

# Prevention of Adolescents Anxiety Disorders

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# Preview

- Prevalence of Child Anxiety Disorders
- Risk Factors for Anxiety Disorders
- Components of Anxiety
- Prevention of Adolescent Anxiety Disorders

# Prevalence of Childhood Anxiety Disorders

- Most widely diagnosed psychiatric disorder in children.
- 10%- 25 % of children will meet criteria for an anxiety disorder at some time during their childhood (Beesdo, Knappe, & Pine, 2009).
- Significantly more children experience subclinical anxiety (do not meet DSM criteria).

# Lifetime Prevalence Rates

Kessler et al. (2012)

	Ages 13-17	
	Female	Male
Panic Disorder	2.5%	2.1%
GAD	2.8%	1.6%
Agoraphobia	3.7%	1.7%
Social Anxiety	11.2%	6.2%
Specific Phobia	23.0%	17.1%
Separation Anxiety	9.5%	5.9%
PTSD	6.9%	2.3%
OCD	Not assessed	Not assessed

# Impact of Childhood Anxiety Disorders

Study at Duke, 1400 children found (Costello et al., 2003). :

- Higher levels of family discord
- Higher levels of peer discord
- Difficulty at school
- Functioning impacted as much as ADHD
- Predicts more serious problems in adulthood
  - Substance Abuse and Depression
- Anxiety is the “gateway” disorder to other more serious disorders
- Prevention and early intervention is important

# Risk Factors for Childhood Anxiety Disorders

1. Genetics
2. Temperament
3. Stressful Life Experiences
4. Parenting

# Risk Factors: Genetics

- 30 %-40% of the variance in the anxiety disorders is due to genetics (for a review, see Norrholm & Ressler, 2009).
- Other risk factors contribute **more than half** of the variance to the development of anxiety disorders.

# Risk Factors: Temperament

- Behavioral Inhibition: withdrawal and avoidance of novel situations or interacting socially (Degnan, Almas, & Fox, 2010)
- Emotionality: upset easily and then have difficulties calming down (Karevold, Roysamb, Ystrom, & Mathiesen, 2009 ).



