Community Care
OF NORTH CAROLINA

# Child/Adolescent Anxiety Resource Guide

# Introduction

In the Fall of 2017, in response to requests from our CCNC primary care clinicians (PCCs), a Community Care of North Carolina (CCNC) workgroup formed to create a resource guide designed to assist PCCs in screening and treating child/adolescent anxiety in the primary care setting. This workgroup was comprised of the CCNC Central Office Pediatrics and Behavioral Health Teams.

This resource guide is designed to assist busy PCCs in accessing practical, evidence-based tools to help them successfully screen for and treat anxiety in children/adolescents. It includes an algorithm to aid in the initial assessment and corresponding treatment approach (of child/adolescent anxiety), screening tools, a psychopharmacology guide, and billing and coding guidance. In addition, the resource guide provides an overview of "common" anxiety-related disorders (descriptions and coding), cluster symptomology, potential co-occurring/mimicking conditions, pediatric plan of care (including referral and co-management with a mental health specialist), and on the transitioning of patients from the pediatric to the adult setting. Information related to trauma and stressor-related exposure/response is highlighted throughout its contents, where applicable.

Our hope is that this resource guide proves useful, and we greatly look forward to continuing to work together on achieving the highest attainable levels of patient care across our wonderful state of North Carolina.

**If you have any questions, or would like assistance in connecting with your local CCNC Network and its resources, please contact a member of either the Central Office Pediatrics or Behavioral Health Teams:**
(Current as of Summer 2018)


**Central Office Pediatrics Team:**

**Marian Earls, MD, FAAP**
**[First Author; ECA]**
Director, Deputy Chief Medical Officer
mearls@communitycarenc.org

**Kern Eason, MBA**
Program Manager
keason@communitycarenc.org

**Central Office Behavioral Health Team:**

**Andrew Clendenin, MSW**
Director
aclendenin@communitycarenc.org

**Jennie Byrne, MD, PhD**
Deputy Chief Medical Officer
jbyrne@communitycarenc.org

**Nicole Laramee, MPH**
**[First Author; ECA]**
Program Manager
nlaramee@communitycarenc.org

# Table of Contents

## Core Process



## Psychopharmacology



## Other Anxiety Care Support Resources

# Core Process

Community Care
OF NORTH CAROLINA

# Pre-Anxiety Algorithm Assumptions/ Suggested Actions

- PCCs are conducting age-appropriate psychosocial evaluations at all well visits, as per *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition (https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx) *and* as per the American Academy of Pediatrics (AAP) *Mental Health Care of Children and Adolescents: A Guide for Primary Care Clinicians* (2018) practice process algorithm "A Process for Integrating Mental Health Care Into Pediatric Practice" (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/default.aspx; algorithm to be on web page by end of 2018). PCCs are also incorporating a brief mental health update into acute care visits.

| Social-Emotional Screens: | |
|---|---|
| **Description:** | **CPT Code:** |
| 0-5 Year Olds (ASQ-SE, ECSA, Baby PSC, Preschool PSC)<br>6-10 Year Olds (PSC)<br>11-21 Year Olds (PHQ-9 Modified for Adolescents) | 96127 |
| **Adolescent Risk & Strength Screening:** | |
| **Description:** | **CPT Code:** |
| Bright Futures Supplemental Adolescent Questionnaires, GAPS | 96160 |

- Practice clinicians have reviewed and are familiar with the AAP Mental Health Initiative's "Primary Care Tools" for integrating mental health competencies and processes into practice: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Primary-Care-Tools.aspx
- Practice clinicians are familiar with AAP resources on trauma and resilience:
  - Healthy Foster Care America Key Resources, Trauma Guide "Trauma Toolbox for Primary Care": https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Resources.aspx
  - The Resilience Project: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Resilience-Project.aspx
- The practice has a standard process for communication with community mental health professionals, and understands clinician to clinician communication allowed by HIPAA (See AAP HIPAA Privacy Rule and Provider to Provider Communication: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/HIPAA-Privacy-Rule-and-Provider-to-Provider-Communication.aspx)
- The practice has a follow-up visit plan for children and adolescents who have anxiety.
- The practice has a reminder system for follow-up visits.

# Process for Integrating Mental Health Care Into Pediatric Practice, Anxiety-Tailored[1]

Replicated (with minor edits) from the AAP 2018 *Mental Health Care of Children and Adolescents: A Guide for Primary Care Clinicians* Chapter 14 "Anxiety and Trauma-Related Distress" (see reference below)

Introduction:

The American Academy of Pediatrics (AAP), in *Mental Health Care of Children and Adolescents: A Guide for Primary Care Clinicians* Chapter 14 "Anxiety and Trauma-Related Distress", recommends that when a child or adolescent presents with red flags or symptoms of anxiety, the Primary Care Clinician (PCC) should assess, provide primary care intervention, and refer and co-manage with a mental health professional, when indicated.[1] These concerns present when:

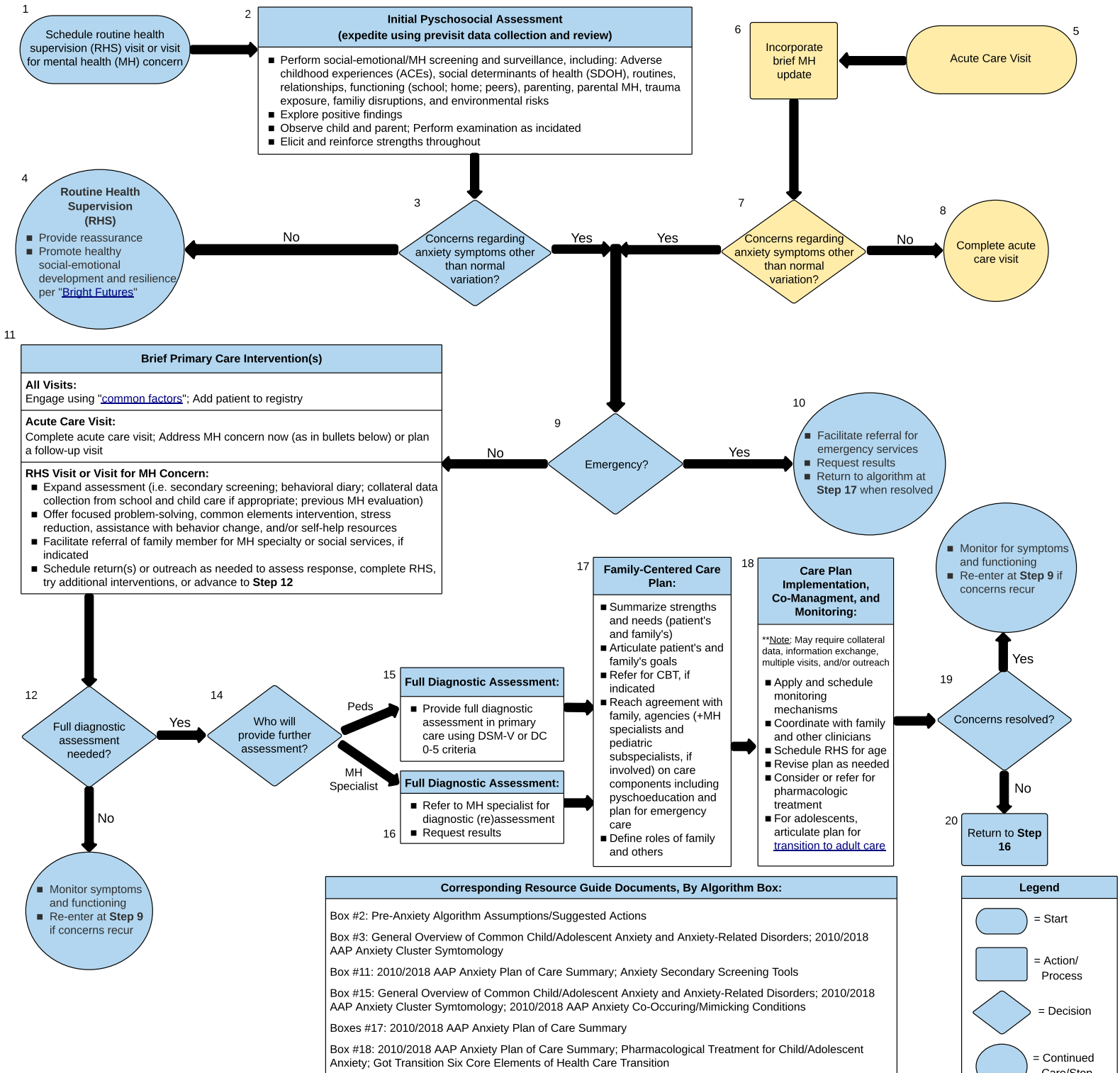
- Elicited during the psychosocial assessment at a routine health supervision visit (commonly the PSC-35);
- Elicited during a brief mental health update during an acute visit; or
- The reason for the visit is based on a family request/concern.

PCCs should also be aware and understand the impact of toxic stress and trauma, and that children who have experienced these may present with anxiety symptoms.

If the PCC identifies a trauma history, the PCC should be aware of appropriate resources and evidence-based intervention, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

The algorithm below moves through the steps of presentation with concerns, brief primary care intervention, secondary assessment, diagnostic evaluation, and care planning/implementation. Completion of this process typically requires more than one visit. The PCC should be familiar with, and use, validated anxiety (secondary) screening tools such as the SCARED. For further information on validated anxiety screening instruments as well as pediatric plan of care, please refer to their accompanying sections elsewhere in this resource guide.

The care team for children diagnosed with anxiety includes the PCC, the family, the adolescent, and, if appropriate, a developmental and behavioral pediatrician or psychiatrist.





**References:**

1. Wissow LS. Chapter 14: Anxiety and trauma-related distress. In: Foy JM, ed. *Mental Health Care of Children and Adolescents*. Itasca: American Academy of Pediatrics (AAP); 2018:433-456. https://shop.aap.org/mental-health-care-of-children-and-adolescents-a-guide-for-primary-care-clinicians-paperback/.

# General Overview of "Common" Child/Adolescent Anxiety and Anxiety-Related Disorders[1-4]

**PLEASE NOTE: Because many anxiety disorders co-occur and share symptomology (as well as initial treatment), PCCs may want to start building competence in this area by first learning about anxiety-related problems and anxiety disorders *in general*, before trying to differentiate between anxiety disorders.[1]

| Anxiety Disorders: | | |
|---|---|---|
| **Disorder Type:** | **Brief Description:** | **ICD-10 Code:** |
| **Generalized Anxiety Disorder:** | ▪ *Excessive* anxiety and worry about a number of events or activities.<br>▪ Children tend to experience *excessive* worry in regards to personal competence and the quality of their school and sports performances.<br>▪ Cannot be diagnosed in those <36 mo. (of age). | F41.1<br>Included in DC:0-5 |
| **Panic Disorder:** | ▪ Recurrent, unexpected, and abrupt surge of intense fear or discomfort.<br>▪ Reaches a peak within minutes.<br>▪ Symptoms include sweating; trembling; heart palpitations; dizziness.<br>▪ Only diagnosable from adolescence through adulthood. | F41.0 |
| **Separation Anxiety Disorder:** | ▪ Developmentally ***inappropriate***, *excessive* fear or anxiety concerning separation from persons to whom the child/adolescent is attached.<br>▪ Only diagnosable in those >2 yr. (of age). | F93.0<br>Included in DC:0-5 |
| **Agoraphobia:** | ▪ Pronounced fear or anxiety of being in either open or enclosed spaces, being outside the home alone, standing in line or being in a crowd, or using public transportation. | F40.00 |
| **Social Anxiety Disorder: (Social Phobia)** | ▪ Pronounced fear or anxiety of one or more social situations in which the child/adolescent is exposed to possible scrutiny by others.<br>▪ In children, the anxiety **must** occur in peer settings, not just in interactions with adults.<br>▪ Only diagnosable in those ≥24 mo. (of age). | F40.10<br>Included in DC:0-5 |
| **Specific Phobias:** | ▪ Pronounced fear or anxiety about a specific object or situation.<br>▪ Example situations include insects; heights; storms; needles; airplanes; costumed characters; loud sounds.<br>▪ In children, fear or anxiety symptoms *may* include clinging; crying; tantrums; freezing. | F40.2xx |
| **Selective Mutism:** | ▪ Child/adolescent who has normal language development stops talking.<br>▪ Consistent failure to speak in specific social situations, despite speaking in others (most often in school or with adults outside the home).<br>▪ Failure to speak **NOT** attributable to lack of knowledge or comfort with the spoken language (e.g. child/adolescent making language transition). | F94.0<br>Included in DC:0-5 |
| **Inhibition to Novelty Disorder:** | ▪ Infant/young child exhibits fearful symptoms in the presence of novel/unfamiliar objects, people, and situations.<br>▪ Infant/young child freezes and/or withdraws AND displays marked, ***persistent***, and pervasive negative affect.<br>▪ Only diagnosable in those <24 mo. (of age); symptoms must be present ≥1 mo. | F41.8<br>DC:0-5 **ONLY** |

