

# **Assessment and Diagnosis of Anxiety Disorders in Children and Teens**

**Fall 2025**



Jason Herrick, MD

Director of Behavioral Health MMG  
Montefiore Einstein

[jherrick@montefiore.org](mailto:jherrick@montefiore.org)

# Disclosures

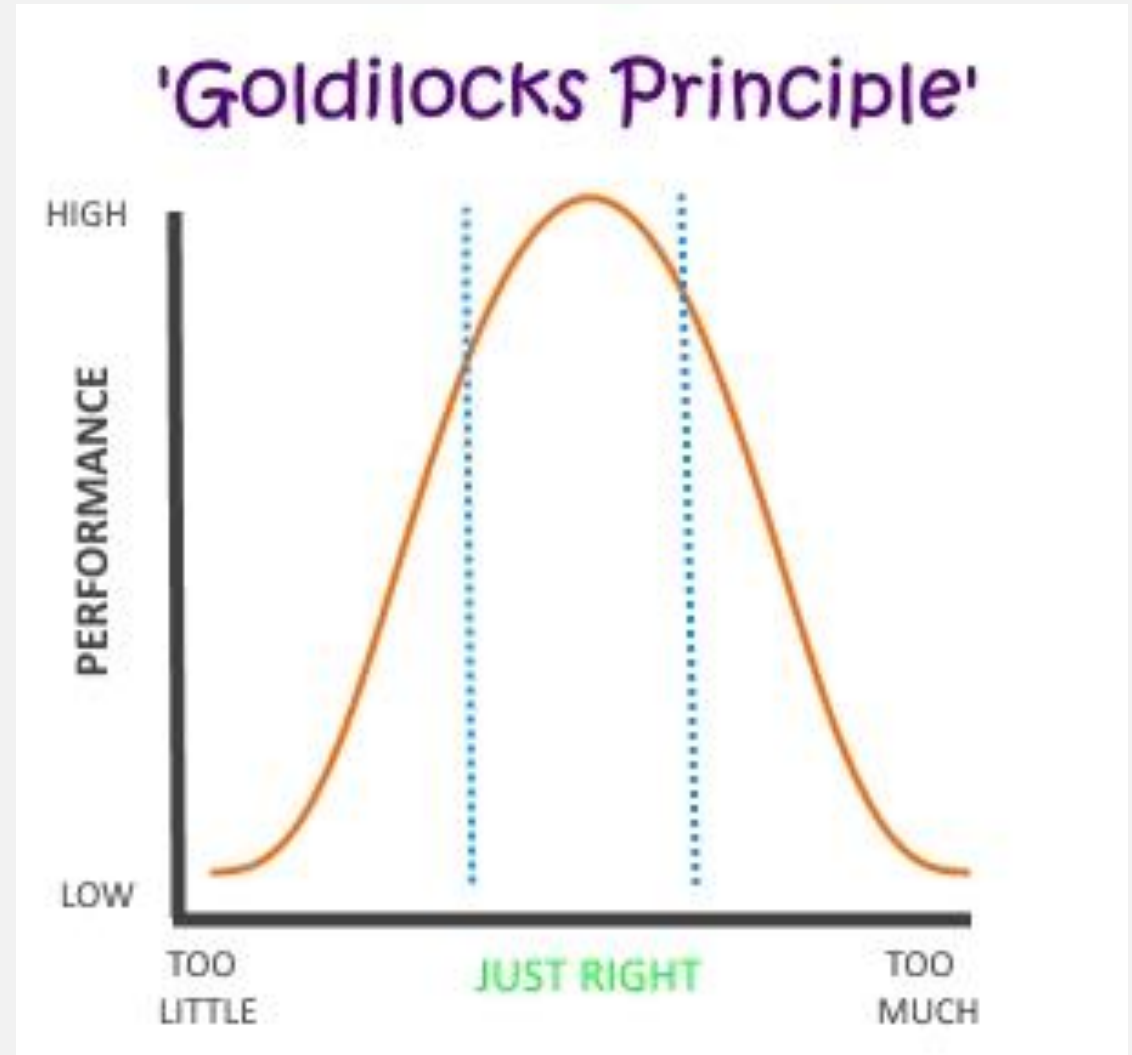
Dr. Jason Herrick serves as consultant to MVP Health on the  
Pharmacy and Therapeutics Review Committee

