

Child and Adolescent Mental Health Problems – Fact Sheets for School Personnel:

Anxiety Disorders

(Generalized anxiety disorder, phobia, panic disorder)

2004-2005

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| <ul style="list-style-type: none"> • Anxiety disorders include generalized anxiety disorder, phobias, panic disorders, obsessive compulsive disorder (OCD), post-traumatic stress syndrome (PTSD). [Note: There are fact sheets on OCD and PTSD in this series]. • <i>Risk factors for anxiety disorders include shyness in unfamiliar situations, being between the ages of 6 and 8 (normally at that stage children become less afraid of the dark & monsters, and more concerned about school performance and social relationships. If that isn't happening, there may be cause for concern), and having parent(s) with anxiety disorders (but it is unclear whether that is biology, environment, or both).</i> • Children who have experienced high stress are at high risk for anxiety disorders – stressors may include moving, changing schools, failure, loss of close relative, divorce, bodily injury. • <i>For phobias, girls have a higher incidence rate than boys.</i> • Anxiety is normal at some developmental stages (for example, children 8 months to pre-school age often display separation anxiety). • <i>Social phobia is often not noticed in school because the students are quiet and not overt behavior problems.</i> • Anxiety is a feeling that one's safety or well being is in danger. | <ul style="list-style-type: none"> • Treatment is usually a combination of individual psychotherapy, family therapy, medications, behavioral treatments, and/or consultation with the school. • <i>If untreated, an anxiety disorder can lead to missed school, poor peer relationships, and abuse of alcohol and other drugs.</i> • 1 in 10 children/adolescents may have an anxiety disorder; among adolescents, more girls than boys are affected. • <i>About 1/2 of children and adolescents with an anxiety disorder have a second anxiety disorder or another mental health issue such as depression.</i> • Social phobia tends to be chronic and is often co-morbid with depression, substance abuse, and other anxiety disorders. • <i>Panic disorder is often co-morbid with agoraphobia (fear of losing control in a public place), depression, and other anxiety disorders.</i> • Panic disorders are more likely to start in late adolescence or adulthood. The course of panic disorder and agoraphobia is chronic. • <i>Social phobias include fear of public speaking, fear of social interactions, fear of using public bathrooms (sometimes called "bashful bladder"), or fear of eating or drinking in public.</i> • Social phobias generally have an onset in childhood or adolescence, and may include physical complaints such as headache or stomach pains. |
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Symptoms

- Not a typical developmental stage or phase
- Individual feels that something bad will happen and that they have no control over it
- Many worries about things before they happen
- Constant worrying
- Low self-esteem
- Fear of embarrassment or of making errors
- Overly tense and uptight
- Seeking a lot of reassurance
- Clingy
- Nightmares, trouble sleeping
- Apprehension with no discernible cause
- Panic attacks
- Many physical complaints
- Frequent absences from school
- Frequent bouts of tears
- Fear of new situations
- May also be overly quiet, compliant, eager to please

Generalized anxiety disorder

- Extreme, unrealistic worry
- Very self-conscious
- Tense
- High need for reassurance
- Stomachaches or other physical symptoms with no apparent physical basis

Phobias

- Unrealistic, excessive fear of a situation or an object
- Includes social phobias (afraid of being harshly judged, extreme shyness, fear of public performance, group gatherings, public restrooms, etc.) and specific phobias (animals, storms, being confined in small spaces, etc.)

Panic disorders

- Panic attacks (a time-limited, intense episode of dread and physical symptoms such as intense fear, pounding heart, sweating, dizziness, nausea, fear of imminent death)
- Fear of another attack

The table below lists typical fears or causes of anxiety for children at various age levels.¹ **Ask**²: is the anxiety typical for a child of that age? Is the anxiety seen across many situations or is it limited to a specific situation, such as speaking in front of the class? Is the anxiety of a long-term nature or has it occurred recently? Are there events going on in the child's life that are causing stress and pressure? Is the anxiety a sign of a larger problem, such as home and family difficulties? Is the anxiety having a great effect on the child's personal, social, and school functioning?

<u>Age</u>	<u>Anxiety</u>
6-7	Strange or loud noises; separation from parents, being lost, being alone at night, ghosts or other supernatural beings, being hurt by or rejected by specific individuals at school
7-8	The dark and dark places, not being liked, real life catastrophes such as seen on TV, being late for school, being left out of family or school events, being hurt or rejected by specific individuals at school
8-9	Failure in school or in a play, personal humiliation, being caught in a lie, being the victim of violence, parents fighting or being hurt
9-11	Failure in school or at sports, becoming sick, animals larger than humans or that may attack humans, heights, sinister people such as murderers
11-13	Failure in school or sports or social situations, looking strange, being robbed, sex (being attacked, either being repellant to others or attractive to others), death or life-threatening illness, being fooled or brainwashed

