

## Pediatrician's Corner

### A Conversation with a Pediatric Psychologist

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*Editor's Note: This is a transcript of an online course released in August 2025. It has been edited for clarity.*

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**Brenna Chase, MD:** Welcome to the Pediatrician's Corner podcast brought to you by PNCE.org and the Annenberg Center for Health Sciences. I am Dr. Chase, a board-certified general pediatrician.

Our guest today is Dr. Erica Lee. Dr. Lee is an attending psychologist and training director in the Department of Psychiatry and Behavioral Sciences at Boston Children's Hospital, as well as an assistant professor in the Department of Psychiatry at the Harvard Medical School. Thank you for joining us today!

Let's start talking about common referrals to your practice. I think there's obviously a lot of reasons why people come, but what concerns do families come to you with the most often?

**Erica Lee, PhD:** Typically, a wide range, as you described. One of the ones that we've been hearing the most about lately, and I think growing over time, has been anxiety, especially during certain pivotal key developmental periods and transitions across child development. In terms of types of anxiety that we hear the most about, I hear a lot about generalized anxiety, separation anxiety, social anxiety, phobias, and generally just difficulty coping with negative emotions and experiences for kids and teens.

**Brenna Chase, MD:** I think that makes a lot of sense. I think one of the basic questions is how do you define anxiety and how is it different from everyday worry that probably a lot of kids and adults have?

**Erica Lee, PhD:** That's a really great question, and this is one that I hear a lot from parents, so I'm glad you're starting with it. So, when we think about everyday worry, we're often thinking of a subjective feeling of concern or fear or apprehension that's in response to a real or perceived threat or danger. The important thing for people to know is that everyone has this, right? There's an adaptive biological urge to experience anxiety. It keeps us safe, it helps us, as we get older, think about risk taking. So, that's what we think of as everyday worry. When it comes to clinical worry, we're now starting to think about anxiety or fear that is disproportionate or excessive that doesn't quite match the scope of what the situation is, and really importantly for

kids and teens, we're thinking about impairment. So, is there a way in which it's getting in the way of their ability to do what they want or they need to do at home, at school, in the community, with their friends? That's usually a sign we're thinking about something more on the clinical level.

**Brenna Chase, MD:** I think that's such an important point too because I think school or social situations is exactly where it starts. And then how common do you think anxiety is in the pediatric population?

**Erica Lee, PhD:** Anxiety is one of the most common behavioral health concerns that we hear of from children and teens. About 1 in 10, ages 3 to 17, meets the criteria for a diagnosable level of anxiety. In adolescence, we start to see that number rise. So, depending on the study and the population, you start to see those numbers look more like 1 in 5 to 1 in 3 kids have anxiety and, of course, during the last several years, many things have been happening in the world and we saw some increases during the pandemic, especially with school-aged children and adolescents, but not so much the younger kids.

One thing that's important for people to know is that, typically, anxiety does onset in childhood and it tends to persist over time. So, the earlier we can intervene, the better.

**Brenna Chase, MD:** What are some common triggers for anxiety in children and adults, do you think?

**Erica Lee, PhD:** So many things. All the things can possibly trigger anxiety. Typically, developmental transitions, as we were discussing before, so much happens in the brain and the body over childhood and adolescence, so as the brain and body are maturing, you tend to see different pain points, and I'm sure we'll talk about some of those. Obviously, whatever's happening in the world, so societally, historically, those things can cause significant stress for children and families. There's also been significant changes, I would say, for most parents over the last, say the last decade or so, in terms of how we think about parenting, how we understand the stresses of parenting and that can also, of course, impact family systems and how worried kids are.



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**Brenna Chase, MD:** I think that—exactly what you talked about in terms of the developmental leaps—I think it would be really interesting to talk about anxiety during a few key developmental leaps. And particularly when I think more of that leap is made, and so the first one is anxiety in toddlers. I mean, by that, kind of like beginning preschool, so kind of the 3- to 4-year-old period of time. And so, what are some of the key development milestones happening at this age that really kind of underlie the potential for anxiety and why it becomes one of the sort of important points?

**Erica Lee, PhD:** I love this question that you're starting with this age range because oftentimes parents think, well, it's impossible, my child's only 3 or 4, how can they possibly, like what is there to worry about, they don't know so much about the world. But we often start to see, especially for kids that we know go on to become more anxious as they get older, you do often start to see some signs when you kind of look back, especially at this stage. And obviously, at age 3 to 4, so much is happening, right? So, children are becoming much more independent, but they're also leaping in all of the ways. So, cognitively, their motor skills are changing so much, their social skills, their awareness of what's happening around them and changes in daily routine and, of course, this transition to preschool is a really big one. So, going from whether that's daycare or having been at home or in a different setting, the whole kind of structure in what their daily routine looks like can change a lot and, even at that age, the sort of demands of what they're being asked to do to get through the day can change a lot. And so, very common to see more anxiety at that age.

**Brenna Chase, MD:** I think you've touched on this, but how would you see anxiety presenting in this age group?

**Erica Lee, PhD:** In this age group, it's often behavioral. I mean, most things are behavioral for our little ones. But it's often behavioral because their verbal skills, even though they've developed a lot compared to when they were 1 or 2, have not yet caught up. Most children are not able to say to you I'm anxious or I'm stressed or I'm wanting to avoid this thing because it seems scary. So, you're often going to see behavioral changes. So, in our 3- and 4-year-olds, things that you might commonly see are things like difficulty separating from caregivers, so being really clingy. You'll often see sort of avoidance or refusal to do things, even things maybe you know they like to do or that they've done before. Sometimes, they can have difficulty sleeping. A lot of times we'll hear about somatic complaints, so kids are having stomachaches, headaches, sometimes constipation, that kind of thing. And you'll also start to see that they really

just can't kind of get through the day the way that they normally can or there are certain scenarios that they really struggle with.

**Brenna Chase, MD:** You mentioned a child's temperament. I think some kids tend towards anxiety and others don't and that definitely plays an important role, and so what should parents and other caregivers know about temperament and how it interplays with anxiety?

**Erica Lee, PhD:** When we think about temperament, we're talking about our biologically based, sort of individual levels of reactivity, right? So, how does a child approach the world? How do they respond to emotions? How do they regulate their behavior? And there are 3 main or general types of temperament. There's the easygoing temperament, there's slow to warm, and there's active, and those are basically what they sound like. The important thing for parents to know about temperament is that, again, these are biologically based, sort of innate tendencies and it's not so much that's it's good or, quote unquote, good or bad, that a child is easygoing or active or slow to warm. Oftentimes, it actually has to do with the fit between the child and the match and the mismatch with their parents. We all also have our own individual temperaments that develop into our adult personalities. So, if you're someone who's a little bit more reactive and your child is also reactive, having a match in that way could be difficult, and if you're more reactive or less reactive and your child is the opposite, that can also be difficult. So, often those are things that parents want to be thinking about.

**Brenna Chase, MD:** I think that's such an important point. And in terms of what you're thinking about, obviously if someone comes in with anxiety, what are the common kind of differential diagnoses that you're thinking about during these cases? And I don't know if you have a specific case that you can share, but that would be great to kind of talk through the differential in a real-life case.

