



**Boston
Children's
Hospital**

Neighborhood
Partnerships

MANAGING ANXIETY IN CHILDHOOD AND ADOLESCENCE



INFORMATION AND RESOURCES
FOR PARENTS AND CAREGIVERS

Boston Children's Hospital Neighborhood Partnerships (BCHNP)
www.childrenshospital.org/BCHNP
BCHNP@childrens.harvard.edu

INTRODUCTION

Boston Children's Hospital Neighborhood Partnerships (BCHNP), a school-based program at Boston Children's Hospital in the Department of Psychiatry and Behavioral Sciences, has prepared this resource guide to share information and resources with caregivers and families around adolescent anxiety in childhood and adolescence. This guide has information on what anxiety is, strategies to use at home and at school, lists of age-appropriate apps, websites, books, and more.

We invite you to also view our documentary "[Managing Anxiety in Childhood and Adolescence: Information for Parents and Caregivers](#)", in which youth and families share their own stories and experiences with anxiety.

The terms "behavioral health" and "mental health" are often used interchangeably in this guide. Behavioral health is a blanket and overarching term that includes mental health. The term behavioral health provides a more holistic view of understanding the social and emotional lives of children and adolescents.

TABLE OF CONTENTS

INTRODUCTION	2
INFORMATION ABOUT ANXIETY	3
WHAT IS ANXIETY?	3
IS ANXIETY COMMON AMONG CHILDREN AND ADOLESCENTS?	3
WHAT CAUSES ANXIETY?	3
SIGNS AND SYMPTOMS OF ANXIETY	4
TYPICAL CHILDHOOD FEARS	5
WHEN DO USUAL WORRIES BECOME CAUSE FOR CONCERN?	6
SOME QUESTIONS TO THINK ABOUT	6
HELPFUL STRATEGIES FOR CAREGIVERS	7
STRATEGIES THAT GET IN THE WAY OF REDUCING ANXIETY	8
QUESTIONS FOR YOUR MEDICAL PROVIDER	9
BEHAVIORAL HEALTH INFORMATION	9
BEHAVIORAL HEALTH RESOURCES	10
CRISIS RESOURCES	11
COGNITIVE BEHAVIORAL THERAPY (CBT)	12
INFORMATION ON MEDICATION	12
SUPPORTS AT SCHOOL	13
QUESTIONS FOR TEACHERS	13
SUGGESTED STRATEGIES AT SCHOOL	13
INDIVIDUALIZED EDUCATION PLAN (IEP) AND 504 PLAN	14
APPS, BOOKS, AND WEBSITES	15
FREE APPS	15
ASSOCIATIONS AND WEBSITES	16
BOOKS FOR CAREGIVERS	16
BOOKS FOR CHILDREN AND ADOLESCENTS	17
REFERENCES	18
ACKNOWLEDGMENTS	20

INFORMATION ABOUT ANXIETY

WHAT IS ANXIETY?

Childhood fears are a normal part of growing up. Fear and worry are emotions that all people experience, and they help keep people safe from harm.

When a child's fears or worries become excessive or when they occur over an extended period of time then you may be seeing anxiety.¹⁻³ Anxiety can vary in intensity and can range from mild to severe. It's important to keep in mind that there is a lot variation in what is thought of as an anxious behavior. Different cultures have different names for anxiety. How someone describes anxiety, what they think of as an anxious behavior, and even their perspective on what causes anxiety is often shaped by their background or culture.

IS ANXIETY COMMON AMONG CHILDREN AND ADOLESCENTS?

Anxiety is the most common behavioral health disorder among children and adolescents.⁴⁻⁶ The literature tells us that parents reported approximately 6% of children ages 6-11 and 10% of children ages 12-17 were diagnosed with anxiety.^{6,7}

WHAT CAUSES ANXIETY?

Anxiety is caused by three interacting factors: a person's genetics or biology, their emotional or psychological development, and their environment which includes things like a person's family, culture, school, peers, community, and the world at large. How these factors interact is unique to each individual – there is no particular "formula" that leads to the development of anxiety. A child may experience anxiety if they have experienced serious or prolonged stress. Social and political stressors can contribute to anxiety and this includes things like a person's immigration status, identity issues, discrimination, and racism.^{8,9}

Contact your child's medical provider or local community health center if you would like more information about how to help your child manage anxiety.



SIGNS AND SYMPTOMS OF ANXIETY

SIGNS AND SYMPTOMS OF ANXIETY^{3,4,10,11}

Anxiety can look very different from child to child. It can impact a child’s thinking, feelings, and behavior. It is important to consider that different cultures and families may experience anxiety differently and may use other words to describe and talk about anxiety. Culture affects the way we express our thoughts, feelings, and behaviors and needs to be considered when understanding anxiety.^{12,13}

If your child is experiencing these signs and symptoms, talk with your child’s medical provider or local community health center.

