

Anxiety Disorders

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Overview

- **Anxiety:** Mood state characterized by strong negative emotion and bodily symptoms of tension in which an individual apprehensively anticipates future danger or misfortune (Barlow, 1988)
 - Two key features:
 - Strong negative emotion
 - Element of fear
- **Anxiety Disorder:** Excessive and debilitating anxiety

Overview

- All children experience fear, worry, anxiety, and shyness
 - *Excessive and debilitating* anxiety causes a child to be diagnosed with an anxiety disorder
- Many children with anxiety continue to have problems in adolescence and adulthood
 - Half of those affected have a disorder for 8 years or more
- A strong relationship exists between anxiety and depression in children and adolescents

Common Fears in Children

(Klein & Last, 1989, as cited in Mash & Wolfe, 2002)

Age	Fears
0-6 months	Loss of physical support, loud noise
7-12 months	Strangers; sudden or unexpected objects
1 year	Separation from caregivers, injury, toileting, strangers
2 years	Loud noises, animals, darkness, separation from parents, large objects or machines, change in personal environment
3 years	Masks, darkness, animals, separation from parents
4 years	Separation from parents, animals, dark, noises
5 years	Animals, "bad" people, dark, separation from parents, bodily harm
6 years	Supernatural beings, bodily injuries, thunder and lightning, dark, sleeping or staying alone, separation from parent
7-8 years	Supernatural beings, dark, media events, staying alone, bodily injury
9-12 years	Exams, school performance, bodily injury, physical appearance, thunder and lightning, death
Adolescence	Personal relations, personal appearance, school, political issues, future, supernatural phenomena, natural disasters, safety

Overview

- A small amount of anxiety helps us think and act more effectively
 - Anxiety enables a person to be physically and psychologically ready to cope with something dangerous
- When children experience fears beyond a certain age, in situations that pose no real threat or danger, to an extent that seriously interferes with daily activities, they are diagnosed with an anxiety disorder

Fight or Flight Response

- **Fight/Flight response:** Reaction to a perceived danger
 - All effects are aimed at escaping potential harm by either confronting the source of danger (fight) or evading it (flight)
- Fight or flight response affects us physically, cognitively, and behaviorally

Physical Responses to Fight or Flight

- **Chemical effects:** Adrenaline and noradrenaline released
- **Cardiovascular effects:** Heart rate and strength of heart beat increase
- **Respiratory effects:** Speed and depth of breathing increase
- **Sweat glands:** Increase sweat produced
- **Other physical effects:** Pupils widen, salivation decreases, decreased activity in digestive system

Responses to Fight or Flight

- **Cognition (Thinking) Response**
 - Purpose of flight/fight to signal possible danger, so cognition directed to searching for possible threat
- **Behavioral Response**
 - Because fight or flight is not always possible, avoidance becomes common

Physical Symptoms of Anxiety

- Increased heart rate
- Fatigue
- Increased respiration
- Nausea
- Upset stomach
- Dizziness
- Blurred vision
- Dry mouth
- Muscle tension
- Heart palpitation
- Blushing
- Vomiting
- Numbness
- Sweating

Cognitive Symptoms of Anxiety

- Thoughts of being scared or hurt
- Thoughts or images of monsters or wild animals
- Self-deprecatory or self-critical thoughts
- Thoughts of incompetence or inadequacy
- Difficulty concentrating
- Blanking out or forgetfulness
- Thoughts of appearing foolish
- Thoughts of bodily injury
- Images of harm to loved ones
- Thoughts of going crazy
- Thoughts of contamination

Behavioral Symptoms of Anxiety

- Avoidance
- Crying or screaming
- Nail biting
- Trembling voice
- Stuttering
- Trembling lip
- Swallowing
- Immobility
- Twitching
- Thumb sucking
- Avoidance of eye contact
- Physical proximity
- Clenched jaw
- Fidgeting

Separation Anxiety Disorder (SAD)

- *Definition:* Age inappropriate, excessive, or disabling anxiety about being apart from parents or away from home
 - Often occurs after experiencing a major life stressor
 - Age of onset: 7-8 years

Separation Anxiety Disorder (SAD)

Diagnostic Criteria (DSM-IV-TR)

- Evidenced by three or more of the following:
 - Recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated
 - Persistent and excessive worry about losing or possible harm to major attachment figures
 - Persistent and excessive worry that an unpleasant event will lead to separation from a major attachment figure (e.g., kidnapping)
 - Persistent reluctance or refusal to go to school or elsewhere because of fear of separation
 - Persistently and excessively fearful or reluctant to be alone without major attachment figures
 - Persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home.
 - Repeated nightmares with the theme of separation
 - Repeated complaints of physical symptoms (e.g., headaches, nausea) when separation from major attachment figures occurs or is anticipated

Generalized Anxiety Disorder (GAD)

