

What Parents and Teachers Need to Know about Anxiety

***The stuff they don't tell you in the books**

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Learning Objectives:

1. Everyone has anxiety – it's a spectrum – some people have it to a degree that becomes impairing for part of their lives.
2. A little anxiety can be a good thing.
3. Anxiety is not a moral failing, lack of understanding, or “crazy.”
4. Anxiety can masquerade as many things.
5. Many people who have anxiety will strenuously deny it, for a variety of reasons.
6. There are many treatments; most anxiety is relatively easily treated.

WHAT DOES AN ANXIOUS STUDENT LOOK LIKE?

As a child psychiatrist, it has taken me a long time to understand the more common types of anxiety, because what gets children brought to my office is that they have become inconvenient – a problem – for some adult. So most of the children that are brought to my office are boys with hyperactivity or aggression, and teens with depression. Then there are the kids with problems learning, abused kids, kids in trouble with the law...

So if you're a shy kid who doesn't go out for football because you're afraid you won't make the team, you don't get brought to my office.

So it has taken me a long time to learn that kids with the most common type of anxiety – generalized anxiety disorder – are likely to go without notice.

When I started in psychiatry, I had a picture in my mind of what an anxious child would look like.

They would look upset – maybe scared or sad –and they would be looking for someone to reassure them. And they would be glad to have someone help them.

But that’s not what most anxious children look like.

In fact, an anxious student is likely to look very put-together, aloof, and stylish.

They are likely to seem quiet, but they are not likely to be mute.

They may be among the best students in the class; many are perfectionists.

They are often athletically gifted. Anxiety exists with a particular type of physiology that includes a very tight connection between mind and body. The anxious person is likely to be sensitive to noise, taste, odors, vibration, and to their own bodies. They notice if the position of the bat or their hand is a little off.

Many anxious people who might benefit from medicine refuse to take it because they cannot tolerate the side effects.

Among the more seriously anxious students are the ones who are prone to rages and tantrums. They get diagnosed with oppositional defiant disorder – which doesn’t help them, because people tend to treat ODD kids with strict rules and discipline, while the anxious child needs to be helped with gentleness and respect.

Only some of the students with anxiety will need accommodations. Most will refuse accommodations if offered them, because they do not want any attention drawn to them by being treated differently.

Many people with anxiety are pessimists. They don’t believe you can help them. Even if they acknowledge that you can help others – they don’t believe that the treatment will work for them.

Many anxious kids will refuse to come to our offices – and if they come, they often refuse to get out of the car or refuse to leave the waiting room. They worry that I will misdiagnose them, lock them up, or tell them they are retarded. If their mother or father responds to my questions, they stare at the parent, silently beaming anger and hostility. Some will get up and begin socking their parents – their anxiety about having their symptoms exposed is so great.

The most seriously anxious students are invisible. They are at home.

WHAT IS ANXIETY?

Everyone has times during which they feel uneasy. Everyone has times during which they feel afraid.

Because everyone experiences anxiety some of the time, it's easy to make the mistake of thinking that people who have an anxiety disorder just "aren't trying," or have some moral failure.

Anxiety is not a moral failure.

When we deal with people who are anxious, we are dealing with a person whose ordinary coping skills have failed them.

Anxiety is the body's physiologic response to threat.

When people experience the physiologic effects of uneasiness or fear without sufficient stimuli to cause it, and when that physiologic response (combined with mental interpretation) interferes with the person's life, and it happens repeatedly or for a long period of time, that person has an anxiety disorder.

This is a spectrum disorder – like headache or allergies. There are mild forms which are common and no more than a nuisance – but there are severe forms – relatively uncommon – which can cause serious problems.

ANXIETY IS NOT A MENTAL CONSTRUCT – ANXIETY IS A PHYSIOLOGICAL EVENT.

What is happening during the physiologic state that we know as anxiety?

1. Sympathetic arousal prepares the body for action:

- Breathing becomes more rapid and shallow
- Pupils dilate
- Circulation to the gut and skin becomes relatively restricted, while circulation to the muscles is enhanced
- Heart rate increases
- Adrenal begins to pump through the blood stream, causing additional physiologic adjustments
- Dry mouth – lump in throat – gagging sensation
- Sweating underarms, on face, on palms and soles of feet

The sympathetic nervous system becomes active in any type of excitement – good or bad. If I'm showing these signs and symptoms, I might be looking at a mugger – or George Clooney!

