Anxiety Disorders in Children and Adolescents:

Recognizing and Treating the Emerging Epidemic

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Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professions standards.

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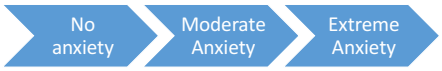
- "Anxiety disorders are some of the most prevalent and disabling psychiatric conditions. Unfortunately, it is not easy to determine whether single or combined treatment is the best method to recommend to the patient with anxiety" (Sudak, 2011, pg. 103).
- It is an epidemic because it is the most frequently diagnosed emotional disorder in children and adults. This is a global issue.

Anxiety Continuum



- "Anxiety is good. It is a protective, genetically preprogrammed emotion that facilitates survival. Patients with anxiety almost never consider this fact, and see the symptoms they have as entirely pathological or dangerous. A central tenet of CBT treatment is that anxiety is normal and protective. Successful treatment of anxiety disorders occurs by employing patient education, coping strategies, exposure, and cognitive remediation" (Sudak, 2011, pg. 104).

- Anxiety can be very helpful to a certain degree:
  - Moving when in a harmful situation – survival
  - Athletes and competition
  - Exams and school performance
  - Greater alertness
  - Motivation
  - Coping Resilience

Why?

- Terrorism
- Media
- Social Media
  - Facebook, "liking", comparisons, immediate gratification
  - Social Skills and non-verbal communication
- Exposure to more serious issues - immigration
- Illnesses
- Plus than add biology, personality and stress

3 Ingredients to anxiety being a problem

- 1. Biology
- 2. Personality
- 3. Stress

Theories and Assessment:

- Cognitive
- Behavioral
- CBT
- Physiology
- Psychosocial

Cognitive Theory of Anxiety

Behavioral - Environment

- Environment is key:
  - Health issues
  - Major life changes
    - Break up/divorce
  - Death of family member of close friend
  - Seen/been involved in a crime/accident
  - Health or drug issue of a family member

Environmental Factors

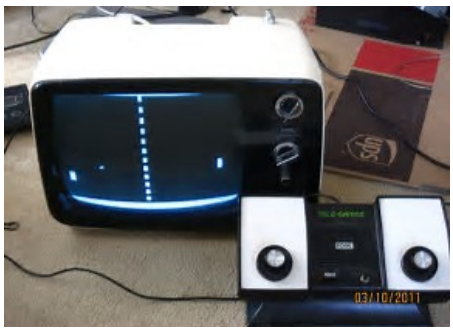
- Had the individual been exposed to a traumatic event?
  - Direct experience
  - Threat or perceived threat to life or body
  - Witness an event that involves this aspects with another person
  - Re-experience a traumatic event
  - Has there been a catastrophe or disaster?

Behavioral – learned anxiety

- Fear and worry can be learned (children):
  - Are the parents anxious?
  - What goes on in the home?
  - What is the child being exposed to?
  - How do parents interact with one another?
    - Arguing?

Behavioral Factors and Children

- Violence on tv and video games
  - http://www.screenagersmovie.com/

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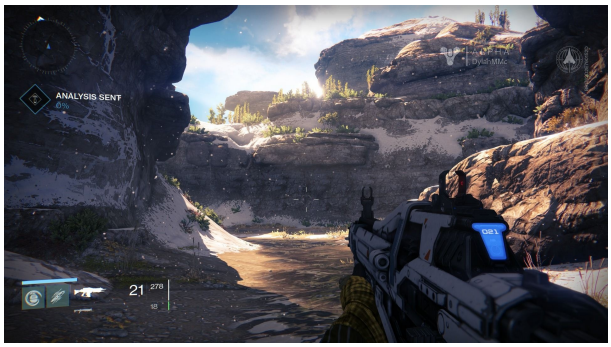
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- Bullying in/out of school
  - https://www.bullies2buddies.com/
  - 13 Reasons Why – Netflix
  - What is online? Youtube; Blue Whale Challenge
  - "This Web Site provides peer-support only. I understand that I will not receive psychological, medical, or legal advice through my use of this website. I agree that I will not use this Web Site as a substitute for professional services."

"The **Blue Whale Game** (Russian: Синий кит, translit. *Siniy kit*), also known as "Blue Whale Challenge", is a 21st-century social network phenomenon that is claimed to exist in several countries, beginning in 2016. The game reportedly consists of a series of tasks assigned to players by administrators over a 50-day period, with the final challenge requiring the player to commit suicide.[1][2]
"Blue Whale" came to prominence in May 2016 through an article in Russian newspaper, *Novaya Gazeta*, that linked many unrelated child suicides to membership of group "F57" on the VKontakte social network. A wave of moral panic swept Russia.[3] However the piece was later criticised for attempting to make a causal link where none existed, and none of the suicides was found to be as a result of the group activities"

Think of all possible areas and sources!!!

Behavioral – Learning Theories

- "Because the neural circuitry for fear learning is located in the amygdala, and because it is likely that exposure changes neural pathways in the hippocampus, fear learning is not "undone" by exposure. Patients learn something new about the fear. Therefore, this new learning must occur frequently and in many different contexts. Exposure must be repeated to consolidate learning and make the working memory that the feared stimulus is "safe" automatic" (Sudak, 2011, pg. 106).

Cognitive Behavioral

- It is easy for a client to generalize their anxiety once they start to become anxious over any one thing.
  - "Patients can become chronically anxious or worried about future occurrences of anxiety. Frequently, they struggle with symptoms that are generated just by thinking of anxiety-provoking stimuli. Patients can become fearful about situations that "seem" connected to the anxiety" (Sudak, 2011, pg. 106).
  - Panic is about fear of more panic.

Physiology

- There is much evidence to show that anxiety disorders and phobias run in families (Muris, 2008).
- Twin studies also have provided much evidence that there is a strong genetic component to anxiety (Stevenson, Batten & Cherner, 1992; Rose & Ditto, 1983).

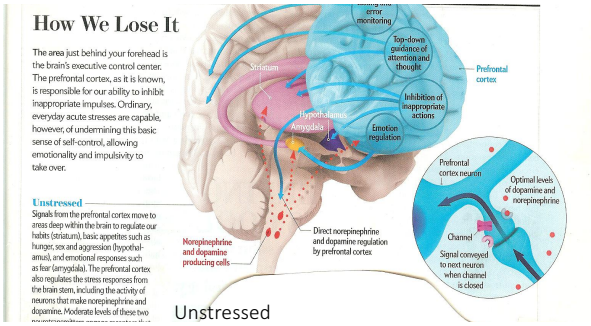
Physiology of Anxiety

- "Substance use (alcohol, nicotine, and stimulants), caffeine use, sleep habits, and exercise all have effects on the patient's vulnerability to anxiety" (Sudak, 2011, Pg. 108).
- "Because physical illnesses can mimic panic, it is important that every patient with panic disorder has one thorough health assessment to make certain that no treatable medical condition (hyperthyroidism, for example) is causing the problem before therapy ensues" (Sudak, 2011, pg. 112).

- Anxiety is intimately tied to the physiology of the body.
- Perceived danger triggers the flight or fight response.
  - Heart beats faster – need to get blood to the parts of the body required to act (rapid heart beat)
  - Breathe increases to circulate more oxygen (numbness, tingling, light headed)
  - We sweat more (palms, head etc..)
  - Pupils dilate (vision may blur)
  - Salivation decreases (dry mouth)
  - Muscles tense up to prepare for action (muscle aches, tension or trembling)
  - (Pincus, et al., 2008)

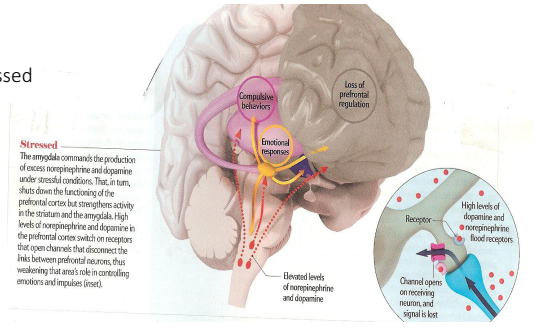
"This is Your Brain in Meltdown"

- "Neural circuits responsible for conscious self-control are highly vulnerable to even mild stress. When they shut down, primal impulses go unchecked and mental paralysis set in."
- Arnsten, A., Mazure, C. M., & Simha, R. (2012). This is Your Brain in Meltdown. *Scientific American, April, 2012, 48-53.*



Unstressed

Stressed

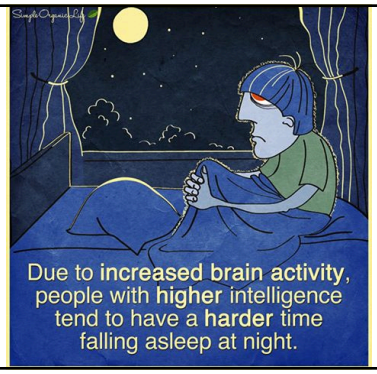


Your Brain

- Unstressed:
  - The pre-frontal cortex regulates:
    - Hunger
    - Sex
    - Aggression
    - Emotional responses such as fear
    - Stress responses from the brain stem
    - Neurons including norepinephrine and dopamine
- Stressed:
  - Amygdala commands the increased production of norepinephrine and dopamine
    - Shuts down the pre-frontal cortex
      - This weakens the pre-frontal cortex's role in controlling emotions and impulses.

