
Treatment Considerations and Tools for Treating Latino Children with Anxiety

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Anxiety disorders are among the most prevalent disorders for children and adolescents and are associated with significant short- and long-term consequences (Costello, Egger, & Agnold, 2005). Some data suggest that Latinos report higher levels of anxiety symptoms than other groups (Pina & Silverman, 2004). Research comparing non-Latino White and Latino youth who participate in evidence-based treatments for anxiety highlights similar outcomes between groups; however, Latinos continue to underutilize mental health services when compared to non-Latino populations (e.g., Ojeda & McGuire, 2006; Pina, Silverman, Fuentes, Kurtines, & Weems, 2003). While research expands in the realm of anxiety treatment for Latino youth, a gap remains with regard to accessible and applicable materials to use while working with Spanish-speaking populations. This chapter provides practical information for clinicians

working with Spanish-speaking Latino children and families. The following information and resources are provided:

- Brief overview of current research on evidence-based practices with Latino populations
- Cultural considerations to help the provider modify current treatment practices
- Session plan and Spanish language worksheets with culturally relevant examples

Prevalence of Anxiety in Latino Youth

Anxiety disorders are the most prevalent mental disorders in children. Epidemiological studies report lifetime prevalence rates ranging from 6% to 10% for children ages 2 to 5 and from 8% to 27% for children ages 9 to 17, making them more common than well-known disorders such as attention-deficit/hyperactivity disorder and major depressive disorder (Costello et al., 2005; Hale, Raaijmakers, Muris, van Hoof, & Meeus, 2008). Data from epidemiological studies suggest that prevalence rates of anxiety disorders in Latino children are similar to that of non-Latino White children (Canino et al., 2004; Pina & Silverman, 2004). While studies have found many similarities in overall diagnostic rates, there are differences in types of anxiety disorders and symptoms across groups. For instance, Ginsburg and

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Silverman (1996) found that Latino children reported more separation anxiety symptoms than non-Latino White children. In this study, Latino parents also reported that their children experienced higher levels of fear with regard to “fear of the unknown” and “fear of danger and death” when compared to parents of non-Latino White children (Ginsburg & Silverman, 1996). In another study, both Mexican Americans and Mexicans reported more physiological and worry symptoms than non-Latino White children (Varela et al., 2004). Latino children also scored higher than non-Latino White children on anxiety sensitivity suggesting that somatic symptoms may be more distressing for this group (Weems, Hayward, Killen, & Taylor, 2002). Overall, these findings suggest that there are important differences in the nature and severity of anxiety between non-Latino White and Latino children, including higher rates of somatic symptoms and levels of worry in Latino youth.

Latino Youth and Mental Health Service Use

Despite the significant prevalence of anxiety disorders and symptoms in Latino youth, Latino children with anxiety are less likely to receive mental health services compared to their non-Latino White counterparts (e.g., Gudiño, Lau, Yeh, McCabe, & Hough 2009; U.S Department of Health and Human Services [USDHHS], 2000). There are many reasons why such service utilization disparities exist, including parental beliefs about the causes of mental health, language barriers, patient-provider communication, and stigma (Cabassa, Zayas, & Hansen, 2006; Tarshis, Jutte, & Huffman, 2006). Additionally, culture may shape how parents conceptualize and discuss anxiety in their children; differences in symptom terminology and presentation may influence perceptions of anxiety and perceived need for services for Latino children (Gaines et al., 1997; Varela & Hensley-Maloney, 2009).

Latino Conceptualizations of Anxiety

Cultural Concepts of Distress Identification and understanding of anxiety in Latino children may be affected by the use of cultural concepts of distress, such as *nervios* and *ataque de nervios*. Cultural concepts of distress include clusters of symptoms, ways of communicating emotional distress, and explanations for origins of symptoms that may be common in specific cultural groups (American Psychiatric Association, 2013). Parents may reference these terms in lieu of using terms synonymous with anxiety. *Nervios*, for instance, has been used to describe a broad range of mental states including anxiety and somatic symptoms (Salgado de Snyder, Diaz-Perez, & Ojeda, 2000). In adults, the term has been used to describe anxiety, as well as a wider range of mental distress, including symptoms associated with schizophrenia and panic attacks (Jenkins 1988; Salman et al., 1997). Among children, data on the term *nervios* are scarce; however, in one study, findings suggested that Latino mothers use the term to refer to disruptive behaviors in children as well as anxiety (Arcia, Castillo, & Fernández, 2004).

Ataque de nervios, another cultural concept of distress, includes symptoms that commonly occur in Latinos, particularly Puerto Rican and Dominican individuals. Symptoms of *ataques* include trembling, crying spells, screaming uncontrollably, and sudden verbal and physical aggression, which are usually precipitated by a significant stressor (Lopez & Guarnaccia, 2000). Similar to *nervios*, *ataque de nervios* has been researched primarily with adults, and little is known about how this concept is used with children. Limited research, primarily with Puerto Rican youth, suggests the term is associated with symptoms of dysthymia and panic in a community sample and symptoms of post-traumatic stress disorder and depression in a clinical sample (Guarnaccia, Martinez, Ramirez, & Canino, 2005). One study also found that the term was associated with asthma, headaches, and a history of epilepsy or seizure,

suggesting that *ataques* are also associated with a wide range of physical symptoms (Lopez et al., 2009).

Questions regarding these concepts of distress should be included when working with Latino youth. It is important to note that many of these complaints overlap with symptoms of depression and anxiety, but they are not necessarily synonymous with these disorders. Instead, these concepts may represent culturally meaningful ways of expressing distress that are not equivalent to Western psychiatric terms and are more normative using an emic perspective.

Somatic Symptom Presentations in Latino Youth Similar to cultural concepts of distress, somatic complaints may be considered a culturally appropriate way of expressing distress among Latinos (Kirmayer & Young, 1998). Somatic anxiety includes physical symptoms such as restlessness, fatigue, and muscle tension, among others (American Psychiatric Association, 2013). Although most studies on somatization in Latinos focus on adults, there is also considerable evidence for somatization in Latino children (e.g., Pina & Silverman, 2004; Varela et al., 2004). For instance, research suggests Mexican and Mexican American children express more physiological anxiety symptoms than European American children (Varela et al., 2004). Children from Mexico reported the most physical symptoms, followed by U.S. Latino children, followed by European American children; these groups differed only in physical symptoms and not in other types of anxiety (Varela et al., 2004). Similarly, another study found that parents of children living in Puerto Rico were more likely to endorse physical health problems in their children than parents of Puerto Rican children living in the United States (Feldman, Ortega, Koinis-Mitchell, Kuo, & Canino, 2010). Latino, non-Cuban parents also reported more somatic symptoms of anxiety than European American and Cuban American parents for their children (Pina & Silverman, 2004). Thus, parent and child reports of child somatic complaints extend across Latino subgroups (with the potential

exception of Cuban Americans) and are more pronounced when the families are living in the country or territory of origin.

Some have proposed that Latinos may perceive somatic complaints as less stigmatizing and therefore more readily report such symptoms. Others have explained that Latinos believe that they are more likely to receive care if they disclose physical problems rather than mental health problems (Canino, Rubio-Stipec, Canino, & Escobar, 1992). Information relevant to somatic symptoms may be critical when conducting a psychosocial assessment with Latino youth. In some instances, physiological symptoms (e.g., stomachache, trouble catching one's breath, tiredness) may be a better indicator of anxiety than traditional questions about anxious thoughts and behaviors.

Research on the Treatment of Youth with Anxiety

Cognitive behavioral therapy (CBT) and behavioral therapy (BT) programs are effective interventions for children with anxiety disorders with response rates ranging from 60% to 80% (see review by Cartwright-Hatton, Roberts, Chitsabesan, Fothergill, & Harrington, 2004). Given numerous randomized clinical trials demonstrating positive outcomes in the presence of rigorous design and methodology, cognitive behavioral and behavioral therapies are currently considered empirically supported treatments for children with anxiety disorders (Task Force on Promotion and Dissemination of Psychological Procedures, 1995). In general, CBT and BT interventions span 12 to 20 sessions and are delivered in individual and group formats. The most widely used child anxiety interventions are based on Philip Kendall's 16-session CBT program for children with anxiety disorders (Kendall, 1994). The basic components of this treatment include relaxation exercises, cognitive restructuring, exposure to feared situations, and reinforcement. The Cool Kids Child Anxiety Program is another CBT program designed for youth and includes posi-

tive event scheduling, cognitive restructuring, gradual exposure, response prevention, behavioral experiments, conflict resolution, parent training, problem-solving, assertiveness, and stress management (Rapee & Wignall, 2002). The session plan and worksheets used in this chapter are derived from the Cool Kids program (Lyneham, Wignall, & Rapee, 2008) and were used in a randomized controlled trial for Latino youth with anxiety (Chavira, Bustos, Garcia, Ng, & Camacho, 2015).

