

## Supporting Children with Social Anxiety

Social interaction is essential to almost everything we do and it is part of what makes us human. In childhood, children engage in a variety of activities like swim lessons, school and sleepovers. These social interactions can be fun, educational and uplifting, but for some children it can be anxiety producing. Equipping youth with the tools they need to be successful in social settings can help reduce the anxiety.

For some, a new social situation can cause stress, emotional outbursts or physical symptoms such as stomach aches. They may cry, become agitated or have a full-blown temper tantrum. Other signs of anxiety may include headaches, pacing or fidgeting. Children may be hesitant to join in the activities right away or refuse to participate at all. It is important to understand that many children need assistance adjusting to new situations, not just children with an anxiety disorder. However, if these symptoms persist talk to a physician or mental health practitioner in your area.



Children that become anxious in social settings may need additional time to adjust to new situations. The following are general tips to help reduce anxiety in social settings:

- Arriving to the location early can help the children adjust to new surroundings before other children arrive.
- Bringing a friend along can also help the situation feel more familiar and make the transition smoother.
- Have discussions with your child or student about the event details to help them develop a better understanding of what to expect.
- Role playing or coaching can also help children feel more prepared and reduce anxiety.
- Provide children with an outlet to share their feelings and concerns.
- Be familiar with your child or student's limits and give them their space when they are overwhelmed.
- Help them practice coping skills, like deep breathing when they are stressed.

One common activity that can be particularly anxiety producing is starting school for the first time or starting a new school year. Talk to your child about their anxieties and validate their feelings. Plan to attend student orientation with your student and facilitate a relationship between your child and the teacher. Strive to create a space that feels familiar and safe by helping your child find similarities to pre-school or daycare. Have discussions with your child about what to expect including their schedule. Have plans in place for drop-off and pick-up from school and who to talk to if they do not feel well or need to use the restroom. Open lines of communication between the school and parents can help determine ways to help reduce anxiety for the child. Teachers can provide children with tasks to engage them in activities, help facilitate self-soothing techniques or help find a buddy in the classroom for the student.

It is important for children to have skills that they can use with and without their parents present to reduce anxiety. Practicing self-soothing techniques can help children be successful in a variety of situations. Begin by practicing the following self-soothing techniques together and repeat over time.

Once they are familiar with the technique help your child understand how to practice the techniques at school or other activities outside of the home.

- Take deep breaths with your child to help them relax in stressful situations. Repeat the behavior and encourage them to take deep breaths on their own when begin to feel stressed.
- Help them relax their mind by coloring or visualizing a place that is relaxing.
- Encourage movement or some form of exercise, like stretching.
- Offer a squeeze ball or another soft object to distract from the anxiety.
- Encourage positive thinking by practicing positive self-talk together.
- Model self-soothing techniques.

For further reading about social anxiety, the article below contains great tips for children that have sleep-over anxiety:

[https://childmind.org/article/how-to-help-kids-with-sleepover-anxiety/?utm\\_source=newsletter&utm\\_medium=email&utm\\_content=Helping%20Kids%20With%20Sleepover%20Anxiety&utm\\_campaign=Weekly-5-1-18](https://childmind.org/article/how-to-help-kids-with-sleepover-anxiety/?utm_source=newsletter&utm_medium=email&utm_content=Helping%20Kids%20With%20Sleepover%20Anxiety&utm_campaign=Weekly-5-1-18)

References:

<https://www.scholastic.com/teachers/articles/teaching-content/ages-stages-how-children-adjust-school/>

[Childmind.org](https://www.childmind.org)

<https://www.understood.org/en>

# Reactive Attachment Disorder (RAD)



It is believed that kids are born with the ability to be naturally resilient. Even those who have been neglected, abused and/or have lived in and through very dire situations can have normal and healthy relationships with their parents/caregivers and others in their life. Yet, some infants and young kids develop reactive attachment disorder (RAD) while others don't.

Reactive attachment disorder (RAD) is rather uncommon, yet, a serious disorder where an infant or a very young kid doesn't develop healthy connections with parents/caregivers.

For infants and young kids to feel safe and build trust they need a secure and caring environment. Their needs (emotional and physical) must be met through constant, consistent and reliable interactions with their parents/caregivers. For example, when an infant cries because they are hungry and/or need their diaper changed, not only do they need to be fed and/or changed but they also need to have a shared emotional interaction with their caregiver such as eye contact, smiling and comforting talk and touch during those times.

All of these kinds of experiences help develop, strengthen and reinforce the relationship an infant or young kid has with their parents/caregivers and they learn to trust that their needs will be met.

However, when an infant or a young kid's needs are continually not met and there is very little or no positive emotional interaction between the parents/caregivers, then the infant or young kid may be at risk of developing reactive attachment disorder.

It should also be noted that the exact cause of reactive attachment disorder (RAD) is not known, nor is it known if reactive attachment disorder can truly be prevented.

## **Signs and symptoms of RAD in infants or young kids may include:**

- Withdrawal
- Fearful
- Irritable
- Sad appearance

- Lethargic appearance
- Does not seek comfort/reassurance
- Does not respond or react positively to comforting reactions from others
- Does not smile
- Watches others closely interact but do not participate in the social activity
- Does not reach out to be picked up
- Does not show interest and/or interact in playing peekaboo or other interactive games

It should also be noted, that there's very little research on signs and symptoms of RAD beyond early childhood, as it is still unclear if RAD can develop in kids older than 5 years.

