

In sickness and in health™

Parenting an Anxious Child

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What is Anxiety

Normal, natural, built in through evolutionary processes

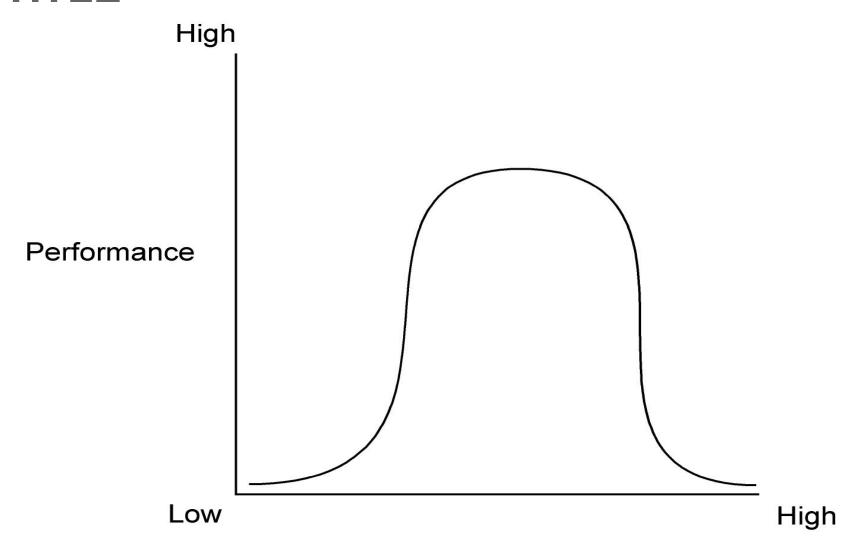
Response to the perception of future threat or danger

We need this to prepare for future potential difficulties

Some anxiety is actually good for performance



TITLE





When are we uncomfortable or anxious?

Our Fight - or - Flight system gets activated by the perception of threat/danger

The perceived fear is greater than the actual threat/danger

Everyday occurrences become overwhelming

Behaviors interfere with daily functioning



Maladaptive Coping (Avoidance)

Based on misappraisal of the threat

Intention is to avoid fear stimulus or the danger it signals

Coping patterns develop as a way to create immediate relief and avoid experience of discomfort



Anxiety Symptoms

BODY: Fatigue, Restlessness OR Sweating

BEHAVIOR: Hypervigilance OR Irritability

COGNITIVE: Racing Thoughts OR Worry Thoughts

OTHER COMMON SYMPTOMS

Trembling, Overwhelmed, Poor Concentration, Shortness of Breath, Excessive Worry, Insomnia, Increased Heart Rate, Feelings of Nausea



What Heightens Anxiety

Avoidance

Reassurance seeking

Distraction



Emotional Regulation

Difficulty managing emotions

Lack of self soothing techniques

Poor impulse control



Comfort and Growth Zone

Comfort Zone

Growth Zone

High Risk Zone

Difficulty



Distress Tolerance

Lack of crisis survival strategies

Underdeveloped skills to manage feelings such as disappointment, anger, and sadness

Difficulty applying coping strategies to stressors



Factors that Contribute to Anxiety

Difficulties with...

Managing feelings of discomfort

Experiencing disappointment

Applying conflict resolution skills

Communicating needs effectively to school staff



Purposeful Parenting vs. Emotional Reactive Parenting

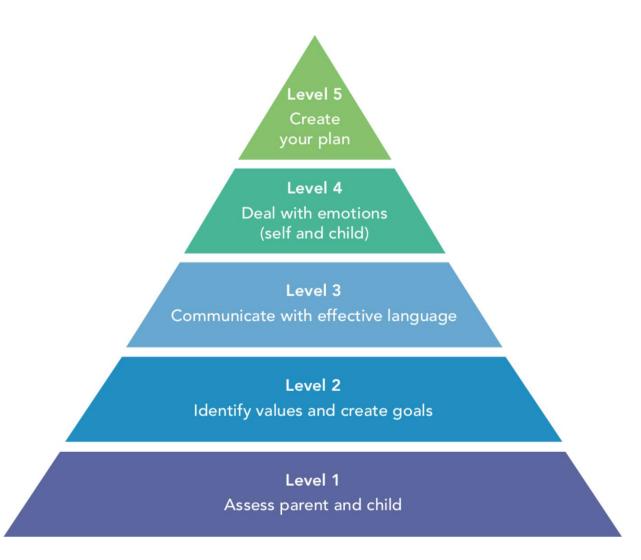
Goals for parenting that are aligned with family values

