

## Questions/Answers: Dr. Reynolds On Anxiety and Intervention

1. Any recommendations for treating anxiety related to COVID-19? Typically, we want to challenge unhelpful/unrealistic thoughts, but in terms of the pandemic right now who are we to determine if these thoughts are irrational? In a sense the anxiety is serving a function...
  - a. [Treat it as you would treat Acute Stress Disorder](#)

In the time of a pandemic, do you believe we should consider that "normal circumstances" for the ED definition?

  - a. [It will differ by child and circumstances and history—no single answer for all children will apply.](#)
2. Would racially motivated assault/murder (whether experienced in person or watched on a video) also cause heightened anxiety response?
  - a. [It does and this is well researched.](#)
3. Is mysophobia an anxiety disorder?
  - a. [It is genetically linked interestingly enough—and I would not consider it an anxiety disorder except in very extreme cases where there is true disruption of daily activities.](#)
4. Dr. Reynolds, how do you personally feel about the term "Emotional Disturbance" for students who need to access special education services for depression or anxiety?
  - a. [Depression and anxiety are emotional disorders—I am not crazy about the term for kids, but I have not seen or come up with a better one, but like most broad categorical applications, it lacks nuance and conveys little information.](#)
5. I have seen a fair number of students with severe "school refusal" that seem more agoraphobic or headed that way, because they don't come to school but also don't want to go out in general. They usually seem depressed as well. Is there any research out there that shows a connection between school refusal and agoraphobia or incipient agoraphobia?
  - a. [Yes, and it is anxiety driven.](#)
6. What are your thoughts on using the "other un/specified anxiety disorder" from the DSM for a slightly "at-risk" anxiety score on a parent BASC for an elementary child? I frequently see this from outside/private evals my schools receive, and sometimes it just seems like these sites are trying to create a "laundry list" of disorders, many of which I see kids end up getting medicated for.
  - a. [Unless there is functional impairment, it is inappropriate—if there is FI associated with the anxiety it is likely appropriate, but it really is a case by case issue.](#)
7. How much crossover is there between [RCMAS-2](#) items and BASC anxiety scale items?
  - a. [Conceptually they are similar but the \[RCMAS-2\]\(#\) emphasizes the manifestations of anxiety and provides a more in depth and broader assessment of anxiety—I do not believe there are any items with identical wording—but conceptually, similar.](#)
8. How are you tapping younger than age 6 children with anxiety that may look like selective mutism? These behaviors interfere with functional social behavior. Any thoughts on that?
  - a. [Under 6 rating scales and a clinical interview and Hx are the best approaches.](#)
9. Can anxiety be genetic? Meaning if your father or mother have an anxiety disorder, you are at higher risk of having anxiety disorder?
  - a. [You can be at higher risk genetically—it does run in families.](#)

10. What does “slowing” look like? Can you explain more about picking and slowing?
  - a. Picking is what it sounds like—most pick at their skin but can pick at specific body parts as well—slowing is slowed responding, both motorically as in being very, very careful, and cognitively too.
11. Thoughts about use of these measures with students with Autism? How "sensitive" would the items be at distinguishing between characteristics of ASD vs. comorbid/rule-out of anxiety? E.g., rumination of ideas (anxiety-related) - perseveration (ASD), behavioral checking (OCD) - repetitive behaviors (ASD). I work a great deal with the ASD population- how is this group's anxiety differ as a result of their autism?
  - a. In the context of a broad, comprehensive assessment, they are quite useful—having ASD does not make you immune from having anxiety, and ASD folks commonly have some specific anxieties, and when present should be added to the treatment plan.
12. Are there studies that show comorbidity between anxiety and weakness in executive functions? I sometimes wonder if weakness in executive functions leads to children/teens feeling confused about what is going on, since they often don't quickly perceive or use the structures around them - and that confusion seems to induce anxiety for many.
  - a. Anxiety interferes with EF, especially set-shifting and induces cognitive rigidity.
13. Can a CPT help to distinguish ADHD from an anxiety disorder?
  - a. Not very well—Anxiety disorders interfere with CPT performance—CPTs really only detect symptoms—not cause. We wrote a whole book on this called *Clinical Applications of Continuous Performance Tests*—you can pick up a cheap used copy on Amazon.
14. During these COVID-19 period; how would your suggest direct observation data be obtained for ED assessment/eligibility consideration. NASP online communications have had some conversations about the use/appropriateness/validity (?) of using social/emotional/behavioral rating scales (I am assuming -!-online/tele health, only), some input indicating tests/scales not normed for situational/pandemic times. I may have missed some points. At some point, anxiety/emotional issues are what they are, and any I understand we must understand the context, history, situation, including our current pandemic. Dr. R, any comment about use/limitations of [RCMAS-2](#), now during the full extent of pandemic? I would minimally think good for info. gathering, "operationalizing" justifying any need of counseling (for any adverse affect) not so much for elig determination/dx, or to watch and monitor, after pandemic, for Dx?
  - a. First understand that validity is not a characteristic of tests, or norms. Validity is a characteristic of the interpretation of test scores. The folks who talk about a test or its norms being valid are decades out of touch with modern psychometrics and the *Standards for Educational and psychological Testing*, which discusses this in detail 2 editions ago (starting in 1998). Kids who have anxiety levels now that interfere with daily activities, i. e., have functional impairment due to anxiety, should be identified and treated whether it is CV-19 related or not. As for direct observation data—it just depends—for online learning—I just do not know what is relevant...
15. Does the [CMOCS](#) separate egodystonic vs egosyntonic thoughts that usually aid in the ability to discriminate OCD thoughts and behaviors from other anxiety disorders?
  - a. Some, but that differentiation has and still is best accomplished via a clinical interview and the answer to that differentiation Q takes you down different diagnostic routes.
16. Can the [CMOCS](#) adequately differentiate true OCD from the rigidity and compulsive behaviors found in individuals with ASD? Would the [CMOCS](#) be useful when assessing high functioning autistic students?
  - a. Yes—and there is comorbidity between ASD and OCD.
17. Since there is a known comorbidity between tic disorders and OCD, does the [CMOCS](#) screen for tic disorders? Do you know of a good screening instrument for tic disorders?
  - a. Tic disorders are best observed as well as reviewed via history.