# Goals and Objectives

- Distinguish between anxiety and an anxiety disorder
- Review the epidemiology of pediatric anxiety disorders
- To recognize the signs and symptoms of anxiety disorders in children and adolescents at different ages
- To know how to screen and assess for these conditions

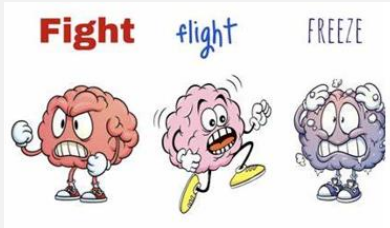
# What is Anxiety?

- Feeling of apprehension, “nervous”, “worry”, or unease
- Anticipation of danger
- May be experienced somatically as well as emotionally/cognitively
- Normal
- Adaptive: helps us focus and prepare
- Temporary



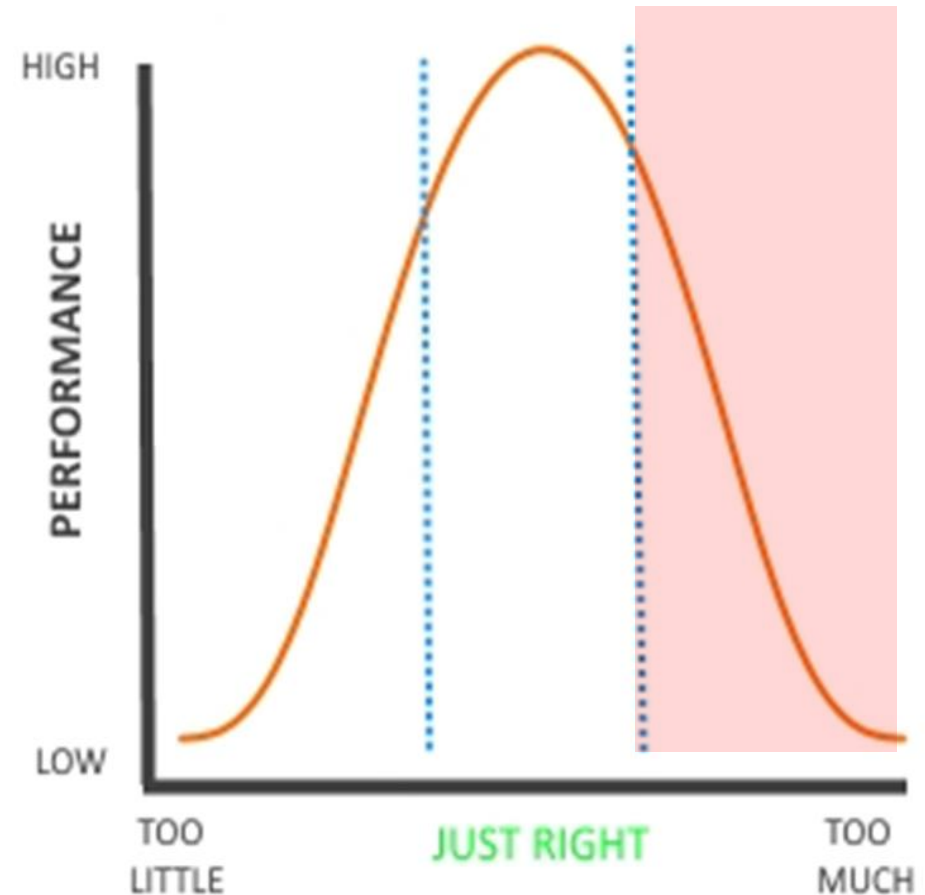
# When is Anxiety a *Disorder*?

