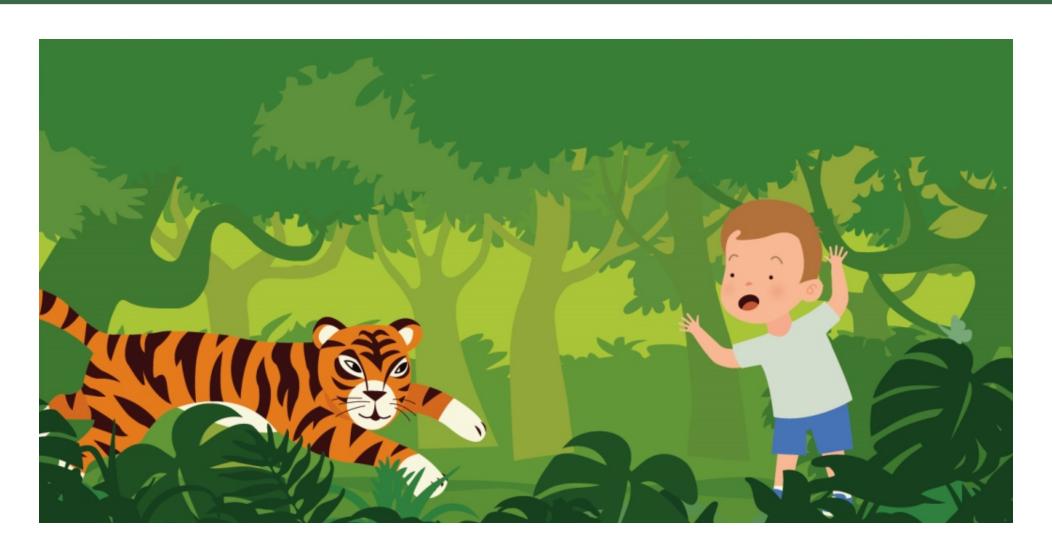


ANXIETY AND RESILIENCE IN THE CHILDREN AND ADOLESCENTS

DR YARIV DORON



WHY DOES ANXIETY EXIST?





The Amygdala is there to keep us alive.

It takes over to save our life.

And to act fast – it stops us from thinking

FIGHT





Stand your ground, defend your position, attack, dig in, persevere!

Give way, retreat, discard, remove yourself, give up, move on.



WHAT IS NORMAL?



NORMAL FEAR AND WORRY

Toddlers

- Fears of imaginary creatures
- Fears of darkness
- Normative separation anxiety

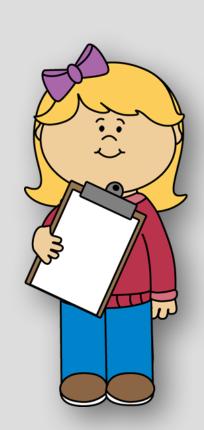


NORMAL FEAR AND WORRY

School-age Children

 Worries about injury and natural events (e.g., storms, lightening, earthquakes, volcanoes)

 Additional anxiety disorders in middle childhood are Separation Anxiety, Generalised Anxiety, and Specific Phobias



