

Mental Health Care Guide

For Primary Care Clinicians

Anxiety

OPAL-K

Oregon Psychiatric Access Line about Kids



Oregon Council of Child & Adolescent Psychiatry



G. OPAL-K Anxiety Disorders Care Guide

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B1: Opal-K Assessment & Treatment Flow Chart for Anxiety Disorders

Considering the diagnosis of an anxiety disorder

Delineate target symptoms for intervention:

Generalized Anxiety Symptoms: Chronic excessive worry in multiple areas of life such as school, home, family, world events, disasters, somatic complaints, perfectionism. Inability to manage worries. Constantly looking for reassurance.

Separation Anxiety: Excessive and developmentally inappropriate fear and distress concerning separation from home or significant attachment figures. Constant worry about safety of themselves and other family members.

Social/Specific Phobias: Intense discomfort in one or more social settings or performance situations. Discomfort associated with social scrutiny and potential embarrassment. Specific phobias manifest as fear and avoidance in response to specific or object such as animals, heights, scary figures, storms and closed spaces

Panic Disorder: Discrete episodes of intense anxiety without warning associated with autonomic arousal such as chest pain, palpitations, numbness and tingling, diaphoresis, chills, hot flashes, nausea and vomiting. Irrational agitation, feeling unreal or detached.

Rule out other reasons for anxiety symptoms

Environmental Causes:

- Parental worry
- Abuse or neglect
- Domestic violence
- Being bullied at school
- Incomplete school assignments
- Family mental illness/drugs
- Exposure to anxiety-provoking activities or entertainment media

Psychiatric Disorders:

- Oppositional defiant disorder
- Major depressive disorder
- Schizophrenia
- Other psychotic disorder
- Post traumatic stress disorder (PTSD)
- Drug/Alcohol use

Medical Masqueraders:

- Medication side effects
- Mitral valve prolapse
- Hyperthyroidism
- Asthma
- Drug withdrawal
- Adrenal tumors
- Irritable bowel syndrome
- Diabetes
- Other heart diseases

Anxiety dx ruled in. Determine Severity Level.

Mild impairment, no medications:

- Anxiety psychoeducation for family and child
- No caffeinated beverages
- No drugs and alcohol
- School support and planning
- Parent resource education
- Family checklist
- Refer for therapy

Significant impairment or non-medical interventions alone ineffective:
Medications Indicated