Treatment Outcomes in Latino Youth While there have been a number of randomized clinical trials highlighting the effectiveness CBT for anxiety disorders with non-Latino White youth, randomized clinical trials with Latino youth are limited. Based on the available evidence, findings suggest that CBT outcomes for anxiety are similar across Latino and non-Latino White youth (Pina et al., 2003; Pina, Zerr, Villalta, & Gonzales, 2012; Silverman, Pina & Viswesvaran, 2008). These similarities include treatment gains, maintenance of those gains (up to one-year follow-up), diagnostic recovery, and clinically significant improvement (Pina et al., 2003).

Cultural Adaptations Some have proposed that adaptations to interventions are necessary to improve the cultural appropriateness, satisfaction, and response rates associated with evidence-based interventions for ethnic and racial minorities; however, debate about the utility of cultural adaptations continues (Lau, 2006). Few cultural adaptations have been examined for Latino youth with anxiety. Existing adaptations have usually attempted to improve the cultural match or acceptability of an intervention by including providers who are bicultural and bilingual, translating materials into Spanish, and using engagement strategies to address various barriers to treatment (Andrés-Hyman, Ortiz, Añez, Paris, & Davidson, 2006; Pina et al., 2012). As an example, Chavira and colleagues (2015) examined a Spanish translation of a CBT program delivered by bilingual and bicultural therapists using a telephone-based, parent-mediated format for rural Latino youth. Modifications

included the use of engagement strategies to address practical barriers such as lack of time, difficulty scheduling, and difficulty with homework completion. In addition, modifications included the revision and translation of parent and child treatment materials into Spanish with culturally informed vignettes and the creation of media adjuncts to facilitate learning and reduce emphasis on written materials (Chavira et al., 2015). Other adaptations include a deeper survey and integration of the values, traditions, norms, and stressors of a cultural group (Resnicow, Baranowski, Ahluwalia, & Braithwaite, 1999). Such adaptations may modify treatment content to include themes that are relevant to minority youth with anxiety (e.g., acculturative stress, immigration, discrimination) or use delivery methods that are ecologically valid. For example, Pina and colleagues (2012) implemented CBT principles using a prescriptive approach that allowed providers to incorporate cultural values and customs, such as sharing culturally relevant anecdotes or sayings (*dichos*). In treatments such as cuento therapy, which originated in Puerto Rico, folktales are used to convey a message or moral to the reader that is related to the target problem (Constantino, Malgady, & Rogler, 1986; Santiago-Rivera, Arrendondo, & Gallardo-Cooper, 2002). At present, most treatment studies provide favorable support for cultural adaptations; however, more research is necessary to understand whether cultural adaptations of evidence-based treatments fare better than evidence-based interventions without adaptations (Huey & Polo, 2008).

Cultural Factors that Influence Conceptualization and Treatment

In considering cultural conceptualizations for treatment of Latinos, clinicians should not assume that knowledge of a client's ethnicity and cultural background is sufficient to provide culturally competent therapy. Rather, a focus on the therapeutic relationship and client individual differences is still necessary. Such a focus underscores the fact that Latinos are a heterogeneous

group, originating from 20 countries in Central and South America, Spain, and the Caribbean (Añez, Silva, Paris & Bedregal, 2008). Cultural differences between and within groups must be considered when conceptualizing and treating Latino youth with anxiety disorders.

Acculturation Acculturation has been defined as a dynamic process of learning and adoption of another group's cultural norms as well as the degree to which a person maintains the cultural norms of his or her heritage culture (Berry, 1980). Some data suggest that Latinos, particularly individuals of Mexican descent, have higher rates of anxiety and mood disorders with increasing levels of acculturation. This phenomenon is often referred to as the immigrant paradox (e.g., Alegría et al., 2008; Grant et al., 2004) and has mostly been examined in adults. Acculturative stress, on the other hand, is the stress that arises from the integration of two sets of cultural norms and values (Umaña-Taylor & Alfaro, 2009). Children may experience acculturative stress in the form of discrimination, language difficulties, peer conflict, and intergenerational familial conflict (Umaña-Taylor & Alfaro, 2009). Acculturative stress has been examined in Latino youth, and findings consistently suggest that such stress is associated with anxiety, depression, suicidal ideation, and substance use (Hovey & King, 1996; Lorenzo-Blanco & Unger, 2015; Suarez-Morales & Lopez, 2009). These findings underscore the importance of asking questions about acculturative stress and the level of acculturation of family members in order to understand factors that may be contributing to and maintaining anxiety in Latino youth.

Immigration Clinicians may also consider inquiring about a family's migration history and the circumstances that prompted immigration to a new country. Immigrant families may face language barriers, discrimination, deportation fears, and social isolation, which may exacerbate anxiety symptoms (Bacallao & Smokowski, 2013; Ryder, Alden & Paulhus, 2000). Additionally, concerns about immigration status may deter individuals from seeking or continuing mental health services out of fear that they would be

reported if they spoke to a clinician (Rastogi, Massey-Hastings, & Wieling, 2012). As such, providers should explain confidentiality surrounding these issues and address potential concerns in session (Sue & Sue, 2003).

Cultural Values and Worldviews Collectivism refers to the cultural idea that individual needs should be secondary to the needs of the collective group. As such, collectivism has been associated with self-control, emotional restraint, compliance with social norms, and social inhibition (e.g., Hofstede, 1984; Varela & Hensley-Maloney, 2009). A collectivistic orientation is most frequently reported in individuals from Asian and Latino groups and associated with values such as *personalismo* and *familismo*, which emphasize the importance of social support, interpersonal harmony, and family. Among those with a collectivistic orientation, psychoeducation about therapy and therapeutic strategies may need to emphasize the benefits of treatment for the family as a unit, thereby upholding their values and still providing potentially helpful skills (e.g., Comas-Diaz, 2006; Sue & Sue, 2003).

Spirituality and Religion A potentially important area to explore with families is the role of religion and spirituality in their lives. It may be helpful for clinicians to have the client or client's parent state a problem in his or her own words in order to shed light on the possible influence of religious or spiritual beliefs. Further, religious coping can be a powerful tool in managing distressing emotions and is used in Latino culture more frequently than in non-Latino cultures (Finch & Vega, 2003; Sanchez, Dillon, Ruffin, & De La Rosa, 2012). Understanding the importance of such coping strategies and collaborating with religious and spiritual providers may strengthen the therapeutic relationship for families who adhere to such values.

Parenting Styles Parenting that is characterized by overcontrol or lacking in warmth and acceptance has been consistently associated with clinical anxiety (e.g., Ginsburg & Schlossberg, 2002; Wood, McLeod, Sigman, Hwang, & Chu,

2003); however, this same finding does not consistently hold for Latino youth. There is evidence to suggest that parenting behaviors characterized by control are interpreted as consequences of love or obligation to the family by Latino youth (Halgunseth, Ispa, & Rudy, 2006). For instance, in one study controlling parenting was positively associated with anxiety in non-Latino White children, but negatively associated for Mexican American children (Luis, Varela, & Moore, 2008). Interestingly, a favorable connection between overcontrol and anxiety was found for Mexican children, suggesting that controlling parenting may be serving an adaptive function for Mexican American children living as ethnic minorities in the United States (Luis et al., 2008). Another study found that controlling behavior by mothers was associated with child anxiety in Latinos and non-Latino Whites; however, controlling behavior by fathers was associated more strongly with anxiety symptoms for non-Latino White children than for Latino children (Varela, Sanchez-Sosa, Biggs, & Luis, 2009). Further research is needed to clarify the complex relationships between parenting, ethnicity, gender, and anxiety.

In addition, the acceptability of parenting strategies may differ between Latinos and non-Latino Whites. For instance, Calzada and colleagues (2012) examined the acceptability of evidence-based parenting practices, such as using praise and rewards with Latina mothers. They found that there was acceptance of praise and use of privileges as rewards; however, Latina mothers found material rewards objectionable because children should abide by the value of *respeto* rather than need material rewards to behave (Calzada, Huang, Anicama, Fernandez, & Brotman, 2012). Thus, providers should be sensitive to these cultural differences when developing reward systems and implementing parenting strategies.

