Helping Kids Cope: Managing Anxiety during COVID-19

Jennifer B. Blossom, PhD
Seattle Children’s Nursing Grand Rounds
9/10/2020
Introduction

Jen Blossom, PhD

- Clinical Child Psychologist
- PhD from University of Kansas
- Pre & Postdoctoral training at Seattle Children’s/UW
- Asst Professor in Psychology at UMF
- Clinical expertise in assessment & intervention for youth with anxiety, depression, and suicidality
- Research related to improving service delivery, efficiency, and access for youth with internalizing problems
Disclosures

I do not have any conflict of interest, nor will I be discussing any off-label product use.

This presentation has no commercial support or sponsorship, nor is it co-sponsored.
Learning Objectives

1. Describe the phenomenology of anxiety among youth from early childhood through adolescence
2. Discuss the impact of COVID-19 on youth mental health
3. Identify evidence-based interventions for youth anxiety
4. Describe implementation of evidence-based intervention for anxiety in healthcare settings
Anxiety: An Adaptive Emotion

Anxiety is normal, adaptive, and protective

- Our bodies’ natural alarm system

Anxiety varies in intensity from person to person
Anxiety: When is it a problem?

Anxiety is problematic when it causes significant distress or interferes in youth (or family) functioning.

<table>
<thead>
<tr>
<th>Age</th>
<th>Developmentally expected fears/ worries</th>
<th>Symptoms that might indicate a disorder</th>
<th>Corresponding DSM-5 Anxiety Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddlerhood (2–3 years)</td>
<td>Shyness, anxiety with strangers; Fears of separation from caregivers</td>
<td>Extreme panic when separated after age 2 years, sleep disturbance, nighttime panic attacks, oppositional behavior toward adults</td>
<td>Separation Anxiety Disorder</td>
</tr>
<tr>
<td>Preschool (4–5 years)</td>
<td>Fear of separating from parents to go to preschool or day care; Fear of thunderstorms, darkness, nightmares; Fear of specific animals</td>
<td>Clinging to parents, crying, tantrums, freezing, sneaking into parents’ bed at night, avoiding, avoiding feared stimuli, sleep refusal, bed-wetting</td>
<td>Separation Anxiety Disorder Specific Phobia (natural environment) Specific Phobia (animals)</td>
</tr>
<tr>
<td>Elementary School (6–8 years)</td>
<td>Fear of specific objects (animals, monsters, ghosts); Fear of germs or illnesses; Fear of natural disasters or injuries; Anxiety about school</td>
<td>Avoidance of feared stimuli, refusal to attend school, extreme anxiety/panic during tests, academic problems</td>
<td>Specific Phobia (animals, situations)</td>
</tr>
<tr>
<td>Middle School (9–12 years)</td>
<td>Anxiety about school or tests, worry about completing assignments; Worry about making and keeping friends, concerns about pleasing others</td>
<td>School refusal, academic problems, procrastination, insomnia, tension or restlessness, social withdrawal, timidity, extreme shyness in social situations, persistent worry</td>
<td>Social Anxiety Disorder Generalized Anxiety Disorder</td>
</tr>
<tr>
<td>High School (13–18 years)</td>
<td>Concerns about acceptance and rejection by peers, teachers; Worries about grades, sports, relationships</td>
<td>Academic problems, persistent worry, sleep/appetite disturbance, depressed mood or irritability, substance abuse, recurrent panic attacks, social withdrawal</td>
<td>Social Anxiety Disorder Generalized Anxiety Disorder Panic Disorder, Agoraphobia</td>
</tr>
</tbody>
</table>

Reprint from Weis, 2013
What does anxiety look like?

Avoidance

Somatic complaints (frequent trips to the nurse)

Sleeping and eating difficulties
What does anxiety look like?

Excessive reassurance seeking

Attention difficulties

Angry outbursts in efforts to avoid
Anxiety Etiology

- Genes
- Temperament
- Parenting
- Cognitive factors
- Learned avoidance
- Environmental/life stressors (e.g., COVID-19)

Anxiety: Pattern of Avoidance

- Anxiety
  - Increased arousal, emotionality, scanning for danger, physical symptoms intensify, attention narrows and shifts to self
  - Long Term: More physical symptoms, worry, loss of confidence in coping ability, increased safety behaviors

- Escape or Avoidance
  - Short Term: Relief

- Anxiety
  - Long Term: More physical symptoms, worry, loss of confidence in coping ability, increased safety behaviors
Anxiety in Youth

Most prevalent mental health disorder among youth

- 8-12% of youth ages 4-20 suffer from 1+ anxiety disorders
- More prevalent among girls
- Median age of onset 11
Anxiety in Youth: Treatment
Engagement

