

Worries and Woes: Dealing with Anxiety Disorders in School Age Children

Week 6
Jack Hirose and Assoc. Webinar

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Week 6 Agenda

- Differential Diagnosis
 - Anx., Depression, ADHD, Spectrum
 - Treatment Priorities
 - Comorbidities
- Assessment
 - Formal vs Informal
 - Trigger Detection: Treasure Hunt
 - Problem Solving
- Medications and Research
- Engaging Parents
- Q & A

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Differential Diagnosis

- Anxiety Disorders
- Depression
- AD/HD
- Autism spectrum disorders (incl Aspergers)

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Similar behaviors

- Inattention: all
- Aggression: all
- Poor social integration: all
- Emotional distress: all
- Concentration difficulties: all
- Disturbed sleep: all
- Impulsivity: more common in last 2 (ADHD, ASD)

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Definitions

- **Anxiety Disorder:** Excessive fear, worry, and/or avoidance
- **Depression:** Persistent sadness of mood, lacking interest in life/activities
- **ADHD:** Inattention and/or hyperactivity to tasks and events
- **Austism Spect:** Continuous, life-long pervasive developmental disorder of impaired social interaction and restricted range of interests

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Prevalence

- Anxiety: 10-22% 4-17 yrs
(lifetime = 29%)
- Depression: 6% 9-17 yrs
(lifetime = 10-25% gender dep.)
Dyasthnia: 6% lifetime, Bipolar I: 5-1.6%, Bipolar II: 5%
- AD/HD: 3-7%
Behaviour consistent across 2 or more settings
- Autism: 0.2-0.4%
**DX age 5-9

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Age of onset

- **Anxiety:** 5-6 yrs, 10-12 years, lifetime
girls > boys 2:1
- **Depression:** 10-12 years +
women > men 2:1
- **AD/HD:** < 7 yrs
boys > girls 2:1 to 9:1
- **Autism:** birth, DX interaction with
other same-age children
boys > girls 5:1

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Treatments (well established/ESTs)

- **Anxiety:** CBT, Medication
 - **Depression:** CBT, Medication, IPT
 - **AD/HD:** Medication, CBT, PMT
 - **Aspergers*:** Beh mod, PMT, social skills, Medication (usu. Comorbid symptoms)
- *No longer DSM 5 language but prevalent in community

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Yikes! What is it?

- **ADHD vs. others:**
persistent hyperactivity in many areas
excessive talking
Rx: Behaviour mod first + PMT
ritalin effective 75-90%

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What is it?

- **Anxiety:** marked by avoidance and worry about future
Physiological response *heightened*
- **Depression:** marked by feelings of loss and past
Physiological response *muted*

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What else to look for?

Autism vs. OCD:

1. Focused interest of Asperger's source of comfort
2. OCD: obsessions, compulsions source of distress
3. OCD no marked impairment in social interaction or communication

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More detective work

Asperger's vs. social phobia or other anxiety disorders?

1. Anxiety disorders do NOT display pervasive impairment in social development or circumscribed interests
2. Asperger's social deficits can be severe enough to interfere with acquisition of basic skills

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Issues in Co-morbidity

- Is anxiety disorder primary or the consequence of another problem (e.g., 50% of depressed children develop secondary anxiety; many children with LD or MH become anxious)
- Is the anxiety secondary to the treatment for another condition (e.g., stimulants for ADHD)
- Often treatments overlap: which to address first?

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What to treat first?

