Youthline's approach to anxiety

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The Youthline approach to anxiety is to provide the best possible therapeutic interventions for clients in accordance with Youthline's Ethics, Polices and Procedures, whilst protecting the safety of staff, clients and others.

As many as 18% of young people in New Zealand may experience anxiety disorders that put them at risk of ongoing mental health problems.(1)

WHAT IS ANXIETY?

Anxiety is a common and useful response in many situations. In its 'ordinary' form, it helps with vigilance, learning and general performance. Many people will feel anxious at times and a range of self-help or therapeutic interventions can assist with this.

However, anxiety can become excessive and/or chronic (1). 'Anxiety disorder' is a broad term covering many forms of problem anxiety, including fears and phobias that have become severe enough to cause significant problems with day to day life (1).

Anxiety disorders include generalised anxiety disorder, social anxiety disorder, specific phobias, panic disorder (with or without agoraphobia), obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD) (2). Thus, while anxiety is a normal reaction to many situations, in the case of these anxiety disorders, the anxiety has become chronic, excessive and/or inappropriate to the situation at hand (2).

Each of the anxiety disorders include feelings of distress, anxiety and/or fear and typically include:

- **Cognitions:** Perception of the environment, event, thought or memory as threatening and/or dangerous (3)
- **Emotions:** Feelings associated with the anxiety, including apprehension, tension, disgust and/or fear (3)
- **Physiology:** Activation of the body's arousal system to ready the body for 'fight or flight'. Includes racing heart, quickened breathing and/or sweating (3)
- **Behaviour:** Actions taken by the individual in response to the cognitions, emotions and physiology which make up the anxiety response. For example, apprehensive avoidance of anxiety inducing stimuli (3)

To be considered a 'disorder' the anxiety issues must be more than transient hassles or normal responses to anxiety provoking events. The issues must be causing the client distress, have been continuing for an extended period of time, be out of proportion to current danger and cause difficulties in getting on with everyday life (3).

Anxiety occurs in a wide range of forms and affects everyone differently. However, research has defined a number of common anxiety disorders whereby affected individuals display similar key symptoms:

- **Generalised Anxiety Disorder:** The most common form of anxiety disorder; a condition in which the individual is chronically anxious and worried with no obvious or normal precipitant (4)
- **Social Anxiety Disorder (Agoraphobia):** An intense and debilitating fear of social scrutiny and social interaction (5)

- **Specific Phobias:** An intense anxiety and fear reaction to a specific stimuli, such as spiders (3)

- **Obsessive Compulsive Disorder (OCD):** Anxiety driven by obsessive ideas and the resultant compulsive behaviours. These compulsions are carried out to combat the obsessive thoughts and thus, temporarily, curb anxiety (3)

- **Post Traumatic Stress Disorder (PTSD):** An anxiety disorder brought on by the experience or witnessing of traumatic events. The affected individual may experience flashbacks, nightmares, hypersensitivity or 'scanning' behaviours and avoidance of places, people or things associated with the traumatic event (3)

- **Panic Disorder:** The individual is deeply affected by recurrent and unexpected panic attacks, wherein they experience intense anxiety and fear, along with physical symptoms such as breathlessness (6)

It is always important to remember that, while anxiety is a normal part of life, when it begins to affect day to day functioning and a person's ability to enjoy life, seeking help is always the best option. Recent research has not only revealed that a large number of young people suffer from anxiety related problems, but that this anxiety can have potentially detrimental effects in later life (1).

Screening for anxiety disorders (GAD-7)

The GAD-7 was designed primarily as a screening measure for generalized anxiety disorder symptoms (89% sensitivity) but it has been found to have moderately good reliability for screening for panic disorder symptoms (74% sensitivity), social anxiety disorder symptoms (72% sensitivity) and post traumatic stress disorder symptoms (66% sensitivity) (27).

Research has found that the GAD-7 is a valid and efficient tool for screening for anxiety symptoms and to assess its severity in clinical practice and research. It is useful for helping to catch an increase in anxiety before it becomes disabling (28).

Scores on the GAD-7 can range from 0-21. While screening for any anxiety disorder a suggested cut-off point for further investigation is 10+. A score of 0-4 is considered normal and no action necessary. 5-9 suggests mild anxiety with watchful waiting and a repeat of the GAD-7 suggested. 10-14 is labelled moderate anxiety and recommended treatment for those who fall within this range is counselling, follow up and/or pharmacotherapy. 20-27 is indicative of severe anxiety and immediate initiation of pharmacotherapy and psychotherapy is strongly recommended (28).