| Obsessive-Compulsive and Related Disorders: | | |
|---|---|---|
| **Disorder Type:** | **Brief Description:** | **ICD-10 Code:** |
| **Obsessive-Compulsive Disorder (OCD):** | ▪ No longer an anxiety disorder, but rather an anxiety *related* disorder.[5–7]<br>▪ Presence of **obsessions** (recurrent and persistent thoughts, urges, or images experienced as intrusive and unwanted);<br>AND/OR<br>▪ **Compulsions** (repetitive behaviors, such as hand washing or checking, or mental acts, such as counting or repeating words silently, that an individual is driven to perform in response to an obsession or rules that must be applied rigidly). | F42.x |
| **Trauma and Stressor-Related Disorders:** | | |
| **Disorder Type:** | **Brief Description:** | **ICD-10 Code:** |
| **Post-Traumatic Stress Disorder (PTSD):** | ▪ No longer an anxiety disorder, but rather an anxiety *related* disorder.[5–7]<br>▪ Changes in mood, arousal, sense of reality, behavior, or experience of intrusive thoughts or dreams related to trauma (after a traumatic event is directly experienced, witnessed, or experienced vicariously).<br>▪ Manifestations in young children may not seem to be directly linked to the trauma, and/or may not seem to be distressing.<br>▪ Onset may not be immediately after the event.<br>▪ For those >6 yr. (of age), at least 2 mood symptoms and 1 avoidance symptom must be present.<br>▪ For those <6 yr. (of age), at least 1 mood symptom **OR** 1 avoidance symptom must be present. | F43.10<br>Included in DC:0-5 |
| **Acute Stress Disorder:** | ▪ No longer an anxiety disorder, but rather an anxiety *related* disorder.[5–7]<br>▪ Changes in mood, arousal, sense of reality, behavior, or experience of intrusive thoughts or dreams related to trauma (after a traumatic event is directly experienced, witnessed, or experienced vicariously).<br>▪ The episode must last <1 month, with the experience occurring within the past month. | F43.0 |
| **Complicated Grief Disorder of Infancy/Early Childhood:** | ▪ Following the death or permanent loss of an attachment figure. | F43.8<br>DC:0-5<br>**ONLY** |
| **Reactive Attachment Disorder:** | ▪ Lack of expected attachment behaviors and aberrant social and emotional responsiveness.<br>▪ May **NOT** be diagnosed in infants with development age of <9 mo.<br>▪ Requires that child experience pathogenic care prior to age 5 yr. | F94.1<br>Included in DC:0-5 |
| **Disinhibited Social Engagement Disorder:** | ▪ Socially aberrant behavior with unfamiliar adults in infants/young children who have experienced social neglect. | F94.2<br>Included in DC:0-5 |

****For ALL disorders, the symptoms must interfere with (be disruptive of) one or more important areas, including at home, at school, at work, and/or among peers.

****IMPORTANT PLEASE NOTE:** The above descriptions of select child/adolescent anxiety, OCD, and trauma-related disorders are **NOT** complete diagnostic criteria. Please reference the DSM-V and/or DC: 0-5 for complete coverage of diagnostic criteria.

**References:**


1. Wissow LS. Chapter 14: Anxiety and trauma-related distress. In: Foy JM, ed. *Mental Health Care of Children and Adolescents*. Itasca: American Academy of Pediatrics (AAP); 2018:433-456. https://shop.aap.org/mental-health-care-of-children-and-adolescents-a-guide-for-primary-care-clinicians-paperback/.
2. (APA) APA. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington: American Psychiatric Association (APA); 2013.
3. Children's Healthcare of Atlanta (CHOA). *Beneath the Surface: Gaining Insight and Caring for the Anxious Child*. Atlanta https://www.choa.org/-/media/files/Childrens/medical-professionals/cme/behavioral-health-symposium-agenda/beneath-the-surface-gaining-insight-and-caring-for-the-anxious-child.pdf. Accessed August 21, 2018.
4. Hilt RJ, Nussbaum AM. *DSM-5 Pocket Guide for Child and Adolescent Mental Health*. Arlington: American Psychiatric Association Publishing; 2016. https://www.appi.org/DSM-5_Pocket_Guide_for_Child_and_Adolescent_Mental_Health.
5. Rogers Behavioral Health. DSM-5 offers new criteria for OCD, PTSD and anxiety. Rogers Behavioral Health. https://rogersbh.org/about-us/newsroom/blog/dsm-5-offers-new-criteria-ocd-ptsd-and-anxiety. Published 2014. Accessed August 21, 2018.
6. (APA) APA. *Highlights of Changes from DSM-IV-TR to DSM-5*. Arlington; 2013. https://www.psychiatry.org/File Library/Psychiatrists/Practice/DSM/APA_DSM_Changes_from_DSM-IV-TR_-to_DSM-5.pdf.
7. (APA) APA. DSM-5 Table of Contents. In: *Dagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5)*. 5th ed. Arlington: American Psychiatric Association (APA); 2013:1-9. https://www.psychiatry.org/File Library/Psychiatrists/Practice/DSM/APA_DSM-5-Contents.pdf.

# 2010/2018 American Academy of Pediatrics (AAP) Anxiety Cluster Symptomology (With Trauma Response Differentiation)[1,2]

Replicated from the AAP 2010 *Addressing Mental Health Concerns in Primary Care, A Clinician's Toolkit* "Anxiety" section. Anxiety and parts of trauma response cluster symptomology re-replicated (and added to) in the AAP 2018 *Mental Health Care of Children and Adolescents: A Guide for Primary Care Clinicians* Chapter 14 "Anxiety and Trauma-Related Distress" (see references below).

History from youth or parent suggests:

## Symptoms and Clinical Findings Suggesting Anxiety:

- Normal fears are exaggerated or persistent (e.g. strangers, dark, separation, new social situations, unfamiliar animals or objects, public speaking).
- Fears are keeping child from developmentally appropriate experiences (are disruptive; e.g. school refusal, extreme shyness or clinging, refusal to sleep alone).
- Tantrum, tearfulness, acting-out behavior, or another display of distress occurs when child is asked to engage in feared activity.
- Child worries about harm coming to self or loved ones or fears something bad is going to happen.
- Somatic features accompany worries – palpitations, stomachaches, headaches, breathlessness, difficulty getting to sleep, nausea, feeling wobbly ("jelly legs"), butterflies.
- *Panic attacks* occur in response to feared objects, feared situations, or happen spontaneously. These are unexpected and repeated periods of intense fear, dread, or discomfort along with symptoms such as racing heartbeat, shortness of breath, dizziness, light-headedness, feeling smothered, trembling, sense of unreality, fear of dying, losing control, or losing one's mind. Panic attacks frequently develop without warning and last for minutes or hours.

Anxiety-like symptoms are a frequent response to trauma (can be physical and/or psychological; multiple types), and children/adolescents who have experienced or witnessed trauma are at a higher risk for the development of anxiety-related disorders such as post-traumatic stress disorder (PTSD), acute stress disorder, and adjustment disorder.[2,3] For children/adolescents who have experienced trauma, determination of the temporal relationship between the trauma and the onset of anxiety symptoms is necessary.[3] Knowing that there may be a trauma antecedent can trigger exploration of the other symptoms associated with trauma exposure (reexperiencing; avoidance; hyperarousal; dissociation).[2]

It is important to note that denial of trauma symptoms does not mean trauma did not occur.[3] Questions about adverse childhood experiences (ACEs) and other types of trauma should be repeated as a trusting provider-patient relationship is established.[3]

## Symptoms and Clinical Findings Suggesting Response to Trauma:

Behavior changes such as the following follow a **traumatic experience** such as abuse, witness to violence, loss of a loved one, or medical trauma[4]:

- **Infants and toddlers:** Crying, clinging, change in sleep or eating habits, regression to earlier behavior (e.g. bed-wetting; thumb sucking), repetitive play or talk.
- **3- to 5-year-olds:** Separation fears, clinging, tantrums, fighting, crying, withdrawal, regression to earlier behavior (e.g. bed-wetting; thumb sucking), sleep difficulty. May have repetitive play or trauma reenactment with or without apparent distress. May have onset of frightening dreams or fears in which linkage between content and experienced trauma is not obvious.
- **6- to 9-year-olds:** Anger, fighting, bullying, irritability, fluctuating moods, fear of separation or being alone, fear of recurring events, withdrawal, regression to earlier behavior, physical complaints (e.g. stomachaches; headaches), school problems (e.g. avoidance; academic difficulty; difficulty concentrating).
- **10- to 12-year-olds:** Crying, aggression, irritability, bullying, resentment, sadness, social withdrawal, fears that traumatic event(s) will reoccur, suppressed emotions or avoidance of situations and/or discussions that evoke memories of the traumatic event(s), sleep disturbance, concern about physical health (of self or others), physical complaints, academic problems or decline related to lack of attention.
- **13- to 18-year-olds:** Numbing, re-experiencing, avoidance of feelings or of situations and/or discussions that evoke memories of the traumatic event(s), resentment, loss of trust, loss of optimism about the future, depression, withdrawal, mood swings, irritability, anxiety, anger, exaggerated euphoria, acting out, substance use, fear of similar events, appetite and sleep changes, physical complaints, academic decline, school refusal.

**References:**


1. American Academy of Pediatrics (AAP). Addressing mental health concerns in primary care: A clinicians toolkit. In: American Academy of Pediatrics (AAP); 2010. https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Addressing-Mental-Health-Concerns-in-Primary-Care-A-Clinicians-Toolkit.aspx.
2. Wissow LS. Chapter 14: Anxiety and trauma-related distress. In: Foy JM, ed. *Mental Health Care of Children and Adolescents*. Itasca: American Academy of Pediatrics (AAP); 2018:433-456. https://shop.aap.org/mental-health-care-of-children-and-adolescents-a-guide-for-primary-care-clinicians-paperback/.
3. American Academy of Pediatrics (AAP). Decision support for clinicians: Anxiety. In: (AAP) AA of P, ed. *Adressing Mental Health Concerns in Primary Care: A Clinician's Toolkit*. Itasca: American Academy of Pediatrics (AAP); 2010:1-8. https://shop.aap.org/addressing-mental-health-concerns-in-primary-care-a-clinicians-toolkit/.
4. American Academy of Pediatrics (AAP) Committee on Psychosocial Aspects of Child and Family Health TF on MH. The future of pediatrics: Mental health competencies for pediatric primary care. *Pediatrics*. 2009;124(1):410-421.

# 2010/2018 American Academy of Pediatrics (AAP) Anxiety Co-Occurring/Mimicking Conditions[1,2]

Replicated from the AAP *Addressing Mental Health Concerns in Primary Care, A Clinician's Toolkit* "Anxiety" Section (2010) and the AAP 2018 *Mental Health Care of Children and Adolescents: A Guide for Primary Care Clinicians* Chapter 14 "Anxiety and Trauma-Related Distress" (see references below).

