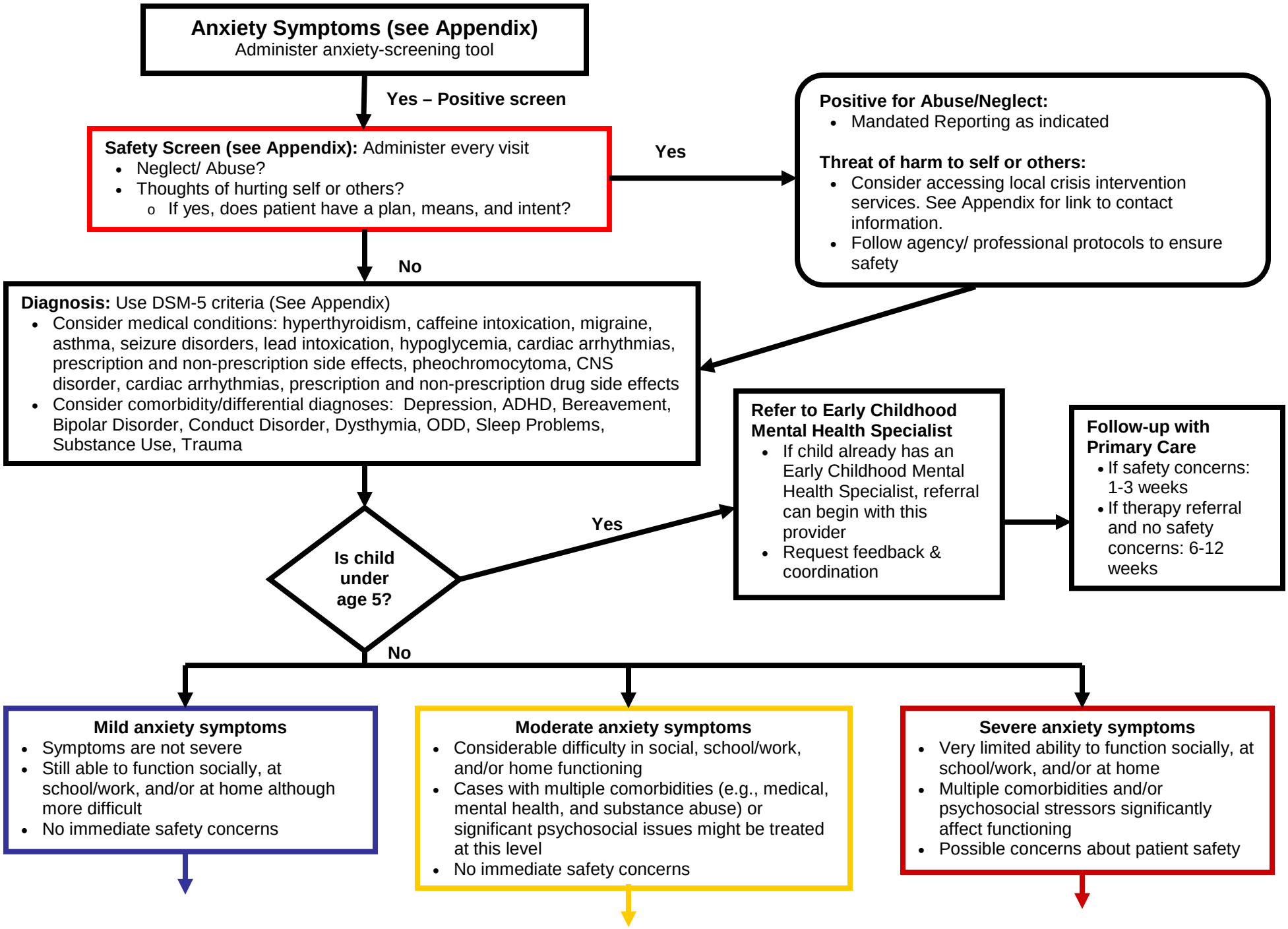
Anxiety Assessment & Treatment



Anxiety Assessment & Treatment

Mild anxiety symptoms

Educate patient & family:
- Activity selection, exercise
- Encourage good sleep hygiene
- Reduce stressors
- Secure items that increase risk for harm
- Offer parent/child further reading resources
- Encourage collaboration with school professionals

Patient or family may opt for immediate referral for mental health specialist (psychologist, social worker, etc.)

