


February 2018

Volume 6, Issue 6


# Autism Agenda


**Linn Benton Lincoln ESD-Cascade Regional Autism Program**


## Anxiety: children and teenagers with autism spectrum disorder

By Raising Children Network

### Anxiety or autism spectrum disorder?

Children with autism spectrum disorder (ASD) feel many of the same worries and fears as other children.

But when children and teenagers with ASD get worried or anxious, the way they show their anxiety can look a lot like common characteristics of ASD – stimming, obsessive and ritualistic behavior and resistance to changes in routine.

### How anxiety affects children and teenagers with autism spectrum disorder

The world can be a confusing place for children and teenagers with autism spectrum disorder (ASD).

They might find social or unfamiliar situations overwhelming and hard to understand. They often have difficulty working out what another person might be thinking or feeling, or how that person might react. As a result, people and situations can seem unpredictable, which can make children feel stressed and anxious.

On top of that, children and teenagers with ASD, especially younger children, might have trouble telling you that they're feeling anxious. Instead, you might notice an increase in challenging behavior.

For example, your anxious child might:

- insist even more on routine and sameness
- have more trouble sleeping
- have meltdowns or temper tantrums
- avoid or withdraw from social situations
- rely more on obsessions and rituals, like lining up or spinning objects
- stim by rocking, spinning or flapping hands
- do things to hurt herself, like head-banging, scratching skin or hand-biting.


Continued on page 2.

## Reducing anxiety and managing anxiety for your child with autism spectrum disorder

Anxiety is a **natural part of life** and something that everyone experiences at some stage.

You'll never be able to get rid of everything that causes anxiety or stress for your child with autism spectrum disorder (ASD). Even if you could, it wouldn't be helpful for him. But there are some things you can do to help ease your child's worries, and encourage him to manage his own anxiety levels.

### Find out what makes your child anxious

Because children and teenagers with ASD can have trouble with understanding and communicating emotions, you might need to read your child's signals and work out what makes her feel anxious or stressed.

Some of the common triggers for anxiety in children with ASD include:

- changes in routine – for example, a weekly piano lesson gets cancelled because the teacher is sick
- changes in environment – for example, furniture in your home gets moved, there's new play equipment at the local park, or you move house
- unfamiliar social situations – for example, a birthday party at an unfamiliar house

sensory sensitivities – for example, sensitivities to particular noises, bright lights, specific flavors or food textures

- fear of a particular situation, activity or object – for example, sleeping in their own bed, going to the toilet, balloons or vacuum cleaners.

Once you've worked out some of the things that make your child feel anxious, it can help to **make a list** of them, so that you can find ways to help your child manage these situations.

Give your child lots of **opportunities to practice dealing with these things and situations** in safe environments.

It helps if other people who look after your child – for example, child care workers, teachers and family members – also know what makes your child feel anxious and what they can do to help him with managing anxiety in these situations.

### Help your child recognize anxious feelings

Your child might need to be taught what anxiety is and what it feels like in her body. For example, when she feels anxious her palms get sweaty, her heart beats faster, and her hands flap.

You could try drawing an outline of a person's body. Inside the outline, help your child draw or write what happens in each part of his body when he feels scared or worried.

### Use relaxation and calming strategies

Your child might also need to learn what she can do to calm down. You can help your child come up with a toolbox of ways to help herself calm down when she starts feeling anxious or stressed. These might be:

- counting slowly to 10
- taking five deep breaths
- running around the yard five times
- doing 50 jumps on the trampoline
- looking at a collection of favorite or special things
- reading a favorite book
- closing eyes for a few moments
- going to a quiet part of the house.

Get your child to practice these strategies when he's calm. Once he knows the strategies well, you can gently guide him to try them when he feels anxious.

Continued on page 3.

## ANXIETY:CHILDREN AND TEENAGERS CONTINUED...

**Use visual techniques**
Children and teenagers with ASD are often visual learners. This means that visual timetables, Social Stories™, picture schedules or photographs of themselves in certain situations can help them know what to expect.

For example, if your child gets anxious when you drop her off at school, you could take some photos of what you'll be doing while you're not together. You could include photos of you driving home, grocery shopping, gardening and so on, as well as a clear picture of you coming back to pick her up. You could also have photos of what your child will be doing – walking in the school gate, sitting in the classroom, playing sport, eating lunch and so on.

