Managing Children and Adolescent with Severe Anxiety Issues: A Toolbox of Strategies

Children’s Mental Health Learning Series
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Presentation Objectives

Upon completion of this session, participants will be able to:

1. Understand the difference between clinical and non-clinical expressions of anxiety in children and youth;
2. Recognize patterns of parent-child relationships contributing to stress and anxiety in children and youth;
3. Identify the difference between parents who are in control vs. controlling in their parenting strategies; and
4. Learn some strategies that might be helpful in reducing the anxiety symptoms for children and youth.
Anxiety Disorders in Childhood and Adolescence

• Fears are quite common in childhood
• Only when these fears are persistent, intense, interfere with functioning, and are developmentally inappropriate are they diagnosed
• Tripartite Model
  ▪ self-reported distress
  ▪ overt maladaptive response
  ▪ physiological response
Anxiety Disorders in Childhood and Adolescence

• Most prevalent mental health problem in children
• Prevalence is difficult to establish (approx. 3-18% of children); approximately 1 in 10
• Females exhibit greater number of fears
• High comorbidity with ADHD, mood disorders, ODD, substance misuse
• Both number and intensity < with age, but may manifest as other problems e.g., self-esteem, substance use
Prevalence of anxiety by age
What is normal anxiety?

**Situation or Trigger:**
- First date
- Preparing for an exam
- Sleepover at friend’s house
- Attending school
- Moving from home

**Behaviours:**
- Apprehension
- Nervousness
- Tension
- Edginess
- Nausea
- Sweating
- Trembling

**Quick checks:**
- Transient
- Does not significantly interfere
- Does not prevent a person from achieving their goals
When does anxiety become a disorder?

• Most children, adolescents and adults use anxiety to help them make good decisions
• Anxiety becomes a problem when it makes the decisions for you, interferes with your life, and/or causes distress
• Two forms:
  • misinterpreting threat
  • extreme response
Distress versus disorder

**Distress**
- Usually associated with an event or series of events
- Functional impairment is usually mild
- Transient – will usually ameliorate with change in environment or removal of stressor
- Professional intervention not usually necessary
- Can be a positive factor in life – person learns new ways to deal with adversity and stress management
- Social supports such as usual friendship and family networks help
- Counseling and other psychological interventions can help
- Medications should not usually be used

**Disorder**
- May be associated with a precipitating event, may onset spontaneously, often some anxiety symptoms predating onset of disorder
- Functional impairment may range from mild to severe
- Long lasting or may be chronic, environment may modify but not ameliorate
- External validation (syndromal diagnosis: DSM*/ICD*)
- Professional intervention is usually necessary
- May increase adversity due to resulting negative life events (e.g.: anxiety can lead to school refusal and avoidance of normal developmental steps like independent activities with peers)
- May lead to long term negative outcomes (social isolation, low self esteem, lack of independence, depression, substance abuse, etc.)
- Social supports and specific psychological interventions (counselling, psychotherapy) are often helpful
- Medications may be needed but must be used properly

* DSM- Diagnostic and Statistical Manual
* ICD – International Classification of Diseases
Three components of anxiety

- Thoughts
- Feelings
- Behaviours
What are anxious children thinking?

Anxious children and teens have unrealistic or extreme thoughts that centre around harm or threat:

• Anxious children **overestimate** how likely it is that an unpleasant event will happen e.g., “My mom is late, she’s been in a car accident.”

• They **overestimate** how bad the consequences will be if the event does happen e.g., “I can’t do this presentation because my classmates will think I’m dumb and laugh at me.”

• They **underestimate** their ability to cope with the anxiety and the unpleasant event e.g., “I have no idea how to save face and tell my friend that I can’t go the party on Saturday.”
What are anxious children feeling?

Anxious children and teens become “pumped up” or aroused. This is the *flight-fight* response.

- Immediate or short-term anxiety is named the *flight-fight* response. This is the body’s way of protecting the child from danger.
- The *flight-fight* response causes children to sweat, increase heart rate, tense muscles, make them breathe faster, feel hot or cold, dry mouth, and feel lightheaded or dizzy.
What do anxious children do?

