Maryland Behavioral Health Integration in Pediatric Primary Care (MD BHIPP)

Friday, August 25th, 2023

Supporting Youth Who Experience Anxiety at School

Rheanna Platt, MD, PhD, MPH

Maryland BHIPP Resilience Break Presentation
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• Project ECHO®
• Direct Telespsychiatry & Telecounseling Services
• Care coordination
Partners & Funding

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Meet The Presenter

Rheanna Platt, MD, is an Assistant Professor of Psychiatry and Behavioral Sciences at the Johns Hopkins School of Medicine. She is medical director of the Latino Family Clinic at Johns Hopkins Bayview Medical Center. Her areas of clinical expertise include child and adolescent psychiatry as well as adult psychiatry. Her research interests include the implementation of mental health and family psychosocial screening in primary care pediatric settings, mental health promotion within primary care settings, and Latino mental health.
Dr. Platt has no conflicts of interest to disclose
By the end of this presentation, participants should be able to

• Describe different presentations of anxiety in the school setting
• Describe screening tools for anxiety in the school setting
• Describe approaches to managing anxiety in the school setting
Case 1

- 12 year old male, presents to PCP office for well child check
  - Growth and development on track
  - Family life is unremarkable, parents work, older sister and younger brother are healthy.
  - Historically has done well academically in school
  - Recently patient has started having trouble getting out of bed in the morning and saying he doesn’t want to go to school
    - Missed about half of the last 2 weeks
  - Has had several visits over the past 2 months to the school RN for stomachaches
    - No stomachaches at home
    - Initial workup negative
Case 2

- 8 year old female, presents to clinic with mom, who states that she’s been refusing to talk at school
  - Does well on tests, but group-based projects are difficult
  - She had friends and interacted well at camp over the summer
  - Parents concerned that will be overlooked by teachers and miss out on friendships
Case 3

- A 6 y.o. boy is brought in by parents due to a one month onset of aggressive behavior in school.
  - Teachers report that he is hyperactive, distractible and gets angry easily with 2 male peers.
  - These male peers have been frequently cornering him during recess.
Case 4

- 6 year old starting kindergarten, family calls as patient has been having great difficulty at school drop-off
  - Screaming, clinging to parent
  - School has started calling to have family pick the patient up
Anxiety in Children and Adolescents

- Affect up to 30% of youth
- Clinically significant **fear and distress in response to stimuli** and/or situational cues perceived as threats
  - Fear
  - Worry
  - Physical symptoms
- May result in **maladaptive avoidance behaviors**
- Avoidance behaviors **-reinforce fear**, reduce self-efficacy

Anxiety Response Cycle

- Trigger
- Anxious Interpretation: Perpetuates Anxiety, Fears Never Disconfirmed
- Anxiety Increases
- Avoidance Safety Behavior: Anxiety Decreases Temporarily
## Types of Anxiety Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation Anxiety</td>
<td>Fear of loss of caretaker; Most common in younger school-age</td>
</tr>
<tr>
<td>Specific Phobia</td>
<td>Fear of various experiences: dark, snakes, heights, etc.</td>
</tr>
<tr>
<td>Social Phobia/Anxiety</td>
<td>Fear of/worries about embarrassment (on continuum with Selective Mutism)</td>
</tr>
<tr>
<td>Generalized Anxiety</td>
<td>Multiple worries, most common at bedtime and may interfere with falling asleep; perfectionism, reassurance-seeking</td>
</tr>
<tr>
<td>Panic disorder</td>
<td>Overwhelming physical symptoms; rare before adolescence</td>
</tr>
</tbody>
</table>
Symptoms of Anxiety in Children and Adolescents

- Perfectionism → failure to turn in assignments
- Rigidity/Difficulty with change in routine
- Tantrums
- Difficulty focusing
- Somatic symptoms (headache, stomachache)
- Avoidance
- School refusal
- Difficulty separating from caregivers
“External” Sources of Anxiety at School

- Bullying
  - Prevalence about 20% (stopbullying.gov)

- Learning disabilities
  - Higher rates of anxiety disorders, higher levels of anxiety
So, what do I do?
Steps

- Assess source of anxiety
- Assess symptoms of anxiety
- Assess for parental accommodation
- Behavioral and Pharmacologic treatments
- School coordination

• Need for “external” supports/resources?
Assessment

- Multiple informants (e.g., child, parent, teachers)
- Source of anxiety may determine/influence treatment

