

7 Proven Strategies to Reduce Anxiety at School and at Home

I recommend these to parents all the time!

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Introduction

Anxiety is being called the disease of the 21st century. Everybody seems to be either afflicted - or knows someone who is. According to the World Health Organization, disorders related to “dread” are the most prevalent mental illness on the globe at the moment.

And... how about children? We all know a child who seems to be overanxious when it comes to dealing with everyday situations such as playing on the playground, singing a song, or even talking to a familiar face.

Unfortunately, many children underperform at school due to systems that can be related to social anxiety or performance anxiety. Although these children in general have at least an average cognitive ability, they seem to receive results on tests that are beneath any level of expectation.

This publication can help parents better deal with overanxious children by following all or some of the 7 strategies. As a special educator and clinical counsellor, I have used these 7 strategies with 100s of children during the last 15 years of my career. In fact, these same tips are always communicated to parents when they are dealing with anxious school children.

Will these strategies work for your child? If I consider your child only to be struggling with school anxiety, then there is a great chance these 7 strategies can be beneficial. If on the other hand, your child’s anxiety is due to another factor than you could be better off making an appointment with a licensed child psychologist, in order to investigate the underlying issue of the anxiety behaviour.

This book does not go into the numerous facts about anxiety. The majority of parents have already done too much investigation into what anxiety is, and they are completely overwhelmed by the number of different definitions, approaches and solutions. Whatever the cause of anxiety is should be investigated, but in the meantime, a child needs strategies to learn how to manage anxiety, or at least learn how to cope with it. That is what the 7 proven strategies are about. And... they build executive functions, too!

The Importance of Working at the Right Level

In the early 20th century, a Russian psychologist Lev Vygotsky discovered that when children are bored or frustrated, their ability to learn suffers. He also believed that children learn optimal within a zone between being bored and frustrated. This "Zone of proximal development" (ZPD) is Vygotsky's term for the range of tasks that a child can complete independently and those completed with the guidance and assistance of adults or more-skilled children. The lower limit of ZPD is the level of skill reached by the child working independently (also referred to as the child's actual developmental level). The upper limit is the level of potential skill that the child is able to reach with the assistance of a more capable instructor (also referred to as the child's potential developmental level). The ZPD captures the child's cognitive skills that are in the process of maturing and can be accomplished only with the assistance of a more-skilled person.

When children work on lesson material that falls into their ZPD, they will generally neither be bored nor frustrated, but receive the right amount of challenge to progress in learning.

Strategy 1: Too Low or Too High?

As indicated by Vygotsky, children learn best within the zone of proximal development. This is the optimum learning condition for a child.

Children who are anxious about school work might be communicating an important fact: the fact that they are being frustrated by material that is above their current development stage. Since children develop in stages that are unique to their own being, some children are at a higher developmental stage, and others are at a lower stage. Do not get me wrong, as I am not talking about intelligence. I am talking about getting familiar and comfortable with current learning content.

It is not a parent's perception that determines the right level of learning for a child. In fact, that could undermine a child's ability. The best determiner is a child's behaviour.

In order to investigate if your child is currently working within the zone of proximal development, I recommend making an appointment with the child's classroom teacher, accompanied by a special education teacher. Ask the following questions:

1. My child seems anxious about school. Is there an apparent reason for my child to be anxious?
2. Looking at my child's developmental history as documented in past report cards, what could be described as concerns about how my child is currently achieving?
3. How has it been determined that my child is currently working within the zone of proximal development? (That is why the special education teacher needs to be there, since this is a special education question).
4. Which steps can be taken at the school level to elevate some of my child's anxiety?
5. What can be done to minimize future anxieties related to school work?

These 5 questions cannot simply be answered with yes, no, or I do not know. Your child's teacher might not have the answers right there, and might have to look into the particulars for you. Therefore, to

respect professionalism, I encourage parents not to force answers. Rather, communicate these questions, and ask for a follow-up meeting a few days later.

Another strategy would be to email these questions to your child's teacher, and maybe sending a copy to an administrator at your child's school. In the same email, ask for an appointment for a meeting in where you want to discuss the answers as collaborative problem solvers.

Strategy 2: The Worry basket™

In some Native American cultures, you are not allowed to bring your worries into another person's household, or even to bring them home. It is deemed improper. Because of this belief, many of the homes have a little "worry bucket" outside. Before you set foot in the home, you place your worries to rest in that "worry bucket". My guess is that you don't remember to pick them up on your way home.

