Early identification and treatment of childhood anxiety disorders

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Learning objectives

- Discuss early warning signs of childhood anxiety disorders
- Overview of evidence-based, gold-standard treatments for anxiety
- Review strategies families can use at home to effectively address anxiety symptoms
- Collaboration with school system to address symptoms across environments
Assessment, diagnosis, prevalence and etiology of anxiety disorders
Anxiety isn’t all bad...

- Anxiety equips us to manage difficult situations and respond reflexively to danger
Anxiety is maladaptive when...

- It begins to dominate a child’s experience and impact his/her everyday life
## Developmentally appropriate anxiety

<table>
<thead>
<tr>
<th>Age</th>
<th>Fear</th>
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</thead>
<tbody>
<tr>
<td>12-18 months</td>
<td>Separation anxiety</td>
</tr>
<tr>
<td>2-3 years</td>
<td>Thunder/lightening, fire, water, the dark, animals</td>
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<tr>
<td>4-5 years</td>
<td>Death, dying, dead people</td>
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<tr>
<td>5-7 years</td>
<td>Animals, monsters, ghosts, germs, serious illness, natural disasters, traumatic events, school anxiety, performance anxiety</td>
</tr>
<tr>
<td>12-18</td>
<td>Peer rejection</td>
</tr>
</tbody>
</table>
What constitutes an anxiety disorder?

- Causes significant distress to child and/or family
- Causes impairment in functioning
  - Friendship
  - School
  - Family relationships
- Significant frequency, intensity, and duration

*Importance of parent, teacher and child self-report*
Anxiety disorders

- Anxiety disorders are among the most common psychiatric disorder among children and adolescents.

- Anxiety can go unnoticed because it doesn’t always manifest as disruptive behaviors.

- Approximately 1/8 children are affected.
Why do we care so much about anxiety disorders?

- Childhood anxiety is associated with academic problems, peer difficulties, difficulty achieving developmental milestones (e.g., dating, driving, college), and depression.

- Associated with later life substance abuse, depression, suicidal ideation and anxiety disorders.
Risk factors for anxiety disorders

- Biological factors
  - Heritability of anxiety disorders
  - Brain-based differences
  - Differences in neurotransmitter functioning

- Psychological factors
  - Cognitive interpretations

- Environmental/social factors
  - Family environment
  - Stressors
  - Parenting behaviors
Early warning signs

- Physical symptoms
  - Stomachaches
  - Headaches
  - Symptoms resolve when stressors are gone
- Reluctance to go to school
- Difficulty falling asleep or sleeping through the night
- Feeling afraid to sleep in a separate room
- Avoiding sleepovers or parties
Early warning signs

- Difficulty concentrating, that improves when stress is reduced
- Unusual irritability
- Appetite and/or weight changes
- Social withdrawal, decreased face-to-face peer contact
- Increased electronics use
What to do if you notice symptoms?

 Anxiety Girl! 
 able to jump to the worst conclusion in a single bound!
Gather more information

- Begin tracking patterns you are noticing
  - Places your child is reluctant to go
  - Activities your child has withdrawn from
  - Sleep difficulties

- Ask your child what s/he is feeling
  - Use open-ended, simple questions
  - Remember that thoughts and feelings are surprisingly difficult to express and explain

- Gather information from others
  - Teachers
  - Coaches
  - Leaders of extracurricular activities
Seek a professional evaluation

- Reasons parents avoid seeking treatment
  - Stimga
  - “This will pass”
  - “I don’t want to be labeled a bad parent”
  - “What if they take my child away?”
  - “Treatment doesn’t help anyways”
  - “I don’t want a diagnosis on his/her record”
The **truth** about a professional evaluation:

- Early treatment can prevent poorer outcomes and associated comorbidities from developing
- A good evaluation is comprehensive, collaborative, and informative. Parents and children have an active role in the assessment
- Mental health care providers are trained to be sensitive to religious, cultural and other factors
- Evaluation findings and therapy notes are held to strict confidentiality laws
- A mental health care provider’s job is to join **with** families to develop the best possible treatment plan
How is a diagnosis made?