Stigma and Attitudes Toward Treatment Stigma, the negative perception of mental illness and psychological services, or the fear of being perceived negatively if associated with mental illness, has been linked to increased resistance to seeking care (Ojeda & McGuire, 2006). Stigma is reported at higher rates in ethnic minority fami-

lies and is more prevalent in foreign-born than U.S.-born Latino groups (Nadeem et al., 2007). In light of this, it is necessary for clinicians to provide ample psychoeducation about therapy and to address stigma as a potential barrier to treatment. Further, clinicians may need to address other attitudes toward treatment that may lead to premature termination, such as the perception that services will not be helpful, unrealistic expectations of therapy, and parental perceptions that they should be able to handle their child's mental health problems on their own (McCabe, 2002; Yeh, McCabe, Hough, Dupuis, & Hazen, 2003). Care should be taken to address these potential attitudes at the beginning and throughout treatment.

Sample Session Plan

The following materials are adapted from the Cool Kids Outreach Program (Lyneham et al., 2008), developed for children ages 6 to 12. The session plan assumes knowledge of the elements of CBT and training in basic therapeutic skills for working with children and their families. The session plan is not intended as an introduction to CBT and does not provide detailed explanations of CBT components. The following sample session plan and fictional case study are intended to help providers use evidence-based practices for the treatment of anxiety with Latino and Spanish-speaking families.

Ten Spanish language worksheets are included with the sample session plan. These worksheets are reprinted with permission from the developers (Lyneham et al., 2008) and include examples based on the case study in this chapter, in order to assist clinicians in understanding how to use these skills.

Session 1: Worksheet 1, Culture and Context (Cultura y Contexto)

- This session may include introductions, including time set aside to review terms and limits of confidentiality with parent, child, and other family members (if applicable). For Latino families, providers may need to spend extra time addressing questions regarding confidenci-

ality, particularly when immigration status is a concern.

- Previous research has found that it can be very useful for providers to explain the therapy process to ethnic minority families (McKay & Bannon, 2004) and to explain why therapy is necessary for their child. It may also be helpful for providers to inquire about stigma. Keep in mind that some clients and their families may have limited familiarity or misconceptions regarding the nature of therapy. Previous studies suggest that families are responsive to explanations of therapy that include a skill-building focus that aims to reduce feelings of anxiety, worry, nervousness, and stress and also fosters strength and resilience (Chavira et al., 2015).
- Set expectations for attendance and establish which family members will be attending sessions regularly. There may be other family members not present (including extended family members) that should be involved in the therapeutic process.
- Identify and address potential barriers of coming to therapy. Barriers may include unconventional work hours, the need for childcare during sessions, and lack of transportation to and from sessions. Providers may work to build rapport by acknowledging the difficulty of attending sessions, while helping family members to problem solve solutions to barriers.
- As part of the conceptualization, it is important to gather information on cultural or environmental factors relevant for the child through an open-ended discussion with the child, as appropriate, and the parents. Cultural considerations may include stressors related to immigration, intergenerational conflict, discrimination, and language barriers.
- The child's parent or another adult family member should fill out Worksheet 1: Culture and Context. Encourage family members to consider cultural and environmental aspects that may be contributing to the child's anxiety at the level of the child, the family, the school, the community, and the society. This worksheet can be considered a work in progress and revisited throughout treatment.

Session 2

- This session consists primarily of psychoeducation for both the child and family.
- Start a conversation with the child about the different types of feelings people can have. Try to encourage the child to use a variety of feeling words and to think about how feelings are expressed (e.g., through facial expressions or body language). It may be useful to query cultural concepts of distress such as *nervios* or *ataques*.
- Talk to the child and family members about defining the concept of anxiety. Emphasize the connection between bodily sensations, thoughts, and behaviors and how these three elements together make up the sensation of anxiety.
- Discuss the bodily symptoms of anxiety, using a cartoon drawing of a body as a guide.
- Have the child identify some of the things that cause him or her anxiety and how this anxiety may be interfering with his or her life.
- Discuss the purpose of anxiety and normalize anxiety by explaining that it is a natural feeling that all people experience.
- Provide psychoeducation on the causes of anxiety including biological factors (inherited, temperament) and learned factors (modeling influences).
- Homework: Have child, with the help of a family member, record daily feelings.

Session 3: Worksheet 2, The Worry Scale (La Escala de Preocupación), and Worksheet 3, Linking Thoughts and Feelings (Conecta Los Pensamientos y Sentimientos)

- This session may include the introduction of a worry scale or thermometer. A worry scale can be any visual that will help the child to conceptualize low and high levels of anxiety.
- Have the child use the worry scale to describe his or her amount of worry in the different situations listed on the Worry Scale worksheet. The worksheet also has anchor points

on the scale; have the child identify situations that are associated with the anchor points.

- This session may also include an introduction of the idea that there is a connection between thoughts and feelings. Point out that different people can have different thoughts and that even the same person can have different thoughts about one situation. Use the Linking Thoughts and Feelings worksheet to have the child identify situations that were anxiety provoking and their corresponding thoughts.
- Explain to parents and other family members the connection between thoughts and feelings.
- Homework: Have the child use the Linking Thoughts and Feelings worksheet to record examples of situations, thoughts, and feelings that caused anxiety throughout the week.

Session 4: Worksheet 4, Calm and Worried Thoughts (Pensamientos Relajantes y Preocupantes), and Worksheet 5, Thoughts, Feelings, and Actions (Pensamientos, Sentimientos, y Acciones)

- Revisit the concept that thoughts are connected to feelings and that one person can have two different thoughts in the same situation. Introduce the idea that a thought can sometimes be negative and cause anxiety but that it can be replaced with a calm thought.
- Using the cartoons on the Calm and Worried Thoughts worksheet, have the child identify a calm thought and a worried thought for each situation.
- Introduce the idea that different thoughts can lead to different actions. Provide examples relevant for the child and family members.
- Have the child complete the Thoughts, Feelings, and Actions worksheet to emphasize how he or she may behave and feel differently if a calm thought replaces a worried thought.
- Homework: The child, with the help of a family member, can fill in the Thoughts, Feelings, and Actions worksheet with situations from the week.

Session 5: Worksheet 6, Practicing Calm Thoughts (Practicando Pensamientos Relajantes)

- This session includes evaluating the validity of thoughts by showing the child how to gather facts about the thoughts.
- Explain to the child that some thoughts seem like they are true, even when they are unlikely.
- Outline each step of practicing calm thoughts, including identifying the worried thought, choosing a worry rating, listing all the evidence for and against that thought, writing down a more realistic calm thought, and choosing a worry rating associated with the calm thought.
- This skill is best learned through examples. It may be beneficial to complete Worksheet 6: Practicing Calm Thoughts with a number of different examples, as well as the child's own example from the previous week.
- Encourage the child to start with small worries and work his or her way up to bigger worries.
- Homework: Have the child, with the help of a family member, practice calm thoughts for two or three scenarios over the course of the week.

Sessions 6–11: Worksheet 7, Step-by-Step Plan (Plan Escalón por Escalón); Worksheet 8, Rewards (Las Recompensas); and Worksheet 9, Fighting Fear with Fear (Lucha Contra el Miedo Enfrentándote a Él)

- These sessions may involve the introduction of fear hierarchies and the use of exposure to help the child confront anxiety-provoking situations. Explain the rationale of exposure to the child and parent or family members. Give an overview of the steps, including generating a list of anxieties, organizing them based on worry rating, and engaging in gradual exposures.
- Help the child to complete a fear hierarchy using the Step-by-Step Plan worksheet. Emphasize that each step should be repeated until the child feels comfortable with that step.
- Help the child to brainstorm rewards using the Rewards worksheet. Explain that big achievements and efforts get big rewards, while small

achievements and efforts get small rewards. Also explain to the child that they can get rewards for doing good things, helping others, or completing exposures.

- Explain to parents and family members that rewards can be privileges and praise, not just material items. Keep in mind Latino cultural differences with respect to the preference of affection and praise over material rewards (Calzada et al., 2012).
- Use the Fighting Fear with Fear worksheet to aid the child in keeping track of exposure activities. Emphasize the use of the Practicing Calm Thoughts worksheet in preparation for each step of the exposure. Remind the child that it takes a lot of practice to overcome fears.
- Practice exposures in session and model appropriate responses when possible.
- Have the child explain the worksheets to family members to allow for the opportunity for the child to seek support from family.
- Homework: Have the child practice exposures and use the Fighting Fear with Fear worksheet to keep track of his or her progress.

