

# CLEAR VIEW

— CONSULTING —

Alicia Farrell, Ph.D.

*Cognitive Psychologist*

## Stress and Anxiety in Children, Oh My!

- I. Difference between Stress and Anxiety Disorder and Stats
  - A. Stress: Bodies response to feeling afraid, overworked, overstimulated, threatened, excited
  - B. Anxiety Disorder: Stress that has become excessive, irrational and debilitating.
  - C. Approx. 40 million Americans (18%) 18 years old or older have an anxiety disorder.
  - D. Approx. 10% of children 6-12 years old and 15%17% of adolescents suffer with an anxiety disorder. Only 18% of those receive any mental health care to address it.
- II. Source of common worries and chronic anxiety for children.
  - A. Common/normal worries: School perf, illness in self or others, getting teased, making mistakes, concern about physical appearance.
  - B. Common source of stress: Being hurried, exposure to new situations, too many expectations/demands, separation from parents, difficulties with peer friendships, disagreements with siblings, transitioning from one activity/place to another, new beginnings, frequent change.
  - C. Long-Term or Chronic Stress can lead to anxiety disorders (Just a sample): Serious and ongoing family conflict, separation/divorce, serious illness, death, frequent moves, being bullied or harassed, dealing with unrealistic expectations/demands that are developmentally inappropriate or just plain too much.
- III. Two questions to ask to help identify if your child is at risk for an anxiety disorder
  - A. Is my child more shy or anxious than other children his/her age?
  - B. Is your child more worried than other children his/her age?
  - C. If yes to either or both stay alert for specific signs that your child is overly stressed and anxious ( See handout attached)
  - D. Types of Anxiety Disorders: Separation Anxiety, Generalized Anxiety, Social Anxiety, Obsessive Compulsive, School Refusal, Specific Phobia
- IV. Understanding Stress and Anxiety
  - A. Genetics and the Brain: COMT, Dopamine, slow acting enzyme vs fast acting enzyme
  - B. Warriors vs Worriers (SAT Example)
  - C. Situations that are inducing "Threat State" in children these days: Feeling can't make mistake, Sense of being judged, Fear of disappointing others, Unrealistic or developmentally inappropriate expectations, Lack of structure and clear consequences, Problems don't know how to solve, Temperament/personality, attachment, parenting style, technology, separation/divorce.
- V. Prevention and Treatment
  - A. Get treatment for own anxiety
  - B. Don't over-protect your child. Less challenge isn't the answer to anxiety. More of the right challenges is the answer.
  - C. Teach stress reduction techniques to kids: Affirmations/positive statements, Create Visualizations, Practice controlled breathing, Calming Jar, Progressive Relaxation, Yoge poses, Butterfly Hug, Problem solve with them not for them, regular bedtime routine and plenty of sleep, Vigorous physical activity, Hang out/laugh/be silly, Give them time on their own to unwind, teach your child to talk about their feelings, Stop/Look/Listen – see handout attached).
  - D. Treatment: CBT, DBT, SSRI's – Start with CBT and add SSRI's if CBT alone is not working.

*email*

alicia@clearview-consulting.com

*phone*

860/575.9076

*website*

WWW.CLEARVIEW-CONSULTING.COM

### *Specifics Signs and Symptoms of Anxiety Disorder in Children*

- Excessive worry and anxiety about a variety of matters on most days for at least 6 months.
- Overreacting to minor problems (yelling, crying, shutting down)
- Frequent self-doubt and self-critical comments.
- Inability to stop the worrying despite parental reassurance.
- Physical problems: headaches, stomach aches, fatigue, muscle tension.
- Intensification of nervous habits: nail biting, hair twisting, thumb sucking.
- Oppositional/aggressive behavior -- Irritability, increases with increased worry; biting, kicking, poor listening, acting out, impulsiveness.
- sadness, crying, whining, panic, anger
- Very low energy or very high levels of energy or restlessness.
- Sleep problems: waking up early, waking up feeling unrested, trouble falling asleep or staying asleep, nightmares
- Social isolation, poor communication.
- Frequent absence from school.
- Poor concentration
- Major change in eating habits.
- Poor coping strategies. Increased dependency/clinginess; regressing to less mature behavior. Experimentation with drugs and alcohol as a way to reduce suffering (can worsen anxiety)
- Experiencing physical arousal: racing heart, sweating palms, teeth chattering, dizziness, flushed face, trembling hands.
- Depression or thoughts of not wanting to be alive.

### *Thought Patterns That Lead to or Indicate Anxiety Disorder*

- **Do not appropriately match the context:** “If I leave the house something bad will happen to my family.”
- **All or nothing thinking:** Extremes with no middle ground. Good or Bad; Safe or Dangerous, Clean or Dirty.
- **Global negative label:** “I’m a failure.”
- **Overgeneralization:** Use always or never when you describe or think about one isolated current situation. Make far reaching global conclusions based on single event.
- **Negative filter:** Focus on one isolated negative detail and selectively attend to it so interpretation of everything becomes distorted. – focus on negatives and ignore the positives/bigger picture.

## Stop, look and listen

It's important to know what bothers and upsets your child. One of the techniques from the **Kids Have Stress Too!**® program is called **Stop, Look and Listen!** It is designed to help parents tune in to their children's stress.

### Stop

- **Set the climate.** You might say, "I know there are things that upset you sometimes. Can you tell me about them?" Give the child time to finish what he is saying. Listen both to his words and the feeling in his words.
- **Choose the moment.** What times do you find your child wants to open up and talk to you? Any quiet time during the day or at bedtime might work. Find a time when you are relaxed and not feeling rushed and can be together without interruption.
- **Find "little" opportunities to connect.** Some parents find that the best time to talk to kids is when they are doing some everyday activity together, such as riding the bus, washing dishes or folding laundry.

### Look

- **Once a day, check your child's face and body.** Are you able to make eye contact? Does she appear relaxed or tense? Are her eyes calm or darting back and forth? Is there tension in her body?
- **Pay close attention** to her facial expressions, mood, body language and activity level. This can help you gain a sense of your child's well-being and notice signs of stress.

### Listen

- **Give him your full attention.** Show that you are really interested in your child and what he is saying by facing him and making eye contact. Try saying things like, "We all feel worried or scared sometimes and it's good to talk about those feelings."
- **Listen without speaking.** Nod your head and give other nonverbal signs that you are interested in what he is saying. It can take a preschooler a long time to put the words together, particularly when he is trying to express something difficult, confusing or upsetting. Don't finish his sentences, even if you think you know what he is trying to say. Give him time to put it into his own words.