Childhood Anxiety Disorders: Identification & Management

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Mitigating Potential Bias

- N/A

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Learning Objectives

1. Identify key presenting symptoms of anxiety disorders in preschool and early school-age children
2. Recognize the functional impact of common co-morbidities in this age group including oppositional defiant disorder
3. Utilize a developmental framework for assessment and management of anxiety disorders and their common comorbidities
4. Appreciate the developmental trajectories and the need for early intervention in preschool and early school-age children.

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Epidemiology of Anxiety Disorders

- Most common child psychiatric disorder (**prevalence rates of 10 to 20%**) with rates of 9% to 20% reported in preschool children
- In preschool children most common anxiety disorders are **generalized anxiety** (0.6 to 6.5%), **separation anxiety** (0.3 to 5.4%) & socia**l anxiety disorder** (0.5 to 4.4%)
- Majority of (>40%) children will have more than one AD
- Anxiety disorders however are poorly recognized, often missed and under diagnosed

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Common Anxiety Presenting Symptoms

- Shy, quiet, cautious
- Worriers – "what if " questions
- Somatic Complaints – e.g., tummy aches
- Difficulty with sleep
- Difficulties with separation
- Difficulty with new situations, or unfamiliar situations
- Difficulties with social situations, too many people,
- Picky, fussy eaters
- Perfectionistic, don't want to make mistakes, won't try new things
- Moody, irritable
- Require a lot of reassurance
- Restless, tense
- Sensitive to criticism
- Can be rigid, inflexible

Developmental Considerations

- Infants - fear of loud noises, fear of being startled, and later, fear of strangers
- Toddlers - fear of imaginary creatures, darkness, normative separation anxiety
- School-age children - worries about injury, natural events (e.g. storms)
- Older children and adolescents - worries about school performance, social competence, health issues



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Some Anxiety is Normal and Beneficial!

Anxiety Disorders however cause interference in our day to day functioning!

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Common ADs in Preschoolers & Early School-age Children

1. Separation Anxiety Disorder – worry something 'bad' might happen to them or their primary caregivers when separated
2. Generalized Anxiety Disorder - "worry warts" - worry about many things for greater than 6 months
3. Social Anxiety Disorder - worry about doing something silly or embarrassing
4. Selective Mutism – worry about how their voice sounds – might sound funny or too loud
5. Specific Phobias - fear of specific objects / situations
6. Panic Attacks – cluster of 4 symptoms "out of the blue" - note panic disorder very uncommon in young children

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Case presentation - Maeve

- 5½ y.o. girl in JK lives with M, F & almost 7y.o. brother
- Parents present to your office with concerns about Maeve's behavior as it is very different than their older son
- Parents have concerns about temper tantrums & behavior at home as Maeve has temper tantrums several times a day during which she will yell, scream, kick, hit, and throw things
- Parents note that it is difficult to get her out of bed in the morning
- She often has meltdowns at drop off for school & ballet lessons.

- **What are you thinking about parents' concerns?**

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Important Probe Questions to Ask

- **Does your child express fears and worries?**
  - ❖Ask about specific phobias then move on to ask whether child expresses fears of death, others laughing at them, something happening to parents
- **How does your child do in social situations?**
  - ❖Do they need warm-up time for new situations such as birthday parties, meeting relatives after a long time?
  - ❖Does your child participate in gym class? How do they do with show & tell or picture day? Do they use the school bathroom?
  - ❖Ask specifically if they are speaking at school with teachers & / or peers

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Important Probe Questions to Ask

- Does your child **need a lot of reassurance?** Ask a lot of '**what if**' questions?
- Is s/he **perfectionistic?** Does s/he get upset (have a meltdown or temper tantrum) if they make a mistake? Are they reluctant to try new things?
- **Sleep** – where does your child sleep? Do they fall asleep on their own?
- Do they **separate easily** for activities? Do they have a lot of tummy aches or other physical complaints?
- Ask about **Family History**
- Be sure to ask about medical history and physical health
- Ask about **habits**, tics, mannerisms

