Podcast Introduction and Guest Welcome

when we respond to that from our maternal or paternal loving place of wanting to rescue our children from distress, we're actually rescuing the worry brain from the stress or the OCD brain, not our child.

It's not that you the parent have caused this, but you, the parents, in responding in this sort of rescuers way are inadvertently maintaining this. Because we have the capacity to shift that dance, we can really shift our child's experience of anxiety.

That doesn't mean we caused it. We're doing exactly what we're wired to do. we are working within a distorted system and we accidentally inadvertently maintaining the anxiety loop.

Welcome to Demystifying Pans and Pandas, the podcast where we uncover the mysteries, breakthroughs and hope behind these life altering conditions. I'm Dr.

Nancy O'Hara, a board-certified pediatrician, educator, and advocate with over three decades of experience helping children and families navigate the challenges of neurodevelopmental and neuropsychiatric conditions, especially PANS and PANDAS.

These disorders can feel overwhelming, but here we'll break down the science, explore transformative treatments, and share stories of resilience and recovery.

If you've ever wondered what's possible for your child or how to find answers, this is the place to start. Let's dive in. Hi everybody, it's Dr. Nancy O'Hara and welcome back to the Demystifying Pan's Pandas podcast.

I am really excited to welcome Dr. Sarah Bren to the podcast today because I was recently on her podcast, so listen to it also, but really was refreshingly pleased to find a psychologist and a person that was so like-minded.

And I really wanted Sarah to be on just to talk about how therapy is so important in all of our kids, So Dr.

Why Therapy Matters for Anxious Kids

Sarah Bren is a clinical psychologist. She's a mom of two. she's dedicated her career to the translating science of attachment into simple real life strategies for parents wanting to help the development while not losing sight of their own mental health along the way.

She's co-founder and clinical director of Upshur Bren psychology group in Pelham, New York, and she and her team of highly specialized therapists work with parents, children.

And she also has a parenting podcast. She is securely attached. And it's ranked in the top 2% of podcasts worldwide. We're not there yet, guys, but she's a great resource for parents looking for judgment-free, research-backed information just relating to pregnancy, toddlerhood, adolescence, everything in between.

And Sarah, welcome. I'm so glad to have you on the podcast. Thank you so much for having me. I'm thrilled to be here. Yeah. So, you know, my listeners and certainly those families that I take care of know that therapy is such an important part of what I preach with PANS, PANDAS, and all kids.

Whether it's autism, whether it is a child with anxiety, OCD, without Pans or PANDS, why is therapy so important? I mean, I am biased, obviously. But honestly, because it such a flexible resource in that it can really truly be what you need it to be depending on where you're at.

It allows it be a really versatile tool. And because of that versatility, it really can shift things for families. You don't have to shift yourself. Like I always say, I don' want therapy to for be families where The family has to fit the model, right?

The model has the fit, the family. So we want not to make it feel like you have to be a square peg that fits into the round hole of a certain type of therapeutic modality, but that there's a way for you to show up exactly where you are or help your child show exactly up where they are, or have a family system showup exactly what it is, and be held, be seen.

The relationship between the therapist and the family is profoundly important, you know, far more and research backs that up. The therapeutic relationship is more predictive outcomes in therapy than any one type of modality.

So I think it's just so beautifully versatile and so it can really shift things for people relatively quickly. Yeah. Yeah, and speaking of modalities, the one that you and I have talked about and that that practice so much is space, which for those who don't know is supportive parenting for anxious childhood emotions.

But it's so more on that. And I just wondered if you could help our listeners who may not know much about it, talk about the key aspects of it and what it really means.

Yes, absolutely. So I could talk a little bit about space. I can also talk about how I practice it, which depending, again like square peg round hole, I'm all about like I practiced very integrative therapy, Which basically means I view it as having a very big toolbox and I pull lots of different things from the toolbox as needed.

And the attunement of what my ability to attune to what the person I'm working with or the family I am working needs is going to dictate what tools I pull out when.

But space, I have found to be such a valuable tool in my toolbox. And sometimes I use it almost like just that's it. We just do a space therapeutic protocol.

And, like, a lot can happen. Sometimes I use it in the context of a larger, more complex treatment plan. So it might be—and we'll get into what space is so that this makes sense.

What SPACE Therapy Is

Yeah, yeah, I know. But, you know, sometimes it may start with space, and then it looks like some parent-child interactive work, then might look like just child work.

