Identification and Management Anxiety Disorders in Children and Teens

Fall 2026

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

NEW YORK STATE | Office of Mental Health

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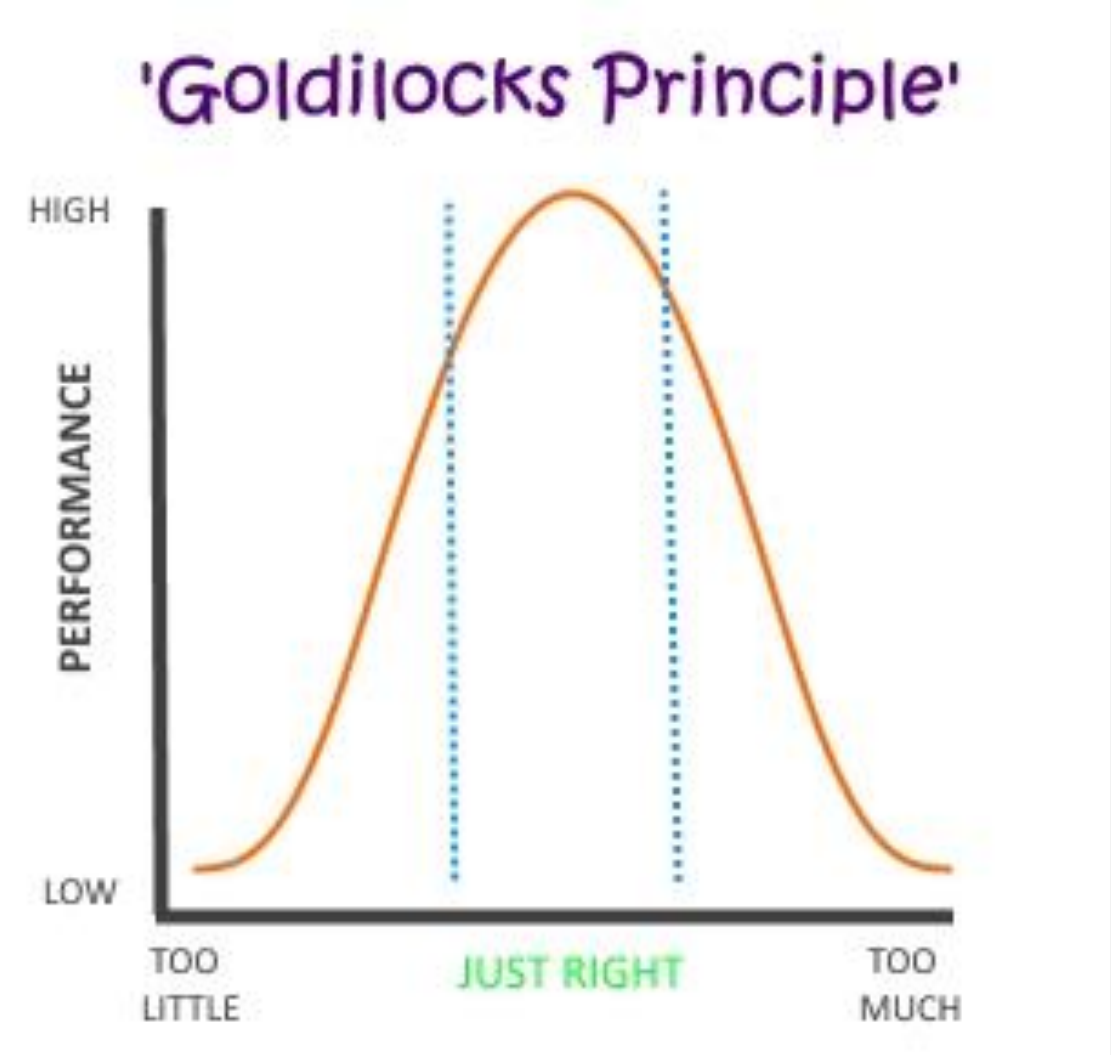
NEW YORK STATE | Office of Mental Health

Goals and Objectives

- Distinguish between anxiety and an anxiety disorder
- 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
- To build confidence in making diagnosis of anxiety
- Develop approach to discussing and prescribing medication to treat anxiety

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



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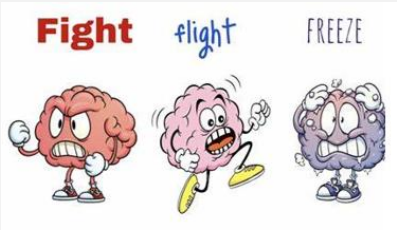
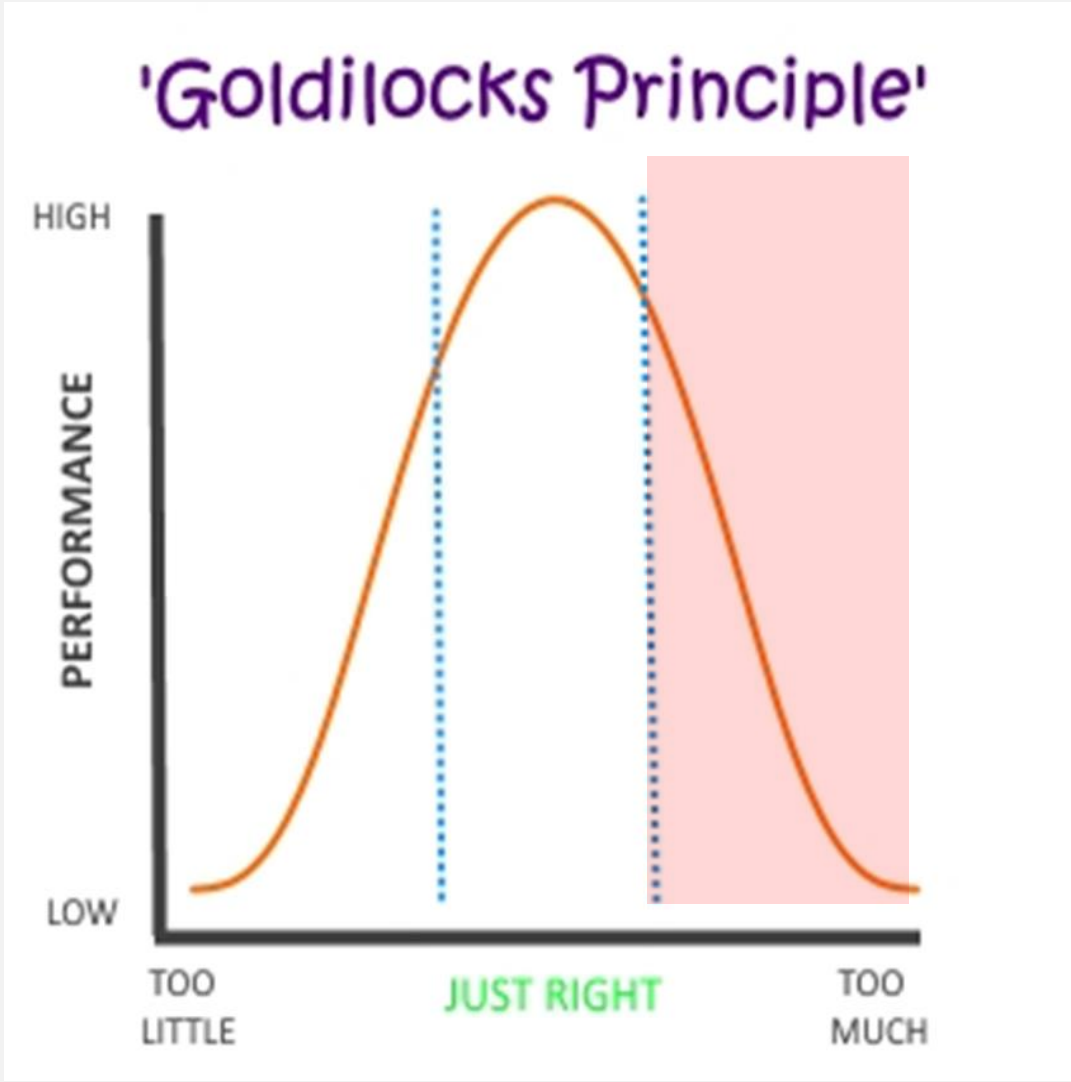
When is Anxiety a *Disorder*?

