



Anxiety Disorders in Children and Youth

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NM-ABC

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These slides includes content from:

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(all errors are my own)

Learning Objectives

- Recognize the range and developmental progression of pediatric anxiety disorders
- Describe factors to consider when screening for anxiety
- Describe evidence-based treatment practices

Pre-Test

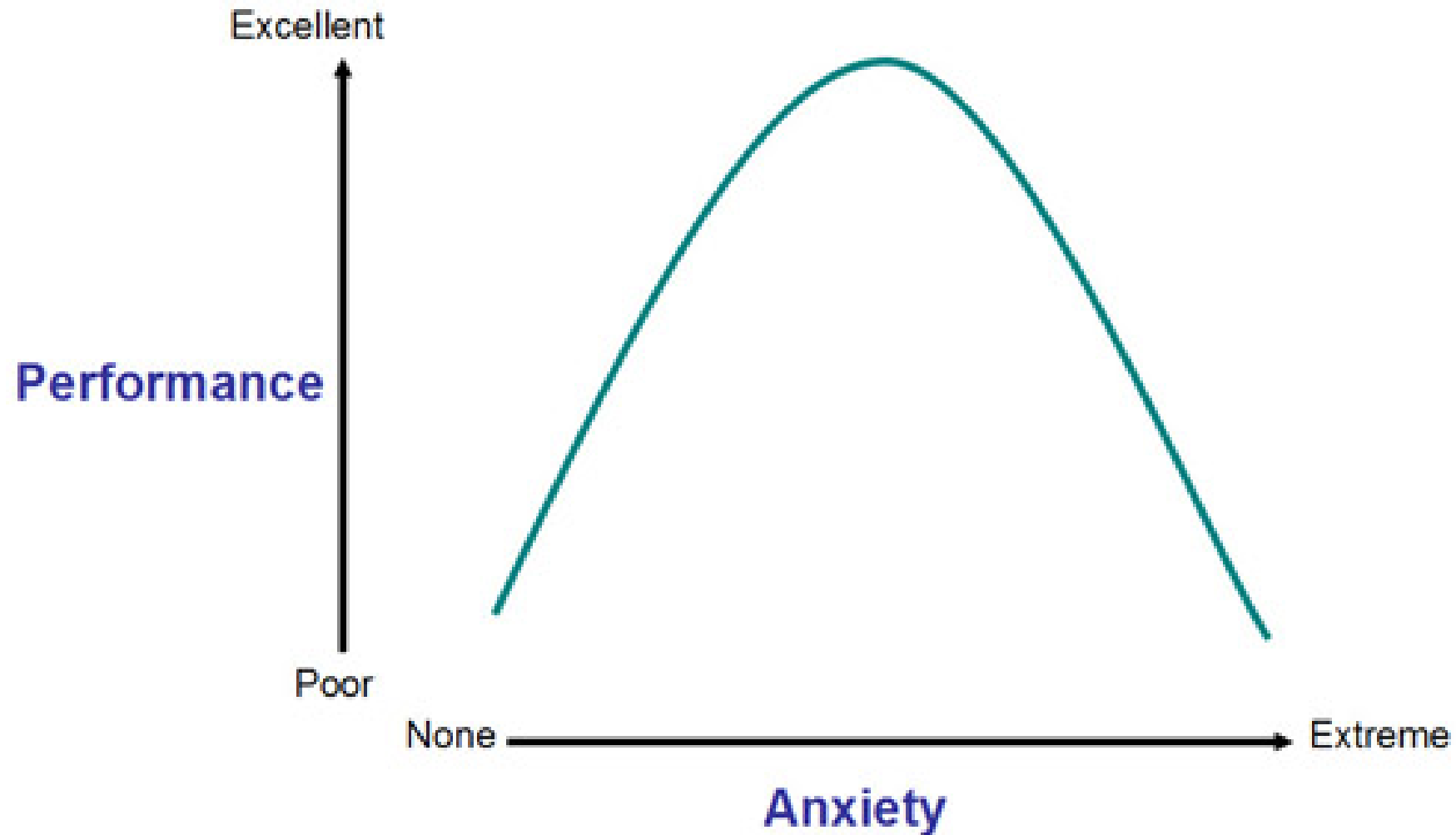
1. Some anxiety symptoms are a normal and healthy part of adolescence, T or F?
2. Anxiety symptoms that get in the way of academic performance are normal and should be ignored, T or F?
3. Adults can support kids and teens through anxiety symptoms by using “AND” statements, T or F?
4. Breathing and relaxation exercises can help give youth a sense of control over their anxiety, T or F?
5. Some kids need medication to treat moderate to severe anxiety symptoms, T or F?

