



BHIPP Briefs
**Anxiety Disorders:
Identification &
Assessment**

Aronica Cotton, MD

BHIPP Consultant

Assistant Professor, University of Maryland Medical Center

Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP)

- Offering support to pediatric primary care providers through free:
 - Phone consultation (**855-MD-BHIPP**)
 - Training & education
 - Resource & referrals
 - Social work co-location (Salisbury University)
- Supported by funding from DHMH and MSDE



www.mdbhipp.org



Outline

- Nature and Course of Pediatric Anxiety Disorders
- Case Presentation
- Anxiety Presentation in Primary Care
- Screening Tools

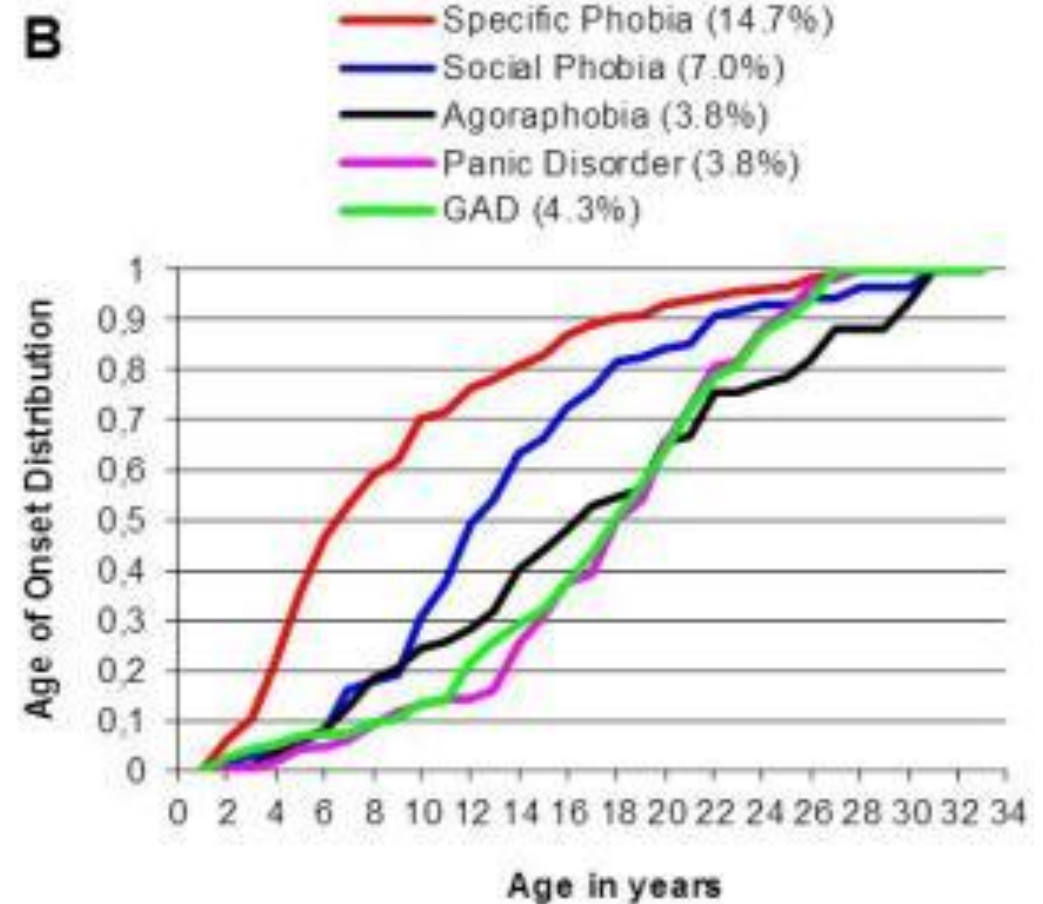
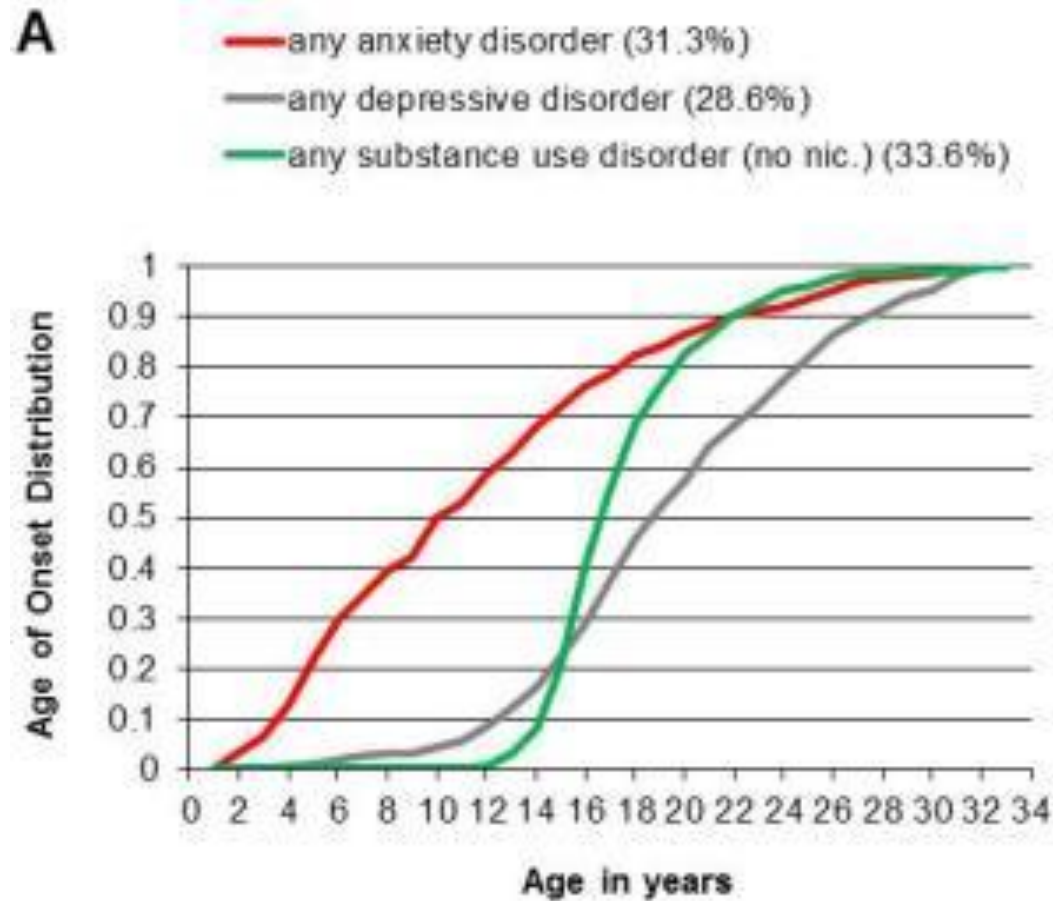


