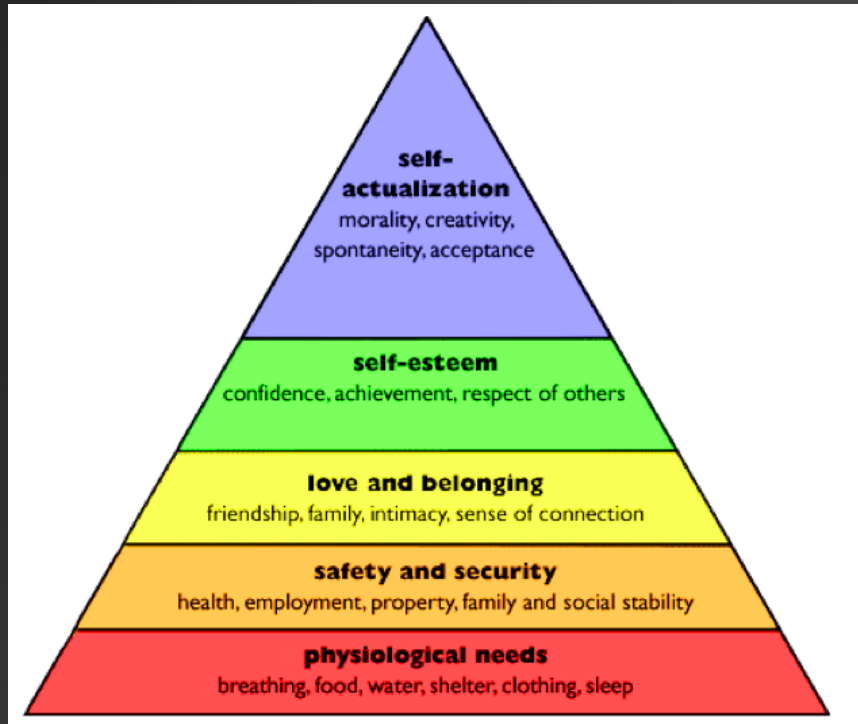


# ANXIETY DISORDERS IN CHILDHOOD

DEENA ABBE, PHD

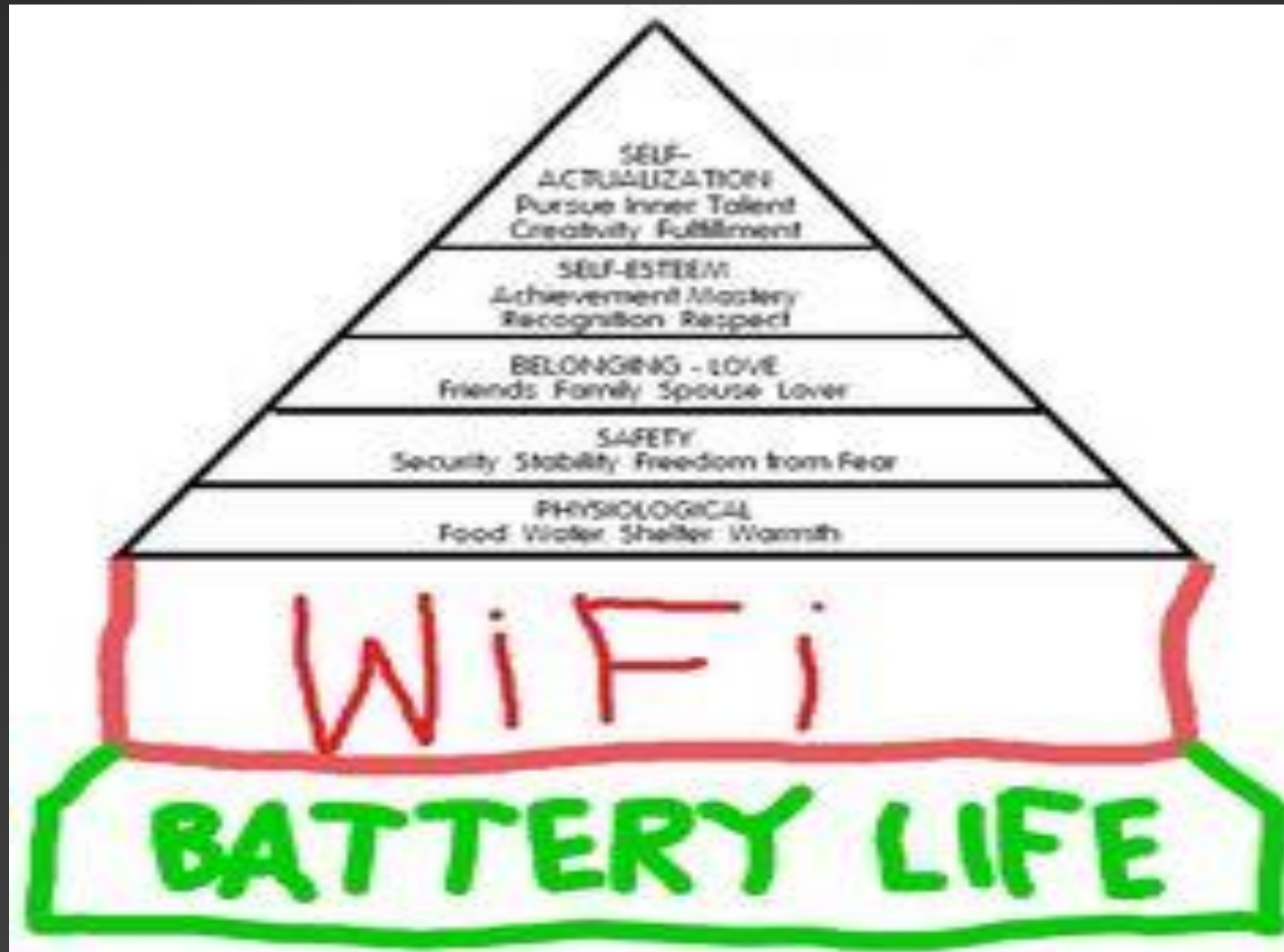
WHAT IS ANXIETY?

