



Understanding Anxiety in Youth: Strategies for Treatment and Support

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My Background

- Clinical Psychologist
- DePaul Family and Community Services is a full-service Child, Adolescent and Family behavioral health clinic located on the Lincoln Park campus of DePaul University
<https://fcs.depaul.edu>
- Father of two boys (10 and 13)

Mindful Middle Schoolers Program



Resiliency Skills for Anxiety, Depression and Executive Functioning

- DePaul University, in partnership with the Oak Park Township Community Mental Health Board and D97, plan to offer the following services and supports to the Brooks/Julian community during the 2019-2020 school year:
- Community Talks on technology, anxiety, depression, executive functioning, mindfulness and the social and emotional needs of youth
- School-based group mindfulness-based services for students
- Individual and family therapy at school and home

For more information please reach out to omorriso@depaul.edu, your school principal or social worker



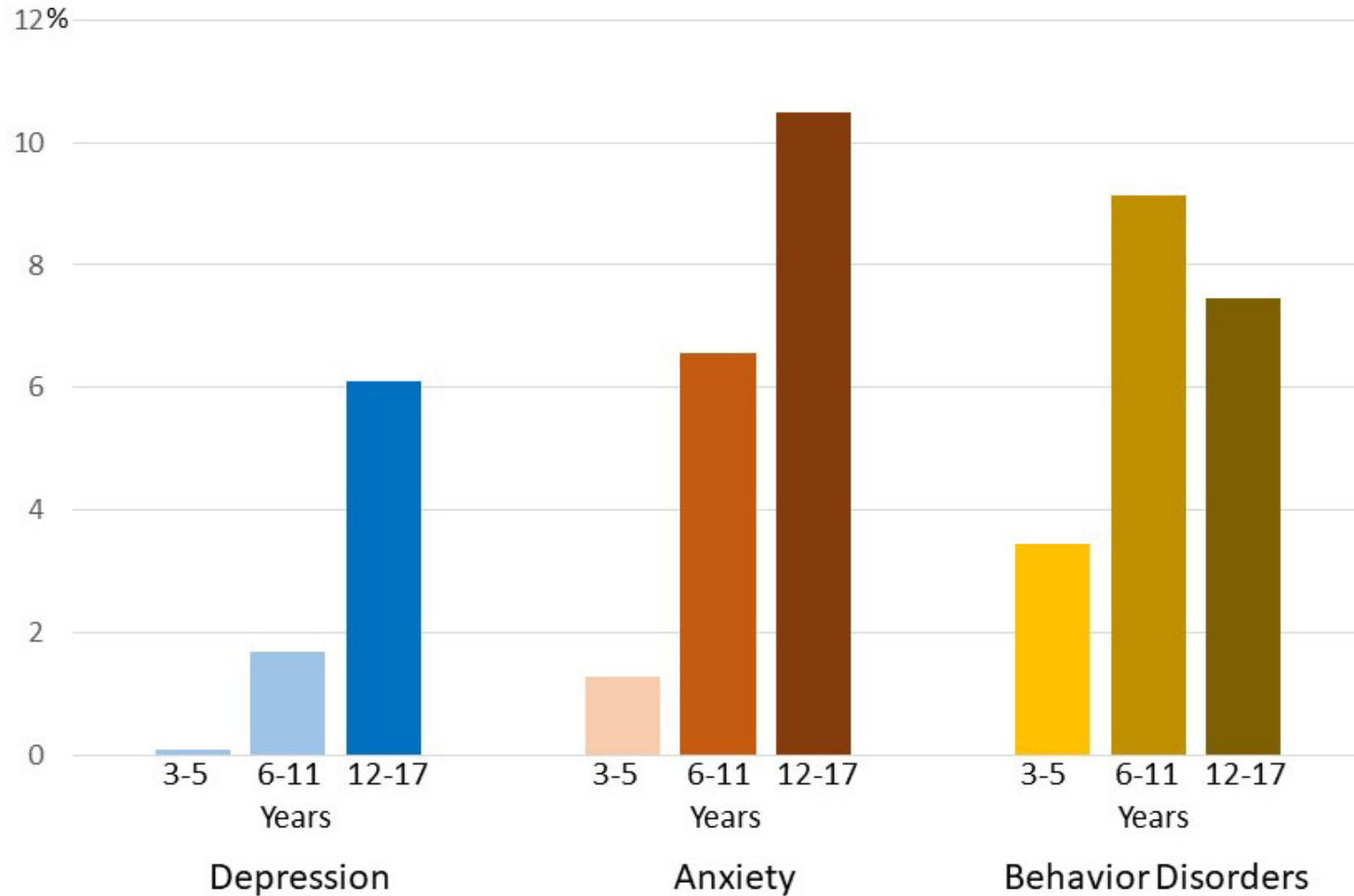
Outline

- Facts and Statistics
- What is Anxiety?
 - Healthy vs. Unhealthy levels
 - Brain
 - Signs & Symptoms
- Nature vs. Nurture
- Disparities & Stigma
- Anxiety Diagnoses
- Strategies to Support Youth

