Child Anxiety, Comorbidity, and Consultation in Durham

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Disclosures

- I receive book royalties from Guilford, Routledge, and Barron's Educational Publishers
- I have had research funded by Bell Canada within the past 2 years
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- I may refer to SSRIs (selective serotonin reuptake inhibitors), so please be aware that their use in children is off-label

Learning Objectives

- To identify important treatment considerations in children with comorbid anxiety and ADHD
- To learn about simple, CBT-based strategies for worries and hyperventilation in children
- To explore pediatric/child psychiatric models of collaborative care

Case Example: Malcolm, age 8

- Teacher notices he is unfocused, distractible, and has trouble finishing work
- Mother says he has stomachaches, worries, and is anxious
- Father says he's lazy
- Family doctor refers to a specialized anxiety clinic, based on mother's report
- Resident sees child and does diagnostic assessment
- Result: ADHD and Generalized Anxiety Disorder

Malcolm (continued)

- Parents refuse medical treatment
- Malcolm is referred to a CBT-based anxiety group
- Group therapist reports that he is unfocused, distractible, and has difficulty finishing his CBT exercises; asks to meet with parents
- Only mother attends, and she reiterates she will not consider medication
- Mother reveals the parents are in the process of separating
- Mother concludes "If you can't teach him coping strategies for his anxiety so he can focus, I will move him to a private school. I just have to get his father pay child support"
- Bitter custody battle ensues, Malcolm remains at the public school, and Malcolm's school performance deteriorates

What is Malcolm's Problem?

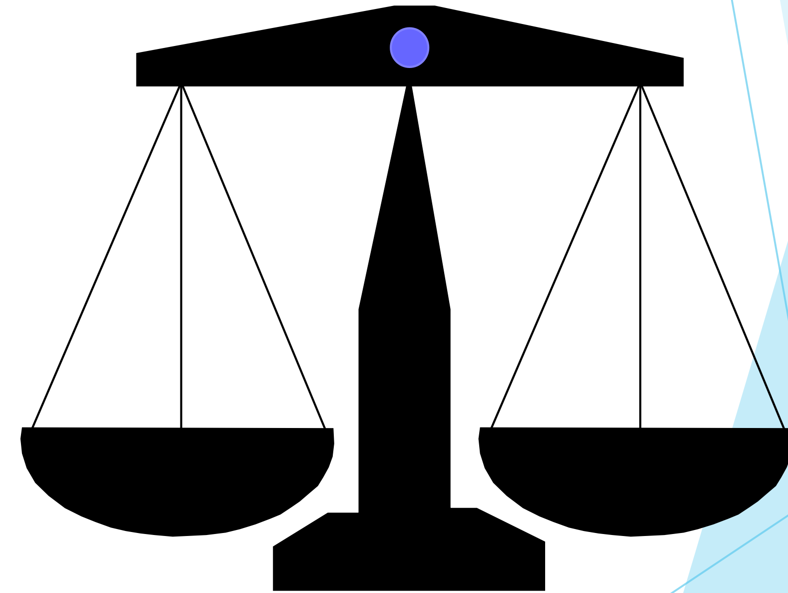
- DSM5 answer: ADHD + GAD
- Mainly anxiety (mom's idea)
- Mainly ADHD
- Laziness (dad's idea)
- Symptoms in response to parental discord & separation (at least in part)
- Learning disability
- Absence seizures
- Bullied at school
- Other reasons—let's ask him!

Anxiety, ADHD, or Both

- 25% overlap between anxiety disorders and ADHD
- GAD/ADHD is the most common combination
- Anxiety is a more popular diagnosis in some circles: anxious kids are thought to be "nice" versus behavioral; anxious kids are thought to respond to CBT (versus those nasty medications parents may fear); anxious parents tend to see anxiety in their children
- Therefore: always get a teacher report!
- Learning disabilities and psychosocial stresses commonly result in children becoming both anxious and unfocused
- Therefore: enquire about stresses (child & parent) and test for learning disabilities if academic difficulties are persistent

Contextual/Developmental Factors

- Temperament
- Medical History
- Family History
- Developmental Probs.
- Recent or current stressful events
- Family/Other Supports
- Child Strength/Coping