Some Facts...

- Anxiety disorders are among the most prevalent psychiatric conditions in children and adolescents
- Anxiety, when present in youth, increases the risk of suicide attempts
- Longitudinal data suggest that anxiety disorders in youth predict a range of psychiatric disorders later in life



Course of Pediatric Anxiety Disorders



Case Example: Patient Presentation



Sara is a **10-year old girl** who lives with her grandmother, mother, father, and younger sister.

Recently her father's brother came to live with the family after he moved to the city for work.



Patient Presentation (Cont'd)

She has always been somewhat of a *shy child*, never one to speak up much in class, but she has been a good student.

Over the last few weeks, however she has been sent home three times from school after saying that she had **pain in her chest and trouble breathing.**



Patient Presentation (Cont'd)



The first time her mother had taken her immediately to the doctor, who found nothing wrong.

The second time her mother just put her to bed and by evening she seemed fine.



Patient Presentation (Cont'd)

The third time her mother was concerned that Sara was simply trying to avoid school work, but she has come for a visit because the school says that Sara cannot return until a doctor says that her health is good.



Anxiety Presentation in Primary Care

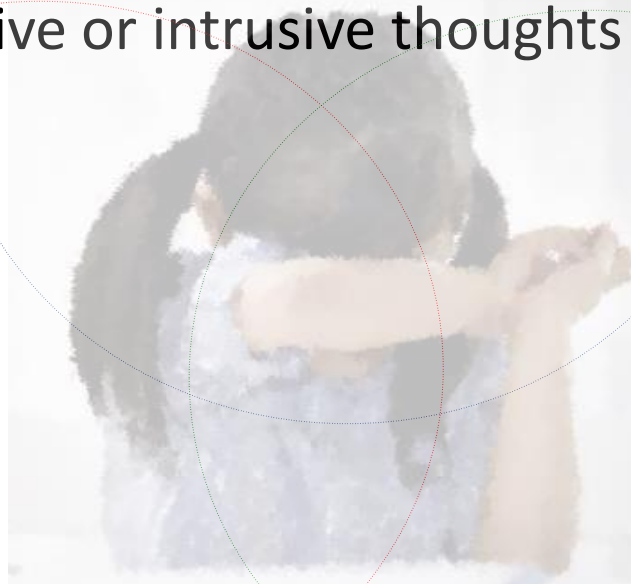


Mental tension

- Worry, tension, bad concentration, low mood
- Constant arousal, easily startled
- Repetitive or intrusive thoughts

Physical symptoms

- Restlessness
- Headaches, stomachaches, chest pain, etc.
- Trouble relaxing or sleeping
- Pounding heart, shortness of breath



