

TARANAKI DISTRICT HEALTH BOARD

ANXIETY AND RESILIENCE IN THE GIFTED CHILD

DR YARIV DORON

2019



WHY ARE WE ANXIOUS?



<https://www.priorygroup.com/young-peoples-services/how-to-explain-anxiety-to-your-child>

FIGHT



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

or

Flight



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

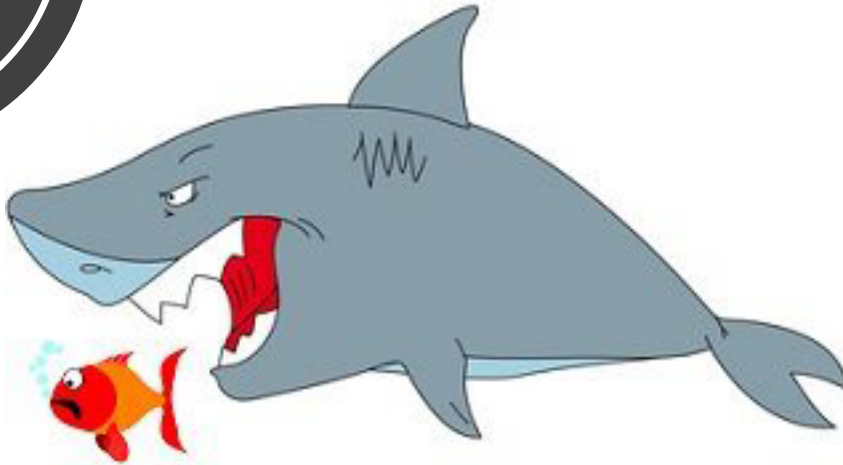
WHY ARE WE ANXIOUS?

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



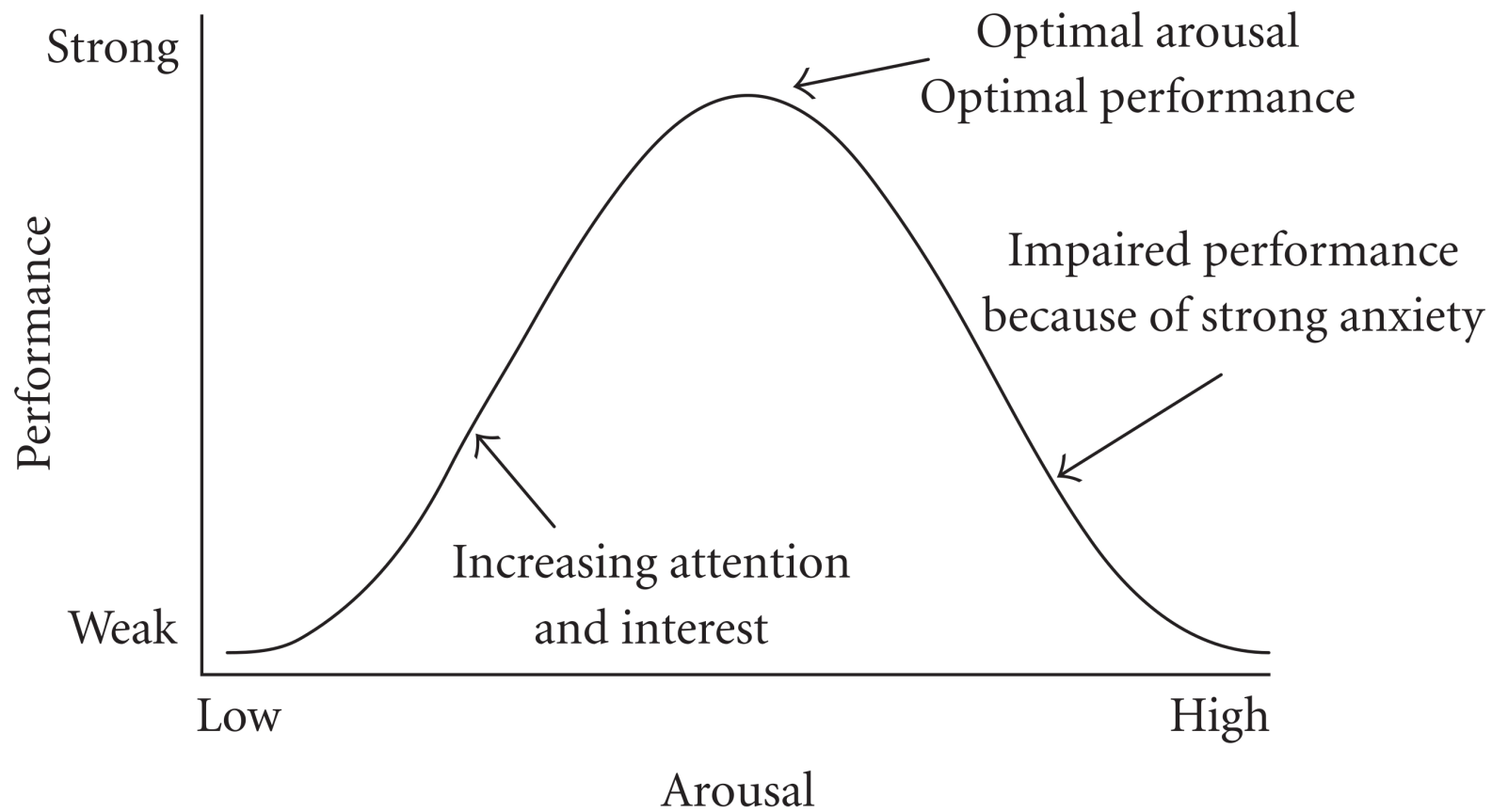
**Stress Response just
from your Thoughts!**

