The Many Faces of Anxiety

Peter Stewart, PhD
Licensed Psychologist
Sageview Youth Psychology

Objectives

- What is Anxiety?
- What can we do about it?

What is Anxiety?

- Worry
- Fear
- Stress
- Nervous
- Scared

Anxiety Disorders

- Rates:
  - Anxiety 25% of children and adolescents
  - ADHD 9%
  - Mood 14%
  - Autism 1%
  - Eating 2%
  - girls are affected more than boys
  - least likely to receive treatment
- Co-occurrence with other Anxiety disorders in lifetime is 65-95%

Fear vs. Worry

- Fear: reaction to a danger or life threatening situation—**Present focus**
- Worry: Anticipation/expectation of events that might be threatening—**Future focus**
- Occurs in a continuum from adaptive/useful to debilitating
What is the line between “normal” worry/fear and an Anxiety Disorder?

- Intensity, Frequency, & Duration
  - Extreme?
  - Impairment?

Developmental Phenomenology of Childhood Fears & Worries

0-6 months: Loud noises, loss of support, excessive sensory stimuli
6-9 months: Strangers, novel stimuli (masks), heights, sudden or unexpected stimuli (noise, bright lights, etc.)
1 year: Separation from caretakers, strangers, toilets
2 years: Auditory stimuli (trains, thunder, etc.), imaginary creatures, darkness, separation from caretakers
3 years: Visual stimuli (masks), animals, darkness, being alone, separation from caretakers

4 years: Auditory stimuli, darkness, animals, parents leaving at night, imaginary creatures, burglars, separation from caretakers
5 years: Visual stimuli, concrete stimuli (injury, falling, etc.), “bad” people, separation from caretakers, imaginary creatures, animals, harm to self or others
6 years: Auditory stimuli, imaginary creatures, burglars, sleeping alone, harm to self or others, natural disasters, animals, dying or death of others

7-8 years: Imaginary creatures, staying alone, harm to self or others, exposure to extraordinary events (bombings, kidnappings, etc.), failure & criticism, medical/dental procedures, dying or death of others, frightening dreams or movies, animals
9-12 years: Failure & criticism (e.g., school evaluation), rejection, peer bullying or teasing, kidnapping, dying or death of others, harm to self or others, illness

Problem with Functional Impairment

- Most individuals have adapted their lifestyles to accommodate to disorder
- Children try to adapt the situation in order to avoid the anxiety provoking stimuli
  - (e.g., not wanting to go to school, wanting to sleep with parents, not go outside in the backyard, wanting car window rolled up, etc.)
Fear & Worry are Adaptive!

Fight or Flight Response (FFR)
- When we perceive a danger / threat, the FFR helps to keep us safe and alive.
  - Fight: Attack → Control
  - Flight: Flee → Avoid

Executive Function Skills
- Initiate - begin task, activity, attention
- Working Memory - hold information actively in mind
- Inhibit - stop an action or not react to impulse
- Shift - move from one task or situation to another
- Plan - anticipate future events and develop steps
- Organize - establish, maintain order
- Self-monitor - attend to & revise behavior/output
- Emotional Control - regulate emotional response

Outcome of Executive “dys”Function
- Initiate - deficits beginning task, activity
- Working Memory - difficulties holding information actively in mind
- Inhibit - problems stopping an action
- Shift - difficulties moving from one task or situation to another; perseveration, rigidity
- Plan - deficits anticipating future events and developing steps/contingencies
- Organize - problems establishing, maintaining order
- Self-monitor - lack of attention to own behavior or performance
- Emotional Control - deficits regulating emotional response

Fight or Flight Brain
Amygdala

Reframe...
- Anxiety Disorders are evidence of an overly sensitive FFR.

This Happens to ALL Humans! “Lizard Brain”
Reframe...

- Anxiety Disorders are evidence of an overly sensitive FFR.

