

## Anxiety in Children: Parenting Strategies for Success

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## Worries and Fears

- Are common in children
- It is developmentally normal
- Usually gets better as kids mature
- For some kids, symptoms are severe and cause problems in functioning
- Can lead to development of anxiety disorders

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## Potential Consequences of Anxiety

- Repeated school absences
- Dropping out of school
- Impaired peer relations
- Low self-esteem
- Addictive behaviors to self-medicate (including tech)
- Workplace problems
- Anxiety disorders in adulthood

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## Outline of Talk

- Prevalence of anxiety in children; common fears
- Causes of anxiety: flight, flight, or freeze
- Symptoms of anxiety disorders
- Causes of anxiety disorders
- Diagnosing anxiety disorders
- Parental factors in children's anxiety
- Teaching coping strategies to kids
- When professional help is needed

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## Common Childhood Fears

- Preschoolers: separation from parents, getting lost, the dark, sleeping alone, monsters, zombies, bad weather, loud noises, people in costumes
- Elementary: failure, peer rejection, teasing, separation from parents, death, doctors/shots
- Middle schoolers: bullying, peerrejection, health, grades
- High schoolers: future, dating, self-image, career, grades, opening up to parents, adulthood

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## When to be Concerned

- Excessive for a child's age and circumstances
- Persist beyond what is normal for the age
- Causes problems in functioning
- Source of distress for child
- Source of distress for family
- Untreated, can cause trouble with focus, learning, and health

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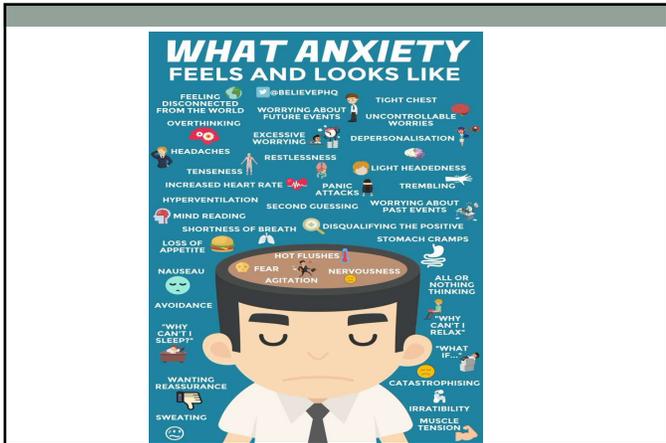
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### Frequency of Anxiety Disorders

- 13 of every 100 kids/teens
- Up to 32% of teens
- More common in girls
- 50% have a co-occurring disorder
- Lifetime risk of anxiety disorders: 25%
- Lifetime risk of social anxiety: 17%
- Only 9% try to take action; 25% keep it to themselves

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### Origins of Anxiety

- Fight, flight, or freeze response
- Survival mechanism to keep us alive
- An "energy conservation" mechanism
- Evolutionarily adaptive
- Sympathetic nervous system (activates)
- Parasympathetic nervous system (deactivates)

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## Anxiety Disorders

- Generalized Anxiety Disorder
- Separation Anxiety Disorder
- Specific Phobias
- Social Anxiety Disorder
- Panic Disorder
- Agoraphobia
- Obsessive-Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)

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## Long-term Outcome of Anxiety Disorders

- The Child/Adolescent Anxiety Multimodal Extended Long-Term Study (2018)
- 319 children assessed over 4 years
- 21.7% of youth were in stable remission
- 30% were chronically ill; 48% relapsed.
- Youths who responded to acute treatment were more likely to be in remission
- Anxiety disorders in children and adolescents are often chronic; may require longer-term or intermittent treatment

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## Causes of Anxiety Disorders

- Psychological (Psychodynamic, Behavioral)
- Genetic (Higher incidence if family history of anxiety disorders)
- Biological (dysregulation of neurotransmitters)
- Basic Temperament (e.g. shyness)
- Medical (thyroid, asthma, medications); good to get screened

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## Helping Your Anxious Child

- Let kids know help is available
- Accept, validate, and reflect their feelings
- Participate in your child's treatment
- Help them express feelings appropriately
- Encourage regular exercise
- Teach coping strategies, but ASK first
- Provide structure and reasonable limits

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## Helping Your Anxious Child (2)

- Get help for yourself if needed
- Maintain positive attitude
- Avoid excessive reassurance
- Try incentives, with child's consent
- Don't overschedule; downtime is important too
- Monitor exposure to sources of anxiety (screens)

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## When Professional Help is Needed

- When strategies are not enough
- Severity of symptoms, affecting ability to function
- Self-esteem suffers
- Ask for referrals for child therapist
- Meet with pediatrician to rule out physical causes

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## Treatment Options

- Psychotherapy is first-line treatment
- Play therapy
- Psychodynamic therapy
- Cognitive-behavioral therapy (ABC Model, ERP)
- Family systems approach
- Gestalt therapy
- Neurofeedback
- Hospitalization/day treatment

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## Psychiatric Medication

- When counseling alone doesn't help
- SSRI's such as Prozac (fluoxetine), Zoloft (sertraline), Paxil (paroxetine), Lexapro (escitalopram); Others: Cymbalta (duloxetine), Luvox (fluvoxamine)
- Usually needed for OCD
- Are we drugging kids? Off-label use?
- Risks of medication, and risks of not trying medication
- Ask about potential side effects or risks
- Monitor closely
- Availability of the prescriber if questions or emergencies
- Resource: American Academy of Child & Adolescent Psychiatry Medication Guide :  
[https://www.aacap.org/App\\_Themes/AACAP/docs/resource\\_centers/resources/med\\_guides/anxiety-parents-medication-guide.pdf](https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/anxiety-parents-medication-guide.pdf)

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## Contact information

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Read the “I’m afraid of” statement first. If you never have that fear, put an X under NO. If you have that fear sometimes, put X under SOMETIMES. If you have it almost every day, put an X under A LOT.

I’m afraid of:	NO	SOMETIMES	A LOT
Thunderstorms			
Nightmares			
Getting yelled at			
Getting into fights			
Getting laughed at			
Strangers			
Doctors and/or dentist			
Making mistakes			
Taking tests			
Being picked last for a team			
Not fitting in at school			
Failing in school			
Wild animals			
Spiders and/or bugs			
Dogs and/or cats			
Heights			
Talking in front of people			
Meeting new people			
Enclosed or small spaces			
Clowns			
Ghost and/or monsters			
Blood			
Guns and/or violence			
Loud noises			
Being home alone and/or away from parents			
War and/or terrorism			
Something bad happening			
The dark			

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