- Clinical observation
- Diagnostic and Statistical Manual (DSM-V)
- Parent and child interview
- Standardized measures
  - Parent, child and teacher report
What you might see with Generalized Anxiety Disorder

- Children with GAD often described as “little worriers” by caregivers
- Fear or wariness of new situations
- Marked self-consciousness and frequent reassurance seeking
- Slow to complete schoolwork
- Perfectionism in sports, hobbies, school
- Fear of disappointing others
- Frequent headaches and stomachaches
<table>
<thead>
<tr>
<th>What you might see at with Panic Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fear of being sick</td>
</tr>
<tr>
<td>• Sudden onset of somatic symptoms</td>
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<tr>
<td>• School refusal</td>
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<tr>
<td>• Needing to have a caregiver nearby in case they have a panic attack</td>
</tr>
<tr>
<td>• Fear of returning to places where they have had a panic attack</td>
</tr>
</tbody>
</table>
What you might see with Agoraphobia

- Homebound
- Fear of cafeteria, assemblies, gym
- Avoidance of crowded places
- Fear of the bus
- Fear of being alone
- Not wanting to go out to eat at restaurants
- Fear of driving on the highway or in someone else’s car
What you might see with Social Phobia

- Shyness; may be described by teachers as “loners”
- Has fewer friends
- Refuses to read in front of class, speak in front of class, or ask the teacher for help
- Doesn’t like to order in a restaurant or make phone calls to unknown people
- Fear of group projects, unstructured peer time (recess, cafeteria, gym)
- Physical complaints prior to social situations
- School refusal
What you might see with a Specific Phobia

- Excessive fear of a specific situation/stimulus, lasting at least 6 months
  - Animal/nature
  - Environmental (storms, heights)
  - Blood/injury/injection (can be associated with passing out)
  - Situational (elevators, planes, enclosed spaces)
  - Other: Vomiting, choking, loud noises, costumed figures

- Persistent avoidance of the feared object

- Hiding if feared object/person is nearby
What you may see with Separation Anxiety Disorder

- Somatic complaints when separating from caregiver
- Clinging to caregiver at drop off/pick up
- Dropping out of clubs or activities if caregivers are not involved
- Adequate social skills/well-liked by peers, but too anxious to accept play dates away from home
- Asking to leave class to call caregivers
- Tantruming when separation is threatened
- School refusal
What you might see with Selective Mutism

- Child does not respond when teachers or peers speak to him/her
- Social isolation from peers
- Clinging to parents at drop off/pick up
- Child will only speak in presence of immediate family member
- Mutism can appear “oppositional” (e.g., will not answer teacher or counselor questions)
- Academic difficulties
Obsessions: Thoughts, images, or impulses that are disturbing, intrusive, and not connected to reality

Compulsions: Repetitive behaviors driven to reduce anxiety/discomfort/disgust feelings

The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour day) or significantly interfere with functioning
What you might see with Obsessive-Compulsive Disorder

- Compulsions are most likely what parents would be able to observe
- Children engaging in behavior patterns that don’t make sense
- Difficulty with school work (due to need to check, erase, re-read or re-write)
- Asking for reassurance, asking parents to repeat or say things in a certain way
- Superstitious beliefs, fears getting “stuck” in their head
Post-traumatic Stress Disorder

- The child was exposed to a traumatic event involving serious injury or feared/actual death and responded with horror, fear, or agitated/disorganized behavior
- Persistent re-experiencing of the event (in at least one way)
- Persistent avoidance of the stimuli/numbness (in at least 3 areas)
- Increased physiological arousal (in at least 2 areas)
<table>
<thead>
<tr>
<th>What you might see with PTSD</th>
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<tbody>
<tr>
<td>• Difficulty concentrating (that can look like ADHD)</td>
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<tr>
<td>• Jumpiness</td>
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<td>• Angry outbursts that may seem to “come out of nowhere”</td>
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<td>• Highly sexualized behaviors</td>
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<td>• Aggression; self-harm behaviors</td>
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<tr>
<td>• Repeated re-enactment of trauma in play</td>
</tr>
<tr>
<td>• Not all children exposed to trauma will develop PTSD</td>
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</table>
Evidence-based treatment for pediatric anxiety disorders
Which treatment is most effective?

- Decades of research have suggested that CBT with exposure is the gold standard treatment for childhood anxiety disorders (Compton et al., 2004)

- CBT works to change unhelpful thoughts and behaviors

- Avoidance is one of the strongest reinforcers of anxiety, so CBT focuses on gradually exposing individuals to their fears
Cognitive-Behavior Therapy

- Anxiety is the feeling that results from unhelpful thoughts and behaviors.

The following occurs when in an anxiety-provoking situation: speaking to other people.