Facts and Statistics

- Anxiety disorders are the most common category of psychiatric disorders in youth.
- 1 in 3 children will meet the criteria for an anxiety disorder before age 18.
- Anxiety disorders commonly co-occur with depression (~32%), behavior problems (~38%) and other conditions.
- Between 2007-2012 prevalence increased 20%

Depression, Anxiety, Behavior Disorders, by Age



Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH, Blumberg SJ. Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children. *The Journal of Pediatrics*, 2018. Published online before print October 12, 2018.

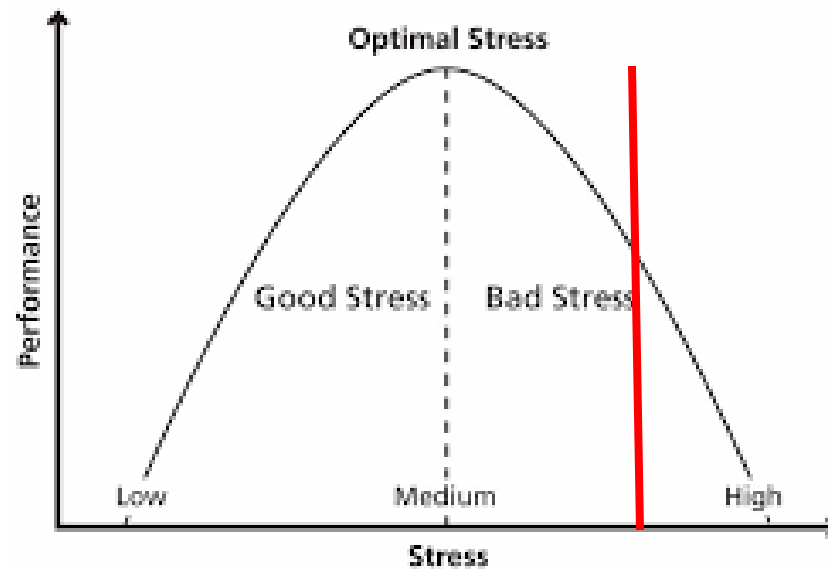
A stylized illustration of a mountain range at sunset. The sky is a gradient of orange and red, while the mountains are rendered in various shades of blue and purple, creating a layered, atmospheric effect. The text 'WHAT IS ANXIETY?' is centered over the middle of the image.

WHAT IS ANXIETY?



“Optimal” Level of Stress

The Yerkes-Dodson Law



Brain changes across childhood

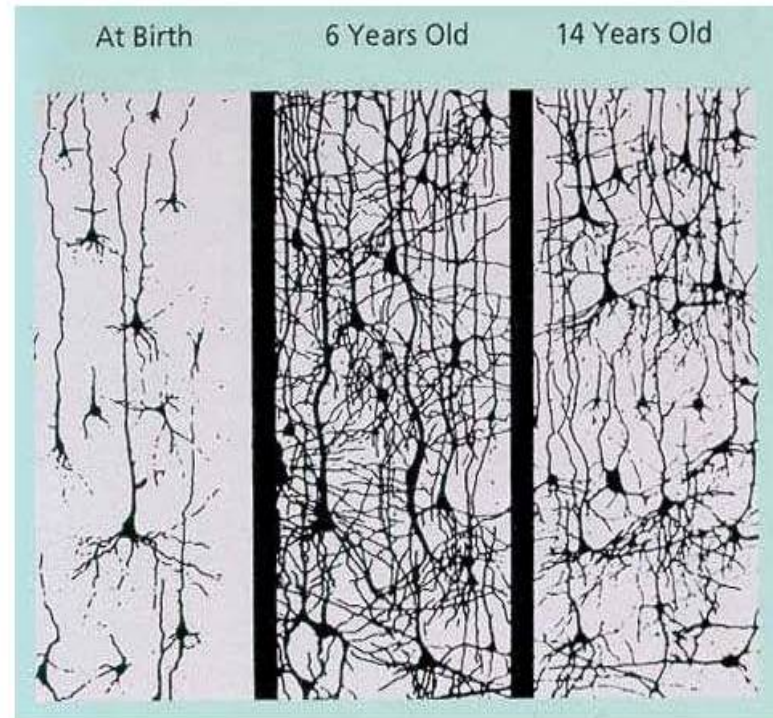
Integration of Structures/Systems

Neuronal “Pruning”:

