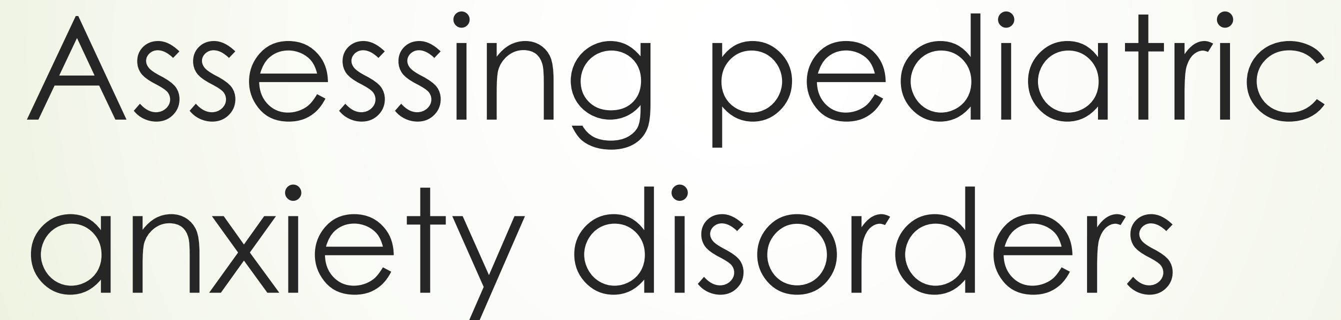
Assessing pediatric anxiety disorders



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- LIKELY ANXIETY
  - Excessive and/or developmentally inappropriate
    - FEAR
    - WORRY (anxious anticipation)
    - AVOIDANCE

- LESS LIKELY ANXIETY (in the absence of symptoms to the left)
  - Perseverative demands for favored activities
  - Meltdowns
  - Fidgeting
  - Body-focused repetitive movements
  - skin picking, nail biting

INFANCY	Loud noises, being startled, strangers
TODDLERHOOD	Supernatural creatures, darkness, separation
SCHOOL-AGE	Storms, injury
TEENAGE	School and social performance, health

Basic tenets of screening and assessment

- Need multiple informants
- Child may not be as aware of impairment as the parent or the teacher, or vice-versa
  - i.e. child with separation anxiety disorder; parents unable to leave child alone in a room of the house
  - Child with generalized anxiety disorder, worrying excessively but not sharing the worries with anyone
  - Child is social and chatty at home and mute at school

Anxiety, obsessive-compulsive and tic disorders

Overview, starting with the triad disorders: separation/generalized/social anxiety

1. Separation anxiety disorder

- At least 4 weeks of anxiety re separation from home/caregiver: 3(+)
- Excess distress w/separation
- Excess worry re safety of caregiver
- Separation nightmares
- Refusal to sleep solo or away from home
- Excess worry re separation disaster (becoming lost/kidnapped)
- Refusal to go to school or elsewhere to separate
- Fear of being alone or without caregiver at home or in major settings
- Physical symptoms w/ separation

- The most common anxiety disorder of childhood
- Peak age 8 years
- Aggression/panic w/ separation
- Intense fear parents won’t pick up from school
- May cling/shadow parents around home, even in restroom
- Scary perceptions, especially at night
- Fears of animals/monsters/dark/kidnappers/MVAs

2. Social anxiety disorder (social phobia) - DSM-5

- Marked fear/anxiety re one or more social situations in which individual is exposed to possible scrutiny by others
  - I.e. conversations, meeting unfamiliar people, eating/drinking/giving speeches in front of others
  - In children, must occur in peer settings, not just with adults (cont'd)

Social anxiety disorder - DSM-5 (cont'd)

- Individual fears acting in a way or showing anxiety symptoms that *will be negatively evaluated* (will be humiliating, embarrassing, will lead to rejection or offend others)
- Social situations almost always provoke fear or anxiety, and are avoided or endured with intense fear/anxiety
- 6 months or more, significant impairment
- Performance-only subtype

