

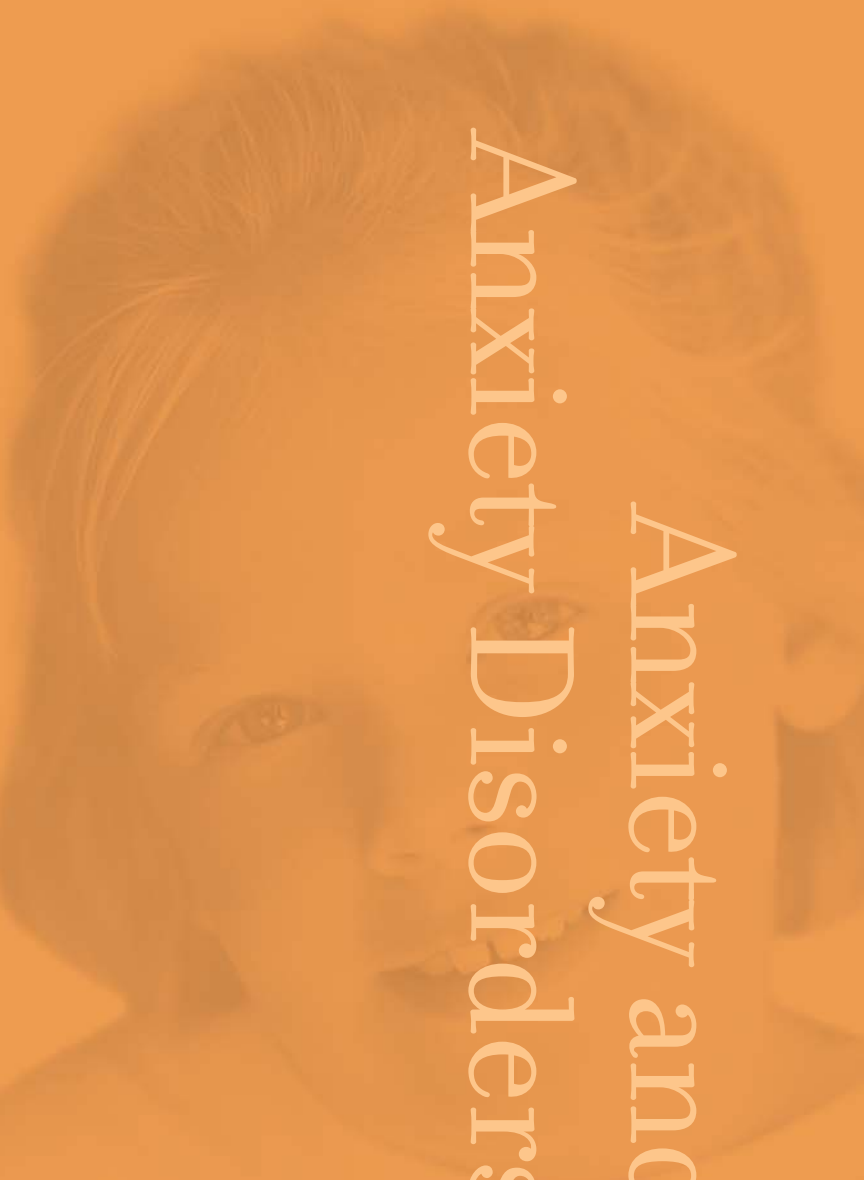


*Canadian Psychiatric
Research Foundation*

When Something's Wrong O

Ideas for Families

Anxiety and Anxiety Disorders



What is the difference between “normal” anxiety or sensitivity and an anxiety disorder?

Anxiety is a normal reaction to many stressful or threatening situations or to uncertainties in life.

It's normal for a child to feel anxious about his/her first day of school, or for an adolescent to feel anxious about a major exam or first date. And, it's also normal for a parent to feel anxious for their children, as they go through these experiences. Normal anxiety is a good thing, because it prepares the body to handle a situation that may be more stressful or may require more concentration than usual.

An **anxiety disorder** is characterized by having feelings of anxiety that are so severe they interfere significantly with daily living (e.g., with school, home, and relationships). Children with anxiety disorders worry all the time. Then they often worry about how much they worry, even when there is no reason to worry.

