

Five Faves for Families Helping Anxious Children

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All children experience anxiety after moving between homes, families, and even cultures. All children after trauma will have anxiety issues. And most children after neglect will be anxious as well. Parents want to help their children to find a sense of security and comfort as quickly as possible. This is a simple list that will help parents to bring out the best in anxious children.

1. Calm Down!

We tell our children, “calm down.” But do they know how to do it? Our essential first step is to teach them calming techniques. With little ones we model calming in our bodies and then say, “Now I’m calm. This feels soooo...goood, so relaxing.” Exaggerate the body and facial expressions so that children pay attention to you. This is your chance to be a drama ham.

Show children how to “breathe in through your nose, out through your mouth.” They need to pay much more attention on the breathing out than breathing in. The breathing out puts brakes on their bodies’ alert systems. I like to do the breathing in a set of 3 breaths, doing the set 3 times for a total of 9 breaths. Otherwise anxious children take one breath in and out—and then take a quick, high-in-the-chest breath--returning to the anxious state that they are used to maintaining.

Notice and point out when children are calm in their play, or calm snuggling with you. “Look at you enjoying those legos. So calm,” you can say. Or, “I see that you have a cozy inside feeling when we sit and read these books. You know how to have a happy heart.” Compliment them when they are able to pay attention to something enjoyable (as opposed to racing from one thing to the next). Do your “noticing” in a positive, “good coach” manner.

Anxious children need to learn about helping their minds and bodies to work in harmony. These concepts are abstract. But, your noticing will help them to connect feelings with thoughts. Your efforts help your children to create, stay in, and return to a calm and *optimally* alert mind and body space.

2. Who Is For Me? Who!

A reality for children, post-trauma and neglect, is their memory of isolation from help and care. Children who have suffered trauma, including overwhelming neglect, need to focus on the people who are present as protectors and helpers. Talking about who stands for them should be done in a positive, strong, and concrete manner. For example, “your teacher has special papers to show that she can keep all kids in her class safe. The recess assistants are there for safety. Their job is to keep you safe and to keep scary people away. All of the adults in your school have had to give their fingerprints. They are checked to be sure that they are safe people. There are no guns, hitters, or mean yelling adults allowed at school.” Help

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children to notice the organization of society that includes cameras for security, police for safety, security procedures at their school, and so forth. We encourage children to allow adults to do their jobs.

“You have been working too hard to keep yourself safe.” I say. You have missed a lot of play, a lot of friends. I tell children that their job is to begin to enjoy life, enjoy play, and enjoy friends.

3. Describe a “before and now” in children’s lives.

To leave a psychological defense behind, all of us need to be able to identify an intervening variable. We need to be able to separate their lives into a “before and now” in terms of what changed. We assume that children can do this by figuring out that a move into a secure home is the intervening variable. However, this is not concrete or explicit enough for most children.

Very explicitly talk about what the key differences are between now and before. Children I work with usually believe that everything bad that they experienced had something to do with them. It is a revelation to them when I describe the effects of meth (the variable) on the brains of their birthparents and friends (neglect and violence). And, that no one connected with their life uses meth now.

Or, that one orphanage worker had 22 children to feed and not enough blankets. We describe in real terms how much money for food parents have and how many blankets they own or could buy.

Or, we describe that sexual predators look for a parent who is on drugs. And, that their parents are now watching over them carefully, restricting access to safe people.

Some people are worried that we do not talk enough about danger. However, these children’s brains are wired for danger. They need to learn to think and feel the social fabric of security.

4. Create a predictable, unhurried, and interesting home.

Brains calm down when they know “what’s next?” In pictures or in lists (for children who can read) post the day’s schedule. Maintain an even, positive daily pace. Leave margins of time so that children and parents avoid pressure. Create space and time for vigorous physical exercise, which helps alleviate stress in anxious people.

Spend extra effort on children’s transitions, which tend to be rugged for children after neglect or trauma. Over time we want to help children to shift their attention from paranoid vigilance—to the positive present. Keep the present positive and compelling. Every day can begin with an upbeat overview of the day’s events. (Parents describe an increase in their own mindfulness and gratitude as they focus on life’s positives with their children.)

Because unhurried homes are counterculture, parents will have to master the graceful art of saying “no” without sharing their children’s unique needs. Master the vague excuse. “I’m sorry, but we have plans”

is a phrase that works well when asked to take on tasks. Your “plan” and obligation to your children is to create a healing milieu. The succession of requests: school auction, soccer fundraiser, last-minute childcare, etc may be “doable.” But, can the family really stay take on the tasks while maintaining a positive and unhurried tone? If not, say “no.” Practice waiting a day before giving a “yes” answer.

5. Build courage. Make Plans, Use Self-Talk, Practice with Role-Plays.

Over time we want to help children to build courage. Making a goal, with a plan that moves towards the goal, helps children practice courage.

Lily wanted to see Disney on Ice. But she was afraid of crowds, noise, and men with beards. She practiced some positive self-talk: “I can do this. I have my mom with me. I can blow the whistle in my pocket if I get in trouble. *I want to go!*” Her plan, developed with her parents, was to build her time in a crowded, noisy setting with many bearded men. She practiced going to the high school’s basketball games while working on her breathing and self-talk. After a few games she sat with family friends and went on a play date after the game. When it was time for Disney on Ice, she was ready to enjoy the event.

Self-Talk helps children and adults to reduce anxiety and keep on-track. Self-talk sounds like: “You can do It! Calm down. It’s OK. You have choices. Nothing bad will happen to me. Mom is watching out for me.” Most adults use self-talk daily to reduce their sense of pressure. (Yes, we are talking to ourselves. It’s a good thing!) Coach children to develop and use their self-talk in real time, real life.

Role-playing for stressful situations allows children to practice coping before the actual situation. This allows them to perfect what they want to say or where they want to stand, along with the expectation of a positive outcome. The role play, with a combination of self-talk and preparation, gives them confidence. Children like these role plays--trying out for a sports team, asking a friend over, or meeting neighbors after a move. Children develop a sense of mastery when they know that they can step back, make a plan, and overcome anxiety.

All the factors above are resiliency factors that we are building into children’s development. They do not substitute for therapy, but will help children to be more successful in therapy. *Children who have experienced trauma should have therapy that includes: skill-building in dealing with anxiety, understanding the meaning of the trauma, reducing the negative effects on development, and building meaningful connections with others. Best practice includes the use of parents as part of the therapeutic team.*

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