

Child & Adolescent Anxiety

What Parents Can Do

Introduction to Anxiety & Parenting Strategies

"There are four ways you can handle fear. You can go over it, around it, or under it. But if you are ever to put fear behind you, you must walk straight through it. Once you put fear behind you - leave it there."

-Donna Favours



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Who Am I?

0 Daniel Chorney, Ph.D.

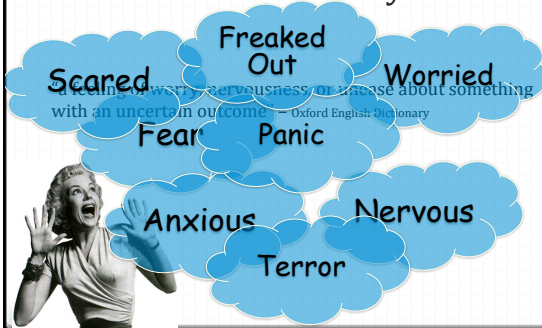
- 0 Registered Clinical Psychologist
- 0 Owner/Psychologist @ Dr. Daniel Chorney & Associates
- 0 Dr. Alesia Pencer, Dr. Tricia Beattie, Dr. Lindsay Uman, Dr. Janine Oldhuis
- 0 Former IWK Anxiety Team Leader & Community Mental Health staff psychologist
- 0 Previous research in anxiety development and expression across the lifespan

0 Education:

- 0 B.A. Psychology - UBC 2004
- 0 M.A. Psychology - West Virginia University 2006
- 0 Ph.D. Psychology - West Virginia University 2009
- 0 Clinical Internship - Brown University 2009



What IS Anxiety?

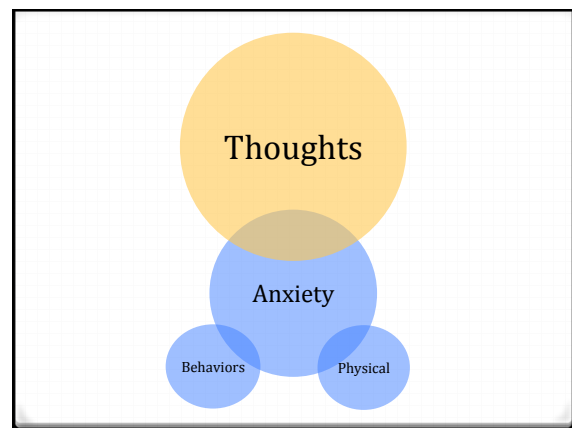
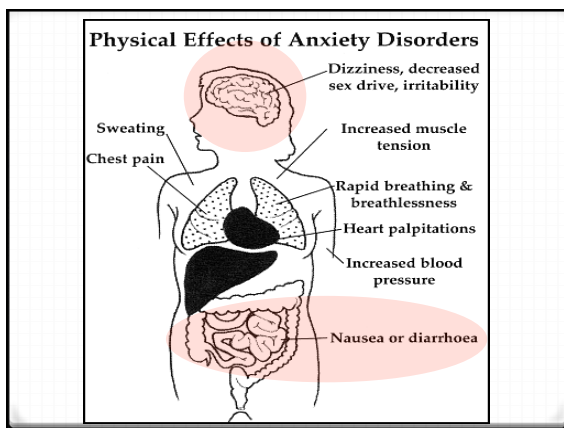
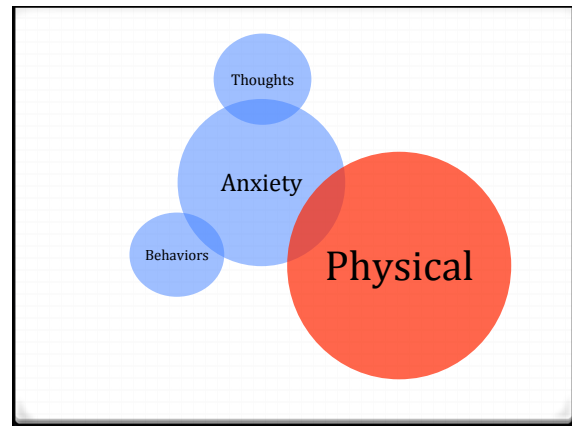
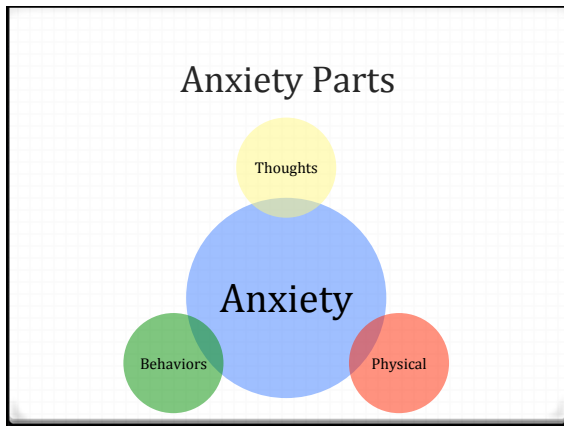


