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

Week 1
Jack Hirose and Assoc. Webinar

Lynn D. Miller, Ph.D., Lic. Psych.

10:50

Course Overview

- Week 1: Nature and Causes of Anxiety, CBT Basics
- Week 2: Specific Phobia (SP), Separation SAD), Fear Hierarchies
- Week 3: Obsessive Compulsive Disorder (OCD), Exposure/ Response Prevention
- Week 4: Social Phobia (SoP), Panic (PD), Interoceptive Exposure
- Week 5: Post Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder (GAD), Virtual Reality and Prolonged Exposure
- Week 6: Comorbidity and Assessment, Q & A

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Agenda: Week 1

- Anxiety Disorders Overview
- Aetiology
  - Temperament and Development
- CBT: 5 Elements
- Initial Interview
- Sleep

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Child & Adolescent Mental Disorders* Kutcher

MENTAL DISORDER	Six Month Prevalence (%) Age = 9-17
Anxiety Disorder	13.0
Disruptive Behavioral Disorders	9.7
Mood Disorder	6.2
Substance Use Disorders	2.0
Any Disorder	20.9

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Lifetime Prevalence Child & Adolescent Mental Disorders

Mental Disorder	Lifetime Prevalence (%) Age = 9-17
Anxiety Disorders	31.9
Disruptive Behavioral Disorders	19.6
Mood Disorders	14.3
Substance Use Disorders	11.4
Eating Disorders	2.7

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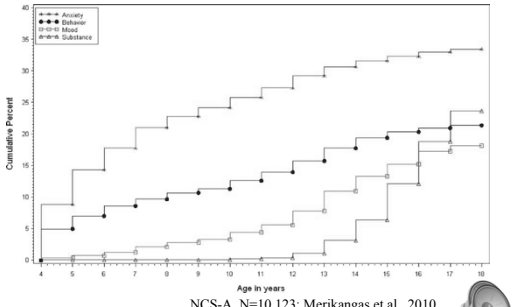
Cumulative lifetime prevalence of major classes of DSM-IV diagnoses



NCS-A, N=10,123; Merikangas et al., 2010, *JAACAP*

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Specific population needs

- Younger children
- Cognitive impairments
- Gifted and elevated cognitive ability

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Young Children: Early detection is important

- 10% prevalence rate in preschoolers (2-5 years) (Egger & Angold, 2006).
- National Comorbidity Survey of 10,123 adolescents aged 13-18 years in the US
  - Earliest onset was for anxiety with a median age of 6 years

  (Merikangas, Jian-ping He, Burstein, et al., 2010)
- Anxiety disorders, if untreated, are likely to persist across the lifespan (Egger & Angold, 2006)

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Cognitive implications

- Anxiety correlates (rises) as IQ (rises)
- Many professionals have adopted the estimate that 30-35% of all persons with intellectual or developmental disabilities have a psychological disorder *British Journal of Psychiatry*. Vol 198, p. 493 – 499

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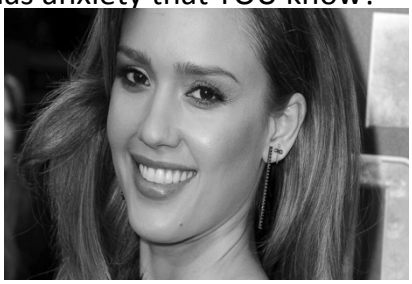
Who has anxiety that YOU know?