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Answers to Probe Questions

- Mom indicates that Maeve is always concerned about mom and dad and she gets upset when her brother laughs at her or calls her silly
- **Social** - When asked, mom notes Maeve has a hard time with meeting her relatives if they have not met for a long time - mom dreads the December holidays as Maeve will have to meet up with lots of family members and her behaviors seem to escalate in these times
- **School** – Maeve's teacher reports that Maeve refuses to try new things, has difficulties choosing an activity to engage in, tends to remain on periphery of activities. She is quiet but speaks to the teacher. Maeve does not use the school bathroom.

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Answers to Probe Questions

- Parents indicate Maeve is perfectionistic, and gets upset when she makes a mistake
- Maeve can be moody and never looks happy
- Maeve requires mom or dad to lie with her until she falls asleep. While they cuddle Maeve asks a lot of 'what if' questions
- Lots of meltdowns for school and ballet class. No physical complaints but has these meltdowns
- **Family History** - Mother acknowledges anxiety never diagnosed, maternal uncle with depression, paternal aunt with anxiety
- Generally healthy – no medical concerns
- When asked mom indicates Maeve bites her lips and twirls her hair a lot

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Big Fears in Little Kids

"Anyone who has never made a mistake has never tried anything new" Albert Einstein

"If you never try anything new you can be perfect" Michaela, 5 year old girl

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Biological Risk Factors

- **Genetics**
  Parental anxiety disorder is associated with increased risk of anxiety disorders in offspring (Biederman et. al, 2001)
- **Temperament**
  Behavioural inhibition (shy, fearful, quiet, cautious) in early childhood results in higher ADs in middle childhood (Biederman et al., 1993)
  and social anxiety in adolescence (Kagan & Snidman, 1999)
  but not all children with BI will have an anxiety disorder

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Environmental Risk Factors

- Anxious parents can model fear and anxiety, reinforce anxious coping behaviour, and maintain avoidance despite their desire to help their child (Dadds & Roth, 2001, Muris et al., 1996)
- Overprotective, over controlling, and overly critical parenting styles that limit the development of autonomy and mastery may contribute to the development of anxiety disorders in children with temperamental vulnerability (Hirshfield et al., 1997; Rapee, 1997)
- Insecure attachment relationships with caregivers can increase the likelihood of childhood anxiety disorders (Manassis et al., 1994, Warren et al., 1997)

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Common Co-morbidities

- Overlapping symptoms between anxiety and co-morbid conditions can lead to mis-diagnosis or under diagnosis of comorbidities
- ODD, ADHD, and Learning Disabilities are common in pre-school and school-aged children
- Depression is not common in preschool period but must be considered
- Comorbidities require accurate assessment and symptom treatment prioritization

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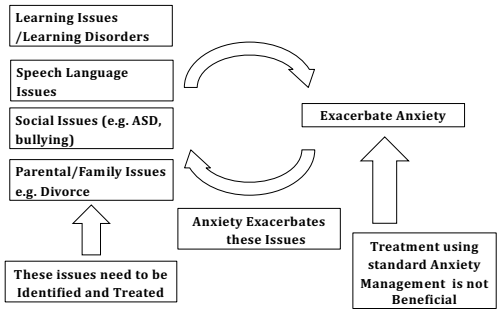
Important Differential Diagnoses to Consider



First Steps to Management Plan

- Consider developmental concerns
  - ❖Are further assessments and interventions necessary
- What does the family need?
  - ❖Educate parents around diagnosis (psychoeducation)
  - ❖Ensure positive relationship between parents – are they on the same page?
  - ❖Assess parent mental health and provide support / care if needed
  - ❖Provide parent behaviour training – if needed
- What are the child's emotional, social and cognitive needs?
  - ❖Provide parent education about temperament, building self esteem,
  - ❖Build social skills if needed

