



Small Steps

An Anxiety Awareness Guide

For Parents



Small Steps is run by WayAhead - Mental Health Association NSW, funded by The NSW Mental Health Commission.

Wayahead.org.au

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Introduction

WayAhead provides information and support to people with anxiety disorders, their carers, family and friends. Small Steps: An Anxiety Awareness Program for Primary Schools, grew from what we saw as an increasing need for awareness of anxiety disorders experienced by children.

Research has found that over a one-year period between 8-10% of children can experience difficulties with anxiety which significantly affect their day-to-day functioning. Studies indicate that anxiety disorders typically start in childhood, and these children may continue to experience problems in adolescence and early adulthood. They may perform less well than other children in their academic and social life. They are also considered to be at greater risk of developing depression and turning to drugs and alcohol when they reach adolescence and early adulthood.

Studies are now beginning to support the effectiveness of early treatment for anxiety in children. Recent studies have shown that between 80-95% of children who participate in cognitive-behaviour therapy programs that treat anxiety no longer experience debilitating anxiety. Furthermore, children appear to continue to benefit from treatment 6 years after its completion. Research suggests the benefits of early intervention are two-fold: a child is taught how to cope with their anxiety and manage anxiety provoking situations in the present, thereby reducing the chance of development of anxiety disorders and the associated difficulties in the future. The Small Steps seminar aims to improve rates of early recognition and intervention for children experiencing problematic anxiety.

This booklet sets out the most common anxiety disorders children experience and helps alert parents to symptoms their child may exhibit if they are experiencing an anxiety disorder. It also provides information on where appropriate treatment can be sought.

The booklet is designed as a resource guide and should not be used as a diagnostic tool or a substitute for professional treatment. If you are concerned about your child's anxiety, you should contact your GP or mental health professional. He/she will then advise on the most appropriate course of action.

If you have any questions about the content of this booklet, please phone the Officer at WayAhead, Mental Health Association NSW on (02) 9339 6003. For more information about Small Steps, email smallsteps@wayahead.org.au or phone (02) 0330 6003.

Anxiety in Children

Everyone experiences anxiety from time to time; it is a normal and natural response when we feel under threat, or when something frightening is about to happen. It is normal for children to feel anxious or fearful about a variety of different things during their development. After all, children are confronted with all sorts of new experiences and challenges as they grow up and learn about the world around them. In most cases these fears are transitory and do not significantly interfere with a child's academic, social or family life. Some common anxieties of different childhood developmental stages are outlined below. Children may continue to fear something from early childhood (thunderstorms, for instance), if they haven't had chance to encounter what they fear in a neutral or safe way, or to learn through experience that what they fear is not particularly harmful or threatening to them.

7 months to 3 years: Fear of strangers, animals, separation, loud noises, large machines such as the vacuum cleaner or lawn mower

3 years to 8 years: Fear of animals/insects, the dark, separation from parents, supernatural beings such as monsters, thunder and lightning, sleeping alone, "bad" people

8 years to 12 years: Supernatural concepts, the dark, bodily injury, heights, getting lost or trapped, burglars, doctors/dentists, death and dying

12 years to 14 years: Fears revolve around social or evaluative situations, e.g. being teased or rejected by peers, being embarrassed, dating, giving oral reports, taking tests, fear of death or physical injury

For some children fears and anxieties become more than just a phase, having a significant impact their schooling, friendships, and family life. The list below includes behaviours typical of children with problematic anxiety:

- Avoid trying new things even when safe or fun
- Upset by normal changes such as breaks from routine or taking risks
- Easily upset
- A tendency to highlight the negative consequences of any situation, e.g. "All the kids will hate me", or "Mum and Dad will have an accident and die"
- Avoid situations or objects they fear, e.g. a child with social anxiety may avoid attending parties or participating in group activities
- Frequent physical complaints such as feeling sick, having a lump in their throat, or sore shoulders from muscle tension
- Ask many unnecessary questions and require constant reassurance
- Hard to separate from parents, e.g. Avoiding school camps due to separation fears ("homesickness")
- Clingy to a parent in situations outside home
- Worries about school regularly despite being in routine, for example, at the beginning of each week
- Tries to avoid unfamiliar situations or endure them with significant difficulty
- Frequently ask 'what if...?'
- Perfectionistic, taking excessive time to complete homework
- Difficulty falling asleep, or waking during the night needing comfort from parents.