becoming specialized and efficient

“**Myelination**”: becoming faster, more synchronized

Stress hormone receptors: adolescents have more than adults





The Brain and Anxiety Disorders

- **The amygdala**
 - **excessive activation** of the brain mechanism underlying fear and the fight-or-flight response
 - initiates a fast response to danger (survival/evolutionary benefits)
 - larger volume/bigger
- **The pre-frontal cortex**
 - **over- and under-regulation** of hyperactive amygdala
 - atypical activity/connectivity between amygdala and frontal areas
 - This circuit is slow to develop (takes over 2 decades!)



Signs & Symptoms

- Recurrent fears and worries
- Sleep difficulties
- Trouble relaxing
- Difficulty separating from parents
- Irritability, tantrums, anger, crying
- Discomfort in social situations (school, community)
- Physical symptoms (stomach aches, headaches...)
- Refusal or reluctance (school, sports, performance)
- Excessive fatigue
- Quick to over-react
- Seeking reassurance
- Self-Harm

Anxiety Looks
Different for
Everyone

Nature vs. Nurture?

- **Genetics/Heritability:**

- estimates range from 25-50% heritability (twin studies)
- Genetic markers have been found for different types of anxiety

- **Interplay with environment:**

- ***Passive correlation*** – children of anxious parents may be predisposed genetically but also impacted by the environment of anxious parenting
- ***Evocative correlation*** – for example anxious children evoke negative parental response
- ***Selective correlation*** – for example anxious children select environments that are more solitary impacting their development



Nature vs. Nurture?

- **Temperament/Personality (stable characteristics)**
 - Behavioral Inhibition
 - Neuroticism
 - Introversion
 - Non-openness



Nature vs. Nurture?

- **Parenting/Adult Relationships:**

- ***Modeling:*** children learn fear and avoidance responses from observing their caregivers' reactions.

- ***Information Transfer:*** caregivers' verbal information (e.g. "threat related", "catastrophizing") increases children's anxious beliefs and behaviors.



- ***Overcontrol:*** caregivers' excessive regulation of children's activities and routines, and discouragement of independence, sends a message to the child that the world is a dangerous and uncontrollable place.

- ***Rejection/Lack of Warmth:*** Lack of positivity, lack of acceptance

Nature vs. Nurture?

- **Other Environmental Influences**

- **Trauma/Adverse Childhood Experiences**: chronic and single events. Early, chronic exposure is particularly impactful.
- **Sibling & Peer Relationships**: close relationships are protective, bullying
- **Social Media**: Increased opportunity for both negative (e.g. cyberbullying), positive peer interactions (e.g. social support) and also more frequent exposure to fear-inducing events (e.g. news about school shootings, police brutality)
- **School Environment**:
 - Academic pressures
 - Transitions from elementary to middle to high school (moving into larger systems), importance of relationships with adults
 - Belongingness

Disparities & Stigma

Gender:

- Girls have a higher prevalence rate for anxiety disorders - gender-role socialization
- Early puberty is associated with increased likelihood of anxiety symptoms in both girls and boys

Race & Ethnicity:

- Complex, varied data (not all studies show disparities)
- In general, ethnic minority youth are more likely to report anxiety symptoms (why? micro-aggressions, trauma, adverse experiences)
- African-American adolescents: higher rates of general anxiety, PTSD, social anxiety, fears (police officers, teachers)
- Latino adolescents: higher rates of separation anxiety, somatic (body) symptoms of anxiety
- Asian-American adolescents: (limited studies) higher rates of anxiety if parents adhere to very traditional cultural values (emotional expression viewed negatively)

Disparities & Stigma

Cultural Factors:

- Socioeconomic Status – impact of poverty (regardless of race)
- Immigration Status – prejudice, negative stereotypes, political rhetoric
- Acculturation – less acculturated youth, parent-child acculturation gap may experience more stress
- Stigma/Mistrust of the Behavioral Health System – concerns about “diagnosis”, access to culturally responsive care, discrimination experiences
- Cultural Concepts of Anxiety/Distress



Separation Anxiety

Developmentally inappropriate and excessive fear or anxiety concerning separation from parents/caregivers



Selective Mutism

Consistent failure to speak in specific social situations in which there is an expectation for speaking despite speaking in other situations

Specific Phobia

Marked fear or anxiety about a specific object of situation (flying, heights...)

