



# **ECHO IDAHO:** **K12 School Nurses**

**Anxiety Disorders & Mental Health First Aid**

**12/11/24**

**Noreen Womack, MD, Pediatrician**

**Gretchen Gudmundsen, PhD, Child Clinical Psychologist**

**St. Luke's Children's Hospital**

Please keep in mind that your School District policies and Health Services procedures, medication administration protocols, process guidelines, remain the guiding principles to your practice.

None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

# Learning Objectives

- Discuss the formal diagnosis of Anxiety Disorder
- Discuss the different categories of Anxiety Disorder and related disorders
- Discuss evidence-based treatments for Anxiety Disorder
- Present resources for school nurses and families to help with anxiety

# Anxiety in Youth

- Fear, worry, stress, restlessness
- What constitutes a diagnosable disorder?
  - persistent, seemingly uncontrollable, and overwhelming.
  - excessive, irrational dread of everyday situations
  - when anxiety **interferes with daily activities/age-appropriate functioning** it is time to seek help.
- 5–10% of youth (6–18 years old) in a given year and by adulthood, 15-20%.
- Common for youth to have more than one
- Females bear markedly higher risk that is slight in childhood and increases with early stages of puberty

# Anxiety Disorders (DSM-5)

Separation Anxiety Disorder (4%; most common in age 7-9 years)

- Normal stage from 18 months to 3 years when a parent leaves/goes out of sight; or when first left at daycare/school, new situation
- > 3 years old and unable to leave a family member, or takes longer to calm down than peers

Selective Mutism (~5 years old)

- refuse to speak in situations where talking expected/necessary; interferes with school and making friends
- Can be very talkative and display normal behaviors at home or another place they feel comfortable.

Specific Phobias (animals, the environment), emerge before age 10

- intense, irrational fear (e.g., flying, animals, storms, heights, water, blood, the dark, and medical procedures).
- Will avoid feared situations/things or endure with anxious feelings/behaviors (e.g., crying, tantrums, clinging, avoidance, headaches, and stomachaches). Do not usually recognize that the fear is irrational.

Social Anxiety Disorder/Social Phobia (most common in early adolescence)

- intense fear of social and performance situations and activities such as being called on in class or starting a conversation with a peer.

Generalized Anxiety Disorder (GAD; can emerge any age, most common in late adolescence/early adulthood)

- worried excessively about a variety of topics or everyday problems or future events **PLUS** restlessness/feeling keyed up or on edge, easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, sleep disturbance

Panic Disorder (early adulthood) - 2 or more unexpected panic attacks—come on suddenly and for no reason—followed by concern over having another attack, losing control, or "going crazy."

# Related Disorders

Obsessive Compulsive Disorder (OCD; as early as 2 yo, often 10 years old)

- unwanted and intrusive thoughts (obsessions) and feeling compelled to repeatedly perform rituals and routines (compulsions) to try and ease anxiety

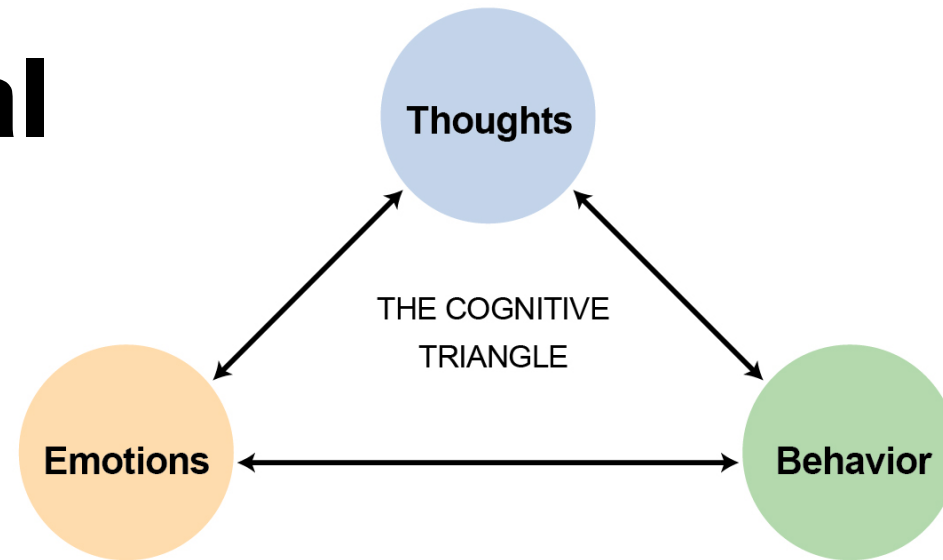
Posttraumatic Stress Disorder (PTSD)

