Anxiety Disorders in Children and Adolescents:

Recognizing and Treating the Emerging Epidemic

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Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professions standards.

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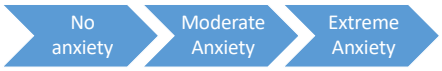
- "Anxiety disorders are some of the most prevalent and disabling psychiatric conditions. Unfortunately, it is not easy to determine whether single or combined treatment is the best method to recommend to the patient with anxiety" (Sudak, 2011, pg. 103).
- It is an epidemic because it is the most frequently diagnosed emotional disorder in children and adults. This is a global issue.

Anxiety Continuum



- "Anxiety is good. It is a protective, genetically preprogrammed emotion that facilitates survival. Patients with anxiety almost never consider this fact, and see the symptoms they have as entirely pathological or dangerous. A central tenet of CBT treatment is that anxiety is normal and protective. Successful treatment of anxiety disorders occurs by employing patient education, coping strategies, exposure, and cognitive remediation" (Sudak, 2011, pg. 104).

- Anxiety can be very helpful to a certain degree:
  - Moving when in a harmful situation – survival
  - Athletes and competition
  - Exams and school performance
  - Greater alertness
  - Motivation
  - Coping Resilience

Why?

- Terrorism
- Media
- Social Media
  - Facebook, "liking", comparisons, immediate gratification
  - Social Skills and non-verbal communication

- Exposure to more serious issues - immigration
- Illnesses
- Plus than add biology, personality and stress

3 Ingredients to anxiety being a problem

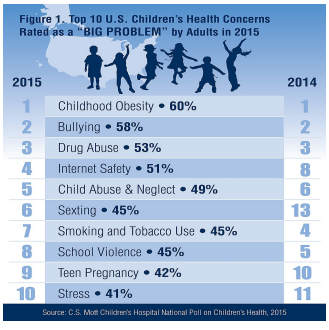
- 1. Biology
- 2. Personality
- 3. Stress

Personality Traits

- Responsible
- Perfectionistic
- Difficulty Relaxing
- Worry
- Likes to Please others
- Avoids Conflict
- Prefers Structure
- Low Assertiveness

Anxiety Personality

Assets	Liabilities
Cooperative	Higher Stress/Anxiety
Motivated Student	Personalizes
Thoughtful/Reflective	Easily Exploited



Cognitive Theory of Anxiety

Behavioral - Environment

- Environment is key:
  - Health issues
  - Major life changes
    - Break up/divorce
  - Death of family member of close friend
  - Seen/been involved in a crime/accident
  - Health or drug issue of a family member

Environmental Factors

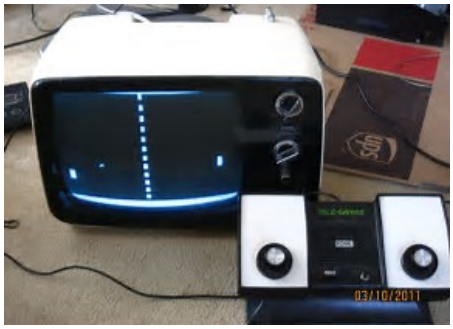
- Had the individual been exposed to a traumatic event?
  - Direct experience
  - Threat or perceived threat to life or body
  - Witness an event that involves this aspects with another person
  - Re-experience a traumatic event
  - Has there been a catastrophe or disaster?

Behavioral – learned anxiety

- Fear and worry can be learned (children):
  - Are the parents anxious?
  - What goes on in the home?
  - What is the child being exposed to?
  - How do parents interact with one another?
    - Arguing?

Behavioral Factors and Children

- Violence on tv and video games
  - http://www.screenagersmovie.com/

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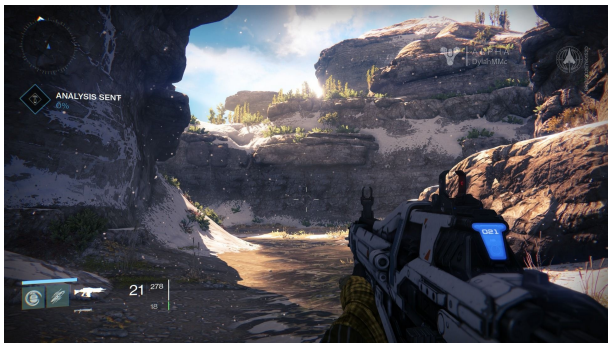
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www.cheatcc.com

- Bullying in/out of school
  - https://www.bullies2buddies.com/
  - 13 Reasons Why – Netflix
  - What is online? Youtube; Blue Whale Challenge
  - "This Web Site provides peer-support only. I understand that I will not receive psychological, medical, or legal advice through my use of this website. I agree that I will not use this Web Site as a substitute for professional services."

"The **Blue Whale Game** (Russian: Синий кит, translit. *Siniy kit*), also known as "Blue Whale Challenge", is a 21st-century social network phenomenon that is claimed to exist in several countries, beginning in 2016. The game reportedly consists of a series of tasks assigned to players by administrators over a 50-day period, with the final challenge requiring the player to commit suicide.[1][2]
"Blue Whale" came to prominence in May 2016 through an article in Russian newspaper, *Novaya Gazeta*, that linked many unrelated child suicides to membership of group "F57" on the VKontakte social network. A wave of moral panic swept Russia.[3] However the piece was later criticised for attempting to make a causal link where none existed, and none of the suicides was found to be as a result of the group activities"

Think of all possible areas and sources!!!

Behavioral – Learning Theories

- "Because the neural circuitry for fear learning is located in the amygdala, and because it is likely that exposure changes neural pathways in the hippocampus, fear learning is not "undone" by exposure. Patients learn something new about the fear. Therefore, this new learning must occur frequently and in many different contexts. Exposure must be repeated to consolidate learning and make the working memory that the feared stimulus is "safe" automatic" (Sudak, 2011, pg. 106).

Cognitive Behavioral

- It is easy for a client to generalize their anxiety once they start to become anxious over any one thing.
  - "Patients can become chronically anxious or worried about future occurrences of anxiety. Frequently, they struggle with symptoms that are generated just by thinking of anxiety-provoking stimuli. Patients can become fearful about situations that "seem" connected to the anxiety" (Sudak, 2011, pg. 106).
  - Panic is about fear of more panic.

Physiology

- There is much evidence to show that anxiety disorders and phobias run in families (Muris, 2008).
- Twin studies also have provided much evidence that there is a strong genetic component to anxiety (Stevenson, Batten & Cherner, 1992; Rose & Ditto, 1983).

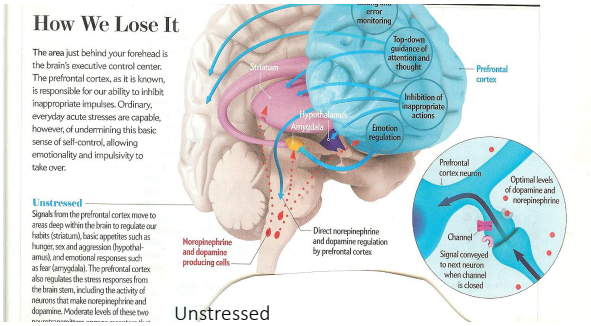
Physiology of Anxiety

- "Substance use (alcohol, nicotine, and stimulants), caffeine use, sleep habits, and exercise all have effects on the patient's vulnerability to anxiety" (Sudak, 2011, Pg. 108).
- "Because physical illnesses can mimic panic, it is important that every patient with panic disorder has one thorough health assessment to make certain that no treatable medical condition (hyperthyroidism, for example) is causing the problem before therapy ensues" (Sudak, 2011, pg. 112).

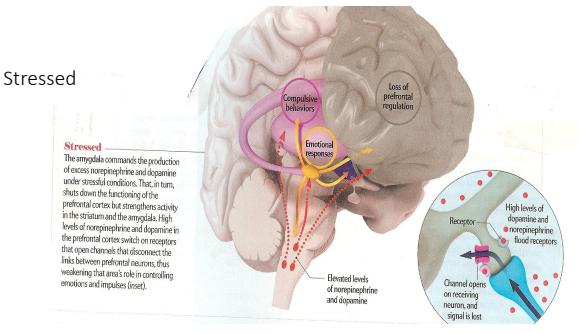
- Anxiety is intimately tied to the physiology of the body.
- Perceived danger triggers the flight or fight response.
  - Heart beats faster – need to get blood to the parts of the body required to act (rapid heart beat)
  - Breathe increases to circulate more oxygen (numbness, tingling, light headed)
  - We sweat more (palms, head etc..)
  - Pupils dilate (vision may blur)
  - Salivation decreases (dry mouth)
  - Muscles tense up to prepare for action (muscle aches, tension or trembling)
  - (Pincus, et al., 2008)

"This is Your Brain in Meltdown"

- "Neural circuits responsible for conscious self-control are highly vulnerable to even mild stress. When they shut down, primal impulses go unchecked and mental paralysis set in."
- Arnsten, A., Mazure, C. M., & Simha, R. (2012). This is Your Brain in Meltdown. *Scientific American, April, 2012, 48-53.*



Unstressed



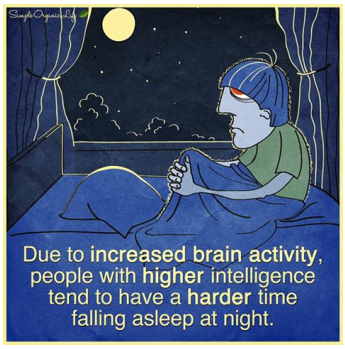
Stressed

Your Brain

- Unstressed:
  - The pre-frontal cortex regulates:
    - Hunger
    - Sex
    - Aggression
    - Emotional responses such as fear
    - Stress responses from the brain stem
    - Neurons including norepinephrine and dopamine
- Stressed:
  - Amygdala commands the increased production of norepinephrine and dopamine
    - Shuts down the pre-frontal cortex
      - This weakens the pre-frontal cortex's role in controlling emotions and impulses.

Development

- As we grow up our ability to worry and be anxious increases as our brain develops cognitively.
- As we are able to think more abstractly and in a more detailed fashion than we are able to worry more and even panic. That is why panic is unusual in children (Muris, 2008).



Psychosocial

- Although there is much research to indicate that anxiety runs in families, there are two components to this:
  - There is evidence that there is a genetic component but also that often fears are learned.
    - We learn fear from:
      - Direct experience (being bitten by a dog)
      - Observations (see parent anxious when driving)
      - Hearing or reading about situations (seeing the media coverage of an airplane crash)

  (Anthony, M. M. & Swinson, R. P., 2000)

What are we focusing on?

- The "3-S" Approach:
  - 1. Symptoms
    - What are the symptoms that the person is experiencing and exhibiting?
  - 2. Sources
    - What are the sources (family, school, media, society?
  - 3. Solutions
    - Teach Life skills including time management, relaxation, get enough sleep and good sleep
    - Limit media, get the child physically active
    - Structure the environment

Symptoms

MOOD

Negative Attitude
Irritability
Depression
Anxiety

BEHAVIOR

Aggression
Withdrawal/avoidance

SOMATIC

Sleep Disturbance
Headaches
Restlessness
Grinding teeth
Increased Heart rate
Cold/sweaty hands
Breathing difficulties
Muscle Tension
Fatigue/low energy

Sources of Anxiety

- Family
- School
- Society
- Friends
- Activities
- Media
- World

SOURCES OF STRESS IN CHILDREN

Stress or change	Value	Score
Parent dies	100	
Parents divorce	73	
Parents separate	65	
Separation from parent (placement in foster home, termination of parental rights by authorities, child raised by relatives)	65	
Parent travels for work	63	
Close family member dies	63	
Personal injury, abuse, or illness	63	
Parent fired	50	
Parent loses job	47	
Separated parents reconcile	45	
Mother starts job outside of home	45	
Change in health of a family member	44	
Mother becomes pregnant	40	
School difficulties	39	
Birth of a sibling	39	
School readjustment (new teacher or class)	39	
Change in family's financial condition	38	
Injury or illness of a close friend	37	
Starts or changes extracurricular activity (e.g., music lessons, sport)	36	
Change in number of fights with sibling(s)	35	
Exposed to violence at school	31	
Theft of personal possessions	30	
Change in parent's work hours	29	
Older sibling leaves home	29	
Trouble with grandparents	29	
Outstanding personal achievement	28	
Move to another city	26	
Move to another part of town	24	
New pet or loss of pet	23	
Change in personal habits	24	
Trouble with teacher	24	
Change in time with baby-sitter or at day care	24	
Move to new house	20	
Change to new school	20	
Change in play habits	19	
Vacation with family	19	
Change in friends	19	
Change in church group	19	
Change in sleeping habits	16	
Change in number of family get-togethers	15	
Change in eating habits	15	
Change in amount of television viewing	13	
Birthday party	12	
Punishment for "not telling the truth"	11	
CHAD's total score		

Scoring: Add up all the points for stresses or changes that have occurred during the past year. A score below 150 represents an average stress level. A score between 150 and 300 indicates an above-average stress level. A score above 300 indicates a strong likelihood of health or behavior problems, if no help is provided.

Anxiety Disorders

- Generalized Anxiety Disorder
- Phobias
- Social Anxiety (Social Phobia)
- Separation Anxiety
- Selective Mutism
- Panic Disorder/Panic Attacks
  - Agoraphobia

Obsessive-Compulsive and Related Disorders

- Now a distinct classification in the DSM-5
- Obsessive-Compulsive Disorder
- Body Dysmorphic Disorder
- Hoarding
- Trichotillomania (Hair-pulling)
- Excoriation (Skin-picking)

PANDAS

- Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections.
  - Controversial diagnosis
  - Abrupt, episodic OCD and/or tic disorder
  - Average age of onset is 6.3 years
  - 2.6 times more likely in boys than in girls
  - Associated with a history of the strep infection
  - Frequently associated with ADHD like symptoms
  - Treatment is medical including extended use of anti-biotics or blood transfusions

Trauma and Stressor Related Disorders

- Now a distinct classification in the DSM-5
- Included in this category are:
  - Reactive Attachment Disorders
  - Post Traumatic Stress Disorder
  - Acute Stress Disorder
  - Adjustment Disorder

Generalized Anxiety Disorder

- Excessive anxiety and worry
- Occurs more days then not and for at least 6 months.
- Occurs with school or work etc..
- The client struggles to control the anxiety.
- Experience in children on of the following (3 in adults)
  - Restlessness, fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbance
- The anxiety is not due to another issue such as have a panic attack
- Causes interference with work, relationships etc..

