

# AAP COVID-19 ECHO: Pediatric Emergency Readiness & Response

## ACKNOWLEDGEMENTS

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## LECTURE

# Anxiety and the COVID-19 Pandemic

*Slides created by Carol Weitzman MD, FAAP and Rebecca Baum MD, FAAP*



## LEARNING OBJECTIVES

1. Use COVID-19 as a framework for managing anxiety in the office setting
2. Identify practical strategies to help patients and families in times of stress



## THE GOOD NEWS

- **What we cover today has broad application**
  - presenting symptoms (for anxiety as well as other stressors)
  - delivery method (for face to face, telephone, or video visits)
- **Some children and teens may feel LESS anxious during COVID-19**
  - social and academic pressures may be decreased
  - more time with family

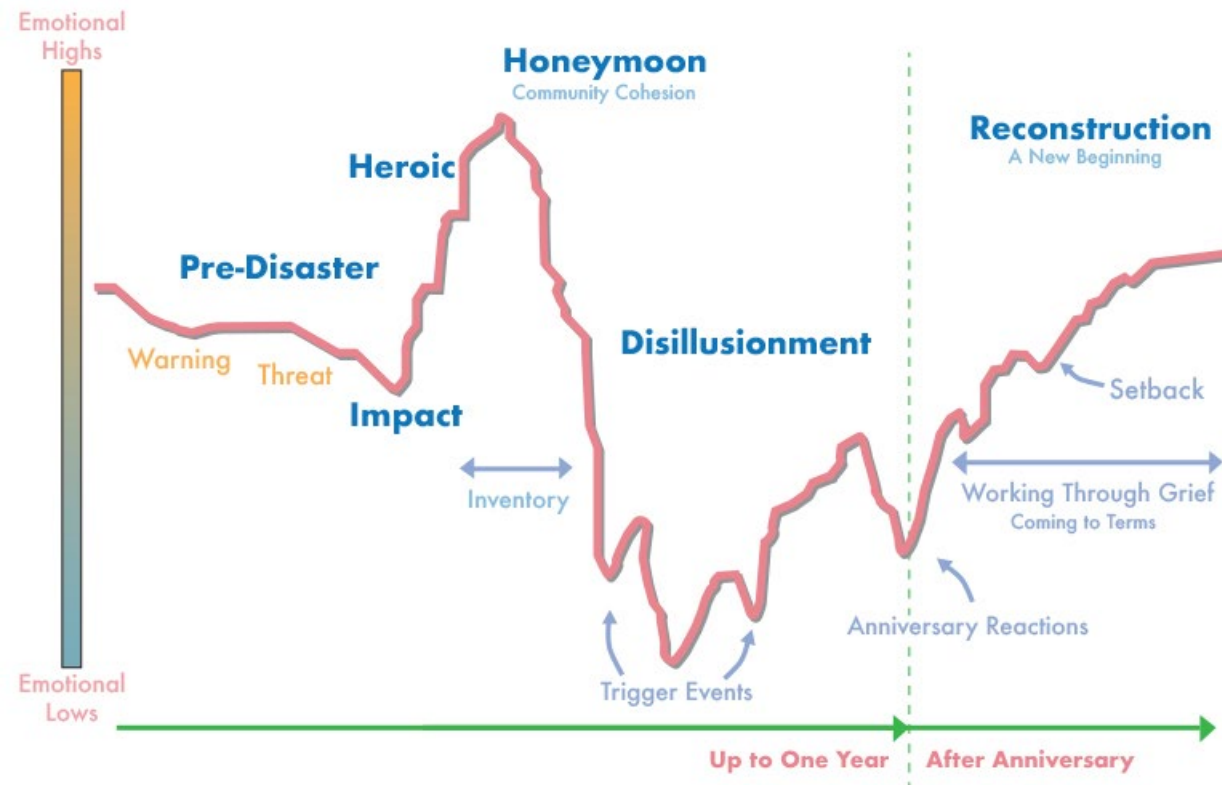


## THE BAD NEWS...AND THE UGLY

- **We can't assume how children and adolescents will respond**
  - Some may experience significant anxiety for the first time
  - Some with previously manageable anxiety may get worse
- **We aren't sure what will happen next...**