Behavioural indicators
• Pace, fidget, cry, cling, shake

Avoidance
• Refusing to go to school or class
• Refusing to go somewhere alone
• Complain of headache or stomach ache to get out of doing something

Reassurance seeking.
• “Am I going to die?”
• “Are you sure _________ won’t happen?”

Repetitive behaviours to prevent event
Classification of anxiety disorders

- DSM-5 describes two types of anxiety disorder that are specific to children – **Separation Anxiety Disorder** (309.21) and **Selective Mutism** (313.23)
- Children may also experience:
  - Specific Phobia
  - Social Anxiety Disorder (Social Phobia)
  - Panic Disorders
  - Generalized Anxiety Disorder
  - Obsessive Compulsive Disorder
  - Post-traumatic Stress Disorder
- Subcategorization related to anxiety disorders also exist, i.e., anxious/depressed syndrome (Achenbach, 1991)
Anxiety disorders common in children and youth

Separation Anxiety Disorder: separation from caregivers, concern bad things will happen to them

Selective Mutism: Failure to speak in specific social situation despite speaking in others

Generalized Anxiety Disorder: uncontrollable excessive worry about many areas of life functioning (e.g., school work, family, friends, health);
  • pervasive “what if” statements
  • unreasonably high expectations
  • self-critical statements

Social Phobia: fearful of social or performance situations
Social Phobias

Case example:

Every time I have to make a phone call I get this terrible feeling in the pit of my stomach. My face gets hot, and it's like I can't talk anymore. My mind just goes blank. It's so embarrassing - I can't even call any of my friends. It's really beginning to affect my social life - I even missed a party last week because I was too scared to call a friend for a ride! I didn't used to be so shy.
I am a worrier! I have always worried a lot - my mom used to call me "little miss what-if"! Now I'm 16 years old and I feel like this constant worrying is taking over my life. I worry about everything! Am I going to get into university? Do my friends like me? I hear about earthquakes on the news and I can't stop thinking about when the big one is going to hit here and if we're prepared! I worry about my parents dying. I even worry about the little things - like did I say something stupid in class! I always feel so on edge because my mind is constantly racing about all these thoughts and it's hard to sleep. Why do I worry so much and is there something I can do about it?
Other less common anxiety disorders

**Specific Phobia**: fear of particular objects or situations

**Panic Disorder**: misinterpretation of bodily changes and have a fear of losing control

**Obsessive Compulsive Disorder**: the presence of intrusive repetitive thoughts (obsessions) or behaviours (compulsions); >1 hour/day

**Post traumatic Stress Disorder**: Experience traumatic event, reexperiencing, avoidance and numbness, increased arousal; >1 month
What contributes to anxiety disorders?

Historical Factors

1. Parent has a history of a mental disorder (including substance abuse/dependence)
2. Family has a history of suicide
3. Youth has a childhood diagnosis of a mental disorder, learning difficulty, developmental disability, behavioural disturbance or school failure
4. There has been a marked change in usual emotions, behaviour, cognition or functioning (based on either youth or parent report)
What contributes to anxiety responses?

Genetics/Biological Basis

- Anxiety runs in families
- Common for at least one parent to be anxious
- Research has shown that what is passed on from parent to child is not a specific tendency to be shy or worry but a general personality type and/or cognitive style predisposing child to develop anxiety
What contributes to anxiety responses?

Parent Reaction

- Reactions to child or teen’s anxious behaviour might also play a role in increasing anxiety (e.g., being over-protective, excessive reassurance)

Modeling

- Children and adolescents copy their parents coping strategies (e.g., avoiding fearful situations)

Stressors/Traumatic Life Events

- Bit by a dog, death of a loved one, being bullied, getting sick, academic struggles, family separation/divorce
Child and Parent Contributions to Anxiety

Child Temperament

• negative reactivity of the child, which is the child’s tendency to react to stressors with high degrees of emotional lability, including anger, irritability, fear or sadness

• neurological substrates for fear, sadness, and anger also exist, contributing to children fearful distress in children

• temperamental inhibition and fearful wariness make children particularly susceptible to environmental stressors, perceived or real
Child and Parent Contributions to Anxiety

