

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



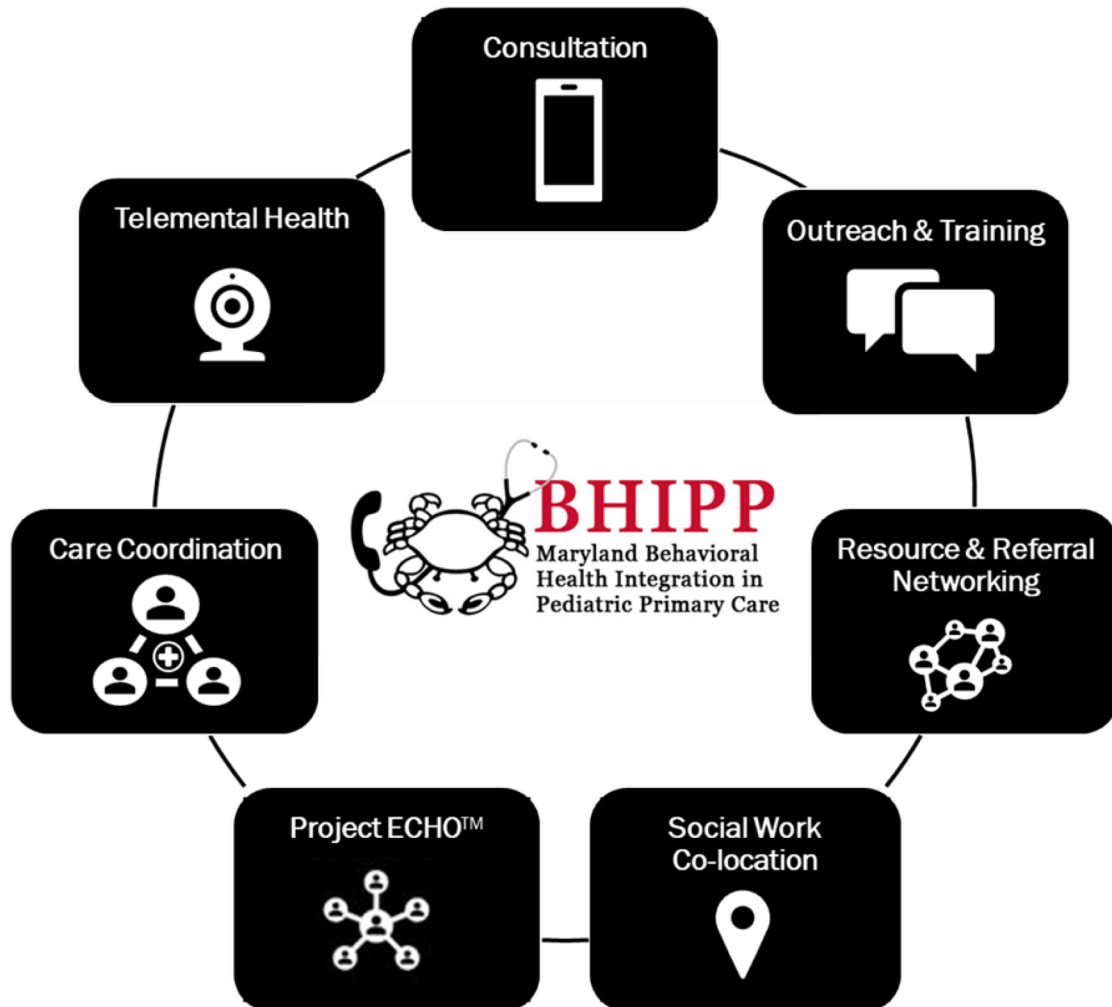
Maryland BHIPP Resilience Break Presentation

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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)
- Project ECHO®
- Direct Telespsychiatry & Telecounseling Services
- Care coordination

Partners & Funding

- BHIPP is supported by funding from the **Maryland Department of Health, Behavioral Health Administration** and operates as a collaboration between the **University of Maryland School of Medicine**, the **Johns Hopkins University School of Medicine**, **Salisbury University** and the **University of Maryland Eastern Shore**.
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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.

Disclosures

Dr. Platt has no conflicts of interest to disclose

Learning Objectives

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.

