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UPCOMING EVENTS

JULY 12TH: CELI-ACT SUPPORT GROUP MEETING

6:00PM

ETCH, MESCHENDORF CONFERENCE ROOM IN KOPPEL PLAZA

CELI-ACT SUPPORT GROUP CAMP 2010 AT CAMP WESLEY WOODS

FULL WEEK: JULY 18-23 • HALF WEEK: JULY 21-23

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GI for Kids, PLLC

East Tennessee Children's Hospital Gastroenterology and Nutrition Services

Spring/Summer 2010

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Volume 2 Issue 4



Friends and Colleagues,

I trust that each of you are having a good summer, and that your vacation plans brought you and your family a little relaxation and a lot of fun. Many children and adults with gastrointestinal symptoms have underlying psychological and/or social issues negatively affecting their symptoms. This is why our office provides psychological support in order to treat not only the symptoms but also the underlying psychological causes of the symptoms.

In order to help meet the growing needs of our patients and families, we have added a behavior health practitioner to our staff. Kate Christian, LCSW, joined us in May and has begun seeing patients. In addition to our office, she helps patients in the pulmonology office's sleep clinic with our other behaviorist, Dr. Regina Hummel.

This newsletter highlights the variety of ways a behavior clinician can help in the treatment of many different medical conditions and how our office can assist you in treating your children and families. If you need help, please do not hesitate to contact our office. We are here to help you help our children.

My Best,

Youhanna Al-Tawil, M.D.
Medical Director

Introducing: Transitions Behavior Health Center for Kids

By: Kathy F. Butcher, MPH



Transitions is GI for Kids, PLLC, newest addition to our ever-growing list of services we provide the community from our practice at East Tennessee Children's Hospital. We created the center to more effectively reach the children and families who need these services. Our two behavior health clinicians are experienced in a variety of pediatric behavior and mental health conditions. They can assist patients and their families who are coping with chronic medical conditions, both related and unrelated to gastrointestinal conditions. Our clinicians can assess and create an intervention plan for various behavior health disorders and provide recommendations to parents and teachers on how to best manage problematic behaviors at home and school.

We accept most insurances for these services, including TennCare. Unfortunately, we are not providers for Kentucky Medicaid for our behavior health services. We DO accept Kentucky Medicaid for our other medical services including doctor's visits, nutrition visits, and procedures. If you would like to schedule an appointment with one of our behavior health clinicians, please call our GI for Kids, PLLC office at **865.546.3998**. We look forward to helping you in the future.

The Role of Psychology in Pediatrics

By Kate Christian, LCSW, Regina Hummel, PhD



The field of Pediatric Psychology recognizes the interplay between medical, psychosocial and developmental issues. Pediatric behavioral health clinicians consult regularly with children’s medical providers so that interventions are developed that consider both psychological and physical symptomology. Patients with chronic health conditions, special healthcare needs, or physical disabilities often have behavioral or psychosocial issues that further complicate the assessment of medical symptoms, treatment planning, and outcomes. Psychological difficulties can exacerbate some physical symptoms and affect patients’ perceptions about illness and their attitudes and motivation regarding treatment and compliance. Many children and their parents find coping with

chronic health issues very stressful and have significant difficulty understanding the implications of a new diagnosis and adjusting to the demands of managing a disease. Pediatric behavioral health clinicians can address these issues with families, teach positive coping strategies and health-promoting behaviors, and assist in helping a child maintain his or her academic and social functioning.

Pediatric behaviorists often utilize cognitive-behavioral therapy (CBT), focusing on helping children change their thoughts and behaviors to improve how they feel physically and emotionally. Some children are on medical regimens that are difficult to maintain in daily life but essential in the management of their health condition. A child’s thoughts about his or her illness may affect self-esteem, mood, and willingness to comply with treatment and recommended health behavior changes. A pediatric psychologist can help these patients and families develop a plan that will encourage a child to adhere to his or her physician’s treatment recommendations. Many cases of Encopresis and Enuresis improve when specific behaviors regarding food/drink intake and toileting are targeted. Children with asthma can benefit from learning how to manage anxiety and stress. Insomnia and other sleep disturbances common in childhood are often alleviated by educating the child and parent about good sleep habits and eliminating sleep behaviors that are known to impede quality and quantity of sleep. Children with asthma can benefit from learning how to manage anxiety and stress.

Finally, pediatric behaviorists can evaluate and treat a child suspected of having a mental health disorder. Often, children and parents initially seek assistance from their primary care physicians if there are concerns about psychological functioning. Pediatric behavioral health clinicians can provide diagnostic assessments and recommend treatment plans, including psychotherapy. They can be liaisons to a child’s school and make suggestions regarding how to best address his or her needs to promote educational and social success. Pediatric behaviorists can also assist in determining if a medication evaluation by a psychiatrist might be helpful. Regular communication with a child’s pediatrician throughout this process is important in coordinating and improving overall patient care.

Often, pediatric behaviorists complement the services being provided by children’s medical doctors and are sometimes the missing piece to the puzzle of providing complete, balanced, and coordinated care. Ultimately, pediatric behavioral health clinicians

strive to develop interventions that promote optimal physical functioning, emotional well-being, and healthy family relationships.

Recurrent Abdominal Pain In Children and How A Behaviorist Can Help

By Kate Christian, LCSW, Regina Hummel, PhD

Recurrent Abdominal Pain (RAP) is defined as episodes of abdominal pain not having an identifiable organic cause but severe enough to interfere with a child’s usual activities. The prevalence of RAP is estimated to be 10-15% of children and is a relatively common complaint in pediatricians’ offices. Although the causes of RAP have not been clearly established, child psychological issues and family characteristics are among factors that are thought to contribute to the etiology and maintenance of RAP.

