

- WESTERN CANADA MENTAL HEALTH SUMMIT -

IMPROVING SKILLS & COMPETENCIES FOR MENTAL HEALTH & EDUCATION PROFESSIONALS

WEDNESDAY, MAY 24, 2023 – FRIDAY, MAY 26, 2023

Best Western Premier Calgary Plaza Hotel & Conference Centre
1316 33 St NE, T2A 6B6, Calgary, AB

CHRISTINE DARGON, PH.D.

WORKSHOP #14 & 19

Supporting the Anxious Mind at School and at Home: Sources of Anxiety, Stress Management, and Anxiety-Regulation Skills

Supporting the Anxious Mind at School and at Home: School Recommendation, Medication, Interventions for Separation Anxiety Disorder, Generalized Anxiety & Panic Disorder

Day Two | 8:30am - 11:45pm & 12:45pm – 4:00pm

DAY 2



Christine Dargon, Ph.D., having worked in clinical practice for over 20 years, now focusses her time on speaking and education. Dr. Dargon did graduate research and her dissertation on rape-related PTSD and began working with rape survivors over 25 years ago. Currently, Dr. Dargon is an international speaker traveling throughout North America presenting seminars of numerous topics. Dr. Dargon has also been teaching on the undergraduate and graduate levels for over 20 years and is currently on faculty at Grand Canyon University serving students in the Masters' of Counseling Psychology Program.



208-197 Forester Street
North Vancouver, BC, Canada
V7H 0A6

T 604 924 0296 F 604 924 0239
TF 1 800 456 5424
E registration@jackhirose.com

Anxiety Disorders in Children and Adolescents:

Recognizing and Treating the Emerging Epidemic

WELCOME!!!

Dr. Christine Dargon

603-321-7284

docborgs@yahoo.com

On LinkedIn and Facebook:

Dr. Christine Frydenborg Dargon

www.christinefrydenborgdargon.com

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.

• Anxiety and depression affect many children

- 9.4% of children aged 3-17 years (approximately 5.8 million) had diagnosed anxiety in 2016-2019.
- 4.4% of children aged 3-17 years (approximately 2.7 million) have diagnosed depression in 2016-2019.

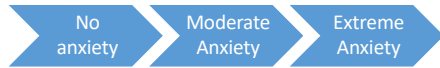
• Anxiety and depression have increased over time

- "Ever having been diagnosed with either anxiety or depression" among children aged 6-17 years increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011-2012.
- "Ever having been diagnosed with anxiety" among children aged 6-17 years increased from 5.5% in 2007 to 6.4% in 2011-2012.
- "Ever having been diagnosed with depression" among children aged 6-17 years did not change between 2007 (4.7%) and 2011-2012 (4.9%).

(Statistics from the CDC USA)

- According to [JAMA Pediatrics](https://doi.org/10.1093/peds/kpaa001), even before the pandemic, the rate of child and adolescent anxiety increased 27% between 2016 and 2019. By 2020, more than 5.6 million youths were diagnosed with anxiety. With symptoms such as trouble concentrating, an upset stomach, or sleeplessness, anxiety can be one of the most debilitating challenges students face in classrooms today.

Anxiety Continuum



- When children do not outgrow the fears and worries that are typical in young children, or when there are so many fears and worries that they interfere with school, home, or play activities, the child may be diagnosed with an anxiety disorder. Examples of different types of anxiety disorders include
- Being very afraid when away from parents (separation anxiety)
- Having extreme fear about a specific thing or situation, such as dogs, insects, or going to the doctor (phobias)
- Being very afraid of school and other places where there are people (social anxiety)
- Being very worried about the future and about bad things happening (general anxiety)
- Having repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, having trouble breathing, or feeling dizzy, shaky, or sweaty (panic disorder)
- Anxiety may present as fear or worry, but can also make children irritable and angry. Anxiety symptoms can also include trouble sleeping, as well as physical symptoms like fatigue, headaches, or stomachaches. Some anxious children keep their worries to themselves and, thus, the symptoms can be missed.

<https://www.youtube.com/watch?v=WuyPuH9ojCE>



- **What types of anxiety are common in children?**
- **Separation anxiety:** Very anxious and upset when parted from parents and caregivers; refusal to attend camp, sleepovers, or play dates; worry that bad things will happen to self or loved ones while separated.
- **Social anxiety:** Strong fear of social situations; very anxious and self-conscious around others; worry about being judged or humiliated.
- **Specific phobia:** Severe, irrational fear set off by a situation or thing, such as thunderstorms, worry about vomiting, or insects.

What makes some children more vulnerable to anxiety?

- Anxiety may set deep roots due to a blend of
- biological factors, such as genes and brain wiring
- psychological factors, such as temperament and coping strategies
- environmental factors, such as anxious parenting or troubling early childhood experiences and environment.

Cognitive Theory of Anxiety



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

- 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?

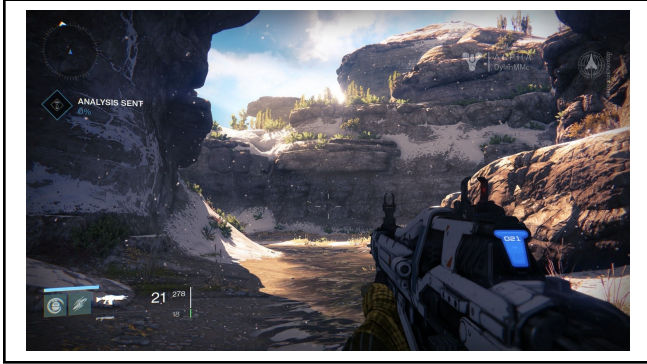
Behavioral Factors and Children

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





[illegible][illegible]













- Bullying in/out of school

- 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.”

Behavioral – Learning Theories

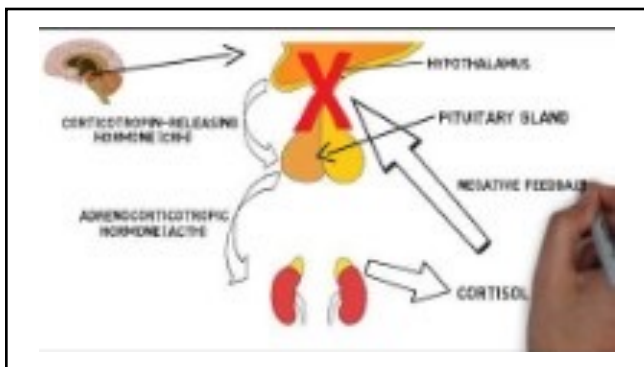
- “Because the neural circuitry for fear learning is located in the amygdala, and because it is likely that exposure changes neural pathways in the hippocampus, fear learning is not “undone” by exposure. Patients learn something new about the fear. Therefore, this new learning must occur frequently and 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).

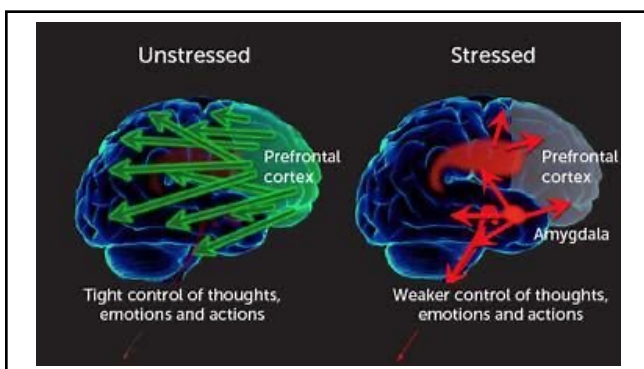
Cognitive Behavioral

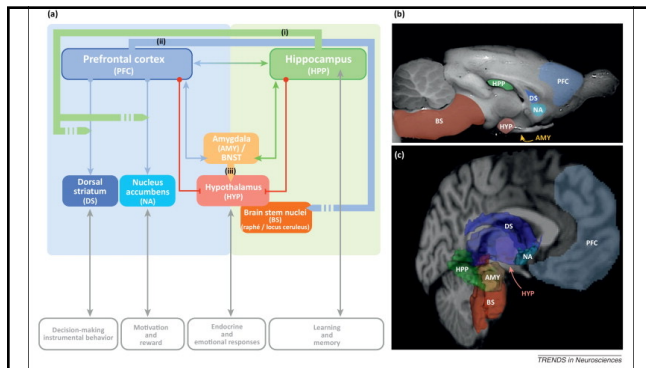
- It is easy for a client to generalize their anxiety once they start to become anxious over any one thing.
 - “Patients can become chronically anxious or worried about future occurrences of anxiety. Frequently, they struggle with symptoms that are generated just by thinking of anxiety-provoking stimuli.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

