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Thriving Minds Behavioral Health Center

When Anxiety Gets in the Way: How to Understand and Work Effectively with Anxious Children

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What's Normal Anxiety?

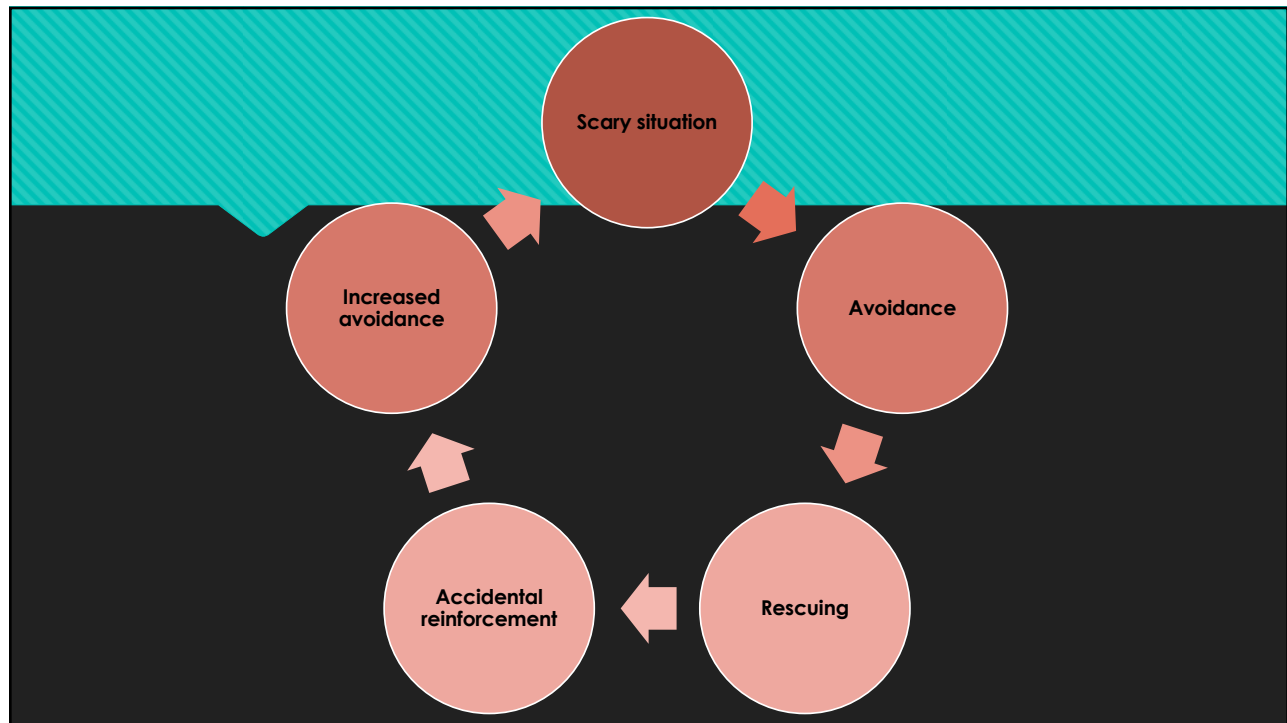
- Fear and anxiety are typically experienced without great interference in everyday life
- Normal and natural part of emotions
- Enjoyable emotion for many (e.g. scary movies, stories, risky activities)
- When fear becomes excessive, persistent, causes psychological distress and disrupts normal development, they may have an anxiety disorder

The Course of Typical Childhood Fear and Anxiety

- Infants & Toddlers: loud noises, strangers, separation from parents, large objects
- Preschoolers: more global, imaginary stimuli (e.g., ghosts, monsters, other supernatural beings, the dark, noises, sleeping alone, thunder, floods)
- Older Children: more realistic fears (e.g., physical injury, health, school performance, social scenarios, death)
 - Children will identify multiple fears (4.6 average; Jerslid & Holmes, 1976)
 - 90% of children have at least one specific fear and these decline over time
- Teenagers/adolescents: social and performance anxiety, school refusal
- Worry develops later and does not show the same age-related decline as fears do

When To Worry About Anxiety

- Severe anxiety is unrealistic
- Severe anxiety is out of proportion
- Severe anxiety is being overly self-conscious
- Severe anxiety is often unwanted and uncontrollable
- Severe anxiety doesn't go away
- Severe anxiety leads to avoidance



What's an Anxiety Disorder?

