

# Overcoming Anxiety: Guide for Families



Compiled by Dr. Michael Cheng, MD

## Where to Get this Handout

This handout is available from <http://www.drcheng.ca> in the Mental Health Information section. Any comments and suggestions are welcome and will help ensure this handout is helpful.

## Table of Contents

What is Anxiety? .....	2
What are the Symptoms of Anxiety? .....	3
Main Types of Anxiety Conditions .....	3
What are Common Anxiety Situations for Children?.....	4
Steps of Anxiety .....	5
Fight or Flight: What is Happening in the Body During Anxiety .....	6
Our Primitive Anxiety Alarm is Not as Good in Modern Society .....	6
Anxiety is Like A False Alarm Going in the Brain.....	7
Ways to Overcome Anxiety .....	7
Positive Thoughts Can Lead to More Positive Feelings.....	7
Coping with Anxiety: Body, Mind, Social Self and Spirit.....	8
Taking Care of the Body .....	8
Taking Care of the Mind .....	8
Taking Care of the Social Self .....	8
Coping Thoughts .....	10
Core Fears in Anxiety .....	10
Worry Thoughts Help Make A Person Worried .....	10
Confident Thoughts Help Make a Person Confident .....	11
Classic Cognitive Distortions in Anxiety .....	11
Is the glass half empty or half full? .....	13
Progressive Muscle Relaxation Exercises for Children .....	14
Deep Breathing .....	15
Visualization.....	17

Exposure .....	17
Butterfly Hug .....	17
Standard Butterfly Hug Technique .....	17
Modified Butterfly Hug Techniques .....	18
Problem-solving steps .....	18
Helping a Child With Fears .....	18
Helping a Child Create a Hierarchy of Fear .....	19
Example of a Hierarchy for dealing with School Refusal .....	20
Principles of a Hierarchy .....	20
Template for a Hierarchy .....	20
What can I do to help reduce my anxiety? .....	22
How long will my child's anxiety last? .....	22
When should I get professional help? .....	22
Medication Treatment .....	22
Most medication treatments for anxiety use medications that affect serotonin. ....	22
Psychological Treatments for Anxiety .....	22
Getting Help in the Ottawa Area for Anxiety (Local Resources) .....	23
Seeing a family physician (or pediatrician) .....	23
Seeing a psychologist .....	23
Distress Lines and Crisis Services .....	23
Employee Assistance Programs (EAP) through a workplace, or Student Health Services at a college or university .....	24
Counselling and Therapy Services, which include: .....	24
Finding a Psychologist .....	24
Your Local Community Health Centre.....	24
Youthnet .....	24
Other interventions that may be helpful include: .....	25
Support organizations.....	25
Web: <a href="http://www.cmha.ca/english/info_centre/mh_pamphlets/mh_pamphlet_28.htm">www.cmha.ca/english/info_centre/mh_pamphlets/mh_pamphlet_28.htm</a> .....	25
Support organizations in the Ottawa area .....	25
Readings for Parents and Caregivers.....	25
General Books about Anxiety in Children/Youth .....	25
Books about Anxiety in Teenagers/Adults.....	25
Books specifically about OCD .....	26
Readings for Children and Youth .....	26
Internet Resources .....	27

## **What is Anxiety?**

---

Anxiety, fears or worries are something that all people have from time to time.

Having just enough anxiety is good, because it can help people prepare for challenges, difficult situations, and cope with dangers.

Furthermore, certain types of anxiety are perfectly normal at certain times in a person's life:

- Infants aged 18-mos typically have stranger anxiety, which is a normal type of anxiety that infants may feel around strangers, which lead them to cling to their parents. This is understandably healthy and protective for an infant to have as it keeps infants near their caregivers.
- Children ages 2-6 are often afraid of make-believe things, such as monsters or being in the dark.
- Children ages 7-12 often are afraid of things that could happen to them, such as getting hurt in a car accident or losing a parent.

- Teenagers have more social fears, with fears about fitting in, and finding acceptance in the complicated social life of a teenager

However, if a person has so much anxiety that it gets in the way of everyday life and prevents them from doing things, then it is termed an Anxiety Condition or Anxiety Disorder.

### **What are the Symptoms of Anxiety?**

---

Common symptoms that people may feel when they are anxious include:

- Physical, or bodily sensations:
  - Low energy
  - Poor concentration
  - Abdominal discomfort
  - Diarrhea
  - Dry mouth
  - Rapid heartbeat or palpitations
  - Tightness or pain in chest
  - Shortness of breath
  - Dizziness
  - Frequent urination
  - Difficulty swallowing
- Psychological, or Emotional symptoms
  - Insomnia
  - Irritability or anger
  - Inability to concentrate
  - Fear that you are ‘losing it’
  - Feeling unreal and not in control of your actions (depersonalisation)

### **Main Types of Anxiety Conditions**

---

There are different types of Anxiety Conditions that people can have:

Generalized Anxiety Disorder	A child with generalized anxiety is unable to control their worries, and so ends up worrying about everything. These excessive worries cause stress on the body, so this typically also involves physical symptoms such as restlessness, fatigue, difficult with concentration, irritability, muscle tension, and sleep problems.
Obsessive Compulsive Disorder (OCD)	Condition which may consist of distressing and repetitive: <ul style="list-style-type: none"> <li>• Obsessions, which are thoughts or images</li> <li>• Compulsions, which are habits that one cannot resist, and feels forced to do</li> </ul> One classic obsessions/compulsions include obsessions of cleanliness, which leads to a compulsion of repetitively handwashing or cleaning.
Panic disorder	Recurrent spontaneous episodes of panic that are associated with physiological and psychological symptoms. Physical symptoms include chest pain, trouble breathing, dizziness. Psychological and behavior symptoms include extreme fear, and a need to escape the situation causing the panic.
Phobias	A phobia is when a child is very afraid of one kind of thing, such as flying, insects, storms, or meeting new people.

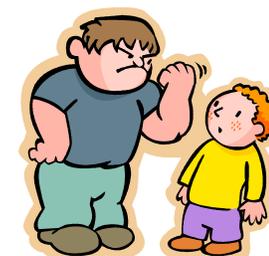
	The fear is extreme and hard for the child to control. Children usually grow out of their phobias.
<ul style="list-style-type: none"> <li>Social Phobia, aka Social Anxiety Disorder</li> </ul>	Marked, persistent fear of social or performance situations in which the person is exposed to unfamiliar people or scrutiny. It is more than normal shyness. It stops people from reaching their full potential at school and work, due to their behaviors of avoiding various social, school or work situations.
Post-traumatic Stress Disorder (PTSD)	PTSD is a delayed reaction to a traumatic event, such as a car accident, a house fire, or being hurt by others, such as bullying. The person may “relive” the event, and having flashbacks, nightmares, or intense emotions. The person may feel ‘on edge’ all the time, with troubles with sleep, energy, concentration. Behaviors include avoiding all reminders of the event, and difficulties moving on.
Selective Mutism	Failure to speak in specific social situations (e.g., school) while talking in other situations (e.g., home). Selective mutism has recently been conceptualized as a type of social phobia.
Separation Anxiety disorder	Excessive anxiety about separation from parent or other caregiver, that is inappropriate for the child’s age and developmental level. Hence, a 2-yo being anxious around being separated from his mother is normal; a 7-yo with the same symptoms would not be normal.
Separation Anxiety	Anxiety which may normally occur in toddlers (~ 10-18 mos. old) where a children becomes upset or frightened to be away from a parent or other loved one. However, when it continues to occur in older children, it represents a problem. For example, such children may refuse to go to school or stay at a friend’s house; they may be clingy , or throw tantrums or panic when a parent or loved one tries to leave.

