



ADVANCING INTEGRATED HEALTHCARE

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

Care Transformation Collaborative of RI

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

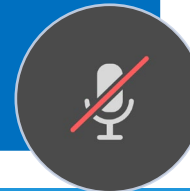
- Please turn on your video
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Introduce Yourself



- Please mute your microphone when not speaking

Microphones



- Introduction
- Lecture
- Case
- Discussion
- Close

Agenda



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



The AAFP has reviewed 'ECHO Series Focused on Best Practices and QI' and deemed it acceptable for AAFP credit. Term of approval is from 09/16/2022 - 09/16/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).



Agenda

Time	Topic	Presenter
7:30 – 7:35 AM	Faculty Introduction	Liz
7:35 – 8:00 AM	Didactic Presentation	Sarah Hagin
8:00 - 8:10 AM	Case Presentation	Karen Maule, MD, East Greenwich Pediatrics
8:10-8:25	Case Discussion	Group
8:25 – 8:30 AM	Wrap up; Evaluation; Announcements	Susanne

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

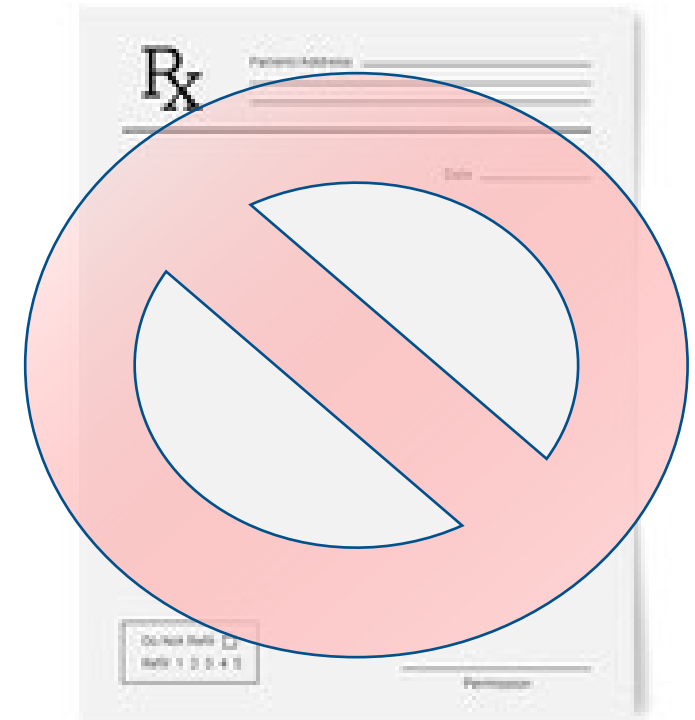
- Understand assessing and addressing anxiety in primary care
- Participants will learn brief treatment interventions appropriate for use with youth presenting with anxiety symptoms
- Increase knowledge re available resources for providers, patients and families that support anxiety treatment

