Medicaid Recovery Behavioral Health ECHO®
Session Topic: CBT / Anxiety
Presenter(s): Sarah Hagin, PhD
Date: April 26, 2023

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Start the Recording
Welcome

• This session will be recorded for educational and quality improvement purposes
• Please do not provide any protected health information (PHI) during any ECHO session

Introduce Yourself
• Please turn on your video
• Please enter your name and organization in the chat box

Microphones
• Please mute your microphone when not speaking

Agenda
• Introduction
• Lecture
• Case
• Discussion
• Close
CME Credits
(currently available for MDs, PAs, Rx, RNs, NPs, PsyD, PhD)

• CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.

• Evaluation/Credit Request Form:
  https://www.surveymonkey.com/r/Medicaid-Recovery-BH-ECHO

• To be shared in chat @8AM

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# Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 7:35 AM</td>
<td>Faculty Introduction</td>
<td>Liz</td>
</tr>
<tr>
<td>7:35 – 8:00 AM</td>
<td>Didactic Presentation</td>
<td>Sarah Hagin</td>
</tr>
<tr>
<td>8:00 - 8:10 AM</td>
<td>Case Presentation</td>
<td>Karen Maule, MD, East Greenwich Pediatrics</td>
</tr>
<tr>
<td>8:10-8:25</td>
<td>Case Discussion</td>
<td>Group</td>
</tr>
<tr>
<td>8:25 – 8:30 AM</td>
<td>Wrap up; Evaluation; Announcements</td>
<td>Susanne</td>
</tr>
</tbody>
</table>
Today’s Faculty

Sarah Hagin, PhD, is a pediatric psychologist in the Division of Child and Adolescent Psychiatry at Rhode Island and Hasbro Children’s Hospitals, specializing in pediatric gastrointestinal and feeding disorders, an Assistant Professor in the Department of Psychiatry and Human Behavior at The Warren Alpert Medical School of Brown University, and the program manager for the Pediatric Psychiatry Resource Network (PediPRN) at Bradley Hospital.
Disclosures

Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.
Learning Objectives

• Understand assessing and addressing anxiety in primary care
• Participants will learn brief treatment interventions appropriate for use with youth presenting with anxiety symptoms
• Increase knowledge re available resources for providers, patients and families that support anxiety treatment
Somatic Symptoms in Anxiety

- Common - >50% report at least 1 somatic symptom (SS)
- SS associated with inc anx severity
- Most common are GI and headache related
  - Pain, fatigue, dizziness, sleep disruption
- Contributes to decreased functioning
  - Esp school avoidance
- Caregivers worry
- High rate of medical and psychiatric co-morbidity
- Present to PPCPs first – often falls to the PPCP to identify it (& treat it)
- Can delay diagnosis and MH referral
Excused absence documentation

• Bottomline: NO
• Model supportive response
Its just a phase...

Signs of Transitory Anxiety
• Reasonable/expected
• Responsive to suggestions
• Benefits from reassurance
• Decrease in intensity over time
• Limited to situation
• Focus on trying to face it

Signs of problematic anxiety
• Unreasonable, out of proportion
• Overwhelmed (and may regress) in response to suggestions
• Reassurance/answers are not enough
• Increase in intensity over time
• Generalize
• Focused on avoidance

Chansky, 2004
Psychoeducation to patients

• Why do I feel this way? (diagnosis)
• What caused it? (etiology)
• How long will it last? (course)
• What can make it better? (treatment)
Psychoeducation – Cycle of Anxiety

Situation produces anxiety
Anxiety is uncomfortable
Avoid situation to decrease discomfort
Feel relief as anxiety decreases
Fear and anxiety increase
Avoidance behaviors increase

From therapistaid.com
How long will it last (course)

The Pathways of Recovery – Expectations compared to typical recovery

EXPECTED Recovery Pathway

TYPICAL Recovery Pathway

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Pediatric Somatization Family Handbook
What is the CBT Triad?

What we **think** affects how we act and feel.

What we **feel** affects how we think and do.

What we **do** affects how we think and feel.
CBT Triad – positive ex.

