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Neurodevelopmental Health®

## Anxiety: Signs, Symptoms and Related Conditions

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Certified School Psychologist  
Doctoral Trainee in Neuropsychology

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## Agenda

- Anxiety
  - Facts and Prevalence
  - Disorders and Symptoms
- Comorbidities
  - ADHD
  - Autism Spectrum Disorders
- Strategies and Interventions
  - RTI and IEP/504



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## Anxiety: What is it?

- Normal vs. Pathologic
  - Normal anxiety is adaptive
    - It is an inborn response to threat or
    - In the absence of people or objects that signify safety, it can result in cognitive (worry) and somatic (racing heart, sweating, shaking, freezing, etc.) symptoms
  - Pathologic anxiety is anxiety that is excessive and impairs function



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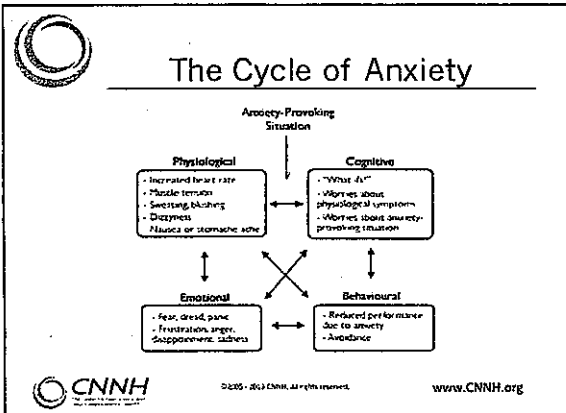
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## Anxiety: Facts and Prevalence

- Lifetime prevalence of approximately 30% prior to age 18
- Average onset is between 6 to 12 years old
- Negatively impacts academic and social performance
- Despite the high prevalence, over 80% do not receive mental health services

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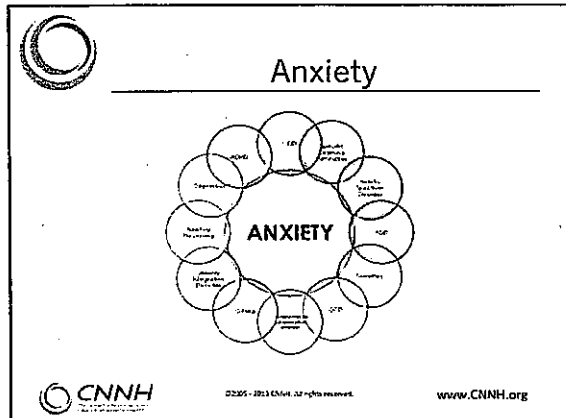
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## Separation Anxiety



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## SAD: What is it?

- According to the APA, separation anxiety disorder is the inappropriate and excessive display of fear and distress when faced with situations of separation from the home or from a specific attachment figure.
- The anxiety that is expressed is categorized as being atypical of the expected developmental level and age.
- The severity of symptoms ranges from anticipatory uneasiness to full-blown anxiety about separation.



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## SAD

- A child or adolescent with separation anxiety disorder may try to hide symptoms while at school. As a result, a child may appear to have more symptoms at home than at school.
- For other children, the symptoms are particularly evident at school because of the child's difficulty leaving a parent and the resulting impact on school attendance.



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## What should I look for?

At home, children with separation anxiety disorder may experience:

1. **Consistent and extreme worry and fear when separating from home or primary caregiver**
2. **Persistent worry and fear that something bad may happen to their parent or to themselves**
3. **Refusal to attend school often develops**
4. **Refusal or reluctance to participate in ordinary outings or activities**
5. **Difficulty sleeping alone**
6. **Scary dreams about being separated**
7. **Frequent physical complaints at times of separating**



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## What should I look for?

At school, a child with separation anxiety disorder may experience:

1. **Difficulty transitioning from home to school**
2. **Refusal or reluctance to attend school**
3. **Avoidance of activities with peers**
4. **Low self-esteem in social situations and academic activities**
5. **Difficulty concentrating due to persistent worry**
6. **Learning disorders and cognitive problems, which are often overlooked**



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## Generalized Anxiety Disorder (GAD)



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### GAD: What is it?

- Children with generalized anxiety disorder are often preoccupied with worries about their success in activities and their ability to obtain the approval of others.
- Children may appear inflexible or excessively worried about conforming to rules, or they may not be able to enjoy hobbies or other recreational activities.
- Some children may appear shy when, in fact, they are preoccupied with significant worries.
- Even if children are aware that their worries are more intense than is warranted by a situation, they may not be able to stop the worry.



