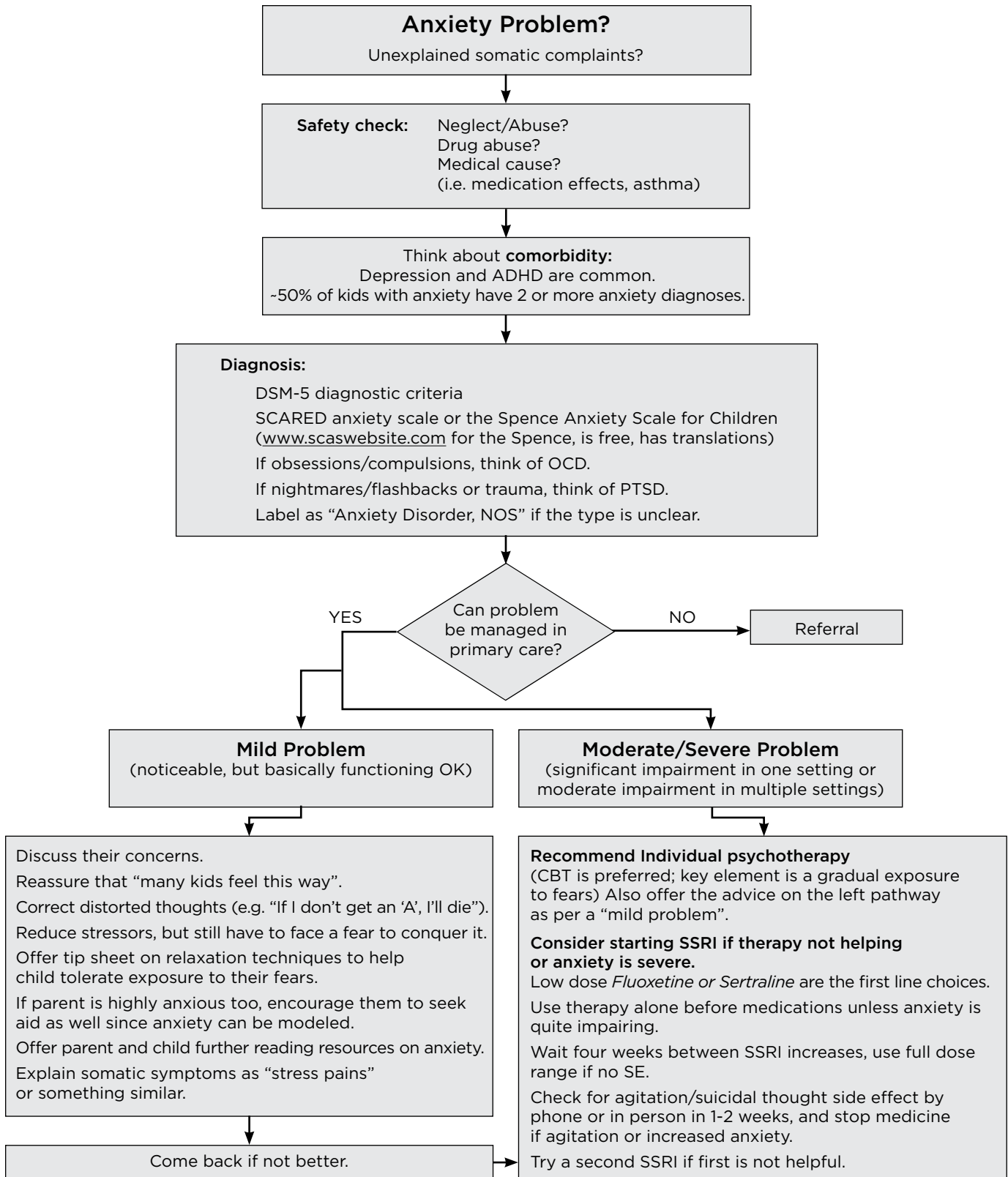




Anxiety



Primary References:

Jellinek M, Patel BP, Froehle MC eds. (2002): Bright Futures in Practice: Mental Health-Volume I. Practice Guide. Arlington, VA: National Center for Education in Maternal and Child Health: 203-211

AACAP: Practice Parameter for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders, JAACAP; 46(2): 267-283

Relaxation Therapy Tip Sheet

The following two techniques when practiced regularly can become useful skills that help a child face a plan of gradually increasing exposure to their fears. Gradual, tolerated exposures are a core element of “unlearning” a fear. It is suggested to do either or both of these once a day for a while until the calm state produced can be easily achieved. Using one of these behaviors will decrease physiological arousal if the body feels anxious, stressed or in pain. It is best to practice these skills at times when not feeling anxious so that it will be less intimidating to try at a time of high anxiety.