Anxiety is extremely common

Raise your hand if....

- you have NEVER experienced anxiety?
- you have experienced anxiety in the past year?
 - ...past month?
 - past week?
 - ... past 24 hours?
 -right now???

Relationship between Anxiety & Performance



What is anxiety?

- Anxiety and fear are normal human physiological responses (and often adaptive)
- Anxiety vs fear: the lion
- Anxiety Disorders (“disorder” = impact on functioning, level of distress and persistence)
- Anxiety Disorders are the most common childhood-onset psychiatric disorders (*AACAP*)
- Anxiety disorders are among the most prevalent psychological issues worldwide, with the greatest chronicity of any mood or substance abuse disorder (*NIMH*)



Section One

Developmental considerations
and factors related to anxiety screening

Developmental Considerations

Normative developmental fears/worries:

- Infants loud noises, being startled, strangers
 - Toddlers imaginary dangers, darkness, separation
 - School age injury and unexpected events
 - Teens school performance, social judgement, health
-
- **Factors that can increase resilience:** secure attachment to caregivers, connection to community/culture, mental and physical health, access to resources
 - **Factors that can exacerbate normal developmental challenges:** unstable attachments, trauma, loss, experiences of oppression and discrimination, medical and other psychiatric conditions

Signs of anxiety in infants and toddlers

Change in regular sleep and eating habits.

- Trouble sleeping; falling asleep at unusual times
- Loss of appetite, reflux, GI issues, stomachaches

Nightmares, fear, or night terrors

Change in emotions (such as showing signs of being sad, clingy, withdrawn, or angry)

Increased clinginess around parents or caregivers

Trouble concentrating, moving from toy to toy, or being very fidgety; also hypo-arousal/shutting down

Increased tantrums and irritability

Differentials to keep in mind: sensory processing issues, autism, trauma, attachment concerns, medical conditions

Anxiety Disorders and developmental progression

Separation Anxiety Disorder

Selective Mutism

Specific Phobia(s)



Typical onset
before age 12 yo

Social Anxiety Disorder (Social Phobia)

Panic Disorder



Late childhood /
adolescence

Agoraphobia

Generalized Anxiety Disorder



Late adolescence &
early adulthood

Diagnostic considerations (with verbal children and adolescents)

- ❑ **Excessive** (consider cultural- and age-related norms)
- ❑ **Difficult to control**
- ❑ **Physical symptoms and impact** (sleep disturbance, difficulty concentrating, irritability, etc.)
- ❑ **Significantly impairs functioning** (usually avoidance)
- ❑ Avoidance when things are not actually dangerous can lead to increasing anxiety
- ❑ “anxiety” vs anxiety disorder
- ❑ Dr. Google, Tik Tok may have conflicting information
- ❑ Screening tools can help

Screeners

	Description	Age range	Parent form?	Cost
SCARED	41 q's, ~10 min Panic d/o, GAD, Soc anx, Separation anx, school avoidance	8-18 yo	yes	FREE
GAD-7	7 q's, quick; developed for adults	Not validated in kids; but often used in teens	no	FREE

Co-occurring conditions

MOST children and adolescents (80-94%) with an anxiety disorder have at least one other psychiatric diagnosis...

- **Trauma and stressor-related disorders**
- **Obsessive Compulsive Disorders (OCD)**
- **Depressive Disorders**
- **Attention-deficit Hyperactivity Disorder**
- **Autism Spectrum Disorder**

Similar symptoms

Psychiatric conditions that may include symptoms that are **similar** to those of anxiety disorders:

- **ADHD** (distractibility, restlessness)
- **Depressive Disorders** (distractibility, insomnia, somatic complaints)
- **Bipolar Disorder** (distractibility, restlessness, irritability, insomnia)
- **Obsessive-Compulsive Disorder** (intrusive thoughts, avoidance, reassurance seeking)
- **Psychotic Disorders** (restlessness, agitation, social withdrawal, distractibility)
- **Autism Spectrum Disorder** (social withdrawal, social skills deficits, distractibility)
- **Learning Disorders** (worries about school performance).

