# Assessing and Treating Anxiety in Pediatric Populations

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#### Disclosures

• Dr. O'Connor has no financial relationship with a commercial entity producing health-care related products and/or services

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#### Talk Overview

- Define anxiety and provide overview of developmentally typical fears and anxiety disorders
- Recognize and identify the signs and symptoms of common pediatric anxiety and OC-spectrum disorders
- Brief overview of time-limited evidence-based treatment strategies for pediatric anxiety and OC-spectrum disorders

## Nature and Prevalence of Anxiety Disorders in Pediatric Populations

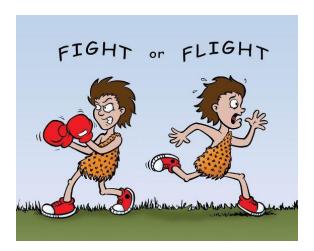
- Between 10-30% of kids suffer from anxiety disorders
  - Most prevalent of psychiatric disorders for youth
- Leads to significant impairment in adulthood if untreated
  - Highly comorbid (especially with depression)
  - May lead to other problems in adulthood (substance use)
  - Fewer than 20% of children receive appropriate treatment for anxiety disorders

#### What is Anxiety?

- The brain's response to danger
- It is adaptive in many situations because it facilitates avoidance of dangerous stimuli
- Can be thought of as body's "alarm system" it keeps us safe!
  - Sometimes our alarms are too sensitive and go off when there is no real danger (false alarms)

#### 3-part Fight or Flight System

- Cognitive component e.g., catastrophic thoughts
- Physical component e.g., rapid heart beat, shortness of breath, nausea
- Behavioral component e.g., escape and avoidance



#### **Anxiety Severity Continuum**

### Normal Developmental Anxiety

- Occasional and transient
- Content is typical for age
- No more distressed than peers
- Does not interfere with daily life

#### **Subclinical Anxiety**

- Frequency and persistence varies
- Distress fluctuates
- Interference in a few smaller areas of functioning

#### **Clinical Anxiety**

- Frequent and persistent
- Content is atypical for age
- More distressed than peers
- Interferes with daily functioning

#### DSM-5 Anxiety Disorders

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
- Social Anxiety Disorder (Social Phobia)
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder



Late childhood & adolescence



Late adolescence & early adulthood

### DSM-5 Obsessive-Compulsive and Related Disorders

- Obsessive-Compulsive Disorder (OCD)
- Body Dysmorphic Disorder (BDD)
- Hoarding Disorder
- Trichotillomania (Hair-Pulling Disorder)
- Excoriation (Skin-Picking) Disorder

#### Separation Anxiety Continuum

Normal Developmental separation anxiety

- In a child (as opposed to adolescent):
  - Apprehension leading up to separations
  - Some worries about loved ones while separated

Subclinical separation anxiety

- Normal developmental attributes from above observed in adolescence
- Transient avoidance of being away from home or loved ones

Separation Anxiety Disorder

- Avoidance of being away from home or loved ones
- Unrealistic fears of harm to loved ones

#### Fear of Negative Evaluation Continuum

Normal
Developmental
social anxiety

- Gets nervous before or while: performing in front of others, taking a test, talking to authority figures, meeting strangers
- Does not avoid these situations & performance is not grossly affected

Subclinical social anxiety

- Occasionally avoids specific social situations (e.g., eating in public, using public bathroom)
- Has a hard time working or playing with a group or working while being observed
- Prefers not to be the center of attention
- Some areas of performance are somewhat affected

Social Anxiety Disorder

- Performance in 1 or more areas of social interaction is impaired, for example:
- Can't stand up for self with peers; can't ask teacher questions when needed
- Avoids activities that require public performance
- Avoids parties, talking to new or unfamiliar people

#### Worry Continuum

Normal Developmental worry

- Worry confined to a single topic; tied to proximal stressor
- Reassurance from others helps quell the worry

Subclinical generalized anxiety

- Worries more than many
- Can get stuck in worry at times, but is not impairing overall functioning

Generalized Anxiety Disorder

- Excessive and uncontrollable worry about day to day events
- Worry is disproportionate to reality of situation
- Content of worry can morph over short periods of time

#### Somatic Intolerance Continuum

Normal Developmental panic symptoms

- Child is very tuned in to and may be concerned about their own viscera
- Frequently reports somatic symptoms (e.g., headache, stomachache) when nervous

Panic attacks

- Has had "storms" of somatic sxs (e.g., racing heart, shortness of breath, dizziness, nausea)
- Sxs come on quickly (peak w/in 10 min), may or may not be triggered by context

Panic Disorder

- Has experienced full blown (>4sxs) panic attacks, at least some of which are uncued
- Has a catastrophic interpretation of somatic sxs during attack (e.g., dying, going crazy)
- Fears future attacks and may avoid situations in which attacks have occurred (agoraphobia)

#### Phobic Continuum

Normal Developmental anxiety

- Child shows marked fear when confronted with specific objects or situations (e.g., dogs, heights, doctors, clowns)
- Content of fear is typical for child's developmental age
- Although afraid, child does not avoid these situations