- "Hijacked" autonomic nervous system



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



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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

Identification: Assessment

Poll Question #1

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

- YES
- NO
- I am not sure

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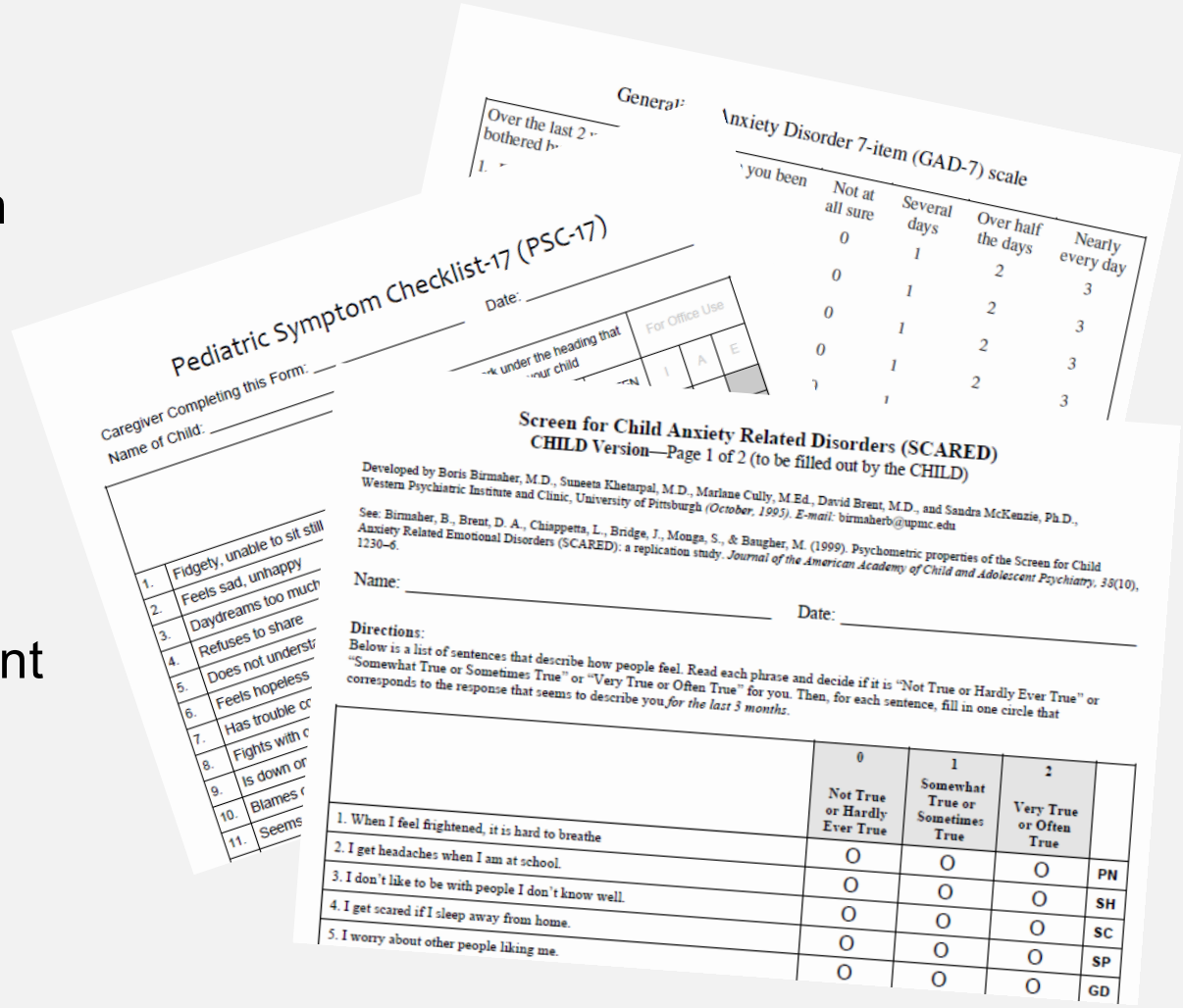
Poll Question #2

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



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Development Derailed

- 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 2nd grade missed 10 days of school
- Now in 3rd 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 bowl
  - Asthma
  - Migraine

Note: physical health causes rarely present with anxiety in isolation

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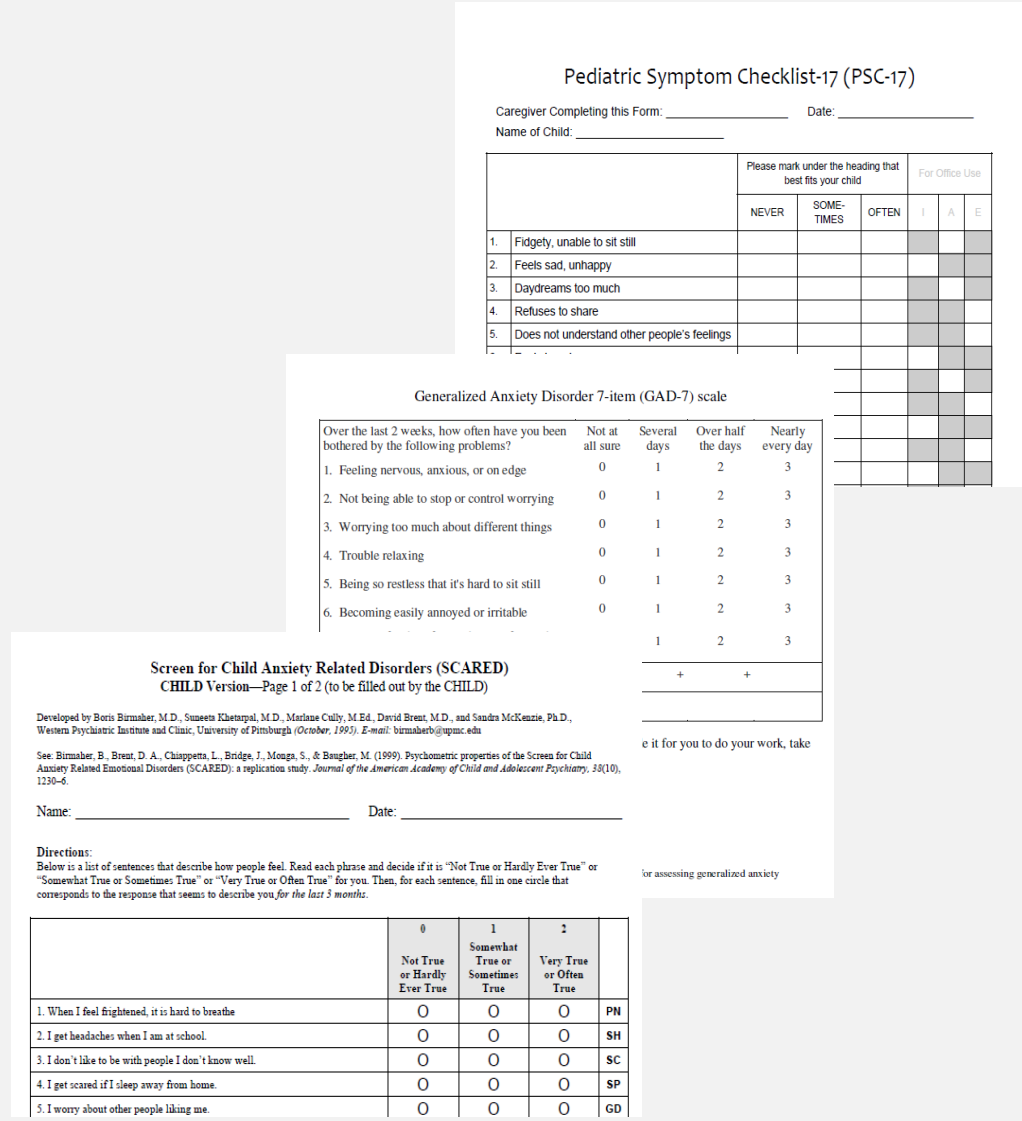
Medications/Substances that Cause/Worsen Anxiety

- 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

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
  - ≥25 is positive screen
  - ≥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
			+	+	

e 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)

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

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Screen for Child Anxiety Related Disorders (SCARED)

Child Version - Page 1 of 2 (To be filled out by the CHILD)

