THE GROWING BRAIN

EPISODE 17: Helping Parents Manage Anxiety in Children, Part 1
Guest: Dr. Ernie Fernandez
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In this two-part series, we'll discuss what anxiety looks like in children, and what we can do to best support children who suffer from anxiety. This episode features guest Dr. Ernie Fernandez, a local pediatrician, about the medical aspect of anxiety – what is happening in the brain, medication, and more.

Welcome to The Growing Brain, a social emotional health podcast. I am Maureen Fernandez with Momentous Institute, a nonprofit in Dallas, Texas, dedicated to all things, social emotional health. Welcome to Season Two, where we're diving deeper into some of the most challenging aspects of parenting – dating, sleep, ADHD, anxiety, and so much more on this season of The Growing Brain. Thank you for joining us.

Maureen *Welcome back to The Growing Brain podcast. This is Maureen Fernandez. I'm so excited. Our guest today is Dr. Ernie Fernandez and Ernie is a pediatrician here in Dallas. His practice is called Clinical Pediatric Associates. He's also the director of Camp Sweeney, which is a camp for children with Type 1 Diabetes. It's amazing – you can learn about it at campsweeney.org. And he is also my uncle through marriage. I guess that's uncle-in-law, maybe is the term for that, um, and my children's pediatrician. So thank you so much for being here.*

Ernie Thank you so much for having me, Maureen.

Maureen Today we are talking about parenting children with anxiety. And so this episode is part one. And today we're going to talk with Dr. Fernandez, a pediatrician about the medical aspects of anxiety and what parents can know and do. And then in the next episode, we'll talk about the mental health aspect of anxiety with a clinician on our therapeutic services team. And I know Ernie, you will agree with me that both aspects are really important and parents need to really consider what, what do they talk to their pediatrician about and what do they talk to their mental health professional about?

Ernie Absolutely, you know, anxiety itself, well, you know, all of us have some anxiety. Um, that's what it's part of, you know, just part of our personality trait and how we become ourselves. It's when the anxiety becomes pathologic, it starts to interfere with the normal qualities of life. And, you know, as, we'll talk today, you know, anxiety is, is a balance between two things: what causes the anxieties and how we deal with those causes. And I always tell many families that come to me, you know, many of the causes of anxiety are *life*. I mean kids and adults are faced with many, many things in their lives to challenge them

that are adverse to them and, and can, and can cause them to have different types of anxiety and how you deal with that is just as important as the physiologic aspect of anxiety, which often parents come and talk to their pediatricians or their health providers about. And, you know, I deal with a lot of the physiologic effects of the anxiety, but, you know, working with how people compensate for their anxieties, how they deal with their anxieties is more than 50% of the battle. It is, is something that, that, that our mental health professionals do a really good job of and unfortunately are overwhelmed in this community to serve all the people that need them.

Maureen Yeah. Yeah. So I, you know, the reason I thought to even have you on the show was because you and I were having a conversation recently, and you were talking about anxiety, you mentioned something like, you're seeing a lot more cases of anxiety in your practice lately. And I was just wondering if you could tell us a little bit about, um, who are you seeing, uh, are there any trends that you're noticing among the families who are coming to you to talk about anxiety? Is there anything different today than it looked five years or 10 years ago? Just sort of give us some sort of lay of the land of who's coming to talk to you about this?

