Pediatric Mental Health Care Access Grant

Social Anxiety, Specific Phobias, and Selective Mutism:

Toward Understanding Specific Manifestations of Anxiety

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OBJECTIVES

1. Recognize developmental stages of specific anxiety disorders
2. Identify diagnostic criteria for Selective Mutism, Specific Phobias, and Social Anxiety Disorder (Social Phobia)
3. Identify treatment approaches for each of these specific anxiety disorders

SEVEN CATEGORIES OF ANXIETY DISORDERS

- Separation Anxiety Disorder
- **Selective Mutism**
- **Specific Phobia**
- **Social Anxiety Disorder (Social Phobia)**
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder

ANXIETY AND DEVELOPMENT

Developmental Period	Age	Common Fears and anxieties	Possible Symptoms	Corresponding DSM-5 Anxiety Disorders
Early Infancy	Within first weeks	Loss of Physical support, loss of Physical Contact with caregiver	__	__
	0-6 months	Intense sensory stimuli (loud noises)	__	__
Late Infancy	6-8 months	Shyness/anxiety with stranger, sudden, unexpected, or looming objects	__	Separation Anxiety Disorder
Toddlerhood	12-18 months	Separation from parent. Injury, toileting, strangers	Sleep disturbances, nocturnal panic attacks, defiant behavior	Separation Anxiety Disorder Panic attacks
	2-3 years	Fears of thunder and lightning, fire, water, darkness, nightmares, animals	Crying, clinging, withdrawal, freezing, avoidance of salient stimuli, night terrors, enuresis	**Selective Mutism** **Specific phobias**

ANXIETY AND DEVELOPMENT

Developmental Period	Age	Common Fears and anxieties	Possible Symptoms	Corresponding DSM-5 Anxiety Disorders
Early Childhood	4-5 years	Separation from parents, fear of death or dead people	Excessive need for reassurance	Separation anxiety disorder **Selective (Elective) Mutism** generalized anxiety disorder, panic attacks
Primary/Elementary School Age	5-7 years	Fear of specific objects (animals, monsters, ghosts)	---	**Specific phobias** **Selective (Elective) Mutism**
		Fear of gems or of getting a serious illness	---	Obsessive-compulsive disorder (OCD)
		Fear of natural disasters, fear of traumatic events (e.g., getting burned, being hit by a car or truck)	---	**Specific phobias** acute stress disorder, post-traumatic stress disorder, generalized anxiety disorder

ANXIETY AND DEVELOPMENT

Developmental Period	Age	Common Fears and anxieties	Possible Symptoms	Corresponding DSM-5 Anxiety Disorders
	5-11 years	School anxiety, performance anxiety, physical appearance, social concerns	Withdrawal, timidity, extreme shyness with unfamiliar adults and peers	**Social anxiety disorder (social phobia)** **Selective (Elective) Mutism**
Adolescence	12-18 years	Personal relations, rejection from peers, personal appearance, future, natural disasters, safety	Fear of negative evaluation	**Social anxiety disorder (social phobia)**

SELECTIVE MUTISM

SELECTIVE MUTISM

- Failure to talk in specific social situations, even though they may speak loudly and frequently at home or other settings
- Estimated to occur in 0.7% of children
- Average age of onset is 3-4 years
- May be an extreme type of social phobia

DIAGNOSTIC CRITERIA FOR SELECTIVE MUTISM

A. Consistent failure to speak in specific social situations in which there is an expectation for speaking (e.g., at school) despite speaking in other situations
B. The disturbance interferes with educational or occupational achievement or with social communication.
C. The durations of the disturbance is at least 1 month (not limited to the first month of school.)
D. The failure to speak is not attributable to a lack of knowledge of, or comfort with, the spoken language required in the social situation
E. The disturbance is not better explained by a communication disorder (e.g., childhood-onset fluency disorder) and does not occur exclusively during the course of Autism Spectrum Disorder, Schizophrenia, or another psychotic disorder

TREATMENT FOR SELECTIVE MUTISM

Contingency Management:
Relies on the use of natural consequences and reinforcers for reducing anxieties associated with specific behaviors or events. Contingency management for anxiety includes shaping, positive reinforcement, and extinction. Its goal is to alter the child's anxious or fear-based behavior by eliminating the contingencies that support them and by creating more powerful contingencies for replacement behavior.