**Erica Lee, PhD:** I think the first thing that's really helpful is just to remember, at these different ages, what is developmentally appropriate or common anxiety. So, what would we expect would be normal, typical fears, because that's obviously going to change as children develop. So, some of the things that you typically see at this age that would be very developmentally appropriate and normal are things like separation anxiety, fear of strangers, the dark, loud noises, animals and insects, storms, those kinds of things. And so, understanding too, I think it's so valuable that pediatricians often know where is a child's baseline. So,



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where do they start? Do I know again, temperamentally, the child tends to be anxious or reactive or does this really seem sort of out of the norm? Because you want to always be thinking about early screening for neurodevelopmental disabilities, right? So, is this a child who may be showing signs of autism spectrum disorder? Is this a child who's showing signs of attention deficit hyperactivity disorder, ADHD? Or there may be some learning disabilities or difficulties going on. So, asking parents really carefully about what are the triggers of these what we think of as almost behavioral cascades. So, when your child's having a hard time, what does that look like? How did it start? How did it resolve? That could be really helpful at differentiating. Thinking a little bit about some of those common fears that I described and then, I have this case. I once saw this 3-year-old who came in and the parents were like I can't tell what's happening. My child seems to be melting down a lot and is having a hard time doing things that she normally used to do. And when we were doing some further screening, she had pretty normal language development, so we were like, okay, and it seemed like she had really good relationships with her parents. She was very social at home, very outgoing. And what they had started to notice is that whenever the parents would leave the room, the child would just completely melt down and start screaming. And, at first, it was sort of like, oh of course, parents don't want to separate from their child, the child doesn't want to separate from them. There's something going on. But she was getting really, really dysregulated to the point where she would get so she couldn't breathe, she almost started hyperventilating.

They were also hearing from the school that she was kind of getting quieter at school. She wouldn't really look at people she didn't know. If someone that she didn't know came into the room, she would get really upset. And then when they came to the pediatrician's office, they had also told the pediatrician that the child had started having more episodes of constipation which wasn't like her. And so this is a great example of sort of, well, does this seem like sort of separation anxiety? But actually what we were looking at was a selective mutism diagnosis where she was sort of overcome with fear with adults that she didn't know and so was sort of shutting down, but that's why, at home, she could be perfectly okay and social with her family because those are people she knows really well and feels comfortable with.

**Brenna Chase, MD:** That's really helpful and I think one of the things that you were talking about too is like the persistence of the symptoms which I think is really helpful

for a pediatrician to realize that it's like, do they have a new child in the family, did they recently move, all of those triggers are normal, but then sometimes it becomes out of that box. So, it's really important to think about. And then what evaluations, tools help to achieve an accurate diagnosis? I know the ones that we use in our office, but it would be so helpful to hear from your perspective.

**Erica Lee, PhD:** As we were just talking about, caregiver reports, caregiver observations, like what are you noticing, what are the hard things. It always helps to kind of consider if the child is in school or being seen by other caregivers pretty consistently, what do they say and they notice because it is also, as you're describing, like if something persists but it's also across different settings, you can get a sense of how a child's doing. In terms of standardized screeners, the Pediatric Symptom Checklist-17, the PSC-17, is really commonly used by pediatricians and that's not exclusive to anxiety, but it helps give you a nice little broad overview of different concerns children may be having. There's also a Pediatric Anxiety Screener or the Child Behavior Checklist for our younger kids if you want a little bit more detailed screener that really focuses on internalizing symptoms.

**Brenna Chase, MD:** That's very helpful and it's nice because it puts the onus on the caregiver as well, so even if they're not reporting, you kind of get a view into it. And then I would say once there is a child who you know has anxiety, what kind of treatment plan would you come up with?

**Erica Lee, PhD:** Lots of different options here, especially for our little ones, 3- and 4-year-olds. The gold standard psychotherapy intervention for children with anxiety is cognitive behavioral therapy. The cognitive piece is less emphasized because they're so little, so there's a little bit more on the behavioral piece. And the behavioral piece really is about helping kids start to approach things that they're normally scared of instead of avoiding them. Because actually what we know is that approach helps kids decrease anxiety, but of course all they want to do is avoid but avoidance actually maintains and strengthens anxiety. So, a lot of work too at this age is helping parents figure out what is the most effective technique, one for you to manage your own stress level in response to your child's anxiety because it's very stressful when your child is freaking out. But also, how can you help them sort of gradually approach and learn to tolerate that anxiety.

For kids who have sort of mild to almost like low/moderate presentations of anxiety, especially at this age, we've been



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really encouraging, in our practice, parents to use what's called a guided self-management approach. Instead of necessarily even seeing a behavioral health specialist, are there some things that parents can be doing at home? Are there handouts? Are there activities where they can kind of be teaching kids about their emotions and their anxiety and helping them cope with it? And then, of course, as we get up into the moderate or to the more severe, you're going to want to think about connecting with a behavioral health specialist almost always through your expert pediatrician who can guide you and maybe even thinking about medication in addition to psychotherapy.

**Brenna Chase, MD:** I think the guided approach is so interesting too because I find that a lot of the parents who have kids that are kind of on the mild side find that they actually, themselves, have anxiety, so I think it's helpful for the whole family unit to do it.

**Erica Lee, PhD:** For parents too just to learn there are tips and tricks. So, every time my kid tries to do something for them or is really brave, like if I could just comment about and give them praise, that actually makes them braver. And even just something small like that is something a parent could do every day.

**Brenna Chase, MD:** I think that really sums up the preschool age. The next group that I wanted to focus on is anxiety in middle-schoolers and, by that, I mean those aged 10 to 11 that jump to fifth grade, out of elementary school into middle school. It's a tricky one and especially, as you noted, especially in COVID and recent times. So, what are some of the key development milestones happening at this age and those leaps that would underlie the potential for anxiety?

**Erica Lee, PhD:** Everyone remembers how difficult it was transitioning to middle school--some of us surviving middle school. And so this is a great age range to think about. Of course, around 10 to 11 years, for many kids, you're starting to see the onset of puberty. So, huge biological, hormonal shifts that really change how kids think and how they get through the day and especially their emotions and how difficult those can be to manage. The start of middle school is a really big transition. You know, changes from elementary to middle school, even though they're preparing them for this sort of increased level of independence, going to different classes, not having the same teacher, schools typically get a lot bigger, the social group expands. Those can all be stressors in developmental transitions that really impacts how worried kids are and how much they stress. And also too, you had mentioned before, with toddlers, just

the expectations rise and I think they rise significantly when we think about going from elementary to middle school. So, not only are you thinking about what's happening with academics, extracurriculars, again social dynamics tend to change a lot in terms of who's in your friend group, who are you getting along with, who are you not getting along with, peer pressure. Many kids this age are now also starting to have their own independent devices and so screen time and cyberbullying and all those things start to come into play in middle school. And one of the things that's also really important to know is—I know I talked a little bit about prevalence before—but as we start to hit adolescence, girls' risk vs boys' for developing things like anxiety and depression doubles, and so girls are especially at risk, once we hit puberty, for developing anxiety.