Anxiety disorders can be difficult to distinguish from normative or developmentally-appropriate behavior, as well as from other psychiatric and non-psychiatric conditions/disorders, due to shared symptomology. In addition, anxiety disorders often occur *concomitantly* with other non-psychiatric ("medical") conditions and psychiatric disorders – especially depression.[1,3,4] Common conditions and disorders that may mimic or co-occur with anxiety are as follows:

## Normative/Developmentally-Appropriate Behavior:

- **Infants (Age 8-9 Months):** Peak of stranger anxiety.
- **Toddlers Through Early School Age:** Separation anxiety (through age 3 years); poor tolerance of changes to routine, expectations, or new experiences (can be slight, such as new foods or clothing); fears of the dark.
- **Children (Age 5-8 Years):** Increased worry about harm to parents or attachment figures.
- **School Age (Any Age):** Anxiety/distress at the time of high-stakes testing; initial reluctance to socialize in new situations.
- **Adolescents:** Reoccurrence of anxiety issues previously resolved, often correlated to concerns regarding appearance, (new) social situations, and school performance.

## Co-Occurring/Mimicking Conditions:

Because each of the following may co-occur with or mimic anxiety (anxiety as a cause and/or a symptom), at least *some* exploration of other emotional or physiological symptoms and of current stressors is always warranted during an anxiety assessment.

- **Learning Problems or Disabilities:** Consider if symptoms of anxiety are related to problems with school attendance or performance.
- **Inattention and Impulsivity Related-Distress:** Difficulty focusing and/or negative feedback associated with inattention and impulsivity symptoms can cause anxiety (as an additional symptom).
- **Non-Psychiatric Medical Conditions or Illness (Acute; Chronic; Pain Syndrome):** Consider if somatic concerns accompany those of anxiety (anxiety as a symptom). Examples of non-psychiatric acute conditions/illness include thyroid disease, hypoglycemia, harmful medication side effects, endocrine tumors, and drug and/or alcohol withdrawal.
- **Depression:** Consider co-occurrence (≥ 50% co-prevalence) or mimicry if symptomology includes marked sleep disturbance, disturbed appetite, low mood, or tearfulness in absence of a direct anxiety provocation.
- **Trauma and Stressor-Related Experiences or Disorders:** Consider if an emotional/stressful/ distressing (traumatic to the individual) event *preceded* anxiety (anxiety as a symptom) (e.g. toxic stress; bereavement, traumatic loss, adverse childhood experience(s) (ACEs); post-traumatic stress disorder (PTSD), adjustment or acute stress disorders)
- **Autism-Spectrum Disorders (ASD):** Consider if symptomology includes problems with social relatedness (e.g. poor eye contact; preference for solidary activity), language (often stilted), range of interest (persistent/intense interest in a singular activity or subject), and expectation/routine (often rigid) (in addition to anxiety; anxiety as a symptom).
- **Schizophrenia Spectrum and Other Psychotic Disorders:** Consider if psychosis (hallucinations or delusions; "fear") accompanies anxiety (anxiety as a symptom). Be aware common symptomology can accompany PTSD and bipolar disorder.
- **Obsessive Compulsive Disorder (OCD):** Consider if marked obsessions (e.g. contamination/germ fear; concern with symmetry and orderliness; etc.) rituals (non-normative by degree of disruption distress) or compulsive behaviors (e.g. repetition; "checking"; "ordering"; fear of touching) accompany anxiety (anxiety as a symptom).

****PLEASE NOTE:** For more extensive information on anxiety co-occurring/mimicking conditions, and tips on conducting a child/adolescent anxiety assessment, please reference the AAP 2018 *Mental Health Care of Children and Adolescents: A Guide for Primary Care Clinicians* Chapter 14 "Anxiety and Trauma-Related Distress" (see reference below).

**References:**


1. American Academy of Pediatrics (AAP). Addressing mental health concerns in primary care: A clinicians toolkit. In: American Academy of Pediatrics (AAP); 2010. https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Addressing-Mental-Health-Concerns-in-Primary-Care-A-Clinicians-Toolkit.aspx.
2. Wissow LS. Chapter 14: Anxiety and trauma-related distress. In: Foy JM, ed. *Mental Health Care of Children and Adolescents*. Itasca: American Academy of Pediatrics (AAP); 2018:433-456. https://shop.aap.org/mental-health-care-of-children-and-adolescents-a-guide-for-primary-care-clinicians-paperback/.
3. Bernal P. Hidden morbidity in pediatric primary care. *Pediatr Ann*. 2003;32(6):415-420. doi:10.3928/0090-4481-20030601-10.
4. Williamson DE, Forbes EE, Dahl RE, Ryan ND. A genetic epidemiologic perspective on comorbidity of depression and anxiety. *Child Adolesc Psychiatr Clin N Am*. 2005;14(4):707-726. doi:10.1016/j.chc.2005.05.007.

# Secondary Screening Tools to Aid in the Clinical Assessment of Child/Adolescent Anxiety: Age Ranges

| Anxiety Screening Tool: | Appropriate Age Range: |
|---|---|
| **Screen for Child Anxiety Related Disorders (SCARED):** | ▪ Both Child and Parent Versions[1–4]: 8-18 yr. |
| **Spence Children's Anxiety Scale (SCAS):** | ▪ Spence Children's Anxiety Scale [Child Report][5]: 8-15 yr.<br>▪ Spence Children's Anxiety Scale [Parent Report][6]: 7-13 yr.<br>▪ Preschool Anxiety Scale [Parent Report][7,8]: 2.5-6.5 yr. |
| **Severity Measure for Generalized Anxiety Disorder – Child Age 11-17 (GAD-7 Adolescent):** | ▪ 11-17 yr.[9] |
| **Generalized Anxiety Disorder Scale, 7-Item (GAD-7):** | ▪ 18+ yr.[10,11] |

**References:**


1. Birmaher B, Khetarpal S, Brent D, et al. The Screen for Child Anxiety Related Emotional Disorders (SCARED): Scale construction and psychometric characteristics. *J Am Acad Child Adolesc Psychiatry*. 1997;36(4):545-553. doi:10.1097/00004583-199704000-00018.
2. Birmaher B, Brent DA, Chiappetta L, Bridge J, Monga S, Baugher M. Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): A replication study. *J Am Acad Child Adolesc Psychiatry*. 1999;38(10):1230-1236. doi:10.1097/00004583-199910000-00011.
3. Birmaher B. The Screen for Child Anxiety Related Disorders (SCARED), child version. Measurement Instrument Database for the Social Sciences (MIDSS). http://www.midss.org/content/screen-child-anxiety-related-disorders-scared. Accessed August 7, 2018.
4. The California Evidence-Based Clearing House for Child Welfare (CEBC). Screen for Childhood Anxiety Related Emotional Disorders (SCARED). The California Evidence-Based Clearing House for Child Welfare (CEBC). http://www.cebc4cw.org/assessment-tool/screen-for-childhood-anxiety-related-emotional-disorders-scared/. Published 2015. Accessed August 7, 2018.
5. Spence SH. Spence Children's Anxiety Scale, SCAS child version T-scores. http://www.scaswebsite.com/index.php?p=1_9. Accessed August 7, 2018.
6. Spence SH. Spence Children's Anxiety Scale, SCAS parent version T-scores. http://www.scaswebsite.com/index.php?p=1_69. Accessed August 7, 2018.
7. Spence SH. Spence Children's Anxiety Scale, SCAS preschool version interpretation of scores. http://www.scaswebsite.com/index.php?p=1_30. Accessed August 7, 2018.
8. Spence SH, Rapee R, Mcdonald C, Ingram M. *The Structure of Anxiety Symptoms among Preschoolers*. Vol 39.; 2001. www.elsevier.com/locate/brat. Accessed August 7, 2018.
9. Craske M, Wittchen U, Bogels S, Stein M, Andrews G, Lebeu R. Severity Measure for Generalized Anxiety Disorder—Child Age 11–17. American Psychiatric Association (APA). https://www.psychiatry.org/File Library/Psychiatrists/Practice/DSM/APA_DSM5_Severity-Measure-For-Generalized-Anxiety-Disorder-Child-Age-11-to-17.pdf. Published 2013.
10. Spitzer RL, Kroenke K, Williams JBW, Löwe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med*. 2006;166(10):1092. doi:10.1001/archinte.166.10.1092.
11. Wisconsin MC of, Wisconsin CH of. *CPCP Guidance on GAD-7 in Children Less Than 18 Years*. https://www.chw.org/-/media/files/medical-care/psychiatry/psych-consult-site/newsletters/62016-news-from-the-cpcpweb-version.docx?la=en.

# 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<br>Not True or Hardly Ever True | 1<br>Somewhat True or Sometimes True | 2<br>Very True or Often True |
|---|---|---|---|---|
| 1. | When I feel frightened, it is hard for me to breathe | o | o | o |
| 2. | I get headaches when I am at school | o | o | o |
| 3. | I don't like to be with people I don't know well | o | o | o |
| 4. | I get scared if I sleep away from home | o | o | o |
| 5. | I worry about other people liking me | o | o | o |
| 6. | When I get frightened, I feel like passing out | o | o | o |
| 7. | I am nervous | o | o | o |
| 8. | I follow my mother or father wherever they go | o | o | o |
| 9. | People tell me that I look nervous | o | o | o |
| 10. | I feel nervous with people I don't know well | o | o | o |
| 11. | My I get stomachaches at school | o | o | o |
| 12. | When I get frightened, I feel like I am going crazy | o | o | o |
| 13. | I worry about sleeping alone | o | o | o |
| 14. | I worry about being as good as other kids | o | o | o |
| 15. | When I get frightened, I feel like things are not real | o | o | o |
| 16. | I have nightmares about something bad happening to my parents | o | o | o |
| 17. | I worry about going to school | o | o | o |
| 18. | When I get frightened, my heart beats fast | o | o | o |
| 19. | I get shaky | o | o | o |
| 20. | I have nightmares about something bad happening to me | o | o | o |

# Screen for Child Anxiety Related Disorders (SCARED)

Child Version - Page 2 of 2 (To be filled out by the CHILD)

| | | 0<br>Not True or Hardly Ever True | 1<br>Somewhat True or Sometimes True | 2<br>Very True or Often True |
|---|---|---|---|---|
| 21. | I worry about things working out for me | o | o | o |
| 22. | When I get frightened, I sweat a lot | o | o | o |
| 23. | I am a worrier | o | o | o |
| 24. | I get really frightened for no reason at all | o | o | o |
| 25. | I am afraid to be alone in the house | o | o | o |
| 26. | It is hard for me to talk with people I don't know well | o | o | o |
| 27. | When I get frightened, I feel like I am choking | o | o | o |
| 28. | People tell me that I worry too much | o | o | o |
| 29. | I don't like to be away from my family | o | o | o |
| 30. | I am afraid of having anxiety (or panic) attacks | o | o | o |
| 31. | I worry that something bad might happen to my parents | o | o | o |
| 32. | I feel shy with people I don't know well | o | o | o |
| 33. | I worry about what is going to happen in the future | o | o | o |
| 34. | When I get frightened, I feel like throwing up | o | o | o |
| 35. | I worry about how well I do things | o | o | o |
| 36. | I am scared to go to school | o | o | o |
| 37. | I worry about things that have already happened | o | o | o |
| 38. | When I get frightened, I feel dizzy | o | o | o |
| 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) | o | o | o |
| 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 | o | o | o |
| 41. | I am shy | o | o | o |

**For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

Developed by Boris Birmaher, MD, Suneeta Khetarpal, MD, Marlane Cully, MEd, David Brent, MD, and Sandra McKenzie, PhD. Western Psychiatric Institute and Clinic, University of Pgh. (10/95). Email: birmaherb@msx.upmc.edu