Physiology

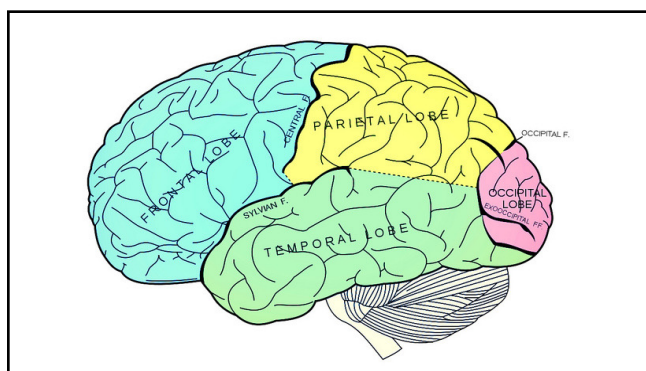
- There is much evidence to show that anxiety disorders and phobias run in families (Muris, 2008).
- Twin studies also have provided much evidence that there is a strong genetic component to anxiety (Stevenson, Batten & Cherner, 1992; Rose & Ditto, 1983).

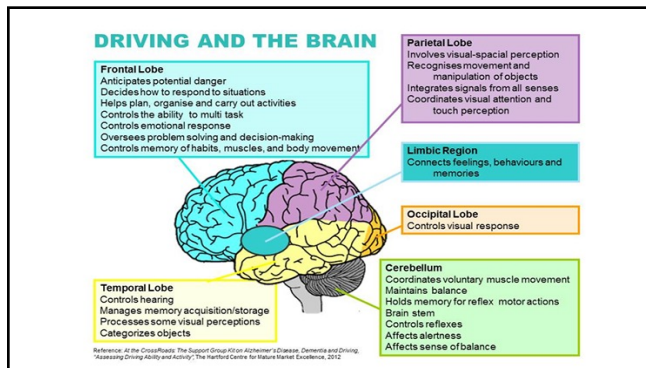






- Anxiety is intimately tied to the physiology of the body.
- Perceived danger triggers the flight or fight response.
 - Heart beats faster – need to get blood to the parts of the body required to act (rapid heart beat)
 - Breathe increases to circulate more oxygen (numbness, tingling, light headed)
 - 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”

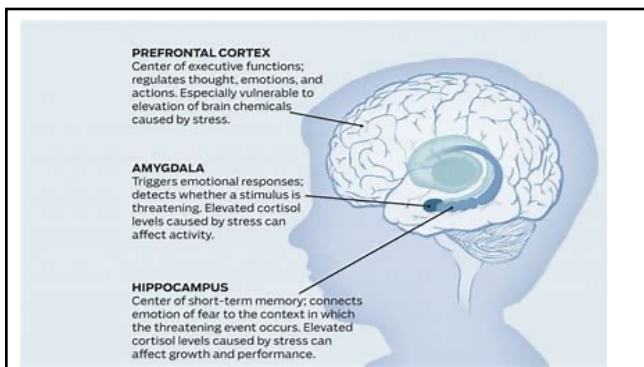
- “Neural circuits responsible for conscious self-control are highly vulnerable to even mild stress. When they shut down, primal impulses go unchecked and mental paralysis set in.”
- Arnsten, A., Mazure, C. M., & Simha, R. (2012). This is Your Brain in Meltdown. *Scientific American*, April, 2012, 48-53.

Why do we lose it?

- The main executive control center of the brain is just behind the forehead = the prefrontal cortex.
 - Controls impulses and manages inappropriate ones
 - Undermined even by basic daily stressors
 - Interferes with our ability to control such impulses
 - Emotions and impulsivity take over.

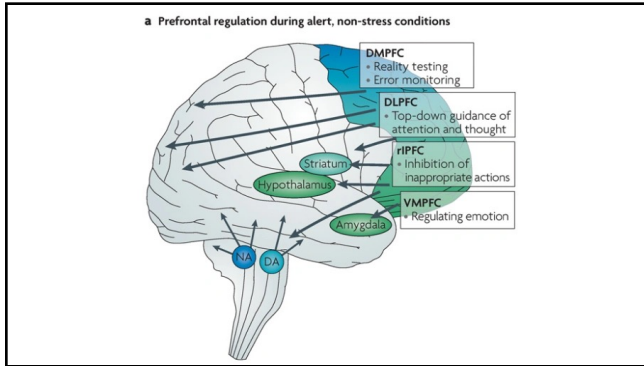
Amygdala

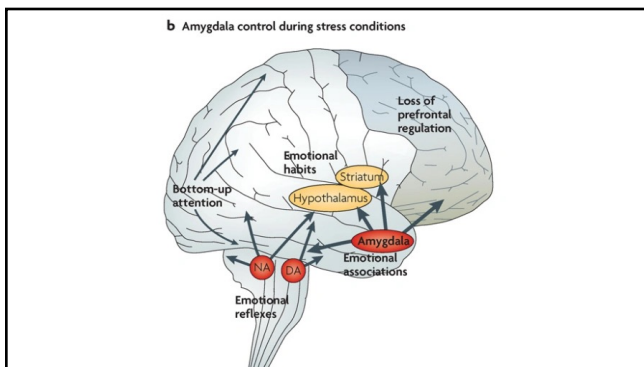
- Controls production of dopamine and norepinephrine when under stress.
- Such increased production tells the prefrontal cortex, essentially, to shut down
- Strengthens activity in the striatum and amygdala
- High levels of dopamine and norepinephrine in the prefrontal cortex switches on receptors that open channels causing the disconnection of prefrontal neurons weakening our ability to control our emotions and impulses.

