

National Association of Special Education Teachers (NASET)

THE PRACTICAL TEACHER

This Month's Topic:

Anxiety Disorders

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Anxiety is a normal human emotion that everyone experiences at times. People feel anxious or nervous before taking an exam, performing or making a speech or even making an important decision. Anxiety helps one cope with the daily stress of life's experiences. Anxiety disorder is a serious mental illness that causes such distress that it interferes with a person's ability to lead a normal life and has been known to run in families. For people with anxiety disorders, their emotional fears and worries are constant and overwhelming, and can be crippling. Anxiety disorders last at least 6 months and can get progressively worse without treatment. There are several types of anxiety disorders and treatment may vary. This issue of NASET's *Practical Teacher*, written by Robin Naope (a student at Chaminade University Hawaii), focuses on strategies that directly impact the school environment, and strategies that may be useful in and out of the classroom.

Abstract

Anxiety is a normal human emotion that everyone experiences at times. People feel anxious or nervous before taking an exam, performing or making a speech or even making an important decision. Anxiety helps one cope with the daily stress of life's experiences. Anxiety disorder is a serious mental illness that causes such distress that it interferes with a person's ability to lead a normal life and has been known to run in families. For people with anxiety disorders, their emotional fears and worries are constant and overwhelming, and can be crippling. Anxiety disorders last at least 6 months and can get progressively worse without treatment (Introduction, 2006). There are several types of anxiety disorders and treatment may vary. I have geared my focus on strategies that directly impact the school environment, and strategies that may be useful in and out of the classroom.

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There are five major types of anxiety disorders as indicated by the National Institute of Mental Health (Introduction, 2006):

1. **“Generalized Anxiety Disorder, (GAD)** is an anxiety disorder is characterized by chronic anxiety, exaggerated worry and tension, even when there is little or nothing to provoke it.”
2. **“Obsessive-Compulsive Disorder, (OCD)** is an anxiety disorder and is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions).”
3. **“Panic Disorder, (PD)** is an anxiety disorder and is characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms that may cause chest pain, heart palpitations etc.”
4. **“Post-Traumatic Stress Disorder, (PTSD)** is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened.”
5. **“Social Phobia, (SP)** is an anxiety disorder characterized by overwhelming anxiety and excessive self-consciousness in everyday social situations.”

Symptoms for Anxiety Disorder may vary depending on the person and the disorder. Some of the symptoms for students are tardiness and/or absences, crying, difficulty with transitions, frequent lack of interaction with peers, strong, tense reactions to common life events (Walden, 2007).

The treatment for Anxiety Disorders can vary depending on the person and their type of disorder. The general treatments used by most professionals are medication and specific types of psychotherapy, or both. An article by Medical News Today.com states that “Untreated anxiety can undermine a child's success in school, jeopardize his or her relationships with family, and inhibit social functioning,” (Labbe, 2008). Recent studies have shown that, Exercise, Relaxation techniques, Biofeedback and Hypnosis have shown to work with people suffering from mild anxiety disorders (Smith, 2008).

When working with children with anxiety disorder it is important to remember that most of the fears and worries are short term and should only last for about 6 months. (For example a child may express a fear of bugs for a few months.) (Walden, 2007). If the fears and worries are persistent and hinder a child learning, it is in the best interest of the child that professional assistance is sought.

Anxiety disorders among children and adolescence are on the rise. About 13 of every 100 children and adolescents ages 9 to 17 experience some kind of anxiety disorder. This according to the, U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services.

Strategies for working with students with Anxiety Disorder vary on the type of disorder. I have geared my focus on strategies that directly impact the school environment, and strategies that may be useful in and out of the classroom.

An article titled “Teaching Students with Anxiety Disorders” by Robert Walden talks about strategies that educators can use with students within the classroom. The first strategy is to encourage students to complete activities and assignments while allowing students’ additional time to complete work if needed. Another strategy is to develop and follow regular predictable classroom routines and if at all possible decrease homework (2007).

A brochure developed by Olga G. Wilson gives an array of strategies that can be used in the classroom and outside of the classroom environment. The first strategy is to establish consistent, open channels of communication within the school environment. Another strategy is to redirect negative self-talk by teaching “power language” change “I can’t” statements to “I can” statements. By using a team approach when approaching parents. The use of picture books and appropriate literature can also be helpful. Finally consult professionals whenever in doubt as to what technique/strategy to use in the classroom (Wilson, 2009). These strategies have been proven to help students’ lower anxiousness and provide students with a better learning environment.

Each year educators see students who suffer from separation anxiety. These are the students that cling to their parents and/or refuse to come to school, they’re the ones who are chronically absent or tardy. Dr. Rachel Kline of the NYU Child Study Center describes some strategies that may help students with some form of anxiety disorder adjust to school. The first is, do not deny the child’s anxiety or worries, but acknowledge them and reassure them that there is no reason to worry. Another is to set a routine, and stick to it. Making sure expectations are clearly defined, this way there are no tricks or surprises. Punishment does not work; instead provide a sense of consistency and encouragement. Quizzing students about why they are scared does not help, students are unable to articulate why they feel this way and asking them will only add to their

anxiety. Be open to hearing about how the child feels, the focus should be on helping the child be free of worries and fears, not trying to discuss the child's problems or insecurities. Lastly refrain from showing any form of resentment towards parents and/or child; instead adopt specific strategies to assist the child (Cox, 2001).

Anxiety is a normal part of life and we must remember that it is normal to feel worried and tense when under pressure or facing a stressful situation. It is our body's natural alarm clock, telling us that we feel threatened. But when anxiety becomes constant or overwhelming, when it interferes with a students' relationship and activities- that is when normal anxiety begins to move towards an anxiety disorder. Having the basic understanding of the various disorders as well as useful strategies to apply within the classroom are useful tools in helping students with anxiety tendencies find true success.

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