

Helping Students with Anxiety Disorders

What are Anxiety Disorders?

Anxiety is a normal response to perceived danger or threat. We respond in three basic ways. We Freeze, Fight, or take Flight. Anxiety is a combination of fearful, worrisome thoughts and a stress or emergency reaction in our bodies. Sometimes anxious feelings cause the heart to race or head to ache. An optimal level of anxiety can help performance, and absence of anxiety or an excess of anxiety can hinder performance. Most research shows that children and adults do not choose to be anxious. There is a “genetic predisposition exacerbated by environmental influences”.

Anxiety Disorders Include:

Separation Anxiety – Intense anxiety about being away from home or from caregivers

Generalized Anxiety – Recurrent fears and worries about almost everything

Specific Phobias (including Social Anxiety) – Anxiety and a panicky avoidance of feared situations/things

Obsessive Compulsive Disorder – Frequent uncontrollable thoughts (obsessions) which trigger routines or rituals (compulsions) designed to eliminate the thoughts

Acute Stress Disorder – Immediate reaction to exposure to traumatic event including re-experiencing the event through intrusive thoughts, dreams, flashbacks or re-enacting it in play as well as increased anxiety responses (exaggerated startle response, sleep disturbance, avoidance)

Post Traumatic Stress Disorder – Longer lasting response to trauma as noted above

Panic Disorder (with and without Agoraphobia). – Intense feeling of impending doom or death coupled with autonomic arousal (rapid pulse, sweating, hyperventilating)

When is Anxiety a Problem?

In children, some rituals and obsessive thoughts are normal. Some level of separation anxiety is normal. Children can be shy but not necessarily Socially Anxious (usually starts in teen years). An event can be traumatic to a child without adults considering it traumatic. Children can be traumatized by witnessing domestic violence. Anxiety Disorders become a diagnosable problem when they are severe enough to interfere with an individual’s daily life, such as attending school, having friends, working at a job.

Some Facts:

A pediatric primary care sample of 7-11 year old children revealed a one year prevalence of anxiety disorders of 15.4%. Temperamental traits are related to later reports of anxiety in both boys and girls (ie. perfectionist). Anxiety in the first grade significantly predicted anxiety in the fifth. Anxiety symptoms significantly contributed to fifth-grade achievement scores. One third to one half of adults with OCD experienced symptoms in childhood. OCD often goes undetected because of shame and embarrassment. Average age of onset is 10 yrs of age. Boys are more likely than girls to develop pre-pubertal symptoms. The incidence of OCD is more common in Caucasians than in African Americans.

In the Classroom:

If possible, consider classroom based education on stress management and discussion of anxiety and performance. (See handout on teaching stress management to children.) For older children

and adolescents have them rate their level of classroom anxiety on the first day as part of a “get to know them” exercise. This will help you identify your anxious performers and help you to develop a strategy with them for your class (when called on, reports etc.) You may also use differential praise and questioning to help anxious children respond. Support and understanding are key. Normalize anxiety, but remember you cannot “force” someone to face their fears. Model stress management yourself; take a deep breath, say a positive coping thought out loud. Practice making mistakes and desensitize kids to “stupid” questions. Speak to the child separately, offer resources and referrals. Use nonverbal behaviors to reinforce coping skills (a wink, smile or nod). Your goal is to create an environment where the anxious child will feel safe enough to take risks and “face their fear”. Celebrate even the smallest steps (but don’t overdo it for socially anxious kids!)

Psychotherapy

In general, a multimodal approach is recommended. Feedback and education to the parents and child about the specific disorder, consultation to the primary care physician and school personnel, cognitive-behavioral interventions, family therapy and pharmacotherapy. Treatment studies have focused on cognitive-behavioral techniques, as those are the psychotherapeutic techniques that have demonstrated effectiveness with persons diagnosed with Anxiety Disorders. By safely and gradually exposing a person to the feared situation, a trained cognitive-behavioral clinician can help a person function normally again. Treatment is designed to defeat the avoidance or other maladaptive coping behaviors, which only serve to maintain the problem.

Psychopharmacology

Many medications can be used to help reduce the severity and frequency of anxiety. In some cases, the thoughts seem to be eliminated altogether. Individuals can assure the best outcome with a combination of medication and cognitive-behavioral therapy.

Recommended Reading:

- Chansky, Tamar E. (2004). *Freeing Your Child from Anxiety: Powerful, Practical Solutions to Overcome your Child’s Fears, Worries, and Phobias*. Paperback, 305 pages.
- Dacey, John, & Fiore, Lisa (2000). *Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children*. Paperback, 242 pages.

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