Panic Attacks and Disorder

- Individuals with Panic experience a complete lack of control and feel that the panic is unpredictable. They begin to become anxious over future attacks occurring.
- People with panic often begin to become overly sensitive to physiological sensations, interpreting them as cues that they are going to have a panic attacks. This in and of itself causes an increase in anxiety and can lead to a panic attack.

Symptoms of Panic Attacks

Palpitations, Pounding heart, or accelerated heart rate	Trembling or shaking
Sensations of shortness of breath or smothering	Fear of Losing control
Feeling dizzy, unsteady, light headed or faint	Fear of Dying
Chills or hot flashes	Numbness or tingling
Sweating	
Feeling of choking	
Chest pains	
Nausea	

Panic Disorder

- There is much evidence indicating that, if left untreated, the symptoms of Panic Disorder, when arising in adolescents, may become chronic and persist throughout adulthood (Keller et al., 1994; Biederman et al., 1997; Wittchen, Reed, and Kessler, 1998; Yonkers et al., 1998).
- In order to be diagnosed with Panic Disorder, the person needs to experience reoccurring panic attacks
- The attacks are followed by at least one month of chronic worry that another will occur
- You must make sure that the attacks are not being cause by drug usage or a medical condition

Agoraphobia

- Now a separate diagnosis in the DSM-5 but must be diagnosed with Panic Disorder
- Marked Fear or anxiety about two or more
  - Public transportation
  - Open spaces
  - Enclosed places
  - Standing in line or crowds
  - Being outside of the home
- Fears and avoids situations
- Rare in children but occurs in adolescents - greatest risk in late adolescents and early adulthood.

Phobias (Specific)

- The focus is a specific object or situation.
- The person experienced extreme fear that continues and is excessive or irrational in response to the object or situation.
- If the person encounters the object or situation, they experience anxiety. In children this may be exhibited with tantrums, crying, freezing or clinging.
- The object or situation is avoided.
- The fear and avoidance interferes with the client's normal routine, relationships, or social activities
- The fear causes marked distress and is out of proportion

Social Anxiety/Phobia

- This is a significant fear of a social situation or situation in which a person would have to perform.
- The person fears humiliation.
- With children the fear must occur with peers as well as adults.
- Exposure to the situation causes a heightened level of anxiety.
- In children this may be exhibited with tantrums, crying, freezing or clinging.
- The situation is avoided or endured with intense anxiety.
- The fear and avoidance interferes with the client's normal routine, relationships, or social activities
- The fear causes marked distress
- Lasts more than 6 months

Separation Anxiety

- A Disorder of Infancy, Childhood or Adolescence
  - Excessive anxiety and worry about being separated from home or attachment figures as seen by three of the following:
  - Recurrent excessive distress in anticipation of separation
  - Persistent and excessive worry about losing attachment figure
  - Persistent and excessive worry about untoward event causing separation
  - Reluctance or refusal to go out, away from home, to school, to work
  - Persistent and excessive fear of or reluctance to be alone
  - Reluctance or refusal to sleep away
  - Nightmares of involving theme of separation
  - Complaints of physical symptoms
  - At least 4 weeks in children, 6 months in adults

Selective Mutism

- New to the DSM-5 under Anxiety Disorders
- Consistent failure to speak in which there is the expectation
- Interferes with school or work
- Lasts at least 1 month
- Not attributed to a lack of knowledge
- Not a communication disorders or due to another disorder such as autism or schizophrenia
- Commonly occurs along with Social Anxiety Disorder or others

Anxiety Disorders due to Medical Conditions

- Anxiety or panic attacks predominant
- Evidence (history, physical exam, lad work etc..) that there is a physiological cause
  - Such a endocrine conditions (hyper and hypothyroidism, hypoglycemia, etc..), cardiovascular (congestive heart failure, etc..), respiratory conditions (pneumonia, COPD, etc..), metabolic conditions (vitamin B12 deficiency, etc..) and neurological conditions (neoplasms, etc..)
- The symptoms are not better explained by another mental disorder such as Adjustment Disorder with Anxiety in which the stressor is a medical condition.
- The symptoms are not occurring during an episode of delirium.
- The issue causes distress and/or impairment in work, relationships etc..

Substance/Medication Induced Anxiety Disorder

- Anxiety or Panic Attacks are dominant.
- There is evidence (history, labs, physical exam etc..) of one of the following:
  - Symptoms developed during or within 1 month of Substance Intoxication (alcohol, amphetamine, caffeine, cannabis, cocaine, hallucinogens, inhalants, etc..) or Withdrawal (alcohol, cocaine, sedatives, hypnotics, anxiolytics, etc..)
  - Medication use is etiologically (evidence) related to the disturbance.
- The symptoms are not better attributed to another anxiety disorder.
- Symptoms do not occur during an episode of delirium.
- Causes impairment in work, relationships etc..
- The anxiety is more excessive then you would expect.
- Specify the substance.

Obsessive-Compulsive Disorder

- No longer under Anxiety – differentiate by real or imagined
- A person can have obsessions (thoughts) or compulsions (behaviors).
- Thoughts are not just excessive worry. They can not be ignored even though the client attempts to do so.
- The thoughts are the product of the client's own mind and they can recognize that.
- Compulsions involve repetitive behaviors or mental acts (praying, counting etc..). The person feels that they must do these acts because of obsessive thoughts that they are experiencing.
- The purpose of the behaviors is to reduce or eliminate distress, something bad from happening
- The behaviors do not have a realistic connection to the feared outcome

OCD (cont.)

- The client is able to recognize that the thoughts and/or behaviors are irrational, excessive or unrealistic is no longer required
- The thoughts and/or behaviors cause a great deal of distress and usually take up a great deal of time. They may also cause significant interference in the client's normal daily routine, work or other activities.
- Be careful to differential diagnosis such as an obsession with food actually be indicative of an Eating Disorder.

Forms of OCD

- There are common groups of OCD: anxiety over harm coming to the client or the client causing harm to someone else.
- According to Penzel (2000), he has created 8 subcategories:
  - Morbid Obsessions About Sex (aggressions or taboo)
  - Contamination (germs and hand washing)
  - Religious (God disliking, breaking rules)
  - Harm, Danger, Loss or Embarrassment
  - Superstitious of Magical (numbers, words)
  - Body Focused (body functions, eating disorders
  - Perfectionistic (to prevent consequences, know everything, do something perfectly)
  - Neutral (unimportant things, objects – no consequences. Anxious because cannot control or make stop)

Compulsions – relieve the anxiety

- Decontamination
  - Diseases, germs
  - Hand washing
- Hoarding
  - Loss or need
- Checking
  - Repeated – fear consequences
  - Physical and/or mental
- Magical/Undoing
  - Not logical and no connection
- Perfectionistic
  - Control doubt
  - Decision making is hard
- Counting
  - Urge, control, connected to magical sometimes
- Touching/Movement
  - Magical – touch certain things/move certain way
- Self-Mutilate
  - Cutting, scratching
  - Relief, control
- Body-Focused
  - Control over body
- Grooming
  - Self-soothing, control
- Mental – obsessive thoughts
  - Avoid harm, undue harm
  - Distraction
- Protective
  - Avoid harm – keep asking others if ok.

Trichotillomania and Excoriation

- No longer under Anxiety Disorders – more common though in children and teens than realized. More common in females
- Recurrent causing hair loss/lesions
- Repeated attempts to stop
- Causes marked distress
- Not attributable to another medical condition/drug use

Post-Traumatic Stress Disorder

- Now a distinct classification in the DSM-5
- In children over 6, teens and adults:
- Exposure to actual or threatened death, serious injury, sexual violence by either experiencing it, witnessing, learning that it occurred or repeated exposure such as a first responder.
- Experience intrusion symptoms:
  - Memories, dreams, flashbacks, psychological distress, marked reaction to cues
  - For Children, reenactment in play

PTSD

- Avoidance of stimuli associated with the event
- Alterations in cognition and mood as seen in two of the following:
  - such as unable to remember, negative beliefs, distorted thoughts (self blame), negative emotions (fear, anger guilt, shame), diminished interest, detachment, inability to experience positive emotions
- Alterations in arousal and reactivity as seen in two of the following:
  - Irritable or angry outbursts, reckless or self-destructive, hyper vigilant, exaggerated startle response, difficulty concentrating, trouble sleeping
- Lasts more than a month
- Causes marked distress

PTSD Children 6 or under

- Children may reenact in their play
- Difficult to ascertain the content of the dreams
- Avoidance of places or people that represent that event
- May see constriction of play
- Socially withdrawn

Acute Stress Disorder

- Very similar to PTSD except:
- Duration is 3 days to 1 month (in the DSM-IV it was 2 days)
- So you may diagnose Acute Stress and than once you reach the 1 month mark the diagnosis will be changed to PTSD.

Co-morbidity

- Patients with anxiety disorders are at risk for multiple types of anxiety. For example, patients with panic disorder have an increased risk of agoraphobia. Patients with anxiety disorders have a higher risk of depression, with a lifetime prevalence of 50 to 60% in patients who have panic disorder (Kessler et al., 1998). Patients with anxiety and co-morbid depression are at a higher risk for suicide attempts and completion (Weissman, Klerman, Markowitz, & Ovelette, 1989) than patients with either condition alone. Substance misuse and dependence are frequent, perhaps because patients use them to obtain relief from symptoms or because of a genetic predisposition for both conditions. Co-morbid conditions make treatment more complicated (Sudak, 2011).

With Children

- Anxiety disorders affect 13+% (range is 5-17%)of children. This is the most common mental health diagnosis with children.
- Fears and anxiety in children are normal but when children become too afraid such as overly cautious, overcorrecting, too worried etc.. than it is a problem.
- Girls are more frequently diagnosed than boys.
- According to Chansky (2004), there is a typical development of fears in children.

Confusion

- Often mistaken for:
  - ADHD
  - Depression
  - Learning disabilities

Are you and eagle or a chicken?

Infancy	Stranger Anxiety develops around 7-9 months and typically ends by age 1.
Early Childhood	Separation anxiety develops around age 1 and usually ends sometime over the next three years, before Kindergarten. Children will often fear new things and situations. Perceived dangers may be real or imagined.
Elementary School	Children begin to fear "real-world dangers" such as fire, storms, burglars etc.. Learn that these can be "remote rather than imminent dangers".
Middle School	Social comparisons and worries about social acceptance. May also worry about grade, sports, friends and social status.
High School	Focus remains on social life. Focus now is on finding the right group. There may be concerns about the world, moral issues and/or their future.

The following table from Dr. Foxman's book, The Worried Child (pages 22-23) shows some of the common and normal fears of childhood and adolescence, displayed according to age.

Age	Common Fears
0-6 months	Loss of support, loud noises
7-12 months	Strangers, sudden movements or large/looming objects
1 year	Separation, toilet, strangers
2 years	Separation, dark, animals, loud noises, large objects, changes in house
3-4 years	Separation, masks, dark, animals, noises at night
5 years	Separation, animals, "bad people," bodily harm
6 years	Separation, thunder and lightning, supernatural beings, dark, sleeping or staying alone, bodily injury
7-8 years	Supernatural beings, dark, fears based on television viewing, staying alone, bodily injury
9-12 years	Tests, school performance, physical appearance, thunder and lightning, bodily injury, death
14-15 years	Family and home issues, political concerns, preparation for future, personal appearance, social relations, school

Normal versus Disorder

1. Frequency
2. Intensity
3. Duration

CHILD ANXIETY SCREENING TESTS

Revised Children's Manifest Anxiety Scale-2. Los Angeles: Western Psychological Services, 2011. Tel: (800)-222-2670. This is a 49-item self-report tool (yes/no items) with age norms for children 6-19 that yields four scores for Total Anxiety: Physiological Anxiety, Worry/Oversensitivity, Social Anxiety, Defensiveness. Also measures for presence of academic stress, test anxiety, peer and family conflicts, and drug problems.

Multidimensional Anxiety Scale for Children (MASC)-2. San Antonio, TX: The Psychological Corporation (Harcourt Assessment), 2011. Tel: (800) 228-0752. This is a normed 50-item, Likert 4-point scale consisting of self-report and parent report that yields the following scores: Physical Symptoms, Social Anxiety, Harm Avoidance (Perfectionism Subscale, Anxious Coping Subscale), Obsessions and Compulsions, Separation/Panic, Anxiety Disorders, Total Anxiety, and Inconsistency Index. Estimated administration time is 15 minutes. Age range is 8-19.

Child Behavior Checklist (Teacher Report Form, Parent Report Form, Youth Self-Report Form). Burlington: University of Vermont, 1991. Tel: (802) 264-6432, Fax: (802) 264-6433, email: mail@ASEBA.org web site: www.ASEBA.org This is a behavioral rating tool with age norms that yields scores on several dimensions including Anxiety, depression, and Attention Problems.

Social Phobia and Anxiety Inventory for Children (SPAI-C). Evaluates the somatic, cognitive and behavioral aspects of Social Phobia and Anxiety in children between 8-14. Detects social fears that may be related to poor school performance, oppositional behavior or truancy. Self-report form with 26 items and 3rd grade reading level.

Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCs). Used as a research and clinical assessment tool for ages 6-14, this several versions of this scale are widely available online. Use keyword "CY-BOCs." Adult version is Y-Brown OCD Scale (Y-BOCs).