Jessica Alba:
OCD

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Emma Stone

Panic Disorder

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Johnny Depp

Coulrophobia

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Scarlett Johansson

- Panic Diso

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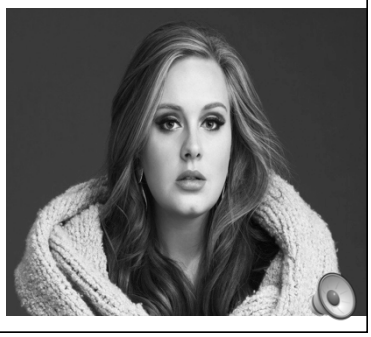
Adele

- Social Phobia
- Intense fear of crowds



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Howie Mandel

- OCD

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Michael Jackson

- GAD, PA

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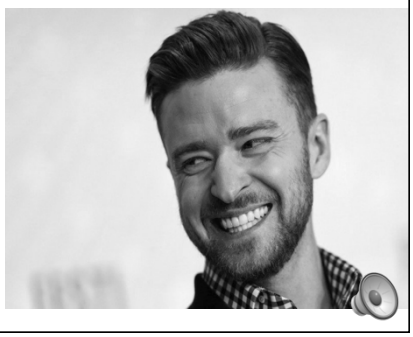
Justin Timberlake

- Spiders
- OCD



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Jessica Alba

- PA

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Scotty Beljan: PGA Golfer

- Panic

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David Beckham

Ataxophobia, Fear of Disorder/Untidiness

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Jennifer Lawrence

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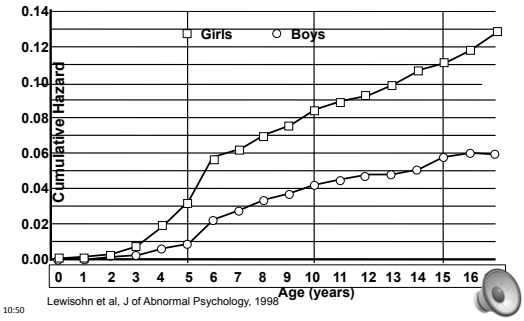
Social Phobia

When does anxiety begin?



Lewisohn et al, J of Abnormal Psychology, 1998

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Complications of Untreated Anxiety

- *Diminished educational and vocational achievement:
  - Lower college grad rates by 2%
  - Lower probability prof occupation by 3.5%
- Bullied more than their peers (Ledley, Storch & Coles, 2006).
- Impaired relationships
- Subsequent depression, alcohol abuse and cigarette smoking
- Greatest predictor of suicide
  (Dadds et al., 1997; March et al., 1998; Muris et al., 2000; Murray et al., 1996; Sareen, 2005; Wittchen, 1998)

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Disability - Adjusted Life Years Lost

75% accounted for by 3 Disorders:

- Anxiety
- Depression
- Substance-use (Andrews & Wilkinson, 2002)

- Mental health conditions were responsible for 47% of all approved disability claims in the federal civil service, Public Service Alliance of Canada. (Healthy Minds Canada, 2016)

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What is Anxiety ?

- NORMAL human emotion essential for survival
- Feeling anxious, fearful, nervous, apprehensive, worried, on guard, "freaked out", etc.
- Best viewed on a continuum from low to high
- Individual differences in the experience of anxiety
  - *Types of symptoms*
  - *Intensity of symptoms*
  - *Frequency of symptoms*

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What is YOUR secret (or not so secret) fear?

- Fear/Excessive worry
- Attention bias

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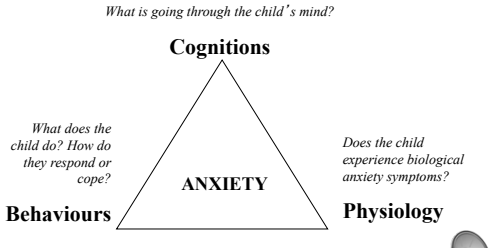
Symptoms of Anxiety: Multi-dimensional & Interconnected



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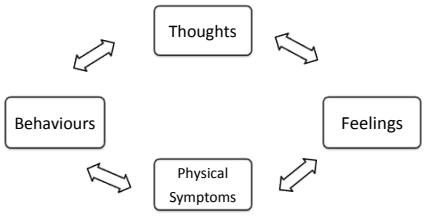
Symptoms of anxiety:
Multi-dimensional & interconnected



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Situation: Going to School

Need to change

My mom's leaving me.
What if I get sick.
Teacher won't let me phone mom.

