

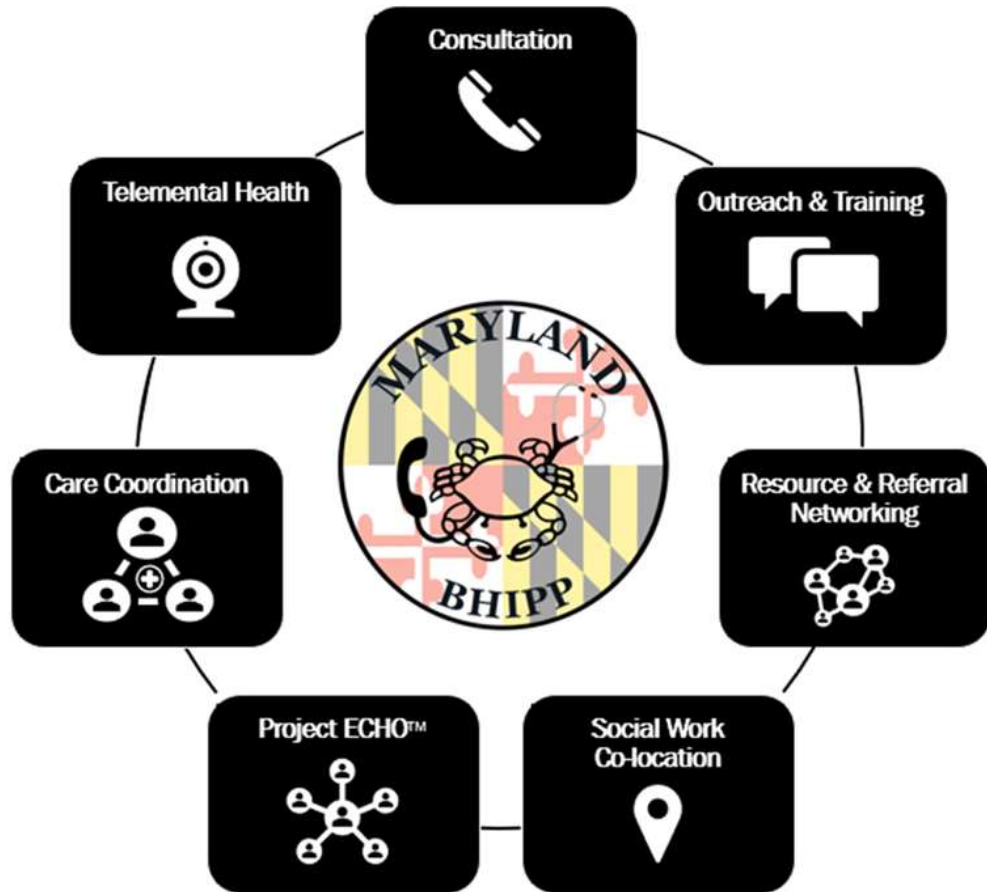
BHIPP RESILIENCE BREAKS

Helping children cope with COVID and Anxiety



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Who We Are – Maryland BHIPP



Offering support to pediatric primary care providers through free:

- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & education
- Regionally specific social work co-location (Salisbury University and Morgan State University)
- Project ECHO®

Coming soon!

- Direct Telespsychiatry & Telecounseling Services
- Care coordination

*Supported by Maryland Department of Health,
Behavioral Health Administration*



Meet The Presenters



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Disclosures

- No commercial or financial interests to disclose



Session Learning Objectives

By the end of this session, learners will be able to:

1. Recognize signs of excessive anxiety in children.
2. Name 3 strategies to promote resilience and normalize anxious thoughts.
3. Understand when and how to access professional help for anxiety symptoms.



What are Children dealing with?

- A Disaster
- WHO describes disaster as, “a severe ecological and psychosocial disruption which greatly exceeds a community’s ability to cope.”



