

How to help kids with nervous habits

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By Gigi Berman Aharoni, Special to Newsday

Have you noticed that your child has picked up a nervous habit? Nail biting, hair twirling, blinking, nose picking, finger tapping, pencil chewing, excessive laughing or tickling his ears? Even excessive Chapstick use and asking for constant reassurance can be considered a nervous habit, says Harold Pass, associate professor of clinical psychiatry and director of psychotherapy training in the Department of Psychiatry and Behavioral Science at [Stony Brook University](#) School of Medicine.

WHY NERVOUS HABITS

While these habits can drive parents up a wall, they are not usually cause for concern, explains Pass. "Nervous habits are ways that young children unconsciously develop to decrease anxiety and to calm and soothe themselves," he says.

Nervous habits often are a child's way of dealing with transitions and stress: the beginning of a school day, homework, vacation, a new baby, divorce -- any kind of change of routine, notes Dr. Clifford Nerwen in the Department of General Pediatrics at Cohen Children's Medical Center, North Shore-LIJ Health System. "It's an attempt to put some order into stress and chaos," he says.

WHAT HELPS

Routines

Children respond well to household routines, says Pass. "I highly suggest that from the time a child comes home from school until they go to sleep, that parents provide structure and make it clear when is bath time, reading time, dinner time, talking time and quiet time before bed," he says.

TLC

It especially helps when parents are comforting, soothing and empathetic. Pass suggests trying to truly understand the source of your child's anxieties and worries -- regardless of

the habit he may exhibit. Is it about stress at school? Friends? A recent death or divorce in the family? Something he heard on the news? "Take the time to talk to your kids, and most important: listen," advises Pass. "Try to make physical contact while you talk, too."

Observe triggers

Note what triggers your child's nervous habits and try to deflect attention or energy away from it, suggests Dr. Victor Fornari, director of child and adolescent psychiatry at the Zucker Hillside Hospital of the [North Shore-Long Island Jewish Health System](#). If you know the habit increases when your child is tired or hungry, suggest taking a shower, going to sleep, or having a healthy snack or an early dinner.

WHAT DOESN'T HELP

"Many parents think that their child is being willful and annoying when they display these nervous habits, but he's probably doing it without thinking," says Pass. "And, becoming angry and punitive can only increase a child's anxiety and the frequency of the habit," he says.

Older Kids

If nervous habits persist into middle school and high school, adolescents may feel greater discomfort because they are more self-conscious and aware of what others may think of them, says Merry McVey-Noble, a staff psychologist at student counseling services at Hofstra University.

While chronic texting, checking text and phone messages and updating [Facebook](#) accounts are the new cultural norms for teens, they, too, can become habitual behaviors that interfere with functioning, says McVey-Noble. Like any chronic behavior, social media habits can cross the line and may require outside help, she says.

WHAT THERAPY HELPS

Cognitive and behavioral therapy is the most effective, says McVey-Noble. The individual learns to note what triggered the habit, as well as when, where and why it occurred.

Learning relaxation techniques also can be helpful. "Awareness is a key component," she says.

WHEN TO GET HELP

Talk to your pediatrician if your child is pulling out large clumps of hair (trichotillomania), or if nail biting has created infections, or if other kids are making fun of your child over the habit and he now feels bad about himself, embarrassed or out of control, says Fornari. Sometimes habits need to be evaluated by a professional because it can be tricky to distinguish between a nervous habit and one that falls under a neurological disorder called Tourette syndrome or obsessive compulsive disorder that may require therapy and medication, Fornari advises.

CUTTING IS ALARMING

"Cutting" behavior -- taking a sharp instrument and making cuts in any part of the body such as the arms, legs, and thighs -- should never be considered an acceptable nervous habit, warns Harold Pass, associate professor of clinical psychiatry and director of psychotherapy training in the Department of Psychiatry and Behavioral Science at [Stony Brook University](#) School of Medicine.

"While it doesn't usually lead to suicidal behavior, it can be associated with it, which is alarming to parents, doctors, and teachers, and will require a psychological intervention or possibly medication," he says. "Tragically, the Internet has exacerbated the appeal of this habit for many young people (primarily young women) because there are chat rooms to discuss the techniques and pleasures of 'cutting.' "

Children, like adults, won't be able to break their bad habits overnight -- but with a little patience and a lot of positive reinforcement, you can help.

WHERE TO FIND HELP

Association for Behavior and Cognitive Therapies is committed to the advancement of techniques that are based on scientific evidence to understand and treat psychological symptoms. Call 212-647-1890 or go to [abct.org](#) for resource and referral information. Trichotillomania Learning Center's mission is to end the suffering caused by hair pulling disorder, skin picking disorder and related body-focused repetitive behaviors. Call 831-457-1004 or go to [trich.org](#) for resource and referral information.