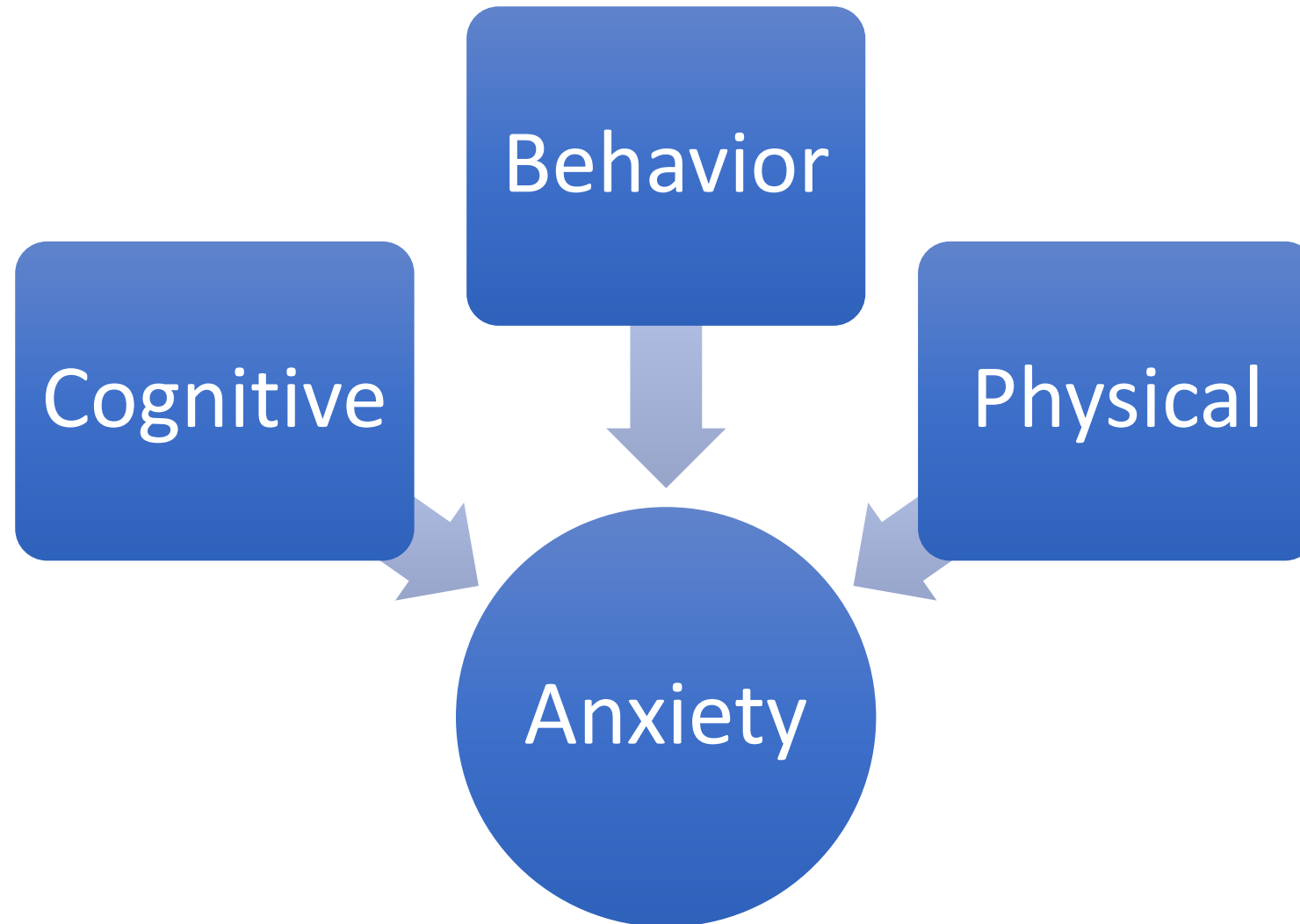
# Risk Factors: Stressful Life Experiences

- Parental loss (Blanco, et al., 2014)
- Childhood abuse (Blanco, et al., 2014)
- Previous trauma (Blanco, et al., 2014)
- Peer victimization (Bond et al., 2001)