And it really depends, again, on how complex The diagnostic picture is how pervasive the symptoms are, how much there's like a family tenance of the systems, which we'll talk about, but space.

is, like you said, it's an acronym for Supportive Parenting for Anxious Childhood Emotions. It was developed by Dr. Ali Leibowitz at the Yale Child Study Center.

Their program does some really incredibly thorough research on its applications, which they post on their website, and you can read all the studies. And when I first found out what clicked for me as a therapist, I was like, oh, wait, want to learn this.

This could be really useful. Because basically what had previously been available when you're working with kids with anxiety and OCD, like the gold standard, was CBT, cognitive behavioral therapy.

And this is a, this stems from CBP, but I think whether it was intentional or not, I really think it integrates family systems work into the foundational fabric of it.

Even if it's not a dynamic relational protocol, works like one in my mind. And I think I've actually had the privilege of having a couple of conversations with Dr.

Ali Liebowitz about it, and I'd think he would say, yes, that is definitely part of this. But what space is that different from typical CBT, which is done primarily directly with the child, right?

So if a child has anxious, anxiety-induced rituals or behaviors or worries and fears and avoidance patterns. CBT really works on helping directly support the child in becoming basically increase their tolerance for anxiety.

I always say when we treat anxiety, we don't reduce anxiety symptoms, We increase tolerance FOR feeling anxious. Which is a really important distinction.

Yes, huge. Because I think a lot of people think like the anxiety is going to go away. It's like, the impact of anxiety does go down when we treat it this way.

But what we're not, that's the byproduct. The function of the treatment is to say, I'm going try this thing or try not doing this. that typically will leave me feeling very anxious and I will sit in the anxious feeling and i will notice eventually that that feeling actually passes.

I do not actually implode or self-destruct or, you know, cease to exist. Everything doesn't fall apart. And when the feeling passes, I can look back and say, oh, okay, i handled that.

Yeah. It doesn't mean it wasn't uncomfortable. It just was survivable. And we rewrite the narrative internally of like what we can and can't handle. So I've often used this sort of equation for anxiety that's like, it's hard to explain without a piece of paper, but picture this in your head.

Think of a division equation with like a numerator and a denominator. The numerator, the top above the line is lack of control. and unpredictability. And those are two vectors that the higher those things are, the high anxiety is.

Then you divide that by the denominator is confidence in my ability to cope. The bigger that is, lower anxiety. We can tweak any of those three variables, but in reality, having something be in our control or having something be predictable, we don't always have control over that.

But what we really do have much more control is building our confidence in ability to cope and that's how you reduce the experience of anxiety. And so much, I don't mean to interrupt you, but so of what you said resonates with exactly what I try to train medical practitioners, doctors, naturopaths, physicians, MDs and DOs to do, which is one, individualize it.

So the same thing isn't going to work for everybody. Two, integrate it. And then three, you know, especially with the CBT and DBT, and, I've had lots of kids have lots success with it, there are so many children that can't access that.

especially when they're in the depths of this. And yet, we don't want the parents to not know how to handle it. The parents are the front line. I always describe myself as a GPS and they are driving the car.

They may give them the right routes to go down, but they still driving a car and if they driving car down the wrong route, or, you know, putting the brakes on and the flashers on every time.

Getting the brake and feeling stuck constantly. It's not going to work. Because that's what the anxiety causes in kids is the breaks. Or they hit the accelerator, like, off the highway.

They're like get me out of here. Get me away from this feeling because it's really overwhelming. We want to escape that. Yeah. So the parent-based part of this, I think, is also so helpful to so many of our families.

Yes. And so that's the thing is like, so why space is different from your typical CBT is it's not actually the direct intervention is not child-facing.

It's parent facing. And the reason for this is if when you have a kid, specifically children, this happens in adults too, but kids are so deeply integrated into their family system that you can't really separate the family's system from the

child.

And so when a kids is really anxious, Like we're saying, they want to escape that feeling. They want, to turn that, feeling off. And if they have anxiety, that might look like rumination or like, you know, lots of behaviors to get to avoid the, the uncomfortable feeling in OCD.

How Parent Accommodations Maintain Anxiety

That might be, I have intrusive thoughts that gives me a ton of anxiety. Then I engage in a lot of compulsive rituals. Or for kids, I solicit my parents to help me engage in these rituals or to engage these escape behaviors or avoidance behaviors, because that's how I manage my anxiety.

I don't do it myself. keep the food not touching or turn on the lights just so in this little sequence before we go to sleep or I want them to line up my stuffies before bed or i want to answer my reassurance seeking question over and over again.

So as parents, what that's tapping into in us is our very developmentally appropriate and biologically hardwired drive to soothe our kids, to help them move from fight or flight to safety connection.