Children with RAP tend to be more anxious than healthy children. Research suggests that anxiety symptoms may be the result rather than the cause of pain in some children. Children with RAP often focus on pain cues and sensations more than other children, which can increase fear and anxiety, therefore making pain worse. Sometimes children with RAP have difficulty focusing their attention on school and other activities because they are preoccupied with their physical symptoms. Family dynamics, particularly the way that parents respond and react to a child’s pain may affect the development and course of RAP.

In addition to medical evaluation and treatment, it is often helpful for families to work with a behavioral health specialist to assess a child’s emotional symptoms, life stressors, pain behaviors, and parents’ responses to reports of pain. Frequently, families need reassurance that there is no serious organic disease while acknowledging that their child’s pain is real. Parents may inadvertently model and/or reinforce sick behaviors. A behaviorist can help families learn to distinguish between sick role behaviors and healthy behaviors. Parents can learn to promote and encourage functional behaviors even though their child is reporting some pain symptoms. Children can learn to be more aware of situations that seem to make their pain symptoms worse and can be taught how to improve the management of their pain by using progressive muscle relaxation, diaphragmatic breathing, guided imagery and positive coping statements. A behavioral health specialist can also assist families in working with a child’s school to make necessary accommodations in the classroom routine while encouraging attendance and participation.

Finally, in the management of RAP, it is important for children and their families to have realistic treatment goals. Parents should recognize that their child’s pain may not be completely eliminated by medical and/or behavioral treatment but episodes might be shorter and occur less often. The goals of implementing behavioral interventions are to help children learn to manage their own pain, eliminate family behaviors that reinforce the child’s “sick role” behavior, and promote normal daily activity despite the pain.

How A Behaviorist Can Help Inflammatory Bowel Disease

By Kate Christian, LCSW, Alexandra Eidelwein, M.D.



Inflammatory Bowel Disease (IBD) is a chronic disease of the digestive tract that includes ulcerative colitis, crohn’s disease, and indeterminate colitis. The physical symptoms of IBD, including diarrhea, abdominal pain and cramping, rectal bleeding, weight loss, and fatigue often interfere with daily life. These symptoms, along with side effects of some treatments, can impact physical growth and maturation, negatively affecting psychosocial development. Psychological problems can result from living with the uncomfortable symptoms of IBD and the complicated demands of the illness and treatment. Some children develop depression as a reaction to the stress of their daily lives being disrupted

by IBD. Many children experience anxiety about tests, procedures, medication side effects, bathroom-related issues, and restricted diets. Additional stressors related to family or school may affect a child’s ability to cope with physical symptoms and treatment.

Psychological intervention can often help children and their families manage IBD more effectively. Research indicates that children with IBD have less psychological symptoms when they are knowledgeable about their disease, communicate openly with their families, have social support, and have someone they can talk with specifically about illness-related issues. Behavioral health providers can assist patients in processing new information about IBD upon diagnosis. They can normalize and address children’s fears about treatment and procedures. Children can be taught relaxation techniques and cognitive strategies to cope with self-esteem issues and depression.

Behavioral health clinicians can work with families to improve treatment compliance regarding dietary restrictions, activity pacing, and taking medication. Research has shown that patient compliance is low and many do not take or refill their medications. It can be difficult to be compliant to multiple treatments and medications every day, and it is ok to inform your medical doctor about your inability to take medications or follow treatment plans. A behavior clinician can work with the medical doctor, patient, and family to create the best plan for compliance and success.

Children with IBD tend to miss more school and participate in less extracurricular activities than other children. It is not uncommon for a child with IBD to be hospitalized multiple times during a school year. Sometimes, children with IBD are embarrassed about their frequent bathroom trips at school and are unsure how to explain this to their peers. Behavioral health clinicians can help children develop positive coping strategies to utilize at school. They can also assist parents in working with their child’s school to develop a 504 Plan and establish specific strategies for managing IBD symptoms during the school day. The goal is to keep the child in child as much as possible, although there are times when the child should stay home. They include: post hospitalization or severe flare-

up, surgery, or an outbreak of a major infection when the doctor feels it is necessary.

IBD is a chronic illness with an unpredictable course and an etiology of genetic and environmental sources that is not completely understood. Children and parents can benefit from extra support, education, and behavioral intervention to assist them with both adherence to their medical treatment plan and in managing potential psychological symptoms that can result from living with a chronic medical condition.

Need Help?

Our behavior clinicians are experienced in helping a variety of disorders including, but not limited to:

GI-related:

- Constipation / Encopresis
- Recurrent abdominal pain / stress related gastritis
- Inflammatory Bowel Disease (IBD)
- Irritable Bowel Syndrome (IBS)
- Celiac disease / Gluten intolerance
- Food allergies

Other Disorders Treated:

- Adjustment to illness
- Chronic disease management
- Non-compliance to medical regimens
- Family functional issues
- Sleep difficulties
- Eating disorders
- Major depressive disorder
- Obsessive compulsive disorder
- Conduct disorder
- Abuse- physical, emotional, sexual
- Panic attacks
- Generalized Anxiety
- Phobias

Meet Our New Clinician!

Kate Christian, LCSW



Education

Master of Science in Social Work,
December 1997
Tulane University,
New Orleans, LA

Bachelor of Science on Psychology,
December 1995
Louisiana State University,
Baton Rouge, LA

Board Certification

August 2000, Licensed Clinical
Social Worker (LCSW)

Professional Memberships

National Association of Social
Workers (NASW), Tennessee
Association of Social Workers (TASW)