# Risk Factors: Parenting

1. Anxious Modeling
2. Accommodation
3. Communication: Expressed Emotion
4. Overinvolved Parenting

# Anxiety: How does it present?



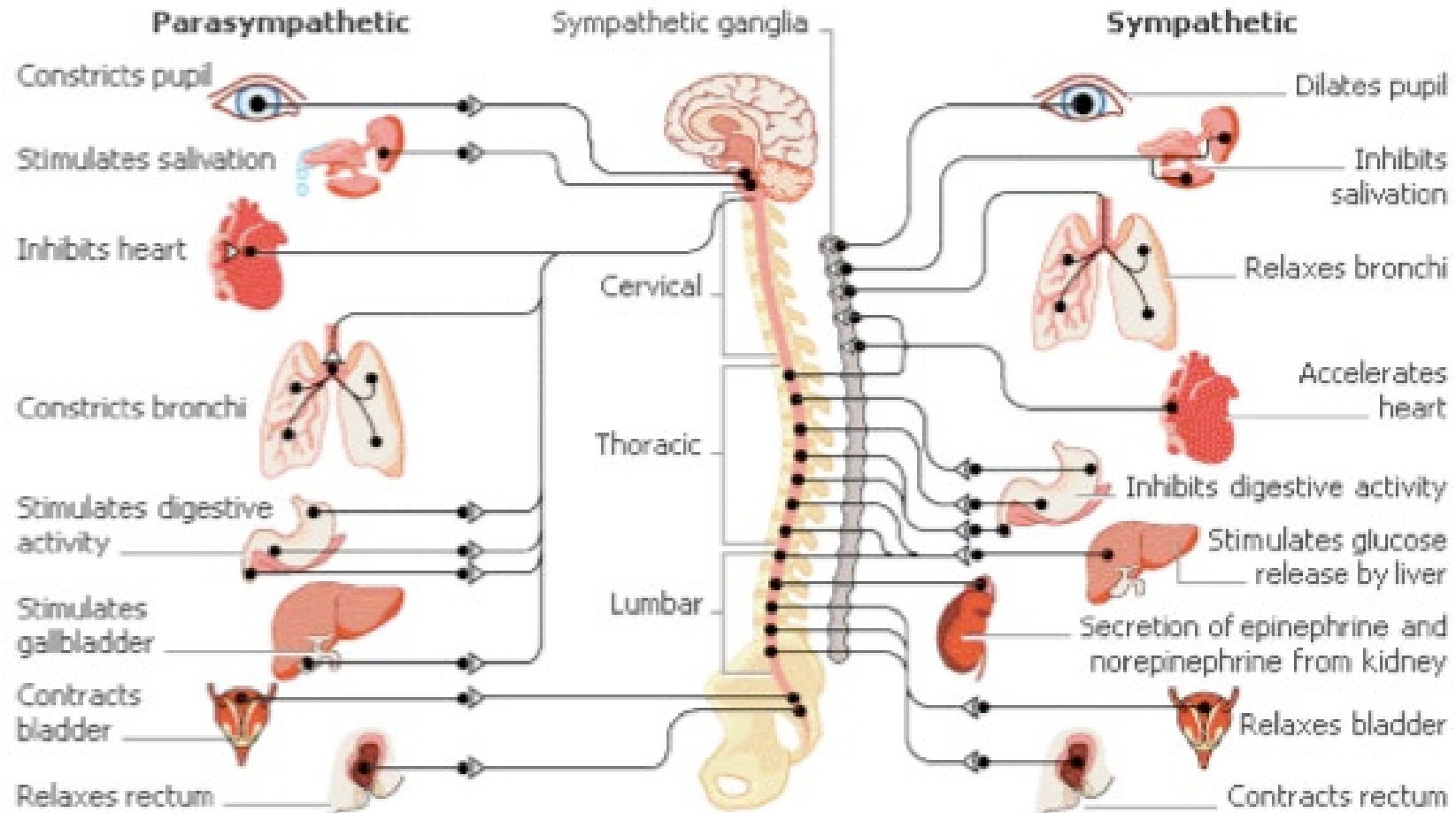
## Cognitive Component: Worry

1. What if.....?
2. Probability of a negative event is going to happen?
3. Catastrophizing- The worst case scenario

# Anxiety: Behavioral Component



# Physical Component: Sympathetic Arousal



# Physical Symptoms

Area of the Body	Physical Reaction
Head	Feel faint, light headed, headaches, feeling unreal
Face	Red or blushes
Eyes	Blurred vision,
Mouth	Dry mouth, hard to talk, difficult to swallow
Neck and shoulders	Muscle tension, stiff, muscle pain
Arms and hands	Tingling, feel numb
Respiratory system	Breathing quicker, harder to breath
Chest	Becomes tight, heart races
Digestive system	Stomach ache, digestion slows
Legs	Feel wobbly or like jelly
All over	Hot, sweaty

# Maintenance of Anxiety

- All anxiety is maintained by avoidance
- Thoughts and feelings lead to avoidance of the feared stimuli or reinforcement of reassurance seeking behaviors.
- Avoidance temporarily relieves the anxiety, but then the anxiety returns.
- Individual avoids feared stimuli---never learns that can cope with feared stimulus.
- Never find out that feared beliefs do not come true.



