

Gaggle Webinar

Student Wellness Series: Anxiety

Monday, November 2

Q | What is the best way to treat children with anxiety disorders?

A | There are generally two types of treatments that seem to be equally effective: cognitive behavioral therapy (CBT) and selective serotonin reuptake inhibitor (SSRI) medications. The best study that compared them directly in kids found one is no better than the other, and that combining the two works better than using one or the other alone. Cognitive behavioral therapy is a really wonderful treatment, but the therapist has to have some experience delivering it.

Q | What are some of the most common anxiety triggers or causes for kids?

A | There are probably as many triggers for anxiety as there are kids who suffer from it, but especially common triggers include:

- Fears of all kinds: animals, insects, bad weather (thunder and lightning), fire, darkness
- Losing or being separated from a loved one
- Academic issues, such as making a mistake, failing a test, or making a teacher upset
- Social issues, such as not being liked, not being included, or being picked last
- Getting sick or dying
- Being late
- Being embarrassed or humiliated

Q | Is there a difference between anxiety and nerves?

A | Yes. Nerves are associated with something tangible that you are anticipating. Typically, we get nervous when we have to produce something—a performance on a test, an athletic event, an interview—and the nerves go away as soon as that event is over. Anxiety, on the other hand, is more generalized. It's a constant feeling of uneasiness, unrest, and/or worry. Sometimes it can be associated with a specific event, but when that event is over, the anxiety transfers to something else. There is nothing that eliminates the anxiety—there is only managing it. Anxiety is there all the time, it just manifests differently depending on the circumstance. Nerves are short-lived, identifiable, and subside quickly.

Q | I feel stressed out a lot of the time. Could my stress be affecting my kids?

A | When adults appear stressed, kids tend to sense the tension. When adults seem fearful, kids often get the message that the situation must not be safe. They may think, "If my parent/caregiver/teacher cannot handle this situation, it must really be bad." Kids' anxiety levels predictably rise when they see their caregivers worry and, just as predictably, fall back to normal levels when they see their caregivers calmly manage or control a [stressful](#) situation.

In practical terms, think about how a toddler's response to falling down usually mirrors his parents' response: If a parent gasps aloud and appears upset, the child usually cries. If the parent remains calm and normalizes the fall, the child most often gets up, brushes themselves off, and moves on.

In day-to-day situations, professionals and parents should avoid freaking out. Maintain calm and act as if the situation is totally manageable. Kids will take their cues from us—if we keep our cool, kids will learn to do the same in a stressful situation. The reverse is also true.

Q | What are some common missteps when trying to help a student with anxiety?

A | The biggest misstep is trying to “fix” the anxiety before asking the student questions. Telling someone it’s okay, don’t worry, just relax, everyone gets anxious, or it’s not worth getting this upset about all minimize what he/she/they are feeling. Avoid saying these things to someone with anxiety.

Q | I have always struggled with anxiety. Should I hide my diagnosis from my child or be honest about it?

A | If a parent suffers from chronic or acute anxiety, hiding or denying their disorder is not helpful. Rather, parents should be role models for their kids in taking an active role in developing coping strategies and skills to manage their anxiety.

Q | Do you tend to see the problem of anxiety in kids getting worse or better over the years?

A | A [2018 study](#) shows that the number of children diagnosed with anxiety has increased in recent years. In my own 20 years of professional work with children and adolescents, I have definitely noted a marked increase in the incidence of anxiety as the chief complaint among young people with whom I work. Whether the prevalence of anxiety is worsening or whether we are just talking about it more is a subject of common discussion in mental health provider circles.

The increasing connectedness of young people—through 24/7 access to technology and social media—leaves many kids feeling more isolated and anxious than ever before. Kids are constantly plugged in and experience FOMO (fear of missing out) if they unplug. The resulting lack of downtime in kids’ lives gives them very little time to unwind, decompress, and just experience boredom, which can be a very relaxing thing!

