



Your Anxious Child: What Parents Need to Know

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What's 'Normal?'



- Normal developmental fears:
 - Separation Anxiety
 - Fear of the dark
 - Separation Anxiety
- Fear is a physiological reaction that we need for survival.
- Normal childhood fears: getting lost, burglars, spiders and bugs, snakes, kidnapping, the dark.



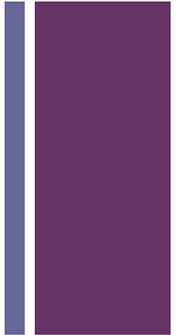
Abnormal Fears



- Phobias are feared objects or situations which cannot be explained, are out of proportion to the reality, excessive and unreasonable, and lead to avoidance of the feared object or situation.
- The avoidance of the feared object or situation leads to interference with normal life routines and functioning.



What is the difference between anxiety and fear?



- Fear is a feeling that causes you to be scared and worried because of a specific cause.
- Anxiety is a feeling of uneasiness that engulfs a person with no apparent reason.
- The body responds in a similar way to both, but chronic anxiety can take a serious toll on a person. Chronic anxiety can lead to poor self-esteem, academic difficulty, social dysfunction, and substance use.
- Anxiety is a problem when it interferes with day to day functioning: this is when we usually consider it to be disorder.



How do Symptoms of Anxiety Arise?

- Anxiety disorders develop against a back-drop of underlying vulnerabilities:
 - Genetics
 - Child rearing practices
- Who is at risk:
 - Having a parent with anxiety
 - Shy, restrained, inhibited temperament
 - Excessive anxiety between 6-8 years old
 - Girls>Boys
- Environmental factors have a profound effect on the development of anxiety
- Typical Behaviors Associated with Anxiety:
 - Avoidance/escape
 - Reassurance seeking
 - Tantrums/School Refusal



Features of Anxiety Disorders



- Prevalent, underreported, undertreated
- Though treatment is highly efficacious, anxious children are virtually ignored compared to children who have other psychiatric conditions
- Anxiety disorders are associated with a negative impact in multiple domains: social life, school, family, independent activity
- Anxious children have a wide range of debilitating physical symptoms: BP, heart rate, shortness of breath, nausea and vomiting, ulcers.
- When severe, anxiety can affect a child's decision making, thinking, perceptions, learning and focus.
- Differential Diagnosis: ADHD, Depression, Substance abuse, medical conditions, medication side effects