Direct Exposure

- Direct involvement with the emergency
- Loss of a family member, close friend, or pet
- Separation from caregivers
- Physical injury

Indirect Exposure

- Parents'/caregivers' response
- Utilization of Family resources
- Relationships and communication among family members
- Exposure to mass media coverage.
- Change in routines/ living conditions
- Belief that the child or a loved one may die
- Community resilience



How long will effects last?

- The degree of exposure, measured by direct and/or indirect experiences, correlated directly with the prevalence for probable anxiety/depressive disorders.
- 27 months after the September 11 attacks, the most common emotional reactions in children* were sadness, tearfulness, anger, irritability, sleep disturbance, and intrusive thoughts and images.



Effects on Younger Children



Effects on Older children



JPG Preview

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No Free Use Allowed



Keep Anxiety low

- Keep flexible routines.
- Be creative and exercise.
- Offer choices
- Limit the consumption of news
- Stay in touch with family virtually
- **Make plans.**
- Avoid multi- tasking
- Take care of your body
- Continue scheduled medication (eg: OCP)
- Keep your (virtual) follow up appointments.



Point out the positives

- **Learning Opportunity!**
- Children are helping 'beat the virus' by staying at home.
- Lot of grown ups are working very hard to help others recover and to beat the virus.
- State/ National systems are supporting people.

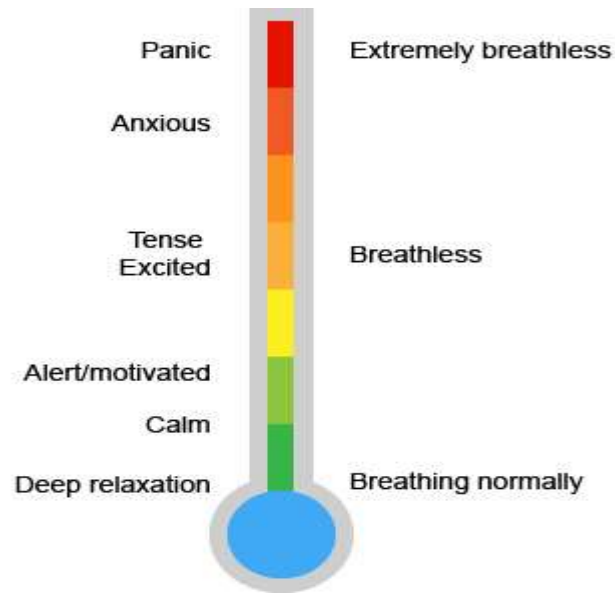


Talking about COVID/ Anxiety

- Bring it up regularly
- Ask Questions > Answers. Let them lead
- Make the conversation age appropriate
- Get the facts from few reliable sources
- Address our own anxiety first.
- Symbolic play/ story telling- ‘Teddy got sick lets help him’. ‘How to keep Teddy safe’.



Tools for monitoring



How does my body feel?

Directions: Write in the words to describe how the different parts of you body feels in the emotion below. You can even draw in details to show us!

When I am angry.....

A stick figure diagram with labels for different body parts and corresponding lines for description:

- Face:** Eyes/mouth _____
- Face:** _____
- Hands:** _____
- Arms/shoulders:** _____
- Heart/Stomach:** _____
- Legs:** _____

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How it looks & feels		
5		I'm really mad! I scream. I hurt myself or others. I spit. I throw things.
4		I'm angry. I shout. I say things that aren't nice.
3		Something bothers me. I frown. I don't want to smile.
2		I'm feeling ok. Not great but all is still good.
1		I feel great! I smile, I laugh and I'm relaxed.

www.veryspecialtales.com



When anxiety shows up

DO

Belly breathing

We can do it!

Child centered time



CALM DOWN WITH TAKE 5 BREATHING



1. Stretch your hand out like a star.
 2. Get the pointer finger of your other hand ready to trace your fingers up and down.
 3. Slide up each finger slowly - slide down the other side.
 4. Breathe in through your nose - out through your mouth.
 5. Put it together and breathe in as you slide up and breathe out as you slide down.
- Keep going until you have finished tracing your hand.