# DSM-5 Anxiety Disorders

Anxiety Disorder	Focus on Anxiety	Duration to Meet
Separation Anxiety Disorder	Worry about losing major attachment figure due to a catastrophic event: car accident, kidnapping, illness, or murder	6 months or more
Specific Phobia	Worry about being in the presence of feared situation or object.	6 months or more
Social Anxiety Disorder	Worry about the probability of being negatively evaluated or embarrassed by others	6 months or more
Panic Disorder	Fear of having a panic attack	1 month or more
Generalized Anxiety Disorder	Excessive worry about everyday things (money, performance at work, relationships, etc.)	6 months or more

# Prevention of Adolescent Anxiety Disorders

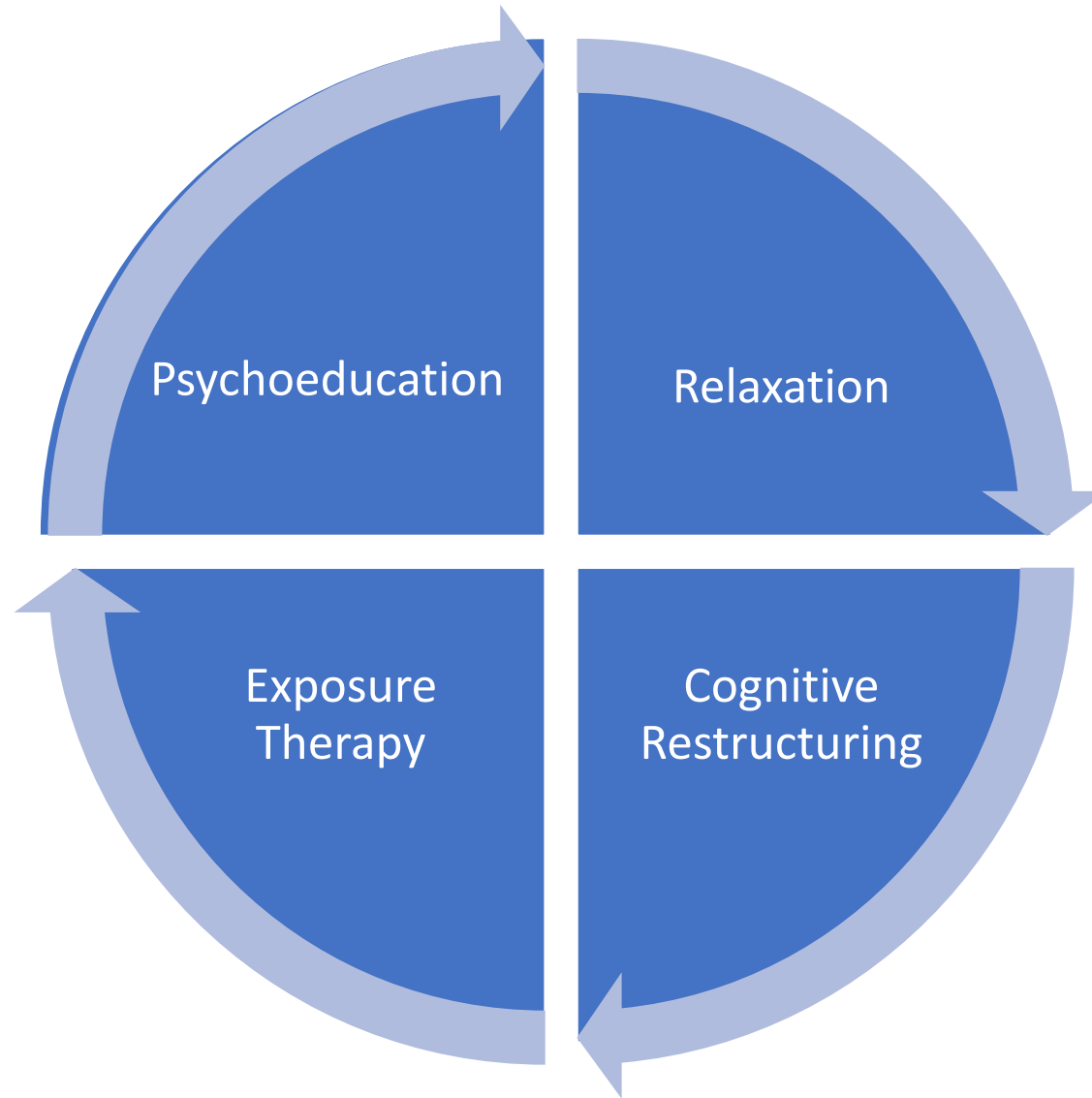
A recent meta-analysis (Hugh-Jones, S. et al., 2021)

