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Post, J. (2018). Childhood Anxiety. *New York : Bank Street College of Education*. Retrieved from <https://educate.bankstreet.edu/independent-studies/224>

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Childhood Anxiety

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Childhood General Education and Literacy

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Submitted in partial fulfillment of the requirements of the degree of
Master of Science in Education
Bank Street College of Education
2018

Abstract

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Childhood Anxiety

The following paper closely examines anxiety in school-aged children, especially those predisposed through environmental and biological factors. While there are many typical worries and fears in children, atypical signs that point to an anxiety disorder include severity and high frequency of worry and avoidance behavior. Anxiety disorders affect roughly a third of children ages six through eleven, and early intervention and cognitive strategies are extremely effective in giving children coping skills for their separation, social, or generalized anxiety. Some of the treatment plans examined in this paper include Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT) and Narrative Therapy and Externalization. Professional and at home treatment plans are examined, and current children's books are critiqued through this therapeutic lens. Some children's books are helpful in providing comfort or tools to anxious children, while many trivialize the fear or give false hope of "curing" anxiety with quick fixes. This author has written and illustrated a children's book entitled "My Scary and Me" that combines therapeutic approaches with the author's unique experiences with anxiety herself. The text and illustrations in the picture book aim to make anxious feelings external, visible, and relatable for anxious children.

Table of Contents

1. Introduction and Rationale	4
2. What is Anxiety?	6
a. Definition	
b. Prevalence	
c. Causes	
3. Recognizing Anxiety in Children	9
a. Typical fears and worries	
b. Atypical fears and behaviors	
4. Manifestations of Anxiety	10
a. Nightmares	
b. Social Anxiety	
c. Shyness in school, and what teachers can do	
5. Treatment for Anxiety	15
a. Strategies to use at home	
b. Cognitive Behavioral Therapy (CBT)	
c. Dialectical Behavioral Therapy (DBT)	
d. Narrative Therapy and Externalization	
6. Children’s Literature Addressing Anxiety	18
a. Beloved words and books that fall short	
7. Book Rationale	22
8. References	26
9. Appendices	
a. <u>My Scary and Me</u> written and illustrated by Julia Post	
b. Anxiety Handbook for parents	

Introduction and Rationale

Anxiety is one of the most common diagnoses of children and adults, affecting 20-33% of the population of the United States (Williams et al., 2015; Denizet-Lewis, 2017). Anxiety is marked by excessive fear and behavior disturbances, including but not limited to phobias (which this paper will not delve into), avoidance of school or social activities, fear of separation, intolerance of uncertainty, excessive worry, especially that which exceeds the situation, and anticipation of future threats (Osmanağaoğlu, Creswell, & Dodd, 2018; Sauer-Zavala, Bufka, & Wright, 2016). Anxiety can feel debilitating.

I am someone who makes up a part of that high percentage of the population. I was a child with anxiety, and I am an adult with anxiety. Having anxiety is not my defining quality, but it has played a distinct role in my life. As a child, I met nighttime with fear and trepidation, and as I aged, major projects or decisions were marked with the same pit in my stomach, the clutch of anxiety. Because I've sought guidance, anxiety has also become a source of strength for me. I worry because I care. I am sensitive to the needs of others. I've learned to accept my anxiety and channel it into hard work and empathy.

I am writing a children's book because I never read such a book in my youth. I never knew that anyone else felt the same fears and worries that I did. I never knew that I wasn't completely alone in feeling that way. I'm writing this book because of the students in my class who worry all the time that their best isn't good enough, or that they aren't likeable enough, that they might fail. I see it every day in my students. I want to reach these children so that they can

understand that they are the very opposite of alone: so many people feel the way that they do, and those feelings have a name.

I aim to write and illustrate a book so that children with anxiety can recognize themselves in literature. They will be able to recognize themselves in situations that prompt worry and fear--in school and at home--and realize that they are not the only ones who dread certain scenarios or have the same fears. And most importantly, I want a child who reads my book to understand that they can and should accept anxiety as a part of their personhood. Not simply an aspect to be treated (though this is recommended) or cured (there is no cure) or shoved down or to be ashamed of, but accepted and eventually embraced. The message I want children to learn is that anxiety may be the piece that they're working on, their developmental variation, but *everyone has something* they are working with that feels hard or different. Accepting oneself, even the scary or hard parts, and then empathizing with others—that is the work I want to do here.

Anxiety is a fear you feel in your whole body, sometimes tied to rational thoughts but more often simply tied to feelings. It can make kids feel sick, feel helpless, and feel alone. I want to shed a little bit of light for a child who was like me, needs to see themselves in a book, and understand that this trait is only an aspect of a wonderful person with much to contribute to their family, classroom and community.

What is Anxiety?

Anxiety is the persistent fear of what is to come and the consequences that choices and events might have, or “anticipation of future threat” (American Psychiatric Association, 2013, p. 189). It is the worry that ill might befall oneself or loved ones; uncertainty is equivalent to dread. Anxiety the most common mental health variation in the US, affecting approximately 20-33% of the population, and the frequency is higher among females (Williams et al., 2015; Denizet-Lewis, 2017). Every one of us experiences fear and worry from time to time, however children and adults with anxiety experience pervasive worry even when no perceivable threats are present. In children, obsessive thoughts, fear of uncertainty or anticipation, fear when separated from caregivers, avoidance of developmentally appropriate activities or situations, and specific phobias can all be markers of an anxiety disorder if they persist in longevity and severity in children (Graves, 2017; APA, 2013; Williams et al., 2015). There is a spectrum of severity in anxiety disorders, and there are a variety of types of anxiety. Children may experience a generalized anxiety disorder, separation anxiety disorder, selective mutism, social anxiety disorder, panic disorder, or specific phobias (Muris et al., 2017). Existence of acute childhood anxiety disorders is often a precursor to adulthood pathologies such as continued anxiety and depression; however with early treatment the effects of anxiety can be reduced and managed (Williams et al., 2015).

Hand in hand with the obsessive worrying is often a feeling of solitude and fear of being alone. There is a fear of being disliked, of failing at something and

being teased or bullied, or of never seeing loved ones again and having to face life alone (Birmaher et al., 1997). Anxiety is a solitary feeling, one experiences it alone, and it can be very hard to verbalize even to those who care for us. People experiencing anxiety often know that the fears are irrational, perhaps they are fearing something that doesn't really exist or has a very low probability of happening, and in that way there can be guilt and shame associated with anxiety as well. Children and adults alike may feel very lonely when they are confronted with anxiety, when in fact, anxiety afflicts up to a third of the population (Osmanağaoğlu et al., 2018; Denizet-Lewis, 2017; Booth-LaForce et al., 2012).

In a recent *New York Times* piece, entitled “Why Are More American Teenagers Than Ever Suffering From Severe Anxiety?” anxiety appears to affect two main populations in the United States. The first group includes those who live in poverty and abusive or violent situations. Children raised in unstable or dangerous circumstances develop a rational fear of trauma based upon unsafe and harmful behaviors enacted upon them. In school, children in these low-income communities or coming from abusive households may either act out with aggression, labeled as problematic or disturbed, or they may sink into the background, dismissed as “shy” and “easy” children. The other significant portion of the population affected by the highest rates of anxiety are children raised in affluent communities who have high expectations of perfection thrust upon them. There is always more to strive for, better schools to get into, more success to achieve, and the pressure continuously mounts (Denizet-Lewis, 2017).

These external disturbances and pressures--striving for perfectionism, suffering through violence and abuse--contribute to a child's likeliness to develop anxiety. Anxiety also runs in families, which can become both a biological and environmental trigger for children predisposed to anxiety. Genetics play a large role in the likelihood that a child is anxious, it is a temperament likely to be passed on through generations. Parents may model "Anxiogenic parenting" which can cause "child behavioral inhibition" (Wichstrøm, Belsky, & Berg-Nielsen, 2013). Some aspects of anxiogenic parents include attachment and bonding, responses to worry, and modeled anxiety and fearful behaviors. Attachment, the relationship between child and caregiver in the beginning stages of life, contribute significantly to a child's view of themselves and the world. If parents are neglectful, unresponsive, intrusive, or insensitive to their child's needs, then that child will internalize a low self-worth and this can in turn develop into "anxious withdrawn behavior in childhood and adolescence" (Booth-LaForce et al., 2012, p. 139).