I learned this extraordinary strategy from my mentor back in undergraduate university training back in the early 90ies. It is very easy to do, but extremely powerful. It is almost too simple, and yet, I discovered a method of making this strategy even more powerful.

Children are often embarrassed to share their worries. In most cases, this has nothing to do with trust, but all with a developing prefrontal cortex, the part of the brain where executive functions such as emotional control are regulated. In many school aged children, this part of the brain is in constant development. Therefore, some children have more difficulties dealing with emotions such as fear, anxiety, and happiness.

A great strategy that assists in the development of these executive functions would be to allow your child an alternate method of dealing with the emotions triggered by the anxiety behaviour. I believe the worry basket™ is one of the most powerful strategies that can be used to strengthen emotional control, as well as to learn how to take distance from excessive worrying, also known as rumination.

1. Take a round Rubbermaid container (3.2 cups).
2. Print a label with the following words: "Worry Waste basket™". Alternatively, you can print on normal paper and cut and paste it on the container.
3. Every day, or every other day, around the same time, give your child a small piece of paper and ask to write down a major worry in less than 40 words.
4. Ask your child to fold the paper into 4 pieces, and then have it placed inside the Rubbermaid container.

Tell your child that the simple rule is, all worries inside the container are safe, and therefore, there is no need to worry about them. There is a chance that your child will keep the worry safe in the worry basket™ and therefore will make peace with that worry by simply not paying attention to it.

If your child cannot let go of the worry, even after having it placed in the worry basket™, I would recommend choosing a moment throughout the day where your child picks one worry sheet out of the container to discuss with you, while you use empathic listening skills to really hear what your child has to say, without judgment.

Strategy 3: Powered By Happiness™

Children like to play and be happy. They do not like to be anxious, but in some cases, they do not realize what they are actually anxious about. Strategy 3 is about fuelling a child with happiness. It is a simple assignment that is always understood by children.

Warning: since this strategy involves nutritional supplements, I encourage and recommend you to talk to your child's physician, pharmacist, or nutritionist before trying this strategy. If you want to try these strategies without seeking advice from your child's physician, pharmacist, or nutritionist, you are responsible for any consequence or outcome.

Since I am not a physician, nutritionist, or pharmacist, the advice below is based on research I have read and used as over the years. I have recommended these nutritional strategies to numerous adults and children, and always encouraged them to talk to a qualified person in the area of medicine, or nutrition first.

First of all, buy some child vitamins, with a high level of Omega 3 (EPA and DHA ration of 2:1). Make sure they taste nice, and are in an appealing shape. Take the vitamins out of the standard container and place them in a medication container (if you ask your pharmacist, he will give you such a container and may also provide a label for it!)

Start by explaining that a vehicle needs fuel to drive. Let us assume your vehicle runs on gas (petrol). Ask your child what would happen if instead of fuel, water is being poured into the gas tank. I have yet to meet a child that does not understand what happens when a vehicle is started with water in the gas tank.

Next, explain that children also need the right fuel to do tasks throughout the day. This fuel promotes happiness, and reduced feelings of anxiety. Then explain that your doctor has given special vitamins that will help your child. I always call these vitamins "Powered By Happiness™".

Tell your child that you want to see if these special vitamins help for their happiness and anxiety. It is very important to explain that it might take up to two weeks to work.

The best time to have your child take the vitamins is just before bed time. I always explain to parents that giving them at bed time will help children “Power up” during sleep.

If you want to take it a step further, you can by replacing the child vitamins by Omega 3 capsules (some come in strawberry taste), with an EPA of about 800 and DHA of about 400. In addition, a good brand Vitamin B complex could be added.

My own son is taking the exact same formula as above. His confidence has improved, and he is far less anxious when it comes to doing challenges tasks.

Strategy 4: Easy Breathing

Many books that teach children how to do breathing exercises forget to mention that lung capacity is very important to make the breathing skill work. Therefore, I have found that many breathing techniques do not work as relaxation or coping skill for children suffering from an acute anxiety or panic attack.

The following Easy Breathing technique does work, as I have used with children as young as 4 years old, as well as with teenagers. In fact, I have let go of most of the other breathing techniques, as they can be too frustrating for a child.