Note that many of the symptoms in these conditions range along a spectrum. For example, many people have worries and fears from time to time, and many people are perfectionistic or obsessive about certain things. However, when the anxiety is so severe that it gets in the way of life, or when it causes distress, then it is called a condition or a disorder.

### What are Common Anxiety Situations for Children?

For children, common triggering events include:

- Separation from a parent or other loved one.
- Social fears, e.g. making friends at school doing well in sports, or getting good grades, fear of meeting new people
- Performance anxiety, e.g. speaking in front of the class, public speaking, writing tests or exams
- Academic stresses from having to get good marks
- Worries, e.g. worry about things that could happen such as "What if..."
- Bullying or teasing by others



## Steps of Anxiety

---

The cognitive-behavioural model for anxiety talks about how anxiety has different stages:

1. Triggering event → 2. Thoughts → 3. Feelings → 4. Behaviours

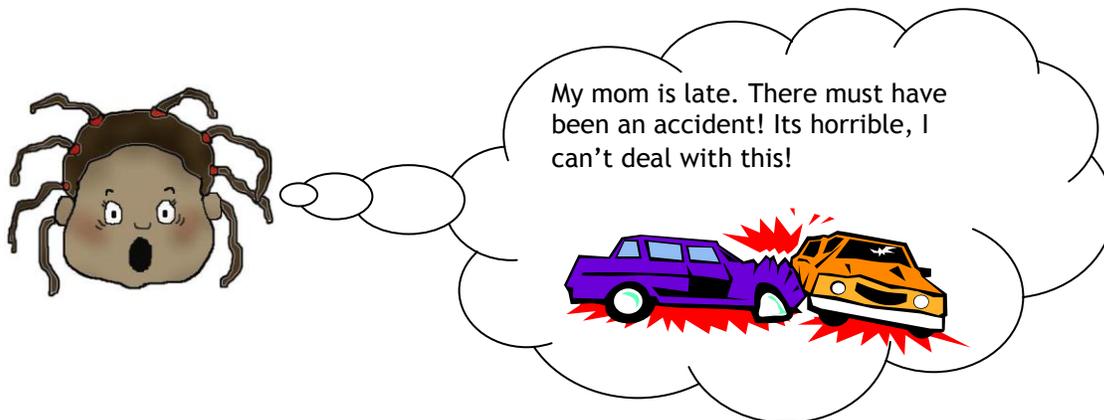
### 1. A Triggering Event:

Anxiety usually starts with after some triggering event.

For example, a child with anxiety is waiting to be picked up by a parent, but the parent is late...

### 2. Thoughts

Next, the person with anxiety starts having 'anxiety thoughts' or 'worry thoughts'.



Usually those thoughts are about two themes:

- a) The person feeling powerless, or
- b) The world being a dangerous or threatening place

### 3. Feelings

Anxiety thoughts lead to anxiety feelings, ranging in severity from mild worry to anxiety to sheer panic.

### 4. Behaviours

Typically, when one is feeling anxious, the natural instinct is to run away from the danger, which typically leads people to avoid their fears. Unfortunately, avoiding one's fears usually doesn't help, and only further adds to the problem in the future.

## Fight or Flight: What is Happening in the Body During Anxiety

---

Anxiety situations, and anxiety thoughts cause the body to make adrenalin (aka. norepinephrine or noradrenalin), the body's natural stress hormone, which prepares the body so that it can either:

a) Fight the danger, or



b) Take flight, and run away from danger!



Adrenalin affects different parts of the body, which lead to the symptoms that people have when they are feeling anxious, or panicked. Some of those parts include:

- Heart: pumps faster so the muscles can have more blood to fight or flee the situation, which can lead to feeling your heart race.
- Lungs: faster breathing so the body can have more oxygen to fight or flee
- Skin: sweats in order to cool off the body faster, from heat that might be produced from fighting/fleeing

Thus, in the right situations, it is good to have anxiety.

## Our Primitive Anxiety Alarm is Not as Good in Modern Society

---

Although the anxiety fight-flight response is very helpful in life and death situations such as helping us deal with being attacked by a saber tooth tiger, it is less helpful in our modern day society.

Our modern day “dangers” are stresses such as school, work or relationships. In most of these situations, it is not appropriate to simply fight or run away from the stress...

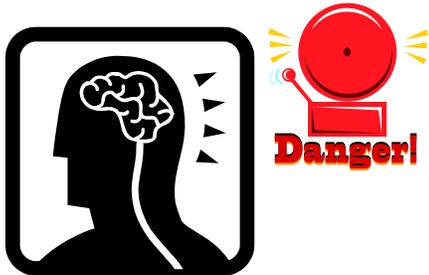
Our bodies were not designed for this type of anxiety, and this may explain the high rate of anxiety conditions in our modern



society.

Fortunately, there are many ways to help turn off that false alarm in the brain...

### ***Anxiety is Like A False Alarm Going in the Brain***



### **Ways to Overcome Anxiety**

---

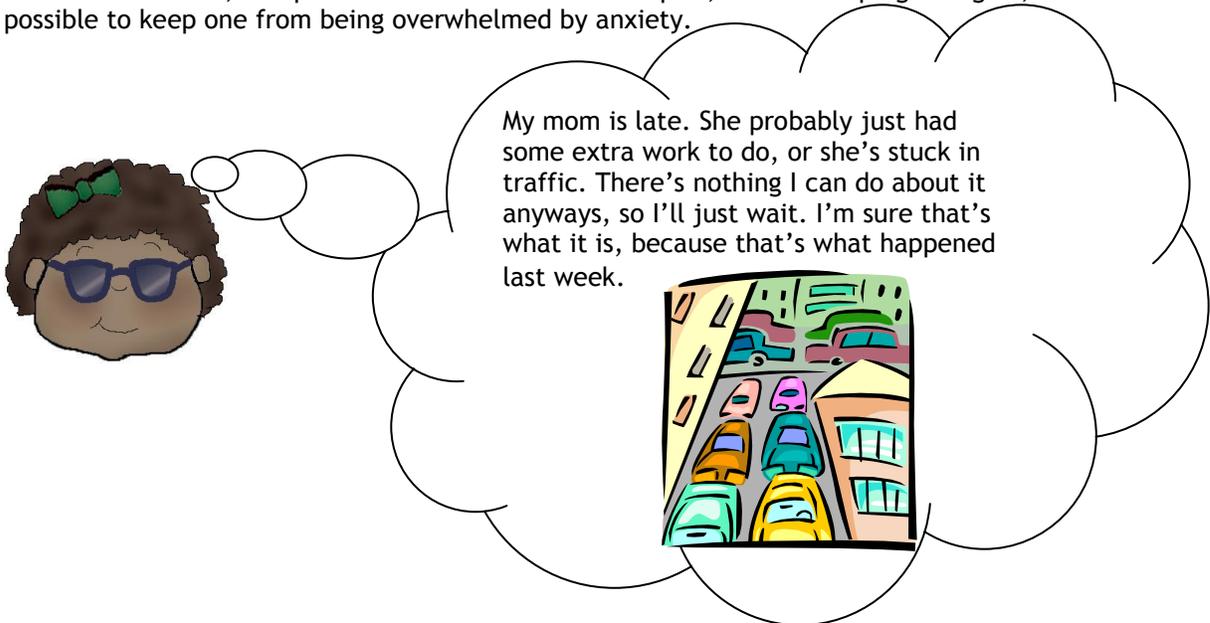
Fortunately, there are many ways to help turn off the anxiety alarm, which include:

- Changing one's thoughts
- Changing one's behaviours

### **Positive Thoughts Can Lead to More Positive Feelings**

---

On the other hand, if a person is able to use more helpful, realistic coping thoughts, then it is possible to keep one from being overwhelmed by anxiety.