# MENTAL HEALTH IN THE CONTEXT OF COVID-19



Adapted from Zunin & Myers as cited in DeWolfe, D. J., 2000. [Training manual for mental health and human service workers in major disasters](#) (2nd ed., HHS Publication No. ADM 90-538). Rockville, MD: U.S. DHHS, SAMHSA, Center for Mental Health Services. Available at: <https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster>

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# OVERVIEW OF ANXIETY



Anxiety is influenced by genetics and environment



Anxiety is common and can be adaptive



Anxiety disorders occur when anxiety interferes with functioning and/or causes significant distress

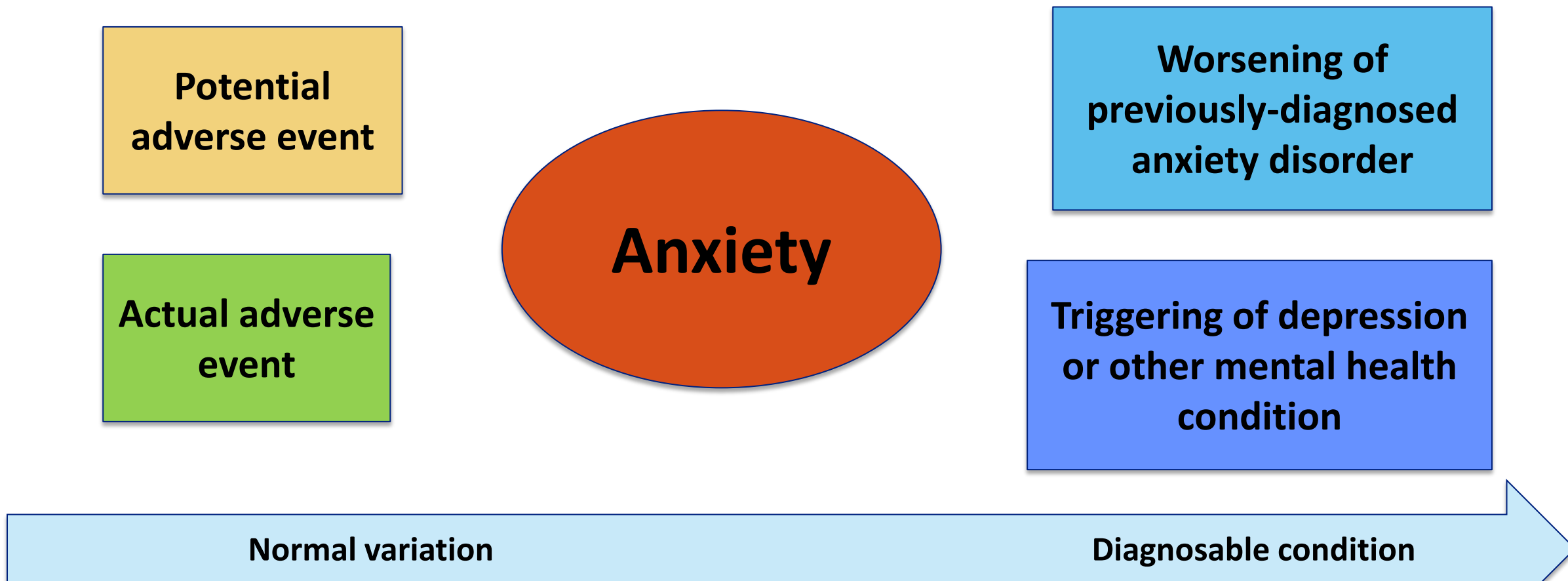


# ANXIETY IS COMMON IN CHILDREN AND ADOLESCENTS

- Most common mental health condition by lifetime prevalence
  - Lifetime prevalence 25-32%
  - 7.1% of children and adolescents 3-17 years
  - Increasing: 5.4% in 2003 → 8.4% in 2011–2012
- Can be chronic and persistent
  - Earlier treatment improves long-term outcome
  - Only approximately 59% receive treatment (less than depression)



# ANXIETY DURING COVID-19



## WHAT CAN I DO TODAY?

1. Start by asking how things are going
2. Find out what's most important to the patient/family
3. Pick a strategy to practice



## IDENTIFICATION

- **Have a low index of suspicion**

- Start with an open-ended question, then get more information
  - Example: “This has been a hard time for people...how are things going for you?”
- Consider CHANGES in emotional, behavioral, and physical symptoms
  - Avoiding or refusing to do things, asking questions repeatedly, irritability or anger
  - Trouble with separation
  - Disturbances in sleep or eating patterns
  - Somatic complaints – headaches, stomachache, etc.
- Remember the importance of development
  - Example: “Has anything bad or scary happened to you or your family?”



