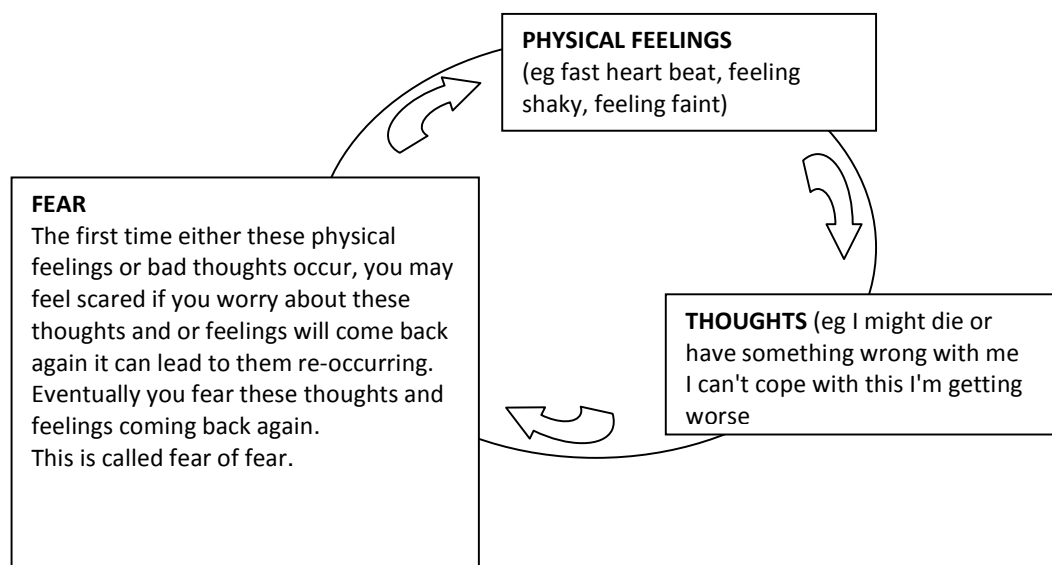


Ideas for difficulties related to anxiety

Anxiety has been found to be one of the most common causes of distress in children and young people. Around one in five primary school children suffer from a low sense of wellbeing which equates to around 6 in the average class (Morrison-Gutman et al, 2008). Anxiety can affect us all in very different ways. It is a completely normal emotion - we all experience it from time to time (think back to your driving test, or an exam for example). However, it can be extremely debilitating, far more intense and long lasting. When in the middle of an anxiety attack it can feel as if you are going to go mad, pass out or have a heart attack. If the child experiences severe anxiety, they can get exactly the same feelings and symptoms as adults. They may be pale, clammy, crying, shaking, saying they are going to be sick or pass out. However, when this happens, although they may look ill, they are OK. It is extremely rare for someone to pass out when anxious, as anxiety increases their blood pressure. In fact, the immune system actually experiences a boost after a short anxiety attack. Remembering this and trying to stay calm will help you stay in control of the situation, and help you to manage the child's anxiety. One important point to keep in mind is that not all anxious children and young people will display the characteristics described above. Some hide their anxiety for fear of someone finding out that they are anxious, with others showing no signs of anxiousness at all containing their feelings of anxiety inside.

How anxiety is maintained?

Psychologists believe that anxiety is maintained by a vicious circle of thoughts, behaviours and feelings, such as those described below.



Which anxiety disorders commonly affect young people?

Anxiety is an emotional problem frequently experienced by young people. Below are some of the most common anxiety difficulties that children and young people experience. Many young people have symptoms that cover a range of anxieties; boundaries are placed mainly to assist in diagnosis and treatment.

Separation Anxiety

This generally begins in childhood, prior to adolescence. It reflects anxiety at separation from home or caregivers that is beyond reason and to the point of interfering with the person's well-being or age appropriate function. It is often accompanied by avoiding activities that require separation from caregivers, such as play dates in friends' home but not in their own home. In younger children, what is referred to as school phobia is usually avoidant behaviour secondary to separation anxiety. (The diagnostic underpinning of school phobia in adolescence is more varied, because social phobia may also lead to school refusal.)