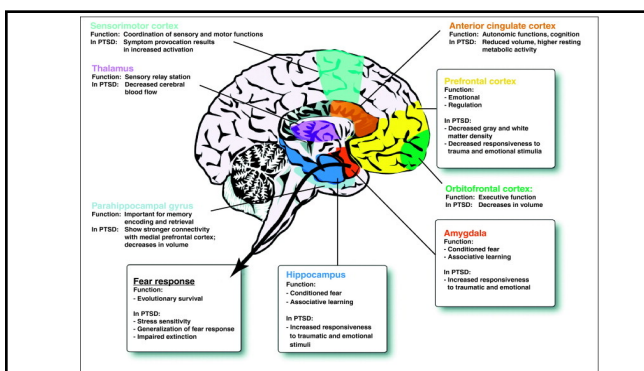


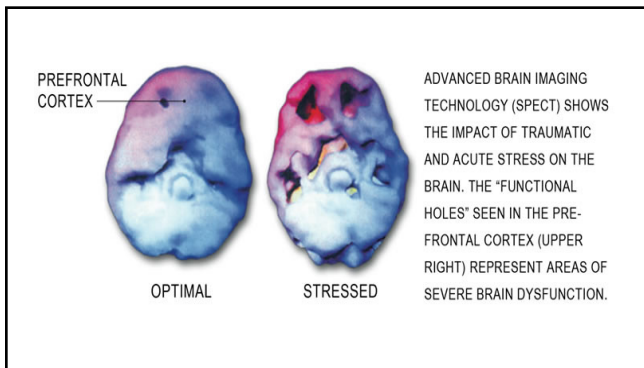
Your Brain

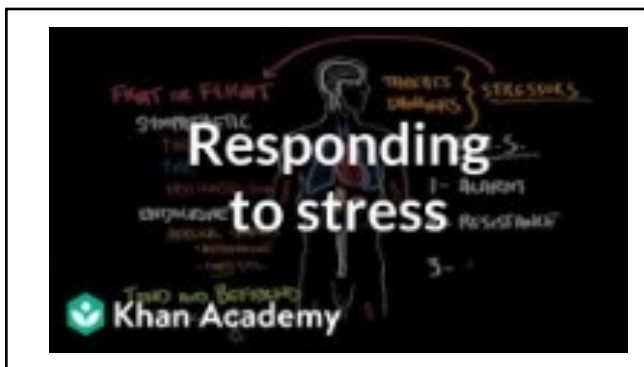
- | | |
|--|---|
| <ul style="list-style-type: none"> • Unstressed: <ul style="list-style-type: none"> • The pre-frontal cortex regulates: <ul style="list-style-type: none"> • Hunger • Sex • Aggression • Emotional responses such as fear • Stress responses from the brain stem • Neurons including norepinephrine and dopamine | <ul style="list-style-type: none"> • Stressed: <ul style="list-style-type: none"> • Amygdala commands the increased production of norepinephrine and dopamine <ul style="list-style-type: none"> • Shuts down the pre-frontal cortex <ul style="list-style-type: none"> • This weakens the pre-frontal cortex's role in controlling emotions and impulses. |
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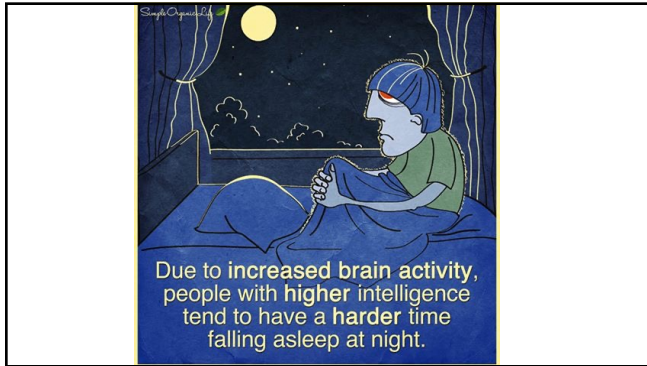






Development

- 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).



Anxiety Disorders

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

• Generalized Anxiety Disorder

- If your child has generalized anxiety disorder, or GAD, he or she will worry excessively about a variety of things such as grades, family issues, relationships with peers, and performance in sports.
- Children with GAD tend to be very hard on themselves and strive for perfection. They may also seek constant approval or reassurance from others.

• Separation Anxiety Disorder

- Many children experience separation anxiety between 18 months and three years old, when it is normal to feel some anxiety when a parent leaves the room or goes out of sight. Usually children can be distracted from these feelings.
 - It's also common for your child to cry when first being left at daycare or pre-school, and crying usually subsides after becoming engaged in the new environment.
 - If your child is slightly older and unable to leave you or another family member, or takes longer to calm down after you leave than other children, then the problem could be separation anxiety disorder, which affects 4 percent of children. This disorder is most common in kids ages seven to nine.
- When separation anxiety disorder occurs, a child experiences excessive anxiety away from home or when separated from parents or caregivers. Extreme homesickness and feelings of misery at not being with loved ones are common.
- Other symptoms include refusing to go to school, camp, or a sleepover, and demanding that someone stay with them at bedtime. Children with separation anxiety commonly worry about bad things happening to their parents or caregivers or may have a vague sense of something terrible occurring while they are apart.

• Social Anxiety Disorder

- Social anxiety disorder, or social phobia, is characterized by an intense fear of social and performance situations and activities such as being called on in class or starting a conversation with a peer.
- This can significantly impair your child's school performance and attendance, as well as his or her ability to socialize with peers and develop and maintain relationships.

• Selective Mutism

- Children who refuse to speak in situations where talking is expected or necessary, to the extent that their refusal interferes with school and making friends, may suffer from selective mutism.
- Children suffering from selective mutism may stand motionless and expressionless, turn their heads, chew or twirl hair, avoid eye contact, or withdraw into a corner to avoid talking.
- These children can be very talkative and display normal behaviors at home or in another place where they feel comfortable. Parents are sometimes surprised to learn from a teacher that their child refuses to speak at school.
- The average age of diagnosis is around 5 years old, or around the time a child enters school.

• Specific Phobias

- A specific phobia is the intense, irrational fear of a specific object, such as a dog, or a situation, such as flying. Common childhood phobias include animals, storms, heights, water, blood, the dark, and medical procedures.
- Children will avoid situations or things that they fear, or endure them with anxious feelings, which can manifest as crying, tantrums, clinging, avoidance, headaches, and stomachaches. Unlike adults, they do not usually recognize that their fear is irrational.

• Panic Disorder

- Panic disorder is diagnosed if your child suffers at least two unexpected panic or anxiety attacks—which means they come on suddenly and for no reason—followed by at least one month of concern over having another attack, losing control, or "going crazy."

Symptoms of Panic Attacks

Palpitations, Pounding heart, or accelerated heart rate
 Sensations of shortness of breath or smothering
 Feeling dizzy, unsteady, light headed or faint
 Chills or hot flashes

Sweating
 Feeling of choking
 Chest pains
 Nausea

Trembling or shaking
 Fear of Losing control
 Fear of Dying
 Numbness or tingling

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 caused by drug usage or a medical condition

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, lab work etc..) that there is a physiological cause
 - Such as 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 than you would expect.
- Specify the substance.

- Obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (PTSD) are closely related to anxiety disorders, which some may experience at the same time, along with depression.

• Obsessive-Compulsive Disorder (OCD)

- OCD is characterized by unwanted and intrusive thoughts (obsessions) and feeling compelled to repeatedly perform rituals and routines (compulsions) to try and ease anxiety. [Learn more about OCD.](#)
- Most children with OCD are diagnosed around age 10, although the disorder can strike children as young as two or three. Boys are more likely to develop OCD before puberty, while girls tend to develop it during adolescence.

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.

• Posttraumatic Stress Disorder (PTSD)

- Children with posttraumatic stress disorder, or PTSD, may have intense fear and anxiety, become emotionally numb or easily irritable, or avoid places, people, or activities after experiencing or witnessing a traumatic or life-threatening event.
- Not every child who experiences or hears about a traumatic event will develop PTSD. It is normal to be fearful, sad, or apprehensive after such events, and many children will recover from these feelings in a short time.
- Children most at risk for PTSD are those who directly witnessed a traumatic event, who suffered directly (such as injury or the death of a parent), had mental health problems before the event, and who lack a strong support network. Violence at home also increases a child's risk of developing PTSD after a traumatic event.

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

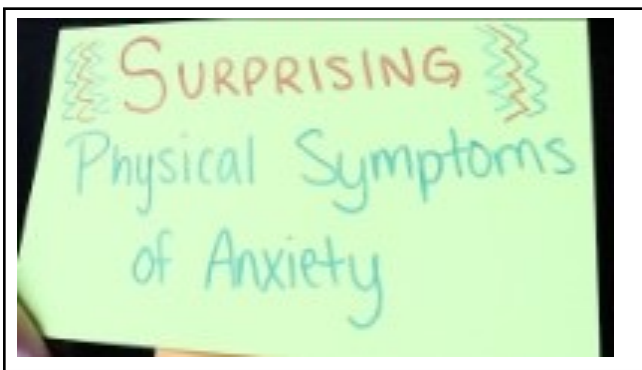
- Children may reenact in their play
- Difficult to ascertain the content of the dreams
- Avoidance of places or people that represent that event
- May see constriction of play
- Socially withdrawn

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 then once you reach the 1 month mark the diagnosis will be changed to PTSD.

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





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).

Confusion

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

Are you an eagle or a chicken?

- Anxiety and ADHD, at times, often look very much like each other, and it takes a discerning eye to figure out which one it is. And, to complicate things further, sometimes there can be a little bit of both.



Identifying Signs Of Anxiety In Children

- Does your child have any of these symptoms?
- Agitation
- Restlessness
- Inattention, poor focus
- Somatic symptoms like headaches or stomachaches
- Avoidance
- Tantrums
- Crying
- Refusing to go to school
- Meltdowns before school about clothing, hair, shoes, socks
- Meltdowns after school about homework
- Difficulties with transitions within school, and between school and an activity/sport
- Difficulty settling down for bed
- Having high expectations for school work, homework and sports performance

- Essentially, anxiety in children tends to manifest as negative behaviors that you may have glimpsed briefly in the past but are becoming noticeable, consistent and intense. Over time, these behaviors can become frustrating to parents who feel unable to handle these newly arising attitudes, and don't know how to deal with children that are not responding to punishment, yelling, or to any other methods that were once effective.



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.)

- 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).

