Fabricated or Induced Illness (FII)

A Wider View
and an
Alternative Approach

NOT RCPCH GUIDANCE

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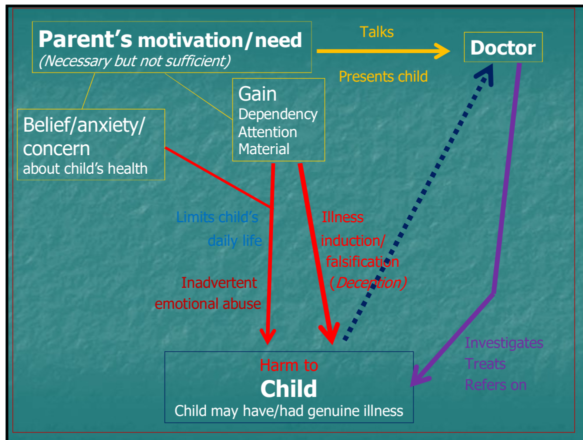
References

Davis P, Murtagh U, Glaser D.
40 years of fabricated or induced illness (FII): where next for paediatricians?
Paper 1: epidemiology and definition of FII
Arch Dis Child 2019; **104**; 110-114.

Glaser D, Davis P.
For debate: Forty years of fabricated or induced illness (FII): where next for paediatricians?
Paper 2: Management of perplexing presentations including FII
Arch Dis Child 2019; **104**; 7-11.

What is FII?

- Multiple Terminologies
- Not a diagnosis. A form of child maltreatment
- A situation in which a child is/very likely to be, harmed due caregiver(s) behaviour & actions, carried out in order to convince doctors that the child's state of physical &/or psychological health is impaired/more impaired.
- Harm directly from the caregivers(s) and inadvertenly by doctors' responses to the caregivers' behaviours and actions.



Starting point

Mother+' **need** to be believed

- For her own gain - using the child to fulfil her needs
  - Recognition as heroic / suffering mother
  - Need for attention
  - Financial or material gain
  - Negativity to/disappointment c. child
  - Deflecting blame/responsibility for not coping
  - Maintain closeness to child

and/or

- To have confirmation of erroneous beliefs or extreme concern/anxiety about the child's health
  - Misinterpretation, delusion, autism spectrum,
  - *to the detriment of the child*

Role of Fathers (& others)

- Very rarely solely involved
- May work together with mother
- May support mother
- May be suspicious but side-lined
- May be unaware
- May be absent

- Grandmothers may be supportive

Having the needs fulfilled

- Requires doctors/health professionals to accept the mother's contentions/beliefs about the child's state of health
- The mother engages doctors in one or both ways
  - Erroneous reporting & insistence (Using her mouth)
  - Falsification (Using her hands)

Erroneous reports (fabrication)

(Using her Mouth)

- Of history, symptoms or signs, diagnoses, medical interventions *by*
  - Exaggerating or distorting
  - Misconstruing and mis-attributing real phenomena on basis of mistaken *belief* (which is not deception)
  - Inventing / lying
- ***Common***
- ***May or may not intend to deceive***
- NOT FII
  - Reporting actual phenomena only occurring in mother's presence = **situation specific** & therefore not a disorder located solely in the child
  - Providing mother accepts this

Falsification (incl. Illness Induction)

(Using her hands*)*

To make the child appear/actually ill

by

- Falsifying reports
- Falsifying or interfering with investigations
- Not giving medication/food - making child (appear) ill
- **Inducing** illness in the child by
  - e.g. Poisoning / over medication (laxatives, salt), suffocating / contaminating blood

Rare

Using hands always involves deception

DSM-5 FDIOA
Factitious disorder imposed on another

- Falsification of physical or psychological signs or symptoms, or induction of injury or disease, in another, ***associated with identified deception***
- The individual presents another individual [victim] to others as ill, impaired, or injured

ICD-11

- Feigns, falsifies, or intentionally induces or aggravates medical, psychological or behavioural signs and symptoms in another individual
- *Note: The perpetrator, not the victim, receives this diagnosis*