2. To reduce the discomfort of these changes, most people:

- a) Move more --- pace, shift position, and fidget
- Adults who are concerned about appearances will attempt to disguise this activity in a socially acceptable way – perhaps by
 - Tightening shoulder or back muscles
 - Making preparations, rearranging things, cleaning
 - Talking
- b) Seek out the types of stimuli that engage the parasympathetic system:
 - Eat
 - Groom or bathe
 - Pick at skin, bite nails, twirl hair
 - Have sex
 - Sing
 - Drink alcohol

3. But if the anxiety is intense and there is no escape, the nervous system begins to do strange things...

- Difficulty regulating muscle tone: Shivering, trembling
- “Rubber legs” sensation >>> collapse
- Parasthesias: Hot or cold “flashes”; numbness, tingling
- Circulatory changes and high muscle tone can cause nerves to “go to sleep” with resulting loss of control, dropping things, falling
- Flushing, blushing
- Nausea and abdominal discomfort, including gas

This might be a good time to introduce you to one of the serious forms of anxiety ---

PUT ON FEATHER BOA – PANIC

SLIDE OF SYMPTOMS OF PANIC ATTACK ---

HI!!

I’m Panic! And I am So pleased to meet you!

You know me – I make your breath come shallow,

In fact, I can just take your breath away!

And I make your heart go pitter-pat – and then your mouth goes dry –

And then you feel ever so dizzy! And you might have to sit down –

You know, I don't understand why they make it so HOT in here!
 I'll make you forget all about whatever it is you came here for –
 You can't concentrate when I'm around ---
 You'll start to feel the walls closing in
 And then you might even wonder if you're going crazy!
 Why, people never forget the first time they meet Panic!
 Little ole' me!!
 And I wouldn't hurt a fly! I don't ever hurt anybody!
 And I never stay more than a few minutes ---
 But baby, it's intense while it lasts!
 I am unforgettable!! ‘
 'bye now!!

Panic attacks are the most profound and distinctive of the anxiety states. It's important to know two things:

- 1) No harm is coming to the person**
- 2) They always stop by themselves.**

Having said that, the experience of a panic attack can be so strong and frightening that many people will go to the emergency room with the impression that they are having a heart attack. The EKG is normal, however.

The first panic attack is nearly always remembered vividly – and the experience is so strong that it sometimes sets up an avoidance response – So, for example, if the first panic attack is experienced in a crowd, the person will associate that strongly negative physiologic experience with crowds. The person may want to avoid crowds after that.

RELAXATION EXERCISE – ENGAGE THE PARASYMPATHETIC SYSTEM

Now, since you know that anxiety is a physiologic response, I want to use another physiologic response to counter it. I'm going to take you through a relaxation paradigm. We're going to activate the parasympathetic nervous system.

The parasympathetic system drives digestion and relaxed breathing. The parasympathetic system fires up smooth muscle – the organ muscle. It will turn off the sympathetic system – the ready-for-action system. But it takes practice to activate the parasympathetic system so I'm going to teach you a trick to get in touch with your parasympathetic self...

****Slide of seat bones**

Place both feet square on the floor, and balance your weight on your hip bones. IF you're not sure where they are, put one hand and then the other under your seat. Your hip bones are the bony points that squeeze your fingers the hardest between your seat and your chair.

****Slide of ischial prominences**

Now, take your hands out, and find the bony points that stick out where your legs join your body.

Now I suggest that you close your eyes. Because when you have found those four bony points, I want you to mentally draw a rectangle connecting them – and now relax everything in that space.

If you feel giggly, just take a deep breath. Focus on the weight of your body in your chair. Deep, even, breathing. Not hyperventilating, just calm, relaxed breathing.

Let the room get quiet, because now we're going to add another relaxation element: controlled, regular breathing.