## Coping with Anxiety: Body, Mind, Social Self and Spirit

---

There are various ways in which one can treat anxiety.

### *Taking Care of the Body*

- Getting enough sleep
- Having a healthy, well balanced diet, which conforms to the Canada Food Guide, and which consists of at least 3 regular meals of breakfast, lunch and dinner, plus snacks
- Avoiding drugs and medications which can worsen anxiety. Commonly, stimulants such as caffeine can make people more anxious. If you are having anxiety problems, then it would be recommended to stop or limit coffee (to no more than 1-2 cups/coffee daily).
- Regular exercise can help relieve anxiety, stress and tension. It likely helps through several ways:
  - Physical and chemical changes from healthy exercise
  - Distraction from worries
  - Mastery and satisfaction of a new skill
  - Helpful effects on self-image
  - Opportunities to socialize with others
  - In addition, certain exercises may be particularly helpful for anxiety
    - **Yoga**
    - **Martial arts**
    - Sports, and consider non-competitive sports if certain sports make someone too anxious
- Relaxation training (such as progressive muscle relaxation), and deep breathing, which helps turn off the anxiety alarm.
- In certain cases, antidepressant medications may be helpful in restoring the normal function of neurotransmitters such as serotonin, norepinephrine or dopamine. Medications may be helpful if 1) there is a strong family history of anxiety or depression, 2) medications have been helpful with other family members, 3) there are strong features to suggest the problem is primarily a 'chemical imbalance', or 4) other non-medication strategies have already been tried but are not effective.



### *Taking Care of the Mind*

- Cognitive strategies
  - Being aware of “worry thoughts”, and using more positive self-talk instead

### *Taking Care of the Social Self*

- When stressed or anxious, it is important to be able to have others to talk to. Support could range from:
  - a) just being with the person (without necessarily talking about the stress), or
  - b) just telling the person how you feel (without the person giving advice), or
  - c) talking to the person plus getting their advice/opinions.
- Problem-solving to deal with the situations or stress that cause anxiety (such as school, family, peers, friends, teachers, bosses)
  - Identify the problem
  - Identify how you'd like to see things different
  - Identify how to make that happen
- Break down problems into little, easier to deal with parts
- Time management
- Identify your priorities
- Spend time on those
- Figure out what things help your mood and do more of those things
- Figure out what things make your mood worse and either do less of those things, or change them
- Leisure and relaxation
  - Listening to music
  - Reading a good book

### ***Take care of the Spirit***

- Rebuilding hope and meaning
- Find things that give you hope and meaning, which may include religious activities
- Connecting with spiritual supports by connecting with a religious community (e.g. church, synagogue, mosque, temple), or by connecting with religious support (e.g. priest, rabbi, imam or other religious leader)
- After you find what gives you hope and meaning, fill your life with those things

## Coping Thoughts

---

In general, anxiety or fear tricks people into thinking that they are either in danger, or that they are unable to cope.

Examples:

- Being in danger, e.g.
  - Physical danger
    - In panic attacks
      - I'm going to die, I'm having a heart attack
    - In phobias
      - I can't handle this, Something bad is going to happen
  - Emotional / Social danger
    - In social phobia
      - I'm going to be humiliated
      - Everyone's laughing at me
- Unable to cope
  - I can't cope
  - I can't deal with this

## Core Fears in Anxiety

---

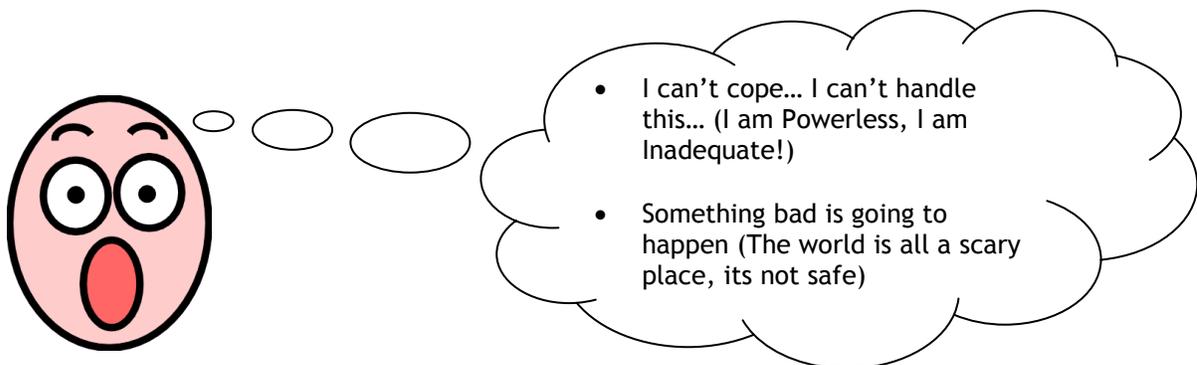
People with anxiety problems tend to have one or both of the following core fears:

- That the world is a dangerous, fearful place, and they will get hurt or
- That they are unable to cope with the world.

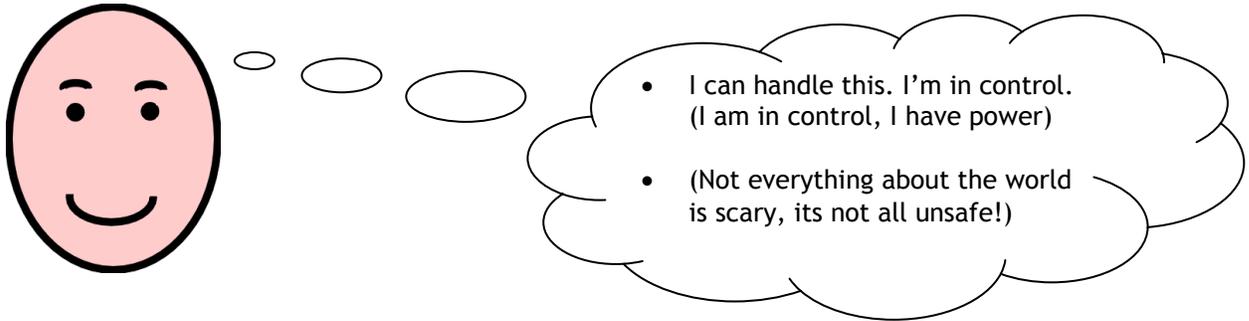
Thus, one way to help them overcome those fears is to gradually show them that either

- The world is not a dangerous place, or that they will not get hurt, or
- That they are able to cope.

### *Worry Thoughts Help Make A Person Worried*



**Confident Thoughts Help Make a Person Confident**



**Classic Cognitive Distortions in Anxiety**

The following is a list of classic cognitive distortions that you may see in your child (or even yourself!) as well as common ways to deal with them.