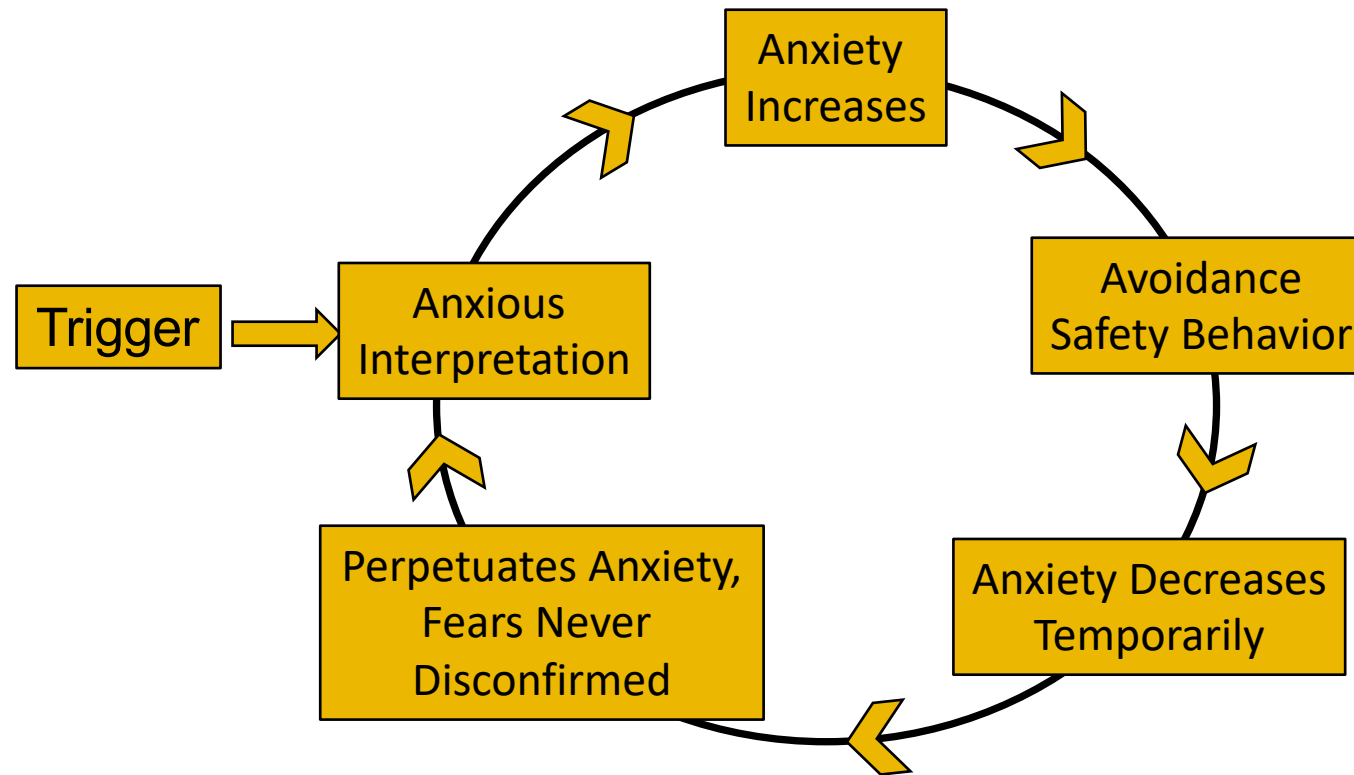
Case 4

- 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



Types of Anxiety Disorders

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

Symptoms of Anxiety in Children and Adolescents

Perfectionism →
failure to turn in
assignments

Somatic symptoms
(headache, stomachache)

Rigidity/Difficulty
with change in
routine
Tantrums



Avoidance

School refusal

Difficulty focusing

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)
 - <http://www.scaswebsite.com/docs/scas-preschool-scale.pdf>
 - School Refusal Assessment Scale – Revised Version
 - Child and parent versions (24 questions for each version)
 - Child Scale: <https://schoolavoidance.org/wp-content/uploads/2021/11/sras-child-version.pdf>
 - Parent Scale: <https://schoolavoidance.org/wp-content/uploads/2021/11/SRAS-interactive-pdf-004.pdf>
 - Scoring:
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., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230–6.