Name: _____ **Date**: _____

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		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	o	o	o
2.	I get headaches when I am at school	o	o	o
3.	I don't like to be with people I don't know well	o	o	o
4.	I get scared if I sleep away from home	o	o	o
5.	I worry about other people liking me	o	o	o
6.	When I get frightened, I feel like passing out	o	o	o
7.	I am nervous	o	o	o
8.	I follow my mother or father wherever they go	o	o	o
9.	People tell me that I look nervous	o	o	o
10.	I feel nervous with people I don't know well	o	o	o
11.	My I get stomachaches at school	o	o	o
12.	When I get frightened, I feel like I am going crazy	o	o	o
13.	I worry about sleeping alone	o	o	o
14.	I worry about being as good as other kids	o	o	o
15.	When I get frightened, I feel like things are not real	o	o	o
16.	I have nightmares about something bad happening to my parents	o	o	o
17.	I worry about going to school	o	o	o
18.	When I get frightened, my heart beats fast	o	o	o
19.	I get shaky	o	o	o
20.	I have nightmares about something bad happening to me	o	o	o

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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	o	o	o
22.	When I get frightened, I sweat a lot	o	o	o
23.	I am a worrier	o	o	o
24.	I get really frightened for no reason at all	o	o	o
25.	I am afraid to be alone in the house	o	o	o
26.	It is hard for me to talk with people I don't know well	o	o	o
27.	When I get frightened, I feel like I am choking	o	o	o
28.	People tell me that I worry too much	o	o	o
29.	I don't like to be away from my family	o	o	o
30.	I am afraid of having anxiety (or panic) attacks	o	o	o
31.	I worry that something bad might happen to my parents	o	o	o
32.	I feel shy with people I don't know well	o	o	o
33.	I worry about what is going to happen in the future	o	o	o
34.	When I get frightened, I feel like throwing up	o	o	o
35.	I worry about how well I do things	o	o	o
36.	I am scared to go to school	o	o	o
37.	I worry about things that have already happened	o	o	o
38.	When I get frightened, I feel dizzy	o	o	o
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)	o	o	o
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	o	o	o
41.	I am shy	o	o	o

**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

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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 ≥ **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**.

Routinely screening for anxiety reduces time to diagnosis and allows for early Intervention



Education of parents/teachers/doctors/others about all forms of anxiety



Prevent the development of Anxiety Disorders in children with anxious temperament



Prevent generational transmission of Anxiety symptoms and impairment

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Pediatrician's Corner



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Identification: Diagnosis

Diagnosis

- Potentially some urgency, very unlikely an emergency
- Use DSM-5 criteria as guide
- Allow for complete work-up of potential physical health causes
- Remember ***avoidance*** is hallmark
- Establish the diagnosis with confidence - "Name it to tame it!"
  - Validation of experience
  - Assess severity/level of impairment
  - Screen for common comorbidity (i.e. MDD, ADHD)
  - Provide psychoeducation



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)

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	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.	○	○	●
3. I don't like to be with people I don't know well.	○	●	○
4. I get scared if I sleep away from home.	○	○	○
5. I worry about other people liking me.	○	○	●
6. When I get frightened, I feel like passing out.	●	○	○
7. I am nervous.	○	○	●
8. I follow my mother or father wherever they go.	○	●	○
9. People tell me that I look nervous.	●	○	○
10. I feel nervous with people I don't know well.	○	●	○
11. I get stomachaches at school.	○	○	●
12. When I get frightened, I feel like I am going crazy.	●	○	○
13. I worry about sleeping alone.	●	○	○
14. I worry about being as good as other kids.	○	○	●
15. When I get frightened, I feel like things are not real.	●	○	○
16. I have nightmares about something bad happening to my parents.	●	○	○
17. I worry about going to school.	○	○	●
18. When I get frightened, my heart beats fast.	○	○	●
19. I get shaky.	○	●	○
20. I have nightmares about something bad happening to me.	●	○	○

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

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22. When I get frightened, I sweat a lot.	●	○	○
23. I am a worrier.	○	●	○
24. I get really frightened for no reason at all.	●	○	○
25. I am afraid to be alone in the house.	●	○	○
26. It is hard for me to talk with people I don't know well.	○	●	○
27. When I get frightened, I feel like I am choking.	●	○	○
28. People tell me that I worry too much.	○	●	○
29. I don't like to be away from my family.	●	○	○
30. I am afraid of having anxiety (or panic) attacks.	●	○	○
31. I worry that something bad might happen to my parents.	●	○	○
32. I feel shy with people I don't know well.	○	●	○
33. I worry about what is going to happen in the future.	○	○	●
34. When I get frightened, I feel like throwing up.	○	●	○
35. I worry about how well I do things.	○	○	●
36. I am scared to go to school.	○	○	●
37. I worry about things that have already happened.	○	●	○
38. When I get frightened, I feel dizzy.	●	○	○
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.)	●	○	○
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.	●	○	○
41. I am shy.	○	●	○

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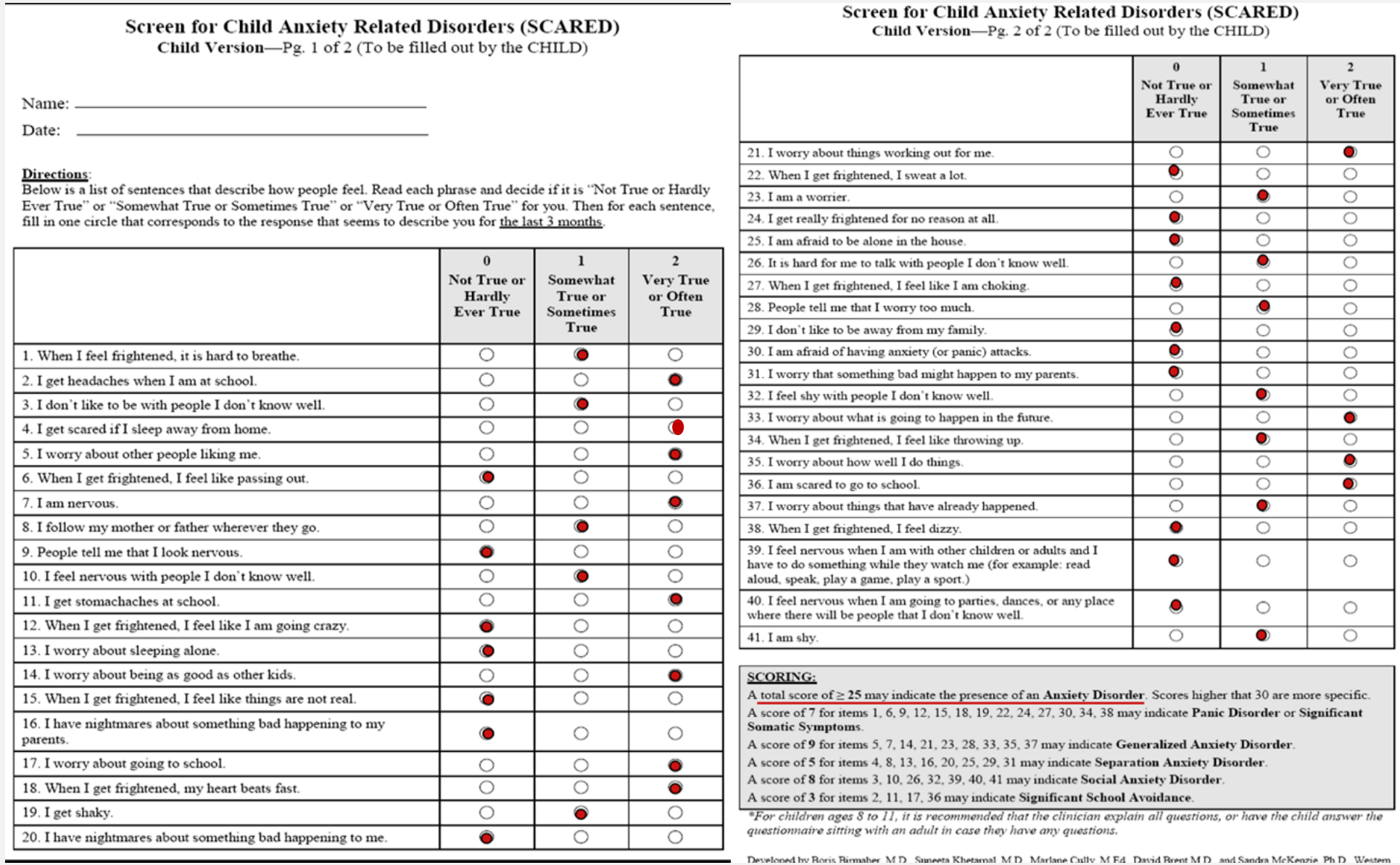
POLL #3 –
What is Emily's total SCARED Score?



