



Developing Resiliency in Children

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Disclosures

“Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.”

Rationale for Preventive Intervention

- In the MGH Child Psychiatry Department, we see 15,000 visits per year for youths already struggling with serious psychiatric disorders.
- We know what factors put children at higher risk to develop these disorders.
- Through giving these children tools to bolster resiliency, we hope that we can reduce the burden of disorder on a community level over time.

Factors that Increase Risk

- *Sociological Factors:* Economic hardship, neighborhood stress, global pandemic
- *Medical Factors:* Chronic illness
- *Psychiatric Factors:* Sub-clinical symptoms
- *Family-Genetic Risk:* Family history of psychiatric disorders, e.g. anxiety and mood disorders
- *Temperamental Characteristics:* Behavioral inhibition, fearfulness, emotional dysregulation.

Targeted Intervention

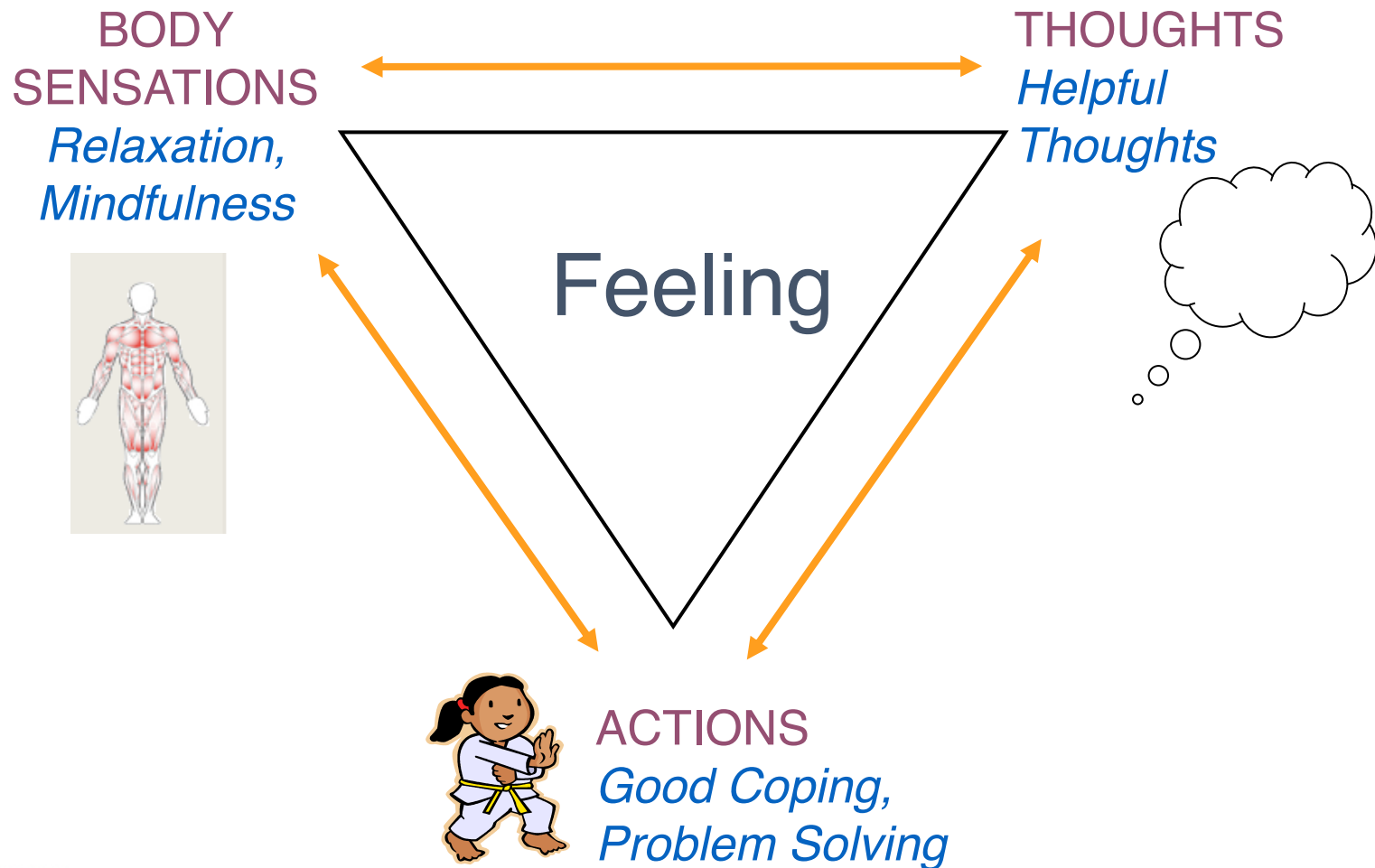
- Groups for coping with COVID-19 (running now)
- Groups offered to children from high-stress neighborhoods or circumstances (e.g. offspring of military personnel).
- Children with elevated subthreshold symptoms screened through well visits in pediatric practices
- Young children with family-genetic and temperamental risk

