

WellnessonWellington

Psychology & Neuropsychology for Children & Adolescents



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PREPARING YOUR CHILD FOR A SUCCESSFUL LIFE

- How to identify anxiety
- Reasons for anxiety
- Long term prognosis for children with anxiety
- Physiological underpinnings for anxiety
- Understanding developmental changes and links to anxiety
- How to build emotional resilience using Cognitive Behaviour Therapy strategies

What is Anxiety?

- Anxiety is a normal response to a perceived threat. It can be:
 - Physical (adrenalin)
 - Emotional (worry and confusion)
 - Mental responses (thoughts about danger and catastrophic outcomes)
- Normal levels of anxiety can help us be more focused & motivated, solve problems more efficiently.

- Anxiety is a normal part of childhood
- A child with an anxiety disorder experience fear, nervousness, and shyness resulting in significant distress, and they start to avoid places and activities.
- They may realise it is excessive but have difficulty controlling it. The basic aspect of anxiety appears to be uncertainty and fear.

Identifying Anxiety

- Anxious kids can be rather quiet, shy, cautious and withdrawn. They may be very compliant and eager to please adults.
- OR they may “act out” with tantrums, crying, avoidance and disobedience and these behaviours may be misinterpreted as oppositional and “difficult”, even labelled as ADHD, when they are actually anxiety related.

2 Questions found to be predictive of Anxiety Disorders in Children

- Is your child more shy or anxious than other children his or her age?
- Is your child more worried than other children his or her age?

- Recent research stated that
 - “If the parent says ‘yes’ to [either] then there’s a high degree of predictability that the child will go on to develop an anxiety disorder,”
 - The research confirms that parents of anxious kids – who often suffer from anxiety themselves – are attuned to their child’s unusual behaviour, but they may not understand what it is.

Sources of anxiety may include:

- fear of social situations
- fears of negative evaluation and rejection
- fear of performing in public
- fear of a specific object or situation (e.g. storms, insects, blood)
- fear of being separated from a parent/carer
- fear about a parent/carer being harmed
- fears of harm to self
- fears about academic performance and exams
- fears about starting school or work
- fears about the future (what will happen, how it might turn out)

Physical symptoms can include:

- Muscle tension, shaking/ trembling and heart palpitations
- Sweating/ flushing or feeling very hot or cold
- Feelings of choking, feeling faint or dizzy
- Rapid breathing, feelings of shortness of breath, or breath holding
- Difficulty concentrating
- Frequently going to the toilet
- Frequent night waking or difficulty falling asleep

Behavioural symptoms include:

- Clinging to parents (young children)
- Tantrums (young children)
- Refusing to go to school
- Withdrawing from friends and family
- Avoidance of particular object/situation
- Being a perfectionist
- Being excessively slow
- Shyness
- Substance misuse
- Seeking reassurance
- Negative thoughts or pessimism

Reasons for Anxiety

- Not one specific cause for anxiety.
 - Research has shown that some people with a family history of anxiety are more likely (though not always) to also experience anxiety.
 - Brain chemistry
 - Life experiences
 - Temperament

Long-term Prognosis

- Research shows that untreated, children with anxiety disorders are at higher risk of:
 - perform poorly in school
 - miss out on important social experiences
 - experience depression and relationship problems
 - engage in substance abuse