How do I know if my child needs help with their anxiety?

Generally professional help should be sought if a child's anxiety is causing them significant unhappiness, if it seems like they should have outgrown their fear, and/or if it is interfering in their schooling, social or family life. Listed below are key indicators for problematic anxiety:

- a. Significant interference in day-to-day life:** Anxiety becomes problematic when it significantly interferes with, or prevents, daily activities typical of childhood. For instance, excessive time on homework tasks for fear of getting things wrong, avoiding staying at friends' places out of anxiety on being away from home, or regularly feeling so anxious that attending school is a battle. Significant interference could also look like frequent avoidance of multiple tasks and routines of childhood such as swimming lessons, needing to sleep in a room with someone else, or getting little sleep due to worrying.
- b. Age inappropriate:** Another indication that anxiety may need to be treated is if the child seems too "old" for the fear. For example, children of 6 or 7 years having strong separation anxiety. Separation anxiety is typically of children between 1 and 5 years. If a child is still routinely highly anxious on separating at 6 years of age or older, they may have an anxiety disorder.
- c. Significant distress:** Facing the anxiety-triggering situation causes significant upset, such as crying, pleading, clinging, complaints of physical aches and pains, or meltdowns.
- d. Length of time:** Duration of a child's anxiety is important to consider. Has your child been displaying anxious behaviour for quite sometime, and has their anxiety been fairly constant? For example, if your child was anxious several days before camp, but managed to go and was fine once they got there, it's unlikely they would require treatment for their anxiety. However, if the anxiety about camp was present for months prior, and led to missing out on camp or coming home early, this could indicate that they have significant difficulty managing their anxiety and may benefit from professional anxiety support.

Professional support for children with anxiety disorders

Anxiety is highly treatable. Research indicates that the most effective treatment for anxiety disorders is Cognitive Behavioural Therapy (CBT). CBT is a skills-based therapy, teaching children how to face their anxieties while showing them how to challenge thoughts that lead to anxiety. CBT is a short-term therapy (around 12 weeks) which typically consists of:

- Learning about anxiety and what causes it
- Learning relaxation skills
- Realistic thinking skills
- Problem solving skills
- Gradually facing the fear/anxiety
- Child anxiety management strategies (taught to parents)

Social skills training and assertive skills training may also be of benefit, depending on the focus of a child's anxiety.

CBT is not a cure for anxiety but will teach practical skills to enable a child and their family to manage their symptoms better. Professional treatment for children with anxiety disorders will help them to get on with the tasks of childhood - learning, making friends and having fun.

Common anxiety disorders

Separation Anxiety Disorder

Separation anxiety is normal in young children, aged 9 months up to 5 years. Separation anxiety disorder can be diagnosed when a child's separation anxiety is much higher than what is typical for their age, and when it significantly interferes in day to day life.

What it looks like: A child with separation anxiety disorder becomes very upset, at a level much higher than what's typical for their age, on separation or anticipation of separation from their parent or home, over a period of at least four weeks.

In addition, children with separation anxiety disorder may:

- Worry excessively about themselves or others being harmed (e.g. kidnapped)
- Refuse to leave the home for school or other outings
- Fear being alone or without parents
- Refuse to sleep away from home or reluctance to go to sleep alone
- Have nightmares regularly about separation themes
- Complain of physical discomfort (e.g. tummy aches) when a separation is expected.

The onset of this disorder is usually between 7 and 9 years, and 12 and 14 years, and affects 2-3% of children. It often occurs fairly abruptly among children who previously had no problems with separation. Sometimes a serious life event, such as a death in the family, or divorce, will precede onset of this disorder.

