

HANDOUTS

The Worried Child *Diagnosing and Treating Anxious Children*

Presented by

Paul Foxman, Ph.D.

AGENDA

Monday

9:00 Nature and Causes of Anxiety

- Introduction to workshop and handouts
- How anxiety develops in children
- Three ingredients in all anxiety disorders (biological sensitivity, personality style, stress overload)
- The “anxiety personality”—assets and liabilities

10:20 *Break (coffee and tea)*

10:35 Assessment and Interventions

- Anxiety assessment tools
- Co-existing disorders
- Pros and cons of medication use with children
- Nature’s remedies (alternative medicine approaches)

12:00 p.m. *Lunch (on your own)*

1:15 Self-Regulation Skills for Anxious Children

- 3-S Approach to stress reduction, meditation and mindfulness for children, active relaxation practices, breathing techniques, “flow” activities, neurofeedback games

2:30 *Break (coffee, tea, soda, snack)*

2:45 Therapy Strategies and Case Examples

- Separation Anxiety Disorder (graduated exposure, addressing parent “letting-go anxiety,” family therapy)
- Panic Disorder (“floating technique,” structured therapy program)

4:15 Adjourment

Tuesday

Therapy Strategies and Case Examples

8:30 Over-Anxious Disorder of Childhood

- Analysis of worry, CBT approaches

9:10 Obsessive-Compulsive Disorder

- Role of symptoms, CBT, and ERP

9:50 *Break (coffee and tea)*

10:05 Social Phobia

- Basis of social anxiety, building self-esteem, interpersonal skills, group therapy

11:30 *Lunch (on your own)*

12:45 p.m. Specific Phobias

- Graduated exposure, use of virtual reality

1:20 Post-Traumatic Stress Disorder

- Goal of PTSD treatment, EMDR, expressive techniques

2:00 *Break (coffee, tea, soda, snack)*

2:15 Therapy Progress Indicators

- Questions and Discussion

3:45 Adjourment (Pick up certificates)

Dr. Paul Foxman:

86 Lake Street

Burlington, VT 05401

Telephone: (802) 865-3450

Fax: (802) 860-5011

Email: paulfoxman@aol.com

Website: www.drfoxman.com

Sponsored by

J&K Seminars, LLC

(800) 801-5415

jk@jkseminars.com

www.jkseminars.com

Table of Contents

Page	
1	About Your Presenter
2	PowerPoint slides
8	Common Fears in Children and Adolescents
9	Stress Test for Children
10	Anxiety Screening Tests
11	Initial Interview with Children
13	Relaxation Response for Children
14	Medicines for Anxiety Disorders in Children and Adolescents
15	Alternative Medicine Approaches
19	Recommendations for Sleep
20	Structured Anxiety Therapy Tools
21	Feelings Vocabulary Exercise
23	Caffeine Content of Selected Foods
25	Anxiety Resources and Web Sites
26	Reading List

ABOUT YOUR PRESENTER

Dr. Paul Foxman is Founder and Director of the Center for Anxiety Disorders, a private practice and therapist training center in Burlington, Vermont. He has over 30 years of professional experience in a variety of settings, including hospitals, community mental health centers, graduate schools in psychology, and private practice.

Dr. Foxman is the author of Dancing With Fear (2007) and The Worried Child (2004), as well as other publications on the topic of anxiety including a co-authored casebook, Conquering Panic and Anxiety Disorders (2003).

Dr. Foxman's education and training includes Yale University (B.A. in Psychology), Vanderbilt University (Ph.D. in Clinical Psychology), pre-doctoral internships at the Department of Psychiatry at Mt. Zion Hospital in San Francisco and the Kennedy Child Study Center in Nashville, and training seminars at the San Francisco Psychoanalytic Institute. In 1985 Dr. Foxman co-founded the Lake Champlain Waldorf School in Shelburne, Vermont, now flourishing from kindergarten through high school.

To contact Dr. Foxman:

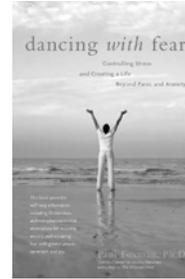
86 Lake Street
Burlington, VT 05401
Telephone: (802) 865-3450
Fax: (802) 860-5011
Email: paulfoxman@aol.com
Website: www.drfoxman.com

THE WORRIED CHILD

Diagnosing and Treating Anxious Children

Paul Foxman, Ph.D.

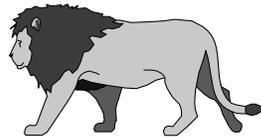
BOOKS BY PAUL FOXMAN



2

KEY TERMS

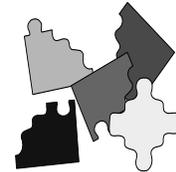
- Fear
- Actual threat
- Perceived threat
- Anxiety
- Stress



3

3 INGREDIENTS IN ANXIETY

- Biological sensitivity
- Personality traits
- Stress overload



4

PERSONALITY TRAITS



- Responsible
- Perfectionism
- Difficulty relaxing
- Worry
- "Pleaser"
- Avoids conflict
- Prefers structure
- Low assertiveness

5

ANXIETY PERSONALITY



ASSETS

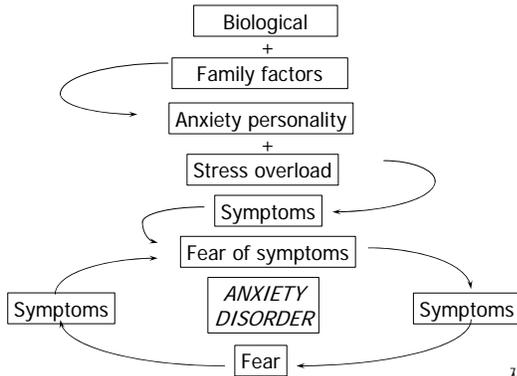
- Cooperative
- Good student
- High achieving

