# Understanding Anxiety and Building Resilience in Your Middle-Schooler

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#### The Modern Child

The science of raising children Katherine Nguyen Williams Ph.D.

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Katherine Nguyen Williams, Ph.D., is the Director of Strategic Development and Clinical Innovations at Rady Children's Hospital-San Diego and Associate Clinical Professor of Psychiatry at UC San Diego.



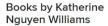
#### 5 Tips for Talking to Children About Mass Shootings

Research explains how to help children cope after hearing about mass shootings.



#### The Refugee Child: An American Story

Throughout history, most Americans have not supported refugee resettlement stateside. Studies tell us why we should or shouldn't listen to them.



The Modern Child The science of raising children



Modular CBT for Children and Adolescents with Depression: A Clinician's Guide to Individualized Treatment



#### How to Talk to Children About Spade and Bourdain Suicides

Anthony Bourdain's mother said, "He is absolutely the last person in the world I would have ever dreamed would do something like this." How can we tell if our children are









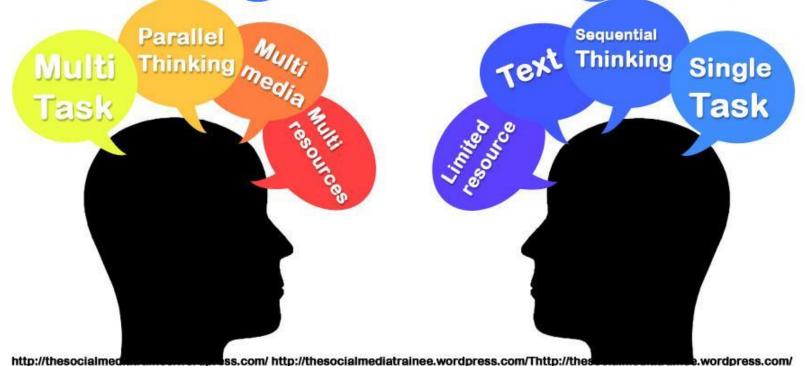


# GENERATION Z: CONNECTED FROM BIRTH.

Born mid-1990s to 2010.



# Digital Native Digital Immigrants





HOW THE MODERN WORLD IS DAMAGING OUR CHILDREN AND WHAT WE CAN DO ABOUT IT









































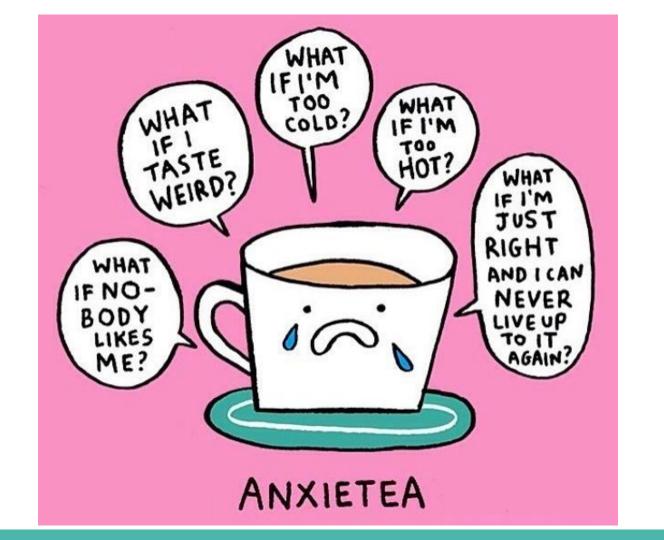


# Raising Children in this Modern, Digital Age

- Anxiety is normal, adaptive, and crucial to our survival
- In modern age, too many false alarms
- Anxiety disorders is the most common disorder in US
- At least 20-25% of children under age 18 have significant mental health problems
- 75% of those don't get help
- Anxiety rates increasing post-pandemic



# 



# Child anxiety is most common childhood mental health concern (Merikangas, 2010)



# **Child Anxiety**

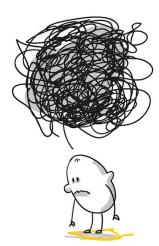
- 31.9% of children ages 13-18 suffer from anxiety (Merikangas et al., 2010)
  - 8.3% of which have "severe impairment"
- Anxiety is most common childhood mental disorder
  - Depression 14.3%
  - ADHD 19.6%
- Age 6 is median age of onset for child anxiety disorders
- 80% of those with child anxiety don't receive treatment (Merikangas et al., 2011)



# How can you tell your child is feeling anxious?

## **Anxiety**

Predominant characteristic is *excessive* worrying that is difficult to control and out of proportion to triggering event



Anxiety: "What if this happens?"