Even very attentive parents can result in proclivity for anxiety in children. Fearful behaviors modeled for children as a result of their parent's anxiety can also set up a pattern of avoidance and over-concern that will be echoed by a child raised in that environment. For example, a parent might insist that their child wear sunscreen while outside. But if children are told to avoid the sun entirely, or if parents vocalize repeatedly that without sunscreen their children will develop skin cancer and get very sick, children will internalize that fear and may avoid normal age appropriate experiences due to that fear instilled in them. Anxious

parents may also accommodate their children's fears too readily, thereby not fostering any sense of resilience or possibility to face one's fears, which is a proven therapeutic treatment technique. Children may learn through their parents that the only way to deal with fears and worries is to avoid them entirely. If parents remove all obstacles for their children, then it will be much more difficult for them to learn the coping skills that will allow them to thrive in the face of life's challenges (Weir, 2017).

Recognizing Anxiety in Children

There are many developmentally appropriate fears and worries that children experience. Trouble separating from caregivers, for example, is a typical phase that young children may go through when going to school in early days, or when they are left with a caregiver. Fear of injury, natural disasters, school performance, or social acceptance are also common and even expected in young people. It can be challenging, then, to differentiate between developmentally typical worries and shyness in children versus a mental health concern. Primary indicators of anxiety disorders include severity and persistence of these fears. Congruence with somatic complaints are also indicative of anxiety versus typical fears. Children often present their fear and panic with headaches, dizziness, stomach aches, muscle tension, and even angry outbursts in an effort to avoid stress provoking situations. These symptoms often result in difficulty connecting to peers and or adults, low social and academic performance, and later depression and substance abuse (James et al., 2015; Manassis, 2008). It is

important for caregivers to pay attention to situations that lead to panic and somatic symptoms, and note the longevity and severity of fears and worries in order to determine if a child needs professional guidance. It is also important for teachers and parents to stay attuned to the ways in which children express their fears and bodily symptoms, so that they may use that familiar and child-friendly language back at their children. It is important for children to name their feelings and acknowledge for themselves how fear or worry makes them feel in their whole body.

Manifestations of Anxiety

Many of the symptoms discussed above are early indicators of an anxiety disorder. Though other manifestations of anxiety are individual to each child, there are patterns that emerge. There is a very high correlation between nightmares and childhood anxiety. Seventy-five percent of children report having nightmares in their lifetime. Children as young as three years old report having nightmares, and though they are able to distinguish between dreams and reality, nightmares can feel very real and powerful. Nightmare frequency peaks between the ages of 6 and 10. Children self-report having disturbing dreams more frequently than their parents believe they do, especially in children who are anxious. Because of the inverse relationship between poor psychopathy/anxiety and frequency of nightmares, children who often experience scary dreams begin to associate bedtime routines, separation, and darkness with fear and disturbance. Children with this conditioned response learn to avoid bedtime

separation, fear their bedroom, avoid darkness and want to sleep with lights on, or insist upon sleeping with caregivers. Lack of sleep due to nightmares and fear of bedtime, of course, have negative effects on children and their parents who all miss out on crucial hours of sleep and rest (Floress et al., 2016).

In addition to avoiding bedtime routines that become a source of fear, children with anxiety may also avoid social situations that other peers wouldn't be quite as hesitant to participate in, perpetuating a cycle of Behavioral Inhibition or BI (Wichstrøm, 2013). Students may withdraw from social interactions at school, choosing to remain quiet and disconnected out of fear. By sparing themselves rejection or discomfort by avoiding social interactions or risk-taking with friendships, children let their fear isolate them. Unfortunately, isolated and disconnected students are lonely ones, resulting directly in peer rejection and victimization (often resulting in bullying), depression, low-quality friendships, and further anxiety. While shyness with new peers or adults is a typical developmental stage that many children experience, when anxious withdrawal and solitude persist with *familiar* peer groups, the anxious child is excluded with more frequency from social interactions. In turn, this worsens the dread and social anxiety that the child preemptively experiences. Children internalize low self-worth and esteem when this vicious cycle continues through grade school, and these children often increase their barricades and defences in their social abstinence over time without intervention (Booth-LaForce et al., 2012).

In mild to severe cases of anxiety, children may appear to be shy and quiet in school. Though some teachers may see these children as content and a

breath of fresh air compared with their more disruptive students, shyness can be a sign that much more is happening beneath the surface that calls out for attention. Again, there is always a degree to which shyness can be developmentally appropriate or an aspect of a child's temperament wherein they "modulate the expression of activity, reactivity, emotionality, and sociability" (Kalutskaya et al., 2015). However, when shyness and social or academic anxiety prevent the children from interacting with their familiar peer group for fear of embarrassment, ridicule, and overall self-consciousness for a persistent amount of time, it is indicative that that child is internalizing fear and anxiety that prevent them from participating in typical activities. Furthermore, when children are distracted by the debilitating social fears, their anxiety wall is up too high to take in new information and lower their affective filter (Krashen, 1982) thus lowering their engagement and inhibiting them from learning.

When children are consistently shy with peers and adults, the ways in which they are perceived are largely negative. Their own self view is bound to be a negative one, rating themselves as less competent, attractive, and skilled overall than their peers (Kalutskaya et al., 2015). As discussed previously in this section, shy and socially withdrawn children are perceived as easy marks and are not advantageous playmates for peers. Teachers, too, have a statistical tendency to favor more attention-grabbing students and often perceive their shy students in one of three ways. Students who are quiet, shy, and nondisruptive are often seen by their teachers as "fine," as fragile and in need of assistance connecting to playmates, or as less intelligent with less to contribute to the

classroom. All three views can be very problematic for a shy or anxious child. If they go without notice, perceived to be meeting benchmarks and no more, their social anxiety can easily worsen over time. Well-meaning teachers may force social interactions or partnerships when they notice their shy students aren't making those connections on their own, however this can create a dependency on the teacher for initiations with classmates.

The third perception of being less intelligent and capable is probably the most destructive to the shy student. Because shy children participate in discussions with far less frequency than peers, they can appear as though they do not care about the material, are under-prepared, or don't have the cognitive capacity to produce sufficient answers. Teachers in turn provide less positive reinforcement and encouragement for shy children, and may even make a negative view of them apparent to the class culture, worsening a shy child's position among their peers.

In order to counteract this, teachers need to be better trained to recognize signs of social anxiety and taught to read into shyness with more care. After all, teachers play an integral role in the culture of the classroom community and in each child's standing within that environment. Students characteristically believe that they should mirror and perpetuate the beliefs of their teachers about their peers (Kalutskaya et al., 2015). In order not to perpetuate the self-fulfilling prophecy of teacher low expectations of shy children and anxious children underperforming as a result of negative views thrust upon them, teachers must take the time to form close bonds with even their shyest students. Students

should not rely on their teachers for their sole interaction with others, but the two should ideally understand each other, find commonalities, and the teacher should support their learning with warmth and high expectations. Concretely, there are several suggestions for educational practice that can create a relationship like this with an anxious and shy student. These students who often fear that participating in class will have negative consequences should not be called on directly, rather called into the conversation with personal comments related to them (Kalutskaya et al., 2015). For instance, the teacher might recall a conversation she or he had with a shy student, and remark on a notable insight they made, rather than call on them in the moment to recite that comment for the class. When invited in gently, students tend to feel more comfortable to participate as their teachers did not receive ridicule for giving them credit for their comment, and will then increase the rate of contributions. Another anxiety-producing situation for a child like this might involve a presentation in front of the class. Research suggests that teachers should scaffold each successive step taken to share their knowledge with a group, praise all attempts, and invite multiple modalities for expression rather than an oral presentation in front of the whole class (Kalutskaya et al., 2015).

Parents of shy and anxious students must find ways to advocate for their children in the classroom so that mistaken teacher perceptions do not worsen their school experiences. A constructive, supportive, and warm relationship with a teacher can make all the difference in the world for an anxious child. If they feel trust and safety in the classroom, they are more open to learning experiences

and more apt to make social risks that pay off in stronger peer relationships. Keeping children connected and integrated in the school environment can help curb negative self-talk and the build up of anxiety.

