

Diagnosing Depression and Anxiety in Pediatric Primary Care

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Overall Goals and Objectives

- **Part I: Identification of Depression and Anxiety**
- **Part II: Depression & Anxiety Interventions in Primary Care**
 - Non-pharmacologic treatment
 - Pharmacologic treatment
 - Understanding how to initiate care
- **Part III: Pulling it All Together**
 - Evaluating risks/benefits for pharmacologic vs. non-pharmacologic interventions
 - Providing rational interventions

Part I: Objectives

- Understand the **incidence/prevalence** of depression and anxiety in childhood/adolescence.
- Understand common **risk factors** for the development of depression and anxiety.
- Understand **comorbidities** of depression and anxiety.
- Understand how to systematically **identify** children and adolescents with depression and anxiety in your pediatric office.
- Use of **screening tools** to aide in identification of children and adolescents with depression and anxiety disorders

Depression

"I'm fine."

Feeling

I'm

Nothing

to **E**veryone



Depression: Incidence/Prevalence

- In 2015, **30%** of H.S. students reported feeling sad or hopeless in the previous 12 months (CDC, 2016)
- **20%** of teens will become clinically depressed prior to adulthood
- **5-10%** of teens have sub-syndromal symptoms
- 2% of children and 4-8% of teens are depressed at any one time (AACAP, 2007)
- Female to male ratio is 1:1 for children and 2:1 for adolescents
- Point prevalence for adolescents with depression being seen in primary care is up to 28% (GLAD-PC:II, 2007)

Depression: Risk Factors

- **Family history** of depression, mood disorders
- **Personal history** of depression
- Other **psychiatric disorders** (anxiety, externalizing disorders)
- **Substance use**
- **Trauma**
- Psychosocial adversity
- Chief complaint of emotional problem
- Medical/Chronic Illness
-

(AACAP, 2007)

Depression: Duration and Recurrence

- A teen depressive episode usually lasts **8+ months**
- 20-60% recurrence 1-2 years after remission
- 70% recurrence after 5 years
- Recurrence can persist throughout life

(AACAP, 2007)



Depression: Co-morbidity

- Depressed teens have higher rates of:
 - Risky sexual behavior
 - Physical illness and complaints
- Depressed teens have lower rates of:
 - Satisfaction in relationships
 - Attending higher education
- Up to **50%** have 2 or more **co-morbid** psy diagnoses (anxiety, dysthymia, substance use disorders, ADHD, disruptive disorders) (AACAP, 2007)



Depression & Suicide

- **Untreated** depression is the **number one** cause of suicide
- Over **90%** of children and teens who complete suicide have a **mental health diagnosis** (Mental Health: A Report of the Surgeon General)
- In 2015, H.S. students (CDC, 2016)
 - reported seriously contemplating suicide
- **18%**
 - attempted at least once (in the preceding 12 months)
- **9%**
- Suicide is the **#2** cause of death in the U.S. in those 10-24 years-old (NCHS)

Depression: A Range of Disorders

- Major Depressive Disorder
- Persistent Depressive Disorder (Previously: Dysthymia)
- Other Specified Depressive Disorder
- Adjustment Disorder
- Disruptive Mood Dysregulation Disorder
- Bipolar Disorder



Depression: Assessment with SIG-E-CAPS

- Depressed and/or irritable mood
PLUS....
- Sleep disorder
- Interest deficit (anhedonia)
- **G**uilt (worthlessness, hopelessness, regret)
- Energy deficit
- **C**oncentration deficit
- **A**ppetite changes
- **P**sychomotor agitation or retardation
- **S**uicidality



DSM 5 Criteria: Major Depressive Disorder

- 1. Sad, down, negative mood, empty feeling, hopelessness, irritability in children
- 2. Anhedonia, decreased interest or loss of pleasure
- 3. Changes in sleep
- 4. Changes in appetite
- **Irritable**, easily frustrated, argumentative. Focused on negative events, interprets events as negative, discounts positives. "I don't care" attitude
- Not enjoying or quitting activities; Subjective report or observed by others
- May sleep/eat more or less.