Me: "But it won't."

Anxiety: "But what if it does?"

Me:



# **Child Anxiety: What to Watch for**

- Child worries about embarrassing self, leaving house, getting sick, doing poorly in school, separating from parents
- Children avoiding things they would otherwise prefer or enjoy doing
- Seeing behavioral concerns ("meltdowns," "tantrums") especially in younger children
- Difficulty concentration, sleep, energy, appetite, and mood
- Often co-occur with and mimic physical symptoms (gastritis, stomach pain, nausea, acid reflux, increased heart rate, heart attack)
- Spending a lot of time comforting your child
- Feeling like your family functioning is being disrupted by your child's fears and worries

# **Anxiety Types**

#### Generalized Anxiety Disorder

- Pervasive worries about a variety of topics
- Includes irritability, muscle tension, difficulty sleeping

#### Social Anxiety

- Fear of being judged by others/negatively evaluated by others
- Can result in school avoidance or avoidance of extracurriculars (sports, church, tutoring, etc)
- Can result in avoidance of preferred events (sports, birthday parties, etc)

#### Separation Anxiety Disorder

- Fear of leaving parents or harm being caused to parents
- Associated with fear of going anywhere without parents and child asking for parents to come with them

#### Panic Disorder

- Recurrent, unexpected panic attacks
- Fear of recurring panic attacks

#### Other

- Agoraphobia, OCD, Specific Phobia, Selective Mutism, PTSD
- Other Specified Anxiety Disorders





## Why do children get anxiety?

- Family history of anxiety (Rosenbaum et al., 1988)
- Stress in family, school, neighborhood (NIMH, 2018)
  - Chidlren who live with too much stress can become anxious
  - o Divorce (Goodyer & Altham, 1991)
  - Resiliency
- Trauma (NIMH, 2018)
- Anxious parents can model anxious behaviors (Krohne & Hock, 1991)
- Caffeine/drug/alcohol use (NIMH, 2018)
- Shy temperament (NIMH, 2018)
- Perfectionism (Blankstein & Dunkley, 2002)
  - School performance
  - Self-directed

### What can you do to help?

- Cognitive Behavioral Therapy
  - Relaxation Training
  - Facing Your Fears (Exposures)
  - Cognitive Therapy



# **Relaxation Training**



### **Relaxation Toolkit**

- Paced deep breathing
- Progressive Muscle Relaxation
- Mindful walking
- Mindfulness exercises (ABC game, color game, 5-4-3-2-1)
- Mandala coloring
- Sensory stimulation (fidget toys, stress balls, squishy, fidget spinner)
- Music meditation
- Visualization exercises
  - Can be real or imagined
  - Can visualize defeating anxiety monster



