Lunch & Learn Series

Childhood Anxiety Disorders 0-12s

Presented By: Shannon Lopez
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Welcome To Country

I begin today by acknowledging the Traditional Custodians of the land on which we all gather to meet today, and pay my respects to their Elders past and present and emerging. I extend that respect to Aboriginal and Torres Strait Islander peoples here today.

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Introductions

Shannon Lopez
Clinical Psychologist
- She/her
- Neurotypical brain style
- Neuro-affirming practitioner and Ally
- Strong interest in working with and supporting neurodivergent people of all ages

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Agenda

1. Child Mental Health
2. Anxiety Disorders
3. Diagnostic Tools
4. Supporting the Clients

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Child Mental Health

- Is impacted by:
  - Relationships (especially parents)
  - Social world
  - Cultural background
  - Spiritual context
  - Physical health
  - Biological factors
  - Temperament
- Multifaceted and occurs within multiple contexts
- Change in one context can affect and shape development

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Prevalence of Mental Illness in Children 0-12

Data collected 2013-2014 "Young Minds Matter Survey"

- In 2013–14, an estimated 314,000 children aged 4–11 (almost 14%) experienced a mental disorder in the 12 months before the survey (Lawrence et al. 2015). Boys were more commonly affected than girls (17% compared with 11%).
- Anxiety disorders were the second most common disorders among all children (6.9%), and the most common among girls (6.1%)
- Highly treatable
- Anxiety Disorders rarely go away without treatment

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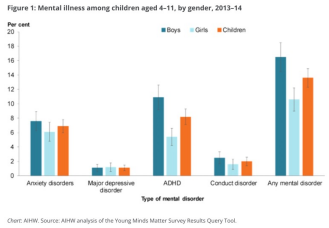
Prevalence of Mental Illness in Children 0-12



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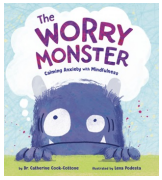
Anxiety

- Anxiety and worry is a normal part of human development
- Fear Vs Worry
  - Fear happens in the "now"
  - Worry is about things that *have* or *might* happen
  - Worry becomes common for kids above age 8
- Some Fears are developmentally appropriate:
  - Loud noises
  - Separation from caregiver
  - Fear of the dark
  - Fear of ghosts and monsters
  - Social situation
  - Tests



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Understanding Anxiety in Children

- Most common mental health conditions experienced by young Australians
- Half of people with anxiety disorders experience their first symptoms by the age of 11 years
- Survival Response
- Developmentally kids can't identify or articulate their feelings
- The need for control can be overwhelming
- They can often internalize their experience
- Often it becomes misdirected as anger or acting out – particularly in the case of trauma

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Symptoms of Anxiety in Children

Emotional
- Tearfulness
- Irritability
- Emotional sensitivity or reactivity

Behavioural
- Clinging to caregiver
- Refusal to participate
- Reassurance seeking
- Checking, ordering, organizing things
- Excessive energy
- Hyperactivity
- Restlessness
- Fidgeting

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Symptoms of Anxiety in Children

Cognitive
- Worry
- Difficulties focusing and concentrating
- Racing thoughts
- Preoccupations

Physical
- Difficulty Sleeping
- Headaches
- Tummy aches
- Feeling sick
- Physical tension
- Reduced appetite
- Difficulty toileting

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Separation Anxiety

- Excessive fear of harm coming to caregiver when caregiver is separated from them
  - Potential harm
  - Something bad happening
  - Reluctance or refusal to leave home
  - Fear of being alone
  - Nightmares
  - Physical distress symptoms
- Distress at separation or anticipating separation from home or major attachement figures
- This is developmentally appropriate, so would need to be more impacting than peers if in the developmental age

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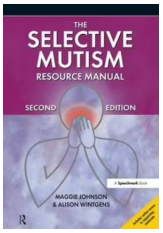
Selective Mutism