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2. I get headaches when I am at school.	○	○	●
3. I don't like to be with people I don't know well.	○	●	○
4. I get scared if I sleep away from home.	○	○	●
5. I worry about other people liking me.	○	○	●
6. When I get frightened, I feel like passing out.	●	○	○
7. I am nervous.	○	○	●
8. I follow my mother or father wherever they go.	○	●	○
9. People tell me that I look nervous.	●	○	○
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13. I worry about sleeping alone.	●	○	○
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15. When I get frightened, I feel like things are not real.	●	○	○
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18. When I get frightened, my heart beats fast.	○	○	●
19. I get shaky.	○	●	○
20. I have nightmares about something bad happening to me.	●	○	○

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22. When I get frightened, I sweat a lot.	●	○	○
23. I am a worrier.	○	●	○
24. I get really frightened for no reason at all.	●	○	○
25. I am afraid to be alone in the house.	●	○	○
26. It is hard for me to talk with people I don't know well.	○	●	○
27. When I get frightened, I feel like I am choking.	●	○	○
28. People tell me that I worry too much.	○	●	○
29. I don't like to be away from my family.	●	○	○
30. I am afraid of having anxiety (or panic) attacks.	●	○	○
31. I worry that something bad might happen to my parents.	●	○	○
32. I feel shy with people I don't know well.	○	●	○
33. I worry about what is going to happen in the future.	○	○	●
34. When I get frightened, I feel like throwing up.	○	●	○
35. I worry about how well I do things.	○	○	●
36. I am scared to go to school.	○	○	●
37. I worry about things that have already happened.	○	●	○
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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.)	●	○	○
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41. I am shy.	○	●	○

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SCARED Scoring

Total – 36 (++)
Panic – 5 (-)
GAD – 15 (++)
SepAnxD – 2 (-)
SocAnxD – 5 (-)
SchoolAvo- 8 (++)

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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 am not sure

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Poll Question #5

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

- Mild
- Moderate
- Severe

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Severity

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

- SCARED = 36
- Distress = ???
- Avoidance = 20+ school days missed

Assesstment/Diagnosis

- 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

Pediatrician's Corner



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Management

Poll Question #6

After making your diagnosis what would you recommend/do first?

A. Home instruction to limit impact on education

B. Provide psychoeducation to Emily and parents

C. Referral for CBT alone

D. Referral for CBT and start a medication for anxiety

E. Wait and monitor for now



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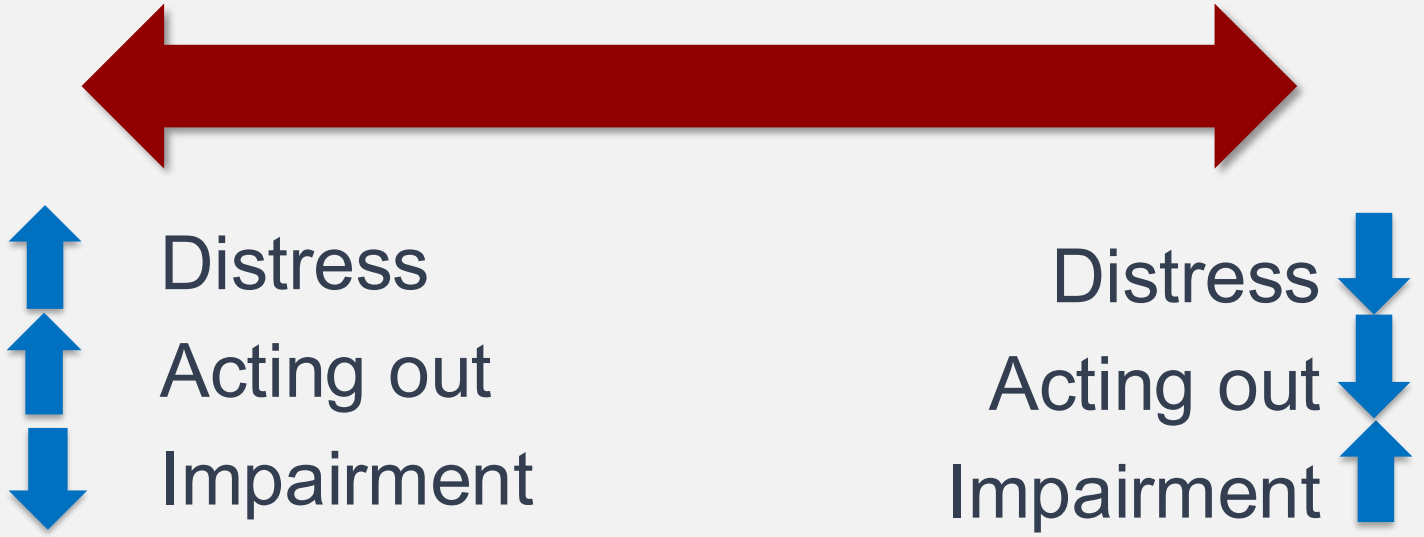
Psychoeducation for Children

- What is Anxiety?
  - Anxiety is normal and helpful in small doses
- Why me?
  - Genes and temperament
  - Life experiences
  - Development of “thinking traps”
  - Escape and avoid = More anxiety

Slide courtesy of Drs. Albano and Rynn

Psychoeducation for Parents

100% Accountability **100% Accommodation**



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Treatment of Anxiety Disorders: Depends on Severity

Consider the 3 ‘Ps’: Pervasive, Persistent, imPairing

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

Mild Anxiety

Mild Anxiety Treatment

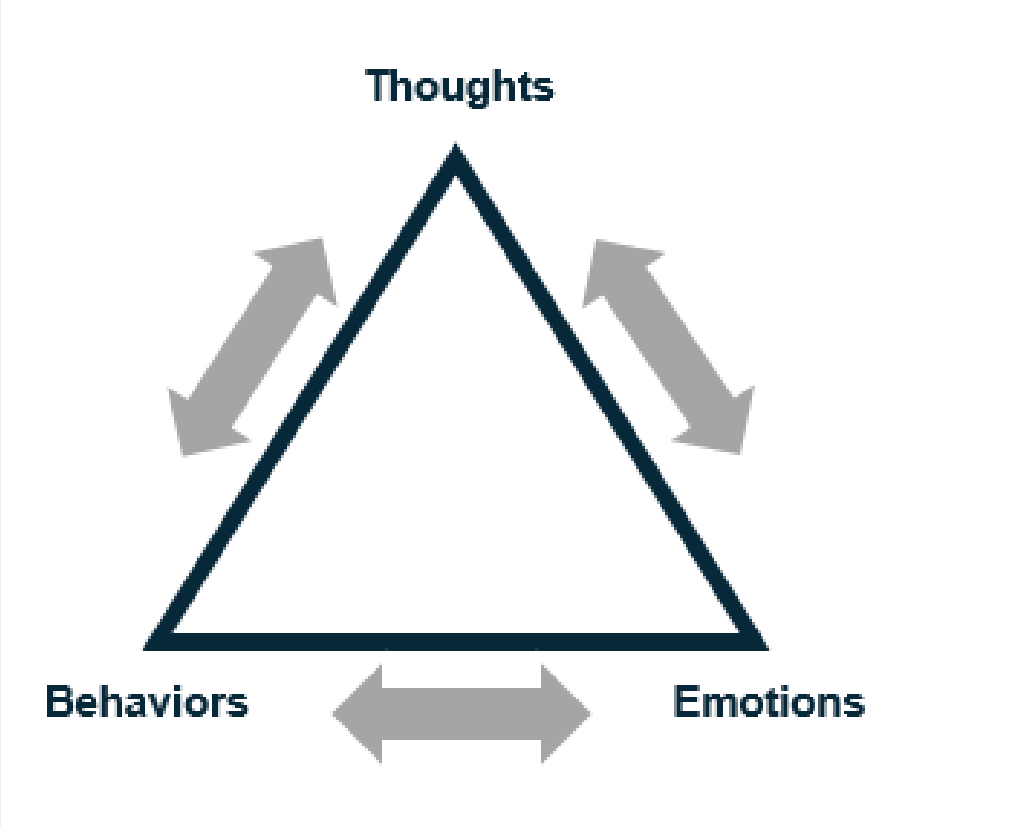
- Educate, support, monitor
- Bibliotherapy
- Cognitive Behavioral Therapy (CBT) skills in the office

CBT Goals

- Extinguish avoidance behavior
- Increase healthy problem-solving
- Facilitate insight and self-efficacy
- Solidify gains and promote generalization

CBT Concepts

- Teach self-soothing and **somatic management**
- Identify and change **maladaptive thinking**
- Increase proactive approach behavior (**graduated exposure**)



Somatic Management

Goals:

- Develop tolerance of normal, expected levels of anxiety
- Learn & utilize strategies to calm self during stressful/ fear provoking situations or tasks

Methods:

- Breathing retraining
- Progressive Muscle Relaxation

Breathing Retraining

- Calms the nervous system
- Stimulate the vagus nerve
- Lowers heart rate and blood pressure
- Reduces stress hormones

Belly Breath

Sit in your chair with your body tall, shoulders back, eyes closed. Lay your hands in your lap. Nice and relaxed.

