

# Anxiety Today and Actions Pediatricians Can Take to Help Curb This Teen Epidemic

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DOERNBECHER  
CHILDREN'S  
*Hospital*



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# Main Objectives/Plan

1. Review (briefly) anxiety diagnostics/differentials and current anxiety prevalence rates for teens
2. **Describe approaches for brief in-clinic evaluation of anxiety and apply mini in-session interventions**
3. Discuss as a group (and will invite dialogue during presentation)

# **1. Brief Review of Diagnostics and Differentials**

# Prominent Anxiety Presentations

31.9% of teens have an anxiety disorder (Parodi/NIH, 2021):

- **Generalized Anxiety Disorder**

- Excessive worry and anxiety that can include restlessness, fatigue, irritability, difficulty concentrating, and sleep disturbances
- Can include heightened conflict with caregiver(s), etc.

- **Social Anxiety Disorder** (more teens)

- Will likely hear about social avoidance from a parent or teen and can contribute to school avoidance.

- **Phobias**

- Whether spider, blood, vomit, etc., will want to hone in on functional impairment to assess for treatment need.

- **Panic Disorder**

- Recurrent and unexpected and you'll be hearing about various somatic reactions, e.g., sweating, dizziness, heartbeat, fear of dying ... ..

- **Separation Anxiety Disorder** (more younger kids)

- Could hear about a kid (or teen) who is very limited in peer and extracurricular engagement; possible school avoidance; caregiver has hard time going away.

- **OCD**

- Obsession or compulsions or both, and usually greater functional impairment.



Credit: healthychildren.org

# PCPs Can Help Kids to Identify...

## Physiological

Heart racing  
Sweating  
Shaking  
Tight muscles  
Dizziness  
Difficulty breathing  
Stomach aches

## Cognitive

Worry  
Racing thoughts  
“What ifs”  
Thinking bad things will happen  
Sensitivity to criticism  
Self-doubt  
Catastrophizing

## Behavioral

Checking out  
Hyperaware of surroundings  
Wanting to flee situations  
Freezing up  
Not answering texts/phone calls  
Feeling quiet, isolating  
Avoiding situations that are uncomfortable

## Emotional

Nervousness  
Fear  
Worry  
Feeling scared about events that have not happened  
Feeling overwhelmed  
Sadness

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## **2a. Conducting In-Clinic Evaluations**

CPD

# Assessment Starts with You:

## What Do You Notice?

### With regard to anxiety:

- What's the caregiver's presentation (e.g., more talkative, rest) **Antecedent:** Crowded restaurant and teen asked for order. [thoughts and feelings?]
- What (parent) **Behavior:** Quiet and withdrawn.  
que **Consequence:** Parents order for teen. And teens self-
- What efficacy and esteem goes down and anxiety goes up. with [How did you like that? and What could you do aser, per instead?]
- ABCs: Antecedents/Behavior/Consequences (Skinner, 1984)
  - Understand the triggers and contexts
  - A way to help guide the exploration



# Formal Measures

## Stop and Think:

- What's your approach to more formally assessing for anxiety, e.g., SCARED, MASC, etc.?
- Do you give any mental-health specific measures or emotional behavioral check lists, e.g., CBCL or BASC-3?
- How often do you give these types of measures if you do...and to whom (kid, caregiver, teachers)?
- Of course, important to periodically assess for a range of well-being difficulties including ACES, depression, suicidality, and other emotional difficulties, especially when a child is not functioning well at school, with peers, or at home → consider referral for neuropsych or psych testing.



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## **2b. In-Session Interventions**

CPD

# 1. Provide Psychoeducation

Should be interactive/conversational:

1. “Some minds get nervous more easily and others more likely to let stuff go. It seems that your mind \_\_\_\_\_.”
2. Cortisol (stress hormone) gets released → Fight, flight, or freeze. “This cortisol chemical is confusing because it gets released with **real danger**, like \_\_\_\_\_. And it also gets released with **fake danger**, like \_\_\_\_\_. Anxiety is all about trying to psyche us out with fake danger.”
3. For teens with anxiety, minds frequently in worry over-drive (future-directed).
  - And pretty much all of these worries are false alarms → They never happen or not as bad as minds made it seem. And we expend lots of energy trying to “fight” these thoughts and feelings off.
4. Anxiety produces lots of false alarms and happens to all of us.