THINKING	FEELING	BEHAVIOR
<ul style="list-style-type: none"> • Inability to control worries or thoughts • Difficulty concentrating • Nervousness, “edgy” • Expecting every situation to go badly • Helplessness and powerlessness- “I can’t do this” • Worried others will think they are weird, unattractive, stupid • Worried will do something embarrassing • Fear of failure and rejection 	<ul style="list-style-type: none"> • Shaky, restless, or tired • Tense muscles • Shortness of breath, rapid heart rate, and/or cold and sweaty hands • Lightheadedness, blushing, trembling • Stomach pains, GI distress, headaches, dizziness • Fatigue, low energy 	<ul style="list-style-type: none"> • Screaming, crying (in anticipation of fear) • Sleepiness in school due to difficulty sleeping; nighttime fears or nightmares • Frequent arguing • Panic attacks • Avoidance • Procrastination • Giving up • School refusal • Indecisiveness • Irritability • Unable to speak in front of others • Perfectionism

TYPICAL CHILDHOOD FEARS

TYPICAL CHILDHOOD FEARS^{4, 14-18}

Typical childhood fears are common at different stages of child development. Childhood fears can be influenced by a child's experiences, culture, and environment.

0-2 YEARS	Loud noises, sudden movements, large or unfamiliar objects, separation, animals, the dark, and strangers
3-5 YEARS	Separation, masks, costumes, monsters, animals, the dark, sleeping alone, bodily harm or injury, thunder, and lightning
6-10 YEARS	Separation, burglars, kidnapping, bodily harm, illness, germs, insects, natural disasters, supernatural beings, death, friendships, school, and social performance
10-13 YEARS	Social status, physical appearance, friendships, bullying, school, social and athletic performance, tests, thunder and lightning, death, and insects
15-18 YEARS	Personal appearance, body image, sexuality, social relationships, moral issues and political concerns, future career concerns, school performance, family, and home issues

Younger children tend to have more fears about their physical well-being while adolescents worry more about their behavior, social relationships, and overall well-being. This is due to the child's physical maturation, developing sense of autonomy, and reliance on their peers.^{11,16,17}

If a child has been exposed to traumatic events, their fears may be a symptom of their trauma and can look different. For example, a two-year-old who is frightened by sudden movements and loud noises can be typical, but for a child who may have experienced trauma, this fear may be a symptom of their trauma. Examples of traumatic experiences may include but are not limited to divorce, exposure to violence, abuse and neglect, maternal depression, incarceration, and racism.

If you are concerned about your child, contact their medical provider or your local community health center.

WHEN DO USUAL WORRIES BECOME CAUSE FOR CONCERN?

Anxiety is an excessive worry or fear in relation to the situation or event. Anxiety impacts a child's activities of daily living. Anxiety can range from mild to severe for an extended period beyond 1-3 months. It can affect an individual's thinking, feelings, and behaviors.^{3,19} A child's experience and expression of emotions is influenced by their family and their cultural identities.

Sometimes it can be difficult to know when to seek help or support, especially if your child is not having signs or symptoms every day. However, when situations or events arise, and you are concerned that your child's reactions are intense and excessive, below are some questions to think about that may help you decide if your child would benefit from additional support or treatment.

SOME QUESTIONS TO THINK ABOUT:^{4,10,11,18}

- **Is this anxiety/worry usual for children/adolescents at this stage of development?** Is this anxiety/worry age appropriate?
- **Has anything happened or changed that may be contributing to the anxiety/worry?** Changes or transitions can be difficult for some children/adolescents and can worsen anxiety/worries until the child/adolescent settles in or adjusts to the new situation.
- **Is this a recent anxiety/worry or has it been happening for 1-3 months or longer?**
- **Does the anxiety/worrying seem extreme and does it happen frequently?** Is the child/adolescent's reaction intense when they encounter certain situations or events? Either situation can be cause for concern if your child is avoiding situations/events with school, family, or friends.
- **Is the anxiety/worrying affecting or interfering with the child/adolescent's daily activities?** At home? At school? With family? With friends?
- **How much time is taken up by anxiety/worrying?** Is the anxiety/worrying taking up a lot of your time as the caregiver?
- **Is the child/adolescent very self-critical and/or asks for a lot of reassurance?** Children/adolescents who struggle with anxiety/worries can be very self-critical and ask for a lot of reassurance from their caregivers. They usually ask: "What ifhappens?"
- **Is the child/adolescent often irritable, angry, crying, or having difficulty sleeping?**
- **Is the child feeling sick from anxiety/worrying?** Headaches? Stomachaches? How often is your child feeling sick? Do they go to see the school nurse often? Most children/adolescents have some days when they are not feeling well. These symptoms would occur consistently and may be present with other symptoms of anxiety.
- **Is the child/adolescent avoiding or refusing to go to school?** Are they avoiding other activities or events? Avoidance is a common way to cope with anxiety and worries, however, it is not a coping strategy that is useful when trying to lead a healthy, active life. There are ways to learn how to manage anxiety and worries so that they can feel safe going to activities, events, and school.