TREATMENT FOR SELECTIVE MUTISM

Modeling:
Involves showing children examples of successful outcomes in anxiety-provoking situations can effectively reduce anxiety-related beliefs and behaviors. The goals of modeling are to reduce the child's anxiety by demonstrating the event and consequences in a non-anxiety-provoking manner and to help the child acquire a new skill to handle the anxiety.

SPECIFIC PHOBIA

DIAGNOSTIC CRITERIA FOR SPECIFIC PHOBIA

A. Marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).

B. The phobic object or situation almost always provokes immediate fear or anxiety.

C. The phobic object or situation is actively avoided or endured with intense fear or anxiety.

D. The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and to the sociocultural context.

DIAGNOSTIC CRITERIA FOR SPECIFIC PHOBIA

E. The fear, anxiety, or avoidance is persistent, typically lasting 6 months or more.

F. The fear, anxiety or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

G. The disturbance is not better accounted for by another mental disorder, including fear, anxiety, panic-like symptoms, agoraphobia, obsessive-compulsive disorder, post-traumatic stress disorder, separation anxiety disorder, and/or social anxiety disorder

DIAGNOSTIC CRITERIA FOR SPECIFIC PHOBIA

Animal (e.g., spiders, insects, dogs)

Natural environment (e.g., heights, storms, water)

Blood, injection, injury (e.g., needles, invasive medical procedures)

Situational (e.g., airplanes, elevators, enclosed places)

Other (e.g., situations that may lead to choking or vomiting; in children, loud sounds or costumed characters)

PREVALENCE/COMORBIDITY/ONSET/COURSE

- **Prevalence and comorbidity**
  - **About 20% of children are affected at some point in their lives, although few are referred for treatment**
  - **More common in females**
- **Onset, course, and outcome**
  - **Onset at 7-9 years - phobias involving animals, darkness, insects, blood, and injury**
  - **Peak between 10-13 years of age**

TREATMENT FOR SPECIFIC PHOBIA

- Treatment for specific phobia focuses on behavioral therapy
- Medication is not usually prescribed
- Psychotherapeutic
  - Exposure Therapy: Specific phobia is highly treatable through behavior therapy. A typical method involves gradual, repeated exposure to the feared object, event or situation.
  - CBT: Therapy that teaches strategies for coping with fear and anxious thought patterns is another common option for older children.

SOCIAL ANXIETY DISORDER (SOCIAL PHOBIA)

DIAGNOSTIC CRITERIA FOR SOCIAL ANXIETY DISORDER

A. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others.
***Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech).**
***Note: In children, the anxiety must occur in peer settings and not just during interactions with adults.**

B. The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing; will lead to rejection or offend others).

DIAGNOSTIC CRITERIA FOR SOCIAL ANXIETY DISORDER

C. The social situations almost always provoke fear or anxiety.
Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, clinging, shrinking, or failing to speak in social situations.

D. The social situations are avoided or endured with intense fear or anxiety.

E. The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.

F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

DIAGNOSTIC CRITERIA FOR SOCIAL ANXIETY DISORDER

G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The fear, anxiety, or avoidance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder, such as panic disorder, body dysmorphic disorder, or autism spectrum disorder.

J. If another medical condition (e.g., Parkinson's disease, obesity, disfigurement from burns or injury) is present, the fear, anxiety, or avoidance is clearly unrelated or is excessive.

PREVALENCE, COMORBIDITY, AND COURSE

- **Extremely rare in children under 10**
- **Generally develops after puberty**
- **Lifetime prevalence of 6-12%**
- **Females are diagnosed twice as often as males**
- **Two-thirds of children with Social Anxiety Disorder have another comorbid disorder**
  - **Usually GAD**
- **Often co-occurs with externalizing behaviors – frequent outbursts of anger and aggression**
- **Average duration of symptoms is 20-25 years (chronic)**

TREATMENT FOR SOCIAL ANXIETY DISORDER

- Cognitive-Behavioral Therapy (CBT)
- Youths with Social Anxiety Disorder are more likely to have poorer outcomes following CBT than youths with other anxiety disorders
- In the absence of effective, and usually long-lasting, treatment, the likelihood of complete remission is the lowest of all anxiety disorders

ANXIETY AND DEPRESSION

- A child's risk for comorbid disorders will vary with the type of anxiety disorder
  - Depression is diagnosed more often in children with multiple anxiety disorders
  - Negative affectivity: persistent negative mood
- Physiological hyperarousal (somatic tension, shortness of breath, dizziness, etc.) may be unique to anxious children

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