Session 12: Worksheet 12, Problem-Solving (Resolviendo Problemas)

- Introduce the Problem-Solving worksheet with an example. Have the child think of another solution, and work out what might be the consequences of that solution.
- Using a blank worksheet, choose a problem that the child recently faced. If the child cannot think of one, imagine a situation that may be difficult for the child or cause anxiety (e.g., you have to give a speech at school for a child with social anxiety).
- Emphasize that it is important to brainstorm all possible solutions before evaluating them and choosing a solution.
- Have the child explain the steps to problem-solving to a parent or other family member.
- Homework: Have the child attempt the solution to the problem or choose a problem to work on using the Problem-Solving worksheet during the week.

Case Study: Social and Separation Anxiety

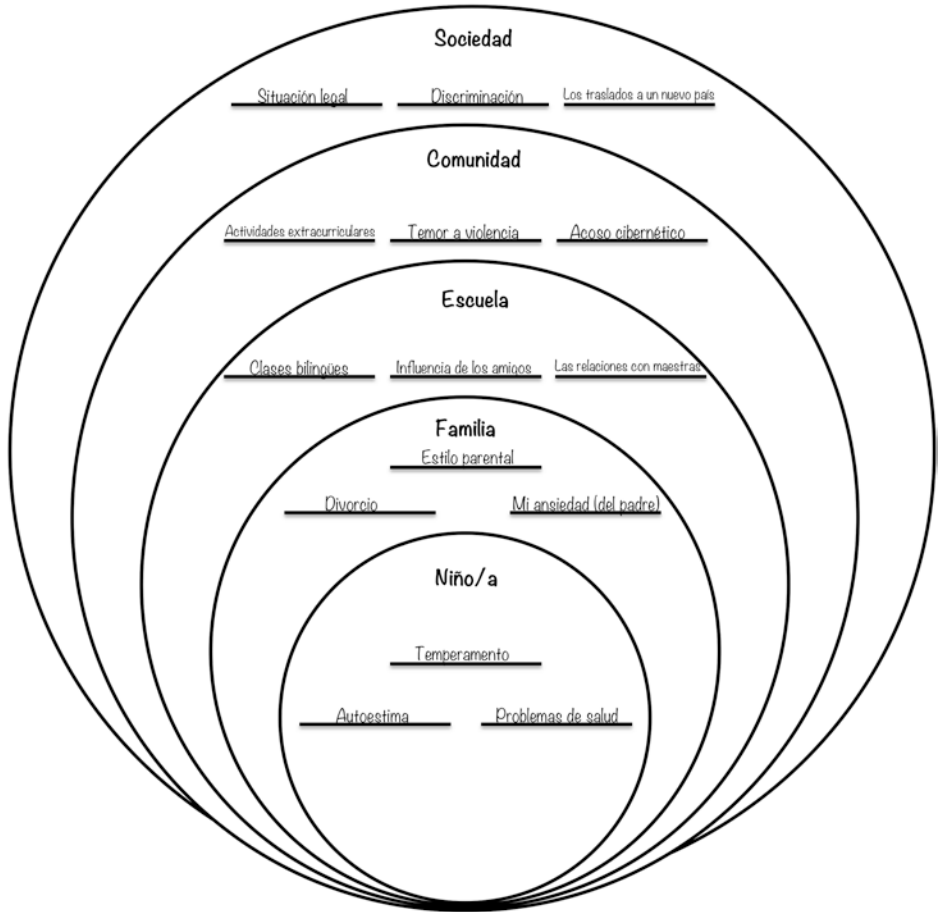
Cristina is a 9-year-old Latina girl who lives with her mom, dad, 6-year-old brother, and grandmother. Cristina and her brother were born in the United States, but her parents and grandmother were born in Mexico and do not speak English fluently. Cristina speaks only Spanish at home and English in school. Cristina worries frequently that she will say something wrong in class or that other kids will laugh at what she is wearing. Cristina also worries about looking different than other kids and feels embarrassed that her family speaks Spanish more than English. She tells her mom that she does not like to talk to other people other than members of her family and frequently avoids situations where she may have to talk or play with new children. Cristina's parents tried to introduce her to other children that speak Spanish, but she is also fearful of these interactions. Cristina is a fantastic artist who likes to draw and paint, but she does not show her work to anyone except her mother because she is afraid other people will make fun of it.

Cristina also has trouble being away from her parents and grandmother. If her mother or grandmother is late picking her up from school, she worries that something terrible has happened. She will not spend the night at her cousin's house because she is afraid to be away from her parents overnight. In the evenings, she spends time praying with her grandmother. She stated that she often prays for the safety of her family members.

Cristina often tells her parents that she has a stomachache and that she feels dizzy before school. Her family is noticing that, aside from wanting to avoid school, she is starting to appear down, and they are not sure what to do. They are apprehensive about starting treatment since they are unsure of what to expect and whether therapy will be helpful for their family. Cristina's grandmother is the most ambivalent. She believes that Cristina may just outgrow these problems and is therefore reluctant to join in the treatment.

Cultura y Contexto

Completar los aspectos que crees que está contribuyendo a la ansiedad de tu niño.



La Escala de Preocupación

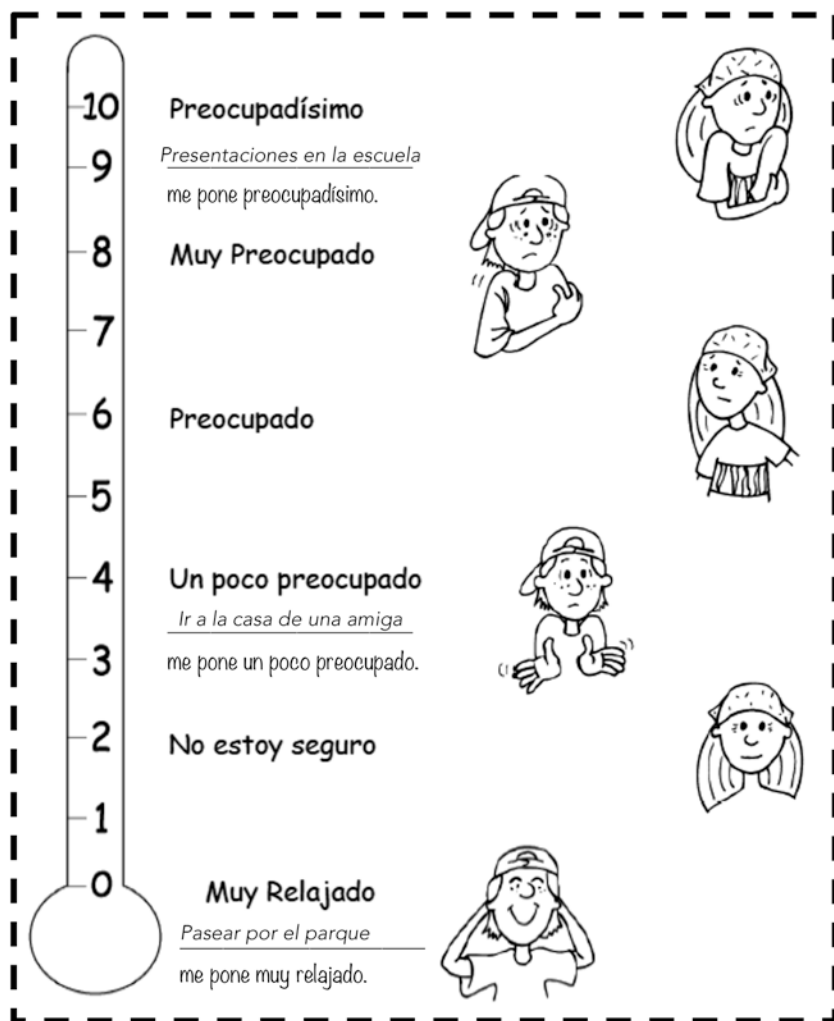
Algunas veces cuando estamos preocupados solamente estamos un poco preocupados pero a veces nos sentimos muy, muy preocupados. Usar una escala es una buena manera de describir que tan fuerte es un sentimiento. Una escala es como un termómetro. Cuando el sentimiento es bajo, el número en el termómetro es bajo. Cuando el sentimiento es fuerte, el número en el termómetro es alto.

Esta es una escala para el sentimiento de preocupación. La estaremos usando bastante para que nos ayude a decir que tan fuerte es el sentimiento de miedo o ansiedad. Para usar la escala, piensa en la situación y después asígnale un número que demuestre que tan preocupado estás por cada situación.

Por ejemplo, si estás apunto de subirte al escenario para cantar solo en frente de toda la escuela, el nivel de esa preocupación sería 9 en la escala.

- Nivel de preocupación si estás yendo a la nevería.
1
- Nivel de preocupación si tienes que empezar en una escuela nueva mañana:
8

Escribe ejemplos de las situaciones en que estás muy relajado, un poco preocupado, y preocupadísimo.