Breathing Control

- Imagine that you have a tube that connects the back of your mouth to your stomach. A big balloon is connected to the tube down in your stomach. When you breathe in the balloon blows up and when you breathe out the balloon deflates. Put your hand on your stomach and practice taking breaths that push your hand out as that balloon inflates. When learning this trick, it might be easier to lie down on your back while you observe what is happening.
- Now focus on doing these stomach balloon breaths as slowly and as comfortably possible. Inhale slowly, pause briefly, and then gently exhale. When you allow that balloon to deflate, notice the calm feeling that comes over you. Counting the length of each phase may help you find that sense of calm, such as counting slowly to 3 during inhalation, to 2 while pausing, then to 6 while exhaling.
- Now practice making your breath smooth, like a wave that inflates and deflates.
- If you experience brief dizziness or tingling in fingers, this just means you are breathing too quickly (hyperventilating), so slow your breathing further to stop that sensation. Once skilled at this, just a few controlled breaths at a time of stress will produce noticeable relief, and can be done anywhere.

Progressive Muscle Relaxation

This is particularly helpful for kids who experience body aches along with stress/anxiety. It is easier to have someone guide a child through this the first few times until the technique is learned. Tell kids this is like learning to turn their muscles from uncooked spaghetti into cooked spaghetti.

- Lie down in a quiet room and take slow breaths, try Breathing Control as above.
- Think about the muscles of your head and face, now scrunch them up tightly and clench your teeth, hold that as you count to 10, then allow all of those muscles to relax. Notice that feeling of relaxation in your face, and your jaw loosening.
- Now concentrate on muscles of your shoulders and neck, tighten up your neck muscles pulling your head down, shrug your shoulders up, hold that uncomfortable tightness, for a count of 10, then let all those muscles relax and notice the feeling.
- While continuing your slow breathing, move your attention to your arms and hands, tightening those muscles further and further, hold it as you count to 10. Then allow those muscles to relax.
- Now think about the muscles in your legs, your bottom and your feet, tighten all these muscles up, feel the hard tension throughout your legs, hold it as you count to 10, then allow your legs and feet to relax as you continue your slow breathing.
- Now that all of your muscles have relaxed, continue your slow breathing and take some time to enjoy the sense of relaxation. Focus on how the most relaxed areas of your body feel now.

Robert Hilt, MD

PTSD: Treating A Unique Anxiety Disorder

Identifying Post-Traumatic Stress Disorder (PTSD)

- Inquire directly about trauma, which could include child abuse, domestic violence, community violence, or serious accidents. Avoid asking the child for specific details of trauma during a brief office visit as this can be very distressing for the child, unless this is necessary to ensure their current safety.
 - Consider asking for trauma details from the caregiver instead.
 - Or ask the child a general question like, “What’s the worst thing that ever happened to you?” so that the child can be in control of their response.
 - Or ask the child about current symptoms of PTSD (outlined below) rather than asking for trauma details.
- If a traumatic experience has occurred, screen for PTSD symptoms: “Sometimes when a child (or even an adult) experiences a frightening event, they can continue to be bothered by it and it can affect them in different ways...”
 - Look for symptoms such as: (1) intrusion (dreams/nightmares, flashbacks or psychological/physiological distress at trauma cues), (2) avoidance (of trauma reminders such as people/places or of distressing memories, thoughts, or feelings), (3) changes to cognition or mood (affecting beliefs about oneself or the world, willingness to engage in activities, or resulting in a negative emotional state), or (4) alterations in arousal (irritable outbursts, reckless behavior, hypervigilance, exaggerated startle, poor sleep, or concentration problems).
 - In children 6 years and younger, symptoms may emerge through play and the DSM-5 lists separate PTSD diagnostic criteria.
 - Symptoms causing distress or impairment for a period of more than 1 month suggest PTSD (versus an acute trauma reaction).
- When addressing trauma reactivity, the number one treatment tenet is: **ensure the child is safe**. Children cannot recover from a trauma if the trauma is on-going or at risk of occurring again.
- When parents are also affected by a trauma, their child’s recovery can be delayed. Parents need to have their own mental health needs addressed as well to become an effective support for their child.