LIABILITIES

- Higher stress/anxiety
- Personalizes
- Easily exploited

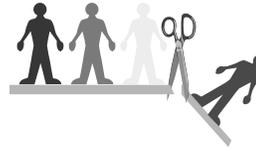
6

DEVELOPMENT OF ANXIETY



7

SOURCES OF ANXIETY/STRESS



- Family
- School
- Media
- Society & world

8

INITIAL INTERVIEW



- Presenting problem
- Symptoms
- Stresses
- Psychosocial history
- Mental status exam
- Genogram
- Substance use
- 3 wishes
- Animal question

9

ANXIETY TESTS



- RCMAS: Rev. Children's Manifest Anxiety Scale (6-19)
- CBCL: Achenbach Child Behavior Checklists (4-16)
- MASC: Multidimensional Anxiety Scale for Children (8-19)
- BASC-2: Behavioral Assessment System for Children, 2nd Ed. (2-21)
- CY-BOCs: Children's Yale-Brown Obsessive Compulsive Scale (6-14)
- BAI: Beck Anxiety Inventory for Youth (7-14)

10

"3-S" MODEL OF STRESS



1. Symptoms
2. Sources
3. Solutions

11

1: STRESS SIGNALS

- Restlessness
- Negative attitude
- Irritable/moody
- Muscle tension
- Fatigue/low energy
- Depression
- Stuttering
- Anxiety
- Behavior problem
- Sleep disturbance
- Headaches
- Dizziness
- Grinding teeth
- Increased heart rate
- Cold/sweaty hands
- Breathing difficulty

12

3: CHILD STRESS SOLUTIONS



- Health ☑
- Time management
- Reasonable goals
- Relaxation
- Recreation
- Structure & rhythms
- Media limits
- Talk with someone

13

RELAXATION

- Meditation for kids
- Yoga or alternative
- Breathing exercises
- "Flow" activities
- Neurofeedback

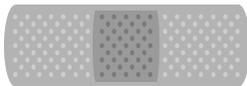


14

MEDICATION

PROS

- Target symptoms
 - Arousal
 - Concentration
 - Sleep
- Can enhance therapy



CONS

- Safety issues
- No new skills
- Control issues
- Titration
- Initial arousal (SSRI)
- Fear of discontinuing
- Rebound effects
- Addiction potential

15

NATURE'S REMEDIES

- Herbal therapy
- Homeopathy
- Nature activities



16

ANXIETY DISORDERS

- Separation anxiety
- Panic disorder
- Overanxious disorder
- Social anxiety disorder
- Phobias
- Obsessive-compulsive disorder
- Post-traumatic stress disorder



17

SEPARATION ANXIETY



- Diagnosis
- Graduated exposure
- Family therapy

18

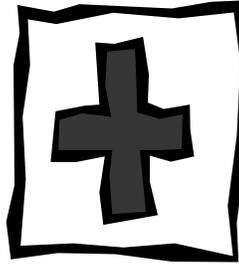
FAMILY THERAPY

- Young children
- Parent ally
- Anxiety in family
- Progress barrier/threat
- Substance abuse
- Separation/divorce in process



19

PANIC DISORDER



- Diagnosis
- Relaxation
- Floating ☑
- Exposure/satiation
- Structure ☑

20

FLOATING TECHNIQUE

- Face
- Accept
- Float
- Let time pass ☑



21

Overanxious Disorder



- Diagnosis
- Normal worries ☑
- Purpose of worry
- Worry replacement
- Sleep habits
- Cognitive therapy

22

CBT FOR WORRY

- Harmless (H) ☁ vs. tragic (T) ✈
- "So what..." (H)
- Reality testing (T)
- Worry paper/dolls (H/T)
- Worry time (H/T)

23

OCD

Figure AB-16: Limbic System

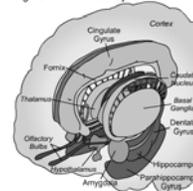


Diagram colors are consistent with Figure AB-17.

- Diagnosis
- Role of symptoms
- Relaxation
- ERP—Exposure & Response Prevention

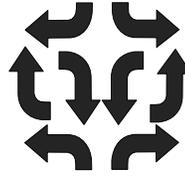
24

ERP

Session1: neurobehavioral framework
Session 2: mapping OCD
Session 3: stimulus hierarchy, scaling
Sessions 4-15: AMT + ERP
Session16: graduation or F/U plan
Parent conferences at sessions 6 & 12

25

3-Rs for OCD



- Re-label
- Re-focus
- Re-value

26

SOCIAL PHOBIA



- Diagnosis
- Shyness & self-esteem
- Drug/alcohol use
- Cognitive Rx
- Graduated exposure
- Group therapy
- Assertiveness

27

ASSERTIVE COMMUNICATION



1. Validation
2. What I feel
3. What I want
4. Agreement

28

SPECIFIC PHOBIAS



- Diagnosis
- Phobic situations
- Graduated exposure
- Virtual reality

29

PTSD



- Diagnosis
- Types of trauma
- Crisis intervention
- Support group
- "Normalize" feelings
- EMDR
- Expressive therapy

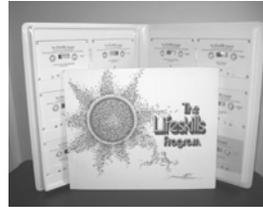
30

UNWORRIED CHILD



31

LIFESKILLS PROGRAM



- CBT self-help
- Structured 10 weeks
- Age range 6-15
- Audio & workbook
- Skills & concepts
- Adult manual



32

CHILDREN'S WORRIES (7-15)

- School performance
- Appearance
- Social acceptance
- Death of a parent
- Friends
- Global (hunger, poverty, violence, nuclear destruction) 



33

DIET & NUTRITION



- Eliminate caffeine
- Avoid chemicals
- Reduce sugary foods
- USDA Food Pyramid
- Eat regularly
- Water 

34

COMMON FEARS IN CHILDREN AND ADOLESCENTS

The following table from Dr. Foxman's book, The Worried Child (pages 22-23) shows some of the common and normal fears of childhood and adolescence, displayed according to age.

