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

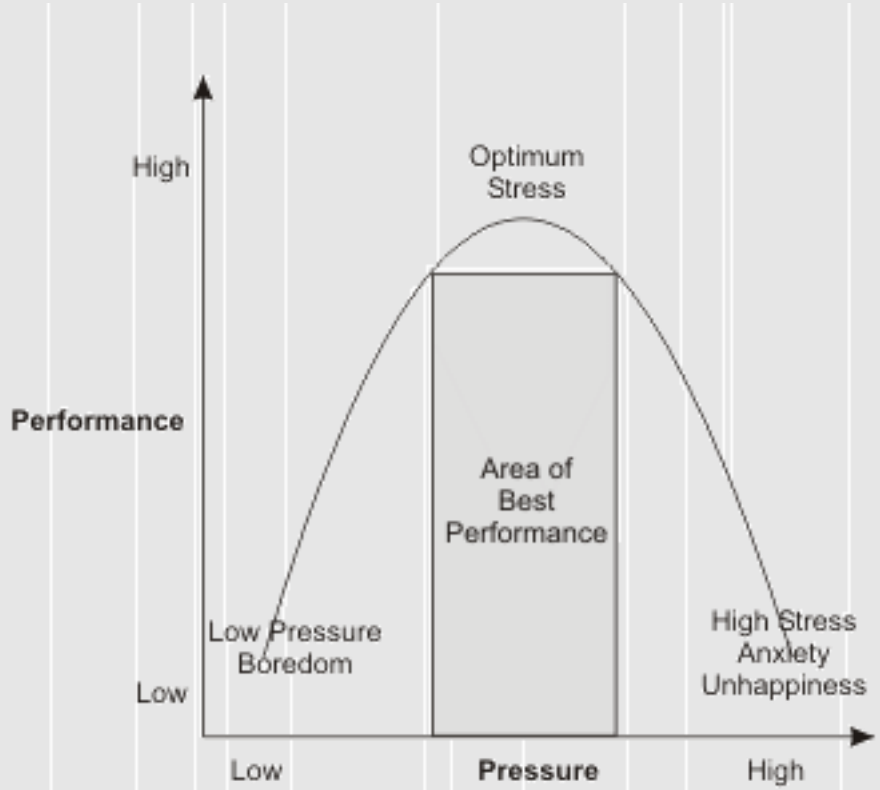
- rely less on cues from caretakers and understand situations of potential threat . They invoke fantasies of superhuman powers to protect themselves
- mastery and control, separation - individuation, self awareness - self esteem, energy directed to school and learning (mastery motivation system), increased 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?