Ernie Well, there are different peak ages and there's different ideologies for, for people to decompensate with their anxiety and become what's called an anxiety disorder, as opposed to just having general, just having normal anxiety that drives and motivates us in our lives. Um, and there's, there's a couple of peaks and there's different causes. And one of the big peaks that we're seeing an explosion of right now is sort of the middle adolescent age. Those, those children that are 14 to 17, 14 to 19 years of age, that that tend to decompensate with their anxiety more. And there's a number of reasons that it happens just from a normal physiologic point of view. Those are the years that your brain has fantastic development. And many things are transitioning in their thought processes. One is most kids go from sort of a concrete thinking mode to a more abstract thing mode. This happens to everyone. And so the way they wrap their arms around things that they, that they try to rationalize starts to change because then the possibilities of imagining many other things starts to explode. And so that happens in everybody. And, and so we all go through, everybody goes through that phase of life where they're so used to things being either black, white, you know, this way or that way. And then suddenly they can imagine many other things. And so it unsettles them. And so it is an unsettling time just from a thought process, point of view, but from a physiologic, biochemical point of view, as the brain develops rapidly during those years, there's good data to suggest that, that, um, our neural transmitters are sort of decreased during those years, because as the increase part of you, your brain starts to develop, you don't keep up with the normal serotonin and the other neurotransmitters that are being characterized as being responsible for our higher functions. Well, that happens normally in everybody.

What's different today in 2020, that's different than 10 years ago or five years ago is that we're changing other parts of our, of our lives. And probably the biggest one that most people, whether they're children, teenagers, young adults, adults struggle with is getting sleep. And the reason people have difficulty with sleep is because people are programming many more things in their lives, whether it's afterschool activities, whether it's extracurricular clubs, jobs, things that, that make the time that the settle down to get the appropriate amount of sleep reduced. And so it's only during sleep and only during certain stages of sleep, those neuro transmitters are replenished in the brain so that the person can compensate.

The second big thing that's changed dramatically in the last five to 10 years is the *type* of sleep that children get. You know, when children, especially adolescents sleep, it is critical that they have a lot of what's called their stage or deeper sleep. And, um, and a little bit less of the light sleep because it's during those deeper stages of sleep that many of these neurotransmitters are produced. Well, what destroys that in our lives is of course visual stimulation, which is video - little phones, little iPads, you know, people that are addicted to video games. But all of us are becoming more and more addicted to our handheld devices, whether it's an iPhone or an iPad. Whether it's a child, a teenager, an adult - we seem to be glued to them. In fact, we even use them to try to help with our anxiety, but they, because you know it just kind of distracts you from the thing you're thinking about. People are scanning up and down, up and down on their little phones, just continuously, in the middle of a conversation, people are doing that and it becomes quite the addiction. And the problem is that if you do that near the time of bed, that stimulates sort of the, the frontal, the visual cortex quite a bit. And what that does is it causes the brain to be in an excited state. So then when the child plops down to bed, that they can fall asleep because they may be physically tired, but their brain is not ready to enter real sleep or deep sleep. And so they don't replenish those chemicals that they need, so the next day, they're what we call in a decompensated state, which means their higher functions aren't functioning as well. And so they tend to have more little mood outburst because the things that make you civil and make you fun and polite, and sort of who you are, are your higher functions, and when you don't have those happening, you become more primal and you react to things. People get upset, you get upset and you get angry, you know, cause something didn't go right. And your anxieties kind of flourish because what controls your anxiety or your higher functions, your ability to deal with those higher functions, using all the compensation techniques that you naturally do to not be anxious. So suddenly you, you tend to have more little sort of panic attacks and you have breathing issues and your obsessive thought process kind of take over your day. And you're not even focusing on what you're doing because you're thinking about many, many other things.

And so that becomes a self-fulfilling problem because the more you get you get into that de-compensated state, the next night it's even harder to get into deep sleep because now your brain is racing, you know, obsessing over and

over again because you can't control those obsessions. And so kids dig themselves into a hole. It starts by not getting enough sleep, getting the right kind of sleep. And then they get into this sort of this obsessive thought process that then really makes it impossible to get the deep sleep and the kids little by little, become more de-compensated. And they have a full blown anxiety disorder where they have difficulty functioning in school because they're, they have panic attacks, they can't focus on their studies. You know, they can't even do their, their, their schoolwork. And they get to a point that their brain is just so tired. They feel like they're almost blocked. People always think that they're depressed. And actually, you know, it, it can lead to depression, but they have depressive symptoms because they just don't have that spark in their eye. They don't have that joy in their eye. And it's just because they run themselves so ragged. And we see that a lot in sort of the mid-adolescent phase.