1. I will get to see my friends
4. I see my friends and they smiling; they are happy to see me

2. I feel excited
5. Waving to my friends

3. Walking quickly
6. So happy to see them
CBT Triad – Social Anxiety

Thoughts

1. Everyone is looking at me and I look stupid
5. I avoided something that would have been terrible

Feelings

2. I feel stressed; I feel nervous
4. I feel relieved

Behaviors

3. Escape
6. Avoid in the future
Brief Interventions - #1

• Positive Health Behaviors
  • Diet
    • https://doi.org/10.2105/AJPH.2014.302110
  • Physical Activity
    • https://doi.org/10.1016/j.jad.2021.02.026
  • Sleep
    • https://doi.org/10.1111/j.1742-9552.2012.00039.x

• Behavioral Activation - https://doi.org/10.1037/h0100084
  • Enjoyed activities
  • Leisure time
  • Positive social experiences
  • Accomplishment
  • Helping others
Brief Interventions - #2 Breathing

Addressing Physical Symptoms of Anxiety (Teens)

**Intervention Script:**

Anxiety is the body’s response to stress. It makes sense that you would be experiencing increased stress with all the current changes and concerns related to COVID-19.

Our body has an automatic response system designed to protect us from threats or danger. In times of uncertainty and change, we often experience anxiety that triggers our body’s automatic response which causes chemicals to be released in your body that tell your heart to beat faster requiring your breathing rate to increase. These changes lead to your body feeling uncomfortable, dizzy, sweaty, upset stomach and headaches, etc.

If we take control of our breathing when we become anxious, we can decrease the uncomfortable feelings in our body and restore our body’s natural state of balance. This is why we recommend responding to physical symptoms of anxiety in one of two ways:

1. **Exercise:** Increasing our physical activity creates balance by matching your body’s movements to the increased heart and breathing rate when anxious. (Exercise can be walking, riding bike, shooting hoops or indoor activities like sit-ups, jumping jacks, running in place, etc).

2. **Deep breathing/relaxation:** Controlling your breathing creates balance by decreasing your breathing (and therefore your heart rate) to your body’s normal state.

Deep breathing requires breathing in through your nose slowly, filling your belly with air like it’s a balloon, and slowly exhaling through your mouth.

One easy strategy to get started with this is called Figure 8 Breathing.

Imagine drawing a figure 8 on your skin (arm, leg, etc) with your index finger. I’m going to use this drawing to show you what to do. Start in the center. As you’re drawing the first half of the figure 8, breathe in through your nose into your belly for three seconds. When you get to the middle, hold your finger still for one second. Then, for the second half of the figure 8, breathe out through your mouth slowly for three seconds. When you get to the middle, hold for one again. (Repeat three or four times).

I would recommend practicing this when you notice your body feeling anxious.

Additional resources to recommend: Apps: search for “calm” (https://www.calm.com/) or “the breathing app” (https://edlestein.com/the-breathing-app/) in apple app/google play app store. Website: https://students.dartmouth.edu/wellness-center/wellness-mindfulness/wellness-monthly-guided-meditations. (enter “Dartmouth relaxation” in internet search engine)
Brief Interventions - #2 Breathing

• Describes belly breathing as natural, re-train, simple instructions
• https://www.health.harvard.edu/lung-health-and-disease/learning-diaphragmatic-breathing
• https://www.pbs.org/parents/crafts-and-experiments/practice-mindfulness-with-belly-breathing

• Videos
  • Sesame Street - https://www.youtube.com/watch?v=Xq3DwzX6MUw
  • Nemours (teen modeling) - https://www.youtube.com/watch?v=xQJ2O4b5TM
Brief Interventions - #3 Thought Challenging

Addressing Worries (10 years old+)

Intervention Script:

Anxiety is the body's response to stress. It makes sense that you would be feeling more anxious with all the current changes and concerns related to the virus everyone has been talking about.

When we feel stressed or anxious we often have uncomfortable thoughts called worries (use examples reported from patient and parent).

Worries are not always based on facts. It can be hard to tell whether worries are about things that really might happen or about things that probably won’t happen. You can help decide whether you should be worrying by thinking like a detective. Detectives look for clues to find out what is really happening. I am going to show you how to be a worry detective and then you can do this yourself when you have worries. It may be helpful to have your mom, dad, or another adult help you.

(See “Think Like a Detective” handout. Use example of worries they provided, model identifying clues, etc).

Guidance for Parents: It can be difficult to watch your child struggle with worries and, as an adult, our natural response is often to provide reassurance (e.g., “You don’t need to worry about that”, “You’ll be fine”, etc). Reassurances may help ease a child’s anxiety temporarily but helping your child develop the skills to critically analyze and challenge their worries can have a lasting impact on your child’s ability to cope with anxiety.

