Trauma & Anxiety in Children

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February 19, 2007
Objectives

- Distinguish between fears and anxiety
- Provide Specific Information about Post-Traumatic Disorder & Case Examples
- Discuss First Aid for Trauma in Schools
- Overview of Psychological Treatments
- Discuss School Refusal/Avoidance
- Resources
<table>
<thead>
<tr>
<th>Fear</th>
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Childhood Fears

- **Key questions**
  - Does child’s fear interrupt daily schedule more than three times per day?
  - Can anyone recall a specific trigger?
  - How do you (parents) respond?

- **Fears**
  - Respond to reassurance, often have plausible event as cause, child can be distracted, and does not impinge on child’s play and development
Don’ts of Childhood Fears

- Use fear as a threat
- Humiliate child or belittle fear
- Be indifferent to distress
- Be unrealistic about child’s ability to master fear
- Be overprotective
Do’s of Childhood Fears:

- Respect child’s inclination to withdraw
- Support child to develop mastery over feared object/situation
  - Initial avoidance
  - Discussions about fear (not lectures)
  - Gradual introduction to fear
  - Modeling
- Take concrete action
Anxiety Disorders

- Most common psychiatric disorder
- 42.3 billion annual medical costs
- Lifetime prevalence 28.8%
  - 3 of every 100 children and adolescents ages 9 to 17
  - Girls more affected than boys
<table>
<thead>
<tr>
<th>Anxiety Disorder</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Specific Phobia</td>
<td>12.5%</td>
</tr>
<tr>
<td>Social Anxiety Disorder</td>
<td>12.1%</td>
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<tr>
<td>Post-traumatic Stress disorder</td>
<td>6.8%</td>
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<tr>
<td>Generalized Anxiety Disorder</td>
<td>5.7%</td>
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<tr>
<td>Panic Disorder</td>
<td>4.7%</td>
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<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>3%</td>
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</tbody>
</table>
Comorbidity

- Anxiety Disorders
  - 1/3 meet criteria for 2 or more anxiety disorders

- Major Depression
  - Estimates range from 28% to 47% to 69%
  - Tend to be older with more severe anxiety symptoms

- ADHD
  - 15-24% of children with SAD or GAD meet criteria for ADHD
Cycle of Anxiety

Cognitions
i.e. Catastrophic thinking, Overestimation of danger

Emotions
Anxiety, fear, discomfort

Avoidance
i.e. avoidance of situations
DSM-IV Criteria for PTSD

A. Person has been exposed to a traumatic event and:
   1. Person experienced, witnessed, or was confronted with event that involved actual/threatened death, serious injury, or threat to others
   2. Person’s response involves intense fear, helplessness or horror

B. The traumatic event is persistently re-experienced in one or more of the following ways:
   1. Recurrent and intrusive distressing recollections including images, thoughts or perceptions. (In young children repetitive play may occur where themes or aspects are expressed)
   2. Recurrent distressing dreams, in children may be dreams without recognizable content
   3. Acting or feeling as if the event were recurring, or they are reliving it. In children may be a reenactment
   4. Intense psychological distress when exposed to external or internal cues
   5. Physiological reactivity on exposure to internal or external cues that symbolize or represent the traumatic event
DSM-IV Criteria for PTSD

C. Persistent avoidance of stimuli associated with the trauma and numbing not present before the trauma – show by three or more of the following:
1. Efforts to avoid thoughts, feelings, conversations about the trauma
2. Efforts to avoid activities, places, or people that arouse recall
3. Inability to recall specific aspect of trauma
4. Markedly diminished interest in activities
5. Feelings of detachment or estrangement
6. Restricted range of affect
7. Sense of foreshortened future

D. Persistent symptoms of increased arousal not present before as indicated by two of following:
1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hyper-vigilance
5. Exaggerated startle response

- Duration greater than a month (if less Acute Stress Disorder)
- Disturbance causes significant distress or impairment in social, occupational, or other areas of functioning
- Acute (<3 mo) vs. Chronic qualifiers, also with Delayed onset (after 6 months)
PTSD criteria in summary

