

## Webinar 28

# Supporting children and families to recognise and navigate paediatric anxiety

7:15 pm to 8:30 pm AEST  
Wednesday, 7<sup>th</sup> September 2022

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**Emerging  
Minds.**

**National Workforce  
Centre for Child  
Mental Health**



Emerging Minds and MHPN wish to acknowledge the Traditional Custodians of the lands across Australia upon which our webinar presenters and participants are located.

We wish to pay respect to the Elders past, present and future for the memories, the traditions, the culture and hopes of Indigenous Australia.

# Welcome to Series Five

This is the second webinar in the fifth series on infant and child mental health, presented by Emerging Minds and the Mental Health Professionals' Network.

## **Upcoming webinars in Series Five include:**

- Working with children with higher weight – Thursday 17<sup>th</sup> November at 7.15 pm
- Supporting children who have disclosed trauma
- First Nations children – family violence
- Bullying

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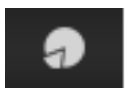
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# Learning outcomes

At the webinar's completion, participants will be able to:

- identify how to recognise and support children who experience anxiety
- discuss the developmental, relational, and psychosocial context of anxiety in formulating interventions
- identify practical strategies for engaging with a child who is experiencing anxiety
- discuss strategies for engaging parents in non-stigmatising ways that allow them to contribute to plans to best support their child.



# Tonight's panel



**Dr Andrew Leech**  
General Practitioner, WA



**Rachel Tomlinson**  
Psychologist, WA



**Dr Ros Powrie**  
Child and  
Adolescent  
Psychiatrist, SA



**Facilitator:**  
**Vicki Mansfield**  
Practice Development  
Officer, NSW

# General Practitioner's perspective

## The role of the GP



Dr Andrew Leech

- GPs are often the first point of call for families dealing with anxiety in children.
- GPs connect and build rapport in a way that helps to establish the reasons behind the anxiety.

**Remember - The child is the patient!**

# General Practitioner's perspective

## What are parents looking for?

- Listening
- Recapping
- Supporting
- Empathising
- Following up.



Dr Andrew Leech



# General Practitioner's perspective

## This is What You See

- Increased irritability and behavioural 'outbursts'
- Butterflies or a sore tummy
- Headaches and dizziness
- Difficulty concentrating at school
- Avoidance of a particular place, person or experience
- Resistance when separating from primary carers (such as school drop off, bed).



