

Worries and Woes: Dealing With Anxiety Disorders In School Age Children

Lesson 4

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Lesson 4 Agenda

- **Social Phobia**
 - Assertiveness
 - SM
 - Incorporating Technology
 - Thought Feelings Record
- **Panic Disorder**
 - Spinning, twirling, hyperventilating

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Social Anxiety Disorder:
The Silent Epidemic amongst Teens

- Persistent and excessive fear of:
 - embarrassing self
 - being negatively evaluated by others
- Associated with:
 - Avoidance of feared social situations
 - Fear that signs of anxiety will be visible
 - Tendency to “mind read” what others think
 - High standards for self
 - Test anxiety

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Social Anxiety Disorder (aka Social Phobia)

- **With an incidence of 13%, it is the most common of the anxiety disorders**
- The course tends to be chronic and debilitating (delaying achievement and interfering with relationships for more severe cases)
- More women than men receive the diagnosis, but men are slightly more likely to seek treatment
- Depression is frequently comorbid

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Onset

- Average age of onset is 16 years
- Behaviorally inhibited children are at increased risk for the disorder
- Most clients describe an insidious onset
- Occasionally clients will describe specific humiliation episodes linked to onset
- Regardless of onset, CBT tends to focus on the self-perpetuating patterns that help maintain the disorder

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Typical Child's thinking

- Recess: No one will play with me
- Invitation to birthday party: Who will be there?
- Test situations: I'll fail this exam
- Public speaking: Everyone will laugh at me
- Any social situation: I will throw up

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Cognitive Biases in Social Phobia

- Interpretation of ambiguous stimuli as negative
 - Teachers' body language, other kids' body language
- Exaggerated probability of feared outcomes
 - "I will throw up", "I will embarrass myself"
- Exaggerated costs of feared outcomes
 - "I will flunk this course", "I won't get into University"
- Excessively high standards for social performance
 - "I have to be the best", "I have to be funny/clever/etc"
- Unconditional negative beliefs about the self
 - "I'm a loser", "Of course I messed this up again"

Developmental task: Identity vs Confusion (E Erikson)

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Social Phobia Model (Hoffman, 2007)

Enter social situation

Apprehensive, social standards too high
"I doubt I can meet standards"

Heightens attention to self-focus : Physical Symptoms and anxious thoughts

Negative self perception

"I'm such an idiot"
"It will be a catastrophe if I mess this up"
"I have no way of controlling my anxiety"
"My social skills are inadequate to deal with this"

Irony: Leads to awkward behaviour and social problems (embarrasses self, negative evaluation)

Avoidance and post-event rumination

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More on how this develops

- Social situation: Fear of embarrassment
- Anxiety symptoms begin: sweaty palms, sick stomach, difficulty speaking
- Shift of attention to Internal symptoms
- Don't know how to explain to others, with observation *everyone* else seems to make it thru ok
- Teen uses internal information to infer how he appears to others

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Result? Outcome?

- Mental representation of self distorted
- Confidence level drops : "I'm not good enough, I'm boring, I messed up"
- Avoidance of social situations
- Excuses for not participating
- Increase use of safety behaviours

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Examples of Safety Behaviors in SoP

Fear	Safety Behavior
I'll say something stupid	-Say as little as possible -Filter what I'm going to say before I say it
People will see my hands shake	-Grip hands very tightly together
I won't know what to say	-Plan in advance
People will see me blush	-Look down during conversation

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Typical responses (caution!!!)

"I'm more mature than they are"

"I'm not into that music"

"I prefer to hang out with my parents"

"I like being by myself"

*(***skewed idea of friends)*

"My mom is my best friend"

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Long term sequela

(Zimbardo, Kessler, others)

Females increase HS drop out
Males increase univ drop out
Females marry early, Males marry late
Both have unstable marriages
Delay establishing careers

Pathway to: smoking, alcohol, and depression

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Pattern of Avoidance

- False alarm signals (symptoms)
- Real reactions!
 - Uncomfortable talking to peers (adults more predictable)
 - Avoids eye contact
 - Blushing
 - Physical complaints
 - Prefers predictability

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Parent Overprotection

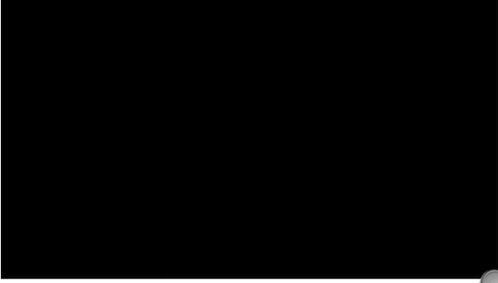
- Will order food for youth
- Email teachers
- Answers for teen
- “Protects” from novelty