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?
 - Is that something that is very important to you?
 - What are your 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 having:
 - 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

The Floating Technique



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

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
 - Quick alternative – pull down into chair

Rewards and Children

- 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.

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 than 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/>

- MINDFUL MOMENTS – PRINTABLE

- Fit.sanfordhealth.org



Yoga



Since I
started
doing Yoga
I feel
so much
better.

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.



GROW YOUR FLOW!

- Yoga Poses for Kids – see handouts

More great yoga resources!

- Adapted from an excerpt 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.

- Youtube.com Cosmic Kids Yoga

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) FREE educator subscription
- 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!

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 medication 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).

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 clomipramine 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

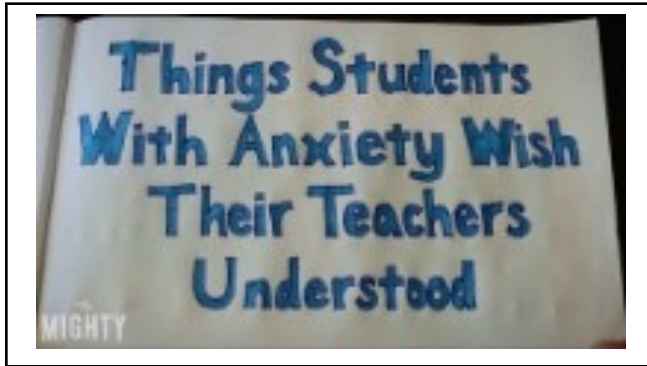
Exposure (cont.)

- 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 in 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).





CREATE A PEACE PLACE

- This activity helps participants learn calming down strategies and brainstorm how to set up and use a "Peace Place"—a special place to go when someone needs to calm himself or herself or is feeling upset or angry.
- Daniel Goleman, in his seminal 1996 book *Emotional Intelligence: Why it matters more than IQ*, coined the phrase "emotional hijacking" for the effect of an intense emotion like anger or fear to hijack or inhibit the thinking part of our brain. Knowing how to self-regulate, or interrupt this process, is not only a core emotional competency, it is critical to young people's ability to access their thinking brain, restrain unwanted behaviors in and out of the classroom, and attend to the learning at hand. The strategies presented here for calming down initiate physiological responses that calm the body and interrupt the "fight, flight or freeze" response that is at the heart of emotional hijacking.



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.

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:

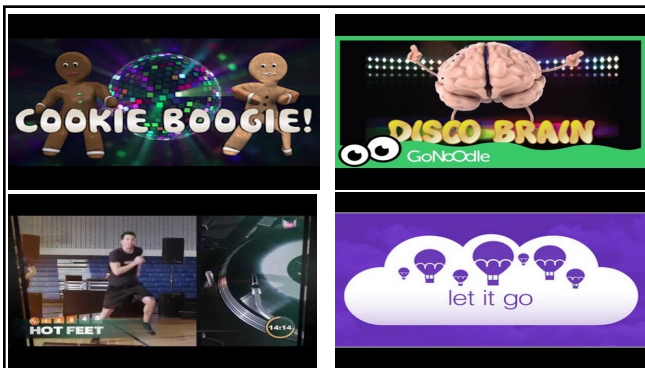
- Leaning forward (sitting)
- Standing closer
- Maintaining eye contact
- Easily heard volume
- Arms uncrossed
- Hands open & relaxed
- Smiling
- Confident Tone
- Sitting up straight

(Anthony and Swinson, 2000)

<https://www.youtube.com/watch?v=zmR2A9Tnlso&list=PLb98lr0FmoPIF9snYCFt0kRmN-tWOPPIA>







Ways To Help Students Who Struggle With Anxiety

- Educate yourself about anxiety
- The more you understand about anxiety, the more you can arm yourself with strategies to help your students. [This article](#) from district superintendent Jon Konen provides a definition of anxiety, its causes, how to recognize it, types of anxiety disorders, and, most importantly, how you can help as a teacher.
- (You are obviously doing this – you are here, today!)

Practice those deep breaths

- [Rainbow Breath - Learn To Raise Your Energy | Meditation For Kids | Breathing Exercises | GoNoodle – YouTube](#)
- When people slow down their breathing, they slow down their brain. When I notice that one of my kids is struggling with anxiety, I'll often lead the whole class in a breathing exercise. It helps the child who is overwhelmed and usually a few other kids too. Sometimes I'll do it just because the whole class is squirrely and we need to focus. Slow, deep breaths are the key.
- [Practice Mindfulness With Belly Breathing | ... | PBS KIDS for Parents](#)

What is Belly Breathing?

- Diaphragmatic, or belly breathing, is natural to all mammals (including humans). It's a state of deep breathing that's controlled by a large muscle in our abdomen called the diaphragm.
- When you take air in through your nose, it travels into your lungs. If you take a shallow breath, only the chest cavity expands. Breathing deeply involves more of your body — the diaphragm contracts and both the belly and chest cavity expand. Belly breathing and the "fight or flight" response to stress or anxiety (two [feelings we all experience](#)) can't occur at the same time. When our bodies switch into "fight or flight" mode, we engage in shallow breathing. We're ready for battle. On the other hand, belly breathing [reduces our heart rate and triggers a relaxation response](#). It slows us down.



Directions

1. It's best to start practicing belly breathing when you and your child are already relaxed. This way, your child can build awareness of what being calm feels like. Once your child has the feeling of belly breathing mastered (have her practice it daily), she can apply it to stressful moments.
2. Start by having your child breathe normally. Ask if your child notices anything about it. What parts of the body move as she breathes? What does it feel like?
3. Now have your child lie on her back, relax her muscles and place her hands on her belly.

- 4. With her mouth closed, have her breathe in for four seconds or until she feels her whole chest fill with air, all the way down to her belly.
- 5. Have your child hold in the air for four seconds.
- 6. Have your child slowly blow the air out until it's all gone. If your child is having difficulty breathing slowly, have her exhale through a straw. You can tell your child to pretend she's snorkeling.



- 7. Repeat until the body feels relaxed. Ask your child if they notice anything different from before. What does it feel like?
- 8. Include belly breathing as a regular part of your child's routine, such as bedtime. With practice, it can become a familiar strategy that your child can use at any age.
- Jennifer Cooper is the blogger behind [Classic-Play.com](https://www.classic-play.com), an online resource for creative families. Her favorite pastimes include: dancing around her living room, watching the Pink Panther with her kids and daydreaming. She lives in Baltimore, MD with her husband, photographer Dave Cooper, and two children.

[Practice Mindfulness With Belly Breathing | ... | PBS KIDS for Parents](#)

Take a break and go outside

- Being out in nature can also calm an anxious brain. Sometimes just a change of scenery is what makes the difference. Breathing the cool air or making time to notice chirping birds can also calm an overactive worrier. Asking students to carefully observe their environment can help them turn the focus away from their worries and toward something more tangible: *How many different kinds of trees do you see? How many different bird songs do you hear? How many different shades of green are in the grass?*

Talk openly about anxiety

- Don't set anxiety up as something you want (or should) get rid of. It's part of life, and it's not realistic to think it'll go away completely. You can help students see and understand this in your own actions.
- **Tackle the topic with a good book:**
 - Often, when one of my kids is struggling, the school counselor will come and share a picture book about managing anxiety with the entire class. Some kids may not be receptive to direct, one-on-one intervention, but they will respond beautifully if they know the whole class is receiving the same information.

Focus on the positive by having students keep a gratitude journal

- The brain is incapable of producing anxious thoughts while it is producing positive thoughts stemming from gratitude. If you can trigger a positive train of thought, you can sometimes derail the anxiety. I knew a teacher who had his fifth graders keep gratitude journals, and every day they would record at least one thing they were thankful for. When his students seemed overwhelmed by negativity or mired in anxiety, he'd encourage them to reread their journals.