When is Anxiety A Problem?

- 0 Most children, adolescents and adults use anxiety to help them make good decisions
- 0 **Anxiety is transient and normal - we all have it**
 - 0 e.g., looking both ways before you cross the street, putting on your seatbelt, setting your alarm so you aren't late, studying for tests, budgeting time to complete assignments, not eating food that smells rotten/poisonous
- 0 **Anxiety becomes a problem when it makes the decisions for you, interferes with your life and/or causes significant distress.**
 - 0 Crosses into functional impairment
 - 0 Avoidance
 - 0 Enduring with extreme distress

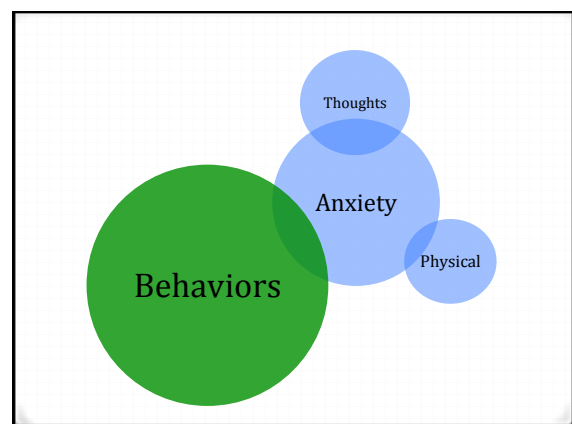
Examples of Impairment

- 0 **Functional impairment in children**
 - 0 Not able to join extracurricular activities
 - 0 Not able to speak in front of the class
 - 0 No longer able to attend school (school refusal)
 - 0 Not able to make/speak to new friends
 - 0 Washing hands until they crack/bleed
 - 0 Not able to spend time outside (bugs, dogs, etc)
 - 0 Not able to separate from parents (day or night)
 - 0 Not able to hand in homework/school work
 - 0 Not able to travel (plane, car, boat)
 - 0 Not able to speak to strangers (even doctors, police, etc)
 - 0 Not able to receive in injections, swallow pills, see dentist



Thoughts

- 0 Anxious children and teens have thoughts that center around **harm or threat**.
- 0 Tendency to overestimate
 - 0 The **frequency** of negative experiences
 - 0 The **severity** of negative experiences
 - 0 "Bad things happen often, and are REALLY bad."
- 0 **Future-oriented AND negative**
 - 0 "If I worry enough today, maybe tomorrow will be calmer."
 - 0 "What if...?" thinking
 - 0 Catastrophizing, black & white, rigid thinking style(s)
 - 0 "Mind-reading" – thinking you know what others think



Behaviors

Avoidance is central

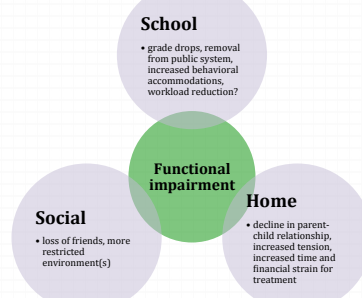
- * Denies opportunity for exposure to feared stimuli
- * Extinction process can not begin, creating feedback loop of fear & avoidance (negative reinforcement)

Reassurance Seeking Increases – “**NEED TO KNOW**”

- * “Am I going to die/get hurt/get sick?”
- * “When are you coming back?”
- * “What’s next?” and “**What if...**?” questions
- * Difficult to provide enough reassurance
- * Often similar questions asked repeatedly



