

Worsborough Common Primary School

# Anxiety

Anxiety is the most common emotional problem in children. Kids can develop crippling worries about many things, from germs to vomiting to their parents dying. Children with anxiety disorders are overwhelmed by feelings of intense fear or worry that they are out of proportion to the situation or thing that triggers them. Some anxious kids are painfully shy, and avoid things that other kids enjoy, some have tantrums and meltdowns, and others develop elaborate rituals, like compulsive hand washing, aimed at diminishing the fear.

# Anxiety Basics

Children can be diagnosed with different kinds of anxiety depending on what they are struggling with. In this guide you'll learn the signs and symptoms of different anxiety disorders, and how they are treated.

## **Separation anxiety disorder** Children with separation anxiety experience great distress in being separated from their caregivers. In order to be diagnosed with separation anxiety disorder, the child’s distress should be excessive for his age and also prevent him from participating in age-appropriate activities

## Symptoms include:

* Worry about losing parents or other attachment figures though illness or death
* Unreasonable fear of an event that causes separation (such as getting lost or being kidnapped)
* Reluctance or refusal to leave home for school
* Undue fear of sleeping or being alone
* Persistent nightmares about separation
* Physical symptoms (such as headaches or stomach aches) in conjunction with separation or anticipation of separation.

To meet the criteria for separation anxiety disorder, the child must have symptoms for at least four weeks.

## **Social anxiety disorder** Children with social anxiety disorder are excessively self-conscious, making it difficult for them to socialize with peers and participate in class.

##  Symptoms include:

* Actively avoiding anxiety-inducing social situations or suffering through them with intense distress
* Panic reaction (shaking, sweating, shortness of breath) in response to social situations or, among young children, tantrums and crying
* Fear of appearing anxious and being judged negatively for it

## **Selective mutism** Children with selective mutism have a hard time speaking in some settings, like at school around the teacher. This difficulty goes beyond typical shyness — kids with SM are “frozen” with anxiety and feel unable to speak.

For a diagnosis of selective mutism, the following criteria must be met:

* The child must be able to speak in some settings but not in others
* The condition must have lasted for a month (not including the first month of school)
* The inability to speak must interfere with schooling and social activities
* The inability to speak must not be attributable to a communication disorder or a lack of knowledge of the language being spoken

## **Generalized anxiety disorder** Children with generalized anxiety disorder worry about a wide variety of everyday things. Their anxiety can be distinguished from typical worry in its excessiveness, duration and lack of precipitating events. Kids with generalized anxiety often worry particularly about school performance and can struggle with perfectionism.

A diagnosis of GAD can be made when a child’s anxiety is beyond her control, is focused on a number of different activities, causes significant distress or impairment, and is present “for more days than not” for at least 6 months.

Symptoms include:

* Restlessness
* Feeling on-edge
* Fatigue
* Loss of focus
* Irritability
* Muscle tension
* Trouble sleeping

## **Panic disorder Children** with panic disorder experience repeated, unpredictable panic attacks that can cause feelings that are often misinterpreted as impending death and heart attack-like symptoms, and can result in a disconnection from reality.

A diagnosis of panic disorder often occurs only after medical explanations for signs and symptoms, as well as other psychiatric disorders — including OCD and PTSD — are exhausted. A professional will diagnose panic disorder if attacks are recurrent and unexpected, and if one attack is followed in the ensuing months by other signs including:

* Preoccupation with the possibility of further attacks
* Fear of the effects of an attack, including the feeling of having a heart attack or “going crazy”
* A considerable change from normal behaviour following the attacks, such as avoiding places associated with them

## **Obsessive-compulsive disorder** Children with OCD have intrusive thoughts and worries that make them extremely anxious, and they develop rituals they feel compelled to perform to keep those anxieties at bay. OCD can be diagnosed when a child has obsessions, compulsions or both.

* Obsessions are unwanted and intrusive thoughts, images or impulses. Obsessions make kids feel upset and anxious.
* Compulsions are actions or rituals kids are driven to perform to get rid of their anxiety.

## **Specific phobia** A child with a specific phobia has an excessive and irrational fear of a particular thing, like being afraid of animals or storms. The object of a specific phobia must be something not normally considered dangerous, and avoiding that object will cause significant impairment to the child’s ordinary functioning. It is common for individuals to have multiple phobias.

