



FREE CHAPTER

Anxiety

Chapter 6 of my book

When Life Sucks

(HarperCollins, 2023)

Understanding anxiety, and how to help the people you care about



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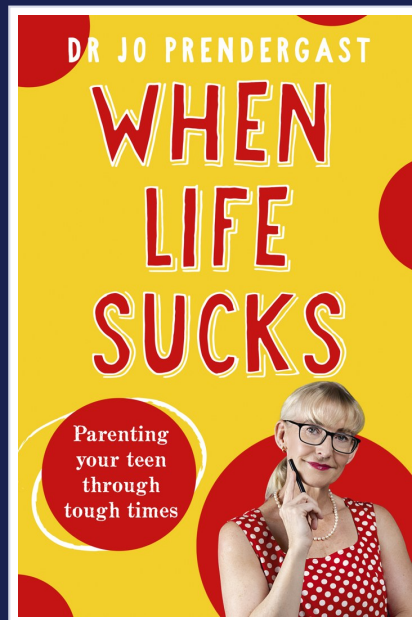
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A note from Dr Jo

Anxiety turns up in every workplace, every family and at some point for most of us. This chapter comes from my book *When Life Sucks* (HarperCollins, 2023), and it is my gift to you.

The book was commissioned by HarperCollins for parents supporting teenagers through tough times, but the ideas in this chapter reach well beyond the teenage years: what anxiety actually is, how the anxiety cycle and the reassurance trap keep it going, and what tends to help. Whether you are supporting a young person, a colleague, a friend or yourself, I hope you find something here that you can genuinely use.

Jo



This chapter is general information, drawn from a book written for parents of teenagers. It is not individual medical advice. Extracted from *When Life Sucks* by Jo Prendergast, published by HarperCollins New Zealand, and shared with permission.

Anxiety

There are several different definitions, but this is how I describe anxiety: anxiety is when we have worry (*thinking* about bad things happening *in the future*) and fear (how we physically *feel* when we think something bad is *about to happen*). Everyone experiences anxiety and some anxiety is helpful to keep us safe. For example, it's useful for your teen to think, 'jumping off the roof onto a trampoline below might end badly'. My son didn't have enough anxiety about this particular Year 9 stunt. He was without worry or fear as he climbed out the second-storey window to the cheers of his 13-year-old mates below. His focus was on being the hero for doing something cool. Fortunately, his teacher saw his legs dangling out the window and stopped him from jumping. She had enough anxiety (and knowledge of physics). Some anxiety is a good thing! Anxiety was helpful for our cave-dwelling ancestors' survival – to avoid a sabre-toothed cat with hungry sabre-toothed kittens to feed. Life in the 2020s is a lot safer from feline predators, however there is still plenty for us to be anxious about. There are actual threats out there and so being aware is literally lifesaving at times.

Anxiety becomes unhelpful when there is too much of it at the wrong time. When the fear and worry get bigger than the situation requires or it feels life-threatening when it actually isn't. When the level of anxiety about going to school is *as if* there is a sabre-toothed cat in the classroom (maths teacher Mrs Davidson might be cranky before her morning coffee but she's got remarkably short teeth for a sabre-toothed cat). Many people will experience physical feelings of fear just before public speaking (or climbing out of a second-storey window to land on a trampoline below). Fear can stop us doing dangerous stunts, but it can also stop us doing things we want.

Sometimes our body gives a 'false alarm' in a non-dangerous situation; the body's alarm system gets tricked by the 'thinking' part of the brain, which has got into the habit of focusing on 'what if' and 'I won't cope!' This means we go into fight and flight mode. Our heart rate goes up, our muscles get ready to run, we have an adrenaline surge, we're ready to fight or run away. If the predator is Mrs Davidson, it's probably a false alarm (although to be fair she was kind of scary at parent-teacher interviews). It becomes a problem if the worry that a sabre-toothed cat (or Mrs Davidson) might show up leads to your teen never wanting to leave the safety of the home 'cave' again. And, of course, anxiety is reduced by just staying in the cave the whole time. This is what we call avoidance behaviour.

Avoidance reduces anxiety in the short term and seems to help on that particular day, but if a teen keeps avoiding, they can't function in the way they want to. If they have avoided catching the bus for a year, it's like climbing Mt Everest to catch the bus again. It may feel counter-intuitive to support an anxious teen to do something they are really anxious about doing, like going to the dentist, but what happens if they can never get to the dentist again? Eventually, no teeth! It's one of those 'cruel to be kind' parenting challenges.

