



# Children's TiPS

## Psychiatry: Anxiety and SSRIs

By: Justin Schreiber, DO

Anxiety disorders are one of the most common psychiatric illnesses in children, affecting between 6% to 20% of all kids. Anxiety can be very difficult to identify in children, as it may not present as fears and worries. Children with anxiety can describe physical complaints, such as belly pains in young children or loss of motor or neurologic function in older children. Panic attacks can also present with physical symptoms, including chest pain, tachycardia, shortness of breath, feelings of dread, sweating, shaking, numbness and tingling among many other symptoms. Some children with anxiety have trouble going to school, engaging in social situations, or separating from parents. Anxiety Disorders can be very impairing for children, and without intervention can lead to multiple missed days from school, unnecessary hospitalizations or withdrawal from preferred activities.

Some providers struggle with differentiating normal worries from anxiety disorders. A screening tool, such as the Screen for Child and Anxiety Related Disorders (SCARED) can be used to help identify symptoms associated with anxiety. The SCARED can be found online and is free to download and use. It is important to have children and adults complete these forms independently. Once symptoms are established it is crucial to clarify how the anxiety is impacting the child and family, as impairment is a key component of making the diagnosis of an anxiety disorder. Children with an anxiety disorder might have trouble attending school, participating in social events or completing activities without significant anxiety/distress. A useful component of evaluation is also identifying triggers for anxiety, and any avoidance patterns that the family may have developed. (continued pg. 2)

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### Special points of interest

- TiPS now accepts all forms of CHIP and UPMC insurance
- Save The Date!  
TiPS Spring 2018 Conference  
March 23, 2018 in Pittsburgh

## Psychiatry (cont.)

Therapy is an appropriate first step when children have mild anxiety, although it is useful for any child with an anxiety disorder. Combined treatment – with Cognitive Behavioral Therapy and medication – has been found to be most effective for children with moderate to severe anxiety disorders. There are many options for medication treatment of anxiety disorder. Selective serotonin reuptake inhibitors (SSRIs) are the first line medication treatment, as they have demonstrated the most efficacy for children and adolescents. Medications in this group include Zoloft (sertraline), Celexa (Citalopram), Prozac (Fluoxetine), and Lexapro (Escitalopram). These medications require about 4 to 6 weeks of a treatment at a therapeutic dose to work, but may take up to 12 weeks for full effect.



The decision of which medication to start should come from a combination of patient and family history of medication trials, provider comfort and preference of medications, and any patient comorbidities. When starting a medication, it is important that the patient connect with members of the treatment team frequently. Patients should talk to the prescriber or the therapist every 1 to 2 weeks after a dose change.

Before starting a medication for anxiety, it is essential to also discuss any possible side effects. Belly pains and headaches are not uncommon for the first 2 to 3 days of treatment, as the extensive serotonergic system in the stomach and brain begin to adjust to the medication. These usually resolve, and in fact SSRIs will ultimately help children with headaches and stomachaches of unknown origin.

In youth with anxiety disorders starting SSRIs, it is also important to monitor for increased motoric activity (which can improve with time) and disinhibition. It is also important to discuss the black box warning. Specifically, there is a very small increase in suicidality in youth treated with SSRIs, especially when treatment has just been initiated and before the medication has begun to be effective. This behavior, although rare, is most often in the form of increased suicidal thoughts.

Overall anxiety can be impairing for youth, but the benefits of treatment far outweigh the risks. A combination of an evidence-based assessment, psychotherapy and medication can help children, adolescents and families thrive. □

Medication	Therapeutic Range	Starting Dose	Titration Increments
Fluoxetine	20-60 mg	10 mg daily 1 week, then increase to 20 mg daily (can start at 5 mg daily)	5-10 mg
Sertraline	50-200 mg	25 mg daily x6 days then increase to 50 mg daily (can start at 12.5 mg)	25-50 mg
Citalopram	10-40 mg	5-10 mg daily (can start at 5 mg)	5-10 mg
Escitalopram	5-20 mg	5 mg daily	5 mg



