



Conscious Life presents

ANXIETY SUPER CONFERENCE

Teaching kids about anxiety

Guest: Ross Szabo

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[00:00:09] Meagen Gibson

Welcome to this interview. I'm Meagen Gibson, co-host of the Anxiety Super Conference.

Today I'm speaking with Ross Szabo, a social innovator who pioneered the youth mental health movement. He's the wellness director and founding faculty member of Geffen Academy at University of California, Los Angeles, where he has created a program for students to learn about mental health once a week through their education from grades 6 through 12.

Ross is also an award winning speaker, author, and the CEO of Human Power Project, a company that designs mental health curriculum.

Ross is the author of *Behind Happy Faces: Taking Charge of Your Mental Health*, and *A Kid's Book About Anxiety*.

Ross Szabo, thank you so much for being with us today.

Ross Szabo

Thanks so much for having me. It's great to be here.

Meagen Gibson

So I reached out to you because we're big fans of your book in my house. I wore this shirt so that I would match your book today. I'm kidding.

But I've read the book with my kids several times and I know that you've had your own mental health journey, so I would love it if you would talk to us a little bit about that and how your mental health journey motivated you to work helping kids understand mental health.

Ross Szabo

Yeah, sure. I always joke with people that you don't become a mental health advocate because you have a perfect life and then you're like, let me tell other people how great life is. Usually mental health advocacy kind of chooses you whether you're ready for it or not.

So I grew up in a family that had a long history of mental health disorders on both sides. So depression, bipolar disorder, anxiety disorders, and addiction. I grew up in a really blue collar rural

part of Pennsylvania. So the addiction piece is what masked most of the mental health issues. There were a lot of alcoholism and a lot of other issues related to addiction.

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And so a lot of what I went through as a child was often just looked at us like, oh, well, that just seems like child behavior. In the early 80s I don't think there was as much education as there is now.

And so I can remember a lot of different times where anxiety was overwhelming in irrational ways. It's normal to have night terrors as a kid, but mine were always escalated. And then in 3rd grade, I started just pulling all my hair out of my head as a way of not knowing how to deal with separation, not knowing how to deal with, I guess, just anxiety in general.

So I didn't really hit anyone's main radar until I was diagnosed with bipolar disorder when I was 16. But by that point, I already had a heavy layer of underlying and then also a lot of trauma when I was 11 and 12.

And so I was diagnosed with bipolar disorder when I was 16. I was hospitalized for attempting to take my own life when I was 17. Battled extreme alcohol abuse, and really couldn't find a way to manage my mental health until I was about 22.

And then since 22, I joke with people that being an adult is just really trying to undo adolescence, and I'm making progress. I don't like to put myself forward as this Disney feel good story of this person who figured it out and is now perfect because I'm not. I have a lot of different issues I'm still working on and a lot of different new things and fun things that I'm learning about myself.

So I think for most families, this issue starts before we're born and it can grow depending on the individual. I have two older brothers. One, my oldest brother has bipolar disorder. My middle brother doesn't have a diagnosable mental health disorder. So I think that the biological combination is probably what hit me the most when I was a young kid.

Meagen Gibson

And those genetically predisposed factors and risk factors, depending on what your actual family environment is and what your social environment is, can really kick those up into high gear in childhood.

And this wasn't something that I knew about you. Obviously I research people, but I didn't know the hair pulling part. And trichotillomania wasn't even a thing that was in the DSM, which is what that's called, until 10 years ago or something. And so kind of the shame, and I can imagine that that felt very shaming and very ostracizing to other people who didn't understand it and who were just telling you to stop or things like that.

Ross Szabo

And there were no diagnoses either. Literally what ended up happening was, I think I met with a school psychologist or counselor, somebody at the time, and they just gave me other things to play with so that I wasn't pulling my hair out of my head.

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And it's funny because you think, well, that sounds kind of weird as a treatment, and then a few years ago I was giving a speech and realized that I was still rubbing something smooth in my hands to kind of help me feel comfortable.

