

# Anxiety in ADHD and LD

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# Today's Presentation

- What are stress and anxiety?
- What do stress and anxiety look like in kids with ADHD/LD?
- How can we help?

# Why do ADHD/LD and Anxiety Co-Occur?

Executive function difficulties interfere with ability to complete expected tasks

- Working memory
- Organization
- Time management

Can lead to chronic stress and harder time managing stress



ADHD and Anxiety (OCD) may share genetic link

- 30-50% of individuals with ADHD have an anxiety disorder

# Anxiety in ADHD/LD Kids

## Undiagnosed ADHD / LD in Preschool / Kindergarten

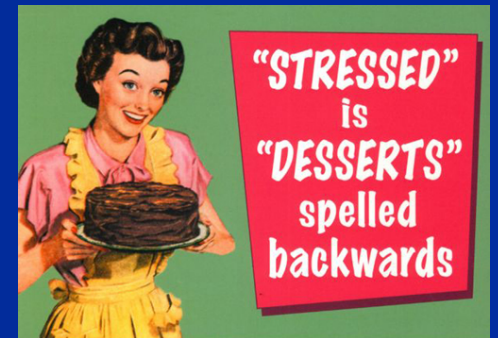
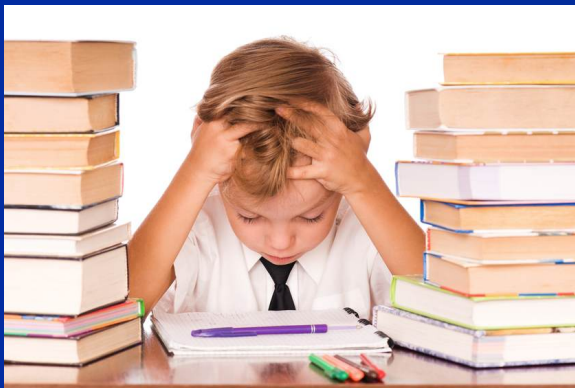
- Readiness skills introduced
- Frustrated because they can't keep up
- Don't understand why they're struggling