Specific phobias are commonly classified in five categories:

* Animal Type, if the phobia concerns animals or insects
* Natural Environment Type, if the phobia concerns objects such as storms, heights or water
* Blood-Injection-Injury Type, if the phobia concerns receiving an injection or seeing blood or an injury
* Situational Type, if the phobia concerns a specific situation like flying, driving, tunnels, bridges, enclosed space or public transportation
* Other Type, if the phobia concerns other stimuli such as loud sounds, costumed characters, choking or vomiting

## **Treatment for Anxiety**

Anxiety is best treated with either behavioural therapy or a combination of behavioural therapy and medication.

The evidence-based therapy of choice for anxiety is cognitive behavioural therapy, or CBT. CBT is based on the idea that how we think and act both affect how we feel. By changing thinking that is distorted, and behaviour that is dysfunctional, we can change our emotions.

One of the most important techniques in CBT for children with anxiety is called exposure and response prevention. The basic idea is that kids are exposed to the things that trigger their anxiety in structured, incremental steps, and in a safe setting. As they become accustomed to each of the triggers in turn, the anxiety fades, and they are ready to take on increasingly powerful ones.

Medication can alleviate symptoms of anxiety as well, and may make behavioural therapy more effective for some children. SSRIs, or selective serotonin reuptake inhibitors, have proven effective at managing anxiety.

What to Do (and Not Do) When Children Are Anxious

How to respect feelings without empowering fears

Clark Goldstein, PhD

When children are chronically anxious, even the most well-meaning parents can fall into a negative cycle and, not wanting a child to suffer, actually exacerbate the youngster’s anxiety. It happens when parents, anticipating a child’s fears, try to protect her from them. Here are pointers for helping children escape the cycle of anxiety.

**1. The goal isn’t to eliminate anxiety, but to help a child manage it.**

None of us wants to see a child unhappy, but the best way to help kids overcome anxiety isn’t to try to remove stressors that trigger it. It’s to help them learn to tolerate their anxiety and function as well as they can, even when they’re anxious. And as a by-product of that, the anxiety will decrease or fall away over time

**2. Don’t avoid things just because they make a child anxious.**

Helping children avoid the things they are afraid of will make them feel better in the short term, but it reinforces the anxiety over the long run. If a child in an uncomfortable situation gets upset, starts to cry—not to be manipulative, but just because that’s how she feels—and her parents whisk her out of there, or remove the thing she’s afraid of, she’s learned that coping mechanism, and that cycle has the potential to repeat itself.

**3. Express positive—but realistic—expectations.**

You can’t promise a child that his fears are unrealistic—that he won’t fail a test, that he’ll have fun ice skating, or that another child won’t laugh at him during show & tell. But you can express confidence that he’s going to be okay, he will be able to manage it, and that, as he faces his fears, the anxiety level will drop over time. This gives him confidence that your expectations are realistic, and that you’re not going to ask him to do something he can’t handle.

**4. Respect her feelings, but don’t empower them.**

It’s important to understand that validation doesn’t always mean agreement. So if a child is [terrified about going to the doctor](https://childmind.org/article/help-kids-scared-of-going-to-the-doctor/) because she’s due for a shot, you don’t want to belittle her fears, but you also don’t want to amplify them. You want to listen and be empathetic**,**help her understand what she’s anxious about, and encourage her to feel that she can face her fears. The message you want to send is, “I know you’re scared, and that’s okay, and I’m here, and I’m going to help you get through this.”

**5. Don’t ask leading questions.**

Encourage your child to talk about his feelings, but try not to ask leading questions— “Are you anxious about the big test? Are you worried about the science fair?” To avoid feeding the cycle of anxiety, just ask open-ended questions: “How are you feeling about the science fair?”

**6. Don’t reinforce the child’s fears.**

What you don’t want to do is be saying, with your tone of voice or body language: “Maybe this *is* something that you should be afraid of.” Let’s say a child has had a negative experience with a dog. Next time she’s around a dog, you might be anxious about how she will respond, and you might [unintentionally send a message](https://childmind.org/article/how-to-avoid-passing-anxiety-on-to-your-kids/) that she *should*, indeed, be worried.

