Curbside Consult With A Cap On Anxiety:  
Overview, Back To School Anxiety,  
And School Avoidance

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No Disclosures
Learning Objectives

• Understand key aspects of each type of anxiety disorder
• Implement basic treatment strategies for anxiety disorders
• Describe school avoidance/school refusal
• Identify symptoms and behaviors associated with school avoidance/school refusal
• Utilize treatment strategies for school avoidance
The Basics

Some anxiety is common and adaptive - survival, protection, drive for success

<table>
<thead>
<tr>
<th>Stage</th>
<th>Typical Anxieties</th>
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<tbody>
<tr>
<td>Infants</td>
<td>loud noises or sudden movements, stranger anxiety</td>
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<tr>
<td>Toddlers</td>
<td>darkness (sleeping alone), imaginary creatures, separation from caretakers, loud noises, doctor’s offices</td>
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<tr>
<td>School-Age Children</td>
<td>injury, death, and natural events</td>
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<tr>
<td>Pre-Adolescents and Adolescents</td>
<td>school performance, social status amongst peers, health issues</td>
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<tr>
<td>Adults</td>
<td>work-related, health, finances, children, parents</td>
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### Review of Specific Anxiety Disorders

<table>
<thead>
<tr>
<th>Type of Anxiety Disorder</th>
<th>Characteristics</th>
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| **Specific Phobias**     | Intense fear of something specific, such as heights, flying, insects, spiders, vomiting, etc.  
|                          | • Avoid the things that they fear or have extreme anxiety if they have to face their fears  
|                          | • May also have panic attacks in those situations. |
| **Panic Disorder**       | Presence of panic attacks or a sense of terror along with the fear of having future panic attacks  
|                          | • Panic attacks can occur out of the blue or in response to a specific trigger, such as a fear of heights  
<p>|                          | • In children, panic can show up as crying spells, feeling overwhelmed, shutting down or freezing up. |</p>
<table>
<thead>
<tr>
<th>Type of Anxiety Disorder</th>
<th>Characteristics</th>
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<tbody>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>Chronic worrying about many different things</td>
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<tr>
<td></td>
<td>• Trouble controlling the worries</td>
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<td></td>
<td>• Trouble sleeping, restlessness, poor concentration</td>
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<td></td>
<td>• Possible physical symptoms, such as stomach aches and headaches</td>
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<tr>
<td>Social Anxiety Disorder (Social Phobia)</td>
<td>Trouble in social situations with fears of being judged or rejected by others</td>
</tr>
<tr>
<td></td>
<td>• Trouble asking questions in class, making eye contact, starting conversations with new people</td>
</tr>
</tbody>
</table>
|                                                 | • Avoidance of these situations or have high levels of anxiety when the situations cannot be avoided.
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| Separation Anxiety Disorder                                  | Upon separation from a parent/primary caregiver  
• Worry that something bad that might happen to them or to their parents, such as illness, dying, or being separated from parent for a long time.  
• Usually occurs when a child is left with a babysitter, starts daycare, or starts kindergarten and can lead to extreme clinging behavior, physical symptoms, and avoidance of the separation. |
| Anxiety Disorder due to General Medical Condition or Substance Use | Occur in the context of someone having a major medical illness or substance use that is causing the anxiety disorder                                                                                       |
Trauma-related Disorders

**Can occur:**
- After someone experiences or witnesses a traumatic situation in which someone’s life is in serious danger
- After learning that the event happened to a close family member or after repeated/extreme exposures to trauma details (if work-related, such as first responders, police, etc.)
- Related to a violent attack, a war, a major accident, or severe bullying.
- Symptoms include fear responses to triggers or reminders, nightmares or flashbacks, altered sense of reality, avoidance, and emotional numbing or excessive reactivity.

**Examples:**
- Acute Stress Disorder (up to one month after the trauma)
- Post Traumatic Stress Disorder (lasting past one month after trauma)
- Adjustment Disorders
Obsessive Compulsive Disorder And Anxiety Around Covid

Obsessive Compulsive Disorder

• Repetitive thoughts (obsessions) that are difficult to control and irrational and can be followed by actions (compulsions) that help decrease the repetitive thoughts.

Subtypes of OCD in this current pandemic:

• Contamination:
  • And while we are all being asked to wash our hands to keep ourselves safe, there is still a different quality to the hand washing and germaphobia we see in youth with OCD.

• Hoarding:
  • Youth with OCD tend to hoard things of questionable value-wrappers, old newspapers etc.
Is The Presentation Of A Stressed Or Anxious Child Related To The Pandemic?

Adjustment Disorder with Anxiety vs. Generalized Anxiety Disorder vs. Acute Stress Disorder

Adjustment Disorder with Anxiety:
• The presence of emotional or behavioral symptoms in response to an identifiable stressor is the essential feature of an adjustment disorder

Generalized Anxiety Disorder:
• Essential feature is excessive anxiety and worry about a number of events or activities.

