

UVM Project ECHO School Nurses: Mental Health in the School Setting

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- RECORDING OF SESSION TO BEGIN



Agenda

- Introductions
- Objectives
- Didactic Presentation (~20-30 min)
- Case presentation
 - Clarifying questions
 - Participants – then faculty panel
- Discussion
- Recommendations
- Summary
- Closing Announcements
 - Submission of new cases
 - Completion of evaluations



Series Objectives

Learning objectives for this ECHO series include the ability to:

- Apply wellness and self-care techniques to personal and professional life.
- Describe best practices in managing anxiety, psychiatric emergencies, oppositionality and disruptive behaviors, and eating disorders.
- Identify ways to apply strategies learned about caring for mental health in the school setting to school nursing practice.
- Use the resources available in your community in school nursing practice.

CME Disclosures

University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVM designates this internet live activity for a maximum of 1.5 AMA PRA Category 1 Credits.

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CME Disclosures

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Anxiety at School: Tips for Management

By: Cynthia LaRiviere PhD & Stephanie Fosbenner, MD, MSc.



The University of Vermont
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OFFICE OF PRIMARY CARE & AHEC PROGRAM



Session Objectives

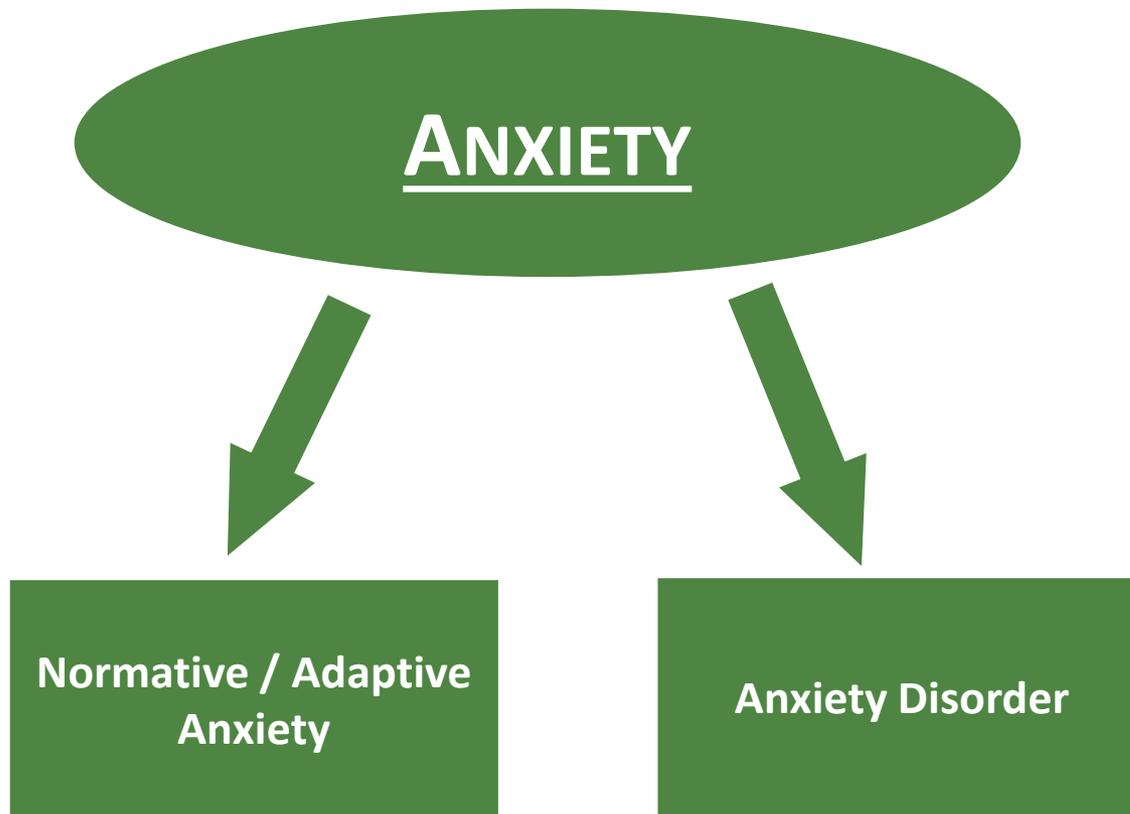
- Define anxiety
- Epidemiology of anxiety disorders in youth
- Normative vs. disorder
- Subtypes of anxiety disorders
- Behavioral and therapeutic interventions for anxiety
- Pharmacologic interventions for anxiety



Emotion characterized by feelings of **tension, worried thoughts**, and *physical changes* such as increased heart rate. May also be characterized by recurring, *intrusive thoughts* or concern and *avoidance*

(American Psychological Association, n.d.)





