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Anxiety Disorders: Recognition and Response Across the Lifespan

Objectives:

1. Participants will be able to recognize the presentation of anxiety and how it might change across the lifespan.
2. Participants will gain an early understanding of how to begin to develop and implement an evidence-based protocol for the treatment of anxiety.
3. Participants will learn general response strategies for those who present with anxiety when they are not engaged in an evidence-based protocol for treatment.

Fear or Anxiety?

- It is difficult to completely distinguish between fear and anxiety
- Historically, the distinction has centered on whether the source of danger is obvious
 - Obvious danger leads to fear
 - Less obvious danger leads to anxiety

“Imagine trying to learn calculus right now”



Fear and Anxiety Response Patterns

- *Anxiety* is a general feeling of apprehension about possible danger
 - Anxiety is more oriented to the future and more diffuse than fear
 - Includes unrealistic, irrational fear that is disabling in its intensity
- *Fear or panic* is a basic emotion that involves activation of the “fight-or-flight” response of the autonomic nervous system

“You can’t tell if you burnt your toast or if the curtains are on fire based on how loud the alarm sounds”



Flexibility is Strength



Warning Signs

- Fears and concerns are unreasonable, out of proportion with the event
- Individual becomes overwhelmed and may regress in response to suggestions for change
- Reassurance is not enough
- Symptoms generalize to increasingly more situations
- Symptoms interfere with growth and productivity
- Themes are out of sync with developmental stage
- Sleep problems