Acute Stress Disorder:
• Essential feature is the development of characteristic symptoms of trauma which can include intrusive thoughts, avoidance, increased arousal and a negative mood three days to one month following the traumatic event.
How Children Respond

- Physical complaints (headaches, stomach aches, tired, chest pain, etc.)
- Insomnia, nightmares
- Restlessness
- Changes in appetite
- Worrying about small things/future events
- Worrying about dying or someone close to them dying
- Needing frequent reassurance or asking repeated questions about upcoming events
- Freezing up/unable to function
How Children Respond cont’d

• Regression in behaviors
• Withdrawing from family
• Clinging to caregiver
• School avoidance
• Avoiding leaving the home
• Avoiding parties, group gatherings
• Self-doubt
• Hoarding things or cleaning/hand-washing excessively
• Angry outbursts or unexplained tantrums; irritability
Back To School Anxiety
Back To School Anxiety

- Anticipatory anxiety
- Routine schoolwork stress
- Pressure from parents and teachers
- Changing schools
  - New environment, routine, teachers, peers
  - New environment/routine if stayed virtual all of last year
- Socialization changes
- Increased workload with in-person learning

***Be prepared for children to worry more about themselves getting sick, getting other family members sick, and family members dying***
School Avoidance

• Paralyzing fear of leaving the safety of their parents and home
• Can occur at anytime, but is most common in children ages 5-7 and 11-14
• Often follows summer vacation/school breaks, brief illness, or stressor
• Can also following bullying, so this must be assessed
• Common relevant findings could be anxiety about performance, social anxiety or problems with peers, separation anxiety
School Avoidance Continued.

Common symptoms:

• Feeling sick in the mornings or nights before school
• Feel unsafe staying in a room by themselves even during daytime
• Clinging
• Excessive worry and fear about parents or about harm coming to themselves
• Shadow the mother or father around the house
• Trouble going to sleep or nightmares
• Have exaggerated, unrealistic fears of animals, monster, burglars
• Fear being alone in the dark
• Crying or severe tantrums/anger when forced to go to school
Case Presentation

14 yo female who presents with complaints of stomach aches and nausea. She no fever, chills, or other concerning symptoms. Her physical exam is also not concerning, but her vitals show an elevated heart rate of 112.

Her mother reports that they had a house fire 3-4 weeks ago, which required them to stay in a hotel for a few nights while the house got repaired. No one was injured, but it happened late at night.

She is currently in 7th grade, but she doesn’t have any close friends and frequently says she’s too shy to make friends. She recently began to feel “sick” in the mornings. She was so worried about throwing up at school that she missed 4 out of the last 10 school days. Her mother reports that she also has a hard time getting her on the bus on most mornings because she reports feelings “nervous about everything”. When she makes it to school, she requests frequent breaks to go to the bathroom or wants to leave early due to feeling sick.
Treatment Of Anxiety Disorders

- Sleep Hygiene
- Exercise
- Balanced Nutrition
- Meditation, Yoga, Mindfulness Activities
- Therapy: Individual, Family, Group
- Medications
  - Antidepressants (typically an SSRI for moderate to severe cases)
  - Anti-anxiety Medications
  - Mood Stabilizers
- School accommodations through 504 plan or IEP
- Higher Levels of Treatment (inpatient, residential, other programs)
Role Of Primary Care Providers

• It is CRITICAL to create a safe environment for children to feel free to talk
• Speak with patients without parents/caregivers in the room and be candid with them. Check in about their home life during the pandemic
• Screen using mental health/substance use screening tools and ACE’s Questionnaire as needed.
• Identify the patient’s area of concern and refer to the PPC Hub or other outside services as needed
• Discuss coping skills patients can utilize to help them get through tough times.
• Ask patient to identify AT LEAST one trusted adult they can talk with when they are feeling sad, angry, anxious, etc.
Helping Caregivers And Providers Manage Their Anxiety

• Routine - the day needs to have a beginning, middle and end.
• Personal hygiene
• Exercise, sleep, and appropriate nutrition
• Limit alcohol consumption
• Nourish personal relationships - reach out to support network
• Recognize, acknowledge, and learn to manage your own emotions
• Personal mental health - connect with a therapist and other behavioral health providers as needed
• Strengthen your relationship with the child and others - praise, share enjoyment together
• Create a calm, supportive, safe home and office
Helping Children Manage Their Anxiety

- Routine: wake up at a reasonable time; return to regular sleep patterns prior to school starting
- Personal hygiene, regular meals
- School workspace (i.e. table, desk, not in bed on the couch.)
- Physical activity – daily if possible (going for a walk, jog, bike ride, run around the yard, shoot hoops, chalk on the driveway, etc.)
- Nourish friendships
- Evidenced-based steps to enhance wellness and decrease anxiety:
  - Deep breathing
  - Enhance positive emotions with gratitude activities
Managing School Avoidance

