Maine Pediatric & Behavioral Health Partnership

Anxiety

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Maine Pediatric and Behavioral Health Partnership (MPBHP) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,851,222.00 with zero percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

MPBHP is a partnership between Maine CDC, Northern Light Acadia Hospital and MaineHealth

Northern Light Acadia Hospital

Department of Health and Human Services

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Learning Objectives

Providers will:

- Know how to connect with difficult patients/family members
- Know how to use the listening stance to show support
- Describe how to be a validating listener

Integrity & Independence in Continuing Interprofessional Development

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When should I worry about my child's anxiety?

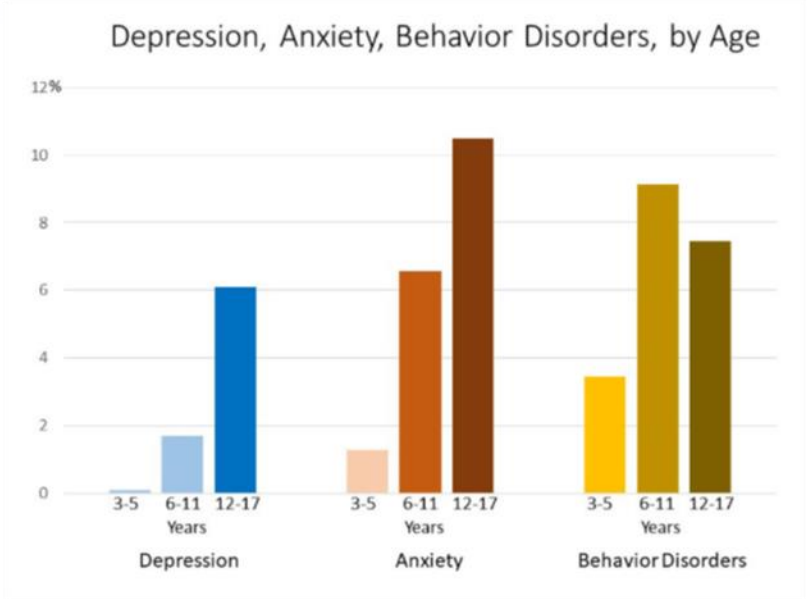
Anxiety is one of the most common psychiatric disorders of childhood, but some degree of childhood worries and garden variety anxiety is also normal.

- Worries and fears are natural parts of child development
- Specific fears are associated with different developmental stages
  - Common fears include: loud noises, monsters, wild animals, robbers/kidnappers, separation from parents, and rejection by peers
- Some level of anxiety is normal and adaptive in certain situations; must examine whether anxiety meets the circumstances of the situation
- Should seek treatment when the level of anxiety impairs functioning or causes significant emotional distress
- Anxiety or an anxious temperament often continues into adulthood

Just how common is anxiety in children compared to other mental health conditions?

7.1% of children 3-17 years old are diagnosed with anxiety, while 9.4% of kids 2-17 are diagnosed with ADHD and 3.2% of children 3-17 years old are diagnosed with depression.

- For children age 3-17 yo with anxiety
  - 37.9% have behavior problems
  - 32.3% have depression
- 'Behavior problems' more common for children ages 6-11 yo
- Diagnoses of depression and anxiety more common for older kids



https://www.cdc.gov/childrensmentalhealth/data.html

My child has told me that she has stomachaches every day that she goes to school. Should I be worried?

Sometimes children, especially younger children, will complain of stomachaches and headaches instead of anxiety. If your child is still going to school and interacting socially, they may respond well to some reassurance and psychoeducation.

- Normalize childhood worries
  - "Many kids have worries/anxiety." "Sometimes anxiety or worry presents physically in your body."
- Ask about fears and specific worries vs feeling anxious
  - "Where in your body do you feel the anxiety?" "Are you a worrier?" "Tell me more about that."
- Consider a handout on relaxation and distraction techniques (MindShift CBT app)
- Encourage self-monitoring of anxiety symptoms
  - "Do you notice when you have these symptoms? In what situations? What does it feel like for you?"

My child often worries about other kids at school judging her, and she often avoids interacting with them. What should we do?

We should help her learn how to face situations and overcome them. Therapy should be considered if anxiety persists and is causing functional impairment in family, school, or peer relationships.

- Psychotherapy is an opportunity to understand the antecedents, behaviors, and consequences around what makes someone anxious
- By talking about these worries, the child is learning to face what causes anxiety instead of avoiding it
- By addressing these fears earlier, one can learn the skills to address other anxiety-producing situations in the future
- Life is full of anxiety-provoking situations; these situations cannot and should not be totally avoided

What kind of therapies would help a child with anxiety and what would that look like?

