

Episode 56: Children and Anxiety with David Krasky - Part 2

MERYL: So speak to because I have, I will tell you the kids, this is going to be a two-fold question, but I'll, I'll address it next. But so the kids that come in and I will tell you we've got some young ones and the over reaching complaint complaint is anxiety. We addressed it a little bit in the beginning, but when I tell you, I am.

I am overwhelmed when with the number that have come in and it's not nine out of 10, it's 10 out of 10 and **dealing whether it is the social anxiety, whether it is the school anxiety, like you said, the pressure** you know, I, and, and some of them are on medication and maybe they, they have they needed, and I don't know, I would hope there would be other, other coping mechanisms than just necessarily being on a medication so young.

And I wish there was the right answer. I mean, look, food and diet play a huge role in someone's anxiety, because **we know if you're not nourishing your system and nourishing your brain right in the right way, you can you have anxiety**, but I don't know. I just, I guess I don't even really know what the question is.

I think I'm just, honestly, I it's like this observation. I feel so bad for these kids. How is the system handling this?

DAVE: So, unfortunately, and I know we were talking before the supply is now greater than the, or excuse me, the demand of services is now greater than the supply. **So there's not enough mental health professionals, nowhere near enough in the schools**, because that's where kids are most of the day.

And that never really was their role. It wasn't while we have 44% of these kids have severe social deficits, attention problems, learning, anxiety, depression, whatever we need to counsel them. **We need to build in this social, emotional learning aspect to school**. It's getting a little better, little by little but very slowly.

And it's not keeping up with the demand from what's going on. So then you start seeing people like me and other practitioners. Getting overwhelmed with cases. **So one thing I always say to parents, make sure you build a team**, whatever your team is. Meryl's part of your team. You have a therapist, there's a guidance counselor at school, grandma,

grandpa baseball coach, tutor, whoever that will help because doing anything alone I use the analogy again, like you go to a hospital, you get a team of doctors that works, same thing here.

You know, part of the, **the erasing the stigma of all these mental health disorders is equating it to a medical diagnosis, not a mental diagnosis**, right. Which it makes sense. Well, I need a team who is your team? **This is my team because we have to take care of all these different aspects and the more people we have working together on it, the better my chances of overall wellness will be.**

So I agree with you, the numbers are incredible. It did not help that on top of a pandemic, you have news outlets left and right. Showing horrible. Think of all the news, just in the last four years, just four years starting down here in south Florida with, with the Parkland shooting, and then you have school shootings, you have marches, you have countries being invaded.

You have all these horrible things that kids see it's on Tik Tok, Instagram, they're inundated with it on top of the demands from school, homework, studying all the extras that they're doing, not getting their time to for lack of a better term, like be a kid. Right. I can't tell you how many kids I could count on one hand, how many kids for example, are allowed to bike around?

Oh yeah. I bike to the mall. I bike to my friend's house. Yeah. I crossed one of the major streets I have a helmet I'm 14. I like that. Just, it doesn't happen.

MERYL: I know. And I think that's a huge problem.

DAVE Right. So if you think about it and, and I we usually, the parents will always say, well, I'm anxious too.

And I kind of, the kid is laughing and I'm kind of looking like, obviously apples and trees, man. Right, right, right. We look at the connection of, well, don't you think after years of saying, no, you can't go biking. You'll get hit by a car. That over time, they're eventually thinking, well, I can't go biking. I'll get hit by a car.

Instead of, why don't, you teach your kid how to not get hit by a car, but do they know how to write? Like, do they know how to look both ways? They don't know how to avoid danger. I remember very vividly a 16 year old girl who had these very over-protective parents never allowed to sleep out before going anywhere.

The parents had to actually have a sit-down meeting with the other parents, like all this stuff. And I kept telling the girl, listen, your mom's terrified. You're going to be kidnapped, raped or killed. And the girl's looking at me, she's like, that is so stupid. She doesn't think that. Why do you think she thinks that I bring mom in the room?