• Prepare:
  • Daily schedule, lunch plans
  • Homework area
  • Talk through new routines/rules, schedule, breaks
  • Make trips to the school (bus/car, hallways, classroom)
  • Identify support system/tools at school
  • Get a class list, re-connect with friends

• Advise parents:
  • Don’t expect children to “just get over it”; be patient
  • Don’t show anger/frustration at them for having anxiety
Managing School Avoidance cont’d

- Be positive and remind them about things to look forward to
- Remind them they’re not alone
- Be emotionally- allow them to share their feelings without judging them
- Be physically present
- Don’t minimize their fears/feelings or try to fix the situation
- Use their skills and strengths to help them problem-solve
Managing School Avoidance cont’d

If already in a school avoidance scenario:

- Contact the teacher about the concerns
- Incorporate a therapist to teach coping skills and utilize Cognitive Behavior Therapy and Exposure Therapy
- Consider medication treatment
- Parents should be firm about expectation to attend school
- Parents should make home environment boring
Managing School Avoidance cont’d

If already in a school avoidance scenario:

• Consider support with a 504 or IEP through Child Study Team
• Consider incremental re-introduction to school (exposure therapy) – out of the house, in the car, driving towards school, getting out of car, getting into school and slow reintroduction to classes
• Develop a safe space at school
• Establish a trusted adult that can support student
• Lower the academic demands
• Consider a peer support at school
Managing School Avoidance: Last Few Weeks To Prepare

- Keep kids engaged in activities
- Encourage appropriate sleep hygiene/sleep routines with regular waking times and bedtimes
- Encourage exercise
- Read something daily
- Schedule time to complete summer reading/assignments
- Reconnect in whatever way possible with peers
- Limit electronics to help encourage re-engagement with peers and to promote better sleep
- Monitor access to news and social media
Promoting Resilience

▪ Presence of a stable, supportive, committed caregiver or other adult
▪ Altruism: Children and families can take on a cause.
  ▪ For example, volunteering together, emailing or calling elderly in the community, raising money in a creative way for an organization, donating needed items. This can take the emphasis off of the child which can decrease anxiety and can lead to character growth.
▪ Self-care: Taking a break. Taking care of basic needs
  ▪ Extra time with pets and other loved ones or friends. Schedule family time together.
  ▪ Build coping skills, self-efficacy, problem-solving skills Nurture a positive self-view and recognizing accomplishments
  ▪ Maintain positive outlook and promote ability to adapt to change
  ▪ Enhance perceived sense of control
Hotlines

- National Distress Hotline: 1-800-985-5990
- Text “TalkWithUs” to: 66746
- National Child Abuse Hotline: 1-800-422-4453
- National Domestic Violence Hotline: 1-800-799-7733
- National Suicide Hotline: 1-800-656-4673
- Society for the Prevention of Teen Suicide (SPTS) www.sptsusa.org
References

New Jersey Pediatric Psychiatry Collaborative
Regional Hubs

Atlantic Health Hub @ Newton Medical Center
Atlantic Health Hub @ Goryeb Children’s Hospital
Hackensack Meridian Hub @ Hackensack University Medical Center
Hackensack Meridian Hub @ Palisades Medical Center
Hackensack Meridian Hub @ Middlesex and Mercer
Hackensack Meridian Hub @ Jersey Shore University Medical Center
Cooper Hub @ Cooper University Medical Center
Cooper Hub @ Pennsville

Essex County served by Rutgers University Behavioral Health Care.
More information on the Essex Hub can be found here: https://ubhc.rutgers.edu/clinical/community/collaborative-behavioral-health-care-project-essex-hub/collaborative-behavioral-health-care-project-essex-hub-xml
NJPPC Hub Benefits

▪ A child and adolescent psychiatrist available for consultative support through the Child Psych. consult line

▪ A psychologist/social worker available to:
  ▪ Assist the pediatrician with diagnostic clarification and medication consultation,
  ▪ Speak with a referred child’s family regarding the child’s mental health concerns and to assist in providing diagnostic clarification.

▪ One-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient when appropriate.
  ▪ Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop the treatment and care coordination plan.

▪ Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.
NJPPC Hub Telepsychiatry Services

Implementation rolling out as an expansion of the NJPPC

- Three platforms to be utilized
  - Face to face
  - Telepsych from home
  - Telepsych from pediatric offices

- Notify your Regional Hub if interested
Thank you!

For more Information or to Register for the NJPPC

Visit:

https://njaap.org/mental-health/njppc/

Contact:

NJAAP

Mental Health Collaborative

609-842-0014

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