Simple but not Easy:
Problem-Solving with Anxious Children/Families

Katharina Manassis, MD, FRCPC
Professor of Psychiatry, U. of Toronto
Disclosures:

- Public Agencies: OMHF, CIHR, SSHRC
- Private Agency: Bell Canada
- Book Royalties: Barron’s Educational, Routledge, Guilford Press*
- No pharmaceutical disclosures

*Problem-solving in Child & Adolescent Psychotherapy*
Outline of Workshop

- What is problem-solving and why use it (brief review)?
- How is problem-solving best integrated in an evidence-based treatment plan for anxious children and adolescents?
- Why is it challenging to apply in psychotherapy with anxious children, adolescents, and their parents?
- How can these challenges be overcome (small group case discussions)?
- Questions & general discussion
Problem-solving benefits

- Problem-solving is a collaborative approach in which therapist and client work together to discover and apply new solutions to a particular dilemma
- Promotes active learning
- Promotes client independence
- Increases client confidence
Problem solving benefits (2)

Already a component of several evidence-based treatments, including anxiety treatments:

Role of problem-solving in an evidence-based treatment plan

Problem-solving can be:

- A component of psychotherapy
- Combined with other therapies/medication
- Represent the practical implementation of new ideas gleaned from other therapies (*how to change*)
- Used to address realistic challenges that arise during therapy (e.g., 15 year old enrolled in CBT for generalized anxiety misses school due to illness; CBT addresses fears around school return but problem-solving addresses the logistic challenges)
Problem-solving steps

- Selecting a problem
- Generating alternative solutions
- Evaluating these solutions
- Selecting a solution to implement
- Evaluating the result
- Refining the solution if necessary and repeating evaluation & implementation

Anticipate challenges at each step.
Common challenges with anxious children:

- Fear of mistakes so hard to generate alternatives
Common challenges with anxious children:

- Cognitive distortions affecting choices (e.g. overvaluing avoidant alternatives; underestimating own abilities)
Common challenges with anxious children:

- Low independence, so families dictating choice of problem & solutions chosen
- Needing extra support from family to implement solutions
Selecting a problem

- Anxiety about multiple issues can make it difficult to focus on a *single, solvable* problem
- Goffin and Tull (1985) have described four characteristics of a “good problem” to focus on:
  - The problem must be interesting and meaningful to the client
  - The problem must be solvable in more than one way
  - The problem is one that requires or allows for a new decision
  - The outcomes of the new decision can be evaluated in specific, observable situations
Keeping these characteristics in mind, how would you help these client(s) define a solvable problem:

- “Our 9-year-old son finished your CBT program 6 months ago, but he’s not using his coping skills. He seems more anxious than ever!”
- “I want to have friends” (in a 7 year old boy)
- “I want my daughter to be more motivated to do her homework” (in an 11 year old girl)
- “I want my son to stop being shy” (in a 13 year old boy)
- “I don’t have a problem” (in a 15 year old highly anxious girl)
Generating Alternatives

- Anxiety or lack of skills interfering with some alternatives
- Anxious parents limiting alternatives
- More information may be needed to generate feasible/appropriate alternatives.
- Perfectionists may think there is only one ‘right’ solution, so need permission to talk about all ideas, even if they seem silly
Jack (age 7): “Nobody plays with me in the playground.”
KM: “Would you like to figure out how to get them to play?” (defining the problem)
Jack: “OK.”
KM: “What do you do now when you want someone to play with you?” (eliciting alternatives)
Jack (shrugging shoulders): “I dunno. I guess I walk up to them”
KM: “And then?”
Jack: “I stand around, but they never ask me to play. They always ask another kid.”
KM: “Is there anything else you could do?” (eliciting more alternatives)
Jack: “I dunno.”
KM: “What do other kids do when they want to play with someone?”
Jack: “I guess they say ‘Can I play’”
KM: “Could you do that?” (evaluating alternatives)
Jack: “They might get mad ‘cause they don’t know me.”
9 year old Jennifer had recently overcome separation anxiety:

Jennifer: I’d like to start walking to school on my own. Mom: Are you sure that’s a good idea? There was that news story last year about the girl who was attacked when she tried to give directions to someone in a car, and you haven’t been on your own very often dear, and...

Jennifer: I wouldn’t do that, Mom, and I could go with my friend Mary. She just lives 3 houses down the street.

