WHEN THE WORLD FEELS SCARY: HELPING CHILDREN STAY CALM IN AN ANXIOUS WORLD

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Overview

◦ Anxiety and kids: a whistle stop tour of anxiety in development

◦ What can grownups do to help with anxiety?
Infants and young children – expected development

- need protection and nurturing
- need reliability and consistency in care-taking to respond to situations of uncertainty
- caregiving is basis for secure attachment
Preschoolers (18mths-3) – expected development

◦ Want to explore but seek attachment figures to diminish apprehension.

◦ Increased capacities: physical, cognitive, language development

◦ Normal struggles around separation
Transition to school (ages 4-6) – expected development

◦ play: to express feelings and ideas
◦ increased cognitive capacities
◦ increased sophistication of language
◦ less action
◦ reality and fantasy
School age – expected development

- rely less on cues from caretakers and understand situations of potential threat. They invoke fantasies of superhuman powers to protect themselves.

- mastery and control, separation-individuation, self awareness-self esteem, energy directed to school and learning (mastery motivation system), increased language sophistication, reality-fantasy, etc.
Puberty/early adolescence – expected development

◦ psychological concomitant to physical changes
◦ preoccupation with body
◦ sense of distinctiveness
◦ change in relationship with parents
◦ peer pressure
Adolescence – typical development

- revival and culmination of previous developmental issues
- sexual and aggressive urges foster autonomy and independence
- adult physical and cognitive maturation without the emotional component
- identity definition and personality resolution (2nd opportunity)
The Inverted-U relationship between pressure and performance
When is anxiety something to worry about?

- When it interferes with daily functioning (school, work, friends)
- When it causes psychic or physical pain
- Anxiety disorders take different forms and can morph across development
Anxiety disorders

- Definitions and characteristics
- Specific phobias
- Separation anxiety disorder
- School phobia
- Obsessive-compulsive disorder
- Posttraumatic stress disorder
- Treatments
Definitions and characteristics – anxiety disorders

◦ A group of disturbances characterized by intense, chronic anxiety (3 components of anxiety = behavioral, subjective, physiological)

◦ Internalizing disorders (suffering turned inwards)

◦ Prevalence: 7.3% with developmental variations by disorder. Females > males.

◦ Risk for adulthood anxiety disorders

◦ Comorbidity 65-95%, with other anxiety d/os, or affective disorder
Anxiety

- Anxiety is common in childhood
- Remains stable over time
  - But manifestations vary over development
  - For example: monsters, the dark, strangers, spiders, etc
- Problematic anxiety
  - Interferes with daily life
Theories

- Psychoanalytic theories of neurosis
- Cognitive and behavioral theories
Etiology

Predisposing factors
Pathways to anxiety acquisition
Factors maintaining or intensifying anxiety
Etiology

◦ Predisposing factors
  ◦ The organic context
    ◦ Genetic risk
    ◦ Temperament
  ◦ The intrapersonal context
    ◦ Information processing
    ◦ Emotion regulation
  ◦ The interpersonal context
    ◦ Attachment
Pathways to anxiety acquisition
- Respondent conditioning
- Dishabituation of mastered fears
- Failure of normal fear mastery process

Factors maintaining or intensifying anxiety
- Consequences of avoidance
- Parental contributions
Specific phobias

- A marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation.
- Not a homogenous group
- Prevalence 2.4 – 9.1% (average = 5%)
- Comorbidity: high
- Differing ages of onset
Separation anxiety disorder

- Excessive anxiety over separation from attachment figures
- Prevalence: 2 – 3.5% normal population, 10% clinical population
- Comorbidity: one-third overanxious d/o, one-third depression
- Developmental course: risk factor for anxiety and depression in adulthood
School phobia

- Irrational dread of school
- Difficulties in diagnosing
- Prevalence: 1% of general population, 5 – 7% clinical population
- Comorbidity: phobias
- Intervention: psychotherapy
Post-Traumatic Stress Disorder

- DSM V criteria:
  - Exposure to event involving actual or threatened death/injury/threat to physical integrity
  - Response involved fear, helplessness or horror. In children: disorganization, agitation
- PTSD symptom clusters (duration > 1 month):
  - Numbing/avoidance
  - Intrusive memories/play/dreams etc.
  - Increased arousal
Obsessive-compulsive disorder

- Marked by intrusive ideas (obsessions) and impulses (compulsions)
- Developmental dimension: compulsions appear before obsessions
- Comorbid with disruptive disorders – only in children
- Prevalence: 1.9% general population, 3 – 4% clinical population, mean age of onset = 10
- Comorbidity 84%, depression/ anxiety d/os
- Chronic
OCD – etiology

Exaggerations of ritualistic behavior that is part of normal development
Genetic basis
Neurological deficits
Treatment of childhood anxiety

- Cognitive behavioral models
  - Focus on addressing dysfunctional thoughts and feelings
  - Exposure therapy
    - relaxation
  - Example: Coping Cat
  - OCD – exposure and response prevention

- Medication
  - SSRIs – e.g. prozac, zoloft, paxil
Specific phobias: intervention

- Systematic desensitization
- Prolonged exposure
- Modeling
- Cognitive self-management
- Effectiveness: CBT best, including desensitization, and modeling
Helping kids stay calm in an anxious world

- Distinguish our own fears from those of our children
- Help them at their developmental stage
- Listen to their concerns – and respond carefully
- Provide them with strategies to help manage anxiety
  - Behavioral strategies like deep breathing, identifying what helps reduce stress (e.g. exercise, yoga, meditation)
  - Validating emotions and helping to problem solve
  - Setting limits where needed
Take 10!

- Set aside a time for your conversation – if possible. (Sometimes conversations are thrust upon you)
- Ask yourself: Do I have a personal stake in the discussion – and how might that affect this conversation?
- Am I on the same page as my partner or co-parent (or co-teacher)?
- How much does this issue directly affect us?
- What does my child already understand about what happened?
- What can I do in this conversation to help my child worry less? What level of detail am I willing to provide? What tools can I engage to help my child with her big emotions?