Dr Andrew Leech

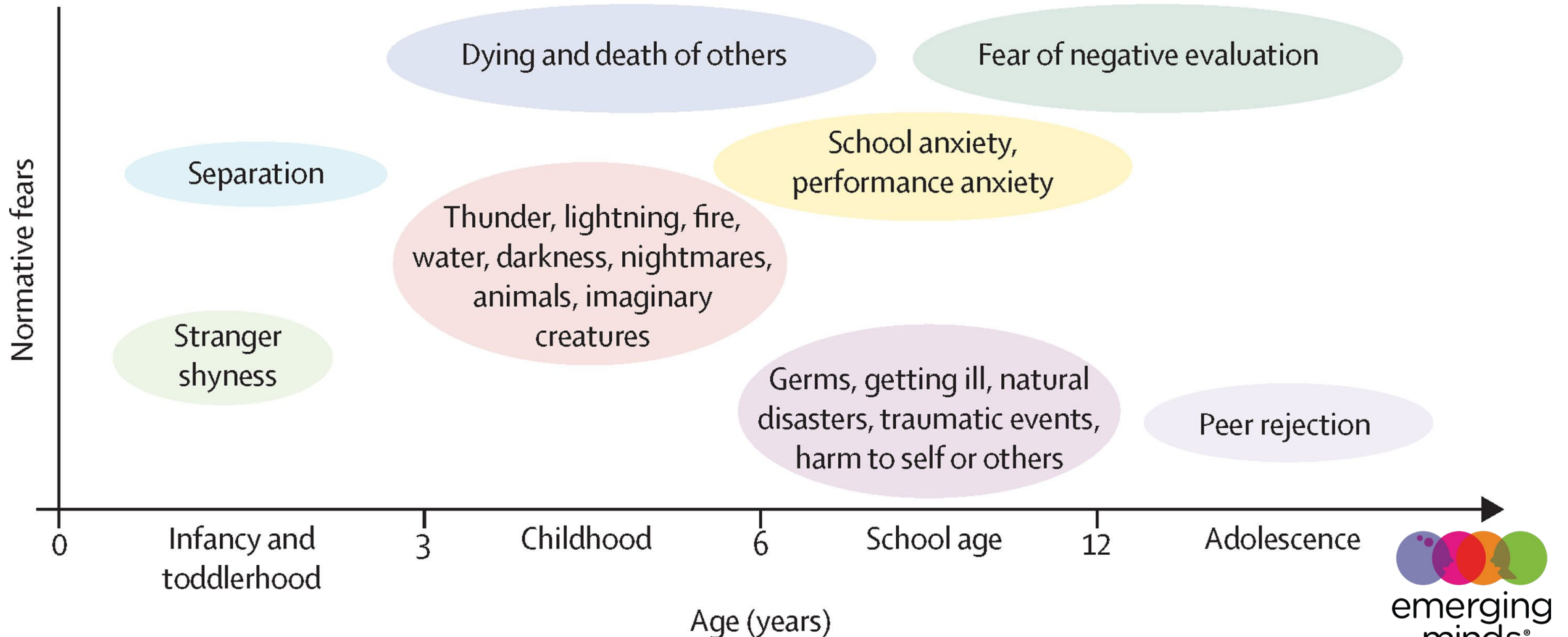


# General Practitioner's perspective



Dr Andrew Leech

## Normative fears during childhood



Reference The Lancet Craske, M.G. and Stein, M.B. (2016). Anxiety. The Lancet, [online] 388(10063), pp.3048–3059. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30381-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30381-6/fulltext) [Accessed 23 May 2019].



# General Practitioner's perspective

## Anxiety language



Dr Andrew Leech

- Instead of 'anxiety', use words like 'being scared', 'having worry', 'having a tummy ache or butterflies', or label the anxiety as something else, like 'the worry monster'.
- For an objective measure, rating the worry from 0-10 is also helpful.

# General Practitioner's perspective



Dr Andrew Leech

Normalising anxious feelings can be immensely powerful for children.

# General Practitioner's perspective

## What to ask



Dr Andrew Leech

## The essentials to a 'stronger' brain!

- **Sleep**
- **TV** (how much screen time?)
- **Relationships** with others
- **Organic** (could this be something else?)
- **Nutrition** (what are they eating?)
- **Games** (what sport or activity makes them buzz?)
- **Education**
- **Routines** (How busy are they? Do they have a regular routine?).



# General Practitioner's perspective

## How can we help?



Dr Andrew Leech

Try and provide some simple, practical tips:

- Sleep hygiene
- Dietary tips
- Screen time
- Mindfulness
- Books
- Parenting strategies
- Reducing stress in the household.

Follow up all children with anxiety with a longer consultation.





# General Practitioner's perspective

## How can we help?

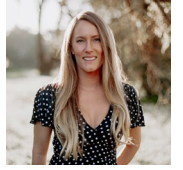


Dr Andrew Leech

- **Objective screens:**
  - The Spence Anxiety Score
  - The Strengths and Difficulties questionnaire
- Mental health care plan
- Consider OT or psychologist when the impact is more significant.

# Psychologist's perspective

## Recognise/support children who experience anxiety

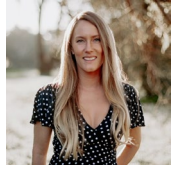


Rachel Tomlinson

- DSM 5 for **Generalised Anxiety Disorder criteria** – met
- Comorbidity with **Social Anxiety Disorder (Social Phobia)** – partially met (further review required)
  - B = partially met – unknown where fear origin comes from [DSM5 = fear their actions, or presence of symptoms will be negatively evaluated]
- Children are more likely to demonstrate psycho-somatic symptoms of anxiety, rather than express fears with words. School avoidance, sore tummies, headaches, clinging (once past usual age of separation anxiety), emotionally volatile.

# Psychologist's perspective

## Developmental, relational and psycho-social context of anxiety in formulating interventions

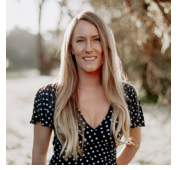


Rachel Tomlinson

- Relational
  - Family health anxiety
  - Dad being FIFO (Inconsistent, unknown)
  - Family will be integral in changing communication and management of fears/worries/health issues
  - Review family MH history/coping skills
  - Transitional supports – when dad leaves.
- Developmental
  - Anxiety doesn't appear until after 2 – before that its instinctive fears – but imagination is required to think about worst case/what if (which presents from 2 onwards). Normal at 5 to fear things they can't control (covid, dad leaving, health, school)
  - Early hospitalisation.
- Psycho-social
  - Landscape post covid (fears about health)
  - Commenced new school (unknown, separation)
  - Transition supports – school and home time
  - Increase sense of control in “out of control world”.



# Psychologist's perspective



Rachel Tomlinson

## Engaging parents in non-stigmatising ways that allow them to contribute to plans to support their child

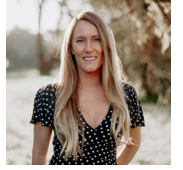
- Strengths-based (positive they have sought help, acknowledge they know child best, identify and acknowledge what have they done so far in supporting child)
- Identify their goals/priority areas to focus on (increases engagement/buy in)
- Offer non-judgmental support
- Psycho-education (to underpin “why” you choose certain interventions)
- Teach parents how to apply the skills at home (check their knowledge and skills to avoid skipping key info or patronising).



