

Anxiety Institute

Parent Toolkit 2026



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Table of Contents

Intensive Outpatient Program Outcomes Overview	3
How To Prevent Shutdown & Anxiety Institute Measurement Scale	5
Signs Your Child Needs Specialized Higher-Level Care	16
Intensive Outpatient Program (IOP) Comparison Worksheet	17
Why Early Intervention Matters: Consequences of Delayed Treatment	19
Identifying OCD: A Screening Tool	21
Identifying ARFID: ARFID Screening Tool	23
Understanding ARFID: Guide to Diagnosis and Treatment	25
Reframing Perfectionism: Guided Worksheet	27
Integrated Psychiatric Services for Anxiety and OCD	29
Screening Tracking Tool	30
Is my child's anxiety 'normal'? <i>by Dina Nunziato, PhD</i>	31
Parent Listening Guide	34
Supporting a Young Adult Through Their First Big Launch Worksheet	36
School Accommodation Worksheet	39

Clinical Outcomes Report

Intensive Outpatient Program

Customized, comprehensive care for clients ages 12–25 struggling with OCD, anxiety, and anxiety-related disorders.



Anxiety Institute offers tailored, evidence-based treatment for adolescents and young adults grappling with moderate to acute OCD, anxiety, and related disorders. Our comprehensive approach, including the Intensive Outpatient Program, focuses on empowering clients to confront and overcome their fears, while coaching the parents who guide them.

Client Experience

Our unique approach provides more individual attention for clients and parents compared to other acute anxiety and OCD programs.

Individualized Attention: A dedicated lead clinician serves a maximum of three clients at any given time, fostering customization, collaboration, and coordination.

High Client Satisfaction: Feedback indicates high satisfaction with our clinicians' understanding, professionalism, and treatment effectiveness.

Client Engagement

Adolescents and young adults with anxiety disorders frequently face disruptions in academics and social engagement with family and friends.

The goal of the Intensive Outpatient Program is to help clients achieve their potential, reintegrate into academic or career pursuits, and participate in a fulfilling social life. We are proud of our results.

Return to Academics/Work

Upon Program Graduation



Continued Participation in School/Work

12 Months Post Graduation



0 20 40 60 80 100 %



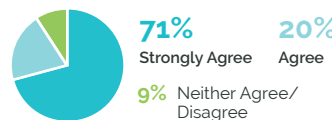
100% Agree

Anxiety Institute Staff treated me with respect and care.



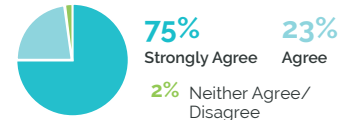
100% Agree

Anxiety Institute Staff were competent and professional.



91% Agree

I'm pleased I decided to go to the Anxiety Institute for treatment.



98% Agree

My primary therapist understood me.



Increase in "Resilience"

"Anxiety Institute gave me the confidence to find my way. You saw my potential and helped me strive to be the best I am today and work hard to become who I wish to be tomorrow." - CLIENT

Patient Symptom Improvement

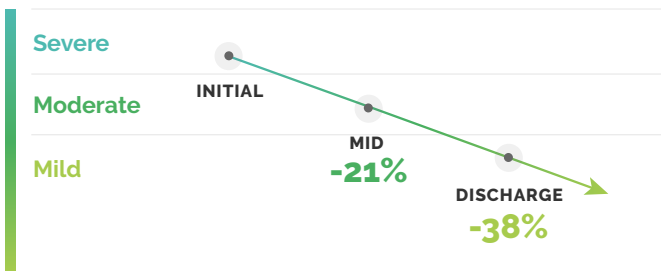
Anxiety Reduction & Depression Management:

Clients experience substantial reduction in anxiety symptoms throughout the program. Concurrent depression symptoms also significantly decrease during treatment with "resilience," "connectedness" and "hope" improving substantially over the course of treatment.

Anxiety Symptom Reduction

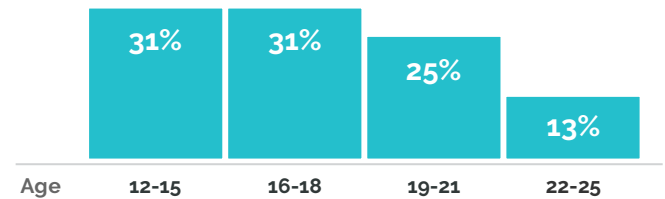
Intake to discharge

Symptom Reduction Showing Patient Improvement



Client Profile

Our sole focus is treating adolescents and young adults with OCD, anxiety and anxiety-related disorders.



Client Diagnosis Distribution*

Generalized Anxiety Disorder



OCD Spectrum Disorders



Social Phobia



Panic Disorder/Agoraphobia



* Total exceeds 100% as clients typically have both a primary and secondary diagnosis.

"My son has created a new life for himself which includes going to social events even if his friends are not attending, participating in school full time, joining clubs, and enjoying his hobbies." - PARENT OF GRADUATE

View Full Outcomes Report at anxietyinstitute.com/clinical-outcomes-report

Our Services

Intensive Outpatient Program: Comprehensive outpatient program with individualized treatment and robust parent support backed by over 120,000 patient treatment hours.

Outpatient Services: Targeted therapy sessions catered to individual needs and level of clinical need provided by an experienced anxiety specialist.

Specialized Services: Additional offerings include integrated psychiatric services, parent coaching, group therapy, professional development and psychological testing.

Our Differentiation

- Gold Standard Treatment
- Personalized Attention
- Expertise in Exposure Therapy
- In-Person Therapeutic Connections
- Comprehensive Parent Coaching
- Trusted by the Community
- Compassionate Family-Owned Care

If you are wondering whether you or a loved one is right for our program, let's start with a conversation. Call (844) 881-1846.

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INCLUDED
Anxiety Institute
Measure (AIM)
Bookmark

How to Prevent Shutdown

10 Empowering Exercises To Break Free From The Grip of Anxiety

An In-Depth Guide to help you pinpoint the intensity of your anxiety to reclaim your life.



Sometimes just sensing an anxious thought can make you feel more anxious. Worry has a way of perpetuating itself, while also paralyzing you at the same time. Together, this can push your emotional well being into a downward spiral.

How can you break free from this vicious cycle?

It may sound simple, but one of the best things you can do when your anxiety spikes is to stop, step back and assess your situation.

In this guide, we share a simple system to help you address your anxiety in the moment it happens, teach you how to rate your level of anxiety using the Anxiety Institute Measure (AIM)* scale, and then provide 10 fast and effective exercises to help you overcome your anxiety.

*Based on the Subjective Unit of Distress Scale (SUDs).



Self Assessment

To improve your emotional state, you first need to conduct an accurate self-assessment. How am I feeling? Why am I feeling uncomfortable? What are the triggers that are making me feel this way?

Attempting to objectively understand why you are feeling the way you do may not come naturally. But the better you become at evaluating your emotional state, the quicker you can identify the appropriate steps to recovery.

The first step is to identify your symptoms. State the problem as clearly as possible. Allow yourself to feel your symptoms so you can process them. Instead of judging your symptoms, take a minute to simply acknowledge them.

Now that you have an understanding of the way you feel, you can begin to dig deeper into the four basic types of responses that coincide with your emotional state:

1. Cognitive

What type of specific thoughts do I have? Write them down.

2. Physical

How is my body reacting? How is my heart rate, temperature, muscle tension, breathing, chest pain, headache, etc.?

