10 Proven and Effective Interventions for Managing Anxiety in Children and Adolescents

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#### **Brain Structures**

- Developing Frontal Cortex (PFC) Executive Functions - analysis, decisions, intention (CBT methods) - Needs to get connected, disrupted in early adolescence
- Anterior Cingulate Cortex (ACC) Rumination, cooperation. Functioning well, contributes to problem solving, making effective transitions
- Children especially can get "stuck" on anxiety and appear oppositional

Dopamine and Reward = Motivation
In the basal ganglia, dopamine works in the reward pathway to produce sense of pleasure
Cortical intention (glutamate) + DA = Motivation

Cortical intention (glutamate) + DA = Motivation What we do well, when we receive praise, when we interact with joy, when we ingest substances that please, DA flows

Insufficient receptors for DA = low pleasure response = low motivation for social experience

Texts, new media, games = DA every time = addictive

Dopamine and Co	ues/Triggers
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- In the Prefrontal Cortex: Attention and Focus
- Psychological Trauma: Physical and Psychological pain = flood of DA
- Riveted attention on details that the amygdala will remember and even when those details not assigned importance in conscious recall, the amygdala will recognize them as cues for danger and triggers reactions

## Basal Ganglia – Reward and Social Interaction

A ganglion is a clump of neurons. The basal ganglia are interconnected ganglia that have several important functions as relate to anxiety.

- Most importantly, reward pathway: the nucleus accumbens (ganglion) receiving dopamine (DA) is essential to creating sense of reward, resulting in motivation]
- May have too few receptors for DA low levels of intrinsic motivation for social interaction
- Adolescents low in resting state, high in anticipation of reward results in more risk taking in social situations

# Amygdala: Risk Appraisal

Amygdala – risk appraisal, immediate responses Amygdala registers safe - not safe and how urgent safety issue may be (valence and salience) Does so without words or thinking and stimulates sympathetic arousal faster than thinking can occur May be enlarged in social anxious children Learns threat signals fast, unlearns deliberately Adolescents respond to neutral faces as hostile

Repetition	and	<b>Imagi</b> i	nation

- When panic events and social phobia fears that are repetitively imagined or worried about the pathways are strengthened, sensitizing the responses to cues – objective or perceived
- Brain activity reflects what is imagined, increasing possibility of occurrence—positive or negative

## The Purpose of Worry

- Anxiety is a natural response to ambiguity (when we do not know what is happening, what will happen, or when we do not know how to respond.)
- People feel sensations of anxiety before thinking about a problem:
- Worry or 'what-if' thinking is maladaptive effort to resolve it
- Real problems have real solutions. Anxiety sufferers usual handle those

# #1 Clear the Mind (Contain the Worry)

- · Teaches healthy defense of suppression
- Prepares for sleep Try GoZen for kids
- Transitions between school and home
- Prepare for activity that requires focus: writing, tests, homework or social events
- Be creative! Concrete tools work well: lists, God-Box, worry box for families, worry tree, worry backpack for kids, etc.

Stress Management	
Manage Time and Attitude	
Obviously utilize calendars and reminders – electronics can be helpful!!     Attitude about degree of control:     Is control possible?	
<ul> <li>How about influence vs. control?</li> <li>Is this a situation where no control is possible – can the person let</li> </ul>	
go?  • Social anxiety creates persistent stress. Utilize Albert Ellis = "I must do well and	
win the approval of others or else I am no good" to assess how this is evident in social anxiety and correct thinking/acting on this	
#2 Relaxation and Rest	
Nasal Breathing and Creativity Break – Nitric Oxide Yoga, martial arts	
Rest: Default Mode Network: "Sit and stare time" creates insight, empathy, creative problem solving (PFC connects to all structures.) This is not meditation.	
(PFC connects to all structures.) This is not meditation.	

