

Managing anxiety in children



Bucks County PA



Children's Hospital
of Philadelphia®

NAMI & CHOP PRIMARY CARE NEWTOWN
PRESENT A **FREE TALK** FOR PARENTS & CAREGIVERS

ANXIETY IN CHILDREN AND TEENS

EVERYDAY TECHNIQUES TO **CALM ANXIETY**
AND **MEDICATION MYTH BUSTERS**

FEB. 8, 2024 @ 6:30PM • IN PERSON

FREE LIBRARY OF NORTHAMPTON TOWNSHIP
25 UPPER HOLLAND RD, RICHBORO, PA 18954

PRESENTERS INCLUDE:

DEBORAH PULVER, MD; URSZULA WIERCISZEWSKA, MD;
KELLY CANN, MD; SUSAN LOGIUDICE, LCSW
LORA KLEIN, LSW AND MODERATOR NALINE LAI, MD

REGISTRATION IS REQUIRED AT:

WWW.NAMIBUCKSPA.ORG/ANXIETY



Parents local to Northampton Township, PA: We welcome you to come hear local pediatricians from The Children's Hospital of

Philadelphia and mental health experts talk about basic ways you can help manage anxiety and some information about medications for children and teens on February 8, 2024 at 6:30pm in the Northampton Library.

The talk is free and there will be time for questions. Please register so we set up enough chairs!

Special note: your Two Peds will be in attendance. Hope to see you there!

Naline Lai, MD and Julie Kardos, MD

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How to Talk to Kids About Hard Topics: a panel discussion



Photo by cottonbro studio on Pexels.com

Death, politics, mental illness, and sex- all difficult topics for parents to talk about with their kids. Your Two Peds joined a social worker, school guidance counselor, and former teacher in a lively panel discussion at the Haverford Township Library in Haverford PA on how to normalize conversations on difficult topics between parents and their children. Watch as we talk about on ways parents can give kids give information while limiting their anxiety .

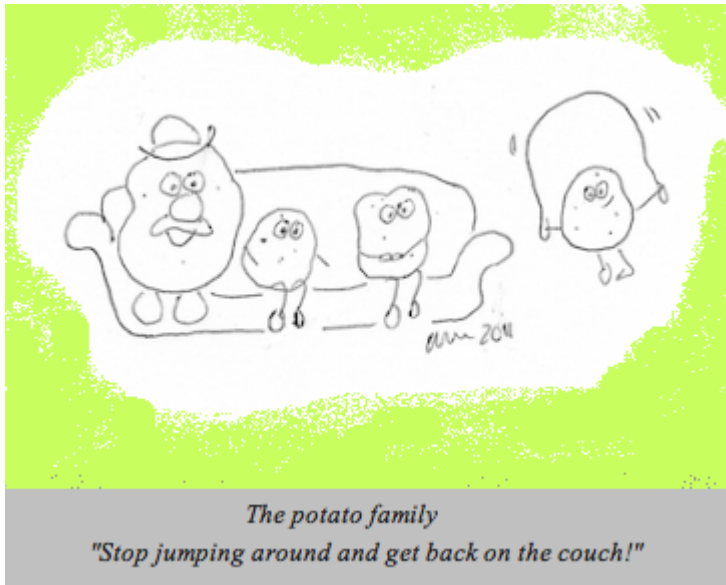
Past posts about ways to share difficult information with your children include the topics of suicide, stillbirth/miscarriage, death of a person, and death of a pet.

Warmly,

Julie Kardos, MD and Naline Lai, MD

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Quick exercises for kids and teens



Physical therapist Dr. Deborah Stack brings us quick exercises for kids and teens – Dr. Lai and Kardos

After six months of COVID; yes, it really has been that long already, your family has probably found some favorite outdoor hiking spots or bike routes. But what can you do when it's too cold or wet outside? How can you combat literally HOURS of kids sitting at computers especially if they only have 30-45 minutes until their next class? Here are quick exercises for kids and teens and a table of caloric expenditure for common activities.

Schedule active movement breaks into their day. Take advantage of that lunch and recess "break" and be an example yourself.