DSM 5 Criteria: Major Depressive Disorder

- 5. Decreased concentration, decisiveness
- 6. Psychomotor agitation or retardation, observable by others
- Easily swayed by others, changes mind, may question if developed ADHD, amotivation
- Complaints of feeling agitated, noted pacing/ increased negative energy, or "couch potato", amotivation

DSM 5 Criteria: Major Depressive Disorder

- 7. Complaints of fatigue or decreased energy
 - 8. Feelings of worthlessness or excessive/inappropriate guilt
 - 9. Death wish, suicidal ideation
- Regardless of increased or decreased sleep
 - Negative about self, low self esteem, may feel responsible for events out of their control, discount positives and focus on negatives
 - May think family would be better off without them for fleeting moments or chronically think life isn't worth it, want to hurt self but no plan, or have a plan, and/or intent

Depression: Developmental Issues

Pre-pubertal Children

- Increased somatic complaints
- Psychomotor agitation
- Mood-congruent hallucinations
- School refusal
- Phobias, separation anxiety, increased worry

Adolescents

- Irritability
- Apathy: "I don't care" attitude
- Low self esteem
- Aggression / antisocial behavior
- Substance abuse
- Can give a reliable and detailed history

Other Specified Depressive Disorder

- Depression but less than 5 symptoms
- Diagnosis = "Other Specified Depressive Disorder"



DSM 5 Criteria: Persistent Depressive Disorder

- Depressed mood or irritability
- 2+ other symptoms of depression
- Present for at least one year
- Never been without the symptoms for more than 2 months



DSM 5 Criteria: Adjustment Disorders

- The development of emotional or behavioral symptoms in **response to an identifiable stressor(s)** occurring within 3 months of the onset of stressor(s).
 - With depressed mood
 - With anxiety
 - With mixed anxiety and depressed mood
 - With disturbance of conduct
 - With mixed disturbance of emotions and conduct
- **Out of proportion** AND impacts functioning
- Does not persist for more than 6 months after stressor resolves.
- Not another mental disorder
- Not normal bereavement



Bipolar Disorder

- Expansive **mood**, tantrums that we could not replicate in terms of **energy** and duration. Behaviors not specific to home.
- Appear and feel energetic and overly confident, feel special, risk taker
- Talk rapidly, loudly, racing thoughts
- Increased goal-directed activity. Work / activities completed creatively, but disorganized
- Sexually preoccupied, uninhibited
- Decreased need for sleep
- A Change!!!!

DSM 5 Criteria: Bipolar Disorder

- DSM 5 criteria:
 - Elevated mood + 3
 - Irritable mood + 4
 - Mania: 1 week
 - Hypomania: 4 days
- Distractibility
- Irresponsible behaviors, Inhibition is decreased
- Grandiosity (increased pleasurable activities)
- Flight of ideas
- Agitation or increased goal directed Activity
- Sleep
- Talkative (increased)



DSM 5 Criteria: Disruptive Mood Dysregulation Disorder (DMDD)

- Severe, recurrent **temper outbursts**. Out of proportion.
- Inconsistent with developmental level
- **3+ times/week**
- Mood in between outbursts is persistently **irritable** or angry almost every day AND observed by others.
- Symptoms last for **12+ months** with no more than 3 months without symptoms.
- Symptoms occur between ages 6-10.
- CANNOT be co-morbid with ODD or bipolar disorder.
- If it occurs exclusively during depressive episode
- then it is depression.



Differential Diagnosis

- **Bipolar Disorder**
- **Drug and Alcohol Abuse:** Depressive symptoms occur in context of use
- **ADHD:** May occur co-morbidly with depression. Note specifics of low self esteem, concentration, amotivation
- **Adjustment Disorder:** If meets criteria for depression, diagnose it
- **Persistent depressive disorder:** May occur co-morbidly with depression (rare diagnosis)

Additional Differential Diagnosis to Consider...

- **Thyroid:** check growth and development, family history, low threshold
- **Anemia** (complaints of fatigue, irritability, diet concerns): check CBC
- **CMP:** general work-up
- **Obstructive Sleep Apnea:** noted abnormal snoring
- **Adverse medication reaction:** prescribed and non-prescribed

Responsibilities of Primary Care Provider



- Identify and screen those at risk
- Evaluation for depression, basic differential diagnosis, co-morbid disorders
- Use behavioral screens
- Perform risk assessment, complete a safety plan
- Perform psycho-educational , supportive counseling
- **Refer as needed**
- Establish responsibilities/roles of the provider, patient, family
- Schedule follow-up appointment and goals

PHQ-9

- **Wide spread testing** in primary care
- **Self-report** forms
- Exclusive for **depression**
- **5 minutes** to complete, seconds to score
- **Public** availability
- Accepted as a **gold standard** for adolescents
- Significant score is **11** or greater (15 increases specificity)
 - Always note questions about lethality!