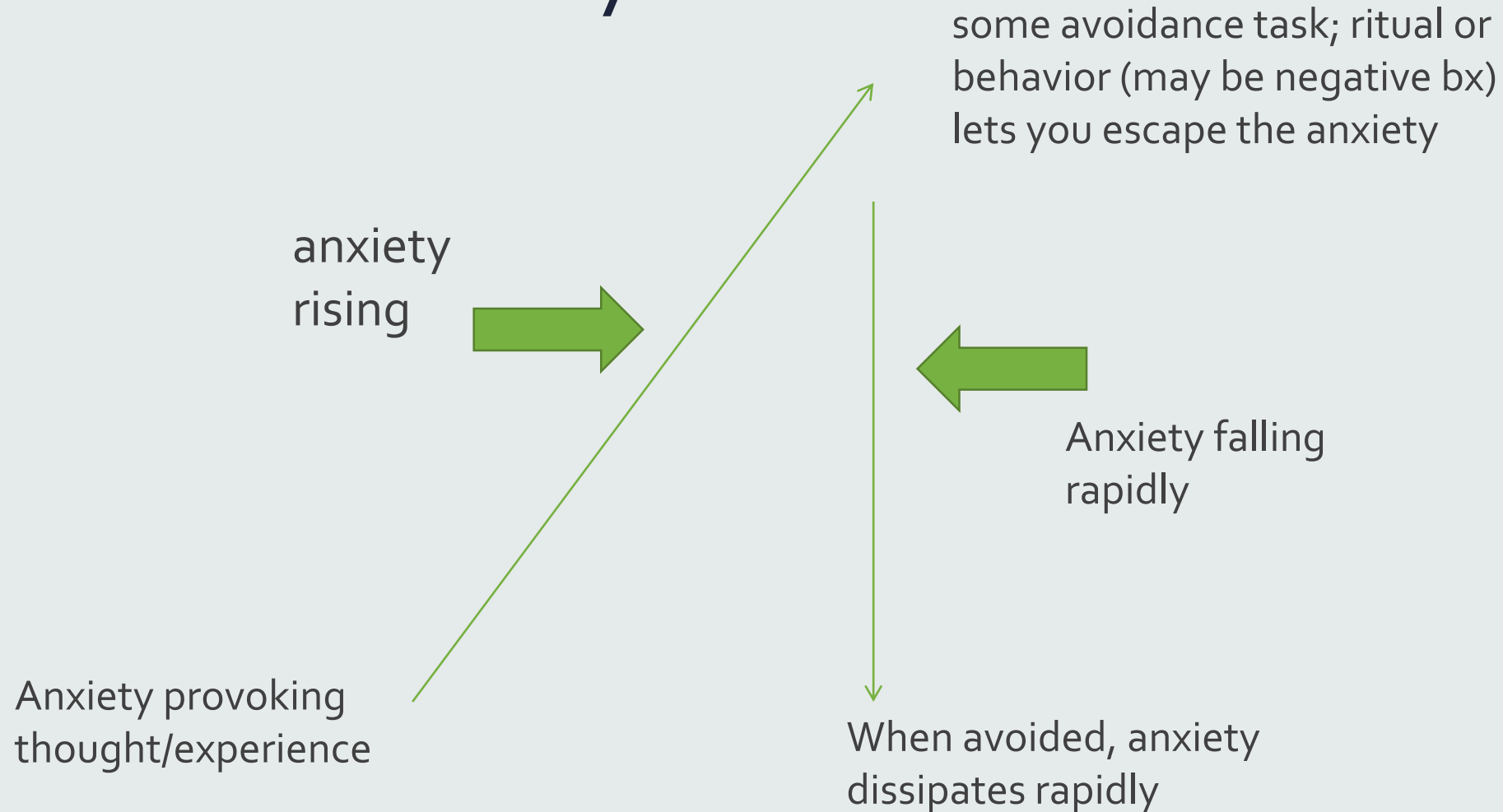
Anxiety Disorders

- Generalized anxiety disorder
- Specific Phobias
- Social anxiety (Social Phobia)
- Separation anxiety
- Panic attack/disorder & Agoraphobia
- Selective mutism
- Obsessive-Compulsive and Related Disorders
- Post-traumatic stress disorder