**Brenna Chase, MD:** I think that's so important and I think we had talked about this before, but sometimes girls kind of externalize anxiety a little bit differently than boys so it's really important for pediatricians to be attuned to that. And then how do you think that anxiety—I kind of led into the next question—presents in this age group? How do you think anxiety would show?

**Erica Lee, PhD:** There's still, of course, the behavioral hallmarks. So, things like avoidance, having a hard time sleeping, maybe being more withdrawn, maybe being more irritable or sometimes kids at this age can still throw "tantrums." We think one thing that's helpful is that, even though there's some overlap in terms of what the symptom presentation may look like, kids who are 10 or 11 vs say 3 or 4 like we were talking about before, some of these behaviors start to become a little bit less developmentally appropriate. Right? So, you would probably expect that a fifth, sixth, seventh grader is better able to contain their frustrations and not throw a tantrum. So, if they are, that's a really good sign for parents and pediatricians something must be up, and we probably want to pay more attention to that. And then, of course, as their verbal skills grow, their self-awareness grows, they have a better ability to report to you what's happening. So, a lot of kids in this age range start to just verbalize worry and they may not be saying to you, of course in this beautiful way, mom or dad, I'm anxious. I'm really worried about X thing. You're just going to hear a lot of like but what if this happens, where are we going, what do you mean the schedule's changing, what's going to happen if my team loses the game, what's going on the field trip. So, you'll start to just actually see a lot of anxiety and often we see some of the examples I just gave, a lot of what we call anticipatory anxiety which is worrying



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about things that haven't happened yet. So, it does start to become a little more verbal at this age.

Another sign that can sometimes be a little but more subtle for pediatricians and for parents is how they think about themselves. So, obviously, self-esteem is big issue for our middle schoolers and on up and, of course, our elementary too, but it seems to become much more prominent as our identity develops in middle school. So, we start hearing them saying negative things about themselves and things about their friends, sort of their outlook about the future. That can also have some connection to anxiety. And, like I was saying, also irritability, maybe difficulty concentrating, so not able to get the things done that they need to do at school or stay focused on an activity and, again, like I said, the acting out and tantrums which will really stand out at this age if they're still having trouble with that.

**Brenna Chase, MD:** The irritability is one that I think is so interesting because a lot of the parents will think that it's just a teen, a middle schooler being kind of a preteen, but so much of that is anxiety, so it's important to keep an eye on it. So, I guess in terms of that, what is the kind of differential diagnosis when a pediatrician is considering anxiety in this group? And I know, for myself in my own practice, there is a wide range of common differential diagnoses that I think of, so I would love for you to share a case about how you think about this.

**Erica Lee, PhD:** I'm going to anchor us first again in what is developmentally appropriate or what typical concerns would be at this age and then, again, you extrapolate out from there as to when they become kind of outside. So, developmentally appropriate concerns at this age, and they really fit this sort of age range in developmental stage, so academic success, how we're doing in sports, peer rejection. Kids at this age often start to worry about their health status, so whether like I'm going to be okay, are other people going to be okay that I care about. They start to understand what death is and sometimes you can hear kids worry about that, but it's very, again, developmentally appropriate. They start to worry about things like natural disasters because they have a better understanding of what it means when really bad weather hits. And, as I was mentioning before, things like social media, cyberbullying, and tech use, do, unfortunately, come into play around this age.

How that actually can look for a lot of kids is this anxiety that's obvious verbal anxiety, sometimes it looks like physiological tension, sometimes it looks like rigidity which

can just seem like, oh my kid has strong preferences, but the inability to be cognitively flexible, shift, adapt in these situations, sometimes that can actually be driven by anxiety. And, a lot of times, especially for our girls, I like that you pointed to this, that it can look different in girls and boys in terms of how they present their anxiety. It can actually look like inhibitions. Oh, a child is just sort of shy and quiet, but they may be quietly worrying or fretting about the state of the world or how they're doing or how they're feeling about themselves or their lives and it may not be so obvious at first.

A great example--thinking about some of the differentials that come up at this age—I was seeing this 11-year-old and she was, she had always been shy. Her parents said, well she's always kind of quiet and kept to herself, had a few friends but not with someone who was really like a social butterfly. She did have a history of bullying, so when she was transitioning to middle school, understandably scary because bigger school, we don't know how we're going to make friends, and I've had kids be really mean to me in the past. And so she often would talk about worrying about being liked, but it made sense. Her parents were like, well, of course, she's had trouble with kids in the past, why wouldn't she worry about this. And then, as she started sixth grade, her teachers started saying she doesn't really participate and, again, everyone was like, well, she's shy, she's kind of quiet, she doesn't like to speak up in class. She didn't really want to participate in team activities or be around a lot of the kids. Kids liked her, so she'd get invited to birthday parties which is a good indicator. You know, are you liked and can you get along with other kids socially and she was invited to those things, but she often didn't want to go. And so, her parents brought her in and were like we're just worried that she's still really stuck on what happened with bullying. And, at first, you're looking at her and it's like, well, maybe this is just sort of a typical case of peer rejection, we're sort of a shy kid and we're kind of getting over it. But actually, as we did more screening, she met criteria for social anxiety disorder where she was spending a lot of time worrying about are kids going to negatively judge me, am I going to embarrass myself, I don't want to say anything or be around other people because the consequences of that could be catastrophic and I've been bullied, so I really can't afford a misstep here. But I think this was a really good example of a case where it looked like it was very developmentally appropriate and it was, and there was a little bit more there and she was starting to isolate more and more and so it made sense for her to start treatment.





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**Brenna Chase, MD:** I think so important to pick her up at the middle school age because that could have not gotten picked up and then it just gets worse. So, it's so important to think about. And can you touch on the topic of emotional regulation, I know you've been harkening back to that quite a bit, and self-regulatory processes and what is their role in healthy development overall, and particularly at this age of the 10 to 11 and fifth grade size?

**Erica Lee, PhD:** Emotional regulation is central to so much of what we do as kids and also adults. So, when we're talking about emotional regulation, we're really referring to the ability to control one's emotions. So, not only how intense they are, how long they last, how we recover from them, how we understand them, how we express them to other people or to ourselves, and having strong emotional regulation skills, especially for children and teens, has been linked to better, overall, lots of things. So, better mental health, your relationships, your coping and your resilience. So, seating good emotional regulation skills and helping kids understand that emotional regulation skills are something that we can learn about and that we can actually grow, they're not something we're just born with, is actually really fundamentally important, especially as we start to get into these middle school ages. And it's really important for parents especially, and of course pediatricians know this, that it's normal for kids to struggle with this well into their young adult years, much less in middle school, because their cognitive abilities are still growing, their insight, their self-awareness, their actually capacity to understand themselves and to regulate those emotions and to put strategies into place to calm down and feel better when they're having a hard time, understandably are somewhat undeveloped at this age.