Behaviors

- Not wanting to leave home or safety, safe person
- Avoidance of feared objects or situations or reminders of them
- Speaking only in front of certain people
- Irritability and arguing for reasons that aren't clear
- Repetitive play (especially in young children)



Anxiety Spectrum Disorders

- Generalized anxiety - worry excessively about a variety of things
- Panic attacks or disorder - sudden, reaches peaks, SOB, palpitations
- Separation anxiety - excessive anxiety away from home or when separated from parents or caregivers
- Social anxiety - intense fear of social and performance situations
- Selective mutism - refuse to speak where talking is expected or necessary
- Specific phobias - intense, irrational fear of a specific object or a situation
- Obsessive Compulsive Disorder (OCD) - unwanted and intrusive thoughts and feeling compelled to perform rituals and routines
- Posttraumatic Stress Disorder (PTSD)

Screening Tools for Assessing Anxiety Disorders



Spence Children's Anxiety Scale - Child (SCAS-Child)

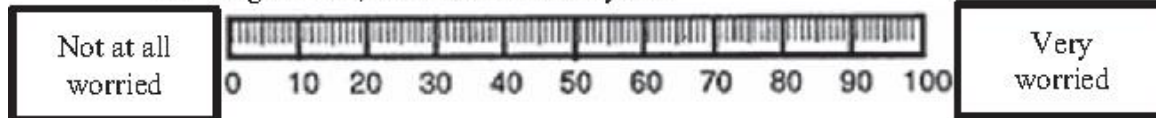
Instructions:

Please tap to button to show how often each of these things happen to you. There are no right or wrong answers.

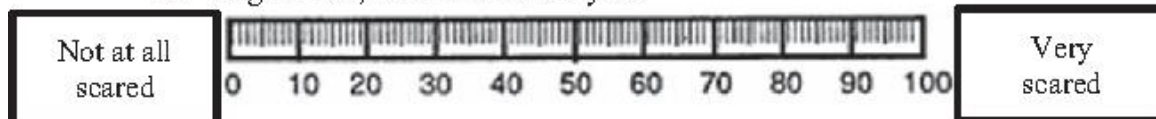
		Never	Sometimes	Often	Always
1	I worry about things	0	1	2	3
2	I am scared of the dark	0	1	2	3
3	When I have a problem, I get a funny feeling in my stomach	0	1	2	3

Multidimensional Anxiety Scale for Children

1. Right now, how worried are you?



2. Right now, how scared are you?



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	<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
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
13. I worry about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD

Screen for Child Anxiety and Related Emotional Disorders (SCARED)

20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
--	-----------------------	-----------------------	-----------------------	----

Screening Tools for Assessing Anxiety Disorders (Cont'd)



- Pediatric Anxiety Rating Scale
- Social Anxiety Scale
- Social Worries Questionnaire
- Social phobia subscale of SCARED
- A set of novel dimensional anxiety scales at www.psychiatry.org/dsm5

Screening Tools for Assessing Anxiety Disorders (Cont'd)



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

- Is available on the BHIPP website at www.mdbhipp.org under "Resources"
- Generalized Anxiety Disorder 7-item (GAD-7) scale
 - While brief and easy to use, it only screens for generalized anxiety disorder (GAD)

Scoring Screen for Child Anxiety and Related Emotional Disorders (SCARED)



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

- List of statements that describe how people feel
 - Child and Parent Version
 - Answers
 - Not True or Hardly Ever True = 0*
 - Somewhat True or Sometimes True = 1*
 - Very True or Often True = 2*
- A total score of **≥ 25** may indicate the presence of an Anxiety Disorder.
 - Scores higher than 30 are more specific.*

Scoring Screen for Child Anxiety and Related Emotional Disorders (SCARED), Cont'd



- 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*.

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



The B-HIPP Consultation Process



PCP Calls 1-855-MD -BHIPP



Call is answered by a mental health clinician, and PCP is connected with the best matched consultant for their needs.



Clinical Social Workers and Psychologists are also available to answer calls about specific mental health concerns, ie. early childhood, trauma, or about resource and referral in the local community.



Child Psychiatrists are available to answer general or patient specific medical/medication questions. B-HIPP will coordinate to call PCPs back at a time that is convenient for them.



Within 24 hours PCP receives a summary of their consultation along with relevant resources, referrals, and screening tools.



References

- Assessment and Treatment of Anxiety Disorders in Children and Adolescents. Wehry, et al. Curr Psychiatry Rep. 2015 Jul; 17(7): 591.
- Practice Parameter for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders. Connolly and Bernstein. J. Am. Acad. Child Adolesc. Psychiatry, 2007;46(2):267Y283
- Childhood Anxiety Disorders. Anxiety and Depression Association of America (ADAA). <https://adaa.org/living-with-anxiety/children/childhood-anxiety-disorders>



Give us a call!

- **855-MD-BHIPP** (855-632-4477)
- Monday-Friday, 9am-5pm