Are you ultimately worried that this is what's going to happen to your kid? Mom starts bawling, crying - all the time. That's all I think about. She has no idea how worried I am. The kids looking at her. She's like, what are you talking about? Why? And I said to him, like, have you ever taught your daughter? How not to get kidnapped raped or killed?

Because eventually they're going to have to go to college and live on their own and get a job and date like they're going to have to learn how to avoid danger. And of course the kids rolling their eyes, like I know how to not get kidnapped, but I really, that really stood out with me. And **I try to let parents know when they, when these kids are anxious and the families are anxious and yes, it's scary. But we can still really get good at promoting health and safety by teaching it.**

MERYL: Oh, I think that's so important because right. All you hear people saying, no, no, don't go out. Don't do this. Don't do that. But right. **How are we arming them to function on their own?** Like you said, right. If our job is to raise kids who are independent, then why do we think we can protect them?

Why don't we arm them? And I, and I love that

DAVE: even from a nutritional aspect, like, don't, you want to teach them the right habits. So when they go off on their own, they're not eating cake for breakfast every day. Like I only say that because I think I did that my first week of college just cause I could.

But that makes sense. And right. There's boundaries with that too. Like, yes, don't let your kid bike on I 95 or stay out till four in the morning when they're 12 years old. Sure. Of course. But **there needs to be a little bit of this kind of natural skill building and independence over time.** And again, I use that evolutionary aspect of like, this is what we've been doing for years.

Like for thousands of years, kids, by the time they were 12 or 13 to take care of the house, they can take care of the younger siblings. They could cook and clean and get themselves to bed and avoid danger and be safe. This is kind of a newer phenomenon. And, and

MERYL: why is that? What, where does, where do you, where is that?

Like? I dunno, we can pontificate sociologically. Like why, where did that come from? Because I don't know when I was younger, like I came home from school, drop my book bag and I was out with my friend literally till it got dark.

DAVE: The only thing I could think of when I really, when I try to step back. So if you think of what these kids were born into the last 25 years, I mean, the first thing I remember big news when I was younger was Columbine.

Right. I was in college. And then you had 9/11, and then you had all these other things. So **I think you almost have this collective traumatic experience, the last 25 years of, oh my God, the world is dangerous.** Where technically, if you look at the, the FBI statistics, murder rates are down, kidnappings are down.

Like kids are safer now than ever, right. Probably cause they're

But

yeah, no, no, but, but, but to get to your point, like what's kind of caused this shift. I think my generation I was born in the late seventies, so by 20. Seeing all this, like, oh my God, you could be at a school and there could be a shooting. You could be at a building and a plane could fly into it.

Or a bomber goes into it. You could be somewhere and looting begins because there's a social injustice, something going on. And a lot of parents tell me straight up. Like they think about that consciously. They, they are very worried about that. And that has to play a factor when the kid says, okay, mom, I'm biking to my friend's house.

Their first thought is probably you're going to get kidnapped. You're going to get hit by a car. I don't know who was at that house. You might get molested or abused. Yeah, that's definitely been a shift.

MERYL: Yeah. And I do agree with you and, and it was actually well-documented that the 24/7 news thing plays into it because it does, it does portray society as mean and evil and something to be feared.

When in reality there is, it's the opposite. That's true. I'm actually reading a book it's called Humankind. I forgot the author off the top of my head. And it is a very interesting portrayal of humankind. And there is a section in there talking about the news and how this 24/7 news is just really infecting our minds in, in such a negative light.

And so I guess that sort of now walk kind of went through our own, our own response to that question, but, but I think it's, it's important for people to hear that. And.

So I want to take a moment to pivot for a second because the other thing that we see in our practice, and I see, unfortunately it's just pervasive is **disordered eating behavior**.

So it's not necessarily full on anorexia or full on bulimia or whatever, but there's those behaviors in between. And I see it with the girls more often. And I think because of culture and society there's such a stigma placed on girls and especially technology, but I am seeing it with the boys too.