Questionnaires

- SCARED (8-18 years; parent and child versions)
  - 41 Questions, total score and disorder subscale scores
  - Does not assess for OCD, PTSD
- Preschool Anxiety Scale (2.5-6.5 years, parent report)
  - 28 questions, 5 subscales (generalized, social, ocd, physical injury fears, separation anxiety)
- School Refusal Assessment Scale – Revised Version
  - Child and parent versions (24 questions for each version)
  - Scoring: [https://www.3seducational.com/uploads/1/0/0/4/100460442/how_to_score_the_school_refusal_assessment_scale.pdf](https://www.3seducational.com/uploads/1/0/0/4/100460442/how_to_score_the_school_refusal_assessment_scale.pdf)

- Ask about “external” sources of anxiety!
Screen for Child Anxiety Related Disorders (SCARED)  
CHILD Version—Page 1 of 2 (to be filled out by the CHILD)

Developed by Boris Birmaher, M.D.; Susan E. Khetarpal, M.D.; Marian E. D. C. Kelly, M.D.; David Brent, M.D.; and Sandra McKenry, Ph.D.;  
Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995).  
E-mail: birmaher@upmc.edu


Name: ____________________ Date: ____________________

Directions:  
Below is a list of sentences that describe how you feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

<table>
<thead>
<tr>
<th></th>
<th>0 Not True or Hardly Ever True</th>
<th>1 Somewhat True or Sometimes True</th>
<th>2 Very True or Often True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When I feel frightened, it is hard to breathe</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. I get headaches when I am at school</td>
<td>○</td>
<td>●</td>
<td>○</td>
</tr>
<tr>
<td>3. I don’t like to be with people I don’t know well</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>4. I get scared if I sleep away from home</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>5. I worry about other people liking me</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>6. When I get frightened, I feel like passing out</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>7. I am nervous</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>8. I follow my mother or father wherever they go</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>9. People tell me that I look nervous</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>10. I feel nervous with people I don’t know well</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>11. I get stomachaches at school</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>12. When I get frightened, I feel like I am going crazy</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>13. I worry about sleeping alone</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>14. I worry about being as good as other kids</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>15. When I get frightened, I feel like things are not real</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>16. I have nightmares about something bad happening to my parents</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>17. I worry about going to school</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>18. When I get frightened, my heart beats fast</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>19. I get shaky</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
<tr>
<td>20. I have nightmares about something bad happening to me</td>
<td>○</td>
<td>○</td>
<td>●</td>
</tr>
</tbody>
</table>
Below is a list of items that describe children. For each item please circle the response that best describes your child. Please circle the 4 if the item is very often true, 3 if the item is quite often true, 2 if the item is sometimes true, 1 if the item is seldom true or if it is not true at all circle the 0. Please answer all the items as well as you can, even if some do not seem to apply to your child.

<table>
<thead>
<tr>
<th></th>
<th>Not True at All</th>
<th>Seldom True</th>
<th>Sometimes True</th>
<th>Quite Often True</th>
<th>Very Often True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>3</td>
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<tr>
<td>4</td>
<td>0</td>
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<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
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<td>3</td>
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</tr>
<tr>
<td>6</td>
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<td>4</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
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<td>4</td>
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<tr>
<td>8</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
4. When you are not in school during the week (Monday to Friday), how often do you leave the house and do something fun?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Half the Time</th>
<th>Usually</th>
<th>Almost</th>
<th>Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rating</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

5. How often do you stay away from school because you will feel sad or depressed if you go?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Half the Time</th>
<th>Usually</th>
<th>Almost</th>
<th>Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rating</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

6. How often do you stay away from school because you feel embarrassed in front of other people at school?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Half the Time</th>
<th>Usually</th>
<th>Almost</th>
<th>Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rating</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

7. How often do you think about your parents or family when in school?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Half the Time</th>
<th>Usually</th>
<th>Almost</th>
<th>Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rating</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

8. When you are not in school during the week (Monday to Friday), how often do you talk to or see other people (other than your family)?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Half the Time</th>
<th>Usually</th>
<th>Almost</th>
<th>Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rating</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

9. How often do you feel worse at school (for example, scared, nervous, or sad) compared to how you feel at home with friends?
Assessment

• **Questions to ask family**
  • Frequency?
  • Intensity
  • Bullying?
  • Any triggers?
  • Notable life events?
    • Changes at home?
    • Changes in peer group/friends moving away?
    • Exposure to Violence?
  • Learning problems – work getting harder?
  • Avoidance?

