



Lifeline

anxiety disorder newsletter

A quarterly newsletter for people – and the families of people – who suffer from the panic brought about by fears, anxieties and phobias.

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SSRI prescriptions for children decline

The number of prescriptions for selective serotonin reuptake inhibitors (SSRIs) for children is declining in the face of side-effects such as suicidal thoughts and behaviours. However, there is still concern about the possibility of Prozac becoming the Ritalin (now recognized as being over-prescribed for attention deficit hyperactivity disorder in the 1990s) of the 21st century – in other words, a quick fix to alleviate suffering in the natural transitions and stresses of life. Despite the fact that, for the most part, antidepressant medicines are not approved for children or adolescents, doctors prescribe them off-label, i.e. without clinical testing and accurate dosage information. The European Medicines Agency has now approved Prozac for children over eight years of age and the US Food and Drug Administration has approved it for children with major depressive disorder and there is no question that there are many young people who would not be here today but for antidepressants. However, the big problem is the trend to normal sadness and shyness being diagnosed as depression and social phobia simply for the convenience of treating it with a pill. Quite apart from the risks involved, as with ADHD, it brings the credibility of all diagnoses of the conditions into question which will take us back to the dark ages of twenty years ago when it was denied that children had anxiety disorders at all.

Internet treatment for panic disorder

Clinical evaluation of a 10-week internet-based bibliotherapy self-help program for people suffering from panic disorder, with or without agoraphobia, demonstrated significant improvement in the participants. The treatment package was based on cognitive behaviour therapy with minimal therapist contact by e-mail, a 10-minute telephone call made each week and homework assignments. Measured, from pretreatment to posttreatment, for various levels of anxiety, depression and quality of life, all participants showed improvement over a control group. Follow up showed that treatment gains were maintained after nine months and, at the end of treatment, 77% of the treated patients no longer met the criteria for panic disorder.

Are high expectations in early childhood education triggering selective mutism?

With an estimated seven in 1,000 children suffering from selective mutism and more children are finding school frightening and harder to cope with than in the past, parents are beginning to question the kindergarten curriculum. With junior kindergarten having become the norm for school entrance over the last decade, the average child is starting school at an earlier age than those of previous generations. Two year kindergarten programs have an emphasis on talking and participation and their are higher objectives to be met than when they were strictly a one year introduction to school.

Despite the increasing prevalence of selective mutism both education and health professionals remain ill informed about the condition. There is still misapprehension – the children are still perceived as being deliberately manipulative and difficult. In reality, they want to speak but their fear prevents them from doing so. They are controlling their anxiety by keeping quiet, not trying to manipulate anybody.

Selective mutism is a form of social phobia and teacher training is essential if these, and other socially anxious, children and their parents are ever to get any help and support. Teachers should be taught not just how to get pupils through the relevant curriculum but child development, too. It is not possible for them to identify, let alone help these children, without adequate understanding of the way children express themselves and how they behave when they are having difficulty with feelings of anxiety and fear.

The material included in this newsletter is for general information and discussion purposes only and should not replace or be regarded as clinically recommended treatment. Subscriptions are free, but a \$5.00 fee should be submitted to cover the postage and handling costs of 4 quarterly issues per year.

The LIFELINE Anxiety Disorder Newsletter may be contacted, by mail, at R.R.#1, Limehouse, ON L0P 1H0 Canada or, by email at lifeline@designandcopy.ca

The current issue is always available for viewing or download from our website at: <http://www.designandcopy.ca/lifeline>.

Tips for Finding a Therapist who's Right for You

Congratulations on your decision to see a therapist!

Whether it's your first time in therapy or you've been before, finding a therapist can feel like a daunting task. However, with a little knowledge and an idea of what to look for, finding the right therapist doesn't have to be difficult. What is the most important factor to successful? Many would think the therapist's experience, skills or techniques/theories used would be the key to success. However, that's not necessarily the case. Research has shown that the essential aspect determining successful treatment is the therapist-client relationship, i.e. the rapport/connection you have with your therapist. Therefore, it's important to find a therapist whom you trust and with whom you feel comfortable enough to be open and honest.