This definition will exclude much FII

'Munchausen by Proxy' NOT a mental illness

The mother's need -> to

- Want to be believed
- Require a diagnosis – a name/evidence to explain child's reported problems
- Resist attempts at direct observation of child & independent definition of child's difficulties
- 'Recruit' allies (incl. WWW, **social media**)
- Attempt to paralyse professionals working together
- Act as conduit of information between professionals
- (Mis)represents child's view
- Use complaints process

Mother's mental health

- Some mothers have
  - A personality disorder
  - A generalised anxiety disorder
  - A somatising disorder
  - An *illness* anxiety disorder
  - Malingering or factitious disorder (Munchausen)
- Mother's mental health not evidence of FII

The Doctor

Based on the mother's reports (/actions)

- Examines & (?over) investigates the child
  - ***Reassurance for whom – doctor or parent?***
- (?over) treats the child
- Supports *or* does not dispute the need for
  - Poor school attendance
  - Use of e.g. wheelchairs
  - Financial & other support for care of reportedly sick child
- Accepts mother as conduit of information between professionals
- Accedes to requests for further referrals

Why?

- **Concern re missing treatable disorder**
  - Diagnostic challenge
  - Difficult to say 'I do not understand'
- Doctors' need to work ***with*** parents & maintain relationship with family
- Discomfort of disbelief/suspicion/blaming of parent v. pressure to refer to child protection
- Dilemma when child complains of symptoms
- Doctor powerless - bound by history given

More reasons

- Consumerism
- Fear of complaints, reports to GMC
- Time taken to process suspicions
- Uncertainty about
  - when to mention suspicion
  - what to say to parent(s)
  - what to write in medical file
- Losing control over child protection process

The child – the harm

- Same harmful effects for child regardless of nature of parental motivation or action
- Some harm directly from mother (M)
- Some harm indirectly from doctors (D)
  - Iatrogenic, inadvertent
- 3 aspects of harm

1. Child's health & experience of healthcare

- Undergoes repeated (unnecessary) examinations, investigations, procedures & treatments (D)
- Deprived by parent of medications, food in order to make child look ill (M)
  - (Genuine illness may be overlooked (Cry wolf) (D))
- ***Health & life threatened if illness induction (5-8% deaths) (M)***

Mortality unintentional outcome of illness induction

2. Effects on child's development & daily life

- Limited / interrupted school attendance & education (M) ((D))
- Limited normal daily life activities (M) ((D))
- Sick role – use of aids (M) ((D))
  - (e.g. wheelchairs)
- Socially isolated (M)

3. Child's psychological & health-related wellbeing

- Insecure attachment (M)
- Anxiety or confusion re state of health(M) ((D))
- False self-view of sick & vulnerable = emotional abuse (M)
  - Adolescents actively embracing mother's views
- Active collusion c. 'illness' deception (M)
- Silently trapped in falsification of illness (M)
- Later Medically Unexplained Symptoms (MUS) or somatisation

Severity?

- Continuum of severity of carer's actions
  'Only anxious' → Talks → seeks gain for herself → interferes c. samples → induces
  .
- Severity for child = cumulative harm
- 'Severity' of carer's actions bears NO relation to severity of harm to child

Alerting Signs Basis of Concern Suggestive, not proof of FII

- Discrepancies
- May be noted in primary health (PH), education (E), paediatrics (P)
- If one present, look for others
- With each – what is the harm to the child?
- If possible harm, then regarded as justifiable source of safeguarding concerns

Alerting Signs in Child

- Reported symptoms/signs not observed independently in their reported context (PH, E)
- Reported (or observed) symptoms and signs not consistent with child's medical condition (P, PH)
- Results of examination and investigations do not explain reported symptoms or signs (PH, P)
- Unusual results of investigations (P) e.g. biochemistry, unusual infective organisms
- Inexplicably poor response to treatment (P, PH)
- Unexplained impairment of child's daily life (E, PH, P)

