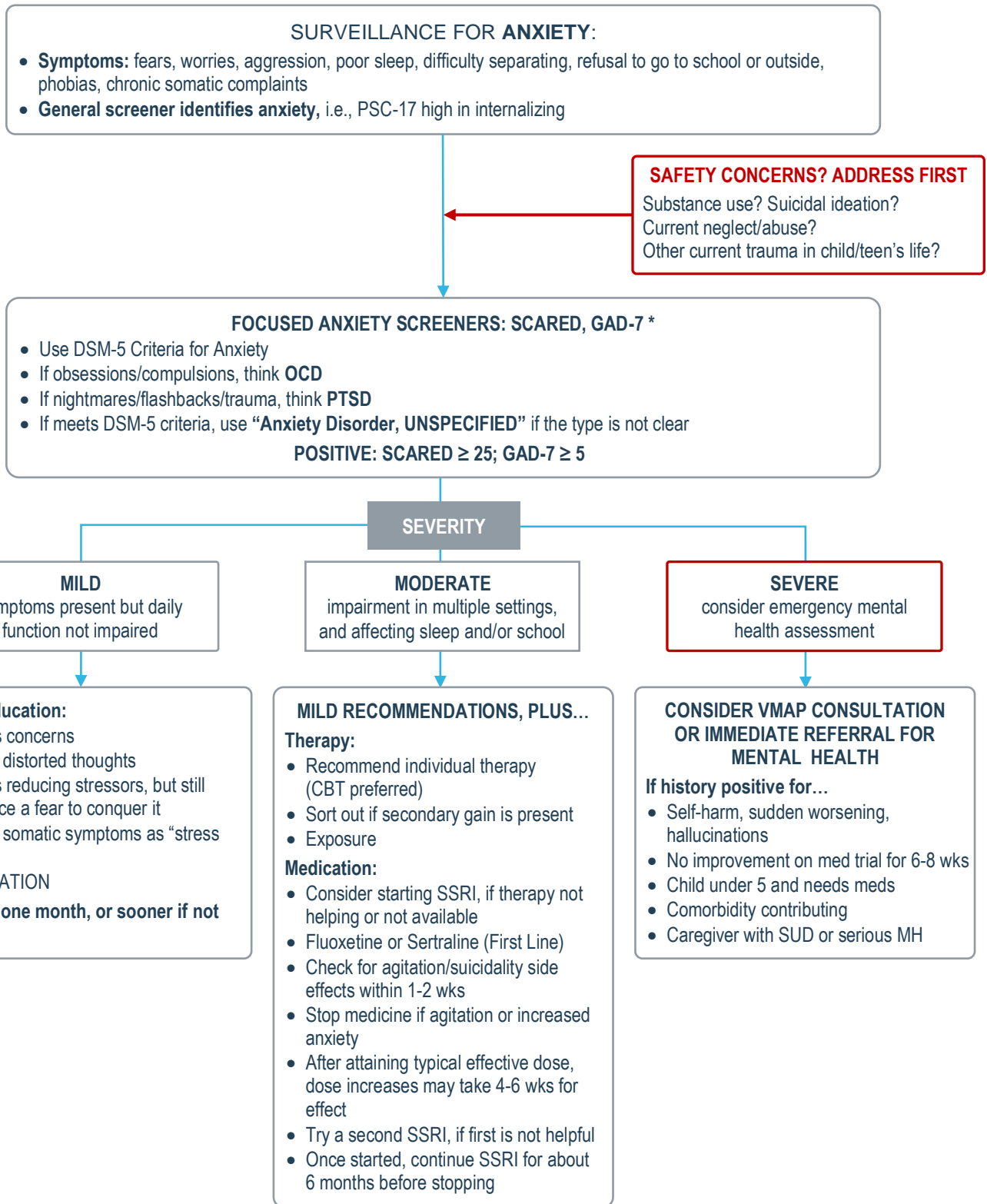


# 3.3 Anxiety



\* Many providers offer both the PHQ-A and GAD-7 for all kids ages 12 and older (combined tool provided in this module)

## SCREEN FOR CHILD ANXIETY RELATED DISORDERS (SCARED)

**CHILD** version — Page 1 of 2 (to be filled out by the CHILD)

For children and adolescents ages 8 and older; kids 8 to 11 may need help completing

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then, for each sentence, check (✓) the box that corresponds to the response that seems to describe you **for the last 3 months**.

