



**TOOL KIT**

**FOR THE MANAGEMENT OF**

**CHILDHOOD**

**&**

**ADOLESCENT**

**ANXIETY**

## **TOOL KIT FOR THE MANAGEMENT OF CHILDHOOD & ADOLESCENT ANXIETY**

The clinical tool kit is intended to assist the PCP in assessing the needs of the child/adolescent, ranging in age from **8 through 18**, regarding anxiety and decisions regarding health care services provided by the PCP or subsequent referral to the Regional Behavioral Health Authority (RBHA) if clinically indicated. Tools include:

- The decision making algorithm
- The “Anxiety Disorders In Adolescents: A Self Test” Document
- The “Anxiety Disorders in Children: A Test for Parents” Document
- The list of medications universally available through AHCCCS Health Plans and the RBHA.

Clinical resources and adaptations of clinical sources are referenced within the individual documents.

### **NOTE:**

- Strongly consider referring children **under 8 years old** to the RBHA for treatment.
- A RBHA consultation is available at any time.

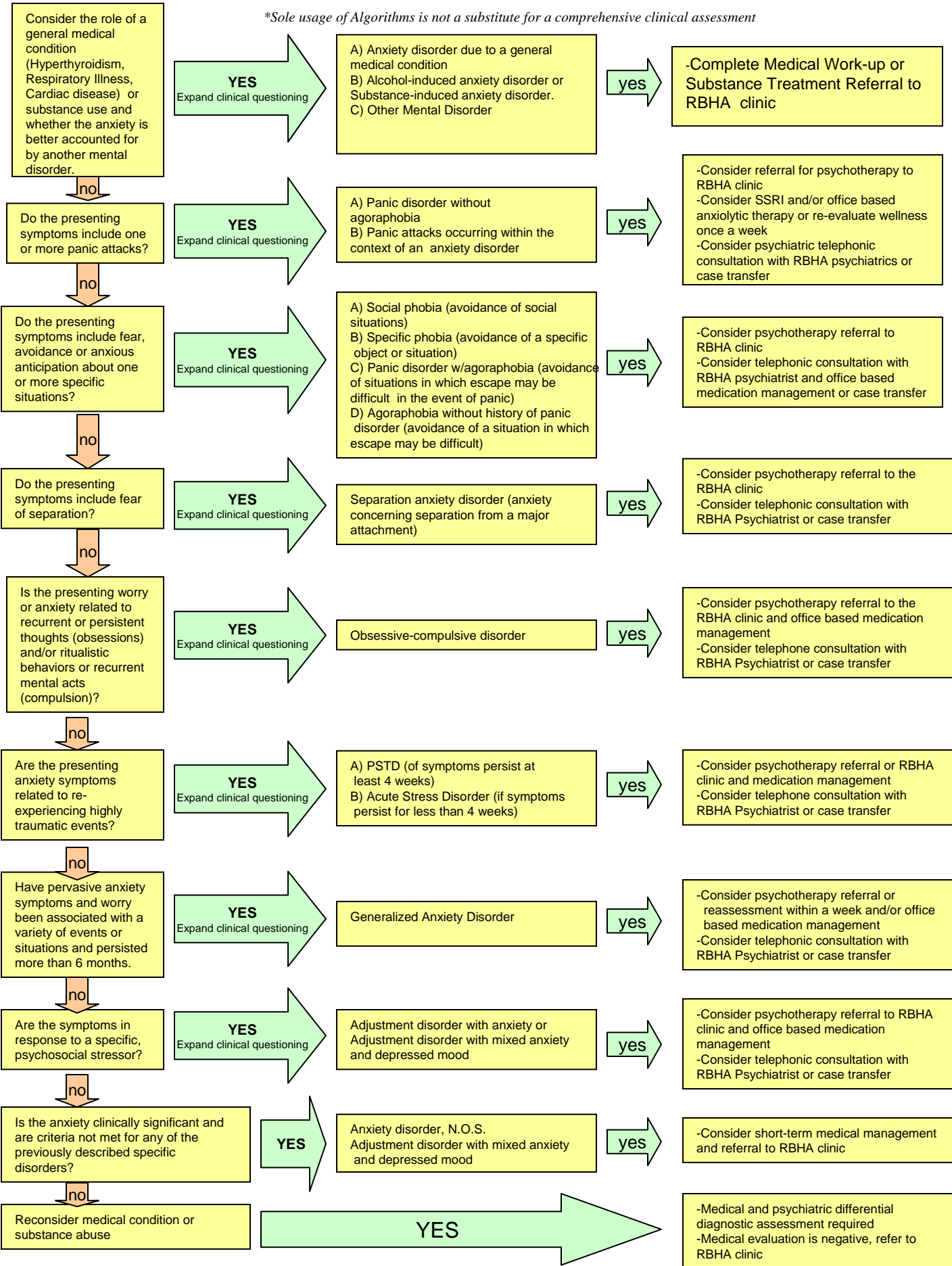
This tool kit was developed by the AHCCCS Tool Kit Workgroup in collaboration with Acute Health Plans and ADHS/DBHS (January, 2008 through January, 2009). This tool kit is only a resource and may not apply to all patients and all clinical situations. It is not intended to replace clinical judgment.