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

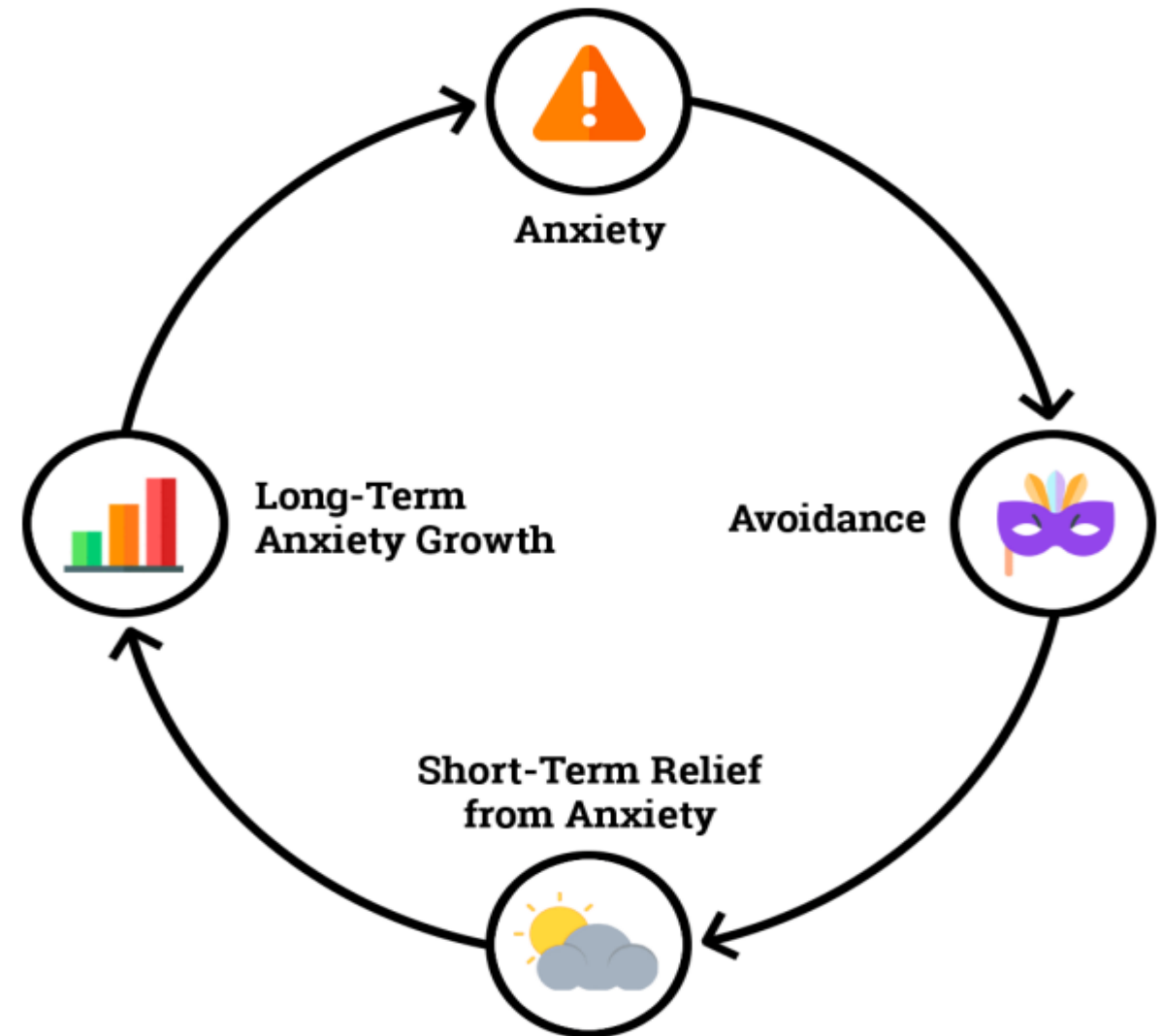


Psychoeducation to patients

- 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

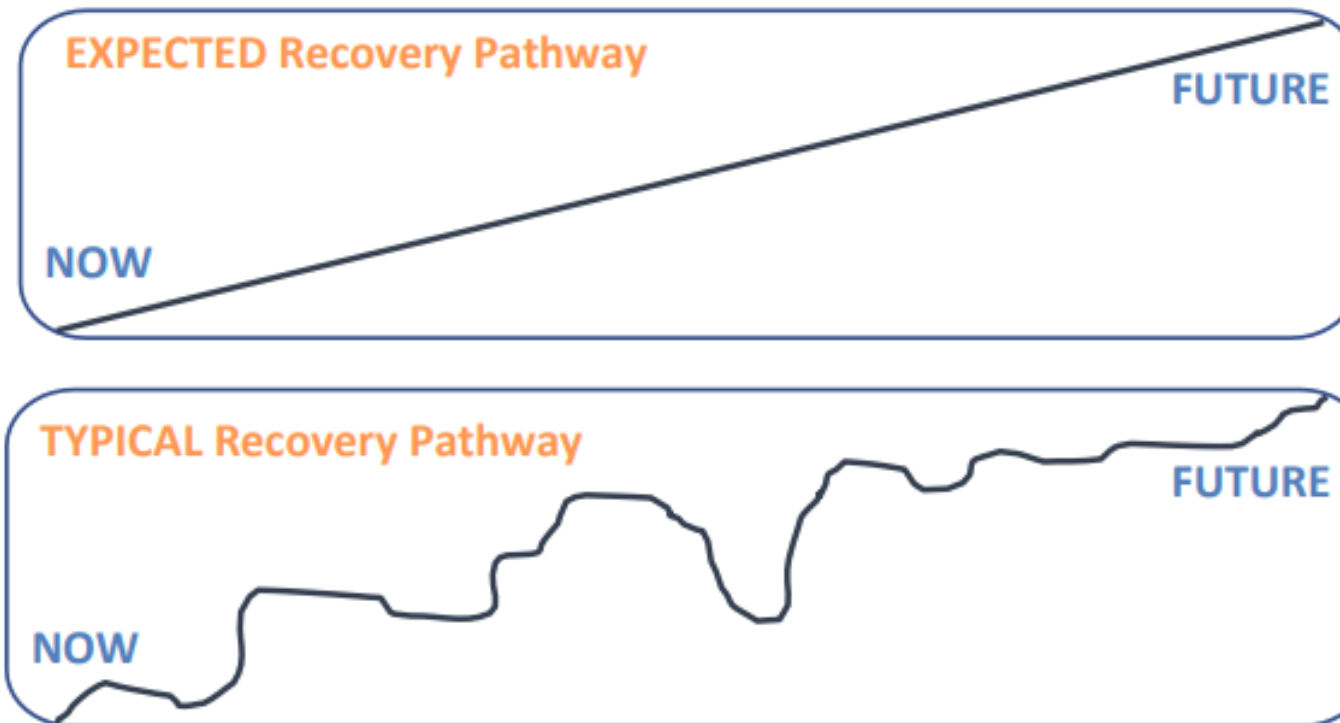
Situation produces anxiety
Anxiety is uncomfortable
Avoid situation to decrease discomfort
Feel relief as anxiety decreases
Fear and anxiety increase
Avoidance behaviors increase