Thoughts

To change

Freeze at classroom door,
Clinging to mom,
Won't get out of car,
Reassurance seeking

Behaviour

Feelings

Frightened
Anxious
Worried
Frustrated

Physical Symptoms

Tummy ache,
Breathing dysregulation
Trembling

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Anxiety is normal

- Survival systems:
  - avoid separation from adults
  - be vigilant for predators
  - avoid specific dangers: heights, injury, animals etc.

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Anxiety is developmental

- Infant/Toddlers - separation, novel
- Preschool - animals, dark, separation
- School - adaptations, performance, family
- Pre-Adolescence -mortality, health
- Adolescence- social, existential, future

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Anxiety is Physiological

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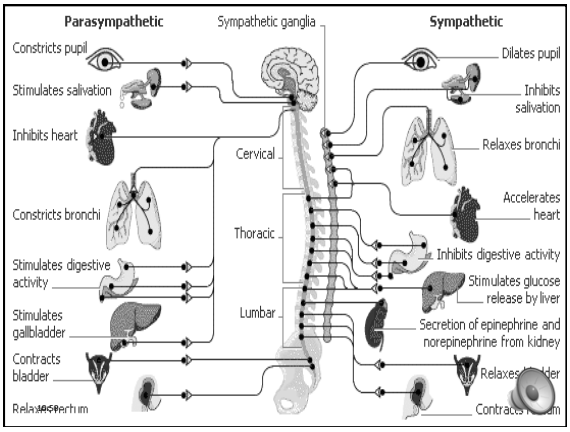

Anxiety is physical

- Arousal: heart rate, breathing, shaky, dizzy
- Abdominal: nausea, stomachaches, etc
- Tension: headaches, muscle aches, fatigue
- Sleep: insomnia & avoidance

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Anxiety is behavioral

- ***Fight*** : aggressions, tantrums, oppositional, irritable
- ***Flight*** : refusal, avoidance
- ***Freeze*** : physical, mental

- **Seeking reassurance:** co-sleeping, demanding, enmeshing

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Behavioral symptoms: What does a child do?

"Safety Behaviours" can include…

- Avoidance
- Escape from the situation
- Distraction
- Reassurance Seeking
- Resistance to change

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Common Associated Features

- Depressed or irritable mood, cries easily
- Fidgety, nervous habits (e.g., nail biting)
- Headaches, upset stomach, aches and pains
- Overly dependent or "clingy"
- Perseverance, difficulty shifting tasks, resistance to change, inflexibility
- Easily overwhelmed; gives up easily, low frustration tolerance
- Difficulty demonstrating knowledge on tests or during classroom participation
- Trouble coming to school or entering school/classroom

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Frequently Overlooked Symptoms

- Angry outbursts
- Oppositional and refusal behaviours
- Temper tantrums
- Attention seeking behaviours
- Hyperactivity and difficulty sitting still
- Attention and concentration problems; difficulty learning
- Scholastic underachievement or excessive resistance to doing work
- Frequent visits to school nurse or physician
- High number of missed school days
- Difficulties with social or group activities

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Normal Anxiety vs. Anxiety Disorders

- Anxiety can be a normal and expected reaction
  - Developmentally appropriate fears
  - Transitions and life changes
  - Stressful experiences or events
  - New or unfamiliar situations
- Formal assessment for possible Anxiety Disorder considered when anxiety leads to:
  - Significant interference (home, school, social)
  - Significant distress that is more frequent and more extreme than that of peers

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Anxiety Disorders: General Overview

- Most common mental health problem
- 12 - 20% of children affected
- Impact and morbidity not widely recognized
- Girls often have more fears than boys
- Number and types of fears across cultures fairly consistent
- Presence of one anxiety disorder increases risk of developing additional anxiety disorder
- Children and youth with anxiety disorders rarely receive appropriate or effective interventions