**7. Encourage the child to tolerate her anxiety.**

Let your child know that you appreciate the work it takes to tolerate anxiety in order to do what he wants or needs to do. It’s really encouraging him to engage in life and to let the anxiety take its natural curve. We call it the “habituation curve”—it will drop over time as he continues to have contact with the stressor. It might not drop to zero, it might not drop as quickly as you would like, but that’s how we get over our fears.

**8. Try to keep the anticipatory period short.**

When we’re afraid of something, the hardest time is really *before* we do it. So, another rule of thumb for parents is to really try to eliminate or reduce the anticipatory period. If a child is [nervous about going to a doctor’s appointment](https://childmind.org/article/help-kids-scared-of-going-to-the-doctor/), you don’t want to launch into a discussion about it two hours before you go; that’s likely to get your child more keyed up. So just try to shorten that period to a minimum.

**9. Think things through with the child.**

Sometimes it helps to talk through what would happen if a child’s fear came true—how would she handle it? A child who’s [anxious about separating from her parents](https://childmind.org/article/what-is-separation-anxiety/) might worry about what would happen if they didn’t come to pick her up. So, we talk about that. If your mom doesn’t come at the end of soccer practice, what would you do? “Well I would tell the coach my mom’s not here.” And what do you think the coach would do? “Well he would call my mom. Or he would wait with me.” A child who’s afraid that a stranger might be sent to pick her up can have a code word from her parents that anyone they sent would know. For some kids, [having a plan](https://childmind.org/article/behavioral-treatment-kids-anxiety/) can reduce the uncertainty in a healthy, effective way.

**10. Try to model healthy ways of handling anxiety.**

There are multiple ways you can help kids handle anxiety by letting them see [how you cope with anxiety yourself](https://childmind.org/article/how-to-avoid-passing-anxiety-on-to-your-kids/). Kids are perceptive, and they’re going to take it in if you keep complaining on the phone to a friend that you can’t handle the stress or the anxiety. I’m not saying to pretend that you don’t have stress and anxiety, but let kids hear or see you managing it calmly, tolerating it, feeling good about getting through it

**How Anxiety Leads to Disruptive Behaviour**

## **Kids who seem oppositional are often severely anxious**

* [Caroline Miller](https://childmind.org/bio/caroline-miller/)
* A10-year-old boy named James has an outburst in school. Upset by something a classmate says to him, he pushes the other boy, and a shoving-match ensues. When the teacher steps in to break it up, James goes ballistic, throwing papers and books around the classroom and bolting out of the room and down the hall. He is finally contained in the vice principal’s office, where staff members try to calm him down. Instead, he kicks the vice principal in a frenzied effort to escape. The staff calls 911, and James ends up in the Emergency Room.
* To the uninitiated, James looks like a boy with serious anger issues. It’s not the first time he’s flown out of control. The school insists that his parents pick him up and take him home for lunch every day because he’s been banned from the cafeteria.

## **Unrecognized anxiety**

* But what’s really going on? “It turns out, after an [evaluation](https://childmind.org/article/what-should-you-look-for-in-a-diagnosis/), that he is off the charts for [social anxiety](https://childmind.org/article/what-is-social-anxiety/),” reports Dr. Jerry Bubrick, a child psychologist at the Child Mind Institute. “He can’t tolerate any — even constructive — criticism. He just will shut down altogether. James is terrified of being embarrassed, so when a boy says something that makes him uncomfortable, he has no skills to deal with it, and he freaks out. Flight or fight.”
* [A child who appears oppositional or aggressive may be reacting to anxiety he can’t articulate.](https://www.facebook.com/dialog/feed?app_id=1805885329645253&link=http://childmind.org/article/how-anxiety-leads-to-disruptive-behavior/&picture=https://childmind.org/wp-content/uploads/cmi_logo_fbshare.jpg&description=A%20child%20who%20appears%20oppositional%20or%20aggressive%20may%20be%20reacting%20to%20anxiety%20he%20can%27t%20articulate.&redirect_uri=http://childmind.org/article/how-anxiety-leads-to-disruptive-behavior/)
* James’s story illustrates something that parents and teachers may not realize — that disruptive behaviour is often generated by unrecognized anxiety. A child who appears to be oppositional or aggressive may be reacting to anxiety—anxiety he may, depending on his age, not be able to articulate effectively, or not even fully recognize that he’s feeling.
* “Especially in younger kids with anxiety you might see freezing and clinging kind of behaviour,” says Dr. Rachel Busman, a clinical psychologist at the Child Mind Institute, “but you can also see [tantrums](https://childmind.org/article/why-do-kids-have-tantrums-and-meltdowns/) and complete meltdowns.”