There's lots of ways that parents and pediatricians can be thinking for kids at home of like you can normalize, this is something you can do. Can you name what you're feeling? Can you think about what you could do about that? Could you take even just 5 slow deep breaths in the most effective way we know how to kind of like reset? Can you go talk to somebody who's going to make you feel better? Teaching kids that there are things they can do and take on builds a lot of confidence and can be especially important at this age.

**Brenna Chase, MD:** Mindfulness is so important and the thing to practice, I think, for all of us. And then in this age group, what evaluation tools help to achieve accurate diagnosis? Because we're kind of out of the PSC-17 category, so what do you guys kind of use to diagnose?

**Erica Lee, PhD:** At this age, you start to have a few more options. So, the first thing to know is that I often think, if you have time because we don't always have the time or the luxury of getting lots of reports, but getting as much data as you can can be really helpful if it's unclear if a child has anxiety. So, there's research showing that, for example, with parents and kids often there's not really good overlap between their reports, so the kid might say I'm not anxious at all and the parent's like let me tell you all the ways in which it's really obvious they're worrying, or vice versa. So, getting a parent report, a child report and even again a report from school or someone who's a coach, someone who knows the child really well can be helpful. So, just put a call out first for multiple reports. And then thinking about specific measures. So, the GAD-7, the Generalized Anxiety Disorder-7, screening questionnaire is a really quick, 7 item questionnaire that people can really easily do, especially in a pediatrician's office. It's for our kids ages 11-plus and that's just like a quick screener for anxiety symptoms.

There is a longer questionnaire, called the SCARED, which, brilliant acronym, that obviously shows that it's an anxiety questionnaire and these are for our children 8 to 18. And what's nice about this one is it is longer, so it is the front and back of a full page, but it's very specific to anxiety and another thing that's nice about it is there's a parent form, there's a child form and it not only gives you an overall score for anxiety, but it also gives you subscale scores. So, it'll say like not only does this child meet for a clinical level of anxiety and this is significant and something you want to look at, but also it looks like they're elevated specifically with like school avoidance or they're elevated specifically with social or generalized or separation anxiety. So, that can often be very helpful to families too and it doesn't take that much longer to fill out.

**Brenna Chase, MD:** It doesn't, and especially in the doctor's office when you're sometimes waiting for the pediatrician to come in, giving it to the family as they wait for you, I think has really been helpful in my own practice. What does a treatment plan, once you have the diagnosis of generalized anxiety disorder or what have you, what would that look like?

**Erica Lee, PhD:** As I was saying before, cognitive behavioral therapy is still our gold standard. Depending on the type of anxiety, another form of evidence-based psychotherapy that's gold standard is something called Exposure and Response Prevention and this is also really helpful for our kids who avoid or sometimes our kids who have let's say an OCD diagnosis or just really, really are very, very generally



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avoidant of things that they need to do in their everyday lives or things that we think would be good for them. And Exposure and Response Prevention is about exposing a child to a situation that makes them anxious and then preventing the typical response. So, the classic example that I might give is my child is really anxious about going to school because they don't want to fail or they're socially anxious and so they just refuse to go to school. And so, the idea of going to school, talking about school is going to elicit anxiety and then we're going to prevent the response of not going to school, even if we have to break it down where it's like, okay, we're not going to school right now but we're going to create what we call like an exposure hierarchy or like a bravery ladder of steps that you're going to take. So, an example might be we're just going to drive by the school on a nonschool day and we're not going to do anything, no one has to go inside, we're just going to look at it and we're going to sit in the parking lot and we're going to go stand on the steps and we're going to go inside and sit in the principal's office, but you don't have to go to class. Then we're going to go for half the day, the full day, etc, but helping kids, again, work on approach behaviors vs avoidance behaviors, and then you start to see confidence go up and anxiety come down. That's Exposure and Response Prevention.

Our middle schoolers, cognitively they start to become much more sophisticated and so the idea of different concepts that you can teach them, different skills you can teach them, expands. So, there's another form of cognitive behavioral therapy called Dialectical Behavioral Therapy or DBT that is very focused on emotion regulation, distress tolerance, mindfulness and something we call interpersonal effectiveness or effectively interacting with other people and maintaining important relationships. And there's a really beautiful set of skills there that help a lot for kids who have really big feelings and don't know what to do with them. So, those all come into play in terms of evidence-based psychotherapy interventions. And then, as I was saying before, in terms of that mild to moderate, moderate to severe split, it's the same guidance. At the mild level, parents can think a little bit about doing some stuff on their own. Sometimes you can partner with the school to think about what that looks like. When you get into moderate to severe, you definitely want to talk to your pediatrician and think a little bit about a plan. Does it make sense to refer to a behavioral health specialist? Do we want to consider also some psychopharmacological support? One or both of those could be really helpful.

**Brenna Chase, MD:** I think that partnership is so important, and I talk to a lot of guidance counselors, a lot of principals in my practice and it's just so helpful for everyone, especially on that more mild side because if you can create that tolerance earlier, then it's just going to be helpful for the kids. And then the next group, which I think, in truth I think gets a lot of air play is these early teenage years, ages 13 to 15, kind of going into high school, the eight through 10 kind of grades. What are some of the key developmental milestones happening at this age that underlie the potential for anxiety? There's so many of them.

**Erica Lee, PhD:** All the things. Again, we all remember what it was like to transition from middle school to high school. So, of course, puberty. Pretty much everyone at this point has hit puberty, is in the throes of puberty. So, there's so much happening just biologically and hormonally. The transition to high school, again, is a big one. Kids get really used to middle school and then high school again, it expands, when you're starting high school, you're the 14-year-old, sometimes a little younger, sometimes a little older, and then the oldest kids there are basically ready to go to college. It's also like a really big gap and there's lots of kids. So, socially, they're being asked to do a lot and there's just really increased pressure across the board. So, academics, extracurriculars, what's happening with peers, technology is both our friend and sometimes our enemy and this comes into play even more in terms of independent screen use. Social media, how are we managing those relationships online and offline? Those often cause a lot of anxiety and are really just kind of often pain points as well between parents and their kids around things that are stressing them out and how they're using their time. And one of the things, in terms of key developmental sort of transitions and milestones that we're seeing during adolescence is the idea of identity development. So many kids are really starting to think about what comes after high school or am I going to make it through high school or who do I want to be when I grow up and we're always talking about those things kind of like in a silly, softer way when they're younger, but during those high school years, you really start to see that come to the fore and, for kids to be thinking about, well who am I and who do I want to be in this world and what's important to me and what identities am I trying on today and that really work for me and what kind of response am I getting from the world around me in response to those identities. And that can be a mixed bag for most kids, but that often causes lots of opportunities for things to worry about.



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**Brenna Chase, MD:** How does anxiety present in this age group? I think it probably mirrors a little bit of the middle schooler age, but I think they also have their own special things too.