	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				
In the past year have you felt depressed or sad most days, even if you felt okay sometimes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people? <input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult				

Has there been a time in the past month when you have had serious thoughts about ending your life? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you EVER , in your WHOLE LIFE , tried to kill yourself or made a suicide attempt? <input type="checkbox"/> Yes <input type="checkbox"/> No

Mark

- 15 year old honors student brought by parents to your office because of increased irritability. Since a break-up 8 months ago, he has been withdrawing to his bedroom to play Microsoft Kinect every night, even reluctant to go out with friends. He is angry around family. He still appears to enjoy himself when he is out at social events, but doesn't want to sign up for baseball, stating that he isn't good enough.



Mark

- 15 year old honors student brought by parents to your office because of increased **irritability**. Since a break-up 8 months ago, he has been **withdrawing** to his bedroom to play Microsoft Kinect every night, even **reluctant to go out with friends**. He is **angry** around family. He still appears to enjoy himself when he is out at social events, but **doesn't want to sign up for baseball**, stating that he isn't good enough.



What else do you
want to want to
know to make the
diagnosis?

What else do you want to know?

- He isn't sleeping well.
- Tired all the time, low energy
- Feels like he can't do anything right
- Has lost 5 pounds recently due to decreased appetite.
- Symptoms present for the past 8 months but seem to be getting worse over the last 4 weeks.
- If he is still enjoying himself at social events, can he be depressed?
- **What is the diagnosis?**

What is the diagnosis?

- Major Depressive Disorder
- Persistent Depressive Disorder
- Other Specified Depressive Disorder
- Adjustment Disorder
- Disruptive Mood Dysregulation Disorder
- Bipolar Disorder

Anxiety Disorders



Oh, god... these tights
are too tight. I think I'm
gonna die!!
|



ANXIETY GIRL!
Able to jump to the worst conclusion
in a single bound!

Anxiety: Incidence/Prevalence

- Fear and worry is **common** in children
 - Need to distinguish what is developmentally appropriate
- One of the most common behavioral disorders
- Affects **6-20%** of children (AACAP, 2007)

Anxiety: Incidence/Prevalence

- High rates of **co-morbid conditions** (more than one anxiety disorder, depression, substance use, ADHD)
- **Physical** illness/complaints
- Educational underachievement
- Low **self-esteem**
- Poor independent problem solving

Anxiety: Risk Factors

- Genetics
- Environment
- Trauma
- Chronic Illness

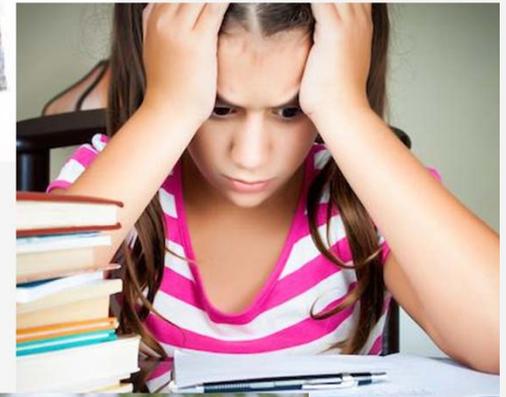


DSM 5 Anxiety Disorders

- Generalized Anxiety Disorder
- Social Anxiety Disorder
- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
 - Animal, natural environment, blood-injection-injury, situational, other
- Panic Disorder
 - Vs. panic attack specifier
- Other Specified Anxiety Disorder
- Also consider: Somatoform Disorder, OCD

Anxiety: Developmental Issues

- Preschool=predominantly separation
- School age=worries decrease for separation and focus on performance
- Adolescents=worries of peer acceptance