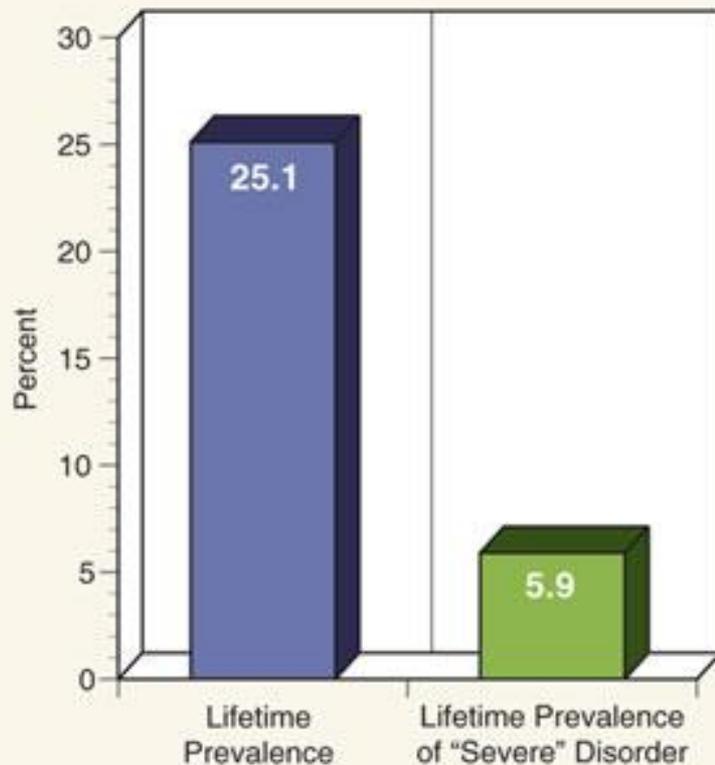
Consequence of Anxiety Highlighted

- Adolescence and young adulthood is a critical stage of transition in physical and mental development, and vulnerability to mental illness is heightened at this time.
- In 2011-12, people with a mental or behavioural condition were the most likely to have had time off work or study/school in the last 12 months due to their condition (31.2%), followed by people with cancer (30.9%). All other long-term health conditions ranged from 7.5% to 19.3%.

- Anxiety also often co-occurs with other disorders such as depression, eating disorders, and attention-deficit/hyperactivity disorder (ADHD)
- Untreated, anxiety increases in frequency, complexity and severity of symptoms.
- People with high or very high levels of psychological distress were much more likely to rate their general health as only fair or poor (42% compared with 9% of those with low distress levels).

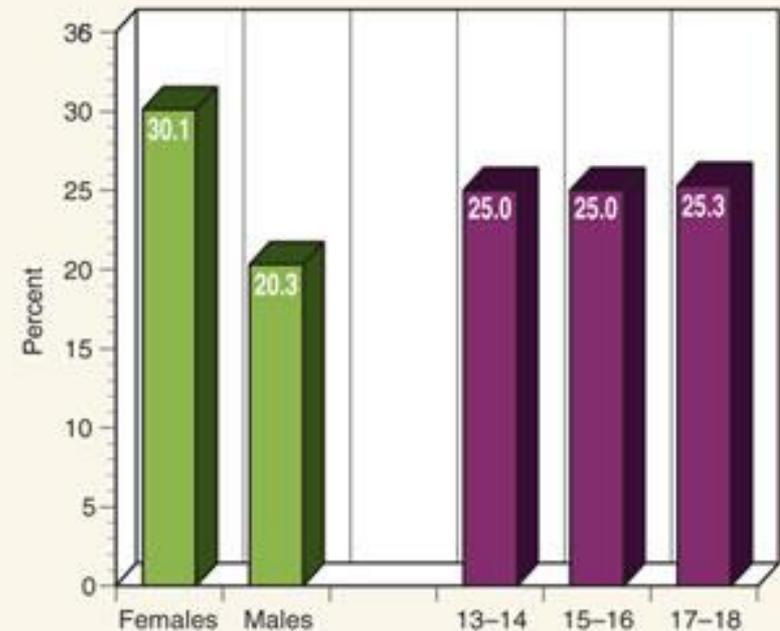
Lifetime Prevalence of 13 to 18 year olds

- **Lifetime Prevalence:** 25.1% of 13 to 18 year olds
- **Lifetime Prevalence of "Severe" Disorder:** 5.9% of 13 to 18 year olds have "severe" anxiety disorder



Demographics (for lifetime prevalence)

- **Sex:** Statistically different
- **Age:** Not statistically different



- **Race:** Statistically significant differences were found between non-Hispanic whites and other races

¹Merikangas KR, He J, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. *Lifetime prevalence of mental disorders in U.S. Adolescents*. Under review.

