



The Brake Shop Clinic Putting the Brakes on Anxiety



All of us feel anxious at times. Our fear response is needed to protect us when danger is present. But what if danger is not present? Worries are thoughts, ideas, or pictures that keep coming into your mind even though you do not want them to. We may worry about things that might happen. We may have a restless night of sleep. When you are afraid of certain things (e.g., storms, spiders, needles), causing you to avoid them, that is called a simple phobia. Some children are scared to be away from their parents (separation anxiety) or to be in crowds or talk with peers (social anxiety). Older teens may have a "panic attack", where their body puts them in to "fight or flight mode", as the heart starts racing, breathing is rapid, muscles are tight, and they fear for their safety. Children and youth with generalized anxiety disorder (or GAD) have physical symptoms that interfere with their normal lives. These problems may include restlessness, feeling tired, problems with concentration, irritability, muscle tension, and/or insomnia. In addition, these individuals worry about a variety of events, such as their health, the health of their family, their safety, school problems, rejection, and performance, and they find it difficult to control their worry. Many people with an anxiety disorder feel that their worry is "out of control" and that it will make them sick or hurt them.

An anxiety disorder is a chronic condition, with many people saying that they have always been "worriers". You can also have a variety of other problems, including irrational fears, sadness that won't go away, stomach-aches, and relationship problems. You might avoid others because of fear of rejection, or you become overly dependant on others because of your lack of confidence. You predict that "terrible" things will happen, even when there is a very low probability of these things *actually* happening. If you are a chronic worrier, you probably notice yourself saying, "Yes, but what if...?" This "what-ifying" floods you with a range of possibly bad outcomes that you think you must prepare yourself for. There seems to be no end to the things that you could worry about. In fact, even when things turn out to be OK, you may say to yourself, "Well, that's no guarantee that it couldn't happen in the future!" If you have an anxiety disorder, you may be trapped in a conflict between the fear that worry is uncontrollable and the belief that worry protects you.

All this doesn't mean we are weak. What it DOES mean, though, is that most people have good enough brakes over their thoughts to stop them when they don't want to think those thoughts anymore. Anxious people can get trapped in the same thoughts over and over so we can't shift to new thoughts as easily as others can.

All this doesn't mean that we can't do anything about it! You CAN recover from the problems that anxiety creates, and you CAN get rid of all that torment and unease. You know what else? You deserve to!

So let's,



- Of critical importance is to educate the person in what worrying is, and how to recognize when the worries are interfering with their true intentions. Many children and youth, when first diagnosed, are not aware that the excessive worrying they deal with are not common experiences for other children. Furthermore, they may have never known what it is like to NOT have these experiences. Developing the insight to recognize the disorder's influence will take time and patience. It is, however, an integral step for learning to deal with an anxiety disorder. Doing so will help them to "distance" themselves and their thoughts from the anxiety and discomfort created by the worrying. Once they can do that, they are better equipped to cope with the demands of everyday life.
- Cognitive-behavioural therapy (CBT) for an anxiety disorder can help you to identify your beliefs about the costs and benefits of worrying and show you how to recognize the difference between productive and unproductive worrying. CBT will help you identify your worries and when you are having a "false alarm" – feeling anxious with no danger present. You will start to practice "letting go" of worries. In addition, you will learn how to overcome your avoidance of activities or thoughts about which you worry. Other interventions may include addressing your concern that worrying too much may be harmful, assessing your tendency to jump to conclusions that awful things will happen, and helping you learn to distinguish between anxiety and actual facts (putting thoughts on trial). Finally, since you are worrying throughout the day, you can learn to limit worrying by having "worry time".
- During an anxious episode, supportive adults may ask questions for more information about the specifics of the worried thought. Doing so can illuminate new potential avenues for problem solving the situation (e.g. finding a way to satisfy the anxiety in a less obtrusive way). Knowing the anxiety-provoking thought can also allow others to help the person realistically appraise how "dangerous" the thought really is, thus further distancing themselves from the anxiety (e.g., "what do you think might happen if you don't _____? What is the worst that could happen? How likely do you really think it is that this would happen?").