- **Are you concerned that your child/adolescent may be using substances or engaging in self-harm to manage the anxiety/worries?** Sometimes, engaging in self-harm and/or using substances is a method of coping. If you are concerned that your child/adolescent may be using these ways to cope, it is important to talk with their medical provider.

If you are concerned about any of these questions, contact your child's medical provider or local community health center.

HELPFUL STRATEGIES FOR CAREGIVERS

You can support your child to increase their ability to manage anxiety, solve problems, and establish helpful, realistic, and balanced thinking. Here are some strategies to try at home when your child needs help managing anxiety:¹⁸⁻²¹

- **Take a pause.** Notice how you are feeling. When you can identify your feelings, you will know when you are ready to help your child manage anxiety and model identifying feelings for your child.
- **Stay calm.** When your child is experiencing anxiety, it may be difficult to stay calm. However, this is the time to try to stay as relaxed as possible. Listening and talking quietly can help to reduce the anxiety and solve the problem by coming to a reasonable solution together.^{22,23}
- **Validate your child's emotions and model acceptance.**^{22,25} "It's okay to feel frustrated, we will work through this together. I can tell that this homework assignment is upsetting you. Let us take a break and then come back to it."
- **Try "scaffolding"**^{26,27} (summarized as: **I do, we do, you do**). "I'll do the first problem, then we'll do the next two together, then you will do the rest."
- **Help them check the evidence:** "When the fire alarm goes off, does your teacher tell you what you need to do? Has she always told you what to do when the alarm goes off? If she did not tell you, what would you do?" For older children, "Have you ever failed a test before? If you fail the test, will you fail the class? If you fail the class, how might you recover from that?"
- **Give realistic praise for effort vs. ability when your child confronts situations that are difficult.**²⁸ "I can tell that you tried really hard on this assignment" instead of saying "you're so smart!"
- **Acknowledge when a fear is real and state your child's ability to handle the situation.** "This is hard, but I know you can try your best."
- **Coping/previewing ahead.** Preview an anxiously anticipated situation. "Let's make a list of all the fun things to look forward to at the birthday party."
- **Help your child face their fears in bite-sized amounts.** "Let's go to the party for 15 minutes, and then check-in to see if you want to stay."
- **Praise their efforts to confront their fears.** "It was great that you asked your teacher for extra help with your assignment today."

- **Acknowledge and validate your child's feelings and provide supportive statements when your child expresses doubt** such as: "This is hard, and I have faith in you. Sometimes it is difficult, and I know you can try. I know you can cope with this. I have faith in your ability. You're a thinker, I know you can solve this problem."
- **Maintain high expectations while also being flexible.** Provide choice within limits.
 - i. "Please either take out the trash or wash the dishes."
 - ii. "You can do your homework in the kitchen or in your room."
 - iii. "You can either watch television/play video games for 20 minutes right after school, or right after dinner."
- **Reward brave behaviors with praise and sticker charts for younger children.**
- **Place limits on screens including social media- especially 30 minutes before bedtime.**
- **Take care of yourself as a parent/caregiver.**^{29,30} It is important to reduce stress and anxiety in your daily life. Practice your own stress reducing techniques such as eating well, getting enough sleep, being outside in nature, getting some exercise, and being with family and friends.
- **If you feel like you need additional support, contact your medical provider or local community health center.**

STRATEGIES THAT GET IN THE WAY OF REDUCING ANXIETY

Sometimes when anxiety gets intense, caregivers try hard to make it go away and their best intentions can get in the way of reducing the anxiety. **Try to avoid:**

- **Asking your child too many questions or asking why they feel the way they do.**²⁵ When your child is experiencing anxiety, the brain can have difficulty thinking logically and clearly, so answering questions and figuring out how they feel is not helpful in the heat of the moment.
- **Offering false or too much reassurance.**^{21,22,31} Stating that "everything will be fine" does not always ring true so it is best to stay with praising effort over outcome. "I know you have worked really hard on this."
- **Fixing the situation, taking over, or solving the problem without the child's input.**^{22,23,25} When your child is distressed, it is natural to want to solve the problem, but thinking it through with them and coming up with a solution together gives them some control over what happens, and they can feel ownership in solving the problem. "Let's take a few minutes to think about this and figure out what's the best way to find a solution together."
- **Being over attentive, critical, and inflexible.**^{31,32} When caregivers are worried about their child, they can become over attentive in situations where they think their child might become worried or anxious. Giving your child choices and setting reasonable limits can let them know that you have faith in their ability to manage and you will guide them when they need it rather than them feeling that they cannot follow through on a task that might be difficult for them.
- **Providing more assistance and help than needed or being overprotective from potential danger or distress.**^{22,31,33} Taking a step back and following their lead will help them to feel more in control. Try to let your child take the first or next step. If you are anxiously waiting, after a few minutes, ask your child what they think they should do next.