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TeenMentalHealth.org: Dr Stan Kutcher

<http://www.youtube.com/watch?v=kitHQUWrA7s&list=UUEGjXgizngaiaEvl1uuOUtA&index=20>



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Severe SoP: Selective Mutism

- Child fails to speak in situations where speech is expected or necessary
- Thought by some to be severe form of social anxiety disorder
- Average age of diagnosis: 4 to 8 years
- Problem often worsens when child starts school
- Often prior history of extreme shyness
- Usually child shows other symptoms of excessive anxiety
- Child may be talkative and symptom free at home or in situations where they feel safe

* Adapted from materials at www.adaa.org

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Selective Mutism

<p>Severe Social Phobia</p> <ul style="list-style-type: none"> ✓ Resembles social phobia ✓ Resembles behavioral inhibition ✓ Speech decreases with unfamiliar people and unfamiliar contexts 	<p>Anxiety Plus Something</p> <p><i>Increased incidence of:</i></p> <ul style="list-style-type: none"> ✓ speech & language problems ✓ learning problems ✓ developmental delays ✓ ESL
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Degrees of Mutism

- Complete Mutism at School
- Relaxed Nonverbal Participation
- Speaks to Parent at School
- Speech Observed by Peers
- Child Speaks through Parent to Peers
- Child Speaks to One Peer: Whisper
- Speech to Several Peers: Normal Tone
- Speech to Teacher: Whisper

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S Kurtz: Brave Buddies

- <https://www.youtube.com/watch?v=i7EAsMNZ6uA>



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Treatment: Psychoeducation AnxietyBC.com



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Treatment: Relaxation/Self-calming

- Calm Breathing (yoga, diaphragmatic breathing)
- Progressive Muscle Relaxation
- Visual Imagery

See what works best for the youth, but teach them all the tools! Must proactively schedule practice time.



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Key Skills:

- Diaphragmatic breathing
(aka Belly Breathing, candle/flower, blowing bubbles)
- Progressive Muscle Relaxation (PMR)
 - Systematically tensing and releasing muscles to promote relaxation
 - Start with toes and move throughout entire body ending at the head



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Relaxation is important

- Slows heart rate
- Lowers blood pressure
- Slows breathing rate
- Increases blood flow to major muscles
- Reduces muscle tension and chronic pain
- Puts body into relaxed state helps to optimize brain development (myelination, pruning, integration)
- Helps with connection to others
- Release of oxytocin (D Siegel)
- Supports EF
 - engages parasympathetic system

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Why is Relaxation Important?



- Helps us to *manage* feelings and situations more effectively
- Gain control over our body
- Improves our physical health (reduces cortisol levels)
- Improves our mental health
- Helps us to *perform* to the best of our ability
- Feels good!! (release of 'endorphins')

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Use Competition to your advantage

Name places and times you can practice your breathing...

- No one will know
- Get wild! Be funny!

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Visual Imagery David M Clark

- Shift from internal focus of attention to observing others
- Mental representation of self distorted
- Help client form realistic picture
- Feedback from others, Video
- Re-script scenarios
- Homework: visualize successful interactions (think of athletes)

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Treatment: Helpful Thinking (Cognitive Restructuring)

Anxious kids often have unrealistic, negative thoughts.

They **OVERESTIMATE** the threat and
UNDERESTIMATE their ability to deal with it.

e.g.,

Catastrophic thinking (*I'm going to trip and everyone will point and laugh at me!*)

All-or-none thinking (*If I get a B then I am a total failure.*)

Overgeneralization (*I didn't make the team, I'm never going to be good at sports.*)

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Thought-Feelings Record

Situation	Automatic Thought	Feeling 0-10	Behaviour	Thoughts afterward

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Connecting thoughts feelings and behaviors

Date _____

- What happened? _____
- What was I thinking about? _____
- How did I feel? _____
- How worried was I? _____

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

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Metaphors

- Red/Green thinking
- Lizard/Wizard Brain
- Smart/silly thinking
- Emotional/Realistic thinking
- Stinkin' Thinkin'
- Thinking Traps

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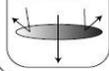
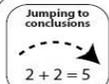
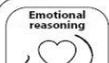
The downward arrow



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Thinking Errors (A. T. Beck)