Subclinical specific phobia

Specific Phobia

- Child shows marked fear when in the presence of triggers AND some premeditation about how to avoid those triggers in the future
- Content of fear is atypical for child's developmental age
- When in the presence of the trigger, distress is impairing

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- Marked fear if trigger presented; may experience full blown panic attack
- Avoidance of triggers
- Impairment in daily life due to degree of distress and/or avoidance

#### Obsessive Compulsive Continuum

Normal Developmental Obsessions/ Rituals/Routines

- Rigid routines around eating/sleeping
- Superstitious thinking; preoccupation with popular activities

Subclinical OC Spectrum disorder

- Dressing/grooming rituals that add extra time to normal routines but don't cause significant interference
- Intrusive/distressing thoughts that child can move past relatively quickly

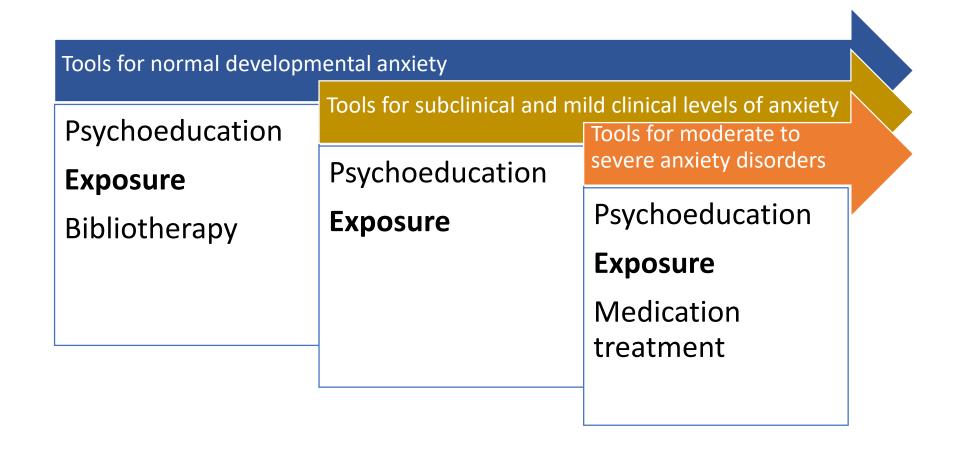
OCD/OC Spectrum Disorder

- Obsessions cause frequent distress and interference in daily activities (can't focus on school work due to thoughts about harming sibling)
- Compulsions take up excessive amounts of time and or prevent engagement in other activities (spending an hour or more in the shower or while toileting)

## Things to Keep in Mind When Assessing for Severity

- Degree and persistence of distress
- Nature and scope of impairment
- Anxiety interference and severity may be masked by avoidance (patient) or accommodation (family)
- Important to assess for accommodation and avoidance around symptoms
  - ASK: What are the patient and family doing/not doing now that would be different if patient did not have this fear?
  - ASK: If the patient/family did NOT avoid/accommodate, what would happen?

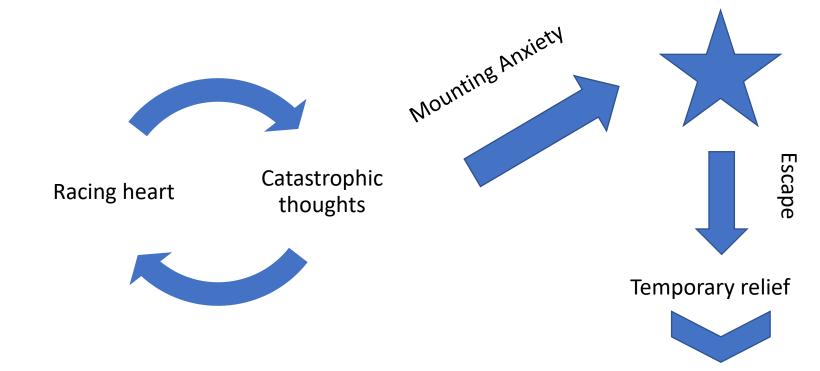
#### Anxiety Severity Continuum: Treatment



#### Psychoeducation for Anxiety and OCD

- Provide information about anxiety or OCD and maintenance of symptoms
  - Discuss the crucial role of parental/familial accommodation in maintaining symptoms
- Identify and address misperceptions about anxiety or OCD
- Give an overview of CBT and rationale for exposure
- Externalize symptoms

## Escape and Avoidance: Feeding the anxiety monster





Panic Peak









#### Parent/Caregiver Involvement

- Parents can be the keys to good child outcomes
- Parents are influential (approach vs avoidance; model distress tolerance)
- Psychoeducation for Parents:
  - Nature of anxiety and what it looks like in kids
  - What works, what doesn't work in treatment
    - Talking or telling patient to relax doesn't help much
    - Practicing facing anxiety provoking things and handling them helps
  - Anxiety impacts the entire family
  - Emphasize family accommodation