Conecta Los Pensamientos y Sentimientos

Lo que tú piensas y cómo te sientes tienen que ver mucho uno con el otro. Vamos a pensar en algunos ejemplos. Piensa en una ocasión en que estabas muy, muy feliz. En las figuras a continuación escribe lo que pasó, lo que estabas pensando, y lo que estabas sintiendo. Circula el nivel de preocupación que hubieras sentido para esa situación.

¿Qué fue lo que pasó? ¿Qué estaba pensando? ¿Qué estaba sintiendo?

El primer día del verano Me voy a divertir comiendo helado y tomando horchata Contenta

Nivel de 0 1 2 3 4 5 6 7 8 9 10 Preocupación

Ahora piensa en situaciones que han pasado en los últimos días en las que estabas preocupado. Si se te hace difícil recordar, cierra tus ojos y trata de imaginar que estás de regreso en esa situación. No olvides evaluar lo preocupado que estabas en cada situación.

¿Qué fue lo que pasó? ¿Qué estaba pensando? ¿Qué estaba sintiendo?

Mi madre perdió su trabajo. No vamos a tener dinero para comer. Asustada y preocupada

Nivel de 0 1 2 3 4 5 6 7 8 9 10 Preocupación

¿Qué fue lo que pasó? ¿Qué estaba pensando? ¿Qué estaba sintiendo?

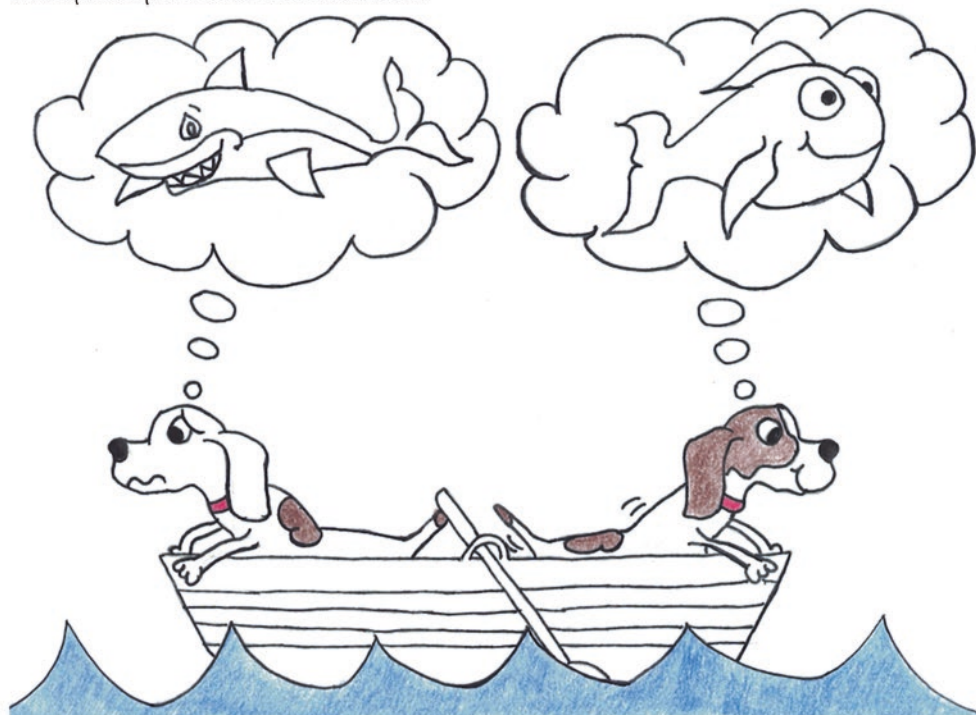
El primer día de la escuela Se van a reír de mi porque mi ropa no es nueva, o porque me miro diferente de ellos Triste

Nivel de 0 1 2 3 4 5 6 7 8 9 10 Preocupación

Adapted from *Helping Your Anxious Child Children's Workbook* (2nd Ed), by H. J. Lyneham, A. Wignall, & R. M. Rapee, 2008, Center for Emotional Health, Macquarie University: Sydney, Australia. Adapted with permission.

Pensamientos Relajantes y Preocupantes

Unos pensamientos pueden ayudar a una persona a relajarse y otros pensamientos quizás pueden ocasionarles más ansiedad y miedo. Circule el perro que estaría más ansioso en esta situación. Por qué crees que ese perro se sentiría más ansioso?



En las caricaturas de abajo, escribe dos pensamientos diferentes que la niña podría tener. Trata de escribir un pensamiento relajante y un pensamiento preocupante.

A ella no le va a gustar lo que llevo puesto.

Ella va a ser agradable y voy a hacer una nueva amiga.

Necesita más tiempo para terminar su trabajo.

¡Ha ocurrido algo terrible!

Te encuentras con una nueva persona.

Tú mamá llega tarde a la casa.

Pensamientos, Sentimientos, y Acciones

Los pensamientos y sentimientos pueden influir tus acciones. En cada uno de los siguientes ejemplos escribe un pensamiento preocupante. Después, escribe que es lo que sentirías y lo que harías. Haz cada uno por segunda vez con un pensamiento de tranquilidad. ¿Te sentirías diferente si tuviera un pensamiento de tranquilidad? ¿Te comportarías diferente?

Situación: No has terminado tu tarea de la escuela.			
	Pensamientos	Sentimientos	Acciones
Preocupación	<i>Mi maestra me va a gritar y mi abuela se va a sentir decepcionada.</i>	<i>Asustada y triste</i>	<i>Niego ir a la escuela.</i>
Tranquilidad	<i>Estará bien, mi maestra comprenderá.</i>	<i>Calma</i>	<i>Voy a la escuela voy a explicar la situación a mi maestra.</i>
Situación: Quieres invitar a un amigo nuevo a tu fiesta.			
	Pensamientos	Sentimientos	Acciones
Preocupación	<i>Se va a reír de mi porque mi casa no es tan bonita.</i>	<i>Nerviosa</i>	<i>No le llamo y no lo invito.</i>
Tranquilidad	<i>Mi amigo vendrá y nos vamos a divertir.</i>	<i>Emocionada</i>	<i>Llamo a mi amigo y lo invito.</i>
Situación: Tu equipo tiene un partido muy importante mañana.			
	Pensamientos	Sentimientos	Acciones
Preocupación	<i>Nunca seremos tan buenos como el otro equipo.</i>	<i>Triste y nerviosa</i>	<i>Niego ir al partido porque tengo un dolor de estómago.</i>
Tranquilidad	<i>Vamos a jugar lo mejor posible.</i>	<i>Relajada</i>	<i>Voy al partido y animo a mis amigos.</i>
Situación: (Tu ejemplo) Voy a dormir en la casa de mi prima.			
	Pensamientos	Sentimientos	Acciones
Preocupación	<i>Sus padres van a ser malos y me van hacer llorar.</i>	<i>Nerviosa y asustada</i>	<i>Le digo a mis padres que me duele la cabeza y no voy.</i>
Tranquilidad	<i>Nos vamos a divertir mucho jugando y riendo toda la noche.</i>	<i>Emocionada</i>	<i>Organizo mis cosas para la fiesta.</i>

Practicando Pensamientos Relajantes

A menudo, los pensamientos de preocupación no son realistas. Una manera de decidir si lo que estás pensando es realista es pensar en los hechos. Esto es lo que hace un científico o un juez. Necesitas ver si hay más hechos que confirman el pensamiento preocupante o si hay más hechos que confirman un pensamiento relajante. Hay cuatro pasos para ayudarte a practicar pensamientos relajantes.



1. Anota tu pensamiento preocupante y utiliza la escala de preocupación para evaluar que tan preocupado estás cuando tienes ese pensamiento.
2. Contesta las preguntas en las cajas para crear una lista de hechos.
3. Averigua si hay más hechos que confirman el pensamiento preocupante o que no confirman ese pensamiento. También te puedes preguntar si los hechos para el pensamiento preocupante son más favorables que los hechos que no confirman ese pensamiento.
4. Anota un pensamiento realista. Pregúntate: “basado en los hechos, ¿qué pienso que de verdad pasará? Utiliza la escala de preocupación para evaluar que tan preocupado te sientes cuando piensas en el pensamiento relajante.