https://www.youtube.com/watch?v=GJxEPRo8llc



https://www.youtube.com/watch?v=cDKyRpW-Yuc&t=78s

### **Relaxation Toolkit**











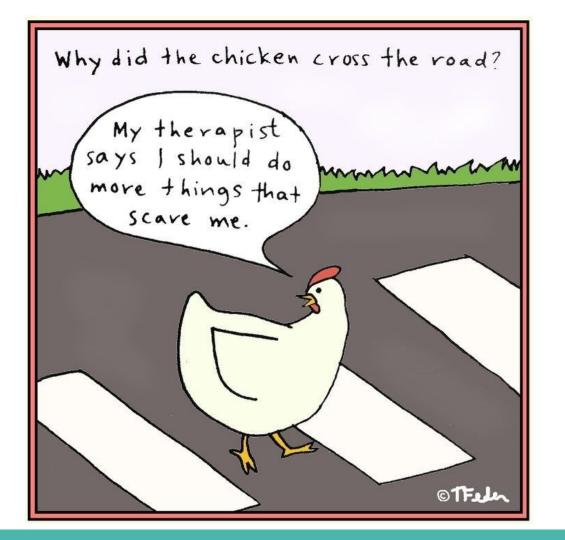






# **Activity Mindfulness**

**Facing your Fear (Exposures)** 



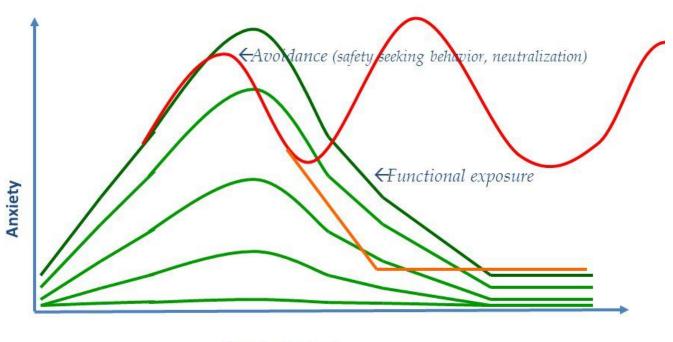
### **Exposures**

- Focuses on the behavioral piece of CBT
- Exposing ourselves to our fear helps us to desensitize us from something that is scary
- Brain can essentially relearn that feared triggers are non-threatening with repeated exposures
- Avoiding anxiety triggers ultimately worsens anxiety symptoms

# What was it like when you first learned how

to drive?

### The Process of Exposure



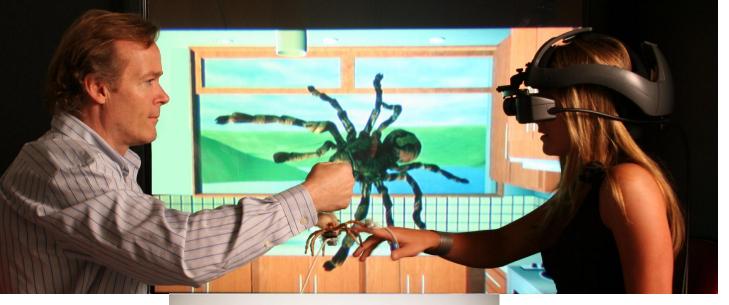
Time (minutes)



## Facing Your Fears to Exposure Therapy

- Parents
  - Great preventative strategy for parents to use now
  - Family and support people can play a huge role here!
  - Encourage child to do things that are scary
- Therapists
  - Considered gold standard treatment for anxiety
  - Fear hierarchy
  - Can be helpful to start with less feared situations and work your way up
  - If you do start therapy, critical to finish therapy

Step	Situation	Fear Rating
12.	Petting a larger dog off leash	10
11.	Petting a larger dog on a leash	9
10.	Holding a puppy	9
9.	Petting a puppy that someone is holding	8
8.	Standing beside, but not touching, a dog on a leash	7
7.	Standing 4 feet away from a dog on a leash	6
6.	Standing 8 feet away from a dog on a leash	5
5.	Standing across the street from a dog on a leash	4
4	Looking at a dog across a park through binoculars	3
3.	Looking at a dog through a window	3
2.	Watching a film with dogs in it	2
1.	Looking at photos of dogs	2





## **Common School-Related Exposures**

- Volunteer to go first for your class presentations
- Participate in class, even if you aren't sure if your answer is right
- Participate in class with the wrong answer on purpose
- Arrive 5 minutes late to class
- Ask a new peer for their phone number/social media, or what class period they have next
- Join a club
- Pick somebody you don't know well for your next class group project

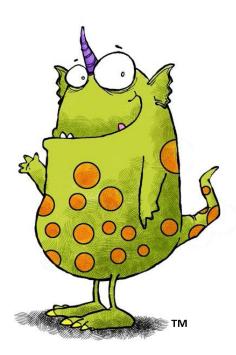
# **Change Your Thoughts to Reduce Your Anxiety**

## ANXIETY GIRL!

able to jump to the worst conclusion in a single bound!



# **Superhero Visualization**





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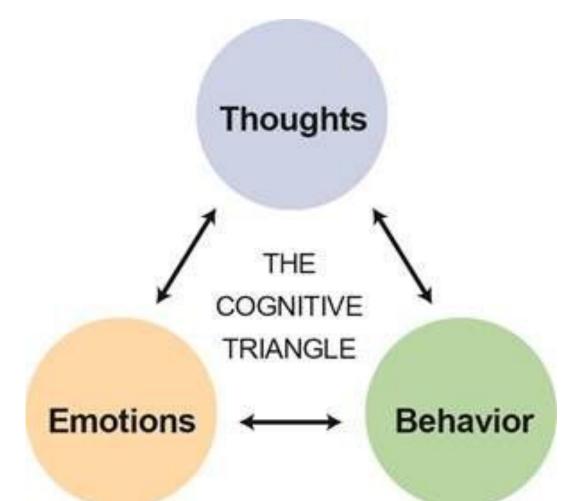
## **Superhero Visualization**

