

CRITICAL CONVERSATIONS: PEDIATRIC MENTAL HEALTH IN PRIMARY CARE

Supporting Children with Anxiety in Primary Care

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- No financial disclosures

Learning Objectives

1. Improve understanding and conceptualization of how anxiety/OCD manifests in children & adolescents
2. Learn about the "accommodation cycle" its role in the maintenance of anxiety/OCD
3. Learn (non-pharmacologic) best practices for treating and supporting children and adolescents with anxiety in the primary care setting.

An Overview → The Basics

A Primer – The Root of It All

Anxiety  Avoidance

OCD  Avoidance

A Primer – The Intervention

Anxiety  Approach

OCD  Approach

A Primer – The Intervention

Anxiety  Approach (gradually)

OCD  Approach (gradually)

Characteristics & Features

Improve understanding and conceptualization

Anxiety Can Be Healthy & Normal

- adaptive
- protective
- developmentally appropriate

Normative Anxiety and Fears

Age		Development Conditioned Periods of Fear and Anxiety
Early infancy	Within first weeks	Fear of loss, eg, physical contact to caregivers
	0–6 months	Salient sensoric stimuli
Late infancy	6–8 months	Shyness/anxiety with stranger

Toddlerhood	12–18 months	Separation anxiety
	2–3 years	Fears of thunder and lightening, fire, water, darkness nightmares Fears of animals
Early childhood	4–5 years	Fear of death or dead people
Primary/elementary school age	5–7 years	Fear of specific objects (animals, monsters, ghosts) Fear of germs or getting a serious illness Fear of natural disasters, fear of traumatic events (eg getting burned, being hit by a car or truck) School anxiety; performance anxiety

Data from Morris RJ, Kratochwill TR. Childhood fears and phobias. In: Kratochwill TR, Morris RJ, editors. The practice of child therapy. 2nd ed. New York: Pergamon; 1991. p. 76–114; and Muris P, Merckelbach H, Mayer B, et al. Common fears and their relationship to anxiety disorders symptomatology in normal children. *Pers Individ Diff* 1998;24(4):575–8.

Anxiety Disorders (DSM-5-TR)

Specific Phobia

Pronounced fear of specific object or situation

Social Anxiety

Marked and persistent fear of one or more social situations

Separation Anxiety Disorder

Anxiety or fear of separation from home/caregivers, caregiver loss

Generalized Anxiety Disorder

Extreme, uncontrollable worry about several events/activities, future events

Selective Mutism

Lack of speech in situations where it is socially expected

Panic Disorder

abrupt surge of intense fear or discomfort peaks within minutes

Criteria for OCD (DSM 5 TR)

A. Presence of Obsessions, Compulsions, OR both

Obsessions:

1. Recurrent & persistent thoughts, urges, images . . . intrusive & unwanted ... *cause marked anxiety or distress*
2. ... attempts to ignore or suppress or neutralize with some other thought or action (i.e. *compulsion*)

(cont) Criteria for OCD

Compulsions:

1. Repetitive Behaviors or mental acts *individual feels driven to perform* in response to obsession or *to rules that must be applied rigidly*
2. These are aimed at *preventing or reducing* anxiety, distress or dreaded event/situation...*not connected in realistic way* with what they are attempting to prevent

Note: Young children may not be able to articulate the aims of these behaviors or mental acts

–Time-Consuming: *more than 1 hour/day*

OCD Symptom Categories

Obsessions

- Aggressive Obsessions
- Contamination Obsessions
- Sexual Obsessions
- Hoarding Obsessions
- Religious Obsessions
- Symmetry Obsessions
- Somatic Obsessions

Compulsions

- Cleaning Compulsions
- Checking Compulsions
- Repeating Compulsions
- Counting Compulsions
- Ordering Compulsions
- Hoarding Compulsions

Johnco & Storch, 2018 in APA Handbook of Psychopathology: Child and Adolescent Psychopathology, 2018, edited by Butcher, J.N. and Kendal, P.C. American Psychological Association.

Impact on Daily Functioning

What

Anxiety and **OCD**

Feel Like



What

Anxiety and **OCD**

Feel Like



What **Anxiety and OCD**

The Autonomic Nervous System

Feel Like



"Rest and Digest"
(Parasympathetic Nervous System)

- Pupils Normal
- Normal Salivation
- Heart Beats Slowly
- Deep Breathing
- Normal Appetite



"Fight, Flight, Freeze" - Adrenaline!
(Sympathetic Nervous System)

- Tears, Pupils Bigger
- Dry Mouth
- Sweat
- Heart Beats Rapidly
- Shallow Breathing
- Not Hungry

What

Anxiety and OCD

Feel Like

“Your Body is Tricking You!”



What

Anxiety and OCD

Feel Like

“Your Body is Tricking You!”



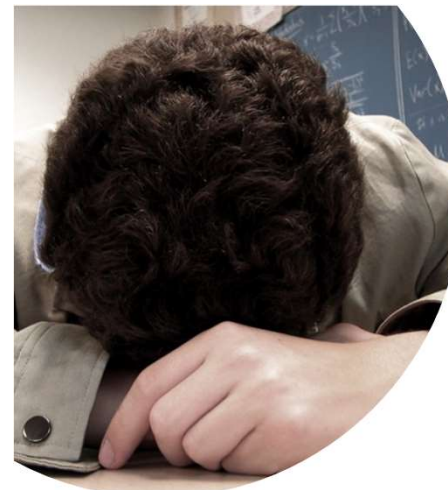
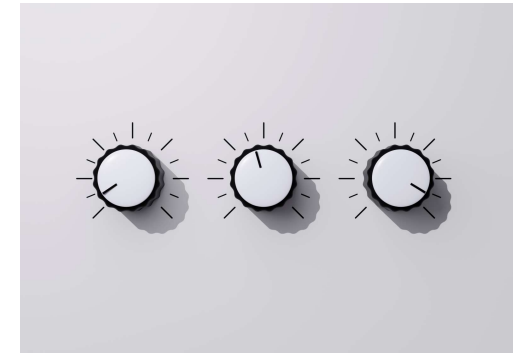
Anxiety and OCD

False Alarm!!

False Alarm!!

False Alarm!!





Anxiety and OCD

Functional Impairment



Fight



Flight



Freeze

Medical Visits ...