Situación	<i>Tengo que dar una presentación en la escuela.</i>
Pensamiento Preocupante	<i>Voy a hacer un mal trabajo y los niños hablaran de mi a mis espaldas.</i> Mi nivel de preocupación es: <u>8</u>

¿Cuales son los hechos?	<i>He estado practicando mi presentación, así que voy a estar bien.</i>
¿Qué me ha pasado antes en esta situación?	<i>He dado presentaciones antes y solo me fue mal una vez. Algunos niños se rieron de mí.</i>
¿Qué le diría a un amigo si tuviera este pensamiento?	<i>He visto a otros niños que se han avergonzado un par de veces, entonces tu no serás el único.</i>
¿Qué es probable que vaya a suceder de verdad?	<i>Yo probablemente haré un bueno trabajo porque he practicado.</i>

Pensamiento realista: ¿Qué pienso ahora que he considerado los hechos?	<i>Probablemente haré un buen trabajo y aunque tenga algunos errores los demás niños no lo notaran.</i> Mi nivel de preocupación es: <u>3</u>
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Plan Escalón por Escalón

Si tienes miedo de algo, lo evitarás. A menudo, los miedos nos impiden hacer las cosas que nos gustaría hacer. Los miedos no se irán tan fácilmente al menos que los enfretemos junto con las situaciones que el miedo nos dice que evitemos. Puedes explicar tus miedos con más detalles para ayudar a vencerlos.



META	<i>Poder pasar la noche en casa de una prima sin preocuparme de estar lejos de mamá.</i>	
Escalón 10	<i>Dormir en la casa de mi prima sin mi mamá.</i>	10
Recompensa 10	<i>Mi mamá me lleva al parque toda la tarde.</i>	
Escalón 9	<i>Dormir en la casa de mi prima sin mi mamá por una hora.</i>	9
Recompensa 9	<i>Invitar a mi prima a dormir en mi casa.</i>	
Escalón 8	<i>Ir a la casa de mi prima sin mi mamá por una tarde.</i>	7
Recompensa 8	<i>Cenar mi comida favorita.</i>	
Escalón 7	<i>Ir a la casa de mi prima sin mi mamá por 3 horas.</i>	6
Recompensa 7	<i>Salir a pasear en bicicleta con mamá.</i>	
Escalón 6	<i>Ir a la casa de mi prima sin mi mamá por una hora.</i>	5
Recompensa 6	<i>Mamá traerá a casa una sorpresa.</i>	
Escalón 5	<i>Ir a la casa de mi prima con mi madre pero sin hablar con mi mamá.</i>	4
Recompensa 5	<i>Acostarme media hora más tarde de lo acostumbrado.</i>	
Escalón 4	<i>Quedarme en casa con mi abuela todo el día mientras mi mamá sale todo el día.</i>	4
Recompensa 4	<i>Escoger una actividad para hacer con mamá.</i>	
Escalón 3	<i>Quedarme en casa con mi abuela mientras mi mamá sale por 3 horas.</i>	3
Recompensa 3	<i>Dibujar por 30 minutos.</i>	
Escalón 2	<i>Quedarme en casa con mi abuela mientras mi mamá sale por 30 minutos.</i>	2
Recompensa 2	<i>Escoger lo que vamos a comer a la hora de la cena.</i>	
Escalón 1	<i>Quedarme en casa con mi abuela mientras mi mamá sale por 15 minutos.</i>	1
Recompensa 1	<i>Jugar 15 minutos extra antes de acostarme.</i>	

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Las Recompensas



Las recompensas son un paso importante para controlar la ansiedad. ¿En cuántas recompensas diferentes puedes pensar? Recuerda que las recompensas no solo son dinero y otras cosas materiales. También pueden ser pasar tiempo con personas especiales para nosotros, actividades o salir a pasear. Cada idea puede encajar en más de una categoría.



<p>Mis cosas favoritas</p> <ol style="list-style-type: none"> 1. Legos 2. Calcomanías 3. Materiales de arte 	<p>Actividades que son rápidas y fáciles</p> <ol style="list-style-type: none"> 1. Ir al parque 2. Jugar 15 minutos extra antes de acostarme 3. Cenar mi comida favorita
<p>Las cosas y actividades gratuitas</p> <ol style="list-style-type: none"> 1. Libros de la biblioteca 2. Ir al parque 3. Dibujar o pintar por 30 minutos 	<p>Actividades puedo hacer con mi familia o mis amigos</p> <ol style="list-style-type: none"> 1. Invitar a mi prima a cenar 2. Salir a pasear en bicicleta con mamá 3. Mi mamá me lleva al parque toda la tarde.

¿Sabías que te puedes recompensar? Esto suena un poco gracioso al principio pero si es posible. Cuando haces algo bueno o superas un miedo, te puedes decir en tu mente algo como 'hice un buen trabajo' o puedes hacer algo especial que te guste. Durante la próxima semana, te recompensarás por hacer un gran esfuerzo.

¿Qué cosa buena hice?	¿Fue algo pequeño o grande?	¿Cómo me recompensé?
Hoy ya hice toda mi tarea.	Pequeño	Cenar mi comida favorita
Ayudé a mi prima con su tarea.	Pequeño	Invitar a mi prima a cenar
Superé un miedo: quedarme en la casa de mi tía sin mi mamá.	Grande	Pasear por el parque con mi mamá
Compartí los juguetes con mi hermano.	Pequeño	Dibujar por 30 minutos
Superé un miedo: di una presentación en la escuela.	Grande	Materiales nuevos de arte

Lucha Contra el Miedo Enfrentándote a Él

Utiliza las actividades en tu escalera a fin de que enfrentes tus miedos. Practica cada escalón muchas veces. Por ejemplo, si tienes miedo hacer preguntas en la clase, haz preguntas muchas veces hasta que se te haga fácil. Cada vez que practiques, llena una sección que te pregunta sobre tu nivel de preocupación, las habilidades que usaste, lo que aprendiste, y tu recompensa.

Los tipos de habilidades que puedes usar son cosas como: 1) conectar pensamientos y sentimientos, 2) practicar los pensamientos relajantes, 3) resolver problemas, y 4) relajación, etc.

¿Qué escalón voy a practicar y cuando voy a practicarlo?	¿Qué habilidades voy a usar para ayudarme con este escalón?	Nivel de preocupación	¿Qué he aprendido al enfrentarme a este miedo?	¿Recibí mi recompensa?
Quedarme con mi tía mientras mamá sale por la tarde. Voy a practicar viernes y la próxima semana.	Practicar los pensamientos relajantes. Me recuerdo de pensar en lo que es probable suceder de verdad.	Antes: <u>6</u> Durante: <u>7</u> Después: <u>3</u>	No le va a pasar nada malo a mamá cuando sale por la tarde.	Sí <input checked="" type="checkbox"/> No <input type="checkbox"/>
Quedarme en casa de mi prima este sábado por la noche.	Conectar los pensamientos y sentimientos: Los pensamientos como "Voy a extrañar a mi madre" me hacen sentir triste.	Antes: <u>9</u> Durante: <u>5</u> Después: <u>3</u>	Voy a tener miedo al principio, pero me voy a divertir.	Sí <input checked="" type="checkbox"/> No <input type="checkbox"/>
Después de la escuela el martes, iré a 5 tiendas y preguntaré donde se encuentra un producto.	Pensamiento realista: Las personas no pensarán que soy tonta por preguntar donde se encuentran las cosas.	Antes: <u>7</u> Durante: <u>8</u> Después: <u>2</u>	Los asistentes de tienda están para ayudar y no piensan que eres tonta por hacer preguntas.	Sí <input checked="" type="checkbox"/> No <input type="checkbox"/>