NORMAL FEAR AND WORRY

Adolescents

Fears related to school

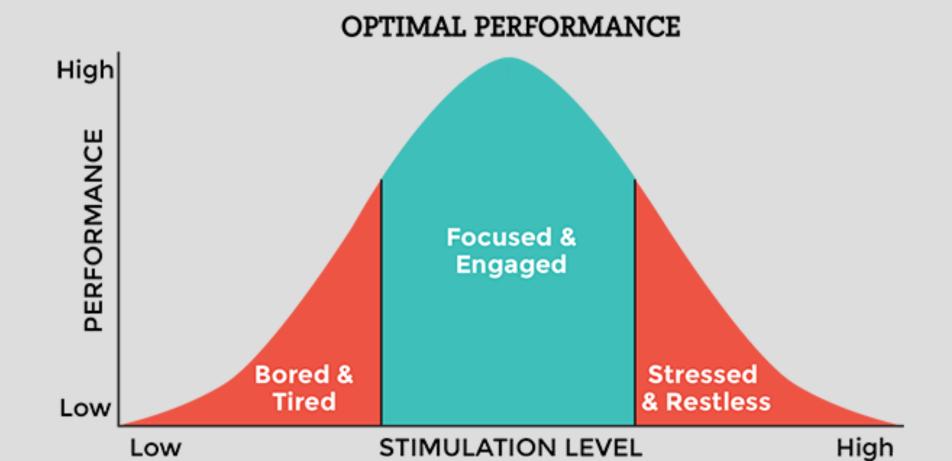
Fears related to social competence

Fears related to health issues



ANXIETY CAN HELP



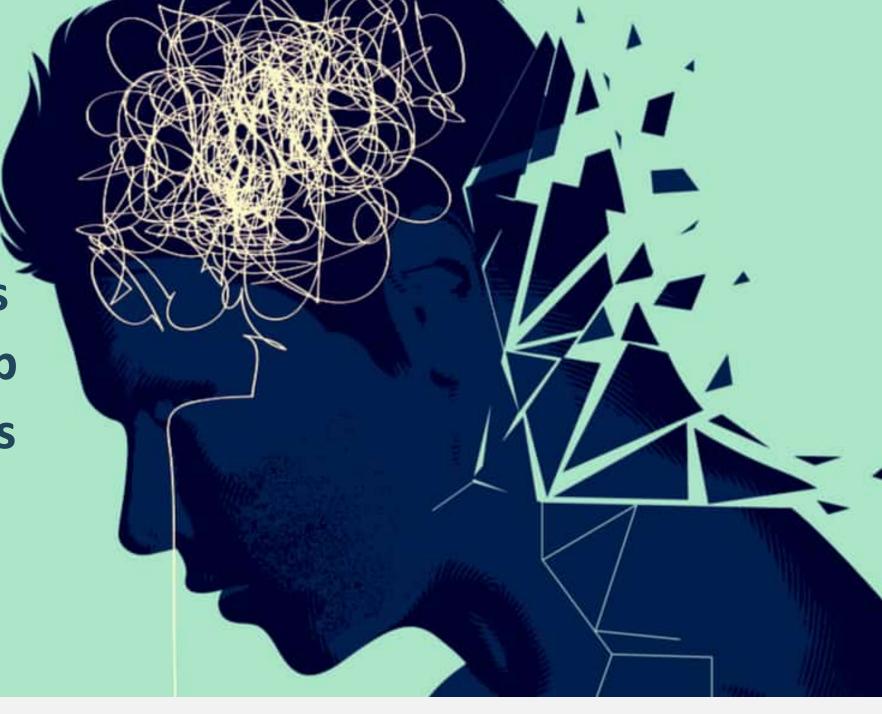


ANXIETY CAN HELP

- Motivation fear of negative consequences
- Preparation fear of the unknown / lack of control
- Protection keeps you on-guard when required
- Communication the need to convey your fear and seek for help

SOMETIMES IT BECOMES AN ISSUE

Anxiety requires professional help when it becomes something that interferes with normal life.



Generalized Anxiety

Anxiety

Excessive anxiety, more days than not, for at least 6 months

difficult to control the worry

Other symptoms:

Restlessness, Fatigue, Difficulty concentrating, Irritability, Muscle tension, Sleep disturbances

Exclude:

Behaviour:

The child finds it

Medical conditions, substance abuse, medications, other



















ANXIETY CAN MORPH INTO A UNIQUE DISORDER













GENERALISED ANXIETY



SELECTIVE MUTISM



PANIC DISORDER



AGORAPHOBIA



OCD



AND SOMETIMES IT IS MEDICAL

 Daily medications can make things worse.. Including: Contraceptives, Steroids, Ritalin