If your child gets anxious when there's a change in routine, daily or weekly visual schedules can help prepare him. When you know a change is coming up – for example, no swimming lessons in the school holidays – you can show this on your schedule. Leading up to the change, look at the schedule regularly with your child so that he knows the weekly routine will be different.

Some children find it helpful to be warned about a change or an event a day in advance. Some like to know a week in advance. But for some, too much warning can mean they worry until the event happens.

**Rehearse stressful situations**
Preparation is the key for some children with ASD and anxiety. Rehearsing or practicing situations that your child finds stressful can help her understand the situation in a visual way, with the addition of physical preparation as well.

For example, if going to the hairdresser makes your child feel anxious, you could try taking him for a practice run. You could ask the hairdresser if you could come at a time of day when it's quiet and calm, then go through the steps with him. Or perhaps he could watch someone else get their hair cut.

If your child gets anxious in social situations you could practice these together. You could practice different situations and take turns playing different roles. Try to keep the scenarios short and simple, and encourage and praise your child.

### Getting help with managing your child's anxiety

A psychologist might be able to help if your child with autism spectrum disorder (ASD) is very anxious. Psychologists have specialized training in mental health conditions, and can work directly with your child and family to develop strategies for reducing anxiety.

Psychologists use a range of approaches, including:

- cognitive behavior therapy – this helps children develop skills to change their thinking in situations that make them anxious
- interventions using gradual exposure to help children face their fears – for example, the stepladder approach
- Social Stories™ – these can help prepare children for unfamiliar or stressful situations that generally make them anxious
- relaxation training to help your child learn to relax.


Mental health occupational therapists are another option to help your child with managing anxiety.

You can ask your GP or pediatrician to recommend a psychologist or therapist.

Medication can also help reduce anxiety symptoms in children with ASD. It's usually recommended only when anxiety is affecting a child's everyday life and behavior strategies haven't reduced the anxiety enough. You can speak to your GP or pediatrician about this option.

http://raisingchildren.net.au/articles/autism_spectrum_disorder_anxiety.html

# Managing Anxiety in Children with Autism

**My eight-year-old with autism rips his clothes when he gets nervous at school. How can I manage my son's anxiety?**

*This week's "Got Questions?" answer comes from Jeffrey Wood, PhD, a psychologist at the University of California, Los Angeles. Three Autism Speaks research grants support Dr. Wood's work on developing behavioral treatments for children with autism.*

*Editor's note: The following information is not meant to diagnose or treat and should not take the place of personal consultation, as appropriate, with a qualified healthcare professional and/or behavioral therapist.*

Your son's actions are not out of the ordinary for children with autism spectrum disorder (ASD). These nervous expressions may represent anxiety or repetitive behaviors. However, they could stem from other sources that would require a professional evaluation. For the purpose of this blog, however, we'll focus on the likely scenario of anxiety.

Children with autism express anxiety or nervousness in many of the same ways as typically developing children do. We often see separation anxiety, for example, when children must part with trusted parents or caregivers to go to school or camp. Many children worry and become preoccupied with challenges such as homework, friends or health issues. These issues commonly affect both children with and without autism. However, social anxiety – or a fear of new people and social situations – is especially common among kids with autism.

If your child suffers from anxiety, he may experience strong internal sensations of tension. This can include a racing heart, muscular tensions, sweating and stomachache. Intense anxiety can result in repetitive behaviors that appear to serve no function, such as shredding paper or clothing.


Of course individuals with ASD often have trouble communicating verbally. So outward manifestations of anxiety may be the only clue that something is bothering them. Some researchers also suspect that outward, physical symptoms of anxiety may be especially prominent among those with ASD.

Cognitive behavioral therapy is a widely accepted psychological approach for breaking severe cycles of anxiety. It's effectively used to help children with at least some verbal abilities. The first step in this process teaches children to identify the root of their fears. For example, a child suffering from separation anxiety may fear being permanently separated from his mother when he leaves for school. After identifying the perceived threat, the therapist can help the individual logically challenge his anxieties with evidence.

To gather that evidence, a second technique comes into play. We call it exposure therapy. This type of therapy allows individuals to face their fears in a progressive manner. For example, the therapist may ask the child who fears losing his mother to take a "baby step." Let's say spend one minute in a room without his mother. After his mother reappears, the child affirms that he was safe. The therapist then encourages the child to spend increasing periods of time apart from his mother. This can provide the evidence he needs to put his anxieties aside and feel safe.

