

Children and
Young People
with Anxiety
A Guide for Parents
and Carers



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At Anxiety UK, we understand the concerns that many parents have regarding their children's well-being. Every year we receive hundreds of calls to our helpline from parents, teachers, support workers and young people themselves who have questions about how to access professional help, how families can provide appropriate support and understanding along with information about how to liaise with schools and other health professionals. We would like to thank all the parents who contacted us and provided valuable information for the content of this booklet. Indeed, we hope this booklet, and the accompanying DVD will be a useful resource to parents, carers and young people with anxiety problems. If you would like information regarding further work Anxiety UK is doing to promote services for young people then please visit our website www.anxietyuk.org.uk or call 08444 775 774.



Introduction

Anxiety has been found to be one of the most common causes of distress in children and young people. As many as one in five primary school children suffer from a low sense of wellbeing according to a recent report by Morrison-Gutman et al (2008) on children's well being in schools. This equates to around six children in the average school class. Research from the Institute of Education in London found that girls were more likely to suffer poor mental health than boys, and that boys who struggled academically were most likely to have negative views of themselves and experience depression.

Young people's mental health - Some statistics

- One in six 16- 24 year olds have suffered from an anxiety disorder. In an average school class, 5 pupils will have experienced anxiety.
- 2% of 16 – 24 year olds have suffered from a depressive episode. This equates to one person in an average school class.
- 1-2% of 16- 24 year olds have suffered with obsessive compulsive disorder - see Singleton et al (2001)

Anxiety is not only common, but also extremely debilitating. If you are a carer of a child or young person who experiences anxiety you will know the impact an anxiety problem can have on the whole family's life. In the next section of this booklet we will look at what anxiety is, how it is maintained and some things that you can do to support your child.

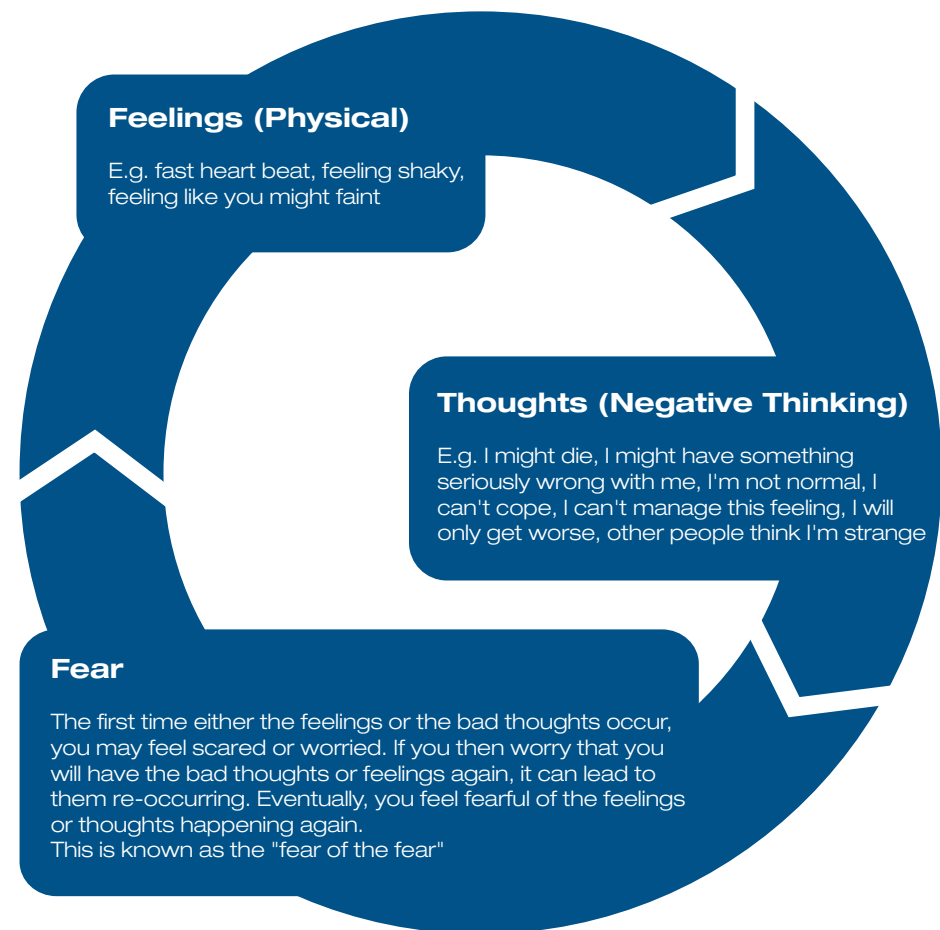
What is anxiety?

Anxiety can affect us all in very different ways. Experiences of anxiety can vary greatly from person to person and no two people have precisely the same experience. Anxiety is a completely normal emotion - we all experience it from time to time (think back to your driving test, or an exam for example). However, when a person is suffering with an anxiety disorder, the feeling of anxiety is far more intense and long-lasting. When in the middle of an anxiety attack it can feel as if you are going to go mad, pass out or have a heart attack. If your child experiences severe anxiety, they can get exactly the same feelings and symptoms as adults. They may look terrible when anxious: pale, clammy, crying, shaking, saying they are going to be sick or pass out. However, when this happens, although they may look ill, they are OK. It is extremely rare for someone to pass out when anxious, as it increases their blood pressure. In fact, the immune system actually experiences a boost after a short anxiety attack. Remembering this and trying to stay calm will help you stay in control of the situation, and help you to manage your child's anxiety. One important point to keep in mind is that not all anxious children and young people will display the characteristics described above. Some hide their anxiety for fear of someone finding out that they are anxious, with others showing no signs of anxiousness at all containing their feelings of anxiety inside.