3. Behavioral

What do I normally do when I encounter this feeling? Do I try to escape, shut down, become agitated, or seek distraction?

4. Environmental

How does my location and my activity connect to how I feel? Do certain locations or spaces impact me? Who around me makes me feel better or worse?

After reflecting on the different responses to your anxiety, you are ready to rate the level of distress using the Anxiety Institute Measure (AIM). This tool is a 0 - 10 scale that helps you measure the intensity of your anxiety and see how different scenarios impact you. With proper use, it can also help you know which techniques are best to help you de-escalate anxiety in the moment.



Anxiety Institute Measure (AIM) Rate Your Own Anxiety

This measurement tool is a 0-10 scale that helps you assess the intensity of your anxiety. Through experimentation, you can identify which exercises best help you de-escalate your anxiety.

How are you feeling?

First, look at the scale on page 5 as you examine your cognitive, physical, behavioral, and environmental state. This introspection reflects how you feel about your distress, rather than how anyone else judges your worries. The scale is a broad gauge to prompt this self-reflection. The exact number is not as important as the exploration of your emotional state.

Practice exercise.

Next, try the exercises to help you conquer your anxiety. In times of distress, remember symptoms of anxiety and panic are temporary - they are opportunities to face and conquer your fears. If you need help in the future, you can refer back to the Anxiety Institute Measure when you feel your anxiety building.

Through daily practice of skills and strategies, my anxiety will return to serve its original purpose: to prepare and protect versus divert and dictate.

Excerpt from **AFFIRMATION STATEMENTS** by Dr. Dan Villiers

Anxiety Institute Measure (AIM)

Rate Your Own Anxiety

PINPOINT YOUR ANXIETY

How are you feeling?

0

Peaceful, serene, calm

1

Alert and focused

2

A bit stressed, beginning to feel anxious

3

Worried but able to function

4

Somewhat upset, moderate worry

5

Uncomfortable but mostly functioning

6

Wanting to change because you feel so badly

7

Preoccupied with anxiety, finding it difficult to function

8

Unfocused, overwhelmed by anxiety symptoms

9

Extremely anxious, helpless and unable to handle emotions

10

Unbearable anxiety, intolerable distress

SEE EXERCISES ON THE RIGHT

CONQUER DISTRESS

Practice exercises.

LEVELS 0-3

Self Affirmation

Repeat regularly "I believe in myself and my goals".

Muscle Relaxation

Tighten then release each muscle group from your head to your toes.

Breathing

Breath so your belly expands – inhale for 3 seconds and exhale for 4 seconds.

LEVELS 4-7

Escalate to De-Escalate

Run around the building until your physical responses outmatch your anxiety symptoms.

Timeout

Go for a walk, journal your thoughts, read a book to displace your worrying thoughts.

Guided Imagery

Listen to a guided imagery meditation.

Encourage a Friendly Discussion

Speak with someone you trust for support.

LEVELS 8-10

Deliberate Immersion

Dedicate time to facing your worry in small doses to gain power over it.

Self Hypnosis

Visualize your image of paradise and note what you can see, hear and smell.

Exposure Therapy

Lean into anxious thoughts and build resilience.

WE'RE HERE FOR YOU.

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Habits

No matter where you are on the scale, sleep, diet and physical activity are three foundational habits that influence your overall well being.

In fact, they are so crucial that if you do not prioritize healthy habits of sleeping, eating and physical activity - no remedy will be able to compensate for them. As a general practice, here are three reminders:

1. Diet

Eating healthy with plenty of vegetables, fruit, and unprocessed foods gives you the nutrients you need for an active lifestyle and the best chance for a good night's sleep. Avoid sugar and caffeine as much as you can.

2. Physical Activity

Regular physical activity can help ease depression and anxiety by releasing feel-good endorphins. Focusing on the activity will also take your mind off your worries. Even small amounts of daily activity — as little as 10 to 15 minutes at a time — can make a tremendous difference in your emotional well being.


3. Sleep

If you are not regularly sleeping 8 hours, you may want to reexamine your physical activity and dietary habits, prioritize getting to bed earlier each night, reduce device/screen time, and follow other basics in good sleep hygiene. A good night's sleep can help you think more clearly as you face the issues of the day.

Exercises

For each level of distress on the AIM scale, there is a corresponding exercise to help you lower your anxiety.

In this brochure you will find 10 exercises which help you intervene in the moment, and can even prevent the onset of anxiety in the future. The exercises build upon each other, so start at the beginning and work your way through them all, if necessary.



If your anxiety is mild: you fall between 0 and 3 on the scale.

1. Diaphragmatic breathing

Instead of just taking deep breaths, breathe so that your belly expands in and out (instead of your chest going up and down). Imagine that you are filling a balloon in your stomach. Inhale for three seconds and exhale for four.

2. Muscle relaxation

Tighten, then release each muscle group in your body. Start at your toes and work your way up, taking turns tensing one muscle group for 5 seconds, then relaxing it for 30 seconds. Move through each muscle group until you've worked your way to the top of your head.

3. Self-affirmation

Anxiety makes you feel as if there is a real, imminent threat, but that is a misperception that should not control you. You can use positive affirmations to remind yourself that you can manage the situation. Using the below affirmations as a guide, you can personalize the three statements to your specific needs.

- I've survived this before - I am strong and can overcome this.
- I know that I am not my anxiety.
- Anxiety is an opportunity to nurture more courage and resilience.

Vocalize these statements aloud and rehearse them in your mind. Repeat them daily as a way to reprogram your unconscious thought patterns. Write them on a card and place them where you can access them regularly - reminding yourself throughout the day or whenever your anxiety is triggered. Your goal is to proactively replace harsh, negative thoughts with positive, realistic self-talk.

The way I feel now (whether anxiety or depression) is not a predictor of how I will feel later.

Excerpt from **AFFIRMATION STATEMENTS** by Dr. Dan Villiers



If your anxiety is significant: you fall between 4 and 7 on the scale.

1. Guided imagery recordings

Guided imagery is a form of relaxation training that is freely available online. You can listen to an audio recording and quickly relax without having to learn the actual technique. Search “guided imagery meditation for anxiety” on YouTube and listen when you need to inject a sense of calm into your life.

2. Timeout

Intentionally shifting your attention away from your worries to something else can be an effective, short-term solution to reduce anxiety. Pick your favorite type of relaxation or entertainment like reading a good book, making cookies, going on a walk or taking a few minutes to write down a short diary entry as an effective way to manage challenging emotions.

3. Escalate to de-escalate

This is a counterintuitive exercise that works surprisingly well. If your anxiety level is at the 6 mark, try to increase your anxiety from 6 to an 8. Most times it will eventually go down to 3. A good example of this is running around the building to increase your physical exertion which then helps justify the physical symptoms of anxiety you are experiencing. You want to actively embrace a posture of courage.

*I choose to ride the wave and face
the fear, for I know what few others
do: the only way around
is through.*

Excerpt from **AFFIRMATION STATEMENTS** *by* Dr. Dan Villiers



If you are experiencing intense anxiety or panic attacks: you fall between 8 and 10 on the scale.

1. Call a friend or loved one

Speak to someone that you know and trust to fully listen to you. A friend can help you realize you have experienced this before, and they can reassure you that it is temporary - despite how horrible it may feel. Having someone to speak with can help ground you. They can remind you that you will be okay.