Don't

- Give excessive reassurance
- Allow avoidance

Anxiety and Mindfulness

- Squeeze Muscles
- Belly Breathing
- Mindful Meal/ Mindful hand washing
- Meditation
- Blowing Bubbles
- Coloring
- Listening to Music



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When to seek help?

- Signs of stress do not improve within a couple weeks
- Children preoccupied with the coronavirus outbreak.
- Ongoing sleep disturbances
- Intrusive thoughts or worries
- Recurring fears about illness or death
- Reluctance to leave parents or go to school.

PEDIATRICIAN



Assessment

• Clinical interview

- Clinical symptoms
- Duration
- Distress
- Change from baseline
- Success with other interventions

• Scales

- SCARED
- GAD-7

GAD-7				
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	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

(For office coding: Total Score T ___ = ___ + ___ + ___)

SCARED SCALE: <https://www.aap.org/en-us/pubserv/adhd2/Pages/kit/data/papers/ScaredChild.pdf>



Anxiety Disorders

- Generalized Anxiety Disorder
 - Separation Anxiety Disorder
 - Obsessive Compulsive Disorder
 - Social Anxiety Disorder
 - Panic Disorder
 - Post traumatic Stress Disorder
-
- Prevalence of ~10% in the community and ~ 20% in a general pediatric clinic.
 - Increased risk of suicide attempts.
 - Increase in lifetime prevalence of other psychiatric disorders.



What about PTSD?

- The most common response to disaster is **NOT** PTSD
- After 9/11 (2001)*: PTSD increased from 2 to 10.5%.
- Indian Ocean Tsunami (2004) 40% of children had PTSD
- COVID 19 pandemic is very different from these events



PTSD symptoms

- Intrusive thoughts or memories of the traumatic event
- Avoiding reminders of the traumatic event
- Persistent negative emotions or cognitions about the event or the future
- Hyperarousal
- Duration of more than 1 month



Clinic experience

- Some new onset GAD symptoms
- Mild increase in pre- existing GAD symptoms
- C/o poor sleep secondary to anxiety
- ADHD (and other)kids have higher academic anxiety
- No obvious increase in OCD symptoms YET.
- Separation/ school avoidance/Social Anxiety complaints decreased- FOR NOW
- No increase in panic symptoms yet?
- No PTSD symptoms noted yet
- Health care disparities



Treatment

Prevention

- Minimize indirect exposure
- Provide facts
- Keep a routine
- Self care
- Calming/ breathing exercises
- Anxious children often have anxious parents

Therapy

- CBT (response 55-80%)
- Play therapy
- Supportive therapy
- Family therapy
- DBT
- Behavioral therapy

Medication

- SSRIs (best evidence)
- SNRIs
- Hydroxyzine
- Anticholinergics
- Buspar

- Benzos- probably not!



More about Meds

SSRIs

- Sertraline (Zoloft) – FDA approved for OCD ages 6 and up
- Fluoxetine (Prozac) – FDA approved for OCD ages 7 and up; MDD ages 8 and up
- Fluvoxamine (Luvox) – FDA approved for OCD ages 8 and up
- Citalopram (Celexa) -- none
- Escitalopram (Lexapro) – FDA approved for MDD ages 12 and up

• SNRIs

- Limited efficacy data and greater concerns for side effects
- Duloxetine (Cymbalta) – FDA approved for GAD ages 7 and up
- Venlafaxine (Effexor)/ Paroxetine (Paxil) --none

• Other

- Buspar
- Hydroxyzine- sure
- Benzodiazepines- Maybe not!



Treatment- Basics

START LOW, GO SLOW...

- Effect size 0.7 for anxiety
- Effect size 0.2 for depression
- Side effects generally minimal
- 4-8 weeks to therapeutic levels and full efficacy.