Thyroid dysfunction

Glandular Fever

Children

Major Depression Prevalence



2%

Ratio: 1:1

Anxiety Disorders



2-8%

Ratio: 1: 1

EFFECTS OF PUBERTY

Teens

Major Depression Prevalence



4-8%

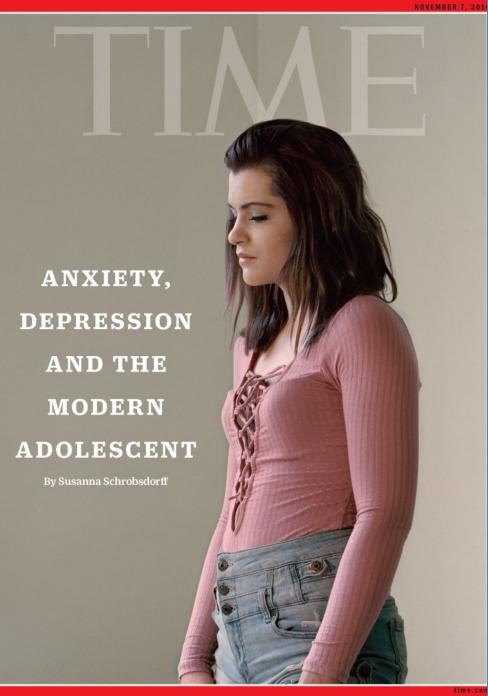
Ratio: 1: 2

Anxiety Disorders

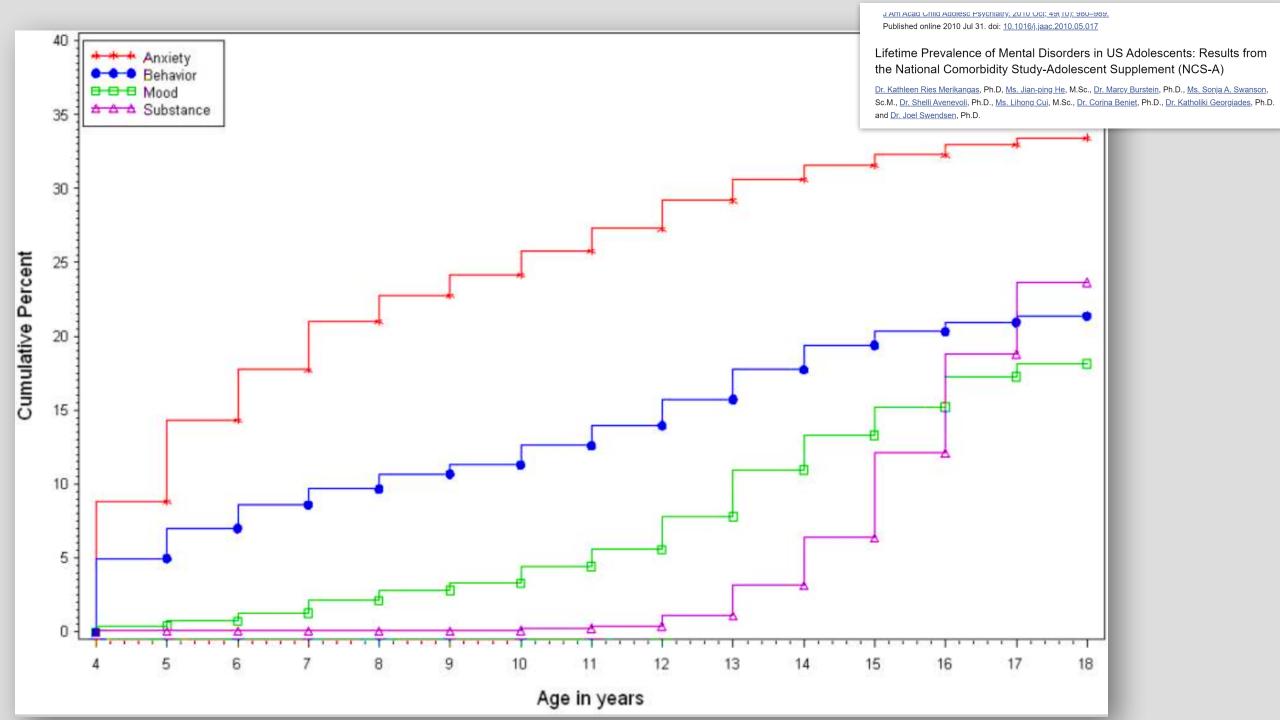


5-18%

Ratio: 1: 2-3



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RISK FORMULA





COGNITIVE DISTORTIONS

COGNITIVE DISTORTIONS, ACCORDING TO AARON BECK

- **1. All-or-Nothing Thinking**: Viewing situations in only two categories instead of on a continuum. For example, if you're not perfect, you see yourself as a total failure.
- 2. Over-generalisation: Taking one instance and generalising it to an overall pattern. For instance, failing one test and believing you are bad at studying in general.
- 3. Mental Filter: Focusing on a single negative detail and dwelling on it exclusively, thus colouring the whole reality.
- **4. Disqualifying the Positive**: Discounting the good things that have happened or that you have done for some reason or another.
- **5. Jumping to Conclusions**: Making a negative interpretation in two ways:
 - 1. **Mind Reading**: Assuming the thoughts and intentions of others.
 - 2. Fortune Telling: Anticipating things will turn out badly as a foregone conclusion.