2. Deliberate immersion

This is another counterintuitive technique where you intentionally spend time embracing your actual fears. Your objective is to turn up the volume on your worries. Embrace the fact that you are suffering from an anxiety or panic attack and let it engulf you. This type of 'self-induced flooding' is an effective way of extinguishing the fear response and replacing it with a feeling of relaxation. In other words, you can eliminate the phobia by directly facing it in small doses.

3. Self hypnosis

Start by closing your eyes and focus on your breathing. Create a mental image of a place where you feel calm, safe, and in control. This could be a real place, such as a favorite vacation spot, or a fantasy destination. Start by mentally listing all the things you can see in the scene. Move on to explore all the other senses you can link to this dream location - what can you hear, touch, taste, and smell? Sink into the space as a relaxing immersion.

4. Exposure therapy

Intentionally remain in the situation that is causing your anxiety. Stay for a longer period of time than you would normally. Your goal is to gradually increase the duration of time spent facing the symptoms. Instead of attempting to immediately escape, this technique trains your mind and body that the situation is not, in fact, as dangerous as you might think. By increasing the frequency and duration of exposure to your worries, you can empower your resilience in the short and long term. The more you resist, the less power that anxiety has over you. You effectively "unlearn" unhealthy thought patterns and behaviors and turn these new skills into habits.

*I am not defined by my anxiety,
but by my response to it.*

Excerpt from **AFFIRMATION STATEMENTS** by Dr. Dan Villiers

Conclusion

All of the techniques in this guide encourage you to realize one thing: symptoms of anxiety are not premonitions of doom. Instead, they are opportunities to face your fears to diminish their hold over you. They are invitations to transcend your anxiety, and foster courage in the face of adversity.

When you suffer from debilitating anxiety, it is helpful to be prepared to counter balance your emotions by having accessible and effective exercises to intervene in the moment. But more importantly, you want to move toward becoming less controlled by anxiety in the long run. Every time you begin to feel hopeless, you want to actively embrace a posture of courage.

The longer you practice intentional exposure, the more you engage with your anxiety instead of shrinking from it. This is how you claim a life freed from the grip of anxiety. Anxious thoughts may always lurk nearby, but with the right tools and perspective, you need not be their victim.

If you're wondering whether you or a loved one is right for our program, please contact us for a free consultation.

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Learn more about Anxiety Institute and why we're passionate about empowering individuals to overcome anxiety.

anxietyinstitute.com



Pinpoint Anxiety and Conquer Distress with the Anxiety Institute Measure (AIM)

This measurement tool is a 0-10 scale that helps you assess the intensity of your anxiety. Through experimentation, you can identify which exercises best help you de-escalate your anxiety.

First, look at the scale in the corresponding graphic as you examine your cognitive, physical, behavioral, and environmental state. This introspection reflects how you feel about your distress, rather than how anyone else judges your worries. The scale is a broad gauge to prompt this self-reflection, so precise accuracy is not as important as the exploration of your emotional state. Next, try the exercises to help you conquer your anxiety. In times of distress, remember symptoms of anxiety and panic are temporary - they are opportunities to face and conquer your fears. If you need help in the future, you can refer back to the Anxiety Institute Measure (AIM)* so it is accessible when you feel your anxiety building.

**Based on the Subjective Unit of Distress Scale (SUDs).*

Fold along the dotted lines on the right to create a quick reference AIM bookmark.

FOR MORE INFORMATION, VISIT:

www.anxietyinstitute.com/aim

PINPOINT YOUR ANXIETY

How are you feeling?

- 0**
Peaceful, serene, calm
- 1**
Alert and focused
- 2**
A bit stressed, beginning to feel anxious
- 3**
Worried but able to function
- 4**
Somewhat upset, moderate worry
- 5**
Uncomfortable but mostly functioning
- 6**
Wanting to change because you feel so badly
- 7**
Preoccupied with anxiety, finding it difficult to function
- 8**
Unfocused, overwhelmed by anxiety symptoms
- 9**
Extremely anxious, helpless and unable to handle emotions
- 10**
Unbearable anxiety, intolerable distress

SEE SOLUTIONS ON
THE OTHER SIDE

CONQUER DISTRESS

Practice exercises.

LEVELS 0-3

Self Affirmation

Repeat regularly:

"I believe in myself and my goals".

Muscle Relaxation

Tighten then release each muscle group from your head to your toes.

Breathing

Breathe so your belly expands - inhale for 3 seconds and exhale for 4 seconds.

LEVELS 4-7

Escalate to De-Escalate

Run around the building until your physical responses outmatch your anxiety symptoms.

Timeout

Go for a walk, journal your thoughts, read a book to displace your worrying thoughts.

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Self Hypnosis

Visualize your image of paradise and note what you can see, hear and smell.

Exposure Therapy

Lean into anxious thoughts and build resilience.

WE'RE HERE FOR YOU.
anxietyinstitute.com

▲ FOLD ALONG LINES

▲ FOLD ALONG LINES



Your Solution for Specialized Higher-Level Care for Anxiety and OCD

Anxiety Institute is dedicated to supporting professionals and families seeking specialized higher-level care for OCD, anxiety, and related disorders, serving as your go-to resource when traditional outpatient therapy proves insufficient. We take pride that 83% of our Intensive Outpatient Program (IOP) referrals and 76% of our Outpatient Therapy (OP) referrals are from professionals and past clients.

Signs Your Child Needs Specialized Higher-Level Care:

Increased Intensity and Frequency

Child requires more intensive and frequent therapy than traditional weekly therapy.

High Symptom Acuity

Child exhibits moderate to severe symptoms that necessitate specialized, highly individualized attention.

Need for More In-Vivo Exposure

Child will benefit from additional real-life exposure therapy to confront their fears, therefore reducing the anxiety response.

Enhanced Psychoeducation & Peer Support

Child requires psychoeducational and peer support provided in group settings.

Parental Coaching

Parents require more guidance and coaching to improve family dynamics and overcome avoidance patterns.

Team Approach

Child requires a comprehensive approach, including primary therapy, exposure coaching, psychiatric services, group work, family support, and ongoing collaboration with outside providers.

For professionals and families seeking anxiety treatment, Anxiety Institute provides the expertise and support needed to navigate even the most complex cases. We work collaboratively with referring professionals to smoothly transition care and foster a seamless, coordinated approach to client treatment.

Learn more

anxietyinstitute.com

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Contact us

admissions@anxietyinstitute.com

(844) 881-1846

Anxiety Institute Intensive Outpatient Program (IOP) vs. Traditional IOP



We encourage prospective families to do their homework when they select a specialized anxiety and OCD program for their loved one. When comparing programs, parents should ask the following questions to ensure they select the most suitable one for their needs.

Here are some key questions to guide this important program assessment process.

1. Gold Standard Treatment

Questions to Ask:

1. Does the program utilize evidence-based techniques for anxiety, OCD and related disorders?
2. Who will be treating your child? Will it be a fully licensed clinician or an intern who is still in school?
3. Who supervises the clinician treating your child? Are they on-site for easy collaboration?
4. Does the entire clinical team hold advanced degrees and undergo rigorous training?
5. How are outcomes tracked?
6. Is the program specifically tracking anxiety/OCD symptoms and progress while in the program?

Anxiety Institute IOP:

- Utilize evidence-based techniques like cognitive behavioral therapy (CBT), exposure response prevention (ERP), and acceptance and commitment therapy (ACT).
- Supported by over 120,000 patient hours exclusively treating anxiety/OCD.
- Fully-licensed clinical teams with advanced degrees and training.
- 90% of clients reintegrate into academics or work post-treatment, and 95% maintain participation six months later.
- 96% report reduced anxiety or depression levels post-treatment.
- 100% of graduates' parents would refer others to Anxiety Institute.

