

Overview of Anxiety Disorders: Descriptions

- **Fear** - Immediate reaction to danger
- **Anxiety** - strong negative emotion and bodily symptoms of tension, apprehensively anticipating future danger or misfortune and often feeling a lack of control **WHAT IF???**
- **Anxiety disorders** - Excessive and debilitating anxiety, worry, and/or fear and related behavioral disturbances

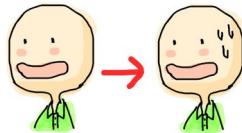
Overview of Anxiety Disorders: Systems

- **Physical system**
 - Autonomic arousal
 - Fight/flight/freeze response
 - **Cognitive system**
 - Expectation of danger
 - Something is going to happen
 - **Behavioral system**
 - Avoidance
 - Crying, thumb sucking
-
- *ADAM
- ★ - TQ: Why does anxiety exist? Can you think of circumstances where it would be useful?

Anxiety: Normal Range

- Most children experience fears and anxieties
- Parents may underestimate the number and intensity of children's fears
- Girls may experience more, and more intense, fears, especially in adolescence
- Normal, anxiety-reducing behaviors for children:
 - Rituals **Bedtime routine**
 - Preference for sameness - want things to be exactly right
 - Symmetry
 - Awareness of minute details **Same amount of juice**
 - Just right
- Children with anxiety disorders don't necessarily worry more than other children, they worry more intensely

When does it become a disorder?



- Intervention is justified when fear, anxiety, or worry:
 - Is extra **intense**
 - Persists longer than **expected**
 - Creates sufficient discomfort or **interferes** with functioning
- 15-20% of people will develop an anxiety disorder before reaching adulthood
 - More **in adolescence** than children
 - More girls than boys, increasing with age to ~3:1 by adolescence
 - Strong heterotypic continuity (70% over 10 years)
Different kind of anxiety onsets even if one is treated

Overview of Anxiety Disorders



- Separation Anxiety Disorder
- Specific Phobia
- Social Anxiety Disorder (Social Phobia)
- Generalized Anxiety Disorder
- Panic Disorder

Separation Anxiety Disorder



Separation Anxiety: Case

Kenny, a 10 year old boy, lived with his parents and his two half-siblings from his mother's previous marriage. He was brought to an anxiety disorders clinic by his parents because he was extremely fearful and had refused to go to school during the past several months. Kenny was also unable to be in other situations in which he was separated from his parents - such as playing in the backyard, Little League practice, and staying with a sitter. When separated from his parents, Kenny cried, had tantrums, or threatened to hurt himself (e.g., jump from the school window). Kenny also exhibited high levels of anxiety, a number of specific fears, significant depressive symptomatology (e.g., sad mood, guilt about his problems, occasional wishes to be dead, and periodic early awakening). Kenny's separation problems appeared to have begun about a year earlier when his father was having drinking problems and was away from home for prolonged periods of time. Kenny's separation problems gradually worsened over the year.

Suicidal Ideation
separation from father

Separation Anxiety Disorder: DSM-5 Criteria

- A. Developmentally **inappropriate** and excessive fear or anxiety concerning separation from those to whom the individual is attached, as evidenced by at least **three** of the following:
1. Recurrent excessive **distress** when anticipating or experiencing separation from home or from major attachment figures
 2. Persistent and excessive **worry** about losing major attachment figures or about possible harm to them, such as illness, injury, disasters, or death.
 3. Persistent and excessive **worry about experiencing an untoward event** (e.g., getting lost, being kidnapped, having an accident, becoming ill) that causes separation from a major attachment figure.
 4. Persistent reluctance or **refusal to go out**, away from home, to school, to work, or elsewhere because of **fear of separation**.
 5. Persistent and excessive fear of or **reluctance about being alone** or without major attachment figures at home or in other settings.
 6. Persistent reluctance or **refusal to sleep away** from home or to **go to sleep** without being near a major attachment figure.
 7. Repeated **nightmares** involving the theme of separation.
 8. Repeated complaints of **physical symptoms** (e.g., headaches, stomachaches, nausea, vomiting) when separation from major attachment figures occurs or is anticipated.