- When fear becomes excessive, persistent, cause for psychological distress and disrupts normal development, they may have an anxiety disorder
- Anxiety disorders are a category of disorders that include
 - Separation anxiety
 - Social anxiety disorder
 - Panic disorder
 - Specific Phobias
 - Generalized anxiety disorder
 - Selective mutism
- Closely related disorders include Obsessive Compulsive Disorder (OCD), Trichotillomania, Tic Disorders and Posttraumatic Stress Disorder (PTSD)

Identifying and Recognizing Clinical Anxiety

- Greatest predictors of mood disorders, chronic depression, and alcohol abuse in adulthood
- More than 40 million adults in the US (18%) have reported disabling anxiety that negatively impacts their lives
- Anxiety disorders are the most common disorders in childhood and adolescence
 - Prevalence rates up to 25%
 - Anxiety is a main concern for up to 50% of referrals to mental health services

Understanding Interference

- How do you know when anxiety is interfering with normal development?
- Child is experiencing so much anxiety, and as a result has difficulty in social relationships, academic performance, and/or family functioning.
- Examples of interference include:
 - Difficulty concentrating in class due to worrying
 - Not speaking to teachers and/or students in the classroom
 - Difficulty turning in assignments due to perfectionistic worries
 - Impaired performance on exams due to anxiety
 - Cannot get good sleep due to excessive worrying
 - Avoidance of school
 - Worries about or avoidance of social interactions

What is Generalized Anxiety Disorder?

- Excessive anxiety and worry occurring more days than not for at least 6 months, about a number of events or activities
- Child/teen finds it difficult to control the worry
- Worry may be associated with restlessness, fatigue, irritability, sleep disturbance
- More than one domain of worry (school, performance, health, health of family, world events, family issues, etc.)
- The worry causes clinically significant distress or impairment in functioning (e.g., difficulty concentrating, taking too long to complete assignments)

What is Panic Disorder?

- Recurrent Panic Attacks
 - Panic Attack: discrete period of intense fear or discomfort in which 4 or more of the following symptoms develop abruptly and reach a peak within 10 minutes
 - Palpitations, sweating, trembling, shaking, shortness of breath, feeling of choking, chest pain or discomfort, nausea or abdominal distress, feeling dizzy, unsteady, lightheaded, or faint, feelings of unreality, fear of losing control or going crazy, fear of dying, chills or hot flushes
- Concern about having another panic attack
- Panic attack occurs *out of the blue*

What is Social Anxiety?

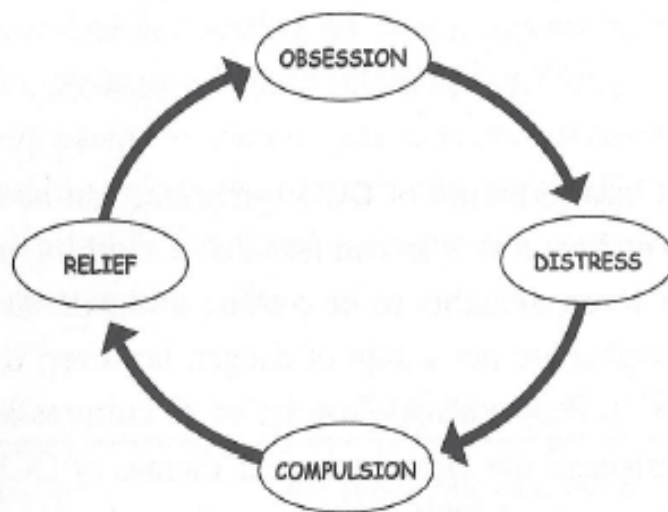
- Extreme fear of being scrutinized and judged by others in social or performance situations
- About 15 million American adults have social anxiety disorder
- Equally common among males and females
- Typical age of onset: 13 years old
- 36 percent of people with social anxiety disorder report symptoms for 10 or more years before seeking help
- Can lead to:
 - School refusal
 - Lack of social or romantic relationships
 - Depression
 - Suicidal ideation

What are Specific Phobias?

- Marked and persistent fear that is excessive or unreasonable
- Exposure to the stimulus provokes an immediate fear response, which may provoke a *situationally bound panic attack*
- In children and teens, anxiety may be expressed by crying, tantrums, freezing, or clinging

What is Obsessive-Compulsive Disorder?