Referral practices do not reflect actual prevalence

- Referred less frequently than those with externalizing problems
- Less than a third of youth with anxiety seek treatment; even fewer receive treatment; even fewer receive evidence-based treatment
- On average, 9 years between problem-onset & start of treatment
Consequences of Untreated Anxiety

Other anxiety disorders, substance abuse, depression, suicidality

Impairments in social, family, academic, physical functioning

Educational and occupational underachievement
Anxiety in Healthcare Settings

Common occurrence!
- Increased healthcare utilization & ED visits

Opportunity for early identification & intervention
- Opportunity to improve equity in access & engagement in treatment
Determining Disorder

- Severity, frequency, duration, & impairment
- Significant distress, difficult to return to baseline
- Interference in child’s daily life, family, or social relationships
Anxiety Treatment

Cognitive-Behavioral Therapy (CBT)
- Most studied & supported by research
- First-line treatment

Medication

Combination of medication and therapy
CBT: Exposures

Behavioral intervention (CBT)

• Exposure (facing your fear) is the active ingredient of treatment
• Emphasizes approach over avoidance
• Scalable! Strategies can be incorporated into multiple settings
Child encounters feared situation

Child experiences anxiety

Avoidance is reinforced

Child avoids

Adult/peer rescues

Everyone's anxiety is lowered

Cycle of Avoidance

Child encounters feared situation

Child experiences anxiety

Bravery is reinforced, interference is lowered

Anxiety lowers over time with success in brave steps

Adult supports youth to face fear; they do not rescue or help avoid

Child makes attempt to face/avoid situation

Cycle of Approach
Exposure Goals

Emphasize function over fear

Child learns “even when I feel anxious, I CAN do it!”
Tx: Key Points

Find manageable steps to help kids work towards FACING their fear

AVOID offering excessive reassurance, distracting, or accommodating avoidance
CBT: Other Treatment Strategies

Other treatment strategies have little direct evidence of added value

Cognitive strategies
Anxiety, especially anticipatory anxiety, is a common reaction in crisis. The COVID-19 pandemic has caused substantial uncertainty and perceived loss of control.
COVID-19 & Mental Health Cascade

Anticipation of long-term mental health impact, particularly anxiety, on youth due to COVID-19 related restrictions:

• Worry about contracting the illness
• Isolation due to quarantine restrictions
• Impact on social determinants of health (e.g., food insecurity)
• Impact on typical developmental trajectories
COVID-19 & Equity

COVID-19 has disproportionately impacted communities of color

- COVID-19-related mortality is up to 6x higher for Indigenous peoples relative to White people
- In 2020 alone, the rate of death among communities of color has skyrocketed compared to the last 5 years: Black (31% increase), Latinx/Hispanic (44% increase), Asian (35% increase)

This disproportionately affects youth too

- Black and Latinx youth are 4x and 6x more likely, respectively, to test positive for COVID-19 than White youth**
- Youth of color are significantly overrepresented among youth hospitalized due to COVID-19 complications: Black (30%), Latinx (46%), Asian (4%), White (14%)

** This is likely significantly underestimated given documented inequity in access to testing
COVID-19 & Equity

COVID-19 has disproportionality disrupted the safety & stability of communities of color relative to White communities

• 41%, 32%, and 17%, decline in Black-owned, Latinx-owned, and White-owned businesses respectively between February and April 2020

• Disproportionate rates of unemployment: Black (24%), Latinx/Hispanic (25%), Asian (25%), White (16%)

• In June 2020, Black and Latinx renters were 2x more likely to not be able to pay rent relative to White renters due to COVID-19-related job disruptions
COVID-19 Inequity & Anxiety

How do COVID-19-related inequities relate to anxiety?

• Objective **risks** are different for different communities
• Important to consider context when addressing COVID-19 related anxiety
• Mental health consequences of COVID-19 may be more common for youth of color & concurrently, youth may face greater barriers to treatment
COVID-19 Context

Use a decision tree to determine whether an exposure plan “makes sense”
Integrated Care

Implementing brief anxiety intervention in healthcare settings helps address inequity

Many naturally occurring opportunities to practice facing fears
# Common Fears & Exposures

<table>
<thead>
<tr>
<th>Fear</th>
<th>Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of needles</td>
<td>Look at a picture of a needle, watch a video of someone getting a shot, getting a “shot” with a toy</td>
</tr>
<tr>
<td>Fear of separation</td>
<td>Sit independently in a seat, have parent step out of the room</td>
</tr>
<tr>
<td>Fear of making mistakes</td>
<td>Answer a question incorrectly, make a mistake on purpose</td>
</tr>
<tr>
<td>Fear of physical sx of anxiety</td>
<td>Spin in a chair, have a jumping jack competition</td>
</tr>
</tbody>
</table>
Questions?