# Screen for Child Anxiety Related Disorders (SCARED)

## Parent Version - Page 1 of 2 (To be filled out by the PARENT)

**Name**: _____ **Date**: _____

**Directions**:
Below is a list of statements that describe how people feel. Read each statement carefully and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for your child. Then for each statement, fill in one circle that corresponds to the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

| | | 0<br>Not True or Hardly Ever True | 1<br>Somewhat True or Sometimes True | 2<br>Very True or Often True |
|---|---|---|---|---|
| 1. | When my child feels frightened, it is hard for him/her to breathe | o | o | o |
| 2. | My child gets headaches when he/she is at school | o | o | o |
| 3. | My child doesn't like to be with people he/she doesn't know well | o | o | o |
| 4. | My child gets scared if he/she sleeps away from home | o | o | o |
| 5. | My child worries about other people liking him/her | o | o | o |
| 6. | When my child gets frightened, he/she feels like passing out | o | o | o |
| 7. | My child is nervous | o | o | o |
| 8. | My child follows me wherever I go | o | o | o |
| 9. | People tell me that my child looks nervous | o | o | o |
| 10. | My child feels nervous with people he/she doesn't know well | o | o | o |
| 11. | My child gets stomachaches at school | o | o | o |
| 12. | When my child gets frightened, he/she feels like he/she is going crazy | o | o | o |
| 13. | My child worries about sleeping alone | o | o | o |
| 14. | My child worries about being as good as other kids | o | o | o |
| 15. | When he/she gets frightened, he/she feels like things are not real | o | o | o |
| 16. | My child has nightmares about something bad happening to his/her parents | o | o | o |
| 17. | My child worries about going to school | o | o | o |
| 18. | When my child gets frightened, his/her heart beats fast | o | o | o |
| 19. | He/she gets shaky | o | o | o |
| 20. | My child has nightmares about something bad happening to him/her | o | o | o |

# Screen for Child Anxiety Related Disorders (SCARED)

Parent Version - Page 2 of 2 (To be filled out by the PARENT)

| | | 0<br>Not True or Hardly Ever True | 1<br>Somewhat True or Sometimes True | 2<br>Very True or Often True |
|---|---|---|---|---|
| 21. | My child worries about things working out for him/her | o | o | o |
| 22. | When my child gets frightened, he/she sweats a lot | o | o | o |
| 23. | My child is a worrier | o | o | o |
| 24. | My child gets really frightened for no reason at all | o | o | o |
| 25. | My child is afraid to be alone in the house | o | o | o |
| 26. | It is hard for my child to talk with people he/she doesn't know well | o | o | o |
| 27. | When my child gets frightened, he/she feels like he/she is choking | o | o | o |
| 28. | People tell me that my child worries too much | o | o | o |
| 29. | My child doesn't like to be away from his/her family | o | o | o |
| 30. | My child is afraid of having anxiety (or panic) attacks | o | o | o |
| 31. | My child worries that something bad might happen to his/her parents | o | o | o |
| 32. | My child feels shy with people he/she doesn't know well | o | o | o |
| 33. | My child worries about what is going to happen in the future | o | o | o |
| 34. | When my child gets frightened, he/she feels like throwing up | o | o | o |
| 35. | My child worries about how well he/she does things | o | o | o |
| 36. | My child is scared to go to school | o | o | o |
| 37. | My child worries about things that have already happened | o | o | o |
| 38. | When my child gets frightened, he/she feels dizzy | o | o | o |
| 39. | My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport) | o | o | o |
| 40. | My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well | o | o | o |
| 41. | My child is shy | o | o | o |

Developed by Boris Birmaher, MD, Suneeta Khetarpal, MD, Marlane Cully, MEd, David Brent, MD, and Sandra McKenzie, PhD. Western Psychiatric Institute and Clinic, University of Pgh. (10/95). Email: birmaherb@msx.upmc.edu

# SCARED Rating Scale Scoring Aide

## Use with Parent and Child Versions

| Question | Panic/ Somatic | Generalized Anxiety | Separation | Social | School Avoidance |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 | | | | | |
| 25 | | | | | |
| 26 | | | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |
| 32 | | | | | |
| 33 | | | | | |
| 34 | | | | | |
| 35 | | | | | |
| 36 | | | | | |
| 37 | | | | | |
| 38 | | | | | |
| 39 | | | | | |
| 40 | | | | | |
| 41 | | | | | |
| **Total** | | | | | |
| | Cutoff = 7 | Cutoff = 9 | Cutoff = 5 | Cutoff = 8 | Cutoff = 3 |

Total anxiety ≥ 25

0 = not true or hardly true
1 = somewhat true or sometimes true
2 = very true or often true

SCORING

A total score of **≥ 25** may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

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**.

**AUTOMATED SCORING:**
https://www.pediatricbipolar.pitt.edu/resources/instruments

# SPENCE CHILDREN'S ANXIETY SCALE

**Your Name:** _____ **Date:** _____

**PLEASE PUT A CIRCLE AROUND THE WORD THAT SHOWS HOW OFTEN EACH OF THESE THINGS HAPPEN TO YOU. THERE ARE NO RIGHT OR WRONG ANSWERS.**

| | | | | | |
|---|---|---|---|---|---|
| 1. | I worry about things..... | Never | Sometimes | Often | Always |
| 2. | I am scared of the dark..... | Never | Sometimes | Often | Always |
| 3. | When I have a problem, I get a funny feeling in my stomach..... | Never | Sometimes | Often | Always |
| 4. | I feel afraid..... | Never | Sometimes | Often | Always |
| 5. | I would feel afraid of being on my own at home..... | Never | Sometimes | Often | Always |
| 6. | I feel scared when I have to take a test..... | Never | Sometimes | Often | Always |
| 7. | I feel afraid if I have to use public toilets or bathrooms..... | Never | Sometimes | Often | Always |
| 8. | I worry about being away from my parents..... | Never | Sometimes | Often | Always |
| 9. | I feel afraid that I will make a fool of myself in front of people..... | Never | Sometimes | Often | Always |
| 10. | I worry that I will do badly at my school work..... | Never | Sometimes | Often | Always |
| 11. | I am popular amongst other kids my own age..... | Never | Sometimes | Often | Always |
| 12. | I worry that something awful will happen to someone in my family..... | Never | Sometimes | Often | Always |
| 13. | I suddenly feel as if I can't breathe when there is no reason for this..... | Never | Sometimes | Often | Always |
| 14. | I have to keep checking that I have done things right (like the switch is off, or the door is locked)..... | Never | Sometimes | Often | Always |
| 15. | I feel scared if I have to sleep on my own..... | Never | Sometimes | Often | Always |
| 16. | I have trouble going to school in the mornings because I feel nervous or afraid..... | Never | Sometimes | Often | Always |
| 17. | I am good at sports..... | Never | Sometimes | Often | Always |
| 18. | I am scared of dogs..... | Never | Sometimes | Often | Always |
| 19. | I can't seem to get bad or silly thoughts out of my head..... | Never | Sometimes | Often | Always |
| 20. | When I have a problem, my heart beats really fast..... | Never | Sometimes | Often | Always |
| 21. | I suddenly start to tremble or shake when there is no reason for this... | Never | Sometimes | Often | Always |
| 22. | I worry that something bad will happen to me..... | Never | Sometimes | Often | Always |
| 23. | I am scared of going to the doctors or dentists..... | Never | Sometimes | Often | Always |
| 24. | When I have a problem, I feel shaky..... | Never | Sometimes | Often | Always |
| 25. | I am scared of being in high places or lifts (elevators)..... | Never | Sometimes | Often | Always |

| | | | | | |
|---|---|---|---|---|---|
| 26. | I am a good person..... | Never | Sometimes | Often | Always |
| 27. | I have to think of special thoughts to stop bad things from happening (like numbers or words)..... | Never | Sometimes | Often | Always |
| 28 | I feel scared if I have to travel in the car, or on a Bus or a train..... | Never | Sometimes | Often | Always |
| 29. | I worry what other people think of me..... | Never | Sometimes | Often | Always |
| 30. | I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds)..... | Never | Sometimes | Often | Always |
| 31. | I feel happy..... | Never | Sometimes | Often | Always |
| 32. | All of a sudden I feel really scared for no reason at all..... | Never | Sometimes | Often | Always |
| 33. | I am scared of insects or spiders..... | Never | Sometimes | Often | Always |
| 34. | I suddenly become dizzy or faint when there is no reason for this..... | Never | Sometimes | Often | Always |
| 35. | I feel afraid if I have to talk in front of my class..... | Never | Sometimes | Often | Always |
| 36. | My heart suddenly starts to beat too quickly for no reason..... | Never | Sometimes | Often | Always |
| 37. | I worry that I will suddenly get a scared feeling when there is nothing to be afraid of..... | Never | Sometimes | Often | Always |
| 38. | I like myself..... | Never | Sometimes | Often | Always |
| 39. | I am afraid of being in small closed places, like tunnels or small rooms. | Never | Sometimes | Often | Always |
| 40. | I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)..... | Never | Sometimes | Often | Always |
| 41. | I get bothered by bad or silly thoughts or pictures in my mind..... | Never | Sometimes | Often | Always |
| 42. | I have to do some things in just the right way to stop bad things happening..... | Never | Sometimes | Often | Always |
| 43. | I am proud of my school work..... | Never | Sometimes | Often | Always |
| 44. | I would feel scared if I had to stay away from home overnight..... | Never | Sometimes | Often | Always |
| 45. | Is there something else that you are really afraid of?..... | YES | NO | | |
| | Please write down what it is_____ | | | | |
| | _____ | | | | |
| | _____ | | | | |
| | How often are you afraid of this thing?..... | Never | Sometimes | Often | Always |

# SPENCE CHILDREN'S ANXIETY SCALE
# (Parent Report)

**Your Name:** _____ **Date:** _____

**Your Child's Name:** _____

**BELOW IS A LIST OF ITEMS THAT DESCRIBE CHILDREN. FOR EACH ITEM PLEASE CIRCLE THE RESPONSE THAT BEST DESCRIBES YOUR CHILD. PLEASE ANSWER ALL THE ITEMS.**

| | | | | | |
|---|---|---|---|---|---|
| 1. | My child worries about things..... | Never | Sometimes | Often | Always |
| 2. | My child is scared of the dark..... | Never | Sometimes | Often | Always |
| 3. | When my child has a problem, s(he) complains of having a funny feeling in his / her stomach ..... | Never | Sometimes | Often | Always |
| 4. | My child complains of feeling afraid..... | Never | Sometimes | Often | Always |
| 5. | My child would feel afraid of being on his/her own at home..... | Never | Sometimes | Often | Always |
| 6. | My child is scared when s(he) has to take a test..... | Never | Sometimes | Often | Always |
| 7. | My child is afraid when (s)he has to use public toilets or bathrooms..... | Never | Sometimes | Often | Always |
| 8. | My child worries about being away from us / me..... | Never | Sometimes | Often | Always |
| 9. | My child feels afraid that (s)he will make a fool of him/herself in front of people..... | Never | Sometimes | Often | Always |
| 10. | My child worries that (s)he will do badly at school..... | Never | Sometimes | Often | Always |
| 11. | My child worries that something awful will happen to someone in our family..... | Never | Sometimes | Often | Always |
| 12. | My child complains of suddenly feeling as if (s)he can't breathe when there is no reason for this..... | Never | Sometimes | Often | Always |
| 13. | My child has to keep checking that (s)he has done things right (like the switch is off, or the door is locked).. ..... | Never | Sometimes | Often | Always |
| 14. | My child is scared if (s)he has to sleep on his/her own..... | Never | Sometimes | Often | Always |
| 15. | My child has trouble going to school in the mornings because (s)he feels nervous or afraid..... | Never | Sometimes | Often | Always |
| 16. | My child is scared of dogs ..... | Never | Sometimes | Often | Always |
| 17. | My child can't seem to get bad or silly thoughts out of his / her head..... | Never | Sometimes | Often | Always |
| 18. | When my child has a problem, s(he) complains of his/her heart beating really fast..... | Never | Sometimes | Often | Always |