Features of anxiety

- Anxiety is specific to the individual – what scares one person does not scare another.
- It is often unpredictable to others and at times does not make sense. This doesn't scare him/her but this does!?!?
- It is a protective mechanism – Fight/Flight/Freeze/Flock
- Behaviors serve to alert others that there is a problem (as in young children clinging to an adult).
- Behaviors serve to protect the individual, help them cope with the situation, or help them avoid the situation.



Normative Anxiety

<u>DEVELOPMENTAL STAGE</u>	<u>AGE TYPICAL ANXIETIES</u>
INFANTS & TODDLERS	Loud noises, strangers (until age \cong 2-3), separation from caregivers (until \cong 3)
PRE-SCHOOLERS	Specific fears such as the dark, supernatural and other pretend beings, insects
SCHOOL-AGED CHILDREN	Natural disasters, injury, death
ADOLESCENTS	School performance, social situations, existential concerns

(Walter et al., 2020)
(*Normal Childhood Fears (for Parents)* - Nemours KidsHealth, n.d.)



When is anxiety atypical?

• TYPICAL ANXIETY

- Triggered by **high stakes** situations, **uncertainty**
- **Proportionate** to the stressor
- Abates when the stressor diminishes
- Limited, if any, avoidance and functional impairment

• PATHOLOGIC ANXIETY

- Triggered by **normative experiences**
- **Excessive** (out of proportion to the stressor)
- **Persistent** (despite absence of clear stressor)
- **Avoidance** of developmentally typical activities leading to **functional impairment**



Anxiety Disorders are COMMON!

- Population Prevalence of Clinically Significant Anxiety (≤ 18)
 - **Pre-Covid:** 12%
 - **Current:** 25%

Median Age of Onset: 11 years

- **Specific Phobia:** 7 years
- **Separation Anxiety:** 7 years
- **Social Anxiety:** 13 years
- **Agoraphobia:** 20 years
- **Panic Disorder:** 24 years
- **Generalized Anxiety Disorder:** 31 years

(Racine et al., 2021)

(Bandelow & Michaelis, 2015)



The Course of Anxiety

- **30%** of youth with clinical anxiety have **chronic symptoms**
(Ginsburg et al., 2018)
- **50%** of youth who experience symptomatic remission have a **recurrence of their symptoms** within 4 years (Ginsburg et al., 2018)
- Associated with impairments in academic, social, and family function as well as a several adverse outcomes in adulthood including:
 - Overall lower life satisfaction
 - Reduced occupational achievement and satisfaction
 - Poorer quality family and other social relationships
 - Increase risk for suicide and self-harm
 - Increased risk for substance abuse (Wolitzky-Taylor et al., 2012)
- **EARLY INTERVENTION IS KEY!**

Swan & Kendall, 2016



Characteristics common across anxiety disorders

- Restlessness
- Impulsivity
- Disruptive behaviors
 - i.e. aggression, explosivity, oppositionality precipitated by anxiety-inducing situations
- Difficulties with concentration
- Avoidance of anxiety-producing situations as a primary coping mechanism (including school refusal)
- Excessive need for reassurance
- Worries/Fears
- Hypervigilance
- Difficulties with sleep
- Changes in appetite (overeating and undereating)
- Somatic symptoms
- Catastrophic thinking and rumination



How anxiety might manifest in youth at different developmental stages

- Young children – clingy, withdrawn, turn or pull away, cry, run away, hide, refusals, freeze, slow to warm up, nightmares, difficulty separating from others, screaming, tantrums
- School aged children – shy, withdrawn, hesitant to participate, won't take risks or hesitant to take risks, freeze, hide, run off, behavior problems, tantrums, aggressive behavior, avoidance and refusals, high need for control, asking specific questions over and over, often seek reassurance, dependent upon others, slow to warm up, easily overstimulated, need smaller and quieter settings to work, test and performance anxiety, somatic complaints, resists going to school, indecisive or don't like to make decisions
- Teens – anxiety or panic attacks, refusals, tardiness, skipping class, truancy, avoidance, do not take risks, won't try new things without a parent or a peer with them, prefer smaller and quieter settings, somatic complaints, easily overstimulated, test and performance anxieties, won't ask for help, anger, reactive, indecisive, can't make decisions



GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	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

Column totals ____ + ____ + ____ + ____ =
Total score

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult



Functional Impairment

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at rls8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day." GAD-7 total score for the seven items ranges from 0 to 21.

