



When to Worry About Your Child's Worries

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Outline for Our Time Together



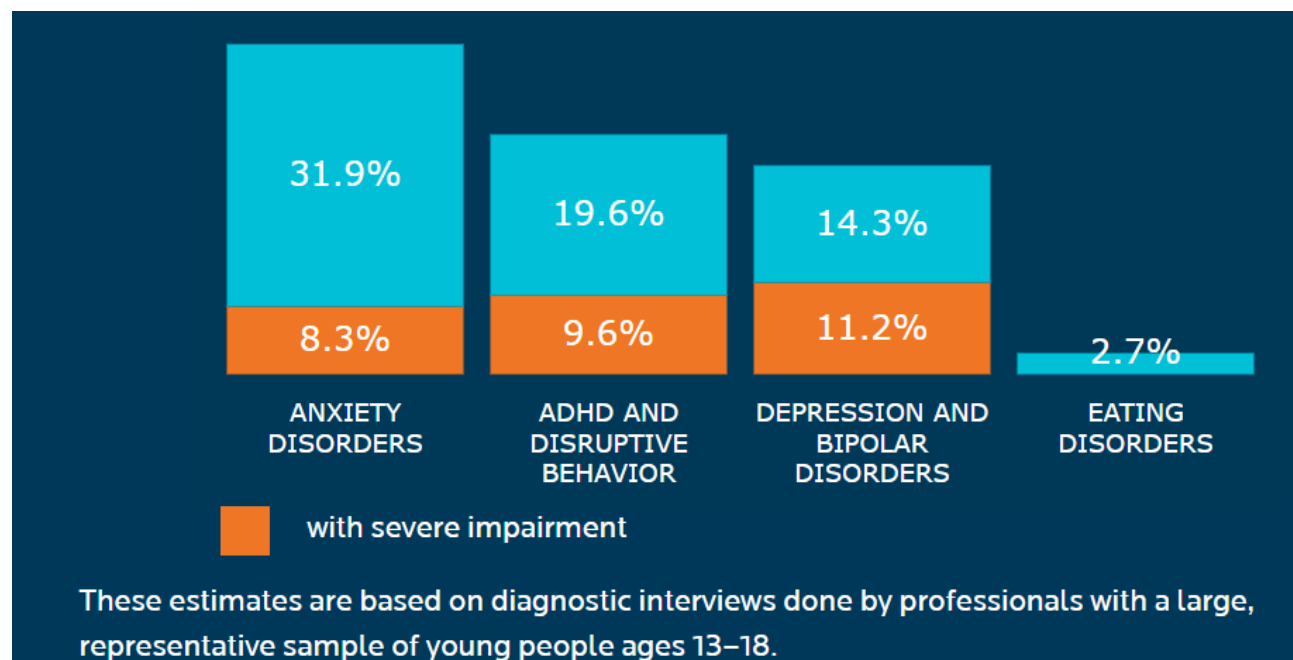
- ◆ Overview of anxiety disorders & their presentation
- ◆ Intervention (CBT)
- ◆ Q and A