• **Observation**
  • Parental displays of anxiety, accommodation of child’s behavior
Parent Role

- Well meaning parents can accidentally reinforce anxiety or interfere with treatment goals
  - Rescue
  - Accommodation
  - Reassurance

- SPACE treatment: [www.spacetreatment.net](http://www.spacetreatment.net)
  - SPACE stands for Supportive Parenting for Anxious Childhood Emotions and is a parent-based treatment program for children and adolescents with anxiety, OCD, and related problems.
  - Coaching parent on removing accommodation
  - Found to be efficacious in randomized controlled clinical trials
<table>
<thead>
<tr>
<th></th>
<th>“Normal”</th>
<th>Anxiety disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>Typical developmental fears (e.g., bodily injury, storms in elementary school; school performance, social competence, health in adolescent)</td>
<td>Unrealistic in nature</td>
</tr>
<tr>
<td><strong>Intensity</strong></td>
<td>Realistic degree of distress in context of developmental stage (e.g., self-limited distress at day care dropoff)</td>
<td>Distress is out of proportion (e.g., Inconsolable at dropoff, unfounded worries about parent health/safety with separation)</td>
</tr>
<tr>
<td><strong>Interference</strong></td>
<td>No interference w usual activities, can be motivating</td>
<td>Avoidance, inhibition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social: can’t make friends, unable to speak</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Academic: impaired performance, concentration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family: conflicts, limits choices, accommodation</td>
</tr>
<tr>
<td><strong>Recovery</strong></td>
<td>Temporary, no long term effects</td>
<td>Can’t recover from distress when event is over, worry about future occurrences, persistent, multiple settings</td>
</tr>
</tbody>
</table>
Cognitive behavioral therapy (CBT)
Course of CBT for Anxiety

- “Typical” course of CBT
  - Psycho-education
  - Symptom hierarchy development
  - Relaxation training
  - Cognitive strategies
  - Exposures

- Emphasis may vary based on disorder (e.g., time spent on cognitive strategies vs exposures)
CBT for Anxiety Components – Psychoeducation

- Define anxiety - Body preparing for a potential threat
- Normalize anxiety and discuss how it can be good
  - "Everyone has experienced anxiety"
  - "Normal in certain situations"
  - "Physical reaction to a situation...an alarm"
- Discuss when anxiety is a false alarm
- Discuss parts to anxiety – thoughts (e.g., worries), feelings in our bodies (e.g., racing heart, sweaty palms), behaviors (e.g., avoid feared item)
- Explain that treatment will:
  - Help child recognize difference between true and false alarms
  - Learn coping skills to manage anxious feelings and thoughts
  - Practice facing anxious situations to reduce false alarms
Tips for Parenting an Anxious Child

- Don’t try to eliminate anxiety
- Don’t avoid things b/c makes child anxious (sends message child can’t handle situation)
- Don’t reinforce child’s fears (verbally, nonverbally)
- Don’t ask leading questions re: stressors/anxiety
- Express positive – but realistic expectations
- Be encouraging (validating, but expressing confidence)
- Keep anticipatory period shot (give warning, but not too much)
- Talk through/practice/create plan ahead of time
  - Role plays
  - Play-dates prior to school
- Model healthy management of anxiety

https://childmind.org/article/10-tips-for-parenting-anxious-kids/
Items on thermometer relate to progressive approach towards feared stimuli

Depend on source of anxiety

Social: talking in class
Perfectionism: turning in something imperfect
Separation: school day without parent/guardian

Gradual increase towards fear inducing activities
## Example Separation Anxiety Disorder Fear Hierarchy/Exposures

<table>
<thead>
<tr>
<th>Worry/Feared Situation</th>
<th>Child Rating</th>
<th>Parent Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separating from parent for 10 minutes while child still at home</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Separating from parent for 1 hour while child still at home</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Separating from parent for 1 hour while child at school</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Separating from parent for whole school day</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Separating from parent for 10 minutes in a less familiar environment (e.g., grocery store)</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Staying in own bed for half of the night</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Staying in own bed for the whole night</td>
<td>10</td>
<td>9</td>
</tr>
</tbody>
</table>
CBT for Anxiety Components – Relaxation Strategies

- Changing physical/physiological reactions can help children feel less anxious
- Common relaxation strategies:
  - Deep, slow breathing or Belly breathing
  - Progressive muscle relaxation
  - Picturing a peaceful scene
CBT for Anxiety Components – Cognitive Strategies

- Anxious kids have “sticky brains” where worried thoughts get stuck and replay repeatedly
  - Fortune Telling
  - Mind reading
  - Catastrophizing
- Help children identify anxious thoughts, and:
  - Restructure them (more helpful thought)
  - Talk back to them
  - Detach from them (“just another worried thought. It’s not important”)
When are Medications Prescribed?