## **A great masquerade**

* Anxiety manifests in a surprising variety of ways in part because it is based on a physiological response to a threat in the environment, a response that maximizes the body’s ability to either face danger or escape danger. So, while some children exhibit anxiety by shrinking from situations or objects that trigger fears, some react with overwhelming need to break out of an uncomfortable situation. That behaviour, which can be unmanageable, is often misread as anger or opposition.
* “Anxiety is one of those diagnoses that is a great masquerade,” explains Dr. Laura Prager, director of the Child Psychiatry Emergency Service at Massachusetts General Hospital. “It can look like a lot of things. Particularly with kids who may not have words to express their feelings, or because no one is listening to them, they might manifest their anxiety with [behavioural dysregulation](https://childmind.org/article/can-help-kids-self-regulation/).”
* The more commonly recognized symptoms of anxiety in a child are things like [trouble sleeping](https://childmind.org/article/encouraging-good-sleep-habits/) in his own room or [separating from his parents](https://childmind.org/article/what-is-separation-anxiety/), avoidance of certain activities, a behaviourally inhibited temperament. “Anyone would recognize those symptoms,” notes Dr. Prager, co-author of [Suicide by Security Blanket, and Other Stories from the Child Psychiatry Emergency Service.](http://childmind.org/article/why-kids-with-psychiatric-issues-end-up-in-the-emergency-room/) But in other cases the anxiety can be hidden.
* When the chief complaint is temper tantrums, or [disruption in school](https://childmind.org/article/classroom-anxiety-in-children/), or throwing themselves on the floor while shopping at the mall, it’s hard to know what it means,” she explains. “But it’s not uncommon, when kids like that come in to the ER, for the diagnosis to end up being a pretty profound anxiety disorder.”
* To demonstrate the surprising range of ways young children express anxiety, Dr. Prager mentions a case she had just seen of a young child who presented with hallucinations, but whose diagnosis she predicted will end up being somewhere on the anxiety spectrum. “Little kids who say they’re hearing things or seeing things, for example, may or may not be doing that. These may not be the frank hallucinations we see in older patients who are schizophrenic, for example. They might be a manifestation of anxiety and this is the way the child expresses it.”

## **Problems at school**

* It’s not uncommon for children with serious undiagnosed anxiety to be [disruptive at school](https://childmind.org/article/classroom-anxiety-in-children/), where demands and expectations put pressure on them that they can’t handle. And it can be very confusing to teachers and other staff members to “read” that behaviour, which can seem to come out of nowhere.
* Dr. Nancy Rappaport, a Harvard Medical School professor who specializes in mental health care in school settings, sees anxiety as one of the causes of disruptive behaviour that makes classroom teaching so challenging. “The trouble is that when kids who are anxious become disruptive they push away the very adults who they need to help them feel secure,” notes Dr. Rappaport. “And instead of learning to manage their anxiety, they end up spending half the day in the principal’s office.”
* Dr. Rappaport sees a lot of acting out in school as the [result of trauma](https://childmind.org/article/how-trauma-affects-kids-school/) at home. “Kids who are struggling, not feeling safe at home,” she notes, “can act like terrorists at school, with fairly intimidating kinds of behaviour.” Most at risk, she says, are kids with [ADHD](https://childmind.org/guide/guide-to-attention-deficit-hyperactivity-disorder/) who’ve also experienced trauma. “They’re hyper-vigilant, they have no executive functioning, they misread cues and go into combat.”

## **Giving kids tools to handle anxiety**

* When a teacher is able to build a relationship with a child, to find out what’s really going on with him, what’s provoking the behaviour, she can often give him tools to handle anxiety and prevent meltdowns. In her book, [The Behaviour Code: A Practical Guide to Understanding and Teaching the Most Challenging Students](http://www.childmind.org/en/posts/articles/2012-5-18-breaking-behavior-code-disruptive-students), Dr. Rappaport offers strategies kids can be taught to use to calm themselves down, from breathing exercises to techniques for distracting themselves.
* “When a teacher understands the anxiety underlying the opposition, rather than assuming that the child is actively trying to make her miserable, it changes her approach,” says Dr. Rappaport, “The teacher is able to join forces with the child himself and the school counsellor, to come up with strategies for preventing these situations.”
* If it sounds labour-intensive for the teacher, it is, she notes, but so is dealing with the aftermath of the same child having a meltdown.