Case presentation - Liangchi

- 6½ y.o. boy in grade 1 lives with M, F & paternal grandparents
- Parents attend with you as teacher had suggested this at first parent-teacher mtg.
  - ❖Not speaking to anyone at school (teacher or peers); tantrums when teacher tries to redirect him to an activity other than use of the iPad; does not use the bathroom at school
  - ❖Teacher is concerned because she feels he is "anxious"

1. **What more information do you need and how will you get this information?**

Meet with mother and father

- No family history for anxiety or depression or any psychiatric disorder
- Normal birth and delivery
- Normal milestones
- Parents say he is smart and deny any learning concerns
- Parents do not describe him as shy or quiet or anxious at home
- They do not describe him as oppositional and only indicate that he 'gets upset' when they take away the iPad or turn off the television
  - ❖Given that information you ask how much screen time does Liangchi typically have per day?

Further information obtained

- Mix of Mandarin & English spoken at home
- Mother works until 6 pm – has her own bed room
- Father works shift work – has his own bed room
- Liangchi has his own bedroom in the home but sleeps with maternal grandmother in her bed
- Maternal grandmother feeds him when he comes home from school – everyone eats meals when they are hungry and they do not eat dinner together
- Tantrums when screen time is taken away from him

Your assessment at this time?

- Does Liangchi have an anxiety disorder such as selective mutism since he is not speaking outside of the home?
- Are there other important factors that must be considered and worked upon prior to moving forward on the anxiety disorder diagnosis?

Disruptive Behavior: Background

- **Diagnostic labels**
  - ❖Oppositional Defiant Disorder (ODD)
  - ❖Conduct Disorder (CD)
- **Signs & Symptoms**
  - ❖Argumentative, defiant, non-compliant behavior
  - ❖Angry, irritable mood
  - ❖Easily annoyed, poor frustration tolerance
  - ❖Frequent temper tantrums
  - ❖Aggression
- **Impaired relationships**
- **Prevalence estimates 7% to 11%**

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Associated Features

- Comorbid conditions common
  - ❖ADHD, Anxiety, Developmental coordination disorder
  - ❖Communication disorder
- Pre-term or post-term birth
- Traumatic brain injury
- Difficult child temperament
- Harsh, inconsistent, neglectful parenting practices
- Chaotic households, disruptions in child care
- Maternal depression, poor executive functioning
- Mutually hostile mother-child interactions

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Prognosis: Diagnostic Stability

- Half of 3-year-olds with mental health disorders still meet criteria for disorders at age 6 (Keenan 2011 *JCPP,* Bufferd et al. 2012, *Am J Psych)*
- Continuity of disorder particularly strong for ADHD and ODD (Bufferd et al. 2012, *Am J Psych*)
- One quarter of 3-year-olds with Conduct Disorder still meet criteria at age 6 (Keenan 2011, *JCPP)*

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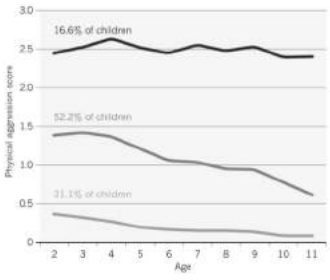
Prognosis: Natural History Aggression

A study of more than 10,000 Canadian children pointed to three basic trajectories for physical aggression. Most become less aggressive between the ages of 2 and 11 years, but a minority maintain a high level of aggression throughout childhood.



Tremblay et al. 2006 J Child Psycho Psychiatry

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Adult Outcomes

Childhood mental health disorders associated with:

- Adult mental health disorders (Kim-Cohen et al., 2003, *Arch Gen Psych)*
- Poor education outcomes (Currie & Stabile, 2006, *J Health Econ*)
- Poor economic outcomes (Currie & Stabile, 2006, *J Health Econ*)
- Increased injuries (Jokela et al., 2009, *JCPP)*
- Shortened lifespan (Jokela et al., 2009, *JAACAP)*