The problem is, it's not usually an anxiety and OCD. It's our true child that's seeking that. Its their worry brain or their O. C. D. brain that is activating those those reassurance-seeking solicitations or rescuing solicitation.

And so when we respond to that from our maternal or paternal loving place of wanting to rescue our children from distress, we're actually rescaling the worry brain from the stress or the OCD brain, from stress, not our child.

I think it's really important that we name, and I believe Ali does an amazing job when he teaches space, that it is not that you, the have caused this, but you the parent in responding in this sort of rescuing way are inadvertently maintaining this.

And so because we have the capacity to shift that dance, we can really shift our child's experience of anxiety That doesn't mean we caused it, right? And that's really important.

We're doing exactly what we're wired to do. It's just we are working within a distorted system. And we're accidentally and inadvertently maintaining the anxiety loop, which is, I feel anxious.

I don't like that feeling. I seek your accommodations to reduce this distress. You do reduce my distress, I feel relief. And then the worry thought comes back and I go right back into now become dependent on you to manage this. And I often will describe it as like when we over accommodate our children's worry behaviors or anxious behaviors to get relief.

We're hitting the snooze button, we're not turning off the alarm. And so seven minutes later, it just goes right back off again and we are stuck in this loop.

And so what space does so brilliantly is instead of intervening and interrupting this cycle at the level of the child's behaviors, which CBT, individual therapy with a child, CBP might do, and some kids respond super well to that and super little kids or super kids who are like really resistant to going to therapy, like you gotta get the kid in the room and you got to get them willing and they have to be developmentally capable of doing that work.

If that's not available, And even if that is available, sometimes I still think space is like the first step because it's just a lighter lift for the family system.

But I got to say, it can also be a later step. And I just want to give an example from for myself. You know, I was very involved with CBT, DBT through my own family.

the the pans pandas that we had all been through and didn't know that much about space and as my adult son was

still asking me every time he had an early meeting to be his secondary alarm and it wasn't until I met you that I realized you know what that's just That's really just allowing me to take over for his anxiety rather than saying to him, even as an adult, you've got this.

I don't need to intervene by being your alarm. It's a simple, silly little thing. But the last three weeks, just the other day, he said to me, Mom, I do have this, and I need you to wake me up anymore.

And at a time when his anxieties may be increasing for other reasons, situational, it gave him that extra little thing. So, it's a little example, but I think that goes to exactly what you're saying.

Yeah, and I thinks it builds that denominator piece, right? That variable of like a confidence in my ability to cope. Mom thinks I can handle, though, And it is not just mom thinks that I wake up on time.

It's mom thinks I can handle feeling worried that I might be late or I may miss this thing. And she isn't going to step in and rescue me from that because it's not really dangerous.

Yeah. It is such a powerful thing and I think it taps into that powerful attachment relationship too. Talk about how space does that. Yeah. So again, so if the parent is maintaining inadvertently this accommodation loop and the maintenance of that anxiety, again because what's happening when we rescue the kid is inadvertent.

And sometimes we might be saying the exact opposite, but what our behavior is sort of showing our kid, is this is actually dangerous. They do need to rescue me from this.

So, it just reaffirms that feeling is supposed to be there. And this is where I like space in terms of using the parent-child relationship, not turning it off, right?

Not saying, oh, you're maintaining it, so just withhold that support. It's not at all that. I'm going to be present. but I'm not gonna engage in the ritualistic behaviors, and I am not going to turn this feeling off for you in a reactive, kind of knee-jerk way.

I mean, just sort of model that like, oh, this is uncomfortable, And I not go anywhere, but, I will not do the thing that turns it off. In space, you specifically, This is an important thing about space.

So, there's like sequential order to which you do things. And the first thing you're gonna do with your therapist, So I should say, space is just the parents.

There might be some diagnostic intake process where the kid is evaluated by the therapist, but the actual space treatment protocol is administered just with the child's identified client, right?

And so the parent will map out all the accommodations they engage in.

Building a Plan and Staying Consistent

They pick one to pull at a time because it's not about eventually pulling every single accommodation. It's about creating sort of these organic opportunities for like an exposure.

Basically, the absence of the parent accommodating creates anxiety. Child experiences anxiety in the context of this safe, supportive relationship. But this change in the parent's behavior, the child survives it.

We do work to help them reflect on that and internalize that new narrative. Oh, that was tough, but I can do that. I could handle that uncomfortable feeling.

And the idea is after you do like about three accommodations that you pull, you see a lot of generalization, right? The tolerance for anxiety goes up and gets generalized across things.