Development

- As we grow up our ability to worry and be anxious increases as our brain develops cognitively.
- As we are able to think more abstractly and in a more detailed fashion than we are able to worry more and even panic. That is why panic is unusual in children (Muris, 2008).



Psychosocial

- Although there is much research to indicate that anxiety runs in families, there are two components to this:
  - There is evidence that there is a genetic component but also that often fears are learned.
    - We learn fear from:
      - Direct experience (being bitten by a dog)
      - Observations (see parent anxious when driving)
      - Hearing or reading about situations (seeing the media coverage of an airplane crash)

  (Anthony, M. M. & Swinson, R. P., 2000)

What are we focusing on?

- The "3-S" Approach:
  - 1. Symptoms
    - What are the symptoms that the person is experiencing and exhibiting?
  - 2. Sources
    - What are the sources (family, school, media, society?
  - 3. Solutions
    - Teach Life skills including time management, relaxation, get enough sleep and good sleep
    - Limit media, get the child physically active
    - Structure the environment

Anxiety Disorders

- Generalized Anxiety Disorder
- Phobias
- Social Anxiety (Social Phobia)
- Separation Anxiety
- Selective Mutism
- Panic Disorder/Panic Attacks
  - Agoraphobia

Obsessive-Compulsive and Related Disorders

- Now a distinct classification in the DSM-5
- Obsessive-Compulsive Disorder
- Body Dysmorphic Disorder
- Hoarding
- Trichotillomania (Hair-pulling)
- Excoriation (Skin-picking)

Trauma and Stressor Related Disorders

- Now a distinct classification in the DSM-5
- Included in this category are:
  - Reactive Attachment Disorders
  - Post Traumatic Stress Disorder
  - Acute Stress Disorder
  - Adjustment Disorder

Generalized Anxiety Disorder

- Excessive anxiety and worry
- Occurs more days then not and for at least 6 months.
- Occurs with school or work etc..
- The client struggles to control the anxiety.
- Experience in children on of the following (3 in adults)
  - Restlessness, fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbance
- The anxiety is not due to another issue such as have a panic attack
- Causes interference with work, relationships etc..

Panic Attacks and Disorder

- Individuals with Panic experience a complete lack of control and feel that the panic is unpredictable. They begin to become anxious over future attacks occurring.
- People with panic often begin to become overly sensitive to physiological sensations, interpreting them as cues that they are going to have a panic attacks. This in and of itself causes an increase in anxiety and can lead to a panic attack.

Symptoms of Panic Attacks

Palpitations, Pounding heart, or accelerated heart rate
Sensations of shortness of breath or smothering
Feeling dizzy, unsteady, light headed or faint
Chills or hot flashes

Sweating
Feeling of choking
Chest pains
Nausea

Trembling or shaking
Fear of Losing control
Fear of Dying
Numbness or tingling

Panic Disorder

- There is much evidence indicating that, if left untreated, the symptoms of Panic Disorder, when arising in adolescents, may become chronic and persist throughout adulthood (Keller et al., 1994; Biederman et al., 1997; Wittchen, Reed, and Kessler, 1998; Yonkers et al., 1998).
- In order to be diagnosed with Panic Disorder, the person needs to experience reoccurring panic attacks
- The attacks are followed by at least one month of chronic worry that another will occur
- You must make sure that the attacks are not being cause by drug usage or a medical condition

Agoraphobia

- Now a separate diagnosis in the DSM-5 but must be diagnosed with Panic Disorder
- Marked Fear or anxiety about two or more
  - Public transportation
  - Open spaces
  - Enclosed places
  - Standing in line or crowds
  - Being outside of the home
- Fears and avoids situations
- Rare in children but occurs in adolescents - greatest risk in late adolescents and early adulthood.

Phobias (Specific)

- The focus is a specific object or situation.
- The person experienced extreme fear that continues and is excessive or irrational in response to the object or situation.
- If the person encounters the object or situation, they experience anxiety. In children this may be exhibited with tantrums, crying, freezing or clinging.
- The object or situation is avoided.
- The fear and avoidance interferes with the client's normal routine, relationships, or social activities
- The fear causes marked distress and is out of proportion

Social Anxiety/Phobia

- This is a significant fear of a social situation or situation in which a person would have to perform.
- The person fears humiliation.
- With children the fear must occur with peers as well as adults.
- Exposure to the situation causes a heightened level of anxiety.
- In children this may be exhibited with tantrums, crying, freezing or clinging.
- The situation is avoided or endured with intense anxiety.
- The fear and avoidance interferes with the client's normal routine, relationships, or social activities
- The fear causes marked distress
- Lasts more than 6 months

Separation Anxiety

- A Disorder of Infancy, Childhood or Adolescence
  - Excessive anxiety and worry about being separated from home or attachment figures as seen by three of the following:
  - Recurrent excessive distress in anticipation of separation
  - Persistent and excessive worry about losing attachment figure
  - Persistent and excessive worry about untoward event causing separation
  - Reluctance or refusal to go out, away from home, to school, to work
  - Persistent and excessive fear of or reluctance to be alone
  - Reluctance or refusal to sleep away
  - Nightmares of involving theme of separation
  - Complaints of physical symptoms
  - At least 4 weeks in children, 6 months in adults

Selective Mutism

- New to the DSM-5 under Anxiety Disorders
- Consistent failure to speak in which there is the expectation
- Interferes with school or work
- Lasts at least 1 month
- Not attributed to a lack of knowledge
- Not a communication disorders or due to another disorder such as autism or schizophrenia
- Commonly occurs along with Social Anxiety Disorder or others

Anxiety Disorders due to Medical Conditions

- Anxiety or panic attacks predominant
- Evidence (history, physical exam, lad work etc..) that there is a physiological cause
  - Such a endocrine conditions (hyper and hypothyroidism, hypoglycemia, etc..), cardiovascular (congestive heart failure, etc..), respiratory conditions (pneumonia, COPD, etc..), metabolic conditions (vitamin B12 deficiency, etc..) and neurological conditions (neoplasms, etc..)
- The symptoms are not better explained by another mental disorder such as Adjustment Disorder with Anxiety in which the stressor is a medical condition.
- The symptoms are not occurring during an episode of delirium.
- The issue causes distress and/or impairment in work, relationships etc..

Substance/Medication Induced Anxiety Disorder

- Anxiety or Panic Attacks are dominant.
- There is evidence (history, labs, physical exam etc..) of one of the following:
  - Symptoms developed during or within 1 month of Substance Intoxication (alcohol, amphetamine, caffeine, cannabis, cocaine, hallucinogens, inhalants, etc..) or Withdrawal (alcohol, cocaine, sedatives, hypnotics, anxiolytics, etc..)
  - Medication use is etiologically (evidence) related to the disturbance.
- The symptoms are not better attributed to another anxiety disorder.
- Symptoms do not occur during an episode of delirium.
- Causes impairment in work, relationships etc..
- The anxiety is more excessive then you would expect.
- Specify the substance.

Obsessive-Compulsive Disorder

- No longer under Anxiety – differentiate by real or imagined
- A person can have obsessions (thoughts) or compulsions (behaviors).
- Thoughts are not just excessive worry. They can not be ignored even though the client attempts to do so.
- The thoughts are the product of the client's own mind and they can recognize that.
- Compulsions involve repetitive behaviors or mental acts (praying, counting etc..). The person feels that they must do these acts because of obsessive thoughts that they are experiencing.
- The purpose of the behaviors is to reduce or eliminate distress, something bad from happening
- The behaviors do not have a realistic connection to the feared outcome

OCD (cont.)

- The client is able to recognize that the thoughts and/or behaviors are irrational, excessive or unrealistic is no longer required
- The thoughts and/or behaviors cause a great deal of distress and usually take up a great deal of time. They may also cause significant interference in the client's normal daily routine, work or other activities.
- Be careful to differential diagnosis such as an obsession with food actually be indicative of an Eating Disorder.

Forms of OCD

- There are common groups of OCD: anxiety over harm coming to the client or the client causing harm to someone else.
- According to Penzel (2000), he has created 8 subcategories:
  - Morbid Obsessions About Sex (aggressions or taboo)
  - Contamination (germs and hand washing)
  - Religious (God disliking, breaking rules)
  - Harm, Danger, Loss or Embarrassment
  - Superstitious of Magical (numbers, words)
  - Body Focused (body functions, eating disorders
  - Perfectionistic (to prevent consequences, know everything, do something perfectly)
  - Neutral (unimportant things, objects – no consequences. Anxious because cannot control or make stop)

Compulsions – relieve the anxiety

- Decontamination
  - Diseases, germs
  - Hand washing
- Hoarding
  - Loss or need
- Checking
  - Repeated – fear consequences
  - Physical and/or mental
- Magical/Undoing
  - Not logical and no connection
- Perfectionistic
  - Control doubt
  - Decision making is hard
- Counting
  - Urge, control, connected to magical sometimes
- Touching/Movement
  - Magical – touch certain things/move certain way
- Self-Mutilate
  - Cutting, scratching
  - Relief, control
- Body-Focused
  - Control over body
- Grooming
  - Self-soothing, control
- Mental – obsessive thoughts
  - Avoid harm, undue harm
  - Distraction
- Protective
  - Avoid harm – keep asking others if ok.