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### What does it look like?

At home, a child with Generalized Anxiety Disorder may experience:

1. Excessive worry and anxiety about a variety of matters on most days for at least 6 months
2. Frequent self-doubt and self-critical comments
3. Inability to stop the worry despite parental reassurance
4. Physical problems
5. Signs of persistent anxiety
6. Irritability, which often increases with increased worry
7. Sleep problems
8. Depression or thoughts of not wanting to be alive



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### What does it look like?

At school, a child with Generalized Anxiety may experience:

1. Excessive worry and anxiety about a variety of matters
2. Repeated seeking of teacher approval
3. An inability to explain the worries
4. Inability to stop the worry
5. Difficulty transitioning from home to school
6. Refusal or reluctance to attend school
7. Avoidance of academic and peer activities
8. Self-criticism and low self-esteem
9. Difficulty concentrating
10. Learning disorders



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## Social Anxiety Disorder



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## Symptoms of Social Anxiety Disorder

- *Social anxiety disorder* (also called *social phobia*) is a persistent, excessive fear of being exposed to the scrutiny of other people that leads to avoidance of social situations in which the person is called on to perform (such as speaking or performing in public).
- Social anxiety disorder is about more than just shyness and can be considerably disabling. A diagnosis requires that a person's fear or anxiety be out of proportion—in frequency and/or duration—to the actual situation. The symptoms must be persistent, lasting six months or longer.

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## DSM-5 Criteria

- Several criteria are specific to children to address social anxiety disorder at young ages
- *DSM-IV's* criteria includes severe, prolonged crying or tantrums, becoming physically immobilized, or shrinking away from other people
- *DSM-5* includes two more behaviors: extreme clinging and not being able to speak in social situations
- All six behaviors can occur as a reaction to people the child knows or to strangers

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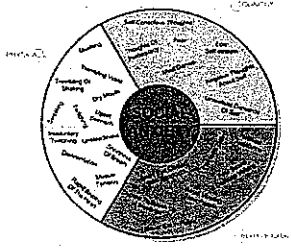
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## Social Anxiety Disorder



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## What should I look for?

At home, children with social anxiety may experience:

1. **Consistent and extreme fear of situations involving new people**
2. **Extreme fear of social and performance situations**
3. **Anxiety attacks when anticipating or attempting social interactions**
4. **Fearfulness with peers as well as adults**
5. **Avoidance of social situations**
6. **Severe distress in routine social situations**
7. **School refusal due to worries about school and social performance**
8. **Reluctance to participate in ordinary outings or activities**
9. **Depression or thoughts of not wanting to be alive**

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## What should I look for?

At school, a child with social anxiety may experience:

1. **Difficulty transitioning from home to school**
2. **Refusal or reluctance to attend school**
3. **Avoidance of activities with peers**
4. **Low self-esteem in social situations and academic projects**
5. **Difficulty concentrating**
6. **Behavioral or cognitive side effects from medication**
7. **Learning disorders and cognitive problems**

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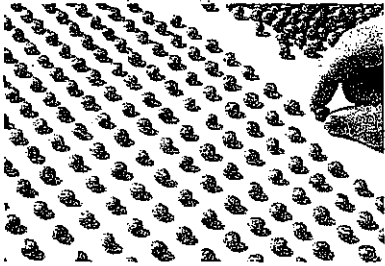
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## Obsessive-Compulsive Disorder



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## Symptoms of OCD

- As the name implies, people with an *obsessive-compulsive disorder (OCD)* suffer from *obsessions*—thoughts that will not leave them—and *compulsions*—behaviors that they cannot keep from performing.
- Obsessions are seen in a variety of mental disorders, including schizophrenia.
- However, unlike schizophrenics, people with obsessive-compulsive disorder recognize that their thoughts and behaviors are senseless and desperately wish that they would go away.

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## Obsessions

- **Obsession**
  - Recurrent and persistent thoughts, impulses or images that are intrusive and unwanted that cause marked anxiety or distress
  - Obsessions include concern or disgust with bodily secretions, dirt, germs, etc.; fear that something terrible might happen; and a need for symmetry, order, or exactness
  - The person attempts to ignore or suppress such thoughts, urges or images, or to neutralize them with some other thought or action (i.e. compulsion)

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## Compulsions

- **Compulsion**
  - Repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession or according to rigidly applied rules
  - The behaviors or acts are aimed at reducing distress or preventing some dreaded situation, however these acts or behaviors are not connected in a realistic way with what they are designed to neutralize or prevent
  - Compulsions often become more and more demanding until they interfere with people's careers and daily lives
  - Most compulsions fall into one of four categories: *counting, checking, cleaning, and avoidance*



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## What does it look like?