Now that's one group of people that's growing very rapidly. And if I had to describe any one group that that's grown in my practice, it's that group. Now there's a second set of children that we see, which are younger children, often go undiagnosed. Kids that are in the primary grades – pre-K, K, first, second, third. And you think, well, how are those kids anxious? Well, it's because they have a different issue. They're very concrete thinkers and you would think, okay, you can tell them, okay, honey, you don't have to worry about this because there's this outcome and this, and, and they can be settled with that. But some of these kids also have a little bit of disorder thinking. And those are usually children that have sort of a comorbid diagnosis, kids that have a true focus disorder, an inattention disorder, or perhaps are a little bit on the spectrum and aren't able to judge the social cues properly and things have to be in a certain way. So those kids decompensate, because they have what's called disordered thinking, a disordered thought process. And so those kids can't use the normal concrete mechanisms of dealing with when something comes adverse in their life in their day, you know, something doesn't go right, someone says something poorly about them, something happens. And those kids decompensate because they don't have the ability to change their, their path a little bit because of this, of some comorbid situation, some other disordered thought process. Now that group of children has been somewhat consistent over the years. I see those kids not *increasing*. I just see that those kids are misdiagnosed a lot. In other words, people don't realize that they're very anxious, and people… their primary care physicians think, "Oh, well, they just have ADD, or they just have, you know, dyslexia or whatever their co-morbid situation is" and don't realize that there's other things going on that they just, that they're really in distress. And they really could use skills from a mental health professional that can help them work through some of those issues that strike them in their day and cause them to have issues. So even though that group, I don't see growing, I see that group of children is probably the least helped because people try to treat the one condition and don't realize that they have an anxiety condition as a comorbid condition. And so people don't address that and they don't, they don't seek the mental health solutions that are out there that can help these kids and really get these kids

not to be in that state, that, that decompensates them in that way. Because once you decompensate with anxiety leads to other things that leads to mood disorders, sometimes oppositional defiance and our all comes from an anxiety that, that it's just not well treated.

Maureen *That all makes a lot of sense to me. And you said something there about, um, things being misdiagnosed. I'm curious about from a parent perspective, if you have a sense that your child may have some anxiety and you bring them to the pediatrician, I assume that a lot of parents have access to a healthcare provider or a pediatrician, but not everyone necessarily already has a mental health provider. So your first step may be the pediatrician. And how do you talk to your pediatrician in a way that kind of uncovers the anxiety rather than getting it misdiagnosed? Does that make sense?*

Ernie Well, it does depend on the age. Um, parents often bring children to you because they think they have some chronic non-anxiety situation. Like always having stomach aches or always having some GI issue that that's making them miss a lot of school and they, that's why they legitimately bring their children to you. I mean, the farthest thing from their brain is that they think their child may have an anxiety issue. And so it's important that, of course the pediatrician be listening to the history and saying, "Okay, what are the conditions that may be causing this child to have this chronic symptom over and over again? You know, is there some underlying GI issue, whereas there something else that's happening that's causing that chronic stomachache or that chronic headache that the child tends to have?" So parents do bring their children and especially the young children and when they have those constant symptoms, because they're missing school and the schools are wanting documentation as to why that child's missing school so much because they have to follow their protocols. And it is important that the pediatrician take a good history and look at those, those particular aspects of, of what's going on with the child. And, and often it's the pediatrician's job to enlighten the parent and say, you know, there may be more going on to this then, you know, the not eating or the stomachache, or that this may be a little more complex than some simple little GI bug or something that will transiently go away and start entertaining those possibilities. So most parents, I think do a good job with the younger kids, because most kids that are those type of anxieties manifest in some sort of semantic symptom that, that requires them to end up going to the doctor, and that's up to the pediatrician to do that.