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Types of Anxiety Disorders

- Specific phobias
- **Separation Anxiety Disorder**
- Obsessive Compulsive Disorder
- Generalized anxiety disorder
- **Social anxiety disorder**
- Panic disorder
  w/o Agoraphobia
- Post Traumatic Stress disorder

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Typical Development of Disorders

<u>Most common in childhood</u>:

- Specific Phobias
- **Separation Anxiety Disorder**
- Obsessive-Compulsive disorder
- Generalized Anxiety Disorder

<u>Most common in adolescence</u>:

- Panic Disorder (w/o Agoraphobia)
- **Social Anxiety Disorder**
- Post Traumatic Stress Disorder

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Other Common Co-occurring Problems

- Depression
- More than one Anxiety Disorder
- Tic Disorder and Tourette's syndrome
- Attention Deficit/Hyperactivity Disorder
- Learning Disabilities
- Difficulty processing social/emotional information

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Course and Prognosis of Anxiety Disorders in Kids

- Variable course (symptoms wax and wane)
- Mean age of onset of anxiety disorders approximately age 10-12
- Age of onset varies by type of anxiety disorder
- School attendance and early intervention = better prognosis
- Kids with anxiety problems CAN master the skills needed to manage symptoms for the rest of their lives
- Kids DO benefit from effective intervention programs.

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Temperament

- **Withdrawn or inhibited temperaments in childhood are a risk factor for later emotional disorders**
- **Key features of inhibited temperament:**
  - fearfulness, worry or frequent distress
  - shyness and withdrawal when faced with strangers
  - less talkative than other kids their age
  - tendency to stay in close proximity to a caregiver
  - distress or restricted activity when faced with novel situations
  - slow to warm up with other kids their age

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Developmental Concerns

- Symptoms vary with age
- Subtypes manifest at different ages
- Symptoms can exacerbate tasks of normal development
  - Identity
  - Parental protectiveness
  - Independence

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Normal Developmental Fears

Infancy: strangers, loud noises

Early childhood: separation, monsters

Middle childhood: real-world dangers, new challenges

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Evidence Based Treatments

Shown to work in well-controlled scientific studies in which treatment effectiveness is systematically evaluated

1. Medications
2. Cognitive-Behavioural Therapy (CBT)

- Both associated with improvements
- Can be used alone or in combination
- CBT probably superior in long-term and is first line of recommended treatment

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Cognitive Behavioural Therapy (CBT)

- Psychoeducation
- Managing Body Symptoms
- Healthy Thinking
- Building Tolerance
- Relapse Prevention

Note:
All components carried out in developmentally & age appropriate manner

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Who can provide CBT?

With specialized training many different individuals can deliver effective CBT programs or interventions:

- Psychologists or psychiatrists
- Other health professionals
- Teachers, school counselors and other school professionals (FRIENDS program)
- Recovered consumers
- Other mental health workers or community volunteers

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Gold Standard: Cognitive behaviour therapy

- Psychoeducation: Anxiety and CBT
- Relaxation Training
- Cognitive Restructuring
- Exposure
- Relapse Prevention

- *The Coping Cat*, Coping Bear, FRIENDS,
- Cool Kids

Kendall (1994); Kendall et al.

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Child/Adolescent Anxiety Multimodal Study (CAMS)

- John Walkup MD, Johns Hopkins
- Anne Marie Albano PhD, NYSPI/Columbia
- John Piacentini PhD, UCLA
- Boris Birmaher MD, WPIC/U Pittsburgh
- John S. March MD, Duke
- Philip C. Kendall PhD, Temple

- Scott Compton PhD, Data Center at Duke
- Joel Sherrill PhD, NIMH

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CAMS Overview

- SAD, SoP, GAD
- N = 488, ages 7-17
- 12-week acute trial:
  CBT, SRT, Comb, Pill PBO
- Pills (only) double blinded
- Random assignment, blind Independent Evaluators
- Phase II: 6 month maintenance for treatment responders

