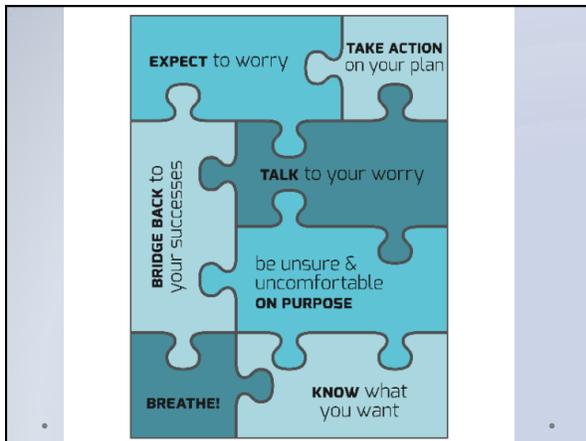


Managing Anxiety At School and Home:
An Umbrella Approach to Managing Worry

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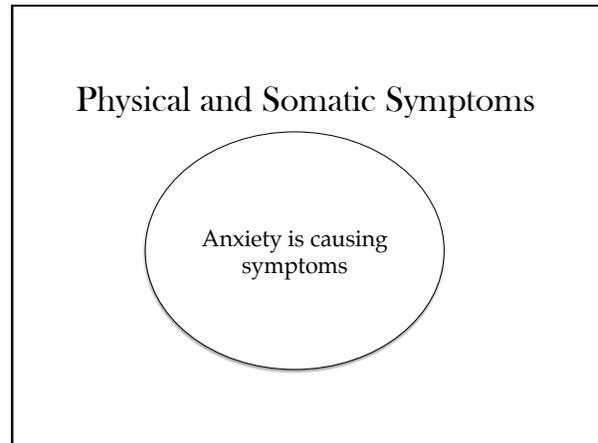
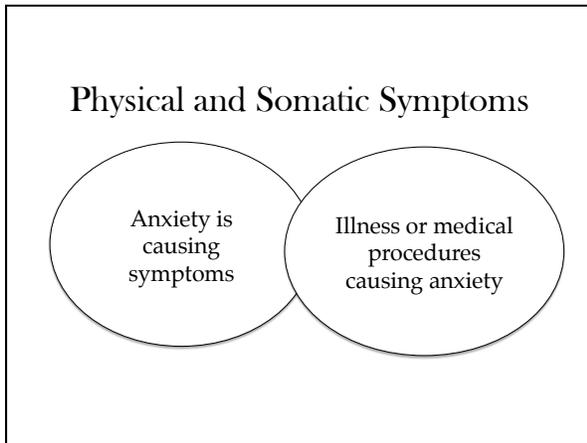
When dealing with physical symptoms in children...

1. Therapy is not a substitute for medical treatment.
2. Therapy and hypnosis are **not** cures for physical conditions.
3. Do not use treat a physical condition without communication with child's physician.
4. Therapy is a wonderful tool to help children and parents frame and cope with physical conditions in a way that can lead to a decrease in symptoms and discomfort.

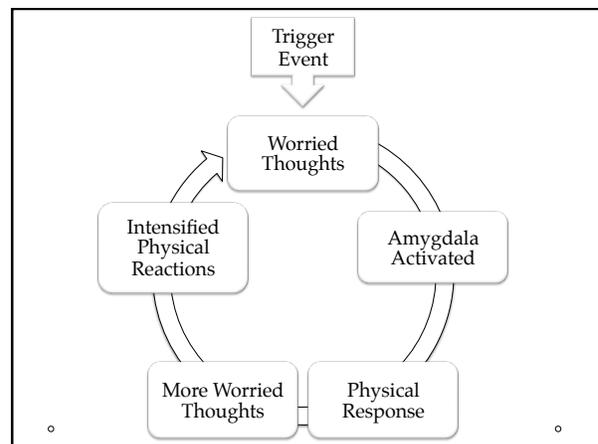


The Three Frames...

