

NASHOBA REGIONAL SCHOOL DISTRICT

ANXIETY DISORDERS



11.17.2021

INTRODUCTION

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- Working with children, families, and young adults in Massachusetts for 14+ years
- Individual/Private Practice for 2+ years
- Clinical mental health non profit agency for 14 years

ANXIETY?

- Why are we here tonight?
 - Overview of anxiety, symptomology, and diagnosis
 - What causes feelings of anxiety
 - How does anxiety affect children, teens, and families
 - What can you do as a grown up for someone affected by anxiety

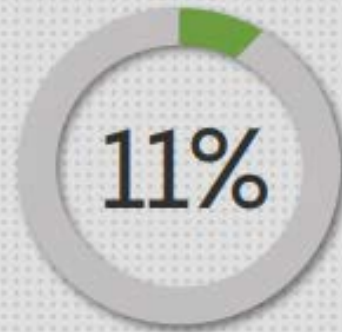


CHILDREN'S MENTAL HEALTH FACTS

Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.¹



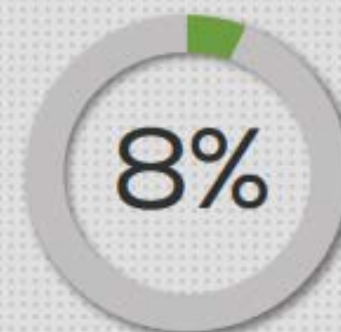
20% of youth ages 13-18 live with a mental health condition¹



11% of youth have a mood disorder¹



10% of youth have a behavior or conduct disorder¹



8% of youth have an anxiety disorder¹

Impact



50%

50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹

10 yrs



The average delay between onset of symptoms and intervention is 8-10 years.¹

37%



37% of students with a mental health condition age 14 and older drop out of school—the highest dropout rate of any disability group.¹

70%



70% of youth in state and local juvenile justice systems have a mental illness.¹

Suicide

3rd



Suicide is the 3rd leading cause of death in youth ages 10 - 24.¹



90%

90% of those who died by suicide had an underlying mental illness.¹

ANXIETY EXERCISE

- Think about a time that you were running late to something extremely important or had to give a presentation to someone:
 - What did you experience in your body?
 - What thoughts did you have?
 - What did you do?
- Experiences of anxiety are typical in day-to-day life. There may be something that you *have to* do well on, or an event that you are nervous about.
- Feelings of anxiety can be beneficial: they direct our attention to the event or threat and encourage us to assess and react based on how we perceive the item.

ANXIETY

- Complex feeling that encompasses thoughts, feelings, and behaviors responding to real or perceived stressors
 - Fear: behavioral and physiological response to the threat (fight, flight, freeze)
 - Worry: cognitive response to the threat

Examples of
rational and
irrational fears
and worries?



MALADAPTIVE ANXIETY



Different from traditional feelings of anxiety by:

- How intense they are**
- How often they happen**
- How much they impair day to day living**

