Youth Anxiety & Depression: Identification and Intervention

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Goals

1. Learn what anxiety and depression are and how they are maintained

2. Identify the behavioral signs of anxiety and depression in children and adolescents

3. Review CBT treatment for anxiety and depression and strategies (in and out of school) to support students with these difficulties
Anxiety: The Problem

- Anxiety disorders are the **most common** mental illness in the U.S., affecting 1 in 8 children.
- Anxiety disorders are **highly treatable**, yet only about one-third of those suffering receive treatment.
- More common in girls than in boys.
- Anxiety disorders cost the U.S. more than $42 billion a year.
- People with an anxiety disorder are 3-5x more likely to go to the doctor and 6x more likely to be hospitalized for psychiatric disorders than those who do not suffer from anxiety disorders.
- Children with anxiety are **less likely** to be recognized by adults than children with externalizing behaviors (e.g. ADHD, disruptive behaviors).
Why Are More American Teenagers Than Ever Suffering From Severe Anxiety?

Parents, therapists and schools are struggling to figure out whether helping anxious teenagers means protecting them or pushing them to face their fears.

By BENoit DENIZET-LEWIS OCT. 11, 2017

Anxiety “Epidemic”?  

- Unrelenting pressure and high standards leading to perfectionism  
  - Student never get to the point where they can say, “I’ve done enough and now I can stop.”  
- Social media  
- Increased exposure to world events  
- Accommodating and enabling of parents ("helicopter parenting")

“The overestimation of danger and the underestimation of our ability to cope.”
What is Anxiety?

FIGHT

Stand your ground, defend your position, attack, dig in, persevere!

Flight

Give way, retreat, discard, remove yourself, give up, move on.

or

FREEZE

A feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome.
Normal Anxiety vs. Anxiety Disorder

Yerkes-Dodson Law

- Optimal arousal
- Optimal performance
- Impaired performance because of strong anxiety

Performance

Weak

Strong

Increasing attention and interest

Arousal

Low

High
What are the Risk Factors for Child Anxiety?
Discussion: How do you know when a student has anxiety? What are the observable “warning signs” we may see?
What are the Behavioral Signs of Anxiety?

- **AVOIDANCE**
  - May be explicit (avoiding peer interactions) or subtle

- Reassurance seeking
  - Asking teacher many questions ("Is this right?" Are you sure?)

- Safety behaviors
  - Checking and re-checking that all is safe and okay
  - Calling parents or other close people frequently
Anxiety in the Classroom

Inattention and restlessness
Avoidance of speaking in class
Poor attendance or school refusal
Excessive clingingness
Disruptive behaviors
Perfectionistic tendencies (and related procrastination)
Somatic complaints- frequent trips to the nurse
Other avoidance behaviors
Internalizers: “Silent Sufferers”

- Overlooked or mistaken for being “shy”
- Usually compliant and well behaved
- Often receive good grades and are rule followers
- May “unleash” anxiety at home with parents
Externalizers: Fight > Flight

- May be disruptive, noncompliant, and oppositional
- May appear angry or aggressive
- Meltdowns/tantrums
- Fear of embarrassment
- Could potentially be reacting to anxiety he/she cannot articulate
“If anxiety could talk, it would say, ‘You know, let’s just get out of here. We don’t have to do this! ... But in order to retrain the brain, in order to create that message that says that even though I’m uncomfortable I can do this, we need to stop treating these anxious kids like they’re so frail, like they can’t handle things.”

“Anxiety is all about the avoidance of uncertainty and discomfort. When we play along, we don’t help kids learn to cope or problem-solve in the face of unexpected events.”
Childhood Anxiety Disorders

- Generalized Anxiety Disorder
- Social Phobia
- Separation Anxiety Disorder
- Specific Phobia
- Panic Disorder
- Post Traumatic Stress Disorder
- *Obsessive-Compulsive Disorder
- *School Refusal (can be due to many different disorders)
Discussion: How do you know when a student has depression? What are the observable “warning signs” we may see?
What does Depression look like?

**Mood**
- Depressed or irritable mood
- Mood labiality

**Behavior**
- Kids may not verbalize sadness but show low frustration tolerance, social withdrawal or physical “somatic” complaints
- ↓ interests (stop sports activities etc.)