COGNITIVE DISTORTIONS, ACCORDING TO AARON BECK

- **6. Catastrophising**: Exaggerating the importance of problems.
- 7. **Emotional Reasoning**: Believing that what you feel must be true automatically. If you feel stupid and boring, then you must be stupid and boring.
- 8. Should Statements: Using "should," "ought," or "must" statements can set up unrealistic expectations of yourself and others, leading to disappointment and frustration.
- 9. Labelling and Mislabelling: Applying a negative label to yourself or others based on one instance. This is an extreme form of overgeneralisation.
- **10. Personalisation**: Taking responsibility for something that wasn't entirely your fault, or conversely, blaming other people for something that was your responsibility.



SCHOOL REFUSAL

HOW COMMON IS IT

• Community studies suggest 8% of students will experience truancy or school refusal

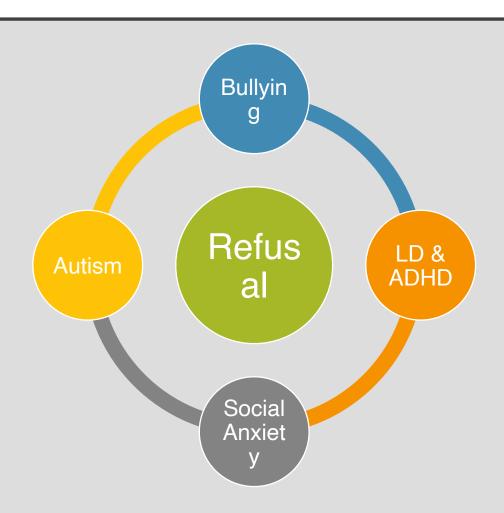
The most common age is 10-13



HOW COMMON IS IT

- Dropout rates are more common amongst:
 - Males
 - Ethnic minorities
 - Lower socio-economic status
 - Children with disabilities

POTENTIAL CONTRIBUTING FACTORS



WHY DOES IT HAPPEN

Anxiety

Rewards

- School provokes negative emotions (anxiety and depression)
- Avoid complex social situations
- Parental attention
- Fun stuff at home
- Avoidance as an addiction

CHAIN OF EVENTS

Physical

- I feel sick in the morning
- My head hurts

Cognitive

- I will be embarrassed
- I am going to vomit at school
- I don't want to go

Behavioural

- Tantrum
- Crying
- Defiance
- Running away
- Won't leave the car

CHAIN-BASED TREATMENT

Behavioural

- Gradual Exposure
- Part-time attendance
- Token Economy
- NHS (in severe cases)

Cognitive

- Realistic reassurance
- Identify
 Cognitive
 Distortion (during
 CBT therapy)

Physical

- Square breathing
- Relaxation technique

* Some of these interventions will be guided with a therapist



TIP #1

When your child is anxious – he will not be able to solve it by himself.

You need to problem-solve for him, for the time being.



csc(-x) - csc(x) $1^{-2}(x) + \cos^{-2}(x) =$ a-2 - x-2 / e-2 = 1

TIP #2

When children are anxious they will not be able to form new memories.

Help them to relax prior to studying for their exams/ NCEAs

TIP #3

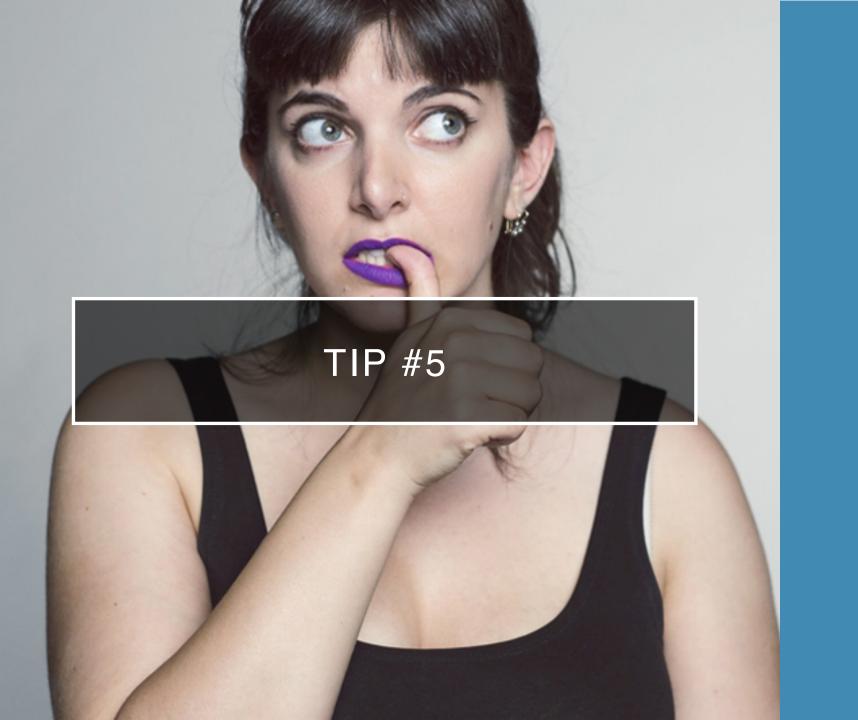
Remind your child that anxiety is normal





