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.
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

Consider the role of a general medical condition (Hyperthyroidism, Respiratory illness, Cardiac disease) or substance use and whether the anxiety is better accounted for by another mental disorder.

Do the presenting symptoms include one or more panic attacks?

Do the presenting symptoms include fear, avoidance or anxious anticipation about one or more specific situations?

Is the presenting worry or anxiety related to recurrent or persistent thoughts (obsessions) and/or ritualistic behaviors or recurrent mental acts (compulsion)?

Are the presenting anxiety symptoms related to re-experiencing highly traumatic events?

Have pervasive anxiety symptoms and worry been associated with a variety of events or situations and persisted more than 6 months.

Are the symptoms in response to a specific, psychosocial stressor?

Is the anxiety clinically significant and are criteria not met for any of the previously described specific disorders?

Reconsider medical condition or substance abuse

A) Anxiety disorder due to a general medical condition
B) Alcohol-induced anxiety disorder or Substance-induced anxiety disorder.
C) Other Mental Disorder

A) Panic disorder without agoraphobia
B) Panic attacks occurring within the context of an anxiety disorder

A) Social phobia (avoidance of social situations)
B) Specific phobia (avoidance of a specific object or situation)
C) Panic disorder w/agoraphobia (avoidance of situations in which escape may be difficult in the event of panic)
D) Agoraphobia without history of panic disorder (avoidance of a situation in which escape may be difficult)

Separation anxiety disorder (anxiety concerning separation from a major attachment)

Obsessive-compulsive disorder

A) PSTD (of symptoms persist at least 4 weeks)
B) Acute Stress Disorder (if symptoms persist for less than 4 weeks)

Generalized Anxiety Disorder

Adjustment disorder with anxiety or Adjustment disorder with mixed anxiety and depressed mood

Anxiety disorder, N.O.S. Adjustment disorder with mixed anxiety and depressed mood

-Complete Medical Work-up or Substance Treatment Referral to RBHA clinic

-Consider psychotherapy referral for psychotherapy to RBHA clinic
-Consider SSRI and/or office based anxiolytic therapy or re-evaluate wellness once a week
-Consider psychiatric telephonic consultation with RBHA psychiatrists or case transfer

-Consider psychotherapy referral to the RBHA clinic
-Consider telephonic consultation with RBHA psychiatrist and office based medication management or case transfer

-Consider psychotherapy referral to the RBHA clinic and office based medication management
-Consider telephone consultation with RBHA Psychiatrist or case transfer

-Consider psychotherapy referral or RBHA clinic and medication management
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-Consider psychotherapy referral or RBHA clinic and medication management
-Consider telephone consultation with RBHA Psychiatrist or case transfer

-Consider short-term medical management and referral to RBHA clinic

-Consider psychotherapy referral to RBHA clinic
-Consider telephonic consultation with RBHA Psychiatrist or case transfer

-Consider short-term medical management and referral to RBHA clinic

-Consider medical condition or Substance abuse

Diagnoses are defined in DMS-IV-TR

Pingitore, D and Sansone, R., American Family Physicians, Vol. 58/no.6 (1998)
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
ANXIOETY DISORDERES 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
### Anxiety

Universally available medications through AHCCCS Health Plans and RBHA Provider*

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<tr>
<th>Selective Serotonin Reuptake Inhibitor</th>
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<tbody>
<tr>
<td>Fluoxetine (Prozac)</td>
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<td>Paroxetine (Paxil)</td>
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<td>Sertraline (Zoloft)</td>
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<th>Tricyclic Antidepressant</th>
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<td>Clonazepam (Klonopin)</td>
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*Refer to health plan for prior authorization requirements and medication availability.

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