The technique works by having children breathe in slowly through their nose for a number of seconds, and then they breathe out through their mouth for a larger number of seconds. This technique is been used during meditative sessions, but with some simple adjustments, it can be successfully used with any child who is experiencing high anxiety.

Start by asking the child to breathe in through their nose for 7 seconds. Ask for feedback, such as: was it easy to breathe in for 7 seconds? If a child was having difficulties breathing in for 7 seconds due to physical condition or lung capacity, reduce this number to 6, 5, or even 4 seconds.

After you have determined the appropriate number of breath-in seconds (for example 7), ask the child to breath in through the nose for 7 seconds, then hold the breath for 1 second, and breathe out through the mouth (in this case 11 seconds). The pattern of seconds should be like this: 7 in, 11 out, or 6 in, 10 out, or 5 in, 9 out, or 4 in, 8 out. There should be a difference of 4 seconds between the breathe-in time and breathe-out time.

This breathing technique works very well, but it needs to be practiced. At first, ask the child to do these breathing exercises 4 times per day. Make a chart, and every time the child performs the breathing correctly, reward with a sticker, or something your child is willing to work for. My own child really likes Pez Dispensers, so we work towards him earning a few one every month.

Explain to the child that breathing makes every physical and mental reaction to an event much easier. Therefore, encourage the child to use this breathing method whenever feelings of anxiety or panic

occur. Again, with practice, your child will be able to do this breathing technique without anybody noticing.

Strategy 5: Organized Play

Worldwide there has been a large shift towards less physically demanding work. This has been accompanied by increasing use of mechanized transportation, a greater prevalence of labour saving technology in the home, and less active recreational pursuits. At least 60% of the world's population does not get sufficient exercise. This is true in almost all developed and developing countries, and amongst children.

One of the causes most prevalent in the developing world is urbanization. As more of the population moves to cities, population over-crowding, increased poverty, increased levels of crime, high-density traffic, low air quality and lack of parks, sidewalks and recreational sports facilities leads to a less active lifestyle.

Compare activities you did when you were your child's age to those that your child is occupied by. For my own son, the majority of activities involve a battery-powered device, ranging from a remote control car to a hand held game device.

Exercise is extremely important for anyone, but especially for children. Research has shown that doing exercises actually build networks in the brain. The more networks of neurons connecting to each other, the better it is! If you want to learn more about neurons and the brain, I would recommend a book called *Brain*, published by National Geographic.

Exercise is not only beneficial to our kid's physical health, but also has a major impact on their mental health. Exercise can help improve a child's self-esteem and confidence. It can reduce symptoms of depression, anxiety and attention deficit/hyperactivity disorder. It can increase their concentration, provide a more restful sleep and show a significant improvement with their mood.

Children do exercise, a lot! They run around, drive parents crazy, or play excessively with particular toys. This is all part of being a child! Some kids are daredevils while others like to be careful participants in any form of outside play.

I am talking about a different form of exercise, which I call Organized Play.

During organized play, you practice with your child the activities that your child is anxious for. It is very important that every aspect of the activity is described in detail before doing any part, as you want your child to analyze each step of the process.

Example of organized play:

Lilly is anxious about playing outside during recess at school. She has difficulties with connecting to other children, and is not sure in which activity she wants to participate. During organized play, Lilly is asked to describe in detail the recess area, as well as to talk about the different activities and play structures that are present. Then she is asked which activity she would like to do on the playground if no other students were present. Most children choose an activity. If a child does not choose an activity, reverse the question and ask which activity the child does not want to do, then go on to the next, until one activity is left. The activity left over, or the chosen activity is then described in detail and through visualization, the child is describing what she has seen other children do during that activity. Finally, the child is asked to visualize her / him doing the activity having lots of fun.

At first, the child might be very anxious, but through repeated exposure to the activity in a visualized setting, the child will get used to the activity. When the child is at this stage, the transition to doing the activity for real is frequently easy to make.

Strategy 6: Real or Imagination?

I once worked with a child who was extremely worried about going to school. This child was worried about having to answer questions while all the other students were listening. For her, this was a difficult worry, since there is a chance that she will have to answer a question throughout the school day.

