Communicating with people with an Anxiety Disorder

A resource prepared by the Intermediary Pilot Program

Background and Overview

About anxiety

Anxiety is often a healthy emotion when it helps us to avoid danger by triggering our 'fight or flight' (hyperarousal) response. Our bodies constantly assess situations to decide whether they are stressful or not. This decision is made based on sensory input and processing (i.e. the things we see and hear in the situation) and on stored memories (i.e. what happened the last time we were in a similar situation).

Sometimes, the 'flight or fight' response can be triggered by perceived threats or worries about 'bad things' that may or may not happen. These worries (or anxiety) can then become persistent or out of proportion to the reality of the threat. When anxiety or worry starts to negatively impact our ability to engage or cope with daily life activities and experiences, we may be experiencing an anxiety disorder.

About Anxiety disorders

Anxiety disorders are the most common mental health condition in Australia.[i] Severe anxiety is a feature of a group of mental health disorders including: Generalised Anxiety Disorder (GAD), Agoraphobia, Panic Disorder, Social Phobia (Social Anxiety Disorder), Specific Phobia, Selective Mutism, Separation Anxiety Disorder and Obsessive-Compulsive Disorders (i.e. OCD, body dysmorphic and hoarding disorders).

Up to one in three women and one in five men will experience an anxiety disorder at some point in their lives.[i] Young people are more likely to experience an anxiety disorder (15 per cent).[ii] Given that 54 per cent of people with mental illness do not access any treatment, someone may be experiencing an anxiety disorder in the absence of a formal diagnosis.[iii]

Anxiety often co-occurs with other mental health diagnoses, like depression. Children and adolescents with communication disorders (e.g. speech and language disorders, stuttering) experience higher levels of anxiety symptoms as well as higher levels of diagnosed anxiety disorders than those who do not experience communication difficulties. [iv,v,vi]

Post-traumatic stress disorder (PTSD) is sometimes identified as a type of anxiety disorder, but it is considered an independent group of trauma and stress-related reactions. Please see the Intermediary factsheet about PTSD and Complex Trauma for more information.

Common Issues

Generally, people experiencing severe anxiety can experience a range of symptoms such as:

- sleep difficulties (getting to sleep or staying asleep)
- getting tired easily
- feeling restless and 'on edge'. This can be observed as increased body movements, such as jiggling legs or moving around constantly when seated
- tense muscles (sore arms, back and clenched jaw)
- needing to get up and move around or stretch body muscles frequently
- increased irritability
- difficulties with concentrating or mind 'going blank'
- constant thoughts and feelings of fear that is disproportionate to the actual or perceived threat or context of the situation
- repetitive worries, thoughts or images that cause anxiety
- difficulty speaking (unable to get the words out) or dysfluent speech (in the absence of a diagnosis of stuttering)
- they can drop out of conversations unexpectedly

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- experiencing overwhelming physiological symptoms that interfere with being able to function in everyday situations (shaking or trembling, sweating, tummy aches, diarrhoea, dry mouth, racing or pounding heartbeat, nausea, shortness of breath, chest pain, dizziness, numbness/tingling)
- persistently avoiding situations where specific fear may be experienced
- intense or disproportionate reactions (emotional and/or behavioural) to situations
- feeling like they are detached (dissociated) from themselves (their body or mental processes)
- low self-esteem and loss of self-confidence
- inability to change routines and trouble getting to appointments on time
- a reluctance to be away from familiar 'safe' environments
- can be triggered by having to meet new people or people in authority, having to speak in public, being the focus of another person's attention or being criticised (real or perceived).

General Strategies

The information below outlines general strategies that can be adopted by representatives of the court to enhance communication with people diagnosed with an anxiety disorder. These include:

- provide frequent breaks to engage in effective emotional regulation strategies
- use a slow rate of speech when asking questions and allow additional processing time for responses, especially when there are increasing difficulties with word finding and/or dysfluent speech
- identify sensory based emotional regulation strategies (i.e. stress ball, fidget toy, weighted blanket) for use during the communication discourse
- where possible, meet with the person in a familiar 'safe' environment and/or in the presence of familiar support people. For Court, this might mean meeting at a remote witness facility. For Police, this might mean conducting a VARE at the person's home or other 'neutral' environment
- use a combination of verbal and visual based communication strategies. For example, a visual support may include a scale used to indicate when they are too anxious to continue and they need a break to re-regulate. Visual and written supports (such as

Case Example: Claire

Claire is a 16-year-old girl who lives with her parents and siblings. She does not enjoy school and reports that she has previously been bullied at school. Claire has a good level of literacy but has difficulties reading aloud in front of others.*

Claire states that she often gets distracted by her own thoughts. As a result, she can have difficulties remaining attentive to verbal directions. Claire tends to get very anxious and emotional and when this happens, she appears to be angry and isolates herself (emotionally and physically). When her anxiety is increased, Claire experiences increased physical restlessness (leg movements and moving around in her seat). She also reports frequent 'episodes' during which she has difficulties breathing, feels light-headed, feels like her heart is "going to explode" and she "zones out".

Strategies that assisted Claire when giving her evidence included:

- *providing her with clear expectations about the order and timing of events on the day, including a schedule of regular breaks*
- *ensuring questions and directions are phrased in short and simple terms, and making sure that Claire knows that she can request repetition where needed*
- *carefully monitoring physical indicators of Claire's level of anxiety (restlessness) to ensure that breaks are taken in a timely way*
- *allowing Claire to have access to sensory tools of her choosing when giving evidence*
- *not requiring Claire to read aloud in court (making arrangements for someone else to read aloud if this is required).*

*Name and details changed

a visual display of the rules of court) may be helpful for the person to refer to

- ask open-ended questions and provide ample time for the person to respond
- establish whether the person already has a response plan for managing acute anxiety episodes (i.e. panic attacks). Encourage them to follow this plan as required and/or to have a support person assist them
- regularly check in when they appear to not be paying attention or have 'zoned out' or dissociated
- attempt to arrange important appointments and meetings in the mornings when they are more likely to be at their optimal cognitive and emotional functioning level. Experiencing severe anxiety is exhausting
- be mindful of your non-verbal language (i.e. maintain a consistent and neutral tone of voice, and relaxed and calm manner)
- choose your words carefully. Avoid complex and multipart questions, appreciating that someone who is anxious may only comprehend part of what you are saying
- be prepared to repeat information and/or provide written information to aid comprehension and processing
- try to increase predictability by providing routine, using visual schedules and having clear and consistent expectations
- anxiety does not always stem from rational logic, which can make communication challenging. Avoid using solution-based logic as this may not be helpful (i.e. "calm down", "please relax", "there is nothing to be worried about")
- if a child is shy when meeting new people and/or in new environments, or they are anxious about having to talk about difficult topics they may appear to be selectively mute. However, selective mutism is present only when a child has an inability to speak in specific social situations (like at school) but can talk in familiar settings where they feel comfortable (like at home).

References

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