Social Anxiety

Anxiety about one or more social situations in which the child is exposed to possible scrutiny by others

Panic Disorder

**Recurrent unexpected panic attacks
(surge of intense fear peaking within
minutes, worry about recurrence)**

Agoraphobia

**Marked fear and avoidance of...using
public transit, open spaces, enclosed
places, crowds, leaving the house
(2 or more)**

Generalized Anxiety

**Excessive worry, more days than not
(for 6 months) about a number of
events or activities**

Obsessive-Compulsive Disorder

Obsessions: Recurrent, persistent, intrusive and unwanted thoughts, urges, or images causing marked anxiety or distress

Compulsions: Repetitive behaviors that the individual feels driven to perform in response to the obsession aimed at preventing or reducing the anxiety or distress



Maladaptive Coping

- Passivity
- Avoidance
- Anger
- Substance Use
- Over-/under- eating
- School-/academic- refusal
- Relationship difficulties
- Over-reliance on technology (video games, cell phone)
- Self-harm



Strategies

Communication:

Parents and teachers can...



- Recognize the signs/symptoms of anxiety
- Listen (not lecture) to youth's emotional challenges and provide validation
- Be mindful of our emotional reactions, emotion language, and behaviors (modeling)

Strategies

Promote developmentally appropriate independence:

Parents and teachers can...

- Encourage youth to gradually make their own decisions (with adult support/guidance)
- Support peer interaction and relationship development
- Manage our own fears about our children's growing independence
- Identify areas where youth can take “healthy risks” and try new things

Strategies

Encourage Physical Health:

- Educate on and encourage healthy sleep practices
- Nutrition
- Physical activity



Strategies

Knowing When & How to Seek Professional Help:

- Impairment in functioning (school performance, social relationships, changes in emotions)
- Gather information from the school, inquire about supports
- Involve your middle schooler in the decision
- Parental involvement in treatment
- Learn about treatment options (next slide)
- Speak to your pediatrician

D97 students
text **HOPE** to
844-670-5838



Community Mental
Health Board of
Oak Park Township

Strategies

Treatment Options:

Exposure-based Cognitive Behavioral Therapy (CBT)

- Negative reinforcement occurs with escape or avoidance
- Gradual exposure exercises (hierarchy of feared situations) – small steps toward goal

Activity	Fear level (0-100)
Stroking a dog	90
Going to a park with a dog walker	80
Watching a real-life dog show	50
Watching a cartoon dog show	40
Looking at a picture of a dog	30

Strategies

Treatment Options Continued:

Cognitive Restructuring, CBT

- Identify and challenge automatic negative thoughts and expectations (consider the facts/evidence)
- Understanding thinking “traps” such as black and white thinking, catastrophic thinking
- Replace with more rational thoughts

Put your thoughts on trial!



Strategies

Treatment Options Continued:

Rewards, CBT

- Reward youth for effort (trying and not succeeding is part of the process)
- Verbal praise (be specific, label what you are praising)
- Use special time together as a reward for moving towards a goal

Strategies

School-based Supports:

- Clinical Anxiety – may warrant 504 plan, academic accommodations
- Identify support person(s) in the building
- Education to teaching staff on anxiety
- Parent-School Staff communication and collaboration

Medication:

- **SSRIs** are medications well-supported by placebo-controlled studies
- Approach varies (mild, moderate, severe anxiety).
Therapy > Combination Therapy + Medications
- Consult your pediatrician or child psychiatrist

Strategies/Recommendations

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Mindfulness

<https://youtu.be/GVWRvVH5gBQ> (from documentary Release)

“Mindfulness means paying attention to things as they are in any given moment, however they are, rather than as we want them to be.”
...Williams, Teasdale, Segal & Kabat-Zinn (2007)

Activity

“3 Minute Breathing Space”

Step One: Become **Aware**

Step Two: **Gather** and Focus Attention

Step Three: **Expand** Attention



Thank you

Please complete a brief evaluation:

<http://bit.ly/anxietyD97>

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