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ADVANCING INTEGRATED HEALTHCARE

# Welcome

## Improving Child Health in RI

*Patricia Flanagan, MD, FAAP, PCMH Kids Co-chair*  
*Elizabeth Lange, MD, FAAP, PCMH Kids Co-chair*

**Improving Child Health in RI Meeting | July 13th, 2023**

*Care Transformation Collaborative of RI*

Topic Presenter(s)	Duration
<b>Welcome &amp; Opening Remarks</b> <i>Pat Flanagan, MD, FAAP and Beth Lange, MD, FAAP – PCMH Kids Co-chairs</i>	5 minutes
<b>Medicaid Pediatric Healthcare Recovery Program (MPHRP) Update</b> <i>Pat Flanagan, MD, FAAP and Beth Lange, MD, FAAP – PCMH Kids Co-chairs</i>	15 minutes
<b>Anxiety in Young Children</b> <i>Liz Cantor, PhD and Sarah Hagin, PhD</i>	40 minutes

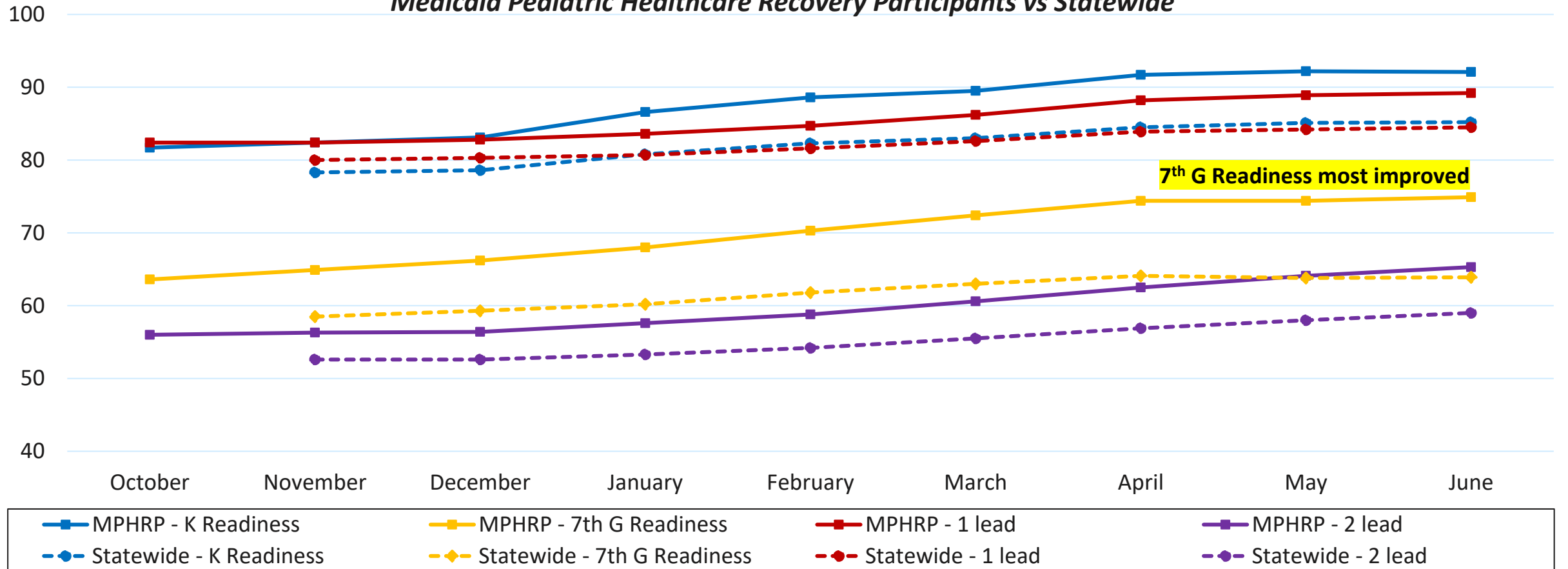
# MPHRP Status Update

- As of June 15<sup>th</sup>, 70% of applicants are meeting the target/improvement targets for at least 3 out of 4 measures for July targets.
- Quarter ends on July 15<sup>th</sup>
- Fifth payment is based on July KIDSNET reported data on practices' performance for meeting 3 out of 4 Immunization and Lead targets or improvement targets.
- KIDSNET report should be disseminated ~July 18th.
- Payment target date is August 7<sup>th</sup>.
- Work with your Practice Facilitators. They are here to help.