SSRIs- Side Effects

- GI pain, nausea, diarrhea
- Headache
- Tiredness
- Activation/hypomania
- Sexual (decreased libido, orgasm)

- Suicidality
- Serotonin syndrome
- Discontinuation syndrome

All effects (good and bad) seem 'bigger' to anxious children.



Treatment- when to stop?

- Treat to symptom resolution.
- Once stable, Continue for ~ 1 year.
- Taper during 'usual/ normal' time.
- Monitor closely in first few weeks and over first 3-6 months.
- Some follow up for a year after discontinuing medication.
- Restart if symptoms recur.



Summary

- This is a disaster, everyone is anxious.
- Courage is not the absence of fear.
- Work on the changeable exposures – prevention better than cure
- Try at-home measures to address anxiety
- Get professional help if needed. Talk to your pediatrician.
- Treatment starts with therapy.
- Anxiety medication is effective, usually well tolerated and should not change the personality of the child.



References

- Clinical Manual of Child and Adolescent Psychiatry- Robert. L. Findling, M.D.
- Practice Parameter for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders. Sucheta D. Connolly M.D.and Gail A. Bernstein M.D. Journal of the American Academy of Child & Adolescent Psychiatry, 2007-02-01, Volume 46, Issue 2, Pages 267-283, Copyright © 2007
- AACAP Trauma and Disaster resource center
- AACAP Disaster preparedness practice parameter
- Manual of clinical psychopharmacology- Alan Schatzberg, Charles DeBattista
- 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>
- https://www.seattlechildrens.org/globalassets/documents/healthcare-professionals/sharma_treatmentofpediatricanxietydisordersintheprimarycaresetting.pdf
- Pharmacotherapy for Anxiety Disorders in Children and Adolescents. Kodish, I; Rockhill; C, Ryan, S; Varley, C. Pediatr Clin N Am 58 (2011) 55–72 doi:10.1016/j.pcl.2010.10.002
- Practice Parameter for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders. Sucheta D. Connolly M.D.and Gail A. Bernstein M.D. Journal of the American Academy of Child & Adolescent Psychiatry, 2007-02-01, Volume 46, Issue 2, Pages 267-283, Copyright © 2007
- Connolly, S., Suarez, L., & Sylvester, C. (n.d.). Assessment and treatment of anxiety disorders in children and adolescents. Curr Psychiatry Rep, 13(2), 99-110.
- Sakolsky, D., & Birmaher, B. (2008). Pediatric anxiety disorders: Management in primary care. Current Opinion in Pediatrics., 20(5), 538-543.



BHIPP is Available to Provide Support to PCPs During Coronavirus



BHIPP is open.

The BHIPP phone line remains open during this challenging time to support primary care clinicians in assessing and managing the mental health needs of their patients.

1-855-MD-BHIPP
(1-855-632-4477)

www.mdbhipp.org



Ways to Connect:

- Visit our COVID-19 Resource Page:
www.mdbhipp.org
- Sign up for our newsletter:
<https://mdbhipp.org/contact.html>
- Follow us on Twitter:
[@MDBHIPP](https://twitter.com/MDBHIPP)



