

Welcome back to Nimble Youth, the podcast where we explore the emotional lives of children and teens and give parents the tools and advice they need to navigate the complex journey, for your child. I'm your host, Matt Butterman. Today, we're focusing on an issue that is becoming increasingly urgent, but still too often misunderstood, anxiety in children. We'll be focusing on younger children today, with a separate, two episode series for adolescent anxiety. We're looking at teenage girls first and then, teenage boys and younger men.

Our guest today is doctor Gretchen Hoyle, a pediatrician with special interest in diagnosing and treating mental health conditions in children, teens, and young adults. While anxiety is something most of us have experienced at one point or another, what we're seeing now is a market rise in persistent impairing anxiety in kids at a younger and younger age. Here are just a few numbers that frame the seriousness of what we're dealing with. According to the CDC, more than nine percent of children ages three to 17, that's about six I'm sorry, five point eight million, have been diagnosed with anxiety. A study published in JAMA Pediatrics found that the prevalence of anxiety among children aged six to eleven rose by over twenty seven percent between 2016 and 2020.

And perhaps most sobering, the national survey of children's health reports that one in five children with anxiety don't receive any form of mental health treatment, which is leaving millions of kids to struggle silently. In this episode, we'll explore what childhood anxiety really looks like, not just the textbook symptoms but the day to day signs that often get missed. We'll talk about how anxiety shows up differently in kids and in teens or adults. We'll talk about the key risk factors and how parents can respond with empathy, structure, and support. So whether your child is struggling with separation anxiety, social fears, school related stress, or you're just, trying to understand what's going on, this episode is for you.

Before we start, however, we remind you that the content of this podcast is intended for informational purposes only and should not be construed as medical advice. While we aim to provide valuable insights on pediatric mental health, it's very important to consult with a qualified health care professional for any concerns or questions regarding your child's mental well-being. Always seek the advice of your doctor or other qualified health provider with any medical concerns. So, going over the topics we'll be discussing today, we're gonna first explore what anxiety is, why it develops, how it's identified, and then how we can support kids and, when as parents, you should seek help. I have an opening thought, that we'll discuss more with doctor Hoyle.

Anxiety in kids is not always what we expect and it's more common than many realize. So our first, sort of point of discussion, doctor Hoyle, will be, the definition of anxiety. How would you define anxiety? So anxiety is like it's an emotion. Right?

Like, it is we use that word to describe the emotion of that feeling of sort of inner turmoil when we are, you know, worried or concerned about potential future events. And but we also and so it's it's a it's a it's a normal emotion. Right? So we all get anxious about certain things. And in some ways, you know, anxiety can be a helpful thing.

It can help keep us safe. So, for example, if you're like, well, I would be anxious if I cross the street without looking, that is helpful. Like, so so, so there's sort of this overlap between this idea of anxiety and sort of conscientiousness. There's a that's sort of on the same continuum where, you know, you want to be aware of your surroundings and and aware of what you need to get done. And but when you start getting into a place where that inner turmoil and that worry is starting to affect your functioning, then we start to consider it more of an anxiety disorder.

Right? So it's really all about functioning, and and and whether or not, that that internal experience of of worry and sometimes, like, perseveration and rumination over certain thoughts is causing you to, you know, have a decline in your function, particularly where you're missing out on things that you had ordinarily would should want to do and be positive. And we, you know, talked a little bit about how, you know, childhood is a time of rapid acquisition of new knowledge and information and experiences. And so anything that interferes with that, can, you know, cause problems and decline in function. Right.

So what are some of these functional impairments that parents should look for? I guess one of the key ones is just having trouble with school. Right? Yeah. So school is one of the big ways that we see anxiety present, and it's different for, you know, each age group.

But, of course, I have that there are enough kids out there who struggle with going to school because of their anxiety for different reasons. But that is a significant functional impairment. Right? Because, you know, you're missing out on the sort of main what you're as kids, you know, your job, quote, unquote, is to, it is mostly school. Right?