It's tempting for parents to keep reassuring their teen that there are no sabre-toothed cats at school (or that Mrs Davidson is actually lovely). But reassurance is like avoidance. It seems helpful short term (and is fine for occasional big challenges) but it creates problems long term if it's a daily pattern. A teen starts to believe 'I can't trust my own sense of safety. I need my parents to tell me that I'm safe'. Reassurance gives the anxiety a lot of attention, and behaviour that keeps getting a reaction keeps happening.

Anxiety + Reassurance + Avoidance = The Anxiety Cycle

Anxiety disorders

Anxiety is a spectrum. Some people seem to stay calm even during hair-raising and scary situations (great if you want to be a first responder!). Many of us have specific situations that make us feel scared, with a racing heart and anxious thoughts. It might be doing a speech in front of a crowd or climbing up a ladder. But for some people, this experience of anxiety is common, distressing and can happen when just chilling at home. It becomes an anxiety disorder when this causes significant distress and affects how someone functions. The anxiety is intense, goes on longer than usual and reduces quality of life. Anxiety disorders suck and can be incredibly disabling for teens.



Here's how anxiety might turn into an anxiety disorder. My son's teacher experienced helpful anxiety when she saw him dangling out the window and stopped him jumping to the trampoline below. I experienced less helpful anxiety that my son might attempt a similar stunt in the future! This was less helpful, as just worrying about something isn't

going to change his future decisions. It might turn into an anxiety disorder if I was experiencing daily anxiety about him five years later when he'd safely survived to 18 (other than during Orientation Week at university, when anxiety is completely justified!). Or if I experience strong anxiety every time he goes out (not helped by Instagram photos of him standing on a roof over summer!). An anxiety disorder causes changes in a teen's behaviour. 'Mrs Davidson might be mad because I haven't done my homework' is helpful anxiety. It could even motivate your teen to do Mrs Davidson's homework in future. 'I will lie awake worrying all night about Mrs Davidson and the possibility that I might have done something wrong in my homework even though I've checked it three times and so I'm not going to school just in case she gets mad' is likely to be an anxiety disorder. Anxiety is the most common mental health difficulty for teens in many countries; 7–17 per cent of kids and teens are thought to have an anxiety disorder. It often starts in childhood and can sometimes be a lifelong challenge, with anxiety disorders affecting at least one out of every four adults. So, if you struggle with anxiety, you are not alone!

Does my teen have anxiety difficulties?

I ask these questions to try and understand the underlying worry that is driving a teen's anxiety.

- What are you *most* worried about?
- What's the *worst* thing that could happen?

Teens tend to be worried about how they're performing at school and socially, or their own and other people's health. Their biggest worry is often dying, or losing someone or something important. It might be losing their iPhone, but more likely it's losing you. Or their biggest worry might be the dreaded English assessment speech!

Many teens can talk about their fear and worry, but for some their anxiety might come out in different ways – like a sore stomach or seeming sad, angry or stubborn. This can lead to parents feeling confused and being unsure what to do next. When anxiety presents as an angry 'acting out' teen, it's especially hard for parents to see the anxiety that's underneath.

It's common for teens with depression, autism, eating disorders, oppositional behaviour, ADHD and Tourette's (tic disorder) to have anxiety difficulties as well. It's also very common for teens to have more than one type of anxiety disorder at the same time. Some teens get relief from anxiety by using drugs and alcohol, so it's

important to keep an eye out for this coping mechanism.

Why do some teens have anxiety difficulties?

Some teens suffer from anxiety, while others seem so chill that they could fall asleep during a tsunami. There's usually a mix of causes for an anxiety disorder in any teen.

Biological causes

Some babies are born 'programmed' to be more anxious. They tend to fear and run away from new situations, and their body has a stronger FFFFF response. Panic disorder, generalised anxiety disorder and OCD are the anxiety disorders most linked to our genes. Some brains seem to find it easier to work out what is actually dangerous and in need of a reaction, while an anxious brain seems to 'false alarm' easily. On the bright side, an anxious teen will probably end up being the one who looks after you when you are old!

There's a complex mind-body dance between physical and mental health. Anxiety might cause a sore stomach, it might react to a sore stomach and make it worse, or a sore stomach might be totally unrelated! Most teens with a racing heart will just be stressed and anxious. Occasionally there is a medical problem that is causing the heart palpitations. A teen with asthma often gets short of breath, and this can lead to panic attack symptoms. Migraines, pain and vertigo can also look like anxiety and vice-versa.

