

# ANXIETY DISORDERS

## SYMPTOMS OR BEHAVIORS

- Frequent absences
- Refusal to join in social activities
- Isolating behavior
- Many physical complaints
- Excessive worry about homework or grades
- Falling grades
- Frequent bouts of tears
- Frustration
- Irritable
- Fear of new situations
- Drug or alcohol abuse
- Unrealistic, obsessive fears
- Repeated unwanted thoughts and behaviors
- Tension about everyday life events

## ABOUT THE DISORDER

All children feel anxious at times. Many young people worry about their academic performance, sporting activities, or even about being on time. Some very young children are frightened of strangers, thunderstorms, or the dark. These are normal and usually short-lived anxieties. But some children suffer from anxieties severe enough to interfere with the daily activities of childhood or adolescence.

Anxious students may lose friends and be left out of social activities. They commonly experience academic failure and low self-esteem. Because many young people with this disorder are quiet and compliant, the signs are often missed. Teachers and parents should be aware of the signs of anxiety disorder so that treatment can begin early, thus preventing academic, social, and vocational failure.

According to the U. S. Department of Health and Human Services, the most common anxiety disorders affecting children and adolescents are:

- **Generalized Anxiety Disorder.** Students experience extreme, unrealistic worry unrelated to recent events. They are often self-conscious and tense and have a very strong need for reassurance. They may suffer from aches and pains that appear to have no physical basis.
- **Phobias.** Students suffer unrealistic and excessive fears. Specific phobias center on animals, storms, water, or situations such as being in an enclosed space. Because students with phobias will try to avoid the objects and situations they fear, the disorder can greatly restrict their lives.
- **Social phobias.** These may center on a fear of being watched, criticized, or judged harshly by others. Because young people with phobias avoid the objects and situations they fear, this disorder can greatly restrict their lives. This fear can be so debilitating that it may keep students from going to school.
- **Obsessive-Compulsive Disorder.** Students become trapped in a pattern of repetitive thoughts (obsessions) and behaviors (compulsions). These may include repeated hand washing, counting, or arranging and rearranging objects. (See *An Educator's Guide to Children's Mental Health* pages 54–55 for more information.)
- **Panic Disorder.** Students suffer repeated attacks without apparent cause. These attacks are periods of intense fear accompanied by pounding heartbeat, sweating, dizziness, nausea, or a feeling of imminent death. Students with a panic disorder will go to great lengths to avoid a panic attack. This may mean refusal to attend school or be separated from parents.
- **Post-Traumatic Stress Disorder.** Students experience strong memories, flashbacks, or troublesome thoughts of traumatic events. These may include physical or sexual abuse or being a victim or witness of violence or disaster, such as a shooting, bombing, or hurricane. Young people with this disorder may try to avoid anything associated with the trauma. They also tend to overreact when startled or have difficulty sleeping. (See *An Educator's Guide to Children's Mental Health* pages 60–62 for more information.)

Anxiety disorders are among the most common mental health problems of childhood and adolescence. As many as 1 in 10 young people may suffer from an anxiety disorder. About 50 percent of children and adolescents with anxiety disorders also have a second anxiety disorder or other mental or behavioral disorder such as depression.

Among adolescents, more girls than boys are affected. It is not known whether anxiety disorders are caused by biology, environment, or both. Studies do, however, suggest that young people are more likely to have an anxiety disorder if their parents have anxiety disorders.

## EDUCATIONAL IMPLICATIONS

Because students with anxiety disorders are easily frustrated, they may have difficulty completing their work. They may worry so much about getting everything right that they take much longer to finish than other students. Or they may simply refuse to begin out of fear that they won't be able to do anything right. Their fears of being embarrassed, humiliated, or failing may result in school avoidance. Getting behind in their work due to numerous absences often creates a cycle of fear of failure, increased anxiety, and avoidance, which leads to more absences. Furthermore, children are not likely to identify anxious feelings, which may make it difficult for educators to fully understand the reason behind poor school performance.

## INSTRUCTIONAL STRATEGIES AND CLASSROOM ACCOMMODATIONS

- Allow students to contract a flexible deadline for worrisome assignments.
- Have the student check with the teacher or have the teacher check with the student to make sure that assignments have been written down correctly. Many teachers will choose to initial an assignment notebook to indicate that information is correct.
- Consider modifying or adapting the curriculum to better suit the student's learning style—this may lessen his/her anxiety.
- Post the daily schedule where it can be seen easily so students know what to expect.
- Encourage follow-through on assignments or tasks, yet be flexible on deadlines.
- Reduce school work load when necessary.
- Reduce homework when possible.
- Keep as much of the child's regular schedule as possible.
- Encourage school attendance—to prevent absences, modify the child's class schedule or reduce the time spent at school.
- Introduce secondary students to new teachers each quarter.
- Maintain regular communication with parents when students remain at home.
- Ask parents what works at home.
- Consider the use of technology. Many students will benefit from easy access to appropriate technology, which may include applications that can engage student interest and increase motivation (e.g., computer-assisted instruction programs, CD-ROM demonstrations, videotape presentations).

*For additional suggestions on classroom strategies and modifications, see An Educator's Guide to Children's Mental Health pages 18–24.*

## RESOURCES

### Anxiety Disorders Association of America

8730 Georgia Avenue, Suite 600  
Silver Spring, MD 20910  
240-485-1001 • [www.adaa.org](http://www.adaa.org)

*Offers publications, referrals to therapists, self-help groups*

### National Institute of Mental Health (NIMH)

Office of Communications  
6001 Executive Boulevard  
Room 8184, MSC 9663  
Bethesda, MD 20892-9663  
301-443-4513 • 866-615-6464

[www.nimh.nih.gov/health/topics/anxiety-disorders/](http://www.nimh.nih.gov/health/topics/anxiety-disorders/)

*Free educational materials for professionals and the public*

### SAMHSA'S National Mental Health Information Center—

#### Center for Mental Health Services

PO Box 2345  
Rockville, MD 20847  
800-789-2647

[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)

*Resources about child and adolescent mental health and links to other web-based materials for educators*

### Publications

- Both the NIMH and the SAMHSA websites have publications tabs that lead to several current and reliable publications. The Anxiety Disorders Association of America also has extensive resources for further reading listed on their website.