Other possible symptoms:

- A need to know the whereabouts of caregiver at all times
- Feeling miserable when away from home (may say they are homesick).

Social Anxiety Disorder

Social anxiety disorder typically begins in late childhood or early adolescence. Often there is a history of shyness, and this worsens as children become more socially aware as they enter adolescence.

What it looks like: Extreme shyness. Children with this disorder have high anxiety about being in social situations because they are afraid of being embarrassed, and of what others think of them. They are concerned they will make themselves look silly or stupid, and will avoid situations in which they have to mix with others or be the centre of attention. While all adolescents are concerned about what others think, those with social anxiety disorder have high levels of social avoidance, or engage in activities in social situations in an attempt to avoid judgment (for example, sit in a corner and occupy themselves with their phones). They may worry that others will notice their anxiety, and may hover around or cling to a parent in social situations. Young children may not be able to speak in social situations. Children with this disorder experience shyness around children their own age, not just adults. These symptoms must persist for at least 6 months, and cause significant disruption to every day life, for this disorder to be diagnosed.

In addition, children with social anxiety disorder may avoid:

- Birthday parties
- Answering the telephone
- Buying things at the shops
- Playing with other children
- Eating or writing in front of others
- Other age-appropriate social activity.

Other possible symptoms:

- Complaining of physical aches and pains, such as tummy ache, before social activities
- Tantrums, meltdowns, or crying in an attempt to avoid social situations.

Generalised Anxiety Disorder

Generalised anxiety disorder is marked by worries that are out of proportion, or occur when “nothing is wrong”. This disorder typically starts once a child has the ability to think about hypothetical scenarios (around 7 or 8 years, but possibly younger). A diagnosis of this disorder may be made if the symptoms last for more than 6 months.

What it looks like: Children with this disorder tend to worry about a broad range of issues. More common worry topics in children include school achievement, sporting performance, natural disasters, someone (themselves, a family member) getting sick or injured, and the future. A child with this disorder will typically envisage the worst case scenario.

In addition, children with this disorder may:

- Frequently ask “what if...?” questions
- Seek reassurance over minor issues and details
- Worry excessively when there’s a change in routine (e.g. going on an excursion)
- Be perfectionistic
- Check they are doing the right thing
- Experience restlessness, become tired quickly, have difficulty concentrating, experience irritability, complain of aches and pains, difficulty sleeping.

Other possible symptoms:

Sweating, nausea, diarrhoea, rapid heart rate, shortness of breath, dizziness.

Specific Phobias

A specific phobia is an intense fear of a particular object or situation. For a diagnosis to be made, the fear needs to cause significant interference in day-to-day routine, and last for more than 6 months.

What it looks like: Intense anxiety that is out of proportion, and attempts to avoid the feared object or situation. In children this may look like crying, pleading, clinging, meltdowns or tantrums in an effort to avoid the feared object or situation. Common phobias in children include fear of dogs, water, heights, injections, and insects.

Phobias are different to normal developmental fears. Certain fears arise at specific ages in most children (e.g. fear of the dark). These fears tend to disappear as the child grows older. The difference between a normal developmental fear and a phobia is the degree of interference it causes. A child who has a specific phobia will experience intense fear when confronted with the object/event.

Other possible symptoms:

- Unrealistic perception of the feared object, e.g. for a phobia of bees, "Bees want to sting me!"
- May ask many questions ahead of time to try and determine whether they will be put in a situation where they may be confronted with the object of their phobia.

Post-traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) involves a severe and ongoing emotional reaction, which includes elevated anxiety, in relation to a traumatic or life threatening event that a child (or adult) experienced, witnessed, or someone close to them witnessed and which the child subsequently learned about. Not all children who have the above experiences will develop PTSD. A child who did not show extreme distress at the time of the event can still develop PTSD.

What it looks like: A child with PTSD may report feeling they are re-experiencing the traumatic event. They may attempt to avoid objects, events, or situations that remind them of the traumatic event. They may experience nightmares and flashbacks, and be easily startled.

