Anxiety Symptoms in Children and Adolescents: A Focus on Special Populations

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Anxiety is a rising concern within the pediatric population. A large, national survey of adolescent mental health reported that about 8 percent of teens ages 13–18 have an anxiety disorder, with symptoms commonly emerging around age 6 (National Institute of Mental Health, 2013). According to the National Institute of Mental Health, the lifetime prevalence rate for anxiety disorders in 13-18 year olds is 25.1 percent, with 5.9% of these classified as “severe” (2013).
Prevalence in the Very Young

Studies have shown that up to 10 percent of kindergarten-aged children suffer from an anxiety disorder.

Two questions were predictive of anxiety disorder.
The Nature of Anxiety

Anxiety is a condition of hyperarousal of the central nervous system in response to fear or stress. Symptoms in children vary from normal worry or fearfulness to severe symptoms of an anxiety disorder. Anxiety disorder is the sustained arousal of the central nervous system that can be acute (panic attack) or chronic (generalized anxiety disorder).
Fear is a response to perceived danger which leads to:

• **Fight or Flight** (body/brain changes to enable fleeing from a predator or fighting to protect oneself)

• **Freeze and withdraw** (shut down or decrease activity of the CNS; child looks stunned, fearful, detached)
Dr. Sulik notes that a child may experience severe distress in response to internal or external cues that trigger fear; thoughts and mental images intrude; leading to fight or flight response.

When child can’t tolerate the re-experienced fear, they may develop a pattern of avoiding anything that makes them feel uncomfortable.
What Keeps Anxiety Going?

**Cognitions**: anxious children believe the world is a scary place

**Behavior**: avoidance of feared stimulus

**Reinforcement**: relief resulting from avoiding feared stimuli and unintentional reinforcement of anxiety by adults

**Being over-protective**: reinforces the child’s sense of incompetence, can reinforce beliefs that the world is scary & that the child cannot handle it

**Placing excess pressure to perform**
Causes of Anxiety

**Genetics:** Anxiety runs in families

**Parent Reactions:** Overprotection or rescuing child

**Modeling:** Anxious parents model avoidance of feared situations as a coping strategy

**Stressors:** Sensitive children can have anxiety triggered by stressful events; undue high expectations can create anxiety
Most children who are anxious do not recognize that they are actively avoiding triggers for their fears. Their avoidance of the feared situation may contribute to child feeling detached or isolated. Adults often completely misinterpret what is going on and think the avoidance is defiance or not caring.
Looking Beyond the Behavior

What you see may not be what is below the surface...

- defyance
- aggression
- refusal
- oppositionality
- rigid thinking
- lack of motivation
- social uncertainty
- worry
- social discomfort
- fear
- need for predictability
Assessment Tools

• Parent interview
• Child interview and observations
• Self report measures:
  – The Multidimensional Anxiety Scale for Children (MASC-2; March, 2013) is a norm-referenced, self-report instrument that aids in the measurement of childhood anxiety. The MASC-2 was designed for use with children ages 8-19 years old. There also is a MASC-10 short form for monitoring anxiety symptoms.
  – Revised Children’s Manifest Anxiety Scale-2 (RCMAS-2; Reynolds and Richmond, 2008) The RCMAS-2 is a self-report instrument designed to assess the level and nature of anxiety in children from 6 to 19 years of age.
• Parent reports:
  • The Multidimensional Anxiety Scale for Children (MASC-2; March, 2013)
  – Behavior Assessment System for Children- second edition (BASC-2; Reynolds & Kamphaus, 2004)
  – Child Behavior Checklist (CBCL; Achenbach, 1991, 1992)
Types of Anxiety Found in Children & Adolescents updated per DSM 5

- Separation Anxiety
- Generalized Anxiety (GAD)
- Panic Disorder
- Specific (simple) phobia
- Social phobia
- Selective Mutism
- Obsessive Compulsive Disorder (OCD)
- Post Traumatic Stress Disorder (PTSD)
Special Population: Preschoolers and Toddlers

- Anxiety in young children can be beyond what is developmentally appropriate.
- Accessing information from parents and caregivers, teachers, etc. is important.
- May common symptoms of anxiety in young children are similar despite the specific diagnosis.
- Due to the child’s inability to describe the experience, we need to help identify the source of anxiety.
Typical Causes of Anxiety of Children at Several Different Age Levels
(from *Your Anxious Child*, by J. Dacey and L. Fiore)

- **6-7**: abrupt noises, supernatural beings, dark, school, physical harm or rejection
- **7-8**: dark, real-life catastrophes, not being liked, being late for school or being left out of events, physical harm or rejection
- **8-9**: personal humiliation, failure, being caught in a lie or misdeed, parental conflict, being a victim of physical violence
- **9-11**: Failure, becoming ill, specific animals, heights, sinister people
- **11-13**: Failure, looking strange, being “different”, death, illness, sex, being fooled, losing possessions.
Anxiety in Preschoolers

Is it…

A normal phase the preschool child is going to out grow?