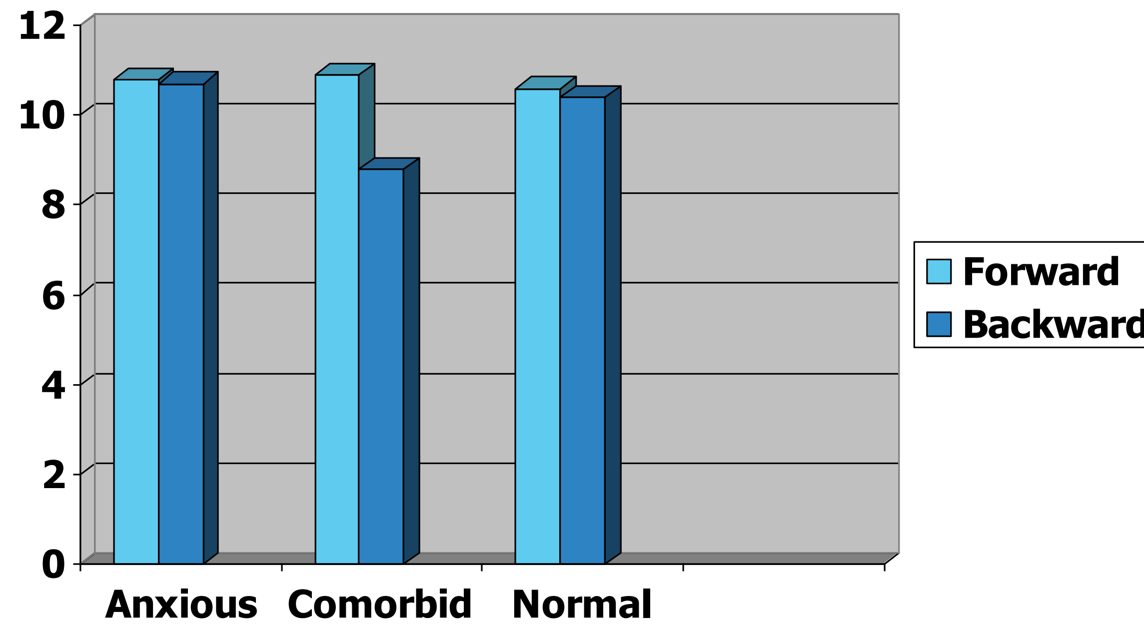
Problem-solve the exacerbating factors (common ones below)

- What to tell other kids when you return to school after absence
- How to catch up on academics after absence
- Assess & address learning problems, medical/psychiatric comorbidities
- Address bullying and encourage hanging out with friends to reduce the risk
- Increase healthy routines (sleep, meals, activity, homework, limited gaming)
- Decrease family conflict & increase parental consistency
- Help parents see the child’s strengths & manage their own anxiety
- Decrease exposure to frightening shows or games
- Make sure expectations are developmentally appropriate

Why Didn’t Malcolm do Well in CBT Group?

- His home life was making him anxious
- His ADHD interfered with understanding CBT concepts, so he struggled along while everyone else in the group seemed to “get it”
- The group reminded him too much of school (a risk with CBT programs), so he wasn’t motivated

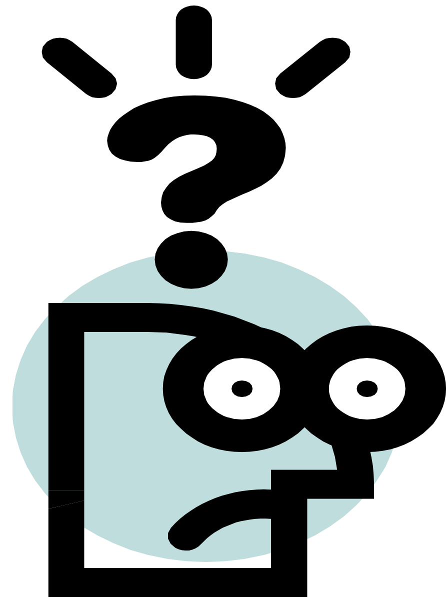
Digit Span in ANX+ADHD (Manassis et al., 2007)



Why is working memory important?