Some children may become easily upset and revert to immature behaviours such as thumb sucking, bedwetting, clinging or tantrums. Young children may re-enact the event through play, or display more limited play activities. Older children may report feeling numb. Symptoms usually appear within 3 months of the event but some children may not react for several months or years later. To be diagnosed, generally symptoms need to be present for more than one month. PTSD can affect children and adults of any age.

In addition, children with PTSD may experience:

- Avoidance
- More frequent low mood and negative thoughts
- Social withdrawal
- Extreme temper tantrums and anger outburst
- Reckless or self-destructive behavior
- Poor concentration
- Hypervigilance
- Sleep disturbance

Obsessive Compulsive Disorder (OCD)

Obsessive compulsive disorder is characterised by persistent thoughts, impulses, or images that are intrusive, inappropriate, and cause distress or anxiety; and compulsions, which are repetitive behaviours (e.g. hand washing, checking) or mental rituals (e.g. counting, repeating words silently) that are performed to reduce anxiety, and not because the child (or adult) enjoys doing them. Compulsions are either clearly excessive or are not reasonable. For example, a child has a persistent fear that a someone will break in, so they excessively check the locks and windows over and over again.

What it looks like: Fears of germs, contamination, harm and danger, alongside actions intended to reduce the fear, such as washing, reassurance seeking, or checking of safety. Common compulsions and rituals include washing and grooming rituals, repeating, retracing or redoing actions, touching, tapping, checking, counting, or ordering and arranging things until they feel “just right”.

NB: Children may do things over and over again at times during their development in order to learn them, or to give them structure. For instance, parents often experience their child asking them to read the same book over and over, or kissing them goodnight in a prescribed way.

Rituals and OCD-like behaviour is considered a problem when it consumes an hour or more each day, or causes interference with daily activities, or causes distress for the child, over a period of at least 6 months. However, if your child does not strictly meet this criteria but you are concerned that they may be experiencing OCD, seek advice immediately, starting with a GP who understands mental health issues.

The difference between non-OCD habits and OCD habits is that if the ritual were stopped or prevented for a child without OCD, they would probably experience minor upset. However, in the same situation a child with OCD would experience intense and excessive distress.

Non-OCD and OCD habits compared

Non-OCD Habits	OCD Habits
Not overly time-consuming	Time-consuming
Child wants to do them	Child feels like he/she has to do them
Enhance efficiency or enjoyment	Disrupt routine, take on a life of their own
Create a sense of mastery	Create distress, dread, or frustration
Appear ordinary	Appear bizarre or unusual
Can be skipped or changed without consequence	Cause great distress; if interrupted child must start over
Become less important over time	Become increasingly inflexible and elaborate over time
Performed for the sake of the activity itself; comforting but has no visible connections to feared situations or superstitious beliefs	Connected to a web of feared consequences, are performed to prevent harm, or due to other superstitious belief

Risk factors for anxiety in children

Genetics

Research has shown that anxiety tends to run in families, with a genetic component playing a sizeable role. Children inherit a temperament or personality style from their parents. Children with a more anxiety-prone temperament tend to withdraw and express fear in unfamiliar situations from an early age, and appear shy around strangers.

Parenting style and child interaction

Parental overprotectiveness has been associated with increased anxiety, for example, a parent anticipating their child's fear and then protecting them from it. When this occurs, the child misses the opportunity to approach their fear, resulting in anxiety about it remaining high.

Overprotection can also teach the child that the world really is dangerous and that they cannot handle their fears on my own.

Observational learning

Children learn through observing others. Parental modelling of anxious or avoidant behaviour has been associated with increased risk of anxiety disorders. Adults with anxiety disorders are more likely to have children with anxiety disorders.

Childhood adversities and stressors

Significant negative experiences in childhood (for example, loss of parents, parental divorce, physical and sexual abuse) are associated with all mental disorders, including anxiety. If your child experiences a significant stressor, expect them to be upset by it, but if their general level of stress remains high more than 6 months after the event, professional mental health treatment may be warranted.

