

# Your Anxious Child

How Parents and Teachers  
Can Relieve Anxiety in Children

Second Edition

John S. Dacey,  
Martha D. Mack  
and Lisa B. Fiore



WILEY Blackwell



# *Praise for Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children*

*This supremely practical, compassionate, and wise book offers accessible explanations of how anxiety functions in children's lives, accompanied by a detailed look at what caring adults can do to help anxious children master their worries and fears. With vivid case examples and a wonderfully wide-ranging set of strategies that can be easily adapted to a child's age and style of learning, it will be invaluable to parents and teachers alike.*

**Deborah Hirschland**, MSW, *author of When Young Children Need Help and Collaborative Intervention in Early Childhood*

*As the Executive Director of an agency serving inner-city youth and youngsters in Boston (the UU Urban Ministry), I found many of the suggestions in this book to be invaluable. When the economic and family challenges for young people seem overwhelming, being able to assist them with readily accessible techniques for addressing the underlying anxiety can be critical to their well-being.*

**Rev John E. Hickey**, Cambridge, MA, U.S.

*A caring, thoughtful, and empowering book for parents and teachers who want to better understand and successfully support children with anxiety. I wish I'd had the book at the beginning of my teaching career and would highly recommend it to parents and teachers.*

**Barbara Wilder-Smith**, *Director of Content Development,  
Tools of the Mind*



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My mother suffered from agoraphobia, but she helped me as much as she could with my own anxiety disorder. Thus I dedicate my share of this book to her. JD

I dedicate my share of this book to my family and friends whose enthusiasm and support helped me become an author. MM

My share of this book is lovingly dedicated to Sam, Adam, and Abby, whose energy and enthusiasm bring joy and light into our family every day. LF





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## About the Authors



Dr John Dacey teaches courses in creativity and human development at the College of Arts and Sciences at Boston College in Chestnut Hill, MA. He also has a small practice as a licensed psychotherapist. He is the author of 14 books on the subjects of anxiety, creativity, and human development, including *Your Anxious Child* and *Understanding Creativity: The Interplay of Biological, Psychological and Social Factors*.

He has received a number of public service awards, and frequently does workshops on the subjects of creative problem-solving, dealing with emotional problems in the classroom, post-traumatic stress in the fire station, and social and emotional learning. He is the father of three daughters, and has nine way-above-average grandchildren.



Dr Maggie Mack has worked for 38 years in public and private education to support children and their families from early childhood to high school. She has extensive experience in working with behaviorally challenged children and adolescents, helping families implement positive strategies to decrease anxiety and increase creative problem-solving. Dr Mack has worked with researchers in the area of early childhood curriculum that supports the development of self regulation in young children through reading and

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# About the Companion Website

This book is accompanied by a companion website:

**[www.wiley.com/go/Dacey/Anxiouschild](http://www.wiley.com/go/Dacey/Anxiouschild)**

The website includes extra resources, including videos.



# What Is Anxiety?

*“What good are the best teachers or schools if the most vulnerable kids feel so unsafe that they are unavailable to learn?”<sup>1</sup>*

It’s hard to be the parent of an anxious child. And it is definitely harder than it was when this book was first published 15 years ago, in 2000. In the seven years before 2001, a US Secret Service study of incidents of targeted school shootings found 37 such incidents in US schools.<sup>2</sup> From August to October 2013 alone, there were 16 school shootings resulting in 45 deaths and 78 non-fatal gunshot injuries. “We’ve become numb to this,” President Obama said.<sup>3</sup> Our children haven’t.

While less horrendous, the data for schools around the world indicate a significant increase in school violence.<sup>4</sup> We could cite many other new factors that have increased the level of stress among our children – cyberbullying, “designer” drugs, gangs, high-stakes testing – but there is no need. As a parent and/or an educator, you are surely aware that fear-provoking incidents have become more common in recent decades. In many schools globally, children now regularly

<sup>1</sup> Bornstein (2013)

<sup>2</sup> Vossekuil *et al.* (2002)

<sup>3</sup> Generation Progress (2015)

<sup>4</sup> Benbenishty and Aviastor (2014)

practice not just fire drills, but also safety exercises such as “lock-down drills”. Thus they often estimate the likelihood of their becoming victims as being greater than it really is.

A huge number of children suffer from one (or more) of the eight anxiety disorders – anxiety is currently the most prevalent psychiatric diagnosis in individuals aged 16 and younger. For example, among the United Kingdom’s population, 24 percent will experience some kind of mental health problem in the course of a year. Mixed anxiety and depression is the most common mental disorder. Anxious children are two to four times more likely to develop depression, and as teenagers, they are much more likely to attempt suicide and to become involved with substance abuse.<sup>5</sup>

These dismal data are similar in the United States, Australia, and many other countries, and represent an increase of as much as 10 percent in the past two decades.<sup>6</sup> A major cause worldwide is greater pressure to achieve in school. In an article entitled “Redefining teenage success”, Weiss called for changing the typical parental question from “How did you do on that test?” to “What did you enjoy learning today?” She argues that when children enjoy an experience, they are probably learning something.<sup>7</sup>

Internationally, this position is supported by UNICEF: “Child rights, dignity, participation and equity are at the core of the Council of Europe’s *Child-Friendly Health Care Guidelines*.”<sup>8</sup> It is also backed by a study of 1,004 elementary, middle and high school Asian students aged nine to 19 years, which investigated their levels of generalized anxiety, social anxiety, and separation anxiety. These findings were consistent with studies conducted in Western culture and suggest that the incidence of childhood anxiety is universal.<sup>9</sup>

So how can you help your anxious child? Often you don’t know what is causing her<sup>10</sup> anxiety, and sometimes you’re not even aware that she is feeling frightened. Anxiety has been called the “silent affliction”

<sup>5</sup> Mental health/UK (2014)

<sup>6</sup> Stamopoulos (2014)

<sup>7</sup> Weiss (2014, p. A13)

<sup>8</sup> Poirier (2014)

<sup>9</sup> Lu *et al.* (2007)

<sup>10</sup> We have chosen to use the feminine pronoun “she” in the first chapter, and will alternate it with “he” in the succeeding chapters.

because most sufferers try, and are able, to hide their distress from others. What can you as a parent do?



### ***The Concerns of Four Worried Parents***

“My Katie is a little chatterbox, but when you ask her to perform, even for the family, she gets so nervous that she freezes up. I wish I could help her relax more.”

“Almost since he was a baby, Jose has been a ‘clinger’. He hated starting kindergarten and even now in the third grade, he misses me and can’t wait to get home. He’s always worrying that something bad will happen. We thought up a plan to help him be less frightened, but it just didn’t work out.”

“Our Damian is terrified of animals. He hates to walk down the street by himself. He thinks a squirrel is going to jump out at him! We took him to a psychologist who helped him think about his fears differently, and for while he was a lot better. Then a dog barked at him and he just gave up.”

“I wouldn’t say Felicia has a disorder. She does most of the things the other kids do – it’s just that she worries about doing everything. She’s very capable, but she’s always afraid she’s going to screw up. She works hard to get over her fears and we tell her that she is doing better. She just can’t see it, though. She just doesn’t realize the improvements she’s made.”



These statements reflect the four central problems that all anxious children face:

1. They find it harder than other children to calm themselves when they are in a stressful situation.
2. Although many of them are above average in creativity,<sup>11</sup> they seldom use this ability when thinking of strategies and tactics for coping with their anxiety because they have become inflexible in their thinking.
3. Even when they do have a good plan, they tend to become discouraged after a while and often quit trying.

<sup>11</sup> Dacey and Conklin (2013); Zhao (2009, 2011)

4. Even when they are making progress in reducing their anxious feelings, they fail to recognize their progress.

The good news is that although medications can be helpful, studies have shown that about 90 percent of all anxious children can be greatly helped by learning coping skills.<sup>12</sup> The goal of our book is straightforward: we want to empower you and your child to relieve her feelings of anxiety. In the chapters that follow, we will provide strategies that form the basis for our four-step **COPE** program, one step for each of the four difficulties described in the parental statements. COPE has undergone 25 years of successful field testing in schools and with individual children in various parts of the country.<sup>13</sup> These activities will help you to deal effectively with each of the four problems we listed above. This master plan, which will be used throughout this book, has been designed to ensure that all children are given opportunities to regulate their anxiety level. We will say more about this later in this chapter.

We know that as parents, you are often faced with questions from your child such as “What if I’m not picked for the soccer team?”, “What if I can’t tie a square knot when it’s my turn?”, or “What if nobody gives me a Valentine?” It is difficult to know whether your child’s worries are a case of the “what ifs” or she has a serious anxiety problem. If the latter, everyday tasks and events can become extremely challenging, with seemingly insurmountable obstacles. She simply can’t imagine personal success when she first imagines failure or harm.

## **The Nature of Anxiety**

Almost all children experience fear when they perceive a threat, be it real or imaginary. In fact, a moderate amount of fear can motivate them to learn new things. Whether the perceived threat takes the form of a dentist, a witch, or a snake, all kids encounter stressful situations, and these circumstances change as the child matures into adolescence.

<sup>12</sup> American Psychiatric Association (2014)

<sup>13</sup> E.g. Dacey *et al.* (1997)

For example, preschoolers may feel afraid of the dark, being alone, or monsters, while older children may worry about rejection by peers or incompetence in school activities. Children and adolescents inevitably come to learn about potentially fearful, even dangerous, risks. The ways they respond to anxiety depend on their individual personalities and their developmental level.

The terms fear, worry, and anxiety are often used interchangeably. In fact, there are subtle differences that are worth noting here. Psychologists use the word fear to describe frightened feelings toward a clear danger or threat. Fear is a reaction to an environmental threat that is focused on a specific object, individual, or circumstance. Worry is similar to fear, in that it refers to less intense foreboding about specific future events.

In contrast, anxiety is a general frightened response to a source that is not readily identifiable. It could be the perception of a threat of what might have happened in the past or might happen in the future. An anxious child or adolescent may feel emotionally torn over some event which she cannot control. When a child is unable to think of a solution to the problem, their thinking becomes inflexible due to feelings of helplessness. In summary, anxiety is a response to events or people that pose no immediate threat, although to the individual they seem quite menacing.

### **When Anxiety Becomes a Problem**

In the simplest sense, anxiety is the feeling that one's wellbeing is endangered. Under some circumstances, a potential threat is readily resolved, such as the first time a child musters the courage to blow bubbles in the swimming pool. When she hears applause for joining the ranks of the minnows, the threatened feeling is replaced by a feeling of success.

Some children, however, find it more difficult to experience success in everyday situations. They find themselves plagued by self-doubts that are more pervasive than a simple fear. Most of the time, this feeling is the result of two types of mistaken thinking:

- Faulty perception of the facts; and/or
- Misunderstanding of the meaning of the facts.



### ***Examples of Mistaken Thinking***

Fact: My heart is being faster than usual now.

Faulty perception of the fact: "My heart is racing; it feels like it may burst!"

Misunderstanding of the meaning of the fact: "If my heart rate doesn't slow soon, I will surely have a heart attack and die!"

Other typical faulty perceptions of facts:

- This distressing situation is really always going to be this way.
- No one understands me.
- I am a totally weak person.
- Other typical misunderstandings of the meaning of facts:
- Because I am having tense and fearful feelings, I am unlucky. Maybe I deserve this stress. Others don't have it. I must be getting punished for something I've done.
- I'm so often scared there must be something wrong with me. I have some sickness (devil, syndrome, demon, mental illness) in me that won't let me rest.
- I can see no real danger, but still I feel fearful – obviously I am missing some threat to my safety.



For your child's anxiety to be reduced or eliminated, these errors in thinking must be rectified. The goal of all of the strategies in this book is to help you assist your child achieve this end. However, this book should not replace psychotherapy and medical treatment for the more serious cases. The only safe way you can determine the urgency of your child's problem is through the professional methods used by qualified psychotherapists and psychiatrists. Nevertheless, it is our



contention that you, the parent, are most often in the best position to help, especially when you are armed with the knowledge available in this book.

## **Major Causes of Anxiety in Children**

Scientists used to try to explain human traits, including anxiety, by pointing to two causes: nature and nurture – that is, genes and environment. In recent years, psychologists have carried out numerous studies of the causes of anxiety.<sup>14</sup> Much headway has been made. Perhaps the most important conclusion they have reached is that anxiety always results from a combination of *three* factors: biological, psychological, and social. They refer to this as the “biopsychosocial model”. Understanding this model will help you to take a more comprehensive approach to coping with your child’s problems. Let’s look at each of these causes more closely. Although we describe them separately, please remember that in reality they are always interacting and affecting each other.

### *Biological factors*

From the moment that your child was conceived, she was subject to biological influences that affect her level of anxiety. Some of the indicators of a genetic tendency toward anxiety are obvious, such as a tense, irritable temperament or erratic sleep. Other factors are less obvious but are equally influential, such as hormonal imbalances and abnormal brain activity. Whenever these biological abnormalities are present, they increase adrenaline in the bloodstream. As a result, a child will likely exhibit hard-to-notice symptoms: shallow breathing, increased heart rate, sweaty palms, and tense muscles, for example. When we are evaluating a child for anxiety, we surreptitiously put our fingers on her wrist so we can take her pulse. The

<sup>14</sup> E.g. Bierman *et al.* (2008)

reactions of anxious children are different, and you often cannot tell it from their faces.<sup>15</sup>

These symptoms are typical when a child or adolescent experiences the alarm reaction. This reaction involves 22 physiological responses that usually result from heightened adrenaline levels (see below). Not all of these responses need to occur for the alarm reaction to be present. Ironically, many people come to fear the uncomfortable and disabling symptoms of the alarm reaction more than the actual cause of the anxiety itself!



### ***Physiological Responses of the Alarm Reaction***

1. Increased heart rate.
2. Sweating.
3. Hyperventilation (faster, shallower breathing).
4. Constriction of some blood vessels, dilation of others.
5. Feeling faint, dizzy (as blood moves away from extremities, especially the head, to the center of the body).
6. Dry mouth from decreased salivation.
7. Higher squeaky voice from tightness in throat.
8. Sharper eyesight from dilated pupils.
9. Queasy feeling resulting from inflamed intestinal lining.
10. Decreased digestive ability.
11. Decreased interest in food.
12. Decreased verbal ability, sometimes including stuttering and stammering.
13. Increased blood-clotting ability.
14. Onset of the fight-or-flight mechanism in the sub-cortex of the brain.
15. Increased motor ability.
16. Decreased mental ability, sometimes including indecision.

<sup>15</sup> Blair and Diamond (2008)

17. Raised hair on the back of the neck (makes animals with fur look bigger).
18. Excitation of muscle fibers, sometimes to the point of trembling (for example, knees).
19. Increased pallor of skin, especially of the face.
20. Decreased interest in sex.
21. Hyper-vigilance.
22. An overall feeling of tension.



Physiological factors such as sleep, stimulation, and food affect the anxiety response. For example, your child may be getting too much stimulation from her environment or not enough. Any child will be more easily agitated if she has not had enough sleep or has ingested too many candy bars or sugary, caffeinated soft drinks. Exercising judgment and control over a child's sleeping and eating habits are easier with young children than with adolescents, who make more decisions on their own. Nevertheless, by modeling desired eating habits and sleeping routines in the home, you can influence your child beneficially.

### *Psychological factors*

Psychological causes of anxiety result from disturbing experiences. An example might be what happens when a child takes a tumble off a tricycle. For most children, it is upsetting but they soon forget it. For a child who has a high-wired nervous system, such an accident can cause tricycles to become feared objects.

Psychological factors affect the way your child perceives and thinks about the world. Some theorists support the notion that anxiety originates at birth, when the infant is bombarded with stimulation upon leaving the comfort of the mother's womb. They believe that stress during the birth process can be seen as a precursor for later anxieties,

and children who have undergone lengthy and/or difficult births would be at most risk.<sup>16</sup>

Children who are anxious also become hyper-vigilant (a heightened state of sensitivity to the *possibility* of danger or threat). If your child's mind is in a constant state of alertness, you may find that as a result, she finds it difficult to relax. If your child views the world hyper-vigilantly, she is likely to spend most of her time in distress, which in turn distorts her view of reality.

### *Social factors*

Social factors involve your child's interactions with her family, friends and others in her life. These people may contribute to her anxiety in various ways, and their influences change as she matures. Parents, brothers, sisters and playmates can be constant sources of anxiety if she perceives them as a threat. For example, her big brother may be only kidding, but your daughter may think he is really going to hurt her. The intentions of these persons may be good, but if your child is predisposed toward feelings of wariness, then everyday conflicts may seem especially threatening to her.

The patterns of behavior that parents use in raising their children are referred to as parenting style. Several such styles have been identified, and each contributes, positively or negatively, to the development of children and adolescents (more on this in Chapter 8).



### ***Anxiety among Caribbean Children***<sup>17</sup>

A good example of social context may be seen in the children of the Caribbean islands. Consider the views of two therapists who practice on one of these islands, St. Maarten, which is about 100 miles east of Puerto

<sup>16</sup> Ask a Nurse (2014)

<sup>17</sup> Interviews with Dr Dacey

Rico. Dr Karen Phillips is a native of Holland. Dr Judith Arndell was born and has spent most of her life on St. Maarten.

Dr Phillips sees the main source of anxiety among Caribbean children as post-traumatic stress disorder, mainly as a result of the terrible hurricanes that have devastated that part of the world in recent decades. Some children still suffer symptoms years after the storm has past – fear of leaving parents or home, difficulty sleeping or night terrors, and social phobias.

How does Dr Phillips treat these problems? “If I can get a child to realize that she can control her own perceptions and thoughts, then she begins to feel that she is in control of herself and she can be safe everywhere.

“My main approach is to help the child feel that she does not have to anticipate bad things, but that she can concentrate on positive outcomes. If the child thinks, ‘What if a hurricane comes?’ I help her to think about ‘What if a hurricane does not come?’ I help her to avoid concentration on negative possibilities, but to keep her mind on all the good things that are likely to happen. She has a choice as to which of these two types of thoughts she thinks about. She can choose to block the negative ones, and pay most attention to happy outcomes.

“Another problem I see is that after a while, the child wants to give up. She thinks there is a limit on her ability to persevere for as long as it takes. I have to show her that she can continue to fight her anxiety for a long time. Her assumption that she will run out of steam is false. If I can get her to believe that, we can make great progress together.”

Dr Arndell stated that more than half of her clients suffer from anxiety problems. She agrees with Dr Phillips that in Caribbean children and teens, storminess is certainly a problem. However, she believes their primary problem is the insecurities caused by their parents telling them they will be punished by spiritual beings (bogeymen, devils, their dead relatives) for their bad behavior. The youngsters come to believe that these hobgoblins hide in various places waiting to punish them.

As a result, Dr Arndell holds, the children frequently develop fears of going into certain rooms, especially bathrooms and bedrooms. Many of them become obsessed with these concerns. Such obsessions often lead to separation anxiety, performance anxiety, and a variety of social phobias. They can be quite difficult to overcome. “In fact, comparing my 10 years’ experience in the United States and the rest of my career here, I would

say that although the causes of the problems of Caribbean children and American children are often different, the ways they manifest their anxiety are really quite similar.

"I see my job as helping kids to stop thinking about all those negative things in their lives, whether real or imaginary. I teach them not to entertain those thoughts. I show them how to substitute more wholesome ideas. I also try to get them to focus on the present rather than to worry so much about the future. Most of my younger clients need to practice having thoughts about safety and security. That's what I tell their parents, too: 'If you can make them feel that their home is secure, that's the most important contribution you can make to relieving their anxiety.'

"The other thing I emphasize," Dr Arndell says, "is living in the present. Most of these kids have their minds fixed firmly on what is going to happen. I try to help them quiet their fears about what the future will bring and instead concentrate on the present moment. When I can get them to do that, they're on their way to getting better."



The point made in this story is not just that different environments produce different causes of anxiety. In the Caribbean, virtually all children have experienced hurricanes and have been threatened by the idea of bogeymen. Most do not suffer from anxiety problems, however. Those who do usually also have highly sensitive temperaments and/or have experienced early psychological distress. This combination of biological, psychological, and social elements is a good example of what we mean by the biopsychosocial model.

### **Anxiety at Different Ages and Stages**

As you probably have noticed, age affects your child's anxiety patterns. For example, infants' fears revolve around sensory experiences, such as loud noises, falls, and their parents' absence. Toddlers will likely experience

fear of strangers or distress upon their caregivers' departure (known as separation anxiety). Childhood brings with it fears of animals, the dark, and imaginary beasts and creatures. As their circles of exploration widen, the likelihood of exposure to an anxiety-provoking stressor increases. Children in middle childhood are often concerned with performance, while adolescents are more concerned with social and interpersonal anxieties as they begin to form intimate relationships. The following lists the typical fears child experts find at several age levels.



### ***Typical Causes of Anxiety of Children at Several Age Levels***

*Ages Causes of Anxiety*

- 3–5 Separation from caregivers  
Water  
Stranger anxiety  
Loud noises  
Animals  
Darkness
- 6–7 Strange, loud, or abrupt noises (for example, animal noises, telephone and alarm ringing, wind and thunder sounds)  
Ghosts, witches, and other supernatural beings  
Separation from parents and being lost  
Being alone at night (and having nightmares or visitations from evil creatures)  
Going to school (so-called school phobia)  
Physical harm from, or rejection by, specific individuals at school
- 7–8 The dark, and dark places (such as closets, attics, and basements)  
Real-life catastrophes suggested by TV, the movies, and books (for example, kidnapping, floods, fires, nuclear attack)  
Not being liked

- Being late for school or left out of school or family events
- Physical harm from, or rejection by, specific individuals at school
- 8–9 Personal humiliation
- Failure in school or play
- Being caught in a lie or misdeed
- Being the victim of physical violence (either from known people or from strangers), either deliberately or randomly motivated
- Parents fighting, separating, or being hurt
- 9–11 Failure in school or sports
- Becoming sick
- Specific animals (especially animals larger than humans or those known to attack them)
- Heights and sensations of vertigo (for example, dizziness)
- Sinister people (for example, killers and molesters)
- 11–13 Failure in school, sports, or social popularity
- Looking and acting strange
- Death or life-threatening illness or disease
- Sex (attracting others, repelling others, being attacked)
- Being fooled or brainwashed
- Losing possessions, being robbed<sup>18</sup>



The famed child expert Jean Piaget proposed that children's thinking proceeds from vague to specific conceptions of life.<sup>19</sup> Then, in early adolescence, their thinking suddenly graduates from concrete to abstract ideas. As children's mental abilities evolve, the capacity for anticipating the future improves. This enables them to meet the increasingly complex demands of the tasks they encounter. Unfortunately, a downside to this growth is the ability to more clearly visualize the possibility of frightening events. Normal fears become associated with exaggerated expectations. Thus some youngsters become progressively

<sup>18</sup> Philadelphia Child Guidance Center (1994)

<sup>19</sup> Piaget (1970)



more anxious as they move toward adolescence (we discuss Piaget's ideas about development further in Chapter 7).

## **Current Therapeutic Perspectives on Anxiety**

The science of psychology has taught us a great deal of the nature of anxiety. Unfortunately, there is still disagreement about the best way to reduce it. There are several schools of thought that influence diagnosis and treatment of anxiety in children and adolescents: psychodynamic, behaviorist, family systems, and cognitive. We think it is important to briefly describe these current viewpoints. Many of the activities you will use in this book are built on these perspectives, especially the behaviorist, family systems, and cognitive viewpoints. Also, learning this information is helpful when choosing a therapist, should that be necessary.

### *The psychodynamic perspective*

Sigmund Freud was the father of psychoanalysis, the first form of the psychodynamic model. However, his method of dealing with anxiety has little evidence in its favor. It has been largely superseded by the approach of Erik Erikson, another famous psychoanalyst. In his much discussed book, *Childhood and Society*,<sup>20</sup> Erikson outlined eight universal stages of development. He held that progressing from one stage to the next depends on resolution of the conflict present in each stage. At every stage, two personality traits conflict with each other. For example, at Stage Two, the conflict is between a sense of autonomy and shame. For healthy development, the child needs to resolve the crisis in favor of the first trait in each pair. From the standpoint of the anxious child, the most relevant stage is probably Stage Four: industry vs. inferiority. During this stage, which occurs between five and 11 years of age, children are concerned with performance in school and at home. The anxious child may be overly concerned with making the

<sup>20</sup> Erikson (1963)

grade both academically and socially: Will I pass the test? Will I make new friends? Are people making fun of me behind my back?

For these children, anxiety exceeds the routine self-doubts experienced by others. An anxious child is often hindered because the anxiety is so great that she has difficulty functioning in the realm of her peers. When this happens, a sense of inferiority prevails and the ability to achieve success declines. Psychoanalytic approaches seek to heal through a detailed journey through the child's early years.

### *The behaviorist perspective*

Anxious children naturally wish to avoid situations that scare them, even more than other children do. When your child avoids such situations, her avoidance is reinforced because her frightened feelings are temporarily reduced. This only perpetuates the anxiety, according to behaviorist theorists such as B.F. Skinner.<sup>21</sup> Some parents feel that giving in to the child's reluctance is appropriate and caring, but this enables the child to avoid fearful situations and thus she fails to deal with the problem.

Another aspect of the behaviorist approach is seen in the work of Albert Bandura, who has done considerable research on the concept of modeling.<sup>22</sup> Arguing that children learn primarily through imitation and modeling, Bandura espouses the use of these techniques to promote confidence in children. In modeling situations, parents behave calmly and competently in real or make-believe scary scenarios. This shows the child a more effective reaction she might have. Over time, she learns to adopt these modeled behaviors as her own and gradually she becomes less anxious.

### *The family systems perspective*

Family systems therapists such as John Bell and Virginia Satir regard the anxiety symptoms of an individual as a family problem.<sup>23</sup> Thus they

<sup>21</sup> Morrison-Valfre (2012)

<sup>22</sup> Bandura (2006)

<sup>23</sup> Smith-Acuña (2010)

find it necessary to treat the whole family rather than just the child or adolescent. There are many varieties of family treatments that may be combined in different ways and with other types of therapy. Perhaps the most important feature of this perspective is bringing the whole family together for therapeutic sessions. Families are seen as self-sustaining systems that influence each member in a myriad of ways.

The child is the identified patient whose symptoms bring the family to therapy. Once the family's rituals, rules, and routines have been identified, the therapist attempts to alter the patterns that affect the child. These changes then reverberate throughout the family system. For example, a family therapist will try to influence the interactions between a husband and wife in order to help the child. The personal story that follows illustrates one such problem.



### ***The Attack of the River Rats (JSD)***

Our house had a small front yard, surrounded by a low hedge. On the side of the hedge facing away from our house was a huge open field sloping down to the railroad tracks and the bank of the Delaware River. There was a narrow break in the hedge that opened onto a path, and that path led across the field to a train station about a quarter-mile away. It was exactly the kind of place that kids would want to explore and that any parent would declare off-limits.

My mother could not help worrying about it all the time. Her training as a nurse contributed to this trait, I think. She was perpetually concerned that the colds my brothers and I were always catching would turn into pneumonia, and our bumps on the head must be concussions. She felt sure that one day one of us would wander through the hedge, cross the field, and get hit by a train. To prevent this, she told us a vivid story about the river rats:

"You kids must never go through that hedge unless Daddy or I are with you. A family of river rats lives down by the river, and there's always a few of them hiding near the opening of the hedge. They have a cave in the riverbank and they might take you there. If you become their pet, they won't let you come home again. So if you know what's good for you, you'd better stay away from that hedge!"

Her story was effective, particularly because there really were immense rats in that area. I still have a most graphic memory of the few that occasionally made their way into our house. And so we children were duly terrified by the thought of crossing through that hedge. On the other hand, I don't recall my siblings becoming hyper-vigilant as I did – on the lookout for danger everywhere. Therefore, she didn't *cause* me to be a highly anxious child. I believe I had inherited an inclination toward an anxious personality. Early experiences such as this rat situation interacted with my genetic proclivity to produce a nervous child – me.

One morning when I came downstairs for breakfast, I found my mother entering the front door, wearing her light coat and a hat with one of those veils made so popular during World War II by Ingrid Bergman and the other mysterious Hollywood *femmes fatales*. I couldn't see her face, so at first I didn't realize that she was sobbing. When I did, I asked her what was wrong.

"Oh, nothing. I just walked Daddy to catch a train, and I'm just very sad that he's gone."

It was unusual that my father should take a train trip, but he had done so before. Nevertheless, she said the word "gone", and the first thought that occurred to my four-year-old mind was that the rats had gotten him. I pictured hundreds of rats jumping on my father from their hiding places in the hedge. They knocked him to the ground and, with pieces of his clothing clenched in their teeth, dragged him back to their disgusting cave. I started crying too, and it took her a while to discover my fear. Eventually, she helped me calm down, but this was one more reinforcement for me that life is a very dangerous undertaking. It was years before I began to question that attitude.



### *The cognitive perspective*

The cognitive perspective on anxiety of therapists such as Aaron Beck focuses on the thoughts of the child.<sup>24</sup> This view is the opposite of Freud's psychoanalysis, which identifies repressed feelings as the culprits. Cognitivists believe it is distorted thinking that causes disruptive

<sup>24</sup> Beck (2011)

feelings rather than the other way around. Feelings are analogous to the level of the mercury in the thermometer when you have a fever. The red or silver line is not itself important. It simply indicates that the body's internal temperature is above average, which is a sign of an invasion of germs. Analogously, anxious feelings usually reflect thought patterns that have gone awry. Fix the thoughts and the anxious feelings will subside. And children *can* learn to control their thoughts.