Validate

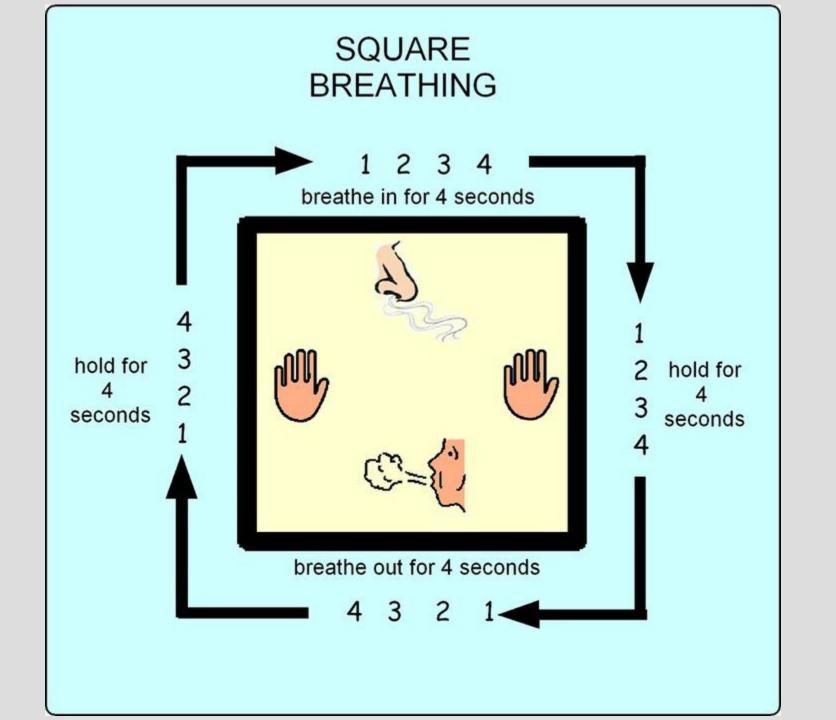
(It's Ok... I have been there myself too)



Calm yourself down.

Your kids will feed from your own anxiety





TO-DO LIST

- Coach through relaxation techniques:
 - Deep breathing
 - Mentalization

 (a peaceful memory)







MINDFULNESS

https://blissfulkids.com/mindfulness-and-the-hrain/

WHEN TO SEEK ADVICE



SEEK ADVICE WHEN...

- Your child's anxiety and avoidance cripple his/her life and developmental journey.
- School avoidance is increasing, and basic interventions do not help.
- Multiple weekly panic attacks
- Severe social/academic impairment

WHAT TO EXPECT

- Initial assessment
- Physical (Blood tests)
- CBT is likely to be suggested.
- Medications for Moderate-Severe

Mild

CBT = Meds only

5 years relapse is doubled with Meds-only

Moderate

Inconclusive.

Start CBT for 4-6 sessions, and add Meds if needed

Severe

CBT = Meds but far less effective if administered alone.



COMBINATION

WHEN CAMHS IS NOT AVAILABLE

Just a few examples...

Tui Ora Wellness Team

Primary Mental Health issues amongst teenagers.

Accepts from the age of 12.

Tui Ora also offers Youth Services for social and vocational support.

Private / TPC

Individual support and/ or parents support



Family Works

Therapy for all age groups, family therapy, 1:1, parental guidance.

Differential pricing.

Barnardo's

Vulnerable children and families. Intensive intervention and support

Tu Tama Wahine o Taranaki

Well Stop

Diagnosis and therapy for sexual victims and offenders

STAND

Focuses on the family dynamics and parental supervision

"Rule number one is, don't sweat the small stuff. Rule number two is, it's all small stuff."

Robert Eliot

THANK YOU