

# BHIPP RESILIENCE BREAKS

Helping children cope with COVID and Anxiety



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# Who We Are – Maryland BHIPP



## Offering support to pediatric primary care providers through free:

- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & education
- Regionally specific social work co-location (Salisbury University and Morgan State University)
- Project ECHO®

### *Coming soon!*

- Direct Telespsychiatry & Telecounseling Services
- Care coordination

*Supported by Maryland Department of Health,  
Behavioral Health Administration*



# Meet The Presenters



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Assistant Professor

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Clinical child psychologist in the Kennedy Krieger Institute's Psychiatric Mental Health Program



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Medical Institutions



# Disclosures

- No commercial or financial interests to disclose



# Session Learning Objectives

By the end of this session, learners will be able to:

1. Recognize signs of excessive anxiety in children.
2. Name 3 strategies to promote resilience and normalize anxious thoughts.
3. Understand when and how to access professional help for anxiety symptoms.



# What are Children dealing with?

- A Disaster
- WHO describes disaster as, “a severe ecological and psychosocial disruption which greatly exceeds a community’s ability to cope.”



# Direct Exposure

- Direct involvement with the emergency
- Loss of a family member, close friend, or pet
- Separation from caregivers
- Physical injury

# Indirect Exposure

- Parents'/caregivers' response
- Utilization of Family resources
- Relationships and communication among family members
- Exposure to mass media coverage.
- Change in routines/ living conditions
- Belief that the child or a loved one may die
- Community resilience



# How long will effects last?

- The degree of exposure, measured by direct and/or indirect experiences, correlated directly with the prevalence for probable anxiety/depressive disorders.
- 27 months after the September 11 attacks, the most common emotional reactions in children\* were sadness, tearfulness, anger, irritability, sleep disturbance, and intrusive thoughts and images.



# Effects on Younger Children



# Effects on Older children



JPG Preview

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No Free Use Allowed



# Keep Anxiety low

- Keep flexible routines.
- Be creative and exercise.
- Offer choices
- Limit the consumption of news
- Stay in touch with family virtually
- **Make plans.**
- Avoid multi- tasking
- Take care of your body
- Continue scheduled medication (eg: OCP)
- Keep your (virtual) follow up appointments.



# Point out the positives

- **Learning Opportunity!**
- Children are helping 'beat the virus' by staying at home.
- Lot of grown ups are working very hard to help others recover and to beat the virus.
- State/ National systems are supporting people.

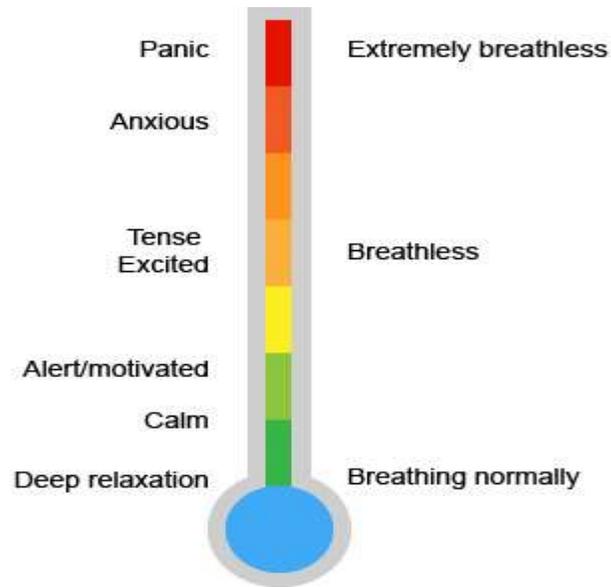


# Talking about COVID/ Anxiety

- Bring it up regularly
- Ask Questions > Answers. Let them lead
- Make the conversation age appropriate
- Get the facts from few reliable sources
- Address our own anxiety first.
- Symbolic play/ story telling- ‘Teddy got sick lets help him’. ‘How to keep Teddy safe’.



# Tools for monitoring



## How does my body feel?

Directions: Write in the words to describe how the different parts of you body feels in the emotion below. You can even draw in details to show us!