DSM 5 Criteria: Generalized Anxiety Disorder

Diagnostic Criteria

- Essential feature is excessive worry (apprehensive expectation, fear of the future) more days than not **for at least 6 months**
- Worries are difficult to control

Clinical Pearls

- These kids can worry about the fact that they worry.
- If they've had it their whole life they might not see it as a problem, even though their entire family alters their life to help

DSM 5 Criteria: Generalized Anxiety Disorder

Diagnostic Criteria

- In children, must have one of the following:
 - c/o restlessness
 - easily fatigued
 - **difficulty concentrating**
 - irritability
 - muscle tension
 - sleep disturbance

Clinical Pearls

- Be alert for this diagnosis when a child and/or family is concerned about ADHD but the teacher reports only minimal inattentive symptoms.
- Teachers often love these kids.

GAD: Assessment

- **Most common** anxiety disorder diagnosis
- **Screening questions**
 - Would you describe yourself as a worrier?
 - Ask the kid or parents about bedtime.
 - “What if” questions
 - Give examples of common worries—th weather, robbers, grades, terrorism, health concerns.
 - Ask teens if they worry about their future



DSM 5 Criteria: Social Anxiety Disorder

Diagnostic Criteria

- Anxiety caused by exposure to a feared social situation
 - Exposed to scrutiny
 - Must include **peer settings**
 - Fear of embarrassment/rejection by peers
- Attempt to avoid social situations or endure at great distress
 - Children may cry, tantrum, freeze, or shrink from the exposure
- Symptoms present **for at least 6 months**

Clinical Pearls

- May take a bad grade or skip school in order to avoid situation.
- Doesn't mean that they are not social...**they must have some age appropriate friendships.**
- Will overuse texting/internet for communication

SAD: Assessment

- Would you describe yourself as shy?
- When you are around your peers, do you worry about saying the wrong thing? Getting embarrassed?
- Will you raise your hand in class?
- Will you order food at a restaurant?



DSM 5 Criteria:

Separation Anxiety Disorder

- **3+** of the following symptoms are present:
 - Distress with separation or anticipated separation
 - Worry about **losing** caregiver or **harm** coming to them
 - Illness, injury, disasters, death
 - Worry of untoward event causing separation
 - lost, kidnapped, illness
 - **Physical complaints** w/ separation or anticipated separation
 - Headaches, stomachaches. Sunday nights.
 - Persistent **reluctance to leave home** because of fear of separation
 - Persistent reluctance to **sleep** away from home or sleep without having caregiver near
 - Repeated **nightmares** of separation

DSM 5 Criteria: Separation Anxiety Disorder

- Onset from preschool until 18 years of age
- Duration **at least 4 weeks**
- Developmentally inappropriate worry related to separation from home or to whom one is attached



Separation Anxiety Disorder: Assessment

- Questions more so for parents but sometimes children have good insight.
- Ask about difficulties separating in general. Start with younger years—preschool, school age.
- Ask how they did in preschool/kindergarten separating from parents
- Where do they sleep? Do they sleep alone?
- Will they go on overnights/sleepovers?
- History of separation anxiety increases risk of other anxiety disorders.