Name: _____ Date: _____

Directions:

Below is a list of sentences that describe how people 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*.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When I feel frightened, it is hard to breathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
13. I worry about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
15. When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
16. I have nightmares about something bad happening to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
19. I get shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP



(Parent Report)

Your Name:

Date: _____

Your Child's Name:

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.

	Not True at All	Seldom True	Sometimes True	Quite Often True	Very Often True
1 Has difficulty stopping him/herself from worrying.....	0	1	2	3	4
2 Worries that he/she will do something to look stupid in front of other people.....	0	1	2	3	4
3 Keeps checking that he/she has done things right (e.g., that he/she closed a door, turned off a tap).....	0	1	2	3	4
4 Is tense, restless or irritable due to worrying.....	0	1	2	3	4
5 Is scared to ask an adult for help (e.g., a preschool or school teacher).....	0	1	2	3	4
6 Is reluctant to go to sleep without you or to sleep away from home.....	0	1	2	3	4
7 Is scared of heights (high places).....	0	1	2	3	4
8 Has trouble sleeping due to worrying.....	0	1	2	3	4
9 Washes his/her hands over and over many times each day.....	0	1	2	3	4
10 Is afraid of crowded or closed-in places.....	0	1	2	3	4
11 Is afraid of meeting or talking to unfamiliar people.....	0	1	2	3	4
12 Worries that something bad will happen to his/her parents.....	0	1	2	3	4
13	0	1	2	3	4

4. When you are not in school during the week (Monday to Friday), how often do you leave the house and do something fun?

- Never Seldom Sometimes Half the Time Usually Almost Always Always
- 0 1 2 3 4 5 6

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

- Never Seldom Sometimes Half the Time Usually Almost Always Always
- 0 1 2 3 4 5 6

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

- Never Seldom Sometimes Half the Time Usually Almost Always Always
- 0 1 2 3 4 5 6

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

- Never Seldom Sometimes Half the Time Usually Almost Always Always
- 0 1 2 3 4 5 6

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)?

- Never Seldom Sometimes Half the Time Usually Almost Always Always
- 0 1 2 3 4 5 6