What is your take on disordered eating behaviors and you know, how let's have a little bit of a conversation about that because it's so prevalent.

DAVE: So I always try, like, what I was like about psychology is the digging into the why why is this disorder eating here? You know, what are the thoughts behind it?

What are the beliefs behind it? So a lot, when, **when we start digging in, you find these kids have just these horrible self images or this idea of what they're supposed to look like**. And on the flip side of it, you get these kids who are maybe disordered when it comes to the overeating and the using food as a coping skill, like I'm sad.

Sugar makes me happy. Therefore I will eat sugar. So we really, I try my best to kind of dig in with the kids and figure out like, well, where is this coming from? And that's, let's see if we can solve that and fix that and tweak that. And then you'll work with a nutritionist or someone like Meryl dietician in conjunction with it to make sure, okay, we're working on the inside.

What's going on here. You're working on what you're putting in your body too, which is also a part of self care, right? Like **how you take care of your body, it's what you put in your body**. Absolutely. So when I see it more with the older kids, boys versus girls, also a lot of these boys it's funny.

They believe they have to look like these like bodybuilders, like the Rock or whoever else. So I have 13, 14, it was like, well, I need to have a six pack or I want to start working out more. So girls notice me, that's still a thing. Yeah. And then on the flip side with the girls are like, well, I want to look like this.

You know, whoever is on Tik TOK or if it's the Kardashians or Jenners or whoever else. That's been around, probably, I mean, I remember, even when I was a kid, that was a

thing like, oh, this is what we're supposed to look like. I think what makes it worse is for the kids that are already predisposed for it, they have those kinds of sensitive areas that you're more at risk for an eating disorder, eating problem, because all of these things are already going on.

MERYL: Yeah. What

do you mean? Like, like you mean other things in their lives are going on,

DAVE: right? So we already have a kid maybe that, okay. They are very picky eater and mom and dad have fit into that. They can't delay gratification. They use food to calm themselves or make themselves happy. Now over time as they get older, that can turn into a serious problem,

but it starts young. You know, it starts when they're four or 5, 6, 7. Yeah.

MERYL: Yeah. I mean, yes it does. And you know, I, I don't think that we, whether we're parents that we really recognize, I mean, I see this with a lot of the kids, the language that the parents use, I've got a bunch of, again, both girls and boys who, maybe more of the girls in this particular scenario who come in and they're, and I think, look, I think some of it's cultural, I think some of it is this story has perpetuated for, for millennia probably. Right.

The story of what women are supposed to look like, what men are supposed to look like. Of course, that shape, that shape has shifted throughout the years. Right. Because when, when I was younger, it was, you wanted to look like a twig. Now you gotta have a big butt.

Right. But but there's still this confirmation of what you should look like. And I think it's so much harder for girls because it I think, again, that's just my perspective. I'm a woman, I dealt with a disordered eating behavior. So I think it's,

DAVE: I see it here as well. And, and it's unfortunate because it's, it's been going on for so long and you kind of, you try to use statistics, right?

Like I always say, I try to use data statistics and say like, **there are people that are attracted to every type of body type.** Right. So what you might think is attractive. Isn't the same as everyone else or what you might think is acceptable or this side or whatever and it's culturally, you go to another country or years ago people overweight was a status of wealth.

MERYL: Right, right. But, so yeah, no, I was going to say that has yeah, no, no. That's okay. I was going to say that has more, but, but when I was going back to is the story of the, the cultural story, no matter what culture you're from, right. The parents perpetuate that. So I'll have a kid who comes in and I get a phone and I'm like, so you know, what's going on?

And they're like, well, my dad keeps telling me I'm fat. And the only conversation in my house, how I need to control my eating. And you know, that it revolves that, that all of the conversation, the mom it was like, oh, it's always about the food it's always about. I need to lose weight. So it's also the parents perpetuating this behavior, like how they see that, you know in terms of like blatantly, **they're talking about that in front of the children.**

And that's just really that just that breaks my heart.