Here are some short burst ideas:

- Have a 15-minute dance party
- Use your body to make all the letters of the alphabet
- Shadow box to some music
- Dust off the treadmill or stationary bike in the basement
- Play ping-pong
- Do a few chores (carrying laundry baskets up and down is great exercise)

- Jump rope
- Jog in place
- Do jumping jacks
- Pull out some “little kid games” such as hopscotch or hula hoop
- Let each child in your house choose an activity for everyone to try
- Do a family yoga video
- Walk or “run” stairs...kids can try to beat their prior score for a minute of stairs
- Take walking/wheeling/even wheelbarrow laps around the house
- Stretch out calves, quadriceps, arms and back...see ergonomics post for counteracting all the sitting

Don't forget the teenagers; they still need activity too especially if their teams are not practicing or competing. Staff from the Mayo Clinic recommend kids ages 6-17 should have one hour of moderate exercise each day. Exercise can help improve mood (through the release of endorphins), improve sleep and therefore attention (critical with all the online learning), and improve cardiovascular endurance. Here are some numbers to get the kids moving:

All activities are based on 20 minutes and a teen who weighs 110 pounds. The number of calories burned depends on weight. If your child weighs more, he will burn a few more calories, if he weighs less, he'll burn a few less. Below the table are links to some free and quick calorie calculators on the web so your kids can check it out for themselves. For those attached to their phones, there are web apps too.

ACTIVITY	CALORIES USED
Shooting Basketballs	75

Pickup Basketball game/practice	100
Biking on stationary bike	116
Dancing	75
Hopscotch	67
Ice Skating	116
Jogging in place	133
Juggling	67
Jumping Rope	166
Ping Pong	67
Rock Climbing	183
Running at 5 mph	133
Sledding	116
Treadmill at 4 mph	67
Vacuuming	58

caloriesperhour

Try these activity calculators:

<http://www.caloriecontrol.org/healthy-weight-tool-kit/lighten-up-and-get-moving>

<https://www.webmd.com/fitness-exercise/healthtool-exercise-calculator>

Keep 'em moving- you'll have more fit, better rested, and happier kids!

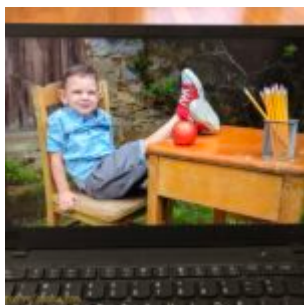
Deborah Stack, PT DPT PCS

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Dr. Stack is a board certified specialist in pediatric physical therapy and the owner of the Pediatric Therapy Center of Bucks County, LLC in Doylestown, PA. In addition to treating children ages 0-21 for conditions such as torticollis, coordination, neurologic and orthopedic

disorders, she also instructs physical therapists across the country in pediatric development and postural control and is a Certified Theratogs fitter.

Going back to school online? Here's what pediatricians want you to know



Chances are, because of COVID 19, this school year will look different for your children. Here are your Two Peds' tips for helping your children if they are learning online this fall.

Start with basics such as setting a sleep schedule. Think about how many hours your child slept during the spring quarantine and over the summer. If they woke up refreshed, that is the optimal amount of sleep they need to be alert during class. Incorporate this into your school year expectations. Falling asleep too late and sleeping too late? Check here on how to get your child's late schedule under control.

Set up an **eating routine.** Healthy eating habits have not changed from when you were a child. Stick to the school year schedule of breakfast, lunch, dinner and a morning and afternoon snack – just like at school. Don't allow the kids to graze. Without structure, children tend to throw off their

weight- in fact, kids tend to gain weight more quickly in the summer than during the school year.

Rehearse mask wearing. Even though they attend school at home, your kids will go to the grocery store, see a good friend or get a haircut. Teach them to wear a mask properly so you don't need to spend time readjusting their masks outside of the house.

Keep up the hand hygiene at home: Washing hands always limits germ spread. WHEN—before and after eating, after using the bathroom, after playing outside, and before and after school, the HOW—soap and water preferred for the duration of time it takes to sing the Happy Birthday song twice, or hand sanitizer if a sink is not available, and the WHY—avoid germ spread. See our post on handwashing.

Prevent neck and back strain from continual computer use: Read these posts on ergonomics and proper computer positioning to prevent your children from feeling like pretzels at the end of the day. Likewise, **prevent eye strain.**

If you are worried about the amount of additional time your children will spend in front of the computer for entertainment in addition to schoolwork, use the American Academy of Pediatrics' Family Media Plan tool to create a customized screen time contract.

Create a home learning space that your child can call their own. This will be where your child will complete schoolwork and homework. This is especially important if your child usually spends time doing homework on their bed. You want your child to associate their bed with relaxation and sleep rather than activities that rev up their mind.