# How has this improved children's health in RI?

Data provided by KIDSNET

**Immunization and Lead Screening Rates**  
*Medicaid Pediatric Healthcare Recovery Participants vs Statewide*



# Status Update – Behavioral Health ECHO®

- Practices had to attend at least **4 out of 6 ECHO® Learning Sessions** for psychosocial and behavioral health assessment/intervention to receive fourth payment in July.
- **100%** of all practices completed BH ECHO requirements.
- **Payment is expected ~July 14<sup>th</sup>.**



Congratulations!!

Date/Time	Topic	Links
Thursday: January 26, 2023, 7:30-8:30AM	Difficult Conversations with emphasis on vaccine hesitancy	<a href="#">Recording</a> <a href="#">PPT</a> <a href="#">Evaluation</a>
Wednesday: February 22, 2023, 7:30-8:30AM	Navigating schools to improve connections	<a href="#">Recording</a> <a href="#">PPT</a> <a href="#">Evaluation</a>
Thursday: March 23, 2023, 7:30-8:30AM	School Avoidance	<a href="#">Recording</a> <a href="#">PPT</a> <a href="#">Evaluation</a>
Wednesday: April 26, 2023, 7:30-8:30AM	CBT / Anxiety	<a href="#">Recording</a> <a href="#">PPT</a> <a href="#">Evaluation</a>
Wednesday: May 24, 2023, 7:30-8:30AM	Medication Management in pediatrics	<a href="#">Recording</a> <a href="#">PPT</a> <a href="#">Evaluation</a>
Thursday: June 22, 2023, 7:30-8:30AM	Suicide risk/prevention/tools	<a href="#">Recording</a> <a href="#">PPT</a> <a href="#">Evaluation</a>

# Best Practice Sharing Meetings

## 3 Best Practice Sharing Meetings Conducted

- November 2022: [Improving Lead Screening](#)
- February 2023: Rollout of the new KIDSNET report + Understanding what matters to families
- May 2023: [Practice Panel sharing Strategies for Improving Immunization and Lead Screening Rates](#)

# New Immunization Resource

## NEW RESOURCES: BACK TO SCHOOL AND NATIONAL IMMUNIZATION AWARENESS MONTH

CDC data show that kindergartener vaccination coverage has steadily declined for all vaccines over the past two school years from 95% to 93% nationally and by as much as 10% in some jurisdictions. This is the lowest that we've seen kindergarten routine vaccination coverage nationally in the last decade. To support getting school-aged children back on track with their routine immunizations as a part of "Back to School," CDC is launching a nationwide "[Back-to-School](#)" Campaign with digital ads that will run from July through September 2023. The digital ads aim to keep routine child vaccinations top of mind among parents of school-aged children.

[All communication resources](#), such as 8.5 x 11 flyers and social media posts, are downloadable and adaptable so you can raise awareness about declines in kindergarten vaccination coverage and the need to get school vaccination coverage back on track.

# DISCUSSION





# CTC-RI Annual Conference

## Track 3: Family & Child Health Track Sessions



CTC-RI Annual Conference:  
**INVESTING IN PRIMARY CARE & HEALTH EQUITY**  
 The Crowne Plaza Hotel - Warwick, RI  
 Breakfast & Registration at 7:00AM  
 Event starts at 7:30AM

Thank you to our sponsors:



**OCT 05 23**

1. Value Based Payments in Pediatrics - Sue Kressly, MD, FAAP
2. Innovations in Pediatric Integrated Behavioral Health – Susan Dickstein, PhD; Allison Brindle, MD; Anita Morris, MSN, FNP-BC; Swanette Salazar, CHW
3. Digital Tools for Emotional Well-being: Harnessing the Power of Behavioral Health Apps on Phones/Tablets - Sarah Hagin, PhD & Liz Cantor, PhD
4. RI Children Behavioral Health System of Care: What Primary Care Needs to Know - Marti Rosenberg, MS

Register here:

<https://www.eventbrite.com/e/ctc-ri-annual-conference-investing-in-primary-care-health-equity-tickets-579436378807?aff=oddtcreator>

# Demographic Data Collection Pilot Baseline Needs Assessment & Train the Trainer Webinar Series

This initiative aims to help 15 primary care practices (or systems of care) increase their capacity to collect high-quality data and report it effectively, with a focus on populations experiencing a disproportionate burden of COVID-19 infection (medically underserved, BIPOC, rural communities, people more effectively served in a language other than English, veterans, people who are unhoused or housing insecure, LGBTQ+ community, and people living with disability).

**Application Deadline: July 28, 2023 at 5:00pm**

View the [pilot program flyer here](#), and access the [call for applications here](#)

# Announcements

**Next Coffee with Pat and Beth:**  
August 3, 2023, 7:30am-8:00am

**Next Improving Child Health in RI Meeting:**

January 4, 2023, 7:30am – 8:30am





ADVANCING INTEGRATED HEALTHCARE

# Anxiety in young children

July 13, 2023

Liz Cantor, PhD and Sarah Hagin, PhD

# Today's Speakers

Sarah Hagin, PhD is a pediatric psychologist in the Division of Child and Adolescent Psychiatry at Rhode Island and Hasbro Children's Hospitals, specializing in pediatric gastrointestinal and feeding disorders, an Assistant Professor in the Department of Psychiatry and Human Behavior at The Warren Alpert Medical School of Brown University, and the program manager for the Pediatric Psychiatry Resource Network (PediPRN) at Bradley Hospital.

Liz Cantor, PhD is a licensed child clinical psychologist and consultant who is currently working with CTC-RI as a practice facilitator and program advisor on initiatives involving pediatrics and behavioral health.

# Disclosures

Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

# Why are we talking about this?

- **Prevention**
  - Primary and Secondary
- **Consequences** of untreated anxiety in young children
  - Avoidance of activities that are important for growth in all areas:
    - Going to school
    - Socializing with peers
    - Playing and exploring
  - Childhood anxiety predicts later mental health problems
    - Anxiety disorders emerge earlier than, and often precede, mood disorders

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6805800/>

# Prevalence

- Prevalence of anxiety disorders in preschoolers estimated: 10-20%
- Up to 30-50% of preschoolers with anxiety have another BH condition
- 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder

National Survey of Children's Health 2018

<https://www.cdc.gov/childrensmentalhealth/data.html>

[www.ncbi.nlm.nih.gov/pmc/articles/PMC5458530/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5458530/)



# Risk factors

## 1. Child factors:

- Inhibited Temperament (aka behavioral inhibition/BI) – “shy”
  - Linked to later social anxiety disorder

## 2. Family/community factors:

- Parental hx of anxiety
- Parenting style: lowest risk with Authoritative style (warm/structure); higher risk with “overprotective” parenting or “permissive” parenting
- Life and family stressors (e.g. poverty, conflict in the home)

[Depression and Anxiety in Preschoolers: A Review of the Past 7 Years - PMC \(nih.gov\)](https://www.tandfonline.com/doi/epdf/10.1080/14623730.2010.9721802?needAccess=true)

<https://www.tandfonline.com/doi/epdf/10.1080/14623730.2010.9721802?needAccess=true>

# Developmentally expectable anxiety/fears

- Toddlerhood
  - Separation anxiety
  - Thunder/lightening
  - Fire, water, darkness
  - Specific animals
- Early Childhood
  - Fear of death/dying

And:

- Child responds to reassurance, suggestions
- Time limited, specific situation, short-term

