

Some thoughts about anxiety in children and adolescents

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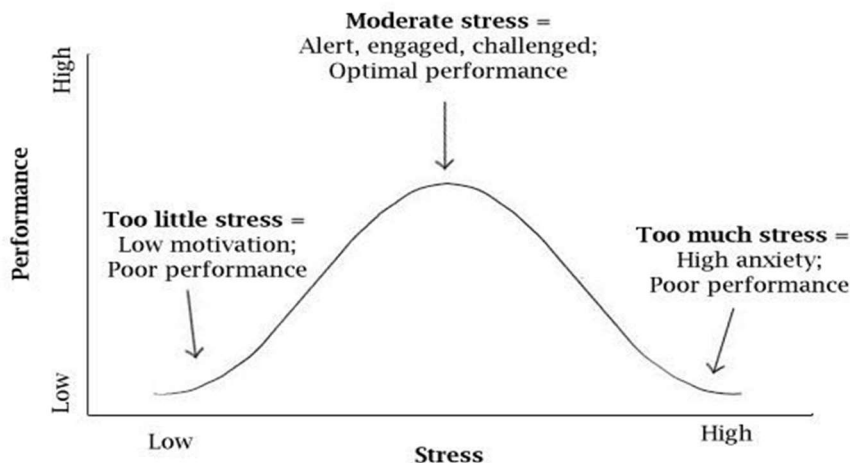
Anxiety is an **umbrella term**, involving **apprehension**; it is an emotional response to **perceived, imagined, or possible dangers or important events**.

Multiple terms can be used to describe the variety of anxious experiences, including misgiving, unease, disquiet, tension, stress, nervousness, worry, angst; **it is not just worry!** The authors Sadock, Sadock and Ruiz (2015) define anxiety as “a diffuse, unpleasant, vague sense of apprehension.”

We can distinguish anxiety from **fear**, which involves our emotional response to a **known or definite threat**.

Anxiety is **hardwired** into **all** human brains. Certain brain regions, the amygdala, are key producers of anxiety; everyone has two and they are quite small. This does not equate to having a bad brain; an alternative narrative is that, instead, they are turned up, and can be turned down with treatment.

Anxiety is often **helpful**, which is why it is hardwired into brains. For example, ...tests, interviews, etc.



Anxiety serves the purpose of being a “**danger detector**” inside and outside the body.

Most people have an average **range** of anxiety, but some people tend to have MORE (like blood pressure, height, creativity, etc.) and some have LESS; *we don't get to choose how much we tend to have, but we can work to decrease it*

You can't ask for excessive anxiety; i.e. neither Santa nor the Tooth Fairy will give it to you, no matter how nicely you ask. (again just like height, eye color, eyesight, charisma, creativity, etc.)

Anxiety is **often unconscious**; it often presents with physical symptoms, as noted below.

Kids will often state **they don't like something** as opposed to stating they feel anxious or worried and will **deny** that they are worrying or feeling nervous about it.

Anxiety is associated with two common **thinking distortions**:

1. We tend to overestimate the probability of something bad happening, and then ...
2. We tend to overestimate the consequences of that bad thing happening

For example, *if I get into the elevator, it will fail catastrophically, and I will die*

When the brain becomes anxious, it sends signals to the body to prepare for something bad; this can lead to the **“fight / flight / freeze / faint response,”** and specifically:

- Reduced blood flow to the gut (which can lead to stomachaches, nausea, vomiting, constipation, “butterflies”)
- The heart to beat faster (which can lead to chest pain and feeling like one cannot catch one’s breath)
- Blood pressure to rise
- The eyes to dilate
- Muscles to tense up (which can result in neck and back pain)
- “Gooseflesh”
- Bowel and bladder urgency or excessive need to pee or poop
- Tingling in the fingertips / lips
- Headache (Tension)
- Dizziness
- Lump in the throat

We can think of this as a **“false alarm” or an exaggerated alarm**; the alarm is sounding (and the body is responding by going into fight/flight/faint mode), *but no real danger is present or only a small risk exists.*

With kids, we prefer to typically frame problematic anxiety as extra or excessive anxiety, rather than referring to an anxiety disorder. We suggest this as extra or excessive denotes a reference to normal, whereas disorder clearly implies abnormality.

