

Children's National-Pediatric Health Network

# Managing Pediatric Anxiety in the Outpatient Setting 2.0

Kelly Register-Brown, MD and Elana Neshkes, MD

September 11, 2024

Pediatric **Health** Network



# A few notes about today's Grand Rounds

- All lines are muted throughout the presentation.
- Please use the Q&A to ask questions or make comments.
- We will be recording the session.
- Today's recording and materials will be posted to the PHN website three business days following the presentation:

<https://pediatrichealthnetwork.org/>

# Claiming CME Credit

1. All providers must create an account on the new platform, visit: [cme.inova.org](https://cme.inova.org)
2. Once you have an account, credit for this session can be claimed in one of two ways:
  1. Text today's session code ("FOCHAT") to 703-260-9391.
  2. Visit [cme.inova.org/code](https://cme.inova.org/code) to enter today's session code ("FOCHAT") on the website.

CME credit must be claimed within **30 days** of the presentation date.

# Behavioral Health Webinar Series

Join the Behavioral Health Initiative for our free, quarterly behavioral health webinars led by child and adolescent psychiatry experts! The series offers intermediate-level insights into common pediatric behavioral health issues and their management in primary care.

Webinars are open to all who wish to join.  
Recordings will be available following each session.  
CME credit will be available.

Register online at <https://pediatrichealthnetwork.org/behavioral-health-initiative/>

- Wednesday, November 13, 2024, 12:00 – 1:00 pm: Eating Disorders & Disordered Eating Behaviors 2.0

# Behavioral Health Office Hours Series

We are offering exclusive Office Hours with our BHI team including child and adolescent psychiatry and psychology experts. Bring your questions or problems to troubleshoot with our experts. Prepared content is also available if there are no questions.

Register online at <https://pediatrichealthnetwork.org/behavioral-health-initiative/>

- Wednesday, October 9, 2024, 12:00 – 1:00 pm
- Wednesday, December 11, 2024, 12:00 – 1:00 pm

# Today's Speakers



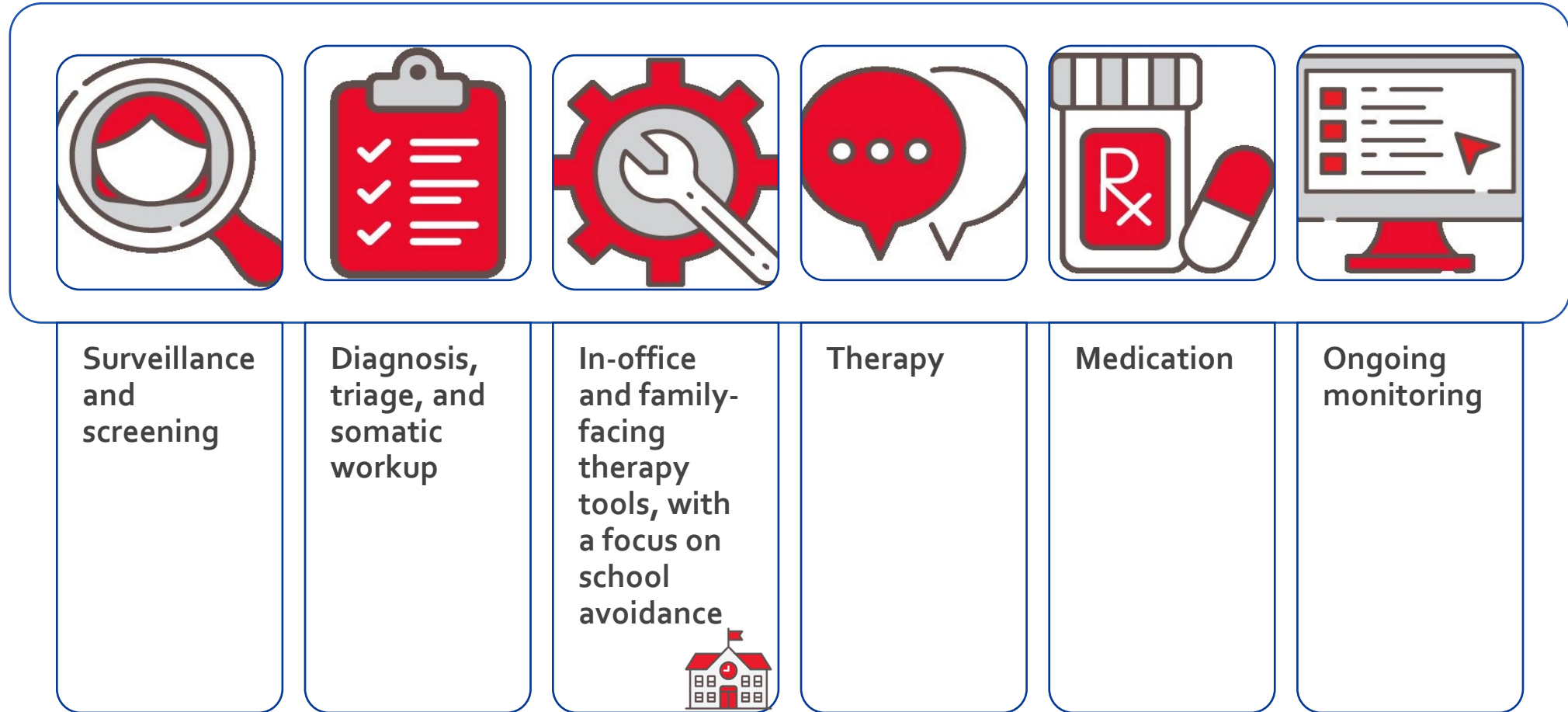
Kelly Register-Brown, MD, MSc  
Psychiatrist



Elana Neshkes, MD  
Psychiatrist  
Pediatrician

Disclosures: None

# Outline





# PHN Clinical Support Tools



[Clinical Support Tools for Providers -  
Pediatric Health Network](#)

The screenshot shows the Pediatric Health Network website. At the top, there is a navigation bar with the logo "Pediatric Health Network" and "Children's National" below it. To the right of the logo are links for "About Us", "News", "For Providers", and "Education". There is also a "Join" button and a search bar. The main content area has a blue header with the text "Clinical Support Tools for Providers" and a "Navigate Section" dropdown menu. Below the header is a photograph of a doctor in a white coat holding a smartphone. The main text reads: "A new way for providers to access clinical support tools. In this section, you will find helpful clinical resources reviewed and approved by our PHN experts and providers. Use these algorithms, comprehensive clinical pathways, patient handouts, and more to aid you in delivering optimal care during in-person patient visits. We invite you to explore these resources we have gathered and reviewed to enhance your practice and facilitate informed decision-making for improved patient outcomes." Below this is a section titled "Clinical Resources by Condition" with the text "Access helpful guides and resources by condition to use during your clinical visits. Tools include:" followed by a bulleted list: "Algorithms or clinical pathways: Our PHN experts have reviewed these guidelines for local primary care practice use.", "Medication information: Seamlessly blending evidence-based recommendations, pediatric-specific dosing, and expert insights, these guidelines serve as invaluable tools for pediatric healthcare providers, ensuring safe and effective medication management.", and "Printable parent handouts: These resources cover a range of topics, offering practical advice, expert tips, and actionable information to empower parents in nurturing their child's health and wellbeing." At the bottom, there are six icons with corresponding text: "Anxiety" (warning sign), "Depression" (hand with red heart), "Inattention, Hyperactivity & Executive Functioning Problems" (house with red roof), "Mood Dysregulation, Disruptive Behavior &" (head with red lightning bolt), "Suicidality, Self-harm, and Safety Planning" (hand with red cross), and "Trauma" (warning sign with red lightning bolt).



# PHN BHI Past Presentations



<https://pediatrichealthnetwork.org/behavioral-health-initiative/>

## Past Presentations

All our didactic webinars are recorded, and the supplemental handouts and guidelines are available for your reference below. We hope you enjoy these materials and are able to join us in future virtual learning opportunities.

▼ April 2024

▼ January 2024

▼ June 2023

▲ August 2022

August 8, 2022

Evaluation and Management of Anxiety Disorders in Pediatric Primary Care

Presented by: Laura Willing, MD

- Evaluation and Management of Anxiety Disorders in Pediatric Primary Care Presentation Slides (.pptx)

[View Presentation ▶](#)

More Resources:

- Anxiety: SPACE treatment for anxiety, OCD, and related disorders
- Anxiety: Children's National anxiety treatment options, including group therapy
- Anxiety: 2020 DC MAP / PHN ECHO Video Presentation
- Anxiety: Seattle Children's Partnership Access Line Anxiety Care Guide

August 4, 2022

Office Hours: Pharmacology in ASD

Presented by: Kelly Register-Brown, M.D.