Age	Common Fears
0-6 months	Loss of support, loud noises
7-12 months	Strangers, sudden movements or large/looming objects
1 year	Separation, toilet, strangers
2 years	Separation, dark, animals, loud noises, large objects, changes in house
3-4 years	Separation, masks, dark, animals, noises at night
5 years	Separation, animals, "bad people," bodily harm
6 years	Separation, thunder and lightning, supernatural beings, dark, sleeping or staying alone, bodily injury
7-8 years	Supernatural beings, dark, fears based on television viewing, staying alone, bodily injury
9-12 years	Tests, school performance, physical appearance, thunder and lightning, bodily injury, death
14-15 years	Family and home issues, political concerns, preparation for future, personal appearance, social relations, school

STRESS TEST FOR CHILDREN*

STRESS	POINTS	CHILD'S SCORE
Parent dies	100	
Parents divorce	73	
Parents separate	65	
Separation from parent (e.g. foster placement, termination of parental rights)	65	
Parent travels as part of job	63	
Close family member dies	63	
Personal illness or injury	53	
Parent remarries	50	
Parent loses job	47	
Parents reconcile after separation	45	
Mother goes to work	45	
Change in health of a family member	44	
Mother becomes pregnant	40	
School difficulties	39	
Birth of a sibling	39	
School readjustment (new teacher of class)	39	
Change in family's financial condition	38	
Injury or illness of a close friend	37	
Starts new (or changes) extracurricular activity (music lessons, Brownies, etc.)	36	
Change in number of fights with siblings	35	
Exposed to violence at school	31	
Theft of personal possessions	30	
Changes responsibilities at home	29	
Older brother or sister leaves home	29	
Trouble with grandparents	29	
Outstanding personal achievement	28	
Move to another city	26	
Move to another part of town	26	
Receives or loses a pet	25	
Changes in personal habits	24	
Trouble with a teacher	24	
Changes in hours with baby sitter or at day care center	20	
Move to a new house in same school district	20	
Changes to a new school	20	
Changes in play habits	19	
Vacations with family	19	
Change in friends	18	
Attends summer camp	17	
Changes sleeping habits	16	
Change in number of family get-togethers	15	
Changes eating habits	15	
Changes amount of TV viewing	13	
Birthday party	12	
Punished for not "telling the truth"	11	
CHILD'S TOTAL SCORE		

ANXIETY SCREENING TESTS

CHILDREN

Revised Children's Manifest Anxiety Scale. Los Angeles: Western Psychological Services, 1985.

Tel: (800)-222-2670. This is a 37-item self-report tool with age norms for children 6-19 that yields four scores: Total Anxiety, Physiological Anxiety, Worry/Oversensitivity, Social Concerns/Concentration plus a Lie Scale.

Multidimensional Anxiety Scale for Children (MASC). San Antonio, TX: The Psychological Corporation (Harcourt Assessment), 1990. Tel: (800) 228-0752. This is a normed 39-item, Likert 4-point self-report scale that yields the following scores: Physical Symptoms, Social Anxiety, Harm Avoidance (Perfectionism Subscale, Anxious Coping Subscale), Separation/Panic, Anxiety Disorders, Total Anxiety, and Inconsistency Index. Estimated administration time is 15 minutes. Age range is 8-19.

Child Behavior Checklist (Teacher Report Form, Parent Report Form, Youth Self-Report Form).

Burlington: University of Vermont, 1991. Tel: (802) 264-6432, Fax: (802) 264-6433, email: mail@ASEBA.org web site: www.ASEBA.org This is a behavioral rating tool with age norms that yields scores on several dimensions including Anxiety, depression, and Attention Problems.

Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCs). Used as a research and clinical assessment tool for ages 6-14, this several versions of this scale are widely available online. Use keyword "CY-BOCs." Adult version is Y-Brown OCD Scale (Y-BOCs).

Beck Anxiety Inventory for Youth. Bundled with *Beck Youth Inventories of Emotional and Social Development*. San Antonio, TX: The Psychological Corporation, 1990. Tel: (800) 228-0752. This is a self-report screening tool without age norms.

ADULTS

Beck Anxiety Inventory (BAI). San Antonio, TX: The Psychological Corporation, 1990. Tel: (800) 228-0752. Self-report screening tool with no age norms.

Sheehan Patient-Rated Anxiety Scale. In Sheehan, D. *The Anxiety Disease*. New York: Bantam, 1986. Self-report screening tool with no age norms.

Anxiety Personality Self-Test. Available from Paul Foxman, Ph.D. Center for Anxiety Disorders, Burlington, VT. Tel: (802) 865-3450, www.drfoxman.com Self-report screening tool with no age norms.

INITIAL INTERVIEW WITH YOUNG CHILDREN (6-12)

It is advisable to ask parents to prepare their child for an initial appointment. You might suggest they address their child with some variation of the statement, “Erica, I’ve noticed how worried and upset you’ve been lately and I’ve made an appointment for us with a (man) (woman) who works with children who feel just like you do. He/she is a counselor.” Advise against terms such as “doctor,” “psychiatrist,” and “psychologist,” as these labels can sometimes stimulate a fear reaction in a sensitive child.

Include the parent (or both parents if available) in the initial interview, especially with young children. It is not advisable to include siblings in the office as they may distract, tease, or otherwise inhibit the child’s communication. Family therapy may be part of the treatment plan, to begin at a later point in time.

A semi-structured initial interview is the most widely used screening method for children with anxiety. This approach is flexible, natural, and comprehensive. Begin with an open-ended question, such as, “I’d like to know what is going on that led to your being here today.” Then direct a question to the parent, such as, “Since you called to make this appointment, let’s start with you. You must have some concerns that prompted you to call me.”

Typically, the parent will talk about what is currently going on, and you can probe the response for details about the presenting problems. Note behaviors and symptoms, such as school refusal, separation anxiety, difficulty going to sleep without a parent in the room, unwillingness to perform in class, social avoidance, poor eye contact, and other difficulties. Follow-up with direct questions as needed to obtain a full symptom picture. Some areas to explore include:

- Is Erica having any trouble at school?
- If so, when and in what way?
- Is there a particularly difficult time of day, such as mornings or nighttime?
- How does Erica get along with other children?
- Is she shy or intimidated by other children?
- Does she have any close friends?
- Are there any other concerns we have not discussed?

During this stage of the interview, turn to the child every few minutes and ask for input into the parent’s comments. Seek information that reveals her feelings, cognitions, and physiology. Try asking questions, such as:

- Do you agree with what your Mom just said?
- How do you feel inside when...?
- What do you think your Mom is most worried about?
- What are your thoughts when you...?