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

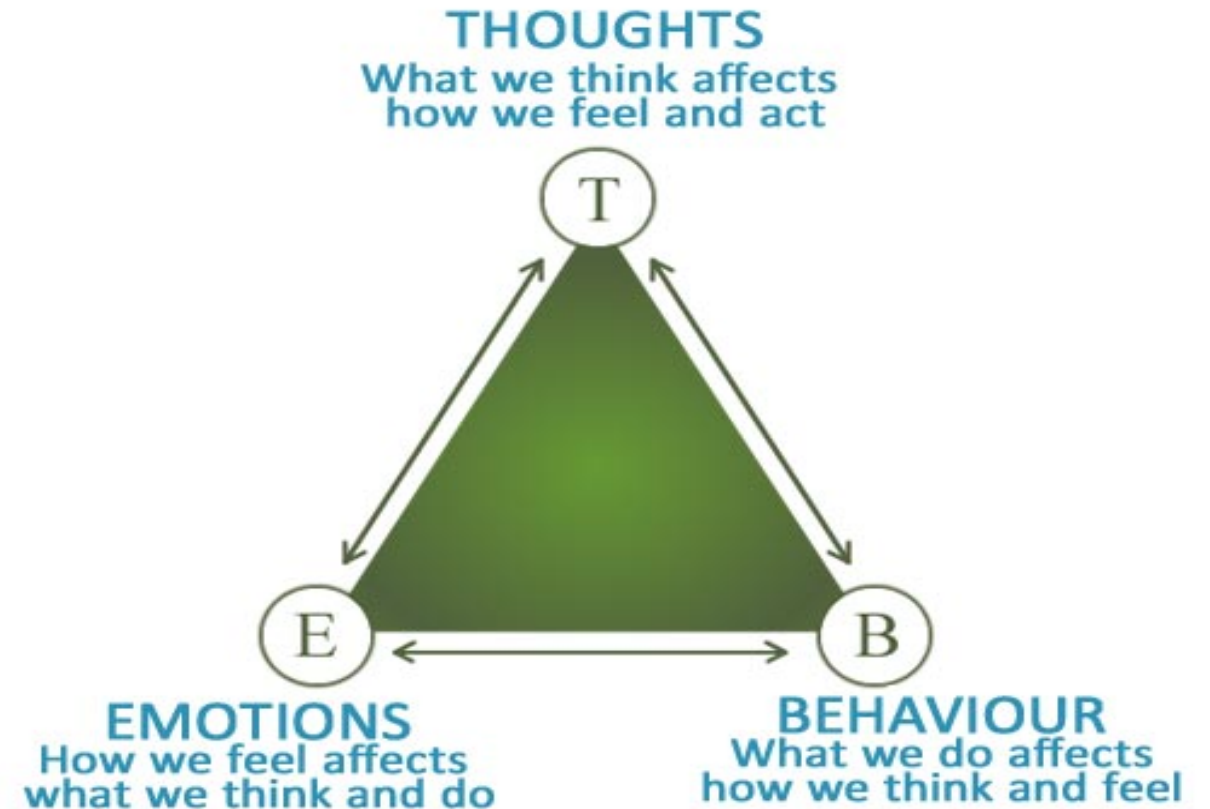
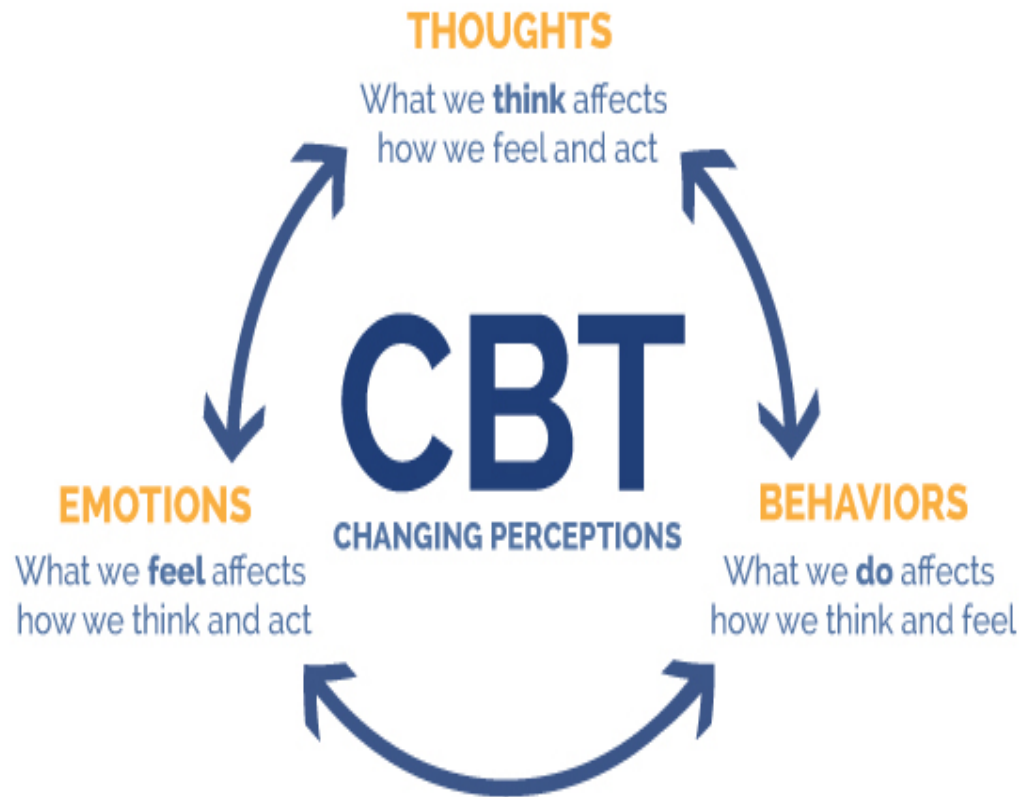
Parent Role

- Well meaning parents can accidentally reinforce anxiety or interfere with treatment goals
 - Rescue
 - Accommodation
 - Reassurance
- SPACE treatment: www.spacetreatment.net
 - 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