Beck Anxiety Inventory for Youth. Bundled with *Beck Youth Inventories of Emotional and Social Development*. San Antonio, TX: The Psychological Corporation, 1990. Tel: (800) 228-0752. This is a self-report screening tool without age norms.

How do you know if a child is anxious?

- You may visibly see the stress
- Child may show it through anger
- May have few friends
- May take a lot of time to prepare for an event
- Difficulty sleeping
- May avoid places or risks
- Not go over friends' houses
- Consider a lot of "what ifs"
- Complains of physical ailments such as headaches or stomach aches
- Perfectionism

- There is considerable research indicating that parent involvement in treatment increases the rate of success including lasting gains, maintenance and effectiveness (Ollendick & King, 1998; Ginsburg, Silverman, & Kurtines, 1995; Dadds, Heard & Rapee, 1992).
- Parents play an important role = COACH
- Use analogies that the child can relate to and thinks are fun such as a sport or car ride.
- Keep it simple with young children
  - Chanksy (2004) has some great lessons:

Tips for Parents

- Important to tell children it is okay to be afraid
- Talk to your child – what are they worried about
- Help the child face fears/worries gradually
- Talk your child through the situation
- Do not avoid fears – also encourage facing the fears
- Set realistic goals so as to not overwhelm the child.
- Let them tell you the steps that they are ready to take – than they will feel some control
- (Chanksy, 2004)

Family Therapy

- What is going on in the family: divorce etc.?
- Are the parents anxious?
- Substance Abuse?
- Address and foster the bond between parent and child
- Work with the parent to be a coach to the child

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INITIAL INTERVIEW WITH YOUNG CHILDREN (6-12)

It is advisable to ask parents to prepare their child for an initial appointment. You might suggest they address their child with some variation of the statement, "Erica, I've noticed how worried and upset you've been lately and I've made an appointment for us with a (man) (woman) who works with children who feel just like you do. He/she is a counselor." Advise against terms such as "doctor," "psychiatrist," and "psychologist," as these labels can sometimes stimulate a fear reaction in a sensitive child.

Include the parent (or both parents if available) in the initial interview, especially with young children. It is not advisable to include siblings in the office as they may distract, tease, or otherwise inhibit the child's communication. Family therapy may be part of the treatment plan, to begin at a later point in time.

A semi-structured initial interview is the most widely used screening method for children with anxiety. This approach is flexible, natural, and comprehensive. Begin with an open-ended question, such as, "I'd like to know what is going on that led to your being here today." Then direct a question to the parent, such as, "Since you called to make this appointment, let's start with you. You must have some concerns that prompted you to call me."

Typically, the parent will talk about what is currently going on, and you can probe the response for details about the presenting problems. Note behaviors and symptoms, such as school refusal, separation anxiety, difficulty going to sleep without a parent in the room, unwillingness to perform in class, social avoidance, poor eye contact, and other difficulties. Follow-up with direct questions as needed to obtain a full symptom picture. Some areas to explore include:

- Is Erica having any trouble at school?
- If so, when and in what way?
- Is there a particularly difficult time of day, such as mornings or nighttime?
- How does Erica get along with other children?
- Is she shy or intimidated by other children?
- Does she have any close friends?
- Are there any other concerns we have not discussed?

During this stage of the interview, turn to the child every few minutes and ask for input into the parent's comments. Seek information that reveals her feelings, cognitions, and physiology. Try asking questions, such as:

- Do you agree with what your Mom just said?
- How do you feel inside when…?
- What do you think your Mom is most worried about?
- What are your thoughts when you…?

For "I don't know" responses, begin to show empathy by asking,

- "Do you feel nervous, like an upset stomach or like something bad is going to happen?
- "Do you sometimes think, 'What if certain bad things happen…like 'What if I get kidnapped?' or 'What if something happens to my parents?' or 'What if other kids make fun of me?'"

Your goal for the initial interview is to determine the following:

- The child's normal affect
- The child's affect in response to specific cues or stresses
- The specifics of the child's anxiety responses
- The child's thinking process
- The nature of any physical symptoms

After obtaining a thorough symptom picture, a developmental history is the next step. Some clinicians provide a developmental history form to the parents before the initial interview and review it at this point in the meeting. If you are taking the history in the session, it might be helpful to go through each stage (pregnancy, birth, infancy, toddler, preschool) and ask for examples of behaviors or developmental milestones. Developmental questions include:

- As an infant, was Erica highly sensitive to lights, noise, or medicine?
- Was she a worrier or easily upset?
- Did she object to being left alone at night?
- As a toddler, did she follow you around from room to room?
- Have there been any unusual illnesses or medical issues?

Other items to include in an initial interview include recent stresses or changes in the family, a genogram, and the "Three Wishes" question.

Towards the end of the initial interview, leave time for a summary of the anxiety condition and your general recommendations for treatment (for example: education, relaxation practice, CBT, exposure). A dry-ease board or easel can be helpful in conveying your ideas about what is going on and what might be helpful. A positive and encouraging attitude is essential, as well as sensitivity to what concepts and analogies the child will understand.

Throughout the initial interview, a key goal is to develop rapport with the child and parent. Empathy is essential, and appropriate self-disclosure can be helpful. Humor and a fun attitude can also be helpful in reducing anxiety and establishing rapport. With children who are comfortable with it, spend a few minutes without the parent present to ask the "Three Wishes" question and preview therapy activities that will be involved in further appointments. You can test the child's comfort level with you by asking, "Do you think your Mom (or Dad or both parents) will be OK if she sits and reads by herself in the waiting room while we visit for a few minutes?"

Divorce or Separation

(This material is an excerpt from Paul Foxman, Ph.D. Worried Child: Recognizing Anxiety in Children and Helping Them Heal. Alameda, CA: Hunter House, 2004) **Contact: Paul Foxman, Ph.D. (802) 865-3450** www.drfoxman.com

PARENTING DURING SEPARATION

Marital separation and divorce is usually a highly emotional time for parents, and it may be difficult to think objectively or maintain perspective about the needs of children. During the acute phase of separation and divorce, there are a number of questions to ask parents that will help minimize anxiety in the children:

- To which parent do you think your child is closest?
- What are your strengths as a parent?
- What are your weaknesses as a parent?
- Do you think shared parenting would work for your situation, and why?
- How do you expect visitations to be handled if you are given primary physical responsibility?
- How would you expect visitations to be handled if you are not the primary custodial parent?
- On what items are you willing to negotiate?
- What other people will be in your child's environment if you have primary physical responsibility?
- How does your child like to be comforted?
- What are your child's fears?
- Who are your child's teachers, and what grades did your child receive on his la: school report?
- Who are your child's friends, and what do you know about their families?
- What kind of discipline works best with your child?

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During the acute crisis of a parental separation, parents can take steps to minimize their children's anxiety. The guiding principles for communicating with children are honesty, objectivity, and sensitivity. It is preferable if both parents can together tell the children what is happening.

Here are some recommendations for communicating with children during the early stages of separation and divorce:

- Prepare the children by carefully telling the children *before* a separation. A few days to two weeks is the minimum appropriate notice. Parents should do this together if possible. Showing your feelings, such as sadness, is okay, but rationality, maturity, clarity, honesty, and courage should guide the communication.
- Tell all the children at the same time, as they can help each other cope with the news. If there is a wide age range, tell them together, and then follow up with separate discussions at each child's level. One way to present this would be: "We married fully hoping and expecting to love each other forever, but we have discovered that one (or both) of us is unhappy. One (or both) of us does not love the other anymore. We fight with each other. We want to stop the fighting and restore peace."
- Keep your children informed of all major changes and developments.
- Reassure your children that you love them, and take steps to maintain the bond.
- Give your children permission to love both parents.
- Provide appropriate support systems. This may involve therapy with a mental-health professional or counseling in school, extracurricular activities, and social opportunities.

This material is from Paul Foxman, Ph.D., The Worried Child (2004). For more information contact Paul Foxman, Ph.D. (802) 865-3450 www.drfoxman.com

PARENTING AFTER DIVORCE

Four types of co-parenting styles after divorce have been identified in the most comprehensive longitudinal study ever conducted on the effects of divorce on children (Wallerstein, J. and Blakeslee, S. *What About the Kids? Raising Your Children Before, During, and After Divorce*. New York: Hyperion, 2003). These styles describe qualities of the co-parenting relationship after divorce, and it should be obvious which of them are most effective at reducing anxiety in the children. The four co-parenting styles are:

1. "Perfect pals": These are co-parents who share decision making and child rearing. They respect each other and are capable of doing family activities together. They may even maintain their friendship with each other. As a psychologist, I have had the good fortune of working with some families where this style was evident.
2. "Cooperative colleagues": While not friends with each other, these co-parents can work together for the sake of their children. They communicate amicably, share parenting responsibilities, and control their feelings and underlying conflicts.
3. "Angry associates": Adversarial battles and ongoing anger are characteristic of these co-parents after divorce. In this type of relationship, there are frequent conflicts around custody and visitations.
4. "Fiery foes": In this hostile relationship, the ex-spouses have no capacity for cooperation as parents. They are the parents whose battles return to court because they are unable to communicate with each other.

Naturally, parents who cannot get along while married are likely to have difficulty cooperating after divorce. While becoming "perfect pals" might be unrealistic in many cases, becoming "cooperative colleagues" is achievable. Cooperation after divorce is an important goal for reducing anxiety in children.

Here are some tips for becoming cooperative parents after divorce:

- First and foremost, stay focused on your children's needs for peace, stability, and minimal loss.
- Recognize that your child's well-being requires a cooperative partnership with your ex-spouse.
- Show the chapter, "How Families Create Anxiety in Children" (in The Worried Child by Paul Foxman, Ph.D.) to your ex-spouse, and express your willingness to do your part towards becoming "cooperative colleagues."
- Seek personal therapy, if necessary, to let go of any anger, bitterness, or hurt that stands in the way of cooperative co-parenting.

- Learn conflict-resolution skills, if necessary, to learn to communicate cooperatively with your ex-spouse.
- In your new relationships, seek support for your efforts to be cooperative with your ex-spouse.
- Do not use your child as a messenger or conduit for communicating with your ex-spouse.
- Communicate directly with each other by phone or e-mail and out of range of your child.
- Think ahead before you talk with your ex-spouse, and choose times when you are relaxed rather than stressed, hungry, or tired.
- If necessary, use a facilitator to keep communication cooperative and focused on the children's best interests.

- The legal system is adversarial and can reinforce a "win-lose" attitude. Try to resolve differences out of court, as arrangements are more likely to succeed if both parties are in agreement.
- If your ex-spouse cannot be won over to the idea of cooperation, stay on the high road of civility and self-control, and trust that your child will be better off for your efforts.

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Three questions for parents

- What are your hopes and goals for your child/children?
- What skills and experiences will they need?
- When should you start the process?

- Provide parents with resources, websites, books etc.

Cognitive

- If a client has been in therapy before, and it was not helpful, they may feel that nothing will work or help them. It is important to openly discuss this in order to get these fears and this anxiety out in the open.
- They may also fear therapy because it can be difficult, challenging and even overwhelming.
- It is so important to continue to educate them and validate these feelings.

Anticipatory Thoughts

- We often cross bridges
  - How likely are we to come to that bridge?
  - Are we being realistic in our expectations?
  - Are we exaggerating the possible outcomes?
  - PROBABILITY!!!
    - What are the chances of that really happening?
    - Which is more likely – that or the lottery?

Catastrophic Thinking

- The worst thing possible is going to happen!
  - Is that event really likely to happen?
  - If it were, what is the most likely outcome?
  - What are the chances of your predicted outcome occurring?
  - What would you do?
  - What are the chances of this actually occurring?
    - If I lose my train of thought during my presentation, I am going to fail!

Decatastrophizing

- 1. Either in session or at home, talk about the triggering situation.
- 2. Explore the anxious thoughts and predictions? What does the client believe is going to happen – worst case scenario?
- 3. What if my thoughts come true? What will happen? What will you do to handle it?
- 4. What are the chances of that really happen? Are you more likely to experience that or win the lottery?

Common Thoughts that Contribute to Anxiety:

Mind Reading:

Knowing what other people are thinking

Probability Overestimations:

- A prediction you believe it likely to come true
- Likelihood actually low
  - Everyone will think I am stupid
  - I will never find anyone again (relationship)

(Anthony & Swinson, 2000)

Common Thoughts (cont.)

- Personalization:
  - Taking responsibility for negative things occurring in a situation.
  - Not taking into consideration all of the other possible factors
    - Boss gets angry with you. You assume it is because he does not like you or thinks that you are incompetent. In reality, you neglect to consider he is having a bad day, he yells at other people too and often, his expectations are too high etc..

(Anthony & Swinson, 2000)

Common Thoughts (cont.)

- Should Statements:
  - Shoulds are incorrect, inaccurate and exaggerations.
  - Similar statements are ones that include always, never, should and must.
  - Could be a sign of rigidity, expectations being too high, perfectionist etc..
    - I should never feel nervous
    - I should never get less than an A
    - I should never make a mistake

(Anthony & Swinson, 2000)

Common Thoughts (cont.)

- All-or-Nothing
  - BLACK AND WHITE
    - Judge things, usually negatively
    - Things fall short
      - Usually a sign of perfectionism and unrealistic standards
        - If you strive for perfection, you are striving for the impossible.
        - How do we feel when we set an impossible goal for ourselves that we can not possibly reach?

(Anthony & Swinson, 2000)

Common Thoughts (cont.)

- Selective Attention and Memory:
  - Paying more attention to certain types of information then to others
    - We will focus on and remember that things that reinforce the beliefs that we have. These beliefs contribute to the anxiety.
      - Ignoring positive feedback and compliments
      - Focusing on the one low grade rather than all of the good grades received.

(Anthony & Swinson, 2000)

Common Thoughts (cont.)