Symptom	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When I feel frightened, it is hard to breathe.				PA/SO
2. I get headaches when I am at school.				SCH
3. I don't like to be with people I don't know well.				SOC
4. I get scared if I sleep away from home.				SEP
5. I worry about other people liking me.				GA
6. When I get frightened, I feel like passing out.				PA/SO
7. I am nervous.				GA
8. I follow my mother or father wherever they go.				SEP
9. People tell me that I look nervous.				PA/SO
10. I feel nervous with people I don't know well.				SOC
11. I get stomachaches at school.				SCH
12. When I get frightened, I feel like I am going crazy.				PA/SO
13. I worry about sleeping alone.				SEP
14. I worry about being as good as other kids.				GA
15. When I get frightened, I feel like things are not real.				PA/SO
16. I have nightmares about something bad happening to my parents.				SEP
17. I worry about going to school.				SCH
18. When I get frightened, my heart beats fast.				PA/SO
19. I get shaky.				PA/SO
20. I have nightmares about something bad happening to me.				SEP

## SCREEN FOR CHILD ANXIETY RELATED DISORDERS (SCARED)

CHILD version — Page 2 of 2 (to be filled out by the CHILD)

Symptom	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. I worry about things working out for me.				GA
22. When I get frightened, I sweat a lot.				PA/SO
23. I am a worrier.				GA
24. I get really frightened for no reason at all.				PA/SO
25. I am afraid to be alone in the house.				SEP
26. It is hard for me to talk with people I don't know well.				SOC
27. When I get frightened, I feel like I am choking.				PA/SO
28. People tell me that I worry too much.				GA
29. I don't like to be away from my family.				SEP
30. I am afraid of having anxiety (or panic) attacks.				PA/SO
31. I worry that something bad might happen to my parents.				SEP
32. I feel shy with people I don't know well.				SOC
33. I worry about what is going to happen in the future.				GA
34. When I get frightened, I feel like throwing up.				PA/SO
35. I worry about how well I do things.				GA
36. I am scared to go to school.				SCH
37. I worry about things that have already happened.				GA
38. When I get frightened, I feel dizzy.				PA/SO
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport).				SOC
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.				SOC
41. I am shy.				SOC

For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED); a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230-6.

The SCARED is available at no cost at [www.pediatricbipolar.pitt.edu](http://www.pediatricbipolar.pitt.edu) under resources/instruments.

## SCREEN FOR CHILD ANXIETY RELATED DISORDERS (SCARED)

To be completed by Clinician

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Scoring	Totals
A total score of <b>≥ 25</b> may indicate the presence of an <b>Anxiety Disorder</b> . Scores higher than 30 are more specific.	<b>TOTAL =</b>
A score of <b>7</b> for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate <b>Panic Disorder</b> or <b>Significant Somatic Symptoms</b> .	<b>PA/SO =</b>
A score of <b>9</b> for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate <b>Generalized Anxiety Disorder</b> .	<b>GA =</b>
A score of <b>5</b> for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate <b>Separation Anxiety Disorder</b> .	<b>SEP =</b>
A score of <b>8</b> for items 3, 10, 26, 32, 39, 40, 41 may indicate <b>Social Phobic Disorder</b> .	<b>SOC =</b>
A score of <b>3</b> for items 2, 11, 17, 36 may indicate <b>Significant School Avoidance Symptoms</b> .	<b>SCH =</b>

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, PhD., Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995).

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See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED); a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230-6.