For “I don’t know” responses, begin to show empathy by asking,

- “Do you feel nervous, like an upset stomach or like something bad is going to happen?”
- “Do you sometimes think, ‘What if certain bad things happen...like ‘What if I get kidnapped?’ or ‘What if something happens to my parents?’ or ‘What if other kids make fun of me?’”

Your goal for the initial interview is to determine the following:

- The child's normal affect
- The child's affect in response to specific cues or stresses
- The specifics of the child's anxiety responses
- The child's thinking process
- The nature of any physical symptoms

After obtaining a thorough symptom picture, a developmental history is the next step. Some clinicians provide a developmental history form to the parents before the initial interview and review it at this point in the meeting. If you are taking the history in the session, it might be helpful to go through each stage (pregnancy, birth, infancy, toddler, preschool) and ask for examples of behaviors or developmental milestones. Developmental questions include:

- As an infant, was Erica highly sensitive to lights, noise, or medicine?
- Was she a worrier or easily upset?
- Did she object to being left alone at night?
- As a toddler, did she follow you around from room to room?
- Have there been any unusual illnesses or medical issues?

Other items to include in an initial interview include recent stresses or changes in the family, a genogram, and the "Three Wishes" question.

Towards the end of the initial interview, leave time for a summary of the anxiety condition and your general recommendations for treatment (for example: education, relaxation practice, CBT, exposure). A dry-erase board or easel can be helpful in conveying your ideas about what is going on and what might be helpful. A positive and encouraging attitude is essential, as well as sensitivity to what concepts and analogies the child will understand.

Throughout the initial interview, a key goal is to develop rapport with the child and parent. Empathy is essential, and appropriate self-disclosure can be helpful. Humor and a fun attitude can also be helpful in reducing anxiety and establishing rapport. With children who are comfortable with it, spend a few minutes without the parent present to ask the "Three Wishes" question and preview therapy activities that will be involved in further appointments. You can test the child's comfort level with you by asking, "Do you think your Mom (or Dad or both parents) will be OK if she sits and reads by herself in the waiting room while we visit for a few minutes?"

Good luck and enjoy getting to know your new child client.

RELAXATION RESPONSE INSTRUCTIONS FOR CHILDREN

The Relaxation Response can be elicited by two steps practiced once or twice each day. Length of practice should be prescribed based on age, attention span, emotional maturity, motivation and other factors. Two to five minutes once per day would be appropriate for young children and length of time can be extended up to 20 minutes two times per day for adults.

These are the two steps:

1. Repetition of a special word, phrase, prayer, sound or muscular activity that is synchronized with slow breathing
2. Refocus on the repetition whenever other thoughts intrude

Research shows that the effectiveness of the Relaxation Response is enhanced when the repeated phrase has personal meaning. Therefore, collaborate with the child in selecting a “special word.” The phrase could consist of the name of a teddy bear or other calming or reassuring object.

A two-syllable word or phrase is easiest for children to synchronize with breathing. The first half of the word or phrase is repeated silently during the in-breath and the second half is repeated during the out-breath. Some examples are:

- Relax
- Be calm
- Feel good
- Stay calm
- Peaceful
- Okay
- Happy

MEDICINES FOR ANXIETY DISORDERS IN CHILDREN AND ADOLESCENTS

FDA approved

Luvox: OCD

Zoloft: OCD

Anafranil: OCD

Prozac: OCD

Limited clinical study evidence

Buspar: GAD

Effexor XR: GAD, PD*

Luvox: GAD, SAD*

Paxil: GAD, SAD, PD, PTSD*

Prozac: PD, PTSD*

Zoloft: GAD, SAD, PTSD, Separation Anxiety*

Strattera: GAD, Social Anxiety, Separation Anxiety combined with ADHD

Anecdotal use

Ativan: acute PD, Acute PTSR (adolescents)

Celexa, Lexapro: GAD, SAD, PTSD*

Clonidine, Guanfacine: Acute PTSR, PTSD (children and adolescents)

Klonopin: acute PD, PTSR (adolescents)

Xanax, Xanax XR: acute PD (adolescents)

*These medicines have new warning requirements regarding suicidal ideation in depression, not yet associated with anxiety disorder use. Close monitoring is advised due to comorbidity issues.

Alternative-Medicine Approaches for Children

There are some interesting alternative-medicine approaches that are applicable to children with anxiety disorders. Some are widely used in Europe, where they have a long history of use by medical doctors. Herbal preparations, for example, are regulated as medicines in Germany and France, where they are manufactured with strict quality controls. In those countries, medical training includes these forms of treatment.

In contrast, American medical practice has been slow to recognize the value of alternative or “natural” treatments, and many physicians are skeptical about their usefulness. Yet this is changing: Approximately two-thirds of the 125 medical schools in the United States have introduced some form of alternative or complementary medicine in their curriculums. Let us look at some of these alternative-medical approaches as they apply to children’s anxiety.

Herbal Therapy

Herbs have been valued as remedies for nervousness, insomnia, and other anxiety symptoms since ancient times. Modern medical science, however, has only recently acknowledged their medicinal properties. Nevertheless, there has been a growing contemporary interest in herbs as part of a natural approach to health care, especially in response to dissatisfaction with the side effects of prescription drugs. The following brief review of herbs for anxiety is intended to orient readers to this option for children.

The popularity of herbs has increased in part due to media coverage. In addition, health care in the United States is shifting to incorporate self-education and self-care. Herbal medicine seems to fit naturally into this new paradigm.

One problem with herbal preparations is that at present the U.S. Food and Drug Administration does not regulate them or consider them medicines. As a result, no official quality standards exist for herbs in the United States, and they must be sold as “supplements.” Furthermore, current law prevents the labeling of herbs as capable of treating or preventing diseases or symptoms, although manufacturers can claim that their products enhance well-being or that they support or help improve body functions, so long as the claims are supported by scientific evidence.

