



All about children's anxiety

INTRODUCTION TO ANXIETY

The majority of children and adolescents who come to our service are anxious. Some have specific fears such as fear of dogs or the wind or heights. Some are anxious about making friends or doing well enough at school. Others are simply described as 'worrywarts'-worrying about all sorts of things like war, parents' health, unfamiliarity, and school performance. Learning, social, physical and emotional problems are all anxiety-provoking because they interfere with our most basic human goals – to become independent, and to connect with other people. When children think that they're not keeping up with their peers, that their relationship with a parent is threatened, or are not satisfying their parents' or teachers' expectations, they become anxious.

The causes of children's anxiety can crudely be divided into two kinds – those related to the brain of the individual, and those related to the world in which the individual lives. Some children's brains are wired in a way that makes them very sensitive to any signal of threat. These are the children who notice when little things have changed; don't like to try new things until they've learned about it; or feel overwhelmed by lots of stimulation. In contrast, other brains are wired in a way that makes them very adventurous. These are the children who take risks; act without thinking; and find it difficult to wait for things. Many kinds of neurological problems such as learning disabilities, genetic disorders, brain injury, and developmental disorders can also have a negative impact on a child's functioning. On the other hand, some children live in environments that can adversely affect their functioning. Parents who find it difficult to understand their children or abuse them emotionally or physically; being taught that the world is a dangerous place by an anxious parent; having the drive for independence hampered by overprotective or laissez faire parenting – each of these may increase a child's anxiety.

However, it is the mixture of a particular brain within particular environments that results in the particular degree of ease or difficulty in a child's daily functioning, and therefore, the level of anxiety. For example, a child with a genetic predisposition to be risk-taking may initially have relatively little control over her behavior. One child with this high risk-taking potential may be confronted by a parent who consistently puts appropriate limits on her behavior. Consequently, she learns about the cause and effect relationships between behavior and its consequences, and also learns how to control her potential. Another child with a similar level of risk-taking may meet an environment where the limits are absent or inconsistently enforced. This child may find it difficult to make the connection between dangerous behavior and its consequences, and may not learn to manage her behavioral excesses. The problems this causes for her are likely to make her anxious. Alternatively, a sensitive child who lives with an adventurous family may become more anxious as the family bluntly try to involve him in their activities. In another family where he is encouraged to try new things in stages, while being accepted for the strengths that being sensitive can bring, anxiety may not be a problem. Thus, there are multiple causes of children's anxiety, and it's important to understand those in order to be able to help children overcome the fears that interfere with their lives.

CHILDHOOD ANXIETY

Emma, 9 years, stiffens and freezes when meeting new adults. She is very quiet and shy in unfamiliar social situations, standing close and holding onto her mother. She experiences frequent abdominal pain with occasional vomiting and headaches before school and absences occur often. Birthday parties are attended only if her mother stays with her, and Emma is unable to stay at a friend's house overnight. Her parents are very worried, and at a loss to know how to help her. It seems as if talking and reassurances are endlessly required but do not appear to help in the long run. At school, Emma does not volunteer for roles where she may become the centre of attention, preferring a background position. She may even avoid entering the classroom when she believes she is late, and has avoided participating in school speeches and other performances. When her parents go out, Emma may lie awake until late when she hears them return.

This example represents a common small segment of symptoms from the spectrum of difficulties known broadly as anxiety. Anxiety (or worry) is an essential emotion – without it, we wouldn't be activated to defend ourselves or avoid dangerous situations. However, when the level of anxiety is out of proportion to the danger it is related to, and it prevents us from tackling or achieving our life goals, it becomes disabling.

The full range of anxiety problems includes a variety of behaviours, thoughts, and feelings. Some typical behaviours include hypervigilance and a strong startle response, checking behaviour, counting, repetitive questioning (for reassurance), tearfulness and clinging. Fears include writing or eating in front of others, the possibility of negative evaluation by others, contamination by germs, or difficulty in stopping persistent or repetitive thoughts. Other fears may be of specific objects or activities like dogs, spiders, elevators, heights, injections, flying. These are reasonably common across all sections of the population.

There are a range of physical sensations or physiological responses associated with the subjective experience of anxiety as well as typical thinking patterns. A few of the common physical sensations are dizziness, tightness in the chest or throat, racing heart, rapid breathing, nausea, perspiration, tingling in hands and feet, and muscle tension. These physical responses are caused by increases in hormone levels that accompany the perception of danger, and are commonly referred to as the "flight-or fight response". Unfortunately, the sensations themselves can cause further anxiety as the individual associates the sensations with danger, and so a cycle of anxiety begins with the typical behavioral response being avoidance of the feared stimulus. Some thoughts and behaviors include a sudden, unexplained and overwhelming feeling of dread, catastrophising about the likelihood of negative outcomes, a preference for the routine and familiar, and avoidance of change.