Traditional IOP:

- Do not offer or have experience in individual exposure response prevention (ERP), the evidence-based protocol for anxiety and OCD.
- Most programs advertising anxiety/OCD treatment utilize a "pull-out" track consisting of just a couple of group sessions vs. a full program dedicated to ERP for anxiety/OCD.
- Do not track outcomes and use more generalized measures not specific to OCD and anxiety.

2. Personalized Attention

Questions to Ask:

1. How many hours of individual therapy sessions will my child receive every week?
2. How many family sessions?
3. What is the clinician-to-client ratio?
4. Are the sessions in-person or remote?

Anxiety Institute IOP:

- Each client in our Intensive Outpatient Program receives ten hours of individual treatment sessions weekly.
- Family sessions are available once weekly with increased frequency as needed.
- Our lead clinicians are dedicated to a maximum of three clients.
- In-person treatment helps us develop connection and gauge non-verbal cues while fostering a sense of safety and comfort for clients with anxiety and OCD.

Traditional IOP:

- Clinicians treat ten or more clients, meeting them individually only once or twice per week.
- Deliver services via remote telehealth, making it more difficult to foster deep connection and gauge non-verbal cues.

3. Expertise in Exposure Therapy

Questions to Ask:

1. Are exposure response prevention (ERP) sessions done in a group or individual setting?
2. Who is working with my loved-one during ERP sessions?

Anxiety Institute IOP:

- Exposure response prevention (ERP) sessions are conducted in individual sessions with a licensed clinician.
- 96% of clients feel more equipped to face their fears.

Traditional IOP:

- If they utilize ERP, most programs use group or self-directed sessions for ERP.
- ERP is typically conducted by unlicensed professionals.

4. Comprehensive Parent Coaching

Questions to Ask:

1. Does the program offer parent support, coaching and psychoeducation?
2. Do the clinicians conduct in-vivo ERP to help client reintegrate into academic and social activities?

Anxiety Institute IOP:

- Provide extensive parent coaching to sustain progress including weekly small group parent collaboratives and parent newsletters.
- Integrate clients' local academic and social activities, ensuring smooth reintegration into daily life.
- Parents appreciate our approach, with 96% noting responsiveness and flexibility from therapists, and 96% agreeing that Anxiety Institute partnered with them in treating their child.

Traditional IOP:

- Provide general parent education, but lack the necessary skills to address anxiety and OCD specifically.

5. Clients

Questions to Ask:

1. What is the profile of the clients in your program?
2. Are the clients dual diagnosis (including substance use disorder)?
3. Do you specialize in anxiety, OCD and related disorders?

Anxiety Institute IOP:

- Serve bright, high-functioning adolescents and young adults who struggle with avoidance and procrastination to manage anxiety.
- Common diagnoses include generalized anxiety disorder, social phobia, and OCD spectrum disorders, often with major depressive disorder (29%) and ADHD (15%).
- Rule-out conditions include disruptive behavior disorders and severe mood disorders.

Traditional IOP:

- Add an OCD or anxiety "track" to a more generalized program.
- The clientele is more broad-based and may include substance use and addiction disorders, disruptive behavior disorders, thought disorders, and mood disorders.

Notes:

Why Early Intervention Matters

The Critical Impact of Timely Treatment for Youth with Anxiety & OCD

Early intervention for anxiety and OCD in children is vital for healthy development and long-term well-being. Research shows that untreated symptoms can lead to lasting challenges, including impaired relationships, reduced educational attainment, and diminished life satisfaction. By intervening early with evidence-based therapies such as cognitive behavioral therapy (CBT) and exposure response prevention (ERP), families can help their children build resilience, confront fears, and establish a foundation for a brighter future with significantly better long-term outcomes.



The Consequences of Delayed Treatment

1. Impaired Academic Performance

Decline in GPA:

Anxiety and OCD disrupt focus, memory, and time management, leading to lower academic performance. Students with untreated anxiety disorders are twice as likely to experience significant GPA declines compared to their peers without such disorders.

Long-Term Academic Impacts:

Individuals with untreated OCD are 40-60% less likely to complete educational milestones compared to peers without OCD, 28% less likely to start a university program, and 41% less likely to complete a degree compared to peers without OCD.

Missed School Days:

Acute symptoms lead to frequent absences or school avoidance. Students with anxiety disorders miss an average of 23.1 days per year in grades 7-10 and 25.8 days per year in grades 11-12, compared to an average of 10.6-12 days for students without mental health conditions.

Reduced Career Opportunities:

Untreated anxiety and OCD can hinder education and skill development, limiting career opportunities and contributing to chronic underemployment. The World Health Organization ranks OCD among the top ten most disabling illnesses, as persistent symptoms like poor focus and stress management impair workplace performance.

Learning Retention Issues:

Anxiety disrupts working memory, processing, and cognitive flexibility. Adolescents with high anxiety levels perform worse on memory tasks and standardized tests due to cognitive overload. The stress of struggling academically can create a learning impairment feedback loop that intensifies symptoms, encourages rigid habitual behaviors, and further hinders memory and problem-solving abilities.

2. Social Challenges

Avoidance Patterns in Peer Relationships:

Anxiety and OCD create barriers to social interaction. Students may avoid group settings or performance-based activities that trigger their symptoms, further narrowing their experiences and sense of belonging.

Difficulty Building Social Skills:

Untreated anxiety may impair critical social competencies, such as recognizing emotions in others or responding appropriately in social situations. This can lead to long-term difficulties in forming meaningful relationships.

Stigma and Emotional Distress:

The stigma surrounding mental health issues can exacerbate feelings of shame and isolation. One study found that 25% of students with OCD experienced significantly higher rates of peer victimization compared to their peers without OCD.

Family Strain:

Families often adjust their routines around the individual's symptoms, which can reinforce unhealthy behaviors while creating tension within the household. While this may reduce distress temporarily, parents often feel overwhelmed, siblings may feel neglected, and the overall family dynamic can suffer.

Reduced Engagement in Activities:

Anxiety-related fears, fear of judgment, or exhaustion from compulsions often prevent adolescents from joining sports teams, clubs, or other extracurricular activities. A recent study found that adolescents with anxiety disorders had a 19% reduced likelihood of participating in extracurricular activities compared to their peers.

3. Physical Health Risks

Increased Risk of Suicide:

Untreated anxiety disorders significantly increase the risk of suicidal ideation and attempts due to chronic stress, feelings of hopelessness, and self-medication with substances.

Chronic Physical Symptoms:

Anxiety disorders often cause physical health problems like headaches, stomachaches, muscle tension, fatigue, and sleep disturbances. Over time, this stress on the body can lead to more serious health issues like weakened immune function or heart problems, if left untreated.

Detrimental Impact on Physical Health:

Avoidance of physical activities due to anxiety can lead to a sedentary lifestyle, negatively affecting overall health and well-being.

4. Entrenched Unhealthy Brain Patterns

Neurobiological Impacts:

When left untreated, anxiety and OCD can lock brain pathways into unhealthy patterns, reinforcing symptoms. Brain scans show heightened activity in the amygdala, orbitofrontal cortex (OFC), and basal ganglia, which strengthens compulsive behaviors and maladaptive thought patterns over time. These changes can perpetuate symptoms and alter brain structure and function, highlighting the need for early intervention.

