

# The Best Years of Their Lives?

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# Best Years of Their Lives?

## Lexi

Lexi is a 15 year old female who is finishing her freshman year in high school. She prides herself in getting good grades, and always studies “a lot...more than all my friends.” She says “I always wanna do the best I can.” She often stays up studying until 3am before a test, and as a result usually doesn’t see her friends as much as she would like.

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## Lexi

Lexi's parents noted that she started to become easily frustrated, and was easily overwhelmed when she didn't feel that things were perfect. "You guys just don't understand!" she would say almost daily, leading to tears. Her parents struggled with how to help her, and Amber continued to decline in functioning.

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## Brian

Brian is a polite 10yo male, just finishing 3<sup>rd</sup> grade. Usually healthy, he began to complain of headaches and abdominal pain fairly frequently. As a result, he started missing school one to two days per week.

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Brian

Due to missing school, he began to get farther and farther behind in his schoolwork. This led to increasing feelings of being overwhelmed, feeling inadequate, “stupid,” and wanting to “just quit.” Now parents struggle to get him to school even one day per week.

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## Alejandra

Alejandra is a 17 year old female, average student, who has lots of friends. Those around her think she “has it all,” and often feel like she can do no wrong. She has always liked school, but feels like she can’t concentrate as well as she would like—“I just think of other stuff.”

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## Alejandra

She often finds herself thinking about things that happened earlier in the day. In addition, she must do some things in a certain way, or she becomes overwhelmed and has to start over. Sometimes, her parents see her opening the kitchen cabinets repetitively, but don't think anything of it.

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**What is anxiety?**



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- ▶ Unrealistic fear, worry and uneasiness
- ▶ Can include somatic symptoms, restlessness, fatigue, muscle tension
- ▶ Specific vs. nonspecific
- ▶ Normal reaction to many life stressors
- ▶ Different than fear
- ▶ NOT logical

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What makes it an anxiety *disorder*?

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- ▶ Leads to functional impairment
- ▶ Developmentally inappropriate response to usual stressors *or*
- ▶ Limits developmentally appropriate behavior
- ▶ Inability to recover from the anxiety

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- ▶ How common are anxiety disorders in adolescents?
  - ▶ Study results vary widely, but believed to be between 3%-25% in the US
  - ▶ More common in females
  - ▶ Most common group of psychiatric disorders diagnosed in adolescents

# How can anxiety manifest in the classroom?

- ▶ Inattention and restlessness
- ▶ Attendance problems/clingy parents
- ▶ Disruptive behavior
- ▶ Difficulty answering questions in class/doesn't participate
- ▶ Frequent trips to the nurse/bathroom
- ▶ Problems with turning work in/problems with certain subject work
- ▶ Avoiding socializing or group work

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What are the main anxiety disorders, and how do they present in children and adolescents?

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- ▶ Generalized Anxiety Disorder
  - ▶ Pervasive through many domains of functioning—not confined
  - ▶ Excessive and uncontrollable worry
  - ▶ May seek reassurance
  - ▶ Somatic complaints *very common*
  - ▶ Very frequently found along with depression

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- ▶ Generalized Anxiety Disorder
  - ▶ May seem preoccupied or always tense
  - ▶ Irritability can be a primary way parents experience their teen's anxiety
  - ▶ “perfectionist”
  - ▶ May prefer to isolate to “deal with it”



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- ▶ Separation Anxiety Disorder
  - ▶ Excessive worry about separation from a parent/caregiver or the home environment
  - ▶ Present for 4 weeks in children/adolescents
  - ▶ Often from close-knit families
  - ▶ Separation can lead to sadness, withdrawal, apathy, frustration
  - ▶ Can seem very needy/attention-seeking
  - ▶ Can be very challenging for parents and the school supports

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- ▶ Obsessive-Compulsive Disorder
  - ▶ Obsessions:
    - ▶ Recurrent, distressing thoughts
    - ▶ Usually multiple different types
    - ▶ Fear of germs, harm to others and exactness/symmetry are most common teenagers

