

Anxiety and IDD

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Anxiety Defined (APA)

- A universal human emotion characterized by feelings of tension, worried thoughts, and physical changes such as increased blood pressure.



- People with persistent anxiety usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. They may also have physical symptoms such as sweating, trembling, dizziness or a rapid heartbeat.

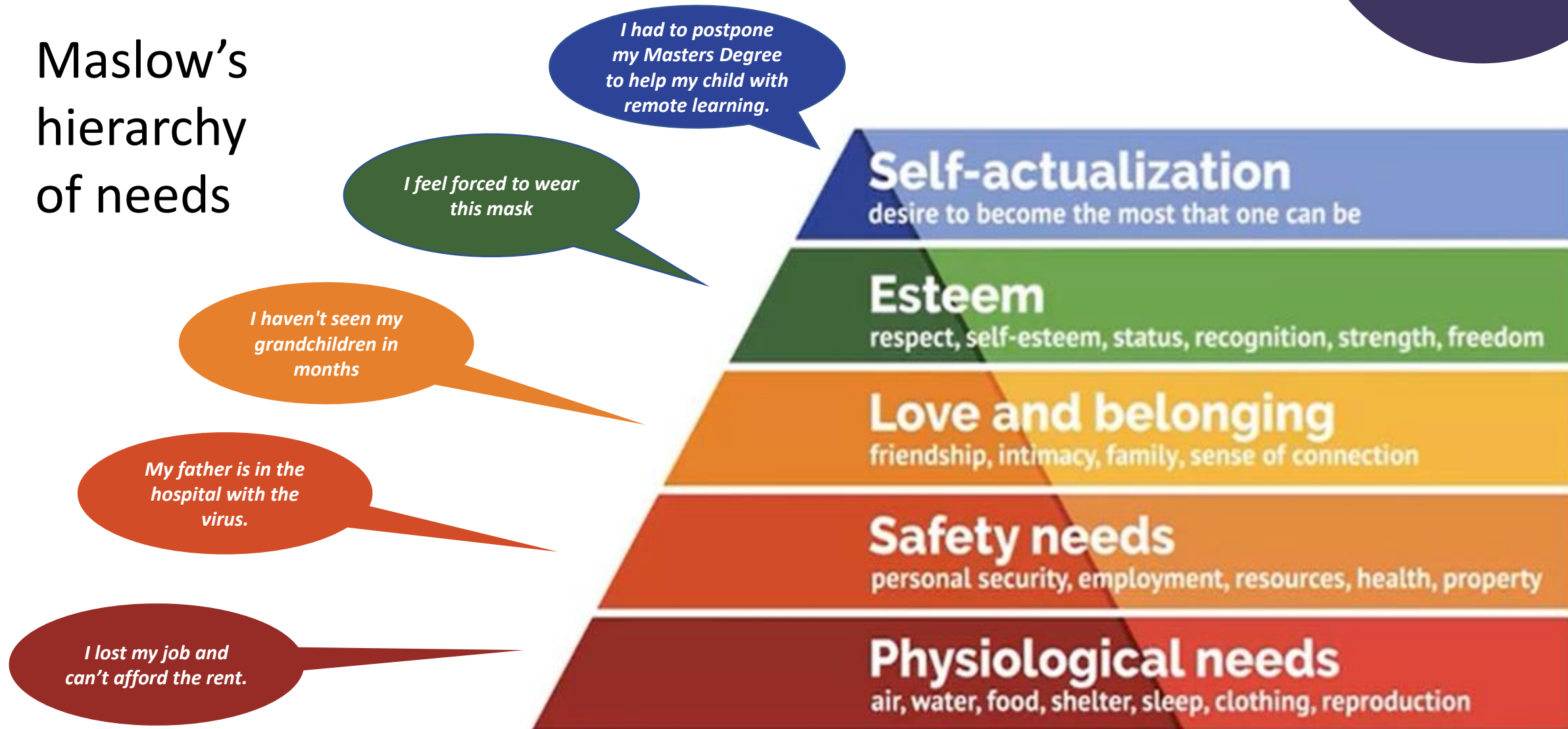
**What does it look like
when you become anxious?**

