

### **Worry Less**

# Managing Anxiety in Children and Adolescents with ADHD and Learning Differences





#### meet today's expert speakers:

#### Eileen Costello, M.D., and Perri Klass, M.D.



<u>Boston University School of Medicine</u> and the Chief of Ambulatory Pediatrics at <u>Boston Medical Center</u>. She maintains a primary care practice with a focus on children with developmental differences and mental health disorders. She and Dr. Klass are the co-authors of <u>Quirky Kids: Understanding and Helping Your Child who Doesn't Fit It</u> (Ballantine, 2003). They are working on a new edition with an expected publication in 2020.

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# ANXIETY IN CHILDREN AND ADOLESCENTS WITH ADD/ADHD AND LEARNING DIFFERENCES

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#### WHAT IS ANXIETY IN CHILDHOOD?

- Anxiety is developmentally normal in children
  - Stranger anxiety in infants
  - Fear of monsters and the dark in preschoolers
  - Injury or natural disasters in school aged children
  - Social ability, school performance in adolescents
- Clinical anxiety occurs when fear or worry is severe, not appropriate for stage of development, and causes behavioral difficulties or difficulties in functioning
- Anxiety is more common in children with developmental differences (like ASD) and in children with ADD, ADHD, and Learning Differences.
- There are different types of anxiety disorders and a child may experience more than one type at the same time and over time



# WHAT ARE THE MAJOR TYPES OF CHILDHOOD ANXIETY?

- Generalized Anxiety Disorder: chronic severe worry that a child is not able to control (school, social, family, injury or safety, illness, world events)
- Social Anxiety Disorder (social phobia): discomfort or fear in social or performance situations, usually because of fear of embarrassment or humiliation
- Separation Anxiety Disorder (SAD): fear of separation from attachment figures that is not developmentally appropriate
- Phobias: fear or anxiety about a particular experience, situation, or object in the environment that is out of proportion to the risk involved
- Panic Disorder (PD): unexpected and recurrent episodes of intense fear associated with physical symptoms such as shortness of breath or hyperventilation, nausea, lightheadedness, feeling of doom, sweating, palpitations



#### TYPES OF CHILDHOOD ANXIETY DISORDERS

- Selective Mutism: the inability to speak in situations where speaking is usually required, while able to speak freely at other times
- Obsessive-compulsive Disorder (OCD): Recurrent intrusive thoughts (obsessions) and repetitive physical or mental acts (complusions) to minimize these thoughts, both of which can cause great distress (nb: no longer listed in the DSM as a type of anxiety disorder but rather in a category of OCD disorders)
- Post-Traumatic Stress Disorder (PTSD): fear or anxiety that is triggered by an event or experience similar to a prior traumatic event
- Agoraphobia: marked fear in specific environments, such as open spaces (bridges, lots), closed spaces (airplanes, elevators), crowded places (malls, events) causing physical symptoms of panic leading to avoidance



## HOW COMMON ARE ANXIETY DISORDERS IN CHILDREN

- The most common childhood-onset mental health conditions
- Lifetime prevalence 25-32% and adults report that symptoms typically started in childhood
- Girls> Boys 2:1 3:1
- May begin at any age and tend to endure over time
- One child may experience different types of anxiety over time
- The "Pediatric Anxiety Triad" includes generalized anxiety, social anxiety, and separation anxiety
- Higher likelihood of ADHD, learning disorders, language disorders, mood disorders, oppositional disorders, somatoform disorders, substance use disorders





#### HOW COMMON?

- Generalized anxiety disorder: 1-2.2 %
- Separation anxiety disorder: as high as 7.6% (most likely to remit, but is a risk factor of other anxiety types)
- Social phobia: 9.1 %
- Specific phobia: 7-9%, about 5% in younger children, and 16% in teens; more common in girls, usually more than one phobia
- Selective mutism: 0.3-1 % usually in first 5 years
- Panic disorder: 2-3% of adolescents, more common in girls
- OCD: 1-4 %, more common in boys 3:2, may be associated with tic disorders



#### WHAT CAUSES ANXIETY

- No genes are identified that cause anxiety but runs in families and is considered "heritable" rather than genetic
- If a child has a first degree relative (parent or sib) with anxiety, she is more likely to have anxiety herself
- Parents or other adults with anxious behaviors will model that behavior for children, and inadvertently contribute to anxiety
- Important to instill confidence that the child can cope
- Highly critical or controlling parents or guardians may increase anxiety in children
- Anxiety in a child may indicate a traumatic event, such as a death or move



# HOW DOES A CHILD LET US KNOW THAT HE IS ANXIOUS?

- Can be difficult if child doesn't realize his worry is extreme
- Hard for parents to understand that a child may be anxious
- Physical complaints are common: abdominal pain, headaches, etc
- Behaviors that may represent anxiety include: anger, irritability, crying, oppositionality, school refusal, sleep disturbance, over or undereating
- Anxiety interferes with a child's ability to manage at home, in their social world, and in school
- A child with ADHD or learning differences already feels different, and this is associated with increased rates of anxiety.