Parents and caretakers can try these techniques at home, ideally with professional guidance. You can find a number of books on cognitive behavioral therapy for purchase online or in bookstores. Though these books are not autism-specific, I think you'll find that the general approach can help you deal with your child's anxieties. My colleagues and I have also published two manuals – one for therapists and one for teachers – that cover similar ground.

According to several studies, when it comes to treating anxiety, cognitive behavioral therapy ranks more effective than other talk therapies. In some cases, medications can help as well. [Editor's note: Parents may want to consult Autism Speaks ATN/AIR-P Medication Decision Tool Kit.]

To find a cognitive behavioral therapist, I suggest visiting the website of the Association of Behavioral and Cognitive Therapists. Your child's physician or your family's health insurer may likewise be able to provide a referral to an expert in child anxiety who practices cognitive behavioral therapy or psychopharmacology with children.

https://www.autismspeaks.org/blog/2014/05/29/managing-anxiety-children-autism

# Anxiety and Autism Spectrum Disorders

Contributed by Anna Merrill, Graduate Assistant

Many children with autism spectrum disorders (ASD) will receive another diagnosis at some point in their development. In a 2008 study, seventy percent of a sample of children with ASD ages 10 to 14, had also been diagnosed with another disorder. Forty-one percent had been diagnosed with two or more additional disorders (Simonoff, et al). These additional disorders, or comorbid diagnoses, can at times be extremely debilitating for individuals with autism spectrum disorders. The most common types of diagnoses are those related to anxiety.

Recently researchers at The University of Amsterdam reviewed 31 studies that focused on the presence of anxiety disorders in children under 18 years old with ASD. Upon review of these studies, researchers concluded that about 40% of children with ASD had at least one comorbid diagnosed anxiety disorder (van Steensel et al., 2011). Psychologists include numerous diagnoses under the heading of Anxiety Disorders, but the debilitating force behind them all is the presence of excessive worry and fear. The prevalence of specific anxiety disorders in youth with ASD were found at the following rates:

- Specific Phobia: 30%
- Obsessive-Compulsive Disorder: 17%
- Social Anxiety Disorder/Agoraphobia: 17%
- Generalized Anxiety Disorder: 15%
- Separation Anxiety Disorder: 9 %
- Panic Disorder: 2%

This study and others have shown that children with ASD have more severe symptoms of phobias, obsessions, compulsions, motor and vocal tics, and social phobia than other groups of children. Even without an official diagnosis, anxiety is an important factor in the everyday lives of many children and teens with ASD. For example, anxiety can make it extremely difficult for children with ASD to do everything from making friends, to going shopping, to taking public transportation.

### Anxiety and Autism

There are many common behaviors seen in children with ASD that overlap with symptoms seen in varying anxiety disorders. For example, the obsessions and compulsions of Obsessive-Compulsive Disorder may look similar to repetitive and stereotyped behaviors in children with ASD. For this reason, there is speculation as to what psychologists should consider symptom overlap and what is a distinctly different disorder (van Steensel et al., 2011). One group of children on the spectrum that are more likely to receive a diagnosis of an anxiety disorder seems to be adolescents that have been diagnosed with Asperger's Syndrome or high functioning autism. Many researchers speculate that this could be because teenagers with fairly high cognitive functioning may have a heightened awareness of their environment and the way they are perceived by others. As children with ASD enter into adolescence, the difference between themselves and their peers may become more pronounced (Alfano, et al., 2006). Alternatively, a child with more intellectual impairment may experience less anxiety or simply have a harder time reporting their anxieties in a way that lends itself to formal diagnosis.

Children and teens with ASD, in general, will have a much harder time self-reporting their anxious symptoms – many of which may only occur internally (i.e., consistent worry). These limitations make it difficult for individuals with ASD to be diagnosed because of the difficulties with self-report. There are some who argue that we may need to develop different ways of measuring anxiety in individuals with ASD. For example, a better way to possibly assess levels of anxiety is to interview adults that interact on a regular basis with the individual. However, reports from adults are not necessarily consistent. For example, Gadow and colleagues (2005) found that teachers reported significantly higher levels of anxious behavior than parents. This could be because parents and/or teachers are not reliable in reporting these behaviors, or it's possible that anxious symptoms are more likely to occur in school than at home. Therefore, there is obviously room for improvement in the measurement of anxiety in children and teens with ASD.

Continued on page 6.

