

Anxiety and Children
Richard Schuurman, LMFT
Quality Manager, KBBH

That we live in an age of anxiety is probably a fact that is more obvious than many. From dealing with an economy as bad as it has been in a generation and facing budget cuts that could cost us a job, to living in a post 9/11 world where acts of terrorism are not only possible but are in fact probable, anxiety is all around us, experienced by people of all ages, including children and youth. It's as if anxiety has become a fact of life that we are all trying to get used to. The word anxiety has become a word well established in our culture.

But the term anxiety in clinical mental health language has somewhat of a more specific meaning. It certainly could spring from the fact, even the thought, of losing a job or facing a terrorist, but it's a condition where one's reaction is extreme, and it causes impairment in a person's life. Also, it is generally persistent, and is clearly excessive to the circumstances that prompt the reaction.

Anxiety disorders are among the most common mental health problems in children and adolescence, probably the most common. Also, there are different types of anxiety disorder, with some differences in symptom presentation. What is common among them, however, is that each form of anxiety may result in significant distress in a number of settings, such as school, peer relations, and home life, and it may dramatically affect the person's life by limiting their ability to engage in a variety of activities.

Probably the most common type of anxiety, and which I'd like to discuss in most detail, is known as Generalized Anxiety Disorder, or GAD, which affects approximately three to four percent of children.

People with this disorder go through the day filled with exaggerated worry and tension, even though there is little or nothing to provoke it, certainly not to the degree that the anxiety is felt.

As adults, they might be extremely concerned about health issues, money, family problems, or difficulties at work. People with GAD can't seem to get rid of their concerns, even though they usually realize that their anxiety is more intense than the situation warrants.

Children with this disorder are often preoccupied with worries about their success in activities and their ability to get approval from others. These children may have persistent thoughts of self-doubt that they are unable to control, and they constantly criticize themselves. Children may be preoccupied with being on time to events and insist on doing a task "perfectly."

Children with GAD may appear inflexible, or excessively worried about conforming to rules, or they may not be able to enjoy hobbies or other recreational activities. Some children may appear shy when, in fact, they are preoccupied with significant worries. Even if children are aware that their worries are more intense than is warranted by a situation, they are likely not able to stop the worry.

At school, a child with generalized anxiety disorder may have a combination of the following symptoms.

- * Excessive worry and anxiety about a variety of matters.
- * Repeated seeking of teacher approval.
- * An inability to explain the worries. When, in fact, they may not understand why they are so anxious.
- * Inability to stop the worry. Despite adult reassurance, the worries continue.
- * Difficulty transitioning from home to school. Children may develop difficulty entering school in the morning if they associate more worries with school. This may lead to late arrival times, long and tearful morning drop-offs, or tearful episodes at school.
- * Refusal or reluctance to attend school. Anxiety may lead a child to insist on staying at home.
- * Avoidance of academic and peer activities.
- * Self-criticism and low self-esteem.
- * Difficulty concentrating due to persistent worry, which may affect a variety of school activities, from following directions and completing assignments to paying attention.
- * Other conditions, such as attention deficit hyperactivity disorder (ADHD), may also be present, compounding learning difficulties.
- * Having one mental health condition does not rule out the child from having other conditions as well.

There are other anxiety disorders as well, which are triggered by more specific situations. These include: social phobia or social anxiety, which is the fear of meeting new people, or of embarrassing oneself in social situations. Examples of this might include a fear

reaction of trembling, shortness of breath, and fear of fainting when called upon to answer a question from a teacher or even walking into a room when others are watching.

Also, there is Post Traumatic Stress Disorder, which is a type of anxiety disorder that's triggered by a traumatic event that causes intense fear, helplessness, or horror. Although symptoms can occur with anybody following such an event, the intensity of the symptoms of PTSD continue months after the event. The symptoms are commonly grouped into three types: intrusive memories, avoidance and numbing, and increased anxiety or emotional arousal. I will be focusing more exclusively on PTSD in another presentation.

There is also obsessive-compulsive disorder, which are uncontrollable, and repetitive thoughts and fears, often accompanied by repetitive behaviors intended to prevent the fears from being realized. An example of this might be a student fearing his locker is left open and concerned something might be stolen, having a strong urge to see if it's closed, and then getting up and checking. These urges don't get satisfied, and although there might be an intellectual understanding that the student just checked and everything was o.k., the urge stays and the behaviors are repeated.

Next, specific phobia - fear of a particular object (for example, spider) or situation (for example, airplane travel)

Also, there is separation anxiety disorder, a fear of separating from home or primary caregiver.

A disorder many have heard of is a panic disorder, where there are unpredictable and repeated panic attacks unrelated to surrounding circumstances. The panic attack often feels like the person is having a heart attack. There is a physical reaction that comes on within minutes, with symptoms including pounding heart, sweating, trembling or shaking, shortness of breath, chest pain, lightheadedness and chills or hot flashes.

Finally, there is selective mutism, which is the persistent failure to speak in specific social situations (despite the physical ability to speak in other situations), most likely due to severe social anxiety

As with most disorders, both mental and physical, appropriate treatment starts with education and learning about it from credible sources. In the age of the Internet, with every theory under the sun available, the emphasis on credible sources cannot be overstated.

Although the treatment of anxiety is based on any number of theories as to what causes this disorder, recent research overwhelmingly supports a treatment known as cognitive-behavioral therapy (CBT) as the most studied and effective treatment available.

One of the most central assumptions of CBT turns conventional wisdom inside out. Conventional wisdom assumes that when an event occurs, it prompts feelings, and the behaviors then follow. CBT says no, it's not that way at all. It's that an event happens and thoughts occur, often so quickly and unconsciously that you're not even aware they're happening. But it's these thoughts that you have following an event that influence the feelings. The thoughts come first, then the feelings; you feel the way you think.

This model also states that when you're anxious, you're fooling yourself. Anxiety results from distorted, illogical thoughts. It's a mental con. The Cognitive psychologist David Burns breaks these illogical thoughts, or cognitive distortions, into ten categories. These distortions occur automatically and without awareness. His treatment begins by being aware of the thoughts that support anxiety and challenging such thoughts so they are less distorted and more helpful. The implications are such that when you change the way you think, you can change the way you feel.

Included in the CBT model for treatment is the belief that avoidance is causal to anxiety. In other words, you feel anxious because you're avoiding the thing you fear. Treatment includes the stopping of running, and confronting the thing you fear most. But rather than confronting the fear as fully as possible right from the start, which is sometimes the case, confronting can be broken down into a number of smaller and gradual steps, with each step being mastered before the next one is undertaken.

Often included in the treatment of anxieties is medication, with many available depending on the symptoms. Although for some the medications can be literally life saving, it is always important to weigh the risks and the benefits for any treatment modality, whether it be psychopharmacology or psychotherapy.

The last point I want to make is that in fact treatment can be effective, and it can be life changing. But identifying the symptoms can be challenging, especially if a person one is observing has been living with the disorder for a period of time. It is not expected of a teacher to be able to make a diagnosis. Not at all. But knowing the signs in order for the child to be evaluated by a qualified mental health provider, that can be of value to the child, or the adult, beyond measure. Thanks for reading.