Parent Socialization

- Family systems are perceived by children with anxiety as less democratic and more enmeshed.
- Children diagnosed with anxiety describe their families as more controlling and promoting less independence.
- Parents that are less likely to grant autonomy and are more psychologically controlling (called intrusive parenting; Barber, 2002) are also associated with anxiety.
- Paradoxically, children with anxiety often rate their parents as less accepting and warm than those children who are not diagnosed with anxiety.
- NB: Effect sizes for all studies exploring relationship between parenting and child anxiety are small (.2 to .4).
## Risk factors to watch for

<table>
<thead>
<tr>
<th>Significant risk effect</th>
<th>Moderate risk effect</th>
<th>Possible “group” identifiers (these are not causal for anxiety disorder but may identify factors related to adolescent onset anxiety)</th>
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<tbody>
<tr>
<td></td>
<td>1. Children with shy, inhibited and/or cautious temperament (innate personality type)</td>
<td>1. School failure or learning difficulties</td>
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<td></td>
<td>2. Family history of a mental illness (mood disorder, substance abuse disorder)</td>
<td>2. Socially or culturally isolated</td>
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<td>3. Have experienced a traumatic event</td>
<td>3. Bullying (victim and/or perpetrator)</td>
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<td>4. Substance misuse and abuse (early onset of use including cigarette and alcohol)</td>
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What to do if a child is identified at risk?

1. Educate about risk e.g., familial risk
2. Obtain and record a family history of mental disorder
3. Agree on a clinical review threshold e.g., what is acceptable re distress, anxious behaviour, irritability
4. Arrange for a standing mental health checkup:
   • Have parents bring in child’s report card, watch for declining grades, frequent late arrivals, absences
   • Ask parents how their child compares to other children of similar age regarding being away from parent, need for reassurance, comfort in new situations, physical complaints
   • Have child/youth complete a Child Functional Assessment
Child Functional Assessment

Child Functional Assessment (CFA)

The CFA is a self-report tool, but in some cases it may require the caregiver to help. It is meant to be completed by the patient/caregiver and should take no more than three minutes to complete for most children. The health care provider can use the information obtained on the CFA to probe for further information – especially in those areas where the young person noted worse or much worse than usual and in those domains that the child/caregiver identifies as either self or parental worry.

This form is meant to let your health provider know about how you are doing. All information you give is confidential. Please write your answers to the items on the form.

For each of the following categories, write down one of the following options in the space provided – “much better than usual”, “better than usual”, “about the same as usual”, “worse then usual”, “much worse than usual”. You can also give an example if you would like.

Over the last week how have things been at:

School: ____________________________________________
Home: ____________________________________________
Friends: ____________________________________________

Write down the two things in your life that either worry you the most or are causing you the most problems.

1) ____________________________________________
2) ____________________________________________

Write down the two things about you that cause your parents or other adults to be concerned about or that you think might concern them if they knew about these things.

1) ____________________________________________
2) ____________________________________________
Screening for Anxiety Disorders in Children

There are many screening tools for child and adolescent anxiety:

• Revised Children’s Manifest Anxiety Scale (RCMAS-C)
• Penn State Worry Questionnaire for Children
• Anxiety Disorders Interview Schedule for Children and Parents (ADIS-RLV)
• Pediatric Anxiety Rating Scale (PARS)
• Negative Affect Self-Statement Questionnaire (NASSQ)
• Response to Stress Questionnaire (RSA; parent and child)
• Social Phobia and Anxiety Inventory for Children (SPAI-C)
• Social Anxiety Scale for Children - Revised (SASC-R)
• Children’s Rejection Sensitivity Scale
Screening for Anxiety Disorders in Children

1) *Spence Children’s Anxiety Scale* (Spence, 1999)
   - The scale assesses **six domains of anxiety** including generalized anxiety, panic/agoraphobia, social phobia, separation anxiety, obsessive compulsive disorder and physical injury fears
   - Designed to be relatively easy and quick for children to complete, normally taking only around **10 minutes** to answer the questions
   - Young people are asked to rate the degree to which they experience each symptom on a 4-point frequency scale
   - Boys 8-11, 12-15; Girls 8-11; 12-15 online scorable versions
   - Parent Version and Preschool Version available
   - [http://scaswebsite.com](http://scaswebsite.com)
2) **Structured Clinical Interview for DSM-IV, Childhood Version**
(KID-SCID; Matzner, 1994)