And so, and so if you're missing out on that for whatever reason, then then, yeah, that could be a significant problem. But other ways that, you know, we can see functional impairment is, you know, social relationships. So being able to, you know, make and keep friends, is an important task for kids, and anxiety can cause that to be a real challenge for some kids. And then, you know, just, like, conflict within, the family structure can be often, kind of exacerbated by, anxiety in in anybody in the family, but particularly in in kids where, their their anxiety is causing so much dysfunction that it's hard for the family to function normally and do the things that, you know, families would want to do. And so probably the most common scenario for that is separation anxiety.

Yeah. Right. So this is a, you know, typically, the predominant type of anxiety that we see in young children. And, of course, separation anxiety, again, is a normal thing. Right?

So we know as parents like that, even in infancy, you know, as the kids get into that nine, 10, 11 month old age group where they're pretty able, you know, to you know, they they recognize who their parent is, and who their familiar caregivers are, And then they become unhappy if they are, you know, are given to a person who they're not familiar with because that's, you know, that sort of separation anxiety or sort of, you know, stranger anxiety, is built into our brains as, you know, as humans. And so that that is something that's with us, from the beginning pretty much. But

when you are dealing with a child who has separation anxiety that is impairing their function to the point where they are really, you know, basically a Velcro kid where they're constantly right up with the parent, and that means that they are missing out on the opportunity to do sort of things with other kids where there aren't parents necessarily right in proximity or, They're not. You know, they're having trouble being able to separate to go to preschool or to daycare or to any sort of childcare. That, you know, can cause some pretty substantial challenges for families.

And so, and so that's a really common way that it presents. Some children will have very sort of specific things that they're scared of. So these are, like, phobias. Right. And I think adults are often, you know, familiar with this idea.

But, you know, the most common ones in kids are, you know, they can be things like dogs, which, you know, it's not not totally illogical for a young child. Right? Yeah. It's not irrational for like, if you're small and the dog is big and they've got teeth. I mean, like, it makes sense that that you would have some, you know, that that would make you anxious.

Right. But some kids will do it they will, you know, it will cause them to have limitations on what they're able to do. And for the most part, with those kinds of things, what you're trying to do is give the child enough pleasant experiences with whatever it is that they're scared of that sort of extinguishes that phobia over time. But I'll also have kids who will have phobias that are Sort of situational. So like the fire alarm at school is a really common one.

So there are kids where, if they're having a fire drill, they get so dysregulated that it just, you know, throws the whole day off for them. And and so we have to figure out ways to, you know, help them learn how to cope with that. Thunderstorms, common too. And so, and so anxiety has a lot of you know, they're they're it's a built in thing for us, as humans, but it is also it can, it can cause dysfunction too. Right.

And so it's a matter of trying to figure out how to regulate it to a place where it is beneficial but not dysfunctional. Right. Yeah. And then some of the other things you see are these sort of somatic symptoms. Yes.

Things like stomach aches, headaches. Talk a little bit about that. Sure. So as kids get older, a lot of times their anxiety starts to manifest as somatic symptoms. And so soma, that word just means body.

And so it means that their anxiety is being manifested in their body. And by far, the two most common things that I see, as manifestations of anxiety, are abdominal pain and headaches. And so usually, the younger the kiddo is more likely to be a tummy problem. And then as people get older, headaches are in the mix. And that is in no way of saying that, like, all abdominal pain or headaches is anxiety.

Right. We need to work that up still. Yeah. Because carefully screen that. Correct.

Exactly. So we need to do our, you know, due diligence in, in working up these symptoms. But they are also common, presentations of anxiety, particularly as kids get older. And then some kids, you know, younger kids will be more likely to just have, you know, these acute episodes of tantrum-y stuff that is driven by anxiety. And sometimes as aggressive behavior, they have a real rigidity with, like, things that happen, which are inevitable in our day to day lives that are something that changes in the routine. Correct.

Can throw them off. Exactly. And it's not you know, it's the kind of thing where, you know, that's frustrating for everybody. And sometimes, you know, little kids cry over stuff, and that's completely normal. Right.

But but if it's the kind of thing where it's just so out of proportion to what happened, you know, we have this ice cream, but not this one, and it's a full on huge tantrum that lasts for, you know, like, thirty minutes or something, then that's just a out of proportion response to the stimulus that caused that dysregulation. Right. Right. Well, that brings up the next topic I want to discuss briefly and that's, why anxiety develops in some kids and and and not others. Right?

