Understanding Anxiety and Building Resilience in Your Middle-Schooler

Muirlands Middle School, SDUSD
Katherine Williams, Ph.D.
Kelly McCullough, LCSW
The Modern Child
The science of raising children

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.

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 at risk?

Books by Katherine Nguyen Williams

- Modular CBT for Children and Adolescents with Depression: A Clinician's Guide to Individualized Treatment
GENERATION Z: CONNECTED FROM BIRTH.

Born mid-1990s to 2010.
Digital Native

Digital Immigrants

Multi Task
Parallel Thinking
Multi Media Multi resources

Text
Limited resource
Sequential Thinking

Single Task

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

5 WAYS TO HELP KIDS DEAL WITH DISTURBING NEWS

RAISING THE SCREEN GENERATION

TikTok
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
Anxietea

- What if I'm too cold?
- What if I'm too hot?
- What if I taste weird?
- What if nobody likes me?
- What if I'm just right and I can never live up to it again?
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:

- You got me there
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
GO TO SOCIAL EVENT, DO NOTHING Socially Awkward

STILL OVERANALYSE AND WORRY ABOUT EVERYTHING AFTERWARDS
I thought you were never ever ever ever coming home ever

So I panicked
Why do children get anxiety?

- Family history of anxiety (Rosenbaum et al., 1988)
- Stress in family, school, neighborhood (NIMH, 2018)
  - Children who live with too much stress can become anxious
  - 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
Relaxation Toolkit
Activity
Mindfulness
Facing your Fear (Exposures)
Why did the chicken cross the road?

My therapist says I should do more things that scare me.
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

- Avoidance (safety seeking behavior, neutralization)
- Functional exposure
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
<table>
<thead>
<tr>
<th>Step</th>
<th>Situation</th>
<th>Fear Rating</th>
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<tbody>
<tr>
<td>12.</td>
<td>Petting a larger dog off leash</td>
<td>10</td>
</tr>
<tr>
<td>11.</td>
<td>Petting a larger dog on a leash</td>
<td>9</td>
</tr>
<tr>
<td>10.</td>
<td>Holding a puppy</td>
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<td>9.</td>
<td>Petting a puppy that someone is holding</td>
<td>8</td>
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<tr>
<td>8.</td>
<td>Standing beside, but not touching, a dog on a leash</td>
<td>7</td>
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<td>7.</td>
<td>Standing 4 feet away from a dog on a leash</td>
<td>6</td>
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<td>6.</td>
<td>Standing 8 feet away from a dog on a leash</td>
<td>5</td>
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<td>5.</td>
<td>Standing across the street from a dog on a leash</td>
<td>4</td>
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<td>4.</td>
<td>Looking at a dog across a park through binoculars</td>
<td>3</td>
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<td>3.</td>
<td>Looking at a dog through a window</td>
<td>3</td>
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<tr>
<td>2.</td>
<td>Watching a film with dogs in it</td>
<td>2</td>
</tr>
<tr>
<td>1.</td>
<td>Looking at photos of dogs</td>
<td>2</td>
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</tbody>
</table>
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
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
The Cognitive Triangle

- Thoughts
- Emotions
- Behavior

The cycle of thoughts affecting emotions which influence behavior, and vice versa.
Cognitive Therapy

HELP
WHAT DO PEOPLE THINK OF ME?
WHY DO I BOTHER?
I'VE MADE A MISTAKE!
AM I GOOD ENOUGH?
AM I DOING THE RIGHT JOB?
EVEN ONE IS STARING AT ME.
I'M DOING THIS WRONG

CHRONIC
THE PERILS OF OVERTHINKING

Gemma Correll '15
Changing our Thoughts

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

All or nothing thinking
- 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

Mental filter
- Only paying attention to certain types of evidence
- Noticing our failures but not seeing our successes

Disqualifying the positive
- Discounting the good things that have happened or that you have done for some reason or another
- That doesn't count

Jumping to conclusions
- 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 thinking something to make it seem less important

Emotional reasoning
- Assuming that because we feel a certain way what we think must be true
- I feel embarrassed and so I must be an idiot

Personalisation
- "This is my fault"
- Blaming yourself or taking responsibility for something that wasn't completely your fault
- Conversely, blaming other people for something that was your fault

Labelling
- Assigning labels to ourselves or other people
- "Stupid"
- "I'm completely useless"
- They're such an idiot

Should must
- Using critical words like 'should', 'must', or 'ought'
- can make us feel guilty or like we have already failed
- If we apply 'should's to other people the result is often frustration
Changing our Thoughts
Situation
See a dog

Thoughts
That dog will bite me!

Feelings
Afraid

Behaviours
Run away
Situation
See a dog

Thoughts
What a nice dog!

Feelings
Happy

Behaviours
Pet the dog
Let’s Practice...
1) Generalized Anxiety  
   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?

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<th>The Thought</th>
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<th>The Defense</th>
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<td>evidence for the thought</td>
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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*. 
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

Resilience is the ability to “roll with the punches”
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
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.
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)**
  - 858-354-4077
  - www.csamsandiego.com

- Insurance? Contact your insurance provider to find out who is in network
References

Contact Information

La Jolla Therapy Center

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