Online Learning Series

Family Worry in 2020.
What’s Not to Worry About?

December 2, 2020

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- Workshop being recorded; saved on VFN website and YouTube channel
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- Use Chat for questions, comments, and info sharing
Welcome to our Presenters!

Dr. Jeremiah Dickerson
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UVM Medical Center and
Larner College of Medicine at UVM

&

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Child & Adolescent Psychiatrist Fellow
UVM Medical Center and
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Family Worry in 2020. What’s Not to Worry About?

Vermont Center for Children, Youth, and Families
University of Vermont Medical Center

Jeremiah Dickerson, M.D.
Aamani Chava, M.D.

December 2nd, 2020
Goals & Objectives

• Recognize the differences between typical anxiety/fear and anxiety/fear that warrants diagnosis and treatment.

• Develop awareness of how anxiety may present in different periods of development.

• Identify strategies to prevent and treat anxiety and worry in children and teenagers.
What is Anxiety?

ANXIETY FEELS LIKE...

Wearing a corset. Your chest is too tight, it's hard to breathe, and your stomach hurts. You're uncomfortable in your own skin. You seem stiff and awkward to others.

Being inside a kaleidoscope. The world is too bright, and everything keeps changing. As soon as you figure out the pattern, it shifts.

Being on stage. All the time... and you don't know your lines.

Having a million Post-It notes in your brain of things to do, and not do, and things you wish you hadn't done. Notes are rarely thrown away, but new ones are always being layered on top.
How Common is Anxiety?

Anxiety Disorders are the **MOST COMMON** of all Child and Adolescent Mental Health Conditions

1 in 6 children aged 2-8 years has a mental, behavioral, or developmental disorder.
• One out of every six children in the US meet criteria for a mental health disorder.

• At some point, 30% of children and teens will meet criteria for an Anxiety Disorder

• 7.1% of children ages 2-17 have been diagnosed with an anxiety disorder
What Does Anxiety Look Like?

ANXIETY ICEBERG REVISED

Behavior

ANGER
SLEEP ISSUES
DEFIANCE
OVERPLANNING
CHANDELIERING
AVOIDANCE
LACK OF FOCUS
NEGATIVITY

Feelings

Anxiety

embarrassed
ashamed
disgusted
overwhelmed
depressed
stuck
jealous
disrespected
offended
frustrated
helpless
hurt
insecure
regret
uncomfortable
rejected
sad
grief
lonely
tired

GOZEN.COM
Anxiety can present as:

1. **Anger**
   - The perception of danger, stress or opposition is enough to trigger the fight or flight response leaving your child angry and without a way to communicate why.

2. **Difficulty Sleeping**
   - In children, having difficulty falling asleep or staying asleep is one of the hallmark characteristics of anxiety.

3. **Defiance**
   - Unable to communicate what is really going on, it is easy to interpret the child’s defiance as a lack of discipline instead of an attempt to control a situation where they feel anxious and helpless.

4. **Chandeliering**
   - Chandeliering is when a seemingly calm person suddenly flies off the handle for no reason. They have pushed hurt and anxiety so deep for so long that a seemingly innocent comment or event suddenly sends them straight through the chandelier.

5. **Lack of Focus**
   - Children with anxiety are often so caught up in their own thoughts that they do not pay attention to what is going on around them.

6. **Avoidance**
   - Children who are trying to avoid a particular person, place or task often end up experiencing more of whatever it is they are avoiding.

7. **Negativity**
   - People with anxiety tend to experience negative thoughts at a much greater intensity than positive ones.

8. **Overplanning**
   - Overplanning and defiance go hand in hand in their root cause. Where anxiety can cause some children to try to take back control through defiant behavior, it can cause others to overplan for situations where planning is minimal or unnecessary.
Anxiety: A Lone Phenomenon?