Trichotillomania and Excoriation

- No longer under Anxiety Disorders – more common though in children and teens than realized. More common in females
- Recurrent causing hair loss/lesions
- Repeated attempts to stop
- Causes marked distress
- Not attributable to another medical condition/drug use

Post-Traumatic Stress Disorder

- Now a distinct classification in the DSM-5
- In children over 6, teens and adults:
- Exposure to actual or threatened death, serious injury, sexual violence by either experiencing it, witnessing, learning that it occurred or repeated exposure such as a first responder.
- Experience intrusion symptoms:
  - Memories, dreams, flashbacks, psychological distress, marked reaction to cues
  - For Children, reenactment in play

PTSD

- Avoidance of stimuli associated with the event
- Alterations in cognition and mood as seen in two of the following:
  - such as unable to remember, negative beliefs, distorted thoughts (self blame), negative emotions (fear, anger guilt, shame), diminished interest, detachment, inability to experience positive emotions
- Alterations in arousal and reactivity as seen in two of the following:
  - Irritable or angry outbursts, reckless or self-destructive, hyper vigilant, exaggerated startle response, difficulty concentrating, trouble sleeping
- Lasts more than a month
- Causes marked distress

PTSD Children 6 or under

- Children may reenact in their play
- Difficult to ascertain the content of the dreams
- Avoidance of places or people that represent that event
- May see constriction of play
- Socially withdrawn

Acute Stress Disorder

- Very similar to PTSD except:
- Duration is 3 days to 1 month (in the DSM-IV it was 2 days)
- So you may diagnose Acute Stress and than once you reach the 1 month mark the diagnosis will be changed to PTSD.

Co-morbidity

- Patients with anxiety disorders are at risk for multiple types of anxiety. For example, patients with panic disorder have an increased risk of agoraphobia. Patients with anxiety disorders have a higher risk of depression, with a lifetime prevalence of 50 to 60% in patients who have panic disorder (Kessler et al., 1998). Patients with anxiety and co-morbid depression are at a higher risk for suicide attempts and completion (Weissman, Klerman, Markowitz, & Ovelette, 1989) than patients with either condition alone. Substance misuse and dependence are frequent, perhaps because patients use them to obtain relief from symptoms or because of a genetic predisposition for both conditions. Co-morbid conditions make treatment more complicated (Sudak, 2011).

With Children

- Anxiety disorders affect 13+% (range is 5-17%)of children. This is the most common mental health diagnosis with children.
- Fears and anxiety in children are normal but when children become too afraid such as overly cautious, overcorrecting, too worried etc.. than it is a problem.
- Girls are more frequently diagnosed than boys.
- According to Chansky (2004), there is a typical development of fears in children.

Confusion

- Often mistaken for:
  - ADHD
  - Depression
  - Learning disabilities

Are you and eagle or a chicken?

Infancy	Stranger Anxiety develops around 7-9 months and typically ends by age 1.
Early Childhood	Separation anxiety develops around age 1 and usually ends sometime over the next three years, before Kindergarten. Children will often fear new things and situations. Perceived dangers may be real or imagined.
Elementary School	Children begin to fear "real-world dangers" such as fire, storms, burglars etc.. Learn that these can be "remote rather than imminent dangers".
Middle School	Social comparisons and worries about social acceptance. May also worry about grade, sports, friends and social status.
High School	Focus remains on social life. Focus now is on finding the right group. There may be concerns about the world, moral issues and/or their future.

How do you know if a child is anxious?

- You may visibly see the stress
- Child may show it through anger
- May have few friends
- May take a lot of time to prepare for an event
- Difficulty sleeping
- May avoid places or risks
- Not go over friends' houses
- Consider a lot of "what ifs"
- Complains of physical ailments such as headaches or stomach aches
- Perfectionism

- There is considerable research indicating that parent involvement in treatment increases the rate of success including lasting gains, maintenance and effectiveness (Ollendick & King, 1998; Ginsburg, Silverman, & Kurtines, 1995; Dadds, Heard & Rapee, 1992).
- Parents play an important role = COACH
- Use analogies that the child can relate to and thinks are fun such as a sport or car ride.
- Keep it simple with young children
  - Chanksy (2004) has some great lessons:

Tips for Parents

- Important to tell children it is okay to be afraid
- Talk to your child – what are they worried about
- Help the child face fears/worries gradually
- Talk your child through the situation
- Do not avoid fears – also encourage facing the fears
- Set realistic goals so as to not overwhelm the child.
- Let them tell you the steps that they are ready to take – than they will feel some control
- (Chanksy, 2004)

Family Therapy

- What is going on in the family: divorce etc.?
- Are the parents anxious?
- Substance Abuse?
- Address and foster the bond between parent and child
- Work with the parent to be a coach to the child

Three questions for parents

- What are your hopes and goals for your child/children?
- What skills and experiences will they need?
- When should you start the process?

- Provide parents with resources, websites, books etc.

Cognitive

- If a client has been in therapy before, and it was not helpful, they may feel that nothing will work or help them. It is important to openly discuss this in order to get these fears and this anxiety out in the open.
- They may also fear therapy because it can be difficult, challenging and even overwhelming.
- It is so important to continue to educate them and validate these feelings.

Anticipatory Thoughts

- We often cross bridges
  - How likely are we to come to that bridge?
  - Are we being realistic in our expectations?
  - Are we exaggerating the possible outcomes?
  - PROBABILITY!!!
    - What are the chances of that really happening?
    - Which is more likely – that or the lottery?

Catastrophic Thinking

- The worst thing possible is going to happen!
  - Is that event really likely to happen?
  - If it were, what is the most likely outcome?
  - What are the chances of your predicted outcome occurring?
  - What would you do?
  - What are the chances of this actually occurring?
    - If I lose my train of thought during my presentation, I am going to fail!

Decatastrophizing

- 1. Either in session or at home, talk about the triggering situation.
- 2. Explore the anxious thoughts and predictions? What does the client believe is going to happen – worst case scenario?
- 3. What if my thoughts come true? What will happen? What will you do to handle it?
- 4. What are the chances of that really happen? Are you more likely to experience that or win the lottery?

Common Thoughts that Contribute to Anxiety:

Mind Reading:

Knowing what other people are thinking

Probability Overestimations:

- A prediction you believe it likely to come true
- Likelihood actually low
  - Everyone will think I am stupid
  - I will never find anyone again (relationship)

(Anthony & Swinson, 2000)

Common Thoughts (cont.)

- Personalization:
  - Taking responsibility for negative things occurring in a situation.
  - Not taking into consideration all of the other possible factors
    - Boss gets angry with you. You assume it is because he does not like you or thinks that you are incompetent. In reality, you neglect to consider he is having a bad day, he yells at other people too and often, his expectations are too high etc..

(Anthony & Swinson, 2000)

Common Thoughts (cont.)

- Should Statements:
  - Shoulds are incorrect, inaccurate and exaggerations.
  - Similar statements are ones that include always, never, should and must.
  - Could be a sign of rigidity, expectations being too high, perfectionist etc..
    - I should never feel nervous
    - I should never get less than an A
    - I should never make a mistake

(Anthony & Swinson, 2000)

Common Thoughts (cont.)

- All-or-Nothing
  - BLACK AND WHITE
    - Judge things, usually negatively
    - Things fall short
      - Usually a sign of perfectionism and unrealistic standards
        - If you strive for perfection, you are striving for the impossible.
        - How do we feel when we set an impossible goal for ourselves that we can not possibly reach?

(Anthony & Swinson, 2000)

Common Thoughts (cont.)

- Selective Attention and Memory:
  - Paying more attention to certain types of information then to others
    - We will focus on and remember that things that reinforce the beliefs that we have. These beliefs contribute to the anxiety.
      - Ignoring positive feedback and compliments
      - Focusing on the one low grade rather than all of the good grades received.

(Anthony & Swinson, 2000)

Common Thoughts (cont.)

- Negative Core Beliefs:
  - Deep and long standing assumptions
  - Contribute to our emotions, self-esteem etc..
  - Negative beliefs about the self
  - The more strongly believes than the harder they are to change
  - In order to get at a client's core beliefs, is by "continually asking about the meaning of each fearful belief you have until the core beliefs underlying your anxious interpretations are revealed" (Anthony and Swinson, pg. 110, 2000).

Core Beliefs – example:

- Client: I am terrified to ask my coworker Cindy out on a date.
- Therapist: What are you afraid might happen if you ask her out?
- Client: Mostly, I'm afraid she will say "no".
- Therapist: Why would that be a problem?
- Client: If she rejects me, it will probably mean that she doesn't find me attractive.
- Therapist: What would be so bad about that?
- Client: It will confirm my own belief that I am unattractive.
- Therapist: What if that is true?
- Client: Well, if I really am unattractive, that means nobody will ever think I am attractive or want to date me. It would mean that I am unlovable.
- Therapist: What would be bad about being unlovable?
- Clients: If I am unlovable, I am bound to be alone forever.

How to identify Anxious Thoughts

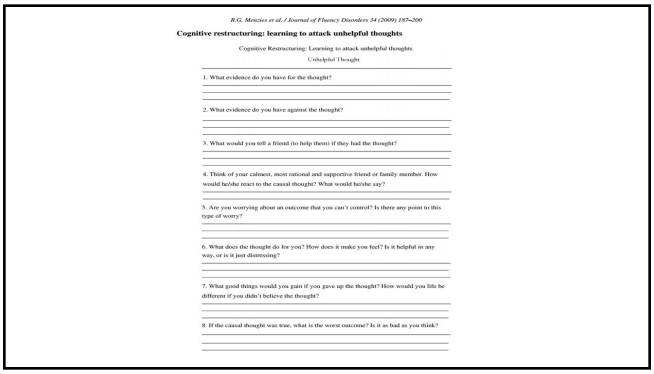
- Ask the client or have them ask themselves questions such as:
  - What are you afraid will happen?
  - What will people think of you?
    - Do you worry about what other people will think?
  - It that something that is very important to you?
  - What are you expectations?
  - What if those expectations come true or not?

