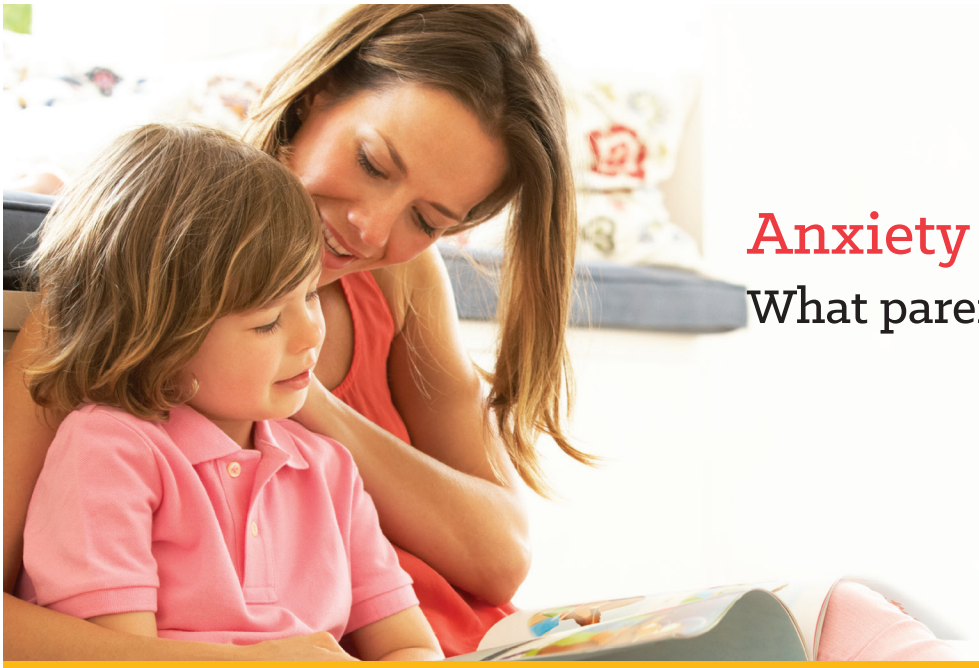

Anxiety Disorders:
What parents need to know

Anxiety is a part of normal development.

Infants can be afraid of strangers, preschoolers fearful of the dark and monsters, and younger school-aged children worry about storms. Older school-aged children may worry about academics and social situations.

When is anxiety not normal?

When worries get in the way of normal everyday activities much of the time, they may be signs of an anxiety disorder. Here are some examples:

- A baby screams whenever his mother puts him down and walks away for a minute.
- A preschool child cannot fall asleep because of fears of monsters. The usual soothing things don't work.
- A young child is so afraid of lightening or thunder that she refuses to leave the house, or she has to check the sky all the time.
- A school-age child gets physically ill on many school days, but feels much better as soon as he gets to stay home.

There are many different kinds of anxiety disorders. Sometimes it is obvious that the child is afraid. Sometimes the child may act in ways that seem "bad" or "mad," or that look like a medical illness. Doctors and psychologists are trained to spot these forms of anxiety disorder.

Facts about anxiety disorders:

- Anxiety disorders are common. They affect 8 to 12 percent of children and adolescents – about one in 10.
- Seventy percent of adults with anxiety disorders report that their symptoms began in childhood.
- The more severe childhood anxiety is, the more likely it is to persist.
- Children who have anxiety disorders often also have ADHD, oppositional defiant disorder, depression, learning disorders and language disorders.
- An anxiety disorder may go away, but later a new anxiety disorder may take its place.
- There are effective treatments for anxiety disorders. These include counseling, cognitive behavioral therapy and medication.

Quality Care Network
Rainbow Care Connection

Causes of anxiety disorders:

- Transitions and losses (i.e., moving or death of a relative/parent) can trigger anxiety.
- Some children are naturally watchful and tend to become quiet when they are in a new situation or around people they do not know. We call a style of behavior that children are born with "temperament." Inhibited or "slow to warm up" temperament sometimes leads to anxiety problems.
- Children are more likely to develop anxiety disorders when one or both parents have anxiety. But this does not always happen.
- Children sometimes learn anxious behavior by watching their parents act in anxious ways. For example, a parent may avoid situations that make him feel anxious.
- Parenting that is over-involved, controlling and highly critical can also lead to anxiety. Family stress, such as a lot of angry arguing, can lead to anxiety.

