

“I don’t want to go to school!”  
“NO! You can’t make me!”



# Anxiety Disorders In Children and Adolescents: Identification, Treatment and Prevention

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# Imagine you are:

- 10 years old
- In the 4<sup>th</sup> grade in a classroom of 30
- Live in an in-tact home with both parents
- Live in the “suburbs” in a nice home
- Both parents have jobs but are home at night with you
- All of your basic “needs” are met and you have very few “wants”



# These are some of the “Headlines” you encounter on a daily basis:

- Nation-Wide, Students Falling Behind in ALL Academic Areas
- Children Expected to Demonstrate Mastery of Academic Areas Earlier and Earlier
- Schools Administering More and More Tests Starting at Earlier Ages
- Increasingly Higher Educational Expectations of Students at Earlier Ages
- Bullying Occurring in Schools at Alarming Rates by Students and Staff
- Decreasing Amounts of Play and Free-Time for Students to focus more on Academics

# You are also hear in the news that:

- “7-year-old Girl Abducted and Murdered Less than ¼ Mile From Home”
- “12-year-old Boy Abducted from Front Yard While Playing, No Suspects”
- “6-year-old Girl Taken from Bed while Mom Sleeps in Next Room”
- “11-year-old Boy Taken from School By Non-Custodial Parent, No Sign in 2 Months”
- “15-year-old Girl and Teacher Not Seen in Two Months, No Contact”

Would you want to go out of your home to school?



NO!

**ANXIETY**

# Possible Reasons Why Children Don't Want to Go to School

## Problem

## Related Thought

Separation anxiety

*Something bad will happen to my mother while I'm at school.*

Generalized anxiety

*I'm going to get a B on the spelling test.*

Obsessions and compulsions

*I'll get AIDS and die if the kids touch my things.*

Social anxiety

*No one will talk to me in recess today.*

Panic

*I won't be able to breathe and I'll die.*

Performance anxiety

*I'll get too nervous and forget everything.*

Learning difficulties

*Math is too hard. I'm dumb anyway.*

Medical illness and absences

*I'll never catch up with the other kids.*

*I'll have an asthma attack in class.*

Fear of bullying/aggression

*They'll laugh at me on the bus.*

Discipline in the classroom

*The teacher picks on me. She makes me feel stupid.*

Sleep deprivation and fatigue

*I can't get up. I'm too tired to go to school.*

Adjustment to transitions

*High school is way too stressful.*

Oppositional behavior

*I'm angry that I couldn't play Nintendo.*

Truancy

*School sucks. I'd rather hang out at the mall.*



# What is Anxiety?

## Situation or Trigger:

- \*First date
- \*Preparing for an exam
- \*Performing at a concert
- \*Giving a speech
- \*Moving from home
- \*Climbing a tall ladder



## Anxiety:

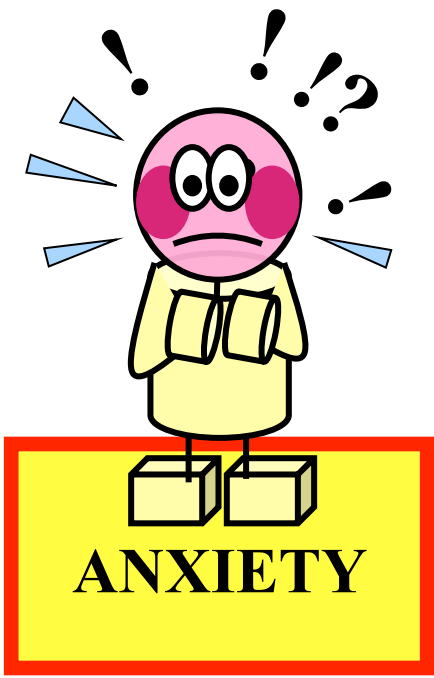
Apprehension  
Nervousness  
Tension  
Edginess  
Nausea  
Sweating  
Trembling

- Transient
- Does not significantly interfere
- Does not prevent a person from achieving their goals