An additional question to ask to assess how debilitating the symptoms are for an individual is:

"If you have checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people." Options for this are:

- not difficult at all
- somewhat difficult
- very difficult
- extremely difficult

The GAD-7 was not intended to be used as a stand alone measure for diagnosis of generalized anxiety disorder, as it only assesses a person's anxiety symptoms over the last two weeks. To be diagnosed with generalized anxiety disorder a person's symptoms need to be present for at least 6 months (29).

Additionally, where anxiety is indicated by the GAD-7, practitioners should inquire further with clients to gain an understanding of the type of anxiety for the person in their individual context. In this way the GAD-7 is an indicator of anxiety but not enough to create goals and a treatment plan that reflects the person's needs. The GAD-7 can however be usefully repeated throughout the individuals treatment to indicate areas of improvement and to focus on those where improvement has not been made.

HELPFUL APPROACHES

There are a wide range of approaches used to help those suffering from anxiety related disorders. Generally

treatment is very successful; however the type of treatment and its effectiveness will vary for each person. Some therapies and approaches have been shown to be more effective than others for clients with different types of anxiety problems. Evidence for the effective treatment of anxiety disorders is particularly strong for cognitive behavioural therapy (CBT). Other therapies (as listed below) may also be helpful.

Cognitive behavioural therapy (CBT)

CBT has been shown to be an effective therapy for reducing problems associated with many anxiety issues as well as depression and other difficulties which often co-occur with anxiety (7). Thus, along with other potential forms of intervention, CBT should be considered for clients who present with anxiety issues (7).

CBT is not a single approach to treatment but an individualised process that focuses on intervening in the thoughts and behaviours that have a strong influence on the problem. Thoughts about places, events, situations or specific objects set the foundation for anxiety and in cases where anxiety appears to have no precipitant, thoughts associated with these feelings often reinforce it (1, 8). These thoughts and emotions in turn lead to behaviours which can reinforce the anxiety and increase the severity of future responses (1). In the case of phobias for example, thoughts might involve "the object being dangerous" or "I can't cope" and resultant behaviours often involve intense avoidance of the object or situation in question.

CBT will typically include multiple components as outlined below. For some clients (particularly where anxiety issues are mild to moderate), some of these elements on their own are likely to be useful.

Common elements to CBT that have been found to be effective in the treatment of anxiety disorders are (7, 8, 9, 10, 11, 12):

- Psychoeducation (information regarding symptoms and treatments for anxiety and fear)
- Affect (mood) recognition and somatic management skills training (such as teaching clients to recognize anxiety related feelings and how these feelings don't need to spiral out of control– they can be managed)
- Cognitive training (involves learning to identify and challenge unhelpful ways of thinking and irrational thoughts that bring on and reinforce anxiety)
- Exposure training (this behavioural technique is often used in supporting people with fears and phobias. It involves developing cognitive and physiological relaxation techniques and gradually being exposed to the feared situation/stimuli.
- Long term relapse prevention (this includes developing techniques the client can use in the real world to maintain the gains made in therapy).
- Other components of CBT tailored to the client, including:
  - Problem solving interventions
  - Specific skills training such as social skills
  - Parent training (where the client is a child or young person. This often includes reward techniques and training parents in modelling appropriate behaviour)

It is important to note that while CBT has been demonstrated to be an effective intervention for anxiety, it should not be considered the only avenue for treatment. While effective, reviews of the current research evidence have suggested that CBT may not, for certain clients, outweigh other techniques in terms of overall benefit (14).

Other therapeutic approaches

There are a wide range of techniques which may benefit those suffering from anxiety; the intervention plan chosen needs to relate to the client as an individual and cater to their specific form of anxiety.

Psychoeducation and self-help as part of a therapeutic intervention or on its own has been demonstrated to be helpful (15). This may include information in therapy sessions, written take home material and informative

websites, books and other resources (15). There is an increasing array of high quality web based educational programs and specific consumer sites, some of which have been found to be effective in the management of anxiety (15).

Individual, group and family therapy have been found to be effective for many anxiety problems; as with all choices of intervention however, this will need to be tailored to the clients needs (14). For some individuals, these forms of treatment may be more effective than CBT (14).

