



## When to Worry About Your Child's Worries

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# Outline for Our Time Together



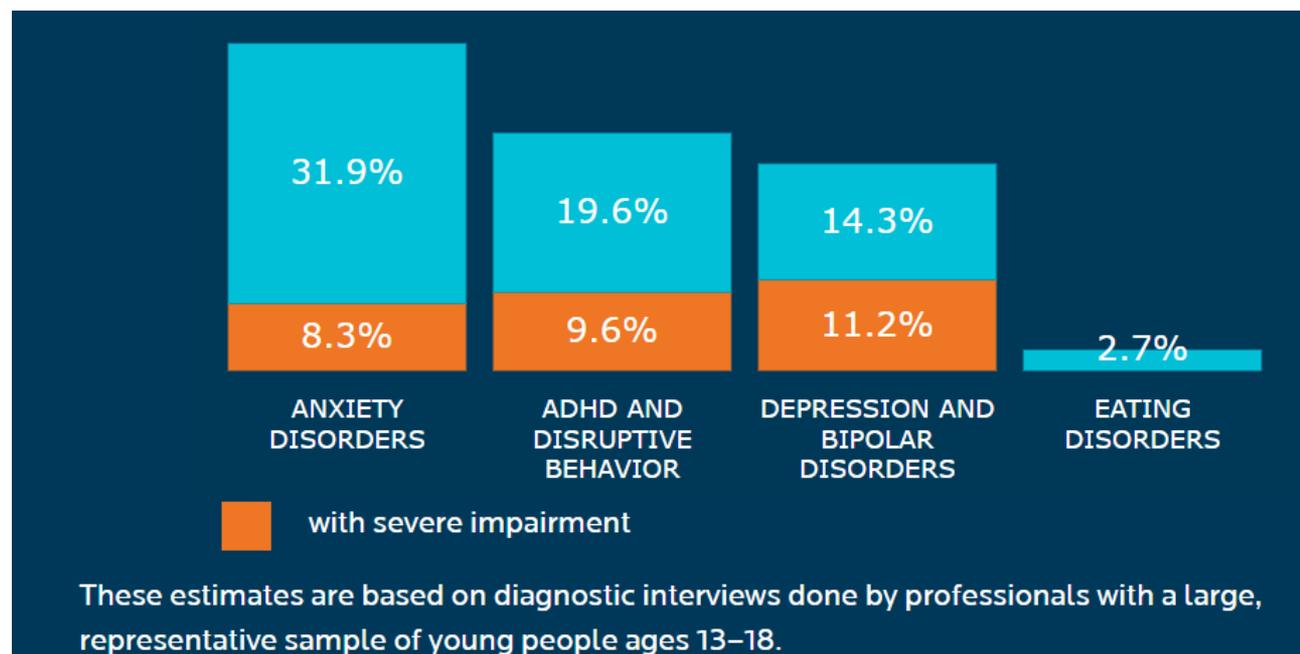
- ◆ Overview of anxiety disorders & their presentation
- ◆ Intervention (CBT)
- ◆ Q and A



## Anxiety Disorders

# Basic Facts About Anxiety

- ◆ In the past 10 years, there has been increasing recognition of anxiety in young people by health care providers
- ◆ At some point, 30% of children and adolescents will meet criteria for an anxiety disorder, yet 80% never get help.
- ◆ Nearly 117 million youth worldwide have suffered from an anxiety disorder.
- ◆ Median age of onset for anxiety disorders is age 6



# What is Anxiety?



- Normal reaction to danger (ex: crossing the street in Manhattan)
- False alarm when there is no real danger
- Cognitive, behavioral, emotional, and physiological components