# When is it a problem?

No  
Danger

Brain Registers  
**DANGER!**



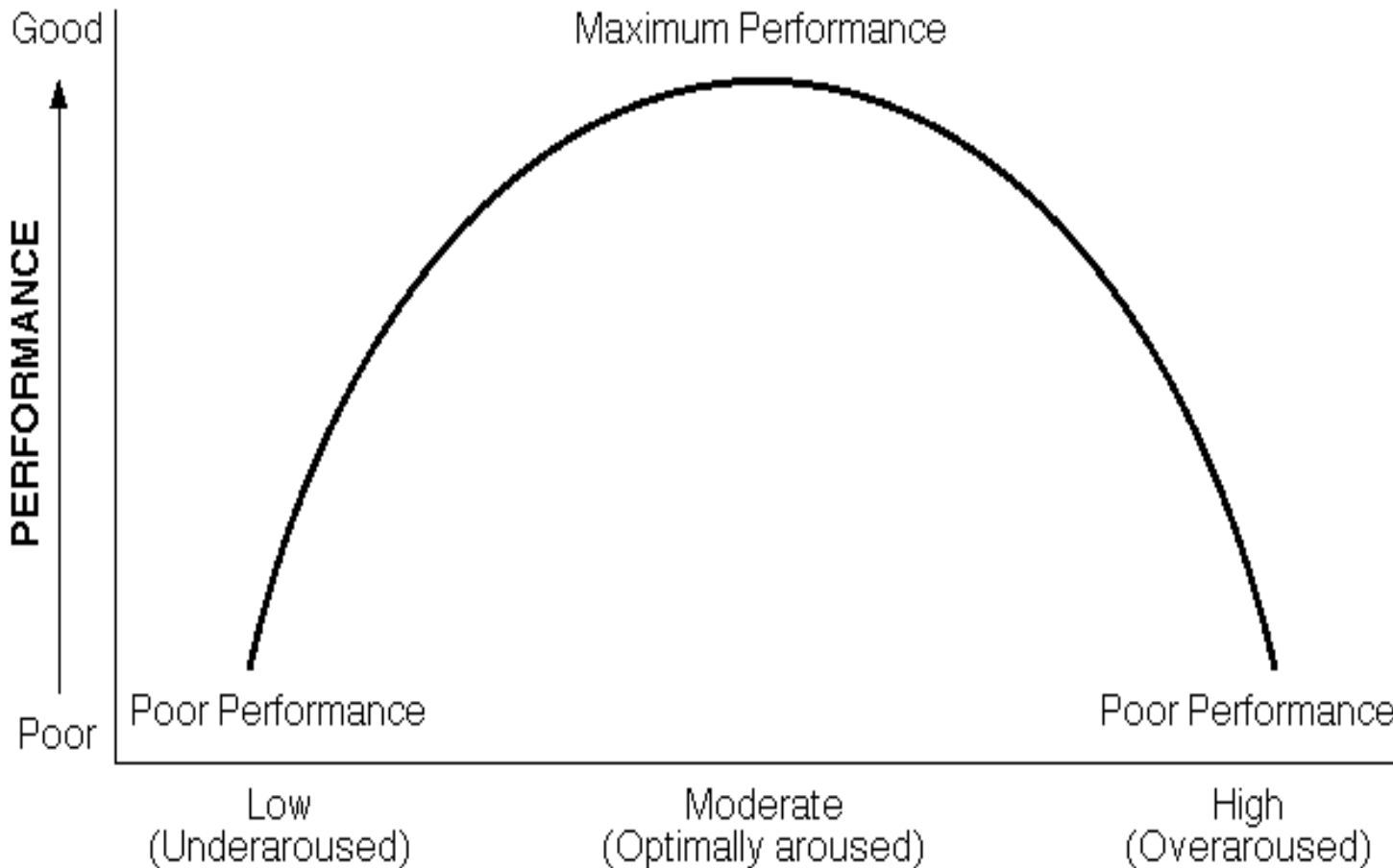
Ears Eyes  
Sensory Perception  
Nose Taste  
Touch  
+  
Internal Signals  
Thoughts Physical  
Emotions

Initiation of  
*Physiological*  
Reactions

- ↑ Heart Rate
- ↑ Alertness
- ↑ Perception
- ↑ Tension



# Anxiety Performance Curve (Yerkes-Dodson Law)



## EMOTIONAL AROUSAL

Hebb, D. O. (1955). *Psychological Review*, 62, 243-254

# When is anxiety a problem?

- Parents and school personnel often confronted with the challenge of deciding whether a child's anxiety is normal, expected and will be outgrown in due time, or whether it merits concern and intervention
- Distinction and decision process can sometimes be straightforward and at other times be quite complex and challenging

# When is anxiety not normal?

- Anxiety extends on a continuum from normal and productive to excessive and detrimental.
- “Normal” anxiety is:
  - age-expected
  - “justifiable”
  - reasonable to the circumstances.
- Anxiety can cross the threshold from normal to problematic when the individual encounters stress or major life events.



# When is anxiety a problem?

- Anxiety becomes a problem when it begins to affect a child's ability:
  - to learn
  - to make friends
  - to have fun
  - To make decisions for themselves

For most children and adolescents, fears and anxieties come and go with time and age, however, for some anxiety becomes severe and long lasting

# Is Childhood Anxiety Common?

- Anxiety Disorders are the most common form of psychopathology in children and adolescents, approx. 1 in 10 under age of 18.
- Various studies over the last 10 years suggest that approximately 4-19% of young people have suffered from an anxiety disorders during childhood.
- More Common in Girls than Boys

# Are Anxiety Disorders Serious?

- About ½ of Children with Anxiety Disorders have Other Mental Health Problems: Depression, ADHD, ODD, Substance Abuse
- Children and adolescents with Anxiety Disorders are at Higher Risk for Subsequent Mental Health Problems and Psychiatric Hospitalizations in Adulthood



# What Causes Anxiety?

- **Genetics/Biological Basis**
  - Anxiety runs in families
  - Common for at least one parent to be anxious
  - Research has shown that what is passed on from parent to child is not a specific tendency to be shy or worry but a general personality type and/or cognitive style predisposing child to develop anxiety.