And I think the toughest thing for parents is you don't know what's going to stick with your kid, and you constantly freak out thinking, okay, what if I do this? Is that going to last? Am I messing my kid up? Am I helping my kid? I think that's one of the really more difficult things.

So, I remember getting made fun of for pulling my hair out, but it seems like the treatment of giving me something else to play with has lasted into adulthood.

Meagen Gibson

It's stuck with you as a good coping mechanism for a long time.

I relate to that. And especially what you said about different kids. Solutions will work differently for different kids.

I have one neurodivergent child, and if you were to give him a fidget spinner or something like that when he was really young, especially, that was just a projectile. Don't give my kid that. No, these are not workable solutions for this particular person. We're going to have to find some other stuff.

Well, thank you for sharing all of that. And I completely agree that there are some really good, obviously, mental health researchers and advocates who haven't been through tough stuff and walk their own path. They're just kind of drawn to the work.

But I myself tend to just trust people more who have walked through the fire and come out the other side. I just find just more grit and more empathy in the way that they talk about things and present things. And so I appreciate that you shared that with us.

So one of the things that your book emphasizes is what anxiety specifically isn't, which I really appreciated. And that it's not just a bad day and it's not just a bad experience, and it's not just being nervous. So why do you think that that distinction is important, and what can adults learn from that as well?

Ross Szabo

Well, I think it's really important because anxiety disorders are so much more commonly talked about now. And there's this natural, I guess, fascination we'll call it, let's just call it that, where people want to feel like they connect and understand it.

And so what's happening, especially in younger people, is they'll say they have anxiety when really what they have is just nervousness. And I think mental health literacy is critical to the advancement of our mental health education.

And so I always think it's important to explain the difference between feeling nervous, which is a feeling that lasts a short amount of time, activates your fight or flight mechanism for a short amount of time, can be butterflies in your stomach or a physical sensation, and it goes away.

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Whereas an anxiety disorder or anxiety can activate your fight or flight mechanism for a really long amount of time, can be debilitating, can shut you down, can cause strong panic situations. But the opposite of being nervous is being calm. The opposite of having anxiety is being able to see reality.

And when people who have been nervous go up to people with an anxiety disorder and they say, hey, just calm down, or I know what it's like to have this, it's just dismissing their entire experience. And vice versa what happens is if we just start normalizing nervousness as anxiety, well, then we're dismissing other people's experiences and we're treating it in a clinical manner that doesn't actually need clinical treatment.

Meagen Gibson

I appreciate that explanation. And also it reminds me of, and I've told this story, I think, in another interview, but I was on a field trip with a group of 4th graders, and one of the boys came up to me before we got on the bus to go, and we had a long drive, and he came up and he said, my stomach hurts.

And I was like, okay. And I knew this boy from my son's baseball team, and he said, I'm nervous. And I was like, okay, good. I'm glad you named it. And he was like, I'm also excited. And I was like, those two things feel the same way in our body.

The reason I bring it up, we had a long talk about how nervous and excited can feel the same way. Scared and excited can feel the same way in the same part of your body. And that seems totally normal. And I was like, that seems completely appropriate for the situation. We're getting on a bus, you don't know where you're going. It's fine. That's normal.

But if his fear had lasted after we finished the field trip and into the night and extended, it's like situational discomfort that lasts once the situation has resolved, if I'm hearing you correctly, it's like chronic.

Ross Szabo

Yeah, chronic or it builds.

Meagen Gibson

Right.

Ross Szabo

For that nervousness or excitement, it lasts a short amount of time and then it kind of goes away, whereas anxiety builds, builds, and then it's just really difficult.

Meagen Gibson

Got it. Okay. Thank you.

So how does your curriculum regarding mental health differ depending developmentally on children's milestones and age? And why don't you teach this to elementary school kids?

[00:10:29] Ross Szabo

That's a good question. So Geffen Academy at UCLA, we have a school for students grade 6 through 12, and we have a class where once a week, every week from grade 6 to grade 12, they learn about their mental health once a week.