| | | | | | |
|---|---|---|---|---|---|
| 19. | My child suddenly starts to tremble or shake when there is no reason for this..... | Never | Sometimes | Often | Always |
| 20. | My child worries that something bad will happen to him/her..... | Never | Sometimes | Often | Always |
| 21. | My child is scared of going to the doctor or dentist ..... | Never | Sometimes | Often | Always |
| 22. | When my child has a problem, (s)he feels shaky..... | Never | Sometimes | Often | Always |
| 23. | My child is scared of heights (eg. being at the top of a cliff)..... | Never | Sometimes | Often | Always |
| 24. | My child has to think special thoughts (like numbers or words) to stop bad things from happening..... | Never | Sometimes | Often | Always |
| 25. | My child feels scared if (s)he has to travel in the car, or on a bus or train ..... | Never | Sometimes | Often | Always |
| 26. | My child worries what other people think of him/her..... | Never | Sometimes | Often | Always |
| 27. | My child is afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds)..... | Never | Sometimes | Often | Always |
| 28 | All of a sudden my child feels really scared for no reason at all..... | Never | Sometimes | Often | Always |
| 29. | My child is scared of insects or spiders..... | Never | Sometimes | Often | Always |
| 30. | My child complains of suddenly becoming dizzy or faint when there is no reason for this..... | Never | Sometimes | Often | Always |
| 31. | My child feels afraid when (s)he has to talk in front of the class..... | Never | Sometimes | Often | Always |
| 32. | My child's complains of his / her heart suddenly starting to beat too quickly for no reason ..... | Never | Sometimes | Often | Always |
| 33. | My child worries that (s)he will suddenly get a scared feeling when there is nothing to be afraid of..... | Never | Sometimes | Often | Always |
| 34. | My child is afraid of being in small closed places, like tunnels or small rooms..... | Never | Sometimes | Often | Always |
| 35. | My child has to do some things over and over again (like washing his / her hands, cleaning or putting things in a certain order)..... | Never | Sometimes | Often | Always |
| 36. | My child gets bothered by bad or silly thoughts or pictures in his/her head ..... | Never | Sometimes | Often | Always |
| 37. | My child has to do certain things in just the right way to stop bad things from happening ..... | Never | Sometimes | Often | Always |
| 38. | My child would feel scared if (s)he had to stay away from home overnight..... | Never | Sometimes | Often | Always |
| 39. | Is there anything else that your child is really afraid of? ..... | YES | NO | | |
| | Please write down what it is, and fill out how often (s)he is afraid of this thing: _____ | Never | Sometimes | Often | Always |
| | _____ | Never | Sometimes | Often | Always |
| | _____ | Never | Sometimes | Often | Always |

# PRESCHOOL ANXIETY SCALE
# (Parent Report)

**Your Name:** _____ **Date:** _____

**Your Child's Name:** _____

Below is a list of items that describe children. For each item please circle the response that best describes your child. Please circle the **4** if the item is **very often true, 3** if the item is **quite often true, 2** if the item is **sometimes true, 1** if the item is **seldom true** or if it is **not true at all** circle the **0**. Please answer all the items as well as you can, even if some do not seem to apply to your child.

| | | Not True at All | Seldom True | Sometimes True | Quite Often True | Very Often True |
|---|---|---|---|---|---|---|
| 1 | Has difficulty stopping him/herself from worrying…… | 0 | 1 | 2 | 3 | 4 |
| 2 | Worries that he/she will do something to look stupid in front of other people…… | 0 | 1 | 2 | 3 | 4 |
| 3 | Keeps checking that he/she has done things right (e.g., that he/she closed a door, turned off a tap)…….. | 0 | 1 | 2 | 3 | 4 |
| 4 | Is tense, restless or irritable due to worrying…… | 0 | 1 | 2 | 3 | 4 |
| 5 | Is scared to ask an adult for help (e.g., a preschool or school teacher)…….. | 0 | 1 | 2 | 3 | 4 |
| 6 | Is reluctant to go to sleep without you or to sleep away from home……. | 0 | 1 | 2 | 3 | 4 |
| 7 | Is scared of heights (high places)……. | 0 | 1 | 2 | 3 | 4 |
| 8 | Has trouble sleeping due to worrying…… | 0 | 1 | 2 | 3 | 4 |
| 9 | Washes his/her hands over and over many times each day……. | 0 | 1 | 2 | 3 | 4 |
| 10 | Is afraid of crowded or closed-in places…….. | 0 | 1 | 2 | 3 | 4 |
| 11 | Is afraid of meeting or talking to unfamiliar people…… | 0 | 1 | 2 | 3 | 4 |
| 12 | Worries that something bad will happen to his/her parents…….. | 0 | 1 | 2 | 3 | 4 |
| 13 | Is scared of thunder storms…….. | 0 | 1 | 2 | 3 | 4 |
| 14 | Spends a large part of each day worrying about various things….. | 0 | 1 | 2 | 3 | 4 |
| 15 | Is afraid of talking in front of the class (preschool group) e.g., show and tell…….…… | 0 | 1 | 2 | 3 | 4 |
| 16 | Worries that something bad might happen to him/her (e.g., getting lost or kidnapped), so he/she won't be able to see you again…….. | 0 | 1 | 2 | 3 | 4 |
| 17 | Is nervous of going swimming……... | 0 | 1 | 2 | 3 | 4 |

| | | Not True at All | Seldom True | Sometimes True | Quite Often True | Very Often True |
|---|---|---|---|---|---|---|
| 18 | Has to have things in exactly the right order or position to stop bad things from happening…… | 0 | 1 | 2 | 3 | 4 |
| 19 | Worries that he/she will do something embarrassing in front of other people…… | 0 | 1 | 2 | 3 | 4 |
| 20 | Is afraid of insects and/or spiders…… | 0 | 1 | 2 | 3 | 4 |
| 21 | Has bad or silly thoughts or images that keep coming back over and over…… | 0 | 1 | 2 | 3 | 4 |
| 22 | Becomes distressed about your leaving him/her at preschool/school or with a babysitter……... | 0 | 1 | 2 | 3 | 4 |
| 23 | Is afraid to go up to group of children and join their activities…….. | 0 | 1 | 2 | 3 | 4 |
| 24 | Is frightened of dogs…… | 0 | 1 | 2 | 3 | 4 |
| 25 | Has nightmares about being apart from you……... | 0 | 1 | 2 | 3 | 4 |
| 26 | Is afraid of the dark…… | 0 | 1 | 2 | 3 | 4 |
| 27 | Has to keep thinking special thoughts (e.g., numbers or words) to stop bad things from happening…… | 0 | 1 | 2 | 3 | 4 |
| 28 | Asks for reassurance when it doesn't seem necessary…… | 0 | 1 | 2 | 3 | 4 |
| 29 | Has **your child ever experienced anything really bad or traumatic** (e.g., severe accident, death of a family member/friend, assault, robbery, disaster) …… | **YES** | **NO** | | | |

Please briefly describe the event that your child experienced……

_____

_____

_____

_____

_____

If you answered **NO** to **question 29,** please **do not** answer questions 30-34**. If you answered YES, please DO** answer the following questions**.**

**Do the following statements describe your child's behaviour since the event?**

| | | | | | | |
|---|---|---|---|---|---|---|
| 30 | Has bad dreams or nightmares about the event…… | 0 | 1 | 2 | 3 | 4 |
| 31 | Remembers the event and becomes distressed…… | 0 | 1 | 2 | 3 | 4 |
| 32 | Becomes distressed when reminded of the event…… | 0 | 1 | 2 | 3 | 4 |
| 33 | Suddenly behaves as if he/she is reliving the bad experience…… | 0 | 1 | 2 | 3 | 4 |
| 34 | Shows bodily signs of fear (e.g., sweating, shaking or racing heart) when reminded of the event …… | 0 | 1 | 2 | 3 | 4 |

# Spence Children's Anxiety Scale (SCAS) Scoring and Interpretation[1]

| SCAS Version: | Scoring and Interpretation: |
|---|---|
| **Spence Children's Anxiety Scale [Child Report]:** | ▪ Administration, Scoring, and Scoring Calculation: http://www.scaswebsite.com/index.php?p=1_7<br>▪ Interpretation (T-Scores by Age and Gender): http://www.scaswebsite.com/index.php?p=1_9<br>**General rule of thumb is a T-score ≥60 is indicative of subclinical or elevated levels of anxiety.[1] A score of this magnitude justifies further investigation and confirmation of diagnostic status using clinical interview.[1]*<br>▪ Automated Scoring: http://www.scaswebsite.com/index.php?p=1_40 |
| **Spence Children's Anxiety Scale [Parent Report]:** | ▪ Administration, Scoring, and Scoring Calculation: http://www.scaswebsite.com/index.php?p=1_14<br>▪ Interpretation (T-Scores by Age and Gender): http://www.scaswebsite.com/index.php?p=1_69<br>**General rule of thumb is a T-score ≥60 is indicative of subclinical or elevated levels of anxiety.[1] A score of this magnitude justifies further investigation and confirmation of diagnostic status using clinical interview.[1]* |
| **Preschool Anxiety Scale [Parent Report]:**<br>*Note: Questions 29-34 on the SCAS Preschool Anxiety Scale [Parent Report] assess for trauma exposure and response, and thus may serve in a preliminary capacity, helping to determine whether further assessment of trauma exposure is necessary. | ▪ Administration: http://www.scaswebsite.com/index.php?p=1_28<br>▪ Scoring and Scoring Calculation: http://www.scaswebsite.com/index.php?p=1_29<br>▪ Interpretation (T-Scores **NOT** Separated by Age or Gender): http://www.scaswebsite.com/index.php?p=1_41<br>**General rule of thumb is a T-score ≥60 is indicative of subclinical or elevated levels of anxiety.[1] A score of this magnitude justifies further investigation and confirmation of diagnostic status using clinical interview.[1]* |

**References:**

1. Spence SH. Spence Children's Anxiety Scale. http://www.scaswebsite.com/. Accessed August 7, 2018.

# Severity Measure for Generalized Anxiety Disorder—Child Age 11–17

**Name:**_____ **Age:** _____ **Sex: Male** ❑ **Female** ❑ **Date:**_____

**Instructions:** The following questions ask about thoughts, feelings, and behaviors, often tied to concerns about family, health, finances, school, and work. **Please respond to each item by marking (✓ or x) one box per row.**

| | | | | | | | Clinician Use |
|---|---|---|---|---|---|---|---|
| | During **the PAST 7 DAYS**, I have… | **Never** | **Occasionally** | **Half of the time** | **Most of the time** | **All of the time** | **Item score** |
| 1. | felt moments of sudden terror, fear, or fright | ❑ 0 | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 | |
| 2. | felt anxious, worried, or nervous | ❑ 0 | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 | |
| 3. | had thoughts of bad things happening, such as family tragedy, ill health, loss of a job, or accidents | ❑ 0 | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 | |
| 4. | felt a racing heart, sweaty, trouble breathing, faint, or shaky | ❑ 0 | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 | |
| 5. | felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping | ❑ 0 | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 | |
| 6. | avoided, or did not approach or enter, situations about which I worry | ❑ 0 | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 | |
| 7. | left situations early or participated only minimally due to worries | ❑ 0 | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 | |
| 8. | spent lots of time making decisions, putting off making decisions, or preparing for situations, due to worries | ❑ 0 | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 | |
| 9. | sought reassurance from others due to worries | ❑ 0 | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 | |
| 10. | needed help to cope with anxiety (e.g., alcohol or medication, superstitious objects, or other people) | ❑ 0 | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 | |
| | | | | | | **Total/Partial Raw Score:** | |
| | | | | | | **Prorated Total Raw Score: (if 1-2 items left unanswered)** | |
| | | | | | | **Average Total Score:** | |

**Instructions to Clinicians**

The Severity Measure for Generalized Anxiety Disorder—Child Age 11–17 is a 10-item measure that assesses the severity of generalized anxiety disorder in children and adolescents. The measure was designed to be completed by the child upon receiving a diagnosis of generalized anxiety disorder (or clinically significant generalized anxiety disorder symptoms) and thereafter, prior to follow-up visits with the clinician. Each item asks the child to rate the severity of his or her generalized anxiety disorder **during the past 7 days**.