How anxiety is maintained

Psychologists believe that anxiety is maintained by a vicious circle of thoughts, behaviours and feelings, such as those described below.



The 'fear of the fear' often makes people feel worse as they are literally on edge waiting for bad feelings to happen; they stop doing things that link with the negative (bad) feelings or thoughts. This is called avoidance. The more that someone avoids the thing that links with feeling bad, the more they think of it as being dangerous. This means that the next time a person has to face the situation or event, their body tells them that it is dangerous and the fight, flight or freeze response kicks in (see the caveman story detailed below). They feel they should either run away from the 'dangerous' thing, fight it or their body becomes frozen to the spot.

Top Tip no. 1 - The story of the caveman!

This story is useful to help your children understand where anxiety comes from and it can be adapted depending on the age of the child.

Back in the distant past, when we were still cavemen walking around in furs, we came across many dangers, like dinosaurs and sabre tooth tigers. Our bodies (naturally wanting to protect us from danger) designed a special alarm inside us that was set to go off whenever danger was present. This alarm gave us the ability to fight the danger, or run away by increasing our heart rate, and supplies of blood to our muscles- making us breathe faster. It also made us think more quickly, and be on the alert for dangerous situations. It worked brilliantly! However, as we don't have dinosaurs or sabre tooth tigers on the planet anymore, we don't need the special alarm as much. Unfortunately we can't turn it off, and some people's alarm system gets stuck in 'on' mode, which causes them to feel ready for danger at all times. This is what anxiety is.

Top Tip no. 2 - Stop anxiety before it starts!

Psychologists have identified a quirk in humans called 'latent inhibition'. What this means is that if someone has to do something stressful (e.g. go into hospital, go to the dentist), they are less likely to develop a phobia if they have had a really positive experience of that situation first. So if you know your child has to do something they may get distressed about, let them have a really positive experience in the same situation beforehand (e.g. going to play in the dentist's chair). It really works!

Which anxiety disorders commonly affect young people?

As we have seen in the statistics outlined in the introduction, anxiety is an emotional problem frequently experienced by young people. Below are some of the most common anxiety disorders that we, Anxiety UK are contacted about by young people and their carers. Many young people have symptoms that cover a range of anxieties; boundaries are placed mainly to assist in diagnosis and treatment.

Exam Stress / Anxiety

Exam stress is something that most of us have experienced. It can make us feel tired, under pressure, confused, worried, etc. This is normal and often encourages us to do some extra revision and work a bit harder! However, too much pressure and anxiety can cause people to feel extremely distressed, resulting in them being unable to concentrate and worrying about being able to cope, etc.

Exam anxiety can also cause you worry during an exam. For example you may feel that other people are managing the exam better than you or that they will be finding it really easy whereas you are struggling. This can cause you to feel that your mind has 'gone blank' and you fail to recall information that you know that you have revised or that you know well.

School Phobia

School is not always a place that young people want to spend time in, however for those with school phobia attending school initiates an extreme panic state that can make them feel incredibly anxious and distressed. This causes school to be viewed as the source of their bad feelings, and results in desperate need to avoid the panic again. School phobia can cause problems for families and young people as avoidance of the feared situation (i.e. school) can cause truancy, or unauthorised absence from school, as well as the young person falling behind in their studies. If this happens, as a parent you can be fined or even imprisoned if your child will not attend school. In these circumstances your best option is to find a supportive teacher, or school nurse

who you feel you can trust, and explain the situation. They may be able to advocate on your behalf, or help you implement a phased return to school (with the support of a therapist). They may also be able to arrange for work to be sent home to your child, so they are less likely to fall behind.

Separation Anxiety

This condition is particularly common in younger children, and is a term used to describe a feeling of anxiety or stress when away from parents/family/guardians, for example when at school. It is thought to be the commonest disorder found in children under the age of 12. Children tend to worry a lot when their parents/ guardians are not with them or when they are away from home. This affects how children act towards other people particularly at school, and they may only feel comfortable at home. They may also feel afraid of going to sleep alone and when they do get to sleep, may have nightmares about being apart from their parents / guardian. Quite often children and young people with separation anxiety create stories, such as 'they don't feel well' or 'have a tummy ache' to avoid being away from parents or their home. Sometimes, they worry about what could happen to their parents when they are away, such as them being in an accident.

The fear of new foods

Some children, mainly boys, can only eat a very narrow range of foods, and show extreme anxiety if they are expected to try new foods. The foods that they usually are able to eat are usually beige, dry carbohydrates, such as biscuits, crisps, cereals or bread; dairy products such as milk or yoghurt; and chocolate. This diet does not seem to be harmful to the child, who will grow normally if they are allowed to eat from their acceptable range of foods.

The fear of trying new foods stems from a normal development stage that occurs at around the age of two years (the neophobic stage). At this age children narrow down the range of foods accepted and commonly refuse foods that don't look the same as foods that they have learned to like. Most children grow out of this stage, and are able to try and accept new foods into their diet. Some children do not move on from this stage; whatever the parents try to do. The reluctance to try new foods becomes a fear, and all new foods trigger a disgust response in the child. If the child is forced to eat foods that they cannot accept then they will often vomit, or show a gag (disgust) response. Certain food textures, such as lumpy or slimy food, can be more disgusting than others.

Top Tip no. 3 - How to cope with food related anxiety

Never insist that your child eats food that they do not like.

Make sure that your child gets the calories that they need from the foods that they do like; whatever those foods might be.

Get your child used to being around the food that they fear, just getting used to the smell and being able to touch 'disgust foods' is a start.

If you are trying to get your child to taste new foods, don't do this at mealtimes. Do it at a time when other people aren't watching and your child is less likely to be anxious.