### When I am angry.....

A stick figure diagram with the following labels and lines for description:

- Eyes/mouth** (left side)
- Face** (right side)
- Hands** (left side)
- Arms/ shoulders** (right side)
- Legs** (left side)
- Heart/Stomach** (right side)

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How it looks & feels		
5		I'm really mad! I scream. I hurt myself or others. I spit. I throw things.
4		I'm angry. I shout. I say things that aren't nice.
3		Something bothers me. I frown. I don't want to smile.
2		I'm feeling ok. Not great but all is still good.
1		I feel great! I smile, I laugh and I'm relaxed.

www.veryspecialtales.com



# When anxiety shows up

DO

Belly breathing

We can do it!

Child centered time



## CALM DOWN WITH TAKE 5 BREATHING



Don't

- Give excessive reassurance
- Allow avoidance

# Anxiety and Mindfulness

- Squeeze Muscles
- Belly Breathing
- Mindful Meal/ Mindful hand washing
- Meditation
- Blowing Bubbles
- Coloring
- Listening to Music



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# When to seek help?

- Signs of stress do not improve within a couple weeks
- Children preoccupied with the coronavirus outbreak.
- Ongoing sleep disturbances
- Intrusive thoughts or worries
- Recurring fears about illness or death
- Reluctance to leave parents or go to school.

**PEDIATRICIAN**



# Assessment

## • Clinical interview

- Clinical symptoms
- Duration
- Distress
- Change from baseline
- Success with other interventions

## • Scales

- SCARED
- GAD-7

GAD-7				
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

*(For office coding: Total Score T \_\_\_ = \_\_\_ + \_\_\_ + \_\_\_)*

**SCARED SCALE:** <https://www.aap.org/en-us/pubserv/adhd2/Pages/kit/data/papers/ScaredChild.pdf>



# Anxiety Disorders

- Generalized Anxiety Disorder
  - Separation Anxiety Disorder
  - Obsessive Compulsive Disorder
  - Social Anxiety Disorder
  - Panic Disorder
  - Post traumatic Stress Disorder
- 
- Prevalence of ~10% in the community and ~ 20% in a general pediatric clinic.
  - Increased risk of suicide attempts.
  - Increase in lifetime prevalence of other psychiatric disorders.



# What about PTSD?

- The most common response to disaster is **NOT** PTSD
- After 9/11 (2001)\*: PTSD increased from 2 to 10.5%.
- Indian Ocean Tsunami (2004) 40% of children had PTSD
- COVID 19 pandemic is very different from these events



# PTSD symptoms

- Intrusive thoughts or memories of the traumatic event
- Avoiding reminders of the traumatic event
- Persistent negative emotions or cognitions about the event or the future
- Hyperarousal
- Duration of more than 1 month



# Clinic experience

- Some new onset GAD symptoms
- Mild increase in pre- existing GAD symptoms
- C/o poor sleep secondary to anxiety
- ADHD (and other)kids have higher academic anxiety
- No obvious increase in OCD symptoms YET.
- Separation/ school avoidance/Social Anxiety complaints decreased- FOR NOW
- No increase in panic symptoms yet?
- No PTSD symptoms noted yet
- Health care disparities



# Treatment

## Prevention

- Minimize indirect exposure
- Provide facts
- Keep a routine
- Self care
- Calming/ breathing exercises
- Anxious children often have anxious parents

## Therapy

- CBT (response 55-80%)
- Play therapy
- Supportive therapy
- Family therapy
- DBT
- Behavioral therapy

## Medication

- SSRIs (best evidence)
- SNRIs
- Hydroxyzine
- Anticholinergics
- Buspar
  
- Benzos- probably not!



# More about Meds

## SSRIs

- Sertraline (Zoloft) – FDA approved for OCD ages 6 and up
- Fluoxetine (Prozac) – FDA approved for OCD ages 7 and up; MDD ages 8 and up
- Fluvoxamine (Luvox) – FDA approved for OCD ages 8 and up
- Citalopram (Celexa) -- none
- Escitalopram (Lexapro) – FDA approved for MDD ages 12 and up

## • SNRIs

- Limited efficacy data and greater concerns for side effects
- Duloxetine (Cymbalta) – FDA approved for GAD ages 7 and up
- Venlafaxine (Effexor)/ Paroxetine (Paxil) --none

## • Other

- Buspar
- Hydroxyzine- sure
- Benzodiazepines- Maybe not!



