Anxiety and Anger

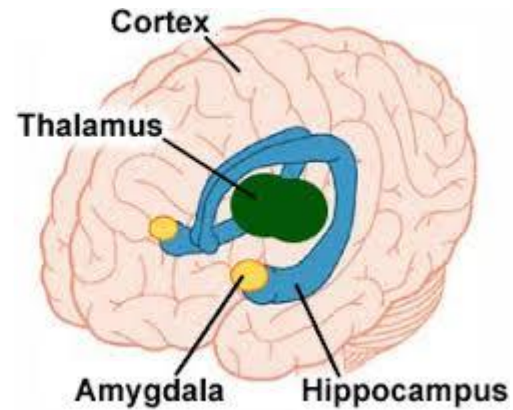
The paediatrician and problems of emotional control

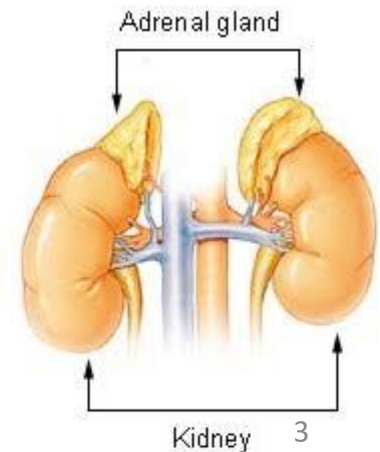
Overview

- About emotions
  - Purpose
  - Relationship with thought and behaviour
- Anxiety and anger
- Biological situations
- What you can do

Can you feel?

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE





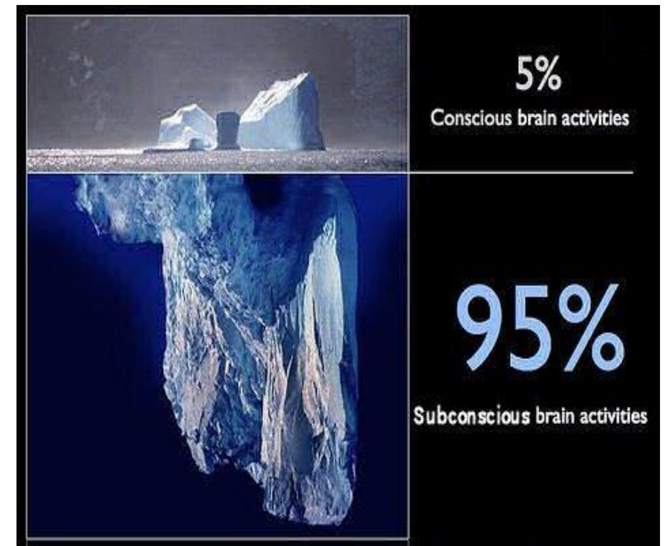
Emotions – purpose is purpose

- Is it good ?
  - Interesting, curiosity
  - Fun, pleasure, passion

- Is it bad?
  - Threat protection
  - Harm avoidance

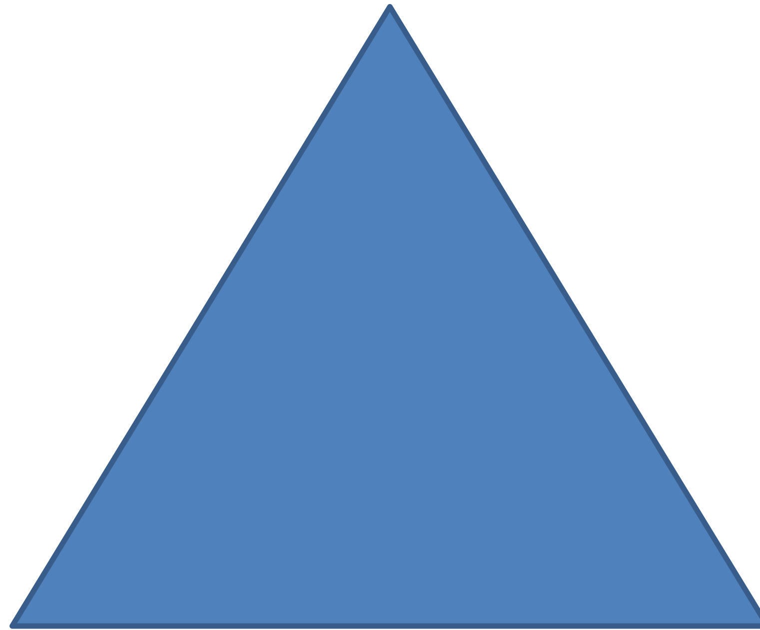
Misconceptions

- Processed in consciousness ?
  - No – mediated subconsciously, can become consciously aware after the fact
- Rational decision ?
  - No – information is processed subconsciously and not subject to rational processing
  - Can think and modify after the fact