Anxiety disorders arise from a complex mix of genetic and environmental factors. Anxiety runs in families, so if a parent or grandparent is very anxious, the child may be also. As a group, these disorders are the most common mental disorders in youth and affect up to 10% of children and

adolescents. Anxiety disorders can begin at any time, but they commonly appear at early school age. They can be made worse by common stressors. For example, the start of school, with its academic and social demands, can be very stressful for any child, but even more so for a child with an anxiety disorder.

It is important to note that anxiety disorders can easily go unrecognized. Left untreated, they can lead to academic and social problems (e.g., refusal to go to school), multiplying a child's difficulties.

Depression can also be a complication of untreated anxiety (see *Mood Disorders* in this handbook), again emphasizing the need for early recognition and treatment.

Anxiety disorders can also be mistaken for language and learning disabilities. If the problem is only at school, investigate the possibility of a language or learning disability with a qualified professional, such as a speech language pathologist or psychologist.

Identifying anxiety in the classroom may be difficult. Ask your child's teacher about his/her behaviour in class. Children with anxiety disorders may appear “shy” in school, or reluctant to do

group work and speak out in class. They are often quiet, so their problems may not be detected by a teacher dealing with children who have more obvious behavioural problems. Watch for quiet behavioural cues such as nail biting, finger picking, or hair twirling. Adolescents with an anxiety disorder may socially isolate themselves or turn to use of substances, like drugs or alcohol. Again, these adolescents are often quiet, rather than obviously disruptive.

Being extra sensitive or prone to anxiety is usually a lifelong characteristic. Most children, with the help and support of their parents, can learn effective self-management strategies that enable them to tackle increasingly difficult situations successfully. Learn all you can about anxiety disorders, and use resources like, *Got Issues Much? Celebrity Teens Share Their Traumas and Triumphs* (Randi Reisfeld, Marie Morreale, Scholastic, 1999). In this book, famous teens share their most embarrassing moments. It's a great way to get discussion started on coping strategies.

Finally, expect temporary setbacks with new situations or stressors.

Anxiety disorders can come at different times and with different forms of behaviour throughout a young person's life. When the disorders are moderate to severe, they can lead to poor academic achievement, difficulties socializing and getting along with others and, ultimately, a decreased quality of life. Yet, effective strategies can provide relief from symptoms, improved quality of life, and possibly prevent the development of other mental disorders.

Anxiety and Anxiety Disorders

How do I distinguish between “normal” anxiety and an anxiety disorder?

As a parent, observe your child’s behaviour:

- *Frequency* – How often does your child become anxious? When does anxiety occur?
- *Intensity* – How severe is the anxiety, and how difficult is it to manage?
- *Duration* – How long does the anxiety last?

Ask yourself:

- “Is this problem interfering with my child’s life?” If it is, what areas of your child’s life are being affected?

If you notice that there is an increase in the frequency, intensity and/or duration of your child’s symptoms, or that your child’s life is being adversely affected by his/her behaviour, it is a good idea to seek the help of a qualified health practitioner for a proper diagnosis (see *Working with Your Health Practitioner* in this handbook).

There are different types of anxiety disorders. Six common ones, listed in alphabetical order, include:

1. **General Anxiety Disorder (GAD)**
2. **Obsessive Compulsive Disorder (OCD)**
3. **Panic Disorder (PD)**
4. **Posttraumatic Stress Disorder**
5. **Separation Anxiety Disorder**
6. **Social Anxiety Disorder**

Each of the above anxiety disorders will be described in the following pages. **At the end of this section, treatment strategies are discussed and additional resources are listed.**

General Anxiety Disorder (GAD)

General Anxiety Disorder affects about three to five per cent of youth and is often found together with other anxiety disorders (e.g., social anxiety disorder) or depression.

GAD often begins in early adolescence and occurs more frequently in introverted children – those with excessive shyness and/or a tendency to show few, if any, emotional reactions.