- Thoughts (e.g. "What if I'll make a fool of myself?")
  - Leads to Behaviour (e.g. Stay quiet, don't speak.)
  - Leads to Emotion (e.g. anxiety)
  - Leads to Bodily sensation (e.g. sweatiness, increased heart rate, tremor)

- Leads to
Treatment components

- Education about the disorder
- Education about the “fight or flight” response
- Emotion recognition skills (especially for younger children)
- Identifying unhelpful thoughts, or “stinkin’ thinkin”
- Changing avoidance behaviors
- Teaching new coping strategies
Cycle of anxiety

- Want to help children/adolescents gain developmentally appropriate understanding of their cycle of anxiety
The vicious cycle of avoidance

- Child rides bus to school
- Child feels anxious on bus
- Caregiver is distressed by child’s anxiety
- Caregiver drives child to school
- Short term: Child and caregiver feel relief
- Long term: Increased anxiety, increased, decreased confidence

Short term: Child and caregiver feel relief

Long term: Increased anxiety, increased, decreased confidence
Psychoeducation about anxiety

- Protects us when there is a real threat
  - Example: When a wild animal is chasing us, it energizes the body

- Helps make us aware of danger. Increases motivation to prepare
  - Example: Feeling anxious over an upcoming exam. It signals the need to study
What happens in your body when you are anxious?

Look at the drawing of the human body below. Which part of your body gets a funny feeling when you feel nervous or worried? Draw a circle around it and describe how it feels.
Alarm response

- Racing heart
- Nausea
- Sweating
- Can’t think straight
- Tingling in hands or feet
- Blurry vision
Alarm response

- Racing heart- pumps more oxygen and blood to muscles
- Nausea- digestive system “emptying”
- Sweating- cools the body; more difficult to grab onto
- Can’t think straight- brain prioritizing other functions
- Tingling in hands or feet- blood directed to major muscle groups
- Blurry vision- pupils dilate
False alarm!

- The purpose of anxiety is to make us safe. However, anxiety can give us a lot of false alarms.

- Alarm system responds to what the brain tells it.

- In anxiety disorders, the body’s alarm system is going off even when there is no immediate danger.
Understanding the intensity of emotions

**Feely Faces Scale**

**How do I feel right now?**

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Week: week 1, week 2, week 3, week 4, week 5, week 6, week 7, week 8, week 9, week 10, week 11, week 12

**The Worry Scale**

- Extremely Worried
- Very Worried
- Worried
- A Bit Worried
- Not Sure
- Very Relaxed
Identifying unhelpful thoughts

- Teach how certain thoughts will generate different feelings

**Event** ➔ **Thought** ➔ **Feeling**

- First day at a new school
- No one will talk to me.
- Scared & Nervous
Helpful thoughts

Event: First day at a new school

Thought: If I introduce myself to others and join some activities I can make some new friends.

Feeling: Positive
Basic thought challenging skills

- Externalize worries
  - “boss them back”

- Introduce very simple idea of cognitive distortions as “stinkin’ thinkin”

- Find a way they can connect to challenging their thoughts.
  - Detective Thinking
  - Coping self statements
  - Identify with a superhero/favorite star/character to beat their anxiety
Challenging negative thoughts

Devise a rational thought:
- What does the evidence tell us?
- What would I tell a friend with a similar problem?
- What has happened when I have been in this situation in the past?
- What’s the worst thing that could really happen?
- If that happened, could I cope with it?
Changing behaviors

- Decreasing avoidance
  - Avoidance maintains anxiety

- Exposure and response prevention
Exposure and response prevention

- Gradual exposure to feared circumstances
  - Learning to gradually face one’s fears
  - Create hierarchy of fears and start facing easier situations first
  - Stay in situation until anxiety reduces
Anxiety naturally decreases over time
Exposure and response prevention

- Triggers are categorized on a 0-10 scale
  - 0 = No anxiety
  - 5 = moderate anxiety
  - 10 = Extreme Anxiety

- An exposure hierarchy is then created
  - Exposure is graded and started at a moderately anxiety provoking trigger
### Facing My Fear of Spiders