Start with very small amounts of food; just a taste will do.

A food needs to be tasted quite a few times before it is accepted.

Make sure that your child's school is aware of the problem. Your child may need to take 'unhealthy' foods in their lunch box, or be able to eat at break time. Get a letter from a health professional to support this if need be.

Selective Mutism

Selective Mutism (SM) is usually first recognised in people aged between 3 to 8 years old. Its symptoms include an inability to speak in certain places such as school or when children have to meet people they don't know because of feeling so anxious and stressed that they can't respond. They are usually able to speak normally when they are at home or in other places where they feel comfortable and safe. As well as finding it hard to talk, young people may also find it hard to make eye contact or feel frozen and unable to move when people are talking to them. They have a tendency to find certain situations extremely uncomfortable. The following information was volunteered by a parent of a child with Selective Mutism, who has been involved in a Selective Mutism organisation for quite some time. She has helped to expand considerably our understanding of this condition, and we thank her for sharing her experience :-

High Profile SM sufferers

Typically, these predominantly young SM sufferers, present as wholly unable to speak to any adult in a playgroup or school setting. They may or may not be able to talk to a few select children at school (usually out of earshot of supervising adults).

These children are now being recognised; as most adults can fully appreciate the potentially serious implications of having a child who cannot communicate with any supervising adults, in a playgroup/school setting. Generally there is recognition by schools that such children are highly anxious and so all pressure on the child to speak

can be removed early on. Many schools will now also recognise the need for early intervention, and will willingly accommodate parents or key workers to undertake sliding in or shaping programs. Sliding in is where a SM sufferer is put into a controlled environment with someone whom they feel at ease and can communicate with. Gradually a new person is introduced in stages. Shaping refers to taking gradual steps to increase the behaviour that is required. This is done by shaping either the setting (e.g. sliding in a new person) or volume of speech (e.g. going from whispering to a one word answer). Such schemes require time and much patience, but many parents are now reporting a great deal of success; many adults find it hard to hide their surprise and delight when these children start to talk!

Low profile SM sufferers

These children are not silent in school; they are strongly motivated to speak, due to their desire to be compliant. Generally they will answer the register, answer questions that require short, uncomplicated answers, will read to an adult and may in some cases put their hand up to answer in class. They do however find speaking extremely anxiety provoking and tend to feel uncomfortable, embarrassed and self conscious about how their voice sounds. These children often speak in very quiet or whispered, barely audible voices and report symptoms such as throat tightening, or feeling a lump in their throat when they speak.

Top Tip no. 4 - Some useful tips for schools when dealing with a child who has Selective Mutism would include:

- Make them feel welcome in the school
- Be patient
- Remove the expectation to speak (and certainly don't call upon them!)
- Treat all speech as a bonus
- Avoid asking unexpected direct questions

Specific Phobias

One of the most common ways that young people experience anxiety is through the development of a specific phobia. This is usually a feeling of intense fear towards a specific object or situation. This fear is often not logical. Whilst your head tells you that there is nothing to be scared of, your body tells you that you need to run away as the object or situation is dangerous.

People can have a phobia of almost anything and you can guarantee that if you are feeling scared about something; someone else will be feeling that way too!

Some of the most common things that people fear are:

- Animals and insects
- Storms
- The dark
- Injections and going to the doctor/dentist.

If your child's particular fear is not on this list - don't worry, there are many more than what we have listed here.

Social Phobia

This can include many types of phobias and anxieties. People who are affected by social phobia may worry about entering into social situations and what people think of them. For example, they may worry about eating in the school canteen, getting up to speak in front of the class or speaking in groups or individual situations.

Social phobia can often make those affected feel that they are being judged by other people. Your child may feel that they would rather avoid the situation than go through the experience of feeling anxious.

Generalised Anxiety Disorder (GAD)

This is the feeling of being anxious about almost everything and anything. Often, people affected by GAD will feel overly worried about a wide range of things including:

- Their performance at school
- Arriving on time for appointments
- Things that are happening at school or at home
- Worrying about worrying.

This worry can take over a young person's life, and make them feel immobilised. The anxiety experienced is not as a result of any specific trigger, but those with this condition feel that they are on edge all the time for no specific reason. GAD is often accompanied by depression. It is sometimes called 'free-floating' anxiety.

Obsessive Compulsive Disorder (OCD)

OCD is found in 1-2% of young people, and can be looked at in two parts: (1) obsessions - these are repetitive, obtrusive, unwanted thoughts that are experienced and result in unreasonable fears, and (2) compulsions - acts or rituals carried out in response to fears generated by obsessions. The classic OCD condition is that of compulsive hand washing in response to an irrational fear of germs/contamination. Sufferers of this disorder feel less anxious once they have carried out a compulsion. It is possible to experience obsessive thoughts only and not have the desire to carry out a compulsion. Examples of compulsions are excessive cleaning, counting, checking, measuring, and repeating tasks or actions. Trichotillomania (compulsive hair-pulling) may also be classified under the general umbrella of OCD. Examples of obsessions are worrying excessively about death, germs, illness - usually AIDS, cancer, etc (this can also be classified as an 'illness phobia' or health anxiety) having undesirable sexual thoughts, fearing causing harm to others.

Case study - One parent's experience of living with an anxious child

"Living with an anxious child is like being on a roller coaster which is constantly being derailed. You go through good times when the anxiety is less and the child is coping and moving forward, and then something happens which knocks them right back- or so it feels. This is exhausting. Every time you allow yourself to relax a bit, disaster seems to strike. You feel like the world is about to end. In fact, it doesn't, and the car gets put back on the rails, sometimes travelling in a different direction, and off you go again. This has been our experience."