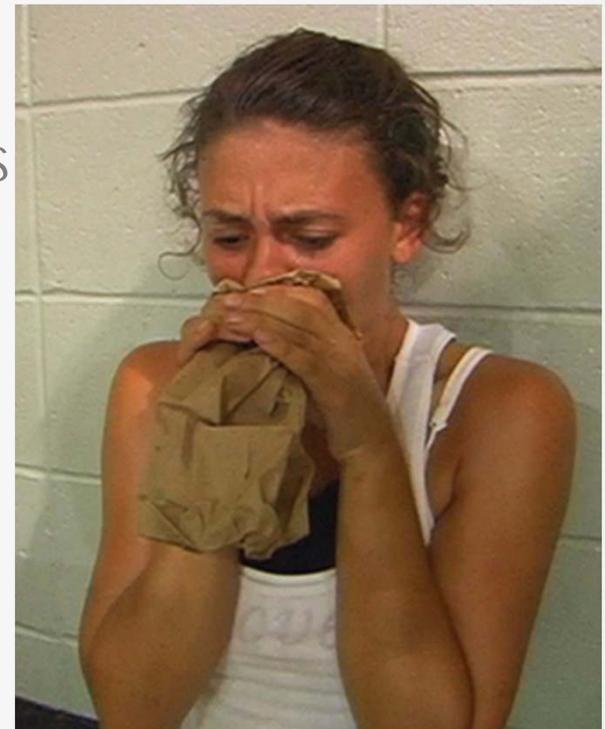
DSM 5 Criteria: Panic Disorder

- Recurrent, *unexpected* panic attacks
 - **Panic attack**: an abrupt surge of intense fear that reaches peak within minutes
 - 4+ symptoms
- Attacks followed by 1+ months:
 - Persistent concern/worry about more panic or their consequences
 - Significant, maladaptive change in behaviors

Chills or flushed		Dizzy, unsteady, light-headed	Derealization depersonalization
Sweating	Chest pain	Choking	Palpitations, fast HR
Shaking	GI distress	Fear of dying	Fear of losing control/"going crazy"
SOB, suffocating			Paresthesias

Panic Disorder: Assessment

- Have you ever had a panic attack?
 - Describe it.
- Have you ever had anxiety so extreme that you noticed symptoms in your body?
- How long did it last?
- Are there precipitants?
- Are you avoiding certain things out of fear of having another panic attack?
- Panic disorder vs. panic attack specifier.



Other Specified Anxiety Disorder

- Disorder of prominent anxiety or phobic avoidance but does not meet criteria for a specific anxiety disorder



Anxiety: Differential Diagnosis

- Cardiac Palpitations
- Hyperthyroidism
- Seizure Disorder
- Hypoglycemic Episodes
- Caffeine Abuse
- Medication effect (prescribed and non-prescribed)
- Substance Abuse

Anxiety: Assessment

- Everyone I know is afraid of something. What are you afraid of?
- Some common fears that I hear about are.....
- Do your fears feel out of control?
- How do you stop them?
- Who do you talk to about your fears?
- Do your fears stop you from doing things you would like to do?

Anxiety: Behavioral Scale SCAReD

- SCAReD: Screen for Childhood Anxiety Related Disorders
- Tested in 7-17 years
- Measures general, separation, social anxiety as well as school avoidance and somatic complaints/panic.
- Researched and found to be effective in primary care
- Child and parent form
- Takes only a few minutes to score
- Free!

	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

	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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
22. When I get frightened, I sweat a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
23. I am a worrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
24. I get really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
25. I am afraid to be alone in the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
26. It is hard for me to talk with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
27. When I get frightened, I feel like I am choking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
28. People tell me that I worry too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
29. I don't like to be away from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
30. I am afraid of having anxiety (or panic) attacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
31. I worry that something bad might happen to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
32. I feel shy with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
33. I worry about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
34. When I get frightened, I feel like throwing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
35. I worry about how well I do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
36. I am scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
37. I worry about things that have already happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
38. When I get frightened, I feel dizzy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
41. I am shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC

SCAReD Scoring

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 =**

Caroline

- 16 year old female who states she worries about “everything” including her grades, where she will go to college, if she will have a good job.... She is a soccer player and worries about her performance and letting her coach and teammates down. After school, she comes home exhausted and takes a nap. She has difficulty sleeping at night. Parents report that she is sensitive and upset by seemingly small issues.



Caroline

- 16 year old female who states she **worries about “everything”** including her grades, where she will go to college, if she will have a good job.... She is a soccer player and **worries about her performance** and letting her coach and teammates down. After school, she comes home **exhausted** and takes a nap. She has **difficulty sleeping at night**. Parents report that she is sensitive and upset by seemingly small issues.



What else do you
want to know to
help make the
diagnosis?

What else do you want to know?

- She has always been a worrier.
- Seemed to get worse in high school.
- She is restless and it's hard for her to eat when she gets nervous like this. Her body feels tense.
- She denies anhedonia. She can enjoy things, when she's not worrying.
- She denies any stressors other than what is mentioned already—school, grades, soccer...
- **What is the diagnosis?**

What is the diagnosis

- Generalized Anxiety Disorder
- Social Anxiety Disorder
- Separation Anxiety Disorder
- Panic Disorder
- Other Specified Anxiety Disorder

Thank you!

- Thanks to all the clinicians & staff who work to improve the lives of youth and families struggling with mental health concerns.

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