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>FEAR RATING (0–10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letting a daddy longlegs crawl on my shoulder.</td>
<td>10</td>
</tr>
<tr>
<td>Letting a daddy longlegs crawl up my arm.</td>
<td>9</td>
</tr>
<tr>
<td>Holding a daddy longlegs on the palm of my hand for as long as I can.</td>
<td>8.5</td>
</tr>
<tr>
<td>Touching a daddy longlegs quickly.</td>
<td>7</td>
</tr>
<tr>
<td>Touching a daddy longlegs through the glass of the sealed jar that my mom is holding.</td>
<td>6</td>
</tr>
<tr>
<td>Looking at a real daddy longlegs in a sealed jar that my mom is holding.</td>
<td>5.5</td>
</tr>
<tr>
<td>Watching a YouTube video clip of a daddy longlegs crawling about.</td>
<td>5</td>
</tr>
<tr>
<td>Holding a picture of a daddy longlegs while I touch the picture of the head of the daddy longlegs.</td>
<td>4</td>
</tr>
<tr>
<td>Touching a picture of a daddy longlegs while my mom holds the picture.</td>
<td>3</td>
</tr>
<tr>
<td>Looking at the head of a daddy longlegs while my mom holds the picture.</td>
<td>2</td>
</tr>
<tr>
<td>Looking at a picture of a daddy longlegs while my mom holds the picture.</td>
<td>1</td>
</tr>
</tbody>
</table>
Change maladaptive behaviors

- Decrease avoidance
- Increase adaptive coping strategies
- Use behavioral experiments
- Children and adolescents will often need reward system to motivate them to face anxiety—and that’s OK!
Smartphone apps

- “CBT tools for kids”
Smartphone apps

- Mindshift
- Smiling Mind
- nOCD
How can parents help?
Parent-based intervention is powerful!

- Research has shown that parenting practices can improve child outcomes, and even prevent anxiety disorders from developing
  - In a sample of 136 families (where at least one parent was diagnosed with an anxiety disorder), researchers compared a control intervention to an 8-week parenting intervention.
  - Parenting intervention included 8, 60-minute meetings
  - Over the course of the following 12 months, 5% of children in intervention group developed an anxiety disorder, compared to 30% of the control group

(Ginsberg, Drake, Tein, Teetsel & Riddle, 2015)
Prevention through parenting

Evidence-based ways to reduce childhood anxiety:

- Provide information about what anxiety is, and its protective role
- Learn to recognize the signs of anxiety in your child
- Promote your child's autonomy and "brave behaviors"
- Resist urge to let child escape/avoid anxiety-provoking situations
Resist engaging in parental accommodation

- **Accommodation**: behavioral changes families make to their routines and functioning in response to child’s anxiety
  - Avoidance of child’s triggers (to avoid symptom escalation)
  - Providing excessive reassurance

- **Examples**:
  - Parent allows child to miss school days
  - Parent spends a great deal of time at school
  - Parent leaves work every time child calls from school
  - Parent engages in extensive separation routines
What’s wrong with accommodation? Aren’t I just helping to relieve some distress?

Accommodation...

- Does not allow your child to practice facing his/her fears
- Reinforces child’s belief s/he can’t do it and that distress is intolerable
- Creates unhealthy dependence on you; does not promote brave behavior
- Is associated with poorer treatment outcomes and increased risk of developing an anxiety disorder
Tips for responding to your child’s anxiety

- Show empathy and acceptance of emotional expression
- When your child expresses anxiety, try to coach your child to respond adaptively
  - “It sounds like your anxiety is telling you the presentation will be awful. How can we boss that back?”
  - “I know your stomach is upset right now, and that is uncomfortable. But, remember how we learned that anxiety won’t harm you? Your body is actually really strong right now!”
- Use reward systems, if needed
Reducing parental accommodation

- Identify as many accommodation behaviors as possible
- Work with child to identify how difficult it would be to remove each behavior
- Create gradual and systematic plan for reducing accommodation
  - Example: On Monday and Tuesday, parent will walk you halfway to class; on Wednesday and Thursday parent will only walk you through the front door of school
Do’s and don’ts of parent modeling

DO:
- Model healthy emotion expression
  - “I was feeling a little bit worried about a presentation at work. I’ve been practicing a lot and I’m feeling more confident now.”
- Practice staying calm when your child expresses fear
- Decrease stigma in your home around mental health treatment

DON’T:
- Over-empathize and model fear
  - “I don’t like driving on the freeway either. Let’s just exit here.”
  - “I know what you mean. I was having a panic attack earlier, and I couldn’t take it. I had to get out of there.”
Encourage holistic wellness

