

Appendix 1a

Case Study from MCH's Emotional Wellbeing Team:

Names and some details changed for anonymity.

Noah is a Year 7 pupil. He was referred to EWB team with intrusive thoughts and panic attacks. He had previously attended a group for anxiety at his previous school at the beginning of Year 6 but had found that they did not cover intrusive thoughts or panic attacks, so he did not feel he had gained very much from this and the problem was still persisting. His school attendance was declining, he would often have difficulty sleeping and would be very tearful every morning. Parents were becoming increasingly concerned and had referred to MYPWS but had been declined due to his level of need not meeting criteria.

Following an assessment with myself it was felt a behavioural approach would suit Noah the best to tackle both the intrusive thoughts and the panic attacks. Noah had been taught thought challenging in the group he had attended but he found that this seemed to make the thoughts worse as he endlessly tried to reason with them to no avail.

Instead, we took a behavioural approach to the thoughts. Rather than trying to rationalise we instead took the approach of both allowing the thoughts to simply be there without trying to rationalise or push them away and then as he gained more confidence and anxiety reduced, leaning into the thoughts by almost goading them. For example:

Thought: The sandwich I just ate was poisoned and I'm going to die.

Allowing the thought: Maybe, but I'm going to take that risk and carry on with my day as I planned anyway regardless of whether the thought is there or not.

Leaning into the thought: You're absolutely right, brain. I'm going to die any second now.

Very quickly Noah found that the frequency and intensity of the intrusive thoughts dropped off. This was because he was showing his anxious brain that the thoughts were irrelevant to him, and they were not going to provoke anxious behaviours or anxious responses that would continue to

feed the cycle. Noah's homework involved Exposure Response Prevention cue cards where he would write down his anxious/intrusive thoughts and read them over and over for 15 minutes a day until his anxious response to them dropped through habituation. He would also practice responding appropriately as and when they popped into his head during the day (see examples above).

We were then able to apply this same technique to his panic attacks (which had already significantly reduced due to his overall anxiety reducing) and he simply allowed the panic to flow through him and then when he became more advanced, he would ask the panic to turn it up even further; which of course, had the opposite effect of it dying down completely.

At the start of the work, we had said the goal that Noah wanted to reduce the anxiety that his thoughts caused him down from a 9 to a 3 and that he wanted the intensity of his panic attacks to reduce from an 8 to a 3. By the end of our sessions his anxiety had reduced to a 2 and he was no longer experiencing panic attacks at all, so he rated this as a 0.

Noah was then given some onward resources for him to continue to work on in the weeks after discharge. His parents had noticed a significant change and reported that Noah had returned to the boy he once was. They said although they could see he would 'have a wobble' every now and then, he seemed to be able to quickly deal with it and return to normal. They said they had also noticed a big improvement in his overall confidence and his school attendance had returned to 100%. Through the onward resources, they were also able to educate themselves on how best to support Noah and helped them to understand why we had used the approach we did.