What to look for:

- Worrying too much
- Stomachaches, headaches
- Getting angry often, for little things; being irritable
- What looks like negative or oppositional behavior, when something that makes your child anxious is present (for example, in crowds)
- Anxiety or fears that keep your child from doing normal things, like going to school or enjoying friends

Different types of anxiety

Separation anxiety disorder (SAD): distress when faced with separation from a parent or other main emotional support people. Your child might follow you around the house and worry excessively about your safety and health.

Specific phobia: child has marked fear or anxiety about a specific object or situation such as animals, heights, receiving an injection, seeing blood or flying.

General anxiety disorder (GAD): excessive worry or anxiety. Children with GAD worry about a wide range of topics. They are often perfectionists who constantly need approval and reassurance.

Social anxiety disorder/social phobia: fear associated with social settings such as classrooms, restaurants and extracurricular activities. Children with social phobia may have difficulty reading or answering questions in class, beginning conversations, using public restrooms and attending social events.

Obsessive compulsive disorder (OCD): children may experience distressing thoughts, impulses or images that intrude on their awareness over and over. For example, they may have the thought that something terrible is about to happen, or that they might hurt themselves. In order to cope with these thoughts, they may engage in repetitive behaviors or mental acts; these are called compulsions.

How doctors diagnose anxiety

Your primary care provider will ask you and your child questions, and may give you and your child questionnaires to fill out. In addition to finding out about thoughts and feelings that go along with anxiety, the doctor will look into other physical symptoms (such as headaches), things that happened in your child's past (all the way back to before birth), the family medical history and other things.

Physician/Provider Treatment of Anxiety

Steps of Anxiety Management

- ☐ Diagnosis by history and assessment tool (i.e., SCARED)
- ☐ Basic parent and child education about understanding

Anxiety Symptoms

- ☐ Basic symptom management by parents and child
- ☐ Referral to therapy (give options or specific therapist)
- ☐ Parental referral for parents with anxiety or depression
- ☐ Medication if indicated with moderate to severe symptoms with partial response to other interventions

Medication Principles

- SSRIs first line pharmacotherapy for child anxiety disorder
- SSRIs are generally well-tolerated with mild or transient GI symptoms, headaches, increased motor activity and/or insomnia
- Routinely screen for bipolar or psychotic disorder and family history of bipolar in first degree relatives
- No evidence one SSRI more effective than another
- Choice based on side effect profile, duration of action, or positive response in a first degree relative for anxiety
- Onset of action often in two to four weeks. Consider increasing dose if not working within six to eight weeks.

Suggested reference: Stahl SM. The Prescriber's Guide Stahl's Essential Psychopharmacology. 2011. Cambridge University Press, NY.

Drug	Total daily dose	Dosing schedule	Main indication	FDA indications
SSRIs				
fluoxetine (Prozac®)	10 – 60 mg	qd (a.m.)	OCD, GAD, SAD, SOC	MDD (8 – 17 y/o), OCD (7 – 17 y/o), panic, SAD, PTSD
citalopram (Celexa®)	20 – 40 mg	qd (a.m.)	Social phobia	MDD
sertraline (Zoloft®)	25 – 200 mg	Once daily (a.m.)	Panic disorder	MDD, OCD, Panic, PTSD, PDD, SAD, OCD (6 – 17 y/o)
fluvoxamine (Luvox)	25 – 300 mg	qd (a.m.)	OCD, GAD, SAD, SOC	OCD
NONBENZODIAZEPINE				
Buspirone (BuSpar®)	0.2 – 0.6mg/kg	bid or tid	OCD, GAD, SOC	

Side Effects

- SSRIs: can be "uninhibiting" or "activating," gastrointestinal side effects, weight gain and loss, sweating, dry mouth, headaches, irritability, insomnia, fatigue, hypersomnia, restlessness, increased hyperactivity, tremor, increased risk for self-injury and self-injurious behavior, mania, withdrawal effects, sexual side effects
- Buspirone: lightheadedness, dizziness, nausea, sedation

Key

- GAD = generalized anxiety disorder
- MDD = major depressive disorder
- OCD = obsessive compulsive disorder
- PTSD = post-traumatic stress disorder
- SAD = separation anxiety disorder
- SOC = social anxiety disorder

Quality Care Network

Rainbow Care Connection

Anxiety Disorders:
Overview for Physicians

What is anxiety?