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

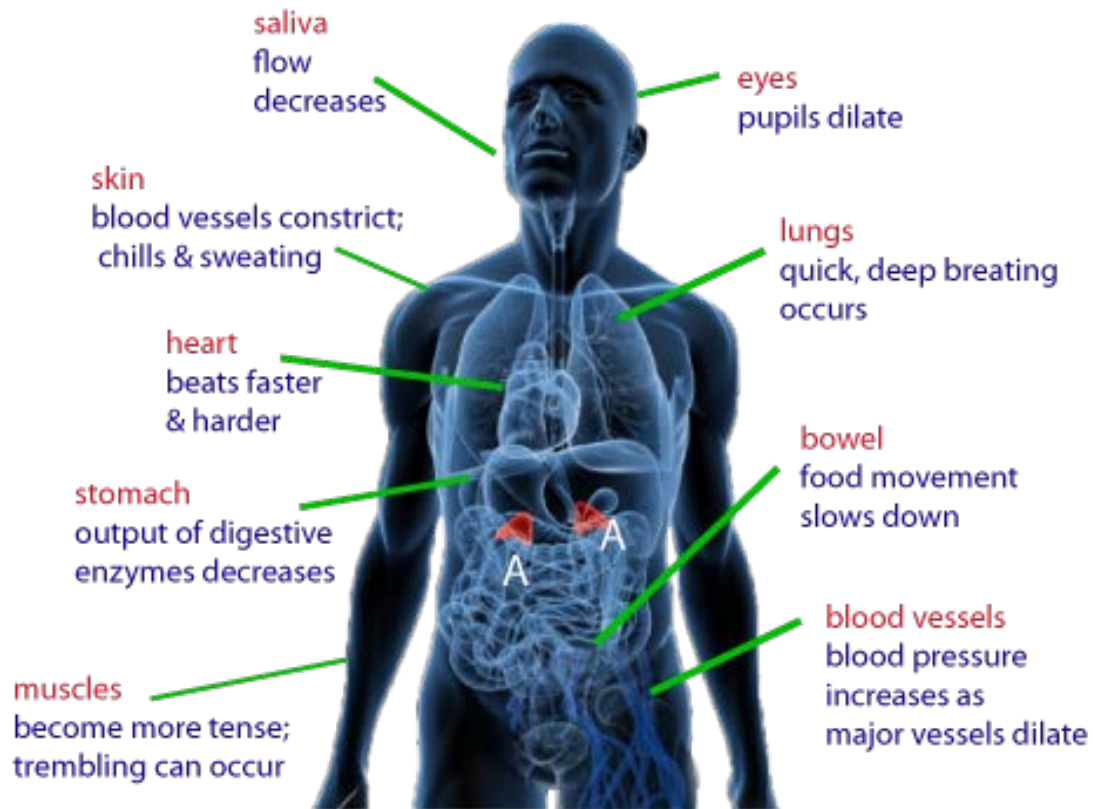
- Behavior learned through observation and experiences

What is Fear?



Fear tells us when we are in danger!

Fight or Flight Response

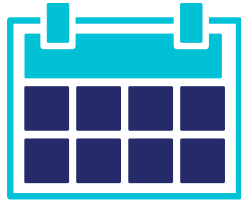


Normative Developmental Fears



- 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?



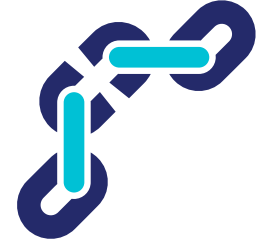
Frequency

- 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....