Get your child the flu vaccine this fall. Even if you never immunized in the past, this is the year you should. Please see our post on the benefits of the flu vaccine.

Help your child to “roll with the punches.” Change, even happy change, can be stressful for adults. After all, we all know how adults often run around frantically during the winter holidays. If you feel frustrated, angry, or fearful about the pandemic, try to **keep the brunt of your own negativity from your children**. Kids are often more adaptable than you might give them credit for, but they tend to mimic their parents and look to parents about how to respond to new situations. Seek adult help to prevent your own negative feelings from flowing over and smothering your children.

You can do this. Who taught your children their first words? How to walk? The color of an apple? How to organize their homework? You will still have teachers who will teach the content of a class. Your role, as it always has been, is to provide the best possible learning environment.

No matter how it looks, we wish your family a great start to the school year!

Naline Lai, MD and Julie Kardos, MD

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Teen vegetarian diet basics



veggies, veggies, veggies

“Monitor your child’s diet closely to make sure they are getting enough calories... Some teens need 4,000 calories a day when they’re in a growth spurt!”

Check out the Children’s Hospital of Philadelphia Tip of the Week- a post on vegetarian teen diet basics with input from Dr. Lai!

Julie Kardos, MD and Naline Lai, MD

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Talk to your teen



Do you wonder if any communication actually occurs when you talk to your teen? We invite you to read this post for some coaching on how to talk to your teen in ways that they will find palatable.

Julie Kardos, MD and Naline Lai, MD

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Update on Gardasil vaccine: yes, it is safe and effective



“Should I give my kid the Gardasil® vaccine?” Friends and relatives, as well as our patients’ parents, continue to ask us this question.

Our answer is always: “Yes.”

Gardasil® vaccine is the current HPV vaccine on the United States market. The vaccine prevents cancer-causing strains of human papillomavirus from infecting a person’s body. HPV cancers include cervical cancer in women, penile cancers in men, and cancers of the mouth and throat in everyone. The vaccine also protects against genital warts.

According to the Centers for Disease Control report, nearly 90 million HPV vaccines were distributed from June 2006 through March 2016. That's a lot of vaccinations. In the US, the large majority of HPV vaccine given was the Gardasil® vaccine.

You can read a detailed report of the way the safety of the vaccine was studied [here](#).

Here are the updates:

- 1. The vaccine prevents cancer-causing strains of HPV from infecting teens and young adults. You can read the latest study about this [here](#).**
- 2. The vaccine is still safe.** The HPV vaccine has still NOT caused any deaths, has NOT caused cases of premature ovarian failure, and has NOT caused any new chronic pain syndromes or neurologic diseases. If you read on the internet or on Facebook any gory tales about Gardasil, you can check those stories on "Snopes." This website determines whether a popular internet story is a myth or a fact.
- 3. Your child may need only two doses of HPV vaccine instead of three.** We now know that younger teens achieve immunity with fewer doses than older teens. So, if your child gets the FIRST dose of this vaccine prior to his 15th birthday, then he needs only one more dose of vaccine 6 months later. Those starting the Gardasil® vaccine on or after their 15th birthday still need 3 doses of vaccine for maximum protection against the disease.
- 4. If your child has a weak immune system, they also might need three doses.** Children with weakened immune systems (check with your child's pediatrician) should get 3 doses of Gardasil®.
- 5. Teens and tweens are more likely to feel dizzy or to faint after all vaccinations, not only after the HPV vaccine.** There are reports that HPV vaccine causes kids

to faint, but fainting may occur with any teen vaccine. It is well known that surges of anxiety can cause fainting. Although they are older, teens are often very apprehensive about getting vaccines. Babies and toddlers rarely faint. Although a toddler may be mad about a vaccine injection, they are not anxious. To prevent any light headedness, your teen's doctor may have them sit for a few minutes after a vaccine.

There's a reason why we give the vaccine "so young." Once people are infected, the vaccine does not work as well. Even though it may be difficult to imagine your child needing protection from a sexually transmitted disease, prevention of cancer-causing strains of human papillomavirus is most effective when HPV immunization is given well before your kids have had any exposure to the virus.

Yes, the HPV vaccine is safe, and yes, we gave it to our own kids.

Julie Kardos, MD and Naline Lai, MD

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Help prevent your teen from playing risky games



Some games are riskier than others and it's hard for teens to tell the difference.

Remember playing "Truth or Dare" as a kid? Some of the dares were silly, some potentially embarrassing, but some were downright risky. Now our children are playing potentially dangerous games. How can you prevent your teen from taking unnecessary risks?

