

Fred Meeting on Anxiety at home and in school, April 20, 2016

**Presentation by Lisa Lowry LCSW and Greg Lowry, MEd**, addressing anxiety, impacts at home, with peers, and at school, as well as strategies parents and children can use.

Lisa Lowry has been in private practice in Oak Park for 2 decades. She works with children, families and adults, providing individualized therapy based on their experiences, strengths and challenges. She estimates that 80% of the children she works with struggle with anxiety.

Greg Lowry has extensive experience as a classroom teacher, reading specialist, executive function coach and special education advocate. He works with students to help them improve executive function skills needed to focus attention, improve organization and reduce frustration. He also advocates for students at IEP meetings and on other Special Education issues.

Their practice, Lowry and Associates, offers counseling and education service, at 115 S. Marion St., Oak Park, 708-712-6213, [www.lowryassociates.com](http://www.lowryassociates.com)

#### Lisa

Anxiety is linked to depression, ADD, autism, eating disorders and other diagnoses. Anxiety is a false alarm that triggers the adrenalin system. Effects include intrusive thoughts, repetitive questions, fast breathing and fast heartbeat. When adrenalin floods the brain, it is impossible to think clearly, and flight or fight mode is triggered.

Fight can start with a power struggle and look like a tantrum. Flight can look like a shutdown. It is important to catch building anxiety early, before an adrenalin flood. Parents and children need to learn early warning signs. Often, anxiety switches on “what if?” thoughts that can spiral. Some kids experience it externally, and others will be more internal, complaining of stomachaches and other somatic symptoms.

Breath work can de-escalate building anxiety. If children take deep relaxed breaths, they can stop anxiety overload and gain control. Deep breathing can lower adrenalin within 5 breaths. Breathe in through the nose for 4 counts, and breathe out through the mouth for 8 elongated counts. If children make the mouth very small, they can breathe out longer. The elongated exhale is most important.

Small children can learn breathing techniques by visualizing a birthday cake and blowing out the candles. Parents may hold up fingers representing birthday candles and lower each finger as the child blows the candle out. Teens may envision colors; breathe in blue, exhale red.

The most effective treatment therapies are evidence-based, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy and Exposure Therapy. Lisa recommends finding

a therapist who is comfortable connecting with parents, which can help parents reinforce therapeutic strategies at home. Lisa commonly uses CBT, mindfulness and behavioral skills, including deep breathing and progressive relaxation.

Cognitive skills work best for children who have the skills to think about their thoughts. The CBT triangle can help children become aware of their automatic negative thoughts that trigger anxiety. At the top of the triangle is Thoughts; thoughts lead to Feelings; and feelings lead to Behaviors. For example, if a child sees the glass as half empty, these thoughts lead to feelings of gloom.

Children learn they can choose the way to think, and can consciously replace negative thoughts with positive thoughts. An exercise: Ask a child to think about something in life they cannot change, such as homework. As the child to write 4 positive and 4 negative things about homework, and then to make up a story about the positive aspects and a story about the negative aspects. Ask them to note how they feel when they think about each story, and in this way, help them connect more positive feelings with the positive story, etc.

Parents inevitably accommodate anxiety to relieve stress and make things better; often we do this when we act in the moment. This practice can make anxiety worse, and lead to longer-lasting and more severe impairment. (See handout for types of common accommodations)

Many children with anxiety ask repetitive questions. Parents often reassure, try to help children avoid issues which cause them anxiety, and attempt distraction. These strategies work in the short term but long-term are not helpful. One negative parent accommodation is reluctance to discipline, and this is especially negative when aggression is not disciplined. Consequences are important. With discipline, parents require children to self-manage difficult feelings.

When children ask questions repeatedly, their adrenalin level remains high. Parents should be aware of their own body language, voice and tone. When responding to an anxious child, make your voice clear, calm and directive. Anxiety is contagious; it can quickly escalate if parents respond anxiously.

Keep your voice low and calm. Be empathetic without being accommodating, and offer an age-appropriate response. Ex: rather than answer repeated anxious queries, ask "What do you think?" Tell the child/teen, "You can handle it." "You can ride the wave of anxiety." Let them know they can use tools to navigate stressful situations. It is helpful for them to experience uncomfortable anxiety and come out on the other side. This can reduce future anxiety by teaching children that they can tolerate difficult moments, reducing their sensitivity to the thing they fear. Remind them of past successes in potentially anxious situations.