- 0-4: minimal anxiety
- 5-9: mild anxiety
- 10-14: moderate anxiety
- 15-21: severe anxiety

Freely Available: https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf

GAD-2

Over the last 2 weeks, how often have you been bothered by the following problems? (Use "✓" to indicate your answer)	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

- Screen available for youth
- Briefer, 2 item (GAD-2) screen also available
- Focused on GAD
- Available in multiple languages
- Validated Ages: 11+

Figure 3: GAD-7 Screening Tool (Spitzer et al., 2006)

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 parents	<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"/>

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5-item Screen for Child Anxiety Related Emotional Disorders (SCARED)¹

5-item SCARED

1	I get really frightened for no reason at all.
2	I am afraid to be alone in the house.
3	People tell me that I worry too much.
4	I am scared to go to school.
5	I am shy.

Items scored on a scale from 0 to 2. A cutoff of 3 can be used for discriminating anxiety from nonanxiety.

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"/>

- Screen available for caregivers and youth
- Available in multiple languages
- Validated Ages: 8-18

• Pros:
Comprehensive screen that assesses for **specific subtypes of anxiety** (panic, GAD, separation and social anxiety, school avoidance). Can obtain perspective from youth and caregiver

- Cons: Screener is long. More time consuming to score.

Figure 3: SCARED Screening Tool (Birmaher et al., 1997)



Freely Available:

<https://www.womenspreventivehealth.org/wp-content/uploads/Screening-for-Anxiety-Instruments.pdf>



Types of Anxiety Disorders

- Specific Phobia
- **Generalized Anxiety Disorder**
- **Social Anxiety Disorder (i.e. Social Phobia)**
- **Separation Anxiety Disorder**
- Selective Mutism
- Panic Disorder
- Agoraphobia
- Substance/Medication Induced Anxiety Disorder
- Anxiety Disorder due to Another Medical Condition
- **Obsessive Compulsive Disorder**
- **Post Traumatic Stress Disorder**
- **Adjustment Disorder with Anxiety**
- **Somatic Symptom Disorder**
- **Illness Anxiety Disorder**



To obtain an anxiety disorder diagnosis

All anxiety disorders have:

- A specific number of the common physical and cognitive symptoms of anxiety.
- Cause personal and clinically concerning distress and/or impairment of functioning in one or more domains.
- Not otherwise explained by another medical or mental health disorder, or a substance, such as a drug or medication.



Separation Anxiety Disorder

The person experiences excessive or unwarranted fear or anxiety due to separation from whoever he or she is attached to, as demonstrated by 3 (or more) of the following:

- Regular excessive distress when separated from home or from certain individuals.
- Regular excessive worry about losing these individuals or about them being harmed.
- Regular worry about experiencing an unfortunate event (such as getting lost or ill) that causes separation from their attachment figures.
- Persistent reluctance or refusal to go anywhere or do anything out of fear of separation.
- Persistent reluctance or refusal to sleep away from home or from the attachment figures.
- Frequent nightmares about separation.
- Frequent complaints of physical symptoms, such as headaches or nausea, when he or she is separated from attachment figures or anticipating this separation.



Separation Anxiety Disorder

- The individual's fears and anxiety are persistent, lasting at least 4 weeks in children and adolescents and at least 6 months or longer in adults.
- Children with separation anxiety disorder may refuse to go to school, which can lead to academic struggles and social isolation.
- They also may grow severely angry and aggressive with someone who is forcing the separation.
- Very young children may make unusual reports such as seeing frightening creatures and strange people peering into their room.
- Ultimately, children with this disorder can be described as demanding, intrusive, and in need of constant attention.



Selective Mutism

- Selective mutism is characterized by a consistent failure to speak in specific settings (e.g., school, social situations) despite talking normally in other settings (e.g., at home) (American Psychiatric Association, 2013).
- The selective absence of speech should be present for at least one month to establish the diagnosis. This does not apply to the first month of school as many young children are silent when they face a new situation, such as starting school.
- Importantly, the failure to speak cannot be attributed to a lack of knowledge of, or discomfort with the spoken language required in the social situation.
- The disturbance is not better explained by a communication disorder (e.g., childhood-onset fluency disorder or stuttering) and does not occur exclusively during the course of autism spectrum disorder, schizophrenia, or another psychotic disorder.
- Finally, the child's lack of speech should interfere with daily functioning: The absence of speech hinders the child's capacity to function at school or in social interactions.



