

Parent Workshop 1

ANXIETY

A solid green horizontal bar at the bottom of the slide.

Aims of workshop

- ❖ To understand what anxiety is and what it looks like.
- ❖ To understand and recognise the impact we have as an adult on the child.
- ❖ To think about some strategies that could be used to help your child regulate their anxiety / emotions.

Introductions & Housekeeping

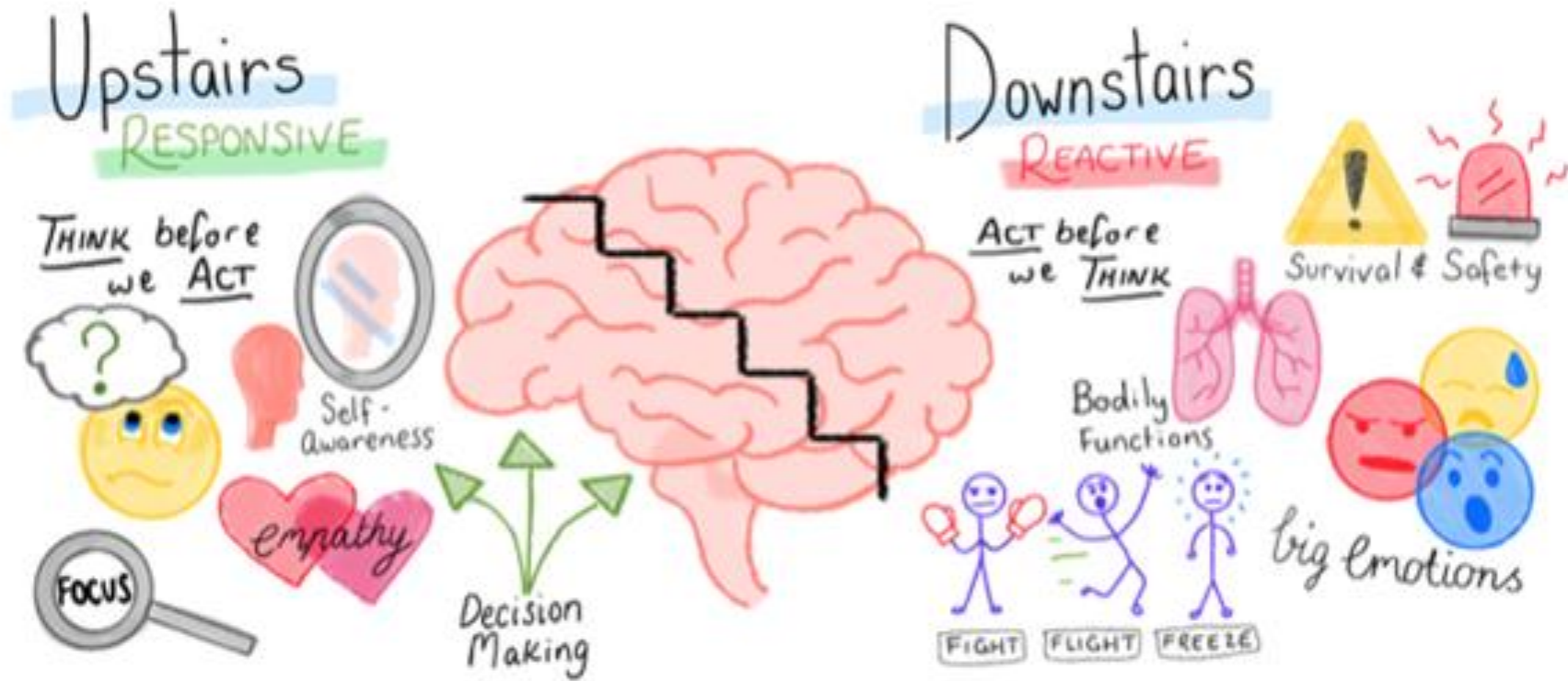
- ❖ Mrs Haken – Head of School, Mental Health First Aider, National Leader in Mental Health Education
- ❖ This workshop is a safe place, and any personal stories or scenarios must remain confidential.
- ❖ Feel free to step outside if you need a break.
- ❖ I will be around at the end if anyone wants a private chat.

What is anxiety?

Anxiety Disorders such as Generalised Anxiety Disorder, social anxiety, panic disorder, OCD, PTSD These can only be diagnosed by a psychologist or other trained medical professional. They have a significant impact on all aspects of our daily life

Anxiety is when our nerves stop us doing what we need to do. For example, not attending an exam or hiding during a thunderstorm. It impacts mainly on the area of our life related to the things we are nervous about.