While most young people do worry about things, young people with GAD worry constantly about everyday activities. It is the extreme, severe nature of their worries that interferes with their lives. They worry about what's going to happen next and that they won't be able to handle it.

All youth who are anxious need reassurance and acknowledgement of the reality of their concerns. However, youth with GAD require reassurance frequently, the reassurance usually only provides temporary relief, and they may require professional help.

Anxiety and Anxiety Disorders

Behaviour Characteristics

- Constant worry or tension
- Extreme need for reassurance
- Physical symptoms (e.g., headaches, stomach aches)
- Avoidance of stressful situations (e.g., tests/exams)
- Clingy behaviour in young children

Coping Strategies

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect “labeling” of your child by others.
- **Obtain** a second opinion if necessary.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don't compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with your child's teacher, doctor, and school team.
- **See *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources*** in this handbook for more information.
- Reassurance alone may not be sufficient to resolve an anxiety condition. Additional strategies will likely need to be used.

Coping Strategies

- Establish realistic expectations and interactions (e.g., role-play the meeting of new people or taking a test with your child).
- To generate discussion, ask your child “What’s the worst that could happen?” and “Then what would you do?” Offer practical solutions.
- Encourage lots of physical exercise to reduce anxiety, nutritious eating, and regular sleeping patterns (e.g., going to bed at the same time each night).
- Create (with your child) a short “Things To Do Today” sheet. This activity gives children an overview of what they are capable of doing in a day and reduces the anxiety of working through a long, never-ending list. Prepare them for the fact they may not get everything completed on their list, and congratulate them for what they do accomplish. Confidence builds when items are completed. Start again the next day and encourage them to manage this process on their own over time.

Coping Strategies

- Do weekly planning (with your child) to assist him/her to organize tasks into small units and prepare for assignments and tests. This activity works best when planning occurs along with your child's teacher.
- Model calm behaviour yourself and assure your child you will always be there for him/her.
- Create a coping journal with your child. In it, include ideas to help him/her deal with anxiety, step by step. Discuss rewards for each situation in which your child manages to reduce his/her anxiety, and gradually tackle more difficult situations as your child becomes more comfortable. Here are some examples of ways to reduce anxiety:
 - Take five deep breaths.
 - Draw pictures that show how he/she is feeling in different situations.
 - Count from 50, backwards, or say the months of the year backwards, slowly.
 - Visualize a calm place.
 - Take time out, away from a situation that creates anxiety (e.g., play in the yard, stop the activity and think of something fun or calming).

Coping Strategies

- Go for a walk with a parent, friend or pet.
- Talk to a parent or friend about fears.
- When child is away from home, call home to talk to someone.
- Take any doctor-prescribed medication, if required.
- Show your child how you cope with stress. Talk out loud in stressful situations about what you're doing to handle the situation (e.g., you're late, keys locked in car, you're lost, problem at work). Express confidence that you'll cope and solve the problem.
- As a parent, do your best to acknowledge that your child's fears are real. Don't diminish his/her concerns. For example, don't tell your child to stop worrying about a test. Instead, say you understand it's a tough situation, but you have confidence and know he/she will do his/her best, and that's all that matters.
- Encourage your child to come to you with any problems or concerns, at any time.
- "Check in" with your child at the end of each day. Debrief and review any significant events.

Obsessive Compulsive Disorder (OCD)

Obsessive Compulsive Disorder can begin in childhood or adolescence and affects up to three per cent of the population. OCD is characterized by irrational fears and intrusive, unwanted ideas or thoughts (obsessions), and repeated rituals or behaviours (compulsions), performed to eliminate anxiety brought on by the obsessions. Obsessions and compulsions are highly distressing for an OCD sufferer and can take up an excessive amount of time (an hour a day, or more).

A number of other disorders overlap with OCD, sharing many features in common, so the terms “obsessive compulsive disorders” or “obsessive compulsive spectrum disorders” are often used. For example, tic disorders (see Tourette Syndrome in this handbook), trichotillomania (compulsive hair pulling), and body/dysmorphic disorder (pre-occupation with an imagined defect in appearance) are related disorders that commonly co-occur with OCD. OCD can also be accompanied by depression and can lead to significantly reduced functioning and quality of life. Many people with OCD can live with it, however, without it having a

significant impact on their day-to-day lives. Many symptoms of OCD are greatly improved with medication or specific psychological treatments.