Generalized Anxiety Disorder

- The presence of excessive anxiety and worry about a variety of topics, events, or activities. **Worry** occurs more often than not for at least six months and is clearly excessive.
- The worry is experienced as very challenging to control. The worry in both adults and children may easily shift from one topic to another.
- The anxiety and worry are accompanied by at least three physical or cognitive symptoms (In children, only one of these symptoms is necessary for a diagnosis of GAD).



Social Anxiety Disorder

- Fear or anxiety specific to social settings, in which a person feels noticed, observed, or scrutinized.
 - In children, the phobic/avoidant behaviors must occur in settings with peers, rather than adult interactions, and will be expressed in terms of age appropriate distress, such as cringing, crying, or otherwise displaying obvious fear or discomfort.
- Typically, the individual will fear that they will display their anxiety and experience social rejection.
- Social interaction will consistently provoke distress.
- Social interactions are either avoided, or painfully and reluctantly endured.
- The fear and anxiety will be grossly disproportionate to the actual situation.
- The fear, anxiety or other distress around social situations persists for six months or longer.



Obsessive-Compulsive Disorder

A. Presence of obsessions, compulsions, or both:

Obsessions are defined by (1) and (2):

1. Recurrent and persistent thoughts, urges, or impulses that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).



Obsessive-Compulsive Disorder

Compulsions are defined by (1) and (2):

1. Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.

2. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive. **Note:** Young children may not be able to articulate the aims of these behaviors or mental acts.

B. The obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.



Panic Disorder

The individual experiences recurrent unexpected panic attacks, which are abrupt feelings of intense fear or discomfort that reach great heights within minutes, during a time in which at least four of the following symptoms occur:

- Palpitations or quickened heartbeat
- Abnormal sweating
- Trembling or shaking
- Instances of shortness of breath or feeling smothered
- Feelings of choking
- Chest pain or discomfort
- Nausea or abdominal pain
- Dizziness or faintness
- Chills or hot flashes
- Numbness or tingling sensations
- Derealization (feelings of unreality) or depersonalization (feeling detached from his or herself)
- Fear of losing control or “going crazy”
- Fear of death



Panic Disorder

One or more of the attacks are followed by a month (or longer) of one or both of the following:

- Persistent worry about having more panic attacks and/or their consequences (e.g., having a heart attack)
- A significant abnormal change in behavior in response to the attacks, such as ones intended to avoid unfamiliar situations.



Post Traumatic Stress Disorder

Criterion A: stressor (one required)

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):

- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)



Post Traumatic Stress Disorder

Criterion B: intrusion symptoms (one required)

The traumatic event is persistently re-experienced in the following way(s):

- Unwanted upsetting memories
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders



Post Traumatic Stress Disorder

Criterion C: avoidance (one required)

- Avoidance of trauma-related stimuli after the trauma, in the following way(s):
 - Trauma-related thoughts or feelings
 - Trauma-related external reminders

Criterion D: negative alterations in cognitions and mood (two required)

- Negative thoughts or feelings that began or worsened after the trauma, in the following way(s):
- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect
- Decreased interest in activities
- Feeling isolated
- Difficulty experiencing positive affect



Post Traumatic Stress Disorder

Criterion E: alterations in arousal and reactivity

Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):

- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating
- Difficulty sleeping

Criterion F: duration (required)

Symptoms last for more than 1 month.



Interventions and Accommodations for supporting youth with anxiety and Treatment



Interventions and Accommodations in School

- Have clear rules and expectations
- Be nurturing but non-reactive and calm
- Reduce stimulation (quieter environments, fewer people, lower lighting)
- Pair student with other quiet and shy children
- Help the student build at least one trusting relationship in school - advocate
- Keep things predictable and consistent
- Warn the student ahead of time about changes in the day/routine/events (“Maybe days”; “zig-zag days”)
- Use graduated exposure to build success in coping with anxious situations
- Reinforce use of coping skills – Could use incentive plans or verbal praise
- Work with the student’s therapist to know what the student is working on, and ways the student can practice skills in school, the language the therapist and family use, and/or ways teachers can support the student