# What causes anxiety?



- **Parent Reaction**
  - Reactions to child or teen’s anxious behavior might also play a role in increasing anxiety (e.g., being over-protective, excessive reassurance).
- **Modeling**
  - Children and adolescents copy their parents coping strategies (e.g., avoiding fearful situations).
- **Stressors/Traumatic Life Events**
  - Bit by a dog, death of a loved one, being bullied, getting sick, academic struggles

# Other Possible Causes of Problem Anxiety

- Some common Triggers for Problem Anxiety in Children include:
  - the loss of friends,
  - a geographic move,
  - change of schools,
  - challenging academic requirements,
  - tragic events
  - parental divorce separation
  - Parental loss of job/employment
  - serious illness
  - Death of loved one or pet
  - financial loss
- Adjustment-related anxiety may diminish when the stressor resolves



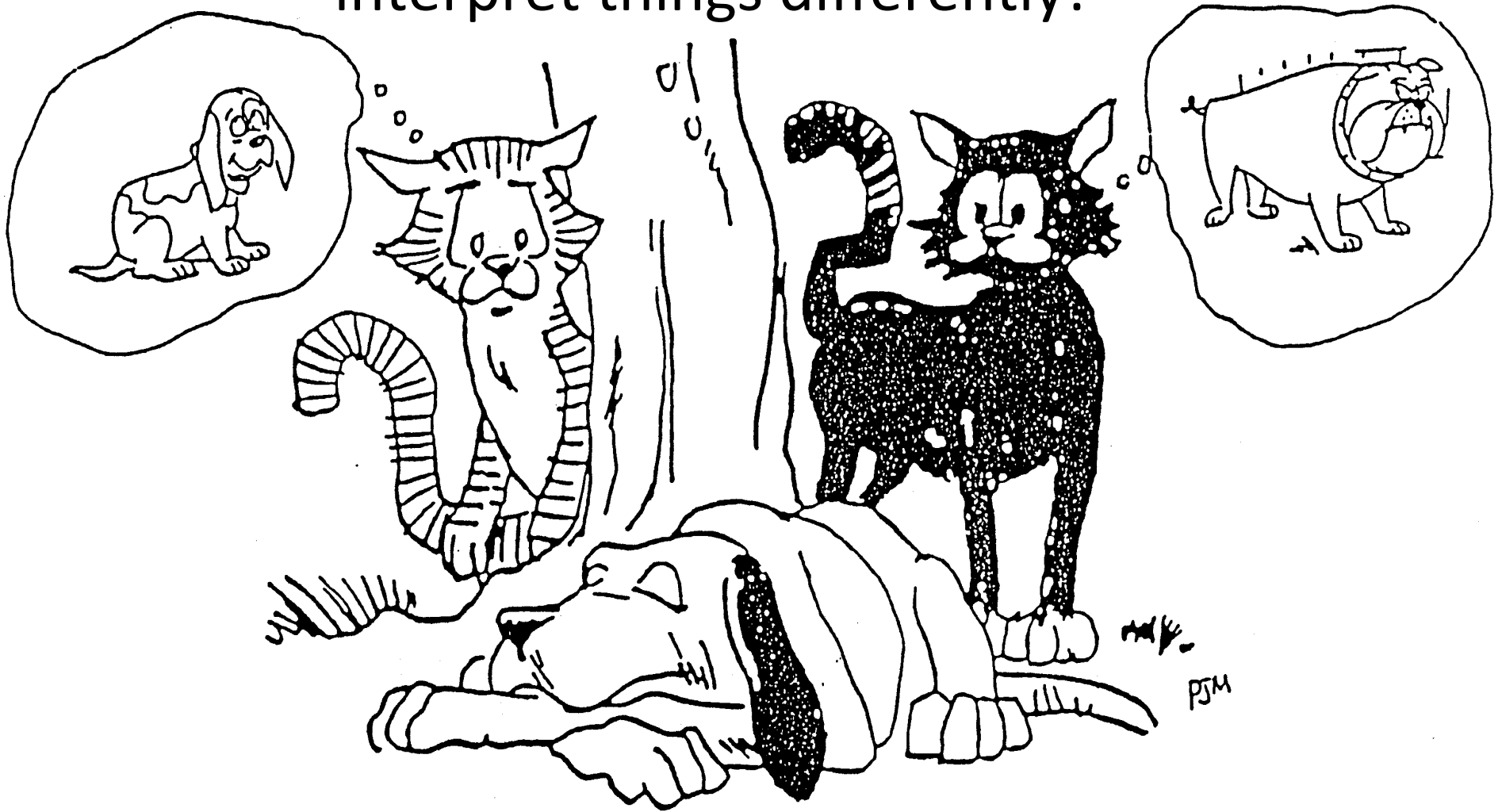
# Anxiety Disorders in Children

- **Separation Anxiety Disorder**: separation from caregivers, concern bad things will happen to them
- **Selective Mutism**: Failure to speak in specific social situation despite speaking in others
- **Generalized Anxiety Disorder**: uncontrollable excessive worry about many areas of life functioning (e.g., school work, family, friends, health)
- **Social Phobia**: fearful of social or performance situations
- **Agoraphobia**: fear of open spaces

# Anxiety Disorders in Children

- **Specific Phobia**: fear of particular objects or situations
- **Panic Disorder**: misinterpret bodily changes and have a fear of losing control
- **Obsessive Compulsive Disorder**: the presence of intrusive repetitive thoughts (obsessions) or behaviours (compulsions), >1 hour/day
- **Post traumatic Stress Disorder** Experience traumatic event, reexperiencing, avoidance and numbness, increased arousal, >1 month

Defining a problem is based on subjective judgments that vary from one situation to the next and from one child to the next. We all see and interpret things differently!