Can lead to stress and  
school dislike

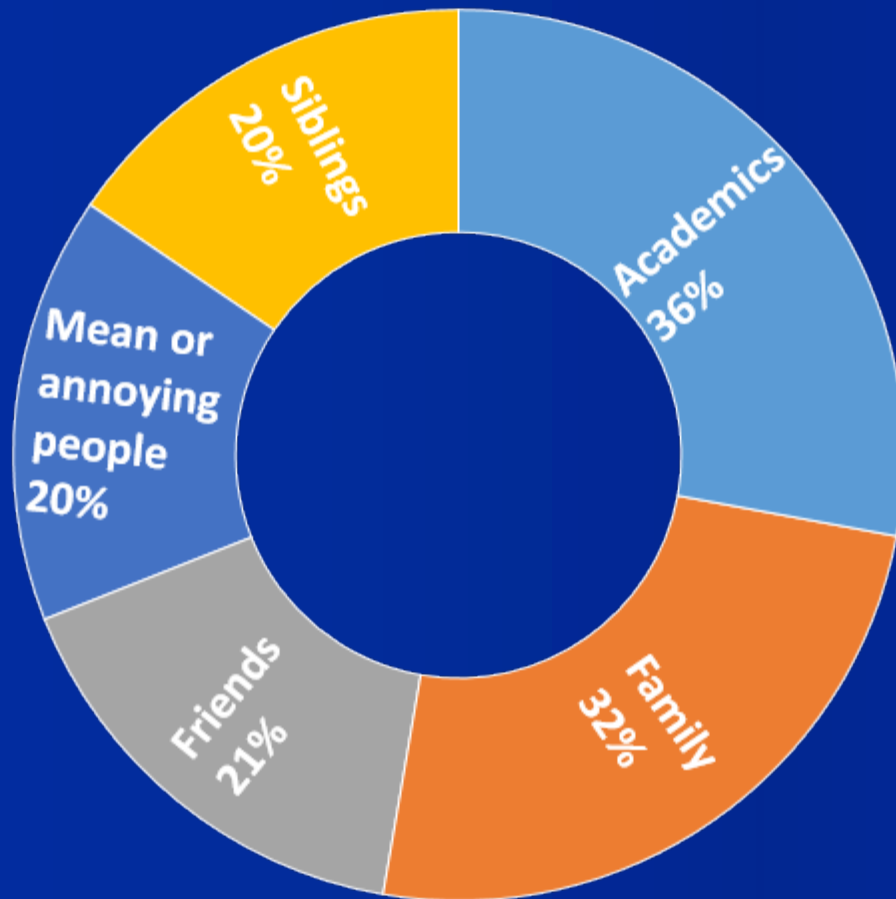


# STRESS



# Childhood Stress

Kidshealth.org online poll



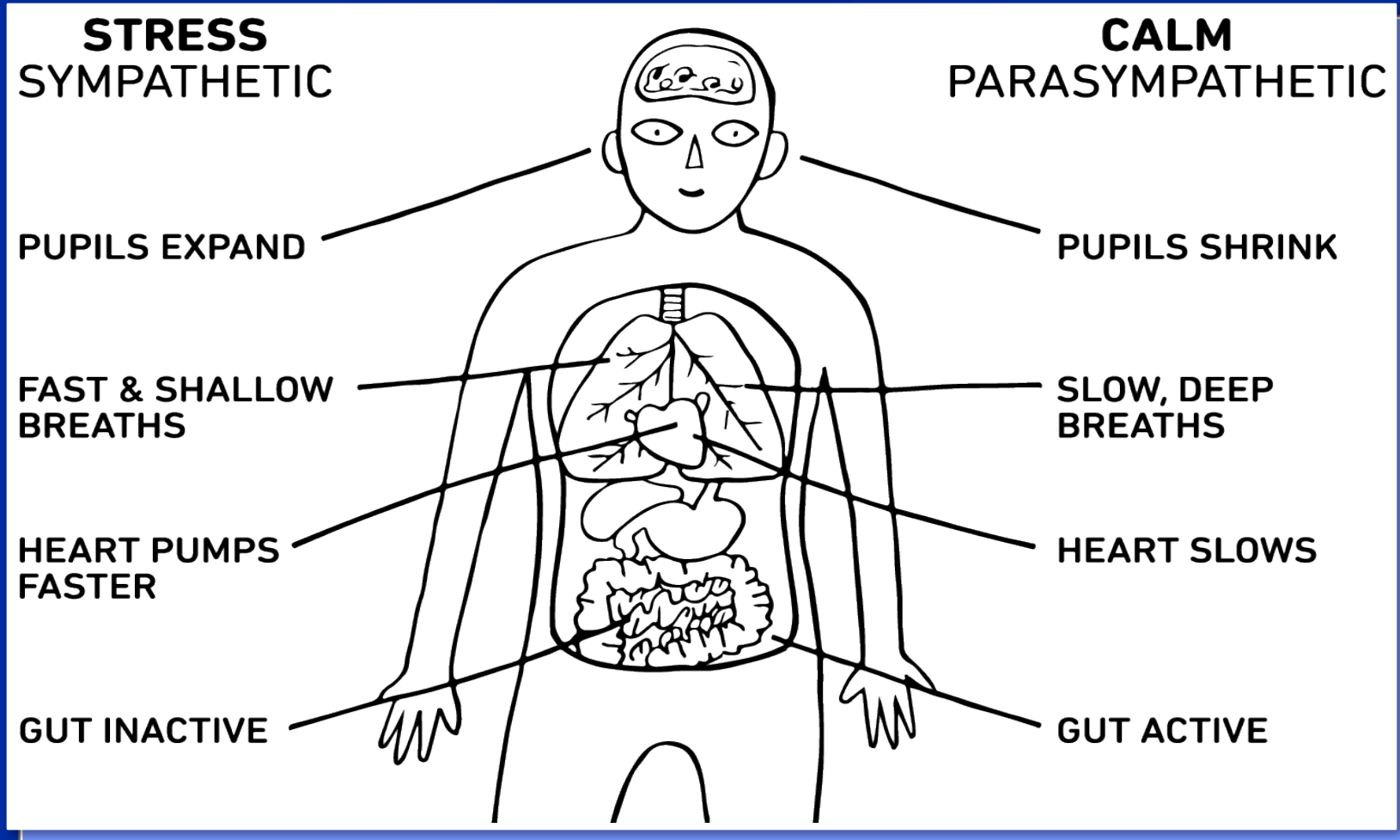
875 9-13 yo's

Academics	36%
Family	32%
Friends	21%
Siblings	20%
Mean/annoying people	20%

# What is Stress?

- Stress is a **physical and emotional reaction** to circumstances that frighten, irritate, confuse, endanger or excite you.
- Stress is a **normal** part of childhood.
- Stress occurs in reaction to both **positive** and **negative** events and situations, real or imagined.

# Physical Signs of Stress and Anxiety





# What Does Child Stress Looks Like?

## HyperArousal

- Tearful, emotionally labile
- Changes in sleep, appetite
- Changes in behavior (more irritable or aggressive)
- More clingy, difficulty separating
- Increased physical complaints

## Freezing/Numbing

- Regressive behavior
- Nervous behaviors (biting nails, grinding teeth)
- Avoidance
- Zoning out; withdrawing
- Difficulty focusing

# Coping Strategies Kids Use

kidshealth.org

- 52% play or do something active
- 44% listen to music
- 42% watch TV or play a video game
- 30% talk to a friend
- 29% try not to think about it
- 28% try to work it out
- 26% eat
- 23% lose my temper
- 22% talk to a parent

***75% of the kids said they want and need their parents' help in times of trouble***

# Helping Kids Manage Stress

- Provide education about stress
- Limit exposure to stressful scenarios
- Maintain a daily routine
- Leave some unscheduled time (without electronics)
- Practice good sleep hygiene
- Give them some control
- Broaden their view & add perspective
- Enhance social connections (for your child and yourself)
- Model your own stress management
- Nurture a positive self-view & highlight successes

**But What  
About Anxiety ?**



# What Is Anxiety?

- **ANXIETY** is a fear response in **ABSENCE** of real threat
  - **Affective** – fear, panic, agitation, nervousness
  - **Cognitive** – worry, negative thoughts, poor concentration, attentional biases
  - **Physiological** – arousal, abdominal, tension, sleep
  - **Behavioral** – flight, fight, freeze, reassurance seeking

# Normal Developmental Fears

- **Infancy** – strangers, loud noises
- **Early childhood** – separation, monsters
- **Middle childhood** – real-world dangers, new challenges
- **Adolescence** – social status, social group, performance

# Short-Term Episodes of Anxiety

- Are expected and cause relatively little interference in functioning for the average child or adolescent
- Are associated with circumscribed events (e.g., thunder; new situations; oral report; teasing)
- Are overshadowed by the cumulative effect of positive reinforcement delivered by peers, parents, and teachers (habituation occurs)