Anxiety and
Disorders

Behaviour Characteristics

- Persistent perfectionism (e.g., written school work erased and rewritten to the point of making holes in the paper)
- Worries are not normally about real-life problems and often follow particular themes (e.g., thoughts that environment is contaminated with “germs” or “odours” or that self and family are in danger)
- Rituals that often involve checking, washing, cleaning, and counting (e.g., excessive hand-washing or lining up objects in a row)
- Constant questioning and asking for reassurance
- Younger children may not recognize that their fears and behaviours are unrealistic and may also try to include their parents in their rituals
- Having to do something exceedingly slowly to feel it has been done properly

Coping Strategies

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect “labeling” of your child by others.
- **Obtain** a second opinion if necessary.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don’t compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with your child’s teacher, doctor, and school team.
- **See *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources*** in this handbook for more information.

Coping Strategies

- After receiving a diagnosis, characterize the problem for your child (e.g., a biological, brain-based illness). Helping your child recognize his/her OCD symptoms when they occur is an essential first step in addressing them. This also helps children understand they are not being blamed for the OCD, and that you are one of their allies in helping them deal with it. Younger children may respond best to labeling their behaviour with a nickname, like “germy”. Adolescents are often more comfortable using “OCD” and may benefit from reading further about the disorder to better understand it.
- Provide a warm and supportive learning environment where mistakes are viewed as a natural part of the learning process.
- Work with your child to develop a list of symptoms, from least to most distressing. Tackle the least distressing ones first, then work up to more difficult behaviours. This strategy will help improve confidence as he/she gets ready to tackle more distressing symptoms. One way to “tackle” these behaviours is to set time limits on how long your child engages in particular compulsive behaviours.

Coping Strategies

- Do not criticize your child's obsessive behaviours. See them as symptoms, and not faults, in your child. "Just stop it!" messages are not helpful. Instead, encourage your child to persist in resisting his/her symptoms wherever possible.
- Use humour to help your child distance him/herself from irrational fears and behaviours.
- Keep up normal routines. Routine and structure can help a child reduce the rituals and encourage exposure to what may otherwise have been avoided.
- Try not to get involved in your child's rituals by responding to an obsessive need for reassurance. Depending on the level of your child's distress, you may need to begin this strategy by first selecting rituals you can withdraw from fairly easily, and going from there.
- Recognize and reward even small improvements in behaviour and evidence of effort. Encouragement is the best reward (e.g., use of a "star chart", especially for younger children, with a small prize for achieving a certain number of stars). Spending extra time with your child on a planned activity together can also be a reward.

Coping Strategies

- Modify your expectations during a stressful time. Stress, particularly when your child's situation is changing in any way, can increase symptoms of anxiety. Work with your child to prepare well in advance for any changes in his/her routine.
- Do not take over any tasks for your child or let his/her brothers and sisters do them. Your child needs to take full responsibility for his/her behaviours and place in the family.
- Children with OCD often suffer the added stress of teasing, rejection, and even bullying from peers. Encourage your child to talk about the disorder with classmates, friends and family, and thereby increase acceptance of it. If your child agrees, even a presentation to his/her class or school might help. Determine the best approach with the teacher and with your child to create awareness and understanding of your child's disorder.

Panic Disorder

Panic Disorder typically occurs in later adolescence. It can affect up to five per cent of youth and often occurs with depression or other anxiety disorders. The disorder is characterized by a sudden onset of panic sensations that arise suddenly, and without warning, in situations where there is no danger. Attacks usually last five to ten minutes, but may be accompanied by an intense desire to flee the location. Repeated attacks lead to anticipation anxiety (i.e., fear of having an attack) and avoidance of locations where attacks have occurred in the past, or where there is no easy exit. In some cases, this condition can lead to agoraphobia – fear of open or public places, or of leaving the house.

