.

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