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- ▶ Obsessive-Compulsive Disorder
  - ▶ Compulsions
    - ▶ Behavior in response to the distress of the obsession
    - ▶ Temporarily relieves the anxiety
    - ▶ In teenagers, cleaning, repeating (doing/undoing) and checking behaviors most common
    - ▶ Frequent reassurance also believed to be a compulsive behavior

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- ▶ Obsessive-Compulsive Disorder
  - ▶ May need to alter the way the family functions at home
  - ▶ “quirky”
  - ▶ May minimize when confronted—feel “crazy”
  - ▶ Peer relationships may be hurt
  - ▶ Occupies a significant portion of the day

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- ▶ Social Anxiety Disorder/Social Phobia
  - ▶ Fear of situations with new/unknown people
  - ▶ Avoid them or endure with significant distress
  - ▶ Fear of embarrassment, negative thoughts by others and rejection
  - ▶ May interfere with schooling and/or development of relationships

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- ▶ Social Anxiety Disorder/Social Phobia
  - ▶ May have always been a “shy” kid
  - ▶ May have panic-like symptoms
  - ▶ School avoidance

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## School Avoidance

- ▶ Often significant somatic symptoms that lead to resistance to going to school
- ▶ Power struggle can lead to increased conflict between parents and teens
- ▶ Teens can feel helpless and misunderstood

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## School Avoidance

- ▶ Must engage with Support Services at school
- ▶ Work to get teen into the school for a small part of the day
- ▶ Work to get tutoring set up to minimize the impact of missing classroom time



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Why do some people develop an anxiety disorder vs. normal anxiety?

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- ▶ Large genetic component
  - ▶ High heritability in first-degree relative
  - ▶ Associated with specific genes
- ▶ Environmental influences
  - ▶ Parental child-rearing practices
    - ▶ Responding to ambiguous situations
    - ▶ Overcontrolling/intrusive
    - ▶ Modeling of anxious behavior

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So...how do these factors lead to changes in behavior?

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- ▶ Online communities where people talk, share and participate
- ▶ Encourage discussion and feedback by all
- ▶ Allows people to stay connected through shared interests (or disinterests?)

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- ▶ Up to age 8: 2 hours and 20 minutes per day
- ▶ Ages 8-12: 4 hours and 30 minutes per day
- ▶ Ages 13-18: up to 9 hours per day
- ▶ 90% have one profile on a social networking site
  - ▶ 86% of 15-17yo girls
  - ▶ 69% of 15-17yo boys
  - ▶ 38% of 12-14yo teens

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## Benefits of Social Media

- ▶ Allows teens to remain connected to each other outside of school
- ▶ Learn about different people
- ▶ Explore creative outlets
- ▶ Collaborate with others
- ▶ Further causes/volunteer/raise money

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## Concerns for Social Media

- ▶ Cyber-bullying and online harassment
- ▶ “Sex-ting”
- ▶ “Facebook depression”
- ▶ Lower academic performance
- ▶ Diminished face-to-face contact
- ▶ Parents can feel increasingly out-of-touch with technology their teens are using



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What can parents do?

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- ▶ US/Canadian parents want more control
- ▶ European/Asian parents encourage autonomy
- ▶ Parents need to do what they feel is best for their child and family
- ▶ Teens feel that some oversight may be necessary

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How does substance use play a role in teens with anxiety?

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## ▶ Marijuana

- ▶ 3.5% of 10<sup>th</sup> graders and 6.5% of 12<sup>th</sup> graders smoke daily or almost daily
- ▶ Almost 50% of 12<sup>th</sup> graders have tried at least once
- ▶ More socially acceptable by peers
- ▶ Less stigmatized overall

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## Alcohol

- ▶ 28% of 10<sup>th</sup> graders and 42% of 12<sup>th</sup> graders report at least one alcoholic drink in past 30 days
- ▶ 16% of 10<sup>th</sup> graders and 24% of 12<sup>th</sup> graders report at least one occasion of binge drinking in prior 2 weeks
- ▶ Easy to obtain

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- ▶ Anxiety disorders and substance use disorders are among the most often diagnosed in the US
- ▶ Having one is a risk factor for the other
- ▶ Anxiety is more related to substance *dependence* than *abuse* (2.5x more likely)
- ▶ Can perpetuate each other

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- ▶ 75% have anxiety that predates substance use
- ▶ Substance use can significantly impact the treatment of anxiety—and vice versa

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What can we do?



