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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Family CBT proves effective for children of anxious parents

A study designed to prevent anxiety disorders in the children of anxious parents at the Johns Hopkins Children's Center found that a family-based program reduced symptoms as well as the risk of developing an anxiety disorder among these children.

The study suggests that eight weekly hour-long family sessions of cognitive behavioural therapy can prevent or minimize the problems of childhood anxiety. None of the children who participated in the program developed an anxiety disorder during the follow up period covering a year after the treatment. Both parents and the researchers evaluating the children and their parents reported a 40 per cent drop in anxiety symptoms. In contrast, follow up on a comparison group of wait-list parents and children who received no therapy, showed that thirty percent of the children developed an anxiety disorder within the year and there was no reduction of anxiety symptoms in any of these children.

The program was designed to help parents identify and change the behaviours believed to contribute to anxiety in the children, while at the same time teaching children coping and problem-solving skills. The parental behaviours modified during the program included overprotection, inordinate criticism and excessive exhibition of fear and anxiety in the presence of the children. The program targeted such childhood risk factors as avoiding anxiety-provoking situations and anxious thoughts.

Children of parents diagnosed with an anxiety disorder are up to seven times more likely to develop an anxiety disorder themselves, according to current research, and up to sixty-five percent of children living with an anxious parent actually meet the criteria for an anxiety disorder diagnosis. Prevention of childhood anxiety is considered critical because lack of diagnosis and treatment leads to depression, substance abuse and learning difficulties, throughout childhood and continuing into adulthood.

Ideally, psychiatrists and family doctors diagnosing anxiety in their adult patients should ask about the patients' children and discuss the possibility of their being evaluated and included in family-based cognitive behavioural therapy in order to prevent future problems

Anxiety disorder treatment in the elderly still in the dark ages

One in ten people over the age of 60 is diagnosed with an anxiety disorder. Brain changes, due to the aging process, are believed to possibly predispose some people to excessive worry to the point that this worrying becomes a disorder.

Traditionally, seniors diagnosed with anxiety disorders are prescribed sedatives which cause falls and memory loss. Studies demonstrate the effectiveness of selective serotonin reuptake inhibitors (SSRIs) for these older patients, but many physicians continue to prescribe tranquillisers. This may be due to general ignorance or impatience in treating their older patients, or to a lack of desire to explain the position to them. However, a move to update treatment of anxiety disorders in these older adults is becoming a necessity. Many of them, as a result of being prescribed tranquillizers for their anxiety, spend half the day sleeping and are incapable of getting around without a walker to hang on to.

The first randomized clinical trial of cognitive behavioural therapy (CBT) for late-life generalized anxiety disorder (GAD) in primary care older patients shows that cognitive behavioural therapy is effective for older adults with GAD. In the study, by researchers at Baylor College of Medicine, Houston, Texas, 134 primary care patients were assigned either to CBT, including education and awareness, relaxation training, cognitive therapy, problem-solving skills training and behavioural sleep management, or to traditional medication. They were assessed at the beginning of the trial, after the three month treatment period and at three monthly follow-ups for 12 months. The CBT group showed improvement in worry severity, depression and mental health generally over the patients under traditional treatment for GAD. These are significant findings because of the risks of falls, hip fractures and memory problems associated with the traditional pharmaceutical treatment methods used in older adults.

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Computer-aided cognitive behavioural therapy is accessible to those who need it

The advent of cognitive behavioural therapy (CBT) as an effective treatment of anxiety disorders has led to the development of a number of computer-aided CBT (CCBT) programs. These deliver CBT interactively via a computer using either software or the internet. Research demonstrates that CCBT works as well as traditional face-to-face therapy. It costs less, takes less time and provides a solution for people who would otherwise not get treatment due to lack of access, fear of leaving their homes or the stigma that still surrounds mental health conditions. Monitoring provides for comprehensive feedback on progress which is not always readily available in traditional therapy. And support forums which, of course, are unique to the online experience, provide assistance anonymously. Australia (see *Health professionals and social phobics...* back page), along with Sweden and Holland, are the countries that at the leading edge of research into internet-based treatments. The UK, where the National Health Service began funding mental health internet-based programs in 2007, is a leader in service delivery.

After determining that three quarters of people with anxiety disorders do not get treatment, due mainly to lack of access and affordability, researchers at Melbourne, Australia's Monash University have developed an internet-based program called *Panic Online*. A study comparing the program to both face-to-face CBT and to medication, shows that it is equally beneficial. People completing *Panic Online* have significantly reduced overall severity of panic disorder, fewer panic attacks, less anxiety about future panic attacks and increased confidence in dealing with them. An online therapist contacts the participants by email and guides them through the program which teaches them how to control the experience of panic sensations and how to change self-defeating thought patterns.

Following on the success of *MoodGYM*, an online CBT depression program which has over 300,000 registered users worldwide, Australian National University's Centre for Mental Health Research has developed *eCouch*. This is a CCBT program which will eventually provide evidence-based information about a range of mental health conditions and teaches strategies that may help participants to prevent problems and understand themselves better. Generalised anxiety and social anxiety programs were added in March.