**Scoring and Interpretation**

Each item on the measure is rated on a 5-point scale (0=Never; 1=Occasionally; 2=Half of the time; 3=Most of the time, and 4=All of the time). The total score can range from 0 to 40, with higher scores indicating greater severity of generalized anxiety disorder. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use." The raw scores on the 10 items should be summed to obtain a total raw score. In addition, the clinician is asked to calculate and use the **average total score**. The **average total score** reduces the overall score to a 5-point scale, which allows the clinician to think of the child's generalized anxiety disorder in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4). The use of the average total score was found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials. The **average total score** is calculated by dividing the raw total score by number of items in the measure (i.e., 10).

**Note:** If 3 or more items are left unanswered, the total score on the measure should not be calculated. Therefore, the child should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of items that were answered to get a partial raw score. Multiply the partial raw score by the total number of items on the Severity Measure for Generalized Anxiety Disorder (i.e., 10) and divide the value by the number of items that were actually answered (i.e., 8 or 9). The formula to prorate the partial raw score to Total Raw Score is:

$$\frac{\text{(Raw sum x 10)}}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

**Frequency of Use**

To track changes in the severity of the child's generalized anxiety disorder over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child's symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

# GAD-7

| 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 |
| **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*____ = ____ + ____ + ____ )**

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

# Use of GAD-7 Screening Tools as Severity and Outcome Measure[1]

This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of "not at all," "several days," "more than half the days," and "nearly every day," respectively. GAD-7 total score for the seven items ranges from 0 to 21. Scores of 5, 10, and 15 represent cutpoints for mild, moderate, and severe anxiety, respectively. Though designed primarily as a screening and severity measure for generalized anxiety disorder, the GAD-7 also has moderately good operating characteristics for three other common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder. When screening for anxiety disorders, a recommended cutpoint for further evaluation is a score of 10 or greater.

Study on GAD-7 reliability and validity, and the relationship between GAD-7 anxiety severity scores and functional impairment, quality of life, and disability days[2]: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/410326

**References:**


1. Pfizer. *Instruction Manual, Instructions for Patient Health Questionnaire (PHQ) and GAD-7 Measures*.n.d. https://phqscreeners.pfizer.edrupalgardens.com/sites/g/files/g10016261/f/201412/instructions.pdf. Accessed May 18, 2018.
2. Spitzer RL, Kroenke K, Williams JBW, Löwe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med*. 2006;166(10):1092. doi:10.1001/archinte.166.10.1092.

# Secondary Screening Tools to Aid in the Clinical Assessment of Child/Adolescent Anxiety: Multilingual

***Note:** The following links provide ***translations*** of select child/adolescent secondary screening tools for the assessment of anxiety. Please note that many of these translations may **NOT** be validated, and that translation without validation can lead to false test results due to poor interpretability [translation ≠ interpretation]. As such, an interpreter/interpretation services is/are always recommended over translated materials.

- Screen for Child Anxiety Related Disorders (SCARED):
  https://www.pediatricbipolar.pitt.edu/resources/instruments
  - Arabic; Chinese; Czech; Finnish; French; German; Hebrew; Italian; Tamil; Thai; Spanish (Colombia).
  - Translation developer information, literature references (including references on psychometric properties), or a combination of both provided for most SCARED translations.
  - *Note: Above link provides access to multilingual translations for both SCARED versions (child version and parent version). However, parent version translations have not been conducted for *all* languages for which there are child version translations.
  - For more information on the relative strength of psychometric properties (reliability; validity) for various SCARED translations, please see here (peer-reviewed): https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1469-7610.2010.02285.x

- Spence Children's Anxiety Scale (SCAS):
  http://www.scaswebsite.com/1_1_.html
  - 30+ languages included.
  - Contact information provided for each SCAS translation's developer.
  - From link provided above, select appropriate language listed when hovering mouse over the "Translations" tab.
  - *Note: Above link provides access to multilingual translations for all three SCAS report versions (child report; parent report; preschool parent report). However, parent report translations have not been conducted for *all* languages for which there are child report translations.

# Trauma as a Potential Comorbidity and/or Anxiety-Related Disorder: Trauma Screening & Screening Tools

Anxiety-like symptoms are a frequent response to trauma (can be physical and/or psychological; multiple types), and children/adolescents who have experienced or witnessed trauma are at a higher risk for the development of anxiety-related disorders such as post-traumatic stress disorder (PTSD), acute stress disorder, and adjustment disorder.[1,2] For children/adolescents who have experienced trauma, determination of the temporal relationship between the trauma and the onset of anxiety symptoms is necessary.[2]

It is important to note that denial of trauma symptoms does not mean that trauma did not occur.[2] Therefore, questions about adverse childhood experiences (ACEs) and other types of trauma should be repeated as a trusting provider-patient relationship is established.[2]

Select secondary screening tools for the assessment of trauma exposure and response are as follows:

| Trauma Screening Tool: | Accessibility: | Age Range: | Multilingual: |
|---|---|---|---|
| **Acute Stress Checklist for Children (ASC-Kids):**<br><br>**Also can serve as an initial psychosocial assessment*[3] | ▪ http://www.istss.org/assessing-trauma/acute-stress-checklist-for-children.aspx<br>▪ Free; Developer request to be contacted (nlkaphd@mail.med.upenn.edu; see link above)[4,5] | ▪ 8-17 yr.[4] | ▪ Spanish; To obtain, contact developer at address provided above. Please note translation versus interpretation concerns described previously.[4,5] |
| **Children's Revised Impact of Event Scale (CRIES):**<br><br>**Also can serve as an initial psychosocial assessment*[3] | ▪ http://www.childrenandwar.org/measures/children%E2%80%99s-revised-impact-of-event-scale-8-%E2%80%93-cries-8/<br>▪ Free; Access via link above | ▪ 8-18 yr.[6-9] | ▪ 20+ languages included. Please note translation versus interpretation concerns described previously.[4,5] |
| **Trauma Symptom Checklist for Children (TSCC) and the Trauma Symptom Checklist for Young Children (TSCYC):** | ▪ TSCC: https://www.parinc.com/Products/Pkey/461<br>▪ TSCYC: https://www.parinc.com/products/pkey/463 | ▪ TSCC: 8-16 yr.[10]<br>▪ TSCYC: 3-12 yr.[11] | ▪ Spanish available in TSCC/TSCYC "kits".[10,11] 20+ other languages available by requesting permission through PAR.[12] |
| **Child PTSD Symptom Scale (CPSS):** | ▪ Rating Scale: https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/misc/child_ptsd_symptom_scale.pdf<br>▪ Scoring: https://coactcolorado.org/site_media/media/servee_documents/CPSS_Scoring.pdf<br>▪ Psychometrics: http://www.istss.org/assessing-trauma/child-ptsd-symptom-scale.aspx | ▪ 8-18 yr.[13,14] | ▪ Armenian; Chinese; German; Hebrew; Korean; Norwegian; Polish; Russian; Spanish; Swedish.[14] To obtain, contact developer (foa@mail.med.upenn.edu). Please note translation versus interpretation concerns described previously.[4,5] |

****PLEASE NOTE:** Questions 29-34 on the SCAS Preschool Anxiety Scale [Parent Report] (ages 2.5-6.5 yr.) assess for trauma exposure and response, and thus may serve in a preliminary capacity, helping to determine whether further assessment of trauma exposure is necessary. For more extensive information on screening and assessment for early childhood trauma (ages 0-6 yr.), please see here: https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma. For information on screening for cumulative adversity (including trauma exposure and response) that is inclusive of adolescents aged 18-21 yr. (18+ yr.), PCCs should review: https://www.sciencedirect.com/science/article/pii/S0891524518301342.

If in conducting one of the above secondary screenings for the assessment of trauma exposure, you believe that the patient may have a trauma-related disorder (patient score suggests trauma response), please consider the appropriate evidence-based interventions for trauma-related disorder diagnosis (referral to MH specialist warranted) and intervention (consider Trauma-Focused TF-CBT).

**References:**


1. Wissow LS. Chapter 14: Anxiety and trauma-related distress. In: Foy JM, ed. *Mental Health Care of Children and Adolescents*. Itasca: American Academy of Pediatrics (AAP); 2018:433-456. https://shop.aap.org/mental-health-care-of-children-and-adolescents-a-guide-for-primary-care-clinicians-paperback/.
2. American Academy of Pediatrics (AAP). Decision support for clinicians: Anxiety. In: (AAP) AA of P, ed. *Adressing Mental Health Concerns in Primary Care: A Clinician's Toolkit*. Itasca: American Academy of Pediatrics (AAP); 2010:1-8. https://shop.aap.org/addressing-mental-health-concerns-in-primary-care-a-clinicians-toolkit/.
3. Foy JM. Appendix 2: Mental health tools for pediatrics. In: Foy JM, ed. *Mental Health Care of Children and Adolescents*. Itasca: American Academy of Pediatrics (AAP); 2018:817-867. https://shop.aap.org/mental-health-care-of-children-and-adolescents-a-guide-for-primary-care-clinicians-paperback/.
4. Kassam-Adams N. The Acute Stress Checklist for Children (ASC-Kids): Development of a child self-report measure. *J Trauma Stress*. 2006;19(1):129-139. doi:10.1002/jts.20090.
5. Crandal B, Conradi L. *Review of Child and Adolescent Trauma Screening Tools*. San Diego http://www.childsworld.ca.gov/res/pdf/KatieA/ChildAdolescentTraumaScreenTools.pdf. Accessed August 10, 2018.
6. Perrin S, Meiser-Stedman R, Smith P. The Children's Revised Impact of Event Scale (CRIES): Validity as a screening instrument for PTSD. *Behav Cogn Psychother*. 2005;33(04):487. doi:10.1017/S1352465805002419.
7. Perrin S, Meiser-Stedman R, Smith P. *The Children's Revised Impact of Event Scale (CRIES): Validity as a Screening Instrument for PTSD*. London; 2005. https://core.ac.uk/download/pdf/29109413.pdf. Accessed August 13, 2018.
8. Child Outcomes Research Consortium (CORC). Child Revised Impact of Events Scale. Child Outcomes Research Consortium (CORC). https://www.corc.uk.net/outcome-experience-measures/child-revised-impact-of-events-scale/. Published 2017. Accessed August 13, 2018.
9. Leigh E, Yule W, Smith P. Measurement Issues: Measurement of posttraumatic stress disorder in children and young people - lessons from research and practice. *Child Adolesc Ment Health*. 2015;21(2):124-135. doi:10.1111/camh.12124.
10. Briere J. TSCC: Trauma Symptom Checklist for Children. PAR. https://www.parinc.com/Products/Pkey/461. Published 1996. Accessed August 10, 2018.
11. Briere J. TSCYC: Trauma Symptom Checklist for Young Children. PAR. https://www.parinc.com/products/pkey/463. Published 2005. Accessed August 10, 2018.
12. PAR. PAR permissions and licensing: Foreign-language translations from PAR. PAR. https://www.parinc.com/Resources/Permissions-and-licensing#99093-trauma-symptom-checklist-for-young-children-tscyc. Published 2018. Accessed August 10, 2018.
13. Foa EB, Johnson KM, Feeny NC, Treadwell KRH. The Child PTSD Symptom Scale: A preliminary examination of its psychometric properties. *J Clin Child Psychol*. 2001;30(3):376-384. doi:10.1207/S15374424JCCP3003_9.
14. Gillihan SJ, Aderka IM, Conklin PH, Capaldi S, Foa EB. The Child PTSD Symptom Scale: Psychometric properties in female adolescent sexual assault survivors. *Psychol Assess*. 2013;25(1):23-31. doi:10.1037/a0029553.