- Exposure to traumatic event (actual, threatened, or witnessed) resulting in fear, helplessness
- Repeated re-experiencing of event
- Avoidance of stimuli associated with event
- Symptoms of increased arousal
- Often involves somatic complaints
Types of Trauma

- Physical Abuse and Neglect
- Sexual Abuse
- Traumatic Grief
- Domestic Violence
- Community and School Violence
- Complex Trauma
- Medical Trauma
- Refugee and War Zone Trauma
- Natural Disasters
- Terrorism
Behavioral expression of PTSD

Preschool

- Thumb sucking, bed wetting, fears, separation and stranger anxiety, clingy, self-stimulation, night terrors or sleeping problems, play reenactment, loss of bladder or bowel control, loss of previously acquired skills, loss of appetite
Behavioral expression of PTSD
School aged

- Irritability, whining, regressive behavior, anxiety, depression, fear, lack of emotion, hyper-vigilance, aggression, withdrawal, school avoidance, poor concentration, amnesia for event, lots of bodily or somatic complaints
Behavioral expression of PTSD

Adolescent

- Anger, guilt, shame, betrayal, rage, poor impulse control, anxiety, hopelessness, depression, sleep disturbance, appetite disturbance, opposition, loss of interest in peers, agitation or decreased energy, apathy, intrusive flashbacks, somatic complaints
## Symptoms and Psychological First Aid
### Preschool through Second Grade


<table>
<thead>
<tr>
<th>Response to Trauma</th>
<th>First Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helplessness &amp; Passivity</td>
<td>Provide support, rest, comfort, good, opportunity to play or draw</td>
</tr>
<tr>
<td>Generalized fear</td>
<td>Reestablish adult protective shield</td>
</tr>
<tr>
<td>Cognitive confusion (e.g., do not understand that the danger is over)</td>
<td>Give repeated concrete clarifications for anticipated consequences; tolerate regressive symptoms in time-limited manner</td>
</tr>
<tr>
<td>Difficulty identifying what is bothering them</td>
<td>Provide emotional labels for common reactions</td>
</tr>
<tr>
<td>Lack of verbalization – selective mutism, repetitive nonverbal traumatic play, unvoiced questions</td>
<td>Help verbalize general feelings and complaints (so they won’t feel alone with their feelings)</td>
</tr>
</tbody>
</table>
## Symptoms and Psychological First Aid
### Preschool through Second Grade


<table>
<thead>
<tr>
<th><strong>Response to Trauma</strong></th>
<th><strong>First Aid</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attributing magical qualities to traumatic reminders</td>
<td>Separate what happened from physical reminders (e.g., house, monkey-bars, parking lot)</td>
</tr>
<tr>
<td>Sleep Disturbances (night terrors &amp; nightmares, fear of going to sleep, fear of being alone, esp. at night)</td>
<td>Encourage them to let parents &amp; teachers know</td>
</tr>
<tr>
<td>Anxious attachment</td>
<td>Provide consistent caretaking (e.g., assurance of being picked up from school, knowledge of caretaker’s whereabouts)</td>
</tr>
<tr>
<td>Anxieties related to incomplete understanding about death</td>
<td>Give explanations about physical relaity of death</td>
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</table>
## Symptoms and Psychological First Aid
Third through Fifth Grade

### Response to Trauma

<table>
<thead>
<tr>
<th>Preoccupation with own actions during event: responsibility &amp; guilt</th>
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</thead>
<tbody>
<tr>
<td>Specific fears, triggered by traumatic reminders</td>
</tr>
<tr>
<td>Retelling &amp; replaying of even (traumatic play)</td>
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<tr>
<td>Fear of being overwhelmed by feelings (crying, anger)</td>
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</tbody>
</table>

### First Aid

| Help express their secretive images about event                       |
| Help identify & articulate traumatic reminders & anxieties; encourage them not to generalize |
| Permit them to talk and act it out; address distortions & acknowledge normality of feelings & reactions |
| Encourage expression of fear, anger, sadness, in your supportive presence |