Reduced Treatment Responsiveness:

Early intervention is critical because younger brains are more neuroplastic. As the brain matures, it becomes less adaptable, making therapies like cognitive behavioral therapy (CBT) or exposure response prevention (ERP) more effective earlier in life.

Chronicity of Symptoms:

Without timely intervention, anxiety and OCD symptoms are more likely to persist into adulthood, leading to lifelong impairment in functioning.

Timely intervention through specialized Intensive Outpatient Programs or evidence-based therapies like CBT and ERP is crucial for reducing these lifelong detrimental impacts and fostering long-term success for your loved-one.

Take the Next Step. Contact Us Today.

Early intervention isn't just about today's struggles—it's about breaking the cycle before it defines their future.

Call: **881.884.1846**

Email: admissions@anxietyinstitute.com

Visit: anxietyinstitute.com



Identifying OCD

in Children, Adolescents and Young Adults

Obsessive-Compulsive Disorder (OCD) often begins in childhood or adolescence, with two primary onset periods: between ages 7 and 12, and during late adolescence to early adulthood. This disorder is marked by intrusive thoughts (obsessions) and repetitive behaviors (compulsions), which can lead to significant distress and impair daily functioning. OCD in youth is often underdiagnosed or misdiagnosed because symptoms can resemble other disorders like ADHD, and patients may hide their symptoms due to embarrassment. Like other psychiatric disorders, early intervention is crucial for improving outcomes.

Key Symptoms & Signs of OCD

Obsessions (Intrusive Thoughts)

Recurrent and persistent thoughts, urges or images that are experienced as intrusive, unwanted, and that in most individuals cause marked anxiety or distress.

Compulsions (Repetitive Behaviors)

Excessive handwashing, checking, counting, arranging, or repeating phrases, often performed “just right” to reduce distress or prevent harm.

Impact on Daily Life

Interferes with schoolwork, social interactions, hobbies, and may lead to declining academic performance.

Social Withdrawal

Avoiding people, places, or activities to escape triggers, leading to a loss of interest in previously enjoyed hobbies.

Emotional Distress

Anger, frustration, anxiety when rituals are disrupted, along with increased sensitivity or irritability under pressure.

Perfectionism

Difficulty making decisions for fear of mistakes and repeatedly checking or redoing tasks.

Red Flags for OCD in Youth

- ! Persistent handwashing, cleaning, or checking rituals.
- ! Unusually high levels of anxiety over minor details or uncertainty.
- ! Frequent reassurance-seeking from family members.
- ! Excessive doubts about harm or mistakes.

Use the OCD Questionnaire on the back to assess obsessive-compulsive tendencies and identify potential areas of concern.

Questions to Ask

Help determine if an Anxiety Institute consultation would be beneficial.

Obsessive Thoughts:

- Do you ever have unwanted thoughts or worries that you can't seem to get out of your head, even when you try?
- Do these thoughts make you feel upset, scared, or stressed?

Compulsive Behaviors:

- Do you feel like you have to repeat certain actions, like washing your hands, checking something, or arranging things in a certain way, to feel "just right"?
- Do you ever feel like you have to do something over and over to prevent something bad from happening?

Time and Interference:

- Do these thoughts or actions take up a lot of your time each day (e.g., more than an hour)?
- Do they get in the way of school, spending time with friends, or doing things you enjoy?

Distress:

- Do you feel anxious, frustrated, or overwhelmed when you can't do these actions or stop these thoughts?
- Have these feelings made you avoid certain places or activities?

Triggers:

- Are there specific situations, places, or events that make these thoughts or behaviors worse?
- Do you feel the need to avoid certain situations because of your thoughts or fears?

Comprehensive Treatment at Anxiety Institute

Anxiety Institute's transdiagnostic model targets the cognitive and emotional patterns underlying OCD and anxiety, providing a tailored path to recovery. Our evidence-based approach emphasizes Exposure Response Prevention (ERP), the gold standard for OCD treatment, to help patients confront fears, reduce compulsions, and build resilience. Additionally, Cognitive Behavioral Therapy (CBT) addresses emotional regulation and improves overall functioning, creating a comprehensive foundation for long-term success.

We're here to help. Anxiety Institute

For referrals or more information on our OCD treatment programs, please contact us:

(844) 881-1846

[anxietyinstitute.com](https://www.anxietyinstitute.com)



Understanding & Identifying Avoidant Restrictive Food Intake Disorder in Youth

Avoidant/Restrictive Food Intake Disorder (ARFID) is a serious condition characterized by a restricted intake of food due to sensory sensitivities, fear of negative outcomes (e.g., choking, allergies, vomiting), or lack of interest in food. Unlike eating disorders, ARFID is not driven by body image concerns but can lead to severe nutritional deficiencies, reliance on supplements, and, in extreme cases, tube feeding.

Key Symptoms & Signs of ARFID

Avoidance of Food Due to Sensory Issues

Aversion to textures, colors, or smells of certain foods.

Lack of Interest in Eating or Food

Limited food intake, rapid satiety, difficulty recognizing hunger cues, or general disinterest in food.

Fear of Consequences of Eating

Anxiety or fear around potential choking, vomiting, allergies or other adverse reactions.

Impact on Health and Development

Weight loss, nutritional deficiencies, dependence on supplements, or interference with growth and development.

Red Flags for ARFID in Youth

- ! Limited variety of foods or persistent avoidance of specific food textures and flavors.
- ! Restrictive eating due to fear of choking, vomiting, or an allergic reaction.
- ! Noticeable weight loss or stunted growth in a previously healthy child.
- ! Increased family stress around mealtime or unusual mealtime rituals.
- ! Dependence on nutritional supplements due to inadequate dietary intake.
- ! Persistent forgetfulness of eating.

Use the ARFID Questionnaire on the back to assess ARFID tendencies and identify potential areas of concern.

Questions to Ask

Help determine if an Anxiety Institute consultation would be beneficial.

Eating Habits:

- Do you avoid certain foods because of how they look, smell, or feel?
- Are there foods that you used to eat but now can't bring yourself to eat?
- Would you describe yourself as a picky eater?

Fear of Eating Consequences:

- Do you worry that eating certain foods might make you feel sick, choke, or vomit?
- Have you had a bad experience with eating (e.g., choking, gagging) that now makes you avoid certain foods?

Lack of Interest:

- Do you regularly forget to eat meals?
- Does it seem like you have less of an appetite compared to others?
- Is feeling full uncomfortable?

Food Variety:

- Do you eat a very limited number of foods?
- Are there entire food groups you avoid (e.g., vegetables, proteins, or fruits)?

Impact on Daily Life:

- Does your eating behavior make it hard to eat at school, with friends, or at family meals?
- Do you avoid situations like school lunches, birthday parties, or eating out because of your eating habits?

Physical and Emotional Effects:

- Have you noticed changes in your weight, energy levels, or overall health because of how you eat?
- Do you feel anxious or upset when you're expected to eat foods you don't like or avoid?

Comprehensive Treatment at Anxiety Institute

Anxiety Institute's transdiagnostic model addresses the cognitive and emotional patterns shared by ARFID, anxiety, and OCD, offering a comprehensive path to recovery. Our treatment integrates Cognitive Behavioral Therapy for ARFID (CBT-AR), which aims to stabilize nutrition, increase food variety, and reduce social and emotional impairment. Additionally, Exposure Response Prevention (ERP) is used within CBT-AR to gradually reduce food avoidance behaviors, helping patients develop a healthier, more varied diet and reducing anxiety related to eating.