Why are some children more anxious than others? There are two particularly important factors associated with anxiety. First, a child's temperament may predispose him or her to being more sensitive to danger than other people. Temperament is a heritable, biologically based tendency to respond in particular ways. Thus, anxiety disorders are more common amongst the first and second degree relatives of those with anxiety or mood problems. Children may be described as cautious or dare-devil, on-the-go or laid-back, outgoing or shy – these are some ways of describing temperament. It has been suggested that up to fifteen percent of the population have a particularly sensitive temperament. Second, events in the environment (either inside or outside the child) can trigger an anxiety response. For example, consider the pressure that is sometimes placed on a child both



behaviourally and academically. Expectations of parents and teachers may be beyond the child's cognitive capacity or the stage of personality or emotional development, and can produce anxiety about not satisfying these important people in the child's life. Events such as parental or family conflict, loss, exposure to trauma, change or transition can also trigger severe anxiety reactions in sensitive children. Learning difficulties or other disabilities are associated with significant anxiety about failure and drive up general levels of anxiety.

Parental modelling can also influence the child's anxiety. Parents sometimes inadvertently allow their children to witness their own anxious behaviour, or overhear adult conversations that may contribute to the development of the children's anxiety. Children need to know that their parents can cope with life's difficulties in order to feel safe themselves. Importantly, the quality of the attachment relationship between parent and child will influence the child's capacity to manage his or her negative emotional states. It is parents who first teach the child how to self-soothe, how to reduce anxiety in fearful situations, and trustworthy parents pass on their own anxiety-management skills to their children. However, even with the best teaching, some children have temperaments that demand extra assistance in learning to cope with fear.

Programs for managing anxiety usually begin with behavioral strategies. Placing appropriate limitations on behaviours that contribute to anxiety can help. Overprotection, numerous reassurances, and over-control of a child's behaviour can increase undesirable and anxious behaviour. For example, not allowing children to engage in activities in which they could get hurt, such as sport or going on school camps; constantly drawing the child's attention to the dangers in the world with admonitions to "Be careful"; and becoming engaged in a child's talk about fear to the point that the fear becomes magnified and larger than it should be – these are ways that children's anxiety can be increased. Therefore, limiting behaviors such as frequent questioning for reassurance, too much talking about the fear, and avoidance of the feared object or situation can help to reduce anxiety. Frequent rewards for coping behaviour can be offered to build up the coping behaviors. Parents and children can work together to set up goals with rewards for the achievement of difficult tasks like making a speech in class, or even returning to school after a period of school refusal. The goal is broken down into steps that lead, incrementally, to the goal. Steps must be small and paced to maximise the possibility of success, and only one goal should be tackled at one time.

In Emma's case, her parents could encourage and reward independent activities and signs of coping. For example, breaking tasks (such as going to school in the morning) down into stages can help to identify those tasks that she does manage (and reward them) in order to build up her sense of mastery and confidence. Exposing her to fearful situations in small doses (visiting a friend for a short period of time initially and then extending it in manageable stages), coupled with coping strategies (slow-breathing; thinking about the positive aspects of the situation, knowing what help is quickly available if she becomes very distressed), can help to build up her store of successful experiences. Additionally, thinking about the worry as an intruder in Emma's life and in the family (and not some negative aspect of Emma's personality) can help Emma to join forces with her parents in the fight against anxiety.

Most often, common sense, education and behavioral strategies will result in improved coping. If not, professional assistance may be required. A clinical psychologist may engage the child (with parents as coaches) in a program of therapy that first clearly



identifies the child's fears and coping skills. Then the child's range of coping skills is expanded, with typical skills including muscle relaxation, slow breathing and self-talk. An important ingredient in the program is making the child aware of the role that thinking plays in anxiety, with the interpretation and response to feared situations. Thoughts like "I can't do this", "I'll get hurt", or "They'll think I'm dumb" have the effect of driving anxiety levels up, and may overwhelm coping skills so that a child will withdraw from the situation. Coping skills therapy for children needs to be fun, interesting and targeted to the developmental stage of the child.