- Semi-structured interview covering all DSM disorders
- Clinical judgment in a semi-structured interview allows the clinician to reject diagnoses that may technically satisfy the criteria but do not cause significant impairment e.g., many children will be afraid of clowns, but the clinician can decide they do not have a disorder.
- Uses **probe questions** to determine whether DSM criteria are met e.g., “During the last six months, would you say that you have worried (more days than not?)”; “When you’re worrying this way, do you find that you can stop yourself?”
- [http://www.columbia.edu/~jam119/KidSkid.htm](http://www.columbia.edu/~jam119/KidSkid.htm)
Screening for Anxiety Disorders in Children

3) *Multidimensional Anxiety Scale for Children* (MASC; March, 1997)

- 39-item self-report measure of anxiety-related symptoms for children and adolescents 8-19 years of age
- The MASC not only assesses the presence of anxiety disorders in youth, it also distinguishes between important anxiety symptoms and dimensions that broadband measures do not capture
- Scales and forms include: Harm Avoidance, Social Anxiety, Physical Symptoms, Anxiety Disorders, Separation/Panic, Total Anxiety Index, Inconsistency Index
- Under 10-minutes administration time; multiple languages
How can we help children with anxiety?

Focus on rule outs:

1. Have a complete physical examination to rule out:
   - Medication reaction
   - Symptom of a medical condition e.g., hypoglycemia, overactive thyroid
   - Abnormal heart rhythms or other heart problems

2. Have a psychologist complete a full psychoeducational assessment to rule out:
   - Learning disorder(s)
   - Autism spectrum disorders
   - Other social antecedents e.g., stressors, bullying, etc.
How can we help children with anxiety?

Test anxious beliefs
• Working with the child to “test” their fears
• Use realistic thinking to help the child think realistically and focus less on

Address avoidance behaviours
• Use stepladders (Rapee et al., 2008) to help children overcome their fears by facing up to the very things that elicit anxious responses
• Make a fear and worry list as it pertains to social situations that they usually avoid
• Use the list to create steps from the easiest to the hardest
• Decide on some reward(s) the child will receive when he/she successfully completes a step
How can we help children with anxiety?

Explore parent reaction
• Apply and practice parent management skills
• Encourage parents to be less protective (see M. Ungar’s *Too Safe for Their Own Good*) e.g., anticipating that their child will avoid a social setting and intervene when it isn’t necessary
• Have parents monitor their own anxious behaviour and how it models behaviours that kids pick up

Reduce stressors
• By practicing social skills, kids can learn to cope better with situations that are stressful
• Social skills include: body language, voice quality, conversation skills, friendship skills, assertiveness
Final check-in

• How can you apply these concepts in your practice?

• What obstacles do you run into?

• How does childhood anxiety present itself most often in your professional work setting?

• Which screening method might work best given the specific nature of your professional setting and why?
Key References and Links

Anxiety BC: http://youth.anxietybc.com/


Treatment Guideline
Algorithm: http://www.bcguidelines.ca/guideline_depressyouth.html#algorithm

Dr. Stan Kutcher: http://teenmentalhealth.org/
ANXIETY... CAN TOTALLY SUCK!

It can mess with you in SO many ways - like when making friends, with stuff at school, and even when you’re trying to sleep. Too much anxiety takes the fun out of life. But, you are not alone! Lots of teens experience problems with anxiety. And, there is lots you can do to take charge of your anxiety for good.

LET'S BE HONEST... GET A NEW PERSPECTIVE AND GO TO THE PARTY!
Mindshift App

MindShift

QUICK TIPS

1. Anxiety 101
2. My Situations
3. Check Yourself

Thinking Right
Chill Out Tools
Active Steps

Inspiration
Settings
Help

ADD A SITUATION

Choose a situation that you would like help with. Then, follow the steps to set up a personalized plan to cope better with that situation.

Managing worry
Coping with test anxiety
Tackling social fears
Facing performance anxiety
Dealing with conflict
Taking charge of panic

BACK