

Youth anxiety, stress, and worry: What is typical?

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The Baker Center for Children and Families/Harvard
Medical School

1/30/24



Disclaimer and Funding Statement

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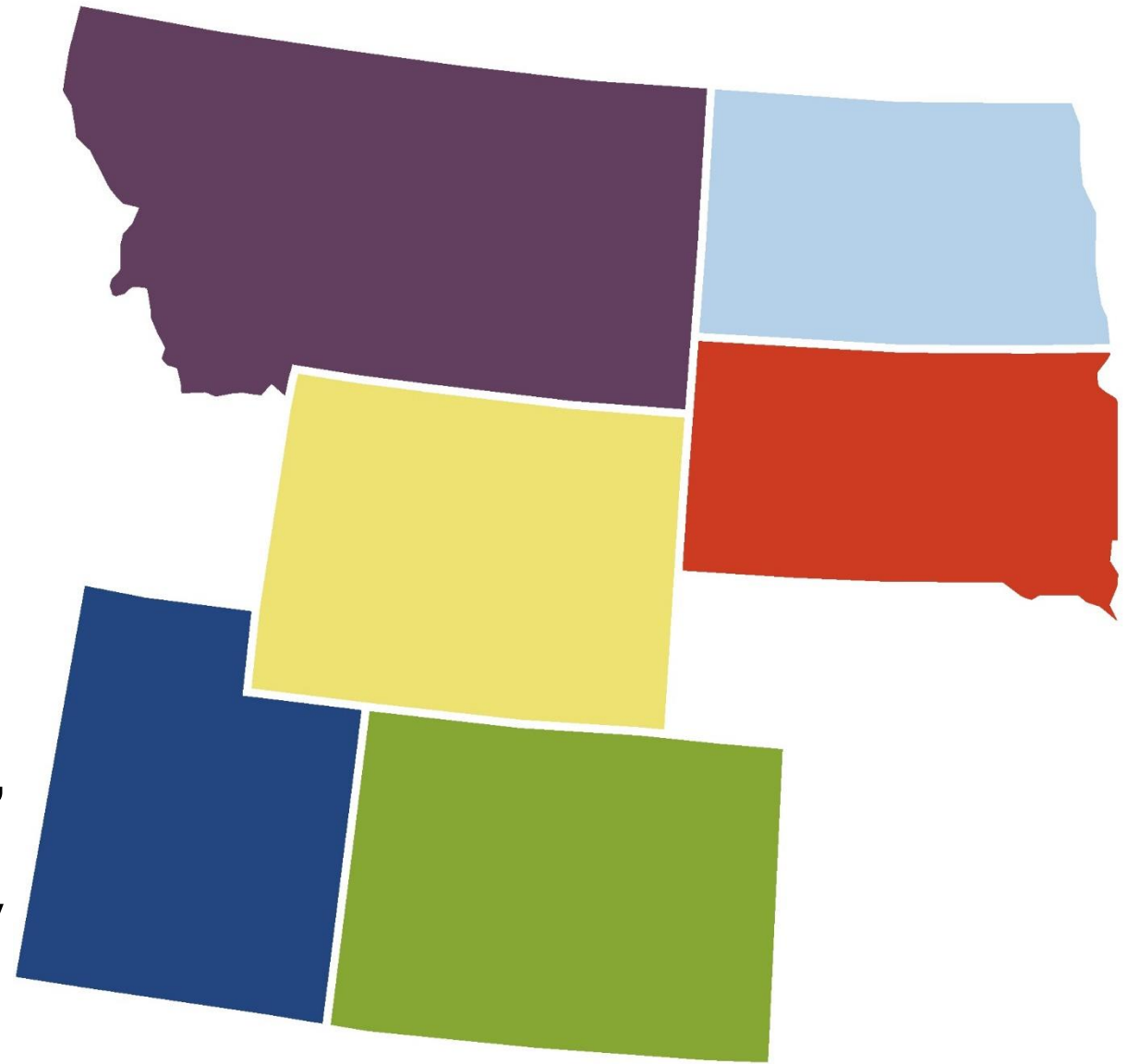
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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Agenda

- Introductions
- What is anxiety?
- COVID-19 impact
- Developmental perspective
- Treatment
- Cultural adaptations
- Resources

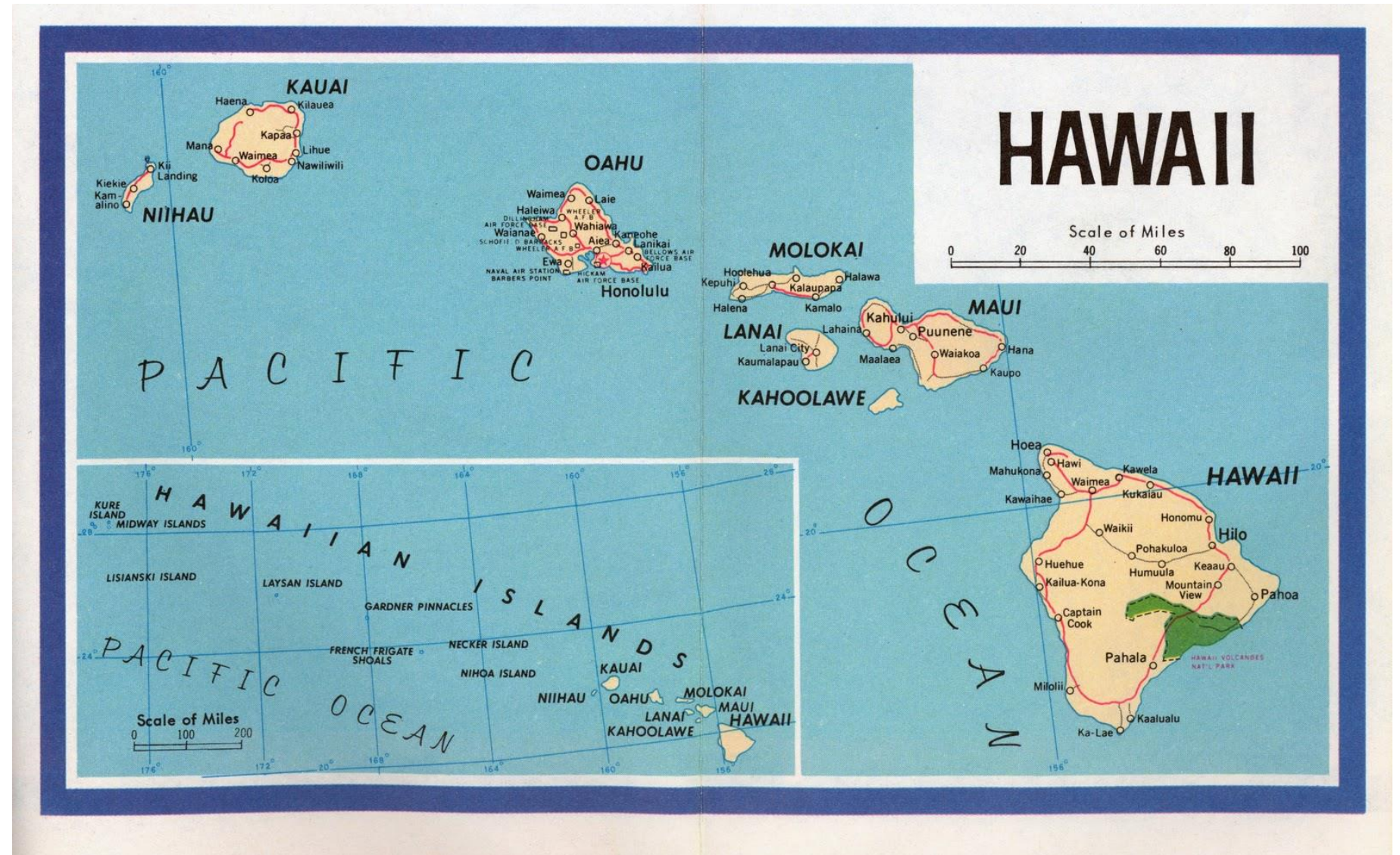
Objectives

- Identify signs of anxiety in students
- Understand developmentally appropriate anxiety, stress, and worry symptoms
- Provide practical tips to assessing and addressing anxiety
- Distinguish clinical anxiety from worry in youth
- Address developmental and cultural adaptations to anxiety treatment

Introductions!