Symptoms and Signs

Emotions



Thought

Behaviour

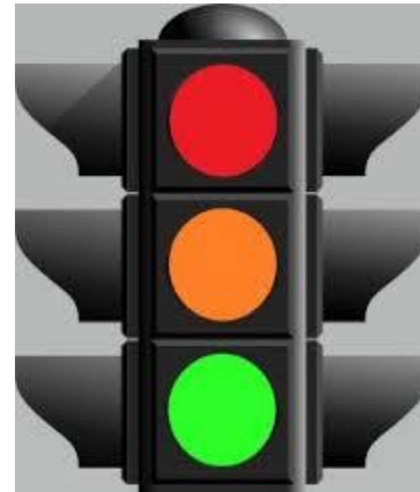
System outputs

- Behaviour
  - Do more
  - Persistence and concentration
- Thought
  - Good, Pleasure
  - ‘Flow’

- Behaviour
  - Flight
  - Fight
  - Freeze
- Thought
  - Cognition is ‘taken over’ by the purpose of managing the threat

Degrees of impact

- Low
  - Can think
  - Can manage behaviour
- Medium
  - Can think / manage but not sustainable
  - Sensitive to triggers
- High
  - Thinking and behaviour is subsumed by threat management



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Anxiety

- Fear
  - Can consciously identify the threat
- Anxiety
  - The threat is uncertain or unknown
  - By definition, cannot be dealt with by rational discourse

Anger

- Still threat energy
- Turbo-boost to agency and power to resolve the situation
- Associated with considerable thought and behaviour distortion

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- **Biological situations – the Doctor**
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When the system >> expected

- Child’s emotional responses problematic

- Current
  - One situation extends to another, heightened state due to life circumstances
  - E.g. Threat at home, bullying

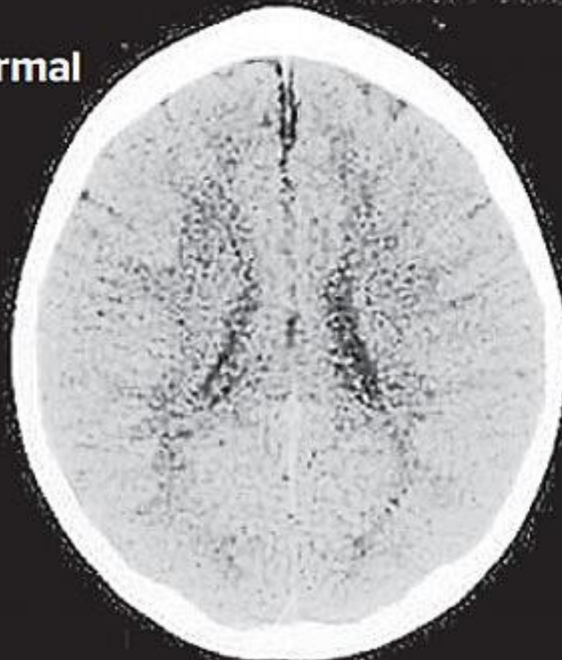
In the past

- System biologically different or altered
  - Genetic
  - Damage (e.g. brain injury, prem birth, FASD)
    - Usually associated with frontal / EF damage
    - 'Medical' kids with difficult chronic problems
  - Reactive Attachment Disorder (ability to trust)
  - Child abuse / trauma (expectation of hurt)
  - PTSD (overwhelming, recurrent)

