WHY ARE WE ANXIOUS?
FIGHT  or  Flight

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

Give way, retreat, discard, remove yourself, give up, move on.
WHY ARE WE ANXIOUS?

The Amygdala is like a guard dog of our brains - he asks 'Am I safe?'
FEAR AND ANXIETY

FEAR

Stress Response from Immediate Danger!

ANXIETY

What if the big bad fish comes out today???

Stress Response just from your Thoughts!

Both adaptive and essential for survival.
IT IS NOT ALL PATHOLOGICAL
ANXIETY CAN ALSO BE USEFUL

- Optimal arousal
- Optimal performance
- Impaired performance because of strong anxiety

Graph showing performance vs. arousal:
- Increasing attention and interest
- Strong
- Weak
- Low
- High

Man with arms raised in the background.
WHAT IS NORMAL?

• ~40% of children have 7 or more fears that they find troubling

• ~30% of children worry about their competence and require considerable reassurance

• ~20% of grade school children are fearful of heights, are shy in new situations, or are anxious about public speaking and social acceptance

• Most of these worries and stresses are outgrown as children mature and develop
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, GAD, and Specific Phobias
NORMAL FEAR AND WORRY

School Age Children (continued)

• In general, girls tend to endorse more anxiety symptoms than boys

• Younger children are more likely to experience anxiety symptoms than older children
NORMAL FEAR AND WORRY

Adolescents

• Fears related to school
• Fears related to social competence
• Fears related to health issues
SOMETIMES IT BECOMES AN ISSUE
DISTINGUISHING NORMAL FROM PATHOLOGICAL

**Intensity:**
Is the degree of distress unrealistic given the child’s developmental stage and the object/event?

**Impairment:**
Does the distress interfere with the child’s daily life? (Social, Academic, Family)

**Ability to Recover**
Is the child able to recover from distress when the event is not present?
Affective Disorders

**Children**
- Major Depression Prevalence: 2%
- Ratio: 1:1

- Anxiety Disorders: 2-8%
- Ratio: 1:1

**Teens**
- Major Depression Prevalence: 4-8%
- Ratio: 1:2

- Anxiety Disorders: 5-18%
- Ratio: 1:2-3
RISK FORMULA
TYPES OF ANXIETY

GENERALISED ANXIETY
SEPARATION ANXIETY
SPECIFIC PHOBIA
SOCIAL PHOBIA
PANIC DISORDER
AGORAPHOBIA
OCD
SELECTIVE MUTISM
COMORBID CONDITIONS

- Co-morbid Depression: 30%
- Substance abuse: 40%
- Another anxiety disorder: 50%

Genetic predisposition is common.
What are the most common psychiatric disorders in childhood?

- **Anxiety Disorders**: 31.9% with severe impairment (8.3%)
- **ADHD and Disruptive Behavior**: 19.6% (9.6%)
- **Depression and Bipolar Disorders**: 14.3% (11.2%)
- **Eating Disorders**: 2.7%

These estimates are based on diagnostic interviews done by professionals with a large, representative sample of young people ages 13–18.6
SIGNS AND SYMPTOMS
Generalized Anxiety

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

**Other symptoms:**
Restlessness, Fatigue, Difficulty concentrating, Irritability, Muscle tension, Sleep disturbances

**Behaviour:**
The child finds it difficult to control the worry

**Exclude:**
Medical conditions, substance abuse, medications, other psychiatric illness
How Anxiety Effects the Body

**Head area:**
- Headaches, dizziness, sleep disturbance, nightmares and hair pulling

**Mouth area:**
- Inside cheek biting, nail biting and red chapped lips

**Throat area:**
- Difficulty swallowing, dry mouth and constant coughing

**Chest area:**
- Difficulty breathing, chest pain and heart palpitations

**Stomach area:**
- Nausea, vomiting, diarrhea, constipation and cramping

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*This is for informational purposes only. Please seek the advice and care of a medical professional if your child is having any of these symptoms.*

**Source:** [www.anxiotystoddlers.com/childs-worries-sick](http://www.anxiotystoddlers.com/childs-worries-sick)
SIGNS AND SYMPTOMS

- Their heart beating faster, breathing quickening, butterflies in their stomach, feeling sick, being unable to think clearly and sweating
- They may try and avoid doing things or going to certain places as they feel unsafe
- They may lie awake at night worrying
- They may start wetting the bed or having bad dreams
- They may become more irritable, tearful or clingy
MEDICAL CONDITIONS AND TRIGGERS FOR ANXIETY

- Cancer, hypothyroidism, lupus erythematosus, acquired immunodeficiency syndrome, anemia, diabetes, epilepsy, EBV, deficiencies in B12 or Folate
- Medication induced symptoms: stimulants, neuroleptics, corticosteroids, contraceptives
WHY MORE AMONGST THE GIFTED?
The brain of the gifted kids experience stressful events more vividly than others.

A more vivid experience means the memory of those events will be more vivid.

And, of course, gifted kids’ impressive memories mean that they’ll remember the event for longer than we’d expect.
Their own brains transform a bad experience into something far worse, and then connect it to other situations. 

Add in gifted kids’ powerful imaginations and their ability to connect the seemingly unconnected, and you have some insight into how gifted students become intense worriers. 

Later recollections are often unusually intense.

Dr Dan Peters - https://www.byrdseed.com/high-anxiety/
CLINICAL COURSE
Median age: 13.4 years; 1514 participants

The natural course of anxiety in children and adolescents (2017)
TREATMENT
Resilience is important for emotional wellbeing. Correlates of resilience in young people include:

- Effective caregiving and parenting
- Effective teachers and schools
- Positive friends or romantic partners
- Positive relationships with caring adults
- Beliefs that life has meaning
- Faith, hope, spirituality
- Achievement motivation
- Perceived efficacy and control
- Self-regulation skills
- Intelligence and problem-solving skills
THE SIX DOMAINS OF RESILIENCE

VISION
- Purpose, goals & congruence

COLLABORATION
- Support networks
- Social Context
- Manage perceptions

COMPOUSURE
- Regulate Emotions
- Interpretation bias
- Calm and in control

REASONING
- Problem solving
- Resourcefulness
- Anticipate & plan

TENACITY
- Persistence
- Realistic optimism
- Bounce back

HEALTH
- Nutrition, sleep & exercise
APPS

HEADSPACE - meditation
APPS

YOUPER – AI chat

DAYLIO – mood tracker
COGNITIVE BEHAVIOURAL THERAPY (CBT)
ACCEPTANCE AND COMMITMENT THERAPY (ACT)

Acceptance
Be willing to experience difficult thoughts

Defusion
Observe your thoughts without being ruled by them

Being Present
Focus on the here and now

Values
Discover what is truly important to you

Commitment
Take action to pursue the important things in your life

Self as Context
See yourself as unchanged by time and experience
MINDFULNESS

- Breathe
- Cloud Gazing
- Exercise
- Spend time with nature
- Walk barefoot
- Open mind
- Relax
- Relax
- Relax
- Guided meditation
- Plant
- Cook
- Take the dog for a walk
- Take a bath
- Chat with friends
- Listen
MEDICATIONS
Serotonin

Depression

Anxiety

Panic attacks / OCD

Worse...

Aggression ++
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.

**Family Works**
Therapy for all age groups, family therapy, 1:1, parental guidance.
Differential pricing.

**Private / TPC**
Individual support and/or parents support

**Tu Tama Wahine o Taranaki**
Primary level support. Walk in club. Anger management. Self esteem issues. Family support.
Serves South Taranaki

**Barnardo’s**
Vulnerable children and families. Intensive intervention and support

**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