

Being Brave

A Program for Coping with Anxiety for Young Children and Their Parents

Parent Workbook

Dina R. Hirshfeld-Becker, Ph.D.
Massachusetts General Hospital
Child CBT Program
617-724-2572

Goal of the Program

We want to help you learn to be an “expert coach” who can help your child cope with anxiety. To become this kind of coach, the first step is to make sure you know the game really well—to go over a basic model of anxiety and of coping with anxiety. It is also important to learn to become a good observer of your child’s anxiety, and of your own and other family members’ responses to it. The next step is to learn “coaching methods:” ways to help your child reduce anxiety and become more adventurous. The third step will be to give your child opportunities to practice facing and coping with feared situations or worries.

MODULE 1: COPING WITH ANXIETY

Chapter 1

What Every Parent Should Know About Anxiety

Chapter 1 Goals:

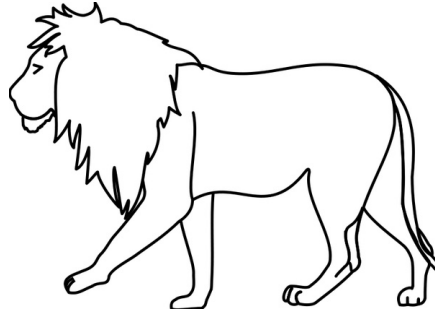
1. Read Chapter 1 for an overview of anxiety and how to manage it.
2. Observe any signs of anxiety you notice in your child over the course of the next week, using the forms on pages 13-16 (use one page for each time you notice your child's anxiety). Also note on the forms your thoughts and feelings in response to your child's anxiety and how people in the family react to your child's anxiety. Be as scientific as you can in these observations. Report what you see family members doing, without labeling the behavior.

What Every Parent Should Know About Anxiety

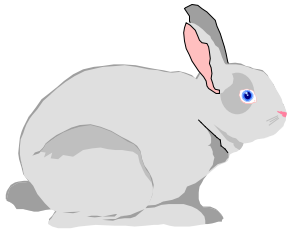
Anxiety is not always bad. It can be useful and adaptive.

The Fight-or-Flight Response

Imagine that you are walking in the wild and you spot a lion. The lion begins to charge toward you. What would you do? Most likely, you would turn and run. Or, if you had a weapon, you might brace yourself to get ready for a fight. Our bodies are very well prepared to deal with these sudden instances of real danger. Physically, we get ready to run or climb to safety: our heart beats faster, our breathing speeds up, and our muscles tense. Mentally, we get ready as well: our attention narrows so that we are focused only on the source of the danger and any possible means of escape. Emotionally, we experience a strong motivating feeling: fear and an impulse. These responses are natural and automatic, and probably evolved because of how well they worked in helping our ancestors survive.



The Freeze Response



Now imagine a baby rabbit too small or weak to fight and too slow to get away. What might that rabbit do if it encountered a new animal; of a type that it had never seen before? Very likely it would freeze. It would stay still and quiet, avoid drawing attention to itself, and watch cautiously.

If the animal were a predator that was drawn to attack by movement (such as a fox), it might very well ignore the rabbit and move on. We can see that this freezing tactic can save the rabbit's life. Although less clear than the "fight-or-flight" response, some researchers believe that the "freeze" response has persisted as a part of our human set of behaviors as well. A young child encountering a stranger or new animal for the first time may stay back, remain quiet, and watch before deciding whether it is safe to approach. If indeed the situation is dangerous (e.g. a busy street, a rough animal) this reaction could be self-protective.

The Attachment Response

Other types of anxious behaviors can be protective as well. When a young rhesus monkey infant, who is still dependent on its mother for food and protection, is separated from its mother in the wild, what does it do? It

becomes very upset, and cries loudly until its mother finds it. This anxious response, if successful, can save the infant monkey's life. Similarly, human infants may cry in distress if separated from their mother or caretaker. Even well into childhood and adulthood, it is common to seek out a trusted caregiver or loved one in times of distress. This behavior is adaptive because it helps us get comfort and assistance in times of need.

Anticipatory Worry

Suppose you heard that there were going to be layoffs at your or your spouse's work, how would you feel? You would probably feel anxious and worried, and might experience physical tension as well (muscle tightness, stomach upset, headache). You might worry that your family would not be able to make ends meet if this happened. This anxiety could be a useful *signal* that something needs to be done. That is, the worry could lead to a logical next step: problem-solving and planning. The worry might cue you to begin planning for how you would manage: what financial resources would you draw on, how might you find a new job. It might even prompt actions that could prevent the feared outcome: for example, finding a more secure job.



As you can see, there are instances where fear and escape, freezing, seeking out a caregiver, and even worrying can be helpful. You can probably also agree that there are situations where you *want* your child to feel fear and avoid the situation: situations like running into the street, climbing on the stove, or, when he or she is older, doing drugs.

However, when anxiety responses occur in situations that are *not dangerous* or threatening or that do not lead to helpful coping, they are *not helpful*.

When is Anxiety Unhelpful?

In some people, the fight-or-flight response gets activated when they are in a situation that may be stressful but involves no real danger. This can be considered a "false alarm." An example is when a child becomes terrified at the beach and refuses to go near the water even if accompanied by a parent. For an adult, the example might be a person who has a deadline at work and becomes panicked or has a panic attack. In either case, the automatic "fight-or-flight" alarm kicks in, and the natural impulse is to flee. However, in these situations, running away is not helpful. It would only make the situation (and the fear) worse.

In some children, the freeze response gets activated too readily or for too long. In this case, a child may stay quiet and on the outskirts of an activity (such as a

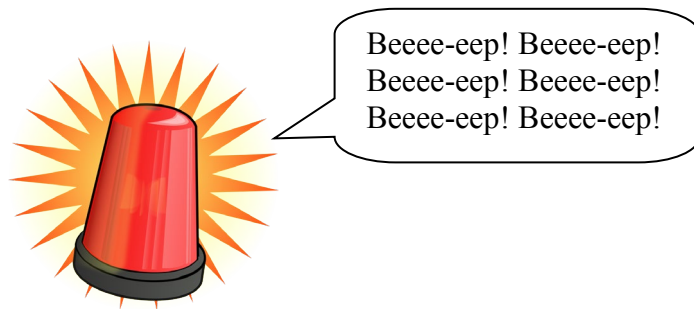
small group of children playing) even after it is clear that the activity is not dangerous (the children are friendly).

In some children, the distress reaction to separation may be activated too readily, and normal everyday separations from parents become extremely distressing.

And in some children, worry gets separated from its adaptive response. Instead of using signs of tension (such as worry, sweaty hands, or fidgetiness) as cues for making a plan to cope with the event that they are worrying about, these children persist in their worry.

False Alarms

In all of these cases, we can think of the unhelpful anxiety as a “false alarm.” Some children seem disposed to have more false alarms than others. Think of a car alarm that is too sensitive. Instead of going off only when someone is really breaking into the car, this alarm goes off even if someone just taps the bumper or touches the car as they walk by. One key goal of anxiety management is to help the child learn to respond to the false alarm as you’d respond to a faulty car alarm—you might get bored or mildly irritated, but you wouldn’t get frightened. You would simply think: “Oh, there’s that false alarm again—what should I do to cope with it?” We want children to cope with unhelpful anxiety in the same way: instead of reacting as though there is a real danger, we would like them to see it as a *cue to begin coping effectively*.



Examples of Helpful and Unhelpful Anxiety

Examples when your anxiety was helpful:

When I saw a child start to chase a ball out in front of my car, I got anxious and hit my brakes.

Examples when your anxiety was NOT helpful:

When I worried about a stressful meeting at work the next day, I had trouble sleeping.

Examples when your child's anxiety was helpful:

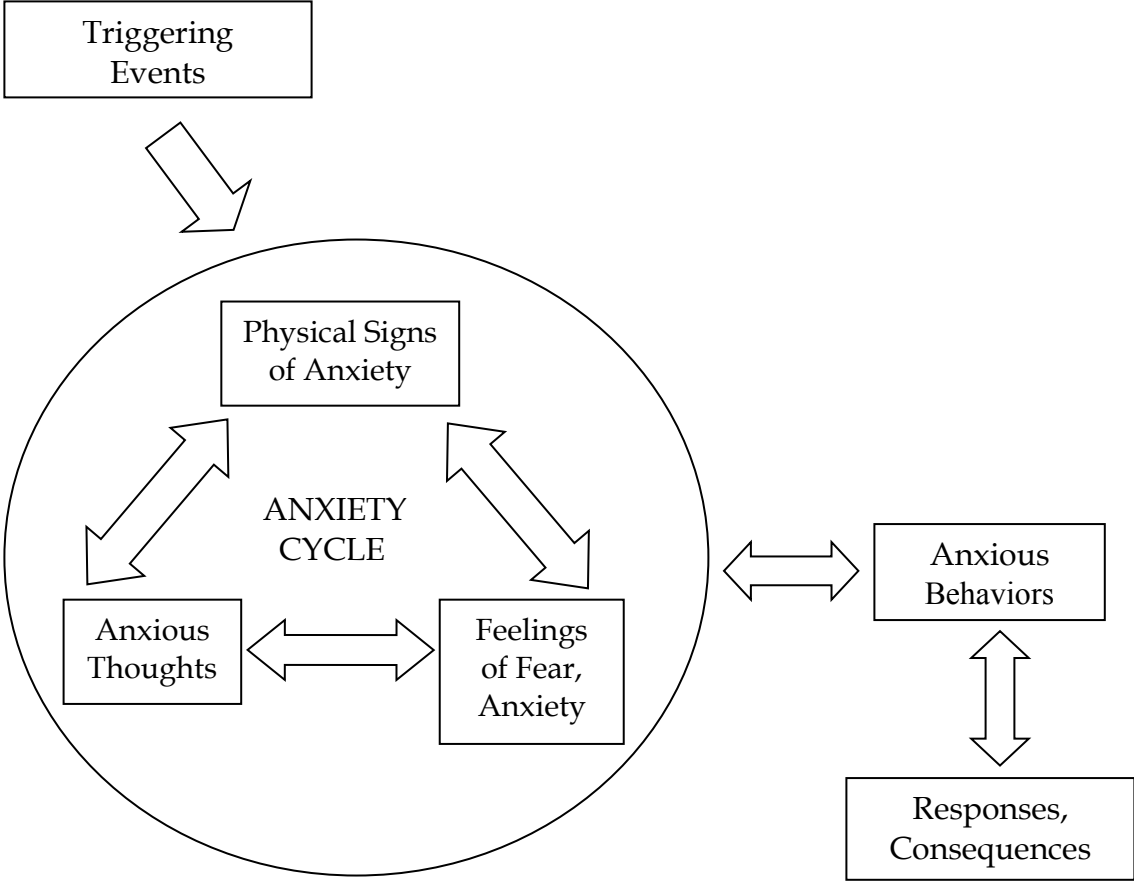
Ever since he accidentally touched a hot pot, he has always avoided handling hot pots.

Examples when your child's anxiety was NOT helpful:

She will not walk on to a block where she sees or hears a dog, because she is afraid of the dog.

You may notice from this exercise that part of what determines whether anxiety is helpful or unhelpful is *the way we respond to the anxiety*. If we respond in a way that helps us cope or survive better, the anxiety is helpful. However, if we respond in a way that *interferes* with our ability to work, play, love, or enjoy life, the anxiety is unhelpful.

A MODEL OF ANXIETY [1]



Explanation of the Anxiety Model

Triggering Events: The triggering events that set off anxiety may include stressful events (major ones like divorce or illness, or smaller ones like daily hassles), situations or objects that we have learned to associate with anxiety (e.g. the dentist's office, a spider), new or unfamiliar situations which may trigger inhibited behavior in a child, or challenging situations (e.g. a test).

The Anxiety Cycle:

Physical Signs of Anxiety: The physical signs of anxiety are related to the natural actions the brain and body take in response to danger. When we are in a situation of real danger, the brain activates many organ systems to prepare them to take the actions necessary for us to run away or fight. The body gets ready for physical and mental activity. It prepares to take in more oxygen, to release more glucose into the bloodstream, and then to send the oxygen and glucose to the muscles and brain where they are needed. When we are in a situation of *perceived* or *feared* danger, the body often makes the same preparations:

All different organ systems act together to prepare to deal with danger:

- The *heart beats faster* and harder.
- *Blood pressure increases* (arteries constrict to force more blood to muscles).
- Surface blood vessels constrict (to prevent bleeding in case of injury)--this can lead *hands and feet to feel cold*.
- *Sweating occurs* to help cool the body efficiently as it prepares to expend energy.
- *Hair stands on end*, which leads to increased sensitivity to touch and movement.
- *Breathing gets faster* (and more shallow) — this can lead to hyperventilation, and to resulting experiences of *numbness, tingling, dizziness, light-headedness, or feelings of unreality*.
- *Muscles get tense* and tight and ready for action (can lead to heavy legs, muscle aches, headaches).
- The gastrointestinal system slows down (can lead to *nausea, stomach upset, constipation*).

- Less saliva is released (can lead to *dry mouth*)
- The eyes dilate to take in more light (can lead to *brightness or vision or feelings of unreality*).
- The adrenal glands, near the kidneys, release the hormone *adrenaline*. Adrenaline flows through the bloodstream and intensifies the activation of the different organ systems. It also makes the brain more alert.

Other physical signs of anxiety can include:

- Feelings of *restlessness* or being on edge, *fidgetiness*
- *Fatigue*, or easy exhaustion
- *Difficulty concentrating*, or mind going blank
- *Difficulty sleeping*

Anxious Thoughts: As part of our body's response to coping with a triggering event, we become keenly focused on potential signs of danger. We attend to any possible sign of threat in the environment or even to internal signals (like the physical signs of anxiety themselves) which seem threatening.

Additionally, when anxious, we have specific patterns of thought which run through our minds. These are often of the type, "What if.....?" "What if I lose control?" "What if I die?" "What if something terrible happens?" Many people also have thoughts about not being able to cope with a feared event: "What if I can't do it?" "I won't be able to handle it."

These thoughts and the perception of further dangers can feed back and lead to continued or repeated activation of the body's physical response. They can also lead to anxious feelings.