# Nature and Nurture



## Nature

- Biological predisposition or genetic make up
- Family history
- Temperament



## Nurture

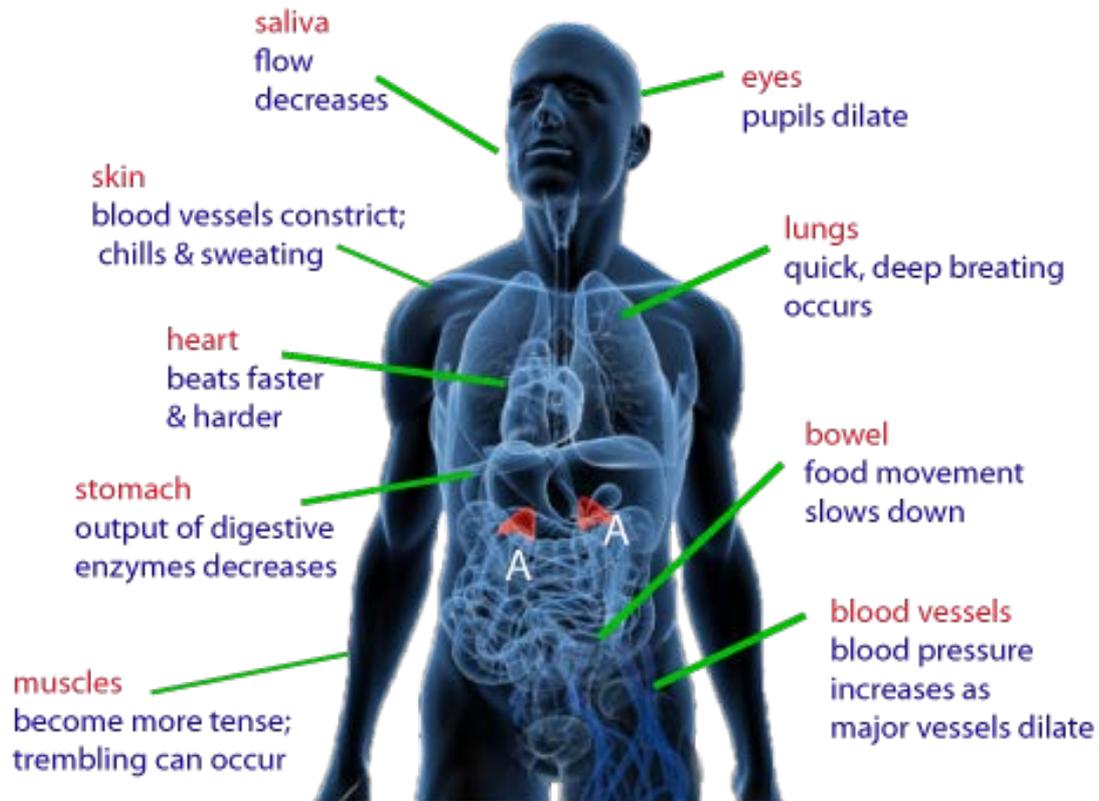
- Behavior learned through observation and experiences

# What is Fear?



Fear tells us when we are in danger!

## Fight or Flight Response

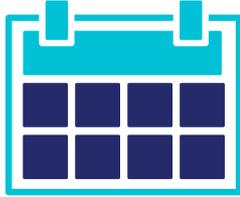


# Normative Developmental Fears



- Infancy:** Sudden loud noises, loss of support, heights, strangers, separation
- Preschool:** Animals, the dark, storms, imaginary creatures, anticipatory anxiety
- School Age:** Specific realistic fears, social acceptance, school achievement
- Adolescence:** Fear of fear (ability to think abstractly about fears)

# When is Anxiety a Problem?



## Frequency

- Child experiences several symptoms



## Duration

- Symptoms have been present for a certain amount of time



## Impairment

- Interferes with child's development
- Child cannot do his/her job

# Characteristics of Problem Anxiety



Unrealistic

Out of  
proportion

Unwanted and  
uncontrollable

Doesn't go  
away

Leads to  
avoidance

# Different Types of Anxiety Disorders



Separation  
Anxiety  
Disorder

Generalized  
Anxiety  
Disorder

Social  
Anxiety  
Disorder

Obsessive  
Compulsive  
Disorder

Selective  
Mutism

Specific  
Phobias

Panic  
Disorder

# Separation Anxiety



## What is it?

- Intense anxiety concerning the separation from home or caregivers
- Involves persistent worry about losing major attachment figures or harm befalling them
- Most prevalent anxiety disorder in children younger than 12
- Onset usually before age 10
- Tends to affect girls more than boys
- May be outgrown in some cases