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3018839/>

# When to be concerned?

- Level of child and/or family distress is high
- Interference/functional impairment from sxs
- Persistent/frequent (i.e. difficult to control) despite appropriate intervention
- Intensity/severity (i.e. excessive)
- Developmentally inappropriate

NOTE: Selective Mutism most likely to emerge in preschool

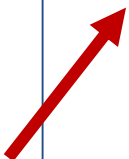
# Assessing Anxiety

- **(Universal) Screening and follow up conversation**
  - Pediatric Symptom Checklist (PSC17 or PSC35)
  - SWYC: Preschool Pediatric Symptom Checklist (PPSC)
  - Preschool Anxiety Scale (PAS) (only one specific to anxiety)

Why does the USPSTF not endorse screening at this age?

# Screening: USPSTF Recommendations

Population	Recommendation	Grade
Children and adolescents aged 8 to 18 years	The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.	<b>B</b>
Children 7 years or younger	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for anxiety in children 7 years or younger.  See the Practice Considerations section for additional information regarding the I statement.	<b>I</b>



**Key Questions:** Are there benefits, is screening accurate, does it cause harm?

**Conclusion (Insufficient Evidence):** There are no studies on children under 7 re benefits, accuracy or harm

# Pediatric Symptom Checklist – 17 or 35 items

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**Purpose:** Identify children at risk; does not yield a provisional dx

**Valid Population:** Ages 3-17

**Completed by:** Parent/caregiver

**Scoring\*:** Overall cutoff score AND subscale scores:

- Attention Problems
- Internalizing Problems
- Externalizing Problems

**Sensitivity:** 88-95% **Specificity:** 68-100%

\* <https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist>



# Pediatric Symptom Checklist

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

			Never (0)	Sometimes (1)	Often (2)
1.	Complains of aches/pains	1	_____	_____	_____
2.	Spends more time alone	2	_____	_____	_____
3.	Tires easily, has little energy	3	_____	_____	_____
4.	Fidgety, unable to sit still	4	_____	_____	_____
5.	Has trouble with a teacher	5	_____	_____	_____
6.	Less interested in school	6	_____	_____	_____
7.	Acts as if driven by a motor	7	_____	_____	_____
8.	Daydreams too much	8	_____	_____	_____
9.	Distracted easily	9	_____	_____	_____
10.	Is afraid of new situations	10	_____	_____	_____
11.	Feels sad, unhappy	11	_____	_____	_____
12.	Is irritable, angry	12	_____	_____	_____
13.	Feels hopeless	13	_____	_____	_____
14.	Has trouble concentrating	14	_____	_____	_____
15.	Less interest in friends	15	_____	_____	_____
16.	Fights with others	16	_____	_____	_____
17.	Absent from school	17	_____	_____	_____
18.	School grades dropping	18	_____	_____	_____
19.	Is down on him or herself	19	_____	_____	_____
20.	Visits doctor with doctor finding nothing wrong	20	_____	_____	_____
21.	Has trouble sleeping	21	_____	_____	_____
22.	Worries a lot	22	_____	_____	_____
23.	Wants to be with you more than before	23	_____	_____	_____

24.	Feels he or she is bad	24	_____	_____	_____
25.	Takes unnecessary risks	25	_____	_____	_____
26.	Gets hurt frequently	26	_____	_____	_____
27.	Seems to be having less fun	27	_____	_____	_____
28.	Acts younger than children his or her age	28	_____	_____	_____
29.	Does not listen to rules	29	_____	_____	_____
30.	Does not show feelings	30	_____	_____	_____
31.	Does not understand other people's feelings	31	_____	_____	_____
32.	Teases others	32	_____	_____	_____
33.	Blames others for his or her troubles	33	_____	_____	_____
34.	Takes things that do not belong to him or her	34	_____	_____	_____
35.	Refuses to share	35	_____	_____	_____

Total score \_\_\_\_\_

Does your child have any emotional or behavioral problems for which she/he needs help? ( ) N ( ) Y

Are there any services that you would like your child to receive for these problems? ( ) N ( ) Y

If yes, what services? \_\_\_\_\_

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# PPSC:

18 months, 0 days to 65 months, 31 days  
V1.07, 4/1/17

Child's Name:

Birth Date:

Today's Date:

## PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

		Not at all	Somewhat	Very Much
<b>Does your child...</b>	Seem nervous or afraid? . . . . .	0	1	2
	Seem sad or unhappy? . . . . .	0	1	2
	Get upset if things are not done in a certain way? . . . . .	0	1	2
	Have a hard time with change? . . . . .	0	1	2
	Have trouble playing with other children? . . . . .	0	1	2
	Break things on purpose? . . . . .	0	1	2
	Fight with other children? . . . . .	0	1	2
	Have trouble paying attention? . . . . .	0	1	2
	Have a hard time calming down? . . . . .	0	1	2
<b>Is your child...</b>	Have trouble staying with one activity? . . . . .	0	1	2
	Aggressive? . . . . .	0	1	2
	Fidgety or unable to sit still? . . . . .	0	1	2
<b>Is it hard to...</b>	Angry? . . . . .	0	1	2
	Take your child out in public? . . . . .	0	1	2
	Comfort your child? . . . . .	0	1	2
	Know what your child needs? . . . . .	0	1	2
	Keep your child on a schedule or routine? . . . . .	0	1	2
	Get your child to obey you? . . . . .	0	1	2



# Preschool Anxiety Scale (29 ->34 items)

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**Purpose:** Indicates whether a child is showing elevated levels of anxiety

**Valid Population:** Ages 3-6 (normed in Australia)

**Completed by:** Parent/caregiver

**Scoring:**  $\geq 1SD$  above the mean = elevated

- Generalised Anxiety
- Separation Anxiety
- Social Anxiety
- Obsessive Compulsive
- Physical Injury Fears
- Total possible score = 112, Mean=20, SD = 13.7

Psychometric properties: <https://www.scaswebsite.com/wp-content/uploads/2021/07/spence-rapee-et-al.pdf>



# PRESCHOOL ANXIETY SCALE

## (Parent Report)

Your Name:

Date: \_\_\_\_\_

Your Child's Name:

Below is a list of items that describe children. For each item please circle the response that best describes your child. Please circle the **4** if the item is **very often true**, **3** if the item is **quite often true**, **2** if the item is **sometimes true**, **1** if the item is **seldom true** or if it is **not true at all** circle the **0**. Please answer all the items as well as you can, even if some do not seem to apply to your child.

	Not True at All	Seldom True	Sometimes True	Quite Often True	Very Often True
1 Has difficulty stopping him/herself from worrying.....	0	1	2	3	4
2 Worries that he/she will do something to look stupid in front of other people.....	0	1	2	3	4
3 Keeps checking that he/she has done things right (e.g., that he/she closed a door, turned off a tap).....	0	1	2	3	4
4 Is tense, restless or irritable due to worrying.....	0	1	2	3	4
5 Is scared to ask an adult for help (e.g., a preschool or school teacher).....	0	1	2	3	4
6 Is reluctant to go to sleep without you or to sleep away from home.....	0	1	2	3	4
7 Is scared of heights (high places).....	0	1	2	3	4
8 Has trouble sleeping due to worrying.....	0	1	2	3	4