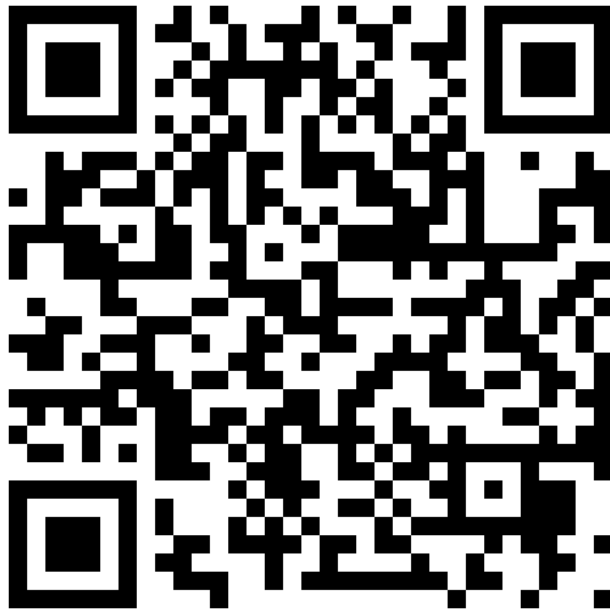
- Psychopharmacological Treatment of Irritability in ASD presentation slides (.pptx)

▼ July 2022

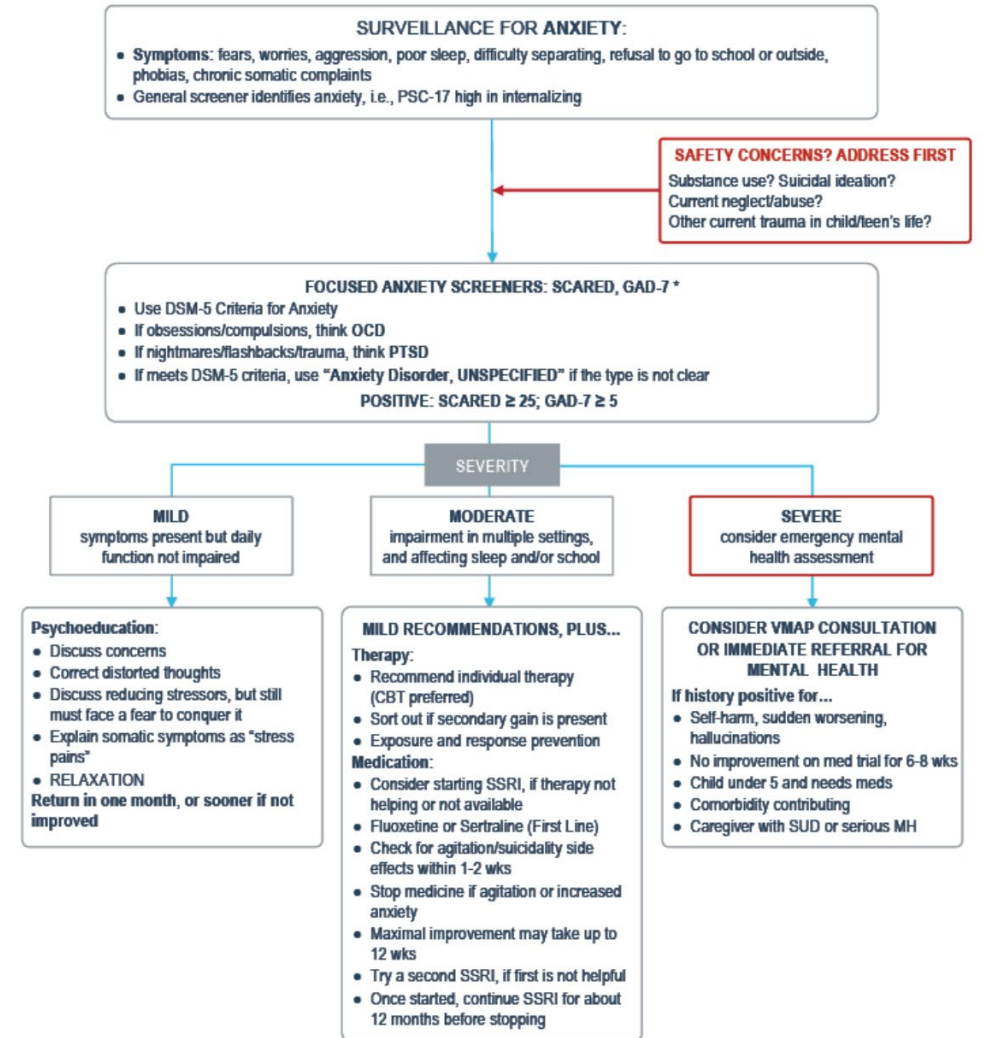
▼ June 2022

▼ May 2022

# VMAP Anxiety Algorithm



[VMAP Guidebook - Virginia Mental Health Access Program | VMAP.org](#)

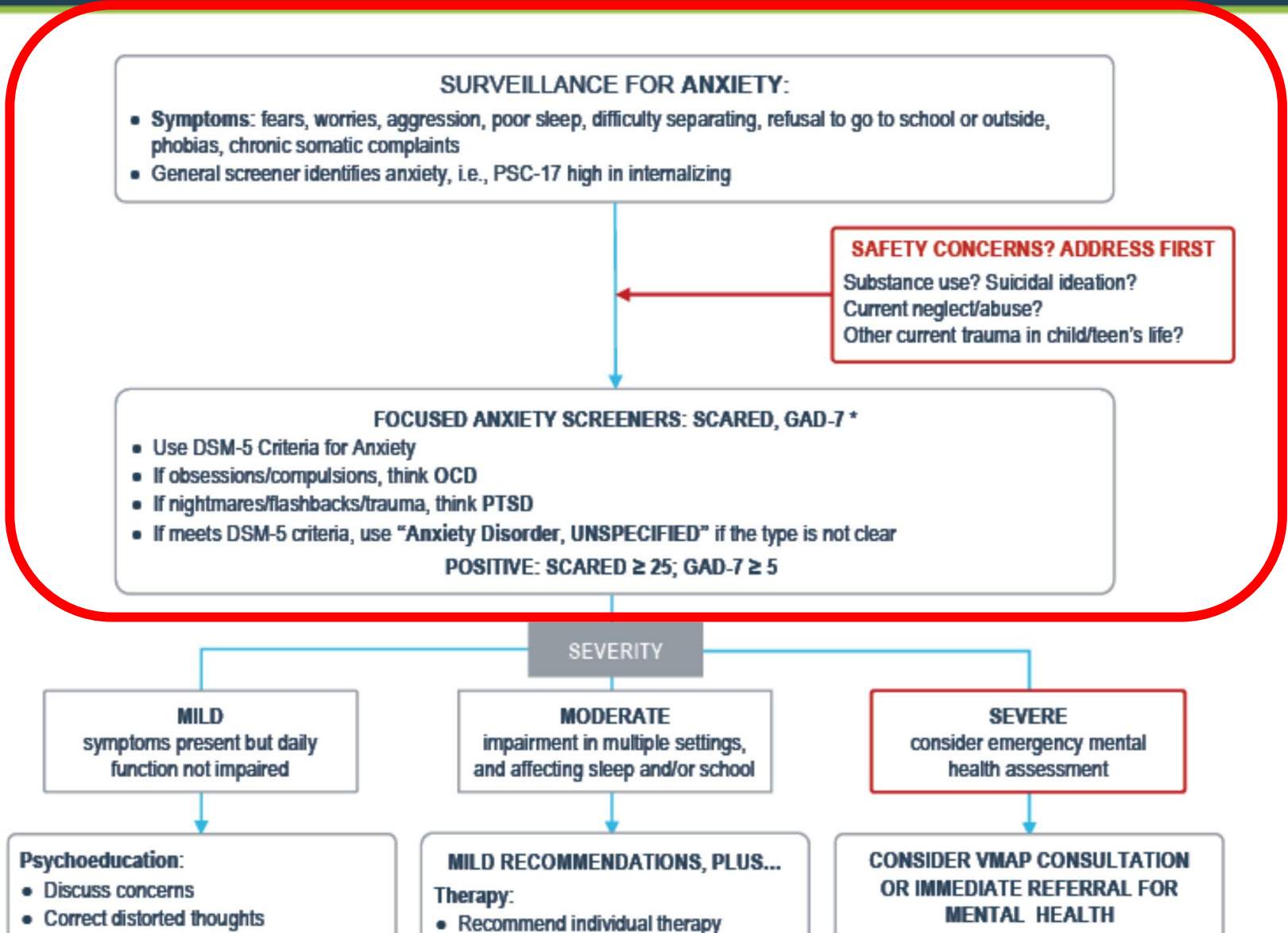


\* Many providers offer both the PHQ-A and GAD-7 for all kids ages 12 and older (combined tool provided in this module)

# Surveillance and Screening



# 3.3 Anxiety





## Anxiety is a symptom. DSM-5 anxiety diagnoses:

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Separation Anxiety Disorder

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Selective Mutism

---

Specific Phobia

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Social Anxiety Disorder (Social Phobia)

---

Panic Disorder

---

Agoraphobia

---

Generalized Anxiety Disorder

---

Substance/Medication-induced Anxiety Disorder

---

Anxiety Disorder due to another Medical Condition



# Screening Recommendations

- AAP Bright Futures: Behavioral/Social/Emotional screening at all routine preventative care visits
- US Preventative Services Task Force (October 2022):
  - "The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years. (B recommendation)"
  - "The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for anxiety in children 7 years or younger. (I statement)"
  - No particular screener is recommended
  - "The USPSTF found no evidence on appropriate or recommended screening intervals, and the optimal interval is unknown. Repeated screening may be most productive in adolescents with risk factors for anxiety. Opportunistic screening may be appropriate for adolescents, who may have infrequent health care visits."



# Surveillance Tool: PSC-17

- Ages 4-15
- Total score and Internalizing, Attention, Externalizing subscales
- On Internalizing subscale, score  $\geq 5$  indicates risk of anxiety and/or depression
- Note especially answer to item 15 ("worries a lot")
- Increases detection rates vs. clinical judgment alone, but like any screener, it is not foolproof (positive predictive value 26%, negative predictive value 90% for anxiety)

Gardner, William et al. "Comparison of the PSC-17 and alternative mental health screens in an at-risk primary care sample." *Journal of the American Academy of Child and Adolescent Psychiatry* vol. 46,5 (2007): 611-618.