- Negative Core Beliefs:
  - Deep and long standing assumptions
  - Contribute to our emotions, self-esteem etc..
  - Negative beliefs about the self
  - The more strongly believes than the harder they are to change
  - In order to get at a client's core beliefs, is by "continually asking about the meaning of each fearful belief you have until the core beliefs underlying your anxious interpretations are revealed" (Anthony and Swinson, pg. 110, 2000).

Core Beliefs – example:

- Client: I am terrified to ask my coworker Cindy out on a date.
- Therapist: What are you afraid might happen if you ask her out?
- Client: Mostly, I'm afraid she will say "no".
- Therapist: Why would that be a problem?
- Client: If she rejects me, it will probably mean that she doesn't find me attractive.
- Therapist: What would be so bad about that?
- Client: It will confirm my own belief that I am unattractive.
- Therapist: What if that is true?
- Client: Well, if I really am unattractive, that means nobody will ever think I am attractive or want to date me. It would mean that I am unlovable.
- Therapist: What would be bad about being unlovable?
- Clients: If I am unlovable, I am bound to be alone forever.

Core Beliefs – example (cont.)

- Therapist: Okay. You have mentioned a few basic core beliefs that may be contributing to your anxiety. You seem to be saying that (1) if another person turns down your invitation for a date, it means that she finds you unattractive, (2) if another person finds you unattractive, then everyone will find you unattractive, (3) being turned down for a date means that you are unlovable and destined to be alone forever.
- Client: I guess part of me knows that isn't true, but much of the time I just can't shake those beliefs.
- (Anthony and Swinson, pg. 110-111, 2000).

How to identify Anxious Thoughts

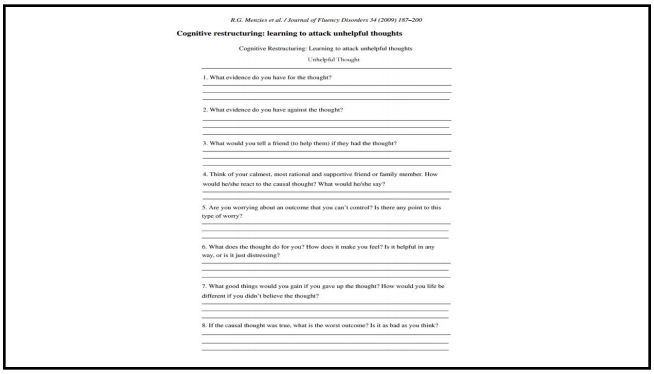
- Ask the client or have them ask themselves questions such as:
  - What are you afraid will happen?
  - What will people think of you?
    - Do you worry about what other people will think?
  - It that something that is very important to you?
  - What are you expectations?
  - What if those expectations come true or not?

Cognitive Restructuring

- We are going to restructure or change the current thoughts that the client is happening:
  - Thoughts are not facts but opinions
    - What evidence is there to support that this thought is true?
    - What evidence is there to support that this thought is false?
  - Explore other conclusion or opinions about the initial trigger to the initial thought.
  - Practice, practice, practice

How to do that!

- The Cognitive Court Room
  - Show me the evidence!
  - 1. Identify the Anxiety Causing thought
    - Look at all of the aspects of the thought that contribute to the anxiety
  - 2. Brain Storm Alternative Thoughts/Outcomes
    - This is time to look at reality such as what is the true likelihood of something happening? Is it really everyone? Always? Should?
  - 3. Look at the Evidence
    - Present the evidence for both sides – help client to restructure by seeing the evidence for reality and rational thoughts



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Cognitive restructuring: learning to attack unhelpful thoughts

Cognitive Restructuring: Learning to attack unhelpful thoughts

Unhelpful Thought

1. What evidence do you have for the thought?

2. What evidence do you have against the thought?

3. What would you tell a friend (to help them) if they had the thought?

4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?

5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?

6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?

7. What good things would you gain if you gave up the thought? How would you life be different if you didn't believe the thought?

8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?

Self-examination:

- 1. What is the Situation?
- 2. What are my anxious thoughts, beliefs, assumptions, predictions and expectations?
- 3. What are the alternatives (non-anxiety causing thoughts) – redo #2?
- 4. What is the evidence to support my beliefs?
- 5. What is the evidence to support the alternative beliefs?
- 6. Which do you chose to think?

Cognitive Journal/Diary

Situation	Initial Fear	Thoughts and Predictions	Rational Responses and Counter Thoughts	Outcome
Had to do a speech	Rate 0-100	People will see that I am nervous	What is the worst thing that happens?	How do you feel now?
	85		Why does that matter?	No one said anything
			What is most likely to happen?	I did it and did ok.
			They really may not notice or will understand	Fear went down because it wasn't that bad.

Overnight Miracle

- When you go home today, I want you to imagine that overnight a miracle occurs. That miracle is you have no more anxiety or worries. Because this miracle happens overnight while you are sleeping, you won't know that it is happening until you wake up tomorrow morning. Ask yourself the following questions:
  - What will be different?
  - What will you notice?
  - How will you know that you have changed?

Letter from the future

- Imagine that you are living at some point in time in the future. You are older and no longer have any of the anxiety and worries that we have been working on. Write a letter from your future self to your today self describing:
  - What you are doing.
  - What is it like?
  - What steps did you take to get there?
  - What have you learned?
  - Include some smart advice to yourself.

Playing the Part

- Pretend that you are auditioning for a play. The character whom you are auditioning is a relaxed, confident person who (insert additional qualities). In order to get the role, you will need to give a very convincing performance in your audition.
- What behaviors, mannerisms, style and dress and other qualities will you need to convey in order to get the part?
- Let's practice

The Floating Technique

- By Dr. Paul Foxman
- Practice Opportunities
- Face – Don't avoid your anxiety
- Accept – practice opportunities
- Float – relax through it
- Let time pass – it will pass

Behavioral

- Deep Relaxation exercises
  - Tensing muscles and then releasing
  - Deep breathing – diaphragmatic breathing
- Removing safe behaviors:
  - Safe behaviors are the things that the client has done in order to reduce their anxiety. Usually these are avoidant behaviors and can be minor such as distracting oneself or major such as using drugs or alcohol
  - They keep the client from having to truly deal with their anxiety
  - The client must face the anxiety to overcome it

Deep breathing

- Lie down, bend knees and have feet shoulder width apart.
- Scan your body and identify the places that are tense.
- Place one hand on your stomach and one on your chest.
- Inhale slowly, through nose – feel hand on stomach move but not chest.
- Exhale through mouth
- Repeat at least five times prolonging exhale.
- Scan body again so evaluate tension.

BREATHING PRACTICES FOR CHILDREN

INTRODUCTION: The respiratory system has a regulating effect on all our body systems (heart, nerves, muscles, digestion). We can learn to relax and control our whole body by practicing these breathing exercises.

1. BALLOON BREATHING

Sit up straight, place one hand over your stomach and concentrate on your breathing. Feel how your stomach fills up as you breathe in and goes down as you breathe out. Imagine a balloon inside your stomach that fills itself with air as you inhale and empties itself of air as you exhale. Try to feel the balloon with your hand. Notice your whole body relaxing as your breathing becomes deep and full. Practice this exercise for about one minute and use this technique whenever you feel anxious.

Alternate instructions for young children: "Lie on your back and place a teddy bear or other stuffed animal on your stomach. Watch the animal as you breathe and try to make it move up and down as you breathe in and out."

2. BREATHING WITH SOUNDS

This exercise can be done with children in a group or individually. Inhale deeply and make a soft sound, such as AH, HA, O, OO or MMM, as you exhale. You can also use animal noises. In a group, select a leader to choose the sound and have the others copy the sound. A variation of this exercise is to make the sound last as long as possible, followed by a deep, full inhalation.

3. BREATHING BY NUMBERS

A. Calming Breath: For this breathing practice, try to make your in-breath and out-breath equal in time. Do this by counting slowly (one second for each count) as you breathe in and then counting for the same amount of time as you breathe out. Practice this breathing exercise for about two minutes once or twice each day, and use it whenever you feel tense or anxious.

B. Counting Breath: This exercise can be introduced as a method of relaxation involving counting, where each count represents one second. Each in-breath is the same for the count of 2, and each out-breath increases by 2, as follows:

In 2—Out 2
In 2—Out 4
In 2—Out 6
In 2—Out 8
In 2—Out 10

Progressive Muscle Relaxation

- Engage in deep breathing but you can do this sitting down, standing or lying down.
- Tense parts of the body either individually or in groups. Hold the tension for 5-7 seconds and then relax:
  - Hands, arms
  - Head, face, throat and shoulders
  - Chest, stomach, lower back
  - Buttocks, thighs, calves and feet
  - If it helps, tell yourself: "relax", "Let it go", "let go", "it's ok" etc..

In depth Progressive Relaxation

- Get detailed and in depth:
  - Start with wrinkling your forehead
  - Squint your eyes
  - Open mouth wide
  - Clench jaw
  - Make fists
  - Arch back
  - Push heels into surface
  - Curl toes
  - Get detailed and even record it so you can do each step by step.
  - You can also do all of these at once for a quick relief.

Habit Reversal Training (HRT)

- Developed for specific types of OCD such as skin picking, nail biting etc.. Can be useful for OCD in children:
  - Step 1:Develop an awareness
    - Often not at all aware even doing it
  - Step 2:Learn Relaxation Skills
    - Reduce tension/worry
  - Step 3:Diaphragmatic Breathing
    - Learn to regulate own breath and reduce anxiety
  - Step 4:Muscle Tensing
    - Make fists, tense arms, press elbows into sides
    - If you do this you can not nail bite or pull hair

OCD with Children

- Use Exposure or HRT
- Working with children can be very challenging – you can not make them face something that feels bad
  - Reward them with therapy compliant behaviors.
  - No reward or payoff for non therapy related behaviors
  - HOWEVER, in session and at home you do not want any negative consequences or punishment – do not associate negatives with treatment.
  - Still use parent(s) as coach.

OCD with teens

- Teenagers are often very independent in their own minds – feel out the use of parent as coach – this may turn some teens off.
- You must engage and create a good working relationship with the teen.
- Education with teens is vital – make sure they know that they are not crazy. Be very positive and validate their experiences.

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RELAXATION RESPONSE INSTRUCTIONS FOR CHILDREN

The Relaxation Response can be elicited with two steps practiced once or twice each day. Length of practice should be based on age, attention span, emotional maturity, motivation and other factors. Two to five minutes once per day would be appropriate for young children and length of time can be extended up to 20 minutes two times per day for adults.

These are the two steps:

1. Repetition of a special word, phrase, prayer, sound or muscular activity that is synchronized with slow breathing
2. Refocus on the repetition whenever other thoughts intrude

Research shows that the effectiveness of the Relaxation Response is enhanced when the repeated phrase has personal meaning. Therefore, collaborate with the child in selecting a "special word" or phrase. For young children, the phrase could consist of the name of a teddy bear or other calming or reassuring subject.

A two-syllable word or phrase is easiest for young children to synchronize with breathing. The first half of the word or phrase is repeated silently during the in-breath and the second half is repeated during the out-breath. Some examples are:

- Re-laxed
- Be calm
- Feel good
- Stay calm
- Peace-ful
- O-kay
- Calm down
- Ha-ppy
- Be strong
- I can
- Be cool

Mindfulness

- "Paying attention with flexibility, openness and curiosity" (Harris, 2009).
- It is an awareness process and not about thinking. Paying attention to an experience rather then focusing on thoughts.
- Be open and curious.
- Being able to control your focus and direct it towards different aspects of your experience.

Mindfulness Exercise

- There are many varieties but all have the same key components to them:
  - Notice something – pick the thing you want to focus your attention on. This is about noticing your experience.
  - Let go of your thoughts
  - Let your feelings be

Mindfulness exercises

- One Minute Breathing
  - This exercise can be done anywhere at any time, standing up or sitting down. All you have to do is focus on your breath for just one minute. Start by breathing in and out slowly, holding your breath for a count of six once you've inhaled. Then breathe out slowly, letting the breath flow effortlessly out back into the atmosphere.
- Mindful Observation
  - Pick a natural organism within your immediate environment and focus on watching it for a minute or two. This could be a flower or an insect, the clouds or the moon. Don't do anything except notice the thing you are looking at. But really notice it. Look at it as if you are seeing it for the first time.
- Touch Points
  - Think of something that happens every day more than once, something you take for granted, like opening a door for example. At the very moment you touch the door knob to open the door, allow yourself to be completely mindful of where you are, how you feel and what you are doing.
  - http://www.pocketmindfulness.com/6-mindfulness-exercises-you-can-try-today/

Jedi Mindfulness

- **1. Define the "Force"**
- In the *Star Wars'* movies, it becomes clear very quickly that the Force is an awesome power that everyone wants. But what exactly is the Force? When I work with kids, I provide them with my interpretation. The Force is the power we get from any emotion whether it comes from the light side or the dark side. From love, joy, and surprise to anger, sadness, and worry, nothing is "good" or "bad." These emotions are only messengers, and all are part of the Force.
- Very plainly, *The Force = The Power of Emotions*.
- Try this: Ask your child if he or she would like to go through Jedi training. Tell your son or daughter that their mission will be to decode the secret messages being sent by the Force (e.g., their worried thoughts, their angry feelings).