## What does it look like?

- Refusal or difficulty getting into school or staying in school
- Excessive reassurance seeking
- Tantrums
- Social withdrawal
- Physical complaints: Headaches, stomach aches; frequent nurse visits

# Generalized Anxiety Disorder



## What is it?

- Excessive and exaggerated anxiety about every day life events with no reasons for worry
- Can't stop worrying about health, money, family or school
- Tend to expect disaster or worst case scenarios
- Girls are twice as likely as boys to develop GAD
- Prevalence among adolescents in 0.9%

## What does it look like?

- Excessive worries about a variety of concerns (ex. grades friendships, performance in sports)
- Particularly hard on themselves
- Perfectionism
- Seem to always expect the worst
- Irritability and restlessness
- Fatigue from sleep disturbance
- Somatic symptoms: sweating, nausea, shaking, muscle tension, etc.

# Social Anxiety Disorder



## What is it?

- Fear of social situations
- Afraid of doing something embarrassing
- Worry about being negatively evaluated/judged
- Fear is disproportionate to the social situation
- Performance only: fear is restricted to public speaking/performing
- Prevalence for children and adolescents is 7%
- Slightly more common in boys

## What does it look like?

- Excessive shyness
- Rarely or never raises hand/participates in class
- Tends to engage primarily in solitary activities
- Isolates in social situations
- Avoids going to unfamiliar places or being with unfamiliar people
- Blushing, trembling, stumbling over words
- Difficulty maintaining eye contact

# Obsessive Compulsive Disorder



## What is it?

- Obsessions (unwanted, intrusive thoughts, images or impulses) that cause great anxiety
  - Contamination (germs, toxins, etc.)
  - Catastrophes (death of a loved one)
  - Need for symmetry
  - Doubt
  - Need for right feeling
- Compulsions (repetitive acts to reduce the anxiety from the obsessions)
  - Checking
  - Seeking reassurance
  - Counting
  - Ordering and arranging
  - Touching/tapping
  - Washing
- Onset occurs by age 14 in 25% of OCD cases
- Pediatric OCD more common in boys

## What does it look like?

- Constant reassurance-seeking
- Getting stuck on tasks
- Retracing steps or actions
- Obsessively arranging and lining up belongings
- Excessive checking (ex. locks, doors, windows, stove, other household appliances)
- Distraction/inattention
- Avoidance of triggering situations
- Tapping and touching symmetrically
- Complaints of anxiety and fatigue

# Selective Mutism



## What is it?

- Fear of speaking in certain social situations/environments
- Severe distress when expected to speak in feared situations
- Not a willful refusal or an issue with language comprehension or production
- Typically completely verbal at home or when only around close family/friends
- Onset typically before age 5
- Relatively rare disorder

## What does it look like?

- Talkative at home or other places they feel comfortable
- Restricted speech in situations where talking is expected
- Avoidance of social interactions with adults and/or peers
- Does not communicate needs
- Difficulty separating from caregivers
- School refusal
- May be teased, bullied, or ostracized by peers

# Specific Phobia



## What is it?

- Unrealistic and excessive fear of a situation or object
- Active avoidance of phobic situation or object
- Common childhood phobias:
  - Darkness
  - Strangers
  - Animals (ex. dogs)
  - Blood
  - Vomit
  - Needles
- Prevalence is 5% in children and 16% in adolescents
- Phobias are twice as common in girls than boys

## What does it look like?

- Patterns of crying, aggressive avoidance, tantrums, clingy behaviors, and freezing related to specific situations or objects
- Avoidance of certain activities/situations
- Does not recognize that fear is irrational

# Panic Disorder



## What is it?

- Experiencing frequent and/or unpredicted panic attacks
- Misinterpretation of autonomic nervous system symptoms as being dangerous
- Persistent worries about perceived consequences of panic attacks (losing control, having a heart attack, going “crazy”)
- Low prevalence in children under age 14
- Twice as common in girls than in boys