Anxiety and OCD

- Frequent medical appointments for illness/concerns
- Somatic/Physical complaints
(stomachaches/nausea/abdominal pain, headaches, aches/pains, medical questions)
- Sleep problems
- Masked sx that look like inattention, impulsivity, hyperactivity, aggression/oppositionality
- Eating difficulties
- Medical Comorbidity: GI, migraine, asthma, dermatitis
- Synergistic Interaction – Increased Sx over condition either alone

What is Reported ...

Anxiety and OCD

- Repetitive Questions (“reassurance-seeking”)
- Ritualistic or Repetitive Behaviors (OCD-type, tic-like)
- Perfectionistic Tendencies (late, missing work, chores)
- Oppositional, argumentative behavior
- Easily agitated, rage, coercive behaviors (OCD)
- Fatigue

Anxiety and OCD

Impact at School ...

- School absenteeism or tardiness
- Work refusal/disengagement
- Perform below ability level or Inconsistent performance
- Interference with learning, recall
- Executive functioning deficits (organizing, planning, prioritizing, follow-through)
- May look like inattention, impulsivity, hyperactivity
- Visits to the nurse (physical complaints, medical questions)
- Disciplinary Referrals

Impact on Social Functioning...

Anxiety and **OCD**

- Avoid peer interactions
- Decrease in social or extra-curricular activities
- Refuse to participate in certain events/activities
- Appear less confident

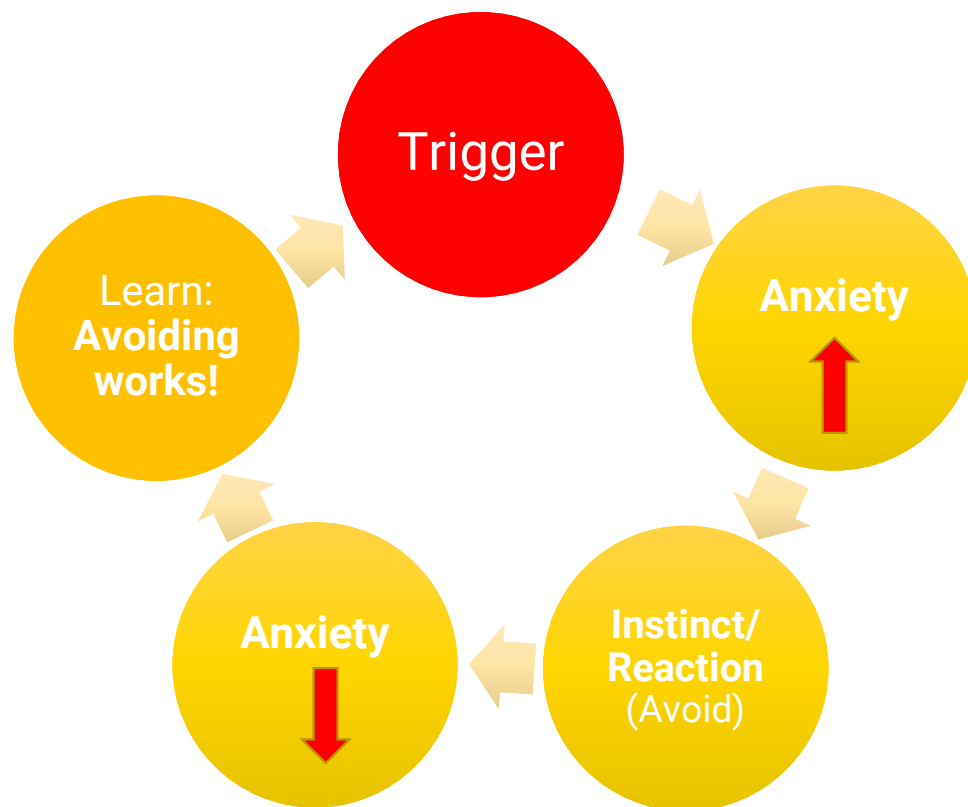
Understanding the Cycle

“Feeding the Monster”

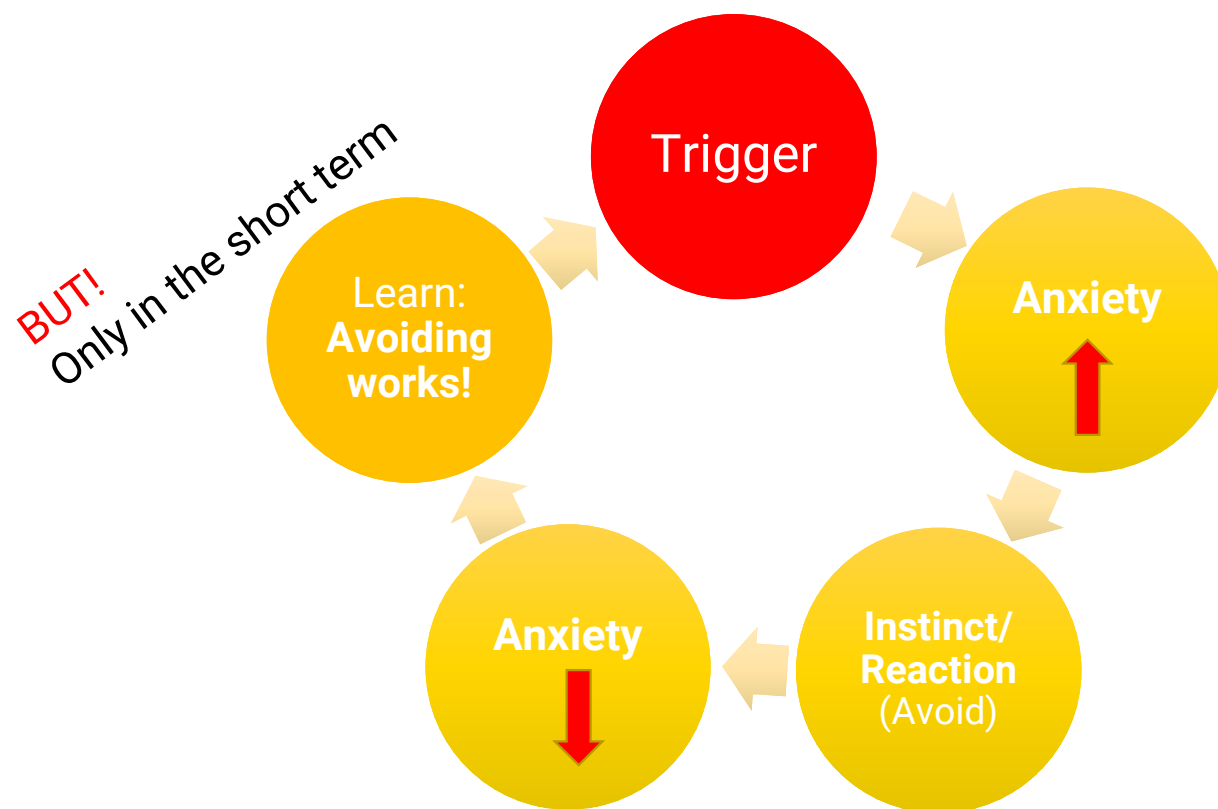
“Feeding the Monster”

