

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

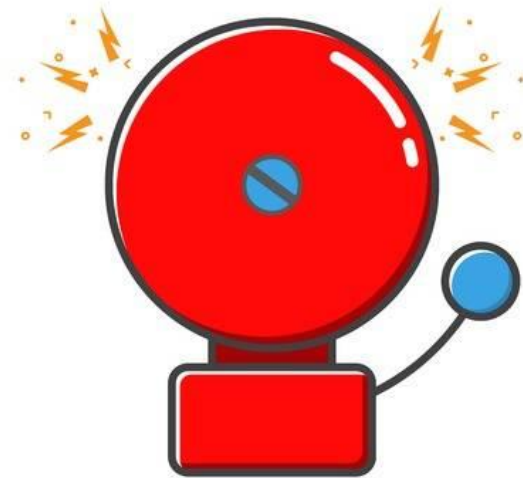
- Define anxiety and provide overview of developmentally typical fears and anxiety disorders
- Recognize and identify the signs and symptoms of common pediatric anxiety and OC-spectrum disorders
- Brief overview of time-limited evidence-based treatment strategies for pediatric anxiety and OC-spectrum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



Typical onset
before age 12

Late childhood & adolescence

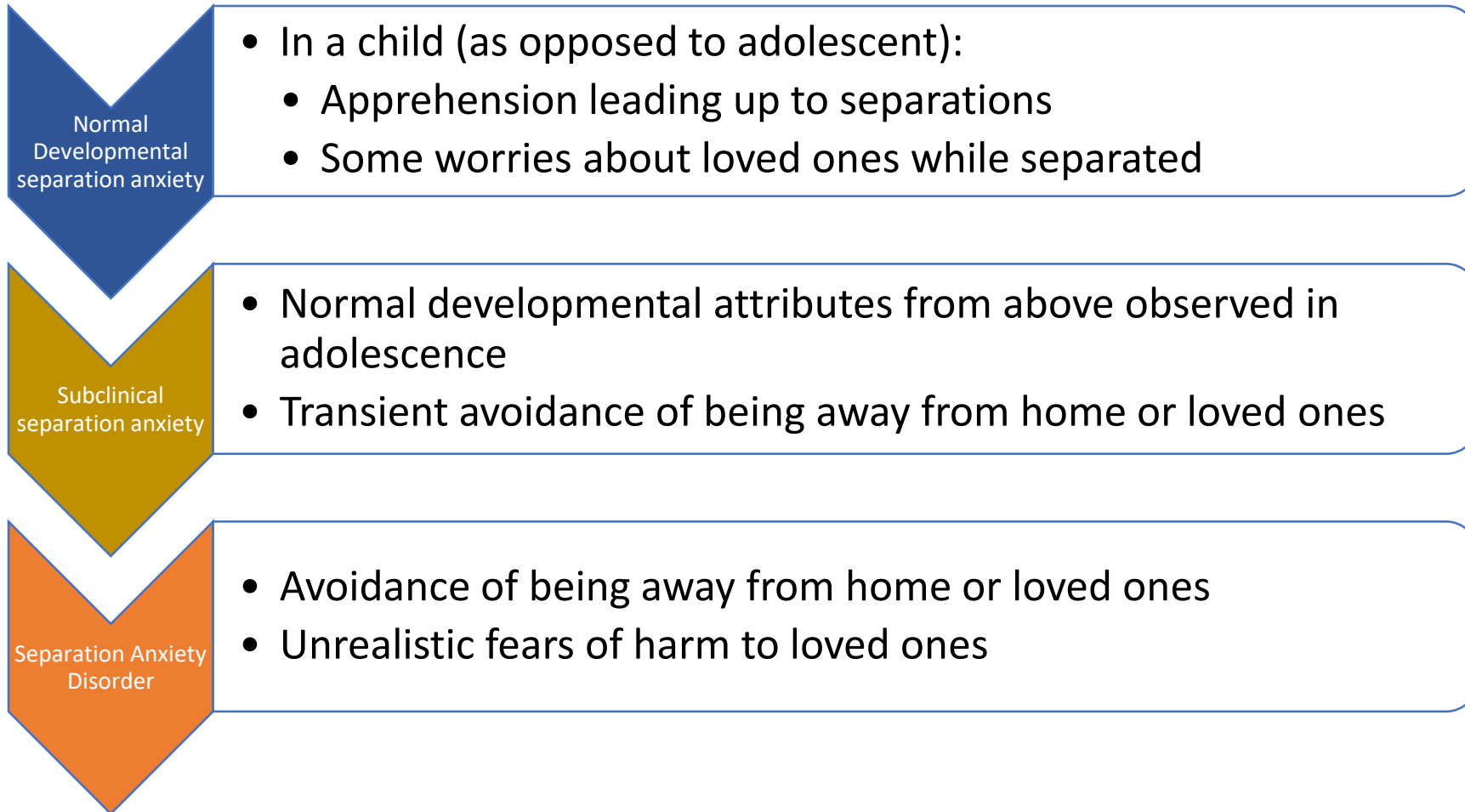


Late adolescence &
early adulthood

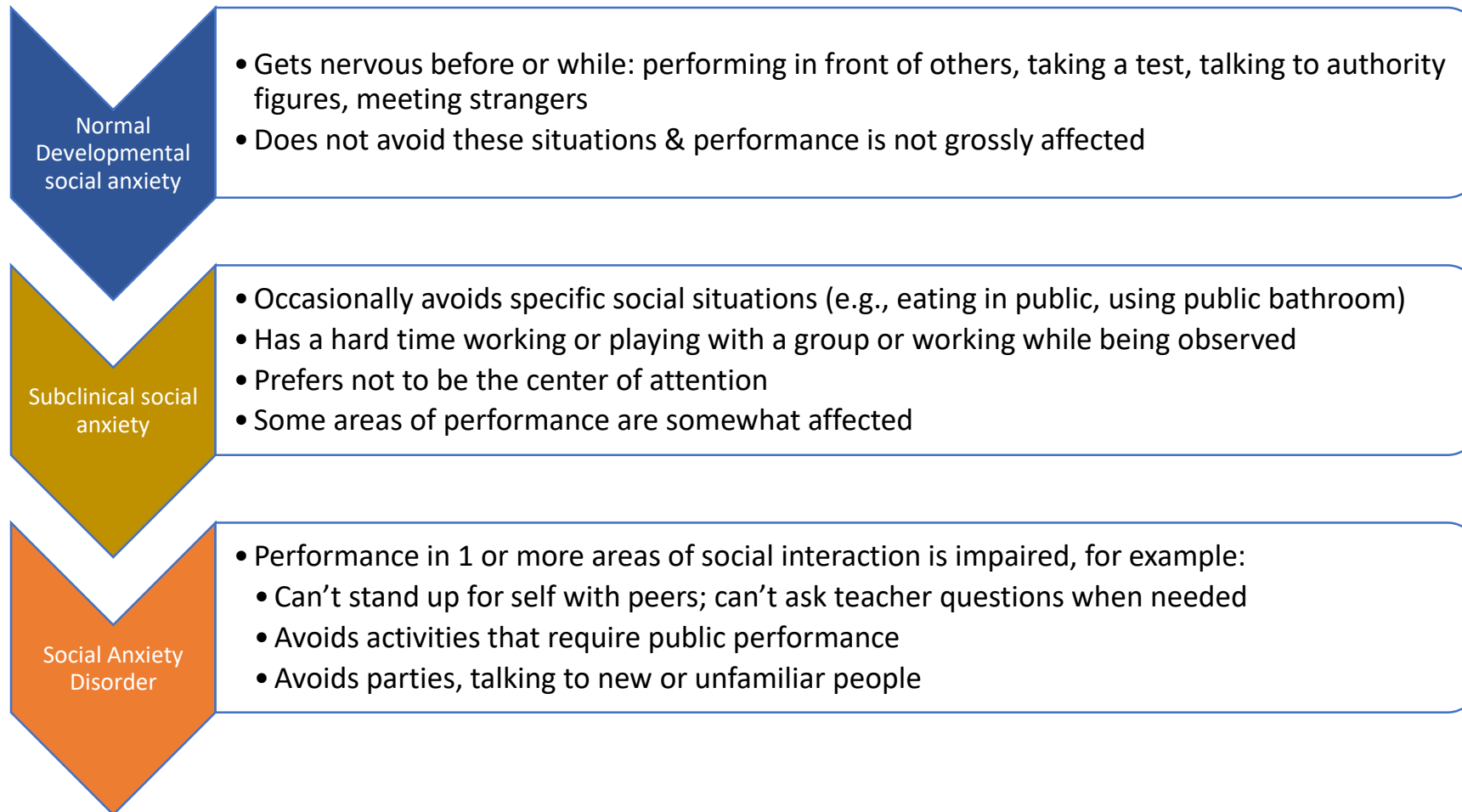
DSM-5 Obsessive-Compulsive and Related Disorders