- **2. Wave Hello to the Dark Side**
- If your child feels anxious, the way around the discomfort is straight through it. We must teach our children not to deny, avoid, or squash parts of their emotional experience. Long-term avoidance of emotions can actually spark and perpetuate depression, anxiety, and substance abuse. When we choose not to face our worry, we are left much like Darth Vader, enslaved by our pain.
- The alternative to avoidance is acknowledgement. I understand helping your child acknowledge his or her anxious feelings instead of shutting them down is not an easy choice. Sometimes it's easier to just say, "Don't worry so much. Please trust me, it'll be fine."
- As a parent myself, I completely understand this path. Sometimes we don't have the emotional bandwidth to support a child's chronic worry, especially when it seems our love and reassurance are not having a positive effect. Anxious emotions are often big emotions that can be uncomfortable for the entire family.
- All that said, when you parent an anxious child, you seek one thing above almost anything else for your child: inner peace. Toward this goal, acknowledgement is the stepping stone.
- Try this: Next time your children worry, tell them they are Jedi Knight and Jedis acknowledge the Force (an emotion) when they feel it. They can wave hello to their worry and say, "Hey, worry. I see you're back. I'm a Jedi. I understand you're trying to tell me something."

- **3. Lean into the Dark Side**
- Leaning into the dark side takes training because, at first, it can feel messy and uncomfortable. Leaning in means allowing your child the space to physically feel where the Force or worry is flowing on the inside. Allowing discomfort to pass gets us a step closer to decoding the message from our emotion.
- Anxiety activates the sympathetic nervous system, and as such, feelings of worry are often felt in such places as the stomach, chest, and throat. Breathing with visualization can calm the nervous system and begin to kick a child's logical brain back into gear.
- Try this: Obi-Wan instructs Luke to close his eyes and, "Stretch out with your feelings"; Yoda says, "Allow the force to flow through you." When your son or daughter worries, have them close their eyes and ask them where they are feeling the worry or the Force flowing inside of their body.
- Now, ask your children to breathe into the place in their body where they feel the Force. While they take a deep breath, ask them to imagine what the Force actually looks like. What color is it? What consistency is it? Maybe it looks like a dark cloud. Once they have the visual, ask them to breathe the Force out.
- To support your child during this process, you can use phrases like, "I am here, and you are completely safe, my young Jedi. This feeling will pass."

- **4. Put the Light Saber Down**
- Our range of feelings (light and dark) creates our emotional consciousness and gives power to the Force. Within this consciousness lie encoded messages. The problem is we usually miss the communication being sent by our emotions such as anger and worry because we are too busy reacting. Swift reactions cover up messages.
- Darth Vader tries to provoke these reactions in his son, Luke. Vader says, "So you have a twin sister? If you will not turn to the dark side, then perhaps she will." Luke feels very angry and even as a full Jedi Knight trained in the art of mindfulness, he does not pause to acknowledge or lean in to his anger. Instead, he reacts right away and begins to battle his father.
- When Luke regains his composure, he realizes that his anger is communicating that he wants to love and protect his family, including his father. Luke then decides the best way to teach his father about the light side is to show him compassion. So he turns his light saber off and tosses it aside.
- Now, this last step may seem way too esoteric for your child to grasp, but I've worked with children for years. Even at a very young age, they are incredibly sophisticated. If we communicate in their language, they get it.
- Try this: Let's teach kids their worry is trying to send them a message, but the message is encoded. As a Jedi, the way to get to the secret message is to be mindful when we feel worried. This means understanding worry has a purpose, acknowledging it, leaning into it, and then making a logical decision on how to proceed.
- http://blogs.psychcentral.com/stress-better/2016/01/4-jedi-mindfulness-tricks-to-help-an-anxious-child/

Yoga

Yoga

- Make it fun and create games
- **Magic Animal Sack.** This is the best tool for teaching yoga to kids under 3 years old; Can be done in a group setting as well. Toddlers cannot easily imagine the animals – they need to see them!

  Get a big sack (or even an interesting pillowcase will do) and fill it with all kinds of animal toys or animal beanbags (you can get them very cheap at www.orientaltrading.com). Go around the circle and let each kid in his turn put his hand into your magical sack and take out a toy. Then, of course, do the pose or poses of this animal with the whole group.

  After all the toys are out, you can do poses using the toys.

- **Simon Says.** This is a great way to warm up and to bring the focus to the classroom. In a circle, all of the kids need to follow the movements of the therapist exactly. There is no talking. The therapist can lead the kids through a sun dance and other movement flows and even add the sound of deep breath or animal sounds for the students to mirror. You can also let one of the students be the leader.
- Great website: http://www.rainbowkidsyoga.net/articles/fun_ways.html

- More on Yoga for kids:
- Pick a quiet place to do yoga, and focus on breathing in and out through the nose.
- Hold the poses anywhere from 8 to 15 seconds. Since it takes time to get into the postures, counting should start once you are in the posture.
- Slowly increase the time spent in the poses once you get more proficient with them.
- Try to eat lightly before doing yoga, as many of the poses twist across your internal organs.
- Have FUN together as a family as you learn to find a sense of calm during the cold winter months.
- http://www.mindbodygreen.com/0-23064/12-kid-friendly-yoga-poses-to-inspire-a-happy-2016.html

The Pretzel: Sitting tall in a cross-legged position, reach one arm across your body and rest it on your knee. Then stretch your other hand directly behind you. Count slowly to eight before switching sides.

Easy Pose: Simply sit cross-legged with your hands gently placed upon your knees with your palms facing upward. Take several deep breaths in and out of your nose as you begin to quiet and calm your body and mind.

Airplane: Lie on your tummy and gently lift your chest, arms, and legs off the floor.

Cobra: Lie on your stomach with your elbows bent close to your side. Then gently lift up your chest, keeping your legs straight behind you.

Elephant: From a standing position, fold forward and interlace your hands, swinging them side to side like an elephant trunk

Jack-in-the-Box: Sit with your knees bent into your chest with your arms wrapped around them. Then, point your forehead to your knees and count to 3; next, inhale and lift your head, like a Jack-in-the-box popping up.

Otter: Lie on your belly with your arms out in front of you. Then slowly push up with your hands against the floor, straightening your arms and lifting your head and chest.

Yoga: Stand tall with your feet grounded into the floor. Slowly straighten your arms and lift them over your head, stretching up and making your body into the shape of the letter Y.

Lion: Kneel on your shins with your chest on your thighs. Then, on the count of 3, spring your body forward and roar like a lion!

Oyster: Sit tall with the soles of your feet together. Then slide your arms under your knees, touching your elbows to the floor with ease. Hold on to the sides of your feet as you slowly inhale and exhale through your nose, bringing your head gently toward your toes.

Volcano: Stand tall with your feet slightly apart, bringing your hands into prayer position in front of your heart. Next, inhale and push your hands to the sky, then exhale and move your arms to the side and then back to center, like an exploding volcano.

Eagle: Stand tall and then bend your knees. Bring your right leg over your left one and then cross your right arm under your left. Stay in this position for a count of 8 before switching sides.

More great yoga resources!

- *Adapted from an except from The ABCs of Yoga for Kids, written by Teresa Anne Power and illustrated by Kathleen Rietz.*
- *https://www.facebook.com/abcsofyogaforkids/photos*
- *Also recommend:*
- **5 Kid-Friendly Yoga Poses To Help Children Cultivate Patience**
  - http://www.mindbodygreen.com/0-22827/5-kid-friendly-yoga-poses-to-help-children-cultivate-patience.html
- **5 Kid-Friendly Yoga Poses To Help Your Child Avoid A Meltdown**
  - http://www.mindbodygreen.com/0-18351/5-kid-friendly-yoga-poses-to-help-your-child-avoid-a-meltdown.html

- http://childhood101.com/2015/04/yoga-for-kids/
- Calm Down Yoga Routine for kids, perfect for helping children learn to manage big emotions. Complete with free printable poster.

Baby Buddhas Meditation

- From a great book called "Baby Buddhas"
- Sample:
  - The following is a partial printing of the Cleansing Breath Meditation, which teaches children that they can release negative feelings and thoughts and replace them with positive feelings and thoughts.
  - *Breathe in love.*
    Breathe out sadness.
    Breathe in joy.
    Breathe out madness.
    Breathe in peace.
    Breathe out badness.
    All the sadness, madness and badness changes to bright white sparkles of love.
- Baby Buddhas: A Guide for Teaching Meditation to Children Paperback – August 1, 2004 by Lisa Desmond

There's an App for that!

- Daily Yoga
- Relax Melodies
- Mindful Minute
- Virtual Hope Box (guided meditations)
- Stop, Breathe, Think (Meditations)
- The Worry Box
- End Anxiety
- Relax Meditations
- SAMApp
- Relax Lite
- Stop Panic (audios, articles, cognitive diary etc.)
- Mindshift (coaches through cognitive restructuring, education, tools, tips etc.)
- Calm (breathing app)
- Pacifica (improve mood, reduce anxiety, live healthier etc)

More Apps

- Insight Timer (meditations)
- Cognitive Diary CBT Self-Help (cognitive diary; articles)
- CBT Thought Record Diary
- Colorfy – Coloring Book Free
- Mandala Coloring
- Adult coloring book premium
- Anxiety Relief Hypnosis
- Social Anxiety Disorder
- Healing Sounds – Anxiety Relief
- Anxiety Free Hypnosis (Hypnosis, meditation; coaching)
- Headspace
- Smiling Mind (Age specific mindfulness)
- OMG I can meditate

And still more apps!

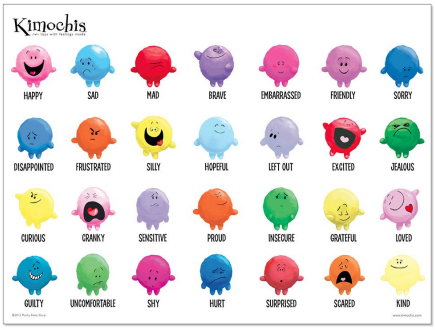
- Settle Your Glitter
- Breathing Bubbles

Guatemalan Worry Dolls

- Guatemalan tradition -a local legend about the origin of the *Muñeca quitapena* refers to a Mayan princess named *Ixmucane*. The princess received a special gift from the sun god which would allow her to solve any problem a human could worry about.
- In tradition and in modern times, worry dolls are given or lent to brooding and sorrowful children. Children would tell the doll about the sorrows, fears and worries, then hide it under their pillow during the night. After this, the child will literally sleep over the whole thing. At the next morning, all sorrows are said to have been taken away by the worry doll.

My Worry Box

- Parents have the child write down his/her worries
- Worries are put into the Worry Box
- Put it in the box so they do not have to have that worry any more.
- Can use a Worry bag also



Positive Affirmations

- Create a positive statement that is the opposite of the negative or worry causing thought.
- When writing you want the statement to be:
  - Present tense
  - Action verb
  - Self-reference
  - Realistically positive
  - Example: "I can trust that everything will be ok"

CBT

- The anxiety that is experienced will ebb and flow. Each time the client experiences anxiety is an opportunity to practice what has been learned.
- Combines the cognitive strategies with traditional aspects of behavioral therapy.
- CBT is usually brief, goal and action oriented focusing on the problem at hand.
- It addresses the behaviors as well as the cognitions that are contributing to the problem.

- There is an emphasis placed on the interactions between feelings, thoughts and behaviors.
- **Homework** is very important in order to increase the generalization of the skills (Pincus, D. B., Ehrenreich, J. T., & Mattis, S. G. , 2008)
- Using CBT in conjunction with **medicatio**n can "facilitate medication discontinuation and improve the chance for a full recovery" (Sudak, 2011, pg. 111).

- Anxiety and Panic are reactions. So the goal of the treatment is to teach the client new ways to react to the stimuli that is currently causing the anxious response.
- The client as needs to become a good monitor of their own thoughts, feelings and behaviors. That way they are able to relay back to you how they are doing between sessions. With children, this is where a parent can play a key role as well.

- "Patients with anxiety also must learn and practice relapse prevention strategies. Anxiety will reoccur in some form when treatment ends. Patients must not panic when this happens; they must deliberately employ strategies that have worked for them in the past. Each opportunity to practice the techniques learned in therapy and to face fears strengthens recovery" (Sudak, 2011, Pg. 109).

Homework

- A basic homework needed to address anxiety is journaling. You want to have the client document all episodes of anxiety including when, where, why, and all possible thoughts, feelings and behaviors.
- Practice, Practice Practice
- Face fears and report back at sessions

Anxiety Monitoring

Place/Day/Time/Situation (as much detail as possible)	Rate Fear: 0-100	Physical Sensations	Anxious Thoughts	Anxious Behaviors
1.				
2.				
3.				
4.				

Exposure Therapy

- Exposure Based Treatment: The "underlying principle of exposure….gradually increasing the difficulty of stimuli confronted and staying in contact with the stimulus until anxiety reduces" (Sudak, 2011, pg. 105).
- Exposure and Response Prevention may only be tolerable in severe cases if medication is used to alleviate some symptomology.
  - SSRI antidepressants and chlorimipramine work well in reducing fear without interfering in the effects of exposure and response prevention treatment.

Fear and Avoidance Hierarchy

- List the situations that are avoided or cause anxiety
- Put them in order from most anxious causing (at the top) to least anxious causing (at the bottom).
- This can also involve one trigger such as a spider and the hierarchy is the distance to/from the spider
- Doing exposures as homework can be very beneficial – make sure the client documents the experience thoroughly.

Exposure Therapy cont.

Flooding

- Flooding –
  - The rate at which the client is exposed to the feared stimulus is rapid and intense.
  - The client is exposed to the most feared stimulus or level of the stimulus

Graduated Exposure

- Graduated Exposure
  - Exposure to the feared stimulus is gradual and slowly progresses.
    - Step by step
  - This enables the client to practice

Exposure

- Prepare in advance. Do not surprise the client with this. Work towards it and plan.
  - Talk about what could happen during the exposure and how it will be handled
- Control
  - Client needs to feel in control
  - Face to fears that are more predictable first – that way you and the client will feel you have a handle on what is likely to happen
  - Anticipating the outcomes and planning helps the client feel in control and this is vital.

Exposure (cont.)

- Duration
  - It needs to last long enough for the anxiety response to occur
  - Encourage the client to remain in the situation as long as they can
  - If the situation is brief, repeat it (where is the bathroom?)
- Frequency
  - Episodes of practicing should be close together
  - Helps to maintain the progress
- Change of Setting
  - When starting to feel more confident, try other settings (if can talk in class then next try talking at a meeting)

Exposure (cont.)