Cognitive Behaviour Therapy is highly effective for anxiety disorder for many children and youth. Here's how it works: since the only reason we worry is because we believe something bad is going to happen, we work to make the thoughts less bothersome. We will want to put those thoughts "on trial" and decide if the worry is a big worry or small worry. Those thoughts might be there because our brakes are still leaky, but they don't have the same power over us that they used to.

People can go to a Psychologist or Psychotherapist to learn how to do CBT; there are also different books that teach parents about CBT or Anxiety Management and how to do this with their children. Some of these books are listed in our Brake Shop bibliography.

People are sometimes concerned that spending a whole lot of time talking about their worries will make them WORSE instead of better. While this can be true in the short-term (usually early in treatment), in the long run, worries usually become LESS and easier to manage.

Medication. An appointment with a physician who specializes in anxiety disorders and who is familiar with psychotropic medications that can be helpful to treat anxiety (i.e., Selective Serotonin Reuptake Inhibitors (SSRI's)) can be considered. This might be a psychiatrist, a paediatrician, or a neurologist.

Medication is important if CBT is not available or appropriate, or if the worrying is SO strong that it is difficult to make real gains in therapy. Otherwise, CBT works very well on its own and teaches skills to keep anxiety symptoms from coming back again over time.

It is difficult to challenge every worry at once; it is important to work on bothersome thoughts one by one. Therefore, some strategies below suggest how to accommodate some worries into your life in ways that will not create problems.

It is helpful for us and for those around us **to recognize 'triggers' for certain worries.** Maybe whenever we go to a certain place, or do a particular thing, this makes those thoughts appear. Triggers could be an upcoming exam, changing schools or teachers, amount of sleep the night before, amount of stimulation in the room (i.e. number of people or amount of noise), illness in a close family member or friend, watching a scary movie, hearing about a scary event, or many other things. Some of those 'triggers' might be avoidable, such as avoiding exposure to the news or current events. This is a good plan at times when there just isn't enough time to put the worry on trial to 'shift gears'.

It is important to encourage '**brave behaviour**' in individuals dealing with anxiety. The "B for behaviour" in CBT often focuses on actively facing fears and participating in activities we have previously avoided – this is called **exposure**. Exposures should be *gradual* (done bit by bit) and *systematic* (planned and organized), so that the child/youth is not overwhelmed or **flooded** by anxious feelings. Facing a fear makes it smaller. This is done in a stepwise fashion with the child choosing the steps. It is not uncommon for **anticipatory anxiety** (the worries that precede the feared event) to be WORSE than the anxiety DURING the actual event (e.g., giving a class presentation). Knowing and experiencing this is helpful in facing future anxiety-provoking situations. Facing even small fears can build confidence and evidence that they are able to cope with difficult situations.

For activities that you know will 'trigger' the person's worries, spend some time together **deciding how long you will spend on that activity.** Decide this before starting the activity though, otherwise you'll already be 'triggered' and it will already be hard to think about it clearly! Create clear end-points to the activity and time them to occur at the start of something else equally interesting. **Time Timers** may be helpful visual reminders – available for sale at www.addwarehouse.com, these timers are set by moving a red disc counter clockwise to the desired time interval. The disc diminishes as time elapses until no red is visible on the timer face.

Establishing predictable daily routines will be important in decreasing the person's anxiety, as they can rely upon the increased external structure and take some of the 'guesswork' out of their day. Routines will also make transitions between activities smoother, as transitions will eventually become part OF the routine. It is even possible to plan for the unexpected by developing a routine to rely upon at these times – a routine for when you don't know the routine! At times when a change in the routine is unavoidable, provide advance cuing (perhaps in a "good news/bad news" format) to allow the individual ample time to break from the present activity and gear up for the new activity.

Always check to make sure that the person who experiences anxiety is very clear in what they are expected to do, and that they know how to do it. These individuals are more likely than others their age to become "stuck" when feeling uncertain about how to proceed with a chore, a task, or a school assignment. There are also children and youth who may repeatedly ask the same questions over and over to cope with that anxiety. This is known as **excessive reassurance seeking** and is a feature of anxiety for some children and youth. Repeated reassurance seeking can be a source of frustration for families and teachers and tends to function as a 'bottomless pit' – the cycle is never-ending, and no amount of reassurance is ever enough! Strategies for reducing excessive reliance on others for reassurance can and should be addressed in treatment.

