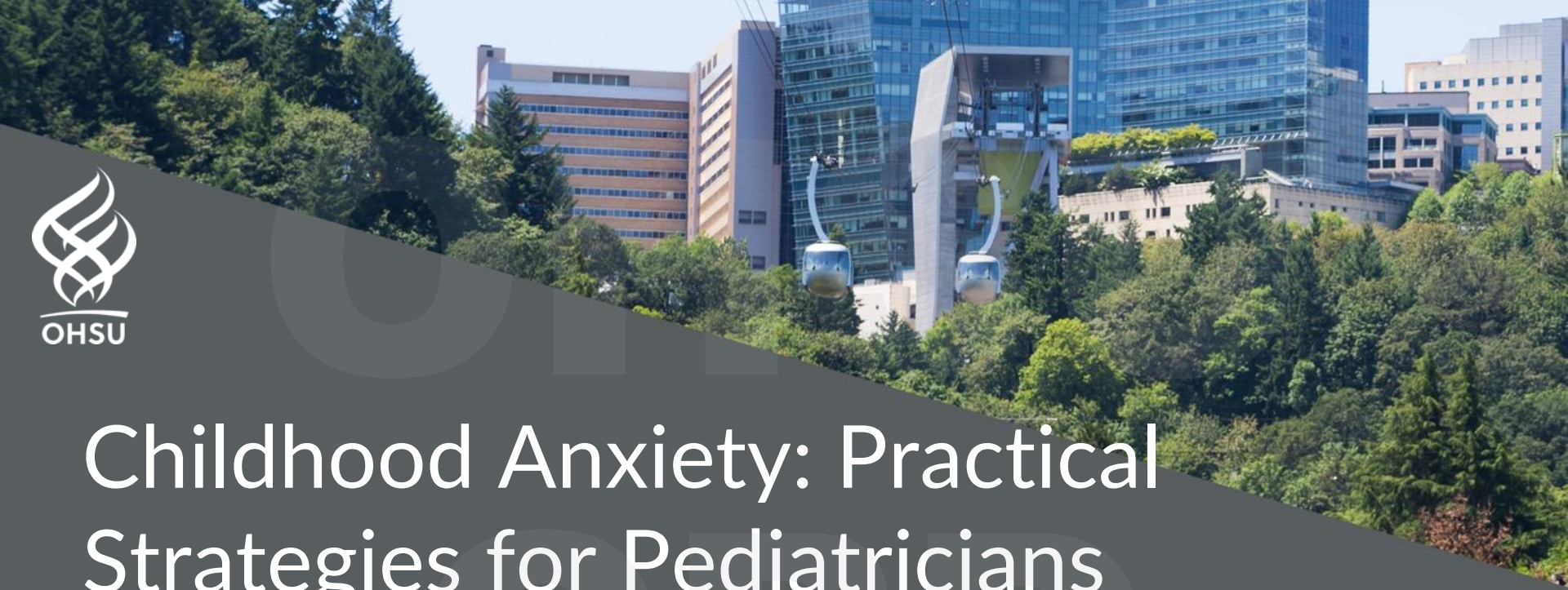

# Childhood Anxiety: Practical Strategies for Pediatricians

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2025 Pediatric Review

# Objectives

- Strengthen ability to model coping strategies for anxiety with pediatric patients/parents
- Describe strategies to increase caregiver buy-in for the treatment of anxiety

# What is Anxiety?

- Developmentally normative vs problematic anticipation of future threat (APA, 2022)
  - Degree of interference and impairment (clinically significant)
  - Persistence (usually 6 months or more)
  - Out of proportion to the actual threat
  - Not better explained by medical condition, substance/medication, or another mental disorder
- Common responses
  - Excessive fear response (e.g., panic)
  - Avoidance of feared stimulus

# Anxiety: By the Numbers

- Common onset in childhood
- More commonly occurring in girls than in boys (2:1) (APA, 2022)
- Lifetime prevalence of about 34% (Szuhany & Simon, 2022)
- Increased risk of suicidality (especially panic, GAD, and specific phobia (Bentley et al., 2016, Naifeh et al., 2016, Nock et al., 2010)
- Increasing over time, both before and after Covid-19 (Fortuna, Brown, Lewis Woods, & Porche, 2023)
  - Youth with higher baseline anxiety, comorbid chronic medical concerns, and marginalized identities at increased risk
  - Multiple factors may be contributing (e.g., social isolation, increased family, extracurricular, and academic stressors, rise in global unrest, lack of available youth mental health providers, social media influence) (Anderson et al., 2024; DeAngelis, 2022)



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# Common Anxiety Disorders

- Prevalence can be difficult to estimate due to variability between studies and settings (e.g., community-based vs. primary care)
  - Separation Anxiety- about 4% (Ferriante, Torrico, & Bernstein, 2023)
  - Selective Mutism- about .03-1.9% (APA, 2022)
  - Specific Phobia- about 5% for children and 16% for adolescents (APA, 2022)
  - Social Anxiety- ranging from 3-11% (Rapee et al., 2022)
  - Panic Disorder*
  - Agoraphobia (peaks in late adolescence, early adulthood)
  - Generalized Anxiety

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# Screening and Next Steps

- Screening in primary care
  - GAD-7 (11 and up) vs. SCARED (8 and up)
  - General snapshot vs. domain scores
  - Caveats
- When is treatment indicated?
  - Degree of functional impairment (e.g., difficulty separating at drop off vs. outright school refusal)
    - Academic, social, home functioning
  - Length of time
  - Developmental typicality (e.g., separation difficulties for 8-12 month olds vs. older children)