- Helps to externalize the anxiety
- Put a name on the monster
- Picture yourself as a superhero
- Empowers the child/teen
- Tell your child to "be brave" and "stand up against the monster"
- Monster metaphor can help give your child strength to face their fear

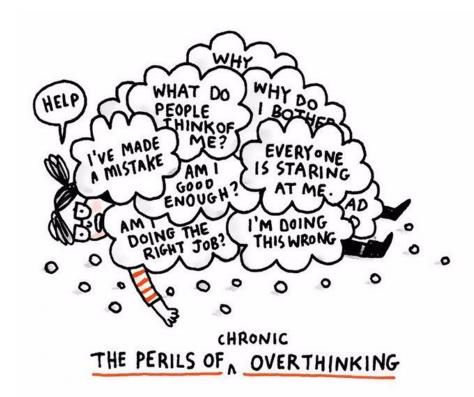


WORRIER POSE

Gemma CORRELL



# **Cognitive Therapy**



## **Changing our Thoughts**

- Based on idea that thoughts are an underlying critical role in anxiety symptoms
- Unhelpful thoughts → anxious emotions
- Anxious emotions → unhelpful actions
- If we can change our thoughts, we can change our feelings, and then change what we do

#### Unhelpful Thinking Styles



Sometimes called 'black and white thinking'

If I'm not perfect I have failed

Either I do it right or not at all

Over-

generalising

"everything is always rubbish"

"nothing good ever happens"

Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw



Only paying attention to certain types of evidence.

Noticing our failures but not seeing our successes



Discounting the good things that have happened or that you have done for some reason or another

That doesn't count





There are two key types of jumping to conclusions:

Mind reading (imagining we know what others are thinking) Fortune telling (predicting the future)

Magnification (catastrophising) & minimisation



Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important



Assuming that because we feel a certain way what we think must be true.

l feel embarrassed so I must be an idiot



Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed

If we apply 'shoulds' to other people the result is often frustration

#### Labelling



Assigning labels to oursleves or other people

I'm a loser I'm completely useless They're such an idiot



Personalisation Blaming yourself or taking responsibility for something that wasn't completely your fault. Conversely, blaming other people for something that was your fault.

# **Changing our Thoughts**





## **Let's Practice...**

- a) "If I don't pass my test tomorrow, I'm going to fail the class. If I fail the class, I'm not going to get into a good college and I will become homeless."
- b) "I have studied as much as I can for the test. There is a chance I will pass the test. Even if I fail the test, it doesn't necessarily mean I'll fail the class."

#### 2) Social Anxiety

- a) "I'm going to make a mistake during my presentation and the whole class will make fun of me."
- b) "People might not even notice if I make a mistake. Nobody expects my presentation to be perfect."

#### 3) Separation Anxiety

- a) "I have left Mom many times before and she has always been OK."
- b) "If I leave Mom, something bad will happen to her."

#### 4) Panic

- a) "I don't know for sure if I will or will not have a panic attack on the airplane. Even if I do have a panic attack, I know it won't kill me and I can tolerate it using my skills."
- b) "I can't go on the airplane. If I get stuck on the airplane, I will have a panic attack, and I won't be able to get the help I need."

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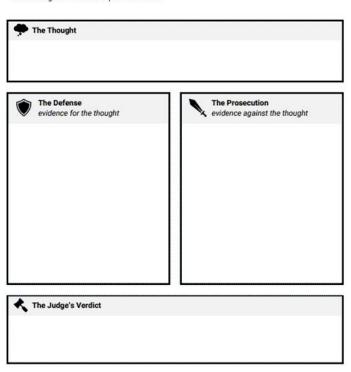
#### **Putting Thoughts on Trial**



In this exercise, you will put a thought on trial by acting as a defense attorney, prosecutor, and judge, to determine the accuracy of the thought

Prosecution and Defense: Gather evidence in support of, and against, your thought. Evidence can only be used if it's a verifiable fact. No interpretations, guesses, or opinions!

Judge: Come to a verdict regarding your thought. Is the thought accurate and fair? Are there other thoughts that could explain the facts?



# **Resiliency During the Pandemic**



### Resilience

The different abilities of anticipating, reducing the impact of, coping with, and recovering from the effects of adversity.