Medical Conditions

Medical conditions that can be associated with anxiety symptoms include:

- hyperthyroidism
- migraine
- asthma
- diabetes
- chronic pain/illness
- lead intoxication
- hypoglycemic episodes
- hypoxia
- pheochromocytoma
- central nervous system disorders
- cardiac arrhythmias
- cardiac valvular disease
- lupus
- allergic reactions
- dysmenorrhea

Substances

Medications that can cause anxiety-type symptoms include:

- bronchodilators
- nasal decongestants and other sympathomimetics
- antihistamines
- steroids
- dietary supplements
- stimulants
- antidepressants
- antipsychotics
- withdrawal from benzodiazepines

A wide array of licit and illicit substances can cause anxiety:

- marijuana
- cocaine, methamphetamine
- anabolic steroids
- hallucinogens
- phencyclidine
- withdrawal from nicotine, alcohol, and caffeine.
- organophosphates and ingestion of metals (eg, lead, arsenic).

Situational/environmental factors

- new school
- new language
- family violence and/or losses
- past/current traumatic events
- unstable living situation
- food insecurity
- significant changes at home
- social stressors (bullying, gangs, other peer safety issues)
- other environmental danger (neighborhood safety issues, natural disaster, etc.)

Section Two

Strategies and Interventions for Anxiety

General tips

Encourage the child's curiosity about the anxiety:

Help them to find the right words: identify the specific feeling(s) and intensity

- Identify the associated physical sensations
- Experiment with coping skills and think about what helps, build a “toolbox” together

Believe in that child's ability to successfully manage the anxiety:

- every child has already successfully coped with many things (learning new things, new situations); how did they do that?
- anxiety does not equal identity (think about metaphors that might work for that specific child to externalize/separate themselves from the anxiety—winning video game levels? An annoying visitor who tries to trick them?)
- What are their strengths and interests? (focus on areas of greater confidence/competence)

Cognitive behavioral therapy (CBT)

CBT is the most empirically validated treatment for anxiety and can involve:

1) **Coping skills** (cognitive and behavioral)

Specific strategies used to intentionally reduce physiological arousal in order to promote healthier ways of living, reduce anxiety and increase tolerance and functioning in the face of anxiety triggers

2) **Exposure**

Graduated, repeated, confrontation to feared stimuli in order to produce habituation

Behavioral Coping

- **Breathing**

- Diaphragmatic breathing- “can you fill your tummy up with air like a balloon?”
- Series of Sighs
- Trace hand breathing, or counting the breaths on one hand

- **Mindfulness/grounding**

- 5 senses: 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, 1 thing you can taste
- Roots in the earth

- **Progressive muscle relaxation**

- Tense/engage a muscle group, then relax
- Younger kids- “Lemons and Limes”

- **Guided meditations, visualization**

- **Distractions, pleasant stimuli**

Cognitive Coping

- Recognize and challenge cognitive distortions (“unhelpful thinking”)
- Find things to be grateful for/potential positive outcomes in a challenging situation
- “AND” = holding two opposite things as true at the same time
- Problem solving strategies
- Preparation/rehearsal

Check out a few of these **common fears** and some ways that **skills and plans** can help kids feel more brave.



Dogs

Learn to greet dogs safely
Learn ways to tell if a dog is unsafe



Bullying

Learn tips for responding to teasing
Get more supervision or support from adults



Failing a test

Get more support at school
Learn study skills
Get extra practice



Dangerous neighborhood or people

Make a plan to walk with friends
Figure out which places are safe/not safe
Plan what to do if something dangerous happens