- Engaging in avoidance or rituals lead to increases in:
 - Frequency
 - Intensity
 - Duration

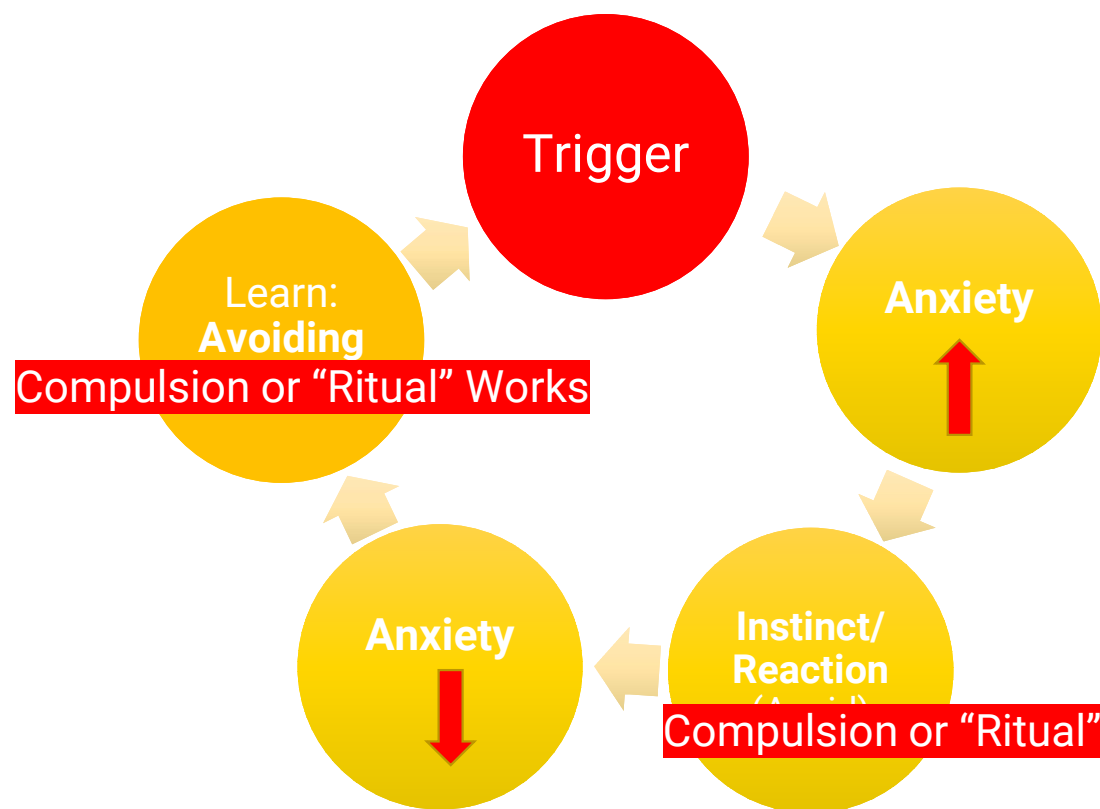
The Anxiety Cycle - "feeding the monster"



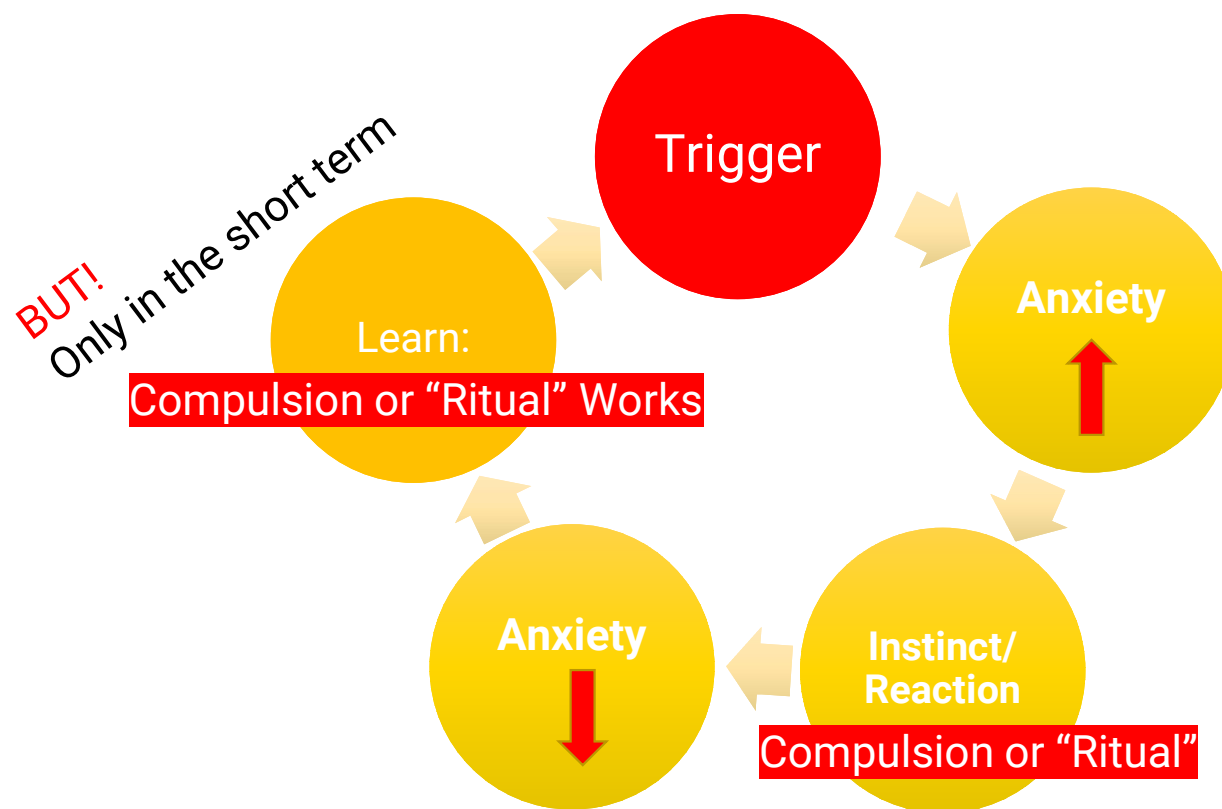
The Anxiety Cycle - "feeding the monster"