### Sleep

<table>
<thead>
<tr>
<th>Age</th>
<th>Recommended hours of sleep per night</th>
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</thead>
<tbody>
<tr>
<td>3-5 years</td>
<td>11-13 hours</td>
</tr>
<tr>
<td>6-13 years</td>
<td>9-11 hours</td>
</tr>
<tr>
<td>13-18</td>
<td>8-10 hours</td>
</tr>
</tbody>
</table>

- Bidirectional relationship between sleep and psychiatric symptoms

Steinsbekk & Wichstrøm, 2015
Holistic wellness

- Physical activity
  - Current guideline is one hour per day for children and adolescents

- Limit screen time
  - Screen time close to bed can lead to sleep disturbances
  - Extensive “passive” time on social media is associated with decreased life satisfaction

- Limiting caffeine

- Encourage social interaction
Relaxation training—managing bodily tension

- Diaphragmatic breathing
- Imagery
- Progressive muscle relaxation

- Relaxation exercises are not a quick fix to anxiety. It may help someone to slow down and think about how to face their fear, but it won’t eliminate the anxiety

- Takes a lot of practice!
Progressive Muscle Relaxation

- Involves alternating between tensing and releasing all muscle groups in the body

- Helps increase awareness of muscle tension throughout the day

- Tips:
  - Imagery can help (squeeze your fists as if you were squeezing an orange to juice it; imagine your arms are loose like spaghetti)
  - Short is better
  - Have kids start practicing when they are calm
Diaphragmatic Breathing

- “Balloon Breath” for younger kids
- Helps slow respiration rate
- Has calming effect by triggering parasympathetic activity
- Takes regular practice

*Caveat for panic disorder*
Mindfulness practices

- A wealth of research in adult anxiety disorders demonstrates benefits of meditation and mindfulness practices on symptom reduction
- Child literature has emerging support for similar findings
  - Can be easily incorporated
  - Can be practiced together
  - Many mobile apps and recordings
School-based interventions
Understand how anxiety manifests at school

- Ask child what s/he worries about at school
- Gather teacher report of symptoms they notice
- Conduct functional assessment of anxiety and avoidance behaviors at school:
  - Understand what the purpose is of avoidance is
  - Readjust the environment when the purpose of anxiety is maladaptive
Observing and recording behavior

Antecedent
• Math test

Behavior
• Child runs out of room

Consequence
• Teacher follows and child gets one-on-one time
• Child escapes anxiety
Observing and recording behavior

Antecedent
- Substitute teacher
- Unstructured time

Behavior
- Child begins to cry, stops speaking, goes to the corner of the classroom

Consequence
- Child calls parent
- Parent picks child up early
Work with school to set up a behavior plan

- Use data from FBA to determine targets for intervention

- Ample positive reinforcement
  - Positive attention to behaviors you want to see more of (praise, encouragement)

- Develop home-school behavior plan
  - Rewards for adaptive behaviors
  - Use shaping principles
Elements of an effective behavior plan

- **Shaping**: rewarding steps toward a desired behavior
  - Week 1: earn a reward for going 2 hours without asking to see the nurse each day
  - Week 2: earn a reward for making it to lunch without going to see the nurse
  - Week 3: earn a reward for making it the full day without going to see the nurse (at least 3 full days out of 5)

- Daily and weekly rewards

- Rewards earned at home *and* at school

- Limit of 2-3 target behaviors at a time
Rewards, rewards, rewards!

- Personalizing the rewards is key to success
- Reward liberally at first
- Rewards should be visually obvious (e.g., using a chart or a jar of tokens), and administered as close to target behavior as possible
### Sample in-school rewards