Typical “Worry” Thoughts or Cognitive Distortions	Corresponding Coping Thoughts
<p><b>ALL-OR-NOTHING THINKING:</b> The person sees everything in black-and-white categories. If the person’s performance falls short of perfect, the person sees themselves as a total failure.</p>	<p>Focus on the positives! For example:</p> <ul style="list-style-type: none"> <li>• Child may say, “I missed that last catch in the game. I’m a complete failure, and no good at anything. I don’t want to play baseball anymore!”</li> <li>• Parent could say, “Instead of focusing on what you did wrong, let’s focus on what you did right - you made most of the catches. If you want to improve though, that’s fine, we can work on it outside sometime. But I know you tried your best and I think you did a great job - nobody’s perfect.”</li> </ul>
<p><b>OVERGENERALIZATION:</b> Seeing a single negative event as a never-ending pattern of defeat.</p>	<p>Gently reframe in a more positive way. For example:</p> <ul style="list-style-type: none"> <li>• Teenager in final year of high school student says, “I asked him/her to the prom, and s/he said no. I’ll never ever get a date with anyone!”</li> <li>• Parent could say, “I hear you... Up until now, you <u>haven’t yet</u> been able to find a date for the prom this time. But I have confidence that things will turn out better next time... You still have a whole month left... If you want, we could talk about it. What can I do to help?”</li> </ul>
<p><b>DISQUALIFYING THE POSITIVE:</b> Rejecting positive experiences by insisting they “don’t count” for some reason or other.</p>	<p>For example:</p> <ul style="list-style-type: none"> <li>• Even when other people give compliments, the person has trouble accepting positives from others</li> <li>• Strangely enough though, these people can often find things to compliment in other people</li> </ul>
<p>Jumping to conclusions:</p>	<p>Remember the old adage about ‘assuming’? Before jumping to any</p>

<p>The person makes a negative interpretation even though there are no definite facts that convincingly support that negative conclusion.</p>	<p>conclusion, check things out first! For example:</p> <ul style="list-style-type: none"> <li>• Person says, “Did you see how Jane just ignored me right then? I’m sure she’s upset at me for something.”</li> <li>• Parent could say: “What makes you think she’s upset at you?” (followed by some discussion), then “Before we assume she’s upset at you, what could you do to check it out?”</li> </ul>
<p>CATASTROPHIZING: When something bad happens, the person exaggerates it to make a ‘mountain out of a molehill.’</p>	<p>Do a reality check by looking not at the worst possibility, but by thinking about what is the most probable possibility. For example:</p> <ul style="list-style-type: none"> <li>• Child says, “I don’t feel well. I think I must have cancer, like on the movie last night. I can’t go to school tomorrow!”</li> <li>• Parent, “I hear that you sound worried. But what’s the most likely thing that it is? Its probably a cold, because you were playing with your cousins, and they were sick last week. So I think the best thing is for you to go to school tomorrow. But if you really aren’t any better in few days, then we’ll take you to the doctor to get it checked out.”</li> </ul>
<p>EMOTIONAL REASONING: Assuming that one’s negative emotions necessarily reflect the way things really are: “I feel it, therefore it must be true.”</p>	<p>Use logic to balance out the emotional reasoning. For example:</p> <ul style="list-style-type: none"> <li>• Child says, “I felt so embarrassed speaking in front of everyone in class. I’m sure I made a fool of myself. I’m not going to another party!”</li> <li>• Parent, “I hear that you felt embarrassed. But what’s the evidence for that?” (followed by discussion) then “Let’s talk about what we can do for next time then, so that you won’t feel embarrassed.”</li> </ul>
<p>SHOULD STATEMENTS: When a person says to themselves, “I should”, or “I shouldn’t”, “I must” or “I ought to”. The emotional consequences are guilt. When one directs statement s towards others, one can get anger, frustrated, resentful.</p>	<p>Try to gently reframe ‘should’ statements, and replace with ‘could’ For example:</p> <ul style="list-style-type: none"> <li>• Child says, “Oh, what an idiot I am. I should have done this, and I should have done that differently!”</li> <li>• Parent can say, “You’re right. You <i>could</i> have done it differently. Oh well, its past now. I have confidence that next time, if you want to, you can do it differently. But really, it was still good enough, whichever way you did it.”</li> </ul>
<p>LABELING AND MISLABELING: When a person makes a mistake, the person labels themselves as a ‘loser’, ‘failure’ or ‘incompetent.’</p>	<p>Gently reframe and help the person see that the negative behavior or outcome is just that - a negative behavior or outcome, but that they are not the negative behavior or outcome. For example:</p> <ul style="list-style-type: none"> <li>• Child says, “I failed that big math test. You were right, I should have studied harder. I’m so stupid. I can’t do anything right.”</li> <li>• Parent could say, “You’re right, you failed the test. You made a mistake, but that doesn’t make you stupid. So what have you learned that you’ll going to do different for next time?”</li> </ul>
<p>PERSONALIZATION: The person sees themselves as the cause of some negative external event, which in fact the person was not responsible for.</p>	<p>Gently reframe so that the person can see what they are responsible for, and what they are not responsible for. For example:</p> <ul style="list-style-type: none"> <li>• Child says, “I must be a bad person, because otherwise dad wouldn’t have left us.”</li> <li>• Parent could say, “I hear that you miss dad, but dad left</li> </ul>

because of his own reasons. It had nothing to do with you.”

**Is the glass half empty or half full?**

Anxiety tricks us into seeing everything as a negative. The classic example is the cup of water which is half full. The negative way to look at it, is to say its half empty. A more positive way to look at it is to say its half full.



As much as possible, try to put on your ‘rose’ colored sunglasses, and try to see the positives in things.



Condition	Typical Fear Thoughts / Typical Coping Thoughts
Generalized Anxiety Disorder	
Separation anxiety disorder	“I can’t handle it on my own.”
Social phobia or social anxiety disorder	“I’m a big embarrassment. I’m going to be humiliated.”
Selective mutism	“I can’t talk in front of others”; “I’m a great embarrassment.”
Panic disorder	A typical panic sequence follows:  I was sitting in a meeting at work; I noticed my heart began to beat faster (physical symptom); I assumed these palpitations were the early signs of a panic attack & that I would lose control & start to yell. Everyone would think I was crazy! (catastrophic thought);

	I became even more anxious, worried about losing control & started to perspire profusely (escalation of physical symptom); I excused myself from the meeting (escape & avoidance); I felt depressed & discouraged because I couldn't even handle an innocuous work meeting (hopelessness).
--	--

Obsessive Compulsive Disorder (OCD)	
Stranger Anxiety	
Separation Anxiety	
Post-traumatic Stress Disorder	
Phobias	

### Progressive Muscle Relaxation Exercises for Children

When people get anxious, their muscles can get all tense. One way to relax our muscles is to tense them, and they will naturally relax afterwards.

Start by sitting down comfortably.

#### Toes and Feet

- Pretend you are at the big walking on nice, warm sand. Squish your toes into the sand.



#### Legs

- As you are sitting there, imagine that you have to lift your legs because your mom or dad is vacuuming under your legs. Lift up your legs and hold them for 1-2-3-4-5, and then let them drop.



#### Stomach

- Tighten your belly as hard as you can.

#### Hands

- Squeeze lemons in your hands, and then let them drop to the ground when you are done.



#### Shoulders

- Still sitting in your chair, stretch your hands up to the ceiling.

#### Neck

- Pretend you are a turtle, and hide in your shell



#### Nose

- A tiny feather from a pillow has landed on your nose and is tickling your nose. Wrinkle your nose to get it off!



#### Eyelids

- Imagine you are watching television when something really gross comes on the screen. Close your eyes really, really tight until that part is over.



Source: unknown

## Deep Breathing

---

Deep breathing is a powerful technique for health in general, as well as for specifically reducing anxiety. Proper breathing forms the core for many healing systems, including yoga, tai chi, Qi Gong and martial arts.