Feelings of Anxiety, Fear: The emotional response often includes anxiety, fear, or distress. The anxiety can be experienced as worry, apprehension, tension, or fear. This often goes with a feeling of wanting to get away or get out of the situation. Related feelings can include sadness, embarrassment, irritation, shame, and so on. We experience these feelings in our bodies; they have particular physical aspects. Anxious feelings can feed back and increase physical signs of anxiety as well as anxious thoughts.

Anxious Behaviors: Anxious behaviors often focus on getting away or getting help. They may include trying to escape from a situation, avoiding going into a

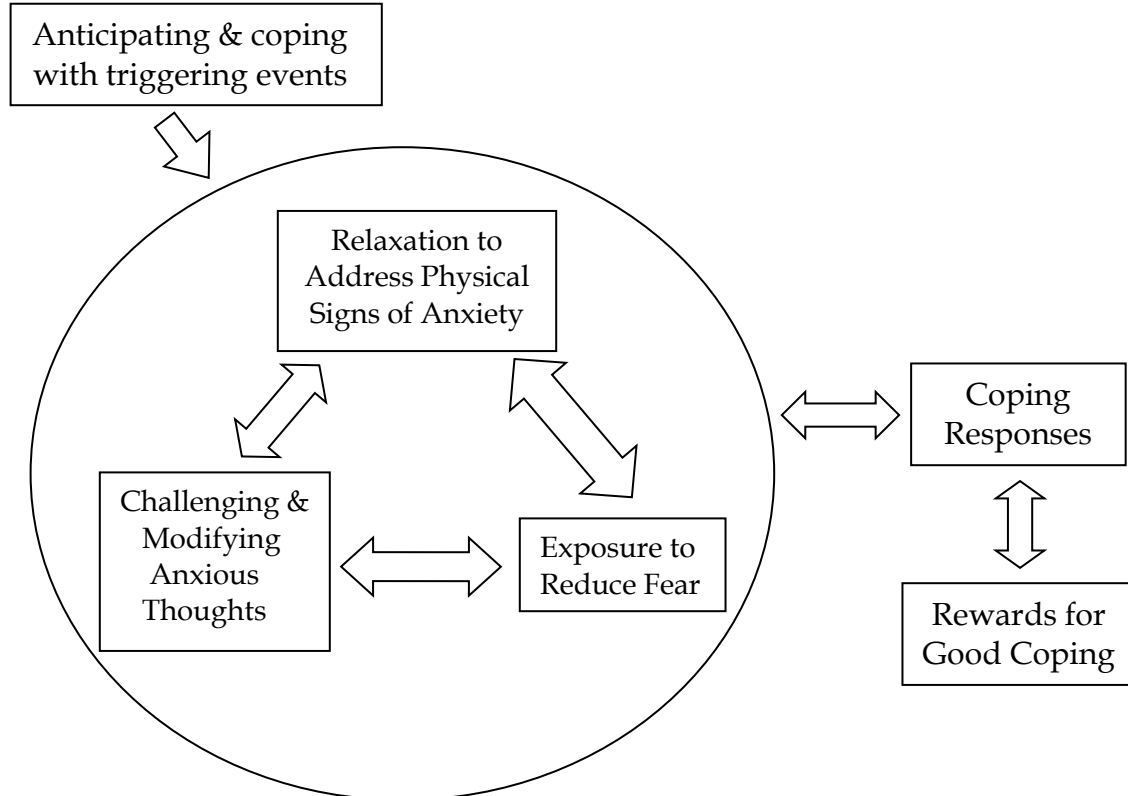
situation, asking others for reassurance, warning others to be careful, and so on. They are often taken on with great sense of urgency, as though the anxiety is something that must be avoided or reduced at all costs as soon as possible. As we shall see, anxious behaviors can often feed back (especially in the long run) to make the anxiety worse.

Responses or Consequences: Escaping or avoiding a situation or asking others for help can lead to temporary reductions in anxiety. If a person runs away from a feared situation, he no longer feels afraid. If a person runs to someone for help and gets comforted and reassured, she may feel better in the short run. But in the long run, both people will not learn to be less afraid. These consequences, in the long term, may make them MORE likely to feel anxiety in the situation.

What Can Be Done to Manage Anxiety?

Each part of the model can be worked on in turn: **Triggering Events** can be planned for and coped with. **Physical Signs of Anxiety** can be calmed using relaxation exercises. **Anxious Thoughts** can be noticed and changed. **Feelings of Fear/Anxiety** can be reduced through exposure. **Anxious Behaviors** can be avoided, and coping responses can be substituted. **Rewards** for good coping can be introduced.

Compare this model with the one on Page 7:



How Will the “Being Brave” Program Help My Child?

The “Being Brave” program includes information on:

Preparing to be a “Good Coach” to Your Child

Learning Anxiety Management Skills

Sharpening Your Observation Skills

Becoming a Good Coach to Your Child

Learning Good Coaching Skills

Fostering Good Coping Skills in Your Child

Anxiety Management Skills for the Young Child

Exposure Practice: this is probably the most important part of the program!

Keeping Up the Work

What do we mean by “Exposure Practice”?

We mean having the child practice, in a step-by-step way, facing (or being *exposed* to) the objects or situations that make him or her anxious.

For example, to overcome a fear of talking to new people, a child might practice first waving to new people, then whispering “hi,” then saying “hi” in a louder voice, then asking the person’s name, etc. To overcome fear of going in the water, a child might first put her feet in, then go in up to her knees, then up to her waist, then practice holding her breath, then dip her face in, and so on. Each step could be made fun, either by rewarding it with interesting stickers or points toward a desired activity, or by making it into a game (e.g. the child in the pool could play with a toy that did not float and practice lifting the toy off the bottom in deeper and deeper water). (For more specific examples, see also pp. 74-79.)

Why does exposure practice reduce fear? (For a more complete explanation, see also “Escape and Avoidance”, pp. 40-41.)

1. As the child practices facing the feared situation (in a gradual, step-by-step way), he gets more and more used to it, and his anxiety decreases.
2. As the child practices facing the feared situation, he gets a chance to realize that the terrible things he imagines might happen don’t really come true. (He would never learn this if he always avoided the situation).
3. By staying in the feared situation, the child learns skills for coping with anxiety and for dealing with the situation.

Observing Your Child's Anxiety

Here are some common observable signs of anxiety (this is not an all-inclusive list):

Fidgeting

Stiff posture

Trembling

Avoiding eye contact (with someone unfamiliar)

Avoiding smiling (with someone unfamiliar)

Talking less

Talking with a soft voice

Whispering

Not answering a question from someone unfamiliar

Fearful facial expression

Expressing fear or worry in words

Asking "What if. . .?" questions

Crying

Protesting or tantruming

Clinging physically to parents

Monitoring Signs of Anxiety in Your Child

Date and Event:

[illegible]

Monitoring Signs of Anxiety in Your Child

Date and Event:

[illegible]

Monitoring Signs of Anxiety in Your Child

Date and Event:

[illegible]

Monitoring Signs of Anxiety in Your Child

Date and Event: _____

Circumstances	Signs of Anxiety in Child	Consequences and Responses
<p>What led up to your child being anxious? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Physical signs: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Verbal clues (what did your child say?)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>What happened as a result of your child's anxiety?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What did other people in the family do? (Describe their actions as specifically and objectively as you can.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Who was with your child?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Actions (what did your child do or try to do?) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>What did you (the observer) think or feel about your child's anxiety? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Chapter 2

Challenging Anxious Thoughts

Chapter 2 Goals:

1. Read Chapter 2 to learn about how to challenge and modify anxious thoughts.
2. Use the worksheets on pages 32-34 to monitor and challenge any anxious thoughts that may come up for you during the week and to challenge or modify these thoughts. (It could be especially helpful to do this with any thoughts you might have in response to your child's anxiety or about your own parenting, but any thoughts are fair game).
3. If you notice your child verbalizing anxious thoughts: with an older child, ask him if the thought makes him feel better or worse (or more brave or less brave). Discuss with your child an alternative statement that might make him feel better (or braver). With a toddler, suggest an alternative thought that can redirect his attention to an interesting or fun aspect of the situation.
4. Observation Task: This week, as you monitor your child's anxiety (using the sheet on page 35), pay special attention to the way people in the family behave in response to your child's anxiety. Describe what they do in response as objectively as possible.

Cognitive Errors of Anxiety

The following are a list of some common errors in thinking that can foster or maintain anxiety:

OVER-ESTIMATION OF RISK: This type of thinking occurs when a person mistakenly believes that an event he fears (whether it be failure at a task, harm befalling a loved one, etc.) is very likely to happen, when in reality the event is very unlikely to happen. That is, even if the event has an actual probability of .005%, he reacts as though it has an 80 or 90% chance of happening. For example, someone who is afraid of thunderstorms may greatly overestimate the risk of getting struck by lightning when a storm occurs. Or someone who has just heard about a plane crash may greatly over-estimate the chance of such an accident the next time they fly.

Sometimes two related errors are made (some examples are adapted from Craske et al., 1992 [8]):

“IT’S-JUST-A-MATTER-OF-TIME TILL IT HAPPENS”

Judging risk as though the chance of an event happening becomes greater each time it doesn't happen. This error can lead a person to ignore proof that an event is unlikely (namely the fact that it has not happened yet). As an example, a person may think: the more planes I fly on, the more chance there is of the next one crashing. Actually, the risk of an event happening on any given day is independent of its risk of happening the day before.

“IT DIDN’T HAPPEN BECAUSE I WORRIED”

Thinking that an unlikely feared event hasn't happened *because* of one's anxious behavior (such as worrying, checking, verbal cautioning, or perfectionism). For example, a person thinks: “The reason it didn’t rain is because I brought an umbrella to the picnic.” Or, “it’s true my spouse got home safely—but that’s because I called him and told him to drive safely.”

CATASTROPHIC THINKING: This type of thinking occurs when a person predicts that something terrible—a catastrophe—will happen and that she will be completely unable to cope with it. For example, if her partner is late coming home, she may imagine that there must have been a car accident, instead of thinking that traffic was heavy. Or, if she is doing a project or task at work, she may think that if she makes any mistakes, she will lose her job.

UNDERESTIMATING ABILITY TO COPE: This type of thinking occurs when a person imagines that if something challenging or stressful happened, they would be completely unable to handle it.

EXPECTATION OF UNCONTROLLABILITY OF EVENTS: This type of thinking occurs when a person believes that they have no influence over potential negative events which may happen to them.

ALL-OR-NOTHING THINKING (PERFECTIONISM): In this case, a person believes that if something they do or say (or someone else does or says) is not completely perfect, then it is a complete failure. Instead of giving themselves credit for the things they do well or correctly, they focus only on what was lacking in their performance. It is as if they are grading their performance as if it must get either an A or an F, with no partial credit for less-than-perfect answers.

Can you think of examples of each of these errors in thinking?

OVER-ESTIMATION OF RISK_____

CATASTROPHIC THINKING_____

UNDERESTIMATING ABILITY TO COPE_____

EXPECTATION OF UNCONTROLLABILITY OF EVENTS_____

PERFECTIONISM_____

Other Cognitive Errors Associated with Negative Mood

The following list of errors is excerpted from David Burns' *The Feeling Good Handbook* [9]:

Overgeneralization: You see a single negative event, such as a romantic rejection or a career reversal, as a never-ending pattern of defeat by using words such as "always" or "never" when you think about it. For example, a depressed salesman becomes upset when he notices bird dung on the windshield of his car. He tells himself: "Just my luck! Birds are *always* messing on my car!"

Mental Filter: You pick out a single negative event and dwell on it exclusively, so that your vision of all reality becomes darkened, like a drop of ink that discolors a beaker of water. Example: You receive many positive comments about your presentation to a group of associations at work, but one of them says something mildly critical. You obsess about his reaction for days and ignore all the positive feedback.

Discounting the Positive: You reject positive experiences by insisting that they don't count. If you do a good job, you may tell yourself that it wasn't good enough or that anyone could have done as well. Discounting the positive takes the joy out of life and makes you feel inadequate and unrewarded.

Jumping to Conclusions: You interpret things negatively when there are no facts to support your conclusion.

Mind-Reading: Without checking it out, you arbitrarily conclude that someone is reacting negatively to you.

Fortune-Telling: You predict that things will turn out badly. Before trying a new task you may tell yourself, "I'm really going to blow it. What if I fail?"

Magnification: You exaggerate the importance of your problems and shortcomings, or you minimize the importance of your desirable qualities.

Emotional Reasoning: You assume that your negative emotions necessarily reflect the way things really are: "I feel terrified of going on airplanes, it must be dangerous to fly." Or "I feel guilty, I must be a rotten person." Or "I feel angry, this proves I'm being treated unfairly." Or "I feel inferior. This means I'm really second-rate." Or "I feel hopeless. My situation must really be hopeless."

Should Statements: You tell yourself that things *should* be the way you hoped or expected them to be. After playing a difficult piece on the piano, a gifted

pianist told herself “I shouldn’t have made so many mistakes.” This made her feel so disgusted that she quit practicing for several days. “Must’s,” “ought’s,” and “have to’s” are similar.

Labeling: This is an extreme form of all-or-nothing thinking. Instead of saying “I made a mistake,” you attach a negative label to yourself: “I’m a loser” or a “failure” or a “jerk.” Labeling is quite irrational because you are not the same as what you do. Human beings exist, but “losers,” “fools,” and “jerks” do not. These labels are just useless abstractions that lead to anger, anxiety, frustration, and low self-esteem.

You may also label others. When someone does something that rubs you the wrong way, you may tell yourself, “He’s an idiot.” Then you may feel that the problem is with the person’s “character” or “essence” instead of with their behavior. You see them as totally bad. This makes you feel hostile and hopeless about improving things and leaves little room for constructive communication.

Personalization and Blame: Personalization occurs when you hold yourself personally responsible for an event that isn’t entirely under your control. When a parent received a note that their child was having difficulties at school, they thought, “This shows what a bad parent I am” instead of trying to pinpoint the cause of the problem and help the child. Blame occurs when people blame others and overlook ways that they themselves might be contributing to a problem. Blame doesn’t work very well because the other person resents being scapegoated and will toss the blame back.