- Challenging
  - Client should feel anxious
  - Set the client up for success – do not take on the impossible
- Minimize Risks
  - Minimal consequences – do not tell your boss how you truly feel about them but perhaps become more assertive with expressing yourself
- Focus on Improvements
  - Regularly assess the anxiety levels so the client can see they are making progress
- Expectations
  - Change takes time and will not happen over night
  - There will be setbacks
  - Anxiety may not go away but will no longer interfere

Exposure (cont.)

- Do not fight it
  - Fighting the anxiety will make it worse
  - Let it happen
- Eliminate Avoidance Behaviors
  - Stop doing things to avoid or that make you feel better
- When to Move on
  - Try to remain in the situation until you feel more comfortable and feel a reduction in the anxiety
  - Use the diaries – this can help is so many ways including to see progress and areas to address

Exposure (cont.)

- Make sure to use cognitive strategies before, during and after exposure in order to address and challenge all anxious thoughts (Anthony and Swinson, 2000).

Trouble Shooting

- If the fear does not decrease
  - Make sure the client is staying in the situation long enough
  - Make sure they are not using avoidance or comfort behaviors
  - Probe for negative thinking and address it
  - Keep practicing – in time it should work
- If the fear keeps returning
  - Normal but over time with more and more practice you will see a reduction

Trouble Shooting

- Physical effects
  - They will decrease
  - Likely not noticeable to others
  - Such things are often more normal then realize
- Negative thoughts
  - Encourage clients – clients are not the best self-evaluators
- Brief situations
  - Repeat, repeat, repeat
- Risks
  - Review what happened
  - Go back and work your way to this point again
- Persistent fear
  - Reassess (avoidance, comfort etc..)
  - Challenge the predictions and beliefs again

(Anthony and Swinson, 2000)

Interoceptive Exposure

- The purpose of this is to engage in exercises that will bring on physical sensations that are uncomfortable or cause anxiety.
- First practice in a safe environment such as home or the therapy office.
- Do them until you are comfortable
- Next, do them in an anxiety causing situation (before entering a social situation)

Interoceptive Exposure (cont.)

Examples as provided by Anthony and Swinson (2000):

Exposure Exercise:	Sensation Experienced:
Shake head side to side (30 sec)	Dizziness or lightheadedness
Spin around in a chair (60 sec)	Dizziness, lightheadedness, nausea or feeling unreal
Sit, bend over, place head between legs for 30 sec then sit up quickly	Dizziness or lightheadedness
Hold breathe (30 sec or as long as possible)	Breathless, racing heart, Dizziness or lightheadedness, chest tightness
Hyperventilate 100-120 breaths per minute (60 sec)	Dizziness or lightheadedness, breathlessness, trembling or shaking, numbness or tingling
Breathe through a small straw (2 minutes)	Dizziness or lightheadedness, breathlessness, trembling or shaking, numbness or tingling

Tense all the muscles in your body or hold a push up (60 sec or as long as possible)	Trembling, shaking, breathlessness, racing heart, dizziness or lightheadedness, blushing
Carry heavy weights or bags (60 sec or as long as possible)	Trembling, shaking, breathlessness, racing heart, dizziness or lightheadedness, blushing
Run in place or up and down stairs (60 sec or as long as possible)	Trembling, shaking, breathlessness, racing heart, dizziness or lightheadedness, blushing
Sit in a hot, stuffy space such as a car, sauna etc.. (5-10 minutes)	Sweating, breathlessness, hot flashes, blushing
Drink a hot drink or wear overly warm clothes	Sweating, blushing, hot flashes

Interoceptive Exposure (cont.)

- Step 1: Testing
  - You need to work with the client to find out which ones work best at producing the symptoms closest to what the client experiences when anxious.
  - Try each exercise or any others that you or the client can come up with.
  - Evaluate each exercise:
    - Exercise
    - Symptoms experienced
    - Level of Anxiety or fear 0-100
    - How similar to the anxiety they experience 0-100

Interoceptive Exposure (cont.)

- Step 2: Have a hierarchy
  - You want to rank the exercises in order of usefulness/similarity and anxiety.
  - Having two lists might be helpful – one for in the safe place and one for in the situation in which the anxiety is experienced.
  - Eliminate any exercises that did not work and did not create any anxiety.
- Step 3: Practice
  - First practice in the safe place – this does not require a lot of time depending upon the anxiety the client experiences.
  - Next combine this with exposure
    - This works with SAD, panic and many other anxiety issues.

Panic Control Treatment (PCT)

- This is a treatment that combines:
  - Interoceptive Exposure (exposure to the bodily sensations that are feared).
  - Situational Exposure
  - Breathing
  - Psychoeducation
  - Cognitive Restructuring
  - This is over the course of 11 treatment sessions (Pincus, D. B., Ehrenreich, J. T., & Mattis, S. G., 2008).
  - The treatment focuses on the misinterpretations, cognitively of stimuli, the hyperventilating and the conditioned reactions.

- Goals of PCT:
  - Reduce the cognitive thoughts that are irrational and provoke panic attacks.
  - Reduce the conditioned fear responses.
  - Reduce behaviors that are used to reduce/avoid panic and are perceived as safe.
    - Although they are perceived as safe they are actually reinforcing the panic disorder.

Initial Sessions of PCT

- Focus on the cognitive responses to the stimulus especially looking at the irrational or misinterpreted thoughts the individual holds.
- Create a list of feared stimuli.
- Psychoeducation about those thoughts as well as the physiological responses and sensations the individual is experiencing.
  - Fight or Flight response
  - The physical sensations are normal
  - A feared response to normal physical sensation is occurring

Initial Session of PCT (cont.)

- Teach strategies to identify thoughts that cause anxiety.
- Teach the individual to challenge the thoughts
  - Reality
  - Always and never
- Psychoeducation about hyperventilation
  - Teach diaphragmatic breathing
    - This reduces the intensity of the physical sensations

Second Half of PCT

- Address the conditioned responses to the stimulus and the experiences physical sensations.
  - Use exercise and natural activities to recreate the physical sensations
  - This will reduce the fear associated with these physical sensations
    - Go running or even breath threw a straw to create the feeling of breathlessness.
    - Now the individual learns that the physical sensations and fear are separate.
    - They are no longer something to fear.

Second half of PCT (cont.)

- Throughout treatment use the list of feared stimuli in order to prescribe homework. The homework is the situational exposure portion of treatment.
- Encourage the client to face things, places or situations that case the panic.
  - Gradual exposure
  - Take notes
  - This treatment requires much motivation and commitment from the client.

What is unique about PCT?

- Combines many proven useful elements of CBT.
- It is very intense and brief.
- Requires much involvement for the client including homework which is a key to success.
- Much focus is on the sensations physically created by fear.
- Clients are taught not to use slow breathing during exposure. It is considered an avoidance behavior.
- All fear reactions are treated the same and the client is encouraged to seek them out.
- A key role for the therapist is to motivate the client to do the work. Therapists must judge effectively when to push clients and deal with resulting feelings such as refusal and anger. In addition, therapist must not relieve the anxiety/distress the client is feeling. The client needs to do that for him/herself.

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MEDICINES FOR ANXIETY DISORDERS IN CHILDREN AND ADOLESCENTS

FDA approved and/or strong research evidence
Luvox: OCD, GAD*
Zoloft: OCD, GAD*
Anafranil: OCD
Prozac: OCD, GAD*
Imipramine: SOCIAL PHOBIA
Effexor XR: GAD, SOCIAL PHOBIA*

Limited clinical study evidence
Buspar: GAD
Effexor XR: PD*
Luvox: SAD*
Paxil: GAD, SAD, PD, PTSD*
Prozac: PD, PTSD*
Zoloft: PTSD, Separation Anxiety*
Strattera: GAD, Social Anxiety, Separation Anxiety combined with ADHD

Anecdotal evidence
Ativan: acute PD, Acute PTSR (adolescents)
Celexa, Lexapro: GAD, SAD, PTSD*
Clonidine, Guanfacine: Acute PTSR, PTSD (children and adolescents)
Klonopin: acute PD, PTSR (adolescents)#
Xanax, Xanax XR: acute PD (adolescents)#

*These medicines have new warning requirements regarding suicidal ideation in depression, not yet associated with anxiety disorder use. Close monitoring is advised due to co-morbidity issues.

#Benzodiazepines have not been proven efficacious in childhood anxiety disorders. There is some evidence of benefit as an adjunct therapy.

New Avenues of Investigation for Anxiety Management
Antidepressants – Nefazodone, Mirtazapine
Second Generation Antipsychotics – Aripiprazole, Quetiapine

Medication Process Flow for Pediatric Anxiety Disorders (Daniel Geller, MD)
First Line –SSRIs and Venlafaxine
Second Line – Buspirone, Tricyclics, Benzodiazepines
Third Line – nefazodone , Mirtazepine

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- CBT alone has been proven to be most effective for Panic Disorder. If medication is being prescribed, the goal should be to taper the client off of the medication and use the CBT skills to manage the symptoms.
- CBT combined with medication is more effective with Social Anxiety Disorder especially if the case is acute.

ALTERNATIVE-MEDICINE APPROACHES

There are some interesting alternative-medicine approaches that are applicable to anxiety disorders. Some are widely used in Europe, where they have a long history of use by medical doctors. Herbal preparations, for example, are regulated as medicines in Germany and France, where they are manufactured with strict quality controls. In those countries, medical training includes these forms of treatment.

In contrast, American medical practice has been slow to recognize the value of alternative or "natural" treatments, and many physicians are skeptical about their usefulness. Yet this is changing: Approximately one-third of the 141 medical schools in the United States have introduced some form of alternative or complementary medicine in their curriculums. Forty-six (46) medical schools are members of the Consortium of Academic Health Centers for Integrative Medicine, established in 2000 to promote alternative medicine approaches. Let us look at some of these alternative-medical approaches as they apply to children's anxiety.

Herbal Therapy

Herbs have been valued as remedies for nervousness, insomnia, and other anxiety symptoms since ancient times. Modern medical science, however, has only recently acknowledged their medicinal properties. Nevertheless, there has been a growing contemporary interest in herbs as part of a natural approach to health care, especially in response to dissatisfaction with the side effects of prescription drugs. The following brief review of herbs for anxiety is intended to orient readers to this option for children.

The popularity of herbs has increased in part due to media coverage. In addition, health care in the United States is shifting to incorporate self-education and self-care. Herbal medicine seems to fit naturally into this new paradigm.

One problem with herbal preparations is that at present the U.S. Food and Drug Administration does not regulate them or consider them medicines. As a result, no official quality standards exist for herbs in the United States, and they must be sold as "supplements." Furthermore, current law prevents the labeling of herbs as capable of treating or preventing diseases or symptoms, although manufacturers can claim that their products enhance well-being or that they support or help improve body functions, so long as the claims are supported by scientific evidence.

Herbs in the form of tea are generally mild and safe for children. Chamomile tea (or tea blends based on chamomile), for example, is appropriate for calming children and inducing sleep. Chamomile is one of the most widely used herbs for relaxation, and it works by calming the soft muscle tissues. When my own children were young, I sometimes used a chamomile blend as a warm, soothing drink when they had difficulty falling asleep. I created a calming ritual in which I took the tea to them in their special cups and talked with them in bed while they sipped. Perhaps the combination of reassuring attention and the calming effect of the herb was responsible for the positive effect.

Other herbs that have been used with children include St. John's wort, hops, passionflower, skullcap, valerian, and oat straw. The choice of herbs will usually depend on what symptoms are targeted. For example, St. John's wort is typically used for daytime calming, while valerian is used as a sedative for sleep. In addition, some practical considerations may be involved. For example, children can be picky about what they will eat or drink, and the taste of an herbal tea may determine whether it will be tolerated. Chamomile, kava, St. John's wort, and passionflower have mild tastes that are acceptable to most children.

Brief descriptions of the herbs used in anxiety treatment are included below. They can be used with children, observing the cautions and considerations mentioned above.

St. John's wort—A perennial plant *(wort* means "plant") with a twenty-four-hundred-year history of use for anxiety, sleep disturbances, and worry. Hippocrates recommended St. John's wort for "nervous unrest." The herb apparently enhances three key neurotransmitters—serotonin, norepinephrine, and dopamine—and it has also been shown to be effective for depression. It has an exceptional safety record confirmed by many studies.

Kava—Approved by English, German, Swiss, and other European health boards for treating anxiety and insomnia. Kava is a member of the pepper-tree family. It is native to Fiji, Samoa, and other South Pacific islands, where it is made into a beverage and exported as a natural tranquilizer. Researchers are not yet sure how kava reduces anxiety symptoms, but one theory is that it has a soothing effect on the amygdala—the brain's alarm center. Studies have shown kava to be effective with anxiety disorders such as GAD, social phobia, specific phobias, and agoraphobia.

Valerian—The most widely used herbal sedative in Europe, where over one hundred valerian preparations are sold in pharmacies. Its popularity is growing worldwide as a treatment for anxiety and insomnia. Valerian was even popular in the United States as a sedative until it was replaced by synthetic drugs after World War II. Like St. John's wort, valerian has a long history of safety.

California poppy—From the same family as opiates but having no narcotic properties, this herb has been used for its ability to induce sleep, relieve nervous tension, and reduce mild anxiety. It's considered safe enough for use with children when used as directed on the label for the appropriate age group.

Hops—Approved in Europe for anxiety, restlessness, and sleep disturbances. When combined with valerian, it can promote and improve sleep quality.

Passionflower—A native North American flower popular for reducing nervous tension. In Europe, passionflower is combined with valerian root as a remedy for insomnia, anxiety, and irritability.

- Work with a naturopathic physician and alternative health-care professionals
- Do not mix herbal remedies with psychotropic medications.
- Self-education
- Research in this area is minimal and even more so in regards to children.