Cognitive Restructuring

- We are going to restructure or change the current thoughts that the client is happening:
  - Thoughts are not facts but opinions
    - What evidence is there to support that this thought is true?
    - What evidence is there to support that this thought is false?
  - Explore other conclusion or opinions about the initial trigger to the initial thought.
  - Practice, practice, practice

How to do that!

- The Cognitive Court Room
  - Show me the evidence!
  - 1. Identify the Anxiety Causing thought
    - Look at all of the aspects of the thought that contribute to the anxiety
  - 2. Brain Storm Alternative Thoughts/Outcomes
    - This is time to look at reality such as what is the true likelihood of something happening? Is it really everyone? Always? Should?
  - 3. Look at the Evidence
    - Present the evidence for both sides – help client to restructure by seeing the evidence for reality and rational thoughts



R.G. Menzies et al. / Journal of Fluency Disorders 34 (2009) 187–200

Cognitive restructuring: learning to attack unhelpful thoughts

Cognitive Restructuring: Learning to attack unhelpful thoughts

Unhelpful Thought

1. What evidence do you have for the thought?

2. What evidence do you have against the thought?

3. What would you tell a friend (to help them) if they had the thought?

4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?

5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?

6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?

7. What good things would you gain if you gave up the thought? How would you life be different if you didn't believe the thought?

8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?

Self-examination:

- 1. What is the Situation?
- 2. What are my anxious thoughts, beliefs, assumptions, predictions and expectations?
- 3. What are the alternatives (non-anxiety causing thoughts) – redo #2?
- 4. What is the evidence to support my beliefs?
- 5. What is the evidence to support the alternative beliefs?
- 6. Which do you chose to think?

The Floating Technique

- By Dr. Paul Foxman

- Practice Opportunities

- Face – Don't avoid your anxiety
- Accept – practice opportunities
- Float – relax through it
- Let time pass – it will pass

Behavioral

- Deep Relaxation exercises
  - Tensing muscles and then releasing
  - Deep breathing – diaphragmatic breathing
- Removing safe behaviors:
  - Safe behaviors are the things that the client has done in order to reduce their anxiety. Usually these are avoidant behaviors and can be minor such as distracting oneself or major such as using drugs or alcohol
  - They keep the client from having to truly deal with their anxiety
  - The client must face the anxiety to overcome it

Deep breathing

- Lie down, bend knees and have feet shoulder width apart.
- Scan your body and identify the places that are tense.
- Place one hand on your stomach and one on your chest.
- Inhale slowly, through nose – feel hand on stomach move but not chest.
- Exhale through mouth
- Repeat at least five times prolonging exhale.
- Scan body again so evaluate tension.

Progressive Muscle Relaxation

- Engage in deep breathing but you can do this sitting down, standing or lying down.
- Tense parts of the body either individually or in groups. Hold the tension for 5-7 seconds and then relax:
  - Hands, arms
  - Head, face, throat and shoulders
  - Chest, stomach, lower back
  - Buttocks, thighs, calves and feet
  - If it helps, tell yourself: “relax”, “Let it go”, “let go”, “it’s ok” etc..

In depth Progressive Relaxation

- Get detailed and in depth:
  - Start with wrinkling your forehead
  - Squint your eyes
  - Open mouth wide
  - Clench jaw
  - Make fists
  - Arch back
  - Push heels into surface
  - Curl toes

  - Get detailed and even record it so you can do each step by step.
  - You can also do all of these at once for a quick relief.

Habit Reversal Training (HRT)

- Developed for specific types of OCD such as skin picking, nail biting etc.. Can be useful for OCD in children:
  - Step 1:Develop an awareness
    - Often not at all aware even doing it
  - Step 2:Learn Relaxation Skills
    - Reduce tension/worry
  - Step 3:Diaphragmatic Breathing
    - Learn to regulate own breath and reduce anxiety
  - Step 4:Muscle Tensing
    - Make fists, tense arms, press elbows into sides
    - If you do this you can not nail bite or pull hair

    - Quick alternative – pull down into chair

Rewards and Children

- Working with children can be very challenging – you can not make them face something that feels bad
  - Reward them with therapy compliant behaviors.
  - No reward or payoff for non therapy related behaviors
  - HOWEVER, in session and at home you do not want any negative consequences or punishment – do not associate negatives with treatment.
  - Still use parent(s) as coach.

Working with teens

- Teenagers are often very independent in their own minds – feel out the use of parent as coach – this may turn some teens off.
- You must engage and create a good working relationship with the teen.
- Education with teens is vital – make sure they know that they are not crazy. Be very positive and validate their experiences.

Mindfulness

- "Paying attention with flexibility, openness and curiosity" (Harris, 2009).
- It is an awareness process and not about thinking. Paying attention to an experience rather then focusing on thoughts.
- Be open and curious.
- Being able to control your focus and direct it towards different aspects of your experience.

Mindfulness Exercise

- There are many varieties but all have the same key components to them:
  - Notice something – pick the thing you want to focus your attention on. This is about noticing your experience.
  - Let go of your thoughts
  - Let your feelings be

Mindfulness exercises

- One Minute Breathing
  - This exercise can be done anywhere at any time, standing up or sitting down. All you have to do is focus on your breath for just one minute. Start by breathing in and out slowly, holding your breath for a count of six once you've inhaled. Then breathe out slowly, letting the breath flow effortlessly out back into the atmosphere.
- Mindful Observation
  - Pick a natural organism within your immediate environment and focus on watching it for a minute or two. This could be a flower or an insect, the clouds or the moon. Don't do anything except notice the thing you are looking at. But really notice it. Look at it as if you are seeing it for the first time.
- Touch Points
  - Think of something that happens every day more than once, something you take for granted, like opening a door for example. At the very moment you touch the door knob to open the door, allow yourself to be completely mindful of where you are, how you feel and what you are doing.
  - http://www.pocketmindfulness.com/6-mindfulness-exercises-you-can-try-today/

Jedi Mindfulness

- **1. Define the "Force"**
- In the *Star Wars'* movies, it becomes clear very quickly that the Force is an awesome power that everyone wants. But what exactly is the Force? When I work with kids, I provide them with my interpretation. The Force is the power we get from any emotion whether it comes from the light side or the dark side. From love, joy, and surprise to anger, sadness, and worry, nothing is "good" or "bad." These emotions are only messengers, and all are part of the Force.
- Very plainly, *The Force = The Power of Emotions*.
- Try this: Ask your child if he or she would like to go through Jedi training. Tell your son or daughter that their mission will be to decode the secret messages being sent by the Force (e.g., their worried thoughts, their angry feelings).

- **2. Wave Hello to the Dark Side**
- If your child feels anxious, the way around the discomfort is straight through it. We must teach our children not to deny, avoid, or squash parts of their emotional experience. Long-term avoidance of emotions can actually spark and perpetuate depression, anxiety, and substance abuse. When we choose not to face our worry, we are left much like Darth Vader, enslaved by our pain.
- The alternative to avoidance is acknowledgement. I understand helping your child acknowledge his or her anxious feelings instead of shutting them down is not an easy choice. Sometimes it's easier to just say, "Don't worry so much. Please trust me, it'll be fine."
- As a parent myself, I completely understand this path. Sometimes we don't have the emotional bandwidth to support a child's chronic worry, especially when it seems our love and reassurance are not having a positive effect. Anxious emotions are often big emotions that can be uncomfortable for the entire family.
- All that said, when you parent an anxious child, you seek one thing above almost anything else for your child: inner peace. Toward this goal, acknowledgement is the stepping stone.
- Try this: Next time your children worry, tell them they are Jedi Knight and Jedis acknowledge the Force (an emotion) when they feel it. They can wave hello to their worry and say, "Hey, worry. I see you're back. I'm a Jedi. I understand you're trying to tell me something."

- **3. Lean into the Dark Side**
- Leaning into the dark side takes training because, at first, it can feel messy and uncomfortable. Leaning in means allowing your child the space to physically feel where the Force or worry is flowing on the inside. Allowing discomfort to pass gets us a step closer to decoding the message from our emotion.
- Anxiety activates the sympathetic nervous system, and as such, feelings of worry are often felt in such places as the stomach, chest, and throat. Breathing with visualization can calm the nervous system and begin to kick a child's logical brain back into gear.
- Try this: Obi-Wan instructs Luke to close his eyes and, "Stretch out with your feelings"; Yoda says, "Allow the force to flow through you." When your son or daughter worries, have them close their eyes and ask them where they are feeling the worry or the Force flowing inside of their body.
- Now, ask your children to breathe into the place in their body where they feel the Force. While they take a deep breath, ask them to imagine what the Force actually looks like. What color is it? What consistency is it? Maybe it looks like a dark cloud. Once they have the visual, ask them to breathe the Force out.
- To support your child during this process, you can use phrases like, "I am here, and you are completely safe, my young Jedi. This feeling will pass."