# COMMON FACTORS—OUR SUPERPOWERS!

H

**Hope:** for improvement, identify strengths

E

**Empathy:** listen attentively

L<sup>2</sup>

**Language:** use family's language, check understanding

**Loyalty:** express support and commitment

**Permission:** ask permission to explore sensitive subjects, offer advice

P<sup>3</sup>

**Partnership:** identify and overcome barriers

**Plan:** establish plan or at least a first step family can do



## SAMPLE RESPONSES

- “Wow...I’m impressed that you’ve really been managing a lot. What do you think is the most important thing to tackle next?”
- “What one thing could we work on that would help you feel better right away?”

***--Solutions-focused therapy***



## CHECK IN ON FAMILY WELLNESS

- How are the adults in the home doing?
  - What do you need? Are you managing ok?
  - Offer to check-in again
- How high is parental stress?
- Are there new financial stressors?
- Are basic needs being met?
- Has COVID-19 touched the family directly?





# GENERAL STRATEGIES FOR FAMILIES

- Talk openly, simply and honestly
- Use every day opportunities to model and talk about feelings
- Keep in touch with family supports
- Offer hope for the future
- Be ready to provide more attention and affection when needed
- Structure the day around a regular routine
- Find new activities...or carve out time for old ones

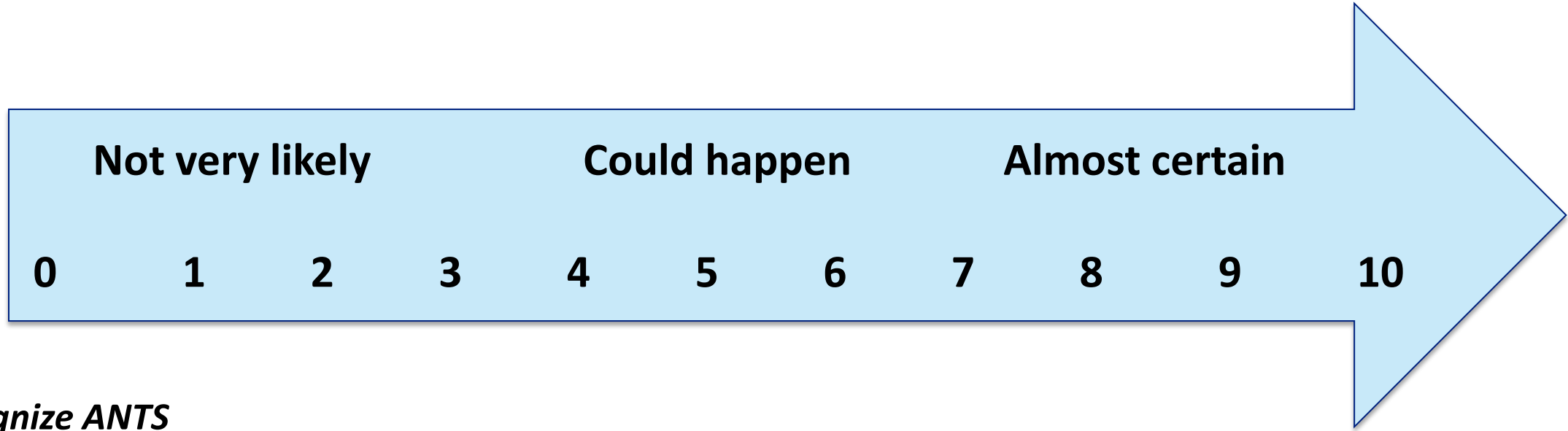
Resources: *infants, adolescents, and all ages* ([here](#), [here](#), and [here](#))



## STRATEGIES FOR MANAGING ANXIETY

Intervention	Description
<b>Psychoeducation</b>	Anxiety is common; often occurs in families; is treatable; is associated with physical symptoms
<b>Behavioral activation</b>	Practice healthy habits; set goals that increase enjoyment or confidence
<b>Behavioral rehearsal</b>	What triggers anxiety? Practice new responses
<b>Cognitive/coping skills</b>	Recognize Automatic Negative Thoughts (ANTS); practice positive self-talk; use relaxation techniques