Lifestyle modification such as a healthy diet, avoiding alcohol, caffeine and other drugs that precipitate anxiety and regular exercise is often recommended as part of best practice and may help clients with anxiety problems (16, 17, 18). Exercise may be particularly beneficial where other conditions, such as depression, are present alongside the anxiety (18).

Relaxation training including mindfulness, meditation, and yoga can be beneficial when practised regularly, particularly as part of a comprehensive approach used with other interventions (19).

Mindfulness-based Therapy (MBT) has recently become a very popular form of treatment for anxiety disorders (30). Mindfulness refers to "a mental state characterised by nonjudgmental awareness of the present moment experience including one's sensations, thoughts, bodily states, consciousness, and the environment, while encouraging openness, curiosity and acceptance" (31).

The basic premise for mindfulness in regards to anxiety disorders is that by experiencing the present moment non-judgmentally and openly can effectively counter the affect of stressors, because excessive orientation of the future when dealing with stressors is related to anxiety. Moreover, mindfulness teaches individuals to react reflectively rather than reflexively to situations, thus countering avoidance strategies, a common problem of anxiety disorders (31). Furthermore, the breathing exercises learnt and practiced in mindfulness based therapies are useful coping strategies that alleviate stress and anxiety symptoms. Mindfulness techniques can be combined with CBT or used on their own accord (32).

Medication can also be helpful. There are a range of psychoactive medications with evidence to support their use in particular situations (20). Youthline advises clients of this option and can assist them in gaining medical assessment if required.

THERAPIES FOR SPECIFIC ANXIETY DISORDERS

There is evidence that different types of therapeutic approaches are more or less effective with different anxiety problems. The evidence base in this area is constantly growing and changing. Youthline therapists are provided with supervision and access to current information to ensure that they can offer best practice approaches for specific client presentations.

Generalised Anxiety Disorder (GAD): CBT has been shown to be helpful for short-term treatment of GAD (15), specifically with young females when combined with interpersonal skills training (21). However, there is less evidence regarding the usefulness of other psychotherapies in the treatment of GAD. Recent research suggests that MBT improves symptom severity of those who suffer GAD (33). Research suggests that intensive psychological treatment is not more beneficial than short term interventions (34).

Obsessive compulsive disorder (OCD): Evidence supports the use of medication, behavioural or cognitive-behavioural therapies for clients with OCD (13, 22). These therapies commonly include psycho-education, cognitive training, assisting the client to better tolerate the anxiety provoking situations and thoughts without the use of compulsive behaviour to manage their anxiety, and parental involvement for children and young people (13).

Panic disorder: There is evidence that CBT is effective for clients with panic disorders (12). CBT approaches to the treatment of panic attacks typically include education, cognitive strategies, relaxation techniques and gradual exposure to feared sensations and situations (12). Additionally, recent research has demonstrated that MBT may be effective in dealing with Panic Disorder symptoms (35).

Post traumatic stress disorder (PTSD): Evidence supports the use of CBT as a first line of therapy (23, 24). However, a combination of CBT, dynamic and/or family-based interventions is commonly supported as being effective for young people with PTSD. There is also evidence that Trauma-focused CBT (TFCBT) and reprocessing are effective in treating PTSD in adults (25), although these studies are yet to be replicated to test their efficacy with young people.

Social anxiety disorder (social phobia): CBT has been demonstrated to be effective for social anxiety in adolescents, both in individual and group settings (9). Educational/supportive psychotherapies that do not contain specific CBT elements have also been shown to reduce symptoms and improve social skills, though not to the same level as cognitive-behavioural based therapies (9). CBT when combined with MBT techniques has been found to be an efficacious intervention for individuals with social phobia (36).

Specific phobias: Specific phobia's such as a fear of spiders or flying are usually treated by exposure-based therapies where clients are supported to learn coping techniques such as relaxation exercizes and are exposed to the feared experience, gradually working from less to more stressful situations. This increases their confidence in their ability to cope with the feared situation, thus, decreasing the anxiety associated with it (10).

UNHELPFUL APPROACHES

Single session psychological "debriefing" after traumatic events may increase the risk of PTSD and depression (25). Some research suggests that for clients with PTSD, exposure therapies may only increase difficulties (26).