9 Washes his/her hands over and over many times each day.....	0	1	2	3	4
10 Is afraid of crowded or closed-in places.....	0	1	2	3	4
11 Is afraid of meeting or talking to unfamiliar people.....	0	1	2	3	4
12 Worries that something bad will happen to his/her parents.....	0	1	2	3	4
13 Is scared of thunder storms.....	0	1	2	3	4
14 Spends a large part of each day worrying about various things....	0	1	2	3	4
15 Is afraid of talking in front of the class (preschool group) e.g., show and tell.....	0	1	2	3	4
16 Worries that something bad might happen to him/her (e.g., getting lost or kidnapped), so he/she won't be able to see you again.....	0	1	2	3	4
17 Is nervous of going swimming.....	0	1	2	3	4
	<b>Not True at All</b>	<b>Seldom True</b>	<b>Sometimes True</b>	<b>Quite Often True</b>	<b>Very Often True</b>
18 Has to have things in exactly the right order or position to stop bad things from happening.....	0	1	2	3	4
19 Worries that he/she will do something embarrassing in front of other people.....	0	1	2	3	4
20 Is afraid of insects and/or spiders.....	0	1	2	3	4
21 Has bad or silly thoughts or images that keep coming back over and over.....	0	1	2	3	4
22 Becomes distressed about your leaving him/her at preschool/school or with a babysitter.....	0	1	2	3	4
23 Is afraid to go up to group of children and join their activities.....	0	1	2	3	4
24 Is frightened of dogs.....	0	1	2	3	4
25 Has nightmares about being apart from you.....	0	1	2	3	4
26 Is afraid of the dark.....	0	1	2	3	4
27 Has to keep thinking special thoughts (e.g., numbers or words) to stop bad things from happening.....	0	1	2	3	4
28 Asks for reassurance when it doesn't seem necessary.....	0	1	2	3	4
29 Has <b>your child ever experienced anything really bad or traumatic</b> (e.g., severe accident, death of a family member/friend, assault, robbery, disaster) .....	<b>YES</b>	<b>NO</b>			

# Beginning the conversation

- **Screening**
- **Assessment**
  - Including parent-child bond/relation
- Parenting/family strengths
- Major familial stressors
- Developmental/environmental factors for child's behaviors
- Parenting responses/style
- What is the parents' concern/goal
- Is the parent response helping the child to (gradually) cope more?

# Finding out more

- Ask **OPEN-ENDED** questions
    - As much as possible
  - **Normalizing** changes related to developmental stages can support open discussion
    - Most kids this age,....
  - **Reflect on observations** in the visit and ask if these are typical for CHILD
  - Asking about **caregiver feelings** about CHILD's bxs/sxs can facilitate understanding of parenting beliefs/approach
  - If both parents are present, ask **how they are working together**
    - Normalize differences in parenting styles and P-C interactions
  - With infants/young toddlers, assessment of **parent-child dynamic/bond** can be most helpful
- Shyness
    - When does your child demonstrate shyness
      - Frequency – always? Vs?
  - Fears
    - What are things CHILD seems fearful about?
  - Impact
    - How often do you (does your family) have to modify routines/activities due to CHILD's shyness/fears?
    - What do you do differently for CHILD compared to siblings?
    - How would your day/routines look different if CHILD did not have this response/was not shy/anxious/afraid?
  - Coping
    - What helps your child work through his/her shyness?
    - Are there things that you find that you that helps him/her feel less shy/nervous?

# Finding out more

- What is bedtime routine like?
- Tell me about what CHILD is like when doing something new, meeting new people
- Most kids CHILD's age have difficulty being away from parents, what is CHILD like when you drop him off to school/day care/etc?
  - what do you think helps him cope with separating?
- For kids not in school/daycare, it can be helpful to ask about typical day or how day went yesterday – to assess routines, functioning, caregiver stress, and parent-child interactions.
  - What are your favorite things to do together (as a family)?

# Interventions – you are already doing a lot

- Screening/Assessing
  - Concern-Caregiver readiness matters – keep it open for future discussion
- Promoting the establishment health routines/practices
  - Why this is important early on
- Modeling responses that promote SE development
  - Ideally across the care team
  - Behaviorally inhibited children are the most likely to need this in office visit.
- Education
  - Normalizing
  - Encouraging 1:1 time, quality over quantity of time, family play
  - Helping caregivers recognizing accommodation can be an error of kindness
    - Parents “job” is to help child understand they can cope with their feelings
    - Is caregiver response helping them advance coping or helping child avoid more?
  - Having related hand-outs, links to resources available
- Referrals