# MASLOW'S HIERARCHY OF NEEDS\*



\* no empirical data was used to support this thesis...

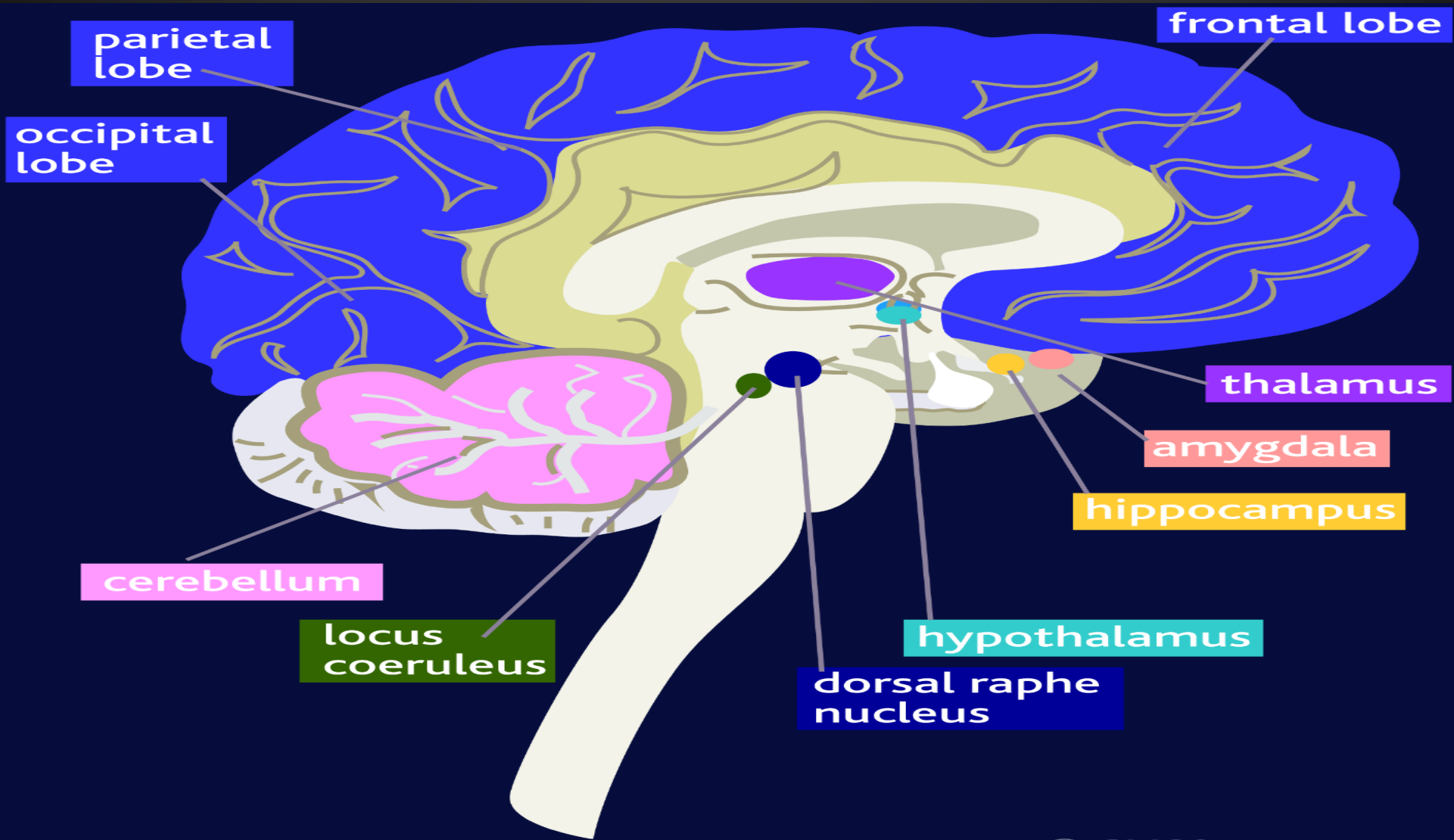
**\*\* ALTHOUGH SOME CHILDREN WILL TELL YOU  
DIFFERENTLY....**



# ACCORDING TO THE DSM-5

- these disorders share features of excessive fear (the emotional response to real or perceived imminent threat) and anxiety (anticipation of future threat) related to behavioral disturbances and often distorted cognitions
- Can be co-morbid with other conditions, and can be SECONDARY to other conditions, where treating the primary condition will decrease the anxiety
- Differ from developmentally normative fears and or anxiety by being excessive or persistent beyond developmentally appropriate periods.
- Occur in childhood and can persist through adulthood

# NEUROBIOLOGICAL BASIS OF ANXIETY:



# AMYGDALA

- The amygdala plays a central role in mediating anxiety
  - In the limbic system, deep in the primitive part of the brain
  - It warns us when danger is present, and triggers the “fight, flight, or freeze” response (sympathetic nervous system)



## SOME RESEARCH HAS SHOWN THAT VERY ANXIOUS CHILDREN HAVE LARGER AMYGDALA'S THAN THEIR SAME AGED PEERS

- Children who had high levels of anxiety as compared to their same aged peers had an enlarged amygdala volume, as well as increased connectivity with areas of the brain in charge of attention, and emotional perception and regulation