# Normal vs. Problematic Anxiety

- Intensity
- Frequency
- Innocuous threats
- Spontaneous
- Avoidance
- Interference
- Distress
- Duration





# How Common Are Anxiety Disorders in Children and Adolescents?

**Most common child psychiatric disorder**

- U.S. Surgeon General's Report on Mental Health

**12–20%** of children suffer  
from anxiety severe enough to  
interfere with their functioning

# Anxiety in ADHD and LD Youth

- Anxiety is common in children and adolescents with ADHD and learning problems
- 35% or more of youths with ADHD
  - Can be difficult to differentiate inattentiveness from excessive worry and fidgetiness from nervous agitation
- 10–15% or more of youths with LD

# ADHD Comorbidity – The MTA Study

579 children (age 7.0 to 9.9 yo) with ADHD-combined Type

- Oppositional Defiant Disorder 39.9 %
- **Anxiety Disorder 33.5**
- Conduct Disorder 14.3
- Tic Disorder 10.9
- Affective Disorder 3.8
- Tic Disorder 10.9
- Mania/Hypomania 2.2
- Other (eg, Bulimia, Enuresis) 0.2

# General Points About Anxiety

- **Subclinical fears are common in children.**
- **The number of fears declines with age.**
- **Girls endorse a greater number of fears than boys.**
- **Focus of fear changes over time — specific fears decrease over the course of childhood while social anxiety increases in adolescents.**

# **DSM-5 Anxiety Disorders**

- **Separation Anxiety Disorder**
- **Social Anxiety Disorder (Social Phobia)**
- **Generalized Anxiety Disorder**
- **Panic Disorder with/without Agoraphobia**
- **Agoraphobia without history of Panic Disorder**
- **Obsessive-Compulsive Disorder**
- **Specific Phobia**
- **Post-Traumatic Stress Disorder**
- **Selective Mutism**

# Differentiating ADHD & Anxiety

## Inattentiveness

- **ANXIETY** - Distracted by worries
- **ADHD** - Difficulty sustaining focus

## Overactivity

- **Anxiety** - Nervous energy
- **ADHD** - Hyperactivity / impulsivity

## Work slowly

- **Anxiety** - Perfectionism, fear of making mistakes
- **ADHD** - difficulties starting tasks / sustaining focus



# Differentiating ADHD & Anxiety

## Fail to Turn in Assignments

- **ANXIETY** – Gets stuck, can't ask for help
- **ADHD** – Poor planning / forgetfulness



## Social Difficulties

- **ANXIETY** – Social anxiety / emotionality / avoidance
- **ADHD** – Poor social skills / social cues / annoying

# Separation Anxiety Disorder

## Presence of three or more of the following:

- Distress when separation is anticipated or occurs
- Worry about harm befalling others
- Worry that an untoward event will result in separation
- Refusal to go to school or elsewhere
- Fear or reluctance to be alone at home or in other settings
- Refusal to sleep away from attachment figures
- Nightmares
- Physical complaints at separation





# **Social Anxiety Disorder**

## **(Social Phobia)**

- **Marked and persistent fear of social situations in which the person is exposed to unfamiliar people or possible evaluation; fears embarrassment or humiliation**
- **The situation provokes anxiety**
- **The situation is avoided or endured with distress**
- **Interference in functioning**
- **Duration of at least 6 months**

# **Social Anxiety Disorder**

## **Symptom Age Trends**

- **May begin as inhibited temperament in preschoolers**
- **May be associated with selective mutism in young school-age children**
- **Higher prevalence in postpubertal adolescents**
- **Retrospective reports of adults place age of onset in adolescence**

# Social Anxiety Disorder

## Commonly avoided situations:

- Parties
- Meeting new people
- Talking to adults
- Entering a group of peers
- Talking one-on-one
- Being assertive
- Performances
- Class participation
- Public speaking
- Eating in public
- Using public restrooms
- Writing in public
- Dating situations
- Playing sports

# Generalized Anxiety Disorder

- Excessive anxiety and worry occurring more days than not for at least 6 months, about a number of activities or events
- The worry is difficult to control
- At least one physiologic symptom: restlessness, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbance

# Characteristics of Worriers

- **Markedly self-conscious and require frequent reassurance**
- **“What if” thinking**
- **Worry about low frequency events**
- **Intensity of worry differentiates youth with Generalized Anxiety Disorder from those without the disorder**

# Anxiety Interference at School

- **Generalized Anxiety Disorder:** Excessive worry about schoolwork, friendships, schedules and procedures, health, etc., with need for reassurance, repeated questions
- **Social Phobia:** Avoidance or extreme discomfort related to doing something embarrassing in front of others, performing, working in groups, eating, etc.
- **Separation Anxiety Disorder:** Worries about something happening to parent during school hours, requests to call parent, go home, etc.



