

Helping Your Child Deal with Anxiety




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- ✓ Anxiety is normal
- ✓ Anxiety is adaptive

What is Normal Anxiety?

Situation/Trigger:

- First date
- Preparing for an exam
- Performing at a concert
- Giving a speech
- Moving from home
- Climbing a tall ladder

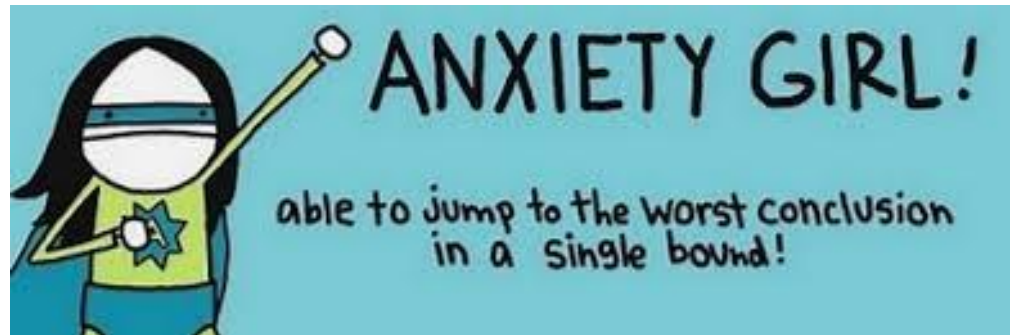


Apprehension
Nervousness
Tension
Edginess
Nausea
Sweating
Trembling

- Transient
- Does not significantly interfere
- Does not prevent a person from achieving their goals

When is Anxiety a Disorder?

- Anxiety becomes a problem when:
 - ✓ it makes the decisions for you
 - ✓ interferes with your life
 - ✓ and/or causes significant distress.



Balance is the key

- Having just enough anxiety is the key
 - Too little is not good
 - Too much is not good
 - The key is to have **JUST ENOUGH**



Facts about Anxiety Disorders

- Approximately 1 in 10 children
- Most prevalent mental health problem in kids
- High comorbidity with ADHD, Depression, ODD, substance misuse
- Functional impairments: academic problems and/or dropout, peer/social difficulties, family dysfunction, restricted career opportunities, restricted career choices, anxious/depressed adult, increased likelihood of self-medication
- Girls > Boys (especially phobias, panic disorder, agor separation anxiety)

JUST
THE
FACTS!

Anxiety Disorders in Children

- **Separation Anxiety Disorder:** separation from caregivers, concern bad things will happen to them
- **Selective Mutism:** Failure to speak in specific social situation despite speaking in others
- **Generalized Anxiety Disorder:** uncontrollable excessive worry about many areas of life functioning (e.g., school work, family, friends, health)
- **Social Phobia:** fearful of social or performance situations

Anxiety Disorders in Children

- **Specific Phobia:** fear of particular objects or situations
- **Panic Disorder:** misinterpret bodily changes and have a fear of losing control
- **Obsessive Compulsive Disorder:** the presence of intrusive repetitive thoughts (obsessions) or behaviours (compulsions), >1 hour/day
- **Post traumatic Stress Disorder** Experience traumatic event, re-experiencing, avoidance and numbness, increased arousal, >1 month

What Causes Anxiety?

- **Genetics/Biological Basis**

- Anxiety runs in families

- Common for at least one parent to be anxious

- Research has shown that what is passed on from parent to child is not a specific tendency to be shy or worry but a general personality type and/or cognitive style predisposing child to develop anxiety.



What Causes Anxiety? (cont'd)

- **Parent Reaction**

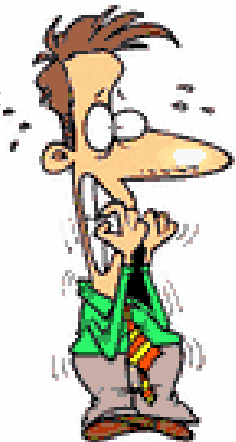
- Reactions to child or teen's anxious behaviour might also play a role in increasing anxiety (e.g., being over-protective, excessive reassurance).

- **Modeling**

- Children and adolescents copy their parents coping strategies (e.g., avoiding fearful situations).