Brain science

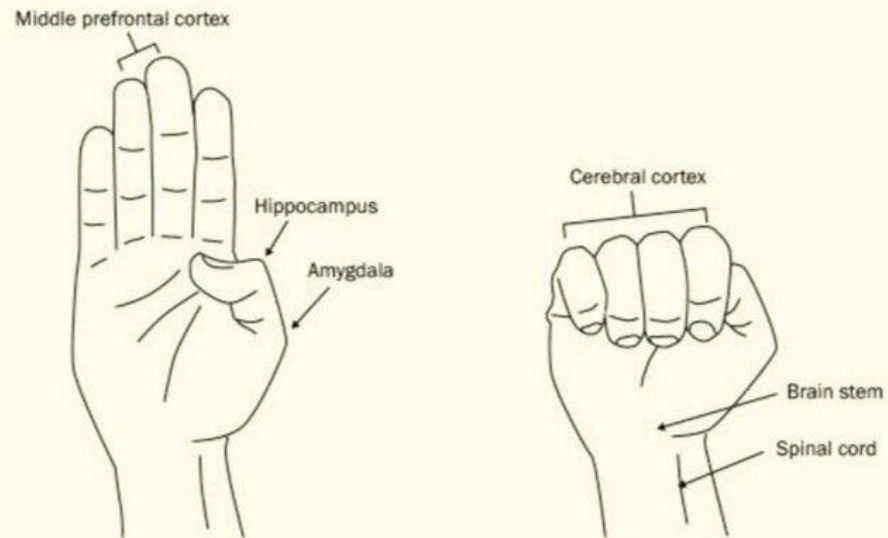


**Ref: Dan Siegel and Tina Bryson; The Whole Brain Child*

**Illustrated by: Jessica Angus*

Brain science

Use your hands to imagine your brain



Hand model courtesy of Dan Siegel

- ❖ Our brains are not fully developed until we are in our 20s.
- ❖ The downstairs brain is fully developed before the upstairs brain.
- ❖ The downstairs brain works a lot quicker than the upstairs.
- ❖ This means children are more likely to use their downstairs brain when something happens.
- ❖ When children only use their downstairs brain or have an emotional crisis, we say they have 'flipped their lid' because the upstairs brain (prefrontal cortex) is not keeping the emotions in check.

Physical, psychological and behavioural effects

Physical

Rapid heartbeat, shortness of breath or breathing more quickly, dizziness, headache, sweating, nausea, tingling, aches and pains, shaking, dry mouth.

Psychological

Unrealistic or excessive fear, mind racing or going blank, lack of concentration, poor memory, irritability, anger, confusion, restlessness, tiredness, sleep disturbances

Behavioural

Avoidance of situations, repetitive behaviours, distress, needing to escape, argumentative, refusing to do as asked, becoming 'fussy' with food, change in usual behaviour

(some of these may be conscious, some subconscious)

What causes anxiety? (Link to Mental Health)

Risk Factors

There are many factors that increase the risk of a child developing or not managing a mental health condition / need (this list is not exhaustive):

Disability / special need

Poor physical health

Having a parent with a mental health need

Being around or witnessing domestic abuse, drug or substance misuse

Poor housing, socioeconomic disadvantage

Bullying

Discrimination

Bereavement

Harsh or inconsistent discipline

Lack of warmth and affection

Adverse Childhood Experiences (ACEs)

- ❖ These are experiences that have a traumatic effect on a child such as bereavement, abuse, lack of safe / caring relationships, witnessing mental health crisis or domestic abuse.
- ❖ There is no set rule for whether an experience is traumatic – it depends on the child's response and interpretation.
- ❖ A child who has multiple ACEs is more likely to suffer from anxiety and other mental health conditions.
- ❖ Anxiety can be brought on by a single traumatic event or the build-up of several.

What causes anxiety? (Link to Mental Health)

Protective Factors

These support a child to be mentally healthy or to develop resilience when they do find things difficult and include:

Being independent

Having secure parental attachment from birth

Supportive relationships with other adults

Clear, consistent discipline

Positive attention and affection from parents

Positive relationships between parents and wider family

Good housing

Safe place to sleep

Taking part in a range of activities

Good social network (friends)

Having a healthy diet

Lowering the risk

It may seem obvious but...

The more protective factors that are in place, the less likely a child is to suffer from or not manage a mental health need.

Protective factors and positive experiences need to outweigh risk factors.

Does my child have anxiety or are they anxious or nervous?

Anxiety = can affect everything we do. Has an impact on most aspects of our life.

Feeling anxious or nervous tends to impact the behaviours around a certain situation.

Feeling worried, nervous or anxious are natural emotions – they are there to protect us & help us cope – we can't remove them

What might cause a child to be anxious?

As well as the more traumatic events, children will also be anxious about what adults might consider to be 'smaller' things. Remember – children are more likely to use their downstairs brain and not see things logically or realistically.

Not being able to do the work in school

Not knowing who is picking them up after school

Falling out with a friend

Change in normal routine

End of term

A close relative not being well

A test in school

Going somewhere unknown

A change in teacher

Sometimes they might appear to be anxious about something, but it isn't what is actually driving it.