- **4. Put the Light Saber Down**
- Our range of feelings (light and dark) creates our emotional consciousness and gives power to the Force. Within this consciousness lie encoded messages. The problem is we usually miss the communication being sent by our emotions such as anger and worry because we are too busy reacting. Swift reactions cover up messages.
- Darth Vader tries to provoke these reactions in his son, Luke. Vader says, "So you have a twin sister? If you will not turn to the dark side, then perhaps she will." Luke feels very angry and even as a full Jedi Knight trained in the art of mindfulness, he does not pause to acknowledge or lean in to his anger. Instead, he reacts right away and begins to battle his father.
- When Luke regains his composure, he realizes that his anger is communicating that he wants to love and protect his family, including his father. Luke then decides the best way to teach his father about the light side is to show him compassion. So he turns his light saber off and tosses it aside.
- Now, this last step may seem way too esoteric for your child to grasp, but I've worked with children for years. Even at a very young age, they are incredibly sophisticated. If we communicate in their language, they get it.
- Try this: Let's teach kids their worry is trying to send them a message, but the message is encoded. As a Jedi, the way to get to the secret message is to be mindful when we feel worried. This means understanding worry has a purpose, acknowledging it, leaning into it, and then making a logical decision on how to proceed.
- http://blogs.psychcentral.com/stress-better/2016/01/4-jedi-mindfulness-tricks-to-help-an-anxious-child/

Yoga

Yoga

- Make it fun and create games
- **Magic Animal Sack.** This is the best tool for teaching yoga to kids under 3 years old; Can be done in a group setting as well. Toddlers cannot easily imagine the animals – they need to see them!

  Get a big sack (or even an interesting pillowcase will do) and fill it with all kinds of animal toys or animal beanbags (you can get them very cheap at www.orientaltrading.com). Go around the circle and let each kid in his turn put his hand into your magical sack and take out a toy. Then, of course, do the pose or poses of this animal with the whole group.

  After all the toys are out, you can do poses using the toys.

- **Simon Says.** This is a great way to warm up and to bring the focus to the classroom. In a circle, all of the kids need to follow the movements of the therapist exactly. There is no talking. The therapist can lead the kids through a sun dance and other movement flows and even add the sound of deep breath or animal sounds for the students to mirror. You can also let one of the students be the leader.

- Great website: http://www.rainbowkidsyoga.net/articles/fun_ways.html

- More on Yoga for kids:
- Pick a quiet place to do yoga, and focus on breathing in and out through the nose.
- Hold the poses anywhere from 8 to 15 seconds. Since it takes time to get into the postures, counting should start once you are in the posture.
- Slowly increase the time spent in the poses once you get more proficient with them.
- Try to eat lightly before doing yoga, as many of the poses twist across your internal organs.
- Have FUN together as a family as you learn to find a sense of calm during the cold winter months.
- http://www.mindbodygreen.com/0-23064/12-kid-friendly-yoga-poses-to-inspire-a-happy-2016.html

The Pretzel: Sitting tall in a cross-legged position, reach one arm across your body and rest it on your knee. Then stretch your other hand directly behind you. Count slowly to eight before switching sides.

Easy Pose: Simply sit cross-legged with your hands gently placed upon your knees with your palms facing upward. Take several deep breaths in and out of your nose as you begin to quiet and calm your body and mind.

Airplane: Lie on your tummy and gently lift your chest, arms, and legs off the floor.

Cobra: Lie on your stomach with your elbows bent close to your side. Then gently lift up your chest, keeping your legs straight behind you.

Elephant: From a standing position, fold forward and interlace your hands, swinging them side to side like an elephant trunk.

Jack-in-the-Box: Sit with your knees bent into your chest with your arms wrapped around them. Then, point your forehead to your knees and count to 3; next, inhale and lift your head, like a Jack-in-the-box popping up.

Otter: Lie on your belly with your arms out in front of you. Then slowly push up with your hands against the floor, straightening your arms and lifting your head and chest.

Yoga: Stand tall with your feet grounded into the floor. Slowly straighten your arms and lift them over your head, stretching up and making your body into the shape of the letter Y.

Lion: Kneel on your shins with your chest on your thighs. Then, on the count of 3, spring your body forward and roar like a lion!

Oyster: Sit tall with the soles of your feet together. Then slide your arms under your knees, touching your elbows to the floor with ease. Hold on to the sides of your feet as you slowly inhale and exhale through your nose, bringing your head gently toward your toes.

Volcano: Stand tall with your feet slightly apart, bringing your hands into prayer position in front of your heart. Next, inhale and push your hands to the sky, then exhale and move your arms to the side and then back to center, like an exploding volcano.

Eagle: Stand tall and then bend your knees. Bring your right leg over your left one and then cross your right arm under your left. Stay in this position for a count of 8 before switching sides.

More great yoga resources!

- *Adapted from an except from* The ABCs of Yoga for Kids*, written by Teresa Anne Power and illustrated by Kathleen Rietz.*
- *https://www.facebook.com/abcsofyogaforkids/photos*
- *Also recommend:*
- **5 Kid-Friendly Yoga Poses To Help Children Cultivate Patience**
  - http://www.mindbodygreen.com/0-22827/5-kid-friendly-yoga-poses-to-help-children-cultivate-patience.html
- **5 Kid-Friendly Yoga Poses To Help Your Child Avoid A Meltdown**
  - http://www.mindbodygreen.com/0-18351/5-kid-friendly-yoga-poses-to-help-your-child-avoid-a-meltdown.html

- http://childhood101.com/2015/04/yoga-for-kids/
- Calm Down Yoga Routine for kids, perfect for helping children learn to manage big emotions. Complete with free printable poster.

- Youtube.com Cosmic Kids Yoga

Baby Buddhas Meditation

- From a great book called "Baby Buddhas"
- Sample:
  - The following is a partial printing of the Cleansing Breath Meditation, which teaches children that they can release negative feelings and thoughts and replace them with positive feelings and thoughts.
  - *Breathe in love.*
    Breathe out sadness.
    Breathe in joy.
    Breathe out madness.
    Breathe in peace.
    Breathe out badness.
    All the sadness, madness and badness changes to bright white sparkles of love.
- Baby Buddhas: A Guide for Teaching Meditation to Children Paperback – August 1, 2004 by Lisa Desmond

There's an App for that!

- Daily Yoga
- Relax Melodies
- Mindful Minute
- Virtual Hope Box (guided meditations)
- Stop, Breathe, Think (Meditations)
- The Worry Box
- End Anxiety
- Relax Meditations
- SAMApp
- Relax Lite
- Stop Panic (audios, articles, cognitive diary etc.)
- Mindshift (coaches through cognitive restructuring, education, tools, tips etc.)
- Calm (breathing app)
- Pacifica (improve mood, reduce anxiety, live healthier etc)

More Apps

- Insight Timer (meditations)
- Cognitive Diary CBT Self-Help (cognitive diary; articles)
- CBT Thought Record Diary
- Colorfy – Coloring Book Free
- Mandala Coloring
- Adult coloring book premium
- Anxiety Relief Hypnosis
- Social Anxiety Disorder
- Healing Sounds – Anxiety Relief
- Anxiety Free Hypnosis (Hypnosis, meditation; coaching)
- Headspace
- Smiling Mind (Age specific mindfulness)
- OMG I can Meditate!

Homework

- A basic homework needed to address anxiety is journaling. You want to have the client document all episodes of anxiety including when, where, why, and all possible thoughts, feelings and behaviors.
- Practice, Practice Practice
- Face fears and report back at sessions

CBT

- The anxiety that is experienced will ebb and flow. Each time the client experiences anxiety is an opportunity to practice what has been learned.
- Combines the cognitive strategies with traditional aspects of behavioral therapy.
- CBT is usually brief, goal and action oriented focusing on the problem at hand.
- It addresses the behaviors as well as the cognitions that are contributing to the problem.

- There is an emphasis placed on the interactions between feelings, thoughts and behaviors.
- Homework is very important in order to increase the generalization of the skills (Pincus, D. B., Ehrenreich, J. T., & Mattis, S. G. , 2008)
- Using CBT in conjunction with medication can "facilitate medication discontinuation and improve the chance for a full recovery" (Sudak, 2011, pg. 111).

- Anxiety and Panic are reactions. So the goal of the treatment is to teach the client new ways to react to the stimuli that is currently causing the anxious response.
- The client as needs to become a good monitor of their own thoughts, feelings and behaviors. That way they are able to relay back to you how they are doing between sessions. With children, this is where a parent can play a key role as well.

- "Patients with anxiety also must learn and practice relapse prevention strategies. Anxiety will reoccur in some form when treatment ends. Patients must not panic when this happens; they must deliberately employ strategies that have worked for them in the past. Each opportunity to practice the techniques learned in therapy and to face fears strengthens recovery" (Sudak, 2011, Pg. 109).

Exposure Therapy

- Exposure Based Treatment: The "underlying principle of exposure….gradually increasing the difficulty of stimuli confronted and staying in contact with the stimulus until anxiety reduces" (Sudak, 2011, pg. 105).
- Exposure and Response Prevention may only be tolerable in severe cases if medication is used to alleviate some symptomology.
  - SSRI antidepressants and chlorimipramine work well in reducing fear without interfering in the effects of exposure and response prevention treatment.

Fear and Avoidance Hierarchy

- List the situations that are avoided or cause anxiety
- Put them in order from most anxious causing (at the top) to least anxious causing (at the bottom).
- This can also involve one trigger such as a spider and the hierarchy is the distance to/from the spider
- Doing exposures as homework can be very beneficial – make sure the client documents the experience thoroughly.

