

ANXIETY DISORDERS



About Anxiety Disorders

Anxiety is a normal part of childhood. All children go through times of anxiety that are typically temporary and usually minor. But for some children, anxiety is pervasive and more or less constant. These children have an anxiety disorder. Children with anxiety disorders may respond to certain objects or situations with fear, nervousness, and shyness. Some children are unable to control their worry and have difficulty functioning in their school, home, or community environments due to their anxiety; some have physical reactions, including rapid heartbeat, sweating, an exaggerated startle response, or increased muscle tension.

One in eight children are affected by an anxiety disorder.¹ These children are at higher risk to perform poorly in school, miss social experiences, and engage in substance use. In addition, some children with an anxiety disorder have a co-occurring diagnosis; for example, depression, eating disorder, or ADHD.

What Does It Look Like?

The following are descriptions of childhood anxiety disorders, their typical onset, and symptoms that may be present.

Generalized Anxiety Disorder

- Typical onset: Childhood
- Worries excessively about a variety of things such as
 - ✓ Grades
 - ✓ Family issues
 - ✓ Relationships with peers
 - ✓ Performance in sports
- Puts pressure on self
- Works hard for perfection
- Seeks constant approval or reassurance from others

Panic Disorder

- Typical onset: Late adolescence to mid-30s
- Experiences unexpected panic or anxiety attacks
- Remains concerned over having another attack, losing control, or “going crazy”

Separation Anxiety Disorder

- Typical onset: May occur from preschool age through adolescence
- Experiences distress when leaving parents or another family member
- Experiences extreme homesickness
- Experiences feelings of misery at not being with loved ones
- Refuses to go to school or other events
- Demands someone stay with him or her at bedtime
- Worries about bad things happening to close family member
- Experiences a vague sense of a bad event occurring while apart

Social Anxiety Disorder (also referred to as social phobia)

- Typical onset: Mid-teens, sometimes earlier
- Experiences intense fear of social and performance situations and activities that may impact the child’s or adolescent’s:
 - ✓ School performance
 - ✓ Attendance
 - ✓ Ability to socialize with peers, develop and maintain relationships

Selective Mutism

- Average age of diagnosis is 5 years or school-entry age
- Fails to speak in situations where talking is expected or necessary to an extent that interferes with performing in school and making friends
- May be very talkative at home or around familiar people
- Possible associated features:
 - ✓ Stands motionless
 - ✓ Is expressionless
 - ✓ Chews or twirls hair
 - ✓ Avoids eye contact
 - ✓ Withdraws to avoid talking

Specific Phobias

- Typical onset: Peaks in childhood and in mid-20s
- Experiences intense, irrational fear of a specific object or situation (examples include animals, storms, heights, water, blood, the dark, medical procedures)
- Avoids situations or things he or she fears
- Exhibits anxiety related symptoms when faced with the feared object or situation such as:
 - ✓ Crying
 - ✓ Tantrums
 - ✓ Clinging
 - ✓ Avoidance
 - ✓ Headaches
 - ✓ Stomachaches

Obsessive-Compulsive Disorder (OCD)

- Average age of diagnosis: 10 years
- Experiences unwanted and intrusive thoughts (obsessions) or engages in repetitive behaviors – rituals and routines – that he or she feels compelled to perform (compulsions)
- Boys may develop OCD before puberty
- Girls may develop OCD during adolescence

Posttraumatic Stress Disorder (PTSD)

- Onset: Any age
- Experiences intense fear and anxiety after experiencing or witnessing a traumatic or life-threatening event
- Characteristics include:
 - ✓ Emotionally numb
 - ✓ Easily irritable
 - ✓ Avoids places, people or activities associated with the traumatic event
- Children most at risk for PTSD have mental health concerns prior to the event and may lack a strong support network

Symptoms and Interventions

	Symptoms	Interventions
Classroom	<ul style="list-style-type: none"> • Fearful of getting in trouble • Concerned about getting directions wrong • Fearful of saying something wrong • Experiences rejection or exclusion from peers 	<ul style="list-style-type: none"> • Write directions for all students to see • Determine child’s comfort with closed or open-ended questions • Use a signal to let child know her turn is coming • Provide opportunities for child to share knowledge on topics where he experiences confidence • When students are working in pairs, use a counting-off technique or draw straws to assign partners • Provide a break or cool-down pass
School Work	<ul style="list-style-type: none"> • Struggles with tests: anticipation of exam, fear of not completing, etc. • Experiences difficulties with oral reports • Frequently redo, recheck, or reread assignments • Experiences writing difficulties 	<ul style="list-style-type: none"> • Extend time on tests • Provide alternate place for testing • Modify tests to include word banks or equation sheets • Have child present to teacher alone or videotape at home • Establish a timeframe for work to be completed and modify work accordingly to fit within timeframe • Have another adult “scribe” for the child while he or she dictates
Desk	<ul style="list-style-type: none"> • Distractible 	<ul style="list-style-type: none"> • Find appropriate desk placement with minimal distractions
Outside the Classroom	<ul style="list-style-type: none"> • Experiences rejection or exclusion from peers • Experiences fears of not having friends • Struggles with overwhelming fears that are uncontrollable • Experiences anxiety in crowds • Struggles with changes in routine 	<ul style="list-style-type: none"> • Create social opportunities with small groups (e.g., lunch bunch groups) • Designate a safe person for the child to turn to in all environments • Allow child to slowly integrate self into crowded situations or provide a comfortable place within the crowd • Send a note home indicating upcoming change(s) in routine • Provide a visual schedule letting the child know of upcoming changes in routine
Transitions	<ul style="list-style-type: none"> • Experiences difficulties with changes in routine 	<ul style="list-style-type: none"> • Provide notice verbally or visually on the daily schedule

Student Strengths

- Determined
- Creative
- Loving
- Curious
- Bright
- Careful
- Diligent
- Emotional
- Hard-working

References

- ¹ Anxiety and Depression Association of America. (2014, September). *Facts & statistics*. Retrieved from <http://www.adaa.org/about-adaa/press-room/facts-statistics>

Resources

- **National Institute of Mental Health**
<http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>
- **U.S. Department of Health & Human Services**
<http://www.mentalhealth.gov/what-to-look-for/anxiety-disorders/index.html>
- **Anxiety and Depression Association of America**
<http://www.adaa.org/living-with-anxiety/children>
- **Centers for Disease and Control and Prevention**
<http://www.cdc.gov/mentalhealth/basics/mental-illness/anxiety.htm>
- **SAMSHA**
<http://www.samhsa.gov/disorders/mental>
- **Worry Wise Kids**
<http://www.worrywisekids.org/>