- intense fear and anxiety, become emotionally numb or easily irritable, or avoid places, people, or activities after experiencing or witnessing a traumatic or life-threatening event.

Depression

- Anhedonia, social withdrawal, hopelessness,

# Cognitive Behavioral Therapy (CBT)



- Short-term (6-20 sessions)
- Skill-focused, goal-oriented
- Typically involve “homework” to practice skills between sessions
- Child, child & parent, parent(s) only, family, group
- Counselor (LCPC), social worker (LCSW), marriage/family therapist (LMFT), psychologist (PhD or PsyD), psychiatrist (MD or DO)

# Treatment Continued...

- Exposure
- Modeling
- Involve parents
- Education
- Consider medication
  
- When to specialize...
  - OCD (Exposure & Response Prevention)
  - PTSD (TF-CBT or EMDR)
  - Substance problems
  - Eating disorder concerns
  - Suicidality or self-harm

# Case Presentation #1

## 13-year-old female

- Frequent visits to the school nurse at a junior high for shortness of breath, and chest tightness
- Symptoms started with onset of basketball season.
- History of many visits to GI, diagnosed with “Functional Abdominal Pain”
- The nurse noted the resemblance to panic attacks. Symptoms would resolve with practicing “square breathing”
- Patient ultimately diagnosed with anxiety disorder. No diagnosis of asthma



# Case Presentation #2

## 15 year old female

- Presented frequently to the school nurse for nausea, abdominal pain. “No absences” but multiple calls to home and leaving school early
- She is an English language learner, and a poor historian
- When speaking to mom, learned that she had been doing online school for the last 4 years, and just started attending school this fall. Mom mentioned worry about recent 10 pound weight loss: BMI down from 31<sup>st</sup>ile to 3<sup>rd</sup> %ile (Height 5 ft 3 in, Weight 89 pounds)
- Identifies academics as a stressor
- After workup: abdominal pain due to constipation. Diagnosis: Anxiety DO, Eating DO. Started counseling recently, and “really likes” her counselor, recent appropriate weight gain, being followed by the Adolescent clinic

# Case Presentation #3

## 10-year-old male

- 10-year-old suspended from school for “explosive temper”
- Was being teased by a student, and punched a wall, and fractured his fifth metacarpal bone (boxer’s fracture)
- History of “stomach problems all his life”. Has been on antacid therapy in the past
- Very mature for age, polite, articulate, and engaging. He admits that he gets irritated easily.
- Home life: lives with his grandmother, parents lost custody due to physical abuse. Plays “a lot” of video games
- Diagnosis: Anxiety DO, childhood trauma. NO diagnosis of ADHD or ODD
- Note: in males, anxiety or depression can sometimes present as anger or irritable mood

# Anxiety Screeners

## GAD-7 Anxiety

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals    \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ =

*Total score*    \_\_\_\_\_

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

# SCARED

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. When I feel frightened, it is hard to breathe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>

## SCORING:

A total score of  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

# Recognizing comorbidities

- In 2018-2019: 1 in 7 children ages 3 to 17 (13%) had a current, diagnosed mental or behavioral health condition.
- Anxiety Disorder can occur alongside other mental health diagnoses: Substance use, Depression, ADHD, **Childhood Trauma**
- The core symptoms of Anxiety Disorder overlap with many other conditions. They can also be a normal, adaptive response to life circumstances and can even be helpful (e.g., studying for a test)
- Anxiety Disorder can be more prevalent in certain populations