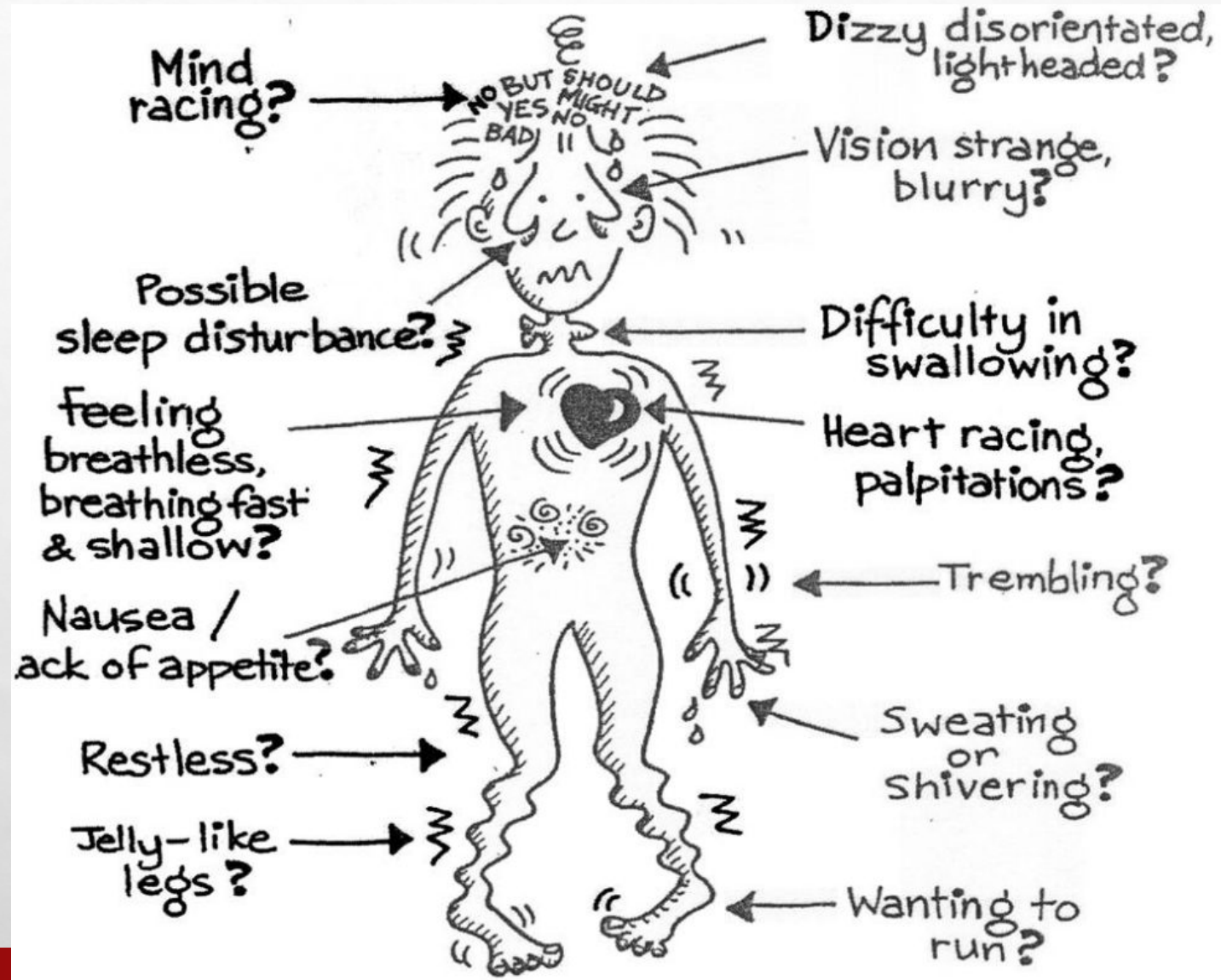


Must be viewed from a developmental lens

- Looking at developmental stages and tasks**
- Is the reaction we see consistent with what we would expect to see given age, developmental history, and profile?**

GENERAL SIGNS OF ANXIETY

- Feeling nervous, irritable, or on edge
- Feeling like something bad is going to happen
- Increased heart rate
- Hyperventilating, sweating, trembling/shaking
- Feeling tired
- Difficulty concentrating
- Trouble sleeping
- Changes in mood, sleep, appetite
- Physical symptoms



ANXIETY DISORDERS



- Most frequently diagnosed mental health condition
 - 20% of children and adolescents will develop an anxiety disorder before adulthood
 - Highest for adolescents (rather than younger children)
 - Higher for girls than boys
- Persistent over time
 - 20-30% met the same diagnostic criteria 10 years later
 - 70% will meet the criteria for another mood disorder 10 years later

CHILDHOOD ANXIETY DISORDERS

- SEPARATION ANXIETY DISORDER (SAD)

- SELECTIVE MUTISM

- SPECIFIC PHOBIA

- SOCIAL ANXIETY DISORDER

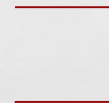
- PANIC DISORDER

- AGORAPHOBIA

- GENERALIZED ANXIETY DISORDER (GAD)