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## SCREEN FOR CHILD ANXIETY RELATED DISORDERS (SCARED)

PARENT version — Page 1 of 2 (to be filled out by the PARENT)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions:**

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for your child. Then, for each sentence, check (✓) the box that corresponds to the response that seems to describe your child **for the last 3 months**. Please respond to all statements as well as you can, even if some do not seem to concern your child.

Symptom	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When my child feels frightened, it is hard for him/her to breathe.				PA/SO
2. My child gets headaches when he/she is at school.				SCH
3. My child doesn't like to be with people he/she doesn't know well.				SOC
4. My child gets scared if he/she sleeps away from home.				SEP
5. My child worries about other people liking him/her.				GA
6. When my child gets frightened, he/she feels like passing out.				PA/SO
7. My child is nervous.				GA
8. My child follows me wherever I go.				SEP
9. People tell me that my child looks nervous.				PA/SO
10. My child feels nervous with people he/she doesn't know well.				SOC
11. My child gets stomachaches at school.				SCH
12. When my child gets frightened, he/she feels like he/she is going crazy.				PA/SO
13. My child worries about sleeping alone.				SEP
14. My child worries about being as good as other kids.				GA
15. When my child gets frightened, he/she feels like things are not real.				PA/SO
16. My child has nightmares about something bad happening to his/her parents.				SEP
17. My child worries about going to school.				SCH
18. When my child gets frightened, his/her heart beats fast.				PA/SO
19. He/she gets shaky.				PA/SO

## SCREEN FOR CHILD ANXIETY RELATED DISORDERS (SCARED)

PARENT version — Page 2 of 2 (to be filled out by the PARENT)

Symptom	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
20. My child has nightmares about something bad happening to him/her.				SEP
21. My child worries about things working out for him/her.				GA
22. When my child gets frightened, he/she sweats a lot.				PA/SO
23. My child is a worrier.				GA
24. My child gets really frightened for no reason at all.				PA/SO
25. My child is afraid to be alone in the house.				SEP
26. It is hard for my child to talk with people he/she doesn't know well.				SOC
27. When my child gets frightened, he/she feels like he/she is choking.				PA/SO
28. People tell me that my child worries too much.				GA
29. My child doesn't like to be away from his/her family.				SEP
30. My child is afraid of having anxiety (or panic) attacks.				PA/SO
31. My child worries that something bad might happen to his/her parents.				SEP
32. My child feels shy with people he/she doesn't know well.				SOC
33. My child worries about what is going to happen in the future.				GA
34. When my child gets frightened, he/she feels like throwing up.				PA/SO
35. My child worries about how well he/she does things.				GA
36. My child is scared to go to school.				SCH
37. My child worries about things that have already happened.				GA
38. When my child gets frightened, he/she feels dizzy.				PA/SO
39. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport).				SOC
40. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well.				SOC
41. My child is shy.				SOC

The SCARED is available at no cost at [www.pediatricbipolar.pitt.edu](http://www.pediatricbipolar.pitt.edu) under resources/instruments.

January 19, 2018

## SCREEN FOR CHILD ANXIETY RELATED DISORDERS (SCARED) PARENT VERSION

To be completed by Clinician

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Scoring	Totals
A total score of <b>≥ 25</b> may indicate the presence of an <b>Anxiety Disorder</b> . Scores higher than 30 are more specific.	<b>TOTAL =</b>
A score of <b>7</b> for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate <b>Panic Disorder</b> or <b>Significant Somatic Symptoms</b> .	<b>PA/SO =</b>
A score of <b>9</b> for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate <b>Generalized Anxiety Disorder</b> .	<b>GA =</b>
A score of <b>5</b> for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate <b>Separation Anxiety Disorder</b> .	<b>SEP =</b>
A score of <b>8</b> for items 3, 10, 26, 32, 39, 40, 41 may indicate <b>Social Phobic Disorder</b> .	<b>SOC =</b>
A score of <b>3</b> for items 2, 11, 17, 36 may indicate <b>Significant School Avoidance Symptoms</b> .	<b>SCH =</b>

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, PhD., Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995).  
 E-mail: [birmaherb@upmc.edu](mailto:birmaherb@upmc.edu).