Murphy JM, Bergmann P, Chiang C, Sturmer R, Howard B, Abel MR, Jellinek M. The PSC-17: Subscale Scores, Reliability, and Factor Structure in a New National Sample. *Pediatrics*. 2016 Sep;138(3):e20160038. doi: 10.1542/peds.2016-0038. Epub 2016 Aug 12.

**Pediatric Symptom Checklist-17 (PSC-17)**

Caregiver Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Child: \_\_\_\_\_

		Please mark under the heading that best fits your child			For Office Use		
		NEVER	SOME-TIMES	OFTEN	I	A	E
1.	Fidgety, unable to sit still						
2.	Feels sad, unhappy						
3.	Daydreams too much						
4.	Refuses to share						
5.	Does not understand other people's feelings						
6.	Feels hopeless						
7.	Has trouble concentrating						
8.	Fights with other children						
9.	Is down on him or herself						
10.	Blames others for his or her troubles						
11.	Seems to be having less fun						
12.	Does not listen to rules						
13.	Acts as if driven by a motor						
14.	Teases others						
15.	Worries a lot						
16.	Takes things that do not belong to him or her						
17.	Distracted easily						
(scoring totals)							

**Scoring:**

- Fill in unshaded box on right with: "Never" = 0, "Sometimes" = 1, "Often" = 2
- Sum the columns.  
 PSC17 Internalizing score is sum of column I  
 PSC17 Attention score is sum of column A  
 PSC17 Externalizing score is sum of column E  
 PSC-17 Total Score is sum of I, A, and E columns

**Suggested Screen Cutoff:**  
 PSC-17 - I  $\geq 5$   
 PSC-17 - A  $\geq 7$   
 PSC-17 - E  $\geq 7$   
 Total Score  $\geq 15$   
*Higher Scores can indicate an increased likelihood of a behavioral health disorder being present.*

PSC-17 may be freely reproduced.  
 Created by W Gardner and K Kelleher (1999), and based on PSC by M Jellinek et al. (1988)  
 Formatted by R Hill, inspired by Columbus Children's Research Institute formatting of PSC-17

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# Focused Screener: GAD-7

- Age 12-adult
- Designed to screen for generalized anxiety disorder
- GAD-7 score  $\geq 11$  had positive predictive value of 99% and negative predictive value of 83% in adolescents

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 \_\_\_\_ = \_\_\_\_ + \_\_\_\_ + \_\_\_\_)*



# Focused Screener: SCARED

- 41 items
- Age 8-18
- Total score and subscales indicating risk for generalized anxiety disorder, panic disorder, social anxiety disorder, separation anxiety disorder, and significant school avoidance.
- Child and parent forms – recommendation is to use both (total score cutoff=25 for both)
- For age 8-11 recommendation is to have the child fill out with adult helping/nearby in case they have questions
- Online (self-scoring) and PDF versions

**Screen for Child Anxiety Related Disorders (SCARED)**  
 Child Version—Pg. 1 of 2 (To be filled out by the CHILD)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

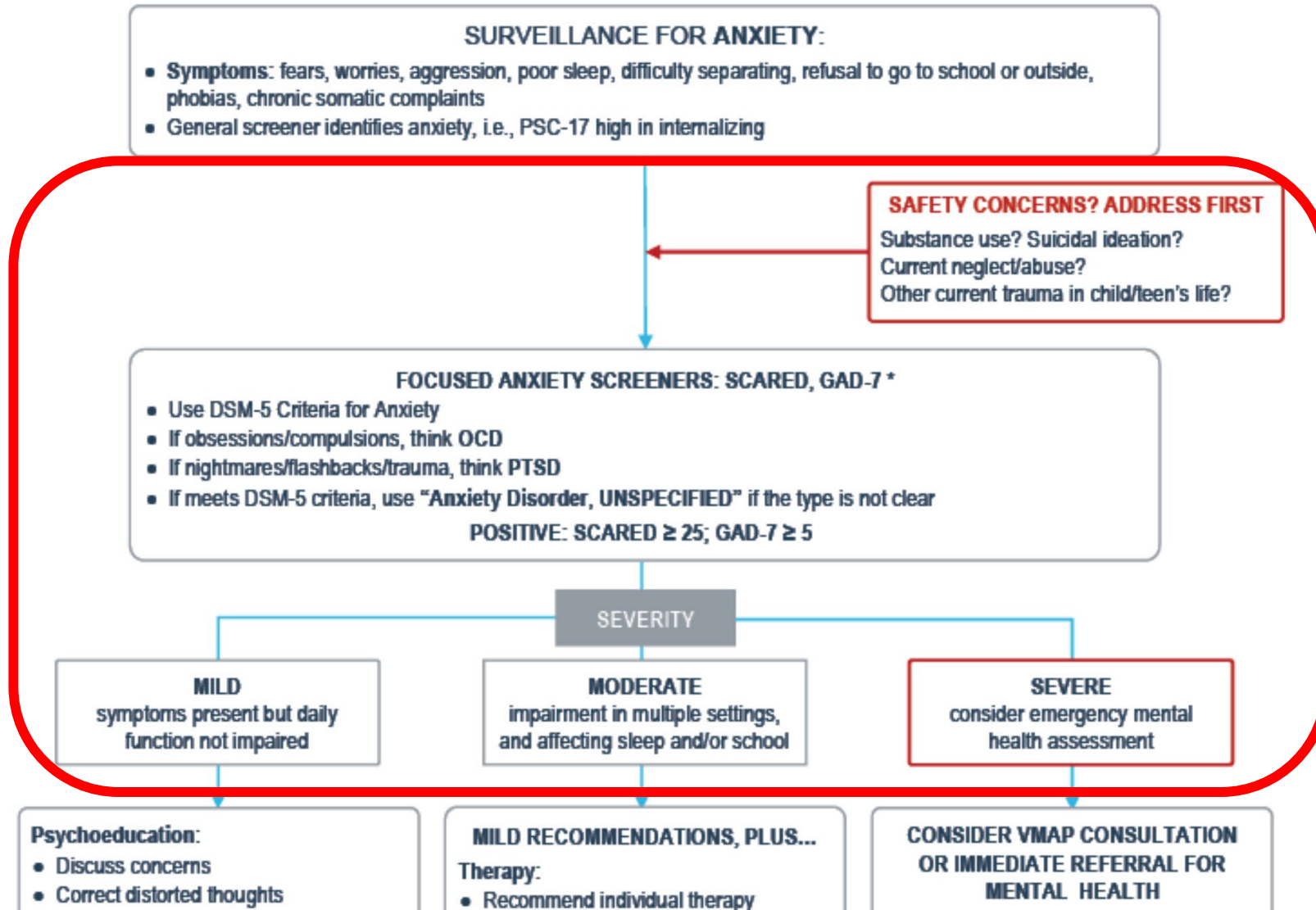
**Directions:**  
 Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then for each sentence, fill in one circle that corresponds to the response that 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"/>
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Diagnosis, Triage, and Somatic Workup



# 3.3 Anxiety





# Differential Diagnosis

- Adjustment reaction (recent stressors)
- Bullying
- Medical disorder (thyroid, arrhythmias, asthma, seizure disorder)
- Reactions to medications (asthma meds, steroids, anticonvulsants, pseudoephedrine, psychotropic meds)
- Substance use (including caffeine)
- Mood disorder
- Trauma/PTSD
- OCD



# Other History Elements

- Recent stressors
- Degree of impairment at home/school/other settings
- Behavioral function of the anxiety (avoidance, attention, etc.)
- Somatic symptoms of anxiety including sleep patterns and appetite changes
- Psychiatric comorbidity (comorbid anxiety disorder are common) including safety
- Family history of anxiety

# SCARED scores can help guide diagnosis



## YOUR SCARED SCORES

SCARED scores alone are not enough to diagnose an anxiety disorder. If you have concerns about your child's anxiety, share their SCARED scores with your child's primary care provider.

### SCARED TOTAL SCORE

A total score of **25 or greater MAY** indicate the presence of an Anxiety Disorder. Scores higher than are more specific.

### Panic Disorder/Significant Somatic Symptoms Score

A score of 7 or more **MAY** indicate Panic Disorder or Significant Somatic Symptoms.

### Generalized Anxiety Disorder Score

A score of 9 or more **MAY** indicate Generalized Anxiety Disorder.

### Separation Anxiety Score

A score of 5 or more **MAY** indicate Separation Anxiety.

### Social Phobia Score

A score of 8 or more **MAY** indicate Social Phobic Disorder.