Who Can Provide Therapy

Providers of therapy will vary from country to country. Therapists will usually have a master's or doctoral degree in psychology or a related field. Therapists, then, may go through a licensure process, which involves getting a certain number of hours of experience and taking a licensing exam. For example, in the state of California, licensed marriage family therapists (MFT) and licensed clinical social workers (LCSW) usually have a master's degree, while licensed psychologists have a doctoral degree. You will find different titles for these various providers depending upon where you are located. Psychiatrists, who are medical doctors (MD) specialize in treating mental disorders and may also provide therapy. Other possible therapists include *interns* who are still in school or who have graduated and are collecting hours of experience. They are supervised by and work under a licensed therapist.

Questions to Think About Before Choosing a Therapist

- Do you have any preference for a female or male therapist?
- Is there a particular style you prefer in a therapist, e.g. active versus a more passive approach?
- What fee can you reasonably afford?
- How often would you like to see a therapist and what are the best times/days for you?
- What are the key issues or problems you are dealing with, and what are your goals for therapy?

Questions to Consider Asking a Prospective Therapist

- How long have you been practicing?
- What is your experience working with anxiety disorders?
- What is your style of working? What is your theoretical orientation (techniques/theories used)?
- What is the initial/first session like? What is a typical session like?
- Do you have a sliding scale or reduced fees?
- What, if any, types of insurance do you accept?
- When do you have appointments available?

Checking Licensure Status

There are specific regulatory bodies to monitor individuals who can provide therapy and to handle consumer

complaints, e.g. in California, the Board of Psychology regulates psychologists. Many such state departments have a website where you can enter a therapist's license number and check on any disciplinary actions, etc.

Confidentiality

It is important to know that your confidentiality is protected when seeing a therapist. Therapists must abide by a code of ethics as well as laws and regulations pertaining to their field which includes maintaining a client's confidentiality. In addition to keeping the content of your conversations confidential, the very fact that you're in therapy cannot be revealed to anyone without your permission. Depending on your location, there are some exceptions to confidentiality, e.g. suspicion of child/elder abuse, intent to harm someone or yourself. Also, if there is a court order for records, or you give permission, confidentiality can be broken. Your therapist will most likely explain confidentiality during your first session. If not, you can ask about the exceptions to confidentiality.

Where to Find Possible Therapist Referrals

- Friends, colleagues, family members.
- Your current doctor/health care provider.
- Local psychological associations .
- Local mental health organizations.
- Your health insurance company.
- Yellow pages/phone book – look under categories such as *mental health services; psychotherapy; psychologist; marriage family therapists; social workers; psychiatrists; suicide prevention; crisis intervention services.*
- Local schools offering graduate programs in psychology or psychiatry.
- Local social service and family organizations.
- Clergy, religious leaders in the community.
- Local hospitals often have a referral list.
- Employee Assistance Programs.
- Private clinics or agencies.
- Therapist referral services (Caveat: usually listings are paid by therapists. So, a listing is not a recommendation/endorsement) – check online and in your phone book.

Call several therapists and ask them whatever questions you have that will help you determine whether you want to schedule a first session. Finances and time permitting, meet with several (at least two) therapists to see who you would feel most comfortable working with. A personality match is important because in order to get the most out of therapy, you need to be open and honest about whatever you want to discuss. Sometimes you will know from the first session whether you want to continue with a particular therapist. Who knows, you may hit it off with the first therapist you see. If you call a therapist who doesn't have any openings or meet your needs, ask for any referrals. It's okay to shop around and not continue with the therapist if you don't feel a connection. Therapists are used to and expect this.

From one reader to another...

Worry

I find that there is no better time for worrying than the middle of the night. I wake up and examine the clock, dwelling on my parade of troubles. I am a world-class worrier. If worrying were an Olympic sport, I'd be on the podium with the gold medal around my neck.