But the kids that are truly, I think, missed and aren't brought into the doctor's office, are these adolescents that are very slowly going into an anxiety disorder phase over months to a year. And they don't get brought in until they're having full blown panic attacks and it's a week before finals and the child can't get out of the bed and they want the child fixed like immediately cause they have some emergent thing that has to happen next week. And that's what I see often in my office. Yet all of the signs have been there. And the signs are, you know, start out very subtly that the child starts becoming a little more de-

compensated with their mood. They get upset faster. They start to perhaps treat their siblings poorly out of, uh, in an uncharacteristic way. They, uh, they tend to be more fatigued all the time and tired all the time, despite sleeping many, many hours, you know, they'll sleep till 10 or 11 on a weekend or even later, or, you know, they'll even go to bed earlier. And the parents will say, Oh, they're just tired because they've been in basketball season or they've, you know, she's been in ballet all this, or, you know, or dance class all this time. And she just needs more rest. But yet there's all these little subtle signs. Cause kids never have the insight at that age, 15, 16, 17, to even see that they have anxiety. And most parents just attribute it to them being teens. And that's just a phase or going through. And as I said earlier, yes, everybody goes through a phase where their process has changed, they have some decompensations. But the difference is that the decompensations aren't every day. Decompensations in a normal teenager are sporadic. And it's usually connected to some event where they stayed up super late two nights in a row because they had, you know, JSP dance, or they had, you know, a dance one night or they went out and did this with their friends and then the next day, you know, you expect them to have some decompensations. But when the decompensations occur daily, day in and day out, that's a chronic behavior change that I think a lot of parents just say is so normal when it isn't really normal. Um, not everyone does that. Most people continue with the normal function and that's the time that that kids really should be intervened. That's a time that they should come in to see their healthcare provider, you know, do an anxiety screen.

You know, we do just as a normal practice in all kids 13 and older that come into any pediatrician's office, they get a standard anxiety screen that's done at every single well visit and a depression screen that's done at every single well visit. And it's pretty sensitive at picking up kids that are struggling a little bit. And they'll put things on that screen that they will have never discussed with their parent, or if you ask them point blank, they'll never tell you. But that screen is a pretty good tool. And it's used by, by really every, I mean, every pediatrician uses that tool starting at age 13 and older. It's a good first start. And then once you start identifying that they need help, then bring in a mental health professional, just for them to talk, even if it's just a counselor that they could speak with once every week or every other week to help them wrap around the things that are causing it. And then of course a pediatrician can be very helpful in deciding whether there's something you have to do from a physiologic point of view.

Maureen *So I want to come back to that last thing you said, but let's, I'm curious if you'll walk us through, what is a conversation look like from you to the parents or you directly to the child, if they're old enough to understand, when a child comes in with these symptoms?*

Ernie Well, if it's a young child, most parents haven't even really considered the fact that their child is having some type of anxiety. So you have to, you have to

introduce it in a slightly different way. You say, well, you have to rule out any organic cause to whatever the symptom is they're brought in for whether it's chronic headaches or GI - usually it's GI issues…