Picture that I just baked some chocolate chip cookies. Take a deep breath in and smell the cookies. Hold that chocolatey smell for 3, 2, 1.

Slowly breathe out.

Let's repeat that again.



Progressive Muscle Relaxation

- Two step technique: tension and relaxation
- Pay attention to the feeling of relaxation when releasing the contracted muscle
- Practice daily, bedtime is often ideal
- Takes as little as 10 minutes per day to practice
- Younger child: parent reads the script, can use fewer body parts
- Can then utilize in other stressful situations

Relaxation Script Grades K-4 (Ollendick, 1978)

To begin the relaxation session, have the children sit comfortable in their chair and close their eyes. Soft, slow music can be playing in the background. When reading the script, speak in a soft, even tone. Pause between sentences.

- **Hands and Arms**

Pretend you have a whole lemon in your left hand. Now squeeze all the juice out. Feel the tightness in your hand and arm as you squeeze. Now drop the lemon. Notice how your muscles feel when they are relaxed. Take another lemon and squeeze it. Try to squeeze. Try to squeeze it harder than you did the first one. That's right. Real hard. Now drop your lemon and relax. See how much better your hand and arm feel when they are relaxed. Once again, take a lemon in your left hand and squeeze all the juice out. Don't leave a single drop. Squeeze hard. Now relax and let the lemon fall from your hand. (*repeat this process with the right hand and arm.)*

- **Arms and Shoulders**

Pretend you are a furry, lazy cat. You want to stretch. Stretch your arms out in front of you. Place them up high over your head, way back. Feel the pull in your shoulders. Stretch higher. Now just let your arms drop back to your side. Okay, kittens, let's stretch again. Stretch your arms out in front of you. Raise them over your head. Put them back, way back. Pull hard. Now let them drop quickly. This time let's have a great big stretch. Try to touch the ceiling. Stretch your arms way out in front of you. Raise them way up high over your head. Push them way, way back. Notice the tension and pull in your arms and shoulders. Hold tight now. Great. Let them drop very quickly and feel how good it is to be relaxed. It feels good and warm and lazy.

Muscle Relaxation: Script Conclusion

- Stay as relaxed as you can.
- Let your whole body go limp and feel all your muscles relaxed.
- As you go through the day, remember how good it feels to be relaxed.
- Sometimes you have to make yourself tighter before you can be relaxed, just as we did in these exercises.
- Practice these exercises every night to get more relaxed.
- When you are a really good relaxer, you can help yourself relax at school.
- Just remember the turtle, or the jawbreaker, or the mud puddle, and you can do these exercises and nobody will know.
- You've done a good job. You're going to be a super relaxer.

Pediatrician's Corner



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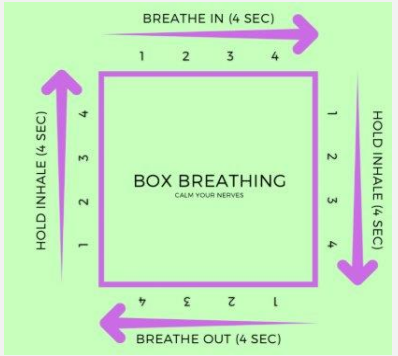
Moment of Zen





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Moderate Anxiety

Exposure-based CBT

or

Psychopharmacology

Child–Adolescent Anxiety Multimodal Study (CAMS)

- Federally funded, multi-site RCT in 488 youth (7-17 Y/O) with a primary diagnosis of non-OCD anxiety disorder (separation anxiety disorder, generalized anxiety disorder, or social phobia)

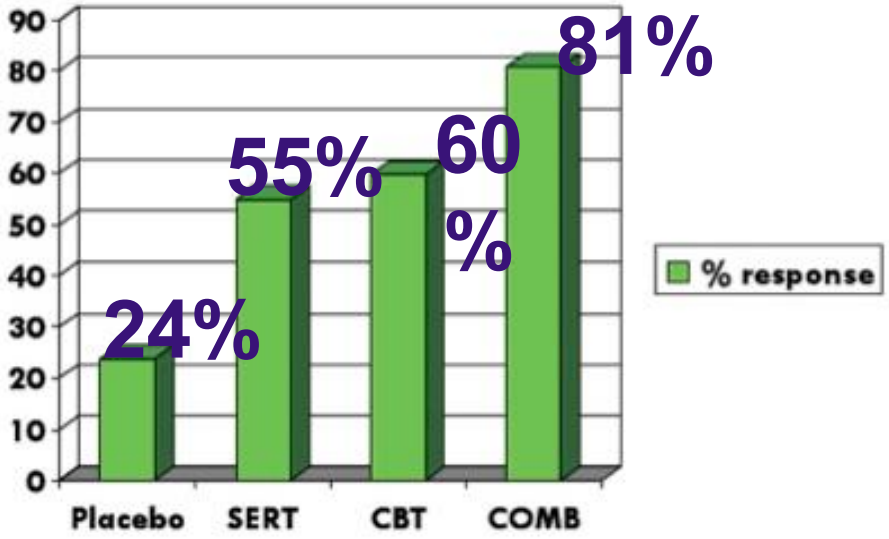
- Randomized to 12 weeks of
  - CBT
  - Sertraline (SER)
  - Combination of CBT + SER (COMB)
  - Placebo (PBO)

Walkup JT, Albano AM, Piacentini J, Birmaher B, Compton SN, Sherrill J, Ginsburg GS, Rynn MA, McCracken J, Waslick B, Iyengar S, March JS, Kendall PC. Cognitive-behavioral therapy, sertraline and their combination for children and adolescents with anxiety disorders: acute phase efficacy and safety. New England Journal of Medicine. Dec 25, 2008.

Child Anxiety Multimodal Study CAMS

CAMS (Child-Adolescent Anxiety Multimodal Study):

COMB > CBT = SRT > PBO



SERT=sertraline, CBT=cognitive-behavioral therapy, COMB=combination

Walkup JT et al, *N Engl J Med*, 2008;359:2753-2766

CGI-I 1 and 2 (ITT, LOCF)

Walkup et al., 2008

Child–Adolescent Anxiety Multimodal Study

Mean dose of SER/PBO at final visit:

- COMB: 134 mg/day
- SER: 146 mg/day
- PBO: 176mg/day

Walkup JT, Albano AM, Piacentini J, Birmaher B, Compton SN, Sherrill J, Ginsburg GS, Rynn MA, McCracken J, Waslick B, Iyengar S, March JS, Kendall PC. Cognitive-behavioral therapy, sertraline and their combination for children and adolescents with anxiety disorders: acute phase efficacy and safety. New England Journal of Medicine. Dec 25, 2008.