Treatment for Anxiety

If a child is anxious, there are many things that can be done at home and through therapy to help. Parents can help their child through difficult moments of panic and fear by encouraging deep breathing and relaxation techniques. Guided meditation can also be extremely helpful. If children have helpful strategies in place at home to help them relax when anxiety sets in, they can learn those response behaviors and curb the anxiety before it becomes full panic. Parents should learn to recognize their children's distress signals and take note of the stimuli or events that trigger anxiety in their children. This is not in order to remove obstacles that bring on anxiety, or avoid fearful stimuli, but to be aware and prepare for those triggers. Children may present their anxiety with stomach aches, headaches, and other psychosomatic complaints, so parents should be responsive and consistent when those components surface. Parents should avoid over-explaining natural disasters or current events, as this might also exacerbate an already fearful child. It is important for adults to know that anxiety is a lifelong condition. Though treatment helps, new stresses as a person ages will exacerbate anxiety anew, and new or tried-and-true coping skills will have to become a part of their lives. If a parent is anxious themselves, they should take steps to curb their own fearful or avoidant behavior. Children learn from their

parents, and mimic their responses. Fears should be validated and dealt with, rather than minimized or avoided. (James et al., 2015; Manassis, 2008; Weir, 2017).

Aside from these “at home remedies,” cognitive behavioral therapy (CBT) and medication have proven extremely effective for treatment of childhood anxiety. The working theory is that anxiety is a pattern of learned cognitive and behavioral responses, and therefore they can be unlearned with more productive cognitive pathways. Social competence training for children with social anxiety can also be helpful, as well as measured exposure to stimuli that cause anxiety. This reinforces how detrimental it might be for a parent to help their child avoid a stressful situation altogether, rather than exposing them to it and helping them face their fears with coping mechanisms. Important steps in the cognitive behavioral process include identifying the somatic responses to that anxiety such as muscle tension, headaches, stomach aches, and dizziness. Next, while in a cognitive behavioral session with a therapist, children will be encouraged to “clarify” their thoughts, recognizing stimuli that trigger anxiety and naming the feelings associated with them. This might include identifying “negative self-talk” such as iterations of “I can’t” or “I’m all alone” or “what if.” The next step in the process entails developing coping skills, which include turning the negative self-talk into coping self-talk. Changing the narrative, changing the mantra, all help to change the neural pathways of cognition and behavior. Lastly, children will be encouraged to reflect on how the process is going, what calming behaviors are working to curb anxiety and what working relaxation techniques need to be fine-

tuned for new situations. A helpful acronym for children to integrate CBT techniques into their everyday lives is “STOP.” Children learn to identify when they are anxious or (S) scared, recognize their anxious (T) thoughts, modify their behavior by changing the narrative in their head to (O) other thoughts and behaviors, and finally (P) praise themselves for confronting their fears and making progress (James et al., 2015). CBT is also extremely helpful in family therapy settings or when parents receive treatments themselves, as they can receive techniques to help their children cope and curb their own anxious nature if one is present.

Dialectical behavioral therapy (DBT) has also been found to help emotional and mental health disorders in children and adolescents. The principles behind DBT include some aspects of CBT like the behavioral sciences, but also incorporate “dialectical philosophy and Zen practice” (MacPherson, Cheavens, & Fristad, 2013). The theory behind DBT is that we have dialectical, opposing forces acting upon us at all times. It is only through therapy and reconciliation of those two sides to find wholeness that we can “reduce polarizing behaviors” and accept ourselves and our flaws in order to “build a life worth living” (MacPherson, Cheavens, & Fristad, 2013). In many ways, anxiety can be seen through this lens. Anxiety may be the antithesis of the stable and whole life for some children, but it is through acceptance of that part of themselves that they may move on and build a full life. This acceptance can result in more kindness within ourselves and given to others.

Narrative therapy and the practice of externalization is sort of an extension of DBT and CBT. Once the “negative” behavior like anxiety has been recognized and coping skills developed to help address moments of panic, or the dialectical side of anxiety has been accepted, children may find it beneficial to externalize the problematic behavior. In other words, it is the notion that “the person is NOT the problem; the problem is the problem” (Tremblay, 2017). It is through this process that people can understand that they are the experts in their own lives and that they have all the resources, skills, competencies, and values they need to reduce the negative effect of anxiety on their lives (Tremblay, 2017). While DBT is about embracing yourself as a whole person, narrative therapy posits that though this is true, by externalizing a problem you are minimizing its effects on your day to day life. By visualizing the problem as part of you but external and something you can manage, children might begin to conquer the fear that is within them.

Children’s Literature Addressing Anxiety

There are beautiful children’s books in the world today, full of adventure, charming characters, wit, and imagination. But very few take on the task of relating to children with anxiety, and the ones that do, don’t necessarily temper those strong feelings or the isolation they can cause, neither are they founded in the beneficial treatment options for anxiety discussed above, nor do they provide tangible coping skills for children.

For example, one book that tackles anxiety explicitly is called *David and the Worry Beast: Helping Children Cope with Anxiety* by Anne Marie Guanci. David, the protagonist, begins the book by losing an important basketball game. After that disappointment, his “worry beast” begins to grow. Guanci, and her illustrator Cariline Attia, are making strides to externalize the anxiety in a form of narrative therapy. The worry beast continues to grow as David’s negative self-talk persists, and its presence causes him to have nightmares. He also dreads a math test and has psychosomatic symptoms of anxiety, including a stomach ache. Eventually, his worry beast grows so monstrous it takes over his house. David finally confesses to his parents what has him so upset, he confronts his beast by saying “My best is good enough!” and as the worry beast shrinks into oblivion, David congratulates himself on having “Beat the Worry Beast!” Though the book provides some helpful techniques for children including speaking to adults, confronting your fear, and even deep breathing, I posit that anxiety, the worry beast, will never be beaten. Anxiety can ebb and flow, subsiding for some time, but it is a lifelong condition. No amount of deep breathing defeats the beast forever; there is no cure for anxiety. Saying that it can be beaten minimizes the lifelong effect of the disorder. Instead, I believe that children should learn to accept that dialectical force as a part of their whole being.

Also discussing worries common with children is *Wemberly Worried* by Kevin Henkes. Wemberly is an anxious mouse who worries about everything. She anticipates disaster occurring, avoids social situations, and dreads school, like many children with social and school anxieties. Making friends at school

helps Wemberly curb her anxious feelings, and the book says she worries less and less. Like some other books, this one starts out very relatable for children with anxiety, encourages them to face their fears, and doesn't go all that much further than that. Like deep breathing, making friends and meaningful connections does wonders to help children manage their feelings of anxiety. But making friends doesn't turn a "worrier" into a "non-worrier," or stress-free child. That temperament will be a part of them even as they learn to manage their fears.

There are some other books that discuss separation anxiety in children, including *Don't Want to Go* by Shirley Hughes and *The Good-Bye Book* by Judith Viorst. In *Don't Want to Go*, a mother is sick and a father has to go to work. He has to leave his young daughter with a friendly neighbor. Though quite reticent at first about her father leaving, and obstinate when the neighbor tries to engage her in different tasks, the little girl is soon distracted helping the neighbor care for her infant and dog. She feels helpful and has fun throughout the day, forgetting about her separation anxiety. It is a similar story line in *The Good-Bye Book*. A little boy's parents are going out for the night, and he comes up with many excuses for them not to go, and even threatens to run away if they do. He seems quite fearful of them leaving him alone. However, when the fun teenage babysitter shows up and distracts him with engaging games, the boy forgets his trepidation and his parents leave. Both stories are sweet and seem to touch on developmentally appropriate fears of separation. However, if a child truly has separation anxiety, these trite stories will not help them to separate easily.

In *The Kiss Box* by Bonnie Verberg, a little bear also experiences the troubling task of saying goodbye to a beloved caregiver. This story goes one step more than the previous two. The coping strategy presented is not just get distracted and forget. Instead, the mother and little bear agree upon a way to stay connected even when separated. The boy builds a “kiss box” that the mother fills with kisses so he may open and release them when the separation has built to an unbearable point. In this book, the child is recognizing his fear of separation, using mutually agreed upon language with his mother, and setting in motion a plan to cope with those uneasy feelings. These are important steps to take for a child dealing with anxiety.