Anxiety and Anxiety Disorders

Behaviour Characteristics

- Panic attacks that can lead to a need to “escape”
- Avoidance of school or other locations where attacks have occurred or where the adolescent feels trapped
- Intense physical symptoms (e.g., shortness of breath, heart palpitations, dizziness, sweating, tingling, urgent urination during the attack)
- Intense fear during the attack

Coping Strategies

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect “labeling” of your child by others.
- **Obtain** a second opinion if possible.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don’t compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with Your child’s teacher, doctor, and school team.
- **See *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources*** in this handbook for more information.
- Since panic disorder normally occurs in the later teen years, help your child to focus on the self-management of his/her condition.

Coping Strategies

- After receiving a diagnosis, characterize the problem as a part of the brain that is so sensitive, it thinks it is being attacked when there is nothing there. Medicines and psychological treatments can help to decrease this sensitivity.
- Use relaxation and deep breathing techniques to help reduce fear and stress (e.g., visualize a calm and safe place, take five deep breaths).
- Encourage “coping” behaviour and discourage “avoidance” behaviour. Involve your child in the development of “quick recovery” strategies that he/she thinks could work (e.g., return to class in 10 minutes, go for a walk around the block, splash cold water on face, calm breathing patterns for five minutes).
- Create a coping journal with your child, as outlined in the strategies for General Anxiety Disorder (GAD).
- Encourage your child to return and face manageable situations that caused panic attacks, with your support, as needed.
- Model calm behaviour for your child.

Posttraumatic Stress Disorder (PTSD)

Posttraumatic Stress Disorder is a condition in which a person has been exposed to a traumatic event that creates intense fear, helplessness or horror. In children, these feelings may be expressed in the form of disorganized or agitated behaviour. In order for PTSD to develop, a person has usually experienced or witnessed an event that has involved actual or threatened death or serious injury, or a physical threat to self or others. The severity, duration and closeness of an individual's exposure to the event are the most important factors that affect the likelihood of developing PTSD. However, most young people exposed to such situations will not develop PTSD, while almost everyone will exhibit an acute stress response that will gradually diminish over time – usually in three to four months.

PTSD can occur at any age, including childhood. Remember, a child can show symptoms similar to PTSD in reaction to smaller or temporary traumas (e.g., severe illness in the family, frequent family conflict (without violence), divorce, re-marriage, death, moving), but these symptoms are usually less severe than with PTSD, and

are not PTSD. When an acute stress response fails to go away or when severe stress symptoms begin after a period of few or no symptoms (sometimes as long as six months after the event) PTSD is said to onset. With PTSD, symptoms last for more than one month and the disturbance significantly interferes with daily living (e.g., with relationships, school, work and other important areas of functioning). In general, symptoms seem to be worse in events deliberately initiated by a person, as in a rape or kidnapping (as opposed to an event not initiated by a person, such as a car crash or natural disaster).

Depending on the population sampled, PTSD is said to affect from one to fourteen per cent of the population, but some studies of at-risk individuals (e.g., victims of war, victims of natural disasters such as volcanic eruptions, victims of sexual abuse or violence in the home, victims of criminal violence like terrorist acts, or those diagnosed with a life-threatening disorder) have shown higher rates. Females are more likely than males to develop PTSD. Those who have recently emigrated from areas of social unrest and

civil conflict may also have higher rates of PTSD and may be reluctant to talk about experiences of torture or trauma.

There is some evidence that social supports, family history, childhood experiences (e.g., sexual abuse), personality variables, and pre-existing mental disorders may influence the development of PTSD. However, this disorder can develop in individuals without any pre-disposing conditions, particularly if the stressor is extreme. With PTSD, there may also be increased risk of other disorders like additional anxiety disorders (e.g., obsessive compulsive disorder), mood disorders (e.g., depression or bipolar disorder), and substance related disorders.

Duration of symptoms of PTSD varies, with complete recovery occurring within three months in about half of the cases.

