

Management of Anxiety in Children and Adolescents

-The Anxious Child-

Parenting Children Who Have a Loud, Hypersensitive Bob

At birth, our Harm Avoidance Drive (Bob) and our Pleasure Seeking Drive (Jim) have a set **volume** (how loud/intense they can get) and **sensitivity** (how 'bad' or 'good' something has to be in order for Jim/Bob to notice it and put it in their respective Bad Stuff/Good Stuff lists). "Anxiety" is the physiologic activation that comes from Bob as a result of the error that he is making when he reacts too strongly to something that does not warrant such an intense reaction. The reaction and physiological experience of the body is identical to "fear" but we use the label "anxiety" to identify it as a False-Positive. In other words, Bob is telling us that something is bad and poses a threat to us when, in reality, it does not.

"Anxiety" problems fall into two categories. The first category is "situational anxiety", which is when Bob goes off about a specific situation leading to an overly intense behavioural reaction specific to the triggers (i.e. fear of spiders, heights, public speaking, clowns, etc.). Situational anxiety is very common and most people in the world have a couple of things that trigger an overreaction from their Bob. The second kind of problem happens when Bob's process for identifying danger is too sensitive, leading to overly loud/intense reactions to just about everything. The label for this problem is Generalized Anxiety Disorder. What is essentially happening in the brain of a child with Generalized Anxiety Disorder is that Bob is and has been overanalysing every experience in their lives – everything they've heard, everything they've seen, everything they've been told, everything they've sensed (i.e. smelled, tasted, felt) – and flagging/classifying just about everything as bad (a potential threat) and then making them react in such a way as to avoid those things. In other words, their list of *Bad Stuff* is **HUGE!!!**

These children live their lives in an almost constant state of fear (to some degree or another) interrupted only by times when they can no longer hear Bob because Jim is louder and in control. Unfortunately, these children rarely come to the attention of Mental Health professionals because, for the most part, they are good kids and don't cause any problems. They rarely do anything wrong. They rarely act out, they rarely yell, they rarely defy, they rarely talk, they rarely go out... in fact, they rarely do anything... including enjoy themselves, or relax, or... anything.

If you are an adult with anxiety, then you know exactly what I am talking about. Your life is all about making sure that bad things do not happen. You spend your life's energies preparing for bad stuff and trying to avoid it somehow. You know that you cannot relax, cannot enjoy yourself unless every last little thing that could possibly go wrong has been dealt with... which almost never happens. For you, what you consider to be a pleasant experience is not really a positive pleasant emotion... it's the absence of that chronic, constant, underlying negative emotion that is there all the time. Most of you have dreaded the possibility of passing this onto your children, never wanting your children to have to go through life the same way that you did... but unfortunately, because of genetics, there is a good chance that their brains and bodies will look like your brain and body. If you are a worrier with a hypersensitive Bob yourself, then pay close

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attention because it is likely that your child also has a hypersensitive Bob. Understanding what follows is going to be critically important if you want to help prevent your child from feeling that way throughout their life.

Unfortunately, you cannot change Bob's hypersensitivity. BUT, you can still fix a lot of the problems that he causes for your children. The way that you can do this is by working on Bob's list of *Bad Stuff* to limit what Bob can put on the list (**Prevention**) and also to remove things from the list that needs to be taken off (**Management**).

Prevention = Limit Access to Information

This is by far and away the most important of all the strategies that you can implement. Remember, Bob experiences and analyses EVERYTHING. If they see it, hear about it or read about it, it is something that Bob might decide to put on his list of *Bad Stuff*. Once something is on that list, it is something that they are going to think/worry about and something that could lead to behavioural problems as a result. However, IF they do NOT see it, do NOT hear about it, do NOT read about it, then they cannot worry about it and it cannot lead to further behaviour problems.

It is only *after* they know what a tornado is that they start worrying about tornados. It is only *after* they are told about the burglary down the street that they worry about the house being broken into. It is only *after* they do a school project on communicable diseases that they start to worry about airborne virus transmission and contamination. Then, because they are so worried about it, they start to wash their hands compulsively, or watch the weather channel and prepare an emergency shelter, or check and recheck every lock and window before bed.