I'm going to begin pacing my voice. Let the room go quiet. If you feel distracted by something, let it go. Distractions are just breezes – allow yourself to notice the distraction briefly, but then let it move by. Focus on relaxing the deep tissues of your body's core. Focus on deep, regular breathing. Focus on your quiet center.

When you are ready, open your eyes. As you open your eyes, most of you will notice that your mind begins to hum with activity, but try to maintain the quietude of the last few minutes.

Being able to be alert, aware, responsive and relaxed is the state of **mindfulness**.

ANOTHER PART OF THE ANXIETY EXPERIENCE IS PHYSIOLOGIC –

EMOTIONS AND THOUGHTS

When a person is experiencing a profound physiologic event like a panic attack, their mind gets very busy. Our minds are designed to seek out patterns and look for explanations. Since the body is experiencing a huge surge in sympathetic arousal that is just like the way our body's react to threat, the mind begins to search for and identify sources of threat.

Sometimes there is no actual source of threat – and the mind has to make something up. Children are especially prone to misattribution of anxiety – for example, “There’s a monster in my closet,” is a child’s emerging sense of worry and guilt – but since they don’t have a name for those emotions – they’re not even aware of emotions as ‘part’ of themselves – they externalize the feeling and invent closet monsters.

Sometimes when the mind suggests a source of threat, it colludes with one’s need to avoid difficult truths. This leads the mind to suggest the wrong explanation. For example, feeling that one’s boss or coworkers judge you negatively, when the “threat” is from inadequate training or being expected to perform at a work level that is beyond one’s comfort or capacity. It might be easier to accept the idea that the boss or coworkers unfairly dislike us, rather than that we aren’t able to meet the expectations of our job.

When the Mind offers the wrong explanation for the source of anxiety, it is work to get at the right one. First it has to give up the wrong answer!

Mothers understand that a child who comes into the bedroom at night because he/she says they are lonely, is actually dealing with a child who is not feeling well or possibly frightened. But at that point, if asked, “Are you feeling sick?” many children will say “no.” In my office when I talk with children who refuse to go to school in the morning, the majority will insist that they have no problems going to school in the morning. When asked why they do not go, they shrug. When asked if they will go to school the next day, they will say they will, but the next day comes, and they don’t. In fact, they don’t know why they don’t go.

Sometimes, even when people know why they are anxious, they will refuse to acknowledge it. A common response is to lash out at the person who is asking.

But ironically, anxious people generally don’t like losing control. Some anxious men become bullies in their own homes – lovely in public, but irritable, raging, or control freaks with the family – but they will insist this is not true and may become emotionally punitive toward the person who begins to talk about it.

- **Initial response to anxiety for many people is suppression or denial**
- **This allows us to continue to function, even in the face of threat or stress.**
- **BUT -- the ongoing practice of suppression and denial becomes a problem in its own right ---**
- Failure to recognize and take appropriate action when an actual threat is present
- Rejection of help that is offered
- Refusal to seek different solutions

Anxiety that is not acknowledged prevents the person from reaching out to others for support --

For example, a wife who is worried about one of the children not coming home on time may be slamming pots and pans around in the kitchen while cleaning up. Her loving husband asks "What's the matter?" But the anxious wife responds, "If you really cared, you'd know what was the matter and you'd do something about it!"

Anxious people get angry! And who do they get angry at? The nicest people around!

They don't tell anyone they're angry – they don't want to admit it – even to themselves. And they don't get angry at mean people – they are anxious – the last thing they want is to trigger a real threat! But if you're a nice person and you're handy, then they'll just smear their worry all over you! This can become a self-perpetuating strategy, because:

If you're really nice, you might solve their problem.

If you're not able to solve the problem, you'll take care of the emotional energy of worrying, and they can get on with what they do.

They don't know they are doing this – and they'll deny it if you ask them directly – but therapists recognize this pattern.

Here's a tip for any of you who live with a child who gets anxious late at night and wants you to get involved in deep, caring conversations about how no one likes them at school, or whether they should break up with their boyfriend, or whatever...and you're exhausted.

Listen kindly – for about 4 to 6 minutes.

Express deep sympathy and give that troubled person a hug.

Then say, "I can see this is really important to you. I'm going to write down what you've been telling me, and tomorrow when you get home from school, we'll sit down and try to sort this out."