## **Anxiety confused with ADHD**

* Anxiety also drives a lot of symptoms in a school setting that are [easily misconstrued as ADHD](http://childmind.org/article/whats-adhd-and-whats-not-in-the-classroom/) or defiant behaviour.
* “I’ll see a child who’s having difficulty in school: not paying attention, getting up out of his seat all the time, asking a lot of questions, going to the bathroom a lot, getting in other kids’ spaces,” explains Dr. Busman. “His behaviour is disrupting other kids, and is frustrating to the teacher, who’s wondering why she has to answer so many questions, and why he’s so wrapped up in what other kids are doing, whether they’re following the rules.”
* People tend to assume what’s happening with this child is ADHD inattentive type, but it’s commonly anxiety. Kids with OCD, mislabelled as inattentive, are actually not asking all those questions because they’re not listening, but rather because they need a lot of reassurance.

## **How to identify anxiety**

* “It probably occurs more than we think, either anxiety that looks disruptive or anxiety coexisting with disruptive behaviours,” Dr. Busman adds. “It all goes back to the fact that kids are complicated and symptoms can overlap diagnostic categories, which is why we need to have [really comprehensive and good diagnostic assessment](http://childmind.org/article/what-should-you-look-for-in-a-diagnosis/).”
* First of all, good assessment needs to gather data from multiple sources, not just parents. “We want to talk to teachers and other people involved with the kid’s life,” she adds, “because sometimes kids that we see are exactly the same at home and at school, sometimes they are like two different children.”
* And it needs to use rating scales on a full spectrum of behaviours, not just the area that looks the most obvious, to avoid missing things.
* Dr. Busman also notes that a child with severe anxiety who’s struggling in school might also have attentional or learning issues, but she might need to be treated for the anxiety before she can really be evaluated for those. She uses the example of a teenager with OCD who is “doing terribly” in school. “She’s ritualizing three to four hours a day, and having constant intrusive thoughts — so we need to treat that, to get the anxiety under control before we ask, how is she learning?”
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# Anxiety in the Classroom

## **What it looks like, and why it's often mistaken for something else**

Rachel Ehmke

Sometimes anxiety is easy to identify — like when a child is feeling nervous before a test at school. Other times anxiety in the classroom can look like something else entirely — an upset stomach, disruptive or angry behaviour, ADHD, or even a [learning disorder](https://childmind.org/article/recognizing-learning-disorders-in-the-classroom/).

[Anxiety tends to lock up the brain, making school hard for anxious kids.](https://www.facebook.com/dialog/feed?app_id=1805885329645253&link=http://childmind.org/article/classroom-anxiety-in-children/&picture=https://childmind.org/wp-content/uploads/cmi_logo_fbshare.jpg&description=Anxiety%20tends%20to%20lock%20up%20the%20brain,%20making%20school%20hard%20for%20anxious%20kids.&redirect_uri=http://childmind.org/article/classroom-anxiety-in-children/)

There are many different kinds of anxiety, which is one of the reasons it can be hard to detect in the classroom. What they all have in common, says neurologist and former teacher Ken Schuster, PsyD, is that anxiety “tends to lock up the brain,” making school hard for anxious kids.

Children can struggle with:

* **Separation anxiety:** When children are [worried about being separated from caregivers](https://childmind.org/article/what-is-separation-anxiety/). These kids can have a hard time at school drop-offs and throughout the day.
* **Social anxiety:** When children are [excessively self-conscious](https://childmind.org/article/what-is-social-anxiety/), making it difficult for them to participate in class and socialize with peers.
* **Selective mutism:** When children have a [hard time speaking in some settings](https://childmind.org/guide/parents-guide-to-sm/), like at school around the teacher.
* **Generalized anxiety:** When children worry about a wide variety of everyday things. Kids with generalized anxiety often worry particularly about school performance and can struggle with perfectionism.
* **Obsessive-compulsive disorder:** When children’s minds are filled with unwanted and stressful thoughts. Kids with [OCD](https://childmind.org/guide/parents-guide-to-ocd/) try to alleviate their anxiety by performing compulsive rituals like counting or washing their hands.
* **Specific phobias:** When children have an[excessive and irrational fear](https://childmind.org/guide/specific-phobia/) of particular things, like being afraid of animals or storms.