**Erica Lee, PhD:** You start to see a lot more of the verbal manifestations of worry and the irritability, like you said, and again this is exactly as you described. So, it's like, oh they're just a teenager. One of the things that often comes along with that, that is both developmentally appropriate and can be a sign of anxiety, is isolating. So, I just hear from parents all the time, like my teenager, one, doesn't want to hang out with me because I'm absolutely not cool and I'm incredibly embarrassing to them, which is probably also not untrue for most parents despite our best efforts. But also too, they just always want to be in their room, like by themselves, and so how do I know, are they just developmentally appropriately wanting more independence and space from their annoying family? And how much of it is actually that they're isolating and having a hard time? Sometimes we see that. We tend to see a lot of physiological tension and, similar to the other age groups, difficulty sleeping, difficulty concentrating. One thing you'll see—and I don't remember if I mentioned this at the middle school ages, but you also tend to especially see this in the high school group—is avoidance and procrastination. So, you'll see avoidance of just like things they don't want to do, social plans, that kind of thing, but just the waiting until the absolute last minute and some of that is around developing executive function skills like planning and what consequences will be and wanting . . . there's so many more fun things to do than the things that they have to do. But that can also be a sign, especially if it's chronic or your kids are staying up really late, and then also panicking, I can't get this thing done, it's really last minute and that happens over and over. That can often be a pretty common sign of anxiety in this age. And then lastly, just the rigidity. Like inability to sort of shift from one set of plans to another, inability to sort of adjust to changes in their routine and what's happening in their daily lives and their social circles. Sometimes that's also linked to anxiety and I know I had mentioned this before that when we hit puberty, the girls' risk doubles in terms of anxiety and depression. One other thing that I should say is that anxiety and depression are commonly comorbid with each other. I often explain it to families like they're the 2 worst best friends, but it kind of makes sense. If you're worrying a lot, it tends to bring down your mood and can make kids feel pretty depressed and vice versa. If you're pretty down and sad and things aren't feeling so great and you're feeling sort of hopeless and blah about everything, that makes you worry. And so, we also

always want to be kind of screening for depression alongside anxiety because they tend to come together.

**Brenna Chase, MD:** I think about isolation, the anxiety definitely comes with depression as well. And so, kind of similar to what you were just talking about in terms of anxiety/depression, what are the other common differential diagnoses that you think about in this group and how, if you had a case to share, what would highlight that?

**Erica Lee, PhD:** Again, I always start with what would I expect at this age. So, developmentally appropriate concerns are, again, academic, athletic performance, how am I doing socially? Failure becomes really big here in terms of the fear of failure, of not doing well, not achieving my dreams, embarrassing myself in front of other people. So much of kids' lives at this age starts to become more community-focused and team-based, doing things in larger groups even just within the classroom in school and so that can cause a lot of anxiety. In regard to peer relationships, peer rejection is a big one starting in middle school, is a really big one. Romantic relationships, for better or worse, start to come online, if they aren't already at this age. Thinking about health and death are still there. A lot of our teenagers also worry about body image, so this comes of course sort of hand-in-hand with identify and social status and peer pressure and rejection. And they start to worry about a lot of bigger things. So, what's happening in the world, what's going to happen in my future, am I going to have enough money, does my family have enough money. You start to see also some very developmentally appropriate concerns around like the state of the world, so we hear from a lot of teens about things like climate change or what's happening with politics and what's happening with war around the world, like really kind of bigger, what we often think of as like adult concerns. And again, if that worry is excessive, that's one thing, but it's also very developmentally appropriate at this age to be thinking about and aware of those things and to have some anxiety about it.

Similar to our middle schoolers, this can look to a lot of families like just the typical, my kid's just a teen, they're moody, they're hormonal and it could be anxiety. One of the things that I think my pediatrician colleagues have very wisely pointed me to is that, at this age, some of the things we also want to be considering is making sure we're carefully screening for like nutritional status and immune functioning. Sometimes those are things that get missed. At the younger ages, we're also fretting about is my child eating, are they getting enough and all of that, but





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especially in the teenage years, those can also be really important things to be considering in terms of a differential diagnosis.

In terms of a case, let me give you an example of this 14-year-old I was working with. He was very actually engaged. He was very busy as many of our teenagers are. So, really busy at school, involved in a bunch of extracurricular and sports, had a good circle of friends and he was always worrying about how he was going to do. And again, it sort of landed in that range of like, well, this is developmentally appropriate, you're worrying about your grades, you think you want to go to college which is great, you're worrying about how am I going to do on the football team, what's happened to friends, I like this girl but I don't think she likes me. All the typical things. This is great. He often worried about are things going to work out for me. There was a lot of worrying that he wasn't measuring up even though parents were trying very intentionally and lovingly to not put pressure on him. He started to worry about am I going to be able to afford college, am I going to get a job. And often our time together would be spent thinking about things pretty far out. I was like, okay, but you're 14 so you just started high school and I think you're doing pretty great. But you're really worried about already what comes after, like what are you going to be doing at age 20. And so, on one hand, his parents were saying to me, well, I think he's just like a high achieving kid and there are rewards for being anxious in this way. I really care about school, I really care about sports, I really want to be a good friend, I want to be a good family member and a good older sibling. And, what we started to notice as we were doing some of these screener questionnaires that we talked about and doing a little bit more digging is that he actually met criteria for generalized anxiety disorder which is really this sense of uncontrollable, sort of constant worry about a wide range of things, often about the future, often about things we can't control and that the worry felt uncontrollable. So, he was really high functioning and smart and could push through and he needed a little bit more support, even though there were many very obvious tangible and societal rewards for fretting so much about so many things. It's like let's see if we can make it feel better for you so that you can actually take in those accomplishments and not feel like it's so exhausting to have to keep pushing after all these goals.

**Brenna Chase, MD:** I think that's a very common one. Can you touch on the topic of young people trying to make sense of difficult and complex events that you were just talking about happening in the world? And how this kind of overlaps and contributes to the feeling of anxiety? I always

tell my patients that, just to try to normalize things being just thoughts. It's as if you spend too much time kind of thinking about the world, there's a million things to feel anxious about and so I think always, for me, and I also think for the patients, it's hard to define that line and so can you talk a little bit more about when is it normal and when is it too much?

**Erica Lee, PhD:** We're thinking about this so much because it feels like every year, there's so much going on in the world and for kids to think about, even at these younger ages. I think, in some way, the growing self-awareness, especially as we move into the preteen and then very much so in the teenage and adolescent years, is such a pro and a con, right? When you're younger, you may not have the maturity to comprehend or cope and you're just not paying attention. You're like, oh whatever, they don't have the social media outlets. And like whatever happens is just unimportant to me. Like I've got to go to basketball practice or I want to see my friends, I have a birthday party, this is not kind of top of mind. And with a lot of that identity development and that awareness and, to your point of social media, so many of our young people now get their news and their updates from things like TikTok and so, 1, it depends on what they're seeing and, 1, we don't know necessarily if it's accurate but also is what they're seeing sort of a steady stream of stuff that's really anxiety provoking and often, even though their ability to comprehend and to think about these issues at a higher level has grown, they're not adults yet, right? So, their full ability to really process that and learn how to cope with it is not quite developed yet. So, they're kind of stuck in like a tricky spot in these adolescent years.