Then kiss them good night.

Good bet, tomorrow after school, that young 'un is going to look at you oddly when you are there with your coffee and a glass of milk and that pad of paper, ready to talk...

PARENTS DON'T CAUSE THE ANXIETY, BUT THEY CAN SHAPE IT ---

The anxious physiology is inherited – and to some extent, the anxious and pessimistic world view is handed down from one generation to another – so it's no

surprise to find that anxious children often come with anxious parents. And that's part of why it can be very difficult to treat anxiety in children.

We need the parents to be part of the solution, but often, the parents are maintaining and extending the child's anxiety ---

How do they do this?

By taking the child for medical evaluations – repeatedly – because they worry that something “really wrong.” (Any child with psychiatric symptoms should get a good physical examination – once!)

By reassuring the child to an extreme degree – one parent kissed her daughter good-bye and mussed her hair tearfully – because I asked her to go to the waiting room for a few minutes while I interviewed the girl.

By showing anxiety when the child is doing something ordinary.

By supporting or excusing the child's avoidance behaviors.

The over-protective parent ends up sheltering the child from new experiences and doesn't allow the child to explore – making it more likely that the child will avoid new experiences in the future.

Example --- Sam and Mary are riding their trikes in the park with their mothers watching. Both fall. Sam's mother looks up, stays where she is, and calls, “Oh, Sam, Did you get a bonk? You're fine. Go on riding!”

Mary's mother has an anxious physiology. She is startled to see her daughter fall and gasps, “Oh, Mary!!” Mary, seeing her mother startle, is frightened and begins to cry.

Two children – the same “trauma,” but only one child has learned that the situation was dangerous.

And Mary's mother isn't a bad person – she just startled – but what she does next – the way she recovers from her startle and either fusses over Mary or settles her down briefly and sends her back to play – makes a big difference for Mary.

SCHOOL REFUSAL

Since anxious children often have anxious parents, it's easy for the parent's heart to be “hooked.”

For example, in early grade school children, the best response to “I have a stomach ache” on a school day – when there is no evidence of illness and the parent suspects it's from nerves – is to take the child to school. But, if the parent becomes anxious,

this can be difficult – and a pattern of separation anxiety can begin, leading to school refusal if not checked.

Example of how Kat “hooked” me and I nearly let her stay home with a nervous stomach, and then had to enlist help from the school nurse to take over --

School refusal in grade school is often a brief episode – handled by returning the child to school.

Extreme school refusal requires psychiatric evaluation.

It’s often a part of bipolar disorder or serious anxiety disorders.

School refusal in high school is a very serious problem – a high percentage of these students do not graduate.

Where there is a familial pattern, the chances of graduation go down.

Anxiety disorders are among the most misunderstood – overlooked and underestimated.

We’ve talked about how people with anxiety will hide it – but another reason is that we all have anxiety – and we’ve all learned to deal with it.

Even little children are able to deal with anxiety – they do it all the time!

SWIMMING LESSON SLIDE

Take a look at these children – lined up for their first swimming lesson. This is an example of how healthy people use their emotional and people skills to overcome their anxiety and get in the water.

Davey has put himself first in line, because he knows he can’t back out if he goes first.

Jill likes being helpful. She’s already learned that if she focuses on helping other people, she can get through frightening situations herself.

Celia will use her determination to learn to swim. You can’t swim if you don’t go in, so ready or not, she’ll go in.

Tabitha doesn’t want anyone to notice her. She’ll use another anxiety – her adaptive level of social phobia – to get over her fear of the water.

Rita doesn’t want to disappoint her Dad – her desire to please him will get her in the water.

Janelle lives by the rules. She will always do what teachers say.

Nicole was really scared, but Katelyn noticed and promised to help. Now Nicole won't let her friend Katelyn down.

Katelyn, behind Nicole, is making use of her sense of empathy. She's so focused on helping Nicole that she'll forget to be anxious.

And now we come to the end of the line – where the little nerdlets live.

Here's mini-me – with her swim mask on. She read about swimming last week, got her equipment, and now she's ready for the experience.