QUESTIONS FOR YOUR MEDICAL PROVIDER

It is always encouraged for parents and caregivers to ask questions about their child's behavioral health. Asking questions and engaging in a conversation about anxiety can help build a relationship and trust between parents and medical providers. A list of possible questions to consider asking is below. This is especially helpful for parents and caregivers who may be hesitant to talk to their medical providers about anxiety or for those parents and caregivers who may have been harmed by the medical system in the past.

SOME QUESTIONS YOU MAY CONSIDER:

- How do I know if my child has anxiety?
- How did my child get anxiety?
- Will my child's anxiety go away?
- How long will it take for my child to feel better?
- What can I do to help my child in the moment?
- What strategies are helpful for anxiety on a regular basis?
- What kind of treatment/support is available for anxiety?
- Is there medication for anxiety?
- How do I know what is healthy anxiety vs. concerning anxiety?

BEHAVIORAL HEALTH INFORMATION

If you are concerned that your child may be experiencing anxiety, the best thing to do is to talk to someone and get more information.

Your child's medical provider may be a good place to start. You could also talk with someone at your local community health center. These are both good places to discuss the behaviors you are seeing and get suggestions on next steps you can take. The suggestion may be for the family or child to talk with a behavioral health professional. Behavioral health providers are licensed to provide therapeutic and behavioral health services. They may be known as psychologists, social workers, or mental health counselors.

If you are looking to speak with a behavioral health professional, a list may be available from your medical provider, your local community health center, or your insurance company. For some families who have been subject to discrimination, trusting the established behavioral health system can be challenging. Families can also seek support from other sources that better align with their cultural beliefs and views of behavioral health. Other sources of support for some families can include elders, spiritual leaders, cultural brokers, or traditional and non-traditional healers.

BEHAVIORAL HEALTH RESOURCES

The websites below are helpful resources for parents looking to connect with a behavioral health provider. Please note some of the providers may require payment and/or may not accept your health insurance plan.

[Anxiety and Depression Association of America](#)

Provides information about anxiety, how to find help and support, and educational resources for children, teens, parents, educators, and mental health professionals. [Find a therapist directory](#)

[Better Help](#)

Online counseling platform with links to licensed therapists, advice, reviews, contact information, and frequently asked questions

[Good Therapy](#)

Provides information about mental health conditions, how to find a therapist, frequently asked questions about therapy, a directory of therapists, and information for mental health professionals

[Innopsych](#)

Provides a directory of therapists of color, professional resources for clients and therapists, and business coaching for therapists



[Psychology Today](#)

Provides a directory of therapists, information about mental health conditions, information about current topics, and tips for health and mental wellness

[Psychologist Locator](#)

Provides a directory to find a psychologist by name or by state

[SAMSHA-Substance Abuse and Mental Health Services Administration](#)

Provides confidential and anonymous source of information for people seeking information or services in mental health treatment facilities/agencies by city, state or zip code

[Social Work Therapy Referral Service-NASW Therapy Matcher](#)

Connects people with a licensed independent clinical social worker across MA only

[Talkspace](#)

Provides online therapy for teens ages 13-17 and adults. After taking a brief assessment a selection of therapists is recommended

[Zencare](#)

Provides a directory to find a therapist within 12 areas in the US and includes information about mental health conditions, therapy, and insurance

The local mental health center, cultural and/or faith organization in your community

CRISIS RESOURCES

If your child is experiencing a behavioral health emergency, you can contact these crisis numbers.

Crisis Text Line

Text HOME to 741741

National Suicide Prevention Lifeline

1-800-273-8255

24/7 available for deaf and hard of hearing, in Spanish

The Trevor Project – LGBTQ Youth

Text START to 678-678

24/7 1-866-7386

If you as a caregiver are feeling overwhelmed by parenting, you can reach out for support:

Parental Stress Line

1-800-632-8188

24/7 all languages available



COGNITIVE BEHAVIORAL THERAPY (CBT)

Treatment for anxiety should always be tailored to meet the unique needs of your child. Different children need different things. Behavioral health providers should always work with families to decide what their work with the child and family will look like. Cognitive Behavioral Therapy or CBT is a well-researched treatment that may be recommended by a behavioral health provider to reduce and manage a child's anxiety.³⁴ CBT has been used with different cultural groups and has been proven to reduce symptoms of behavioral health disorders.³⁵⁻³⁹

CBT examines how one's thoughts, feelings, and behaviors influence one another. CBT looks at how negative thoughts contribute to anxiety and how a person reacts in situations where they feel anxious. It can involve a child practicing relaxing their mind and body when they begin to feel anxious. Some strategies include box breathing, which is deep breathing envisioning the four corners of a square and 5,4,3,2,1, which is using the five senses to bring oneself into the present moment. Over time, CBT strategies can help a child to think through challenges more realistically and feel more confident in situations where they typically feel anxious.