In some cases, medication may be required to improve life for the child. Degree of distress, extent of impact and lack of success with other strategies may be indicators for the use of medication. The development of significant low mood or physical deterioration are also markers for considering a medical approach.

We are all genetically programmed to experience fear when faced with danger to a greater or lesser extent. Therefore, anxiety is a useful emotion, alerting us to the threat of danger. However, anxiety can become so pervasive that everyday life becomes disrupted. Children can be too anxious to do the exploring and experimentation that helps them learn about the world and make social connections. With some simple strategies, and in severe cases, professional help, children can learn to conquer their fears and enjoy the challenges the world presents.

THE FIGHT OR FLIGHT RESPONSE

When human beings think they're in danger, they have at least two different reactions – 'fight' or 'flight'. These behavioral responses are hard-wired in us, and we all respond in one or other way. So children's anxious behaviors may look quite different – some respond in the 'fight' mode and others in the 'flight' mode. Disruptive, oppositional, explosive, angry, and melt-down behaviors are in the 'fight' category – trying to overcome the source of the fear by force. Inattentive, clingy, withdrawn, reassurance-seeking, or shy behaviors are in the 'flight' category – trying to escape the source of the fear. Unfortunately, behaviors in the 'fight' category can be mistaken for anger as they look similar to angry behaviors. Some of the physical signs are also similar. Anxiety is often experienced as rapid heartbeat, shallow quick breathing, and discomfort in the abdomen and the first two of these are also associated with being angry. It's important to know the difference, because the way we react to anxiety is different from the way we react to anger.

While the principles of behavior-change are fundamentally the same, irrespective of the behavior one is trying to change, parents' responses to anxiety and anger are different. When parents perceive that their child is anxious, they become anxious themselves – there are few things that distress a parent more than thinking that their child is afraid. In this state, parents may loosen their management strategies in an attempt to take pressure off the child and ensure that they do not make the child afraid. This may have the paradoxical effect of making the child more anxious – as the parent withdraws control, the child feels less secure. In contrast, when parents perceive that their child is angry, they may be prompted to fight back – taking the child's antisocial behavior as a personal attack or feeling intimidated. In this state, parents may retaliate in kind, trying to halt the aggression with force. Obviously, if the child's 'fight' behaviors are motivated by anxiety, the parent's force is likely to increase the child's anxiety.



How do you tell the difference between an angry outburst and an anxious outburst? Given that anger is a normal human reaction to perceived injustice, and anxiety is a normal human reaction to perceived threat or danger, you may get an insight into the child's behavior by checking out the event that precipitated the outburst. Take the example of an 8-year old girl who has a tantrum because her 10-year old brother won't let her have a turn on the computer. She comes running to her parent, crying and yelling, "George won't let me on the computer", and it turns out that she has hit George with a ruler. She may be angry because she wants to play a game and she thinks it's unfair, or she may be anxious because she cannot finish her homework project on the computer and worries about the consequences of not finishing. In both cases, a parent will ensure that the child has fair access to the computer, but the quality of the parent's response is likely to be different in each case. In the case of the game-time on the computer, the parent may insist that the children themselves work out a time-sharing system, and in the case of the unfinished project, the parent may intervene to insist that the computer be preferentially available for homework. However, in both cases, there may be some consequence for hitting George, as a zero-tolerance attitude to aggression is important.

ANXIOUS HABITS

Another dilemma that faces the parents of anxious children is differentiating between fear of an imminent danger, and anxious behaviors that have more of a flavour of a habit than a fear response. For example, 6 year-old Jack becomes anxious about going to new places or doing new things. Visiting someone new, trying a new activity, or going away on holiday can elicit a tidal wave of questions and other reassurance seeking behaviors. The reassurance-seeking behaviors eventually become a habit for the reduction in anxiety they provide (much the same way that other kinds of habits may provide a brief pleasure). Although Jack gets a reassuring response each time, the quantity of his anxious behaviors don't reduce – sometimes they even increase. A habit may have been set up in which Jack is getting a brief reduction in anxiety by the act of seeking and receiving reassurance. Unfortunately, he doesn't learn to think differently about the situation, so the anxiety remains. In addition, he is receiving attention from his parents, which also increases the chances of the behavior happening again.