# Psychologist's perspective

## Identify practical strategies for engaging with child who is experiencing anxiety

- Modified/Parent Supported CBT approach
  - Reality testing – detective hats on! Finding evidence of coping
  - Use of rating scales (or colour coded scales depending on numeracy skills)
  - Coping statements
  - Exposure coupled with emotional regulation strategies.
- Increase emotional intelligence (= increased emotional regulation skills)
  - Feelings in my body
  - Body thermometer
  - Emotions Bingo
  - Reading thematic books.

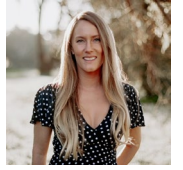


Rachel Tomlinson

# Psychologist's perspective

## Identify practical strategies for engaging with child who is experiencing anxiety (cont'd)

- Emotional regulation and reduce arousal of nervous system
  - Bubble breathing / hot cocoa breathing
  - Progressive muscle relaxation
  - Sensory box.
- Practical skills building for transitions
  - Fill cups
  - Transition item
  - Reduce arousal
  - Routine
  - Visual or audio cues (inc prep list).



Rachel Tomlinson

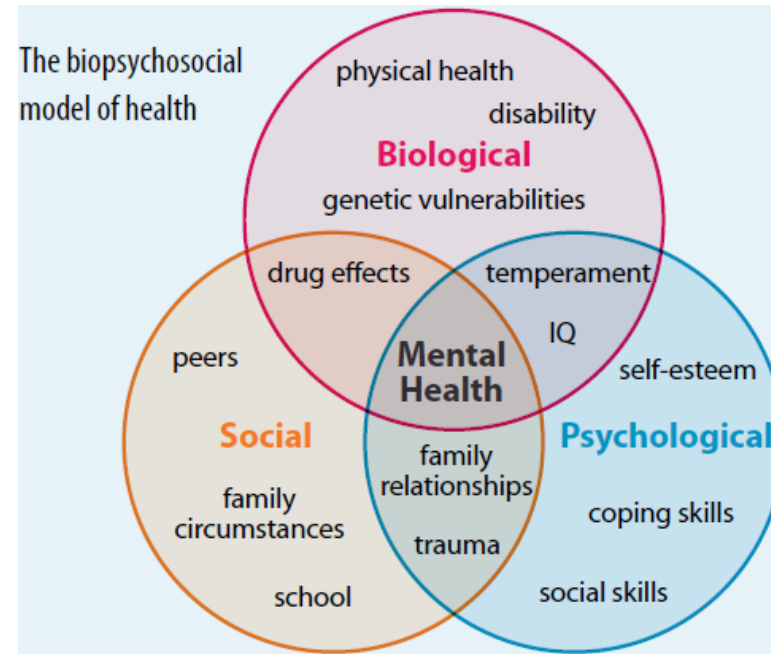


# Psychiatrist's perspective

## Bio-psycho - (relational) - social formulation in child mental health

i.e. Why has this child, with these symptoms presented in this context/time age and stage, in this family/community/culture?

- The formulation as a shared understanding, a conversation or a “bridge” to understanding - very important for engagement.
- Informs collaborative treatment planning, where to start and with whom.



Dr Ros Powrie

# Psychiatrist's perspective

## Formulation - bio-psycho-social



Dr Ros Powrie

- Predisposing Factors – Why me/my child?
- Precipitating Factors – Why now?
- Perpetuating Factors – Why does it continue?
- Protective Factors – What can I/we rely on/to recover?

# Psychiatrist's perspective

**First Thousand or Two thousand days: 0-3 years - the time of greatest brain plasticity - a critical period for later physical and mental health**

- All infant experiences are mediated by their caregiver (and their state of mind) therefore this relationship is a very powerful “buffer” against stress.
- The attachment system is activated when infant needs protection. It is a bio-behavioural system which modulates arousal and soothes.
- Attachment security and its evolving development can be affected by many factors: a sick infant, lack of “holding” environment for parents, trauma and enduring stress, parental mental health, reflective functioning.
- Recovery of secure attachment relationships increases resiliency and social competence in young children.



Dr Ros Powrie



Take away: FOCUS on recovering healthy RELATIONSHIPS.

