

What Anxiety Actually Looks Like in Kids And What to Do in the Moment

Brain Health and Wellness | A Parent's Guide from We R H.O.P.E.

CDC data shows 11% of US children ages 3-17 have diagnosed anxiety — and millions more are struggling without a diagnosis. Anxiety in children rarely looks like worry. It looks like behavior.

Here is what to look for — and what to do.

PART ONE — WHAT IT ACTUALLY LOOKS LIKE



They get angry — not sad

Anxiety in children often presents as irritability, outbursts, or meltdowns — not tears. When the nervous system is overwhelmed, fight-or-flight fires.

The neuroscience: *The amygdala — the brain's alarm system — cannot distinguish between a tiger and a test. When it fires, the body prepares to fight. What looks like defiance is often dysregulation.*

Source: CDC National Survey of Children's Health, 2023; Lupien et al., Nature Reviews Neuroscience, 2009.



They avoid things that used to be fine

Avoidance is the brain's attempt to feel safe. If your child is suddenly refusing school, friends, or activities they used to love, that is not a character flaw.

The neuroscience: *Repeated avoidance strengthens the neural pathway that signals threat. The more the brain avoids, the louder the alarm gets. Early intervention interrupts this cycle.*

Source: Craske et al., Behaviour Research and Therapy, 2014; Child Mind Institute, 2024.



Their body hurts before stressful events

Headaches, stomachaches, and fatigue before school, tests, or social events are physical anxiety responses — the brain-gut connection in action.

The neuroscience: *The vagus nerve connects the brain directly to the digestive system. When cortisol spikes, the gut responds. These are real physical symptoms, not manipulation.*

Source: Mayer, Nature Reviews Neuroscience, 2011; APA, Stress in America Report, 2023.



They need constant reassurance

Repeatedly asking 'Are you sure?' is the anxious brain seeking safety. Reassurance provides temporary relief but reinforces the anxiety loop long-term.

The neuroscience: *Every time a reassurance-seeking behavior is rewarded with reassurance, the brain learns the behavior works. This creates a cycle that increases anxiety over time.*

Source: Lebowitz et al., Journal of Anxiety Disorders, 2013; ADAA, 2024.

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PART TWO — WHAT TO DO IN THE MOMENT

1

Connect First — before anything else

Do not start with advice or problem-solving. Start with presence. Say: 'I'm right here. You don't have to figure this out alone right now.'

The neuroscience: *A dysregulated nervous system cannot process logic. Connection releases oxytocin, which calms the amygdala and restores the prefrontal cortex's capacity for rational thought.*

Source: Porges, Polyvagal Theory, 2011; Siegel & Bryson, The Whole-Brain Child, 2012.

2

Name it without judgment

Help your child identify what is happening without shame. 'It sounds like your worry brain is really loud right now. That makes sense.'

The neuroscience: *Affect labeling — putting feelings into words — activates the prefrontal cortex and reduces amygdala activity. This is called 'name it to tame it' in neuroscience.*

Source: Lieberman et al., Psychological Science, 2007; UCLA Mindful Awareness Research Center.

3

Ask, don't tell

Resist the urge to solve it. Ask: 'What would help you feel a little safer right now?' Their brain builds resilience by finding answers — not receiving them.

The neuroscience: *Self-generated insight activates different neural pathways than received advice. When a child discovers their own solution, they build genuine self-efficacy.*

Source: Ryan & Deci, Self-Determination Theory, 2000; Bandura, Social Foundations of Thought and Action, 1986.

4

Help them breathe — literally

Slow, extended exhales activate the parasympathetic nervous system. Breathe with them: four counts in, six counts out.

The neuroscience: *Lengthening the exhale activates the vagus nerve, which signals the heart to slow down and tells the brain the threat has passed. This is not relaxation — it is physiology.*

Source: Jerath et al., Medical Hypotheses, 2006; Harvard Medical School, 2020.

5

Know when to refer

If anxiety interferes with school, sleep, or friendships for more than two weeks consistently, involve a professional. A BHWC in your child's school provides daily, proactive support.

The neuroscience: *Early intervention in childhood anxiety produces significantly better outcomes than delayed treatment. The brain is most neuroplastic in childhood — acting early changes the trajectory.*

Source: NIMH, 2023; Rapee et al., Helping Your Anxious Child, 2022; CDC Youth Mental Health Data, 2024.

**Anxiety is not a character flaw. It is a brain pattern.
And brain patterns can change.**

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