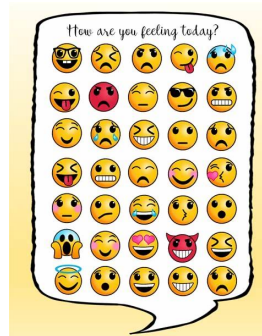
[22 Gratitude Videos To Inspire Kids of All Ages \(weareteachers.com\)](https://www.weareteachers.com/22-Gratitude-Videos-To-Inspire-Kids-of-All-Ages)

Examples

1. What is Gratitude? <https://youtu.be/T5Umo80x9og>
2. What does it mean to be thankful? <https://youtu.be/PcVQGoalfnk>
3. Two-Minute Start of Day Gratitude Meditation for Kids: <https://youtu.be/vRiPWGono4s>
4. My gratitude jar: <https://youtu.be/6TYvJh5Cwvw>
5. Short gratitude stories for kids: https://youtu.be/Y3cpV_dnN_I
6. Practicing gratitude: <https://youtu.be/l6zL3CtYG6Q>
7. Thankful by the Juicebox Jukebox: <https://youtu.be/YeSdQmO51Ps>
8. Gratitude as a learning strategy: <https://youtu.be/lrHJYeAVoKU>
9. Gratitude Experiment: https://youtu.be/U5lZBjWDR_c
10. Gratitude for teens: <https://youtu.be/uOm8qZ1brP8>
11. The science of gratitude: <https://youtu.be/JMd1CcGZYwU>

Identifying Feelings

- Show Emoji Cards



Validate students' feelings

- Before trying to problem-solve with students who are in the midst of racing thoughts or have completely shut down, Phyllis Fagell, a school counselor and therapist based in Maryland and Washington, D.C., recommends validating their feelings. For instance, saying, "If I was afraid I might look dumb, I'd be worried about raising my hand too," may reduce the impact of anxiety and help a student relax, develop trust, and feel understood. Fagell also reminds teachers not to shame anxious students.

16 Tasty Books That Teach Kids About Nutrition and Healthy Eating Habits

- 1. [Rah, Rah, Radishes: A Vegetable Chant](#) by April Pulley Sayre
- 2. [Summer Supper](#) by Rubin Pfeffer
- 3. [Maurice the Unbeastly](#) by Amy Dixon
- 4. [Gregory, the Terrible Eater](#) by Mitchell Sharmat
- 5. [I Will Never Not Ever Eat a Tomato \(Charlie and Lola\)](#) by Lauren Child
- 6. [How Did That Get In My Lunchbox?: The Story of Food](#) by Chris Butterworth
- 7. [Tyler Makes Spaghetti](#) by Tyler Florence

- 8. [The Seven Silly Eaters](#) by Mary Ann Hoberman
- 9. [To Market, To Market](#) by Nikki McClure
- 10. [Zombies Don't Eat Veggies](#) by Jorge and Megan Lacera
- 11. [The Princess and the Peanut Allergy](#) by Wendy McClure
- 12. [Aiden the Wonder Kid Who Could Not Be Stopped: A Food Allergy & Intolerance Story](#) by Colleen Brunetti
- 13. [Every Night is Pizza Night](#) by J. Kenji López-Alt
- 14. [Bilal Cooks Daal](#) by Aisha Saeed
- 15. [Try It! How Frieda Caplan Changed the Way We Eat](#) by Mara Rockliff
- 16. [Eat Your Greens, Reds, Yellows, and Purples: A Children's Cookbook](#) by DK

Encourage families to make sure their children are getting enough sleep

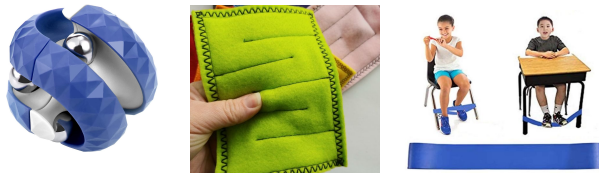
- With all the extracurricular activities available to kids, not to mention the allure of high-stimulus technology, many kids are just not getting the amount of healthy sleep they need. [According to the CDC](#), children ages 6-12 need as much as 9-12 hours of sleep each night. Preschoolers need even more (10-13 hours), and teens need between 8 and 10 hours. A solid night's sleep does wonders for improving mood, concentration, and outlook. Good sleep quality is also essential.

Create a space where kids can express their anxiety

- You've probably heard of [classroom safe spaces](#), and this is a great option to offer if you have students dealing with anxiety. A safe space is a comfy zone in the classroom where kids can go to decompress and regroup. Many teachers include glitter jars, headphones, books, or other items to help kids get back on track.

Use fidgets

- Another helpful idea, which can stand on its own or be part of your safe space, is offering students classroom fidgets. Sometimes this can work wonders in just giving kids an outlet for their amped-up energy.
- [39 Best Fidget Toys for the Classroom \(weareteachers.com\)](#)



Try aromatherapy

- [Aromatherapy](#) is thought to help activate certain receptors in the brain, potentially easing anxiety. Whether in the form of essential oil, incense, or a candle, natural scents like lavender, chamomile, and sandalwood can be very soothing. Check for sensitivities among your students before introducing a scent to the whole class. An alternative could be an unlit candle, dried herbs, or a sachet treated with essential oil kept in the classroom safe space for students to use individually.

Teach kids to recognize their warning signs

- Everyone experiences anxiety differently. For children, signs may include shortness of breath, stomachaches, or inability to settle down and concentrate, among others. Coaching students to recognize their unique triggers and warning signs can help them know when to take a step back. [Integrate social-emotional strategies](#) throughout the day to help students learn to manage their anxiety.

- 8. Practice role-play (see resource #3)
- 9. Build their social-emotional vocabulary
 - [Thanks for Requesting the Growth Mindset Posters - We Are Teachers](#)



My Keep Cool Cards

- Big feelings can be so overwhelming – show cards

Medication or not?

- What should clinicians and parents consider before starting a child on psychotropic medication?
 - Can the child be helped without medication?
 - Risks versus benefits
 - Side effects

What should clinicians and parents consider before starting a child on psychotropic medication?

- Pediatricians are often the prescribers
- Should see mental health professional first and be assessed

What are signs that a child may be taking too much medication or too little?

- Finding the right medication and dosage for a child may involve some trial and error.
- If a child shows a partial improvement, it may be a sign that the drug is a good choice but a higher dose might be in order.
- Signs that a medication dose is too strong can be wide-ranging but may include:
 - A change in appetite or sleep patterns in both directions
 - Signs of confusion or differences in thinking patterns
 - Any dramatic changes that are not typical for the child

- Focus on the whole child in every context, including family, social relationships and school.
- While medication can be helpful for children and adolescents with mental health challenges, it's only part of the picture.
- Courtesy of Yale Medicine

Medication may be prescribed for psychiatric symptoms and disorders, including, but not limited to:

1. **Bedwetting**-if it persists regularly after age 5 and causes serious problems in low self-esteem and social interaction.
2. **Anxiety** (school refusal, phobias, separation or social fears, generalized anxiety, or posttraumatic stress disorders)-if it keeps the youngster from normal daily activities.
3. **Attention-deficit/hyperactivity disorder (ADHD)**-marked by a short attention span, trouble concentrating, and restlessness. The child is easily upset and frustrated, often has problems getting along with family and friends, and usually has trouble in school.
4. **Obsessive-compulsive disorder (OCD)**-recurring obsessions (troublesome and intrusive thoughts) and/or compulsions (repetitive behaviors or rituals such as handwashing, counting, or checking to see if doors are locked) that interfere with a youngster's daily functioning.
5. **Depression**-lasting feelings of sadness, helplessness, hopelessness, unworthiness, guilt, inability to feel pleasure, a decline in school work, and changes in sleeping and eating habits.

6. **Eating disorder**-either self-starvation (anorexia nervosa), binge eating and vomiting (bulimia), or a combination of the two.
7. **Bipolar (manic-depressive) disorder**-periods of depression alternating with manic periods, which may include irritability, "high" or happy mood, excessive energy, behavior problems, staying up late at night, and grand plans.
8. **Psychosis**-symptoms include irrational beliefs, paranoia, hallucinations (seeing things or hearing sounds that don't exist), social withdrawal, clinging, strange behavior, extreme stubbornness, persistent rituals, and deterioration of personal habits. Psychosis may be seen in developmental disorders, severe depression, schizoaffective disorder, or schizophrenia.
9. **Autism spectrum disorders**-characterized by severe deficits in social interactions, language, and/or thinking or ability to learn, and usually diagnosed in early childhood.
10. **Severe aggression**-which may include assaultive behavior, excessive property damage, or prolonged self-abuse, such as head-banging or cutting.
11. **Sleep problems**-symptoms can include insomnia, night terrors, sleep walking, fear of separation, or anxiety.