# School Refusal

Important to identify the reason underlying school refusal:

Separation fears

Boredom, demoralization

Social anxiety

Bullying, teasing

Test anxiety

Learning problems

**What Are the  
Warning Signs  
for Problematic  
Anxiety?**





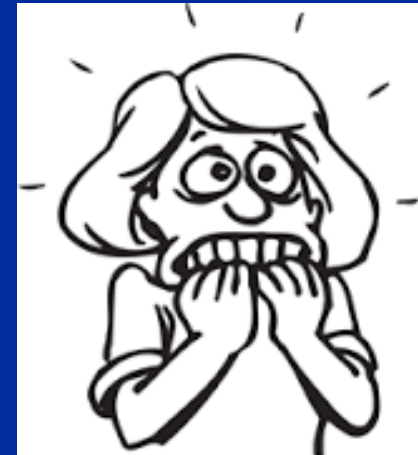
# Identifying Anxiety Potential RED Flags

- Extreme shyness
- Isolation
- Avoids social situations
- Extreme discomfort when the center of attention
- Avoids schoolwork for fear of making a mistake



# Identifying Anxiety Potential RED Flags

- Expects bad things to happen
- Excessive worry about upsetting others
- Asks questions (or asks for reassurance) too frequently
- Perfectionism
- Excessive worry about failure
- Wiggles, is jittery, shaky, high-strung, tense, and unable to relax
- Lacks self-confidence



# Signs of Anxiety in Children with ADHD

- Limited ability to calm down and get perspective
- Emotional thinking - Immediate emotional reaction
  - Easily overwhelmed, discouraged
  - Easily frustrated
  - Afraid to start tasks
  - Reluctant to start new things
  - Give up too quickly
  - Avoid interacting with others



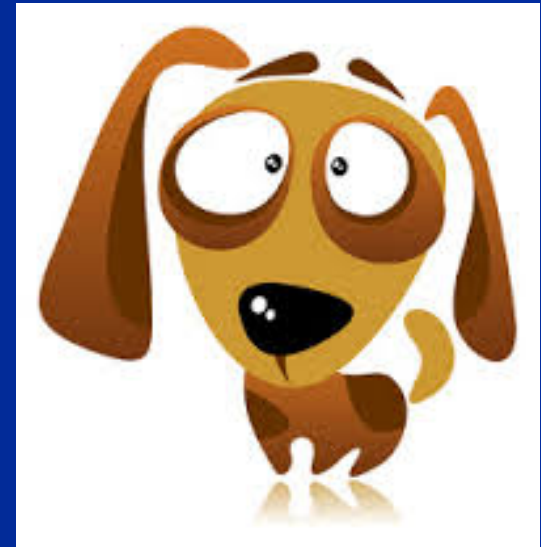
# Signs of Anxiety in Children with ADHD



- Clowns around in class
- Irritable or argumentative
- Lies about schoolwork or other responsibilities
- Withdraws from people
- Plays video games or watches TV nonstop



**What are Effective  
Ways to  
Manage Child  
Anxiety ?**



# Tips for Parents

## Help them see the big picture

- Let them calm down then encourage him to reflect on what happened

## Validate your child's feelings

- Help him/her figure out steps to take

## Control your own anxiety

- Children learn from what you do
- Stay calm and positive

## Seek out additional resources

- School, clinical, educational



# Tips for Teachers

## Okay To Do

- Be sensitive
- Provide positive feedback
- Provide realistic encouragement
- Be consistent
- Seek additional resources