INFORMATION ON MEDICATION

When CBT is not helping to lower anxiety and your child is still struggling, a behavioral health provider may recommend that your child obtain a medication evaluation to see if medication would help reduce symptoms of anxiety. Your child's medical provider may perform the evaluation or refer your child to a child psychiatrist or nurse practitioner who specializes in behavioral health. The literature tells us that medication and cognitive behavioral therapy used in combination to treat moderate to severe anxiety is more effective than CBT or medication alone.^{34,35,36,38,39} The decision to add medication to your child's treatment is a family decision. Any questions you have can be discussed with your child's medical provider.

For more information on anxiety, treatment, and medication in managing anxiety in children and adolescents you may download [Anxiety Disorders: Parents' Medication Guide developed by The Academy of Child and Adolescent Psychiatry and The American Psychiatric Association.](#)

SUPPORTS AT SCHOOL

QUESTIONS FOR TEACHERS

If you are concerned that your child's anxiety might be impacting their experience at school, talk with your child teacher(s) and school administrators. Below are some questions that caregivers may want to ask their child's teachers to learn more about their child's behaviors at school.

- How is my child doing in school?
- How are they doing academically?
- What is their behavior like in school?
- How are they doing socially with their peers?
- What has been done at school to support them?
- What can be done at home to support them?

SUGGESTED STRATEGIES AT SCHOOL

Teachers and school staff can help to reduce a child's anxiety by making some adjustments in the classroom.⁴⁰ These can include:

DIVERSIONS

- Taking a walk
- Taking space
- Coloring, drawing, doodling, writing⁴¹
- Reading
- Listening to music
- Thinking of a calming or enjoyable place

ENVIRONMENTAL CHANGES

- Visual schedule
- Use an agenda book or to-do list for older students
- Checklist with pictures for younger students
- Prioritize what needs to get done first



- Divide assignments into smaller segments
- Structure less demanding assignments at a better time of day if possible
- Structured breaks
- Alternative Seating – quiet setting with fewer distractions if needed⁴⁰
- Preferential seating when working with large groups or paired seating with a buddy⁴⁰
- Discreet signal for staying on task
- Extra set of books at home
- Supporting students with organizing desks, folders, and other materials
- Advance notice of changes in schedule, assignments, due dates, tests⁴⁰
- Buddy system⁴⁰
- Spending time in a calming corner or safe space

PHYSICAL/TENSION RELEASERS

- Deep breathing²¹
- Movement breaks⁴²
- Have them run an errand
- Stress ball, fidgets

SOCIAL

- Positive self-talk
- Positive affirmations
- Specific positive reinforcement
- Challenge negative thinking
- Frequent feedback on progress
- Talking to someone they trust

INDIVIDUALIZED EDUCATION PLAN (IEP) AND 504 PLAN

If your child's worries are impacting their ability to learn and/or their relationships with peers at school, talk with your child's teacher or administrator about having them evaluated for an Individualized Education Plan or an IEP.

A child is eligible to receive an IEP under federal and state laws if they meet certain conditions. With a parent or guardian's consent, a series of evaluations are administered to a child. If the results of the evaluation meet specific criteria, then an IEP will be developed for your child that details the supports and services that will be provided at school to meet the child's unique needs. If your child does not meet the criteria for an IEP, they may qualify for a 504 Plan. The 504 Plan outlines services or provides accommodations that remove barriers to learning and describes how a student will access information and learning. This can include structured breaks, a visual schedule, alternative seating arrangements, longer test taking time, and a social skills group to name a few.^{43,44}

APPS, BOOKS, AND WEBSITES

FREE APPS

Breathe, Think, Do Sesame

Caregivers can use this interactive app with their children ages 2-6 to teach skills of self-control, problem-solving, planning, and persistence (available in Spanish)

Available for [iPhone](#) | [Android](#)

Stop, Breathe, & Think

Guided breathing and mindful exercises to create wellness and peace of mind for kids, teens and young adults. Website includes a tab for kids and educators

[Website](#) | Available for [iPhone](#) | [Android](#)

iBreathe

Step by step guided breathing for sleep and relaxation for teens and adults

Available for [iPhone](#) | [Android](#)

Breathe2Relax

Teaches breathing for stress management with practice exercises and provides information on the effects of stress on the body for teens and adults

Available for [iPhone](#) | [Android](#)

Calm

Relaxation, meditation, and sleep stories which can be upgraded for a fee for teens and adults

Available for [iPhone](#) | [Android](#)

CBT Thought Diary

Log your mood and identify negative thought patterns to reframe thinking for teens and adults

[Website](#) | Available for [iPhone](#) | [Android](#)

Daylio

Bullet journal for tracking with mood diary and self-care activities for teens and adults

[Website](#) | Available for [iPhone](#) | [Android](#)