Upcoming BHIPP Resilience Breaks Learning Sessions

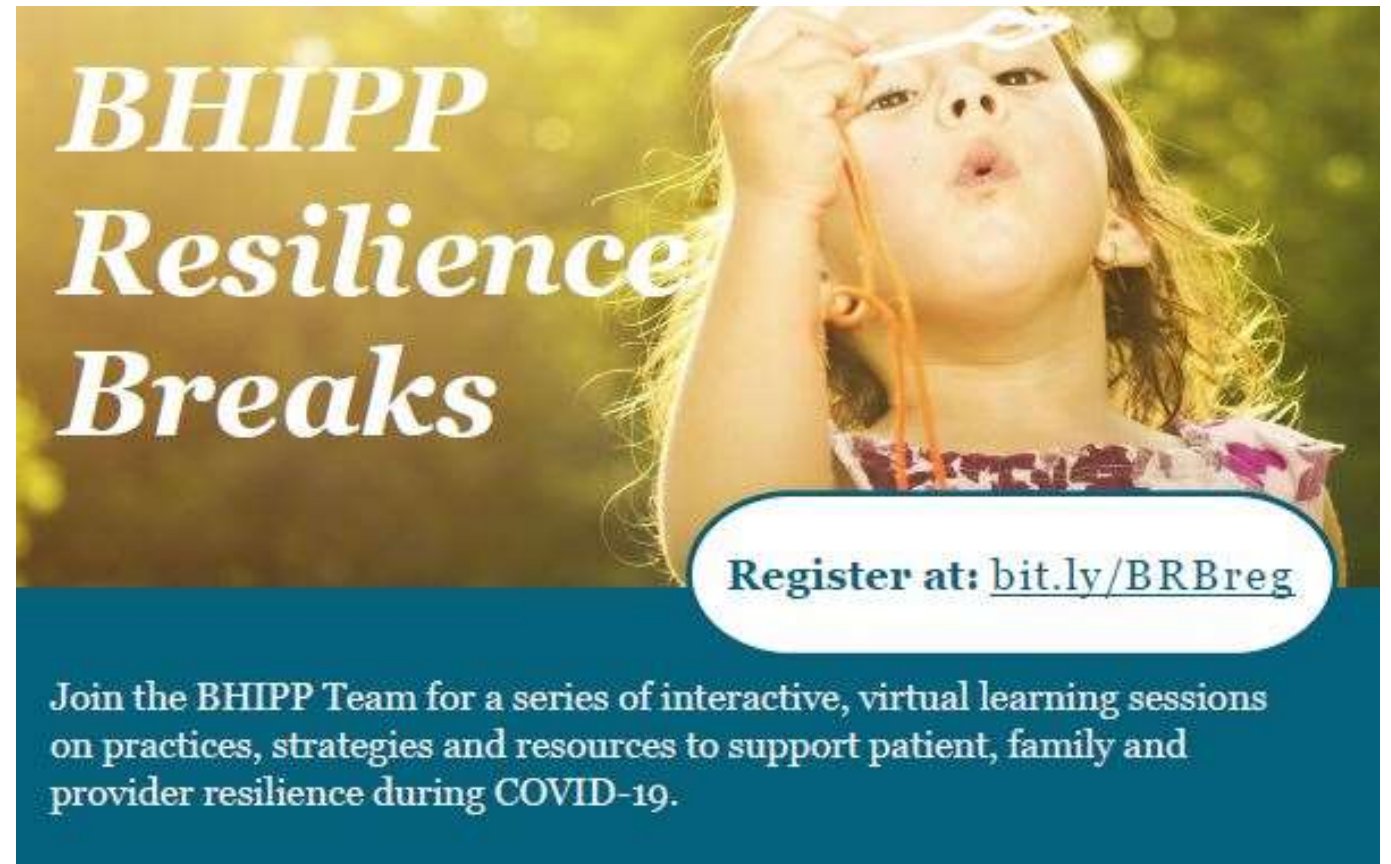
Talking to Kids About COVID-19

Thursday, May 14th, 12:30pm-1:30pm

Provider Resilience

Thursday, June 11th, 12:30pm-1:30pm

**Additional dates & topics to follow*



**BHIPP
Resilience
Breaks**

Register at: bit.ly/BRBreg

Join the BHIPP Team for a series of interactive, virtual learning sessions on practices, strategies and resources to support patient, family and provider resilience during COVID-19.

Discussion Questions

- What are you noticing about anxiety levels in Children you work with?
- What successes or evidence of resilience are you seeing so far?
- What are the challenges that you are encountering in your work with Children?

Would you like to pose any of these to the group for support and problem-solving?