## Not Recommended

- Accommodate the anxiety
- Single the child out



# Tripartite Model of Anxiety

## Three Channels of Anxiety

**Thoughts**



Distortions, threat bias, worries

**Feelings**



Physiologic (physical) symptoms

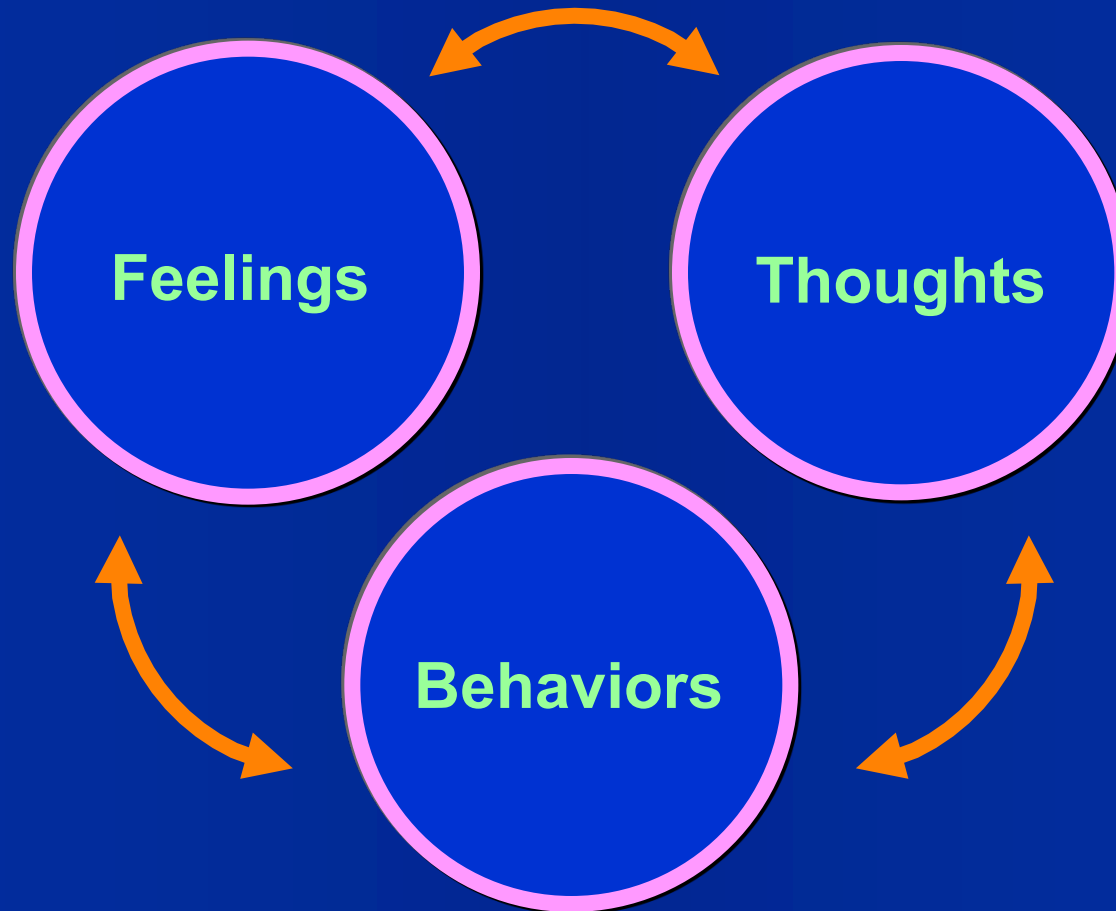
**Behaviors**



Avoidance, clinging, crying, etc.



# Three-Part Model of Anxiety



# Cognitive Behavior Therapy

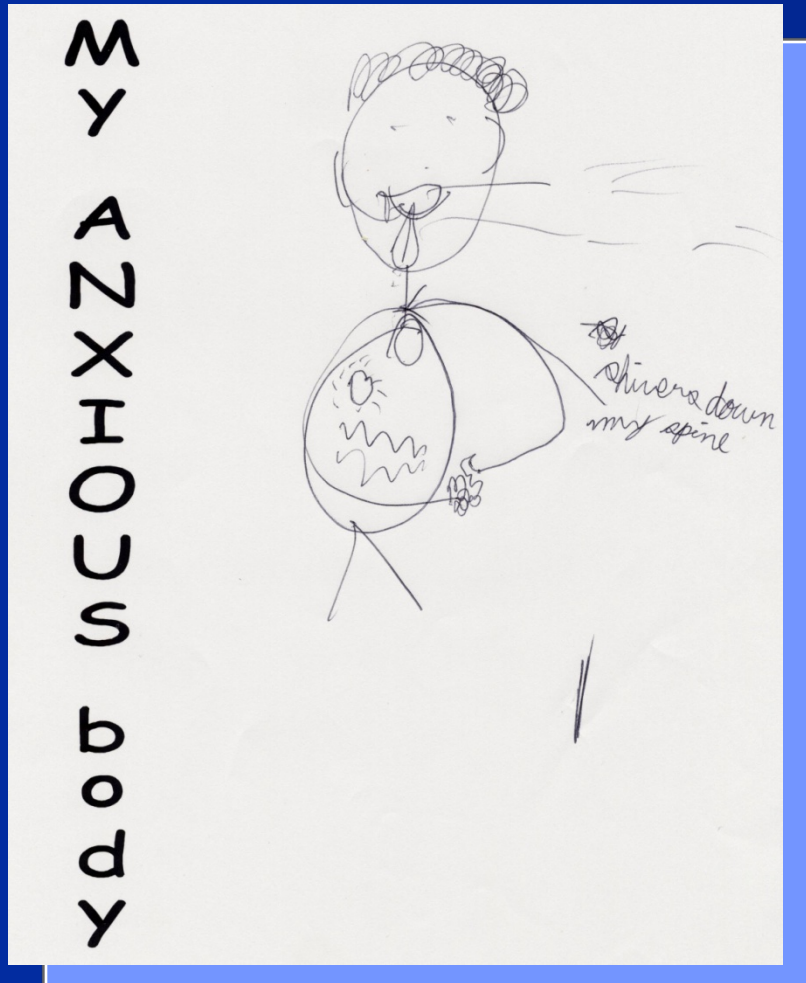
Rationale for CBT is the need to change **thoughts and feelings** first. Then **behavior** is easier to change.

In children, CBT typically starts with the most concrete aspects of anxiety — affect and somatic symptoms — then moves to cognitions.

# Cognitive Behavior Therapy

- **Education about Anxiety**
- **Recognizing Emotions and Bodily Feelings**
- **Recognizing Anxious Thoughts**
- **Change Negative Thoughts**
- **Change Avoidant Behaviors**

# Identifying Anxious Feelings



Start with less threatening exercises (magazine pictures, stories about others) and then move to more personal material

# Recognizing Emotions



# Addressing Anxious Feelings

- **Progressive Muscle Relaxation**
- **Deep Breathing**
- **Visual Imagery (Spaceship Rides)**
- **Develop tolerance of normal, expected levels of anxiety**
- **Mindfulness**
- **Practice at home**