Why do some kids get very anxious at certain stimuli, certain things that are happening in their lives, and others kind of, are disabled so they kinda roll with the punches. And why does that happen? That's a great question. That's a million dollar question too. So, so, you know, my experience has been that there is a lot of genetic predisposition for anxiety.

Right? And so, and and so it does seem like there are kids who are wired up to be more likely to be anxious. And sometimes that is apparent to me when I'm talking to the parents, that, you know, that that is a genetic thing for them. And so it's just like any other condition, you can have a genetic predisposition. And so sometimes when I talk to parents about this, I'll liken it to asthma.

Right? So we think of asthma as a physical problem. And, of course, it's sort of a false distinction between the physical symptoms and psychological symptoms, but that's typically how people still think about it. So when you think about asthma, there are folks who have a predisposition to asthma. They have a lot of family history of it, and it's something that, you know, that they have a lot of relatives with.

And so their family is sort of aware of it. And then, you know, that in combination with certain environmental factors, will cause them to wheeze and have symptoms and we need to treat that. And so that's a similar scenario with the genetic predisposition towards anxiety. So you can have kids who have a lot of predisposition towards anxiety. And then, and then there are environmental, you know, experiences that people have that can cause that anxiety to really manifest.

So certainly, you know, things that are, you know, really like negative life experiences. So trauma, grief, bullying, abuse, those kinds of things are extremely likely to bring on anxiety. But that is not to say that there are some kids who have the genetic predisposition towards anxiety

where they become anxious in situations that are just normal life experiences and are not sort of, you know, exceptional things that have happened. And they are they just are they're they're predisposed to being anxious and they will present in that way. Right.

Whereas some kids will have very little predisposition for anxiety and they will somehow be resilient in the face of things that we would consider to be like, you know, uncommon, experiences in life for them. So significant trauma or abuse, and they are resilient and able to, you know, sort of bounce back. So there is a huge spectrum as to how, like, any one person is going to present with their anxiety. Most of the time, it's somewhere in the middle. And so we have to sort of, sort of think about what their genetic predisposition is and then, you know, what experiences may have contributed to that when we're thinking about, you know, considering how to manage it.

Right. And so, as a physician, when you're seeing a child, maybe the parent has brought them in because they're having some problems Mhmm. In school. Obviously, they don't come in with a name tag on this as I have anxiety. Right?

You know, that you have to make the determination of of, you know, whether it's anxiety or not or just normal. As we said, sort of, normal nervousness that accompanies certain milestones in young lives. So how do you, how do you see kids sort of present with anxiety? And then how do you make the determination that this is a problem that needs to be treated? Right.

And so there's a a lots of ways that I kinda start getting into this conversation with parents in the clinic setting. So one way is that we screen for it. Right? So part of having a good, you know, well check, you know, when you go in for a checkup, part of a good well check is having a behavioral screening done. And so parents are probably familiar with this where, where we are asking questions about the child's behavior to see if they statistically fall out of range for their peers.

There's one specific one that a lot of us use called the PSC 17. It's got 17 questions on it, and they're in three categories. One is attention, and so that's sort of screening for ADHD symptoms. There are internalizing symptoms, which are most typically correlated with anxiety or depression. And then there are externalizing symptoms, which are things that are the kind of things that can kinda get you in trouble.

Right? So aggression and that kind of thing. So we are using those types of screening tools to see if there are things about that child's behavior because behavior is a big part of, you know, well, child care that we need to address more, directly in the visit. So that's one way that it comes up. There are sort of indirect ways that it presents.

So sometimes it's those physical symptoms that we're talking about where kids come in with abdominal pain or headaches or those types of things. And, again, we, you know, do our due diligence to make sure that we have covered our bases as to, managing the potentially, like, physical sources of those things. But sometimes it will become clear that what is causing these

physical manifestations is their anxiety. And so it does take, you know, some time sometimes to try to figure out maybe, what's underneath causing those symptoms. And so that's one of the indirect ways.