- Internalizing concerns: depression and other anxiety disorders
- Substance Use disorders
- Externalizing concerns: conduct disorders, ODD, ADHD
- Language or learning disorders

Anxiety occurs with a comorbid disorder in 50% of children and adolescents.
What Causes Anxiety?

MULTIFACTORIAL

• Developmental Factors
  • Behavioral Inhibition
• Cognitive & Learning Factors
• Neurobiological Factors
  • Imbalance of Amygdala-vPFC network
• Genetic Factors
• Social/Environmental Factors
  • Parenting style
  • Maltreatment
  • Direct negative experiences
  • Trauma
Neurobiology of Anxiety

- Overgeneralization of *conditioned fear* and deficits in extinction of conditioned fear
- Overactivity in limbic system - *Amygdala* and *Insula*
- Less in inhibition from Prefrontal Cortex

- **STRESS** activates Amygdala which sends distress signals to the Hypothalamus (command center)
  - Activates Autonomic Nervous System
  - Activates HPA Axis
DAMOUR: The entire first chapter of my book is about how stress and anxiety are normal functions. They are normal and healthy. Anxiety is protective. Stress is what happens when we operate at the edge of our capacity.

But if we respond to all stress and all anxiety as if it were harmful, we actually run the risk of raising a generation that becomes stressed about being stressed and anxious about being anxious.
Genes & Environment

How do they contribute?

- Child Maltreatment
- School environment
  - Peer relationships
  - Bullying
- Family History (30-50% heritable)
  - History of affective mood disorders
  - Children of parents who have at least one anxiety disorder, have a 2-4x increased risk

The “Where did my social anxiety come from?” starter pack

[Images of children in various settings]
Manifestation of Anxiety

in YOUNG CHILDREN

- 8% of preschoolers met criteria for more than one mental health disorder
- 19% of preschoolers met criteria for an anxiety disorder
  - Generalized Anxiety Disorder
  - Separation Anxiety Disorder
  - Social Phobia
- May often worsen throughout adolescence and adulthood with other comorbidities such as depression.

TABLE 7.4. Features Associated with Potentially Clinically Significant Anxiety in Preschoolers

Anxiety or fear should be...
- Distressing: Causes the child distress or leads to avoidance of activities or settings associated with the anxiety or fear to avoid distress.
- Pervasive: Occurs during two or more everyday activities or within two or more relationships. In the case of specific fears, including social fears and separation fears, the feared stimulus or situation must almost always provoke an immediate anxiety response.
- Uncontrollable: Is uncontrollable by the child or by adult admonition, at least some of the time.
- Persistent: Persists for at least 2 weeks (duration may be longer for specific disorders—e.g., GAD, 6-month duration).
- Impairing: Impairs the child’s or the family’s functioning and/or the child’s expected development.

# Manifestation of Anxiety in Young Children

<table>
<thead>
<tr>
<th>Physical Signs</th>
<th>Emotional Signs</th>
<th>Behavioral Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches, stomach aches</td>
<td>Cries often</td>
<td>“What if” questions</td>
</tr>
<tr>
<td>Refusing to eat</td>
<td>Sensitive - extreme</td>
<td>Not participating in circle time</td>
</tr>
<tr>
<td>Won’t use restrooms</td>
<td>Anger without clear trigger</td>
<td>Preoccupied</td>
</tr>
<tr>
<td>Restless, fidgety, distracted</td>
<td>Afraid of making mistakes</td>
<td>School refusal</td>
</tr>
<tr>
<td>Shaking</td>
<td>Test anxiety</td>
<td>Seeking approval</td>
</tr>
<tr>
<td>Tense</td>
<td>Phobias</td>
<td>Refusing to speak</td>
</tr>
<tr>
<td>Sleep troubles</td>
<td>Nightmares</td>
<td>Troubles separation</td>
</tr>
</tbody>
</table>
Manifestation of Anxiety

in ADOLESCENTS

• Perfectionism, need to succeed, fear of failure
• Overwhelmed
  • School
  • How friends and teachers perceive them
  • Obsess over family conflict
  • Safety (gun violence)
• Hopelessness and depression - related to fears or concerns of missing school
• Comorbid depression leading to increase in suicidality
• Comorbid OCD
“Anxiety is one of those diagnoses that is a great masquerader,” explains Dr. Laura Prager, director of the Child Psychiatry Emergency Service at Massachusetts General Hospital. “It can look like a lot of things. Particularly with kids who may not have words to express their feelings, or because no one is listening to them, they might manifest their anxiety with behavioral dysregulation.”
Anxiety associated with Social Media