## Cognitive-Behavioral Therapy as Treatment

The most effective treatment for anxiety disorders is cognitive-behavioral therapy (CBT). Cognitive-behavioral therapy uses graded exposure, or taking small steps toward facing anxiety-inducing situations, as well as teaching modes of relaxation. It also uses cognitive restructuring, or identifying and working to change irrational thought patterns, and modeling appropriate thinking. CBT is based on the premise that working to change maladaptive thinking, such as magnifying negatives or overgeneralizing, can lead to a change in maladaptive behavior. To think about it in another way, CBT seeks to train an individual to reconceptualize the way they process the world and then acquire skills that will allow them to apply this new way of looking at things.

There are certainly some possible issues using traditional CBT with children and adolescents with ASD. CBT is very verbally-based and often quite abstract. In order to deal with these issues, Moree and Davis (2010) find that incorporating more concrete visuals and child specific interests, as well as parent involvement, are all extremely important. Some suggest that CBT may not work as well for children with ASD due to their impairments in theory of mind (a capacity necessary to engage in CBT strategies), but psychologists have shown improvement in high-functioning children with ASD after CBT (Wood et al, 2009).

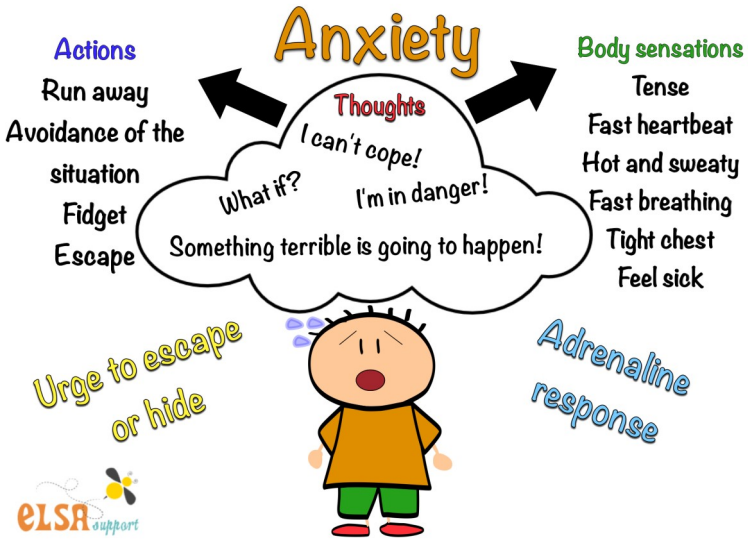
## The Role of the Parent in Treating Anxiety

Parents have an integral role in helping to treat anxiety in children with ASD. In fact, many agree that parents can not only be parents, but must be coaches, therapists, and friends as well. The following recommendations are part of the "Face Your Fears" intervention developed by Judy Reaven and colleagues:

1) Encourage and reward your child for his or her effort and engagement in brave behaviors
2) Ignore excessive displays of anxiety
3) Distinguish between realistic and unrealistic fears so that an appropriate treatment direction can be established
4) Convey confidence in the child's ability to handle his or her worry and anxiety
5) Model courageous behaviors
6) Work together with your spouse or partner to develop a plan for facing fears
7) Discuss how to share coping skills and the creation of exposure hierarchies with other professionals so that gains in one setting can be generalized to other settings


Parents can play a critical role in the treatment of anxiety in their child with ASD. As the parent, you know more about your child than just about anyone else. Being aware of anxiety triggers for your child is another important step in working to improve and anticipate stress and anxiety. Common triggers may include change in routine, lack of sleep, and highly social situations.

https://www.iidc.indiana.edu/pages/anxiety-and-autism-spectrum-disorders



# What Triggers Anxiety for an Individual with ASD?

Each day all of us are faced with situations or circumstances that can cause anxiety for us, sitting in a traffic jam, arriving late to a job interview, even something as silly as not understanding a joke that others find extremely funny. While those examples are not life threatening, for the individual experiencing each situation, their abilities to reason and see the whole picture can assist them to calm themselves, breathe and realize things do happen and life will goon. But, for someone with ASD, some commonplace situations can cause great anxiety.