Self Help techniques for parents - What you can do to help:

As a concerned parent or carer there are a number of things you can do to assist your child. These range from some useful self help tips, to liaising with the school, or finding appropriate professional support. The best way you can support your child is to find out as much as possible about their condition, and listen to them.

Below are some positive parenting tips that have been submitted by other carers with personal experience of caring for an anxious child, and also a brief overview of some techniques used by therapists. Many of these you may already know, but it is easy to forget them when trying to support your child or young person.

Top Tip no 5 - Positive Parenting tips (as submitted by a mum of six!)

- Children thrive on plenty of love, affection, warmth and hugs - it helps them to feel safe. The more you give, the more your child will learn to give back in return.
- Children love your time (however limited), your attention and plenty of praise - not criticism. Praising good behaviour and paying no attention to bad behaviour can go a long way. Distracting your child away from bad behaviour can sometimes be helpful.
- Giving a child clear boundaries helps to keep him/her secure. If you say 'yes' or promise something to a child remember to follow it through. If you say 'no' stick to it if possible, so they know you mean 'no'!
- Try to make some time in your daily schedule to play with your child on a one to one basis. Children feel confident knowing that they have your undivided attention even if it is only for a short period of time.
- Spend some time reading with your child. This provides an opportunity for reassuring contact and the chance for your child to learn and develop with you.
- Talking with your child can be difficult sometimes. A parent can learn a lot from their child though interaction or by just listening carefully to what they are trying to say to you.
- Involve yourself in your child's world with a non-critical ear. Allow them to share their positive attributes as well as the negative ones!

As a parent there are many practical ways that you can support your child with their anxiety. One good way to learn to differentiate the different levels of anxiety your child is feeling is by getting them to rate how afraid they are on a scale of 1-10. This will give them a way of describing how intense their anxiety is in relation to different stimuli. This can be useful when you are looking at exposure ladders (see below) as it can give an indication as to when a child or young person has become comfortable with an anxiety-provoking stimulus.

Exposure ladders

One of the main factors that keeps anxiety going is avoidance of a feared stimulus. One way you can help your child or young person to challenge this avoidance is to put together a step by step plan that gradually exposes them to the thing that they fear. This should not push them into an anxiety provoking situation - the point is to build on the success of the last step and help them to grow in confidence each time. For example, for a child who had a phobia of dogs an exposure programme might look like this:

Step One - Find an achievable 1st step, for example looking at a photo of a dog

Step Two - When the child is comfortable doing this, perhaps try looking at a toy dog

Step Three - Holding a toy dog

Step Four - Being in the same garden as a very small dog in a cage

Step Five - Moving closer to the cage

Step Six - Being in the same garden as a dog on a lead

Step Seven - Moving closer to the dog

Step Eight - Touching the dog for one second, etc, etc

Each step should be decided in agreement with the child and the parent, and plenty of praise / rewards should be used as the child or young person moves through the ladder. If the child or young person becomes distressed or does not feel they can manage the next step, then make the step smaller. It may take a considerable length of time for them to get to their goal, and everyone is different so patience, time and support are required in bucketloads from the family (and school if appropriate). You can assess when a child or young person's anxiety drops by getting them to rate it on a scale of 1-10. When that number drops below 2 in the situation, you will be ready to move on to the next step.

Using praise and reward to get the behaviours you want:

When you see good behaviour and brave behaviour (where they challenge themselves - even in small ways) remember to give tons of praise. Remember:

- sound like you mean it
- avoid 'stings in the tale' ('that's great, but it would be better if you...')
- say exactly what you are giving the praise for

For really good or brave behaviour you could try using little rewards - stickers are always good, or wrapping up small gifts from a pound shop - they don't need to be expensive.

Tips for getting the most out of rewards:

- Give the reward ASAP after the good or brave behaviour
- Give loads of praise too
- Never take a reward away once it has been earned
- Always give rewards AFTER you have got the behaviour that you wanted to see
- Star charts are fantastic rewards for building new or brave behaviours (in younger children).

Case Study- Supporting your child

"What I tell myself every time, is to look at the progress that has been made, and not to dwell on what has been lost. Every experience gives a challenge, but also helps us to understand what we need to do to move forward. If something isn't working then change it. Work with what you can and adapt to the situation. Looking back on my daughter's life, I realise that her challenging behaviour as a toddler, child and young teen was not that of a naughty child, but a highly sensitive anxious child."



Anxiety in School

The importance of school in a young person's life cannot be underestimated, yet anxiety has a tendency to affect this area of their lives significantly. Often young people feel they cannot cope with the added pressure of school and everything it signifies to them, on top of their anxiety condition. This is where it is essential that you as a parent are able to work in partnership with the school and your child to support them in accessing the school system. This section has been written by a parent of an anxious child who has experience of supporting her child through a planned return to school.

Triggers for anxiety vary from person to person, so it is important to talk to the anxious person about what they are so that strategies can be planned to deal with them. It is best if the anxious person can say what would make things easier for them, as the causes of their anxieties may not be predictable or seemingly rational.

Specific issues to consider at school include:

- **Where they are most comfortable sitting in class** – They may prefer to sit at the front with their back to the class, or at the back where no one is looking at them, or at the side away from the door where it is quieter or by the door for a quick escape.
- **Which teachers they can cope with** – (and why – e.g. fierce, overly friendly, strange, unpredictable, loud, demanding). They may not be able to answer this for fear of saying something wrong, or they may simply not know what it is about someone which makes them anxious. They will know, however, who they feel comfortable with. They may not cope with teachers they do not know.
- **How they find it easiest to enter the room** – They may like to go in first before the rest of the class, or enter quietly after the others. They may find some rooms easier than others to enter e.g. if the door is at the front then they have to enter facing the class, or if they go in first the class will enter facing them. It may be easier to get into a class with a door at the side or back, or where a seat is saved for them so they know where they will sit each time.
- **Who they have to support them** – they may feel most comfortable with a particular friend or group of friends, with an adult to support them, etc.
- **Whether they can cope with being asked questions in class** – they may manage some e.g. closed questions, but not be able to answer more

open or higher order questions as a result of there being too many possibilities to get the answer wrong. They may not be comfortable speaking in front of the class.

