Optimal Treatment for Anxiety & Mental Health

ADHD, Anxiety, and Depression: Red Flags for Students

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Outline

- **Background**: Child mental health and the importance of schools
- Clinical presentation and red flags for each disorder in kids and teens:
 - ADHD
 - Anxiety
 - Depression
- Case examples
- Next steps



Background

- Increasing **mental health crisis** for today's youth
- According to the CDC, during the decade leading up to the pandemic, feelings of sadness/hopelessness and suicidal ideation in youth had already increased by about 40%
- COVID 19 impact on mental health
 - Social isolation, academic disruption, loss of caregivers, victims of physical or emotional abuse at home
- Biological impact on mental health
 - Declining age of puberty and physiological stress response system



Youth Mental Health and the Role of Schools

School staff can be a first line of defense!

• Help identify youth who may need more specialized support





Attention-Deficit/Hyperactivity Disorder (ADHD)



ADHD: Inattentive Symptoms

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Difficulty following through on instructions and fails to finish schoolwork, chores, or other duties (e.g., loses focus, side-tracked).
- Often has trouble organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted
- Is often forgetful in daily activities.



ADHD: Hyperactive or Impulsive Symptoms

- > Fidgets with or taps hands or feet, or squirms in seat.
- > Leaves seat in situations when remaining seated is expected.
- > Runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless)
- > Unable to play or take part in leisure activities quietly.
- > Often "on the go" acting as if "driven by a motor".
- > Often talks excessively.
- > Blurts out an answer before a question has been completed.
- > Often has trouble waiting their turn.
- > Often interrupts or intrudes on others (e.g., butts into conversations or games)



ADHD: Red Flags

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- Disorganization
- Self-focused behavior
- Difficulty with turn taking
- Impulsivity
- Difficulty in daily conversations
- Difficulty with social cues
- Emotion dysregulation
- Careless mistakes
- Fidgeting

- Difficulty finishing tasks
- Difficulty following directions
- Daydreaming
- Procrastination
- Always "on the go"
 - Difficulties across multiple contexts
 - Pattern of falling behind in classwork
 - Difficulty with transitions



ADHD: Boys vs. Girls

More boys than girls are diagnosed with ADHD (12.9% vs. 5.6%)
 Girls often have more subtle inattentive symptoms, and therefore are often diagnosed later



Anxiety Disorders



Common Youth Anxiety Disorders

□ Separation Anxiety: Persistent and excessive worry about separation from caregiver or other attachment figure

Social Anxiety: Persistent fear of being watched and judged by others, making it difficult to participate in class or to socialize with peers

Selective Mutism: Difficulty speaking aloud in some settings, such as around teachers at school or unfamiliar people.



Common Youth Anxiety Disorders

Generalized Anxiety: Excessive worry and tension across many different areas that is difficult to control (e.g., school performance)

Specific Phobia: Intense irrational fear of a specific object or situation, which may cause avoidance (e.g., fear of animals, storms, heights, airplanes, etc.)

Obsessive Compulsive Disorder: Persistent thoughts, urges, or impulses that are usually distressing (obsessions); the individual attempts to neutralize them with some other thought of action (compulsions/rituals such as counting or handwashing)



Anxiety: Red Flags

- Difficulty focusing
- Fidgeting
- School refusal or tardiness
- Difficulty with drop-offs
- Reassurance-seeking
- Physical symptoms / trips to nurse

- Avoidance of a particular subject
- Perfectionism
- Missed assignments
- Avoiding speaking in class
- Avoiding group projects
- Irritable outbursts



Depression

Depression: Symptoms

- Irritability, sadness or hopelessness most of the day, nearly every day
- Decreased interest or pleasure in activities that were previously enjoyable
- Sleep difficulties
- Feeling very tired or having little energy
- Worthlessness or guilt
- Difficulty concentrating
- Thinking about dying or suicide
- Changes in appetite
- Abnormally slow or fast movement



Depression: Red Flags

- Sadness or irritability lasting for two or more weeks (not just passing)
 - Younger children may show more irritability than sadness
- Withdrawing from friends and activities (could be more time on media)
- Crying more often than usual
- Slipping grades or school refusal

- Low energy or sleepiness in class
- Difficulty concentrating
- Changes in eating habits
- Physical complaints / trips to the nurse
- Low self-esteem



Depression: Red Flags

More common in teens:

- Fixation on dark song lyrics, poetry, books, art, etc. that suggest life is meaningless
- Self-harm (e.g. cutting)
- Thoughts of death or suicide
- Less hopeful about the future
- Poor self care / personal hygiene
- Substance use



Case Example #1

Cassandra is a 17 year old female who has historically been high achieving. She does well academically, eagerly participates in class, has a close group of friends, and is a competitive soccer player. Over the past several months, she has had difficulty focusing in school, resulting in lower grades than usual and even several missed assignments (never turned in). Her teacher reached out via email about these assignments and she never responded. She also has missed several soccer practices. In class, she generally keeps to herself now and her friends have indicated they "don't know what's up with her."

Take a moment and jot down some notes – what red flags do you see?