### Significant School Avoidance Score

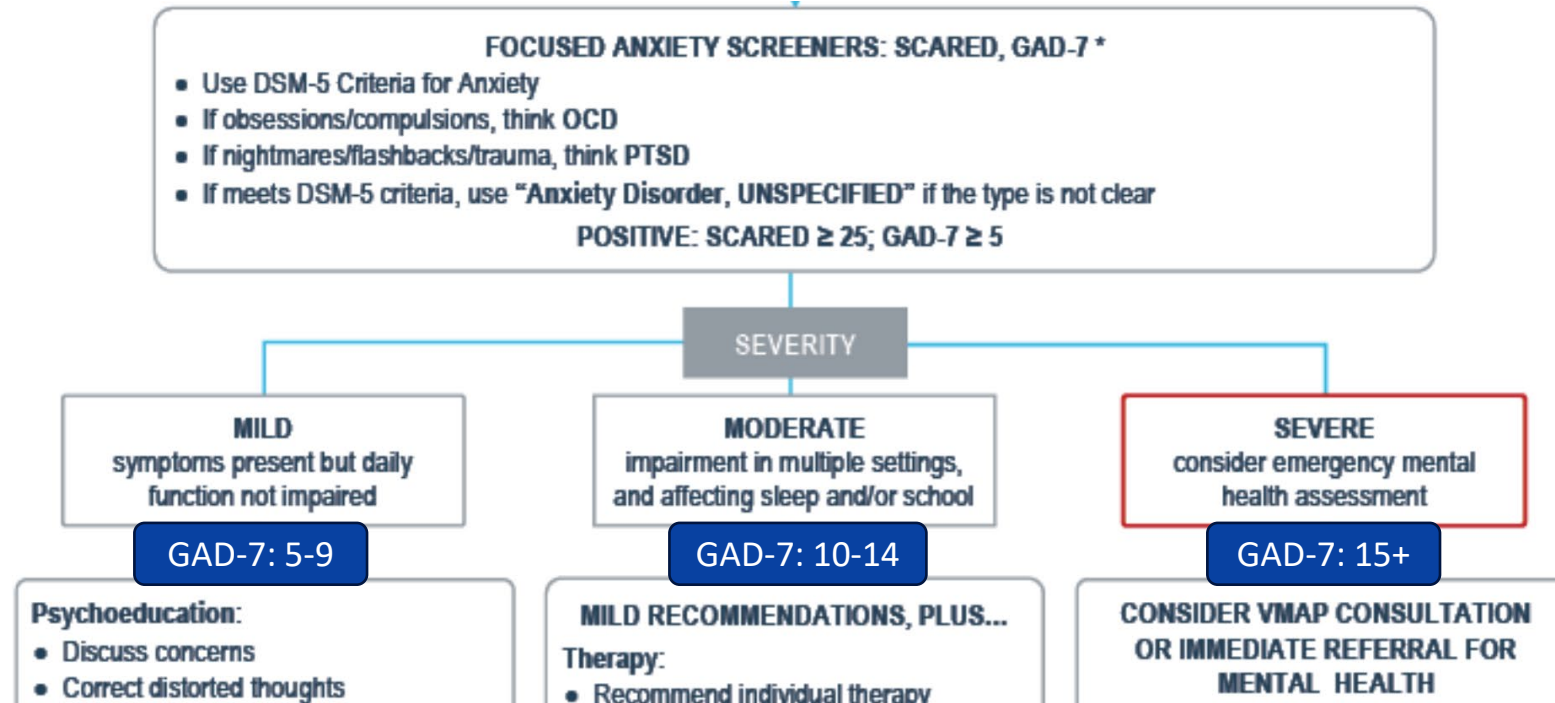
A score of 3 or more **MAY** indicate Significant School Avoidance.

If you would like a copy of your answers and results emailed to you, please provide your email address here:





# Assessing Severity

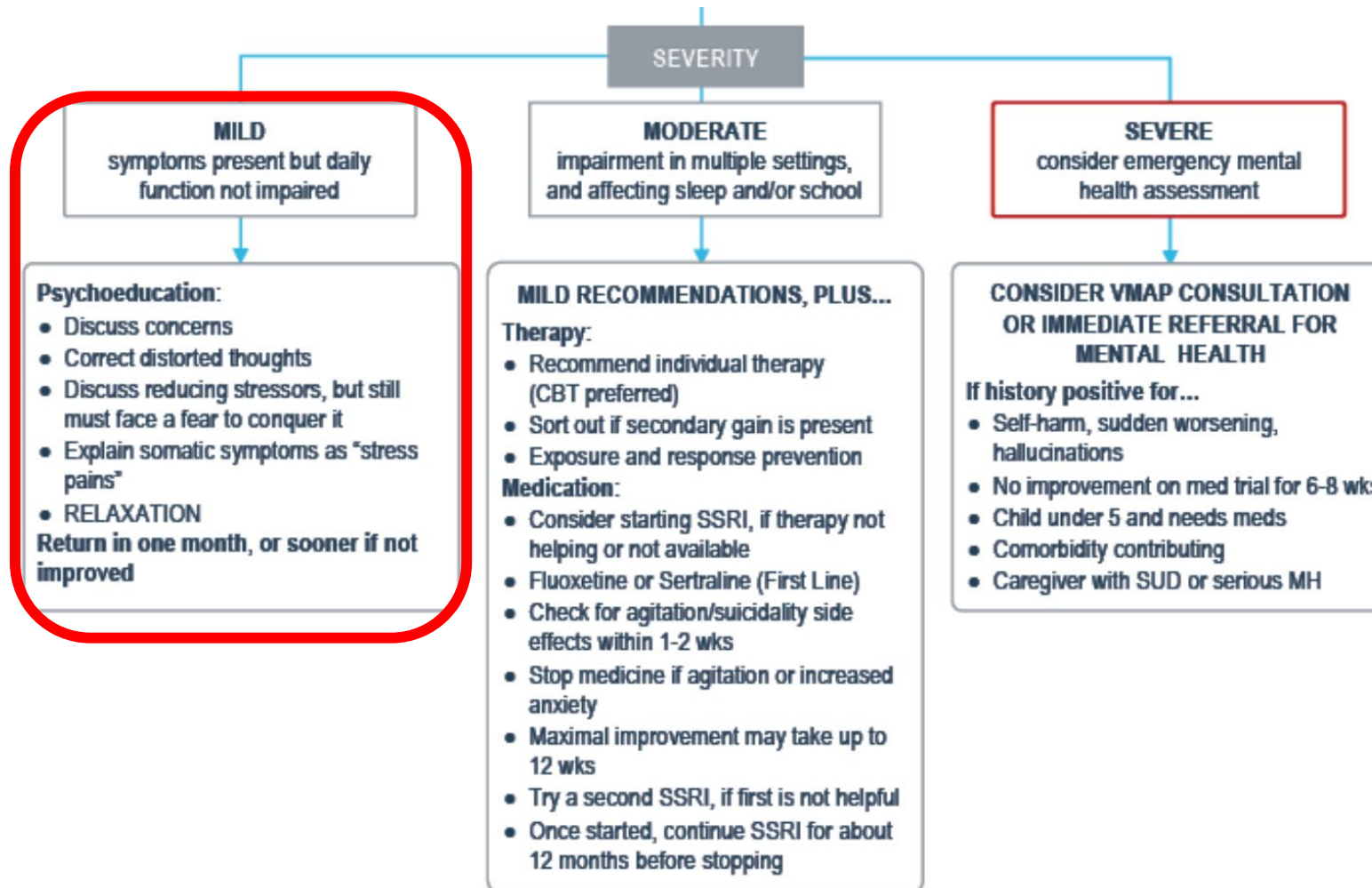


# In-Office Therapy Tools





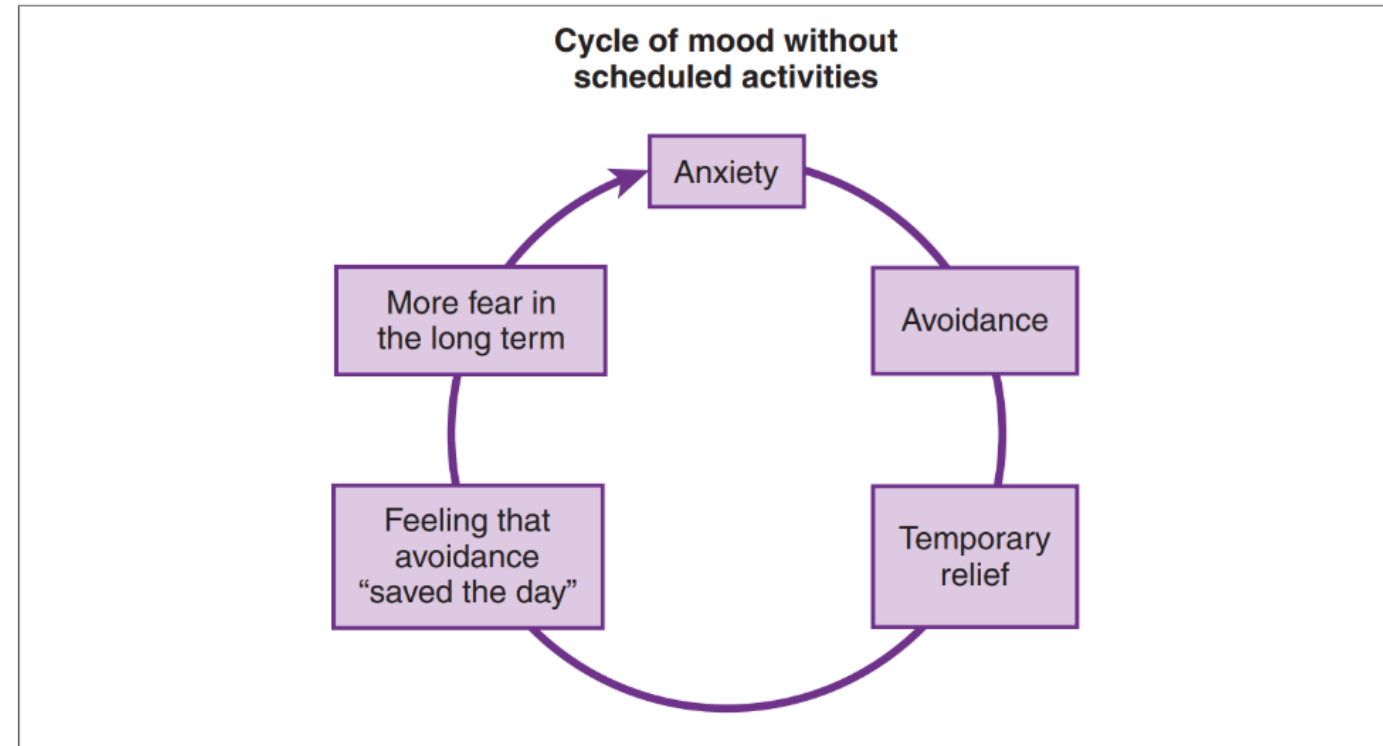
# Mild Severity





# Common Elements Tools for Anxiety

- Exposure
- Relaxation training
- Cognitive restructuring
- Modeling
- Psychoeducation



**Figure 7.2.1. Avoidance Cycle Associated With Anxiety**



“It can be very difficult to watch your child experience separation anxiety when you could quickly help them feel better by staying with them at school. However, they will feel less anxiety in the long run once they learn the skills to effectively separate from you for short periods of time.”


