For this case study, consider the information you would utilize for diagnosing generalized anxiety disorder.

Consider the following questions:

What behaviors and symptoms might indicate GAD?

What are the type, severity, frequency, & intensity of symptoms?

What are Jasmine's worries?

How is she exhibiting anxiety (physically, mentally, behaviorally)?

How is Jasmine trying to relieve her worry?

Do you feel this child merits a diagnosis?

The Story of 9-year-old Jasmine

Jasmine is a 9-year-old girl who has always been sensitive and caring, and who worries about the health and happiness of everyone around her. For example, her mother says that Jasmine worries about bringing the perfect gift to a friend’s birthday party or whether the cat has enough drinking water for the day. Over the past several months, Jasmine has been having terrible stomach aches in the morning, and sometimes vomits before going to school. She begs her mom not to send her to school because she says she is afraid something bad will happen. Her mom says that although Jasmine is very friendly, she has few friends. Jasmine refuses to go to sleepovers at other kids’ houses, and won’t even visit or play with other children unless her mom is there. She doesn’t like leaving the house alone because she worries that she might get into an accident on her bike, get hit by a car, or be attacked by a stranger.

Definition continued

- Children with GAD can experience anxiety related the same things that their peers worry about, but their worry is much intense -most notably their friends, school performance, world issues, and their families

- A child with GAD’s worries are usually unrealistic/irrational, causing them to exhibit anxiety that is disproportionate to the actual situation, or overestimate the likelihood of an worrisome event occurring in the future

Diagnosing GAD: DSM-IV TR Criteria

According to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000) the following criteria must be met in order to made a diagnosis of GAD:

1. Excessive anxiety and worry, occurring more days than not for at least six months, about a number of events or activities (such as work or school performance).

2. The person finds it difficult to control the worry.
DSM-IV TR Criteria continued

3. The anxiety and worry are associated with the following physiological symptoms:
   - restlessness, feeling keyed up or on edge
   - being easily fatigued
   - irritability
   - muscle tension
   - difficulty falling or staying asleep, or restless unsatisfying sleep
   - difficulty concentrating or the mind going blank

*Although adults must present at least three of the above physiological symptoms, only one is required in children.
*According to various agencies, the most commonly observed symptoms in children are sleep disturbances, concentration difficulties and feeling "on edge".

Prevalence of GAD

- An estimated 3-5% of Canadian adults suffer from GAD, compared to 6.5% of children and youth, making it the most common childhood mental disorder (CMHO, 2009).
- GAD is more common in girls than in boys; 2 out of every 3 children with GAD are girls.
- GAD usually appears around age 12, although much younger children can experience symptoms.
- About half of children and adolescents with GAD have a second anxiety, mental or behavioural disorder, such as depression, social anxiety, separation anxiety or ADHD (Anxiety BC, 2009; CMHO, 2009; CANMAT, 2009).
- Nearly 50% of children with an anxiety disorder will suffer from anxiety as adults (Anxiety BC, 2009)

Diagnostic Issues

- Systematic age differences in the expression of childhood fears and anxiety symptoms (Weems & Costa, 2005)
- GAD may be unstable over time, with high rates of relapse & recurrence (Collins et al., 2004)
- ‘Empirical’ Assessment of symptoms – ex. CBCL includes too few anxiety symptoms to permit estimation of separate GAD syndrome (Sterba et al., 2007)
  *criteria overlap may be less evident in interview data

Diagnostic Issues ~ OAD vs. GAD

- Some research suggests that children meriting a diagnosis are missed by current rules for diagnosis of GAD
- OAD found to be a better predictor of later anxiety disorders than GAD
- Only 14% of children with OAD also met diagnostic criteria for GAD
- Question of whether DSM-IV category of GAD really includes the majority of children with significant generalized anxiety symptoms (Bittner et al., 2007)

GAD in children

Did your initial thoughts regarding diagnosis for Jasmine match with your readings and presentation material?

Any further thoughts regarding her symptoms, worries, or diagnosis?

What conclusions do you have regarding diagnosing GAD in children?

How would you deal with issues of diagnosis?

For this case study, focus your thoughts and ideas on GAD and co-morbidity.