Typically emerge in early or middle childhood



Typically emerge in adolescence or adulthood

PRACTICAL KNOWLEDGE



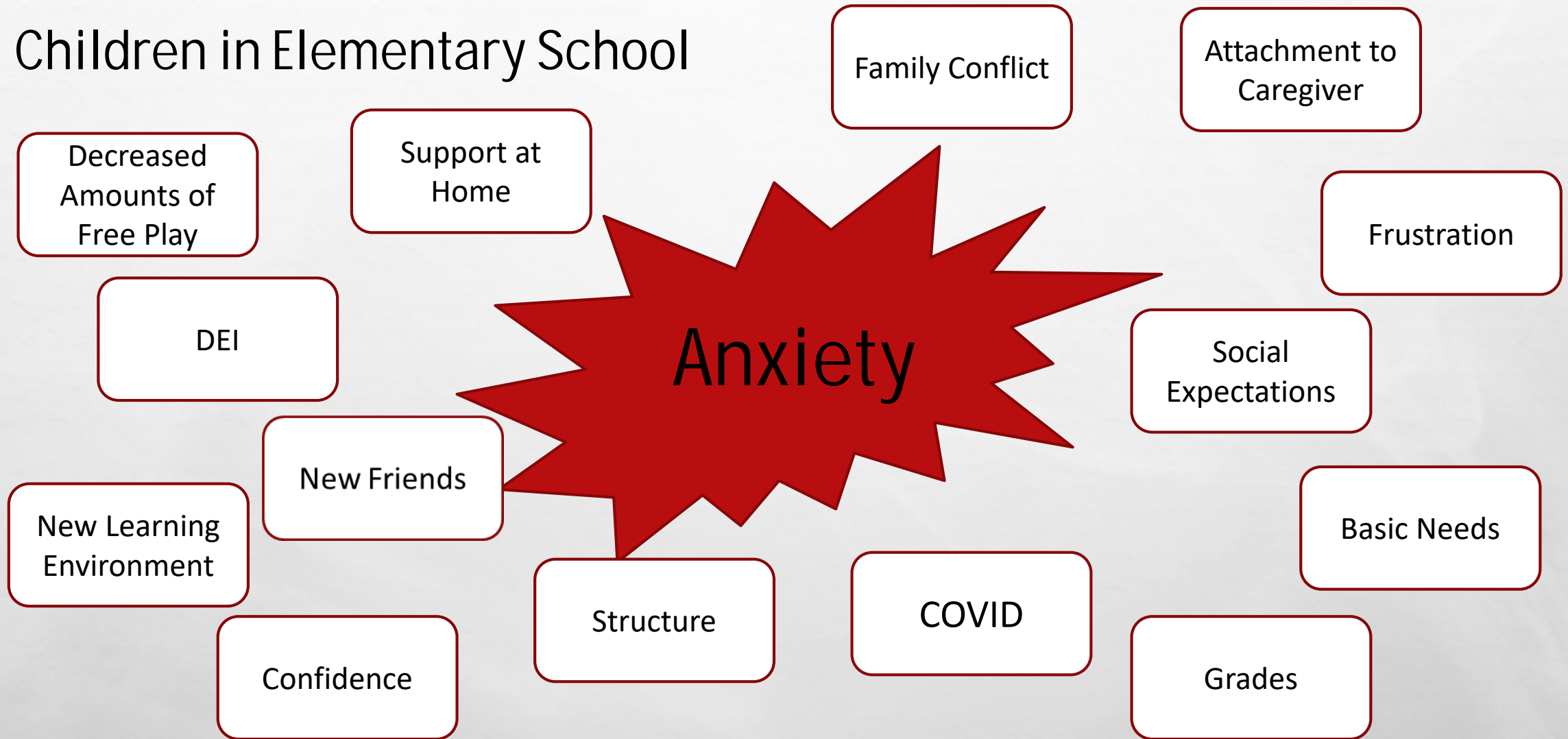
Age	Developmentally Expected Fears/Worries	Symptoms That Might Indicate a Disorder	Corresponding DSM-5 Anxiety Disorder
Toddlerhood (2–3 years)	Fears of separation from caregivers Shyness, anxiety with strangers	Extreme panic when separated after age 2 years, sleep disturbance, tantrums when separated; failure to talk with others outside the home	Separation anxiety disorder Selective mutism
Preschool (4–5 years)	Fear of separating from parents to go to preschool or day care Fear of thunderstorms, darkness, nightmares Fear of specific animals	Clinging to parents, crying, tantrums, freezing, sneaking into parents' bed at night, avoiding feared stimuli, sleep refusal, bed-wetting	Separation anxiety disorder/selective mutism Specific phobia (natural environment) Specific phobia (animals)
Elementary school (6–8 years)	Fear of specific objects (animals, monsters, ghosts) Fear of germs or illnesses Fear of natural disasters or injuries Anxiety about school	Avoidance of feared stimuli, refusal to attend school, extreme anxiety/panic during tests, academic problems	Specific phobia (animals, situations)
Middle school (9–12 years)	Anxiety about school or tests, worry about completing assignments Worries about making and keeping friends, concerns about pleasing others	School refusal, academic problems, procrastination, insomnia, tension or restlessness, social withdrawal, timidity, extreme shyness in social situations, persistent worry	Social anxiety disorder Generalized anxiety disorder
High school (13–18 years)	Concerns about acceptance and rejection by peers, teachers Worries about grades, sports, relationships	Academic problems, persistent worry, sleep/appetite disturbance, depressed mood or irritability, substance abuse, recurrent panic attacks, social withdrawal	Social anxiety disorder Generalized anxiety disorder Panic disorder, agoraphobia

TABLE 11.1 FROM WEIS (2021)