Another children’s book approaches a common fear of nighttime and the dark: *There’s a Nightmare in my Closet* by Mercer Mayer. This is a classic story about a little boy who is afraid of falling asleep for fear of having a bad nightmare. This is a common symptom of anxiety and bedtime avoidance. Like *Worry Beast*, the boy in the story externalizes his fear into physical form, and the nightmare in his closet is a monster. The little boy is prepared: he hides in his bed with a bebe gun ready to attack, only he realizes that the nightmare is more afraid of him than he is of it. This is a short story, but a great example of facing a fear and conquering it. Again, however, in terms of treating children with anxiety, it does minimize the fear a bit. It hints at the fact that a new monster might emerge the next night, but like *Worry Beast*, it provides a simple solution (befriending the monster) as a way to make it go away. For children with anxiety, especially at night, the solution is not so simple.

Book Rationale

There are wonderful book options out there for children to read. However, I think that the book I created, “My Scary and Me,” will stand out for children with anxiety. I aim to help children ages 7-11 years old, a common age bracket for anxious symptoms to become apparent. The language used in my book has been geared toward that age group with easily decodable words and supported comprehension throughout with meaningful illustrations. It is written and illustrated by an author (this writer), who had anxiety as a child, and still experiences it as an adult. I have a keen insight into the physical and mental anguish that anxiety can cause, and I have the benefit of knowing treatment techniques that really work. I know the manic narrative that can run through a child’s head if their caregiver is running late. I know the feeling of the grip in one’s stomach dreading a nightmare in the dark. I can provide relatable situations for the protagonist to go through, write a relatable narrative, and illustrate just how those things feel. I hope to help children to recognize their anxiety, come to terms with it, *and* use it as a strength to see the good in others.

“My Scary and Me” pans from night to day in situations that fuel anxiety for children. In order to ground the book in cutting edge research, I used the checklists for various anxiety assessment tools, such as the Youth Anxiety Measure for DSM-5 (YAM-5) and The Screen for Child Anxiety Related Emotional Disorders (SCARED) to help curate situations in the book with which children with anxiety can feel connection (Muris et al., 2017; Birmaher et al., 1997). Children and their parents are given checklists and note whether they

relate to statements such as, “I am afraid that my parents will leave and never come back,” “I am afraid that something bad will happen, so I’ll never see my parents again” and “I have very scary dreams that I lose my parents.” These statements are both scientifically proven to correlate with children with separation anxiety, and are real fears I had as a child that from which I could draw real examples. Separation anxiety is the most common form of anxiety in children under twelve, so I wanted to make sure that my book addressed that trend (James et al., 2015). I also considered statements like “I am very afraid that other kids don’t like me,” “I am afraid that other people can see that I’m nervous” and “I find it very scary to talk with people I don’t know,” all of which are markers of social anxiety.

The character “Scary” is also an exercise in narrative therapy and externalization (Tremblay, 2017). When Kiki visualizes her anxiety into her Scary monster, it provides a map for children to place their feelings on the outside, externalizing and separating the problem, thereby separating themselves from being the problem. That way, a problem that a child is experiencing doesn’t have to be an essential component to their whole identity, rather a discrete part of it. In a way, then, the problem becomes less restricting, and the child is given some perspective and distance.

The illustrations that I have created look differently than ones I have seen in other children's books, too. There is a painted, dream-like quality that I strove for. The images are also often abstract, rather than realistically rendered. I wanted the feelings and emotions involved in anxiety to be the focus, rather than

the inane details of objects in a bedroom or classroom. People in the background are often omitted or drawn with loose contour sketches, so that the viewer can focus in on the important mood and the characters who are the focus. Some of the images may look a little bit frightening, especially when Kiki is in the throes of her anxiety in the story. However, my hope is that the images are cathartic and relatable for children.

My book creates situations that children may have experienced, and my illustrations make physical manifestations that children with anxiety can connect to. The driving message is that everyone is working on something, and though anxiety is that piece for this character, it's not all that that child is. I reinforce the research behind cognitive behavioral therapy and relaxation techniques, not to force the anxiety to disappear, but to help quell those feelings of loneliness and helplessness. "My Scary and Me" is grounded in CBT, DBT, and Narrative Therapy. Though the book never explicitly names anxiety, it allows the space for a child to name their feelings themselves, just as my main character names hers "Scary." In the book, I lay out a roadmap for children and parents. Children can learn to name their feelings, accept them as a part of themselves yet externalize them when it helps to feel more manageable, use relaxation techniques, and see that others are working through anxiety or other variations too. For parents, it also provides a guide for helping their anxious child. Parents support the protagonist by being there when she calls at night. They use the language that she created to help feel like they're all on the same team. Although Kiki's fears may not feel rational to the parents, they acknowledge the fear, guide her

through a meditative relaxation process, reassure her, and continue to provide love without judgement. My hope is that teachers, too, will see the effect of small situations that happen every day, like picking partners or having lunch, and how these moments might exacerbate anxiety. That's not with the goal of eliminating those situations, but being aware of their effect so that they may better support their shy and anxious students.

I hope this book will go further than those listed in the section previous. It doesn't minimize the effects of anxiety, nor does it trivialize it with platitudes or reassurances that it can be breathed away or overcome for good. Anxiety is a lifelong condition, one that can be handled and has positive effects too, of sensitivity, kindness, and empathy. I hope to provide real relatable situations, dialogue, and images that anxious children can see themselves in, give them real and tested snippets of cognitive and behavioral techniques that can help, and inspire a child who was like me, often paralyzed with anxiety, feeling alone. There is hope, and there is strength to be found, especially in a scared, cautious or worried child. There is so much that someone with anxiety can contribute to the world, so much yet to be discovered. I hope my book can be one step in that discovery process for an anxious child.