YOUTHLINE'S APPROACH

There is no one 'magic bullet' intervention which will meet the needs of all clients with anxiety issues. Rather, interventions are tailored to the individual clients needs, preferences and strengths, and within the context of the anxiety symptoms and any other presenting issues. As for other clients, therapy for people with anxiety issues at Youthline will include:

- Building rapport and a positive supportive relationship
- A thorough assessment including safety, self-harm, anxiety symptoms, substance use and other strengths and difficulties
- A recommendation for a GP or doctor visit (where moderate to severe anxiety is indicated or where a physical condition as a cause for anxiety has not already been ruled by a medical professional). Sometimes anxiety symptoms may be caused or exacerbated by substance use or by physical illness, such as some endocrine or cardiac problems. For some clients, considering their use of medication or referral to a specialist mental health service will also be appropriate
- Therapy based on the client's needs and wishes, current best practice and evidence and resources available within Youthline and beyond

As the overarching document for youth development in New Zealand, the Youth Development Strategy Aotearoa (YDSA, 2002) guides Youthline's approach to dealing with anxiety.

1. **Youth development is shaped by the 'big picture'**

Youthline places a strong emphasis on understanding the role of the 'big picture' in treating anxiety disorders. It is important to be aware that each young person is strongly influenced by their social and economic environment. Furthermore, anxiety issues faced by young people are likely to be influenced by their environment and any treatment should aim to address these factors.

2. **Youth development is about young people being connected**

Positive pro-social connections are viewed by Youthline as a valuable tool in both protecting and treating anxiety disorders. The YDSA states that "typically, the more settings where young people feel welcomed, valued and

understood, the better". There are a number of ways that Youthline may assist in building positive connections for young people. For example, it might happen by linking them with a sports team, repairing a relationship with family/Whanau, or by assisting the transition from school to work/training/ education.

3. **Youth development is based on a consistent strengths-based approach**

The YDSA defines a strengths-based approach as one that "...recognises that both 'risk' and 'protective' factors are acquired throughout a young person's development." Best practice for treating anxiety would therefore identify these factors and work to minimise the influence of risk factors whilst building on and strengthening protective factors.

4. **Youth development happens through quality relationships**

Youthline recognises the importance of quality relationships for healthy youth development. This covers the relationships between Youthline staff and clients, as well as the relationships that young people have with their family, friends and community.

In a clinical setting, a trusting relationship between clinician and client is essential for progress. In a more general setting, positive relationships are a protective factor for healthy development. Relationships with parents, other adults and peers have been noted as contributing strongly to youth development. A network of positive relationships is a valuable asset to a young person with an anxiety disorder, as it provides a constant supply of support that is easily accessible day to day.

5. **Youth development is triggered when young people fully participate**

Best practice tells us that treatment for anxiety disorders should be tailored to each individual's unique requirements, the first step of which is gaining their input. But for many people with anxiety issues, motivation to participate in various aspects of their life may be challenged. To encourage participation within a secure environment, Youthline offer an anxiety group programme (Engage), which equips people with skills to manage their anxiety. Engage participants have the opportunity to learn about their anxiety in a small group and transfer their skills to real life situations.

6. **Youth development needs good information**

For services to facilitate and encourage positive youth development there is a need for initiatives to be underpinned by good information. This process is driven by research which informs progress and provides a basis from which to evaluate practice. Related to the previous principle, the participation of young people in this process is essential for gathering relevant information. Youthline's outcome's project considers the change in resilience of Youth One Stop Shop (YOSS) service users from entry throughout engagement and to exit. This evaluation tool has the potential to identify the elements of services that alleviate anxiety.

CONFIDENTIALITY

All Youthline's services are confidential. All counsellors abide by a clear code of ethics. Our team of counselling staff are professionally trained and supervised.

All information about the client is treated with confidence and not passed on without the client's prior consent, unless the safety of the client or of others is threatened. If a Youthline worker assesses that a client or another person's safety is threatened and they need to contact an outside agency they will inform the client of this step.

Our clients have the right to choose whether they see a counsellor alone, with a friend, or with family members. A translator can be arranged if required and if our clients prefer, we will help them to find someone from their own culture to talk to.

We are able to refer clients to other community agencies if and when it is appropriate. The client can also be referred to a clinical psychologist, GP, or a mental health service for a full assessment.

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