Signs and symptoms of extra anxiety may include:

- Hypervigilance to the outside world and/or the inside world (the body)
- Reactive to novel stimuli
- Excessive startle response (balloons / sirens / alarms)
- Sensory hypersensitivity (tags / clothing / haircuts / hugs)
- Sensitive to chaos / crowds / busy situations
- Excessive need for alone / down time
- Pathologic doubt / indecisiveness
- Unassertive / Meek
- Threat bias (focusing on possible threats)
- Avoidance coping
- Catastrophic reactions if pressured
- Tendency to give up easily
- Parental accommodation, overprotection
- Strategies to maintain proximity to parents
- Excessive need for reassurance
- Repetitive questions
- Eating problems, over- and under-
- Over-thinking
- Over-studying
- Perfectionism / very small handwriting
- “Stereotypies” – rhythmic, repetitive movements (including chewing on clothes)
- Hair twirling / pulling
- Nail biting
- Skin-picking
- Performance anxiety
- “Shy bladder” (difficulty urinating in public restrooms)

Common topics of excessive worry:

- “What if” questions
- Worst case scenario
- Separation
- Health / Illness
- Parents / Family members
- Rule following, self and others (“rules cop”)
- Money / Finances
- Change / strong preference for routine, structure
- Bad guys, burglars, natural disasters
- Bad world news, terrorists, shootings
- Tests, job interviews
- Needles, doctor or dentist visits

We often can shrink it down to the normal range.

The two primary reasons to treat “extra or excessive” anxiety:

1. Reduce suffering
2. Increase the sufferer’s ability to help themselves

Sendan Center medication philosophy:

- Not all behavior will respond to medicine
- Medicine should almost never be the sole intervention
- Only consider medication that has a clear scientific evidence base
- Medications are not remote controls for behavior
- Pills do not teach skills, but can set the stage for more efficient learning
- Understand and attempt to balance the pros and the cons of medicine
- Starting medicine doesn't necessarily mean you'll be on it forever - the need for a medicine should be re-evaluated periodically
- If you don't take the prescribed medicine, it doesn't help (ie they don't work by wifi)
- Keep track of how anxiety is affected by medication (consider using an app, a calendar, or a journal)

The most common medications we use to reduce anxiety are sertraline (Zoloft), fluoxetine (Prozac), duloxetine (Cymbalta), fluvoxamine (Luvox), and buspirone (Buspar).

Generally the best evidence base for treating anxiety with medicine in kids supports the use of Sertraline:

The National Institute of Mental Health sponsored a study known as the Childhood Anxiety Multimodal Study (CAMS), which was published in the New England Journal of Medicine in 2008 by Dr. John Walkup and colleagues. This study had no drug company involvement. This was a randomized controlled trial examining the benefit of sertraline, cognitive-behavioral therapy, their combination, or placebo drug (sugar pill), with 488 children ages 7 to 17 years old, with separation anxiety, generalized anxiety, and/or social anxiety disorder. CAMS found that among those in combination treatment, 81 percent improved. Sixty percent in the CBT-only group improved, and 55 percent in the sertraline-only group improved. Among those on placebo, 24 percent improved. There was no increased risk of suicidal behavior in youth receiving sertraline. The average dose at the end of the study was 133.7 mg/day for youth receiving both sertraline and CBT (59.8mg; range 25-200mg), and 175.8 mg/day for youth just receiving sertraline (standard deviation of 43.7mg; range 50-200mg).