Younger children can also feel afraid of going to sleep alone and when they do get to sleep, may have nightmares about being apart from their parents / guardian. Quite often children and young people with separation anxiety create stories, such as 'they don't feel well' or 'have a tummy ache' to avoid being away from parents or their home. Sometimes, they worry about what could happen to their parents when they are away, such as them being in an accident.

Exam Stress

Exam stress is something that most of us have experienced. It can make us feel tired, under pressure, confused, worried, etc. This is normal and often encourages us to do some extra revision and work a bit harder! However, too much pressure and anxiety can cause people to feel extremely distressed, resulting in them being unable to concentrate and worrying about being able to cope, etc.

Exam stress can also cause people to worry during an exam. For example people may feel that other people are managing the exam better than they are or that they will be finding it really easy compared to them. This can cause people to feel that their mind has 'gone blank' and then they are unable to recall information that they know that they have revised or that they know well.

Panic Attacks

Panic disorder is the repeated experience of unprovoked spontaneous panic attacks. Panic attacks are characterized by intense fear of impending doom or danger, accompanied by physical symptoms, such as rapid heartbeat, shortness of breath, choking sensation, sweating, and feeling detached from reality. The onset is usually in late adolescence and early adulthood. Young children may show panic reactions usually to a feared situation or object but whether they experience spontaneous unprovoked (out of the blue) panic attacks is controversial.

Specific Phobias

One of the most common ways that young people experience anxiety is through the development of a specific phobia. This is usually a feeling of intense fear towards a specific object or situation. This fear is often not logical. Whilst your head tells you that there is nothing to be scared of, your body tells you that you need to run away as the object or situation is

dangerous. People can have a phobia of almost anything! Some of the most common things that people fear are:

- Animals and insects
- Storms
- The dark
- Injections and going to the doctor/dentist.

School Phobia

School is not always a place that young people want to spend time in, however for those with school phobia attending school initiates an extreme panic state that can make them feel incredibly anxious and distressed. This causes school to be viewed as the source of their bad feelings, and results in desperate need to avoid the panic again. School phobia can cause problems for families and young people as avoidance of the feared situation (i.e. school) can cause truancy, or unauthorised absence from school, as well as the young person falling behind in their studies.

Social Phobia

This condition is sometimes referred to as social anxiety disorder because its key feature is anxiety in social situations because of fear of scrutiny, ridicule, humiliation or embarrassment. For example, a child may worry about eating in the school canteen, getting up to speak in front of the class or speaking in groups or individual situations. Social phobia can often make those affected feel that they are being judged by other people and they would rather avoid the situation than go through the experience of feeling anxious. To have social phobia the child's anxiety cannot be caused by impaired capacity for socialization, for example the child can interact normally with those who are familiar to them.

Neophobia (The fear of new foods)

Some children, mainly boys, can only eat a very narrow range of foods, and show extreme anxiety if they are expected to try new foods. The foods that they usually are able to eat are usually beige, dry carbohydrates, such as biscuits, crisps, cereals or bread; dairy products such as milk or yoghurt; and chocolate. This diet does not seem to be harmful to the child, who will grow normally if they are allowed to eat from their acceptable range of foods. The fear of trying new foods stems from a normal development stage that occurs at around the age of two years (the neophobic stage). At this age children narrow down the range of foods accepted and commonly refuse foods that don't look the same as foods that they have learned to like. Most children grow out of this stage, and are able to try and accept new foods into their diet. Some children do not move on from this stage; whatever the parents or schools try to do. The reluctance to try new foods becomes a fear, and all new foods trigger a disgust response in the child. If the child is forced to eat foods that they cannot accept then they will often vomit, or show a gag (disgust) response. Certain food textures, such as lumpy or slimy food, can be more disgusting than others.

Selective Mutism

Selective Mutism (SM) is usually first recognised in children aged between 3 to 8 years old. Its symptoms include an inability to speak in certain places such as school or when children have to meet people they don't know because of feeling so anxious and stressed that they can't respond. They are usually able to speak normally when they are at home or in other places

where they feel comfortable and safe. As well as finding it hard to talk, young people may also find it hard to make eye contact or feel frozen and unable to move when people are talking to them. They have a tendency to find certain situations extremely uncomfortable.