Research in support of herbs for anxiety treatment is growing, but studies involving children are limited. Therefore, parents and others considering the use of herbs with children are advised to consult with knowledgeable professionals. This generally means naturopathic physicians (NDs) and alternative health-care professionals. Also, self-education about herbs for anxiety in children is recommended. As a general rule, herbal remedies should not be combined with prescription drugs because of potentially adverse interaction effects.

Herbs in the form of tea are generally mild and safe for children. Chamomile tea (or tea blends based on chamomile), for example, is appropriate for calming children and inducing sleep. Chamomile is one of the most widely used herbs for relaxation, and it works by calming the soft muscle tissues. When my own children were young, I sometimes used a chamomile blend as a warm, soothing drink when they had difficulty falling asleep. I created a calming ritual in which I took the tea to them in their special cups and talked with them in bed while they sipped.

Perhaps the combination of reassuring attention and the calming effect of the herb was responsible for the positive effect.

Other herbs that have been used with children include St. John's wort, hops, passionflower, skullcap, valerian, and oat straw. The choice of herbs will usually depend on what symptoms are targeted. For example, St. John's wort is typically used for daytime calming, while valerian is used as a sedative for sleep. In addition, some practical considerations may be involved. For example, children can be picky about what they will eat or drink, and the taste of an herbal tea may determine whether it will be tolerated. Chamomile, kava, St. John's wort, and passionflower have mild tastes that are acceptable to most children.

Brief descriptions of the herbs used in anxiety treatment are included below. They can be used with children, observing the cautions and considerations mentioned above.

St. John's wort—A perennial plant (*wort* means “plant”) with a twenty-four-hundred-year history of use for anxiety, sleep disturbances, and worry. Hippocrates recommended St. John's wort for “nervous unrest.” The herb apparently enhances three key neurotransmitters—serotonin, norepinephrine, and dopamine—and it has also been shown to be effective for depression. It has an exceptional safety record confirmed by many studies.

Kava—Approved by English, German, Swiss, and other European health boards for treating anxiety and insomnia. Kava is a member of the pepper-tree family. It is native to Fiji, Samoa, and other South Pacific islands, where it is made into a beverage and exported as a natural tranquilizer. Researchers are not yet sure how kava reduces anxiety symptoms, but one theory is that it has a soothing effect on the amygdala—the brain's alarm center. Studies have shown kava to be effective with anxiety disorders such as GAD, social phobia, specific phobias, and agoraphobia.

Valerian—The most widely used herbal sedative in Europe, where over one hundred valerian preparations are sold in pharmacies. Its popularity is growing worldwide as a treatment for anxiety and insomnia. Valerian was even popular in the United States as a sedative until it was replaced by synthetic drugs after World War II. Like St. John's wort, valerian has a long history of safety.

California poppy—From the same family as opiates but having no narcotic properties, this herb has been used for its ability to induce sleep, relieve nervous tension, and reduce mild anxiety. It's considered safe enough for use with children when used as directed on the label for the appropriate age group.

Hops—Approved in Europe for anxiety, restlessness, and sleep disturbances. When combined with valerian, it can promote and improve sleep quality.

Passionflower—A native North American flower popular for reducing nervous tension. In Europe, passionflower is combined with valerian root as a remedy for insomnia, anxiety, and irritability.

Homeopathy

Like herbal therapy, homeopathy is an alternative healing science that often uses natural plant remedies. One crucial difference, however, is that homeopathy involves carefully prepared and administered substances that may have adverse effects in large quantities but that stimulate self-healing and balance in very minute dosages. Another difference is that homeopathic medicines are defined and regulated as drugs by the FDA.

Homeopathic remedies are prepared through a process called *potentization*—a series of systematic dilutions and “succussions” (forceful shaking actions). This procedure reportedly removes all risk of chemical toxicity while activating a remedy substance and enabling it to affect the body therapeutically. The first step in producing a homeopathic remedy is to make a pure extract from the therapeutic substance. The extract is then put through a measured series of dilutions, alternating with succussions, until the desired potency is reached.

Homeopathic potencies are designated by the combination of a number and a letter (for example, 6X or 30C). The number refers to the number of dilution steps used to prepare the remedy. The letter refers to the proportions used in each dilution of the series (the Roman numeral X means 10 and indicates a 1-in-10 proportion, and the Roman numeral C means 100, indicating a 1-in-100 proportion), as well as the number of succussions the vial of solution has undergone in each successive stage. Pellets, tablets, or powders are then medicated with the potentized liquid, or drops of the remedy are taken in liquid form.

Paradoxically, potency increases the more a substance is diluted. Higher potencies of homeopathic remedies (anything higher than 12C) have been diluted past the point where molecules of the original substance would be measurable in the solution. This fact is a major stumbling block for skeptics when it comes to understanding homeopathy. Homeopathic remedies often do work, and the *effects* can be measured, but is unclear why or how.

Homeopathic remedies are usually selected based on a close match with the target symptoms, and unless otherwise specified by the physician, they can be taken according to instructions printed on the label. Some examples of homeopathic remedies for anxiety are:

Aconitum napellus—Used for acute anxiety, bad dreams, and sleep problems in children.

Pulsatilla—Children who express anxiety as insecurity and clinginess, with a need for constant support and comforting, may benefit from this remedy. Anxiety around the time of hormonal changes (puberty, menstrual periods) often is helped with *pulsatilla*.

Gelsemium—Feelings of weakness, trembling, or feeling “paralyzed by fear” suggest this remedy. It is considered helpful for test anxiety, a visit to the dentist, stage fright before a public performance or interview, or other stressful event.

Natrum muriaticum—Emotional sensitivity, self-protective shyness, and social phobia are indications for this remedy. Claustrophobia, anxiety at night (with fears of robbers or intruders), migraines, and insomnia may also be helped with the remedy.

Phosphorus—This remedy is prescribed for people who are openhearted, imaginative, excitable, easily startled, and full of intense and vivid fears. Also appropriate for some of the anxiety personality traits, such as a tendency to overextend oneself, suggestibility, habitual worry, and negative thinking.

Since homeopathic drug products must be chosen on a case-by-case basis, use of these remedies with children should be done only in consultation with a trained homeopathic physician. Homeopathic doctors can be located in local telephone directories (yellow pages) under “Naturopathic Physicians.” See also the Resources for professional organizations of alternative health-care providers.