Alerting Signs in Caregiver Behaviour

- Repeated reporting of new symptoms (E, PH, P)
- Repeated presentations to health services (PH, P)
- Seeking multiples opinions (doctor shopping) (PH, P)
- Child not brought to appointments (P)
- Insistence on more, clinically unwarranted, investigations, referrals, continuation of, or new treatment (PH, P)
- Objection to communication between professionals (E, PH, P)
- Frequent vexatious complaints (E, P, PH)
- Not letting child be seen on their own (PH, P)
- Talks for the child/child repeatedly refers to caregiver (PH, P)
- Repeated changing school, GP or paediatrics (E, PH,P)

Medically Unexplained Symptoms (MUS) Functional Disorders Body Distress Symptoms

- Genuinely experienced
- Not fully explained by physical examination and investigations
- Accompanied by child's functional disability
- Parent, rather than child, main complainant
- Parents not supportive of CBT approach
- MUS + Alerting signs = PP

Likelihood of Immediate Serious Harm to child Health/Life?

- Rare
- Deception
  - Illness induction
  - Falsifying investigations, signs, results, documents
- Mother+ likely to induce illness when aware of suspicions

Action

- Refer to child protective services + police
- Does child need immediate protection?
- Is constant observation required to clarify suspicions?
- At this stage, caregivers will not aware of referral

Otherwise = Perplexing Presentations (PP)

- PP = alerting signs when no immediate serious risk to child's physical health of life.
- = *possible* FII
- PP/Alerting signs will only indicate FII if
  - child's current state of health (physical/psychological) not congruent with caregiver's report
  - actual/likely harm to the child
- For PP, possible explanations based on mother's mental health are ***not*** relevant

Principles of Approach to Perplexing Presentations

- Consult a colleague – e.g. named doctor
- Seek independent observation of reported symptoms/difficulties
- Verify child's ***current*** state of health (physical & psychological)
- Explain approach to
  - parents
  - child age-appropriately
- Ensure support to staff
  - Possible parental resistance, challenge, unhappiness

Details of Approach to PP

- Obtain history/observations from ***all*** carers
- Collate all medical/health involvement
- Ascertain who and how gave reported diagnoses
- **May require inpatient for direct observation**
- May require further definitive, warranted investigations
- Child's current functioning (school, mobility, aids)
- Parents' views explanations, fears, hopes for child
- Child's views – Symptoms, illness beliefs, anxieties, mood
- Family functioning & effect of child's difficulties
  - Siblings, and their health
  - Family life & interactions

If, following full medical review & beyond known disorder

- Further investigations →NAD
- No rare condition or new syndrome
- No active interference or induction
- Discrepancies between reports & observations remain

→ **Change tack**

Changed Tack

***Meeting* to establish consensus between**
all professionals involved
about

- genuine health problems
- *current* harm to child
- unexplained symptoms
- not life threatening
- new approach

Outcome

***Meeting* to establish consensus between**
all professionals involved

- Genuine health problems explain everything

OR

- *Current* harm to child
- Unexplained reported or (psychosomatic) symptoms
- Not life threatening
- Child needs protection by rehabilitation
- Both physical *and* psychological

? Referral to Children's social Care ?

- Regardless, following steps will be followed
- Parents will be informed of referral

Changed Tack

Changed tack

- Lead paediatrician & colleague feed back consensus to *parents:*
  - Diagnosis may have no implications for functioning
  - Genuine symptoms may have no diagnosis
    - avoiding descriptive 'diagnoses' e.g. Chronic pain syndrome
  - Not dispute existence of reported symptoms (e.g. pain), sympathises & has some explanation
  - Offer rehabilitation

Feedback

As of now

- Reported symptoms & signs not life threatening
- Further investigations & repeated presentations to doctors harmful
- Child & family need to be helped to function **alongside** symptoms
- Child will not come to harm as a result

Protection by Rehabilitation

- Health initiates rehabilitation programme
  - Rationalise/coordinate medical care
    - reduce/stop some medication
    - oral feeding
    - graded physical mobilisation
  - Offer regular ('pre-emptive' reviews)
  - Active multidisciplinary/multiagency rehabilitation
  - May require support from CSC
    - Re-establish full school attendance
  - Psychological work