Many experts also cite the dearth of outdoor, unstructured playtime as a catalyst for rising anxiety levels in young people. Play is the work of [childhood](#)—it is how kids work through fears and deal with hardships in a safe way. With so many adult-led activities dominating kids’ schedules, we have a generation of kids who tend to be less independent and less self-reliant—and thus more anxious when asked or expected to do things on their own.

Q | Is there any one magic bullet to eliminate anxiety?

A | Absolutely not. Anxiety is all about management and the things that work for one person might not work for the next. Anxiety sufferers need to find the combination of coping mechanisms, support, self-care, and/or therapy and medication that work for them. My magic combination is exercise, diet, sleep, therapy, and medication. For someone else, it might be reading, painting, therapy, and coffee. It’s different for everyone and that’s what makes anxiety such a mystery for so many—including both sufferers and non-sufferers.

Q | I have an 8-year-old little boy who loves gaming, like Minecraft and Clash Royale. We limit his time to 30 minutes per day, and it is so frustrating to have to fight with him because he wants to play more. It seems he is escaping somehow into that online world. How can we set a healthy balance? How do I know when it is too much?

A | Gaming is built to engage and keep their engagement. There are millions of dollars poured into making our kids want to stay online. There are some easy ways to help them with boundaries on their own or, when they struggle, have it electronically decided for them. Work on having them do something creative for 30 minutes to “earn” time, like playing a musical instrument, exercising, drawing, building, etc. See if they are able to “keep time” during this period as a test.

Here are some ways to help manage this time:

- Place a large clock in the room and ask them to keep their time to 30 minutes
- Use an Alexa or other device in the room with a timer to go off in 30 minutes to remind them
- Use the Currant app to control smart outlets

Q | How important is it for teachers to be managing their anxiety while helping students with theirs? Recommendations for doing so?

A | Managing your own anxiety is essential if you're ever going to be able to help students with their own. It's the whole idea of having to put your own oxygen mask on before helping others with theirs. I would never have been able to assist anyone with their anxiety prior to managing my own. Students with anxiety need to be able to trust the people who are helping them, and if you have anxiety of your own that is not managed, the students aren't going to trust that you will be able to help them.

Find an hour every day to do something just for you. Whether it's taking a walk, reading a book, watching your favorite show, or writing in a journal. Prioritizing yourself must happen every day, and you are the only person who can do this.

Q | Would you suggest breathing techniques for your students who are in the midst of an attack? I know my students often forget to breathe through them.

A | Sure, but stereotypical breathing techniques don't work for me because they fail to take my mind off of what's triggering me. In fact, they can make my panic worse because then I feel like the breathing technique should be working, and if it's not, I feel worse about myself. Instead of doing a breathing technique, focus on distracting the student and taking him or her out of the situation that is a trigger. By distracting his/her/their mind, you will naturally help them slow their breathing. Take a walk with them, listen to music, draw, anything that is away from the environment where they were set off.

Q | Is play therapy a good option for young children with anxiety?

A | Yes, child-centered play therapy with childhood anxiety can be very supportive and effective and should be the foundation of any and all play therapy provided. Play is the singular central activity of childhood and is a spontaneous, enjoyable, voluntary, and non-goal directed activity that can establish a

link between the child's inner thoughts and their outer world. It allows children to reveal their experiences, thoughts, emotions, and inclinations that are causing them the most issues.

Q | Can you speak a little about OCD and what treatment options are available?

A | OCD in children is best treated by a licensed mental health professional using a specific type of cognitive behavior therapy (CBT) called exposure and response prevention (ERP):

- In ERP, kids learn to face their fears (through exposure) without giving in to compulsive behavior (response prevention).
- A licensed mental health professional (such as a psychologist, social worker, or counselor) will guide them through this process, and children will learn that they can allow the obsessions and anxiety to come and go without the need for their compulsions or rituals
- Family therapy—parents play a vital role in any treatment process.
- Psychiatric medication may also be considered depending on the level of need if the above are not working.