# Differential Diagnosis

- Common overlapping symptoms
  - Irritability
  - Difficulty concentrating, restlessness
  - Sleep disturbance
  - Social withdrawal
- Differentials
  - Other anxiety disorders, Depression, ADHD, Adjustment Presentations, Traumatic Stress, DBDs
  - Hyperthyroidism, cardiac conditions, neurological conditions, diabetes mellitus, medication side effects (e.g., steroids) (Hilliard, Kearney, Lucas, & Deel Flores, 2024; Kowalchuk, Gonzalez, & Zoorob, 2022)

# Standards of Care

- Coping strategies
  - Diaphragmatic Breathing
  - Mindfulness
  - Grounding techniques
- Parent-based approaches
  - Supportive Parenting for Anxious Childhood Emotions (SPACE; Liebowitz et al., 2020)
- Gold Standard: Cognitive Behavioral Therapy (CBT, Coping Cat)
  - Identifying and disputing unhelpful thoughts, "Worry bully"
  - Exposure and targeted treatment goals
  - Time-limited and skill-focused
- Combined treatment (CBT + SSRI) for severe cases

# Essential Components of Treatment

- Psychoeducation
- Buy-in from youth and parent/supports
- Reinforcement of brave behavior and coping skills
  - Exposure (Quality and quantity!)
- Reduced accommodating behaviors (avoidance)



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# Caregiver Buy-In

- Initial discussions
  - Treatment rationale and benefits
  - Negative caregiver beliefs about anxiety and expectations of child's ability to cope linked to heightened child anxiety (Fox & Fleming, 2025)
  - Positive parental expectations associated with increased youth participation/compliance in exposure-based exercises (Wu et al., 2021)
    - Coping with, rather than elimination of anxiety
    - Caregivers' own perceptions of (and experience in) therapy useful to query
- Reducing parental reaction/accommodation
  - Coach with clear expectations (proactive vs. reactive)
  - Validation rather than accommodation

# Pro Tips for Caregivers

- For all age groups
  - Identify ways in which accommodations are occurring
  - Model effective caregiver coping (e.g., navigating mistakes, stress)
  - Offer specific and immediate praise for brave/approach behaviors
  - Describe feelings as neutral
  - Practice coping strategies during low-stress situations first
- Younger children
  - Model body-focused coping strategies (e.g., belly breathing, PMR)
  - Reduce explanations, accommodations, and discussions about fears
  - Approach feared stimuli in front of child (model exposure)
  - Use both/and language (“I can be worried *and* brave”)

# Progressive Muscle Relaxation

- Start with one muscle group (e.g., hands)
- Tense muscle group for 5 seconds (demonstrate)
- Move on to the next muscle group (demonstrate)
- Aim for at least 3-5 muscle groups

# Diaphragmatic Breathing

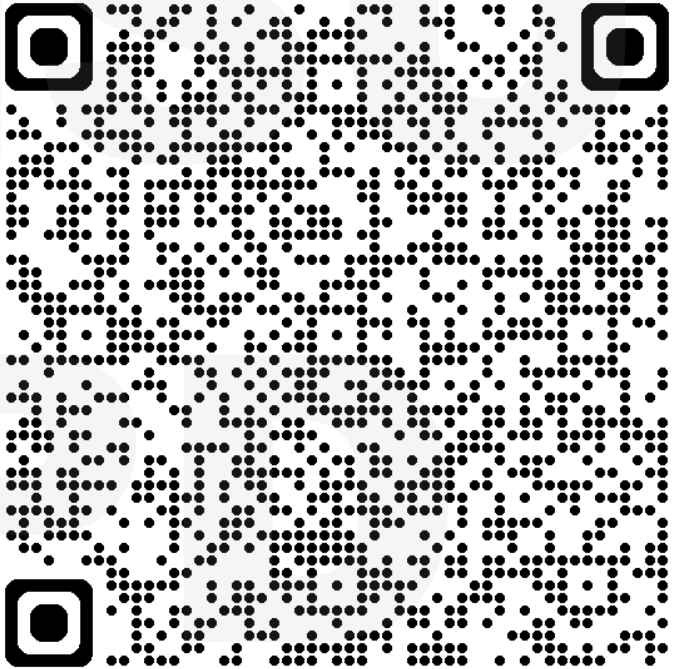
- Ask youth their favorite hot food/beverage
- Inhale through the nose (smell the pizza)
- Exhale through the mouth (cool the pizza down)
- Model breathing technique (breathing through belly)

# Coping Kit

- 1 item targeting each of the 5 senses
  - Mint/gum
  - Chapstick
  - Picture of trusted support
  - Fidget toy (sound, touch)

## Anxiety Disorders Resource Center (American Academy of Child & Adolescent Psychiatry, 2024)

- Facts sheets for parents (Facts for Families)
- Video clips
- Clinical practice guidelines
- Workbooks
- Screeners
- Apps



# Resources

- Books
  - Anxiety Relief for Kids (Walker, 2017)
  - Helping Your Anxious Child (Rapee et al., 2008)
  - Anxious Kids, Anxious Parents (Wilson & Lyons, 2013)
  - What to Do When You Worry Too Much (Huebner, 2024)
- Websites
  - ChildMind.org
  - International OCD Foundation
  - Psychologytoday.com (find a clinician)
  - Pediatric Anxiety Tools and Resources for Primary Care (AAP, 2018)

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