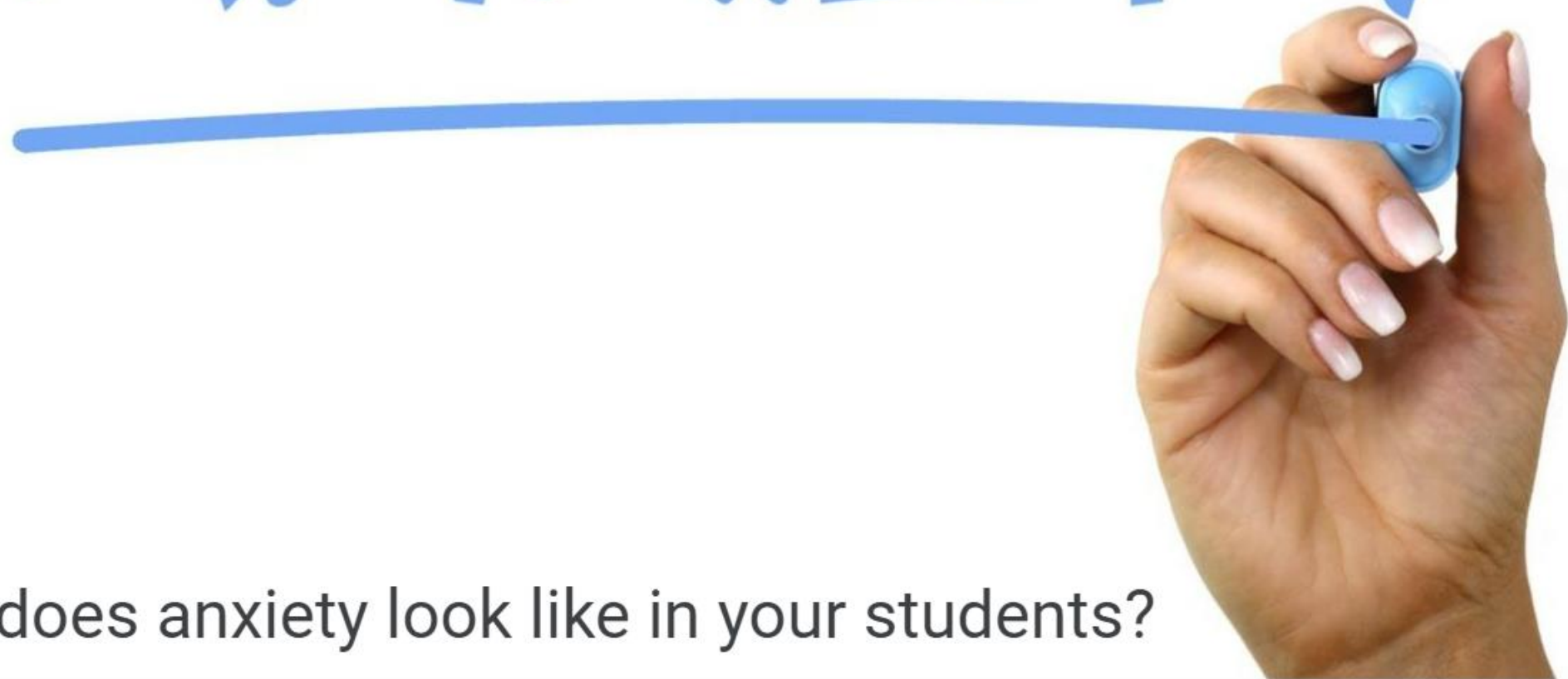
Use the chat function

- Your name
- Your role
- Where you're located



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ANXIETY



What does anxiety look like in your students?

Prevalence

- 20% of youth will have a mental health concern before age 18
- Anxiety and depression most common
- Less treated in adolescents (Costello, He, Sampson, Kessler, & Merikangas, 2014)






Table 1

Data on 12-month service use from the National Comorbidity Survey Adolescent Supplement among youths with a *DSM-IV* disorder, by diagnosis and service setting

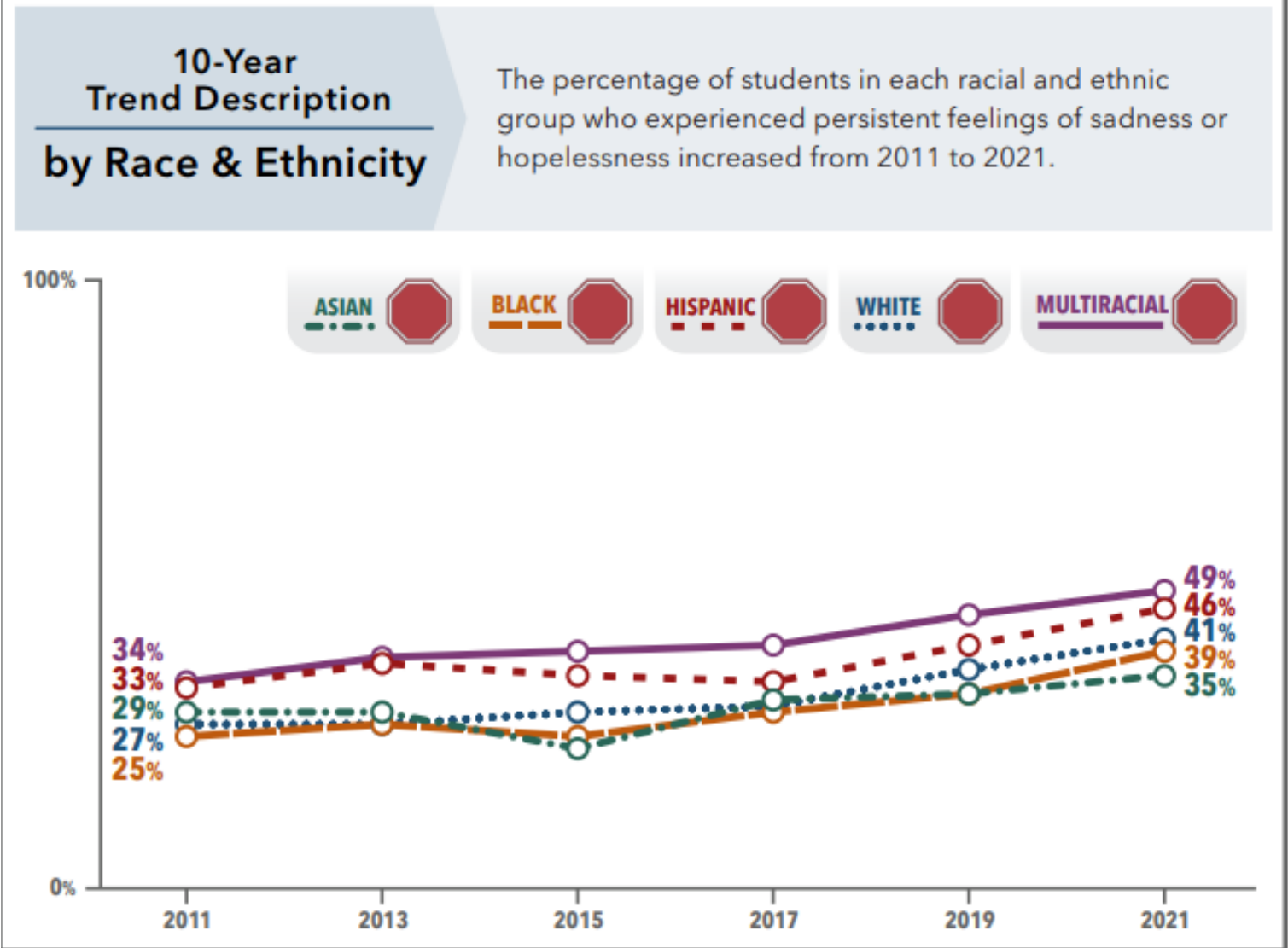
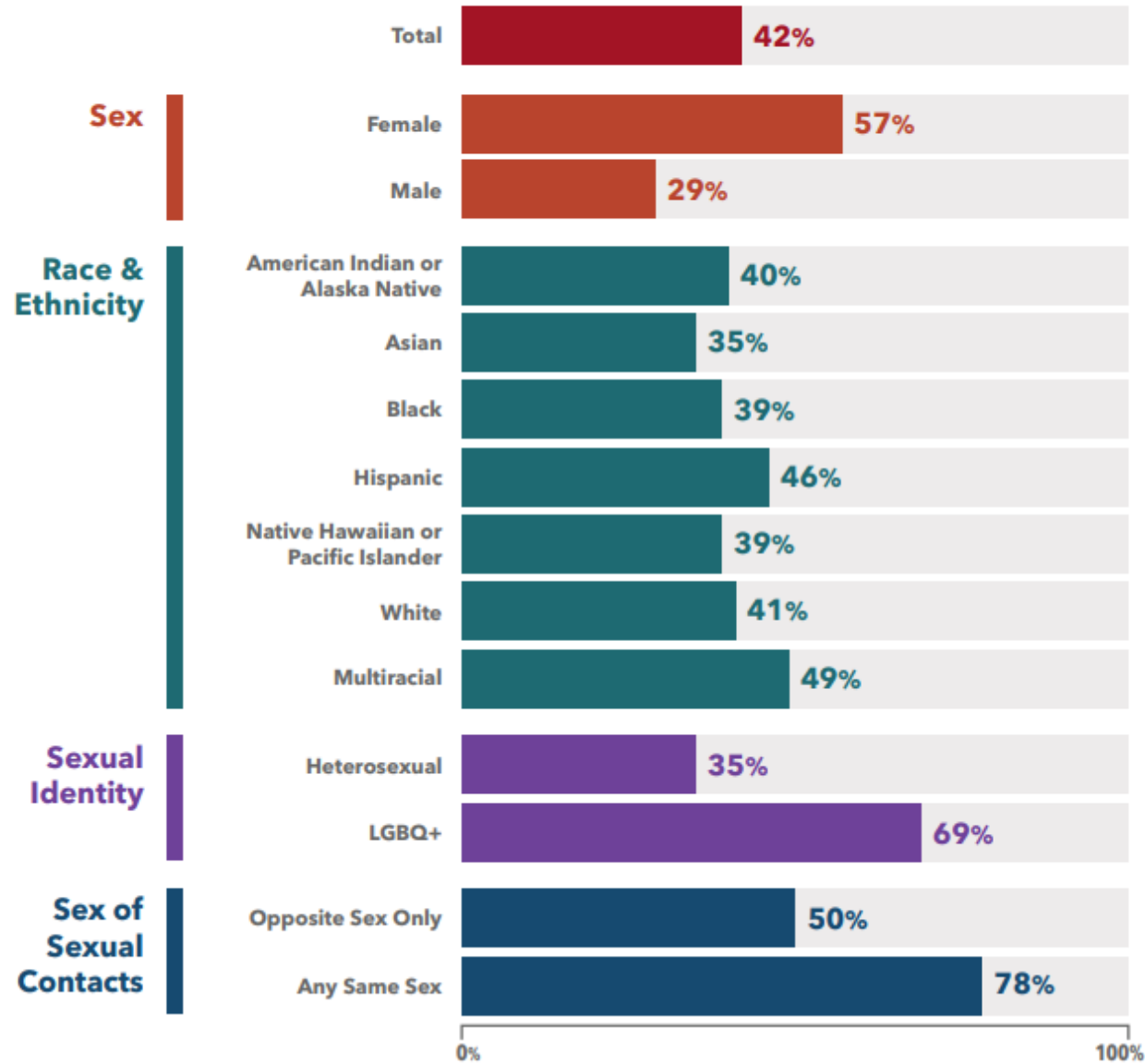
Diagnostic variable	N	Mental health specialty		General medical		Human services		CAM ^a		Juvenile justice		School		Any	
		%	SE	%	SE	%	SE	%	SE	%	SE	%	SE	%	SE
Anxiety disorder															
Panic disorder	120	26.1	5.5	14.2	3.7	14.0	4.0	13.1	4.7	2.2	.7	28.7	6.6	49.1	7.2
Agoraphobia without panic	100	28.8	6.6	8.3	3.0	13.7	8.1	7.4	3.9	2.8	1.5	37.3	9.4	52.0	8.7
Specific phobia	1,000	20.0	2.9	9.2	1.6	8.7	1.5	3.9	1.0	2.3	.5	20.7	2.0	40.7	2.6
Social phobia	778	24.9	3.1	10.0	2.0	6.9	1.3	5.0	1.2	3.2	1.4	22.5	3.0	42.2	3.2
Generalized anxiety disorder	106	35.0	8.3	9.6	3.4	9.2	3.3	13.7	3.5	3.3	1.6	36.2	9.0	56.7	7.4
Separation anxiety disorder	92	27.0	8.0	12.6	4.7	12.0	4.8	13.6	5.0	4.2	2.3	21.1	7.9	47.3	7.8
Posttraumatic stress disorder	210	37.0	4.1	11.4	3.1	11.5	2.8	11.8	2.8	4.1	2.0	32.8	6.0	60.2	5.8
Any anxiety disorder	1,506	22.3	2.4	9.3	.8	8.0	1.0	5.0	.8	2.7	.6	20.9	1.8	41.4	1.9