At home, a child with OCD may experience:

1. Repeated obsessional thoughts that they find unpleasant
2. Repeated actions to prevent a feared consequence
3. Consuming obsessions and compulsions
4. Extreme distress if others interrupt a ritual
5. Difficulty explaining unusual behavior
6. Attempts to hide obsessions or compulsions
7. Resistance to stopping the obsessions or compulsions
8. Concern that they are "crazy" because of their thoughts



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## What does it look like?

At school, a child with OCD may experience:

1. Difficulty concentrating
2. Social isolation
3. Low self-esteem in social and academic activities
4. Problem behaviors
5. Medication side effects that can interfere with school performance
6. Learning disorders and cognitive problems



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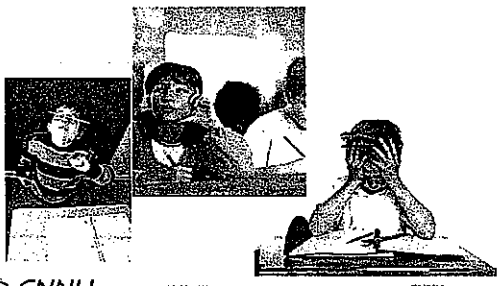
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 **Attention Deficit/Hyperactivity Disorder (ADHD)**



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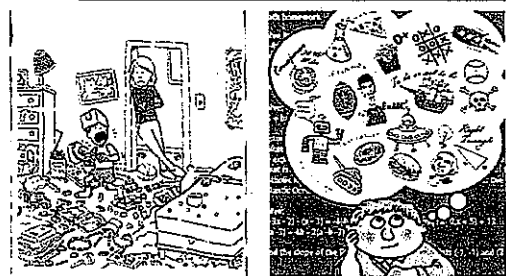
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 **ADHD**



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 **Historical Terminology**

- Emotionally Disturbed
- Minimal Brain Damage
- Minimal Brain Dysfunction (MBD)
  - Deficits in attention, motor control and perception
- Hyperactivity Syndrome
- Hyperkinetic Child Syndrome
- Hyperkinetic Impulse d/o
- Attention Deficit Disorder
  - with and without hyperactivity
- Attention Deficit/Hyperactivity Disorder

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## ADHD: DSM-5

- Changes
  - DSM-IV-TR:
    - Prior to age 7
    - "Types"
  - DSM-5:
    - Prior to age 12
    - "Presentations"
- Six (or more) of the symptoms that have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities



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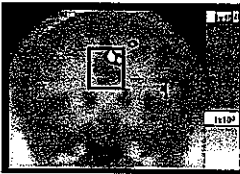
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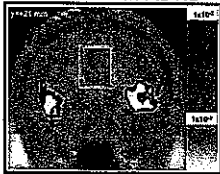


## ADHD: A Neurobiological Disorder With Dysfunctions in Cognitive Processes

Non-ADHD Controls



Adults With ADHD



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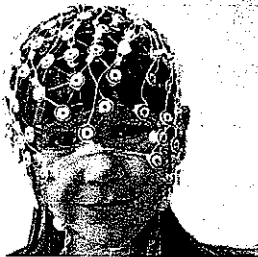
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## Modern Imaging Techniques: Dense Array EEG



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**Dense Array EEG Data**

Alpha Power 1.28 GHz

**KEY**

- Blue: Patient without ADHD Diagnosis
- Orange: Patient with Borderline ADHD Diagnosis
- Red: Patient with Abnormal ADHD Diagnosis

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**What should I look for?**

At home, children with **inattentive symptoms** of ADHD may experience:

- **Difficulty paying attention** or shifting attention
- **Difficulty ignoring distractions** such as sounds or nearby activity
- **Appearance of not listening** to the person speaking to them
- **Frequent careless mistakes** in homework or activities
- **Frequent forgetfulness** of tasks and instructions
- **Frequent misplacing and losing items** such as toys or school materials
- **Difficulty completing tasks** due to problems staying focused
- **Difficulty organizing tasks**
- **Avoidance of activities** that demand continual concentration

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**What should I look for?**

At home, children with **hyperactive and impulsive symptoms** may experience:

- **Frequent fidgeting with hands or feet** and difficulty sitting still
- **Difficulty staying seated**
- **Running or climbing in inappropriate places**
- **Difficulty playing quietly**
- **Talking more than is appropriate**
- **Seemingly "on the go"** or "driven by a motor"
- **Blurting out answers** before a question is completed
- **Difficulty waiting in line**
- **Interrupting others** who are already involved in an activity

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## What should I look for?