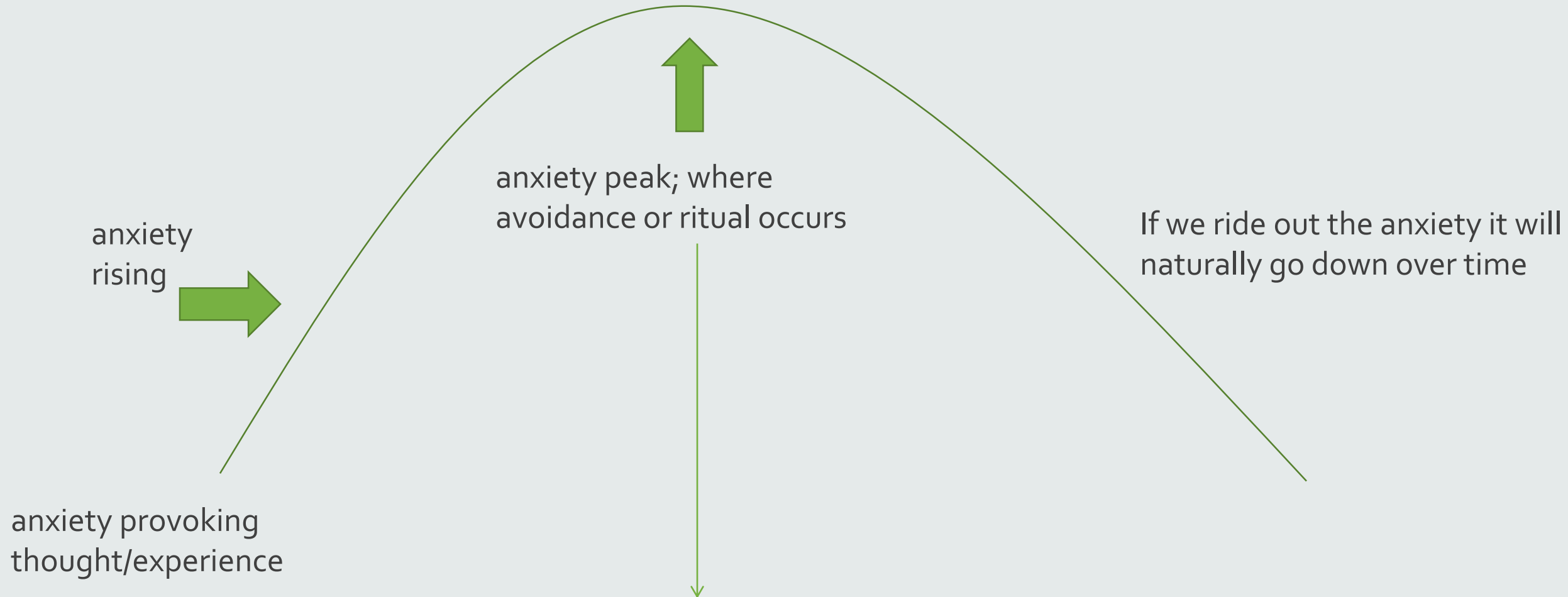
CBT Triangle



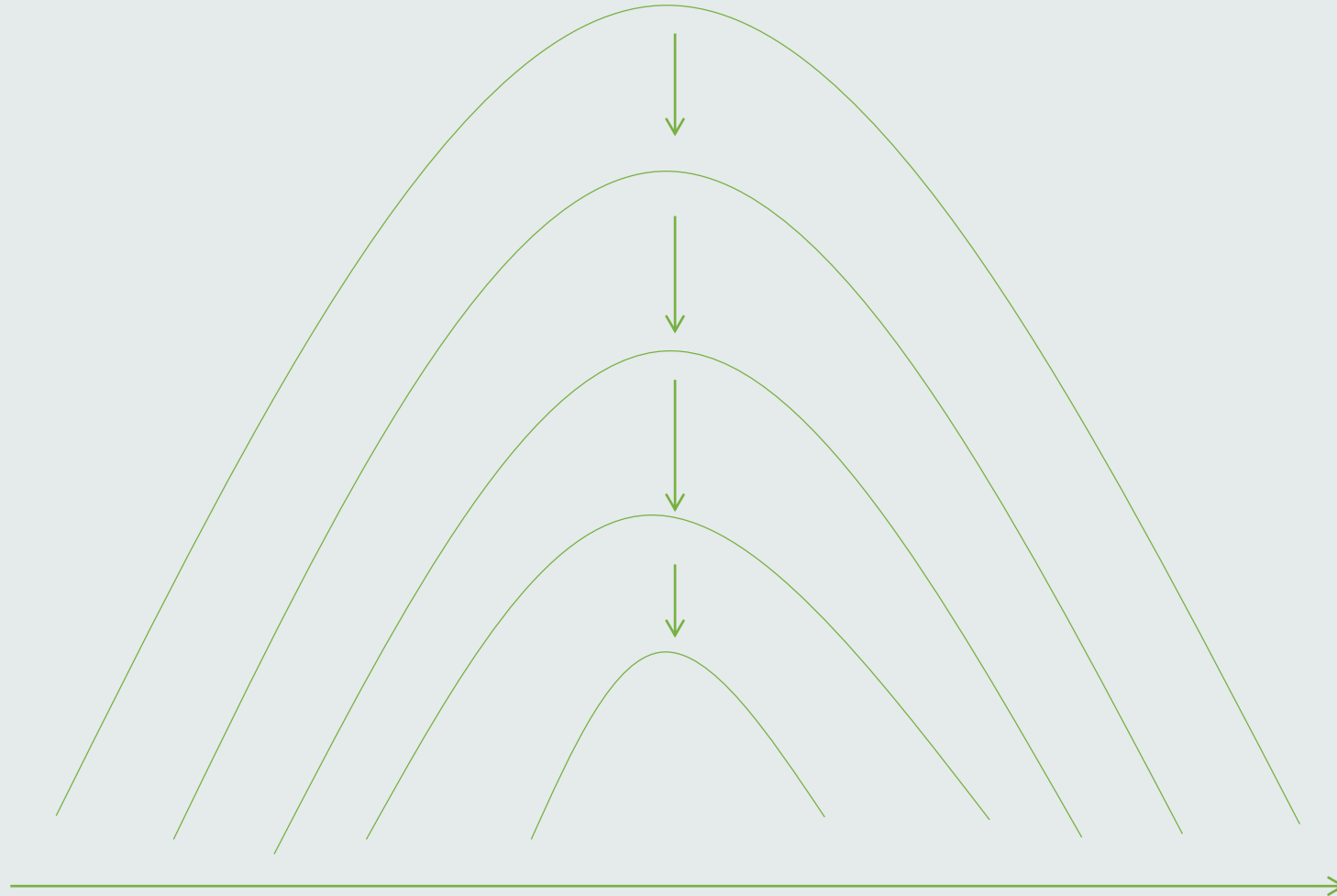
How Anxiety Works



How Exposure/Response Prevention Works



Anxiety Dissipates Over Time With the Use of Exposure/Response Prevention



Master Plan for Dealing with Anxiety

- Step 1: Empathize with what the person is feeling
- Step 2: Re-label the problem as a worried brain
- Step 3: Rewire and resist: act with your smarts, not with your fears
- Step 4: Get the body on board
- Step 5: Re-focus on what you want to do. What would you do if you were in charge and not the worry?
- Step 6: Reinforce the individuals efforts at fighting the worry