# Family Accommodation

- Present in 97-100% of parents of anxious children

• Shimshoni et al., 2019; Benito et al., 2015; Storch et al., 2015

- Associated with more severe anxiety symptoms

Norman et al., 2014; Lebowitz, et al., 2016

- Associated with more severe impairment for child and family

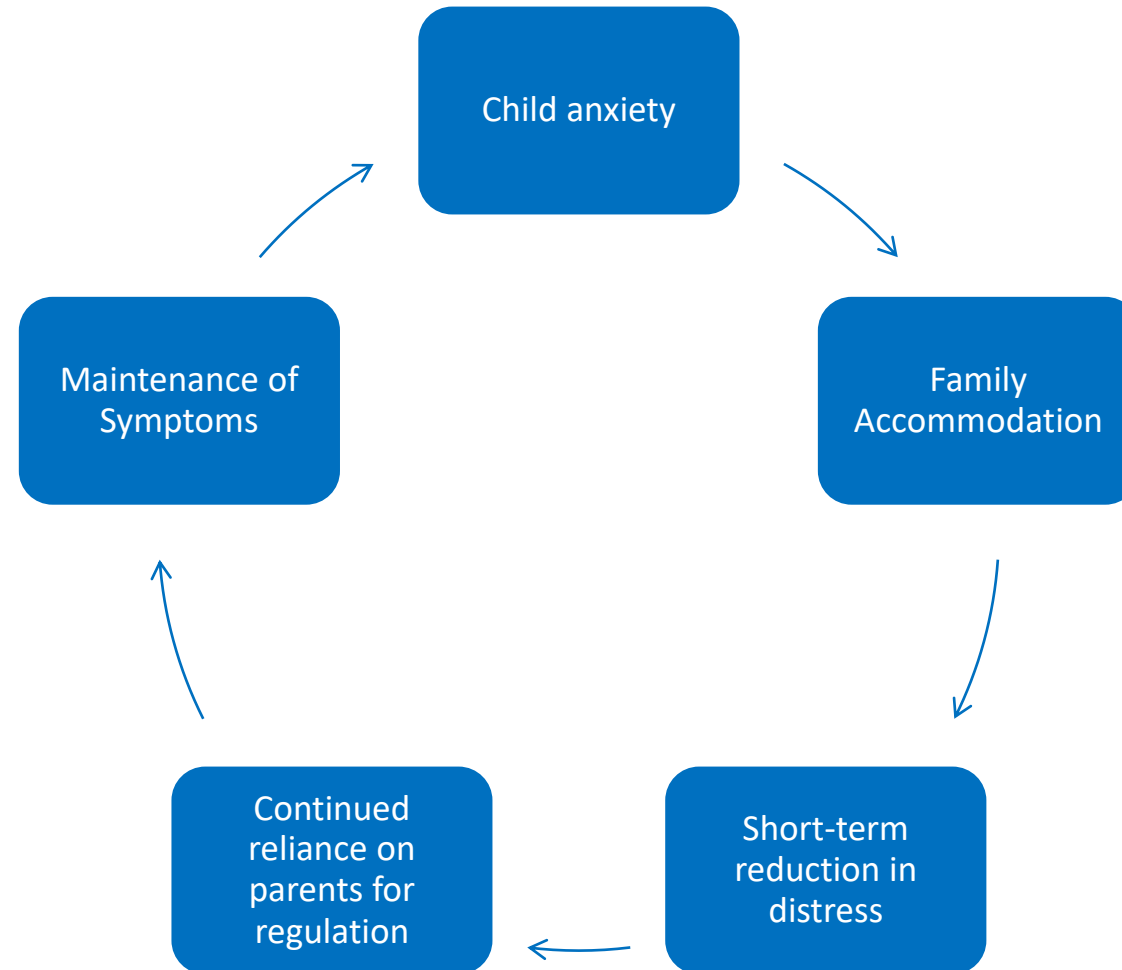
Thompson-Hollands et al., 2014

- Predicts poor treatment outcome

Kagan et al., 2016; Turner, et al., 2017

Lebowitz, slide from presentation

# Anxiety/accommodation



Lebowitz, 2019



# Instead of accommodation...



Lebowitz, 2019

Situation	Unhelpful accommodations	Helpful accommodations
Calls frequently when parent is away from home	Always answer despite it disrupting date/meeting/etc	Agreeing to one check in call (ideally with an identified time)
Refuses to go to the bathroom alone	Always going with child when they need to go – even if it means stopping cooking/etc	Agreeing to going but standing outside the door (goal of gradually increasing distance away from bathroom) OR Agreeing to go but then leave after child has gotten started (could be after set amount of time)
Refuses to sleep alone	Letting child sleep in bed with parent/siblings	Agreeing to putting child to sleep in own bed but not punishing if ends up in others bed. Calm praise of staying in own bed when it happens
Does not want to go to ballet recital because worried about making mistake	Allowing child to stay home, skip it	Agreeing to help child speak with instructor about their concerns. And/or developing plan for child to go attend recital in costume but whether they choose to participate is up to them.

Situation	Unhelpful Accommodation	Helpful Accommodation	Old Statement	Supportive Statement
Clinging to Mom during vitals	Skipping it because he gets too upset	Developing plan for Mom to hold his hand – let him pick which hand Allow him to scan his own forehead (do it together)	It wont hurt	Its hard to be away from Mom when you are scared and I know you can be brave with Mom’s help.
Refusing ear check	Skipping it because he gets too upset	Allowing Pt to pick which one you look check first OR Checking lovey (or you) first (have him participate)	You’re fine Your brother just did it with no problem	Its okay to feel nervous and I know you do hard things all the time, like learning to swim.