Natural Alternatives to Psychiatric Drugs

- 1. Eat Healthy – probiotics, bacteria etc. Fish may lower depression. Healthy fats. Gut/brain connection.
- 2. Exercise – may help with depression and anxiety.
- 3. Therapy
- 4. Dietary Supplements – Omega 3's, Vitamin D, St. John's Wort, L-lysine & L- arginine, Chinese Medicine, Ketone, Inositol etc..
 - Depression and/or anxiety
 - ADHD
 - Schizophrenia, especially early-stage
 - Bipolar disorder
 - Antisocial behavior
 - Borderline personality disorder

- 5. Alternative therapies – Yoga, EMDR etc.
- 6. Essential Oils – Lavender, Chamomile, Orange, Lemongrass (FDA versus Europe).

- **Herbs in Traditional Chinese Medicine**
- Many herbs found in [Traditional Chinese medicine](#) (TCM) have been reported to improve depression and anxiety symptoms. Some of them include:
 - Chai hu
 - [Ginkgo biloba](#)
 - Suan zao ren
 - [Passion flower](#)
 - [Kava root](#)

- **L-lysine and L-arginine**

- Both [L-lysine](#) and [L-arginine](#) are amino acids available in supplement form. In rats, L-lysine seems to decrease stress-induced anxiety symptoms, such as [diarrhea](#). The same result has been found in humans as well, focusing on communities with high cereal-based diets. Such communities don't often eat foods containing much L-lysine and may be deficient.
- Research has also begun regarding whether or not L-lysine could impact symptoms of schizophrenia. There is not a consensus yet on dosages or long treatment periods, but the initial results are promising.

- **Ketone Supplement**

- An innovative study released in 2017 tested the effect of a ketone supplement in rats fed a standard diet (not a [keto diet](#)). Fascinatingly, the rats experienced reduced symptoms of anxiety and anxiety-related behavior. This is just an initial result and has not been duplicated or tested in human subjects, so interpret with caution.
- **Inositol**
- Commonly used by patients with PCOS, [inositol](#) is a compound found in particular fruits such as cantaloupe and oranges. It is also available in supplement form, and thus far has exhibited "modest effects in patients with panic disorder or obsessive-compulsive disorder" in current research.

10 homeopathic medicines for children include:

- **Aconitum Napellus 30C** - Fevers and inflammations of acute onset, usually due to exposure to dry cold, with anxiety, restlessness and thirst. Discontinue when perspiration sets in.
- **Apis Mellifica 30C** - Hives and swelling; insect bites that are pinkish with stinging pain and swelling.
- **Arnica Montana 30C** - The number one homeopathic medicine for injuries, bruising, muscular soreness due to overexertion. You can also apply Arnica cream on the affected skin areas but avoid using it on open wounds.
- **Belladonna 30C** - High fever of sudden onset with hot, red, flushed face red and sweating. Bright red sore throat with sensation of dryness. Early stage of abscess with redness and throbbing pain.
- **Calendula 30C** and Calendula ointment prevent inflammation and alleviate pain in bruises and sunburns. The ointment does not cause burning.

- **Chamomilla 30C** - Peevish, irritable baby or child with hypersensitivity to pain. Relieves colic and teething pain
- **Ferrum Phos 30C** - Helpful for first stage of inflammation with mild fever and fatigue. For colds in children prone to otitis and bronchitis (prevents these complications).
- **Hepar Sulphuris Calcareum 30C** - Heals acute suppurations such as boils and abscesses - brings a boil to a head. Colds, sore throat or hoarseness with a sensation of a splinter in the throat. Teen acne.
- **Ipeca 30C** - Constant nausea with vomiting that does not bring any relief. Mouth full of saliva, clean tongue and lack of thirst in spite of frequent vomiting.
- **Spongia 30C** - croup with barking cough sounds like "sawing through a board of wood"

Offer individual accommodations

- For older students, accommodations can make all the difference. Many students struggle with performance anxiety, especially when it comes to tests. When a student is feeling anxious, their brain simply can't function as effectively. When we can set up our tests and assignments so anxious kids are less stressed, they'll likely perform better. Extended time and cue sheets could help kids who suffer from test anxiety.
- The good news about anxiety is that it is one of the most manageable mental-health struggles that children face in the classroom. With the right support and strategies, most children are able to develop strategies that help them manage their anxiety.
- The Child Mind Institute offers a "[Symptom Checker](#)" to help inform you about a student's possible diagnoses and information and articles to help facilitate a conversation.

Accommodation Examples

- While each child is different, the following compilation includes commonly implemented interventions for anxious children. These items may serve as a starting point for families who are looking for specific suggestions for problem areas, or for parents who are just learning of the types of issues that their anxious child may be contending with.
- **Classroom environment**
- Anxious children perform best in a calm, supportive, but organized classroom. Because change and uncertainty can be unsettling, a structured classroom, calmly disciplined will let children feel safe and know what to expect. An ideal situation is a teacher who maintains authority positively, using reason and respect rather than fear for punishment.

- **Seating** **Within** **classroom**
Anxious children often struggle with the unlikely fear that they will get in trouble, seating away from more rambunctious classmates will be less distracting, and may help them focus on their work rather than feeling responsible for the class.
- **Following** **directions**
Concerns about getting the directions wrong either because of distraction or misunderstanding are common. Signaling the class first when giving directions (flashing lights, clapping hands) and when possible having directions written on the board or elsewhere may assure anxious children that they have understood the directions.
- **Class** **participation**
Fears of getting the answer wrong, saying something embarrassing, or simply having other kids look at them may be concerns for an anxious child. Determine the child's comfort with either closed ended questions (requiring a yes or no) or with opinion questions, start with whichever is easiest. Use a signal to let the child know that his turn is coming. Provide opportunities for the child to share knowledge on topics in which he or she is most confident.

- **Class** **presentations**
Children with extreme social anxiety may have difficulty with oral reports. Consider having the child present to the teacher alone, or have the child audiotape or videotape the presentation at home.
- **Answering** **questions** **at** **the** **board**
For children with social anxiety, the combination of getting the answer wrong, and being visible to the whole class may be so overwhelming that they may opt to avoid school altogether. Consider having the child exempt from going up to the board until they are ready to handle that challenge, or begin to approach that situation by eliminating the risk of being wrong, by simply asking the child to write the date on the board.
- **Testing** **conditions**
Extended time on tests will ease the pressure on anxious children, and just knowing that the time is available may obviate the need to use it. Sometimes anxious children become distracted when they see other children working on their tests or turning them in, they may inaccurately assume that they don't know the material as well. Testing in an alternate, quiet location may be preferable for some children. Consider the use of word banks, equation sheets, to cue children whose anxiety may make them "blank out" on rote material.

- **Lunchroom/recess/unstructured** **activities**
Free choice times can be a welcomed and necessary break from the pressures of school, but fears of rejection in the cafeteria or on the playground can take the fun out of free time. Bridge the gap socially by creating ties between small groups of children. A lunch bunch with two or three children can create a shared experience which kids can then draw on later. When working in pairs or small groups, don't always have children choose the groupings themselves, alternate this with a "counting off" technique or drawing straws to allow variability in the groupings.
- **Safe** **person**
Having one person at school who understands the child's worries and anxieties can make the difference between a child attending school and staying home. A guidance counselor, principal, nurse, or teacher can be identified as a point person for the child to check in with briefly (5-10 minutes) to help dispel worry thoughts, take deep breaths and return to class.

- **Cool down pass**
Pressures build for anxious children, being able to leave the situation briefly to get a drink of water or wash their face can allow them to clear their heads and return to class on a less anxious track. Since anxious children may be hesitant to ask for this and risk being the center of attention, use an orange card which the child simply places on his desk, or the teachers desk, which signals they are out on break. In general anxious children are exceedingly honest and responsible and will not take misuse this privilege.
- **Assemblies/large group activities**
Some children become anxious in crowds, until a child has mastered the auditorium, allow them to sit where they feel most comfortable (e.g., at the end of the row in the back of the auditorium), see if they can gradually rejoin their class.
- **Return after illness**
Ever responsible, anxious kids may be very distressed about work they have missed while they were out. Assign a responsible buddy to copy notes and share handouts. If tests are given the day of the child's return, give them the option to take the test at another time and use the test-time to make up any other missing work.