We're here to help. Anxiety Institute

For referrals or more information on our ARFID treatment programs, please contact us:

(844) 881-1846

anxietyinstitute.com



Understanding ARFID

A Guide to Diagnosis, Challenges, and Treatment

Avoidant Restrictive Food Intake Disorder (ARFID) is more than just picky eating; it's a serious eating disorder that may lead to significant nutritional deficiencies, reliance on supplements, or even tube feeding. Unlike other eating disorders, ARFID is not related to body image concerns but is driven by sensory sensitivities, fears of negative outcomes (e.g., choking, vomiting, or an allergic reaction), or a lack of interest in food.

Sub-Types of ARFID

Sensory Sensitivity: Avoidance of foods due to sensory characteristics like texture, smell, or color.

Fear of Aversive Consequences: A fear of choking, vomiting, or other negative outcomes from eating, often linked to traumatic experiences.

Lack of Interest in Eating: Individuals may have little or no interest in food, leading to skipped meals and severe nutritional deficiencies.

Behavioral Patterns

Individuals with ARFID may eat a very limited variety of foods and engage in repetitive eating behaviors. They may develop unusual mealtime rituals, leading to further social isolation, especially during adolescence.

Key Challenges of ARFID

Prevalence: Between 0.5%-5% of children and adults have ARFID. It often begins in childhood and can persist into adulthood if not properly addressed.

Nutritional Deficiencies: Common deficiencies include vitamins A, C, D, iron, and zinc.

Psychosocial Impairment: ARFID often impacts social relationships, academic performance, and daily functioning.

Co-Morbid Conditions

ARFID frequently co-occurs with anxiety disorders, obsessive-compulsive disorder (OCD), and other neurodevelopmental and trauma-related disorders. Individuals with ARFID may suffer from severe anxiety around food and eating, which can exacerbate their symptoms and lead to social isolation.

Treatment Approach

Transdiagnostic Approach at Anxiety Institute

Anxiety Institute takes a transdiagnostic lens to treating ARFID, recognizing its common co-morbidity with anxiety and OCD. This approach focuses on underlying cognitive and emotional mechanisms that span multiple disorders, ensuring a more comprehensive and personalized treatment plan. By addressing both ARFID and its co-occurring conditions, such as anxiety or OCD, Anxiety Institute provides a holistic and lasting path to recovery.

CBT-AR Overview

Cognitive Behavioral Therapy for ARFID (CBT-AR) focuses on three primary treatment goals:

Stabilizing Nutrition

Ensuring individuals meet their nutritional needs through structured eating plans, often with the help of a dietitian.

Increasing Food Variety

Gradually introducing new foods into the diet, starting with less aversive foods.

Reducing Psychosocial Impairment

Addressing social and emotional challenges by utilizing exposure therapy and cognitive restructuring.

Integration of Exposure Response Prevention (ERP)

Exposure Response Prevention (ERP), originally developed for anxiety and OCD, is integrated into CBT-AR to address avoidance behaviors. In ERP, individuals are gradually exposed to feared situations (e.g. foods or eating experiences) while being encouraged to resist their usual avoidance responses. Over time, this repeated exposure helps to reduce anxiety and encourages new learning.

Key Benefits of CBT-AR and ERP Integration

Facilitation of Inhibitory Learning

Repeated exposure decreases anxiety and increases tolerance to incorporating new foods.

Addressing Core Anxieties

By tackling the fears associated with food and eliminating avoidant behaviors, CBT-AR and ERP fosters lasting changes in eating behaviors and emotional mastery, both essential for long-term recovery.

Greater Individualization

CBT-AR and ERP allow for more tailored interventions, addressing both emotional/cognitive barriers and the behavioral avoidance specific to ARFID.

Outcomes and Impact

The integration of ERP into CBT-AR represents a significant advancement in the treatment of ARFID. By combining the nutritional and psychosocial focus of CBT-AR with the anxiety-reducing power of ERP, this approach offers a comprehensive solution to the complex challenges of ARFID.

For individuals with ARFID, the fear and avoidance of certain foods can severely limit dietary options, leading to nutritional deficiencies, social isolation, and distress. Integrating ERP into CBT-AR offers a comprehensive treatment that reduces avoidance behaviors, alleviates anxiety, and fosters sustainable changes in food acceptance. Over time, this approach promotes a healthier, more varied diet, offering hope for a healthier, more fulfilling relationship with food and a higher quality of life.

Support and Resources

For professionals and families seeking ARFID treatment, contact Anxiety Institute for the expertise and support needed to navigate this complex disorder.

Reach out.

(844) 881-1846

To learn more, visit:

anxietyinstitute.com





Helping Your Teen Reframe Perfectionistic Thinking

A 2-step process for parents to encourage flexibility and self-compassion in their teen.

Perfectionism in teens and young adults often shows up as pressure to succeed, fear of falling short, and harsh self-criticism. It can lead to burnout, anxiety, and avoidance. Your teen may seem capable on the outside while struggling on the inside. This tool helps you support them in noticing and reframing unhelpful thinking patterns—without lecturing or rescuing.

Step 1: **Help Them Spot the Thought**

Teens with perfectionism may not always say their worries out loud, but they often think in rigid or extreme ways, like: *“If I don’t get an A, I’ve failed.”* or *“Everyone else has it together—why can’t I?”*

If helpful, offer a menu of flexible alternatives:

You might hear:	Try asking:
<p><i>“This isn’t good enough.”</i></p> <p><i>“I’ll never get into college.”</i></p> <p><i>“I suck at this.”</i></p>	<p><i>“What’s the pressure you’re feeling right now?”</i></p> <p><i>“What’s the story your brain is telling you?”</i></p> <p><i>“Would you say that to someone else in your shoes?”</i></p>

The goal isn’t to correct them—it’s to get curious and open the door for reflection.

Step 2:

Gently Reframe the Thought

Once the thought is out in the open, help your teen shift toward more realistic, self-supportive language. The goal is to help them build flexibility and resilience.

Perfectionistic Thought:		Try Reframing With...
<i>"I have to get this exactly right."</i>	→	<i>"Done is better than perfect."</i>
<i>"If I fail, I'm a failure."</i>	→	<i>"One grade doesn't define me."</i>
<i>"I should be better at this by now."</i>	→	<i>"Getting better takes time— and effort counts."</i>
<i>"Other people are doing fine. I'm the problem."</i>	→	<i>"Everyone struggles with something. I'm not alone."</i>

***Model this language in your own self-talk when possible.
Teens notice more than we think.***



Additional Tips for Parents

- Let them struggle—with support.
- Don't jump in to fix or rescue. Ask what kind of support they want.
- Value effort and honesty over flawless results.
- Praise how they worked through discomfort, not just how well they performed.
- Normalize mistakes.
- Share your own setbacks and how you recovered. Teens benefit from knowing that even adults don't always get it right.

In Our Treatment Programs

Let us know if you'd like a clinician to help tailor these strategies for your teen.

We help teens build self-awareness and challenge perfectionism through cognitive tools that target rigid thinking and exposure-based strategies that reduce avoidance and build confidence.

**Call (844) 881-1846
or visit [anxietyinstitute.com](https://www.anxietyinstitute.com).**





Integrated Psychiatric Services

Specialized, Comprehensive Psychiatric Care for Anxiety and OCD

At Anxiety Institute, we offer comprehensive support for individuals managing anxiety, OCD, and related co-occurring disorders. Our Integrated Psychiatric Services combine therapy and medication management, providing personalized, evidence-based care tailored to each patient's needs.

