

# Anxiety in Children & Adolescents

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<http://patientinfo.nimh.nih.gov>

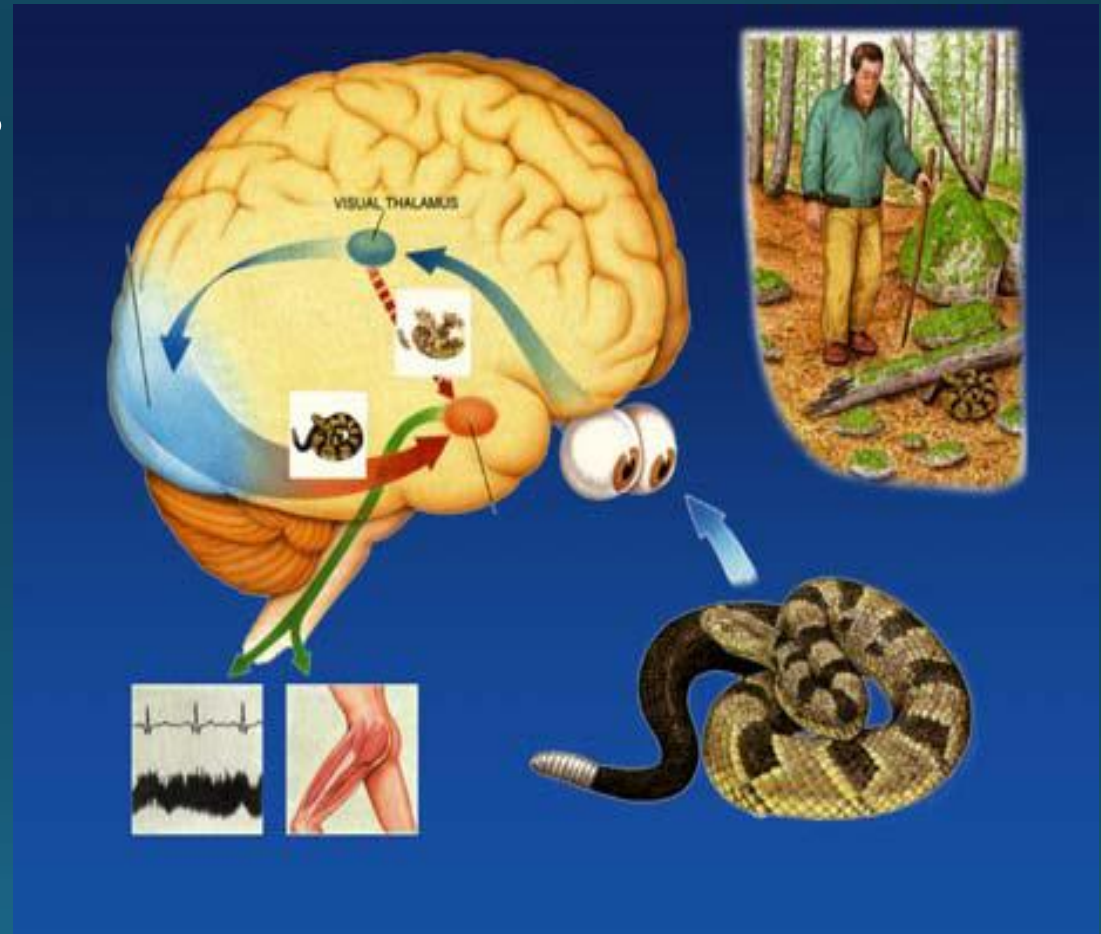
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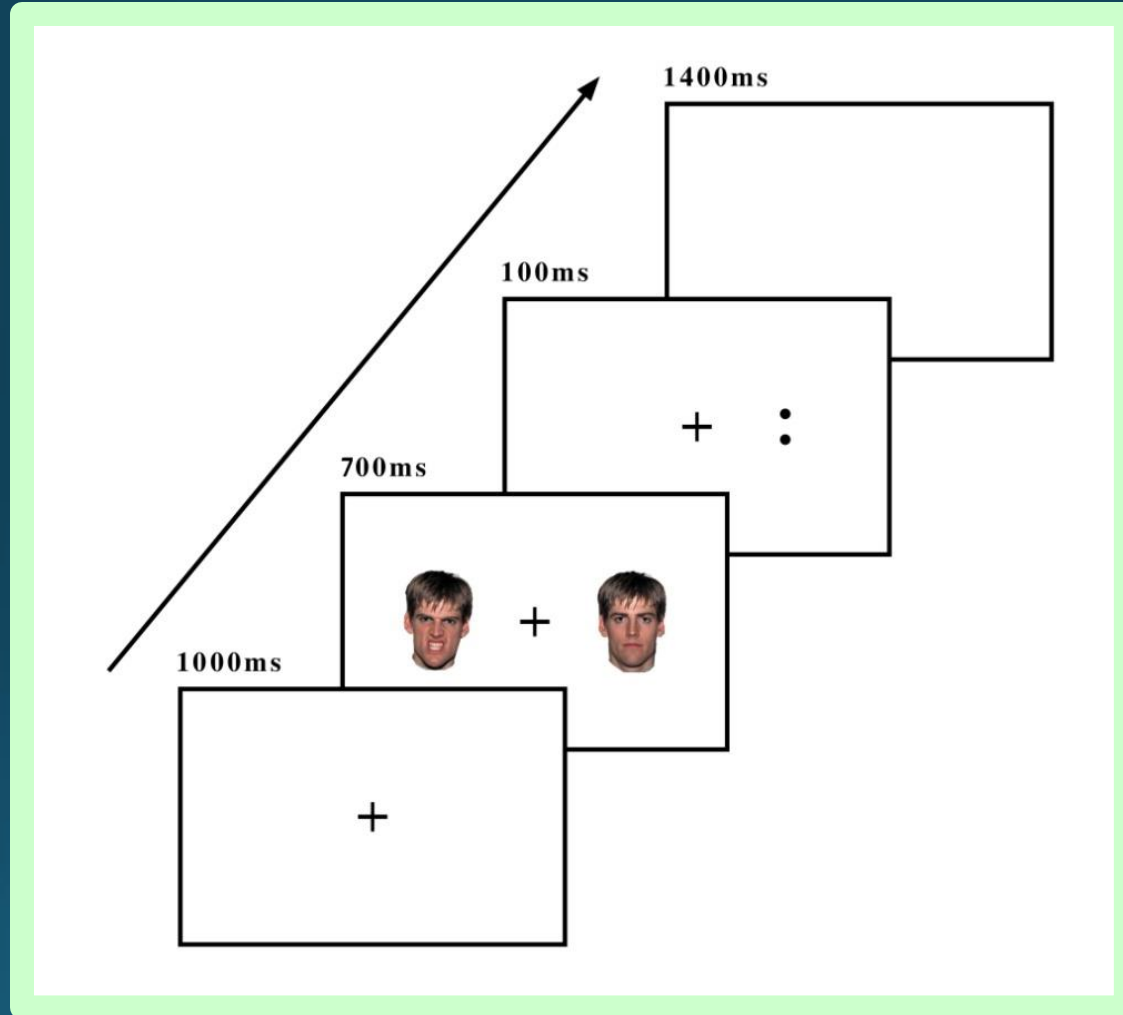
# Anxiety is Adaptive