At school, a child with ADHD may experience:

- Difficulty paying attention, focusing on schoolwork, and listening to directions
- Problems organizing schoolwork and remembering tasks
- Inability to sit still and remain seated
- Difficulty waiting their turn in line, waiting to give an answer during class, or waiting their turn during games
- Learning disorders are common in people with ADHD
- Other mental health conditions, compounding any learning and behavioral challenges
- Speech and language problems that may need evaluation by specialists



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## At-Risk

All young people with ADHD are at elevated risk for:

- Low self-esteem
- Problems with peer relationships



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## Common Comorbidities

- |                                 |         |
|---------------------------------|---------|
| • Anxiety                       | ~40%    |
| • Depression                    | ~25%    |
| • Bipolar Disorder              | ~2-8%   |
| • Oppositional Defiant Disorder | ~40-60% |
| • Conduct Disorder              | ~15%    |
| • Tourette Syndrome             | ~50-80% |
| • Learning Disability           | ~30-40% |
| • Giftedness; Sleep Disorders   | ~30-50% |



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## ADHD and Anxiety: What the Research Says

- Inattention is a core criterion in the diagnosis of ADHD, however it is also present in up to 24% of children diagnosed with an anxiety disorder
- High rate of comorbidity
- Not easily differentiated
  - Need to assess the presence and type of thoughts that accompany the behavior



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## Differential Diagnoses: ADHD and Anxiety

- Children with GAD often display symptoms of restlessness and difficulty concentrating typically associated with ADHD
- However those with GAD exhibit these symptoms due to excessive and uncontrollable worry and attentional biases toward perceived threats in the environment
- Whereas those with ADHD exhibit these symptoms due to poor inhibitory control, difficulties with selective/sustained attention, and hyperactivity



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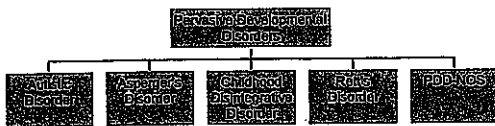
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## Pervasive Developmental Disorders/ Autism Spectrum Disorders



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## Autism Spectrum Disorders

Three behavioral domains affected:

1. Language, verbal and nonverbal communication, imagination & play
2. Sociability, insight into others' minds ("Theory of Mind"), empathy
3. Restricted range of interests & activities, rigidity, narrow focus, stereotypies, perseveration



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## Impairments in Social Interactions

- Nonverbal Interaction
  - Eye Contact
  - Gestures
  - Facial Expression
  - Posture/Orientation
- Peer Relationships
  - Developmentally inappropriate relationships
  - Quantity and Quality
    - Lack or Limited number of Friendships
    - Inability or Difficulty in Maintaining Friendships



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## Social Skills

- Social skills & peer relationships not developmentally appropriate
- Often interact more successfully with adults or younger children



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## Language Use and Comprehension

- Expressive skills mask comprehension problems
- May "parrot" back information without comprehension of content
- Often fail to seek clarification
- Poor Comprehension
  - Words with multiple meanings
  - Inference-Making



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## Impairments in Communication

- Literal interpretation
  - Humor, Exaggeration, & Sarcasm
  - Rhetorical Questions
- Figurative expressions
  - (e.g. "Does the cat have your tongue?")
- Lengthy discussions/Lectures



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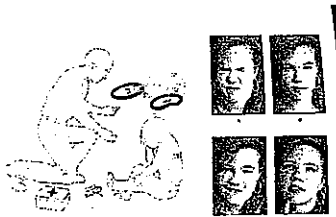
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## Theory of Mind



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## What should I look for?

Children with any of the autism spectrum disorders may show some of the following symptoms at home:

1. Significant impairment in nonverbal communications
2. Apparent lack of interest in sharing pleasures with others
3. Diminished ability to reciprocate verbally, emotionally, or socially when someone tries to interact with the child
4. Inability to develop friendships appropriate for the child's age.
5. Preoccupation with unusual interests
6. Interest in parts of objects, such as the corner of a box or the wheels of a toy car
7. Repeated movements that are unusual, such as hand flapping or complex, whole-body movements
8. Rigid adherence to particular routines
9. Emotional reactions that are erratic or hard to understand
10. Depression or thoughts of not wanting to be alive



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## What should I look for?

