

Q&A: Clinical Psychologist Discusses Helping Children with Anxiety During COVID-19



WACO, Texas (April 2, 2020) – The CDC [reports](#) that 7.1% of children ages 3-17 have been diagnosed with an anxiety disorder. In this time of COVID-19, social distancing and a 24/7 news cycle that is often centered on sickness and death, are there steps these children and their parents can take to mitigate the effects of anxiety?

Baylor graduate and clinical psychologist [Rosario P.G. Montgomery, Ph.D.](#), is a cognitive behavioral therapist with more than 20 years of experience and co-founder of [TAMRA Learning Academy](#) in Temple, Texas. She served as an adjunct in Baylor's department of psychology and neuroscience, where she taught graduate-level courses in lifespan development and child clinical psychopathology. In February, she was honored as Distinguished Baylor Woman of the Year at the Central Texas

Baylor Club Ladies Scholarship Brunch.

“The challenge in COVID-19 is that there is an unavoidable message of uncertainty. While teams of experts are working tirelessly to provide information and to put protections in place, there is a piece of the puzzle missing, mainly, that we do not know how or when this pandemic is going to end,” Montgomery said. “Almost every rule for our daily routines has changed. It is within this environment that parents are striving to redefine normalcy in the short run and predict what life might look like in the long run. Despite these efforts, anxiety thrives in this type of environment.”

In the following Q&A, Montgomery explains some of the signs of child anxiety, highlights a few steps parents might take to lessen anxiety, shares resources and discusses the option of telehealth while practicing social and physical distancing.

Q: Can you help us understand the scope of child anxiety in the United States? Approximately how many children battle this?

MONTGOMERY: Our brain and body are wired to detect and to respond to danger. This phenomenon has been labeled “the fight or flight response.” This response works both with perceived and real dangers. This response can be triggered across a wide variety of events such as walking into a dark room as a child and hearing a strange sound, watching a suspenseful movie or riding a roller coaster. Similarly, this response can be triggered by messages that we tell ourselves. A youngster might tell himself that there is a monster under the bed; a school-age girl might ask herself if her peers are going to make fun of her art project.

These experiences are normal and for many, easily overcome with repeated exposure to the experience or healthy self-messaging and self-reassurance. However, for some children, these experiences are more severe and not readily overcome. The challenge with childhood anxiety is that, undiagnosed, it can lead to behavioral problems and depression.

Statistics collected from the CDC report that 7.1% of children age 3-17 years have been diagnosed with an anxiety disorder.

Q: How is anxiety detected in children?

MONTGOMERY: Detecting childhood anxiety can be tricky. One of the greatest challenges is that, for many, episodes of anxiety are normal. Secondly, anxiety is often hidden by acts of avoidance. Kids find their way to not participate in activities. Examples include somatic complaints such as stomachaches or headaches. The frequency of these complaints increases and throws the caregiver off the trail of anxiety and onto the trail of seeking physical well-being.

Other examples include reassurance seeking. The child will ask the caregiver questions about the fear and will trigger the response of "it will be OK." In this cycle, the child never has to accept the responsibility of self-reassurance, so this skill deteriorates and loses power.

Outward signs of anxiety might include disturbed sleeping patterns (difficulty falling or staying asleep); somatic complaints; clingy behavior toward parents and avoidance of social time with peers; decreased focus with activities; or displaced explosive outbursts. Underneath these outward signs, thought patterns start to change. Kids start to hear internal messages of "I can't" and this message cycle leads to an inability to cope across settings inclusive of home, school and social.

Q: In this time of COVID-19 and social distancing, what are some signs parents should be looking out for that might indicate anxiety in their children?

MONTGOMERY: In this time of social distancing and change, parents need to be more mindful of the symptoms of anxiety. This is best achieved through daily talks and play sessions.

Conversations might include direct question-and-answer sessions about COVID-19 and why decisions are being made; problem-solving how they as a family unit will work to follow the safety guidelines that have been put in place; and discussions about the healthy choices and safe choices that each child is making. The idea behind these conversations is to empower your child. If a child is unwilling or unable to engage, parents may want to have more direct talks about the fears related to the COVID-19 and help the child identify his/her point of control related to the fear.

When observing play, parents want to be aware of changes in patterns or themes of play such as increased aggression, lower frustration tolerance or themes of helplessness.

Q: Are there steps parents can take to help lessen anxiety?

MONTGOMERY: Honesty is the best policy. It is appropriate to screen the information that children have access to. Yet, children need to know that there are no hidden messages. They need to know that they can count on their parents to be truthful.

Q: Are there things parents should NOT do during this time? For example, should they not discuss the virus or watch the news when the kids are nearby?

MONTGOMERY: We live in a time where information is at our fingertips 24/7. It is appropriate to screen information, and the level of screening is going to vary with the age and developmental level of your child. Parents need to be careful to not overexpose children to the information, but children need to be informed.

This is an excellent opportunity for parents to talk about why they are choosing a particular information source to follow COVID-19. For older children, parents might ask what sources their child likes to follow. This is an ideal time to create conversations and to empower choices.

At the same time, there needs to be a break from all of the information. Parents need to set aside time to just have fun and to put COVID-19 on the back burner.

Q: In this time of social distancing, are there ways for kids to have interaction somewhat close to what they'd have at school?

MONTGOMERY: This is a time to get creative. Outside activities might include building backyard forts and using walkie-talkies or Facetime to communicate; making a video or family movie; playing horse on respective driveway basketball hoops (if kids are next-door neighbors, they can watch the shots or they might make videos of their shots); organizing a daily neighborhood car/bike parade, selecting who will watch on a given day and who will participate. Learning a new skill such as riding a bike or a doing a cartwheel can also be fun.

Kids can set parent-approved goals with their friends and video progress or have an "I Did It" celebration with their friends when the social distancing ends.

The aim of all of these activities is to create the message that change is necessary and that the purpose of the changes imposed by COVID-19 are to keep us safe and healthy and respecting the well-being of others. For now, it is best to live one day at a time, making the most of each day.

This is also a time for kids to think about how they can provide outreach to people in their community. Contact local charities and ask what they need; call nursing homes and ask if cards/letters are being accepted for residents that might not have family in the area; make a meal for an elderly couple from your church. Create positive energy and purpose in this time of change.

Q: If counseling is required, is telehealth an option?

MONTGOMERY: For children already in counseling, it will be important for parents to communicate with their child's psychologist or therapist to discuss a plan for ongoing services. Telehealth is an option.

Parents concerned that their child may need to meet with a mental health provider may wish to contact their respective state psychological association (i.e. Texas Psychological Association) or their local health care facilities to learn more about providers.

Q: What are some online resources that are available to kids and parents?

MONTGOMERY: Parents might want to reference kidshealth.org or childmind.org for further reading about anxiety or other health related concerns.

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