“Your child has large tantrums every time he sees a spider in the house. How does he react when you rush to eliminate all spiders? What do you think he is learning from that?”

“You love and care about your child so much that of course you want them to be well. One of the best things you can do for your child is to help them learn to cope with the anxiety in an age-appropriate way.”




# Family-Facing Resources: Coming Soon to PHN Website

## ANXIETY




### What is anxiety?







Anxiety is a natural feeling that is important for survival. It alerts us to respond to signs of danger. For some people, this alert system is more sensitive and gets triggered when a person is actually **not** in a dangerous situation. This can lead to excessive or persistent worries.


People experiencing anxiety may have a lot of fear about certain situations. They may ask questions or try to get reassurance repeatedly. They may avoid everyday activities or worry about leaving or losing loved ones. Some people may have difficulty sleeping or physical symptoms like headaches, stomachaches, or crying. These symptoms often make it difficult to do daily activities like participating in school, having fun with friends and family, or doing other important things.

### What does treatment look like?




-  Anxiety is very treatable. Treatment options for children and adolescents often include therapy, medication, or both.
-  Therapy for anxiety usually focuses on **Cognitive Behavioral Therapy (CBT)**, which is a type of talking therapy that explores how our thoughts, feelings, and behaviors are all related. A core component of CBT for anxiety is learning how to fight our fears by facing our fears through gradual practices in therapy and outside of therapy.
-  A CBT therapist is often a mental health clinician (like a psychologist, social worker, or counselor). The therapist may meet with your child alone or with the parent present depending on the child's age. Treatment typically lasts several months with weekly sessions.
-  Medication options typically include **selective serotonin reuptake inhibitors (SSRIs)**. Other medications may be used depending on your child's needs. Medications can be useful to lower your child's overall level of anxiety while they learn skills to manage anxiety during therapy. If your child is prescribed a medication, they should take it exactly as instructed by their doctor.

(Continued on back)

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### What can I do?




#### FOR PARENTS:

- Talk** to your child and create opportunities for your child to talk to you. Let them know you are there, you care, and you want to support them – no matter how they feel.
- Encourage your child's brave behaviors when they are feeling anxious by helping them **slowly approach** anxious situations in small steps.
- Be supportive by giving specific **praise for brave behaviors** and your child's effort (e.g., "I know this is hard, but you can do it." "You are being so brave right now!").
- Encourage your child's **positive coping skills and relaxation strategies** when anxious, like deep breathing.


#### FOR TEENS:


- Catch** your worry thoughts and try **re-thinking** them. Ask yourself: would you say that thought to a friend? If not, what do you want to tell a friend in that situation? Can you tell yourself those things instead?
- Change it up.** If you are worried about something or avoiding something, try taking a small step towards that worry. For example, try opening a homework assignment you have been putting off or returning a friend's text even if you're feeling socially anxious.
- Each time you do something new, ask yourself how actually doing it compared to your worries about it. Was it as bad as you thought? Can you **give yourself credit for trying it**, even though it was hard?

### How do I get help?



If you need more help, talk to your primary care provider or get support from a mental health provider. To find a mental health provider, call the phone number on the back of your child's insurance card and ask for a list of covered mental health providers in your area. You can also search for providers on your insurance company's website. For support finding resources for housing, food, and more, visit the [Children's National Hospital Community Resources website](#).



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# Family-Facing Resource: Younger Kids



Skill 1

## Fear Thermometer

These worksheets will help your child pay attention to situations that make them anxious and rate their worried feelings.



Skill 2

## Relaxation Skills

These worksheets teach simple skills and exercises that help increase feelings of calm and well-being. Make these skills a consistent part of your family's daily life to reduce stress for everyone.



Skill 3

## Thinking Traps

These worksheets teach new ways to look at situations and suggest questions to ask in order to reduce anxious thoughts.



Skill 4

## Facing Your Fears

These worksheets help you and your child design exposures, which are opportunities to face fears in a controlled and safe way.






# Family-Facing Resource: Older Kids and Teens

MENTAL HEALTH TOOLS FOR YOUTH AND FAMILIES

## First Approach Skills Training Anxiety (FAST-A)




### Video-Guided Workbook

Nathaniel Jungbluth, Ph.D., Jennifer B. Blossom, Ph.D.,  
& Kendra Read, Ph.D.

This workbook was made possible by funding from the WA State Healthcare Authority, as well as feedback and contributions from many generous colleagues

Version 6.05.24



## Introduction to FAST-A

This workbook includes 10 sections with videos explaining each one. It's designed to help you understand and overcome problems with anxiety.

*Here are the topics you'll cover:*

**PART 1:** Anxiety is your friend...usually

**PART 2:** Anxiety about real problems

**PART 3:** Fixing anxiety false alarms

**PART 4:** Planning brave practices

**PART 5:** Safety behaviors

Parent/Caregiver Topics:

**PART 6:** How support can backfire

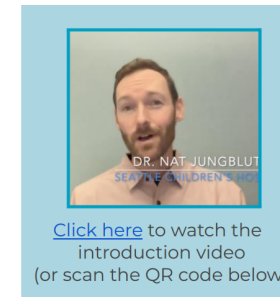
**PART 7:** Growing bravery

Bonus Topics:

**PART 8:** Keeping anxiety in check

**PART 9:** Special tips for worry

**PART 10:** Anxiety and sleep



The workbook is best completed by youth and a support person (usually a parent or other caregiver) together. Choose someone you can check in with at least three times every week, so you can make good progress.

*My support person:*

*Good times for us to work on this together:*

Want to track your progress? You can use [this progress tracker](#).

# School Avoidance



# Potential functions of the school avoidance behavior



**Escape** (from unpleasant or anxiety-inducing situations like interactions with peers, test anxiety, bullying, unidentified learning disorders)

**Attention** (from parents/guardians, e.g., with separation anxiety problems)

**Tangible rewards** (e.g., playing video games all day)

**Sensory** (e.g., overwhelmed by loud hallways, smells in cafeteria)



# Early Intervention Strategies:

## Young Children and First Time School-Attendees

### Preparing for the first day

- Consistency and predictability are key
- Talk to your child about what to expect and how they feel
- Read books/watch videos about easy school transitions beforehand
- Meet the teacher beforehand

### School day routines at home

- Encourage good sleep, healthy breakfast
- Get the morning routine down before school begins, keep it the same when school starts
- Keep the rest of the day routine outside of school

### Drop off/pick up

- Use the same drop off routine every day (e.g., one “I love you,” a high five, and go)
- Have reward for going in quickly when child gets into classroom if teacher can deliver it
- Keep it moving; minimal attention to protests
- Lots of praise when they get home

### Talking to teachers

- Let teachers know if your child is struggling
- Ask for communication from teacher
- Ask teacher how long you should stay if you are staying with child in morning (e.g., Pre-K)



# Early Intervention Strategies:

## Transition to New School (e.g., Middle to High School)

### Preparing for the first day

- Talk to your child about what to expect and how they feel
- Visit new school first, see classrooms/lockers/etc. beforehand
- Make plans with friends on how they will handle the change
- Make plans for lunch or what they will do during open-ended activities
- Be cognizant of social pressures

### School day routines

- Make sure they get good sleep the night before
- Set aside time for a healthy breakfast in the morning
- Set up a consistent morning routine
- Get organized the night before to avoid last-minute scrambles
- Keep the rest of the day routine outside of school



# Potential Support Strategies: Anxiety Treatment

## Triage

- Assess the level of urgency the family are feeling – e.g. are there concerns about truancy?
- Consider a higher level of care (e.g. school avoidance partial hospitalization programs)

## Treatment Planning

- Generally helpful to have a written treatment plan with defined goals and reassessment points
- Consider medications and therapy referrals as for other forms of anxiety

## Ongoing Treatment

- Coordinate with existing providers (e.g. therapist) before intervening to avoid intervening at cross purposes
- Consider calling MAP program for questions about medications, therapy referrals and case management



# Potential Support Strategies: School Advocacy

- IEP/504 plan recommendation
- Parent Training and Information Center referral
  - DC: Advocates for Justice and Education <https://www.aje-dc.org/>
  - MD: Parents' Place of Maryland <https://www.ppmmd.org/>
  - VA: Formed Families Forward <https://formedfamiliesforward.org/> and Parent Educational Advocacy Training Center <http://www.peatc.org>
- School district bullying report form if applicable
- Ombudsman





# Should you fill out the Hospital-Home Teaching form?

## Risks:

- Home and hospital teaching is not equivalent to school attendance:
  - Fewer hours of instruction
  - Less opportunity for peer and adult interaction
  - Less opportunity for instruction in art, music, physical education, other areas
- Home and hospital teaching for school avoidance/anxiety can often be counterproductive (because it can reinforce avoidance and strengthen anxiety)
- In filling out the home and hospital teaching form, providers accept shared responsibility for the child's reduced educational opportunities



# Should you fill out the Hospital-Home Teaching form?

## Strategies:

- Consider whether a particular situation at school (e.g., bullying, unidentified learning needs) could be addressed
- Define what the goals of the time away from school will be (e.g., giving a medication time to work)
- Consider what special education supports might be helpful for return to school:
  - [Helpful Modifications and Accommodations For School Avoidance - School Avoidance Alliance](#)



# Sample language for provider letter to school

I am the primary care provider for [*child's name*], who has a diagnosis of [*specify DSM-5 anxiety diagnosis*]. One current manifestation of this disability is that they refuse to attend school. In my clinical assessment, they are not missing school due to disciplinary problems or parent/guardian neglect, but rather due to the symptoms of their anxiety disorder.