From therapistaid.com

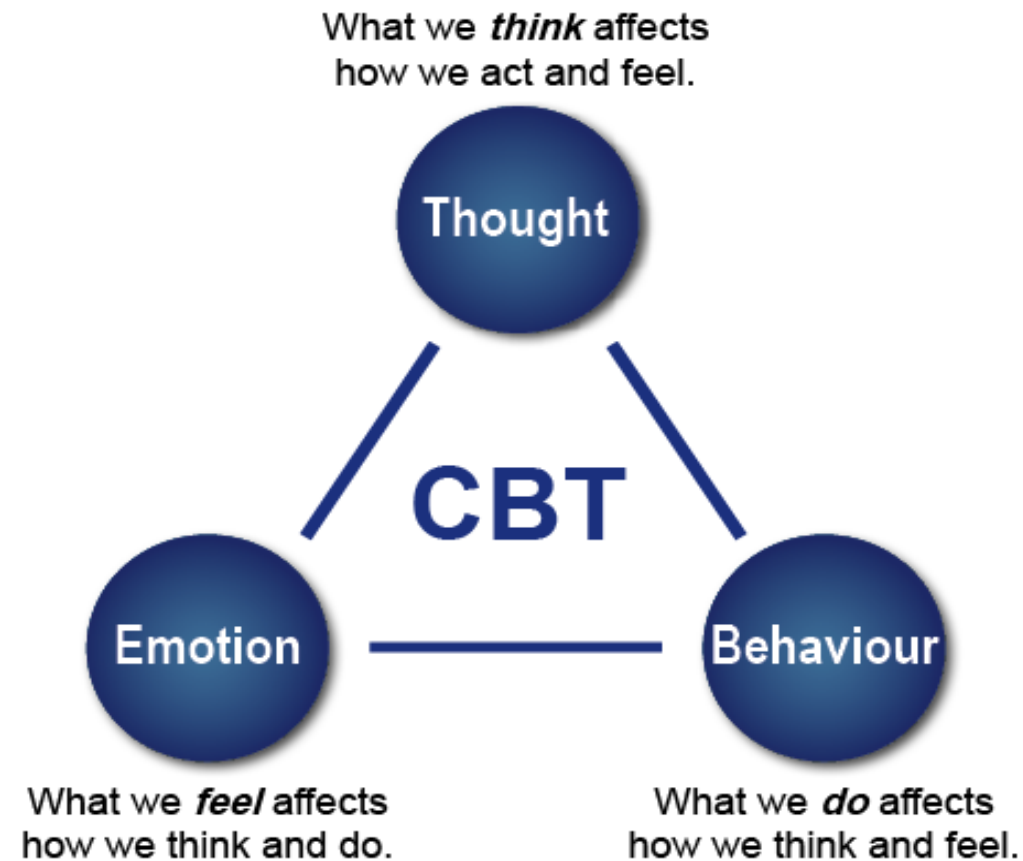
How long will it last (course)

The Pathways of Recovery – Expectations compared to typical recovery



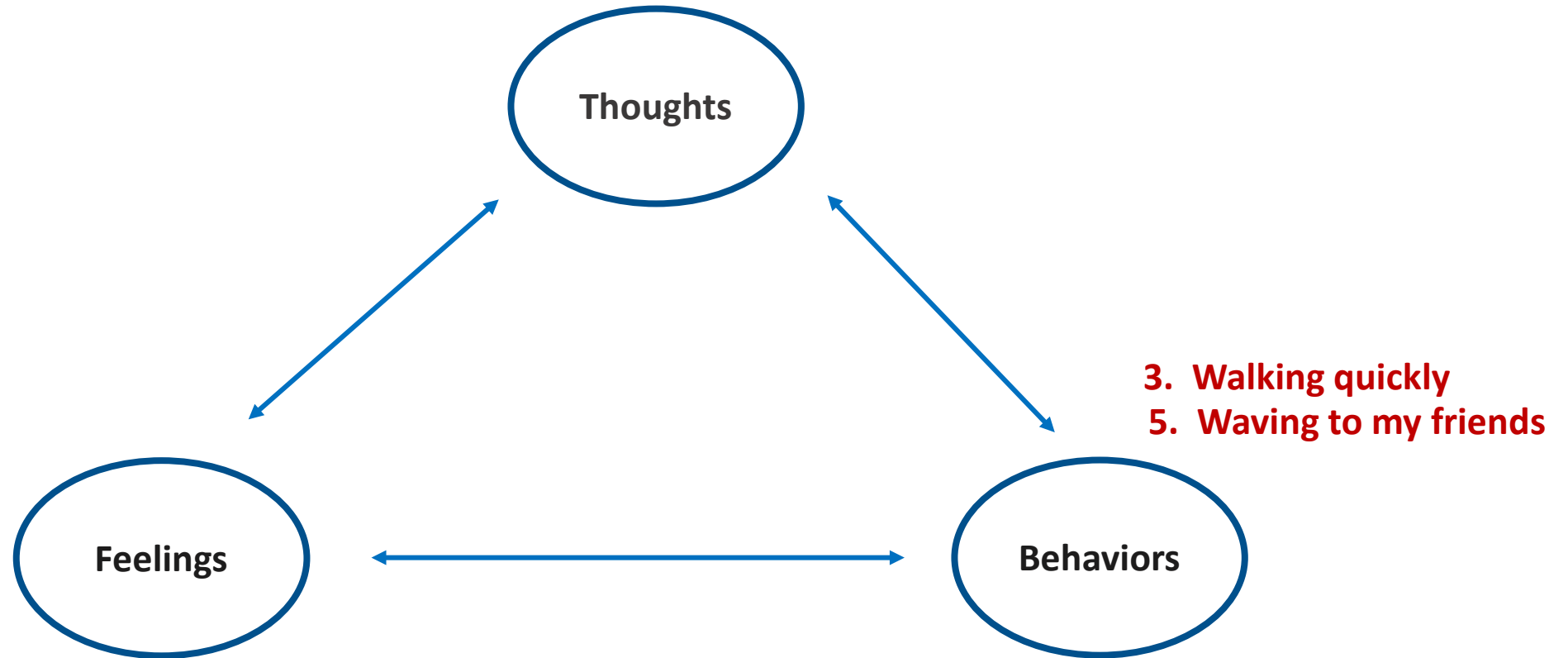
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Pediatric Somatization Family Handbook