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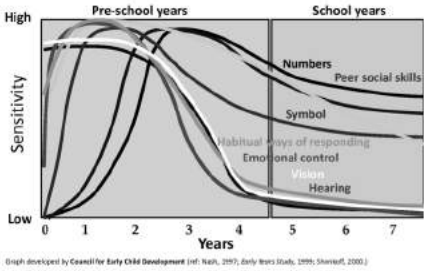
Sensitive Periods in Early Brain Development



Nash,1997, Early Years Study

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Differential Dx: Disruptive Behavior

Consider

- Global developmental delay
- Communication difficulty
- Hearing, vision impairment
- Sleep disorder
- Motor development
- Difficult temperament
- Maternal depression
- Family violence
- Abuse/trauma
- School/daycare environment

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Assessing Functional Impairment for behavioral difficulties

1. Do you (or any other caregiver) have any difficulties encouraging your child to do as you ask?
2. Has your child's preschool teacher (or daycare staff) mentioned any concerns about his or her readiness to start school?
3. Are there any concerns about the child's ability to communicate or learn new skills?
4. Do you have any concerns about how your child gets along with other children at home or out in the community?
5. Do you have any other concerns about your child's emotions, behaviour or social functioning?

Charach et al, 2017, *Paediatr Child Health, JCACAP*

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Indicators for Serious Disruptive Behaviour

Dimension	Normative Misbehaviour	Problem Indicator
Noncompliance	Says "no" when told to do something	Misbehaves in ways that are dangerous
Aggression	Acts aggressively when frustrated, angry or upset	Acts aggressively to try to get something he or she wants
Temper Loss	Loses temper or has a tantrum when tired, hungry or sick	Has temper tantrums that are frequent (daily), intense (biting & kicking), lengthy (more than 5 min)

Walkschlag et al., 2014, *JAACAP*

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Strengths & Difficulties Questionnaire (SDQ)

http://www.sdqinfo.com/

Sample Items	Not true	Somewhat true	Certainly true
1. Considerate of other people's feelings	☐	☐	☐
2. Restless, overactive, cannot stay still for long	☐	☐	☐
3. Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
4. Often has temper tantrums or hot tempers	☐	☐	☐
5. Rather solitary, tends to play alone	☐	☐	☐
6. Generally obedient, usually does what adults request	☐	☐	☐

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Clinical Decision-making Process

No concerns → • health guidance, usual monitoring

Some concerns → • Additional inquiry & measures
• Health guidance, monitoring, evidence-based parent training

Serious concerns → • Referral to specialized services

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Parenting Preschool Children

Age 2-3 years
- Supervise and set limits
- Be patient and empathic
- Follow verbal instruction with example of what to do

Age 3-5 years
- Be consistent
- Model positive behaviour
- Provide effective praise and approval
- Use brief time outs

http://www.aboutkidshealth.ca

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Evidence-Based Parent Behaviour Programs

- Positive Parenting Program: Triple P
  www.triplep-parenting.ca/ont-en/find-help/triple-p-online/
- Incredible Years Parent Program : IYPP and Dinosaur social skills program http://www.incredibleyears.com/
- Strongest Families
  www.strongestfamilies.com
- 1, 2, 3 Magic
  www.123magic.com
- Parent Child Interaction Therapy: PCIT

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Anxiety Specific Treatment - 3 Step Plan

1. **Psychoeducation**
   - ✓Educate child/family about anxiety + anxiety vs. behaviour
   - ✓Provide parents with knowledge about parent behavioural management as needed
2. **Psychotherapy**
   - ✓CBT – strongest evidence-base but also consider other therapies
3. **Medications**
   - SSRIs mainly used
   - CAAMS (488 7 to 17 y.o. youth) best supports CBT + SSRI

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Helpful Strategies for All Children

- Recognize and label feelings
- Use gentle but firm reassurance and encouragement
- Facilitate structure and routine
- Identify conflicts within the home and work on them
- Positive Reframing/Modeling effective coping
- Facilitate socialization – e.g., play dates
- Complement process not product
- Reward attempts and approximations
- Set the expectation for speech – e.g. "even shy children have a voice"