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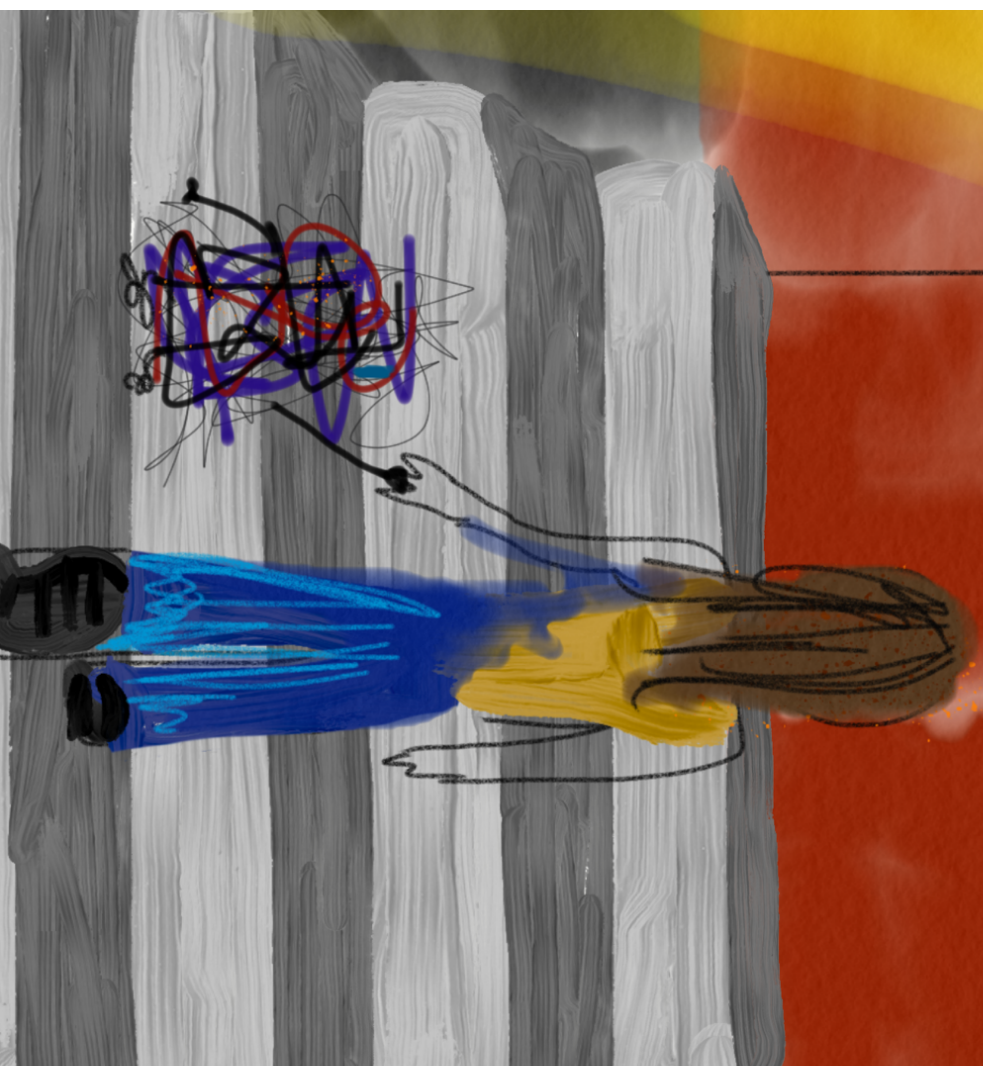
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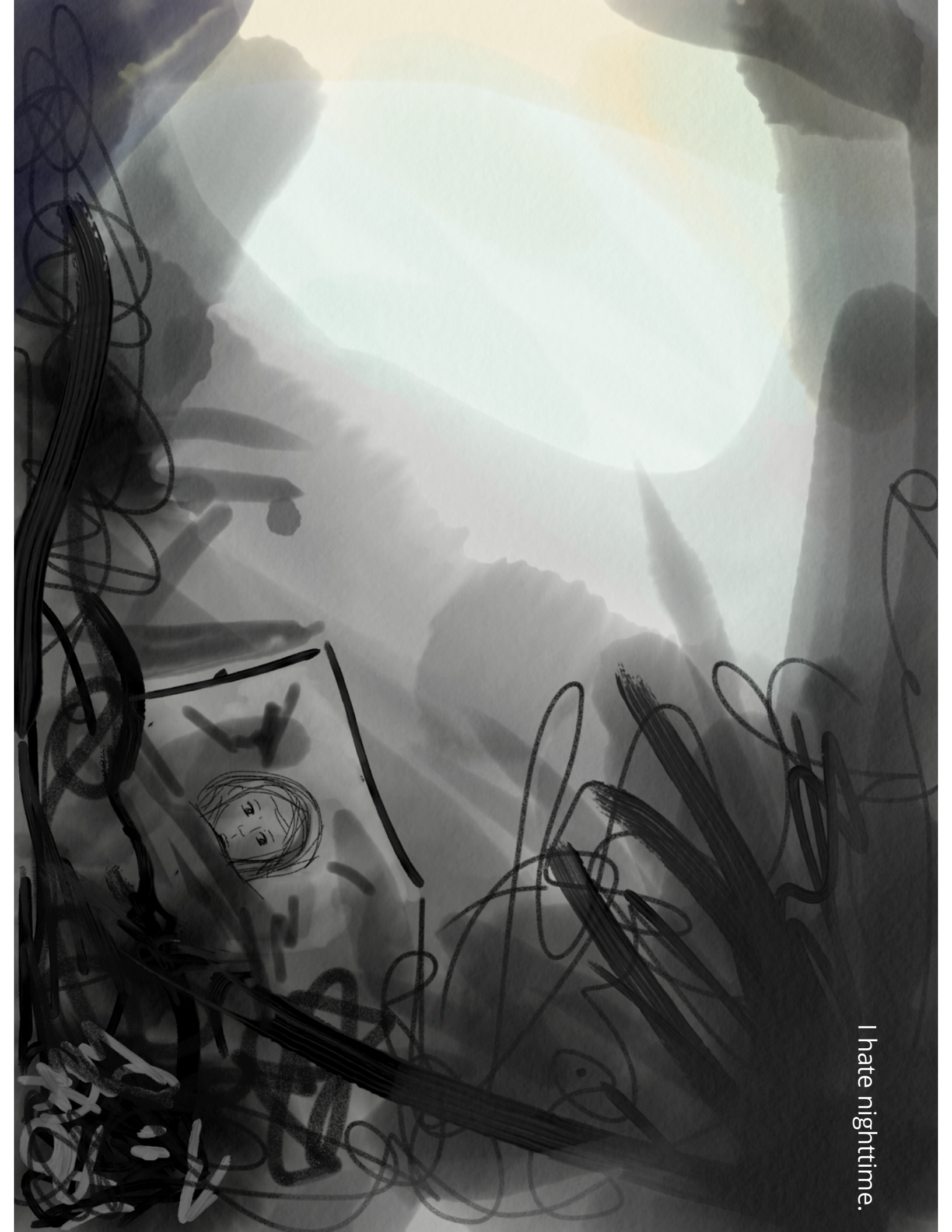
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My Scary and Me

written and illustrated by

Julia Rae Post





I hate nighttime.




Nighttime is for sleeping but I never sleep.

I toss and turn and watch the hours get bigger and bigger on that stupid alarm clock next to me.

I start thinking that I'm going to have to wake up for school soon and that if I can't fall asleep I'm going to be so tired tomorrow and if I'm exhausted at school it's going to be awful.

My stomach hurts and the room is spinning.




And then I start thinking there is something that is going to come out of my closet and get me. I mean, I know nothing is in the closet. But isn't it the perfect place for a horrible beast to hide and wait for just the right moment to spring out and get me and my family?


Okay, now it's scary.

Being in school is okay, I guess. My teacher smiles a lot and she's nice.

I like school fine except when stuff like this happens.



"Okay everyone!" She says brightly. "Pick a partner and let's play our new math game!"




I wish I could shrink to the size of these dice we're playing with and disappear.

I don't think anyone would notice. I hardly ever get chosen to be someone's partner and, anyway, there are way more popular kids in class than me.

I feel a little dizzy now that everyone is pairing up.

What if no one picks me and I look so stupid being the last one left. It's scary.

"Hey Kiki, why don't you partner up with Ryan?" My teacher says. "Looks like he needs someone to play with too."



Oh great. I knew I'd be that kid that had to be paired up with somebody instead of being chosen.

Nighttime again.

"Mom, please just stay five more minutes," I beg.

"Honey I stayed five more minutes five minutes ago and five before that. You've got to get some sleep and so do I."

She peels herself off me and gently tucks the blankets under my chin.



"Goodnight, sleep tight, I love you, and I'll see you in the morning."

The same thing she says every night.

She kisses my forehead and goes away, leaving the door open. I hear her click on the night light in the hallway.

A little warm light comes into my room.

But then the shadows come out of their hiding places.

I don't want to think about it, but it's scary again.

I start to settle in and listen to the sounds of my parents getting ready for bed. Muffled chatter, water running, toilet flushing, electric toothbrush buzzing.

Then quiet.

Horrible, sticky, dull, loud quiet.

Quiet like pale bones.

I'm all alone.

The what ifs creep in.

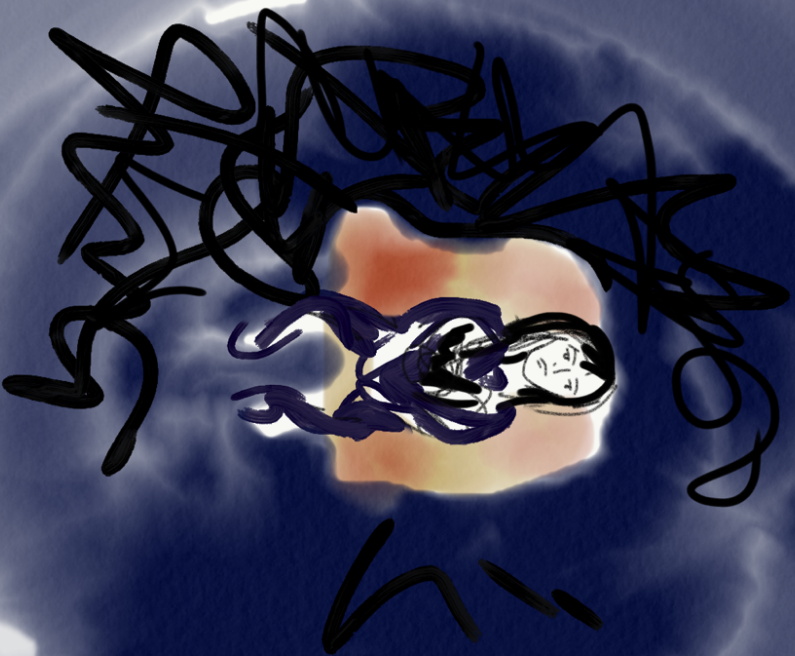
The same fist in my stomach tightens and twists my insides.