- Qin, S., Young, C.B., Duan, X., Checn, T, Supekar, K., and Menon V. (2014). *Amygdala Subregional Structure and Intrinsic Functional Connectivity Predicts Individual Differences in Anxiety During Early Childhood.* (doi: 10.1016/j.biopsych.2013.10.006). *Biological Psychiatry*, 75:11

# CENTRAL CORTEX

- The central cortex evaluates information about threats and then makes judgements about them.

# HIPPOCAMPUS

- Hippocampus processes emotions and long-term memories

# LOCUS COERULEUS

- Locus coeruleus determines which information is important

# NEUROTRANSMITTERS

- **Serotonin:** helps regulate moods, such as aggression, impulses, sleep, appetite, body temperature and pain. If serotonin levels are low, a child may feel anxious.
- **Norepinephrine:** affects the body's sympathetic nervous system responses (“fight, flight, or freeze”) and sleep, mood and blood pressure. If norepinephrine levels are imbalanced, a child can suffer from anxiety.
- **GABA:** helps prevent a child from becoming overexcited, and helps with relaxation and going to sleep. If GABA levels aren't high enough, a child might be prone to anxiety.

# OTHER FACTORS

- Having a parent or close relative with a mental health disorder
- Low socioeconomic status
- Exposure to trauma
- Being shy or inhibited
- Being female (2:1)

# TRIGGERS FOR YOUNG CHILDREN

- Smell
- Touch
- Sight
- Situations

# SEPARATION ANXIETY

- Most common in young children
- Can be developmentally appropriate
- Treated when it interferes with developmentally appropriate functioning
  - Developmentally inappropriate and excessive fear or anxiety concerning separation those whom the child is attached.