- OCD is a related disorder, no longer included in the category Anxiety Disorders by the American Psychiatric Association
- Child/teen experiences either obsessions or compulsions
 - Obsessions are recurrent and persistent thoughts, impulses or images that are intrusive and cause marked anxiety or distress
 - Person attempts to suppress such thoughts, or to neutralize them with a thought or action (compulsion)
 - Compulsions are repetitive behaviors (hand washing, ordering, checking, praying, counting) that a person feels driven to perform in response to an obsession



Recognizing and Assisting with Anxiety in the School Setting

Common Signs of Anxiety in Schools

- School refusal/frequent absences
- Students asking to leave in the middle of class/tests
- Complaints of racing heart, stomachaches, headaches, dizziness
- Isolation from peers
- Crying/pleading to call parents
- Worry about school ("what if" questions)
- Refusal to speak at school
- Test anxiety

Recognizing Anxiety in the Classroom

- Often well-behaved, compliant children (not the “squeaky wheel”)
- May see:
 - Frequent visits to the school nurse
 - Frequent absences and/or tardiness
 - Excessive questions/reassurance-seeking
 - Social withdrawal/isolation
 - Poor participation in an otherwise intelligent, engaged child
 - Difficulty responding and/or initiating contact; lots of hesitations

Helping Children with Anxiety

- **Validate** the child's feelings and help them to identify it as anxiety.
 - “You are feeling uncomfortable right now, are you worried about something?”
 - “It's normal to feel anxious before a test or speaking in front of the class.”
- Do **not** reassure an anxious child.
 - “You'll be fine.”
 - “You always do well on a test.”
 - “You don't have anything to worry about.”
 - “The day will be over before you know it.”

Helping Children with Anxiety

- Instead of reassuring - help the child **tolerate his/her uncomfortable feelings** and convey confidence in their bravery. (Goal is not to get rid of anxiety, but to become "comfortable with discomfort")
 - "I know you're feeling pretty bad right now but I wonder if you can sit at your seat while you're feeling bad and I'll check in with you in a few minutes."
 - "The test is making you feel very worried. I'm wondering how many of you can work even though you're feeling worried."
- Dissociate the child from the anxiety – give it a name, distinguish it as separate from the child so the child can become annoyed, fight back.

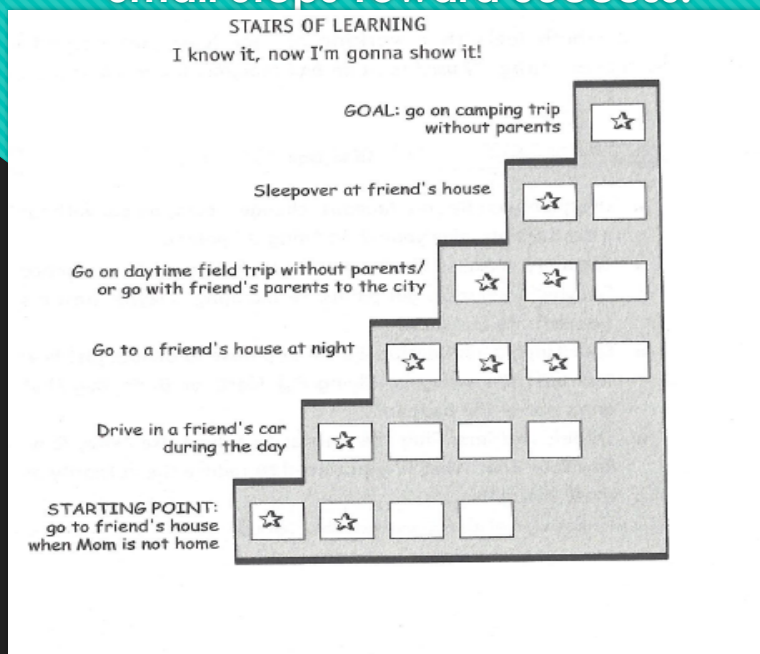
Helping Children with Anxiety

- Be a **cheerleader** for them as they tolerate their anxious feelings.
 - "I am so proud of you for finishing your work even though you were feeling anxious!"
 - "You did a great job of staying in school today even though you were worried about the test!"
 - "I really appreciate how hard you must have worked to not ask me questions all day even though you might have been worried about doing your work correctly."
- Reward very anxious children with small rewards or privileges. Try to reward the attempt at anxiety control, not the outcome.

Helping Children with Anxiety

- Challenge him/her to go for **longer periods of time** or to do something that will make them feel worse (after they begin to feel empowered).
 - “You worked really hard at staying in the class for the last fifteen minutes even though you wanted to go to the nurse’s office. Can you work hard for another fifteen minutes?”
 - “You completed that portion of the test even though you felt anxious. I’m wondering if you can feel anxious and do the next part of the test.”
- Help them to see that when they do something even though they feel anxious, their **anxiety eventually quiets down**.