High Profile Selective Mutism Children

Typically, these predominantly young SM sufferers, present as wholly unable to speak to any adult in a playgroup or school setting. They may or may not be able to talk to a few select children at school (usually out of earshot of supervising adults). Generally there is recognition by schools that such children are highly anxious and so all pressure on the child to speak can be removed early on. Many schools will now also recognise the need for early intervention, and will willingly accommodate parents or key workers to undertake sliding in or shaping programs. Sliding in is where a SM sufferer is put into a controlled environment with someone whom they feel at ease and can communicate with. Gradually a new person is introduced in stages. Shaping refers to taking gradual steps to increase the behaviour that is required. This is done by shaping either the setting (e.g. sliding in a new person) or volume of speech (e.g. going from whispering to a one word answer). Such schemes require time and much patience, but many parents are now reporting a great deal of success.

Low profile Selective Mutism Children

These children are not silent in school; they are strongly motivated to speak, due to their desire to be compliant. Generally they will answer the register, answer questions that require short, uncomplicated answers, will read to an adult and may in some cases put their hand up to answer in class. They do however find speaking extremely anxiety provoking and tend to feel uncomfortable, embarrassed and self conscious about how their voice sounds. These children often speak in very quiet or whispered, barely audible voices and report symptoms such as throat tightening, or feeling a lump in their throat when they speak.

Generalised Anxiety Disorder (GAD)

This is the feeling of being anxious about almost everything and anything. Often, people affected by GAD will feel overly worried about a wide range of things including:

- Their performance at school
- Appearance
- Money
- Arriving on time for appointments
- Things that are happening at school or at home
- Worrying about worrying.

This worry can take over a young person's life, and make them feel immobilised. The anxiety experienced is not as a result of any specific trigger, but those with this condition feel that they are on edge all the time for no specific reason. GAD is often accompanied by depression. It is sometimes called 'free-floating' anxiety.

Obsessive Compulsive Disorder (OCD)

OCD can be looked at in two parts: (1) obsessions - these are repetitive, obtrusive, unwanted thoughts that are experienced and result in unreasonable fears, and (2) compulsions - acts or rituals carried out in response to fears generated by obsessions. Sufferers of this disorder feel

less anxious once they have carried out a compulsion. It is possible to experience obsessive thoughts only and not have the desire to carry out a compulsion. Examples of compulsions are excessive cleaning, counting, checking, measuring, and repeating tasks or actions. Trichotillomania (compulsive hair-pulling) may also be classified under the general umbrella of OCD. Examples of obsessions are worrying excessively about death, germs, illness - usually AIDS, cancer, etc (this can also be classified as an 'illness phobia' or health anxiety) having undesirable sexual thoughts, fearing causing harm to others.

STRATEGIES

GENERAL APPROACH

- Sharing information between home and school
- Listening to the child
- Helping the child feel they belong and feel safe in school.
- Giving a child clear boundaries helps to keep him/her secure.
- Try to make some time in your daily schedule to give positive attention
- Allow them to share their positive attributes as well as the negative ones
- Finding the right professional support where you can learn how to support the child and learn about anxiety (i.e. Educational Psychologist)

Stopping anxiety before it starts

Psychologists have identified a quirk in humans called 'latent inhibition'. What this means is that if someone has to do something stressful (e.g. go into hospital, go to the dentist), they are less likely to develop a phobia if they have had a really positive experience of that situation first. So if you know the child has to do something they may get distressed about, let them have a really positive experience in the same situation beforehand (e.g. going to play in the dentist's chair). It really works! The 'fear of the fear' often makes people feel worse as they are literally on edge waiting for bad feelings to happen; they stop doing things that link with the negative (bad) feelings or thoughts. This is called avoidance. The more that someone avoids the thing that links with feeling bad, the more they think of it as being dangerous. This means that the next time a person has to face the situation or event, their body tells them that it is dangerous and the fight, flight or freeze response kicks in (see the caveman story detailed below). They feel they should either run away from the 'dangerous' thing, fight it or their body becomes frozen to the spot.