Development and link to Anxiety

Psychological theories about the cause of anxiety disorders include:

- **A manifestation of interpersonal conflict**
 - Awareness and self-consciousness as children get older
- **A conditioned response learned over time**
 - Avoidance is “rewarded”, or parents don’t demonstrate confidence in their child’s abilities so children “learn that they can’t do it or have something to be fearful of”.
- **Existence of dysfunctional thought patterns**
 - Unhelpful thoughts are “habit forming” and create a cycle of unhelpful thoughts

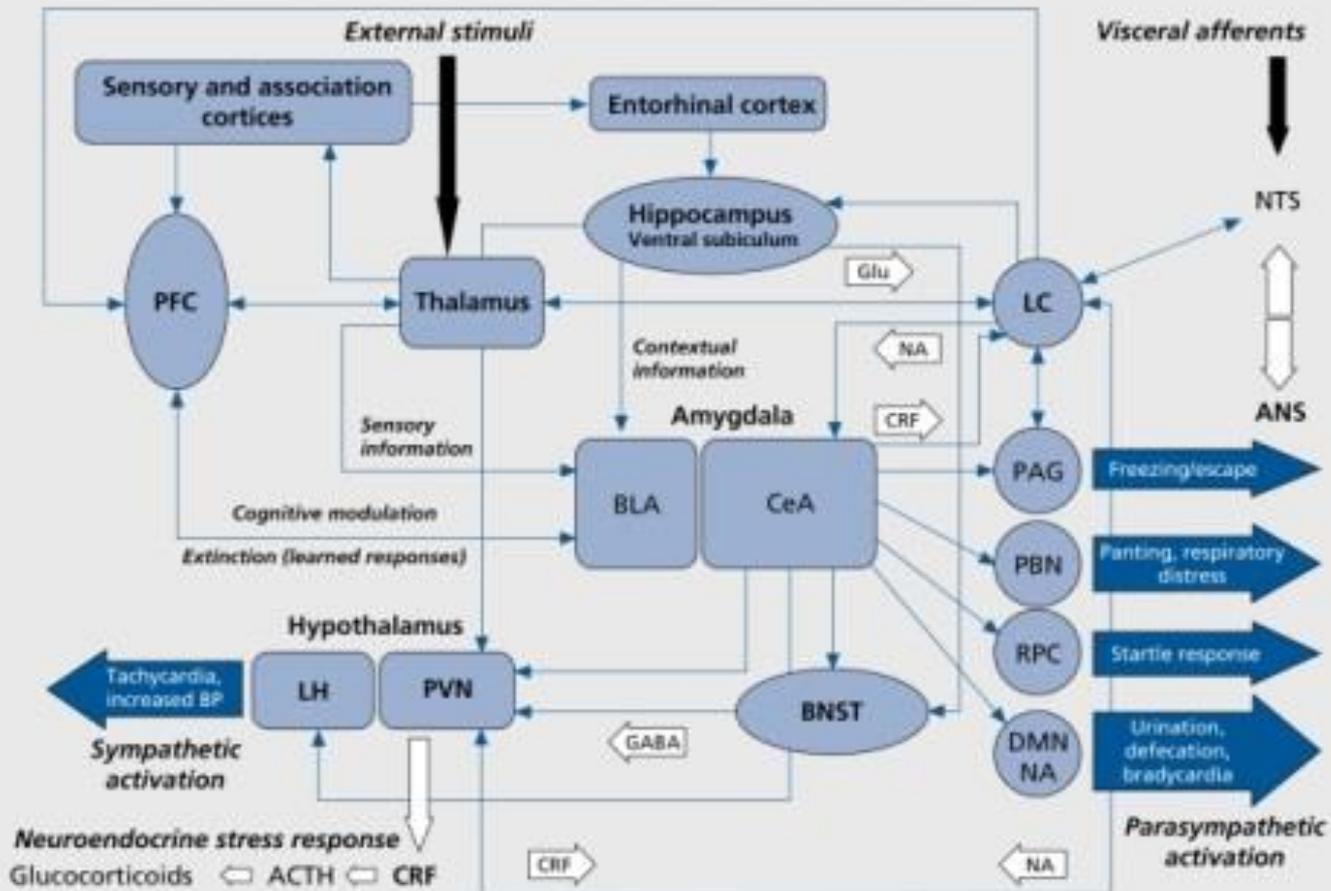
Hormones

- **Sex Hormones (Oestrogen/Testosterone)**
 - Numerous studies have confirmed that anxiety often begins during periods of intense hormonal change (pregnancy, during menopause, etc.)
 - Sex hormones, such as oestrogen and testosterone, may contribute to anxiety.