What is the CBT Triad?



CBT Triad – positive ex.

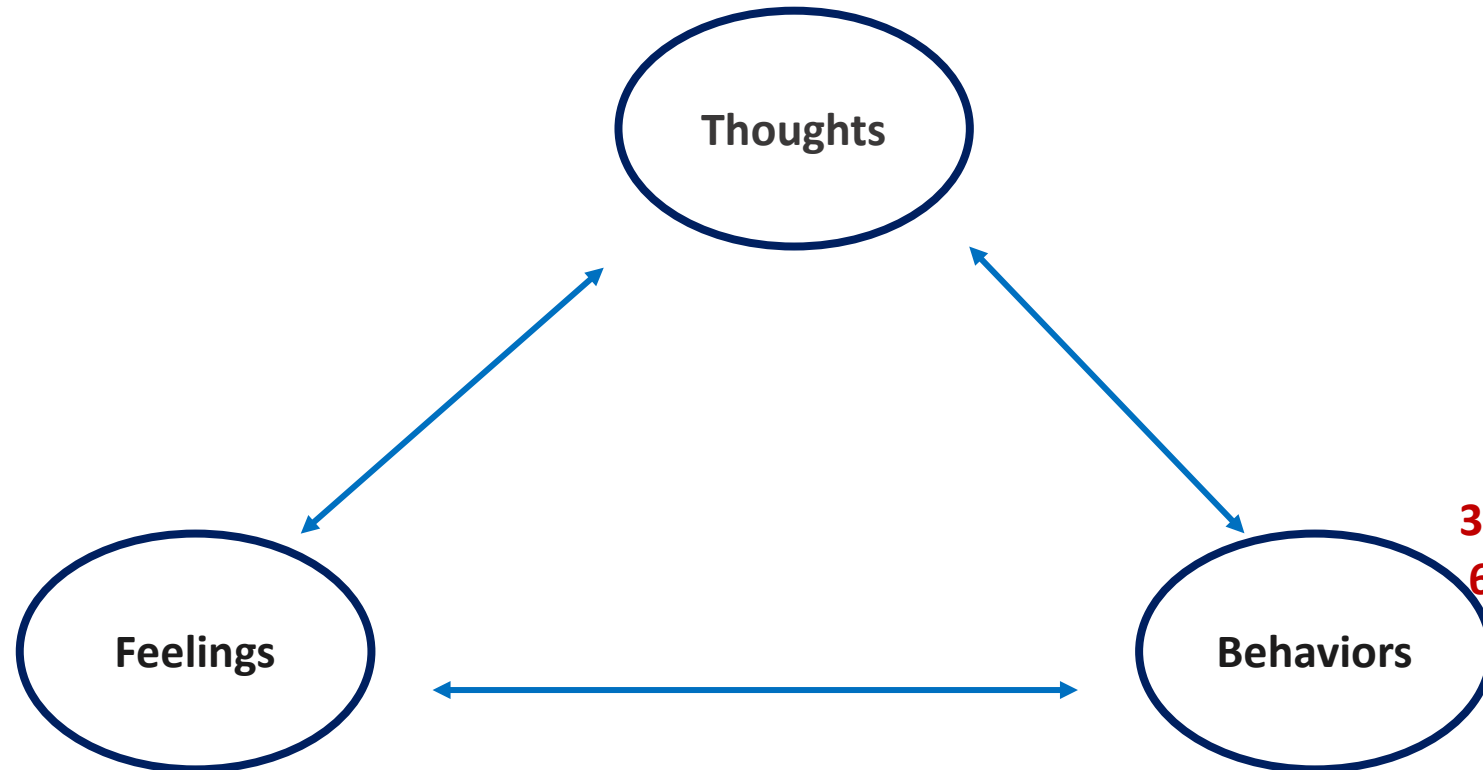
1. I will get to see my friends
4. I see my friends and they smiling; they are happy to see me



2. I feel excited
6. So happy to see them

3. Walking quickly
5. Waving to my friends

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



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

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.