Your child plays an active part in controlling her life through the ways she thinks about things. For example, confronting unfamiliar situations is probably quite anxiety-provoking for her. For some children, if it's new, it's dangerous. The cognitive method helps her develop increasingly stable confidence in her surroundings and her self-image. These play a positive role in her behavior.

One way to make your child less likely to perceive situations as threatening is through cognitive restructuring. This treatment involves working with her to:

- Remove or reduce misinterpretations of reality.
- Challenge faulty logic or irrational self-statements.
- Construct a way of looking at the world that includes adaptive coping strategies (more on this in Chapter 4).

## The Cope Method

The letters **COPE** stand for the four steps that make up our anti-anxiety method:

**C** = calming the nervous system.

**O** = originating an imaginative plan.

**P** = persisting in the face of obstacles and failure.

**E** = evaluating the plan.

We have discovered through our teaching, therapeutic practice, and research that most people – children and adults – have similar problems

when they deal with situations that are anxiety-provoking. These four problems (the same ones that are reflected in the four quotations with which we opened this chapter) fall into these four steps:

### *Calming the nervous system*

The first problem most of us confront when we enter a stressful situation is the stimulation of the fight-flight-or-freeze response. This is the ancient human tendency when under threat to attack the antagonist, run away, or become motionless. In prehistoric times, this response was most functional; when being eyed by a saber-toothed tiger as a possible lunch, standing around and thinking up alternative plans would have been fatal.

Today, however, most situations that scare children cannot be resolved by simply running away or attacking. For example, as your child stands up in front of a class to make a presentation, she may feel like leaving, or she may feel angry with the people staring at her. However, what she needs to do is quell these conditioned responses so that she can think clearly. A calm nervous system, then, not a highly aroused one, is what she needs when dealing with modern stressors. In this book we will cover different strategies for achieving tranquility. Some of them are physical, some mental, some a combination of the two, and some even involve spiritual approaches – because anxiety is irrational.

### *Originating an imaginative plan*

The second problem that anxious people often face is that, even when calm, they often have faulty understandings of their feelings and why they have them. Further, because they are under such pressure, they may be unable to think of really imaginative plans for dealing with their quandaries. Anxious children are less likely than others to have imaginative ideas about the best way to problem-solve, even though, with their vibrant imaginations, they often have superior creative potential. However, if they calm down, they can use the techniques that we teach to originate better insights about themselves, and to design an

imaginative plan for dealing with their problem. And, as we pointed out earlier, your modeling will be helpful for each of these four COPE steps.

In recent years, research has identified a number of thinking strategies and styles that are much more likely to produce creative problem-solving.<sup>25</sup> We will offer numerous activities that are aimed at helping you and your child to become better problem-solvers. As you and she learn these techniques, you both will improve your ability to design a plan that will successfully combat her anxiety.

### *Persisting in the face of obstacles and failure*

We have found that many plans for dealing with anxiety start out well but then fizzle out. The temptation to quit blossoms and soon the child gives up on her plan. A number of scholars have shown that people who believe in God or some other spiritual higher power are more sedulous. Anxious children are especially prone to the problem of throwing in the towel. We will offer a variety of paths that can be taken to help your child have faith in herself, her plan, and her higher power. Among these paths is a new one about which we are very excited: techniques for designing your own family rituals, which, when faithfully attended to, are proving to be powerful anxiety-fighters.

### *Evaluating the plan*

We recommend you use evaluation techniques both while the plan is in operation and after the plan has been carried out, so that your child recognizes the improvements she has made. We suggest a number of ways your child can get objective feedback on the efficacy of her plan.

## **In Summary**

We have devoted one chapter to each of the four COPE strategies. Some of these activities are for six to 10-year-olds, some are for 11 to 15-year-olds. Why have we chosen these ages? We start with six-year-olds because we

<sup>25</sup> Dacey and Conklin (2013)

believe that our approach requires some additional understanding of the way preschoolers learn. However, we offer this information in Chapter 8 in case you want to start with your three to five-year-old children. Many of our activities may also be helpful for persons older than 15, if you are able to get their cooperation. However, sometimes the help of a therapist will also be required. Most teachers, we believe, can easily adapt our techniques for use with small groups or their whole classroom.

In this chapter, we have looked at the trait of anxiety in some detail. There are at least eight types of anxiety problem, however. We will differentiate them in the next chapter. It will be useful to understand these distinctions for two reasons:

- Some treatments work better with some types of anxiety than with others.
- Some sorts of anxiety are more serious than others. Many cases can be handled by parents or other relatives at home, but most will benefit from cooperation with teachers. A few absolutely require the care of a professional such as a psychologist, a social worker, or a psychiatrist (such as when medication is needed).

Research studies have found the COPE program to be one of the most effective treatment approaches available.<sup>26</sup> We believe that with or without the help of professionals, parents and other caring individuals can use COPE to greatly alleviate the anxiety problems of children and adolescents. We sincerely hope that after trying out the COPE system with your child, you will agree.

<sup>26</sup> E.g. Dacey *et al.* (1993)



# The Eight Types of Anxiety Disorder



## *Just a Case of Stage Fright? (JSD)*

When I was 12, I was an altar boy at the Catholic Church in my neighborhood. In March, I had been told that I had been selected to be one of the altar boys for the High Mass on Easter morning – a great honor. I was excited, but also very nervous, for I knew that most of my friends would see me up there. As the day drew near, I became filled with a sense of dread, fearing that I would surely make some terribly embarrassing mistake, and all my friends would laugh at me. On the morning of Easter Sunday, I awoke very early and, overwhelmed with anxiety, went to the bathroom and vomited. With no breakfast I left the house and slowly walked to St. Thomas' Church.

I was sure that prisoners trudging along death row to their executions felt no worse than I did. I stood in front of a sink in the altar boys' room, splashing water on my face, hoping for a last-minute reprieve – maybe the mass would be cancelled, maybe there'd be a fire alarm, maybe, just maybe the fear would go away. It didn't. Finally it was 11 o'clock, and the time for a miracle had passed. With the other altar boys, I followed the three priests who were celebrating the high mass out to the sacristy of the church.

I stole a glance at the congregation and saw several of my friends in the tightly packed crowd. The church felt very warm and the stiff collar I was wearing was becoming tighter by the minute. Then it happened. The bright lights began to fade, the altar seemed to move upward, and I fainted.

I took some ribbing about the incident from my guy friends, but nothing that justified the severe sense of mortification that I felt. It was so strong that for several years I could hardly bear to speak in class, and whenever I was supposed to make a presentation, I would feign illness. I grew disgusted with myself, hating my unmanly lack of confidence. Finally, in the ninth grade, I was nominated for class president, and, determined to overcome my trepidation, I ran for and won the election. Being president also meant being the emcee of the school assemblies. The first time I had to do it, it was awful, but somehow I made it through. The next several assemblies were better. To my amazement, I actually began to enjoy the role. After all my terrors, this was a welcome change.

In the last assembly of the school year, the glee club was to sing a variety of inspiring songs. I had begun to feel so confident that I memorized the selections, composers, dates, etc., I was to announce, so that I would not have to read them from a card. I knew it was showing off, but it was such an exhilarating feeling, especially compared to my Easter Sunday experience. I did place a card with the information printed on it under my chair just in case. All went well until the fifth song. I stood before the microphone to announce it, and realized I could not remember any of the details.

The soft buzz of whispers quickly came to a halt, as though the volume control on a radio was being turned down. I'm sure no more than 30 seconds went by, but the expectant silence seemed to last for an hour. Mercifully, the title of the selection came to me, and in a shaky voice I announced it, making no mention of the other forgotten data. Before the last two selections, I surreptitiously retrieved the card from under my seat and glanced at the information.

After the assembly, five teachers came up to me. "Boy, I'm in for it now," I thought, but they proceeded to pat me on the back and congratulate me. "Thank you very much," I said, beaming, pretending I knew what it was all about. "We're so proud of you," one of them told me enthusiastically. "Why, you're the first president we can remember who's had the courage to *wait until the students were quiet* before he spoke!"

I couldn't lose! "Wow," I thought, "this phobia is beaten." It wasn't. In the years to come, I was an anxious speaker on numerous occasions. But this early victory was evidence that improvement is possible. Like the turtle, we can only progress if we stick our necks out.



This personal vignette describes one of the more common anxiety disorders: social phobia. It is labeled a disorder because John didn't just have stage fright – he was incapable of addressing a group for several years. "Disorder" may sound like a harsh word, even implying mental disturbance. To psychologists, however, it simply refers to conditions that seriously interfere with ordinary behavior and that continue for more than a short time.

We believe it is important for you to know about the eight different types of anxiety disorder so that:

- You will be better able to discuss your child's condition with professionals and other parents. In the field of psychology, there are many misunderstood terms (for example, many people use the term "paranoid", which is a serious schizophrenia, when they merely mean "suspicious"). In many ways, it will pay to know and use these terms accurately.
- It may relieve some of your own anxiety to know more specifically whether your child has one of these disorders (only a professional can tell you for certain).
- When you have a clearer definition of your child's problem, you will be better able to help your child with each of the steps of the COPE Program. Let's take the example of the child who has separation anxiety: that is, he hates to be away from his family, so he often refuses to go to school. Knowing something about this syndrome could help you apply each of the COPE steps better:
  1. Calm the nerves – you could design a visualization system (see Chapter 3);

2. Originate an imaginative plan – you could help your child find an innovative way to record his feelings regularly, one so interesting he will actually use it (see Chapter 4);
3. Persist – you could strengthen his reward structure by including more “private time” with Mom (see Chapter 5);
4. Evaluate – you might help your child record his “resistance to leaving home” ratings (the less resistance, the less separation anxiety (see Chapter 6)).

In this chapter we will describe the eight major categories of anxiety disorder:

- Specific (simple) phobia.
- Social phobia.
- Separation anxiety.
- Generalized anxiety disorder (GAD).
- Panic disorder.
- Agoraphobia.
- Obsessive compulsive disorder (OCD).
- Posttraumatic stress disorder (PTSD).

Each of these anxiety disorders can be found among children and adolescents. Sometimes more than one of these disorders may occur at the same time, making it difficult to identify a single disorder.

### **Specific (Simple) Phobia**

A specific phobia is an intense anxiety in the face of a circumstance or object that in reality poses little danger. Specific phobias can be divided into several broad types, including animal type (animals or insects), natural environment type (thunder, wind, heights, and so on), blood-injection-injury type (seeing blood, getting a shot, and so on), situational type (flying, tunnels, bridges, and so on), and others. Table 2.1 lists the names of representative specific phobias.

Common among young children, these phobias generally are not debilitating and tend to disappear as the child gets older. However, for

**Table 2.1** Representative specific phobias

<i>Animal</i>	<i>Natural</i>	<i>Blood injection, injury</i>	<i>Situational</i>	<i>Other</i>
gataphobia (fear of cats), zoophobia (fear of animals)	hylophobia (fear of forests), chionophobia (fear of snow), astraphobia (fear of thunderstorms), amathophobia (fear of dust)	hypochondria (fear of getting sick), necrophobia (fear of death)	harpaxophobia (fear of robbers), erythrophobia (fear of blushing), acrophobia (fear of high places)	chronophobia (fear of clocks), triakaidekaphobia (fear of the number 13), pantrophobia (fear of almost everything)

some children and adolescents, specific phobias that are not overcome can be debilitating. Specific phobias may become a central part of a child's daily life if he feels that he has to avoid those things that make him anxious. This can be a source of tremendous frustration and discomfort for the child and his family.

Another important consideration when investigating whether a child struggles with a phobia is whether or not a specific phobia has developed as a secondary problem following a trauma. Take, for example, the child who has sustained a serious injury as a result of a car accident and has become afraid of riding in a car, or has been injured by a dog and has become anxious around animals. It is important to differentiate between reactions such as these, which may be part of posttraumatic stress disorder (discussed later), as opposed to specific phobias without a history of trauma. This distinction is important because specific phobias can usually be treated by strategies such as the ones in this book; PTSD normally should be treated by a professional.

## **Social Phobia**

If a child or adolescent develops several phobias, he may become so ashamed of them that he resists public exposure. He consistently focuses on the threat of embarrassment based on his belief that he will perform badly, especially if one of his phobias might flare up. For instance, if he goes on a picnic, his nemesis, a dog, might appear, and his fear will be cause for mocking. Certain social situations may cause more anxiety than others. For example, he may have no problem asking for directions from a teacher and yet he may be terrified to speak in his classroom.

Although social phobias tend to emerge during adolescent years, they can also be found in children who are excessively shy. Certainly shyness is a normal part of any child's or adolescent's life, as are feelings of uneasiness around strangers. However, this otherwise normal behavior can cause problems when the desire to avoid strangers, including people his own age, becomes so extreme that it interferes with the child's school performance and social life.

Children with social anxiety often realize that their fear is exaggerated, but they still cannot control it. This can be very frustrating and scary, since this lack of control over their own emotions may make them even more anxious. In order to regulate themselves emotionally, social phobics will tend to avoid many social situations. If left unresolved, social phobia and the anxiety it gives rise to may lead to a sense of frustrating isolation and depression.

Sadly, some younger children avoid the social world by shutting themselves out verbally. This is a symptom of social phobia called “selective mutism”. The child is unable to speak in some social situations but speaks well enough in others. Selective mutism usually begins when children are very young and may extend into adolescence if untreated.

## **Separation Anxiety**

Separation anxiety is particularly common among children and sometimes young adolescents. It occurs when the child is separated from familiar people and settings. If an individual who experiences excessive anxiety (lasting at least four weeks) after routine separation from parents, other caregivers, home, or other familiar situations, he may be suffering from separation anxiety disorder.

Crying, clinging, or panic on separation are common reactions of small children who experience separation anxiety. Unrealistic worry about potential harm to loved ones or fear they will not return home, a reluctance to sleep alone, refusal to attend school, and physical symptoms, such as a stomachache or headache, are signs of separation anxiety disorder in older children.

Sometimes it is difficult to identify separation disorder as the source of anxiety among adolescents since they are less likely to give off clear signals. However, instances of misbehavior and emotional displays occurring before, during, or after separation could be signs of distress. An important point to remember is that “symptoms” of separation anxiety don’t always make sense to the outsider. One has to be observant and involved in order to pick up on the signals that older children and adolescents give off.

## **Generalized Anxiety Disorder**

Young people with generalized anxiety disorder (GAD) have excessive or unrealistic worry in a wide variety of situations. They may spend more time than appropriate paying attention to the details of activities like homework or other otherwise normal tasks. Children with GAD may also experience any of the following physical symptoms:

- Restlessness.
- Tiredness.
- Difficulty concentrating.
- Irritability.
- Unusual muscle tension.
- Sleep disturbance.

One might say that a child with GAD “fears being fearful”. That is, because he sees himself as someone who cannot handle stress very well, he develops additional anticipatory anxiety when he is faced with even the possibility of being in an uncomfortable situation. In some cases, the child may refuse to attend school. If he experiences excessive worry along with even just one of the above mentioned physical symptoms and this occurs over a six-month period, the diagnosis is that the child has GAD. It is not uncommon for children and adolescents with GAD to experience a panic attack at some point in their lives, in response to particularly anxious times.

The children who struggle with GAD are usually not difficult to spot, since their anxiousness seems to dominate a large portion of their lives. They may seem on edge most of the time or just have extended periods of anxiousness that last for a few days and then fade, only to return. The great frustration that children and parents often struggle with is the difficulty in finding out exactly what is wrong.



## **Panic Disorder**

Those children and adolescents who suffer from panic disorder experience bouts of recurrent and unexpected terror. Known as “panic attacks”, they are the source of a great deal of discomfort and disruption. Although panic disorder is rare in young children, it becomes more common among older children and adolescents, probably for hormonal reasons.

In fact, panic attacks almost always accompany agoraphobia (next section), although non-agoraphobics also may be subject to them. Panic attacks may also feed the anxiety of agoraphobics when they simply think about what would happen to them if they had a panic attack. Those who struggle with agoraphobia may also worry about being in a place where help may not be available, such as the middle of a large bridge in a traffic jam.

The panic outbreaks that constitute this disorder are relatively short episodes of extreme anxiety, usually lasting between five to 30 minutes, typically reaching their peak by 10 minutes. During a panic attack, the young person quickly and unexpectedly feels overwhelmed by terrifying mental and physical sensations. Some mental symptoms include a sense of impending doom, as well as feelings of detachment from surroundings. Those within the grip of a panic attack are usually unable to name the source of their terror, as they may feel very confused and have difficulty focusing their attention.

Therapists agree that in order to be classified as a panic attack, four or more of the following symptoms must develop abruptly and peak within 10 minutes:

- Pounding heart, increased heart rate.
- Sweating.
- Trembling, shaking.
- Chest pain or discomfort.
- Nausea or abdominal discomfort.
- Shortness of breath.
- Choking sensation.
- Dizziness or lightheadedness.

- Feelings of unreality or detachment from self.
- Fear of losing control or going crazy.
- Fear of dying.
- Numbness or tingling.

Even though a child is not in the grip of a panic attack at the moment, simply thinking that there is a strong possibility that one may occur without warning is enough to make that child highly anxious. This may also include changing his lifestyle or behavior pattern to accommodate the possibility of another attack. It frequently results in a significant disruption of normal behavior. The difference between panic disorder and generalized anxiety is that the latter prevails most of the time.



### ***Hallway Panic (MDM)***

Alfred, a parent in one of our studies, talked about his nine-year-old daughter Mary, who suffers from panic attacks:

“On her way to school, Mary starts to feel nervous and begins picking at her fingernails. As soon as she walks into her school’s front door she feels her chest start to pound hard. It seems like with every step she takes, her chest is going to explode and she becomes terrified. Without warning, all she can do is stand still and plead with her watery eyes for someone to help her. A teacher down the hall notices her distress and rushes over to ask her what’s wrong. Mary wants to tell him but she can only whimper and sob. The teacher quickly escorts her to the nurse’s office where she is seated in a chair and comforted by the nurse and teacher. After a few minutes Mary is shaken up and scared, but she is breathing easier and her chest is beating much slower.”



### **Agoraphobia**

The diagnosis of agoraphobia is used rather than social phobia when the anxiety is so severe that the child is unable to participate in most social situations. The word comes from a diagnosis made nearly 2,500 years

ago by a Greek physician. He noticed that some people became very nervous in the marketplace (“agora” in Greek – the current name for the disorder was coined 1871 by Berlin psychiatrist Carl Westphal). Actually, the phobia has more to do with an excessive worry about losing control of one’s self in one’s surroundings. Thus extreme agoraphobics become housebound because that is the only place that they can feel safely in control of themselves. (In fact, I consulted in a case where a woman was unable to leave a lounge chair in her bedroom for over five years! JSD).

Sometimes phobias can mask agoraphobia. For example, a 12-year-old boy may have a fear of germs. Therefore he avoids school buses, parks, and any other public setting where he thinks it is possible that he might come in contact with germs. This boy may be an agoraphobic, who focuses his anxiety on germs in order to avoid what he really is afraid of – losing control in public places.

Agoraphobia is not common among young children and typically begins during adolescence or young adulthood. However, therapists have found that even among young children, the symptoms may begin to show themselves. Those who have agoraphobia tend to believe that it will be difficult to depart an uncomfortable situation or that they will be criticized for leaving, so begin to dwell on feelings of being trapped or exposed.

As a consequence, agoraphobics may withdraw to settings in which they feel safe such as their home or a specific route to school. They avoid places that to others may seem safe such as school, crowded places, classrooms without windows, the back seat of a two-door car, tunnels, and limited-access highways, because they cannot escape from them instantly. For most agoraphobics, home is the only place they feel at ease. Unfortunately, these self-imposed restrictions and fears disrupt their lives and the lives of their family members.

A standardized tool such as the *Panic and Agoraphobia Scale*<sup>1</sup> can be used to measure the severity of agoraphobia and panic attacks and to monitor treatment.

<sup>1</sup> Bandelow *et al.* (2000)



### ***What If I Throw Up? (LDF)***

Erica, a participant in one of our studies, talks about her 11-year-old daughter, Lauren, who suffers from agoraphobia:

"The other day our next-door neighbor came over with her daughter, Julie, who is Lauren's best friend from school. It's not like they're strangers at all. Julie's mother asked me if Lauren could go with them to get ice cream later in the day, and as soon as she asked me, I felt tense.

"I'm sure Lauren would love to go with you and Julie for ice cream. She loves it! Let me talk to her a minute.' I went over to Lauren and Julie and sat down on one of the swings. 'Guess what? Julie's mom asked if you'd want to get ice cream with them later? How does that sound?'

"Lauren answered with an enthusiastic, 'Yes!'

"Ok, I'll go tell Margaret she can pick you up when they're ready to go.' I started walking over to Margaret to tell her, and before I got 10 feet away Lauren came running after me.

"Mommy! Wait! If I go with them I can't be back in time for Daddy to pick me up,' Lauren said frantically, her eyebrows knit in a tight V-shape.

"Don't worry about that,' I told her, 'I can come pick you up at the ice cream stand and we'll drive right over to Daddy's.'

"That's not good,' Lauren whined. 'What if my stomach starts to hurt? What if I throw up? I'm going to throw up!'

"That's always Lauren's out – she might throw up. I only remember her throwing up once in her life, after she drank a strawberry milkshake too fast. It was a scary thing for her, and now when her stomach hurts, she's always afraid she's going to throw up again.

"I could see that Margaret was listening to us sympathetically, so I said to Lauren, 'How about we let Julie and her mom go ahead and we can meet them there later if you feel like it? Ok?'

"Lauren nodded cautiously, looking from me to Julie and Margaret. Once they'd left, Lauren and I went inside the house, and she started crying. 'I wanted to go with them! I wanted to go with them!' She said she'd ride her bike over to the ice cream stand, but I knew she wouldn't do it. It's so frustrating to me to see her so upset, but there's nothing I can do to make it better. She's afraid to do new things or take a small risk, and then she gets mad at herself for being afraid.

"I'm not going to let her stay in the house all the time. I don't want her to be too comfortable sitting in her room or watching TV all the time. It's too easy to just stay inside where it's safe."



## **Obsessive-Compulsive Disorder (OCD)**

Children with OCD are troubled by persistent and recurring thoughts – “obsessions” – that consume their attention for more than one hour a day and generally involve exaggerated anxiety or fears. These children also feel compelled to perform repetitive behaviors, known as “compulsions”, in order to relieve or vent away the tension caused by their obsessive thoughts.

Compulsions like collecting every stone on the beach, saving candy wrappers, and excessively washing, counting, praying, and hoarding are particularly common in young people with OCD. Usually it is not the behavior itself that is the problem, but how often the child feels he must perform the behavior. The repetitiveness of the behavior provides comfort to the child and yet it creates so much disruption in his day-to-day life that...



## ***Troubling Thoughts (LDF)***

Marilyn, also a participant in one of our studies, describes her 12-year-old son Bart, a victim of OCD, this way:

"Bart is a very bright boy, and yet he has a great deal of trouble getting his schoolwork done. This is particularly frustrating to him because he very much wants to do well, but he is constantly distracted by powerful and strange thoughts such as counting how many times he blinks and how many steps it takes to get to the hallway. He feels compelled to avoid stepping on any floor tiles with dirt on them because he doesn't want to get germs on his feet. The possibility that germs could be on door handles or windows also forces him to avoid touching them unless a cloth (which

he carries with him always) is used to handle them. In fact, if he misplaces or forgets to bring a clean cloth with him, he feels paralyzed, and may get physically ill. Bart realizes that his behavior doesn't make much sense and it frustrates him a lot that he cannot overcome these powerful thoughts. Other classmates make fun of him and call him 'crazy'. Increasingly, Bart has been staying home from school because he is embarrassed and upset with himself. His teachers are concerned about his absences and poor academic performance. They give Bart support, as much as they can, but they don't understand his behavior either."



## **Posttraumatic Stress Disorder (PTSD)**

Posttraumatic stress disorder is often a serious condition which has a wide range of dangerous implications. It is crucial that any child who is even suspected of having PTSD is provided with professional assistance as soon as possible. It exists on a spectrum, from mild to life-threatening – a professional can tell the difference.<sup>2</sup>

The symptoms of PTSD can present themselves in children and adolescents in very complicated ways, but here are some things to watch for. The traumatic event may be persistently re-experienced as thoughts or feelings. Children may show play behaviors that exhibit themes or aspects of the traumatic event originally experienced. Other symptoms include:

### *Intrusive memories*

- Recurrent, unwanted distressing memories of the traumatic event
- Upsetting dreams about the traumatic event

### *Avoidance*

- Unwillingness to think or talk about the traumatic event
- Avoiding places, activities, or people that remind of the event

<sup>2</sup> Bradley *et al.* (2014)

- |  |   |
|--|---|
| <i>Negative changes in<br/>thinking and mood</i> | • Inability to experience positive emotions |
|  | • Hopelessness about the future             |
| <i>Changes in emotional<br/>reactions</i>        | • Trouble sleeping                          |
|  | • Being easily startled or frightened       |

We realize that reading about these eight anxiety disorders has probably caused you to feel some anxiety yourself. It's comparable to the "medical student syndrome", where students suspect that they have whatever malady they happen to be studying. When reading about anxiety symptoms, parents may suspect that their child has many of the symptoms described in this chapter.

Nevertheless, knowing the distinctions among the eight types is necessary if you are to participate effectively in your child's rehabilitation. The good news is that almost all children who have one of these disorders can be helped a great deal. We suggest that if you feel that your child may have the symptoms we described for agoraphobia, panic disorder, OCD, or PTSD, you might want to consult a competent therapist or psychiatrist. The yellow pages of many phone books list an agency under "psychologists" which will advise you.

You will be able to use most of the ideas in this book to help your child, but if the problem does not resolve itself in a reasonable amount of time, you can still seek professional help. Most of the time, the therapist will be happy to cooperate with you in your use of this book to help to your child.





## COPE Step One

### *Calming the Nervous System*



#### ***Fight or Flight***

The two hunters, an aging father and his young adult son, had been trotting along the ancient path since the sun had risen nearly four hours earlier. They had seen no targets worth the risk of losing a precious arrow. As they broke out of the thick woods onto the boulder-strewn plateau, the father stretched his hairy right arm above his head, the signal to pause for a rest. He and his son slowed to a stop at the base of a huge rock and slumped with their backs against it. They did not sit, as that would have left them too vulnerable to attack. Their feet, as tough as mammoth hide, were impervious to the shattered shale that surrounded them. Sweat trickled down their nearly nude bodies. They did not speak, since neither had anything to say.

For a few moments, their vigilant ears heard nothing but the wind. Then, faintly, the hiss of the breeze mingled with a different, pulse-quickening sound. The son was quicker to notice it – the telltale scratching of claw on rock. Elbowing his father, he motioned with his head to the top of the boulder and took a step away. As he did so, what he heard choked off the breath of both men – the deep bass rumble that could only come from the thick vocal chords of a saber-toothed tiger. Instantly, without making

any attempt to investigate further, the son dropped his weapons and raced for the dubious haven of the forest. A heartbeat later, his father, slipping slightly on the loose gravel, bolted after him.

With branches grabbing at his face, the older man strained to catch sight of his son, but could not discern which fork in the path the youth had taken. The father ran straight on, faster than he had ever run before, and after a few moments began to hope that the surprised tiger had lost him. Soon, however, the crash of his own feet on the underbrush merged with thudding drumbeats on the ground behind him. He dove on through the swirling brush, no longer looking for the path, his pace declining slightly as his terrified heart sped faster and faster, but less and less efficiently.

Careening down another path not far away, his son heard, too, and then, despite her fervently murmured prayer to the Mother, the dreaded moment of silence came. Inevitably, an inhuman scream and a series of unearthly snarls rent the silence. Finally, nothing reached his ears but the slap of his own thick soles against the packed dirt of the path.



In Chapter 1, we mentioned the fight-or-flight reaction, and how it helps us to be on guard in stressful situations. It was this innate reaction of the nervous system that caused the hunters in our story to waste no time devising a plan for dealing with the saber-toothed tiger. The rush of adrenaline they experienced on first hearing the tiger's claws on the rock triggered more than 20 known physical reactions in their bodies. For example, their blood rushed to the large muscle groups of their bodies and away from their brains, and their breath became rapid and shallow. Some responses have specific tasks, such as the dilation of the pupils to improve focus and the hair stiffening on the upper back, which all animals use to make themselves appear larger. Most, however, have the effect of curbing thought and encouraging quick action.

Our hunters realized that weapons useful for killing small animals would be of no help in their dilemma, so they dropped them. Having chosen not to fight, they had to run. Over millions of years, nature had instilled this hormonal lifesaver deep in their primitive brains.

Although the fight-or-flight response did not save the older man, his son would probably have died too if he had paused to think of an innovative strategy for overwhelming the menacing beast.