Examples

Child A is 9 years old and lives at home with his mum and 4-year-old sibling.

A few months ago, his mum had to go to hospital in an ambulance and was admitted for a few days. The children stayed with a close friend as their grandparents live too far away.

Mum was discharged after being diagnosed with a severe sickness virus.

Child A witnessed his mum not well but was not at home when the ambulance came.

Initially, Child A was happy when his mum came home and attended school as normal.

A couple of weeks later, Child A started taking his time getting ready in the morning and complaining of not feeling well. His mum said he was well enough for school so took him in. Over the coming days, Child A started getting slower walking to school, became upset when getting to the school gates and eventually didn't want to go into class.

His mum thought something had happened at school, so she asked Child A what was wrong. He said he didn't like school and had no friends. His class teacher said he had a nice group of friends who he plays with every break time and has been fine in class.

Eventually, through support from the school, it became apparent that Child A was anxious about leaving mum and was showing signs of separation anxiety. He thought that being at home meant he could look after mum and she wouldn't be taken away from him when he wasn't there.

Examples

Child B is 7 years old. She lives with mum and dad and her older sibling who is at secondary school.

When she was 5 years old, her maternal grandmother died. Her mum struggled with grief and received therapeutic support to help her through. Her mum still finds it difficult to talk about the bereavement.

6 months ago, the family moved house into a new area for a fresh start. Her sister started at secondary school and Child B started a new primary school.

Parents started to notice that Child B was being fussier with her eating and refusing to eat certain foods (she had previously eaten them with no problems). She also began to get upset if her morning routine was changed. This would impact on her behaviour getting to school and for the first part of the school day – not settling or participating in learning.

Her parents initially thought it was just because she was in a new school. When things didn't improve, they thought she might have ADHD or Autism and contacted the doctor for an assessment.

What they didn't consider was the impact of the multiple traumatic experiences and risk factors having on Child B. They had anxiety and the fussy eating and not liking change were ways Child B could keep control of their life (too much had happened that was out of her control).

Adult behaviour part 1

How we behave as adults has a huge impact on children's behaviour and emotional health.

Children must be taught how to manage a situation – adults need to model the most supportive way of doing this.

We need to put our own oxygen mask on first before helping others – getting help for ourself if we need it.

If we get anxious, withdrawn, annoyed, upset etc when something happens, our children will use this as their reference point to add to their upstairs brain.

<https://www.youtube.com/watch?v=YTT5Xc6sARg>

Strategies

Identify what is driving the anxiety / nervousness

Not avoiding what is causing it – no counsellor or therapist would advise to avoid.

Practise with your child – show them how to do it.

Tense & Relax

Ideal for bedtimes.

Can be done sitting or laying down.

Start with the feet.

Tense (clench) them – hold for a few seconds and then release. Repeat 5 times.

Calves – tense – hold – release (repeat 5 times)

Continue with: Thighs / Bottom / Back / Hands / Arms / Shoulders / Face / Eyes

Once each area has been done individually, do the same all at once and repeat 5 times.

If child struggles to settle and sleep, repeat with the eyes and then move onto just closing eyes rather than tensing them.

Figure of 8 breathing

Trace a figure of 8 on your hand (child does their own hand)

Breathe in slowly as tracing on hand.

When you get all the way round, breathe out slowly while tracing another 8.

Repeat at least 6 times or more.

Grounding

When a child is in fight or flight mode, needs refocusing or is disassociating:

Tell me:

5 things you can see

4 things you can hear

3 things you can feel

2 things you can smell

1 thing you can taste

If location doesn't allow, you can use just see and hear

Guided meditation

'The Holding Tree'

This helps children create a 'happy, safe place' in their minds that they can go to when feeling stressed.

The more it is used, the more the child will be able to create this for themselves (developing their upstairs brain).

Feel the fear and do it anyway!

Avoiding what is making a child anxious could create OCD and co-dependent behaviours.

Remember feeling worried about something is natural.

Use a ladder technique:

10 steps

Gradual exposure in small steps

Small, reasonable exposure

Adult behaviour part 2

- ❖ Adults must remember to show and practise with their child.
- ❖ Use a calm voice
- ❖ Sit side by side rather than face-on – this is less threatening
- ❖ Be aware of your own breathing and slow it down
- ❖ Don't try to fill silences all the time – sometimes it's ok to be silent.
- ❖ The aim is for your child to be able to self-regulate so it is about co-regulation (doing it together) rather than co-dependency (doing it for them).

How can we help in school?

Ms Slade – emotional support or counselling

Mrs Duggins – emotional support

Class teacher

Team Around the Family – involving other agencies

CAMHS

Kids Inspire

Attendance specialist team

Education Access

Useful reading