PANDEMIC IN A PANDEMIC



The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health†	–	–	–	–	–	29	–
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

Percentage of High School Students Who Experienced Persistent Feelings of Sadness or Hopelessness during the Past Year, by Demographic Characteristics, United States, YRBS, 2021



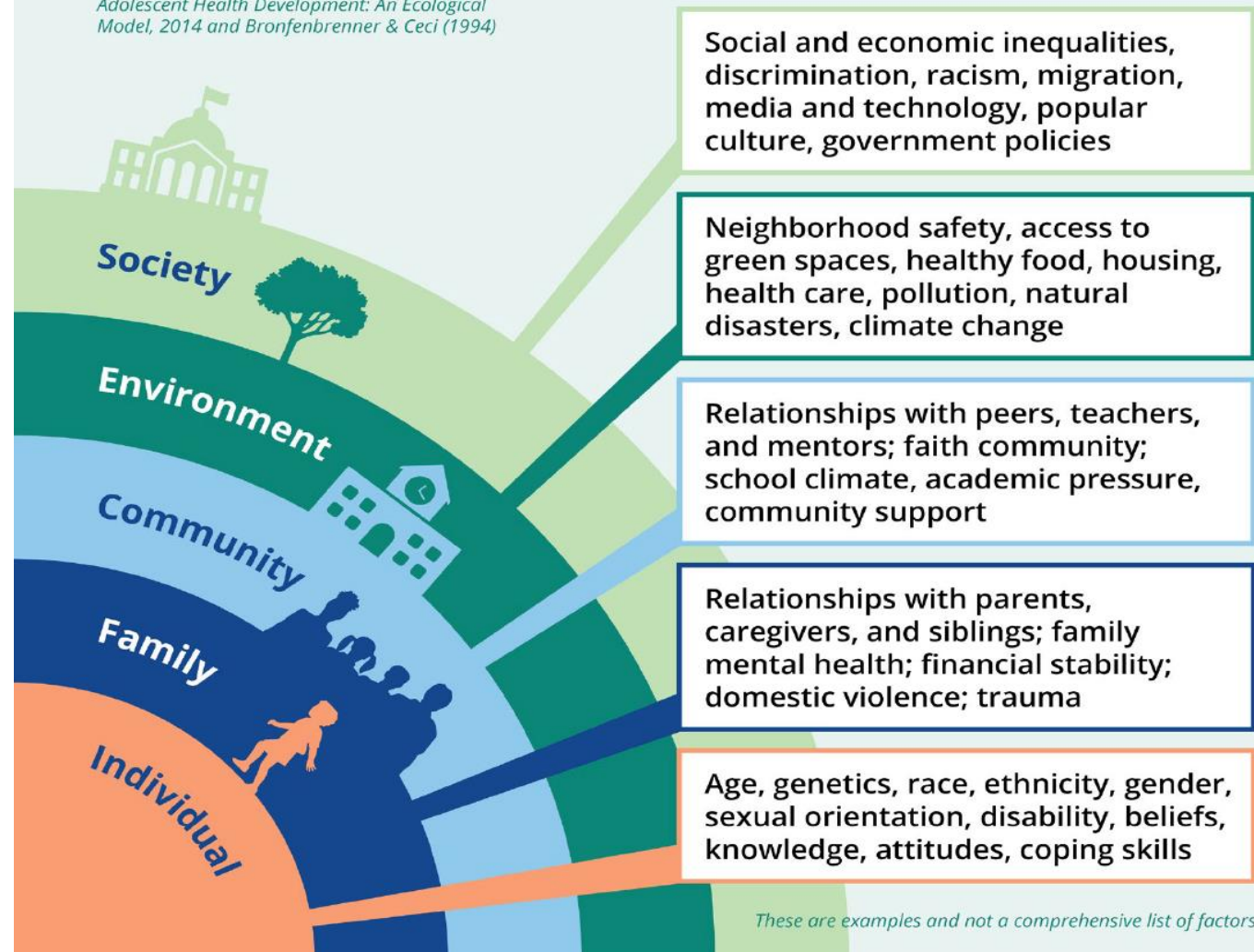
Youth Risk Behavior Survey Data Summary & Trends report, 2011-2021

U.S. Surgeon General's Youth Mental Health Priority

FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE



Source: Adapted from WHO's Determinants of Adolescent Health Development: An Ecological Model, 2014 and Bronfenbrenner & Ceci (1994)



RISK FACTORS CONTRIBUTING TO YOUTH MENTAL HEALTH SYMPTOMS DURING THE PANDEMIC *Note: Not a comprehensive list of risk factors*

Having **mental health challenges** before the pandemic^{61, 64}

Living in an **urban area** or an **area with more severe COVID-19 outbreaks**⁶⁵

Having parents or caregivers who were **frontline workers**⁶⁶

Having parents or caregivers at elevated risk of **burnout** (for example, due to parenting demands)^{67, 68}

Being **worried about COVID-19**⁶⁴

Experiencing **disruptions in routine**, such as not seeing friends or going to school in person^{69, 70, 71}