It is ironic that even in modern times, with brains that have evolved tremendously, the ancient fight-or-flight response still fires up when your child perceives a threat. Today, children rarely confront the truly dangerous threats faced in prehistoric ages. Far more often, anxieties are provoked by concerns of a psychological or social nature. One example would be the fear many children feel when they hear news of school violence. The danger of their school being similarly victimized is slight. Because they *perceive* themselves to be vulnerable, however, the flight reaction kicks in. Children may experience anger at the upturned faces of the audience (fight – the “dragon with a thousand eyes”) and simultaneously have a fervent desire to run off the stage and hide (flight). But those are not considered appropriate responses. Modern children need a third alternative, one that will allow them to use their heads coolly so that they may successfully meet the challenge.

An unfortunate side effect caused by the fight-or-flight response is increased vigilance. Vigilance means being in a constant state of watchfulness – on the lookout for potential pitfalls. Being alert is usually an asset, but it can become a handicap when children exaggerate slight dangers. Vigilant children needlessly use energy in a constant surveillance of the environment. At this point, vigilance becomes “hyper-vigilance”.

The first step in combating anxiety is helping your child calm her nervous system so that she is not perpetually alarmed. It is true that most anti-anxiety strategies begin by marginally increasing distress, but the goal is always to master it. Calming is the focus of this chapter, which corresponds to the first component of the COPE method described in Chapter 1 (C = calming the nervous system). Later in this chapter, we will present a variety of techniques and activities that can reduce the harmful effects of stress, through relaxation of hyper-vigilance. Subsequent chapters will focus on the three other components of the COPE method, which will ultimately provide you with a complete toolbox of strategies to help alleviate your child’s anxiety.

First, however, an understanding of the nature of increased stress in our lives, and how the human body deals with it, will improve your ability to teach your child how to relax.

## **The General Adaptation Syndrome**

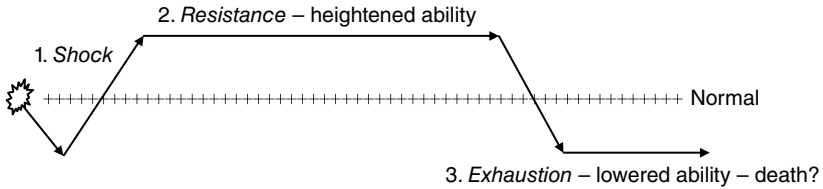
In 1936, Hans Selye (the father of stress research) was studying a little-known ovarian hormone, which led to the discovery of the “general adaptation syndrome”.<sup>1</sup> In one of his experiments, hormones from cattle ovaries were injected into rats to see what changes would occur. Selye was surprised to find that the rats had a broad range of reactions:

- The cortex became enlarged and hyperactive.
- A number of glands shrank.
- Deep bleeding ulcers occurred in both the stomach and upper intestines.

Further experiments showed that these reactions occurred in response to all substances toxic to rats, regardless of their source. Selye called this syndrome an “alarm reaction”. He described it as a generalized call to arms of the body’s defensive forces. Seeking to gain a fuller understanding of the syndrome, he wondered how the reaction would be affected if stress were present for a longer period of time.

He found that a rather amazing thing happens. The animal usually survives the initial alarm, and then enters a “stage of resistance”. In this second stage, an almost complete reversal of the alarm reaction occurs. Swelling and shrinkages are reversed; the adrenal cortex, which lost its secretions during the alarm stage, becomes unusually rich in these secretions; and a number of other shock-resisting forces are strengthened. During this stage, the animal appears to have adapted successfully to the stressor.

If the stressor continues, however, a gradual depletion of the organism’s strength occurs. Eventually this leads to a “stage of exhaustion”. Now the physiological responses revert to their condition



**Figure 3.1** The general adaptation syndrome

during the stage of alarm. The ability to handle the stress decreases, the level of resistance is lost, and the organism dies. Figure 3.1 is a diagram of the general adaptation syndrome:

Selye suggested that all resistance to stress inevitably causes irreversible chemical scars that build up in the system. These scars are signs of aging. Thus, she said, the old adage that you shouldn't "burn the candle at both ends" is supported by the body's biology and chemistry.

### *Risk and resilience*

Individuals who deal well with stress are said to have resilience. They rebound quickly when challenged by the inevitable stressors of daily life. In recent years, researchers have become interested in studying the characteristics of resilient individuals.<sup>1</sup> The stressors that individuals experience are called "risk factors". Risk factors include:

- Poverty.
- Highly sensitive nervous system.
- Chronic illness.
- Parental mental illness and drug abuse.
- Exposure to violence through war or neighborhood tragedies.
- Family experiences of divorce and teenage motherhood.

<sup>1</sup> Saltzman *et al.* (2011)

Researchers have also identified “protective factors” (characteristics of resilient individuals that protect them from stress). Three kinds of protective factors have been found so far:

- Family environments.
- Support networks,
- Personality characteristics.<sup>2</sup>

An element related to each of these three variables is that females tend to suffer more from domestic violence than males. Women around the world who suffered from domestic violence also experienced controlling behaviors by males in their lives. Domestic violence tended to occur less in industrialized areas than in less developed areas.<sup>3</sup>

### *Hormonal factors in resilience*

Often when anxious children become alarmed, their adrenals send out too many neurotransmitters (hormones), making them all the more keyed up for the fight-or-flight response. This overload of hormones occurs because of mental errors (for instance, exaggeration of the real threat), but also because of physiology. The most common physiological complications are hyperadrenalism (overproduction of adrenal hormones), excessive ACTH (a hormone in the pituitary that can release too much adrenaline), hypoglycemia (the imbalance of proper blood sugar levels), and hyperventilation (breathing so rapidly that there is too much oxygen in the system).

Although this book is about helping children help themselves, there may be physiological complications that require the expertise of a doctor. If you find that, after having tried some of the methods described in this chapter, your child is not having much success relaxing, then options such as medication should be considered. This is also the case if your child regularly has an exaggerated alarm reaction, such as a high heart rate or trembling that cannot be reduced significantly within about five minutes.

<sup>2</sup> Population Reference Bureau (2007)

<sup>3</sup> Fowler (2007)



### ***Why Children Worry***

Dr Edward Hallowell, author of *Worry: Hope and Help for a Common Condition*,<sup>4</sup> shares the following insights:

“Children worry. Sometimes adults forget how many worries fill even the happiest childhood. This is because childhood is a time of ‘firsts’, of doing so many things for the first time. The first of anything is a little scary. The first day of school. The first sleepover. The first piano lesson. The first class in a foreign language. The first kiss. Exciting moments, but all potentially fraught with worry.

“In some ways, worry is what makes childhood so memorable. We remember how much we worried about such little things. Being popular. A pimple. Grades. Hitting a baseball. Being picked for... anything.

“With any luck, children learn to get information to inform their worries and to help calculate their risks. They learn how to get comfortable with a certain amount of danger and when to pull back or go for help.”



This chapter features an abundance of activities for you to do with your child. Some physical activities are primarily aimed at the sub-cortex of the brain, where the hormones will be affected and will change the way your child is feeling: the physiological reaction ignites the calm that follows. Other activities are designed to affect the cortex, and thus involve more active thinking. Still other activities target the autonomic section in the brain stem. Whichever ones you think will be most appealing to your child, be sure and try one or more of each kind, because you can never tell in advance which one will prove most successful. However, you are the expert where your child is concerned. These activities are designed to be tailored to fit the needs of your own, unique child.

<sup>4</sup> Hallowell (2010)

## Physical Methods

Some children find that they can calm themselves best through physical means. It has been found that male youths do better when using these methods, but quite a few teenage girls like them too.<sup>5</sup> This section offers a set of exercises that are quite different from each other. The more of them your child tries out, the more likely she is to find a good fit with her needs.

### ACTIVITY



### Scrunch those Muscles!

*Target age:* 6–10.

*Goal:* To release tension in muscles pervaded by lactic acid. Especially recommended for boys.

*Materials needed:* None.

*Script:* You can calm your nerves by tensing as many muscles in your entire body as you can. If you are in a public place like school, you will probably want to do this in private, such as a toilet stall in the rest room, standing or sitting, as you prefer. Start by clenching your fists and flexing your arm muscles. Now tighten your leg muscles. Finally, clench your teeth, your neck, and your abdomen. Now hold your breath for a count of six seconds (say one-Mississippi, two-Mississippi, up to six). Now completely relax. Assume the “open posture” (next exercise). Notice how your heart has slowed down? Do you feel calmer?

*Adjust for older children:* Increase breath-holding time to 10 seconds.

<sup>5</sup> Dacey *et al.* (1997)



**ACTIVITY****Fill the Space around You**

*Target age:* 6–15.

*Goal:* Reduce cortisol level in blood.

*Materials needed:* None.

*Script:* This is a strategy you will think must be magic! It has been found<sup>6</sup> that how you sit or lie can greatly affect the cortisol level in your blood. This hormone affects another, adrenaline, which as you know is the source of hyper-vigilance, the cause of the fight-or-flight syndrome. If you have a tightened posture, with your legs crossed, your head forward, and your arms crossed on your chest, cortisol goes up. If you open up by spreading your arms wide, uncrossing your legs and throwing your head back, like magic your cortisol level drops. It doesn't matter if your mind is prey to anxious thoughts, the effect occurs anyway! Always be aware of this aid when you start to become frightened.

**ACTIVITY****Massage Therapy**

*Target age:* 6–15.

*Goal:* To recognize the sensation of relaxation, which then can be remembered and recreated on future occasions.

*Materials needed:* Exercise mat or soft blanket, relaxing music, and candles.

<sup>6</sup> Hennig *et al.* (2014)

Massage is a great activity for you and your child, since it involves spending time together and getting to know each other better in a completely relaxed setting. Before starting this activity, be sure to choose a time when you and your child won't be interrupted. Have your child lie on the floor, on top of a thin pad or soft blanket. Put on some soft music or other soothing sounds. Dim the lights or light an aromatic candle. You want to create a special atmosphere where your child is able to let go of tensions.

Some children may prefer to lie down on a foam mat or pad. Loose clothing is a good idea. With a younger child, take her pulse rate; have adolescents do it themselves.

## ACTIVITY



### Know Your Best Exercise Heart Rate

*Target age:* 11–15.

*Goal:* To introduce your child to her heart rate and foster awareness of her ability to both raise and lower it.

*Materials needed:* Wristwatch or clock, which must have a second hand; paper and pencil.

*Script:* Introduce this activity by explaining how to calculate your child's target heart rate (**THR**):

Subtract your age from 220, then multiply the result by .7 and by .85. These two numbers yield the range within which your THR should fall. When your pulse is taken within five seconds of working out, your pulse should be somewhere between these two numbers. Thus if you were 10, your THR range =  $220 - 10 = 210$ ,  $\times .7 = 147$  and  $210 \times .85 = 179$ . The range for your THR is between 147 and 179. Take your pulse by pressing two fingers into your carotid artery (the side of your neck) for one minute. It's just as accurate if you take it for

20 seconds, then multiply by 3. That gives you beats per minute. What would be your best THR?

Give your child time to compute it:  $179 - 147 = 32$ ,  $\times .5 = 16$ . And  $147 + 16$  yields a mean score of 163 beats per minute – her THR. That's right, your THR would be halfway between 147 and 179, which would be 163. Good work!!

Most children's pulses are between 60 and 80 beats per minute. Aerobic exercise usually brings it up to between 140 and 180. Now have your child do some aerobic activity for five minutes and ask her to take her pulse again. Note the differences with your child, allowing her to see that her pulse rate is significantly higher than it was before she did the aerobic activity. She may be surprised at the difference, and you can remind her that she can lower her rate by taking deep breaths. Taking her pulse after a cool-down period is a nice way to make a final comparison between pulse rates before, during, and after aerobic activity.

*Adapt for younger children:* If your child is still too young to do the math, do all the calculations for her, but explain what you are doing.

## ACTIVITY



### Learning to Use an Oximeter

*Target age:* 11–15.

*Goal:* To introduce your child to her heart rate and foster awareness of her ability to both raise and lower it.

*Materials needed:* Pulse oximeter (on Amazon for \$19).

Another excellent physical strategy is biofeedback, which involves measuring a biological trait such as changes in blood pressure, heart rate, skin temperature, amount of sweat, or galvanic skin

response (GSR) on the hands. Biofeedback is information about one of these traits that is continuously reported to the person being measured. It has been found that when people are aware of their scores on these biological indicators, especially when they are striving to relax, they are able to reduce their scores and thus their stress level. The actual process of biofeedback appears to take place in the unconscious. It is unknown why some people are better at using biofeedback than others. However, almost everyone experiences success if they practice with biofeedback techniques. More importantly, they become better able to calm themselves even when they are not receiving the biological information.

The oximeter is a simple, portable tool that clips comfortably on a child's fingertip and measures heart rate in real time. This instrument is available at your local pharmacy or medical supply store for a higher price than online. Other types of biofeedback machine offer more kinds of biological feedback, but they cost much more (<http://www.pulseoximeter.org/>). Of course you could just take the child's pulse using your fingers and the second hand of your watch, but the power of this strategy comes from her watching her pulse-rate number on her own and recording the results. Tracking progress for at least a month's time is the minimum for reliable results.

You should approach this exercise as a kind of experiment with your youth. Place the pulse oximeter on her pointer finger and wait a moment or two until the meter registers her pulse rate. Record that number. You can create a tracking record over days or weeks by copying the Anxiety Tracking Record form in Figure 3.2 (you can also use the form in the next exercise).

*Script:* First I am going to clamp this device onto your finger. Comfortable? I want you to look at your heart-rate number on this little monitor. Okay, write it down here on this chart. Now you are going to try to control your feelings simply by changing your thoughts, and that will make the number in the window on the monitor go down. Close your eyes, relax, and breathe slowly. [Pause.] All set? I'm not going to tell you anything except that your job is to lower your heart rate. Relax any way you can. Just imagine that your pulse is slowing down. You can do it!

	Date	Time of day	Situation	Starting pulse rate	End pulse rate	Change	Start hand temperature or GSR level	End hand temperature or GSR level	Change
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

**Figure 3.2** Anxiety tracking record

After a few moments have your child open her eyes and read the pulse rate on the oximeter. Almost certainly, it will be a lower number than before. Tell her to record the new number on our tracking sheet. Compare the two numbers and talk about any differences she feels, physically and emotionally, with a higher versus a lower heart rate. Try this technique again, to see if she can get an even lower number.

Practicing during a relaxed time for a period of a few weeks will help your child learn the effects of biofeedback, and understand its value during stressful times. The next step, when she is better at lowering her pulse, is to try this exercise when she is really under serious pressure, such as the day of a big test or some on-stage performance in school. If she can lower her stress level before she leaves for school, she can do it just before the event, and will be more confident and successful.

*Adaptation for younger children:* Instead of using imagination, show your child a brief video of a calming scene (for example, [youtube.com/watch?v=aAQy0r\\_6h2w](https://www.youtube.com/watch?v=aAQy0r_6h2w)). Ask her to close her eyes, relax her muscles, and breathe slowly. Otherwise, the exercise is the same as for older children.

## ACTIVITY



### Hand Temperature (or Galvanic Skin Response – GSR)

The stress response also involves increased sweat gland activity. Hence frightened people usually have cold and clammy hands. Biofeedback training can train the body to achieve a more normal response pattern (warm and dry hands).

*Target age:* 6–10.

*Goal:* To show your child how to both raise and lower her GSR.

*Material needed:* A hand thermometer or GSR sensor does the job. The Stress thermometer (on Amazon for \$22) has the advantage of giving a specific number value for stress levels that can be compared over time, to check improvement and for degrees of reactions to different stressful events.

The GSR sensor is a somewhat more accurate measure of stress, but costs more. For example, the GSR2 (on Amazon for \$70) monitors stress levels by translating tiny tension-related changes in skin pores into a rising or falling tone. By resting two fingers on the sensing plates, your child will learn to lower the pitch of the sound the instrument makes, and thus her stress level.

*Script:* **Now we are going to try to help you control your fear level by relaxing your muscles. Let me clip this little cartridge onto two of your fingers (or place your fingers into these two grooves).**

*The best way to relax your muscles is to tighten all of them by making yourself as tense as possible, and then completely letting go. You will look a little funny when you do this. For example, you will probably grimace. To avoid doing this exercise in public, just find a private place like a bathroom to do it in. [Pause.]*

*All set? Now scrunch all your muscles up, as tight as you can. Hold it while I count to 10. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. Now let go completely. See how the meter (sound) on the machine shows a lower level of tension (goes down)? Do you feel more relaxed? With practice, you can become more serene even without the biofeedback machine!*

*Adaptation for older children:* Do not provide any other information on how to relax. Let the youth use whatever method she likes. You might not even suggest relaxing. Just tell her to try to lower the stress indicator anyway she can.

## Psychological Methods

For some children, the physical techniques present in the previous section work best. However, there are many for whom mental methods are more effective. Although some of the strategies in this section have a physical component, they rely mainly on psychological techniques for their calming effect.

### ACTIVITY



### Using an Amulet

*Target age:* 6–10.

Suppose your child worries about the crash of thunderstorms, or that big dogs might bite her. You and your family have decided that designing a ritual in which you all participate weekly could be

a big help to her. You have concluded that an amulet should be the centerpiece of your rite (this ritual worked well for my five-year-old granddaughter – JD).

*Materials needed:* An amulet is a symbolic object, which can be imbued with calming power to relieve your child's fears. It could be a small stone, a religious medal, or a baked, painted, and shel-lacked heart. She could select one of the first two, or help with the last one. Start with a family discussion. Your child needs to see that the family cares about her, and wants to take care of her if she agrees to participate in this ceremony.

*Script:* (Child's name), your family is gathered here this morning to help you deal with your fearful feelings. We know you are frightened by snakes and spiders. We love you and we feel very sad that you're experiencing such fearful feelings. Would you please describe for us what it feels like? For example, she might say she is afraid a snake or a spider is going to attack her and suck out all her blood. Who wouldn't be scared if they thought that might happen?

Ask family members to help your child pick or design the amulet, as well as to plan the ritual within which it will be strengthened. One approach would be to take her to a hobby store where they sell a variety of beads with holes in them. Tell her to pick out enough beads to make a 20-inch necklace. The necklace then becomes her amulet. She might wear the necklace all of the time (inside or outside her clothing, as she wishes), or only when she feels afraid. During the family ritual, the necklace should receive the prayers and good wishes of all the family members.

The empowering of the necklace should take place at the end of each week until the ritual sessions have done their job: the amulet has eliminated the overwhelming fear (there still may be some nervous feelings when a spider appears, but they are manageable). The family might hold a discussion with your child about how her week has gone. Then say,

Have you had frightened feelings this week (such as when we spotted a snake when we went hiking last Saturday, for example)? What did



you do when you were scared? Did your necklace help? Did you imagine all of us being with you, protecting you from harm?

Family members should be sympathetic with her feelings without agreeing that such a fear is natural. If she wishes, they should offer her suggestions about how she might be more successful in dealing with her anxiety in the week to come.

Finally, at each session, there is the re-empowering of the amulet. All family members put their hands on it simultaneously, and while touching it, each person speaks lovingly of her or her wish/prayer that the child will be freed from all fear.

*Adaptation for older children:* An older child might be more comfortable with a ritual that she does herself in the privacy of her own room. She may be embarrassed by her need for the necklace amulet. It should still be blessed by the family, but it might be kept in a small, special box on her bedside table and worn only when she goes into the woods or a field.

## ACTIVITY



### Make a Personal Punching Pillow

*Target age:* 6–10.

*Goal:* To release tension in a non-threatening activity.

*Materials needed:* Paper, crayons or markers, a safety pin, and a pillow or cushion.

Although venting tension by harming others is unacceptable, punishing an object that represents the upsetting situation can be a healthy outlet for your child. Have your child draw a picture of a stressful situation or person. Explain to your child that her actions are meant to help her release her feelings so that she can think about things in a more calm and rational manner.

*Script:* Draw me a picture of what is making you scared or angry. When you are finished, pin your drawing to this old couch cushion. Then hit the drawing as much as you need to to express your upset feelings.

Alternatives might be stamping on the picture, crushing it into a ball, or scribbling on it. Each of these activities can release tension and allow your child to express feelings that are sometimes difficult to talk about. Once the pent-up energy is released, you will be surprised at how much easier it is to talk with her about the anxiety-provoking situation or person.

In some cases, mildly violent activities increase, rather than decrease, children's anxiety. You will know best what type of venting will work well with your child's personality. Less physical alternatives for children include talking to the picture ("I'm not afraid of you!") or generating a list of adjectives describing the person or situation. Tensions may also be vented by such neutral actions as squeezing a tennis ball (ball of clay or dough, spring-type hand exerciser) or your child singing at the top of her lungs.

*Adaptation for older children:* Sculpting figures from soap or clay, representing the situation with a miniature stage setting made from popsicle sticks or pipe cleaners, etc.

## ACTIVITY



### Visualization

*Target age:* 11–15.

*Goal:* To release tension through visualizations.

*Materials needed:* None.

The ability to visualize, which may include mental notions of taste and touch as well as sight, is truly vital to anxiety control. The ability

to imagine physical conditions and desired outcomes plays a role in a number of the techniques we are recommending in this book.

Our research has found that inner-city children are less skilled in this area than suburban youngsters.<sup>7</sup> In fact, inner-city children are less likely to have been asked to imagine things in general – this is not a priority when there are more urgent needs that need to be met. Relaxation in general and control of anxiety in particular demand good visualizing skills, and the only way to get them is through practice.

Here are some images we have used in our research on the visualization abilities of students. You may want to try these images yourself or with your child:

- “Can you see your own name clearly in your mind?”
- “Can you spell it backwards?”
- “Can you spell ‘bus stop’ backwards with your eyes closed?”
- “Can you picture what an elephant looks like?”
- “What kind of ears does it have?”
- “How many notches does it have on its trunk?”

*Adaptation for younger children:* You may choose to use the list rations from children’s books in a manner similar to that described above.

## ACTIVITY



### “Ouch!”

*Target age:* 11–15.

*Goal:* To use sensory experience to stifle negative thoughts.

*Materials needed:* Strong rubber band.

<sup>7</sup> Dacey *et al.* (1993)

Ask your child to wear a rubber band around her wrist and snap it against the inside skin as soon as she imagines something frightening happening to her. Most children find that this soon eliminates their obsessive thinking, because their minds quickly associate the anxious thoughts with the uncomfortable sting, and avoid it. As with the exercise on venting emotions presented earlier in this chapter, you need to be careful that this activity does not itself provoke anxiety.

*Adaptation for younger children:* A less painful alternative might be some boring task such as turning the hands of a watch 12 hours forward or reciting a long dull poem. If the child forces herself to perform a boring activity each time the catastrophic thought occurs, a negative association will occur.

## ACTIVITY



### Scale Those Fears!

*Target age:* 11–15.

*Goal:* To interrupt your child's anxious obsessions and reduce their severity.

*Materials needed:* Index cards, pen or pencil.

Creating a fear scale allows you and your child to chart fearful episodes. Over time, this tends to reduce their severity.

*Script:* Write each fearful episode down on one of the 3 x 5 inch cards in Figure 3.3. Assign a score of 10 to them. Now try to recall two situations when you were completely relaxed. Write them on cards. Assign a score of 1 to these. Finally, try to think of two times when you felt halfway between these two extremes. These are level 5 anxieties. Write them on two other cards. Now you have examples you can compare to what happens the next time you feel anxious.

Date	Anxiety level #	Feelings	Thoughts

**Figure 3.3** Anxiety level chart for feelings and thoughts

Any time your child experiences anxiety above level 3, as soon as possible she should find a private place and fill out a line on the card. Performing the self-analysis this task requires will help to calm her. Even more importantly, it will help her establish a documented pattern that will be invaluable in creating imaginative plans for handling the situation in the future (more on this in Chapter 4).

*Adaptation for younger children:* If your child is in the beginning writing stages, she can dictate her feelings for you to write on the cards. Ask her to pick an appealing scene from one of her favorite books. Then have her pick a scene that she finds frightening. Continue picking scenes of each kind until she has an array of scenes that she can rank from high to low. You can then discuss with her why she made those ratings – a wonderful source of insights for you!

## ACTIVITY



### The Yogic Sponge

*Target age:* 6–15.

*Goal:* To reach a deep state of relaxation and emotional serenity.

*Materials needed:* Exercise mat, thick blanket, or rug.

First suggest to your child that she begin by lying down on a firm but cushioned surface. Read this script in a soft, soothing voice. It is written for older children and teens; the script will

need to be simplified for younger children. You may want to record your reading so that your child can play the tape whenever she wishes.

*Script:* Put your hands beside you with your palms down, then let them turn up by themselves naturally. Let your feet spread apart a little bit. Get stretched out and try to get yourself in a nice relaxed position. The idea is to go on a mental trip. Instead of going on a trip away from home, you're going into the deepest part of yourself, your own personal home. This is a time specifically just for you, nobody else. You're going to be thinking only about getting yourself into position, so that you can do some really good relaxing. [Pause.]

Concentrate on your feet, especially your toes. Wiggle them around a little bit. Tense your feet up a little bit if you want to, pull them toward you, and then just let them go. Let them just relax completely. That's really good. [Pause.]

Now let this feeling of relaxation spread up into your ankles, shin-bones, up to your knees. You may want to straighten your legs out and bend them just a little bit. Make sure the tightness is out of your knees, then let this mellow feeling move up your thighs. Your muscles are letting go and now your legs are starting to become very, very heavy. They are pressing down against the rug and maybe almost through the rug. It feels wonderful to just lie there and sink deeper into this state of serenity. [Pause.]

This feeling now is beginning to spread up into your hips and your lower abdomen, up into your stomach. It is beginning now to filter into your chest. Notice that as you start to relax, breathing now becomes slower. In fact, you can take a deep breath, hold it for a while and let it go. Try it now – I'll count so that you can tell how long to do each of these three tasks.

First let all your breath out – all your breath. Now you're going to inhale: one, two, three, four, five, six, seven, eight, let it out, two, three, four, five, six, seven, eight, hold it two, three, four, five, six, seven, eight. As you practice this, you're going to become just like a sponge, just lying there soaking things up. You want to get your

breathing to start to become slower and slower and deeper and deeper. Not just in your chest, but down in your belly. [Pause.]

Now let the feeling spread into your shoulders. Scrunch your shoulders up a little bit, wiggle them around, and make sure that they really let go. Let them “fall” into the floor, so that your entire body now feels very, very heavy. [Pause.]

This feeling of heaviness is starting to move through your shoulders into your upper arms, down through your elbows, and now it’s flowing down into your forearms. Your arms are becoming very heavy. [Pause.]

This feeling is now going into your palms, the backs of your hands, slowly going out through your fingers and your thumbs, a feeling of heaviness and deep relaxation. [Pause.] Now return back up through your shoulders and into your neck. [Pause.]

Let this feeling come up through your chin, up through the back of your head, and into your face. Your mouth is probably a little bit open, because you’re doing nice deep breathing in through your nose and out through your mouth, feeling it up through your nose and cheekbones, even your ears. Concentrate on total, total relaxation. [Pause.]

Next check your eyes and make sure that they’re just barely closed. Let this feeling of relaxation go up now through your forehead. It’s a very lovely, heavy feeling. The feeling is now up through your scalp and you’re extremely relaxed. [Pause.]

Your whole body feels like a big, big heavy rock. It’s very pleasant. You have no responsibilities except to make yourself relax. Now I would like you to concentrate on that part of your face that is directly between your eyes and the top of your nose. Imagine that a magical golden fluid is starting to pour into your head through this special opening in the center of your forehead, down right between your eyes. You feel a golden yellow liquid, like honey, a warm relaxing fluid, just tremendously relaxing as it moves into your head now and fills your head and down through your neck. [Pause.]

You feel it flowing down inside, down through your shoulders and your arms, through your hands. It gives you total peace. Now it’s starting

to flow to fill your entire upper body, starting to flow into your legs. Slowly but surely you feel this warm, relaxing sensation surge down through you, down through your knees, down through your shins and your calves, total relaxation and a sense of safety and peace. Total peace floods through you and now down through your ankles into your feet, all the way through your feet down to your toes. And now your entire body is filled with this serene, warm, golden fluid. [Pause, then speak in a slightly softer voice.]

Instead of feeling heavy now, you notice that you've developed a feeling of lightness, as though you're floating. You're completely relaxed. You're thinking of nothing but the warm, very comfortable feeling that you're getting from this. And you're sinking down into it. You're letting yourself just be filled with this. You hear my voice very well, but it seems like it's from far away. And you find yourself drifting farther and farther away. You're thinking of nothing, nothing at all, but the peace that's there. You may want to picture a scene, like looking at the ocean or some other beautiful place. You do not feel sleepy, you do not feel tired at all, you feel just very, very comfortable, very safe, at peace. [Pause.]

You're filled with peacefulness, you're filled with the wonderful sense of freedom. Nothing's bothering you at all. You're at peace. You are now down in a very special, safe place, deep inside yourself, completely relaxed and completely safe. [Pause.]

All right, now start to think about coming back up to the surface again. You feel yourself sort of floating back up. You have become so light and free that you're actually floating. As you start to re-enter the "outside world" you may want to just wiggle a finger. Do it slowly, at your own pace. Slowly come back. Move your feet around a little bit if you want to. As you feel ready to do it, open your eyes. Eventually you may want to get up on one elbow. [Pause.]

Gradually get yourself up to a sitting position. And get ready now, because I'm going to turn the light back on. Now think back. Do you feel calmer? Happier? More mentally alert? Would you like to do this again sometime?



