

Treatment of Anxiety

Clinical Guideline

This guideline supports initial treatment of patients with anxiety and includes information for referral to the Children’s Wisconsin Center for Child Development.

To support collaborative care, we have developed guidelines for our community providers to use when referring to, and managing patients with, the pediatric specialists at Children’s Wisconsin.

These guidelines provide information and recommendations for jointly managing patient care between community providers and our pediatric specialists.

Symptoms/Diagnosis/Causes	Referring provider’s initial evaluation and management	When to initiate or consider referral to Center for Child Development	How to refer and what to send to Center for Child Development	Specialist’s workup will likely include
<p>Signs and symptoms</p> <p>Can vary from child to child and based on age and may include:</p> <ul style="list-style-type: none"> • A tendency to stay close to family and away from activities with others, or to present as “shy” • Lack of confidence in abilities, avoidance of tasks/activities associated with lack of confidence, negative thoughts about self, and feelings of guilt or shame • May display a strong desire to control situations or for situations to play out in a specific manner and become upset when this does not occur. • Inability to stop worrying, frequent concern bad things will happen that extends beyond developmentally appropriate fears and what would be expected in a given situation • Presenting as overly silly, irritable, or dysregulated, with frequent tantrums • Physical symptoms, such as, rapid heartbeat, stomachaches, difficulty sleeping, and fatigue. Sensory sensitivities may also be present. • Difficulty concentrating or restlessness 	<p>PCP/Mental Health Provider’s Evaluation</p> <ul style="list-style-type: none"> • Initiate assessment for any child with symptoms of anxiety, such as those listed in the previous column (e.g., avoidance, frequent worries, dysregulation, etc.). • The assessment should determine if the child’s anxiety is out of proportion to the given situation/setting, outside of developmental expectations, and interfering with child’s functioning, resulting in the need for intervention. <p>PCP/Mental Health Provider’s Assessment</p> <ul style="list-style-type: none"> • Thorough gathering of child’s history of struggles with worries and negative thoughts, challenging behaviors, and other symptoms along with frequency of symptoms and their impact on everyday life. 	<p>Anxiety disorders are best addressed through consistent and intensive therapeutic supports which can help patients shift negative thinking patterns and develop effective coping strategies. If a patient continues to experience significant anxiety after having received such supports, a psychological evaluation may be helpful.</p> <p>Referral for psychological assessment of patient with anxiety after:</p> <ul style="list-style-type: none"> • Patient has consistently engaged in therapy, to treat anxiety, for multiple months (i.e. at least 3 months of therapy with multiple sessions per month). • Patient is taking medication to address anxiety or consulted with prescriber for medication. 	<p>How to refer:</p> <ol style="list-style-type: none"> 1. In Children’s Epic: Place an ambulatory referral to Mental and Behavioral Health and select psychological testing. <ul style="list-style-type: none"> • When unsure if a referral may be appropriate, send an eConsult to CCD for review and feedback. • CMG, may send an eConsult to the Integrated Behavioral Health (IBH) psychologist. 2. External providers: <ul style="list-style-type: none"> • In your instance of Epic - Place an external referral order to CHW MENTAL AND BEHAVIORIAL HEALTH and include psychological testing in the notes/comments. • Fax (414-607-5288) or • https://childrenswi.org/medical-professionals/patient-referral-toolkit/request-an-appointment 	<ul style="list-style-type: none"> • Parent meeting with a psychologist to review patient’s medical, psychological, developmental, and social history. • Completion of parent and teacher/or other informant rating scales. • Standardized tests focused on measuring anxiety and areas of functioning often impacted by anxiety will be administered to the child (may last from 2-4 hours). • Psychologist providing feedback to family regarding test results, diagnosis, and recommendations based on assessment findings.

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Symptoms/Diagnosis/Causes:	Referring provider's initial evaluation and management:	When to initiate or consider referral to Center for Child Development:
<p>Diagnosis</p> <ul style="list-style-type: none"> The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5-TR) outlines 7 different anxiety disorders: <ul style="list-style-type: none"> Separation Anxiety Disorder Selective Mutism Specific Phobia Social Anxiety Disorder Panic Disorder Agoraphobia Generalized Anxiety Disorder The disorders differ from each other based on the objects/situations that elicit anxiety/fear and negative thoughts/beliefs associated with each. It is possible for a child to have more than one anxiety disorder. <p>Causes</p> <ul style="list-style-type: none"> Research suggests a combination of factors play a role in a child having an anxiety disorder. Some of these factors include genetics or heredity and traumatic or stressful life events. In addition to trauma, environmental factors such as family dynamics and societal stressors/ pressures may also contribute to a child's anxiety. 	<p>PCP/Mental Health Provider's Assessment (continued)</p> <ul style="list-style-type: none"> Examination of and interview with the child. Collecting reports of anxiety from parents and child using a standardized and normed measure, such as the GAD-7, SCARED, Preschool Anxiety Scale, or BASC-3. Assessment for medical conditions that may explain symptoms of anxiety, such as hyperthyroidism. <p>PCP/ Mental Health Provider's Management</p> <p>Patients with anxiety that is considered sub-clinical but could benefit from supports to prevent it from becoming significant</p> <ul style="list-style-type: none"> Consider referral to the Positive Parenting Program (Triple P)/FEARless May refer to IBH provider (if through Children's) or other in-clinic behavioral health provider who can supply recommendations on basic coping skills and strategies to manage feelings of worry and challenge negative thoughts <p>Patients with anxiety that is clinically significant (i.e. causing distress and/or interfering with functioning)</p> <ul style="list-style-type: none"> For patients 6 and up psychotherapy (CBT) alone or in combination with medication has been shown to be most effective in treating anxiety. For younger children, psychotherapy that includes parents and provides a high level of parent guidance and support is first tier recommendation. If, after multiple weeks of therapy, poor or partial response to treatment is noted, consideration of medication is recommended. For questions regarding medication, please consult Wisconsin Child Psychiatry Consultation Program (CPCP). 	<p>Referral for psychological assessment of patient with anxiety after (continued):</p> <ul style="list-style-type: none"> PCP has attempted to consult with patient's therapist, to discuss progress in therapy and concerns. Despite these interventions significant struggles remain.

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References

American Psychiatric Association (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>

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Walter H, Bukstein O, Abright R, et al. Clinical Practice Guidelines for the Assessment and Treatment of Children and Adolescents with Anxiety Disorder. *J Am Acad Child Adolesc Psychiatry*. 2020; 59 (10):1107-1124.

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Medical Disclaimer

This Clinical Guideline (CG) is designed to provide a framework for evaluation and treatment. It is not intended to establish a protocol for all patients with this condition, nor is it intended to replace a clinician's judgement. Adherence to this CG is voluntary. Decisions to adopt recommendations from this CG must be made by the clinician in light of available resources and the individual circumstances of the patient. Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children's Hospital and Health System, Inc., nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information.