Separation Anxiety Disorder: Prevalence

- ~3-4% in all children
- Most common age of onset is **7-9** years old
- Uncommon in adolescence and adulthood
- Most prevalent** anxiety disorder in children younger than 12
- Higher prevalence in lower SES families
- Greater risk if mother has high anxiety
- Comorbidities:
 - Young kids:
Oppositional Defiant Disorder
 - Specific Phobia
 - ODD
 - Older kids:
•GAD
 - Social Anxiety Disorder



Separation Anxiety Disorder: Course

- Often occurs after major stressor
 - Death or loss of loved one, move to new place
- Mild to severe
- Symptoms can **fluctuate** over time
- Often refuse to attend school
 - TQ: How should parents deal with this?
- Most recover **Eg. of Prognosis: likely course of continuation?**
 - 18 months after diagnosis, **75** % no longer meet criteria

★

Specific Phobias



Specific Phobia - Case

For 2 years, Charlotte, age 8, has complained of an intense fear of spiders. "Spiders are disgusting," she says. "I'm scared to death that one will crawl on me, especially when I'm sleeping. When I see a spider, even a little one, my heart pounds, my hands feel cold and sweaty, and I start to shake." Charlotte's mother says that her daughter goes completely pale when she sees a spider, even at a distance, and tries to avoid any situation where she thinks there might be one.

Charlotte's fear is beginning to interfere with her daily activities. For example, she won't play in the backyard and refuses to go on class or family outings where she might encounter a spider. She is afraid to go to sleep at night because she thinks a spider might crawl on her.

Specific Phobia – DSM-5 Criteria

- A. Marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).
Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, or clinging.
- B. The phobic object or situation almost always provokes immediate fear or anxiety.
- C. The phobic object or situation is actively avoided or endured with intense fear or anxiety.
- D. The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and to the sociocultural context.
- E. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.
- F. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specific Phobia – DSM-5 Criteria

5 subtypes:

1. Animal
e.g., spiders, insects, dogs
2. Natural Environment
e.g., heights, storms, water
3. Blood-injection-injury
e.g., needles, invasive medical procedures
4. Situational
e.g., airplanes, elevators, enclosed places
5. Other
e.g., situations that may lead to choking or vomiting; in children, loud sounds or costumed characters



Specific Phobia – Causes



Observational learning



Informational transmission

Conditioning

- Created through classical conditioning
- Maintained through negative reinforcement (avoidance)

See a dog → anxious
go away → gone! :)

Specific Phobia - Prevalence & Course

- 2-9% in children and adolescents
- Onset: 7-11 years old
- Phobias typically last 1-2 years
- Phobias in children typically last 1-2 years if untreated, but treatment can lessen duration and distress
- Phobias that persist into adolescence are unlikely to abate without intervention
- More common in females (2:1), particularly for animal, natural environment, and situational subtypes
- Comorbidities:
 - 75% have another specific phobia
 - Increased risk for developing:
 - Other anxiety disorders (SAD, Social Anxiety Disorder)
 - Depressive and bipolar disorders
 - Substance use disorders

Social Anxiety Disorder (Social Phobia)



Social Anxiety Disorder (Social Phobia) - Case

Bradley, age 12, was having trouble adjusting to his new middle school and seemed withdrawn since his mother's recent divorce and remarriage. Few of Bradley's friends attended his new school and Bradley claimed that few of his new classmates spoke to him or invited him for lunch or other activities. He generally felt lonely, sad, and "left out". Bradley said he "hated" physical education class where everyone "made fun of him" for his size; he was slightly smaller than his peers. Bradley's first oral presentation in English class went badly; he became anxious when asked to stand before his classmates, and trembled and had trouble breathing, which made his hands and voice shake noticeably. He saw some of his classmates snicker and decided not to give any more presentations. Bradley started refusing to go to school because of these experiences. Bradley avoided anyone new, and his parents said he even avoided his old friends.

Social Anxiety Disorder (Social Phobia)

DSM-5 Criteria

- A. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech). **Note:** In children, the anxiety must occur in peer settings and not just during interactions with adults
- B. The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing; will lead to rejection or offend others).
- C. The social situations almost always provoke fear or anxiety **Note:** In children, the fear or anxiety may be expressed by crying, tantrums, freezing, clinging, shrinking, or failing to speak in social situations.
- D. The social situations are avoided or endured with intense fear or anxiety.
- E. The fear or anxiety is out of proportion to the actual threat posed by the social situation and sociocultural context.
- F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more
- G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Social Anxiety Disorder (Social Phobia)

DSM-5 Criteria

Specify if: Performance Only:
If the fear is restricted to
speaking or performing in
public.



Social Anxiety Disorder (Social Phobia)

Social Anxiety Scale

- I worry about what other kids think of me.
- I'm afraid that other kids will not like me.
- I feel that kids are making fun of me.
- I feel shy around kids I don't know.
- I feel nervous when I'm around certain kids.
- I feel shy even with kids I know very well.
- It's hard for me to ask other kids to play with me.