-OR-

A mental health problem that needs specialized intervention?
How Do We Know the Child Needs Help?

- When worries become more intrusive & extreme (than most other kids the same age)
- Do the fears prevent the child from doing what he/she would like to do?
- Is the fear beyond what you would expect developmentally?
- Is anxiety affecting the child’s ability to form friendships or to perform?
- Is the child’s body in a state of physical arousal? Look for sleep problems, reports of feeling sick, etc.
- Is the child excessively moody, irritable or avoidant?
Clinical Challenges

- Know the difference between developmentally expected anxiety or fear and developmentally inappropriate & excessive anxiety.
- Determine the difference between anxious temperament & an anxiety disorder.
- Young children are difficult to diagnose due to their limited verbal and cognitive abilities.
Per DC 0-3 manual: In any anxiety disorder, the fear must:

- Cause the child distress or causes them to avoid situations
- Occur during two or more everyday activities or within two or more relationships
- Be uncontrollable, at least some of the time
- Impair the child’s or the family’s functioning and or the child’s expected development
- Persist
Common Symptoms in Early Childhood (From DC: 0 to 3R)

- Multiple Fears
- Specific fears
- Limited play repertory
- Difficulty with transitions between activities
- Reckless and defiant behavior
- Excessive stranger anxiety
- Excessive separation anxiety
- Excessive inhibition due to anxiety
- Lack of impulse control
- Somatic complaints (headaches or stomach aches)
What you may see in Toddlers and Preschoolers

- Recklessness and aggression directed toward themselves or others
- Inattention and impulsive/hyperactive behaviors
  ...which adults may think are ADHD symptoms
How can parents/other adults help their child?

• Model positive approaches to handling stress & fear
• Soothing empathy
• Gently ask your child what worries or scares him?
• Provide reassurance. It may be helpful to share fears you have had in the past.
• Positive encouragement
• Reasonable limit setting (ex. Even though you are scared of ______, you still need to go to bed.)
• Have a lot of patience. Help the child practice skills over and over.
• Teach your child self-soothing techniques (ex. Breathing, transitional objects, thinking about something fun, etc.)
• Social stories
General Things to Remember

Be aware of *your* emotions; anxiety begets anxiety.

Uncertainty is a powerful trigger; don’t assume anxious child understands: ask questions, be clear, check in to be sure they understood.

Routines and rituals help the preschool child feel safe and their world feels predictable.
Separation Anxiety Tips for Parents and Teachers

1) Don't drag out saying goodbye and don't sneak out either. Keep it simple -- one kiss, one hug and out the door you head. And never bring your child home with you.

2) Keep your own emotions in check. Kids are surprisingly adept at picking up on what we grown-ups are feeling, even if we are trying to hide it.
Strategies for Young Kids

- Avoid belittling the fear or anxiety, validate the concerns without confirming that the fear is real. “You are worried about your dad leaving—that can be scary to think about”
- Help them verbalize their fears; help them distinguish between a little bit scared and a whole lot scared (is that a big worry, or a little worry?)
Child avoids a new activity

Teach them the building block skills needed to reach the desired independent behavior
Child has negative irrational belief

- Listen to what the child says, help them replace the negative thought with positive ones.

- “I can’t go outside, bees will sting me”… “Bees are more afraid of you than you are of them; we can learn to not bother them and be safe outside”.
Mindfulness

Works with children the same way it works for adults
Just adapt the learning of it
(for the capacity of child to attend, remember, verbally process)
Family involvement is important
Factors to consider when teaching mindfulness

Repetition enhances learning
Variety increases children’s interest
Interactive approach-active participation
Sit comfortably; breath in…breath out…

Imagine you are laying in the sun on the sand, with the waves of the water gently rolling onto the shore…
Deep breathing/relaxation

Blowing bubbles
Blowing out the candles on fingers
Move belly in and out while breathing; put a small object on stomach so they can see it move
Imagine they are snowmen melting in the sun
Or spaghetti noodles
Or go from Robot to Rag doll
Separation anxiety
Oppositional or anxious?
Special Population: Autism Spectrum Disorders (research findings)