Maureen *GI is gastrointestinal…*

Ernie Yeah, that their stomach is hurting. That's a daily stomachache. And so you take a careful history and you look for weight loss, you look to make sure, so you rule out all the things that that would make you think, okay, we need to do more studies to the stomach or to whatever we're dealing with, whether it is the headaches. And then you say, okay, well, you know, the I, what I tell parents is I say, okay, you know, the body is an incredible organism. It has so much complexity to it. And it's all so interdependent. And I say often when kids are having these symptoms, they're truly having these symptoms, but they're being caused by maybe something not in that area, that it's something that's causing that child to de-compensate with the adversities in their lives. And it's with a young child, there's usually other things going on. Usually they're struggling with school, they're struggling, you know, with reading, struggling with sometimes bullies at school and, not happy when they come home. So the first thing I am talking about to parents, I ask them how their academic days go. And I say, well, you know, how, how is she doing with school? Is she doing well with reading? Is her teacher happy with her? Does she come home happy from school? Does she come home *not* happy from school? Because often that's the first sign that there's a bullying situation or something where a child is being is being injured in some way, if they're not in a happy mode, when they're in first, second, third, fourth grade, it's typically something that they're not telling you. Because most third graders, second graders, fourth graders come home and they're just a spew of information. I mean, they're telling you a million things that you're not as interested to hear, but it's fun… So that happens. But when a child comes home unhappy and not wanting to talk, that is a red flag. And so you ask the parents, do you ever see that with your child? Because as soon as they say that they do, then you think, well, there is probably something that's coming on, that's stressing this body, that's causing this symptom. And, you know, we need to try to figure this out a little bit. And so then I'll start saying, how's the sleep patterns? Is the child able to fall asleep easily? Do they wake up refreshed in the morning? Cause kids that are anxious wake up tired in the morning. They don't wake up refreshed in the morning. And so that's a sign of that. And then you start working down the process with the parents of the things that can be causing this and saying, you know, we can sit here all day and talk about some of these, but it appears now that there is something that's going on that this child's not handling well. And it's manifesting itself in this way. And even though we can sit here and do this, this is not going to be something like the light bulb is out, we just have to put a new bulb in. This is going to be a little more complicated. And so what we probably need to do is to give the child a safe place to talk with you and maybe with a third party that can help. And that's what I'll usually recommend a counselor for them to talk to.

There's many wonderful pediatric counselors. There's also a wonderful pediatric psychologist. A psychologist is more… I'll refer to a psychologist if I see the child is more depressive in their symptoms and their effect, as opposed to just dealing with an anxiety. Usually if it's an anxiety, they can just go and talk to a counselor or a play therapist depending on their age. And that therapist can spend time, and then they sit down with the parents and say, this is what we've heard. This is what we're worried about. And these are some of the issues that are in your child's life that are going on. And often that starts a conversation to try to give that child some tools to overcome them. And that that's part of what we do with young kids.

Now, the older kids, as I said, the parents, when you start talking to them about that you discovered anxiety on a screen or whatnot... they immediately know what you're talking about. Because as soon as you start talking about the different things about how they're sleeping and how tired they are, and you start explaining it to them, they immediately say, yeah, that's, what's been happening in the last year and a half. And in the back of my head I say, goodness gracious, you know, if we had come a little bit earlier, we wouldn't be in the crisis spot we're in now. But I would never, I mean, that's not certainly what we say. We need to affirm that we're here and that we can try to help a little bit and make that better. But so it depends on the age of child and what leads to the anxiety and how you approach the parents. But typically, when you're talking to an adolescent parent, there is no surprise when you start telling them the things that are going on in their child's life, because they say, yeah, we see that all the time.

Maureen *And on the subject of phones and screens, do you give them advice? Is that within your purview to give them advice about sleep and phones and give them some of that explanation of what the phone does to their brain while they're sleeping. Do you go into that with them?*

Ernie In incredible detail. Because the American Academy of Pediatrics now has position statements that pediatricians are supposed to address that. And in fact, in this very last AAP convention, they came out with, they've upgraded those recommendations quite a bit. Not just total screen time, you know, in a week that we talk about, you know, where we talk about limiting screen time to the two hours a day, which has been the traditional AAP recommendation for children (that includes school time and other times). That's been the traditional recommendation that's been taught by pediatricians for a number of years and that we screen for, even with young kids. I mean, our nurses, when they come in to talk to patients, that's screened at the very beginning, whether the child's in first grade or in 12th grade. But now they're much more specific on screen times. And the amount of screen time prior to bed is one of the biggest ones. There was a study not long ago, it came out maybe two and a half years ago, where they showed them high school kids that had smartphones next to

their bed were three times more likely to have an anxiety symptom than those that didn't. And that's just the position of where the phone is. And it was funny in that particular study, they would ask the kids that had the phone next to them if they use them before bedtime. And it didn't matter whether the child said yes or no, if the phone was next to them, they had three times greater chance of having anxiety symptoms on the screen than those that didn't. So the reason - it's not that they're dishonest - it's just that people are so used to being on their phone, that they don't acknowledge that they're on the phone. So even if the child said, no, I never used my phone 45 minutes for bed or an hour before bed. They're not being sort of dishonest. It's just that they forget it because it's right next to them. And it's just like, it's just a reflex to grab it when they hear a text.