# Treatment- Basics

## START LOW, GO SLOW...

- Effect size 0.7 for anxiety
- Effect size 0.2 for depression
- Side effects generally minimal
- 4-8 weeks to therapeutic levels and full efficacy.



# SSRIs- Side Effects

- GI pain, nausea, diarrhea
- Headache
- Tiredness
- Activation/hypomania
- Sexual (decreased libido, orgasm)
  
- Suicidality
- Serotonin syndrome
- Discontinuation syndrome

*All effects (good and bad) seem 'bigger' to anxious children.*



# Treatment- when to stop?

- Treat to symptom resolution.
- Once stable, Continue for ~ 1 year.
- Taper during 'usual/ normal' time.
- Monitor closely in first few weeks and over first 3-6 months.
- Some follow up for a year after discontinuing medication.
- Restart if symptoms recur.



# Summary

- This is a disaster, everyone is anxious.
- Courage is not the absence of fear.
- Work on the changeable exposures – prevention better than cure
- Try at-home measures to address anxiety
- Get professional help if needed. Talk to your pediatrician.
- Treatment starts with therapy.
- Anxiety medication is effective, usually well tolerated and should not change the personality of the child.

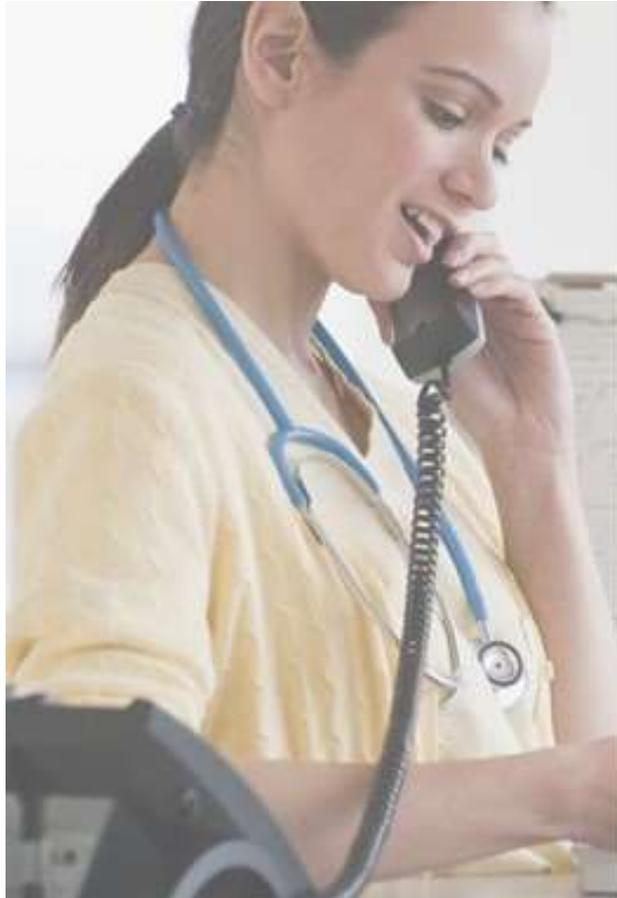


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# BHIPP is Available to Provide Support to PCPs During Coronavirus



**BHIPP is open.**

*The BHIPP phone line remains open during this challenging time to support primary care clinicians in assessing and managing the mental health needs of their patients.*

**1-855-MD-BHIPP**  
(1-855-632-4477)

[www.mdbhipp.org](http://www.mdbhipp.org)



## Ways to Connect:

- Visit our COVID-19 Resource Page:  
[www.mdbhipp.org](http://www.mdbhipp.org)
- Sign up for our newsletter:  
<https://mdbhipp.org/contact.html>
- Follow us on Twitter:  
[@MDBHIPP](https://twitter.com/MDBHIPP)