- Teaching CBT skills has generalizable effects (When address principal diagnosis, other comorbid conditions decrease)
- Early success = increased motivation, control, HOPE

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Assessment

- Formal
- Informal
- Trigger Detection

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Free, reliable and valid Assessments

- Spence Children's Anxiety Scale
Free at : http://www.scaswebsite.com/index.php?p=1_6
(children)
 - http://www.scaswebsite.com/index.php?p=1_15
(parent)
- Fear Survey Schedule
Free at : <http://www.therapyadvisor.com/LocalContent/Child/FSSC-R.pdf>
- The Screen for Child Anxiety Related Disorders (SCARED)
Free at : <http://www.wpic.pitt.edu/research/carenet/CARENETPROVIDE>



Making Assessment Fun

- Game of 100 Questions
- Treasure Hunt
- Lots of breaks and Rewards
- Give and Take: I ask 5 Qs, Client ask 1 Q

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Mobility Inventory (Chambless)

- Never avoid
- Rarely avoid
- Avoid about half the time
- Avoid most of the time
- Always avoid
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Places	When accompanied	When alone
• Amusement Park		
• Theatres		
• Supermarkets		
• Classrooms		
• Department stores		
• Restaurants		
• Museums		
• Elevators		
• Auditoriums or stadiums	_____	_____
• Parking garages	_____	_____
• High Places (how high)	_____	_____
• Enclosed spaces (e.g., tunnels)	_____	_____
• Arcades	_____	_____

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Open Spaces and Places

- Outside (fields, wide streets, courtyards, soccer field)
- Inside (large rooms, lobbies)
- Boat/ferry
- Riding in
 - Buses, trains, skytrain, airplane, boat, car (any time, only hwys)

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Situations

- Standing in lines
- Crossing bridges
- Parties/social gatherings
- Walking on the street
- Staying at home alone
- Being far away from home
- School assembly
- Field Trips
- Eating alone/in cafeteria
- Playing sports
- Sleep overs
- PE class

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Informal Assessment

“Is this child more anxious/worried than other kids his/her age?”

- Check for change in household (e.g., death, divorce, move)

What is this child/teen avoiding?

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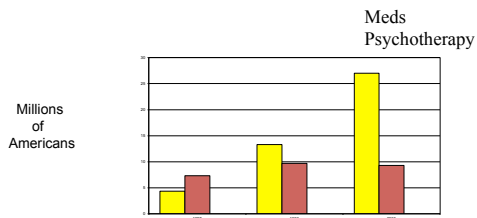
Medications

- Antidepressants: SSRIs
- Benzodiazepines (Ativan, Valium)
- Anti-psychotics

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Trends in Antidepressants and Psychotherapy Use (US)

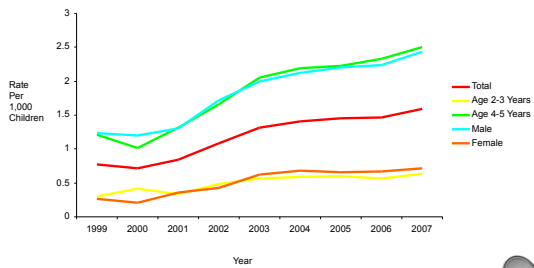


1987 data from NMES, *Health Affairs* 1994, 1996-2005 from MEPS, *Arch Gen Psych* 2009

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Annual rates of antipsychotic use per 1,000 privately insured young children by age and sex

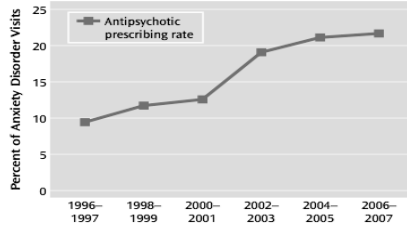


Source: MarketScan, Olsson et al., *JAACAP* 2010, lynn.miller@ubc.ca



Antipsychotic Use for Sedative Properties

FIGURE 1. Patterns in Antipsychotic Prescribing in U.S. Office-Based Visits to Psychiatrists for Anxiety Disorders (1996–2007)



Comer, Mojtabai & Olfson, 2011, Am J Psy
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Engaging Parents

- Shifting the Conversation:
 - Best parent you can be
 - Just shifting parenting skills
- Toolkit of Skills
- Rewards and Practice
- Stress Recess