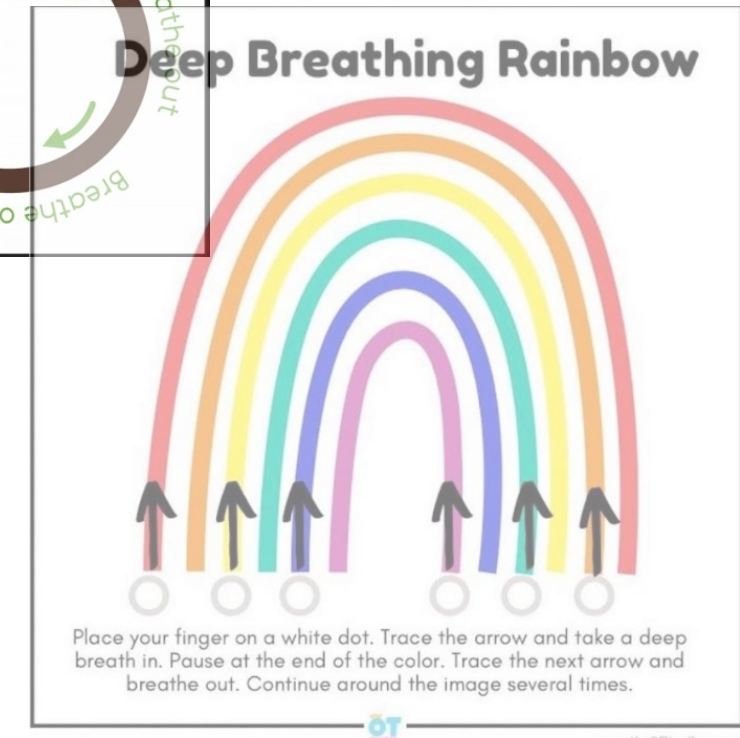
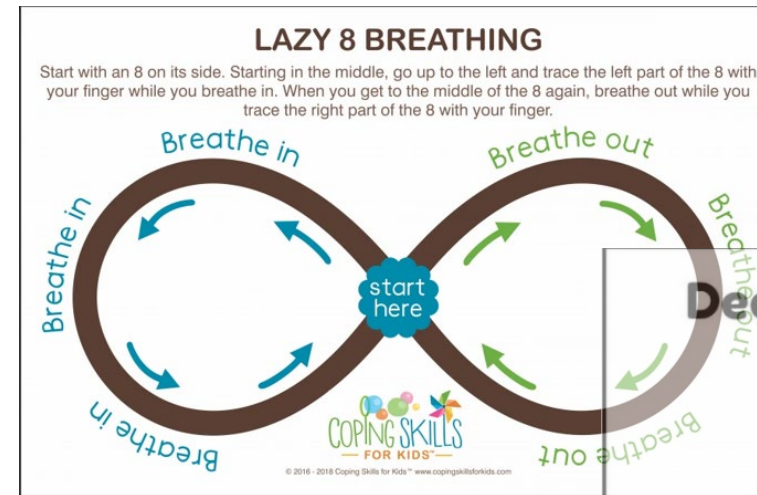
Deep breathing requires breathing in through your nose slowly, filling your belly with air like it's a balloon, and slowly exhaling through your mouth.

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://eddiestern.com/the-breathing-app/>) in apple app/google play app store. Website: <https://students.dartmouth.edu/wellness-center/wellness-mindfulness/relaxation-downloads> (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>
 - U of Mich – GI related - <https://www.uofmhealth.org/conditions-treatments/diaphragmatic-breathing-gi-patients>

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 to 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 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".