## What does it look like?

- Avoidance of events/situations that could be triggering (crowded places, physical activity, etc.)
- Fear of having another attack, losing control, or “going crazy”
- Frequent trips to the doctor or school nurse
- Symptoms of a panic attack
  - Palpitations or increased heart beat
  - Sweating
  - Shaking/trembling
  - Feeling dizzy or faint
  - Chest pain or tightness
  - Feelings of choking or being smothered
  - Nausea



## Interventions: CBT Tools

# Helping anxious children starts with...



- Education about anxiety and mental health
- Establishing open communication
- Openness to intervention/support
- Connecting with school
- Listening without jumping to solving problems
- Modeling non-anxious coping

# Why is Parent Involvement Important?



- “Stop being scared” doesn’t work
- Changes in parent behavior to help the child cope
- It is normal for your child to resist the changes recommended in treatment but remember that you are acting in their best interest
- The steps required in treatment will NOT harm them
- Parents are often torn between wanting to provide reassurance and also wanting the child to face their fears
  - Balance support with the message that you believe your child can tolerate their anxiety

# How Parents Can Help



- Reinforce anxiety-fighting behaviors
  - Praise your child's efforts towards approaching difficult situations
  - Create reward systems
  - Be a cheerleader by encouraging you child to face fears
  - Model approach behaviors, thinking through situations rationally, and staying calm
- Be prepared
  - Establish family routines
  - Create plan for your child to relax or express symptoms away from others at school/public places
  - Implement appropriate consequences
  - Manage expectations – slower pace, work in steps, role-play as practice
- Work with school faculty to establish reasonable accommodations
  - Extended time for tests
  - Extended deadlines
  - Ability to use computer for daily assignments
  - Private testing room

# Cognitive Behavioral Therapy



- ◆ What is it?
- ◆ Is it effective?
- ◆ How do I start?

# Key Components of CBT with Anxious Kids



- Psychoeducation for parents and child
  - What anxiety is
  - How anxiety feels in the body
  - The CBT triangle
  - How anxiety gets reinforced
  - How we treat anxiety

# Key Components of CBT with Anxious Kids



- Give anxiety a name
- “Bully in the brain” to boss back



# Parent/Child Communication



- ◆ Being on the same page
- ◆ Effective communication
- ◆ Balance between acknowledging/validating child's fear and communicating confidence in their ability to get through it