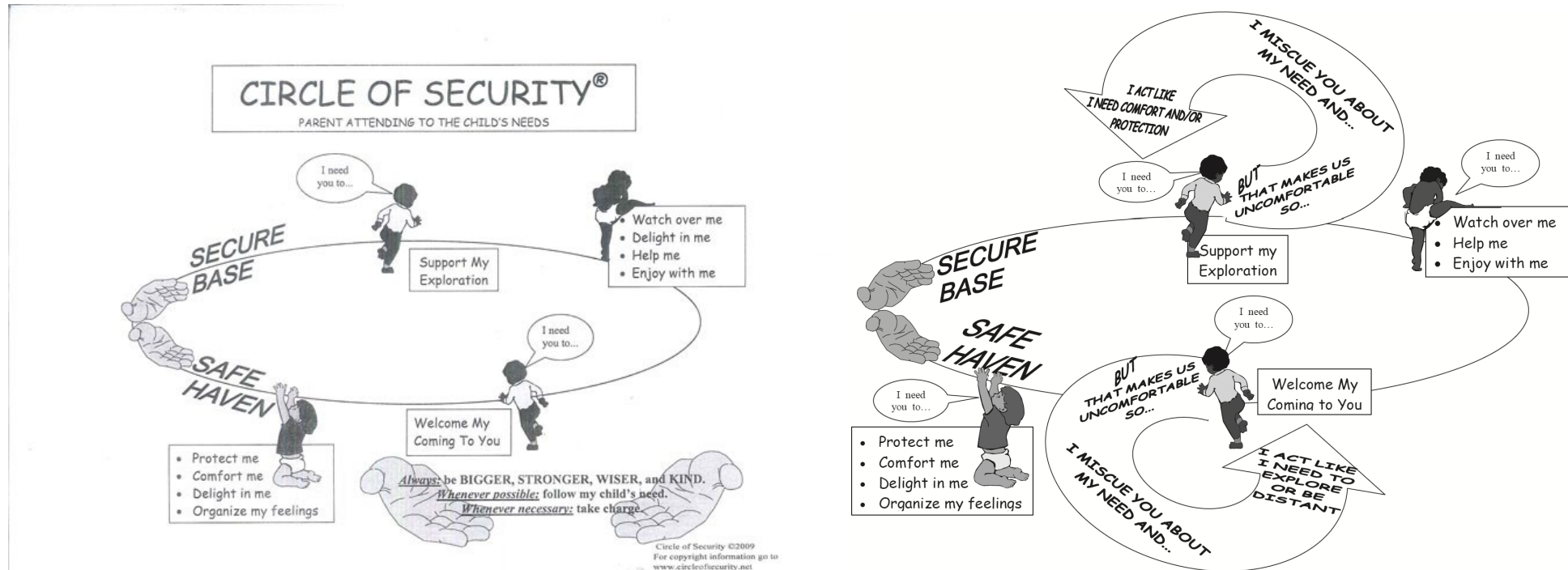


# Psychiatrist's perspective



Dr Ros Powrie

Attachment - a bio-behavioural (hardwired) system for keeping infant/child safe and ensuring survival – is activated when there is a need for comfort, protection, regulation of emotions.



Cooper, Hoffman, Marvin and Powell. (1998). *Circle of Security: Child attending to parent's needs.*



# Psychiatrist's perspective

## Supporting recovery and relational security in the anxious child- general principles



Dr Ros Powrie

- Collaborate with parents and child on their goals - enlist parents as coaches - part of the therapy team.
- Help parents to see their sphere of influence - rather than control.
- Externalise the problem, “standing up to the fear” the problem is the problem not the child, playful approach, increase shared enjoyment.
- Celebrate small “wins”. Building in positive reinforcement/confidence and optimism.
- Attend to any adult concerns or MH issues - self care, build connections to wider supports - family, friend's groups, stress reduction, psychological help if needed.



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# Q&A Session



**Dr Andrew Leech**  
General Practitioner, WA



**Rachel Tomlinson**  
Psychologist, WA



**Dr Ros Powrie**  
Child and  
Adolescent  
Psychiatrist, SA



**Facilitator:**  
**Vicki Mansfield**  
Practice Development  
Officer, NSW

# Thank you for participating



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## Upcoming webinars in 2022:

- Working with children with higher weight Thursday 17<sup>th</sup> November at 7.15 pm

## Upcoming MHPN webinars:

- The complexities in working with co-occurring mental health and alcohol and other drug presentations on Tuesday 4th October
- Navigating mental health challenges when living with disability on Monday 17th October
- ADHD in adults on Monday 7th November

This webinar was co-produced by MHPN and Emerging Minds for the Emerging Minds: National Workforce Centre for Child Mental Health (NWCCMH) project.

The NWCCMH is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

MHPN supports over 350 networks across the country where mental health practitioners meet either in person or online to discuss issues of local importance.

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Interested in starting a new network? Email: [networks@mhpn.org.au](mailto:networks@mhpn.org.au) and we will step you through the process, including explaining how we can provide advice, administration and other support.





# Thank You

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