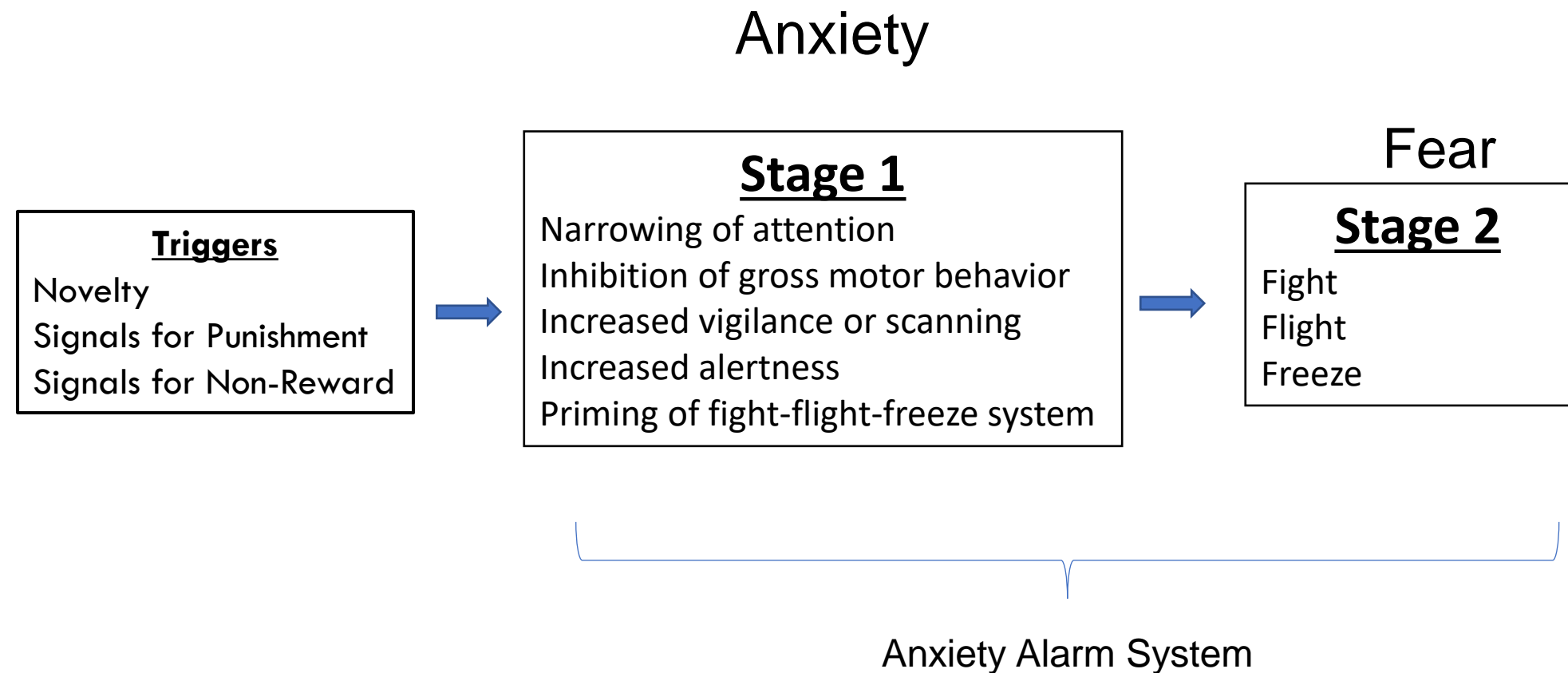
Experiencing more **adverse childhood experiences (ACEs)** such as abuse, neglect, community violence, and discrimination^{72, 73, 74}

Experiencing more **financial instability, food shortages, or housing instability**^{75, 76}

Experiencing **trauma**, such as losing a family member or caregiver to COVID-19⁷⁷