Consider the following questions:

What other disorders may be relevant to consider?
Are there any symptom overlap with other anxiety or mood disorders?
Is it possible for co-morbidity to go unnoticed?
What factors may contribute to difficulties with identifying co-morbidity?
What are possible implications of co-morbidity?
GAD in children

The Story of Seven-year-old Patty:

Seven-year-old Patty was being considered for homeschooling because of her repeated episodes of school absenteeism. There had been six major episodes since kindergarten in which she did not come to school for over 3 weeks; also, she was very frequently absent for several days at a time. When in school, Patty usually gets her work done but would not answer questions, read or otherwise respond aloud in the presence of peers. If asked to do so, her eyes teared, voice trembled, and she might sob or run from the room. She has friends in the class but often avoided group games. Patty often complained to her teachers of headaches, dizziness, stomach pains and upset, and general body weakness; this often predicted her absence the next day. When her parents tried to make her go to school, she often sobbed, tantrumed, and begged to stay home; sometimes she vomited or fainted. Her parents had consulted several physicians, who could find no physical disorders to explain these complaints. To her parents, and a mental health clinician who briefly treated her, Patty admitted being afraid of children's making fun of her, doing poorly in schoolwork, and being sent to an orphanage.

Co-morbidities

- GAD does not occur because of a single medical condition, it often co-morbid with other mental health disorders.
- GAD may be caused by both biological and psychological factors.
- Children with psychiatric disorders often display more than one disorder, as the symptoms of the psychiatric disorder often overlap each others (co-morbidity).
- In Short, co-morbidity is more the rule than the exception in psychiatric disorders related to children.

Co-morbidities

- In adults, studies show GAD is found to co-morbid with one or more of the following disorders:
  - Mood Disorder
  - Other Anxiety Disorder
  - Substance-Related Disorder
  - Stress-Related Disorder
  - Posttraumatic Stress Disorder
  - Genetic Disorder

Issues of Co-morbidity

- High rate of co-occurring internalizing symptoms
- Overlap of symptoms for anxiety and mood disorders create difficulties with differentiation between GAD & MDD, some research suggest anxiety & depression may not be heterogeneous disorders (Higa-McMillan et al., 2008, Dozois et al., 2009, Masi et al., 2004, Sherba et al., 2007)
- GAD’s relationship with other anxiety disorders is still questioned (Masi et al., 2004)
- ‘Artifactual co-morbidity’ (Masi et al., 2004)

GAD in children

What conclusions did you make regarding GAD and co-morbidity?

In your opinion what is the relationship of GAD and other anxiety/mood disorders?

How would you deal with the issues of co-morbidity?

What solution(s) do you favour for identifying and addressing co-morbidity?
GAD in children

For this case study consider how theoretical conceptualizations influence GAD.

Consider these questions:

What factors underlie anxiety?

How is anxiety developed?

What is the relationship between personality, development, cognition, & genetics and anxiety? How would this influence perceptions of anxiety and how it is exhibited?

What theoretical connections can you make to 'explain' Mitchell's current anxious symptoms?

The Story of 17-year-old Mitchell

Mitchell is a 17-year-old boy. His school counsellor says he used to be a good student, but over the past year his grades have dropped and he often skips classes. Mitchell is very withdrawn. He avoids friends and family, and tends to stay home alone in his room. He states he is very anxious whenever he is at school, and he worries a lot about what others think of him - whether he is wearing the right clothes, or if he will give the correct answers in class. Mitchell also worries a lot at home, especially when he watches the news and hears about crime in the city. He worries about his own and his family's safety, and tries to deal with his anxiety by avoiding the news and newspapers. He also tries to avoid being around others, including his friends at school. Mitchell often has muscle cramps in his neck and shoulders, and he has difficulty paying attention in class. He also doesn't sleep well, usually 'tossing and turning' throughout the night. He worries a lot about his future - whether he will ever have a girlfriend or a job.