So it's not necessarily about like, well, I have five, you know, in doing this initial accommodation mapping, and I realize I've got 40 accommodations I'm doing weekly.

It's like you have to do 40 accommodation polls. It doesn't matter. It's more about what happens when we stop rescuing to increase their distress tolerance.

But why I like it in terms of the parent-child relationship is you pull one thing, you do one things at a time, which I think is also super helpful because I sometimes learn about this accommodation, and then they're like, okay, I'm just going to stop accommodating across the board.

And then it's just not maintainable. It's too overwhelming for everybody to keep that up. Then we just kind of stop and go back to the way things were, when it doesn't really work.

So I like that it is one accommodation at a time. You're really thoughtful about building out a plan. a backup plan, you triage things, stress test your plan.

All before you ever tell your kid you're going to stop pulling this. You're gonna stop this thing. And then you write a letter and you actually like directly announced your child formally like, hey, I've realized that this fill in the blank, is to help you feel less worried isn't actually making you any less worry.

And so starting tomorrow, I'm going to do this instead. This isn' a punishment because you didn't do anything wrong. I am just realizing this is how I can better support you in learning to be brave around this thing.

There's a lot of support in developing the right language for the letter. But you tell the kid. And then you do it. You hold it, and you really stress test this plan before you put it in place because that's the hardest part, I genuinely think, for parents, appropriately.

It's like, there's a reason why we've gotten in this dance, we got stuck in the dance because it's hard to change it and so I love space because I think it really supports parents in shifting their behavior.

And that's very important. Ellie developed this. You really center all of your intervention on like, what am I in control of? And with parent-child dynamic, we can say, you have to stop doing this thing, or you to eat the food the way I serve it, Or you stay in your room in the middle of the night and not come out.

Or, You have fill in a blank. But we can't really control our kids. And so when you, when we change it to at night, I'm going to give you a hug and I mean to sit outside your door for a few minutes.

and then I'll go get ready for bed and go to sleep. Or I am going. To make one meal and. I will make sure that in that meal, there's at least one thing that you like, but I.

Not going make a special dinner for you and a. Special dinner. For me. the rest of the family, or whatever. I've seen kids, you know, I'm gonna drop you off right at the front door, but I am not gonna walk in and walk you all the way to your classroom.

And again, these are developmentally appropriate things. Like, if you have a three-year-old who wants you to hold their hand when you cross the street, that's not an anxiety behavior, even if they're anxious, right?

you're still gonna hold their hand when they cross the street. If you have a 13-year-old that wants to hold your hand every time they across the streets, you can say like, I'm gonna stand next to you, but I am not gonna to your hands.

Not because I don't love you. Right, or one too deeply. I realized that me holding your hand when we cross the street isn't helping you feel brave. It isn' helping feel like you can handle that anxious feeling that comes when it's time to cross a street.

And so that's what I'm gonna control. I just think it puts a little bit more agency and power in the language, gives

parents more room to maneuver because how many times have we all said to a kid, we have this great new plan, we're gonna change this thing, it hasn't been working, and you're going to do this.

And then it comes time to make it actually happen and they don't do it. We're like, wait. Wait, what do I do now? What do we do? And it becomes a power struggle and then becomes something totally un what it was intended to be.

Right. So I have two voices of parents in my head. The one is, that's great. I want my child to sleep through the night, and I've said that, then I give in or I backtrack.

How do you as a therapist support the parent in not backtracking, in standing firm, I guess, that therapeutic approach that is in their best interest as well as the child's and does work, but they can't get over that roadblock of really being consistent.

Exactly. And I think a couple of things. One is the stress testing of the plan. Parents often get stuck when they are reactive in there interventions.

But because this is not a reactive, in the heat of moment, you're not doing this thing. So like now I don't actually know what to do. and I'm pulling this out of my back pocket, like out desperation.

It's like, it's no, okay, I am really clear on what it is that I doing. And if I gonna stop doing that thing, this is how I going to do that. They mean, we really think it through.

There's level one stress test. Okay, so what happens if they do this? Okay well then my plan will be to this and this, and then this. Its like okay what if it take it to the next level?

What if do they this then its like oh okay well I might have to have this plan where I had already told my work that for the next three mornings, I might be an hour late to work.

And so I'm going to… That email's already drafted and ready to go. And I've already talked to my team boss, whatever, about this, got it cleared. Now I'm just going to send that templated email that says, just to follow up, this is going happen now, and I'll be an hour late.