Resilience Education Groups for Elementary and Middle School Students



- Offered on Zoom platform, with 5-12 children per group.
- Co-taught by educators and psychologists
- Psychoeducation about the Stress-Response versus the Relaxation Response
- Recognizing physical, emotional, behavioral, and cognitive signs of stress
- Tools for managing stress

How Can we Change Stressful Feelings?



Evoking Relaxation Response

- Diaphragmatic Breathing (Belly Breaths)
 - Progressive Muscle Relaxation (imaginative exercises)
 - Imagery (imagine going to your “special place”)
 - Mindfulness (focusing in the here-and-now)
- ❖ Regular daily practice
- ❖ “Mini”-relaxation strategies to use in the moment



Cognitive Strategies

- Noticing “Thinking Traps”
- Testing out if thoughts are accurate or helpful
- Being a good coach to oneself
- Problem-solving skills



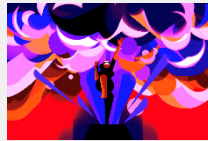
Screening Out the Good

Not looking at the good things that happened, only focusing on the bad.



All or Nothing Thinking

If something didn't go perfectly, it was terrible. If I don't get 100%, I failed.



Thinking the worst

Always thinking the WORST thing is going to happen.



Fortune Telling

Thinking you know what's going to happen before it does.



The Mind-Reader

Feeling sure that someone is thinking bad things about you.

Holding on to Unhelpful Thoughts

Keeping on thinking about something after it is over.

Working with Young Children: Family-Based Intervention

- Most anxiety disorders start in childhood, with 10% of preschoolers already affected.
- Among 1375 consecutive referrals (mean age 10.7) to the MGH pediatric psychopharmacology clinic, the median age of onset of first anxiety disorder was 4 years (Hammerness 2008).
- Anxiety disorders in preschoolers have similar symptom profiles, persistence and impairment to older children, and are treatable.