¹ from **Your Anxious Child** (see selected resources on page 4)

² from Center for Mental Health in Schools, UCLA (see selected resources on page 4)

Possible School Interventions

- Be consistent; provide a consistent routine and schedule, discipline, feedback
- Provide a supportive environment: acknowledge that you know it's difficult for the student and that you understand
- Validate the student's feelings: it **is** real to him/her.
- Focus on positives; build on success
- Help the student to feel in control, allow choices, provide a place the student can go and someone to talk with if overwhelmed
- Conduct a functional behavioral assessment (FBA) to determine triggers and critical times, activities, etc.
- Avoid excessive, harsh, or unusual discipline
- Set realistic, attainable goals
- Model calmness, good decision making processes, confidence
- Teach relaxation skills, decision making skills
- Improve self worth, self concept, self esteem
- Visit the school before the start of the school year, meet the new teacher, set up a "buddy system" if that will help the student to feel more comfortable
- Work for smooth transitions – foreshadow what is to come, changes in routine, and so on
- Minimize the pressure or stress on the student – match work to his/her ability, provide extra help, monitor closely to be sure the student isn't overwhelmed, use activities that are motivating and interesting to the student, build on the student's strengths and interests
- Be flexible with timelines and workload
- Teach to the student's strengths so that he/she will feel more confident
- Encourage good attendance; be flexible with scheduling (e.g., shorten days if student is experiencing a difficult period), and have a plan for the student to make up work so that he/she doesn't feel overwhelmed upon returning
- Understand that problems may get worse before they get better; support and encourage the student
- Use cognitive behavioral interventions
- Conduct an FBA to help determine triggers/antecedents, as well as maintaining consequences. This includes developing a hypothesis as to whether the behavior is symptomatic, learned, or a combination. Observe the student, gather anecdotal information, and interview teachers, other staff, parents, the student (if appropriate) and the therapist. Then develop a behavior plan which can be tested to see if the behavior can be modified.
- Teach stress management, coping skills: one model is COPE³:
 - **C**alming nerves (learning to relax, return to calm or self-control);
 - **O**riginating an imaginative plan (gaining insight and understanding into the anxiety and creating an anti-anxiety plan);
 - **P**ersisting in the face of obstacles and failure;
 - **E**valuating and adjusting the plan.

³ from **Your Anxious Child** (see selected resources on page 4)
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Summary

- If untreated, anxiety disorders can conflict with job requirements, family, and/or other daily activities.
- Barriers to treatment include awareness, accessibility and affordability.
- Successful coping has 3 components:⁴
 1. Self-worth – the individual is more likely to have the confidence needed to attempt new things;
 2. Security – the individual has others to rely on; and,
 3. Control – the individual knows he/she can cope.
- Students with a mental health diagnosis do not automatically qualify for special education under the Individuals with Disabilities Education Act (IDEA). Keep in mind that IEP (Individualized Education Program) teams cannot make DSM-IV diagnoses, and physicians cannot identify a child as having special education needs under IDEA. If a student with a mental health diagnosis does not qualify for special education under IDEA, schools may serve these students in their regular education programs or using a 504 Plan. (see “Background Information” Fact Sheet).
- Communication with the family and the student’s mental health team (physician, therapist, etc.) is critical. It is important for school personnel to know the possible side effects of medications the student is taking, as well as how the disease is manifested for that student.
- Flexibility is a key in working with students who have a mental illness. Schedules, workloads, expectations, and timelines may need to be adjusted as the student experiences more or fewer symptoms.

Selected Resources

Anxiety. Northern County Psychiatric Associates, Baltimore, MD. Downloaded 7/04 from www.ncpamd.com

Anxiety Disorders Association of America (Silver Spring, MD). www.adaa.org

Anxiety Disorders in Children and Adolescents. Child Development Institute. Downloaded 6/04 from www.childdevelopmentinfo.com/disorders/anxiety_disorders_in_children.htm

The Anxious Child. AACAP Facts for Families. American Academy of Child and Adolescent Psychiatry. Downloaded 4/04 from www.aacap.org/publications/factsfam/anxious.htm

An Introductory Packet on **Anxiety, Fears, Phobias, and Related Problems: Intervention and Resources for School Aged Youth.** Center for Mental Health in Schools, UCLA, Los Angeles, CA. Downloaded 6/04 from <http://smhp.psych.ucla.edu/pdfdocs/Anxiety/anxiety.pdf>

Minnesota Association for Children’s Mental Health (St. Paul, MN). www.macmh.org

Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children. John S. Dacey and Lisa B. Fiore. 2000. Jossey-Bass, a Wiley Company. www.josseybass.com

⁴ An Introductory Packet on Anxiety, Fears, Phobias and Related Problems (see selected resources on this page)
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