Specific Interventions for PTSD

PTSD

- Know the triggers for the PTSD –
 - In many cases touching the student can cause an adverse response.
 - Avoid sudden moves or coming up unannounced behind the student.
 - Be attentive to the content of the curriculum being taught
 - Be aware that there are often sensory issues/sensitivities for these students
 - Depending upon the trauma, the student may struggle with trust issues
 - Some have stronger startle responses; “Overreact”;
 - Some students struggle if they aren’t the “adult” or they struggle letting go and just being a child.
 - Often students have a higher need for control
- Allow the student to pick the “safe” place to sit in a classroom and adjust the environment to meet the needs stated above as best as possible.
- Allow ways to “escape” or take a break when overwhelmed.
- A counselor could help the student know what the triggers are and why and then plan for those situations.



Treatment principles

CBT interventions – 4 Major Components

1. Teach Anxiety Management Techniques to calm and de-stress the body (Deep breathing, mindfulness, stretching, movement, listening to music, art, etc.)
2. Provide educational information (Understanding and labeling emotions; how anxiety is expressed in our bodies; noticing that one isn't always anxious, understanding one's triggers; identifying situations that make one anxious)
3. Address the anxious thoughts/cognitions – (Fear Hierarchies, Fear ratings, Challenging Negative Thoughts, Using Logic, Exposure/Response Prevention)
4. Develop proactive interventions/steps to prepare for triggering situations.
 - AMT I will use
 - Cognitive strategy I will use
 - Environmental strategy I will use
 - What back up plan will I use
 - What praise/reward will I use afterwards



Address Avoidance

Anxious thoughts/feelings →
avoidance → reinforces anxious
thoughts



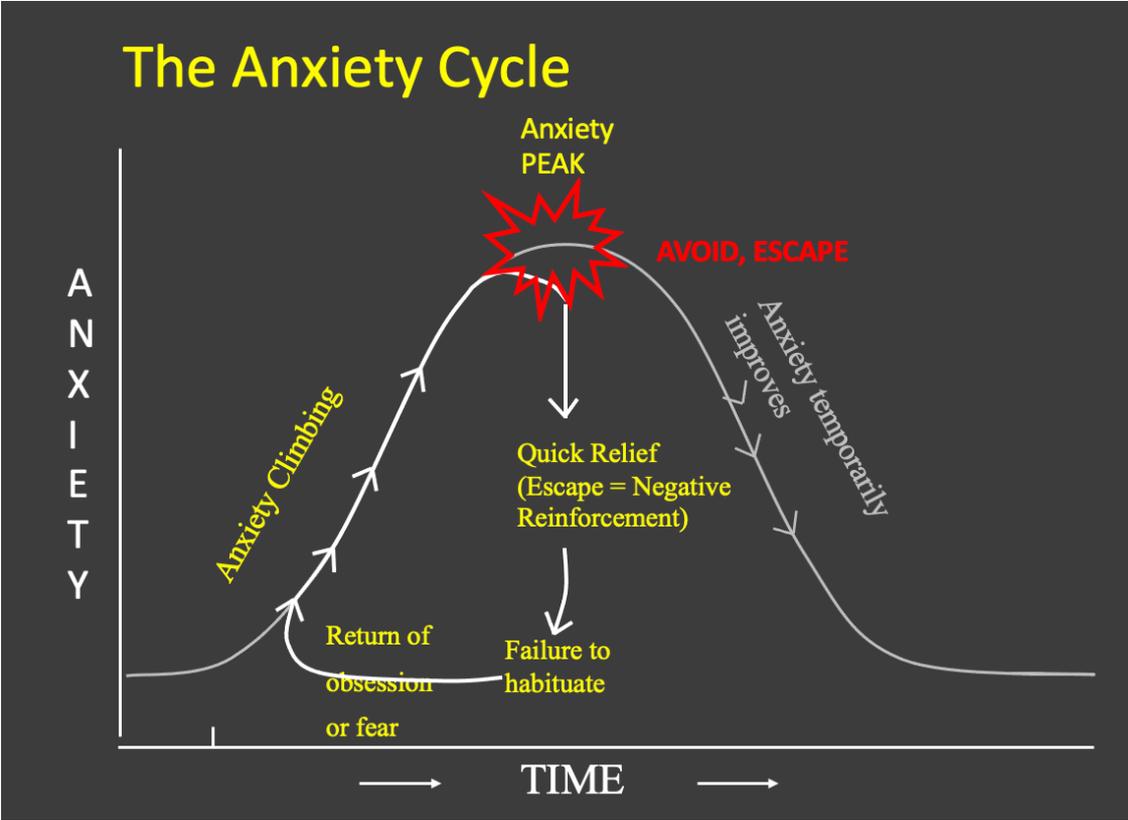
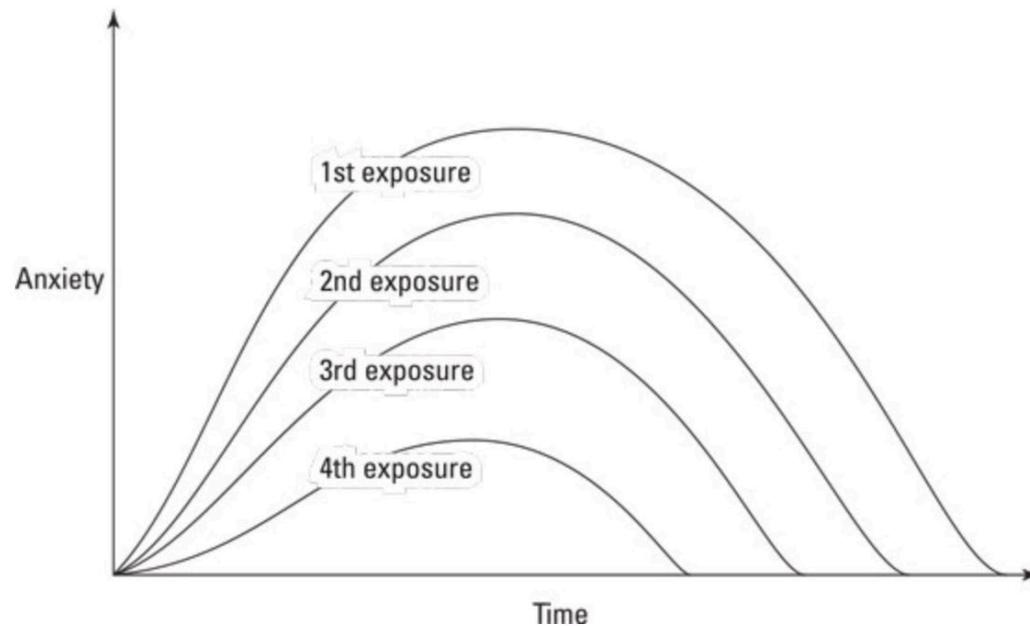