RECOMMENDATIONS FOR SLEEP

DISCLAIMER: This list of suggestions is for your interest only and is not intended to be prescriptive for individuals. Information is compiled from a variety of sources. Discuss all treatments with your personal health care professional.

- Relaxing ambiance at nighttime (e.g. dim lighting)
- Establish a consistent sleep cycle 7 days a week
- Make sleep a priority and avoid temptation to stay up late
- No television within one hour of sleep (too stimulating)
- Warm bath (or foot bath): 92-97 degrees F (see also aromatherapy below)
- Avoid daytime naps if difficulty falling asleep at night
- Use bed only for sleep
- Quality sleep requires a good mattress that provides comfort and support
- Regular exercise aids sleep (but not within two hours of bedtime)
- Relaxation or meditation before bedtime
- If wake up and can't resume sleep, get up and do something (go to bathroom, drink water or herb tea, read) until fatigue induces sleep
- "Good" foods for inducing sleep (high in tryptophan): milk, bananas, cereal with milk, plain baked potato, tuna, eggs, "Horlick's Hot Malted Milk" (verified by research)
- "Bad" foods: caffeine (coffee, black tea, chocolate, many sodas), refined sweets, excessive salt, alcohol, tobacco, MSG, chemical additives that increase heart rate, tyramine-containing (sauerkraut, wine, pork, eggplant, spinach, tomatoes), overeating
- Herbs for sleep: valerian root (tincture—one dropper in water, capsule, or tea—one teaspoon in water steeped for 10 minutes), hops (tea with or without valerian), ladslipper (tea, mood elevator, induces sleep), other tea combinations (chamomile, passion flower, catnip, skullcap, lime flower, cowslip flower), herbs with relaxant properties (anise, balm, cayenne pepper, dill, heather, marjoram, poppyseed, lemon, verbena, California poppy, rosemary, peppermint, gotu kola)
- Aromatherapy: chamomile (6 drops) or lavender oil (6 drops) or blossom (5 drops) added to warm bath. Steep a combination of valerian root, lime blossom, and chamomile in boiling water for 10 minutes and add to warm bath.
- Massage: gentle stroking and kneading of body or just feet, massage oil with lavender and chamomile

STRUCTURED ANXIETY THERAPY TOOLS

CHILDREN

LifeSkills Program: Audiocassette format, 10-week CBT homework program with parent-professional manual to be used as adjunct to therapy sessions. Available from:

CHAANGE

Tel: 619-224-2216

Fax: 619-224-2215

Email: info@chaange.com

Website: www.chaange.com

Treatment of OCD in Children and Adolescents: A Cognitive-Behavioral Therapy Manual

(Aureen Wagner, Ph.D., 2003)

Lighthouse Press

35 Ryans Run

Rochester, NY 14624-1160

Toll free: 1-888-749-8168

Email: support@lighthouse-press.com

The Anxiety Coping Game: CBT board game for use in session with anxious children and adolescents. Available from:

Western Psychological Services

Tel: 800-648-8857

Fax: 310-478-7838

Website: www.creativetherapystore.com

Coping Cat Program: 16-session CBT program for use in therapy sessions with anxious children. Workbook and therapist manual available from:

Workbook Publishing, Inc.

208 Llanfair Rd.

Ardmore, PA 19003

Tel: 610- 896-9797

Fax: 610- 896-1955

Email: info@workbookpublishing.com

Website: www.workbookpublishing.com

ADULTS

CHAANGE Program: Audiocassette or CD format, 16-week CBT homework program to be used as adjunct to therapy sessions. Available from:

CHAANGE

Tel: 619-224-2216

Fax: 619-224-2215

Email: info@chaange.com

Website: www.chaange.com

Fearful Flyer Program: Three audiocassettes with instruction book, includes education, relaxation, and a simulated flight. Available from CHAANGE (see above).

EXERCISE: FEELINGS VOCABULARY

At the end of each day review the following list of feelings. Check each feeling you experienced during that day. Do this daily for two weeks. The goal is to develop a vocabulary for identifying and expressing feelings.

As you become aware of feelings during the day, name them to yourself or check them on the list. The list of feelings is in alphabetical order to help you find the right words.

DAYS⇒ FEELINGS↓	01	02	03	04	05	06	07	08	09	10	11	12	13	14
Alienated														
Ambivalent														
Angry														
Annoyed														
Anxious														
Apathetic														
Bored														
Concerned														
Confident														
Confused/puzzled														
Curious														
Depressed														
Disappointed														
Discouraged														
Disgusted														
Ecstatic														
Embarassed														
Enthusiastic														
Envious														
Excited														
Frightened														
Frustrated														
Fulfilled														
Guilty														
Happy														
Helpless														
Hopeful														
Hostile														
Humiliated														
Hurt														
Impatient														
Inspired														
Interested														
Joyful														
Lonely														
Loved														
Miserable														
Negative														
	01	02	03	04	05	06	07	08	09	10	11	12	13	14

Nervous													
Optimistic													
Overwhelmed													
Peaceful													
Pessimistic													
Positive													
Proud													
Rejected													
Relieved													
Remorseful													
Restless													
Sad													
Satisfied													
Scared/fearful													
Shame													
Shy													
Stubborn													
Surprised/shocked													
Suspicious													
Tired													
Withdrawn													