Educate the Client

- Boss back/squash the anxiety
- Help them label where they feel anxiety
- Help them learn the external situations and stimuli that are triggers for their anxiety
- Help them identify what are intrusive thoughts and images (extra worries)
- Relaxation techniques

Strategies to Reduce Worry

- Worry time, if it includes problem solving
- Talk about anxiety
- Tolerating uncertainty: maybe yes, maybe no
- Visualizing
- Activity scheduling

Teaching New Skills

- Practice
- Praise
- Point out
- Prompt



Do's and Don'ts

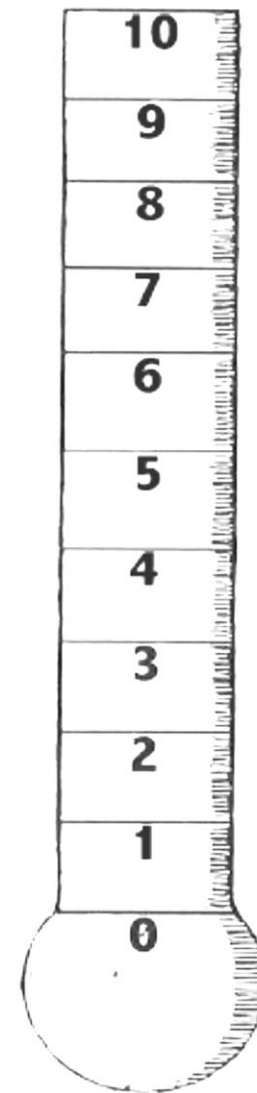
- Do let them know it's OK to be afraid
- Do get their input
- Do help them define their comfort zone
- Do talk them through the situation with a calm, pleasant voice
- Don't avoid the feared situation
- Do give them a feeling of control
- Don't force them through a scary situation that they are not ready for

Hierarchy Building

Goal

Use of SUDS

1 – 10



- 10. Out of Control!
- 9. Can't handle it
- 8. Really hard
- 7. Pretty hard
- 6. Getting harder
- 5. Not great
- 4. Starting to bug me
- 3. I'm just a little uneasy
- 2. Hardly a twinge
- 1. Doesn't bother me
- 0. No problem at all!



GOOD



Okay



Not Okay

Exposures

- Shouldn't be too high
- Must lead to habituation
- Must stay in them until SUDS come down; if they escape you may have grown or supported anxiety
- May be supported with behavioral planning

Response Prevention

- Prevent undoing
- Active ignoring

Behavioral Planning

- Time out as a calm down, not punishment
- Token like economies; fee for behavior models

“Having an anxiety disorder is like being stuck in that moment when you realize you’ve leaned too far back in your chair, but have not yet fallen.”