- **Stressors/Traumatic Life Events**

- Bit by a dog, death of a loved one, being bullied, getting sick, academic struggles



We experience anxiety in three ways:

1) Cognitive



2) Physical



3) Behavioural



Cognitive

- Anxious children **overestimate** how likely it is that an unpleasant event will happen.
- They **overestimate** how bad the consequences will be if the event does happen.
- They **underestimate** their ability to cope with the anxiety and the unpleasant event
- Catastrophizers



Physical

- Rapid heart rate
- Heart palpitations
- Rapid and shallow breathing
- Discomfort in the stomach, nausea
- Nausea
- Trembling/shaking
- Muscle tension
- Chest pain
- Headaches
- Dizziness.....



Behaviour



- Pace, fidget, cry, cling, shake
- Avoid
 - Refusing to go to school or class
 - Refusing to go somewhere alone
 - Complain of headache or stomach ache to get out of doing something
- Reassurance seeking.
 - “Am I going to die?”
 - “Are you sure _____ won’t happen?”
- Repetitive behaviours to prevent event
 - Checking multiple times to ensure that the door is locked

Common Pattern of Anxiety

- Child enters difficult situation
- Child becomes anxious and fearful
- Anxious behavior escalates and child gets **stuck**
- Child **avoids** the situation or asks others to help
- Child continues to **think** the situation is dangerous and **feels** helpless



STRATEGIES



Attachment strategies

Evidence confirms that adult-child relationships are the key

- Key component to preventing depression/anxiety is positive social and emotional connections between
 - Youth and supportive adults
 - Youth and school
 - Youth and community
- Teens with strong connections with adults, even if socially isolated from peers are still resistant to depression/anxiety

Ensure strong attachments and relationships with your child

- Studies show that the strongest resiliency factor for mental health is strong connections between a child and his/her parent
- The need to connect is hard-wired into all of us, and the need to connect is important throughout the life span
- This need for connection or attachment is thus crucial for
 - Normal physical, cognitive and emotional development
 - Happiness and contentment



Whenever there is a physical separation, talk about the next reunion



Parents:

- Before your child leaves for school
 - “See you after school”. “Can’t wait until we go for our walk later after school” . “I’ll be thinking about you all day”
 - Give your child transition objects, e.g. notes in your child’s lunch box; special jewelry or possessions
- Before parent leaves for an errand
 - Parent: “See you in half an hour”
- Before bedtime:
 - “You’ll be in my dreams” “See you in the morning” “What do you want for breakfast?”

Whenever there is an emotional separation,
talk about the next reunion



Parent:

- “I’m really sorry you’ve been hitting your sister”.
 - “I’m very disappointed in your behaviour.”
 - “This behaviour is unacceptable. You’re going to have to go to your room.”
-
- Bridge the separation
 - **“I’ll check on you in a few minutes”**
 - **“I love you, which is why we’re going to talk about this later and work this out.”**

Home Management Strategies for Anxiety





- Listen
- Normalize
- Educate
- Model
- Avoid giving excessive reassurance
- Praise
- Make a routine and follow it



- Work with your partner to be consistent
- Never minimize the child's fears
- Decide what fears/situations the child must face
- Avoid putting too much pressure on the child to "perform"
- Avoid over-programming the child
- Shield children from adult matters

Get enough sleep!

- Set a regular bedtime routine
- Having a **soothing routine**
 - Reading, relaxation music, etc.
- Remove stimulating things
 - Remove televisions from bedrooms!



Eat a healthy diet

- Follow Health Canada food guide
 - Breakfast
 - Snack
 - Lunch
 - Snack
 - Dinner
- In particular
 - Having enough carbohydrates
 - Limit caffeine or stimulants



Exercise/Move

Exercise has anti-anxiety effects

* Canadian Paediatric Society (CPS)
recommends at least 1-hr daily



Martial Arts and Yoga

- It is believed that yoga may be helpful for anxiety
- Martial arts has been shown helpful for confidence/self-esteem
- Ideally family classes to help with family bonding



CALMING STRATEGIES



Muscle relaxation

1. Differential Relaxation
2. Tense and Relax each muscle group



Imagine a Relaxing Place



Change the Channel

(i.e., Just Do Something Different)



Mental Health Resources

- www.anxietybc.com
- www.kidsmentalhealth.ca
- www.teenmentalhealth.org
- www.myhealthmagazine.net

Questions ? ?

REFERENCES

Dr. A. Bagnell, Dealing with Anxiety in the Classroom

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Dr. D. Chorney, Understanding Anxiety: Identifying and Reducing Anxiety at Home & School

Dr. A. Pencer, Anxiety & Selective Mutism in Youth Workshop

www.anxiety.bc.com