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

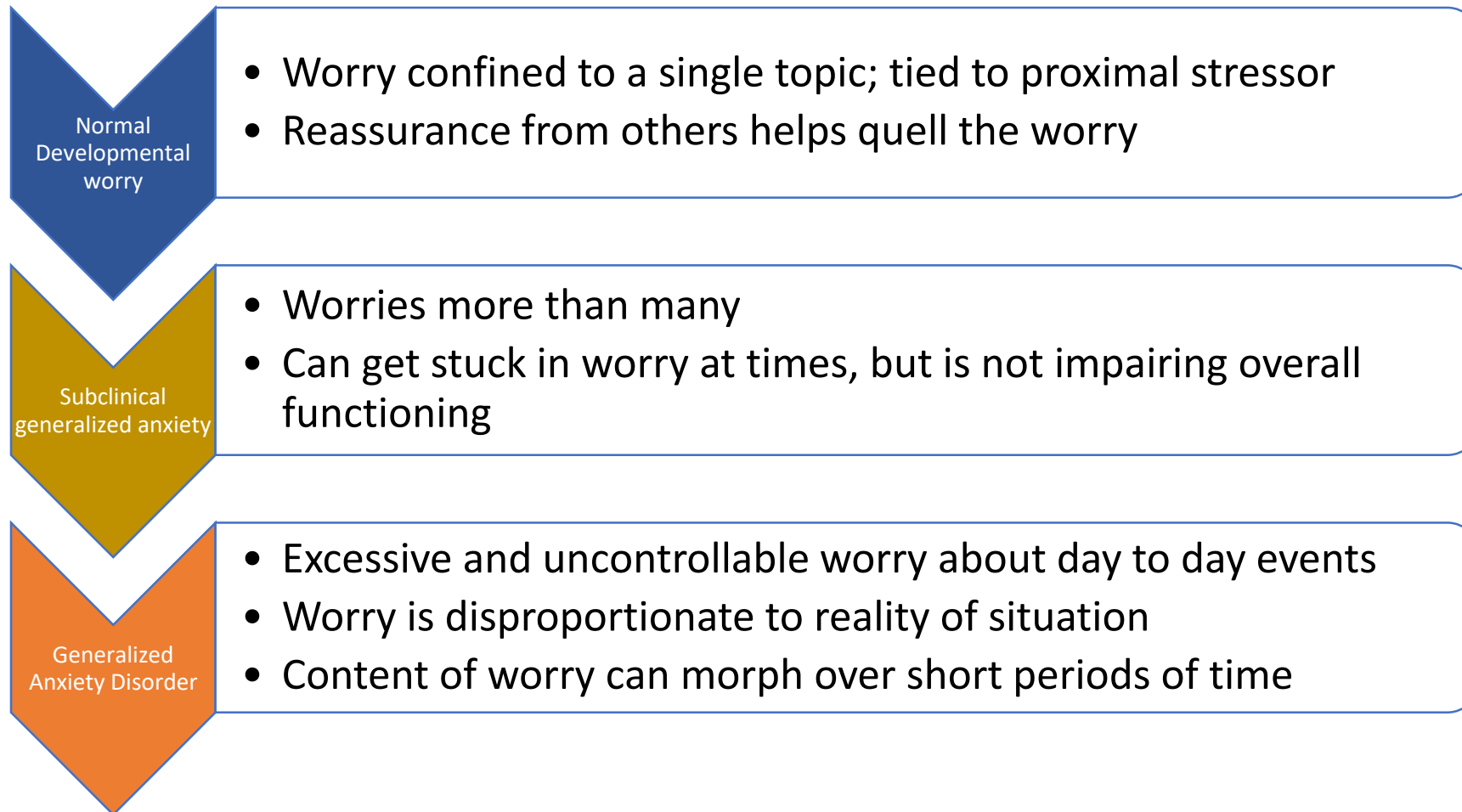