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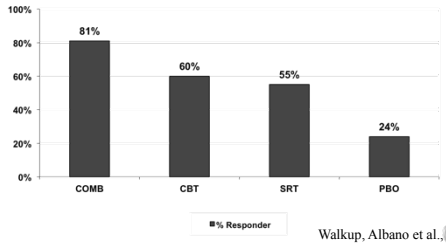
Child/Adolescent Anxiety Multimodal Study Acute Outcomes



Walkup, Albano et al.,

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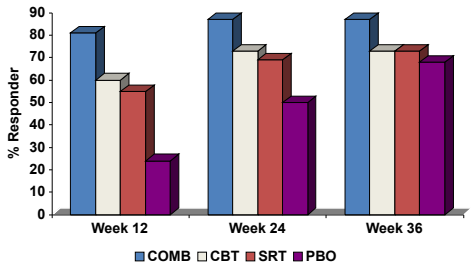
CAMS Long term Response



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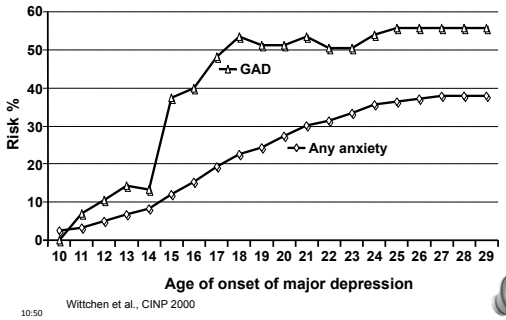
Piacentini et al., 2014

Risk of becoming depressed if you have an anxiety disorder …



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Wittchen et al., CINP 2000

Long Term Service Use

- Anxiety in childhood confers 23-fold increased odds of long-term treatment
- Depression in childhood confers 14-fold increased odds of long-term treatment
- May reflect the persistent course of anxiety and/ or less success at obtaining symptom relief

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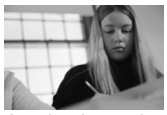
Goldstein et al. Psychiatric Service.

Helpful skills: CBT



Learning about anxiety

Learning coping thoughts

Using relaxation skills

Developing mastery by gradually facing fears

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Step 1 Psychoeducation: Teaching About Anxiety

All those "bad" feeling have a name:

ANXIETY!

Step One: Explaining What it is

- Smoke alarm going off at the wrong time
- Want to fix the smoke alarm; not throw it away

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Step 1 (Psychoeducation): Teach the child/youth about anxiety

1. Listen to the child/teen's fears (*Some kids are afraid of.... I noticed when....).*
2. Let the teen know that anxiety is:
   - Normal and helpful in some situations
   - Not dangerous
   - Private
   - Temporary – it WILL pass! Ride the wave.
   - Suggestion: Google anxiety, AnxietyBC.com

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Step 1: Recognizing Anxiety

- **Help the child to "name" anxiety in the body**
  - E.g., sick stomach, shaking knees, racing heart, headache
  - Point to "anxiety" in a drawing of the body
- **Helping the child to recognize the feelings as anxiety**
  - "my stomach is sore; that's my anxiety acting up again!"

Don't FIGHT anxiety, investigate it. Be curious!