## Spiritual Methods

If your child has spiritual beliefs (for example, faith in God or some other beneficent supernatural force), the techniques in this section can be most effective. There are many ways to pray, including some for those who don't believe in God. She needs a positive view of the spiritual but she need not be religious. Numerous studies have demonstrated the power of a belief in some sort of higher power on recovery from illness or surgery, for example.<sup>8</sup> We will expand on the spiritual aspects of anti-anxiety strategies in the next two chapters.

### ACTIVITY



### Serenity through Prayer

*Target age:* 11–15.

*Goal:* To calm your child's anxious reactions.

*Materials needed:* None.

*Script:* There are many ways to pray. I am going to teach you three prayers you can use to calm yourself. These words have been chosen for their ability to bring peace to your troubled mind. With this kind of praying, you can get a new point of view that allows you to see a bigger picture. This prayer method quiets the alarmist messages being sent to your brain, and replaces them with a sense that all is well. Here are examples of the kind of prayer I mean:

"Spirit of Life, grant me the serenity to accept the things I cannot change, courage to change the things I should, and the wisdom to know the difference."

<sup>8</sup> Benson (1985); Morrison-Valfre (2012)

Here's an even simpler prayer: "Please help me to find peace."

This prayer is one composed in the twelfth century by St Francis of Assisi:

"Lord, make me a channel of thy peace.  
 Where there is hatred, I may bring love.  
 Where there is wrong, I may bring a spirit of forgiveness.  
 Where there is discord, I may bring harmony.  
 Where there is error, I may bring truth.  
 Where there is doubt, I may bring faith.  
 Where there is despair, I may bring hope.  
 Where there are shadows, I may bring light.  
 Lord grant that I may seek rather to comfort than to be comforted.  
 To understand rather than to be understood.  
 To love than to be loved.  
 For it is by self-forgetting that one finds.  
 It is by forgiving that one is forgiven.  
 It is by dying that one awakens to Eternal Life.  
 Amen."

Repeat any of them often, and peace WILL come!

*Adaptation for younger children:* Use only the second prayer above, worded as you will.

## ACTIVITY



### Serenity through Rhythmic Prayer

In this type of praying, words or actions are repeated. This repetition is reflected in the drums and dance songs of pre-industrial societies, as well as in the strands of beads used in prayer by Buddhists and Catholics. The use of beads in the recital of prayers

has long been known to quiet the nerves and prepare the mind for effective problem-solving. In times of duress, the ritualistic repetition of prayers often brings peace to the mind, mainly through its effect on the sub-cortex of the brain.

*Target age:* 6–15.

*Goal:* To calm your child's panicky mind.

*Materials needed:* Recording of Tibetan monks chanting (on Amazon for \$10: [amazon.com/Tibetan-Tantric-Choir-Gyuto-Monks/dp/B000000NIB](https://www.amazon.com/Tibetan-Tantric-Choir-Gyuto-Monks/dp/B000000NIB)).

*Script:* I am going to play a recording of Tibetan monks chanting. While listening, tap your hands and feet to the rhythm of their singing. Relax your mind and concentrate only on the music. Eventually you will find yourself calming to the point of falling asleep.

*Alternative:* Listen to any repetitive sound, such a train moving along tracks or water dripping, and clap your hands at the exact second of each sound.

## ACTIVITY



### Making a Worry Cord

*Target age:* 11–15.

*Goal:* To find a sense of calm through a spiritual connection.

*Materials needed:* Five small objects, which can be attached to a cord (religious medals, small clamshells, and so on) and 10 inches of smooth heavy cord.

Any child can learn to use a “worry cord” as a way to quiet her nerves and prepare her mind for effective problem-solving. If your child also believes that the objects on the cord are imbued

with special properties (for example, belonged to a deceased relative), then their efficacy is even greater. The spiritual aspect of this activity is not necessarily religious, but the repetitive nature of moving and holding the objects on the cord creates a serene and peaceful mentality that is ultimately relaxing. There are many variations on this activity, depending on your family's spiritual practices and beliefs. Rosary beads used by Catholics would be an instance.

1. Help your child secure the five small objects of her choice loosely on the cord. Let her select the colors and shapes of the objects. When you get home, sit with your child as she attaches the objects to the cord, and ask her to talk about them as she places them on the string. You may find that certain colors or shapes hold special meaning for her of which you were unaware.
2. When your child has completed the worry cord, she may use it in any way with which she is comfortable. Feeling them between her fingers as she listens to and sings a favorite song is one option.

Even if there is no prescribed use for the beads, the mere repetition of moving them along the string is calming in itself. Since the use of beads in public may draw unwanted attention to your child, such as in the classroom, you might provide her with an unobtrusive substitute, such as a "magical" flat stone. The stone can be turned in her pocket each time she recites a calming phrase. *Adaptation for younger children:* Younger children may find repeating a familiar song from the *Lion King* or *Barney* while moving the beads will be more effective.

And now – on to developing a plan of action!

## COPE Step Two

### *Originating an Imaginative Plan*

In one sentence, we can tell you the secret of originating an imaginative plan, one that really works: Come up with a bunch of plans!

Studies have shown that the ideas we first produce tend to be mundane and ineffective, no matter what the problem.<sup>1</sup> Only when we dig more deeply do we get our best ideas. That's essential, because originating an imaginative plan is a vital step in recovery from anxiety. Here's why:

- Most anxious children are above average in creativity.<sup>2</sup> This trait should be a great asset to them, but they tend to quash it. Their excellent imaginations often conjure up scenarios of potential dangers, which they try to block. They need more than most people to overcome this suppression and open up their minds to original anti-anxiety plans.
- When children do design their own procedures, they are more likely to be invested in them; so self-designed procedures have a better chance of succeeding.

<sup>1</sup> Mednick (1962); Dacey and Conklin (2013)

<sup>2</sup> Reviewed in Dacey and Conklin (2013)

- Because many anxious feelings are based on deep-seated, unconscious thoughts, they often appear to be about one thing but are really about another. It takes creative problem-solving to get to the bottom of the syndrome.

What makes up a real solution? Whatever works. You and your child are encouraged to design activities that are a good fit for him. Because every child's anxiety problems are uniquely personal, each plan is likely to be different. Also, you will probably make changes along the way. Whatever the case, imagination is essential.

So, what precisely do we mean by originality? Mednick's "remote associates" model<sup>3</sup> is a great place to start. Before we explain Mednick's approach, you may want to respond to the questionnaire in the remote-association questions below. After you have tried figuring out each of the items, if you think your child could answer some of them, it would be helpful if he were to try too.

## ACTIVITY



### Remote Association

*Target age:* 11–15.

*Goal:* To illustrate the imaginative thinking trait known as "remote association".

*Materials needed:* Pencil and paper, numbered from 1–18.

*Script:* In this questionnaire you are presented with three words and asked to find a fourth word that is related to the other three. First try this example: What word do you think is related to these three?

<sup>3</sup> Mednick (1962)

cookies sixteen heart \_\_\_\_\_

The answer in this case is "sweet". Cookies are sweet; sweet is part of the phrase "sweet sixteen", and is also part of the word "sweetheart".

Here is another:

poke go molasses \_\_\_\_\_

You should have written "slow" in the space provided. "Slow poke", "go slow", "slow as molasses." As you can see, the fourth word may be related to the other three for various reasons. Now try these, and write your answers after the question's number on your sheet.

- |     |           |            |           |       |
|-----|-----------|------------|-----------|-------|
| 1.  | flap      | tire       | beanstalk | _____ |
| 2.  | mountain  | up         | school    | _____ |
| 3.  | package   | cardboard  | fist      | _____ |
| 4.  | surprise  | line       | party     | _____ |
| 5.  | madman    | acorn      | bolt      | _____ |
| 6.  | telephone | high       | electric  | _____ |
| 7.  | hair      | income     | fish      | _____ |
| 8.  | cream     | bulb       | heavy     | _____ |
| 9.  | up        | knife to   | bandaid   | _____ |
| 10. | snow      | wash       | black     | _____ |
| 11. | out       | home       | jail      | _____ |
| 12. | slugger   | belfry     | ball      | _____ |
| 13. | stage     | game       | actor     | _____ |
| 14. | Roman     | arithmetic | one       | _____ |
| 15. | cat       | color      | holes     | _____ |
| 16. | belle     | snow       | beach     | _____ |
| 17. | bark      | Eskimo     | ocean     | _____ |
| 18. | bell      | rings      | aisle     | _____ |

(Answers over the page.)



**Answers to the Remote Associates Test Facsimile**  
*(other answers may fit, but these answers are the ones that correlate to high creative thinking ability)*

1. jack
2. grade, high
3. box
4. party
5. nut
6. wire
7. net
8. light
9. cut
10. while
11. home
12. bat
13. play
14. numeral
15. black
16. ball
17. seal
18. wedding



Mednick believes that imaginative problem-solving happens when ideas already in the mind are associated in unusual, original, and useful combinations. Every image or concept we have in our minds, he says, is associated with other images and concepts. All the thoughts that are associated with a particular idea are arranged in a list. Those associations at the top of the list are most closely linked to the idea. As we move down the list, the strength of association becomes weaker and weaker. The weaker associated ideas come to mind less quickly.

The following gives an imaginary example of an idea and the strength of some possible associations.





### ***Sample Associations of the Word or Image “Bike”***

Strength	Associated idea
10	Ride
9	Fun
8	Transportation, red
7	Ten-speed
6	Fast
5	Mongoose
4	The hill on County Road
3	Mary and Jake
2	Wheels
1	Athletic supporter



Ten is the highest rating, indicating that the idea “ride” is closely associated with “bike”. Because “Mary and Jake” only gets a 3, this person’s association of “bike” with this couple is much weaker than for “ride”. The power of these associations only holds for some individuals, and would probably change in time.

When people think about solving a problem, they mentally cast about for an association that might serve as a solution. Most of us accept the first idea that seems to solve the problem. Mednick argues that imaginative people are those who go further down the list, searching for more unusual but higher quality associations to solve their problems. It is these remote associations that result in imaginative products. The poet Marianne Moore put remote associations together when she wrote of “the lion’s ferocious chrysanthemum head”. Although this billowy flower is seldom associated with ferocity, the apparent contradiction is appealing – it makes us see lions in a new and startling way.

Some people have very short lists of ideas that are strongly associated with each other. They can produce only a few associations. These

people are often rigid and dogmatic in their beliefs and tend to produce little that is imaginative. Others have longer lists of less tightly associated ideas and are not so threatened by being wrong. They have the flexibility that encourages the mental search for remote associations. Some of their freely associated ideas may be silly, but some produce really imaginative combinations. Most people fall somewhere between these extremes.

Again, if you or your child did not get a high score on this test, it does not mean that you are poor problem-solvers. Clearly that involves many other factors. However, if you found you do have a knack for this kind of thinking, the odds are that you have a gift that can prove most useful as you design anti-anxiety plans.

*Adaptation for younger children:* The difficulty of this test can be adjusted by making one or more of the props a word that is less closely related to the answer. For example, in #18, change one of the clues to “bride”. The higher the score, the more likely the child is to be a productively creative thinker.

Research indicates that everyone is capable of thinking far more imaginatively than they usually do.<sup>4</sup> If you try to develop the thinking traits illustrated in this chapter, you will become a more creative parent more quickly than you might believe. Furthermore, by sharing with your child the activities that illustrate these thinking traits, he can greatly improve his imagination too.

Secondly, each anxious child's faulty thinking is faulty in a different way. An important target of any anti-anxiety plan should be acquiring new insights into the real sources of your child's frightened feelings. He also needs to open his mind to new challenges and to new confrontations with his fears. By developing more imaginative attitudes and thinking skills, he can become more realistic in his perceptions and more rational in his interpretation of stressful situations.

In his book *Lateral Thinking*,<sup>5</sup> Edward deBono carries the idea of remote association one step further. He suggests a distinction between

<sup>4</sup> Dacey and Conklin (2013)

<sup>5</sup> de Bono (1970)

vertical and lateral thinking. Vertical thinking refers to problem-solving that moves in a straight line of only one chain of thought. This is like trying to reach a solution using only one list of mental associations. Vertical thinking is a rigid strategy that is unlikely to produce imaginative plans.

Lateral thinking means looking for alternative ways of defining or interpreting a problem. This approach is more flexible, and uses more than one set of mental associations. As deBono puts it, “Vertical thinking digs the same hole deeper; lateral thinking is concerned with digging a hole in another place.”

## ACTIVITY



### Lateral Thinking = Better Thinking

*Target age:* 10–15.

*Goal:* To encourage your child to think in imaginative, unique ways.

*Materials needed:* None, but a minimum of two players are required.

*Script:* A game that will help you to think laterally and which uses several common proverbs, such as “The apple doesn’t fall far from the tree”, “It takes one to know one”, or “A bird in the hand is worth two in the bush”. Think of as many of these proverbs as possible, and write down the first part of each on a 3 × 5 inch card. For example, you would write down “The apple doesn’t fall . . .”, “It takes one to . . .”, or “A bird in the hand is worth . . .”. The point of this game is to come up with funny endings. Put all your cards in a brown paper bag. Each player chooses a card from the bag and then has 15 seconds to come up with a different, funny ending for the saying. For example, if you pick “The apple doesn’t fall . . .” you might come up with the ending “. . . if you’re holding onto it really, really tight.” After all the cards are used, discuss which of the endings each of you found the funniest.

*Adaptation for younger children:* Use nursery rhymes instead of adages. Read the first line of a nursery rhyme to your child, then have him make up the next line, using his own silly ideas.

## ACTIVITY



### Desirable Mistakes

Ed Catmull, author of *Creativity, Inc.*, and President of Pixar and Disney Animations, had this insight about making mistakes:<sup>6</sup>

*“Fear is something to be ashamed of. This perception lives on long into adulthood, even in people who have learned to parrot the oft-repeated argument about the upside of failure. The early experience of shame is too deep-seated to erase.... Mistakes are not a necessary evil. They aren’t evil at all. They are an inevitable consequence of doing something new, and as such, should be seen as valuable; without them, we have no originality.*

*“And yet, even as I argue that embarrassing failure is an important part of learning, I also acknowledge that acknowledging this truth is not enough. That’s because failure is painful, and our feelings about that pain tend to screw up our understanding of its worth. To disentangle the good and the bad parts of failure, we have to recognize both the reality of the pain and the benefits of the resulting growth.”*

Thus our children need to endure and even embrace errors in their judgment. The strategies in the previous chapter will help deal with the fear factor. However, there is no substitute for accepting blunders and gaining from them. To do that, your child will need practice – in screwing up!

*Target age:* 6–15, as well as parents.

*Goal:* To provide experience with making a mistake and benefiting from it.

*Materials needed:* Pencil and paper.

*Script:* So, you know that making mistakes or not doing a perfect job can be a good thing. People who always try to do perfect work are called “perfectionists”. And they are often disappointed. To get used to this idea, to get practice at it, I would like you to set up a goal, and then fail to achieve it on purpose. I am asking you to pick some task at which you usually excel, and then I would like you to feel what it is like to do a lot less than your best. You choose the goal, fail to achieve it, then write a short essay on how that feels.

<sup>6</sup> Catmull and Wallace (2014, pp. 108–9)

Discuss with your child how his failure felt to him, then proceed: Okay, now we're going to design a plan for dealing with your fearfulness. Choose something that is really hard for you to do, such as petting a big dog. Got it? Okay, now try to face that fear by following your plan, but when it gets hard, give up!

How do you feel now? Are you ashamed of yourself? Do you feel kind of mixed up right now? Have you learned any lessons from this experience? Would you like to get a new, easier plan, and try it out? What will you do differently this time? If you reach your goal this time (because you made it an easier goal), what does that tell you about failing?

For this strategy to succeed – for your child to truly learn to have an improved attitude toward failing – you will probably have to experiment with the instructions. By trying out different ways of following this strategy, you and he should learn a great deal more about the exact nature of his syndrome, as well as about dealing productively with failure. We would especially like to hear from you about this – dacey@bc.edu. Thanks in advance!



### ***Yay, I Screwed Up!***

I (JD) know of an extremely bright young man who always got As in school. "What would happen if you didn't get an A?" I asked him. "I would feel terrible, but not to worry, it's not going to happen," he smiled. I explained Ed Catmull's ideas about failing to him, and his forehead wrinkled in thought. Several weeks later, toward the end of June when I saw him again, he said, "You're going to be proud of me – I purposely got a B+ in social studies!" He said he was much less stressed than he thought he would be, and he felt more in control of himself. He added, however, that he did not plan to make a habit out of it!



## ACTIVITY



### Asking Questions

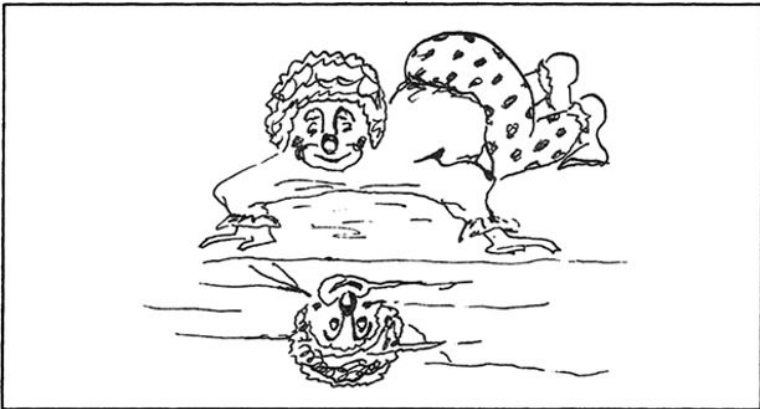
*Target age:* 11 to 15, as well as parents.

*Goal:* To provide exercise in flexible, original thinking.

*Materials needed:* Pencil and paper.

*Script:* The purpose of this activity is to get your imaginative “juices” flowing.

#### *The asking questions test*



Write down all the questions that you can think to ask about this drawing. For example, “What is the elf’s name?” Do not ask questions that can be answered just by looking at the drawing. For example, don’t ask, “Is he looking in the water?” Try to ask questions no one else would think of. You have five minutes to write down as many questions as you can.

*Scoring answers:* It would be better if you give this exercise to several children. Otherwise you can’t compare scores. Even if you only do it with your child, however, it is useful to score the test

now and after trying the other strategies in this chapter to see if you child is making gains in creative thinking. Compute a total score by adding together the subtotals for these four factors:

- Fluency – one point for the total number of meaningful questions generated.
- Flexibility – one point for the number of *different categories* of relevant responses made by each student. E. P. Torrance, who invented this technique,<sup>7</sup> found 21 categories:
  1. Characters outside the picture (for example, the elf's sister).
  2. Costume, clothes in general.
  3. Ethnic factors, race, religion, language, and so on.
  4. Description of physical characteristics of figure.
  5. Emotions, thinking, personality of figure.
  6. Family and home of figure.
  7. Ground surface (plane).
  8. Hat.
  9. Location, setting of figure, and situation.
  10. Magic.
  11. Occupation and work figure.
  12. Pants.
  13. Physical action related to reflective surface.
  14. Physical action unrelated to water.
  15. Reflective surface.
  16. Shirt.
  17. Shoes.
  18. Time, age, past, present, and future.
  19. Underwater.
  20. Meaning of picture as whole.
  21. Author's initials, criticism of art work, points of reference (size).
- Originality – one, two, or three points, depending on how rare each response was compared to those made by the other children participating in the experience. An example of a three-pointer may be “Does it dye its hair?”

<sup>7</sup> Torrance (2000)

Elaboration – one to two points for each question that *clearly* goes beyond what the picture shows. For example, one child asked, “Did he just toss his friend’s computer in the pond?” Two points for sure!

To gain a better feel for this strategy, you may want to do the test and score your own answers. A common response to this activity is to ask a question about the elf’s hat or shoes, and then to ask several more questions about that item. This is in accordance with the directions, but it is not as imaginative as if all questions were asked about different items in the picture. People who tend to do this are said to be flexible, and have also been found to be more imaginative than those who aren’t.

After your child takes this test, go over the scoring with him, explaining the idea of flexibility, discussing how each of the four factors (fluency, flexibility, originality, and elaboration) is relevant. Try to get him to see how this approach pertains to solving anxiety problems. For example, if he is anxious about diving from a diving board, ask him to describe every aspect of the problem. Point it out to him when he gets overly involved with one aspect of the problem to the exclusion of other relevant elements.

*Adaptation for younger children:* Children as young as five can do this activity. Most will need to dictate their questions – going through the effort of writing them down could interfere with the flow of their thinking. In addition, it will be harder to get the importance of flexibility in problem-solving across to them. However, it usually does introduce them to this concept in a way that is likely to blossom later.

## ACTIVITY



### Filling in the Xs

*Target age:* 11–15.

*Goal:* To provide exercise in elaboration of a simple idea.

*Materials needed:* Pencil and Figure 4.1, which you can make up yourself or reproduce.<sup>8</sup>

<sup>8</sup> Panamericana School of Art and Design (2012)





## ACTIVITY

**The Story Writing Exercise**

*Target age:* 6–10.

*Goal:* To give practice in creative thinking with a simple stimulus.

*Materials needed:* Pencil and paper.



**Figure 4.3** The cat and the box test

*Script:* Write a story about this picture, being as clear and imaginative as you can. Try to think of a story that no one else would. Give it as creative a title as you can. You can take up to 10 minutes to complete it.

The only way to judge your child's story is to compare it to stories written by numerous other children his age. That may be impractical, but you can get a good idea of the quality of the stories written by you and your child by comparing them to the samples given in the text below.

In one study of imaginative problem-solving by John Dacey and educational psychologist Richard Ripple that employed this

exercise,<sup>9</sup> 1,200 middle school students wrote stories about this picture. Amazingly, about 900 of the stories were almost exactly alike! They each went something like this:



### ***How Curiosity Killed Cat***

Once upon a time there was a cat named Tom. He was very curious. One day he was looking around and spied a strange box. He heard a scratching noise coming from it. He lifted up one side and there he saw a mouse named Jerry. Jerry was a fat little mouse, and looked delicious. Without thinking, he grabbed Jerry. The box crashed down on him and broke his head (skull, neck, back, and so on). That was how curiosity killed the cat!



Not very imaginative. The other 300 stories, however, were decidedly more original, as this example written by an eighth-grader shows.



### ***A Tail about a Petrified Chipmunk***

*By Ralph Titus*

Joe, the chipmunk, was chasing a butterfly. He was starving. The sky overhead was streaked with clouds. The sun when it showed barely squeezed through the trees. The burnt floor of the forest made the day seem gloomy. Joe wondered how he was going to get any food. He thought of last night – the men, the monsters. Some had four sharp claws, others had huge round eyes and pointed teeth. Joe was so scared!

Suddenly a bear jumped out of the bushes and was after him. He ran to a stream and started swimming. He was safe – only for a little, but... (The story stops here because time ran out.)



<sup>9</sup> Dacey and Ripple (1969)

What is the major difference between these two kinds of stories? The children who wrote the ordinary stories imagined there were lines around the two pictures, which restricted them. In effect, they fenced their creativity within a corral of imagined rules.

If you reread the instructions for this exercise, you will see that there are no rules about sticking to the two images: cat and box. In fact, the directions explicitly encourage vivid imagining. Nevertheless, the first group of writers assumed a number of implicit limitations, and under those circumstances, it isn't surprising that there wasn't much to write about.

The children who wrote the more imaginative stories frequently used the small square in the picture merely as a departure point from which they could travel to other, more exotic lands. Many saw it as a window or a door through which they could leave the simple scene. Others stretched their imaginations to describe it as a house made of fish, a time capsule, or a player piano. A small number disregarded the square altogether.

Here is an example of creative thinking of another kind by a twelfth-grade science student:



### ***The Reluctantly Imaginative Student***

An eleventh-grade teacher related a situation in which he was about to give a student a zero for his answer to a physics question, whereas the student claimed he should receive a perfect score, and would have, if the system were fair. The question was, "Show how it is possible to determine the height of a tall building with the aid of a barometer."

The student's answer was, "Take the barometer to the top of the building, attach a long rope to it, lower the barometer to the street, and then bring it up, measuring the length of the rope. The length of the rope is the height of the building."

Now, this is an interesting answer, but should the student get credit for it? The student had answered the question completely and

correctly. On the other hand, if full credit were given, it should reflect a level of knowledge of physics that the student might not possess, don't you think? The teacher decided that the student should be given another six minutes to answer the question, with the warning that the answer should show some knowledge of physics. At the end of five minutes, he had not written anything. Asked if he wished to give up, he said no. He had many answers to this problem; he was just thinking of the best one. In the next minute, he dashed off his answer, which was:

"Take the barometer to the top of the building and lean over the edge of the roof. Drop the barometer, timing its fall with a stopwatch. Then using the formula  $S=1/2at^2$ , calculate the height of the building."

At this point, the teacher asked the student what other answers he had to the problem. "Oh," said the student, "there are many ways of getting the height of the tall building with the aid of a barometer. For example, you could take the barometer out on a sunny day and measure the length of the barometer, the length of its shadow, and the shadow of the building, and by the use of simple proportion, determine the height of the building.

"Or you could take the barometer and begin to walk up the stairs. As you climb the stairs, you mark off the length of the barometer along the wall. You count the number of marks, and this will give you the height of the building in barometer units. A very direct method.

"Of course, if you want a more sophisticated method, you can tie the barometer to the end of a string, swing it as a pendulum, and determine the value of 'g' – the height of the building can, in principle, be calculated. If you don't limit me to physics solutions of this problem, there are many other answers such as taking the barometer to the basement and knocking on the superintendent's door. When the superintendent answers, you say: 'Mr. Superintendent, here I have a very fine barometer. If you will tell me the height of this building, I will give it to you.'"



Perhaps the student was not as cooperative as he might have been, but he certainly demonstrates a talent for imaginative problem-solving.

**ACTIVITY****Get an Imagination Buddy**

*Target age:* 6–15.

*Goal:* To practice making use of the assets afforded by an imaginative ally.

*Materials needed:* None.

Sometimes, just by chance, we meet someone who has a life-improving impact on us. This is what happened in the vignette that follows.

***The Itinerate Artist (JD)***

Above the garage belonging to the family next door, there was a small apartment. Our neighbors often rented it out to single people for brief periods. Running between our two houses was a long wide driveway where my brothers and sisters and I played batball (I was the oldest of nine, so the lack of players was seldom a problem). We were out there playing one warm summer day when a thirtyish man came out of the door of the apartment. “Hey, you guys, my name is Ned. Mind if I play too?” he inquired.

As the oldest, I made the decision: “Sorry, no. You’d hit the ball too far.”

“What if I only use my left hand?” he asked, smiling in a way that made us know he wasn’t out to show off how strong he was. We let him join the side that had one less player, and with jokes and gentle jibes, he made the game seem much more fun than it usually was.

When I barged out of our back door late the next morning, I found Ned sitting on a small stool in front of the garage, a piece of colored chalk in his hand and an easel standing before him. He was obviously drawing our house, although for a few moments this didn't register, as I couldn't imagine why he would want to capture our plain old place on canvas. I got an even greater surprise when I looked at his work. It was our house, all right, but only barely. It was abstract (although I didn't know that then), and it had strange shapes and symbols emanating from it. He explained that he was trying to capture the spirit of our family as represented by the building. He felt it was a powerful energy center, and he wanted somehow to get that down. As I watched, he tried to explain what he was doing. I felt transported by his imagination – I had no idea that complex ideas could be represented figuratively. I had no idea that one individual could have so many unusual ideas!

Over the next five weeks, I followed him around our neighborhood as he sketched the various scenes, scenes that had seemed so mundane to me, scenes that now took on a whole new life as his fingers gyrated over his canvasses. And we talked and talked. I told him of my admiration of his skill, and also my jealousy. By asking questions of me and by commenting on my answers, he gradually convinced me that even though I was only 15, I too had a special imagination. I too was full of ideas. He even persuaded me that imaginative thinking isn't all that special. All of us are capable of much more original thinking than we suspect we are.

As his sixth week of living next door ended, Ned gently revealed to me that he was moving on. I was heartbroken. I felt condemned to return to my former life, which seemed so colorless to me now. Simultaneously, I began to get a new vision of things. His words and phrases came back to me and I got ideas I know I would never have had before I met him. I made up new games to play with my younger siblings. I got involved in several new hobbies. I read vociferously.

He is with me still, these many years later. I wonder what happened to him and always scan art stalls and museums in hopes of finding his work. I'm sure I would know it. Wherever you are, Ned, thanks!



**ACTIVITY****Eavesdropping on Yourself**

*Target age:* 11–15.

*Goal:* To provide your child with a more objective view of his strengths and weaknesses.

*Materials needed:* None.

*Script:* Imagine that you are standing in an empty classroom at the end of the day. You are near the door, but you cannot be seen from the hallway. Further imagine that some of your fellow students are standing out in the hallway and they are talking about you. You hear one of them saying, “The best thing about (you) is...” What do you think this person probably said? Write it down on a piece of paper as the first of a list of positive characteristics. Now another person says, “Well, the thing I like best about (you) is...” Tell me what you think this person probably said, and write that trait down. Continue in this manner until your child cannot think of any more positive descriptions (“he’s funny”, “he’s always willing to help”, and so on).

Now suppose there is a different group out in the hallway, and one of them says, “The main problem I have with (you) is that he is...” What do you think this person probably said? Write it down on your list of negative characteristics. Repeat this exercise until you can think of no more traits.