Anxiety and Anxiety Disorders

Behaviour Characteristics

- Recurrent and upsetting memories of the event, including images, thoughts, or perceptions (may describe painful guilt feelings about surviving when others did not survive or things they had to do to survive); in young children, repetitive play may occur where themes or aspects of the trauma are expressed (e.g., acting out a car crash over and over with toy cars if the child experienced a car crash)
- Recurrent and upsetting dreams
- Acting or feeling as if the event were happening all over again (e.g., flash-backs); young children may act out the event
- Intense psychological and physical stress experienced when exposed to cues that resemble something about the traumatic event (e.g., seeing a gun on television if a victim of gun violence, being in a school if assaulted in school, feeling anxious on the anniversary of the traumatic event)
- Efforts to avoid thoughts, feelings, or conversations associated with the trauma
- Efforts to avoid activities, places, or people that bring out memories of the trauma

Coping Strategies

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect “labeling” of your child by others.
- **Obtain** a second opinion if necessary.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don’t compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with your child’s teacher, doctor, and school team.
- **See** *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources* in this handbook for more information.
- Provide support and reassurance. Some physical contact studies have shown that holding your child can be helpful.

Behaviour Characteristics

- Inability to remember an important part of the trauma
- Strong decreased interest or participation in normal activities
- Feeling of detachment from others, especially those who are close family members and friends
- Restricted range of emotions (e.g., unable to have loving feelings)
- Feelings that life will be cut short and that a future is not possible (e.g., in young children, life will be too short to become an adult)
- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- On constant “alert” for events going on around them; individual may believe that he/she can foresee the future
- Exaggerated reaction when taken off guard or startled by something (e.g., abnormal fears or “jumpiness”)
- Various physical symptoms, such as stomach aches or headaches

Coping Strategies

- Try not to trivialize your child’s disorder or demand improvement. Instead, show as much support as you can.
- Encourage your child to discuss his/her thoughts and fears with you, with a trusted friend, or by writing or drawing in a journal. Allow your child to share at his/her own pace, and use techniques and strategies recommended by your therapist and/or doctor.
- Go slowly. Prepare yourself for your child’s slow progress, and for handling your own frustration, impatience, or despairing feelings when progress is not as quick as you would like. Too much of your own impatience or anxiety will make recovery slower and harder for your child.
- Go slowly, part two. Break difficult tasks down into small chunks. Congratulate your child for successes.
- Be alert that anxious behaviour can show up in any stressful situation, not just in the area related to the original trauma.
- Keep in mind that a child’s response to trauma may be related to his/her personality type (e.g., a quieter child might show extreme shyness or withdrawal, while a stronger-willed child might behave with anger and aggressive behaviour).

Coping Strategies

- Stress management techniques may help to reduce anxiety (for both you and your child). Encourage your child to practice relaxation techniques (e.g., breathing exercises, progressive muscle relaxation, visualizing a calm or safe place), sports activities, or reading a book. Help your child learn what works best, and participate in activities with your child.
- Develop other avenues and activities that encourage your child to get involved in the environment around them. Involvement in a charity or community service is a really good way to help children feel that their own lives are worth something, and they have the power to contribute to change. This point is especially important for children who have been traumatized.
- When your child seems ready, with your health practitioner's approval and your child's agreement, use small steps to "de-sensitize" your child. For example, if the trauma involved a community swimming pool, visit the pool parking lot several times, leaving before or just after stress sets in. If you're successful at this

stage, next visit the check-in area several times, then the dressing room, the pool deck, sitting at the edge of the pool, etc. Do each step several times and celebrate and use rewards for successful visits. Always leave when your child wants to, and use encouraging words about trying again when he/she is ready. Stay calm and reassure your child that this process is a natural healing and re-education process for his or her body, brain, and heart, and that you will be with him/her for as long as it takes.

- Monitor your child's use of other substances such as caffeine, alcohol, and other drugs (including cold and asthma medications), since these substances can make anxiety symptoms worse. Discuss this issue with your doctor.
- Watch for any signs of depression (see *Mood Disorders* in this handbook).

Separation Anxiety Disorder

Separation Anxiety Disorder is usually seen by mid-childhood. It is characterized by severe panic-like episodes that begin when the child is separated from his/her parent or caregiver. Consequently, the child has difficulty participating in age appropriate school and social activities like class presentations, birthday parties, sleepovers, and summer camp. The child may refuse to attend school, cry or have tantrums when left at school, or show excessive "homesickness" during overnight stays away from home. Children suffering from this disorder may also appear to be "cold" towards others.