Separation Anxiety Continuum



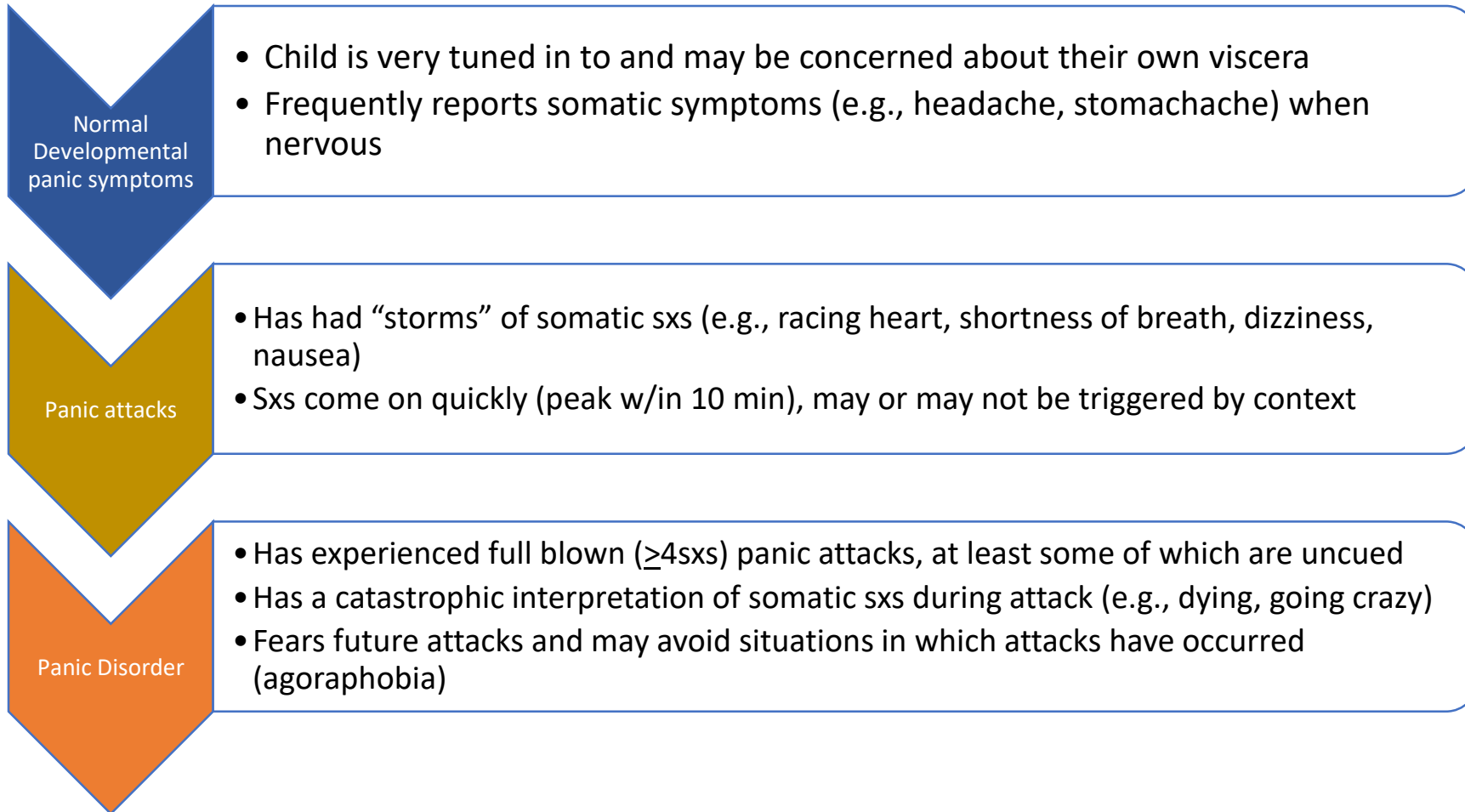
Fear of Negative Evaluation Continuum