**Vegetative symptoms**
- Fatigue or ↓ energy
- Sleep disturbance
- Weight change, appetite change
- ↓ concentration or indecisiveness

**Cognition**
- Feelings of worthless/hopeless or inappropriate guilt
- Thoughts of death or suicide
Depression

Affect 2.6 million youth ages 6-17 annually
2.5% children (M:F 1:1)
8.3% adolescents (M:F 1:2)
40-80% experience suicidal thoughts
Effects every facet of life - peers, family, school and general health
Criteria for Major Depressive Episode: depressed mood or loss of interest + 4 others

S - sleep, insomnia or hypersomnia
I - interests
G - guilt, feeling worthless or hopeless
E - energy
C - concentration
A - appetite
P - psychomotor retardation or agitation
S - suicidal thoughts or recurrent thoughts of death
Symptom variation based on age

At all ages – depressed mood, “I don’t care”, bored, ↓concentration, insomnia & SI

**Children**: > somatic complaints, separation anxiety, phobias, sad affect, increased irritability

**Teens**: > anhedonia, hopelessness, drug abuse/self destructive behavior or atypical depression pattern: ↑sleep, ↑appetite, increased interpersonal rejection sensitivity
The Good News...

Depression & Anxiety are highly treatable!

**FRONT-LINE TREATMENTS:**

- Cognitive-Behavioral Therapy (CBT)
- SSRI medication
Cognitive Behavioral Therapy (CBT)
Thoughts

“They will think I’m stupid”
“I can’t do this”
“I am going to mess up”

Feelings

Anxious, worried, overwhelmed
Heart beats fast
Feel like throwing up

Behaviors

Cry
Avoid, run out of room
The CBT Toolkit

- Psychoeducation
- Relaxation *(Feelings)*
- Cognitive Coping *(Thoughts)*
- Exposure *(Behaviors)*
Discussion: What are some strategies and techniques you have tried to help support anxious/depressed students?
Psychoeducation

- Normalizing anxiety
- When Anxiety Is a Problem
- Identifying/Labeling Anxiety and Defining Terms
- Measuring anxiety
  - Subjective Units of Distress Scale (SUDS) 0-10
Relaxation

Because our bodies become physiologically aroused when we’re anxious, calming our body down naturally helps us to feel less anxious

- Deep Breathing
- Progressive Muscle Relaxation
- Guided Imagery
- Mindfulness
  - Apps: Calm, Insight Timer, Headspace
Classroom Coping Kits

- Used for distress tolerance when students are in need of *immediate* support to calm down
- Self-soothe with 5 senses: sight, smell, hear, touch, taste
- Silly putty, slime, lotion, crossword puzzle, stress ball, headphones and music, coping cards, etc.
Cognitive Coping

- Identify thoughts and thinking traps, and then challenge them!
- Practice positive self-talk
- Builds cognitive flexibility in the face of anxiety
Positive Self Talk

‘PUT DOWN’ THOUGHTS
• “I can’t do this”
• “I’m so bad at this”
• “This is too hard”
• “What if I mess up?”

‘PUFF UP’ THOUGHTS
• “I CAN do this!”
• “It might be hard, but I will try my best!”
• “I can be brave!”
it's all about which way you look.
Exposure Therapy

- There is a direct relationship between anxiety and avoidance
  - Avoidance provides relief in the short-term, but maintains anxiety in the long-term

- **Exposure** = facing avoided situations in a graded fashion

- With repeated exposure to feared situations, habituation occurs and anxiety diminishes over time

- Goal: to learn to *tolerate* anxiety and learn that it is not dangerous!
Sample Fear Ladder: Separation Anxiety

<table>
<thead>
<tr>
<th>Situation</th>
<th>SUDS</th>
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<tbody>
<tr>
<td>Staying home for the night with the babysitter</td>
<td>10</td>
</tr>
<tr>
<td>Mom going out for the night and not answering my phone calls</td>
<td>9</td>
</tr>
<tr>
<td>Sleeping over at a friend’s house</td>
<td>8</td>
</tr>
<tr>
<td>Staying home with grandma and grandpa for the night</td>
<td>6</td>
</tr>
<tr>
<td>Taking the bus to school</td>
<td>6</td>
</tr>
<tr>
<td>Walking to school with my friends</td>
<td>4</td>
</tr>
<tr>
<td>Walking to my classroom alone</td>
<td>3</td>
</tr>
</tbody>
</table>
Encouraging Bravery

Bravery Board

I asked a new group of friends to play at recess!