- Studies only included Indicated School based approaches
- Sample across studies included sub-clinical and clinical levels of anxiety
- 23 RCT studies reviewed
- Across All studies found a small effect size for reduction in anxiety symptoms
- HOWEVER, 22% of the studies demonstrate a large effect size for reduction of anxiety symptoms
- Indicated programs more effective compared to universal

# Prevention RCTs with LARGE effect sizes

- Indicated prevention
- All used CBT interventions all were school based interventions
- Only 1 study focused on adolescents

# Cognitive Behavioral Therapy



# Psychoeducation

Teach the same things we reviewed here such as:

- What maintains anxiety
- The symptoms of anxiety
- The components of anxiety

# Relaxation or Coping Skills to Manage Physical Symptoms

- PMR: Progressive Muscle Relaxation
- Breathing:
  - Paced Breathing
  - Deep Breathing
- Mindfulness
- Temperature (COLD)
- Intense Exercise



# Cognitive Theory

- Cognitive restructuring strategy developed from Cognitive Theory
- Cognitive Theory = thoughts → feelings and behavior
- Therefore, if we modify thoughts, we can change feelings and behavior.

# Cognitive Theory Continued

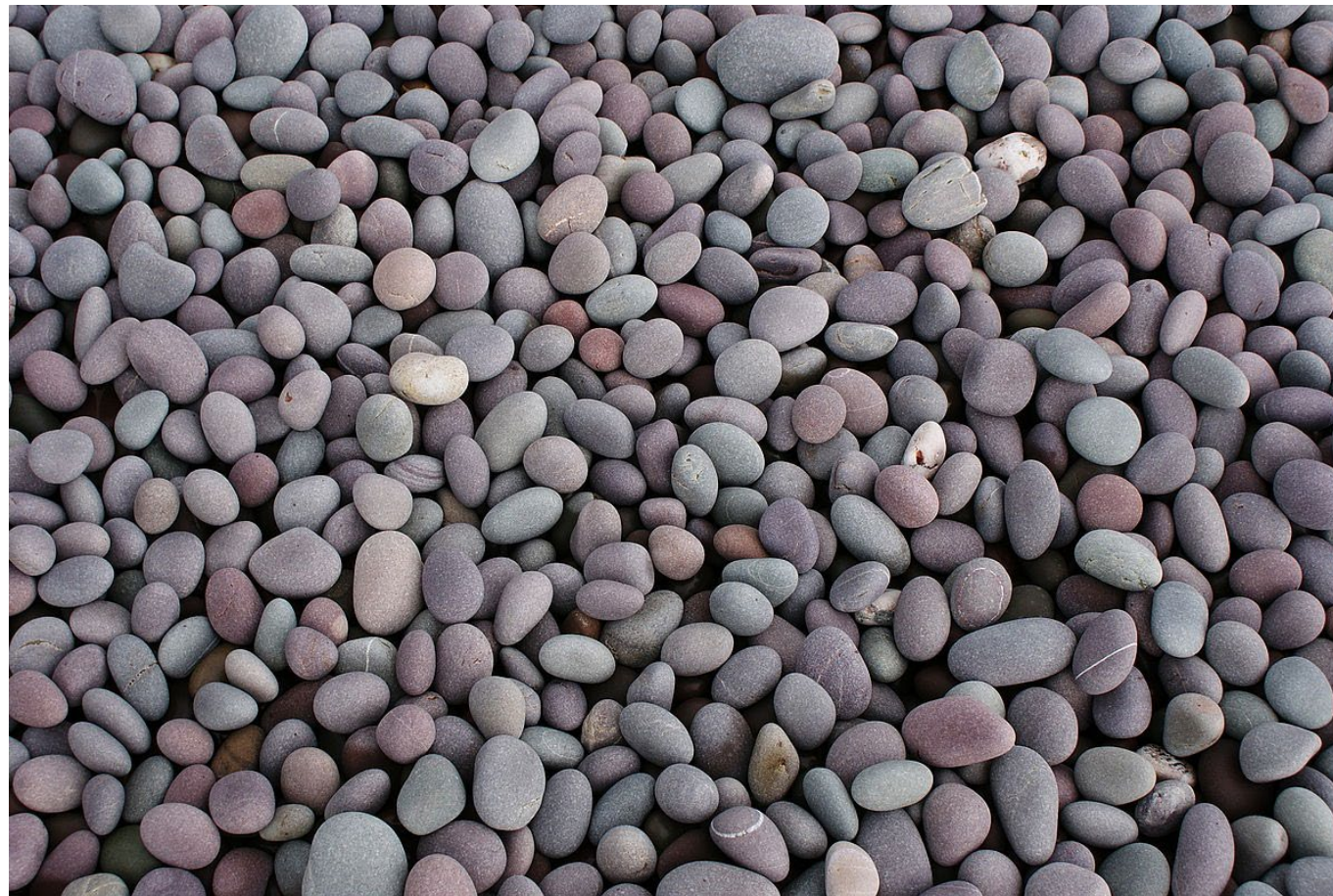
- Automatic Thoughts = thoughts on the fringe of awareness that occur spontaneously and rapidly.
- Most people are not aware of their AT's unless trained to identify and notice their AT's.
- Core beliefs = enduring cognitive structures that give rise to AT's and are an overall thinking style.
- Core beliefs develop over time in response to FOO and other early developmental factors.