# 2010/2018 American Academy of Pediatrics (AAP) Anxiety Plan of Care Summary[1,2]

Derived from the AAP *Addressing Mental Health Concerns in Primary Care, A Clinician's Toolkit* "Anxiety" Section (2010) and the AAP 2018 *Mental Health Care of Children and Adolescents: A Guide for Primary Care Clinicians* Chapter 14 "Anxiety and Trauma-Related Distress" (see references below).

## AT THE LEVEL OF PRIMARY CARE:

*Note: Care can begin **from the time symptoms are recognized**, *regardless* of whether the child/adolescent's symptoms rise to the level of a disorder and *regardless* of whether referral to a mental health specialist is/becomes part of the care plan.

1. Engage Child and Family in Care: Reinforce strengths of the child/adolescent and family; identify any barriers to problem resolution; use of the "common factors" approach (HELP mnemonic).
2. Provide Psychoeducation and Educational Resources: Educate family on anxiety and/or trauma; offer child/adolescent and family resources to educate and assist with anxiety self-management (various forms of literature, at ***appropriate*** literacy levels); provide emergency instruction.
3. Address Security and Normalcy: Ongoing threat(s) to safety and security are common in trauma situations and sometimes for patients with anxiety; Inquire and develop plan, to extent possible.
4. Encourage Healthy Activities and Habit-Forming: Including exercise, outdoor play, balanced and consistent diet, **sleep**; limits on types of media (frightening, violent, stigmatizing/discriminatory; can be causal or exacerbating), 1-on-1 time with parents, acknowledgement /reinforcement of strengths, open communication with a trusted adult, and pro-social peers.
5. Reduce Overall Stress: Consider the child/adolescent's environment, asking exploratory questions. Offer and reach agreement on goals and steps to mitigate (stressors).
6. Offer Initial Interventions: See below.
7. Monitor Progress Toward Therapeutic Goals: Including use of child care/preschool/school reports and screening tools that gather information from both the child/adolescent and the parent (e.g. SDQ or PSC). Communicate symptoms recurrence/relapse and future considerations potential.

## INITIAL INTERVENTIONS (TO ADDRESS ANXIETY SYMPTOMS):

****PLEASE NOTE:** In most cases (panic attack exception; see below), it is recommended that evidence-based psychosocial therapy, including the common elements listed below, take precedence over pharmacological treatment.

| FOR NORMATIVE/ DEVELOPMENTALLY APPROPRIATE BEHAVIOR | FOR ANXIETY SYMPTOMS AND DISORDERS: **Note: Also applicable to those whose symptoms are emerging, mild, or impairing without rising to the level of a disorder. Can be used while preparing for referral or awaiting access to specialty care.* | |
|---|---|---|
| | **1) Guide Parents in Managing Child/Adolescent's Fears:** | **2) Attend to Overall Parenting Style:** |
| ▪ Empathy<br>▪ Active coaching assistance<br>▪ Reward system development | ▪ Child/adolescent and parent cognitive behavioral strategies (goal of coping skills development)<br>▪ Literature (various forms; appropriate literacy level)<br>▪ Gradual increased exposure (goal of fear mastery)<br>▪ School Phobia: Prompt return to school<br>**Rule out bullying; other types of trauma/traumatic events; comorbid or mimicking conditions*<br>**Optional: School personnel co-management*<br>**Refer to mental health specialist if issues here*<br>▪ Environmental Stressors: If anxiety comes *secondary* to, see Step #5 above; fear mastery<br>▪ Fear renaming<br>▪ Reward system development<br>▪ Panic Attacks: Alternative trigger response(s)<br>**Absence of apparent trigger(s) warrants referral to pharmacological treatment* | ▪ Inconsistency (in rules and/or expectations)<br>▪ Catastrophic consequences<br>▪ Culpability for family stress |

If in assessing child/adolescent anxiety symptomology, exploring potential co-occurring or mimicking conditions, and after conducting one of the provided secondary screenings for the assessment of trauma exposure, you believe the patient may have a trauma-related disorder, please consider the appropriate evidence-based interventions for trauma-related disorder diagnosis (referral to MH specialist warranted) and intervention (consider Trauma-Focused TF-CBT).

## WHEN TO REFER TO A MENTAL HEALTH SPECIALIST(S):

1. If child does NOT respond to initial interventions **OR** if initial interventions (see above) have not alleviated symptoms

**OR**

2. If indicated by the following clinical circumstances:

   - In an attempt to manage school phobia, child/adolescent absence from school becomes prolonged and/or parents are or become reluctant to support the child/adolescent's return to school; other functional impairments related to school and/or threats to academic progress.
   - Severe functional impairments at home or with peers that threatens developmentally important goals.
   - Multiple symptoms of anxiety traverse multiple domains of child/adolescent's life.
   - Symptoms of anxiety threaten the achievement of developmentally important goals, such as socialization with peers.
   - Symptoms of anxiety are causing severe child/adolescent and/or parental distress.
   - Existence of co-occurring behavior problems (combination of shyness, anxiety, and behavior problems is thought to be of particular risk for future behavior problems of a more serious nature).
   - In establishing a temporal relationship between identified trauma and anxiety symptoms, trauma is found to be preceding (trauma identified as possible causality) and/or anxiety symptoms suggest post-traumatic stress disorder (PTSD), acute stress disorder, or adjustment disorder.
   - Anxiety symptomology suggests panic disorder or obsessive-compulsive disorder (OCD), both of which require specialized treatment.
   - Anxiety symptomology with either diagnosed or suspected autism spectrum disorder (ASD)
     ***Refer to anxiety co-occurring/mimicking conditions section elsewhere in resource guide*

***Note:** Post-referral, the PCC may (still) be responsible for initiating medication or adjusting doses, monitoring response to treatment including adverse effects, engaging and encouraging the child/adolescent and family or guardians positive view of treatment, and coordinating care provided by parents/guardians, school, the patient's medical home, and specialists. Please see further information on steps to co-management with a mental health specialist(s) below.

## CO-MANAGEMENT WITH A MENTAL HEALTH SPECIALIST(S):

1. Establish a referral relationship;
2. Perform a warm hand-off to the therapist, psychiatrist, or both, as indicated;
3. Put a standardized exchange of information in place with the therapist, the psychiatrist, or both (based on Step #2 decision);
   ***See the AAP-AACAP joint HIPAA statement on communication between a PCC and MH Specialist here*
4. And, share patient record if practicing in an integrated or co-located setting.

****PLEASE NOTE:** For more detailed information on child/adolescent anxiety and plan of care, please reference the AAP 2018 *Mental Health Care of Children and Adolescents: A Guide for Primary Care Clinicians* Chapter 14 "Anxiety and Trauma-Related Distress"(see reference below).

**References:**


1. American Academy of Pediatrics (AAP). Addressing mental health concerns in primary care: A clinicians toolkit. In: American Academy of Pediatrics (AAP); 2010. https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Addressing-Mental-Health-Concerns-in-Primary-Care-A-Clinicians-Toolkit.aspx.
2. Wissow LS. Chapter 14: Anxiety and trauma-related distress. In: Foy JM, ed. *Mental Health Care of Children and Adolescents*. Itasca: American Academy of Pediatrics (AAP); 2018:433-456. https://shop.aap.org/mental-health-care-of-children-and-adolescents-a-guide-for-primary-care-clinicians-paperback/.

# Billing/Diagnostic Codes and Other Guidance: Anxiety Visits (Child/Adolescent)

Visits Coding and Description:

| | Initial Assessment: | Follow-Up: |
|---|---|---|
| Time: | 45-60 minutes | 25-40 minutes (at least Q3 months) |
| Screening: | Social-Emotional Screening Code: 96127<br>*Limit 2 units per visit*<br>**Algorithm Boxes 2, 11* | Social-Emotional Screening Code: 96127<br>*Limit 2 units per visit*<br>**Algorithm Boxes 2, 11* |
| Pre-Visit: | N/A. Please reference algorithm elsewhere in this toolkit for types of anxiety presentation. | Request & review update from MHP. |
| CPT: | Office Visit E&M Code: 99214/99215<br><br>If done at well visit, use well visit code plus E&M (based on additional time) with 25 modifier.<br><br>**Use prolonged visit code if needed based on time beyond E&M: 99354-99355**[1] | Office Visit Code: 99214/99215<br><br>If done at well visit, use well visit code plus E&M (based on additional time) with 25 modifier.<br><br>**Use prolonged visit code if needed based on time beyond E&M: 99354-99355**[1] |

ICD-10 (Diagnostic) Coding and Description:

| ICD-10: | Anxiety Disorder | Trauma, Stress, and Deprivation Disorders: |
|---|---|---|
| | Ages 0-5 (see DC:0-5):<br>F93.0, Separation Anxiety Disorder<br>F94.0, Selective Mutism<br>F40.10, Social Anxiety Disorder<br>F41.1, Generalized Anxiety Disorder (GAD)<br>F41.8, Inhibition to Novelty Disorder<br><br>Older Children & Adolescents:<br>F93.2, Social Anxiety Disorder<br>F40.2xx, Specific Phobia<br>F41.0, Panic Disorder<br>F41.1, Generalized Anxiety Disorder (GAD) | Ages 0-5 (see DC:0-5):<br>F43.10, Post-Traumatic Stress Disorder (PTSD)<br>***For those ≤6 yr. (of age)*<br>F43.8, Complicated Grief Disorder<br>F43.9, Other trauma, Stress, & Deprivation Disorder<br>F94.1, Reactive Attachment Disorder<br>***NOT for those < 9 mo. (of age)*<br>F94.2, Disinhibited Social Engagement Disorder<br><br>Older Children & Adolescents:<br>F43.10, PTSD<br>***For those >6 yr. (of age)*<br>F43.0, Acute Stress Disorder (ASD)<br>F43.9, Unspecified Trauma and Stressor Related Disorder<br>F94.1, Reactive Attachment Disorder |

Coding and Payment:

| Code Type: | Code: | Payment (Medicaid 2018): |
|---|---|---|
| Rating Scales: | 96127 | $4.25 |
| E&M: | 99214/99215 | $81.76/$110.58 |
| Prolonged Visit | 99354/99355 | $82.03/$81.21 |

To access the most up-to-date information on North Carolina Medicaid CPT codes, please view the most recent Physician Fee Schedule:
https://medicaid.ncdhhs.gov/providers/fee-schedule/physician-services-fee-schedule

For North Carolina Division of Health Benefits support, contact the Medical Assistance Operations Section at (919) 855-4050.
If you have a billing or credentialing concern, you may contact CSRA (NCTracks) at (800) 688-6696

[1] **99354:** 31-75 minutes beyond E&M; **99355:** 16-30 minutes beyond 99354

# Psychopharmacology

Community Care
OF NORTH CAROLINA

# Anxiety Medication Guide (for Children/Adolescents)[1,2]

*"Medications can be helpful, especially to speed suppression of panic and OCD symptoms, or when time-limited and severe stressors need to be faced. But, in the absence of psychosocial therapies, symptoms may recur as the medications are discontinued. Interpreting the results of a medication trial can also be problematic, because the severity of anxiety problems is often cyclic. Families may seek care as symptoms are peaking. If medication is started at this point, it often cannot be determined whether the condition improved on its own or improved with medication."*[1]

| Medication Name | Medication Half-Life | Usual Starting Teen Dose (mg) | FDA Maximum Dose (mg), Approval Age | Available Doses (mg), Formulation Type | Conditions with RCT Support | Medication Pearls/Additional Information |
|---|---|---|---|---|---|---|
| **Selective Serotonin Reuptake Inhibitors (SSRIs)** | | | | | | |
| FLUOXETINE *(Prozac)* | 4 to 6 d | 10mg qAM | 60mg (≥7 OCD) | 10, 20, and 40mg capsules | OCD; GAD; SAD; SOC | -First line for depression and anxiety.<br>-Long half-life reduces side effects from a missed dose. |
| SERTRALINE *(Zoloft)* | 27 h | 50mg qAM | 200mg (≥6 OCD) | 25, 50, and 100mg tablets | OCD; GAD; SAD; SOC | -First line for anxiety. |
| FLUVOXAMINE *(Luvox)* | 16 h | 25mg qAM | 300mg (≥8 OCD) | 25, 50, and 100mg tablets | OCD; GAD; SAD; SOC | -**NOT** first line.<br>-More side effects than other SSRIs.<br>-Many drug-to-drug interactions. |
| **Tricyclic Antidepressants (TCA):** | | | | | | |
| CLOMIPRAMINE *(Anafranil)* | 32 h | 25mg | 200mg OR 3mg/kg/d (≥10 OCD) | 25, 50, and 75mg capsules | OCD | -**NOT** first line.<br>-For treatment-resistant OCD.<br>-Greater adverse effects than with SSRIs. |
| **Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)** | | | | | | |
| DULOXETINE *(Cymbalta)* | 12 h | 30mg qd | 120mg (≥7 GAD) | 25, 30, and 60mg capsules | GAD | -Greater adverse effects than with SSRIs. |

****PLEASE NOTE:** For all questions outside the realm of this grid, please contact your CCNC Network Pharmacist and/or reference Hilt and Nussbaum's *DSM-V Pocket Guide for Child and Adolescent Mental Health*.