To understand why kids would play risky games such as the Cinnamon Challenge or the Laughing Game, let's step into the mindset of a teenager. Don't let their adult-like appearances deceive you. Based on what we know about teenage brain development, teens are more likely to misinterpret or mislead social cues and emotions and to engage in risky behavior. Even though your teens may be taller than you, their deductive reasoning skills are not fully developed until around 25 years old. They have difficulty thinking through long term plans.

Take a simple example of studying. If they stay up very late studying, they do not consider that this will cause impairment in cognition the next day and consequently they are forced to stay up even later to understand class material. Further, because teens also are impulsive, they will typically check their cell phones multiple times while studying, which further pushes off bedtime. Days later, when it comes to taking a test in class, their cumulative sleep deprivation leads to poor focus and poor memory retrieval.

Applied to more dangerous situations and coupled with peer pressure, even a “good teen” may take unnecessary risks. Teens truly believe that they cannot die. Even if they know others who have died, they don’t think it can happen to them. So they may be more likely to run across a busy street, try getting high off of a friend’s Adderall, or drive distracted while checking social media on their phones.

Teen peer pressure + immature teen brain = disaster potential.

As parents, you do have some power to prevent disaster. You can teach your teens the tools you have acquired through the years to help them consider all potential consequences of their actions.

Here are some ways parents can teach:

- Tell kids to pause first before playing any game. Think “What is the worst that can happen if I play the game, win or lose?” If the worst case scenario is severe injury or death, DON’T PLAY THE GAME. Remember that kids feel invincible.
- Teach directly by allowing kids to take small risks. Like we’ve said before, hold tight, but remember to let go. If your child chooses not to study for a test in school, then let them fail the test. However, make sure they study for the final exam.
- Teach indirectly through anecdotes, either from your own

childhood or events you hear about. For example, your kids might not consider that the beach they visit with you every summer can hold danger. Tell them about the family I know who lost their teen to drowning while swimming too far and was caught in a riptide on an unguarded beach.

- Teach kids that you cannot always save them. You cannot magically can save them if they get hit by traffic on a dare.
- Know where your kid and your kid's friends are developmentally and supervise accordingly. Volunteer to host the gatherings where a game may occur. Hint: Go down into the basement often with food-the kids will be happy to see you and you can be a better spy.
- Keep 'em busy so that they do not play risky games simply out of boredom.
- Give your kid a way out of an uncomfortable situation. Let them know they can always say, "I can't, my parents would kill me."

Unfortunately life is not all fun and games. Remind your kids that playing Monopoly or video games is not the same as taking real life risks.

Julie Kardos, MD and Naline Lai, MD

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Poison ivy: stop the itch



Teach your child to recognize poison ivy: "leaves of three, let'em be!"

Recently we've had a parade of itchy children troop through our office. The culprit: poison ivy.

Myth buster: Fortunately, the rash of poison ivy is NOT contagious. You can "catch" a poison ivy rash ONLY from the plant, not from another person.

Another myth buster: You can **not** spread the rash of poison ivy on yourself through scratching. However, where the poison (oil) has touched your skin, your skin can show a delayed reaction- sometimes up to two weeks later. Different areas of skin can react at different times, thus giving the illusion of a spreading rash.

Some home remedies for the itch:

Hopping into the shower and rinsing off within fifteen minutes of exposure can curtail the reaction. Warning, a bath immediately after exposure may cause the oils to simply swirl around the bathtub and touch new places on your child.

Hydrocortisone 1%- This is a mild topical steroid which decreases inflammation. We suggest the ointment- more staying power and unlike the cream will not sting on open areas, use up to four times a day

Calamine lotion – a.k.a. the pink stuff- This is an active ingredient in many of the combination creams. Apply as many times as you like.

Diphenhydramine (brand name Benadryl)- take orally up to every six hours. If this makes your child too sleepy, once a day Cetirizine (brand name Zyrtec) also has very good anti-itch properties. Some doctors recommend giving it twice a day- ask your pediatrician.

Oatmeal baths – Crush oatmeal, place in old hosiery, tie it off and float in the bathtub- this will prevent oat meal from clogging up your bath tub. Alternatively buy the commercial ones (e.g. Aveeno)

Do not use alcohol or bleach- these items will irritate the rash more than help

The biggest worry with poison ivy rashes is the chance of infection. Just like with an itchy insect bite, with each scratch, your child is possibly introducing infection into an open wound. At night, turn up the air conditioning and put your child into pajamas that cover up the poison ivy. Kids who don't scratch in the day often scratch subconsciously at night. Unfortunately, it is sometimes difficult to tell the difference between an allergic reaction to poison ivy and an infection. Both are red, both can be warm, both can be swollen.