# School Anxiety – Teaching coping and adaptation skills

- **Gradual exposure! Avoidance does NOT help.**
- **Practice deep breathing** and muscle relaxation.
- **Use positive self-talk** (for example, "I can try this" instead of "I can't do this").
- **Think of a safe place**, such as their bedroom or favorite place outdoors. Your office can become a safe place as well!
- **Praise and reward brave behavior:** the goal is to cope, not avoid.

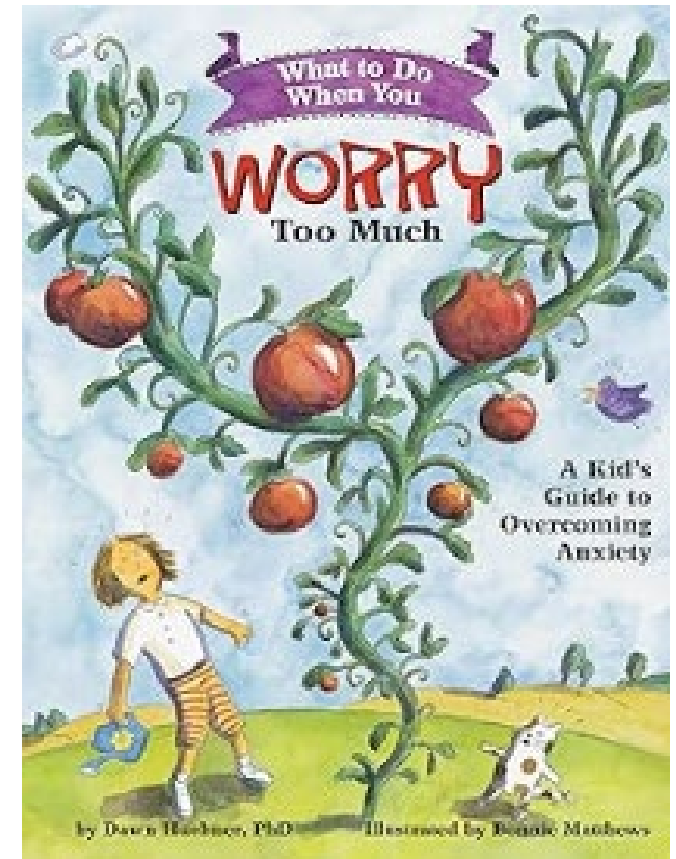
# Other ways to help students decrease anxiety

- Be a link between the school and the family
  - Listening is a powerful tool. Practice “WAITing” Communication is key
  - Trauma-informed care
  - Enlist the help of your colleagues in administration, social work, and counseling
  - Encourage healthy habits! Physical health and mental health are inextricably linked
- |   |  |
|---|--|
| 5 | or more servings of fruits and vegetables  |
| 2 | hours or less of recreational screen time* |
| 1 | hour or more of physical activity          |
| 0 | sugary drinks and more water               |

\*Keep TVs/computers out of the bedroom. No screen time under the age of 2.

# Ways to help students' families deal with anxiety

- Recommend help for your families – it is always a safe bet to begin with the medical home
- Inappropriate screen use can be a major source of stress and anxiety. Find expert help on: [AAP Family Media Plan](#), Common Sense Media
- Other online resources