# HOW LIKELY IS IT THAT SOMETHING BAD WILL HAPPEN? (HOW MUCH SHOULD I WORRY?)



***Recognize ANTS***

***Practice positive self-talk***

***Discuss strategies in place for staying safe***

***Identify supports***

***Encourage open communication***

***Engage mental health resources***

## CHECK IN ON YOUR OWN WELLNESS

- How are you doing?
  - What do you need? Are you managing ok?
- Acknowledge when you're having a hard time
  - It's OK to ask for help
  - How you're doing may change over time
- Identify and use your supports
- Set reasonable expectations for yourself about how you can help



## BE A LIFELINE FOR KIDS AND FAMILIES

1. Check in
2. Help make sense of the child's symptoms
3. Provide support and intervention



# AAP RESOURCES

- Policies
  - Promoting Optimal Development: Screening for Behavioral and Emotional Problems ([CR](#))
  - Mental Health Competencies ([PS](#) and [TR](#))
- Books/toolkits
  - [Mental health Care of Children and Adolescents](#)
  - [Developmental and Behavioral Pediatrics](#)
  - [Pediatric Psychopharmacology for Primary Care](#)
  - [Mental health toolkit](#)
- Courses
  - [Developmental-Behavioral Pediatrics Course](#) (December 2-6, Atlanta, GA)
  - [Diagnosis and Treatment of Common Pediatric Mental Health Disorders](#) (to be rescheduled)



# AAP RESOURCES

- Webinars
  - [Addressing family mental health needs](#)
  - [Talking to and supporting children during the pandemic](#)
- Mental Health Minutes Series (begins week of 6/1)
- [Mental health residency curriculum](#)
- [Mental health initiatives webpages](#)
- Family resources from HealthyChildren.org
  - [Mental health during COVID-19](#)
  - [Parenting in a pandemic](#)
  - [Understanding childhood fears and anxieties](#)
  - [Anxiety in teens is rising: What's going on?](#)
  - [Anxiety disorders and ADHD](#)



# QUESTIONS

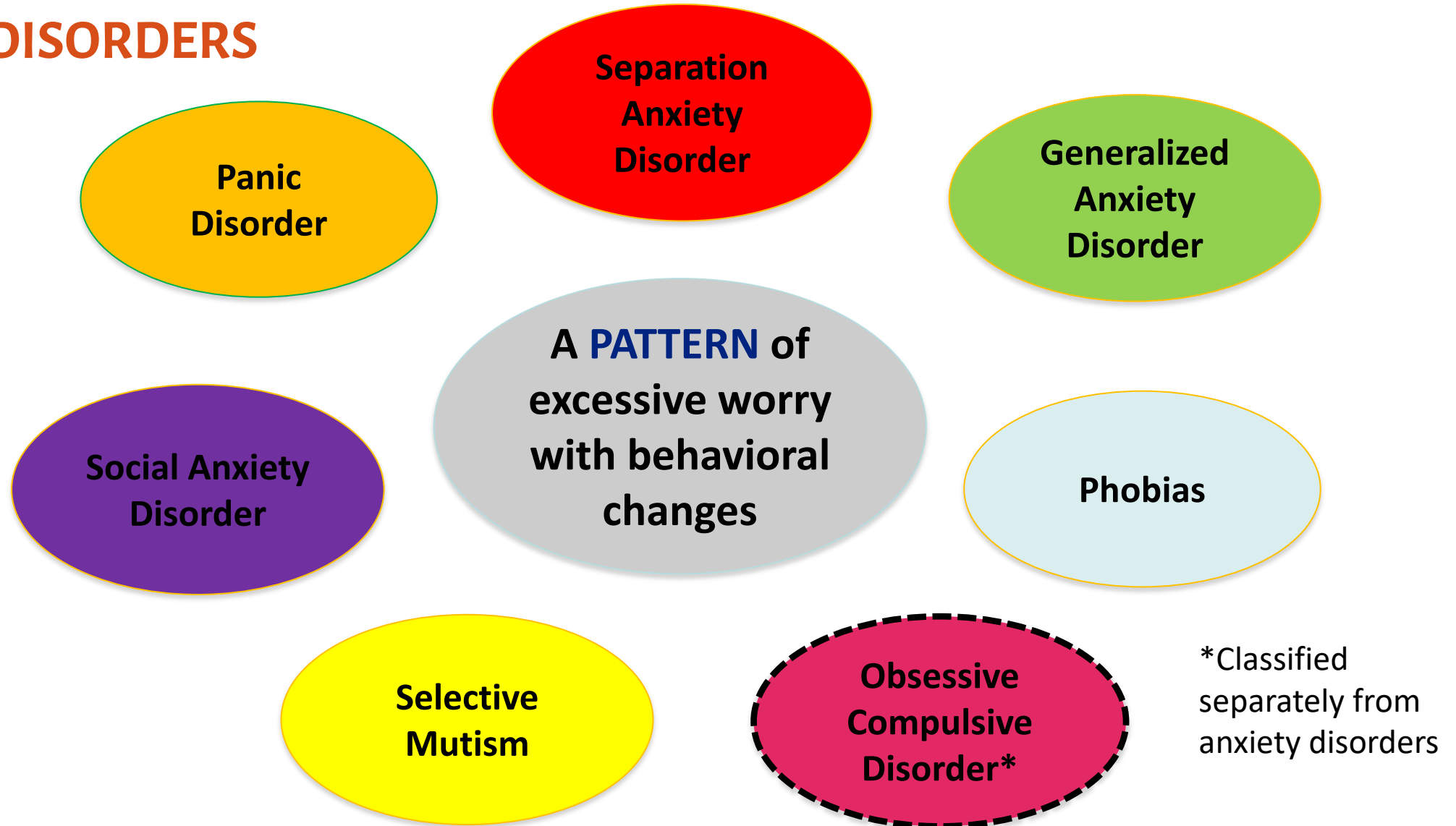
- Please email [COVID-19@aap.org](mailto:COVID-19@aap.org)





