Children and youth can suffer from anxiety – which may cause or exist with depression. It is very important for children and youth to have support from their families. Family members can help by making sure the young people can make positive changes in their lives. They can also stand behind strategies that have been recommended to overcome the anxiety, watch for signs of progress, and give the child or teen reassurance.

Therapists have training to help children, youth, and their families deal with anxiety. The BC Ministry of Children and Family Development has therapists available to provide such support. This guideline contains a list of therapists and other organizations parents can contact for help.

Parents can help a child or teen to overcome anxieties:

- Encourage regular routines in sleeping, eating and exercising.
- Be calm and confident role models.
- Talk to the child or teen about logical ways to deal with scary thoughts and worries.
- Teach relaxation techniques such as slow breathing.
- Stop the child or teen from avoiding their fears:
  - Make sure you are firm but understanding.
  - Use gradual exposure to help them face their fears.
  - Develop a ‘fear ladder’ using steps to increase exposure to the object they are afraid of.
  - In a fear ladder, the steps begin with mild exposure (an example for fear of dogs is below).
  - Practice exposure for about 30 minutes a day (less for children), 6 days a week, or until the child or teenager seems about half as afraid during any exposure practice.
- Reward courageous behaviour with praise, perhaps treats (e.g. stickers), and ‘talk it up’ in the family.

Suggestions for parents to help children deal with different kinds of anxiety disorders

Specific Phobias: (in other words, fear of certain situations, places or things)
- Practice the exposure techniques described above (facing one’s fears).
- Children are often afraid of needles, masks or clowns, insects and dogs.
- With fear of dogs for example, exposure could include these steps:
  - Look at the outline of a dog on paper.
  - Look at dogs in magazines and books at home.
  - Watch friendly dog movies.
  - Go to a pet store to watch the puppies.
  - Walk past a ‘safe’ dog that is confined to its yard.
  - Pet and play with a ‘safe’ dog.

Social Phobias: (in other words, being afraid of social situations or being watched by others)
- At home, practice what a child might say when interacting with others at school or in the community. This could involve making eye contact, speaking clearly, smiling or showing appreciation (if appropriate).
- Practice situations like asking questions in class, ordering food in a restaurant, and buying a magazine in a store by oneself.
- Practice phoning a friend. Be prepared to have several things to talk about. Then practice for similar face-to-face interactions away from home.
- Arrange frequent, short play dates for children. For youth, ask them to list and carry out at least two social activities every day. Examples are phoning a friend, going to a social event, and reviewing homework with a classmate.
- Practice assertion training that fits a child’s age group. Examples are speaking up for one self, asking others for help, and expressing opinions.
**Separation Anxiety:** (in other words, severe distress about being away from home or apart from people who are important to them). Both youth and children can experience this.

- Make sure that the child sleeps in his or her own bed.
- Have the child spend short periods away from parents as often as possible. For example, mom could go for a 10 minute walk while the child is with an aunt or grandparent.
- Gradually increase the length of time the child and parent are apart. Use different situations and give rewards.
- Home schooling is not a good choice for dealing with this disorder because a child can miss out on normal social development. If home schooling is used, expose the child to lots of different social settings.
- Help a child or teen to cope with stress in uncomfortable situations (like school, camp, or staying overnight with a friend) without being rescued by parents.

**Panic Disorder:** (in other words, severe and unexpected attacks of fear that also cause physical symptoms)

- Panic disorder can cause physical symptoms (like increased heart rate, feeling dizzy and stomach aches) that are scary but harmless.
- Parents can make sure that a child understands that panic attacks are safe, painless, and private (nobody else can see them), and they only last a few minutes.
- With practice, the symptoms will eventually go away. Parents can help children plan how to choose situations where they might panic and then practice coping with panic symptoms.

**Generalized Anxiety Disorder:** (in other words, frequent, intense worry about many things, such as school, the safety of their family, or world events)

- Explain to the child or teen that worry is not useful. What works better is to try to solve the problem. For example, ask what he or she could do to make sure that the scary situation doesn't happen.
- Children and youth usually understand what it means when one worry brings on another. They can then understand the need to “break the chain” of worrisome thoughts.
- Worries are usually every day concerns that are magnified. Examples are being worried about the health of parents, being accepted by peers, and performance at school.
  - Parents can help by testing a child's worries. For example, a parent might say, “If that were true, what do you think will happen tomorrow? Let's see if it really happens.”
  - Parents can also collect the evidence for and against the worry and try to change the child’s belief. For example, a parent might say “Maybe it doesn’t happen very often after all, would you agree?” Parents should also be careful not to tell a child that an event they are afraid of can never happen.
- Young people with generalized anxiety disorder have trouble dealing with uncertainties – in other words, it's not clear what will happen next. Parents can help by exposing a child to situations with uncertain outcomes as often as possible. When a child wants to be reassured, the parent can say something like “I don’t know, I guess we’ll find out.”

**Obsessive Compulsive Disorder (OCD):** (in other words, thoughts, images, ideas or impulses that are not welcome and that interfere with their lives.)

- Children with OCD usually need the help of a trained therapist.
- Parents can support the treatment in a number of ways:
  - Help the child or teen deal with the worries or obsessions that they fear by separating the fears into categories. Examples of worries are contamination by dirt or germs and anxiety about whether something is turned off.
  - Once the worries are organized they can be put into ‘fear ladders’ that arrange the worries from those that are feared the least to those that are feared the most.
  - Coach the child through exposure to the feared situations or events. When you do this, make sure the child or teen cannot reduce the anxiety this causes by using OCD behaviours such as rituals of washing, checking or ‘fixing’. If this behaviour is allowed it will undo any gains that have been made. Children and youth with OCD can be very strong-willed about their rituals and parents must be even more strong-willed.
  - Exposure should happen every day and should be practiced. Start with low-level exposure and gradually build up.
  - Give rewards to help motivate the child or youth to progress.
- If worries or compulsions change over time, treat the new ones the same way.
- Reassure the child or teen that they are not “freaks”. Tell them that one out of every 50 kids in their school has OCD. To get a concrete number, ask them about how many kids are in their school and then work out how many may have OCD.
**Post Traumatic Stress Disorder (PTSD):** After an upsetting event a child or teen may have disturbing dreams. They may re-live the trauma, avoid things related to the event, and have physical symptoms of anxiety.

- Prepare a child or teen by asking permission to talk about what they've been through. Make sure they feel safe, respected and in control of when and how much they talk.
- It will not harm the child or teen if they willingly talk about their experience. Sharing their feelings in a safe setting can free them of the emotional responses that are causing the anxiety. For young children, sharing may start with drawings followed by talking.
- Parents can start by letting a child describe the experience in general and then slowly move on to more detail, including a description of the child's feelings.
- Make sure to offer support and encouragements. After a bit of sharing, the session can end until the next time – like closing a book after reading a few pages.
- Parents can help a child or teen to make sense of the memories by letting them know that sometimes the world is not safe. Parents can talk to a child about what can be learned from the experience. Make sure a child does not blame himself or herself. The child or teen should be recognized as a survivor and praised as someone who is brave enough to cope when difficult things happen.