Both adaptive and essential for survival.



<https://www.priorygroup.com/young-peoples-services/how-to-explain-anxiety-to-your-child>

IT IS NOT ALL PATHOLOGICAL



ANXIETY CAN
ALSO BE USEFUL



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)

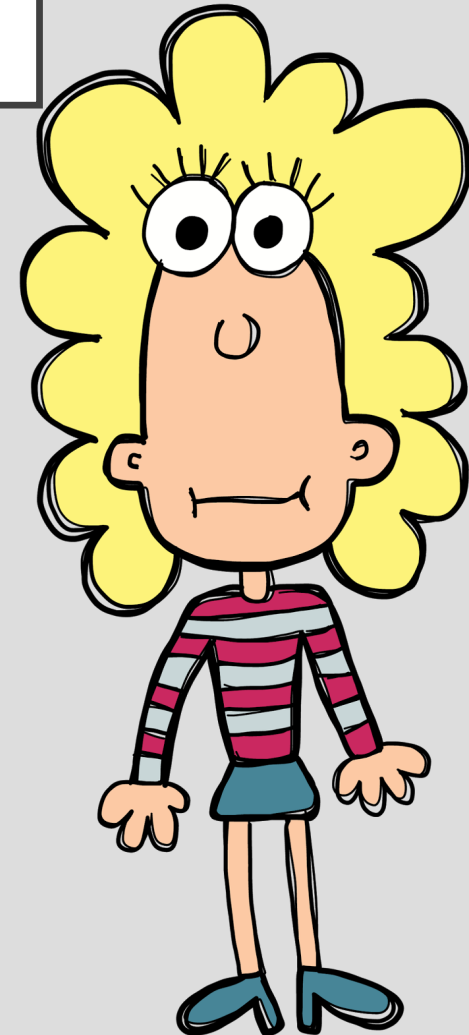
- In general, girls tend to endorse more anxiety symptoms than boys
- Younger children are more likely to experience anxiety symptoms than older children



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)

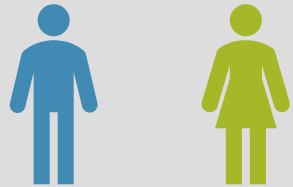


Ability to Recover

Is the child able to recover from distress when the event is not present?