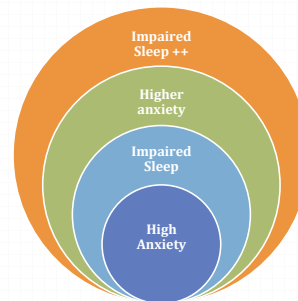
Where Does Anxiety Affect Us



Where Does Anxiety Affect Us



Anxiety & Sleep



Anxiety & Sleep

- Children sometimes worry about “not falling asleep”
 - Important to remind that sleep ALWAYS comes, whether we want it to or not
 - Remind that sleep isn’t “in our control” – we can’t will it to occur
 - The more we do, the harder it is to sleep
- Sleep Hygiene
 - White noise (machine, fan, etc)
 - Nothing in bed except sleep
 - If not sleeping get out of bed
 - Food/drink/etc



Evidence Based
Treatment of Anxiety
& How You Can Help

Overview

- Five major components of cognitive-behavioral therapy (CBT) for child, adolescent, or adult anxiety:

- Psychoeducational**
 - With both child/parents re: anxiety and CBT itself
- Somatic management skills training**
 - (e.g., relaxation, diaphragmatic breathing, self-monitoring)
- Cognitive restructuring**
 - (challenging negative expectations and modifying negative self-talk)
- Exposure methods**
 - (imaginal & in-vivo exposure with gradual desensitization to feared stimuli)
- Relapse prevention**
 - (booster sessions to problem-solve, coordination with school and parents)

Albano & Kendall (2002)

Psychoeducation – Knowledge is Power!

- Normalization of symptoms**
 - Everyone worries, everyone gets anxious and everyone is afraid of something.
 - Differentiate “good” vs. “bad” anxiety
- Anxiety can be fluid (normal vs. abnormal)**
 - 1-2 years (strangers, injury)
 - 3-5 years (animals, dark, separation, imaginary creatures)
 - 6-9 years (safety, school, death, animals)
 - 9-12 years (tests, personal health, social)
 - 13+ years (injury, social-evaluative, broader global concepts and disasters, money)

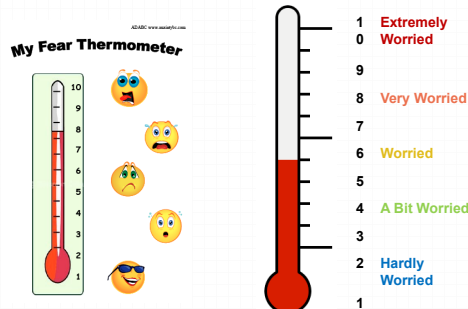


Using The Worry/Emotion Scale

- Worry scale (“Fear Thermometer”) helps describe the intensity of the fear**
 - As opposed to all fears being “big and unmanageable” some fears are smaller & “OK”
- Assists in objectifying/externalizing the worry**
 - Makes anxiety more concrete rather than abstract for children
- Helps monitor progress/reduction in anxiety over time**
 - Critical during exposure hierarchy development



Intro of The Fear Thermometer



Basic Relaxation/Physical Skills

- Strategies to help counter physical symptoms
- Diaphragmatic Breathing (5-5-2)**
 - Inhalation of 5s, exhalation of 5s, pause of 2
 - Mentally focus on breathing rhythm and surroundings, concentration on the present
- Progressive Muscle Relaxation (PMR)**
 - Gradual tensing and release of tension in various muscle groups that hold tension (note re: panic)
- Guided Imagery**
 - Thorough imagination of calming words, phrases, places, or things

Physical Symptoms

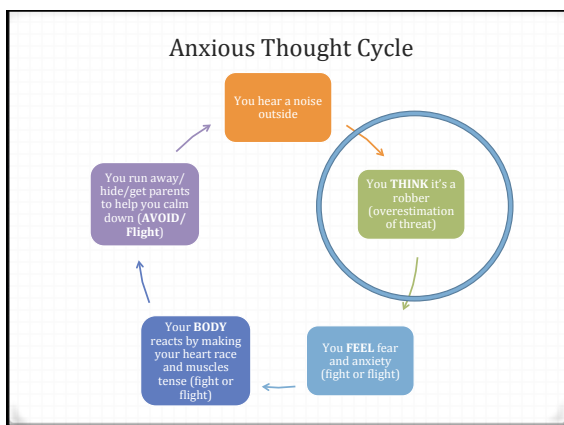


Identify & Changing Thoughts

- Most anxious thoughts are “automatic” and happen immediately without full awareness**
 - Requires practice to identify “anxious thoughts” and “catch” the thoughts behind the emotion
- This is your brain doing it’s job!
- Help children understand “HELPFUL” vs. “UNHELPFUL” worry
 - Crossing the street
 - Eating something really smelly?
 - Using something sharp?