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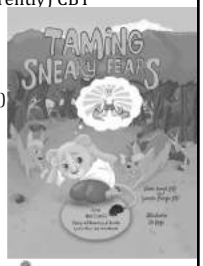
Taming Sneaky Fears Program

- Evidence-based 9-session (parent-only orientation + 8 parent & child sessions run separately but concurrently) CBT program
- Teaches parents and children to:
  1. How to Be a Feeling Catcher (recognize feelings)
  2. How to Be the Boss of My Body (learn relaxation)
  3. Externalize anxiety – Sneaky Fears
  4. How to Be a Trick Catcher (and catch the tricks Sneaky Fears play)
  5. How to Be the Boss of My Brain
  6. How to Climb Bravery Ladders (build hierarchies)



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Taming Sneaky Fears: Evidence

Date	Study	Sample Demographics: N, M (SD) age, %males Type of anxiety disorder	Main Results
2003-04	Feasibility	*N* = 14; 5-7; 64.3% All anxiety disorders	Manualized program feasible for further evaluation
2005-07 (Monga et al., 2009)	Pilot, non controlled, prospective repeated measures	*N* = 32 6.5(0.7) 5-7; 40.6% All anxiety disorders	Significant decreases in ADIS score t = 6.82 (1,31), p = .001 Significant improvements in CGAS t = -8.14 (1,31), p = .001
2010-14 (Monga et al., 2015)	Comparative, prospective repeated measures	*N* = 77; 6.8 (0.8) 5-7; 37.7%; parent + child *N* = 45; parent-only *N* = 32 All anxiety disorders	Both parent only and parent + child arms improved significantly; Significantly lower ADIS scores and improved CGAS scores noted in parent + child arm compared to parent only arm
2014	Feasibility	*N* = 7; 4-7; 14.3% Only SM & SAD	Revised manual feasible for SM & SAD and lower age range
2015-18	RCT prospective repeated measures	*N* = 94; 5.5 (1.0) 4-7; 30% Only SM & SAD	Data analyses currently in progress

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Take Away Messages

- Anxiety disorders are very common (9 to 21%) in preschoolers
  - ❖ Must evaluate symptoms along a developmental spectrum
  - ❖ Behavioural symptoms may predominate especially in young children
- Temper tantrums and other behavioural symptoms although normative must be assessed as they can be a symptom of both disruptive behavioural disorders or anxiety disorders
- Disruptive behaviour in pre-school age children are:
  - ❖Risk factors for poor long-term outcomes
  - ❖ Associated with parent-child difficulties
  - ❖ Associated with developmental and neuro-developmental disorders
- Consider use of a brief structured questionnaire, similar to Strengths & Difficulties Questionnaire, as a screener

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Take Away Messages

- Effective interventions exist for both disruptive and anxiety disorders
- Consider various parenting programs including 1,2,3 Magic which parents can read or view as a DVD
- Provide education to parents, ensure consistency at home
- Don't let parents avoid anxious situations and encourage parents to use the available resources
- Refer for assessment and treatment if in doubt as young children can benefit from CBT
- Early identification and intervention can improve long-term trajectories of both disorders

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Useful Resources

1. *Taming Sneaky Fears – Leo's Story of Bravery & Inside Leo's Den: The Workbo*ok by Diane Benoit & Suneeta Monga www.tamingsneakyfears.com and (French translation also available) www.apprivoiserpeurspasfines.com
2. *What to Do When You Worry Too Much* by Dawn Huebner
3. *Keys to Parenting Your Anxious Child* by Katharina Manassis
4. 1,2,3 Magic DVD by Thomas Phelan
5. **Coming Soon:** *Assessment and Treatment of Anxiety in Young Children: The Taming Sneaky Fears Approach* by Suneeta Monga & Diane Benoit
6. www.aboutkidshealth.ca/mentalhealth
7. www.anxietycanada.com

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QUESTIONS??

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