What parents/caregivers can do:

1. Consider whether you yourself suffer with excessive anxiety; If so, consider treatment, which may benefit your anxious child significantly.
2. Learn about anxiety and its treatment (see below)
3. Encourage and support participation in therapy for anxiety (see below).
4. Minimize accommodation of your child’s anxiety; ie encourage and help them be brave when anxious.
5. Teach your child about anxiety (and emotions in general); use Gottman’s Emotion Coaching technique on a regular basis.
6. Frame anxiety as a bully and encourage resistance to this bully.
7. Remind your child practice is how one gains new skills and improves already acquired skills. Use terms like fine-tuning.
8. Be optimistic and encourage optimism about your child’s ability to shrink anxiety down.
9. Help your child identify and recognize how excessive anxiety affects thinking, feelings, bodily sensations, and actions.
10. Discourage negativistic thinking about anxiety including “I have anxiety so I can’t do that”
11. Remind kids that higher levels of anxiety can ultimately prove very helpful with skillful interpersonal sensitivity.

CBT:

CBT is short for Cognitive-Behavioral Therapy, a combination of skills, techniques, and strategies focusing on thoughts (aka cognitions) and behaviors, designed to decrease one’s experience of anxiety and its interference with normal activities. This includes education about what problematic anxiety is and isn’t, where it comes from, and the expected outcome, which is critical for positive change. The most important CBT element is known as

Exposure and Response Prevention (E/RP), whereby the youth *gradually and in full control* (THESE FACTORS CANNOT BE STRESSED ENOUGH) confronts anxiety or fear. Family involvement is often critical. The CBT work almost always employs stories (aka narratives) that the child helps create and often helps the child separate themselves from the anxiety; this is critical as children often self-identify with the “excessive” anxiety.

Movement / Exercise:

Aerobic exercise, broadly defined as an intensity that increases breathing, is scientifically proven to reduce anxiety and should be a regular part of all children’s life. Do it with your child, and remember some activity is better than none.

Anxiety tracking:

It is critically important to keep track of our anxiety, if we are to understand how it is changing (or not) over time.

Heart Rate Variability biofeedback: a technique involving intentional breathing at a certain rate, designed to maximize the variability of a person’s heart rate, which is associated with lowered levels of stress.

Book recommendations:

- **The Coping Cat Workbook** (for youth ages 7-13) and **Parent Companion**, Kendall and Hedtke (workbookpublishing.com)
- **“Camp Cope-A-Lot” DVD** (workbookpublishing.com)
- **The C.A.T. Project** workbook (for youth ages 14-17), Kendall, Choudhury, Hudson, and Webb (workbookpublishing.com)
- **Freeing Your Child from Anxiety**, Tamar Chansky, 3rd edition
- **My Anxious Mind**, Tompkins and Martinez
- **Helping Your Anxious Child**, Rapee et al, 3rd edition (2022)
- **Keys to Parenting your Anxious Child**, K. Manassis, 3rd edition (2015)
- **You and Your Anxious Child: Free Your Child from Fears and Worries and Create a Joyful Family Life**, Anne Marie Albano
- **Growing Up Brave**, Donna Pincus
- **Overcoming Your Child’s Fears and Worries: A Guide for parents using Cognitive Behavioral Techniques**, Creswell and Willetts
- **When Children Refuse School: A Cognitive-Behavioral Approach, Parent Handbook**, Kearney and Albano
- **The Shyness and Social Anxiety Workbook for Teens**, Shannon and Shannon
- **The Shyness and Social Anxiety Workbook**, Wiseman and Antony (technically for adults, but for some teens, this may be better received)
- **What You Must Think of Me**, Ford, Liebowitz, and Andrews (about social anxiety)
- **Managing Social Anxiety**, Hope, Heimberg, and Turk, 2nd ed.
- **Moonbeam: A Book of Meditations for Children**, Maureen Garth
- **What to do when you worry too much**, Dawn Huebner, PhD
- **Mastery of Your Anxiety and Worry**, Craske and Barlow, 2nd ed.
- **Riding the Wave** (Workbook for teens with panic), Pincus, Ehrenreich, Spiegel

Website recommendations:

www.anxietycanada.com

Apps to consider

Mindshift, by Anxiety Canada

Other recommendations:

Oraflo Pill Swallowing Cup