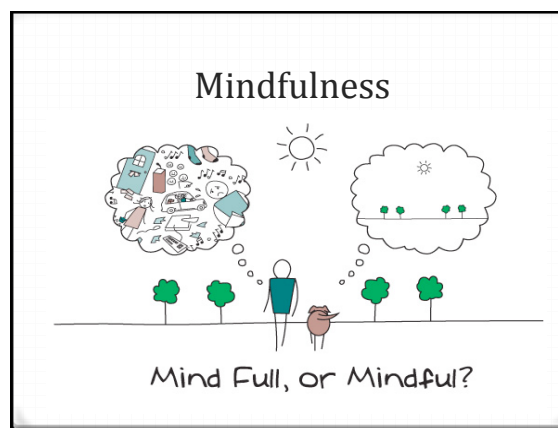
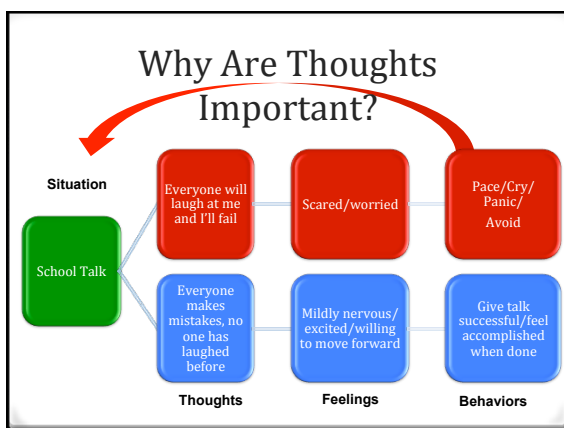
Thoughts






Cognitive Restructuring

- 0 The evaluation and challenging of thoughts
 - 0 What **REAL** evidence do you have it will happen?
 - 0 Have you **SEEN** this happen to someone else?
 - 0 Have this ever actually happened to **YOU** before?
 - 0 What would you tell a **friend** with a similar worry?
- 0 Generating alternatives
 - 0 What else could happen?
 - 0 Could it be different than you imagine?
 - 0 Do all your worries come true?
 - 0 Are you just guessing what will happen?

Exposure – Anxiety's Enemy

- 0 Take home message = **"fight fear by facing fear"**
- 0 How we face fears:
 - 0 Directly, indirectly (imaginal), interoceptive (panic)
- 0 Not facing fear leads to:
 01. Learning that it feels better (briefly) to avoid
 - 0 creates an immediate default to avoid rather than approach
 02. Loss of health/skills
 - 0 social skills, speaking ability, health effects, relationships
 03. Confirms fear
 - 0 never allows one to "test reality" and see what actually happens



Parent Behavior Modification



Goal Setting

- 0 **Setting an appropriate goal is an important step**
 - 0 Sometimes "everything ISN'T awesome"
- 0 Can you taste it, touch it, smell it, or hear it?
- 0 **Chasing an emotion can be an endless pursuit**
 - 0 "Feeling better" might be the wrong goal
 - 0 What would you do if the anxiety went away?



Taking a Family Based Perspective

- 0 **Anxiety and depression often runs in families**
 - 0 The specific type is not always identical to parents
 - 0 "Stressed, nerves, etc." in older generations
- 0 **Often, both parents AND children benefit from CBT for anxiety**
 - 0 Asking children to face fears while parents avoid them – fair?
 - 0 Have you considered your anxiety excessive?