The evidence-based treatment for this problem is a school reintegration plan that provides a structured, gradual exposure to school, starting with reduced hours and preferred classes. Other accommodations to consider include identifying a staff member to reach out to the student and to provide extra support for the student at school; providing the student with a "flash pass" to go to an identified adult at school; and providing extended time on assignments and/or tests when appropriate. When possible, it can also be helpful to reduce the amount of missed work the student is required to complete to "catch up" at school.

I will not be filling out the Home and Hospital Instruction form at this time because I feel it is in this student's best interest to return to school as quickly as possible. I recommend that this student is provided with special education accommodations to facilitate their return to school, and to minimize the impact of this disability on their education.



# Parent-Facing School Avoidance Resources

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**Health Issues**

HEALTH ISSUES

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## School Avoidance: Tips for Concerned Parents

School avoidance (sometimes called *school refusal* or *school phobia*) occurs in as many as 5% of children. Kids may outright refuse to attend school or create reasons why they should not go. They may miss a lot of school, complaining of not feeling well, with vague, unexplainable symptoms.

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[COVID-19](#)  
[Developmental Disabilities](#)  
[Ear, Nose & Throat](#)  
[Emotional Problems](#)  
[Eyes](#)

**SCHOOL REFUSAL**

School refusal describes the disorder of a child who refuses to go to school on a regular basis or has problems staying in school.

*"The most important thing a parent can do is obtain a comprehensive evaluation from a mental health professional."\**

This evaluation will reveal the reasons behind the school refusal and can help determine what kind of treatment will be best. Your child's pediatrician should be able to recommend a mental health professional in your area who works with children.

## WHAT PARENTS CAN DO:

- Expose children to school in small degrees, increasing exposure slowly over time. Eventually this will help them realize there is nothing to fear and that nothing bad will happen.
- Try self-help methods with your child. In addition to a therapist's recommendations, a good self-help book will provide relaxation techniques. Be open to new ideas so that your child is, too.
- Talk with your child about feelings and fears, which helps reduce them.
- Meet with the school counselor for extra support and direction.
- Arrange an informal meeting with your child's teacher away from the classroom.
- Encourage hobbies and interests. Fun is relaxation, and hobbies are good distractions that help build self-confidence.
- Emphasize the positive aspects of going to school: being with friends, learning a favorite subject, and playing at recess.
- Help your child establish a support system. A variety of people should be in your child's life—other children as well as family members or teachers who are willing to talk with your child should the occasion arise.

\*former ADAA board member, Daniel Pine, MD - National Institute of Mental Health

ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

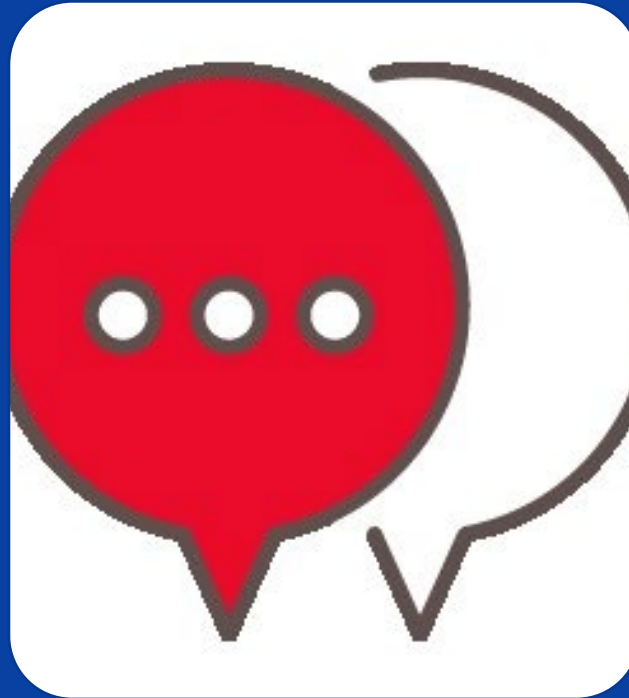
FOR SCHOOL AVOIDANCE FAMILIES

THE ULTIMATE GUIDE TO WORKING WITH YOUR SCHOOL

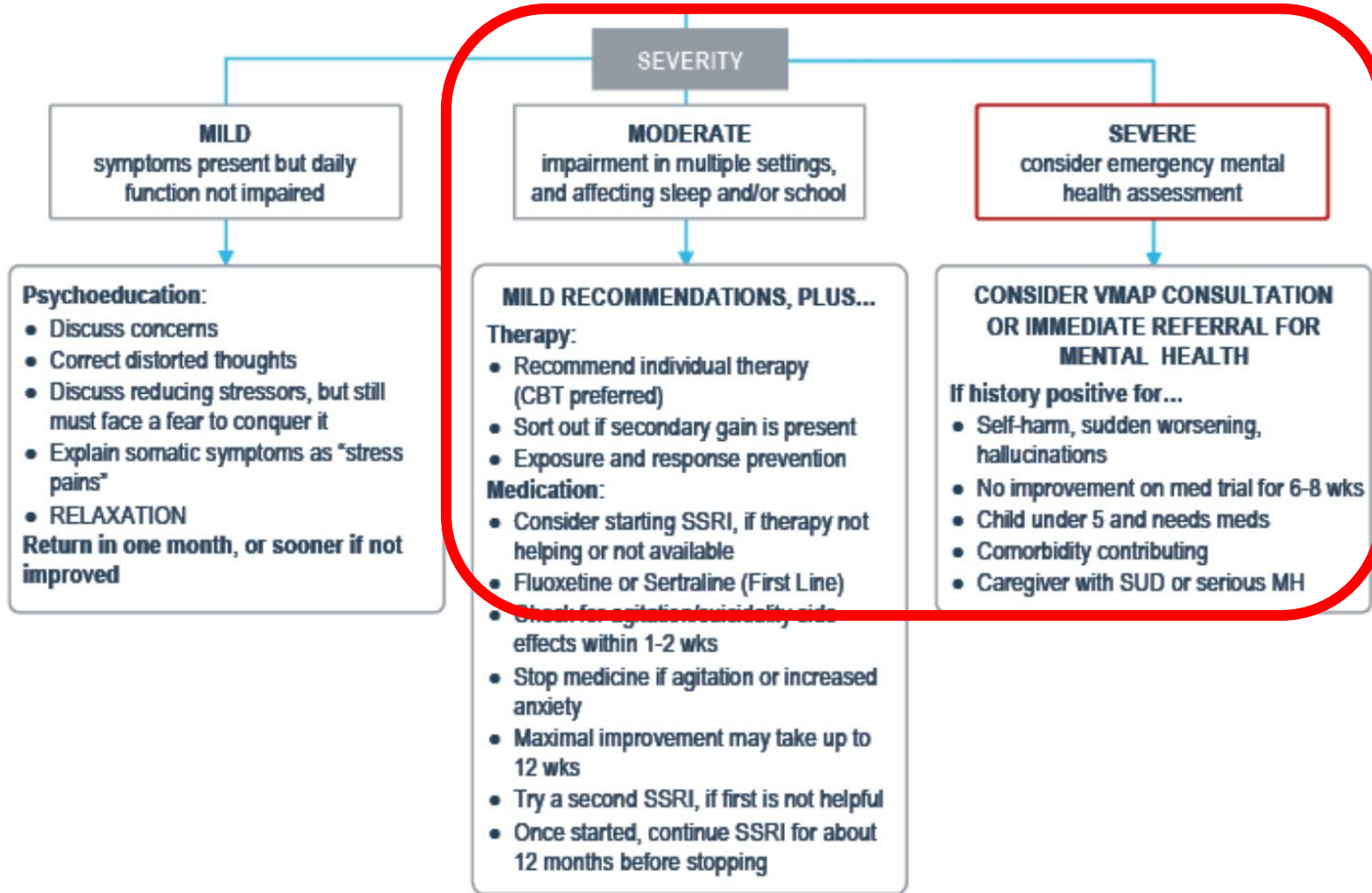
GETTING YOUR CHILD BACK TO SCHOOL

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

# Therapy Referrals



# VMAP Algorithm: Treatment



\* Many providers offer both the PHQ-A and GAD-7 for all kids ages 12 and older (combined tool provided in this module)



# Evidence-Based Therapy for Pediatric Anxiety

- Cognitive-behavioral therapy
- Exposure therapy
- Modeling
- Cognitive-behavioral therapy with parents