As you can see, the purpose of this activity is to help your child get a clearer view of himself as he thinks others see him. In reality, the exercise is probably more reflective of what he actually thinks of himself, since he must supply two lists of traits from his own imagination. You and/or a relative and/or a friend can discuss these lists with your child in order to help him get a more objective view of what he is really like.

*Adaptation for younger children:* You can adapt this activity by rating the set of adjectives on cards, such as “funny”, “happy”,



“mean”, “friendly”, and “selfish”, one per card. Lay them on the floor and ask your child to pick out the “good things that are true about me” and then the “not so good things that are true about me”. Complete the activity as above.

## Creating Anti-Anxiety Plans

We would love to provide you with a surefire plan that would eradicate your child’s problem, but as we have stated, there are no such plans that always work for everyone. Every child’s problem is unique. Furthermore, most children find it easier to carry out plans they have helped design. However, we do want to provide you with some examples of plans we have known to work well for many children with whom we have worked. Perhaps one of them will serve as a template for your own. Usually there are five elements to any good plan:

- A clear description of the goal. For instance, being able to pet a strange dog or fly in an airplane.
- A strategy (or set of them, found in this book or self-designed).
- The facilitator (usually you).
- The order and circumstances in which the strategies are used.
- Reinforcements that will be used to encourage and reward success.

What decisions you should make about each of these elements are often suggested in each of our exercises.

The first strategy we want to describe employs “successive approximation”. The term refers to moving closer to success through a series of small steps. Using this technique can break down most if not all phobias. The steps are carefully planned, and if any one step proves too much for your child, you make it even smaller. As an example, let’s take the child who has a dread of snakes. Most of us don’t often encounter snakes, but some children and adults live in mortal terror of them any time they are in a wood or a field. The following activity offers a set of incremental procedures that we recommend eliminating this phobia.

**ACTIVITY****Winning One Step at a Time**

*Target age:* 6–10.

*Goal:* To use small steps as a way to gradually eliminate anxious feelings.

*Materials needed:* A picture of snake, a two-foot piece of hose or tubing, a toy rubber snake, and a real snake in a glass cage, perhaps at the local zoo.

While carrying out each of the following steps, your child should practice his favorite relaxation technique, and continue to do so until he reaches a fairly calm state before proceeding to the next increment. When he does, present him with a small reward, making this reinforcement more powerful with each success.

1. Ask your child to think about a snake.
2. Ask him to look at a picture of a snake.
3. Request that he handle a piece of hose while thinking about a snake.
4. Then have him handle a rubber snake while thinking about a real one.
5. Take him on a visit to a zoo and have him look at a snake through the glass cage, without and then with a rubber snake in hand.
6. Ultimately he will be able to touch and handle a real snake.

In this anti-snake-phobia activity, we have suggested going through a series of steps to achieve a reduction in anxious feelings. Sometimes, though, it can be more effective to use a technique called “flooding” to confront the anxious situation directly and immediately. By flooding, psychologists mean that the child is placed (or places himself) fully into the situation he most fears. For example, suppose your child is terrified of getting into an

elevator. As we suggested in the prior activity, you could help him inch his way into the elevator car and then gradually, through a series of steps, he becomes able to ride to the top of the building.

However, it may be more effective to get the whole arduous experience over at once, by dashing into the car, pushing the button for the top floor, and sweating out the ride. The danger is that the person may suffer severe panic and the experience will be so bad he will never set foot in an elevator again. Because you cannot be sure this won't happen, we recommend successive approximation.

*Adaptation for older children:* You will probably be able to go through the steps faster, but don't skip any.

## ACTIVITY



### Compassionate Questioning

*Target age:* 6–10.

*Goal:* To listen to your child so that he gains insights into his problem.

*Materials needed:* None.

As we explained in Chapter 1, anxious feelings are irrational. Often they do not respond to reason, being caused largely by unconscious factors. Whenever a person experiences a fearful thought, an alarm is set off in the sub-cortex, an ancient segment of the brain that controls emotions. When activated, we have no choice but to react. In the case of fear, hormones are released causing the brain to go into the fight-flight-or-freeze state. When threatened, all animal brains must choose between fighting, running away, or remaining absolutely still. This response has

been stamped into brain tissue by evolution. It was appropriate in previous millennia, but it doesn't work well today. How can we get a person in the middle of fight, flight or freeze to relax so that the rational cortex will take charge?

We have found that the best way to do this is by what we call "compassionate questioning". Here is an example of how it works. Suppose your child is afraid that you are going to force him to do something he fears, such as tell a joke in class. He will not be able to hear you if you state the reasons why it would be in his best interest to tell the joke. You have to open *your* mind to the possibility that he may be right. As a compassionate questioner, all you do is sincerely seek to discover what his reasons are.

You ask questions such as, "Would you try to explain to me why you find it so frightening?" or "Tell me what it feels like to you, having to get up in front of a group and speak." You model open-minded willingness to see another's point of view. However, if you don't really feel this openness, he will probably sense it. You really have to persuade yourself of the possibility that he may be right. Only then can he calm down and honestly examine his own motives. This is how he switches from arational to rational problem-solving.

If you can help him help to discover the source of his motivation, he will have a chance to change his perspective and overcome his fears. Here's how this might work. Suppose you ask him, "What is the worst thing about public speaking for you?" If you have been questioning him compassionately, he may come to see the real source of his fear. For example, he might say, "I hate to have people staring at me, just waiting for me to make a mistake!" Then you might say, "Well, let's find a way so they're not looking at you. Suppose you write your major points in large letters on cardboard cards. You could set these in the chalk tray and lean them against the blackboard. Then people would be looking at the cards and not at you. You think that might make you feel a little less vulnerable?"

"Yeah, that might work. Maybe I have the friend turn the cards and I could stand at the side of the room. That might be a lot better!" Every little insight should be noticed and labelled as such.

*Adaptation for older children:* The obvious pitfall when using this activity with six to 10-year-olds is that they will have a harder time achieving insight into unconscious causes of their fears. With a tween or a teen, you can suggest possibilities and let your child go from there.

## ACTIVITY



### My Grokking Rock

*Target age:* 10–15.

*Goal:* Learning to use a “safe place” to relieve anxieties.

*Materials needed:* None.

In his Hugo Award-winning book, *Stranger in a Strange Land*, Robert Heinlein<sup>10</sup> wrote about a magical object called a “grokking rock”. This was a rock large enough to sit on and located in a secluded spot where a person could go to think. While sitting on a grokking rock, the person is not allowed to think self-demeaning or otherwise negative thoughts. Only imaginative, enlightening thoughts may occur there. Otherwise he must leave this “oasis of serenity”.

*Script:* For this exercise, I want you to hunt for a grokking rock in our neighborhood (it could be a fallen tree, a bench, and so on). If your imagination is working, you can make that rock into a great place to grok. When you are worrying about something you fear is about to happen, if you go to your rock, you will think of some marvelous solution to the problem. It simply will come to you there. If you go there regularly, you will greatly reduce your anxious feelings.

*Adaptation for younger children:* A younger child could find his “safe place” somewhere inside the house, such as in a tent or fort that he builds in his room.

## ACTIVITY



### The Magical Medal

*Target age:* 6–10.

*Goal:* To use a “magic medallion” to ward off anxious feelings.

*Materials needed:* Flour, water, salt, and an oven.

<sup>10</sup> Heinlein (1961)

Call your family together (this could include members of your extended family – Grandma or Uncle Harry) and explain that you want them to help your child get over his phobia of thunder and lightning.

*Script:* Today, we're all going to help you make a magical medal from flour, water, and salt. Mix these ingredients together and form the dough into any shape that you feel is comforting (a circle with a cross in it, for instance). Let's have a conversation about the best symbol, but the final choice is yours. Bake it until it gets hard, and when it dries, paint it with any sign you think will help. Next, we're going to have a ceremony in which each of us participates in endowing the medal with our good wishes and hopes. We are all going to take turns speaking while holding the medallion in the palms of our hands. When we are done, you will receive it with our promise that if you believe hard enough, it definitely will protect you and make you feel calm during the storm.

Obviously, many variations on the materials, the uses, and the ritual empowering of such a medallion are possible.

*Adaptation for older children:* Older children can use different "good luck charms" that hold special meanings, such as friendship bracelets or other pieces of jewelry, a figure carved out of wood or soap, or a picture of a loved one in a locket.

## **Imaginative Problem-Solving Guidelines**

Numerous guidelines for effective problem-solving have been published, and we are going to summarize those ideas here. Read these over and see if they don't offer useful advice to you and your child.

- Push your plan to be different from those others would think of; "voice the beauty of your individuality".
- Tolerate complexity and disorder, at least at the beginning stage of thought.

- Use mistakes as positives to help yourself and your child recognize errors in a supportive atmosphere.
- Allow time for your ideas to develop. Not all imaginative problem-solving occurs immediately or spontaneously.
- Be aware that imaginative problem-solving is a multi-faceted; it enters all intellectual areas, not just arts and crafts.
- Encourage your child's original ideas by being a resource and a provider rather than a controller.
- A humorous, supportive atmosphere provides freedom and security for exploratory thinking.
- Criticism can be killing – use it carefully and in small doses.
- Ask provocative questions; move away from the search for “correct answers”.
- Be willing to start all over again!

We realize that this chapter has presented a large number of ideas, many of which are probably new to you and especially to your child. Clearly you're going to have to exercise considerable patience as you and your child learn to master these strategies and activities. We feel certain that both of you will find the reward for doing them well worth it!





## COPE Step Three

### *Persisting in the Face of Obstacles*



#### ***The Courage of Harriet Tubman***

There have been many stories of people who have persisted in the face of agonizing anxiety, but we could hardly find a story about someone more admirable than Harriet Tubman. At 13 years old, she was a field slave in rural Maryland. One day, for no apparent reason, an overseer decided to whip the slave standing next to her, and although she was shaking with fear, she placed herself between them in an effort to prevent the beating. She had witnessed this atrocity many times and could stand it no longer. Infuriated, the overseer threw a two-pound weight at her and struck her in the head, knocking her unconscious.

She was bedridden for many months, and being a deeply religious child, she contemplated how wrong slavery was. In 1849, having learned that she and her brothers and sisters were to be sold, she decided to try to escape. She has talked about the terror she felt as she slipped away and walked by night for hundreds of miles through slave-catching territory. Miraculously, she managed to reach Pennsylvania. Realizing that she had attained safety, she recalled, "I looked at my hands to see if I was the same person, now that I was free."

Working as a domestic in Philadelphia, Ms Tubman met the leader of the underground railroad, William Still. He had brought many slaves through the secret channels to the freedom of the North. He persuaded her that she could be helpful to him, and although she was terrified of being caught and put back into the horrible conditions that she had left, she agreed to participate. She made at least 15 tension-filled trips into the deep South and helped an estimated 300 slaves to escape. She even managed to get her parents and six of her 10 brothers and sisters out of their abysmal condition. Soon the slaveholders, realizing it was she who was responsible for these offenses against their “property rights”, offered the huge sum of \$40,000 for her capture. Although she had many close calls, she was never apprehended.

Many times in her life Harriet Tubman was terrified, but she never stopped. She never lost a passenger, and she never lost her nerve. Therefore, she is a heroine to many of us who is trying to persevere in the face of anxiety.



Why are some people so unflagging in the pursuit of their goals, so resilient in the face of adversity? Why do others find it so hard to persevere? There are many factors, of course, but when you come right down to it, a major difference is desire.

The treatment of anxiety disorders almost always involves making the problem worse for a while, before it gets better. That is the major reason, we believe, that in the midst of carrying out a plan for dealing with their fears, anxious children quite often lose their desire to go on. Their need to protect themselves from frightened feelings overwhelms their zeal for progress, and gradually they lose their drive. We call this process “drift”. Usually without realizing it, these children begin to drift into self-defeating thoughts. Before they know it, they have lost faith in their plan. But most of them have an asset that they fail to realize – their creative imaginations.

## **Imagination and Persistence**

Researchers have noted that successful innovators are exceptionally persistent when faced with frustration, even when faced with obstacles that might ordinarily be considered overwhelming. Psychologist

Mihalyi Csikszentmihalyi, in his studies of highly creative individuals,<sup>1</sup> found that they were almost obsessive in their persistence. He describes them as having an “autotelic” personality. The word is derived from two Greek roots: *auto* (self) and *telos* (goal). A person with an autotelic personality is one for whom the goal becomes an integral part of the self. As a result, such individuals have a lot of energy to invest in their work. When they are working, Csikszentmihalyi says, they enter a state he calls “flow – a place exactly between boredom and crippling anxiety”. This state is variously labeled as “being in the groove,” “in the zone,” and “in a world of their own.” Almost nothing distracts them from pursuing their objective, because they are “on automatic pilot”.

Sooner or later, however, all innovative people encounter obstacles to the realization of their dreams. By definition, their ideas typically go against what everyone else is thinking, and therefore they must have great powers of tenacity to continue on the path they believe to be right. For example, the renowned artist Paul Klee did not stop painting in his own way because gallery owners told him that customers hated his new work and were not buying it. Anton Dvořák, Michelangelo, and J. K. Rowling – each is an example of an imaginative person who has doggedly persisted against all odds.

Most anxious kids are above average in creative imagination too. This is their blessing – and their curse. They have the potential to “hang in there”, but their exceptional ability to visualize can also cause them to think up worst-case scenarios. Hence they weaken, falter, and, all too often, give up. When they do give up, they are not just back to where they started. Typically, they have lost self-esteem and confidence in their ability to plan and act. The job here, then, in step three of COPE, is to encourage the positive side of their creative imaginations while countering the drawbacks. In our view, persistence means developing six specific strategies:

- Tolerating ambiguity.
- Learning to take moderate risks.
- Acquiring a sense of personal courage.
- Valuing delay of gratification.
- Avoiding rigid thinking.
- Avoiding “drift”.

<sup>1</sup> Csikszentmihalyi (1996)

In this chapter, we will provide you with a better understanding of each of these strategies, as well as with activities that will illuminate them, and that will give you ways to help your child practice them.

## **Tolerating Ambiguity**

We have found that most anxious children are creatures of habit. That is how they maintain a careful grip on a world they view as a constant threat. Carrying out an imaginative plan to do battle with anxiety means that your child will have to jump into the deep end of the pool. Attacking anxiety problems means entering unfamiliar territory.

“Of course I want to do the right thing!” said a young teenager we were working with. “I’m just not sure what that is. I just can’t make up my mind!” It is hard to know what to do in an ambiguous situation. The relevant facts are missing. The rules are unclear. The “right” procedures are unavailable. For a five-year-old, the first day of kindergarten would be an example of an unclear situation; for a 43-year-old, it might be a twenty-fifth high school class reunion.

To children, the whole world is ambiguous. Think of an infant responding to a parade of new faces, expressions, sounds, and movements. Picture a first-grader meeting new authority figures, new expectations for behavior, and new ideas. Imagine a young adolescent confronting puberty, academic demands, and social pressures. How children react to the unfamiliar depends on how well they tolerate ambiguity. The less they can tolerate ambiguity, the more anxious they are likely to feel.

In many ways, raising children can be described as the process by which parents help each child deal with the strange and the unknown. When you embrace life with confidence and enthusiasm, you present a positive model for your child to imitate. If you as a parent were taught to have a low tolerance of ambiguity, you can still encourage your child to reach higher levels, but it takes a good deal of self-awareness to break the cycle (more on this in Chapter 8).

The best way to measure your child’s tolerance of ambiguity is by observing how she reacts to new situations. How does your toddler respond to unfamiliar environments, to unexpected noises, or physical sensations? How does your elementary-school-age child respond to

**Table 5.1** The typical relationship between the familiarity of situation and the emotional reactions of anxious and imaginative persons

<i>Degree of familiarity of the situation</i>	<i>Emotional reaction of an anxious person</i>	<i>Emotional reaction of an imaginative person</i>
Very familiar ( <i>for example, face of your brother</i> )	Boredom	Boredom
Somewhat familiar	Interest	Boredom
Neutral	Excitement	Interest
Somewhat strange	Fear	Excitement
Very strange ( <i>for example, a flying saucer</i> )	Terror	Fear

the procession of “first-time” events that march through her world – new teachers, open-ended assignments, and unscheduled days? How does your teenager respond to the ambiguity of adolescence: “Who am I? Where am I going? What do I value?”

*Tolerating ambiguity is a two-part problem*

Children who have low tolerance of ambiguity usually have two problems. Because they want rules to guide them (in order to avoid making errors), they are likely to slavishly follow whatever rules exist. Worse, they will make up rules when there aren’t any, in order to get some kind of guidance. Here is an example of how to do it.<sup>2</sup>

*Familiarity and stress*

Another aspect of ambiguity is the relationship between how familiar a situation is and how stressful we find that situation to be. Imagine a continuum showing the degree of familiarity/strangeness the average person perceives in a situation at a particular moment (see the left column in Table 5.1). The face of a brother, for instance, would seem very familiar, a flying saucer very strange. Alongside this continuum extends the degree of emotionality going from boredom to terror (see the right two columns, one for anxious people and one for imaginative people).

<sup>2</sup> In some of the following chapters you will see “UYOED” under “Materials needed”. This stands for “use your own electronic device”.

**ACTIVITY****What's Your Problem?**

*Target age:* 11–15.

*Goal:* To deal better with ambiguous situations.

*Materials needed:* UYOED.

Ask your child to think of a problem and then imagine a solution to it. Since your child has an anxious personality, she will most probably ask you to explain what kind of problem you mean. Tell her that the problem should be a real one – for example, it could relate to a situation in school. Possibly the solution could involve one of her teachers or doing a project with a classmate.

Practice role playing the problem and record it on video. When viewing the role play, ask her to say when she thinks she might have been intolerant. For example, you might ask, “What makes you think you would have to do that?”

*Adaptation for younger children:* Begin the exercise with much more specific instructions. Do it as a role play and record to watch and discuss. For example, say, “Try to think of a problem that happened today while you were playing with your friends during recess. What do you think you might have done to make that situation a little better?” Gradually work toward making the assignment more and more ambiguous.

Anxious children often feel that their emotional reactions to strange situations are different from those of others. They need to realize that their reactions are, in fact, often exaggerated. It is also important for them to understand that just because a situation is ambiguous, and therefore strange, is not necessarily a reason to consider it threatening.

They can work through the situation. Remind your child of past unfamiliar situations that they have moved through successfully.

## ACTIVITY



### Looking into the Crystal Ball

*Target age:* 6–10.

*Goal:* To see new situations as exciting and not threatening.

*Materials needed:* UYOED or pencil and paper.

When your child feels anxious about a new situation that is approaching (for example, his first day of school), sit down and ask him to think about what he might expect to happen. Tell him to give you the #1 reason for his anxiety, then #2, #3, and so on until he can't think of any more. Write down each reason in order on the left-hand side of a piece of paper. He is likely to say things like, "What if the other kids don't like me?", "What if I don't answer a question right?" Go through the list, and for each negative, frightening consequence that your child mentions, change it into a positive, exciting one. For example, "What if the other kids don't like me?" can be changed into "What if I make a lot of good friends?" Write these alternative ideas on the right-hand side of the page on each corresponding line. Read the new list to your child and ask him to try to see things in a different light – he can feel optimism with the approach of a new situation instead of fear.

*Adaptation for older children:* Older children should write down their own reasons for feeling anxious. Then you should look at the list and together create positive, exciting possibilities out of their negative, frightening ones.

## Learning to Take Moderate Risks

An important outcome of tolerance of ambiguity is being able to take risks. The unknown is a scary thing. People who are different from us may seem dangerous or make us feel uncomfortable. Anxious children often restrict their options just to maintain sameness in their lives. Unwillingness to travel and wariness of meeting new people are examples. Fear of risk stands in the way of growth. One of the hardest things for parents to do is to determine what constitutes an appropriate level of risk-taking. The following example shows the type of judgment parents have to exercise daily. There are many ways that we can help anxious children become better risk-takers. Activity 5C offers a way to help your child understand why a *moderate* level of risk-taking makes the most sense.

### ACTIVITY



### Lessons from a Ring-toss Game

*Target age:* 11–15.

*Goal:* To understand why in life, moderate risks are best.

*Materials needed:* 10 short sticks, a rope to make a ring, a pencil and paper for scoring

Can you remember playing a game called ring toss? In this game, the farther you are from the pin, the more points you score for a successful toss. To carry out this activity, you will need to push 10 short sticks into the ground at one-foot intervals. The first pin gets a score of 1, the tenth a score of 10. The player gets ten throws. Make a ring of a piece of rope, tying the ends together, and let your child practice tossing the rope over the sticks. Keep score as she practices.

This game illustrates the continuum of risk-taking. After she has made 30 or 40 tosses, ask your daughter, “Which pin is the best one



to aim at?” People who aim at the number one position take a very limited risk, but a ringer is only worth 1 point. Even if they ring the pin 10 times, they only get a score of 10. Those who aim at the tenth pin have only one tenth the likelihood of scoring. Thus even though the tenth pin is worth 10, they’re only likely to ring it once, and therefore their maximum possible score is still only 10. If they only shoot at the fifth (5 points) pin, their most likely score would be 25 (5 successes  $\times$  5 points). If they only shoot at the sixth (6 points) pin, their most likely score would be 24 (4 successes  $\times$  6 points). The moderate risk is most rewarding!

*Script:* While these figures obviously only hold for this particular game, they probably reflect what happens in the real world. That’s the way it is in life, too. If you learn to take moderate risks, you’re most likely to be successful. Let’s talk about what this means when you’re trying to deal with scary stuff. What does this ring toss game have to tell you?”

*Adaptation for younger children:* Instead of sticks and a ring, use buckets and a beanbag or a soft, toy animal. Since young children might not have developed coordination for throwing a ring, throwing a soft toy or beanbag is easier and serves the same purpose.

## ACTIVITY



### Try Something New for a Week

*Target age:* 11–15.

*Goal:* To experience why moderate risks are best.

*Materials needed:* UYOED or pencil and paper. Begin by brainstorming a list of new activities that your child could try for a week.

The list could include:

- Having the whole family collect something.
- Cooking a meal by herself.
- Learning a new sport or game.
- Playing a genre of online game she would not usually play.
- Learning line dancing.

For each day, make a journal entry about how well the activity went and how it could be improved. Be sure to discuss her entries with her at the end of the experiment, and develop a COPE plan for reducing the anxious feelings that usually accompany any unusual activity.

Children who take either tiny risks or huge risks are less likely to be successful than those who take moderate risks. The child who is socially timid may have just as few friends as the child who is socially reckless. The child who approaches others with a mix of confidence and reasonable caution, however, will be most likely to find rewarding personal relationships.

What determines a child's risk-taking capacity? To a certain degree, genes. Some children seem to clamor for experience. They explore and expand, and when disaster strikes, they may be dazed but rarely daunted. Other kids are more cautious by nature. Hesitant to venture into unfamiliar territory, they want to preview the script before taking the part. This is why it is so important for you to support your child through inevitable periods of failure or rejections and remind them of their successes.

**ACTIVITY****"I Think I Can!"**

*Target age:* 5–10.

*Goal:* To learn better ways of thinking about taking moderate risks.

*Materials needed:* None.

If your child balks at an activity (a school trip, gym class, going to a sleepover), suggest she list her expectations about the experience.

*Script:*

What do you think it will be like?

What was it like last time?

What was the best part about it? What was the worst part?

How would you make it different this time? Do you think Teddy the Bear [or some other favorite toy] would want to go? What do you think Teddy is afraid might happen?

It may be easier for your child to verbalize Teddy's fears than her own. She can tell you that Teddy thinks the teacher likes the other kids better than he likes her. By listening carefully, you can find clues to your child's fears.

If your child is reluctant to do something, ask her, "What's the worst thing that could happen?" Her answer might be:

"They might laugh at me."

"It wouldn't work."

"I'd lose."

"Everybody'd think I was dumb."

Consequences become less dire when they can be stated, and then alternatives thought of. Once children begin to realize that they will survive "even the worst thing", they are more willing to take risks.

*Adaptation for older children:* They should keep a journal and review the journal to see their progress.

## **Acquiring a Sense of Personal Courage**

Creativity expert Dr Paul Torrance states that after all the years he has been studying personality traits of renowned innovators, he finds courage to be their most prevalent quality.<sup>3</sup> He further learned that, “Having a passionate love for something is probably the key to being courageous.”

Being passionate about something can bring great joy, but it also requires an intensity that can cause psychological pain. Our brains are designed to protect us from overload – they rebel against working very hard for extensive periods of time. There are few of us who can endure the psychological pain of this intensity for long, so we prematurely discard ideas that, if followed up and worked with, might prove to be of great value. It takes a conscious attempt to summon your courage, especially when you are frightened.



### ***Malala Yousafzai: “The Bravest Girl in the World”***

Malala was a 12-year-old student attending a Pakistani school who wrote a blog for the BBC. She supported the rights of girls to an education, even though the ruling Taliban organization had banned them from attending school. As Malala gained prominence for her writing, South African Bishop Desmond Tutu nominated her for the International Children’s Peace Prize.

In October of 2012, a Taliban gunman boarded her school bus and shot her three times. She was in a critical condition for days, but improved enough to continue her recovery and rehabilitation in England. The Taliban continued with their threats to kill her and her father. Malala’s bravery and activism for women’s right to education brought support from all over the world. A UN petition, “I am Malala”, was born. The petition’s focus was for all children worldwide to have the right by December 2015 to be educated in school. The initiative led to the ratification of Pakistan’s first “Right to Education Bill”. Malala has been recognized with over thirty distinguished honors and awards from many countries, including the Nobel Peace Prize.



<sup>3</sup> Torrance (2000)

**ACTIVITY****A Brave Heart**

*Target age:* 6–10.

*Goal:* To help your child identify with the failures and unflagging determination of real and imaginary heroes and heroines.

*Materials needed:* Whatever book(s) articles, videos from library or online you or your child choose to read. UYOED.

Because they usually possess excellent imaginations, anxious children are often able to identify with stories about imaginary heroes and heroines. You should find it easy to locate biographies and historical fictions that are at an appropriate level for your child. As you read a story, occasionally ask your child one or more of these questions.

*Script:*

What you think of the person in the story? Do you admire her? Would you like to be like her?

Why do you think she is successful?

What could you do to be more like her?

How would your life be different if you were more like her?

Examples of heroes and heroines are Malala Yousafzai, Anne Frank, Theodor Seuss Geisel, Nelson Mandela, LeBron James, Stephen Hawking, Mia Hamm, Maya Angelou, Lionel Messi, Boo and Sulley, Martin Luther King Jr, the Little Mermaid, Anna and Elsa, J.K. Rowling, I.M. Pei, Rosa Parks, Stevie Wonder, and Neil Armstrong.

*Adaptation for older children:* Checking with your children's librarian will get you many suggestions for older children, too. They will be able to read the stories by themselves, and might like to write out the answers to the questions privately.

**ACTIVITY****Upping the Courage Ante**

Many of the anti-anxiety plans we have seen incorporate a reinforcement system for courageous behavior. That is, for each increment of improvement (traveling to a new place, speaking in class, and so on), the child receives a reward. When tensions build and your child's sense of courage runs low, such as when she starts to feel "this plan is never gonna work, it's just too hard!" that's when the reinforcement should be increased.

*Target age:* 6–15.

*Goal:* To enhance motivation through modifying the reinforcements used.

*Materials needed:* None.

Often it is the case that as your child carries out her plan, the reinforcements she may be getting weakened. With her cooperation, you should experiment with the use of several new kinds and strengths of reinforcement. For example, let's suppose that she has a fear of speaking in class. So far in her plan, she has managed to make brief contributions, and when she does, she is allowed to watch the TV program that airs at the time she usually goes to bed. Now she has been asked to give a short speech in class and she is quite anxious about it. Tell her that if she is able to make the speech, you will take her to any appropriate movie that she chooses. Also ask her if there is any other reward she would rather have than the movie. Keep making adjustments until you find a reinforcement that is effective in helping her reach her goal. With many children, simply instituting a new reinforcement, not necessarily a stronger one, revitalizes their motivation.

**ACTIVITY****Courage Jars**

*Target age:* 6–15.

*Goal:* To help your child to develop the ability to be brave.

*Materials needed:* Three jars graduated in size from small to medium to large.

Your challenge is to get your child to fill the “Courage Jar” with whatever items they choose that represent a brave or courageous act that they have done. When the first jar is full it is poured into the next size jar. When full, pour into the largest jar. This visual of her “brave acts” allows your child to see her courage grow.

When Courage Jar #3 is filled, she gets to choose a reward for her hard work. This activity also reinforces delay of gratification and enforces the importance of hard work. As you know, dealing with anxiety is hard work!

*The advantages of crying for children with anxiety!*

Many times we have seen that when a child’s courage is running low, and the temptation to give up is great, there is a natural tendency to cry. Only recently, it was discovered that a major component of tears is adrenaline. As you read in Chapter 3, this powerful hormone is responsible for the fight-or-flight response, and therefore for numerous physiological reactions to stress. Crying, especially sobbing, removes excessive amounts of adrenaline from the system. Anyone who has ever had a “good cry”, whether from sadness or gladness, knows how wonderful it can feel. It’s as though a great weight were lifted from your shoulders. Depression seems to float away like a cloud, and the future, at least for a while, looks brighter.

Females are usually well aware of this phenomenon, and they tend to cry when they need to, even though it often makes men uncomfortable. Females live for six years more than males, on average. Females also are eight times less likely to become alcoholic and have significantly lower incidences of other diseases.<sup>4</sup> Is this because they cry more? Who can say – it does seem likely that crying probably accounts for some considerable portion of the difference.