Developmental Perspective

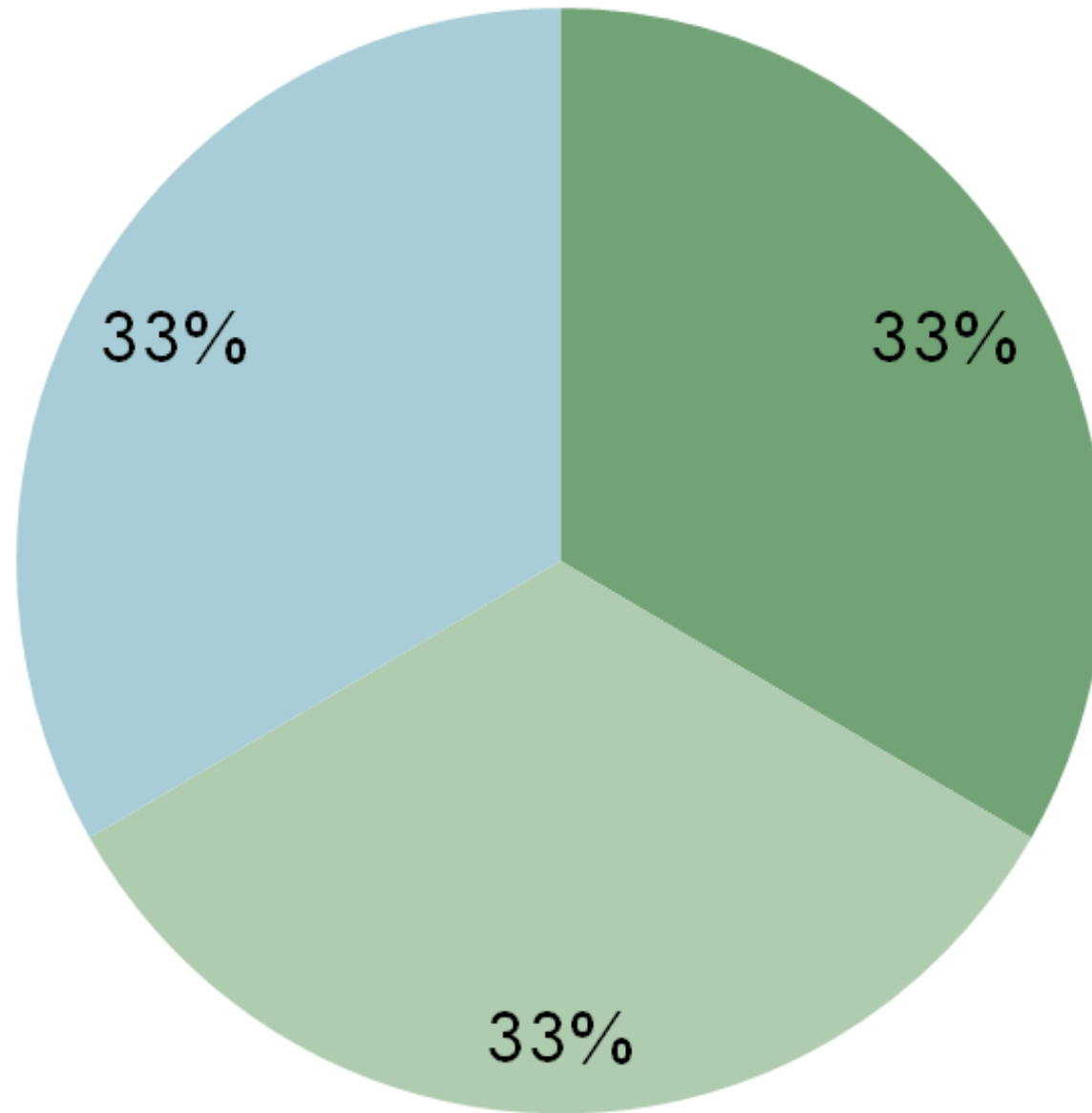
The Anxiety Alarm System



Triple Vulnerability Model

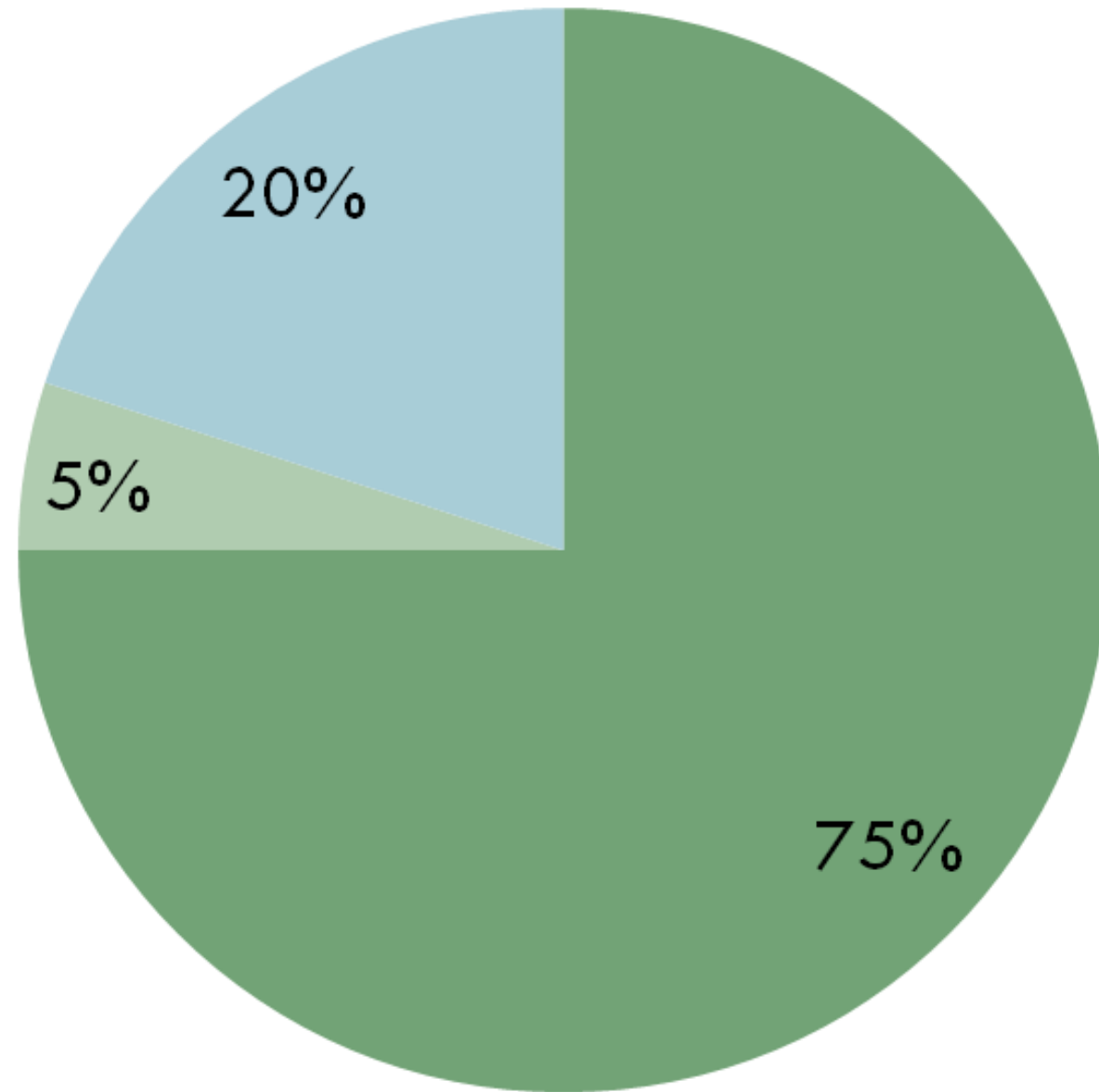
- Sensitive alarm
- Early learning
- Specific events
 - Abuse/neglect
 - Separated from parents
 - Witness an accident
 - Peer rejection/neglect
 - School transition

Anxiety Disorder



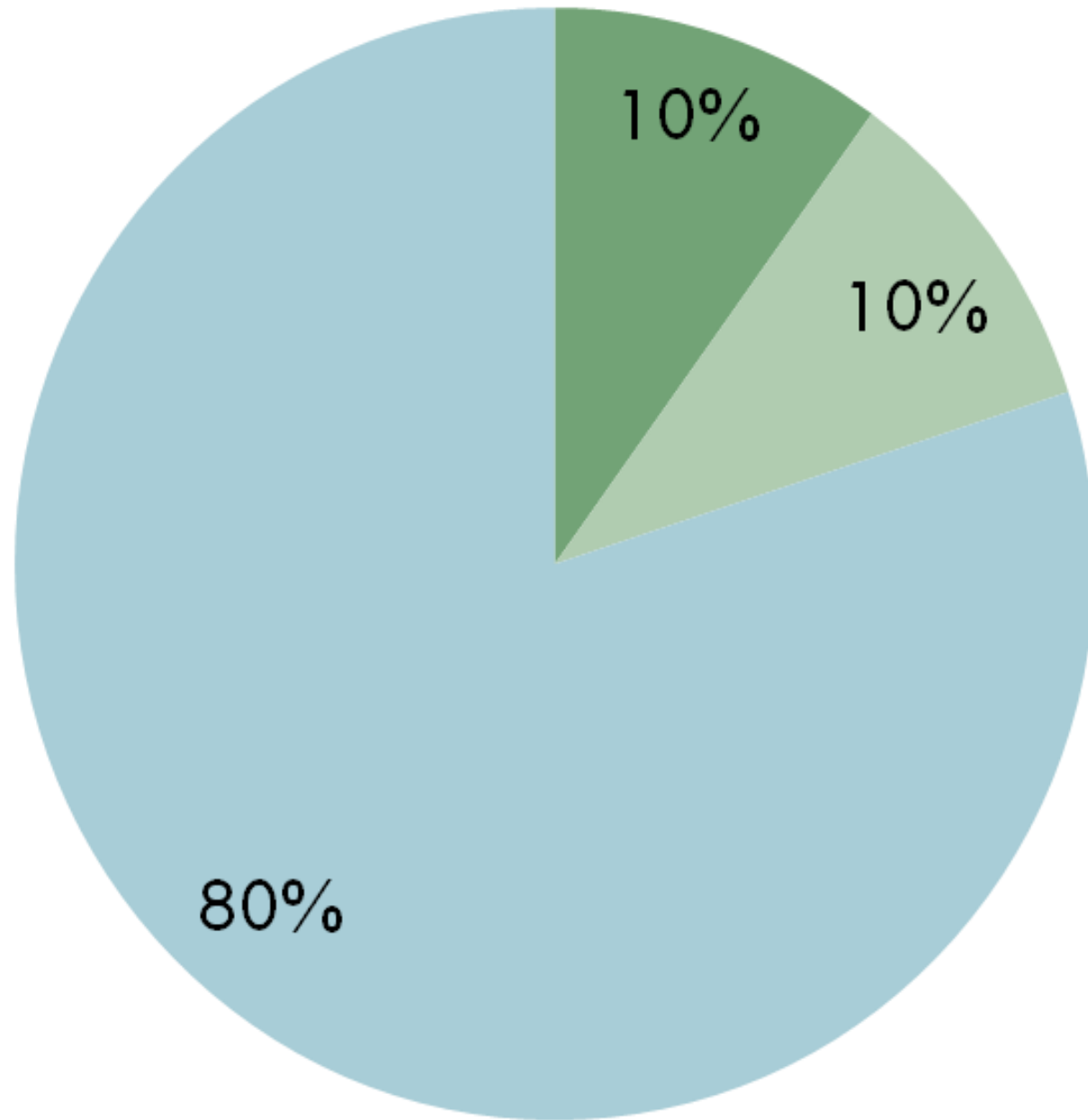
- Sensitive Alarm
- Early Learning
- Specific Events

Anxiety Disorder



- Sensitive Alarm
- Early Learning
- Specific Events

Anxiety Disorder



- Sensitive Alarm
- Early Learning
- Specific Events

Disorder	Trigger & Thought Pattern	Avoidance Behaviors	Other Considerations
<i>Social Phobia</i>	<ul style="list-style-type: none"> ➤ Social situations ➤ Embarrassment 	Evaluation settings	<ul style="list-style-type: none"> ➤ Pseudo-maturity ➤ School refusal
<i>Panic</i>	<ul style="list-style-type: none"> ➤ Internal sensations ➤ Death, dying, “going crazy” 	Panic settings	<ul style="list-style-type: none"> ➤ Stage 2: Reciprocal determinism
<i>Separation anxiety</i>	<ul style="list-style-type: none"> ➤ Separation ➤ Harm to self or caregivers 	Clingy, school refusal	<ul style="list-style-type: none"> ➤ Younger students ➤ School refusal
<i>Obsessive-compulsive</i>	<ul style="list-style-type: none"> ➤ Obsessions (≠ colloquial usage) 	Compulsions	<ul style="list-style-type: none"> ➤ Potentially bizarre ➤ Nonsensical
<i>PTSD</i>	<ul style="list-style-type: none"> ➤ Trauma cues ➤ Re-experiencing 	Trauma cues	<ul style="list-style-type: none"> ➤ Traumatic event ≠ PTSD ➤ Stage 2
<i>Specific phobia</i>	<ul style="list-style-type: none"> ➤ Specific stimuli 	Feared objects	<ul style="list-style-type: none"> ➤ Very common ➤ Interference ➤ Blood phobia evolution
<i>Generalized anxiety</i>	<ul style="list-style-type: none"> ➤ Varying events ➤ “What if...” 	Over- or under-prepare	<ul style="list-style-type: none"> ➤ Reassurance seeking; Stage 1

Anxiety Treatment

What have you found successful to support students with anxiety?



Cognitive Behavioral Foundations

- Why CBT?



Blue Menu of Evidence-Based Psychosocial Interventions for Youth

This report³ is intended to guide practitioners, educators, youth, and families in developing appropriate plans using psychosocial interventions. It was created for the period April 2021 – September 2021 using the PracticeWise Evidence-Based Services (PWEBS) Database, available at www.practicewise.com. Looking for the American Academy of Pediatrics (AAP) Evidence-Based Child and Adolescent Psychosocial Interventions tool? It is available on the [AAP website](#).