In analyses of thousands of adolescents’ reactions to digital stressors, Weinstein and her colleagues have found even more challenges:

- Feeling replaceable: If you don’t respond to a best friend’s picture quickly or effusively enough, will she find a better friend?
- Too much communication: A boyfriend or girlfriend wants you to be texting far more often than you’re comfortable with.
- Digital “FOMO”: If you’re not up-to-date on the latest social media posts, will it prevent you from feeling like you can participate in real-life conversations at school the next day?
- Attachment to actual devices: If your phone is out of reach, will your privacy be invaded? Will you miss a message from a friend when he needs you?
anxiety on social media, take 23383429

me: [types something]

them: [doesn't type anything for a few minutes]

me: oh god

me: what i said must have offended them

me: they must hATE ME NOW

me: [closes chat window, deletes social media accounts, becomes hermit]

vantascticmess

1,216 notes  Oct 6th, 2017
Teens, Social Media & Technology 2018

YouTube, Instagram and Snapchat are the most popular online platforms among teens. Fully 95% of teens have access to a smartphone, and 45% say they are online 'almost constantly'.

45% of teens say they’re online almost constantly

% of U.S. teens who say they use the internet, either on a computer or a cellphone...

<table>
<thead>
<tr>
<th></th>
<th>Almost constantly</th>
<th>Several times a day</th>
<th>Less often</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>45</td>
<td>44</td>
<td>11</td>
</tr>
<tr>
<td>2014-2015</td>
<td>24</td>
<td>56</td>
<td>20</td>
</tr>
</tbody>
</table>

Note: “Less often” category includes teens who say they use the internet “about once a day,” “several times a week” and “less often.”


PEW RESEARCH CENTER

Like, obsessed

Britain, social media users, 14- to 24-years-old, reported impact on well-being, 2017

<table>
<thead>
<tr>
<th>Negative</th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instagram</td>
<td>Snapchat</td>
</tr>
<tr>
<td>Sleep</td>
<td>Sleep</td>
</tr>
<tr>
<td>Bullying</td>
<td>Bullying</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Loneliness</td>
<td>Loneliness</td>
</tr>
<tr>
<td>Real-world relationships</td>
<td>Real-world relationships</td>
</tr>
<tr>
<td>Community building</td>
<td>Community building</td>
</tr>
<tr>
<td>Self-identity</td>
<td>Self-identity</td>
</tr>
</tbody>
</table>

Source: Royal Society for Public Health
Recent Trends in Anxiety =

Why?

• Increased recognition?
• Fueled by contemporary stressors:
  • Parental pressure
  • Social Media
  • Perfectionism
  • Overcommitment
  • Political climate
  • Threats of violence, poverty, instability
• Seeking help?

https://www.washingtonpost.com/news/to-your-health/wp/2018/05/10/why-kids-and-teens-may-face-far-more-anxiety-these-days/?noredirect=on&utm_term=.9e5954f1d6df
Anxiety on the Rise

Mental Health of Gen Z

Least likely to say their mental health is excellent or very good

- Gen Z: 45%
- Millennials: 56%
- Gen Xers: 51%

Boomers: 70%
Older Adults: 74%

© American Psychological Association

So.. How do we diagnose an Anxiety Disorder?