## • Amygdala

- Hub between the parts of the brain : sensory signals+ interpret
- Anxious kids have a bias towards threat
- Evidence indicates that several brain areas are sensitive to various emotions, **but no brain areas are linked to discrete emotions** (Lindquist et al., 2012)



# Attention Bias Training



*Eldara, Ricono, & Bar-Haim*

# Two System Framework

- Anxiety

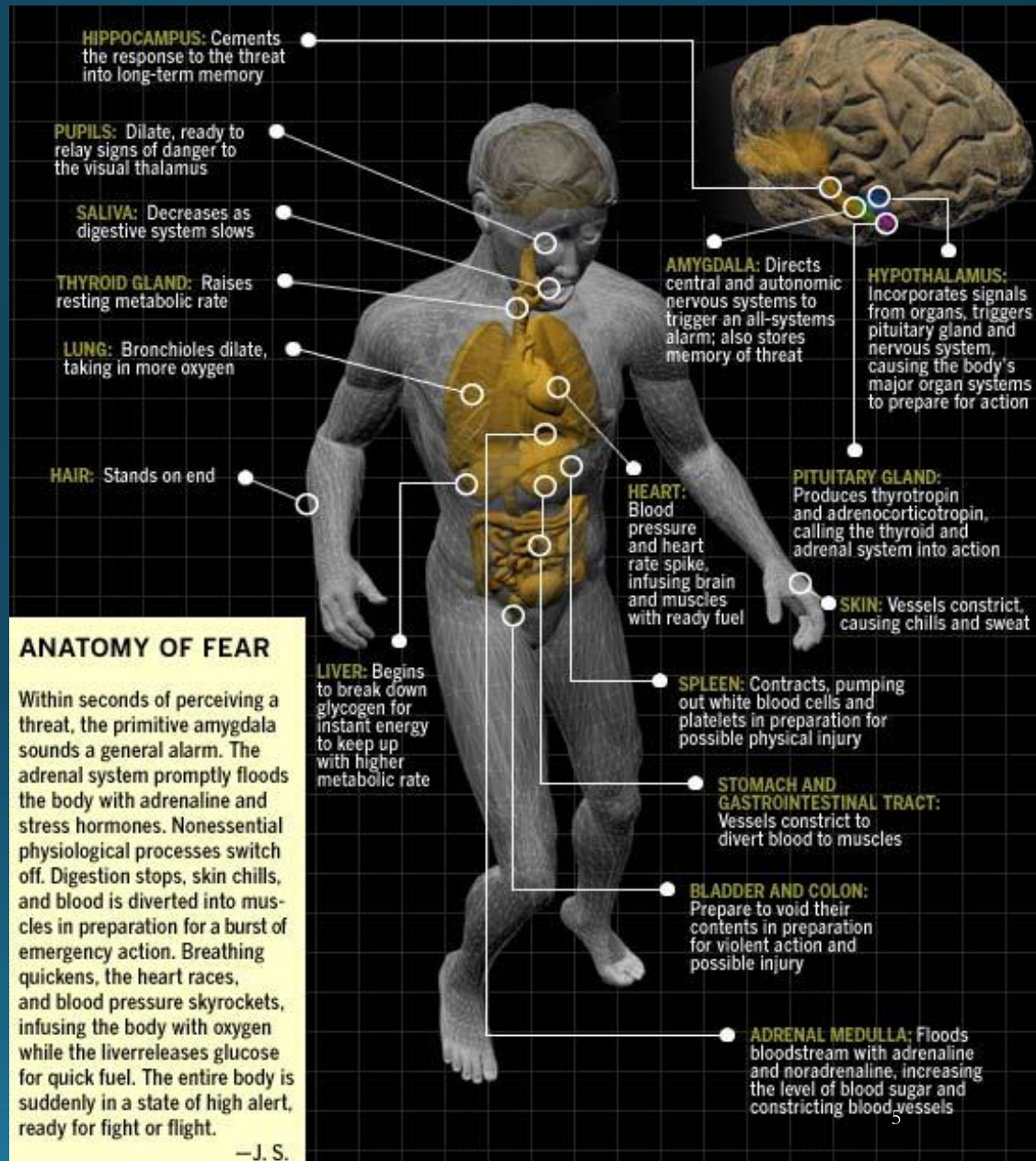
- Amygdala + Cortex
  - Thinking (impaired prefrontal cortex)
  - Attention
  - Memory (working memory, trauma)

- Fear

- Rapidly deployed behaviors and physiological processes
- Fight or flight (amygdala)
- In people: language and cortex involved

# Physical Symptoms of Anxiety

- Stomachaches/ headaches
- Nausea
- Frequent trips to the bathroom
- Tightness/ pain in the chest
- Sweating
- Dizziness or light headedness
- Heart racing
- And many more (sleep issues).....
- Response (you can't stop it)
  - Listen
  - Be a calming influence (panic spreads)
  - Remind that this ends



# The First Step

- **Educate** the child **AND normalize** the anxiety
  - Let the child know they are not the only one who experiences this.
  - EVERY ONE has anxiety and many children, teens and adults have excessive anxiety.
  - The GOAL is NEVER to remove all anxiety.

# When does anxiety become a "disorder"?

- Avoidance  
(vs. approach)
- Interference
- Distress
- *Transient vs. Persistent*
  - Lifetime prevalence of 25% (Kessler, 2005) and children 3-27% prevalence.