CAFFEINE CONTENT OF FOODS AND DRUGS

PRODUCT	SERVING SIZE	CAFFEINE (MG)
<i>OTC DRUGS</i>		
NoDoz, maximum strength; Vivarin	1 tablet	200
Excedrin	2 tablets	130
NoDoz, regular strength	1 tablet	100
Anacin	2 tablets	64
<i>COFFEE</i>		
Coffee, brewed	8 ounces	135
Coffee, decaffeinated	8 ounces	5
<i>TEAS</i>		
Celestial Seasonings Iced Lemon Ginseng Tea	16-ounce bottle	100
Bigelow Raspberry Royale Tea	8 ounces	83
Tea, leaf or bag	8 ounces	50
Snapple Iced Tea, all varieties	16-ounce bottle	42
Lipton Natural Brew Iced Tea Mix, unsweetened	8 ounces	25-45
Lipton Tea	8 ounces	35-40
Tea, green	8 ounces	30
Arizona Iced Tea, assorted varieties	16-ounce bottle	15-30
Nestea Pure Lemon Sweetened Iced Tea	16-ounce bottle	22
Tea, instant	8 ounces	15
Celestial Seasonings Herbal Tea, all varieties	8 ounces	0
Celestial Seasonings Herbal Iced Tea, bottled	16-ounce bottle	0
Lipton Soothing Moments Peppermint Tea	8 ounces	0
<i>SOFT DRINKS</i>		
Mountain Dew	12 ounces	55.5
Surge	12 ounces	52.5
Diet Coke	12 ounces	46.5
Coca-Cola classic	12 ounces	34.5
Dr. Pepper, regular or diet	12 ounces	42
Sunkist Orange Soda	12 ounces	42
Pepsi-Cola	12 ounces	37.5
Barqs Root Beer	12 ounces	22.5
7-UP or Diet 7-UP	12 ounces	0
Barqs Diet Root Beer	12 ounces	0
Caffeine-free Coca-Cola or Diet Coke	12 ounces	0
Caffeine-free Pepsi or Diet Pepsi	12 ounces	0
Minute Maid Orange Soda	12 ounces	0
Sprite or Diet Sprite	12 ounces	0

CAFFEINATED WATERS		
Java Water	1/2 liter (16.9 ounces)	125
Krank 20	1/2 liter (16.9 ounces)	100
Aqua Blast	1/2 liter (16.9 ounces)	90
Water Joe	1/2 liter (16.9 ounces)	60-70
Aqua Java	1/2 liter (16.9 ounces)	50-60
FROZEN DESSERTS		
Ben & Jerry's No Fat Coffee Fudge Frozen Yogurt	1 cup	85
Starbucks Coffee Ice Cream, assorted flavors	1 cup	40-60
Häagen-Dazs Coffee Ice Cream	1 cup	58
Häagen-Dazs Coffee Frozen Yogurt, fat-free	1 cup	40
Häagen-Dazs Coffee Fudge Ice Cream, low-fat	1 cup	30
Starbucks Frappuccino Bar	1 bar (2.5 ounces)	15
Healthy Choice Cappuccino Chocolate Chunk Ice Cream	1 cup	8
Healthy Choice Cappuccino Mocha Fudge Ice Cream	1 cup	8
YOGURTS		
Dannon Coffee Yogurt	8 ounces	45
Yoplait Cafe Au Lait Yogurt	6 ounces	5
Dannon Light Cappuccino Yogurt	8 ounces	< 1
Stonyfield Farm Cappuccino Yogurt	8 ounces	0
CHOCOLATES OR CANDIES		
Hershey's Special Dark Chocolate Bar	1 bar (1.5 ounces)	31
Perugina Milk Chocolate Bar with Cappuccino Filling	1/3 bar (1.2 oz)	24
Hershey Bar (milk chocolate)	1 bar (1.5 ounces)	10
Cocoa or Hot Chocolate	8 ounces	5

1 -- Serving sizes are based on commonly eaten portions, pharmaceutical instructions, or the amount of the leading-selling container size. For example, beverages sold in 16-ounce or half-liter bottles were counted as one serving.

2 -- Sources: National Coffee Association, National Soft Drink Association, Tea Council of the USA, and information provided by food, beverage, and pharmaceutical companies and J.J. Barone, H.R. Roberts (1996) "Caffeine Consumption." *Food Chemistry and Toxicology*, vol. 34, pp. 119-129.

ANXIETY RESOURCES AND WEB SITES

<http://faq.emetophobia.net/> (web site for emetophobia with valuable information)

www.aabt.com (Association for the Advancement of Behavior Therapy)

www.adaa.org (informative website of Anxiety Disorders Association of America)

www.ahha.org (American Holistic Health Association)

www.amenclinics.com (Daniel Amen site with emphasis on brain imaging)

www.anxieties.com (self-help anxiety site associated with Reid Wilson, Ph.D.)

www.ASEBA.org (Achenbach System of Empirically Based Assessment)

www.behavioraltech.com (dialectical behavior therapy)

www.chaange.com (website for CHAANGE program and therapist anxiety network)

www.creativetherapystore.com (therapy supplies and games)

www.drfoxman.com (Paul Foxman's website including speaking schedule and books)

www.freedomfromfear.org (informative non-profit anxiety organization)

www.gaiam.com (yoga for children)

www.healsocialphobia.com (social phobia website)

www.heartmath.com (neurofeedback tools based on heart rate variability)

www.iamhome.org (Thich Nhat Hanh and Buddhist links)

www.inquiringmind.com (journal for mindfulness practitioners)

www.meditationandpsychotherapy.org (Institute for Meditation and Psychotherapy)

www.naturopathic.org (American Association of Naturopathic Physicians)

www.nelsonbach.com (Bach International Education Program...flower remedies)

www.nimh.nih.gov (National Institute of Mental Health has anxiety articles)

www.nutrition.gov (USDA website for food pyramid guide and nutrition information)

www.ocfoundation.org (Obsessive-Compulsive Foundation website)

www.soundstrue.com (audiovisual materials)

www.themindfulparent.org (mindfulness applied to parenting)

www.umassmed.edu/cfm/mbsr (mindfulness-based stress reduction)

www.wilddivine.com (The Journey to Wild Divine neurofeedback game)