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED); a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230-6.  
 The SCARED is available at no cost at [www.pediatricbipolar.pitt.edu](http://www.pediatricbipolar.pitt.edu) under resources/instruments.

## PATIENT HEALTH QUESTIONNAIRE AND GENERAL ANXIETY DISORDER (PHQ-9 AND GAD-7)

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

**Please circle your answers.**

PHQ-9	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way.	0	1	2	3
<b>Add the score for each column</b>				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)      **Not difficult at all**      **Somewhat difficult**      **Very difficult**      **Extremely difficult**

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

**Please circle your answers.**

GAD-7	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Feeling nervous, anxious, or on edge.	0	1	2	3
2. Not being able to stop or control worrying.	0	1	2	3
3. Worrying too much about different things.	0	1	2	3
4. Trouble relaxing.	0	1	2	3
5. Being so restless that it's hard to sit still.	0	1	2	3
6. Becoming easily annoyed or irritable.	0	1	2	3
7. Feeling afraid as if something awful might happen.	0	1	2	3
<b>Add the score for each column</b>				

**Total Score (add your column scores):** \_\_\_\_\_

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)      **Not difficult at all**      **Somewhat difficult**      **Very difficult**      **Extremely difficult**

*Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute. 1999.*



## EVIDENCE-BASED BEHAVIORAL INTERVENTIONS FOR ANXIETY

### Sub-Clinical to Mild Anxiety:

Interventions in this category may be guided or explained by the clinician and/or the caregiver can assist self-management in the home with...

- Psychoeducation (see handout for on-line parent/child resources)
- Relaxation (see handout for parent/child resources)
- Cognitive Behavior Therapy (CBT): CBT is First Line treatment in children and youth. Can try self-led or parent-led CBT first.

*CBT is a diverse group of therapeutic interventions targeting the three primary dimensions of anxiety: cognitive (thoughts), behavioral (e.g., avoidance of school), and physiological (e.g., abdominal pain, sweating, racing heart rate). It usually involves "homework" and an average of 8 to 12 sessions.*

### Moderate Anxiety:

(Or for unsuccessful self-management of mild anxiety)

- Refer to therapist-led Cognitive Behavior Therapy (CBT) and consider medication if not improved with interventions, or having difficulty accessing therapist-led CBT
- Anxiety treatment includes exposure therapy and minimizing unintended reinforcers of behaviors

### Severe Anxiety:

Refer to therapist-led (CBT preferred) **AND** initiate pharmacotherapy

## MEDICATIONS FOR TREATMENT OF PEDIATRIC ANXIETY

Class	Generic	Brand Name	Available Forms/Doses	Dosing Information	Other Information	Comments
SSRI	fluoxetine	Prozac	<ul style="list-style-type: none"> <li>• 20mg/5ml</li> <li>• Tabs 10/20/40/60mg</li> </ul>	<b>Initial dose:</b> 5-10mg	Often dosed in morning. Can cause vivid dreams. When switching meds tapering is not usually required due to very long half-life of active metabolite (avg 9.3 days). Peak effect 4-6 weeks.	First line per evidence. FDA approved for MDD age 8+, OCD age 7+. Side effects rare if dose missed, due to long half-life. <b>See side effect handout: most mild, but know serotonin syndrome, and BOX Warning.</b>
				<b>Max dose:</b> 80mg		
				<b>Typical effective dose:</b> 5-20mg for use under age 12, and 10-60mg for use over age 12		
				<b>Duration:</b> 24 hours		
SSRI	sertraline	Zoloft	<ul style="list-style-type: none"> <li>• 20mg/1ml</li> <li>• Tabs 25/50/100mg</li> </ul>	<b>Initial dose:</b> 12.5-25mg	Drowsiness and sleep disturbance more common in adults than children, but may be better dosed at bedtime.	First line per evidence. Evidence-based for MDD, OCD age 6+, PMDD, PTSD. Peak effect 4-6 weeks.
				<b>Max dose:</b> 200mg		
				<b>Typical effective dose:</b> 50-100mg		
				<b>Duration:</b> 24 hours		
SSRI	escitalopram	Lexapro	<ul style="list-style-type: none"> <li>• 5mg/5ml</li> <li>• Tabs 5/10/20mg</li> </ul>	<b>Initial dose:</b> 2.5-5mg	Contraindicated in known congenital long QT syndrome.	Common first line, FDA approved for MDD age 12+, GAD. Peak effect 4-6 weeks.
				<b>Max dose:</b> 20mg		
				<b>Typical effective dose:</b> 10mg		
				<b>Duration:</b> 24 hours		