Mom: I don’t know. Wasn’t she the girl who got sent to the principal’s office last month?
### Leading Questions to Generate Alternatives

<table>
<thead>
<tr>
<th>Prompting</th>
<th>What else could you do? What are some other options? Let’s pretend you could do something else...what would it be? Let’s see how many wild ideas we can come up with, even if we don’t use them. What’s the first thing that comes to mind, even if it seems silly? What would your friend do? What would you tell your friend to do? I know you can come up with one more idea...what is it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing</td>
<td>What would happen if you did this? I wonder what would happen if you did that...what do you think? Could you try this...how would that be for you? Should we consider that possibility? Some possibilities might be A, B, or C. Which one do you like? If I were in your shoes I might consider this...what do you think?</td>
</tr>
<tr>
<td>Reinforcement</td>
<td>We’ll put in a quarter/sticker for every new idea. Praise: “What a cool idea!” We’ll wrap up as soon as we have one more idea.</td>
</tr>
</tbody>
</table>
Evaluating Solutions

- Respect the values of the child and family
- Any safe, feasible alternative is worth considering
- Alternatives that involve avoidance or other unhealthy behaviors can often be examined in terms of “Short-term pain for long-term gain” to encourage a healthier choice
- Generalized anxiety may result in excessive future orientation, so examining the low risk of “going with the flow” may be helpful here
- In young anxious children, provide a realistic perspective on the extent to which they can influence their circumstances
- Professionals & family around the child may disagree about what is best, so sometimes “proof is in the pudding”
Erika had been avoiding school following a flu-like illness, and discussed how she planned to return.

KM: How do you imagine going back to school next week?
Erika: My Dad can drive me, and I’ll meet my best friend Jade at school just before the bell. She’ll be really happy to see me. Then, we’ll go to class together and I’ll ask the teacher for the work I missed.
KM: Has your Dad agreed to drive you? I thought you usually took the bus because he has to work.
Erika: I don’t want the kids on the bus asking me where I’ve been and looking at me funny. It’s better if I get a ride.
KM: But has your Dad agreed to drive?
Professionals disagree:

Principal: Hello, doctor. Mrs. M. is still dropping off Suzy right at the school door every day and taking her home for lunch too. Suzy is 8 now, and children of that age are usually allowed to be more independent. Can you talk to this mother about backing off a bit?

Psychiatrist: I appreciate your efforts to help Suzy with independence, but a couple of months ago, Suzy was so anxious she was not attending school at all. Having her mother accompany her has allowed her to return, and should serve as a stepping stone towards coming to school on her own.
Implementation

- Often needs to occur in a series of non-threatening steps: Coping modeling by the therapist; hypothetical situations; real situations practiced in the office; real-life implementation.
- For the last step, determine a specific time and place where the new behavior will be tried, involve parental or other supports if needed; have a contingency plan.
- Eager to please the therapist, some anxious children/teens agree to try solutions that they are not confident they can manage and then avoid, so check comfort level first.
Ben is in his first year of high school and has decided to try out for the diving team in order to feel that he “belongs.”

KM: So, when are the try-outs, Ben?
Ben (tentatively): The day after tomorrow.
KM: You look worried.
Ben: I met some of the guys who are already on the team. Most of them are a foot taller than me!
KM: Well then, it’s natural that you would feel a bit intimidated. Your gymnastics background should help, though. Not every kid has that. Are you still planning to go out?
Evaluating Results

- In anxious/perfectionistic children it is important to positively reinforce even partial success, or even just ‘a good try’
- Express benign curiosity about what happened (vs. judgment).
- Remember the cognitive distortions of anxiety:
  - Anxious children may have difficulty giving themselves credit when they succeed, and blame themselves for perceived failures
  - Anxious children may have difficulty recognizing their own contributions to successful outcomes (as they underestimate their own capabilities)
  - Anxious children sometimes confuse feelings and results (i.e., assuming that if they don’t feel entirely confident in a situation, then they have not handled the situation well)
- Address logistical and emotional obstacles.
Logistical obstacles:  
(Terry is 8 & socially anxious)

The chess club practices regularly over the lunch hour (with no food allowed in the practice room), and tournaments occur at the end of the school day.

- Terry has problems with fine motor control, so requires longer than average to eat lunch (eat vs. play dilemma)
- Terry takes a bus to and from school, and requires a note from his parents if he ever misses the bus (i.e., for tournaments he must remember to ask his parents for a note for the bus, deliver the note to the office at school, and either ask a friend to get a ride home with him or make sure his parents can make alternate transportation arrangements)
Emotional obstacles
(Jeff: overwhelmed by homework)

Mother (sarcastically): Well, we’re back again. More fun and games with homework.
KM: I’m glad you’re continuing to work on it. Remind me how you were trying to address the issue this week.
Jeff (interrupting): She was supposed to back off, but she didn’t!
KM: And what were you supposed to do?
Jeff: Show her my work. But it’s never enough for her! She keeps telling me to do more. And on days when I don’t have any homework, she doesn’t believe me.
Mother: That’s because when I called the teacher, he told me Jeff is still not finishing his assignments on time.
KM: You were checking up on him?
Mother: Of course! How else could I get at the truth? He never tells me. I can’t let him throw his future away!
From the examples above, how would you facilitate successful problem-solving for: Jack, Jennifer, Erika, Ben, and Jeff?
Questions?