- High rates of comorbidity: 42% and 55% co-occurring anxiety diagnoses found in research studies.
- AS>PDD-NOS>AD
- ASD with High IQ had higher rates of anxiety
- Hard to discern whether the symptoms should be conceptualized as part of the ASD or as separate but co-occurring problems.
Co-morbid Conditions

Anxiety can co-exist as a symptom within other diagnoses, such as:

- Autism, PDD, Asperger’s Syndrome
- ADHD
- Depression
- Tourette’s Syndrome

Anxiety is assumed to be a part of some diagnoses.
Nearly 40% children and adolescents with ASD found to have at least one coexisting anxiety disorder (highest to lowest)

Specific Phobias: 30%
OCD: 17%
Social Anxiety Disorder/Agoraphobia: 17%
Generalized Anxiety Disorder: 15%
Separation Anxiety Disorder: 9%
Panic Disorder: 2%
Co-morbid Data from Recent Evaluations at Fraser clinics (all sites)

- 145 evaluations resulted in a new or confirmed diagnosis of either autism, Asperger’s, or PDD-NOS
- Of these, 17 had comorbid anxiety disorder diagnoses (11.7% incidence); 3 of these had two anxiety diagnoses.
- Generalized anxiety disorder, 9 cases
- Anxiety disorder, nos 7 cases
- Obsessive compulsive disorder, 3 cases
- PTSD, 1 case
Issues with Differential Diagnosis:
ASD vs. OCD

OCD is an anxiety disorder.

ASD is a developmental disorder.
- Developmental in nature (meaning that symptoms are present in childhood).
- Social challenges always are present.
- People with AS will need routine and repetition in order to create some kind of stability in a world that seems so confusing.
According to The Asperger *Plus* Child (Lynn, 2007), the nature of the obsessions and rituals are different.

**OCD**: “If I don’t do ____, something terrible will happen.” **Obsessions** can cause agitation and hyperactivity.

**Asperger’s**: No terror (more sadness) if taken away. **Special interests** can motivate and focus rather than cause stress.
ASD is not an anxiety disorder. Again, it is developmental in nature.

Individuals with ASD do not struggle socially because of anxiety. They struggle because they lack social skills (this may cause anxiety.)

Do not see other challenges such as repetitive behaviors and atypical play/language in social anxiety.
Sources of Anxiety/ Likely causes

• Social impairments (e.g., don’t know how to engage others)
• Overall difficulty with coping (e.g., emotional regulation challenges, black and white, “0 to 100”)
• Rigidity/difficulty with change (e.g., need for sameness in routines and environments)
• Other fears (e.g., storms, the dark, tests)
Sources of Anxiety/ Likely causes

- Communication impairments
- Unpredictability of others
- Executive functioning challenges
- Environment is overwhelming
- Sensory triggers
- History of bullying or negative social experiences

*It is important to recognize what is stressful in a situation in order to address the “right” problem*
Sources of Anxiety/ Likely causes

- History of bullying or negative social experiences
- Perseverations could be on a feared stimulus
- High functioning children on the spectrum exhibit social worries (ruminate or actively avoid social interactions with peers)
- Some research suggests brain differences, such as dysfunction of the amygdala (Baron-Cohen et al 2000)
Signs of neuropathology have been found in postmortem autistic brains (Bauman & Kemper). Findings from recent functioning neuroimaging and primate studies suggest that damage to the amygdala could contribute to abnormal fears and increased anxiety in individuals with ASD. The amygdala’s job is to detect threats in the environment. It can trigger changes in brain chemicals and hormones that put the body in an anxiety state. It filters information and assigns emotional significance.

Researchers suggest that the amygdala in the brain of a person with ASD can be hyperfunctional. (Amaral, D.G. & Corbett, B.A.) A hyperfunctional amygdala would result in over-arousal, high anxiety and “mis-fires”
The Anxiety Curve

This is the foundation of your plan. This is where positive and calming relationships are built and where you teach skills needed to function successfully in challenging situations. Examples might include the 5-Point Scale, Social Stories, Power Cards, a calming sequence, yoga, or social skills.

Redirect here can result in a rigged assignment. The person should be encouraged to relax rather than make any decisions.

Use calm redirection line

Use encouraging, supportive words here. If possible, don’t discuss the incident.

This is peak anxiety. It is not a time to talk, direct or problem solve.

This could include hitting, throwing, biting, swearing and crying.

This is not a time to ask the person to make choices. Model calming strategies.

This is when signs of early stress need to be recognized. This is the best time to remove the person’s attention away from the stress.

How is the time to leave the anxiety producing event if possible.

This is the staff or parent curve. You need to control your own anxiety during a crisis in order to help diffuse the person’s anxiety. Your instincts tell you to engage in fight or flight, you can do neither. Use silence and your own calming sequence.

