Managing Anxiety
2014-2015 Family Engagement Parent Workshop

Anna Tush
Sheila Wasilewski
Eric Wiltshire
ACPS School Psychologists
Presentation Agenda

Today, we will discuss:

- An overview of anxiety and anxiety disorders
- Treatment and coping strategies used to address the three parts of anxiety
- Ideas to manage and reduce anxiety and stress in the home
What is Anxiety?

Worry

Nerves

feeling

unsettled

uncontrollable

FEAR

Racing

heart

fretfulness

butterflies

jitters

nail biting

panic

Avoidance

thinking about the worst

thinking about the worst
The Brain and Anxiety
Definitions of Anxiety

Anxiety is an emotion.

- It is our mind’s perception and sensation that accompanies the body’s response to a real or perceived threat.
- Anxiety is a survival instinct that tells us whether to approach or avoid something.
The Neurobiology of Anxiety

- The brain responds **in the same fashion** regardless of whether the “fear” is in reaction to:
  - An imagined threat (a mental representation)
  - A neutral but “mislabeled” cue (internal or external)
  - An actual external (e.g. a speeding bus) or internal threat (e.g. going in to shock).

  Our body activates the central and peripheral nervous system to promote survival instincts and respond in a way to avoid perceived threats.
The Neurobiology of Anxiety

- Sensory information from the external and internal environments are processed at the level of the brainstem and midbrain.
- As the information is processed, it is matched against previously stored emotional memories or associated with patterns that activated anxiety in the past.
- This is an unconscious process that occurs within milliseconds.
The Neurobiology of Anxiety

- Adults typically respond to anxiety with a “fight or flight” response activated by the amygdala in the brain.
- This alarm triggers a physical response through the brain and body due to heightened awareness.
- Children, with less mature nervous systems, in contrast to adults, often “freeze” in the face of danger, and only display the typical “fight or flight” response as they mature.
Anxious Feelings vs. Anxiety Disorder
Technically, anxiety is …

- Mood state characterized by **strong negative emotion** and **bodily symptoms** of tension, in which a person apprehensively anticipates future danger or misfortune.

- An **anxiety disorder** is an excessive and debilitating chronic recurrence of anxiety; **among the most common** childhood and adult disorders (estimates vary; probably ~10-20% of kids).
Definitions of Anxiety

- Anxiety becomes a **Disorder** when the frequency, duration, intensity or context of the anxiety is extreme and interferes with normal development and age appropriate daily functioning.
Anxiety Disorder Facts

- Most common form of psychopathology in children, adolescents, and adult.

- Estimated 6 – 18% of children aged 6 – 17 meet the criteria for an anxiety disorder

- **Strong relationship** between childhood and adulthood anxiety disorders
What are some ways fear can be impairing? A few real-life examples

- Does not participate in sports team activities due to social anxiety despite talent and interest
- Drops class rather than complete required class presentation due to social phobia
- Does not order at a restaurant due to social anxiety
- Does not participate in sleepovers or sleep away camps due to separation anxiety
- Does not visit grandparents’ home due to cockroach phobia
- Does not visit family due to flying phobia
Given the circumstances, avoidance is normal. But because avoidance is a reinforcement, it also exacerbates and maintains a fear.
Anxiety Disorders in DSM-5

- Separation Anxiety Disorder
- Generalized Anxiety Disorder
- Specific Phobia
- Social Phobia
- Panic Disorder

Primarily worry

Primarily fear

No developmental distinctions – these can occur in kids or adults
The Epidemiology of Anxiety in Children & Adolescents

- SAD 4%-5%
- Panic Disorder 1%-2%
- Agoraphobia 1%-2.5%
- Specific Phobia 10%-12%
- Social Phobia 3%-20%
- OCD 1.5%-2.5%
- Selective Mutism <1% ?
Specific Phobias

- The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and to the sociocultural context.
- The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.
- The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Failure to meet this last criteria is why most of our normal fears are not considered phobias.
Common Phobias

- Social
- Heights
- Enclosed spaces
- Snakes
- Dark
- Spiders
- Thunder/lightning
- Dogs
- Flying

These can occur in adults and children
Treating Phobias: Why Do People Avoid The Things They Fear?