Maureen *Even the presence of a phone. I noticed that for me, if I had my phone on my desk at work, I'm more distracted by it than if it's in my purse.*

Ernie So that study came on, that was a AAP, an American Academy of Pediatrics study. And so what now we teach our patients, and most pediatricians do now, is to charge our phones outside of the bedroom, either put them in the hall, in the kitchen. And so many teens do that now. In fact, it's a life-changing thing when people start doing and sometimes teens say, yeah, it's even better when I do it cause I feel so much better the next day. But most parents nowadays are doing that routinely. A lot of people are trying to put all these software things that, you know, that freeze the phone at a certain time and turn it off. But you know, the easiest thing is just to move the phone. I know there's a lot of commercial software products out there and there's ways that you can limit it and all that kind of stuff, the parent controls that people use for their adolescents, but really just having the phones charged in a separate part of the house, the whole family doing that… is really as effective as any of these products you can download off of the app stores because it's just completely away from you. And it really changes how these kids sleep, how they rest. You know, 10, 15 years ago, that was the tradition - kids, young adults, adults would just go to bed and sleep. And the next day they would have cycled their sleep at least two to three times, they would have had plenty of stage sleep and their brains were functioning pretty well. But let's face it… whether you're an adult, a young adult, an adolescent or a child – we've changed. We now are so addicted to these phones at bedtime that we don't sleep that way anymore. We have very poor stage sleep and the next day we don't function as well, even as an adult, but as an adolescent because their thought processes are changing, and because their neurotransmitters are already reduced, they're the ones that flare up with the phone usage at night. So yes, I spend a great deal of time with all of my kids starting at about 10, 11 years every year at their checkup talking about the pathophysiology and why it's so important and talking to parents about it. And parents are pretty good about, about helping with that because they want the best for their child, just like the child wants the best for themselves. Everybody agrees to do the right thing when we all don't have to do it, it's when we actually have to do it, that it becomes difficult. And

that's where parents have to work. You know, parents have to say, okay, my child, I know, agreed to this earlier, but now it's going to be a fight to start doing this. So you have to have kind of a system where the whole family does it together. And yeah, it works pretty well.

Maureen *And I will put in a plug for that as well. Cause I started recently charging my phone downstairs instead of having it next to me in bed. And it has completely shifted the way I sleep at night. I've noticed such a huge difference. And, uh, and I, an adult, like you said, it's a different world for teenagers, but it's really made a difference for me.*

Ernie Absolutely.

Maureen *Let's take a quick break and we'll be back with a little more on this.*

Commercial

Thank you for listening to Momentous Institute's podcast. Momentous Institute is celebrating 100 years this year of working with kids and families in the field of social emotional health. Over the last 100 years, we have learned a lot, and a big part of our agency is sharing what we learned with others. If you visit our blog, we have tons of content on there: articles, strategies you can use, videos, book reviews… there's so much on there. So I'd love to have you visit there. You can get lots of resources, things you can use with your kids to help build their social emotional health and your family's social emotional health. You can check it out at momentousinstitute.org/blog.