## Principles of exposure and reducing avoidance

# Anxiety is like a mosquito bite....

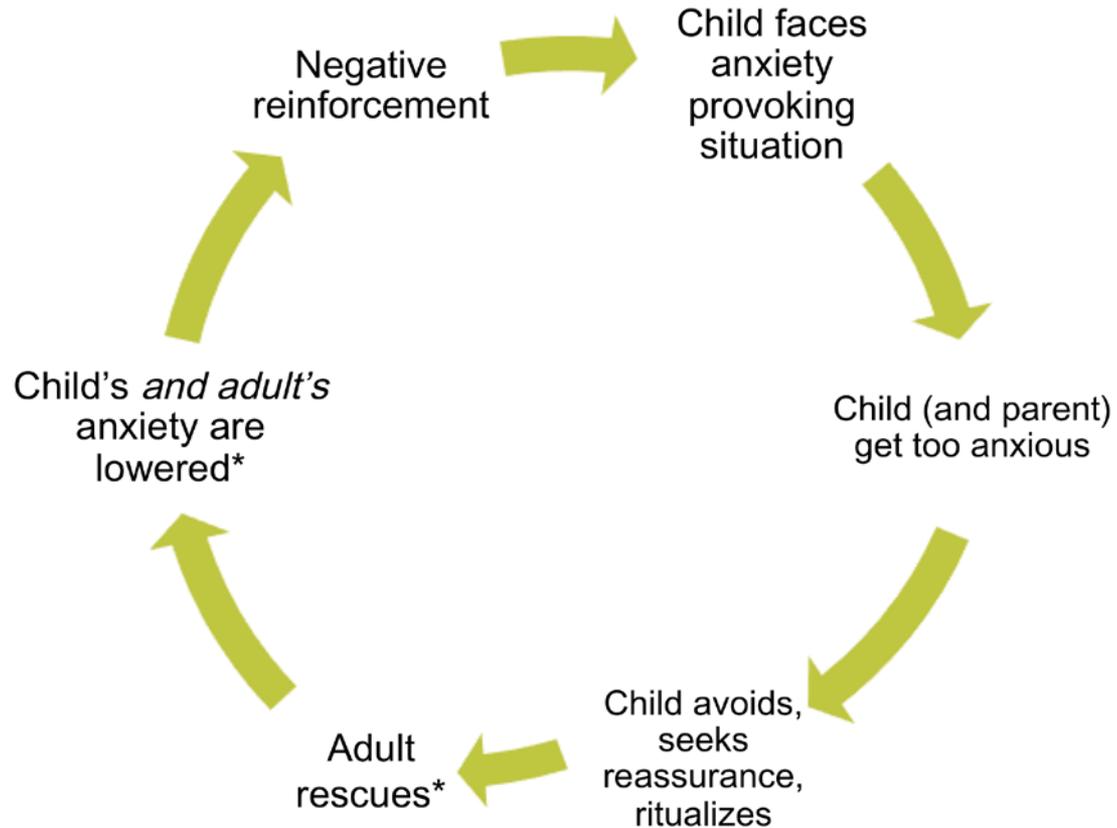


- ◆ Scratching a mosquito bite makes it feel better in the short-term, but worse in the long-term.
- ◆ Well intended adults may serve as “scratchers” for their child’s “mosquito bites.” (giving reassurance, assisting in the avoidance cycle)
- ◆ Anxiety is maintained through negative reinforcement
- ◆ When a child receives accommodation/reassurance they don’t experience that they can tolerate it and anxiety will go down on its own

# Behavioral Conceptualization



## Behavioral Conceptualization



# The Problem with Avoidance



- **Avoidance** happens when children stays away from what they fear.
- Avoidance **maintains anxiety** in the long run because kids do not learn that their fears are not as bad as they thought and that they can tolerate their anxiety.



# Exposure



- ◆ Face your fears head on!
- ◆ Decrease avoidance and rituals that reduce distress
- ◆ Like jumping in a cold pool
  - ▶ How does it feel when you jump in?
  - ▶ What happens when you stay in for 10 minutes?
  - ▶ What do you learn if you get right out?
  - ▶ What do you learn if you stay in?
- ◆ A gradual way of “getting used to” the anxiety

# Building a Fear Ladder



- ◆ One of the first steps of intervention is to build a fear ladder
- ◆ Rate their fears from 1-10
  - ▶ Do the easier ones first
- ◆ Face fears systematically, with reward
- ◆ Wash, rinse repeat → WHY?

# Fear Ladder Example



<b>Situation</b>	<b>Fear (0-10)</b>
Answering a question from the teacher that has been planned	2
Raising hand to give answer that has been planned	2
Raising my hand to answer a question without planning	4
Attending a planned meeting to review homework	4
Asking the teacher a question about HW after class	5
Asking the teacher to explain something, during class and in front of the other kids	6
Working with well known peers, and participating	7
Working with less known peers and participating	8
Doing a presentation in a group	9
Doing a presentation alone	10

# Reassurance Seeking



## What is it?

- A form of accommodation often seen in children with anxiety
- Seeking comfort that feared outcomes will not occur
- Repeatedly asking questions that they already know the answer to
- Provides short-term relief from anxiety
- Makes anxiety worse in the long term (negative reinforcement)

## What are some examples?

- “Am I going to get sick from eating this?”
- “Can you repeat the instructions. I am not sure I fully understand them?”
- “Did I do this correctly?”
- “Did I make you mad?”
- Asking parents or teachers to check their work repeatedly to make sure there are absolutely no mistakes

## What can I do instead?

- Encourage them to “practice being uncertain”
- Model good coping behaviors
- Be a cheerleader by encouraging your child to face fears
- Use lots of praise for when your child is being “brave” and taking risks
- “You already know the answer to that question. I am not going to answer that.”
- “You can use your coping skills to help you get through this.”