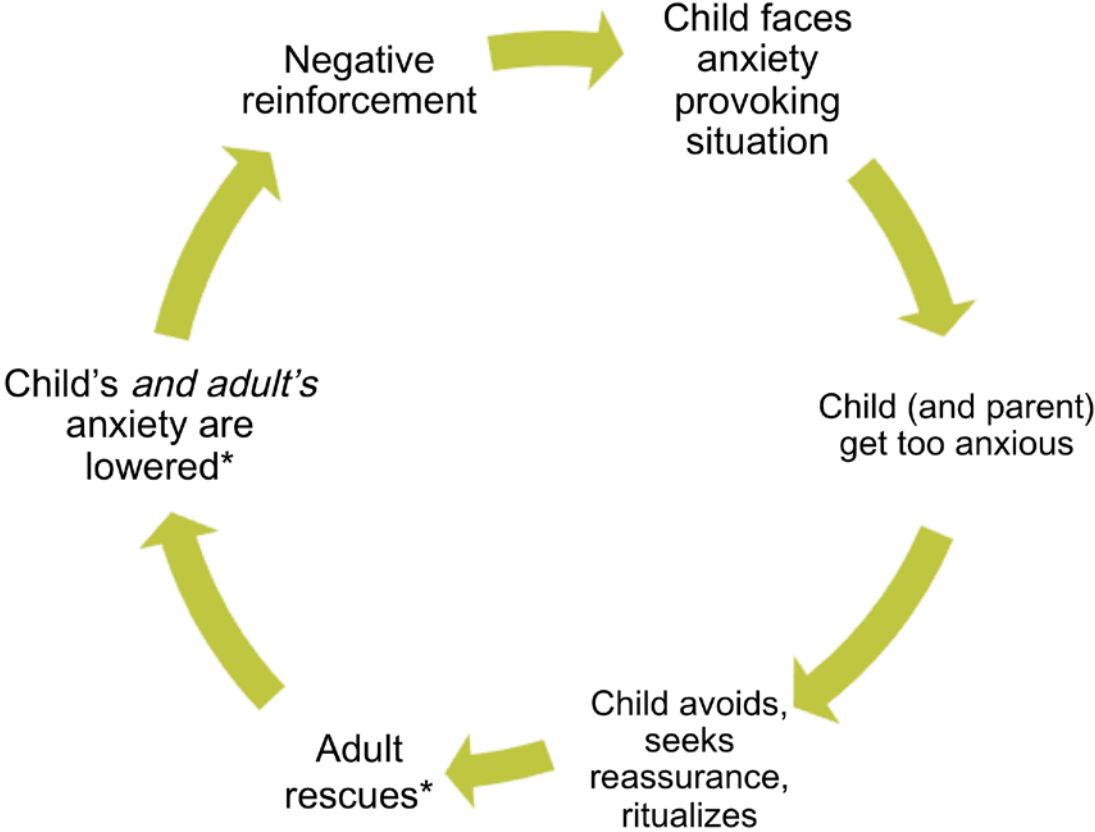


- ◆ Scratching a mosquito bite makes it feel better in the short-term, but worse in the long-term.
- ◆ Well intended adults may serve as “scratchers” for their child’s “mosquito bites.” (giving reassurance, assisting in the avoidance cycle)
- ◆ Anxiety is maintained through negative reinforcement
- ◆ 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



Situation	Fear (0-10)
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
<p>Asks a question once:</p> <ul style="list-style-type: none"> Where are we going? 	<p>Repeatedly asks the same question:</p> <ul style="list-style-type: none"> Where are we going? Are you sure that's where we're going?
<p>Asks questions to be informed:</p> <ul style="list-style-type: none"> Who is picking me up from school? 	<p>Asks questions to feel less anxious:</p> <ul style="list-style-type: none"> Will anyone be there to pick me up? Do they know they are picking me up?
<p>Accepts the answer provided:</p> <ul style="list-style-type: none"> Oh okay, that's fine. 	<p>Responds to an answer by challenging the answer, arguing, or insisting the answer be repeated or rephrased:</p> <ul style="list-style-type: none"> Are you sure? What do you mean by that? I don't believe you. Can you tell me again?
<p>Asks people who are qualified to answer the question:</p> <ul style="list-style-type: none"> (To teacher) What's the homework? 	<p>Often asks people who are unqualified to answer the question:</p> <ul style="list-style-type: none"> (To mom) How much homework will I have tomorrow? Is it going to be too hard for me?
<p>Asks few questions that are unanswerable:</p> <ul style="list-style-type: none"> [Asks in April] Who will my teacher be in the fall? 	<p>Often asks questions that are unanswerable:</p> <ul style="list-style-type: none"> [Asks in April] Who will be my teacher in the fall? Can you call the school and ask? Will I like them?
<p>Seeks the truth:</p> <ul style="list-style-type: none"> What time will you be home tonight? 	<p>Seeks a desired answer:</p> <ul style="list-style-type: none"> You'll be home before I go to bed, right?
<p>Accepts relative, qualified, or uncertain answers when appropriate:</p> <ul style="list-style-type: none"> Okay, thanks for letting me know. 	<p>Insists on absolute, definite answers whether appropriate or not:</p> <ul style="list-style-type: none"> I need you to tell me an answer!
<p>Pursues only the information necessary to form a conclusion or make a decision.</p>	<p>Indefinitely pursues information without ever forming a conclusion or making a decision.</p>

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

- ◆ American Psychological Association-Division 53

www.clinicalchildpsychology.Org

- ◆ Anxiety and Depression Association of America

<https://adaa.org/>

- ◆ Association for Cognitive and Behavioral Therapies

www.abct.org

- ◆ Child Mind Institute (CMI)

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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