Here are some tips for recognizing anxiety in kids at school, and what might be causing it.

## **Inattention and restlessness**

When a child is squirming in his seat and not paying attention, we tend to think of ADHD, but anxiety could also be the cause. When kids are anxious in the classroom, they might have a hard time focusing on the lesson and ignoring the worried thoughts overtaking their brains. “Some kids might appear really ‘on’ at one point but then they can suddenly drift away, depending on what they’re feeling anxious about,” says Dr. Schuster. “That looks like inattention, and it is, but it’s triggered by anxiety.”

## **Attendance problems and clingy kids**

It might look like truancy, but for kids for whom school is a big source of anxiety, [refusing to go to school](https://childmind.org/article/when-kids-refuse-to-go-to-school/) is also pretty common. School refusal rates tend to be higher after vacations or sick days, because kids have a harder time coming back after a few days away.

Going to school can also be a problem for kids who have trouble separating from their parents. Some amount of separation anxiety is normal, but when kids don’t adjust to separation over time and their anxiety makes going to school difficult or even impossible, it becomes a real problem. Kids with separation anxiety may also feel compelled to use their phones throughout the day to check in with their parents.

## **Disruptive behaviour**

Acting out is another thing we might not associate with anxiety. But when a student is compulsively kicking the chair of the kid in front of him, or throws a [tantrum](https://childmind.org/article/why-do-kids-have-tantrums-and-meltdowns/) whenever the schedule is ignored or a classmate isn’t following the rules, anxiety may well be the cause. Similarly, kids who are feeling anxious might ask a lot of questions, including repetitive ones, because they are feeling worried and want reassurance.

Anxiety can also make kids aggressive. When children are feeling upset or threatened and don’t know how to handle their feelings, their fight or flight response to protect themselves can kick in — and some kids are more likely to fight. They might attack another child or a teacher, throw things, or push over a desk because they’re feeling out of control.

## **Trouble answering questions in class**

Sometimes kids will do perfectly well on tests and homework, but when they’re called on in class teachers hit a wall. There are several different reasons why this might happen.

“Back when I was teaching, I would notice that when I had to call on someone, or had to figure out who’s turn it was to speak, it was like the anxious kid always tended to disappear,” says Dr. Schuster. “The eager child is making eye contact, they’re giving you some kind of physical presence in the room like ‘Call on me, call on me!’” But when kids are anxious about answering questions in class, “they’re going to break eye contact, they might look down, they might start writing something even though they’re not really writing something. They’re trying to break the[connection with the teacher](https://childmind.org/guide/a-teachers-guide-to-anxiety-in-the-classroom/) in order to avoid what’s making them feel anxious.”

If they do get called on, sometimes kids get so anxious that they freeze. They might have been paying attention to the lesson and they might even know the answer, but when they’re called on their anxiety level becomes so heightened that they can’t respond.

Frequent trips to the nurse

Anxiety can manifest in physical complaints, too. If a student is having unexplained headaches, nausea, stomach aches, or even vomiting, those could be symptoms of anxiety. So, can a racing heart, sweaty palms, tense muscles, and being out of breath.

Problems in certain subjects

When a child starts doubting her abilities in a subject, anxiety can become a factor that gets in the way of her learning or showing what she knows. Sometimes this can be mistaken for a [learning disorder](https://childmind.org/article/recognizing-learning-disorders-in-the-classroom/) when it’s really just anxiety.

However, anxiety can also go hand in hand with learning disorders. When kids start noticing that something is harder for them than the other kids, and that they are falling behind, they can understandably get anxious. The period before a learning disorder is diagnosed can be particularly stressful for kids.

Not turning in homework

When a student doesn’t turn in her homework, it could be because she didn’t do it, but it could also be because she is worried that it isn’t good enough. Likewise, anxiety can lead to second guessing — an anxious child might erase his work over and over until there’s a hole in the paper — and spending so much time on something that it never gets finished. We tend to think of perfectionism as a good thing, but when[children are overly self-critical](https://childmind.org/article/how-to-help-kids-who-are-too-hard-on-themselves/) it can sabotage even the things they are trying their hardest at, like school work.