<table>
<thead>
<tr>
<th>Pick a game at recess</th>
<th>Keep a stuffed animal at desk</th>
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<tbody>
<tr>
<td>Be the line leader</td>
<td>Take home a class game for a night</td>
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<tr>
<td>Sit with a friend</td>
<td>Operate a film projector or other equipment</td>
</tr>
<tr>
<td>Sit with the teacher at lunch</td>
<td>Be the leader of a class game</td>
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<tr>
<td>Sit next to the teacher during story time</td>
<td>Do half of an assignment</td>
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<tr>
<td>Teach the class a favorite game</td>
<td>Take extra computer time</td>
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<tr>
<td>Take a homework pass</td>
<td>Draw on the board</td>
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<tr>
<td>Have lunch with the teacher</td>
<td>Chew sugar-free gum</td>
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<tr>
<td>Have the teacher make a positive phone call home</td>
<td>Choose any class job for the week</td>
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<tr>
<td>Enjoy a positive visit with the principal</td>
<td>Choose music for the class to hear</td>
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<tr>
<td>Eat with a friend in the classroom (with the teacher)</td>
<td>Help in a classroom of younger children</td>
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<tr>
<td>Choose the game during gym</td>
<td>Assist the custodian</td>
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<tr>
<td>Be first in the lunch line</td>
<td>Use the teacher’s chair</td>
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<tr>
<td>Be the teacher’s helper for the day</td>
<td>Choose a book for read aloud</td>
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<tr>
<td>Extra recess time</td>
<td>Read a book to the class</td>
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<td>Attend all morning</td>
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<td>classes</td>
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<td>Only go to guidance</td>
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<td>once per day</td>
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<td>Use coping kit</td>
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<td>Total points:</td>
<td>2</td>
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</table>
Help your child identify coping strategies

- Some favorite behavioral strategies:
  - Take a walk
  - Listen to music
  - Play on computer
  - Use fidgets
  - Talk to a teacher/therapist
  - Relaxation/imagery practice
  - Breathing
  - Mindfulness exercises
  - Drawing
  - Yoga
  - Reading a book
  - Chew gum
  - Eat a peppermint
In-school coping kit

My Calming Sequence

Sometimes my worries are way too big! I can stop, squeeze my hands and take a deep breath. I can also rub my head and rub my legs. This can help me to stay calm.

Self-Calming Cards
Tarjetas para calmarse

Elizabeth Crary & Mits Katayama

[Image of books and items related to calming techniques]
Accommodations for youths with anxiety

- **Classroom accommodations**
  - Sitting closer to teacher
  - Discreet signal to warn child he/she will be called on
  - Exemption from answering questions at the board (in the beginning)

- **Coping accommodations**
  - Passes to nurse/guidance
  - Access to toolkit whenever needed
Accommodations for youths with anxiety

- Environmental accommodations
  - Sitting near exits during assemblies/large meetings
  - Permission to eat lunch separately/skip gym
  - Advance warning for changes in routine
  - Advance warning for fire drills
  - Alternative entry into school
  - Escort for crowded hallways
Accommodations for youths with anxiety

• Academic accommodations
  o Extended time
  o Separate testing environment
  o Reduced work
  o Exemption from full-class presentations
  o Alternative assignments if assignments are related to anxiety-provoking topic (e.g., “family traditions” may be a very difficult topic for some children)
  o Provide mastery opportunities if possible (e.g., assign child a leadership role in an area he/she feels competent in)
Services at the Anxiety Disorder Center
Programs at the Institute of Living’s Anxiety Disorders Center

- **Individual therapy**
  - Anxiety Disorders
  - Depression
  - Trichotillomania/Skin Picking

- **Group therapy**
  - Adolescent group for Social Phobia, Panic Disorder, Generalized Anxiety Disorder

- **Accelerated (daily treatment)**
  - School Refusal
  - OCD
  - Panic Disorder
  - Specific Phobias
Programs at the Institute of Living’s Anxiety Disorders Center

- **Interventions**
  - Exposure therapy
  - Cognitive restructuring
  - Behavior management
  - Skills training
    - Social skills
    - Problem solving skills
  - Virtual reality
  - Habit reversal
Programs at the Institute of Living’s Anxiety Disorders Center

- Contact the Anxiety Disorders Center
- (860) 545-7685
- [www.instituteofliving.org/adc](http://www.instituteofliving.org/adc)
  - Fill out our online clinic referral form
Questions?

- My contact information:

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Suggested resources

- *What to Do When You Worry Too Much*: A Kid’s Guide to Overcoming Anxiety
  - By Dana Ulin, Ph.D, Illustrated by Shinnar Mathews

- *Feelings Flashcards*: A great way for kids to share—and learn about—all kinds of emotions

  - By Ronald M. Rapee, Ph.D., Ann Wignall, D. Psych., Susan H. Spence, Ph.D., Vanessa Cobham, Ph.D., Heidi Lynneham, Ph.D.

- *Self-Calming Cards*: Tarjetas para calmarse
  - By Elizabeth Crary & Mits Katayama
Recommended resource for relaxation scripts

- **Ready...Set... R.E.L.A.X.**
  A Research Based Program of relaxation, learning, and self-esteem for children

(1997) Allen, J. & Klein, R.