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Support Parents

- May have undiagnosed AD?
- Feel blamed
- Cannot “discipline” anxiety out of a child
- Strangers often want explanation, “force” a child to do something not ready for
- Encourage parents to educate others (family members, teachers) esp around “odd” behaviours

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Another pre-treatment caveat

- Sleep!!!
- No electronics @ night 2 hours prior to bedtime

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CBT Components (Tool Kit)

1. **Psychoeducation:**
Learning about Feelings
2. **Cognitive Restructuring:**
Healthy Thinking
3. **Breathing Re-training and Relaxation:**
Relaxation Games
4. **Exposure:**
Exposures & Experiments
5. **Relapse Prevention:**
Predicting the Future

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Putting it all together

- School refusal due to separation
- School refusal due to panic
- School refusal due to OCD: contamination
- School refusal due to social phobia
- School refusal due to PTSD
- School refusal due to Specific phobia
- School refusal due to GAD

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Vomit Phobia

- 1. Psychoeducation: purpose of vomit
- 2. Breathing reminder
- 3. Healthy thinking
- 4. Exposure to.....what?

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Exposure tasks/ideas for vomit

- www.bravehost.emetophobia.com
- Top 10 vomit movie scenes
- Lists of vomit related words (read over and over)
- Songs about vomit
- We play charades about vomiting ourselves
- Make fake vomit
- Watch for SBs: antacids, avoiding eggs, etc)

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Blood injury phobia

- Clients can faint
- Sudden blood pressure drop
- Applied tension

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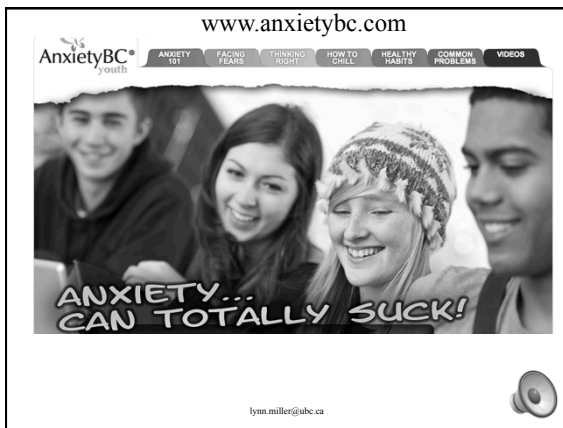
Helpful Websites

✓ www.anxietybc.com

- Recommended reading
- Step-by-step how to's
- Evidence-based books
- Separation, OCD, Panic DVD

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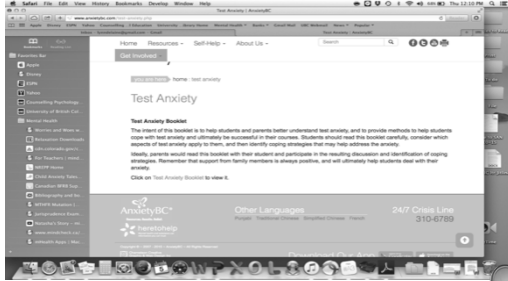
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Test Anxiety Booklet

Mark Gilbert (Rutland Senior Secondary School), and Karen Gilbert (George Elliot Secondary School)



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Common complaints

- Worry about future
- Panic and weed/alcohol
- Tolerate Uncertainty
- Perfectionism
- Health anxiety
- Public speaking
- Test anxiety

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More complaints

- Divorce
- Making friends + peer pressure
- Being alone
- Fear of flying
- Sleep issues

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Common Questions

“Why?” does your child do x, y, z?

Genetics, some conditions cannot be explained (e.g., other health conditions)

Should I medicate my child?

How do I find CBT in other areas?

What to treat first?

Treatment does not seem to be working

Parents not onboard with treatment

School not on board with treatment

Will my child grow out of anxiety?

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Take home summary

Anxiety disorders are highly prevalent, usually get worse without treatment, but are probably the MOST treatable of all mental health concerns.

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