Using a computer for homework/schoolwork (e.g. on a laptop, or Chrome book) may be a good idea for children/youth with a high need for perfectionism. Many times, frustrations develop from worrying that school work isn't "just right" or "perfect". On a computer work can be spelling and grammar checked and organized and 'lined up' in a uniform way. Consider this strategy if time to complete written activities are overly time-consuming or anxiety-provoking.

Sometimes it may seem like it is impossible to reason with the person experiencing anxiety. This is because the person is 'stuck' – it doesn't mean that what you are saying isn't sensible and it doesn't mean that the person with an anxiety disorder wants to disobey you or pull you into a power struggle. They might want to shift away from whatever they are doing or saying just as much as you want them to! For this reason, **distraction** can work well with people who are worrying. Using humour is an excellent distracter; it is a way to drive away anxiety associated with the thought so that the person can shift more easily.

Finally, here are some handy **"Don'ts" and "Do's"** for family members and friends supporting those with an anxiety disorder:

- **DON'T force the person to get help.** You can't care more about treatment than they do, otherwise this simply becomes another area of power struggle.
- **.....but DON'T function for them, either!** If the person is getting their needs met anyway, it isn't worth it to them to bother getting better? This might be hard for you to do – you might feel that you are being mean, purposely leaving the person with anxiety in misery. Doing this has important implications for motivating their desire to make a change. If that person is unhappy enough, and the only way for change to happen is for them to participate in treatment, then they may be more motivated to engage in treatment.
- **DON'T try to 'catch' the person** worrying, **show impatience** with slow progress, **or punish them for not getting help.** These things all add stress to the anxiety, which is the exact opposite of what we want to do. It will only make the worrying worse!
- **DON'T participate in the person's symptoms.** If you've already been doing this in the past, it is ok to phase out your involvement. Not 'playing along' may create a lot of anxiety in the person initially (particularly if you've accommodated the anxiety in the past) and may cause some explosions, but this short-term frustration is much better than a long-term dependence on you. The more you accommodate the worries, the more you are helping the person to avoid facing the worries. The more they avoid the anxiety the less able they are to tolerate that anxiety. What this all means is that the worries will take up more and more time. Pretty soon the worries have taken over everyone and everything! If you have been 'accommodating' your

child's anxiety to a high degree (e.g., avoiding certain places/people, conversation topics, or foregoing reasonable expectations), do not stop 'cold turkey' as this may be overwhelming for you child. Speak to a treatment provider as to how to best reduce the level of accommodation.

- **DO** see the person behind the disorder. Don't forget to focus on your child's strengths, interests, and talents outside of anxiety.
- **DO** see the person's progress, acknowledge it, and be positive. If they slip up, acknowledge the slip-up but still reinforce the EFFORT.
- **DO** obtain information about treatments, strategies and success stories from websites, books, media sources, and support groups. Plant these seeds in the person.
- **DO** offer to help with treatment.
- **DO** support efforts to be independent (e.g. develop own homework). You will not be available for help in every situation, and this person will likely need to cope with some degree of anxiety for their whole life.
- **DO** concentrate on living your own life! Plan a date night, socialize with friends, engage in rewarding activities. You are best equipped to support your child's mental health needs, when your own needs are taken care of.

Finally, parents, be sure you request that any relevant accommodations found on this hand-out are added to a formalized **I**ndividualized **E**ducation **P**lan (IEP). An informal IEP may not be implemented or transitioned, whereas a formal IEP is a legislated process that also includes the **I**dentification **P**lacement and **R**eview **C**ommittee (I.P.R.C.) that **must** be adhered to, under the Education Act, (Education Act, Regulation 181/98). Any child with identified special needs has access to this process.



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Treatment Plans and Interventions for Depression and Anxiety Disorders.

© 2007, Dr. B. Duncan McKinlay, Psychologist
Peter Robinson, Education Liaison

2015, Revised Dr. Jared Berman, Psychologist
Sharon Skutovich, Social Worker
Debbie Spina, Education Liaison

2019, Revised Dr. Magali Segers, Psychologist
Dr. Jeff St. Pierre, Psychologist

This and other materials can be found on our website.

www.leakybrakes.ca

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