 <p>certain types of evidence. Noticing our failures but not seeing our successes</p>	 <p>things that have happened or that you have done for some reason or another That doesn't count</p>
 <p>Jumping to conclusions There are two key types of jumping to conclusions: • Mind reading (imagining we know what others are thinking) • Fortune telling (predicting the future) 2 + 2 = 5</p>	 <p>Magnification (catastrophizing) & minimisation Blowing things out of proportion (catastrophizing), or inappropriately shrinking something to make it seem less important.</p>
 <p>Emotional reasoning Assuming that because we feel a certain way what we think must be true. I feel embarrassed so I must</p>	 <p>should must Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed.</p>

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Unhelpful Thinking Styles

<p>All or nothing thinking</p> <p>Sometimes called black and white thinking. If it's not perfect, I have failed. Either I'm right or I'm not at all.</p>	<p>Over-generalizing</p> <p>Seeing a pattern based upon a single event or being overly broad in the conclusions we draw. "Nothing good ever happens!"</p>
<p>Mental filter</p> <p>Only paying attention to certain types of evidence. Not seeing our failures but just seeing our successes.</p>	<p>Discounting the positive</p> <p>Discounting the good things that have happened or that you have done for some reason or another. That doesn't count.</p>
<p>Jumping to conclusions</p> <p>There are two basic types of jumping to conclusions: Misreading (imagining we know what others are thinking) Fortune telling (predicting the future). $2 + 2 = 5$</p>	<p>Magnification (or catastrophizing) & minimization</p> <p>Blowing things out of proportion or overemphasizing or underemphasizing, thinking something is much more or less important.</p>
<p>Emotional reasoning</p> <p>Assuming that because we feel a certain way, what we think must be true. "I feel embarrassed so I must be an idiot."</p>	<p>should</p> <p>Using critical words like "should," "must," or "ought" to make us feel guilty or sad for not already doing it.</p> <p>must</p> <p>If we apply "shoulds" to other people the result is often frustration.</p>
<p>Labelling</p> <p>Assigning labels to ourselves or other people. "I'm a loser." "I'm completely useless." "I'm worthless and so are they."</p>	<p>Personalisation</p> <p>Blaming yourself or taking responsibility for something that wasn't completely your fault. "Completely blaming other people for something that was your fault."</p>

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Oh, god... these fights are too tight. I think I'm gonna die!!

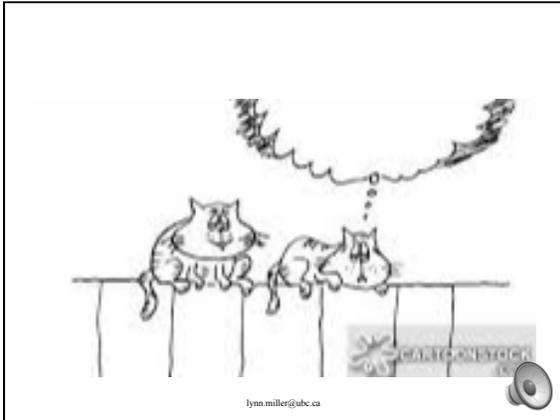
ANXIETY GIRL!
Able to jump to the worst conclusion in a single bound!

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Affect Education: Encourage Reading
Body Language of Others

1. Find comic strips and discuss
2. Find comic strips but erase what cartoonist has written and insert what client likely to say
3. Charades
4. Role play
5. Link events to feelings with examples (Famous people and their problems, politicians)

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**Social Skills/
Assertiveness Training**

- Identifying problematic and avoided interpersonal interactions
- Good and bad body language (e.g., eye contact, timely smiling, interpersonal distance)
- Starting and maintaining conversations
- Giving compliments, showing approval
- Being assertive
- Arranging social events



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Treatment: Fear Hierarchy

Situation	SUDS
Talking to a stranger on the phone	30
Making eye contact	45
Ordering at a restaurant	50
Chatting with other students	70
Going to a small gathering with friends	75
Talking to teacher	80
Speaking up during class	80
Going to a big gathering (people I don't know)	85
Making a speech at school	90
Going on a date	95

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Exposure Therapy I: Video feedback



- Record the youth engaging in social exposure (e.g., speech, convo); get anxiety ratings before, during and after
- Watch video and ask him/her to rate (1) how anxious she felt watching herself, and (2) how anxious *that person in the video* looks objectively
- Highlight the discrepancy in the way she feels and the way she comes across; have her anchor to objective instead of subjective indices of performance

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Exposure Therapy II: Role plays/confederates

- Use people you know or practice real life situation yourself with client
- Don't instruct confederates to be overly nice or affirming
- Careful of reassurance before, during or after (this is a safety behavior and negatively impacts their learning!)
- Can get confederate feedback if desired
- Use this approach only initially, and move away into in vivo pretty quickly