And the developmental piece of that is in grade 6 through 8 the things that influence them the most are their peers, their friendships, the concept of having a best friend one day and then never talking to that person again, the constant shifting, identity development and the aspects of the building blocks of their mental health.

So in middle school, grades 6 through 8, we focus a lot more on having a mental health vocabulary, a common language, mental health literacy, knowing the differences between things like nervousness and having anxiety, the difference between feeling sad and having depression, the difference between not liking your body and having an eating disorder and those kinds of things.

And then we do a lot around healthy friendships, a little bit more on relationships in 8th grade and then a lot of identity work because that's really where a lot of them form their ideas of themselves for the future.

In high school, it shifts more to be those things and then a lot about relationships because more students start diving into relationships. Our 10th grade curriculum is really just about healthy relationships. So it's love languages and attachment styles, conflict resolution and media influence, and all those other things.

And the main goal is, if you're going to talk about mental health, you can't do that without talking about the systems that damage it. So you have to talk about healthy sexuality, you have to talk about healthy relationships, you have to talk about all of the peer influences and drugs and alcohol and everything that is occurring in their lives.

I somewhat joke with my students, but it's not funny. When I was in high school, I had to hope that the marijuana I was buying was not oregano, that it was actually real marijuana. And these kids literally do have to be afraid that anything they buy has fentanyl in it and could kill them.

And that is like such a massive shift, such a massive shift in two decades. And it's even shorter than that with fentanyl, it's the last 5 years. But the reason that we focus on middle school and high school is because that's just like the school we have.

I don't have an elementary school to work in. I do think I'm working with some partners right now on a mental health literacy curriculum for elementary school because one thing that the entire, *A Kid's Book About* series has shown is that you can have these conversations with kids as young as 5 to 8. It just has to be done in a way that's engaging and real to them and supports them in that behavior.

So what we do at Geffen Academy at UCLA every summer, is we do a mental health teacher training institute where we bring teachers in from around the country and we teach them how to do what we're doing so that the program can grow.

I think the most important focus of our program is that it's a public health approach. It's not a therapeutic approach. When we were creating the program, I wanted to make sure that anything we did in our school could be done anywhere else. And if it's a therapeutic approach, then it requires

training, then it requires an expert, then it requires a difficult road to really get out there. And so I wanted to make sure we kept it focused on what other people could do.

[00:13:59] Meagen Gibson

Absolutely. And I love that framing as a public health service. I couldn't agree more.

And what you said about the things that middle schoolers and high schoolers are thinking about and dealing with and how different it is, I was just relating to my 12 year old the other day, that all we did for drills when I was in school was tornado drills and fire drills. We didn't have active shooter drills and the kind of anxiety that is normalized from those types of things and how it seeps in. It's hard.

And our conference viewership is worldwide, and it's incredibly confusing to people from around the world why this is a problem for us. And don't worry it's confusing for us in the US, too.

I think one of the things that teachers grapple with is that they went to school to be teachers, not mental health counselors in most cases. And I think most teachers are surprised by how much mental health counseling they end up doing, and not in a professional manner, but they are one of the first lines of offense in identifying kids that need support.

Ross Szabo

Well, and most of us didn't become teachers to become parents either. So we play a lot of different roles and a lot of different hats.

I think what schools are getting really good at, though, is streamlining who to go to and who can help and support and where. A lot of schools are more focused on identifying behavior and refer to the person in the school who handles it, versus having teachers have to identify the behavior, talk about the behavior, work through the behavior, address the behavior.

And a lot of schools have different plans for people with different mental health challenges. So, there's 504s and individual education plans and things like that that really help support people.

And I think the reason a public health approach is so critical is because teachers shouldn't be in the role of counseling or therapists and having a clear approach of like, hey, here are the skills people can build, here's what they should know, here's what they can do. There's a lot more freeing than the flip side of that, which is now I have to handle the situation, I have to manage the situation. I have to make sure everybody's okay.

Meagen Gibson

Absolutely. So in case people don't quite make the connection, how is mental health a factor in a child's ability to learn?