- Many academic tasks require verbal or nonverbal working memory
- Good organization is expected in higher grades, and also requires good working memory
- CBT requires pretty good working memory, especially verbal (as it's very language-based)
- E.g. In Kendall's FEAR plan, a situation is analyzed by applying 4 different steps: emotion recognition, thought recognition, cognitive restructuring & problem-solving, self-reward

What to do for Malcolm (CBT)?

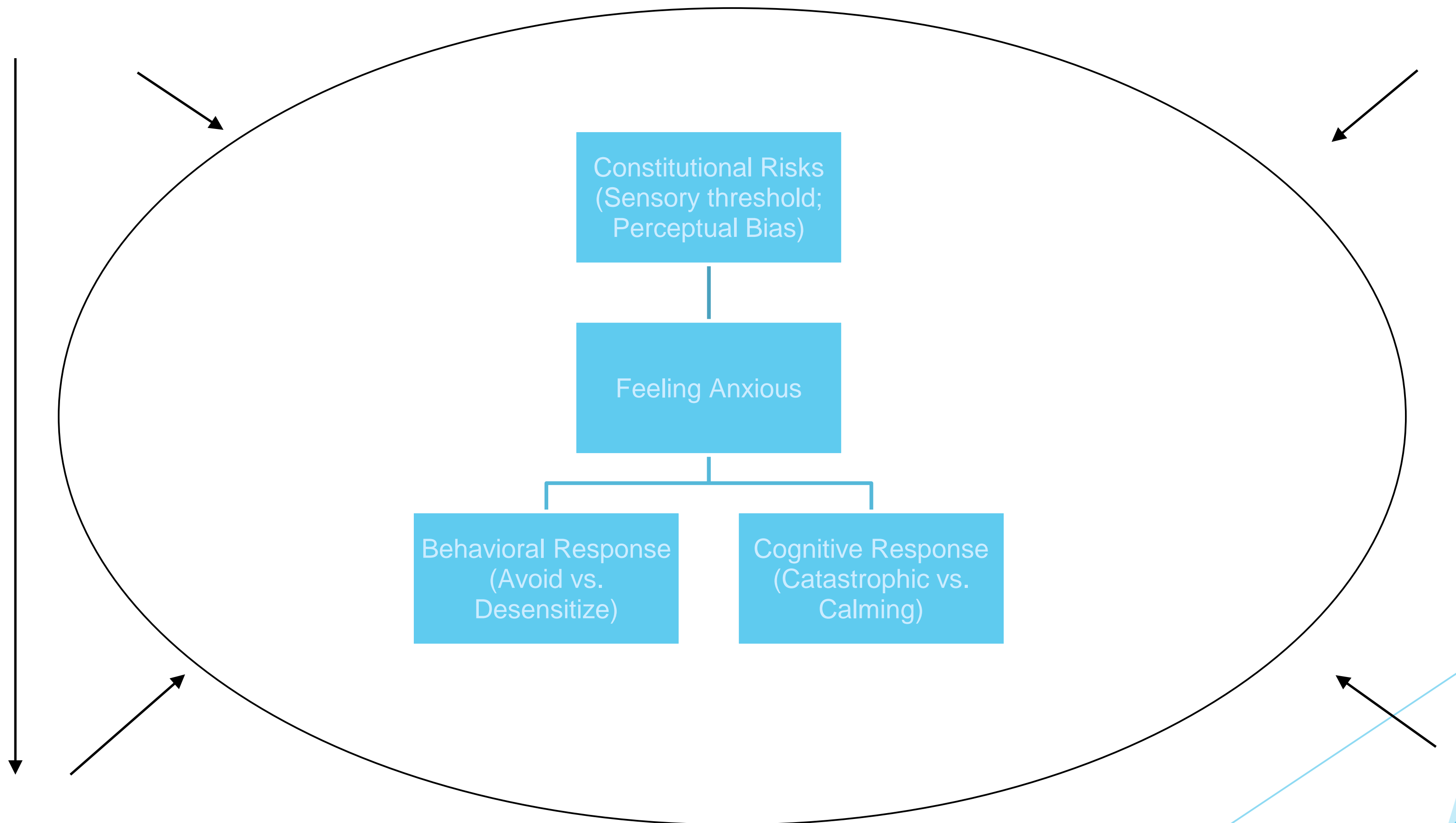


- More behavioral strategies
- More parental involvement
- Repetition of reassuring 'mantras' (versus situation-specific FEAR plans)
- Reassuring Imagery or 'what would character X do?'