## MUST HAVE AT LEAST THREE:

- Extreme distress separating or anticipating separation from home/parents
- Extreme and persistent distress about losing parents/ parents being hurt
- Extreme and persistent distress thinking about something happening that would make the child and parent separate (being lost or kidnapped)
- Persistent reluctance to leave their “safe place” for fear of separation
- Fear of being alone
- Fear of sleeping alone (in house or bed)
- Nightmares regarding possible separation
- Psychosomatic symptoms when separation occurs or is anticipated

- Fear is persistent and lasts at least 4 weeks in children
- Fear causes clinically significant distress /impairment in functioning
- Fear not explained by any cause (medication, other disorders, etc.)

# CO-MORBID DISORDERS

## WITH SEPARATION ANXIETY

- Generalized anxiety disorder
- Specific phobia
- Don't these often boil down to fear of separation from/losing parent or stability?

## IN GENERAL

- Attention Deficit Hyperactivity Disorder
- Autism
- Oppositional Defiant Disorder
- Depression

# HOW DOES ANXIETY MANIFEST IN YOUNG CHILDREN?

- Young children who are anxious physically manifest their anxiety, often because they don't have the language to process what they feel.

## ESCAPE AND AVOIDANCE BEHAVIORS

- flail, hit, kick, scream,  
cry, bite, ritualistic  
behavior

- (eg. Esveldt-Dawson, Wisner, unis, Matson, & Kasdin, 1982;  
Fox and Houston, 1981, etc...)

## FLIGHT AND FREEZE BEHAVIORS

- Tremble, flail, cling, bite  
their nails, chew their  
clothing, etc...

# ANXIETY IN SCHOOL AGED CHILDREN

- Thumping heart, rapid breathing, sweating, tense muscles, nausea, and dread  
(<https://www.health.harvard.edu/blog/anxiety-in-children-2018081414532>)
- Restlessness, Inattention, poor focus
- Somatic symptoms like headaches or stomachaches
- Avoidance, Tantrums, Crying
- Agitation
- Refusing to go to school
- Meltdowns before school about clothing, hair, shoes, socks
- Meltdowns after school about homework
- Difficulties with transitions within school, and between school and an activity/sport
- Difficulty settling down for bed
- Having high expectations for school work, homework and sports performance

(<https://www.anxiety.org/causes-and-symptoms-of-anxiety-in-children>)

# ANXIETY IN ADOLESCENTS

## PHYSICAL SIGNS OF ANXIETY

- Often complains of headaches or stomachaches, with no medical reason
- Refuses to eat in the school cafeteria or other public places
- Changes eating habits suddenly
- Won't use restrooms away from home
- Gets restless, fidgety, hyperactive, or distracted (but doesn't necessarily have ADHD)
- Starts to shake or sweat in intimidating situations
- Constantly tenses muscles
- Has trouble falling asleep or staying asleep

# EMOTIONAL SIGNS OF ANXIETY

- Cries often
- Becomes cranky or angry for no clear reason
- Is afraid of making even minor mistakes
- Has extreme test anxiety
- Doubts their skills and abilities, even when there's no reason to
- Can't handle any criticism, no matter how constructive
- Has panic attacks (or is afraid of having panic attacks)
- Has pressing fears or phobias
- Worries about things way off in the future
- Often has nightmares about losing a parent or loved one
- Has obsessive thoughts or worries about bad things happening or upsetting topics



# BEHAVIORAL SIGNS OF ANXIETY

- Avoids participating in class activities
- Stays silent or preoccupied when expected to work with others
- Refuses to go to school or do schoolwork
- Avoids social situations with peers
- Refuses to speak to peers or strangers in stores, restaurants, etc.
- Becomes emotional or angry when separating from family or loved ones
- Begins to have explosive outbursts
- Starts withdrawing from activities
- Constantly seeks approval from parents, teachers, and friends
- Has compulsive behaviors, like frequent handwashing or arranging things

(<https://www.understood.org/articles/en/teen-anxiety-symptoms>)

- When working with children and adolescents who have anxiety, know that each child has a different set of complex behaviors that they show, that may or may remain constant. But the behaviors serve the same function: a reaction to a real or perceived threat and the avoidance or escape of said threat