- **Sufficient symptoms** to support a syndrome/disorder?
- Symptoms present for a **sufficient period of time**?
- **Significant impairment/distress** affecting school, family, social, emotional function?
  - Being unable to attend school = significant impairment
- Significant **differences from normal** (activity, worry, sadness)?
- Have evidence based or other interventions been unsuccessful?
Child/Adolescent Anxiety Multimodal Study (CAMS)

- Does medication, therapy, or combination treatment work better for childhood onset anxiety disorders?
  - 7-17yo (N=488) with GAD, Separation Anxiety, Social Phobia/Anxiety

- CBT and sertraline both reduce the severity of anxiety, though the combination had a superior response rate
SSRIs – First-line

- No SSRI is superior to others
- Have 1 or 2 that you use and feel comfortable with

<table>
<thead>
<tr>
<th>Medication</th>
<th>FDA indication</th>
<th>Starting dose</th>
<th>Typical maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoxetine (Prozac)</td>
<td>MDD (&gt;8), OCD (&gt;7)</td>
<td>10mg</td>
<td>40mg</td>
</tr>
<tr>
<td>Escitalopram (Lexapro)</td>
<td>MDD (&gt;12)</td>
<td>5mg</td>
<td>20mg</td>
</tr>
<tr>
<td>Sertraline (Zoloft)</td>
<td>OCD (&gt;7)</td>
<td>25-50mg</td>
<td>200mg</td>
</tr>
</tbody>
</table>

- 2nd Line:
  - SNRI: Duloxetine (FDA approval for GAD ages 7-17, ↑ side effects vs SSRI)
PRNs for anxiety

- Risk of reinforcing avoidance
- Hydroxyzine
  - Sedating, anticholinergic effects
- Benzodiazepines
  - Avoid if at all possible
  - A temporary measure that often leads to dependence
  - If using, limit to 2 weeks or less, at low dose, while getting a more long-term treatment (such as SSRI) started
School Coordination

- Role/degree of involvement depends on whether currently engaged in MH tx

- Advocacy/Information-Sharing
  - School may not view pt’s presentation as rooted in anxiety

- Addressing external sources (bullying, LD)

- Incorporating anxiety into 504 or IEP
  - Sample accommodations for anxiety (includes variety of scenarios): WorryWiseKids.org | Sample Accommodations for Anxious Kids

- Refer to parent advocacy organizations
  - Maryland Coalition of Families (https://www.mdcoalition.org/)
  - Parent’s Place of Maryland (https://www.ppmd.org/)

- Coordinating behavioral strategies
  - Reducing avoidance, developing/implementing fear hierarchies
  - Gradual re-entry with school refusal/avoidance
Maryland Schools and Bullying

- Maryland DoE Model Policy on Bullying, Harassment or Intimidation
  - [https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/Bullying/MarylandsModelPolicyBullyingHarassmentIntimidation.pdf](https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/Bullying/MarylandsModelPolicyBullyingHarassmentIntimidation.pdf)
  - Includes information on statewide bullying policies in schools
  - Establishes a timeline for how schools will respond to reports of bullying

- Bullying Reporting Form
  - [https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/Bullying/BullyingReportingFormMSDE_060122.pdf](https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/Bullying/BullyingReportingFormMSDE_060122.pdf)
  - Form that necessitates response from school personnel
Case 1

- 12 year old male, presents to PCP office for well child check
  - Growth and development on track
  - Family life is unremarkable, parents work, older sister and younger brother are healthy.
  - Historically has done well academically in school
  - Recently patient has started having trouble getting out of bed in the morning and saying he doesn’t want to go to school
    - Missed about half of the last 2 weeks
  - Has had several visits over the past 2 months to the school RN for stomachaches
    - No stomachaches at home
    - Initial workup negative

Assessment?
Dx?
Next steps?
Case 2

- 8 year old female, presents to clinic with mom, who states that she’s been refusing to talk at school
  - Does well on tests, but group-based projects are difficult
  - She had friends and interacted well at camp over the summer
  - Parents concerned that will be overlooked by teachers and miss out on friendships

Assessment?
Dx?
Next steps?
A 6 y.o. boy is brought in by parents due to a one month onset of aggressive behavior in school.
  - Teachers report that he is hyperactive, distractible and gets angry easily with 2 male peers.
  - These male peers have been frequently cornering him during recess.

- Assessment?
- Dx?
- Next steps?
Case 4

- 6 year old starting kindergarten, family calls as patient has been having great difficulty at school drop-off
  - Screaming, clinging to parent
  - School has started calling to have family pick the patient up
- Assessment?
- Dx?
- Next Steps?
Questions?