Improper, shallow breathing can produce tension, exhaustion, and make one vulnerable to health problems. A study published in the medical journal *The Lancet*, found that cardiac patients who had shallow breathing (of 12-14 breaths per minute) were more likely to have low levels of blood oxygen, which "may impair skeletal muscle and metabolic function, and lead to muscle atrophy and exercise intolerance."

Conversely, proper, deep, abdominal breathing can maintain health and help remove tension, stress and anxiety. Famous health expert Dr. Andrew Weil has said, "If I had to limit my advice on healthier living to just one tip, it would be simply to learn how to breathe correctly."

***Steps for Proper, Abdominal Breathing to Relieve Stress and Anxiety***

- **Getting Ready**
  - Stand or sit down with good posture.
  - Place your hands on your abdomen (the place on your belly, below your belly button or navel)
  
- **Inhale**
  - Inhale slowly through your nose
  - Close your eyes and visualize energy and oxygen entering your body, and nourishing every part of your body with its healing force
  - If you breathing properly, you should feel your belly expand. (If you are feeling your chest expanding more than your belly, then you are not breathing properly.)
  - When you've breathed in as much as possible, hold your breath for a bit longer before exhaling
  
- **Exhale**
  - With your hands on your belly, exhale slowly through your mouth, pursing your lips as if you were whistling
  - Keeping your eyes closed, visualize the stress and tension leaving your body as you exhale, leaving you feeling rested and realxed
  
- **Repeat** as much as necessary, but repeat at least 3-4 times

In general, you should always be deep breathing. However, when stressed, people tend to breathe more rapidly and shallow. When you notice yourself becoming stressed, use this specific Deep Breathing exercise to de-stress.

## Visualization

---

Visualization involves closing your eyes, and thinking about an anxiety situation. By confronting these situations in your mind, it helps prepare one to face them for real.

## Exposure

---

Exposure involves actually exposing yourself to the anxiety situation, bit by bit, until you are able to cope with the full situation.

## Butterfly Hug

---

Sources: <http://www.emotionalrelief.org/toolsntech.htm#bhug> on Oct 30, 2003

This is a type of bilateral stimulation used to help adults and children with conditions such as anxiety, or trauma survivors. In these conditions, the past trauma may cause the body to be in a hyperaroused, hypervigilant state, such that the body becomes tricked into feeling that it is still under the same danger of the original trauma - and this leads to the person's distress and symptoms.

The butterfly hug provides dual, bilateral stimulation, which appears helpful in helping the brain break out of the fear cycle, and help reprocess anxiety or trauma-laden memories into more healthy ones, thereby reducing anxiety.

How to do the technique:

- Hug yourself using the butterfly hug, as shown in the photo. The butterfly hug is a Dual Attention Stimulation (DAS) that consists on crossing your arms over your chest, so that with the tip of your fingers from each hand, you can touch the area that is located under the connection between the clavicle and the shoulder. The eyes can be closed or partially closed looking toward the tip of the nose.
- Next you alternate the movement of your hands, simulating the flapping wings of a butterfly
- You breathe slowly and deeply (abdominal breathing), while you observe what is going through your mind and body (cognitions, images, sounds, odors, affect and physical sensations) without changing, repressing or judging. You can pretend as though what you are observing is like clouds passing by. This exercise should be done for as long as the person wishes to continue.



**Standard Butterfly Hug Technique**

In the photo here, children are using this technique in a group format following the trauma of a natural disaster, illustrating that even if you

are unable to talk about the trauma, the body can still benefit from the technique.

### **Modified Butterfly Hug Techniques**

For extremely young children, or for people who are unable to do their own butterfly hug, an alternative technique is to have someone tap on them, e.g. on their shoulders, alternating between left and right shoulders. Other places to tap could be on the knees (left and right knees, alternating), or arms (left and right arms).

### **Problem-solving steps**

---

Anxiety can cause problems with how people solve problems and stresses in their life. By tricking people into thinking that either they are 1) inadequate, or that 2) the world is a dangerous place, people who are anxious often tend to avoid problems.

The counter this, it is important to be able to face one's fear, and face one's problems.

The following questions are useful to ask oneself in problem-solving:

- What is the problem?
- What is my goal?
- Make a list of possible solutions, or ways to get closer to the goal
- Try out a possible solution
- Evaluate and see if works
- If it did, great
- If it didn't, then try something else!

### **Helping a Child With Fears**

---

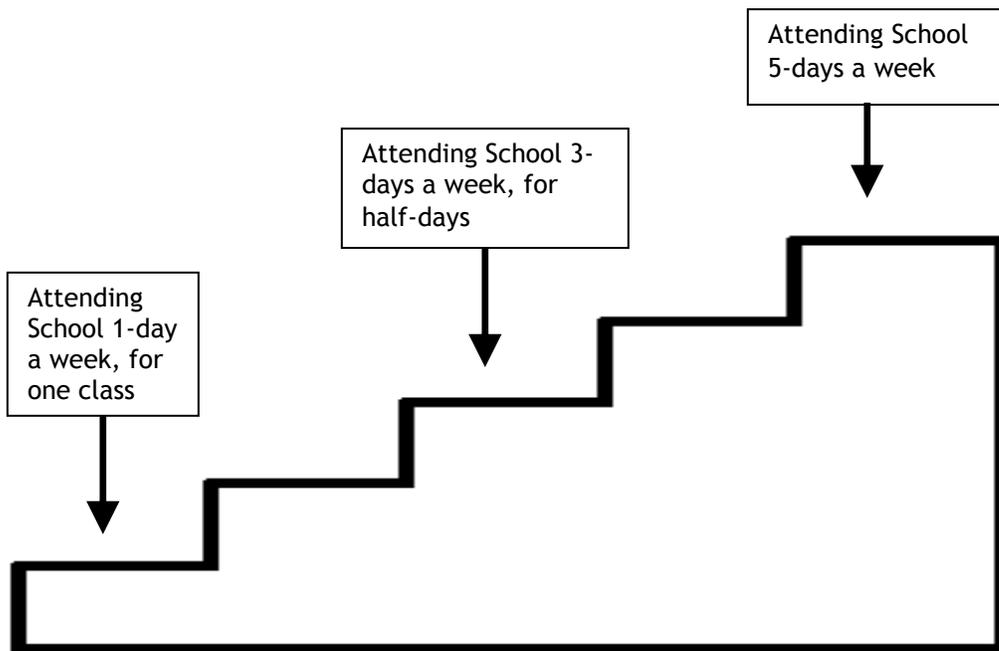
<b>What You Can Say</b>	<b>The Reasons</b>
"Everyone has things that they get nervous about."	Normalizing a child's experience, and letting them know that they are not alone is helpful.
"What's making you feel nervous / anxious / scared right now?"	Identifying the trigger or stress for anxiety is the first step
"I know you're feeling nervous right now, but I remember how scared you were about ___ in	Reinforcing strengths from past achievements

the past? You managed to get over that anxiety that time!”	
“What do you think you could do that might help you deal with the anxiety?”	Asking what the child can do empowers the child For children who have lost power, it can be especially helpful
“Would you be open to some advice?”	Sometimes children can be resentful of being told what to do, so getting their permission first helps respect their autonomy
“Let’s talk about the sorts of things you can do to help deal with the worry.”	If the child was not able to come up with a comprehensive list of strategies, you can brainstorm together with the child, which might include: <ul style="list-style-type: none"> <li>▪ Physical strategies, e.g. exercise</li> <li>▪ Cognitive strategies, e.g. finding positive coping thoughts</li> <li>▪ Social strategies, e.g. finding friends or people to talk to</li> </ul>
“I’m hopeful that you’ll get over the anxiety. In fact, I remember that when ____ you were anxious, but you eventually got over it.”	Instilling hope and confidence

### Helping a Child Create a Hierarchy of Fear

What You Can Say	The Reasons
On a scale between 0 and 10, where 0 is no anxiety, and 10 is the most anxiety, how much anxiety is there?	Identifying and quantifying the amount of anxiety is an important step
“What would be 10 out of 10 anxiety?”	
“What would be 0 out of 10 anxiety?”	
“What do you think you’re capable of managing now?”	
“What’s one little step higher that you’d be able to manage?”	