I think one of the things that's really helpful is to be thinking with parents, to your point of when is it sort of normal and when is it more of a concern, is, 1, how much time are they spending doing it and how is it impacting them? So, is it something that's like, oh, all my friends are really worrying about this big thing that's happening in the world and so I'm really worried about it? And that's sort of a temporary thing vs I've kind of noticed my child is spending an hour every day on social media reading about these stories and feeling really badly and trying to figure out what they can do to help people around the world that they think are suffering. And that is both a beautiful instinct that we want to nurture and it's really overwhelming them and getting in the way of their ability to go to school, get enough sleep, feel good about themselves, that kind of thing. So, we always want to be thinking about that and, of course, it is more important for our families and our kids who come from either a



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marginalized community or they themselves are in a group that is more vulnerable for any number of reasons. The last thing that I'll say that I often think about when talking to families about big things that are happening in the world and their kids' response is that a really big factor in all of this is how are parents managing that. Parents also are really stressed and really anxious and are also worrying about the state of the world, but they typically have the full cognitive maturity to understand what these things really mean and to have more historical context of how big of a deal some of these things are or not. The parents themselves can also be feeling tremendously stressed about this and so it's helpful for pediatricians to remind parents, like how you think about your media diet, how you take in information, how you talk about it at your home and also how you model for your kids, how you cope with your own stresses can actually play a really big role in how they respond.

**Brenna Chase, MD:** I think that's so important and I think it's interesting, too, because I often tell the parents of my patients, especially in this teenage group, to download TikTok and download these apps that the kids are using and the video games that they're playing and experience them themselves just because I think that really helps to create more understanding too of what the information and the news sources are that they're getting.

**Erica Lee, PhD:** It's a great tip because the technology is changing every single minute it feels like. And so parents are often left behind and we need to know how to use them, 1 so we can be savvier, but 2, just like you said, so you can help your kids make sense of what they're seeing and figure out better ways and healthier ways to manage that news flow.

**Brenna Chase, MD:** How would you use the evaluation tools in this group, in the teenage group, to arrive at a diagnosis?

**Erica Lee, PhD:** Similar tools in this age range are the ones we just talked about. So, the GAD-7 which is the quick generalized anxiety screener and then also the SCARED questionnaire for 8 through 18 if you want the parent report, child report and then the subscales for anxiety. Those are still tremendously helpful. And one of the things that's really helpful at this age is that oftentimes teenagers have the ability to independently tell you what's happening for them and if you ask them, like hey do you worry a lot, do you worry about these things, if you're in this kind of scenario, how do you feel, they usually have a much better ability to explain that to you and so you get to hear it

directly from them and they can verbalize it which helps a lot in terms of screening and diagnosis.

**Brenna Chase, MD:** I think obviously it depends a little bit on what they tell you, but in terms of the treatment plan that you would come up with and I'm sure it kind of mirrors the other ones that we were discussing.

**Erica Lee, PhD:** It does. I think, on this side, so cognitive behavioral therapy, CBT, DBT, mindfulness, exposure and response prevention, those things all continue to be very helpful, still gold standard psychotherapy interventions at this slightly older age. And the cognitive piece, especially cognitive behavioral therapy of any of these psychotherapies starts to become bigger. So, when we think about CBT, a lot of our cognitive interventions are helping kids not only understand the connections between their thoughts, feelings and behaviors and how they can get into patterns that feel really unhelpful and often emotionally painful for them, but then trying to figure out, okay, I have thousands of thoughts a day. They're just thoughts; they're not necessarily facts, they're actually guesses about the world, about my experience, about what I think is going on. How can I start to examine those a little bit and can I come up with other hypotheses? Like my friend didn't wave to me as I was walking down the hall, I'm immediately like well they must be mad at me, I did something wrong--and another possibility would be that they just didn't see me. And what would that be like? So, helping kids be more cognitively flexible in that way and then how does it feel to have one interpretation vs the other. How would you behave in one situation vs the other if that was your assumption? Kids, at this age, tend to have a much greater ability to engage in that work and to start to analyze their own thinking and question themselves a little bit in a way that can bring a tremendous amount of emotional relief. And then similarly, mild to moderate, you can try some things on your own. There's all these different apps now and families, in some ways it's amazing because this is the way, one, that teenagers like to digest information. It's more screen time, how do we get more screen time? And one of the things I often remind parents is that not all apps are equal. So, it's amazing, this new form of technology, it's so much more accessible for a lot of people. The idea of gamifying therapy is amazing, there's so much potential there. And it's important to understand, similar to what you were saying about social media apps, parents should download them, check, has there been any research evidence showing that this app is actually effective and is based in what the science tells me. Because oftentimes, how would parents know what the science is around



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psychotherapy or different interventions for anxiety. There's a really nice website, it's called the Psyber Guide, so P-s-y-b-e-r Guide, and basically they collate the research evidence on different technology and different apps. And so I often will use that when I'm going to recommend to a family, like hey you should try this app, it's going to get your kid moving instead of lying in bed all day. It's going to help them feel better. And then I can also point to what is the research evidence and who has it been tested on. So, that's a helpful tip for parents too around using apps at this age.

**Brenna Chase, MD:** I think just demystifying what therapy is because they think, back in the day, you would say therapy and people would become really tight and I think so much of the work that I do in my office is demystifying therapy and describing what you just described and it's really not this scary thing where you have to bare your soul to the therapist, but it's really just more proactive and giving yourself a tool kit.

What are your final thoughts about the most important takeaways for parents about youth anxiety?

**Erica Lee, PhD:** The first thing is that it's normal. We all have anxiety. I often will explain to patients and families that we all have anxiety. This is something that all human beings experience and it's normal. And often the goal, even if they land in my office because they're having a moderate to severe level of anxiety symptoms, the goal is never to eliminate anxiety. One, because it's impossible, there's no anxiety-ectomy that we can do that means that you'll never worry ever again. And 2, you'd probably be really unsafe in the world if you didn't have to think about like pros and cons and risks and costs. I often say to kids, you would just walk across the street without looking both ways because you wouldn't have any sense of danger. So, our goal is not to eliminate it; our goal is to learn to understand it, to identify it and to cope with it because we're always going to have anxiety and some of us, for better or worse, at higher levels than others. And avoidance, as I was talking about before, is the hallmark behavior. So, sometimes that gets missed when it's like oh my child is throwing a really big tantrum, our child keeps yelling at me when it's time to go to school, but really what they're trying to do is avoid getting in the car to go to school because there's some anxiety there. So, avoidance is the hallmark behavior, but we know that anxiety is fed. I think of it sometimes, as I say to kids, it's a monster and the food that it wants is for you to not do things. It wants you to live in like a smaller and smaller box where there's more and more things you can't do and things you can only do in a certain way and

approaching, even though it's really scary, especially at first, but going towards the things that are scary, doing the things that you think that there's no way I could possibly pet that dog, like I'm terrified of a dog, it's going to bite me and then if I just kind of stand near a dog and nothing happens, I feel a little braver. Now I can go a little closer and maybe I can pet a stuffed dog, and I can play with a dog that's not real and then I can sit with a puppy and then I can sit with a big dog and that gradually approaching things that we're scared of provides tremendous relief. And it's not just that, of course, requires both adults, the caring adults and parents in kids' lives to tolerate their own anxiety of how a kid is doing and them being upset, but we can say to kids, I know this is really scary and hard and I 100 percent believe you can do it. And one of the things I often say to parents—sometimes they don't believe me at first—is there is something really beautiful, magical and incredibly powerful about the moment a kid does something they never thought they could do or that they were terrified was going to land in disaster and sometimes it still lands in disaster and it was like, well how was it and it was like okay. Well, I didn't love it and it was okay. Like, I'm still here and I could do it again and the more I do it, the more I approach, the more your anxiety goes down and sometimes we can eliminate it in certain ways, just not entirely.