Sometimes, children make an association between a feared event and some neutral event which results in anxiety about the neutral event. For example, 12-year old Chloe became ill at school and vomited in front of her classmates, feeling humiliated. The next day, she was reluctant to go to school because she feared vomiting again, and her parents decided to keep her at home because she was so distressed. As the days passed, she became more and more reluctant to go to school, having now made the association between going to school and feeling humiliated, rather than vomiting and being humiliated. After a few more days, there was crying and screaming and eventual refusal to even get out of bed. Her anxiety had become associated with going to school, rather than with vomiting, and had taken on a life of its own. Chloe was trapped in a vicious cycle of worrying about going to school, experiencing the physical sensations associated with anxiety, interpreting these sensations as a sign that something was wrong, which led to an increase in the physical sensations, and so on. Her parents became more and more desperate, trying to convince her that she wouldn't vomit again, that people weren't thinking she was weird, and that she would be able to make up the missed work. Nothing seemed to work. It's also possible that she had discovered that staying at home was rather pleasant, with people being very nice to her and trying to make her feel better. Most children would try and prolong this



experience – remember that children will do whatever it takes to maximise attention from their parents. Obviously, the longer she stayed away from the school, the harder it would be to go back because the belief that going to school would cause vomiting wasn't getting a chance to be disproved.

For children, the first step is often to teach parents how to manage repetitive anxious behaviors in order to break the habitual aspect of the behaviors. Limiting questioning for reassurance and talk about the fear can reduce the anxious behaviors. Providing rewards for coping behaviour can help to build up the coping behaviors. Parents and children can work together to set up goals with rewards for the achievement of difficult tasks like coping with changes in routine or returning to school after a period of school refusal. Providing children with tools for coping with the unpleasant sensations of anxiety and catastrophic thinking can also be helpful in children old enough to learn these skills. Obviously, for parents to implement these strategies effectively, the relationship between parent and child needs to be positive.

RELATIONSHIP ANXIETY

Infants and young children are dependant on their parents for their very survival and are therefore born with the ability to engage in a relationship with a caregiver. It's not surprising, then, that children are sensitive to threats to the relationship, and can become very anxious about it. The relationship between parent and child is described as an attachment relationship, in which the parent (the attachment figure) provides a "safe haven" and "secure base" for the child. The child needs to be sure that the parent will be available and responsive when he needs comfort, nurturance or protection. Equally, the child needs to know that the parent will provide encouragement and support when she sets out to explore the world. Very early on, the child is highly tuned to his parent's reactions to him in terms of her facial expressions, tone of voice, physical touch and other nonverbal communications. (While I am using the female pronoun here, all of these points apply equally to male parents). The child senses when the parent isn't responding enthusiastically, when she is preoccupied and not giving the child her full attention, or when she is angry. These reactions make him anxious because they signal possible breaks in the relationship and therefore threaten his wellbeing, even his survival. He will make all sorts of attempts to engage her if she is withdrawn, or appease her if she is angry.

Carly is five years old and her mum, Susan, complains that Carly is very demanding of her attention and flies into a rage when Susan doesn't provide it. Susan tries hard to be patient but finds herself wanting to withdraw from Carly because she feels resentful of Carly's demands. There are a number of things that may have made Carly anxious about her relationship with her mother. First, Carly's temperament is naturally a bit highly strung – she doesn't take to change easily, she is difficult to soothe, and is quite emotionally intense. This can result in Susan feeling understandably frustrated or irritable with Carly at times, which Carly may sense as a rupture in their relationship. Second, Susan suffered with postnatal depression for about 8 months after Carly was born, making her feel tired and a bit emotionally withdrawn from those around her. Carly would have sensed that her mother was not always available or responsive to her needs. Third, Oscar's (Carly's 2-year old brother) arrival will have posed a threat to Carly's relationship with Susan, reducing her time with the older child. Again, Carly will have sensed some reduction in her mother's attentiveness. Fourth, Carly has recently started school which means that she has to



separate from her mother for fairly long periods of time while Oscar gets to stay with mum all day. This may be perceived by Carly as another danger sign for their relationship.

In order to reduce Carly's relationship anxiety, Susan can set up regular doses of "mummy medicine" – short, concentrated bursts of undivided attention – for Carly. In these daily play sessions of fifteen to twenty minutes, Susan needs to let Carly take the lead, and to become the attentive follower, not directing or instructing Carly, but simply watching and describing what she is doing in a warm and interested way. She will give Carly the message that she accepts her unconditionally, that she finds her interesting and valuable, and that she feels positive towards her. When she is reminded of this, Carly will be less anxious about her mother's ability to ensure her survival and love her. This will stand her in good stead as she sets out to build relationships with her peers. In the next article we will talk about social anxiety.