- **How they get from class to class** – They may like to be escorted by an adult and/or only go through corridors when they are quiet (some anxious people cannot cope with crowds because of noise, jostling and fear of being pushed over – sensory issues may be involved in this).
- **Use of toilets** – They may not be able to use the school toilets as it causes anxiety to do so, or they may need to go only when the toilets are empty of other people. Having access to toilets at all times can sometimes be very important too.
- **Eating** – They may not be able to eat in public (very common with social anxiety). This means they will go all day with nothing to eat or drink, which will exacerbate the anxiety when blood sugar levels drop. Anxiety causes the metabolic rate to increase (adrenalin effect), and suppresses appetite. This can cause loss of weight if the child cannot eat in school. They may need a quiet and private place to eat.
- **PE** – They may not feel confident to change in front of others, or feel able to perform. This may also apply to music and other performance arts subjects.
- **Where they feel comfortable in school if they cannot get into class** – do they have a reliable base they can go to where they can feel safe and where they can calm down if they need to?

Obviously there will be lots of other examples depending on the young person.

Case study - How one family copes together:

As a family we now all understand anxiety, what triggers it, and how to deal with it. Getting other people to understand is not easy. We now take great care to brief other people, and prepare our daughter in advance for any situations which may cause her anxiety. She has fought serious anxiety for several years now, and has been diagnosed with social phobia and selective mutism. The most important thing in helping her move forward has been her understanding of the causes of anxiety; that she is not mad, and having other people understand how it works and to have support.

What to do when a school appears uncooperative:

Although many schools have a positive approach to supporting pupils with anxiety, young people can come up against problems and sometimes be misunderstood by school staff. The school may have contacted you because they feel there is a problem with your child, but this does not mean that they necessarily understand what is causing the problem. Alternatively, you may have raised the subject with them, but they do not appear to take your concerns seriously. If this is the case then this is almost certainly due to a lack of knowledge and understanding of anxiety disorders within the school. It is unlikely to be a deliberate attempt by the school to be uncooperative. How you approach the school will depend on what has happened prior to the school appearing to be uncooperative. If your child is soon to start school, has just started or has only just had their anxiety condition identified then the approach will need to be different than if there has been significant communication between yourself and the school. The latter approach will very much depend on the type of communication that has occurred, with whom and whether it has been amicable. Each individual case will be different, and it is beyond the scope of this booklet to list all possible approaches, however, there may be some ideas here which may help.

1

Educate yourself thoroughly on everything to do with your child's condition. It would be useful to read up on other anxiety disorders too as symptoms often overlap. A list of useful books and resources can be found on the Anxiety UK website: www.anxietyuk.org.uk

2

Be aware of your child's rights. Anxiety can be a 'Special Educational Needs' issue (SEN), as clearly defined in the 'Special Educational Needs Code of Practice', since it is likely to impact on your child's ability to learn if left untreated. See <http://www.teachernet.gov.uk/docbank/index.cfm?id=3724> to obtain a copy.

Also see www.teachernet.gov.uk/_doc/3755/parents%20Guide.pdf to obtain a copy of the DfES SEN guide for parents and carers. You can obtain copies of the school's SEN policy, and complaints procedure. Schools must supply these on request, or you may find them on the school website.

3

Put together some notes to give a 'picture' of your child from birth to present day, including how they behave when not anxious, when their condition was first noticed, and any events or triggers such as bullying. This is important because the school needs to know if they have a bullying problem so they can put a rapid stop to it, or at least be aware that your child is vulnerable.

4

Prepare the school by supplying them with as much information on your child's condition as possible. Supply any other information specific to your child e.g. if your child is gifted and talented or highly sensitive then supply information on this as well. This can be given to the class teacher and SENCO (Special Educational Needs Coordinator) in a primary school, and to the form tutor and SENCO in a secondary school. You may also wish to give copies to support staff, or more senior teaching staff.

5

Enlist the help of others to lend weight to your child's case if you feel you need to, such as by obtaining letters from people who have knowledge of your child's difficulties e.g. previous school, GP, school nurse, therapist.

6

Arrange a meeting with the SENCO and class teacher to discuss your child and the provision the school can give, or has been giving. Ensure they have time to read the information you have provided before you meet.

7

Assure the school that you want to work with the school to help them help your child. Keep all communication as friendly and amicable as you can and try and help the staff feel appreciated and needed. Staff may feel at a loss as how to deal with your child, however once they understand that the behaviour is caused by anxiety, they will probably be relieved and want to do everything they can do to help.

8

Prepare for all meetings and telephone conversations by listing in advance what you want to say and any questions you want to ask. Make notes at the meeting and confirm in writing after the meeting with the SENCO anything that has been agreed. This will avoid misunderstandings in the future. Record who was present, date and time of meetings or calls, and take someone with you as a witness if you feel it may be a difficult meeting.

9

Be prepared to compromise to some degree. Sadly, no school has the resources to reorganise everything for one child, nor do they have an obligation to do so if in doing so they would disadvantage other pupils. Do not get angry, confrontational or threaten. Try to stay as calm as possible.

10

If the school is still being uncooperative then you may need to approach the next level of command, such as the head of year, assistant head teacher, or head teacher. The school complaint's procedure should tell you who to approach and in what order.