• Because it can be so complicated and overlap with or masquerade as other disorders:
  • Comprehensive Diagnostic Assessment
  • Co-occurring Medical conditions
  • Attentional/Learning difficulties
• Multiple sources of collateral/input (teachers, parents, coaches, etc)
• Rating scales:
  • MASC (multidimensional anxiety scale for children)
  • SCARED (screen for child anxiety related disorders)
  • SCAS (spence children’s anxiety scale) for preschool aged children
Nearly 1 in 7 US kids and teens has a mental health condition, and half go untreated, study says

By Dr. Edith Bracho-Sanchez, CNN

Figure. Prevalence of Mental Health Disorders and Mental Health Care Use Among US Youth

A. Prevalence of mental health disorders in children
B. Prevalence of not receiving care in children with mental health disorders

Prevalence quartiles, %
- 7.6-15.2
- 15.3-17.7
- 17.8-19.9
- 20.0-27.2

State-level prevalence presented as quartiles of at least 1 mental health disorder (i.e., depression, anxiety problems, and attention-deficit/hyperactivity disorder) in the total sample of children (weighted estimate, 46.6 million). B. State-level prevalence presented as quartiles of children with a mental health disorder not receiving needed treatment or counseling from a mental health professional (weighted estimate, 7.7 million).
Treatment of Anxiety

• Psychoeducation
• Family involvement
• School collaboration
• Psychotherapy
• Wellness strategies
• Medications
Psychoeducation

• Teach kids the connection between physical, cognitive, and behavioral signs
• Use “false alarm” metaphor
• Normalize reasonable fear or anxiety
  • Validate fears
  • Reassure feelings
• Teach kids how to recognize somatic responses

The Bully in the Brain

For children with anxiety disorders, the process begins by helping them, and their parents, get some distance from the anxiety and start thinking of it as a thing that is separate from who they are. One way I do this is by having them conceptualize it as a “bully in the brain,” and I encourage kids to give the bully a name and talk back to him. Kids I’ve worked with have called him the Witch, Mr. Bossy, Chucky, the Joker, and, in the case of some teenagers, names I cannot repeat here.

We explain that we are going to teach skills to handle the bully, giving children the idea that they can control their anxiety rather than it controlling them.
Cognitive Behavioral Therapy

“Cognitive behavioral therapy is based on the idea that how we think & act both affect how we feel.”

• The goal is to change maladaptive learning and thoughts
Cognitive Restructuring

The 3 C's of Cognitive Therapy

**Catch**
Identify the thought that came before the emotion

**Check**
Reflect on how accurate and useful the thought is

**Change**
Change the thought to a more accurate or helpful one as needed
Exposure and Response Prevention

“Exposure therapy slowly and systematically helps a child face his fears”

• Identify **Target symptoms**

• Design **Hierarchy of fears**

• **Systematic desensitization**

• **Anxiety reduction through Habituation**

https://childmind.org/article/behavioral-treatment-kids-anxiety/
Wellness Strategies

• Exercise
• Nutrition
• Reading
• Community Engagement

How does exercise help depression and anxiety?

Regular exercise may help ease depression and anxiety by:

• **Releasing feel-good endorphins**, natural cannabis-like brain chemicals (endogenous cannabinoids) and other natural brain chemicals that can enhance your sense of well-being
• **Taking your mind off worries** so you can get away from the cycle of negative thoughts that feed depression and anxiety

Regular exercise has many psychological and emotional benefits, too. It can help you:

• **Gain confidence**. Meeting exercise goals or challenges, even small ones, can boost your self-confidence. Getting in shape can also make you feel better about your appearance.
• **Get more social interaction**. Exercise and physical activity may give you the chance to meet or socialize with others. Just exchanging a friendly smile or greeting as you walk around your neighborhood can help your mood.
• **Cope in a healthy way**. Doing something positive to manage depression or anxiety is a healthy coping strategy. Trying to feel better by drinking alcohol, dwelling on how you feel, or hoping depression or anxiety will go away on its own can lead to worsening symptoms.
### Mindfulness/Meditation