In practice, what this means is:

- DO NOT watch the news or keep newspapers in the house (the only thing they do is tell you all about the horrible, tragic things that just happened to people just like you).
- DO NOT watch medical shows (i.e. House, Grey's Anatomy, etc.) or crime shows (CSI, Law & Order) if they might hear/see it.
- DO NOT discuss financial problems with them.
- DO NOT expose them to conflict between parents - and if they did see the fight, make sure that they see the end of the fight as well (i.e. calming down and being nice to each other again).
- DO NOT tell them about tragedies in the family or bad things that happened to friends of yours.
- DO NOT tell them about your medical appointments and/or problems.
- DO NOT tell them about YOUR worries.

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- DO NOT tell them that something that they are worried about is not for them to worry about but something for you to worry about. What that tells the child about that problem is that it is *so big* and *so dangerous* that even you, the parent, the superman of their world... is worried about (scared of) it. The better thing to say is: “you don’t need to worry about that... I’m not worried about that because it is not going to happen and it is nothing to worry about!”
- Stop answering all of their questions. It does not help decrease their anxiety. It only frustrates you and triggers further questions. Their brain is not mature enough yet to be able to use the information that you give them in a meaningful way to decrease their anxiety – that is a function of Logic & Reason (i.e. teenage years). With children, I recommend that parents adopt a “3 Answers” rule. For any particular subject, tell your kids that you will answer their first two questions automatically and a third if it is reasonable. After that, stop giving answers (i.e. “Where are you going?” – *To the mall*. “What are you going to do there?” *Do some grocery shopping*. “Is any one going with you?” *Nope*. “How long are you going to be gone for?” *Until I get back*. “But how long is that?” *About that long*. “But how long is that?” *Until I get back*. “But what time will you be back?” *When I get back*.) They will not be happy with the lack of information and the uncertainty, but they would not be happy with the information either.
- DO NOT explain **why** a rule exists. The reason ‘why’ is simply because it’s the rule (i.e. “Don’t accept candy from strangers.” Why? “Because it’s the rule.”). You are the parent; you have the responsibility to make rules to keep your children safe. If you explain to them all of the possible bad things that could happen to them if they did not obey the rule, you are giving them too much information. **Why** does not become important until children are entering adolescence and develop Logic & Reason (at which time you will need to explain ‘why’ but even then, try to limit the negative content).
- DO NOT ask why they are afraid of something or try to get at the details of what they are worried about. In the vast majority of the cases, they have absolutely no idea why they are afraid and will say so. What often happens next is that adults then offer multiple choice answers to the child (i.e. “Are you worried that people will laugh at you? Are you worried that no one will like you? Are you scared that you are going to get beat up?”). Adults do this because they believe that if they can explain away the ‘why’ and prove to them that it is not reasonable, that this will fix the worry/fear. This simply does not happen. What happens is that now, they know that they could get beat up, or laughed at, or rejected.
- Be absolute in your answers and DO NOT talk about “possibilities” or “chances”. Children do not understand probability theory. If you say to them that there is a tiny chance of a tornado... like one in a million, what children hear is “Yes, there is going to be a tornado”. Children’s brains only understand yes or no, black or white. They do not understand shades of grey. In other words, either something is going to happen or it is not going to happen. Tell them that it **absolutely will not happen**. Yes, in the strictest sense of the word, this is a

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“lie”. Yes, I am telling you to lie to your children. Just like you already do all the time (i.e. Santa, the Easter bunny, “that’s the most beautiful painting I have ever seen!”).

- If that one in a million chance event does happen, then you can deal with it at that time. If it ever does, tell them that it’s a good thing! After all, if it’s a ‘once-in-a-lifetime’ event, and they already had their ‘once’, then it’s a guarantee that they are never going to have that happen again!

You need to give information carefully since it could cause significant problems for the child. Think of information like food – the anxious child is like the child with many food allergies, some of which are very severe – you will always be cautious and watch them when they try something new because you never know if it is going to cause a reaction. Additionally, there are some things that you know they need to be protected from because you know from past experience that they are going to have a very negative reaction to it if they are exposed to it. Unfortunately, they do not recognize the toxicity of what they are being exposed to and often seek it out (like the child who is allergic to chocolate but wants chocolate all the time).