Social Skills Training for SAD

- When treating someone with Social Anxiety Disorder, it can often be very useful to also work with them on learning/improving their social skills. Many of these skills are more challenging for people with such anxiety.
- Because of the anxiety, the client may also not have learned the skills that are basic for some of us.
- Social Skills are tricky – there is not one set that works great. What works in one setting may not be appropriate in another.
- (Anthony & Swinson, 2000)

Social Skills (cont.)

- Eye Contact
- Body Language (open posture, appropriate space and distance etc..)
- Tone and volume
- Conversational Skills (not putting self down, telling others about yourself, open ended questions etc..)
- Public Speaking Skills
- Interview Skills
- Dating Skills (asking, questions, good topics etc..)

Social Skills (cont.)

- Assertiveness Skills – I find that this one is huge for many people with anxiety (ask for things, stand up for self)
- Conflict Skills – also very challenging for people with anxiety (how to deal with others and a disagreement)
- Listening Skills (really listening and not thinking about what you are going to say next)
- Other Skills (what is imposing, not violating privacy, reasonable requests for help etc..)
- (Anthony and Swinson, 2000)

Non-verbal Communication

- Often when we feel anxious, especially with SAD, our body language can convey that we want to be left alone – we shut ourselves off.
- Research shows that the greatest amount of communication in a conversation, is non-verbal with statistics ranging from 75-90%.
- THAT IS A LOT
- If we are conveying we are closed off but that is not how we feel, this adds an additional challenge.

Negative effects of social media on relationships

- https://www.youtube.com/watch?v=szQsPQW4GLo

- **Determining the Stages of Social Development**
- In general, kids will have developed certain social skills and social cues by these ages:
- **2- to 3-year-olds:** able to seek attention from others, initiate social contact with others both verbally (saying "Hi" and "Bye") and physically, look at a person who's talking, have the ability to take turns talking, and laugh at silly objects and events.
- **3- to 4-year-olds:** are able to take turns when playing games, treat a doll or stuffed animal as though it's alive, and initiate verbal communication with actual words.
- **4- to 5-year-olds:** are able to show more cooperation with children, use direct requests (like "Stop"), are more prone to tattling, and pretend to be Mom or Dad in fantasy play.
- **5- to 6-year-olds:** are able to please their friends, say "I'm sorry," "Please," and "Thank you," understand bad words and potty language, are more strategic in bargaining, play competitive games, and understand fair play and good sportsmanship.
- **6- to 7-year-olds:** are able to empathize with others (like crying at sad things), are prone to sharing, use posture and gestures, wait for turns and are better losers and less likely to place blame, joke more and listen to others tell their points of view, and maintain and shift/end topics appropriately. At this age, however, they still can't understand the clear difference between right and wrong, and may not take direction well.
- http://www.parents.com/kids/development/social/improving-kids-social-skills/

Texting is a brilliant way to miscommunicate how you feel, and misinterpret what other people mean.

Non-Verbal Behaviors:

Closed:
- Leaning back (sitting)
- Standing far away
- Avoiding eye contact
- Speaking quietly
- Crossing arms
- Clenching fists
- Serious facial expression
- Sitting hunched
- Timid tone of voice

Open:
- Leaning forward (sitting)
- Standing closer
- Maintaining eye contact
- Easily heard volume
- Arms uncrossed
- Hands open & relaxed
- Smiling
- Confident Tone
- Sitting up straight

(Anthony and Swinson, 2000)

Social Skills and Communication

- While working with a client to teach the skills, you must also deal with the anxiety underlying the issues:
  - Address fears
  - Resolve irrational thoughts
  - Deal with catastrophic thoughts
  - Rejection
  - Self-esteem

- **Teach empathy:** Run through different scenarios by asking your child how other people might feel when certain things happen, and substitute different situations each time.
- **Explain personal space:** Tell your child that it's important for everyone to have some personal space to feel comfortable, and practice acceptable ways to interact with someone during playtime.
- **Practice social overtures:** Teach kids the proper way to start a conversation, get someone's attention, or join a group of kids who are already playing together. These are all situations that can be discussed and brainstormed at the dinner table, or in the car on the way to school or activities.
- **Go over taking turns:** Sit with your child for at least an hour a day and play with him to explain what it means to wait, take turns, and share.

- **For nonverbal skills:** Help kids recognize facial expressions and body language by watching kid-friendly TV shows with the sound off and observe what characters are doing and what certain movements might mean. "Predict what you think they're saying, and really start [observing] facial gestures," Diamond says. "You can also look through magazines and make collages with different facial expressions, and talk about what the people in those photos might be saying."
- **For tone:** To help kids differentiate a range of tones, "use a tape recorder and record different emotions in your voice and ask your child what they are, then explain how meaning changes with voice change," Diamond recommends. For example, try recording phrases like "I'm angry!" in a loud, empathic voice, and "I feel so sad" in a soft, low, dejected voice.
- **For attention span** If your child has trouble staying on point, pick a topic and say three sentences -- two related to the topic and one random. Then ask your child to pick the sentence that's off-topic. For example, bring up the family dog. Talk about how long he played outside today and what he did at the dog park, and then say something about the weather. Ask your kid to differentiate between the different sentences. "Also, at the dinner table, have your kid keep track of how many times the topic changes during dinner," Diamond suggests.
- http://www.parents.com/kids/development/social/improving-kids-social-skills/

More apps

- Apps that reinforce social skills:
  - "Model Me Going Places" allows kids to look at photos of other children modeling appropriate behavior in certain situations (the hairdresser, doctor, playground).
  - "Responding Social Skills" teaches kids how to respond to others and how to understand others' feelings.
  - "Small Talk" presents conversation fillers for awkward social moments. But if your child still seems to have difficulty keeping up with the skills she should be developing for her age group, it may be time to give her a little help

Social Skills and Anxiety

- Start Small: Start with saying “thank you” to the clerk in the store or giving a friend a compliment.
- Practice: Practice skills and it will become less anxiety provoking.
- Watch others: Observe people with good social skills.
- Make it important: Schedule time each day to address this and practice.
- Observe: How do people react to you?
- Acceptance: It is ok to make mistakes.
- Be consistent.

How to reduce anxiety in school

- Responsive classroom: responsiveclassroom.org
  - Social rules in a classroom
- Prevention and counseling
  - "Friends for Life Program": https://www.friendsprograms.com/friends-for-life/
    - The FRIENDS Programs are a suite of evidence-based, social and emotional skills Programs aimed at building resilience of individuals and families across the lifespan. The FRIENDS Programs are the only Programs endorsed by the World Health Organization as best practice for the prevention and treatment of anxiety and depression.
    - The Programs are broken down into four age-appropriate modules:
    - Fun FRIENDS (children between 4 and 7 years)
      FRIENDS For Life (children between 8 and 11 years)
      My FRIENDS Youth (for adolescents between 12 and 15 years)
      Adult Resilience (for everyone over 16 years)
  - "Challenge Day": challengeday.org
    - Our vision is that every child lives in a world where they feel safe, loved and celebrated.
    - The Challenge Day mission is to provide youth and their communities with experiential programs that demonstrate the possibility of love and connection through the celebration of diversity, truth, and full expression.

- Rachel's Challenge – Columbine http://rachelschallenge.org/
  - Rachel's Challenge programs provide a sustainable, evidence-based framework for positive climate and culture in our schools. Fully implemented, partner schools achieve statistically significant gains in community engagement, faculty/student relationships, leadership potential, and school climate; along with reductions in bullying, alcohol, tobacco and other drug use. Grades K-12
- Compassionit.com – economical/grass roots
  - COMPASSION IT is a nonprofit organization and social movement that inspires compassionate actions in the lives of every person we reach. We believe that when you "compassion it" in your daily life, you can positively impact the entire world.
- Mentoring Programs – each child has mentor in the school
- Accommodations for special needs such as tutoring, sitting at the front of the class etc.

- Teach children good time management skills
  - This can include what is important to you and spending time on those things!
  - Get stuff like homework done first and than reward self.
  - Doing too much?
- Have reasonable goals – so important for perfectionists.
- Outdoor/Indoor recreation – peddles, rubber bands
- Structure
- Integrate relaxation – yogacalm.org; http://littlefloweryoga.com/
- http://teacher.scholastic.com/products/mindup/
- https://projecthappiness.com/ Where the science of happiness meets the art of living.
- Thinkingmoves.com
  - MeMoves is the first patented system for self regulation. Mirroring those on the screen, users are transformed by the music, images, movement, and the expressive features of emotion. This easy to use, interactive program has been widely praised by therapists, educators, and parents.

SAND TRAYS(cont.)

- Often a client may not even understand the symbolism of what they have created. But, the therapist can help the client understand the relationship between the world they have created in the sand tray and their own world.
- With individuals who have been abused , neglected or experienced some kind of trauma, the sand tray becomes on important medium to communicate because they may not want to communicate otherwise. Once familiar with the tray, this becomes a safe place and a medium they are comfortable with and will use to communicate with you.
- Often by using the tray repeatedly, the client will create worlds that allow for healing. They may never speak but can take action that enables them to heal.

Sand Trays

- Great for individuals age 3 and older.
- The therapist is not there to interpret. Be careful to not make any assumptions. Listen and that can be with your eyes as well as with your ears.
- Children can learn to problem solve by the examples set using the sand tray.
- Children may play out their day and not the traumatic event that they have experienced.

SAND TRAYS

- The role of the therapist:
  - Guides – you need to help the client fully engage in the sand tray and really create a world. This can include helping the client build their world when first starting to use the sand tray. It can also include support and encouragement.
  - Integrate other techniques – this can include narratives, music etc.
  - Use this when other techniques are not working.
  - http://www.youtube.com/watch?v=ydG6Ynzrp2Y

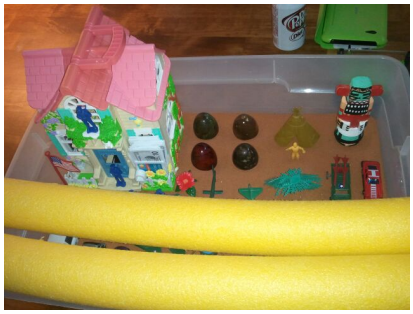
- Do not be intimidated
- Great substitute for communication – adults and children
- Play out day
- Listen – Don't interpret; be cautious
- Control
- Safe environment
- Age 3 and under
- Non-verbal processing

- Kevin's Sand Tray
- He explained that he separated his life into multiple categories
- Baseball = Athletics were are things he loves to do and can always strive to be better at. He also talked about how he works through things that are bothering him such as if he is having a bad day through athletics and exercise.
- The family = good support system. He said that this is he and his parents. "People I can always talk to, we work through things. I couldn't ask for better parents, better people in my life".
- Book= academics. He stated that they are not always easy. "I'm someone who always strives to do the best I can".
- Sunglasses = a metaphor (he said that) for the worries he has: "Am I cool enough?", "Do people like me?", "Does that girl like me?", "Will I pass this test?" Little things but sometimes they feel like big things even though they are normal things you worry about growing up.

- Stuffed animals (he had only placed the three little ones and at this point asked if he could add something. He added the three larger stuffed animals = Big ones are friends who have always been there for him. The little ones are friends that could be good but are not always the best influence (some of the other athletes who drink etc).
- Jenga Game = Another metaphor, this one for how things do not always go as you plan and life changes. When you play Jenga the tower may fall. You have to work through it and things will be ok.
- The Hole/pit in the middle = Fear – the fear that impacts his life and makes him uncomfortable and prevents him from doing what he wants. This is the fear he wants to get rid of compared to the sunglasses that are normal everyday fears.
- Dream picture = if everything were perfect which he clarified meaning if he had no fears (the pit). He dreams that he won't have to worry much and can live his life the way he wants to.
- He said he really enjoyed doing this activity. It was nice to do something hands on rather then talk. He did say it was hard at first though because he was unsure how to approach the task.

- Pt. depicted a house with a garden and the garden had a fence around it. In the garden were The Mom and The Dad. Outside of the garden were the cats and herself. Her sister was in their room. When asked to tell me about her world she told me the following:
- The lizard is trying to get into the house to find food. Her sister is looking in the mirror. She is in “our room”. “The Mom” is lying down and taking a nap (she is in the garden in a lounge chair). “The Dad” is sitting down taking a picture of the tree. “I’m trying to water the tree with no leaves so it can get leaves”. When asked why it did not have leaves, she said it was fall (the season). Bean (the cat) is washing Meatwad (the cat). The lizard is looking at the tree. Pisser (the cat) is looking at the lizard. The flag is blowing.

- The lizard is trying to get into the house to find food
- Her sister is looking in the mirror. She is in “our room”
- “The Mom” is lying down and taking a nap (she is in the garden in a lounge chair)
- The Dad” is sitting down taking a picture of the tree
- “I’m trying to water the tree with no leaves so it can get leaves”. When asked why it did not have leaves, she said it was fall (the season)
- Bean (the cat) is washing Meatwad (the cat)
- The lizard is looking at the tree
- Pisser (the cat) is looking at the lizard
- The flag is blowing.



- The boy who created this sand tray has an interesting story. He is 11 and lives with his aunt and uncle.
- The yellow “noodles” are the secret entrance.
- It is his house and it is very well guarded with men, planes, helicopters etc. What is inside is very “valuable”.
- The other items are there because he liked them.
- Make note of the money tucked in the front of the house.
- He has an adult in his life who is significant and is Native American – note the tee pee and totem pole.

Rational- Emotive Behavior Therapy

- REBT focuses on how we perceive our experiences. Our perceptions are what lead to and cause our emotions and behaviors and thus are the root of problems such as relationships.
- Work must focus on irrational thoughts and beliefs (Ellis, 2008).
- Be directive:
  - A (Activating Event) - Can you make a sand tray about what made you angry?
  - B (Beliefs) – Can you make a sand tray about what you told yourself or thought about what happened?
  - C (Consequences) – Can you make a sand tray about what this anger was like?
  - D (Dispute) – Can you make a tray about another way to look at what happened?
  - E (Effect) – Can you make a tray about what you can change, what you can accept, a better way to respond etc.?