Exposure Therapy cont.

Flooding

- Flooding –
  - The rate at which the client is exposed to the feared stimulus is rapid and intense.
  - The client is exposed to the most feared stimulus or level of the stimulus

Graduated Exposure

- Graduated Exposure
  - Exposure to the feared stimulus is gradual and slowly progresses.
    - Step by step
  - This enables the client to practice

Exposure

- Prepare in advance. Do not surprise the client with this. Work towards it and plan.
  - Talk about what could happen during the exposure and how it will be handled
- Control
  - Client needs to feel in control
  - Face to fears that are more predictable first – that way you and the client will feel you have a handle on what is likely to happen
  - Anticipating the outcomes and planning helps the client feel in control and this is vital.

Exposure (cont.)

- Duration
  - It needs to last long enough for the anxiety response to occur
  - Encourage the client to remain in the situation as long as they can
  - If the situation is brief, repeat it (where is the bathroom?)
- Frequency
  - Episodes of practicing should be close together
  - Helps to maintain the progress
- Change of Setting
  - When starting to feel more confident, try other settings (if can talk in class then next try talking at a meeting)

Exposure (cont.)

- Challenging
  - Client should feel anxious
  - Set the client up for success – do not take on the impossible
- Minimize Risks
  - Minimal consequences – do not tell your boss how you truly feel about them but perhaps become more assertive with expressing yourself
- Focus on Improvements
  - Regularly assess the anxiety levels so the client can see they are making progress
- Expectations
  - Change takes time and will not happen over night
  - There will be setbacks
  - Anxiety may not go away but will no longer interfere

Exposure (cont.)

- Do not fight it
  - Fighting the anxiety will make it worse
  - Let it happen
- Eliminate Avoidance Behaviors
  - Stop doing things to avoid or that make you feel better
- When to Move on
  - Try to remain in the situation until you feel more comfortable and feel a reduction in the anxiety
  - Use the diaries – this can help is so many ways including to see progress and areas to address

Exposure (cont.)

- Make sure to use cognitive strategies before, during and after exposure in order to address and challenge all anxious thoughts (Anthony and Swinson, 2000).

Trouble Shooting

- If the fear does not decrease
  - Make sure the client is staying in the situation long enough
  - Make sure they are not using avoidance or comfort behaviors
  - Probe for negative thinking and address it
  - Keep practicing – in time it should work
- If the fear keeps returning
  - Normal but over time with more and more practice you will see a reduction

Trouble Shooting

- Physical effects
  - They will decrease
  - Likely not noticeable to others
  - Such things are often more normal then realize
- Negative thoughts
  - Encourage clients – clients are not the best self-evaluators
- Brief situations
  - Repeat, repeat, repeat
- Risks
  - Review what happened
  - Go back and work your way to this point again
- Persistent fear
  - Reassess (avoidance, comfort etc..)
  - Challenge the predictions and beliefs again

(Anthony and Swinson, 2000)

Interoceptive Exposure

- The purpose of this is to engage in exercises that will bring on physical sensations that are uncomfortable or cause anxiety.
- First practice in a safe environment such as home or the therapy office.
- Do them until you are comfortable
- Next, do them in an anxiety causing situation (before entering a social situation)

Interoceptive Exposure (cont.)

Examples as provided by Anthony and Swinson (2000):

Exposure Exercise:	Sensation Experienced:
Shake head side to side (30 sec)	Dizziness or lightheadedness
Spin around in a chair (60 sec)	Dizziness, lightheadedness, nausea or feeling unreal
Sit, bend over, place head between legs for 30 sec then sit up quickly	Dizziness or lightheadedness
Hold breathe (30 sec or as long as possible)	Breathless, racing heart, Dizziness or lightheadedness, chest tightness
Hyperventilate 100-120 breaths per minute (60 sec)	Dizziness or lightheadedness, breathlessness, trembling or shaking, numbness or tingling
Breathe through a small straw (2 minutes)	Dizziness or lightheadedness, breathlessness, trembling or shaking, numbness or tingling

Tense all the muscles in your body or hold a push up (60 sec or as long as possible)	Trembling, shaking, breathlessness, racing heart, dizziness or lightheadedness, blushing
Carry heavy weights or bags (60 sec or as long as possible)	Trembling, shaking, breathlessness, racing heart, dizziness or lightheadedness, blushing
Run in place or up and down stairs (60 sec or as long as possible)	Trembling, shaking, breathlessness, racing heart, dizziness or lightheadedness, blushing
Sit in a hot, stuffy space such as a car, sauna etc.. (5-10 minutes)	Sweating, breathlessness, hot flashes, blushing
Drink a hot drink or wear overly warm clothes	Sweating, blushing, hot flashes

Interoceptive Exposure (cont.)

- Step 1: Testing
  - You need to work with the client to find out which ones work best at producing the symptoms closest to what the client experiences when anxious.
  - Try each exercise or any others that you or the client can come up with.
  - Evaluate each exercise:
    - Exercise
    - Symptoms experienced
    - Level of Anxiety or fear 0-100
    - How similar to the anxiety they experience 0-100

Interoceptive Exposure (cont.)

- Step 2: Have a hierarchy
  - You want to rank the exercises in order of usefulness/similarity and anxiety.
  - Having two lists might be helpful – one for in the safe place and one for in the situation in which the anxiety is experienced.
  - Eliminate any exercises that did not work and did not create any anxiety.
- Step 3: Practice
  - First practice in the safe place – this does not require a lot of time depending upon the anxiety the client experiences.
  - Next combine this with exposure
    - This works with SAD, panic and many other anxiety issues.

Panic Control Treatment (PCT)

- This is a treatment that combines:
  - Interoceptive Exposure (exposure to the bodily sensations that are feared).
  - Situational Exposure
  - Breathing
  - Psychoeducation
  - Cognitive Restructuring
  - This is over the course of 11 treatment sessions (Pincus, D. B., Ehrenreich, J. T., & Mattis, S. G., 2008).
  - The treatment focuses on the misinterpretations, cognitively of stimuli, the hyperventilating and the conditioned reactions.

- Goals of PCT:
  - Reduce the cognitive thoughts that are irrational and provoke panic attacks.
  - Reduce the conditioned fear responses.
  - Reduce behaviors that are used to reduce/avoid panic and are perceived as safe.
    - Although they are perceived as safe they are actually reinforcing the panic disorder.

Initial Sessions of PCT

- Focus on the cognitive responses to the stimulus especially looking at the irrational or misinterpreted thoughts the individual holds.
- Create a list of feared stimuli.
- Psychoeducation about those thoughts as well as the physiological responses and sensations the individual is experiencing.
  - Fight or Flight response
  - The physical sensations are normal
  - A feared response to normal physical sensation is occurring

Initial Session of PCT (cont.)

- Teach strategies to identify thoughts that cause anxiety.
- Teach the individual to challenge the thoughts
  - Reality
  - Always and never
- Psychoeducation about hyperventilation
  - Teach diaphragmatic breathing
    - This reduces the intensity of the physical sensations

Second Half of PCT

- Address the conditioned responses to the stimulus and the experiences physical sensations.
  - Use exercise and natural activities to recreate the physical sensations
  - This will reduce the fear associated with these physical sensations
    - Go running or even breath threw a straw to create the feeling of breathlessness.
    - Now the individual learns that the physical sensations and fear are separate.
    - They are no longer something to fear.

Second half of PCT (cont.)

- Throughout treatment use the list of feared stimuli in order to prescribe homework. The homework is the situational exposure portion of treatment.
- Encourage the client to face things, places or situations that case the panic.
  - Gradual exposure
  - Take notes
  - This treatment requires much motivation and commitment from the client.

What is unique about PCT?

- Combines many proven useful elements of CBT.
- It is very intense and brief.
- Requires much involvement for the client including homework which is a key to success.
- Much focus is on the sensations physically created by fear.
- Clients are taught not to use slow breathing during exposure. It is considered an avoidance behavior.
- All fear reactions are treated the same and the client is encouraged to seek them out.
- A key role for the therapist is to motivate the client to do the work. Therapists must judge effectively when to push clients and deal with resulting feelings such as refusal and anger. In addition, therapist must not relieve the anxiety/distress the client is feeling. The client needs to do that for him/herself.

- CBT alone has been proven to be most effective for Panic Disorder. If medication is being prescribed, the goal should be to taper the client off of the medication and use the CBT skills to manage the symptoms.
- CBT combined with medication is more effective with Social Anxiety Disorder especially if the case is acute.

Social Skills Training for SAD

- When treating someone with Social Anxiety Disorder, it can often be very useful to also work with them on learning/improving their social skills. Many of these skills are more challenging for people with such anxiety.
- Because of the anxiety, the client may also not have learned the skills that are basic for some of us.
- Social Skills are tricky – there is not one set that works great. What works in one setting may not be appropriate in another.
- (Anthony & Swinson, 2000)

Social Skills (cont.)

- Eye Contact
- Body Language (open posture, appropriate space and distance etc..)
- Tone and volume
- Conversational Skills (not putting self down, telling others about yourself, open ended questions etc..)
- Public Speaking Skills
- Interview Skills
- Dating Skills (asking, questions, good topics etc..)

Social Skills (cont.)