The story of the caveman

This story is useful to help children understand where anxiety comes from and it can be adapted depending on the age of the child. "Back in the distant past, when we were still cavemen walking around in furs, we came across many dangers, like wild animals and other hostile tribes. Our bodies (naturally wanting to protect us from danger) designed a special alarm inside us that was set to go off whenever danger was present. This alarm gave us the ability to fight the danger, or run away by increasing our heart rate, and supplies of blood to our muscles- making us breathe faster. It also made us think more quickly, and be on the alert for dangerous situations. It worked brilliantly! However, as we don't have to worry about wild animals or hostile tribes any more so we don't need the special alarm as much. Unfortunately we can't turn

it off, and some peoples' alarm system gets stuck in 'on' mode, which causes them to feel ready for danger at all times.

Anxiety in School

The importance of school in a young person's life cannot be underestimated, yet anxiety has a tendency to affect this area of their lives significantly. Often young people feel they cannot cope with the added pressure of school and everything it signifies to them, on top of their anxiety condition. Although many schools have a positive approach to supporting pupils with anxiety, young people can come up against problems and sometimes be misunderstood by school staff.

Triggers for anxiety vary from person to person, so it is important to talk to the anxious child about what their triggers are so that strategies can be planned to deal with them. It is best if the child can say what would make things easier for them, as the causes of their anxieties may not be predictable or seemingly rational.

Specific issues to consider at school include:

- **Where they are most comfortable sitting in class** – They may prefer to sit at the front with their back to the class, or at the back where no one is looking at them, or at the side away from the door where it is quieter or by the door for a quick escape.
- **Which teachers they can cope with** – (and why – e.g. fierce, overly friendly, strange, unpredictable, loud, demanding). They may not be able to answer this for fear of saying something wrong, or they may simply not know what it is about someone which makes them anxious. They will know, however, who they feel comfortable with. They may not cope with teachers they do not know.
- **How they find it easiest to enter the room** – They may like to go in first before the rest of the class, or enter quietly after the others. They may find some rooms easier than others to enter e.g. if the door is at the front then they have to enter facing the class, or if they go in first the class will enter facing them. It may be easier to get into a class with a door at the side or back, or where a seat is saved for them so they know where they will sit each time.
- **Who they have to support them** – they may feel most comfortable with a particular friend or group of friends, with an adult to support them, etc.
- **Whether they can cope with being asked questions in class** – they may manage some e.g. closed questions, but not be able to answer more
- **How they get from class to class** – They may like to be escorted by an adult and/or only go through corridors when they are quiet (some anxious people cannot cope with crowds because of noise, jostling and fear of being pushed over – sensory issues may be involved in this).
- **Use of toilets** – They may not be able to use the school toilets as it causes anxiety to do so, or they may need to go only when the toilets are empty of other people. Having access to toilets at all times can sometimes be very important too.
- **Eating** – They may not be able to eat in public (very common with social anxiety). This means they will go all day with nothing to eat or drink, which will exacerbate the anxiety when blood sugar levels drop. Anxiety causes the metabolic rate to increase (adrenalin effect), and suppresses appetite. This can cause loss of weight if the child cannot eat in school. They may need a quiet and private place to eat.
- **PE** – They may not feel confident to change in front of others, or feel able to perform. This may also apply to music and other performance arts subjects.

- Where they feel comfortable in school if they cannot get into class – do they have a reliable base they can go to where they can feel safe and where they can calm down if they need to? Obviously there will be lots of other examples depending on the young person.

Exposure Ladders

One of the main factors that keeps anxiety going is avoidance of a feared stimulus.

