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Clinical Psychology PSX_002

Study Materials

What is Anxiety?

✦ Defined by American Psychological Association:

Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure (Anxiety, n.d.).

Symptoms

✦ What are some of the general symptoms of Anxiety?

Feelings of panic, fear, and uneasiness.

Problems sleeping.

Cold or sweaty hands and/or feet.

Shortness of breath.

Heart palpitations.

An inability to be still and calm.

Dry mouth

(“Anxiety Disorders...”, n.d.)

Anxiety in Children

✦ Anxiety is a normal part of childhood

Children have their phases and the phases are usually harmless

Example: Seeing a scary movie, being able to be comforted. This anxiety is temporary

✦ An anxiety **disorder** is not a normal part of childhood

One in 8 children have an anxiety disorder

Research shows that children who are untreated are more at risk to do poorly in school, miss important social events, and engage in substance abuse

(Children and Teens, n.d.)

✦ “Anxiety disorders are among the most prevalent psychiatric disorders experienced by children” (Affrunti & Woodruff-Borden, 2015)

Childhood Anxiety Disorders

- ✦ Generalized Anxiety Disorder (GAD)
- ✦ Obsessive-Compulsive Disorder (OCD)
- ✦ Panic Disorder
- ✦ Posttraumatic Stress Disorder (PTSD)
- ✦ Separation Anxiety Disorder
- ✦ Social Anxiety Disorder
- ✦ Specific Phobias

Generalized Anxiety Disorder (GAD)

- ✦ “Excessive worry about a variety of topics” (Carroll, 2014)
- ✦ When a child has GAD they:

Tend to worry about many things: such as grades, family issues, relationships with peers, and performance in sports

Very hard on themselves

May seek constant approval or reassurance from others

Strive for perfection

(“Childhood Anxiety Disorders”, n.d.)

Symptoms

- ✦ Excessive worry
- ✦ Restlessness
- ✦ Fatigue
- ✦ Difficulty concentrating
- ✦ Irritability
- ✦ Muscle tension
- ✦ Sleep disturbance

(Davis, 2013, p. 425)

Obsessive-Compulsive Disorder (OCD)

- ✦ Characterized by unwanted and intrusive thoughts (which are obsessions)

- ✦ Feeling compelled to constantly repeat ritual or routines to try and ease the anxiety (which are compulsions)
- ✦ Most children are diagnosed by age 10 (though it shows up in some children as early as young as two or three)
- ✦ Boys usually develop OCD before puberty where as in girls its usually in adolescents

(“Childhood Anxiety Disorders”, n.d.)

Common Obsessions

- ✦ Fear of dirt and germs and other contaminations
- ✦ Violation of religious or moral rules
- ✦ Harm to self or others
- ✦ Guilt, self-doubt
- ✦ Aggressive thoughts
- ✦ Body concerns

(Davis, 2013, p.422)

Common Compulsions

- ✦ Washing or cleaning
- ✦ Counting, checking, arranging possessions
- ✦ Praying, confessing,
- ✦ Seeking reassurance

(Davis, 2013, p. 422)

Panic Disorder

- ✦ Usually diagnosed when a child has two or more unexpected panic or anxiety attacks
- ✦ Meaning that they came suddenly and for no reason

(“Childhood Anxiety Disorders”, n.d.)

Symptoms

General symptoms:

- ✦ Shortness of breath
- ✦ Chest pain
- ✦ Fear of losing control or “going crazy”

For children most common are:

- ✦ Heart palpitations
- ✦ Chest pain
- ✦ Nausea

(Davis, 2013, p. 419-420)

“Cognitive symptoms do occur in youths, but there may be some developmental differences. For example, adolescents may be more likely than younger children to report feelings of going crazy” (Davis, 2013, p. 420)

Separation Anxiety Disorder

- ✦ “When separation anxiety disorder occurs, a child experiences excessive anxiety away from home or when separated from parents or caregivers” (“Childhood Anxiety Disorders”, n.d.)
- ✦ It is normal for children 18 months to three years experience separation anxiety when a parent leaves the room or out of sight
- ✦ It is more common with ages seven to nine
- ✦ It is when a child is unable to leave a parent or family member

Symptoms

- ✦ May develop extreme homesickness even during brief separation
- ✦ Difficulty at bedtime
- ✦ Often fears of a disaster befalling the primary attachment figure in their absence.

(Davis, 2013, p. 425)

- ✦ “Refusing to go to school, camp, or a sleepover, and demanding that someone stay with them at bedtime” (“Childhood Anxiety Disorders”, n.d.)

Social Anxiety Disorder

- ✦ Intense fear of social and performance situations and activities

Like:

Being called on in class

Starting an conversation with a peer

✦ Social anxiety can effect a child's school performance

("Childhood Anxiety Disorders", n.d.)

Selective Mutism

✦ When a child refuses to speak to talk in certain situations

✦ The child may stand motionless, no expressions, twirling or chewing their hair, avoiding eye contact, or even withdrawal and go to a corner to avoid any talking

✦ A child can have normal behavior and talk at home or in comfortable situations, which surprise's parents when teacher report that they refuse to speak at school

("Childhood Anxiety Disorders", n.d.)