I took the bus to school!

I raised my hand to answer a question in math

I took the spelling test even though I was really nervous!

I had a sleepover at my friend's house
Role of Teachers/School Professionals

- Teachers should be encouraged to:
  - **Model** experiencing and managing their own anxiety
  - Emphasize **BRAVERY**
  - **Provide positive feedback** to students for facing fears and approaching challenging situations
  - Make modifications but continue to **hold students accountable** for their work
  - **Remind students** to use coping skills when needed
Validation

- To acknowledge and accept a person’s feelings and experience as *valid* and *understandable*.

- Nonverbal cues: eye contact, body language

- Validate *feelings* (e.g. anxiety), NOT *thoughts* (e.g. “I am stupid”)

- “I can tell that you are feeling really upset right now...”

- “It makes sense that you would feel frustrated right now...”
Additional Classroom Strategies

- Calm Down/Free Pass
- Classroom coping kits
- “Grounding Techniques” for anxiety/panic attacks (e.g. sensory awareness, 54321 game, etc.)
- Begin each period with a 3 minute mindfulness activity
  http://www.dialexisadvies.nl/media/bestanden/Mindfulness%20exercises%20nw%20logo.pdf
Parenting Anxious Youth

Types of Parenting Styles

◦ The “Pusher”
  ◦ “You just need to go. We’re going now and you have to go with us. You used to go all of the time, you can go now.”

◦ The “Softy”
  ◦ “What’s the matter honey? Your heart is racing and you feel sick to your stomach? OK, if going to school (or Sam’s party or soccer tryouts) is hard, maybe you should just stay home.”

◦ The “Anticipator”
  ◦ “Oh boy. We just got this invite from Aunt Jane to go to a family reunion. I know that 4 hours in the car is too much for you. Plus its being held in a state park, so I’m not sure what the facilities will be like. Ill go ahead and decline.”
Parenting Anxious Youth

The Importance of a United Front

The “Ideal”

◦ Push compassionately
◦ Focus on competency
◦ Downplay physical feelings
◦ Be realistic

◦ “I know that you are not feeling well. This usually happens before a big test. Use the skills you’ve learned. I know its hard, but I also know you can do this. Think about how proud you are going to be of yourself when its all over and you’ve done it. Lets think of a good reward…how about going out to dinner tomorrow to celebrate your victory over your anxiety.”
Parenting Anxious Youth

Limit Setting
- Parents are often afraid to implement consequences for children or adolescents who are anxious or distressed
- Not tolerating behaviors would not otherwise tolerate (yelling, whining, cursing, etc)

Allowing Natural Consequences (or how not to enable your child’s anxiety)

Expecting/Anticipating Anxiety & Anxious Situations
- Pulling child out of potentially anxiety provoking situations before OR during the event
- “Are you sure you are okay with this? “Do you think you can do this?”
Behavioral Reinforcement

Active reinforcement of positive behaviors

Active ignoring of unwanted behavior to extinguish behaviors such as complaining, reassurance-seeking, crying, whining, somatic complaints

Change strategies can be difficult for the youth and often entail a short-term increase in distress in order to eventually produce long-term benefits.

ʃ EXTINCTION BURST

Temporary increase in problem behavior, does not mean they should give in

Reduces children depending on adults rather than trying new coping skills
Psychoeducation (Depression)

All children should receive:

- Information about symptoms and typical course with discussion (depression is a illness; not a sign of weakness; no one’s fault etc.)
- Discussion of treatment options
- Temporary school accommodations
Supportive Care

All children/adolescents should receive and may be all that is required for mild depressive symptoms:

- Meeting frequently to monitor progress
- Active listening and reflection
- Restoration of hope
- Problem solving
- Improving coping skills
- Strategies for adherence
**Medication Treatment Options**

Selective Serotonin Reuptake Inhibitors (SSRIs)

Selective NE Reuptake Inhibitors (SNRIs)

Other antidepressants

Tricyclic Antidepressants

Typical duration of medication treatment – 6 to 12 months *after* response present. Relapse high if stop within 4 months of symptom improvement.
Basic Overview of Treatment

Rating scales (e.g. Child Depression Inventory) to get baseline symptoms and track at follow up

Activity/mood diary

Cognition/thought charts - negative thoughts in one column and a neutral thought in other column

