

# Treatment of Childhood Health Anxiety In The DSM V Era

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ADAA Conference

March 28, 2014

# Overview

- What health anxiety looks like in the DSM V compared to DSM IV
- Crash course in the assessment and treatment of childhood health anxiety with a focus on...
- Psychoeducation
- Managing avoidance behaviors
- Dealing with safety seeking and intolerance of uncertainty
- Related social anxiety and school refusal
- Helping parents manage reassurance

# Who's this guy?

- Psychologist at Chicago Cognitive Behavioral Treatment Center
- Specializes in treatment of anxiety and related mood disorders using CBT with an emphasis on “third wave” therapies (ACT, DBT, FAP)
- We're in the city and also two northern suburbs (Skokie, Highland Park)
- We go where we need to go...
- Very collaborative with parents when working with children

# DSM IV

- Hypochondriasis
- Preoccupation with fears of having a serious disease based on misinterpretation of bodily symptoms
- Persists despite appropriate medical evaluation and treatment

# DSM V

- Illness Anxiety Disorder
- Under Somatic Symptom and Related Disorders which also includes Somatic Symptom Disorder, Conversion Disorder, Psychological Factors Affecting Other Medical Conditions, Factitious Disorder
- Hypochondriasis, somatization disorder, pain disorder, undifferentiated somatoform disorder are all gone

# Illness Anxiety Disorder

- Preoccupation of having or getting a serious illness
- Anxiety about health
- Excessive health related behaviors
- At least six months
- Specifiers: care seeking or care avoiding
- 1.3-10% prevalence

# What it really looks like for kids...

- Exposure of some kind to serious illness
- Allergic reactions
- Someone in the family or school got sick
- Saw something on tv or online
- Underlying anxiety that got triggered by something health related
- Can spill over into other areas...

# Let's meet Roscoe...

- 12 year old Caucasian male experiencing intense anxiety after having an allergic reaction to peanut butter at a friend's birthday party that required a trip to the emergency room.
- Previous history of some generalized anxiety and worry, briefly saw school counselor three years ago when he became anxious after someone threw up in class but felt better after a couple sessions.
- Refusing to go to restaurants and most social events with food involved, avoiding friends, frequently late to school and seeking out school nurse several times daily.
- Very sensitive to any signals in his body that indicate an allergic reaction (itchiness, throat feeling scratchy).
- Increased depression, thoughts of, "Is it always going to be this way?"
- Parents struggling with what to do, Roscoe repeatedly seeks them out for reassurance and they tell him everything will be ok.

# Assessment

- Gain history of anxiety symptoms in child over time (as well as family history)
- Relevant semi structured interviews (ADIS, CYBOCS, CIAS, CASI)
- Main recent triggering events
- Overall, the focus should be on functional analysis
- Parents will need to be involved throughout

# Psychoeducation

- What anxiety is and how it works in the brain
- Cognitive biases
- Maintaining beliefs
- Hypervigilance
- Giving the anxiety a name
- “You are not your anxiety, it’s passing through you like a wave...”
- **Learning how to deal with anxiety involves tolerating uncertainty**

# Body signals and triggers

- Start with the body and move inward
- Practice with the child to notice the bodily signals they feel rather than getting too sucked in and misinterpreting
- Understanding bodily fluctuations
- “Bodies are noisy”
- With allergies, understanding the facts...

# What about Roscoe?

- Body scans
- Increase awareness of bodily sensations and how hypervigilance plays in
- Practice “feeling itchy” in session and regularly at home with parents
- Focus on habituating to and tolerating the sensations
- Staying in the moment with sensations without seeking reassurance

# Understanding the function of avoidance

- Creating a list of what's being avoided
- “Getting out of the TRAP and back on TRAC”
- **All about getting behaviors back in place and rebuilding confidence**
- Creating exposure hierarchy
- Rewards system
- Limit setting

# Exposures

- Imaginal
- In vivo
- In session and at home
- Can involve stimuli associated with core anxiety and also other health related situations
- Response prevention involves not seeking reassurance

# Safety seeking behaviors

- Asking/checking
- “I really just need you to tell me it’s going to be ok...”
- **Tolerating uncertainty**
- Parent coaching
- Rewards
- Limit setting

# Roscoe Update

- Exposures target both building tolerance to peanut butter products being around but also associated stimuli being avoided
- Round 1: Mr. Peanut
- Round 2: Peanut butter jar in room
- Round 3: Handling peanut butter products
- Round 4: Walking up to outside of restaurant
- Round 5: Going with family to get take out
- Round 6: Sitting at restaurant with family
- Round 7: Ordering and taking three bites
- Round 8: Ordering and completing meal
- Round 9: Brief playdate with a friend
- Round 10: Longer playdate etc.

# Roscoe Update

- Rewards system set up so that each time he practices a more intense exposure he gets more points for prizes
- Limits set for reassurance seeking from school nurse. He can check in once and then after that he loses points he could earn for the day
- Also has a “three strikes” system for asking for reassurance from parents
- Parents trained to respond, “I’d rather see you get points to earn that cool prize...”

# Dealing with the worrying

- Worry time
- Worry box
- Approaching “as if...”
- Behavioral experiments
- Visualizing

# Roscoe Update

- Worry box set up in the morning and evaluated at the end of the day to sort out “big deal” and what turned out to be “not a big deal” thoughts.
- Scheduled worry time after dinner, 6:30-7pm for evaluation of worry box and putting any other worries on paper, practices delay of worries and gets bonus points for delays.
- “What would Jay Cutler do...”

# Related social anxiety and school refusal

- Health anxiety can activate these behaviors as well
- Can be addressed as needed
- Focus on getting the behaviors in place, rewards, limit setting
- For school refusal, the home cannot be a fun place if the child is not in school

# Roscoe Update

- Earned bonus points for each 30 minute time increment he was able to attend school earlier
- Coordination with school counselor and homeroom teacher for added support
- Social anxiety addressed in exposure hierarchy
- Major focus for him on building mastery and confidence through behavioral developments

# Thank you!

- Questions/concerns?
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