Support for Children and Adolescents with Anxiety Disorders/Selective Mutism
如何支援患有焦慮症及選擇性緘默症的學生

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Internalizing vs Externalizing

- A well-known distinction of psychopathological problems in child psychiatry and psychology is that of ‘internalizing’ versus ‘externalizing’ disorders

- Internalizing
  - Reflect a child’s internal emotional or psychological state
  - Depressive disorders, dysthymia
  - Anxiety disorders

- Externalizing
  - Display outwardly towards the physical environment
  - Attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder (CD)

- Achenbach T. The child behavior profile: I. Boys aged 6–11. Journal of Consulting and Clinical Psychology. 1978;46:478–488.

Anxiety Disorders

- Anxiety = Anxiety Disorder?

- Anxiety
  - Normal feeling towards future
  - Things not under control
  - In reaction to prepare us from the worst

- Anxiety disorders
  - One of the most common, but hugely under-recognized disorders
  - Common disorders among pre-adolescents:
    - simple phobias, separation anxiety, selective mutism
  - Common disorders in adolescents:
    - social phobia, generalized anxiety disorder, panic disorder
  - At risk for anxiety and mood disorders in adulthood

- Local Prevalence 6.9 % DSM-IV in 12 months at mean age 13.8
  - P. W. Leung et al., 2008

Co-morbidity is common:

- Across other anxiety disorders
- Major depression
- Conduct disorder
- ADHD
- ASD
- …

Symptoms

Physical symptoms
Gastrointestinal symptoms - Abdominal pain, diarrhea, constipation
Cardiovascular symptoms - Chest discomfort, palpitation,
Vasovagal/ sympathetic symptoms – nausea, sweating, tremor, flushing
Mood - Irritability

Psychologically
Fearful of unfortunate/disaster happens
Found himself/herself or family with life threatening feeling
Fearful of others focusing on him/her

Comorbid with Depression or other anxiety disorders
Avoidance

Functional impairment!!!

Formulation

- Predisposing Factor
- Precipitating Factor
- Perpetuating Factor

- Biological
  - Anxiety disorder also runs in family
  - Other psychiatric illness
  - Other medical illness
- Psychological
  - Coping styles, Personality , Modeling and Parenting
- Social
  - Family pressure
  - Friendship pressure
  - School Pressure

Selective mutism

- Child is mute in many social situations but s/he can speak freely to familiar people
- Often associated with anxiety symptoms
- May develop social phobia later
- Need to rule out learning disability and any underlying autism spectrum disorder

Selective mutism

- Study found 63% of children with selective mutism fulfil clinical diagnosis of Autism Spectrum Disorder
  - N = 97
  - Mean age onset of selective mutism = 4.5 yo
  - Mean age of selective mutism diagnosis only = 8.8 yo
  - Clinician assessment with screening questionnaires

- Steffenburg H, Steffenburg S, Gillberg C, Billstedt E. Children with autism spectrum disorders and selective mutism. Neuropsychiatr Dis Treat. 2018 May 7;14:1163-1169. doi: 10.2147/NDT.S154966. Erratum in: Neuropsychiatr Dis Treat. 2018 Sep

Separation anxiety disorder

- Developmentally inappropriate and excessive anxiety when separation from home or those to whom the individual is attached is experienced or anticipated
- Excessive worry about losing or about possible harm befalling a major attachment figure

Separation anxiety disorder

- Unable to sleep over at friend's home
- Reluctant to sleep without attachment figure being present
- Reluctance or refusal to go to school
- Repeatedly phoning to check
- Anticipatory anxiety
- Physical and cognitive symptoms of anxiety

Social phobia

- Fear of being focus of attention, worried about “not performing = makes a fool of myself”
- Anxiety triggering situations: performing, presenting, eating with others, ordering food …
- Can present as selective mutism, avoidance, or situations are tolerated with dread

Simple phobia

- Phobia of specific things/situations
  - Darkness
  - Animals
  - Insects
  - Bloody scene

School Refusal

- Not Truancy
- Most not related to psychiatric illness
- Anxiety symptoms only at school
- Or before going to school

- Underlying Problems/Formulation
  - Relationship
  - Bullying
  - Academics stress

Panic disorder

- Episodic last for 5 to 20 mins, or even up to an hour
- Sudden onset with no apparent reasons
- Very frightening and distressing attack
  - Physiological
    - Tachycardia, sweating, nausea, chest pain, tremor, hot flushes, chills, dizziness,
  - Cognitive
    - Extreme fear of dying
  - Avoidance coping
    - Agoraphobia
- Associated with depression or other anxiety disorders

Involve Family in treatment plan

- Exposure-based cognitive behavioral therapy
- Combining CBT with SSRI medications may improve functioning
- Parental involvement in treatment is important and critical when a parent is anxious!!!!
  - Child/Adolescent Anxiety Multimodal Study (CAMS)

What should you do?

- Positive comments from teachers save their lives
- Help us to find the reasons behind
- Help them away from bullying events
- Help them develop friendships
- Avoid them being a focus in front of the class
- SEN

Case Sharing 1

- 12 yo boy
- Underdiagnosed Autistic spectrum disorder with borderline intelligence
- Bullying events in primary school
- Rank the last in each year
- Once finished P.6 last exam
- Refused school, with parents agreement
- Started to refuse secondary school
- No bullying events
- Would go to school everyday with mother, then refused to go into school
- Only reading at home

Psychological work behind

- School teachers and social workers set up framework for starting school slowly
- Arrange buddies
- Arrange pleasurable activities with new classmates
- EP allow for SEN
- Close coaching over mother !!!!
- The child never needs to take medication

Case Sharing 2

- 11/F P.6
- Selective mutism since P.1
- EP support in school with long persuasion for formal psychiatric services
- Family secret
  - Mother's 1st baby being killed by neighbor with mental illness
  - Mother had EMA and gave birth to patient
  - Father inappropriate distance with child
- Prominent anxiety and depressive symptoms
- Obsessive slowness
- Can communicate by writing
- Also aware of her family secrets
- Formal assessment after medical treatment
  - ASD features and learning disability
- Dated different boyfriends from internet with sexual contacts
- Very eager to delivery babies and set up her own family
- Placement and close supervision by social worker
- Psychoeducation and contraception techniques

Case Sharing 3

- 14 yo girl F.3
- Mother has depression, father has schizophrenia
- Prominent anxiety symptoms right before examinations
- Diarrhea and abdominal pain that failed to finish the exam paper
- Return to school at 7am everyday, always fear of herself being late
- Insomnia always during examination period
- Refuse to come back for follow up, as fear of classmates teasing at her
- Since taking medications, much improved
- Finished DSE

Learning points

- Anxiety is normal reaction
- Anxiety without coping
  - Avoidance
  - A lot physical distress
- Medications help for physical distress
- Psychological measures at school base helps the children return to reality