Ross Szabo

In so many ways. A lot of times when people think of the words, mental health, they think it's just for people who have problems. But mental health isn't actually having a problem. Mental health is how you address challenges in your life.

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So it's not having a diagnosis or not being able to sleep or having something wrong with you. It's actually how you address those things. And mental health plays a huge role in a kid's life because they are trying to build coping mechanisms, they're trying to manage stress, they're trying to figure out how to communicate, and they're trying to work with the internal voice that is inside their mind at all times.

If any of those things are out of whack or if any of those things are in a place where someone is still developing the tools they need to actually manage it, then they're not going to be able to pay attention, they're not going to be able to focus, they're not going to be able to achieve in the way they would.

With the advent of this digital world we live in and with social media, most students don't spend their time in school thinking about school. They spend their time in school thinking about who just said something about them or what is going to happen next, or if they do have their phone, they have access to any of the 24 hours news cycle and the next tragedy to happen. Or there's still the normal teen stuff about who likes me, who doesn't like me.

And if we're not addressing just basic level mental health and giving those tips and skills and tools, then we're not preparing kids for the future that they're about to face.

One thing I always share with people is, UCLA currently has 54 counselors at their counseling center. And they can't keep up with the amount of students seeking help. But the amount of students seeking help at UCLA's counseling center aren't seeking it because they have diagnosed mental health disorders. They're seeking it because they don't know how to resolve a conflict with their roommate, because they don't know how to ask somebody out on a date.

Because they don't have the basic life skills they need. And that life skill conversation and understanding needs to start in middle school or younger before they get to college or whatever they do after high school, so that they're a lot more prepared.

Meagen Gibson

Absolutely. And you mentioned coping skills, and in the book you describe coping skills, but you don't actually explicitly name them as such, which I thought was savvy. And so what are some things that we can teach anxious children about how to handle anxiety both in the moment and afterwards?

Ross Szabo

So there's a couple of things. One is focusing attention on one thing. A lot of times when a kid has anxiety, the brain can wander, and that wandering can make it worse and worse and worse as it builds and builds and builds.

So one thing is just focusing on a specific part of a desk or a specific part of a room or something tactile, specifically that they hold or touch or feel, even if it's just rubbing their shorts, something that brings them out of the anxiety.

Another thing that people can do is breathe. So neuroscientists always say the prefrontal cortex of the human brain doesn't fully develop until around age 25. And so it doesn't mean it doesn't exist before then. It exists. It can function. It's there.

[00:19:49] Meagen Gibson

You have expectations for it. It's just not fully formed.

Ross Szabo

One of the best ways to get it to function is to breathe, is to take different... There's box breathing, which is breathing in and holding for 4 seconds and breathing out. There's breathing to this gif that grows and shrinks so that you're breathing in as it grows and you're breathing out as it shrinks. There's all kinds of different breathing exercises that people can use, but that's a really powerful one to use.

And then sometimes, too, one thing that can really help is just removing yourself from a situation that is causing or contributing to anxiety so that a kid learns at a young age, hey, this is intense. I'm going to take a break. I'm going to try and come back from this break at some point.

Those are three really good skills that can help. They can also go in combination with each other.

Meagen Gibson

I like that you gave a variety because some kids, and I definitely probably would have been one of those kids, if you had approached me when I was having a hard time and said, take a deep breath, I would have wanted to punch you in the nose. I would have been like, don't tell me to breathe.

But if you told me, what do your corduroy pants, because I'm also an 80s child, what do your corduroy pants feel like? Can you describe the texture? Give me something else to focus on, and then tell me to take a deep breath. It's a combination of different approaches.

One of the other featured speakers that we have, Darryl Tonemah, he tells this story about how he encountered a child in a really elevated state of panic and snot dripping down his face and the whole thing, at a school. And he just happened to have a flute in his car, like a wood flute, kind of like a recorder. And so he brought it out and he just sat down next to the kid and started playing it.

And the kid started paying attention to him, and he said, hey, do you want to take a blow? And the kid was like, sure. And he's like, but hang on, you can't blow into it, you just breathe into it.