- **Field trips**
Compounding the daily stress of the anxious child, field trips include the factors of being away from home and parents, and a change in routine. Accommodate the child's level of readiness so that he or she can participate as fully as possible. Consider having the child in the "teachers's group," or having parents accompany the group until the child is ready to handle an excursion without these supports in place.
- **Change in routine/substitute teachers**
Because anxious children try very hard to please and predict what is required in a situation, changes of any sort may be experienced as very stressful. When possible, send a note home the day before to alert the child/family to a change in routine, this will allow the child to process the change in his or her comfort zone and will make the transitions go more smoothly the next day.
- **Fire/safety drills**
While these drills are for a child's safety, anxious children may be very distressed by imagining that these events were actually happening. If there is an opportunity to signal the child in person just before the alarm sounds, this may buffer the surprise of the drill and allow children to mobilize with less distress.

- **Homework expectations**
If children are spending inordinate amounts of time on homework because of OCD redoing, rechecking, rereading, or simply worrying that the assignment wasn't done thoroughly enough, the teacher can set a reasonable amount of time for homework and then reduce the homework load to fit into that time frame. Teachers can also provide time estimates for each assignment (this could be helpful to the entire class), so that the anxious child can attempt to stay within 10% of the estimated time. Eliminate repetition by having the child do every other math question, reduce reading and writing assignments, consider books on tape if a child is unable to read without repetition, for a child with writing difficulties, consider having a parent, teacher, or another student "scribe" for the child while he or she dictates the answers.

The Children's and Adult Center for OCD and Anxiety

SAND TRAYS: Expressive arts Therapy on Sterioids

- This technique begins with a bin such as an under the bed storage container that is filled about a third of the way with sand. The play area should contain a number of small objects, figures, animals etc.
- The client is invited to create a world in the sand. This can involve creating patterns in the sand or placing objects in the sand.
- The individual may create scenes that are meaningful, experiences, fears, hopes etc.
- See what the client shares with you. This can often be a means of communicating with your things that can not otherwise be verbalized.

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 an 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

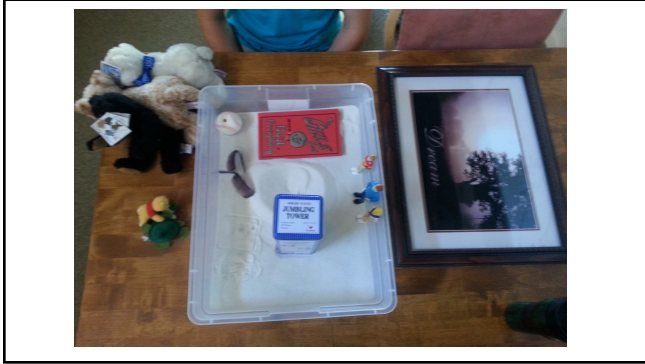
- Great for individuals age 3 and older.
- The therapist is not there to interpret. Be careful to not make any assumptions. Listen and that can be with your eyes as well as with your ears.
- Children can learn to problem solve by the examples set using the sand tray.
- Children may play out their day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

- 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)
- Courtesy of the Southern Sand Tray Institute – available on Facebook



- Easy examples:
 - Rubbing the palate
 - 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

Ways parents can help children learn to manage anxiety

- **Personalize and externalize:** Ask your child to give anxiety a name. Your child can draw pictures of anxiety, too. Then, help your child acknowledge anxiety when it rears up: 'Is that spiky-toothed, purple Bobo telling you no one wants to play with you?' Labeling and distancing anxiety can help your child learn to be the boss of it.
- **Preview anxiety-provoking situations.** Consider meeting camp counselors or touring new places ahead of time.
- **Model confidence:** Children are emotional Geiger counters. They register anxiety radiating from parents. Try to be mindful of what you model through words and body language. Work on tempering overanxious reactions when appropriate.

- **Narrate their world:** "Children are coding the world. Particularly through early childhood their brains are just sponges, taking everything in," says Dr. Potter. "We can help them with the narrative they're constructing: 'Is the world a safe place or a dangerous place where I have to be on guard all the time?'"
- **Allow distress:** Avoiding distressing situations invites anxiety to ease temporarily, only to pop up elsewhere. Rational explanations won't work, either. The whirring emotional center of the brain known as the limbic system requires time and tools to calm down enough to let the thinking (cognitive) center of the brain come back online. Instead, try distress tolerance tools: one child might splash her face with cold water, another might charge up and down stairs to blow off anxious energy, or tense and relax her muscles, or distract herself by looking around to find every color in the rainbow.

- **Practice exposure:** Gradual exposure helps rewire an anxious brain and shows a child he can survive anxious moments. Let's say your child is anxious about talking in public, ducking his head and squirming if addressed. Pick a pleasant, slow-paced restaurant for a fun weekly date. Then coach your child to take charge of ordering foods he likes in small steps. At first, he might whisper the order to you and you'll relay it to the waitress. Next, he might order just his drink or dessert, and finally a full meal as distress tolerance and confidence grows.

Managing Symptoms: Staying Healthy

- Being healthy is important for all children, and can be especially important for children with depression or anxiety. In addition to getting the right treatment, leading a healthy lifestyle can play a role in managing symptoms of depression or anxiety. Here are some healthy behaviors that may help:
- Having a [healthy eating plan](#) centered on fruits, vegetables, whole grains, legumes (beans, peas, and lentils), lean protein sources, and nuts and seeds
- Participating in [physical activity](#) each day based on age
- Getting the [recommended amount of sleep](#) each night based on age
- Practicing mindfulness or relaxation techniques

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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)

So what about you?

- Teachers also deal with anxiety.
- Whether you are a beginning teacher or a long-term veteran, this has probably been the most challenging year of your career. Regardless of if you are teaching in person, virtually, or in a hybrid model of some sort, you are expending every ounce of your energy trying to reach your students. Many of us have been so caught up in the madness that we have forgotten the most important factor: taking care of ourselves. These teacher guided meditations can be done anywhere and are perfect for when you just need to breathe.

• **1. 10 Minute Guided Meditation for Beginners**

- <https://youtu.be/U9YKY7fdwyg>
- This is a great video for anyone, especially if you are new to meditation. Relax and breathe.

• **2. 10 Minute Guided Meditation for Anxiety**

- <https://youtu.be/O-6f5wQXSu8>
- Try this meditation anytime you are feeling anxious to put your mind at ease. Breathe. Just breathe.

3. 10 Minute Guided Meditation to Start the Day

- <https://youtu.be/0BgQoaC5vnA>
- This is one of our favorite teacher guided meditations. Try it first thing in the morning to bring positive vibes throughout your day! Good, good, good, good vibrations.
- **4. Calming Meditation with Affirmations**
- <https://youtu.be/axVXoyB-2I>
- Kassandra Reinhardt of Yoga With Kassandra will soothe your soul with these calming affirmations. Check out her YouTube channel for more gentle meditations and a plethora of yoga classes for beginner, intermediate, and advanced yogis. Namaste.

• **5. 10 Minute Guided Meditation for Inner Peace**

- <https://youtu.be/d4S4twjeWTs>
- Adrienne Mishler of Yoga with Adrienne walks you through this peaceful meditation to help you catch your breath. Her YouTube channel is filled with meditations and yoga classes for yogis of all levels. Catch your breath with her and her adorable dog, Benji!

• **6. Deepak Chopra 10 Minute Guided Meditation**

- <https://youtu.be/BIYWP6l-RcE>
- World-famous, spiritual guru Deepak Chopra will help you catch your breath with this meditation when you are feeling uneasy. In addition, check out his books and other videos for advice on achieving a more peaceful and balanced life.

• **7. A Mindful, Self Soothing, Guided Meditation**

- https://youtu.be/XI_B45DpMLU
- Join Tamara Levitt to wash your worries away in just 10 minutes. If you enjoy this meditation, be sure to check out more from Tamara through her website and popular app, Calm.

• **8. Feel Amazing in 10 Minutes**

- <https://youtu.be/hADTMwySEng>
- Change your whole outlook in just 10 minutes with this amazing meditation. Breathe in, breathe out.

• **9. A Grounding Guided Meditation**

- <https://youtu.be/hhRS3zlv8kw>
- Join the Mindful Movement to ground yourself while chasing nervous feelings away. Zen starts now!