At school, a child's symptoms of ASD may be expressed in any of the following ways, in addition to the symptoms listed previously:

1. Difficulty following instructions.
2. Concrete responses to tasks.
3. Unusual style of communication.
4. Limited range of expression.
5. Difficulty focusing on the person speaking.
6. Irritability, upset, tantrums, or distress for no apparent reason.
7. Conflicts with peers.



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## ASD and Anxiety: What the research says

- Research suggests that children with anxiety disorders struggle with friendships and peer interactions
- When comorbid with ASD, social functioning becomes an even greater concern
- Many children with ASD/HFA lack social and emotional reciprocity, have trouble maintaining eye contact, difficulty initiating and sustaining conversation
- Negative feedback loop
- Under-reporting of Anxiety



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**Strategies and Interventions**

Strategies and Interventions that lead to success (center material updated for general use from Massachusetts General Hospital, 2008) Primary English and WSS Resource Center 2/2010

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**Levels of Intervention**

- RTI Model (Response To Intervention)
  - Tier 1
  - Tier 2
  - Tier 3
- 504 Plans
- IEPs and Special Education

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**Response To Intervention**

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## Tier 1

- All students receive core classroom instruction that is differentiated and utilizes strategies and materials that are scientifically research-based.
- Assessment in the classroom should be ongoing and clearly identifies the strengths and weaknesses for each learner.
- Any necessary interventions at this level are within the framework of the general education classroom and can be in the form of differentiated instruction, small group review, or one-on-one remediation of a concept.
- Behavior: Primarily based on prevention. At this level, school wide positive behavioral expectations and procedures are taught.
  - PBIS consists of rules and routines that are developed and taught by school personnel (e.g. principals, teachers, school psychologists, counselors, etc.) to prevent initial incidences of behaviors presented by student the school would like to change.



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## Tier 2

- Supplemental interventions may occur within or outside of the general education classroom, or in a smaller group setting with a specialized teacher (such as a Literacy Support teacher for struggling readers) and progress monitoring occurs at more frequent intervals.
- Core instruction is still delivered by the classroom teacher, but small groups of similar instructional levels may work together under a teacher's instruction and/or guidance.
- Behavior: Because fewer students require Tier 2 services, students are at risk for engaging in more serious, problematic behaviors.
  - A simple functional behavioral assessment (FBA) may be used to identify students' functioning to support individualized interventions and strategies. Students' individualized interventions are referred to as behavioral intervention plan (BIP).



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## Tier 3

- For students who require more intense and individualized instruction and have not shown sufficient response to Tier 1 and Tier 2 interventions.
- In many cases, Tier 3 is considered to be special education.
- Within Tier 3, educators conduct intensive functional behavioral assessment (FBA) for students in which the results of the assessment are used to compose behavior intervention plans (BIP) for the student.
- Instructions and expectations should be designed to meet the specific need(s) of students so they can build strategies that exhibit positive behaviors.



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## IEP vs. 504 Plans

Two laws:

- Individuals with Disabilities Education Act (IDEA)
- Section 504 of the Rehabilitation Act of 1973



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## IEP/Special Education

The IDEA law requires that your child must meet two prongs of the law in order to be served by special education:

- the child must have one (or more) of the 13 disabilities listed in IDEA which includes learning disabilities and attention disorders; and,
- as a result of the disability, the child needs special education to make progress in school in order to benefit from the general education program.
- Although anxiety disorders are not specifically mentioned, children may receive special education services if they meet criteria to be classified with an Emotional Disturbance or Other Health Impaired



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## 504 Plans

- Section 504 is a civil rights law that prohibits discrimination against individuals with disabilities.
- Ensures that students with medical or other disabilities have equal access to an education.
- Spells out the modifications and accommodations that will be needed for these students to have an opportunity to perform at the same level as their peers, and might include such things as wheelchair ramps, blood sugar monitoring, extended time, a tape-recorder for notes, etc.