Fires, earthquakes

Make a plan in your family, learn ways to stay safe



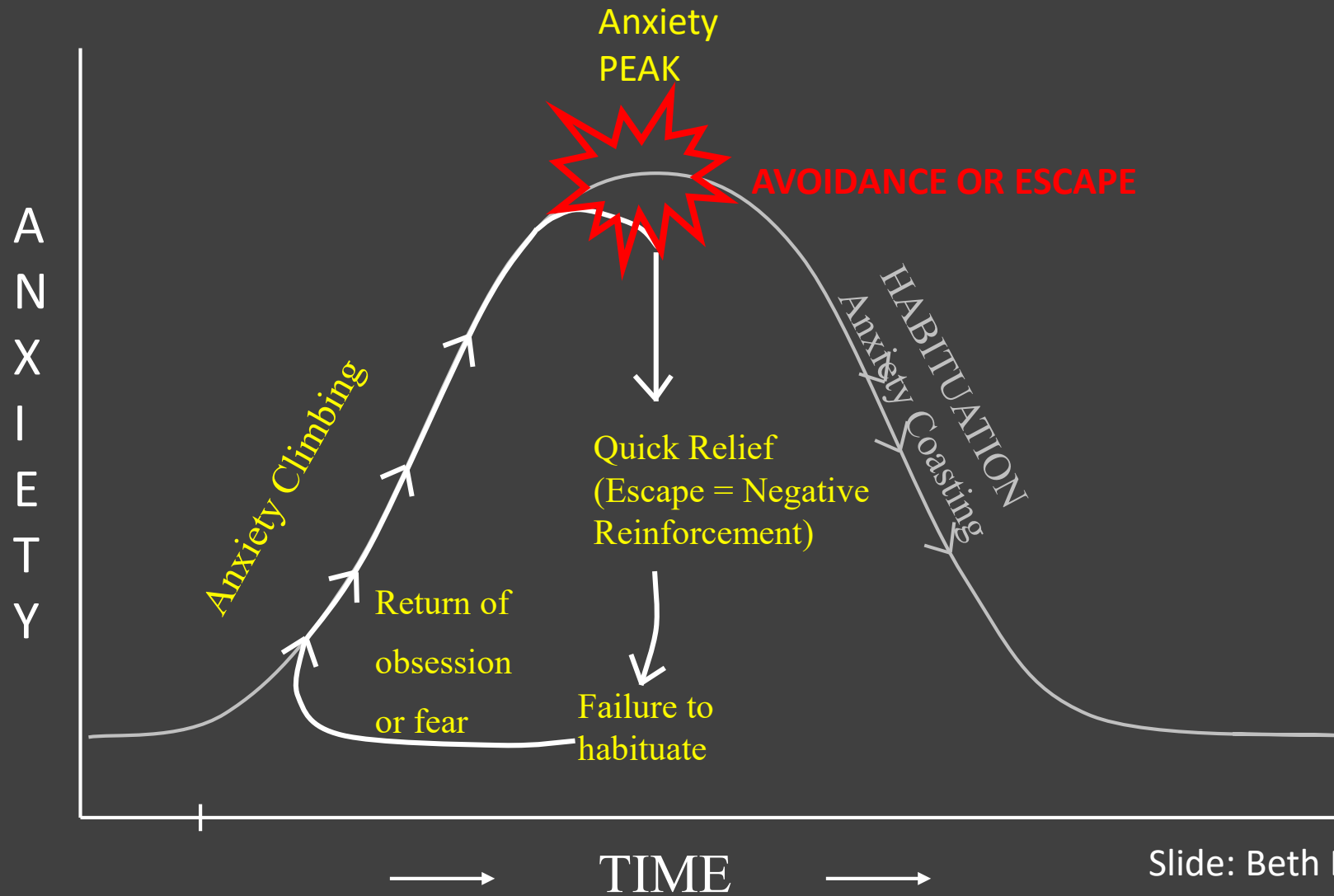
Situations we don't know how to handle

Get good advice
Practice what you'll say or do

Avoid Avoidance!

- **Exposure** is the most common treatment ingredient across all treatment protocols for anxiety
- Research shows that youth improve most in CBT after exposure is introduced
- More exposures during treatment strongly predicts better outcomes
- SPACE trial (2019)- significant improvement in child/teen anxiety, therapists **ONLY** worked with parents to help them increase healthy exposure

The Anxiety Cycle



Slide: Beth Brannon. MD

Help kids deal with anxiety

Instead of protecting kids from anxiety or fixing it for them...

- **FACE FEARS** aka exposure aka brave practice
- **Validate** feelings, **support** and **encourage** kids as they **learn to tolerate** distress
- **Scripts for kids and parents:**
 - “I know this is really hard **AND** (*not but!*) I know you can do it. I’m right here supporting you in bossing back your anxiety”
 - “It’s scary to get a shot **AND** you need it to stay safe and healthy”
 - “Two things are true: You feel uncomfortable in history and you need to be in class to learn the material” (- Dr. Becky Kennedy)

Tips for Facing Fears

- **Expect Anxiety!** Kids should feel anxious when facing fears. That is part of learning.
- **Build on Success:** Start with smaller, easier steps--small victories build confidence.
- **Keep Practicing!** It can sometimes take daily practice facing a fear for kids to begin to feel more confident.
- **Use Rewards to Motivate:** Having a daily reward for daily practice is a good way to keep the ball rolling.

Discussion

Have you used any of the strategies mentioned here in your work?

If so, what was helpful and what was not?

Exposures for Medical Anxiety (examples)

- Getting a vaccine
- Going to the doctor
- Swallowing a pill
- Going to school
- Getting on the bus

Note- kids are doing exposures all the time!

Goal is for “just right” level of exposure with appropriate support and coping; it’s all about balance.