What to do for Malcolm? (medically)

- Children who are hyperactive (i.e. ADHD) often become more hyperactive with SSRIs for anxiety
- Exception: some introverted ‘pure’ ADDs, whose inattention relates to LD, and can sometimes benefit from SSRIs
- The best SSRI response in anxious kids is for those with Generalized Social Anxiety (i.e. highly introverted; linked to hypersensitive amygdala responses to environmental change), who ‘come out of their shell’
- Do you really want a child with ADHD ‘out of their shell’?
- Straterra doesn’t always work for ADHD, and rarely works for anxiety
- Stimulants are supposed to make you more anxious

Where Anxiety Can Come From (Amygdala versus Dysregulation)



What to do medically (continued)?

- Start with a stimulant, but ‘start low and go slow’, mindful of the risk of exacerbating anxiety
- When the child focuses better, school work sometimes improves which reduces school-related anxiety
- When the child focuses better, behavior sometimes improves which reduces negative feedback from others, which reduces anxiety
- When the child focuses better, he/she is better able to benefit from CBT for any remaining anxiety
- If stimulant not effective/not tolerated, try Straterra or Intuniv
- If neither stimulants nor Straterra or Intuniv help, pray!

Remember the environment

- Address the ongoing stresses in the child's life—For Malcolm, academic accommodations for learning problems; referring parents to couples counseling or divorce mediation or Families in Transition
- MTA: Behavioral & environmental interventions made the biggest difference in children with internalizing comorbidity
- Small classes, frequent redirection, firm but kind teachers, regular routines, organizational strategies, chunking & breaks, visual reminders & checklists, positive reinforcement ALL benefit both anxiety and ADHD
- Children who lack confidence with school work may need chunking & reinforcement for small amounts of independent work completion
- Frustration (home or school) and inappropriate expectations (too low or too high) exacerbate both ADHD and anxiety

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Mildly anxious with no other life problems & school-aged

Parenting guide re: exposures

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Camp Cope-a-Lot re: skills

Key Parental Skills

1) Attending to adaptive behavior more
2) Attending to maladaptive behavior less
3) Controlling anxiety/anger which can interfere with 1) and 2)
4) Empathic encouragement, based on an understanding of what the child needs to do and how challenging it is
5) Helping set up graduated exposures if needed
6) Meaningful positive reinforcement for brave behavior
7) Modeling and prompting healthy coping (even if they need to learn some CBT too)
8) Advocate for the Child if needed

An ‘early warning system’ for anxiety

- Briefly explain the ‘fight or flight’ response and some anxiety symptoms that can relate to it
- Use a body drawing to have the child point to places where he/she notices anxiety symptoms
- Ask which symptoms are the earliest
- Ask if there are thoughts/feelings that come up even earlier
- Include the earliest signal on a card of coping strategies (see below), so the child knows when to use them

"Panic" in anxious situations (i.e., hyperventilation)

- Box breathing: 4 in, 4 hold, 4 out, 4 wait & repeat
- Focus is on counting rather than anxiety; breathing is slowed; no regular practice needed
- If at school, have a quiet room for the child to calm down & then return to class when calm
- Discourage calls home/parents picking up
- Discourage parents from talking & reassuring as the child can't hear it in a highly anxious state

Rationale for Coping Thoughts

- The class is told there's a big test coming up next week
- Ben says to himself "That's awful. I'm going to spend the whole weekend studying, and then I'll freak out when I see it. What if I fail? My parents will be so disappointed. I wish I didn't have to go to school."
- Charlie says to himself "Oh good. I'm not doing great in this course, but if the test is worth a lot of marks and I do well, I could really pull up my grade."
- How does Ben feel?
- How does Charlie feel?
- Which attitude is more helpful?