Most people can experience frustration, stress, or anxiety in everyday life situations. There are people who learn how to cope so well that stress or anxiety has little impact on them. But for others, including individuals with ASD, stress and anxiety can cripple them to varying degrees. Remember, situations that create anxiety in one individual may not for another. What are some common stressors that individuals with ASD might experience? The following examples of common stressors at home and at school are suggested by Dr. Chuck Edington (2010) in his presentation, Emotional Regulation and Anxiety Management in Autism, and from the brochure, "Anxiety Disorders in Children" from the Anxiety Disorder Association of America (ADAA, partial listings):

**Unstructured Time:** Unstructured time that has no specific rules or activity which creates boundaries or limits can be very challenging. Examples of unstructured time are:

- Waiting for and/or riding the school bus
- Before and after school time
- Transitions throughout the day (place to place, person to person, topic to topic)
- Lunch/cafeteria
- Recess
- Physical education

**Academic Situations:**

- Understanding what to do and how to do it
- Breaking down tasks
- Writing
- Reading
- Organization
- Grades
- Presentations in class
- Answering aloud in class
- Tests

**Sensory issues** can be triggered almost any time or anywhere on a daily basis. Whether the individual is experiencing an anxious moment or not, sensory integration challenges can overpower a person's ability to control him or herself. Sensory situations that may provoke anxiety can include:

- Crowds—school assemblies, concerts, field trips, grocery store, etc.
- Space—too large, too crowded, too bright, too loud, too smelly, etc.
- Sounds/noise
- Natural disasters
- Smells-cafeteria, restrooms, cleaning materials, markers, paints, colognes,
- Food—sight, texture, taste, smell, sound when eating
- Haircuts
- Dental or medical issues
- Showers, bathing (some individuals have shared that showers 'hurt' their bodies)
- Clothing—too tight, scratchy
- Brushing teeth

Continued on page 8.

## WHAT TRIGGERS ANXIETY CONTINUED….

**Social situations** are already challenging for individuals with ASD and can increase anxiety in the moment or even in anticipation of an upcoming event. Some examples include:

- Novel events—unplanned and unannounced
- Changes in plans—daily school routine interrupted or family plans changed
- Adjusting personal interests with class or family plans
- Outdoor activities—concerts, picnics, recess
- Large gatherings—school assemblies, family gatherings
- Young children (who are unpredictable in many ways)
- Initiating a conversation with a peer

**Routines:** After a day at school where the child was able to maintain body control, listen, complete activities, and appear composed, going home and having even more expectations including typical routines, can increase anxiety and agitation. Routines such as

- Doing homework
- Chores
- Meal, bath, bed time routines
- Getting ready for school

For all of us, there are many other seemingly harmless and safe situations that occur in daily living, but to an individual with ASD, that same situation could be totally frightening and create great anxiety or panic.

Educator Dave Nelson (Nelson, 2008) director of The Community School in Decatur, Georgia, a junior high and high school for adolescents with autism, said,

*"Every single one of my students has anxiety almost every day. What is so interesting, however, is how different the manifestations of that condition can be. Some students begin asking constant questions; some interrupt constantly; some retreat or run away; and some get rude or provoking. Everyone (adults included) has their own special way of showing when they're anxious, from biting fingernails to getting headaches to talking a lot."*

Louise Page (2009), an autism therapist and mother of an individual with an autism spectrum disorder adds:

"*You may observe them, for example, looking down at their feet, or wringing their hands or their hands may be set flat against their thighs, looking fearful or frozen to the spot, or outwardly distressed (e.g. behaviour outburst) and so on. Also, their fight or flight response may be exaggerated and efforts to return their state to a relative calm may be very difficult".*

Other indicators of a person experiencing anxiety an include, when the individual feels incredibly self-conscious and overloaded and 'speaks' through 'characters' or phrases from TV shows; jingles; objects; as another person, or retreats to a corner, drawing up the knees to their chest; mumbling; etc. Each person's response to anxiety can be as individual as they are. "What makes the experience of helping students with their anxiety so interesting and challenging is that many times, they don't even know how they're feeling, so they have no foundation for trying to manage the feeling (Page, 2009)".

https://www.iidc.indiana.edu/pages/What-Triggers-Anxiety-for-an-Individual-with-ASD

## ADDITIONAL SUPPORTS ONLINE

**Cognitive-behavioral therapy teaching materials for children with high functioning autism: Seven engaging activities with free downloads:**

http://autismteachingstrategies.com/autism-strategies/cognitive-behavioral-therapy-teaching-materials-for-children-with-high-functioning-autism-seven-engaging-activities-with-free-downloads/

**Uniquely Human Book:** http://barryprizant.com/uniquely-human/

https://www.ocali.org/up_doc/uniquely-human-book-study.pdf

**Anxiety Power point:** file:///C:/Users/michelle.neilson/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/24JDG9U2/Anxiety%20(002).pdf

# FIVE ANXIETY-LOWERING STRATEGIES FOR CHILDREN

Tools to help kids worry less can be a big relief for parents.