Children

Major Depression Prevalence



2%

Ratio: 1:1

Anxiety Disorders



2-8%

Ratio: 1:1

Affective Disorders

Teens

Major Depression Prevalence



4-8%

Ratio: 1:2

Anxiety Disorders



5-18%

Ratio: 1:2-3

RISK FORMULA



TYPES OF ANXIETY



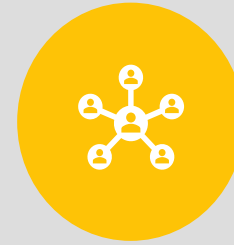
**GENERALISED
ANXIETY**



**SEPARATION
ANXIETY**



SPECIFIC PHOBIA



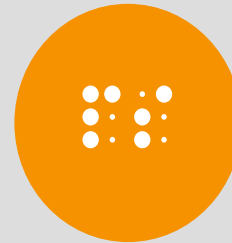
SOCIAL PHOBIA



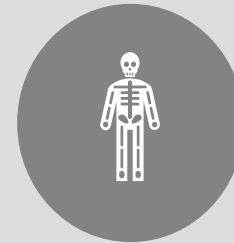
PANIC DISORDER



AGORAPHOBIA

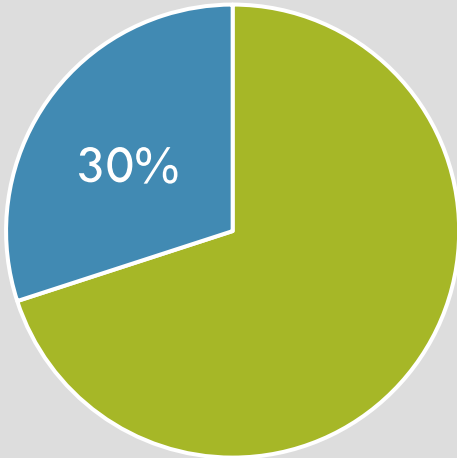


OCD

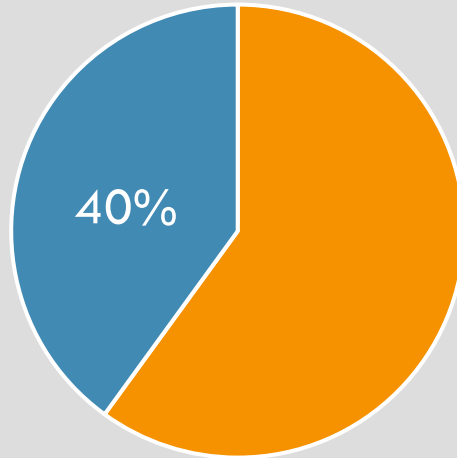


SELECTIVE MUTISM

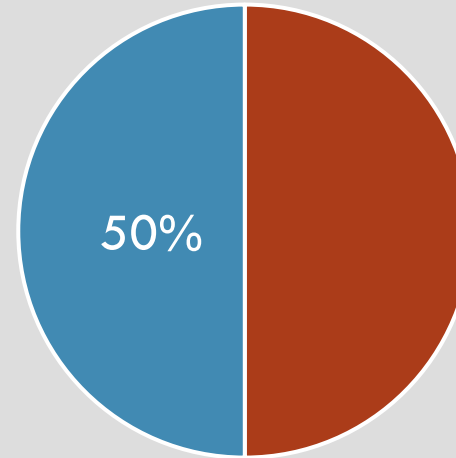
COMORBID CONDITIONS



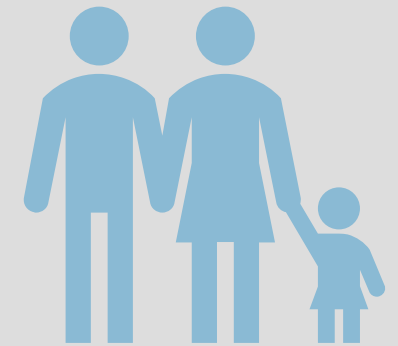
**Co-morbid
Depression**



**Substance
abuse**

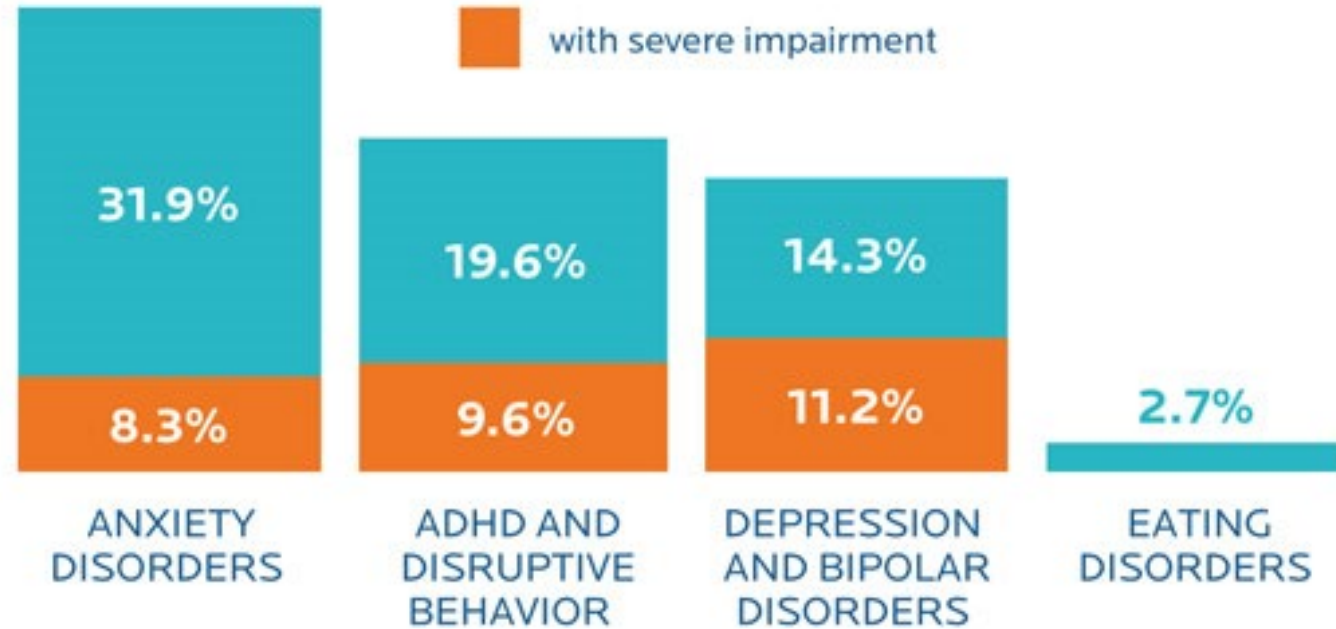


**Another
anxiety
disorder**



**Genetic
predisposition is
common**

What are the most common psychiatric disorders in childhood?