**Assess level of risk using SBIRT CRAFT
Urine drug screens
Referral to D&A counseling**

Drug & Alcohol Use

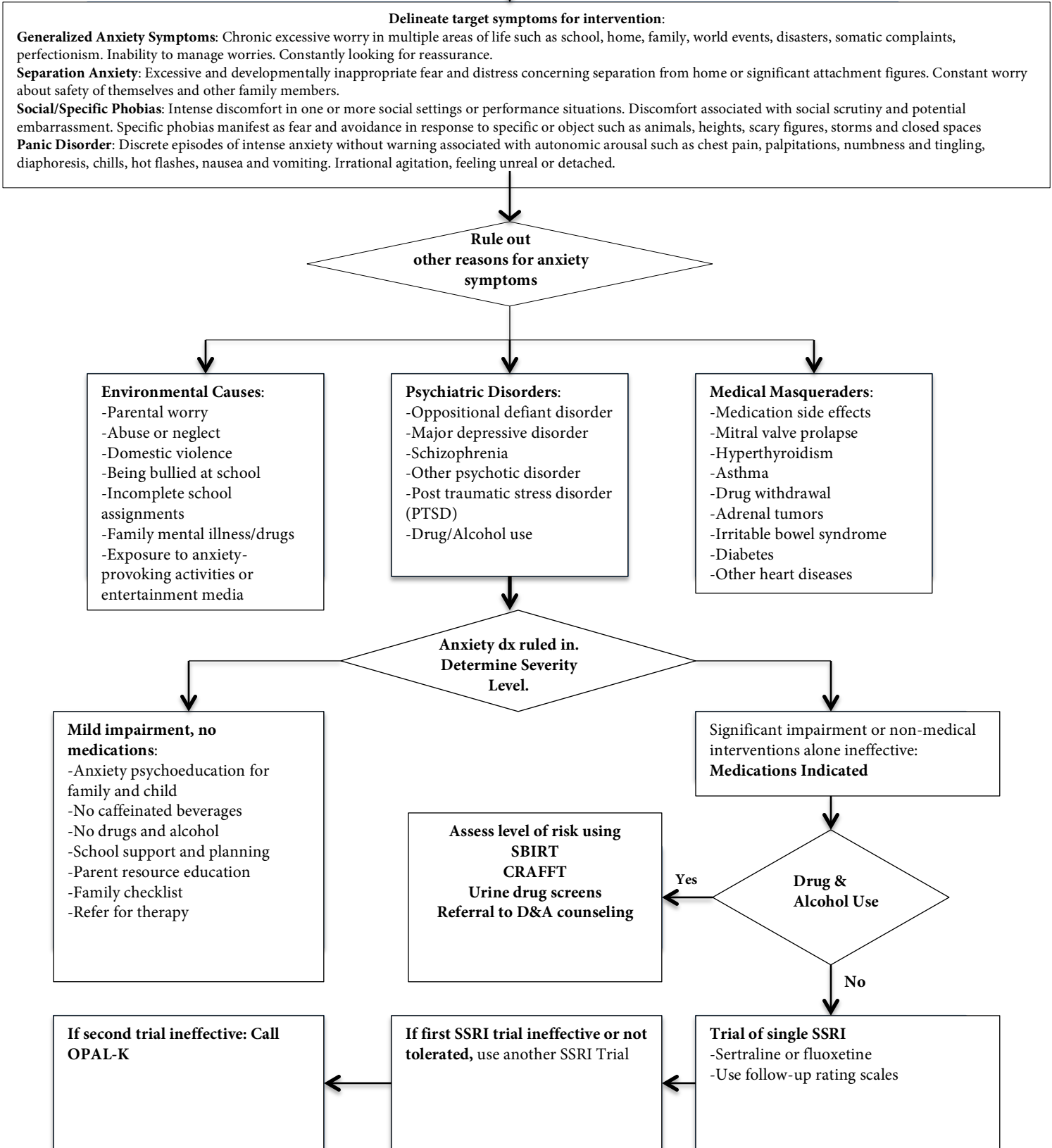
No

Trial of single SSRI

- Sertraline or fluoxetine
- Use follow-up rating scales

If first SSRI trial ineffective or not tolerated, use another SSRI Trial

If second trial ineffective: Call OPAL-K



B2: OPAL-K Assessment Guidelines for Anxiety Disorders

1. Rule out physical causes such as hyperthyroidism, side effects to medications (allergy/asthma medications, hypoglycemic agents, etc.), substance abuse or other medical conditions.
2. Children are often reticent to talk about their worries, so it is important to obtain data from other sources including parents, teachers, coaches, therapists, primary care physicians
3. Utilize drawings, play with family figures or other play techniques to help younger children better communicate their anxieties.
4. Determine the trigger(s) for the anxiety. Does the anxiety occur in response to a specific stimulus? Does it occur “out of the blue?” Does it occur in anticipation of something (e.g. going to school, taking an examination, visit with a family member, etc.)?
5. Understand environmental and familial factors that may affect the youth’s anxiety. What is the family history of anxiety? How does the parent react to the anxiety? Are there family conflicts contributing to the anxiety?
6. Screen for comorbid psychiatric disorders: mood disorders, psychosis, eating disorders and disruptive behavior disorders.
7. Consider the use of symptom rating scales such as the Screen for Childhood Anxiety Related Disorder (SCARED) or Multiaxial Anxiety Screen for Children (MASC) to better categorize, understand, and monitor the child’s anxiety symptoms.

B3 - B4: Screen for Child Anxiety Related Disorders (SCARED) - Parent Version

Screen for Child Anxiety Related Disorders (SCARED) Parent Version—Pg. 1 of 2 (To be filled out by the PARENT)

Name: _____

Date: _____

Directions:

Below is a list of statements that describe how people feel. Read each statement carefully and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for your child. Then for each statement, fill in one circle that corresponds to the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. When my child feels frightened, it is hard for him/her to breathe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My child gets headaches when he/she is at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child doesn't like to be with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child gets scared if he/she sleeps away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My child worries about other people liking him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When my child gets frightened, he/she feels like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My child is nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My child follows me wherever I go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People tell me that my child looks nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My child feels nervous with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My child gets stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When my child gets frightened, he/she feels like he/she is going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My child worries about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My child worries about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When he/she gets frightened, he/she feels like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. My child has nightmares about something bad happening to his/her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My child worries about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When my child gets frightened, his/her heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. He/she gets shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My child has nightmares about something bad happening to him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Screen for Child Anxiety Related Disorders (SCARED)