Small Steps Toward Success!

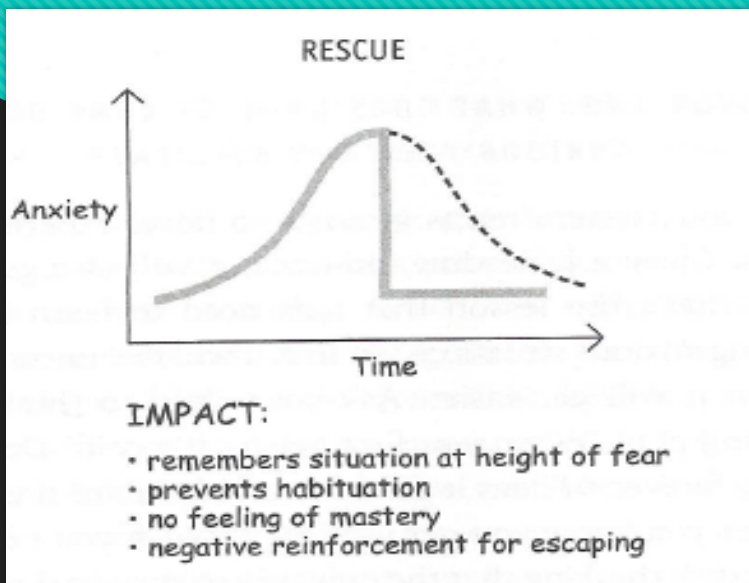


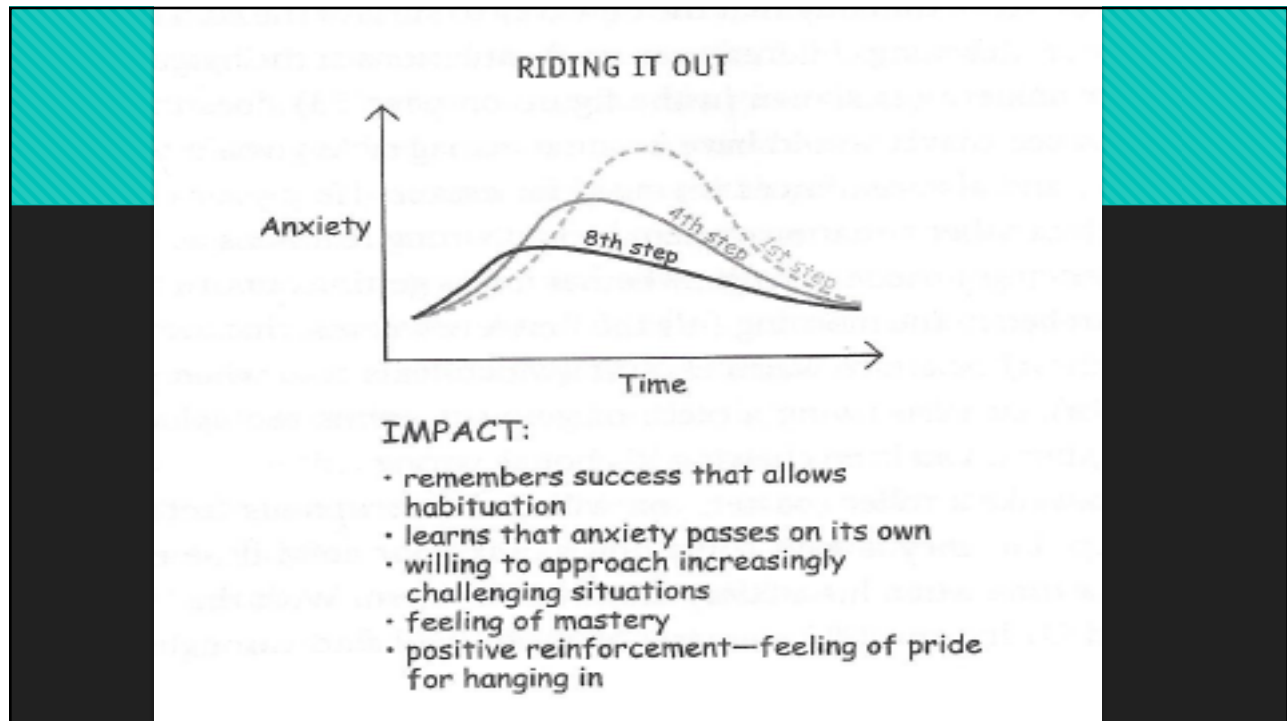
Parenting Behaviors Associated with Anxiety