Following Britain's example, the Australian government is funding a National e-Therapy Centre for Anxiety Disorders at Swinburne University. This will shortly also be bringing a CCBT-focused internet-based treatment service to people with anxiety disorders.

In the UK, shame and stigma associated with psychological problems prevents up to 84% of people with common and treatable mental health problems from receiving treatment according to the National Health Service. An NHS Trust there has developed a guided online CCBT program to treat anxiety and depression known as *Outreach-online*. This is a 10-week course designed for use by mental health professionals who can provide participants with support and can be undertaken either in patients' homes or in a health care setting. Participants learn to view their thoughts and feelings as sources of information instead of as facts and develop skills through accounting for their emotions, thoughtful reflection and the practice of behavioural tasks. The convenience of 24 hour, 365 day availability, the absence of the stigma involved in attending a treatment centre and access to information prove to be the greatest advantages. Both multimedia CBT and integrative therapy, along with help for stress, depression and anxiety form treatment modules are delivered along with support from a trained helper. Helpers are either trained mental health professionals or people who have successfully completed the *Outreach-online* program. It is also possible to effectively use the program on an individual basis.

The UK National Institute for Health and Clinical Excellence recommended program, *FearFighter*, has been available for referrals of panic disorder and phobic patients by general practitioners for several years now. It was, however, designed for use directly by individuals and should not really require the assessments which most licenced Primary Care Trusts impose before granting access and, currently, deterring many would-be users.

There are several very good cost-free programs developed by psychiatrists and psychologists working independently of university research projects.

The *Living Life to The Full* program was first run at a college in Glasgow before being made available to provide easy access to CBT skills for the general public.

The Panic Center is a 24-hour accessible, personalized and community-driven CBT program developed, in Canada, by Evolution Health. It offers personalized, interactive tools to help people overcome their anxiety and panic including an interactive online CBT course. For this program, participants connect with other members and support specialists after signing up. A series of exercises can then be undertaken with support from any number of people in the online forum, email, text messaging and instant messenger, conveniently and at a comfortable pace.

myRay, developed by a consultant psychiatrist with more than thirty years experience in clinical practice, is built around the key concept of working with real personal experiences to understand traditional reactions to them and how to modify them, using the techniques learned in the program. It, too, features online group therapy in the form of forum support from both members and professionals and provides for thorough assessment thorough a questionnaire before the program can be accessed.

From one reader to another...

Recovering

I remember Mary saying to me, "Your fear is gone." She surprised me and my first reaction was to think it wasn't true. I hesitated because I couldn't deny that I had made a lot of progress. Finally, I admitted that I wasn't afraid to drive my more. Then, I quickly added that being able to get somewhere didn't mean I would be able to stay there without anxiety. She insisted that there was a real difference in me, a change that she seemed more willing to accept than I was.

It seemed foolish to refuse to see my success, to fail to acknowledge accomplishing my goals. It wasn't until months later, during another conversation with Mary, that she revealed a likely answer. It was about expectations. For years, Mary's family had wanted her to go to a large amusement park. It was an hour away and always crowded. Among other challenges, Mary's generalized anxiety was a major issue. Eventually she made the trip. She was mostly miserable, but she achieved her goal. Now, instead of relishing her success, her family was pressuring her. They had decided that if Mary could go to an amusement park, then she could go back to work. She couldn't get them to understand the difference. Of course, she didn't have to explain it to me.

Obviously Mary's achievement was a big step forward and should be celebrated. However, her family believed that this breakthrough meant she was cured of her anxiety disorder. Generally speaking, people don't use the word *cure* for anxiety.

After my conversations with Mary, I brought up the idea of a total recovery with my friend Susie. She was quick to say that she uses the word *recovering* not *recovery.* Susie has experienced panic attacks since age seven, when she was required to attend large daily assemblies at school. Decades later she still, on rare occasions, has a panic attack.

Susie was quite sure that anxiety would always be part of her life. Her medication helped. Her wonderfully positive attitude and her full knowledge of relaxation techniques all helped. We both knew our friendship was a great weapon against fear. But when I claimed my fifteen years without a panic attack had been a recovery, she said, "Then it wouldn't have come back."

Maybe Susie was right. Recovering wasn't an event; it was a life-long process of coping with each new stressful situation. But my experience had been so different from Susie's. My first panic attack was at age 24. They were very frequent for four years, then as my confidence grew, the panic attacks happened less and less often. Then not only did the panic attacks stop, but I no longer had anticipatory anxiety. I worried about things that most people worry about. But I didn't wonder before a trip, or before talking in front of a group, *what if* I panic. I returned to teaching English and working part-time at

the library. I considered myself as a person who had recovered from panic disorder

Then I got sick. Most of the teachers had the same virus. The primary symptom was dizziness. After two weeks, every one was back at work except me. I couldn't walk three steps without getting dizzy. Medical tests indicated that the virus had destroyed part of my inner ear which controlled balance. My case had been more severe than that of the other teachers. When I asked the doctor how long it would take for my cut to heal, I was told that it would never heal. As it turned out, that prediction wasn't completely accurate, but it was several years before I could walk without hanging on to another person or using a cane. I was forty-five. I lost my confidence and my panic attacks returned.