**References**:


1. Wissow LS. Chapter 14: Anxiety and trauma-related distress. In: Foy JM, ed. *Mental Health Care of Children and Adolescents*. Itasca: American Academy of Pediatrics (AAP); 2018:433-456. https://shop.aap.org/mental-health-care-of-children-and-adolescents-a-guide-for-primary-care-clinicians-paperback/.
2. Hilt RJ, Nussbaum AM. *DSM-5 Pocket Guide for Child and Adolescent Mental Health*. Arlington: American Psychiatric Association Publishing; 2016. https://www.appi.org/DSM-5_Pocket_Guide_for_Child_and_Adolescent_Mental_Health.


RCT = Randomized Controlled Trial  D = Day  H = Hour  qAM = Every Morning  qd = Every Day/Daily  OCD = Obsessive-Compulsive Disorder  GAD = Generalized Anxiety Disorder
SAD = Separation Anxiety Disorder  SOC = Social Phobia (Social Anxiety Disorder)

# Other Anxiety Care Support Resources

Community Care
OF NORTH CAROLINA

# Side-by-Side Version

## Six Core Elements of Health Care Transition 2.0

The ***Six Core Elements of Health Care Transition 2.0*** are intended for use by pediatric, family medicine, med-peds, and internal medicine practices to assist youth and young adults as they transition to adult-centered care. They are aligned with the AAP/AAFP/ACP Clinical Report on Transition.[i] Sample clinical tools and measurement resources are available for quality improvement purposes at **www.GotTransition.org** ■

| Transitioning Youth to Adult Health Care Providers (Pediatric, Family Medicine, and Med-Peds Providers) | Transitioning to an Adult Approach to Health Care Without Changing Providers (Family Medicine and Med-Peds Providers) | Integrating Young Adults into Adult Health Care (Internal Medicine, Family Medicine, and Med-Peds Providers) |
|---|---|---|
| **1. Transition Policy**<br>• Develop a transition policy/statement with input from youth and families that describes the practice's approach to transition, including privacy and consent information.<br>• Educate all staff about the practice's approach to transition, the policy/statement, the ***Six Core Elements,*** and distinct roles of the youth, family, and pediatric and adult health care team in the transition process, taking into account cultural preferences.<br>• Post policy and share/discuss with youth and families, beginning at age 12 to 14, and regularly review as part of ongoing care. | **1. Transition Policy**<br>• Develop a transition policy/statement with input from youth/young adults and families that describes the practice's approach to transitioning to an adult approach to care at 18, including privacy and consent information.<br>• Educate all staff about the practice's approach to transition, the policy/statement, the ***Six Core Elements,*** and distinct roles of the youth, family, and health care team in the transition process, taking into account cultural preferences.<br>• Post policy and share/discuss with youth and families, beginning at age 12 to 14, and regularly review as part of ongoing care. | **1. Young Adult Transition and Care Policy**<br>• Develop a transition policy/statement with input from young adults that describes the practice's approach to accepting and partnering with new young adults, including privacy and consent information.<br>• Educate all staff about the practice's approach to transition, the policy/statement, the ***Six Core Elements*** and distinct roles of the young adult, family, and pediatric and adult health care team in the transition process, taking into account cultural preferences.<br>• Post policy and share/discuss with young adults at first visit and regularly review as part of ongoing care. |
| **2. Transition Tracking and Monitoring**<br>• Establish criteria and process for identifying transitioning youth and enter their data into a registry.<br>• Utilize individual flow sheet or registry to track youth's transition progress with the ***Six Core Elements.***<br>• Incorporate the ***Six Core Elements*** into clinical care process, using EHR if possible. | **2. Transition Tracking and Monitoring**<br>• Establish criteria and process for identifying transitioning youth/young adults and enter their data into a registry.<br>• Utilize individual flow sheet or registry to track youth/young adults' transition progress with the ***Six Core Elements.***<br>• Incorporate the ***Six Core Elements*** into clinical care process, using EHR if possible. | **2. Young Adult Tracking and Monitoring**<br>• Establish criteria and process for identifying transitioning young adults until age 26 and enter their data into a registry.<br>• Utilize individual flow sheet or registry to track young adults' completion of the ***Six Core Elements.***<br>• Incorporate the ***Six Core Elements*** into clinical care process, using EHR if possible. |
| **3. Transition Readiness**<br>• Conduct regular transition readiness assessments, beginning at age 14, to identify and discuss with youth and parent/caregiver their needs and goals in self-care.<br>• Jointly develop goals and prioritized actions with youth and parent/caregiver, and document regularly in a plan of care. | **3. Transition Readiness**<br>• Conduct regular transition readiness assessments, beginning at age 14, to identify and discuss with youth and parent/caregiver their needs and goals in self-care.<br>• Jointly develop goals and prioritized actions with youth and parent/caregiver, and document regularly in a plan of care. | **3. Transition Readiness/Orientation to Adult Practice**<br>• Identify and list adult providers within your practice interested in caring for young adults.<br>• Establish a process to welcome and orient new young adults into practice, including a description of available services.<br>• Provide youth-friendly online or written information about the practice and offer a "get-acquainted" appointment, if feasible. |

[i] American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians. Transitions Clinical Report Authoring Group. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics.* 2011; 128:182.

*Continued »*

# Side-by-Side Version (continued)

## Six Core Elements of Health Care Transition 2.0

| Transitioning Youth to Adult Health Care Providers (Pediatric, Family Medicine, and Med-Peds Providers) | Transitioning to an Adult Approach to Health Care Without Changing Providers (Family Medicine and Med-Peds Providers) | Integrating Young Adults into Adult Health Care (Internal Medicine, Family Medicine, and Med-Peds Providers) |
|---|---|---|
| **4. Transition Planning**<br>• Develop and regularly update the plan of care, including readiness assessment findings, goals and prioritized actions, medical summary and emergency care plan, and, if needed, a condition fact sheet and legal documents.<br>• Prepare youth and parent/caregiver for adult approach to care at age 18, including legal changes in decision-making and privacy and consent, self-advocacy, and access to information.<br>• Determine level of need for decision-making supports for youth with intellectual challenges and make referrals to legal resources.<br>• Plan with youth/parent/caregiver for optimal timing of transfer. If both primary and subspecialty care are involved, discuss optimal timing for each.<br>• Obtain consent from youth/guardian for release of medical information.<br>• Assist youth in identifying an adult provider and communicate with selected provider about pending transfer of care.<br>• Provide linkages to insurance resources, self-care management information, and culturally appropriate community supports. | **4. Transition Planning/Integration into Adult Approach to Care**<br>• Develop and regularly update a plan of care, including readiness assessment findings, goals and prioritized actions, medical summary and emergency care plan, and, if needed, legal documents.<br>• Prepare youth and parent/caregiver for adult approach to care at age 18, including legal changes in decision-making and privacy and consent, self-advocacy, and access to information.<br>• Determine of need for decision-making supports for youth with intellectual challenges and make referrals to legal resources.<br>• Plan with youth and parent/caregiver for optimal timing of transfer from pediatric to adult specialty care<br>• Obtain consent from youth/guardian for release of medical information.<br>• Provide linkages to insurance resources, self-care management information, and culturally appropriate community supports. | **4. Transition Planning/Integration into Adult Practice**<br>• Communicate with young adult's pediatric provider(s) and arrange for consultation assistance, if needed.<br>• Prior to first visit, ensure receipt of transfer package (final transition readiness assessment, plan of care with transition goals and pending actions, medical summary and emergency care plan, and, if needed, legal documents, condition fact sheet, and additional provider records.)<br>• Make pre-visit appointment reminder call welcoming new young adult and identifying any special needs and preferences.<br>• Provide linkages to insurance resources, self-care management information, and culturally appropriate community supports. |
| **5. Transfer of Care**<br>• Confirm date of first adult provider appointment.<br>• Transfer young adult when his/her condition is stable.<br>• Complete transfer package, including final transition readiness assessment, plan of care with transition goals and pending actions, medical summary and emergency care plan, and, if needed, legal documents, condition fact sheet, and additional provider records.<br>• Prepare letter with transfer package, send to adult practice, and confirm adult practice's receipt of transfer package.<br>• Confirm with adult provider the pediatric provider's responsibility for care until young adult is seen in adult setting. | **5. Transfer to Adult Approach to Care**<br>• Address any concerns that young adult has about transferring to adult approach to care. Clarify adult approach to care, including shared decision-making, privacy and consent, access to information, adherence to care, and preferred methods of communication, including attending to health literacy needs.<br>• Conduct self-care assessment (transition readiness assessment) if not recently completed and discuss needed self-care skills.<br>• Review young adult's health priorities as part of ongoing plan of care.<br>• Continue to update and share portable medical summary and emergency care plan. | **5. Transfer of Care/Initial Visit**<br>• Prepare for initial visit by reviewing transfer package with appropriate team members.<br>• Address any concerns that young adult has about transferring to adult approach to care. Clarify approach to adult care, including shared decision-making, privacy and consent, access to information, adherence to care, and preferred methods of communication, including attending to health literacy needs.<br>• Conduct self-care assessment (transition readiness assessment) if not recently completed and discuss the young adult's needs and goals in self-care.<br>• Review young adult's health priorities as part of their plan of care.<br>• Update and share portable medical summary and emergency care plan. |
| **6. Transfer Completion**<br>• Contact young adult and parent/caregiver 3 to 6 months after last pediatric visit to confirm transfer of responsibilities to adult practice and elicit feedback on experience with transition process.<br>• Communicate with adult practice confirming completion of transfer and offer consultation assistance, as needed.<br>• Build ongoing and collaborative partnerships with adult primary and specialty care providers. | **6. Transfer Completion/Ongoing Care**<br>• Assist young adult to connect with adult specialists and other support services, as needed.<br>• Continue with ongoing care management tailored to each young adult.<br>• Elicit feedback from young adult to assess experience with adult health care.<br>• Build ongoing and collaborative partnerships with specialty care providers. | **6. Transfer Completion/Ongoing Care**<br>• Communicate with pediatric practice confirming transfer into adult practice and consult with pediatric provider(s), as needed.<br>• Assist young adult to connect with adult specialists and other support services, as needed.<br>• Continue with ongoing care management tailored to each young adult.<br>• Elicit feedback from young adult to assess experience with adult health care.<br>• Build ongoing and collaborative partnerships with pediatric primary and specialty care providers. |