READING AND RESOURCES: CHILD ANXIETY

- Achenbach, T. *Child Behavior Checklist (Teacher Report Form, Parent Report Form, Youth Self-Report Form)*. Burlington: University of Vermont, 1991. Tel: (802) 264-6432. Fax: (802) 264-6433, email: mail@ASEBA.org Web: www.ASEBA.org
- Aron, E. *The Highly Sensitive Child*. New York: Broadway Books (Random House), 2004
- Baptiste, B. *My Daddy is a Pretzel: Yoga for Parents and Children*. Cambridge, MA: Barefoot Books, 2004.
- Bersma, D. *Yoga Games for Children*. Alameda, CA: Hunter House, 2003.
- Bienenfeld, F. *Helping Your Child Through Your Divorce*. Alameda, CA: Hunter House, 1995.
- Carey, D., and Large, J. *Festivals, Family and Food*. Gloucestershire, England: Hawthorn Press, 1982 (available from St. George Bookstore, PO Box 225, Spring Valley, NY 10977)
- Chansky, T. *Freeing Your Child from Obsessive-Compulsive Disorder*. New York: Crown, 2001.
- Covey, S. *The 7 Habits of Highly Effective Teens*. NY: Fireside, 1998.
- David, M. *The Slow Down Diet*. Rochester, NY: Inner Traditions, 2005.
- Elkind, D. *The Hurried Child: Growing Up Too Fast and Too Soon*. Reading, MA: Addison-Wesley, 1981.
- Elkind, D. *Ties That Stress: The New Family Imbalance*. Cambridge, MA: Harvard, 1994
- Foxman, P. *Dancing with Fear: Controlling Stress and Creating a Life Beyond Panic and Anxiety*. Alameda, CA: Hunter House, 2006.
- Foxman, P. *The Worried Child*. Alameda, CA: Hunter House, 2004.
- Franke, L. G. *Growing Up Divorced: How to Help Your Children Cope with Every Stage from Infancy through Teens*. New York: Fawcett Crest, 1983.
- Gardner, H. *Intelligence Reframed: Multiple Intelligences for the 21st Century*. New York: Basic Books, 2000.
- Glatzer, J. *Overcoming Panic and Anxiety Disorders* (Foreword and Commentaries by Paul Foxman, Ph.D). Alameda, CA: Hunter House, 2003.
- Golomb, R. and Vavrichek, S. *The Hair Pulling Habit and You: How to Solve the Trichotillomania Puzzle (Rev. Ed.)*. Washington, DC: Writer's Coop of Greater Washington, 2000.
- Goodman, T. "Working with Children: Beginner's Mind." In Germer, C., Siegel, R., and Fulton, P. (Eds.) *Mindfulness and Psychotherapy*. New York: Guilford Press, 2005.
- Greenberger, D. and Padesky, C. *Mind Over Mood: A Cognitive Therapy Treatment Manual for Clients*. New York: Guilford, 1995.
- Gruenwald, J. *PDR for Herbal Medicine*, 3rd Ed., Montvale, NY: Tomlinson PDR, 2004.

- Kendall, P. *Cognitive-Behavioral Therapy for Anxious Children: Therapist Manual*. Ardmore, PA: Workbook Publishing, 1990.
- Kendall, P. *Coping Cat Workbook*. Ardmore, PA: Workbook Publishing, 1992.
- Kramer, S. *Guided Meditation for Children*. Santa Barbara, CA: Creations in Consciousness, 2003.
- Kranowitz, C. *The Out-of-Sync Child: Revised Edition*. New York: Perigree, 2005.
- Kristol, J. *The Temperament Perspective: Working With Children's Behavioral Styles*. Baltimore. Brookes Pub., 2004.
- Louv, R. *Last Child Out of the Woods: Saving Our Children from Nature-Deficit Disorder*. Chapel Hill: Algonquin, 2005.
- March, J., and Mulle, K. *OCD in Children and Adolescents: A Cognitive-Behavioral Therapy Manual*. New York: Guilford, 1998.
- McGoldrick, M., Gerson, R. and Shellenberger, S. *Genograms: Assessment and Intervention, 2nd Ed.* New York: Norton, 1999.
- McGraw, J. *Life Strategies for Teens*. NY: Fireside, 2000.
- Moser, A. *Don't Feed the Monster on Tuesdays! The Children's Self-Esteem Book*. Kansas City: Landmark, 1991.
- Pearce, J. *Magical Child: Rediscovering Nature's Plan for Our Children*. New York: Dutton, 1977.
- Pearce, J. *The Biology of Transcendence*. Rochester, VT: Park Street Press, 2002.
- Penzel, F. *The Hair-Pulling Problem: A Complete Guide to Trichotillomania*. New York: Oxford University Press, 2003.
- Phillips, D. *How to Give Your Child a Great Self-Image*. New York: Plume, 1991.
- Postman, N. *The Disappearance of Childhood*. New York: Vintage: 1994.
- Purperhart, H. *The Yoga Adventure for Children: Playing, Dancing, Moving, Breathing, Relaxing*. Alameda, CA: Hunter House, 2006.
- Quart, A. *Branded: The Buying and Selling of Teenagers*. Cambridge, MA: Perseus, 2003.
- Rapaport, J. *The Boy Who Couldn't Stop Washing*. New York: Signet, 1991.
- Reynolds, C., and Richmond, B. *Revised Children's Manifest Anxiety Scale*. Los Angeles, CA: Western Psychological Services, 1985.
- Rosenfeld, A. and Wise, N. *The Over-Scheduled Child: Avoiding the Hyper-Parenting Trap*. New York: St. Martin's Press, 2000.
- Rueben, S. *But How Will You Raise Your Children? A Guide to Interfaith Marriage*. New York: Pocket Books, 1987.

- Schwartz, J. *Brainlock: Free Yourself from Obsessive-Compulsive Behavior*. New York: ReganBooks, 1996.
- Stewart, M. *Yoga for Children*. New York: Fireside, 1992.
- Valenstein, E. *Blaming the Brain: The Truth about Drugs and Mental Health*. New York: Free Press, 1998.
- Wagner, A. *Treatment of OCD in Children and Adolescents: A Cognitive-Behavioral Therapy Manual*. Rochester, NY: Lighthouse Press, 2003.
- Wagner, A. *What to Do When Your Child Has Obsessive-Compulsive Disorder: Strategies and Solutions*. Lighthouse Point, FL: Lighthouse, Press, 2002.
- Wallerstein, J., and Blakeslee, S. *What About the Kids? Raising Your Children Before, During, and After Divorce*. New York: Hyperion, 2003.
- Weekes, C. "Simple, Effective Treatment of Agoraphobia." *American Journal of Psychotherapy* 23(3), July 1978: 357–69.
- Wilens, T. *Straight Talk About Psychiatric Medications for Children*. New York: Guildford, 2002.