MDD (major depressive disorder), OCD (obsessive compulsive disorder)  
 Note: all medication information should be verified using current PDR

Consider starting all medications at a LOW DOSE for the first 1-2 weeks for anxiety disorders. Tapering medication from low to typical effective dose over a few weeks often mitigates child's experience with side effects.

### Starting Medication: General Principles of Utilizing Pharmacotherapy for Pediatric Anxiety

**Initial treatment phase:**

- Evidence-based medications for anxiety: fluoxetine (Prozac), sertraline (Zoloft)
- Start daily test dose for 1-2 weeks (e.g., fluoxetine 5mg or sertraline 12.5mg)
- If test dose tolerated over one week, increase daily dose (e.g., fluoxetine 10mg or sertraline 25mg)
- Monitor weekly for agitation, suicidality, and other side effects
- If severe agitation or suicidal intent/plan, refer immediately for emergency evaluation

**Continuation phase:**

- Monitor weekly x 4 weeks, then every other week for 2 months utilizing SCARED or GAD-7 to help guide the treatment strategy
- Once therapeutic dose is achieved, consider call to VMAP if patient's screening tools are not improving AND/OR anecdotal evidence suggests patient is not improving. Sometimes others notice improvement before the patient!

**Remission phase:**

- Even if patient feels much better after a few months, continue maintenance dose for "two seasons" or about 6 months after weaning off

## PROVIDER TIPS & CLINICAL PEARLS

**BEFORE** deciding an Anxiety diagnosis is correct, ask a few more questions:

HPI: Presenting Concerns	<b>TRAUMA</b>	Has this child/teen experienced a traumatic event? Examples: domestic violence, abuse, natural disaster, motor vehicle accident.
	<b>TRIGGERS</b>	What are the specific situations or factors that trigger the anxiety symptoms? What unexpected “benefits” does the child experience from their anxiety symptoms (e.g., school refusal and parent thus staying home from work)?
	<b>CO-OCCURRING DEPRESSION, ADHD</b>	Are there any accompanying signs of depression? Consider PHQ-9. <b>Severe anxiety disorders may be complicated by major depression and/or suicide. ASK about suicidal thoughts/homicidal thoughts. Look at the PHQ.</b> ADHD symptoms? Consider Vanderbilt Rating Scales.
	<b>SEVERITY</b>	Does the anxiety seem appropriate for the developmental stage of the child? <b>Again, severe anxiety disorders may be complicated by major depression and/or suicide. ASK about suicidal thoughts/homicidal thoughts. Look at the PHQ.</b> Is there a prior history of self-harm or intent?
	<b>IMPAIRMENT</b>	Does the anxiety impair the child’s daily functioning such as school attendance, grades, friend or family relationships?
	<b>CONSTITUTIONAL SX</b>	What impact is the child’s symptoms having on their appetite, sleep, focus/attention? Is the child complaining of abdominal pain, headache, muscle tension, fatigue?
Family Hx	Is there a family history of anxiety disorders? Has anyone ever had to stay in a hospital because of mental health issues?	
Review of Systems	<b>Rule out medical causes of the anxiety symptoms</b>	<ul style="list-style-type: none"> <li>• Asthma, and its medications</li> <li>• Substance use and abuse</li> <li>• Other chronic illnesses (diabetes, chronic pain, SLE)</li> <li>• Caffeinism</li> <li>• Seizure disorders</li> <li>• Thyroid disorders</li> <li>• Hypoglycemia</li> <li>• Cardiac arrhythmia</li> <li>• Migraine headaches, brain tumor</li> <li>• Pheochromocytoma</li> </ul>