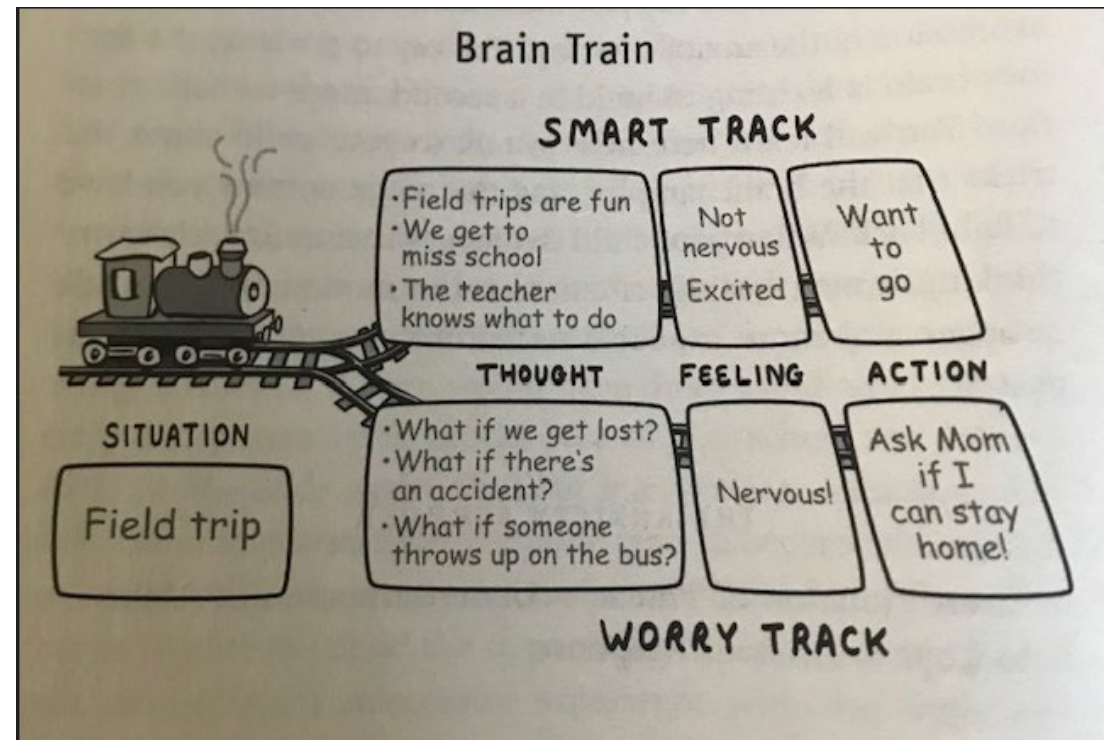
Think Like a Detective

My worry:

Clues my worry is true	Clues my worry is NOT true

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

What are you worried about?

How likely is it that your worry will come true? Give examples of past experiences, or other evidence, to support your answer.

If your worry does come true, what's the worst that could happen?

If your worry does come true, what's most likely to happen?

If your worry comes true, what are the chances you'll be okay...

In one week? _____%

In one month? _____%

In one year? _____%

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?



Randomized Controlled Trial

➤ J Am Acad Child Adolesc Psychiatry. 2020 Mar;59(3):362-372.

doi: 10.1016/j.jaac.2019.02.014. Epub 2019 Mar 7.

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 Lebowitz¹, Carla Marin², Alyssa Martino², Yaara Shimshoni², Wendy K Silverman²

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

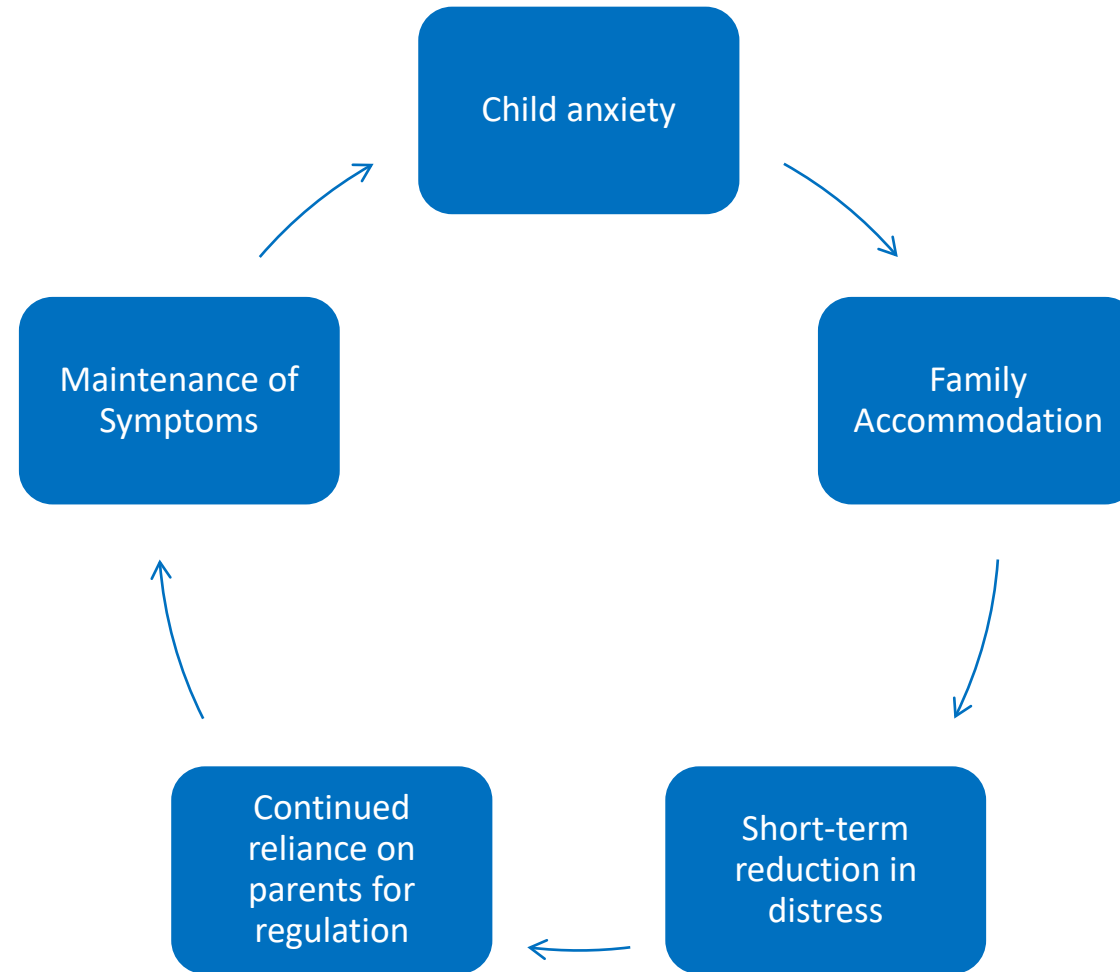
- Associated with more severe impairment for child and family

