July 2020 Newsletter

UCSF Benioff Children's Hospitals

CHILD & ADOLESCENT PSYCHIATRY PORTAL

In this issue:

In the ebb and flow of summer heat, intermingled with unseasonable cool, the theme of timelessness has arisen. The usual temporal signposts like end-of-school marking the beginning of summer break, or a shift in routine as a segue to the weekend have given way to new rhythms and patterns.

Amidst this, CAPP hosted a **Virtual Meet & Greet** on July 8, that offered some levity across generations of pediatricians and child psychiatrists. We shared about our career-paths not-chosen, including gardening, Broadway dancing, archaeology, poetry, figure skating, and R&B singing, as well as ways we have each been nurturing our wellness during this challenging time.

Join us on 2nd Thursday of the month at 8pm, next on August 11th.

Second Step Psychologist Consultation

We are excited to welcome Sally Cantrell, PsyD, PhD and Lauren Haack PhD! Dr. Cantrell specializes in early childhood (age 0-6) mental health, and Dr. Haack focuses on older children and teens. For further info, please see (https://psychiatry.ucsf.edu/capp)

Sally Cantrell, PhD, PsyD, is a Psychologist in the UCSF Department of Early Intervention Services in the Division of Mental Health and Child Development. She provides assessment for children with mental health and neurodevelopmental disorders as well as ongoing treatment for babies, toddlers and young children. . She is trained in the Fussy Baby Model, Trauma Informed Child-Parent Psychotherapy, and Circle of Security Parenting Interventions. Much of her work over the past decade has focused on meeting the specialized needs of children involved in the child welfare system.

Lauren M. Haack, PhD, is a UCSF Department of Psychiatry Associate Clinical Professor and attending psychologist specializing in 1) cultural influences to mental health conceptualization, assessment, and treatment, and 2) accessible, culturally appropriate, and technology enhanced evidence-based services for vulnerable youth and families worldwide. She provides behavioral and cognitive behavioral therapy (CBT) and clinical supervision in the UCSF Mood/Anxiety clinic and the Hyperactivity Attention and Learning Problems clinic.

ACES & Trauma-Informed Pediatric Care—SAVE THE DATE—October 10, 2020

We will be hosting a special training on **ACEs & Trauma-Informed Pediatric Care**, focused on the science of ACEs and interventions, and the collective trauma of recent events including the impact of the COVID-19 pandemic on population social-emotional health, provider well-being, and the magnified, compounded effect on specific racial and socioeconomic groups. Speakers include Dayna Long MD, Ken Epstein LCSW, PhD, Saun-Toy Trotter MFT, Petra Steinbuchel MD Alicia Lieberman PhD, an early pediatrician adopter panel including Deirdre Bernard-Pearl MD and Paul Espinas MD, and community partners from Trauma Transformed, Family Paths, and First Five.

Supporting Well-Being through Peer Support

We want to support you and your well-being during these challenging times through **confidential individual guidance** to all enrolled UBCP physicians and providers in a **peer support model**. Please email CAPP@ucsf.edu to learn more.

Case Consultation: A is for ADHD, or is it Anxiety?

"Amy" is a 13-year-old girl with past history of separation anxiety, who presents to her new pediatrician for ADHD assessment due to difficulties with school testing. She recently took a standardized test and scored in 10th percentile which was surprising as she usually gets good grades. She told mom tha t she couldn't pay attention for the 3 hours of the test and that as she got further into the tests she zoned out and kept re-reading things. She just graduated 8th grade. She usually gets A's and B's, but has never liked reading. She recently got glasses as she was found to have trouble seeing objects far away. Parents report the she's fidgety and can't keep her room clean. She reports that it's hard to focus on subjects she doesn't like (such as English) and has trouble keeping up on chores. Pediatrician reports these seem li ke normal teen behaviors. Parents have tried to help her manage with to-do lists and being more consistent with expectations which has helped. In the office, she had a normal affect and sat appropriately without fidgetiness. No physical complaints. Is physically active. She saw a therapist for one year at 10 years old for separation anxiety (didn't wa nt to be home alone, be left with a sitter, or go to sleep overs) which improved with therapy. No history of psychiatric hospitalizations or medications. Maternal family history of anx iety and depression. On albuterol and symbicort for asthma. No safety concerns. Stressors include school tests across all subjects and the pandemic. Her pediatrician had parents complete a Vanderbilt which was negative and based on that and her interview does not think the patient has ADHD and is wondering whether Amy's testing difficulties may be due to anxiety.

1. Safety: No safety concerns.

2. Specific Behaviors: Poor performance on standardized tests, fidgety, trouble keeping up with her chores, difficulty focusi ng on subjects she doesn't like, avoids reading.

3. Setting: School, home.

4. Scary Things: Denies

5. Screening/Services: Parent Vanderbilt: 1 inattentive symptom, 1 hyperactive/impulsive symptom, 0 ODD symptoms, 0 conduct s ymptoms, 0 anxiety/depression symptoms rated as often or very often. No performance score rated as problematic or somewhat problematic. Awaiting teacher Vanderbilt

Questions: How can you distinguish inattention in A DHD from inattention seen in anxiety?

What other disorders commonly co-occur, and may further confound the clinical picture?

Clinical Pearls:

-Both ADHD and Anxiety are common and are commonly comorbid, with 25% of kids with an anxiety disorder meeting criteria for AD HD, and 25% of those with ADHD meeting criteria for an anxiety disorder.

-Problems concentrating and restlessness are symptoms of both GAD and ADHD, which further complicates the picture.

-Clinical interview of patient and parents, ADHD and anxiety questionnaires, and collateral from teachers can help clarify dia gnosis by helping to reveal whether the overall symptom cluster is more consistent with an anxiety disorder, ADHD, both, or something else.

--The Vanderbilt Assessment Scale has parent and teacher versions and screens for ADHD symptoms as well as commonly comorbid co nditions including ODD, conduct, and anxiety/depression.

https://www.nichq.org/sites/default/files/resource-file/NICHQ_Vanderbilt_Assessment_Scales.pdf

--The SCARED questionnaire has child and parent versions and screens for anxiety disorders overall as well as specifically pani c, social anxiety, separation anxiety, generalized anxiety, and school anxiety.

https://www.midss.org/content/screen-child-anxiety-related-disorders-scared

Considering Learning Disorders:

-Given the patient's avoidance of reading, would also consider whether a learning disorder is contributing to her difficulties with testing.

-Specific learning disorders are a group of disorders characterized by difficulties with learning which interfere with functio ning at school or work, including types affecting reading (dyslexia), written expression, and math (dyscalculia). Reading disorder is the most common with a prevalence of 5 -10%.

-Learning disorders are frequently comorbid with ADHD and anxiety.

-Clinical interview of patient and parents and collateral from teachers can help clarify diagnosis. For instance, does this pa tient always struggle with reading (more consistent with a learning disorder) or only in high-stakes, time-pressure situations (more consistent with anxiety)? A history of a past anxiety disorder makes current anxiety more likely.

-If your clinical interview raises concerns for a possible learning disorder, encourage the family to write a letter to the sc hool requesting an evaluation for an IEP or 504 plan.

For more information on this topic, including additional differential diagnosis to consider in kids with academic challenges and IEP request letter templates, please see the AAP clinical report "School-aged Children Who Are Not Progressing Academically: Considerations for Pediatricians" by Rey-Casserly et al & COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY H EALTH, SECTION ON D EVELOPMENTAL AND BEH AVIORAL P EDIATRICS

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