- 50 SANDTRAY THERAPY DIRECTIVES:
- Build a tray about...For school age children:
- Your family
- Your friends at school
- Your typical day
- One side being the best part of your world/other side being the worst part of your world
- One side as when you feel happy/other side when you feel sad
- You favorite things
- The scariest thing in your world
- How you calm down when you are feeling upset
- What each of member of your family does most often
- What you want to do when you grow up

- For teenagers:
- A timeline of your life
- Your happiest memory
- The hurdles you face now
- Your ideal future
- What love looks like to you
- The most important things in your life
- Marriage/commitment
- Your daily routine
- What you see when you look in the mirror
- Your worst nightmare (either imagined or an actual dream)

- For couples:
- Each person in the couple builds what his or her marriage feels like for them
- Their first date
- What the other person would say they need to change (3 things) such as make a tray about what your partner would say you need to change
- A fun day in the past
- Your biggest hurt from the relationship
- Hurdles you need to overcome for the relationship to be happier
- What you like best about your partner
- Each partner makes a tray about what they each like to do and then the couple brings those things together and makes a tray together about what they would be willing to do with the other person or shared interests
- Your family either nuclear or extended
- How each partner likes be shown care or love

- Adults:
- Your hope for the outcome of therapy
- Your one biggest struggle
- Your happiest childhood memory
- Your saddest childhood memory (could combine this with the happiest childhood memory)
- What shame means for you
- What it feels like to feel shame
- How others can show you love
- What would take to stand up for yourself
- The best day possible
- You family (kids, husband, parents, etc.)
- What you would want to do if today was your last day alive
- Your thoughts as your feet hit the floor in the morning

- Your motto for your life
- Three things you can do tomorrow to feel better
- What your mom/dad would say about you if they were to make a tray about you
- Your best/worst attribute or characteristic
- 5 things you tell yourself every day
- How your life would be different if _____ was not in your life/heart
- (i.e. depression, divorce, hatred, etc)
- Your feelings as you lay in bed at night
- Your favorite part of life

Finger Painting

- For many children this can be a fun tactile sensation.
- Much freedom for expression
- Easily washes off as well
- Supply several colors
- Encourage the children to experiment such as use different colors and different movements
- You can make this more structured by having the child use cotton balls or other materials
- Have the child make a hand print and than turn it into something
- Be careful – for some children it is too stimulating. Because it is a less sophisticated medium, some children may regress when using it.

Sculpy or Plasticene

- Worry stones
- Free play
- Make faces

Drama

- By playing other roles, children can better understand other people in their world or process feelings by acting in the manner they wish that person would act.
- Role playing also allows children to experiment in a safe way. They can try different reactions and behaviors.

Dance and Movement

- This is very useful, as we will discuss, with children who have been abused or experienced some kind of trauma
- You can help children to loosen up in counseling by taking the lead and moving. You can move individually or together.
- This can do much for helping the child to be more comfortable as well as engaging with you.

Movement

- It is great to get children moving.
  - Touch toes
  - Reach for the stars
  - Jump like a kangaroo
  - Lie down and ride a bicycle
  - Skip
- Dancing
  - Most children enjoy music. The right music can reduce stress, improve mood etc. Many children can be self conscious as well and this can help to break that. Use children's song or Harry Bellefonte for example depending upon the age of the child. Make it fun

Music

- Individuals, especially teens, identify a lot with music. The lyrics often express for them what they can not.
- Mood strongly impacts mood as well and we will gravitate to certain types of music depending upon how we feel and want to feel.
- Have children/teens bring in a song that describes who they are.
- You can use songs for them to describe how they feel.
- Use music as an intervention such as to build self-esteem.

Anger (OCD)

- Have children draw what makes them angry
- Draw safe ways to get/express their anger
- If you need to make it more fun, draw a volcano and in the volcano write what makes them angry.
- Also you can draw a bomb and on the fuse, write what makes them angry.
- Role play so children can practice what they can do when they get angry – purposefully role play situations where the child typically gets mad.
- Have the child draw up to four people in their life and what they do/look like when they are angry.

- Have the child draw where they feel their anger or what there anger looks like – make it go away by drawing over the picture such as covering it with a crayon.
- Use foam noodles – like from a pool. Have sword fights.

- Easy examples:
  - Rubbing the palet
  - Squeezing the center of the palm
  - Squeeze tip of each finger
  - Inch worm down the finger
  - Why? Stimulates serotonin and effects adrenals and reduce anxiety

Test Anxiety

Test anxiety is a specific phobia whose symptoms interfere with concentration, problem solving and creative thinking. Symptoms can include excessive or unreasonable fear, tension, apprehension and somatic arousal before, during or after an examination. In most cases, test anxiety is associated with excessive concerns about performance as well as "fear of anxiety symptoms." Avoiding tests is usually not a realistic coping option. Test anxiety varies in intensity from normal (experienced by most people but does not impair performance) to a debilitating anxiety disorder.

Before tests:

- Prepare in advance
- Develop good study skills
- Make and use flash cards
- Take good notes
- Make outlines and summaries
- Participate in study groups
- Use school resource centers, if available, for study tips, tutoring etc
- Learn and practice relaxation skills

- Develop a healthy life-style including proper diet, exercise and adequate sleep
- Visualize yourself doing well on the test
- Practice positive self-talk regarding the test
- Avoid talking about exams immediately before taking the test
- Be familiar with the test time and location
- Limit worrying to a pre-determined "worry time" and tell yourself "not now" at other times
- Prepare the night before and collect any items that you will need to take the exam

During the test:

- Sit where you will have minimal distractions and disturbances
- Carefully read any and all test instructions
- Scan the test and plan your approach
- Move on from difficult items instead of losing time of going blank
- Focus on the test and stay in the here-and-now
- Avoid comparing yourself to other's and their progress
- Use relaxation skills to counteract tension and anxiety

Special accommodations for severe cases:

- Extra time to complete tests
- Alternative locations for test taking to minimize distractions and reduce anxiety
- Alternative assessment methods such as writing an essay or take home exams
- Tutoring in needed subject areas

Strategies for Coping with Trauma, Tragedy, War and Violence

The following are some **Do's and Don'ts** that parents and school personnel can use to help children cope:

Do:

- Stay calm and collected. The child will be looking to you for safety signals.
- Take time to deal with your own reactions; seek support and comfort if needed.
- Ask the child to tell you what he knows of the events; use the child's level of understanding to steer your response.
- Encourage questions and discussion; let the child's questions be your guide to the content of the conversation.
- Answer questions honestly and accurately, but limit information to necessary details.
- Speak to the child in terms and language that he understands at his level. Use metaphors and analogies. Young children may benefit from play or drawings.
- Acknowledge and accept the child's fears; let him know that it is normal and natural to feel upset, worried or angry.

- Share your own reactions (within reason), to normalize the child's experience, but not to overburden him.
- Reassure the child that he is safe and protected. Older children and teenagers may benefit from knowing all the measures being taken to ensure their safety, whereas young children merely need to know that they are safe.
- Give children as many valid reasons as possible about why they are unlikely targets, but acknowledge, if necessary, that sometimes, bad things do happen. Some children push for guarantees about safety, and may need to know that absolute safety can neither be predicted nor guaranteed.
- Be physically and emotionally available to provide nurturing and comfort as needed.
- Make extra time to be with the child in the mornings, evenings and at bedtime, to allow opportunities for the child to express feelings and ask questions.
- Help the child distinguish between real and imagined fears.
- Teach the child how to communicate distress and to ask for help as needed.

- Use the *Feeling Thermometer* as an index of intensity and change in emotions.
- Limit exposure to graphic replays of the events; turn off the TV if necessary.
- Watch television with the child, to monitor exposure and respond to concerns.
- Avoid detailed adult discussions of the events in front of the child.
- Dispel misinformation and misconceptions; learn and share the facts.
- Model the behavior the child is expected to learn. Be aware of your own feelings and channel them appropriately.
- Teach the child that anger and conflicts are best resolved with words rather than physically or by "lashing out" inappropriately.
- Get "back to business;" resume normal family and school routines as soon as possible.
- Spend extra time doing enjoyable things with the child; provide distracting activities.
- Maintain regular bedtime schedules, but provide extra comfort if needed such as a nightlight, special toys or sitting with the child until he falls asleep.
- Express faith, hope and optimism about returning to normalcy.

- Help the child (if old enough and so inclined) to show caring and empathy for victims—to donate clothes or toys, collect money, write letters, attend a prayer service or organize a relief effort. Such actions lessen feelings of helplessness.
- Give the child opportunities to come up with ideas about how to cope or to help the victims. The child's ideas may be very practical and creative.
- Reach for your faith, family or friends when you need support or understanding.
- Remember that any behavior is worsened by stress. If the child is prone to anxiety, expect her to be more nervous, tearful and clingy, on edge, distractible, regressed and to have nightmares, (especially if she has seen graphic pictures or stories).
- Be vigilant and anticipate signs of excessive or disproportionate distress.
- If fears or distress are severe, continue for over a month, or start to generalize, seek help from a mental health professional.

Don't:

- Assume that there is one orderly or predictable way for the child to cope with trauma.
- Rush the child to "get over" the events; every child responds differently. Allow the child to take his time to figure things out.
- Volunteer information if the child does not seem to know about the events; instead, remain vigilant for signs of worry or distress.
- Overload the child with information. Let the child's questions steer the conversation.
- Discuss worst-case scenarios.
- Misrepresent, distort or be dishonest about the facts.
- Burden the child with your intense feelings. The child may be overwhelmed, interpret your reactions as reason for fear, and feel responsible for taking care of you.
- Push teenagers or older children to discuss the events. Respect their wishes if they choose not to do so. Let them know you will be available if and when they are ready.
- Suppress teenage humor as a way of coping, but channel it appropriately.
- Speculate about perpetrators, motives or other details. Be honest when facts are few.
- Perpetuate or allow stereotyping of people from different subgroups, cultures or countries; the child may easily generalize these beliefs.
- Express or condone hatred or inappropriate anger. The child may find it difficult to sort through and manage intense emotions.
- Allow or condone physical expressions of anger.

Flashbacks

- Ways clients can cope with flashbacks:
  - Repeatedly blink your eyes hard
  - Change the position of your body
  - Deep breathing
  - Imagery – go to safe place
  - Go to an actual safe place
  - Name objects in the space around you
  - Move vigorously
  - Hold a safe object
  - Listen to something soothing
  - Clap your hands or stomp your feet
  - Wash your face with cold water
  - Say positive affirmations
  - Spray the memory with an imaginary bottle of cleanser until it goes away
  - Project the memory onto a dry erase board and erase it
  - Draw it and then destroy the drawing
  - Put it into a container real or imaginary and get rid of it

(Williams & Poijula, 2000)

Nightmares

- This is a cognitive technique suggested by Baker and Salston (1993):
  - Before going to sleep, recognize that you may dream something distressing in the night.
  - When the dream occurs, write it down/draw it, talk it through with someone (if possible) and then rewrite the ending.
  - This is a way to enable the client to take control of the dream.
  - Then do a deep relaxation and go back to sleep.

Triggers

- No matter what type of anxiety the client is struggling with, awareness is key.
- Have the client create a list of triggers (if applicable)
  - This enables the client to gain control over them by either avoiding the triggers (this is different then avoidance behaviors with panic) and/or cope with them.
  - If possible plan ahead when facing a trigger
    - Use skills
    - Talk to supports and have them there

Trauma survivors

- Ways to reduce anxiety and improve sleep:
  - Exercise
  - Listen to relaxation music or recordings
  - Practice relaxation techniques when facing a trigger or before sleep
  - Pray/Meditate - think of a safe place
  - Talk to someone
  - Avoid caffeine – eat something light before bed
  - No liquids for two hours before bed
  - Read before bed or do something boring – avoid stimulating things like tv, video games, the computer etc..
  - Sleep in your bed
  - Take a walk – before bed this helps because it raises the body temperature and then it falls again
  - Schedule a time to worry
  - Use a white noise or sound machine
  - Get into a routine with set bed time

CAUTION!!!!

- With Children you want the parents involved – be careful not to allow sessions to become family therapy.
- Resistance:
  - Usually fear based
  - What they know is familiar
  - Unknown
  - Review goals: What would life be like without the anxiety – picture it and make it real
    - Re-motivate
    - Face the discomfort

CAUTION cont.

- Make sure the client has realistic expectations
- Make sure that they expect set backs
- Tools to help them remember what to do especially under times of stress
- Often fear and anxiety are not taken seriously in children because there are quite normal. However, anxiety in children should be brief and not long term (Cartwright-Hatton, McNicol, & Doubleday, 2006; Craske, 1997).

CAUTION cont.

- Be careful not to end too soon
  - Increases chances of them returning
  - This can include stopping medication too soon or suddenly
  - Keep practicing
- LIFE
  - An increase in stress in life can cause a return
  - Usually temporary
  - Body's way of telling you that you are stressed
- New situations
  - Something that you think you have overcome may cause anxiety because there is some new aspect to the situation – this means it is new

CAUTION cont.

Negative experiences

- Sometimes bad things happen.
- These may bring back or reinforce old thoughts and beliefs.
- It is important to immediately go back over and address what has occurred.
- Reinforce what was learned and the new skills/thoughts

CAUTION cont.

- Do not treat only the anxiety
- Many of these disorders have other factors such as with PTSD you will have numbing. You will see relationship issues, social skills issues (which we discussed), other mental health issues, abuse, trauma etc..
- We have talked about how to treat the anxiety but remember you must work with the whole person!

THANK YOU VERY MUCH!

I truly hope that you have found this presentation informative and useful. If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,

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