Psychological work with the family

- Explore parents' motivation
  - Anxiety; compassion; beliefs; fulfilment of needs
- Explore implications/likely changes for parents if child were functioning optimally
- Help parents to 'fill the gap' created in their life by having well (or better) child
- Help child & family to construct a ***narrative explanation*** for improvement in the child
- Help child to adjust to a better state of health
  - by using coping strategies for symptoms
  - May include support for loss of gains of being a sick child

IF

- Parents disagree, dispute independent /clinical observations
  - Request more investigations
  - Seek *further* medical opinions
  - Continue to seek a diagnosis
  - Decline rehabilitation plan & child not functioning e.g. not attending school fully
  - Rehabilitation not proceeding

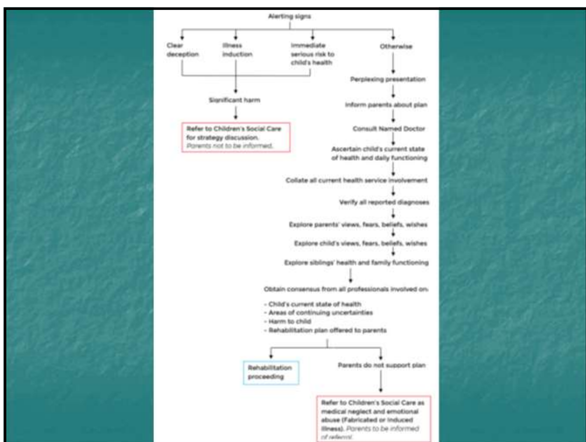
→ Tell parents about referral to CSC because *evidence* of child's functioning being avoidably impaired by parents

Referral to Children's Services

- State verified diagnoses
  - Explain clearly functional implications of any diagnoses ('So what')
- Describe
  - Alerting signs
  - Medical findings and consensus
  - Information given to parents about diagnoses & implications
  - Help offered to family to improve child's functioning
  - Parents' response
  - Harm to the child

What is requested from child protection

- Child to resume normal functioning
  - School; mobility; activities
- Protect child from (unnecessary) visits to doctors
  - Further medical opinions
  - Further investigations
- Child to be taken to doctors by reliable informant
- Child & siblings need credible 'story'/narrative
- Attention to parent-child/family interactions
- Help to parents to fulfil child's needs
- Explore and support parents' needs



The usefulness of chronology

- Only useful if record of what was reported, by whom, and what was observed.
- Chronology may show a now familiar pattern of
  - previous episodes of reported ill-health of the child with negative findings
  - previous involvement of medical profession in investigating and treating

But

- It is not reliable proof of FII now

Timing & importance of understanding mother's mental health

- AFTER paediatrics established child's state of health
- Understanding of mother's difficulties neither necessary nor sufficient for diagnosis of FII
- Referral to adult psychiatrist for
  - Diagnosis / Understanding mother's motivation
  - Prognosis – likely capacity to change
  - Indication of treatment to effect change
  - Providing treatment = slow process to effect change

Some questions

1. Should child protection services be involved at an earlier stage?
2. What is the role of the police?
3. How long should the child continue to be regarded as at risk after improvement – probably long term unless understanding is gained of mother's needs → GPs and education continue to monitor

Key Points

- Essence of FII = caregiver's focus on engaging & convincing doctors about caregiver's view of the child's state of health. The harmful effects on the child are by-products
- Unless illness induction or deception are found, establishing FII depends initially on clarifying the actual state of health of the child and then gauging caregiver actions and response in the light of these findings
- There is a need to observe independently what is reported

- Focus on the harm to child rather than severity of caregiver motivations, actions, behaviours
- Firmness (& fairness) in response to parents
- Lead doctor responsibility for collating of current health involvement
- Unless significant risk of immediate, serious harm to the child's health or life, caregivers can be informed (not seeking consent from) about the need for sharing information between different professionals involved in the child's life.

Conclusions

- Effects on children same regardless of mother's motivations
- When **discrepancies** / something does not add up, then → independent **observations**
- Reach early firm medical conclusion & present this to parents
- What is the nature of any harm to the child?
- Are there concerns re child's **current** functioning which cannot be resolved due to parents' position?
- Prior steps before naming FII – emotional abuse, medical neglect