- Assertiveness Skills – I find that this one is huge for many people with anxiety (ask for things, stand up for self)
- Conflict Skills – also very challenging for people with anxiety (how to deal with others and a disagreement)
- Listening Skills (really listening and not thinking about what you are going to say next)
- Other Skills (what is imposing, not violating privacy, reasonable requests for help etc..)
- (Anthony and Swinson, 2000)

Non-verbal Communication

- Often when we feel anxious, especially with SAD, our body language can convey that we want to be left alone – we shut ourselves off.
- Research shows that the greatest amount of communication in a conversation, is non-verbal with statistics ranging from 75-90%.
- THAT IS A LOT
- If we are conveying we are closed off but that is not how we feel, this adds an additional challenge.

Texting is a brilliant way to miscommunicate how you feel, and misinterpret what other people mean.

Non-Verbal Behaviors:

Closed:
- Leaning back (sitting)
- Standing far away
- Avoiding eye contact
- Speaking quietly
- Crossing arms
- Clenching fists
- Serious facial expression
- Sitting hunched
- Timid tone of voice

Open:
- Leaning forward (sitting)
- Standing closer
- Maintaining eye contact
- Easily heard volume
- Arms uncrossed
- Hands open & relaxed
- Smiling
- Confident Tone
- Sitting up straight

(Anthony and Swinson, 2000)

Social Skills and Communication

- While working with a client to teach the skills, you must also deal with the anxiety underlying the issues:
  - Address fears
  - Resolve irrational thoughts
  - Deal with catastrophic thoughts
  - Rejection
  - Self-esteem

How to reduce anxiety in school

- Responsive classroom: responsiveclassroom.org
  - Social rules in a classroom
- Prevention and counseling
  - "Friends for Life Program": https://www.friendsprograms.com/friends-for-life/
    - The FRIENDS Programs are a suite of evidence-based, social and emotional skills Programs aimed at building resilience of individuals and families across the lifespan. The FRIENDS Programs are the only Programs endorsed by the World Health Organization as best practice for the prevention and treatment of anxiety and depression.
    - The Programs are broken down into four age-appropriate modules:
    - Fun FRIENDS (children between 4 and 7 years)
      FRIENDS For Life (children between 8 and 11 years)
      My FRIENDS Youth (for adolescents between 12 and 15 years)
      Adult Resilience (for everyone over 16 years)
  - "Challenge Day": challengeday.org
    - Our vision is that every child lives in a world where they feel safe, loved and celebrated.
    - The Challenge Day mission is to provide youth and their communities with experiential programs that demonstrate the possibility of love and connection through the celebration of diversity, truth, and full expression.

- Rachel's Challenge – Columbine http://rachelschallenge.org/
  - Rachel's Challenge programs provide a sustainable, evidence-based framework for positive climate and culture in our schools. Fully implemented, partner schools achieve statistically significant gains in community engagement, faculty/student relationships, leadership potential, and school climate; along with reductions in bullying, alcohol, tobacco and other drug use. Grades K-12
- Compassionit.com – economical/grass roots
  - COMPASSION IT is a nonprofit organization and social movement that inspires compassionate actions in the lives of every person we reach. We believe that when you "compassion it" in your daily life, you can positively impact the entire world.
- Mentoring Programs – each child has mentor in the school
- Accommodations for special needs such as tutoring, sitting at the front of the class etc.

- Teach children good time management skills
  - This can include what is important to you and spending time on those things!
  - Get stuff like homework done first and than reward self.
  - Doing too much?
- Have reasonable goals – so important for perfectionists.
- Outdoor/Indoor recreation – peddles, rubber bands
- Structure
- Integrate relaxation – yogacalm.org; http://littlefloweryoga.com/
- http://teacher.scholastic.com/products/mindup/
- https://projecthappiness.com/ Where the science of happiness meets the art of living.
- Thinkingmoves.com
  - MeMoves is the first patented system for self regulation. Mirroring those on the screen, users are transformed by the music, images, movement, and the expressive features of emotion. This easy to use, interactive program has been widely praised by therapists, educators, and parents.

SAND TRAYS:
Expressive arts Therapy on Sterioids

- This technique begins with a bin such as an under the bed storage container that is filled about a third of the way with sand. The play area should contain a number of small objects, figures, animals etc.
- The client is invited to create a world in the sand. This can involve creating patterns in the sand or placing objects in the sand.
- The individual may create scenes that are meaningful, experiences, fears, hopes etc.
- See what the client shares with you. This can often be a means of communicating with your things that can not otherwise be verbalized.

SAND TRAYS(cont.)

- Often a client may not even understand the symbolism of what they have created. But, the therapist can help the client understand the relationship between the world they have created in the sand tray and their own world.
- With individuals who have been abused , neglected or experienced some kind of trauma, the sand tray becomes on important medium to communicate because they may not want to communicate otherwise. Once familiar with the tray, this becomes a safe place and a medium they are comfortable with and will use to communicate with you.
- Often by using the tray repeatedly, the client will create worlds that allow for healing. They may never speak but can take action that enables them to heal.

Sand Trays

- Great for individuals age 3 and older.
- The therapist is not there to interpret. Be careful to not make any assumptions. Listen and that can be with your eyes as well as with your ears.
- Children can learn to problem solve by the examples set using the sand tray.
- Children may play out their day and not the traumatic event that they have experienced.

SAND TRAYS

- The role of the therapist:
  - Guides – you need to help the client fully engage in the sand tray and really create a world. This can include helping the client build their world when first starting to use the sand tray. It can also include support and encouragement.
  - Integrate other techniques – this can include narratives, music etc.
  - Use this when other techniques are not working.

  - http://www.youtube.com/watch?v=ydG6Ynzrp2Y

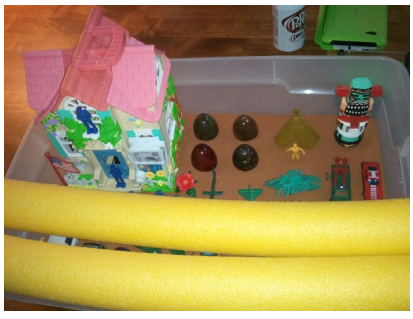
- Do not be intimidated
- Great substitute for communication – adults and children
- Play out day
- Listen – Don't interpret; be cautious
- Control
- Safe environment
- Age 3 and under
- Non-verbal processing

- Kevin's Sand Tray
- He explained that he separated his life into multiple categories
- Baseball = Athletics were are things he loves to do and can always strive to be better at. He also talked about how he works through things that are bothering him such as if he is having a bad day through athletics and exercise.
- The family = good support system. He said that this is he and his parents. "People I can always talk to, we work through things. I couldn't ask for better parents, better people in my life".
- Book= academics. He stated that they are not always easy. "I'm someone who always strives to do the best I can".
- Sunglasses = a metaphor (he said that) for the worries he has: "Am I cool enough?", "Do people like me?", "Does that girl like me?", "Will I pass this test?" Little things but sometimes they feel like big things even though they are normal things you worry about growing up.

- Stuffed animals (he had only placed the three little ones and at this point asked if he could add something. He added the three larger stuffed animals = Big ones are friends who have always been there for him. The little ones are friends that could be good but are not always the best influence (some of the other athletes who drink etc).
- Jenga Game = Another metaphor, this one for how things do not always go as you plan and life changes. When you play Jenga the tower may fall. You have to work through it and things will be ok.
- The Hole/pit in the middle = Fear – the fear that impacts his life and makes him uncomfortable and prevents him from doing what he wants. This is the fear he wants to get rid of compared to the sunglasses that are normal everyday fears.
- Dream picture = if everything were perfect which he clarified meaning if he had no fears (the pit). He dreams that he won't have to worry much and can live his life the way he wants to.
- He said he really enjoyed doing this activity. It was nice to do something hands on rather then talk. He did say it was hard at first though because he was unsure how to approach the task.

- Pt. depicted a house with a garden and the garden had a fence around it. In the garden were The Mom and The Dad. Outside of the garden were the cats and herself. Her sister was in their room. When asked to tell me about her world she told me the following:
- The lizard is trying to get into the house to find food. Her sister is looking in the mirror. She is in “our room”. “The Mom” is lying down and taking a nap (she is in the garden in a lounge chair). “The Dad” is sitting down taking a picture of the tree. “I’m trying to water the tree with no leaves so it can get leaves”. When asked why it did not have leaves, she said it was fall (the season). Bean (the cat) is washing Meatwad (the cat). The lizard is looking at the tree. Pisser (the cat) is looking at the lizard. The flag is blowing.

- The lizard is trying to get into the house to find food
- Her sister is looking in the mirror. She is in “our room”
- “The Mom” is lying down and taking a nap (she is in the garden in a lounge chair)
- The Dad” is sitting down taking a picture of the tree
- “I’m trying to water the tree with no leaves so it can get leaves”. When asked why it did not have leaves, she said it was fall (the season)
- Bean (the cat) is washing Meatwad (the cat)
- The lizard is looking at the tree
- Pisser (the cat) is looking at the lizard
- The flag is blowing.



- The boy who created this sand tray has an interesting story. He is 11 and lives with his aunt and uncle.
- The yellow "noodles" are the secret entrance.
- It is his house and it is very well guarded with men, planes, helicopters etc. What is inside is very "valuable".
- The other items are there because he liked them.
- Make note of the money tucked in the front of the house.
- He has an adult in his life who is significant and is Native American – note the tee pee and totem pole.