Parent Version—Pg. 2 of 2 (To be filled out by the PARENT)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21. My child worries about things working out for him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. When my child gets frightened, he/she sweats a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. My child is a worrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. My child gets really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. My child is afraid to be alone in the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. It is hard for my child to talk with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. When my child gets frightened, he/she feels like he/she is choking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People tell me that my child worries too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. My child doesn't like to be away from his/her family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. My child is afraid of having anxiety (or panic) attacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. My child worries that something bad might happen to his/her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. My child feels shy with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. My child worries about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. When my child gets frightened, he/she feels like throwing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. My child worries about how well he/she does things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My child is scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. My child worries about things that have already happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. When my child gets frightened, he/she feels dizzy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. My child is shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCORING:

A total score of ≥ 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**.

B5 - B6: Screen for Child Anxiety Related Disorders (SCARED) - Child Version

Screen for Child Anxiety Related Disorders (SCARED)

CHILD Version—Page 1 of 2 (to be filled out by the CHILD)

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230–6.

Name: _____ Date: _____

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you *for the last 3 months*.

	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"/>	PN
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
13. I worry about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
15. When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
16. I have nightmares about something bad happening to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
19. I get shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP

Screen for Child Anxiety Related Disorders (SCARED)

CHILD Version—Page 2 of 2 (to be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. I worry about things working out for me.	○	○	○	GD
22. When I get frightened, I sweat a lot.	○	○	○	PN
23. I am a worrier.	○	○	○	GD
24. I get really frightened for no reason at all.	○	○	○	PN
25. I am afraid to be alone in the house.	○	○	○	SP
26. It is hard for me to talk with people I don't know well.	○	○	○	SC
27. When I get frightened, I feel like I am choking.	○	○	○	PN
28. People tell me that I worry too much.	○	○	○	GD
29. I don't like to be away from my family.	○	○	○	SP
30. I am afraid of having anxiety (or panic) attacks.	○	○	○	PN
31. I worry that something bad might happen to my parents.	○	○	○	SP
32. I feel shy with people I don't know well.	○	○	○	SC
33. I worry about what is going to happen in the future.	○	○	○	GD
34. When I get frightened, I feel like throwing up.	○	○	○	PN
35. I worry about how well I do things.	○	○	○	GD
36. I am scared to go to school.	○	○	○	SH
37. I worry about things that have already happened.	○	○	○	GD
38. When I get frightened, I feel dizzy.	○	○	○	PN
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport).	○	○	○	SC
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	○	○	○	SC
41. I am shy.	○	○	○	SC

SCORING:

A total score of ≥ 25 may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific. **TOTAL =**

