Anxiety Disorders- How to Help Children Cope

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Objectives

1. Identify symptoms of separation, social anxiety and generalized anxiety in the school age child in the school setting.

2. Identify the prevalence of anxiety in school age children and the most common environmental stimuli that may be contribute to child anxiety.

3. Discuss interview strategies that may help identify the stimuli contributing to the anxiety in selected children.

4. Review cognitive and relaxation strategies that may help the child with reducing the anxiety in the school setting.

5.Consider when referral to mental health professionals may be indicated for the school age child.

Anxiety Disorders

Prevalence is approximately 15-20% of children between ages 6-17 years old

Most anxiety disorders originate in childhood

Presence of anxiety in adolescence is a good predictor of adult anxiety disorder

Generalized Anxiety Disorder

Excessive anxiety and worry about a number of events or activities

Difficulty controlling the worry

One or more of the following present:

- Restlessness
- Fatigue
- Sleep problems
- Irritability
- Muscle tension
- Concentration problems

Generalized Anxiety Disorder

The duration of symptoms is at least six months

GAD is more prevalent as children age; most identified in adolescent years

More common in females

Other

- Perfectionistic tendencies
- Overly conforming
- Self-Critical

What do kids worry about?

School performance

Sports performance

The “dark”

Thunderstorms

Death related themes

Friendships

Co-Morbidity

Depression (mood disorders)
ADHD
Adjustment Disorders
Eating Disorders
Tics
Reactive Attachment Disorder
Habit Disorders
Autism Spectrum Disorder
Schizophrenia

Etiology

Genetics

- Account for approximately 1/3 of the development of anxiety disorders in children

Temperament

- Behavioral Inhibition
  - Unusually shy and withdrawn

Social Learning Factors

- Fear response is learned
- Overprotective caregivers
- Lack of primary care giver early on
- Parental anxiety

Pathophysiology

Associated with dysfunction with prefrontal -amygdala neural circuits and posterior occipital structures
Physical symptoms

- Somatic complaints
  - Headache
  - Stomach Aches
  - Elevated HR, RR
  - Dry Mouth
  - Muscle twitching, tremors, shaking
  - Diaphoresis

Separation Anxiety

- Definition DSM -5 – At least 3 of the following:
  - Developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached
  - Excessive distress when anticipating separation
  - Excessive worry about losing major attachment figures
  - Worry about experiencing an untoward event
  - Reluctance or refusal to go out away from home, to school
  - Reluctance or refusal to sleep away from home or away from attachment figure
  - Nightmares about themes of separation
  - Complaints of physical symptoms when separation from attachment figure occurs
  - Lasts at least 4 weeks in children and 6 months in adults

Separation Anxiety

Prevalence –

- 4% in school aged children
- 1.6% in Adolescents
- Equally present in boys and girls in clinical research samples

- Comorbidity is common
  - GAD
  - Specific Phobia

Pathophysiology

Possible maternal endocrine activation during pregnancy

Premature separation during neonatal period

Temperament of the child

Heritability –estimated 73% in community samples

Over protection of parents

- Very caring close knit families

Social Anxiety (Social Phobia)

Definition

- Marked fear of anxiety about one or more social situations
  - Having a conversation, meeting unfamiliar persons
- In children, anxiety must occur in peer settings and NOT just during interactions with adults;

  May appear as crying, tantrums, freezing, clinging or failure to speak
- Individual fears they will act in a way that is embarrassing or will be negatively evaluated
- Social situations are avoided
- Attendance is endured with intense fear and anxiety
- Fear of anxiety is out of proportion to actual threat
- Performance anxiety – if the fear is restricted to speaking or performing in public

Prevalence and Etiology

Usually onset occurs in late childhood or early adolescence

Prevalence in 3-13% of population

Trait characteristics

- Behavioral inhibition
- Shyness

Parents with panic disorder

Genetic factors

Assessment Strategies

Somatic symptoms

- Can you tell me what you are feeling?
- Headache? Stomach ache? Heart beating fast? Dizziness?

Avoidance Patterns

- Where is a place you don't like to go?
- Who is at that place?
- What do you have to do there?
- Why don't you like to go there?

Level of severity

- Use a SUDS scale (1-10)
- How much does it affect your school work, play, time with friends, family time?

Consider standardized assessment tools

- Screen for Child Anxiety RElated Disorders (SCARED)
- https://www.midss.org/content/screen-child-anxiety-related-disorders-scared

How to Help- Teaching Coping Skills

Relaxation Strategies

- Deep breathing
- Guided Visual Imagery
- Progressive Muscle Relaxation Strategies
- https://www.youtube.com/watch?v=I0wVZIxoe-Q
- Mindfulness

How to Help – Teaching Coping Skills

Cognitive Strategies

- Help recognize that they are worried or anxious
- Help to be aware of the physiological symptoms
- Help them become aware of triggers –
  - Avoid when appropriate but face those triggers when needed
- Problem Solving Strategies
- Allow to talk through it with you – **Validate their feelings**
- For catastrophizing:
  - Ask the questions-
    - "What is the worst that might happen?"
    - "Will you still be worrying about this tomorrow or a week or a year from now?"
    - "What is the likelihood that XYZ will happen?"

How to Help – Teaching Coping Skills

Distraction Techniques

- Age dependent
  - Blowing bubbles - younger children
  - Music
  - Drawing games (hang man)
  - Reading
  - Videos or favorite you tube
  - Stuffed animal or favorite toy

Reward for Progress!!!

Positive reinforcement

Help them celebrate!!

Encourage continued advancing in engagement with activities

When to Refer

Unable to function in school

- Refusal to attend school/activities etc
- Numerous absences or tardiness
- Poor support systems at home
- Symptomatology in school or home (parent report) that is difficult to control or do not respond to coping strategies
  - Crying
  - Irritability
  - Clinginess
  - Repeated office visits
  - Disturbance to teachers and peers
  - Somatic complaints

Treatment

Therapy - 1st line treatment for mild anxiety
- Cognitive Behavioral Therapy
  - Cognitive retraining
  - Desensitization
  - Rehearsal strategies
  - Homework assignments

Medications
- SSRIs
- Propanolol for performance anxiety

Therapy for Separation Anxiety Disorder

CBT model

- Systematic desensitization
- Operant conditioning techniques
- The goal is to get the child back to school or attend activities as soon as possible

Identify if there is a specific trigger at school

- Bullies
- Gangs

Pharmacological Therapy –

- Only in moderate to severe cases
- SSRIs

Pharmacological Management

Second line treatment –

Moderate to severe anxiety

- FDA approved –Duloxetine (Cymbalta)
- SSRI's often used:
  - Fluoxetine (Prozac)
  - Sertraline (Zoloft)
  - Escitalopram (Lexapro)
  - Fluvoxamine (Luvox)
- Benzodiazepines –
  - Situational anxiety –use only with caution
    - Concern of Substance Abuse

Side Effects of SSRIs

Headache

Nausea, Stomach Pain, Diarrhea, Change in Appetite

Fatigue, Drowsiness

Diaphoresis

Dry mouth

Restlessness, Insomnia, Overactivation, Increase psychomotor activity

Suicidal Ideations (Black Box Warning) (4% vs 2% placebo) (Hammand, 2004)

- Rynn et al., 2015 found no difference among children in the CAMS study who took Sertraline alone

Questions?