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

NOVEMBER 7, 2016

TIME

**ANXIETY,
DEPRESSION
AND THE
MODERN
ADOLESCENT**

By Susanna Schrobsdorff



time.com

NOV 7, 2016
VOL 188, NO 19

SIGNS AND SYMPTOMS

Generalized Anxiety

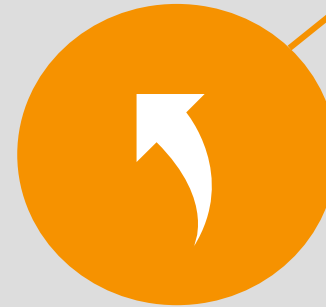
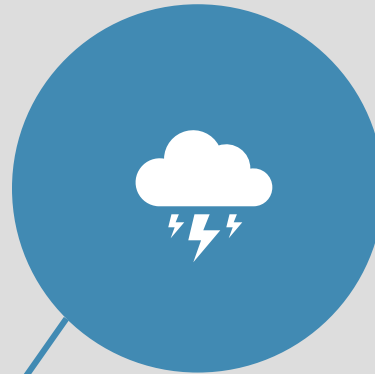
Anxiety

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



Other symptoms:

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



Behaviour:

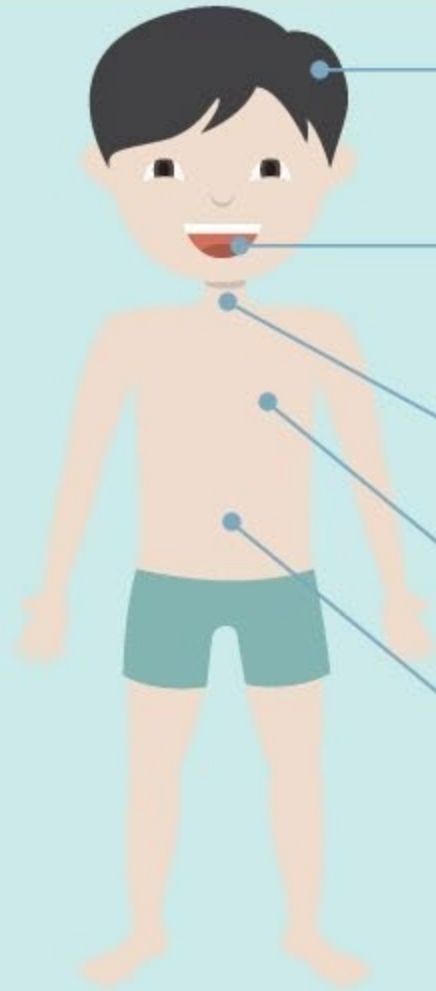
The child finds it difficult to control the worry



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

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.

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?

A MORE
SENSITIVE
BRAIN..

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.

GIFTED JOURNEY

Later recollections are often unusually intense



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.



Their own brains transform a bad experience into something far worse, and then connect it to other situations

