Anxiety in ADHD and LD

John Piacentini, Ph.D., ABPP

Director, UCLA Center for Child Anxiety Resilience Education and Support (CARES)

Professor of Psychiatry and Human Behavior
UCLA Semel Institute for Neuroscience and Human Behavior
UCLA Child OCD, Anxiety, and Tic Disorders Program
Today’s Presentation

- What are stress and anxiety?
- What do stress and anxiety look like in kids with ADHD/LD?
- How can we help?
Why do ADHD/LD and Anxiety Co-Occur?

Executive function difficulties interfere with ability to complete expected tasks
- Working memory
- Organization
- Time management

Can leads to chronic stress and harder time managing stress

ADHD and Anxiety (OCD) may share genetic link
- 30-50% of individuals with ADHD have an anxiety disorder

www.understood.org; adaa.org
Anxiety in ADHD/LD Kids

Undiagnosed ADHD / LD in Preschool / Kindergarten

- Readiness skills introduced
- Frustrated because they can't keep up
- Don't understand why they're struggling

Can lead to stress and school dislike

Children's Stress
KidsHealth.org online poll

- Academics: 36%
- Family: 32%
- Friends: 21%
- Siblings: 20%
- Mean/annoying people: 20%

875 9-13 yo's
What is Stress?

• Stress is a physical and emotional reaction to circumstances that frighten, irritate, confuse, endanger or excite you.

• Stress is a normal part of childhood.

• Stress occurs in reaction to both positive and negative events and situations, real or imagined.
Physical Signs of Stress and Anxiety

**STRESS**
- SYMPATHETIC
  - PUPILS EXPAND
  - FAST & SHALLOW BREATHS
  - HEART PUMPS FASTER
  - GUT INACTIVE

**CALM**
- PARASYMPATHETIC
  - PUPILS SHRINK
  - SLOW, DEEP BREATHS
  - HEART SLOWS
  - GUT ACTIVE

www.stopbreathethink.org/learn
What Does Child Stress Looks Like?

HyperArousal
- Tearful, emotionally labile
- Changes in sleep, appetite
- Changes in behavior (more irritable or aggressive)
- More clingy, difficulty separating
- Increased physical complaints

Freezing/Numbing
- Regressive behavior
- Nervous behaviors (biting nails, grinding teeth)
- Avoidance
- Zoning out; withdrawing
- Difficulty focusing
Coping Strategies Kids Use

- 52% play or do something active
- 44% listen to music
- 42% watch TV or play a video game
- 30% talk to a friend
- 29% try not to think about it
- 28% try to work it out
- 26% eat
- 23% lose my temper
- 22% talk to a parent

75% of the kids said they want and need their parents' help in times of trouble
Helping Kids Manage Stress

- Provide education about stress
- Limit exposure to stressful scenarios
- Maintain a daily routine
- Leave some unscheduled time (without electronics)
- Practice good sleep hygiene
- Give them some control

- Broaden their view & add perspective
- Enhance social connections (for your child and yourself)
- Model your own stress management
- Nurture a positive self-view & highlight successes
But What About Anxiety?
What Is Anxiety?

• **ANXIETY** is a fear response in **ABSENCE of real threat**
  
  - **Affective** – fear, panic, agitation, nervousness
  - **Cognitive** – worry, negative thoughts, poor concentration, attentional biases
  - **Physiological** – arousal, abdominal, tension, sleep
  - **Behavioral** – flight, fight, freeze, reassurance seeking
Normal Developmental Fears

- **Infancy** – strangers, loud noises
- **Early childhood** – separation, monsters
- **Middle childhood** – real-world dangers, new challenges
- **Adolescence** – social status, social group, performance
Short-Term Episodes of Anxiety

- Are expected and cause relatively little interference in functioning for the average child or adolescent
- Are associated with circumscribed events (e.g., thunder; new situations; oral report; teasing)
- Are overshadowed by the cumulative effect of positive reinforcement delivered by peers, parents, and teachers (habituation occurs)
Normal vs. Problematic Anxiety

- Intensity
- Frequency
- Innocuous threats
- Spontaneous

- Avoidance
- Interference
- Distress
- Duration
How Common Are Anxiety Disorders in Children and Adolescents?