Serotonin Reuptake Inhibitors with FDA Approvals for Children

- Approved for Anxiety
  - Escitalopram ≥ 7 yrs (SSRI)
  - Duloxetine ≥ 7 yrs GAD (SNRI)
- Approved for OCD
  - Clomipramine ≥ 10 yrs (TCA)
  - Fluvoxamine ≥ 8 yrs (SSRI)
  - Sertraline ≥ 6 yrs (SSRI)
  - Fluoxetine ≥ 7 yrs (SSRI)
- Approved for Depression
  - Fluoxetine ≥ 8 yrs (SSRI)
  - Escitalopram ≥ 12 yrs (SSRI)

Slide courtesy of Dr. Walkup

SSRI Efficacy for Anxiety Disorders

- Social Anxiety D/O, Generalized Anxiety D/O, Social Phobia
  - Fluvoxamine - RUPP, 2001
  - Fluoxetine - Birmaher et al, 2003
  - Sertraline (CAMS) - Walkup et al, 2009
- Social Phobia
  - Paroxetine - Wagner et al, 2004
  - Fluoxetine - Beidel et al, 2007
  - Venlafaxine - March et al, 2007
- Generalized Anxiety D/O
  - Sertraline - Rynn et al, 2001
  - Venlafaxine - Rynn et al, 2007
  - Duloxetine - Strawn et al, 2015

Slide courtesy of Dr. Walkup

SSRI TREATMENT - Moderate Anxiety

- Patient and parent preference
- Too anxious to start CBT
- CBT not available
- CBT has failed or only partially resolved symptoms

Severe Anxiety

Exposure-based CBT

and

Psychopharmacology

SSRI

Brand	Generic	Target Dose	Starting Dose
Zoloft	Sertraline	25-200 for kids and adolescents	Start at 12.5-25 mg
Prozac	Fluoxetine	10-60 for kids and adolescents	Start at 5-10 mg
Lexapro*	Escitalopram	10-20 for adolescent	Start at 5 or 10 mg

**FDA approved 7+*

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SSRI How-To: Part I

- Start at a dose lower than the expected therapeutic dose (fluoxetine 10 mg instead of 20 mg or sertraline 12.5mg instead of 25mg)
- If there are no side effects, go up in a week.
- Warn families that the early doses are to acclimate and test the waters.
- Get to a therapeutic dose as soon as possible (2-4 weeks)
- Patients should respond somewhat to therapeutic dose in 2-3 weeks.
- If no response, increase dose.
- If some response, wait 4-6 weeks (for full response to take effect) to decide if dose should be increased.

SSRIs

- Anxiety often needs higher doses
- Start with lower doses due to hypervigilance for side effects
- Warn about side effects
- Start low BUT do not forget to go up—Most treatment failure is just a failure to raise the dose enough!
- Younger kids respond well to all treatments but also have more side effects from meds
- Continue for 12 months of remission before tapering
- Plan taper around expected stressors

SSRI Side Effects

- Common Side effects of SSRI's:
  - Dry mouth
  - GI: Constipation, Diarrhea
  - Sweating, rashes
  - Sleep disturbance
  - Sexual dysfunction
  - Irritability
  - "Disinhibition" (risk-taking behaviors, increased impulsivity)
  - Agitation or jitteriness
  - Headache
  - Appetite changes

Side Effects

- More serious side effects
  - Serotonin syndrome (fever, hyperthermia, restlessness, confusion, etc)
  - Hypomania
  - Discontinuation syndrome (dizziness, drowsiness, nausea, lethargy, headache)
  - Suicidality

Other Meds for Anxiety

- SNRI—(Duloxetine) when failed SSRIs
- Evidence is not there to use the following as first or second line treatments:
  - Antihistamines
  - Beta blockers
  - Benzodiazepines
  - Buspirone

Pediatrician's Corner



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Poll Question #7

After making your educating the family what would you recommend/do next?

A. Home instruction to limit impact on education

B. Referral for CBT alone

C. Referral for CBT and start a medication for anxiety

D. Call ProjectTEACH

E. Wait and monitor for now



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Take-aways

- Early intervention with anxiety makes a difference.
- The pediatrician has a unique opportunity to identify anxious children.
- The pediatrician's office is an ideal setting to start treatment for anxiety.
- Medication and psychological approaches are effective for anxiety management. Medication should not be a last resort.
- Tools for management of anxiety can empower children and their parents.

In Practice:
"Fireside" with Dr. Kaufman



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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 ≥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

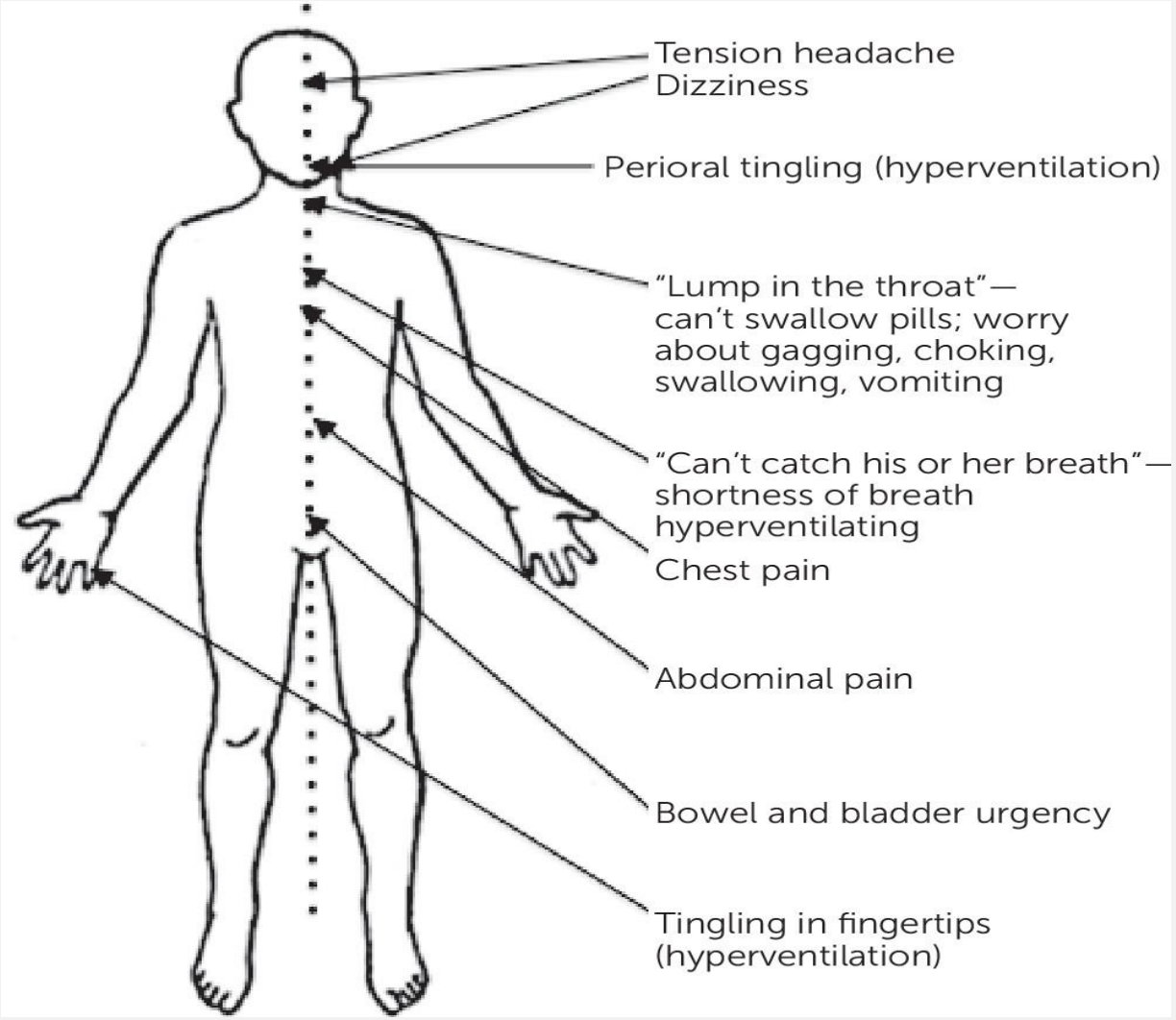
Gen Medical Differential Diagnosis: Uncommon

- 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
• Developmental regression • Crying • Somatic sxs • Clingy • Triggered by separations • Fear based oppositionality • Sleep problems	• Somatic sx • School refusal • Performance based • Poor concentration • Sleep problems • Irritability • Defiance • Avoidance	• All sx seen in middle school…*plus…* • Impaired socialization • Restriction of life activities • Substance abuse