What parents can do is there's lots of ways to encourage kids at home to understand their anxiety, to name their anxiety to learn to cope with it and parents, I always remind them that any opportunity you notice that your child is being brave, even if it's about something where it's like of course they're being brave about this, but they're being brave, they're approaching something where you know they probably would've wanted to avoid, they're doing something that they used to not be able to do, they're being more flexible, give them praise. Let them know, like every kid you see, their face just lights up when their parent says something nice like great job being brave doing this thing and so try to give them that praise.

Then the last thing I'll say is that asking for help and support is hard. I mean, I know, as a mom, often in my pediatrician's office, being like I don't know what I'm doing, I'm a horrible mom, it's awful, is that it's hard to go sometimes too and to say my kid is really anxious and I don't know what to do about that or the things that I've tried at home as a parent aren't working. I think they're making it worse. And so, parents get a lot of praise for being brave to say those things and it's okay. That's normal. It's really hard to see your kid is having a hard time and parents, as much as I beat myself up for this myself, parents aren't supposed to



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have all the answers. That's why we have amazing like pediatricians to help us figure out how do we navigate those different developmental periods with things that are hard, is this normal vs is this clinically significant, do I need to do something about it. And so, reminding parents too that when you ask for help, that's a good thing and so pediatricians giving them that wonderful, warm, nonjudgmental open support that you always give them to figure out what are the next steps, how do we get you help and also, for you parents, if you're having difficulty managing your own anxiety or your own anxiety about your child's anxiety, let's think a little bit better too about how we can get you some support there can be I think tremendously helpful for families.

**Brenna Chase, MD:** It's interesting. I have some patients whose parents ended up realizing that they have anxiety and getting help because their child was so brave and ended up doing the therapy or the kind of treatment plan. And so, yeah, it's important both for the patient and the family unit as well.

Thank you so much, Dr. Lee. All of your cases were so poignant and I think brought up so many interesting facets of this like small, but very large, topic.

### Questions and Answers

**The stats you shared at the beginning of your talk on the prevalence of anxiety are a bit alarming. Those are higher numbers than I would've expected. Do you think anxiety has always been so common, but was previously underrecognized and/or misunderstood in pediatrics?**

**Erica Lee, PhD:** The thing to know is that, yes, prevalence rates have gone up. Even looking at say 10 years ago, so somewhere around 2015, the numbers were probably closer to, I think I told you it was about 1 in 10, ages 3 to 17 are what the latest numbers tell us have diagnosable anxiety, the numbers were probably closer to about 1 in 12 about 10 years ago. So, yes, the numbers are going up. I think it's a combination of both of these things. So, 1, that I do think that there is something, I don't know that we fully understand it yet, but there's lot of hypotheses and there's lots of research being done about what's driving anxiety and, obviously, the last several years don't feel particularly representative because historical, life-changing, global pandemic where kids can't go to school, are socially isolated, people are both experiencing and fearing death has really I think changed the calculus for many of our young people. And I do think it's also that we have better

screening tools now. One of the things I think is so amazing is that if you look at kids now, it's not even just in our wonderful pediatricians' offices where there's now sort of universal routine screening for behavioral health concerns starting at a very young age, but even if we think about what's happening in our schools, at least here in the US, where there's this idea of social-emotional learning. Some parents are like I still don't know what that is and I absolutely didn't learn about this growing up where you'll go into an elementary school classroom and they are teaching kids about words for your emotions and there's a section of the classroom that's called the calming corner if you're having a hard time where you can go and practice emotion regulation strategies. I mean, it's a changing world in that way and so I think all of us, as a community of caregivers, not just pediatricians and parents, but also schools and community leaders, are all coming on board to understand social-emotional learning and helping kids screen for those things early. And so I think that that has also led to better identification early in terms of prevalence rates. But it's interesting because it also seems globally like the numbers are going up a bit.

**Brenna Chase, MD:** I just have 1 point because I think it's just so important. Like anything from, the preschool age, that preschoolers are learning these days, but I find that a lot of my patients are really surprised at the fact that they can get accommodations in school, like an individualized education program or an IEP and a 504 actually for generalized anxiety disorder and depression and it's always really mind-blowing to patients and families, but I think such an important thing to be aware of.

**Do you think children are misdiagnosed with ADHD when it might actually be anxiety?**

**Erica Lee, PhD:** Sometimes, yes. This is a really great question. Anxiety, anxiety disorders and ADHD tend to also be comorbid with each other, so it's very common that our children who have difficulty with inattention, hyperactivity, emotional regulation or all of those things also have anxiety which kind of makes sense especially as kids get older they realize I can't quite sit still the way the other kids can. I'm very impulsive. I can't control my emotions. I have really big reactions. Kids with ADHD also tend to have greater difficulty with social skills and, as they get older, they start to recognize I'm having a lot more trouble than other kids and that's a bummer. So that often makes them feel kind of anxious and down. So that absolutely can happen, and I think it really points to the idea of careful screening. When we're seeing anxiety symptoms, especially in the beginning,



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it could be a lot of different things. So, we always want to be screening for things like learning differences, neurodevelopmental disabilities, like ADHD, but sometimes it's not just one. It could be both.

**Brenna Chase, MD:** I think that's really important and I find that, in my older patients, kind of like late teen patients, a lot of patients are coming to me saying, like, I think I have ADHD and it's so interesting because, more often than not, it ends up actually being generalized anxiety disorder because they've never had a problem with ADHD or anything in school. And so it is interesting because I think there is this concept of ADHD that it's kind of a more approachable diagnosis for whatever reason. So anyway, yeah, there's a lot of comorbidity in that and important to dissect it out.

**Erica Lee, PhD:** Absolutely, and just thinking, I think you're pointing to stigma, so this idea too that it probably feels a lot easier to be like that. I mean, so many kids have ADHD now, so this idea of being like oh I have difficulty with my attention or my energy level probably feels better than being like I worry all the time which feels much more vulnerability inducing to talk about.