Caffeine and other substances can cause anxiety symptoms. If your teen is guzzling down energy drinks or coffee to get through the day, the caffeine could cause them to feel anxious, with a fast heart rate and shakiness. Sometimes the day after 'a big night', teens can feel anxious as the alcohol leaves their system. Medications can have anxiety as a side-effect, including those for ADHD and asthma, anti-inflammatories prescribed for sore muscles, antihistamines for hayfever, the pill and, strangely enough, antidepressants that can be prescribed for anxiety. The anxiety side-effect of antidepressants often wears off if they can hang in there for a few weeks.

Psychological causes

Anxiety can flare up when the things that we have to deal with are too much for our ability to cope, or when our coping is reduced for some reason. It seems that a teen with anxiety problems tends to pay more attention to things that are threatening and overestimate how much risk they're going to be in. An anxious teen might look at a planned school trip to the forest and because they have heard about cases of people dying in a forest, it will probably happen to them. A trip on the bus might automatically mean a bus crash and death of all the passengers. Going to a party means that instantly everyone will hate them, notice they are a dork and that their hair is weird. Not washing their hands 20 times will definitely mean that Mum and Dad will be dead by the end of the day. Highly anxious people also tend to underestimate how well they might cope if tough stuff does happen, and what resources they can pull out of the bag to manage if they need to.

An anxious teen has often learnt unhelpful thoughts and behaviours. This is often a teen who has been an anxious, 'sensitive soul' since they were young. Their anxiety stays strong because they have learnt to escape from and avoid things that make them feel anxious. This is the common pattern:

1. An 'anxiety trigger', such as something that the teen fears or separation from Mum and Dad or a worrying obsessional thought.
2. They feel anxious physically and mentally.
3. They learn 'escape behaviour' such as leaving school or running away from something scary, or compulsive rituals to try and make the anxiety go away.
4. This relief from high anxiety works so well that the teen starts to use escape behaviour as a habit.
5. They learn to avoid all situations where they might be exposed to an anxiety trigger.

If a teen is worried that their mother is late because she's had a car accident, and then feels better when they text her, they have learnt that the way to deal with the situation is to text Mum for reassurance. Texting for reassurance then becomes the escape behaviour. The teen might also decide staying home from school is the best way to avoid worrying about Mum.

Some teens have lower self-esteem and more negative thoughts. They are more likely to get anxious because they judge themselves harshly and jump to negative conclusions. They might believe they have no friends because they are unlikeable

when they don't get invited to one party, whereas a non-anxious teen might be disappointed but not blame themselves, or think it's going to be other people's loss and a lame party without them. The high-achieving teen who always tries to be perfect can be at risk of anxiety. A teen who has internal conflicts about what they should be doing or 'the meaning of life' is more prone to anxiety. The teen body and mind are programmed for leaving the nest and starting their own family, so it makes sense why anxiety around social relationships, identity and achievement can come to the fore in these years.

Girls are two-to-three times more likely than boys to have an anxiety disorder throughout the teen years and early adulthood. This gender gap gets wider through later middle age as well – the anxious, menopausal mother stereotype is unfortunately a reality. Research has found that girls are not any more fearful about new situations, but they tend to have more worry and avoidance than boys do.

Social causes

Can parenting have a role in teens developing anxiety problems? If anxiety genes run in the family, it's quite likely that an anxious parent is caring for an anxious teen. Often anxious parents are wanting to be the best parents they can be, and so they are really involved with their kids, protect them and tell them all the dangerous things that can happen. A kid can pick up on a parent's anxiety and learn to be anxious as well. If parents are anxious, their teen's distress can create a lot of distress for them. It's no one's fault – we weren't designed to ignore our teen's distress – but having anxious parents can make it harder for kids to learn how to manage distress. The good news is that parents can learn to have 'more helpful' ways of parenting that will help their anxious teen. We will talk about this in the next section.

The world that a teen lives in, and their past experiences, affect how likely they are to struggle with anxiety. Big events, like a family member dying, the family breaking up, an accident or illness, can affect a teen's beliefs and view of the world. Being in a stressful situation, such as being abused or living in poverty, can increase a teen's risk of developing anxiety. Childhood experiences like a long separation from their caregiver, time in hospital or undergoing scary medical procedures can increase anxiety, as can world events like natural disasters, a pandemic or war. Social media may have a role in some teens developing anxiety problems. Photos of other teens looking 'perfect' with social media filters and having a great time without them can add to anxiety about not being good enough or fitting in. An anxious teen can also google things they're worrying about and see images of all the diseases that their sore left elbow might be caused by. They can access a worldwide net of other people sharing

the same kinds of challenges. Although there can be advantages to this, there can also be a lot of reassurance and anxiety modelling – and we know where that can lead.