Figure 7: The Anxiety Cycle

(Brannan, 2017)

Exposure teachers several things:

- Anxiety and distress don't last forever!
- **The feared outcome probably doesn't happen.** Even if it does, it's likely not as bad as anticipated.
- **Bolsters confidence** with managing uncertainty and distress.
- Allows one to feel **more in control of their anxiety** instead of feeling controlled by it.



Your anxiety reduces with each exposure to a feared trigger.

Figure 8: Exposure and Habituation

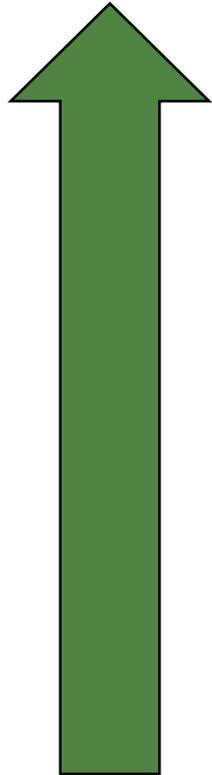
Reproduced from: <https://www.dummies.com/article/body-mind-spirit/emotional-health-psychology/psychology/cognitive-behavioral-therapy/facing-your-fears-with-cognitive-behavioural-therapy-267181/>

(Foa et al., 2012, p. 72-73)



Increasing
level of
Anxiety

Fear Ladder



<u>Goal: Go to a school dance</u>
Attend a larger school event like a sports game
Attend a smaller school event like a club meeting
Invite a peer to do an activity outside of school
Start a conversation with a peer
Say hello to a peer at school

- (1) Provide psychoeducation about the value of exposure
- (2) Encourage family to pick one anxiety producing thing/situation.
 - (1) If there are multiple things the youth is anxious about, start by picking something that induces a mild to moderate amount of anxiety
- (3) Encourage the family to set an ultimate goal around an anxiety-producing event and to come up with steps to reach that goal. Each step should be a bit more anxiety producing than the previous step until the ultimate goal is met