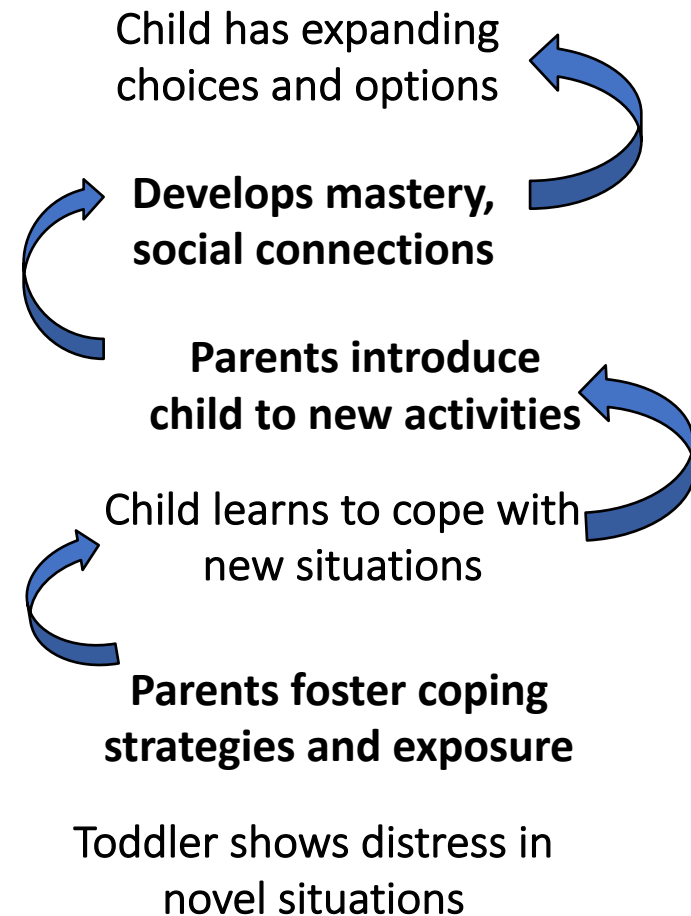
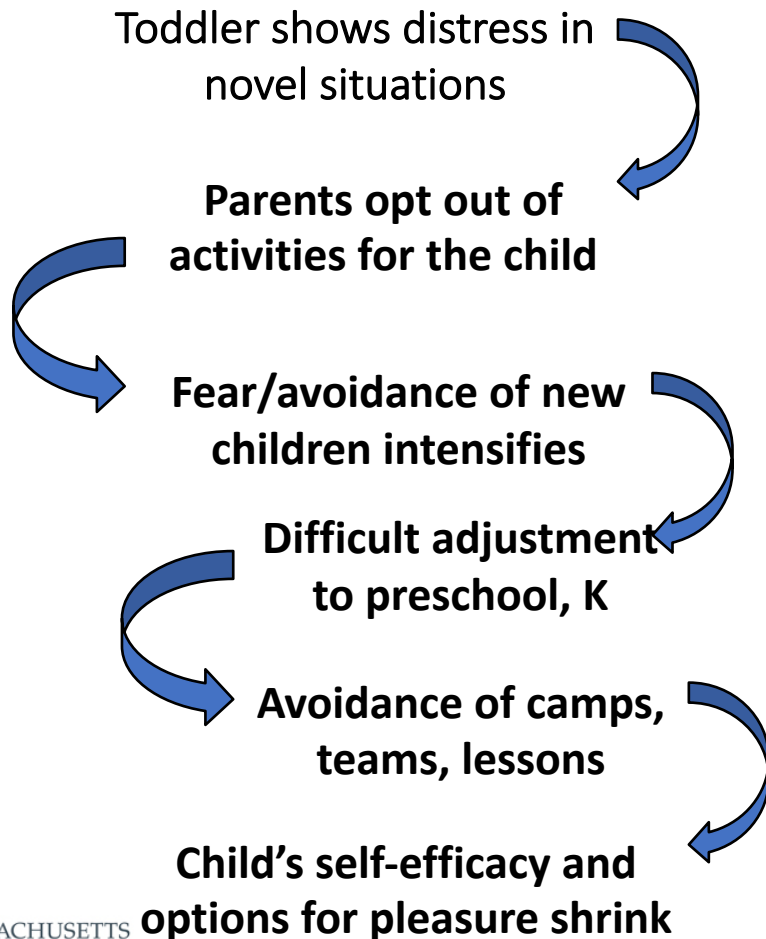
Factors that Increase Risk

- Parental anxiety and mood disorders are known risk factors for anxiety disorders in early childhood.
- Behavioral inhibition to the unfamiliar in early childhood (observable in toddlers) is a risk factor for social anxiety disorder.
- Recent data from our center found that elevated shyness and/or fear rated by parents at age 2 predicts clinically elevated anxiety at age 3.



The Cycles of Untreated and Treated Early Anxiety

ANXIOUS TEMPERAMENT



ANXIOUS TEMPERAMENT

Evidence-Based Treatment

(Comer et al., 2019)

- Family-based Cognitive-Behavioral Therapy is the only intervention to meet criteria for categorization as a “well-established treatment” for anxiety in children under age 7.9 years.



Rationale for Parent Involvement

- Logistical need for adults to monitor, prompt, and reinforce skills practice
- Parents of children with anxiety disorders have a 50% rate of anxiety disorders themselves and may be unskilled
- Well-meaning parents may inadvertently
 - ❖ reinforce anxious or avoidant behaviors
 - ❖ adopt overprotective attitudes
 - ❖ criticize or pressure child (sensitization)
- Helpful to teach parents anxiety management.

“Being Brave”: A Program for Coping with Anxiety for Parents and Young Children

Hirshfeld-Becker et al., 2008, 2010



- Parent Anxiety Management
 - ❖ Teaches parents the CBT model:
- Parenting a Brave Child
 - ❖ Teaches parents coaching skills
- Child Anxiety Management
 - ❖ Models planning and practicing exposure with contingent reinforcement
- Final Parent Session (maintaining gains)

“Being Brave”: A Program for Coping with Anxiety for Parents and Young Children Hirshfeld-Becker et al., 2008, 2010

Fostering Resilience

- Observing the child’s anxiety response
- Helpful vs. unhelpful responses
- Coping skills
- Cognitive restructuring
- Graduated exposure:
 - ❖ Practice facing the situation you’re afraid of, the more you practice the easier it gets.

