February is Psychology Month in Canada, and members of the TCDSB Psychology Department are happy to offer this newsletter to all educators and support staff as we showcase the many contributions of psychology to the well-being of students, families and communities.

Anxiety Disorders in Children and Adolescents

Normal fears in childhood & adolescence: All children are afraid of something at one point or another in their development. When they are very little, children are often afraid of loud noises, strangers or being separated from their parents. In their preschool years, fear of the dark and fear of imaginary creatures are predominant. When they are of school age up until their teens, their most frequent fears have to do with injuries, death, natural disasters and social situations (e.g. to have to speak in class). Most often, fear is an appropriate and essential emotional response that enables children to protect themselves from potential dangers. It would be very disquieting indeed if a child had no fear of strangers or of injuring themselves.

When does fear become a problem?

- When it is excessive in view of the real danger (e.g. to have a phobia about ladybugs that are harmless).
- Can be inappropriate when it occurs at an age where normally it should not be present (e.g. a 16 year old who refuses to go to school because he does not want to leave his parents).
- When it affects the ability to function (e.g. prevents child from attending school).
- When it causes significant distress at different levels: emotional (sense of fear), physiological (difficulty breathing, shortness of breath, stomach-aches, heart palpitations, etc.), cognitive (negative anticipations, thoughts of possible catastrophic events) and behavioural (avoidance of the feared objects and situations).

Characteristics and consequences of anxiety disorders Anxiety disorders are among the most common mental health problems in children and adolescents. Studies show that between 10% and 20% of young people experience moderate to severe anxiety symptoms. Anxiety disorders will interfere in the young person’s functioning at the academic, social and family level. Compared to other young people, children and adolescents with an anxiety disorder report more worries and negative anticipations at school. They are also more isolated socially and need constant reassurance from their teachers or parents to do their work. The young person with an anxiety disorder is often described as sad, tired and preoccupied.

The most common anxiety disorders seen in children and adolescents are Separation Anxiety Disorder, Generalized Anxiety Disorder, Social Anxiety Disorder, Panic Disorder, and Obsessive Compulsive Disorder.

Source: Adapted from Brochure by Lyse Turgeon, Ph.D. Chantale Kirouac, B.Sc., Isabelle Denis B.Sc. of the Research Center Fernand-Seguin, Montreal, on the website of the Anxiety Disorders Association of Canada http://www.anxietycanada.ca
### Types of Anxiety Disorders

<table>
<thead>
<tr>
<th>Name of Disorder</th>
<th>Description</th>
<th>What it may look like in school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation Anxiety Disorder</td>
<td>Excessive worry concerning separation from home or parent</td>
<td>Need to know parent(s) whereabouts</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder (GAD)</td>
<td>Constant worry related to almost all aspects of life (e.g., school, friends, health and safety, future events, local and world events)</td>
<td>“What if” fears about situations far in the future</td>
</tr>
<tr>
<td>Social Phobia</td>
<td>Intense fear of being judged or embarrassed in social situations</td>
<td>Excessive self-consciousness</td>
</tr>
<tr>
<td>Specific Phobia</td>
<td>Persistent fear of a specific object or stimulus that, in reality, poses little or no actual danger</td>
<td>Crying, tantrums, freezing, or clinging in response to specific object</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder (OCD)</td>
<td>Uncontrollable and unwanted thoughts accompanied by repetitive, ritualized behaviours</td>
<td>Fear of germ contamination accompanied by repetitive hand washing</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>Recurrent and unexpected panic attacks in the absence of real danger, followed by constant worry about having another attack</td>
<td>A panic attack is a discrete period of intense heart pounding, sweating, trembling/shaking, dizziness, and a feeling of losing control</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>Intrusive thoughts and memories of an extremely traumatic event (often involving actual or threatened loss of life)</td>
<td>Distressing dreams of the event or generalized nightmares</td>
</tr>
</tbody>
</table>

*Descriptions and examples are general guidelines only, and do not account for the significant developmental changes that occur as children transition from early childhood to late adolescence.
Classroom Management Strategies

The following strategies can help students to successfully manage anxiety:

- Be aware that anxious behaviour can seem like oppositional behaviour (often anxious students engage in avoidance behaviour rather than face their fears). Provide reassurances and help the student to reframe the problem that might be causing them to feel anxious.
- Normalize anxiety and de-stigmatize seeking help. Make mental health and emotions part of the curriculum (this can be helpful for the whole class).
- Allow choices in order to help student feel more in control.
- Create an environment where students will feel safe enough to take risks and face their fears.
- Redirect anxious behaviour by providing student with a distraction such as completing a simple task like delivering a note to another teacher, getting and distributing supplies taking another student to the office, etc. Engaging in a physical activity can reduce anxiety.
- Model stress management and saying positive coping thoughts aloud.
- Encourage risk taking in small steps by planning a set of graduated challenges (i.e. encourage answering questions first when in a pair, then in a small group, then in a larger group and then in front of the whole class).
- Provide reassurances when the student is experiencing anxiety by reminding them that the physical symptoms (sweaty hands, stomach aches, fast heartbeat, etc.) are not dangerous, tell the student to take deep slow breaths and repeat positive statements such as “I can get through this”.
- Modify the student’s program if necessary (provide extra time for tests, if the student demonstrates severe reluctance to participate in public speaking do not force him or her to engage in this activity instead provide options such as doing a group presentation, or presenting to a small group or using a multi-media format to deliver the presentation).
- If the student has panic attacks, permit him or her to leave the class for a few minutes and allow him or her to sit at the back of the room or near the door.
- Use role-playing to practise responses to situations that the student has identified as being anxiety producing.
- If a student’s anxiety is interfering with his or her ability to function, inform the parents and discuss accessing specialized supports such as the school psychologist or a consultation with a physician.

Additional resources:
www.anxietybc.com
www.camh.net
www.kidshealth.org