The societal taboo against male crying is especially powerful among boys in late childhood and early adolescence. At these stages, boys tend to worry about being manly. They hate to be seen crying, and feel self-hatred when they do. Why do they feel so strongly about this? Well, ask yourself what comes to mind when you imagine a 10-year-old boy who has fallen down and skinned his knee, and is wailing about it.

## ACTIVITY



### **“For Crying Out Loud!”**

*Target age:* 6–15.

*Goal:* To encourage a more positive attitude toward crying as an appropriate release of tension.

*Materials needed:* None.

In whatever words you believe will get the message across to your child, explain that tears have a substance in them (adrenaline) that can make us feel very tense. When we cry, we release the excess adrenaline from our bodies, and this helps us feel

<sup>4</sup> Dacey and Lennon (1998)



much more relaxed and better able to deal with our problems. Therefore it is definitely good to cry.

*Script:* People who are fearful need to cry more than other people. Sometimes they make fun of kids who are crying because they don't understand how you feel. We can try to explain to them why we need to cry sometimes, but with some kids, this just won't be enough. If you feel you are going to cry, go someplace where you can have privacy. There you can think about what is making you frightened, and let yourself have a good cry. It is a really good thing to do that. When you get through crying wash your face with some cold water and take a deep breath. You'll find that the chemical that was released in your tears no longer makes you tense, and you can focus on thinking of positive strategies to deal with your problem.

## Delay of Gratification

The willingness to endure the stress of prolonged effort so as to reap higher pleasures in the long run is the essence of self-control. The ability to delay gratification is what makes some people save money in order to make a major purchase. It is also what makes some imaginative people spend years on a project without recognition or reward. Many of a child's tantrums, and many of a parent's "no"s revolve around the thwarting of immediate gratification – they want what they want now.

But in becoming a society that worships *product*, we have neglected to teach children the joy of *process*. While delaying gratification may sometimes feel like going on a rough trip, it is ultimately about joy, about the process of working for, waiting for, and finally rejoicing in a greater pleasure.

**ACTIVITY****Be Like A Seed**

*Target age:* 6–10.

*Goal:* To learn an appreciation for the greater rewards that can come from controlling her desires.

*Materials needed:* None.

In words she can understand, explain to your child the concept of delay of gratification.

*Script:* Most of us like to get what we want as soon as possible. It would be nice if that could happen all the time. However, it seems like most of the best things in life can only be had if we are willing to wait for them and work for them. For example, if you would like a little cardboard toy, you could probably buy it with this week's allowance. But if you want to get a really nice toy, you'll have to save up your allowance for several weeks. It's like that when you are trying to overcome your frightened feelings. It took some time for you to learn to be afraid; it could take a while for you to learn not to be afraid any longer. You will have to be patient as you carry out your plan. If you're willing to wait and not give up, you'll surely be successful.

Show your child how plants grow. Plant a seed (a flower or a vegetable – it doesn't matter which) and watch it grow. Suggest to your child that when it can be picked, she will have achieved her goal. She can make a deal with herself: "When it blossoms, I blossom!"

*Adaptation for older children:* Explain delay of gratification to older children by using experiences that they can relate to. For example, starting to study for a test a week in advance, and getting an "A," versus waiting until the last minute to study, and getting a "B." They might miss out on a couple of nights of watching TV, but the long-term satisfaction of the good grade outweighs the short-term satisfaction of watching TV.

## Avoiding Rigid Thinking

A study that examined the open-mindedness of children as they develop compared the performance of first-graders with their performance two years later when they were in the third grade.<sup>5</sup> This investigation found clear evidence that although the first-graders approached problems imaginatively, by the time these same children were in the third grade, their willingness to entertain new ideas had decreased significantly. Their thinking had become decidedly more rigid. There is reason to believe that this negative trend is even stronger in anxious children. Anxiety makes it difficult for a child to make a shift in their thinking and they get “stuck”.

### ACTIVITY



### A Puzzling Solution

*Target age:* 6–10.

*Goal:* To learn to avoid a tendency toward rigid thinking.

*Materials needed:* UYOED or a book with puzzles, riddles, brain teasers, or trivia questions.

Your local bookstore or library carries a variety of books filled with puzzles for children of various ages. This is the kind of puzzle we’re talking about:

A tall person is sitting on a stone next to a short person. The short person is the tall person’s son, but the tall person is not the short person’s father. Can you explain this? (The tall person is the short person’s mother.)

Buy or borrow one of these books and ask your child to attempt to solve some of the puzzles. Make a game of it, and stop doing it as soon as she seems to become disinterested. You might, for example, ask her to try one or two puzzles before or after dinner each evening.

<sup>5</sup> Cox *et al.* (2009)

*Adaptation for older children:* Using electronic devices, applications or games such as brainteasers, trivia games, word searches, crossword puzzles and math or logic games can be played with older children. These encourage imaginative thinking, but also help her develop math, reading, vocabulary, and analytical skills that can make her more confident in school.

## ACTIVITY



### Where There's a Will, There's a Way

*Target age:* 11–15.

*Goal:* To learn that when one approach to a problem is not working, there are a number of other techniques that might work.

*Materials needed:* A book with a hero or heroine.

One of the activities earlier in this chapter called for reading heroic stories with your child. For this activity, look for places in the stories where the hero or the heroine faces some difficult problem. Read the story with your child, and pause at the end of a description of the heroine's dilemma. At that point, ask your child to suggest a solution to the problem. When she comes up with one, ask her if she can think of another.

Continue to ask her to generate alternative solutions until she runs out of ideas. After she does this exercise a couple of times, describe an actual anxiety-producing situation that she faces in her own life, and ask her to try to produce several new ways to deal with it.

*Adaptation for younger children:* Make sure to use appropriate stories that a younger child can easily understand, such as fairy tales and even nursery rhymes. You might even substitute your child's name for the story characters.

## **Avoiding Drift**

Obviously, most anxious children want to avoid the pain their fearful feelings cause them. Most would give a lot to find relief from these nightmarish experiences. Why, therefore, are they so resistant to change? One trend we have noticed is that time itself plays a role. At first, your child will try out a new plan with at least some enthusiasm. Eventually the newness wears off, the bright resolve of the beginning gives way to slippage, and the plan begins to “drift”. First little things are skipped; in time, more and more aspects of the plan are discarded. There seems to be no clear reason for it – it just happens.



### ***J. K. Rowling: No Drifter***

When J.K. Rowling was a small child, she loved to write fantasy stories and read them to her little sister. Today, through her *Harry Potter* books, she is the United Kingdom’s best-selling author and a multi-millionaire.

J.K.’s teenage years were not happy. Her mother had multiple sclerosis and she did not get along with her father. She never gave up on her writing, though, and eventually she attended the prestigious University of Exeter. She worked for Amnesty International in London, but continued to write. She moved to Portugal to teach, met her future husband, and had a baby girl. J.K. and her husband separated a year later, and she and her daughter moved to Scotland where her sister lived. She felt she was a failure as she was jobless with a baby to support. Rowling had to apply for welfare benefits. She continued to write in local cafes while her daughter slept next to her. During this time J. K. became depressed and suicidal.

When she finally finished her book, it was submitted to 12 publishing houses, which produced 12 letters of rejection. A year later, her book was finally published, and soon after its appearance in bookstores, J.K. received her first book award to be followed by more than a dozen achievement and literature recognitions.



**ACTIVITY****Slip-sliding Away in the Movies**

*Target age:* 11–15.

*Goal:* To make your child more aware of the noxious presence of drift.

*Materials needed:* UYOED or pencil and paper.

In most classrooms, it is easy to find students who are drifting. These are the teens who “forget” to do their homework, who fail to study very much for exams, and who are regularly found not paying attention in class. Select one of the many coming-of-age movies, and suggest to your child that she identify several of the students she believes are drifting. Ask her to make notes of their school behavior. After she has done so for a significant part of the movie, ask her to describe what she has found. Then ask her to explain as best she can why each of the students is drifting. Finally, ask her if she can see any evidence of drifting in the way that she is carrying out her anti-anxiety plan.

*Adaptation for younger children:* Look for movies of children their age who are “drifting”. Instead of taking notes, they can simply tell you of instances of drifting as they see them.

In this chapter, we have suggested numerous strategies that you might use to help your child persist in her plan in the face of adversity. Probably the most important strategy, however, is to let her know that you will continue to support her, as non-judgmentally as you can, for as long as she keeps trying.

## COPE Step Four

### *Evaluating the Plan*



#### ***Good Work, Gabriel!***

Gabriel is a 12-year-old boy who is frightened by challenges. In most situations where he might make a mistake, such as answering questions in class, he experiences rapid heartbeat and a pounding in his ears, which makes it difficult for him to concentrate. This in turn makes him more likely to make a mistake, causing him to feel that “everyone thinks I’m an idiot. It’s just better to keep my mouth shut!” Over the years, this problem has been growing worse and his grades have been suffering. The other students have found him to be “stand-offish”. Consequently he has no close friends. As with so many anxiety problems, every time he avoids a tense situation, his life seems to become more disrupted.

Recently, Gabriel’s parents learned about the COPE program from his guidance counselor. With the counselor’s help, they have developed a plan for combating his problem, which has a tactic for each of the four COPE strategies:

1. C: In school, he practices calming his nervous system by visualizing himself stretched out on a raft at the lake his family visits.

2. O: For four weeks now, at least three times a day, his plan has been to select a time in class when he knew something that he could contribute to the discussion. He has taken his pulse for 20 seconds by pressing his fingers to the side of his neck while using his calming visualization method. When his pulse count has been less than 30 (which if multiplied by 3 would be a tolerable pulse rate of 90), he has raised his hand and made his contribution.
3. P: So far, his pulse has been more than 30 all but two times he had an idea. He has begun to doubt whether the plan will ever really work, but so far he has kept with it because he receives a movie ticket from his mom at the end of each week if he can honestly say he gave it a try three times each day.
4. E: Gabriel uses three types of evaluation every time he chooses to try his plan:
  - He writes down his pulse when he feels that he might be able to participate in class.
  - He rates the pounding in his ears on a scale from 1 to 10, and also jots that down.
  - He notes whether or not he spoke in class, and how it felt.

It has been slow going. Yesterday was a good example. Gabriel's social studies class was talking about the Revolutionary War Battle of Bunker Hill. Hilary had claimed that since the Americans had run out of ammunition and had been forced to retreat, the British capture of the Hill left them the winners. Gabriel had made a careful study of the battle, however, and had learned that although the Americans lost 300 soldiers, the British losses were three times as great. He believed that this difference had strengthened the Americans' self-image as fierce fighters, and that it was the most important point in the war. He wanted desperately to share this information – he was sure the other kids would find it interesting – but as he got ready to raise his hand, he became disoriented by the thundering sound of the ocean surf in his head. He tried to relax, but the soothing lake image just wouldn't come. His teacher, noticing the look on his face, asked him if he had anything to add. "No, I guess I don't," he said, staring at his desk. The moment and the opportunity were lost. In short, the plan was not working. Obviously, it was time to re-evaluate its methods and to design a better plan.

In talking it over with his guidance counselor, Gabriel concluded that his relaxation technique was inadequate. He simply was unable to



calm himself enough to permit him to make his point in class. Although Gabriel had chosen the visualization technique himself, he now considered trying something else. His guidance counselor described a more physical method, one in which he would take a deep breath, let it out and hold it, tighten his arm and leg muscles, and concentrate on feeling his heart slow down. This approach virtually guarantees a lower pulse rate.

The very first time he tried it, Gabriel noticed a definite decrease in the loudness of the pounding in his ears. It seemed like a miracle! At first he did not trust it enough to actually speak in class, but each time he practiced it, he became a little more successful at quieting his nerves. Two weeks into the plan, he was ready to volunteer. The teacher asked, "Who has the product of  $371 \times 56$ ?" Multiplication was Gabriel's forte and he completed the calculation quickly. Taking the plunge, he raised his hand. As the teacher called on him, his heart rate did accelerate quite a bit, but it did not seriously impede him. "It's 20,766!" he managed to say. The teacher's congratulatory smile and "Good work, Gabriel" gave him a greater thrill than he had imagined. His anxiety was rapidly replaced by a surging sense of success. This new plan was much more effective, and soon Gabriel was a regular contributor in his classes.



## **The Role of Gender and Ethnicity in Evaluation Plans**

Many studies have shown that in evaluations of anxiety, females score significantly higher than males. According to the Anxiety and Depression Association of America, "From the time a girl reaches puberty until about the age of 50, she is twice as likely to have an anxiety disorder as a man. Anxiety disorders also occur earlier in women than in men. Women are also more likely to have multiple psychiatric disorders during their lifetime than men. The most common to co-occur with anxiety is depression. Differences in brain chemistry may account for at least part of these differences. The brain system involved in the fight-or-flight response is activated more readily in women and

stays activated longer than men, partly as a result of the action of estrogen and progesterone.”<sup>1</sup>

In a recent report on gender differences, Taylor Clark claims the higher incidence of female anxiety results from what he calls the skinned-knee effect: “Parents coddle girls who cry after a painful scrape but tell boys to suck it up... If little Olivia shows fear, she gets a hug; if little Oliver shows fear, he gets urged to overcome it.”<sup>2</sup> Is anxiety different for girls, and thus should be measured by a different type of test? There appears to be no evidence for this point of view.

What about ethnic differences? Children of color, for example, have been found to be considerably more anxious than white children.<sup>3</sup> Is this because, being members of minority groups, many of them suffer discrimination, and thus have more to be anxious about? Is it possible that there could be genetic differences? Or could it be that tests designed by white psychologists do not work as well for children of color? At this point, we do not know the answers to these questions. We do know that a significant factor is the presence of an anxiety disorder in the child’s parents, just as for whites. However, there is no apparent reason for special tests for anxiety for people of color.<sup>4</sup>

## **How to Evaluate Plans**

Of all of the four steps in the COPE Program, this may be the one that we find anxious children performing least well. It is definitely the step they are most likely to overlook. Nevertheless, it is just as important to their eventual success as the other three.

Why are people so prone to disregard evaluation? Probably the nature of anxiety itself is at fault. Fear is such an unpleasant, overwhelming feeling. To use the toothache metaphor presented in an earlier chapter, most of us are willing to take action to relieve the

<sup>1</sup> ADAA (2014, p. 1)

<sup>2</sup> Slate (2011)

<sup>3</sup> Vinson (2011)

<sup>4</sup> Vinson (2011)

pain of a decaying or broken tooth, but the last thing we want to do is think about it! Ideally, we would like a dentist to come to our house, brush on some magic pain eliminator, and then, with a touch of a special sorcerer's tool, make everything all better.

Anxious children typically feel this way about their fearfulness. Thinking about their feelings, even in an attempt to make their anxiety-fighting plan work better, is about the last thing they want to do. Unfortunately, we don't know of any evaluation techniques that free the child from paying attention to the process. Observation by an observer, which is a technique that switches the task of evaluating from the child to another person, can reduce the child's self-consciousness. Nevertheless, self-consciousness cannot be eliminated entirely.

In this chapter, we will be presenting two types of assessment. Before using either, though, you will probably need to spend some time discussing the need for evaluation with your child. Explain to him that when we are anxious, we just want the feelings to go away. That's why we often accept any solution that might help us. That's why so many anxious adults become alcoholics or drug abusers.

The really good plans are almost always the ones that have been custom-fitted to our needs. Sometimes this calls for major adjustments to the plan, but sometimes all that is needed is a bit of tweaking. A small improvement here and there, and the plan runs much more smoothly.

The two types of assessment of plans are called "formative" and "summative". You use formative measures while the plan is in operation. These measurements usually are designed to provide feedback on how well formed the plan is as you carry it out. For example, the evaluations might include three-times-a-day checks on anxiety level, in order to learn whether the time of day is having an impact on how the plan is working. Formative evaluation might involve you or your child's buddy watching while he employs a tension-calming technique before facing a frightening situation. The goal is to make minor improvements to the plan as it is being carried out. If major flaws are detected, of course, the plan can be scrapped and a whole new approach devised.

Summative evaluation, on the other hand, involves conclusions about the overall efficacy of the plan. Therefore, it takes place before

and after the plan is completed. Measurement in this case could involve a comparison of your child's scores on an anxiety questionnaire. Another example might be an interview with your child, encouraging him to list what he believes are the positive and negative elements of his plan. In the next two sections, we will provide you with examples of formative and summative methods.

## **Formative Evaluation**

The good news about formative evaluation – assessing while the plan is in effect – is that once you learn to do it, this process alone can help to reduce your child's anxiety. Evaluating the progress of your child's plan offers several advantages:

- It helps him gain perspective on the problem.
- It takes him away from his worries about future dangers back to a concern with the present (called “centering” by psychologists). Concentration on checking progress often also disrupts anxious thoughts.
- Being self-aware tends to breed a sense of self-control.
- Evaluation leads the child to think of himself as a person who “has anxiety”, rather than a person who “is anxious”.
- Formative evaluation encourages “How” questions (“How are you feeling right now?”) and “What” questions (“What is the most troubling aspect of your situation?”). These promote the sense of being a “self-observer”. “Why” questions, on the other hand, only produce more worrying.
- At its best, formative evaluation amounts to what has been called “watching myself watch myself”. When children master this skill, their anxiety levels are always reduced.

For some of the suggested activities in this chapter, the use of visuals to help a child “see” their behavior is recommended. You can “super-size” a visual aid by drawing the image on 8.5 × 11 inch paper with a black marker. If you like, bring the drawing to a copy and print store to

have the image enlarged on a wide-format printer (could be as large as 3 × 4 ft) and tape it to wall area.

There are many ways to track the effectiveness of your child's plan that don't have to be time-consuming. The trick is to keep the system simple with clear reachable goals, short periods of time, and, most importantly, consistency.

## ACTIVITY



### Thumbs UP

*Target age:* 6–15.

*Goal:* To identify patterns of anxiety, as well as provide an easy-to-use method of formative evaluation for your child's plan.

*Materials needed:* Markers or rubber stamps and inkpad, and Table 6.1.

Design a chart for your child, or use the sample above. For this activity, you want your child to become aware of his pattern of anxiety. If his anxiety level is low, draw or stamp a positive visual (such as a smiley face). If moderate, perhaps a dash; and if his anxiety is high, an exclamation point. Tracking anxiety visually helps your child “see” his feelings. For example, most mornings, your child's anxiety level may be high. You might think your child would realize this without the chart, but anxious people are often unaware of their emotional patterns. They tend to repress most information about their problem because they find it too painful to think about.

As a result of using tracking activities, your child has a visual representation of his feelings of anxiety during the day. The pattern most often seen is morning anxious feelings that usually dissipate by noon, and by dinnertime a child is feeling better. The production of adrenaline that occurs as we sleep most likely accounts for this effect.



## ACTIVITY



### Emotional Thermometer

*Target age:* 6–15.

*Goal:* To provide a visual representation of the plan's goal and monitor progress toward that goal.

*Materials needed:* UYOED or markers and paper.

Draw a large thermometer on paper to keep track of your child's progress toward his goal. Mark it in tenths to represent each tenth on the way to total success. There are many ways you could determine which data you will use. For example, you could use low anxiety symbols from Activity 6A to make weekly notations on the thermometer. You could add up the scores for the week, adding one point for a smiley face, subtracting one point for a frowning face, and no points for a neutral face.

At the end of each week, your child fills in the thermometer, up to the level of his total score for the week, and notes the date next to the level. In this way, rate of progress is recorded too. This often helps the child to persevere, because progress typically is slow at first and then speeds up. If this happens, your child will note the increased rate and will be encouraged by it if he begins to lose faith in his plan.

## ACTIVITY



### Pulse Rate = Anxiety?

*Target age:* 11–15.

*Goal:* To evaluate the progress of the plan by recording heart rate at different times throughout the day.

*Materials needed:* UYOED, digital clock/watch, or oximeter (see Activity 3A).

To take his own pulse, your child presses the largest two fingers of his hand on his carotid artery at the side of his neck, and, as the second hand hits 12, begins counting beats. As the second hand passes 3, he stops counting and records the total number of beats he counted in 15 seconds on his chart. He can make these entries at various times of the day and/or before, during, and after an anti-anxiety activity.

*Adaptation for younger children:* You may need to take your child's pulse for him and keep a record of it.

Throughout this chapter, we advocate a number of evaluation methods that are meant to be positive, strength-based techniques to involve your child in self-evaluation. Given the nature of anxiety disorders, we need to be mindful that more is not always best. Collection of too much data can undermine a child's plan as the next story illustrates.



### ***The Compulsive Pulse-Taker (JSD)***

I once was asked to help an eight-year-old boy, Charles, who was diligent in his efforts to monitor his anti-anxiety plan. He unfailingly took his carotid pulse before, during, and after each effort to confront his fear. He meticulously entered these readings on a chart that he had carefully designed.

Unfortunately, instead of getting lower and lower readings, his rates gradually increased. He was very frustrated by this, finally to the point of tears. When his parents came to me, he had been experiencing this problem for about three weeks. When he and I discussed the situation, his plan made sense to me, and, even more important, Charles really liked it. Further discussion uncovered the core of his difficulty. He wanted too desperately to succeed.



Many anxious children are perfectionistic. Whether this causes the anxiety, or the anxiety causes striving to be perfect, we do not know. At any rate, in Charles's case, he was so worried that his pulse readings would not drop that of course they rose. Once he realized this, he was able to relax his standard (a significant drop in pulse EVERY time), and he became successful.



Psychologists have long understood that a child's drawings can reveal his feelings in ways that words or symbols like numbers cannot. Instruments like the "Draw-a-person Test" allow a child to express attitudes and evaluations that he might not even be aware of consciously. In this test, a child's drawing of himself or his family often offers insights into his ego and fears.

This technique may be adapted for evaluation of your child's COPE plan by having your child draw pictures of two kinds: (1) realistic pictures that portray what happened while he attempted to carry out his plan; and (2) abstract pictures that portray his *feelings* about himself before he started the plan, his feelings during the plan's operation, and even how he feels about the plan itself.

A warning: it is easy to overanalyze these drawings. For example, a father we know was worried because his child would come out of his room having produced drawings that were always colored in black. His father was concerned because he assumed the color indicated a seriously depressed child. When the child was asked why he only drew in black, he replied, "Because that was the only crayon I could find." Nevertheless, you don't need a PhD in psychology to derive a great deal of relevant data from your child's drawings. Common sense, paired with your child's explanation, can serve as a most useful evaluative tool.

**ACTIVITY****An Illustrated Journal**

*Target age:* 6–15.

*Goal:* To draw a picture to represent an experience of anxiety or coping with anxiousness.

*Materials needed:* Colored pencils/markers and paper or sketchbook.

This activity has your child draw a picture of an experience he had during that day. It should involve an anxiety experience or how your child coped with the experience. Have your child draw on the left page of the sketchbook and leave the right page blank for the next activity.

*Adaptation for older children:* Older children should UYOED for this activity.

Because anxious children are often also creative, they are good at telling stories. It may be that for your child, telling a story about how his plan worked out would free him from limitations. He might be more objective by writing about his drawing and come up with suggestions to improve his plan and reduce anxiety.

**ACTIVITY****Social Stories for Self-evaluation**

*Target age:* 11–15.

*Goal:* To write a social story for the picture drawn about his experience of anxiety or coping with anxiety in the journal.

*Materials needed:* Picture from D above, UYOED or pencil and paper.

Your child is to write a story about his picture describing what he felt and how he dealt with the experience. Help him incorporate strategies from his plan and how they helped him with the situation.

*Adaptation for younger children:* An older sibling or parent can write down the story for a younger child.

### *Buddy plan*

Anxious children often don't want anyone to know about their problems, and yet, another person may be a helpful ally. Your child can make a lot more progress with his plan if he has the help of one or even several of his buddies. When he has come to accept his anxiety problem without a sense of blame and shame, then your child will be able to talk to friends about it in a matter-of-fact way. This allows him both to explain his performance to his friend(s) effectively, and advocate for support for himself.

## ACTIVITY



### **Share Your Struggle**

*Target age:* 6–10.

*Goal:* To build support of a good friend in obtaining an objective view of progress.

*Materials needed:* None.

Ask your child to explain to a friend exactly what has been happening with him each day. The buddy need not be the same age as your child. The buddy might be another family member or

perhaps one of your own friends. As your child makes this daily report, he will become aware of many details that may well have escaped him in the heat of the day's activities. If the buddy is someone at school or in the neighborhood, the report can be made in person or over the phone. If the buddy is farther away, your child can use the phone or write one letter each day that will be mailed at the end of the week. Older children may find e-mail or texting to be a quick and easy way to communicate with a buddy.

*Script:* Make a report of the actions you have taken in the past week to lower your anxiety level, and how they worked out. Of course, your description also should include your feelings about each of your actions. Your description of feelings should involve one or the other of two dimensions:

- Qualitative – a description of your feelings (“I felt scared before I started my plan, and a little sad that I’m the type of person who has to do this sort of thing, but I felt great that things went okay!”).
- Quantitative – how many times or how well you have performed (“I would rate my anxiety level before beginning the plan at about 8. It dropped to around 6 while I was doing it, and was down to 3 by the time everything was over.”).

As your child speaks to his buddy, he is also hearing himself review how well he has been doing, and through this process receives invaluable formative evaluation.

*Adaptation for older children:* Older children can especially benefit from the feedback of a good friend – since friendships are so important at this age. They should include *both* of the dimensions mentioned above in their evaluations.

**ACTIVITY****Muscular Imaging**

*Target age:* 6–15.

*Goal:* To intentionally focus on relaxing different muscle groups to relieve tension that promotes creative thinking and decreases anxiety.

*Materials needed:* None.

*Script:* A good warmup for this activity is to clench a fist and then relax and feel the difference between being tense and relaxed. Now get into a comfortable position and visualize the muscle (neck, back, and so on) that you feel is most tense. Now close your eyes and focus on that muscle and squeeze it tight for a count of 5, then let it go.

Now I'm going to give you a massage on that muscle. Use this massage to evaluate how helpful just imagining getting a massage can be when you're going through an anxious situation. Just imagine feeling my hands rubbing your "anxious muscle". Does it help? What is the change in your anxiety muscle's tension, from 10 to 1? Can you use this technique to watch your anxiety fade when you're by yourself?

*Deciding to work with a therapist*

You may decide that your child's symptoms are not so severe that you must have professional help, and that you can probably handle the problem effectively with the help of this book. You may want to engage a psychologist to advise you on the plan you and your child have formulated. Sometimes a professional objective review of a plan can provide encouragement when the going gets rough. Creating an imaginative plan is one step, but there are numerous plans and revisions that will help your child succeed in reducing his anxiety. No one is as well trained to gauge various aspects of your child's progress in

reducing his anxiety than a licensed psychologist or social worker. This person need not be a psychotherapist (although they are usually the best-trained individuals in this field). School psychologists and school adjustment counselors can also offer quite useful judgments.

### *Using checklists*

A major problem with most anxieties is that they tend to build up to a high level of stress without your child being aware of it. Checklists can help him keep track of the symptoms of his anxiety while he carries out his current plan. Like the chart in Activity 6A, checklists also inform him of the frequency of certain symptoms that may be reoccurring. Psychologists have learned that once a habit has become embedded in the mind, elements of it will pop up spontaneously, even after the habit has been broken. Some common questions for a checklist include ongoing fear of social situations, excessive worry about upcoming events, anxiety when interacting with peers, school attendance refusal, and physical reaction with pulse rate and/or breathing.

## ACTIVITY



### **Blind Side**

*Target age:* 11–15.

*Goal:* To cope better when symptoms of anxiety recur spontaneously.

*Materials needed:* UYOED or pencil and paper.

*Script:* Please make a list of the symptoms that can result from your particular anxiety, such as avoidance behaviors, shortness of breath, or excessive worry. Next to each of these problems, you should write down the way the behavior interferes with normal functioning. For example: shortness of breath = fear; I'm going to get sick; makes me tired, and saps my energy; scares me about my heart's health. Be assured that

when you get rid of a symptom by, for example, using controlled breathing techniques, and the symptom suddenly recurs, it does not mean you are losing ground. It is natural for this to happen spontaneously. You will find that if you don't give up, the recurrences happen less and less. Keeping track of what happens will definitely help!

*Adaptation for younger children:* Your child can list his symptoms for you, then you can write them down. He could also draw pictures of his symptoms, such as a tummy ache or a headache.

## ACTIVITY



### Sticky Situations

*Target age:* 11–15.

*Goal:* To routinely check on the progress of the current plan.

*Materials needed:* UYOED or self-sticking notes of various colors.

Help your child compile a list of positive affirmations he needs in order to make his plan work well, such as giving himself an internal pep talk before an oral report. These encouragements should be individually written on the sticky notes and placed in conspicuous places around his room – on the door, above the light switch, and in the closet, for example. As he works on his plan, he can't help being reminded to make spot checks on his progress regularly.

*Adaptation for younger children:* Pictures might have stronger connotations than words for younger children. The child can draw different facial expressions or objects on colored sticky notes that they can put around their room and home. You and he could also find them on Word Clip Art.

*Electronic Journaling and Monitoring Progress*

With electronic devices getting more and more easy to use, children can use one to record audio and/or visual experiences, or to make movies or videos – perhaps a dreaded experience to review and problem-solve. Again, be sure to use only safe, secure applications for this type of progress monitoring and evaluation of plan activities.