Anxiety is a multisystem response to a perceived threat or danger. It is a future-oriented emotion, characterized by perceptions of uncontrollability and unpredictability over potentially aversive events. It activates the fight or flight response system in the body. From the point of view of a small child, it gives the feeling of being out of control and afraid. Anxiety type physiological response is a normal reaction to stress and can actually be beneficial. If it becomes excessive, a person may have difficulty controlling it and their daily function and health may be negatively affected.

What is the prevalence of anxiety?

The prevalence of children who suffer from anxiety complaints (severe enough to interfere with daily life and functioning) varies widely from 2.5 to 41 percent. Percentages vary depending on the type of anxiety disorder. The most common anxiety disorders found among children are generalized anxiety, social phobia, specific phobia and separation anxiety. Comorbidities often occur with anxiety disorders, including depression, ADHD and eating disorders. There are often overlapping symptoms which can lead to confusion around the diagnosis; for example, many young children with anxiety or with ADHD will exhibit oppositional behaviors.

What are the etiologies of anxiety disorders?

1. **Genetics**: Heritability of anxiety disorders is modest but a child with a parent who has an anxiety disorder is at increased risk to develop one themselves

2. **Environment**:
   - Parent or caregiver's stress exposures and their response to stress affect children as well.
   - Transitions in the lives of children, such as the start of daycare or school, can generate certain levels of anxiety that persist in some children.
   - Major life events, such as a death in the family, violence, divorce and/or natural disaster, may disrupt a child's life and sense of control to a great degree and lead to anxiety or post-traumatic stress disorder (PTSD).

3. **Temperament**: cautious-type children who are inhibited or fearful and withdrawn with new people and situations are at increased risk for development of an anxiety disorder.

How to diagnose anxiety?

Symptoms: When to suspect anxiety in a child or adolescent

- Easily distressed or agitated when in a stressful situation
- Repetitive questions, "what if" concerns, inconsolable or not responsive to logical arguments
- Headaches and/or stomachaches; regularly too sick to go to school
- Anticipatory anxiety – worrying hours, days or weeks ahead
- Sleep disruption with difficulty falling asleep, nightmares or not wanting to sleep alone
- Perfectionism, self-critical, high standards
- People-pleasing, overly concerned that others are upset with him/her, excessive/unnecessary apologizing
- Avoidance, such as refusing to participate in expected activities and/or school
- Disruption of child or family functioning, not wanting to go to friend's houses, religious activities, family gatherings, etc.

Diagnoses and Descriptions of Most Common Anxiety-related Disorders

Disorder	Description
Separation anxiety disorder	Excessive and developmentally inappropriate anxiety concerning separation from home or attachment figures that begins prior to 18 years of age, has been present for at least four weeks, and causes clinically significant distress or impairment in important areas of functioning.
Generalized anxiety disorder (GAD)	Excessive anxiety and worry that is difficult to control, not focused on a specific situation or object, and unrelated to a recent stressor. GAD occurs most days over a six-month period and is associated with at least one physical symptom, and causes clinically significant impairment.
Social phobia	Marked and persistent fear of situations in which there is a likelihood of social interaction, lasting at least six months. Social phobia leads to avoidance or attempts at avoidance of situations and causes significant impairment.
Specific phobia	Marked, excessive, persistent fear in either the anticipation of a specific object, or an event that is developmentally inappropriate (such as excessive fear of dogs or bad weather). Specific phobia also leads to avoidance or attempts at avoidance of situations and causes clinically significant distress or impairment.
Panic disorder	Sudden occurrence of a cluster of symptoms (e.g., palpitations, sweating, trembling, feelings of shortness of breath, chest pain, nausea, dizziness) that peaks within 10 minutes. Panic disorder reoccurs unexpectedly and is associated with at least one month of chronic worry or fear about future attacks, consequences regarding attacks, and leads to avoidance of situations that might trigger a panic episode.
Obsessive compulsive disorder (OCD)	(Classified under a separate category in DSM 5.) Characterized by obsessive thoughts, impulses and images that last over one hour a day, and lead to marked distress and clinically significant impairment. In OCD, attempts are made to ignore obsessions; relieve distress by performing compulsions.
Post-traumatic disorder	(Classified under trauma and stress-related disorders in DSM 5.) Exposure to a traumatic event leads to persistent flashbacks, (e.g., intrusive thoughts or images), persistent avoidance of situations of persons associated with the event and increased arousal (e.g., hypervigilence, sleep disturbance). Present for at least one month.