• **10. Feel the Positive Energy from Gratitude**

- <https://youtu.be/i5v6-V0x90A>
- This meditation is a great pick me up, focusing on self-love, acceptance, and forgiveness. Breathe the blues away!

• **11. Focus on Self Improvement Guided Meditation**

- <https://youtu.be/fYSh2Jklr8J>
- This meditation is a great pick me up, focusing on self-love, acceptance, and forgiveness. Breathe the blues away!

• **12. Let it All Go with This Guided Meditation**

- https://youtu.be/syx3a1_LeFo
- Forget all your troubles with this guided meditation. Picture ocean waves rolling in and out as you let go.

• **13. Cleanse Your Chakras in 10 Minutes**

- <https://youtu.be/o89px3RWFES8>
- Chakras are the seven energy points in the body, from the crown of the head to the base of the spine. They correspond to the nerves, organs, and other body parts. This meditation will help cleanse and align the chakras for peace and calm.

• **14. Take a Time Out From Stress**

- <https://youtu.be/7KXnALvPIW8>
- Visualize white sand beaches and ocean waves as you catch your breath and take time out from stress.

• **15. Remove Blockages and Negative Energies**

- <https://youtu.be/fTrAWsufRXE>
- Are you feeling stuck, depressed, or in a rut? Master Sri Akarshana will help you turn those negative thoughts into positive ones. Happiness starts now!

• **16. Calm Down and Banish Stress With This Guided Meditation**

- https://youtu.be/FAwNUaKv_zE
- Feeling frazzled or stressed is not enjoyable. Calm down and banish negative feelings with this 10-minute meditation from the Honest Guys.

• **17. Positive Affirmations to End Your Day**

- <https://youtu.be/6v4PVijetUw>
- We have all had one of those days where it feels like nothing is going right. This evening meditation is perfect for when you need to shut off your brain and reassure yourself that everything's gonna be alright.

• **18. Sleep Well with This Guided Meditation**

- <https://youtu.be/bG3AcN-XOrw>
- Boho Beautiful leads this 10-minute meditation to help you sleep soundly. Start counting those sheep before your head even hits the pillow.

• **19. Evening Guided Meditation from Goodful**

- <https://youtu.be/aEalQvczMJO>
- Get cozy and ready for a night of deep sleep as you take deep breaths with this 10-minute guided meditation from Goodful.

[20 Terrific 10 Minute Teacher Guided Meditations \(weareteachers.com\)](https://www.weareteachers.com)

- When kids are anxious, it's natural to want to help them feel better. But by trying to protect kids from the things that upset them, you can **accidentally make anxiety worse**. The best way to help kids overcome anxiety is to [teach them to deal with anxiety as it comes up](#). With practice, they will be less anxious.
- When a child gets upset in an uncomfortable situation and their parents take them out of it, they learn that getting upset is a good way to cope. Instead, it's helpful for parents to **let kids know that they're going to be okay**, even if they're scared. You can't promise your child that nothing bad will happen. But you can express confidence that they can face their fears and feel less afraid over time.
- **You can show your child empathy without agreeing with their fears.** For example, you might say: "I know you're scared to get this shot. It's okay to be scared. You can get through this, and I'm going to help you." It's usually helpful to avoid leading questions ("Are you worried about the test tomorrow?"). Instead, ask open questions ("How do you feel about the test tomorrow?"). You can use your tone of voice and body language to show your child that you're calm, which can help them stay calm too.
- Parents can also help by keeping kids distracted before something that might be upsetting, like a doctor's appointment. Sometimes it helps to talk with your child about what might happen if their fears came true. What would they do? Who would they ask for help? Having a plan can calm anxiety.

- Finally, parents can [model healthy ways of handling anxiety](#). Parents get anxious too, and that's okay! The goal is to show your child that **anxiety is normal** and that it doesn't have to be a big deal.
- When children are chronically anxious, even the most well-meaning parents, not wanting a child to suffer, can actually make the youngster's anxiety worse. It happens when parents try to protect kids from their fears. Here are pointers for helping children escape the cycle of anxiety.

- **1. The goal isn't to eliminate anxiety, but to help a child manage it.**
- None of us wants to see a child unhappy, but the best way to help kids overcome anxiety isn't to try to remove stressors that trigger it. It's to help them learn to tolerate their anxiety and function as well as they can, even when they're anxious. And as a byproduct of that, the anxiety will decrease over time.
- **2. Don't avoid things just because they make a child anxious.**
- Helping children avoid the things they are afraid of will make them feel better in the short term, but it reinforces the anxiety over the long run. Let's say a child in an uncomfortable situation gets upset and starts to cry — not to be manipulative, but just because that's how they feel. If their parents whisk them out of there, or remove the thing they're afraid of, the child has learned that coping mechanism. And that cycle has the potential to repeat itself.

- **3. Express positive — but realistic — expectations.**
- You can't promise a child that their fears are unrealistic—that they won't fail a test, that they'll have fun ice skating, or that another child won't laugh at them during show & tell. But you can express confidence that they're going to be okay, that they will be able to manage it. And you can let them know that as they face those fears, the anxiety level will drop over time. This gives them confidence that your expectations are realistic, and that you're not going to ask them to do something they can't handle.
- **4. Respect their feelings, but don't empower them.**
- It's important to understand that validation doesn't always mean agreement. So if a child is [terrified about going to the doctor](#) because they're due for a shot, you don't want to belittle those fears, but you also don't want to amplify them. You want to listen and be empathetic, help them understand what they're anxious about, and encourage them to feel that they can face their fears. The message you want to send is, "I know you're scared, and that's okay, and I'm here, and I'm going to help you get through this."

• **5. Don't ask leading questions.**

- Encourage your child to talk about their feelings, but try not to ask leading questions— "Are you anxious about the big test? Are you worried about the science fair?" To avoid feeding the cycle of anxiety, just ask open-ended questions: "How are you feeling about the science fair?"

• **6. Don't reinforce the child's fears.**

- What you don't want to do is be saying, with your tone of voice or body language: "Maybe this is something that you should be afraid of." Let's say a child has had a negative experience with a dog. Next time they're around a dog, you might be anxious about how they will respond, and you might [unintentionally send a message](#) that they *should*, indeed, be worried.

• **7. Encourage the child to tolerate their anxiety.**

- Let your child know that you appreciate the work it takes to tolerate anxiety in order to do what they want or need to do. It's really encouraging them to engage in life and to let the anxiety take its natural curve. We call it the "habituation curve." That means that it will drop over time as he continues to have contact with the [stressor](#). It might not drop to zero, it might not drop as quickly as you would like, but that's how we get over our fears.

• **8. Try to keep the anticipatory period short.**

- When we're afraid of something, the hardest time is really *before* we do it. So another rule of thumb for parents is to really try to eliminate or reduce the anticipatory period. If a child is [nervous about going to a doctor's appointment](#), you don't want to launch into a discussion about it two hours before you go; that's likely to get your child more keyed up. So just try to shorten that period to a minimum.

• **9. Think things through with the child.**

- Sometimes it helps to talk through what would happen if a child's fear came true—how would they handle it? A child who's [anxious about separating from their parents](#) might worry about what would happen if a parent didn't come to pick them up. So we talk about that. If your mom doesn't come at the end of soccer practice, what would you do? "Well I would tell the coach my mom's not here." And what do you think the coach would do? "Well he would call my mom. Or he would wait with me." A child who's afraid that a stranger might be sent to pick them up can have a code word from their parents that anyone they sent would know. For some kids, [having a plan](#) can reduce the uncertainty in a healthy, effective way.

• **10. Try to model healthy ways of handling anxiety.**

- There are multiple ways you can help kids handle anxiety by letting them see [how you cope with anxiety yourself](#). Kids are perceptive, and they're going to take it in if you keep complaining on the phone to a friend that you can't handle the stress or the anxiety. I'm not saying to pretend that you don't have stress and anxiety, but let kids hear or see you managing it calmly, tolerating it, feeling good about getting through it.

From Child Mind Institute

- 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,
- **Dr. Christine Dargon**
- 603-321-7284
- docborg98@yahoo.com
- **On LinkedIn and Facebook:**
- **Dr. Christine Frydenborg Dargon**
- www.christinefrydenborgdargon.com

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