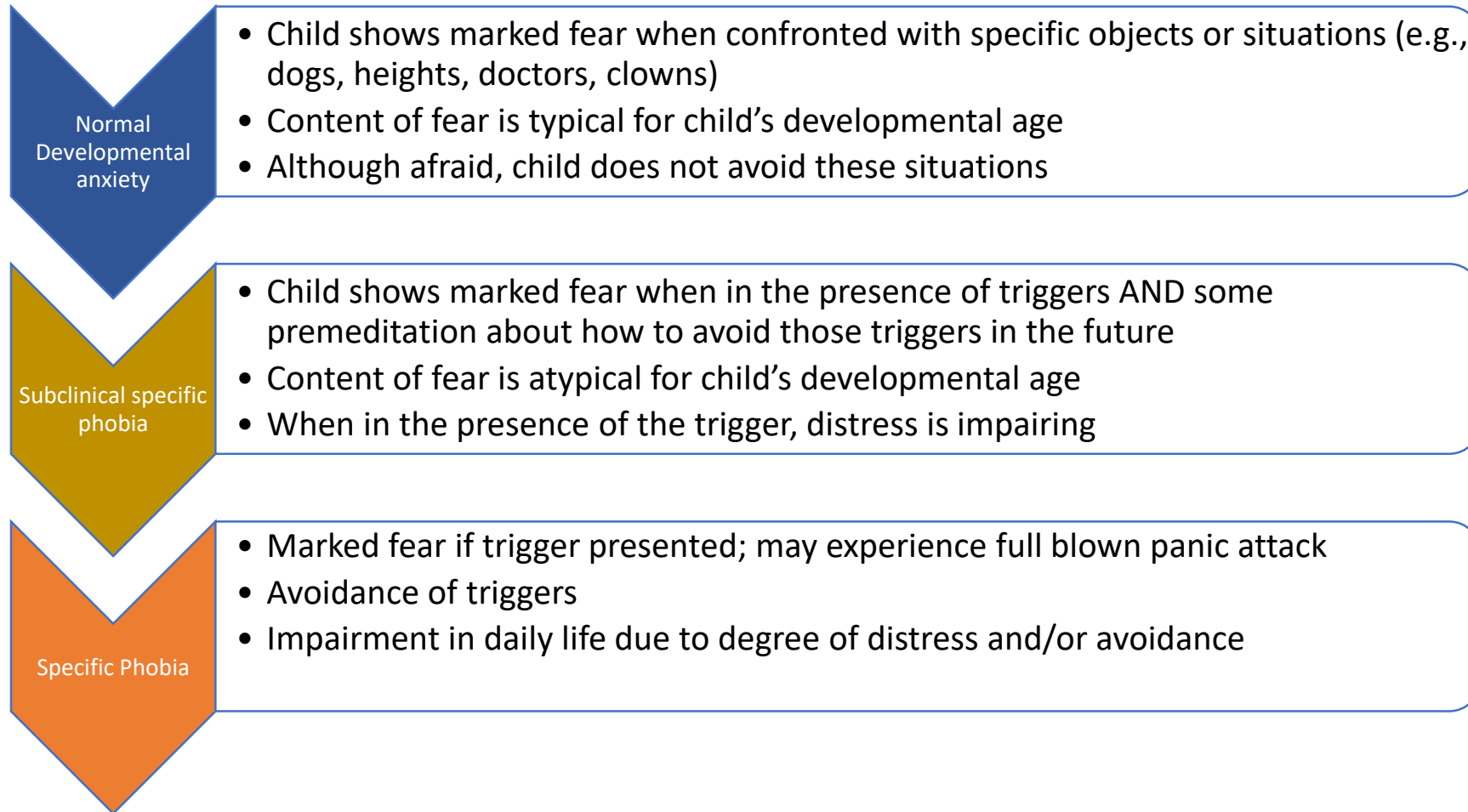
Worry Continuum



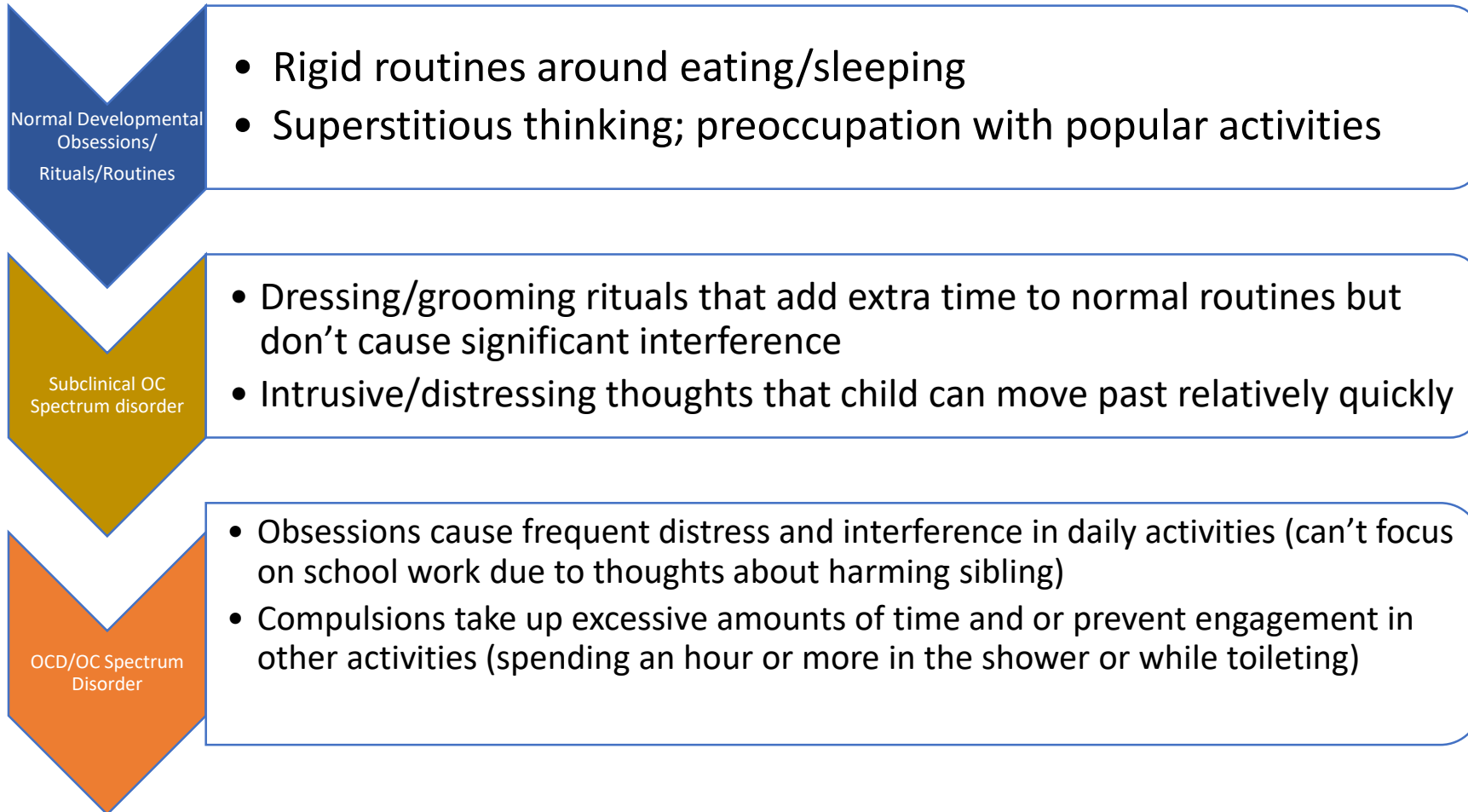