Theoretical Conceptualizations

- Why are Theoretical Conceptualizations important?
- Three clusters of GAD Theoretical Conceptualizations;
  1) Cognitive Models
  2) Emotional/Experiential Models
  3) Integrated Models

Cognitive Model

Intolerance of Uncertainty Model

- lack of confidence for problem solving
- problem as a threat
- frustration with solving problems
- pessimism regarding problem solving skills

People find uncertain and ambiguous situations stressful and upsetting and that worry will help to cope with or avoid the event.

Emotional/Experiential Model

Emotion Dysregulation Model

- emotional hyper-arousal
- poorer understanding of emotions
- negative attitudes about emotion
- maladaptive emotion regulation and management of strategies

A person is aroused with great intensity but cannot understand emotion therefore anxiety symptoms and a negative attitude is created. The person attempts to fix the problem but cannot.

Metacognitive Model

- Type 1 worry
- Type 2 worry

Normal worry about external situations or physical symptoms occurs regularly but problems arise when individuals begin to worry about their worries being uncontrollable or even dangerous.
Emotional/Experiential

Acceptance Based Model

- internal experience
- problematic relationship with internal experience
- experiential avoidance
- behavioral restriction

A person experiences a negative emotion, focuses on that emotion, then actively avoids the internal experience that they believe is threatening by worrying about something else. Person does not live in the moment.

Integrated Model

Gray’s Model

- reinforcement sensitivity model
- Behavior Inhibitions System
- Behavior Approach System

Model based on the idea of how a person reacts to a conditioned cue and that conditioning is dependent on input from the environment. This is interesting because it allows for integration of multiple levels of influences.

Integrated Model

Tripartite Model

- positive affect, PA
- negative affect, NA
- physiological hyper-arousal, PH

State-Trait Anxiety relationship

- state
- trait

Looking at the possible process of interplay between a genetic vulnerability factors and environmental stressors.

Conceptualization Issues

- There are no well defined etiological pathways outlining continuity and change for childhood anxiety disorders. Anxious disorders are developed by a combination of factors. (Weems & Coners, 2006)
- Problems remain with strategies to measure etiological models. Difficult task in future to integrate the models and constructs proposed to underlie anxiety. (Mark & Resick, 2001)
- Longitudinal community-based studies that cover both childhood & adolescent psychiatric disorders are rare, and studies have lumped together internalizing disorders or investigated symptoms rather than diagnosis (Weems et al., 2012)
- Need for further research on clinical presentation of GAD in children & adolescents as its distinctiveness from the adult form (Weems et al., 2014)
- New conceptualization possible for DSM-V recognizes disorders as empirical evidence on disorder co-occurrence, shared genetic vulnerability, and connections with personality (Weems, 2016, Weems et al., 2009)
  - Hierarchical model includes sub-category of distress disorders that group together GAD, MDD, dysthymia, PTSD

GAD in children

- Which theory of GAD appeals to you the most and why?

Rate the relative value of these theories in consideration of: symptomology, diagnosis, co-morbidity, treatment/practice, developmental pathways, etc.....?

What conclusions can you reach about different theoretical conceptualizations of GAD?
Different types of treatments can be used to reduce the symptoms of GAD. Most effective treatment plans will incorporate different treatments that include therapy, self-help, and in some severe cases—medication.

Medication such as some antidepressants can be effective for generalized anxiety disorder (GAD). They are usually used and recommended as a temporary treatment solution to relieve symptoms. Therapy is the important key to treating GAD.

Cognitive-behavioral therapy (CBT) is one type of therapy that is used in treating generalized anxiety disorder (GAD): [FRIENDS]

Mindy

GAD in children

Story of 12 year old Justin

Justin's parents and teachers find that he is a 'nervous' child. He worries a lot about his performance in school to the point that he hardly sleeps the night before an exam. He repeatedly asks questions like 'What if I get lots of mistakes on my spelling test? What if I didn't study enough? What if I forget the answers?'. He won't raise his hand in class and latches out when asked questions. He also worries about his parents financial problems, for they both are unemployed. Because he does not get much sleep, he is tired, tense, and often grumpy, complaints of headaches and pain in his chest. According to his parents, he is constantly 'tense like a spring', and has 'meltdown daily'. He has no friends, because he is very slow in joining in to play with other children, and spends all his evenings studying.

References


References continued
References continued