11

If you are still unhappy having contacted the head teacher, then the next step would be to write to the clerk of governors. If the Governors can't help then you should contact the Local Authority. See also: www.teachernet.gov.uk/wholeschool/sen/parentcarers/ for further info on SEN and what to do if you feel your child's needs are not being met.

Psychological treatments for anxious children: Sources of help and support

The information provided below contains detailed information about the many sources of support you may be able to access to gain help when dealing with your child's anxiety problem.

There are a whole host of people who work to help children with emotional problems. Although they have different names and different qualifications, you will generally find that their similarities are greater than their differences:

Psychologists

At the time this resource was compiled, anyone can call themselves a psychologist, which is a bit of a problem. If you take your child to see a psychologist working in the NHS, you should be fine as their qualifications should have been checked. However, if you go to see someone privately, do take care. To be sure that you are getting someone with the necessary qualifications, ask them whether they are 'chartered'. This means that their qualifications have been checked and approved by the British Psychological Society (BPS). If you have any doubts, you can check on the BPS website.

Case study - One young person's experience of school

"I'm 13 and have been experiencing panic attacks for about 6 months. I have them nearly every day and some days I have been too scared to get out of bed. It's even worse because when I have them in school they don't understand and won't let me get away into a quiet room for a bit. This worsens my panic attacks. My mum has written countless letters to school but they don't understand. I find it hard to sleep and have recently felt very depressed and have stopped eating as much. I feel like this has ruined my life."

There are three main sorts of psychologist that your child could see – Clinical Psychologists, Counselling Psychologists and Educational Psychologists.

A 'Clinical Psychologist' will have a psychology degree, followed by some work experience, and then usually a three year post-graduate degree. Most, but not all Clinical Psychologists have the title "Dr". They will have had specialist training in working with children and adolescents.

A 'Counselling Psychologist' will have a psychology degree, together with at least a year of postgraduate training. Some counselling psychologists also hold the title "Dr". However, psychologists are not medically qualified. In this country, at least for now, they do not prescribe drugs.

You may also find that you get referred to a "trainee" counselling or clinical psychologist. These people have a psychology degree, and are training to become chartered counselling or clinical psychologists. Although they are not yet qualified, they should have an experienced supervisor who closely monitors their work, and you shouldn't feel worried about seeing them – often these most junior members of staff are the most up to date with the latest research.

You may also come across 'Educational Psychologists'. Educational Psychologists usually work in schools, so if your child is having some difficulties at school, they may get an appointment to see the 'ed psych'. These professionals have a psychology degree, and a teaching qualification. They will have then taught for a while before doing a one year professional qualification in school psychology. They usually work with children who are having trouble managing academically at school, or who are having behaviour problems in school. They will sometimes do a bit of one-to-one work with a child, but their main role is to help the school to provide the best support for the child.

Psychiatrists

Psychiatrists are medical doctors who have chosen to specialise in mental health. After four to six years at Medical School, and an extra year of general training, they will have specialised in mental health. Psychiatrists come with various different titles, which usually tell you how senior they are. A 'Registrar' is a quite junior psychiatrist, but their work will be closely supervised by somebody more senior. A 'Specialist Registrar' or 'SPR' is more senior, and although they are nearly fully qualified, their work will be watched over by a consultant. A 'consultant' is the most senior psychiatrist. A psychiatrist is, at the moment, the only person that you are likely to see who can prescribe your child medication. The only exception is your GP, or on occasions, a paediatrician.

Counsellors and Therapists

At the moment, anyone can call themselves a counsellor or a therapist. The counsellors / therapists that you are likely to meet could range from people with very little training and experience to highly trained and skilled professionals. If you get an appointment with a counsellor / therapist through your GP or hospital, you can be sure that they will have had a minimum level of training. However, if you take your child to see a counsellor privately, take great care in choosing who you see. At the very least, you should check that your counsellor is registered with the UKCP or the BACP.

CAMHS Workers and Primary Mental Health Workers

If you get referred to a hospital or clinic, you may well find that you are offered an appointment with a 'Child and Adolescent Mental Health' (CAMHS) Worker or a Primary Mental Health Worker. These people come from a variety of backgrounds, most often social work and nursing. They have chosen to specialise in children's mental health, and will have received specialist training in this field.

Psychiatric Nurses

If you get referred to a hospital, you may find that you are offered an appointment with a psychiatric nurse. Psychiatric nurses have usually trained in one of two ways. Many of them began as general nurses, working with physical health problems, before doing extra training and specialising in mental health. More recently, however, people have been able to train specifically as a mental health nurse, without undergoing general nursing training first. In both cases, nurses have received plenty of training, and until they are experienced, they receive lots of supervision of their work.



How to get help

Help from the NHS

You should be able to get help for your child, free of charge, through the NHS. In most cases, the easiest way of doing this is by going along to your GP, and explaining your child's symptoms.

However, in some areas, you can also get a referral by talking to your school nurse, or very occasionally, by talking to your child's teacher. If you have a health visitor, they may also be able to get you a referral.

Help from private sources

In some areas of the country there are still unacceptably long waiting lists for Child and Adolescent Mental Health Services (CAMHS). Because of this, some parents choose to get private help for their children. However, for all of the reasons outlined earlier, do be very careful about how you go about doing this. In particular, be very wary of people who advertise solely in telephone directories and newspapers – even if they appear to have a string of qualifications. To be sure that you are getting a minimum level of quality, try to find someone through a professional body such as those described below. This way, you will usually be assured of seeing someone with a minimum level of training and who has signed up to a set of professional standards in their practice.

