

# Treating Severe Anxiety

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# Overview

- Typical worries vs. pathological anxiety
- Assessment
- Treatment
- Resources
- Q&A

# Typical Worries and Fears

Infants: loud noises, strangers

Toddlers: dark, monsters, animals, separation from caregivers

School age: death, injuries, natural disasters, school

Adolescents: appearance, social evaluation, performance, romantic relationships

# Pathological Anxiety

- Strong physiologic fear response in absence of danger
- High frequency uncontrollable panic and worry
- High intensity panic and worry
- Avoidance behaviours
- Impairment in social, home, or school functioning

# The Many Faces of Anxiety

- Irritability
- Angry outbursts, tantrums
- Somatization
- Poor sleep and appetite
- Nightmares
- Behavioral regression
- Poor school attendance
- Self harm
- Substance use
- Perfectionism
- Poor concentration
- Distractibility
- Lack of emotion (“freeze” response)
- Refusing to speak

# Risk Factors

Predispose → Precipitate → Perpetuate

- Genetic vulnerabilities
- Parental anxiety (learned/modeled behaviour)
- Stressors (big and small)
- Parental avoidance and accommodations
- Avoidant coping style

# Assessment of Anxiety

SCARED (Screen for Child Anxiety Related Emotional Disorders)

8-18yrs ; 41 items; child and parent versions

GAD-7 (Generalized Anxiety Disorder Scale)

13yrs and up; 7 items; patient only

- If there are nightmares/flashbacks, consider trauma/PTSD
- If there are obsessions/compulsions, consider OCD
- If there are body image issues, consider Anorexia/Bulimia
- If there is extreme difficulties with attention and concentration, consider ADHD

# Cognitive Components of Anxiety

Interpret ambiguous stimuli as negative

Recall negative information about themselves/events

Experience less control over anxiety producing situation

Demonstrate selective attention to threatening stimuli

## TREATMENT:

- monitor and evaluate negative thoughts (thought distortions)
- challenge and replace these thoughts
- Keep a thought record



# Behavioral Components of Anxiety

*Classic Conditioning* (neutral stimulus paired with aversive stimulus, e.g., fear of dogs after being bit)

*Operant Conditioning* (avoidance of anxiety producing situation negatively reinforced due to decreased anxiety)

*Observational Learning* (social learning and modeling)

## TREATMENT:

- Gradual exposure
- Counterconditioning (relaxation)
- Model non-fearful behavior
- Avoid avoidance! (identify and minimize family accommodations)

# Physiological Components of Anxiety

Fight, flight, or freeze response (sympathetic nervous system)

Adrenal system overload (excess cortisol, epinephrine, norepinephrine)

## TREATMENT:

- Psychoeducation (key!)
- Relaxation and coping skills
- Mindfulness
- Alternative interpretation (cognitive restructuring)

# Case Example

8yo with fear of vomiting, leading to avoidance of food and weight loss (ARFID), and social anxiety

- Psychoeducation about classic conditioning (her brain has paired food with vomiting)
- Identify cognitive distortion and challenge thoughts
- Teach relaxation strategies (diaphragmatic breathing, PMR)
- Identify goals and values
- Create a fear hierarchy (from “safe” low anxiety foods/situations to high anxiety foods/situations)
- Gradual exposure to fear stimuli, paired with positive experiences (high internal locus of control, relaxation skills, rewards)

# Practice Pearls

- Exposure exposure exposure!
- Avoid avoidance!
- Psychoeducation: anxiety feels awful in your body, but it's not dangerous
- Reduce parental accommodation
- Identify patient goals
- Create fear hierarchies with patients and set goals together
- Consider medications if severe and significantly impairing

# Resources

Coping Cat workbook by Kendall

Taming Worry Dragons by Garland et al.

CBT Strategies for Anxious and Depressed Children and Adolescents  
by Bunge et al.

Treating Childhood and Adolescent Anxiety by Lebowitz & Omer

Anxiety Relief for Kids by Flynn Walker

The Anxiety and Phobia Workbook by Bourne

AnxietyCanada.com

Apps: Mindshift CBT, Headspace, CALM

# Questions?