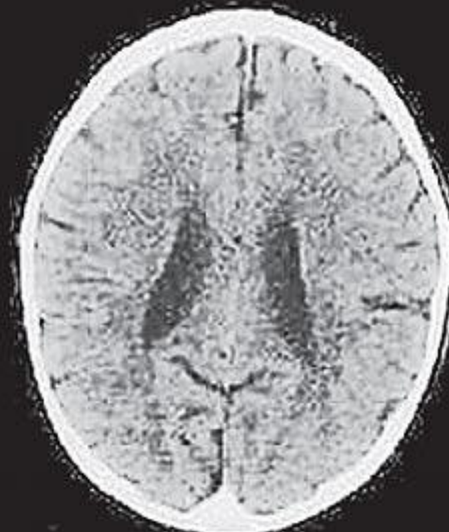
HOW STRESS CHANGES A CHILD'S BRAIN

3-YEAR-OLD CHILDREN

Normal



Extreme neglect



- Prolonged exposure to trauma triggers physiological changes in the brain.
- Neural circuits are disrupted, causing changes in the hippocampus, the brain's memory and emotional centre.
- This can cause brain shrinkage, problems with memory, learning and behaviour.
- A child does not learn to regulate emotions when living in state of constant stress.
- Associated with greater risk of chronic disease and mental health problems in adulthood.

Developmental Impact

- Social - personal
  - Toddler → cooperative (ODD)
  - Teenage → adult (PD)
- Social - others
  - The complexity of humans vs binary thinking
- Cognitive
  - Availability to learn
  - Accumulation of avoidance / consequences

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  - **Diagnosis**
  - **Management**

Basic clinical skills

- History
  - Do not assume their attribution / interpretation
    - We don’t blindly accept parental diagnoses / estimation of severity
  - Re-create as if there was CCTV

- Interpretation
  - What the child did
  - What the child thought
  - What the child felt
  - What were the contextual influences
    - Triggers, consequences, expectations from the past

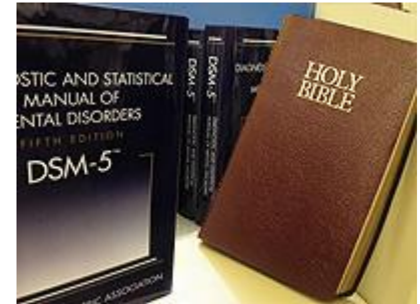
Other considerations

- Variation of normal
  - Toddler ego injury and adaptation
  - Teenage volatility of behaviour, mood, maturity
  - Reasonable response to unreasonable situation
- Medical
  - Paroxysmal behaviour
- Other factors
  - Failure to comprehend
  - Pain, sleep, illness

Medical consideration

- Is the emotional processing machinery working normally
  - Is there a current provocation?
  - Is this intrinsic (genetic, acquired)
- If it is, the child is experiencing harm (current, future)
  - Misunderstanding, expectations
  - Pain, misery, quality of life
  - Impact on cognitive function, development

Diagnoses



- DSM diagnoses
  - Behavioural phenotypes / patterns
  - Homogeneous?
  - Stable over time?

- Usage – with awareness and caution
  - Efficient communication / validation
  - Access services

Management

- If the emotional machinery is problematic:
  - Is there a current threat?
  - Is it the current expression of a longstanding problem?

- Explain → compassion
  - Kids (almost always) do not set out to upset those who they are dependent on

Advocacy

- If it is a medical problem, you fight for what is fair

- Families
  - Often same / similar issues
  - Ask – do people shout, do people hit.
    - Kid needs stability and safety to acquire emotional control
  - Parents deal with their own issues

- Schools → Behaviourism
  - Can do developmental curriculum, but not necessarily developmental behaviour
  - Church schools – the moral dimension
  - Discrimination on the basis of a medical problem

Different machinery

- Safety
  - Kid has to be safe (physical, psychological)
  - Kids who hit → have to learn not to hit regardless of how upset or angry they are

- Modify expectations
  - Avoid unnecessary triggers / situations

- Anticipate
  - Explanation, preparation, feedback after

- Strategy for ‘red’ situations
  - Get out, settle down, calm before addressing the matter
  - Address the compulsion to talk and explain

What we say to dogs
Okay, Ginger! I've had it! You stay out of the garbage! Understand, Ginger? Stay out of the garbage, or else!

What they hear
blah blah GINGER blah blah blah blah blah blah blah blah GINGER blah blah blah blah blah blah...
Larson

Non-pharmacological treatment

- Non accusatory explanation
  - Include the child
- Non-insight
  - Desensitisation
- Insight
  - CBT
  - ACT
- The challenge of generalisation

Pharmacology

- Modify the emotional machinery function

- Treatment model
  - Problem is fixed
  - Behaviour will normalise
  - Trapped into medication ←→ behaviour

- Developmental enablement model
  - Opportunity is created
  - Child can learn behavioural regulation
  - Child can learn emotional self awareness
  - Endgame is to get off medication
  - Permission to use non-standard low dosages

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