



**CHILD MIND[®]
INSTITUTE**

When To Worry About
Your Child's Worries

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Transforming Children's Lives



The Child Mind Institute is an independent, national nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. Our teams work every day to **deliver the highest standards of care, advance the science of the developing brain and empower parents, professionals and policymakers to support children when and where they need it most.**

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Our Work

Research



We are at the forefront of neuroscience efforts to find **objective biological measures of mental illness that will lead to earlier diagnosis, more individualized treatment methods, and new and better interventions.**

Clinical Care



We provide world-class clinical care to children struggling with mental health and learning disorders. We have helped thousands of children get the help they need in our offices and in their communities.

Public Education



We equip millions of parents, educators and policymakers with the information they need to end the stigma and misinformation that cause so many children to miss out on life-changing treatment.

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Normative Developmental Fears

- Infancy:** Sudden loud noises, loss of support, heights, strangers, separation
- Preschool:** Animals, the dark, storms, imaginary creatures, anticipatory anxiety
- School Age:** Specific realistic fears, social acceptance, school achievement
- Adolescence:** Fear of fear (ability to think abstractly about fears)



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When is Anxiety a Problem?



Frequency

- Child experiences several symptoms



Duration

- Symptoms have been present for a certain amount of time
- The child has difficulty resetting



Impairment

- Interferes with child's development
- Child cannot do his/her job



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Characteristics of Problem Anxiety

Unrealistic

Out of proportion

Overly self-conscious

Unwanted and uncontrollable

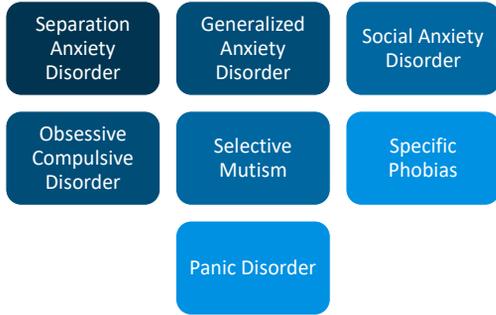
Does not go away

Leads to avoidance



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Different Types of Anxiety Disorders





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Generalized Anxiety Disorder

What is it?	What does it look like?
<ul style="list-style-type: none"> Excessive and exaggerated anxiety about every day life events with no reasons for worry Can't stop worrying about health, money, family or school Tend to expect disaster or worst case scenarios Girls are twice as likely as boys to develop GAD Prevalence among adolescents in 0.9% 	<ul style="list-style-type: none"> Excessive worries about a variety of concerns (ex. grades, family issues, friendships, performance in sports) Particularly hard on themselves Perfectionism Seem to always expect the worst Irritability and restlessness Fatigue from sleep disturbance Somatic symptoms: sweating, nausea, shaking, muscle tension, etc.



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Social Anxiety Disorder

What is it?	What does it look like?
<ul style="list-style-type: none"> Fear of social situations Afraid of doing something embarrassing Worry about being negatively evaluated/judged Fear is disproportionate to the social situation Performance only: fear is restricted to public speaking/performing Prevalence for children and adolescents is 7% Slightly more common in boys 	<ul style="list-style-type: none"> Excessive shyness Rarely or never raises hand/participates in class Tends to engage primarily in solitary activities Isolates in social situations Avoids going to unfamiliar places or being with unfamiliar people Blushing, trembling, stumbling over words Difficulty maintaining eye contact



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Separation Anxiety

What is it?

- Intense anxiety concerning the separation from home or caregivers
- Involves persistent worry about losing major attachment figures or harm befalling them
- Most prevalent anxiety disorder in children younger than 12
- Onset usually before age 10
- Tends to affect girls more than boys
- May be outgrown in some cases

What does it look like?

- Refusal to go to school, camp, sleepovers, or sleep alone
- Excessive reassurance seeking
- Tantrums
- Social withdrawal
- Physical complaints: Headaches, stomach aches, etc.



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Obsessive Compulsive Disorder

What is it?

- Obsessions (unwanted, intrusive thoughts, images or impulses) that cause great anxiety
 - Contamination (germs, toxins, etc.)
 - Catastrophes (death of a loved one)
 - Magical thinking
 - Need for symmetry
 - Scrupulosity
 - Doubt
 - Need for right feeling
- Compulsions (repetitive acts to reduce the anxiety from the obsessions)
 - Checking
 - Seeking reassurance
 - Counting
 - Ordering and arranging
 - Touching/tapping
 - Washing
- Onset occurs by age 14 in 25% of OCD cases
- Pediatric OCD more common in boys

What does it look like?

- Constant reassurance-seeking
- Getting stuck on tasks
- Retracing steps or actions
- Obsessively arranging and lining up belongings
- Excessive checking (ex. locks, doors, windows, stove, other household appliances)
- Distraction/inattention
- Avoidance of triggering situations
- Tapping and touching symmetrically
- Complaints of anxiety and fatigue



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Selective Mutism

What is it?