- “Hijacked” autonomic nervous system



- Frequent and persistent (6 months)
- Avoidance
  - Restriction/resistance of activity
- Impairment
  - Need for parental accommodations
  - “Missing out”
  - Tantums/Aggression

## 'Goldilocks Principle'



# Subtypes of Anxiety Disorders

- Younger children:
  - Selective Mutism (cousin of Social Anxiety)
  - Separation Anxiety Disorder
- Older school aged and Adolescents:
  - Phobias
  - Generalized Anxiety Disorder
  - Social Anxiety Disorder
  - Panic Disorder

*Note:*

*OCD and PTSD were included as Anxiety Disorders in DSM-IV.  
In DSM-V they are better classified as obsessive-compulsive or trauma  
and stressor related disorders respectively*

**A couple questions before we jump into  
assessment....**



# Poll Question #1

Does your practice routinely screen for **depression** using a validated tool?

- YES
- NO
- I am not sure

# Poll Question #2

Does our practice routinely screen for **anxiety** using a validated tool?

- YES
- NO
- I am not sure

# Why Should We Screen for Anxiety?

- High prevalence
  - Up to 20% lifetime – increasing in youth
- High morbidity
- Highly treatable
- Low detection
  - <25% identified
  - As many as 50% never receive treatment
- USPTF recommends @ 8yo

General: Over the last 2 weeks, how often have you been bothered by the following problems?

Anxiety Disorder 7-item (GAD-7) scale

	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to control or calm the worry	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble concentrating	0	1	2	3
5. Trouble sleeping	0	1	2	3
6. Trouble relaxing	0	1	2	3
7. Being so restless that it is hard to sit still	0	1	2	3

Pediatric Symptom Checklist-17 (PSC-17)

Caregiver Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

For Office Use

1. Fidgety, unable to sit still

2. Feels sad, unhappy

3. Daydreams too much

4. Refuses to share

5. Does not understand

6. Feels hopeless

7. Has trouble concentrating

8. Fights with others

9. Is down or depressed

10. Blames others

11. Seems nervous or anxious

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., Marlene 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				
2. I get headaches when I am at school.	0	0	0	PN
3. I don't like to be with people I don't know well.	0	0	0	SH
4. I get scared if I sleep away from home.	0	0	0	SC
5. I worry about other people liking me.	0	0	0	SP
	0	0	0	GD

# Anxiety Ignored Can Derail Development

- Family difficulties
  - Undermines development of independence (avoidance vs. overprotection)
  - Increased family conflict (parents, sibs) as others feel “controlled”
- At risk for substance abuse
- School absence
  - Academic delays/loss
  - Underdeveloped social-emotional skills (“muscles”)
- Restricted range of activities
  - Lack of development of social-emotional skills
  - Loss/lack of development of peer relationships
  - Decreased opportunities for pleasure and skill development

# How Does Anxiety Present?

## 1. Emotional/Cognitive:

Thoughts and feelings of apprehension in anticipation of danger (internal or external); need for excessive reassurance

- *Commonly experienced as “worry” or “nervousness” but some kids don’t have words for and/or don’t recognize*

## 2. Behavioral:

**Avoidance**, absence, tantrums, aggression

## 3. Physical symptoms:

Headaches, stomach aches, difficulty breathing, swallowing (often without insight)

## 4. Sleep disturbance



# Emily

- 8 yo girl who is brought in because of stomach aches
- Evaluated by GI and no medical condition identified
- Difficulties getting her to school since kindergarten
  - Crying at drop off, clingy to parent
- In 2<sup>nd</sup> grade missed 10 days of school
- Now in 3<sup>rd</sup> grade, has missed 20 days of school to date
  - Even when she gets to school, she goes to nurse often with stomach aches, sometimes the only resolution is mother picking her up early
- No academic issues
- If mom unable to pick her up Emily calls frequently to “check in” and make sure that “nothing bad happened”
- At home she appears comfortable, pleasant, watches TV
- Maintains friendships with small group of girls she has know since pre-K
  - Does not enjoy play dates or want sleepovers at friend’s homes
- During office visit, she is quiet, but smiles easily
- PE is unremarkable
- No known trauma/loss