Another sort of indirect way that they'll present is with aggression and sort of behavioral type problems that they're having, where they're they're having enough trouble at school or in preschool that, it's coming to the attention of the teachers, and then that's causing them to, you know, call the parents and be like, okay, this is just not a behavior that we can handle. Sometimes I was going to overlap with ADHD and sometimes it's purely anxiety. And those are things that we need to be able to sort of tease out. And then occasionally I will have parents who will come in and they will make it or or even the child or the the, this is more true for older kids, but they will come in and they will make an appointment and they will say, you know, I'm here to talk about their anxiety because they have because people are more aware, I think, now of what anxiety looks like. And as people get older, you know, kids are able to tell me, you know, I'm just really anxious and I worry all the time and I wanna, you know, try to get better.

And so, that's sort of those are the sort of different ways that that can present. It can be anything in between any of those two. So sometimes it's a pure mystery that's coming out of nowhere, and sometimes it is, you know, directly, like, that's what we're here for. Right. And so, and so for me to be able to get, like, a diagnostic tool involved is super helpful.

Let's talk about one tool that you use. It has the, I used to say the very appropriate name of, the scared questionnaire. Right. Right. And, that's that's an acronym of shall I let you, spell out.

But, that's how you make, you know, a definite diagnosis of anxiety. And so talk to us a little bit about that. Right. So this is for, like, anxiety related disorders. Right?

And so, and and so it is a 47 item, like, measurement tool. And it will present the child and the parent. So it's important to understand here, like, when we talk about Vanderbilt, so we were having those filled out by the parent and the teacher. Right. This time, it's the child and the parent.

And, we do this in kids as young as four. And so, and so sometimes what that looks like, like, in the actual visit is that I will have, you know, the parents either doing it on paper or sometimes on their phone because we have a really cool electronic, you know, way to send these questionnaires. And then I will sit with a child and ask them these questions out loud. And so it will be something like, okay. Here's the first statement.

I get headaches when I'm at school. Okay. So then I'll say, is that not true for you? Is it a little bit true or sometimes true, or is it very true or very often true for you? And they can tell me they can either point to it on the screen or they can give me a zero one or two answer, or they can sometimes tell me that's not true.

But it allows me to, like, ask them those questions about what their internal experience is like. And, and that helps me to be able to figure out what their symptoms are and in what category they fit into and how intense they are. So if you think about this is a 47 item questionnaire, and it scores zero to two for each of these items. And so you could get, you know, I guess, the highest score you could get would be a 94. I've never seen that, fortunately.

But, but you can and so, basically, what we have found is that 30 and above is pretty specific statistically for being sort of outside the bell curve as far as your anxiety goes. And then it will subcategorize it into different types of anxiety, which I think is, you know, is super helpful. So, it will ask about, like, symptoms that are separation anxiety driven. And so as one of the questions there would be, I follow my mom or dad wherever they go. And is that not true, a little bit true, or very true for you?

And so there's lots of questions that are in that same category that we try to figure out whether they have separation anxiety. School avoidance is there. Social anxiety is there. Generalized anxiety, which is like, as kids get older, it tends to be more of a generalized anxiety picture. And so that's questions like, I worry about things working out for me.

Is that not true, a little bit true, or very true for you? And so, that gives me a, you know, a score on each subset. The last one is what we call the panic or somatic symptoms. And so panic, you know, panic episodes is, often we're able to, like, identify episodes of sort of panicky symptoms on these questionnaires. But a lot of times, kids are able to tell me that they feel panic here.

They're having a panic attack, especially the older that they get. And that has a lot to do with the physical manifestations of anxiety. So you can feel your heart rate going up and you're breathing faster, and, actually, you have your pupils dilate. Lots of things are happening because you're something that has activated your fight or flight, and, and your autonomic nervous system is preparing you to either run away or fight off a threat. And so, again, a functional thing in the right circumstance.

But if it's a circumstance in which, you know, there's not really a threat there and it's happening all the time, well, then that's pretty debilitating. Sure. And so the questionnaire helps me figure out, like, what kind of symptoms they're having that are anxiety driven, whether or not they're outside the statistical norm for each of these categories and overall, and just the intensity of them. So the higher the score, you know, the more symptoms they're having, and it also gives me a starting point to be able to say, okay. Well, you're starting out with a score, you know, that's in the fifties.

We're gonna try to get that down. Right? So we're gonna do something different we're gonna we're gonna employ a treatment plan that the goal is to try to reduce those symptoms to make you feel better. Right. Yeah.