Features of Anxiety in Children

- More acting out / anger
- Don’t recognize fear as excessive
- Often quiet, compliant, easy to please
- Age inappropriate behavior may be problematic

Features of Anxiety

- Poor generalization = lots of “baby steps”
- More anxiety paralysis & fixation
- More sensitive to change
- Social interactions are challenging
- Sensory sensitivities
- More rigid thought processes
  - Train not 4x4 vehicle

Recognition Phase

Treatment Goal:

- Make FFR less sensitive
- How?
  - Recognition
  - Coping Skills
  - Exposure
What is Anxiety?
- Worry
- Fear
- Stress
- Nervous
- Scared
- Embarrassed

Body Signs of Anxiety
- Fast heart
- Quick breaths
- Sweaty hands
- Headaches
- Butterflies in stomach
- Shaky legs/hands
- Tight muscles
- Loose Stool

Trigger List (Anxiety Hierarchy)
- List situations/things that provoke anxiety
  - Examples:
    - People
    - Situations
    - Places
    - Sounds
    - Thoughts
  - Get as specific as possible
  - This is an ongoing list

Subjective Units of Distress Scale (SUDS): Anxiety Score or Worry Temperature

Teach Coping Skills
- Any skills that help us manage our Anxiety
- There are adaptive and maladaptive coping skills.
- There is no exhaustive list
- Individualize the skills!
Coping Skills

1. Deal with your feelings
   - Name them and express them in appropriate ways
2. Adjust your attitude
   - Think about the good side of things
3. Discover your choices
   - Decide what can and can’t be changed
4. Accept imperfection
   - Remind yourself that no one and nothing is perfect
5. Give yourself a relaxation break
   - Realize when you are stressed

6. Take one step at a time
   - Do things in the order of importance
7. Take care of yourself
   - Understand your needs and try to fulfill them
8. Plan Ahead
   - Ensure you have the time, energy, and tools you need
9. Ask for help
   - Tell someone what you need

Adapted from The Coping Skills Game, Childswork/Childsplay, LLC

CBT Triangle:

Thoughts

Behavior ——— Feelings

Educational Management

- Positive Teacher Characteristics
  - Training/Understanding of Anxiety
    - Physical maturity ≠ emotional maturity
  - Use of effective classroom management strategies
  - Monitor behavioral & academic progress
  - Willingness to provide extra support
### Educational Management
- **Classroom accommodations:** changes to structure and expectations
  - Seating away from distracters
  - Organized, predictable routine
  - Written directions and/or give signal
  - Increase novelty and interest level of task
  - Reduced amount of work or length of assignments - break things down

- **Most ADHD interventions are effective for Anxiety!**
- **Classroom behavior management**
  - Use of rewards and consequences including token systems to improve both classroom behavior and work completion
  - Use of home-school communication system

### More Classroom Management: Tips for Teachers
- **Decrease workload; or give smaller quotas of work**
- **Traditional desk arrangement**
- **Target productivity first; accuracy comes later**
- **Give weekly homework assignment sheets; ahead of time.**
- **“Cool Down” Pass**

- **Consider reducing/eliminating homework!?!?**
- **Allow restlessness…**
- **Review homework at start of class; this helps all students!**
- **Help the student “think aloud & think ahead”**

### More Classroom Management: Tips for Teachers
- **Set-up a “coach” or “mentor” (3-minute check-ups)**
- Use daily assignment calendar, notebook, organizer, digital app, etc.
- **Structure transitions by having routine activities (e.g., journal, math problem, quote interpretation)**

### More Classroom Management: Tips for Teachers
- **Alternate required and elective classes**
- **Extra time tests—quiet location?**
- **Open communication with parents**
References

- Anxiety Disorders Association of America (ADAA. www.adaa.org).
  - Accommodation lists & Podcasts
- AACAP Practice Parameters for Anxiety Disorders (http://www.aacap.org/cs/root/member_information/practice_information/practice_parameters/practice_parameters)
- School Accommodations for Anxiety (www.schoolpsychiatry.org)
- Worrywisekids.org: http://www.worrywisekids.org/node/40

Peter K. Stewart, Ph.D.
Licensed Psychologist
Sageview Youth Psychology
1950-O Keene Rd
Richland, WA 99352
(509) 627-2600
stewart@sageviewpsych.com
www.sageviewpsych.com