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Copyright © 2010 The Incredible 5-Point Scale, Kari Dunn Buron
Unique Considerations and Challenges with Co-morbid ASD and Anxiety

• Sensory differences
• Avoidance
• Difficulty with motivation
• Tendency to pattern
• Difficulty with generalization interferes with desensitization strategies
• Impairment in imagination makes some strategies more difficult (e.g., externalization and naming symptom, visualization, self calming)
Unique Considerations and Challenges with Co-morbid ASD and Anxiety

- Tendency to resort to perseverative interests and routines (Attwood says: the more anxious the child the more intense the interest)
- Difficulty with abstract concepts such as scaling
- Lack of awareness of safety and danger in environment
- Desire to get out in world and into situations is not a motivator for working on anxiety
- Difficulty self-reporting symptoms
Intervention Strategies

- 5-pt. scale (Dunn and Curtis)
- Skill building (e.g., for social skills)
- Relaxation
- Feedback
- Systematic desensitization
- Rewards
Child with Anxiety and ASD
How to Adapt for ASD

- Visual tools
- Use interests
- Include sensory
- Create adaptive patterns
- Identify motivators
- “Islands of Solitude”
- Focus on addressing social deficits (e.g., for kids with social anxieties)
- Parental involvement is often integral
Tony Attwood indicates CBT programs for children and adults with ASD has several stages:

- Affective education
- Cognitive restructuring
  - This step works to correct distorted conceptualizations and dysfunctional beliefs
- A graded schedule of activities to practice new skills
Case Studies
Physiological Considerations

• Sleep
• Sensory
• Medication? When to consider a consult for meds or supplements
• Current research on the amygdala
• Lack of physical exercise
• Poor diets
Books:
Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children by John S. Dacey and Lisa B. Flore
Helping Your Anxious Child: A Step by Step Guide for Parents; vol. 2 by R. Rapee, S. Spence, V Cobham and A. Wignall
The Anxiety Cure for Kids: A Guide for Parents by E Dupont Spencer, R. DuPont, C. DuPont
Up and Down the Worry Hill; A Children’s Book about Obsessive-Compulsive Disorder and its Treatment by A. Pinto Wagner
Mr. Worry: At Story about OCD by H. L. Niner
Problem Child or Quirky Kid? By R. Sommers-Flanagan, J. Sommers-Flanagan
Don’t Know Why…I Guess I’m Shy: A Story about Taming Imaginary Fears by Barbara Cain
Perfectionism: What’s Bad About Being Too Good? By M. Adderholt and J Goldberg
There’s a Nightmare in My Closet by Mercer Mayer
Where the Sidewalk Ends by Shel Silverstein ( see poem “Sick” about a school phobia)
Is it Just a Phase? How to Tell Common Childhood Phases from more Serious Problems by Susan Swedo
Resources

A Boy and A Bear: The Children’s Relaxation Book
By Lori Lite

Ready, Set, Relax: A Research Based Program of Relaxation, Learning and Self-Esteem by Jeffrey Allen

Keys to Parenting Your Anxious Child by Katharina Manassis

Cool Cats, Calm Kids: Relaxation and Stress Management for Young People by Mary Williams

Aladdin’s Magic Carpet and Other Fairytale Meditations for Princesses and Superheroes by Marneta Viegas.

DC:0-3R; (2005) Diagnostic Classification of Mental Health and Developmental disorders: Revised


From Anxiety to Meltdown: How Individuals on the Autistic Spectrum Deal with Anxiety, Experience Meltdowns, Manifest Tantrums, and How You Can Cope Effectively, Lipsky, D.

The Survival Guide for Kids with Autism spectrum Disorders (and their parents), Verdick, E & Reeve, E.

Asperger’s Syndrome, A Guided for Parents & Professionals, Atwood, T.

Resources

WEBSITES/Presentations:
Anxiety Disorders: Early Childhood Mental Health Fact Sheet; MN Association for Children’s Mental Health pamphlet.  www.macmh.org
Jill Leverone, Ph.D., presentation at MACMH May, 2011. “Mindfulness and Children”
ADAA : Anxiety Disorders Association of America www.adaa.org
L. Read Sulik, MD, “Understanding Stress, Fear, and Anxiety in Children” presentation at MACMH Conference, April 2009
National association of School Psychologists www.nasponline.org
David G. Amaral, Ph.D., Blythe A. Corbett, Ph.D., The Amygdala, Autism and Anxiety, Department of Psychiatry, Center for Neuroscience and California Primate Research Center, June 2002
Questions?