Right. So once you've made this diagnosis using the SCARED questionnaire Mhmm. How do you support, or how can parents, and their physicians support children with anxiety? One thing

that's been said is that the fear that accompanies anxiety, you can't really fix it, but it has to be faced. And so kids need support, to face their fears.

And so what are some of the best ways that parents and health care providers can help their kids do that? Right. So a lot of times with young children and what they're experiencing, you know, when we're back in the idea of the of anxiety as an emotion and a child expresses anxiety, then it is important for parents, particularly for young children, to to validate that, you know, that feeling and and help the child name it. So if your child is telling you that they are scared of the dog across the street, then that is helpful information, and you can have that try to say, okay. Well, you know, tell me why that is.

And then what you're wanting to do, though, is to try to make it so that that child can get, you know, incremental small exposures to the things that scare them so that their nervous system will eventually stop recognizing that as a threat. Right? And so those kinds of things are, you know, are things that parents can help kids do when they are trying to learn how to manage their emotion of anxiety. When we're turning our attention towards kids who really are meeting the criteria for an anxiety disorder, keep in mind, you know, like, that squared scared questionnaire, it's the parents fill out one and the child fills out one. It's always very interesting to me because in the beginning, like, with young children, a lot of times, the parent score on that questionnaire is higher than it is than the child.

Sometimes I'm like, well, maybe it may just not totally understand the question here or what's happening. But as kids get older, what often happens is that those scores will deviate to the such that the child's score is higher than the parents. And the reason is because the child is able to hide their internal experience, enough that the evidence of their anxiety is not as a is not as easily seen by the parents. Right. Right.

Right? And but they are still, you know, having a sense of inner turmoil, and they are not, you know, they're not experiencing life to the fullest in a way that we want them to be obviously, want them to be happy, and we also want them to be functional so that they can do the things that they, you know, that kids should do in order to become, their, you know, fully functional selves. And so, it's important for parents to recognize that if their kid is really in a place where it's starting to affect their function, then getting help from a professional is an appropriate thing to do. Sure. Sure.

And so what are some of the sort of first line therapies that they would use to treat your child? Right. So there's two big modalities of therapy, or or treatments. One, of course, is, like, like, different types of therapy with a therapist. So Talk therapy.

Some of this is yeah. So with older kids, a lot of times, they can do cognitive behavioral therapy, so counseling or therapy where you're able to discuss the things that are making you anxious. And a lot of times, having a person who's able to reflect that back to you in a way that helps you put it in perspective is extremely helpful. And then a lot of times, these, like, therapists will work with kids who have particularly acute episodes of anxiety that are sort of panicky, they'll give

them different techniques to use when they are feeling like that. So in the context of when they're seeing the therapist and they're not in a dysregulated state, then they can practice things like breathing exercises or imagine ourselves in a place that we really like or that type of thing to be able to use those strategies when they do feel dysregulated.

And so those are extremely helpful things that can happen in therapy. Sometimes for really young children, we'll do something that's more like play therapy, which is a little more indirect, but it can be very helpful in helping kids learn how to manage their emotions. And so there's very good evidence that therapy is helpful for anxiety and depression, you know, much more than for something like an attention when we talked about ADHD. Right. So then medications are also effective.

And so as it turns out, both therapy and medication are effective, separately, probably for most people with these kinds of conditions that doing both of those things is the most effective thing, and that bears out in the data too. Yeah. So there are some medicines, and I realized that, like, you know, the idea of a medicine in young children is, you know, is, can be really off putting to parents. There are three medications that we use that are sort of frontline first line medicines that are in the class of medicines called SSRIs. So that stands for selective serotonin reuptake inhibitor.

And so they're working on serotonin, which is a neurotransmitter in the brain that gives us a sense of well-being. And so we're for people who have a lot of anxiety, that that neurotransmitter tends to be sort of depleted. And we have found that if we can elevate levels of serotonin, then a lot of times the symptoms of anxiety and depression improve. And so for kids, even younger kids, depending on what they're like, for example, what they're scared questionnaire scores are or what they're functional, where they are functionally or how often they are having episodes that are just, like, dysregulated episodes that are making it impossible for the family to function. Like, what their functionality is often drives whether or not we, you know, engage in medication.