Management Options of Patients with Anxiety (see Interventions for more specifics)

1. **Parent education and guidance**: Tell parents about symptoms of the disorder, course, treatment options, risks of treatment and consequences of not seeking treatment. Parents should attend to their child's concerns. They should model positive coping styles and help prepare children for anxiety-producing transitions by practicing new routines and exploring new environments. Encourage parents not to restrict the child's daily activities because of their anxiety.

2. **Psychotherapy**:
   - CBT components include psycho-education; body awareness (including training in abdominal breathing and progressive muscle relaxation); cognitive restructuring, which helps children identify automatic thoughts and to think about more rational responses; exposure/response prevention (desensitization to situations which trigger anxiety); and emphasis on personal control through skill building. Therapists trained in CBT would be the best resource when looking for this kind of therapy.
   - Self-regulation teaching involves relaxation and imagery (hypnosis) with or without biofeedback and is an effective tool that can help ameliorate anxiety by teaching a coping skill to gain control over his/her own body's physiological reactions.
   - Play therapy and parent training approaches can work well for young children with language or cognitive impairments which keep them from participating in CBT.
   - Group psychotherapy may help children with social phobia.

3. **Medication**: When symptoms are severe, and other methods have failed, medication management is another option. Medications should NOT substitute behavioral therapies, but are used when necessary as an adjunct. Most effective medications are selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine, sertraline, citalopram and fluvoxamine.

4. **Education**: When symptoms affect school functioning, Individualized Education Plan (IEP) or 504 plan may help the teachers work with the child in the classroom during the school day. (see Interventions handout for more discussion)

5. **Exercise**: Has been shown to decrease anxiety and has other positive effects. (see Interventions handout for more discussion)

Prevention of Anxiety

Catching anxious symptoms early is important for preventing dysfunctional anxiety. Asking parents at routine visits about any worry or fears in their child and use of screening tools can be a helpful way to find those children at higher risk. Pediatricians can provide parents with guidance in how they can model appropriate behavior, reduce their own anxious behaviors, and avoid focusing on potentially threatening aspects of the environment. Prevention of anxiety disorders includes:

Child-focused Methods

- There are many ways to teach children stress management coping skills, such as teaching deep breathing, muscle relaxation, meditation, yoga, and using the child's creativity with drawing, music and drama, etc.

Parent-focused Methods

- Model healthy coping skills and provide their children with instruction in how to cope with fear and anxiety.
- Promote resilience. A child who has good social supports from family and community, encouragement in developing inner strengths supporting self-esteem and confidence, and development of interpersonal and problem-solving skills is likely to have strong resilience.

Environment

- Protect from anxiety-provoking media exposure TV, news that includes disturbing information, and violent or frightening video games.

Quality Care Network

Rainbow Care Connection

SCARED Questionnaire – Parents

Child name: _____ Date: _____

Parent name: _____ Relationship: _____

Directions: Below is a list of statements that describe how people feel. Read each statement carefully and decide from 0 – 2 if it's **"Not True or Hardly Ever True" (0), "Somewhat True or Sometimes True" (1) or "Very True or Often True" (2)** for your child. Then for each statement, fill in one square that corresponds to the response that seems to describe your child for the past three months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