# THE PANDEMIC

- 1 in 5 kids are showing elevated signs of anxiety; prior to the pandemic we were seeing an increase as well.
  - Pandemic exacerbated the problem
- Getting worse due to isolation and disruption of familiar routines and inconsistency
- Increase in uncertainty and world stress/chaos
- Older children impacted more than younger children
  - Puberty, hormonal changes, FOMO
- Girls impacted more than boys
- (<https://www.cnn.com/2021/08/10/health/covid-child-teen-depression-anxiety-wellness/index.html>)

# WHAT TO DO REGARDING PANDEMIC ANXIETY

- Keep small, clear routines
- Send kids to school
- Turn off the TV/limit exposure to things out of their control
- Open dialogue about feelings
- Don't get upset about little things
  - redefine what is a "little thing"
- Model calm

# DIAGNOSIS

## OBSERVE AND LISTEN

- What are the child, teachers, parents, telling you?

# WHAT IS THE CHILD'S BEHAVIOR TELLING THE PSYCHOLOGIST?

## SOME QUESTIONS TO KEEP IN MIND:

- How does the child react when they enter the office?
- When they see a professional:
  - When do they stop?
  - How soon do they explore the office without their caregiver?
  - Do they seek validation or assurance from their caregiver?
- Check to see what's maintaining the behavior:
- When parents accommodate children regarding their anxiety, that behavior serves to maintain (validate) or increase the anxiety in the child
- (Benito, K.G., Caporino, N.E., Frank, H.E., Ramanjum, K., Garcia, A., Freeman, J., Kendall, P.C., Geffken, G., & Storch, E.A. (2014). Development of pediatric accommodation scale: Reliability and validity of clinical- and parent – report measures. *Journal of Anxiety Disorders*, 29, 14-24)

# RULE OUT OTHER DIAGNOSES

- Achenbach Child Behavior Checklist (starts at 1.5 years old)
- Behavioral Assessment Scale for Children-3rd Edition (starts at 2 years old)
- Conner's 3rd Edition (starts at 2 years old).
- These scales are readily available and help differentiate between Anxiety, ADHD, Depression, other co-morbid disorders

# TREATMENTS

- Studies have shown that CBT (Cognitive Behavioral Therapy) is the gold standard for reducing and anxiety. (Lee, S.S., Victor, A.M., James, M.G., roach, L.E., & Bernstein, G.A. (2015). School-based interventions for anxious children: Long-term follow-up. *Child Psychiatry and Human Development*.)
- Especially when it is combined with parent training, and especially for parents who tend to be overly anxious themselves, or overly protective, or who don't consistently meet the child's needs



## TREATMENTS SHOULD FOCUS ON

- Incorporating systematic desensitization in a developmentally appropriate framework
- Modeling behavior within a developmentally appropriate framework
- Exposure exercises where children learn and practice coping skills, rather than avoiding anxiety producing situations

# TREATMENTS (CON'T)

- Personalize and externalize
- Preview anxiety-provoking situations
- Model confidence
- Narrate their world
- Allow distress
- Practice exposure
- (<https://www.health.harvard.edu/blog/anxiety-in-children-2018081414532>)

# EXPOSURE AND RESPONSE PREVENTION WITH CHILDREN

- Hierarchy of fears
- Exposure to one of the fears in the hierarchy, without them engaging in those behaviors that “decrease” their anxiety.

# EXAMPLES OF MANUALIZED TREATMENTS

- Coping Cat
- Coping Koala Group Program
- Cool Kids Child and Adolescent Anxiety Management Program (Cool Kids)
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

# MINDFULNESS

## PROGRAMS/BOOKS

- Mindfulschools.org
- Lori Lite books/CDs
- Thich Nhat Hanh
- Go Zen
- Mind Yeti
- Go Noodle
- Teach emotional language

## APPS

- Smiling Mind
- Buddhify2
- Calm
- Headspace
- Stop, Breathe, & Think

# MEDICATION

- Anti-anxiety medications (benzodiazepines) and anti-depressants are used to treat anxiety, although often the side effects are more dangerous and outweigh the potential positive outcomes.
- Sometimes medication is needed to allow the child to be available to learn and practice the skills.

**THANK YOU!**

Deena Abbe, PhD

Long Island Family Therapy

356 Veterans Memorial Highway

Suite 6

Commack, NY 11725

631-656-6055

[DabbePhD@Gmail.com](mailto:DabbePhD@Gmail.com)