## What you may see

The symptoms of the anxiety disorders cluster into 3 groups:

1. Physical Symptoms
2. Psychological Symptoms – Thinking/Cognition
3. Behavioral Symptoms

## What you may see: Physical symptoms

- Rapid heart rate or racing heart
- Headache
- Muscle Tension
- Chest pains
- Dizziness or faintness
- Sweating
- Trembling or shakiness
- Feeling on edge
- Upset stomach: nausea, vomiting, indigestion, heart-burn.
- Diarrhea or loose stools
- Shortness of breath or difficulty breathing
- Sleep trouble (nightmares, insomnia,



## What you may see: Psychological Symptoms-Thinking /Cognition

- Excessive worry, apprehension, difficulties making decisions, trouble focusing and concentrating, preoccupation, disorganization
- People with anxiety disorder often have **dysfunctional thinking patterns** – frequently asking “What if”, impervious to common sense, distorted ways of thinking about situations, themselves, and others.
- Reassurance seeking: Incessant need for reassurance, Am I going to be OK, Am I going to be sick, Will I always feel this way, Are you sure I can't get sick from that?”
- Perfectionism: high and unattainable, self-imposed standards with regard to schoolwork, behavior or socialization, repeating tasks endlessly, easily frustrated with perceived imperfection, refusal to accept parents' or teachers' satisfaction with the quality of the performance, getting stuck

## What you may see: Psychological Symptoms-Thinking /Cognition

- All-or-nothing thinking
- Catastrophizing
- Discounting the positive
- Emotion over logic
- Magnification/Minimization
- Mind reading
- Overgeneralization
- Jumping to Conclusions
- Faulty Logic



## Faulty Logic

Children and adolescents who are anxious  
tend to:

- Expect the worst
- Worry about things before they happen
- Predict the future
- Underestimate their strengths
- Underestimate their ability to cope
- Unrealistic negative thinking

# What you may see: Behavioral Symptoms

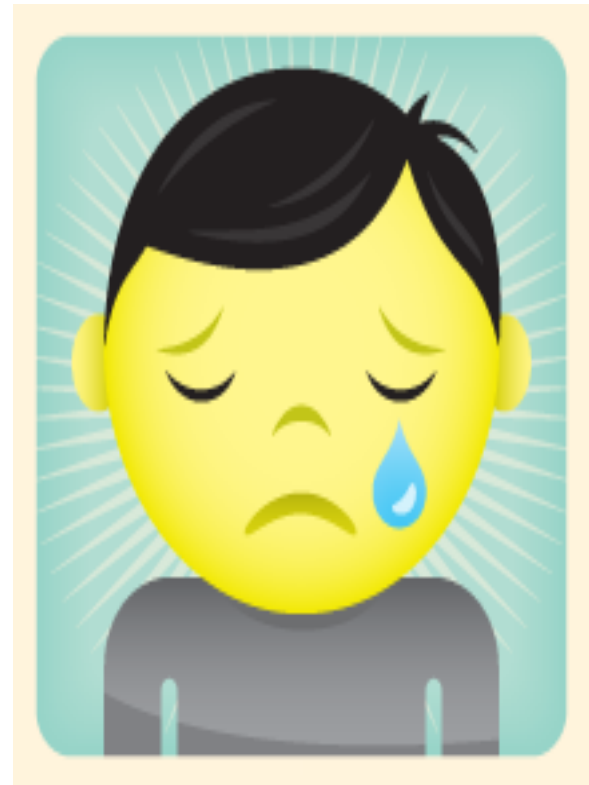
- Social Withdrawal
  - Dropping out of recreational activities
  - Spending time alone
  - Avoiding social situations and events
  - Not speaking with or going out with friends
  - Fear of contamination, harm or death if interact with others
- Avoidance of stressful situations
  - School refusal
  - Staying home from school, work or from planned social activities
  - Refusing to ride in a car
  - Refusing to leave the house
  - Refusing to sleep alone or with the lights out

# What you may see: Behavioral Symptoms

- Out-of-character behaviors
  - Not acting his/her age
  - Not acting like himself/herself
  - Sudden, unexpected resistance from an otherwise compliant child
  - Sudden rigidity, inflexibility or stubbornness that comes across as noncompliance or defiance
  - A general bold and curious child who is abruptly afraid or unduly cautious
  - Lying
- Avoidance
  - Sudden, strong avoidance and reluctance in situations that were formerly not an issue.

# What you may see: Behavioral Symptoms

- Agitation and easily-triggered distress:
  - Unusual tearfulness,
  - clinging
  - fear of being alone in situations that most children their age do not mind
  - Pacing
  - restlessness
  - agitation
  - Crying
  - Irritability
  - hair-trigger “meltdowns”
  - unhappiness
  - poor self-esteem
  - Depression
  - withdrawal



## What you may see: Behavioral symptoms

- Children and adolescents with anxiety disorders will do what they can to reduce their anxiety and they quickly learn that by avoiding the things that make them anxious they can prevent themselves from feeling worse.

### **DO NOT SUPPORT AVOIDANT BEHAVIORS**

- In addition, children and adolescents may be using self-soothing habits and rituals, repetitive reassuring behaviors and/or substances such as drugs and alcohol to reduce anxiety.