MindShift CBT

Provides interactive cognitive behavioral tools such as breathing, grounding techniques, coping statements, thought journals, audio recordings, healthy tips, mood tracking and goal setting for teens and adults

[Website](#) | Available for [iPhone](#) | [Android](#)



ASSOCIATIONS AND WEBSITES

[Anxiety and Depression Association of America](#)

Provides information about anxiety, how to find help and support, and educational resources for children, teens, parents, educators, and mental health professionals

[Mental Health America: MHA](#)

Provides information on mental health awareness, mental health conditions, wellness tools, peer support, how to find help and support, and advocacy for teens, adults, parents, educators, and mental health professionals

[Stressedteens.com](#)

Teaches mindfulness based stress reduction and provides tools and resources for preteens, teens, and young adults. Books, videos, and training for preteens, teens, young adults, parents and mental health professionals

[Child Mind Institute](#)

Provides family guides on various topics for parents, ask the expert, research, and resources on various children's mental health conditions and learning issues for parents, educators, and mental health professionals - available in Spanish

[National Institute of Mental Health](#)

Provides mental health information, research, education, and resources on how to find help and support for mental health conditions for parents, educators, and mental health professionals – available in Spanish

BOOKS FOR CAREGIVERS

[Growing Up Brave: Expert Strategies for Helping Your Child Overcome Fear, Stress, and Anxiety](#)

Donna Pincus, PhD

[Helping Your Anxious Child: A Step-by-Step Guide for Parents](#)

Ronald Rapee

[The Scaffold Effect: Raising Resilient, Self-Reliant and Secure Kids in an Age of Anxiety](#)

Harold S. Koplewicz, MD

[Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children](#)

John S. Dacey, Martha D. Mack, Lisa B. Fiore

[Anxiety Relief for Kids: On the Spot Strategies to Help Your Child Overcome, Worry, Panic, and Avoidance](#)

Bridget Flynn Walker, PhD

[Anxious Kids, Anxious Parents: 7 Ways to Stop the Worry Cycle and Raise Courageous and Independent Children](#)

Reid Wilson, PhD and Lynn Lyons, LICSW

BOOKS FOR CHILDREN AND ADOLESCENTS

AGES 5-8

[Don't Feed the Worry Bug](#)

Audi Green

[How Big Are Your Worries Little Bear?](#)

Jayneen Sanders

[Ruby Finds a Worry](#)

Tom Percival

AGES 6-12

[Master of Mindfulness: How to be Your Own SuperHero in Times of Stress](#)

Laurie Grossman

[What to Do When You Worry Too Much](#)

Dawn Huebner

AGES 12-18

[My Anxious Mind: A Teen's Guide to Managing Anxiety and Panic](#)

Michael A. Tompkins, PhD and Katherine A. Martinez, PhD

[The Stress Reduction Workbook for Teens](#)

Gina M. Biegel, MA

[The Anxiety Workbook for Teens](#)

Lisa Schab, LCSW

REFERENCES

1. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*, (5), 189.
2. Barlow, D. H. (2000). Unraveling the mysteries of anxiety and its disorders from the perspective of emotion theory. *American Psychologist*, 55(11), 1247–1263. <https://doi-org.ezp-prod1.hul.harvard.edu/10.1037/0003-066X.55.11.1247>
3. Mash, E. J., & Barkley, R. A. (2014). *Child psychopathology*, (3rd ed.). The Guilford Press.
4. Beesdo, K., Knappe, S., & Pine, D. S. (2009). Anxiety and anxiety disorders in children and adolescents: developmental issues and implications for DSM-V. *The Psychiatric clinics of North America*, 32(3), 483–524. <https://doi.org/10.1016/j.psc.2009.06.002>
5. Cartwright-Hatton, S., McNicol, K., & Doubleday, E. (2006). Anxiety in a neglected population: Prevalence of anxiety disorders in pre-adolescent children. *Clinical Psychology Review*, 26(7), 817–833. <https://doi.org/10.1016/j.cpr.2005.12.002>
6. Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(10), 980–989. <https://doi.org/10.1016/j.jaac.2010.05.017>
7. CDC. (2020). Data and statistics on children’s mental health. Centers for Disease Control and Prevention. <https://www.cdc.gov/childrensmentalhealth/data.html>
8. Bronfenbrenner, U. (1994). Ecological models of human development. *International Encyclopedia of Education*, 3(2), 37-43.
9. Brown, T. A., & Naragon-Gainey, K. (2013). Evaluation of the unique and specific contributions of dimensions of the triple vulnerability model to the prediction of DSM-IV anxiety and mood disorder constructs. *Behavior therapy*, 44(2), 277-292.
10. Huberty, T.J. (2004). *Anxiety & Anxiety Disorders in Children: Information for Parents*. National Association of School Psychologists (NASP). <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/mental-health-disorders/anxiety-and-anxiety-disorders-in-children-information-for-parents>
11. Mash, E.J., & Barkley, R.A. (2007). *Assessment of childhood disorders*, (4th ed.). The Guilford Press.
12. Martinez, K. G. (2019). Influences of Cultural Differences in the Diagnosis and Treatment of Anxiety and Depression. <https://Adaa.Org/Learn-from-Us/from-the-Experts/Blog-Posts/Consumer/Influences-Cultural-Differences-Diagnosis-And>. <https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/influences-cultural-differences-diagnosis-and>
13. Guarnaccia, P.J., & Rogler, L.H. (1999). Research on culture-bound syndromes: New directions. *American Journal of Psychiatry*, 156(9), 1322-1327.
14. Evans, D.W., Gray, F. L., & Leckman, J.F.(1999). The rituals, fears and phobias of young children: Insights from development, psychopathology and neurobiology. *Child psychiatry and human development*, 29(4), 261-276.
15. Laing, S. V., Fernyhough, C., Turner, M., & Freeston, M. H. (2009). Fear, worry, and ritualistic behaviour in childhood: Developmental trends and interrelations. *Infant and Child Development: An International Journal of Research and Practice*, 18(4), 351-366.
16. Westenberg, W.P., Drewes, M.J., Goedhart, A.W., Siebelink, B.M., & Treffers, P. D. (2004). A developmental analysis of self-reported fears in late childhood through mid-adolescence: Social-evaluative fears on the rise. *Journal of Child Psychology and Psychiatry*, 45(3), 481-495.
17. Weems, C. F., & Costa, N. M. (2005). Developmental differences in the expression of childhood anxiety symptoms and fears. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(7), 656-663.
18. Foxman, P. (2004). *The worried child: Recognizing anxiety in children and helping them heal* (No. 144). Hunter House.
19. Harrison, P. L., Thomas, A., & National Association of School Psychologists, (2014). *Best practices in school*