Treatment

Psychotherapy or counseling is the first-line treatment

- Refer to a licensed mental health professional.
- Trauma-focused therapy is preferred over non-specific therapy.
- Refer for Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) when possible for ages 3-17 years old.
- Younger children may benefit from joint child-parent therapy.

Medications

- There is no “PTSD medication” with compelling evidence for use in children.
- In some cases, medication can be considered for acute symptom reduction, treatment of a comorbid disorder, or if therapy response has been unsatisfactory.
- If other diagnoses are present, such as depression or anxiety, consider medications for those diagnoses. Sertraline is approved for adult PTSD. If ADHD is comorbid, guanfacine could be considered for hyper-reactivity.
- Sometimes medications such as clonidine or prazosin can be considered at bedtime if nightmares have not improved with other treatments.

Rebecca Barclay, MD and Robert Hilt, MD

Reference:

AACAP: Practice Parameter for the Assessment and Treatment of Children and Adolescents with Posttraumatic Stress Disorder, JAACAP; 49(4): 267-283.

Rating Scale:

The Screen for Child Anxiety Related Disorders (SCARED) Traumatic Stress Disorder Scale (Muris, Merckelbach, Korver, and Meesters, 2000) on the following page is a brief initial screen for the presence of PTSD symptoms. It is validated in youth age 7 to 19 years old with sensitivity of 100% and specificity of 52% for answers of “very true or often true” to all four questions. For children reporting a score ≥ 6 , consider a referral for therapy.

Screen for Child Anxiety Related Disorders (SCARED) Traumatic Stress Disorder Scale

Name Today's Date

Directions:

Below is a list of sentences that describe how people feel. Read each and decide if it is “Not True or Hardly Ever True,” “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then for each sentence, choose the answer 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
I have scary dreams about a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try not to think about a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get scared when I think back on a very bad thing that once happened to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep thinking about a very bad thing that once happened to me, even when I don't want to think about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score

Screen for Child Anxiety Related Disorders (SCARED)

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

Screen for Child Anxiety Related Disorders (SCARED)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
23. I am a worrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I get really frightened for no reason at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I am afraid to be alone in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. It is hard for me to talk with people I don't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. When I get frightened, I feel like I am choking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. People tell me that I worry too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I don't like to be away from my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I am afraid of having anxiety (or panic) attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I worry that something bad might happen to my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I feel shy with people I don't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I worry about what is going to happen in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. When I get frightened, I feel like throwing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I worry about how well I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I am scared to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. I worry about things that have already happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. When I get frightened, I feel dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. I am shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** 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.*

Screen for Child Anxiety Related Disorders (SCARED)

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

Screen for Child Anxiety Related Disorders (SCARED)

	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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. When my child gets frightened, he/she sweats a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My child is a worrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My child gets really frightened for no reason at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My child is afraid to be alone in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. It is hard for my child to talk with people he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. When my child gets frightened, he/she feels like he/she is choking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. People tell me that my child worries too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. My child doesn't like to be away from his/her family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. My child is afraid of having anxiety (or panic) attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. My child worries that something bad might happen to his/her parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. My child feels shy with people he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. My child worries about what is going to happen in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. When my child gets frightened, he/she feels like throwing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. My child worries about how well he/she does things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. My child is scared to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. My child worries about things that have already happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. When my child gets frightened, he/she feels dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. My child is shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developed by Boris Birmaher, MD, Suneeta Khetarpal, MD, Marlane Cully, MEd, David Brent, MD, and Sandra McKenzie, PhD. Western Psychiatric Institute and Clinic, University of Pgh. (10/95). Email: birmaherb@msx.upmc.edu

SCARED Rating Scale Scoring Aid

Question	Panic Somatic	Generalized Anxiety	Separation	Social	School Attendance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
Total	Cutoff = 7	Cutoff = 9	Cutoff = 5	Cutoff = 8	Cutoff = 3

0 = not true or hardly true
 1 = somewhat true or sometimes true
 2 = very true or often true

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**.