Need a range of responses to see what's typical

Social Anxiety Disorder (Social Phobia) – Symptoms and Effects

- Behavioral – Avoidance
- Cognitive – thoughts about being embarrassed or negatively evaluated
 - Focus on negative attributes
 - Negatively evaluate their own performance
 - Interpret others' responses as critical/disapproving
- Physiological – blushing; illness or stomachache
- Effects: Miss school, don't participate in activities, have few friends

"You wouldn't care so much what others think of you if you knew how seldom they did." – Dr. Phil

Social Anxiety Disorder (Social Phobia) – Prevalence & Course

- 7%
- Girls slightly more
 - More concerned with social competence
 - Attach greater importance to interpersonal relationships
- Comorbidities:
 - For girls: other anxiety disorders, depressive and bipolar disorders **Relate to social anxiety differently**
 - For boys: ODD, CD, substance use
- 75% of cases develop between 8 and 15 years
 - Usually not diagnosed before age 10
- May follow stressful or humiliating experience (50%) or may be insidious **creeping onset, gradual**
- 30% remission in 1 year, 50% within a few years
- But Heterotypic continuity



Social Anxiety Disorder (Social Phobia) – Differential Diagnosis

- Those with **shyness** don't meet all criteria (only 12% of "shy people" meet diagnostic criteria for social phobia) and often don't have significant impairment of functioning **Accept who they are**
- Not **separation anxiety disorder** because those with social anxiety disorder may still be uncomfortable when social situations occur at home or in the presence of attachment figures
- Those with **specific phobia** do not fear negative evaluation

I'm not EMBARRASSED OF MY
FEAR OF SPIDERS. I JUST DONT
WANT SPIDERS

Social phobia: fear of negative
evaluation by others

Generalized Anxiety Disorder (GAD) - Definition

The child experiences chronic or **exaggerated worry** and tension, almost always anticipating disaster, **even in the absence of an obvious reason to do so.**

The worrying is often accompanied by avoidance, procrastination, and requests for reassurance and often by **Physical symptoms**



GAD - Case

Matthew was a bright, engaging 5 year old boy who was virtually incapacitated by fears. He had become preoccupied with concerns about death, expressing fears that he or his parents or grandparents would die, asking questions about death, and asking about who in their family had died. Apparently, his anxieties had been triggered by the recent death of his grandparents' dog. For the past several years, Matthew had been afraid to sleep in his own room. Matthew was also frightened by a "poison control" sticker on the kitchen door, a security alarm near his front door, and a crucifix at his grandmother's house. In addition Matthew was excessively timid about engaging in physical activities. Matthew's parents worried whenever he became even slightly ill, keeping him home from school when he seemed "a bit under the weather." Matthew had fallen off his changing table when he was about 9 months old. Ever since, his parents had worried that Matthew would fall and hurt himself, and so had been cautious about letting him explore playground equipment. As therapy unfolded, it became clear that Matthew's parents had instinctively and systematically shielded him from anything unpleasant or scary. For instance, they had never talked to him about his maternal great-grandfather's death a few years after his birth, and when they read him books, they always left out death-related content, thus preventing him from learning about and developing strategies for coping with life's painful realities.

GAD – DSM-5 Criteria

- A. **Excessive** anxiety and worry (apprehensive expectation), occurring more days than not for **at least 6 months**, about a number of events or activities (such as work or school performance).
- B. The individual finds it difficult to control the worry.
- C. The anxiety and worry are associated with three or more of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):
 - Note: Only one item is required in children.
 - 1. Restlessness or feeling keyed up or on edge.
 - 2. Being easily fatigued.
 - 3. Difficulty **concentrating** or mind going blank.
 - 4. Irritability.
 - 5. Muscle tension.
 - 6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).
- D. The anxiety, worry, or physical symptoms cause **clinically significant distress or impairment** in social, occupational, or other important areas of functioning.



GAD – Prevalence & Course

- 9% lifetime prevalence
- More common in girls (2:1)
- More common in those of European descent and in developed countries
- Onset typically not before age 8
- Symptoms wax and wane but the disorder tends to persist
- Earlier onset cases tend to be more severe
- More closely associated with depression than other anxiety disorders are (50%)
- Kids with GAD often described as “little adults”
 - Perfectionistic, punctual, eager to please
 - Highly conforming to rules
 - “Illusion of maturity”
- Comorbidities:
 - Other anxiety disorders, depression, substance use (particularly in males)

Panic



Panic: Case

• Claudia, age 16, was watching TV after an uneventful day at school. She suddenly felt overwhelmed by an intense feeling of lightheadedness and a smothering sensation, as if she couldn't get any air to breathe. Her heart started to pound rapidly, as if it would explode. The attack came on so fast and was so intense that Claudia panicked and thought she was having a heart attack that would kill her. She began to sweat and tremble, and she felt the room was spinning. These feelings reached a peak within 2 minutes...but this was the 7th attack that Claudia had experienced this month. She frantically ran to her mother and pleaded to be taken to the hospital emergency room--again.