Resource for doing exposures:

<https://depts.washington.edu/uwhatc/PDF/TF-%20CBT/pages/5%20CBT%20for%20Anxiety/Doing%20Exposure%20Worksheet.pdf>



Teaching Relaxation & Distress Tolerance Skills

- RElax your muscles
 - Sit in a relaxed posture, hands loose on lap, notice tension in any muscle groups and try to relax those
- Slow your breathing
 - Take slow deep breaths and exhale slowly each time
- Think of a peaceful place

(Chorpita & Weisz, 2009)



Teaching Relaxation & Distress Tolerance Skills

Self-Sooth with the Six Senses:

VISION – People watch, notice something pleasant in your environment, imagine your favorite place

HEARING – Listen to your favorite music, listen to sounds in your environment, listen to a calming meditation

SMELL – Put on your favorite lotion, smell a candle or a food you like

TASTE – Taste a food you like, suck on something sour to distract yourself

TOUCH – Take a bath or a shower, feel something soft, brush your hair, hold a cold substance, change into comfortable clothes, pet your pet, use a weighted blanket, ask for or give a huge

MOVEMENT – Rock back and forth, go for a walk, do yoga, dance

(Rathus & Miller, 2015, p 135)



Creating a Calming Box

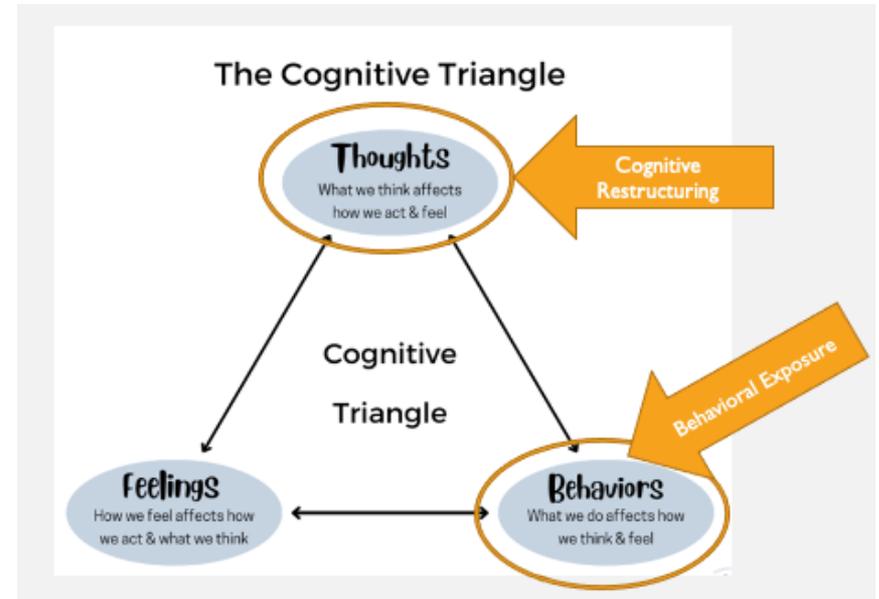
IDEAS:

- Stress ball / fidget toy
- Journal
- Coloring book
- Bubbles
- Lotion
- Noise canceling headphones
- Playdough
- Sour candy
- Bubbles
- Deck of cards, crossword puzzle book, Sudoku



Cognitive Restructuring

- What am I worried about?
- Why am I worried?
- What are the chances it will come true?
- What proof do I have that it will happen?
- Is there another way of looking at the situation?
- So what if it happens...could I handle it? What could I do?
- What would I tell a friend who was having a similar worry?



Link to Cognitive Restructuring Guide:

<https://depts.washington.edu/uwhatc/PDF/TF-%20CBT/pages/4%20Coping%20Skills/Thoughts/Cognitive%20restructuring%20worksheet.pdf>



Books For Families

- **PARENTS:**

- Freeing Your Child From Anxiety by Tamar Chansky
- The Worried Child: Recognizing Anxiety in Children and Helping Them Heal by Paul Foxman
- Anxiety Relief for Kids by Bridget Flynn Walker

- **CHILDREN:**

- Somedays I Breathe on Purpose by Kelly Bailey & Hannah Bailey
- What to do when you Worry too Much by Dawn Huebner & Bonnie Matthews

- **TEENS:**

- Anxiety Relief for Teens by Regine Galanti PhD
- DBT Skills Workbook for Teens by Teen Thrive