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**. **PN =**

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

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

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

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

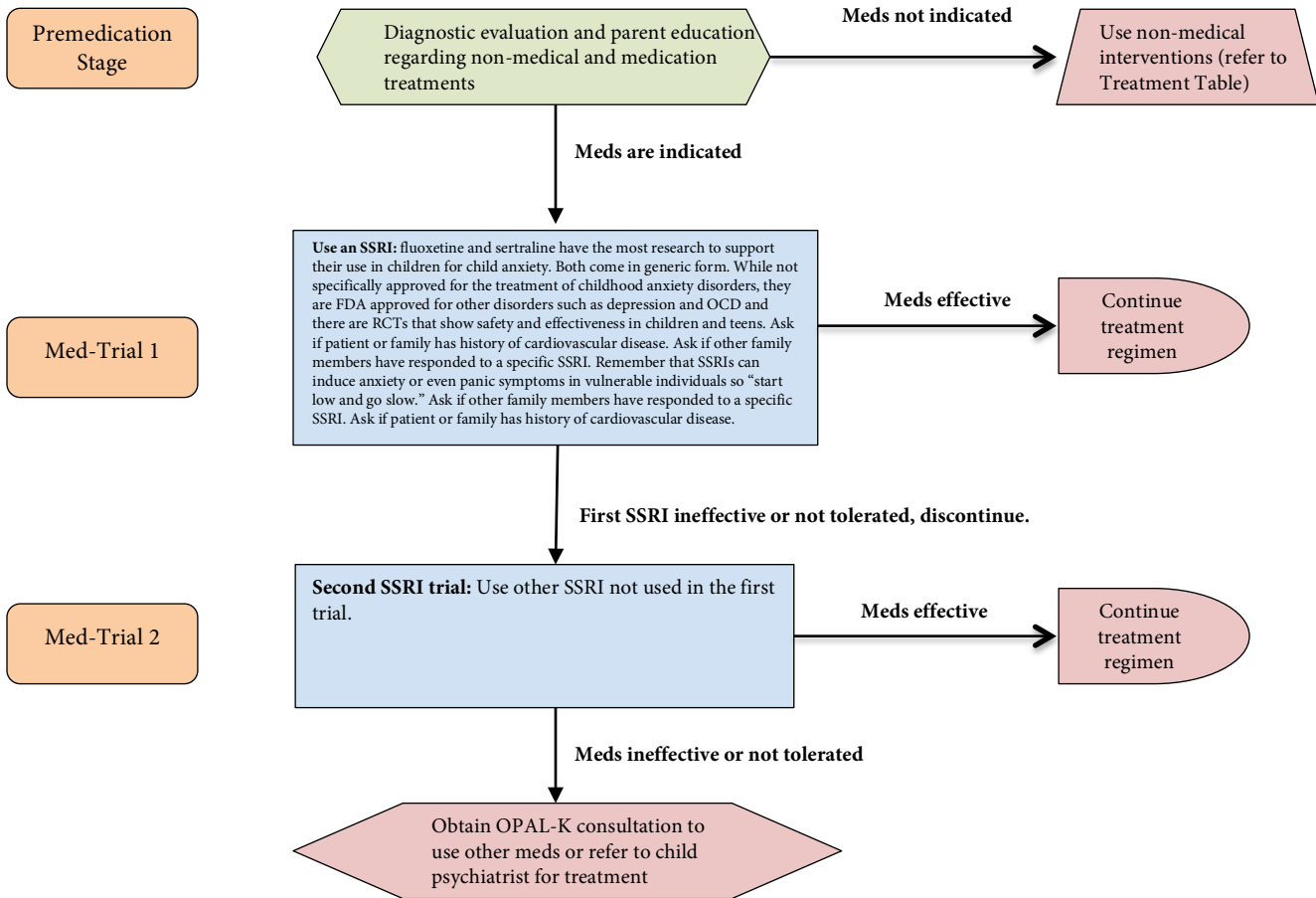
For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.

The SCARED is available at no cost at www.wpic.pitt.edu/research under tools and assessments, or at www.pediatric.bipolar.pitt.edu under instruments.

B7: OPAL-K Treatment Guidelines for Anxiety Disorders

1. Educate primary caregivers about the nature of anxiety, how it can affect family relationships (how the child's anxiety symptoms "control" the family), how family members can inadvertently perpetuate the symptoms through their own anxiety and how to support the child in overcoming the anxiety. Assist family members in setting appropriate limits for the child (i.e., insisting that the child go to school and helping child to succeed in doing so).
2. Help parents of children with separation anxiety disorder (SAD) develop a "shared-vision" with the treatment team on the antecedents to separation symptoms and the types of effective parental interventions.
3. Warn anxious youth and their parents to minimize or eliminate intake of caffeine, a known cause of anxiety.
4. If psychotherapy is used as the first-line treatment, the use of cognitive behavioral therapy (CBT), a standardized manualized treatment, is preferred due to its evidence base for efficacy over "play-therapy" or supportive interventions.
5. Remember that SSRI's can induce anxiety or even panic symptoms in vulnerable individuals, so "start low and go slow."
6. Recent randomized clinical trials (RCTs) have shown that a combination of pharmacotherapy and psychotherapy to be superior to either treatment alone.
7. No single intervention will work alone. Strategies should include participation of school staff, family members, primary care clinicians and mental health professionals.