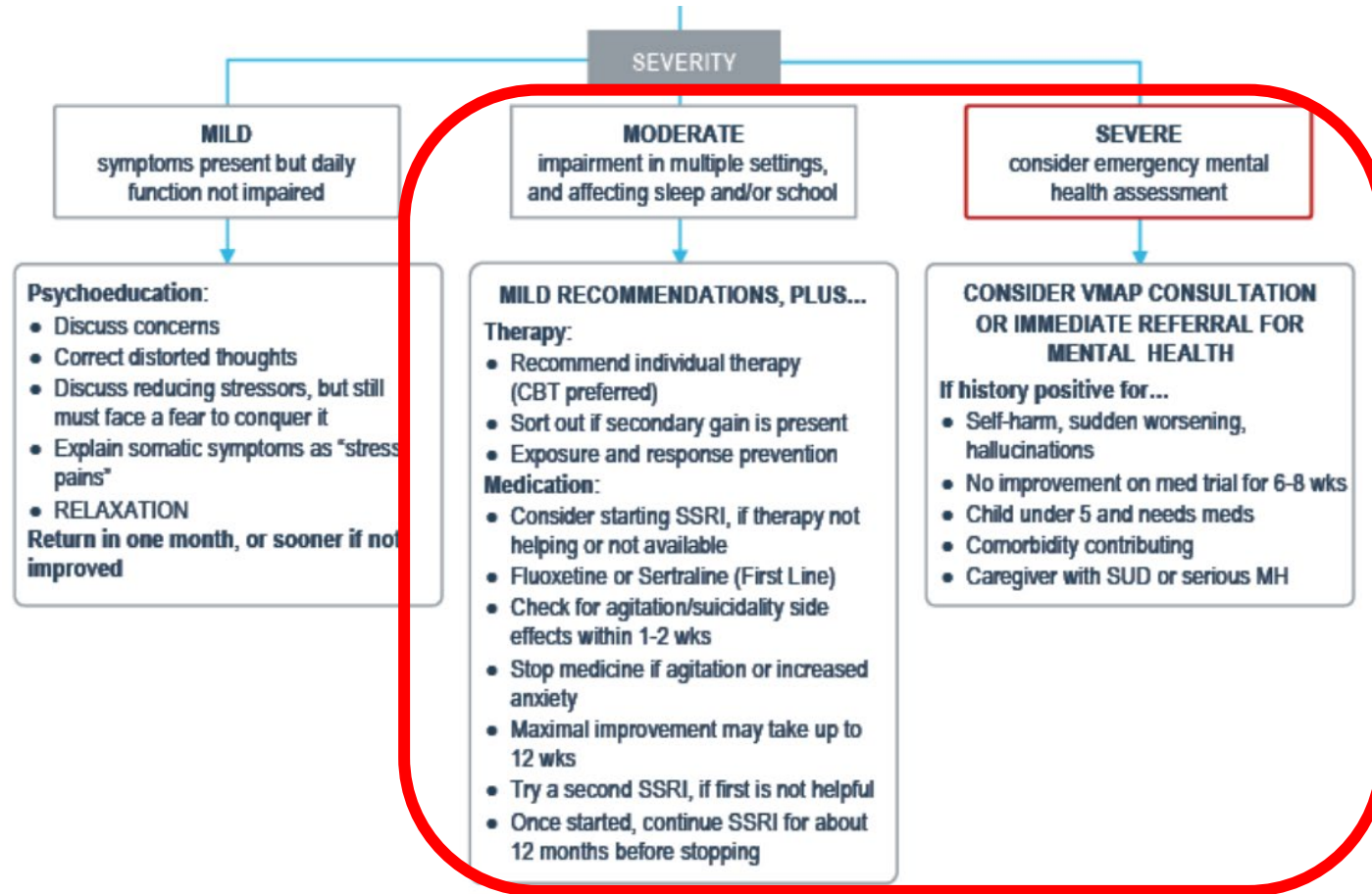


# Medication





# Moderate to Severe Anxiety



\* Many providers offer both the PHQ-A and GAD-7 for all kids ages 12 and older (combined tool provided in this module)

# SSRIs for Pediatric Anxiety



- **Escitalopram (Lexapro):**

- FDA approved for GAD (age 7-17)
- Narrower therapeutic window (max dose 20mg daily)

- **Sertraline (Zoloft):**

- FDA approved for OCD (age 6-17)
- Extensive evidence in pediatric anxiety

- **Fluoxetine (Prozac):**

- FDA approved for MDD (age 8-18) and OCD (age 7-17) in children
- Extensive evidence in pediatric anxiety
- May be more activating, particularly in younger children or and youth with neurodevelopmental disabilities

- Fluvoxamine (Luvox): FDA approved for OCD
- Citalopram (Celexa): not FDA approved in children
- Paroxetine (Paxil): not FDA approved in children
- **SNRI:** Duloxetine (Cymbalta): FDA approved for GAD (age 7-17)



# SSRIs for Anxiety

## MEDICATIONS FOR TREATMENT OF PEDIATRIC ANXIETY

Class	Generic	Brand Name	Available Forms/Doses	Dosing Information	Other Information	Comments
SSRI	fluoxetine	Prozac	<ul style="list-style-type: none"> <li>20mg/5ml</li> <li>Tabs 10/20/40/60mg</li> </ul>	<p><b>Initial dose:</b> 5-10mg</p> <p><b>Max dose:</b> 60mg</p> <p><b>Typical effective dose:</b> 5-20mg for use under age 12, and 10-60mg for use over age 12</p> <p><b>Duration:</b> 24 hours</p>	Often dosed in morning. Can cause vivid dreams. When switching meds tapering is not usually required due to very long half-life of active metabolite (avg 9.3 days). Peak effect 4-6 weeks.	First line per evidence. FDA approved for MDD age 8+, OCD age 7+. Side effects rare if dose missed, due to long half-life. <b>See <a href="#">side effect handout</a>: most mild, but know serotonin syndrome, and BOX Warning.</b>
SSRI	sertraline	Zoloft	<ul style="list-style-type: none"> <li>20mg/1ml</li> <li>Tabs 25/50/100mg</li> </ul>	<p><b>Initial dose:</b> 12.5-25mg</p> <p><b>Max dose:</b> 200mg</p> <p><b>Typical effective dose:</b> 50-100mg</p> <p><b>Duration:</b> 24 hours</p>	Drowsiness and sleep disturbance more common in adults than children, but may be better dosed at bedtime.	First line per evidence. Evidence-based for MDD, OCD age 6+, PMDD, PTSD. Peak effect 12 weeks.
SSRI	escitalopram	Lexapro	<ul style="list-style-type: none"> <li>5mg/5ml</li> <li>Tabs 5/10/20mg</li> </ul>	<p><b>Initial dose:</b> 2.5-5mg</p> <p><b>Max dose:</b> 20mg</p> <p><b>Typical effective dose:</b> 10mg</p> <p><b>Duration:</b> 24 hours</p>	Contraindicated in known congenital long QT syndrome.	Common first line, FDA approved for MDD age 12+, GAD. Peak effect 12 weeks.



# Counseling Families About SSRIs

- Serious risks (suicidal ideation, treatment emergent mania, activation, easy bruising, cardiac events, serotonin syndrome)
- Common side effects (GI issues, headaches...)
- Need to take the medication (nearly) every day for it to work (not PRN)
- Start at a low dose and titrate to reduce side effects
- Takes 4-6 weeks to reach full effect once at target dose
- Likely duration of treatment (6-12 months after remission), then supervised taper to avoid discontinuation symptoms
- Call office before follow-up appointment with questions/concerns about medication
- Call crisis line/911 for any safety concerns



# Family-Facing Resources about SSRIs for Anxiety



VMAP Guide v2.0 vmap.org

**SIDE EFFECT INFORMATION FOR FAMILIES:  
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)**  
SERTRALINE (Zoloft), FLUOXETINE (Prozac), CITALOPRAM (Celexa), ESCITALOPRAM (Lexapro),  
FLUVOXAMINE (Luvox), PAROXETINE (Paxil)

NAME of medication: \_\_\_\_\_

DOSE of medication: \_\_\_\_\_

USED for the treatment of the following conditions:

- Depression or mood disorder
- Anxiety disorder
- Obsessive-compulsive disorder
- Eating disorders
- Disruptive mood dysregulation disorder

**SIDE EFFECTS** of these medications include but are not limited to:

- Nausea, vomiting, constipation, diarrhea, weight gain
- Drowsiness/sedation or insomnia
- Activation (especially Prozac)
- Dizziness, tremor, headache
- Dry mouth, blurry vision (anticholinergic symptoms)
- Mood changes, anxiety
- Skin problems (rash, itching)
- Racing heart

**RARE but SERIOUS side effects** include but are not limited to:

- Serotonin syndrome (fever, agitation, sweating, tremor, seizures)
- Worsening depression, elevated mood/hypomania
- Increased risk of bruising
- Adverse heart (cardiovascular) events — (especially Celexa)  
*Please tell your provider if there is a personal or family history of heart disease, including abnormal heart rhythms (prolonged QTc syndrome), in which case screening is indicated prior to starting this medication.*
- Suicidal ideation (very unlikely and studies did not report any attempts)

**Administration:**

- For children with autism spectrum disorder, these medications are often effective at lower doses. Therefore, the dose is started lower and then titrated upward as needed.
- These medications do not need to be taken with food. However, if there is any stomach upset, it may help to take the medication with food.
- **This medication must be taken regularly. Abrupt discontinuation may lead to withdrawal symptoms (nausea, fatigue, chills, muscle aches, agitation). Please tell your provider if you want to stop the medication and we can help to taper it down.**

**Other Information:**

- Generally, there is no need to pre-screen patients to start this medication unless there is a family or personal history of cardiac disease or the patient is taking other medications which may prolong the QTc interval. Please tell your provider if there is a family history of heart problems.
- While there may be some effect from the medication during the first week, it will take between 2 to 8 weeks for the medication to have its full therapeutic effect.
- Side effects will be monitored at upcoming visits. Please contact us sooner if you have any questions or concerns about potential side effects.