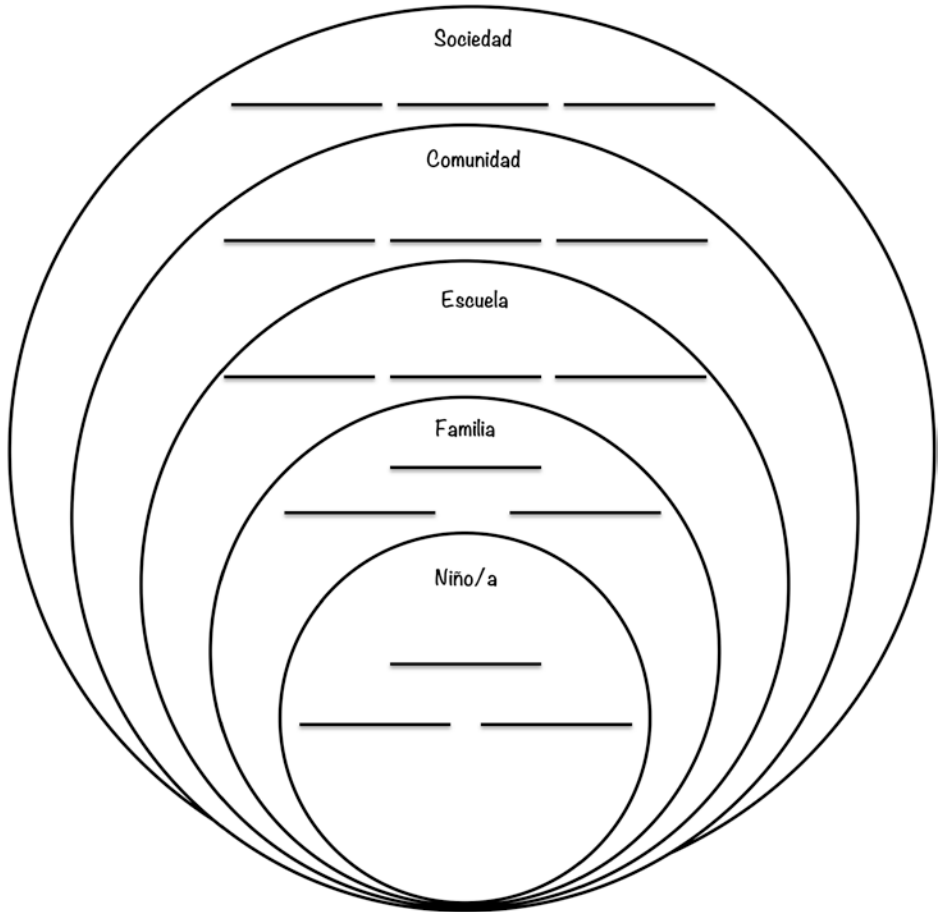
Resolviendo Problemas



<p>Paso 1: ¿Cuál es el problema?</p> <p><i>Mamá y papá van a salir y yo no quiero que ellos se vayan.</i></p>	
<p>Paso 2: ¿Qué puedes cambiar?</p> <p><i>Yo puedo cambiar mi reacción, ellos van a salir aunque yo no quiera.</i></p>	
<p>Paso 3: Piensa en todas las ideas para resolver este problema. Todas las soluciones son bienvenidas. No evalúes las soluciones.</p>	<p>Paso 4: ¿Qué pasaría si lo hicieras?</p>
<i>Llevar las llaves del carro y esconderlas.</i>	<i>Me meteré en problemas y ellos se irán en taxi.</i>
<i>Ver una película y ya no pensar en eso.</i>	<i>Me divertiría y ya no pensaría tanto.</i>
<i>Crear un pensamiento relajante.</i>	<i>No estaría pensando en accidentes y podría sentirme mejor.</i>
<i>Voy a decir que no salgan.</i>	<i>Me consolarán y me dejarán de todos modos.</i>
<i>Hacer un berrinche muy grande.</i>	<i>Me harán pasar un tiempo sola y acabaría más alterada.</i>
<i>Voy a decirle a mi abuela cómo me siento.</i>	<i>Ella me consolará y yo podre sentirme mejor.</i>
<p>Paso 5: ¿Cuál es la mejor idea? ¿Cuál es la segunda mejor idea?</p> <p><i>Voy a usar las soluciones 2 y 3. Primero voy a crear un pensamiento relajante y después veré la película.</i></p>	
<p>Paso 6: Evalúa cómo funcionó tu idea - ¿Qué harías la próxima vez?</p> <p><i>Mis preocupaciones pararon cuando empecé a disfrutar la película y como premio fui a andar en bicicleta con mi papá. Mis soluciones funcionaron bien.</i></p>	

Cultura y Contexto

Completar los aspectos que crees que está contribuyendo a la ansiedad de tu niño.



La Escala de Preocupación

Algunas veces cuando estamos preocupados solamente estamos un poco preocupados pero a veces nos sentimos muy, muy preocupados. Usar una escala es una buena manera de describir que tan fuerte es un sentimiento. Una escala es como un termómetro. Cuando el sentimiento es bajo, el número en el termómetro es bajo. Cuando el sentimiento es fuerte, el número en el termómetro es alto.

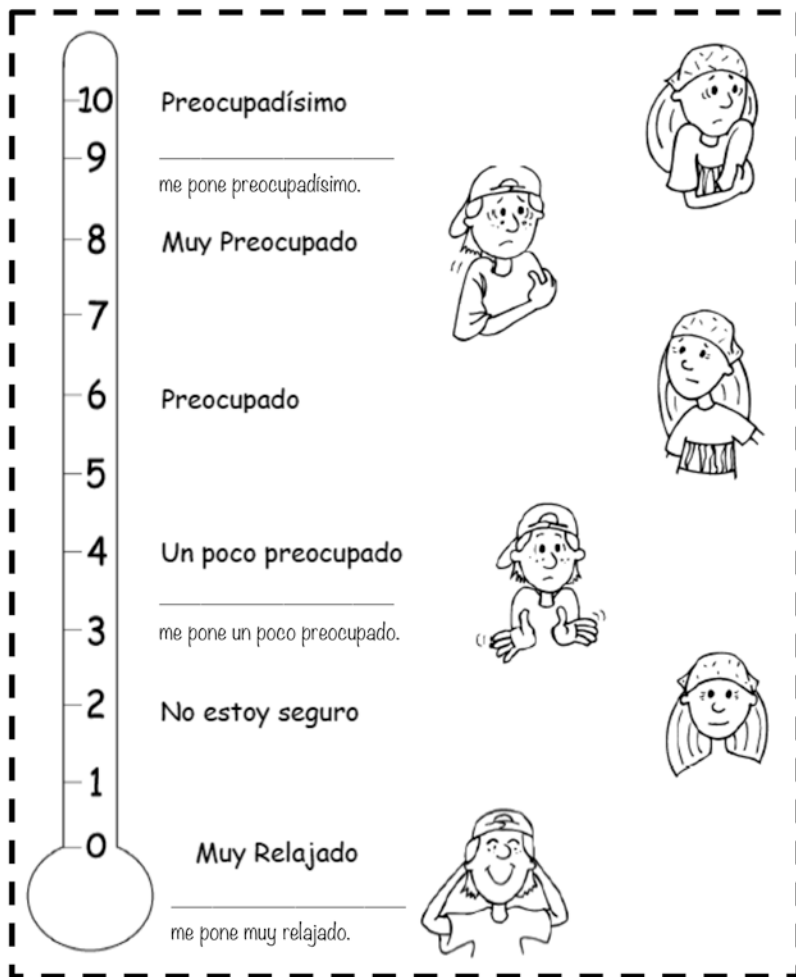
Esta es una escala para el sentimiento de preocupación. La estaremos usando bastante para que nos ayude a decir que tan fuerte es el sentimiento de miedo o ansiedad. Para usar la escala, piensa en la situación y después asígnales un número que demuestre que tan preocupado estás por cada situación.

Por ejemplo, si estás apunto de subirte al escenario para cantar solo en frente de toda la escuela, el nivel de esa preocupación sería 9 en la escala.

- Nivel de preocupación si estás yendo a la nevería.

- Nivel de preocupación si tienes que empezar en una escuela nueva mañana:

Escribe ejemplos de las situaciones en que estás muy relajado, un poco preocupado, y preocupadísimo.



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Conecta Los Pensamientos y Sentimientos

Lo que tú piensas y cómo te sientes tienen que ver mucho uno con el otro. Vamos a pensar en algunos ejemplos. Piensa en una ocasión en que estabas muy, muy feliz. En las figuras a continuación escribe lo que pasó, lo que estabas pensando, y lo que estabas sintiendo. Circula el nivel de preocupación que hubieras sentido para esa situación.

¿Qué fue lo que pasó? ¿Qué estaba pensando? ¿Qué estaba sintiendo?

Nivel de 0 1 2 3 4 5 6 7 8 9 10 Preocupación

Ahora piensa en situaciones que han pasado en los últimos días en las que estabas preocupado. Si se te hace difícil recordar, cierra tus ojos y trata de imaginar que estás de regreso en esa situación. No olvides evaluar lo preocupado que estabas en cada situación.

¿Qué fue lo que pasó? ¿Qué estaba pensando? ¿Qué estaba sintiendo?