Whatever. Because I think that's another part, is we feel stuck because we don't have an out. So then we do not follow through on the thing. And so also it's about crafting a plan that's feasible and isn't impractical.

When Parents Are Not on the Same Page

Right. You leverage supporters. So I've had people use teachers or faculty at school to be supporters, I have people used babysitters as supporters neighbors, family members.

If I had to tap out who is going to be there to tap in. But also, another thing is having really realistic expectations, developmentally realistic expectation, and managing those expectations.

I think sometimes when we think, oh, really good plan means my child will happily agree with and cooperate with the plan. And the reality is, is initially, no, a good plan is that I hold my end and they just melt down potentially.

And I'm ready for that. I've got emotional reserves. Like I am emotionally resourced because I knew this would be the week that we do this. So I made sure that like I ate before and I like not hungry and not stressed and like lower stressed.

Whatever, like we're resoursed. We're expecting it. And also we don't have this confusion that like my kid is going to just like cooperate and that's the sign this is working.

In reality, we're shifting. They're going need a little bit of time to acclimatize to this new mode. And it doesn't mean

it's not working if it takes a while, but really I would say I've seen it co- Kids adapt much quicker than expected.

I've seen kids have a little bit of trouble for like a week, maybe even two weeks. They're okay with it and then all of a sudden they're like, oh wait, you're not kidding.

This is for real. And then they like really have hard time with that. But if we're ready for that and we are like this is part of the process that I'm not surprised when it happens, I don't think I am failing at this.

Like a lot of times, I think what happens is we then, when we get the resistance, we drop it, We pivot and we try something else and drop that and pivot.

And we just end up playing like whack-a-mole. But it's like, no, and I know I got to sort of stick this one out. That's why we do one accommodation pull at a time because it like that's enough.

Yeah, absolutely. It's hard. Yeah. And again, like the medical model, you're saying the same thing. Like what I say to parents, initially you may get pushback on this, You may a negative, but that means we're going in the right direction.

Stick to it. You have the support behind you. you've prepared for this. Now, the other piece that the voice in my head is saying that a lot of our families might say is, well, I'm on board with it, but my husband isn't, or my spouse isn' and they will intervene.

Like, how do you deal with when you don't have both parents on the same page? Yes, and I get this a lots. And I always tell this story or this metaphor, to parents, it clicks for a lot of people.

And that is when you have a kid who's really anxious and seeks a lots of rescuing from families and there's a a combination happening, what sometimes can become the dynamic in the household is that one parent, so Ellie talks a There's the over-accommodation of the rescuing, the sort of foil to that is like over demanding.

And the sweet spot is supportive, which is I am both, I validate that this is really hard. It is real. I see the struggle. This is not in your head, this a real, just as challenging and I understand I can validate experience and can communicate.

both in my words and my just energy, my being, confidence in your ability to cope. Confidence in you ability, to feel anxious and be okay. And so, when you have one but not the other, it's not quite that sweet spot, right?

It becomes, if I just validate that this is really hard, I end up over accommodating or rescuing. If I just communicate that you can handle this, it can land as a bit demanding, right?

And what happens when you have a really anxious kid sometimes is that parents outside of their conscious awareness sort of divide and conquer those two roles.

One parent ends up being over here on one side, rescues and protecting And if both parents aren't doing that, they feel like they're holding up this side of the house, right?

If I don't rescue, no one's going to validate. And so the other parent gets kind of put in this position too, where they have to be holding this other side the of house.

Supportive Statements and Distress Tolerance

If don' put some demands, Nobody's going to do this. And so when parents get kind of stuck where both of them are like holding up opposite sides of the house, but they feel like they can't let go because their side of house will fall down.

I think this can be very reassuring for parents to just hear that. It's very validating to know it makes sense that

you're sort of entrenched in these roles.

The antidote is not for one person to stop doing what they're doing or for the other person stop to do what you're in, but to both of you practice to start holding up both sides, right?

Both of doing both. How do we both have validation, empathy, communicate to our kid that we get it, we see it and both embody more confidence in their ability to handle feeling anxious without being rescued.

And when both parents can kind of own the responsibility of doing both, that polarization can really kind of redistribute itself and come back into the middle.

And both parents don't feel like either of them were doing the wrong thing, there's less judgment, less resentment. They also know what their job is, which is to do both.

It's really clear. We practice that. Now, to that end, if a mom or a dad want to come see you or somebody in your group, but the other parent will not participate at all.

Can it still be effective? Can there still ways that you can help that one parent navigate their side of the house? Absolutely, absolutely. I always say, like this is what I was saying before at the very beginning, it's like therapy is so versatile.