# **APPENDIX**

# ANXIETY DISORDERS



APA. DSM-5. 2013.

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## SCREENING TOOLS FOR ANXIETY

### Broad-band screening tool

- Assesses a wide range of emotional/behavioral symptoms
- Example: Strengths and difficulties questionnaire (SDQ)

### Disorder-specific “screening” tool

- Assists with diagnostic clarification
- Can also be used to monitor symptoms
- Example: SCARED

## DEVELOP OR STRENGTHEN COPING STRATEGIES

- Practice mindfulness
- Several tools are available to help (see examples below)
  - [Headspace for Kids](#)
  - [Monster Meditation](#)



## BE READY FOR EMERGENCIES

- Have a crisis plan in place
- Know your resources
- Identify the level of risk and act accordingly

1. In the past few weeks, have you wished you were dead? When?  
 Yes  
 No \_\_\_\_\_  
\_\_\_\_\_


2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  
 Yes  
 No \_\_\_\_\_  
\_\_\_\_\_

3. In the past week, have you been having thoughts about killing yourself?  
 Yes  
 No

4. Have you ever tried to kill yourself?  
 Yes  
 No  
If yes, how? \_\_\_\_\_

5. Are you having thoughts of killing yourself right now?  
 Yes  
 No

**If the patient answers yes to any of the above...**

  
**Ask Suicide-Screening Questions**

## CONSIDERING MEDICATION

- Significant impairment or distress
- Recurrent or persistent symptoms
- Inability to access psychosocial interventions



# MEDICATION OPTIONS



US Food and Drug Administration Indications



Obsessive Compulsive Disorder (OCD)

Sertraline: age  $\geq 6$  years

Fluoxetine: age  $\geq 7$  years



Generalized Anxiety Disorder (GAD)

Duloxetine (Cymbalta<sup>®</sup>): age  $\geq 7$  for GAD

Less favorable side effect profile; consider “second line”

<b>SSRI</b>	<b>Starting Dose, mg</b>	<b>Increments, mg</b>	<b>Effective Dose, mg</b>	<b>Maximum Dose, mg</b>
Fluoxetine	10	10-20	20	60
Sertraline	12.5-25	12.5-25	50	200
Escitalopram	5-10	5	10	20

Modified from:  
 Cheung. Pediatrics. 2018.  
 Riddle. Pediatric Psychopharmacology in Primary Care. 2015.