# Changing Anxious Thoughts

**Double Bubble**

**DANGER thoughts**

*Someone  
outside w/a  
flashlight.*

**Coping thoughts**

*That light  
was just  
acc.*

I was feeling anxious about *a light that shined on*  
*the window*

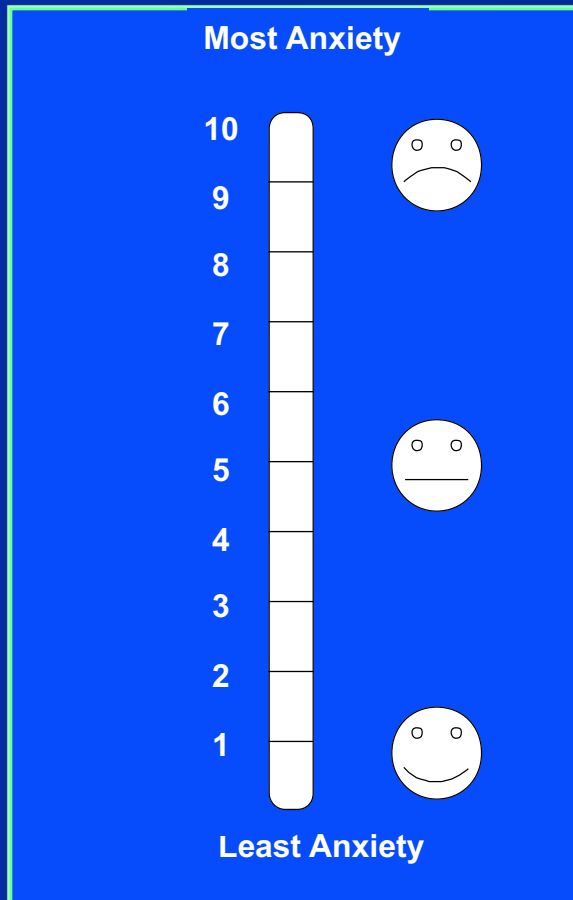
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# Anxiety Fear Hierarchy

## Fear Thermometer (SUDS)



## Separation Anxiety Fear Hierarchy

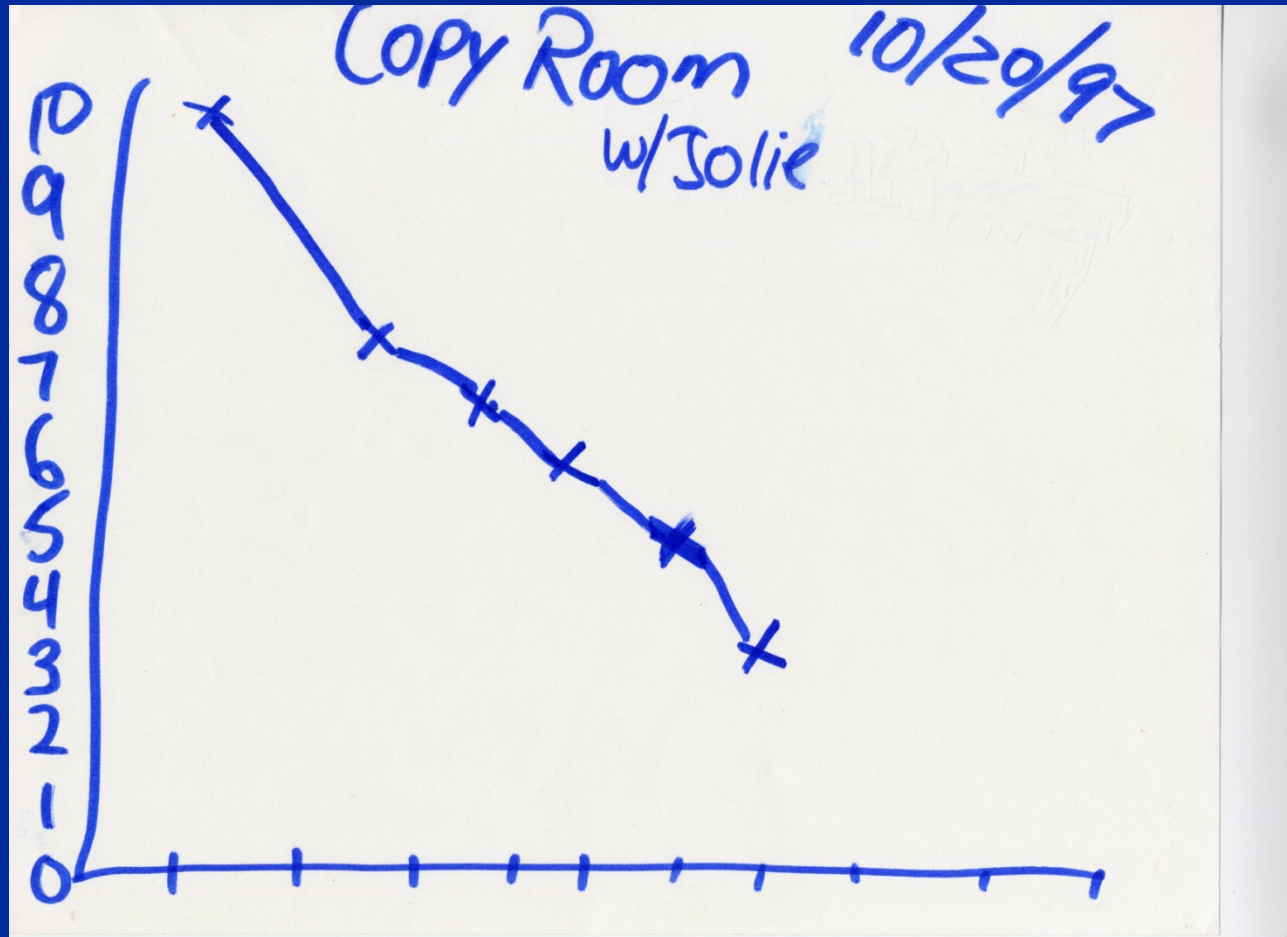
<u>Situation</u>	<u>SUDS</u>
Riding an elevator alone	10
Riding an elevator with parent	8
Riding a glass elevator	6
Bathroom alone with door closed	6
Bathroom with parent with door closed	5
Small room alone with door closed	5
Small room with someone with door closed	4
Small room alone with door slightly ajar	2



