RECOGNIZING ANXIETIES AND WHAT YOU CAN DO ABOUT THEM

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November 16, 2010

Anxiety Disorders are very common in children, adolescents and adults.

Anxiety in children and adolescents adversely affects school and other performance, social relationships, self-esteem and perceptions of happiness and satisfaction. Childhood anxiety predicts adult anxiety and other psychiatric disorders.

Despite our having effective treatments for anxiety, most people who suffer from significant anxiety never receive the treatment they need. As educators, you have the opportunity to observe evidences of anxiety and to see that those children or adolescents receive proper treatment.

Fear and anxiety are different. Fear is a healthy response to a real threat. Anxiety is similar to fear but it occurs in the absence of a true threat. Both fear and anxiety occur when there is a perception of a risk or threat and a perception that one does not have enough control. The differences between fear and anxiety are these: in fear, the perceptions are reasonable; in anxiety, there are distorted perceptions where risk or threat is over estimated and control is under estimated. These are Cognitive Distortions.

For identification and treatment we have separated the different types of Anxiety Disorders into 8 slices of the anxiety pie. People can have any combination of pie slices and various amounts of symptoms. The following definitions are taken from the American Psychiatric Association’s Diagnostic and Statistical Manual IV-Text Revised. Phobia comes from both Latin and Greek and means “fear.”

**Separation Anxiety** is “developmentally inappropriate and excessive anxiety concerning separation from home or those to whom the individual is attached.”

**Social Phobia** or **Social Anxiety Disorder (SAD)** is defined as persistent fear of one or more social settings where the individual is exposed to unfamiliar others or to scrutiny.

**Specific Phobia** is defined as “a marked and persistent fear of an object or situation that is excessive or unreasonable.”

**Generalized Anxiety Disorder (GAD)** is characterized by excessive and uncontrollable worry.

**Panic Disorder** causes repeated, unexpected panic attacks accompanied by a persistent fear of having panic attacks. Panic Disorder may occur alone or with Agoraphobia.

**Agoraphobia** is where someone avoids places or situations from which escape might be difficult or embarrassing or likely to cause panic.

**Obsessive-Compulsive Disorder (OCD)** may exhibit obsessions or compulsions, most commonly both. Obsessions “are recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate
and that cause marked anxiety and distress.” Compulsions are “repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly” (also called rituals). **Posttraumatic Stress Disorder (PTSD)** occurs after a person has been exposed to trauma and then develops recurrent intrusions (flashbacks, memories, nightmares), persistent avoidance of stimuli that remind of the event or numbing of general responsiveness, and persistent symptoms of increased arousal.

It is not necessary that you remember these names or even their differences. **What is important is that you learn to recognize common signs and symptoms of anxiety.**

Common evidences of anxiety in children and adolescents include the following. They may have physical complaints such as feeling lightheaded or dizzy; feeling short of breath or smothering; having stomach aches or nausea; sweating; rapid heart rate; tremors; numbness or tingling; being unable to relax; muscle aches, headaches, chest or other pain; and sleep problems. They may express fears of dying or loved ones dying, losing control and even doing something bad or awful. Anxious behaviors in children may include tantrums, clinging, avoiding, freezing, and crying. People with OCD may have strange little rituals or an insistence on structure or a need for order or symmetry that goes beyond just being perfectionistic.

Many of those suffering from anxiety disorders are ashamed of their symptoms, some may feel cowardly and others fear they are crazy. Anxious people, young and old, often try to hide their problems from others. For these reasons, if anxiety is suspected, it is prudent to ask non-threatening questions about possible fears or symptoms to help clarify if there is a need for treatment.

If you discover anxiety in others, assure them that anxiety is common, treatable and not their fault. There is no reason to be ashamed, but there is also no reason to go on suffering. Since anxious feelings can be caused by medical illness, medication side effects, excessive caffeine consumption and alcohol and substance use, it is important that these things be looked for by a competent physician and treated if present. Sometimes, the seeming anxiety disorder goes away when these things are treated.

Other psychiatric disorders can cause anxiety or are co-morbid (co-occurring) with anxiety disorders. When possible, it is best to have anxiety explored carefully by a child or adolescent psychiatrist or psychologist, or perhaps a knowledgeable pediatrician.

Treatment consists of using medication, Cognitive Behavioral Therapy (CBT), or both. **The advantages of medication are that it takes very little on the part of the person being treated other than taking medication and putting up with any side effects. The disadvantages to medication are many:** seeing a physician, repeated visits to a pharmacy, costs of doctor visits and the medication and having to remember to take medication as ordered. If medications are not taken as directed or stopped abruptly, there can be unpleasant reactions that range from discomfort to severe discomfort, or even with
one class of medications, seizures. All the anxiety disorders except Specific Phobias can be treated with medication.