- Fear of speaking in certain social situations/environments
- Severe distress when expected to speak in feared situations
- Not a willful refusal or an issue with language comprehension or production
- Typically completely verbal at home or when only around close family/friends
- Onset typically before age 5
- Relatively rare disorder
- May be outgrown in some cases

What does it look like?

- Talkative at home or other places they feel comfortable
- Restricted speech in situations where talking is expected
- Avoidance of social interactions with adults and/or peers
- Does not communicate needs
- Difficulty separating from caregivers
- School refusal
- May be teased, bullied, or ostracized by peers



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Specific Phobia

What is it?

- Unrealistic and excessive fear of a situation or object
- Active avoidance of phobic situation or object
- Common childhood phobias:
 - Darkness
 - Strangers
 - Animals (ex. dogs)
 - Blood
 - Vomit
 - Needles
- Prevalence is 5% in children and 16% in adolescents
- Phobias are twice as common in girls than boys

What does it look like?

- Patterns of crying, aggressive avoidance, tantrums, clingy behaviors, and freezing related to specific situations or objects
- Unusually restricted diet
- Avoidance of certain activities/situations
- Does not recognize that fear is irrational



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Panic Disorder

What is it?

- Experiencing frequent and/or unpredicted panic attacks
- Misinterpretation of autonomic nervous system symptoms as being dangerous
- Persistent worries about perceived consequences of panic attacks (losing control, having a heart attack, going "crazy")
- Low prevalence in children under age 14
- Twice as common in girls than in boys

What does it look like?

- Avoidance of events/situations that could be triggering (crowded places, physical activity, etc.)
- Fear of having another attack, losing control, or "going crazy"
- Frequent trips to the doctor or school nurse
- Symptoms of a panic attack:
 - Palpitations or increased heart beat
 - Sweating
 - Shaking/trembling
 - Feeling dizzy or faint
 - Chest pain or tightness
 - Feelings of choking or being smothered
 - Nausea



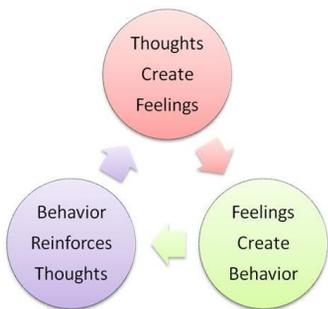
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Cognitive Behavioral Therapy

- Cognitive Behavior Therapy (CBT) focuses on changing thoughts and behaviors to reduce anxiety.
- We feel anxiety in our bodies, and our thoughts can determine how we interpret our bodily sensations
- Break the anxiety cycle by changing thoughts and behaviors
- Identify thinking errors and irrational beliefs
- Face fears rather than avoid them



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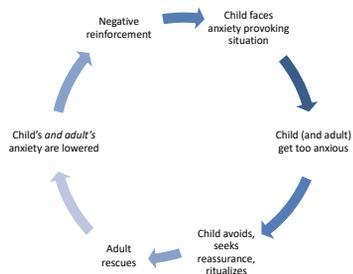
Modeling the Right Mindset



Dweck, 1986

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Negative Reinforcement Cycle of Anxiety



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Enabling the Anxiety

Parents may inadvertently play a role in children's anxiety symptoms by:

- Participating in the child's anxiety behaviors
- Helping the child avoid anxiety-provoking situations
- Changing family routines to avoid triggering the child's anxiety
- Providing reassurance
- Taking on extra responsibilities
- Making changes in leisure activities
- Making changes at your job

Enabling helps children avoid doing what they fear →

Avoidance maintains anxiety in the long run because kids do not learn that their fears do not come true

Anxious children need to learn that they can face their fears independently, using coping skills



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Helping anxious children starts with...

Education about anxiety and mental health

Establishing open communication

Openness to intervention/support

Connecting with school

Listening without jumping to solving problems

Modeling non-anxious coping



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Fostering Grit

Changing our parenting goals from fixers/protectors to consultants

Promote perseverance

- Don't control them, coach them

Be there for them if they persist and fail and be resilient

- Recognize and celebrate effort
- Recognize and celebrate failure
- Don't quit on a bad day

Model appropriate reactions

- To your child's stress
- To your own stress
- Don't be afraid of your child's feelings
- Model positive talk



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Be Aware of Triggering Events

Somatic	Environmental	Mood-Related
<ul style="list-style-type: none"> • Fatigue • Poor nutrition • Medication side effects • Physical illness 	<ul style="list-style-type: none"> • Unexpected changes in schedule • Arguments with friends/peers • Noisy/crowded areas • Long car or bus rides 	<ul style="list-style-type: none"> • Irritability • Frustration • Sadness • Heightened negative emotions

These factors may exacerbate symptoms and make anxiety more difficult to manage.



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General Parenting Rules for Anxious Children

Do:	Don't:
Express positive and realistic expectations	Avoid things just because they make your child anxious
Respect your child's feelings	Ask leading questions
Encourage your child to tolerate their anxiety	Reinforce your child's fears or avoidance
Think things through with your child	Accommodate anxiety behaviors
Model healthy ways of handling anxiety	Give excessive reassurance

The goal isn't to eliminate anxiety, but to help your child manage it.



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