Most common child psychiatric disorder
- U.S. Surgeon General’s Report on Mental Health

12–20% of children suffer from anxiety severe enough to interfere with their functioning
Anxiety in ADHD and LD Youth

- Anxiety is common in children and adolescents with ADHD and learning problems
- 35% or more of youths with ADHD
  - Can be difficult to differentiate inattentiveness from excessive worry and fidgetiness from nervous agitation
- 10–15% or more of youths with LD
ADHD Comorbidity – The MTA Study

579 children (age 7.0 to 9.9 yo) with ADHD-combined Type

- Oppositional Defiant Disorder 39.9%
- Anxiety Disorder 33.5%
- Conduct Disorder 14.3%
- Tic Disorder 10.9%
- Affective Disorder 3.8%
- Tic Disorder 10.9%
- Mania/Hypomania 2.2%
- Other (eg, Bulimia, Enuresis) 0.2%
General Points About Anxiety

- Subclinical fears are common in children.
- The number of fears declines with age.
- Girls endorse a greater number of fears than boys.
- Focus of fear changes over time — specific fears decrease over the course of childhood while social anxiety increases in adolescents.
DSM-5 Anxiety Disorders

- Separation Anxiety Disorder
- Social Anxiety Disorder (Social Phobia)
- Generalized Anxiety Disorder
- Panic Disorder with/without Agoraphobia
- Agoraphobia without history of Panic Disorder
- Obsessive-Compulsive Disorder
- Specific Phobia
- Post-Traumatic Stress Disorder
- Selective Mutism
Differentiating ADHD & Anxiety

Inattentativeness
- **ANXIETY** - Distracted by worries
- **ADHD** - Difficulty sustaining focus

Overactivity
- **Anxiety** - Nervous energy
- **ADHD** - Hyperactivity / impulsivity

Work slowly
- **Anxiety** - Perfectionism, fear of making mistakes
- **ADHD** - Difficulties starting tasks / sustaining focus

Differentiating ADHD & Anxiety

Fail to Turn in Assignments
- ANXIETY – Gets stuck, can’t ask for help
- ADHD – Poor planning / forgetfulness

Social Difficulties
- ANXIETY – Social anxiety / emotionality / avoidance
- ADHD – Poor social skills / social cues / annoying

Separation Anxiety Disorder

Presence of three or more of the following:

- Distress when separation is anticipated or occurs
- Worry about harm befalling others
- Worry that an untoward event will result in separation
- Refusal to go to school or elsewhere
- Fear or reluctance to be alone at home or in other settings
- Refusal to sleep away from attachment figures
- Nightmares
- Physical complaints at separation
Social Anxiety Disorder
(Social Phobia)

• Marked and persistent fear of social situations in which the person is exposed to unfamiliar people or possible evaluation; fears embarrassment or humiliation

• The situation provokes anxiety

• The situation is avoided or endured with distress

• Interference in functioning

• Duration of at least 6 months
Social Anxiety Disorder
Symptom Age Trends

- May begin as inhibited temperament in preschoolers
- May be associated with selective mutism in young school-age children
- Higher prevalence in postpubertal adolescents
- Retrospective reports of adults place age of onset in adolescence
Social Anxiety Disorder

Commonly avoided situations:

- Parties
- Meeting new people
- Talking to adults
- Entering a group of peers
- Talking one-on-one
- Being assertive
- Performances

- Class participation
- Public speaking
- Eating in public
- Using public restrooms
- Writing in public
- Dating situations
- Playing sports
Generalized Anxiety Disorder