Supporting Successful Exposures

Addressing **safety**

- Kids feel safer when things are predictable
- ... they are not alone; a loved one is with them (**find ways to include caregiver, if appropriate**)
- ... when their feelings are validated (**“I see you are a little nervous, most kids I see are nervous before shots”**)

Create a **narrative**- before and after exposure

- Read stories about doctor’s visits, kids getting shots
- Tell story about going to the doctor: Jonny goes to their doctor, they need to get a shot to keep them safe and healthy, **they were scared and afraid** it would hurt, they were **very brave** and got the shot, and afterward they felt so proud and got a big high five!

Supporting Successful Exposures

Increase **agency and control**

- Which arm do you want the shot in?
- Relaxation exercises (“can you fill your tummy up with air?” counting breaths on one hand...)
- Transitional objects (shared strength and comfort)

Leverage **distraction**

- Judicious use of tablet, phone to watch video

Strategic **rewards**

- Sticker, small toy, book... even when its not perfect

When/why consider medication?

For more severe anxiety disorders, research shows the **combination** of CBT plus SSRI is superior to either one alone

- consider functional impairment

CBT is the **durable, gold-standard** treatment, but sometimes it's not enough, not available, or the child/youth has symptoms too severe to participate

SSRIs are a “tool” to reduce overall anxious distress and facilitate more effective engagement in and learning from psychotherapy

Common medications for anxiety

SSRIs:

Fluoxetine (Prozac)

Sertraline (Zoloft)

Escitalopram (Lexapro)

- There are others but these are the most commonly used in kids and adolescents
- FDA–approved for kids as young as 6 yo

Other medications: PRN (as needed) - generally a **short term tool** to support a child or teen while symptoms are severe and before SSRI or therapy has started to work

Black Box Warning

FDA Black Box Warning on SSRIs for children, adolescents, and young adults:

- In the early 2000s, several studies were done that showed an **increase in suicidal thoughts (not completions!)** in 2-4% of patients in the first few weeks after starting the medication
- **After the warning was issued**, rates of SSRI prescriptions dropped, and **suicide rates increased significantly**
- We know that the **risk of suicide with untreated disorders remains high**

Thought exercise...

A child/teen you are working with asks if you can help them get excused from math for the rest of the year because they have bad anxiety in math.

- What are some questions you might ask to understand what they are experiencing?
- How can you help them in the moment?
- Would you recommend that they stop going to math?

A few resources

AACAP Resource Center:

https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx

Child Mind Institute: <https://childmind.org>

Anxiety and Depression Association of America (ADAA): <http://adaa.org>

Books:

- Freeing Your Child from Anxiety, Tamar Chansky, PhD
- You and Your Anxious Child, Anne Marie Albano, PhD
- What To Do When You Worry Too Much: A Kid's Guide to Overcoming Anxiety, Dawn Huebner, PhD
- The Worry Workbook for Kids: Helping Children to Overcome Anxiety and the Fear of Uncertainty (An Instant Help Book for Parents & Kids) (Ledley and Khanna, 2018)

Phone and web-based apps

For older children and teens:

- Headspace or Calm (stick with free versions, there is lots of good stuff out there)
- Other free relaxation apps, YouTube relaxation/stretching tutorials, relaxing music

For younger children:

- Breathe, Think, Do with Sesame Street: targeted at children ages 0 to 6 years featuring several familiar Sesame Street friends learning emotional regulation skills to deal with a variety of life challenges (no cost)
- Breathe2Relax: designed by the US Defense Health Agency, this free app is for teens and adults to learn diaphragmatic breathing to lower anxiety
- Cosmic Kids: for children ages 3 to 9 years, this site offers yoga and mindfulness-based interventions (free version)
- DreamyKid: there is a free version of this app to help kids ages 3 to 17 years with meditations
- HappiMe for Young People: this free app is designed for children through teens to identify and challenge negative thoughts and emotions
- Smiling Mind: this free app geared for different age groups builds mindfulness skills
- Super Stretch Yoga: this free app guides young children through yoga stretches and breathing

Conclusions

- Anxiety and depression have developmental variability, so **look early and often for signs and symptoms**
- **Parental/familial attempts to help child avoid distress reinforce the anxiety cycle and are not helpful**; instead, encourage families to validate and support gradually learning to tolerate the distress
- If symptoms of anxiety or depression are **mild, try therapy first (CBT with exposure component for anxiety)**
- If symptoms are **moderate to severe**, or if CBT alone not working, **consider talking with medical provider about medications**
- **Treat co-occurring disorders** if impairing/exacerbating

Assess your learning

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