Total anxiety ≥ 25

Anxiety Medications

Starting at a very low dose of SSRI for the first week or two with anxiety disorders is especially essential to reduce the child's experience of side effects (augmented by associated somatic anxieties).

Name	Dosage Form	Usual starting dose for adolescents	Increase increment (after ~4 weeks)	RCT anxiety treatment benefit in kids	FDA anxiety approved for children?	Editorial Comments
Fluoxetine (Prozac)	10, 20, 40mg 20mg/5ml	5-10 mg/day (60mg max)*	10-20mg**	Yes	Yes (For OCD >7yr) (For MDD >8yr)	Long 1/2 life, no SE from a missed dose
Sertraline (Zoloft)	25, 50, 100mg 20mg/ml	25 mg/day (200mg max)*	25-50mg**	Yes	Yes (For OCD >6yr)	May be prone to SE from weaning off
<i>Sertraline and Fluoxetine are both first line medications for child anxiety disorders, per the evidence base</i>						
Fluvoxamine (Luvox)	25, 50, 100mg	25 mg/day (300mg max)*	50 mg**	Yes	Yes (For OCD >8yr)	Often more side effect than other SSRI's, has many drug interactions
Paroxetine (Paxil)	10, 20, 30, and 40 mg 10mg/5ml 12.5, 25, 37.5mg CR forms	5-10 mg/day (60mg max)*	10-20mg**	Yes	Yes (For OCD >7yr) (For social phobia >8yr)	Not preferred if child also has depression. Can have short 1/2 life
Citalopram (Celexa)	10, 20, 40 mg 10mg/5ml	5-10 mg/day (40mg max)*	10-20mg**	Yes	Yes (For OCD >6yr)	Very few drug interactions
Escitalopram (Lexapro)	5, 10, 20mg 5mg/5ml	2.5 to 5 mg/day (20mg max)*	5-10mg**	No	No	Active isomer of citalopram
Duloxetine (Cymbalta)	20, 30, 40, 60mg	30 mg/day (120mg max)	30mg	Yes	Yes (For generalized anxiety >7yr)	

* Recommend decrease maximum dosage by at least 1/3 for pre-pubertal children

** Recommend using the lower dose increase increments for younger children.

Successful medication trials should continue for 6-12 months.

Anxiety Resources

Information for Families

Books parents may find helpful:

Freeing your Child from Anxiety (2004), by Tamar Chansky, PhD

Helping Your Anxious Child (2008), by Rapee, PhD, Wignall, DPsych, Spence, PhD, Cobham, PhD, and Lyneham, PhD

Worried No More: Help and Hope for Anxious Children (2005), by Aureen Pinto Wagner, PhD

Talking Back to OCD (2006), by John March, MD

Freeing Your Child from Obsessive-Compulsive Disorder (2001), by Tamar Chansky, PhD

Books children may find helpful:

What to Do When Your Brain Gets Stuck: A Kid's Guide to Overcoming OCD (2007), by Dawn Huebner, PhD

What to Do When You Worry Too Much (2005), by Dawn Huebner, PhD

What to Do When You Are Scared and Worried (2004), by James Crist, PhD

Recording children may find helpful:

I Can Relax (2012), by Donna Pincus

Websites parents may find helpful:

Anxiety Disorders Association of America
www.adaa.org

Children's Center for OCD and Anxiety
www.worrywisekids.org

Child Anxiety Network
www.childanxiety.net/Anxiety_Disorders.htm

American Academy of Child and Adolescent Psychiatry
www.aacap.org/aacap/families_and_youth/resource_centers/Anxiety_Disorder_Resource_Center/Home.aspx

National Institute of Mental Health
www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

Anxiety BC Youth (an online CBT tools website for teens)
<http://youth.anxietybc.com>

After the Injury (from Children's Hospital of Philadelphia)
www.aftertheinjury.org



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PARTNERSHIP ACCESS LINE

Child Psychiatric Consultation
for Primary Care Providers

This resource page is
now available in Spanish at
www.seattlechildrens.org/pal