CLINICAL COURSE

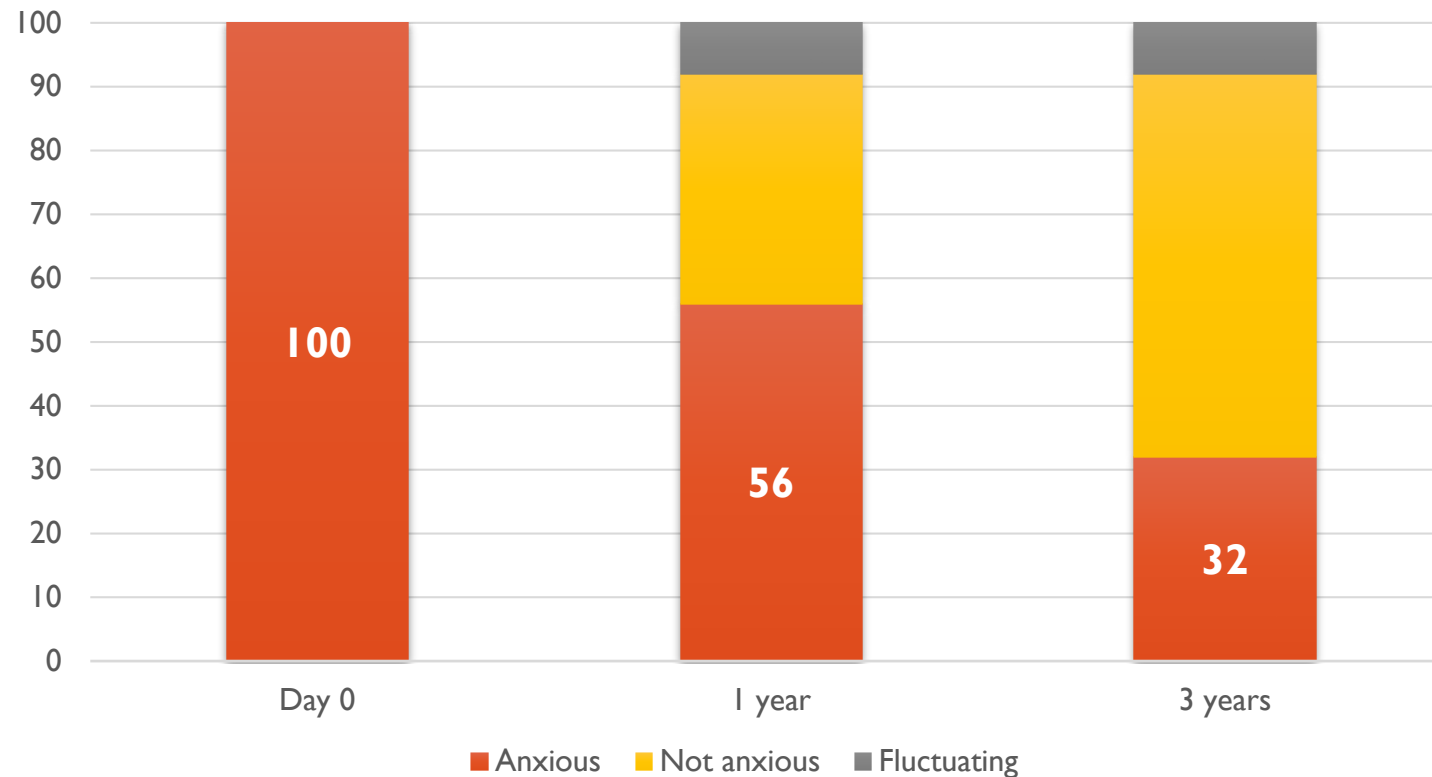
The natural course of anxiety symptoms in early adolescence: factors related to persistence

Núria Voltas , Carmen Hernández-Martínez , Victoria Arijá  & Josefa Canals  

Pages 671-686 | Received 12 Jan 2016, Accepted 10 May 2017, Published online: 05 Jul 2017

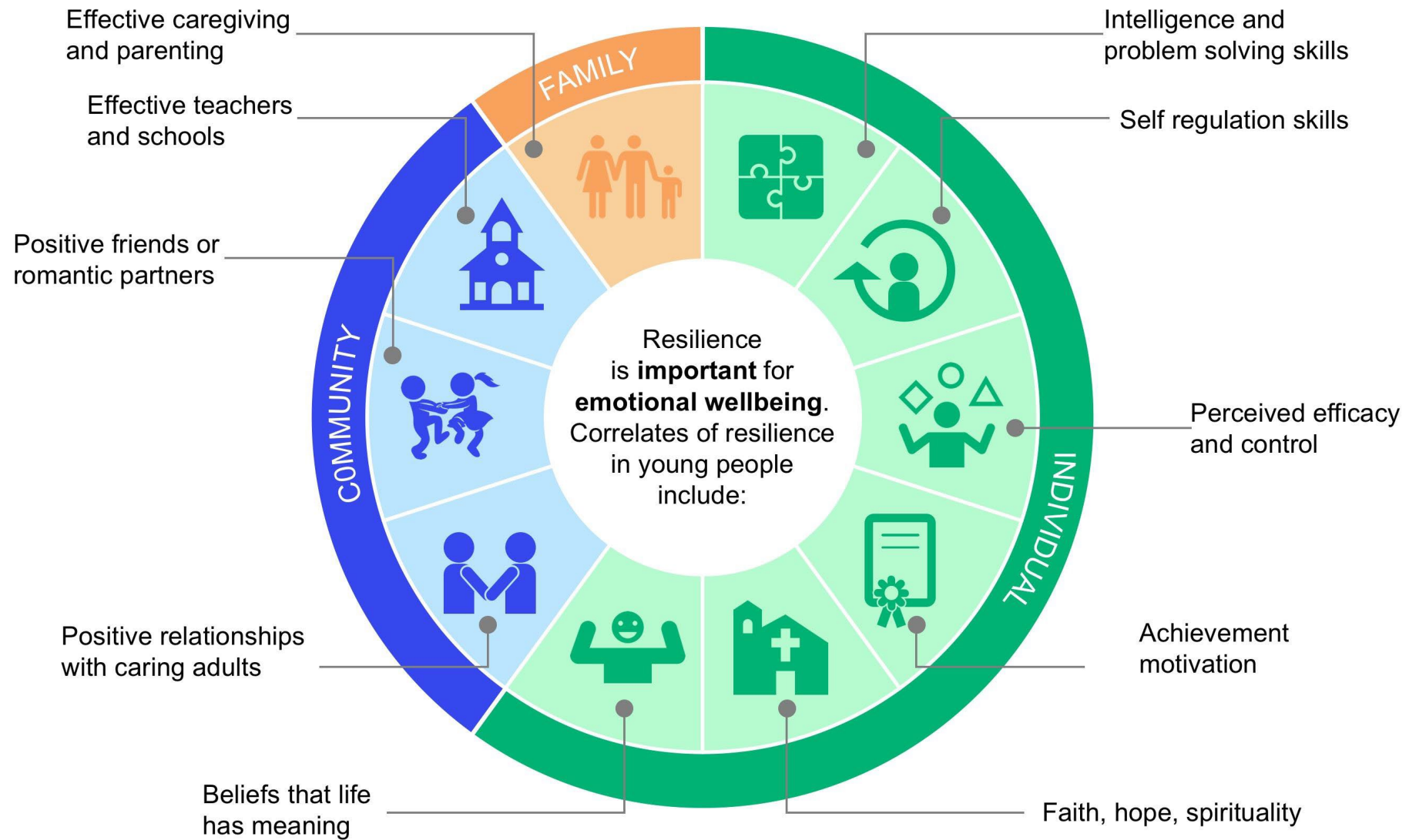
Median age: 13.4 years; 1514 participants