## WHAT IS THE ASSOCIATION OF ADHD AND LD WITH ANXIETY DISORDERS?

- Which comes first? A common concern of parents
- Can be difficult to tease out because symptoms overlap and the conditions often occur together as "co-morbidities"
- When a child is diagnosed with ADD, ADHD, or LD, important to have an assessment for anxiety symptoms as well
- Anxiety may be a presenting manifestation of a physical illness, which can occur in any child
  - Hyperthyroidism
  - Migraines
  - Low blood sugar



#### ASSOCIATIONS WITH ADD/ADHD

- Symptoms of ADD must be present early in life for a proper diagnosis, usually in early childhood
- Low self-esteem related to poor social skills and academic underachievement due to difficulties with attention and impulsiveness
- Associated conditions include
  - Learning disorders: 30-75% \*written expression most common
  - Oppositional defiant disorder: > 45%
  - Anxiety disorders: 25-35%
  - Delays in language, motor, or social development: 20-60%
  - Mood disorder (depression, bipolar): 10%
  - Tic disorders: 20%
  - PTSD: 10%



#### HOW TO HELP?

- Management depends on degree of severity and on whether there is impairment in typical daily activities
- Treatment for children with ADHD/LD uses same modalities as for those without
- Parent involvement is critical for success
- Starts with parent and child education about anxiety
- Parents/caregivers can help develop a language around symptoms and strategies
- Parents may inadvertently promote anxiety with excessive reassurance or avoidance of situation that provoke anxiety
- Understanding of the treatment modalities, keeping an open mind





#### HELPING THE CHILD WHO WORRIES

- Mild symptoms
  - Supportive counselling, education about anxiety symptoms and strategies
  - Encourage "brave behaviors"
  - Help child develop coping strategies rather than reinforcing anxiety/avoidance
  - Journals or dairies to keep track of symptoms
  - Charts such as Faces Scale or Feelings Thermometer
  - Scripting out of situations that create social anxiety, like Social Stories, in advance
  - Dream Catcher or worry box to help contain worries
- Moderate Symptoms: Cognitive Behavioral Therapy (CBT) is first line
- Severe Symptoms: Multi pronged approach including Family Therapy, Individual therapy or treatment (such as CBT) and medication often required



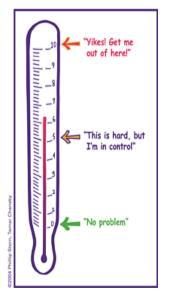




#### Anxiety Thermometer



#### THE FEAR THERMOMETER

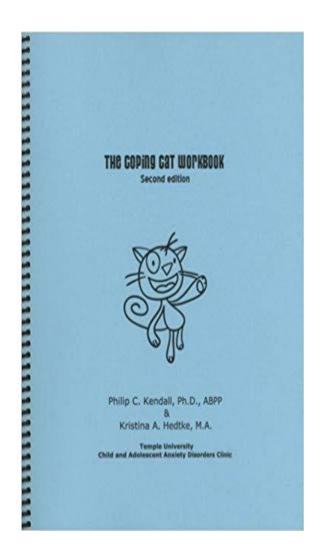


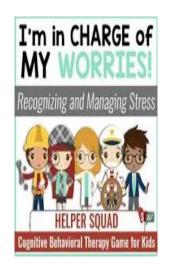


#### TYPES OF THERAPY

- CBT
  - Strong evidence base means it works
  - In person and web-based available
  - Time limited and goal-directed
  - Kids are trained to react differently and mange their symptoms, restructure their thinking about anxiety provoking environments
  - Face fears using "exposure response" and desensitization
  - Coping Cat is an example: 14-18 sessions over 3-4 months
  - Parent involvement has been shown to improve outcomes
- Play therapy for younger children or children with delays
- Group therapy: most effective for kids with social anxiety or phobia











#### WHAT ABOUT MEDICATIONS?

- SSRI's like Prozac, Zoloft, Luvox are considered first line medications
- May take 1-2 months to show an impact: be patient
- Initial dose may not be the final dose
- If effective and stable, a trial off meds after one year is indicated (over summer, for example)
- What is the "black box warning?"
  - 2004 FDA warning
  - Small increased risk of suicidal ideation/behavior in children with depression
  - Unknown if this effect is present in children with anxiety
  - Monitor closely in first 4 weeks of treatment
  - "start low and go slow"



#### WHAT DOES THE EVIDENCE SHOW?

- CBT and medications are equally effective in reducing symptoms
- Combination of CBT and medications superior to either alone
- Medications can "turn down the volume" of symptoms to allow the child to access therapies more easily



#### FOR CHILDREN ON MEDS FOR ADHD?

- Children on medication for ADHD may also require medications for anxiety
- Some medications and target both symptoms
- MUST be discussed with a prescriber who is knowledgeable about prescribing for children
- All children with ADHD/LD and anxiety need to have a specialist involved in their care, so decisions about treatment can be individualized
  - Developmental and Behavioral Pediatrician
  - Child and Adolescent Psychiatrist
  - Child Neurologist



#### WHAT ABOUT SCHOOL?

- 504 plan can help to develop accommodations
- Careful attention to plan that it does not promote avoidance but rather helps child to develop coping strategies
- IEP may be required for children with more severe symptoms of anxiety
  - Under category of emotional disturbance
  - Intensive behavioral supports
  - Teacher, parent, and staff education about anxiety symptoms
  - No punitive responses!



#### **SUMMARY**

- Anxiety is common and can be useful in certain situations
- Clinical anxiety depends on impairment in behavior or functioning and is developmentally inappropriate
- Be aware that may present differently in children than adults
- Different types of anxiety may evolve in the same person over time
- Higher likelihood of mood disorders and substance use later, especially if untreated
- New symptoms or worsening of existing symptoms may indicate traumatic experience
- Parent/family training improves outcomes!



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- Tuesday, July 23<sup>rd</sup> at 1pm ET
   How to Optimize Stimulant Treatment for Children and Adults: Better Symptom Management Without Side Effects with Thomas Brown, Ph.D.
- Tuesday, July 30<sup>th</sup> at 1pm ET
   <u>Build Life-Long Executive Function Skills in Your Child with ADHD</u> with Sharon Saline, Psy.D.

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