By: Jeffrey Bernstein Ph.D.

The worst part of anxiety is having anxiety about the anxiety, itself. The metaphor of a snowball being rolled down a hill of is one I use to illustrate how unchecked anxiety rapidly grows. Children can learn to cope with anxiety by learning two crucial skills: **Calming Down and Solving Problems**. As I wrote in my book, *10 Days to a Less Defiant Child*, escalating anxiety in children can be espressed as defiant behavior. Knowing how to help your child manage his or her anxiety can go a long way in helping them behave better. As a follow up to one of my recent blogs, below are five more of the techniques that I use in my practice with children and their parents to help children manage anxiety:

- **Breathing with them.** One way to help your child control anxiety is to encourage slow, deep breathing. You can help your child practice this by getting her to imagine the air going in through her nose, down the windpipe, and into the belly. There are wonderful apps and You Tube videos that you can search for that show how to do this diaphramatic breathing (I present it as "belly breathing" for kids). I also show kids a picture of a saber tooth tiger and explain how our fight or flight mechanism in current day works the same as if we were seeing a saber tooth a long time ago. Another way to relax is to alternately tense and relax muscles.
- **Helping children get rid of ANTS (Automatic Negative Thoughts).** I have children draw ants (the insect version) to make this exercise fun. Then I help them talk about, write, or draw ants with negative thoughts next to them. Typical ANTS may be: "Nothing ever goes my way," "I'm a loser because everyone else thinks I am," or "I'm a failure." By changing the unhelpful thoughts to more helpful and positive thoughts, for example, saying or thinking, "If I keep practicing, I'll get better," or "Even if I make a mistake, I can learn and do better the next time," the child's anxiety levels will be reduced.
- **Using exposure strategies.** In my practice I use a strategy called Introceptive Exposure. For example, for a child who reports shortness of breath due to anxiety, I may have a child sit with his parent and hold his breath. The goal is for the child to learn that the physical symptoms can be experienced without the anxiety and panic. Following the spirit of exposure being far better for helping anxiety than avoidance, it is imperative that parents stay loving and firm in encouraging their children to confront and work through their fears.
- **Guiding the child with calming visualizations.** Help your child to imagine a relaxing place and to notice the calm feelings in his body. Or, have him imagine a container (such as a big box or a safe) to put his worries in so they are not running wild in his mind and bothering him when he needs or wants to be doing other things.
- **Encouraging the child to make a "things that went right today"** list at the end of the school day. This helps children prone to anxiety to develop an optimistic cognitive style. This can be made into a Success Journal.

For more involved, persistent anxiety related concerns, please consult a qualified mental health professional.

https://www.psychologytoday.com/blog/liking-the-child-you-love/201402/five-anxiety-lowering-strategies-children

## FAMILY SUPPORT OPPORTUNITY

# Dream Big Dreams for Your Child!

**Tuesday, February 6, 2018**

**6:00 pm- 8:00 pm**

**Linus Pauling Middle School:**
**Theater- 1111 Cleveland Ave**
**Corvallis OR 97330**

**FREE for family members**

**$25 for professionals and others needing a certificate**

## REGISTER

## Make a Plan for Your Child's Life, Starting with a Vision for the Future!

Person-centered Planning is all about your unique child. Learn different ways to think about disability, and the possibilities for your child's future! Get tips and tools to help introduce your child to school, service systems, and their community!

**For interpretation needs, please provide three business days' notice: (503) 786-6082**

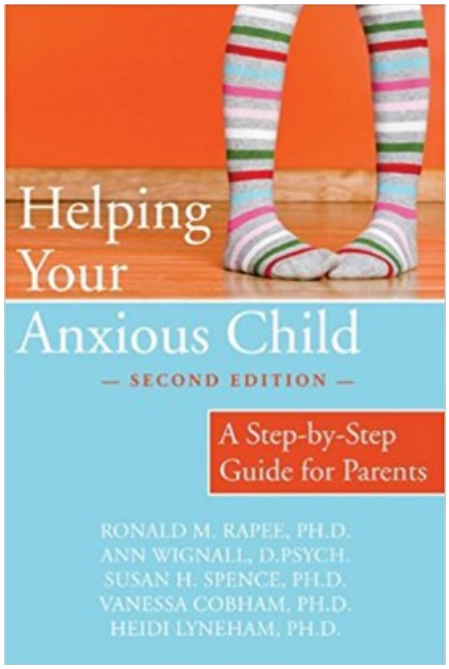
FACTOregon
Empowering families experiencing disability.