How anxiety affects the brain, body and behaviour

Anxiety affects thoughts (the brain), body, and behaviour. Anxiety affects thoughts by directing attention to the potential negative and undesirable outcomes of a situation. As a result of this focus on negative consequences dread, trepidation and worry arise. These worried thoughts then stimulate a bodily response.

The fight-flight response is the bodily response to anxiety. It can be a very powerful and overwhelming bodily response, functioning to ensure the body mobilises quickly, preparing it to either confront or flee from the perceived threat. The fight-flight response is physiologically controlled by the sympathetic nervous system which releases adrenalin and other hormones into the blood. When a threat is perceived, the release of adrenalin increases. This results in a range of physical symptoms including heart palpitations, a rapid pulse, stomach aches, nausea, muscle tension, headaches, shallow breathing, cold sweats. Someone can be said to have a panic attack when four or more of these physical symptoms arise and become intense very quickly (within several seconds).

Behaviour refers to a person's actions in response to anxiety. The most common behaviour in response to anxiety is avoidance. If a child must confront the fear, they may show signs of stress such as fidgeting, seeking of reassurance, crying, reluctance to participate, procrastination, poor concentration, or become edgy or irritable.

Strategies for helping anxious children

The strategies below can be used to help children when they're showing anxiety. If your child's anxiety is extreme, or they have an anxiety disorder, support from a mental health professional is recommended. The strategies below should not be used as an alternative to professional treatment.

- Reflect on your anxiety for your child - if it is high, your child will have difficulty managing their own anxiety. Find ways to bring your anxiety down before attempting to support your child through theirs
- Provide calm and assertive support and encouragement when your child is trying to be brave
- Avoid making a big deal over your child's anxiety (e.g. continually asking if they're okay)
- Encourage independent problem solving when your child comes to you for reassurance. For example, "I can see you're upset - what can you do to help you feel better?" Remember to praise when they come up with a (helpful) answer
- Model problem-solving behaviour, and model approaching your own worries and problems. Your child will learn through observing how you approach challenges and worries
- Consider trying to give your child an empathic yet firm response when they're anxious. An empathetic response might involve telling your child that you know they are scared, in a calm and understanding manner. Being firm might look like telling your child you still expect them to face their anxiety. Follow through by avoiding rescuing them
- Maintain normal discipline as much as possible even when your child is anxious to avoid children perceiving that being anxious makes breaking rules okay
- Let your child know you are proud of them when they approach their fears and challenges. Ensure you tell them why you are proud - "You slept in your room all on your own. I'm proud of you!"
- Help anxious children to challenge thoughts that cause anxiety. You may need to help your child figure out what they're anxious about. The next step is to ask your child to think about how likely their worries are. The best types of evidence include past experience. Questions to ask might include: What has happened before in this situation? What general things do you know about this situation? What else could happen in this situation? Based on the evidence the child has gathered, help them re-evaluate the worried thought, and consider whether it really is worth as much worry as they were giving it. Remember, this exercise is about realistic thinking, not positive thinking. This means that there will be some occasions where a worried thought is actually the more likely one. If this is the case, helping them to problem-solve how they'd cope may be helpful
- Practise relaxation as a family (this can benefit parents and siblings too!) Children who have relaxation skills can use them to calm themselves independently. If you are planning on teaching children relaxation skills, you need to practice them regularly (several times a week). There are resources available online for relaxation exercises suitable for children
- Look for experiences that will build your child's independence and self-reliance/confidence,
- e.g. Giving them responsibilities or tasks that push them a little outside their comfort zone
- Talk to your child about their fears in a patient and non-judgemental way. Acknowledge that everyone gets scared at times. You may like to use their favourite cartoon characters or your own experience of a similar fear you / they had and how you / they overcame it
- Avoid tell children 'act their age' or 'snap out of it' in a bid to get them to face their fears, as it generally doesn't work well, and can lead to them feeling shame about their anxieties