		0	1	2	OFFICE USE ONLY 1	2	3	4	5
1.	When my child feels frightened, it is hard for him/her to breathe.	☐	☐	☐					
2.	My child gets headaches when he/she is at school.	☐	☐	☐					
3.	My child doesn't like to be with people he/she doesn't know well.	☐	☐	☐					
4.	My child gets scared if he/she sleeps away from home.	☐	☐	☐					
5.	My child worries about other people liking him/her.	☐	☐	☐					
6.	When my child gets frightened, he/she feels like passing out.	☐	☐	☐					
7.	My child is nervous.	☐	☐	☐					
8.	My child follows me wherever I go.	☐	☐	☐					
9.	People tell me that my child looks nervous.	☐	☐	☐					
10.	My child feels nervous with people he/she doesn't know well.	☐	☐	☐					
11.	My child gets stomachaches at school.	☐	☐	☐					
12.	When my child gets frightened, he/she feels like he/she is going crazy.	☐	☐	☐					
13.	My child worries about sleeping alone.	☐	☐	☐					
14.	My child worries about being as good as other kids.	☐	☐	☐					
15.	When my child gets frightened, he/she feels like things are not real.	☐	☐	☐					
16.	My child has nightmares about something bad happening to his/her parents.	☐	☐	☐					

Continued on back

		0	1	2	OFFICE USE ONLY 1	2	3	4	5
17.	My child worries about going to school.	☐	☐	☐					
18.	When my child gets frightened, his/her heart beats fast.	☐	☐	☐					
19.	He/she gets shaky.	☐	☐	☐					
20.	My child has nightmares about something bad happening to him/her.	☐	☐	☐					
21.	My child worries about things working out for him/her.	☐	☐	☐					
22.	When my child gets frightened, he/she sweats a lot.	☐	☐	☐					
23.	My child is a worrier.	☐	☐	☐					
24.	My child gets really frightened for no reason at all.	☐	☐	☐					
25.	My child is afraid to be alone in the house.	☐	☐	☐					
26.	It is hard for my child to talk with people he/she doesn't know well.	☐	☐	☐					
27.	When my child gets frightened, he/she feels like he/she is choking.	☐	☐	☐					
28.	People tell me that my child worries too much.	☐	☐	☐					
29.	My child doesn't like to be away from his/her family.	☐	☐	☐					
30.	My child is afraid of having anxiety (or panic) attacks.	☐	☐	☐					
31.	My child worries that something bad might happen to his/her parents.	☐	☐	☐					
32.	My child feels shy with people he/she doesn't know well.	☐	☐	☐					
33.	My child worries about what is going to happen in the future.	☐	☐	☐					
34.	When my child gets frightened, he/she feels like throwing up.	☐	☐	☐					
35.	My child worries about how well he/she does things.	☐	☐	☐					
36.	My child is scared to go to school.	☐	☐	☐					
37.	My child worries about things that have already happened.	☐	☐	☐					
38.	When my child gets frightened, he/she feels dizzy.	☐	☐	☐					
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).	☐	☐	☐					
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.	☐	☐	☐					
41.	My child is shy.	☐	☐	☐					
					1	2	3	4	5

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 Pittsburgh. (10/95).

Quality Care Network

Rainbow Care Connection

SCARED Questionnaire – Children/Adolescents

Child name _____ Date _____

Directions: Below is a list of statements that describe how people feel. Read each statement carefully and decide from 0 – 2 if it's **"Not True or Hardly Ever True" (0), "Somewhat True or Sometimes True" (1) or "Very True or Often True" (2)** for you. Then for each statement, fill in one square that corresponds to the response that seems to describe you for the past three months. Please respond to all statements as well as you can, even if some do not seem to concern you.

		0	1	2	OFFICE USE ONLY 1	2	3	4	5
1.	When I feel frightened, it is hard to breathe.	☐	☐	☐					
2.	I get headaches when I am at school.	☐	☐	☐					
3.	I don't like to be with people I don't know well.	☐	☐	☐					
4.	I get scared if I sleep away from home.	☐	☐	☐					
5.	I worry about other people liking me.	☐	☐	☐					
6.	When I get frightened, I feel like passing out.	☐	☐	☐					
7.	I am nervous.	☐	☐	☐					
8.	I follow my mother or father wherever they go.	☐	☐	☐					
9.	People tell me that I look nervous.	☐	☐	☐					
10.	I feel nervous with people I don't know well.	☐	☐	☐					
11.	I get stomachaches at school.	☐	☐	☐					
12.	When I get frightened, I feel like I am going crazy.	☐	☐	☐					
13.	I worry about sleeping alone.	☐	☐	☐					
14.	I worry about being as good as other kids.	☐	☐	☐					
15.	When I get frightened, I feel like things are not real.	☐	☐	☐					
16.	I have nightmares about something bad happening to my parents.	☐	☐	☐					
17.	I worry about going to school.	☐	☐	☐					
18.	When I get frightened, my heart beats fast.	☐	☐	☐					