- 1 Experience is variable (rigidity v. flexibility)
- 2 The value of parts (global v. compartmentalized)
 - Sequencing
 - Compartmentalization
 - **Connection and disconnection (signals and noise)**
- 3 Actions counts (passive v. active)
 - Problem solving
 - Accessing resources
 - Doing stuff!



- ### Common physical stuff
- Headaches
 - Stomach aches (FAP and RAP)
 - Panic sxs—dizzy, weak, “sick”
 - Vague somatic complaints
 - Asthma
 - Vocal Chord Dysfunction
 - Ezema and other skin issues
 - Tightness in chest



Physical Symptoms and Anxiety: Oh, the Variety!

My anxiety gives me these symptoms

I'm afraid of having these symptoms

My anxiety gives me these symptoms, but I don't think it's anxiety

Children of anxious parents are more likely to...

- have more somatic complaints
- be fearful of physical symptoms
- have higher levels of "anxiety sensitivity"

Barrett, Rapee, Dadds, & Ryan, 1996;
Bogels & Zigterman, 2000;
Weems, et al., 2001

Stress is contagious...

Children whose mothers are chronically stressed during their early years have a higher asthma rate than their peers, regardless of their income, gender or other known asthma risk factors.

From the American Journal of Respiratory and Critical Care Medicine

"It is increasingly clear that traditional environmental risk factors do not fully explain the origins of asthma," said lead investigator, Anita Kozyrskyj, Ph.D., Associate Professor in the Faculty of Pharmacy at the University of Manitoba, Canada. "Evidence is emerging that exposure to maternal **distress in early life plays a causal role in the development of childhood asthma.**"

Anita Kozyrskyj, et al. Am J of Resp and Critical Care Medicine, 2008, 177:142.

Examples of the Mind-Body Connection

- Being thirsty when you see an ad on TV
- Getting itchy when someone is talking about lice or bedbugs
- Blushing
- Butterflies in the tummy
- Heart rate increasing when a cop pulls up behind you!

Symptom Modification
versus
Symptom Elimination

We are NOT eliminating or avoiding physical symptoms

We are perceiving & managing them through a different lens



Changing the reaction to the anxiety....

■ **Expect:** *When does worry show up? What does worry say? What is the consistent theme?*

■ **Externalize:** *Create distance from your worried thoughts and observe them*

■ **Experiment:** *Take action, shift your focus, change your reactions...do the OPPOSITE and be on OFFENSE*

Changing the reaction to the anxiety....

- **Expect:** *When does worry show up? What does worry say? What is the consistent theme? **And how does it make your body feel?***
- **Externalize:** *Create distance from your worried thoughts **and symptoms** and observe them*
- **Experiment:** *Take action, shift your focus, change your reactions...do the **OPPOSITE** and be on **OFFENSE***

DIFFERENTIATION! Signals vs. Noise

Worry/Physical SXS



Signal? Noise?

Panic attacks:

- Initial symptoms show up “out of nowhere”
- Rare in childhood but can show up in teens
- Dramatic symptoms (heart, breathing, nausea, sense of being disconnected from reality, fear of impending death)
- Fear of another attack happening creates cycle of avoidance and triggers more attacks

“The most destructive thing you can do when faced with panic attacks is to steadfastly believe that your symptoms mean that you have a serious physical illness, despite continued professional reassurance to the contrary.”

--Reid Wilson, PhD
www.anxieties.com

Evidence on the deleterious use of avoidant techniques extends to calming procedures so much a part of our own earlier protocols for treating anxiety and panic (Barlow & Cerny, 1988). Specifically, when calming techniques such as relaxation and breathing control are conceptualized to the patient as a specific strategy for reducing negative emotions and distress, in which the focus is to "cope" with the emotions and distress (rather than as a noncontingent calming exercise), the results seem counterproductive...

...For example, Schmidt et al. (2000) concluded that breathing retraining did not add any clear benefits to a treatment package consisting of education, cognitive restructuring, and exposure-based techniques for patients with panic disorder. In fact, a trend in the data indicated that patients who received breathing retraining showed lower end-state functioning on both self-report and clinician-rated measures. Similar results have been obtained from our prior work evaluating distraction strategies (Craske, Street, & Barlow, 1989; Craske, Street, Jayaraman, & Barlow, 1991; Kamphuis & Tetch, 2000).