If you are looking for help for a child or a young teenager (aged around 15 or less), try to find someone whose listing says that they specialise specifically in work with children and adolescents. Avoid people who seem to claim expertise in lots of other areas too. Working with children is tricky, and takes lots of skill, and it is unlikely that someone will be sufficiently skilled with children if they work with lots of other different client groups. Ask how much experience your therapist has in working with children the same age as your child.

Some good places to look for a private practicing professional are as follows:

British Association of Behavioural and Cognitive Psychotherapies (BABCP).

This is the association for professionals who have an interest in Cognitive Behaviour Therapy. As you will see below, Cognitive Behaviour Therapy is highly recommended for treating anxiety and depression in children and teenagers. A list of accredited therapists is available from the BABCP's website <http://www.babcp.org.uk> or by calling 0161 797 4484.

This website has a list of all of professionals who have applied to be registered as Cognitive Behaviour Therapists, and who have passed fairly rigorous tests of qualifications, experience, and ongoing supervision. To be on this list, you must be qualified in a caring profession, such as nursing, medicine or clinical psychology (amongst others) and then have done fairly substantial additional training in Cognitive Behaviour Therapy. Not everyone who is qualified to be on their list bothers to register, as you are not required to do so; it takes a lot of time, and they charge a fee. However, if you are looking for a private professional, this is a good place to start. Unfortunately, you will find that very few of those registered as CBT therapists claim to be expert in working just with children and your choice may be a little limited. However, if you are seeking help for an older teenager, many people specialising in work with adults will be happy to see your child, and should be equipped to do so.

Cost: At time of going to press, fees varied from £40 - £120 per hour.

UKCP

This is the United Kingdom Council for Psychotherapy. All of its members must have minimum levels of training and experience.

Telephone: 0207 014 9955

Website: www.ukcp.org.uk then click services, then 'find a therapist'. This section of the website allows you either to find a therapist, or to check the registration of one that you have already identified.

Cost: Approx. £25 – 80per hour, at time of going to press.

BACP

This is the British Association for Counselling and Psychotherapy. All members have a minimum level of training and experience.

Telephone 0870 443 5252

Website: <http://www.bacp.co.uk> then click 'find a therapist'.

Cost: Variable.

The British Psychological Society (BPS)

The BPS is the professional society for psychologists working in Britain. At time of going to press, membership was not compulsory, and many counselling and clinical psychologists are not registered. However, in the near future, registration will be compulsory for any psychologist who offers services to the public. The BPS website has a list of all of the counselling and clinical psychologists who offer appointments with the public, and states whether these are available privately or just through the NHS.

Website: <http://www.bps.org.uk> then click 'find a psychologist'. This then gives you two choices: the 'directory' of chartered psychologists and the 'register' of chartered psychologists. If you are looking to find a psychologist who can help, use the directory. However, not all psychologists appear in the directory, as you have to pay for your entry. So, if you already have a psychologist in mind, but just want to check that they are qualified, you can check this in the register. The directory is searchable by geographical region, and by speciality – so you are able to search specifically for someone who works with children and adolescents. Everyone who appears on this list will have had their training and qualifications carefully scrutinised, and have agreed to adhere to a comprehensive code of practice.

Cost: Approx. £60 - £120 per hour, at time of going to press.



What Sort of Treatment Will My Child be offered?

Cognitive Behaviour Therapy

Unfortunately, research into the best treatments for anxiety and depression in childhood and adolescence is still in its fairly early stages. However, since the 1970s a popular treatment for anxious and depressed adults has been 'Cognitive Behaviour Therapy' or 'CBT'. CBT is described in depth later in this publication. Hundreds of research trials have shown that CBT works well for adults with many types of anxiety and depression, and it is probably about as effective, overall, as medication. In the past decade or so, people have started to look at whether CBT works for children with anxiety or depression. The results have been very good, showing that it probably works about as well for children as it does for adults. In fact, there are very few studies that have tried any other psychological treatments for children and adolescents. So, if we are being scientific about things, we should plump for CBT every time. Indeed, this is what is starting to happen. The National Institute for Clinical Excellence (NICE) is a British governmental organisation, which decides the best treatments for different health problems. They consider all available research consult with many different experts in the field, and write a report on what are the best treatments. Basically, they decide what the NHS should be doing. NICE have written a report on how depressed children and teenagers should be treated. Their conclusion was that, if the depression is more than just a passing phase, and more than just a reaction to a bad experience (e.g. bullying) then every child should be offered CBT in the first instance. See box to the right for further details.

National Institute for Clinical Excellence: Guidelines for the management of depression in children and adolescents

Initially, for mild depression, one of the following psychological therapies should be offered for a limited period (around 2-3 months): Individual, non-directive, supportive therapy; Group CBT; Guided self help (e.g. information booklets)

If mild depression is unresponsive to one of these therapies after 2-3 months, or if the depression is more severe, then one of the following specific psychological therapies should be offered (for at least three months): Individual CBT, Interpersonal therapy, shorter term family therapy.

If depression is unresponsive to this after four to six sessions, a review should take place, and alternative or additional psychological therapies should be considered, as well as medication. For young people aged 12-18 years, fluoxetine may be offered in addition to psychological therapy; for children aged 5 – 11 years, the addition of fluoxetine should be cautiously considered.

It is advised that medication should not normally be offered except in combination with psychological therapy

Full details of the NICE guideline are available at: www.nice.org.uk

NICE have not yet written a report on child anxiety, but the research evidence for anxiety is very similar to that for depression. Basically, Cognitive Behaviour Therapy seems to work quite well for child anxiety, and since there is very little evidence that any other psychological treatments work, Cognitive Behaviour Therapy is probably the best approach to take.

What is Cognitive Behaviour Therapy?