Shy in visit	Letting parents answer for him	Start with responses Pt can point to. OR Develop plan for both Dad and Pt to answer questions – taking turns. Requiring brief, easy responses from child until they become more engaged.	Aw I guess you’re feeling too shy to talk today	Its hard to talk when you are feeling shy and its okay to feel that way. I know you’ll be able to talk as soon as you’re ready.

# Resources for providers/practices 1 of 2

- PEDIPRN! – service expansion is focused on early childhood mental health
  - stay tuned for educational opportunities
  - Keep calling for consultation

Managing anxiety in children and youth:

- <https://cps.ca/en/documents/position/anxiety-in-children-and-youth-management>

# Resources for providers/practices 2 of 2

## Screeners:

- Pediatric Symptom Checklist: <https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist>
- Preschool Anxiety Scale: [SCAS CHILD - Overview - The Spence Children's Anxiety Scale \(scaswebsite.com\)](https://scaswebsite.com)

## Screening guide for 0-5:

<https://www2.ed.gov/about/inits/list/watch-me-thrive/files/pcp-screening-guide-march2014.pdf>

## Guides on how to foster soc-emo health in pediatrics:

<https://cssp.org/wp-content/uploads/2019/10/Fostering-Social-Emotional-Health-Full-Report.pdf>

<https://nichq.org/sites/default/files/resource-file/Promoting%20Young%20Children%27s%20Socioemotional%20Development%20in%20Primary%20Care%20%282016%29.pdf>

# Resources for parents

1 of 2

- Anxiety guide for parents, AACAP:  
[https://www.aacap.org/App\\_Themes/AACAP/docs/resource\\_centers/resources/med\\_guides/anxiety-parents-medication-guide.pdf](https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/anxiety-parents-medication-guide.pdf)
- Guide to Selective Mutism: <https://childmind.org/guide/parents-guide-how-to-help-a-child-with-selective-mutism/>
- List of websites and books for children with anxiety disorders:  
<https://med.stanford.edu/content/dam/sm/elspap/documents/WEBSITES.pdf>

# Resources for parents

## 2 of 2

- SPACE Program – education for parents online
  - <https://atparentingsurvivalschool.com/p/space-program>
- Getting child to sleep in own bed using helpful accommodation techniques
  - <https://www.spacetreatment.net/manual-and-books?pgid=kgsglble-af25a984-eaeb-4f87-ac07-a8b68724fb0e>
- Cool Little Kids Program (online)
  - <https://www.coollittlekids.org.au/site/about>
- Triple P
  - <https://www.triplep-parenting.com/us/parenting-courses/triple-p-online/>
- Pocket PCIT
  - <https://www.pocketpcit.com/>

# Contact information



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