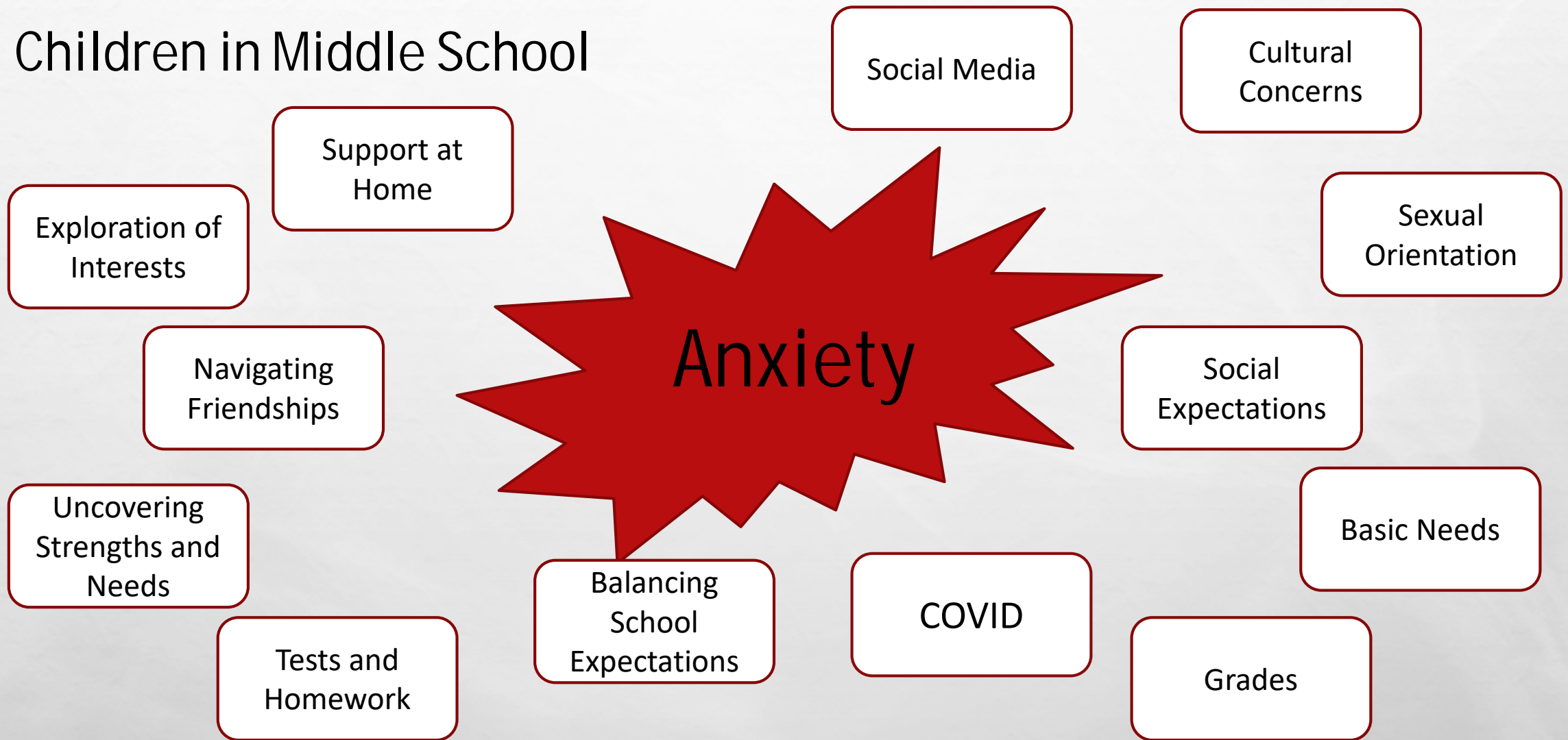
ANXIETY EXPERIENCES

- THINK ABOUT THE DAY TO DAY EXPERIENCES OF CHILDREN AND ADOLESCENTS
 - WHAT TYPES OF SITUATIONS OR EVENTS MAY CAUSE AN INCREASE IN AROUSAL, AND AN INCREASE IN ANXIETY?

