

00:04

As a child, I had many fears. I was afraid of lightning, insects, loud noises and costumed characters. I also had two very severe phobias of doctors and injections. During my struggles to escape from our family doctor, I would become so physically combative that he actually slapped me in the face to stun me. I was six. I was all fight-or-flight back then, and holding me down for a simple vaccine took three or four adults, including my parents.

00:41

Later, our family moved from New York to Florida just as I was starting high school, and being the new kid at the parochial school, not knowing anyone and being worried about fitting in, on the very first day of school, a teacher takes roll and calls out "Anne Marie Albano," to which I respond, [In a Staten Island accent] "Here!" She laughs and says, "Oh, precious, stand up. Say D-O-G." And I respond, [In a Staten Island accent] "Dog?" The class broke out in laughter along with the teacher. And so it went, because she had many more words to humiliate me with.

01:20

I went home sobbing, distraught and begging to be sent back to New York or to some nunnery. I did not want to go back to that school again. No way.

01:32

My parents listened and told me that they would investigate with the monsignor back in New York, but that I had to keep going in each day so I'd have the attendance record to transfer to ninth grade on Staten Island. All of this was before email and cell phones, so over the next several weeks, supposedly, there were letters being sent between the Archdiocese of Manhattan and Miami and with the Vatican, and each day, I'd go into school crying and come home crying, to which my mother would give me an update from some cardinal or bishop to "Keep her going to school while we find her a spot."

02:16

Was I naive or what?

02:18

(Laughter)

02:19

Well, after a couple of weeks, one day, while waiting for the school bus, I met a girl named Debbie, and she introduced me to her friends. And they became my friends, and, well, the Pope was off the hook.

02:33

(Laughter)

02:34

I began to calm down and settle in.

02:38

My past three decades of studying anxiety in children stems partly from my own search for self-understanding. And I've learned much. For young people, anxiety is the most common childhood psychiatric condition. These disorders start early, by age four, and by adolescence, one in 12 youths are severely impaired in their ability to function at home, in school and with peers. These kids are so frightened, worried, literally physically uncomfortable due to their anxiety. It's difficult for them to pay attention in school, relax and have fun, make friends and do all the things that kids should be doing. Anxiety can create misery for the child, and the parents are front and center in witnessing their child's distress.

03:39

As I met more and more children with anxiety through my work, I had to go back to mom and dad and ask them a couple of questions. "Why did you hold me down when I was so frightened of getting injections and force them on me? And why tell me these tall tales to make me go to school when I was so worried about being embarrassed again?" They said, "Our hearts broke for you each time, but we knew that these were things that you had to do. We had to risk you becoming upset while we waited for you to get used to the situation with time and with more experience. You had to get vaccinated. You had to go to school."

04:26

Little did my parents know, but they were doing more than inoculating me from the measles. They were also inoculating me from a lifetime of anxiety disorders. Excessive anxiety in a young child is like a superbug -- and infectious, even multiplying, such that many of the youth that I see

come in with more than one anxiety condition occurring at the same time. For example, they'll have specific phobia plus separation anxiety plus social anxiety all together. Left untreated, anxiety in early childhood can lead to depression by adolescence. It can also contribute to substance abuse and to suicidality.

05:15

My parents were not therapists. They didn't know any psychologists. All they knew is that these situations may have been uncomfortable for me, but they were not harmful. My excessive anxiety would harm me more over the long term if they let me avoid and escape these situations and not learn how to tolerate occasional distress. So in essence, mom and dad were doing their own homegrown version of exposure therapy, which is the central and key component of cognitive behavioral treatment for anxiety.

05:54

My colleagues and I conducted the largest randomized controlled study of the treatments of anxiety in children ages seven to 17. We found that child-focused cognitive behavioral exposure therapy or medication with a selective serotonin reuptake inhibitor are effective for 60 percent of treated youth. And their combination gets 80 percent of kids well within three months. This is all good news. And if they stay on the medication or do monthly exposure treatments as we did in the length of the study, they could stay well for upwards of a year. However, after this treatment study ended, we went back and did a follow-up study of the participants, and we found that many of these kids relapsed over time. And, despite the best of evidence-based treatments, we also found that for about 40 percent of the kids with anxiety, they remained ill throughout the course of the time.

07:00

We've thought a lot about these results. What were we missing? We've hypothesized that because we were focusing on just child-focused intervention, perhaps there's something important about addressing the parents and involving them in treatment, too.