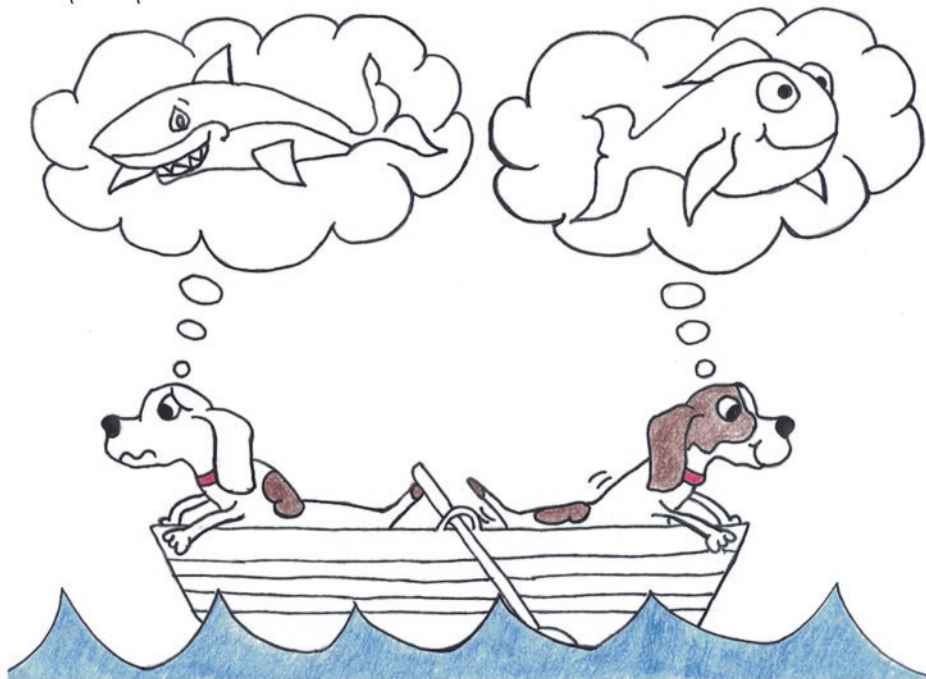
Nivel de 0 1 2 3 4 5 6 7 8 9 10 Preocupación

¿Qué fue lo que pasó? ¿Qué estaba pensando? ¿Qué estaba sintiendo?

Nivel de 0 1 2 3 4 5 6 7 8 9 10 Preocupación

Pensamientos Relajantes y Preocupantes

Unos pensamientos pueden ayudar a una persona a relajarse y otros pensamientos quizás pueden ocasionarles más ansiedad y miedo. Circule el perro que estaría más ansioso en esta situación. Por qué crees que ese perro se sentiría más ansioso?



En las caricaturas de abajo, escribe dos pensamientos diferentes que la niña podría tener. Trata de escribir un pensamiento relajante y un pensamiento preocupante.

Te encuentras con una nueva persona.

Tú mamá llega tarde a la casa.

 Two cartoon scenarios for a girl. On the left, a girl in a dress and hat is shaking hands with a boy in a suit. On the right, a girl in a dress is standing and looking at a clock on the wall. Each scenario has several empty thought bubbles above it for writing.

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Pensamientos, Sentimientos, y Acciones

Los pensamientos y sentimientos pueden influir tus acciones. En cada uno de los siguientes ejemplos escribe un pensamiento de preocupación. Después, escribe que es lo que sentirías y lo que harías. Haz cada uno por segunda vez con un pensamiento de tranquilidad. ¿Te sentirías diferente si tuviera un pensamiento de tranquilidad? ¿Te comportarías diferente?

Situación: No has terminado tu tarea de la escuela.			
	Pensamientos	Sentimientos	Acciones
Preocupación			
Tranquilidad			
Situación: Quieres invitar a un amigo nuevo a tu fiesta.			
	Pensamientos	Sentimientos	Acciones
Preocupación			
Tranquilidad			
Situación: Tu equipo tiene un partido muy importante mañana.			
	Pensamientos	Sentimientos	Acciones
Preocupación			
Tranquilidad			
Situación: (Tu ejemplo)			
	Pensamientos	Sentimientos	Acciones
Preocupación			
Tranquilidad			

Practicando Pensamientos Relajantes

A menudo, los pensamientos de preocupación no son realistas. Una manera de decidir si lo que estás pensando es realista es pensar en los hechos. Esto es lo que hace un científico o un juez. Necesitas ver si hay más hechos que confirman el pensamiento preocupante o si hay más hechos que confirman un pensamiento relajante. Hay cuatro pasos para ayudarte a practicar pensamientos relajantes.



1. Anota tu pensamiento preocupante y utiliza la escala de preocupación para evaluar que tan preocupando estás cuando tienes ese pensamiento.
2. Contesta las preguntas en las cajas para crear una lista de hechos.
3. Averigua si hay más hechos que confirman el pensamiento preocupante o que no confirman ese pensamiento. También te puedes preguntar si los hechos para el pensamiento preocupante son más favorables que los hechos que no confirman ese pensamiento.
4. Anota un pensamiento realista. Pregúntate: “basado en los hechos, ¿qué pienso que de verdad pasará? Utiliza la escala de preocupación para evaluar que tan preocupado te sientes cuando piensas en el pensamiento relajante.



Situación	
Pensamiento Preocupante	
Mi nivel de preocupación es: _____	

¿Cuales son los hechos?	
¿Qué me ha pasado antes en esta situación?	
¿Qué le diría a un amigo si tuviera este pensamiento?	
¿Qué es probable que vaya a suceder de verdad?	

Pensamiento realista: ¿Qué pienso ahora que he considerado los hechos?	
Mi nivel de preocupación es: _____	

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Plan Escalón por Escalón

Si tienes miedo de algo, lo evitarás. A menudo, los miedos nos impiden hacer las cosas que nos gustaría hacer. Los miedos no se irán tan fácilmente al menos que los enfretemos junto con las situaciones que el miedo nos dice que evitemos. Puedes explicar tus miedos con más detalles para ayudar a vencerlos.



Empieza Aquí

META	
Escalón 10	
Recompensa 10	
Escalón 9	
Recompensa 9	
Escalón 8	
Recompensa 8	
Escalón 7	
Recompensa 7	
Escalón 6	
Recompensa 6	
Escalón 5	
Recompensa 5	
Escalón 4	
Recompensa 4	
Escalón 3	
Recompensa 3	
Escalón 2	
Recompensa 2	
Escalón 1	
Recompensa 1	

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Las Recompensas



Las recompensas son un paso importante para controlar la ansiedad. ¿En cuántas recompensas diferentes puedes pensar? Recuerda que las recompensas no solo son dinero y otras cosas materiales. También pueden ser pasar tiempo con personas especiales para nosotros, actividades o salir a pasear. Cada idea puede encajar en más de una categoría.



Mis cosas favoritas	Actividades que son rápidas y fáciles
Las cosas y actividades gratuitas	Actividades puedo hacer con mi familia o mis amigos

¿Sabías que te puedes recompensar? Esto suena un poco gracioso al principio pero si es posible. Cuando haces algo bueno o superas un miedo, te puedes decir en tu mente algo como ‘hice un buen trabajo’ o puedes hacer algo especial que te guste. Durante la próxima semana, te recompensarás por hacer un gran esfuerzo.

¿Qué cosa buena hice?	¿Fue algo pequeño o grande?	¿Cómo me recompensé?

Lucha Contra el Miedo Enfrentándote a Él

Utiliza las actividades en tu escalera a fin de que enfrentes tus miedos. Practica cada escalón muchas veces. Por ejemplo, si tienes miedo hacer preguntas en la clase, haz preguntas muchas veces hasta que se te haga fácil. Cada vez que practiques, llena una sección que te pregunta sobre tu nivel de preocupación, las habilidades que usaste, lo que aprendiste, y tu recompensa.

Los tipos de habilidades que puedes usar son cosas como: 1) conectar pensamientos y sentimientos, 2) practicar los pensamientos relajantes, 3) resolver problemas, y 4) relajación, etc.

¿Qué escalón voy a practicar y cuando voy a practicarlo?	¿Qué habilidades voy a usar para ayudarme con este escalón?	Nivel de preocupación	¿Qué he aprendido al enfrentarme a este miedo?	¿Recibí mi recompensa?
		Antes: _____ Durante: _____ Después: _____		Sí <input type="checkbox"/> No <input type="checkbox"/>
		Antes: _____ Durante: _____ Después: _____		Sí <input type="checkbox"/> No <input type="checkbox"/>
		Antes: _____ Durante: _____ Después: _____		Sí <input type="checkbox"/> No <input type="checkbox"/>

Resolviendo Problemas



Paso 1: ¿Cuál es el problema?	
Paso 2: ¿Qué puedes cambiar?	
Paso 3: Piensa en todas las ideas para resolver este problema. Todas las soluciones son bienvenidas. No evalúes las soluciones.	Paso 4: ¿Qué pasaría si lo hicieras?
Paso 5: ¿Cuál es la mejor idea? ¿Cuál es la segunda mejor idea?	
Paso 6: Evalúa cómo funcionó tu idea - ¿Qué harías la próxima vez?	

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