The OCD Cycle - "feeding the monster"



The OCD Cycle - "feeding the monster"



Breaking the Cycle

Best Practices to Defeat the Monster

Cognitive Behavioral Therapy: Exposure Therapy or Exposure Response Prevention (ERP)

1. *Psychoeducation*

- Explain anxiety / normalize experience

2. *Discuss/Address Management of somatic sx*

- Identify reactions (heartbeat, sweaty palms, stomach)
- Teach management techniques (“coping skills”)

3. *Cognitive restructuring*

- Self-talk (identify and challenge maladaptive thoughts)
- *(OR identifying Obsessions and Compulsions)*

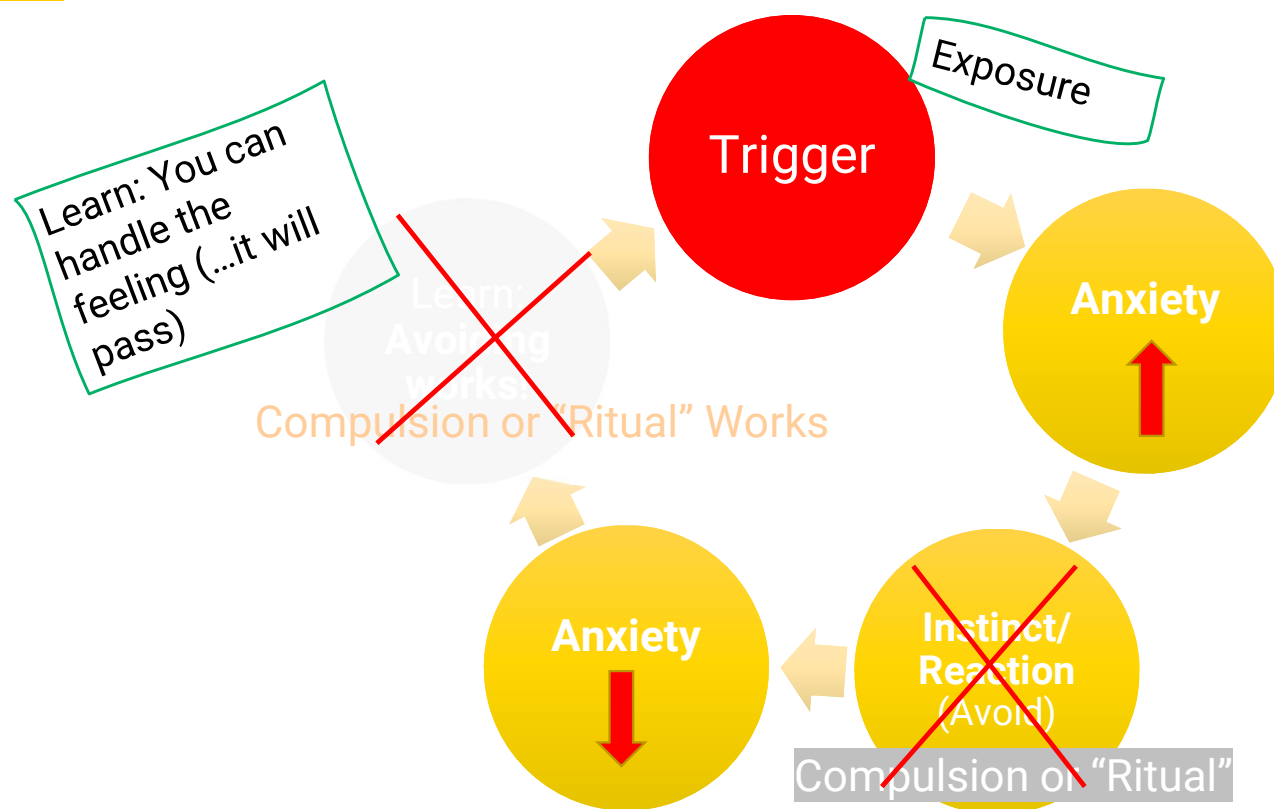
4. **Gradual Exposure (use Fear Hierarchy)**

- Graduated, controlled exposure
- (with response prevention for OCD)