- *Definition:* Chronic or exaggerated worry and tension, almost constant anticipation of disaster even though nothing seems to provoke it. Oftentimes physical symptoms such as trembling, muscle tension, headache, and nausea
 - Worries continue on a continual cycle from one crisis to another
 - One physical symptom is necessary for diagnosis (headache, stomach, muscle tension, trembling)
 - Age of onset: 10-14 years
- SAD and GAD are the two most common anxiety disorders

Generalized Anxiety Disorder (GAD)

Diagnostic Criteria (DSM-IV-TR)

- A. Excessive anxiety and worry occurring more days than not for at least 6 months about a number of events or activities
- B. The person finds it difficult to control the worry
- C. Anxiety and worry are associated with one or more of the following six symptoms with at least some present for more days than not for the past 6 months (Note: 3 or more are needed for a diagnosis in adults)
 - Restlessness or feeling keyed up or on edge
 - Being easily fatigued
 - Difficulty concentrating or mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance (e.g., difficulty falling or staying asleep)

Specific Phobia

- *Definition:* Extreme and disabling fear of specific objects or situations that pose little or no danger. Fears may include animals, heights, or injections
- Sub-types:
 - Animal
 - Natural Environment
 - Blood-Injection-Injury
 - Situational (e.g., airplanes, elevators, etc.)
 - Other (e.g., loud sounds, costumed characters)
- Age of onset: 10-13 years

Specific Phobia

Diagnostic Criteria (DSM-IV-TR)

- Marked excessive fear cued by the presence of a specific object or situation
- Exposure to stimulus almost invariably provokes immediate anxiety response
- Person recognizes that the fear is unreasonable
- Phobic situation is avoided or endured with intense distress

Social Phobia

- *Definition:* Fear of being the focus of attention or scrutiny or of doing something that will be intensely humiliating
- Can develop into **Generalized Social Phobia:** Fear of most social situations
- A person with social phobia fears awkwardness
 - The fear can triggers physical symptoms
 - The physical symptoms can cause the awkwardness that they fear
- Age of onset: Adolescence

Social Phobia

Diagnostic Criteria (DSM-IV-TR)

- Marked fear of one or more social performance situations in which person is exposed to unfamiliar people or scrutiny by others, fearing they will act in a way that is embarrassing
- Exposure to feared social situation almost invariably provokes anxiety
- Person recognizes the fear is unreasonable
- Feared social situation is avoided or endured with intense anxiety

Obsessive-Compulsive Disorder (OCD)

- *Definition:* Repeated, intrusive, and unwanted thoughts that cause anxiety, often accompanied by ritualized behavior to relieve this anxiety.
 - **Obsessions:** Persistent and intrusive thoughts, ideas, impulses, or images (basically worry)
 - **Compulsions:** Repetitive, purposeful, and intentional behaviors or mental acts performed in response to the obsession

Obsessive-Compulsive Disorder (OCD)

- Negative Outcomes:
 - Health issues with repeated washing
 - Rituals lead to chronic lateness
 - Intrusive thoughts lead to interference in school, other work
 - Social isolation due to routines
- Age of Onset: 9-12 years
- Fewer than 10% of children diagnosed with OCD show complete remission of their symptoms

Obsessive-Compulsive Disorder (OCD)

Diagnostic Criteria (DSM-IV-TR)

- Either obsessions or compulsions
 - Obsessions as defined by:
 - Recurrent and persistent thoughts, impulses, or images that are experienced, at some point during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress
 - The thoughts, impulses, or images are not simply excessive worries about real-life problems
 - The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action
 - The person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)
 - Compulsions defined by:
 - Repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
 - The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.
- At some point during the course of the disorder, the person has recognized that ht obsessions or compulsions are excessive or unreasonable.

Panic Disorder (PD)

- *Panic attacks*: Sudden feelings of terror that strike repeatedly and without warning.
 - A panic attack is not a diagnosable disorder
- *Panic Disorder*: Recurrent unexpected attacks followed by at least 1 month of persistent concern about having another attack
 - **Anticipatory anxiety**: Worry about when or where the next attack will occur
- Common association between panic attacks and stressful life events
- Age of onset: 15-19 years

Panic Attack

Diagnostic Criteria (DSM-IV-TR)

- A discrete period of intense fear or discomfort in which four or more of the following symptoms developed abruptly and reached a peak within 10 minutes

<ul style="list-style-type: none"> – Palpations, pounding heart, or accelerated heart rate – Sweating – Trembling or shaking – Sensations of shortness of breath – Feeling of choking – Chest pain or discomfort – Nausea or abdominal distress – Feeling dizzy, unsteady, lightheaded, or faint 	<ul style="list-style-type: none"> – Derealization (feelings of unreality) or depersonalization (being detached from oneself) – Fear of losing control or going crazy – Fear of dying – Paresthesias (numbness or lightening sensations) – Chills or hot flashes
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Posttraumatic Stress Disorder (PTSD)

- *Definition:* Persistent, frightening thoughts that occur after undergoing a frightening and traumatic event
 - Experiences associated with PTSD:
 - Actual or threatened death
 - Threat to one's physical integrity
- PTSD is strongly correlated with degree of exposure to traumatic events

Posttraumatic Stress Disorder (PTSD)