Other Patterns of Stress-Inducing Thoughts

One final way to classify patterns of thinking that increase stress or exacerbate negative mood is to think about the explanations we give for the events that happen to us. Martin Seligman and colleagues at University of Pennsylvania [10] have observed that people who are prone to get depressed tend to explain negative events using explanations that are:

Personal rather than **External**

Persistent rather than **Temporary**

Pervasive rather than **Specific**

When we attribute an event to **personal** factors, we see it as having been caused by factors in ourselves. In other words, we take the blame for it, instead of explaining it based on situational factors. For instance, a student who did poorly on a math exam might think: "I'm no good at math," (a **personal** attribution) and feel worse than if he thought: "This was a hard exam" (an **external** attribution).

When we attribute an event to **persistent** factors, we see it as an enduring, lasting situation. For example, if the above student thought, "I'll never be any good at math," (a **persistent** attribution), he might well feel worse than if he thought, "At this point I haven't learned the skills tested on this exam" (which sees the problem as **temporary**). Another example of a **temporary** explanation would be if the student thought, "I didn't study hard enough for this exam." Note that the explanation is still internal, but it does not frame the problem as enduring--the student can study harder next time.

When we look at an event as **pervasive**, we see it as broadly encompassing many areas, instead of limiting it to a very **specific** area. For example, the student will probably feel worse if he thinks, "I'm not smart," or "I'm no good," generalizing about his competence in all kinds of areas from his performance on this one test. Even the statement, "I'm no good at math" is very **pervasive**. A more accurate and less upsetting thought might be "I have trouble with timed exams on trigonometry."

As you can see, explanations that are persistent, pervasive, or personal have a heavy, oppressive feel to them (and lead to depressed, anxious or frustrated feelings), while explanations that are temporary, specific, or external can lead more easily to problem-solving kinds of thoughts.

Challenging Anxious Thoughts

The automatic thoughts that come to mind when we are anxious can *feel* very compelling and true. In our imagination, the events we fear may seem very vivid and real. (For a person who is afraid of being laughed at during a speech, it may seem completely convincing that the audience will really certainly laugh). One psychologist in our clinic compares automatic thoughts and the anxiety that goes with them to “mood music” in a movie [11]. Imagine you are watching a James Bond movie and suddenly the music becomes very scary or ominous, as though something terrible is about to happen. Your automatic thoughts may tell you “Bond is going to die! He’s going to get killed!” In response, you may feel anxious or tense. If you *really believed* that these thoughts were true, you might become convinced that James Bond was about to die. But if you stepped back for a moment and thought about it, you might start to think logically about the *evidence* about whether he will really die. You would think, “Wait a minute! I know that they’re always coming out with sequels to these movies. James Bond is the main character, how could he possibly get killed?” This considering of evidence would probably lead you to think: “Nahh, they’re just trying to scare me. He’s not going to die.”

In the same way, if we simply trusted our automatic thoughts, we might become convinced that our anxiety is justified and that the dangerous or embarrassing situation we fear will really happen. However, if we step back and consider the evidence for these thoughts, we can usually conclude that the danger is not as likely or disastrous as we think.

Here are some examples of questions that can be asked in order to challenge anxious thoughts:

I. REALISTIC JUDGMENT OF RISK

In this case, you “test out” the idea that a feared event is really likely to happen (overestimation of risk) by asking yourself a series of questions.

To illustrate this, let us consider the example of a boy named Michael, and a thought that one of his parents had. To try out this example, read the following paragraph and the thought that Michael’s parent had, and then answer the questions that follow.

Michael tends to be careful and cautious about new situations but is not very graceful physically. That is, he tends to trip or bump into things at times. He plays outdoors in the playground every day at school. Michael has never gotten hurt seriously, except for one time, six months ago. At that time he was climbing on a fence at his cousin’s house, and he fell off and cut his elbow and had to have stitches.

Michael's parent takes him to a new playground one Saturday where there is a very high slide. Lots of children who look about Michael's age are playing on it and having a good time. Michael runs to get in line for the slide. The parent has the thought:

"If Michael climbs on the slide, he will fall and hurt himself" (a feared event).

Q1: What is the evidence that this feared event will really happen?

Q2: What is the evidence that this event is NOT likely to happen?

Q3: Reconsider the evidence that the feared event IS likely to happen. Is there any other way to look at it?

Please try to answer the above questions before turning the page.

Here are some examples of how the questions might be answered:

Q1: What's the evidence that this feared event will really happen?

For this question, you might say:

"Michael tends to bump into things – he may be accident-prone."

"The slide is very high."

"He fell off the fence and had to have stitches."

Q2: What is the evidence that this event is NOT likely to happen?

In this example, you might say:

"He's usually pretty careful and even cautious."

"None of the other kids trying it are falling."

"He only fell that one time."

Q3: Reconsider the evidence that the feared event IS likely to happen. Is there any other way to look at it?

In this example, you might say:

"Just because he has had a few bumps and falls doesn't mean he is accident-prone – he doesn't really get hurt more often than his friends."

"The fence wasn't meant to be a climbing toy and the slide is."

"He was much younger the last time he fell (six months age). He is probably better coordinated now."

II. DE-CATASTROPHIZING

To challenge a catastrophic prediction, a different set of questions can be helpful.

In this case, let us consider an example of a girl named Kathy:

Kathy is about to begin preschool. Kathy has not yet learned to count.

Kathy's parent has the thought:

"What if Kathy doesn't do well in preschool? It could affect her whole future education."

In this case, the following questions can be helpful:

Q1: What's the worst that could happen if Kathy doesn't do well in preschool? Describe the imagined outcome in detail.

Q2: How would the parent cope if this worst-case scenario happened?

Q3: What's the best that could happen to Kathy in preschool?

Q4: What's the most realistic outcome?

Please answer the above questions before turning the page.

Here are some examples of how the questions might be answered:

Q1: What's worst that could happen if Kathy doesn't do well in preschool? Describe the imagined outcome in detail.

"She might not be ready for Kindergarten at age 5."

"It might affect how she does in later grades, and even whether she can get in to college."

"She might not be able to get a good job."

Q2: How would the parents cope if this worst-case scenario happened?

"If she has trouble learning, they could get her special tutoring, or have her evaluated by an educational specialist."

"Her parents and teachers could find ways to help her even if she did have difficulties in later grades."

"She could enter a vocational program, or a technical school."

Q3: What's the best that could happen to Kathy in preschool?

"She could do really well and have a great year."

Q4: What's the most realistic outcome?

"Kathy may have a little trouble at the very beginning adjusting to being in preschool, but she will probably do just fine."

"If she does have any trouble with school work, her parents could figure out why and get her any help she might need so that she will be able to do well in later grades."

III. REALISTIC JUDGMENT OF ABILITY TO COPE

To think about coping with a feared problem and to correct expectations about not being able to control events, it is useful to ask another set of questions. Consider the following example:

Suppose you are planning to go out to an important event and your babysitter calls to tell you she may have to cancel. You think:

"I can't deal with this! I have to get to this event."

Q1: What are some possible alternatives for coping with this problem or event?

Q2: What are the advantages and disadvantages of each alternative?

Q3: Which is the best plan to try first? What possible obstacles could we think of and how might we cope with them? What would be our back-up plan if that didn't work?

Please answer the above questions before turning the page.

Here are some examples of how the questions might be answered:

Q1: What are some possible alternatives for coping with this problem or event?

"I could call a friend (neighbor, relative) and explain the situation and see whether they could babysit."

"I could call and explain why I had to miss the event."

Q2: What are the advantages and disadvantages of each alternative?

Here you would evaluate what would work or not work about each of the above alternatives.

Q3: Which is the best plan to try first? What possible obstacles could we think of and how might we cope with them? What would be our back-up plan if that didn't work?

"Probably the best plan would be to call my sister and see whether she could take care of the children. It is last minute and it might be an inconvenience to her, but this event is really important to me and I think she would understand. If that didn't work, I could try several other babysitters and see whether anyone was available."

IV. ALL-OR-NOTHING THINKING (PERFECTIONISM)

Suppose before reading this section, you thought:

"I only remembered to fill out the monitoring sheet for one time my child was anxious. I am already falling behind."

To challenge overly perfectionistic thinking, it can be helpful to ask the following questions:

Q1: What did go well about the situation? What positive things can I find to give myself (or, in other situations, my child) credit for?

Q2: Is improvement needed? If so, what (reasonable or modest) steps can be taken as a next goal?

Please answer the above questions before turning the page.

Here are some examples of how you might answer the questions:

Q1: What did go well about the situation? What positive things can I find to give myself credit for?

“Finding one time to actually fill out that sheet was a big accomplishment with my busy schedule.”

“What’s important is that I paid more attention to the times she was anxious, and to my responses.”

“This was good progress; before last week I never thought about how our responses to my daughter’s anxiety might be able to help her.”

Q2: Is improvement needed? If so, what (reasonable or modest) steps can be taken as a next goal?

“It would probably be helpful to focus more on the home exercises next week. Doing them daily would not be a reasonable goal with all the things I have to get done, but maybe I could aim to focus on it two or three times next week.”

On the next several pages (pp. 32-34), you will find worksheets to help you challenge the different sorts of automatic thoughts you may notice in yourself, as well as more monitoring sheets for observing your child’s anxiety (pp. 35).

Challenging Overestimation of Risk and Catastrophic Predictions

Worrying Thought	Probability when Anxious	Evidence	Realistic Probability

Adapted from Craske et al., 1992 [8].

How Would I Cope?

Worrying Thought	Anxious Ability to Cope (0-100%)	Ways of Coping	Realistic Ability to Cope (0-100%)

Adapted from Craske et al., 1992 [8].

Challenging Perfectionism

Perfectionistic Thought	Reframing (to give partial credit for positive aspects)	Realistic Goal

Monitoring Signs of Anxiety in Your Child

(please print extra copies if you need them)

Date and Event: _____

[illegible]

Chapter 3

Active Coping with Anxiety

Chapter 3 Goals:

1. Read Chapter 3 to learn about helpful resources to your child's anxiety.
2. Practice using "helpful" responses to your child's anxiety.
3. Start to show (or tell) your child about anxiety-provoking situations you (or a favorite character) coped with. To do so, you should model active coping, using the worksheets on pages 43-45 to plan or monitor how you did.
4. (Optional;) Practice using active coping to deal with one situation of your own. Use the worksheets on pages 43-45 to plan and monitor how you did. Please make note of any obstacles to practice, or anything that made carrying out the plan difficult.

Anxious Responses Versus Helpful Coping

Normal anxiety is usually self-limiting. That is, once our body and mind and emotions have geared up to cope with a triggering event and we cope effectively, the anxiety goes away. That is, if we are anxious because we have to give a speech at a party, once we have planned how to cope and effectively done the speech, the anxiety cycle ends. Our body, thoughts, and feelings go back to their usual state. In the case of a *false alarm*, anxiety may also be self-limiting. If we simply wait and ignore the alarm, it will go away. For instance, suppose we are sitting in traffic, feeling more and more impatient and suddenly feel a burst of panic, with the thought that we just *have* to get away (a false alarm, since there is no danger). If we just think, as with the super-sensitive car alarm, “Oh, that’s just a false alarm. No need to react. If I continue as if nothing is happening, the alarm will stop,” then the anxiety will resolve by itself.

However, certain responses can make the anxiety worse:

These responses apply to how we react to our own anxiety or to how we react to our child’s anxiety.

“Oh-No!” Reaction: (In Otto et al., 1996 [1], this is called the “Uh-oh” response). Reacting to a false alarm as though it is a real alarm and becoming anxious about the anxiety can increase the anxiety. Common “Oh, no!” thoughts include: “I have to get out of here!” “I can’t . . . (do whatever I’m trying to do)” “This isn’t working.” “I have to STOP being anxious!!” The “Oh, no!” reaction means we are acting as though the anxiety is a BIG DEAL that demands action—instead of acting as though it is simply a *false alarm* or a *signal to start helpful coping*. If, instead, we act as though the anxiety reaction is “no big deal” (a “ho-hum” response), we can reduce our anxiety, or help reduce a child’s anxiety.

Tensing Reaction: Physically preparing for danger or threat, by tensing the body, breathing more shallowly, etc. Some people tense up (become stiff, rigid, or tense) in reaction to anxiety. In turn, this physical tension can feed back and increase the anxiety. This response may seem to “kick in” automatically. However, we (both adults and children) can learn to relax our bodies physically when we notice signs of tensing setting in.

Escape or Avoidance: *Running away from a situation of anxiety can lead a person to fear the situation more. And avoiding a situation that elicits anxiety can make the anxiety about the situation worse. How does this work?*

There are at least three different explanations:

- 1) We learn to associate feelings with the situations in which we experience them. If we escape a situation as soon as we feel anxious, we learn to associate fear with the situation, and absence of fear with escape from the situation.

Suppose Jack rides on a tricycle and falls off and gets bruised. Jack feels anxious that he will fall off again and does not want to get back on the tricycle. However, he gets on the tricycle anyway, slowly, and sure enough, he begins to feel afraid.

If he gets off as soon as his fear increases, the fear will go away.

*However, what will he learn? He will learn that sitting on the tricycle is scary and that getting off a tricycle is safe. He will learn to associate fear with the tricycle, and absence of fear with avoidance of the tricycle. What would have happened if Jack had stayed on the tricycle? **His anxiety would also have gone down.** Then he would have learned that tricycles are not scary.*

- 2) We sometimes have mistaken beliefs about why situations should be feared (about terrible things that would happen if we confronted them). If we escape from or avoid the situation, we never get the chance to learn that our beliefs are mistaken, and that the terrible things will not really happen [4].

*Suppose Jack comes to believe: tricycle-riding is dangerous and embarrassing. He may have all kinds of related beliefs: "I will get hurt if I ride my tricycle." "I will fall down." If Jack never gets back on the tricycle, he will never get the chance to test out these ideas. He may conclude that the only reason he is not hurt is because he avoids tricycles. He will preserve the idea that tricycle-riding is difficult and dangerous. **Only if Jack gets back on the tricycle and starts riding again will he learn that his beliefs are not true.***

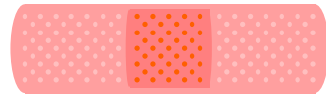
- 3) When we escape or avoid a situation, we miss out on the chance to practice using coping skills to tolerate the anxiety. In addition, we miss out on the chance to improve the skills used in that situation.