SOCIAL ANXIETY

If we accept that developing rewarding relationships with others is one of our most important life tasks, it is not surprising that we experience social anxiety when we think that others are not judging us positively. However, sometimes our anxiety about what others think of us is so intense that we avoid social interaction, and we can't practice our social skills or foster satisfying relationships. Social anxiety can be evident at all ages. For example, 9-month old Lucy cries when someone she doesn't know well approaches her, and she will not tolerate being held by anyone other than her immediate family. 3-year old Caleb attends preschool but does not join in any of the group activities. He stands to one side and becomes distressed if he is pushed to join in – even aggressive. 5-year old Gemma has always been described as 'shy' and has just started school. Her parents and teachers are extremely concerned because she refuses to speak at all when she is at school, although she will speak to her family at home. 9-year old James has become increasingly unhappy as he perceives that he is excluded from the social life of his peers. As a result, he is very reluctant to play with others at school, or ask them home to play. 14-year old Holly is a talented dancer, but becomes paralysed with anxiety when she is expected to perform in front of others. She struggles to attend social functions with her friends because she feels too uncomfortable to even eat or drink in front of others. 18-year old Graham is in his first year at university and has not been able to enjoy any of the social functions because he had a panic attack at the first orientation event. All of these young people suffer some degree of social anxiety, which in its extreme form, is a psychiatric condition known as Social Phobia. The problem is hallmarked by an intense fear of possible embarrassment or humiliation, and an avoidance of situations in which we might become embarrassed or humiliated. It is particularly important to recognise intense social anxiety early in a child's life, because, without intervention, it can progress to Social Phobia and other serious mental health difficulties in adolescence and adulthood.

As with all of our emotional reactions, there are two aspects to the development of intense social anxiety. One is the state of each particular person's nervous system, and the other is what they have learned about themselves and other people during their life experiences. So, a sensitive child (one who finds new things scary, is naturally cautious, may be easily overwhelmed by lots of stimulation) may have a tendency to avoid social situations due to the intensity of the emotional responses to being with other people. These children experience the physical aspects of anxiety such as a racing heart, abdominal discomfort or shortness of breath, and this experience may be so unpleasant that they will avoid



situations that get it going. It is important for parents to recognize this trait in their child and manage it well. She will need more support in social situations than a more 'happy-go-lucky' sibling. For example, teaching her coping skills like slow breathing, coping self-talk, and other ways to reduce anxiety needs to be combined with gradual exposure to feared situations – not an 'into the deep end' approach. As she discovers that simple situations can be tolerated and can be rewarding, her confidence will grow and she will be able to attempt more challenging situations. It is also important to reward all instances of coping, and not spend a lot of time and attention on repetitive reassurances. For very young children who are particularly clingy and struggle to interact with others, providing pleasant social experiences in the presence of a trusted adult will help to start the move to independent social interaction. For older children and adolescents, cognitive behavioral therapy has been shown to be an effective treatment.

PARENTING THE ANXIOUS CHILD

- Read all you can about childhood fears and anxieties. At certain ages children experience normal childhood fears.
- Try to avoid extremes, e.g., being too rigid, too permissive, too overprotective.
- Be aware of your own anxiety; try to model calm behavior.
- Encourage and reward independent activities.
- Expect physical symptoms when your child is stressed; don't overreact to them.
- Ask your young child to teach her doll or a stuffed animal to be more brave in order to help her conquer her own fear.
- Explain new situations in advance in a simple, friendly manner. You might try role playing to test out upcoming situations.
- Fears at bedtime can be helped by buying a child a new and specific stuffed animal, a "brave companion," which can help him not feel so scared at bedtime.
- Establish clear and regular morning and bedtime routines, and stick to them. Let your child use a night light, if that helps his fears. Children feel more secure with a well structured and predictable, but not overly rigid, daily routine.
- Be aware that apparent daydreaming and concentration problems at school may be caused by your child's preoccupation with fears and anxiety.
- Ask a librarian to help you choose books to read to your young child which address specific fearsome situations.
- Don't get involved in lengthy discussions about fears. Reassure your child that you are doing all you can to keep anything bad from happening. Role play with your child upcoming situations which may be likely to cause anxiety.
- Be open about and explain stresses on the family in simple terms with reassurances that the adults in the family will take care of things, e.g., a parent out of work, an impending move, a sibling experiencing serious problems. Children are sensitive to adult anxiety and may exaggerate situations which are not explained.
- Be honest and objective about family problems which might be causing your child to be fearful. Seek counselling for the entire family, if the problems are too complex to address within the family, e.g., parental abuse of alcohol, abusive behavior, marital problems, parental illness (mental or physical).
- Be aware that the object or situation your child identifies as the cause of his fears may only be a substitute for something he is hesitant to express, e.g., fear of "monsters" may really be a feared person; fear of "the dark" may really be fear of the arguing he hears from another room. Consider whether there are "family

secrets" which your child is afraid or not allowed to discuss openly. Seek counselling, if you find it too difficult to communicate with your child about his fears.