## Therapy: Treatment for Anxiety

By: Courtney Hopkins, LPC

Symptoms of anxiety can increase in children and teens at the beginning of a new school year. Talking to parents and children about anxiety symptoms and utilizing screening tools can assist providers in determining how best to help children and families. When anxiety begins to impair daily functioning, a referral to a therapist is recommended. Therapists can utilize several interventions to help reduce symptoms of anxiety for children and teens. These interventions may include psychoeducation, relaxation exercises, cognitive behavioral therapy (CBT), and gradual exposures.

Progressive muscle relaxation, diaphragmatic breathing and guided imagery are common techniques learned in therapy to help children and adolescents cope with the physical symptoms of anxiety. Mindfulness training can help children improve concentration, self-awareness, and emotional regulation. Mindfulness helps children become more aware of their thoughts, feelings, physical sensations and environment. Cognitive behavioral therapy, often referred to as CBT, is an evidenced based intervention that teaches children that their thoughts, feelings and behavioral all influence one another. CBT focuses on solutions, encouraging children and adolescents to recognize and challenge distorted thinking and identify replacement thoughts that will reduce the intensity of their anxiety. Systematic desensitization, also known as gradual exposure therapy, is a behavioral based therapy used to help overcome fears and phobias. Gradual exposure is typically completed in three steps: (1) developing a fear hierarchy, (2) learning and practicing coping skills, and (3) overcoming situations that trigger anxiety using daily practice that is broken down into small, manageable steps that will build confidence and reduces avoidance of one's triggers.

Please contact Children's TiPS if you are interested in learning more about how to manage anxiety disorders in primary care. □

### Did You Know?

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TiPS is now accepting all CHIP and UPMC insurances, in addition to all Pennsylvania Medical Assistance.

Accepted insurances include:

#### PA Medical Assistance

- Aetna Better Health
- AmeriHealth Caritas
- Gateway Health Plan
- Medicaid Fee For Service (FFS)
- UnitedHealthcare Community Plan
- UPMC For You

#### PA Children's Health Insurance Plan (CHIP)

- Geisinger Health Plan (GHP Kids)
- Keystone Health Plan West (Highmark)
- United Healthcare Community Plan of PA
- UPMC For Kids

#### Commercial Insurance

- All UPMC Health Plans

### Welcome New TiPS Enrolled Practices

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- UPMC St. Margaret, Lawrenceville Family Health
- Forbes Family Medicine

## Upcoming Practice Visits

- September 28, 2017  
CCP Allegheny
- October 4, 2017  
Kids Plus Pediatrics,  
Craberry
- October 9, 2017  
Premier Medical  
Associates
- October 17, 2017  
Kids Plus Pediatrics,  
Squirrel Hill
- October 17, 2017  
Forbes Family Medicine

If you would like a TiPS Psychiatrist to visit your practice to discuss TiPS or to provide education on any behavioral health topic, please contact us at 724-933-3912 or [wpatips@chp.edu](mailto:wpatips@chp.edu)

## Welcome

Children's TiPS would like to give a warm welcome to the newest member of our care coordination team, Taylor Naus, LSW.

Welcome, Taylor!



## Care Coordination: Resources for Parents of Anxious Children

By: Katie Ewing, LSW

Fall means back to school, and back to school means some kids will be struggling with anxiety. Anxiety can present with physical symptoms, such as stomachaches or headaches. Children may avoid going to school or frequently come home from school sick. Falling grades and irritability can also signal anxiety in children. When children are dealing with anxiety, it can be stressful for the entire family.

