

associated with increased risk for headache. The parent teaches the child to activate positive thoughts and engage in adaptive behavior appropriate to the situation.

Recurrent Abdominal Pain in Children

RAP or functional abdominal pain is defined as pain that occurs at least once per month for 3 consecutive months, accompanied by pain-free periods, and is severe enough that it interferes with a child's normal activities (see [Chapter 16](#)). Management of RAP is highly individualized to reflect the causes of the pain and the psychosocial needs of the child and family. A clear understanding of the child's characteristics (anxiety, physical health, temperament, coping skills, experience, learned response, depression), child's disability (school attendance, activities with family, social interactions, pain behaviors), environmental factors (family attitudes and behavioral patterns, school environment, community, friendships), and the pain stimulus (disease, injury, stress) is important in planning management strategies ([Oakes, 2011](#)).

Before any workup of the pain, the nurse informs the family that RAP is common in children and only 10% of children with RAP have an identifiable organic cause for their pain symptom. Medical workup is dictated by the child's symptoms and signs in combination with knowledge about common organic causes of RAP. If an organic cause is found, it will be treated appropriately. Even if no organic cause is found, the nurse needs to communicate to the child and family a belief that the pain is real. Usually the abdominal pain goes away, but even if problems are identified, they may not be the actual cause, and pain may persist, may be replaced by another symptom, or may go away on its own. The management plan includes regular follow-up at 3- to 4-month intervals, a list of symptoms that call for earlier contact, and biobehavioral pain management techniques. The goal is to minimize the impact of the pain on the child's activities and the family's life.

The use of CBT has been documented to reduce or eliminate pain in children with RAP and highlights the involvement of parents in supporting their child's self-management behavior. Case reports have demonstrated the effectiveness of implementing a time-out