And Carson, here on the end. He's a bit goofy – he's likely to jump in without realizing he'll get wet.

The point is that we're all masters of conquering anxiety – as parents and teachers, we can use our knowledge of our child's strengths, values, or interests to teach them how to conquer anxiety.

One of the most common types of anxiety encountered in young children is “simple phobia” – an anxious response to a specific thing or situation.

PHOBIA – PUT ON CAPE

I am phobia. I am your deepest, darkest, but focused fears.

All of you have some uneasiness about something:

Snakes

Spiders

Shots

Is it getting stuffy in here?

What's wrong with the air?

Are the walls closing in?

It's really crowded... really crowded...

Bees --- CANCER – Storms --- Clown

Shh! Did you hear that??

There's nothing to worry about.

Nothing...

******Phobia images – finish with wasp ******

THE BODY REMEMBERS -----

Ironically, I was telling my husband and daughter about this presentation on Sunday and for their feedback over dinner on our patio when one of these flew into my mouth and stung my lip and bit my tongue!

How many of you just experienced a minor moment of sympathetic arousal when I told that story?

Now, this actually happened – but I am not a person who has a lot of anxiety. I grabbed my lip. My 22 year old daughter, however, was on her feet and away from the table in a moment, and her hand went to her neck, where she was stung as a child.

The body remembers!

One more demonstration of how the body remembers. Look around you. Do you know how everything in this room would taste? The chairs? The walls? The paper? The carpet?

You didn't come in here and lick the chairs, the walls, or the clothes of the person in front of you, but if you're like most people, you can vividly imagine the tastes of all those things. You would be surprised if something didn't taste the way you expected. But how old were you when you did your taste experimenting? You were too young to have put the experience into words. So how do you remember the taste of carpeting? Your body remembers.

Some phobias are spontaneous – like little children's fear of the dark or fear of storms – but some phobias are created – by a powerfully bad experience.

THINGS REMEMBERED WITH THE BODY AND EMOTIONS ARE REMEMBERED POWERFULLY –

Most of us have situations in which we are uncomfortable, but people with phobias experience the physiologic cascade of hyper-arousal in the presence of stimuli that the majority of people find neutral or tolerable.

Most of us acknowledge phobias, even if we don't have them ourselves. Many people have phobias when younger that they outgrow. And most of us understand that if we "face our fears," we can break down the association between the feared item and the fear response – this is how DESENSITIZATION, the main means of treating a phobia, works.

Let me emphasize, however, that phobias are not under the person's control. And for many people, a simple phobia is not enough of a problem to require them to seek treatment.

Social Phobia.

I had the opportunity to travel to Japan last year. Japanese toilets are amazing things. Even public lavatories in Japan have control panels on the side of the toilet. There are buttons that play sound effects while you do your business – and often, you have your choice of water running, bird songs, or music. The entire culture is based on heightened sensitivity to social embarrassment!

The Japanese have a proverb: "It's the nail that sticks up that gets hammered."

In other words, in Japan, one of the worst things a person can do is to make a public scene – No wonder the Japanese are known for their excellent manners.

Social Phobia is a heightened sensitivity to ordinary social situations. People with social phobia have a panic-like reaction to situations in which they might be the center of attention, or in which they might call attention to themselves. These may include speaking in public, meeting new people, eating in restaurants, using public restrooms, or writing in public.

So what is an anxious kid NOT going to do? They will:

- Not want to admit that they need help
- NOT NOT NOT ask for help in the presence of their classmates
- Not want to be treated differently
- Not want to call attention to themselves

Another anxiety disorder in which the person denies the problem and the need for help is OCD -- **Obsessive-Compulsive Disorder**

PUT ON JACKET AND SUNGLASSES

I am O .. CD. That is, O..CD.

I'm the voice in your head that whispers doubts –

Did you turn off the stove? Did you close the garage door?

Is your purse still under your chair? Are you sure? Are you really sure?

Someone in here is thinking a bad thought – for shame!! You’d better say your prayers tonight.

Better say them now. Twice. Just to be sure.

Are there germs on that chair? You don’t know who else sat there. Better wash your hands when you leave. I always count to 40 when I wash my hands. You have to be sure to get the lather up so it kills the bacteria. Don’t lose count. If you do, better start over. You have to be sure your hands are clean.