# Information Seeking vs. Reassurance Seeking



Information Seeker	Reassurance Seeker
Asks a question once: <ul style="list-style-type: none"> <li>Where are we going?</li> </ul>	Repeatedly asks the same question: <ul style="list-style-type: none"> <li>Where are we going? Are you sure that's where we're going?</li> </ul>
Asks questions to be informed: <ul style="list-style-type: none"> <li>Who is picking me up from school?</li> </ul>	Asks questions to feel less anxious: <ul style="list-style-type: none"> <li>Will anyone be there to pick me up? Do they know they are picking me up?</li> </ul>
Accepts the answer provided: <ul style="list-style-type: none"> <li>Oh okay, that's fine.</li> </ul>	Responds to an answer by challenging the answer, arguing, or insisting the answer be repeated or rephrased: <ul style="list-style-type: none"> <li>Are you sure? What do you mean by that? I don't believe you. Can you tell me again?</li> </ul>
Asks people who are qualified to answer the question: <ul style="list-style-type: none"> <li>(To teacher) What's the homework?</li> </ul>	Often asks people who are unqualified to answer the question: <ul style="list-style-type: none"> <li>(To mom) How much homework will I have tomorrow? Is it going to be too hard for me?</li> </ul>
Asks few questions that are unanswerable: <ul style="list-style-type: none"> <li>[Asks in April] Who will my teacher be in the fall?</li> </ul>	Often asks questions that are unanswerable: <ul style="list-style-type: none"> <li>[Asks in April] Who will be my teacher in the fall? Can you call the school and ask? Will I like them?</li> </ul>
Seeks the truth: <ul style="list-style-type: none"> <li>What time will you be home tonight?</li> </ul>	Seeks a desired answer: <ul style="list-style-type: none"> <li>You'll be home before I go to bed, right?</li> </ul>
Accepts relative, qualified, or uncertain answers when appropriate: <ul style="list-style-type: none"> <li>Okay, thanks for letting me know.</li> </ul>	Insists on absolute, definite answers whether appropriate or not: <ul style="list-style-type: none"> <li>I need you to tell me an answer!</li> </ul>
Pursues only the information necessary to form a conclusion or make a decision.	Indefinitely pursues information without ever forming a conclusion or making a decision.

# Coping Skills



- Children (with or without anxiety) can use coping skills to help them handle tough situations
- These can be used whenever they are faced with anxiety in everyday life—they should NOT be used during planned exposures!
- Examples of coping skills:
  - Distracting with an activity
  - Taking a break
  - Positive self-talk
  - Bossing back anxiety
  - Mental imagery
  - Relaxation techniques
    - Deep breathing
    - Progressive Muscle Relaxation

# Positive Self-Talk



Kids can be their own positive self-coach!

- Kids can talk to themselves in anxiety-provoking situations
  - “I can do this”
  - “I have ways of fighting my anxiety if it comes”
  - “I can’t predict the future”
  - “It’s unlikely that the worst case scenario will happen”
  - “I can handle tough situations”
  - “I’ve gotten through difficult things before”



# Helpful Resources



- ◆ American Academy of Child and Adolescent Psychiatry (AACAP)

[www.aacap.org](http://www.aacap.org)

- ◆ American Psychological Association-Division 53

[www.clinicalchildpsychology.Org](http://www.clinicalchildpsychology.Org)

- ◆ Anxiety and Depression Association of America

<https://adaa.org/>

- ◆ Association for Cognitive and Behavioral Therapies

[www.abct.org](http://www.abct.org)

- ◆ Child Mind Institute (CMI)

[www.childmind.org](http://www.childmind.org)

- ◆ International OCD Foundation

<https://iocdf.org/>

# Helpful Books



- ◆ [Anxiety Disorders in Children and Adolescents](#) John March and Tracy Morris
- ◆ [What To Do When You Worry Too Much](#) Dawn Huebner

\*other good books in series

- ◆ [Up and Down the Worry Hill](#) Aureen Pinto Wagner
- ◆ [Growing Up Brave](#) Donna Pincus
- ◆ [Overcoming Selective Mutism](#) Aimee Kortba and Shari Saffer
- ◆ [Talking Back to OCD](#) John March & Christine Benton
- ◆ [Anxiety and Phobia Workbook](#) Edmund Bourne

\*not for kids but good CBT overview



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