Generic self-talk for anxiety

- I've done this (or something similar) before, so I can do it now
- I can't predict the future, so I might as well hope for the best
- It's my worried mind talking
- I know I will be OK
- I know I can deal with this when the time comes
- Things are often not as dangerous as they seem to me
- I can focus on something else
- I can ask for help if needed
- There are many explanations that have nothing to do with what I fear
- What's the worst that could happen? (if the feared outcome is non-lethal)

Using self-talk for anxiety

- Pick favorites and put on a card or slip of paper to be kept in the backpack (or wherever child gets anxious), encourage decorating it/personalizing it
- People do not think on the spot when anxious, so need concrete reminders
- Including a favorite picture or other reminder of home is helpful for some
- Serves as a transitional object as well as a reminder
- The more realistic the fear, the more the emphasis needs to be on personal strength rather than probabilities
- It doesn’t have to be fancy, it just has to facilitate exposure

Resources for anxiety

- CHEO toolkits for providers, parents & youth (http://www.shared-care.ca/toolkits)
- *www.**anxietybc**.com*
- www.workbookpublishing.com (Camp Cope-a-Lot; therapist workbooks)
- Family support groups—helpful in more chronically affected children & youth
- Keys to Parenting Your Anxious Child, 2nd Edition (Manassis, 2007; Barron's Educational)
- Talking Back to OCD (March & Benton, 2007, Guilford Press)
- If Your Adolescent Has an Anxiety Disorder (Foa & Wasmer-Andrews, 2006, Oxford U. Press)
- Helping Your Child With Selective Mutism (Mcholm et al., 2006, New Harbinger)—n.b., chronic cases usually need SSRI as well

- All self-help, whether child- or parent-focused, is only helpful if applied
- It's better to read 1 chapter with follow-up re: implementation than several books of strategies that are never applied

School Refusal (no magic treatment)

- Identify contributing factors (home, school, peers) and address these, r/o truancy
- School avoidance is easy in 5-year-olds (take them in their pj's) and gets more difficult with age & longer time away;
- Medication helps but doesn't cure
- >1month usually needs gradual re-entry
- Desensitization is key, but adding medication may improve results
- Home instruction rarely helps, routines do (esp. sleep)
- Reduce the affect in the system; calm perseverance by everyone is needed
- Help parents with contingency management
- Involve neutral parties to escort the child & have teacher intercept
- Consider motivational interviewing for teens

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A Child Psychiatric Practice in Durham

- I left Sickkids in June 2014, and started seeing a few patients in private practice late August
- The average U.S. child psychiatrist sees 60-70 cases per year
- In the first 6 months, I was referred about 150
- I am seeing 4 consults per week (i.e. about 180 per year), and so can only follow a minority of these
- http://www.katharinamanassis.com or by regular mail
- >80% of child mental health care is provided by family doctors and pediatricians, but most only feel comfortable with ADHD
- Therefore, it is worth exploring options for how to best support my community & my professional colleagues

Options from Elsewhere

- Guided self-help/bibliotherapy
- Family support groups—helpful in some disorders esp. chronic ones
- E-mail blasts of new, relevant information
- Indirect consultation (e.g., monthly topic)
- Brief telephone consultation on specific questions (note: billable to OHIP, but some medico-legal risk)
- Shared care/Collaborative care—different modalities, different time course, different types of kids, needs clear definition!
- Telepsychiatry, mobile apps, other techie options

One Suggestion

- A monthly or bi-monthly meeting focused on a specific topic or type of case; location could vary (Durham is big)
- If case-focused, could even be considered a ‘case conference’ for OHIP purposes
- Similar educational events may exist, so I would want to complement these rather than competing with them
- I welcome your thoughts!

Possible Topics

- Challenging anxiety problems (e.g., school avoidance, selective mutism)
- Other disorders: OCD, PTSD (Type 1), Depression, ASD
- CBT & CBT-based interventions in younger children; in adolescents
- Setting up exposures to anxious situations
- SSRIs, alone or in combination with other meds/treatments
- Working with Parents
- Working with Schools
- Helping Families Navigate Systems & Advocate

Questions & Further Thoughts