What parents can do

Helping to reduce anxiety involves supporting your teen with the Four Basics of Brain Care. A sleep-deprived teen who is living on junk food and caffeine and rarely leaves their room will likely struggle to cope with anxiety. Ideas from the Team Chill Toolkit and Big Feelings BAND-AIDS can be very helpful for anxious teens.

The Four Foundations of Parenting

1. *How can I strengthen my relationship with my teen?*

Parenting a teen with anxiety can be really hard. It feels much easier to reassure them or let them avoid what's making them anxious, and get trapped in the anxiety cycle. Your automatic reflex is to fix it quickly and make them okay. It feels counterintuitive to let your teen stay in a highly anxious state. Clinical psychologist Catherine Gallagher, who sees many teens with anxiety, says, 'If we do take a firm but necessary approach there will be some snot, tears, scared looks, and highly critical comments made about what kind of parents we are! In these moments we need to hold the hope and believe that we are doing the right thing. Our teen needs us to stay firm and not be as scared of anxiety or their distress as they are.' As a parent you can change how you react and reduce how much power anxiety is having over your teen. Parents need to lead the situation and be the calm, thinking 'frontal lobe' when their teen is in full-blown FFFFF.

Something I often see, when older teens have anxiety, is their parents coming with them into the appointments and talking for them. It's much harder to become a confident, independent young adult when struggling with anxiety. As a parent, the challenge is to allow your teen the freedom to become an individual, to make mistakes and experience anxiety. We want to be there to reduce their anxiety and help our teen get through, but sometimes too much stepping in means that we are accidentally keeping the anxiety going.

2. What skills does my teen need to cope with this challenge?

Your teen could learn skills to cope with anxiety with a school counsellor, a clinical psychologist, in a group or via an app or online therapy programme. Here are some of the ideas we use to help anxiety that you can try with your teen.

Changing beliefs about anxiety

Start to view anxiety differently by normalising it rather than seeing it as dangerous. Instead of freaking out, your teen can then start to think, 'Damn, here's that annoying anxiety again, what can I do to shrink it down to size?' Instead of a dangerous home invader at the door, it's 'annoying Aunt Ethel' who just comes and rearranges the furniture. If everyone acts scared of her, nothing gets done about her. It might help to think of anxiety as 'annoying Aunty Ethel' (or whatever bossy relative name you choose).

Catherine Gallagher often talks with teens about the things we can and can't control with our brains. She gets teens to try and stop blinking: eventually they have to blink, because our brains can't stop the impulse. She uses this to show that some things can't be under our control – such as which thoughts pop into our heads. The aim is to change our reaction to our thoughts, not try and stop them, as that ends up being really effortful and not very effective. 'We are planning for anxiety to turn up and we have a plan for what to do when it does and then buckle up for the bumpy ride.'

Metaphors for anxiety can be useful. I often ask teens to imagine they are surfing, and that anxiety is a wave. They just need to ride it and eventually it will take them to shore. When anxiety comes on strongly, I get them to say to themselves 'Ride the wave'. Catherine Gallagher finds period pain can be another useful metaphor. 'We don't like the pain, but we don't tend to get angry at ourselves for it. We boil the jug for a hottie, take a Panadol and then take care of ourselves while the pain passes.' It's all about normalising anxiety, sitting with it and not giving it too much attention.

Some teens relate to imagining anxiety as being like a fart. 'It is something that happens and it's a bit embarrassing or a bit uncomfortable, but it eventually passes.' Families handle farts (anxiety) in different ways. Some think 'Farts are normal – no big deal' and others 'Oh no, a fart! We need to prevent it.' Sometimes a parent might struggle with anxiety themselves and be afraid of their own 'farts' – 'I've got to hold it in. It's dreadful. We don't fart in this family.' A family's opinion can affect how a teen reacts. I know I came from a family where farts (and probably anxiety) weren't welcome! Anyway, enough about farts!

Learning skills to manage anxiety

A big part of managing anxiety is learning skills to call upon as the anxiety is ‘passing through’, such as breathing, mindfulness, relaxation and exercise (see Chapter 2 for details). These skills need to become a daily routine; it is much harder to just try them in times of high anxiety – especially when the options of avoidance and reassurance are still on offer. Parents need to support their teen to stand up to anxiety, because when their body is ‘false-alarming’ they can’t do this alone.