Initial Effective Date: 5/1/2009 Revision Date: 5/01/2011

# Anxiety

\*Based on algorithms developed guide to Psychiatric diagnosis in primary care

\*Sole usage of Algorithms is not a substitute for a comprehensive clinical assessment



## ANXIETY DISORDERS IN ADOLESCENTS: A SELF-TEST

How much stress or worry is considered too much? Complete the following self-test by clicking the "yes" or "no" boxes next to each question, print out the page, and show the results to your health care professional.

### IS IT AN ANXIETY DISORDER?

**Yes or No?** As a teenager are you troubled by

- Yes**  **No**  Repeated, unexpected "attacks" during which you suddenly are overcome by intense fear or discomfort for no apparent reason, or the fear of having another panic attack?
- Yes**  **No**  Persistent, inappropriate thoughts, impulses or images that you can't get out of your mind (such as a preoccupation with getting dirty or worry about the order of things)?
- Yes**  **No**  Distinct and ongoing fear of social situations involving unfamiliar people?
- Yes**  **No**  Excessive worrying about a number of events or activities?
- Yes**  **No**  Fear of places or situations where getting help or escape might be difficult, such as in a crowd or on an elevator?
- Yes**  **No**  Shortness of breath or racing heart for no apparent reason?
- Yes**  **No**  Persistent and unreasonable fear of an object or situation, such as flying, heights, animals, blood, etc.?
- Yes**  **No**  Being unable to travel alone, without a companion?
- Yes**  **No**  Spending too much time each day doing things over and over again (for example, hand washing, checking things, or counting)?

More days than not, do you:

- Yes**  **No**  Feel restless?
- Yes**  **No**  Feel easily fatigued or distracted?
- Yes**  **No**  Experience muscle tension or problems sleeping?

More days than not, do you feel:

- Yes**  **No**  Sad or depressed?
- Yes**  **No**  Disinterested in life?
- Yes**  **No**  Worthless or guilty?
- Yes**  **No**  Have you experienced changes in sleeping or eating habits?
- Yes**  **No**  Do you relive a traumatic event through thoughts, games, distressing dreams, or flashbacks?
- Yes**  **No**  Does your anxiety interfere with your daily life?

### Reference

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.

## ANXIETY DISORDES IN CHILDREN: A TEST FOR PARENTS

If you think your child may have an anxiety disorder, please answer the following questions "Yes" or "No", print out the page, and show the results to your child's health care professional:

- Yes  No  Does the child have a distinct and ongoing fear of social situations involving unfamiliar people?
- Yes  No  Does the child worry excessively about a number of events or activities?
- Yes  No  Does the child experience shortness of breath or a racing heart for no apparent reason?
- Yes  No  Does the child experience age-appropriate social relationships with family members and other familiar people?
- Yes  No  Does the child often appear anxious when interacting with her peers and avoid them?
- Yes  No  Does the child have a persistent and unreasonable fear of an object or situation, such as flying, heights, or animals?
- Yes  No  When the child encounters the feared object or situation, does he react by freezing, clinging, or having a tantrum?
- Yes  No  Does the child worry excessively about her competence and quality of performance?
- Yes  No  Does the child cry, have tantrums, or refuse to leave a family member or other familiar person when she must?
- Yes  No  Has the child experienced a decline in classroom performance, refused to go to school, or avoided age-appropriate social activities?
- Yes  No  Does the child spend too much time each day doing things over and over again (for example, hand washing, checking things, or counting)?
- Yes  No  Does the child have exaggerated fears of people or events (i.e., burglars, kidnappers, car accidents) that might be difficult, such as in a crowd or on an elevator?
- Yes  No  Does the child experience a high number of nightmares, headaches, or stomachaches?
- Yes  No  Does the child repetitively re-enact with toys scenes from a disturbing event?
- Yes  No  Does the child redo tasks because of excessive dissatisfaction with less-than-perfect performance?

### Reference

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.

# ANXIETY

UNIVERSALLY AVAILABLE MEDICATIONS THROUGH  
AHCCCS HEALTH PLANS AND RBHA PROVIDER\*

## SELECTIVE SEROTONIN REUPTAKE INHIBITOR

**Fluoxetine (Prozac)**

**Paroxetine (Paxil)**

**Sertraline (Zoloft)**

## TRICYCLIC ANTIDEPRESSANT

**Imipramine (Tofranil)**

## BENZODIAZEPINE

**Lorazepam (Ativan)**

**Clonazepam (Klonopin)**

## SEROTONIN PARTIAL AGONIST

**Buspirone (Buspar)**

\*Refer to health plan for prior authorization requirements and medication availability.