It's going to meet you where you're at, right? So if you are the only one in the family who's interested and willing and able to do this work with your kid, Okay, we go from there because you have a relationship with your kid.

And that's why I think this is where space to me is very rooted in family systems and the attachment system because each parent has a unique relationship.

With their child, each pair has their own attachment relationship, with their quad child. The quality of that relationship may be different. It might both be secure relationships, but they have very different flavors and that's totally okay.

You do not have to parent the same way as your partner to have a relationship, like a secure attachment relationship with your child, and you don't need both parents to do everything the same way to have an impact.

And so if you are the one that's going to focus on this, you're still going look inside of your own interaction with you child and say, okay, in the ways that we work together, Where am I rescuing them?

Where I am hitting their anxiety snooze button? And where within my behaviors can I make modifications that reduce that sort of reactive rescuers in a supportive way that allows my child to feel safe but also brave and experience distress appropriate safe amounts of distress.

Like we're not provoking children, we are not like stressing them out unnecessarily, but we were just saying like, oh this thing that's happening, it's not dangerous.

And I'm gonna model how safe it is by showing you that I am not gonna rescue you from it. My tone of voice and my body language and the way that like I react is gonna be pretty like unruffled about it all.

I communicate a lot of safety here. Yeah, no this is tough. And that's why you tell them in advance you have some reference point. Like, I have seen kids just shred announcement letters.

But then the next day when you do the thing, they're like, all right, well, I am pissed at you. But I knew this was coming. So I'm not shocked. I've mad at.

And I also now having to feel this uncomfortable feeling, which I don't want. Both of those feelings, the anxiety and the anger, fade. Then you come back together and say, wow, that was really hard and you did it.

Yeah. Like, i'm so proud of you Yeah And so proud of you, mom or dad, too. And that's part of it. It really is hard, but it can be done. I think that what you were saying about the supportive statements, that is just such a big part this that I never understood.

So why are they so important? Why are these such central tool in space? I thing that a concept that parents really need to understand. Space is not just about pulling accommodations, space is as much about communicating supportive statements than anything else.

And that, I think, because eventually parents, when they graduate space and they recognize, oh, wait, now I'm pretty good at deciphering what's an accommodation, what not, they just naturally, organically reduce their accommodations.

What they keep is the supportive statement, and that's their new toolbox. Because supportive statements in and of themselves communicate the core fundamental thing that a child really needs to believe, like really in a full embodied way in order to be less anxious, which is my experience is accurate.

This is uncomfortable. But my sense of what I can handle might be inaccurate in this moment. It's a growth mindset, right? this is uncomfortable. And I am a brave kid who can do uncomfortable things.

I can handle these feelings. They don't last forever. This is the foundation of distress tolerance, right? So first we say it to them, then they start saying it themselves, and then it's just they internalize it and it is part of their blueprint now.

Yeah. That is functional. When that happens is what I think is a major factor in what predicts outcome success. And is it mainly that feeling of not being safe, of that fear when kids have anxiety, OCD, emotional dysregulation that pulls the parents into these accommodation behaviors?

Or is more than that or really that's the core of it? Well, I think predominantly yes, that we are really hardwired to keep our kids safe and alive when they're in distress, typically.

And by the way, kids who have anxiety also sometimes you know, elicit us to have like, to rescue them from distress. And it's not anxiety, it is distress, It's okay to rest your kids from stress, right?

Like, yeah.

Handling Rage, Siblings, and Family Impact

It is the chronic, repetitive, like I will often say like the way you can tell the difference between reassuring a reassurance seeking and asking a question like information gathering is if a kid is asking you a questions to gather information when you answer it, They usually, if you answer it satisfactorily, they usually get the information they need and they don't ask you over and over again.

If it's a reassurance seeking question, even if it is the same question right, but if the function is to seek reassurances, no matter how many times you ask it, the knowledge that you're providing them isn't scratching the edge.

That's not what it's about. It's non-information seeking, it is reassurance seeking. But your kid, your anxious kid who you're practicing not over accommodating by answering all the reassuring seeking questions might also ask you information gathering questions and you need to be able to decipher so you can say, yes, I am going to pick you up at 4.30 today.

Right. Or, you know what, tomorrow, I usually pick you up at 430, but tomorrow dad's going to pick up a 4 30. Right? So you can expect that we still want to give them information.

But if, we don't want it feel like we're constantly having to repeat it to just soothe the anxiety. And so I will say, yes,

parents oftentimes The reason we're changing the behavior is to just reduce the accommodations and give our child more opportunities to feel safe amounts of supportive distress and become more sort of comfortable with that distress, and not as anxious.