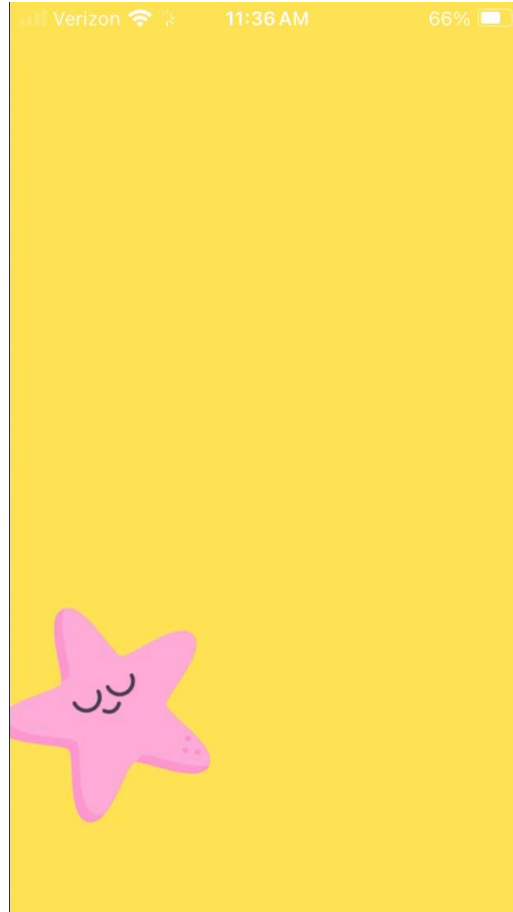




# AAP Online Resources

The screenshot shows the website healthychildren.org. The browser address bar displays the URL: healthychildren.org/English/family-life/family-dynamics/Pages/help-your-child-manage-fears-and-anxieties.aspx. The website header includes the logo for healthychildren.org, a search bar with the text "Search for safety, tips, illness, etc.", and a navigation menu with categories: Ages & Stages, Healthy Living, Safety & Prevention, Family Life (highlighted), Health Issues, News, Tips & Tools, Our Mission, and shopAAP. Below the navigation, a breadcrumb trail reads: Healthy Children > Family Life > Family Dynamics > Help Your Child Manage Anxiety: Tips for Home & School. The main content area features the article title "Help Your Child Manage Anxiety: Tips for Home & School" and a sub-header "FAMILY LIFE". Below the title are social sharing buttons for Share, Pin, Email, and Print. The article text begins with "Anxiety is another word for feeling worried or scared. It's normal for children and teens to feel anxious sometimes, like before a big test at school or talking in front of a group of people. But if your child's anxiety gets in the way of normal activities, such as sleeping alone at night, playing outside or going to school, they may need extra support." An image shows a young boy with a red backpack being held by an adult. On the left side of the page, there is a sidebar menu with categories: Family Dynamics (selected), Adoption & Foster Care, Communication & Discipline, Types of Families, Getting Involved in Your Community, Media, Medical Home, Power of Play, and Work & Child Care. At the bottom right, there is a "Follow Us" section with social media icons for Instagram, Facebook, Twitter, YouTube, Pinterest, and LinkedIn, and a "Back to Top" button.

# Headspace – Box Breathing



# Key Points

- Stress or anxiety that persists and interferes with functioning (relationships, school attendance/performance, sleeping/eating)
- Avoidance & Excessive Fear
- Treatable! Important to foster kids to be brave, face fears and be careful not to reinforce their need for reassurance or avoidance

# References

- Health Resources and Services Administration. (October, 2020). *National Survey of Children's Health Mental and Behavioral Health, 2018-2019*. [Issue Brief]
- Aap.org – parents resources for mental health
- ADAA.org – clinician resources Anxiety & Depression Association of America
- Social Media and Youth Mental Health, US Surgeon General's Advisory, 2023
- Higa-McMillan, C.K., Francis, S.E., Rith-Najarian, L., & Chorpita, B.F. (2016). Evidence base update: 50 Years of research on treatment for child and adolescent anxiety. *Journal of Clinical Child and Adolescent Psychology*, 45(2), 91-113,
- Comer, J.S., Hong, N., Poznanski, B., Silva, K., & Wilson, M. (2019). Evidence base update on the treatment of early childhood anxiety and related problems. *Journal of Clinical Child and Adolescent Psychology*, 48(1), 1-15.