**FALSE  
ALARM**

# Anxiety Metaphor



*It's like having a broken alarm clock that is going off in our minds and bodies throughout the day...It gets exhausting and is very distracting. Makes living life uncomfortable and very difficult, as our minds can constantly fool us into believing that threats are everywhere and that we can't handle stuff.*

*Does this happen to you?*

(Reigeluth, unpublished)

# More Psychoeducation

## To integrate:

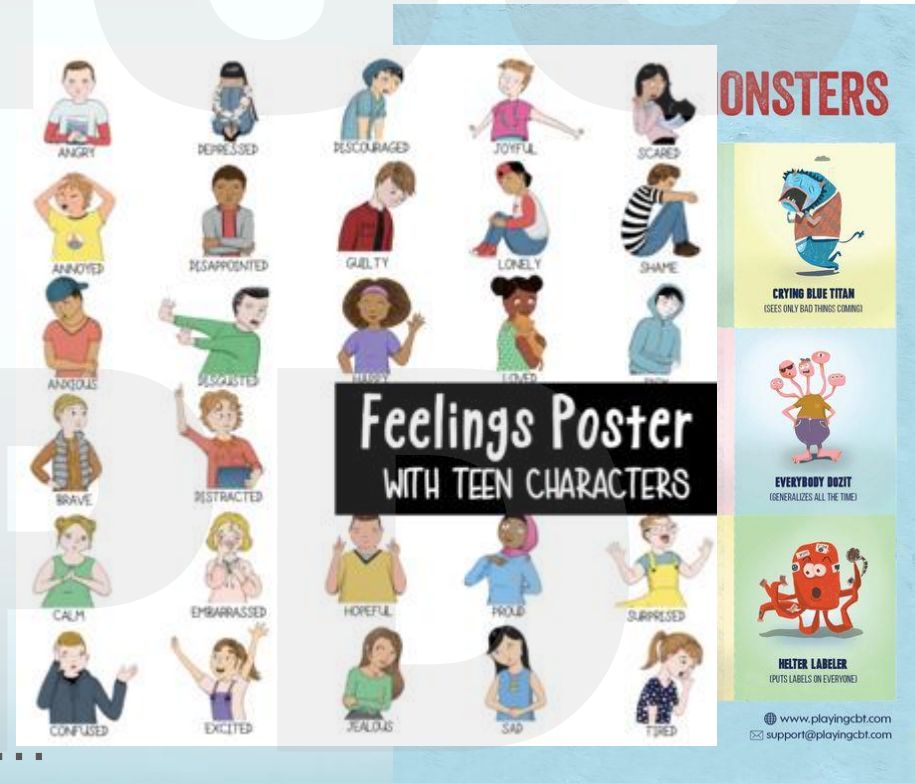
- Fake Danger vs. Real Danger (great to get examples from pt)
- Our minds can psyche us out—that's pretty much what anxiety does.
- “As powerful and cool as social media is, scientists are finding more and more that it contributes to anxiety in teens, inattention, other emotional difficulties, and fears of missing out. So, if your parents are being a pain about it, ...”
- Can help differentiate stress from anxiety.
- Caveperson metaphor  
(Russ Harris/Steven Hayes: ACT)



# Common Worry/Thinking Traps

Hang a Thinking Traps handout or poster in office; should also have a general emotions one. “Which traps do you fall into” [and then share your own].”

- Fortune Teller
- Mind Reader
- Catastrophiser
- “What ifs” or “Shoulds”
- Perfectionist
- Worst-Case-Scenario .....



**“Not falling into thinking traps, i.e., approach versus avoidance, is our most effective response to worry thoughts and sensations.”**

# 2. Choose Your Words: Cognitive Defusion

## You are not your anxiety

- “I am anxious” versus “I am someone who experiences anxiety ... in these situations.”
- Don’t refer to “your anxiety” when talking to teens/patients
  - More like, “When anxiety bullies you” or “When anxiety thoughts give you a hard time” or “When your mind hurls these worry thoughts at you [or worry missiles] ... ..”



<https://Developingminds.net.au>





# 3. Experiential Interventions

In a few minutes, could teach a kid some of these coping skills:

- **Diaphragmatic (aka magical) breathing**
- **Hand squeezes with 3 to 5 Senses**
- The ABC approach (Just notice and then use a skill)
  - Noticing enables staying out of Thinking Trap
- Coping skills box or kit
- Anxiety monster/creature drawings
  - More for younger kids...could display
- Other ideas/examples?



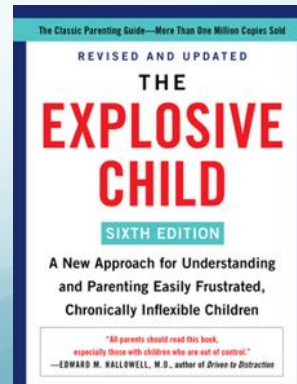
# 4. Make a Referral(s)

## For teen (or kid):

- A therapist, i.e., a counselor, social worker, or psychologist, with specialization in anxiety and evidence-based treatments:
  - Cognitive Behavioral Therapy, e.g., Portland Anxiety Clinic
  - Acceptance and Commitment Therapy, e.g., Portland Psychotherapy
  - Exposure and Response Prevention
- For more severe and debilitating presentations, consider referring to a child/teen psychiatrist for a psychiatric consult.