5. *Relapse Prevention*

-- Generalization and maintenance

Breaking The Cycle – Exposure or ERP



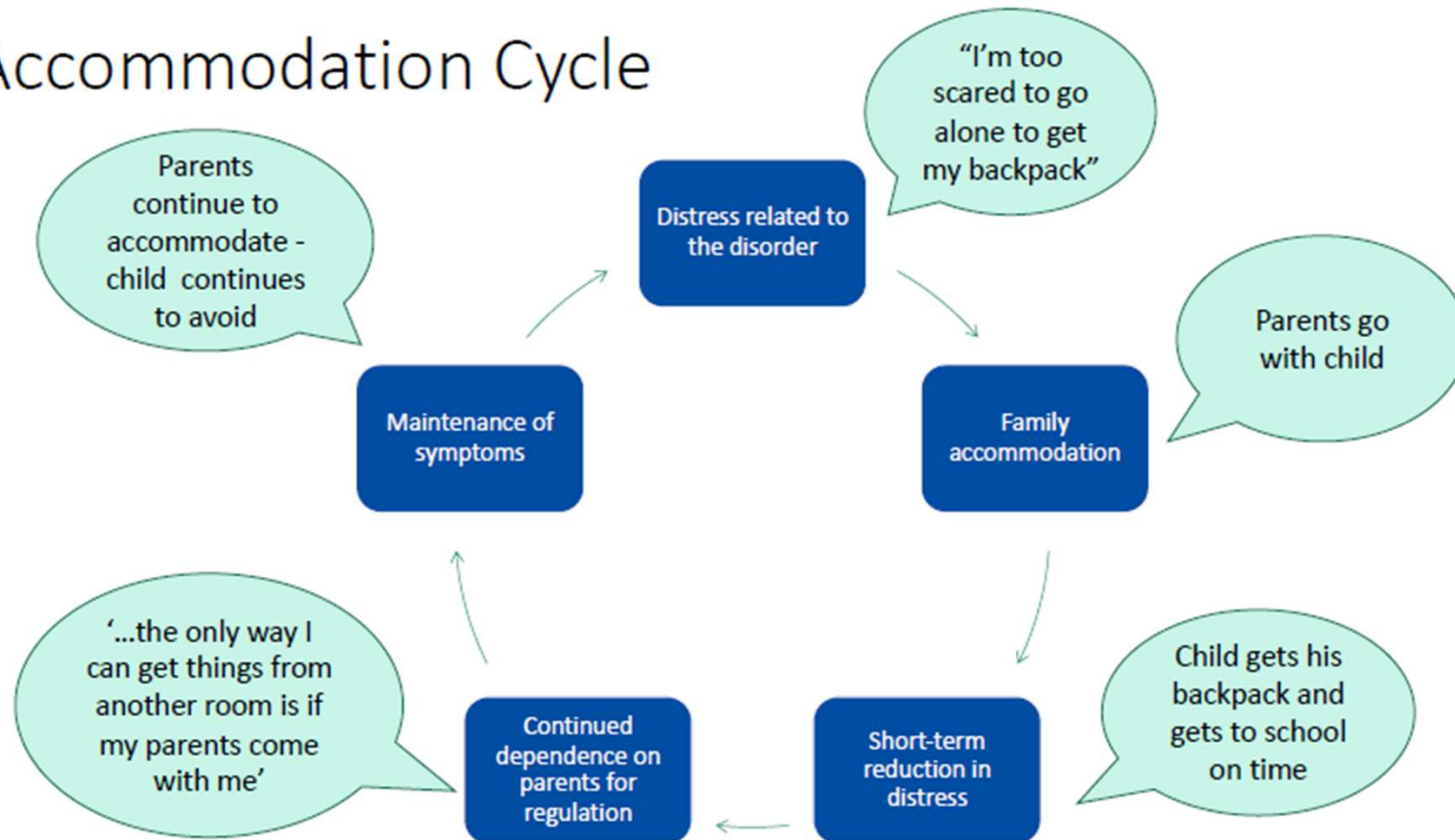
Goal: To give presentation in class

Give presentation in front of class	10
Give presentation in front of half the class	9
Give presentation to teacher in classroom	8
Give presentation to 2 friends in the classroom before school	7
Give presentation to 1 friend in classroom before school	6
Give presentation to my parents at home	5
Give presentation to my sister at home	4
Give presentation to my dog	3
Read the presentation out loud at home by myself	2
Silently read presentation	1

The Accommodation Cycle

The *Other Cycle* that Feeds the Monster

Accommodation Cycle



Shimshoni et al., 2019

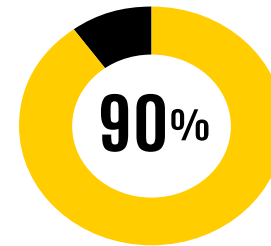
“Caregiver Accommodation”

Accommodation:

Any actions caregivers may be doing, or even things they are deliberately *not doing*, due to the child’s anxiety

What leads to Caregiver Accommodation?

- ~90% engage in accommodation
- Why?
 1. To reduce childhood distress
 2. Believing anxiety is harmful and should be avoided
 3. Need for family-functioning
 4. Parent Anxiety
 5. Aggressive Child Behavior



Defeating the Monster *Part 2*

SPACE: Breaking the Accommodation Cycle

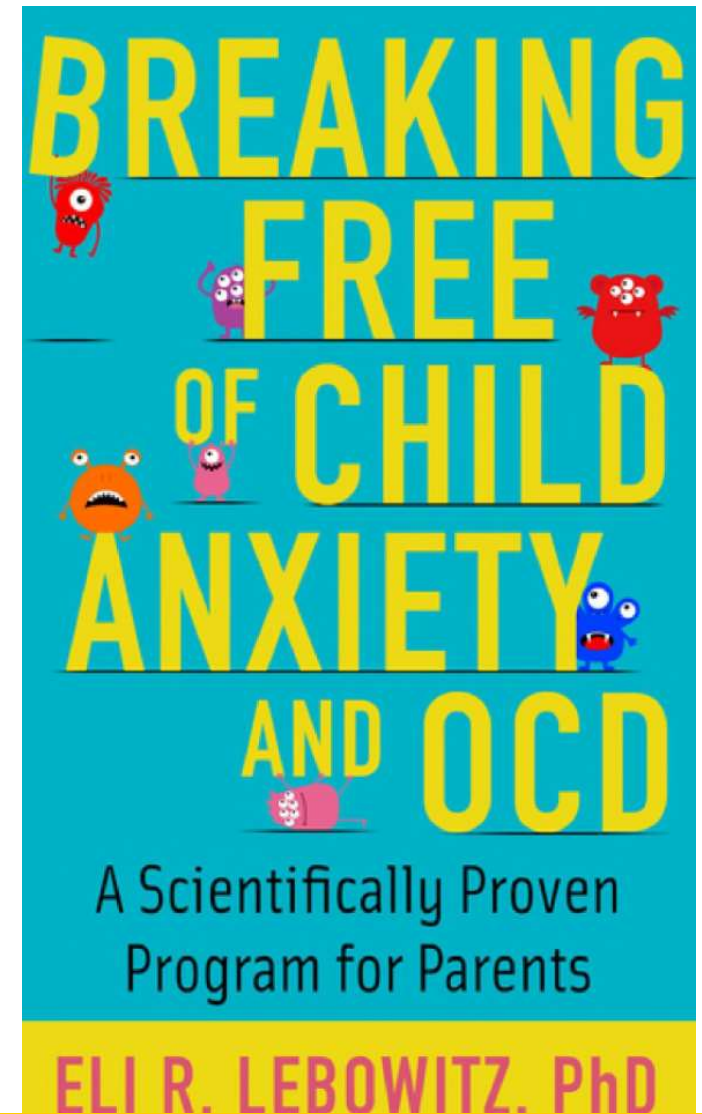
SPACE: **Supportive Parenting for Anxious Childhood Emotions**

SPACE is as efficacious as individual cognitive-behavioral therapy (CBT) for the treatment of childhood and adolescent anxiety disorders, Lebowitz, 2020

How Does SPACE Work?