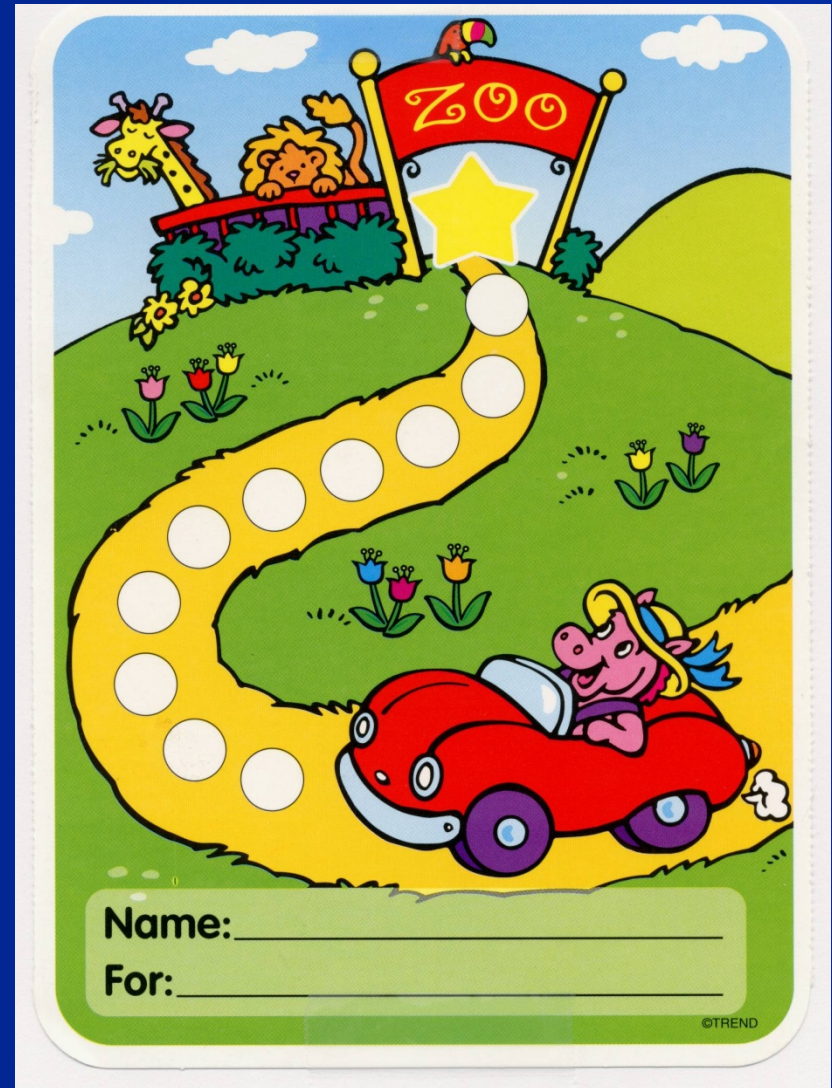
# Behavioral Exposure



# Charting Anxiety during Exposure



# Reward Program



# Cognitive Behavior Therapy

## FEAR PLAN

**F**eeling Frightened

**E**xpecting Bad Things to Happen

**A**ttitudes & Actions that will Help

**R**esults & Rewards

From COPING CAT (Kendall et al., 1992)

# Impact of ADHD and LD on CBT

- **Difficulty self-monitoring and accurately reporting symptoms, distress and internal states**
- **Can't attend to therapist**
- **Difficulty staying seated**
- **Difficulty comprehending therapy concepts, exercises, and expectations**
- **Poor frustration tolerance/need immediate gratification**
- **Family environmental factors**

# Accommodations for ADHD and LD

- **Greater emphasis on behavioral vs cognitive factors**
- **More concrete exercises and examples**
- **Slower pace**
- **More repetitions**
- **More frequent rewards**
- **Greater parental involvement**

# **Impact of Anxiety on ADHD Treatment Response**

## **MTA Study**

- **ADHD children with comorbid anxiety responded just as well to stimulant medication as children with ADHD and Anxiety**
- **However, children with comorbid anxiety disorder responded better to CBT than those without an anxiety disorder**