But another reason why I think it can be tricky is or why parents will struggle with it is because or why we like give into rescuing is Because it's sometimes it about our own bandwidth our our anxiety or our only like oh my god I don't have time right now, so I am going to just Do it the way you like it.

I'm gonna and again. It's really important for parents to like you don' have to get it every single time You're gonna, like, you don't need to 100% stop accommodating.

You just need know when it's an accommodation and when its not and you have to have some sort of ability to say like in this moment, I don' have the bandwidth.

Right. And that's okay. I'm going to like you know, be the ritual with them right now. Im going into whatever like and I am not gonna like beat myself up over it.

Am I giving yourself grace? Yeah. Yeah I might come back and say hey last night I was feeling really tired and I didn't have the energy to sort of like hold this new plan, but tonight I do.

So we're going to do our normal plan tonight. And that's okay. Like that flexibility is also modeling, you know, something that is very common in anxiety, which is like rigidity.

It's like if we can model flexibility, that also helpful with anxious kids. Right. Oh, the plan is the plans might change. We're going to try to do this as often as we can, because it's good exercise for us to kind of boss back our worry brain.

Yeah. But we don't have to be perfect about it. Tonight, if we are going do the whole song and dance ritual that the worry-brain wants us do, tonight we'll do it, but we name it!

We can say it and we also give parents a whole new layer of language to use with their kids shorthand, right? It's very helpful. I love my families that I work with.

When I do work with parents and children and not space, because like I said, space is a piece, but sometimes it's not the only piece. And a lot of times when I have kids who have anxiety or OCD, I will really encourage them or I'll encourage the parents to talk with their kids about, can we personify the worry brain or the OCT brain?

Yeah. Can we give it a name? Like, oh, what does it look like? Let's draw a picture or let's tell a story about it. And, you know, can we oftentimes them when like, I really like them to name it, but like I've had people name after like superhero villains or like the meanest teacher at the school or whatever.

Yeah. So how do we make this sort of intimidating, scary persona that we've created. How do we make it a little bit more like, uh, not intimidating? Like, kind of, like can we, make, it kind, of goofy or like?

Can we even make really tiny? Could give it like a squeaky voice? I really like to be, and obviously, developmentally, appropriate, like how where you're at, but don't underestimate the value of playfulness in this too.

Even with older kids, getting playful is really helpful. But yeah, it just takes the edge off. And then it also allows our kids to start distinguishing, is this obsessive thought or this anxious rumination?

Is this a Sarah thought? Or is you know, squeaky beeps thought, you who's, is this coming from me or is it coming for my worry brain or my OCD brain? And then it like, takes a lot of the fear and shame and, and like conflict out of it, right?

And I love renaming that part of them. It takes away that piece of stink, I'm not good enough, you know, for both the

child and the parent. Because so much of a time when our children are going through this, we as parents don't feel good about ourselves.

That really reframes that. And I love the equation. I stink at math, but I get it. You're not eliminating symptoms. Your boosting resilience and better functioning for the whole family unit.

Just a couple of other questions. Siblings. You know, so much of the time I hear, well, this anxiety is really affecting this other sibling. Or rage, you know.

We've talked about anxiety and OCD and some of our kids, especially with those with Bartonella, it may be all that comes out is anger and rage from the child.

So just address that a little bit more. Totally. Well, to the speak of the anger and rage and like the more dysregulated piece, which can happen with anxiety, it can happened with neurodiversity, It can happens with, you know, this population, like medical, co-occurring medical conditions that like have a impact on mental health.

It's not like anxious kids only look like scared mice. Sometimes they look like explosive porcupines, right? Because irritability in children is a very common symptom of anxiety because their system's just so overloaded and they don't have the ability to regulate.

And they're just like ragey all the time because they are just riding the edge of an explosion constantly of overwhelm, and interestingly, when I found space, I was working primarily with emotion dysregulation and behavioral challenges with families.

And I doing sort of my own sort something similar, very, you know, but not about anxiety. When I found this, I love space so much because it looks very similar to how I'm approaching behavioral dysregation but with anxiety, so I think this is still think you look at, with space, you're specifically looking at accommodations to anxious ritual behaviors rescuing from the anxious feeling.

But that also, I think the same thing applies. I use it a lot of times with behavioral issues that are not solely anxiety or anxiety, but they're manifesting in explosive aggressive behaviors.

And we're trying to But we are, but the parent, again, the parents is responding in a particular way. Either I'm again like walking on eggshells, constantly avoiding enforcing certain consequences.