*Example of a Hierarchy for dealing with School Refusal*

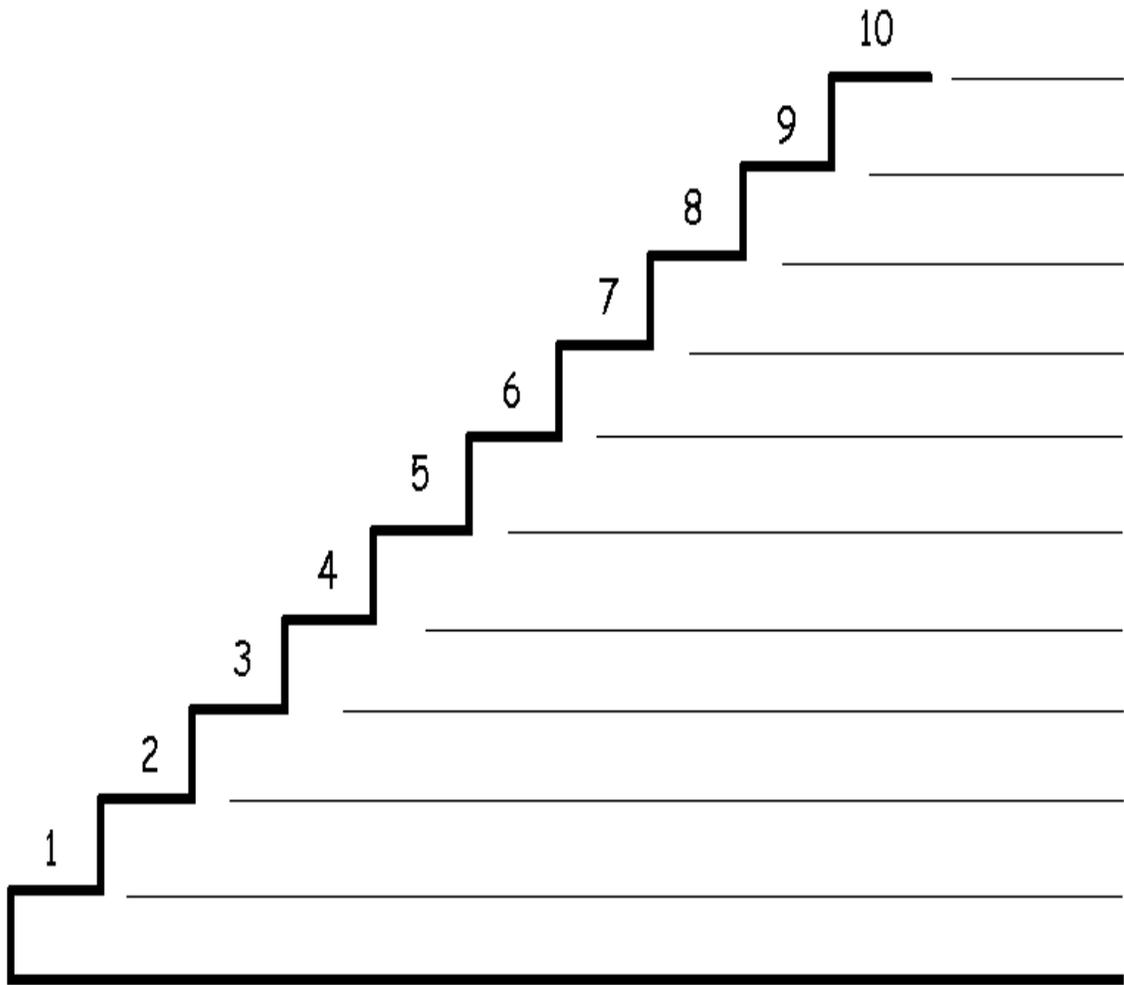


*Principles of a Hierarchy*

- Find out what would make person the most anxious, and set that as the ultimate goal, or the top step
  - “Name something that if we asked you to do it, would make the worry 10 out of 10?”
- Find out what would be the least worrisome, and make that as the lowest step
  - “What’s something you can do, that’s 0 out of 10 worry?”

**Template for a Hierarchy**

---



## What can I do to help reduce my anxiety?

---

- Pay close attention to your child. If his anxiety goes unnoticed, it can lead to bigger problems.
- If you think your child is feeling anxiety, talk to him about his fears.
- Teach your child how to rate how afraid he is. Is he very, very afraid, kind of afraid, or just a little afraid? Talking about the fear will help your child control it.
- Do not ignore your child's fears. Acknowledge that they exist. Tell your child that it's okay to be afraid but also try to show why he doesn't have to be afraid. Show him ways he can control his fear.
- Do not give in to your child's fears. For example, if your child is afraid of dogs, don't avoid them. Act normal when you are around dogs. Use it as a chance to teach your child that he does not have to be afraid of them.
- Help your child take small steps to overcome his fears. For example, work toward leaving a night light on instead of a brighter closet light. Or, work toward getting closer and closer to a dog until your child is no longer afraid to pet it.

## How long will my child's anxiety last?

---

Children usually grow out of their fears. Sometimes, they grow out of an old fear but start having a new fear.

## When should I get professional help?

---

You should talk to a professional if 1) if your child is unable to overcome his fears despite help from family and friends, or 2) if the fears interfere with his daily activities or with the family.

## Medication Treatment

---

Most medication treatments for anxiety use medications that affect serotonin.

Typical examples of medications include Fluoxetine (Prozac), Sertraline (Zoloft), Citalopram (Celexa), Fluvoxamine (Luvox), Clomipramine (Anafranil).

Many of the medications used in anxiety are also used in the treatment of depression. Health Canada ([www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)) has issued an advisory that people under 18 taking antidepressants should consult their treating physician to confirm that the benefits of the drug still outweigh the potential risks.

It is generally recommended to start with non-medication interventions first.

If the person's anxiety does not improve despite non-medication interventions, then medications may be helpful, particularly if other family members have responded to similar medications as well.

## Psychological Treatments for Anxiety

---

Cognitive behavioral therapy (CBT) consists of various techniques:

- Cognitive techniques include replacing anxious or compulsive thoughts with more positive thoughts
- Behavioral techniques include
  - Learning relaxation strategies such as visualization, muscle relaxation, deep breathing

CBT techniques can be learned from reading on one's own, or through working with a trained professional such as a psychologist.

### **Getting Help in the Ottawa Area for Anxiety (Local Resources)**

---

Generally, the first step in getting help is get help and support from one's own support network, such as one's family, friends, teachers, or guidance counselor. Other adults might include spiritual leaders such as a chaplain, elder, iman, priest, or rabbi.

Many professionals can help individuals overcome problems with anxiety, including psychologists, counselors, psychiatrists.