And it was like this total Jedi mind trick. And the kid started playing into it, but breathing into it and completely calmed down. And he was like, I never had to ask him why he was upset. I wouldn't have to talk about what happened. I just got him re-regulated and got his breath back and got his mind off of what was so upsetting.

And so I thought that was a good example than just being like, what's wrong? What's wrong? Take a deep breath.

Ross Szabo

Or the other thing, too, is getting young kids to meditate. A lot of times that meditation isn't there for them. One thing that I do with our younger students is we'll make a meditation request. So they have to name three objects, and I have to turn that into a meditation.

And they'll do really challenging stuff with it. But one, they're waiting to hear how it gets turned in, so they're actually paying more attention. And then two, it makes them feel like they're a part of the

meditation as opposed to just like, let's do a body scan, breathe in. It kind of brings them through the process and includes them as opposed to meditation, which may not.

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And then I always give students the option to opt out. You can read books, you can draw, you can color, you can do something else. You can lay down. I don't care. But not mandating, you must now know how to meditate.

Meagen Gibson

I've named this several times because meditation is a common resource and a common coping skill and one that I've used now and again and lots of contributors encourage meditation. The science all backs it up. But I can say as someone who has suffered it from anxiety my entire life, that sometimes my mind is a hostile environment and that's the last place I want to be trapped, so to speak.

So meditation is sometimes really inaccessible to people who suffer from anxiety because your mind is not the place that you want to be alone with your thoughts sometimes if you've got anxiety. So I really love the example of... Sorry, there's a little bit of a delay. Go ahead.

Ross Szabo

Well, I think one of the more difficult things is one of the most common byproducts of any mental health disorder is self-hatred. And unfortunately for a lot of adolescents, self-hatred is a pretty common thing, too. And so if you don't like yourself and you have a mental health disorder, you're not going to want to just sit in your brain and in your head because that place is wrought with so many other things. And I think that's a really important piece, too.

Meagen Gibson

And it reminds me of something you said earlier about middle school and even early high school and how it's a prime time for when kids are developing their inner voice. And a lot of the criticism and a lot of the scrutiny that you get either from your peers or your parents expectations or your teachers. Something several of our contributors have said, that doesn't make you hate your parent or your teacher or your friends. It makes you hate yourself.

And that just struck me so deeply because it's true. That's exactly when you're developing your inner voice and you're just taking in all of this input and criticism, especially with social media, and that turns into the way that you talk to yourself if you're not aware that that's how all of your self identity is being formed.

Ross Szabo

And the thing that I think is important to point out from that, too, is most kids do go through elementary school learning about emotions, hearing about emotions, hearing that they can express emotions and feelings and talk about those things. And then they reach a certain age where when they do that, they get made fun of or there are consequences for having those emotions.

And if that transition in life isn't matched with some kind of mental health education, then one, they feel lied to, but two, they also just go into protection mode. And then once they go into protection mode and they start regulating their own emotions, with however they do that, that's what sticks.

[00:25:49] Meagen Gibson

Yeah.

Ross Szabo

I regulated my first emotions by hiding my feelings, by making everyone else laugh and making everyone else smile. And I continued to do that until it almost killed me.

I also started drinking alcohol when I was 12 because it felt better to be numb than it did to have the feelings that I had. And that coping mechanism stuck for an extremely long time, too.

And so that period, whether it's around 4th or 5th or 6th grade, because it's different for everybody, is a really difficult time period of judgment, of newness, of reaction. And it's really critical for it to be matched with some kind of education that helps make that transition. It's just a little bit more understandable or smoother.

Meagen Gibson

Absolutely. As you reference, substance use and drugs and alcohol, those are the things that are the most easily available to kids, as far as mechanisms go, I mean. It's a lot easier to just sneak some alcohol than it is to actually talk to your parents about something really hard for you a lot of times unless you've already created that environment and have that kind of trust.

I found that the kids who need coping skills the most are the ones who might not receive any kind of reinforcement or teaching of those skills at home. So what can we do to better educate parents about emotional regulation and anxiety and coping skills?