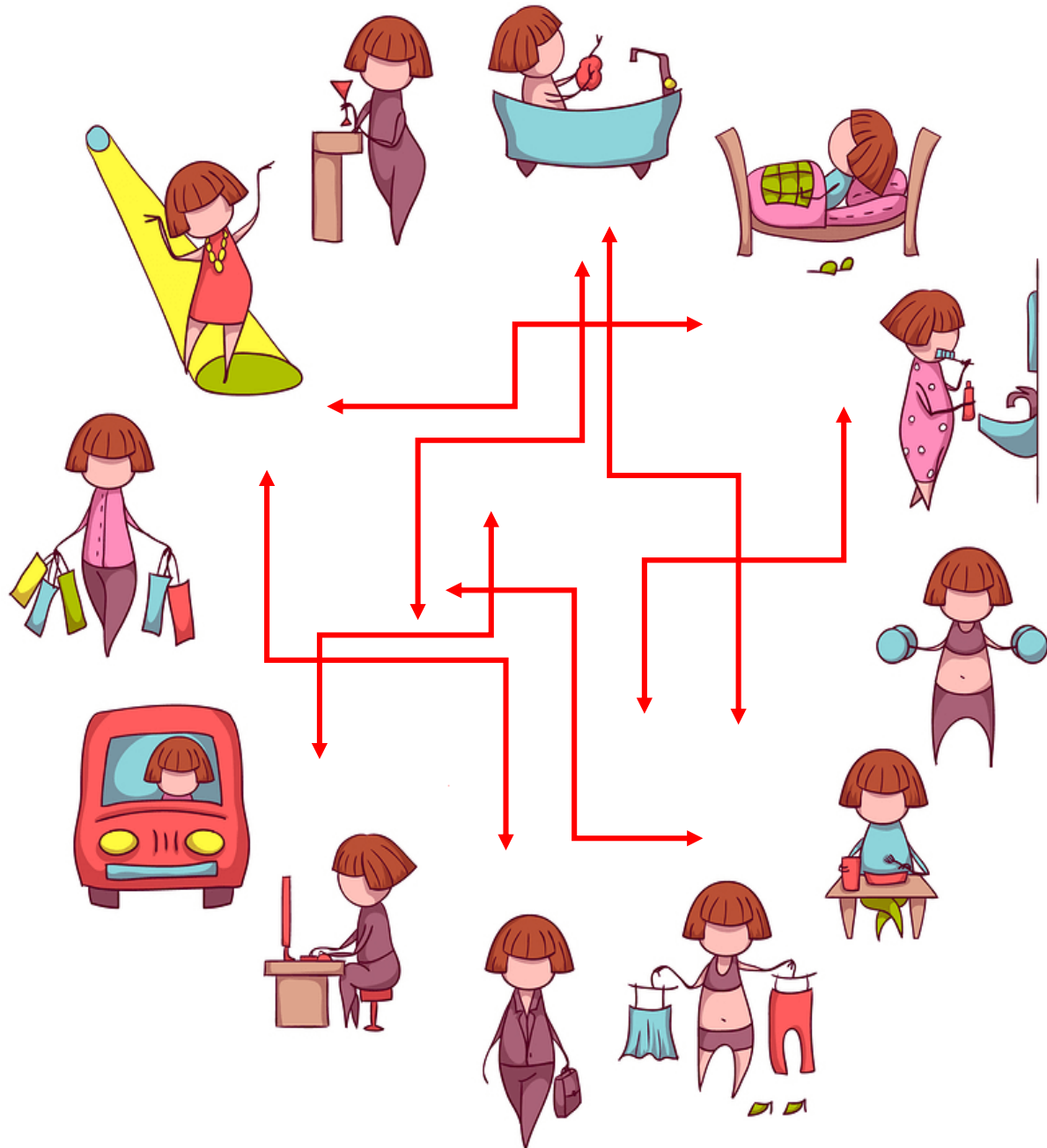
**How have you seen
anxiety manifested in others?**



Anxiety During a Pandemic

Maslow's hierarchy of needs





Anxiety Disorders:
When symptoms of anxiety become a distressing pattern that significantly and persistently impacts a person's daily functioning.

Anxiety Disorders:

Separation Anxiety Disorder

- Excessive fear or anxiety when separated from attachment figures that is outside of what would be expected for their developmental stage. It may include:
 - Excessive recurrent distress when anticipating separation
 - Excessive worry that something will happen to loved ones
 - Excessive worry that bad things will happen resulting in separation
 - Reluctance to be alone
 - Reluctance to sleep away from home/attachment figure
 - Nightmares with a theme of separation
 - Physical complaints when separated (e.g. headache, stomachache)

Anxiety Disorders:

Selective Mutism

- Consistent failure to speak in social situations in which there is an expectation for speaking, despite speaking in other situations.
 - The failure is not due to lack of knowledge or ability to produce spoken language (communication disorder).

Anxiety Disorders: *Specific Phobia*

- Persistent and excessive unreasonable fear cues by a specific object or situation. Enduring contact with it causes immediate fear and anxiety.
 - While the fear is recognized as unreasonable, it (or the avoidance of it) interferes with functioning.

Anxiety Disorders:

Social Anxiety Disorder

- Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples:
 - Having a conversation
 - Meeting unfamiliar people
 - Being observed (e.g. eating)
 - Performing in front of others (e.g. giving a speech).
- Such situations are avoided or endured with intense fear or anxiety

Anxiety Syndromes:

Panic Disorder

- Recurrent and unexpected panic attacks with persistent worry about having an additional attack or a significant maladaptive change in behavior to avoid having panic attacks.
 - A panic attack is an abrupt surge of intense fear or discomfort that reaches a peak within minutes and may include the following:
 - Heart palpitations, pounding heart, accelerated heart rate, sweating, trembling, shaking, shortness of breath, feeling smothered, choking feeling, chest pain, nausea, dizziness, light-headedness, feeling faint, chills, heat sensation, tingling, derealization, depersonalization, fear of losing control, and fear of dying.