Hormones

- **Stress Hormones (Cortisol) – cyclical relationship**
 - Mental stress increases cortisol
 - Lack of exercise decreases cortisol REDUCTION
- Exercise, deep breathing and addressing stress decreases cortisol: HENCE reduces anxiety

Physiological Underpinnings for Anxiety – Scientific Model

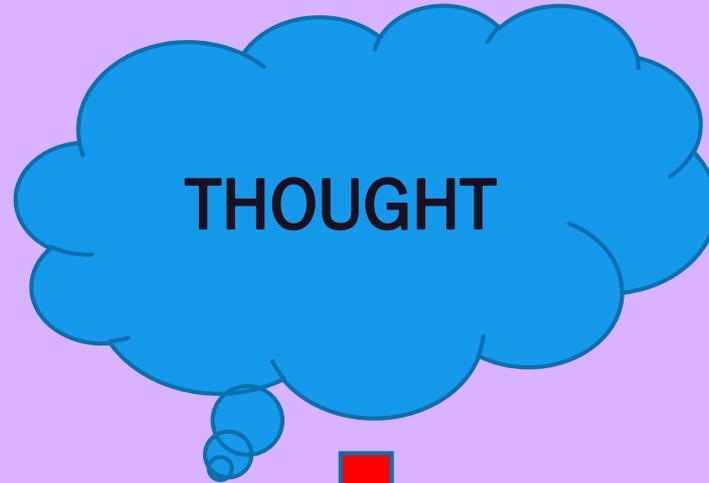


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What Can You Do To Support Your Child