# Assessment

- Interview child/adolescent alone
- Interview parent(s) with/without child as indicated
- **Use validated screening tools** – i.e. SCARED
- Assess for any acute stressors (trauma, loss, moved, etc.)
- Consider known developmental history
- Consider other psychiatric causes
- Targeted PE
  - Guided by somatic complaints
- Work up and rule out medical causes/related issues as indicated
  - Thyroid dysfunction
  - Inflammatory bowel
  - Asthma
  - Migraine

*Note: physical health causes rarely present with anxiety in isolation*

# Screening

- **Pediatric Symptom Checklist (PSC):** Broad universal screener assessing 3 domains - attention, externalizing and internalizing
- **GAD-7:** 13+, anxiety specific, youth self report; 0-21 scores
  - 5-9 mild anxiety
  - 10-14 moderate anxiety
  - 15-21 severe anxiety
- **SCARED:** 8y+, anxiety specific, parent and self report measures
  - $\geq 25$  is positive screen
  - $\geq 30$  almost always reflects an anxiety disorder

## 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						

## Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over 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's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
		1	2	3

## 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., Marlene 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., & Raugher, 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 5 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

it for you to do your work, take

or assessing generalized anxiety



## Screen for Child Anxiety Related Disorders (SCARED)

Child Version - Page 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 for me 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.	My I get stomachaches at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	When I get frightened, I feel like I am going crazy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	I worry about sleeping alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	I worry about being as good as other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	When I get frightened, I feel like things are not real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	I have nightmares about something bad happening to my par- ents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	I worry about going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	When I get frightened, my heart beats fast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	I get shaky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	I have nightmares about something bad happening to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41

## Screen for Child Anxiety Related Disorders (SCARED)

Child Version - Page 2 of 2 (To be filled out by the CHILD)

		0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21.	I worry about things working out for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	When I get frightened, I sweat a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	I am a worrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	I get really frightened for no reason at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	I am afraid to be alone in the house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	It is hard for me to talk with people I don't know well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	When I get frightened, I feel like I am choking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	People tell me that I worry too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.	I don't like to be away from my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.	I am afraid of having anxiety (or panic) attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31.	I worry that something bad might happen to my parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.	I feel shy with people I don't know well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33.	I worry about what is going to happen in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34.	When I get frightened, I feel like throwing up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35.	I worry about how well I do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36.	I am scared to go to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37.	I worry about things that have already happened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38.	When I get frightened, I feel dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39.	I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40.	I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41.	I am shy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*\*For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

Developed by Boris Birmaher, MD, Suneeta Khetarpal, MD, Marlane Cully, MEd, David Brent, MD, and Sandra McKenzie, PhD. Western Psychiatric Institute and Clinic, University of Pgh. (10/95). Email: birmaherb@msx.upmc.edu

42

# Scoring the SCARED

- Separate Parent, Child forms (8-18 yo)
- 10 minutes
- Subscales differentiate types of anxiety
- Score of 25+ suggestive of anxiety

## **SCORING:**

A total score of  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

# Psychiatric Differential

Dx	Overlaps
ADHD	Restless, inattentiveness
Depression	Inattention, sleep problems, somatic
Bipolar	Restless, irritable, sleep problems
Learning Disorder	Generate worries about academics
Psychosis	Restless, social withdrawal
Autism spectrum	Social withdrawal/avoidance, repetitive behaviors, need for routine

# Medications/Substances that Cause/Worsen Anxiety

- Prescribed medications
  - Albuterol, steroids, SSRI's, stimulants, thyroid medications, antipsychotics
- Caffeine – carbonated beverages, energy drinks
- OTC medications – cold medications, decongestants, diet pills, antihistamines, CAM
- Nicotine/vaping
- Substance intoxication/abuse (pot, cocaine, methamphetamine, PCP, LSD) and/or withdrawal