There are two major classes of medication for treatment of anxiety. Many of the so-called antidepressants are also anxiolytics (a word that means to break up or treat anxiety). **Their impact is gradual, generally taking weeks to even months to exert and maximize their effects.** The commonly known names of the most effective of these medications include Prozac, Zoloft, Celexa, Lexapro, Paxil, Effexor and Cymbalta. Paxil is not recommended for children and adolescents. Celexa is clearly the cheapest at $4 a month at WalMart and elsewhere. Prozac is best for youth who sometimes forget to take their medication. There is no clear superiority of any of these medications, only modest differences and less side effects of one medication in some individuals than others of this family of medications.

The other major class of medication is the benzodiazepine family. It includes Ativan, Klonopin, Valium, Xanax and others. **The advantage of these medications is that they often can relieve anxiety today.** **Disadvantages are many.** They tend to become habituating, meaning they have to be tapered off slowly to avoid serious withdrawal symptoms and even seizures if they are used for very long or in high doses. They infrequently can be addicting. The have side effects which include making people sleepy, more prone to accidents and dulling one’s thinking. There are also a few other classes of medications which are occasionally useful.

Cognition means thinking. Cognitive Behavioral Therapy (CBT) is a broad, well-defined treatment for anxiety, depression and other psychiatric problems. **CBT corrects thinking errors (cognitive distortions) and inappropriate behaviors, as specific to each type of disorder.** Simple forms of anxiety CBT can be used with children. Older adolescents can even cooperate with full CBT of their anxiety.

**Earlier you learned that all anxiety is caused by two cognitive distortions: over estimating risk and under estimating his or her control.** I see many young ladies for treatment, some of whom are so terrified of spiders that they initially refuse to even look at a dead tarantula encased in plastic as a paper weight. Their cognitive distortion is that somehow this thoroughly dead tarantula can hurt them. **The CBT of anxiety requires the correcting of these kinds cognitive distortions of over estimating risk and estimating control.**

**All people with anxiety have a second problem: they avoid the thing(s) which frightens them, which maintains their anxiety.** All anxiety treatments involve confronting the thing(s) which frightens anxious people. In a delightful cartoon from Calvin and Hobbes we have the following. Calvin and Hobbes hear a sneeze while lying in bed. Both say, “Gesundheit.” Then they realize neither of them sneezed. Calvin demands, “Okay! How many monsters are under my bed tonight?” A monster lies, “Just one.” Calvin and Hobbes decide they outnumber the monster and Hobbes gets a bat to take him on. Just then a voice from under their bed says, “Quit shoving you hogs!” Calvin realizes they are outnumbered and he hides under his blanket and shouts “Mom”
to have her come save them. From under the bed, a monster says, “Nice going Maurice,” meaning the monster's big mouth spoiled their trap to get Calvin and Hobbes.

The cartoon ends there, but imagine mom coming sleepily into the room and asking, “What’s wrong tonight, Calvin?” Calvin replies, “There are monsters under my bed.” Mom then says, “Calvin, there are no such things as monsters. Look under your bed and see for yourself!” Calvin knows there are no monsters now. When mother comes into the room, the sneaky monsters leave. The problem is, when mother leaves and turns out the light, the rotten monsters come back. Now, are there really monsters under the bed or are they just Calvin’s over active imagination (cognitive distortion)? What is the only way Calvin will ever get over his fear of monsters under the bed?

Calvin’s cognitive distortion (there are monsters under the bed) keeps him from ever looking and discovering there are no monsters (avoiding instead of confronting). CBT has to help him trust enough to look under the bed repeatedly, to discover there really are no monsters. As long as Calvin or anyone runs from the boogey man, the boogey man seems real and threatening.

Examples of what is being avoided in the different types of anxiety disorders:
Social Phobia: various social situations
Specific Phobia: feared object or situation
GAD: various, including addressing current problems
Panic Disorder: bodily sensations and situations
Agoraphobia: situations where they are afraid they might panic
OCD: thoughts, mental images, situations
PTSD: memories of the traumatic event and stimuli that remind of that event.

While you may not have training in treating anxiety, there likely will be opportunities for you as an educator to help children and adolescents with simpler types of anxiety. For example, specific phobias like fear of animals, heights, lightning and thunder can often be easily extinguished by following the two core treatments mentioned above. Think of the Calvin and Hobbes cartoon as your guide. Better yet, get a copy of it and use it as I do with older children and adolescents. First, the cognitive distortion has to be identified and corrected (distortion that there are monsters under Calvin's bed). Second, the thing that is being avoided has to be confronted (looking under the bed in the dark). For most people, confrontation is best done in successive little steps (gradations).

While no one expects you to become an expert on identifying and treating anxiety disorders from a one hour lecture, there is still much you can do to help others. Be mindful of the evidences of anxiety listed above. If you believe a child or adolescent might be anxious, ask a few non-threatening but revealing questions. If a person likely has anxiety, explain that it is not his or her fault and also that it is very treatable. Then help them to get the necessary treatment which often can make a significant improvement in his or her life.