ANXIETY

STUDENTS WITH REACH STRUGGLING TEENS
Anxiety is an emotional and physical state of preparedness that anticipates a potential stress or threat. Anxious feelings and behaviors include mild fear, anticipation, preparation for an upcoming event and drawing up contingency plans for the unexpected. Anxiety can be beneficial, even lifesaving, and, in moderation, it allows individuals to prepare for upcoming stressors and function well. However, when anxiety gets too high or is misdirected it can limit functioning and lead to significant emotional or physical discomfort.

When anxiety gets in the way of healthy adaptive functioning, we call this an anxiety disorder. School counselors can help teens understand the positive aspects of anxiety while also knowing how to get help when needed.

**Anxiety Disorders**

Although some adolescents will come directly to you seeking help for anxiety, most will offer subtle cues that they are struggling. Frequent somatic concerns, missed school, inability to complete schoolwork, avoidance of previously enjoyed activities and irritability are all cues that a student may have an anxiety disorder.

Anxiety disorders affect approximately 10 percent of adolescents, making them the most common mental health concerns for youth. The causes of these disorders are not fully understood. Genetics and parenting style may both increase risk. Experiencing a stressful event or maltreatment can also predispose a child to anxiety. We do know, however, that professional support can guide a young person to a lifelong...
GENERALIZED ANXIETY DISORDER
Adolescents with generalized anxiety disorder may worry about potential problems to a degree that seems out of proportion and unrealistic to those around them. Most adolescents will know they are worrying too much but may not be able to calm down or turn off their worries.

SOCIAL ANXIETY DISORDER
For young children, separation anxiety is normal, but for adolescents it results in significant impairment. It is not uncommon for the teen to ask to sleep with siblings or parents, experience repeated nightmares or express strong somatic complaints.

OBSSESSIVE-COMPULSIVE DISORDER
Obsessive-compulsive disorder (OCD) commonly presents at about age 10 years or in young adulthood at about age 21. Young people with OCD have persistent, recurring, intrusive thoughts (obsessions) and repetitive behaviors or rituals (compulsions) that are done to alleviate the worries stirred up by the obsessions. This places adolescents with OCD at increased risk for self-harm.

SPECIFIC PHOBIAS
Adolescents do not usually make others aware of specific phobias unless they find they can’t function normally. With a phobia, the young person may have a persistent fear out of proportion to the actual danger and experience intense anxiety when exposed to the object or situation. The thought of facing their feared object or situation can bring on a panic attack.

PANIC DISORDER
Panic attacks can occur outside a panic disorder. Both are likely to present during late adolescence, with a higher prevalence among young women. A typical panic attack might include excessive sweating, increased heart rate or palpitations, trembling or shaking, chills or hot flashes, the sensation of shortness of breath or choking, chest pain, nausea, dizziness, numbness or tingling, feeling detached and fear of going crazy or dying.

ACUTE STRESS DISORDER
Acute stress disorder can follow a traumatic event and result in a feeling of numbness, a feeling of watching oneself go through the motions or having a sense that the world is not real. Acute stress disorder can last up to four weeks after the trauma. It occurs commonly after an assault, motor vehicle crash or witnessing a shooting.

POST-TRAUMATIC STRESS DISORDER
Post-traumatic stress disorder (PTSD) may develop after experiencing, witnessing or being involved in a life-threatening event or serious injury. Responses include fear, helplessness, dissociation or agitation. Hyper-vigilance and arousal, including irritability or outbursts of anger, can occur. Symptoms usually begin within three months of the incident but occasionally emerge years afterward. They must last more than a month to be considered PTSD.

We don’t know why so many people have anxiety, but we believe individuals who were a little more ‘on alert’ had a crucial survival trait that benefited the entire community. Imagine a family troop crossing a savanna; each troop member would have his or her own job. Some members would navigate the way, others would search for food, and others would have the critical role of being on constant lookout and keeping the entire troop safe. Those on-alert troop members wouldn’t ignore an unusual pattern in the grass. They would notice it, pay careful attention and assess quickly if the pattern was a snake, a lion or simply wind blowing the grass. This ability to look at the normal environment and pick up on potential dangers is one of the most protective traits we have. Individuals who have this trait are uniquely skilled to stay on alert, repeatedly check and recheck, not miss a risk and warn others. Sure, it also meant they sometimes over-called a snake in the grass when it was really a rabbit, but better for some people to be highly sensitive than to miss the snake altogether. Some degree of anxiety is a highly valued skill.