psychology. Bethesda, MD: National Association of School Psychologists.

20. Barlow, D. H. (2002). *Anxiety and its disorders: The nature and treatment of anxiety and panic*, (2). Guilford Press.
21. Ginsburg, G., & Kingery, S. (2007). Evidence-based practice for childhood anxiety disorders. *Journal of Contemporary Psychotherapy*, 37(3), 123-132.
22. Salloum, A., Andel, R., Lewin, A.B., Johnco, C., McBride, N.M. & Storch, E.A. (2018). Family accommodation as a predictor of cognitive-behavioral treatment outcome for childhood anxiety. *Families in Society: Journal of Contemporary Social Services*, 99(1), 45-55. <https://doi-org.ezp-prod1.hul.harvard.edu/10.1177/1044389418756326>
23. Hudson, J.L., Comer, J.S., & Kendall, P.C. (2008). Parental responses to positive and negative emotions in anxious and nonanxious children. *Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53*, 37(2), 303-313. <https://doi.org/10.1080/15374410801955839>
24. Ginsburg, G. S., Silverman, W. K., & Kurtines, W. K. (1995). Family involvement in treating children with phobic and anxiety disorders: A look ahead. *Clinical Psychology Review*, 15(5), 457-473. [https://doi.org/10.1016/0272-7358\(95\)00026-L](https://doi.org/10.1016/0272-7358(95)00026-L)
25. Pincus, D. B., Eyberg, S. M., & Choate, M. L. (2005). Adapting parent-child interaction therapy for young children with separation anxiety disorder. *Education & Treatment of Children*, 28(2).
26. Magno, C. (2010). The effect of scaffolding on children's reading speed, reading anxiety, and reading proficiency. *TESOL Journal*, 3(2), 92.
27. Frederick, M. L., Courtney, S., & Caniglia, J. (2014). With a little help from my friends: Scaffolding techniques in problem solving. *Investigations in Mathematics Learning*, 7(2), 21-32.
28. Dweck, C.S. (2008). The perils and promises of praise. *Educational Leadership*, 65(2), 34-39.
29. Affrunti, N. W., & Ginsburg, G. S. (2012). Exploring parental predictors of child anxiety: The mediating role of child interpretation bias. *Child & youth care forum*, 41(6), 512-517. doi:10.1007/s10566-012-9186-6
30. Murray, L., Creswell, C., & Cooper, P.J. (2009). The development of anxiety disorders in childhood: an integrative review. *Psychological medicine*, 39(9), 1413-1423.
31. Pincus, D.B., Santucci, L.C., Ehrenreich, J.T., & Eyberg, S.M. (2008). The implementation of modified parent-child interaction therapy for youth with Separation Anxiety Disorder. *Cognitive and Behavioral Practice*, 15(2), 118-125. <https://doi-org.ezp-prod1.hul.harvard.edu/10.1016/j.cbpra.2007.08.002>
32. McGinn, L., Cukor, K., & Sanderson, D. (2005). The relationship between parenting style, cognitive style, and anxiety and depression: Does increased early adversity influence symptom severity through the mediating role of cognitive style. *Cognitive Therapy and Research*, 29(2), 219-242.
33. Hudson, J., Dodd, L., & Bovopoulos, H. (2011). Temperament, family environment and anxiety in preschool children. *Journal of Abnormal Child Psychology*, 39(7), 939-951.
34. Walter, H. J., Bukstein, O. G., Abright, A. R., Keable, H., Ramtekka, U., Ripperger-Suhler, J., & Rockhill, C. (2020). Clinical practice guideline for the assessment and treatment of children and adolescents with anxiety disorders. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(10), 1107-1124. [https://www.jaacap.org/article/S0890-8567\(20\)30280-X/fulltext](https://www.jaacap.org/article/S0890-8567(20)30280-X/fulltext)
35. Compton, S. N., Walkup, J. T., Albano, A. M., Piacentini, J. C., Birmaher, B., Sherrill, J. T., Ginsburg, G. S., Rynn, M. A., McCracken, J. T., Waslick, B. D., Iyengar, S., Kendall, P. C., & March, J. S. (2010). Child/Adolescent Anxiety Multimodal Study (CAMS): rationale, design, and methods. *Child and adolescent psychiatry and mental health*, 4, 1. <https://doi.org/10.1186/1753-2000-4-1>
36. Higa-McMillan, C.K., Francis, S.E., Rith-Najarian, L., & Chorpita, B.F. (2016). Evidence base update: 50 years of research on treatment for child and adolescent anxiety. *Journal of Clinical Child & Adolescent Psychology*, 45(2), 91-113.
37. Hudson, J.L., Rapee, R. M., Deveney, C., Schniering, C. A., Lyneham, H.J., & Bovopoulos, N. (2009). Cognitive-behavioral treatment versus an active control for children and adolescents with anxiety disorders: a randomized trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 48(5), 533-544.
38. Walkup, J.T., Albano, A.M., Piacentini, J., Birmaher, B., Compton, S.N., Sherrill, J.T., Ginsburg, G.S., Rynn, M.A., McCracken, J., Waslick, B., Iyengar, S., March, J.S., & Kendall P.C. (2008). Cognitive behavioral therapy,