- Excessive fear of speaking and communicating in situations where the child is expected to speak
  - Fear of others hearing you
  - Fear of own voice or loudness
- "Selective Speaking" – selectively impacts different settings and people ie. may speak at school but only to peers, or where they feel comfortable
- Inability to speak interferes with educational achievement, or making friends



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Specific Phobias

- Excessive fear of a specific thing/object/animal etc that is perceived as harmful
- Anxiety or fear response exceeds what may be expected given development
- Not a clear cognitive ideation, fear response immediately elicited
- Avoidance of the fear causes clinically significant distress and functional impact

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Social Anxiety

- Excessive fear and worry about being negatively perceived/judged/evaluated by your peers or others
- Avoidance of social gatherings
- Difficulty feeling relaxed or natural in style
- Requiring a long time to warm up, often relying on scripting

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Generalised Anxiety

- Excessive fear and worry regarding everyday life events such as finances, the future, how you may cope, the wellbeing or safety of loved ones, your performance at school
  - Physical symptoms
  - Difficulty concentrating
  - Irritability
  - Sleep disturbance

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Case Study – "Dustin"

Dustin, a five-year-old caucasian male, was brought to the clinic by his mother for her chief concern of defiance and emotional dysregulation. During the first diagnostic interview, Dustin's worries included any social situations that included scrutiny from others (e.g., he refused to stand in front of the church for his baptism), death, feeling anxious in places where he does not have control, and intense fear of bugs. Worries occurred almost daily and appeared somewhat uncontrollable. At the second interview, two weeks later, his worries remained the same but now included getting lost. At school, his negative emotionality could escalate into tantrums of screaming and trying to bang his head on a wall, which could last two hours. At home, getting him to take a bath could involve an hour of crying and protesting. Symptoms first appeared at one-and-a-half years but because he was preverbal at that age his mother could not give examples that clearly met GAD criteria.

Physical symptoms present during Dustin's periods of worry included feeling restless, on edge, difficulty concentrating, and irritability. Functional impairment included a slight impact on parental relationships, a moderate impact on the relationship with his daycare provider, and a severe impact on the child's ability to go out in public. His mother almost always accommodated him by rarely taking him outside of the home.

Dustin met all of the criteria for GAD, ODD, and SAD. His treatment involved helping learn ways to calm himself and help his parents manage his behavior. He improved markedly by the end of the school year and treatment terminated over the summer. But his behavior flared up when school resumed and treatment had to be restarted.

Scheeringa, M.S and Burns, L (2018). *Generalized Anxiety Disorder in Very Young Children: First Case Reports on Stability and Developmental Considerations*. Case Reports in Psychiatry

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Diagnostic Tools

- DASS-Y (8-14 yrs)
- RCADS (8-18 yrs)
- SCARED – Screen for Child Anxiety Related Disorders (7-18 yrs)
- SCAS – Spencer Children's Anxiety Scale (8-15yrs)
- Child Behaviour Checklist (1-18 years)
- Conners Comprehensive Behaviour Rating Scale (6-18 years)

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Differential Diagnoses

- Depression
- Neurodivergence – ADHD & Autism
  - Both brain styles can experience emotional and behavioural dysregulation
  - Symptoms of Burnout
- Trauma – active or historical
  - Dysregulating, not feeling safe, no hope for things to change or improve, externalising and internalizing behaviours

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Helping the Child – Typical Anxiety Presentations

- CBT is our gold standard approach
- Mindfulness
- Arousal reduction and management
- Exposure and habituation
- Narrative Therapy - externalising
- Specific presentations will require specific protocols
  - E/RP for OCD
  - Sliding in technique for Selective Mutism
- REWARDS!

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Helping the Parent

- Clear communication – understanding the formulation and perpetuating factors
- Psychoeducation
- Clear communication – understanding the homework
- Focus on health
  - sleep
  - nutrition
  - exercise
- Understanding and supporting parent anxiety and emotion regulation
- Engage with supports e.g school counsellor, teacher etc
- Relaxation and mindfulness
- Create space to talk

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Questions/Comments

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Thank you

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