- They believe they are in danger
- They don’t want to feel anxious – anxiety is aversive
- They don’t want others to notice they are anxious
- They don’t believe they can handle being anxious
- They have not handled the same situation well in the past
Social Phobia (Social Anxiety Disorder)

- Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech).

  **Note:** In children, the anxiety must occur in peer settings and not just during interactions with adults.

- Social phobia is a specific fear of social situations that can cause avoidance and distress.

From DSM-5
It is good to remember that *co-morbidity* is the **Rule** in children with anxiety disorders. The risk of an anxious child also suffering from depression is 40 - 75%.

50-60% of children with one anxiety disorder **also meet the criteria** for another anxiety or mood disorder.

The Genetics of Anxiety in Children

- The risk for anxiety disorders appears particularly high in the offspring of anxious parents. Biederman (2001) and Merikangas (1999)

- In parents who had an anxiety disorder, their children also had the highest rates of anxiety disorders (risk was 7X that of control parents' offspring and 2X that of dysthymic individuals' children). Turner, Beidel, and Costello (1987)
Nature vs. Nurture in Anxiety

- Nature and nurture both play roles in the development of anxiety in children.
- Environment and genetics play almost equal parts. Environment can turn on existing genetic predisposition for anxiety.
- Family dynamic studies show that parental over-protectiveness and parental rejection are significantly associated with increased rates of anxiety in offspring.
Anxiety: Adult outcomes

- Of the 700, 253 (36%) were diagnosed with anxiety of some sort.
- In adulthood, 1/3 continued to qualify for an anxiety or mood disorder, 2/3 were anxiety free.
The Three Parts of Anxiety

- Body
- Behavior
- Thoughts
Body

--- Sweaty Palms
--- Fast Heart Beat
--- Tense Muscles
--- Stomachaches

Thoughts

--- Worries
--- Thinking Errors
--- Negative Self Talk

Behavior

--- Avoidance
--- Nervous Behaviors
--- Asking questions
**Body**
- Sweaty Palms
- Fast Heart Beat
- Tense Muscles
- Stomachaches

**Thoughts**
- Worries
- Thinking Errors
- Negative Self Talk

**Behavior**
- Avoidance
- Nervous Behaviors
- Asking questions

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- Learn Relaxation and Calm Breathing
- Learn Yoga and Meditation

- Face Your Fears
- Get Rid of Nervous Behaviors

- Conquer Your Worries
- Identify and Replace Thinking Errors
- Positive Self-Talk
Body: Relaxation Response

- Physical state of **deep rest** that **changes** a person’s physical and emotional responses to stress
- Meditation, yoga, worship music/rituals, **relaxation techniques**
- Practicing lowers heart rate, blood pressure and oxygen consumption
- Need **REGULAR** practice for physical/mental health benefits (5-10 min/day or 10 min every other day)
Body: Calm Breathing

- **Teach** deep breathing
  - *Slowly* breathe in through your nose and out through your mouth, allowing the breath to go all the way down to your lower belly.
  - Need to have **lower diaphragmatic breathing** and have child practice together (can use yoga mat/props)
  - When anxious, teach children to do calm breathing through different methods (i.e. square breathing, 1-nostril breathing), where breath is slow both in and out. This needs to be done for 3-5 minutes to be effective.
Body: Progressive Muscle Relaxation

- **Teach** Progressive Muscle Relaxation (PMR):
  - Tense and hold (for 5-7 seconds) and then relax each different muscle group in body

1. Hands
2. Arms
3. Shoulders
4. Back
5. Abdominals
6. Buttocks
7. Legs (toes out)
8. Legs (toes in)
9. Face
10. Whole Body (robot-ragdoll, “spaghetti”)
Body: Guided Imagery