**Questions? Call (503)786-6082**
**or email registration@factoregon.org.**

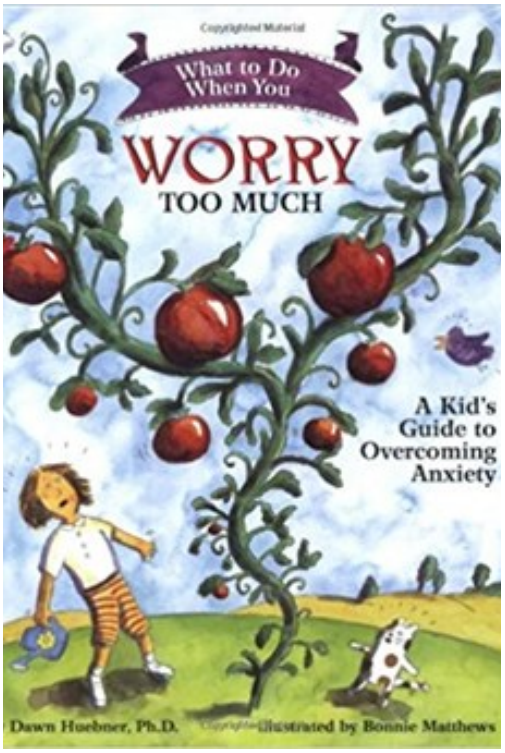
Corvallis SCHOOL DISTRICT

## *Helping Your Anxious Child: A Step-By-Step Guide for Parents*

by Ronald M. Rapee




This expanded and updated version of a best-selling classic guides readers to help a child overcome anxiety and fears. It describes in detail strategies and techniques they can combine into a comprehensive self-help program for a child s particular needs. From separation anxiety to general anxiety, social anxiety, specific phobia and panic disorder, **Helping Your Anxious Child, Second Edition** describes the common types of childhood anxiety, how anxiety originates, and options for dealing with the problem, with or without a therapist s help. Written activities are incorporated throughout the chapters, some intended for the child and others for his or her parent to complete. Michelle Garcia Winner, founder of the Social Thinking™ framework, recommends this book, saying: *"A ll of us have experienced anxiety, but few of us have been taught strategies to help manage it. This book is very helpful for teaching the lay person (parent or professional) about the core concepts of anxiety and strategies that can be used to help our students work through it. Anxiety is alive and well in our schools and in our homes; it is time we all learn some basics for how to directly address this topic. This is an excellent starting place."*




## *What to Do When You Worry Too Much: A Kid's Guide to Overcoming Anxiety*

by Dawn Huebner

This interactive self-help book for kids ages 6-12 guides children and parents through cognitive-behavioral techniques most often used in the treatment of anxiety. Lively metaphors and illustrations make the concepts and strategies easy to understand, while clear how-to steps and prompts to draw and write help children master new skills related to reducing anxiety. Check out other What-To-Do Guides for Kids: ***What to Do When Your Temper Flares, What to Do When You Grumble Too Much, What to Do When Your Brain Gets Stuck***, and ***What To Do When Mistakes Make You Quake.***

Linn Benton Lincoln ESD
Cascade Regional Autism Program

905 4th Ave SE
Albany, Or. 97321

Tel: 541- 812-2600
Fax: 541 926-6047
E-mail: webmaster@lblesd.k12.or.us

**Autism Consultants:**

Skye McCloud- skye.mccloud@lblesd.k12.or.us
541-336-2012

Sue Taylor– sue.taylor@lincoln.k12.or.us
541-574-3744

Melissa Bermel– melissa.bermel@lblesd.k12.or.us
541-812-2773

Amanda Stenberg– amanda.stenberg@lblesd.k12.or.us
541-812-2676

Scott Bradley– scott.bradley@lblesd.k12.or.us
541-812-2677

Michelle Neilson– michelle.neilson@lblesd.k12.or.us
541-812-2678

## VISUALS