Somatic Intolerance Continuum



Phobic Continuum



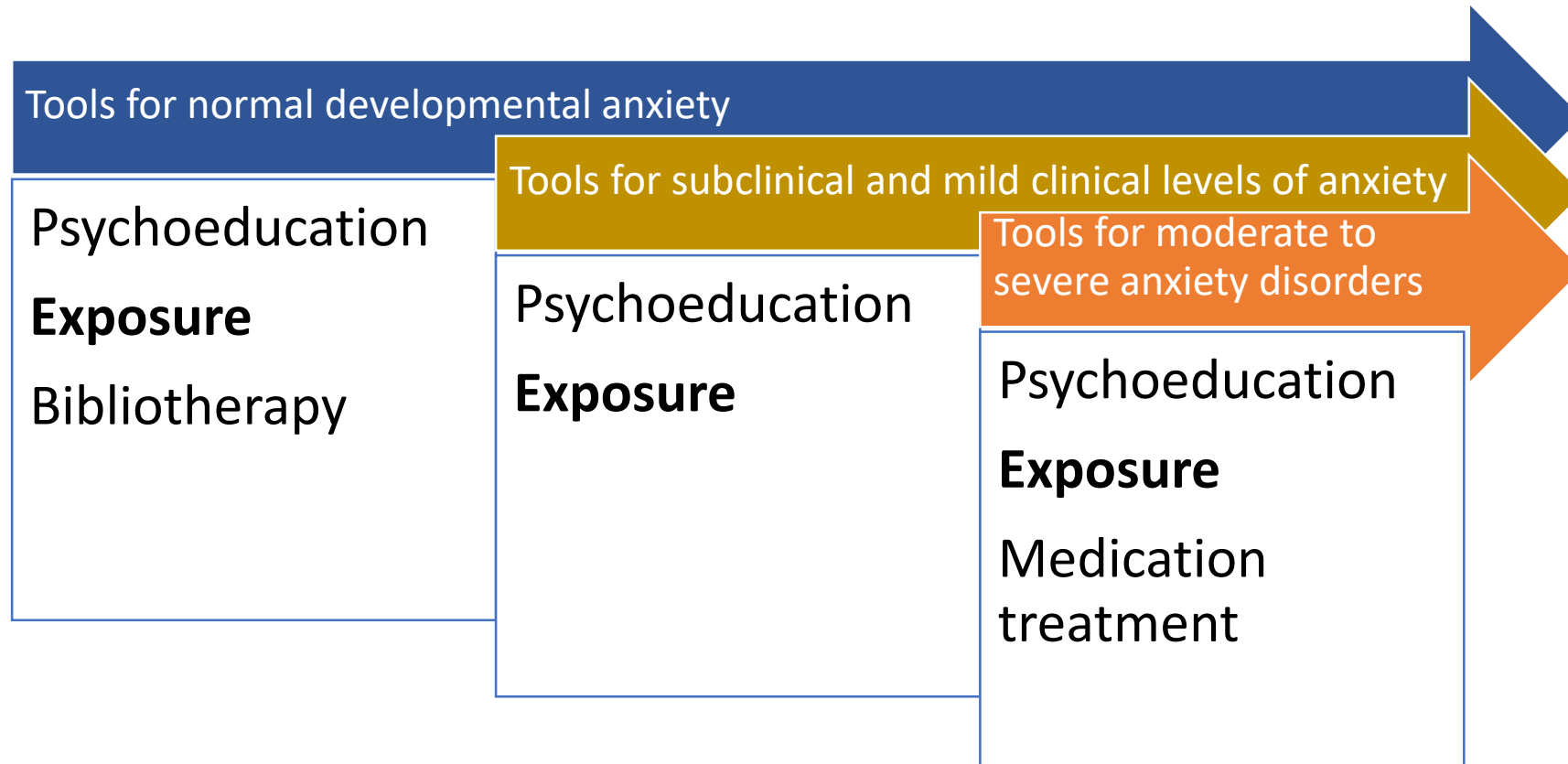
Obsessive Compulsive Continuum



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?