- **Teach** Guided Imagery
  - Have child find a comfortable position, play relaxing music (without words), and guide child through relaxing scene (beach, forest, etc.)
  - APP: CBT Tools for Kids
  - Refer to Bourne’s Anxiety and Phobia Workbook, and books and CDs by Bonnie Zucker, Psy.D.
Body: Yoga/Meditation

- Meditation: great for children with general anxiety (to get out of cognitive mind)
- Transcendental Meditation: go to www.tm.org
- Yoga: most types of yoga can help with reducing anxiety (Iyengar yoga)
- Use yoga pretzel cards at home (Amazon)
- Headspace.com
Thoughts

“You can **change** the way you **think** to **change** the way you **feel**”
Thoughts: Common Thinking Errors

- **Over-Generalization**: You reach a broad conclusion based on a single piece of evidence. *My teacher got mad at me. He’s always getting mad at me, nothing I do is right.*

  “Just because one event happened does not mean that I am (or you are/ he/ she is . . . [some way of being]).”

- **All or Nothing Thinking (Black and White)**: This is believing things are either good or bad, right or wrong, and ignoring the middle ground. No room for mistakes. *I got a 67 on my math test. I’m such a failure! I’m always bad at math.*

  (Thinking in absolute terms of ‘always,’ ‘never,’ ‘every’)

  “Things aren’t totally black or white. Has there ever been a time when it was NOT that way?”
Thoughts: Common Thinking Errors

- **Selective Attention & Selective Memory**: Only paying attention to information that confirms your belief, and ignoring information that contradicts it. *Only focusing on the 67 on a math test, and ignoring other grades of 89, 95, and 99.*

  “Am I only noticing the bad stuff? Am I filtering out the positives? What would be more realistic?”

- **Catastrophizing**: Imagining and believing that the worst possible thing will likely happen. *Look at those gray clouds, there’s going to be a tornado that will blow away my house!*

  “OK, thinking the worst possible thing will definitely happen is not helpful right now. What is most likely to happen?”
Thoughts: Common Thinking Errors

- **Mind Reading:** Assuming that you know what others are thinking, and that their thoughts are negative in nature. *My teacher must think I’m so stupid if I can’t even do this simple test!*

  “Am I assuming I know what others are thinking? What’s the evidence? Those are my own thoughts, not theirs.”
Thoughts: Situation-Thought-Feeling-Behavior

- **Situation**: Go to a party at a friend’s house, they have a dog.
- (Automatic) **Thoughts**: What if the dog jumps on me or bites me? What if they won’t lock the dog up? What if the other kids see how scared I am and make fun of me?
- **Feeling**: Anxious, scared, worried, panicked
- **Behavior**: Ask Mom to call the friend’s parents to request that the dog be kept in a different room. Try to avoid the party.
Replacement thoughts: “I must face my fears to overcome them. Dogs are not dangerous—it’s only my anxiety talking. I will block the dog from jumping on me by lifting my knee up. This is my chance to practice being brave and handling discomfort.”

Alternative Feelings: Less anxious/worried

Alternative Behavior: Go to party without asking parents to put dog in room.
Thoughts: Conquering Worries

- Ask two questions:
  - What is the worst that could happen?
  - Can I handle it? (answer = always YES)

- Chances are that children will never feel completely “ready.” They will feel anxious and uncomfortable, but can learn to tolerate it.