Fear tingles in my gut.

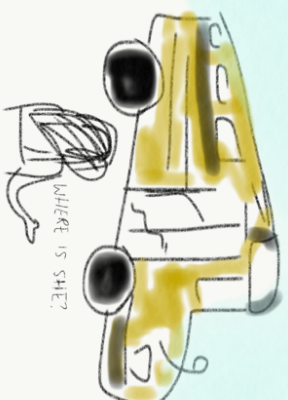
Night is endless and it's scary.



After school, I'm the only one left. Everyone else has gotten picked up or headed to the bus. Or they're at an after-school club. It's just me, all alone, sitting in the front office, waiting for my mom.



What if she forgot about me?



What if something horrible happened to her?



What if someone kidnapped her?

What if I was supposed to take the bus and I forgot? She could be waiting at the bus stop and I'll never show up and she won't know to come get me.



What if she got in a car accident?



What if she left and she's never coming back?



Please come through that door. I need you and it's scary.



At night, I have this same dream all the time.



I'm in my house but it's
not my house.
It's like a maze
and I keep running and
opening doors with
nobody
behind them. I go
through the halls and
call out,
but my parents are
gone.

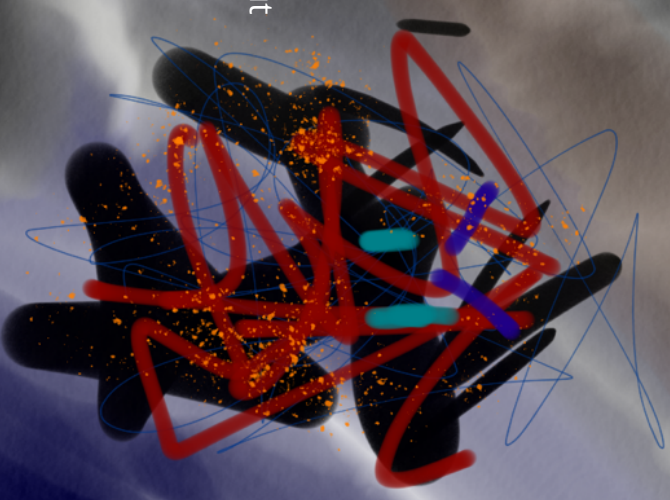
I've lost them.

I don't know how or
why but I know I'll never
see them again.

And something is coming out
of my closet.

It's Scary!

I wake up crying.



"Kiki, it's okay, everything is fine." My dad strokes my hair. It's dark, but he and mom are there.



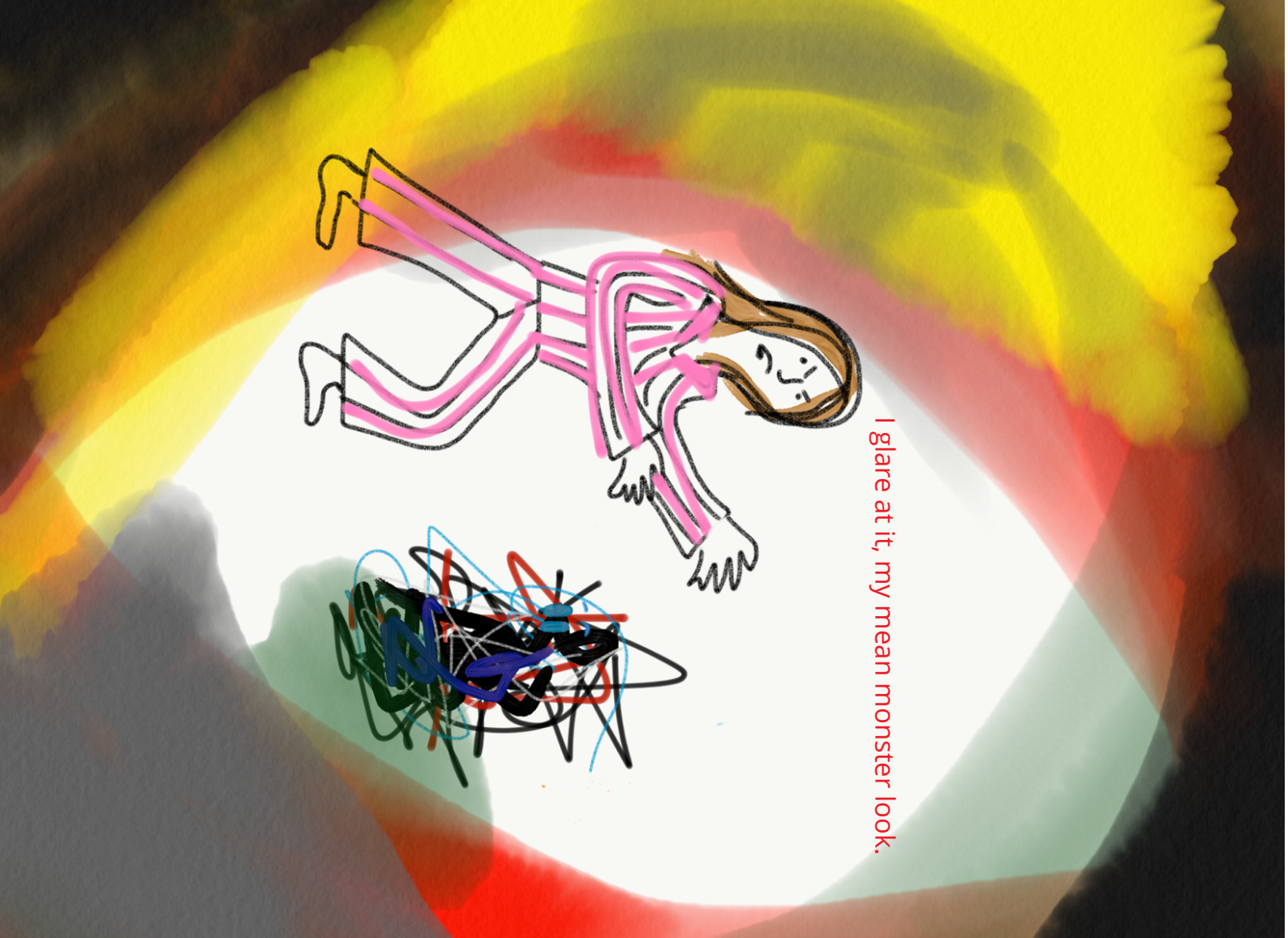
"You're in your same old house, with your same old parents, same old bed with the same old sheets," Mom says.

My breathing slows down as I listen to the list of familiar things.

"It's Scary again, isn't it? That Scary is making you have that same dream?" Mom asks.
I nod into her chest.
"You remember, Scaries are a part of you but they're not all of you. It's just a feeling, one of many feelings we all have."



I close my eyes and picture my Scary, that thing in me that makes me feel this way. This twisty, what ifs way. Rough edges, wild curls, jagged lines--that's what it feels like. I open my eyes and I can see it. That scraggly, mean little Scary. It blinks at me.