Finding Dr. Bren and Final Takeaways

Or I don't bring this up because I know they'll explode. Those types of behaviors, it's like what we, we still are always thinking about is like, what am I able to do?

How do I frame it in terms of my language, like language about my own actions? So I think space or some things space-like is still super useful for explosive, aggression, rage, all that stuff.

The sibling thing that I thing is really important is that siblings can, especially, you know, young siblings, well, I guess it happens really. It doesn't, it really does depends on the family system, but like it could be the younger or the older siblings.

But definitely siblings also get pulled into the accommodation loop. And I think if that's happening, It is really important to one, just with the whole family to name it, to spend a good amount of time talking to that sibling about, Helping them understand, like, when, you know, your brother's anxiety is really bad, he really, really is very distra- like really worried that, that if we don't do these things, He won't be able to handle it.

And it's so loving that you want to take that on to help him. and of course, sometimes I might even ask you to Help him, Like, it- Like sometimes we're all gonna help each other out.

But I, one, want you To know it is not your job. To manage your brother's worry, thoughts or feelings. It's not your job. That's my job and my, job to help him.

And so you, sometimes you can help, but like, you don't have to, and it's, not, your, um, And, But also help them understand, like give them, I mean, again, developmentally appropriate language, depending on their ages, they'll like help.

Name it. Like, yeah, when you have a lot of worries, Sometimes it can feel so urgent that this thing gets taken off there. feelings plate. Yeah. But actually their worry brain is telling them that it's an emergency, but it is not.

And so you don't have to rescue them because it's not an emergency. It's okay. it is safe for them to feel that feeling. And that's what I'm going to be telling them.

That's we're going be practicing as a family is to just find that sense of safety, even when we are feeling really uncomfortable. So you kind of loop them in like, this is the announcement letter.

This is a thing we will be doing differently this week. But yeah, I think it is really important. Again, it's that balance. It's like the realism of like, everyone in the family sometimes is gonna like respond to the stuff, but really making sure that our siblings understand this isn't your job to hold this.

Sarah, there's so many things we could talk about. And it so refreshing to talk to someone who looks at things in such an individualized, family-centered approach.

using space, I think it's a great tool. So if people wanted to find you or those in your practice, how would they do that? Yeah. Our practice is called Upshur Bren psychology group.

I'm Sarah Bren. My partner at the practice Emily Ubshur. You can find us at UPSHURBren.com. We have a team of incredible therapists, most of whom are trained in space.

And we have like a space group, we individual family space that we do. And so going through our website is a great way to see all the therapists and the groups and individual services that have.

We do individual therapy, family therapy parenting support, parent-child dyadic work, all this stuff. So that would be the best place to go. Okay. And again, your podcast is?

Securely Attached. That is a great resource for kind of the whole range of what parenting and child development and parental mental health information can look like.

We have incredible experts like yourself on to talk about, you know, the deep dives into specific topics. And then every Thursday, so that's every Tuesday, we have like interviews, but every thursday, We have Q&A episodes.

So parents can actually send in questions and me and one of my colleagues, Usually it's Emily and then there's this other wonderful psychologist mom, Rebecca Hirschberg, who is often on and the three of us will like kind of like spend 20 minutes like really kind unpacking listener questions and trying to give as comprehensive of an answer as we can.

So that's also another like, really great like sort of free resources to write into the podcast. If you go to drsarabren.com forward slash podcast, you can find a place to send in any of your questions for, and we'll do an episode.

That's great. Well, I'm glad we found each other. And thank you so much for doing this. Any last words of wisdom or hope that you want to share with the parents or practitioners out there?

Yeah, I would say anxiety is really treatable, and it's treatble not just for the individual who experienced it, but for whole family system. We can all participate in a different way to reduce how anxiety interacts with the family's

system, even if your child is refusing to go to therapy, or it just feels too young to be able to do it.

There's still so many ways to resource a family and reduce symptoms of anxiety. It's really, you know, it's just wonderfully treatable. Yeah. Very reassuring.

Well, thank you, Sarah, and really appreciate it. And we'll see you all next time on Demystifying Pan's Pandas. That's it for today's episode of Demystifying I hope you're walking away with insights, tools, and hope to help you and your child on this journey.

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And if you have a moment, leaving a review helps us reach even more families who deserve answers. Also, for more information, training, and community, check out our website, drohara.com and join our annual membership.

And remember, every step forward, no matter how small, brings us closer to healing and understanding. Until next time, be present, Be hopeful, And we look forward to seeing you next on Demystifying Pan's Pandas.