Prescribe pleasant activities and exercise

Relaxation strategies
3 Main Techniques for Managing Depression

1. Behavior Activation

2. Social Support

3. Distraction

Setting small realistic goals to increase chances for success (e.g., 15 min daily)

*Success breeds success!
Activity/Mood Monitoring Chart – list at least 1 activity each time frame and rate mood during then using the emotions thermometer with 10 best you ever felt and 0 the worst. Tracking “Mastery & Pleasure”

<table>
<thead>
<tr>
<th>Day</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
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<tbody>
<tr>
<td>Monday</td>
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</table>
# Scheduling Pleasurable Activities

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<tr>
<th>Day</th>
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<th>Evening</th>
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<td>Sunday</td>
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<tr>
<td>Initial negative thought</td>
<td>Emotion rating 0-10</td>
<td>Neutral more realistic thought</td>
<td>Emotion rating 0-10</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>---------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>I can’t do anything right and I’ll never amount to anything</td>
<td>8</td>
<td>I am not the best at organizing</td>
<td>5</td>
</tr>
<tr>
<td>Our team didn't win all because of me</td>
<td>7</td>
<td>I did not play my best tonight nor did others</td>
<td>4</td>
</tr>
<tr>
<td>The entire day was pointless because I got a bad grade on the Math test</td>
<td>9</td>
<td>I’m disappointed in my math grade, but I did get all my homework done today</td>
<td>5</td>
</tr>
</tbody>
</table>
Things I can do to relax when upset (identify ones that work for the youth)

<table>
<thead>
<tr>
<th>Physical Activities</th>
<th>Mental Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running</td>
<td>Call a friend</td>
</tr>
<tr>
<td>Weight lifting</td>
<td>Talk to someone</td>
</tr>
<tr>
<td>Going for a walk</td>
<td>Take a hot shower</td>
</tr>
<tr>
<td>Playing a sport</td>
<td>Imagine a relaxing place in my mind</td>
</tr>
<tr>
<td>Listening to music</td>
<td>Deep slow breathing</td>
</tr>
<tr>
<td>Dancing</td>
<td>Progressive muscle relaxation</td>
</tr>
<tr>
<td>Read</td>
<td>Positive imagery</td>
</tr>
<tr>
<td>Do a puzzle</td>
<td></td>
</tr>
<tr>
<td>Crafts</td>
<td></td>
</tr>
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</table>
ACT

Identity, Goals, and Values
- Pie Chart (life as is now vs want to be)

Radical Acceptance
- Willingness vs. Willfulness
- Turning the mind (choice in moment when being willful and turning the mind to willingness)
- Not adding suffering to a difficult or painful situation

Valued Action & Commitment
- Making a choice to act in spite of anxiety/depression and to be willing to tolerate it (beach ball)

Mindfulness
BEFORE engaging in a troublesome behavior (or once you become mindful of it), ask yourself, “Is this effective for my short and long term goals?” Make your next choice based on that answer.

— Debbie Corso

#WiseMind #DBT
Cognitive Defusion & Values: What are the passengers on your bus saying?

The driver represents you trying to get to and live your roles and goals. Identify the WILFUL passengers on your bus, the difficult thoughts, feelings, memories and sensations that, if you listen to them, will guide you away from your Values, Roles, and Goals, and already get in the way of you living your life.
Acceptance and Commitment exercise:

What did you do this week that was positive, productive, or helpful even though you might have felt anxious or down?
Mind Full, or Mindful?
Mindfulness

E.g. Leaves on a Stream” (Luoma, Hayes, & Walser, 2007)

The Leaves in the Stream metaphor/image is often used as an exercise to help us distance ourselves from our almost constant stream of worry thoughts. To stand back and observe our thoughts rather than get caught up in them, we can notice that thoughts are simply thoughts, passing streams of words that we don't need to react to, we can just notice them.
Praise, Praise, Praise for efforts!

Give people high fives just for getting out of bed. Being a person is hard sometimes.
Additional Resources

https://www.anxietybc.com/

http://www.worrywisekids.org/

Freeing Your Child From Anxiety by Tamar Chansky, Ph.D.

You and Your Anxious Child by Anne Marie Albano, Ph.D.

What To Do When Your Worry Too Much: A Kid’s Guide to Overcoming Anxiety by Dawn Huebner
THANK YOU 😊

Anxietea

- What if I'm too cold?
- What if I'm too hot?
- What if I taste weird?
- What if nobody likes me?
- What if I'm just right and I can never live up to it again?