The therapist, most often a LCSW, LCPC, or psychologist, will likely recommend CBT for anxiety. Some clinicians also provide trauma-focused CBT or EMDR for adolescents.

- CBT addresses both the thoughts associated with anxiety as well as relaxation techniques to target the somatic symptoms
- The cognitive therapy helps the patient identify "thinking errors" such as "what-if thinking" and catastrophizing
- Often the patient will be presented with progressive exposure coupled with relaxation techniques (e.g., the fear ladder/thermometer)

My child is refusing to engage in therapy.

There are many reasons why a child avoids therapy. These include concerns about confidentiality, worries about being judged, feeling hopeless, shame, a prior ‘bad experience’ or ‘poor fit’ due to age, gender, or ethnicity of the therapist.

- It is the job of the therapist to engage the patient and address concerns
- Some children don’t do well with Zoom sessions and prefer to come into the therapist’s office
- Others will do remote therapy as long as they can turn off their camera
- Some therapists also will shorten the duration of the session over Zoom
- Continue to make going to therapy non-negotiable if it seems necessary; it may take the child and therapist time to connect
- May ultimately have to find a ‘better fit’ for the therapeutic relationship

How do I find a therapist for my child?

Unfortunately, there is a shortage of therapists and many are not taking new clients or have waiting lists. That said, there are options.

- Telemedicine has helped to increase possibilities for therapy
- Patient navigators can be useful to connect to services (e.g., Opportunity Alliance)
- Behavioral health integrated clinicians located in the primary care offices or school-based therapists are an option
- MaineCare patients can have a referral for a case manager, who can help with the search and is familiar with area resources
- Private insurances will provide lists of in-network therapists upon request
- Psychologytoday.com offers a list of private practice therapists by location and services

My child becomes aggressive whenever the plans we have change unexpectedly. Why is he being difficult and oppositional?

Anxiety often presents as aggression, especially when the child does not have the ability to verbally express thoughts and emotions. The goal of treatment is to help one learn other ways to express oneself so one do not act out physically.

- Anxiety may be pervasive or occur only in some settings
- Behavioral problems such as aggression may be related to anxiety
- Behavior is a form of nonverbal communication; one must try to understand what the child is trying to communicate in order to help change behavior
- By separating the behavior from the child, one can focus on changing the behavior, versus characterizing the child as ‘bad’

What if my child refuses to go to school or get on Zoom for class?

School refusal is a common manifestation of anxiety and may happen for a multitude of reasons. It is commonly seen after school breaks, including weekends.

- The longer the child misses school, the more difficult the reentry; so should address as soon as possible
- Try to identify the trigger for refusing school
  - separation or social anxiety, bullying, worries about family members
  - as anxiety frequently co-exists with other psychiatric disorders such as ADHD and learning disorders, should consider academic challenges
- Collaborate with the school to identify the cause and develop an intervention plan
- Set parameters for staying at home such as fever or vomiting

What if my child is still refusing to go to school?

Try to work with the school around a re-entry plan. A 504 plan may be worth considering to support Returning to a baseline attendance and engagement.

- Discuss the relationship between anxiety and avoidance:
  - Avoidance provides immediate relief (negative reinforcement) which increases the likelihood for continued avoidance
- Encourage the parent to be supportive yet firm with the child
  - "I know you can do it." "We will help you get back on track."
- Set goals such as staying until morning recess. Gradually increase time expectation.
- If the child does stay home, it should not feel like a reward.

My child has a therapist, but continues to be so anxious that he has trouble sleeping and his grades are suffering. What do I do now?

At this level of anxiety, it would be wise to try a medication to help with his symptoms in addition to therapy.

- Gold standard for treatment of anxiety often medication in combination with therapy
- Medication can help decrease distress so that the patient can make use of the therapeutic techniques
- Undertreated anxiety is an important risk factor for suicide
- Once the child has learned some techniques and done some exposure, may be able to decrease or remove medications

We have a good therapist and are using a medication, but my child still is having panic attacks. What now?

There are lots of reasons that your child may not be completely better. It is really important to be thoughtful about the interventions, understand how long they take to work, and know what medication can and cannot do.

- Distinguishing between ‘not fixed’ and incrementally better
- Medications for anxiety often have to be started at lower doses and then titrated to higher levels than for anxiety
- Understand what other psychosocial factors are in a patient’s life to see if the treatment should involved more than medicine (e.g. parental discord)
- Track each patient’s particular anxiety symptoms to look for modest improvement
- Help patient and family understand that change will be uncomfortable, but should be manageable

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