# Where to start?

## Treatment

- Provide a supportive environment
- Be consistent
- Validate feelings.
- Investigate what's going on at school/home. It's easier to work with the child/teen when you know what's going on
- Coordinate efforts with other school professionals and parents
- Work with parents to make it less fun at home.



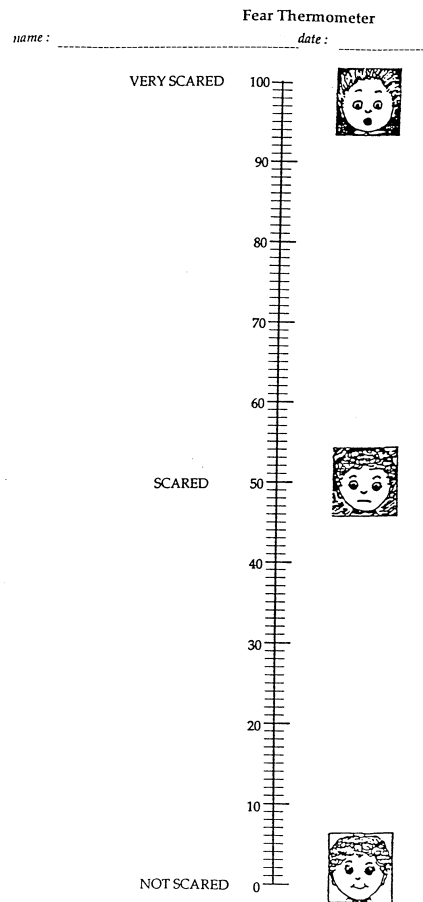


# Helping Measure Anxiety

## Monitoring Tools

- Fear Thermometer
- Diary

# Fear Thermometer



# Fear Diary

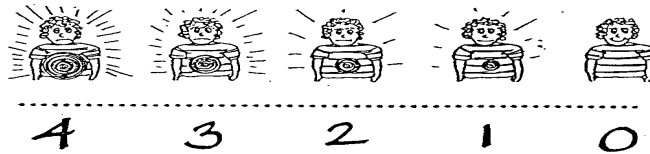
DAILY RECORD

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please provide the following information each day before bedtime:

1. Circle the picture that describes how you felt today



2. Put a check beside the number of times you had thoughts that would not go away

0	_____	13-15	_____
1-3	_____	16-18	_____
4-6	_____	19-21	_____
7-9	_____	22-24	_____
10-12	_____	25+	_____

3. Put a check beside the number of times you had to do something that you thought would make the bad thoughts or scared feeling go away

0	_____	13-15	_____
1-3	_____	16-18	_____
4-6	_____	19-21	_____
7-9	_____	22-24	_____
10-12	_____	25+	_____

# Treatment of Anxiety Disorders in Children and Adolescents

- **\*Cognitive-Behavioral Therapy (with modifications for specific anxiety disorders)**
  - **\*SSRIs, other medications**
  - **Parent-child, family interventions**
  - **Classroom-based accommodations, interventions**
- \*Evidence-based interventions**

# Core Components of CBT

- Education about Anxiety
- Realistic Thinking/Cognitive Restructuring
- Skills Training (e.g., relaxation, problem solving, social skills, assertiveness, stress management)
- Exposure \*\*

# Cognitive Strategies

- Realistic Thinking or Detective Thinking

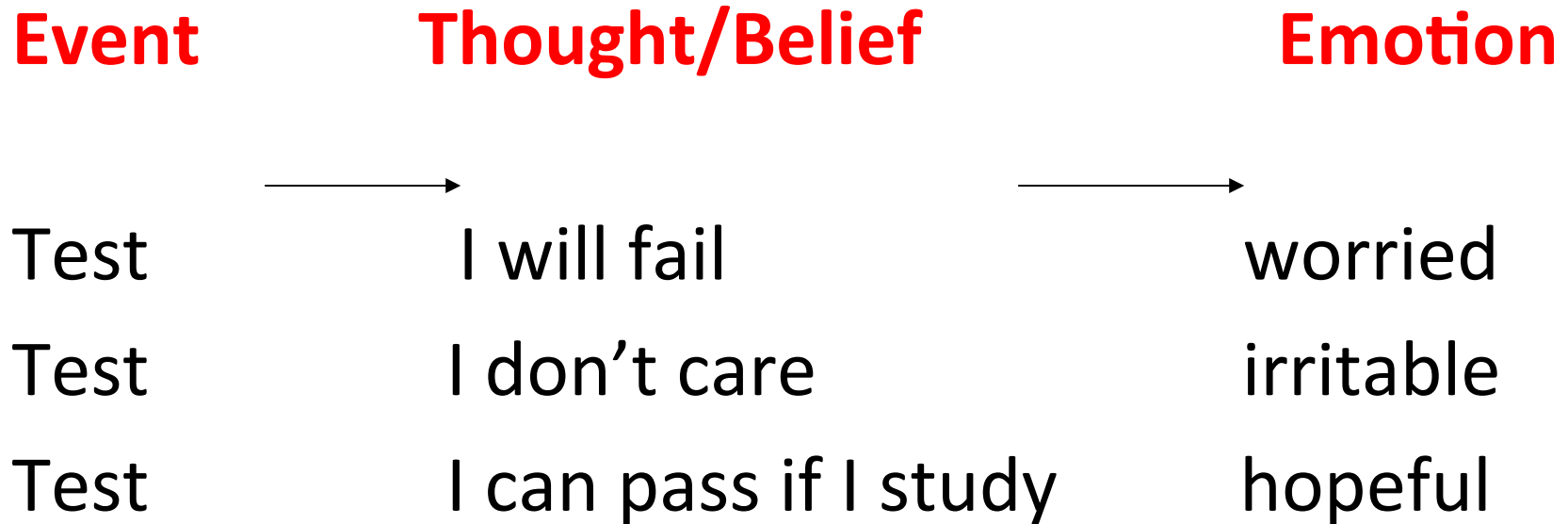
What is the evidence that anxious thought is true or false?