Diagnostic Criteria

- Core features that last for more than 1 month:
 - Reexperiencing of the traumatic event
 - Avoidance of associated stimuli and numbing of general responsiveness
 - Symptoms of extreme arousal

Posttraumatic Stress Disorder (PTSD)

- **Acute Stress Disorder:** Anxiety develops after exposure to an extreme traumatic stressor.
 - Symptoms do not persist for more than 4 weeks after trauma
- *Diagnostic Criteria:* Development during or within 1 month after exposure to trauma of at least three of the following symptoms:
 - Absence of emotional responsiveness, derealization, reduced awareness of surroundings, depersonalization, or dissociative amnesia

Helping Children Recover from Trauma

- Discuss the traumatic event with the child
 - Do not bring the topic up on your own but do not avoid discussion when the child brings it up.
- Be nurturing, comforting and affectionate toward the child
 - Be cautious with children who have been sexually abused
- The following signs may indicate that the child has been reminded of the event. Try to protect the child from events that tend to trigger these responses.
 - Re-enactment of the event, such as in play and drawing
 - Avoidance, such as being withdrawn, daydreaming, and avoiding other children
 - Physiological hyper-reactivity, such as anxiety, sleep problems, and behavioral impulsivity
- Seek help if needed

Helping Children Recover from Trauma

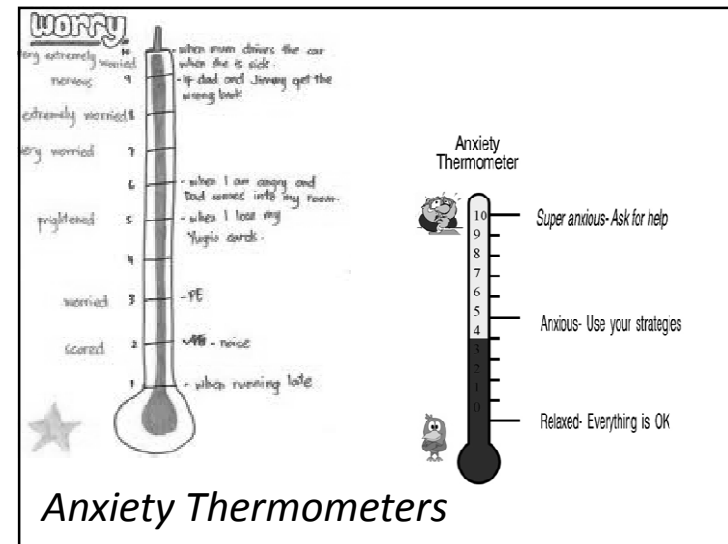
- Trauma healing for children may include:
 - Teaching children stress management and relaxation skills
 - Creating a coherent story of what happened
 - Correcting untrue or distorted ideas about what happened and why
 - Changing unhealthy and wrong views that resulted from the trauma
 - Involving parents in creating optimal recovery environments
- The National Child Traumatic Stress Network: www.NCTSN.net

Treatment of Anxiety Disorders

- Proverb: *The best way to defeat your fear is to face them.*
- Treatments try to modify four problems:
 - Distorted thinking
 - Physiological reactions to a perceived threat
 - Sense of a lack of control
 - Excessive escape and avoidance behaviors

Behavior Therapy

- **Exposure:** Presenting to children what frightens them while providing coping strategies other than escape or avoidance
 - 75% success rate
 - **Graded Exposure:** Make a list of feared situations from least to most anxiety provoking
 - Child is then exposed to each situation
- Exposure can consist of: Real-life, Role Play, Imagining, Observing others in contact with the feared object/situation



Behavior Therapy

- **Systematic Desensitization** has three steps:
 - Teach the child to relax
 - Construct an anxiety hierarchy
 - Present the anxiety-provoking stimuli while the child is relaxed
- **Flooding:** Exposure carried out in prolonged and repeated doses, child remaining in anxiety-provoking situation and provide anxiety ratings til they diminish

Behavioral Therapy

- Reducing physical symptoms:
 - Muscle relaxation
 - Special breathing exercises

Cognitive Behavioral Therapy

- Teaches children to understand how thinking contributes to anxiety and how to modify their maladaptive thoughts to decrease symptoms
- Most effective procedure for treating anxiety disorders

CBT by Kendall and Colleagues

- 16-20 sessions over 8 weeks where children practice using coping skills in anxiety-producing situations at home and school
- Treatment directed at decreasing negative thinking, increasing active problem solving, and providing child with functional coping outlook
 - Skills training used combat problem thinking

CBT by Kendall and Colleagues

- FEAR:
 - Feel frightened? (Recognize anxious feelings)
 - Expect bad things to happen? (Clarify anxious cognitions)
 - Actions and attitudes that can help (develop plan for modifying anxious self-talk to coping self-talk)
 - Results and Rewards (Evaluating performance and administering self-reinforcement)

Family Treatment

- Anxiety disorders often are associated with parental anxiety and conflicting family relationships
 - Family treatment consists of education about the disorder and helping the family deal with their own feelings