Yet we do know that RAD can negatively impact all parts of a kid or adolescent's life and as well as their development. And we also know that kids with RAD as they become older generally develop certain behavior patterns known as inhibited or disinhibited. Sometimes an adolescent may develop and show signs of both inhibited and disinhibited behavior patterns.

**Signs and symptoms of Inhibited RAD in older kids and adolescents:**

- Detached
- Unresponsive or resistant to offered/given comforting efforts
- Withdrawn and distant from others
- Avoids developing relationships with people in general

**Signs and symptoms of Disinhibited RAD in older kids and adolescents:**

- Will try to connect and socialize with anyone (good or bad)
- Seeks attention from anyone who might give it
- Displays inappropriate childish behavior
- Frequently asks for help doing things when help is not truly needed
- Lacks and constantly crosses social and personal boundaries

Fortunately, there is hope and help for those with RAD. Through therapeutic treatment and general continued support kids and adolescents with reactive attachment disorder are capable of developing stable and healthy relationships with parents/caregivers and other people in their life and can live and have a happy and healthy life.



[https://www.aacap.org/AACAP/Families\\_and.../Attachment-Disorders-085.aspx](https://www.aacap.org/AACAP/Families_and.../Attachment-Disorders-085.aspx)  
<https://www.mayoclinic.org/diseases-conditions/...attachment-disorder/.../syc-2035293>  
<https://psychcentral.com/disorders/reactive-attachment-disorder-symptoms/>  
<https://www.villagebh.com/disorders/reactive-attachment/symptoms-signs-effects>  
[www.pineyridge.net/behavioral-disorders/reactive-attachment/causes-effects-symptoms](http://www.pineyridge.net/behavioral-disorders/reactive-attachment/causes-effects-symptoms)

## Increase Your Awareness: Edible Marijuana Use

Marijuana is the most commonly used illicit drug by teens (Nebraska Risk and Protective Factor Student Survey). With the legalization of marijuana in several states, our youth have received some mixed messages from society that has led to misconceptions over the harm that marijuana has on developing adolescents. While marijuana is not legal in any state for adolescent use, the changes in legislation across our country have created an environment in which marijuana increasingly is seen as acceptable, safe, and therapeutic (American Academy of Pediatrics). In fact, perception data tells us that the number of young people who believe marijuana use is risky is decreasing (Nebraska Risk and Protective Factor Student Survey). The changes we have seen in marijuana over the last decade increases the need to provide up-to-date information and education to our youth on marijuana use. According to the Partnership for Drug Free Kids, “The drug landscape will continue to change with the times, but the one thing that will remain constant is the need for support and information when raising a child”.



Not only is marijuana more potent than it was when today’s parents were growing up, it is also being used in new ways with the intent to get a stronger and longer lasting high. Where legal, marijuana infused food products (edibles) use is becoming nearly as common as smoking marijuana (National Institute on Drug Abuse.) Edibles come in many different forms including brownies, cookies and candies. Candy edibles can come in the form of gummies, candy bars and even the popular sugary candy, pixy stix. Youth may view edibles as a more “attractive” mode of use as it may be easier to disguise (doesn’t look or smell like marijuana, no paraphernalia, etc.). The high produced by edible marijuana is often stronger and lasts longer. Unlike smoking marijuana, where the effects can be felt almost immediately, effects from edibles can take 1-2 hours to set in. This is because when ingested, THC, the most potent psychoactive chemical in marijuana is absorbed more slowly into the bloodstream. Someone experimenting with marijuana edibles might not feel the effects as quickly as expected and eat large amounts in an attempt to “get high”. This leads to overdosing. Additionally, the amount of THC can vary in marijuana edible products, making it harder to control how much THC is consumed. The effects of edible marijuana can last anywhere from 4-10 hours depending on the dose, last meal, medications or other substances used at the same time. Edibles in high doses can result in negative effects like anxiety, paranoia and in rare cases, an extreme psychotic reaction (delusions, hallucinations, talking incoherently).

Regardless of how it is used, there are health risks associated with youth marijuana use. When marijuana use begins in the teen years, it can have a significant impact on brain development. THC alters the ability of the hippocampus (a brain area related to learning and memory), to communicate effectively with other brain regions. This can lead to:

- Reduced ability to concentrate
- Impaired or reduced short & long –term memory

- Impaired or reduced comprehension
- Impairments in learning, memory, perception, and judgement.

Compared to those who don't use marijuana, those who use heavily more often report:

- Lower life satisfaction
- Poorer mental health
- Poorer physical health
- More relationship problems

When it comes to substance use, parents play an influential role. Below are some helpful talking points for parents to help guide conversations about marijuana use.

1. Marijuana is not a benign drug for teens. The teen brain is still developing, and marijuana may cause abnormal brain development.
2. Marijuana is addictive. One in six teenagers who use marijuana today will become addicted.
3. Teens who use marijuana regularly may develop serious mental health disorders, including addiction, depression, and psychosis.
4. Recreational use of marijuana by minors and young adults under the age of 21 years is illegal and, if prosecuted, may result in a permanent criminal record, affecting schooling, jobs, etc.
5. Never drive under the influence of marijuana or ride in a car with a driver who is under the influence of marijuana. Adults and teens regularly get into serious and even fatal car accidents while under the influence of marijuana.

For additional information, download the free marijuana talk kit from Partnership for Drug Free Kids: <https://drugfree.org/download/marijuana-talk-kit/>.

*References: National Institute on Drug Abuse, American Academy of Pediatrics, American Academy of Family Physicians, Nebraska Risk and Protective Factor Student Survey, Partnership for Drug Free Kids.*