You might also notice that some anxious kids will start worrying about tests much earlier than their classmates and may begin dreading certain assignments, subjects, or even school itself.

Avoiding socializing or group work

Some kids will avoid or even refuse to participate in the things that make them anxious. This includes obvious anxiety triggers like giving presentations, but also things like gym class, eating in the cafeteria, and doing group work.

When kids start skipping things it might look to their teachers and peers like they are uninterested or underachieving, but the opposite might be true. Sometimes kids avoid things because they are [afraid of making a mistake or being judged](https://childmind.org/article/help-kids-deal-embarrassment/).

Dr. Schuster notes that when kids get anxious in social situations, sometimes they have a much easier time showing what they know when [teachers engage them one-to-one](https://childmind.org/guide/a-teachers-guide-to-anxiety-in-the-classroom/), away from the group.

Why Childhood Anxiety Often Goes Undetected (and the Consequences)

Kids often keep their worries hidden, or express them in ways that are hard to read

[Roy Boorady, MD](https://childmind.org/bio/roy-boorady-md/)

It is a natural thing to have anxiety. It is normal for very young children to be afraid of the dark, or for school-age children to [worry about making friends](https://childmind.org/article/kids-who-need-a-little-help-to-make-friends/). But sometimes normal childhood anxiety morphs into something more serious. A young girl might be afraid to ever leave her mother’s side, even to get on the school bus, or an anxious boy may need frequent reassurance over things that happened a month ago.

Kids can develop an anxiety disorder. Eventually the disorder can start interfering with a child’s friendships, life at home, and work in school. Even so, the anxiety still might not be noticeable to parents and caregivers.

For one thing, being anxious doesn’t necessarily mean that you can’t function—it might just make some kinds of functioning more difficult. A homework assignment that should take twenty minutes might take an hour, for example. With anxiety, it’s important to remember how internal it is. It dominates a child’s thoughts, but it might not be obvious to the people around her.

It’s also worth noting that in my work as a child psychiatrist I see a lot of anxious kids who are still basically happy and enjoying life. Maybe they are only struggling in certain situations, which may make their anxiety all the easier to overlook.

**Outward signs of childhood anxiety**

When anxiety *is*expressed outwardly, there can be a wide range of signs and symptoms, which often complicates identification.

* Kids may have trouble sleeping or complain about stomach aches or other physical problems.
* They may become avoidant and clingy around parents or caregivers.
* They might also have trouble focusing in class or be very fidgety—I like to say, “[Not all that moves is ADHD](https://childmind.org/article/whats-adhd-and-whats-not-in-the-classroom/),” even though that’s often the first thing we suspect from a hyperactive or inattentive child.
* [They may have explosive outbursts](https://childmind.org/article/how-anxiety-leads-to-disruptive-behavior/) that make people think they are oppositional, when their fight-or-flight mechanism is triggered.

The words we use to describe our anxiety can distract, too. People use a lot of different words to describe what they’re feeling—kids might say they are self-conscious, shy, apprehensive, worried, or afraid. These words do a good job capturing what they are struggling with, but fixating too much on them can distract from the fact that anxiety is underlying factor—not some personal failure in personality.

**Consequences of untreated anxiety**

If you look at the prevalence rates of anxiety disorders, you’ll see that the numbers rise as children get older. That makes sense because anxiety disorders are cognitive, so they develop as our cognitive ability develops. [Separation anxiety](https://childmind.org/article/what-is-separation-anxiety/), for instance, develops early, whereas social anxiety disorder usually develops after puberty. A study of more than 10,000 kids, interviewed by trained professionals, shows that more than 30 percent had developed an anxiety disorder some time before they were 18.

Anxiety frequently recurs, too, and childhood anxiety is often a precursor for adult anxiety, especially for kids who don’t receive treatment. The same study showed that 80 percent of kids with anxiety do not get treatment. Many adults seeking help for anxiety remember feeling anxious when they were younger, which means that they’ve been struggling for a long time and could have benefited from treatment as children.

**Avoidance reinforces anxiety**

Kids with untreated anxiety also begin to develop poor coping skills. A common example is avoidance—people who are very anxious will try to contain it by avoiding the thing that makes them anxious. It’s a short-term solution that unfortunately reinforces their anxiety instead of acclimating them to it.