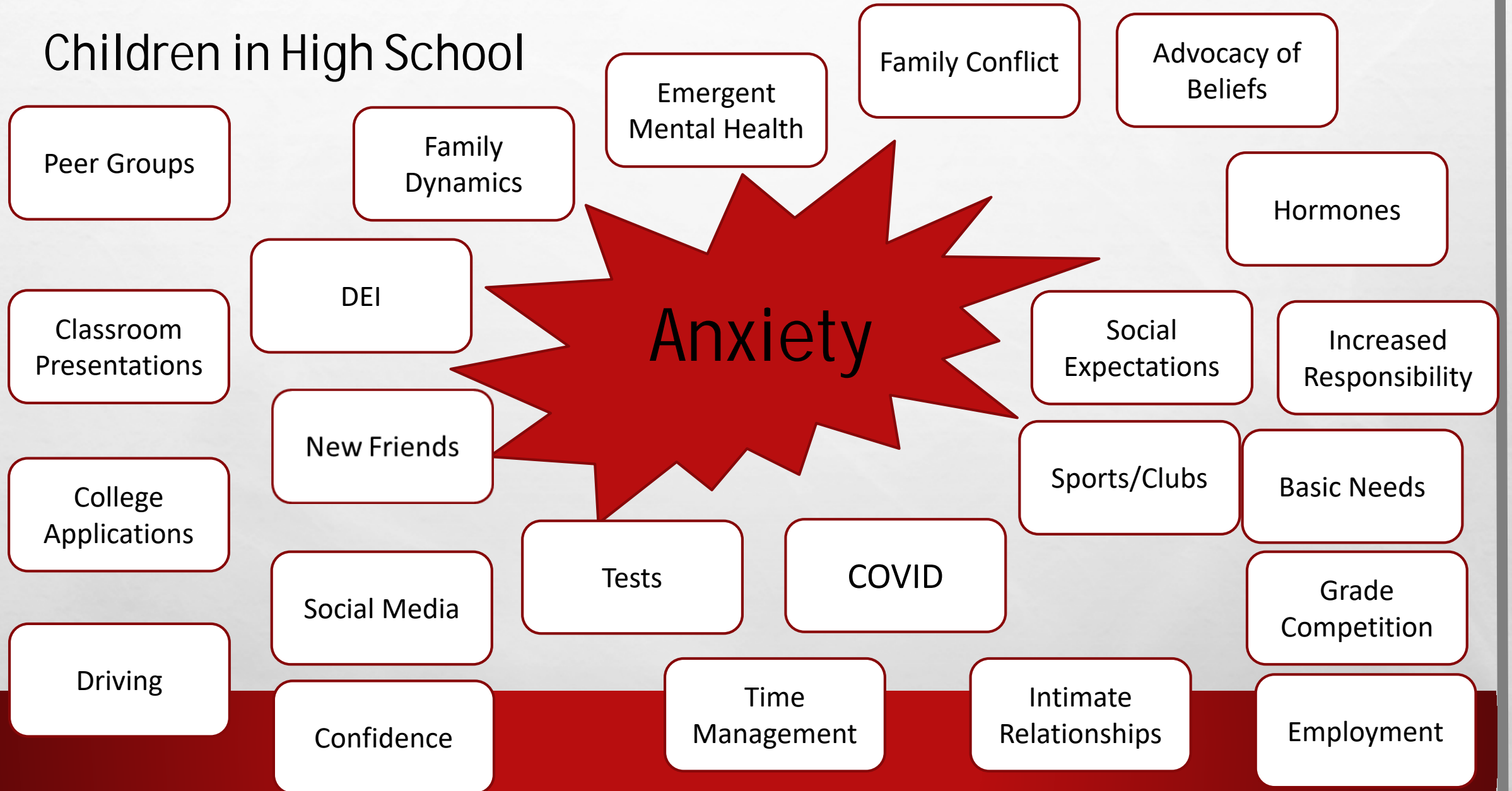
Children in Elementary School



Children in Middle School



Children in High School



STRESSFUL

- Navigating academic calendar years can be taxing for those that are not managing symptoms of anxiety.
- Students must balance competing demands, and use underdeveloped executive functioning skills to meet expectations
 - Executive Functioning Skills include reasoning, planning, problem solving, organization

SOCIAL MEDIA

- So much of our children's lives happen within the microscope of social media
 - Friend/unfriend
 - Blocked
 - Unread
 - Groups of people hanging out together without you
 - Comments, likes, shares
- Monitor what your children are posting, sharing, and receiving as feedback
 - The concern for online predators is real

WHAT MIGHT YOU NOTICE?

- Increased questions about expectations or things that have historically been not questioned
- Changes in patterns: eating, sleeping, time with peers, time with family
- Changes in moods, behavioral outbursts
- School refusal, or difficulty engaging in a particular subject or class
- Not wanting to engage in things that the child previously enjoyed
- Negative thinking patterns
- Defiance or over planning
- Lack of focus

HOW CAN WE HELP?

AS CAREGIVERS:

- ASSESS WHAT IS REALISTIC FOR YOUR CHILD TO TAKE ON
- ASSESS WHAT IS REALISTIC FOR YOU AND YOUR FAMILY TO TAKE ON
 - OUR CHILDREN FEED OFF OF OUR PRESENTATION, THEREFORE IF YOU'RE STRESSED, THEY'RE GOING TO FEEL THAT AND REACT
 - START WITH REGULATING YOURSELF
- FOSTER OPEN COMMUNICATION PATTERN

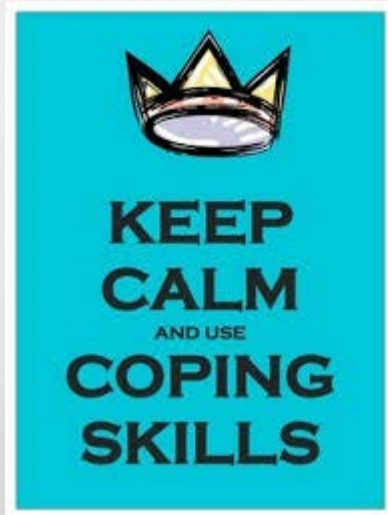
FOSTER OPEN DIALOGUE

- As caregivers, sometimes we jump to solutions when we're presented with a problem from our child.
- In order for children to develop anxiety management and executive functioning skills, we need to allow them to be able to articulate what their triggers and concerns are.
- You can use an open, inquisitive question to start the process, and let your child walk you through what is troubling them.
- If it is a problem that needs to be solved, invite them to share possible solutions first

EXPLORE THE ANXIETY

- Unpack the worry:
 - It may be helpful to complete an analysis of what was going on before, during and after the situation
 - Include thoughts, feelings, reactions to the situation (physical and emotional)
 - Explore what would have made the situation easier to manage
- Identify if this is “helpful anxiety” or “maladaptive anxiety”
 - If maladaptive, are there similar experiences that have not resulted in the feeling

DEVELOP COPING SKILLS



- Coping skills are different for everyone, and can vary by situation and intensity of the emotion experienced.
- Coping skills can be positive or negative
- Coping skill are ever-evolving

SET THE TONE

- Things to say to your anxious child:
 - I'm here, you're safe
 - Do you want to dance, run, be silly to get rid of the worry?
 - Can you tell me about the worry?
 - What might you say to your worry? What do you think it would say back? What would happen next?
 - Can we draw your worry?
 - What does it feel like in your body? How big is your worry? Where does the worry live?
 - Match your breath to mine
 - Lets think about what could happen with your worry—these can be silly, serious, and everywhere In between
 - What's something we could do to help you feel better?