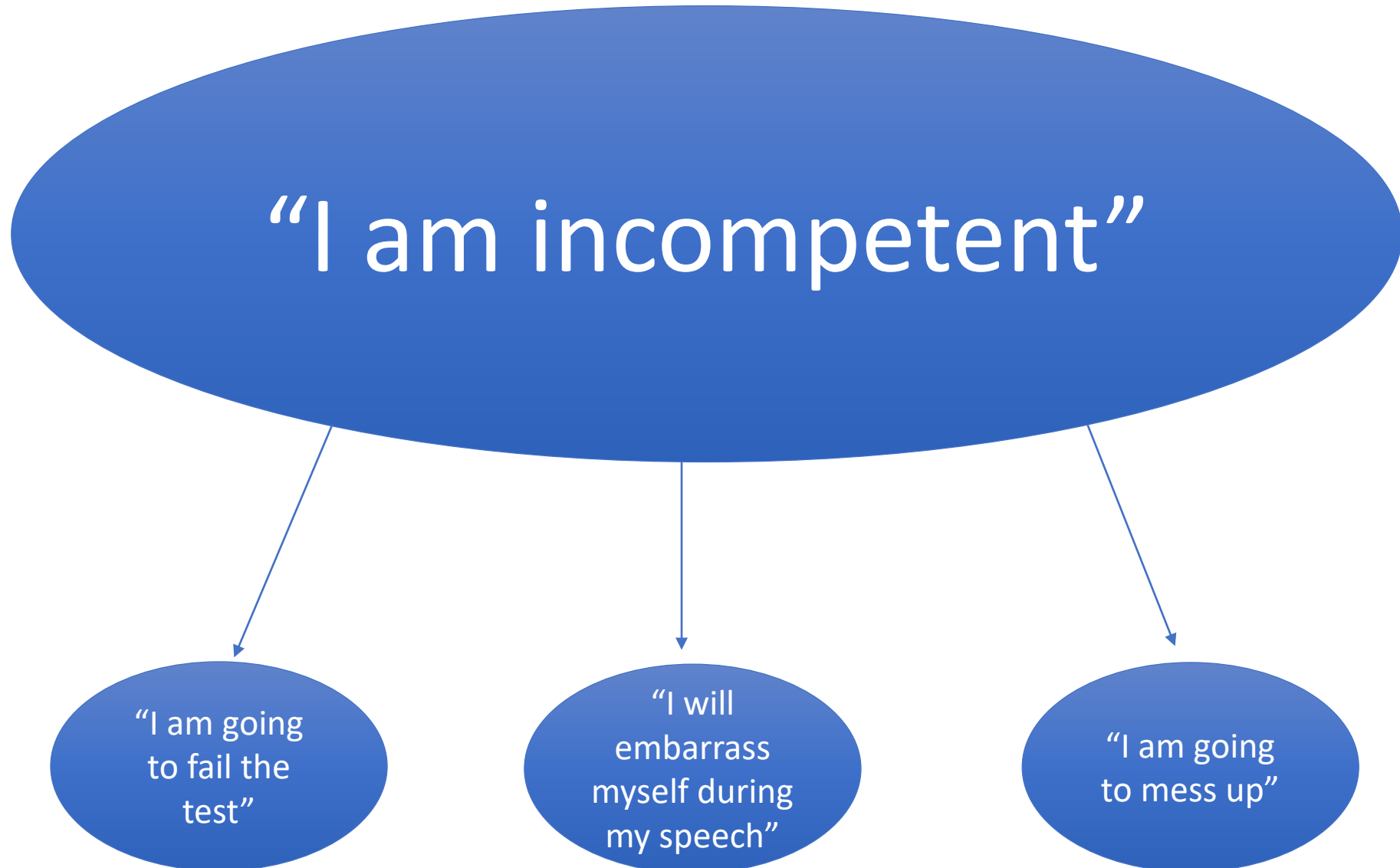
# Core Belief



# Automatic Thoughts



# ATs and Core Beliefs





# Core Belief Themes

## Helpless

- I am a failure, I am inadequate, I am inferior

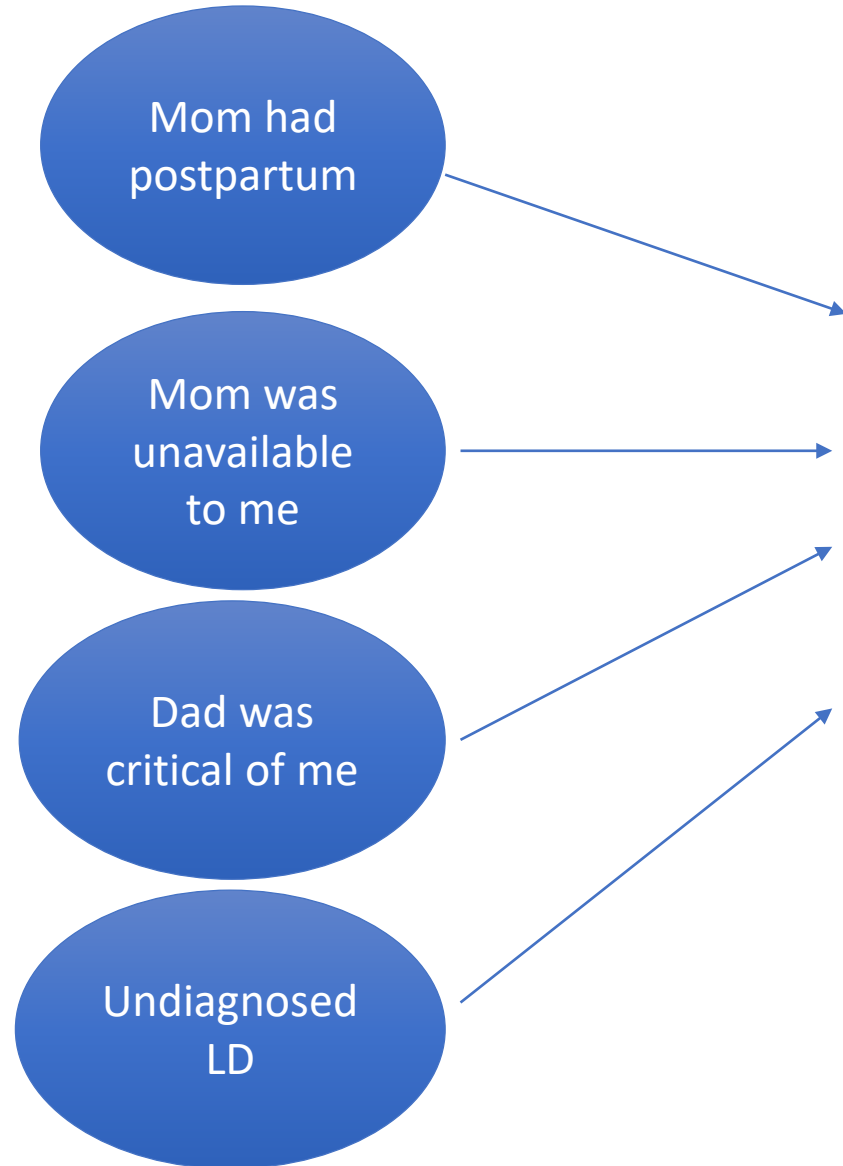
## Unlovable

- I am not loveable, I am unlikeable, I will always be alone

## Worthless

- I am worthless, I am bad, I am crazy, I am broken

# Core Belief



**“I am worthless”**

# Cognitive Restructuring



1 Situation	2 Moods	3 Automatic/Hot thoughts (Images)	4 Evidence that supports the Hot Thought	5 Evidence against the Hot Thought	6 Alternative/Balanced thoughts	7 Re-rate belief in auto thought	8 Mood now

# References

- Beesdo, K., Knappe, S., & Pine, D. S. (2009). Anxiety and anxiety disorders in children and adolescents: developmental issues and implications for DSM-V. *The Psychiatric clinics of North America*, 32(3), 483–524. <https://doi.org/10.1016/j.psc.2009.06.002>
- Bond, L., Carlin, J. B., Thomas, L., Rubin, K., & Patton, G. (2001). Does bullying cause emotional problems? A prospective study of young teenagers. *Bmj*, 323(7311), 480-484.
- Costello, E. J., Mustillo, S., Erkanli, A., Keeler, G., & Angold, A. (2003). Prevalence and development of psychiatric disorders in childhood and adolescence. *Archives of general psychiatry*, 60(8), 837-844.
- Degnan, K. A., Almas, A. N., & Fox, N. A. (2010). Temperament and the environment in the etiology of childhood anxiety. *Journal of Child Psychology and Psychiatry*, 51(4), 497-517.
- Hugh-Jones, S., Beckett, S., Tumelty, E. *et al.* (2021). Indicated prevention interventions for anxiety in children and adolescents: a review and meta-analysis of school-based programs. *Eur Child Adolesc Psychiatry* 30, 849–860. <https://doi.org/10.1007/s00787-020-01564-x>
- Karevold, E., Røysamb, E., Ystrom, E., & Mathiesen, K. S. (2009). Predictors and pathways from infancy to symptoms of anxiety and depression in early adolescence. *Developmental psychology*, 45(4), 1051.
- Kessler, R. C., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Wittchen, H. U. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. *International journal of methods in psychiatric research*, 21(3), 169-184.
- Norrholm, S. D., & Ressler, K. J. (2009). Genetics of anxiety and trauma-related disorders. *Neuroscience*, 164(1), 272-287.