- Suggest your child write a story or draw a picture of scary things and look for clues to help you understand him better. An older child might write a letter or in a journal.
- Extreme preoccupation with death or dying or other morbid subjects may be a sign of depression and should be evaluated by a professional.

PARENTS CAN ENCOURAGE NON-ANXIOUS/ COURAGEOUS BEHAVIOUR THROUGH.....

- **Attention** – Attention (both positive and negative) is very reinforcing. Children are fast learners and will quickly identify what behaviours gain them attention, and which do not. The basic principal to remember is....

‘paying attention to a behavior increases it,

removing attention from a behavior reduces it.’

- **Praise** - Praising appropriate behaviours (i.e. non-anxious/courageous) is very important. Often parents fall into the trap of just commenting on the negative behaviours and ignoring when children are behaving well. If you remember how influential attention is, you can see how problematic this tendency could become. When praising behaviour, you need to be clear and concrete about the specific behavior that you are praising them for.
- **Modeling** - Children learn from what they see. This is often very subtle, and you may not be aware that your child is watching and taking note. Think about your own reactions to anxiety provoking situations. If you have difficulties in coping with anxiety, it is important that this is acknowledged and managed, so that your child is exposed to an appropriate model for how to deal with worries and fears.
- **Promoting independence** – It is very important that your child learns to become independent in order to overcome their anxiety. They need to learn to fight their own battles, without a parent coming immediately to the rescue. They need to make their own mistakes to learn from these. We acknowledge that it is often hard for parents to stand by while this happen, but it is critical for your child to face their fears full on. **Remember,.....support and guidance is important, rescuing is not!**
- **Rewards** should be used to reinforce good behavior. This can be in form of material things, activities and praise. Rewards needn't be expensive, and should be proportional to the achievement or behavior change. One of the most potent rewards that you can give is spending more time with your child, doing something that they like doing.

PARENTS CAN DISCOURAGE ANXIOUS BEHAVIOURS THROUGH.....

- **Being consistent-** It is important that you try to manage your child in a consistent manner. He/she needs to learn that certain behaviors lead to desirable consequences; and others lead to undesirable consequences. In this way, you can help shape your child to behave more or less anxiously. Some ways in which we



can be less than consistent are: the use of empty threats (i.e. when we don't carry through our stated intentions); when we accidentally reward a child for being naughty (e.g. giving in to whining or crying); and using vague instructions (i.e. your child needs to know exactly what it is that you want them to do or not do). It is important that your child understands which behaviors you consider to be appropriate and which behaviors you do not. You need to discuss this with your partner, and both take a consistent approach on this. For example, take a child who is frightened of going into a shop. If one parent is firmly but gently urging the child to go to the shop themselves, and other partner agrees to go to the shop for the child, this results in a mixed message for a the child, and an easy escape for the frightened child. As a result, the fear is reinforced, not reduced.

- **Avoiding excessive reassurance-** Your child needs to learn to be self-reliant in dealing with their fears, rather than relying on parental reassurance for comfort. The problem with giving too much reassurance is that the child regards a feared situation as being OK to enter because a parent assures them that they will be OK, not because they truly believe the situation to be safe for them. It is OK for parents to use reassurance to reinforce the notion that they believe their child has the personal resources (e.g. courage and other relevant abilities) to see them deal with a fearful situation effectively.
- **Keeping emotions in check** - Parenting becomes less effective when you are emotional (e.g. angry, anxious etc.). This is because we are less consistent at such times. It is best to recognize these times and try to withdraw from the situation, until you are able to think and behave calmly and consistently. Taking time out (e.g. call a friend, going for a walk etc.) is a good idea. Remember to make use of your social supports at these times. Get you partner, other kids, grandparents and friends to spend time with your child.
- **Using TimeOut** - This is the best form of 'consequence', especially for younger kids. They do not need physical punishers. Again, use very consistently. Do not just threaten – carry through. The terms of time-out need to be carefully explained to the child – exactly why time-out is necessary and for how long.