This type of behaviour occurs normally in many children, at times, especially around common activities like birthday parties, going to pre-school, meeting a new babysitter, or a first time at overnight camp. The behaviour also occurs more frequently in the early years, with introverted children, or after trauma. To determine when a child's behaviour has "crossed over" from normal to excessive, the behaviour must be viewed in terms of its frequency, severity and duration. Please see the introduction to this section for more information.

September can be a difficult month for early school-aged children. One or two who are having a difficult time settling in can "infect" a whole classroom, resulting in several weeks of crying children at drop-off time. If this happens, try to be positive and supportive to your child, and give him/her time to settle in. Then, re-evaluate the situation more closely in early October.

Anxiety and Anxiety Disorders

Behaviour Characteristics

- Refusal to attend school or other activities without parent or caregiver
- Avoidance of activities that require independence
- Tantrums, tears, clinging when left at school by parent or caregiver
- Excessive “homesickness” during overnight stays
- Clinging to teacher
- Physical symptoms such as headaches, stomach aches, a shaky voice, fidgeting – especially on school days or Sundays

Coping Strategies

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect “labeling” of your child by others.
- **Obtain** a second opinion if necessary.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don’t compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with your child’s teacher, doctor, and school team.
- **See *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources*** in this handbook for more information.
- Try to remain calm. Parent or caregiver anxiety can make your child’s separation anxiety even worse.

Coping Strategies

- Provide continual reassurance to your child.
- Prepare for your child to have “relapses” at times, but know that these anxieties usually decrease over time with the appropriate strategies.
- Encourage your child’s caregiver/teacher to use distraction techniques (e.g., involve your child in activities to take his/her mind off your absence).
- Bring a small object from home to remind your child of you and your love for him/her. A small stone or a love note tucked into a pocket can be very reassuring for your child. These objects are sometimes called “transitional objects.”
- Stay a little longer with your child at a birthday party or at school every day before you leave. Have your child give you a “secret signal” that means he/she is ready for you to go.
- Encourage your child to read, write, draw, or paint in a journal to help reduce their fears. Ask them to show you what scares them to help better understand their anxieties.
- Model calm behaviour yourself.

Coping Strategies

- Encourage and reward your child for participating in independent activities.
- Leave your child for a very short time in a happy situation. Gradually increase the time without you, even by a few minutes at a time. Go slowly.
- Create a coping journal with your child, as outlined in the strategies for General Anxiety Disorder (GAD).
- Provide your child with frequent feedback, encouragement and support.
- Talk about and role-play new situations well in advance.
- Have an exploratory visit (or two) to a new location (e.g., school, new friend's house) before school starts or the party begins. Play in the playground, walk around the area, and notice the environment.

Social Anxiety Disorder

Social Anxiety Disorder, or Social Phobia, as it is sometimes called, usually shows up in adolescence. It is characterized by severe anxiety (at times mixed with panic) that occurs only in social situations and is often accompanied by blushing. Extreme fear of embarrassment or feeling under scrutiny by others is what motivates this disorder.

This disorder is the most common of the anxiety disorders and may precede the development of depression. Up to 30% of youth with social anxiety disorder develop problems with alcohol use. The disorder can severely affect a young person's ability to behave normally and can result in social isolation.

Again, some degree of this behaviour is considered "normal" in many adolescents. To determine when a person's behaviour has crossed over from normal to more severe, the behaviour must be viewed in terms of its frequency, severity and duration. Please see the beginning of this section for more information.

Anxiety and Anxiety Disorders

Behaviour Characteristics

- Avoidance, refusal or severe reluctance to participate in activities that will permit social scrutiny (e.g., public speaking, eating or dressing in public, social activities, dances, gatherings in social settings, malls, parties). Also shows up as unwillingness to try new sports or activities, where they might look new or uncoordinated.
- Physical symptoms such as blushing, a shaky voice, nervousness, or sweating prior to or during social situations
- Strong fear that others will notice their anxiety

Coping Strategies

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect “labeling” of your child by others.
- **Obtain** a second opinion if possible.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don't compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with your child's teacher, doctor, and school team.
- **See *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources*** in this handbook for more information.