The natural course of anxiety in children and adolescents (2017)





TREATMENT



VISION

- Purpose, goals & congruence

COMPOSURE

- Regulate Emotions
- Interpretation bias
- Calm and in control

THE SIX DOMAINS OF RESILIENCE

REASONING

- Problem solving
- Resourcefulness
- Anticipate & plan

HEALTH

- Nutrition, sleep & exercise

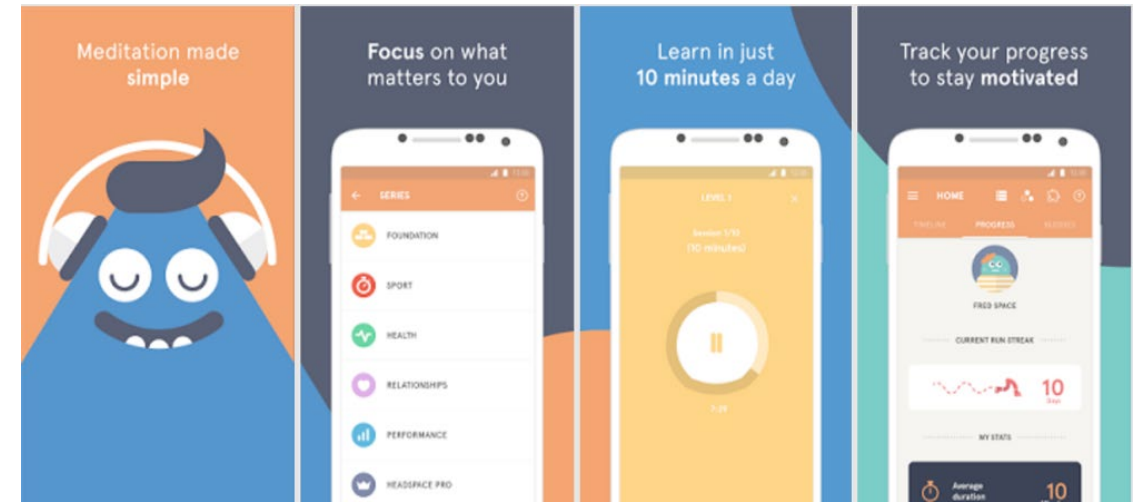
COLLABORATION

- Support networks
- Social Context
- Manage perceptions

TENACITY

- Persistence
- Realistic optimism
- Bounce back

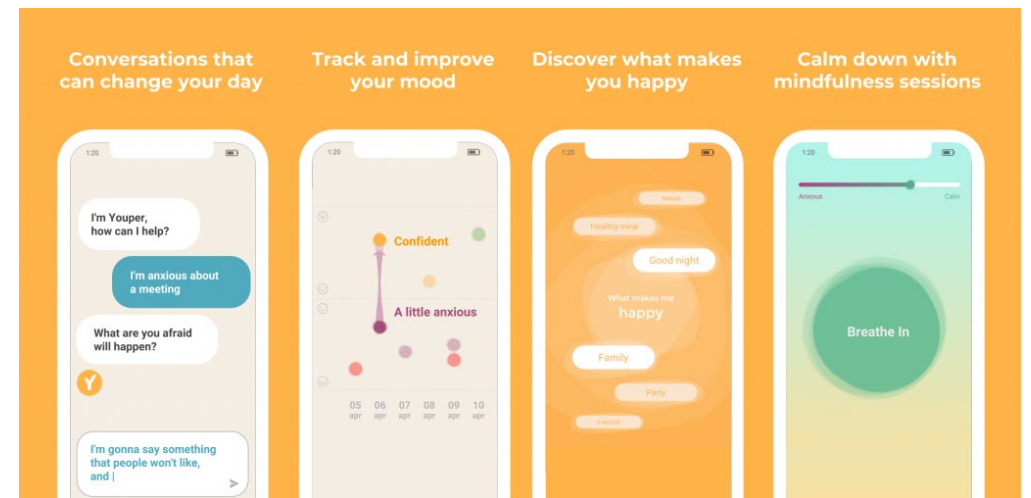
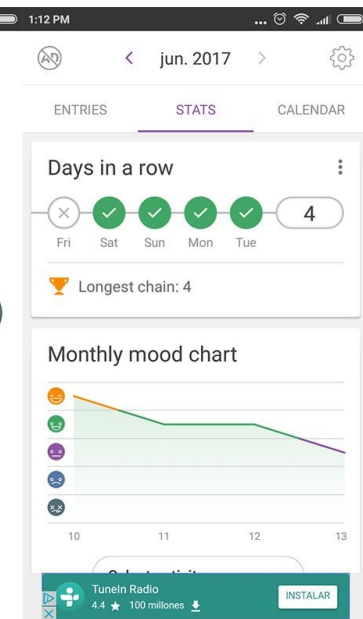
APPS