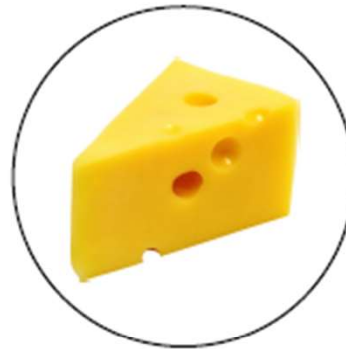
Parents change their behavior related to accommodating (reduce or remove them)

AND validating their child's experience



Support

Acceptance/Validation
Of Child's Emotional Experience



Confidence

(I know you can cope and face this challenge.)

"We know you get scared when we don't come with you to get things from your room, but we're sure you'll be ok"

In Sum . . .

Clinical Applications

Therapy Recommendations

CBT – Cognitive Behavioral Therapy WITH

- Exposure
- Exposure Response (Ritual) Prevention (ExRP/ERP)
- Supportive Parenting for Anxious Childhood Emotions (SPACE)

Psychoeducation – 1st step of CBT

- Normalize the experience of anxiety
- Provide information on how anxiety and/or OCD work
 - Fight-flight-freeze – “False Alarm”
- Accommodation Cycle
- (See Resources Section for examples/handouts)

SPACE: Use and Model Supportive Statements



Acceptance/Validation	Confidence (I have faith in your ability. I know you can cope and face this challenge.)
I know you're feeling uncomfortable about _____	and I know you can cope with the discomfort.
I know this feels super hard for you	and I know you can make it through
It sounds like you are really worried about _____	and I know you can handle that worry.
I know it makes you feel afraid	and I know you can face this challenge.
I know it feels disgusting to you	And I know you can bear that feeling and do ____ anyway.

Goal: Encourage Approach Behaviors

Give presentation in front of class	10
Give presentation in front of half the class	9
Give presentation to teacher in classroom	8
Give presentation to small group	7
Approach Gradually Work with the child/teen to find the sweet spot. Encourage the notion: "it will be difficult, AND I can do it"	
Give presentation to my dog	4
Give presentation to my dog	3
Read the presentation out loud at home by myself	2
Silently read presentation	1

Application

Use labeled praise

- Promote being “brave”
- Recognize courageous actions

Watch out for your own accommodating behavior and language

- Responding to reassurance-seeking questions
- Making decisions for the child who cannot decide
- Engaging in other rituals

IEPs/504s Accommodations

- Contamination Fears
 - germs (books, computer, class materials, bathroom)
- Rituals – Checking Behaviors, repetitive routines
- Perfectionistic Tendencies
- Question-Asking
- Phobias – storms, throwing up, test-taking
- Separation anxiety

IEPs/504s Accommodations

- Must be collaborative and tailored to the individual
- Involve the student (and caregiver)
- Minimize reinforcement of anxious/avoidant behaviors
 - Is the plan, “feeding the monster?” -- e.g. extra-time, hand-washing
- Promote being brave, taking risks – labeled praise
- Regular check-ins or a plan for regular updates (presentation may change in subtle but meaningful ways)

Avoidance vs. Approach Supports

High Avoidance-Oriented Accommodations/Supports

- Let the student just sit and not participate
- Reduced the required work for the student (e.g., less writing, fewer problems to complete)
- Reduced grading standards
- Asked the student to take a break (e.g., go for a walk, go to the library)
- Suggested that the student see the nurse

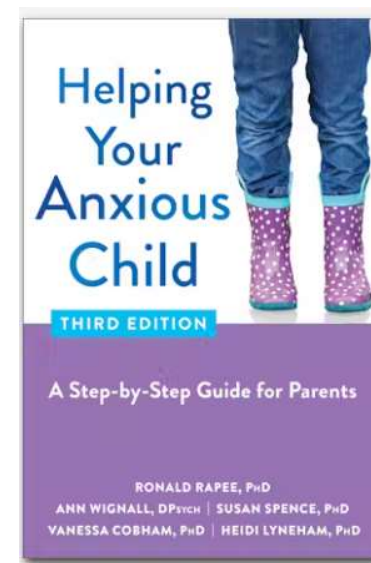
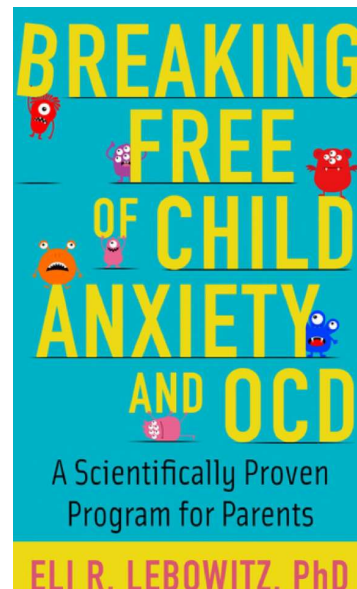
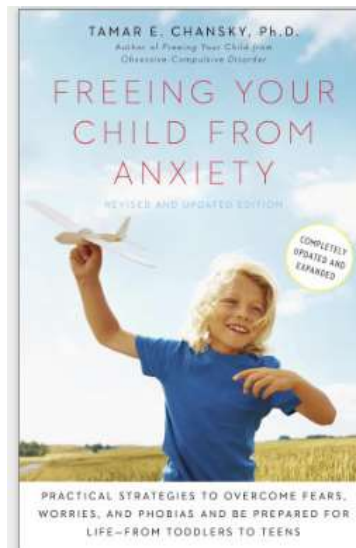
High Approach-Oriented Accommodations/Supports

- Provided more positive reinforcement
- Designed a system of rewards or consequences for the student
- Had a conversation with the student to learn more about what was going on
- Suggested that the student see a counselor, social worker, or psychologist
- Met with both the student and their parents to discuss what is going on

Conroy et al, 2022

Resources

Recommended Resources





<https://anxietyintheclassroom.org/>

I work in the School System I am a Parent/Guardian I am a Student

Anxiety in the Classroom Training Center

Whether you are faculty, a parent/guardian, a student, or a dedicated community member, we applaud your commitment to teaching others about anxiety and OCD in schools. We hope you find the below resources useful to you as you prepare your training.