If Jack avoids tricycle-riding or other feared situations, he misses out on the chance to develop and try out means for coping with anxiety (besides simply avoiding feared situations). In addition, of course, he also misses out on the chance to improve his skill at tricycle-riding, which would make the outcome he fears – falling – less likely.

So staying in (or practicing going into) a situation that provokes anxiety (called *exposure*) has two benefits: it helps us learn that the situation is not really dangerous (to undo the association between the situation and anxiety, and to disprove our mistaken beliefs) and it helps us practice coping with anxiety while not letting it interfere with our activities.

Reassurance-Seeking:

It is common to ask for reassurance about an anxiety-provoking situation. If this were done *once*, it might be an effective coping mechanism. For example if a child is anxious about feeling ill or getting hurt and turns to a parent for reassurance, the parent's reassurance that the child will be all right may be comforting and helpful. However, some children or adults respond to anxiety by asking for reassurance repeatedly. In these cases, reassurance does not help reduce anxiety. In fact, it may serve as a band-aid, temporarily reducing the anxiety but not assisting with coping with it. In the long run, reassurance-seeking can actually exacerbate anxiety, since it reinforces or rewards expressions of anxiety. Resisting asking for reassurance can help reduce our anxiety about a situation, and can give us the opportunity to practice coping effectively with our anxiety.



Fortunately, we can substitute more helpful responses for these anxious responses:

- ❖ Instead of the **“Oh-No” Response** we can use the **“Ho-Hum” Response** or the **Cue-to-Cope Response**. We can see the anxiety as not anything to get alarmed about—but rather as a signal or cue that we need to start active coping.
- ❖ Instead of the **Tensing Response** we can use **Relaxation**. We can take diaphragmatic breaths or do mini-relaxations (briefly tensing and then loosening muscles).
- ❖ Instead of **Escaping/Avoiding** or **Reassurance-Seeking** we can use **Active Coping** and can **Practice Staying in the Situation (Exposure)**.

These responses can be applied to how we react to our own anxiety, and to how we react to our child's anxiety as well.

Modeling Good Coping

One way to help our children learn to cope actively with situations they fear is to let them see or hear about ways that we have coped well with situations that make us feel anxious.

The next page outlines a model for coping that we can practice ourselves and share with our children.

Coping with Anxiety Worksheet

This approach, and the acronym, is based on Philip Kendall's *Coping Cat* program [5]. Below, we give an example of how you might use it to model your child how to cope.

<p>Feeling nervous? Describe the situation: How can you tell you are nervous?</p> <p>"I see a doggie. I feel a little nervous."</p>
<p>Expecting bad things to happen? What are your anxious thoughts in this situation?</p> <p>"What if he jumps up on me?"</p>
<p>Attitudes and actions to take to cope: What is Your Coping Plan? This might include relaxation, helpful things to say or think to oneself, and things to do to be able to face the feared situation. It also might include a longer term plan for practicing facing the feared situation little by little.</p> <p>"But look, he's a happy doggie, his tail is wagging. He looks soft. I'm going to ask his person if I can pet him. Hi, can I pet your dog?" (pet his back)</p>
<p>Reward: How can you reward or give yourself credit for your effort? Were there any difficulties or obstacles to carrying out your plan that need to be addressed?</p> <p>"The doggie is so soft and friendly. I liked petting him."</p>

Coping with Anxiety Worksheet

This approach, and the acronym, is based on Philip Kendall's *Coping Cat* program [5]. Below, we give another example of how you might use it to model for your child how to cope.

Feeling nervous? Describe the situation: How can you tell you are nervous?

(Using an action toy): "Batman has to go to sleep. But he's scared."

Expecting bad things to happen? What are your anxious thoughts in this situation?

"It will be dark in his room with only a little night light."

Attitudes and actions to take to cope: What is Your Coping Plan? This might include relaxation, helpful things to say or think to oneself, and things to do to be able to face the feared situation. It also might include a longer term plan for practicing facing the feared situation little by little.

"He can say, 'I'm brave, I'm Batman!' He can remember that his room is safe even when it's dark. Once his eyes get used to the darkness, he can still see his window and he can still feel his soft blanket. He can think about how fun it is to ride in the Batmobile until he falls asleep."

Reward: How can you reward or give yourself credit for your effort? Were there any difficulties or obstacles to carrying out your plan that need to be addressed?

"Batman falls asleep and has happy dreams. He wakes up the next day and thinks about how brave he was."

Coping with Anxiety Worksheet

(please print extra copies if you need them)

This approach, and the acronym, is based on Philip Kendall's *Coping Cat* program [5]

Feeling nervous? Describe the situation: How can you tell you are nervous?

Expecting bad things to happen? What are your anxious thoughts in this situation?

Attitudes and actions to take to cope: What is Your Coping Plan? This might include relaxation, helpful things to say or think to oneself, and things to do to be able to face the feared situation. It also might include a longer term plan for practicing facing the feared situation little by little.

Reward: How can you reward or give yourself credit for your effort? Were there any difficulties or obstacles to carrying out your plan that need to be addressed?

MODULE 2: PARENTING AN ANXIETY-PRONE CHILD

Chapter 4

Understanding Factors that Contribute to Anxiety

How Parents Can Help Foster Adaptive Coping

Chapter 4 Goals:

1. Read Chapter 4 to learn about helpful and unhelpful ways to respond to your child's anxiety.
2. Practice "special play time" with your child, aiming for five minutes 3-5 times per week, and monitor how it goes on the sheet on page 61.

Understanding Factors that Contribute to Anxiety

Parenting an Anxiety-Prone Child

Different children need different kinds of input and guidance from their parents. Children who are prone to be anxious or shy can present a challenge to parents, a challenge which calls for a special kind of parenting. In this section, we will discuss some characteristics of children thought to be anxiety-prone, and then we will talk about the kind of parenting that can be helpful to these children.

What is Behavioral Inhibition?

People differ naturally on a number of temperamental traits. A “temperamental trait” can be thought of as a consistent aspect of the child’s personality which began at a very young age and may be inborn. One temperamental trait which has been studied by developmental psychologists is “behavioral inhibition.” “Behavioral inhibition” is a tendency to be shy and restrained in new or unfamiliar situations. Children who show this trait tend to show different behaviors at different ages. As infants they may be more fussy and react more to new sounds or toys. As toddlers they may be more shy around new people or in new situations. As preschoolers they may be shy with other children and adults that they don't know or may have more fears. Adjusting to new situations and people is more difficult for them than for other children. In these situations they may exhibit physical signs of anxiety as well, including a faster and more stable heart rate.

The kinds of events that are most difficult for behaviorally inhibited children are situations that are unfamiliar or situations where there are unfamiliar people or activities. These might include beginning a new school term (or beginning preschool or kindergarten), visiting an unfamiliar doctor's office, visiting the dentist's office or other places that the child goes to infrequently, going to a birthday party with children they don't know well, or playing with unfamiliar children in the playground. These kinds of situations may be especially challenging to the child who tends to be inhibited, and he or she may need special help and encouragement in learning how to cope with these situations.

The tendency to be shy or inhibited is not a bad quality. Children who are shy in this way often are cautious in unfamiliar situations, and this caution can be helpful to them in many ways. As we saw above, it is often a good idea to “wait and watch” in order to see whether a situation is safe before plunging in. However, if this tendency to “wait and watch” goes on for too long or in too many situations, it can be unhelpful.

Many children who are inhibited in new situations go through childhood without having serious difficulties. However, there is evidence that children who have this tendency and who also have a family history of anxiety disorders

are more likely than other children to become anxious to the point that it interferes with their activities. That is, some of these children become so shy in school that their social anxiety interferes with their learning or friendships. Some children become so anxious about being apart from their parents that they become unable to enjoy themselves and concentrate in school. Some children develop fears (e.g. of being alone in another part of the house, of being in crowds) that are strong enough to interfere with their daily routines. There is evidence that the children who stay consistently inhibited throughout early childhood are the ones who are most likely to develop these kinds of difficulties.

Can my child be anxiety-prone if he or she is not behaviorally inhibited?

Yes. There is evidence that other factors besides inhibited temperament contribute to the tendency to become anxious more easily than other children, as reviewed in the Table on page 51. Although less well-studied than behavioral inhibition, “trait anxiety,” or a tendency to have a high level of anxiety symptoms on a fairly stable basis, is also associated with a tendency to develop anxiety disorders. Some symptoms of anxiety in children include being a “worrier,” having many fears of different objects or situations, being perfectionistic or needing things to be just so, or having a physical nervousness marked by physical symptoms like muscle tension or stomachaches.

What can be done to help a child who is prone to be anxious or inhibited?

There is good evidence that children who are beginning to show symptoms of anxiety can learn skills for coping with anxiety that can help them avoid more serious difficulties. Experts on behavioral inhibition also believe that with the proper help, children can learn to be less inhibited. The goal of this program is to help the child learn skills for coping with new situations and for managing anxiety. The hope is that these skills will help reduce the child's inhibition and prevent the child from developing future difficulties.

All children and adults have a mixture of responses to new or anxiety-provoking situations or events. We often have feelings that make us want to explore the new situation, including curiosity, interest, excitement, and enjoyment. At the same time we may also have feelings that inhibit exploration, including caution, fearfulness, or even guilt or shame (if we have learned to associate these events with such feelings). Different individuals have different tendencies to exhibit more or less exploration or avoidance in new situations (different balances of approach and avoidant behaviors).

The most adaptive balance of feelings and behavioral responses to a new or anxiety-provoking situation would be one which would allow a person to explore and learn about and enjoy new things (approach responses) while remaining cautious and protecting oneself from harm (avoidant responses). When children exhibit extremes in either direction, they need help achieving

more of a balance. At one extreme, some children are so prone to explore and be curious that they exhibit little caution--and tend to rush impulsively into situations that might be dangerous. These children need help from their parents to practice more inhibition; they need instructions like "stop and look first," or "be careful." At the other extreme, inhibited or shy children tend to be overly cautious or fearful and to hold themselves back from situations that they might enjoy or where they might learn something new. This may be because their bodies give them signals (like high and stable heart rate) that the situation involves danger--even when there is no danger. Such children need help from their parents to practice more exploration. They need encouragement to "try it out," or "look a little closer." They also need reinforcement and attention for any little signs of approach they show (e.g. "Good job, you got a little closer." "That looks like fun, doesn't it?").

Another pitfall for an anxious or inhibited child may be the feelings he or she develops about his or her own anxiety or shyness. Children ages 4 or 5 are old enough to recognize that they are scared or shy (e.g. to notice the conflict between wanting to take part or explore and feeling unable or anxious) and may feel bad about it. Children may begin to feel helpless or incompetent and this may reduce their sense of self-confidence and self-efficacy. One way to help children with these feelings is to reinforce and attend to their positive qualities and behaviors. Young children often accept uncritically as true their parent's expressed opinions of them. If they get frequent praise for their behavior they develop a sense of competence, whereas frequent criticism may lead them to develop a sense of themselves as bad.

As summarized in the Table on page 54, the following goals are helpful in working with an anxiety-prone or inhibited child. They are summarized below:

Establishing a positive, reliably attentive and supportive relationship: this is a pre-requisite to any kind of work one is doing with one's child.

Keeping the child safe: Protect the child from realistically dangerous situations, and help the child learn which activities are safe and which are not.

Being a good role model: Talk to the child about ways that you cope successfully with anxiety, and show the child how you cope with anxiety.

Encourage and praise active attempts to cope that your child displays. Catch your child doing something brave or approach-oriented and comment on it with low-key, specific praise.

Making sure not to reward your child's anxious or inhibited behaviors, but also being sure to avoid criticizing or punishing the child's anxious

behavior. This will only make your child feel worse about his or her ability to cope.

Fostering active coping: Use planning, step-by-step introduction to new or feared situations, encourage exploring novelty and outgoing behavior. (This is probably the most important goal).

If your child is older, you could help the child practice relaxation exercises and work on coping plans. As your toddler gets older, they may be able to help think of steps to practice or of helpful things to think as they practice.

Helping the child develop confidence in his or her ability to cope, by praising the child's coping efforts at every opportunity.

Does this mean that it is up to me as a parent to “control” my child’s anxiety?

No, not at all. There are some things that you can do to help normal anxiety not get out of hand, and other things to do so that you will be better able to help your child be less inhibited. But we do not mean for you to feel that you need to work hard on controlling your child's anxiety or behavior. In fact, in many cases, it is important to let go a little, to give up some control, so that your child can try things out on his or her own, and maybe even make a few mistakes along the way. In most cases, your child will be okay even if you as parents back off a little.

To understand how to help your child learn to cope with anxiety, it is worth reviewing the factors that are thought to underlie or maintain anxiety:

PHYSIOLOGICAL OR TEMPERAMENTAL FACTORS	
Genetic Factors	Genetic factors contribute to the tendency to become anxious easily and to develop anxiety disorders, but they do not account for the whole effect.
Temperamental Features	Behavioral inhibition, or the tendency to be quiet and constrained in unfamiliar situations is associated with anxiety in some children.
Physiological Arousal	The tendency to get physiologically aroused easily seems to be associated with anxiety.
KINDS OF EXPERIENCES	
Having Frightening Experiences	Children can learn to fear situations or objects from having frightening experiences with them.
Hearing About Frightening Experiences	Children can also learn to fear situations from hearing about frightening experiences.
Observing Anxious Behavior	Children learn many behaviors by watching what others do. Parents are especially important role models for young children.
TYPES OF THOUGHTS	
Tendency to Overestimate Threat	Overestimating the likelihood of danger is associated with anxiety.
Tendency to Underestimate Resources for Coping	Under-estimating one's own ability to cope is associated with anxiety.
Expectation of Uncontrollability of Events	Believing that events are out of one's control is associated with anxiety.
BEHAVIORS	
Avoiding Situations	Patterns of coping with anxiety that emphasize avoiding a feared situation can maintain anxiety.
Inadvertent Rewards for Anxious Behavior	If children are inadvertently rewarded for anxious behaviors, those behaviors can be maintained.
Deficits in Active Coping Skills	If children do not know how to actively cope with anxiety, the anxiety may persist.

Might any of these factors apply to your child? Can you think of examples?