H1N1, you know. AIDS. Cancer. Hepatitis. Anyone could have been in this hotel. You have to be careful these days.

I’ll be going now. Just as soon as I’ve finished checking things over.

Don’t throw that away! You might need that. You never know.

I’ll be going now. But you’ll remember about the iron won’t you?

I’ll be going.

[Ritual patting and swaying]

Now.

A very effective treatment for OCD is Cognitive Behavioral Therapy.

ANTS are AUTOMATIC NEGATIVE THOUGHTS – and we all have them.

This past weekend I was partly responsible for a pot luck at my church. It was important to me to honor the couple we were celebrating, so I chose a color scheme and bought table clothes, napkins, plates, and planned centerpieces. When we started setting up, I realized that I’d forgotten to bring a table-cloth for the serving table.

I began to feel bad – My mother would have remembered the serving table! My mother would have gotten better centerpieces. My mother would have brought extras of everything to make sure that it came off well –

Bless her, my mother died in 2006. And bless her, she is immortal!

Fortunately, some of the experienced serving ladies at the church were present to shush me and put the emphasis back on taking care of the people.

But let’s look at where those Automatic Negative Thoughts can take us ---

Situation: Visiting pastor (friend) and his wife –

You're in charge of the pot luck

You're short a colored tablecloth; you might run out of paper-ware

Automatic Negative Thought

You're mother would have done it better.

You always mess up situations like this.

You shouldn't take on these kinds of responsibilities, since you always mess up.

People will be unhappy and it will be all you're fault.

You're going to get an "F" in pot luck!

The secret to stopping the anxiety that comes from automatic negative thoughts is to recognize them for what they are – Twisted!

Let's identify the Cognitive Distortions:

Jumping to Conclusions – thinking you know more about a situation than you rightfully do, and basing your actions and thoughts on that incomplete information

Rational Response – My mother was a home economics teacher and then a full-time homemaker. She had years of experience in serving at church, and always in the company of a small army of church basement ladies. I've no idea whether she always did things well or not. What seemed smooth and flawless to me might have been the illusion of my youth – not privileged to see what went on behind the scenes. And if she was better at it, so what? That doesn't mean that my efforts will fail.

Magnification – taking something relatively small and blowing it up to represent more than it is –

This ANT is way back here – disguised as a situation. Even my perception of the situation was off!

THE TRUTH: I wasn't in charge – I was one person among several who were present to be sure that the pot luck went well.

All or nothing thinking – Whenever we encounter "always" or "never" in critical self-talk, we have to stop and remind ourselves, there are 98 numbers between 0 and 100. Life is seldom lived at "0" or "100."

THE TRUTH – I don't always mess up and I haven't completely messed up the pot luck. The seating tables look good, and if we have more people arrive than we expected, we can call that a huge success!

Mind reading -- Thinking we know how someone else feels or thinks without checking with them.

THE TRUTH – There will mostly be people who don't notice a tablecloth at all, and likely some of the men will see the lack of chairs as a reason to go home early! They may be happier!

Feeling is believing – Mistaking a feeling for a fact. Since I had a feeling of being a failure, it must mean that I'm no good at pot lucks.

THE TRUTH -- Martha Stewart wasn't invited and I finished high school a long time ago. I'm not running for president of the church basement serving lady society. Let's get the focus back on what's important – honoring my friends!

Now – having spotted the ANTS, identified the Twisted Thinking, and figured out "The Truth" – how am I feeling? Better. Back on task.

This is a method called Cognitive Behavioral Therapy, and it's just one of many therapy techniques that is very powerful in dealing with anxiety.

HERE'S A QUICK TIP FOR PEOPLE WHO ENGAGE IN CATASTROPHIZING ----

Tell the Christmas tree story

The tip ---

What's the worst thing that could happen?

If the person can identify this fear, you can often help them identify a plan as well -- and a lot of us can deal with all kinds of problems.

Therapists also use:

And then what?