**DURING VISIT: USE 4 Rs: RECOGNIZE, RESPOND, KNOW WHEN TO REFER, KNOW RESOURCES**

<p><b>RECOGNIZE:</b> Use screening tools AND interview</p>	<p>Some children AVOID certain activities or circumstances that trigger their anxiety. This may result in patients with moderate or severe anxiety to reporting they are “free” of subjective feelings of anxiety.</p>
<p><b>Assess for current or prior suicidal thinking or behaviors</b></p>	<p>Anxiety disorders can be associated with suicidal ideation with or without comorbid depression. Use Suicide Screening Tool if unsure.</p>
<p><b>Observe for common mental status findings</b></p>	<p>The clinician may observe problems with separation, behavioral inhibition, selective mutism, or hyperactivity.</p>
<p><b>Consider differential diagnoses</b></p>	<ol style="list-style-type: none"> <li>1. Adjustment reactions: Rarely require pharmacological intervention; refer to therapy.</li> <li>2. Bullying: Children who are victims of bullying may present with avoidance and anxiety symptoms.</li> <li>3. Bipolar Disorder: Can be complicated in terms of assessment; consider VMAP consultation — rare before mid-adolescence.</li> <li>4. Substance Use Disorders: Patients with anxiety disorders may self-medicate with other substances and present with anxiety symptoms related to withdrawal.</li> <li>5. Autism spectrum disorder: Patients with ASD frequently report anxiety symptoms. Consider VMAP consultation for help in clarifying the diagnoses.</li> </ol>
<p><b>RESPOND:</b> Conduct a general medical exam</p>	<p>Consider a general exam for any child with anxiety symptoms to rule out medical conditions and to examine extent of any chronic medical conditions or other medications being used.</p>
<p><b>Know when to REFER for VMAP consultation or child psychiatry</b></p>	<p>Consider referring if child/youth:</p> <ul style="list-style-type: none"> <li>• Experiences only partial response to medication <b>AND</b> a second medication is being considered</li> <li>• Requires/asks for PRN meds for severe distress</li> <li>• Reports agitation, suicidality, or demonstrates increased self-harming behaviors</li> <li>• Reports active suicidal planning or intent or recent suicidal behavior</li> <li>• Has multiple co-occurring diagnoses such as ADHD/depression/substance use disorders</li> <li>• Demonstrates or reports symptoms of bipolar disorder, specifically mania</li> <li>• Has co-occurring autism spectrum disorder</li> </ul>
<p><b>RESOURCE for families</b></p>	<p><a href="#">AACAP Parents' Medication Guide: Anxiety</a></p>

## Family Resources

### Websites

- AACAP Anxiety Disorders Resource Center  
[www.aacap.org/aacap/Families\\_and\\_Youth/Resource\\_Centers/Anxiety\\_Disorder\\_Resource\\_Center/Home.aspx](http://www.aacap.org/aacap/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx)
- Anxiety and Depression Association of America  
[adaa.org/](http://adaa.org/)
- WorryWiseKids  
[www.worrywisekids.org/](http://www.worrywisekids.org/)
- On Our Sleeves: How to Help Kids Manage Anxiety  
[www.onoursleeves.org/mental-wellness-tools-guides/help-kids-manage-anxiety](http://www.onoursleeves.org/mental-wellness-tools-guides/help-kids-manage-anxiety)
- Coping Cat Parents  
[copingcatparents.com](http://copingcatparents.com)
- [Anxiety in Teens is Rising: What's Going On? — HealthyChildren.org](http://HealthyChildren.org)  
*This parenting website from the AAP has great handouts*
- [School Avoidance: Tips for Concerned Parents — HealthyChildren.org](http://HealthyChildren.org)