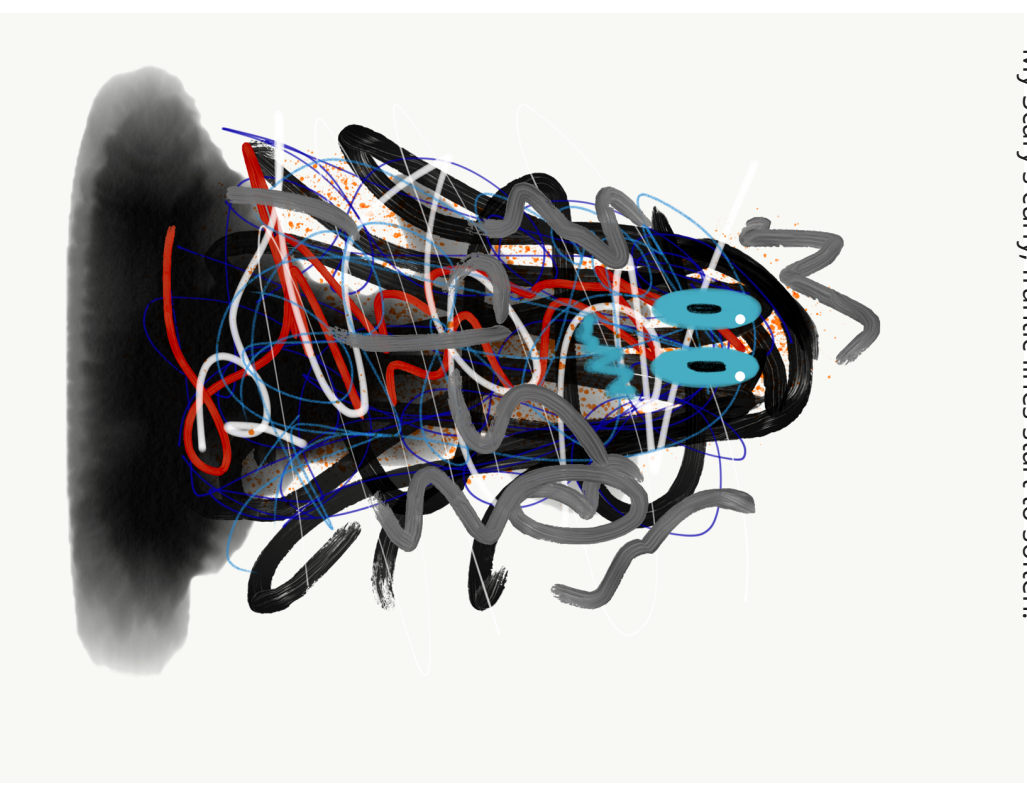
I glare at it, my mean monster look.

Scary changes. Its wiggly dark lines are shaking. What if it is nervous and scared, too?
I think my Scary doesn't like nighttime, either.

I take a deep breath, in through my nose and holding for the count of five, out through my mouth and hold. I breathe, and so does my Scary.

We breathe and remember that it's just a feeling. It's just a moment, and it will pass.

My Scary's curly, frantic lines start to soften.



"That Scary," says mom. "It's a part of you, but it's not the whole thing. You are my Kiki, you are safe."
I look at my Scary and nod.

Maybe Scary is like my shadow: with me but not all of me.

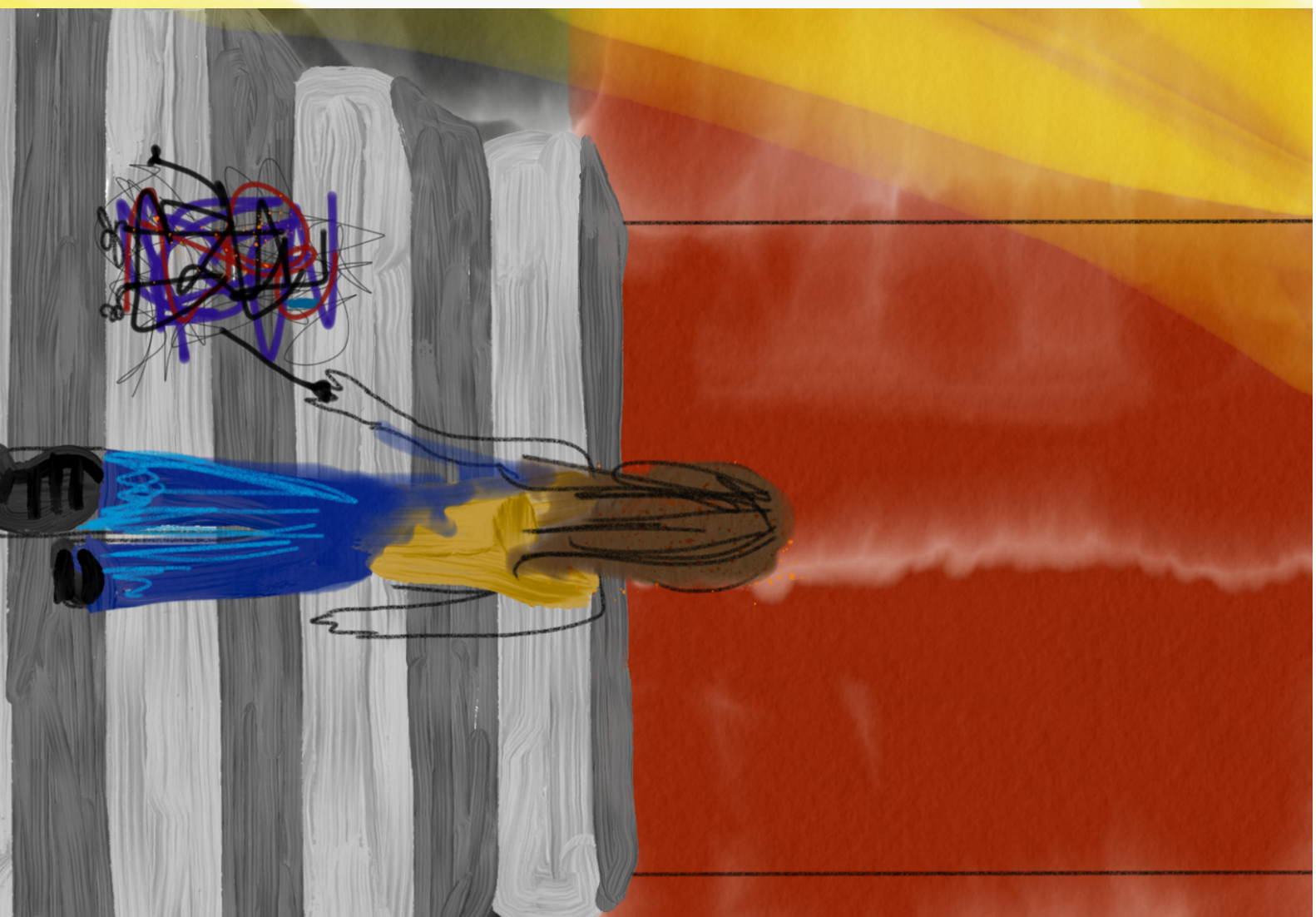


Today I'm taking my Scary to school.

I do it every day, anyway.

"I know you're with me," I say to my Scary. "I may as well see you."

Scary grips my hand tightly.



The lunch room makes my Scary grow.



I see Ryan. What if he feels alone too?



Ryan smiles nervously.

I try to think of something to say and I feel my Scary growing those jagged lines, pulling and twisting my stomach again. I take a deep breath.

"What'd you bring for lunch?" Ryan asks. I notice his Scary shaking. I smile at him.



"Hey," I say as I put my tray down.



Just then, I notice Ryan has a Scary too. It doesn't look just like mine, but it looks scared just like mine.

"Yogurt, a banana, a chocolate chip granola bar."
"That's cool. My dad packed me seaweed chips. The kids over there laughed at me."
I glance at my Scary. We know how it feels to be laughed at.
"Are they good? Can I try one?" I ask, reaching over the table.
"Yeah, sure," Ryan says shyly.
I chew. "Not bad!"
Ryan and his Scary smile at me.

That night, after mom and dad go to bed, I notice the nightlight and start to feel that feeling again. My heart beats fast and my stomach hurts and my Scary looks at me with big frightened eyes.

I still hate the nighttime.



But I remember that it's just a feeling, just a part of me, not all of me. I lie on my back with my legs stretched out and my arms at my sides. I breathe in so deep, hold, and let all the air out. It's just a feeling. It's only nighttime. Daylight will come, and this will pass.

My Scary and I are just getting to know each other--we're not exactly friends, but we're not enemies either.

What if

everyone has some kind of Scary?



+ A Handbook for Parents

- Recognizing anxiety
- Help your child at home
- Treatment
- Advocate for them at school

What are the causes of anxiety?

A variety of factors, both biological and environmental, increase the risk of anxiety disorders in children.