## For caregivers:

- Supportive Parenting for Anxious Childhood Emotions (SPACE: <https://www.spacetreatment.net/>)
- Collaborative Problem Solving (Greene, 2021 or see THINKKIDS.org)
  - Not anxiety focused
  - Restore Therapy/Ted Layman LCSW has an evening online parent class

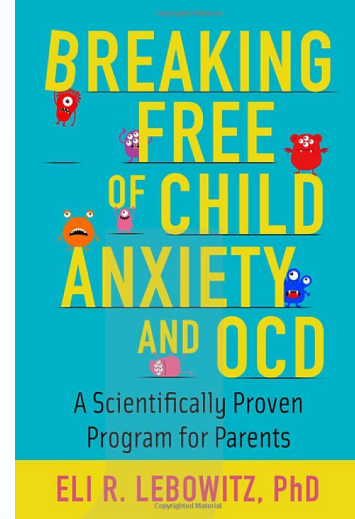




# Parents Need to ...

Help Kids Face Their Fears!!!

- **Accommodation** (anxiety fuel): “Changes that parents make in their own behavior to help children avoid or lessen feelings of anxiety” (Lebowitz, 2021, p. 69)
  - E.g., ordering at restaurants, keeping home from school, caregivers not going out, over-reassurance or question-answering, participating in OCD rituals, not inviting “outsiders” to the house, etc.
- **Exposure/Approach** (helps tolerate anxiety): Supporting kids to face anxiety targets, get through them, experience increase and decrease of arousal, and learn → “I can do this!” (Kendall, 2013)
- In addition to referrals, can recommend this resource to parents and impress the importance of supporting kids to face anxiety.
  - “Like many good parents, you are wanting to protect your kid from their current anxiety/distress. And it seems too that you may be unintentionally increasing their anxiety by not encouraging them to...”



# Putting It All Together

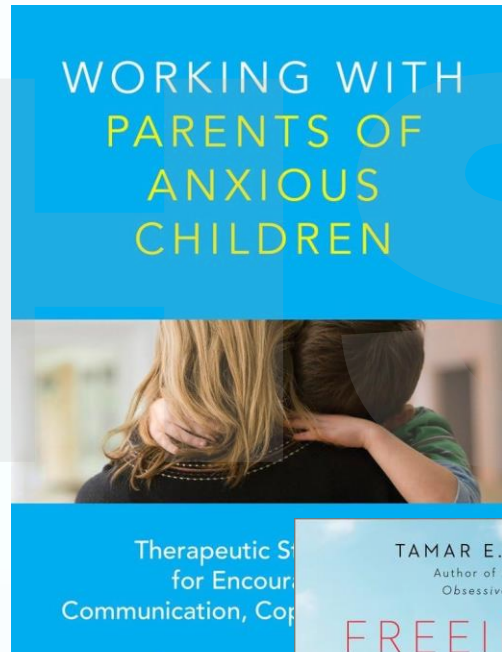
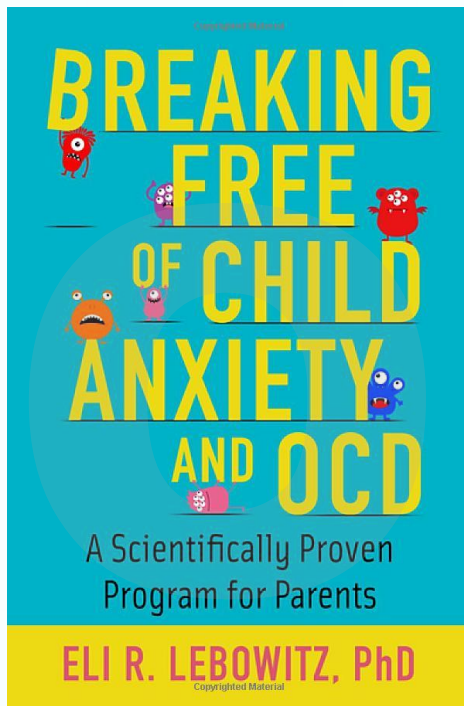
## PCP providers can:

1. Conduct brief eval/screen for anxiety and other mental health issues (formally and informally)
2. Provide psychoeducation and awareness building **(2+ mins)**
3. Integrate cognitive defusion approaches when communicating about anxiety
4. Offer up 1 or 2 coping skills to use **(2+ mins)** – show teens and parents
5. Make a referral **(2+ mins)** to therapists who use evidence-based practices and have specialization in anxiety treatments (and possibly parent training for caregiver)
  - Briefly mention to parents not to accommodate anxiety and to support teen in facing fears and reference SPACE **(1 mins)**.
6. Share prepared resources **(1 mins)**



Together, let's raise a generation of children who don't need to recover from their childhoods.