One way you can help the child to challenge this avoidance is to put together a step by step plan that gradually exposes them to the thing that they fear. This should not push them into an anxiety provoking situation - the point is to build on the success of the last step and help them to grow in confidence each time. For example, for a child who had a phobia of dogs an exposure programme might look like this:

- Step One - Find an achievable 1st step, for example looking at a photo of a dog
- Step Two - When the child is comfortable doing this, perhaps try looking at a toy dog
- Step Three - Holding a toy dog
- Step Four - Being in the same garden as a very small dog in a cage
- Step Five - Moving closer to the cage
- Step Six - Being in the same garden as a dog on a lead
- Step Seven - Moving closer to the dog
- Step Eight - Touching the dog for one second, etc, etc

Each step should be decided in agreement with the child, the parent, and the teacher plenty of praise / rewards should be used as the child or young person moves through the ladder. If the child or young person becomes distressed or does not feel they can manage the next step, then make the step smaller. It may take a considerable length of time for them to get to their goal, and everyone is different so patience, time and support are required in bucket loads. You can assess when a child or young person's anxiety drops by getting them to rate it on a scale of 1-10. When that number drops below 2 in the situation, you will be ready to move on to the next step.

As a teacher there are many practical ways that you can support the child with their anxiety. One good way to learn to differentiate the different levels of anxiety the child is feeling is by getting them to rate how afraid they are on a scale of 1-10. This will give them a way of describing how intense their anxiety is in relation to different stimuli. This can be useful when you are looking at exposure ladders (see above) It can give an indication as to when a child or young person has become comfortable with an anxiety-provoking stimulus.

Using praise and reward to get the behaviours you want:

When you see good behaviour and brave behaviour (where they challenge themselves - even in small ways) remember to give tons of praise.

Remember:

- sound like you mean it
- avoid 'stings in the tale' ('that's great, but it would be better if you...')
- say exactly what you are giving the praise for

For really good or brave behaviour you could try using little rewards - stickers are always good, or wrapping up small gifts - they don't need to be expensive.

Getting the most out of rewards:

- Give the reward ASAP after the good or brave behaviour
- Give loads of praise too
- Never take a reward away once it has been earned
- Always give rewards AFTER you have got the behaviour that you wanted to see
- Star charts are fantastic rewards for building new or brave behaviours (in younger children).

How to cope with a child who has Selective Mutism

- Make them feel welcome in the school
- Be patient
- Remove the expectation to speak (and certainly don't call upon them!)
- Treat all speech as a bonus
- Avoid asking unexpected direct questions

Advice and support from Educational Psychologist

How to cope with food related anxiety

Never insist that the child eats food that they do not like. Make sure that the child gets the calories that they need from the foods that they do like; whatever those foods might be. Get the child used to being around the food that they fear, just getting used to the smell and being able to touch 'disgust foods' is a start. If you are trying to get the child to taste new foods, don't do this at mealtimes. Do it at a time when other people aren't watching and the child is less likely to be anxious. Start with very small amounts of food; just a taste will do. A food needs to be tasted quite a few times before it is accepted. Make sure that the child's school is aware of the problem.

How to cope with a child who is recovering from traumatic incident/s.

All of the above techniques can be useful for children/young people who have experienced a traumatic event, but more specialized advice and support is recommended when the child or young person is avoiding situations, people or places, or they are experiencing flashbacks or images or intrusive thoughts. Traumatic incidents can range from a one off incident such as a car accident, hospitalization or traumatic bereavement. These types of incidents can lead to changes in a child's/young person's ability to function. For example they may develop phobias, panic attacks, separation anxiety, hypervigilance or depression. Sometimes these traumatic incidents occur more than once, such as physical, domestic or sexual abuse. A child/young person can also be traumatized even if the incident did not happen to them directly but to someone else.

Things you can do

- Listen
- If they want, let them talk about what happened, what they think, and what they understand

- Let them know they are not to blame
- If their behaviour is challenging or aggressive, understand that it may be due to the trauma they experienced. Use consequences, not punishments. A consequence is something that is naturally caused by a behaviour, i.e. if they are obnoxious, they can't be around people at the moment, if they make a mess, they clean it up.
- Don't avoid talking about events, but let them talk at their own pace, making gentle corrections to their understanding. Take the age of the child into account in your reply
- For very young children, do not leave the television on or newspapers and magazines around with disturbing pictures showing.

If they do see reports then talk together to agree that this is horrible but also that it doesn't happen very often.

Access to specialized trauma therapy can be obtained through the school's Educational Psychologist who is trained in a variety of therapeutic methods to deal with anxiety and trauma. In particular, they have training in EMDR (eye movement desensitization reprocessing) which is regarded as the most efficient and effective method in the treatment of trauma.