- Excessive anxiety and worry occurring more days than not for at least 6 months, about a number of activities or events
- The worry is difficult to control
- At least one physiologic symptom: restlessness, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbance
Characteristics of Worriers

- Markedly self-conscious and require frequent reassurance
- “What if” thinking
- Worry about low frequency events
- Intensity of worry differentiates youth with Generalized Anxiety Disorder from those without the disorder
Anxiety Interference at School

• **Generalized Anxiety Disorder:** Excessive worry about schoolwork, friendships, schedules and procedures, health, etc., with need for reassurance, repeated questions

• **Social Phobia:** Avoidance or extreme discomfort related to doing something embarrassing in front of others, performing, working in groups, eating, etc.

• **Separation Anxiety Disorder:** Worries about something happening to parent during school hours, requests to call parent, go home, etc.
School Refusal

Important to identify the reason underlying school refusal:

- Separation fears
- Social anxiety
- Test anxiety
- Boredom, demoralization
- Bullying, teasing
- Learning problems
What Are the Warning Signs for Problematic Anxiety?
Identifying Anxiety
Potential RED Flags

• Extreme shyness
• Isolation
• Avoids social situations
• Extreme discomfort when the center of attention
• Avoids schoolwork for fear of making a mistake
Identifying Anxiety
Potential RED Flags

• Expects bad things to happen
• Excessive worry about upsetting others
• Asks questions (or asks for reassurance) too frequently
• Perfectionism
• Excessive worry about failure
• Wiggles, is jittery, shaky, high-strung, tense, and unable to relax
• Lacks self-confidence
Signs of Anxiety in Children with ADHD

- Limited ability to calm down and get perspective
- Emotional thinking - Immediate emotional reaction

• Easily overwhelmed, discouraged
• Easily frustrated
• Afraid to start tasks
• Reluctant to start new things
• Give up too quickly
• Avoid interacting with others

Signs of Anxiety in Children with ADHD

- Clowns around in class
- Irritable or argumentative
- Lies about schoolwork or other responsibilities
- Withdraws from people
- Plays video games or watches TV nonstop

What are Effective Ways to Manage Child Anxiety?
Tips for Parents

Help them see the big picture
  • Let them calm down then encourage him to reflect on what happened

Validate your child’s feelings
  • Help him/her figure out steps to take

Control your own anxiety
  • Children learn from what you do
  • Stay calm and positive

Seek out additional resources
  • School, clinical, educational

Tips for Teachers

Okay To Do

• Be sensitive
• Provide positive feedback
• Provide realistic encouragement
• Be consistent
• Seek additional resources

Not Recommended

• Accommodate the anxiety
• Single the child out
Tripartite Model of Anxiety

Three Channels of Anxiety

Thoughts  ➔  Distortions, threat bias, worries

Feelings  ➔  Physiologic (physical) symptoms

Behaviors  ➔  Avoidance, clinging, crying, etc.
Three-Part Model of Anxiety

Feelings

Thoughts

Behaviors
Rationale for CBT is the need to change thoughts and feelings first. Then behavior is easier to change.

In children, CBT typically starts with the most concrete aspects of anxiety — affect and somatic symptoms — then moves to cognitions.
Cognitive Behavior Therapy

- Education about Anxiety
- Recognizing Emotions and Bodily Feelings
- Recognizing Anxious Thoughts
- Change Negative Thoughts
- Change Avoidant Behaviors
Identifying Anxious Feelings

Start with less threatening exercises (magazine pictures, stories about others) and then move to more personal material.
Recognizing Emotions

Happy  Tired  Mad  Very happy  Excited
Addressing Anxious Feelings

- Progressive Muscle Relaxation
- Deep Breathing
- Visual Imagery (Spaceship Rides)
- Develop tolerance of normal, expected levels of anxiety
- Mindfulness
- Practice at home
Changing Anxious Thoughts