Biological

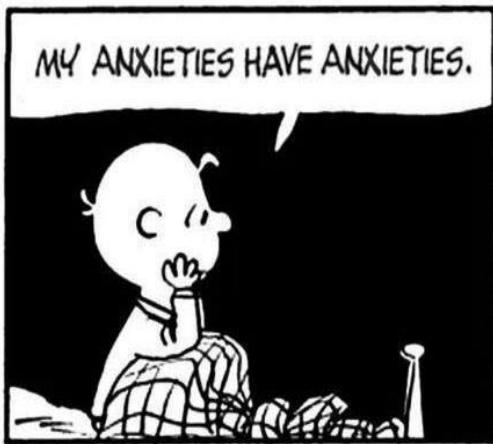
There are 3 main factors:

1. Temperament : your child is more fearful by nature.
2. Genetics: you or a partner have anxiety.
3. Gender: girls are more prone to anxiety than boys.

Environmental

Anxiety may manifest if:

1. Fearful behavior is modeled for kids
2. Worries are too readily accommodated, and/or fearful situations are avoided completely.
3. Anxiety can be the outcome of childhood trauma or abuse.⁶



<http://www.joshuanhook.com/how-to-be-less-anxious-part-1-anxiety-and-fear/>



© Julia Post



“Worry is a thin stream of fear trickling through the mind. If encouraged, it cuts a channel into which all other thoughts are drained.”

-Arthur Somers Roche

What is anxiety?

Anxiety is one of the most common disorders, occurring in 30% of all children. Anxiety disorders are marked by excessive fear and behavior disturbances. Anxiety is the anticipation of a future threat and worry that is out of proportion or extends beyond what normal fear is expected at that age. Anxious children may imagine that harm will befall loved ones, have

trouble separating from caregivers, and avoid situations they deem fearful or dangerous to a much higher degree than their peers. Severity, long duration, and high frequency or fear or panic mark anxiety disorders in children.¹ There is a spectrum in severity of anxiety, and early intervention yields very successful results helping anxious children become successful adults.³

Trouble separating from caregivers can be a typical developmental stage. But if the resistance persists with age, or your child is refusing to separate and go to school or other activities, it might be worth looking deeper.



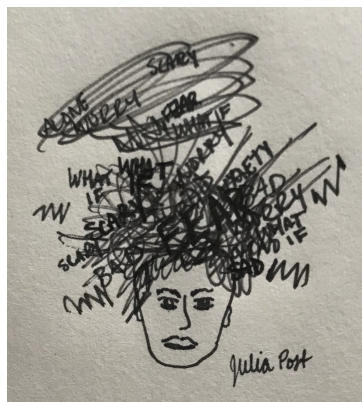
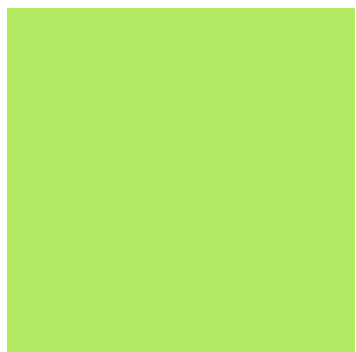
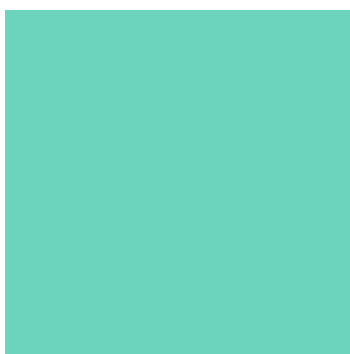
Recognizing anxiety in your child

It can be difficult to distinguish normal, age-appropriate fears or shyness from an anxiety disorder. However, severity of fears, panic attacks, longevity of worries that do not match the severity of the situation, and avoidance behavior that impairs a child's ability to join age-

appropriate activities are indicative of an anxiety disorder. Anxiety can appear differently at a variety of ages. Younger children may experience bodily symptoms, such as muscle tension, frequent headaches and stomachaches, and may even display angry outbursts or acts of

defiance. Older children are more likely to feel social anxiety and isolation, or pervasive shyness.² If anxiety seems to be getting in the way of social, academic, and personal functioning, consider getting a professional opinion.⁵

Be sure to listen carefully to the words your child uses to explain their fears. Establishing a common language will be crucial for your child. If your child is able to name their feelings, then they have some power over them. Reinforce that power by using their language.



What can you do to help?

Strategies for home

1. Learn to recognize your child's distress signals. Remember, anxiety can present in a variety of ways.
2. Respond consistently and supportively when they share their worries.
3. Do not avoid stressful situations or remove obstacles. Challenges are a part of life. If children don't learn to cope with their anxiety, it will only get worse.
4. Remember that anxiety cannot be cured, and new stresses will exacerbate anxiety. Coping skills may need to change and grow as your child does.⁵
5. If you are anxious yourself, take steps to manage your own anxiety.³ Take steps not to model fearful or avoidant behavior, or your child will learn from you.⁶
6. Validate their feelings. They may sound irrational to you, but they are very real.
7. Guide meditation and deep breathing. It will give your child a way to self-soothe.

Treatment for anxiety

Anxiety cannot be cured, however children can learn coping skills and strategies to help them manage their own anxiety. One of the most highly recommended ways to learn these coping skills is **cognitive behavior therapy (CBT)**, sometimes in conjunction with medication. Many cognitive behavior therapists encourage caregivers to participate in *family therapy*.

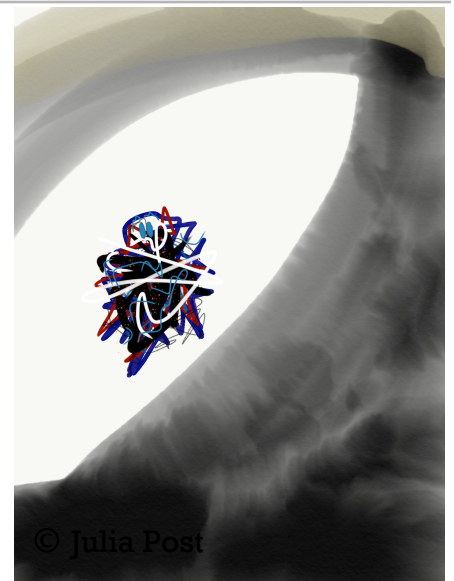
Cognitive Behavioral Therapy works by having your child:

- ❖ Recognize their own anxious feelings and their bodily response to it,
- ❖ Notice what situation may have led to that moment of fear or worry
- ❖ Learn to speak in soothing ways to themselves to help the moment pass.
- ❖ Reflect on the effectiveness of coping skills.³



The idea is that fear and anxiety are learned responses, and can therefore be un-learned.³

-CBT for anxiety disorders in children and adolescents



http://store.hallsigns.com/R1-1-Stop-Sign_p_1092.html

Children may respond positively to the STOP acronym:

S- Scared. Identify when you are feeling anxious or scared.

T-Thoughts. Identify anxious thoughts to stop the spiral in its tracks.

O-Other. Reframe anxious thoughts by coming up with other more helpful thoughts or behaviors.

P-Praise. Reward yourself for overcoming that moment of fear!³



Nightmares

75% of children report having nightmares. Many report it happens much more frequently than their parents think.²

Children begin having nightmares at the age of 3 with the occurrence of nightmares peaking between the ages of 6 and 10. There is a positive correlation between children who are particularly affected by nightmares and anxiety in children. Many children who experience frequent nightmares begin to associate bedtime routines with fear and separation. They may become conditioned to avoid bedtime and even their own beds out of fear and trepidation.²



Advocate for your child at school

Many children who are anxious present as quiet and *shy* at school. Their fear and self-consciousness can be **socially isolating** and may cause them to be *distracted* during class lessons. There is a tendency for teachers not to focus on the quiet children in favor of addressing louder, more disruptive concerns. Teachers may also mistake a shy or anxious student's lack of participation as a *lack of understanding or skill*. The teacher's view of a child can permeate the classroom culture. If your child is anxious, set up a meeting with their teacher to get on the same page and discuss a plan.⁴



With anxious students, teachers should:

- ❖ Limit direct questions.
- ❖ Share personal anecdotes with the child to build rapport and increase comfort level.
- ❖ Allow for choices in activities and assessments.
- ❖ Discuss changes in routine ahead of time, if possible.
- ❖ Emphasize social skills and social/emotional learning as a class community.⁴

Positive relationships with teachers and peers at school can make all the difference in the world to a shy child.

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