Similarly, untreated anxiety can lead to lower[self-esteem](https://childmind.org/topics/concerns/confidence-self-esteem/), academic dysfunction, and [self-medication through substance abuse](https://childmind.org/article/mental-health-disorders-and-substance-use/).

**Anxiety leads to depression**

People living with anxiety for extended periods of time are also more likely to develop [depression](https://childmind.org/article/how-to-help-your-depressed-teenager/). It isn’t uncommon to meet patients who come seeking treatment for depression or depressive symptoms and it turns out that they have been dealing with lifelong anxiety as well. In cases like this people need treatment for anxiety *and* depression.

Fortunately, we know a lot about how to treat anxiety. It responds very well to [cognitive behaviour therapy](https://childmind.org/article/behavioral-treatment-kids-anxiety/), and there are [medications that work](https://childmind.org/article/best-medications-for-kids-anxiety/), too. Getting help makes a big difference, and treatment doesn’t need to be a lifelong thing—although its positive effects will be.

Talking to Kids About the Coronavirus Crisis

Kids worry more when they're kept in the dark

Rachel Ehmke

As the COVID-19 crisis continues to unfold, many parents are wondering how to talk to children about the impacts of the virus in a way that will be reassuring and not make kids more worried than they already may be. Here is some advice from the experts at the Child Mind Institute.

* **Welcome their questions.** With so much up in the air, kids are bound to have questions they might not be asking. They might range from the very serious (“Will Grandma be okay?”) to the seemingly silly (“Will my favourite ice cream parlour still be there?”). Encourage them to ask and, whatever the question, try to take your child’s concerns seriously. Your goal is to help your children be heard and get fact-based information that is likely more reassuring than whatever they’re hearing from their friends or on the news.
* **Don’t avoid questions you can’t answer.** Given how much uncertainty there is, try to be comfortable saying “I don’t know.” It’s tempting to want to reassure your child that things will be better soon, even when you aren’t sure yourself. But teaching children how to tolerate uncertainty is key to reducing anxiety and helping them build resilience.
* **Set the tone.** Look at these conversations as an opportunity not just to convey the facts but set the emotional tone. “You take on the news and you’re the person who filters the news to your kid,” explains Janine Domingues, PhD, a child psychologist at the Child Mind Institute.
* **Be developmentally appropriate.** Don’t volunteer too much information, as this may be overwhelming. Instead, try to answer your child’s questions honestly and clearly. It’s okay if you can’t answer everything; being available to your child is what matters.
* **Take your cues from your child.** Invite your child to tell you anything they may have heard about the coronavirus, and how they feel. Give them ample opportunity to ask questions. You want to be prepared to answer (but not prompt) questions. Your goal is to [avoid encouraging frightening fantasies](https://childmind.org/article/what-to-do-and-not-do-when-children-are-anxious/).
* **Deal with your own anxiety.** “When you’re feeling most anxious or panicked, that isn’t the time to talk to your kids about what’s happening with the coronavirus,” warns Dr. Domingues. If you’ve just learned news that’s upsetting, or that you worry will upset your child, [take some time to calm down](https://childmind.org/article/how-to-avoid-passing-anxiety-on-to-your-kids/) before trying to have a conversation or answer your child’s questions.
* **Be reassuring.** Children are very egocentric, so hearing about the mounting death toll on the news may make them seriously worry that they’ll catch it, especially the coverage of the new syndrome affecting children. It’s helpful to reassure your child that very few kids are getting sick, and that they’re unlikely to catch it.
* **Focus on what you’re doing to stay safe.** An important way to reassure kids is to emphasize the safety precautions that you, and others around you, are taking. Jamie Howard, PhD, a child psychologist at the Child Mind Institute, notes, “Kids feel empowered when they know what to do to keep themselves safe.” Remind kids that washing their hands is actually helping everyone by stopping the spread of the virus. Involve them in your family’s ongoing safety plan. That could mean letting them choose masks for the family, or coming up with a new 20-second song —we’re all a little tired of Happy Birthday! — to sing while you wash your hands.
* **Keep talking.** Tell kids that you will continue to keep them updated as you learn more. “Let them know that the lines of communication are going to be open,” says Dr. Domingues. “You can say, ‘Even though we don’t have the answers to everything right now, know that once we know more, mom or dad will let you know, too.’”