As I slowly improved physically, I worked on conquering my agoraphobia. I wanted to consider myself as a person who could recover from panic disorder a second time. I used progressive desensitization before and it would work for me again.

In the two years that I have been the leader of an anxiety support group, I've seen some dramatic transformations. One man whose life was severely limited by social phobia is now busy running his own business. The change came after he attended six months of meetings. He benefited by learning several strategies. He felt he was among understanding friends. He was accepted, which gave him more self-acceptance. When we last spoke on the phone, he offered to attend a meeting as a guest speaker to inspire our current members.

By watching more and more of our members move away from their old patterns of fear and limitations, I am greatly encouraged. I don't expect to live without anxiety in my life; even people without panic disorder can feel anxious. But I need to believe that I can again be free from panic attacks. It's similar to the cane I've been keeping on the back seat of my car *just in case* I lose my balance. I haven't used it for a couple of years. Two weeks ago, I decided to put it in the trunk. One of these days, that cane will be collecting dust in my basement. I'm confident that my panic disorder will also be just a memory.

Colette Carner.

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Health professionals and social phobics embrace online cognitive behavioural therapy

Web-based cognitive behavioural treatment programs, when they include regular email contact with a clinical psychologist, for social phobia prove to be as effective as one-on-one therapy. A recent study, which followed up on participants six months after completion of the program, found continued reduction in symptoms and improved mood to the same level as control patients being treated directly by therapists.

Researchers, however, do find that, in comparison to therapist-assisted web-based CBT programs, self guided programs tend to have higher drop-out rates. On average, the approximately thirty per cent of participants who do complete the program experience reduction in symptoms and improved mood, although not at the same level as participants who are aided by a therapist online.

The greatest advantage of internet-based therapy is its ability to reach the people who would not otherwise seek treatment. Social phobia normally begins at the age of about twelve. However, the average age of people seeking treatment for social phobia is closer to forty. In other words, those who would benefit the most from treatment are those who are too anxious to actually go to a therapist. Online help for these people will fill a great need and make all the difference to their lives.

Web-based therapy also meets the needs of social phobics for whom there really is no other help, whether due to living in an area lacking mental health professionals or simply because they are from families which have an inability to admit to mental health problems due to the perceived stigma. It is also a safe and effective alternative where cost and time considerations are issues in accessing traditional therapy.

Staff at the School of Psychiatry, University of New South Wales and the Anxiety Disorders Clinic at St Vincent's Hospital in Sydney, Australia have developed such online therapy in the highly successful Shyness Program. It is a clinician-assisted program which was expressly developed for people with social phobia who don't seek treatment but do have access to the internet, and is designed to educate them about their symptoms and provide them with ways in which to manage them. Similar programs are currently being developed for other anxiety disorders including panic disorder and generalized anxiety disorder.

The program is built around a fictional character who experiences the symptoms and disability caused by social phobia. He was created to provide somebody in whom the participants can recognize their own problems of social isolation due to avoidance of interaction with people beyond their families. More than six hundred people have taken the six lessons in the 10-week program, which also includes 'homework' practising newly learned techniques in the real world, to date and all have made substantial progress, half of whom consider themselves completely cured. The convenience of being able to log in to the program and progress at their own pace in privacy has resulted in an eighty per cent adherence rate as compared to an average 40 to 50 per cent adherence normally found in a clinic environment.

Help your anxious teen to cope

The following ways to help an shy teen to feel better, to be able to function better at school and, possibly, prevent the development of social phobia come from Blue Cross Blue Shield of Massachusetts:

♦ Build your teen's self-worth– your confidence and trust will pump up his/her ego.

♦ Don't compare personalities – everybody has his/her own way of dealing with the world.

♦ Practice social skills – talk about the social situations that worry your teen and brainstorm ways he/she might feel more comfortable.

♦ Don't urge your teen to change – this will be interpreted as criticism.

♦ Praise your teen's strengths.

Support dogs help people with severe anxiety disorders

The idea of emotional support dogs is a relatively new one. Since seeing-eye dogs were first used in the 1920s, animals have been used to help people with other disabilities. It is only during the last ten years that stories and controversy about people using emotional support animals have made the news.

By court definition, the emotional support dog makes its owner feel better and, therefore, better able to cope with the disability rather than actively assisting its owner as a service dog does. Support animals are well suited to helping people with severe anxiety disorders, especially agoraphobia since they can simply help some people go out of the house. The biggest problem for people with support animals is perception. With the animal, they can seem perfectly well adjusted, so that its hard for the public generally to understand that it is the animal's presence that is bringing this about.

There are now several organizations providing training programs for support dogs. In the US, a program called Puppies Behind Bars, which began by training prison inmates to raise puppies to be guide dogs for the blind and went on to training dogs to support returning veterans with post traumatic stress disorder, now raises support dogs to help people with a range of different needs ranging from autism to multiple sclerosis. It, like most such programs of which there are now a number in operation, is dependant upon donations for its existence.