- Problem Solving

Identifying problem and generating solutions and potential outcomes

- Positive Self Talk

# Realistic Thinking



# Behavioral Strategies

- **Coping skills**
- **Exposure** to anxiety provoking situations and **Response Prevention**
- **Encourage and reward** all positive steps in fighting anxiety
- **Modeling and** parent education



# COPING STRATEGIES

- Muscle Relaxation
- Deep Breathing
- Refocusing – e.g. Five senses
- Staying on Task
- Worry Time
- “Acting as if” (..you are not anxious/worried)

# Other Cognitive Behavioral Strategies

- a) **Graded Exposures:** n+1 rule  
(what is step up from current situation?)
- b) **Desensitization:** visit school after school hours, arrive early when school is quieter
- c) **Flooding:** force full time return (usually only works for absences of 2-3 weeks or less)
- d) **Remove incentives** for staying home



- This is the first and most important secret to know: ***Avoidance fuels a vicious cycle of anxiety or fear.***
- To overcome fear, children must face their fear.
- To break the vicious cycle of anxiety, children must expose themselves to their fears.

# Things to keep in mind in working with anxiety: Secrets!

- Anxiety is a feeling of apprehension and fear characterized by physical and psychological symptoms that interferes with day-to-day activities and relationships and makes it hard to enjoy life (Mayo Clinic)
- Avoidance fuels anxiety and obsessions.
- When you avoid something you fear, you do not give yourself the chance to verify if the fear is justified or unwarranted.