### Handouts & Guides

- Children's Mental Health Matters Facts for Families: Anxiety Disorders  
[www.childrensmentalhealthmatters.org/files/2021/03/Anxiety-Disorders-2021.pdf](http://www.childrensmentalhealthmatters.org/files/2021/03/Anxiety-Disorders-2021.pdf)
- American Academy of Child and Adolescent Psychiatry: Anxiety Disorders Parents' Medication Guide  
[www.aacap.org/App\\_Themes/AACAP/docs/resource\\_centers/resources/med\\_guides/anxiety-parents-medication-guide.pdf](http://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/anxiety-parents-medication-guide.pdf)

### Apps

App Name	Ages	Description	Cost
<b>Breathe, Think, Do with Sesame</b>	2-5	Teaches skills such as problem-solving, self-control, planning, and task persistence	Free IOS, Android
<b>Chill Outz</b>	4-10	Animated stories teaching children proven techniques to stay mindful and relaxed anywhere, anytime	\$4.99 IOS
<b>Monster Meditation</b>	2-6	Meditation, relaxation (from Sesame Street and Headspace)	Free on YouTube
<b>Calm</b>	Ages 9+	Meditation, relaxation (kids pack unlocks for ages 5-8)	Free to try; upgrade for fee IOS, Android
<b>Dreamy Kid</b>	Ages 4+	Meditation, guided visualization, and affirmations	Free IOS, android
<b>Headspace</b>	Ages 9+	Guided meditation (kids pack unlocks for age 5 and under)	Free to try; upgrade for free IOS, Android
<b>Smiling Mind</b>	7-18	Mindfulness meditation techniques, targeted at different ages including one for ages 7-9	Free IOS
<b>MindShift CBT</b>	Ages 11+	CBT strategies, including thought journals, belief experiments, fear ladders, comfort zone challenges	Free IOS

### Books — for Caregivers

- *Helping Your Anxious Child: A Step-by-Step Guide for Parents* (2008), by Ronald Rapee, et al.
- *Parent-Led CBT for Child Anxiety: Helping Parents Help Their Kids* (2016), by C. Creswell, M. Parkinson, K. Thirtwall, and L. Willetts.
- *Freeing Your Child from Anxiety, Revised and Updated Edition: Practical Strategies to Overcome Fears, Worries, and Phobias and Be Prepared for Life — from Toddlers to Teens* (2014), by Tamar E. Chansky
- *Freeing Your Child from Negative Thinking: Powerful, Practical Strategies to Build a Lifetime of Resilience, Flexibility, and Happiness* (2008), by Tamar E. Chansky
- *Monsters Under the Bed and Other Childhood Fears: Helping your Child Overcome Anxieties, Fears, and Phobias* by Stephen W. Garber, PhD , Robyn Freedman Spizman, and Marianne Daniels Garber(Villard Books, 1993)

### Books — for Kids

- *What to Do When Mistakes Make You Quake: A Kid's Guide to Accepting Imperfection* (2015), by Claire A. B. Freeland and Jacqueline B. Toner.
- *The Anxiety Workbook for Kids: Take Charge of Fears and Worries Using the Gift of Imagination* (2016), by R. Alter and C. Clarke.
- *The Relaxation and Stress Reduction Workbook for Kids: Help for Children to Cope with Stress, Anxiety, and Transitions* (2009), by L. Shapiro and R. Sprague.
- *What to Do When You Worry Too Much: A Kid's Guide to Managing Anxiety*, by Dawn Huebner, PhD
- *Outsmarting Worry: An Older Kid's Guide to Managing Anxiety*, by Dawn Huebner, PhD
- *What to Do When Your Brain Gets Stuck: A Kid's Guide to Overcoming OCD*, by Dawn Huebner, PhD