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Exposure Therapy III: In vivo



- Set up predictions of what they expect to happen, how anxious they expect to be, do cognitive restructuring if necessary
- Set clear behavioral goals to measure success of exposure NOT reduction of anxiety as the goal
- Examples of in vivo:
 - Going into a coffee shop and having brief conversations with 3 strangers
 - Talking to public transit officer/policeman to ask for directions
 - Calling restaurants to ask for their specials this week
 - Making special requests for services
 - Buy and Return purchase from store

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Final Step: Social Mishap Exposures

(Fang, Hoffmann et al 2013)

2. Walk backwards slowly in a crowded street for three minutes.
3. Wear your shirt backward and inside out and buttoned incorrectly in a crowded store. Goal: Look three people in the eye.
4. Pay for an embarrassing item with change, and then state that you don't have enough and leave the store.
5. Approach people on the street asking if they can help you tie your shoelaces when you're wearing shoes without laces.
6. Recite "Twas the Night Before Christmas" in the subway platform.
7. Go to a fast food restaurant and only order water, then spill the water, clean it up, and stay in the restaurant.
8. Ask multiple people in a specific and obvious location (e.g., right outside XXX Park, or a T stop) where to find that location ("Excuse me, I am looking for XXX Park").

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Other Example Homework Assignments:

- Join/attend a club, team, or group
- Invite someone to study or for a coffee
- Go and speak to a teacher
- Ask or answer a question in class
- Go on some job interviews
- Attend a public lecture and ask a question
- Ask someone on a date (Albert Ellis!)
- Ask someone for directions

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Summary

- Watch for change in academics
- Slow erosion of social life
- Change story about self
- Increase sense of humor
- Don't look for behaviour to make sense (Adele!)

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Panic Disorder (with or without agoraphobia)

- Recurrent unexpected panic attacks
- Fear of something bad happening as a result of the panic attack
 - *dying (e.g., heart attack)* - *fainting*
 - *going crazy* - *losing control*
 - *embarrassing self*
- often associated with avoidance of places or situations associated with panic (agoraphobia)

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DSM Panic Attacks:

Defined by 4 or more of the following 13 symptoms

11 Somatic Symptoms

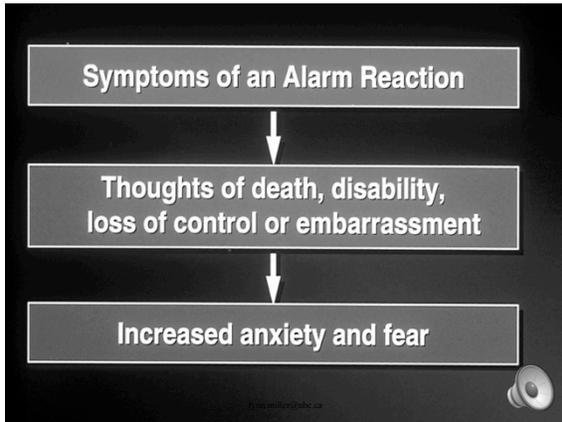
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|------------------------|-------------------------|
| • Increased heart rate | • Numbness/Tingling |
| • Shortness of breath | • Hot flashes or chills |
| • Chest pain | • Depersonalization |
| • Choking sensation | |
| • Trembling | |
| • Sweating | |
| • Nausea | |
| • Dizziness | |

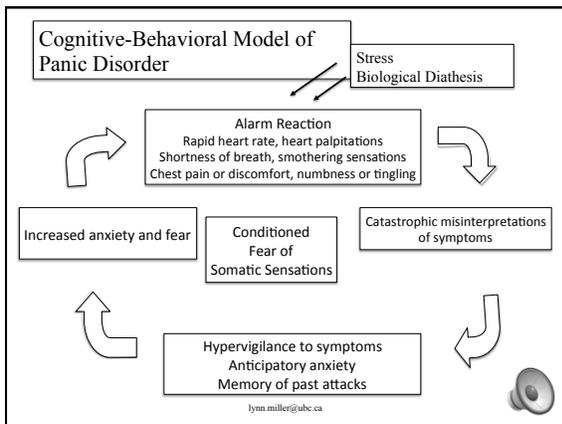
2 Cognitive Symptoms

- Fear of dying
- Fear of losing control

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- Core Elements of CBT**
- Psychoeducation/ Informational intervention
 - Cognitive interventions
 - Interoceptive (internal) exposure
 - In vivo exposure
 - Goal? Produce panic attacks
 - Can be delivered in individual or group treatment formats
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Information Interventions