B8: OPAL-K Medication Treatment Algorithm for Anxiety Disorders



B9: OPAL-K Medication Table for Anxiety Disorders

(Medication information from www.epocrates.com) pricing subject to change

Drug/Category	Dosing/Half-life	FDA Approval	Comments/Monitoring	Warnings/Precautions	Cost for Monthly Supply
Fluoxetine (Prozac) Forms Available: tablets, pulvules and liquid selective serotonin reuptake inhibitor (SSRI)	Initial dosing: 10-20 mg/day Maximum dosing: 30-60 mg/day Half-life: 48-72 hrs, active metabolites 2 weeks	Approved for treatment of depression in youth ages 8 years and older	<ul style="list-style-type: none"> ·Weight gain unusual ·Sedation unusual ·Sexual dysfunction not unusual ·Higher rates of drug-drug interactions ·Rarely lethal in monotherapy overdose 	<ul style="list-style-type: none"> · Increase of birth defects if given during 3rd trimester · Higher rates of drug-drug interactions than other SSRIs · Monitor ECG for prolonged QT 	<u>Generic</u> 10 mg - \$\$ 20 mg - \$\$ 40 mg - \$\$\$ <u>Prozac</u> 10 mg - \$\$ 20 mg - \$\$ 40 mg - \$\$\$
Sertraline (Zoloft) Forms Available: tablets and liquid (SSRI)	Initial dosing: 12.5-25 mg/day Maximum dosing: 200 mg/day Half-life: 22-36 hrs, active metabolites 62-104 hrs	Approved for treatment of OCD in youth ages 6 years and older	<ul style="list-style-type: none"> · Higher rates of diarrhea than other SSRIs. · Sexual dysfunction not uncommon · Rarely lethal in monotherapy overdose · Weight gain and sedation uncommon 	Rare/mild dopamine reuptake blocking activity could contribute to agitation, anxiety and agitation early in dosing	<u>Generic</u> 25 mg - \$\$ 50 mg - \$\$ 100 mg - \$\$ <u>Zoloft</u> 25 mg - \$\$\$ 50 mg - \$\$\$ 100 mg - \$\$\$
Escitalopram (Lexapro) Forms Available: tablets and liquid (SSRI)	Initial dosing: 5-10 mg/day Maximum dosing: 20 mg/day Half-life: 27-32 hrs	Approved for treatment of depression in youth 12 years and older	<ul style="list-style-type: none"> · May have faster onset than citalopram because of higher potency · May be better tolerated than citalopram · Fewer drug-drug interactions than other SSRIs 		<u>Lexapro</u> 5 mg - \$\$\$ 10 mg - \$\$\$ 20 mg - \$\$\$

Cost Code:

\$ -- \$10 or less \$\$ -- \$11 to \$49 \$\$\$ -- \$50 to \$99 \$\$\$\$ -- \$100 to \$499 \$\$\$\$\$ -- \$500 or more

B10: OPAL-K Anxiety Intervention Checklist for Families and their Anxious Child

Living with a child who has anxiety symptoms can be frustrating and at times scary. The following checklist can help families become more effective in managing the behavior issues associated with anxious children and adolescents.

Checklist for parents:

- Make sure you understand which maladaptive behaviors are primarily driven by an anxiety disorder by consulting with your primary care clinician or mental health professional
- Help your child recognize the symptoms of anxiety
- Help your child develop or practice anxiety reduction coping skills and if needed set up a written plan for handling anxiety states and a quiet place to use healthy coping skills
- Eliminate any negative statements or scolding (try to stay positive)
- Offer to help your child practice their anxiety reduction coping skills and reward them when they practice or use their skills.

Checklist for siblings:

- Make sure you understand what anxiety disorder your sibling has and what to expect
- Don't feel responsible for your sibling's behavior
- Don't hesitate to communicate worries to your parents about your sibling's anxiety
- Don't hesitate to ask your parents for attention when you need it
- Do be patient if your parents are unable to meet your needs immediately
- Have a plan of how to handle negative and apathetic behaviors from your anxious sibling

Checklist for schools:

- Check in with student about work load and adjust as needed (late arrival or early dismissal, decreased number of classes and assignment requirements)
- Be aware of multiple truancies or absences and communicate this to parents
- Report excessive irritability or social crises to parents
- Assist in evaluation for Individualized Education Program (IEP) or 504 accommodations when indicated

Checklist for child:

- Recognize my symptoms of anxiety and what tends to trigger anxiety reactions
- Learn anxiety reduction coping skills from my doctor, parents or counselor and practice them
- Identify any negative self talk and replace with positive thoughts
- Reward yourself for practicing and using your anxiety reduction skills
- Schedule time for relaxation and rest
- Tell your parents if your anxiety is becoming overwhelming so they can schedule an appointment with your doctor or therapist
- Tell your parents if you are so worried that you're thinking of hurting yourself or someone else

B11: OPAL-K Anxiety Disorder Resources for Patients, Families and Teachers

Books

“The Anxiety Cure for Kids: A Guide for Parents” by Elizabeth DuPont Spencer, Robert DuPont, Caroline DuPont (2003) - A text for parents, but good for teachers, coaches, therapists and nurses too. Helps in understanding how to help anxious children; has many practical tips.