Help Them Identify the Anxiety

- 0 **Label Anxious Behavior**
 - 0 In the start, your child or teen needs to identify what is an anxious behaviour, thought or physical feeling. Label it for them (but expect some resistance)
 - 0 "Your stomach ache is really bad **because** you are anxious/worried about going to school."
 - 0 "Your heart is racing **because** of worry."
- 0 **Labelling Helps Externalize the Fear**
 - 0 This helps reduce the fear of fear itself
 - 0 Differentiates between CHILD and the anxiety



Direct Parental Attention with Purpose

- 0 **Take steps toward praising brave, courageous behavior while ignoring times they refuse to use their skills**
 - 0 Ignoring works best when you praise the desired behaviour as soon as it occurs.
 - 0 "Nice job calming down and getting ready to go to school."
- 0 **Allowing an anxious episode to occur without your attention will not harm your child**
 - 0 Remember the anxiety curve – it will rise, and fall – **every time**
 - 0 Helps children learn to **cope independently**
 - 0 You can not ALWAYS be there to help
 - 0 Helps develop independent emotion regulation skills
 - 0 Sometimes more difficult for parent than child
 - 0 Seeing the child in distress – short term pain/distress in the service of long term positive outcome

Increasing Independence – Coping Cards

- 0 Take learned skills and make them portable
 - 0 Repetition, mastery, and easy to forget in tough times

Daniel's Coping Card for Speaking

Fear: People will think I'm a bad speaker/dumb

Brave Thoughts:

- 1) No one has **ever** actually called me dumb after a talk
- 2) Most times people say I did a good job
- 3) Even if I make a mistake, everyone makes mistakes. Even smart people!
- 4) I know I can't make everyone happy **ALL** the time.

Moving Towards Anxiety

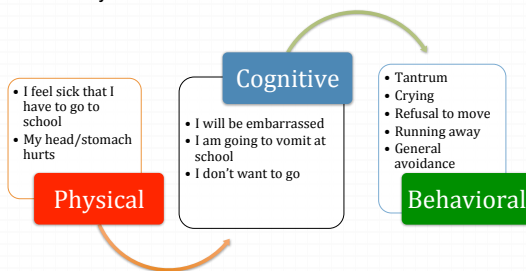
Preventing Avoidance:

0 You can't push your children to do something they aren't ready for, but you can **encourage them to take little steps** toward accomplishing the feared task (exposure).

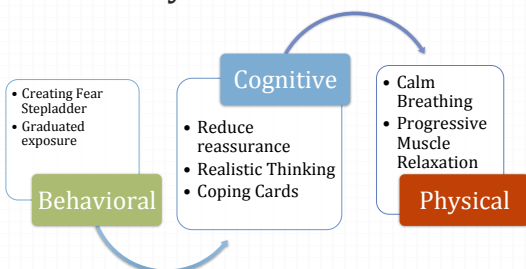
0 Build on multiple small successes daily rather than huge leaps forward (or backward!)



Summary



Anxiety Based Treatment



www.anxietybc.com for detailed handouts

When To Get Help



- 0 Impairment becomes daily, chronic, or severe
- 0 You start living your life AROUND anxiety
- 0 You're spending more time on anxiety prevention or reduction than time having fun or living life
- 0 The list of "things to avoid" grows
- 0 School, friends, family, family doctor start noticing anxiety is more than just temporary
- 0 When you've been thinking "they'll grow out of it" for years/months
- 0 When it's causing the family significant distress (you, your relationship(s), siblings, etc)

Resources

0 Professional Information

- 0 Private Practice(s) that focus on children & adolescents & evidence-based treatments such as CBT (www.chorneyandassociates.com or 444-1160)
- 0 IWK Treatment of Anxiety Group (Central Referral = 464-4110)
- 0 Family Service Association of Nova Scotia (fshalifax.com)

0 Websites

- 0 www.anxietybc.com
- 0 www.apns.ca (Find local psychologists)
- 0 www.teenmentalhealth.org

0 Books

- 0 Helping Your Anxious Child (Rapee, 2008)
- 0 Freeing Your Child From Anxiety (Chansky, 2007)
- 0 Scaredy Squirrel - Various Titles (Watt, 2008)
- 0 Getting Your Child to Say "Yes" to School (Kearney, 2007)
- 0 Get Out of Your Mind and Into Your Life for Teens (Ciarrochi, 2012)



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