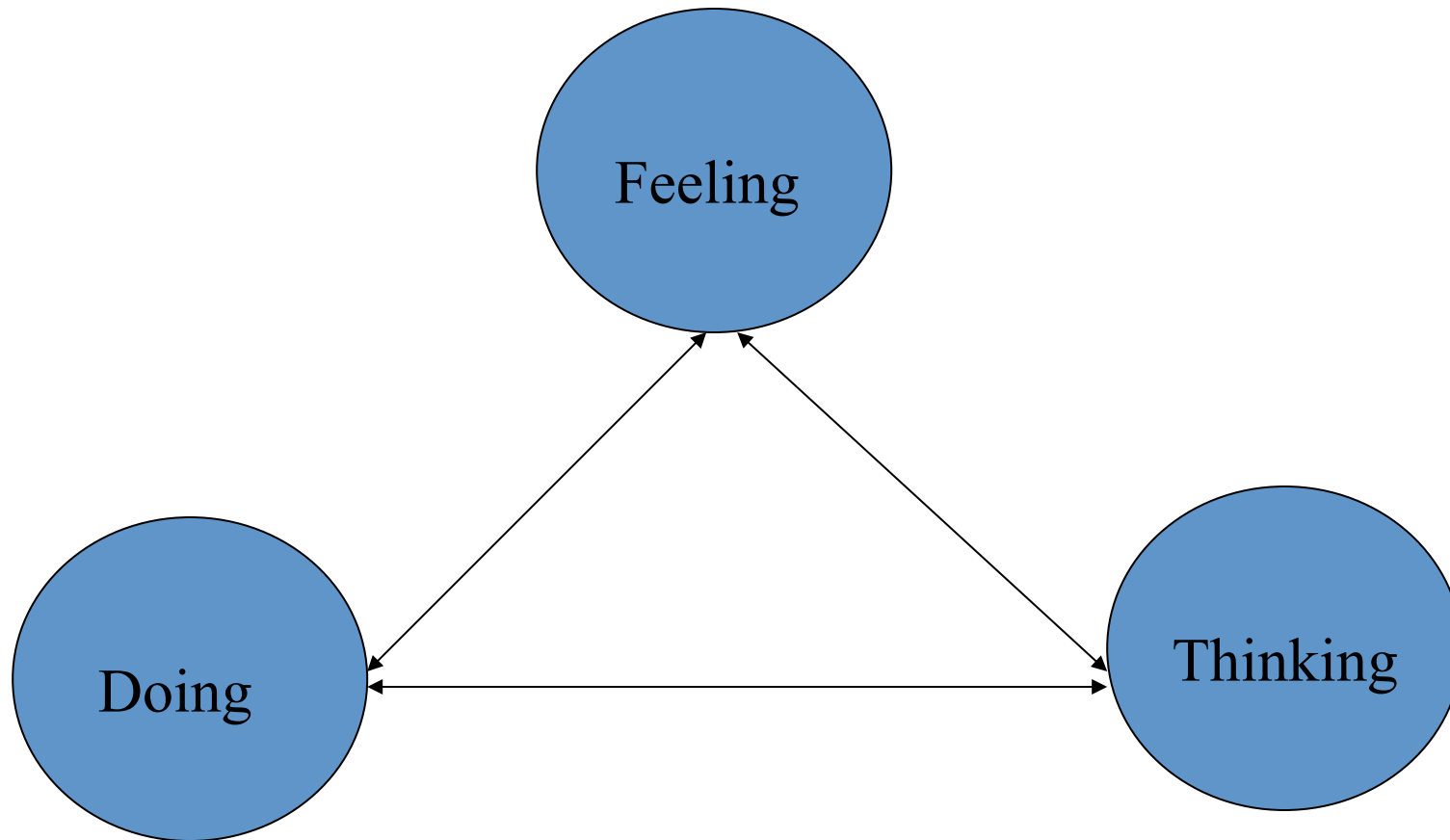
# Exposure\*\*

- Exposed to or facing fears to test their reality.
- Purposeful and conscious confrontation of fears.
- When expected disastrous consequences do not occur, beliefs about the fear begins to change
- Facing fears vs. fighting fears
  - facing involves confronting
  - fighting implies combat and resistance
- Children may be confused when they are told “fight” anxiety by resisting it with all their might.
- Emotional energy consumed in fighting and resisting may intensify anxiety!
- In a paradoxical way, child has to stop struggling with fears to make them go away.

# Prevent Avoidance: Exposure

- By avoiding feared situations, or seeking reassurance, children learn they are not able to cope with the situation or their worry
- Model being brave and problem solving
- Encourage them to take little steps toward accomplishing the feared task
  - Take the bus to school 2 days a week.
  - Oral presentation alone with teacher
  - Go to first class
- Safe place to go in school when anxious
- **Reward effort!**

# Three Components of Anxiety



# Thinking

- Anxious children and teens have unrealistic or extreme thoughts that centre around harm or threat.
  - “My mom is late, she’s been in a car accident.”
  - “I can’t do this presentation because my classmates will think I’m dumb and laugh at me.”
  - “I will get sick in school and throw up, and everyone will know.”
  - “I will get in trouble if my work is not perfect.”



# Thinking Errors

- Anxious children **overestimate** how likely it is that an unpleasant event will happen.
- They **overestimate** how bad the consequences will be if the event does happen.
- They **underestimate** their ability to cope with the anxiety and the unpleasant event

# Feeling

- Anxious children and teens become “pumped up” or aroused. This is the *flight-fight* response.
  - Immediate or short-term anxiety is named the *flight-fight* response. It’s the body’s way of protecting you from danger.
  - The *flight-fight* response causes you to sweat, increase heart rate, tense muscles, make you breath faster, feel hot or cold, dry mouth, and feel lightheaded or dizzy.
  - School Situations: oral presentation, test, separating from parent, substitute teacher, answering question in class

# Doing-Anxious Behaviors

- **Pace, fidget, cry, cling, shake**
- **Avoid**
  - » Refusing to go to school or class
  - » Refusing to go somewhere alone
  - » Complain of headache or stomach ache to get out of doing something
- **Reassurance seeking.**
  - » “Am I going to die?”
  - » “Are you sure \_\_\_\_\_ won’t happen?”
- **Repetitive behaviors to prevent event**

# Psychological Treatments for Anxiety Disorders in Children and Adolescents

- Systematic Desensitization
- Flooding and Implosive Therapy
- Modeling
- Exposure Treatment
- Group Therapy
- Rational-emotive behavior therapy
- Self-instruction training
- Relaxation training
- Biofeedback training
- Crisis intervention therapy

# What to do with “worst fears”?

- Frequent and recent incidents of terrorism, war, school shootings and kidnapping of innocent children have led to children’s anxiety about their “worst fears” come true.
- Children are less able, as a rule, to make sense of violent events and to cope with them than are adults.
- It is important to keep in mind that reactions to trauma are a process, not an event, and may manifest in different ways over time.
- How can you help your child cope with these events and not feeling safe at school or with their peers?

COLUMBINE



# Classroom Accommodations

- **Classroom environment**
  - calm, supportive, but organized classroom.
  - change and uncertainty can be unsettling
  - a structured classroom, calmly disciplined will let children feel safe and know what to expect
  - ideal situation is a teacher who maintains authority positively, using reason and respect rather than fear for punishment
- **Seating within classroom**
  - often struggle with the unlikely fear that they will get in trouble
  - seating away from more rambunctious classmates will be less distracting
  - may help them focus on their work rather than feeling responsible for the class
- **Following directions**
  - Concerns about getting the directions wrong either because of distraction or misunderstanding are common
  - Signaling the class first when giving directions (flashing lights, clapping hands)
  - having directions written on the board or elsewhere

# Classroom Accommodations

- **Class participation**
  - Fears of getting the answer wrong, saying something embarrassing, or simply having other kids look at them
  - Determine the child's comfort with either closed ended questions (requiring a yes or no) or with opinion questions, start with whichever is easiest
  - Use a signal to let the child know that his turn is coming
  - Provide opportunities for the child to share knowledge on topics in which he or she is most confident
- **Class presentations**
  - May have difficulty with oral reports
  - Consider having the child present to the teacher alone, or have the child audiotape or videotape the presentation at home
- **Answering questions at the board**
  - Combination of getting the answer wrong, and being visible to the whole class may be so overwhelming
  - Consider having the child exempt from going up to the board until they are ready to handle that challenge,
  - Begin to approach that situation by eliminating the risk of being wrong, by simply asking the child to write the date on the board