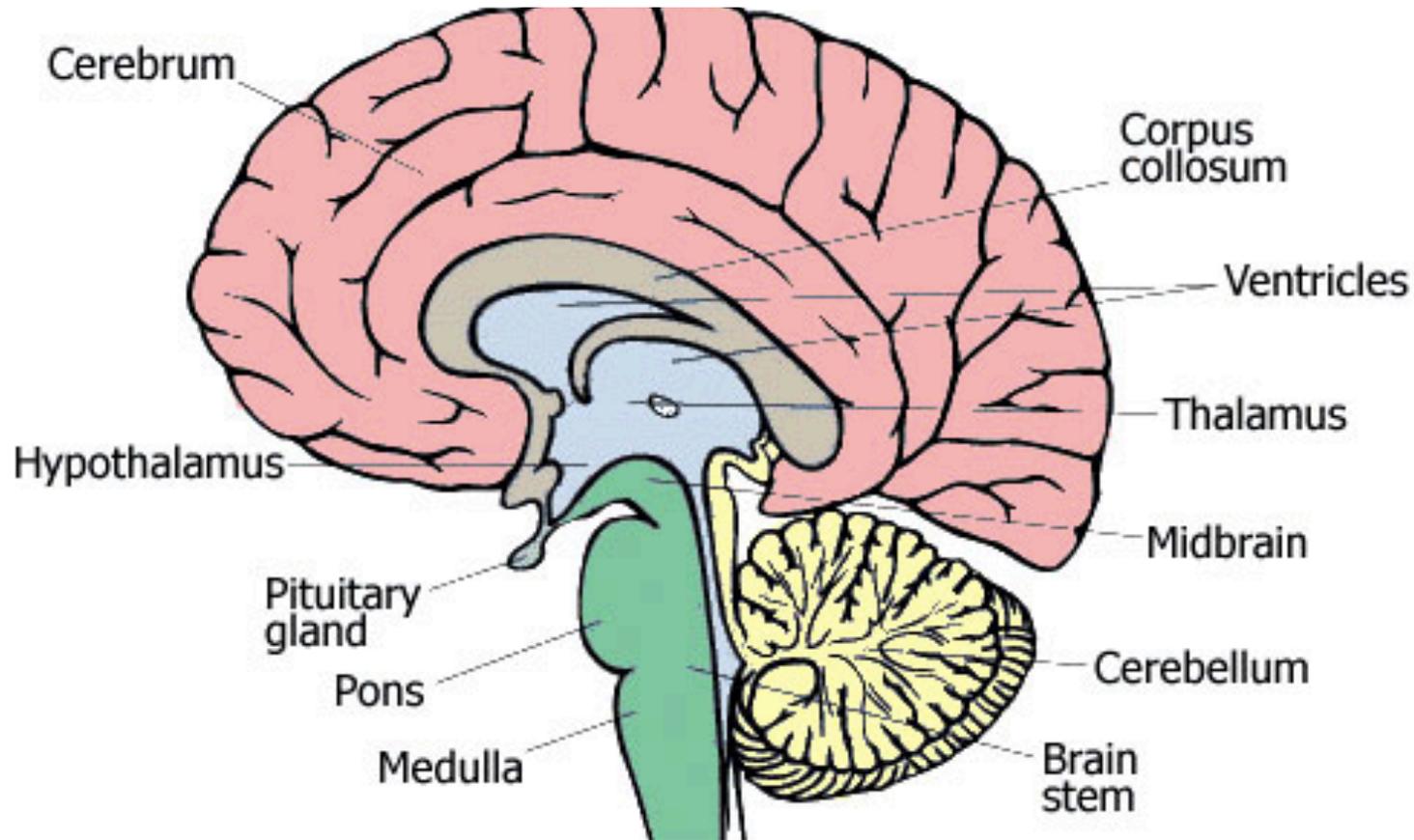
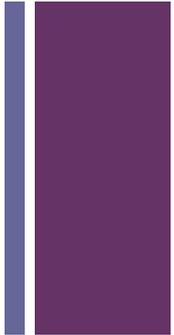
Why does childhood anxiety often go undetected?



- Anxiety runs in families
- Parents are often told their child is going through “a phase”
- Physical manifestations of anxiety lead parents to many doctors and medical tests
- Stigma
- Anxious children are usually not behavior problems and are usually excellent students



First, let's talk about the Brain!





How the Brain Grows



- Back to front and inside out
- Vital body functions (vision, hearing, speech) develop first: Back of the brain.
- High level thinking takes much longer to develop, and functions such as making complicated decisions, planning, organizing, self-regulation, are not fully mature until the mid-20's. Front of the brain (PREFRONTAL CORTEX)
- Inside of brain: Emotional center, reward center. Develops before front of brain (more regulatory). Like a car with great acceleration but poor brakes.



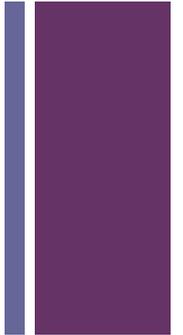
PRUNING



- During adolescence, the brain gets rid of nerve pathways that are not being used: **USE IT OR LOSE IT.**
- Nerve pathways used a lot get stronger.
- The brain is becoming faster and more efficient
- Learning takes place faster than any other time
- Which pathways do you want your child to keep?



One More Point about this Brain: DOPAMINE!



- Dopamine is a chemical substance in the brain responsible for feelings of pleasure: it's the I GOTTA HAVE IT chemical.
- Puberty leads to increased dopamine: there is MORE DOPAMINE IN THE REWARD CENTER OF THE BRAIN IN ADOLESCENCE THAN AT ANY OTHER TIME!
- This makes teens seek out pleasurable, rewarding experiences IN SPITE OF ASSOCIATED RISKS.
- And the Prefrontal Cortex is not yet fully mature: poor braking system.



This is a Vulnerable Brain



- Just as it is open and vulnerable to new exciting challenges, it is also vulnerable to negative influence
- More vulnerable to stress than at any other time of life
- Half of ALL psychiatric conditions begin by age 14.
- One in five teens have a diagnosable psychiatric condition.
- Ages 13-18: Mood disorders 10%, Anxiety disorders 8%, suicide has doubled in teenage girls since 2007.



What are the common anxiety disorders in children?