**HEADSPACE -
meditation**

APPS

DAYLIO – mood tracker

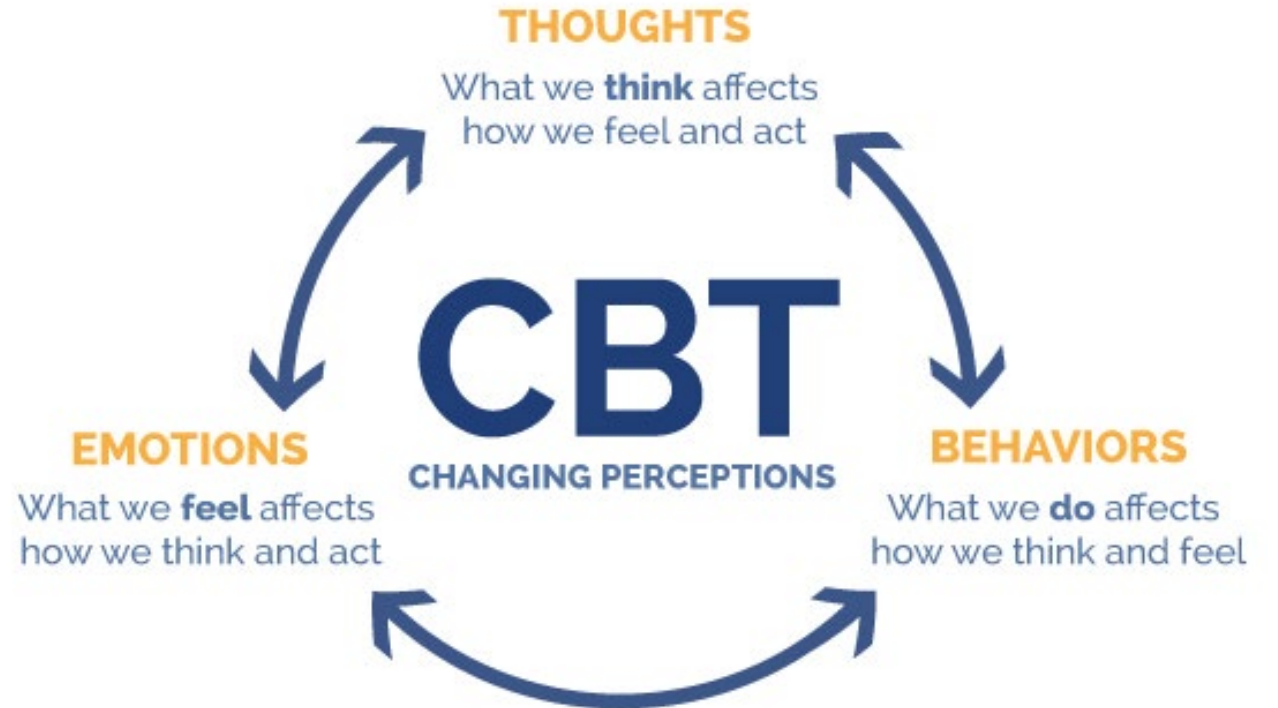


YOUPER – AI chat



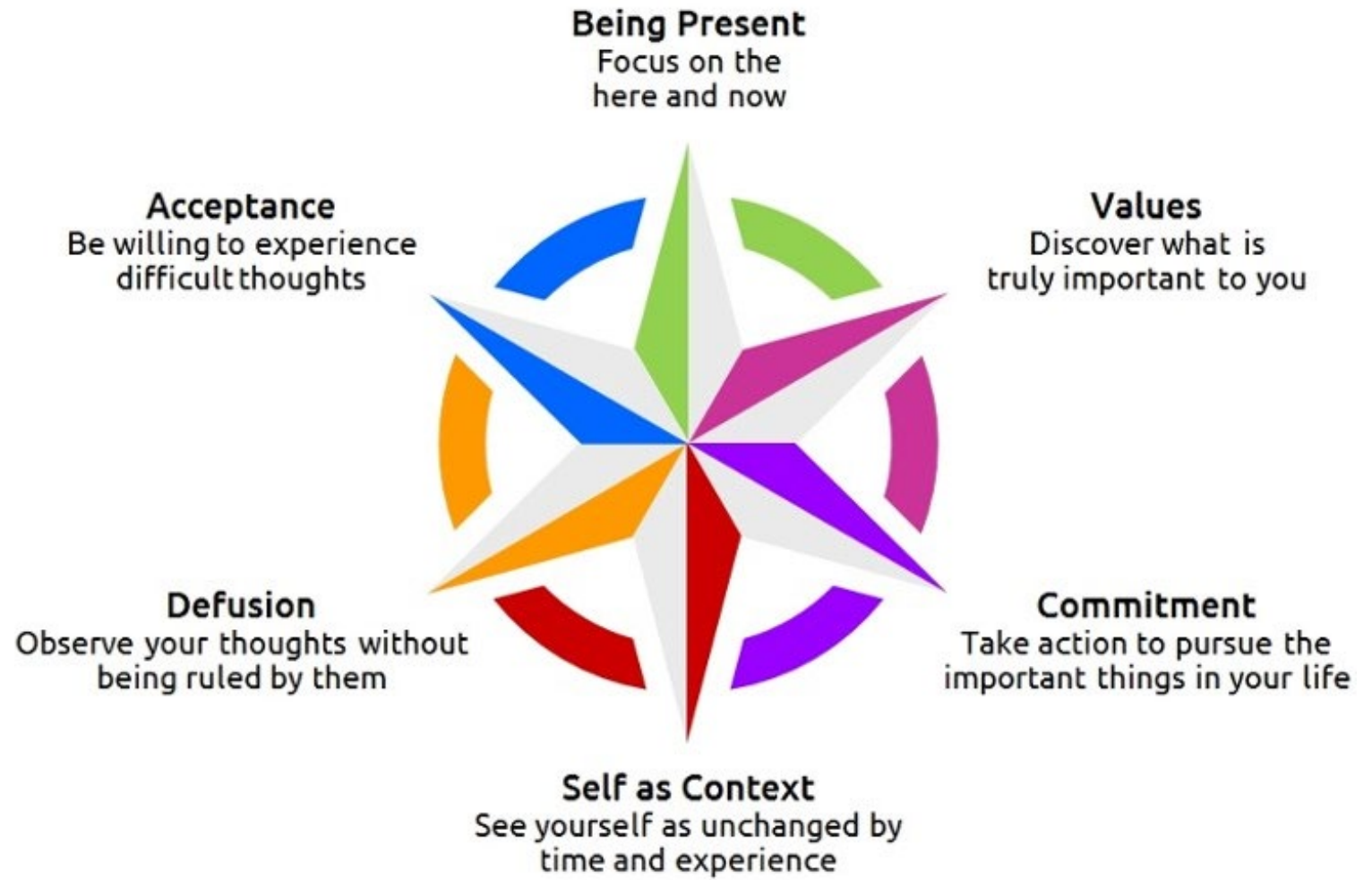
COGNITIVE BEHAVIOURAL THERAPY

(CBT)





ACCEPTANCE AND COMMITMENT THERAPY (ACT)



MINDFULNESS

RELAX
RELAX
RELAX

Breathe

CLOUD GAZING

Exercise

Spend time with nature

Walk BAREFOOT

Open mind

FORGIVE
FORGIVE
FORGIVE

guided
meditation

Plant

Cook

Take things for a

Take a bath

eat with friends

< Listen >



MEDICATIONS

Serotonin



Aggression ++



Depression

Anxiety

**Panic attacks /
OCD**

Worse...



Mild

CBT = Meds
only 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

Tu Tama Wahine o Taranaki

Primary level support. Walk in club. Anger management. Self esteem issues. Family support. Serves South Taranaki

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

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

The bottom of the slide features two large, overlapping geometric shapes. On the left is a yellow triangle pointing towards the right. On the right is a teal triangle pointing towards the left. They overlap in the center, creating a white space that frames the 'THANK YOU' text.