Management = Retraining The Brain

a.k.a. Exposure, Exposure, Exposure

This is the single most important management strategy and the only one that will have any meaningful long-term impact on their anxiety. The only way to correct a false belief that Bob (the Harm Avoidance Drive) has is to **prove** to him that he is wrong. Telling children that they are wrong and that whatever it is isn’t dangerous/scary/bad isn’t enough to eliminate their fear/anxiety, they have to actually *experience* that belief being wrong. In other words, **they have to do the very thing that they are scared of** (i.e. believe is going to have a bad outcome) and actually NOT have a bad outcome happen in order to start to change Bob’s beliefs about it. This is called systematic desensitization and everyone understands its principles - that you have to face your fears in order to stop being afraid. The problem is that this is not something kids can do on their own - they have no will power to push themselves and even if they are old enough to begin doing so, it takes a really long time to conquer a fear when done that way (because it takes many, many repeated experiences to prove to Bob that something isn’t bad). The better way to do this is to use a drive to fight a drive - go to the opposite extreme and prove to Jim (the Pleasure Seeking Drive) that it’s a **good thing** to do because doing it will get them something very real, very immediate that they really like. If you do this properly, you can easily get any child to willingly do something that they are terrified of doing and up until now, have flat out refused to ever do, within a couple of hours at most (see the ERT handout for specific step-by-step instructions on how to tie a reward to a target behaviour).

In order to succeed, you need to activate their Pleasure Seeking Drive (Jim) by offering to give them a very real, very immediate reward (which may be money) if they choose to (insert behaviour here) . Having a reward available that depends on them doing something is the only way to activate the Pleasure Seeking Drive and once activated, means that they will be focussed

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on the **positive outcome** of the task at hand. Without a real, immediate, tangible, visible reward to focus on as the reason to go through with the exposure, their brain will automatically focus on what it believes is a very real, immediate **negative outcome**. Using a reward makes it much easier for them to do this and will also reduce the number of times that they have to go through the exposure task. When you pair the release of Dopamine (the “feel good” hormone in the brain) to an antecedent activity/event/experience, the brain will automatically start to repeat whatever it just did that got it that Dopamine. Doing this ensures that the brain goes beyond simply learning that it wasn't as bad as they thought it would be; it teaches their brain that it is actually a *very good thing* to do. **Always use an immediate reward whenever possible.** The sooner their brain gets the reward, and thus the Dopamine, the faster it learns that it was a good thing to do.

If you do not have access to an immediate reward that is big enough to convince Jim to get rid of Bob right away, then there are two different ways to move forward:

- Break down the behaviour into smaller chunks (which in turn will decrease Bob's resistance, making it more likely that Jim will win quickly). In other words, if they cannot make themselves go to school for a full day, how about for ½ the day? For one hour? The most important step is that first one. Each step down the path they are scared to go should have an ever-increasing reward. The more they push themselves, the more it has to pay off. The biggest jumps in the reward have to be for the first step, and for the full completion. For example, they are rewarded with \$10 for going to school for the first hour, \$2 extra for each hour they stay after that and if they go the full 7 hours, then they'll get \$30 for the day. The reward you use can be anything they like (see the ERT handout for more information on finding the 'right' reward for your child).
- Just **wait**. As time goes on, anxiety automatically decreases (Bob gets weaker) while desire automatically intensifies (Jim gets stronger) so as long as they are not doing anything else to distract themselves (i.e. they have to just sit there staring at the reward while you wait for them to decide to do it - don't accept an answer right away - tell them to think about it for a bit (i.e. 15 minutes) and then quietly wait), they will always hit the point where Jim is now stronger than Bob, takes over control of their body and suddenly, they are choosing to do it. The longest that will ever take is roughly an hour.

Once a specific behavioural task has been accomplished with the help of the contingent reward, continue to reward its successful completion for at least 2-3 weeks thereafter (assuming that it is something that they do every day). You need to firmly tie that behavioural experience to Dopamine (the reward) and that will only happen with repeated cycles of having the brain receive Dopamine following that behaviour. Once it is re-wired, the reward does not need to remain in place since that behaviour is no longer in Bob's list of '*Bad Stuff*' at all, but is in fact in Jim's list of '*Good Stuff*' now. It does NOT go back to being something that they are scared to do unless they experience a very real negative outcome after doing it down the road.