Continued on back

Quality Care Network

Rainbow Care Connection

		0	1	2	OFFICE USE ONLY 1	2	3	4	5
19.	I get shaky.	☐	☐	☐					
20.	I have nightmares about something bad happening to me.	☐	☐	☐					
21.	I worry about things working out for me.	☐	☐	☐					
22.	When I get frightened, I sweat a lot.	☐	☐	☐					
23.	I am a worrier.	☐	☐	☐					
24.	I get really frightened for no reason at all.	☐	☐	☐					
25.	I am afraid to be alone.	☐	☐	☐					
26.	It is hard for me to talk with people I don't know well.	☐	☐	☐					
27.	When I get frightened, I feel like I am choking.	☐	☐	☐					
28.	People tell me that I worry too much.	☐	☐	☐					
29.	I don't like to be away from my family.	☐	☐	☐					
30.	I am afraid of having anxiety (or panic) attacks.	☐	☐	☐					
31.	I worry that something bad might happen to my parents.	☐	☐	☐					
32.	I feel shy with people I don't know well.	☐	☐	☐					
33.	I worry about what is going to happen in the future.	☐	☐	☐					
34.	When I get frightened, I feel like throwing up.	☐	☐	☐					
35.	I worry about how well I do things.	☐	☐	☐					
36.	I am scared to go to school.	☐	☐	☐					
37.	I worry about things that have already happened.	☐	☐	☐					
38.	When I get frightened, I feel dizzy.	☐	☐	☐					
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).	☐	☐	☐					
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.	☐	☐	☐					
41.	I am shy.	☐	☐	☐					
					1	2	3	4	5

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 Pittsburgh. (10/95).

Quality Care Network

Rainbow Care Connection

SCARED Scoring Key

Patient name: _____ Date of birth: _____ Date: _____

Calculate Domains:

1. Transfer the value (0, 1 or 2) from each endorsed item into the black space in the "For Office Use Only" section.
2. Sum the values in the appropriate boxes (1 – 5) at the bottom of the page.
3. Transfer the numbers to this page to obtain domain scores.
4. Add all of the domain scores to obtain the Total **SCARED** Score.

		DOMAIN SCORE
1.	Panic Disorder/or Significant Somatic Symptoms (a score of 7+ is positive)	
2.	Generalized Anxiety Disorder (a score of 9+ is positive)	
3.	Separation Anxiety Disorder (a score of 5+ is positive)	
4.	Social Anxiety Disorder (a score of 8+ is positive)	
5.	Significant School Avoidance (a score of 3+ is positive)	
Total **SCARED** score = Sum of Domain Scores		

Interpretation Guidelines:

A total score of ≥ 25 may indicate the presence of an Anxiety Disorder. Scores higher than 30 are more specific.

For children ages 8 – 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.

Developed by Boris Birmaher, MD, Suneeta Khetarpal, MD, Marlane Cully, M Ed, David Brent, MD, and Sandra McKenzie, PhD, Western Psychiatric Institute and Clinic, University of Pittsburgh (10/95).