# Diagnosis

- Potentially some urgency, very unlikely an emergency
- Use DSM-V criteria as guide
- Allow for complete work-up of potential physical health causes
- Remember avoidance is hallmark
- Establish the diagnosis with confidence
  - Assess severity/level of impairment
  - Provide psychoeducation
  - Screen for common comorbidity (i.e. MDD, ADHD)



# Emily

8 yo girl who is brought in because of stomach aches, GI w/u (-), increase in school avoidance, maintaining grades, frequent reassurance seeking, okay at home and with small group of friends.

During office visit, she is quiet, but smiles easily, PE is unremarkable, no known trauma/loss

## 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 checked="" type="radio"/>	<input type="radio"/>
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>
6. When I get frightened, I feel like passing out.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. People tell me that I look nervous.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12. When I get frightened, I feel like I am going crazy.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I worry about sleeping alone.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15. When I get frightened, I feel like things are not real.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have nightmares about something bad happening to my parents.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
19. I get shaky.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
20. I have nightmares about something bad happening to me.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 2 of 2 (To be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21. I worry about things working out for me.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
22. When I get frightened, I sweat a lot.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am a worrier.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. I get really frightened for no reason at all.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am afraid to be alone in the house.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. It is hard for me to talk with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. When I get frightened, I feel like I am choking.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People tell me that I worry too much.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
29. I don't like to be away from my family.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am afraid of having anxiety (or panic) attacks.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I worry that something bad might happen to my parents.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I feel shy with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. I worry about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
34. When I get frightened, I feel like throwing up.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I worry about how well I do things.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36. I am scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
37. I worry about things that have already happened.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. When I get frightened, I feel dizzy.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I am shy.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

### SCORING:

A total score of  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

*\*For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

Developed by Boris Birmaher M.D., Suneeta Khetarnal M.D., Marlene Cully M.Ed., David Brent M.D., and Sandra McKenzie Ph.D., Western

## POLL #3 – What is Emily's total SCARED Score?

### 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 checked="" type="radio"/>	<input type="radio"/>
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>
6. When I get frightened, I feel like passing out.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. People tell me that I look nervous.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12. When I get frightened, I feel like I am going crazy.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I worry about sleeping alone.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15. When I get frightened, I feel like things are not real.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have nightmares about something bad happening to my parents.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
19. I get shaky.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
20. I have nightmares about something bad happening to me.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 2 of 2 (To be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21. I worry about things working out for me.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
22. When I get frightened, I sweat a lot.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am a worrier.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. I get really frightened for no reason at all.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am afraid to be alone in the house.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. It is hard for me to talk with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. When I get frightened, I feel like I am choking.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People tell me that I worry too much.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
29. I don't like to be away from my family.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am afraid of having anxiety (or panic) attacks.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I worry that something bad might happen to my parents.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I feel shy with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. I worry about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
34. When I get frightened, I feel like throwing up.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I worry about how well I do things.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36. I am scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
37. I worry about things that have already happened.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. When I get frightened, I feel dizzy.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I am shy.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

#### SCORING:

A total score of  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

\*For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.

Developed by Boris Birmaher, M.D., Sumetsa Khetarnal, M.D., Marlene Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western



# SCARED Scoring

Total – 34 (++)

Panic – 5 (-)

GAD – 15 (++)

SepAnxD – 1 (-)

SocAnxD – 5 (-)

SchoolAvo- 8 (++)

## **SCORING:**

A total score of  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.



# Poll Question #4

Do we think Emily has an Anxiety Disorder?

- Yes
- No
- I want more information
- I'm not sure

## Poll Question #5

How would you rate the severity of Emily's GAD w/ school avoidance?