Maureen *Okay. So we're back. And I know we've kind of talked a little bit here about the importance of mental health professionals and what they can do. And like I said, we're going to have an episode on that next. And I'm curious when you bring your child to the pediatrician, in addition to these conversations that you're talking about, what can the pediatrician do – whether it's a medication or, um, any other knowledge that… what is the role of a pediatrician when a parent brings their child in for anxiety?*

Ernie Well, I think the primary roles we talked about earlier is trying to help make the diagnosis, um, to see if it's something that is, uh, organic, that needs to be worked up versus, something that, is whether it's anxiety or depression, or even some other, psychiatric disorder that needs to be referred to a psychiatrist to determine, you know, there's many things that can mask cause each other, you know, anxiety can often mask as depression, depression can coexist with anxiety, but then you could also have, you know, other things that present in late adolescence like schizophrenia, things that can appear to just be anxiety. And so it's important that the primary care provider has a pretty good handle on which direction that diagnosis goes, because that will depend on what type of mental health professional would best help that patient.

If it is just a generalized anxiety disorder, a counselor can work very well with giving the person the skills to deal with the stresses that happen. Now, the generalized anxiety disorder can get to a point where it starts to interfere, as I said, with the quality of their life, from a physiologic point of view, because they've drained their brains so much. In other words, you have to think of it this way. If someone has generalized anxiety, they're someone who's obsessively thinking about something all the time, their motor's always going, and they've lost control of slowing down the motor. And that's what's the decompensation. People that have some anxiety are always thinking about something, but being able to slow down the motor is an important thing. Well, when that motor is going full, full throttle, and you can't slow it down, well, that person gets themselves built into a little hole where they can't sleep well. And the less they sleep, the worse it is controlling their idle speed. And, and it just becomes to a point where physiologically, they just can't function that well in school. And so those children benefit… *can* benefit from medication. And usually what most everyone has used for many, many years for this type of issue is something that re-raises up their serotonin levels in their brain, an SSRI, which are a class of drugs that, that are actually antidepressants. But when they're used at a very low dosage are very effective to help with generalized anxiety. Because even though they're not used at the level that treats depression, they treat the generalized anxiety real well by raising that kid… that, the primary neurotransmitter that we talk about with anxiety, which is serotonin in the brain, it raises it up a little bit, and that allows a person to kind of catch their breath a little bit. They're allowed, they're able to sleep better, which then in turn makes more natural, um, neurotransmitters, which then if somebody is working with them to deal with the stresses, lets them use those skills better. And they're able to take control of it. The only, the only downside to using these medications - and I'm telling you, I'm faced with this every day - is, is that they take about 30 days to start to work. And the only people you ever prescribe these to are people that are very impatient because they are coming to you at a crisis point. They're not coming to you like three months or four months ago when it was easy to give the medication, they would never get to the crisis point. They come to you because they have some major thing happening next week. And they just are having these horrible panic attacks and they can't get to that.

And so that is a drawback to it. But these medications, when they're used carefully at a low dose are fairly safe to use. As long as you've ruled out other, other co morbid psychiatric conditions. They work very well. And in fact, patients don't have to take them very long. Most patients that take these medications, unlike depression, where you usually have to take an antidepressant for a couple of… two plus years, you know, most people that take one of these medications take them for typically 90 to 120 days. Um, they just need a recharge. They just need to recharge the brain and then they can handle it. And then many of these kids outgrow this because as their brain continues to mature, as they become 19, 20, 21, they still have all the anxieties they've always had. They just manage them better because they, they manage

them better because they now have developed those higher functions and they they're producing more neurotransmitters. And so they just needed that little bump in the road there to get them back to being successful. Because if you let these kids sort of *not* be successful during those years, they dig themselves into this incredible hole. And one thing leads to another, the depression leads to having them... I mean, the anxiety leads to depression. They don't do well academically, they miss out on social skewing opportunities and, and suddenly they're, they're sort of delayed at many things that their colleagues have already moved past. And, and it's very difficult sometimes for these young adults to catch up. So you're trying to help them get through those little rough patches. And that's why a recharge with a medication like an SSRI will be helpful. And we do that very often.