Pre-Made Presentations on Anxiety in the Classroom Topics

Below are links that will open to embedded, pre-made presentations on the topics covered on the Anxiety in the Classroom site. For presentation purposes, we recommend clicking "Full Screen" at the bottom of the screen. We also recommend manually advancing slides when ready using the left arrow button on your screen (>) or on your keyboard, and NOT the "Play" button (filled in triangle), as the "Play" button will auto-advance the slides instead of allowing you to change them when you're ready.





<https://anxietyintheclassroom.org/>

In a Time Crunch?

School personnel are constantly occupied, making time not just for their students, but for administration, for professional training, for parents/guardians, for meetings, and any other additional duties that arise outside of the classroom walls. For this reason, we have created a guide to Anxiety in the Classroom topics that will fit into any chunk of time.

Sometimes all school staff have are 15 or 30 minutes, and can only go over so much information. Below is some information regarding Anxiety in the Classroom that you can cover within those time crunches!

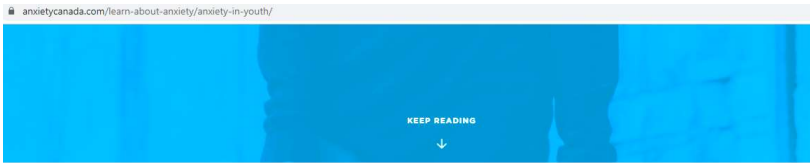
What are Anxiety and OCD?
Impact of Anxiety and OCD at School
What to Look for in the Classroom
Anxiety/OCD Management Strategies
General Information About CBT/ERP
How to Make Community Referral for Treatment
How to Manage Personal and Professional Anxiety
Talking to Parents & Families
Talking to Your Students
Working with Your Colleagues
Medication Treatment for Pediatric Anxiety and OCD
Sample 504 IEPs

[If you have 15 minutes...](#) [30 minutes...](#) [An hour...](#)

READ

- What are anxiety and OCD slides (full slide deck [here](#), direct links below)
 - [Anxiety in Children](#)
 - [OCD in Children](#)
 - [Defining OCD](#)
- Anxiety/OCD management strategies slides (full slide deck [here](#), direct links below)
 - [Start with "Deep Diaphragmatic Breathing" Slide](#)
 - [Relaxation](#)
 - [Grounding](#)

Anxietycanada.com Open-Access Materials



Anxiety in Youth

Anxiety is our body's normal reaction to perceived danger or important events. Anxiety is like an internal alarm system. It alerts us to danger and helps our body prepare to deal with it. For example, it allows you to jump out of the way of a speeding car. It

Although anxiety protects us in the face of real danger, it can become a problem when it...

- Goes off when there is no **real** or immediate danger (e.g., like a smoke alarm that goes off when you're just making toast)



[Learn About Anxiety](#) ▾

[About Us](#) ▾

[Find Help](#) 📍

EASE ▾



[DONATE](#)

Free Downloadable PDF Resources

HELPFUL "HOW TO" DOCUMENTS FOR PARENTS

- 📄 [Applied Tension Technique For Children or Teens Who Faint at the Sight of Blood or Needles](#)
- 📄 [How To Teach Your Child Calm Breathing](#)
- 📄 [Helping Your Child Sleep Alone or Away from Home](#)
- 📄 [How To Do Progressive Muscle Relaxation](#)
- 📄 [How To Cope With Nightmares](#)
- 📄 [Helping Your Child Overcome Perfectionism](#)
- 📄 [Realistic Thinking](#)

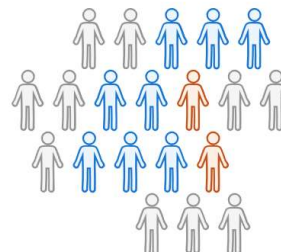
- 📄 [How To Address Excessive Reassurance Seeking](#)
- 📄 [What Am I Thinking?](#)
- 📄 [Thoughts Affect Feelings Form](#)
- 📄 [The STOP Plan Handout](#)
- 📄 [Hopping Down the Worry Path](#)
- 📄 [Realistic Thinking for Teens](#)
- 📄 [Chester The Cat Feels Anxious! Identifying Anxiety in the Body](#)

TRAILS

Open Access Materials

Trailstownellness.org

Effective mental health services, accessible in all schools



What's Going On?

Nearly 50% of all adolescents are impacted by mental illness, yet only 20% of those ever receive treatment.

TRAILS (Transforming Research into Action to Improve the Lives of Students) is on a mission to bring effective mental health care to all students.

Manualized Treatments

Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Children/Adolescents (UPC/A) – Ehrenreich-May et al (2018)

Cognitive-Behavioral Therapy for Anxious Children (Coping Cat), Kendall (2006)

CBT4CBT: Computer-Based Training in Cognitive-Behavioral Therapist for Anxiety in Youth



CBT4CBT is a 13-lesson online training program designed to guide mental health professionals for the implementation of cognitive-behavioral treatment (specifically, The Coping Cat, Kendall & Hedtke, 2010) for anxiety in children and young adolescents.

CBT4CBT provides the rationale for the components of the Coping Cat treatment

and step-by-step instructions on how to conduct each of the therapy sessions.

The CBT4CBT for Child Anxiety e-learning program was developed by Dr. Kendall and Dr. Khanna to facilitate provider's applications of the cognitive-behavioral strategies for managing anxiety in youth that are presented in the "Coping Cat" treatment program. It can be used to introduce and describe the "Coping Cat" program to practitioners, to provide filmed models of role-played therapy sessions to anxious children in treatment, or to enhance the educational experience of participants in class, workshops, or clinical supervision.

Please note: CBT4CBT is intended for professionals who are already trained in child and adolescent mental health and is not sufficient as a stand-alone training to become a cognitive-behavioral therapy provider.



https://www.copingcatparents.com/Therapist_Training_Resources

CBT4CBT prepares you to implement either:

- > a. the 16-session Coping Cat treatment (completed with the Coping cat workbook) or
- > b. the 12-session Camp-Cope-A-Lot (interactive computer program).

Table of Contents

The program is organized into modules. Most are session-by-session guides for implementation, whereas some address specific themes.