# #3 Breathe

Diaphragmatic Breathing works if you do it. How? Stimulates the vagus nerve to initiate parasympathetic activity to slow heart, lower BP Teach the longer exhale = Decrease CO2 Use technology or apps like Breathe2relax, MyCalmBeat, Relaxlite Breathing also minimizes anxious arousal for crisis management, in social settings or in vivo exposures

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Fear and Escape  Social anxiety and panic: conditions of fear (fear of fear,	
fear of humiliation) Fear prompts escape attempts Anticipation of fear leads to 'pre-escape', i.e., avoidance behaviors	
Avoidance can be mental (e.g., avoid hearing or reading fear triggers) Panic can lead to social avoidance (like agoraphobia) or	
to specific avoidance	
Identify Panic Cues	
Triggers or cues for Panic Attacks:  Spontaneous Kindling – leads to cue creation  Memories – Learned & remembered fear	
Un-Remembered Trauma Cues Panic Diary — use 5 senses memory Go backward to the moment before panic when you	
felt good Scan forward one thought, bodily sensation, event at a time and scan the 5 senses	
time and scan the 5 senses	
	1
#4 Prevent = Predict, Prepare, Plan	
Predict when panic may occur to be ready to succeed without panic	
Prepare to be there without scare = what will help to prevent the event	
Preparation includes a specific plan for if it goes wrong, e.g., "What if I panic?" "What if I can't remember what to do?" "What if I really turn all red?"	
remember what to do?" "What if I really turn all red?" "What if my voice shakes?" "What if my mind goes blank?"	
MIGHIN	

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#6: Mindfulness	
Being in the moment (observe-describe) is the	
antithesis of anxiety.  Awareness of here and now without	
judgment/assumptions helps anxiety. You choose what you pay attention to.	
Try grounding with 5-4-3-2-1 (See, touch, hear, smell, taste)	
Effectively: Minimizes importance of sensations	
Young Clients and TMA (Too Much Activity)	_
Over-scheduled children may not learn to calm selves	
<ul> <li>TMA teens direct the show – encourage activities in which they have no responsibilities and may have fun</li> </ul>	_
<ul><li>Pathology may drive TMA. Interview to discern:</li><li>OCD</li></ul>	_
Abuse (Family secret that keeps them vigilant, over- active)      the high activity to compose to for comparison with	
<ul> <li>Is the high activity to compensate for comparison with peers</li> </ul>	
#7 Managing High Drive and Perfectionistic Children and Adolescents	
TMA's (too much activity)	
Children who are academically gifted may struggle withthe difference between good enough and perfect. (Often without a sense of what effort is) Avoid saying to them "do	
your best" rather focus on what appropriate effort is  Can I envision another possible method of accomplishing my	
goal? ('Plan A' requires having 'Plan B')	

Is Procrast	ination a Me	ans to				
Limit Perfe						
	adolescents:	to fuel energy for				
comple	tion?					
	y "Work better i y always meet t	under pressure?" he deadline?				
2. Pay attent	tion to outcome	es so vou learn to				
conseque	ntial from incor	om urgency and assequential.				
Identify Differ	ence Between Urs	gent and Important –	see Focus			
Matrix or Eise	nhower.me	Serie arra irriper tarre	555 / 5545			
	Important	Not				
		Important				
Urgent						
Not Urgent						
Progractin	ation: Inabilit	cy to Be Perfect				
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increases b	eing judgmenta	al of others		<del></del>	 	 
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• Bring to Conscious Awareness, check origin of beliefs and change self-talk

Relaxation for TMA	
Physical activity is desirable relaxation –	
movement can release tension and create mental relaxation as well via fun and change of	
focus. High activity is okay if the outcome is relaxation	
(not competition)  Get them in touch with social permission to relax	
Apps: Spire, Calm	
# 8 – Cognitive Control	
Anxiety precedes worry: Change the Channel! First: Do I ever need this thought again? Then, plan for where	
the mind should go away from the worry  Thought Stopping – Replacing: Intentional and consistent:	
<ul> <li>Sing</li> <li>Physical change or movement: "Move a muscle, move your</li> </ul>	
mind!"	
<ul> <li>Engage teachers and parents – make a "Kid Grid"</li> <li>Consider a sensory shift- promote mental shift</li> </ul>	
# 9 Motivation - FOMO, and The Terror of	
Failing and Social Anxiety	
<ul> <li>With social anxiety: motivations for significance</li> <li>FOMO (fear of missing out) and negative self comparison –</li> </ul>	
Can lead to finding motivation that will help them face social anxiety	
<ul> <li>Less time in face-to-face experiences decreases belief in competence – make sure they have skills!</li> </ul>	
<ul> <li>Need Support and skill development for terror of trying/failing – genuine risks of humiliation new to this</li> </ul>	
generation of being captured on recordings	

Change Clients' Beliefs	Change	Clients'	Beliefs
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A person must rationally decide to change a belief - most people realize immediately inner language is extreme and recognize beliefs as *true or false*.