**ACTIVITY****Vocal Journal**

*Target age:* 6–15.

*Goal:* To describe feelings about the plan and its strengths and weaknesses.

*Materials needed:* UYOED or paper and pencil.

Your child can record his feelings several times a week on his ED to help him become invested in identifying the strategies in his plan. He can share his recordings with you. Together you can revise the plan. Your child can also use this information to make a visual chart to reinforce staying on track to reduce anxiety and increase creative thinking.

**Summative Evaluation**

Just as it is important to regularly check on your child's progress, it is also essential to make a careful analysis of how much he has reduced his anxiety when he has finished carrying out his plan. There are many ways this can be done; it is probably wise to use more than one evaluation technique so your child can receive the depth of understanding



he needs to grow from his experience. Don't forget: these summative strategies should be used BEFORE and AFTER your child's original plan has been followed.

Psychologists call anxiety the invisible problem. The symptoms are often not apparent. Your child is even more likely than an adult to have exaggerated sense of how obvious his internal state is to others. This needs to change, and summative testing can help make this happen.

## ACTIVITY



### **YOU, the Movie Reviewer!**

*Target age:* 10–17.

*Goal:* To view reactions to anxious situations more accurately.

*Materials needed:* UYOED. Short online video of examples of anxious behavior, easily found on YouTube (for example, [youtube.com/watch?v=KBnhqzFu4uE](https://www.youtube.com/watch?v=KBnhqzFu4uE)).

Watch the video for the first time, without making comments. Then play the video again and have your child dictate what they see. Play the video a third time and check your child's responses to the video.

*Script:* Let's discuss what really happened and how it differed from your first viewing. What did you miss? Why do you think you missed it? What could the person in the video have done to reduce his/her fears? How can you use your plans to help you reduce your fears in situations like this?

Ask your child about thoughts that might help him in similar situations, or talk about a situation where he was successful in decreasing his anxiety.

*Adaptation for younger children:* Search for milder, less upsetting videos than the one recommended for older children.

**ACTIVITY****YOU, the Movie Writer!**

*Target age:* 10–17.

*Goal:* To brainstorm and problem-solve interventions.

*Materials needed:* UYOED. Short online video of examples of anxious-behavior situations.

Watch the first video for the first time, without making comments. Then play the video again and have your child dictate what they see.

*Script:* Tell me what the problem is in the video (performance anxiety, fear of new situations, sleep-over). What do you think the person was feeling (fear, sickness)? Have you been in a similar situation? What strategies did you use that might help him/her? What have you done that was successful in decreasing your anxiety?

Together write a new script for the video using possible interventions/strategies that you have brainstormed that could be effective and change the video for the better.

**ACTIVITY****Pre-test and Post-test**

*Target age:* 6–15.

*Goal:* To quantitatively assess whether anxiety has decreased as a result of the plan.

*Materials needed:* Dacey–Fiore Anxiety Questionnaire, printed out.

The Dacey–Fiore Anxiety Questionnaire measures a broad spectrum of symptoms. The best way to use it is to ask your child to fill it out before he commences with the chosen anxiety plan, and then when he has finished it. Score both of sets of responses, and see whether the post-test yields a significantly lower score on anxiety than the pre-test. If so, that would indicate that the plan was successful.



### *The Dacey–Fiore Anxiety Questionnaire*

Think about how much each statement is true of you. Then mark the statement on the right with an X after the phrase that indicates how much you think that statement is true of you.

Date of this response \_\_\_\_\_

<i>Symptom</i>	<i>Statement describes you?</i>
1. I worry a lot.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
2. I hate to do things where the spotlight will be on me.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
3. I would say I am not a fearful person.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
4. People say that I am one of the most confident kids in my class.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
5. I am always worrying about what will happen next.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
6. I believe I have a lot of self-control.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___

<i>Symptom</i>	<i>Statement describes you?</i>
7. Nothing terrible has ever happened to me.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
8. I never worry about getting dirty or getting germs on myself.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
9. To the best of my knowledge, I have never told a lie.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
10. Several times a week, I am awakened by scary dreams.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
11. I enjoy myself more when I am home than when I go on a trip.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
12. I am usually a calm person.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
13. I am the kind of person who likes to try everything at least once.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
14. I don't mind being away from my parents.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
15. I often feel concerned that people are talking negatively about me.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
16. When I find myself with people I don't know well, I never know what to say.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
17. I really enjoy learning new skills.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
18. When I leave home, I usually feel like going back to make sure everything is okay.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___

<i>Symptom</i>	<i>Statement describes you?</i>
19. I am not too good at doing things, so I don't like to perform with other people watching me.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___
20. Sometimes, for no reason at all, my heart starts pounding and I feel very scared.	Strongly agree ___ Agree ___ Disagree ___ Strongly disagree ___



Your child needs to fill out the questionnaire before and after the plan has been put into effect. Then one of you needs to score it for each result. For items 1, 2, 5, 10, 11, 15, 16, 18, 19 and 20, the scoring is as follows:

Strongly agree = 4, Agree = 3, Disagree = 2, Strongly disagree = 1.

For the rest of the items (numbers 3, 4, 6, 7, 8, 12, 13, 14 and 17), this scoring is reversed: that is, Strongly agree = 1, Agree = 2, Disagree = 3, Strongly disagree = 4.

Item number 9 is called a “lie” item. Everyone should disagree with this item, because we assume everyone tells a lie sometime or other. If your child agrees with it, he may not be making his responses seriously, or he may be trying to answer only in ways he thinks you would approve of. You might want to investigate further whether your child is taking the questionnaire seriously, or whether he is trying to please you with his answers.

Add up all 20 item scores (exclude number 9 from this total) to get one overall measurement of your child's anxiety level. When this has been accomplished, sit down with your child and compare the two scores. Did he score higher or lower on the questionnaire the second time? If there is not much change, you and your child can

think of different plans that will help with his anxiety. This is an excellent starting point for discussing anxiety with your child, and can lead to rich insights into how he feels about his own abilities to reduce his anxiety.

We hope this chapter persuades you of the importance of evaluation and, most importantly, we hope you are able to use these methods to build a really effective plan with your child.

## Using Anxiety Strategies with Preschoolers

Although the strategies in this book are designed for children ages six through 15, they can be employed with younger children if certain traits are taken into consideration. There are three: the preschoolers' initiative versus shame and doubt; their ability to think "pre-operationally"; and the prevalence of their "deficiency needs". These three factors are psychological mainstays, but are often new to parents. Furthermore, they are seldom obvious, even to psychologists.

Unfortunately, anxious children often suffer deficits in each of these areas. Therefore it is important that those of you who wish to use our strategies with three- to five-year-olds be cognizant of these special problems. In most cases, those strategies will need to take the nature of preschool developmental elements into account for the exercises to work well. In the sections that follow, we will explain these elements through the models of the psychologists who have introduced them: Erik Erikson, Jean Piaget, and Abraham Maslow.

### **Erikson's Model of Preschool Traits**

The ages at which the first five stages (or crises) occur in Erikson's model are identical to the five stages in Freud's theory (see Table 7.1). Erikson studied human development with Freud's daughter Anna.

*Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children*,  
Second Edition. John S. Dacey, Martha D. Mack, and Lisa B. Fiore.  
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Companion website: [www.wiley.com/go/Dacey/Anxiouschild](http://www.wiley.com/go/Dacey/Anxiouschild)

**Table 7.1** Developmental stages

<i>PSYCHOSOCIAL</i>		
<i>STAGES (Erikson)</i>	<i>CRISES (Erikson)</i>	<i>PSYCHOSEXUAL STAGES (Freud)</i>
STAGE 1 Infancy 0–1½ years	Trust vs. Mistrust	Oral – respiratory, sensory-kinesthetic
STAGE 2 Early Childhood 1½–3 years	Autonomy vs. Shame, Doubt	Anal – urethral, muscular
STAGE 3 Play Age 3–5 years	Initiative vs. Guilt	Infantile – genital, locomotion
STAGE 4 School Age 5–11 years	Industry vs. Inferiority	Latency (no sexual urges)
STAGE 5 Adolescence 11–18 years	Identity and Repudiation vs. Confusion	Genitality
STAGE 6 Young Adult 18–25 years	Intimacy and Solidarity vs. Isolation	No development
STAGE 7 Adulthood 25–60 years	Generativity vs. Self-absorption	No development
STAGE 8 Mature 60+ years	Integrity vs Despair	No development

What happens in the stages for these two geniuses are quite different, however. Freud's concept emphasizes physical, sexual development. For Erikson, changes over life are due to psychological and social causes.

Erikson's stages, and the ages during which they ideally occur, are a picture of optimal progress. No one proceeds through them perfectly.



Many of us get stuck at an intermediate stage and never make it to the end. During each of the stages, there is a crisis which has two poles, a negative and a positive. We need to resolve the crisis in favor of the positive side, but we must adopt some of the negative side, too. Allow us to give you an example by starting with the first stage, birth to one and a half years.

The primary crisis is the question of trust. Erikson used words with great precision. To be trusting is not just to believe that everybody will be nice to you. You must also realize that some people won't lend you a hand when you need it. The main goal is to recognize the world as *predictable*: the confidence that we can usually predict what others are going to do, and that the world is an orderly place. Erikson called this a sense of "cosmic order". The infant should come to expect that when she cries, Mommy will be there to comfort her, and when she says "Da Da", Daddy will be overjoyed. Of course, if you grow up believing you can trust everyone, you're in for trouble, and you must learn this, too. Erikson suggested it is no surprise that criminals tend to come from chaotic early environments, in which trust is not instilled. Without the sense of predictable outcomes, the child may see no reason not to cheat and lie.

It is also at this first stage that we may see development of the roots of faith. Faith refers to the stand you take when you know that you don't have enough information to be certain, but you realize that you ought to make up your mind anyway. Since we cannot know that God exists, belief in Him/Her/It is always a matter of faith. Other examples of taking a faith position include the vocation we choose, the investments we make, and the vows we take in marriage. As for the latter, on average we are wrong about two thirds of the time: if you add to the national divorce rate of 50 percent another 15 percent for unhappy marriages, we can see that marriage truly requires trust.

In the next stage (one and a half to three years old), the child should develop a sense of autonomy. This is also critical to mature love, as it is the beginning of trust in oneself. It requires the belief that you have the capacity to do good things. Erikson suggested that success in toilet training is the appropriate resolution of the second crisis.

The other pole, shame and doubt, also needs to develop at this time. At the extreme, with absolutely no shame or self-doubt, a person might

become a psychopath. Shame must not dominate one's personality, however. Usually, an explanation of the child's wrong-doing and the occasional mild punishment do the job.

### *Erikson's third stage: initiative*

In the third stage (3 to 5 years), healthy development involves a sense of initiative. Not only should the child develop trust in herself, but she should demonstrate it by acting on her environment. For example, the ability to play games well is important at this age. Unlike Freud, Erikson was not concerned with the child's libidinous desires for her father. Children do need to develop a sense of guilt at this stage, but again, it must not govern them. Notice how cleverly Erikson depicts the relationship between shame and guilt:

- Shame is the bad feeling one gets when caught doing something wrong (Stage Two).
- Guilt is the bad feeling one learns to have when doing something wrong, even if no one else knows about it (Stage Three).

Each of our strategies must be interpreted imaginatively, to include promoting a positive view of initiative. We believe that most parents are capable of making this transition for their child.

## **Piaget's Model of Preschool Thinking**

Even infants have certain skills in regard to objects in their environment. These skills are simple, sensori-motor skills, but they direct the way in which the infant explores her environment and so how she gains more knowledge of the world. These skills he called *schemas*.

For example, an infant knows how to grasp her favorite rattle with one hand and thrust it into her mouth. She's got that schema down pat. When she comes across some other object – daddy's expensive watch, say – she easily learns to transfer her "grab and thrust" schema to the new object. Piaget called this *assimilation*, which means spotting the similarity between familiar and new objects, and using that awareness to build a new schema.

When our infant comes across another object – say, a large ball – she will try her old schema of grab and thrust. This of course works poorly with the new object, so she must discover a new schema. Perhaps “squeeze between two hands and drool” would be an appropriate title for the new schema. This is called *accommodation*, which means changing an old schema so that it accommodates the new situation.

Assimilation and accommodation are the two sides of *adaptation*, Piaget’s term for what most of us would call learning. He saw adaptation as a fundamentally biological process. All living things adapt, even if they have no nervous system or brain.

Assimilation and accommodation work like pendulum swings, advancing our understanding of the world and our competency in it. According to Piaget, all thinking organisms alternate between operations in the mind (*assimilation*) and new tasks in the environment (*accommodation*). The goal is a functional balance between the two. This ideal state he calls *equilibrium*.

As he continued his investigation of children, he discovered stages of cognitive development. Adults are not simply complex infants. Einstein was not simply smarter than a baby. All adults think in *qualitatively* different ways than children. Believe it or not, this was a really wonderful discovery. On the way to maturity, Piaget found that humans go through four stages – Table 7.2 lists the first two:

**Table 7.2** Piaget stages 1 and 2

<i>Name of stage</i>	<i>Age of stage</i>
Sensori-motor	Birth to 2 years
Pre-operational	2 to 7 years

#### A. *The sensori-motor stage*

The first stage is the sensori-motor stage. It lasts from birth to about two years old. As the name implies, the infant uses her senses and motor abilities to understand the world, beginning with reflexes, and ending with complex combinations of sensori-motor skills.

At this point, other things begin to show up as well. For example, babies become ticklish, although they cannot tickle themselves.

And they begin to develop *object permanence*. This is the ability to recognize that just because you can't see something doesn't mean it's gone! It could be behind your father's back. Younger infants seem to function by an "out of sight, out of mind" schema. Older infants remember, and may even try to find things they can no longer see.

### B. *The pre-operational stage*

The *pre-operational* stage lasts from about two to about seven years old. Now that the child has mental representations and is able to pretend, it is a short step to the use of *symbols*. A symbol is a thing that represents something else. A drawing, a written word, or a spoken word comes to be understood as representing a real dog. The use of language is, of course, the prime example, but another good example of symbol use is creative play, wherein checkers are cookies, papers are dishes, and a box is the table. By manipulating symbols, we are thinking in a way the infant cannot: in the absence of the actual objects involved!

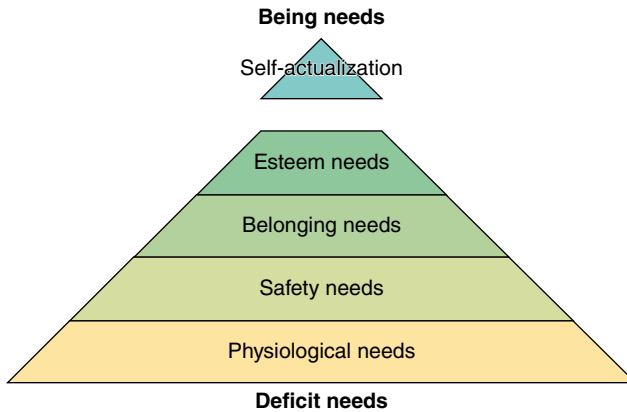
Along with symbolism, there is a clear understanding of past and future. For example, if a child is crying for her mother, and you say, "Mommy will be home soon," she will now tend to stop crying. Or if you ask her, "Remember when you fell down?" she will respond by making a sad face.

The chief implication of Piaget's discoveries is to use language that is very specific, and tied to observable objects and situations. The word "creativity", for example, must not be used. It will only have relevance to children in Piaget's last two stages: concrete and formal operations.

## **Maslow's Model of Preschool Needs**

Abraham Maslow created his now famous *hierarchy of needs* (Figure 7.1). They do not change as a person progresses through life, but are rather present at all ages.

Each level of the triangle represents a need which can only be fulfilled when the level below it is met. Beyond the essential requirements for air, water, food, and (perhaps) sex – the physiological needs – he



**Figure 7.1** Maslow's hierarchy of needs

laid out four higher layers: the need for safety and security, for love and belonging, for esteem, and to fulfill one's potential. This last he called *self-actualizing*.

1. *The physiological needs.* These also include oxygen, water, protein, salt, sugar, calcium, and other minerals and vitamins. There is also the need to maintain a pH balance (getting too acidic or too base will kill you) and body temperature (98.6 or near to it). Also, we need to be active, to rest, to sleep, to get rid of waste (CO<sub>2</sub>, sweat, urine, and feces), and to avoid pain. Quite a collection!
2. *The safety and security needs.* When the physiological needs are largely met, this second layer of needs comes into play. You become increasingly interested in finding safe circumstances, stability, and protection. You might develop a need for structure, for order, some limits.
3. *The love and belonging needs.* When physiological needs and safety needs are taken care of, a third layer starts to show up. You begin to feel the need for friends, a lover, children, affectionate relationships in general, even a sense of community. Looked at negatively, you become increasingly susceptible to loneliness and social anxieties.
4. *The esteem needs.* Next, we begin to look for self-esteem. Maslow noted two versions of esteem needs, a lower one and a higher one. The lower one is the need for the respect of others, the need for

status, fame, glory, recognition, attention, reputation, appreciation, dignity, even dominance. The higher form involves the need for self-respect, including such feelings as confidence, competence, achievement, mastery, independence, and freedom. Note that this is the “higher” form because, unlike the respect of others, once you have self-respect, you care less about what others think.

All of the preceding four levels Maslow calls *deficit needs*. If you don’t have enough of something – in other words, you have a deficit – you feel the need for it. But if you feel sated, it ceases to be motivating.

These desires can occur on a society-wide basis as well: when a society suddenly flounders, people start clamoring for a strong leader to take over and make things right. When the bombs start falling, they look for safety. When the food stops coming into the stores, their needs become even more basic.

If you have significant problems along your developmental path – a period of extreme insecurity or hunger as a child, or the loss of a family member through death or divorce, or significant neglect or abuse – you may “fixate” on that set of needs for the rest of your life.

5. *Self-actualization*. The last level is different. Maslow has used a variety of terms to refer to this level: he has called it the level of *being needs*, and also *self-actualization*.

These are needs that do not involve deficits. Once engaged, they are likely to become stronger as we “feed” them! They involve the continuous desire to fulfill potentials, to “be all that you can be”. They are a matter of becoming the most complete, the fullest “you” – hence the term, self-actualization.

Now, in keeping with Maslow’s theory up to this point, if you want to be truly self-actualizing, you need to have your lower needs taken care of, at least to a reasonable extent. This makes sense: When lower needs are unmet, you can’t fully devote yourself to fulfilling your potential. The starving artist is really a myth. It isn’t surprising, then, the world being as difficult as it is, that only a small percentage of the world’s population is truly self-actualizing. Maslow at one point suggested only about 2 percent!

The implication of Maslow's model is rather straightforward: to help your child reach her full potential, her basic needs must be met first. A tired, hungry, thirsty preschooler is not likely to be successful overcoming anxious feelings about travel. In fact, unmet deficiency needs are themselves likely to disrupt your child's serenity. Think about these needs carefully before carrying out any anti-anxiety plan!

### Children All have Different Starting Points

Remember when after your child was born, you were asked "How old is she/he?" You would first respond in days, then in weeks, then in months, then in years and months. Finally, you just said a whole number. Observation of a child's growth helps a parent recognize her learning patterns, strength, and needs.

In Chapter 2, we gave examples of typical age differences in sources of anxiety – the dark, an animal, or separation from parent. Often a child's anxious behavior looks like she is being non-compliant, oppositional, or hyperactive. It is understandable to think this because of her developmental stage. Let's look at traits of the typical anxious preschooler (Table 7.3).

**Table 7.3** Traits of the typical anxious preschooler

<i>Age</i>	<i>Traits of the typical anxious preschooler</i>
Three years old	Seems often to feel insecure, vulnerable, and unsure of self. Is considerably more emotional in relation with adults. She is often tearful, demanding, and hard to get along with. Is often demanding of adult attention.
Four years old	Lacks moderation, Out of bounds. Resistant to adult commands. Endless questioning: Why? When? How?
Five years old	Capable of self-criticism, but is seldom adventurous or daring; likes to do only what can be done well; self-contained; likes to be certain and accurate.

## **What Does Anxiety Look Like in Preschoolers?**



### ***The Swim Lesson (MM)***

Here is a scene I recently witnessed. Mom pushes Katie forward to the group of five-year-olds at the edge of the pool. Katie has her arms wrapped around herself and becomes stiff, not moving any closer to the water. The instructor tells the children to sit down on the edge of the pool. Katie is watching and doesn't move. Mom tries to get her to take a few more steps to the pool, but Katie refuses. Mom tries again and Katie backs away. The other children are kicking their feet in the pool, then one by one they go down the stairs into the waist-high water. Katie turns and runs to the changing room. When Mom gets to her and asks what's wrong, Katie says she doesn't know how to swim. Mom explains that's why they are here: for swimming lessons. Katie shakes her head and starts sobbing. "Why are you so upset?" her troubled mother asks. "I don't know! I don't know!"



Katie's mom has just experienced the fight-or-flight condition. In the face of panic and anxiety, some young children become unable to cope with a situation. They decrease active participation, can become hyper-vigilant, do not pay attention, and decrease risk-taking behavior. Basically, their way of coping is by "dropping out" or "acting out".

Do you have a list of "red flags" that can trigger anxiety in your child? Does it include crowds, loud noises, animals, and unfamiliar people or places, to name a few? Try keeping a note card handy, and then watch for situations where our strategies can help and support your child. In the next section, we suggest exercises that are developmentally appropriate and simple for you to use. The easier the intervention, the better the chance you'll use it to ease meltdowns and outbursts by your child. After you have read and tried these activities, we think you also will be better able to adapt the strategies presented in Chapters 3 through 6 to your preschooler's needs.



## Cope Step 1: Calming the Nervous System

### ACTIVITY



### The Four Bs

*Target age:* 3–5.

*Goal:* To learn a calming activity for body and mind.

*Materials needed:* None.

*Script:* I am going to show you four ways you can calm yourself down. I want you to try them, and see if you can keep them in your mind. Each one starts with the letter B, so that should help you think of them when you get scared, okay? Let's try the first one, called BURDEN.

1. The first thing you'll do is called **BURDEN**. Put your hands together in front of your chest. Now press of the palms of your hands together and push them together hard while I count to five. (1, 2, 3 4, 5) Now drop your hands to your sides. Feels like you have set down a heavy burden, right? Great! That's why it's called **BURDEN**. We will do this three times.
2. Next we're going to do one called **BREATH**. Take a deep breath and with each breath you take, raise your arms up over your head. Now slowly put your hands back down, and breathe out. We will do this three times.
3. Now we're going to do **BRAIN**. Please put your right hand on top of your head, then your left hand on top of your right hand. Great. Okay, press down on your brain. We will do this three times.
4. This last one is **BODY**. All you have to do is hug your body with both arms, just as hard as you can. We will do this three times.

You did a terrific job! If you get scared, try doing these four things: **BURDEN, BREATH, BRAIN, and BODY. It will really help you, we promise.**

## ACTIVITY



### Belly Breathing

*Target age:* 3–5.

*Goal:* To learn to use breathing to help calm body and mind.

*Materials needed:* None.

You and your child should sit “knees to knees”, either in chairs facing each other or in yoga position on the floor. You model the breathing behavior: Place your hand on your belly, breathe in through your nose and then slowly let your breath out through your mouth, each for the count of five. After each exhalation, hold your breath, also for the count of five. Do this belly breathing each morning and before your child’s bedtime.

## ACTIVITY



### Helping Hand

*Target age:* 3–5.

*Goal:* Breathing to calm body and mind.

*Materials needed:* None.

*Script:* Raise your left hand in front of you, chest high. Now with the pointer finger of your right hand, touch the valley between your left thumb and your left pointer finger. Now trace your pointer finger to the tip, breathing in. Stop at your left fingertip. Now breathe out as you trace the finger down to the place between it and your next shorter finger. Pause and relax. Now do the same thing again until you have traced your whole left hand. You draw the finger up the side to the tip of the next finger and exhale as you draw down the side of the finger. When you have done all four fingers, reverse all the tracing and breathing until you are back at your thumb, breathing in and out all the way.

## Cope Step 2: Originating an Imaginative Plan

Now your role is to be the “guide on the side”. Depending on their age and skills, some preschoolers can help with designing their plan (see Chapter 4). In trying to reduce anxiety, the plan should be aimed at taking small steps toward success, using problem-solving skills and imagination.

### ACTIVITY



### Rewind

*Target age:* 3–5.

*Goal:* To promote flexibility in thinking.

*Materials needed:* UYOED or video camera.

*Script:* The idea here is for you to try a strategy for a second time. Just because the strategy didn't succeed the first time does not mean it will not work, or that it cannot be made to work better. We will make video of you trying to win out over your fear, and then we'll talk about what is happening on the clip. I will be asking you the following questions:

- What am I doing?
- How long will it take?
- How well did I do? Why?
- What would I do differently next time?
- Who should I have asked for help?

## ACTIVITY



## The “Grokking” Rock

*Target age:* 3–5.

*Goal:* Problem-solving by using a safe spot to *relive* anxious thoughts.

*Materials needed:* a rock in the woods or by water, a beanbag chair, a small tent, or other quiet place in or near your home.

An anxious child’s “time out” spot (called a “grokking” rock in Heinlein’s brilliant book, *Stranger in a Strange Land*) is a place where they can go to relax. Having a place where your child can go to think happy thoughts, maybe do a yoga pose or draw a picture, teaches them that they can help themselves. The idea is that they must leave such a place if they become agitated. As with older children, using the space regularly could markedly reduce anxious feelings.

***Scary Monster, Monster Scarer***

Patricia was having a hard time getting to sleep because she couldn’t stop thinking about monsters under her bed, in the closet, and behind her dresser. Dad talked about how monsters were not real. Patricia shook her head, and then described the monster as green with glowing eyes and teeth. The monster was short and thin and could fit into small places and had really big feet so he could run fast. Dad said, “What a great imagination you have! I think I have an idea. If you use your imagination, I bet you could picture a Monster Scarer. The Monster Scarer could get rid of the Scary Monster and anything else that makes you afraid. Dad asked Patricia to close her eyes and describe the Monster Scarer. He was tall and very big. He wore polkadot PJs. When he smiled he made the room light up. Dad and Patricia decided that whenever she got scared she would imagine her Monster Scarer, and everything would be all right!



## ACTIVITY



### The Story Teller

*Target age:* 4–5.

*Goal:* Using your child's imagination to change negative thoughts to positive one.

*Materials needed:* UYOED or pencil and paper.

Tell your child a story about an experience or situation in which you got anxious. Brainstorm with your child about how her Monster Scarer could have been helpful to you.

### Cope Step 3: Persisting in the Face of Obstacles and Failure

Parental and familial supports are often needed to foster persistence when the going gets rough. As obstacles pop up, only your encouragement can help your child get over the hurdle. Taking risks with unfamiliar situations and not getting stuck are goals all anxious children must master. Consistency in your support is tremendously important.

## ACTIVITY



### Free to Think

*Target age:* 3–5.

*Goal:* To learn to use cues to cope with anxious feelings.

*Materials needed:* UYOED or pencil and paper, sticky notes.

*Script:* You are going to make a list of thoughts so that when you become scared, you can use them to calm down and win

out over the trouble. Here are some words and gestures that you can use:

"1,2,3, look at me, I am trying to be free!"

"My magic word is\_\_\_\_\_."

"Thumbs up!"

"I am brave!"

"I will just let it go."

"I am a happy gal (guy)!"

Look like a strong winner by raising both arms straight up.

"Try, try again!"

Now you try to think of your own words and signs.

## ACTIVITY



### Finger Plays

*Target age:* 3–5.

*Goal:* To use distraction to help center and focus when making transitions.

*Materials needed:* Books with fingers plays can be found at libraries, bookstores, and online.

Practice in situations in which you think your child may become anxious. Here are some favorite finger plays.

#### *Grandmother's Glasses*

These are Grandmother's glasses: make circles around each eye with fingers.

This is Grandmother's cap: hold fingers interlocked overhead.

This is the way she folds her hands: fold hands.

And lays them in her lap: lay hands in lap.

#### *Airplanes*

Oh, look, see our airplane: look up.

Away up in the sky: point up.

Watch us gliding through the air: extend arms as if flying.

This is how we land our plane, oh, me, oh, my: lie down on ground.

*This Little Child Is Going to Bed*

Down on the pillow she lays her head: open palm of one hand and lay index finger other hand across it.

Wraps herself in the covers tight: close open palm around index finger.

And this is the way she sleeps all night: lay closed hand down on table.

Morning comes and she opens her eyes: put fist in front of eyes, then open fingers.

Back with a toss the cover flies: release finger from palm quickly.

## ACTIVITY



### Picture this

*Target age:* 3–5.

*Goal:* To preview, rehearse, and mediate a challenging experience using self-talk.

*Materials needed:* Sequential photos of your child in a new situation.

Take four or five photos in the sequence of an experience that you want your child to preview and rehearse. For example, a doctor appointment would look like this:

1. Driving in the car.
2. Walking to the door of the office.
3. Sitting in the waiting area playing games.
4. Sitting in the examining room.
5. Choosing something from the treasure chest and leaving.
6. Hooray for me!

Have your child tell her story by laying out the pictures of the experience in order, which allows her to verbally describe and control what is going to happen.