Treatment Approach

- Degree of distress
- Functional impairment



Anxiety Severity

MILD ANXIETY

(GAD-7 < 10)

- Functional Impairment: Limited if any
- Avoidance behaviors: none
- Distress: more worries than the typical child but limited distress

MODERATE ANXIETY

(GAD-7 10-14)

- Functional impairment: 1-2 areas
- Avoidance behaviors: may be present, but limited
- Distress: some distress, but it is mostly manageable

SEVERE ANXIETY

(GAD-7 \geq 15)

- Functional impairment: multiple areas
- Avoidance behaviors: frequently
- Distress: significant distress that is impairing



Medications for Anxiety...

- **Selective Serotonin Reuptake Inhibitors (SSRIs)**

- **Sertraline** (Zoloft) [Rynn et al., 2001; Walkup et al., 2008]
- **Fluoxetine** (Prozac) [Birmaher et al., 2003; Beidel et al., 2007]
- **Escitalopram** (Lexapro) [Strawn et al., 2020]
- **Fluvoxamine** (Luvox) [RUPP, 2001]
- **Paroxetine** (Paxil) [Wagner et al., 2004]

- **Selective Norepinephrine Reuptake Inhibitors (SNRIs)**

- **Venlafaxine** (Effexor) [Rynn et al., 2007; March et al., 2007]
- **Duloxetine** (Cymbalta) (FDA Approved for GAD in youth 7+) [Strawn et al., 2015]



≥ 1 RCT
Supporting Use
in Treating
non-OCD
Youth Anxiety
Disorders



Side Effects

- Upset stomach
- Headache
- Sedation
- Activation



Black Box Warning

- 2004 - FDA issued black box warning
 - Evidence that benefits of treatment with SSRIs greatly outweighs risk of treatment emergent suicidality
 - **NNT** (benefit in anxiety disorders) = 3-4
 - **NNH** (outcome of suicidal ideation/behavior) in anxiety disorders = 143

(Dwyer & Bloch, 2019)

In Summary...

- Anxiety disorders are relatively common!
- Best managed with behavioral and cognitive interventions that emphasize emotion regulation and gradual exposure
- Medications can be helpful for moderate to severe anxiety that is distressing and functionally impairing
 - SSRI antidepressants have the most robust evidence



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Discussion and Q & A

Cases/HIPAA

DO NOT INCLUDE:

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #



The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.



Case Presentation Format

Case presentation from a participant (*a real-world case, from the field*)

Then

Clarifying questions about the case from group to case presenter

Then

Ideas, suggestions, recommendations from participants

Then

Ideas, suggestions, recommendations from ECHO faculty team

Then

Additional discussion, if any (All)

Then

Summary of case discussion

(course co-directors: Michael Hoffnung, DO and Katherine Mariani, MD, MPH)



- RECORDING TO BE STOPPED FOR CASE PRESENTATION



Questions and Discussion from the group....



The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM



Prep for Next Session

Prior to each session, if you have specific questions for our faculty expert(s), please let us know and we will pass along ahead of time.

****SESSIONS ARE ON THURSDAYS FROM 3:00PM TO 4:30PM****

DATES	SESSION	DIDACTIC TOPICS (in addition to case review)
Jan 13	TeleECHO Session 1	Wellness and Self Care for Ourselves and Our Students (Michael Hoffnung, DO)
Feb 10	TeleECHO Session 2	Eating Disorders (Katherine Mariani, MD)
Mar 10	TeleECHO Session 3	Addressing the Non-compliant Child: Oppositionality and Disruptive Behaviors (Margaret Spottswood, MD and Rebecca Ruid, PhD)
Apr 14	TeleECHO Session 4	Managing Psychiatric Emergencies (Haley McGowan, DO and Yasmeen Abdul-Karim, MD)
May 12	TeleECHO Session 5	Managing Anxiety: What School Nurses Need to Know (Stephanie Fosbenner, MD and Cynthia LaRiviere, PhD)



Conclusion

- Slides are posted at www.vtahec.org
- Volunteers to present cases (this is key to the Project ECHO model)
 - Please submit cases to lizmanzvt@gmail.com
- Please complete evaluation survey after each session
- Once your completed evaluation is submitted, CE information will be emailed to you.
- Please contact us with any questions, concerns, or suggestions
 - Michael.Hoffnung@uvmhealth.org
 - Elizabeth.Cote@uvm.edu