“Freeing Your Child From Anxiety: Powerful, Practical Solutions to Overcome Your Child’s Fears, Worries, and Phobias” by Tamar Chansky, Ph.D. (2004)

<http://tamarchansky.com/books>

“What To Do if you Worry Too Much” by Dawn Huebner, Ph.D. (2005)
(Interactive self-help guide for 6-12 year olds and their parents)

<http://www.dawnhuebnerphd.com>

Websites

Anxiety and Depression Association of America (Psychoeducational information for families and youth with anxiety symptoms and includes educational videos)

<https://www.adaa.org>

NIMH website on Anxiety (Information for families on anxiety disorders including OCD and PTSD)

<http://www.nimh.nih.gov/health/publications/anxiety-disorders/index.shtml?wvsessionid=wv650bd43245ce405884dd789794894544>

Anxiety BC: A Canadian-based website for families with children or adolescents with anxiety disorders

<http://www.anxietybc.com/parent/anxiety.php>

B12 – B13: OPAL-K Anxiety Disorders Resources for Clinicians

“Modular Cognitive-Behavior Therapy for Childhood Anxiety Disorders” by Bruce Chorpita (2006)

“Phobic and Anxiety Disorders in Children and Adolescents: A Clinician’s Guide to Effective Psychosocial and Pharmacological Interventions” by Editors: Thomas H. Ollendick and John S. March (2003)

(A comprehensive textbook on youth anxiety disorders for clinicians)

“Coping Cat Workbook, Second Edition (Child Therapy Workbooks Series)” by Philip C. Kendall and Kristina A. Hedtke (2006)

Cognitive-Behavioral Therapy for Anxious Children: Therapist Manual, Third Edition” by Philip C. Kendall and Kristina A. Hedtke (2006)

“The Coping Cat Parent Companion” by Philip C. Kendall, Ph.D., ABPP and Jennifer L. Podell (2010)

“The C.A.T. Project Workbook For The Cognitive Behavioral Treatment Of Anxious Adolescents” by Philip C. Kendall, Muniya Choudhury, Jennifer Hudson and Alicia Webb (2002)

“The C.A.T. Project” Manual For The Cognitive Behavioral Treatment Of Anxious Adolescents by Philip C. Kendall, Muniya Choudhury, Jennifer Hudson and Alicia Webb (2002)

SCARED Self Report for youth 8 years and older

Free download of anxiety scale that can be used to assess and track anxiety

<http://www.familytherapeutics.com/forms/SCARED%20forms.pdf>

OPAL-K Anxiety Resources for Clinicians (continued)

“Anxiety in adolescents: Update on its diagnosis and treatment for primary care providers” by R. S. Siegel and D. P. Dickstein (2012)

(Review of assessment and treatment of anxiety disorders in adolescents)

<https://www.dovepress.com/anxiety-in-adolescents-update-on-its-diagnosis-and-treatment-for-prima-peer-reviewed-article-AHMT-recommendation1>

“Pediatric Social Phobia and Selective Mutism” by Bettina E Bernstein et al. (2014)

<http://emedicine.medscape.com/article/917147-overview>

“Psychosocial Interventions for School Refusal Behavior in Children and Adolescents” by Armando Pina, Argero Zerr, Nancy Gonzales and Claudio Ortiz (2009)

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2747113/>

“School Refusal in Children and Adolescents” by Wanda P. Freemont, M.D. (2003)

<http://www.aafp.org/afp/2003/1015/p1555.html>

“Shyness Versus Social Phobia in US Youth” by Marcy Burstein, Ph.D., Leila Ameli-Grillon, B.A., Kathleen Merikangas, Ph.D. (2011)

<http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-1434.abstract>

“Separation Anxiety Disorder in Youth: Phenomenology, Assessment, and Treatment” by Jill Ehrenreich, Lauren Santucci and Courtney Weiner (2008)

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2788956/>

“Separation Anxiety and School Refusal” by Bettina Bernstein, D.O., (2013)

(A good review of separation anxiety treatment recommendations for Primary Care Clinicians)

<http://emedicine.medscape.com/article/916737-clinical>

B14: Bibliography – Anxiety Disorders

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