However, infections cause pain – if there is pain associated with a poison ivy rash, think infection. Allergic reactions cause itchiness- if there is itchiness associated with a rash, think allergic reaction. Because it usually takes time for an infection to “settle in,” an infection will not occur immediately after an exposure to poison ivy. Infection usually occurs on the 2nd or 3rd day of scratching. If you have any concerns take your child to her doctor.

Generally, any poison ivy rash which is in the area of the eye

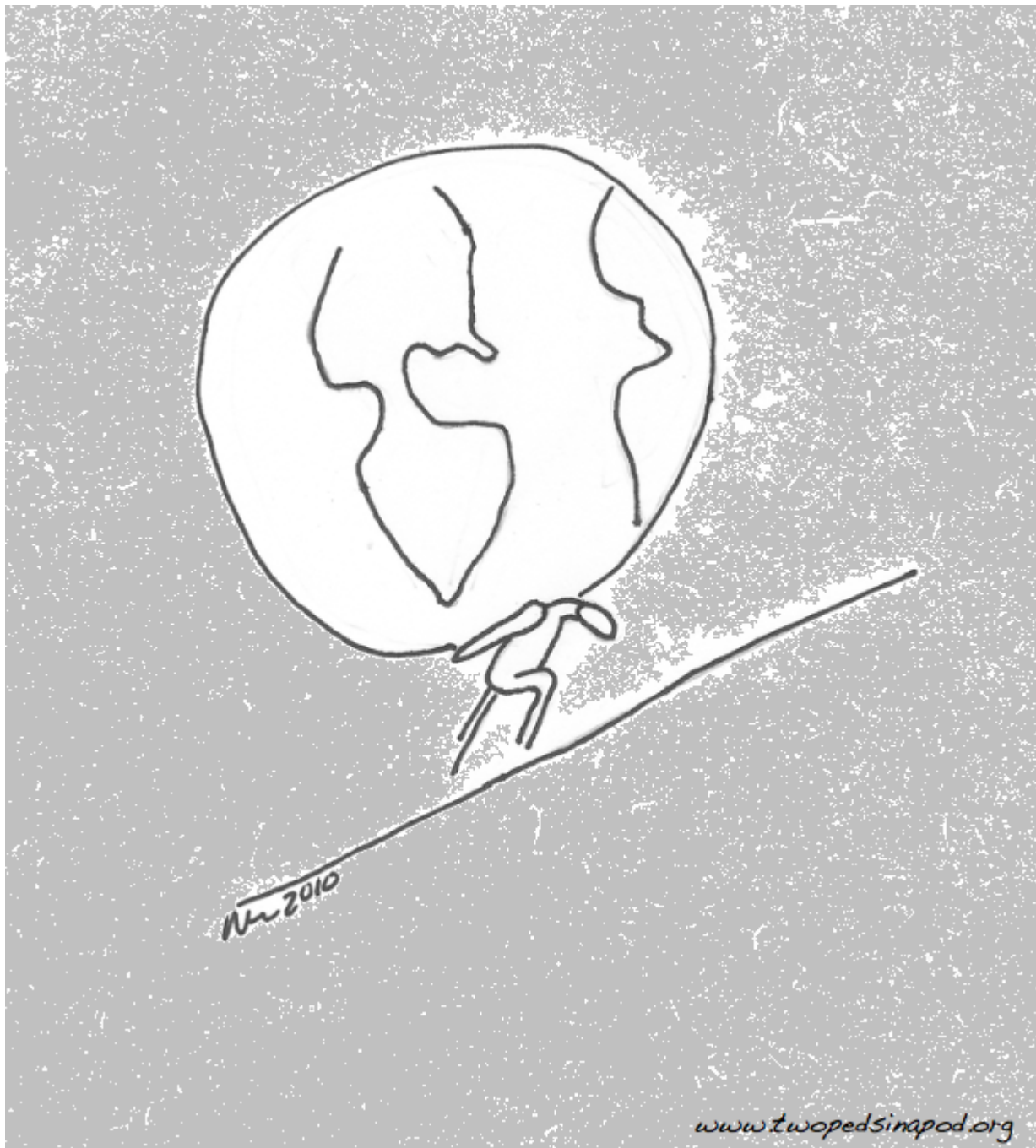
or genitals (difficult to apply topical remedies), appears infected, or is just plain making your child miserable needs medical attention.