The spectrum of anxiety disorders includes generalized anxiety disorder, separation anxiety disorder, social anxiety disorder, panic disorder, specific phobias, obsessive-compulsive disorder, acute stress disorder and post-traumatic stress disorder. The criteria to diagnose each can be found in the “Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.” For most caring adults working with teens, it isn’t critical to know specific diagnostic criteria, but it can be helpful to understand the various ways anxiety affects adolescents so you can spot when a teen’s emotions, attitudes or behaviors signal that a student is anxious and needs assistance.

Anxiety can come from perfectionism. Perfectionists see mistakes as proof they are unworthy. Fear of failure may cause them to avoid a task entirely. Parents and the school together can convey supportive messages that reduce external pressures. However, sometimes...
a teen’s perfectionism is internally driven by unhealthy thought patterns that reinforce what they “must” or “should” do lest their actions lead to catastrophic outcomes. (e.g., “If I don’t get an A, I will never get into college”). In these cases, a therapist may consider cognitive behavioral therapy in treatment plans.

Setting the Stage for Students
Learning to use anxiety when it is helpful and finding effective coping strategies when it is not is one of the most important skills a young person can develop to ensure lifelong steadiness and well-being. You can help students and their parents understand the positive aspects of anxiety while also knowing how to get them help should the anxiety become dysfunctional.

Keep in mind that adolescents may feel ashamed they can’t handle their own problems and worry that going for help confirms they are weak. Guide teens to understand that seeking help is an act of strength because strong people know they are capable of feeling better, deserve to feel better and will take steps to feel better. They should already know that school counselors honor privacy and strive to serve without judgment, and outside counselors will do the same.

People who engage problems do better than those who disengage from problems altogether. However, disengagement may also be adaptive, particularly for an anxious person. Avoidance allows a person to choose the timing of when to confront an issue. It might be wise to delay a response to a problem until safety is ensured, skills are developed, and strategies are formed. Our challenge is to guide students away from unhealthy disengagement strategies (substance use, running away) and toward healthy ones (reading, hobbies).

Working With Students
For mild anxiety that is minimally affecting function, just creating a space where students can talk openly about worries can be cathartic and healing. Young people also gain a sense of control with self-discovered insights, and control can diminish anxiety.

Adding a set of positive stress-management and coping strategies will enhance adolescents’ ability to mitigate their anxiety. For instance, offering guidance on healthy lifestyle choices, including appropriate sleep, good nutrition and exercise can help young people manage mild anxiety.

Exercise, in particular, can help adolescents manage both baseline stress or discomfort or acute bouts of anxiety. You might say to a student, “Stress or really bad anxiety makes you feel as if a tiger is chasing you. So the answer is to run (or do any kind of exercise that makes you move). When you don’t run, your body thinks there is still a tiger lurking and ready to attack you. Of course you can’t concentrate or think of anything else if there might be a tiger hanging out. When you exercise you tell your body you have escaped.”

Young people with school-related anxiety may say they don’t have time to exercise. Your response can be “You don’t have time not to exercise. You will be far more focused and efficient if you just take 20 minutes for a hard sweat. You can’t do schoolwork when a ‘tiger’ is chasing you. You’ll focus better if you exercise first.”

Stress-management plans can also be a big help for students with anxiety, but they need to be presented differently for different ages. Children should be offered opportunities to learn that they feel better after exercise and happier after they have expressed themselves creatively. For instance, blowing bubbles can teach younger children about controlled and relaxed breathing. Pre-adolescents and early adolescents will listen attentively as they are taught stress-reduction strategies. They will appreciate parental guidance and an acknowledgement that their lives are becoming more complex. Adolescents likely will not want to hear about stress reduction from parents but may still be responsive to professionals. They can learn from web-based materials and should be given opportunities to design their own plans. A sample stress-management plan is available at http://www.fosteringresilience.com/stress_management_plan.php.

A Multidisciplinary Approach
Children who express thoughts of self-harm need to have a careful assessment to ensure safety. For anxiety that significantly affects function, students may need outside therapeutic approaches to address and reshape fears and worries. Cognitive behavioral therapy (CBT) has been shown to be effective in treating some adolescents with anxiety.

Treatment with medication can sometimes be helpful with anxiety in combination with CBT or other therapies. Anxiety merits a medical evaluation to rule out a physiological cause of the symptoms of anxiety.

Remind your students that counselors don’t give answers or solve problems but instead try to find and build on each person’s strengths. Most behaviors we fear, including substance use, self-mutilation, eating disorders and a host of other problems, serve as coping strategies that manage uncomfortable stressors and anxiety. If you can help youth develop a repertoire of alternative coping strategies, you will diminish their need to turn to these worrisome quick fixes.


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