- Mild
- Moderate
- Severe

# Severity

	SCARED	Distress	Avoidance
Mild	<30	Some	Minimal
Moderate	30-40	Good deal	Some
Severe	41+	A lot	A lot

- SCARED = 38
- Distress = ???
- Avoidance = 20+ school days missed

# Summary

- Anxiety disorders as a category are the most common mental health condition in adolescents
- Commonly goes undiagnosed (akin to ADHD:IT; “quiet”, “good” kids)
- Universal screening recommended by USPTF for 8-18
  - i.e. (+) PSC/YPSC and signs of anxiety -> SCARED
- When work up is suggestive of anxiety, make the diagnosis!
  - R/O Trauma/loss
  - Consider medical/medication/substance contributions
- Severity assessment supports medical decision making/treatment planning
- Assess for comorbid conditions

# Appendix

# GAD DSM5 Criteria

1. Excessive anxiety and worry (apprehensive expectation)
  - a. occurring more days than not
  - b. for at least six months,
  - c. about several events or activities
2. The person finds it difficult to control the worry.
3. Associated with three or more of the following six symptoms:
  - a. Restlessness or feeling keyed up or on edge
  - b. Being easily fatigued
  - c. Difficulty concentrating or mind going blank
  - d. Irritability
  - e. Muscle tension
  - f. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)
4. Not attributable to the physiological effects (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

# Separation Anxiety Disorder DSM5

A. Inappropriate and excessive fear or anxiety concerning separation from attachment figures, as evidenced by persistent anxiety in at least 3 of the following:

- Anticipating or experiencing separation from home or from major attachment figures.
- Losing major attachment figures or about possible harm to them, such as illness, injury, disasters or death.
- Untoward event that causes separation from a major attachment figure.
- Persistent reluctance or refusal to go out, be away from home, go to school, go to work, or elsewhere because of fear of separation.
- Being alone or without major attachment figures at home or in other settings.
- Sleep away from home or to go to sleep without being near a major attachment figure.
- Nightmares involving the theme of separation
- Physical symptoms (e.g. headaches, stomach aches, nausea, vomiting) when separation from major attachment figures occurs or is anticipated.

B. Lasting at least 4 weeks in children and adolescents and typically  $\geq 6$  months in adults.

# Social Anxiety Disorder DSM5

- A. Intense fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety [symptoms](#)) that will be embarrassing and humiliating.
- B. Exposure almost invariably provokes anxiety
- C. The person recognizes that this fear is unreasonable or excessive.
- D. The feared situations are avoided or else are endured with intense anxiety and distress.
- E. Interferes significantly with the person's normal routine, or there is marked distress about having the phobia.
- F. Persistent, lasting 6 or more months.
- G. Not due to direct physiological effects of a substance (e.g., drugs, medications) or a general medical condition

**NOTE: Selective Mutism separate diagnosis but thought of as variant of Social Anxiety Disorder**



# Gen Medical Differential Diagnosis: Uncommon

- Hyperthyroidism
- Migraine
- Asthma
- Seizure disorders
- Lead intoxication
- Even less Common: Hypoglycemia, arrhythmias
- Rare: Pheochromocytoma, CNS disorders (ex delirium/brain tumor)

# Presentation of Anxiety at Different Ages

Elementary School	Middle School	Adolescent/High School
<ul style="list-style-type: none"><li>• Developmental regression</li><li>• Crying</li><li>• Somatic sxs</li><li>• Clingy</li><li>• Triggered by separations</li><li>• Fear based oppositionality</li><li>• Sleep problems</li></ul>	<ul style="list-style-type: none"><li>• Somatic sx</li><li>• School refusal</li><li>• Performance based</li><li>• Poor concentration</li><li>• Sleep problems</li><li>• Irritability</li><li>• Defiance</li><li>• Avoidance</li></ul>	<ul style="list-style-type: none"><li>• All sx seen in middle school...<i>plus...</i></li><li>• Impaired socialization</li><li>• Restriction of life activities</li><li>• Substance abuse</li></ul>

# Midline Physical Symptoms