# Resources

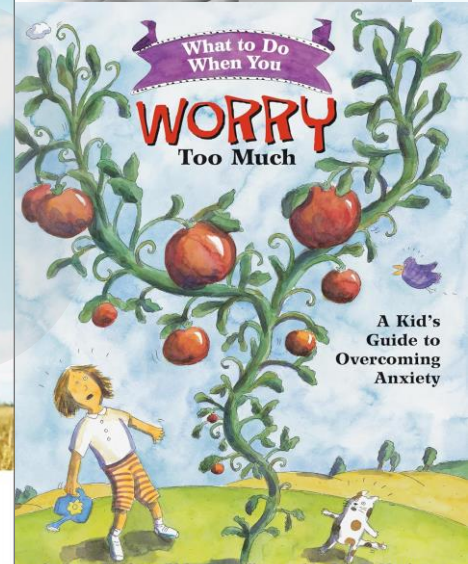
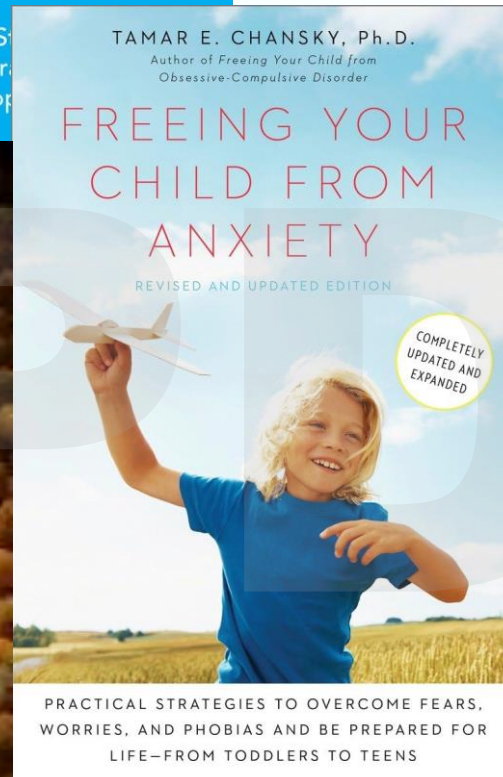
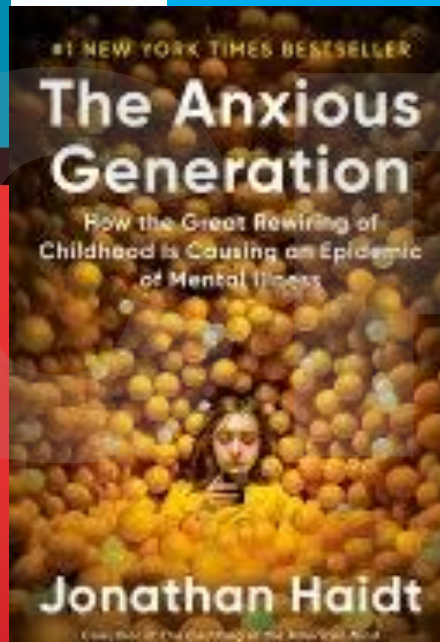


**TREATING CHILDHOOD AND ADOLESCENT ANXIETY**  
A GUIDE FOR CAREGIVERS



instant help book for teens

**the anxiety workbook for teens**





# Small Group Break-Outs

Might not have time:

- Small groups with people in your area (3 to 5)
- Explore ways to apply any of these principles to your practice and setting



# OHSU

A stylized, semi-transparent illustration of a group of people sitting around a table in a meeting or discussion. The figures are rendered in various colors (orange, yellow, green, blue, purple) and are positioned behind the large 'OHSU' text. The overall style is modern and minimalist.

## Questions and Discussion?

# Select References

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# Thanks!

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# Bonus Slide

## **Anxiety going up since Covid:**

- 12 to 17-year-olds at 12% in 2020 (up from 9% in 2016 (VanOrman, 2022))
- 20.5% of youth worldwide struggle with anxiety during pandemic (Lebrun-Harris et al., 2022)
- Rates went up for all groups of children (5 to 17-years-old), with white children endorsing highest levels during Covid around 20.5% (Zablotsky, 2022)