Case Example #1 (17 year old female)

Red flags for anxiety and depression

- Change in classroom behavior
 - Typically a good student, now grades are slipping and she is more withdrawn
- Perfectionism!
 - Has always been high achieving, struggling with increased pressure of Junior Year, SAT/ACT, college discussion
- Cycle of anxiety and avoidance
 - Missed assignments and lack of response may seem like "acting out" behaviors, but in this case they were driven by anxiety
- Falling behind in school and decreased grades \rightarrow shame and guilt \rightarrow withdrawal \rightarrow depressive feelings
 - Less interest in spending time with friends and in playing soccer, things she previously enjoyed
- Friends "don't know what's up with her" \rightarrow anxiety and depression can make it hard to ask for help!
- Risk for substance use / self medicating



Red Flags: Similarities Across Diagnoses

- Red flags for ADHD, anxiety, and depression <u>overlap</u> and can <u>co-occur</u>!
- Pay attention to intensity, frequency, and duration of behaviors
- Look for CHANGES in student behavior
- Impaired functioning at school (e.g., poor grades, difficulty participating in classroom) and across other contexts (home, extracurriculars, social settings)
- Put on your detective hat!
 - For example, school refusal, withdrawal, acting out behaviors → ask, what else could be going on? (not necessarily just laziness, disinterest, or underachievement)



Case Example #2

Parker is a 12 year old male who has always tried his best in school and has done well. In elementary school, he occasionally required an extra prompt from teachers to pay attention in class or to turn in his homework. With the transition to middle school, Parker has started to struggle more and these prompts are more frequent. He has difficulty keeping track of his belongings (there are more things to keep track of this year) and he feels overwhelmed by the homework assignments, which he often procrastinates on. His parents are concerned that he is "not taking middle school seriously."

Take a moment and jot down some notes – what red flags do you see?



Case Example #2 (12 year old male)

Red flags for ADHD, predominantly inattentive type

- **Overcompensation** may have been happening in elementary school
 - As demands increased in middle school, symptoms have become more impairing (though they have been present since before the age of 12)
- More items to track, more homework \rightarrow feeling more overwhelmed
- Avoidance of tasks requiring sustained mental effort
- Change in demand is significant!
 - Can sometimes lead to increased impairment / more symptoms \rightarrow diagnosis



Case Example #3

Sasha is a 6 year old female who has difficulty separating from her parents at drop-off in the morning. She makes frequent trips to the school nurse (several times per week), complaining primarily of headaches and stomachaches. She is late to school at least once per week, and misses a full day of school several times per month. After vacations or being out sick, she tends to spend more time in the nurse's office and often asks to call her parents.

Take a moment and jot down some notes – what red flags do you see?



Case Example #3 (6 year old female)

Red flags for anxiety, including possible separation fears/school avoidance

- Younger children with anxiety typically turn towards their parents when experiencing distress
- Physical signs of anxiety (headaches, stomachaches)
- Increased difficulty after missing school (anxiety \rightarrow avoidance \rightarrow increased anxiety)
 - Not oppositional! Likely driven by anxiety



Case Example #4

Jett is an 8 year old male who has started to have some disruptive behaviors and irritable outbursts at school. His teachers have observed that he has always done especially well with structured routines and predictability. When there are unexpected changes in the schedule at school, he throws a tantrum which can include crying, yelling "no" and refusing to do something, and occasionally even hitting or kicking. For example, when he was served a different lunch than usual, he shouted "I hate this!" and dumped it on the floor. He has difficulty staying in his seat, and often has trouble staying focused, quiet, and on task during classroom lessons. As a result of these disruptive behaviors, he is having some social difficulties and is not well-liked by peers in his class.

Take a moment and jot down some notes – what red flags do you see?



Case Example #4 (8 year old male)

Red flags for anxiety and ADHD

- Disruptive behaviors are triggered by unexpected changes in routine or novel stimuli
 - Difficulty coping with changes in plans \rightarrow likely not just oppositional, driven by anxiety
 - "Fight or flight" \rightarrow anxiety can manifest as aggression when kids feel out of control
- Difficulty focusing in class and remaining seated \rightarrow could be co-occurring anxiety and ADHD symptoms
 - Interactive effects \rightarrow Increased impulsivity makes irritable outbursts more frequent; increased emotional vulnerability
- Social difficulties → can exacerbate anxiety and create cycle of challenging behaviors



Next steps

- ✓ You have identified a student with "red flags." Now what?
- ✓ Communicate early!
- Express concern and share observations with parents and counselors to determine next steps for appropriate assessment, intervention, and support
 For teens, check in with the student about what else might be going on (e.g., some behaviors that look like oppositionality or "laziness" are actually driven by

anxiety, depression, or attention difficulties)



Additional Resources

- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD): <u>www.chadd.org</u>
- Anxiety and Depression Association of America (ADAA) is the leader in advocacy, education, training, and research for anxiety, depression, and stress-related disorders : <u>https://adaa.org/find-help/by-demographics/children/children-teens</u>
- Resources specifically for teens: <u>https://kidshealth.org/en/teens/your-mind/</u>
- National Alliance on Mental Illness (for kids and teens): <u>https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults</u>
- American Academy of Child & Adolescent Psychiatry: <u>https://www.aacap.org//AACAP/Families_and_Youth/Youth_Resources/Home.aspx</u>
- 988 Suicide and Crisis Lifeline: <u>https://988lifeline.org/</u>



References

- American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5th edition. Arlington, VA., American Psychiatric Association, 2013.
- <u>https://www.apa.org/monitor/2023/01/trends-improving-youth-mental-health</u>
- https://www.cdc.gov/healthyyouth/data/yrbs/index.htm
- <u>https://www.cdc.gov/ncbddd/adhd/data.html</u>
- https://childmind.org/article/whats-adhd-and-whats-not-in-the-classroom/
- <u>https://childmind.org/article/classroom-anxiety-in-children/</u>



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