# Classroom Accommodations

- **Testing conditions**
  - Extended time on tests will ease the pressure
  - May become distracted when they see other children working on their tests or turning them in,
  - Testing in an alternate, quiet location may be preferable for some children
  - Consider the use of word banks, equation sheets, to cue children who may "blank out"
- **Lunchroom/recess/unstructured activities**
  - Free choice times can be a welcomed and necessary break from the pressures of school,
  - Fears of rejection in the cafeteria or on the playground
  - Create ties between small groups of children.
  - When working in pairs or small groups, don't always have children choose the groupings themselves



# Classroom Accommodations

- **Safe person**
  - Having guidance counselor, principal, nurse, or teacher identified as a point person for the child to check in with briefly (5-10 minutes) to help dispel worry thoughts, take deep breaths and return to class
- **Cool down pass**
  - Being able to leave the situation briefly to get a drink of water or wash their face
  - Use an orange card child places on desk, or the teachers desk, which signals they are out on break.
- **Assemblies/large group activities**
  - Until a child has mastered the auditorium, allow them to sit where they feel most comfortable
  - See if they can gradually rejoin their class
- **Return after illness**
  - Assign a responsible buddy to copy notes and share handouts when student misses class
  - If tests are given the day of the child's return, give them the option to take the test at another time and use the test-time to make up any other missing work

# Classroom Accommodations

- **Field trips**
  - Accommodate the child's level of readiness so that he or she can participate as fully as possible.
  - Consider having the child in the "Teacher's group," or having parents accompany the group until the child is ready to handle an excursion without these supports in place
- **Change in routine/substitute teachers**
  - Changes of any sort may be experienced as very stressful
  - If possible, alert the child/family to a change in routine
- **Fire/safety drills**
  - May be very distressed by imagining that these events were actually happening.
  - Signal the child in person just before the alarm sounds may buffer the surprise and allow for less distress
- **Homework expectations**
  - With excess worry set a reasonable amount of time for homework and then reduce the homework load to fit into that time frame.
  - Provide time estimates for each assignment

# Prevention of Anxiety

## HOW IS ANXIETY PREVENTED?

Although anxiety disorders cannot be prevented, there are ways to reduce your risk and methods to control or lessen symptoms. Recommendations include:

Reducing caffeine, tea, cola, and chocolate consumption.

Checking with a doctor or pharmacist before using over-the-counter or herbal remedies to see if they contain chemicals that may contribute to anxiety.

Exercising regularly.

Eating healthy foods.

Keeping a regular sleep pattern.

Seeking counseling and support after a traumatic or disturbing experience.

Avoiding alcohol, cannabis.



# “Tips” to Prevent Anxiety

- Encourage child/teen to face his/her fears, not run away from them.
- Tell child/teen that it is okay to be imperfect.
- Focus on the positives.
- Schedule relaxing activities.
- Model approach behavior, self-care, and positive thinking.
- Reward child/teen’s brave behavior.
- Encourage child/teen to express his/her anxiety.
- Help child/teen to problem solve.
- Stay calm.
- Practice relaxation exercises with child/teen.
- Never give up!

# Resources

- Freeing Your Child from Anxiety: Powerful, Practical Solutions to Overcome Your Child's Fears, Worries, and Phobias by Tamar E. Chansky
- What to Do When You Worry Too Much: A Kid's Guide to Overcoming Anxiety (What to Do Guides for Kids) by Dawn Huebner and Bonnie Matthews
- Anxiety-Free Kids: An Interactive Guide for Parents and Children by Bonnie Zucker
- When My Worries Get Too Big! A Relaxation Book for Children Who Live with Anxiety by Kari Dunn Buron
- Helping Your Anxious Child: A Step-by-Step Guide for Parents by Ronald M. Rapee
- Indigo Ocean Dreams: 4 Children's Stories Designed to Decrease Stress, Anger and Anxiety while Increasing Self-Esteem and Self-Awareness by Lori Lite
- The Anxiety Cure for Kids: A Guide for Parents by Elizabeth DuPont Spencer, Robert L. DuPont, and Caroline M. DuPont
- David and the Worry Beast: Helping Children Cope with Anxiety by Anne Marie Guanci and Caroline Attia
- The Worried Child: Recognizing Anxiety in Children and Helping Them Heal by Ph.D. Paul Foxman
- What to Do When You're Scared and Worried: A Guide for Kids by James J. Crist
- Anxiety Disorders in Children and Adolescents, Second Edition by Tracy L. Morris PhD and John S. March MD MPH
- Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children by John S. Dacey and Lisa B. Fiore

# Resources (continued)

- [www.kidsmentalhealth.ca](http://www.kidsmentalhealth.ca)
- [www.cprf.ca](http://www.cprf.ca) “When Something’s Wrong” series
- [www.anxietybc.com](http://www.anxietybc.com)
- [www.teenmentalhealth.org](http://www.teenmentalhealth.org)
- [www.myhealthmagazine.net](http://www.myhealthmagazine.net)
- [www.schoolpsychiatry.org](http://www.schoolpsychiatry.org)
  
- The Anxiety Workbook for Teens, Author: L. Schab
- The Relaxation and Stress Reduction Workbook for Kids: Help for Children to Cope with Stress, Anxiety and Transitions, Author: L Shapiro

# Contact Information for Author

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