Keep asking and then what – and you'll encounter the person's baseline worry ---

It's a relief to many people to discover what that is ---

But it's time for you to meet our last type of anxiety, and he's going to introduce the 5-Point Scale:

******PUT ON GENERAL'S JACKET AND CAP**

Call up human color chart ---

GENERAL ANXIETY HERE. Reporting for duty. Anytime, anyplace.

Anywhere you go, I'll be on guard. I'm always on guard. Alert condition orange – that's my motto!

Never relax! Never.

As soon as you relax, things start to go wrong.

Let your guard down, they get you!

Can't be too careful.

Keep you attention! Keep your focus!

Nothing succeeds like success.

If it's worth doing, it's worth doing well!

I am with you all the time – never leave – never let up – never give up.

Eye's front – I want you all to memorize this scale! FIVE POINT SCALE:

Orange – Going into battle – get the defenses up! Anything could happen!

Red – What did I tell you! This is bad – this is really bad! Can't stay here – can't function – things get out of hand --

Orange – Going into battle – get the defenses up! Anything could happen!

Yellow -- Something happening! Senses ready! Might want to check the reinforcements! Get the scopes out!

Green – Awake and Aware – Ready to Learn! I'm not sure I can keep going with you, ladies and gentlemen. I don't feel like myself. If we keep going down the anxiety scale we'll get to blue, and that is a state in which I, General Anxiety, can not exist.... Ahhh.....

Blue – Cool and calm – Total relaxation -- I'm afraid I must.....

I'm back! You see, General Anxiety – that is, generalized anxiety disorder, cannot exist in the presence of relaxation or in the presence of another powerful emotional state. If you can get an anxious student to laugh, they will lose their anxiety.

Some of you may be familiar with the five point scale. It's an excellent tool and can be used in many ways. I explain it to kids and parents and encourage them to draw their own. Some use a thermometer – some a dial.

Then we ask kids to identify what helps them to calm down – but we emphasize that you just want people to calm down by one step. It's not possible for people to go from red to blue – but most people, when they are at red, would really like to go to orange. We ask the child what they can do – and then we ask the child what we can do.

So when I'm at orange, I like to talk to people – or I might want music – or I might want to walk my dog. But if I'm at red, I want silence -- and I want to know that you care, but I don't want you to talk to me. If I'm at yellow, I probably want to be next to people that I like. But if I'm at blue, I'd like to be alone. And being around strangers might be an automatic orange for an introvert like me – but maybe it's a green for you.

This is a great tool for boys – often male types have difficulty accessing their language skills when they're upset. One mother told me her son gets home from school, moves the arrow on the 5-pt scale to green, orange, or whatever – and goes straight to his room. She knows whether to leave him be or go up to talk.

HOW TO HELP SOMEONE WITH ANXIETY --

Helping someone to overcome anxiety means understanding them –

Gentleness and respect

If this is a knowledge driven person, help them to learn more – for many intellectual people, understanding allows them to overcome fear.

If this is a relational person, develop a trust bond and escort them through. Let them focus on you.

If this is a person who respects authority, use your authority to demonstrate that they can handle more than they think they can.

If this is a person who needs to overcome physical resistance, use gradual exposure and accommodation to help their body's resistance to subside. Be patient. It can take a while for the body to stop pumping out adrenaline and sabotaging the person's efforts.

If this is a person who has become tense, use relaxation methods simultaneously with exposure.

If this is a person with social phobia, help them work it out in private, or give them a face-saving way to get through it

Offer an alternative route. Maybe you have to jump off the cliff in military training, but for most of life, there are bypasses.

Summary:

Anxiety is a physiologic response to threat.

Anxiety as a disorder is an over-reaction to a threat, or a physiologic arousal in response to something that most people wouldn't perceive as a threat.

People who are experiencing anxiety have to learn to overcome their mind's tendency to block their awareness of the state.

People who are anxious have to learn to overcome the mind's tendency to present false ideas about what is making them anxious.

Anxiety can be treated in a number of ways.

1. Medications should be reserved for severe anxiety.
2. Cognitive behavioral therapy – learning to identify Twisted Thinking and Automatic Negative Thoughts
3. Relaxation methods
4. Engaging counter emotions and motivations
5. Exposure with response prevention