And most times, you know, most people come in during the school year, um, because something bad is happening midyear or, you know, finals, midterms or whatnot. And you'll treat them with one of these till the end of the school year. And that's usually a good thing, even if they only need three months of it, typically it's never good to stop right before the end, because that's typically when they're most stressed and you try to get them to the end and then suddenly they do fine. And, and they do well. And sometimes as college freshmen, I end up treating a lot of kids as well, that that still are not fully matured in that mode. And they're very de-compensated cause there's so many things that are going on in their lives there. And they do well with one of these medications. And medication are not addictive, they don't really have withdrawal symptoms, so they're very easy to use in these patients as a pediatrician. Now, if the child starts manifesting depressive symptoms or other types of psychiatric conditions, then it's important for the pediatrician to, to send them to a psychiatrist or pediatric adolescent psychiatrist, somebody that can manage the more complex psychiatric diagnosis that is not a routine primary care thing that we do in our office.

Maureen *It sounds like when, when families come in in that crisis mode, um, your hands are kinda tied. Is there anything you can do in those, you know – three days from now, they have their big final and they're having a panic attack. Is there anything you can do in those moments?*

Ernie Well, you can give them techniques to try to get them to be a little bit more concrete. You could teach them little ways to think about things that put them in a sort of a concrete thinking mode, have them recalling certain colors, fabrics, feelings, things like that. They can, I will tell parents, I'll tell kids to always carry something in their pocket that they can feel that they can try to, to tell what shape it is. Sometimes people have little rosaries, things that are different shapes, and they can actually, while it's in their pocket, when they're having a panic attack, try to figure out which ones are the round ones, which ones are the square ones. Because by doing that it puts a brain sort of into a left-brain mode. And it helps break those little spells that they're going into. And those little techniques work for small little issues.

Clearly if they're having, if they're to the point that they're really decompensating, those concrete techniques don't always work, but they do work in the short run for small things. And so we teach, that's what counselors do. And that what, you know, clinical psychologists do as well. They teach them ways to get into concrete modes, to handle the stressful situations. It can basically distract the brain and put it into a left-brain mode. So it's not in that *I can't deal with this* mode and so I'll share with them a few of those little skills, but mainly I'll talk about getting away from all the video stimulation and trying to get more sleep because that'll do more than anything else we can do in the short term.

Maureen *This has been so insightful. I've learned a ton from you today, and I'm curious as we wrap up here, what is your biggest piece of advice to parents on this topic?*

Ernie You know, awareness. I think, you know, parents of young children to be aware if they have some chronic symptom that they're going to the healthcare provider over and over again, for them to realize, you know, there's probably something else going on here. And maybe me as a parent needs to investigate a little bit and bring it up to my healthcare provider if they didn't see that. And perhaps maybe I need to be talking to the school counselor and seeing if there's something going on there. I think parents of kids going in as preadolescence and adolescence, really putting them in an environment of, regenerative sleep, you know, taking the video temptation away from them, coming up with a family plan to do a very simple thing as they call it. The term is called sleep hygiene, which is creating an environment that's conducive to a rejuvenated night's sleep and removing those, those electronics out of the bedroom. And, um, all as a family learning how to make that happen.

And then looking for signs when, when kids start to decompensate where *daily* they're having decompensations and seeing the healthcare care provider a little bit earlier than later, um, are simple things to do. And those are the biggest piece of advice I give most of my families. And I tell my families, even when their kids are doing great, I give them that advice so that they know to look for those things so that they can be preemptive on this. And it becomes a much easier thing to get through. And those are some of the simple things that I, I advise most parents to do.

Maureen *Thank you so much for all of this insight, it has been super helpful. And our next episode we'll be with on the same topic of anxiety, but we'll be talking to the mental health side of it. So I'm super excited to dive more in part two. And thank you so much, Ernie. I really appreciate it.*

Ernie Thank you so much, Maureen. It was a pleasure.

Thank you for listening to The Growing Brain, a social emotional health podcast. We hope you have enjoyed this conversation. Don't miss an episode, be sure to subscribe so that you're notified when new episodes are released. And for more content, including articles, videos, and much more, please visit us online at momentousinstitute.org.