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- ▶ Work with your child to identify frequent stressors
- ▶ Maintain open communication regarding ongoing concerns and/or areas of impairment
- ▶ Recognize developmentally appropriate behavior

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- ▶ Possible interventions in the school setting:
  - ▶ Extra time and warnings before transitions
  - ▶ Preferential seating (near the door, near the front of the room, near the teacher's desk)
  - ▶ Clearly stated and written expectations (behavioral and academic)
  - ▶ Frequent check-ins for understanding
  - ▶ Not requiring to read aloud or work at the board in front of the class
  - ▶ Video taped presentations or presenting in front of the teacher (instead of the whole class)
  - ▶ Extended time for tests
  - ▶ Tests taken in a separate, quiet environment (to reduce performance pressure and distraction)

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- ▶ Possible interventions in the school setting
  - ▶ Breaking down assignments into smaller pieces
  - ▶ Modified tests and homework
  - ▶ Set reasonable time limits for homework
  - ▶ Preferential group (teacher or adult child knows well) for field trips
  - ▶ Preferential seating in large assemblies (near the back of the room)
  - ▶ Buddy system: Pair student with a peer to assist with transitions to lunch and recess (these less structured situations can trigger anxious feelings)

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## Medication Interventions

- ▶ Never as only form of treatment
- ▶ Must be discussed openly
- ▶ Encourage autonomy
- ▶ Your teen must make the final decision

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- ▶ Psychotherapeutic interventions are **FIRST LINE TREATMENT FOR ANXIETY DISORDERS IN CHILDREN**
- ▶ Medication often used if psychotherapeutic interventions alone have been ineffective
- ▶ Psychotherapeutic intervention (CBT) **PLUS** medication shows quickest remission of symptoms

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- ▶ First-line treatment for all anxiety disorders is an SSRI (selective serotonin reuptake inhibitor)
  - ▶ Fluoxetine, paroxetine, citalopram, sertraline
  - ▶ Side effects
- ▶ Other medications include venlafaxine, duloxetine, desvenlafaxine
- ▶ Less commonly used are benzodiazepines

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- ▶ Psychotherapy demystified: Cognitive Behavioral Therapy (CBT) is education and training on how to:
  - ▶ Identify thinking patterns that affect emotions
  - ▶ Change problematic beliefs and ways of thinking
  - ▶ Identify and change problematic behaviors
  - ▶ Use positive coping strategies
  - ▶ Relax the body
  - ▶ Increase self-care

# Traits Common to People Prone to Anxiety Disorders

- ▶ Perfectionism
- ▶ Excessive Need for Approval
- ▶ Tendency to Ignore Physical and Psychological States of Stress
- ▶ Excessive Need for Control