Children can be taught that what they say to themselves might be untrue or exaggerated:

- 1 Shrink it down to size
- 2 Identify 'worry brain' vs. the 'smart brain'
- 3 Ask them to answer themselves this is where Ellis' work comes in with "What is the Evidence???"
- 4 Change belief, "If I think it, it must be true"

# Create New Self-Talk: Change the Script

Find counter cognitions and apply them *consistently* to thoughts that undermine. Identify: Goals, actions, or intentions (e.g. "I intend to try out for soccer.")
Then write:

My first thought about this
The opposite of my first thought
Counter cognition *must be believable* and only contain
positive language – i.e., avoid 'no' 'never' 'not'
Use it whenever the negative thought occurs

## Find and Change Cognitive Errors

Find and consistently change cognitive errors common to social anxiety, most of which fall into categories of over-estimation of likely rejection or failure under-estimation of ability /competence

Absolutist thinking is connected to anxiety and depression.

The view of the future stops at the moment of humiliation – see past the mistake

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#10 Real Life Practice	
Ready for Exposure and Success  Make a plan (accurate anticipation) with small steps	
that will increase in duration or complexity.  Clarify the Motivation: What are the intrinsic rewards of doing some of the feared social experiences?  Motivation increases when reward is clear and desirable	
What kind of social group connection is there? What small part is already manageable?	
	•
Teach Small Social Skills	
Turn off phone for stretches of time – all ages addicted and using it as primary avoidance technique Shift the focus to others by asking questions: Learn to	
ask someone how they are doing and wait for the answer and offer sympathetic or enthused response Have water to sip, especially for anxious dry mouth	
, , , ,	
Preparation for Social Exposure	
Teach social manners like handshake, eye contact, posture, etc.  Remember physiology: Use the bathroom before an exposure!  And don't eat a big meal!	
Plan escapes that are not humiliating Validate a success: strengthens brain  — 3 things that went right and what you did to make them work - raises motivation for next exposure!	
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Summing Up the "3 C's of Successful Exposure"
Have you created correct anticipation of the event?
Can you remain calm? (confidence helps)
Are the skills acquired?
Exposure must increase in duration (like going to
school, going to a party) OR Increase in complexity (business-social experiences, speeches)
(business social experiences, speeches)

Ending with a SUCCESS is necessary - End each event and day with *pro-social reciprocity* 

For Jack Hirose 2020

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#### Resources

Options for excellent information obtainable over the Internet abound. They also change frequently; new resources are added at a remarkable pace. Therefore, the lists here are subject to change, but at least they are a place to start:

#### APPS FOR MOBILE DEVICES •

The Anxiety Depression Association of America (www.adaa.org) provides a review of new mobile apps that you might find helpful.

• An excellent resource from Northwestern University is IntelliCare—a review of mental health apps for all conditions. Their website (https://intellicare.cbits. northwestern.edu/) Here are some apps I like that have been around a while.

Breathing: • Breathe2Relax • MyCalmBeat • Relax Lite

Worry: Stop, Breathe & Think, • MindShift • SamApp • Breathing Bubbles

Meditation: • Calm • Headspace • Simply Being

Sleep: • CBT- i Coach

WEBSITES Several helpful websites contain mental health resources, including those of the major universities and treatment facilities where research and training occur.

National Websites Related to Mental Health:

• Anxiety and Depression Association of America: www.adaa.org

- American Psychiatric Association: www.psychiatry.org
- American Psychological Association: www.apa.org www.Commonsensemedia.org
- National Library of Medicine: www.medlineplus.gov
- National Alliance for the Mentally Ill: www.nami.org
- National Institute of Mental Health: www.nimh.nih.gov
- Substance Abuse and Mental Health Services Administration: www.samhsa.gov
- The website of the American Academy of Sleep Medicine has significant information about sleep disorders: <a href="www.aasmnet.org">www.aasmnet.org</a>. If you want ideas for sleeping better, consult www.sleepeducation.com, which is sponsored by the American Academy of Sleep Medicine.

#### **GUIDED IMAGERY AND RELAXATION**

YouTube provides an endless array of choices for guided meditation and relaxation. I utilized video from www.princeea.com. You can also check out some of the authors who offer guided meditation: Barbara Frederickson (www.pusuit- of- happiness.org), Jon Kabat- Zinn (JKZ Series of Apps for Meditation in your Apps store), Kristin Neff (www.self- compassion.org), Daniel Siegel (www.drdansiegel.com) and www.tarabrach.com