## Cope Step 4: Evaluating and Adjusting the Plan

Preschoolers are often unaware of their progress. Using visual aids can help them realize they are moving toward freedom from fear. The more they can see how well they are doing, the more they will be able to use strategies to alleviate their discomfort.

### ACTIVITY



### Parent Rating Journal

*Target age:* 3–5.

*Goal:* For parents to use a daily journal to document which strategies were most effective.

*Materials needed:* UYOED or pencil and notebook.

Once you have finished a step in your plan, try keeping track of every victory, no matter how small. Young children are always undergoing developmental changes, so keep this in mind.

Keep a journal for at least three weeks, perhaps on 3 x 5 inch cards, with the following data:

*Today's date.*

*Strategy used.*

*Reactions and outcomes.*

*How well did it work?*

*Fixes needed?*



## ACTIVITY



### Icon Help You

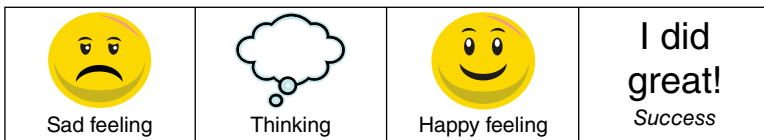
*Target age:* 3–5.

*Goal:* To use picture icons to review and describe how your child felt during the situation to evaluate how effective the plan is.

*Materials needed:* Figure 7.2.

Ask your child to tell you how they felt during each anxious situation.

*Strategy used:* \_\_\_\_\_



**Figure 7.2** Icon help you!

For three-year-olds, you can simply use a thumbs-up or thumbs-down picture to get them to rate their experience.

## Get Your PHD: Parent Having Durability

As you are marking off charts, calendars, numbers, and goals, make time for yourself and your family members. Supporting your young anxious child takes endurance. It is easy to get frustrated or exhausted. There is no progression without regression. Your patience and consistency will prove to be effective over time. Your love and faith will help your child become her real self. We wish you the best!



## How Your Parenting Style Can Ease Your Child's Anxiety



"Sometimes I feel like wringing his neck and saying, 'Enough already!' We have the same conversation over and over. I could get a tape recorder and just play it back again and again and it would be the same thing. It gets so frustrating because sometimes I get so sick of it."

"Our trouble began when Henry had a really hard time separating from me when he had to go to school. It got so bad that I had to sit in the classroom with him. I can't do it anymore. I don't think it helps him, my being there. The therapist that my son is seeing says that he is a very angry child. But he's not like that at home at all. I mean all boys throw things, don't they? It's normal for boys to play a little rough."

"I finally had what I call my 'validation revelation'. I realized that I had been listening to what my daughter was saying, but I hadn't really *heard* her. Whenever she told me that she was scared I'd always try to downplay things, like, 'It's not so bad,' or 'Don't worry, everything will be ok.' I wasn't acknowledging how really scared she was, nor was I validating what *she* was feeling. I was seeing things through my own eyes and trying to protect her. I think that if I had stopped and tried to understand how scared she

was and how much it hurt her, then I could've prevented a lot of the pain and worry over the last six months. I feel like a terrible mom."



It is normal sometimes for parents to feel guilty. The role of parent is unlike any other job or responsibility, and there are few rules, guarantees, or guidelines. There is also very little training for the position. If something doesn't go right in their child's life, parents tend to feel that it's their fault. Today's world is fast-paced, extremely busy, and parents are bound to feel incompetent sometimes. Parents are required to be teachers, doctors, chefs, inventors, playmates, and role models at any given moment of every single day. This is a tremendous amount of responsibility placed on individuals who must struggle to provide the necessary time, energy, and resources so their children can thrive.

The goal of this chapter is to help you do everything you can to support and nurture your child so she may grow into a confident, healthy adult. As the biopsychosocial model makes clear, parents' behavior does account for some of their child's afflictions, but many factors, such as genetic inheritance and neighborhood events, are out of their control. Nevertheless, learning about your role and how your child may or may not react to it is the first step in teaching you to focus on her in a different way. This knowledge can help you adapt your current parenting style to prevent anxiety in your child. It will also help you to work with her to overcome anxieties that already exist. For a parent with a child who has anxiety, your admittedly difficult job is to be supportive. You cannot manage the environment or the actions of others. What you can do is become mindful of your parenting style and model the behavior that you want your child to learn.

You may not even be aware that you have a certain parenting style. Style is a hard concept to define, as it varies from person to person and couple to couple. Simply stated, a parenting style consists of all the behaviors that parents use in the context of their family, such as enforcing discipline and bandaging knees. The parents' personal philosophies and values form the basis for these parenting behaviors. Various

sources contribute to people's parenting style, such as the example of their own parents, their religious beliefs, and the behavior and advice of friends. The decisions that parents make do not occur in a vacuum or "out of nowhere". The experiences they have had over the course of their lives make a significant difference in the way they raise their children.

A number of psychologists have conducted studies that examine parenting styles. In the section that follows we will present the five styles that have been identified over years of research. Later in the chapter, we will discuss how you may unwittingly contribute to your child's anxiety, and explain the steps you might take to shift your own behavior in a way that will help your child. Understanding this information will lead to improved awareness of your child's problems, thus increasing the odds that you will find effective solutions to her problems.

## **Parenting Styles**

Diana Baumrind is one of the researchers who have examined the role of parents in child development. Baumrind's research involves observations of parents interacting with their children. She has identified two broad characteristics of these interactions – demandingness and responsiveness. Demandingness refers to the standards parents set for their children and their expectations that children will meet those standards. It follows that high expectations are often associated with stiffer consequences if the expectations are not met. Some parents set high standards, while other parents demand little.

Responsiveness refers to acceptance of the child for who she is, as reflected in candid discussions where there is an open give and take between parents and their child. Some parents are willing to listen to their child carefully. They consider their child's point of view when making decisions or resolving conflicts. Other parents reject their child's opinions and neglect to consider her as an individual who contributes to the family as a whole. Baumrind has found no parents who are completely

responsive or unresponsive. What she has found are multiple combinations of demandingness and responsiveness that result in three distinct parenting styles: authoritarian, permissive, and authoritative. The two other parenting styles identified by researchers, which we will discuss later, are called democratic and nurturing parenting.

### *Authoritarian parenting*

Parents who use the authoritarian style are highly demanding and highly unresponsive. It is the my-way-or-the-highway mentality that emphasizes conformity and obedience, while at the same time unwillingness to see the child's point of view. If parents and child were to be granted votes (in a two-parent household) for making decisions, parents would have two votes and the child would have none. Children are expected to accept their parents' decisions without question, and punishment usually follows disobedience. Baumrind has found that children of authoritarian parents tend to be more anxious and distant. A child who is not allowed to make many independent decisions does not have the opportunity to experience the consequences of success and failure, and so has little practice in making good judgments.

### *Permissive parenting*

On the opposite end of the spectrum, the permissive parenting style makes very low demands on children. Furthermore, it is extremely accepting because parents either approve of their child's desires (philosophical) or because they really don't care that much (disengaged). In this type of household, the child gets three hypothetical votes and the parents have none. In the first subcategory, parents choose to be permissive because of their philosophical stance regarding parenting. This "hands-off" philosophy allows children to make virtually all of their own decisions, even when they may not be qualified to do so.

Some parents who use this style of parenting believe that children should be able to watch as much TV as they like or go to bed when they are tired. These parents do not enforce curfews or stress the learning of manners. They have a strong belief that when children are given “freedom”, they will almost always make decisions that are good for them. They will get lots of practice in decision-making. This philosophy has been espoused by the French philosopher Jean Jacques Rousseau, and by the UK educator A.S. Neill in his book *Summerhill*, which was popular in the 1960s.

The other type of permissive parenting results not from a personal philosophy or belief system, but rather from the parents simply being disengaged. This type of parenting, at its extreme, may be considered neglect, for the parents exhibit minimal commitment to their children and their role as parents. These parents usually display little warmth, both emotionally and physically, to their child, and may even suffer from depression. Aside from providing the bare minimum in terms of feeding and clothing their child, disengaged parents show little interest in their child's wellbeing. Often, disengaged parents may be struggling with stresses in their own lives, such as divorce, substance abuse, or lack of income, which makes it difficult for them to find the energy and motivation to focus on the needs of their child.

Unfortunately, disengaged parenting affects a child's development in terms of the child forming some of the basic building blocks for successful later development, such as attachment, social and emotional skills (for example, sharing, empathy), and self-esteem. If the child perceives that she is not valued as a part of her family, then she may come to expect that she is not worthy of love and respect from others. Baumrind has observed that children who grow up in permissive households are uncooperative when faced with rules imposed by non-family members like teachers or clergy. These children also have difficulty controlling their impulses, since they have not learned the concepts of patience and self-control. It seems contradictory, but children who grow up in permissive households tend to crave rules and guidelines, since they provide the security and consistency that their homes lack.

*Authoritative parenting*

Authoritative child rearing is somewhere between the authoritarian and permissive styles of parenting. In authoritative households there are reasonable demands placed on children, and parents enforce limits and discipline with rational explanations tempered with love. Parents express love and acceptance openly, and encourage the child's participation when family decisions are made. Parents in an authoritative household get two hypothetical votes to the child's one vote, because the parents possess wisdom and experience that the child does not. Parents are responsible for the health and wellbeing of their child and reserve the right to exercise their majority vote if they feel that their decision is in the best interest of their child. The important element of this parenting style is respect – parents respect the rights of their child and the child respects the parents' input. Baumrind has observed that children in authoritative homes are happy and self-confident. Both boys and girls displayed independence and cooperative behavior.

Why does authoritative parenting succeed where authoritarian and permissive styles fail? One reason is that the rules parents enforce are not random and illogical, but consistent and reasonable. These parents are not necessarily certain that their decisions are perfect, but they are confident that they provide models of desired behavior and that their children are capable of making intelligent decisions. These parents are aware of their child's capacities and set standards for behavior according to their child's developmental level. However, happy and healthy development is a complicated process. As we mentioned earlier, Baumrind's three parenting styles are not the only styles that have been identified by researchers, and we now present two additional styles.

*Democratic parenting*

The original research into democracy in terms of parenting styles was conducted by Alfred Baldwin.<sup>1</sup> Baldwin's findings, like Baumrind's, revealed two general factors in the parent-child relationship: control

<sup>1</sup> Graves (2014)



and democracy. Control is similar to the concept of demandingness we have already discussed; democracy relates to the honest communication between parents and their child. For example, democratic decisions are reached by mutual agreement, where the parents receive a total of one hypothetical vote and the child receives one vote. Parents and child are on equal footing in the decision-making process, and the child's input is actively sought and respected by the parents.

When democratic parents choose to enforce discipline, they provide reasons for doing so. In this aspect, democratic parenting is similar to authoritative parenting. The difference lies in the fact that parents and child are equals in the democratic household. Children who are used to getting their own way find it difficult to obey someone else's demands. Baldwin found that although these children may tend to be more rebellious than children raised in non-democratic homes, they also tend to be highly curious and creative.

### *Nurturing parenting*

A fifth parenting style, one that encourages a child's creativity, sense of responsibility, and social skills, has been identified by John Dacey and Alex Packer and their book *The Nurturing Parent*.<sup>2</sup> Their studies of families whose children had been designated by their school systems as among their top students in creative abilities revealed many similarities among these teenagers. For instance, virtually all of these youths reported that avoidance of their parents' disapproval is a strong motive for their high level of success. These similarities reflected an underlying philosophy held by the parents that they would nurture their child's development every day in as many ways as possible. Whether this philosophy was a conscious choice or an unconscious instinct, these nurturing parents instilled confidence and persistence in their children, which resulted in their abilities to seek out creative outlets and achieve imaginative outcomes.

In terms of the hypothetical votes parents and child hold in nurturing households, the number is zero. Neither parents nor child have

<sup>2</sup> Dacey and Packer (1992)

a vote in the decision-making process. Rather, the decisions tend to be reached through a constant give-and-take, evaluative process. For example, parents trust their child's judgment because they trust that they have demonstrated fairness as role models.

As a result of this trust, nurturing parents have fewer rules for their children to follow. This was a significant finding for Dacey and Packer when they interviewed the teenage participants of the study, for they observed that absence of rules did not mean absence of discipline, as is the case with permissive parenting. Nurturing parents do set limits, but indirectly rather than explicitly. Nurturing parents do protect their children from hurting themselves or others, not by making demands, but by communicating values and discussing their child's behavior. This is certainly a unique approach to parenting children, and many parents may not feel comfortable with such an open and unstructured system. Remember that what is most effective in one home may not be effective in another household because there is a different set of parents. You are the experts who can determine the most comfortable fit for your own family.

## **Culture and Context**

Aside from the characteristics that parents bring to the parenting relationship, there are factors in the culture and in the child's own personality that powerfully affect his parents' parenting style. For example, obviously it makes a difference whether the child is raised in a rich or a poor neighborhood. Depending on the family's ethnic and cultural background, what might seem permissive in one home may seem authoritative in another household. For this reason, parenting styles must always be considered as part of the larger context that includes parents' marital status, financial situation, religion, age, gender, and so on. The interplay of democracy and control nevertheless plays an important role in the child's social and emotional development. For example, the outcome for a child from a democratic home is no less a product of context than that for children from other homes, but the combination of democracy and control continue to play important

roles in the child's healthy social and emotional development. Furthermore, a calm, quiet baby affects her parents differently from a tense, colicky baby. The match between a child's behavior or temperament and her parents' style is known in psychological circles as "goodness-of-fit". This refers to the notion that children are born with certain dispositions, abilities, strengths, and weaknesses that parents need to accept in order to create a home environment that fosters their child's healthy, happy development. But as we have discussed, parenting is not merely a reaction to the child's temperament. The larger cultural and societal values are also important influences. For the parent of an anxious child, it is often difficult to find the right balance between what he wants and needs and what society seems to decree. This can be extremely frustrating, as the following story illustrates.



### ***I Scream, You Scream...***

"We had just had a pretty good family day together at the beach. Our son Kevin had been afraid of the water at first, so he mostly made sandcastles with one of the children on the beach. Eventually he went in the water with me, while my wife stood watching on the sand. I could tell she was worried he'd start crying or make a scene, but she tried to put on a happy face and waved to us. I think we may have even caught the moment on video, which would be amazing.

"Anyway, when we left the beach we decided to stop by the ice-cream truck to have a treat, since it was hot out and who can turn down ice-cream, right? Wouldn't you know it, but Kevin's "bomb pop" [red, white, and blue popsicle] dripped on his new white sneakers, and he had a fit! I mean he just lost it! Out of the blue, and his mother and I hadn't even said a word – we didn't even see the drip. So he starts wailing and pointing and saying, "Oh no! My new shoes! My shoes!" We had to pick him up and carry him to the car because he was so upset, and nothing my wife or I said would stop his crying. We told him everything from, "Don't worry, it'll come out," to "We'll get you new shoes," and finally I had to threaten him with punishment to try and get him to stop. I told him that he'd have to go to his room if he didn't stop his crying, but that only seemed to make him more upset.

“Finally, we just decided to try and ignore him, but the sounds of his sniffing and catching his breath really got frustrating. You would think he was being tortured or something! I know that we shouldn’t punish him when he gets out of control like that, but it’s the only thing I can think of to get him to stop. He’s so sensitive sometimes... and it’s like, you never know when something’s going to set it off. Wham! Out of the blue. How can I help him to be less sensitive?”



As a parent, you may struggle a bit to find that certain fit with your child’s personality. You may be extremely outgoing and adventurous, whereas your child is shy and reserved. You may be afraid of spiders and your child is afraid of... everything else. Differences between you may have more to do with her inherent temperament than anything else. We would simply remind you that children cannot be molded to fit your expectations. You, the parents, are the ones who need to adapt your parenting style to meet the needs of your unique child. Remember the supportive response to your child’s anxiety is *supportive*. Focusing on her strengths when facing her challenges is an important place to start. Each child has individual characteristics that mix with those of her parents and contribute to a unique, bidirectional relationship. You may be unaware that just as you affect the way your child responds to you and the world around her, your child affects the way you respond to her.

Staying rational can be very difficult when you recognize that your child is becoming anxious. Often parents try to reason with their child instead of responding in a supportive manner such as, “Tell me how I can help you” or “Remind me how to do the belly breathing”. When a child becomes irrational, stop talking. Use a strategy that is part of your child’s plan, hold their hand, rub their back, and have patience.

### **Passing on Your Fears**

No parents wish for their child to be anxious. Unfortunately, the best intentions and a loving environment cannot always prevent a child from developing an anxious temperament. As mentioned

in Chapter 1, some children seem to have a temperamental predisposition toward worrying about things, whereas other children are influenced by their own parents' fears, which they come to internalize as their own.

Parents who have known the challenge of growing up anxious frequently try to prevent that in their child by pushing her into situations she may not be comfortable with because of her personality. For example, a mother who struggled with extreme shyness as a child may push her child to participate in activities she missed, such as theater or running for school government. Rather than remember how painful and difficult shyness was for her at her child's age, the mother attempts to mold her child into a confident, aggressive person that may or may not be appropriate for her child.

Anxious parents often take the opposite stance, and rather than force their child to face challenging situations, they overprotect their child by avoiding situations they, the parents, consider anxiety-provoking. By taking this overprotective stance, anxious parents send the message to their child that "this is something scary" and "this is something to worry about". The child with overprotective parents does not learn to experience new challenges at her own pace and learn from her own mistakes.

One of the greatest pitfalls into which anxious parents stumble is to share their own anxieties with their child in an attempt to empathize. There is always the temptation to talk with your child in detail about what you know, but children will come to believe that this is inevitable. For example, we know, as adults, that germs can make us sick, so it is important to wash our hands after using the bathroom or touching something dirty. However, children may become excessively anxious about cleanliness and germs if they are given a detailed account of how Aunt Florence caught hepatitis from a toilet seat and had to receive shots and antibiotics.

Whether parents force their child to face challenges or protect their child from new challenges, the result is that the child learns to be afraid and insecure in her own ability to cope with her anxieties. Parents need to ask themselves whether they are trying to help their anxious child or compensate for anxieties of their own. The best advice for anxious

parents is to learn to recognize their child's own strengths and weaknesses, as well as their own strengths and weaknesses, despite their own personal experiences with anxiety, and give positive support.

## **Understanding the Nature of Your Child's Problems**

If you stop and think about the ways parents, teachers, and others unknowingly teach children about fear from the time they are infants, it is surprising all children are not anxious. The first lullaby parents sing to their babies is usually 'Rock-a-bye Baby', which features the following lyrics:

Rock-a-bye baby on the treetop  
When the wind blows, the cradle will rock.  
When the bough breaks, the cradle will fall,  
And down will come baby, cradle and all.

Such words are not particularly comforting, but the age of the infants and the manner in which parents lovingly sing the lullaby tends to eclipse the meaning of the words. The words could, however, affect the child unconsciously, so especially with anxious children, we should avoid stories and songs that will trigger anxiety.

Older children are read fairy tales with violent conclusions and watch TV programs that feature kidnapping, fighting, and killing. Every year, children look forward to trick-or-treating on Halloween, a night that celebrates witches, goblins, and all things scary. As children mature, their anxiety shifts from impersonal to personal concerns, such as social situations and living up to others' standards. In Chapter 1, we presented a vignette from John's childhood, in which his mother used the threat of the river rats to keep him and his siblings from crossing the dangerous train tracks. Using threats to get your child to behave is not recommended. You may be fueling an already anxious mind. Remember that anxious children possess very creative imaginations, which means that they can dream up scary situations at the slightest provocation.

You can use their creative imagination to help reduce their anxiety.



### ***“Good Night” Does Not Have to = Sleep Fright***

Bridget saw the hallway light through the crack in her doorway, and her eyes strained to catch sight of her mom's shadow. If she saw her mom's shadow in the stream of light, then she knew Mom was still awake and would protect her if the monster came.

“MOMMYYYYYYYYYYYY!” she screeched.

Claire went down the hall to Bridget's room and opened the door for the second time since putting Bridget to bed. They had done their bedtime routine as Claire and her husband had planned. First they read one of Bridget's favorite books, then sang a song, and then talked about the next day's fun activities. This was the tenth day of doing the routine. Almost two weeks ago, it would take more than an hour to get Bridget to sleep. One parent would lie on the bed while the other parent searched the room for monsters. Once this was done parents would leave the room and one would stay outside the door. If all went ok then the parent would move to the end of the hall. It was frustrating and mom and dad dreaded bedtime.

As Claire slipped into the room, Bridget said, “I am thirsty.” Claire responded, “Hey you forgot to tell me what you wanted for breakfast! Now close your eyes and describe me the best pancake we could make in the morning.” Bridget talked about pouring the batter, dropping chocolate chips for eyes and a smile, and then covering the pancake with syrup. Claire bent down gave her kiss. Just as she was leaving the room, Bridget said, “Don't forget the whipped cream mountain on top! Night Mommy.”



It takes practice and support to help your child reduce her anxiety. You are not changing her behavior – you are changing yours. The extent to which children continue to experience anxiety as adolescents depends largely on the pressure placed on them by parents, teachers, and peers. Sometimes children and adolescents are pressured to achieve – academically, socially, and physically – according to unrealistic expectations. Intense worry about living up to others'

expectations can result in low self-esteem, so it is critical that parents be aware of how their behavior affects their children.

Be on the lookout for other adults in your child's life who may contribute to your child's anxiety, such as teachers, neighbors, grandparents, siblings, aunts, or uncles. If you can counteract specific situations, you can explain to your child what might be causing her undue confusion and worry. An example would be the softball coach who constantly reminds the players that a loss against a particular team would embarrass her and the rest of the girls. You could explain to your child that everyone makes mistakes, and no one person on a team is responsible for a win or a loss – it takes a team effort. This would boost your child's confidence that she won't be a failure if she doesn't hit a homerun or field the wicked ground ball like a pro. High praise when your child does well, yet saying nothing when she has an off day feels the same as criticism to a child. Praise effort and hard work, not achievement.

You might make a deal with your partner (or a close friend or family member) to watch what you each say and do that might promote anxiety in your child. Even though a modest amount of anxiety can actually motivate children to achieve, setting realistic expectations is one of the most important steps parents can take to reduce anxiety problems in their child. No child or parent is perfect, and you need to remember you are only in control of your behavior.

## **The Role of Perfectionism**

Parents who consistently set only the highest expectations for their child are setting her up to fail. They create an environment that is all work and no play at a time when children are supposed to make mistakes and celebrate the joys of success in the process of discovering the world on their own terms. The child who grows up in a perfectionistic household becomes prone to developing performance anxiety, since she is constantly fearful of disappointing others. As a result of perpetual fear of failure, she is at increased risk for ulcers, irritable bowel syndrome, nail biting, and physical symptoms related to panic attacks.



In terms of anxiety, she is at increased risk of social phobias, panic disorders, and generalized anxiety disorder.



### ***Stain-remover, Pain-remover***

"We have spent the last two months living in a house that is a complete mess. My husband decided that he wanted to redecorate the kitchen, and that project has snowballed into redecorating the dining room and living room. That means that the entire downstairs is off-limits to our son Nathaniel. There's no place for him to play because my husband is worried that Nathaniel will ruin some of the work being done. The renovation has cost us a ton of money, and now there's this tension that wasn't there before. I don't know, I guess part of making more money is being able to redecorate the house if you want to, but I didn't ask for a new kitchen, and now I'm caught in the middle of trying to keep my husband from getting upset and helping Nathaniel not be afraid of his dad. He's seen his dad get angry a lot lately, and I can tell that he doesn't want to be alone with him. His own dad!

"The other day Nathaniel was drinking this juice he likes. It's a special cherry juice that he had at a friend's house and it's expensive, kind of hard to find. So he was drinking the juice when his father came home from work. Right away my husband says he can't drink the juice because it might spill on the rug or the new white walls. Nathaniel was pretty upset, so of course I intervened and argued with my husband about it. I suggested that Nathaniel be allowed to drink the juice *outside* of the house, either in the yard or at school for a snack. My husband agreed to that, but Nathaniel was still upset that he had to stop drinking his juice. It's like he has no place to play lately since the downstairs is being done, and my husband tells him he always has to 'be careful'.

"Later, after Nathaniel had gone upstairs, I started to go up to check on him and I noticed a big, red, handprint on the wall in the dining room – the wall that had just been painted. I think he may have done it on purpose, but my husband just "lost it". He hit the roof. How do I get Nathaniel to behave better?"



This mother's story illustrates that there may be times when you need to forgive your child for not being perfect. This is not something that needs to be said out loud, but in your own mind. More importantly, you need to be able to forgive yourself: for not creating the perfect home life and not creating the perfect child. The pressure to be the perfect parent is imposed by society, through the media and peers, and is one additional pressure you may internalize and focus on unconsciously. Research demonstrates that women are probably more susceptible to this than men, due to the gender roles imposed by society. The accumulation of competing responsibilities, such as work, income, and health, result in feelings of resentment that may fester and ultimately cause you to explode when you least expect it. Although the next section pertains primarily to your relationship with your child, it may help you deal with perfectionistic and other stresses between you and your spouse.

### **Reflective Listening**

It is important to remember that every child experiences anxiety reactions in her own individual way. Most children find it calming to be able to describe exactly how their anxiety feels to them, and to explain what they think is causing those feelings. Adults should listen with respect, accepting what is said, as being a true representation of what the child *thinks* is true, and should avoid making premature judgments. Remember, even if the fear is "all in the child's mind", that does not make it any less real.

Being a good listener does not mean that you should be mute. You need to listen *reflectively*. Sometimes the most important aspect of listening is validating the child's emotions and experiences. Adolescents are more likely to talk – about sex, alcohol, and other important issues – to adults who know how to listen. Certain kinds of responses, such as giving too much advice or pretending to have all the answers, have been shown to block the lines of communication.

The next activity describes five communication skills that are useful to enhance communication with children and adolescents.

## ACTIVITY



### Reflective Listening

*Target age:* 6–15.

*Goal:* To foster reflective listening, not merely “hearing”.

*Materials needed:* Visual aid – a card with an ear drawn on it and a card with lips drawn on it.

During the course of a conversation with your child, take turns practicing the following skills. One person should begin speaking and holds the card with the lips. After the conversation has progressed for several minutes, the speaker exchanges the lips card for the ear card and you switch roles. After a while, there will be no distinction between speaker and listener, because both of you will be sharing and listening in a mutual process of exchange.

1. Rephrase the child's comments to show that you understand. For example, “When you say that you feel sick when you think about playing the piano at your school recital, you mean that your stomach hurts or you might throw up.”
2. Watch the child's face and body language. Often your child will assure you that she does not feel sad, but a quivering chin or tearing eyes will tell you otherwise. Your child may deny feeling frightened, but if you put your fingers on her wrist, as a caring gesture, you may find that your child has a racing pulse. When words and body language say two different things, **always believe the body language.**

3. Give nonverbal support. Ninety percent of communication is done nonverbally. This may include a smile, a hug, a wink, a pat on the shoulder, nodding your head, making eye contact, or holding your child's hand (or wrist).
4. Use the appropriate tone of voice for what you are saying. Remember that your voice tone communicates as clearly as your words. It is not what you say but how you say it. Make sure your tone does not come across as sarcastic or all knowing.
5. Use encouraging phrases to show your interest and to keep the conversation going. Helpful little phrases, spoken appropriately during pauses in the conversation, can communicate how much you care:
  - “Oh, really?”
  - “Tell me more about that.”
  - “Then what happened?”
  - “That must have made you feel bad.”

Reflective listening serves four purposes:

1. It assures your child you hear what she is saying.
2. It persuades your child that you correctly understand what is being said (it is sometimes a good idea to ask if your rephrasing is correct).
3. It allows you a chance to reword your child's statements in ways that are less self-destructive. For example, if your child says, “My sister is a mean witch!” you can say, “You feel your sister is unfair with you.” This rephrasing is helpful because being related to someone who is strict allows the child to have a better self-image than being a close relative of a “mean witch”.
4. It allows your child to “rehear” and reconsider what she said.

Effective listening takes concentration and practice. Remember, if you are judgmental or critical, your child may decide that you just don't understand. You cannot be a good influence on someone who won't talk to you. Ultimately, support is a fundamental ingredient for enabling your child to develop coping skills and strategies. The child with supportive parents knows that her parents can alleviate her distress, or at least will give it their best shot. They will be there for her reliably and unconditionally!

## ACTIVITY



### **A. S. K. (Anxiety Support Kit)**

*Target age:* parent and child.

*Goal:* To help manage dealing with a child with anxiety.

*Materials needed:* UYOED to organize strategies and/or a small case to store materials.

Being able to maintain positive and healthy behaviors to better deal with the stress of a child with anxiety is so important. Think of having an Anxiety Support Kit like a First Aid Kit in the home. What goes into your kit can include strategies from the plan your family developed for your child mixed in with some strategies for you. There are free apps for electronic devices for breathing, meditation, and mild exercise. Making playlists of your favorite music can help with relaxation. Some of the strategies that are listed in this book are perfect for your kit, such as “Scrunch those Muscles!” (p. 46) and “The Four Bs” (p. 151). You and your child can put together an Anxiety Support Kit that could include gum, stress ball, essential oils (lavender and lemon verbena) to drip on a cotton ball, and worry beads to keep in the car or backpack.

Well, that’s about it. We sincerely hope and expect that you have found help from our book, and we wish you the very best in your laudable efforts to help your child!



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