Distinguishing normal developmental fears from anxiety disorders

	“Normal”	Anxiety disorder
Focus	Typical developmental fears (e.g., bodily injury, storms in elementary school; school performance, social competence, health in adolescent)	Unrealistic in nature
Intensity	Realistic degree of distress in context of developmental stage (e.g., self-limited distress at day care dropoff)	Distress is out of proportion (e.g., Inconsolable at dropoff, unfounded worries about parent health/safety with separation)
Interference	No interference w usual activities, can be motivating	Avoidance, inhibition Social: can't make friends, unable to speak Academic: impaired performance, concentration Family: conflicts, limits choices, accommodation
Recovery	Temporary, no long term effects	Can't recover from distress when event is over, worry about future occurrences, persistent, multiple settings

Cognitive behavioral therapy (CBT)



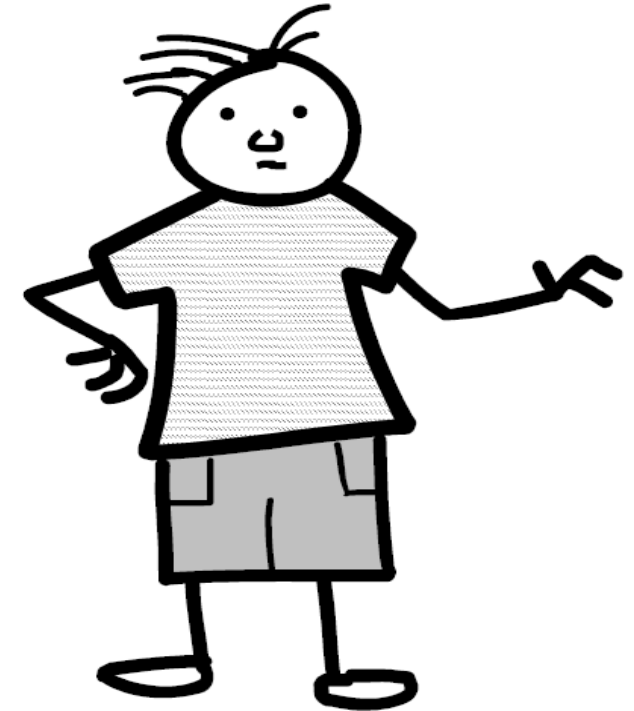
Course of CBT for Anxiety

- “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

Where do you feel anxious feelings?