07:23

Studies from my own lab and from colleagues around the world have shown a consistent trend: well-meaning parents are often inadvertently drawn into the cycle of anxiety. They give in, and they make too many accommodations for their child, and they let their children escape challenging situations. I want you to think about it like this: Your child comes into the house to you crying, in tears. They're five or six years of age. "Nobody at school likes me! These kids are mean. No one would play with me." How do you feel seeing your child so upset? What do you

do? The natural parenting instinct is to comfort that child, soothe them, protect them and fix the situation. Calling the teacher to intervene or the other parents to arrange playdates, that may be fine at age five. But what do you do if your child keeps coming home day after day in tears? Do you still fix things for them at age eight, 10, 14? For children, as they are developing, they invariably are going to be encountering challenging situations: sleepovers, oral reports, a challenging test that pops up, trying out for a sports team or a spot in the school play, conflicts with peers ... All these situations involve risk: risk of not doing well, not getting what they want, risk of maybe making mistakes or being embarrassed.

09:05

For kids with anxiety who don't take risks and engage, they then don't learn how to manage these types of situations. Right? Because skills develop with exposure over time, repeated exposure to everyday situations that kids encounter: self-soothing skills or the ability to calm oneself down when upset; problem-solving skills, including the ability to resolve conflicts with others; delay of gratification, or the ability to keep your efforts going despite the fact that you have to wait over time to see what happens. These and many other skills are developing in children who take risks and engage. And self-efficacy takes shape, which, simply put, is the belief in oneself that you can overcome challenging situations.

10:04

For kids with anxiety who escape and avoid these situations and get other people to do them for them, they become more and more anxious with time while less confident in themselves. Contrary to their peers who don't suffer with anxiety, they come to believe that they are incapable of managing these situations. They think that they need someone, someone like their parents, to do things for them.

10:35

Now, while the natural parenting instinct is to comfort and protect and reassure kids, in 1930, the psychiatrist Alfred Adler had already cautioned parents that we can love a child as much as we wish, but we must not make that child dependent. He advised parents to begin training kids from the very beginning to stand on their own two feet. He also cautioned that if children get the impression that their parents have nothing better to do than be at their beck and call, they would gain a false idea of love.

11:16

For children with anxiety in this day and age, they are always calling their parents or texting distress calls at all hours of the day and night. So if children with anxiety don't learn the proper coping mechanisms when young, what happens to them when they grow up?

11:36

I run groups for parents of young adults with anxiety disorders. These youth are between the ages of 18 and 28. They are mostly living at home, dependent on their parents. Many of them may have attended school and college. Some have graduated. Almost all are not working, just staying at home and not doing much of anything. They don't have meaningful relationships with others, and they are very, very dependent on their parents to do all sort of things for them. Their parents still make their doctors appointments for them. They call the kids' old friends and beg them to come visit. They do the kids' laundry and cook for them. And they are in great conflict with their young adult, because the anxiety has flourished but the youth has not. These parents feel enormous guilt, but then resentment, and then more guilt.

12:40

OK, how about some good news? If parents and key figures in a child's life can help the child, assist them to confront their fears and learn how to problem-solve, then it is more likely that the children are going to develop their own internal coping mechanisms for managing their anxiety. We teach parents now to be mindful in the moment and think about their reaction to their child's anxiety. We ask them, "Look at the situation and ask, 'What is this situation at hand? How threatening is it to my child? And what do I ultimately want them to learn from it?'"

13:24

Now of course, we want parents to listen very carefully, because if a child is being bullied seriously or put in harm's way, we want parents to intervene, absolutely. But in typical, everyday anxiety-producing situations, parents can be most helpful to their child if they remain calm and matter-of-fact and warm, if they validate the child's feelings but then help the child, assist them in planning how the child is going to manage the situation. And then -- this is key -- to actually have the child deal with the situation themselves.

14:02

Of course, it is heartbreaking to watch a child suffer, as my parents told me years later. When you see your child suffering but you think you could swoop in and save them from the pain of it, that's everything, right? That's what we want to do. But whether we are young or old, excessive

anxiety leads us to overestimate risk and distress while underestimating our ability to cope. We know that repeated exposure to what we fear weakens anxiety, while building resources and resilience.

14:44

My parents were on to something. Today's hyper-anxious youth are not being helped by overly protective parenting. Calmness and confidence are not just emotions. They are coping skills that parents and children can learn.

15:03

Thank you.

15:04

(Applause)