- > Session 1: Building rapport and treatment orientation
- > Session 2: Identifying anxious feelings
- > Session 3: Identifying somatic responses to anxiety
- > Session 4: First meeting with parents
- > Parent Meetings: General comments for Session 4 and 9
- > Session 5: Relaxation Training
- > Session 6: Identifying Anxious Self-Talk and Learning to Challenge Anxious Thoughts
- > Session 7: Self-Talk Review and Problem Solving Training
- > Session 8: Introducing Self-Evaluation and Self-Reward and Review
- > Session 9: Second Meeting with Parents
- > Exposure tasks: Overview of Sessions 10-16
- > Session 16: Final Practice, Producing a Commercial, and Termination



https://www.copingcatparents.com/Camp_Cope_A_Lot

Camp Cope-A-Lot

Home » Camp Cope-A-Lot



Camp Cope-A-Lot Online

Philip C. Kendall, Ph.D., ABPP & Muniya Khanna, Ph.D.
Temple University & The OCD & Anxiety Institute

Camp Cope-A-Lot is a 12-module online program to help kids learn strategies to manage stress and anxiety. The computer program is based on cognitive behavioral therapy techniques (based on the Coping Cat treatment) for 7 to 13 year old children and teens. Children with the help of a coach can learn evidence-based strategies for understanding and managing stress and fears. Please note: This is an educational program and not a treatment and can not take the place of treatment for anxiety.

Child users advance on their own and at their own pace through the first 6 sessions, and through the last 6 sessions with coach (therapist or parent) guidance.

Along with other campers at Camp Cope-A-Lot, the child goes to an amusement park, puts on a talent show, meets someone new, speaks in public, sleeps in the dark, and experiences other adventures.

Ideal for use in multiple settings, including schools, community, private, hospital or training clinics, etc. Advantages include:

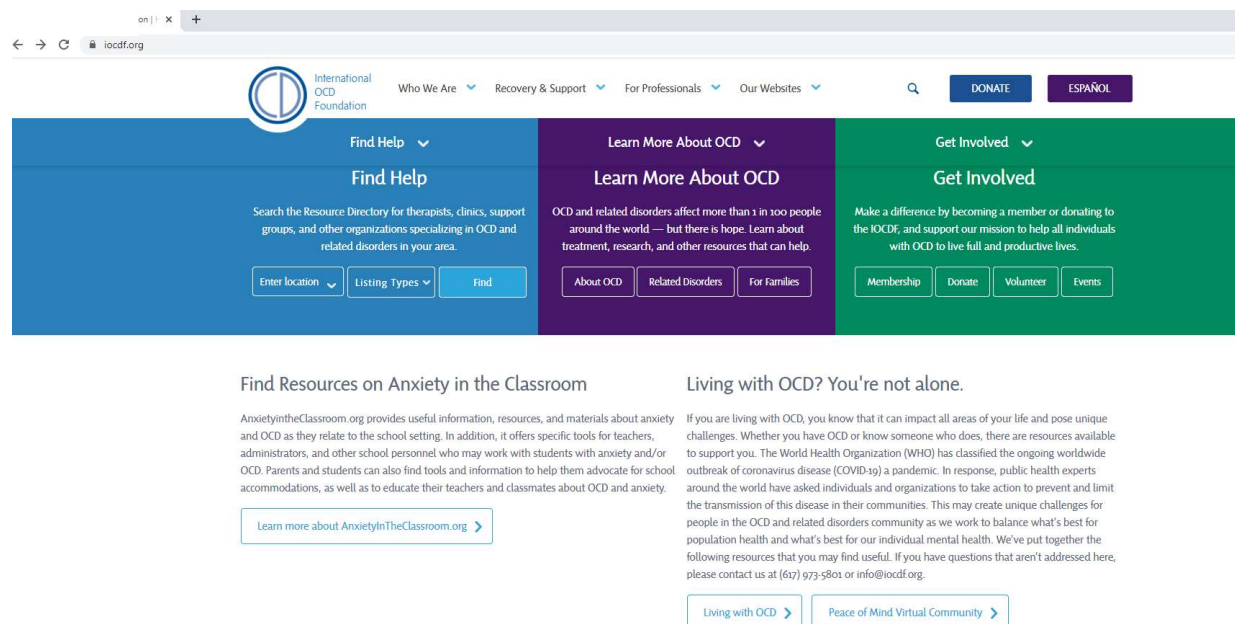
- No formal training in cognitive-behavioral therapy required
- Requires fewer therapists hours (approximately 6 hours per child for the 12 sessions)
- Includes a selection of videos of other children engaging in exposure tasks and using coping strategies
- Comes with printable Go-To-Gadget (child workbook)

For Institutional Purchase Orders: Please send an email to muniya@muniyakhannaphd.com to request purchase using Purchase Order (PO).

Order Now

The Camp Cope-A-Lot program does not take the place of treatment and is not sufficient for the treatment of an anxiety disorder on its own. Camp Cope-A-Lot and CopingCatParents.com is for educational purposes.

International OCD Foundation (IOCDF) Open Access Materials



International OCD Foundation
<https://iocdf.org/>

International OCD Foundation (IOCDF) Open Access Materials



24-page PDF

Defines OCD

Identifies Common
Obsessions/Compulsions

Life for children/teens with OCD

FAQ section

Tx Considerations Reviewed

- EX/RP
- Medications
- Families and OCD (accommodations)
- Finding a Therapist

International OCD Foundation (IOCDF) Open Access Materials

International OCD Foundation

Who We Are | Recovery & Support | For Professionals | Our Websites

Find Help | Learn More About OCD | Get Involved

What is OCD?

What Causes OCD?

Who Gets OCD?

How is OCD Treated?

Disorders Related to OCD

Subtypes of OCD

Families and OCD

From the Experts

OCD Research

OCD in Diverse Populations

OCD and Faith

Educational Resources

What is OCD? by Jonathan S. Abramowitz PhD ABPP

Watch later | Share

Watch on YouTube

What Causes OCD?

How is OCD Diagnosed?

How is OCD Treated?

How Do I Find Help for OCD?

Related Disorders

More Resources

[Fact Sheets & Brochures](#)

[Books About OCD](#)

[From the Experts](#)

[Other Resources](#)

Obsessive compulsive disorder (OCD) is a mental health disorder that affects people of all ages and walks of life, and occurs when a person gets caught in a cycle of [obsessions and compulsions](#). Obsessions are unwanted, intrusive thoughts, images, or urges that trigger intensely distressing feelings. Compulsions are behaviors an individual engages in to attempt to get rid of the obsessions and/or decrease his or her distress.



Obsessive Compulsive Disorder (OCD) in Kids and Teens



Questions?

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CHANGING MEDICINE.
CHANGING LIVES.®

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