

Week 145, Day 2

Working with Common Issues That Can Often Fuel Avoidance

What to Do When Anxiety Escalates a Client's Avoidance

with Lynn Lyons, LICSW, and Ruth Buczynski, PhD

Dr. Buczynski: How do we help clients when their anxiety is fueling patterns of habitual avoidance?

Well, according to Lynn Lyons, anxiety and avoidance are inextricably linked.

So here's how she approaches avoidance through the lens of anxiety . . .

Dr. Lyons: Because I'm an anxiety person, avoidance is just omnipresent because that's what anxiety wants. Anxiety is looking for avoidance. When you're helping somebody with their anxiety, the first thing you really want to pay attention to is helping them understand why do they avoid? You avoid because it works. Anxiety is always looking for an escape hatch. Avoidance becomes the way that they function ultimately. Of course, it backfires because avoidance pulls them out of everything they should be stepping into.

If we're talking about children, they might be avoiding birthday parties, social interaction, or joining a gymnastics team. In extreme cases, they're avoiding school or they might be avoiding sleeping in their own room. Whenever we're talking about anxiety, avoidance is going to be there and in fact that's one of the ways that we can diagnose it. What are the avoidant behaviors that this person is participating in? It's really important for them to be

able to see not only the importance of avoidance and how it makes their world small or limits them, but then the treatment becomes how are we going to move you out of avoidance and into the experiences?

That's where the work is, because avoidance has been their safety crutch and safety net. We can all relate to that. If you're afraid of elevators, you step out of the elevator and immediately you feel better. If you are afraid of snakes, you stay away from snakes. But what happens when you're trying to avoid things that are normally a part of life: you're afraid of making a mistake and you're trying to avoid that; you're afraid of speaking to people so you're trying to avoid that; you're afraid of throwing up, so you're trying to avoid that. [Avoidance] can become a full-time job.

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We really have to lay out the connection between anxiety and avoidance very quickly. Then [we] work on how do we step into the things that you're avoiding, knowing it's going to make you uncomfortable and uncertain? How do we look at avoidance as what is perpetuating your disorder, and understandably so, but then how do we move the client into those situations rather than support avoidance?

Dr. Buczynski: So Lynn made a key point just a moment ago, about how important it is for clients to be able to see how avoidance can make their lives smaller. Not to mention, how it often just compounds their anxiety.

So how can we help clients start to recognize this for themselves?

Well, for Lynn, sometimes it's about asking them a few key questions . . .

To help clients see why avoidance make their life small, I usually just ask for examples. What's something you used to do that you don't do anymore? What's something you'd like to do that you see other people doing, that you wish you could do? How do the people around you or how does your school, if you're a child, support avoidance so that you don't have to participate in things? If I'm working with a family with children, I can just ask the family, "What have you noticed that you've had to avoid because the anxiety has shown up?"

That's not a very hard question for people to answer. They've avoided going out to dinner at certain restaurants, going to their cousin's wedding, asking for a raise, going out on a date. The things they avoid are generally pretty apparent to them. The trick is that when I am talking about anxiety, I really want to separate the anxiety out from the person; because what I often find when I'm talking particularly to adolescents, actually, is they are aware they are

avoiding things and aware they're missing things, and that just makes them feel terrible.

I was just talking to a boy I've seen for a while. He's in his second year in college and wants to make friends. He's a really friendly, sweet, great young man and he knows that his avoidance of talking to people is what gets in the way of him making friends. He's got this conflict going on. *It's what I want, and it's making my world smaller, but I don't know how to step into the avoidance.* It's the short-term removal of the discomfort. How do we get them to step into what they're avoiding in order to get what they want? Yeah, so that's not a hard concept. Getting people to do it, that's where you really have to sell it.

Kids and even adults are not going to step into something they know will make them feel uncomfortable and they know might even make them feel panicky, unless they understand what's going on. There really has to be a lot of psychoeducation up front -- when you avoid something, this is how it works. When we step into something that you're avoiding, then this is what's going to happen. You're going to fire off that system. You might feel this in your body. You have this anxiety that is going to be very clearly stating no, no, no, no, because what anxiety says over and over and over again is that you can't handle this. Bad things are going to happen, and this is too much risk. Anxiety wants certainty and comfort.

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In order to sell it, I have to begin to promote and normalize and encourage the tolerance of uncertainty -- both an understanding and a tolerance of the discomfort they're going to feel when they move in. This is the mistake a lot of people make. If we're trying to get somebody to step into

what they're avoiding, and what we're promoting is that you'll feel calm and confident when you do it -- if that's the criteria -- there's no way they're going to do it.

When this young man speaks to his lab partner tomorrow in his biology lab, which is what his homework assignment is, he said, "My hands are going to be shaking." Of course, of course. Well, what do I say next? We practice a little conversation. He's perfectly fine at conversing with somebody he knows, so he has those skills. But if I were to say, "Now, in order for you to talk to your lab partner and step out of your avoidance, I need you to be calm and comfortable," he's not going to be able to achieve that. That tends to backfire. We have to really be careful, especially when we're dealing with kids, that we don't overemphasize the development of calmness as a way to step in. If you are avoiding and you start moving toward what you're avoiding, we have to expect you're going to feel uncomfortable. We have to make room for all of those sensations you might feel.

Dr. Buczynski: Lynn shared a two-pronged approach for working with anxiety-fueled avoidance. First, we might try to normalize a client's feelings of uncertainty. And second, we look to help them build their tolerance for distress.

Now tomorrow, you'll hear three approaches for helping clients begin to turn away from avoidance strategies and instead, turn toward difficult feelings or experiences.

Now I'd like to hear from you. How will you use these ideas in your work with your clients today? Please leave your comment below, and I'll see you tomorrow.