SocAD clinical features

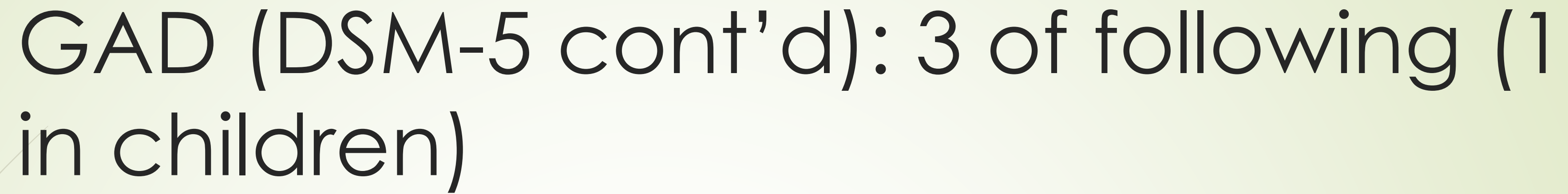
- Unassertive, soft-spoken, or sometimes highly controlling in conversations
- Worry re being rejected/embarrassed
- Blushing is hallmark physical response
- 12-month US prevalence is high at 7%, mean age of onset is 13
  - Most "shy" people do not meet criteria
- Female:male 1.5-2.2:1
- Performance-only subtype is rare in pediatric population
    - (Burstein M et al., 2011)

SocAD risk factors

- Behavioral inhibition increases risk by 2-to 7-fold
  - As toddlers, high negative reaction to novelty; recurrent withdrawal, reduced assertion
  - As children, interpret ambiguous social encounters as rejecting, elevated vulnerability to peer rejection, high use of avoidant coping
    - Fox NA and Pine DS 2012
- Fear of negative evaluation; bias to threat
- Childhood adversity/maltreatment
- Anxious modeling by parents
- Highly heritable (1st degree relatives have 2-6X the risk)

3. Generalized anxiety disorder

- Excess anxiety and **worry** (apprehensive expectation) more days than not for at least 6 months about a number of events/activities (work/school performance)
- Worry is difficult to control
- Six associated symptoms, at least some of which are present more days than not (cont'd)



GAD (DSM-5 cont'd): 3 of following (1 in children)

1. Restless/keyed up/edgy
2. Excess fatigue
3. Difficulty concentrating, mind going blank
4. Irritability
5. Muscle tension
6. Sleep disturbance

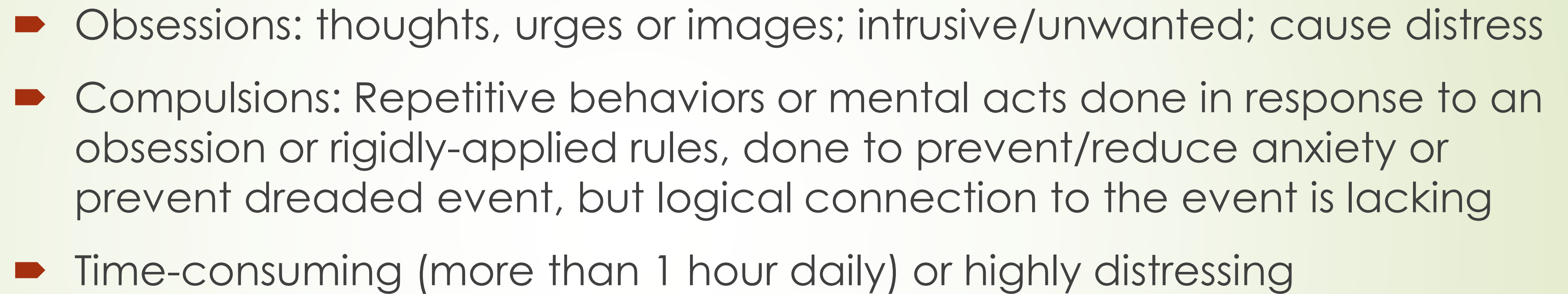
Features of GAD

- Children worry re competence, quality of performance and relationships (not embarrassment/humiliation socially), health, grades, punctuality, catastrophes
- Perfectionistic, re-do tasks, slow thinking and low work efficiency
- People with GAD often spend a lot of time voicing worries and seeking reassurance
- Worries often unprecipitated
- May be overdiagnosed in children -- SepAD, SocAD, OCD may better explain worries

- Selective mutism
  - Failure to speak in specific social settings for at least 1 month
- Specific phobias
  - Fears of storms, vomiting, needles/medical care
- Panic disorder
- Agoraphobia

Obsessive-compulsive disorder and Tourette disorder

OCD



- Obsessions: thoughts, urges or images; intrusive/unwanted; cause distress
- Compulsions: Repetitive behaviors or mental acts done in response to an obsession or rigidly-applied rules, done to prevent/reduce anxiety or prevent dreaded event, but logical connection to the event is lacking
- Time-consuming (more than 1 hour daily) or highly distressing