Posttraumatic Stress Disorder (PTSD)

✦ For a child or adolescent to be diagnosed with PTSD, the even must be

"Traumatic enough to produce feelings of extreme fear, helplessness, or horror (or in children, developmentally atypical disorganized or agitated behavior)" (Davis, 2013, p.423) (also symptoms)

Symptoms

✦ Other symptoms of PTSD include:

Intrusive thoughts or nightmares,

Avoidance of trauma-related stimuli or memories,

Increased psychological arousal not present before the trauma

✦ These symptoms must be present for more than 1 month

Section from book about PTSD:

"It was originally believed that PTSD did not apply to children. However, in the past two decades, researchers have begun to examine PTSD in youths. In one of the earliest studies of PTSD in children, Yule and Williams (1990) rebuked the early thinking that PTSD did not occur in the pediatric population and concluded that children seem to suffer similar symptoms to adults, although they are more difficult to detect. There has been further evidence that argues for the validity of a

PTSD diagnosis in a pediatric population. For example, even after controlling for comorbid conditions, youths who qualified for a diagnosis of PTSD had higher levels of psychological symptoms than youths who had been exposed to trauma, but who did not qualify for a diagnosis (Saigh, Yasik, Oberfield, Halamandaris, & McHugh, 2002).” (Davis, 2013, p. 423)

Specific Phobia

- ✦ A specific Phobia is “marked, persistent, unusual, or excessive fear of a specific object or situation” (Davis, 2014, p.420)
- ✦ Fear is so severe that it interferes with their daily life (functioning)
- ✦ It is important to note that some fear in children is normal during their development
 - ✦ “Proponent, or inborn, fears can include fear of loud noises, wariness of novel situations, and some separation anxiety” (Davis, 2013, p. 421)
- ✦ Possible subtypes of phobias:
 - animal type
 - natural environment type (i.e., storms or heights)
 - blood-injection-injury type
 - situation type (i.e., tunnels, elevators, flying)
 - or other type (which could include fear of sickness or a child’s fear of costumed characters
- ✦ Usually develops in later childhood
- ✦ To be diagnosed, a child under 18 must present symptoms for at least 6 months because some irrational fears in children are common
- ✦ The phobia must also cause physical impairment to be diagnosed as a specific phobia
- ✦ Most common in children are animal and natural environment

Symptoms

- ✦ Crying

- ✦ Tantrums
- ✦ Freezing in place
- ✦ Clinging to a familiar adult

(Davis, 2013, p. 420)

Treatments

- ✦ Just like another medical condition, Anxiety disorders need to be treated
- ✦ There is no one “**best**” treatment that works for every child
- ✦ Most common used is Cognitive-Behavioral Therapy (CBT)

Cognitive-Behavioral Therapy (CBT)

- ✦ What is CBT?

CBT “is a type of talk therapy that has been scientifically shown to be effective in treating anxiety disorders” (“Treatment”, n.d.)

Other forms of Therapy

- ✦ There are also other forms of therapy used to help treat anxiety disorders
- ✦ Acceptance and commitment therapy (or ACT),
- ✦ Dialectical behavioral therapy,

Acceptance and commitment therapy (ACT)

- ✦ “uses strategies of acceptance and mindfulness
 - ✦ (living in the moment and experiencing things without judgment) as a way to cope with unwanted thoughts, feelings, and sensations” (“Treatment”, n.d.)

Dialectical behavioral therapy (DBT)

- ✦ “emphasizes taking responsibility for one’s problems and helps children examine how they deal with conflict and intense negative emotions” (“Treatment”, n.d.)

Components of DBT

- ✦ ***DBT skills training group***
 - ✦ This is where clients learn different behavior skills. It is taught like a class and the clients are given homework after learning different skills in a class that meets for approx. 2.5 hrs.
- ✦ ***DBT individual therapy***
 - ✦ This part is to help motivating and helping the client apply the skills he or she learned to specific difficulties and life situations
- ✦ ***DBT phone coaching***
 - ✦ This provides the client with an option to have in-the-moment coaching

when needed. They can call their coach when the need help most

- ✦ ***DBT therapist consultation team***

- ✦ “is intended to be therapy for the therapists and to support DBT providers in their work with people who often have severe, complex, difficult-to-treat disorders. The consultation team is designed to help therapists stay motivated and competent so they can provide the best treatment possible (“What is DBT”, n.d.).

Skills taught in DBT

- ✦ ***Mindfulness***: the practice of being fully aware and present in this one moment
- ✦ ***Distress Tolerance***: how to tolerate pain in difficult situations, not change it
- ✦ ***Interpersonal Effectiveness***: how to ask for what you want and say no while maintaining self-respect and relationships with others
- ✦ ***Emotion Regulation***: how to change emotions that you want to change
- ✦ (“What is DBT”, n.d.).

Medication

- ✦ Medication can be useful in treating anxiety disorders
- ✦ In fact “a major research study found that a combination of CBT and an antidepressant worked better for children ages 7-17 than either treatment alone” (“Treatment”, n.d.)
- ✦ Can be short-term or long term depending on the how severe
- ✦ Selective serotonin reuptake inhibitors (SSRIs) are the medications most commonly used in childhood and adult anxiety treatment
- ✦ some SSRIs for the treatment of pediatric obsessive-compulsive disorder have been approved by The U.S. Food and Drug Administration (FDA)
- ✦ However there are some medicine such as tricyclic antidepressants and benzodiazepines, that are less commonly used to treat children

(“Treatment”, n.d.)

Managing Anxiety (in general)

- ✦ Exercising
- ✦ Good nutrition
- ✦ Adequate amount of sleep
- ✦ Stress reduction
- ✦ Limit alcohol and caffeine consumption
- ✦ Learn what triggers anxiety
- ✦ Talk to someone

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