## Symptoms and Psychological First Aid
Third through Fifth Grade

### Response to Trauma

<table>
<thead>
<tr>
<th>Impaired concentration &amp; learning</th>
<th>Encourage to let teachers know when thoughts &amp; feelings interfere with learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep disturbances (bad dreams, fear of sleeping alone)</td>
<td>Support them in reporting dreams, provide information about why we have bad dreams</td>
</tr>
<tr>
<td>Concerns about own &amp; others’ safety</td>
<td>Help to share worries; reassurance with realistic information</td>
</tr>
<tr>
<td>Altered &amp; inconsistent behavior (e.g., unusually aggressive or reckless behavior)</td>
<td>Help to cope with challenge of own impulse control (e.g., must be hard to be so angry)</td>
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</tbody>
</table>

## Symptoms and Psychological First Aid
### Third through Fifth Grade

### Response to Trauma

<table>
<thead>
<tr>
<th>Symptom</th>
<th>First Aid</th>
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</thead>
<tbody>
<tr>
<td>Somatic complaints</td>
<td>Somatic complaints</td>
</tr>
<tr>
<td>Hesitation to disturb parents with own anxieties</td>
<td>Offer to meet with children &amp; parents to help children express feelings to parents</td>
</tr>
<tr>
<td>Concern for other victims &amp; families</td>
<td>Encourage constructive activities on behalf of injured &amp; deceased</td>
</tr>
<tr>
<td>Feeling disturbed, confused, frightened by their grief responses, fear of ghosts</td>
<td>Help retain positive memories as they work through more intrusive traumatic memories</td>
</tr>
</tbody>
</table>

## Symptoms and Psychological First Aid
### Adolescents (Sixth Grade and Up)

<table>
<thead>
<tr>
<th>Response to Trauma</th>
<th>First Aid</th>
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</thead>
<tbody>
<tr>
<td>Detachment, shame, &amp; guilt (similar to adult response)</td>
<td>Encourage realistic discussion of event, feelings about it, &amp; realistic expectations of what could have been done</td>
</tr>
<tr>
<td>Self-consciousness about their fears, sense of vulnerability, &amp; other emotional responses; fear of being labeled abnormal</td>
<td>Help them understand adult nature of these feelings; encourage peer understanding &amp; support</td>
</tr>
<tr>
<td>Post-traumatic acting out behavior (e.g., drug use, sexual acting out, delinquent behaviors)</td>
<td>Help to understand acting out behavior as an effort to numb their responses to, or to voice their anger over, the event</td>
</tr>
<tr>
<td>Life threatening re-enactment; self-destructive or accident-prone behavior</td>
<td>Address impulse toward reckless behavior in acute aftermath; link it to challenge of impulse control associated with violence</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Response to Trauma</th>
<th>First Aid</th>
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</thead>
<tbody>
<tr>
<td>Abrupt shifts in interpersonal relationships</td>
<td>Discuss expectable strain on relationships with family &amp; peers</td>
</tr>
<tr>
<td>Desires &amp; plans to take revenge</td>
<td>Elicit actual plans of revenge; address realistic consequences of these actions; encourage constructive alternatives that lessen traumatic sense of helplessness</td>
</tr>
<tr>
<td>Radical changes in life attitudes, which influence identity formation</td>
<td>Link attitude change to event’s impact</td>
</tr>
<tr>
<td>Premature entrance into adulthood (e.g., leaving school, getting married), reluctance to leave home</td>
<td>Encourage postponing radical decisions in order to allow time to work through response to event &amp; grieve</td>
</tr>
</tbody>
</table>
Multimodal Assessment

- Onset and development of anxiety symptoms
- Associated stressors/developmental challenges
- Medical history
- School history
- Family psychiatric history
- Mental status examination
- Behavioral observations
Multimodal Treatment

AACAP (1997) recommended using pharmacological treatment as an *adjunct* to other treatments

- Education & Support
- Cognitive Behavioral Therapy
- Relaxation Training & Exposure
- Parent Training
Cognitive Behavioral Therapy

Thoughts

Situation

Feelings

Behavior
Psychological Treatment

- Trauma Focused Cognitive Behavioral Therapy
Relaxation Training

- Physiological explanation
- Deep (diaphragmatic) breathing
  - Big sigh
  - Balloon in stomach
  - Blow bubbles
- Progressive Muscle Relaxation
  - Sequence of tensing and relaxing muscles
- Imagery
Cognitive Restructuring