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Anxiety Disorders:  
**Parents'  
Medication Guide**

AMERICAN ACADEMY OF  
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AMERICAN  
PSYCHIATRIC  
ASSOCIATION



# Managing SSRI Side Effects

## Common, generally self-limited

- Insomnia or sedation (adjust med admin schedule)
- GI side effects
- Change in appetite
- Headache

## Less common, may require medication change

- Activation
- Dizziness
- Tremor
- Hyperhydrosis
- Sexual dysfunction

## Rare, potential emergency

- New suicidality
- Serotonin syndrome
- Easy bleeding
- Hyponatremia
- Mania
- Prolonged QT interval

[VMAP Guidebook - Virginia Mental Health Access Program | VMAP.org](#)  
[AnxGuide12.05.18.pdf \(mcpap.com\)](#)

GLAD-PC Toolkit, page 92: <http://www.gladpc.org/>

Strawn JR, Mills JA, Poweleit EA, Ramsey LB, Croarkin PE. Adverse Effects of Antidepressant Medications and their Management in Children and Adolescents. *Pharmacotherapy*. 2023 Jul;43(7):675-690.

Dwyer JB, Bloch MH. Antidepressants for Pediatric Patients. *Curr Psychiatr*. 2019 Sep;18(9):26-42F.

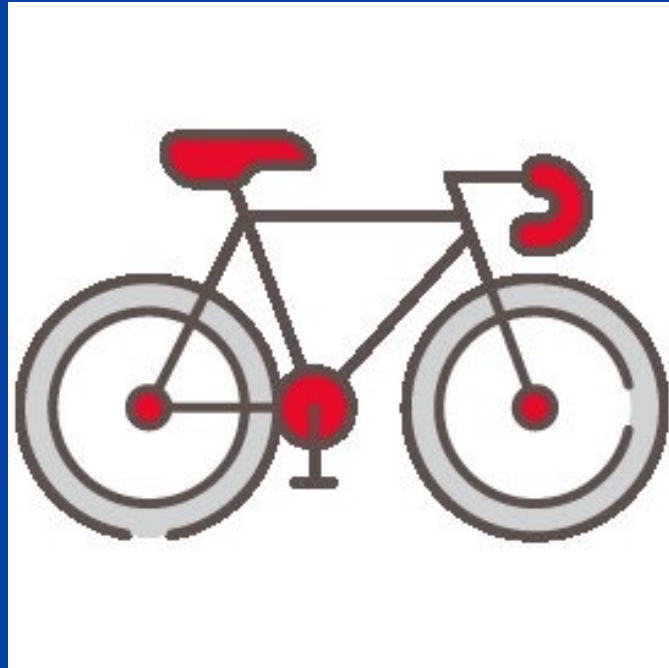




# PRN Medications

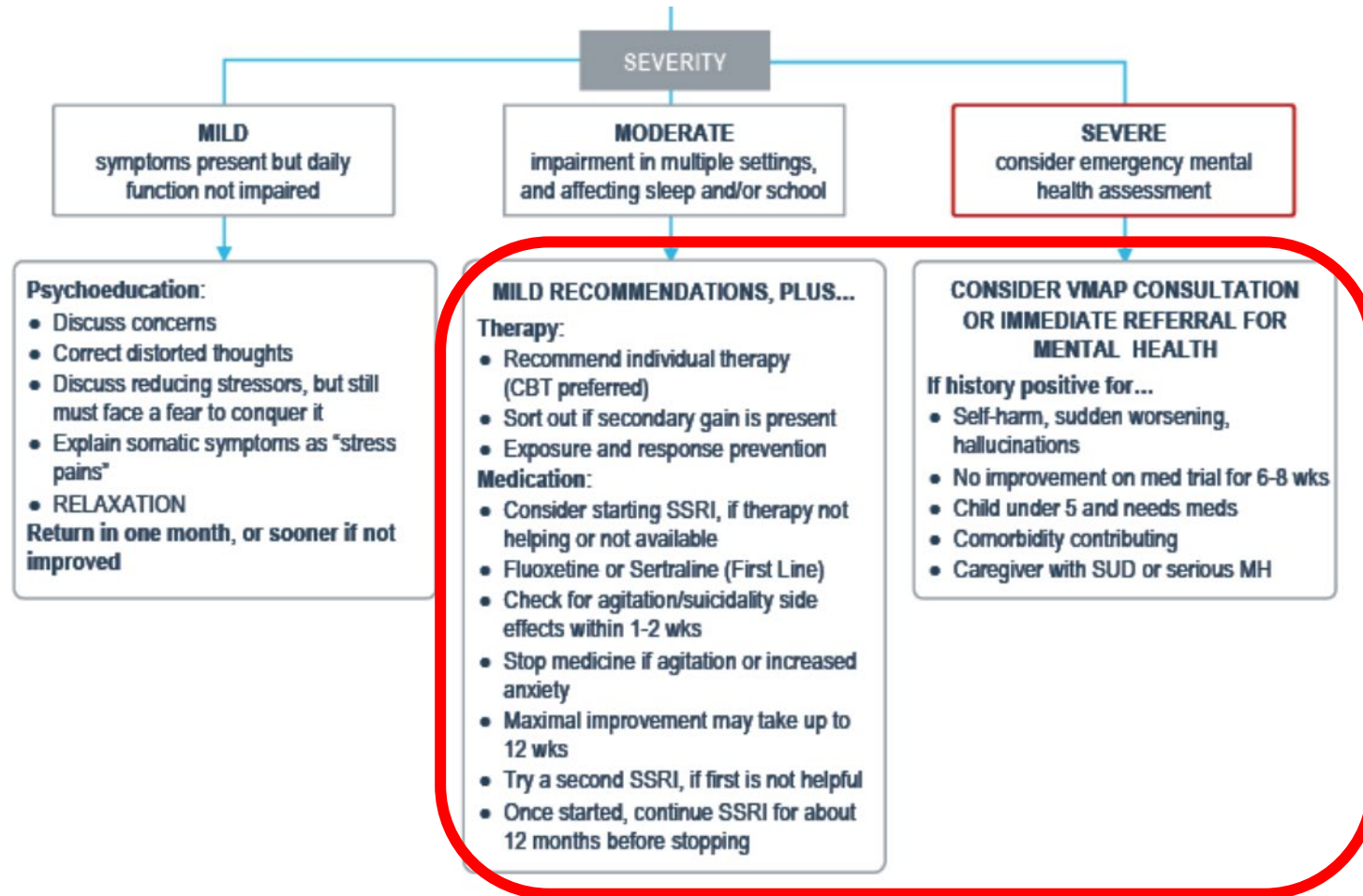
- Benzodiazepines are rarely used (potential for paradoxical activation, potential for dependence)
- Some PRN medications can be useful for severe distress and can help children confront avoidance, but can discourage use of coping skills
- When PRNs are used, they should be used for a limited time, in conjunction with a larger treatment plan, and in coordination with team
- Instead of PRN, consider using standing low dose (e.g., hydroxyzine 10-25mg) for a limited time while SSRI is being titrated or child is doing intense exposure work (e.g. return to school after school avoidance)

# Ongoing Monitoring

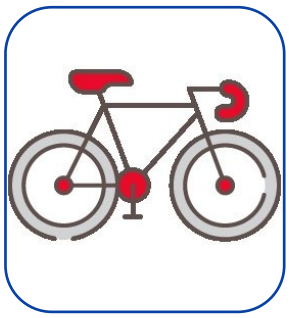




# Moderate to Severe Anxiety



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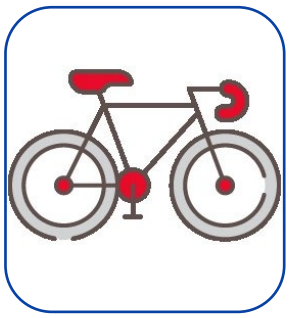


# Monitoring Response to SSRI Treatment for Anxiety

**Initial Treatment Phase** (month 1; goal is remission within 12 weeks; monitor q1 week)

*Weeks 1-2:* start at low test dose, contact family to check in after 1 week for agitation, SI, other side effects

*Weeks 2-4:* Titrate if continuing symptoms and no adverse effects; use SCARED or GAD-7 to monitor response to treatment and guide titration.



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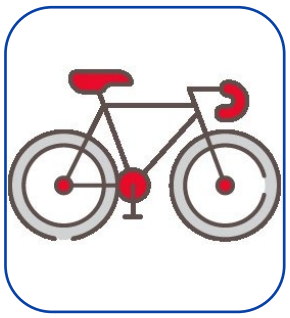
**Continuation Phase** (months 2-3; monitor q2weeks)

Monitor improvement with SCARED or GAD-7

Continue titration until reach target dose or SCARED/GAD-7 WNL

Call MAP program if symptoms are not improving

Full medication response may take up to 12 weeks at a given dose



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Monitor improvement with SCARED or GAD-7

Continue titration until reach target dose or SCARED/GAD-7 WNL

Call MAP program if symptoms are not improving

Full medication response may take up to 12 weeks at a given dose

## Remission Phase (months 4-12; monitor no less often than q3months)

Continue SSRI for 6+ months to reduce risk of relapse.

Recheck SCARED or GAD-7 at 8-12 months. If score is below cutoff, consider slow taper.

If tapering SSRI, monitor for re-emergence of anxiety.

Monitor after stopping SSRI.

**Thank You!**

**Question & Answer**

**Poll to follow**



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