Cognitive Behaviour Therapy (CBT) aims to help people to change the way that they view themselves and the world. Current thinking suggests that when people are anxious or depressed, this is because they have developed a complex system of beliefs that make them think that the world is dangerous, difficult and unmanageable. If we think these things, then it is not surprising if we feel scared or miserable. It seems that children also have these sets of beliefs, although they may be less crystallised than they are in adults. We know that when we change these beliefs, using CBT, people start to feel better. In CBT, your child will probably be seen by one therapist, who will talk to him / her about their thoughts and feelings. The therapist will try to work out if any of these thoughts are causing the anxiety problem, and if so, will work with you and your child to change these. The sort of things that the therapist will ask your child to do is complete fun worksheets, do little experiments to test out whether their thoughts



are true or not, and play games to try out new ways of thinking. Often the therapist will ask your child to try new ways of behaving (e.g. going out more) to see if that makes things better. Although some difficult conversations can come up in CBT, the aim with children is to try to make the sessions as fun as possible. You may also find, especially with younger children, that the therapist will want to involve you in some sessions. Your child will usually be given tasks to carry out at home, to boost what is being done in the sessions. The therapist may try to enlist your support in making sure that these get done. Your assistance with this can make a real difference between success and failure, although the therapist will want to talk to you about how you can help your child without it feeling intrusive and too onerous. Typically, the therapist will offer about six sessions to begin with. After this, you will have a review between yourself, your child and the therapist, and you will decide if there is more to do, and whether you would like to have further sessions. If you carry on, therapy rarely goes on for more than about 20 sessions, unless the problem is very complex.

Interpersonal therapy

Interpersonal therapy is an offshoot of CBT. It has been found to be useful in some cases of depression where the problem seems to be associated with making relationships with other people but it is not widely used in this country. However, if CBT is not effective for your child it might be, as NICE suggest, worth finding someone who can undertake this type of therapy with your child.

Family therapy

As stated earlier, there is little research on what works for childhood anxiety and depression. Very little research has ever properly discovered whether family therapy works for these problems. That said, a lot of highly respected psychologists and psychiatrists swear by it, and just because no one has proved that it works, does not mean that it doesn't. Family therapy may be a particularly good choice if you are worried about any of the relationships in your family. Family therapy takes many forms, but if you are invited to go along for family therapy, you can expect that both yourself, and partner if you have one, as well as all of your children will be invited along. Sometimes other important family members (e.g. grandparents) will be invited too. The focus of family therapy is to subtly change the way family members interact with, and feel about, each other to produce a calmer and more harmonious family life. You may be surprised to find that you get not just one therapist, but several. Often, some of the therapists are not in the room with you, but are watching behind a screen. They are there to observe, and to give the main therapist extra advice on how they can help you.

Counselling

Again, we don't really know whether just getting 'counselling' is enough to help an anxious or depressed child. We simply haven't done the research to find out. If your child is offered counselling, it is probably worth a try, but if things do not start to improve within a few weeks, it may be worth seeking alternative support.

Psychodynamic therapies

Again, no one has done any rigorous research to show whether psychodynamic therapy works for children or not. It has been tested a little on adults, but the evidence for its efficacy is still not substantial. Psychodynamic therapies can take many different forms. However, many people now feel that these therapies are rather old fashioned, and based on old theories, such as those put forward by Freud and Jung, rather than modern scientific theories of what is happening in the depressed or anxious mind. Traditional psychodynamic therapy has been a long term therapy, with weekly sessions (or even more often) for anything up to several years. However, more recently, shorter forms of psychodynamic psychotherapy have been developed which offer weekly sessions for six months or less. NICE have acknowledged that there is very little evidence for psychodynamic therapy being useful in treating depression, and so they have recommended that it be used as a last resort, if all other things have been tried. As with general counselling, it may be worth giving this a go if you are offered it, but if you see no improvement in a few weeks, or if you or your child feel uncomfortable with the therapy, it may be worth seeking alternative forms of support.



Other support for parents

It can be invaluable to seek the support of others who are in a similar position when caring for an anxious child. The following groups give advice and support to parents, carers and sufferers of anxiety disorders:

Anxiety UK

Anxiety UK offers support and information for anyone experiencing difficulty with any type of anxiety disorder. Our website has a plethora of information; we provide therapeutic services around the country and can put you in touch with therapists with specific training around children and young people. Our website has information on a range of anxiety problems that specifically affect children, along with an instant messaging service for support.

Telephone: 08444 775 774

Website: www.anxietyuk.org.uk

Depression Alliance

Depression Alliance is a UK based charity for sufferers of depression. Their website contains information about depression and they have details of local support groups available for sufferers.

Telephone: 0845 123 23 20

Website: www.depressionalliance.org

Mind

Mind is a national mental health charity which offers information on where to find support groups in your area for a whole range of mental health and emotional issues. They also give provide information on where to go for more help.

Telephone Mind info line: 08457 660 163

Website: www.mind.org.uk

Youngminds

Youngminds focus on the mental health issues of children, recognising that many children have troublesome worries and fears. They publish a range of information to help parents, carers or other professionals who are worried about a child. They also provide a parent helpline and publish regular leaflets on specific issues to help parents.

Website: www.youngminds.org

Youngminds parenting information service: 0800 018 2138

Parentline Plus

Parentline Plus offer a 24 hour helpline to anyone involved in caring for children. It offers listening, support, information and guidance on all issues of concern, alongside parenting classes and workshops for parents to share ideas and learn new skills.

Website: www.parentlineplus.org.uk

Parentline: 0808 800 2222

Parent Lifeline

Parent Lifeline offers emotional support and understanding for parents under stress. This helpline can also put parents in touch with further help if they wish. Support groups, face to face appointments and parenting courses can be arranged locally.

Helpline: 0114 272 6575

(Mon - Fri: 9am - 1 pm, 7.30 - 11.30 pm)