- Show confidence in your child's ability to cope with their difficulties and anxiety
- Before intervening to rescue a child from a situation that makes them anxious, ask yourself "What's the worst that could possibly happen if I don't intervene here?"
- Encourage your child to face their fear gradually (avoiding fears only makes them greater!). You can do this by simply encouraging them to do small things they normally wouldn't, for example, buying some lollies at the shop if they are anxious about what others think of them.
- Ensure other adults in the child's life understand the child's anxieties and know how to support them effectively
- Become informed about anxiety disorders by reading books, watching educational videos/DVDs about anxiety, browsing the web, contacting information services
- Remember; if you feel your child is struggling with anxiety enlist the help of your GP or a specialist practitioner.

Referral Information

If your child is having problems with anxiety, start with an appointment with a GP who understands mental health.

General Practitioner

A GP is often a good starting point for accessing services for children experiencing problematic anxiety. They can often refer to an appropriate professional (e.g. psychologist or psychiatrist) within the local area. Fees for visits to registered psychologists and psychiatrists, with a referral from a GP, may be eligible for a Medicare rebate under the Medicare Better Access Scheme. Please speak to your GP for more information, or visit the website of the Australian Psychological Society www.psychology.org.au for more information about the Medicare Better Access Scheme and psychologists.

Psychologists

Contact the Psychology Database on 1800 333 497 or visit www.psychology.org.au. This database is run by the Australian Psychological Society and provides information on psychologists in your area that treat anxiety in children. They will require that you are specific about what you are looking for i.e. psychologists that treat 'anxiety in children' or 'OCD in children'.

Community Health Centres and Child, Adolescent and Family Teams

Your child may be eligible to receive treatment from the Child and Youth Mental Health Service in your area. Phone your Area Health Service (numbers listed below) to find the location of the nearest Community Health Service or locate their nearest service on the Internet at www.health.nsw.gov.au/services/.

Northern Sydney/ Central Coast AHS	(02) 9462 9955
Sydney South West AHS	(02) 87386000
Sydney West AHS	(02) 9845 5555
South Eastern Sydney and Illawarra AHS	(02) 9540 7756
Central Coast	(02) 4320 2111
Illawarra Shoalhaven	(02) 4221 6899
Nepean Blue Mountains	(02) 4734 2000
Sydney	(02) 9515 9600
Greater Western AHS	(02) 6841 2222
North NSW AHS	(02) 6620 2100
Far West	(02) 8080 1333
Mid North Coast	(02) 1800 726 997
Mental Health Line	1800 011 511

University clinics that treat anxiety in children

Some of the major universities run psychology clinics where intern psychologists are trained under close supervision. Most offer group or individual treatment at a fraction of the cost of fully registered psychologists. Some clinics are also able to negotiate the fee in the case of financial hardship. Clinics based at universities that offer services for anxious children are listed below.

Centre for Emotional Health, Macquarie University	(02) 9850 8711 centreforemotionahealth.com.au
University of Western Sydney Psychology Clinics	(02) 9852 5288
University of NSW Psychology Clinic, Randwick	(02) 9385 3042 www.clinic.psy.unsw.edu.au/clinic-services
Psychology Clinic, University of Sydney	(02) 9114 4343 www.psych.usyd.edu.au/clinic/
Northfields Psychology Clinic, University of Wollongong	(02) 4221 3747 socialsciences.uow.edu.au/psychology/northfields
Psychology Clinic, University of Newcastle	(02) 4921 5075

Anxiety Treatment for Adults	
Anxiety Treatment and Research Unit, Nth Parramatta	(02) 9840 4095
CRUFAD (Clinic of St Vincent's Hospital)	(02) 8382 1400
Nepean Anxiety Disorders Clinic, Penrith	(02) 4734 3404
Newcastle University, Psychology Clinic	(02) 4921 5075
Australian National University, Canberra	(02) 6125 8498

Help over the phone

Life Line	13 11 14	
Catholic Care Parent Line	1300 130 052	Help for Parents
Tresillian Parent Help Line	1300 272 736	Support for parents with young children
Dial-A-Mum Telephone Support Service	(02) 9477 6777	For anyone who needs a listening ear (8am-11pm)
Kids Helpline	1800 55 1800	

Self-help Resources

Books

Helping Your Anxious Child: A Step-by-Step Guide for Parents. (2000).