Panic Attack: DSM-5

Note: Symptoms are presented for the purpose of identifying a panic attack; however, **Panic ATTACK is not a DISORDER**
An abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time **four (or more)** of the following symptoms occur
Note: The abrupt surge can occur from a calm state or an anxious state:
1. Palpitations, pounding heart, or accelerated heart rate.
2. Sweating.
3. Trembling or shaking.
4. Sensations of shortness of breath or smothering.
5. Feelings of choking.
6. Chest pain or discomfort.
7. Nausea or abdominal distress.
8. Feeling dizzy, unsteady, lightheaded, or faint.
9. Chills or heat sensations.
10. Paresthesias (numbness or tingling sensations).
11. Derealization (feelings of unreality) or depersonalization (being detached from oneself).
12. Fear of losing control or “going crazy”.
13. Fear of dying.
NOTE: Culture-specific symptoms (e.g., tinnitus, neck soreness, headache, uncontrollable screaming or crying) may be seen. Such symptoms should not count as one of the four required symptoms.

What does a panic attack feel like?

Think of a time when you were driving and you suddenly saw the flashing lights of a police car in your rearview mirror. For an instant, you may have experienced many physiological symptoms of panic: pounding heart, rapid breathing, and dizziness. You may have thought, "What did I do wrong?" or, "Oh no, now I'm in trouble." Now, imagine these sensations emerged suddenly while you were driving, without ever seeing the police lights. You might ask yourself, "What's wrong with me? Am I going crazy or dying?" Finally, imagine that these feelings increased over the next 5 minutes and lasted for the next half hour. This experience is similar to a panic attack.

- Adapted from your text (Weis, 2014).

Panic Disorder: DSM-5 Criteria

- A. Recurrent, expected panic attacks.
- B. At least one of the attacks has been followed by 1 month (or more) of **ONE OR BOTH** of the following:
1. Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, "going crazy").
 2. A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).

Panic: Prevalence

- 3-5% panic *attacks* in adolescents
- <0.4% panic disorder in those younger than 14
- Gradual increase in adolescence, particularly in females
- TQ: Why do you think it is less common in children than adults?
- Panic attacks **equal** in boys and girls
- Panic disorder reported more in girls (2:1)
- If untreated, chronic with waxing and waning
- Comorbidities:
 - 50% none
 - Other 50%: anxiety, depressive & bipolar disorders



Anxiety Disorders: Theories & Causes



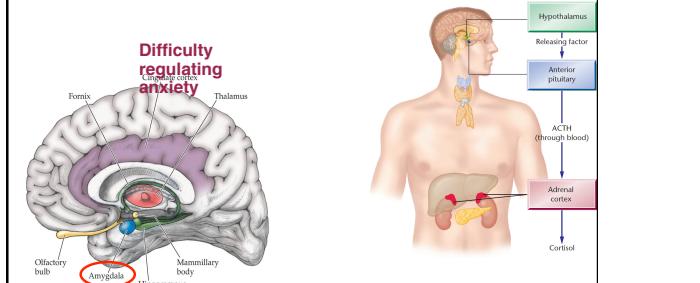
Multideterministic

Theories & Causes: Genetic & Environmental Influences

- Genetic influence:
 - May increase general autonomic arousal and general anxiety in novel situations
 - Increased risk of anxiety disorder if parents have anxiety, depressive, and bipolar disorders
 - 50% of Social Anxiety Disorder variance is attributable to genetics
 - Environmental influences:
 - Parental overprotectiveness
 - Specific triggering encounters
- Specific incidence = dog bite**

Theories & Causes: Neurobiology

- HPA axis Early life stress makes you hyperactive to stressors Modulates response to stressors using Cortisol
- Underactivity in ventromedial prefrontal cortex
- Hypersensitivity in amygdala



Eric Ericson

autonomy vs shame/doubt

- kids do things on my own
- mom does everything for you
- why me? what's wrong with me = i can't do shit

Theories & Causes: Neurobiology: NT

- GABA
 - low levels
- Norepinephrine Diff. brain areas are high/low activity
 - Dysregulation -risk
 -
- Serotonin
 - Decreased level



Theories & Causes: Attachment

- Insecure attachments
 - Children who have received inconsistent care do not know whether parents will come to their aid in times of stress
- Anxious Type
 - During strange situation:
 - Doesn't explore, wary of stranger
 - When caregiver returns, may seek caregiver while crying and being fussy