OCD differential

- Generalized worry (typically, more realistic than obsessions)
- Tics (may relieve a tic signal or premonitory urge)
  - Presence of tics may alter response to OCD medication; important to establish
- Stereotypies (often feel pleasurable)
- Developmentally appropriate practice of new skills or interests
  - Learning to count
  - Collecting

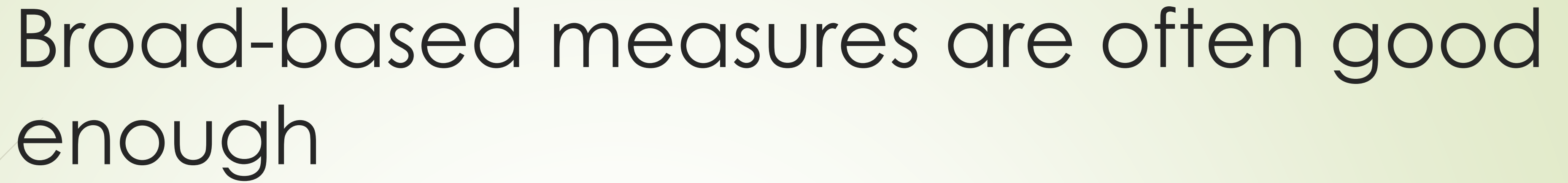
Tic disorders

- Tics are brief, stereotyped, non-sustained, jerky/abrupt, involve discrete muscle groups
- Semi-voluntary
- May be associated with tic signal or sensory prodrome, especially in 10(+)-year-olds
- Median age of onset is 5-6 years, peak ages 7-15
- More intense with fatigue, heat, affectively-charged states; quieter during task absorption; may persist in sleep

Tic differential

- Fidgeting
- Stereotypies
  - Onset in toddlerhood, single movement, multiple muscle groups, bilateral
- Tremors
  - Continuous
- Leg bouncing
  - More continuous than a tic, common in ADHD, anxiety

Anxiety, OCD and tic assessment instruments



Broad-based measures are often good enough

- Child and Adolescent Symptom Inventory-5 Checklist
  - Best coverage of separation and GAD, less good for OCD, tics, selective mutism, social anxiety

MASC2

- Multidimensional Anxiety Symptom Checklist-2nd edition
  - Patient and Parent Versions, self-reports
  - 4th grade reading level, 50 items
  - Not free
  - Score yields T-scores for several symptom dimensions, normed against age and gender, has an inconsistency index
    - Separation/panic; GAD, social anxiety, OCD, harm avoidance, physical symptoms
  - Scoring takes 5 minutes

SCARED

- Screen for Child Anxiety-Related Emotional Disorders
  - Free
  - Child and Parent Version, self-report, 8-18 years of age
  - 41 items, 10 minutes to administer
    - Yields information re panic disorder, GAD, separation anxiety, social anxiety and school avoidance
  - Available on University of Pittsburgh website (paper and computer scored versions)
  - Automated scoring and translation into 11 languages available

PAS

- Preschool Anxiety Scale
  - Parent completes for child age 2.5-6.5 years
  - 28 items
    - Total anxiety, generalized anxiety, social anxiety, separation anxiety, OCD, fears of physical injury,
  - Age and gender norming available
- Spence Preschool Anxiety Scale (teacher version)
  - Scaswebsite.com

- C-FOCI
  - Level 2-Repetitive Thoughts and Behaviors (based on Children's Florida Obsessive-Compulsive Inventory)
  - 11- to 17-year-olds, 5 items
  - Ranks interference, control over obsessions and compulsions over last 7 days
    - APA online assessment measures for DSM-5
- Leyton Obsessional Inventory-Child Version
  - High sensitivity, low specificity (high false positive rate)
  - 20 items

- Child Yale-Brown Obsessive-Compulsive Scale
- Free
- Takes 30 minutes to administer, not really a self-report
  - Very useful for therapy planning

Tic screeners are hard to find

- MOVES (Motor tic, Obsessions and compulsions, Vocal tic, Evaluation Survey)
  - Not readily available, is a screener that correlates well to physician ratings
  - 5 minutes to complete, 20 items, free
    - Gaffney GR et al., 1994
- Yale Global Tic Severity Scale
  - 6- to 17-year-olds
  - More of a symptom severity tracker than a screening device
  - The gold standard for tics, widely available on line