Resources that may be helpful for parents include:

### Websites

- [www.worrywisekids.org](http://www.worrywisekids.org)
- [www.anxietybc.com/anxiety-PDF-documents](http://www.anxietybc.com/anxiety-PDF-documents) (printable psychoeducation materials)
- [www.copingcatparents.com](http://www.copingcatparents.com)

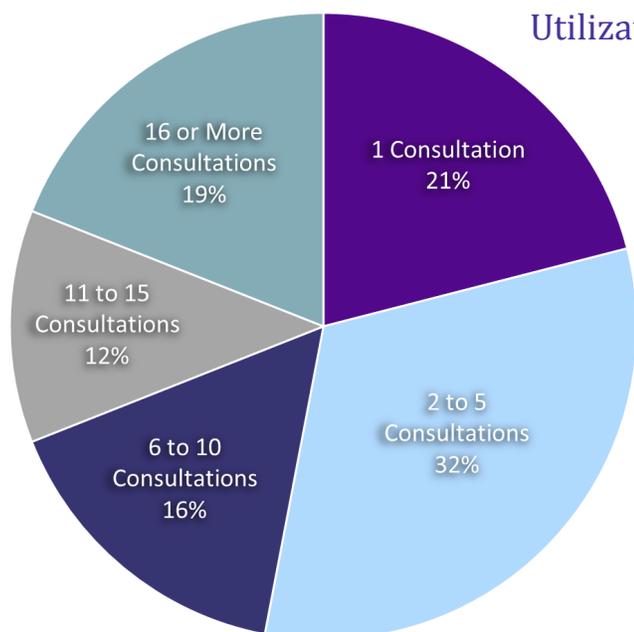
### Books

- *Freeing Your Child from Anxiety, Revised and Updated Edition: Practical Strategies to Overcome Fears, Worries, and Phobias and Be Prepared for Life--from Toddlers to Teens* By: Tamar Chansky, Ph.D.
- *Helping Your Anxious Child: A Step-By-Step Guide for Parents* By: Ann Wignall, Carolyn A. Schniering, Susan H. Spence, and Vanessa Cobham
- *What to Do When You Worry Too Much: A Kids Guide to Overcoming Anxiety* By: Dawn Huebner, Ph.D.

### Mobile Apps

- Virtual Hope Box
- Fear Tools
- Self-help Anxiety Management (SAM)
- Calm
- Smiling Mind □

## TiPS Activity Data: Utilization By Enrolled Practices



- From July 1, 2016 to July 1, 2017, enrolled practices utilizing TiPS averaged 10 consultations through the TiPS line.
- The pie chart to the left shows the number of consultation requests from enrolled practices, with the majority of practices using TiPS for two to five patients.
- Of the enrolled practices that utilized TiPS, 79% utilized TiPS for multiple patients. □

## Meet the TiPS Team: Staff Highlight

Kelley Victor, MD

### Your Job Title/Location

Child and Adolescent Psychiatrist in person at CCP GIL offices and via telepsychiatry in Erie for both the Child and Family Counseling Center (CFCC) and TiPS.

### Education

University of Iowa for undergrad and medical school

### About Your Job

I have the pleasure of working alongside amazing therapists, pediatricians and staff to help children with mental illness. I see children in the office several days per week and also via videoconferencing in Erie.

### About You

I'm from Iowa and grew up on a farm. I moved to Pittsburgh for residency training. I have a one year old daughter named Ada.

### Something People Would Be Surprised to Know About You or a Hidden Talent

I can predict just about every plot twist in a show before it happens (simultaneously impressive and annoying). □



### Contact Us

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Website: [www.chp.edu/tips](http://www.chp.edu/tips)

### Children's TiPS

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Our provider-to-provider service gives primary care clinicians (PCCs) access to on-call psychiatrists, Monday through Friday, 9 a.m. to 5 p.m. When a PCC calls, the Children's TiPS team will connect him or her with a child and adolescent psychiatrist within the same day, often within thirty minutes. Our TiPS psychiatrists can answer questions about medications, diagnoses, screening tools, resources and other topics. TiPS psychiatrists can also refer patients to our care coordinators or licensed therapists if needed.



### Children's TiPS

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## A Behavioral Health Newsletter for Pediatric Primary Care Clinicians

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