- Other questions to ask: “How would somebody without anxiety handle this?” “What could be a better way of looking at this that would truly empower me?”
Thoughts: Self-Talk Note Cards
Thoughts: Self-Talk Note Cards

On Index Cards, have child write:

- I must face my fears to overcome them.
- I can change the way I think to change the way I feel.
- I cannot allow anxiety to make decisions for me.
- I am okay. Everything will work out.
- I can handle this. I am nervous, but I am okay.
- I can be nervous or I can be calm. Let me do my calm breathing.
- What would someone who wasn’t scared in this situation think and do?
Thoughts: Self-Talk Note Cards

- Make cards specific to child and child’s fears

- Have child practice reading cards over and over so they will remember the self-talk during exposures. The goal is to find 2-3 that work and help the child calm down and cope.
Behavior

- Most common behavior associated with anxiety: AVOIDANCE
- Other anxious behaviors:
  1. Reassurance
  2. Fidgeting
  3. Picking/pulling
  4. Checking
  5. Scanning environment
  6. Asking questions
  7. Crying
  8. Tantruming
  9. Clinging
  10. Rituals
Behavior: Face your fears

- You must face your fears to overcome them!
- Teach **habituation**: by staying in a situation, you become used to it (numb out). Cold pool and habituation
- **Most important** is to **believe** in the child and their ability to face their fears! Be super encouraging and empowering!
Behavior: Systematic Desensitization

- Ladders
- Take steps *gradually*, and then *repeat* over and over until it no longer causes anxiety.
- Child is never forced to do a step but strongly encouraged to take steps (go at child’s pace)
- REWARD
- Have ladders *written out*—much more successful!
Behavior: Principles of Systematic Desensitization

- 1: Repetitive: do the same step over and over again.
- 2: Frequent: do it often, daily if possible.
- 3: Prolonged: Stay in the situation as long as possible.

Be uncomfortable and stay with it—learn to tolerate the feelings of anxiety.
<table>
<thead>
<tr>
<th>Situation</th>
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<tbody>
<tr>
<td>Talking in class, standing up in front of class</td>
</tr>
<tr>
<td>Disagreeing with someone</td>
</tr>
<tr>
<td>Asking someone for a favor – like getting notes</td>
</tr>
<tr>
<td>Speaking up at a party</td>
</tr>
<tr>
<td>Going to a party</td>
</tr>
<tr>
<td>Telling a funny story to teacher or someone’s parent</td>
</tr>
<tr>
<td>Talking in class, while at my desk</td>
</tr>
<tr>
<td>Telling a funny story to kids I know well at lunch</td>
</tr>
<tr>
<td>Asking a friend to return something he borrowed</td>
</tr>
<tr>
<td>Speaking up in a small group of ppl I know well</td>
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<tr>
<td>Answering the telephone</td>
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Parental and Family Systems and Involvement
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**Parenting Goal:** To raise an independent, self-sufficient adult.

- To reach this goal, children need to know that they can tolerate situations that are discomforting and handle disappointment.
- Use supportive and thoughtful messages around academic performance and success.
- Creativity is important for success.
It is Natural to want to reassure your child, BUT…

- Warm, loving parents unintentionally strengthen a child’s fears by accommodating it/them by changing the environment or doing things differently (facilitating avoidance).
- Anxiety becomes stronger and children miss the opportunity to become resilient.
- Providing reassurance validates the anxiety and makes the child more anxious.
A Parent’s Role

Rather, parents need to encourage children to:

- Be brave
- Face their fears
- Tolerate the discomfort

Parents do this gradually and by guiding them to externalize the anxiety and not give into it.
Sample Parental Responses

- “I see how hard this is for you. I know you can talk back to the anxiety.”
- “If you are scared, this is your chance to practice being brave. You can only practice being brave when you are scared.”
- “It’s only the anxiety talking. What can you say back?”
- “I know that you want me to answer your questions, but I can’t talk to anxiety. I can talk to you but not the anxiety.”
- “What can you do to calm down and relax?”
- “I see you are having a hard time calming down right now. Let’s do your breathing and read your cards to help.”
- “Even though it may not feel like it, you can handle this”

All of these responses encourage the child to challenge the anxiety.
A Parent’s Role Defines Success

- Stay calm yourself
- Model the use of managing your own anxiety (this is important, whether or not the parent has anxiety)
- If you are always available and always responsive, this is not necessarily good. “Good Enough Parenting” (Winnecott)
- Parents also benefit from cognitive restructuring.
Reducing specific manifestations of anxiety…
Sleep Plan