*Genetic Factors*_____

*Temperamental Features*_____

*Physiological Arousal*_____

*Having Frightening Experiences*_____

*Hearing About Frightening Experiences*_____

*Observing Anxious Behavior*_____

*Tendency to Overestimate Threat*_____

*Tendency to Underestimate Resources for Coping*_____

*Expectation of Uncontrollability of Events*_____

*Avoiding Situations*_____

*Inadvertent Rewards for Anxious Behavior*_____

*Deficits in Active Coping Skills*_____

Helping Children Cope with Anxiety

Factors Maintaining Anxiety	What the Child Can Do	How Parents Can Help
PHYSIOLOGICAL AND TEMPERAMENTAL FACTORS		
GENETIC FACTORS & TEMPERAMENTAL FEATURES	Learn to anticipate and manage anxiety.	Support child in learning to manage anxiety.
PHYSIOLOGICAL AROUSAL	Use relaxation exercises.	Help child practice relaxation exercises.
KINDS OF EXPERIENCES		
HAVING FRIGHTENING EXPERIENCES	Learn to avoid REAL dangers.	Protect child from REAL dangers.
HEARING ABOUT FRIGHTENING EXPERIENCES	Hear about coping with frightening experiences.	Let the child hear about ways of you have coped with anxiety.
OBSERVING ANXIOUS BEHAVIOR	Observe coping behavior.	Be a good role model: Model coping behaviors instead of anxious behaviors.
RELATIONSHIP FACTORS	Learn self-soothing behaviors and how to seek and accept comfort from others.	Be a consistent and responsive caregiver: reliable, attentive, empathic, and sympathetically responsive.
TYPES OF THOUGHTS		
TENDENCY TO OVERESTIMATE THREAT	Learn to realistically distinguish threatening and non-threatening objects and situations.	Encourage the child to realistically appraise threat, and to cope actively. (Correct own errors about appraising threat).
TENDENCY TO UNDERESTIMATE RESOURCES FOR COPING	Learn coping skills, and learn to reward self for coping well.	Use praise and encouragement for efforts the child makes to cope. Tolerate imperfection as the child learns new skills, and do not criticize.
EXPECTATION OF UNCONTROLLABILITY OF EVENTS	Develop experiences of control and mastery through learning and practicing coping skills.	Encourage the child to do and learn things by and for himself or herself.
BEHAVIORS		
AVOIDING SITUATIONS	Practice approaching and remaining in situations with anxiety (exposure practice).	Help child practice exposure, in a gradual and non-coercive way, and reward practice.
INADVERTENT REWARDS FOR ANXIOUS THE BEHAVIOR		Instead of rewarding anxious behavior, empathize once and encourage active coping.
DEFICITS IN ACTIVE COPING SKILLS	Learn and practice active coping skills.	Support the child in learning and practicing active coping.

Playing with Your Child in a Relaxed Way: The Rationale

One way to help a child build a sense of self-confidence is to help him feel that he is interesting and important to his parents. One way parents can facilitate this attitude is to spend daily positive time with the child.

Many interactions between a parent and child involve times when the parent is telling the child to do things, carrying out activities or otherwise directing the child's behavior. Often there is little time for relaxed play time between parent and child. Therefore it can be helpful to set aside time each day to interact in a more relaxed and enjoyable manner. In this time the child takes the lead in play and the parent attends and narrates what the child does. This gives the child a chance to play spontaneously while receiving positive attention from the parent. The parent also occasionally praises the child or provides positive feedback about what she is doing.

The parent's narration of the child's play (uninterrupted by any parental questions, commands, or suggestions) conveys interest in and approval of the child's activity. It lets the child know that the parent appreciates and respects his independent choices about how to carry out the play.

This exercise can also be helpful for the parent in several ways. First, parenting an anxious or inhibited child can be challenging, and some parents who have participated in our research studies of children at risk for anxiety have described dissatisfaction or strain in their relationship with their child. These kinds of feelings may lead parents to spend less time with their child or express more disapproval to the child. Beginning a habit of playing in a relaxed way with the child can help the parent and child enjoy each other's company more.

Second, caring parents who worry about their child and have high standards for them sometimes tend to direct or control the child's activities a bit more than might be helpful. This is a natural response: when we feel anxious about things that seem out of our control, a common tendency is to try to make sure that the things go the way we would like. When dealing with other people, however, (including children) it usually doesn't work to try to push them actively to behave in a certain way. It is much more effective to help create conditions that foster their ability to cope better, even if it means that they make their own mistakes for a while. Playing with your child can be a fun, safe way to practice interacting with him or her in a relaxed, completely non-directive manner. This can give parents a way to practice giving up some control and letting the child just be. Later, this attitude (of holding back and letting the child try things or think of things on his or her own, even if he or she makes some mistakes) can be helpful as the child practices active coping with anxiety.

Third, by giving occasional positive feedback, you get the chance to practice giving your child specific praise. This skill (giving praise) is something that can be useful to brush up on (if you are not already using it), because it will come in handy as you begin to focus on praising your child's coping efforts and behaviors.

Playing with your Child in a Relaxed Way: A How-To Guide

(Adapted from Barkley, 1987 [2], and from Hembree-Kigin et al., 1995 [3])

- 1) *Choose a time each day that will be your "special play time" with your child.* This can be after other children are off to school in the morning if you have a preschool child or after school or dinner if you have an older child. *Each parent should spend 15-20 minutes per day with the child in "special play time."* They should do this at least 5 days in the first week and at least 3-4 days in subsequent weeks.
- 2) *Make sure you choose a time when you are not occupied by other activities and are in a calm, relaxed mood.* (Times when you are about to go out or are in the middle of preparing dinner are not good times!). Ideally, you should carry out your own relaxation practice immediately before starting the play time with the child.
- 3) Explain to your child that you will be spending "special time" together each day that week, and then *ask the child what he or she would like to do.* The child chooses an activity (see page 60 for a list of suggested toys that are appropriate and for a list of toys to avoid if your child tends to get wild or act out). The activity should be something you can do together: it should not be watching TV.
- 4) *No other child should be involved in this "special play time."* If you have other children, choose a time when your partner can look after them or when they are not likely to disturb your play.
- 5) As your child plays, relax and empty your mind of all other thoughts and *attend only to the child and what the child is doing.* Don't worry if other thoughts or distractions come to mind—these are natural and expected; just notice them briefly and shift your attention back to your child. Watch the child's activities and mentally note them.
- 6) After watching your child's play, *begin to describe out loud what your child is doing.* This "narration" lets your child know that you are paying attention to her and are interested in what she is doing. One way to do this is to imagine being a sports-caster narrating a game on radio. Use an enthusiastic, action-oriented voice that conveys interest and enjoyment of your child's play, and vary your tone of voice. Young children really enjoy this "narration."
- 7) If your child makes comments, you may *reflect your child's comments.* You may also *imitate your child's play.* Reflecting your child's comments means saying back to your child in your words what he or she just said. This shows your child that you are really listening to him, and makes sure that your child stays

in control of the conversation. To imitate your child's play, you might say, "Making a tower is a good idea; I'm going to try one, too." Or if your child gives a doll a bottle, you might say, "I'm going to give mine a bottle, too." This lets your child lead the play, and shows that you respect and like his or her choices. *If your child gives you specific instruction about what to do, do them.*

- 8) *Ask no questions and give no commands or suggestions.* This is very difficult to do at first, but it is very important. Avoid asking any questions, since they can disrupt the child's play or lead the conversation in directions you choose, instead of ones your child chooses. (It is okay, if you really can't tell what your child is doing, to ask a question to clarify this.) Also, don't give any commands or directions or suggestions and don't try to teach the child anything. This is your child's special time to relax and enjoy your company, not a time to learn. Make sure to let him play the way he chooses, and that you don't "take over" the play in any way (such as by making suggestions about what he should do).
- 9) *From time to time, make positive statements praising the child's play, expressing approval, or telling the child that you like what she is doing or enjoy playing with her.* Be genuine and honest, not overly flattering. For example, say "I like it when we play like this," "I enjoy our special time together," or "Look how nicely you have made that" You can also see below for other ideas.
- 10) *If the child misbehaves during the play session, simply look away and ignore the child until she resumes playing appropriately.* (If the child does something that can't be ignored, such as hitting you or doing something unsafe, stop the playtime).
- 11) *Learning to play in this way with your child can be very challenging and difficult.* We can practically guarantee that you will make mistakes, especially in the first few times you try it. Many parents make the mistakes of asking too many questions or giving too many directions or forgetting to say positive things to the child. Don't worry about these mistakes; they are completely normal. Just be sure after each play session to think about the session and give yourself credit for what you *did* do well (even remembering to do the play session deserves a lot of credit). Also review what you would like to focus on doing better the next time. Then remember to focus on this goal at your next play time with your child.

Examples of ways to express approval or praise (Adapted from Barkley, 1987 [2]):

1. *Be specific about what it is you are praising.* Saying, “I like the way you built that tower so carefully” is better than saying, “Good job!”
2. *Don’t give a back-handed compliment, i.e. one that includes criticism* (e.g. “Well, *this time* you took turns really well, why couldn’t you do that before when you were playing with your brother?”)

Without Words:

Smile
Wink
Hug
Pat on the back
Thumbs-up sign
High five
Kiss

Using Words:

I really like it when you_____.
What a great idea to _____.
You did a great job when you_____.
That was really grown-up, the way you_____.
I really enjoy when we_____together.
I’m so proud of you for_____.
Awesome! You did _____all by yourself!

Suggested Toys (Adapted from Hembree-Kigin et al., 1995 [3])

Ideas for Toys to Use	Toys to Avoid Using
<p>Construction toys, such as:</p> <ul style="list-style-type: none"> ❖ Lego ❖ Duplos ❖ Blocks ❖ Lincoln Logs ❖ Bristle Blocks ❖ Mr. Potato Head ❖ Ellos ❖ Kids K'nex, etc. <p>Dramatic play toys, such as:</p> <ul style="list-style-type: none"> ❖ Dollhouse with dolls ❖ Toy train sets ❖ Playskool kits with small people and activities ❖ Toy cars and garage ❖ Toy zoo and animals ❖ Toy farm and animals ❖ Toy castle and occupants ❖ Schoolhouse or school bus and children, etc. <p>Creative toys, such as:</p> <ul style="list-style-type: none"> ❖ Crayons or markers and paper ❖ Erasable drawing toys ❖ Magnetic picture board ❖ Chalkboard and colored chalk, etc. 	<p>Toys that could require limit-setting:</p> <ul style="list-style-type: none"> ❖ Paints, scissors, clay (which could require limits about messiness) ❖ Bats, balls, boxing gloves, toy guns, toy swords (which could require limits about aggressiveness) <p>Toys that have fixed rules:</p> <ul style="list-style-type: none"> ❖ Board games, card games, video games, computer games <p>Toys that discourage free interaction between you and your child:</p> <ul style="list-style-type: none"> ❖ Books, videos/DVD's, audiotapes or CD's <p>Toys that cause the child to pretend to be someone else (or lead to role-plays, where you can no longer be yourself focusing on the child being himself or herself):</p> <ul style="list-style-type: none"> ❖ Costumes, masks, dress-up clothes, puppets

MONITORING PLAYING IN A RELAXED WAY WITH MY CHILD

(please print extra copies if you need them)

Date/Time	# Minutes	Things that went well or that I did well:	What to focus on for next time:

Chapter 5

Protecting Children from Danger, Not from Anxiety

Encouraging Brave Behaviors

Chapter 5 Goals:

1. Read Chapter 5 to learn about fostering brave coping and approach in your child.
2. Work on protecting your child from real dangers, but not setting limits only because of your own or your child's anxiety.
3. Practice selectively praising your child's approach, exploratory, and social behavior in feared or unfamiliar situations while selectively ignoring anxious behavior. You should plan the situations that you will praise or reward using the worksheets on pages 70-71. Please monitor your progress on the chart on page 72.
4. Continue to practice non-directive play for about 15 minutes per day with your child. You may monitor your progress on the chart on page 72.

Protecting Children from Danger

Naturally, all parents want to protect their children from danger. Besides preventing the child from getting hurt, setting clear limits on unsafe behavior can help a child learn which situations are dangerous and which are not.

Understanding the Difference between Situations of Safety and Threat

Anxious children sometimes have trouble telling the difference between *situations of danger or threat* and situations in which *there is no threat*. One way children can learn to realistically identify danger is through clear messages from parents about situations that are unsafe. If children receive clear and unmistakable messages about situations of danger, they learn that those situations are to be avoided but that other situations need not be feared. In other words, clear messages from parents about which situations are actually threatening help children learn to distinguish situations which do and do not pose a threat.

The Right Amount of Protection

In some situations, too much protection can be unhelpful. Although no parent likes to see their child feeling anxiety, protecting a child from a situation that is uncomfortable or a little scary but that is not unsafe is not helpful to the child. Protecting the child from this kind of situation can prevent her from developing ways to cope with discomfort or anxiety. Facing manageable challenges is part of what helps children (and also adults) grow and develop. Facing difficult situations gives children the opportunity to try out and work on ways to cope. Protecting a child by keeping her out of a situation where she might feel anxious but could still probably cope prevents her from learning to cope with the anxiety. Protecting a child from an anxiety-provoking situation is like fostering avoidant behavior – and we saw earlier that avoidance maintains and increases anxiety.

Sometimes this is easier to understand if we think about another type of unpleasant feeling that some parents try to protect their children from: frustration. No one likes to see their child frustrated and unhappy. However, if a parent always protects a child from frustration (e.g. always buys whatever the child asks for at the grocery store), the child will never learn to cope with the frustration of not always getting what he wants. He will not be well-prepared for life, because we often don't get exactly what we want when we want it in life. As another example, think of a parent of an infant who picks up the baby and cuddles him whenever he first begins to whimper. The baby will have a hard time learning to settle on his own.

What situations or behaviors is your child not allowed to do because they are unsafe?

Riding in the car without being buckled in the car-seat or booster seat.

What other behaviors is your child not allowed to do (for other reasons)?

Are there any behaviors or situations which you have restricted for your child but question whether you ought to?

Some parents tell us that they feel very uncomfortable when they have to watch their child struggle with a situation which is difficult or uncomfortable for them. Are there any situations like this for you with your child?