And so those medicines, though, are very effective at being able to reduce the symptoms, and they come in liquid form. And so it does give me an option to be able to, to deliver it to kids who can't swallow pills. And the three that we most commonly use are, you know, Prozac, Zoloft, and Lexapro. And and which one of those I pick is usually determined by whether or not there's a family history of use of any of those medicines and whether that was positive or negative. And Yeah.

And then there's some other, like, you know, there's you know, insurance always gets to say Sure. As to what we just prescribe. And then there's some other little nuancey things about these medicines that will help me make a decision. But for the most part, they work in a similar way. They have similar side effect profiles.

Most common side effects for these are sort of dizziness, headache y, nausea feeling at the very beginning, but that typically goes away after a few days. And for most parents, when I do this, especially for kids who are having real significant impairment in their function, it is a relief to

get some control over what is happening to them, because kids don't want to feel this way. Right? No. I mean, kids Yeah.

They want to interact with their peers. Right. They wanna go to school. I mean, not not every child is a Ferris Bueller. Mhmm.

I guess you have to be of a certain age to understand their birth rates, but, you know, kids wanna go to school. Yep. There's even a math test. You know, they wanna go to school. They wanna interact with their peers.

They don't want to be, you know, afraid of Right. Not being able to deal with a bully or something. So, so these therapies can help them face those fears. Is that correct? Get back to functioning.

Yes. And and, you know, I tell folks I feel like I've said this every time, but, like, you know, if I could work if I could wake up in a world where no one needed medicine, I would love that. Right. Right? Because it would mean that we, have an educational system and a society that is accepting of all different types of, challenges, and that we, you know, have been able to minimize things that are, you know, traumatic for kids, especially for kids where, they've had sort of unusual experiences that were traumatic.

And so, and so if we lived in a world where no one ever needed medicine, then it would potentially mean that those things aren't happening. And that would mean, I would love that, but it's not the world that we live in. And so, and so in medicine to me is a tool to make it so that kids can function at their very best and can have lives that reflect that. Right. That underscores a point that I think we wanna try to close with and that's, having early intervention with anxiety is really key to having a better outcome because anxiety can kind of build with age.

Is that right? Yes. It can. And so there's a lot of discussion about the relationship between anxiety and depression, which I think we'll talk a little bit more about when I get to older kids. But, they really do seem like they're.

They kind of feed on each other. Yeah. They're two sides of the same coin, really. And so there's this thing about is it are they categorically different things or are they, you know, a continuum or some some for some folks, you know, feel that for folks who are anxiety who have anxiety and are anxious for long periods of time, that eventually they will start to lose hope that things are gonna get better for them, and that can then start looking like depression. And so usually that takes a significant period of time.

Kids are much more likely to present with anxiety. But, you know, we do need to be aware that over time those symptoms can change, and they can look more sad than anxious. And, and as it turns out, you know, elevating serotonin, helps with both of those types of symptoms. And so we know that there's a relationship between anxiety and depression. And, and depression.

And, and that's another big reason why, you know, early intervention is important. Absolutely. Yeah. Absolutely. Well, thank you, doctor Hoyle.

Next time, we're gonna get into, first of all, anxiety and depression in teenage girls. For the following episode, we'll deal with the boys and young men separately. Just recapping a little bit of what we've talked about today, anxiety even in young children is very common and is treatable, but it can look different in every child that comes into the office. Support, therapy and in certain cases medication, can be really life changing and it's important to get the treatment early, starting early. And parents, you are powerful allies in helping your kids feel safe and secure and brave.

And for parents, you know, some things to keep in mind. Trust your instincts, but also don't wait to ask for help because as doctor Hoyle just mentioned, anxiety does sort of build as kids age. But also know that you're not alone. Plenty of parents and caregivers deal with children that have anxiety. Well, thank you for joining us today.

We're very excited to have you along on this journey, as we explore the complexities of parenting in the modern world. Be sure to subscribe at our website www.nimbleyouthpodcast.com so you don't miss an episode. We're also gonna be posting links and show notes, from each of the episodes, there on the website. And, as I mentioned, stay tuned for the next episode. We're gonna dive into adolescent anxiety in girls.

We'll see you next time on Nimble Youth. Until then, please take care and remember, raising a mentally nimble child isn't just about preparing them for the world. It's about helping them thrive in it. See you next time.