Anxiety Disorders:

Agoraphobia

- Marked fear of specific situations that they fear they cannot 'escape' from and may develop into panic-like symptoms. Therefore, these situations are actively avoided and the fear is out of proportion to any actual danger posted by these situations. The person must experience fear around at least two of the following:
 - Using public transportation
 - Being in open spaces (e.g. parking lots, marketplaces)
 - Being in enclosed places (e.g. shops, theaters)
 - Being in a line or in a crowd
 - Being outside of the home alone

Anxiety Disorders:

Generalized Anxiety Disorder

- Excessive anxiety across multiple settings lasting at least six months. The worry is very difficult to control. The person may additionally experience:
 - Restlessness
 - Fatigue
 - Poor Concentration
 - Irritability
 - Muscle Tension
 - Sleep Problems

Expression of Anxiety in IDD Population



'Normal' fears reported by neuro-typical children may seem *'abnormal'* when reported by an adult with an IDD. This is due to concrete interpretations of anxiety situations in media and poor fantasy-reality distinction.

Expression of Anxiety in IDD Population

- Prolonged anxiety can result in cognitive disintegration
 - Regression across adaptive life skills (e.g. school, work, friendships, etc.)
- Periods of acute anxiety can result in Baseline Exaggeration:
 - Regression to primitive behaviors (e.g. aggression)

Expression of Anxiety in IDD Population

- Developmental effects can alter the clinical features of anxiety, producing symptoms similar to those described in neuro-typical children.
 - Meltdowns
 - Freezing
 - Crying
 - Nightmares
 - Clinging to Caregivers

Expression of Anxiety in IDD Population

- People with IDD have more fears and those fears are more intense than people without IDD. Therefore, they may also engage in ‘fight or flight’ primitive behavior:
 - Verbal, Property, Physical Aggression
 - Self-Injury
 - Leaving Unexpectedly
- Behavior is a response to a stressor
 - It is an indicator that something else is wrong.



Expression of Anxiety in IDD Population



It is a common misperception to assume that clinginess or other 'disruptions' are indicative of attention-seeking behavior.

- Reframe: *The person is reaching out to others for help when feeling anxious.*

Expression of Anxiety in IDD Population

- Individuals with IDD often rely on collateral interpretation of behavior to receive treatment.
 - Collateral misinterpretation of anxiety can result in diagnostic overshadowing:
 - Mania (Bipolar Disorder), Psychosis (Schizophrenia), Attention-Seeking (Behavioral)
 - Anxiety disorders are most likely significantly under-diagnosed in this population
 - Misdiagnosis can result in ineffective or risky treatment plans:
 - Polypharmacy, off-label use of medications, higher level of care (hospitalization), planned ignoring, and failing to identify strategies to prevent and respond to anxiety.

Treatment of Anxiety

- Strategies to Prevent Anxiety:
 - Create predictability through schedules and routines
 - Regular engagement in preferred activities that promote productivity, joy, and sensory relaxation



Treatment of Anxiety

- Strategies to Respond to Anxiety:
 - Teach how to communicate frustrations
 - Teach to ask for help
 - Learning to accept help
 - Offer distractions: engage in a low-demand/preferred activity
 - Reduce choices and demands temporarily
 - Reassure of and demonstrate safety
 - Promote connectedness with loved ones and friends

Treatment of Anxiety

- Strategies to Respond to Anxiety:
 - Teach how to communicate frustrations
 - Teach to ask for help
 - Learning to accept help
 - Offer distractions: engage in a low-demand/preferred activity
 - Reduce choices and demands temporarily
 - Calming tools:
 - Take a break
 - Deep breaths
 - Reduce sensory overload (dim light, reduce noise)
 - Sensory Relaxation (e.g. take a bath)
 - Mindfulness activities

Treatment of Anxiety

- Enhance Natural Supports and Compassionate Care
 - People are less anxious when they have family and friends and truly feel that others care about them.
 - Care providers can focus on:
 - Genuinely understanding the person
 - Committing to developing trust
 - Demonstrating unconditional positive regard and concern



Treatment of Anxiety

- **Pharmaceutical Interventions:**
 - **Selective Serotonin Reuptake Inhibitors (SSRIs)**
 - Examples: *Prozac, Lexapro, Zoloft*
 - **Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)**
 - Examples: *Effexor, Cymbalta*
 - **Benzodiazepines and Anxiolytics**
 - Examples: *Xanax, Ativan, Klonopin*
 - **Beta Blockers**
 - Example: *Propranolol*
 - **Antipsychotics**
 - Example: *Thorazine*
 - **Medical Cannabis**

Questions?