DAVE: You know, it's harmful. It is harmful, but how do they not

harmful? You know, that's what I don't get

DAVE: I do this with the families when I work with them all together and that communication piece where I know what the families are trying to say and **their parents are trying to say, we're worried, we don't want you to be made fun of or worried about your self esteem.**

We're worried that you'll feel bad about yourself and have depression. But they don't, it's hard for them to step back and be like, yeah, but you're adding to that. You know, if you do, **if we communicate what your worries are in a different way or a different way than you're doing right now, that would work better.**

Yeah. So even telling a kid I don't care what you look like. I just want you to be healthy. You know, be healthy. Be active, eat. Well your body's a machine put good fuel in it. Yes. Even taking that route is usually a little bit better. I would think so than just harping on it and making it a thing over and over and over of course.

And it's funny, the kids tell me this, like right when my mom or dad, me something, even though I was going to do it, I don't want to do it anymore.

They tell me straight up, they're like, I don't know why. And I'm like, because you're a teenager. You know, it's it's normal. I was the same way your, your grandparents were the same way. So we try again, like as a team to kind of figure out like what works and what doesn't, and the kids will say, and then maybe they say this too.

Like, I want to do this on my own. I don't want mom and dad to even talk to me about food.

MERYL: Yes. And one of the things that we do in our office is I always, I bring the parent in and I say, look, if you are trusting us enough to take care of your child, then I need you to agree to not triangulate here. If we are taking care of your, your precious little one here, then we need to be the ones who are having the food conversation, not you.

And you know, **for some parents, that's a relief for some parents. It's very hard for them to take that step back.**

DAVE: I mean, that's why guy joke with the kids I work with. There's a reason I like to work with kids and teens that I expect more from the adults. And I tell them like, I'm going to expect a lot from you. Well, why should I do this? And he's calling me this name, he's 12, you're 44. I expect you to be able to regulate your emotions better than your 12 year old.

Right.

So that's far, and I tell them full disclosure, like my bias is to do what's best for the kid. So sometimes I might come off a little rough, a little little too blunt, but I will do my best. It's all. What I believe is what's best for your kid, that we all have the same goal. What's best for your kid.

Right. So let's, let's do that together.

MERYL: Yes, absolutely. So question, and this'll be the last one, cause I know we are, we could just go on and on. Or the last or the last concept, are you, do you have any, or I don't know if you're doing any work. You know, we do a lot of, I do a lot of work in the area of **nutritional genomics and genetics, and it's fascinating to see kind of the mental health picture.**

Cause we can see some of the genetic predispositions in, in the genomics, which is just completely fascinating. Have you gotten into any of that at all? Do you dabble in that at all or not really? Not, not, not,

DAVE: not yet, but I, I love reading anything at any time. There's any new research. I find it so fascinating because you know, **the brain is this limitless thing we can research and we were going to find out new things every year for the next thousand years.**

Right. That's just the way it's going to be. So the more data and my field, my training it's everything's based on data, it's all data-driven data, data. Well, we hope in the future, there's more where even in the field of psychiatry, they're able to say through some of this testing, oh, based on your genetic structure and genotype, whatever you need exactly five milligrams of this at this time for this long, and this will work great or based on your predisposition, based on the pattern of what we found or your DNA, whatever, these are the things that you need to eat and how we need to sleep and everything.

And this will promote health. Right.

MERYL: Yeah. Well, we're there, we're there. That's what we're doing. Right. **We are looking at people's DNA and saying, okay, well, this is the, these are the foods that are going to talk to your genetics** that are gonna help your we can look at things like dopamine.

We can look at things like, how does your body handle adrenaline and all of that kind of stuff. And how does it break down? And you know, that whole piece of even the vitamins and minerals that affect your brain. So we're there and we can do it. And I think it's just the tip of the iceberg in terms of what we're going to be able to do to help these kids to really figure out who's at the biggest risk and how do we support them and, and, and paying attention to the fact that **food is nourishment for the brain too**.