#### Family Accommodation

- The involvement of caregivers in facilitating child avoidance of anxiety-provoking stimuli or in alleviating distress caused by anxiety
- Examples:
  - Providing reassurance
  - Allowing child to skip activities due to distress
  - Modifying family routines
- This type of parent response is understandable!
  - Emotional
    - My job is to protect, comfort and decrease distress.
  - Functional
    - My child needs to get to school on time and I need to get to work.
  - Social
    - My child's distress will stand out and harm them (or us) socially.
- Important for families to encourage approach rather than avoidance

#### Exposure

- Exposure is when we gradually face situations that make us nervous and uncomfortable to help us overcome and manage fear
  - Testing out situations to make alarm less sensitive
  - Practice facing things that make patient anxious in small steps and at their pace
- Habituation: natural reduction in anxiety
  - "Getting in the pool"
  - Letting it go down vs. making it go down
  - The more you do it, the easier it gets
- Exposure with Response Prevention (ERP) is a specific type of exposure therapy used in the treatment of OCD = Exposure to feared stimuli while refraining from ritualizing

#### Exposure is Active Treatment Ingredient

 Exposure therapy 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 outcome

#### Which Patients Might Benefit From Exposure?

- All ages: exposure is effective for children, teens, and adults
- A main problem that is fear/anxiety-based
  - Variations include incompleteness/'not right' feelings, disgust
- Any other main problems, so long as they aren't more urgent
  - Comorbidities: depression, substance use, interpersonal difficulties, oppositional behavior in children
  - Patients with markedly poor distress tolerance that results in significant aggression, self-injury, or suicidality are difficult to do exposure with because it is inherently distress-inducing

### Resources

### Interested in Learning More About Exposure Treatment?

- Bradley Learning Exchange
  - <a href="https://www.lifespan.org/centers-services/bradley-learning-exchange">https://www.lifespan.org/centers-services/bradley-learning-exchange</a>
- Anxiety and Depression Association for America
  - https://adaa.org/
- American Academy of Child & Adolescent Psychiatry (AACAP)
  - https://www.aacap.org/
- Association for Behavioral and Cognitive Therapies (ABCT)
  - http://www.abct.org/Home/
- Effective Child Therapy –Society of Clinical Child and Adolescent Psychology
  - https://effectivechildtherapy.org/
- International OCD Foundation (IOCDF)
  - https://iocdf.org/

#### **Books for Parents**

- E. Arons (2002). The Highly Sensitive Child: Helping Our Children Thrive When The World Overwhelms Them. New York: Broadway Books (Random House.)
- T. Chansky (2001). Freeing Your Child From Obsessive Compulsive Disorder: A Powerful, Practical Program for Parents of Children and Adolescents. New York, NY: Three Rivers Press.
- T. Chansky (2004). Freeing Your Child from Anxiety: Powerful, Practical Solutions to Overcome Your Child's Fears, Worries and Phobia. New York: Broadway Books.
- T. Chansky (2008). Freeing Your Child From Negative Thinking: Powerful, Practical Strategies to Build a Lifetime of Resilience, Flexibility and Happiness. Da Capo Lifelong Books.
- L. Coyne & A. Murrell (2009). The Joy of Parenting: An Acceptance and Commitment Therapy Guide to Effective Parenting in the Early Years. Oakland, CA: New Harbinger Publications.
- D. Pincus (2012). *Growing Up Brave: Expert Strategies for Helping Your Child Overcome Fear, Stress, Anxiety*. New York, NY: Little, Brown and Company, Hachette Book Group.

#### Books for Parents Cont.

- J. Dacey & L. Fiore (2000). Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children. San Francisco, CA: Jossey-Bass, A Wiley Company.
- A.R. Eisen, L.B. Engler & J. Sparrow (2006). *Helping Your Child Overcome Separation Anxiety or School Refusal: A Step-by-Step Guide for Parents.* New Harbinger Publications.
- P. Foxman (2004). The Worried Child: Recognizing Anxiety in Children and Helping Them Heal. Alameda, CA: Hunter House.
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- Wagner, A.P. (2002). What To Do When Your Child Has Obsessive-Compulsive Disorder: Strategies and Solutions. Rochester, NY: Lighthouse Press.

#### Books for Kids

- Dutro, J. & Boyle, K. (1991). Night Light: A Story for Children Afraid of the Dark. Magination Press.
- Hesser, T.S. & Allen, A.J. (1999). Kissing Doorknobs. Laurel Leaf.
- Heubner, D. & Matthews, B. (2005). What to Do When You Worry Too Much: A
  Kid's Guide to Overcoming Anxiety (What to Do Guide for Kids). Magination Press.
- Kant, J. D., with Franklin, M.E. & Andrews, L.W. (2008). The thought that counts: A
  firsthand account of one teenager's experience with obsessive-compulsive
  disorder. New York, NY: Oxford University Press.
- Wagner, A.P. & Jutton, P.A. (2004). *Up and Down the Worry Hill: A Children's Book about Obsessive-Compulsive Disorder and its Treatment*. Lighthouse Press, Inc.
- Schaefer, C.E. & Friedman, J. (1992). Cat's Got Your Tongue? A Story for Children Afraid to Speak. Magination Press.

### Questions?