Sometimes children worry about things that only have a very slight chance of coming to pass. At one time, I worked with a student who was very afraid that a snake would be sleeping in her desk drawer. This COULD happen, and I had to acknowledge that. But the odds of a snake picking out this student's desk drawer were very slim. Therefore, worrying about a snake in the desk drawer might take more energy and brain power than just accepting the fact that it can happen, but probably will not.

Children need to learn that worrying about real dangers is fine. It is a form of protection in where people create proactive plans. Everybody does this. The tough part is that most worries are not easy to figure out. Therefore, children should learn that even the weirdest worry might happen, but that it is such a small chance, it's not worth the worry.

Bringing a child back into reality about an event or happening is not as difficult as one might think. It is all about assisting the child into bringing the activity back into reality by using rational thinking.

Whenever a child is anxious about an activity at home or at school, ask the child to describe the activity and assist in identifying why that activity is causing the child to be anxious. Then ask a simple question:

Does that activity put your life in danger?

In most cases, the child will answer "No, I am not in danger". Some children might answer that they are not in danger, but that they are not feeling comfortable. Acknowledging that and then ask how they would feel more comfortable will help them rationalize their anxiety.

Some children need some more help to determine the odds. I always recommend asking the following questions. These questions will help the child see that the worry probably does not place him/her into real danger:

1. The worry you are wondering about is.....

2. Has this ever happened to you for real?
3. Is your worry very likely to happen, or is it more like the snake in a desk drawer?
4. What would be the worst thing that would happen if this worry came true?
5. What would REALLY happen if this worry came to be true?
6. Tell me why this worry would probably not happen.
7. What can you do to prevent this worry to come true?
8. Is there something I can do to help you from this worry to go away?

Strategy 7: Anxiety Measurer

This strategy is worth the number of characters needed to explain in gold. It has never failed so far in my work with children. Let me explain how it works.

Whenever I ask a child how the day went, they most often answer in an extreme such as Great! or It was the worst day of my life. If you ask a child if s/he was feeling anxious at school, they will try to find a moment where they felt anxious, and then blow that moment up from a mouse feeling into a rhinoceros itch.

Anxious children need a tool that they can use to measure and evaluate their anxiety. Many other publications use anxiety thermometers or barometers. My preference is to use a regular calendar. The reason for this is that it builds executive functions in the area of organization at the same time.

1. Choose a calendar that has each day listed, one month per page. Many of these calendars are published for free at the beginning of the calendar year. You can also buy a nice one at Hallmark or Wal-Mart. Another option would be to sit down with your child, and design one on the computer.
2. Next, look on the Internet for an anxiety thermometer, with a scale from 1 to 5. Or you can create your own, based on examples you see online.
3. Next explain that anxiety can be measured, just like a pencil can be measured with a ruler.
4. Indicate that a 1 on the anxiety measurer would mean that there is almost no anxiety.
5. Indicate that a 5 on the anxiety measurer would mean that there is a lot of anxiety.

For every day, when a child comes home, ask the child to identify the level of anxiety on a scale from 1 to 5. At first, the child might be embarrassed and try to crop up the feelings by saying "1". Then ask: how did a "1" make you feel? In most cases, a child will change the number to a more realistic number.

Then, pick the right day on the calendar and write the number in it. For instance, if on April 5, the child indicates "2", you write "2" on April 5.

Do the same exercise for the rest of the month.

Each day, ask the child: "How does this number feel different from yesterday?" Or if the number has not changes from yesterday, ask: "Which of the same feelings did you have as yesterday?" Another question you could ask is: "You said 4 today, how does that feel different from the 3 two days ago?"

The whole exercise is designed to make a visual of your child's anxiety behaviour in such a way that it becomes easier to reflect on it.

I have used this exercise with children and adults. For some, it might take a month, others take two months. In the end, they will possess the ability to carefully describe their feelings and identify the level of anxiety. In general and over time, children will identify their behaviour as less badly than yesterday or a few days ago and will automatically indicate lower numbers.

In the end nothing worked

Yes, in some cases none of the above strategies work. In those cases, I recommend involving a clinical psychologist or a pediatric psychiatrist in order to investigate other options for treating the overanxious behaviour and symptoms. Treatments could include medication, behaviour therapy, or a combination of both. Fortunately, only about 5% of school-aged children would fall into this category.

The majority of children do benefit from the strategies I explained. If your child does not seem to get it at first, be persistent and try again.