Guidelines for Setting Limits on Unsafe Behaviors

(adapted from Barkley et al., 1986 [2])

- 1) Prevent access to unsafe activities or situations where possible (for example, keep matches or lighters out of child's reach).
- 2) Set a limit on an unsafe activity as soon as it begins (for example, as soon as the child touches a matchbook).
- 3) State the limit assertively and in a business-like tone. Phrase it as a statement or command, not a question or request for a favor (for example, "No playing with matches!").
- 4) Provide clear consequences for violating the limit. Be consistent.

Encouraging Approach Behaviors

Another way to begin to help your child cope with anxiety is to help improve your child's "approach" behavior. By this we mean behaviors in which your child approaches (or tolerates, or endures, or copes with) an anxiety-provoking situation instead of avoiding it, protesting, staying frozen, etc.

For example:

If Claire avoids unfamiliar children, the aim is to encourage her to approach unfamiliar children.

If Matthew fears and avoids dogs, the aim is to encourage him to approach dogs.

If Adam avoids talking to adults, the idea is to encourage him to talk to adults.

If Beth shrinks back in unfamiliar places, the aim is to encourage her to explore in these places.

As you may recall from last session, children may have a mixture of feelings about situations they fear or hang back from—including interest and curiosity. So one way parents can help is to watch for hints of curiosity, interest, or excitement and to reinforce or reward them. These signs of interest or curiosity can be reinforced by paying attention to them and commenting on them, much the way you might when you comment on behaviors in the non-directive play sessions.

Claire's mother, noticing Claire staring at a child, could say, "That girl you're watching looks like she's having a lot of fun on that swing."

Matthew's mother, seeing him looking at a dog and catching a brief smile or look of interest, could say, "He looks kind of funny and playful."

Adam's parents, in reflecting with Adam afterward on a brief conversation where a neighbor spoke to Adam in a friendly way, could say, "He was a nice man, wasn't he?"

Beth's mother, seeing her watching the playground toy, could say, "You're watching that merry-go-round closely; it looks really interesting."

In a similar way, for toddlers, it can be helpful to redirect the child's attention from the scary aspect of the situation to an interesting or fun aspect:

Claire's mother, noticing Claire staring at a child in the sandbox, could say, "That girl is making a big castle. That looks fun. Maybe we could sit next to her and make a big castle too."

Matthew frets when he sees a big dog and asks to be picked up. Mom crouches near Matthew and puts her arm around him and says, "Let's watch the doggie. Look at

his tail wagging, that means he's happy. What color is he? Do you think he feels scratchy or soft? I wonder what his name is."

Young children find their parents' attention, approval and praise very rewarding. They tend to increase behaviors that earn attention and praise. So one way to increase a desired behavior in a child is to wait for that behavior to occur spontaneously and then praise it.

If Claire answers a question from an unfamiliar child, her mother could tell her (afterward), "Great job talking to that girl."

If Matthew patted a friend's tired old dog, his mother could say, "Nice going! He likes it when you pat him."

If Adam answers a question from an adult, his father could say (afterwards), "I liked how you answered Mr. Jones' question; you looked right at him and spoke in a nice clear voice."

If Beth walked up to an unfamiliar toy in a new playground, her mother could say, "Good job, you went right up to it!"

Sometimes, however, the behaviors do not occur spontaneously. In this case, one approach is first to praise or attend to initial approximations of the behavior, and then to reward closer and closer approximations:

Claire's mother could first praise Claire for looking at the unfamiliar child, then for taking a few steps toward her, then for sitting down near her.

Matthew's parents could praise him for staying on the same street as a dog, then for looking at the dog, then for walking toward it, then for saying "Nice doggie," and finally for petting the dog.

Adam's parents could reward him for answering a question non-verbally, then for answering with a single word without eye contact, then for answering with a single word with eye contact, and finally for answering with a sentence.

Beth's mother could reward her for looking at the playground toy, then for walking toward it, then for touching it, then for starting to climb on it, etc.

Sometimes, children need to be shown the skills involved in carrying out the approach behaviors. In this case, a parent could demonstrate the skill to the child (either in a role-play or in the real situation), have the child try it out and practice (in a role play), and then practice it for real, rewarding the child after each time they practiced it.

For example, Claire may need to work on introducing herself to other children and asking if she can play with them. This can be broken down into several steps, which can be practiced one at a time:

1. *Walking up to a child and saying, "Hi."*
2. *Saying, "What's your name?"*
3. *Saying, "My name's Claire."*
4. *Saying, "Can I play?"*

Don't Inadvertently Reward Inhibited or Avoidant Behavior

Sometimes parents accidentally reinforce a child's anxious behavior by rewarding it with too much attention, reassurance, or with some other reward.

For example, the day she knew she would have a substitute teacher in preschool, Jan felt nervous and said she had a stomachache. Her parents let her stay home and watch TV in bed for most of the day.

Whenever Matthew sees the neighbor's dog, he cries and asks to be picked up. His father picks him up and holds him and says, "It's okay, I won't let him hurt you."

Responding to a child's unhelpful anxiety in this way is just like responding to one's own anxiety with an "Oh-No!" reaction or with an Escape or Avoidance reaction. Remember that these kinds of responses can actually increase and maintain the anxiety in the long run. Responding to unhelpful anxiety in these ways is not helpful, whether the anxiety is our own or our child's.

Instead, we want to respond with one of the coping responses we discussed: We want to respond with a "Ho-hum" reaction or a Cue-to-Cope reaction. We want the response that we model, and that our child learns from us, to be something like, "Oh, there's that anxiety again – what can we do to cope with it?"

So, when our child frets or clings or seeks reassurance for unhelpful anxiety, we want to acknowledge that the child is anxious (label the feeling once) and encourage the child to use a coping response. The idea is to minimize the attention paid to the anxious behavior (by not focusing on it, reassuring repeatedly, or encouraging it) and maximize attention paid to helping the child find and practice an alternative response: a coping response.

We want to help the child come to see the anxiety as a signal to start coping, not as something to try to escape from.

It is very important not to punish or criticize anxious behavior (e.g. by scolding or making critical comments). This kind of response would be counter-productive – it would make the child feel bad, ashamed, helpless or incompetent, and this is not what we want. Quite the opposite: we want to remind the child in such a situation that he is competent, that he can try to cope, and that he should feel proud of his efforts (even if he doesn't succeed completely perfectly).

PLANNING SHEET: BEHAVIORS TO REINFORCE

(please print extra copies if you need them)

Situation(s) to focus on: _____

Final desired behavior: _____

First step to focus on rewarding: _____

Next steps to focus on rewarding (in order): _____

MONITORING REWARDING YOUR CHILD'S "APPROACH" BEHAVIORS

DATE	SITUATION	APPROACH BEHAVIORS REWARDED	SIGNS OF INTEREST REWARDED

MONITORING PLAYING IN A RELAXED WAY WITH MY CHILD

(please print extra copies if you need them)

Date/Time	# Minutes	Things that went well or that I did well:	What to focus on for next time:

Chapter 6

Teaching a Child Not to be Afraid: Gradual Exposure, Active Coping, and Reinforced Practice Being a Good Coach

Chapter 6:

1. Read Chapter 6.
2. Plan anxiety hierarchies for each of your child's most feared situations (identified in the evaluation) on pages 87-93.
3. Practice each of these hierarchies (daily or near daily, working on 1 or 2 per week) and monitor how it went on pages 94-100.
4. Continue to practice non-directive play for about 15 minutes per day with your child, to model good coping, and to praise your child's "brave" behavior.
5. Continue to focus on trying to use "helpful" responses to your child's anxiety, to selective praise brave behavior and reduce attention to anxious behavior, and to show and tell your child about ways that you cope(d) with anxiety.

How Can You Teach a Child to Stop Being Afraid of a Situation?

Just as children can learn to fear situations by having frightening experiences with them, they can learn not to fear situations by having repeated practice facing the situation under conditions that are in their control and not frightening.

Gradual Exposure

One way parents can help a child overcome a fear is to gradually increase his or her exposure to the feared situation under conditions where he or she is comfortable, secure, rewarded and in control. This gradual exposure can be done using games or gradual steps that are rewarded (with fun activities, fun, stickers, etc.). (Some of the examples in this section are adapted from Krumboltz et al., 1992 [6]):

Katie was afraid of the dark and would scream and cry if her parents tried to turn off the lights when it was time for bed. She was afraid to go into any dark room alone.

To help Katie overcome her fear of the dark, her parents helped her gradually face conditions of less and less light.

First Katie's parents played a game with Katie to help her get used to the dark. This was a treasure-hunting game where they would hide a toy in a dimly lit room for Katie to find. (Katie and her parents took turns hiding the toy for each other to find). After Katie got used to hunting for the toy at one level of light, her parents dimmed the lights a little and continued the game. They kept using dimmer and dimmer lights in the room as Katie hunted for the toy. Each time Katie found the toy, they praised her and told her what a brave treasure-hunter she was. The first time they played the game, Katie's parents stayed in the room with Katie as she hunted for the toy. The next time, they stayed just outside the room, and they next time they stayed down the hall.

Once Katie could tolerate the darkness while playing the treasure-hunting game, Katie's parents began to work with her on going to sleep in the dark. To help motivate her, they explained that she would get a sticker for each night that she went to bed without crying about the dark, and that the stickers could be exchanged for a fun activity at the end of the week (Katie chose going out for an ice-cream with her dad). The first few nights, they allowed her to go to sleep with a lamp on right next to her bed. Then they moved the lamp across the room. Next, they moved it into the hall outside her door. Next, her parents helped her attach glow-in-the-dark stars to her ceiling, and Katie slept with a small nightlight instead of the lamp outside the door. Finally, Katie was able to sleep only with the stars, with no nightlight.

Pay attention to several important things that Katie's parents did and did not do:

- 1) They did not force her to stay alone in the dark before she was ready (this might have made her more scared of the dark).
- 2) They did not belittle her in any way (criticizing her, telling her not to be such a baby, etc.)
- 3) They did not allow her to keep avoiding the dark.
- 4) They had a step-by-step plan, in which they gradually asked the child to face increasing amounts of darkness in increments that she could tolerate.
- 5) The child was a willing participant in the plan (each step was in her control, and she could do it at her own pace).
- 6) They rewarded the child for her participation (through the fun of the treasure-hunting game, praising her braveness, her interest in the stars on the ceiling, and the stickers and treats).

Parents can be as creative as possible in thinking of ways to help their children overcome fears or anxieties through gradual exposure. Here are some things to bear in mind as you think about helping your child:

- 1) Children often are able to tolerate frightening situations better if they can watch someone who is not afraid to cope with the situation.

Kenny was afraid to pet the dog, but after watching his cousin Bobby pet it, he started to pet it too.

- 2) It is easier to get young children to engage in exposure tasks if you make a game of it.

To gradually expose a child to darkness, psychologists played a game where the child was Superman's helper and had to help Superman guard a treasure in a room that got progressively darker [7].

- 3) In some situations, you may need the help of others to arrange for a child gradually to be exposed to a situation which frightens him.

Darnell was scared about starting preschool in a new school where he didn't know anybody. His mother arranged for him to visit the classroom and meet his new teacher for a short visit in the week before school started. She also found out the name of a boy in his class who lived nearby and arranged several play dates so that he would know one of his classmates on the first day.

Now that you have seen some examples, see whether you can think of ways to help each of the children in the next four examples. Try to be as creative as you can in thinking of gradual, stepwise approaches to helping each of these children overcome their fears (some examples adapted from Krumboltz et al., 1992 [6]).

Joey was the youngest of three and had often heard his sisters complain about visits to the dentist. When his mother told him he had to go for a dentist check-up, he started to cry and said, "No! Please don't make me go!"

Hannah was very quiet and fearful with new people. Hannah's parents hired a new babysitter to start taking care of Hannah in the afternoons. The first day she stayed with the sitter she cried for most of the afternoon.

How could Joey's parents help him?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

How could Hannah's parents help her get used to the new babysitter?

[illegible]

David's father wanted to sign him up for swimming lessons at the local YMCA, but David was afraid to go into the pool.

How could David's father help him?

[illegible]

Lia's mother was getting ready to sign her up for a new dance class. Lia did not know any of the children in the program and begged her mother not to make her go.

How could Lia's mother help her?

[illegible]

Here are some examples of gradual exposure plans for the children described above:

Working with Joey on his fear of the dentist:

Joey's mother found a dentist willing to cooperate with her in working with Joey on his fear.

On the first visit to the dentist, Joey stayed in the waiting room and played with the toys while his mother talked briefly to the dentist. His mother introduced Joey to the dentist who gave him a coloring book.

At home, Joey and his mother colored pictures of the dentist's office.

Next, Joey came along to the dentist's office while his sisters had their checkups and he just came into the room and watched. The dentist gave him a plastic ring.

At home, Joey and his older sister played dentist, with the sister pretending to examine Joey's teeth and Joey pretending to examine his sister's teeth.

On the next visit, the dentist let Joey sit in the dental chair and look in the dental mirror. He rinsed out Joey's mouth with some mint-flavored mouthwash and gave him some sugarless gum.

On the fourth visit, Joey climbed right into the chair and let the dentist clean his teeth and do an exam.

Working with Hannah on her fear of the new babysitter:

Hannah's mother decided to stay with her with the new babysitter for the first few days. She got the babysitter (Alison) to help with her plan by coming in on a weekend to help Hannah get used to her. On the first day, Hannah and her mother played and read together while Alison sat quietly in the same room.

Then, Hannah and her mother played and Alison joined in the game. When Hannah's mother read a book, she took turns and let Alison read some of the book to Hannah too.

The next day, Hannah's mother started out playing with Hannah and Alison, but then sat apart from them in the room as they continued the play.

Next, Hannah's mother stayed at home in a different room while Hannah and Alison played and read together.

By the next day, Hannah felt comfortable with Alison, and Hannah's mother was able to leave her alone with Alison.

Working with David on his fear of the swimming pool:

First, David's father took him to the pool and played catch with him with a ball on the grass near the pool. Every now and then the ball would go in the water and David's father would get it.

Next, David's father suggested David sit on the side of the pool with his feet in the water and play catch as his father stood in the water.