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT	Level 3- MODERATE SUPPORT	Level 4- MINIMAL SUPPORT	Level 5 ^b - NO SUPPORT
Anxious or Avoidant Behaviors	Attention Training, Cognitive Behavior Therapy (CBT), CBT and Medication, CBT for Child and for Parent, CBT with Parents, Education, Exposure, Modeling	Assertiveness Training, Attention, Biofeedback, CBT and Expression, CBT and Parent Management Training (PMT), CBT with Parents Only, Cultural Storytelling, Family Psychoeducation, Hypnosis, Mindfulness, Relaxation, Stress Inoculation	Contingency Management (CM), Group Therapy	Behavioral Activation and Exposure, Play Therapy, PMT, Psychodynamic Therapy, Rational Emotive Therapy, Social Skills	Assessment/Monitoring, Attachment Therapy, Attention Training and Exposure, Client Centered Therapy, Eye Movement Desensitization and Reprocessing, Peer Pairing, Problem Solving, Psychoeducation, Relationship Counseling, Teacher Psychoeducation
Attention and Hyperactivity Behaviors	Biofeedback, Cognitive Training, Contingency Management, PMT, PMT and Medication, Self Verbalization	Behavior Therapy and Medication, Behavioral Family Therapy, Behavioral Sleep Intervention, CBT, CBT and Medication, CBT and PMT and Medication, CBT with Parents, Education, Joint Attention/Empathetic & Emotional Engagement, Motivational Interviewing (MI)/Engagement and PMT, Parent Coping/Stress Management, Parent Psychoeducation, Physical Exercise, PMT and Classroom Behavior Management and Cognitive Training, PMT and Classroom Management and CBT, PMT and Problem Solving, PMT and Teacher Psychoeducation, Relaxation and Physical Exercise, Social Skills and Education, Social Skills and Medication	Biofeedback and Medication	PMT and Parent Responsivity Training, PMT and Social Skills, Relaxation, Self Verbalization and Contingency Management, Social Skills	Attention Training, Client Centered Therapy, Communication Skills, CBT and Anger Control, CBT and PMT, Family Therapy, Play Therapy, PMT and Multimodal Treatment for Parent, PMT and Self-Verbalization, PMT and Supportive Listening for Parent, Problem Solving, Psychoeducation, Self Control Training, Self Verbalization and Medication, Skill Development
Autism Spectrum Disorders	CBT, Intensive Behavioral Treatment, Intensive Communication Training, Joint Attention/Empathetic & Emotional Engagement, PMT, Social Skills	Family Psychoeducation, Imitation, Peer Pairing, PMT and Medication, Theory of Mind Training	None	Massage, Peer Pairing and Modeling, Play Therapy	Biofeedback, Client Centered Therapy, Cognitive Training, Communication Skills, Contingent Responding, Eclectic Therapy, Fine Motor Training, Modeling, Parent Psychoeducation, Physical/Social/Occupational Therapy, Sensory Integration Training, Social Skills and Peer Pairing, Structured Listening
Delinquency and Disruptive Behavior	Anger Control, Assertiveness Training, CBT, CM, MI/Engagement, Multisystemic Therapy, PMT, PMT and Problem Solving, Problem Solving, Social Skills, Therapeutic Foster Care	CBT and PMT, CBT and Teacher Training, Communication Skills, Cooperative Problem Solving, Family Therapy, Functional Family Therapy, Mindfulness, PMT and Classroom Management, PMT and Medication, PMT and Social Skills, Rational Emotive Therapy, Relaxation, Self Control Training, Transactional Analysis	Client Centered Therapy, Moral Reasoning Training, Outreach Counseling, Peer Pairing	CBT and Teacher Psychoeducation, Exposure, Parent Psychoeducation, Physical Exercise, PMT and Classroom Management and CBT, PMT and Self-Verbalization, Stress Inoculation	Behavioral Family Therapy, Catharsis, CBT with Parents, Education, Family Empowerment and Support, Family Systems Therapy, Group Therapy, Imagery Training, MI/Engagement and CBT, Play Therapy, PMT and Peer Support, Psychodynamic Therapy, Psychoeducation, Self Verbalization, Skill Development, Wraparound
Depressive or Withdrawn Behaviors	CBT, CBT and Medication, CBT with Parents, Client Centered Therapy, Family Therapy	Attention Training, Cognitive Behavioral Psychoeducation, Expression, Interpersonal Therapy, MI/Engagement, MI/Engagement and CBT, Physical Exercise, Problem Solving, Relaxation	None	Behavioral Activation, Mindfulness, Self Control Training, Self Modeling, Social Skills	Attention, CBT and Anger Control, CBT and Behavioral Sleep Intervention, CBT and PMT, Goal Setting, Life Skills, Play Therapy, PMT, PMT and Emotion Regulation, Psychodynamic Therapy, Psychoeducation