REGULATE

Work to identify strategies to bring physiological symptoms back to baseline:

- Grounding activities
 - 5 senses activity
 - Visual activity
 - Auditory exercise
 - Tactile grounding
 - Olfactory exercise
- Progressive Muscle Relaxation
- Cognitive Grounding



PROMOTE POSITIVE THINKING

- Positive thinking and positive self talk can be protective factors to manage symptoms of anxiety and behavioral manifestations of anxiety symptoms.
 - Help your child recognize accomplishments
 - Practice positive self statements, which increases the ability to cope with adverse situations
 - Helps identify if they are experiencing accurate and helpful thoughts or inaccurate and unhelpful thoughts

FIND SOLUTIONS CREATIVELY

- Solutions to triggering situations may need to be creative
- Involve all key players-youth, caregivers, supports, teachers, counselors, administrators, nurse, coach, etc
- Think of things that are easily tested and modified
- Ensure all are in agreement for solutions
- Barrier predict—what if there is a substitute teacher?

SCHOOL INVOLVEMENT

- Building the Home-School Link
- Identify Key Players in the school that are willing and available to support your learner
- Recognize that the number of students needing support in school continues to increase, for both academic as well as social-emotional needs
- Provide insight to what may be helpful for your learner to be successful

WHEN TO SEEK HELP

- Small doses of anxiety are helpful, even protective
- When anxiety symptoms interfere with acts of daily living or impact growth and development (social, academic, physical, emotional)
- If there are safety concerns present
 - Observation of significant changes in mood, eating, sleeping patterns
 - Use of self-harming/NSSI as a coping skill
 - Suicidal ideation

RED FLAG WARNINGS

- Symptoms of anxiety can increase the risk for NSSI and suicidal behavior
- Be open and honest if you're observing warning signs:
 - Sad or moody behavior
 - Sudden calmness
 - Withdrawing from others or previously enjoyable activities
 - Changes in appearance, eating or sleeping patterns
 - Making preparations and talking about suicide

COLUMBIA COMMUNITY CARDS: PARENTS

Community-Card-Parents-2020-1.pdf - Adobe Acrobat Pro

File Edit View Window Help

Open Create

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Tools Fill & Sign Comment

	Past 1 Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you	High Risk

DIAGNOSTIC OVERVIEW

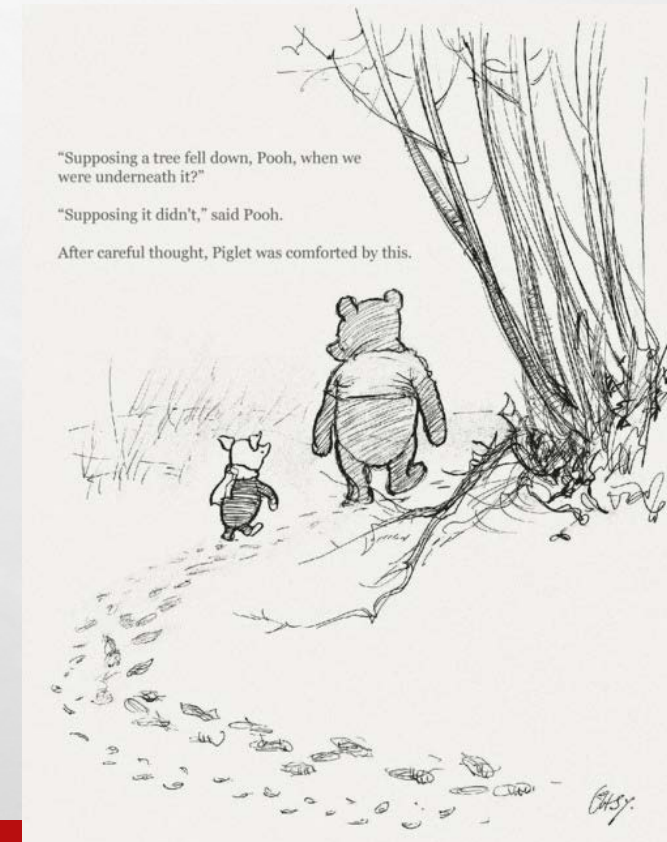


GENERALIZED ANXIETY DISORDER

- Characterized by worry rather than fear or panic
- More closely associated with depression than other anxiety disorder
 - Children with GAD are at risk for depression later in life
 - Adolescents with GAD often have co-occurring problems with depression and dysphoria
- Apprehensive Expectation—excessive worry about the future
 - Adults worry about aspects of everyday life
 - Children worry about events and activities in day-to-day events (must worry about two or more activities or events)—becomes clinically significant in number of worries, intensity, and duration