#### ***Seeing a family physician (or pediatrician)***

Seeing one's doctor is a good start, in order to make sure that one's problems with anxiety are not due to a medical condition (such as thyroid problems, or nutritional problems). For listings of physicians, go to <http://www.cpso.on.ca>. For listings of local walk-in clinics, see the list from Capital Find at <http://capitalfind.ncf.ca/health/walkin>. Family physicians can help ensure that medical problems are not contributing to the anxiety, and they can prescribe medications, but in general, they will be too busy and thus not have very much time for counseling about anxiety coping strategies.

#### ***Seeing a psychologist***

Psychologists are trained in the use of psychological techniques to help individuals, which may include talking therapies, or various behavior strategies. Ways to find a psychologist are:

- Asking friends, family or your doctor for names of any recommended psychologists
- Looking in the Yellow Pages (note that of the many competent psychologists in Ottawa, not all of them are necessarily members of the Ottawa Academy of Psychology)
- Contact the Ontario Psychological Association Confidential Referral Service at 1-800-268-0069 or (416) 961-0069. Web: [www.psych.on.ca](http://www.psych.on.ca)
- Contact the Ottawa Academy of Psychology referral service, P.O. Box 4251 Station B, Ottawa, (613) 235-2529 or through [www.ottawa-psychologists.org/find.htm](http://www.ottawa-psychologists.org/find.htm)
- Canadian Register of Health Service Providers in Psychology (CRHSPP), [www.crhsp.ca](http://www.crhsp.ca)

#### ***Distress Lines and Crisis Services***

- Kids Help Phone: a national 24-hr for youth aged 4-19. Provides on-line, and telephone support to youth with any concerns. Tel: 1-800-668-6868. Website: <http://kidshelp.sympatico.ca>
- Parent Helpline which is an anonymous service providing listening and advice for parents requiring support of any type. Tel: 1-888-603-9100. Website: [www.parenthelpline.ca](http://www.parenthelpline.ca),
- Ottawa Distress Centre: a 24-hr distress line primarily for adults in Ottawa. Tel: 613-238-3311. Website: [www.dcottawa.on.ca](http://www.dcottawa.on.ca),

- Ottawa Mobile Crisis Team for Youth (below age 18) which provides mobile, outreach service to youth in crisis. Hours are Mon-Fri 4:30 PM-12:00 AM, and Sat/Sun 1:00 PM-12:00 AM. Tel: 613-562-3004. Website: [www.ysb.on.ca](http://www.ysb.on.ca)
- Ottawa Rape Crisis Centre: 24-hr crisis line at 613-562-2233. Various services to help women who have been affected by sexual assault or trauma. Website: <http://orcc.net>

***Employee Assistance Programs (EAP) through a workplace, or Student Health Services at a college or university***

- Parents who have teenagers who are depressed may be eligible for assistance through their workplace EAP, which can provide help refer and provide funding for a therapist.
- Young adults who are attending college or university should contact their school's student health services to see what counselling services are available

***Counselling and Therapy Services, which include:***

- Youth Services Bureau, which provides services including counseling, youth employment services as well as youth-drop in centres and an emergency shelter for women. Tel: 613-729-1000. Website: [www.ysb.on.ca](http://www.ysb.on.ca)
- Family Service Centre of Ottawa, which provides counseling to youth and families. Tel: 613-725-3601. Website: [www.familyservicesottawa.org](http://www.familyservicesottawa.org)
- Catholic Family Services, which provides counseling to youth and families of any religious denomination. Tel: 613-233-8418. Website: [www.cfssfc-ottawa.org](http://www.cfssfc-ottawa.org)
- Jewish Family Services which provides counseling to youth and families of any religious orientation. Tel: 613-722-2225.
- Centre for Psychological Services, 613-562-5289, University of Ottawa, 11 Marie Curie St., Ottawa, at Psychologists at the university of Ottawa who offer services including individual, couple, family and child therapy, on a fee-for-service basis. Web: [www.socialsciences.uottawa.ca/psy/eng/centre.asp](http://www.socialsciences.uottawa.ca/psy/eng/centre.asp)
- Centre Psycho-social pour enfants et familles (Français), 613-789-2240, which provides counselors for French-speaking youth and families. Website: [www.centreprychosocial.ca/info.html](http://www.centreprychosocial.ca/info.html)

***Finding a Psychologist***

- Contact the Ontario Psychological Association Confidential Referral Service at 1-800-268-0069 or (416) 961-0069. Website: [www.psych.on.ca](http://www.psych.on.ca)
- Contact the Ottawa Academy of Psychology referral service, P.O. Box 4251 Station B, Ottawa, (613) 235-2529 or through [www.ottawa-psychologists.org/find.htm](http://www.ottawa-psychologists.org/find.htm)

***Your Local Community Health Centre***

Contact your local community health centre to find out about any counseling, groups or other mental health programs they might have. Website with list of centres: [www.coalitionottawa.ca/html/members.html](http://www.coalitionottawa.ca/html/members.html)

***Youthnet***

Youthnet is an awesome mental health promotion program with a strong youth-centered focus, as front-line staff are young adults -- "by youth for youth." Located beside the Children's Hospital of Eastern Ontario, they receive full clinical backup support from other professional disciplines such as Psychology, Psychiatry and Social Work. Services include a Depression Support Group ("The Vent") for older teens, an expressive arts Pens and Paints Group, and

seasonal activities such as subsidized snow boarding outings. Tel: 613-738-3915. Website: [www.youthnet.on.ca](http://www.youthnet.on.ca).

Other interventions that may be helpful include:

---

- Yoga<sup>i</sup> ([www.internetyogi.com](http://www.internetyogi.com)) and mindfulness meditation.
- Braingym exercises, which stimulate different brain centres in order to further disrupt the "brain lock" caused by the OCD. Consists of set of exercises originally devised by an educational kinesiologist. See [www.braingym.org](http://www.braingym.org) for further details.
- Eye movement desensitization reprocessing (EMDR), which is a type of therapeutic brain stimulation originally used for post-traumatic stress disorder, but is being increasingly used in other conditions as well. Contact [www.emdria.org](http://www.emdria.org) for more information about EMDR.
- Hypnosis, administered by a trained professional, certified with the Canadian Society of Clinical Hypnosis.

Support organizations

---

- Anxiety Disorders Association of Ontario, 797 Somerset St W, Ottawa, ON, K1R 6R3, Toll-free: (877) 308-3843, 613-729-6761. Web: [www.anxietyontario.com](http://www.anxietyontario.com)
- Canadian Mental Health Association, which has information about many different conditions, including OCD. Web: [www.cmha.ca/english/info\\_centre/mh\\_pamphlets/mh\\_pamphlet\\_28.htm](http://www.cmha.ca/english/info_centre/mh_pamphlets/mh_pamphlet_28.htm)

Support organizations in the Ottawa area

---

- Obsessive Compulsive Disorder (OCD) Parent Support Group, for parents with children who have OCD. Tel: 613-220-1507. Email: [Janet.Vandenheuvel@ottawa.ca](mailto:Janet.Vandenheuvel@ottawa.ca)
- Parent's Lifeline of Eastern Ontario ([www.pleo.on.ca](http://www.pleo.on.ca)) is an Ottawa-based support group for parents of children with mood or anxiety difficulties
- Obsessive-Compulsive Disorders Self-Help Group, primarily for adults with OCD, 613-722-3607, c/o: Hintonburg Community Centre, 1064 Wellington St, Ottawa, K1V 2Y3

Readings for Parents and Caregivers

---

#### ***General Books about Anxiety in Children/Youth***

- Tamar Chansky (2004). Freeing your child from anxiety: powerful, practical solutions to overcome your child's fears, worries, and phobias. Broadway Books.
- Helping Your Anxious Child: a Step-By-Step Guide for Parents by Ronald M. Rapee (editor). New Harbinger, 2000.
- Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children by John S. Dacey, and others. Jossey-Bass, 2001.
- Into the Great Forest: a Story for Children Away from Parents for the First Time by Irene Wineman Marcus, Paul Marcus, Susan Jeschke (Illustrator). Magination, 2000.
- Cool Cats, Calm Kids: Relaxation and Stress Management for Young People by Mary Williams and D. Burke O'Quinn. Impact, 1996.