When the symptoms are
REALLY dramatic...

REBOOT
RESET
REGROUP

Example: Heavy Hands

1. Breathe easily through your nose
2. Relax your face (or smile)
3. Imagine your hands getting heavy
4. Count from 10 to 1, & let each finger get even heavier
5. As hand gets heavy, you're turning off your alarm system & moving toward action and problem solving

(Advantage: Can do this anywhere without others noticing so very versatile)

Themes to introduce...

- How your body feels lots of different things
- As you sit here, you notice some parts and ignore others
- How your imagination can make things change, like hearing about bed bugs can make you itch, or a tall glass of lemonade can make you thirsty...
- How it's difficult to be in two states at once... hungry and full, tired and alert, healthy and ill, loose and tight

Other themes might be...

- You can learn what different signals mean and what to do about them
- Some signals are NORMAL
- Thinking/imagining can change your body's responses
- Some reactions to sensations may be alarms from a different time and place

Physical and Somatic Symptoms



Illness or medical
procedures causing
anxiety

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Anxiety over medical procedures
MASTERY:
I don't like this, but I can handle it...

- “I can turn down my alarm system.”
- “I can go away from here for a bit.”
- “I can play around with time.”
- “Would it be okay if it didn't bother you this time?” (Olness and Gardner, 1988, p.228)

Anxiety Before Surgery Complicates Recovery

In a study done in 2006, researchers found that anxious children experienced:

- more problems emerging from anesthesia
- significantly more pain both during the hospital stay and over the first three days at home.
- consumed significantly more codeine and acetaminophen
- had a higher incidence of postoperative anxiety and sleep problems

(Kain, et al., 2006)

Hypnosis Helps Children with Pain and Anxiety

Hypnosis was consistently found to be more effective than control conditions in alleviating discomfort associated with bone marrow aspirations, lumbar punctures, voiding cystourethograms, the Nuss procedure, and post-surgical pain.

Accardi, M. and Milling, L. J Behav Med. 2009 Aug;32(4): 328-39.

PANDAS

Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections

Presence of Group A β -hemolytic streptococcal infection (GABHS) triggers immune system to produce antibodies in blood to fight the infection. The antibodies, rather than attacking the strep, attack healthy cells in basal ganglia, influencing OCD.

PANDAS

Pediatric Autoimmune Neuropsychiatric Disorders Associated with
Streptococcal infections

- A variant of rheumatic fever?
- Some genetic predisposition
- Boys 6.2 to 1 girls
- 64% have both OCD & tic disorder
- 40% have ADHD
- 20% have separation anxiety disorder

Diagnosis

- Having symptoms of OCD &/or tic disorder
- Onset between ages three & puberty
- Sudden onset
- Symptoms wax & wane in severity
- Positive throat culture for strep (Group B-hemolytic streptococcus) and/or high levels of antistreptococcal antibodies in blood when symptoms are worse

Treatment

- Full course of antibiotics whenever episode of strep occurs

PANS

(Pediatric Acute-onset Neuropsychiatric Syndrome)

I. Abrupt onset of OCD or severely restricted food intake

II. Presence of at least 2 of the following 7 categories (with similarly severe & acute onset)

1. Anxiety
2. Emotional lability and/or depression
3. Irritability, aggression &/or severely oppositional behaviors
4. Behavioral (developmental) regression
5. Deterioration in school performance
6. Sensory or motor abnormalities
7. Somatic symptoms (i.e. sleep trouble, enuresis, urinary frequency)

PANDAS/PANS

(Pediatric Acute-onset Neuropsychiatric Syndrome)

Sudden, rapid-onset of obsessive-compulsive behavior, as well as possible movement and behavioral abnormalities, including:

- Severe separation anxiety
- Anorexia or disordered eating
- Urinary frequency
- Tics and/or purposeless motor movements
- Acute handwriting difficulty

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Heavy Hands

How about sitting right here, with your hands resting gently in your lap or by your side... Let's start by taking a few deep, full breaths. Fill up your lungs like two balloons, and then let the air out easily, in and out of your nose or your mouth. (*Do this together for 2 or 3 breaths.*) You can go ahead and close your eyes if you want to, just to help you relax and focus a bit more, or you can leave them open, too. And let your breathing become smooth and natural, like when you're asleep or just watching TV or a movie. You don't have to think about it. Just let your body do what it knows how to do. In and out, in and out, easy and through your nose.