## Greg

School is the primary source of anxiety in students he works with. Typically, anxiety goes down in the summer. It often presents as attendance problems, or somatic illness such as headache or stomach complaints. School refusal is the “atom bomb” of anxiety.

There are a number of partial hospitalization programs (PSP) that treat school refusal, including Compass Center, Chicago; Alexian Brothers Behavioral Health, Hoffman Estates; Northwest Community Hospital, Arlington Heights; Rogers Memorial Hospital in Oconomowac, WI and Skokie; and possibly Insight Counseling, Chicago and Oak Park.

One downside of attending a PHP is that the child misses school and can fall further behind or becoming more socially disconnected. Students may not see the benefit of these programs until the next semester – be prepared to sacrifice current school demands.

If there are signs that a student is moving toward school refusal, such as increasing complaints of stomachaches, it is important to act. Therapy and sometimes medications are used to ease anxiety. Once school refusal occurs, students are likely to qualify for school special education/IEP accommodations.

Some schools have accommodations for students with school refusal/avoidance. At OPRF, teachers have a lot of flexibility to loosen assignments and other requirements. For most kids, anxiety does not reach the level of school refusal.

Often, anxiety shows as:

1) Difficulty completing homework because it is hard to sit and sustain attention and effort. This is particularly a problem with long-term projects. If a project is due in 2 weeks, students often go home and let it go for a few days. As the due date approaches, anxiety builds. As anxiety goes up, avoidance of the project increases.

If the project is postponed until there is a likelihood that the project cannot be completed in the time left, anxiety soars. Students may attempt frantic measures like an all-nighter. The longer students postpone, the lower the grade, and the larger the project looms as an impossible.



Students can avoid this cycle of anxiety by doing something to move the project forward each night. The first night, they might create a document and title the project. The second night, they can put some ideas down, and begin a rough draft. There should be nightly accountability to parents.

After a few positive experiences, students will recognize it's easier and less painful to work on the project each day, and this can be self-reinforcing.

2) Testing is frequently triggers anxiety. Deep breathing is the best response if anxiety strikes while a student is taking a test. IEPs and 504 Plans often provide for extended time as an accommodation. Just knowing extra time is available can prevent anxiety.

When anxiety strikes, students may not be able to access information that they know. Over-preparation can help them to feel less anxious going into a test. Visual reminders of anxiety strategies can help. Students can write "Breathe" or just "B" on a post-it note on their desktop as a reminder to practice deep breathing. Other students use bright nail polish or some other visual reminder.

Many kids with ADHD struggle with executive functions such as planning, organizing and completing schoolwork. Executive function skills can be learned in one-to-one sessions with a coach, and in workshops sometimes offered by schools. Repetition is important because kids with executive function deficits may lack the "carry-over" skills to realize that what they did last time can work again. It helps to impose external systems until these strategies are internalized.

Accommodations can be a part of IEPs and 504 Plans\*. In addition to extended time, these can include creating signal to let the teacher know a student needs to leave class and go to a quiet, supervised space to decompress. It is important for kids to begin to self-advocate when possible and appropriate; this increases their sense of control.

It is wise to seek an IEP or 504 Plan before high school, when recognition of special needs often becomes more difficult to get from a school district. Schools may suspect that students seeking accommodations in high school are after extended time advantages on the ACT or SAT test. Having an advocate accompany parents to an IEP or 504 Plan meeting adds an unbiased authority and can increase chances of getting accommodations. Parents also may need to get neuropsychological testing to demonstrate their child's deficits. (This is done by a specialized psychologist, and may be covered by insurance.)

Avoid power struggles over homework. An executive function coach can teach skills and avoid the emotional struggles that can occur between students and parents. Once students have skills, they can control the process of how he/she does homework. Systems can be reassuring, and help students feel more control.

\*An Individual Education Program (IEP) is a legally-enforceable document that states the student's special needs and how the school will meet those needs, including how improvement will be measured. If appropriate programs do not exist within a local school district, the district must locate and provide those programs, regardless of cost.

A Section 504 Plan only allows children with disabilities equal access to educational services. Under Section 504, school districts must provide accommodations that allow disabled students equal access to the school and educational programs. To qualify for a 504 Plan, a student must have a physical or mental "impairment" that substantially limits a student's access to learning. This is a lower bar than needed for an IEP.