■ Separation Anxiety:

- Unrealistic worry accompanying separation from home or from caretaker
- Avoidance of situations requiring separation
- Physical complaints, visits to the nurse

■ Specific Phobia

- Unrealistic feeling of fear linked to a specific object, activity or situation
- The fear causes avoidance that can interfere with functioning



Common Anxiety Disorders



■ Generalized Anxiety

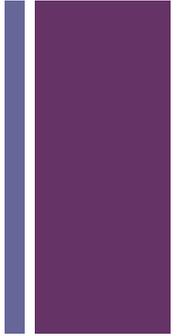
- A pattern of excessive worry, that has been occurring for at least 6 months
- Child feels on edge, has sleep disturbance, has muscle tension, fatigue.
- Often perfectionistic students.

■ Obsessive Compulsive Disorder

- Recurrent intrusive thoughts or repetitive acts that seem unreasonable but the person feels compelled to do them.
- Can consume a great deal of time and energy.
- Can greatly impede functioning.



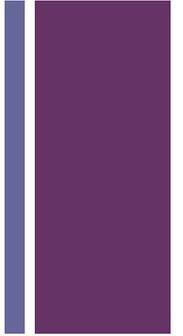
Common Anxiety Disorders



- Panic Disorder
 - Intense fear of impending doom associated with physical symptoms:
 - Sweating
 - Palpitations
 - Shortness of breath
 - Trembling, shaking
 - Nausea
 - Chest pain
 - Fear of losing control
 - Generally there is a fear of having another attack



Common Anxiety Disorders

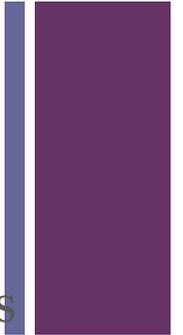


- Posttraumatic Stress Disorder
 - Exposure to an actual trauma (actual or threatened death, serious injury, sexual violence) with specific symptoms:
 - Intrusive memories
 - Recurrent distressing dreams
 - Flashbacks, event is reoccurring
 - Avoidance of any reminders of the event
 - Cognitive changes and mood changes
 - Increased arousal, hypervigilance, sleep disturbance



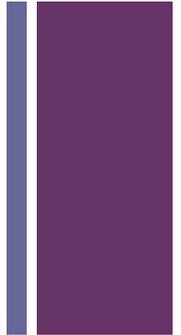
SOCIAL ANXIETY

- Persistent fear of one or more social situations in which the child is exposed to unfamiliar persons or to scrutiny by others.
- Exposure to the feared social situation provokes anxiety, fear of embarrassment, and sometimes panic attacks.
- Children with social phobia avoid anxiety-provoking situations or endure them with distress.
- Children may not recognize that their fear is unreasonable. Somatic symptoms are common.





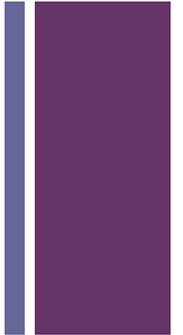
SOCIAL ANXIETY



- Underdiagnosed and undertreated.
- Fear of social situations due to fears of judgment and being embarrassed and humiliated
- Commonly feared situations: Answering in class, sitting in cafeteria, ordering in restaurants, asking for help in school, or in public
- These children often develop social deficits.
- At risk for school refusal, depression, and substance abuse.



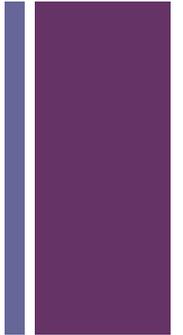
How To Help Your Child



- Give your child the message that they can learn to manage their anxiety
- DO NOT AVOID SITUATIONS because they make your child anxious. SCHOOL IS NOT NEGOTIABLE!
- Do not reinforce their fears with your own anxiety: how do you model anxiety?
- Talk together and think things through
- Exercise. Sleep. Nutrition. Mindfulness.



Let's Look at the Positives!



- Yes, the teen brain is vulnerable but it is also more efficient, more primed to learn and more open to experience.
- Look at this time as a time of great opportunity, not a time to survive! Needs investment by parents, by educators, and by society.
- Be present. Eat dinner together as much as possible.
- Ask specific questions about school, especially if you have concerns about mental health issues.
- Encourage positive activities and positive risk taking.
- Know who their friends are. Real friends are different than virtual friends.
- Share mental health concerns with the school, they are a great resource and support!