Cognitive Behavioral Foundations

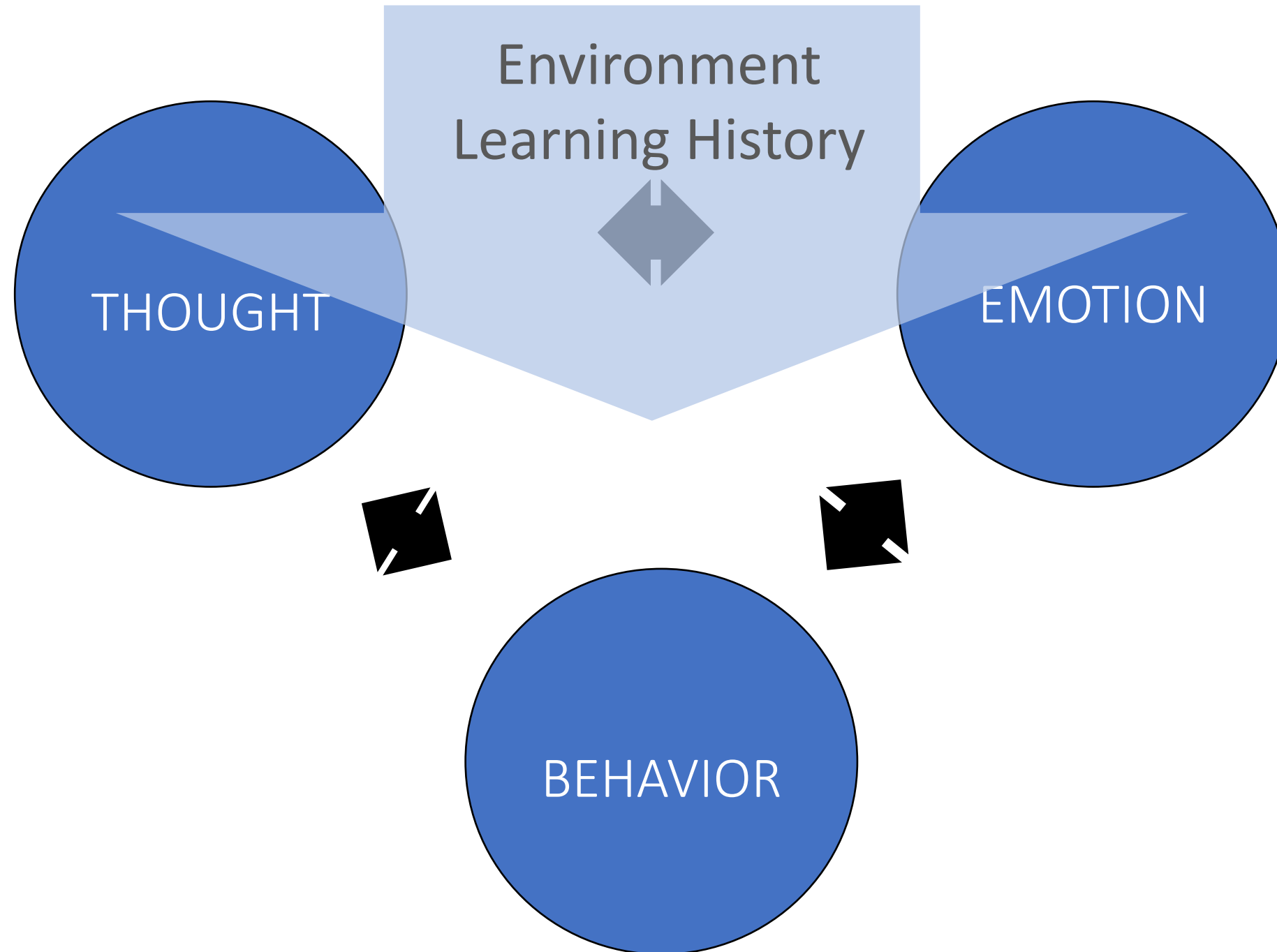


Blue Menu of Evidence-Based Psychosocial Interventions for Youth

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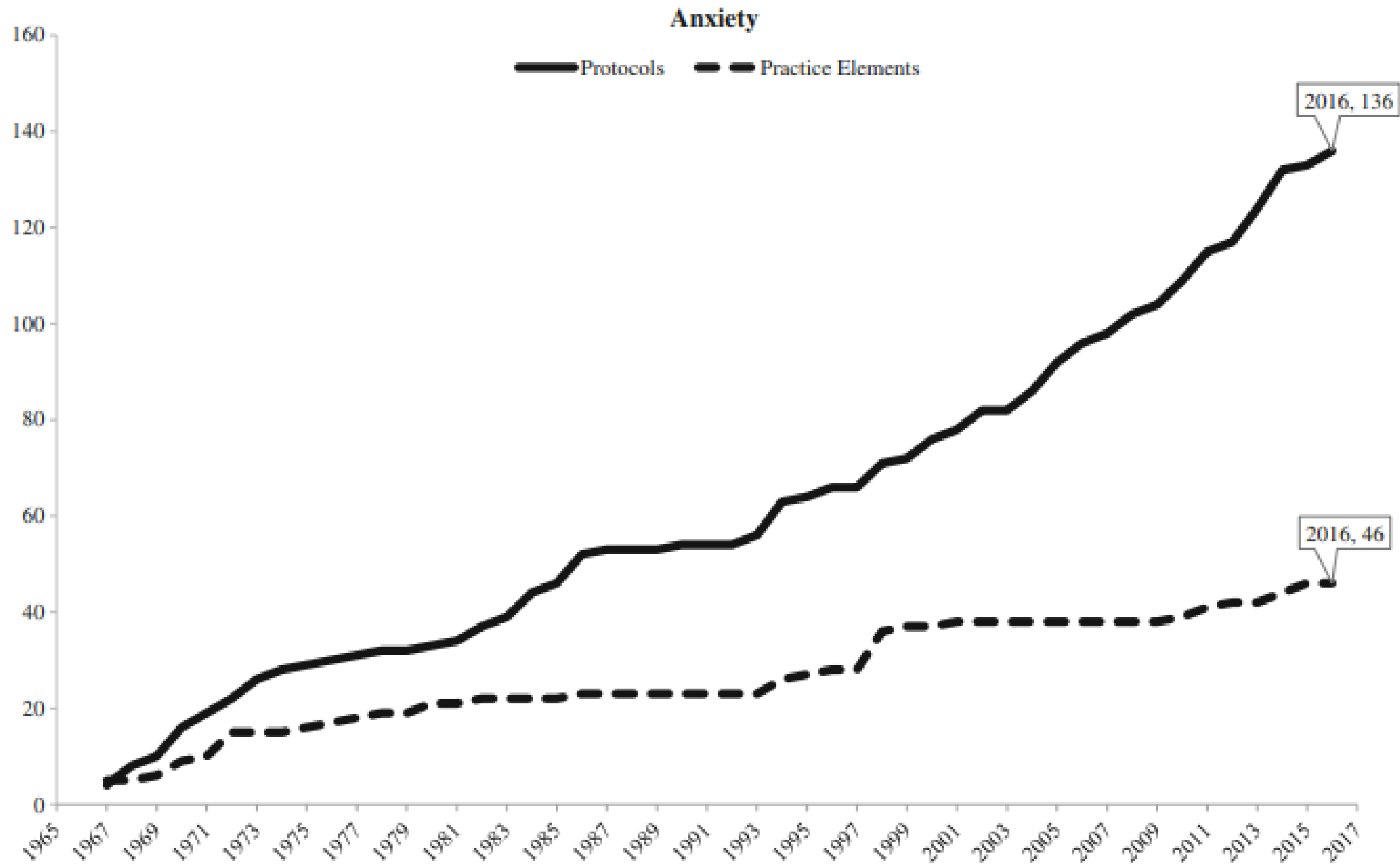
Cognitive triangle

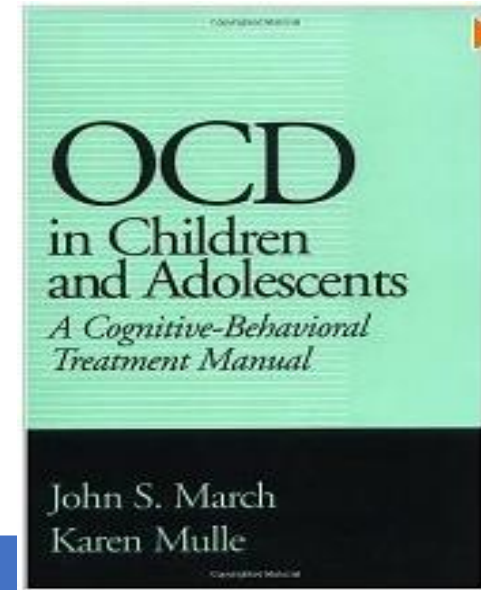


Core ideas

- Repeated measurement of specific target.
- Student, parent, & teacher as expert (humility).
- Collaboration.
- Socratic questioning.
- Genuine curiosity.
- Toolbox analogy.
- Coaching.
- Hypothesis-testing.

Figure 1
Anxiety protocols and practice element frequencies over time





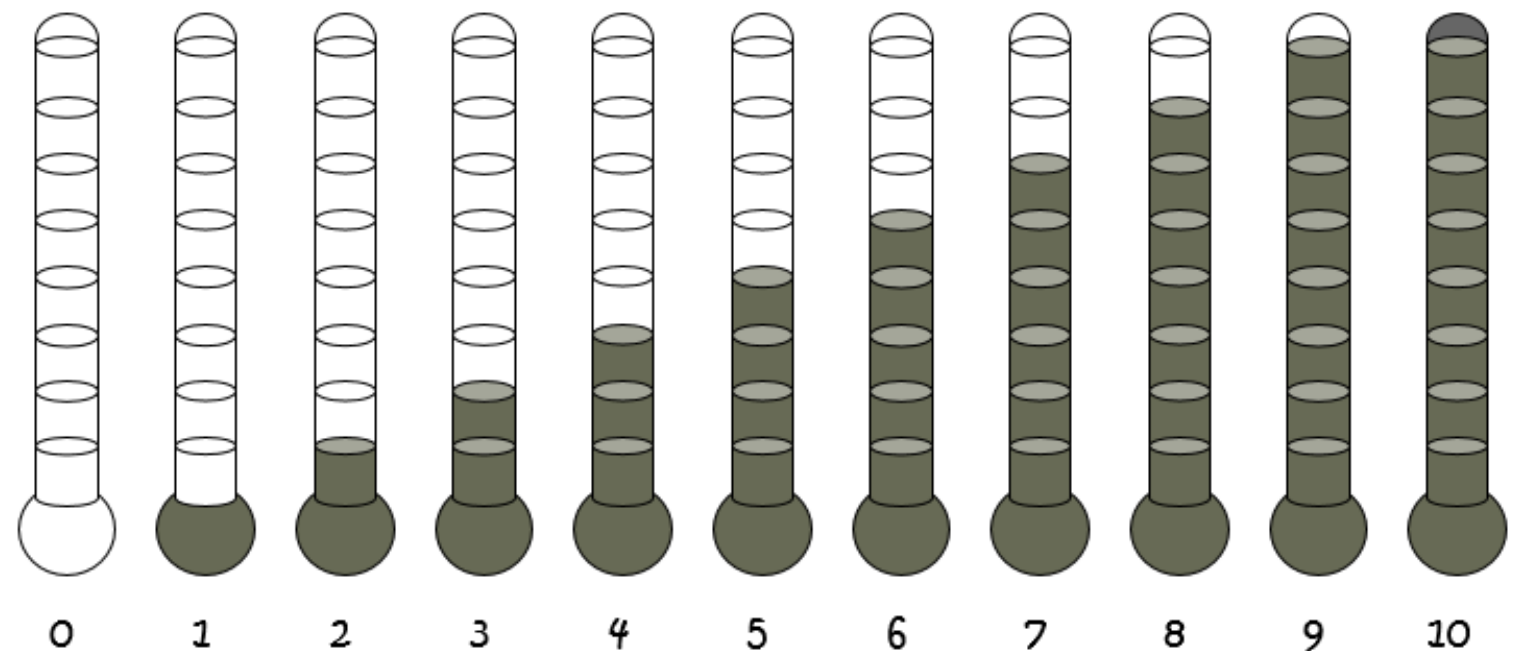
Exposure	✓	✓	✓
Cognitive	✓	✓	✓
Psychoeducation - C	✓		
Relaxation	✓	✓	
Modeling	✓		✓
Self-Monitoring	✓	✓	✓

Self-Monitoring

Objectives & Steps

- Gather information on what types of situations make a student anxious.
- Construct a list of feared items to guide practice.
- Get ratings from student.
- Get others' perspective.

Fear Thermometer



Let's Try!

11 year-old female with social phobia and difficulty with speaking in front of others

Your goal is to help build his fear ladder

10 Giving a 10 minute presentation to the entire school

5 Giving a 1 min presentation to the class

1 Asking a stranger a question

Exposure

Objectives & Steps

- Practice/exposure to feared situations.
- Allow habituation to occur.
- Repeat until fear ratings are reduced.
- Choose a practice item.
- Record ratings in practice record.
- Continuous or discrete?
- In vivo or imaginal?
- Debrief.

Practice Record

Goal: Each time you practice, repeat _____ times or until your rating comes down to _____. You can do it!

Start Date: _____

Day	_____	_____	_____	_____	_____	_____	_____
Item	_____	_____	_____	_____	_____	_____	_____

Day	_____	_____	_____	_____	_____	_____	_____
Item	_____	_____	_____	_____	_____	_____	_____

Model

Exposure (model)

- 11 year-old female with social phobia with difficulty speaking in front of others. Goal is to have student practice one in vivo trial of giving a speech for 10 seconds standing up.