**Do you have a preference or opinion about DBT vs CBT as a therapeutic approach?**

**Erica Lee, PhD:** Great question. I am a huge fan of both. They both have very strong evidence basis behind them. So, DBT is actually a form of CBT and with a slightly different focus, but really still focused on thinking about, as I had mentioned before, those main four areas. So, emotional regulation, distress tolerance, mindfulness and interpersonal effectiveness. I personally, in my practice, tend to blend those approaches, but it really depends on the patient in front of me and what they need. But both of them have very strong evidence basis, can be very helpful for anxiety, for emotion regulation, for a whole host of other concerns. So, no clear preference for one vs the other. I think they're both excellent.

**Brenna Chase, MD:** I think it is important though to know what your therapist is trained in just because I find that a lot of parents don't understand that there are different forms of therapy. So, I think, as a pediatrician, it's really important to delineate those, at least when the family's thinking about therapy, because they can get matched to a better match if they're thinking about that.

**Erica Lee, PhD:** I'm really glad you brought that up because I think that's so true. So many families land in my office and when I start to explain, like here's what I'm going to recommend for a treatment plan, I'm going to be using this specific modality or this combination of modalities. Sometimes they're like, I didn't, like that's so weird, what do you mean there's different kinds of therapy, right? So, pediatricians play a crucial role in saying there are evidence-based gold standard interventions, especially for anxiety, so that families are already set on the right path. Oh, I should be looking for somebody who does CBT and there is a thing called CBT and that's going to be most helpful for my child out of the gate.

**Is picky eating a sign of anxiety? Similarly, is nail biting a sign of anxiety in kids? If so, what can a parent do other than telling them that is a bad habit?**

**Erica Lee, PhD:** This is a fantastic question. Thank you for whoever asked this because I think these can also be more subtle signs of anxiety, yes. Picky eating, so it depends. I mean, I'm sure Dr. Chase hears this all the time as a pediatrician, things like, my child will only eat the berries, what am I supposed to do? We're now going on 2 years of just like only exclusive toddler fruit-eating here! So, it depends, of course, on the age, because I think developmental stage and age play a role in terms of when is picky eating considered more developmentally appropriate and sometimes a phase. And does it persist? But there are certain types of picky eating that actually would qualify for a diagnosis of a specific type of eating disorder. There's one called avoidant restrictive feeding and intake disorder, ARFID. That used to be our kids that we thought were just picky eaters, but are actually really, really selective based on texture and taste and sometimes even brand of food. So, that can be a sign of anxiety and it can be comorbid with anxiety is that picky eating, in and of itself, may not be, qualify you for an anxiety disorder and can absolutely be a sign. The same with nail biting. We often see nail biting with our kids who are anxious but we also see it in our kids who just need some sensory stimulation and so, other than telling them it's a bad habit, I think first do a little bit of investigation to understand what drives it. Parents can also keep a little log. When do you notice your child is biting their nails? When do you notice they're the pickiest? Are there times when they're less picky? What does that look like? And then think about it with your wonderful pediatrician.





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**Brenna Chase, MD:** I was going to say like your pediatrician is a great kind of person to go to just because sometimes the picky eating is a sign of sensory concerns and then there's potentially autism or other diagnoses that we think of. So, important to kind of keep them in the loop.

**How do you help a 12-year-old deal with the fear of death of their own parents?**

**Erica Lee, PhD:** Yes, this is a really great question. I heard this a lot, unfortunately, during the pandemic. So, first, I always recommend getting some books and resources. So, often, as psychologists, we talk about the idea that at 12 kids have a very different understanding of what death is than say even when they were 10 or even when they were 8. And we always want to talk to kids about death in a developmentally appropriate way. So, we don't want to over-promise anything. We don't want to say like oh we're always going to be around. Like, there are, of course, especially if a parent is ill and this is a very real concern, but there are really great materials and guidelines out there that say what is developmentally appropriate, what is some language and some scripts that a parent could use to talk to their kids about death and then, also understanding for kids, like what is it about death that you either have questions about, that you're concerned about, what are you worried about and then let's think through that together. And even helping kids sort of understand like yes, death is something that happens to all of us, but my plan is not to go anywhere for a really, really long time and let's help understand what your specific fears are and how we can address them, but doing so while balancing the reality of the situation while also being really, really reassuring and reminding kids that they're safe, they're going to be cared for no matter what happens.

**Brenna Chase, MD:** I think that's so important too, especially with the younger population. I find that my parents kind of like to sugarcoat things sometimes because no one likes to think about death. It is anxiety provoking but I think just realizing that kids, even at a very young age, understand exactly what's going on and so I think not using euphemisms.

**Erica Lee, PhD:** 100 percent. It can be confusing to them, actually.

**IEPs and accommodations are great. Are there guidelines to help families fully help students require less accommodations?**

**Erica Lee, PhD:** It really depends on the kid. I think this is a really good conversation to be having for the family with their school team. So, usually when a child is qualified for an IEP, there's a really clear plan but there's also a whole school team of sort of like what would we be looking for to know that our child needed less accommodations. And many times, that can be doing things even just like oh I have ADHD and I need certain accommodations in this way, but I also have anxiety and anxiety is making it even harder to either need less accommodations or to utilize the great IEP accommodations that I have. And so could working on some coping strategies, learning to better manage your anxiety, working on your emotion regulation, does that make the need for the IEP come down. So, lots of different ways to be kind of creative in thinking with your care team about that, but absolutely. And I've seen many families, in case this is a question for whoever asked this, I've seen many families whose kids have needed less accommodations or different kinds of accommodations over time as they grow and they develop, so many different opportunities for this to be the case.

**Brenna Chase, MD:** I find that schools, even in and of themselves, are creating more like executive functioning classes and things like that that's actually open to everyone and so I think in that way kind of requires less accommodations across the board as well.

**Can you talk more about how nutrition plays a role in anxiety?**

**Erica Lee, PhD:** This is probably a better question for Dr. Chase than it is for me as the pediatrician. It's a really good question. I will say, I'll say what I was thinking on my end and then I'm sure the audience would love to hear your more expert thoughts. But we always think about the fundamentals with kids, right? So, it's so easy to be like, oh my gosh, my child's having a hard time, they're not sleeping, like there must be some significant thing wrong. And sometimes yes, it's an anxiety disorder, it's something else and sometimes it's just that the basics of like sleep, nutrition, activity level are not quite where they should be. So, my child is really irritable for half of the day and it's because they skip meals or they will only eat the berries, if we're thinking about toddlers or whatever it is. And so, lots of different ways, I think, in terms of like just general nutritional status can play a role in terms of our mood, in



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terms of our worry, in terms of our emotion regulation. And again, for our children and teenagers, we can't possibly expect that they're going to have those skills fully online anyway because their brains are still developing until they're 25.

**Brenna Chase, MD:** 100 percent. I was going to say the same thing. I think, I always tells patients I have a lot of medications and treatments that I can give you, but it sounds silly but just like sleep, water and eating are like the three kind of milestones of life. And so I think just kind of focusing on that and just making sure that people aren't skipping meals, that the food that they are eating is actually nutritious because I think in the world that we live in where things are so easy to kind of the quick thing sometimes isn't the best thing, and just kind of giving them, support them in doing that. And oftentimes it is a family approach that you have to kind of get to. That's very important.

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