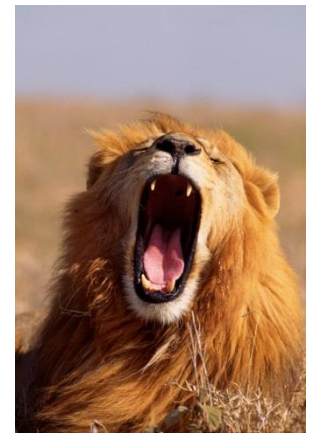
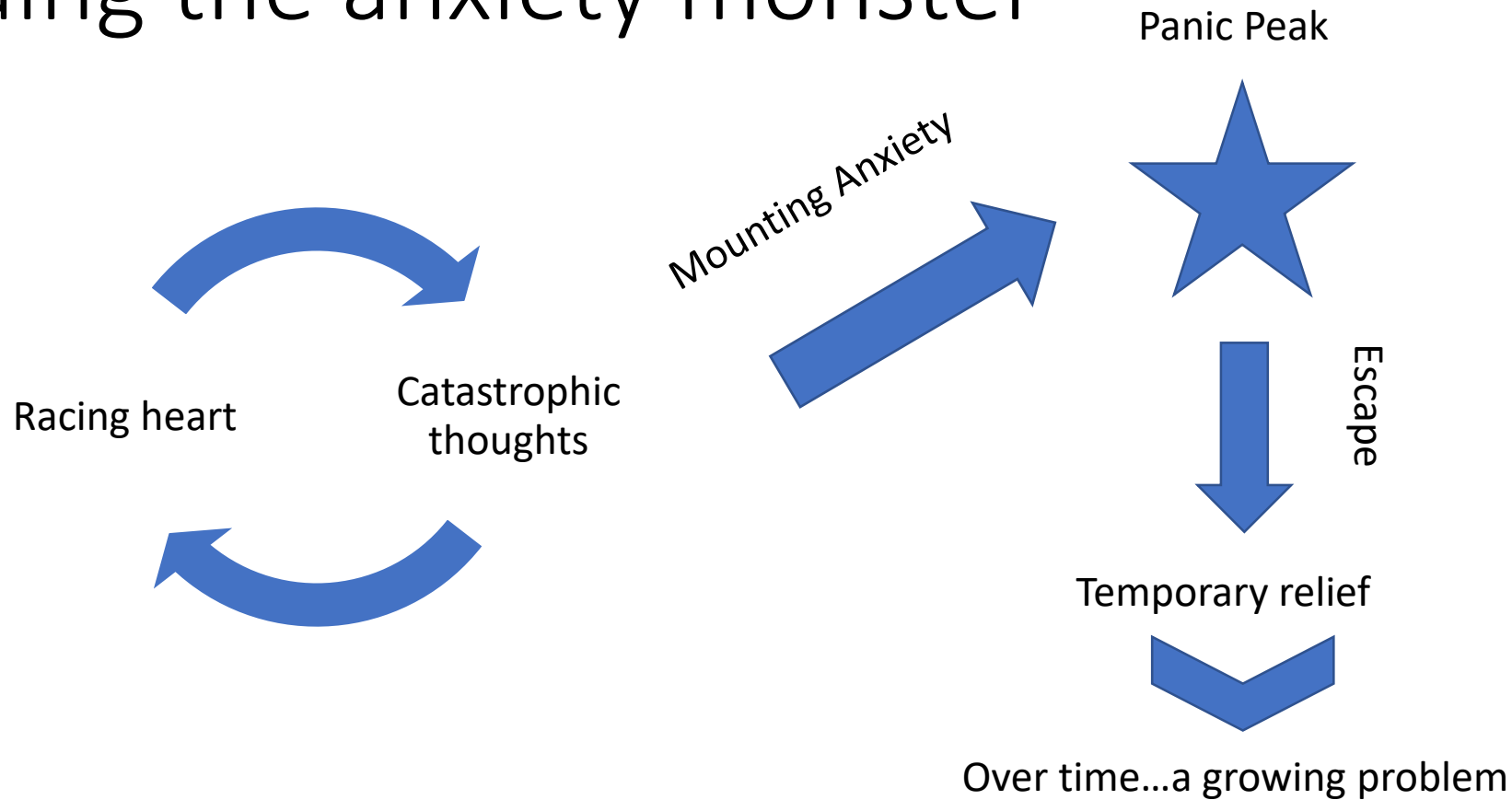
Anxiety Severity Continuum: Treatment



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



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
 - <https://www.lifespan.org/centers-services/bradley-learning-exchange>
- 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.

Last, C. (2006). *Help for Worried Kids: How Your Child Can Conquer Anxiety & Fear*. New York: Guilford Press.

R. Rapee, S. Spence, V. Cobham, & A. Wignall. *Helping Your Anxious Child*. Oakland, CA: New Harbinger Productions.

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?