- Many children (with and without anxiety) struggle to sleep on their own.
- This anxiety can carry over to sleepovers and sleep away camps.
- If the family’s value is to have the children be able to sleep on their own, family needs to be consistent in expectations and daily plan.
Sleep Plan

- Provide positive sleep associations (stuffed animal, fan, nightlight)
- Use relaxation therapy and self-talk note cards specific for sleeping on own.
- Use general sleep hygiene (modeled by family)
- No screens (TV, computer, iPad) 45 -60 minutes before bed
- It generally takes 8 minutes to fall asleep. If student is not asleep after 20 minutes, let them read (or other mundane activity) until sleepy
Test Anxiety

- Children who have test anxiety can have difficulty concentrating and “go blank” in test situations
- Goal is to practice taking tests/timed quizzes to desensitize
- Child should be encouraged to pair calm breathing with test situation – This MUST be mastered outside of actual testing situations
Performance Anxiety in Classroom

- Children may not raise their hand to participate in activities (presentations/reports) in front of class.
- Gradual desensitization: let child practice at home, then with teacher. Encourage a smaller, more manageable role in group presentations and work up.
- The more prepared the student is for participation, the more successful the experience will be.
Perfectionism

- Be careful not to reinforce perfectionistic behaviors:
  - Not every test has to be 100%
  - Grades shouldn’t be changed to accommodate perfectionism
  - Student may need limits set for emailing teachers

- Communication should represent a growth mindset, rather than a fixed mindset (Dweck).
<table>
<thead>
<tr>
<th>“You are so smart”</th>
<th>“You worked really hard on that”</th>
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<tbody>
<tr>
<td>“Things just come naturally for you”</td>
<td>“I see you didn’t give up and look how well you did as a result”</td>
</tr>
<tr>
<td>Underlying message: You are either intelligent or you are not.</td>
<td>Underlying message: Intelligence, skill or talent can be acquired with hard work.</td>
</tr>
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<td>This encourages all-or-nothing thinking that can derail a student with anxiety.</td>
<td>When faced with difficult tasks, students are more likely to persevere to achieve a goal. Success makes them more likely to try other difficult tasks.</td>
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<td>Students will, therefore, not put effort into a task that does not come easily</td>
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Parental Involvement and Success

- Parents need to evaluate their definition of success: Is it all A’s on academics or developing a well-rounded student who will be successful in life?

- Characteristics of long-term success: high self-esteem; creativity; social skills

- These characteristics can be stunted by overscheduling children, pressure for perfection, modeling of unhealthy coping skills and self-care, nature deficits
Stress Management

- Visualize a beaker to measure stress. Everyone has a little bit of fluid in their beaker due to everyday annoyances (broccoli for dinner? yuck)
- Add stressful events that fill the beaker during the day (get in trouble at home, have to go to Dr. for a shot, parents get in a fight)
- Ultimately, beaker is so full that any little thing can cause it to overflow = meltdown, scream, cry
Stress Management

- Help your child come up with a list of strategies to lower the level in their beaker ("You are an expert on you. What are some things that make you feel relaxed?"))
  * sleep well
  * eat healthy
  * yoga
  * bubble bath
  * use a journal
  * play with a pet
  * call a friend

- Encourage them to use these strategies when things start to get overwhelming
Moving beyond family, parental, and school supports

- Cognitive Behavioral Therapy (CBT) is the most effective treatment option that has an enduring effect in managing anxiety disorders and reducing risk for subsequent symptom return. (Hollon, Stewart, Strunk 2006)

- Parents who help a child practice relaxation and other self-help strategies learned in therapy have children that have greater success in therapy.

Put in 100%. Get 100% out.
The goal of anxiety treatment is not to eliminate anxiety, but rather for a client to realize that anxiety that can be managed and tolerated.