Thompson–Hollands et al., 2014

- Predicts poor treatment outcome

Kagan et al., 2016; Turner, et al., 2017

Anxiety/accommodation

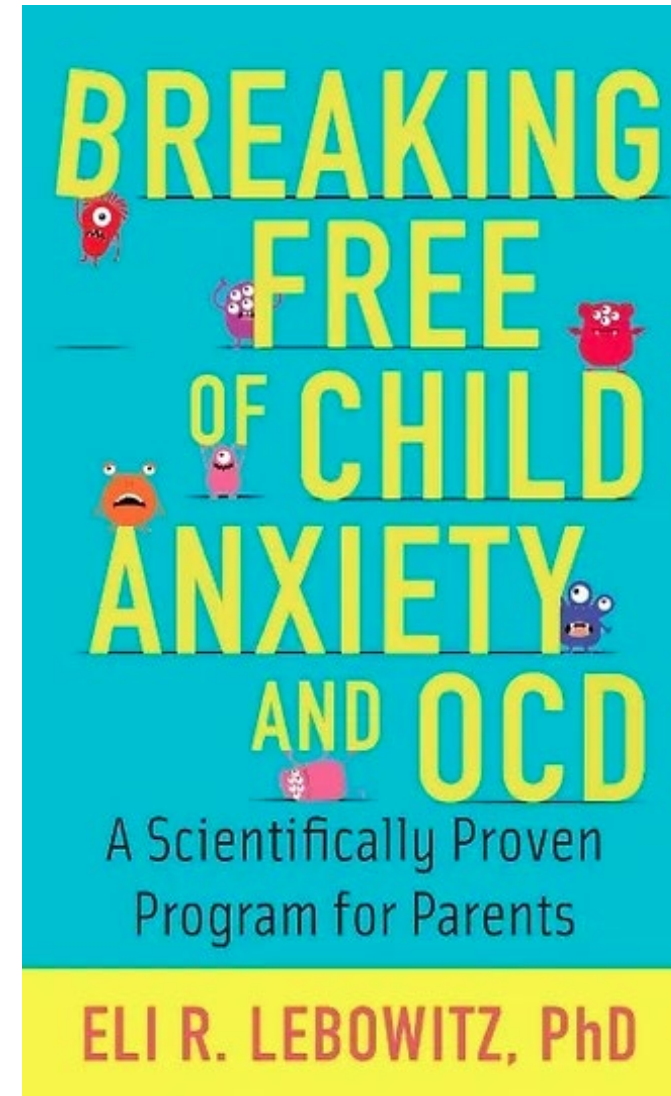
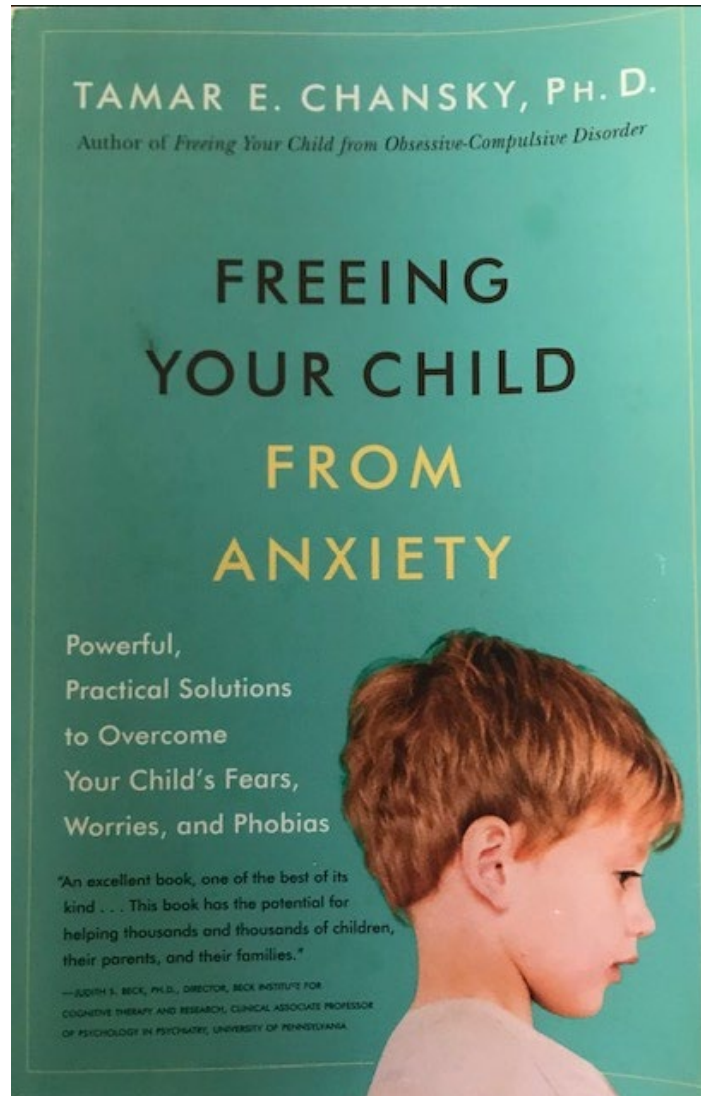