Children may need your support in generating clues when being a worry detective. It can be helpful to prompt your child with questions like, “What are all the other reasons why you might not get sick”, “Who else is doing things to help keep you safe”.

Think Like a Detective

My worry:

<table>
<thead>
<tr>
<th>Clues my worry is true</th>
<th>Clues my worry is NOT true</th>
</tr>
</thead>
<tbody>
<tr>
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4/27/2023
Prepared by Care Transformation Collaborative of RI
Brief Interventions - #3 Thought Challenging

- Practice when child is not anxious
  - Examples outside of themselves
- Which thoughts make you feel better/would you rather think
- Empower – we decide what we think
- Facts are in charge, not fears

Chansky, 2004
1. Is it true?

Am I making a thinking mistake?

What evidence do I have that it is true/false?

What would my friend say if he/she heard this belief?

Is there another explanation?

2. Is this belief helpful?

Does this belief help get me what I want?

Does this belief help me feel the way I want?

Does this belief help me avoid conflicts?

Parent-Based Treatment as Efficacious as Cognitive-Behavioral Therapy for Childhood Anxiety: A Randomized Noninferiority Study of Supportive Parenting for Anxious Childhood Emotions

Eli R Lebowitz 1, Carla Marin 2, Alyssa Martino 2, Yaara Shimshoni 2, Wendy K Silverman 2

Affiliations + expand

PMID: 30851397  PMCID: PMC6732048  DOI: 10.1016/j.jaac.2019.02.014

Free PMC article
Family Accommodation

• Present in 97-100% of parents of anxious children
  Shimshoni et al., 2019; Benito et al., 2015; Storch et al, 2015

• Associated with more severe anxiety symptoms
  Norman et al, 2014; Lebowitz, et al., 2016

• Associated with more severe impairment for child and family
  Thompson–Hollands et al., 2014

• Predicts poor treatment outcome
  Kagan et al., 2016; Turner, et al., 2017
Anxiety/accommodation

- Child anxiety
- Maintenance of Symptoms
- Family Accommodation
- Continued reliance on parents for regulation
- Short-term reduction in distress

Lebowitz, 2019
Instead of accommodation...

Acceptance + Confidence = Support

Lebowitz, 2019
Handouts/Resources

• AnxietyCanada.com

• Therapistaid.com
  • https://www.therapistaid.com/worksheets/cbt-triangle.pdf

• Worksheets referenced above can be found here: https://www.pediprn.org/provider-resources/covid-19/
Resources: Screeners and Instructions

- **PSC (Pediatric Symptom Checklist)**
  https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist/

- **PHQ-A (modified PHQ-9, or PHQ-9M)**

- **GAD-7**  https://www.phqscreeners.com/

- **CRAFFT 2.1**  https://crafft.org/get-the-crafft/

- **EPDS**  https://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf
Resources: BH Treatment Guidelines for Pediatricians

• MCPAP Guidelines and Clinical Pearls

• Primary Care Principles for Child Mental Health
Contact information

Sarah Hagin, PhD  
Staff Psychologist/Assistant Professor (Clinical)  
Rhode Island Hospital/Alpert Medical School of Brown University  
Pediatric Psychiatry Resource Network (PediPRN) Program Manager  
Bradley Hospital

401-559-6446  
401-432-1KID (1543)  
shagin@lifespan.org

www.pediprn.org
Medicaid Recovery Behavioral Health ECHO®
Case Presentation

Presenters: Karen Maule, MD, FAAP, East Greenwich Pediatrics

Date: 4.26.23

Contact Info:

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# Reasons for Selecting this Case

<table>
<thead>
<tr>
<th>Why did you choose this case?</th>
<th>Med-psych example</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What questions do you have for the group?</th>
<th>What is my role as a PCP in building resilience in a child with anxiety? In a family that is feeling overwhelmed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How can I accomplish these goals in a 15-30 minute office visit?</td>
</tr>
</tbody>
</table>
## Basic Patient and Family Information

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age / Grade</td>
<td>8, 3rd grade</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>Female</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>Caucasian</td>
</tr>
<tr>
<td>How long has this individual been in your care?</td>
<td>Since birth</td>
</tr>
<tr>
<td>Insurance type</td>
<td>Commercial</td>
</tr>
<tr>
<td>Family constellation</td>
<td>Intact family; pt is a twin; extended family all live in RI.</td>
</tr>
<tr>
<td>Parent(s)’ occupation if known</td>
<td>Dad - engineer</td>
</tr>
<tr>
<td></td>
<td>Mom - stay-at-home</td>
</tr>
</tbody>
</table>
### Other Relevant Family Information