Challenging anxious thoughts

A teen with anxiety tends to presume the worst and have catastrophic thoughts. So, instead of thinking, ‘Mum is late home, she probably got held up at work’ they think, ‘Mum should have been home three minutes ago, she’s obviously died in a car crash and I’m about to be an orphan.’ In cognitive behavioural therapy (CBT) we would ask questions such as, ‘What’s the evidence for that belief?’ or ‘What’s the chance of that happening?’ Some anxious thoughts are easier to challenge than others. There’s usually some possibility of the worry actually happening, and so accepting and tolerating the doubt is important. One way to break the reassurance cycle is to ask a question back. This helps your teen to learn to challenge their own anxious thoughts. So, if Sam asks, ‘Will I be OK on the bus?’, ask a question back: ‘What do you think?’ Sam probably knows they are unlikely to die on the bus to school and can start to reassure themselves rather than needing reassurance from others. Sam will hopefully start to reply something like, ‘I’m scared the bus will crash, but it hasn’t crashed yet, so it probably won’t today.’ Or they will just grunt and say the helpful things in their head. My friend’s daughter had a frightening experience as a young child, and she is constantly anxious that her parents will die in a car crash. The teen texts her family multiple times a day to check they are OK, and they immediately respond and say, ‘Yeah, we are fine.’ This reinforces the behaviour of her texting for reassurance and the whole family is caught up in this cycle. It stops the young person from developing the internal resources to challenge the anxious thoughts, such as ‘Hey, what’s the probability? They didn’t die yesterday. What’s the chance it will happen today? Pretty low. I will probably see them tonight. I can deal with that.’ Or, ‘I’m worrying. When I am separated from Mum my worry brain kicks off. Here it goes again.’ We want to support our teen to be able to notice their worry thoughts and know how to challenge them themselves.

Challenging the anxious thoughts:

- What's the evidence/chance?
- Asking questions back.
- Tolerating the doubt.
- Using internal resources rather than reassurance from others.

3. *How can I manage my teen's unhelpful behaviours?*

Some of the things to think about if your teen is struggling with anxiety:

- When they are anxious, what do they do and what do other people do around them?
- Do they get into a worry and seeking reassurance cycle?
- Do they feel fearful, with their body 'alarm' going off, so they get into an avoidance cycle?
- Do you 'catch' their anxiety (maybe because you have some too!) and give them reassurance and attention and avoid making them do stuff that gives them anxiety?
- Do they get to avoid or escape a situation that was never dangerous and as a result don't get to learn that they were actually safe and that, even though they felt anxious, they were able to be brave and do it anyway?

Worry time – managing the reassurance cycle

MHW often suggest having a 'worry time' for a big daily worry dump, whether this is writing them all down or telling someone else. This can help break the reassurance cycle; it can reduce ruminating on worries and seeking reassurance through the day.

- If they want to do worry time with you, pick a time of day (not bedtime as it can affect sleep) when you can dedicate 5 or 10 minutes (it does not need to be longer).
- Talk with your teen in advance about the importance of shrinking the worry or anxiety down to size and not giving it too much attention.
- Suggest they find a way to note down the worries they have during the day so that when it comes to worry time, they can prioritise what they want to talk/think/write about.

- The experience of ‘delaying until worry time’ means that the distress attached to the initial worry has a chance to settle.
- During worry time, let them go for it, getting them to see if there are any problems that need solving or if this is just the ‘worry brain’. (See more on problem-solving on page 74.)
- The biggest challenge with worry time is often being able to stop. A timer sometimes helps. Don’t expect your teen to love this structure, but if you are able to stand firm and stop when the time is up, the need for constant reassurance breaks down. For parents who fear this approach might stop their teen talking to them about important stuff, the reality is that setting boundaries helps them work out what are the actual problems they can do something about.
- If your teen is coming to you out of worry time or is wanting to keep talking, say something like ‘I get it, this is tough and your worry brain is being really bossy, but we need to stand up to it. At the moment that’s easier for me to do, so you can get grumpy but I won’t back down. You are that important to me.’ This is an example of being a ‘warm rock’ parent who understands the reassurance cycle.

Psychologist Catherine Gallagher tells this story to explain why reassurance isn’t helpful:

A police officer turns up at your door and says, ‘Hey, guys, just letting you know that a lovely woman called Mary has moved in next door and I just want to assure you, you don’t have to worry about her. Please do not worry about Mary because she doesn’t have gang affiliations. She doesn’t have a pile of weapons, so just don’t worry about Mary. She doesn’t have a family member who is good at picking locks so you don’t need to worry that you will wake up in the middle of the night and she will be in your house. Please do not worry about her.’