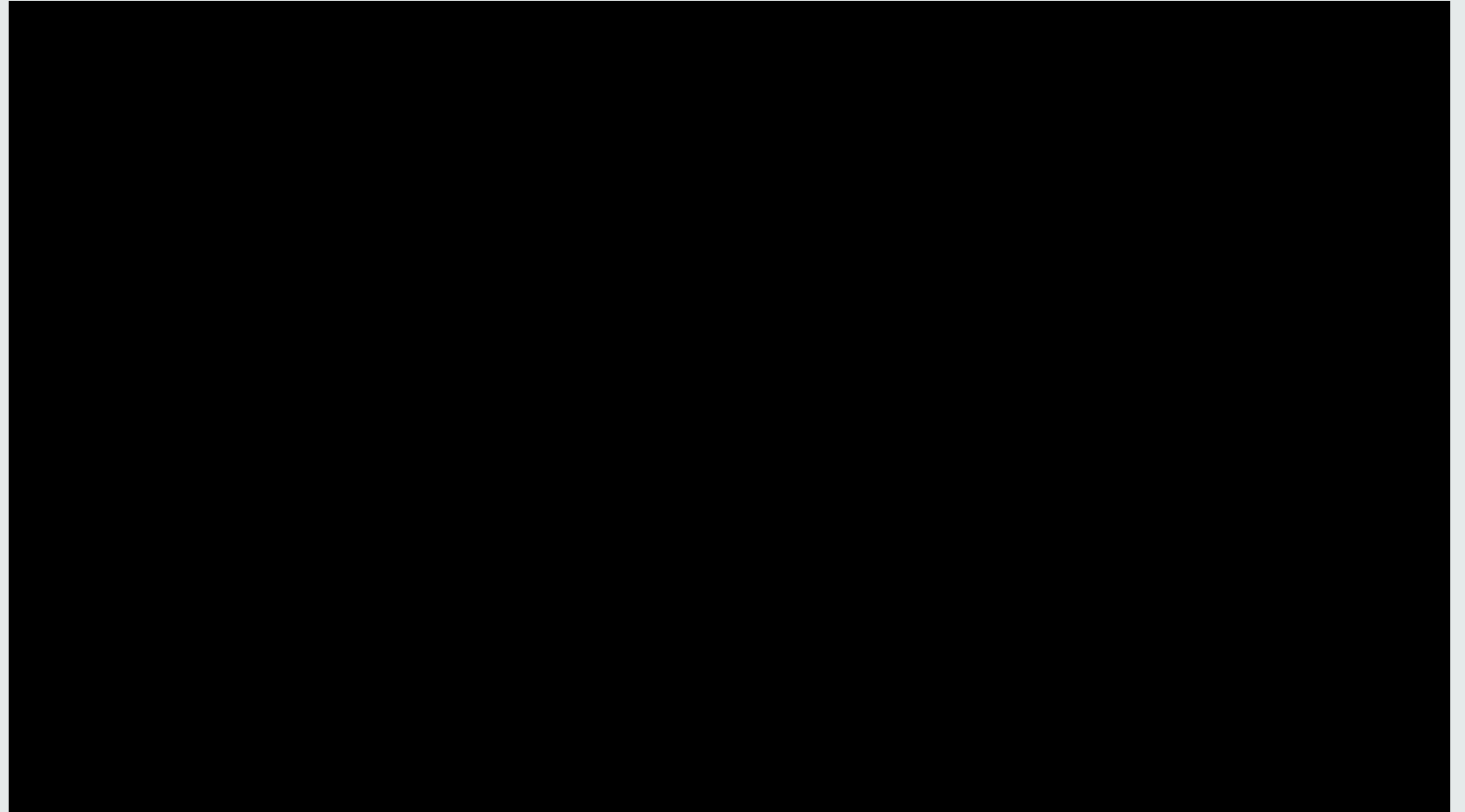
Generalized Anxiety Disorder

- May be diffuse
- May just change frequently, particularly when exposed to
- Coffee or tea?



Specific Phobia/Social Phobia

- Fear is of one specific item/situation/thing
- Common to have more than one
- Typically leads to significant avoidance and narrow environments or repertoire of behaviors







Separation Anxiety



- Fear of being apart from caregiver or significant loved one
 - Usually express fear of danger to self or the absent caregiver/loved one
- School Refusal
 - Requires involvement of receiving caregiver (school) as well
 - Separation ritual with practice/can be scaffolded

Functional Behavioral Analysis

Day/time/place	Trigger	Child's behavior – describe what s/he did	Other's response – describe what others did	Outcome – how did the situation resolve/end
Morning, after breakfast right before leaving for school	Getting ready to go to school	Yelling, hitting, kicking and crying. Saying I'm sick and I want to kill myself	Tried to talk child into going to school, got angry, forced child into car, gave in and let them stay home	Child stayed home from school and I called them out so it wouldn't be counted as absent