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More info: Causes and Maintenance of Anxiety Disorders (Psychoeducation)

- Genetics
- Temperament
- Experience
- Parenting
- Cognitive Factors
- Avoidance behaviors

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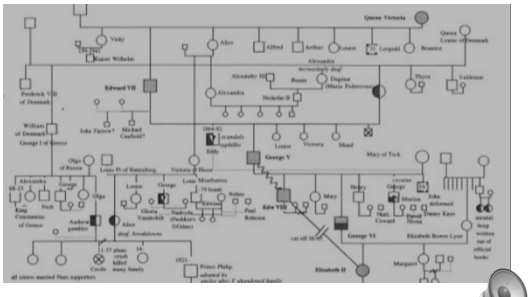
Create a genogram for family Hx



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Step 2 Relaxation: Getting Control Over Anxiety

Once the child **recognizes** anxiety, he/she can begin **managing** it

I. Controlled breathing

- A way of slowing down anxious breathing
- "Blowing up balloon in belly", "candle blowing"

HOW TO: 4 seconds slow inhale through the nose, wait 1-2 seconds, 4 seconds slow exhale through the mouth; pause

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Getting Control Over Anxiety: Relaxation

II. Progressive Muscle Relaxation

- Teaching relaxation by having the child tense each muscle, then relax it

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Step 3: Cognitive Restructuring Healthy Thinking

- **Giving anxiety a name**
  "Worry beast", The monster

- **Identify anxious thoughts**

"Mom is late! What if she doesn't pick me up?"

"What if I don't know the answer?"

"What if I stutter when I read aloud?"

"What if I make a mistake?"

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"Red" Thoughts = STOP!

Unhelpful, negative, "red" thoughts = scared, worried, angry

I can't do it! It's too hard.

Mom will forget to pick me up.

If I don't do it just right, something bad will happen.

No one likes me. I have no friends.

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"Green" Thoughts = GO!

Helpful, positive "green" thoughts = brave, confident feelings

Everyone makes mistakes.

It's hard but I can do it, one small step at a time.

I am going to be brave and try my best.

I can play with someone else today.

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Step 4 Exposure: Facing Fears

- One of the best ways to manage anxiety is through **Exposure**!
- **Exposure** involves deliberately facing your fears in a **gradual** and **controlled** way

WHY?

1. **Increases** self-confidence
2. **Decreases** anxiety in the long run

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Facing your fears: Rules of Exposure

- The child is in charge! ("*You're the boss!*")
- Praise success (and attempts at success) = verbal praise, points, rewards (low value)

REMEMBER: exposure is hard work, so be patient, and go at the child's pace

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5. Relapse Prevention

- Lousy feelings come and go
- Investigate when client more susceptible
- Review all the tools, skills at hand
- Who helps? Who co-opts?

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Successful Initial Interview

- Parent/guardian must attend
- Establish expectations
  - Homework
  - Reward Schedule
  - Charting Progress
- Guarantees

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Sleep Issues (2015)

National Sleep Foundation's Sleep Duration Recommendations:

Age	Recommended	May be appropriate	Not recommended
Newborns *0-3 months*	14 to 17 hours	11 to 13 hours 18 to 19 hours	Less than 11 hours More than 19 hours
Infants *4-11 months*	12 to 15 hours	10 to 11 hours 16 to 18 hours	Less than 10 hours More than 18 hours
Toddlers *1-2 years*	11 to 14 hours	9 to 10 hours 15 to 16 hours	Less than 9 hours More than 16 hours
Preschoolers *3-5 years*	10 to 13 hours	8 to 9 hours 14 hours	Less than 8 hours More than 14 hours
School-aged Children *6-13 years*	9 to 11 hours	7 to 8 hours 12 hours	Less than 7 hours More than 12 hours
Teenagers *14-17 years*	8 to 10 hours	7 hours 11 hours	Less than 7 hours More than 11 hours
Young Adults *18-25 years*	7 to 9 hours	6 hours 10 to 11 hours	Less than 6 hours More than 11 hours
Adults *26-64 years*	7 to 9 hours	6 hours 10 hours	Less than 6 hours More than 10 hours
Older Adults *≥ 65 years*	7 to 8 hours	5 to 6 hours 9 hours	Less than 5 hours More than 9 hours

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Sleep challenges

1. Co-sleeping
2. Delay tactics
3. Staying asleep
4. Fear of going to sleep

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That's it!

See you in Week 2!

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