Resilience is not just the immediate ability to respond to negative events, but rather, a process of positive adaptation before, during, and after adversity

### What is Resilience?

A set of flexible cognitive, behavioral, and emotional responses to acute or chronic adversities which can be unusual or commonplace

These responses can be learned.

## Resilience is the ability to "roll with the punches"

### What it is:

- Although you encounter stress, adversity, trauma, or tragedy, you keep functioning both psychologically and physically
- You can go on with daily tasks, remain generally optimistic, and go on with your life

### What it's not:

- Resiliency doesn't mean you ignore your feelings; when adversity strikes, you still experience anger, grief, or pain
- Being resilient doesn't mean being stoic or going it alone

# **Resiliency and Mental Health**

### Resiliency helps youth thrive:

- It enables youth to develop a reservoir of internal resources that they can draw on when they need it
- Resiliency may protect youth against developing a mental Illness related to stress or trauma

 Resiliency can help youth (with an existing mental illness) cope better

# **How Can We Develop Resilience?**

Likely that some people may be more biologically predisposed toward being resilient; but psychological and environmental factors can contribute to its development

The good news is that resilience is not a binary quality that people either have or do not have – it involves thoughts, beliefs, attitudes and behaviors that can be learned and developed.

# In summary, what you can do:

- Be **patient**, calm and reassuring
- Be **positive** about their ability to manage the situation (with support)
- Help your child succeed by doing "small steps"
- **Reward and praise** your child's efforts as well as successes
- Be a **model** for your child manage your own anxieties
- Help your child "avoid avoidance" with planned **gradual exposure** to things they fear
- Teach your child **positive self-talk**

# What you can do:

- Teach your child basic **relaxation** strategies, e.g., diaphragmatic breathing and muscle relaxation
- Teach your child to **visualize** or imagine a pleasant, relaxing "happy place"
- Model anxiety management strategies for your child at home
- Keep **stress low** at home. Avoid parental conflict when the children are present, or model healthy resolution when possible.
- **Deal** with external situations that require adult intervention, such as bullying
- **Healthy living**: Enough sleep, regular routines, balanced diet, exercise
- Take time to **have fun and relax** with your child, e.g., family dinners, hikes

## **Resiliency and COVID**

- Staying connected with your community in the pandemic world
  - Drive by birthday parties
  - Trunk get together
  - Backyard camping
  - Netflix Watch Party
- Social distancing is not emotional distancing
- How to navigate the world opening back up during a pandemic
- Natural for there to be some feelings of valid apprehension, for both children and adults
- Modeling for our children healthy coping responses

# **Treatment of anxiety**

If your child is having significant problems with school, missing a lot of school, or having other problems functioning, you should talk to your doctor

Anxiety disorders can be treated!

Gold-standard, evidence-based treatment is cognitive behavior therapy (CBT) in groups or individually

In CBT, children learn relaxation and stress management plus

- Gradual exposure to things that make them anxious, to decrease the fear
- Coping strategies to reduce anxiety

CBT is first-choice treatment, but medication may be needed in severe situations

Medications: Child & adolescent psychiatrist

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#### **Parent Resource Videos**

The Society of Clinical Child and Adolescent Psychology and Florida International University's Center for Children and Families are proud to offer video resources for parents to help navigate through the field of child and adolescent mental health.

This site directs parents to brief videos of interviews with experts in specific problems experienced by families and children. These videos are intended to provide useful information to parents and caregivers about mental health issues experienced by children and adolescents.

Click here 

to find our online video resources for parents located on the FIU website.

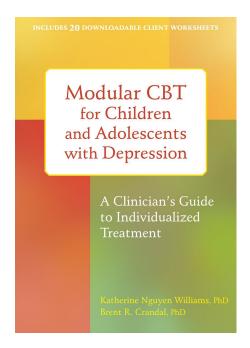
### **Quick Links** Ways to Get Involved **Student Resources Award Opportunities** Forum

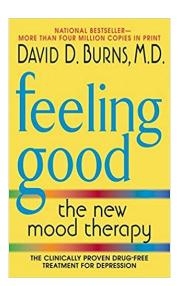
# Q&A



### Resources

- www.childmind.org
- www.nami.com





## Where to go for help...

- La Jolla Therapy Center (children, teens, and adults)
  - 858-224-3317
  - www.lajollatherapycenter.com
- Center for Stress and Anxiety Management (teens and adults)
  - 0 858-354-4077
  - www.csamsandiego.com
- Insurance? Contact your insurance provider to find out who is in network

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