Follow-up appt: 6-12 weeks
- Repeat screening instrument
- If not improving on own, referral to mental health specialist for therapy (as with moderate symptoms on right)

Moderate anxiety symptoms

Referral for therapy:
- If child already has a Mental Health Specialist, referral can begin with this provider
- Request information and coordination following referral
- See Appendix for evidence-based treatments and components

Educate patient & family:
- Activity selection, exercise
- Encourage good sleep hygiene
- Reduce stressors
- Secure items that increase risk for harm
- Offer parent/child further reading resources
- Encourage collaboration with school professionals

Consider medication:
- Begin with SSRI – stop med if agitation, increased anxiety, or suicidal thoughts
- Wait 4 weeks between dose increases and monitor side effects
- Communicate and coordinate with mental health specialist
- Set expectations: Aim is to reduce symptoms to a level at which the patient can function; some symptoms will remain.

Follow-up appt: 6-12 weeks
- Review collaborative information
- Repeat screening instrument
- Consider medication (as detailed under severe)

Severe anxiety symptoms

Referral for therapy:
- If child already has a Mental Health Specialist, referral can begin with this provider
- Request information and coordination following referral
- See Appendix for evidence-based treatments and components

Educate patient & family:
- Activity selection, exercise
- Encourage good sleep hygiene
- Reduce stressors
- Secure items that increase risk for harm
- Offer parent/child further reading resources
- Encourage collaboration with school professionals

Consider medication:
- Begin with SSRI – consider med change if agitation, increased anxiety, or suicidal thoughts
- Wait 2-4 weeks between dose increases and monitor side effects
- Communicate and coordinate with mental health specialist

Follow-up appt: 4-8 weeks
- Repeat screening instrument
- Review collaborative information
- Monitor patient safety, medication compliance, and side effects

Anxiety Assessment & Treatment

Ongoing Anxiety Disorder Care

Mild anxiety symptoms

New medication
Follow-up appt 4 weeks:
- Repeat screening instrument
- Review collaborative information
- Monitor safety and side effects
- Inform other providers of changes

Continued med - no change
Follow-up appt
- Repeat screening instrument
- Review collaborative information
- Monitor safety and side effects

Frequency:
- **4-6 weeks -** therapy needed but not accessed, concern about med effects or med change in past 3 months
- **7-12 weeks -** therapy resources in place, med change within last 4 months
- **13-24 weeks -** therapy resources in place, meds stable over 4 months

No meds prescribed
Follow-up appt:
- Repeat screening instrument
- Review collaborative information

Frequency:
- **7-12 weeks -** therapy needed but not accessed
- **13-24 weeks -** therapy resources in place

Moderate anxiety symptoms

New medication or medication change
Follow-up appt 2-4 weeks:
- Repeat screening instrument
- Review collaborative information
- Monitor safety and side effects
- Inform other providers of changes

Continued med - no change
Follow-up appt
- Repeat screening instrument
- Review collaborative information
- Monitor safety and side effects

Frequency:
- **4-6 weeks -** therapy needed but not accessed, concern about med effects or med change in past 3 months
- **7-12 weeks -** therapy resources in place, med change within last 4 months
- **13-24 weeks -** therapy resources in place, meds stable over 4 months

No meds prescribed
- Repeat screening instrument
- Review collaborative information

Frequency based on safety risk
- **Severe Risk –** See “Safety Screen”
- **Moderate Risk –** appt in 4-6 weeks
- **Low risk –** see mild

Severe anxiety symptoms

New medication or medication change
Follow-up appt 2-4 weeks:
- Repeat screening instrument
- Review collaborative information
- Monitor safety and side effects
- Inform other providers of changes

Continued med - no change
Follow-up appt
- Repeat screening instrument
- Review collaborative information
- Monitor safety and side effects

Frequency:
- **4-6 weeks -** therapy needed but not accessed
- **7-12 weeks -** therapy resources in place
- Visit frequency can be shared with mental health provider if medication monitoring is not included in appointment agenda.