Ron Rapee, Susan Spence, Vanessa Cobham, Ann Wignall. New Harbinger Publications, Inc. PRICE: \$27.50

AVAILABLE: through most bookstores and Macquarie University

-A self-help book designed specifically for parents. It has a step by step guide to helping your child deal with anxiety.

Worried No More: Help and Hope for Anxious Children. (2002).

Pinto-Wagner, Aureen. New York: Lighthouse Press.

AVAILABLE: www.amazon.com

-A self-help book that is easy to read and thorough, this book provides ample information and useful resources for parents of anxious children.

Freeing Your Child From Anxiety. (2004).

Chansky, Tamar E. New York: Broadway Books.

AVAILABLE: www.amazon.com

-Provides a thorough explanation of anxiety disorders, strategies and treatment options.

Fear-Free Children. (2001).

Hall, Janet. Finch Publishing.

AVAILABLE: through the publisher at www.finch.com.au or bookstores.

Keys to Parenting Your Anxious Child. (1996).

Katharina Manassis.

AVAILABLE: through Angus & Robertson Bookworld www.angusrobertson.com.au

-Easy to read book for parents which provides some practical strategies for dealing with anxious children.

The Secret Problem. (2000).

Chris Wever. A Shrink Rap Press Book.

AVAILABLE: through Facing Anxiety. Ph: 1 300 794 992

The School Wobblies. (2000).

Chris Wever. A Shrink Rap Press Book.

AVAILABLE: through Facing Anxiety. Ph: 1 300 794 992

-An excellent book for children and adults which discusses the nature of school refusal and sets out simple strategies for how to deal with it.

Obsessive Compulsive Disorder (OCD) in Childhood and Adolescence: A Resource Kit for School Personnel. (1997). l'Anson, K., Orr, A., and Tomlinson, J (ED) Obsessive Compulsive and Anxiety Disorders

Foundation of Victoria (now called the Anxiety Recovery Centre).

AVAILABLE: Anxiety Recovery Centre Victoria.

Nine, Ten Do It Again: A Guide to Obsessive Compulsive Disorder for People with OCD and their families. (1997). l'Anson, K SmithKline Beecham International, Victoria. AVAILABLE: through Facing Anxiety

program. Ph: 1 300 794 992

Bully Busting: How to Help Children Deal with Teasing and Bullying. (1999).

Field, Evelyn. Finch Publishing.

AVAILABLE: through the publisher at www.finch.com.au or bookstores.

How to Talk So Kids Will Listen & Listen So Kids Will Talk. (1999).

Faber, A., & Mazlish, E. HarperCollins.

AVAILABLE: through www.amazon.com .

Websites

Below is a list of websites on anxiety, anxiety in children, and mental health.

AnxietyBC - Canada

www.anxietybc.com

Macquarie University Research Unit - Australia

www.centreforemotionalehealth.com.au

Hands on Scotland – (emotional wellbeing in children and young people)

www.handsonscotland.co.uk

About our Kids - New York University Child Study Centre

www.aboutourkids.org

National Mental Health Association: Anxiety Disorders - USA

www.nmha.org

Child Anxiety Network - USA

www.childanxiety.net

International OCD Foundation

www.iocdf.org

Anxiety Disorders Association of Manitoba - USA

www.adam.mb.ca

Anxiety Disorders in Children and Adolescents - USA

www.childdevelopmentinfo.com/disorders/anxiety_disorders_in_children.htm

Wayahead Mental Health Association NSW

www.wayahead.org.au

Australian Psychological Society

www.psychology.org.au

Missing Persons Information

www.talkingworks.com.au