#### Benefits/Effects:
- Decreases activity in Amygdala
- Increases activity in vPFC
- Increases GABA
- Decreases Cortisol

#### Types of Meditation Practice

<table>
<thead>
<tr>
<th>Types of Meditation Practice</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Concentration on a word, thought, sensation, or image | • Transcendental meditation  
  • Relaxation response  
  • Breath-focused meditation  
  • Mantra repetition  
  • Meditation on a prayer, mandala, or other image |
| Mindfulness | • Mindfulness-based stress reduction  
  • Vipassana |
| Movement-based meditation | • Yoga  
  • Tai chi  
  • Qi gong  
  • Sufi dancing |
| Cultivating positive emotions (such as compassion, forgiveness, gratitude, or loving-kindness) | • Buddhist metta or tonglen practices (cultivating compassion and loving-kindness)  
  • Institute of HeartMath training (cultivating gratitude or compassion) |
| Emptying | • Centering prayer  
  • Waiting on the inner voice or inner light |

*Note: Some practices include more than one type of meditation. For example, yoga practices may include meditation on the breath, a word phrase, or sensation as well as movement and postures. All of these practices involve mental training that enhances the ability to focus or sustain attention.*
Parenting Approaches to Anxiety

Help yourself, and them, by learning techniques to manage stress in a healthy way

• Kids take cues from parents 24/7
• Learn stress management
• Model stress tolerance & self-care
• Explain your own anxiety to your children - it’s ok for them to see
  • Permit children to feel their own stress
• Make a plan
• Know when to disengage, take a break
• Find a support system for yourself
Supporting Parenting for Anxious Childhood Emotions

- For school aged children and adolescents - parent based therapy
- 10-12 weekly sessions
- “Family Accommodation”
  - Parents act proactively, provide reassurance, aid in regulation of arousal and negative affect, and assist in avoiding anxiety-provoking stimuli
Parenting Styles

• Complicated dyadic interaction
  • Does child’s behavior elicit certain reactions?
• Modeling of anxious or avoidant behavior
• Encouraging avoidance
• Over-involvement: not allowing skills to develop
• Over-protective (too accommodating)
• Overly-harsh
Escaping the Cycle of Anxiety

1. Goal: help a child manage anxiety, not to eliminate it.
2. Don’t avoid as this can reinforce anxiety
3. Express positive and realistic expectations
4. Respect feelings (“I know you’re scared, and that’s ok...I’m going to help you get through this”)
5. Don’t ask leading questions
6. Don’t reinforce fears (think of tone of voice or body language)
7. Encourage child to tolerate anxiety: habituation curve
8. Keep anticipatory period short
9. Think things through (“what would you do?”)
10. Model healthy ways of handling anxiety

Positive parenting is a strategy that involves warmth, sensitivity, acceptance and responsiveness toward the child.
Medications

- SSRIs - most researched in clinical studies
- SNRIs
- TCAs
- Benzodiazepines
- Alpha Agonists

What taking new medication should be like

What it's like for me
“Gold Standard” of Treatment

..combines all the components we discussed

Gold standard treatment for anxiety disorders: Combined therapy

The most widely recognized clinical trial of treatments for youth with separation anxiety, generalized anxiety and social anxiety disorders showed that a combination of CBT and antidepressant medication (a selective serotonin reuptake inhibitor, or SSRI) is most effective.\textsuperscript{52}

Treatment effectiveness after 12 weeks:
- 81%  Combination therapy
- 60%  CBT therapy alone
- 55%  Medication alone

Effectiveness of therapy

A combination of CBT therapy and medication proves to be a highly effective approach for treating anxiety.

81%  COMBINED THERAPY
60%  CBT THERAPY ALONE
55%  MEDICATION ALONE
When You Worry Too Much: 21 Books to Help Kids Overcome Anxiety, Worry, and Fear

Posted on January 21, 2019 by Katherine
Our References

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