- Mother was diagnosed with colon cancer in 2019; Maternal history of anxiety
- Pt is the “shy” twin. Mom often refers to her as her “koala” baby
## Relevant Medical Background and Screening

<table>
<thead>
<tr>
<th>Relevant medical and/or BH conditions, hospitalizations</th>
<th>6# wt loss in the past 5 months (50th -&gt; 25th%) with daily complaints of appetite loss, intermittent generalized abdominal pain.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NBNB emesis x 1 on day of presentation. Heartburn once after eating pizza. No improvement with cutting out dairy. No blood in the stool, fecal urgency, incontinence, or dysuria.</td>
</tr>
<tr>
<td></td>
<td>Braces were placed 4 months ago with decreased appetite noted since then. Reports feeling hungry but only will eat bites of meals.</td>
</tr>
<tr>
<td></td>
<td>Cries 2x/week due to stressors at school. No overt bullying, but “mean girls” drama.</td>
</tr>
<tr>
<td></td>
<td>Difficulty with sleep initiation, and separating from mom.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relevant medications or medication hx</th>
<th>None</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Relevant lab results</th>
<th>1/2023</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>POS: AXR w/ moderate stool burden</td>
</tr>
<tr>
<td></td>
<td>NEG: CBC w/ diff, ESR, TTG, IgA, ferritin, CMP, Udip, TSH, fT4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relevant BH Screening results</th>
<th>None</th>
</tr>
</thead>
</table>

<p>| Relevant SDOH Screening results | Integra Social Health Questionnaire - negative 8/2022 |</p>
<table>
<thead>
<tr>
<th>Patient / Family Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close-knit family and community - strong social connections and relationships</td>
</tr>
<tr>
<td>Optimistic outlook despite adversity</td>
</tr>
<tr>
<td>Open conversations about emotions are prioritized</td>
</tr>
<tr>
<td>Emphasis on physical activity in team sports</td>
</tr>
<tr>
<td>Frequent expressions of empathy and humor</td>
</tr>
</tbody>
</table>
## Relevant Psychosocial History

<table>
<thead>
<tr>
<th>Family history of anxiety, suicidality, learning difficulties, other BH/med conditions?</th>
<th>Strong family history of GERD, constipation, and anxiety. Also has a positive family history of lactose intolerance and hypothyroidism.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other relevant psychosocial factors?</td>
<td>The family is hesitant to start therapy at this time due to high medical bills until they meet their deductible.</td>
</tr>
</tbody>
</table>
## Relevant School Information

| Homeshooled in 2020 due to the COVID pandemic |
| Substitute teacher |
| Many loud, hyperactive children in her class |
| Doing well academically, but struggles with school avoidance |
| Classroom has a token system to promote desired behavior |
What approaches have you used to help this patient?

<table>
<thead>
<tr>
<th>Approach</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychoeducation about midline symptoms of anxiety</td>
<td></td>
</tr>
<tr>
<td>Constipation management - initiation of miralax. Follow-up in the office</td>
<td>- initiation of miralax. Follow-up in the office 1 month later with</td>
</tr>
<tr>
<td></td>
<td>- stabilization of weight. Initiation of empiric PPI and recheck weight</td>
</tr>
<tr>
<td></td>
<td>- in 1 month.</td>
</tr>
<tr>
<td>Referred to Dr. Lebowitz’s <em>Breaking Free of Child Anxiety and OCD.</em></td>
<td></td>
</tr>
<tr>
<td>Referred to parent anxiety group led by IBH psychologist.</td>
<td></td>
</tr>
<tr>
<td>Plan to refer to individual therapy later in the summer once deductible</td>
<td>- met.</td>
</tr>
</tbody>
</table>
Summary & Clarifying Questions
Reasons for Selecting this Case

<table>
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Announcements

Next Session: Wednesday, May 24, 2023 7:30-8:30
Topic: Medication Management in pediatrics
Presenter: Jill Welte, MD
Case Presentation: Coastal Medical Group

*Liz is available to consult on patient cases, as part of the Behavioral Health Technical Assistance offering from the Medicaid Recovery Program.* (Liz.Cantor@gmail.com)