

BHIPP BULLETIN

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WELCOME TO OUR FIRST ISSUE!

Since school resumed, we have received several calls about patients with severe anxiety and school refusal. We thought it might be useful to describe a typical case and our recommendations.

A pediatric provider called about a 15 year old female patient who had depression and anxiety and spent the last year receiving school services at home and now is exhibiting school avoidance. The family requested that the provider complete the form for Home and Hospital (a teacher to the home for 5- 10 hours weekly) and the provider calls BHIPP for guidance in approaching this situation.

The BHIPP consultant's recommendations highlighted the importance of the type of therapy this situation would require. The patient was involved in individual therapy, but given the length and degree of the school avoidance, individual therapy alone was not adequate. The family seemed to be playing a role in allowing the patient to engage in a pattern of avoidance. The BHIPP team found an agency in the provider's community that offered family-focused therapy and accepted the patient's insurance.

The BHIPP consultant also talked to the provider about getting the school involved in the patient's treatment by suggesting that the family request an SST (Student Support Team) meeting for consideration of a 504 plan or an IEP for emotional disturbance in order to put a behavioral plan in place and provide support to the patient while she is at school.

And what about medication? The BHIPP consultant suggested that the provider reassess the patient's current anxiety and depressive symptoms by using screening tools such as the SCARED and the PHQ-9. Based on the results of the screening, the provider could maximize the patient's current medication regimen for anxiety and depression, rather than use a PRN approach, which could result in the patient (and the family) becoming dependent on medication as the solution.

This case illustrates that severe anxiety and school refusal may require a multi-faceted approach, of which medication is just one piece. The combination of therapy, whether Cognitive Behavioral Therapy or Exposure (gradual practice engaging in the activity that creates anxiety, with relaxation practice) and medication is most effective for sustained results.



Dr. Joyce Harrison is the Medical Director of BHIPP and has worked with the program since its inception in 2012. Dr. Harrison received her medical degree at Dartmouth Medical School and completed an internship in Pediatrics in Boston. Her adult residency training was at the University of Maryland and Child Psychiatry training at Johns Hopkins. Dr. Harrison has special interest and expertise in early childhood mental health. She has really enjoyed getting to know pediatric providers across the state through the BHIPP and Race to the Top trainings.

FROM THE BHIPP TOOLBOX



Screening Tools

- Screen for Childhood Anxiety Related Emotional Disorders (SCARED)
- Patient Health Questionnaire (PHQ-9)

*Available under the
Resources tab on our website*



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in Pediatric Primary Care

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