# Anxiety Disorder: Progression

**Physiological  
Sensation**



**Cognitions  
(Worry)**



**Anxiety  
(Arousal)**



**Cognitions (Worry)**

# Dysfunctional Thoughts: Reframing

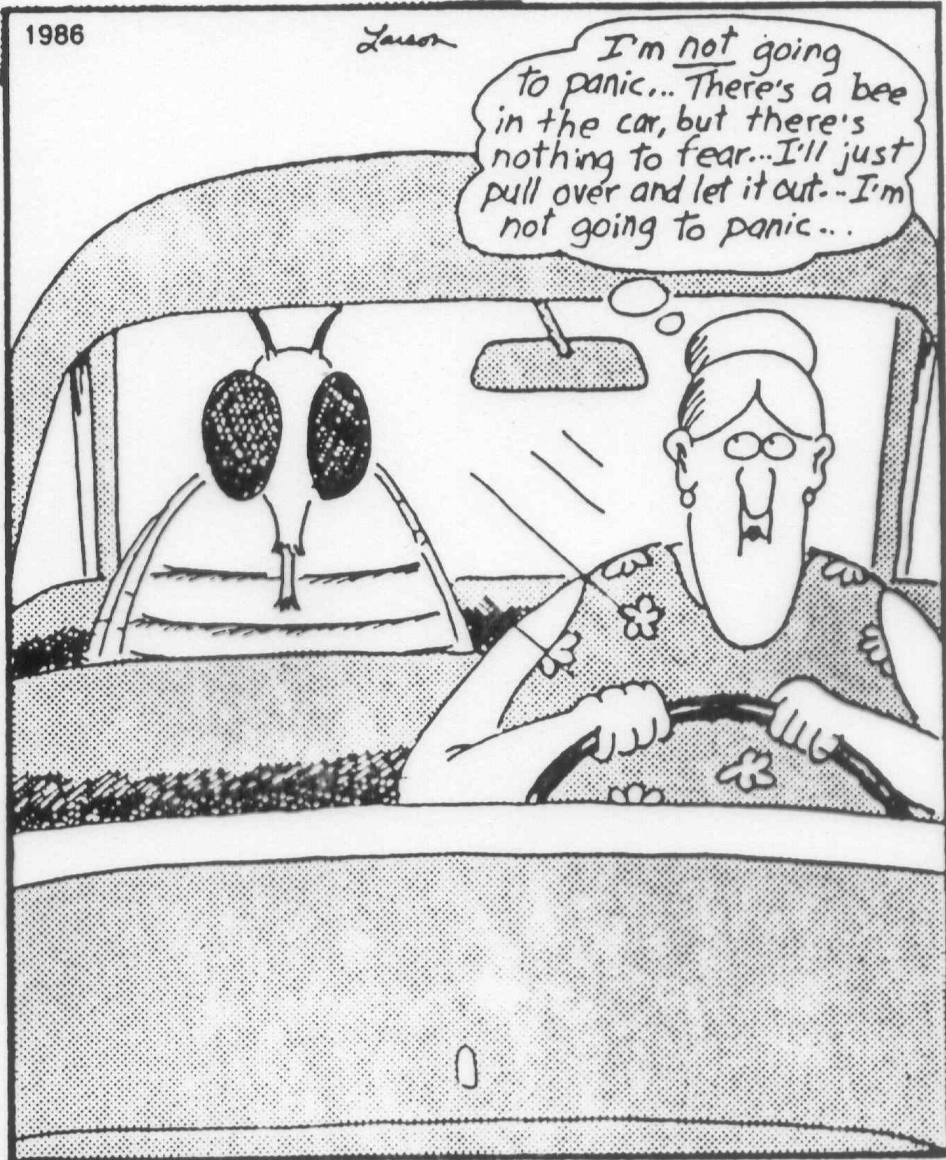
Daily Record of Automatic Thoughts

Situation	Feelings	Thoughts	Rational Response
Prom, Finals, AP testing and Graduation are all in the next three weeks	Anxious = 8 Overwhelmed = 9 Guilty = 6 Angry = 2	“I’m never going to be able to get it all done”. I’m going to flunk my AP tests. “I didn’t study enough all semester” “It’s not fair that they do this to us!”	

1986

Laurie

I'm not going to panic... There's a bee in the car, but there's nothing to fear... I'll just pull over and let it out... I'm not going to panic...



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## Teaching Self-Care:

- ▶ Exercise, nutrition
- ▶ *Practice* relaxation
- ▶ Sleep *enough*
- ▶ *Choose* your response to events & people

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- ▶ Diaphragmatic Breathing
  - ▶ Training to breathe in a different way, at will, which increases relaxation and becomes habitual
- ▶ Progressive Muscle Relaxation
  - ▶ Training to increase awareness of body tension
  - ▶ Reduces tension in 16 muscle groups
  - ▶ Results in a state of relaxation few have experienced before

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- ▶ Don't waste time, attention, or energy (emotion) on what you cannot control (it's out of your hands)
- ▶ Consciously choose what you want to keep in your life (in your grasp)