Midline Physical Symptoms



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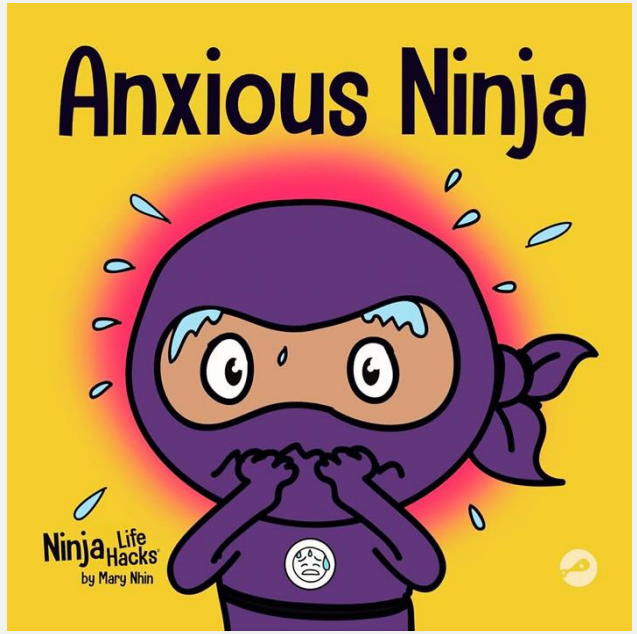
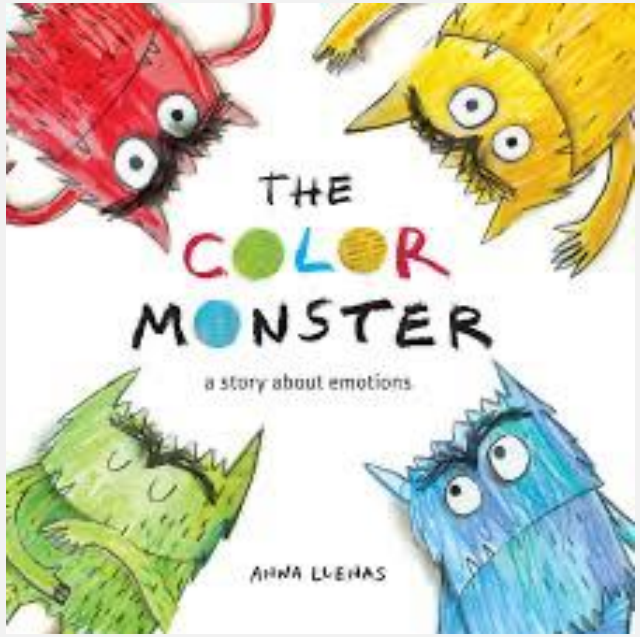
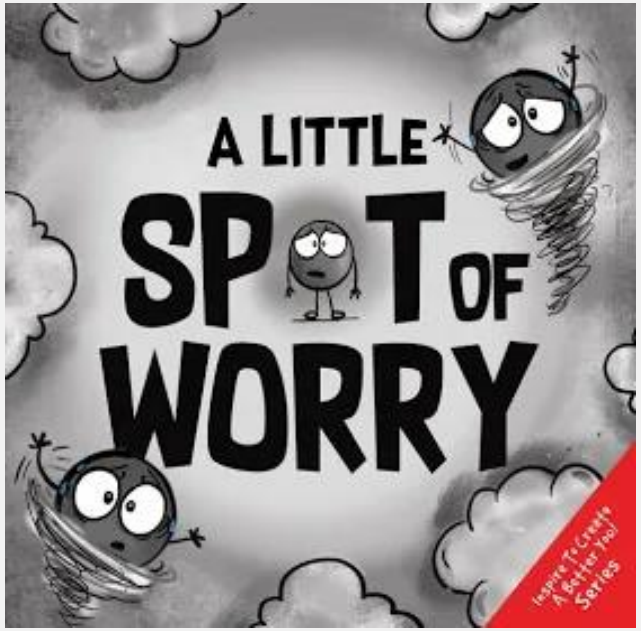
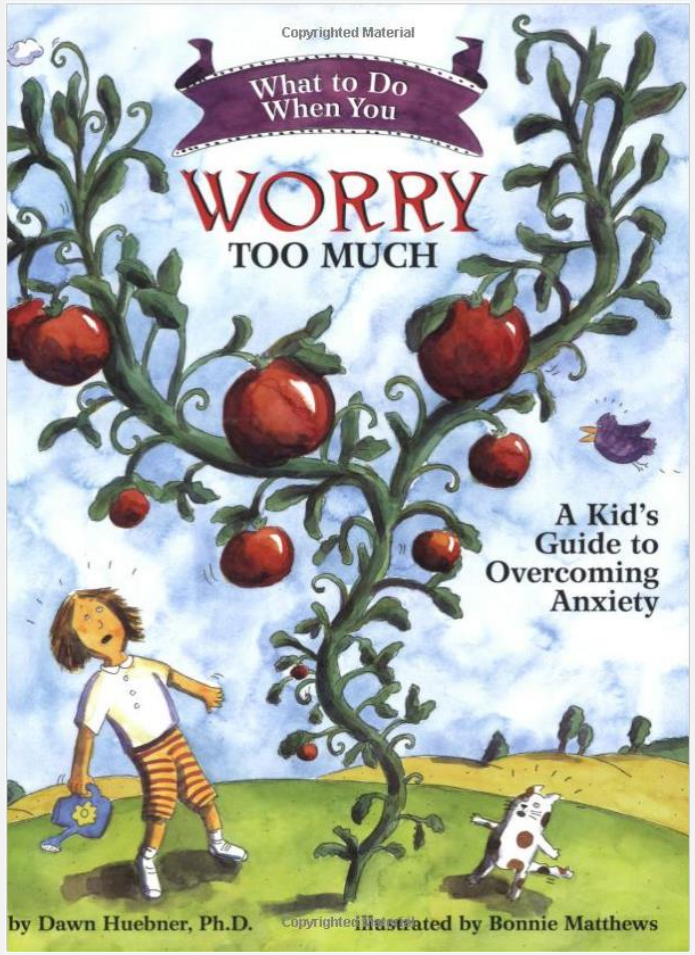
BOOKS FOR PRESCHOOLERS