And for all of these neuro-transmitters, and that if you have someone who is. Hyperactive, maybe it's not just because that's how they were born, but maybe there's a little bit of a misstep in their DNA and we can actually help them with that. You know? So it's fascinating stuff.

DAVE: And I hope in the long run, insurance starts covering a lot of this, right?

Because I know one of the barriers is for a lot of people that's payment it's, well, I don't have enough money for this type of assessment and treatment and therapy and blah, blah, blah. We'll see changes. It's just slow.

MERYL: I don't even know here's the thing I always say. We don't live in a healthcare system. We live in a disease management system and until our government really is willing to have a complete paradigm shift. To that end, this won't change because you know, we were talking about it before these health insurance companies are in the business of making money. They're not in the business of helping people,

DAVE: correct or preventing.

Right. And that's the language. I, no wait until you get cancer and then they'll pay for treatment. They're not going to pay for the nutritionist, the dietician, the trainer beforehand to prevent cancer

MERYL: and shame on them.

DAVE: They will save probably 75% of their costs. And that's I joke with the parents when they they're like, what do I tell the kids you do?

And what do I tell people you do? Like by nature, I'm a preventionist. Just, I want to prevent things from getting really bad. I want to prevent cancer. That's what I want to prevent it. Yeah, I don't want to wait until, oh, now he's 25. He's an addict he's been in out of rehabs and he's dropped out of college.

Now we're intervening. Now we have to solve problems because we had a bunch, let's prevent them before they begin by doing all these different things and **putting all of our efforts and all the things we talked about, eating dinner together, having strong boundaries, having well-rounded kids, building independence, all of these things will lead to preventing this go really wrong.**

Oh yes, you are speaking my language. I always say it's easier to prevent an illness from happening then treating it once it's happened. And here's the thing. We know these lifestyle things and these mental and mental issues are preventable.

we just need to work harder and Yeah. You know, so I don't, I don't know that that, unless we need a big paradigm shift.

We need enough people to be loud enough to, to create the change.

DAVE: I'm hoping generationally you'll see every 30 years. Cause that's about a generation, more of those people being in those leadership positions that really push that because they they were taught it and they realized it and they saw it.

It just if you think of our culture compared to others, like we're pretty young, there's only a couple of hundred years we've been doing this. So hopefully over time it will get better. It's just before it does. That's why I think it's so important to have all of these things in place to take care of these things now, because like you said, you're not going to get help from society because we're not built that way.

So it's on the families, the parents, the stakeholders. To really make sure they're working. We're all working together to promote health. Yes. And I

MERYL: think we have to come back together as communities. I feel like if you go look at the best cultures, the healthiest cultures, they do, things is in a community.

And like you said, socialization, right. We need to rally together. They, right. What is that old expression? It takes a village like we need, yeah. We need to go back to that. And I, and, and the, the hard part is, is I think we are moving farther away from it. That's just the reality than going back to it. But I do, like I said we do need to have a collective-ness to how we take care of our families and each other.

And so, yeah, I mean, this has been a great conversation.

Thank you.

I really it's been you know, we could talk for hours, but we'll, we'll have you on again to continue more of this thought provoking work. But in the meantime, in the meantime, keep doing what you're doing because you are a rock star.

Any last comments, anything you want to add?

DAVE: No, I think we covered a lot and then some, I know I could get very deep into stuff because you know, you do this for so long and you see it and you really, you build a passion for it and you just want to be able to help as many kids as you can. And it's impossible.

So just for people to keep reaching out and just ask for help whenever and whatever you need, not just for when things are really, really bad.

Yes. I love that. Thank you for that. And with those parting words, we will say goodbye for today, but it won't be the last time and you know, keep doing what you're doing so passionately.

I love it. Thank you, Dave. All right, everyone. That was wow. What an episode. So this is your Rebel Nutritionist signing off, make it a great day.