Since no one has a perfect life, worry is common. But adding anxiety to worry is like pouring gasoline on a fire. If you are unable to work, you picture yourself in poverty. If you are afraid to drive, you fear for your independence. If you rely on a support person to help you leave the house, you wonder about his/her losing patience with you. In the worst case, you worry that he/she may leave you by choice or by death.

I know that worrying is pointless because it does not change the future. I still worry. Because I am an agoraphobic, I am sometimes concerned about whether I'll be able to stay in a particular place or if I'll be able to cope in certain situations. For example, I feel anxious just thinking about sitting in a doctor's waiting room. This anticipatory anxiety wears me out. It makes me want to stay home and be safe. I have learned to reject that urge and go to the place I fear.

One of the ways I help myself feel less anxious is to plan instead of worry. I examine each difficulty and imagine ways to make it easier. I also remind myself of any success I've had with similar experiences. It seems that I've had seven hundred and forty-two doctor appointments, and I've never left without seeing the doctor. I've had sky-rocketing blood pressure, muscle cramps, hot sweats, and intense longing to escape, but I have stayed. When these reassurances don't convince me, I still give myself the option of leaving and returning to try again. By having that option, I reduce some self-imposed stress.

Sometimes my worry takes a different form: I take a small problem and believe it will become a disaster. This is what is known as *catastrophizing*. Often, it is linked with a health problem. I don't have to go to my imagination for a medical nightmare. In 2002, I developed a life-threatening infection after minor surgery. To calm myself when I have an illness, I use logic. It is unlikely that every illness will



become serious. It is much more likely that the ailment will go away by itself or be treated easily. It also helps when other people say that they have had the same symptom and it turned out to be nothing.

A recent conversation with a friend who has panic disorder made me think of catastrophizing in a new way. He has had many panic attacks, but he spoke to me about his greatest worry. His greatest fear was having the ultimate panic attack, the tiger in the bushes, which would be overwhelming. This tiger would destroy him. For me, it was one of those "ah ha" moments when you see something clearly but only after someone else has shown it to you. Perhaps, deep down, I have shared this vision of destruction. But, even worrier that I am, I know that this threat is not real.

Whether they are dizziness, disorientation, or inability to breathe, the physical aspects of a panic attack vary, but once you have had a *full-blown* panic attack, as people call them, that is as bad as it gets. While they can periodically limit your ability to function and lower your self confidence, panic attacks, terrible as they are, do not destroy you.

I know that progress is possible because I am seeing my limitations slowly disappear. I may arrive with some worries, but I *do* arrive. My trips out into the world are longer. My journey for a peaceful spirit continues.

Colette Carner.

Colette may be contacted by writing to her c/o Lifeline, R.R.#1 Limehouse, Ontario L0P 1H0

What to Expect at Your First Session

The first session will vary from therapist to therapist. You can ask about the initial session when you first call a potential therapist. Generally, it's a session for the therapist to get to know you and the concerns you want to address. It's also a time to see if you'll be a good match working together. Usually during the initial session, a therapist will ask more questions than in other sessions and gather information about your history and issues. You may also be required to fill out forms and sign a consent form.

Emergencies and Times of Crisis

If you are experiencing an emotional crisis or feeling like you want to hurt yourself, call a crisis hotline (in the US, 800-273-8255 or 800-784-2433), call 911 or go to the nearest hospital emergency department where you can get help for a very brief period of time and, if needed, you will be provided with referrals for further help.

Dr. Joanne Chao is a psychologist practicing in California and is the editor of www.depression-help-resource.com, a website providing easy-to-understand depression information, articles and resources.

Finding the techniques that will manage your anxieties

By: Stanley Popovich

Are you having trouble finding effective ways to overcome your fears and anxieties? It can be difficult to find answers. The best way to overcome your persistent fears is to find the coping skills that effectively manage the fear and anxiety.