Rational- Emotive Behavior Therapy

- REBT focuses on how we perceive our experiences. Our perceptions are what lead to and cause our emotions and behaviors and thus are the root of problems such as relationships.
- Work must focus on irrational thoughts and beliefs (Ellis, 2008).
- Be directive:
  - A (Activating Event) - Can you make a sand tray about what made you angry?
  - B (Beliefs) – Can you make a sand tray about what you told yourself or thought about what happened?
  - C (Consequences) – Can you make a sand tray about what this anger was like?
  - D (Dispute) – Can you make a tray about another way to look at what happened?
  - E (Effect) – Can you make a tray about what you can change, what you can accept, a better way to respond etc.?

- 50 SANDTRAY THERAPY DIRECTIVES:
- Build a tray about...For school age children:
- Your family
- Your friends at school
- Your typical day
- One side being the best part of your world/other side being the worst part of your world
- One side as when you feel happy/other side when you feel sad
- You favorite things
- The scariest thing in your world
- How you calm down when you are feeling upset
- What each of member of your family does most often
- What you want to do when you grow up

- For teenagers:
- A timeline of your life
- Your happiest memory
- The hurdles you face now
- Your ideal future
- What love looks like to you
- The most important things in your life
- Marriage/commitment
- Your daily routine
- What you see when you look in the mirror
- Your worst nightmare (either imagined or an actual dream)

- Courtesy of the Southern Sand Tray Institute – available on Facebook

Finger Painting

- For many children this can be a fun tactile sensation.
- Much freedom for expression
- Easily washes off as well
- Supply several colors
- Encourage the children to experiment such as use different colors and different movements
- You can make this more structured by having the child use cotton balls or other materials
- Have the child make a hand print and than turn it into something
- Be careful – for some children it is too stimulating. Because it is a less sophisticated medium, some children may regress when using it.

Sculpy or Plasticene

- Worry stones
- Free play
- Make faces

Drama

- By playing other roles, children can better understand other people in their world or process feelings by acting in the manner they wish that person would act.
- Role playing also allows children to experiment in a safe way. They can try different reactions and behaviors.

Dance and Movement

- This is very useful, as we will discuss, with children who have been abused or experienced some kind of trauma
- You can help children to loosen up in counseling by taking the lead and moving. You can move individually or together.
- This can do much for helping the child to be more comfortable as well as engaging with you.

Movement

- It is great to get children moving.
  - Touch toes
  - Reach for the stars
  - Jump like a kangaroo
  - Lie down and ride a bicycle
  - Skip
- Dancing
  - Most children enjoy music. The right music can reduce stress, improve mood etc. Many children can be self conscious as well and this can help to break that. Use children's song or Harry Bellefonte for example depending upon the age of the child. Make it fun

Music

- Individuals, especially teens, identify a lot with music. The lyrics often express for them what they can not.
- Mood strongly impacts mood as well and we will gravitate to certain types of music depending upon how we feel and want to feel.
- Have children/teens bring in a song that describes who they are.
- You can use songs for them to describe how they feel.
- Use music as an intervention such as to build self-esteem.

Anger (OCD)

- Have children draw what makes them angry
- Draw safe ways to get/express their anger
- If you need to make it more fun, draw a volcano and in the volcano write what makes them angry.
- Also you can draw a bomb and on the fuse, write what makes them angry.
- Role play so children can practice what they can do when they get angry – purposefully role play situations where the child typically gets mad.
- Have the child draw up to four people in their life and what they do/look like when they are angry.

- Have the child draw where they feel their anger or what there anger looks like – make it go away by drawing over the picture such as covering it with a crayon.
- Use foam noodles – like from a pool. Have sword fights.

- Easy examples:
  - Rubbing the palate
  - Squeezing the center of the palm
  - Squeeze tip of each finger
  - Inch worm down the finger
  - Why? Stimulates serotonin and effects adrenals and reduce anxiety

Flashbacks

- Ways clients can cope with flashbacks:
  - Repeatedly blink your eyes hard
  - Change the position of your body
  - Deep breathing
  - Imagery – go to safe place
  - Go to an actual safe place
  - Name objects in the space around you
  - Move vigorously
  - Hold a safe object
  - Listen to something soothing
  - Clap your hands or stomp your feet
  - Wash your face with cold water
  - Say positive affirmations
  - Spray the memory with an imaginary bottle of cleanser until it goes away
  - Project the memory onto a dry erase board and erase it
  - Draw it and then destroy the drawing
  - Put it into a container real or imaginary and get rid of it

(Williams & Poijula, 2000)

Nightmares

- This is a cognitive technique suggested by Baker and Salston (1993):
  - Before going to sleep, recognize that you may dream something distressing in the night.
  - When the dream occurs, write it down/draw it, talk it through with someone (if possible) and then rewrite the ending.
  - This is a way to enable the client to take control of the dream.
  - Then do a deep relaxation and go back to sleep.

Triggers

- No matter what type of anxiety the client is struggling with, awareness is key.
- Have the client create a list of triggers (if applicable)
  - This enables the client to gain control over them by either avoiding the triggers (this is different then avoidance behaviors with panic) and/or cope with them.
  - If possible plan ahead when facing a trigger
    - Use skills
    - Talk to supports and have them there

Anxiety and Sleep

- Ways to reduce anxiety and improve sleep:
  - Exercise
  - Listen to relaxation music or recordings
  - Practice relaxation techniques when facing a trigger or before sleep
  - Pray/Meditate - think of a safe place
  - Talk to someone
  - Avoid caffeine – eat something light before bed
  - No liquids for two hours before bed
  - Read before bed or do something boring – avoid stimulating things like tv, video games, the computer etc..
  - Sleep in your bed
  - Take a walk – before bed this helps because it raises the body temperature and then it falls again
  - Schedule a time to worry
  - Use a white noise or sound machine
  - Get into a routine with set bed time

Group Therapy

- Gives chance to meet people with similar issues – very validating.
- Interaction and practice social skills.
- More cost effective for clients.
- Can be scary especially with SAD but can also be very useful.

CAUTION!!!!

- With Children you want the parents involved – be careful not to allow sessions to become family therapy.
- Resistance:
  - Usually fear based
  - What they know is familiar
  - Unknown
  - Review goals: What would life be like without the anxiety – picture it and make it real
    - Re-motivate
    - Face the discomfort

CAUTION cont.

- Make sure the client has realistic expectations
- Make sure that they expect set backs
- Tools to help them remember what to do especially under times of stress
- Often fear and anxiety are not taken seriously in children because there are quite normal. However, anxiety in children should be brief and not long term (Cartwright-Hatton, McNicol, & Doubleday, 2006; Craske, 1997).

CAUTION cont.

- Be careful not to end too soon
  - Increases chances of them returning
  - This can include stopping medication too soon or suddenly
  - Keep practicing
- LIFE
  - An increase in stress in life can cause a return
  - Usually temporary
  - Body's way of telling you that you are stressed
- New situations
  - Something that you think you have overcome may cause anxiety because there is some new aspect to the situation – this means it is new

CAUTION cont.

Negative experiences

- Sometimes bad things happen.
- These may bring back or reinforce old thoughts and beliefs.
- It is important to immediately go back over and address what has occurred.
- Reinforce what was learned and the new skills/thoughts

CAUTION cont.

- Do not treat only the anxiety
- Many of these disorders have other factors such as with PTSD you will have numbing. You will see relationship issues, social skills issues (which we discussed), other mental health issues, abuse, trauma etc..
- We have talked about how to treat the anxiety but remember you must work with the whole person!

Resources

- Anxiety Disorders Association of America
  - Silver Springs, MD
  - (240)485-1001
  - anxdis@aol.com
  - www.adaa.org
- American Psychological Association
  - Washington, DC
  - (202)336-5700
  - Public.affairs@apa.org
  - www.apa.org
- American Psychiatric Association
  - Washington, DC
  - (202)682-6000
  - mbennett@psych.org

Resources (cont.)

- Freedom From Fear
  - Staten Island, NY
  - (718)351-1717
  - fffnadsd@aol.com
- National Anxiety Foundation
  - Lexington, KY
  - (606)272-7166
  - www.lexington-on-line.com
- Association for the Advancement of Behavior Therapy
  - New York, NY
  - (212)647-1890 or 800-685-AABT
  - mailback@aabt.org
  - www.aabt.org/aabt

Resources (cont.)

- Obsession-Compulsive Foundation
  - North Branford, CT
  - (203)315-2190
  - www.ocfoundation.org
- National Institute of Mental Health
  - Bethesda, MD
  - (301)496-4812
  - www.nimh.gov
- Recovery, Inc.
  - Chicago, IL
  - (312)337-5661
  - www.recovery-inc.com

Resources (cont.)

- The Child Anxiety Network
  - www.childanxiety.net
- Children's Center for OCD and Anxiety
  - www.childocdandanxiety.org
- www.jurassicsand.com
- Association for Play Therapy
  - *www.a4pt.org*
- Gonoodle.com
- Learningstationmusic.com
- The ruler Approach (Yale)

Resources (con't)

- www.childtherapytoys.com
  - Coupon code: Christine or Dargon for 20% off
- Playtherapysupply.com
- http://cpri.ca/families/programs-services/brake-shop/brake-shop-virtual-clinic/
  - Tic disorders, education, strategies, HRT, videos, forms, articles, breathing exercises, breathing etc.

THANK YOU VERY MUCH!

I truly hope that you have found this presentation informative and useful. If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,
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