What are we all thinking about Mary by this stage? That she’s someone to be really worried about, right? All that was given was reassurance that she was safe, but the brain hears a person in a position of authority spending a lot of time talking about Mary. Reassurance can keep the focus on the worry.

Feel the fear and do it anyway – avoiding avoidance

Your teen's distress is uncomfortable for everyone, but they are experiencing anxiety and that's actually what we need them to experience. The way to become less anxious is to feel the anxiety and do it anyway. Then they get to see that the feared outcome doesn't happen and their distress calms. If we try to prevent their distress, this is when anxiety gets stuck. Parents need to breathe and hold onto this knowledge while their teen's alarm system is freaking out.

Here is another example about how avoidance feeds into the anxiety cycle. Catherine Gallagher was helping a teen with a dental phobia. The teen seemed to be taking onboard all the skills to manage the phobia and her parents seemed supportive. But on the day of the dental appointment, Catherine asked her what she would do when things got tough at the dentist (because things get tough with phobias), and the teen replied, 'If it gets too tough, Mum won't make me do it.' Her well-meaning mother was stopping her from learning to cope with her anxiety and this family was stuck in an anxiety-avoidance cycle. Teens can learn all the strategies to manage anxiety, but they can't put the skills into action unless they get to experience anxiety and have to use them. Teens need to be put into a situation where change becomes necessary, as opposed to thinking that they will only use the strategies if they decide to.

In talk therapy we call this 'exposure and response prevention' or 'feel the fear and do it anyway'. A teen puts themselves in the scary (but safe) situation to practise managing their anxiety. There's not much gained by only talking about what they would do but never doing it. The main thing that changes with different types of anxiety is what the fear is that the teen needs to expose themselves to, such as heights or crowds or the bodily sensations of a panic attack. Part of exposure to fear is getting used to the anxiety – desensitising. If we are afraid of heights but stay up a ladder long enough, eventually the anxiety decreases as the feared outcome (usually dying) does not happen. Therapy can help your teen have the skills to stay up the ladder until the anxiety peak passes.

Response prevention is often the hardest aspect of managing anxiety. This is the 'do it anyway' and 'not avoid or run away or neutralise the anxiety' part. It's staying at school after a panic attack, or having the vaccination despite fearing needles, or resisting washing your hands despite obsessional germ thoughts. Teens with anxiety want to do whatever they can to make the anxiety stop. Parents want the anxiety to stop too, and it's often avoidance for the parent as well, because then they don't need to deal with the distress at the time. It's incredibly tough to support the 'brave choice' rather than the easier 'anxious choice'. So, while it seems a lot easier to drive your teen

to school instead of them catching the school bus (although this might be required in the short term), it's also important to know that the longer you drive them to school the harder it will be for them to travel by themselves. It can be short-term gain for long-term pain.

A reward can be a way to get over an initial hump of doing something that causes anxiety. The reward of shrinking their anxiety doesn't seem enough when their body is false alarming, but getting their phone back if they go to school might be! Parents also need to check that they are rewarding the 'brave choice', for example getting their hair dyed if they get to school every day, versus being unintentionally rewarded for the 'anxious choice', such as a nice day at home chatting with Mum if they avoid school.

The role of a parent supporting an anxious teen is to be the rock part of the 'warm rock' and saying 'we are doing it' when a teen wants to back out and avoid practising their anxiety skills. Or be the one who stops answering the worry questions. As Catherine Gallagher explains, 'The biggest gift you can give your teen is to go "Hey, you are a bit of a worry wart. Those worries are going to kick in and be a bit of a pain, so let's learn how we are going to manage them," rather than saying, "I hope anxiety doesn't turn up."'

4. How can I be OK enough in myself?

It can really help an anxious teen if the adults around them model a 'low anxiety lifestyle'. If Mum does a running commentary of every bad and dangerous thing that can happen, or Dad stays home 'sick' because he has a work presentation, then a teen learns to be anxious in the world. But if Dad says, 'I was a bit nervous about my presentation, but I went and did it anyway', he's modelling managing anxiety in a helpful way. If you know you get anxious as a parent, Catherine Gallagher suggests you 'name it, own it, and get your own support'. Perhaps there's another, less anxious role model in your teen's life who can be more engaged with some of the nitty gritty anxiety management.