The first step is to take advantage of the help that is available around you. If possible, talk to a professional who can help you manage your fears and anxieties. He/she will be able to provide you with advice and insights on how to deal with your current problem. By talking to a professional, you will be helping yourself, long term, by becoming better able to deal with problems in the future.

It doesn't stop there. The next step is to apply what you have learned. Make it a point that every time you experience a fearful or anxiety related situation, you use the information you have acquired. In every anxiety related situation you experience, find out what works, what doesn't work and what you need to do to improve on your anxiety management skills. Continue to do more research to learn of additional effective techniques in managing fear and anxiety. Remember to focus on the strategies and techniques that actually reduce the fear and anxiety. All it takes is one effective technique to make a world of difference in managing your fears.

As for skills that manage fear, learn to challenge your negative thinking with positive statements and realistic

thinking. When encountering thoughts that make you fearful or depressed, challenge those thoughts by asking yourself questions that will maintain objectivity and common sense.

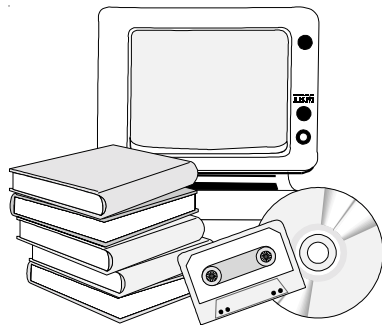
Sometimes, you may encounter a lot of scary thoughts coming at you all at once. Instead of getting upset, remember that these thoughts are exaggerated and are not based on reality. Usually it is the fear behind the thoughts that gets us worked up. If you ignore the fear behind these thoughts, then the thoughts become easier to manage.

Learn to take it one day at a time. Instead of worrying about how you will get through the rest of the week or coming month, try to focus on today. Each day can provide us with different opportunities to learn new things and that includes learning how to deal with your problems. Focus on the present. Next week will take care of itself.

The answers to managing your fear are out there if you look hard enough. It might take some hard work and persistence, but it is possible to find the techniques that work for you.

Stan Popovich is the author of "A Layman's Guide to Managing Fear Using Psychology, Christianity and Non Resistant Methods" - an easy to read book that presents a general overview of techniques that are effective in managing persistent fears and anxieties. For additional information go to: <http://www.managingfear.com/>

LIFELINE'S Media Review



Wish I Could Be There: Notes From a Phobic Life.

Allen Shawn. Viking. February 2007.

Allen Shawn is a successful composer, pianist, teacher, and author. He is also an agoraphobic.

After spending most of his adult life trying to conceal his many phobias, he analyzes and shares his experiences in this fascinating study, demonstrating how fear is rooted in both nature and nurture. He examines the influences of his upbringing, encompassing both his father's phobias and his mother's over-protectiveness and the various biological and psychological issues within the family, on his struggle with agoraphobia and draws parallels to both modern brain research and the writings of Darwin and Freud.

Exploration of the neurophysiology of phobic fear and anxiety reveals it as the innate human response to

environmental threats which has become exaggerated. Shawn explains how it feels to experience the terror he faces in almost any unfamiliar place – highways, bridges, elevators, tunnels, airplanes and even pretty country lanes – and describes the physiological processes that paralyze him, turning fear, originally a survival mechanism, into disability and creating a circumscribed life full of self-preoccupation and avoidance. Linking his panic with the internalized fear and anger of his childhood, separation from his autistic twin sister and the double life of his brilliant father, William Shawn, who was a famed editor of the *New Yorker*, he finds Freudian explanation for his difficulties with family and identity as he was growing up.

Eccentric, candid and compelling, the book goes beyond an investigation into the author's agoraphobia to become a commentary on the mystery of family and individual character shaping, and how the human mind must cope with life's demands and the universal struggle to face them. The author's own analogy is that his agoraphobia is a way to open Pandora's box a bit, while sitting on top of it. This continues to involve never leaving home without his "safety items" – a supply of Xanax, a bottle of ginger ale, a cellphone and a paper bag.