# Upcoming BHIPP Resilience Breaks Learning Sessions

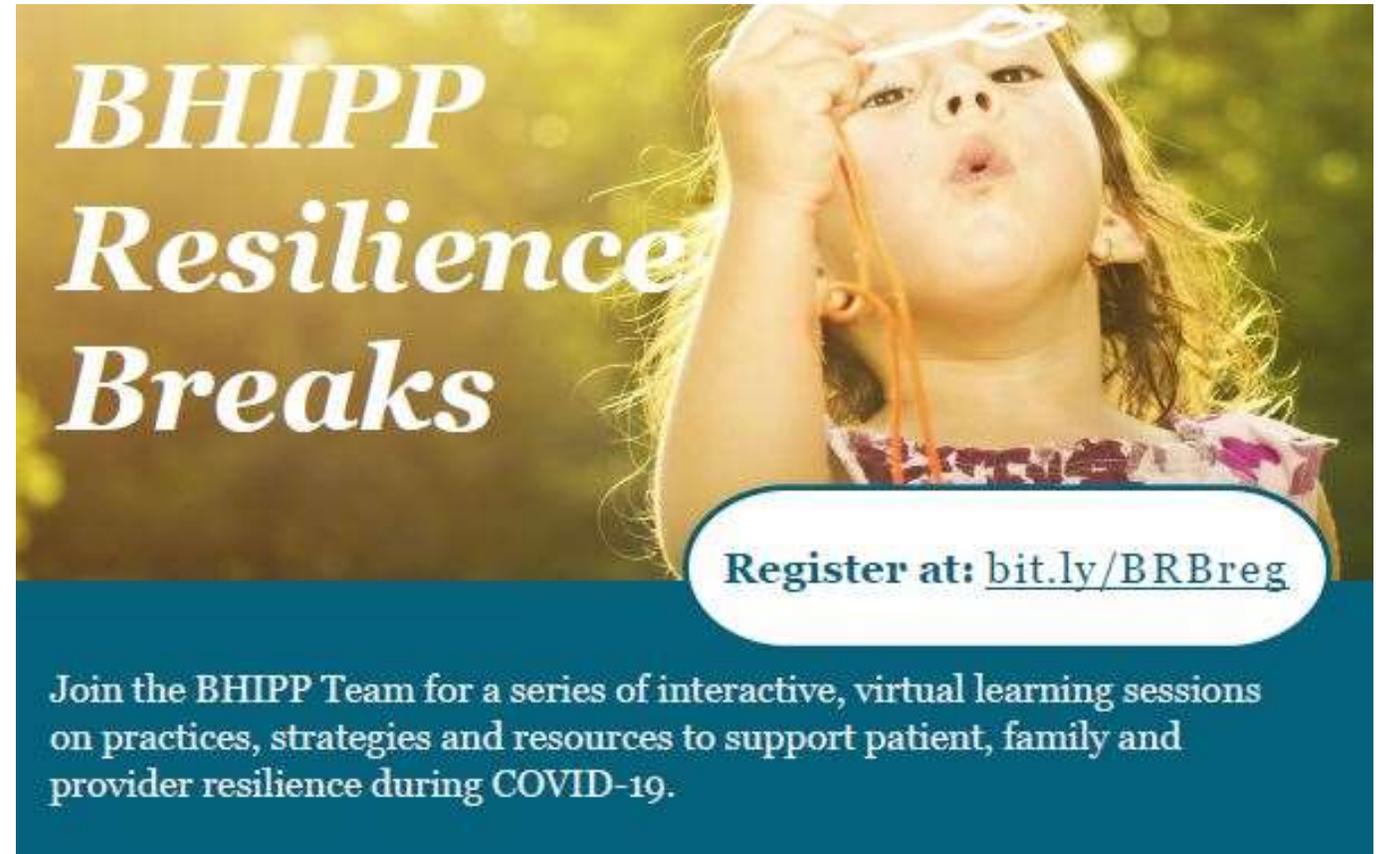
## **Talking to Kids About COVID-19**

**Thursday, May 14th, 12:30pm-1:30pm**

## **Provider Resilience**

**Thursday, June 11th, 12:30pm-1:30pm**

*\*Additional dates & topics to follow*



**BHIPP  
Resilience  
Breaks**

Register at: [bit.ly/BRBreg](https://bit.ly/BRBreg)

Join the BHIPP Team for a series of interactive, virtual learning sessions on practices, strategies and resources to support patient, family and provider resilience during COVID-19.

# Discussion Questions

- What are you noticing about anxiety levels in Children you work with?
- What successes or evidence of resilience are you seeing so far?
- What are the challenges that you are encountering in your work with Children?

Would you like to pose any of these to the group for support and problem-solving?