GENERALIZED ANXIETY DISORDER

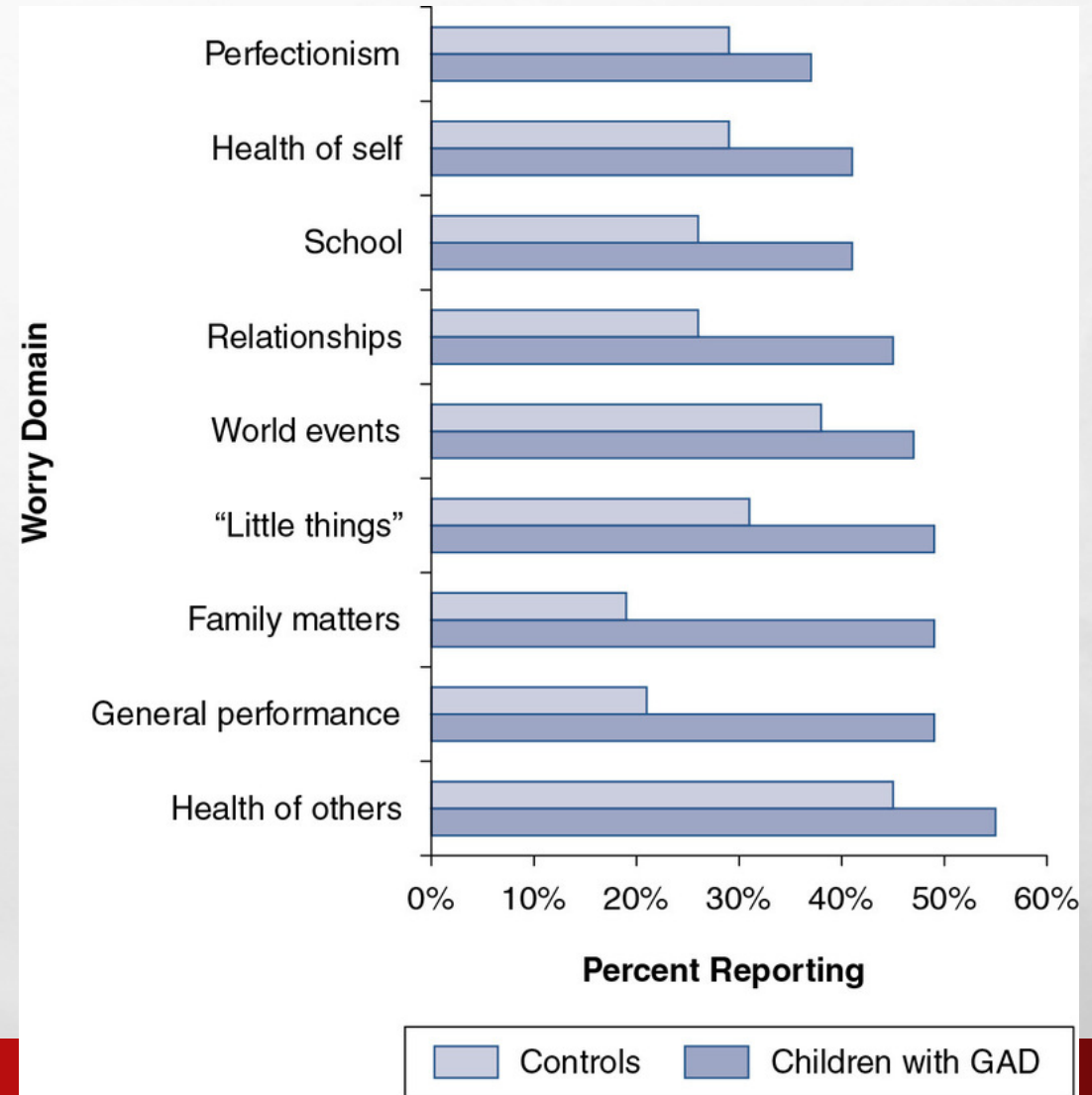
- Excessive worry prevents individuals from working quickly and efficiently
- Associated with significant distress that is independent of other disorders
- Accounts for 110 million disability days annually in the U.S.
- Individuals are likely to meet the criteria for other anxiety disorders or depressive disorders



CHILDREN WITH GAD

TABLE 11.5

- Youth are often perfectionistic and described as “little adults”
- They are self conscious around adults and those with authority
- Highly conforming to rules and social norms



SOCIAL ANXIETY DISORDER



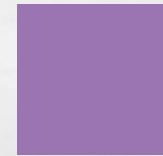
**Marked and persistent
fear of social or
performance situations
in which
embarrassment or
scrutiny may occur**