Ways parents can help an anxious teen:

- Live your own 'low-anxiety lifestyle'.
- Get a less-anxious adult involved.
- Accept that anxiety management can feel wrong and counterintuitive.
- Be a 'warm rock' and reinforce these things:

- Anxiety is annoying but not dangerous – Aunt Ethel, farts and periods.
- Use your skills rather than avoidance – ‘ride the wave’.
- Feel the fear and do it anyway.
- Have set ‘worry time’ to avoid the reassurance cycle.
- Help with thought challenging and problem solving via questions.
- Reward the ‘brave choice’ rather than the ‘anxious choice’.

What mental health services can do

- A teen with anxiety often feels short of breath, with a racing heart, dizziness and shakiness. It’s usually worth getting physical symptoms (especially night sweats, heart palpitations or passing out) checked out by your family doctor at the beginning (or if there’s a big change in symptoms), but avoid getting the same symptoms checked over and over.
- Not every anxious teen needs mental health treatment, as mild anxiety problems might get better with time and parent support.
- For more significant anxiety problems that are causing a lot of distress and impairment, there *are* treatments that work. Psychological talk therapy is first preference, but some teens require medication as well.
- Studies show that around 75 per cent of teens with anxiety problems benefit from these treatments, but only 30 per cent get rid of their anxiety disorder symptoms completely. Realistic expectations are important. Anxiety management strategies aren’t designed to make anxiety go away, but they are able to make it less intense and pass by more quickly.
- Cognitive behavioural therapy (CBT) has been studied the most. It seems to work one-to-one, in a group or including the family. There are also some research studies showing that parent involvement in treatment might support longer-term improvement in anxiety symptoms.
- More recent studies show acceptance and commitment therapy (ACT) and mindfulness-based therapies can be as helpful as CBT.
- Talk therapies work best early on, before the anxiety disorder makes itself at home and becomes harder to treat.
- Online therapy has been shown to be well accepted by teens and can improve anxiety symptoms to some degree.

- When anxiety is leading to school avoidance, the school needs to be involved with the plan for what to do when anxiety rears up. It's important to get them on board so your teen gets consistent messages about managing their anxiety.
- Studies have shown medication can be helpful for some teens. Twice as many teens got better with antidepressant medication than a placebo tablet (58 per cent versus 31 per cent). The medication that's been researched the most in teens is fluoxetine. Other medications have been studied in teens for different types of anxiety (for example, fluvoxamine and sertraline in OCD, imipramine and clomipramine for social anxiety and OCD). Ask if any suggested medications have research evidence in teens.

Complementary alternative medicine (CAM) and traditional medicine (TM)

Mindfulness, relaxation techniques, massage, micronutrients, some herbal medications and acupuncture have all been studied and show benefits for reducing anxiety.

Different types of anxiety disorders and their treatment

| Social anxiety disorder (SAD)

Social anxiety is the most common anxiety disorder in teens. Many teens feel self-conscious, but about 10 per cent of teens suffer from full-blown SAD. Teens with SAD worry about appearing anxious, boring or stupid in a social situation and so they avoid these situations as much as they can. Group treatment can work really well for SAD. Often one of the biggest anxieties is talking in front of a group and they get to practise this at every group session. One study showed that teens with generalised anxiety and social anxiety responded better to medication than some of the other anxiety types.

| Generalised anxiety disorder (GAD)

Generalised anxiety is also common and affects about 3 per cent of teens. These are the teens who are worriers. GAD is worrying about everything. The most common 'general' worry in teens is about the health of others. GAD can be helped by planned 'worry time', thought challenging and antidepressants if needed.

| Panic attacks

Panic attacks affect about 3 per cent of teens and are frightening but often easily treatable. During a panic attack the body has a massive false alarm. A teen can develop skills to 'ride the wave' of the panic attack by getting used to the physical symptoms. MHW often show teens how to manage symptoms by slowing their breathing. Medication can be tried if necessary and can sometimes be very useful.

| Agoraphobia

Agoraphobia is the fear of going out. It affects about 3 per cent of female and 1 per cent of male teens. It often develops after a teen has had a panic attack. They can then get really freaked out about going places because they're so worried that they might have another one. Managing panic attacks is usually the first step of treatment, followed by 'feel the fear and do it anyway'. This 'exposure' work is often done in steps, starting with going somewhere that the teen feels 80 per cent confident they can manage and building up to the harder locations.

| Phobias

These are an extreme fear of a particular thing. Some phobias are very common. A fear of heights affects about 6 per cent of people, including me. The common way of tackling a phobia is education and anxiety management skills. Then, gradually exposing the teen to their fear so they can practise the skills until the phobia becomes less concerning.