Led by Dr. Omar Canosa, our Medical Director and experienced psychiatrist, our services cater to individuals aged 9 and older. Dr. Canosa specializes in anxiety, OCD, and co-occurring disorders, with a focus on understanding the unique developmental needs of adolescents and young adults for optimal outcomes.

What We Offer:

Comprehensive Consultation & Assessment

Dr. Canosa offers in-depth consultation, assessment, and medication management specifically tailored to those with anxiety, OCD, and related disorders.

Intensive Outpatient Program (IOP) Integration

Clients in our IOP* benefit from a psychiatric consultation, including medication management review, to ensure a seamless and effective treatment plan.

Flexible Psychiatric Services

Psychiatric care is available to all outpatient therapy clients and individuals seeking standalone medication management.

Developmental Approach to Improve Outcomes

Our approach recognizes the brain's significant neurological changes during adolescence, incorporating these shifts into our treatment strategies for better long-term outcomes.

Expedited Appointments

With our integrated psychiatric services, appointments are fast-tracked for timely support with our expert medical director.

For more information or to discuss how we can collaborate to support your patients, please contact us:

(844) 881-1846

psychiatry@anxietyinstitute.com

**Currently available for NJ/CT clients only.*



NAME: _____

WEEK OF: _____ / _____ / _____

Screen Time Tracker

Record time on each:

	TV	Video Games	Computer	Tablet	Cell Phone	Daily Total	Mood / Energy Level
MONDAY							😊😊😊😊😊😊😊😊😊😊
TUESDAY							😊😊😊😊😊😊😊😊😊😊
WEDNESDAY							😊😊😊😊😊😊😊😊😊😊
THURSDAY							😊😊😊😊😊😊😊😊😊😊
FRIDAY							😊😊😊😊😊😊😊😊😊😊
SATURDAY							😊😊😊😊😊😊😊😊😊😊
SUNDAY							😊😊😊😊😊😊😊😊😊😊
Weekly Total							



Cut along this line to remove tips and instructions.

How families can use this screen time tracker:

Talk about it together

Sit down and agree on a daily screen time goal based on age, school needs, and emotional well-being. *(Tip: Most people are more likely to stick to a plan when they help create it.)*

Set up clear blocks

Track total daily screen time and label different types (schoolwork, gaming, scrolling, TV). This helps see where most time is spent — and where small changes can make a big difference.

Celebrate small wins

Acknowledge and praise progress toward goals — even if it's not perfect. Encouragement and positive reinforcement go a long way in building motivation and confidence.

Fill the gaps with connection

Encourage real-world activities when screens go off — a walk, family dinner, creative projects, or even quiet downtime. This strengthens emotional resilience and lowers anxiety.

Lead by example

Be mindful of screen time as a family — put phones away during meals or take screen breaks. Small actions speak louder than words.



Is my child's anxiety 'normal'?

Knowing When to Seek Help for Your Teenager's Anxiety



How much anxiety is reasonable in our current circumstances?

Today's teenagers are facing an array of post-pandemic challenges. Social dynamics have shifted, leaving many to readjust and redefine connections.

Many teens are readjusting to new routines and personal boundaries, sometimes feeling exposed as they work to rediscover their own identities. With these pressures, it's no surprise that anxiety is a common part of teenage life. We wonder if they will "outgrow it" or if it will pass. How do we know when it is too much anxiety, however, and when to get them help? This article is about anxiety disorders in teens, and providing you with answers to these important questions.

Feeling anxious is both normal and beneficial.

Anxiety is a normal and helpful response to danger: it puts us into a mentally and physically alert state of "fight or flight" to prepare us to fend off attacks from predators.

We all experience the emotion of anxiety at some point in our lives. Adults recognize the symptoms of feelings of tension and fear, worried thoughts, and physical symptoms such as shortness of breath, sweating, or a rapid heart rate typically triggered by a perceived threat as anxiety.

In the modern age, anxiety still serves a valuable purpose. For example, the anxiety you feel in advance of an upcoming presentation is often the alert you need to be adequately prepared.

Anxiety Disorders: When Anxiety Becomes Persistent and Intrusive

When recurring, persistent feelings of anxiety start limiting a teenager's functioning in life, it may signify the presence of an anxiety disorder.

Sometimes a level of anxiety seems out of proportion to the actual threat. Many teens feel nervous about starting high school, but for some the fear becomes so great that it impacts the ability to function. Persistent worry can ruin the summer and they may shut down emotionally and verbally in their classes. Some may even try to avoid school all together.

"Anxiety disorder" is the term mental health professionals use to describe a group of conditions including panic disorder, generalized anxiety disorder, agoraphobia, social anxiety disorder, separation anxiety disorder, and selective mutism.

It's important to know that anxiety disorders are both extremely common and highly treatable.

So which is it: “normal” anxiety or an anxiety disorder?



Here are some helpful questions for you to determine if it's time to consult a mental health professional.

There is a fine balance between adjustment to new circumstances and general uncertainty and being overwhelmed by anxiety:

- Is your child's world getting smaller because they are avoiding things?
- Does your child complain regularly about physical symptoms such as stomach pain, headache, or fatigue?
- Has there been a sudden change in follow-through, punctuality, sleep habits, hygiene, school attendance, or grades?
- Do you find that you are adjusting your behavior to accommodate your child's anxiety?
- Does your child seem more emotional, sensitive, defensive, or easily frustrated?

If you answered “yes” to one or more of these questions, reaching out to a counselor or therapist to conduct an assessment may be helpful.

Here are examples of teen anxiety we encounter and suggestions of whether or not to see a professional.

Example 1:

Test anxiety

“My 13-year-old daughter gets extremely anxious before every math exam, obsessing about it for days in advance. Her anxiety peaks on exam days, and the relief she experiences post-exam is palpable. In spite of her nervousness, all of her exam grades have been A's and B's.”

Without any other significant incidents of anxiety, this case doesn't appear to be an anxiety disorder. Despite some discomfort, she performs well on the exams and her anxiety doesn't linger after the test is done. Learning some relaxation techniques would be beneficial but professional help doesn't seem warranted.

Example 2:

Social Avoidance

“Our son is a sophomore in high school. While he's always been somewhat nervous in social situations, he has completely stopped joining any social activities with friends or classmates. He claims to be happy staying in doing his schoolwork and watching videos online.”

Complete withdrawal from social life is a red flag in these circumstances. His life has gotten smaller as a result of his fear. When anxiety starts limiting aspects of a teenager's world, as is the case here, it is best to speak to a mental health professional.

Example 3:

Graduation and beyond

The post-pandemic academic world is filled with uncertainty. Are pass/fail grades acceptable for a transcript? How important are AP, ACT and SAT tests? How many kids extracurricular activities are necessary?

These questions and the lack of clear answers can be very distressing. If your child is avoiding homework or not attending school, or has closed down emotionally and socially, then it is time to see a mental health professional.



There is effective treatment for your teenager's anxiety.

Cognitive behavioral therapy (CBT) is particularly effective in treating anxiety disorders.

Exposure therapy is often also used to help teens face their anxiety in a controlled environment. This enables them to face their fear with greater confidence.