Provider signature: _____ Date: _____

Quality Care Network

Rainbow Care Connection

Anxiety Counseling Resources

Agency	Locations (City)	Services	Insurance(s)	Phone
Allied Behavioral Health	Fairview Park, Lorain	Behavioral Health Counseling	Medicaid; Some plans provider dependent, Some commercial insurances	1-888-606-2247
Applewood	Cleveland, Elyria	Behavioral Health Counseling, Psychiatry	Medicaid; All plans, Some commercial insurance on limited basis, ADAMHS Board Assistance (Elyria)	216-696-5800 x1264, 216-521-6511 (ECMH), 440-324-1300 (Elyria)
Avenues of Counseling	Medina, Fairlawn	Behavioral Health Counseling, Psychiatry	Commercial only	330-723-7977
Beech Brook	Cleveland, Akron	Behavioral Health Counseling, Psychiatry	Medicaid; All plans, Some commercial insurance on limited basis	216-831-2255 (Cleveland), 234-678-7912 (Akron)
Bellefaire	Cleveland, Elyria, Akron	Behavioral Health Counseling, Psychiatry, Groups (Elyria)	Medicaid; All plans (Cleveland, Elyria), Some commercial insurance (Elyria), ADAMHS Board Assistance (Elyria)	216-932-2800 (Cleveland), 440-324-5701 x13 (Elyria), 1-800-879-2522 (Akron)
Center for Effective Living	Fairview Park	Behavioral Health Counseling, Psychiatry	Medicaid; All plans, Some commercial insurance	440-333-4949
Child Guidance & Family Solutions	Akron, Cuyahoga Falls, Twinsburg, Barberton	Behavioral Health Counseling, Psychiatry, Medication Consultation, Groups	Medicaid; All plans, Multiple commercial insurances	330-762-0591
Connections	Beachwood, Cleveland	Behavioral Health Counseling, Psychiatry	Medicaid; All plans, Some commercial insurances, Uninsured	216-453-2580 x786
Crossroads	Mentor, Painesville, Perry	Behavioral Health Counseling, Psychiatry, Multiple Levels of Care	Medicaid; All plans, Some commercial insurances	440-255-1700 (Mentor, Perry), 440-358-7370 (Painesville)

ECMH Coordinator – Cuyahoga County	Cleveland	Provide Early Childhood Mental Health Consultation and Referral for ECMH	N/A	216-881-4291
Guidestone	Cleveland, Lorain, Painesville, Fairlawn, Canton, Medina, Portage	Behavioral Health Counseling, ECM, Psychiatry (Cleveland, Lorain), In-home, ECMH (Painesville, Fairlawn, Canton, Medina, Portage)	Medicaid; All plans	440-260-8300
Humanistic Counseling Center	Avon, Beachwood, Bedford Heights, Brecksville, Brunswick, Chagrin Falls, Cleveland Heights, Euclid, Fairview Park, Hudson, Lyndhurst, Mentor, North Olmsted, Pepper Pike, Richfield, Rocky River, Stow, Warrensville Heights, West Park	ADHD Evaluation at Family Achievement Center with Dr. Dan, Behavioral Health Counseling	Providers independently paneled with commercial insurance and individual Medicaid plans, dependent on location; Website profiles indicate specialization of providers	216-839-2273
Jay Berk	Beachwood, Willoughby	Behavioral Health Counseling, Groups	Specific Medicaid plans, Commercial insurances	216-292-7170
PsychBC	Beachwood, Brecksville, North Olmsted, Ashtabula, Willoughby, Avon	Behavioral Health Counseling, Psychiatry (limited locations only)	Commercial insurances, Some Medicaid plans provider dependent	216-831-6611
Ravenwood	Chardon	Behavioral Health Counseling, Psychiatry	Medicaid; All plans, Multiple commercial insurances	440-285-3568
Signature Health	Ashtabula, Garfield Heights, Willoughby	Behavioral Health Counseling, Psychiatry	Medicaid; All plans	440-992-8552 (Ashtabula), 216-663-6100 (Garfield Heights), 440-953-9999 (Willoughby)
Solutions Behavioral Health Care	Medina	Behavioral Health Counseling, Psychiatry	Medicaid only	330-723-9600
The Center for Families & Children	Parma, Rocky River	Behavioral Health Counseling, Psychiatry, Limited Access	Medicaid; All plans	216-325-9355
UH Rainbow Babies & Children's Developmental & Behavioral Pediatrics	Cleveland, Solon	ADHD Evaluation and Medication Consultation	Medicaid; All plans, Multiple commercial insurances	216-844-3230
UH Rainbow Babies & Children's Child & Adolescent Psychiatry	Cleveland, Solon, Mayfield Heights, Westlake	Psychiatry and Medication Consultation	Medicaid; All plans, Self-pay, and Commercial insurance with limited accessibility	216-844-3881

University Hospitals does not endorse these specific behavioral health providers. This list is provided as a resource. Other providers may also be available.