Proactive vs. Reactive

Self-awareness

Healthy vs. unhealthy patterns of communication







Emotional and Cognitive Development

Assessing discrepancy between emotional and cognitive levels of development

Understanding different stages of emotional development

Considering emotional development when formulating expectations

Fostering emotional maturity





EMOTIONAL DEVELOPMENT SCALE

- Age 18: Development of personal identity and move towards independence by setting goals. Planning for future (i.e. move away from home, going to college). Being able to tolerate disappointment and increased demonstration of critical thinking skills.
- Age 16: More regular use of emotional self-regulation and distress tolerance skills. Ability to think of different possible outcomes and work towards goals when approaching a problem. Identify and understand core-beliefs. Quest to start moving towards independence away from parents (i.e. driving). Experimenting with different behaviors and ideas.
- Age 14: Increase in use of critical thinking skills and development of abstract thinking. Heavily influenced by peers' opinions and judgments. Self-esteem will be influenced by peers' opinions. Will advocate for needs and start/practice setting boundaries with peers. Engaging in serious aggression, is rare. Aggressive behaviors are more verbal. Recognizes that outbursts have consequences.
- Age 12: Starts to develop critical thinking skills and recognition of more than the obvious answer. Increase in empathy skills and understanding that others may have mixed feelings. Concerned with peer opinions and fitting in but should be able to handle limits and calm self when upset. May become frustrated with limits, due to wanting more immediate gratification.
- Age 10: Reasoning becomes logical but if unable to solve problem may ignore or redefine the situation (may appear to lack responsibility). Empathy increases as emotional understanding improves. Start to see interest/concern about peer approval and social support. Develop internal skills for managing emotion.
- Age 8: An increase in development of skills to manage peer interactions and social situations. Sensitivity to criticism and struggles with failure, tendency to be competitive and bossy. Peer influence emerges, concerned about being liked by their friends. Aggression is markedly decreased or nonexistent, may see physical reaction to communicate emotions (i.e. pouting when upset). Awareness of others and consideration for other's feelings and needs, especially if other is disadvantaged (understanding of benevolence). Decrease in black and white thinking pattern, able to understand "shades of gray". Fears are less based in imaginary objects.
- Age 6: Ambition and responsibility are developed, greater understanding of causes and consequences, strategies for self-control expand. Able to utilize language to manage anger and significant decrease in aggressive behaviors. Temper tantrums, yelling, blaming, arguing behaviors should decrease or abate as the emotions become more regulated and language is more utilized to express emotions.
- Age 4: Empathy and problem-solving emerges. May see decline in physical aggression (hitting, fighting, throwing things, etc) although may still see irritability, blaming. During frustration may exhibit infant behaviors. Can express basic emotions (happy, sad, proud and excited)
- Ages 2-3: Temper tantrums, self-centered, and immediate satisfaction is hallmark. Often says "no" and shows lots of emotions (laughs, squeals, throws things, cries,). Use of external behaviors to express emotions (i.e. throwing and destroying property). Can play alone and does not need other involvement. Resists change.

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Demands on Children

Academic/Achievement

Time constraints

Competition (internal and external)

Social Media

Extracurricular

Financial

Appearance



Coping Strategies

Take time out, focus on yourself

Take a step back

Eat well balanced meals

Get enough sleep

Get exercise daily

Controlled breathing

Do your best/acknowledge your efforts



Demands on Parents

Time constraints

Financial

Social (lack of)

Career

Family responsibilities

Self Demands



Common Exposures

Social Anxiety

- Answering questions about absences
- Having a conversation with a peer
- Asking a teacher for help
- Giving a speech to a group

Somatic Symptoms/Panic

- Interceptive exposures
- Inciting feared symptoms prior to class
- Attending school without phone or other safety objects

Perfectionism

- Making a mistake on an assignment
- Completing an assignment "imperfectly"
- Raising hand and providing wrong answer

Separation Anxiety

- Staying home while parent goes out
- Parent leaves and turns off cell phone



Parenting Strategies

Identify goals to be achieved as a result of parenting (what is non-negotiable?)

Identify patterns of behavior

Be clear and consistent (written contract may help)

Identify and strategize obstacles to following family contract or meeting goals

Evaluate progress and obstacles regularly

Aligned parenting creates expectations that increase consistency and structure



Parenting Strategies

Avoid enabling your child

Create home environment that fosters structure and consistency

Communicate effectively (LISTEN-keep it short and simple!)

Increase self-awareness

Learn how to allow your child to be uncomfortable-foster self-soothing skills

The goal is a healthy child!



Sample Family Contract

<u>Expectations</u>	<u>Privileges</u>
 Attend School Be ready at 7:00 Chores Homework Extracurricular Activities 	 2 hours of screen time Go out on Friday night Allowance Cell phone privilege Video games, lap top



Setting a Family Behavior Contract

Work to set goals for child based on family values

Goals should be both long- and short-term

Goals should be specific, measurable, achievable, realistic and timely (SMART)

The expectations should be clear and consistent

Avoid power struggles



Communication

Provide child with choices

Language such as "It is your choice" vs. "You have to"

"What do you think you could do" vs. "You'll be ok"

Look for teaching opportunities that work towards goal attainment

Timing is important

Less is more



Understanding Family Dynamics

Stressors in the family

Boundaries and limits

Communication patterns

Spoken and unspoken rules

Family values and/or religious/cultural beliefs

History of family mental illness

Therapy may be necessary

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