CULTURE IS PREVENTION

RESILIENCY



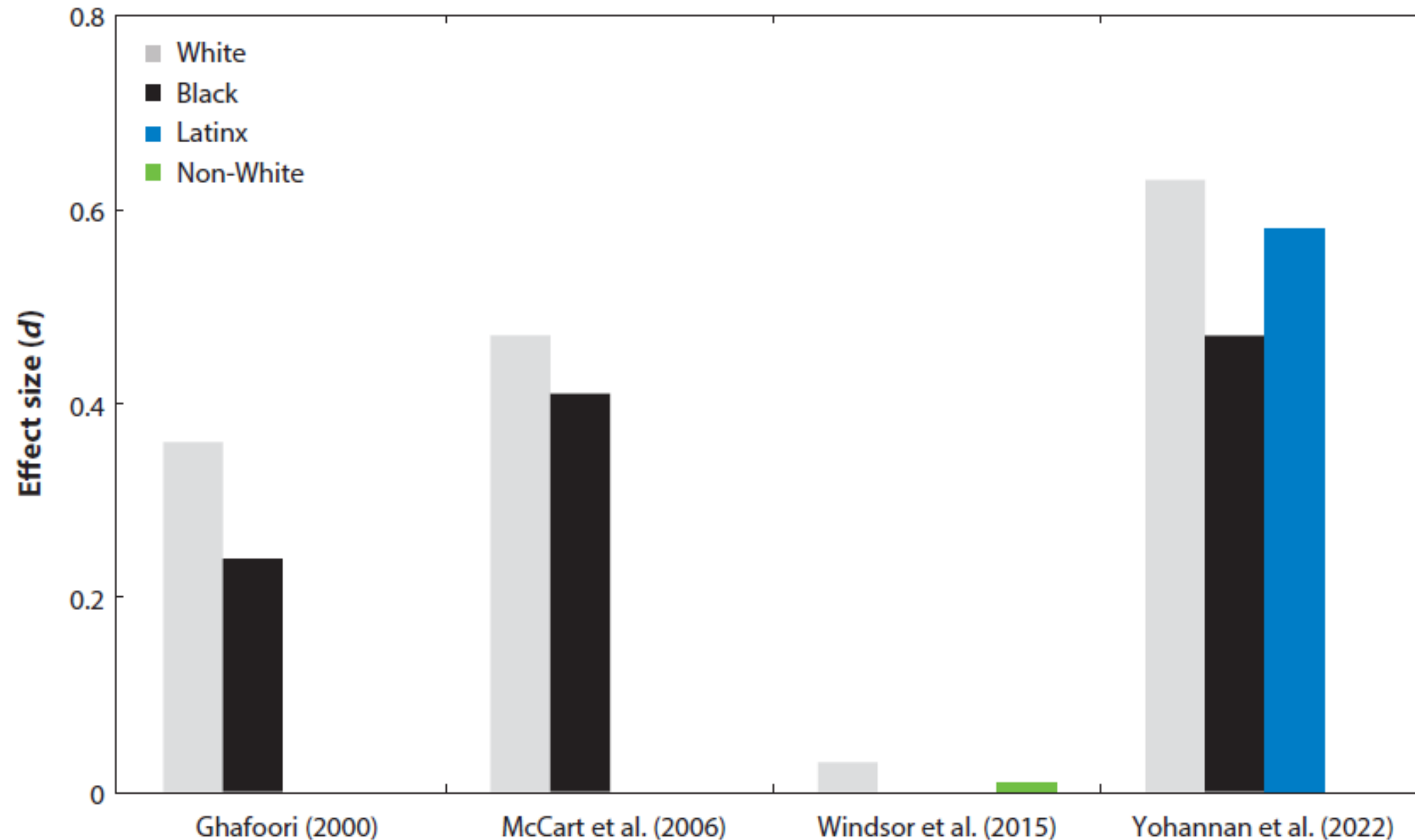
native@mhttcnetwork.org
mhttcnetwork.org/native

Native people are resilient. Traditional beliefs and holistic practices have sustained Native people throughout time. These include:

- **Loving the Creator, oneself, and one's community.**
- **Advocating for our young, supporting our elders.**
- **Remembering the strength and will of our ancestors during challenging times.**

Cultural Adaptations

Are CBTs effective for ethnically diverse populations?



(Huey et al., 2023)

Cultural Tailoring!

Table 4. Number and percentage of winning interventions by race/ethnicity of sample and cultural tailoring strategy.

Cultural Tailoring Strategy	Diverse Sample		Black Sample		Hispanic/Latinx Sample		Native American Sample	
	Winning	Total	Winning	Total	Winning	Total	Winning	Total
Any strategy	4	12	6	12	10	22	2	3
Conceptualization	–	–	0	2	4	8	1	2
Message	–	–	1	1	4	6	1	1
Procedures	3	6	0	2	4	10	1	2
Style	0	3	1	3	2	2	0	1
Communication	3	6	2	3	4	11	0	1
Change agent	2	6	2	6	10	20	2	3

The two study arms with predominantly Asian samples did not include any cultural tailoring strategies.

Cultural influence	Dominant group	Nondominant group
<u>A</u> ge and generational influences	Young and middle-aged adults	Children, older adults
<u>D</u> evelopmental or other <u>D</u> isability	Nondisabled people	People with cognitive, intellectual, sensory, physical, and psychiatric disabilities
<u>R</u> eligion and spiritual orientation	Christian and secular	Muslims, Jews, Hindus, Buddhists, and other religions
<u>E</u> thnic and racial identity	European Americans	Asian, South Asian, Latino, Pacific Islander, African, Arab, African American, Middle Eastern, and multiracial people
<u>S</u> ocioeconomic status	Upper and middle class	People of lower status by occupation, education, income, or inner city or rural habitat
<u>S</u> exual orientation	Heterosexuals	People who identify as gay, lesbian, or bisexual
<u>I</u> ndigenous heritage	European Americans	American Indians, Inuit, Alaska Natives, Métis, Native Hawaiians, New Zealand Māori, Aboriginal Australians
<u>N</u> ational origin	U.S.-born Americans	Immigrants, refugees, and international students
<u>G</u> ender	Men	Women and people who identify as transgender


Hays' ADDRESSING model (1996; 2008)

Resources

CRISIS TEXT LINE |

**Text HOME to 741741 to
connect with a Crisis
Counselor**

National Suicide Prevention Lifeline

 1-800-273-8255

What YOU Can Do

- Recognize mental health as essential part of overall health
- Empower youth and their families to recognize, manage and learn from difficult emotions
- Support mental health in educational, community and childcare settings
- Build a supportive, stable and predictable environment
- Educate about mental health
- Using standardized & personalized tools to identify risk (considering baseline)
- Build and coach coping skills (limit avoidance)
- Keep a trauma informed mindset
- Monitor suicidal ideation
- Be a role model:
 - take care of your own mental and physical health
 - maintain healthy social relationships
 - be a voice for mental health in your community



What Young People and Families Can Do



- Ask for help
- Build healthy relationships
- Learn and practice techniques to manage stress/difficult emotions
- Take care of your body and mind
- Remember that mental health challenges are real, common and treatable
- Be intentional about your use of social media, video games and other technologies
- Identifying activities that increase socialization (with public health considerations)

A photograph of a young person with their eyes closed, wearing a red t-shirt, a grey beanie, and large headphones. They are lying on a bed with a green blanket. A guitar is visible in the background. The image is part of a promotional graphic for taking time to unwind.

TAKE TIME FOR YOU

Make time to unwind.

Learn more about staying safe and healthy at
cdc.gov/coronavirus

The logos for the Department of Health & Human Services USA and the CDC are located in the bottom left corner of the graphic.

Take care of **YOURSELF**

- Eating
- Emotions
- Sleep
- Gratitude
- Focus on things within your control

APA Tips to Manage Stress



Take a **break** from the news and social media



Find **three good things** that happened to you each day



Practice **self-care** in 15- or 30-minute increments throughout the day



Stay **connected** with friends and family



Keep things in **perspective**

MAHALO NUI!



Danielle Carreira Ching, BA
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(she/her)



Kelsie Okamura, PhD
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Resources

- APA Student Resilience Program: <https://www.apa.org/education-career/k12/covid-19/building-student-resilience>
- CDC COVID-19 Parental Resources: <https://www.cdc.gov/mentalhealth/stress-coping/parental-resources/index.html>
- National Comorbidity Survey: <https://www.hcp.med.harvard.edu/ncs/>
- KHON2 Pandemic in a Pandemic: <https://www.khon2.com/pandemic-in-a-pandemic/>
- American Psychological Association Stress in America Press Room: <https://www.apa.org/news/press/releases/stress>
- PracticeWise & American Academy of Pediatrics Evidence-Based Child and Adolescent Psychosocial Interventions tool: <https://www.practicewise.com/Community/BlueMenu>
- Supporting Kids' Mental Health During COVID-19: <https://www.nimh.nih.gov/about/director/messages/2021/supporting-kids-mental-health-during-covid-19>

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