- **Parental overcontrol** – intrusive parenting, exerting control in conversation, limiting of authority and independence
- **Overprotection** – excessive caution and protective behaviors without cause
- **Modeling of Anxious Interpretation** – agreeing with child's distortion of the risk in a situation, reinforcing the idea that normal things in the world are too scary to approach
- **Tolerance or Encouragement of Avoidance Behaviors** – suggesting or agreeing with not trying something difficult
- **Rejection or Criticism** – disapproving judgment, dismissive, or critical behavior
- **Conflict** – fighting, arguing, and disharmony in family associated with higher levels of anxiety

* Adaptive from Chansky, 2014

The Problem with “Rescuing” or Accommodating





Positive Parenting Behaviors that Buffer Stress

- **Reward Coping Behavior** – focus on means, not ends, reward taking on challenges, recognize partial successes
- **Extinguish Excessive Anxious Behavior** – reduce anxious behavior by not responding to it excessively, either with concern or anger
- **Manage Own Anxiety** – limit displays of distress, don't introduce parent's worries into the mix
- **Develop Family communication and Problem-Solving Skills** – open-house policy for positive communication and problem-solving opportunities
- **Authoritative/Democratic Parenting Style** – parents direct children's behavior while valuing independence. This is associated with lower levels of anxiety and higher self-confidence

2014

* Adapted from Chansky,

Specific Tips for Managing School Refusal

- Validate feelings; Do not reassure.
- If possible, have student participate in building their morning routine:
 - Have student meet peer/buddy in the drop-off area
 - If area where students congregate before going to classroom is too overwhelming, brainstorm more private alternatives
 - Assign a special (enjoyable) task for when they first arrive to classroom
- Managing drop-off times
 - Have student separate from parent as early as possible
 - Car drop-off lines work best
 - If parent must come into school, have child transition to an adult he likes/has a special bond with
 - Make transition away from parent as quick as possible

Specific Tips for Managing Test Anxiety

- Importance of good sleep and nutrition in days leading up to test
- Review good test-taking skills beforehand:
 - Read directions carefully
 - Write down important points first before starting lengthy writing assignment
- Practice deep- or mindful breathing prior to beginning exam (can be classroom-wide fun activity)
- If student freezes during the exam, encourage them to:
 - Skip that item/section and later come back to it; Rumination is the enemy here!

Specific Tips for Managing Panic Attacks

- Validate feelings and give education about panic attacks; Do not reassure.
- Ask student to pay attention to their body and write down:
 - The physical symptoms they're having (e.g., dizzy, feeling hot, etc.)
 - Graph how long it takes for the physical feelings to decrease (e.g., using a timer)
- For students with repeated attacks, ask them how it's turned out before; help them articulate this if you know what's happened before
 - "Last time you felt really scared, but it got a lot better after 5 minutes. I wonder what will happen this time?"
- Do not offer breaks from work, but also do not put extra pressure on them to finish quickly
- It's tempting to encourage deep breathing exercises, but if a child is truly experiencing a panic attack, there is scientific evidence that this may actually worsen panic.

Use Technology to Help

- Meditation or relaxation tracks (many available through iTunes)
- Biodots – stickers that measure anxiety level
- IReward Chart app – behavioral reward chart
- TimeTimer – visual reminder of time management
- IRelax – sleep, relaxation, yoga, and sleep helper
- MyHomework – keep track of projects, homework, classes, and tests
- BellyBio – helps practice diaphragmatic breathing
- Cardiograph – keeps pulse rate

When is it time to refer for professional help?

○ If you initiate the previously mentioned strategies, and the child or teen continues to experience:

- Excessive anxiety, worry, distress in the classroom
- Attendance/tardiness problems
- Decline in academic performance due to test anxiety
- Isolation from peers
- Needs one-to-one clinical assistance in facing their fears

Seek out Cognitive Behavioral Therapy (CBT), which is the gold standard for treating anxiety disorders.



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Individual treatment
Family therapy
School consultations
Psycho-educational Evaluations
School and Professional Consultations

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Reference

- Chansky Tamar (2014). Freeing your child from anxiety: Powerful, practical solutions to overcome your child's worries, fears and phobias (2nd Edition). New York: Three Rivers Press.