| Separation anxiety

This is when a teen gets very distressed when they are separated from parents, or other caregivers. It affects around 4 per cent of 12- to 14-year-olds and 1 per cent of 14- to 16-year-olds. Worry time, anxiety management skills and gradual exposure to separation are things that can help.

| Health anxiety

Teens with health anxiety tend to talk about health concerns frequently, have lots of aches and pains and want to get checked even when they have recently been cleared by a doctor. Health anxiety can be a vicious cycle, as the nervous system wiring of our brain and body is linked. The more anxious and stressed we get, the more the brain sends out signals to the rest of the body and the more physical symptoms we get. If health anxiety is severe, it sometimes helps to have a regular appointment booked

with the family doctor (for example, once every few months) and a teen can 'save up' any health worries for this appointment. It's like 'worry time' but with the doctor.

■ Obsessive-compulsive disorder (OCD)

OCD can be a complex and disabling condition that affects 1–3 per cent of teens. Most of us have obsessional thoughts that pop into our heads at random from time to time, and these can sometimes be really negative and out of character, including violent or sexual thoughts. Intrusive thoughts become a problem when you can't brush them off as 'rubbish' and they keep going round in your head. Compulsive rituals are ways that teens with OCD try to stop something bad happening and often seem illogical.

CBT has been found to be very helpful for many teens with OCD. This treatment involves exposure and response prevention. Exposure is allowing the situation and intrusive thoughts to happen, such as touching a doorknob and having the thought that you are now contaminated, and your family will die. Response prevention is resisting the ritual; for example, an hour of hand washing, changing clothes and sanitising the whole house. For OCD the combination of CBT and an antidepressant has been proven to be better than either treatment by itself. OCD often requires higher doses of antidepressants and it can take a while for the medication benefits to be seen. Other conditions in the OCD family include:

- Body dysmorphic disorder, when a teen is obsessing about something being wrong with their appearance, leading to lots of mirror checking and comparing.
- Hoarding disorder, when a teen can't get rid of possessions.
- Trichotillomania, when a teen can't stop pulling out their hair.
- Excoriation, when a teen can't stop picking their skin.

Lived Experience

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We have a list of what to do when I'm anxious. For me, I have to get warm, but some people need to get cold. When I'm anxious my parents pile hoodies on me. I also have a weighted blanket that is so helpful. I also like the smell and taste of peppermint and I have peppermint oil to use when I'm anxious.

– Josh, Wellington

“

It would be helpful if parents said, “That’s scary for you, your feelings are intense and real.” Then sit and give them a hug and make them feel safe. I can challenge my thoughts later. I hate being bombarded with that when I’m distressed.

– Brianna, Christchurch

“

When I was a teen, I didn’t realise what I was feeling was anxiety. I couldn’t explain how and why I felt sick, how I would pull at my hair or bite my fingernails till they bled. I had a pretty good life, I never had a “reason” to be anxious and yet I was. I wish my mum understood what anxiety looked like for me, the sweats, the crying, the vomiting. Now she knows when I’m not coping and she does things that make me feel safe. Back then she would assume I was an angsty teen, when really, I was misunderstood. I was told we all get worried and it was normal. It wasn’t.

– Tania, Tauranga

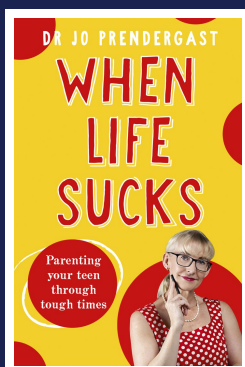


About Dr Jo

Psychiatrist Dr Jo Prendergast delivers entertaining and informative talks shaped by more than 30 years of clinical mental health experience. A HarperCollins-commissioned author and award-winning stand-up comedian, she has platformed her ideas through her book *When Life Sucks*, extensive media interviews, and sold-out comedy festival seasons across Australasia.

Dr Jo is passionate about building high performance on human foundations. This approach sustains resilient, productive workforces. Her rare blend of medical expertise, lived experience, and fearless humour allows her to connect deeply with audiences while challenging them to think differently.

Get the book



When Life Sucks is available from bookshops and online retailers across New Zealand, Australia and the UK.

[Buy on Amazon](#)

Keep in touch

For weekly, practical writing on burnout, communication and building sustainable teams, subscribe to Dr Jo's LinkedIn newsletter, ***Human Foundations***.

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