#### ***Books about Anxiety in Teenagers/Adults***

- Anxiety and Phobia Workbook by Edmund Bourne. Oakland, CA: New Harbinger, 2000.

*Books about the Highly Sensitive Child*

- The Highly Sensitive Child: Helping your child thrive when the world overwhelms them by Elaine Aron. Strategies for the highly sensitive child, as well as an appreciation of the strengths of sensitivity, i.e. awareness and empathy of others. ([www.hsperson.com/pages/child.htm](http://www.hsperson.com/pages/child.htm))

*Books specifically about OCD*

- Freeing your child from Obsessive-Compulsive Disorder, by Tamar Chansky, 2000. How parents can help their child with OCD symptoms.
- Getting control: overcoming your obsessions and compulsions, Lee Baer, 2000. Behavioral intervention for OCD; self-administered.
- Brain Lock, by Jeffrey Schwartz, 1996. Behavioral intervention for OCD; self-administered.
- Teaching the tiger: a handbook for individuals involved in the education of students with attention-deficit disorders, Tourette syndrome or obsessive-compulsive disorder, by Marilyn Dornbus. Useful strategies for teaching children with conditions such as OCD. Has concepts of self-regulation and achieving optimal arousal.

Books about social anxiety for adults and teenagers

- The Shyness & Social Anxiety Workbook by Martin M. Antony, Ph.D., and Richard P. Swinson

**Readings for Children and Youth**

---

<u>Intended Age of Reader</u>	<u>Title / Description</u>
Teens and adults	<i>The Anxiety and Phobia Workbook</i> by Edward J. Bourne. Fine Communications, 1997. (Written originally for adults, but mature teenagers may find it helpful for strategies.)
12-17 years	Worry Taming for Teens, By E. Jane Garland and Sandra L. Clark (2002), A guide for teens on understanding and overcoming anxiety, panic, shyness, and other worry-related conditions
9-12 years	Otherwise Known as Sheila the Great, By Judy Blume (1972), A novel about Sheila Tubman, a girl with many fears and anxieties, a few of which she has to face one summer.
6-10 years	Johnny Germ Head, By James Quigley (1997), A book about Johnny, a boy with a phobia of germs, and his many adventures.
5-8 years	The School Wobblers, By Chris Wever (1994), About the anxieties and fears surrounding school and how to overcome them.
4-17 years	Taming Worry Dragons, By E. Jane Garland and Sandra L. Clark (2000), A guide for children and their parents on how to stop worrying
4-8 years	Can I Leave the Light On?: A Story About Night-time Fears, By Janis Nostbakken (1998). A story about a child who overcomes his fear of the dark. This book also includes helpful advice for parents about helping their child pinpoint and deal with their fear
4-8 years	Franklin Goes to Day Camp, By Paulette Bourgeois (1997), Franklin is nervous for his first time at day camp, but he soon learns that there is nothing to be afraid of and he has a wonderful time with his friends. A story and activity book.
4-8 years	Franklin Goes To School, By Paulette Bourgeois (1995), Franklin is nervous and scared at his first day of school, but when he gets to school and talks to the teacher he realises that school is a fun place and not scary at all.
4-8 years	Franklin in the Dark, By Paulette Bourgeois (1986), Franklin overcomes his fear of the dark

4-8 years	I'm Scared, By Elizabeth Crary (1994), Tracy learns to overcome her fear of dogs.
4-8 years	Let's Talk About Being Afraid, By Anna Kreiner (1996), A book explaining fears and why you may be afraid.
4-8 years	The Lion Who Lost his Roar: A Story About Facing Your Fears, By Marcia Shoshana Nass (2000), When Louie the Lion learns about fear, he begins to become afraid of everything. He slowly gains his courage back when he learns techniques to overcome his fears.

## Internet Resources

---

- American Academy of Child and Adolescent Psychiatry. The Anxious Child. 2000 December (cited 2001 December 10). Web: [www.aacap.org/publications/factsfam/anxious.htm](http://www.aacap.org/publications/factsfam/anxious.htm)
- National Institute of Mental Health. Childhood Mental Health: Anxiety Disorders. (cited 2001 December 11). Web: [www.nimh.nih.gov](http://www.nimh.nih.gov)
- Rutherford, K MD. Coping with Anxieties, Fears, and Phobias. KidsHealth. 2001 September (cited 2001 December 11). Web: [www.kidshealth.org/parent/emotions/feelings/anxiety.html](http://www.kidshealth.org/parent/emotions/feelings/anxiety.html)
- The Mental Health NHS Trust Organization has free, downloadable self-help handbooks on various topics including OCD. Web: [www.northumberland-haz.org.uk/selfhelp/self\\_help/obsessions.pdf](http://www.northumberland-haz.org.uk/selfhelp/self_help/obsessions.pdf)
- The OCD Foundation. Web: [www.ocfoundation.org](http://www.ocfoundation.org)
- Easy to read one-page pamphlets about OCD
  - From the American Academy of Child and Adolescent Psychiatrists, at [www.aacap.org/publications/factsfam/ocd.htm](http://www.aacap.org/publications/factsfam/ocd.htm)
  - From the British Association for Behavioral and Cognitive Psychotherapies, at [www.babcp.org.uk/publications/leaflets/ocd.htm](http://www.babcp.org.uk/publications/leaflets/ocd.htm)
- Information from the National Institute of Mental Health Web: [www.nimh.nih.gov/HealthInformation/ocdmenu.cfm](http://www.nimh.nih.gov/HealthInformation/ocdmenu.cfm)
- The Westwood Institute is a treatment centre for OCD, and has a very helpful webpage with advice. Web: [www.hope4ocd.com/foursteps.html](http://www.hope4ocd.com/foursteps.html)
- Consumer-friendly information from Familydoctor.org Web: <http://familydoctor.org/133.xml>
- Expert Consensus Guideline Series on the Treatment of Obsessive-Compulsive Disorder Web: [www.psychguides.com/ocgl.html](http://www.psychguides.com/ocgl.html)

## References

Shannahoff-Khalsa DS: An introduction to Kundalini yoga meditation techniques that are specific for the treatment of psychiatric disorders. J Altern Complement Med. 2004 Feb;10(1): 91-101.

---

## Disclaimer

---

The content of this document is for general information and education only. The accuracy, completeness, adequacy, or currency of the content is not warranted or guaranteed. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Users should always seek the advice of physicians or other qualified health

---

providers with any questions regarding a health condition. Any procedure or practice described here should be applied by a health professional under appropriate supervision in accordance with professional standards of care used with regard to the unique circumstances that apply in each practice situation. The authors disclaim any liability, loss, injury, or damage incurred as a consequence, directly or indirectly, or the use and application of any of the contents of this document.



---

This work is “licensed” under a Creative Commons License (Attribution-Non Commercial-Sharelike 2.0, <http://creativecommons.org/licenses/by-nc-sa/2.0/>) which means that you are free to copy, distribute, display and perform the work, and make derivative works as long as you give the original author credit, the work is not used for commercial purposes, and if you alter, transform, or build upon this work, you may distribute the resulting work only under a license identical to this one.