Now I want you to make your face soggy. Have you ever used that word to describe your face? Make all the muscles in your face loose. Just let them hang there. And smiling is okay, too, of course. (*Kids often smile here...so make it okay for them.*) Soggy or smiling, smiling and soggy...

Go ahead and put all of your attention onto one of your hands. It doesn't matter which one. You can even choose both if you like. I want you to pay attention to your hand, even if your eyes are closed. You can be aware of every knuckle and every fingernail. You can feel the temperature of your hand...maybe the top feels different than the palm. You can notice the texture of the material that your hand is touching. You can notice your thumb and your pinkie, and the fingers in between.

Now I want you to let those fingers begin to feel heavy, bit by bit, heavier and heavier. You can imagine that there is something tied to those fingers, like bricks or pianos or tree trunks, and each of those fingers is sinking down, getting heavier and comfortable. Maybe your fingers will start to feel warm, or a little tingly. You could lift your fingers if you wanted to, because you are in control of your body, but it would be too...much...work. So you can let them just stay where they are, getting heavier and more relaxed. It's an interesting feeling to create.

And you might notice that the heavy, relaxed feeling is moving into other parts, too. Maybe your hands, and your wrists, and your arms and shoulders are feeling heavy. And maybe your eyelids feel a bit heavier, too. I wonder what other parts feel comfortable. Your feet? Your toes? Your forehead? Your ears?

Stay here for a bit longer. Let that heavy comfort hang around. And as you notice that heaviness, listen to this: Wherever you are...school...home...falling asleep in bed...riding along in the car...*fill in other situations here*...you can create this feeling of heaviness in your hand, just by taking a few deep breaths and imagining that hand getting heavy and relaxed. Just by imagining those bricks or those pianos, or whatever you came up with...And when that hand starts to feel heavy, the rest of you, even your brain, can slow down, too. It's as if your hand is the reminder to rest of your body and your mind.

The more you practice, the better you'll be at asking that hand to get heavy. You can even do it with your eyes open. You can do it while you're talking to someone. With that one heavy hand, the rest of you remembers how you can create sensations in parts of you, wherever you want to, whenever you want to.

(The rest of your interventions here if desired.)

In a few moments, when you're ready, you can start to wiggle those fingers a little, and even wiggle your toes if you like. Your hand and the rest of you can begin to move around a bit, and you can open your eyes (*if they're still closed.*) Take a few more deep breaths, to help you feel alert, and notice how you learned to create something in your own body, something that can help in all sorts of different ways. I wonder how you'll use this new power to (*fill in the blank.*)? Can you tell me? Any ideas?

Lynn Lyons, LICSW
Managing Anxiety at Home and School

Here's a link to a very thorough article by Craske, et al on current thinking about exposure therapy and the role of hierarchies. I made mention of this research during the second session.

Maximizing Exposure Therapy: An Inhibitory Learning Approach
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4114726/>

Article by David Barlow and colleagues:

Toward a Unified Treatment for Emotional Disorders

https://www.researchgate.net/profile/Laura_Payne2/publication/222087641_Barlow_DH_Allen_LB_Choate_ML_Toward_a_unified_treatment_for_emotional_disorders_Behav_Ther_35_205-230/links/56143d8b08ae983c1b406507/Barlow-DH-Allen-LB-Choate-ML-Toward-a-unified-treatment-for-emotional-disorders-Behav-Ther-35-205-230.pdf

Here's a link to a recent program on NHPR, The Exchange, hosted by my friend Laura Knoy. The guest is Lisa Feldman Barrett, author of How Emotions Are Made: The Secret Life of the Brain. I learned a LOT listening to this!

<http://nhpr.org/post/how-emotions-are-made-secret-life-brain-0>