RESOURCES

Anxiety Disorders Association of America

8730 Georgia Avenue., Suite 600

Silver Spring, MD 20910

Phone: (240) 485-1001

Web: www.adaa.org

Anxiety Disorders Association of Canada

(Ask for a referral to your provincial chapter for local resources)

Toll-Free: 1-888-223-2252

E-mail: contactus@anxietycanada.ca

Web: www.anxietycanada.ca

Association for Advancement of Behavior Therapy (AABT)

305 7th Avenue, 16th Floor

New York, NY 10001

Phone: (212) 647-1890

Web: www.aabt.org

Freedom from Fear

308 Seaview Avenue

Staten Island, NY 10305

Phone: (718) 351-1717

Web: www.freedomfromfear.com

Got Issues Much? Celebrity Teens Share Their Traumas and Triumphs (Randi Reisfeld, Marie Morreale, Scholastic, 1999).

National Center for PTSD

116D VA Medical and Regional Office Center

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Please also see *Resources* at the back of this handbook.

Coping Strategies

- Gradually expose your child to the situation that makes him/her anxious through small group activities. For example, organize a small get-together in your home or where he/she feels most comfortable. Slowly graduate to larger groups and outside locations.
- Do not force your child into situations that could be humiliating or that could cause extreme anxiety. Ask them what they are comfortable with, and gradually build from there.
- Reassure your child that he/she is not alone in feeling embarrassed or nervous.
- Discuss and develop strategies to prepare for social occasions well in advance. Assist your child to identify what he/she worries about in social situations and some ways of coping. Role-play these coping strategies.
- Encourage relaxation techniques, such as deep breathing, progressive muscle relaxation, meditation and guided imagery. Ask your child to imagine him/herself in a calm social setting. Practice these strategies along with your child.

Coping Strategies

- Where possible, work with your child's teacher to share strategies that are successful.
- Arrange activities with a focus on something special (e.g., a movie with a friend, or an activity at home together). Unfocused "hanging around" in a social setting is often more difficult for your child.
- Organize and/or encourage attendance at group social activities with a purpose (e.g., religious, charitable, scavenger hunt, sports game). These types of activities help your child to feel that the focus is not on him/her, but on the purpose of the activity.
- Encourage your child to join group activities like an orchestra or band where everybody contributes and no one is singled out.

Anxiety Disorders: Treatment and Resources

TREATMENT

Young people with anxiety disorders can be helped by medications and carefully targeted psychotherapy, once the condition is professionally diagnosed. The choice of one or the other, or both, depends on the preference of both the patient (and patient's family) and doctor, and also on the nature and severity of the condition. If choosing a therapist, find out whether medications will be available if they are needed. Psychiatrists or other physicians can prescribe medications and they often work closely with psychologists, social workers, or counsellors who provide psychotherapy.

Before treatment begins, a careful diagnostic evaluation is necessary to determine whether symptoms are due to an anxiety disorder(s), and if so, which one(s). Not all anxiety disorders are treated in the same way. In addition, any coexisting conditions present in the individual will need to be evaluated. In some cases, conditions such as a substance abuse disorder or depression have such an impact that your doctor may wish to treat these conditions at the same time, or before treating the anxiety disorder itself.

During the assessment phase, it's important to give your doctor and/or therapist as much information as possible, such as, if your child has been treated previously for an anxiety disorder, if your child was/still is on any form of medication or natural supplements, how long any medication was/has been taken, and if your child has previously been treated with psychotherapy. These days, if one treatment doesn't work, the odds are good that another one will, and new medications and treatments are continually being developed through research.

As a parent, your support, participation, and positive outlook are crucial to enable your child to build coping skills. You spend much more time with your child than any therapist, teacher, or doctor. So, don't underestimate your strengths!



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Research Foundation*

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ISBN 0-9734947-1-9