**Immediate
reaction to
exposure to
situation**



**Test anxiety can
fit into this
diagnosis**



**Impairment in
social and
emotional
functioning**

INSIDE OUT CLIP

- In the next slide, you will see a video clip from the movie Inside Out
- Riley is the main character, and her family recently moved across the country to California from Minnesota
- Riley is tasked with introducing herself to her new classroom



SOCIAL ANXIETY

- Females report a greater number of social fears and comorbid mood disorders; males report more externalized symptoms
- Negative impact on long term success: failure to finish high school, lower SES, decreased quality of life, impediments in engaging in leisure activities
- Individuals generally experience symptoms for 15-20 years before seeking treatment
- Comorbid with other anxiety disorders, mood disorders, and elevated use of substances; in children comorbid with high-functioning autism and selective mutism

SEPARATION ANXIETY DISORDER

- Difficulty leaving caregivers when there is a strong emotional attachment
- Children may experience specific fears (animals, monsters, the dark), or become dysregulated at the thought or actual experience of separation from a caregiver
- Prevalence decreases along the course of development, community prevalence is higher for females than males
- Can be profoundly impacted by a child's pandemic experience

This is my kid whenever I needed to use the bathroom



@StrongHeadedMom

SPECIFIC PHOBIAS



- Monsters, Spiders, Snakes, oh my!
- Very common
- Very commonly untreated
- Most common categories:
 - Animals
 - Natural environment
 - Blood, injections, and injuries
 - Specific situations
 - Other stimuli



- Recurrent, unexpected panic attacks that cause significant distress or impairment
 - Episode is acute and intense causing psychological distress and autonomic arousal
 - Cognitive symptoms
 - Emotional symptoms
 - Somatic symptoms (pounding heart, dizziness)
 - Reach intensity in about 10 minutes, adolescents peak more quickly, can last for varying amounts of time
 - Adolescents report four or more symptoms, typically

PANIC DISORDER

DIGGING INTO THE DIAGNOSTIC CRITERIA

- Frequency and intensity vary widely
- Sufferers may change lifestyle patterns to try to avoid onset
- 1/3 of sufferers experience nocturnal panic attacks, many individuals report feelings of anxiety regarding the potential onset of an attack
- Prevalence rates around 2-3% in adults and adolescents; however rates are different among cultural and ethnic groups; females more often affected than males; onset generally between 20-24 years old
- Symptoms dampen in older adulthood
- In children, identify precursors of “fearful episodes”

OBSESSIVE COMPULSIVE DISORDER

Complex disorder requiring the presence of obsessions, compulsions, or both

Obsessions are: intrusive/unwanted recurrent and persistent thoughts, urges, or images that cause an increase in anxiety in the individual experiencing them.

Compulsions are: repetitive behaviors or mental acts that an individual feels driven to perform in response to the obsessive thought.



MORE ON OCD

- Common themes:
 - Cleaning, Symmetry, forbidden or taboo thoughts, harm thoughts, or hoarding
 - Typically, individuals have thoughts in more than one theme
- Common for individuals to avoid triggers to symptoms
- Prevalence of just over 1%, males more often affected in childhood
- Mean age of onset in U.S. is 19.5 years; 25% of cases arise by 14 years
 - About 25% of males have onset around age 10
 - 40% of children that receive treatment for OCD could experience remission
- Compulsions are observable, therefore more frequently diagnosed

PROFESSIONAL HELP



COGNITIVE BEHAVIORAL THERAPY

- Used to treat Separation Anxiety Disorder, Social Anxiety Disorder, and Generalized Anxiety Disorder
- Children are taught to recognize the relationships between thoughts, feelings, and actions, and implement cognitive and behavioral coping strategies
- Development of coping skills and engaging in reality testing to eliminate heightened experiences of negative self talk
 - Guard against encouraging rose colored glasses
- Engage in problem solving to determine best way to proceed in a given situation and evaluate the efficacy
- Effective and clinically significant reduction in symptoms

CBT AND OBSESSIVE COMPULSIVE DISORDER

- Three components:
 - Information gathering—conducting an interview with parents and child to gain bio-psycho-social information as well as how the rituals are presenting
 - Exposure and response prevention—starting with a stimuli hierarchy, child exposes self to stimuli working up the hierarchy and must not engage in the rituals
 - Clinicians may add in cognitive work in challenging thoughts related to the obsession
 - Generalization—pull in parents to continue work after sessions have ended
- Effective in reduction of symptoms for nearly two-thirds of participants; medication may also be helpful
- The exposure and response prevention component is the most valuable

MEDICATIONS

- Combining psychosocial and medication interventions may be most effective for children with anxiety disorders; most effective are SSRI's (including those with selective mutism)
- Promising results from studies of children with OCD symptoms as well, particularly when combined with CBT
 - A trained clinician has been shown to have substantially more effect in delivery of CBT than a parent training program
- For tic's often antipsychotic medications are often prescribed to reduce the tic to a manageable level.