When all else fails, comfort yourself with this statistic: up to 85% of people are allergic to poison ivy. If misery loves company, your child certainly has company.

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Discussing suicide: how much should I tell my kids?



In the wake of chef Anthony Bourdain and designer Kate Spade's deaths from suicide, you may be wondering how to address the topic of suicide with your child. We bring back psychotherapist Dina Ricciardo's post for guidance:

"Hi, it's me, Hannah. Hannah Baker." So begins the first episode of *13 Reasons Why*, a thirteen installment Netflix series that focuses on the aftermath of the suicide of a 17-year-old high school student. Based on the novel by Jay Asher, the series has sparked quite a bit of debate and concern among parents and mental health professionals. At its

best, the series has served as a conversation starter; at its worst, it has glamorized suicide and the fantasy of revenge. At the end of the day, however, an important question remains: How do we talk with our kids about suicide? While many difficult topics have become increasingly safer to discuss, suicide is one that is still shrouded in secrecy and shame. In fact, it is so difficult to talk about that I had a hard time writing this post. Finding the right words about something that often remains unspoken is not an easy task. So if circumstances require it, how are we to explain suicide to our children?

According to the American Foundation for Suicide Prevention, research has shown that over 90% of people who died by suicide had a diagnosable, though not always identified, brain illness at the time of their death. Most often this illness was depression, bipolar disorder, or schizophrenia, and was complicated by substance use and abuse. Just as people die from physical illnesses, they can die as the result of emotional ones. If we can change the narrative about suicide from talking about it as a weakness or character flaw to the unfortunate outcome of a serious, diagnosable, and treatable illness, then it will become easier for us to speak with honesty and compassion.

Telling the truth about any death is important. While it is natural for us adults to want to protect our children from pain, shielding them from the truth or outright lying will undermine their trust and can create a culture of secrecy and shame that can transcend generations. We can protect our children best by offering comfort, reassurance, and simple, honest answers to their questions. It is important to recognize that we adults typically offer more information than our children require. We should start by offering basic information, then let them take the lead on how much they actually want to know.

For young children, your statements may look something like

this: "You have seen me crying, that is because I am sad because Uncle Joe has died." They may not even ask how the death occurred, but if they do, you can say "He died by suicide. That means he killed himself." The rest of the conversation will depend on the child's response. With older children, the narrative can follow a similar theme yet use more sophisticated language. The older the child, the more likely they are to ask direct questions. Some examples of honest answers are "Do you know how people have illness in their bodies, like when Grandma had a heart attack and our neighbor had cancer? People can get illness in their brains too, and when that happens, they feel confused, hopeless, and make bad decisions. Uncle Joe didn't know how to get himself help to stop the pain." If they ask how the suicide occurred, you can say "With a gun" or "She cut herself." Sometimes you will have to say "I don't know. I wish I knew the answer." Whatever the age of your child, do your best to use simple, truthful language.

Regardless of age, children converse about and process death differently than adults. If you tell your child about a suicide, it is likely that he/she will want to talk about multiple times over the course of days, weeks, or even years. Keep the dialogue open, and check in with them periodically if they have questions. If you find that you or your family is in need of the support of a professional, you might want to consider a bereavement group or a trained professional who specializes in grief. These resources are available through online directories, local hospitals, and the Psychology Today therapist finder. Overall, be aware that providing truthful information, encouraging questions, and offering loving reassurance to your children can allow your family to find the strength to cope with terrible loss.

(Excerpts taken from The American Foundation for Suicide Prevention's "Talking to Children about Suicide", www.afsp.org.)

Links:

Sesame Street Workshop's When Families Grieve
The Dougy Center for Grieving Children and Families
The American Foundation for Suicide Prevention
Hands Holding Hearts (Bucks County, PA)
The Jed Foundation

Dina Ricciardi, LSW, ACSW

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Guest blogger Dina Ricciardi is a psychotherapist in [private practice](#) treating children, adolescents, and adults in Doylestown, PA. She specializes in disordered eating and pediatric and adult anxiety, and is also trained in Sandtray Therapy. Ricciardi is a Licensed Social Worker and a member of the Academy of Certified Social Workers. She can be reached at dina@nourishcounseling.com.