Once David was used to sitting with his feet in the water, his father suggested that David splash his feet as he sat on the side. David and his dad played a game to see who could splash harder.

David and his father then played catch with a small rubber ball (which didn't float) while David sat on the edge and his father stood in the pool. If the father missed the ball, he let it drop and ducked under the water to pick it up. He showed David how he took a deep breath before ducking under.

Next, David and his father played catch with David sitting on the first step into the pool (with David sitting in 12 inches of water), then the next step, and so on.

David practiced picking up the ball out of the water from the steps where he could reach it without putting his head under the water. He did this from lower and lower steps.

Then David's father had David blow bubbles from the surface as he reached for the ball. They did this from lower and lower steps, until David could duck under the water to pick up the ball.

Working with Lia on her fear of the unfamiliar afterschool:

Lia's mother took her to meet the teachers at the dance class one day before any of the children had arrived. The teacher showed her the dance room and let her play near the mirror as she talked to Lia's mother.

Lia got a list from the teacher of girls Lia's age in the dance class who were also going to be new to the class. She contacted their parents and set up one-on-one play dates with two of them before Lia started the class.

Lia's mother made a plan for Lia and the girls to play together in the playground after dance class.

Soon Lia started to ask to go to dance to see the other girls.

Active Coping

In many cases, it can be helpful to prepare the (older) child for the gradual exposure by teaching him or her some active coping skills to use in the situation in order to help him manage the situation.

These can be skills to help the child manage his anxiety, or skills to help him perform well in the situation.

Anxiety management skills include:

Relaxation methods: (e.g. deep muscle relaxation, deep breathing, imagery, etc.)

Joey could learn to imagine a peaceful image (e.g. a kitty relaxing in the warm sunshine) as he sits in the dentist's chair.

Lia could learn to take deep breaths and calm down if she gets nervous as she walks into the dance room.

Coping self-talk: Statements the child can say to herself to help her manage the anxiety.

Katie could say to herself: "I can be brave like Simba and stay in the dark."

Hannah could say to herself: "I can have fun playing until Mommy comes home."

David could say to himself: "I can be strong and brave like Batman and stay in the water."

Coping plans: Plans that the child can use to cope with the situation.

Katie's plan for coping with darkness in her bed at night can be: Take a deep breath and relax; look at the ceiling stars and try to find patterns in them; think nice thoughts about things that happened during the day; and use her coping self-talk.

Plans can also involve longer term preparation:

Justin was very nervous about singing with his class during circle time.

Justin's parents talked it over with him and helped him make a plan. The plan was for him to practice the songs over and over with successively larger groups of people. First he practiced with his father alone. Next he practiced singing the song in front of the whole family. The weekend before circle time, Justin invited some neighboring children to play and practiced his song in front of them.

Justin's plan for the circle time was: Take a deep breath; think to himself, "I can do this just like I did it at home;" and sing in a loud voice with the other children.

Making a coping plan in response to anxiety is actually a great way to use the anxiety for its helpful or adaptive purpose. Remember, we said that worrying about an upcoming event or problem can actually help us because the worry signals us to prepare for the event. Keeping this in mind can help you teach your child to use his or her anxiety in a helpful way—to signal him or her to make a plan and then use it to cope with the situation he or she is worried about.

Reinforced Practice

In order to learn to cope better with anxiety or to overcome a fear, it is important for the child to practice, practice, practice. It is the same with any new skill a child learns. Your child learned to walk by practicing. He or she learned to count to ten or spell his or her name or put on his or her clothes in the same way—by practicing. We don't expect the child to do it just right the first time. But we do expect that as he or she practices more and more, he or she will get better and better at using his or her coping skills to face the feared situation.

It is helpful to reward the child for practicing these skills. Often with young children, specific praise is very rewarding. Specific praise means praising the child and naming exactly what he or she did well: "You did a fabulous job going up to that new girl and asking to play with her" or "Way to go! You patted that dog beautifully!" It is important to praise efforts at coping even if they are not entirely successful: "Great job, you took a deep breath and walked right up to the doggie."

Often, being able to do the activity is itself rewarding, so the child gets the added reinforcement of being able to take part in an activity he or she used to avoid.

At times, a child needs incentives at first in order to help motivate him or her to do the difficult work involved in overcoming his or her fear or practicing a difficult coping plan. In these cases, stickers or other rewards can be used. One especially good reward is one where the child gets to do an enjoyed activity with a parent.

Being A Good Coach

You as a parent have a very important role throughout your child's practice: You are your child's coach.

It is important to remember that young children listen to and believe the things their parents say to them. These statements get taken in by the child and turn into the kinds of statements the child makes to himself or herself as an older child, adolescent or adult.

As an example, consider this situation (with an older child):

Eric was invited to a birthday party at the house of a child he did not know well (the son of his father's colleague). He was excited about the party, but when he got to the door of the house and saw twenty or so unfamiliar children he got very still and clung to his father's side. "You stay with me, daddy," he said. His father stayed with him for a few minutes and encouraged him to go in. Eventually, he did take part in some of the activities, but did not talk to the other children. The father's colleague said, "My, he's a quiet boy, isn't he?"

Now imagine that Eric's father made the following kinds of statements to him:

"Don't be such a baby, there's nothing to be afraid of."

"Stop whining, you love parties!"

"Why are you so quiet; everyone will think you can't talk?"

"Don't be such a scaredy-cat."

"It's time you started acting like a big boy."

What do you imagine Eric would think about himself?

Now imagine that Eric's father made the following kinds of statements to him (as he dropped him off, and after the party):

"It's hard to jump right in with such a big group of new kids. But I know you can do it."

"What do you suppose those kids are playing? Looks like fun."

"This is really brave of you, to stay in the room with so many new kids."

"I think it's hard for you to know what to say when you're with kids you don't know. I bet we could work on that together. Let's practice saying 'hi'."

"Let's see if you and I can find out the names of three new kids."

What do you imagine Eric would think about himself then?

Let's try another example:

Emma had to go to the doctor's office to get a booster shot. She was very scared about vaccines and started to cry the minute the doctor told her she would have to have a shot. The doctor tried to calm her by talking to her about how it would only hurt for a second, but she kept on crying. However, she did offer her arm for the shot. When she got the shot itself, she cried out for a moment and then slowly stopped crying.

What are your ideas about what NOT to say to Emma?

What are your ideas of good things to say to Emma?

The aim is to focus on things that went well and give specific praise about them:

"That was so brave the way you let the doctor give you the shot even though you felt scared."

"Shots are scary! You did a great job staying still like a big girl."

It is important to give clear straightforward praise, not qualified praise or back-handed criticism – NOT to say things like:

"Well, you finally managed to do it."

"You were no baby that time."

"That was good the way you gave him your arm – but why did you have to keep crying?"

It can also be helpful to make a plan with the child about what they could do differently next time and to help the child work on the plan and remind them next time to carry it out:

"I wonder if it would help to do some relaxation practice next time just before the shot."

"I wonder if next time it might help to imagine that your arm is very very far away."

"Did it hurt for a long time or just a second? Next time let's remember, it pinched for a second, and then it was all done."

Remember:

- ❖ The things we say to children become the coping self-statements and the rewarding or proud statements they make to themselves.
- ❖ If we want a child to think helpful, coping statements in frightening situations, we need to teach him or her to do so by saying these kinds of things to him or her ourselves.
- ❖ If we want the child to think rewarding, proud thoughts after he or she does his or her best to cope successfully (and to develop an image of himself or herself as a person who is able to cope), we need to say these things to him or her after we watch him or her make an effort.
- ❖ These statements should emphasize what did go well, and steer the child toward a plan for how to do even better next time.

What is the Game-Plan Going Forward?

- ❖ To continue to reinforce your child's use of active coping skills for dealing with frightening or unfamiliar situations.
- ❖ To give the child opportunities for practice in successively harder situations.
- ❖ To give parents opportunities the chance to practice being a good coach.
- ❖ To construct and work through exposure hierarchies for the situations you consider the most important ones for your child to work on.

The worksheets on pages 86-93 are meant to help you think about ways to work on coping with these situations.

PLANNING SHEET: BEHAVIOR TO WORK ON (Example)

Situation to focus on: Tyler is afraid to go upstairs alone at night, unless Mom or Dad comes along and holds his hand.

Final desired behavior: Tyler goes upstairs alone easily, without needing anyone to come along.

Plan for Gradual Exposure: The plan is to work on a series of steps. Tyler practices each step again and again until he can do it easily. The steps are:

- 1) Tyler and Mom practice going upstairs together without holding hands.
- 2) Mom puts a small snack (e.g. M&M or Goldfish) upstairs in Tyler's room and walks him upstairs without holding his hand. He goes in and gets it while Mom waits at the top of the steps.
- 3) Mom puts a small snack in Tyler's room and waits at the bottom of the steps while he goes up and gets it.
- 4) Mom hides the small snack in Tyler's room and waits at the bottom of the steps while he goes in and searches for it (this means he has to spend a longer time in the room).
- 5) Mom hides two small snacks in Tyler's room and waits at the bottom of the steps while he goes up and looks for them (so he spends longer in the room).
- 6) Mom hides three small snacks in Tyler's room and waits downstairs as he goes up and searches for them (so he spends even longer in the room).
- 7) Mom hides three small snacks and goes about her business as Tyler goes up and looks for them on his own.

Active Coping Skills that Would be Helpful: Coping self-talk - Tyler should think of something helpful to say to himself as he goes up alone. (Tyler and Mom discuss this and he decides to sing a song he likes from the King and I - "Whenever I feel afraid, I whistle a happy tune..." He also finds it helpful to think, "No monsters up here.")

PLANNING SHEET: BEHAVIOR TO WORK ON FOR SITUATION 1

Situation to focus on: _____

Final desired behavior: _____

Plan for Gradual Exposure: _____

Active Coping Skills that Would be Helpful: _____

PLANNING SHEET: BEHAVIOR TO WORK ON FOR SITUATION 2

Situation to focus on: _____

Final desired behavior: _____

Plan for Gradual Exposure: _____

Active Coping Skills that Would be Helpful: _____

PLANNING SHEET: BEHAVIOR TO WORK ON FOR SITUATION 3

Situation to focus on: _____

Final desired behavior: _____

Plan for Gradual Exposure: _____

Active Coping Skills that Would be Helpful: _____

PLANNING SHEET: BEHAVIOR TO WORK ON FOR SITUATION 4

Situation to focus on: _____

Final desired behavior: _____

Plan for Gradual Exposure: _____

Active Coping Skills that Would be Helpful: _____

PLANNING SHEET: BEHAVIOR TO WORK ON FOR SITUATION 5

Situation to focus on: _____

Final desired behavior: _____

Plan for Gradual Exposure: _____

Active Coping Skills that Would be Helpful: _____

PLANNING SHEET: BEHAVIOR TO WORK ON FOR SITUATION 6

Situation to focus on: _____

Final desired behavior: _____

Plan for Gradual Exposure: _____

Active Coping Skills that Would be Helpful: _____

PLANNING SHEET: BEHAVIOR TO WORK ON FOR SITUATION 7

Situation to focus on: _____

Final desired behavior: _____

Plan for Gradual Exposure: _____

Active Coping Skills that Would be Helpful: _____

MONITORING YOUR CHILD'S EXPOSURE PRACTICE

SITUATION 1: _____

DATE	STEP	NUMBER OF TRIES (KEEP TALLY)	OBSERVATIONS/COMMENTS (Did the child's anxiety decrease? What went well? What needs work? etc.)

MONITORING YOUR CHILD'S EXPOSURE PRACTICE

SITUATION 2: _____

DATE	STEP	NUMBER OF TRIES (KEEP TALLY)	OBSERVATIONS/COMMENTS (Did the child's anxiety decrease? What went well? What needs work? etc.)

MONITORING YOUR CHILD'S EXPOSURE PRACTICE

SITUATION 3: _____

DATE	STEP	NUMBER OF TRIES (KEEP TALLY)	OBSERVATIONS/COMMENTS (Did the child's anxiety decrease? What went well? What needs work? etc.)

MONITORING YOUR CHILD'S EXPOSURE PRACTICE

SITUATION 4: _____

DATE	STEP	NUMBER OF TRIES (KEEP TALLY)	OBSERVATIONS/COMMENTS (Did the child's anxiety decrease? What went well? What needs work? etc.)

MONITORING YOUR CHILD'S EXPOSURE PRACTICE

SITUATION 5: _____

DATE	STEP	NUMBER OF TRIES (KEEP TALLY)	OBSERVATIONS/COMMENTS (Did the child's anxiety decrease? What went well? What needs work? etc.)

MONITORING YOUR CHILD'S EXPOSURE PRACTICE

SITUATION 6: _____

DATE	STEP	NUMBER OF TRIES (KEEP TALLY)	OBSERVATIONS/COMMENTS (Did the child's anxiety decrease? What went well? What needs work? etc.)

MONITORING YOUR CHILD'S EXPOSURE PRACTICE

SITUATION 7: _____

DATE	STEP	NUMBER OF TRIES (KEEP TALLY)	OBSERVATIONS/COMMENTS (Did the child's anxiety decrease? What went well? What needs work? etc.)

Chapter 7

Other Tools or Worksheets that May Be Helpful for Child Anxiety Management

Chapter 7 Goals:

1. If indicated, practice the relaxation exercise with your child as often as you can between this time and next (the idea is to aim for daily practice) and monitor this practice on the practice chart.
2. Continue to practice non-directive play with your child.
3. Continue to work on helping your child work with situations on their anxiety hierarchy, and continue to focus on trying to use “helpful” responses to your child’s anxiety, to selectively praise brave behavior, to reduce attention to anxious behavior, and to show and tell your child about ways that you cope(d) with anxiety.

Practicing Relaxation with Your Child [12]

If your child gets tense at bedtime or in other situations, you may want to try these relaxation games:

1. **The practice should be done at a time when your child is not stressed or hurried.** The best time to work on learning to relax is when one is not too tense or stressed. The idea is to practice many times under calm, peaceful conditions, and only later try to use the skills in more stressful times.

It is like learning to swim: It would be tough to learn basic swimming skills if you started out in a rough ocean with big waves. Instead, a child practices first in a wading pool, then in the shallow end of a big pool, then in the deeper end, next in a quiet bay or pond, and finally in the ocean. Or like learning to ride a bike: a child practices first on the sidewalk, then on a quiet playground area, and only much later on a busy bike path or in the street.