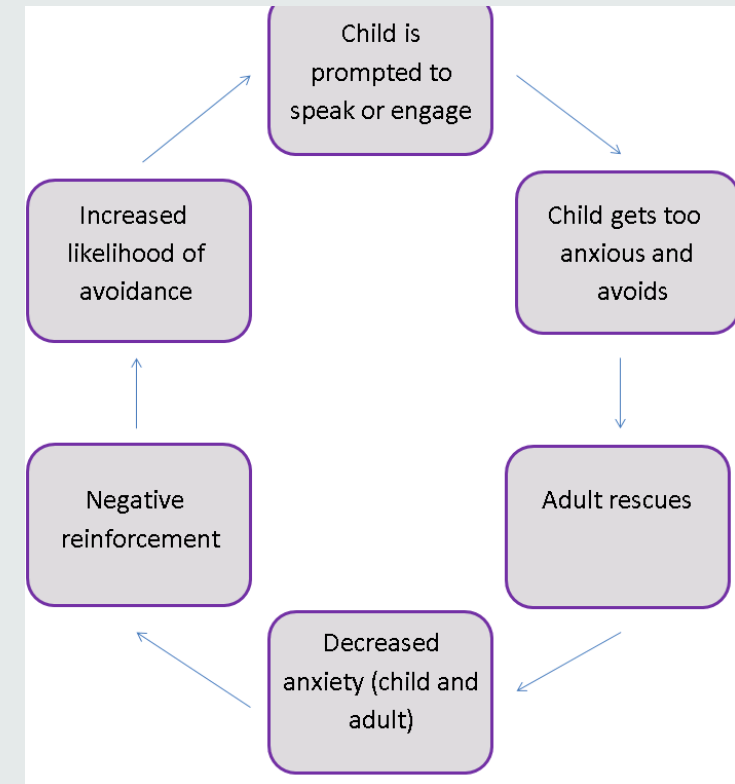
Panic Attacks/Agoraphobia

- Treatment often consists of interoceptive exposures (doctor supervision)
 - Teach the individual to feel what come along with panic without panicking
- Assess for which symptoms they experience
 - Cardiac
 - Respiratory
 - Vestibular
 - Gastrointestinal
 - Dissociation
 - Insanity/loss of control
 - Social
 - Other



Selective Mutism

- Refusal to speak in specific settings when have the ability to do so – triggered by expectation to speak
 - Parents are often very surprised when the school first informs them
 - Clearly maintained by reinforcement
 - May begin with activities in which you make movements of speech without sounds (blow out a candle/eat)
 - Then gradual exposure to situations in which speech is expected



Obsessive-Compulsive and Related Disorders

- Obsessive thoughts/images
- Compulsive neutralizing behaviors
- Perfectionism
- Response prevention – primary importance
- Exposure life style
- Many, many forms
 - Ordering/arranging/disgust/just right
 - Contamination/scrupulosity



Trichotillomania/Excoriation

- Tourette's
- Trichotillomania
- Excoriation
- Habit Reversal



Additional Adjunct Treatments

- Acceptance Based Work
 - Good worry = problem solving
 - Accept uncertainty rather than “get rid of it”
- Relaxation
 - Breathing
 - Muscles
- Sleep Hygiene

Job Well Done



Resources

- “Worried No More – Help and Hope for Anxious Children” and “Treatment of OCD in Children and Adolescents” - Aureen Pinto Wagner
- “When Children Refuse School” - Kearney & Albano
- “Helping Your Child Overcome Separation Anxiety or School Refusal” - Eisen & Engler
- “Cognitive-Behavioral Therapy for Social Phobia in Adolescents” - Albano & DiBartolo
- “Tic Disorders, Trichotillomania, and other repetitive behavior disorders” – Woods
- “If your Adolescent has an Anxiety Disorder” - Edna Foa
- “Loving Someone with OCD” – Landsman
- Anything by Tamar Chansky or Rapee or Leahy

Additional Resources

- www.ADAA.org
- www.ocfoundation.org
- “The When, Why, and How of Worry Exposure” Colin van der Heiden and Erick ten Broeke. *Cognitive and Behavioral Practice* (16) 2009. 386-393.
- http://global.oup.com/us/companion.websites/fdscontent/uscompanion/us/pdf/treatments/Mng_Social_Anxiety_wrkshts.pdf
- <http://psychology.tools/Anxiety.html>
- <http://tfcbt.musc.edu/>

Questions??