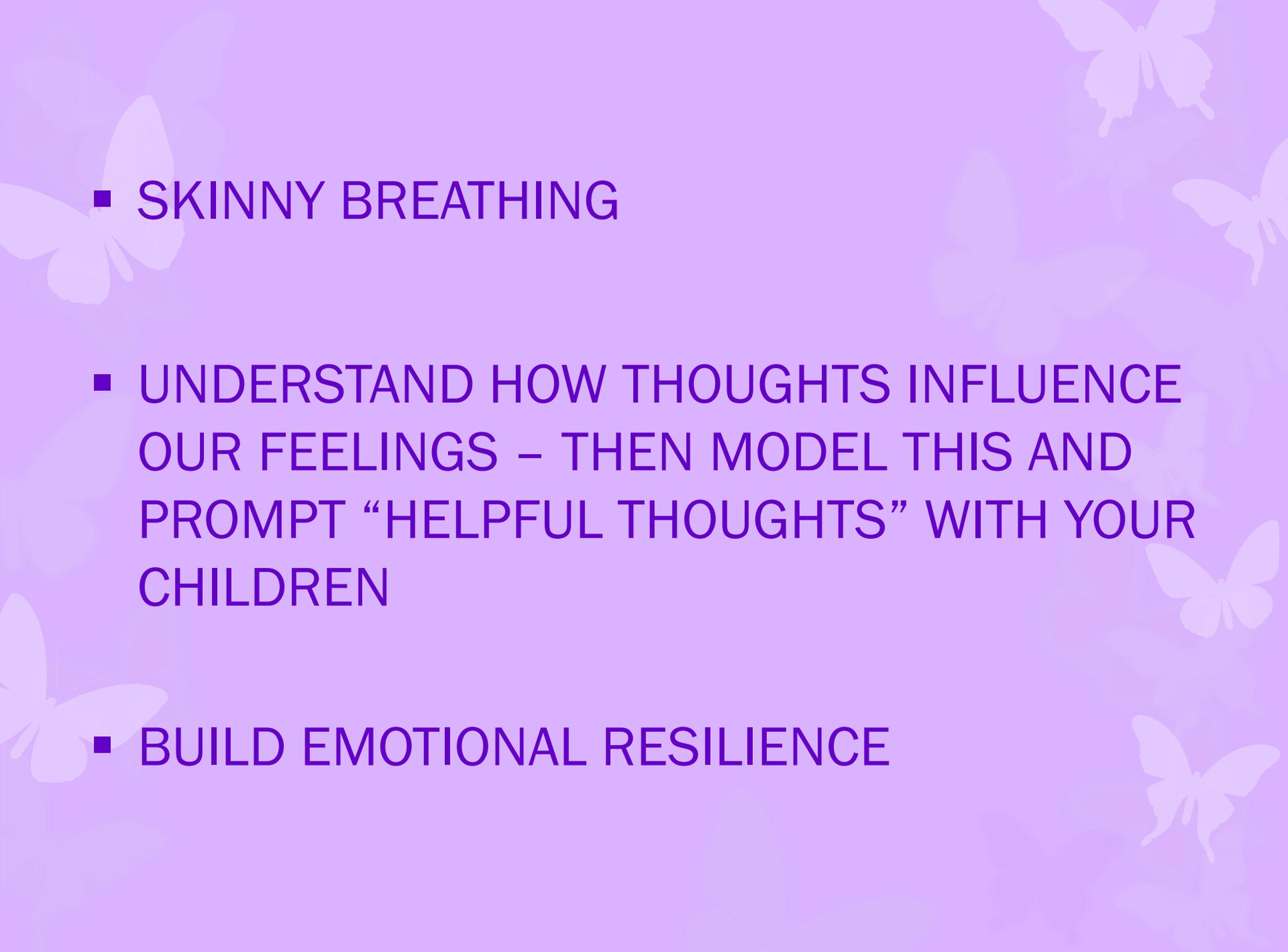
Therapy Model



FEELINGS



Behaviour/actions

- 
- SKINNY BREATHING
 - UNDERSTAND HOW THOUGHTS INFLUENCE OUR FEELINGS – THEN MODEL THIS AND PROMPT “HELPFUL THOUGHTS” WITH YOUR CHILDREN
 - BUILD EMOTIONAL RESILIENCE

COGNITIVE BEHAVIOUR THERAPY

- Helpful thoughts vs Unhelpful thoughts
- Core Beliefs
- Pleasant Events/ Increasing Physical Activity
- Skinny Breathing

Emotional Resilience

- Resilience is being able to ‘bounce back’, cope and deal with pressure from setbacks, challenges and difficult situations.
- Today's families are under a great deal of stress
 - busy lifestyles
 - overscheduled afterschool activities
 - peer pressure
- As your child grows they develop new skills, independence and confidence – parents provide essential tools for children to do these well

Competence

Your desire to protect your child may send the message they are not competent

To Build Competence

- Empower & Responsibility
 - Checklists / jobs
- Mistakes are an opportunity to learn
- Listen with your heart

Confidence

Confidence comes from competence

- Develop your child's strengths
 - Praise persistence over perfection
 - Specific Praise
 - Accept and promote individual differences

Connection

- A sense of community and family
- Acceptance of the expression of all emotions
- Open conflict resolution
- Family time a priority – Schedule in “special” time – this avoids children using problem behaviours in an effort to get attention

Character

- DON'T BE AFRAID TO SAY NO – THEY WILL HEAR IT THEIR WHOLE LIFE SO START YOUNG
- TEACH & **MODEL** COMPASSION – children will do as you do, not as you say
- Try not to over-commit to afterschool activities too young

Coping and Control

- Model coping
- Helpful thoughts – instead of saying “I will never get this done” – say “This is a tough deadline but if I work hard I can get it done!”
- Learning actions produce consequences - life events are not random

Contribution

- Allow and support choices
 - striped pink shirt with polkadot red skirt
 - Brushing own hair and it is sticking up -
- Create opportunities for child to contribute

Boundary Setting With Your Child

- Learning discipline is about teaching – not punishing or controlling
- “My child is great at school – it’s just when they get home they play up!!” WHY
 1. Boundaries do not change at school
 2. Consistency
 3. No emotion involved in the discipline
 4. Instant consequences

When To Say Yes

When To Say No

- Why is it so hard?
 - We want our children to be happy
 - The “shoulds” , the *grandparents*, child’s friend’s parents, the Embarrassment!
 - It’s easier at that moment (but definitely not over time)
- Remember – quick fixes do not work

When To Say Yes

When To Say No

- Set a few small rules and learn to stick to those first
- Talk about the rules when your child is calm
- Remain calm in the face of the storm
- Praise when they accept “no” calmly – ignore the “you don’t love me dagger!”

NO IN ANOTHER LANGUAGE

- **STATE THE FACTS SIMPLY**
- **ACKNOWLEDGE WHAT YOUR CHILD WANTS**
- **REPHRASE YOUR CHILD'S QUESTION INTO A SENTENCE**
- **CREATE A WISH LIST**
- **TAKE A PAUSE**

Problem Solving

- Talk to your child's teacher, school and to friends and family
- Encourage child's strengths
- Find what interests your child and help them learn through this interest
- Seek professional help if problems are persisting

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