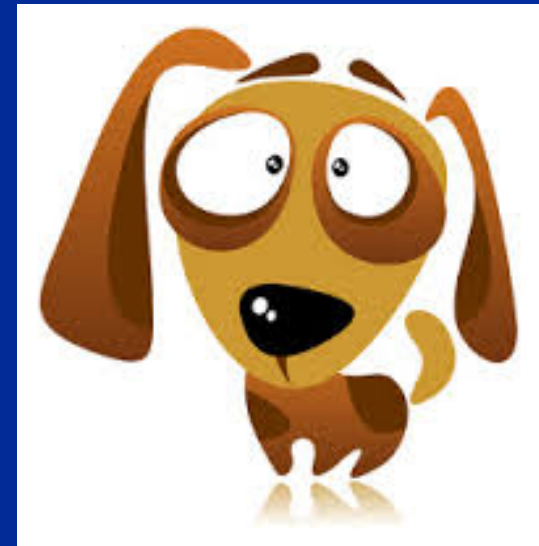
# **Meds for ADHD+Anx**

**Abikoff et al., 2005**

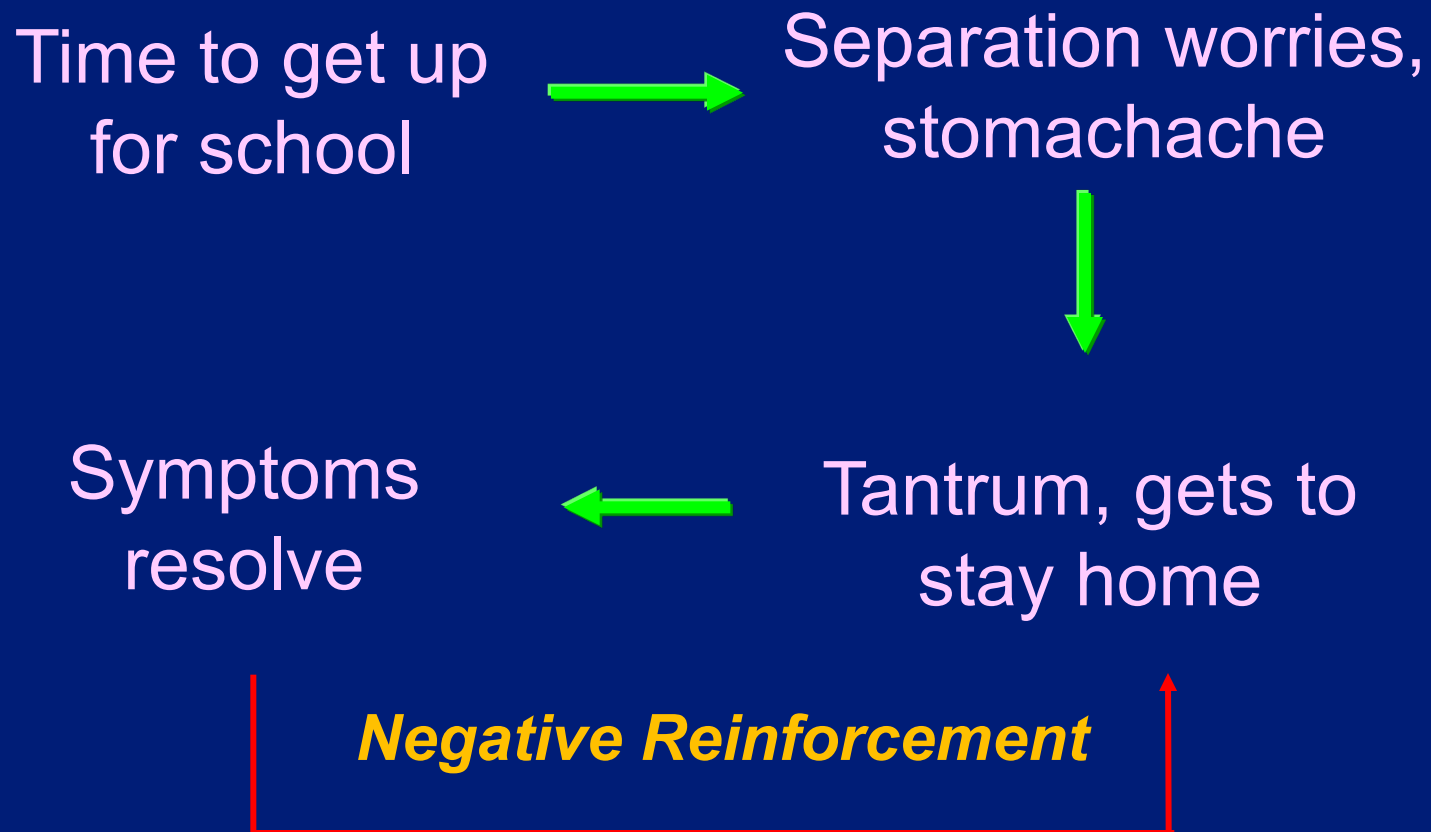
- **32 children with ADHD+Anxiety first treated with methylphenidate for ADHD. Responders then randomized to fluvoxamine or placebo for anxiety symptoms**
- **ADHD symptoms showed similar response to stimulant regardless of treatment group**
- **There was no difference between fluvoxamine and placebo in reducing anxiety symptoms**



**What  
Should  
the  
Grownups  
Do?**



# Anxiety Cycle



Letting kids avoid anxiety-provoking situations rewards the anxious behavior, including tantrums, and ultimately makes the anxiety worse.

# **Negative Reinforcement**

**The more you give in to your child,  
the worse the anxiety gets.**

# Parenting Strategies

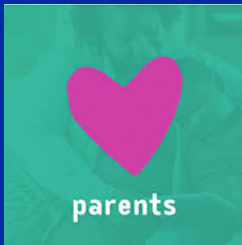
- **Reward your child's courageous behaviors.**
- **Avoid giving in to your child's fear behaviors.**  
(Don't give in to their attempts to avoid things they should be doing, like school or other activities.)
- **Teach your child to communicate, cope, and problem-solve.**
- **Control your own anxiety.**

# How to Win the Avoidance Battle

- Disengage/ignore at earliest possible point.
- Do not engage in back-and-forth arguing.
  - Extinction burst (dog at door)
- Maintain calm/non-emotional reaction.
  - Avoid punishment
  - Calmest participant wins
- As soon as child calms down, even briefly, engage him/her in different activity.
  - Positive reinforcement of appropriate behavior
  - This can include discussion of event

**When Nothing  
Else Works ...**

# Center for Child Anxiety Resilience Education and Support



An innovative new center dedicated to supporting the development of resilient, emotionally healthy children.



WEB: [www.uclacarescenter.org](http://www.uclacarescenter.org)

CONTACT US: [carescenter@ucla.edu](mailto:carescenter@ucla.edu)