sertraline, or a combination in childhood anxiety. *The New England Journal of Medicine*, 359(26), 2753-2766. <https://doi.org/10.1056/NEJMoa0804633>

39. Wehry, A. M., Beesdo-Baum, K., Hennesly, M. M., Connolly, S. D., & Strawn, J.R. (2015). Assessment and treatment of anxiety disorders in children and adolescents. *Current psychiatry reports*, 17(7), 52.
40. Killu, K., Marc, R., & Crundwell, A. (2016). Students with anxiety in the classroom: Educational accommodations and interventions. *Beyond Behavior*, 25(2), 30-40.
41. Semple, R.J., Reid, E. F., & Miller, L. (2005). Treating anxiety with mindfulness: An open trial of mindfulness training for anxious children. *Journal of Cognitive Psychotherapy*, 19(4), 379.
42. Rasberry, C.N., Lee, S. M., Robin, L., Laris, B. A., Russell, L. A., Coyle, K. K., & Nihiser, A.J. (2011). The association between school-based physical activity, including physical education, and academic performance: a systematic review of the literature. *Preventive medicine*, 52, S10-S20.
43. U.S. Department of Education. (2000). Guide to the Individualized Education Program. <https://www2.ed.gov/parents/needs/speced/iepguide/index.html>
44. U.S. Department of Education Office for Civil Rights (2016). Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools. <https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf>

ACKNOWLEDGMENTS

Boston Children's Hospital Neighborhood Partnerships (BCHNP) is the school-based behavioral health program in the Department of Psychiatry and Behavioral Sciences at Boston Children's Hospital. This resource guide and documentary were developed as part of the Training and Access Project (TAP), an initiative within BCHNP. TAP provides professional development and consultation services to help build a school's capacity to support students' social, emotional, and behavioral health needs. In addition, TAP has a series of free online trainings that feature educators and school professionals sharing their own experiences and strategies in the classroom. To learn more about our program, please visit us at childrenshospital.org/BCHNP

We would like to thank the Manton Foundation, the Digital Federal Credit Union, and the Department of Psychiatry and Behavioral Sciences for their generous support in making this project possible.

We would like to thank the following individuals for their work in preparing this guide:

Authors: Karen Capraro MEd, LICSW, Maryanne Clinton, PhD, Andie Hernandez, MSW, MEd, Gisella Mendizabal, MA, LICSW, Molly Jordan, LICSW, Shella Denney, LICSW, PhD

Contributors: Maureen Burns, BS, BA, Courtney Teasdale, BS, Katherine Rossi, LICSW, Kathryn Moffa, PhD, Suzanne Costello, LICSW

Design: Priscila Paulino, MS