- Distinguishes between symptoms, thoughts, and behaviors – and introduces the cascade between these elements
- Introduces the notion and consequences of catastrophic thoughts
- Addresses the role of escape and avoidance in maintaining fear
- Helps the client adopt an informed and active role in treatment

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TeenMentalHealth.org (Kutcher)



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Cognitive Restructuring - General

- Identify the nature of thoughts: they don't have to be true to affect emotions
- Learn about common biases in thoughts
- Treat thoughts as “guesses” or “hypotheses” about the world

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Panic Attack Diary

Day & Date
Situation: What happened? Who with, where etc
Main body sensations (e.g., Dizziness, mind-racing, breathless, shaking, palpitations, chest pain, nausea, choking feeling)
Negative thought
Misinterpretation of body sensation:
"I'm having a heart attack", "I'm going to faint"
What was the worst that could happen?
Answer to negative thought
What did you or could you have said to yourself that would have helped?
Behaviour & Consequence
What did you do?
What happened as a result of the panic attack?
How long panic lasted? (mins)

www.getselfhelp.co.uk www.get.gg

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Cognitive Restructuring

- Increase awareness of thinking patterns
 - Over-estimating the probability of negative outcomes
 - Assuming the consequence will be unmanageable
- Monitor relationship between thinking and panic episodes
- Challenge thinking
 - Evaluating evidence for the thought
 - Evaluating the cost of the feared outcome
- Establish adaptive thinking patterns
 - Reality based thinking and not just positive thinking

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Exposure Interventions

- Provide rationale for confronting feared situations
- Establish a hierarchy of feared situations
- Provide accurate expectations
- Repeat exposure until fear diminishes
- Attend to the disconfirmation of fears ("What was learned from the exposure?")

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First: Interoceptive Exposures (exposures to internal sensations)

Rationale:

- Provide opportunities to examine negative predictions about internal sensations
- Provide opportunities to increase tolerance to and acceptance of internal sensations through repeated exposure to sensations

Method:

- Engage in systematic exercises that induce feared internal sensations (i.e., dizziness, increased heart rate).

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Common Interoceptive Exposure Procedures

- **Headrolling** – 30 seconds - dizziness, disorientation
- **Hyperventilation** – 1 minute - produces dizziness, lightheadedness, numbness, tingling, hot flushes, visual distortion
- **Stair running** – a few flights – produces breathlessness, a pounding heart, heavy legs, trembling
- **Full body tension** – 1 minute – produces trembling, heavy muscles, numbness
- **Chair spinning** – several times around – produces strong dizziness, disorientation
- **Mirror (or hand) staring** – 1 minute – produces derealization
- **Straw breathing** – 2 minutes – produces choking sensation

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Business

Panic Cycle

Uh oh!

What if:

- This gets worse?
- I lose control?
- This is a stroke?

I have to control this!

Relative Comfort

- Notice the sensation
- Do nothing to control it.
- Relax WITH the sensation

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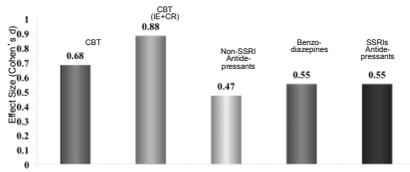
In Vivo Exposures

- Create list of scary situations
 - Riding a bus
 - Riding in back of car
 - Entering a class room
 - Shop at a mall/grocery store

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Meta-Analytic Results of Panic Disorder Treatment Studies

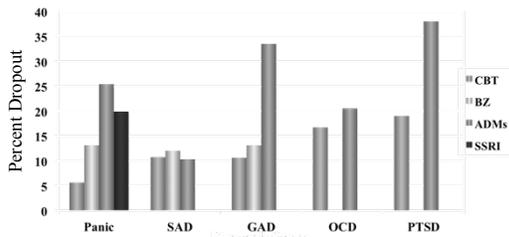


Gould et al, 1995; Otto et al., 2001

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Treatment Acceptability (dropout rates)



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Helping Parents

- Be patient with teen
- “Just over reacting!” or manipulative
- Sx can be quite frightening
- Advocate
- Help with treatment

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Difference PD and SoP

	Panic Disorder	Social Phobia
Fear and Avoid	Symptoms	Center of attention, social events
Symptoms	Appear without warning, come quickly	Sx appear when anticipating or experiencing social interactions, blushing, sweating
Social interaction	Embarrassed and think others can see Sx	Fewer interactions, increase in loneliness, feeling left out
Treatment	Often seeks medical attention for physical Sx	Overly shy, Personality defect, Not usually medical attention

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Week 4 Review

- Social Anxiety
- Panic Disorder

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