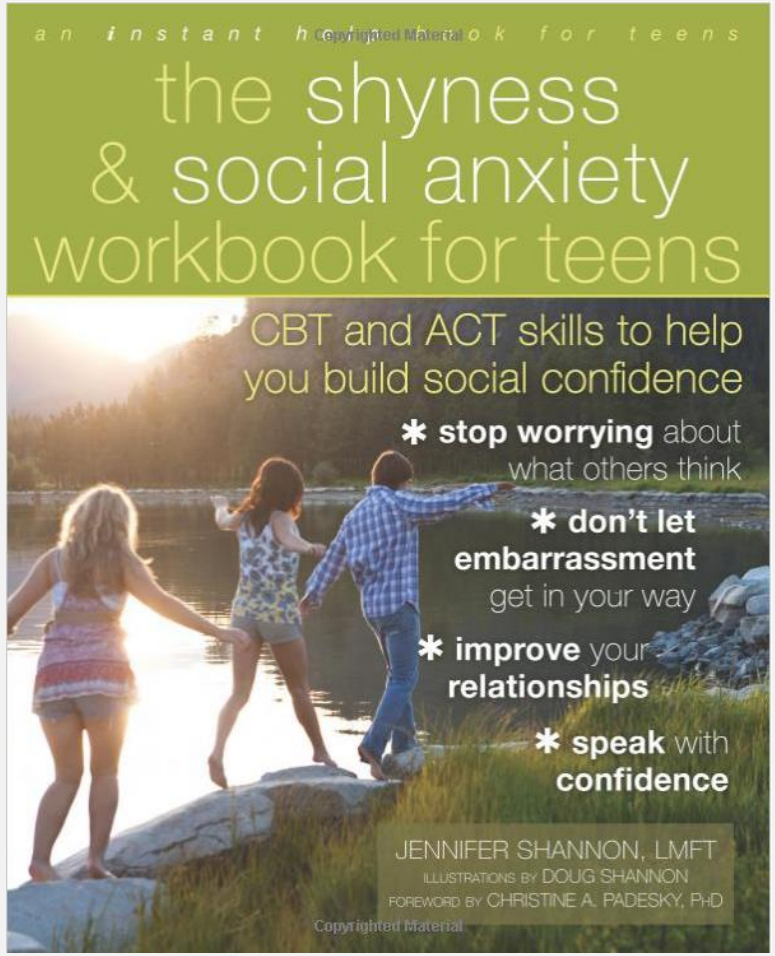


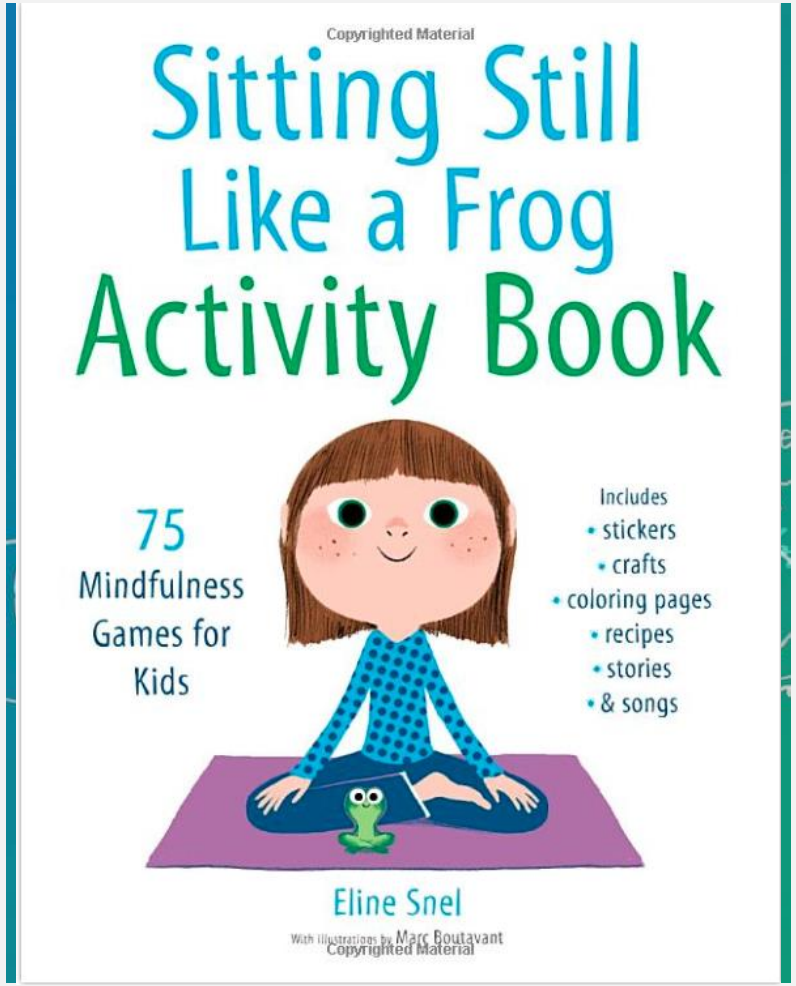




Books for Kids and Teens







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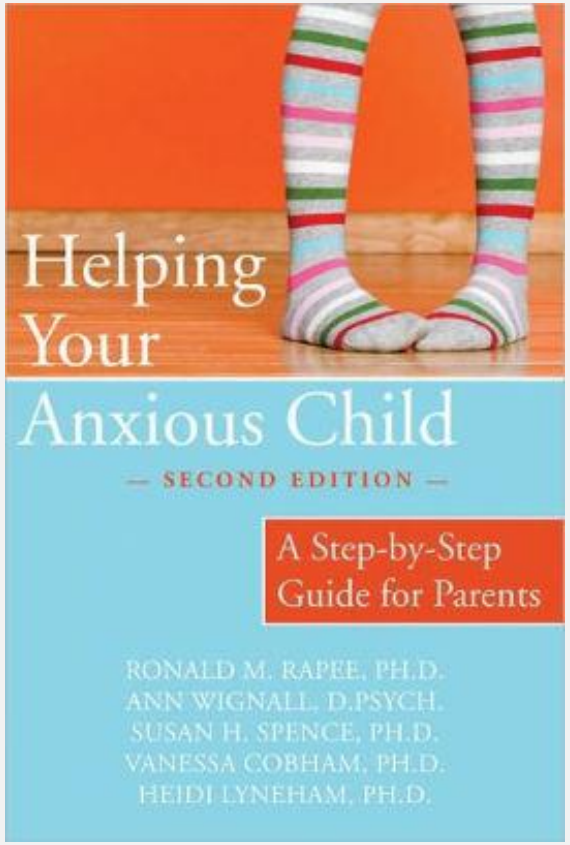
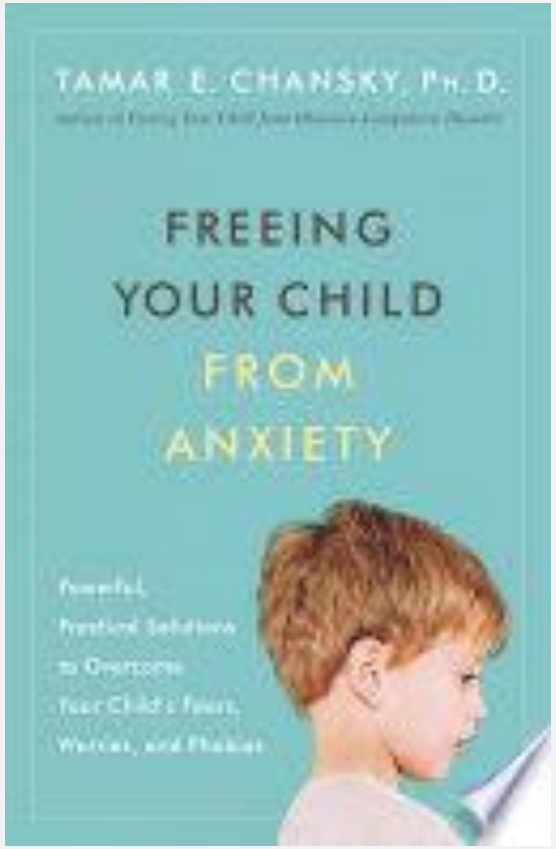
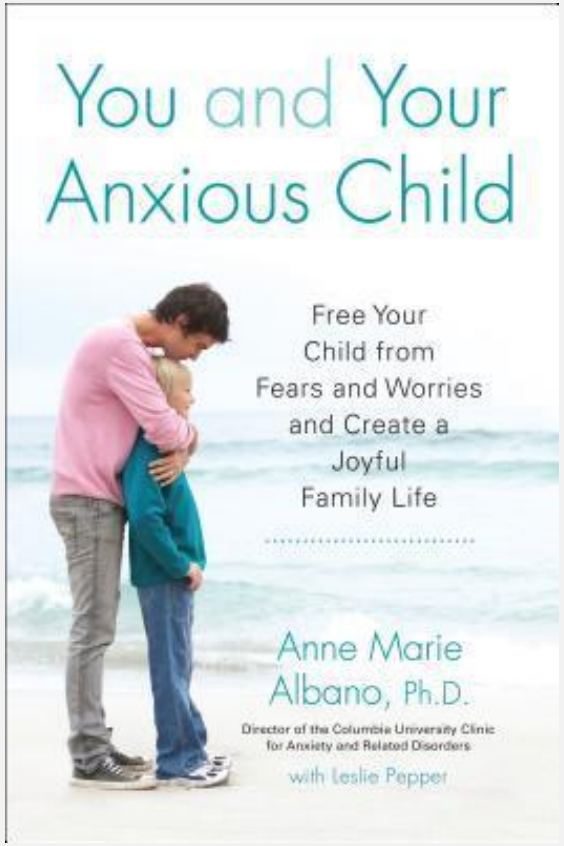
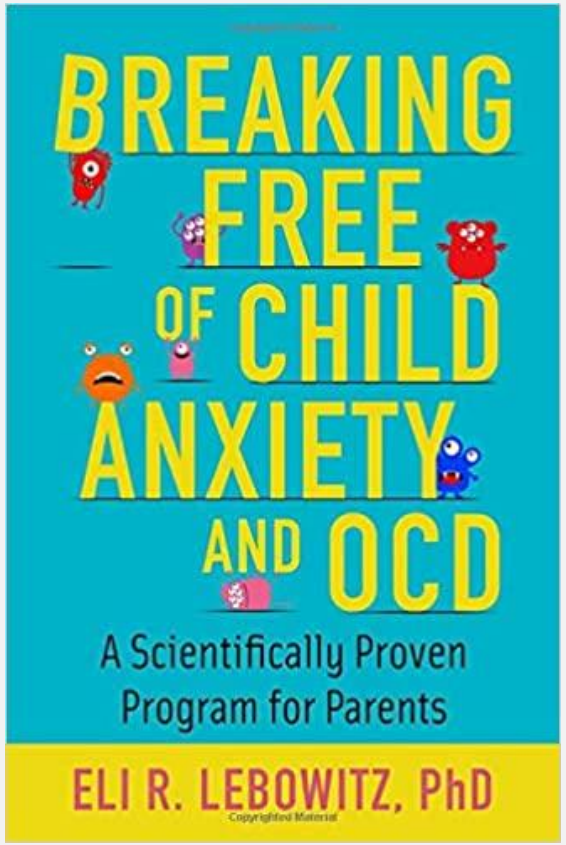
https://www.shambhala.com/

Books for Parents and PCPs









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