# Identify: Examples of Generalized Anxiety Disorder

**What if** I don't do well on this test

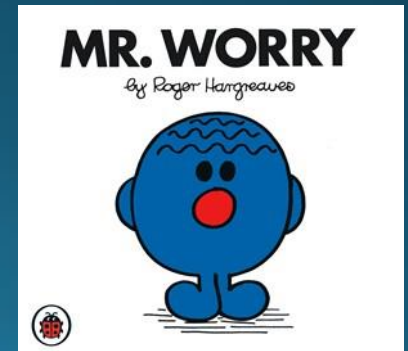
**What if** I get sick tomorrow

**What if** I don't understand this assignment

**What if** I said something wrong

**What if** that teacher does not like me

**What if**.....





# “Call out the sound of worry and then.....

- Let the thought come in and go out like any other thought- don't try to stop it, don't push the pause button, don't try and force it out, play out the movie (mindfulness)
- Re-label - It's not me - it's worry, I am not weird/in danger/insert your own- XXX is a false alarm

# COPE: Change Coping

- Anxiety feels bad so they assume the OUTCOME is bad. Usually it is never as bad as it feels.
- Probability vs. Possibility
  - What is most likely to happen?
- **PROBLEM SOLVE vs.** Ruminant (e.g. WHAT IF).

# Social Anxiety Disorder

- More common in adolescents
- Excessive fear of social evaluation and/or embarrassment
- Looks different in each child!!!!



# Managing Anxiety in the School Setting (BALANCE!)

## Do

- Be sensitive
- Educate
- Give positive feedback
- Be calm
- Be consistent
- Seek additional resources

## Don't

- Accommodate the anxiety too much
- Let the child avoid too much
- Single the child out/ridicule
- Excessive reassurance
- Being too directive (“taking over”)
- Over control the child
- Criticize the child
- Pass on your own fears

# Tools for the Parents: Protection vs. Support

- Provide SUPPORT
  - Empathy
  - Acceptance AND....
  - CONFIDENCE “I have faith in you”
  - Skills (problem solving)
  - Gradual steps of facing fear and/or problems

# Sample Accommodation (with the goal to FADE)

- Seating (social anxiety-  
more important to keep  
in classroom)
- Class presentations
- Lunch room/activities
  - The unknown is hard  
for these children
- Safe person identified
- Return after missed days  
(plan in place)
- Field trips (separation  
anxiety, social anxiety or  
the unknown)

# Face your fears





# Face your fears (where it is safe): Baby STEPS



- Small steps
  - We know it is difficult to \_\_\_\_\_. It is our job to help you deal with this.
- Model first, if you can
  - Or find a “model” (other kids, cartoon characters) to watch.
- Gently encourage trying new things or new behaviors.

# Treating Anxiety ~ Beyond the Home

## Medication

- SSRIs
  - help regulate neurotransmitters
  - Generally well-tolerated



## Therapy

- Examining thinking and feelings
- Education
- Involving parents and schools
- Homework
- Facing fears

# NIMH Current Studies

- Thorough evaluation & participation provided free of charge. Travel reimbursement available.
- Children Ages 8-17
- Participation Includes:
  - Medical evaluations
  - Psychotherapy (CBT) or medication  
(Outpatient visits over 8 weeks)
  - Participants must:
    - ✓ Be medically healthy
    - ✓ Not be taking any psychiatric medications

# NIMH Contact Information

To participate:

301-402-8225

or

301-496-6642

# Resources

- <http://patientinfo.nimh.nih.gov>
- [www.abct.org](http://www.abct.org) (Association for Behavioral and Cognitive Therapies)
- <http://www.aboutourkids.org/families>
- [Taking Charge of ADHD: The Complete Authoritative Guide for Parents](#), by Russell A. Barkley, Ph.D. (1995)
- [Adaa.org](http://adaa.org)
- <http://www.worrywisekids.org/>
- [APA.org](http://apa.org)
- [http://copingcatparents.com/Information\\_Resources](http://copingcatparents.com/Information_Resources)
- [Helping Your Anxious Child: A Step-By-Step Guide for Parents](#), Written by Sue Spence , Vanessa Cobham, Ann Wignall, Ronald M. Rapee