Double Bubble

DANGER thoughts

Coping thoughts

I was feeling anxious about

[Handwritten note: a light that shines]
Anxiety Fear Hierarchy

Fear Thermometer (SUDS)

Least Anxiety

Most Anxiety

Separation Anxiety Fear Hierarchy

<table>
<thead>
<tr>
<th>Situation</th>
<th>SUDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riding an elevator alone</td>
<td>10</td>
</tr>
<tr>
<td>Riding an elevator with parent</td>
<td>8</td>
</tr>
<tr>
<td>Riding a glass elevator</td>
<td>6</td>
</tr>
<tr>
<td>Bathroom alone with door closed</td>
<td>6</td>
</tr>
<tr>
<td>Bathroom with parent with door closed</td>
<td>5</td>
</tr>
<tr>
<td>Small room alone with door closed</td>
<td>5</td>
</tr>
<tr>
<td>Small room with someone with door closed</td>
<td>4</td>
</tr>
<tr>
<td>Small room alone with door slightly ajar</td>
<td>2</td>
</tr>
</tbody>
</table>
Behavioral Exposure

The door isn't going to open. I'm scared about being in this room.
Charting Anxiety during Exposure

Copy Room 10/20/97
w/Jolie
Reward Program
Cognitive Behavior Therapy

FEAR PLAN

Feeling Frightened
Expecting Bad Things to Happen
Attitudes & Actions that will Help
Results & Rewards

From COPING CAT (Kendall et al., 1992)
Impact of ADHD and LD on CBT

- Difficulty self-monitoring and accurately reporting symptoms, distress and internal states
- Can’t attend to therapist
- Difficulty staying seated
- Difficulty comprehending therapy concepts, exercises, and expectations
- Poor frustration tolerance/need immediate gratification
- Family environmental factors
Accommodations for ADHD and LD

- Greater emphasis on behavioral vs cognitive factors
- More concrete exercises and examples
- Slower pace
- More repetitions
- More frequent rewards
- Greater parental involvement
Impact of Anxiety on ADHD Treatment Response

MTA Study

- ADHD children with comorbid anxiety responded just as well to stimulant medication as children with ADHD and Anxiety.

- However, children with comorbid anxiety disorder responded better to CBT than those without an anxiety disorder.
Meds for ADHD+Anx
Abikoff et al., 2005

- 32 children with ADHD+Anxiety first treated with methylphenidate for ADHD. Responders then randomized to fluvoxamine or placebo for anxiety symptoms

- ADHD symptoms showed similar response to stimulant regardless of treatment group

- There was no difference between fluvoxamine and placebo in reducing anxiety symptoms
What Should the Grownups Do?
Anxiety Cycle

- Time to get up for school
- Separation worries, stomachache
- Tantrum, gets to stay home
- Symptoms resolve

Negative Reinforcement

Letting kids avoid anxiety-provoking situations rewards the anxious behavior, including tantrums, and ultimately makes the anxiety worse.
Negative Reinforcement

The more you give in to your child, the worse the anxiety gets.
Parenting Strategies

• Reward your child’s courageous behaviors.

• Avoid giving in to your child’s fear behaviors. (Don’t give in to their attempts to avoid things they should be doing, like school or other activities.)

• Teach your child to communicate, cope, and problem-solve.

• Control your own anxiety.
How to Win the Avoidance Battle

• Disengage/ignore at earliest possible point.
• Do not engage in back-and-forth arguing.
  ➢ Extinction burst (dog at door)
• Maintain calm/non-emotional reaction.
  ➢ Avoid punishment
  ➢ Calmest participant wins
• As soon as child calms down, even briefly, engage him/her in different activity.
  ➢ Positive reinforcement of appropriate behavior
  ➢ This can include discussion of event
When Nothing Else Works ...
Center for Child Anxiety Resilience Education and Support

An innovative new center dedicated to supporting the development of resilient, emotionally healthy children.

WEB: www.uclacarescenter.org

CONTACT US: carescenter@ucla.edu