No meds prescribed
- Repeat screening instrument
- Review collaborative information

Frequency based on safety risk
- **Severe Risk –** See “Safety Screen”
- **Moderate Risk –** appt in 2-6 weeks
- **Low Risk –** See mild
- If no meds, visit frequency can be shared with mental health specialty provider

Anxiety Assessment & Treatment

Primary References:

American Academy of Child and Adolescent Psychiatry Official Action (2012) – Practice Parameter for the Assessment and Treatment of Children and Adolescents With Obsessive-Compulsive Disorder. http://www.jaacap.com/article/S0890-8567(11)00882-3/pdf

American Academy of Child and Adolescent Psychiatry Official Action (2007) – Practice Parameter for the Assessment and Treatment of Children and Adolescents With Anxiety Disorder. http://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/JAACAP_Anxiety_2007.pdf

American Academy of Child and Adolescent Psychiatry Official Action (2009) – Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents. http://www.jaacap.com/article/S0890-8567(09)60156-8/pdf

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (5th ed.).* Washington, DC: Author.

PracticeWise (2015). Evidence-Based Youth Mental Health Services Literature Database.

Appendix

Caregiver or child complaints that could suggest anxiety: Difficulty separating from caregiver; somatic complaints (e.g., stomach aches, headaches) not related to physical diagnosis; temper tantrums/ angry outbursts/ crying; difficulty sleeping alone; school refusal; fear of specific object, person, or situation; perfectionism; fear or avoidance of social situations; panic attacks; repetitive routines.

Resources:

American Academy of Child & Adolescent Psychiatry – Anxiety Disorders Resource Center
https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx

Safety Screen:

Some questions to assess potential threat of harm to self: Children and adolescents may be asked the following diagnostic questions (Jacobsen et al., 1994).

- "Did you ever feel so upset that you wished you were not alive or wanted to die?"
- "Did you ever do something that you knew was so dangerous that you could get hurt or killed by doing it?"
- "Did you ever hurt yourself or try to hurt yourself?"
- "Did you ever try to kill yourself?"

*If the threat assessment (i.e., Safety Screen) indicates risk of harm to self or others, educate families on the appropriate care options and safety precautions including removal of firearms from the home and securing all medications, both prescription and over-the-counter.

Warning Signs of Suicide: (Developed by the U.S. Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA; 2011).

These signs may mean someone is at risk for suicide. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Threatening to hurt or kill oneself or talking about wanting to die or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting recklessly or engaging in risky activities – seemingly without thinking
- Feeling trapped – like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

Minnesota Mental Health Crisis Contact Numbers: http://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp

Current Evidence-Based Anxiety Treatments include: Cognitive Behavior Therapy (CBT), Exposure, CBT with Parents, Modeling, Education, CBT and Medication

Elements of effective anxiety treatment include: exposure, cognitive processing, psychoeducation, relaxation, modeling, maintenance/relapse prevention, self-monitoring, self-reward/self-praise, problem solving, tangible rewards, assertiveness training, relationship/rapport building, social skills training, and praise.

DSM-5 Generalized Anxiety Disorder Criteria:

A) Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B) The person finds it difficult to control the worry.

C) The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months). Note: Only one item is required in children.

1. restlessness or feeling keyed up or on edge
2. being easily fatigued
3. difficulty concentrating or mind going blank
4. irritability
5. muscle tension

6. sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

D) The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E) The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F) The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).