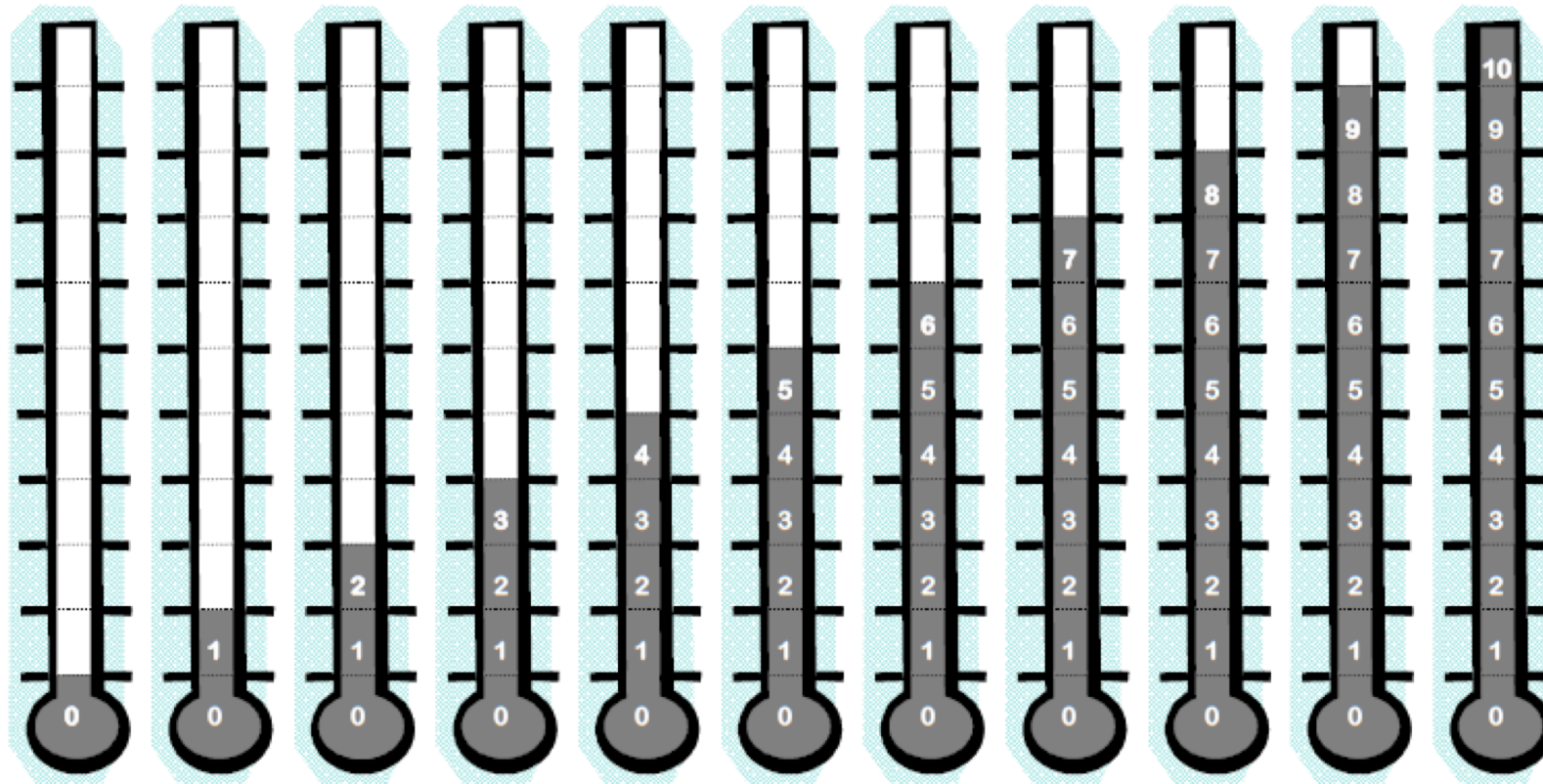


Tips for Parenting an Anxious Child

- 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 short (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

Symptom Hierarchy Development & Exposures

Fear Thermometer



- 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

Worry/Feared Situation	Child Rating	Parent Rating
Separating from parent for 10 minutes while child still at home	2	2
Separating from parent for 1 hour while child still at home	4	3
Separating from parent for 1 hour while child at school	5	6
Separating from parent for whole school day	8	7
Separating from parent for 10 minutes in a less familiar environment (e.g., grocery store)	7	9
Staying in own bed for half of the night	6	6
Staying in own bed for the whole night	10	9

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

CALM DOWN WITH TAKE 5 BREATHING



1. Stretch your hand out like a star.
2. Get the pointer finger of your other hand ready to trace your fingers up and down.
3. Slide up each finger slowly ~ slide down the other side.
4. Breathe in through your nose ~ out through your mouth.
5. Put it together and breathe in as you slide up and breathe out as you slide down.
Keep going until you have finished tracing your hand.

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. Its 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

Medication	FDA indication	Starting dose	Typical maximum
Fluoxetine (Prozac)	MDD (>8), OCD (>7)	10mg	40mg
Escitalopram (Lexapro)	MDD (>12)	5mg	20mg
Sertraline (Zoloft)	OCD (>7)	25-50mg	200mg

- 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](https://www.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.ppmmd.org/>)
- Coordinating behavioral strategies
 - Reducing avoidance, developing/implementing fear hierarchies
 - Gradual re-entry with school refusal/avoidance

Maryland Schools and Bullying

Bullying, Harassment, or Intimidation in Maryland Public Schools

A Report to the Maryland General Assembly
on Incidents Reported under the Safe Schools
Reporting Act of 2005

Division of Student Support, Academic
Enrichment, and Educational Policy

March 2022 Legislative Report



- Maryland DoE Model Policy on Bullying, Harassment or Intimidation
 - <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
 - Form that necessitates response from school personnel



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Assessment?

Dx?

Next steps?

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 - 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?

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 - Screaming, clinging to parent
 - School has started calling to have family pick the patient up
- Assessment?
- Dx?
- Next Steps?

Questions?