2. **The practice should be done daily.** It only takes about 5 minutes to practice.
3. **You should focus on relaxing two or three muscle groups at a time.** It is not necessary to practice more than three at a time. Try to alternate which ones you do so that your child gets practice with all the different muscle groups.
4. Monitor your practice on the chart given to your child (a copy is provided on page 104).
5. Note: Relaxation should not be used while working on exposure hierarchies. It should only be used to help your child calm down during times he or she seems tense or unable to relax (e.g. bedtime, long car rides, etc.).

Relaxation Script

Use the scenarios below to practice relaxing each of the muscle groups with your child (adapted from Koeppen [12]):

You can demonstrate each step to your child to show them how to do it. Don't feel that you need to go through all groups each time. It is fine to do three or four per practice session, and to see which ones the child enjoys. It is also ok to make up different imaginary stories for why you are tensing these muscles.

Deep breathes: "Let's take some slow, deep breathes. Pretend you have a big cake and are blowing out birthday candles – blow out all the candles." (*The next breath in will be slow and deep*). "Now let's blow out mommy's candles." (*Keep doing this for four people's birthday candles, to get four slow deep breaths*). Another way to engage a child in deep breaths could be to have her lie on her back with a light stuffed animal on her tummy. When she breathes in deeply, her tummy should rise.

Tensing and relaxing muscles:

Hands and Arms: Pretend you are squeezing Play-Doh in each hand. Squeeze the Play-Doh hard, then slowly drop it on the floor. (*can be repeated for a total of two times*)

Arms and Shoulders: Pretend you are a kitty cat stretching your paws up to the sky. Now slowly let your paws drop. (*can be repeated for a total of two times*)

Neck: Pretend you are a turtle and pull your head deep into your shell (*this is a shoulder shrug*). Now slowly come out of your shell and look all around. (*can be repeated for a total of two times*)

Jaw: Pretend you are biting down on a hard carrot. Bite down hard on the carrot, then slowly stop biting. (*can be repeated for a total of two times*)

Stomach: Pretend you have to squeeze through a fence. Pull your tummy in as tight as it can get so you can fit through (*tense stomach muscles*).

Legs and Feet: Pretend you have to stand on tippy toes to reach something very high up (*point toes and straighten and tense leg*). Oh, you reached it, now slowly come down. (*can be repeated for a total of two times*)

Practice Relaxing

Day	Which Muscles?	Sticker
	<input type="checkbox"/> Hands and Arms <input type="checkbox"/> Jaw <input type="checkbox"/> Arms and Shoulders <input type="checkbox"/> Stomach <input type="checkbox"/> Shoulders and Neck <input type="checkbox"/> Legs and Feet	
	<input type="checkbox"/> Hands and Arms <input type="checkbox"/> Jaw <input type="checkbox"/> Arms and Shoulders <input type="checkbox"/> Stomach <input type="checkbox"/> Shoulders and Neck <input type="checkbox"/> Legs and Feet	
	<input type="checkbox"/> Hands and Arms <input type="checkbox"/> Jaw <input type="checkbox"/> Arms and Shoulders <input type="checkbox"/> Stomach <input type="checkbox"/> Shoulders and Neck <input type="checkbox"/> Legs and Feet	
	<input type="checkbox"/> Hands and Arms <input type="checkbox"/> Jaw <input type="checkbox"/> Arms and Shoulders <input type="checkbox"/> Stomach <input type="checkbox"/> Shoulders and Neck <input type="checkbox"/> Legs and Feet	
	<input type="checkbox"/> Hands and Arms <input type="checkbox"/> Jaw <input type="checkbox"/> Arms and Shoulders <input type="checkbox"/> Stomach <input type="checkbox"/> Shoulders and Neck <input type="checkbox"/> Legs and Feet	
	<input type="checkbox"/> Hands and Arms <input type="checkbox"/> Jaw <input type="checkbox"/> Arms and Shoulders <input type="checkbox"/> Stomach <input type="checkbox"/> Shoulders and Neck <input type="checkbox"/> Legs and Feet	
	<input type="checkbox"/> Hands and Arms <input type="checkbox"/> Jaw <input type="checkbox"/> Arms and Shoulders <input type="checkbox"/> Stomach <input type="checkbox"/> Shoulders and Neck <input type="checkbox"/> Legs and Feet	

How to be a Coping Kid:

This shows a child version of the coping plan on page 43 if in case your child would find it helpful to look at a picture chart (or learn a rhyme about coping).

**Feeling
scared or
nervous?**



**Wanting to
run away?**



**I can use
my Coping
Plan**



**And then be
proud and
say,**

**"Hooray!"
"Way to go!"
"I did it!"
"Yay!"**



Coping Plan for _____

This chart can be used to plan exposures if you like.
(please print extra copies if you need them)



	What to Do:	
Step 6		
Step 5		
Step 4		
Step 3		
Step 2		
Step 1		

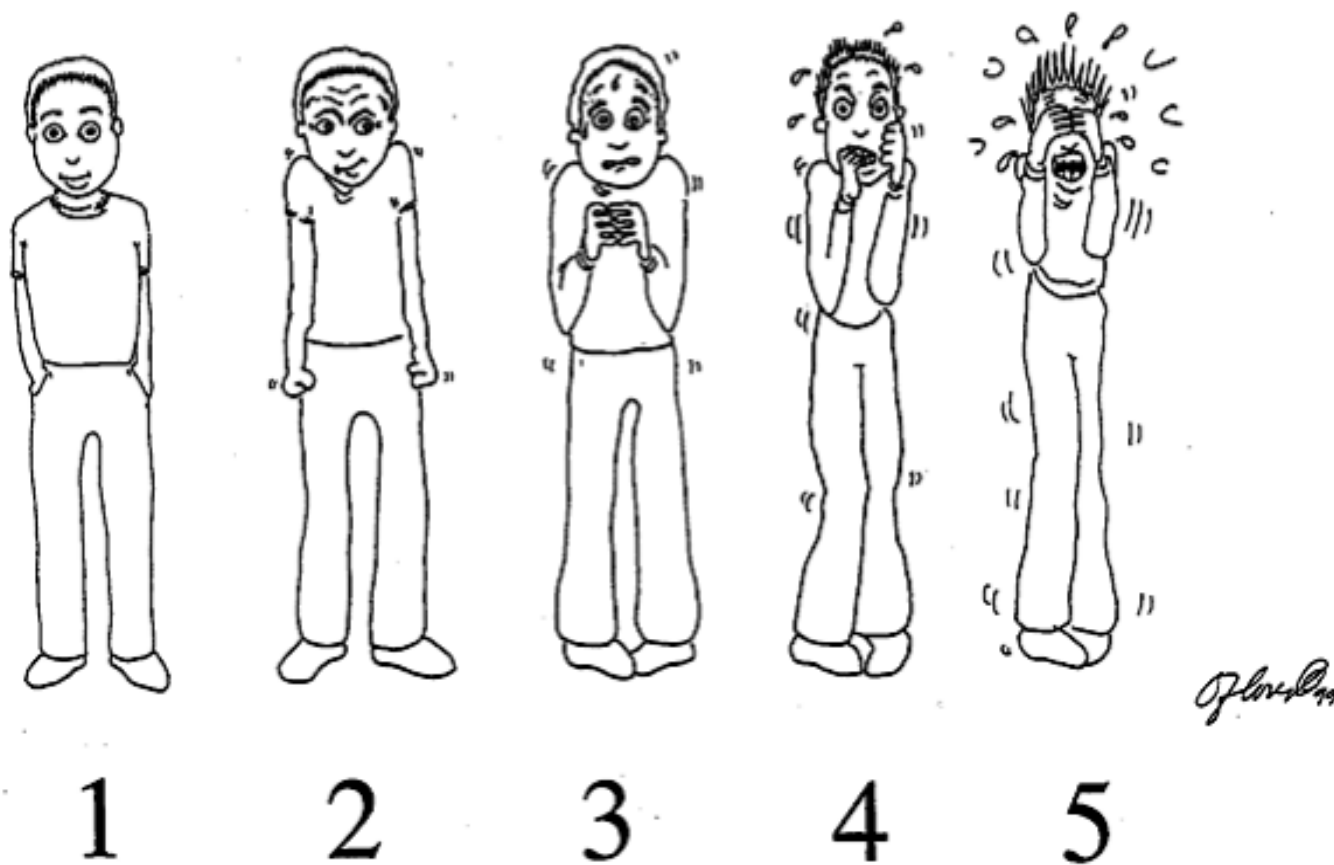
Actions that can help:

☐ Deep Breaths ☐ Tense and Relax
☐ Saying: _____
☐ Thinking: _____
☐ Pretending: _____
☐ Other: _____

Instructions for parents: Your child should practice each step, one at a time, starting with Step 1 and ending with Step 6 (or the highest one). For each step, the child should practice it again and again, until he or she feels bored but not scared. He or she should use the Actions that he or she thinks will help. After finishing each step, the child should give himself or herself a big reward (e.g. think, "Way to go! I did it!" and put a sticker or check-mark or draw a happy face on the chart).

Anxiety Rating Scale

This is a chart we use with older kids to rate how anxious they are feeling:



Shyness Rating Scale

This is a chart we use with older kids to rate how shy they are feeling:



STICKER CHART FOR _____

This is an example of a sticker chart. You could also print out a picture of a character your child likes and add stickers to it for each exposure step practiced.

(This is intended to be decorated by the child)

Chapter 8

Keeping Up the Work

Points to Remember

- Fortunately, for most children, learning to face once-feared situations provides its own rewards. That means that behaviors like talking to new children and attending birthday parties tend to continue because the child enjoys the results.
- At this point in the program, you can generally let your child continue to progress, rewarding his or her brave efforts and helping with trouble-shooting (e.g. pointing out a need to make a Coping Plan) and encouraging good coping where needed.
- Do not make the mistake of feeling you need to watch your child closely so as to "be on the lookout" for possible problems. Instead, keep in mind the resilience (the ability to grow in positive directions, the ability to "bounce back") your child has shown through the course of this program. Be on the lookout for your child's successes, and pay attention to his or her strengths. If any small problems do arise, you will see them without having to "be on the lookout" for them.
- Transition points (e.g. beginnings of school year, moves to new schools or neighborhoods) or other times of stress or change (e.g. family illnesses, births of new siblings) may be challenging for your child. These periods, which any child might find stressful, may lead to "rough spots" for your child or temporary return of symptoms of anxiety. Occasionally, anxiety symptoms may return at other points too, where the triggering event is less easy to spot.

Here are some tips for how to handle these "rough spots":

- *Prepare your child in advance if you can.* For example, if a change is coming, anticipate with your child that he or she may feel uncomfortable just at the beginning but will feel better once they get used to the new situation. Discuss with your child what Coping Plan they could use for the situation. Help them with any early steps. For example, you might want to visit new schools or meet new teachers ahead of time if your child finds new situations challenging.
- *Remember to look at any "rough spots" as temporary bumps in the road, not major setbacks.* The way you think about these "rough spots" really matters. Ups and downs, or temporary "rough spots," happen to almost everyone. They are an expectable part of life, for children as well as adults. Try to avoid responding with alarm (an "Oh No!" response) or thinking, "Oh no, his/her difficulties have come back, this whole program didn't work!" These kinds of thoughts may lead you to feel helpless or discouraged and will not help you to help your child. More to the point, the thoughts are

most likely not accurate--it is much more likely that if you help your child through the "rough spot" that his or her symptoms will resolve.

- *View any difficulties that arise as problems which can be solved--work on coming up with Coping Plans that you and your child can use to handle the situation and solve any problems.*
- *Remember that methods that worked before with your child--which are summarized in the earlier chapters of this workbook--are very likely work again with any new challenges.*
- *If the symptoms do not get better after you have worked on them, then have your child clinically evaluated. This way you can get professional advice and input on solving the problem.*
- Signs that you should have your child clinically evaluated might include persistent anxiety symptoms severe enough to interfere with your child's attendance or participation in school or in social activities, or persistent changes in mood (lasting sad or cranky mood) especially if accompanied by sleep or appetite disturbance, or persistent serious oppositional behavior.

REFERENCES

1. Otto, M.W., et al., *Stopping Anxiety Medication: Panic Control Therapy for Benzodiazepine Discontinuation*. 1996: Greywind Publications Inc.
2. Barkley, R., *Defiant Children: A Clinician's Manual for Parent Training*. 1987, New York: Guilford Press. 195.
3. Hembree-Kigin, T. and C. McNeil, *Parent-Child Interaction Therapy*. 1995, New York: Plenum Press. 169.
4. Ost, L.G., *Presentation on Single Session Treatment of Specific Phobias in Children*, B.U. Center for Anxiety and Related Disorders, Editor. 1998: Boston, MA.
5. Kendall, P., et al., *Anxiety Disorders in Youth: Cognitive-Behavioral Interventions*. Psychology Practitioner Guidebooks, ed. A. Goldstein, L. Krasner, and S. Garfield. 1992, Boston: Allyn and Bacon.
6. Krumboltz, J. and H. Krumboltz, *Overcoming fears and anxieties*, in *Changing Children's Behaviors*. 1992, Prentice-Hall, Inc.: Englewood Cliffs. p. 217-228.
7. Mendez, F. and M. Garcia, *Emotive performances: A treatment package for children's phobias*. *Child and Family Behavior Therapy*, 1996. 18(3): p. 19-34.
8. Craske, M., D. Barlow, and T. O'Leary, *Mastery of Your Anxiety and Worry*. 1992, Albany: Graywind Publications.
9. Burns, D.D., *The Feeling Good Handbook*. 1989, NY: Penguin Books. pp. 8-11.
10. Seligman, M.E., *Learned Optimism*. 1990, New York: Simon and Schuster.
11. Otto, M.W., *Stories and metaphors in cognitive-behavioral therapy*. *Cognitive and Behavioral Practice*, 2000. 7: p. 166-172.
12. Koeppen, A.S., *Relaxation training for children*. *Elementary School Guidance & Counseling*, 1974. 9(1): p. 14-21.

Illustration by Danny Flores (p. 107, 108) and Lilian DePetrillo (p. 105)