- Changing negative cognitions associated with anxiety
  - Identify negative thoughts
  - Provide alternative ways of thinking
- Thought Stopping/Distraction
- Identifying Feelings
Systematic Desensitization/Exposure

- Graduated exposure to feared object or situation based on fear hierarchy
- Imaginal and in vivo exposure
- Participant modeling
Cycle of Anxiety

Cognitions
i.e. Catastrophic thinking,
Overestimation of danger

Emotions
Anxiety, fear, discomfort

Avoidance
i.e. avoidance of situations

EXPOSURE
### TABLE 1
Criteria for Differential Diagnosis of School Refusal and Truancy

<table>
<thead>
<tr>
<th>School refusal</th>
<th>Truancy</th>
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<tbody>
<tr>
<td>Severe emotional distress about attending school;</td>
<td>Lack of excessive anxiety or fear about attending school.</td>
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<tr>
<td>may include anxiety, temper tantrums, depression,</td>
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<tr>
<td>or somatic symptoms.</td>
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<tr>
<td>Parents are aware of absence; child often tries to</td>
<td>Child often attempts to conceal absence from parents.</td>
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<tr>
<td>persuade parents to allow him or her to stay home.</td>
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<tr>
<td>Absence of significant antisocial behaviors such as</td>
<td>Frequent antisocial behavior, including delinquent and disruptive acts</td>
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<tr>
<td>juvenile delinquency.</td>
<td>(e.g., lying, stealing), often in the company of antisocial peers.</td>
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<tr>
<td>During school hours, child usually stays home</td>
<td>During school hours, child frequently does not stay home.</td>
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<td>because it is considered a safe and secure environment.</td>
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<tr>
<td>Child expresses willingness to do schoolwork and</td>
<td>Lack of interest in schoolwork and unwillingness to conform to academic</td>
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<td>complies with completing work at home.</td>
<td>and behavior expectations.</td>
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Anxiety-Related School Refusal

- Excessive worry; persistent separation anxiety
- Often complain of physiological signs of anxiety (e.g., stomachache, headache)
- Shy, sensitive temperament
- Often excellent students; no behavior problems
- Girls outnumber boys
- Approx. 20% precipitated by an event
Anxiety Related School Refusal

- Separation-anxious
  - Earlier age of onset; family history of anxiety and/or school refusal

- Phobic
  - More severe school refusal
  - Family history of phobias

- Anxious/depressed
  - More severe emotional symptoms
  - Moderate to severe somatic complaints (autonomic & GI symptoms)
Secondary-Gain Related

- Often follows acute illness
- Get further behind in schoolwork
- May receive sympathy or enjoy rewarding activities at home
- Boys outnumber girls
- Often poor students
Treatment of School Refusal

**Primary goal: keep child in school/class**

- Graduated exposure if necessary
- Periods of rest available (within reason)
- Ensure child is not overwhelmed by workload, esp. after missing lots of school, or overwhelmed by current workload (e.g., honors classes)
- Education/consultation with parents & school
- Medication
Treatment: Target Maintenance factors

- Negative affectivity
  - Relaxation training
  - Gradual reintroduction (exposure) to school
  - Self-reinforcement and building self efficacy
- Escape from aversive social or evaluative situations
  - Cognitive restructuring of negative self-talk
  - Graded exposure tasks involving real-life situations
  - Social skills training and problem-solving skills training
Treatment: Target Maintenance factors

- Attention-getting or traditional separation anxiety
  - Parent training in contingency management
  - Changing parent commands
  - Establishing routines
  - Use of rewards and punishers for school attendance and school refusal

- Positive tangible rewards
  - Contracting to increase incentive for school attendance
  - Curtail social and other activities for nonattendance
  - Provide family with problem-solving & communication skills strategies to reduce conflict
Resources

- National Child Trauma Stress Network (NCTSN)
- Anxiety Disorders in Children (Fact Sheet)
- Trauma Focused Cognitive Behavior Therapy (TF-CBT) Web Training
- Psychological First Aid