Correlated w/ Anxiety Disorders

Theories & Causes: Psychosocial Influences

- Modeling
 - overreaction and withdrawal
- Social referencing
- Intrusive parenting may lead to sense of shame and doubt, and inferiority
 - Critical behavior – no sympathy for failure
 - Avoiding emotionally charged discussions
- A child's anxious temperament might also contribute to this parenting style **Bidirectional inf.**
- Strong family support, on the other hand, can be a protective factor against developing anxiety disorders

Theories & Causes: Panic Disorder

- Panic Disorder perpetuating cause: interpreting arousal as catastrophic
- Anxiety sensitivity
 - Tendency to perceive the symptoms of anxiety as extremely upsetting and aversive
- Expectancy theory
 - Special attention to increase in heart rate and shallowness of breathing

Confirmation bias

Anxiety Disorders: Treatment



Treatment: Behavior Therapy: Exposure

Exposure (Avoidance prevention)

In vivo
Imaginative
Virtual reality

Graded exposure **Hierarchy of fear is set**

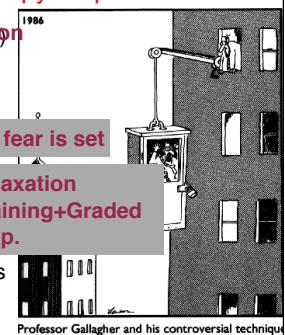
Systematic desensitization

• 75% are helped
• Graded exposure

• Associate phobic stimulus with new relaxation response

• TQ: Why is this a behavioral method?

Flooding **Extreme, too intense??**



Treatment: Behavior Therapy

The clinician says, "Imagine this:

You walk up to the school door and have to open the door with your hands. You forgot your gloves, so there is nothing to protect you from the germs. As you touch the handle, you feel some sticky and slimy wet stuff on your hand and your skin begins to tingle. Oh no! You've touched germs that were left there by someone and they're oozing into your skin and contaminating you with some sickness. You start to feel weak and can feel the germs moving under your skin. You try to wipe your hands on your clothes, but it's too late. Already the germs are into your blood and moving all through your body. You feel weak and dizzy, and you can't even hold the door open. You start to feel like you're going to vomit, and you can taste some vomit coming up to your throat."

Treatment: Cognitive-Behavioral Therapy

- Especially useful for SAD, Social Anxiety Disorder, and GAD

- Modify thoughts and negative ideas to decrease symptoms

- Recognize signs of anxious arousal
- Identify cognitive processes associated with anxiety
- Strategies for managing anxiety

TQ: How might this work in treating GAD?

FEAR (teaches 4 skills):

- F - Feeling frightened?
- E - Expecting bad things to happen?
- A - Actions & attitudes
- R - Results & rewards

Treatment: Cognitive-Behavioral Therapy

Involving parents may improve effectiveness of treatment

- Parent as therapist?
- Parents to manage contingencies
- Parents learn strategies to control their own anxieties, limiting modeling of anxious behaviors



Treatment: Cognitive-Behavioral Therapy for Panic Disorder

Strong biological arousal in panic disorder so relaxation helps

Relaxation training

- Reduce physiological arousal

interoceptive exposure

- In times of calm, intentionally produce panic-like symptoms

- See that panic symptoms can be intentionally produced and therefore may be inside of control
- See that they will not die or pass out
- Relaxation techniques can be used to cope

Cognitive Restructuring

- Arousal is **not** catastrophic

Graded in vivo exposure (for situationally-bound panic attacks)

Treatment: Medications		
Type of Med	Treatment Uses	Examples
Antidepressants	School phobias, panic attacks, OCD, PTSD	Tricyclics: Amitriptyline (<i>Elavil</i>), Clomipramine (<i>Anafranil</i>), Imipramine (<i>Tofranil</i>) SSRIs: Fluoxetine (<i>Prozac</i>), Sertraline (<i>Zoloft</i>), Paroxetine (<i>Paxil</i>), Venlafaxine (<i>Effexor</i>), Citalopram (<i>Celexa</i>)
Antianxiety	Severe anxiety	Benzodiazepines: Alprazolam (<i>Xanax</i>), Lorazepam (<i>Ativan</i>), Diazepam (<i>Valium</i>)
Beta Blockers	Social phobia	Propantheline (<i>Inderal</i>)

Block reuptake of 5HT AND NE
-not as selective
(more helpful, more side effects)

Anxiety disorders - low Serotonin → SSRI

GABA agonists - increase GABA