Ross Szabo

That's a tough one. The parents who are most interested tend to seek it out. There are also parents who tend to seek information out just to reinforce the work they aren't doing. Parenting is really hard, and I think that the best kind of messengers for it are other parents. And schools can play a role in that by directing people to experts who are parents and trying to foster that and encourage it.

I think the most important thing that parents can do is think about their own family history and what is contributing to their family history. I was 26 when I asked my parents if anyone else in my family had a mental health disorder, and about 20 minutes later they stopped naming people. It wasn't just my grandparents, it was distant cousins and aunts and uncles and all kinds of stuff. If you know that you have a family history of any mental health disorder, it's important to talk about it as a family.

And then I think the next step is then using books to educate yourself, because the earlier you spot a warning sign, the more beneficial it's going to be for everybody involved. Most people wait on average, 7 years to seek help from the first episode or first symptoms.

And just trying to normalize those aspects as much as you can is one of the best things parents can do. I have many other tips about parenting. I think that's the best place to start.

Meagen Gibson

I don't want to stop you. Keep going. I think those are extremely solid.

[00:28:54]

And speaking from experience, I have a similar background as to the one that you named and fortunately was aware of a lot of it, but didn't put two and two together about myself and my siblings and things until much too late.

But my kids and I talk about it all the time. We talk about the people on both sides of our family that had alcohol issues or died of alcoholism, of which there are several people who had mental health issues.

We talk about a lot, what it means, what it doesn't mean. I don't necessarily use the word epigenetics, but I'm saying we have a prior genetic predisposition to addictive behaviors and to mental health issues. And so it's something that we really need to be cognizant about and take seriously and just keep conversations about.

Ross Szabo

And just that awareness. We've gotten so good at knowing that cancer has a biological predisposition. We've gotten so good at knowing that all these other aspects have a strong biological predisposition. So we can do the same with mental health.

Meagen Gibson

Absolutely. And just because I've got everybody's attention, I know that you can now buy test strips for, what is it? For drugs. If kids are buying marijuana and they want to know if there's...Name it for me.

Ross Szabo

The most important one is fentanyl.

Meagen Gibson

You can buy fentanyl testing strips.

Ross Szabo

Yeah. And to be honest, I think that schools should be giving these things out for free because a lot..

Meagen Gibson

Not to encourage drug use. We're not trying to encourage drug use. We're trying to admit that kids are going to be experimenting. This is the time of their lives where they're trying to push boundaries. They're literally supposed to be testing boundaries and breaking rules.

Ross Szabo

And that because fentanyl can kill you instantly, it's great that these things exist. I can't tell you how many families I hear from or how many schools, colleges I go to where a student died just by taking, they thought they were buying a painkiller or thought they were buying an anxiety med or thought they were buying anything. And took one pill and they were dead. And that is just shocking and devastating for everybody involved.

[00:31:26]

So the fact that these things exist to help build safety, I think they should be used everywhere they can.

Meagen Gibson

Absolutely. It's a real danger. And it's not drug addict kids, there's not a stereotype of the type of kid that gets involved in that or who dies of a fentanyl overdose. It happens across socioeconomic backgrounds. Doesn't matter.

Ross Szabo

And it could just be that one time.

Meagen Gibson

Exactly.

Ross Szabo

It could be the first time somebody tried it.

Meagen Gibson

Absolutely. I didn't think we're going to get into that conversation, but here we are. I'm glad to give the bonus information for people.

Ross, thank you so much for joining me today. How can people find out more about you and your work, and specifically, if we have any teachers, how can they find out about that summer training program that you mentioned earlier?

Ross Szabo

Sure. Yes. So the summer training program is at geffenacademy.ucla.edu. That's our website, geffenacademy.ucla.edu.

And then to find out more about me, it's just rossszabo.com.

Meagen Gibson

Ross, thank you again, so much for being with us today.

Ross Szabo

Thank you. It was really great talking to you and thank you so much for hosting this whole conference.