We advise parents to seek out an anxiety specialist who is familiar with exposure therapy. Check the websites of the Anxiety Disorder Association of America (adaa.org) and the Association for Behavioral and Cognitive Therapies (abct.org).

Here are a few questions to ask when interviewing therapists:



What role does cognitive behavioral therapy (CBT) play in your approach?

You will want a therapist that makes extensive use of CBT.

Do you use exposure therapy in your treatment?

Look for a therapist that answers "yes" and can explain how they utilize this approach.

How do you measure progress in using exposure in the treatment of anxiety?

Measuring progress is important.

Five tips for parents of anxious teens:

1. You need not feel alone.

According to the National Institute of Health, almost one-in-three adolescents, 31.9%, experience an anxiety disorder.

3. Your teen's anxiety disorders may not look like anxiety.

For example, your child may exhibit defiance, aggressiveness, manipulation, or other acting-out behaviors to avoid situations that make them anxious.

5. Don't put off seeking treatment.

The longer your teen's anxiety disorder goes untreated, the more conditioned they become to escaping and avoiding their fear.

2. Don't be surprised if your teen resists seeking therapy.

After all, the last thing an anxious teen wants to do is talk about the thing that makes them anxious.

4. Remember, your teen can't "just relax."

While you may experience anxiety as "no big deal," your child experiences it as a very big deal...a persistent, negative feeling that they can't control.

About the Author

Dina Nunziato, PhD, Chief Clinical Officer at Anxiety Institute

Dina has spent nearly two decades working with young adults in various clinical and educational settings. Dina specializes in cognitive behavioral treatment of anxiety and related disorders. Her research and publications include the use of evidenced-based mindfulness techniques to support anxiety management, academic success, and emotional wellbeing.

Merikangas KR, He JP, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry.* 2010 Oct;49(10):980-9. PMID: 20855043

PARENT LISTENING GUIDE

Creating Space for Your Child to Open Up

Supporting an anxious child is not about having the perfect words. It is about creating safety, reducing pressure, and staying present, even when nothing seems to happen right away.

1. Set the Right Goal

Before you speak, remind yourself:

- My goal is to listen, not fix
- My goal is understanding, not solutions
- My goal is connection, not resolution



Lower pressure first.
Talking often comes later.

2. Start With Low-Pressure Statements

Choose words that give your child control.

Try:

- "I'm not here to solve anything."*
- "You don't have to talk if you don't want to."*
- "I just want to understand."*
- "We can sit quietly if that helps."*



Avoid starting with questions or advice.



Creating Space for Your Child to Open Up, cont.

3. When Your Child Doesn't Respond

Silence does not mean you're doing it wrong.

If there is no response:

- Stay calm
- Stay nearby
- Pause before speaking

You might say:

"That's okay. I'm here."

"We don't have to talk right now."



Safety comes before words.

4. When Your Child Does Talk

Reflect instead of redirecting.

Helpful responses include:

"That sounds really hard."

"That makes sense."

"You've been carrying a lot."



Try not to reassure, correct, or problem-solve too quickly.

5. Notice Small Signs of Progress

Opening up does not always mean talking. Below are signs your child feels safer.

- Sitting closer
 - Sharing later, at an unexpected time
 - Staying in the room longer
 - Being less irritable or defensive
-

A Final Reminder

Listening does not resolve anxiety. But it reduces shame, builds trust, and opens the door to healing. You do not have to do this perfectly.

Your steady presence matters.

**Call (844) 881-1846
or visit anxietyinstitute.com.**





Supporting a Young Adult Through Their First Big Launch

A Worksheet for Parents & Caregivers

Instructions:

- Print and fill out together with your young adult, or privately for reflection.
 - Use the checklists to prepare practical supports before the launch.
 - Practice supportive language by writing phrases you'll use in real conversations.
-



Step 1: Setting the Stage

What upcoming "launch" is your young adult preparing for?

How do they describe their feelings about it?

How do you feel about it?



Step 2: Understanding Anxiety Triggers

Which of these triggers do you notice most in your young adult?

- Fear of making mistakes
- Pressure to perform perfectly
- Social interactions (*interviews, presentations, meeting new people*)
- Change in routine/environment
- Other: _____



Step 3: Supportive Language Practice

Supportive language can ease anxiety during transitions by helping young adults feel understood and more confident taking the next step.

Instead of...	Try saying...
<i>"Calm down."</i>	<i>"I'm here with you."</i>
<i>"Don't worry, it's no big deal."</i>	<i>"I can see this feels big for you."</i>

Write one supportive phrase you'll use before their launch:

“

”



Step 4. Launch Preparation Checklist

Which 2 items will you commit to supporting this week?

- Help them break tasks into smaller steps
- Encourage grounding rituals (breathing, journaling, short walks)
- Schedule downtime before and after the launch
- Identify "safe contacts" they can text or call
- Plan a small celebration afterward



Step 5. Building a Safety Net

Who are 3 people (family, friends, mentors) your young adult can lean on during this launch?

Trusted Person:	Trusted Person:	Trusted Person:
Name:	Name:	Name:
Phone:	Phone:	Phone:



Step 6. Reflection

What's one thing you want your young adult to remember about themselves as they step into this launch?

Closing Note

Supporting an anxious young adult isn't about removing their anxiety—it's about standing steady beside them, helping them break down the mountain into steps, and celebrating each milestone along the way.



For Parents and Caregivers

School Accommodations Worksheet

It's natural to want to help when your child is struggling with anxiety. But over time, supportive behaviors may become patterns that continue the anxiety cycle. This worksheet helps you reflect on how your family may be accommodating school-related anxiety—and choose one small change to work on with your clinician.

Common Examples of School-Related Accommodations

Check any that apply in your family:

- Letting your child skip school or leave early due to anxiety
 - Helping your child avoid certain classes, teachers, or peers
 - Allowing calls or texts during the school day for reassurance
 - Handling all communication with teachers to reduce your child's stress
 - Changing routines to prevent anxiety (e.g., driving instead of taking the bus)
-



Family Reflection

Use the space below to jot down your thoughts:

1. What school situations most often trigger anxiety in your child?

2. How do you typically respond in those moments?

3. Have any of these responses become routine or expected?

4. Do you notice that your responses provide short-term relief, but persistent anxiety over time?

3 Steps Towards Reducing an Accommodation

Pick one accommodation from the list on the previous page to reduce with your clinician's support. Small, steady changes can help your child gain independence and confidence.

Accommodation to reduce:

What will you try instead?



Need ideas?

Try one of these to start:

- Delay responding to reassurance texts by 10 minutes
- Let your child handle one email or conversation with a teacher
- Practice a coping skill together before school instead of avoiding the trigger
- Use supporting statements such as "You've done hard things before—you can do this too" or "I'm proud of you for trying."

Step 1 (Week 1):

First small change:	<i>Progress notes:</i>

Step 2 (Week 2):

Additional actions to support change:	<i>Progress or backslide notes:</i>

Step 3 (Week 3):

Further reduction or replacement of the new strategy:	<i>Progress or backslide notes:</i>



Focus on progress, not perfection.

Reducing accommodation is hard—but each step builds your child's strength to face anxiety head-on.

Let us know if you'd like to learn more. We're here to help.

Call (844) 881-1846 or visit anxietyinstitute.com.

Thank you.

Parents...

Scan here.

Get the latest expert insights and exclusive content on anxiety and OCD, plus information on our upcoming parent workshops—delivered directly to your inbox.

Sign up today, and we'll send you an **Anxiety Institute Parent Toolkit!**