Lebowitz, 2019

Instead of accommodation...



Lebowitz, 2019



Handouts/Resources

- AnxietyCanada.com
- Therapistaid.com
 - <https://www.therapistaid.com/worksheets/cbt-triangle.pdf>
 - <https://www.therapistaid.com/worksheets/cycle-of-anxiety.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)**
[https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC PHQ-9.pdf](https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf)
- **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

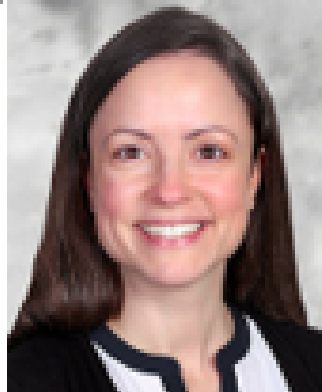
- **MCPAP Guidelines and Clinical Pearls**

<https://www.mcpap.com/pdf/MCPAPGuidelines-Pearls-Book.pdf>

- **Primary Care Principles for Child Mental Health**

<https://www.seattlechildrens.org/globalassets/documents/healthcare-professionals/pal/wy/wy-pal-care-guide.pdf>

Contact information



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ADVANCING INTEGRATED HEALTHCARE

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

Do Not Include PHI

Why did you choose this case?	<i>Med-psych example</i>
What questions do you have for the group?	<i>What is my role as a PCP in building resilience in a child with anxiety? In a family that is feeling overwhelmed?</i> <i>How can I accomplish these goals in a 15-30 minute office visit?</i>

Basic Patient and Family Information

Do Not Include PHI

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

Other Relevant Family Information

Do Not Include PHI

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

Do Not Include PHI

Relevant medical and/or BH conditions, hospitalizations	<p>6# wt loss in the past 5 months (50th -> 25th%) with <i>daily complaints of appetite loss</i>, intermittent <i>generalized abdominal pain</i>.</p> <p><i>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.</i></p> <p>Braces were placed 4 months ago with decreased appetite noted since then. Reports feeling hungry but only will eat bites of meals.</p> <p>Cries 2x/week due to stressors at school. No overt bullying, but “mean girls” drama.</p> <p>Difficulty with sleep initiation, and separating from mom.</p>
Relevant medications or medication hx	None
Relevant lab results	<p>1/2023</p> <p>POS: AXR w/ moderate stool burden</p> <p>NEG: CBC w/ diff, ESR, TTG, IgA, ferritin, CMP, Udip, TSH, fT4</p>
Relevant BH Screening results	None
Relevant SDOH Screening results	Integra Social Health Questionnaire - negative 8/2022

Patient / Family Strengths

Do Not Include PHI

Close-knit family and community - strong social connections and relationships
Optimistic outlook despite adversity
Open conversations about emotions are prioritized
Emphasis on physical activity in team sports
Frequent expressions of empathy and humor

Relevant Psychosocial History

Do Not Include PHI

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

Relevant School Information

Do Not Include PHI

Homeschooled 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?

Do Not Include PHI

Psychoeducation about midline symptoms of anxiety
Constipation management - initiation of miralax. Follow-up in the office 1 month later with stabilization of weight. Initiation of empiric PPI and recheck weight in 1 month.
Referred to Dr. Lebowitz's <i>Breaking Free of Child Anxiety and OCD</i> .
Referred to parent anxiety group led by IBH psychologist.
Plan to refer to individual therapy later in the summer once deductible is met.

Summary & Clarifying Questions



Reasons for Selecting this Case

Do Not Include PHI

Why did you choose this case?	<i>Med-psych case</i>
What questions do you have for the group?	<i>What is my role as a PCP in building resilience in a child with anxiety? In a family that is feeling overwhelmed?</i> <i>How can I accomplish these goals in a 15-30 minute office visit?</i>

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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)