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### Separation Anxiety: RTI Interventions

1. Provide a "responsibility" upon their entering the school
2. Reward desired behaviors
3. Provide times during the school day for the child to send brief messages to his/her family
4. Have a parent send notes to the child to read as a reward for staying at school
5. Practice being separated from his/her parent in the home



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### Separation Anxiety: 504/IEP Interventions

1. Have him/her use special "visuals" of him/her successfully participating in the school day
2. Help diminish anxiety by using relaxation techniques
3. Help increase daily participation in class through reinforcement of successes
4. Make use of school-to-home transitional objects
5. Identify anxiety-reducing thoughts
6. Develop coping self-statements
7. Establish competing responses to negative thoughts



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### Separation Anxiety: 504/IEP Interventions (cont'd)

8. Identify a staff person to meet the child on arrival at school or at a class
9. If the child is often late to school, create a plan for immediate return to school
10. Identify a hierarchy of staff/other adults for the child to access if a parent is gone or unavailable



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## Generalized Anxiety: RTI Interventions

1. Model appropriate behavior for the child in anxiety-provoking situations
2. Minimize stressful school situations
3. Prep the child for transitions, and have "tasks" for the child to focus on during transitions
4. Have the teacher address the child individually about fears
5. Identify alternatives to avoid unnecessary exposure to anxiety-provoking stimuli
6. Embed desirable, familiar, or safe content in instruction
7. Add literature "bibliotherapy" that address the child's fears, or exemplifies coping strategies



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## Generalized Anxiety: 504/ IEP Interventions

1. Use problem-solving strategies
2. Design a desensitization approach that works for the child
3. Use of a visual schedule
4. Develop a consistent de-escalation procedure familiar to staff
5. Have the child practice positive self-talk (counseling)
6. Help the child evaluate the evidence for his/her negative conclusions (counseling)



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## Generalized Anxiety: 504/ IEP Interventions

1. Challenge the child's negative cognitions (counseling)
2. Help the child identify automatic negative thoughts (counseling)
3. Help the child examine other perspectives (counseling)
4. Provide the child with competing responses to negative cognitions (counseling)
5. Have the child practice positive self-talk (counseling)
6. Help the child evaluate the evidence for his/her negative conclusions (counseling)



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### Social Anxiety: RTI Interventions

1. Have the child observe several other students before attempting a task
2. Allow the child to practice speaking in front of small groups before presenting to the entire class.
3. Display the child's work
4. Allow the child to sit among familiar, or preferred classmates
5. Identify specific others with whom the child can do academic tasks
6. Use a calm, quiet voice to reduce the child's anxiety
7. Prepare the child for social interactions through practice
8. Have the child share his/her feelings with a specified adult and/or peer



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### Social Anxiety: 504/IEP Interventions

1. Watch movies that include social encounters and identify what others did to be comfortable
2. Have the child rehearse social skills
3. Have the child role-play common social encounters
4. Identify and practice steps for the child to self-monitor appropriate peer interactions
5. Role-play the child receiving compliments/encouragement from others
6. Encourage positive self-talk
7. Provide the child with an exit strategy if he/she is overwhelmed
8. Provide the child with focal targets during social encounters



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### OCD: RTI Interventions

For Obsessions:

1. Establish acceptable teacher comments to "unstick" the child when he/she is obsessing
2. Allow the child to use a "distractor"
3. Identify prompts or special words
4. Allow the child to dictate or tape record if he/she cannot touch the pencil or paper
5. If seeing certain words cannot be tolerated, help the child cover them up



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## OCD: RTI Interventions

### For Compulsions:

1. Allow the child to alter the work sequence
2. Have the child identify and substitute less disruptive compulsive behaviors
3. Allow the child to practice acceptable competing behaviors
4. Use a timer to signal transitions
5. Eliminate undesirable options
6. Allow the child to use a computer to complete written work
7. Provide an alternative schedule for when the child is "stuck"



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## OCD: 504/IEP Interventions

### For Obsessions:

1. Help the child evaluate the evidence for his/her negative conclusions
2. Personify the child's distressing thoughts
3. Help the child examine other perspectives
4. Encourage positive self-talk and alternative strategies



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## OCD: 504/IEP Interventions

### For Compulsions:

1. Allow alternative ways of completing work
2. If the child cannot stop a compulsion, have him/her intentionally practice it
3. Help the child evaluate the evidence for his/her negative conclusions
4. Allow the child to work in a different area when necessary
5. Allow alternative activities if the child cannot initiate a scheduled task



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## General Strategies

1. Allow the child to participate in the development of interventions
2. Maternal/Paternal Anxiety
3. Collaboration



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