



*Canadian Psychiatric  
Research Foundation*

# When Something's Wrong

O

*Ideas for Teachers*



## Separation Anxiety Disorder

Separation Anxiety Disorder is usually seen by mid-childhood. It is characterized by severe panic-like episodes that begin when the child is separated from his/her parent or caregiver and has difficulty participating in age-appropriate social activities such as sleep-overs, summer camp, etc. These episodes may come to a teacher's attention when children refuse to attend school, cry and have tantrums when left at school, refuse to participate, or exhibit excessive "homesickness" during over-night school trips.

Anxiety Disorders

## Behaviour Characteristics

- refusal to attend school
- tantrums, tears, clinging when left at school by the parent
- excessive “homesickness” during over-night school trips
- clinging to the teacher

## Classroom Strategies

- Provide reassurance to both child and parent.
- Inform child and parent that the anxiety normally decreases over time, with the appropriate strategies.
- Use distraction techniques — for example, involve the child in other activities.
- Encourage reading, writing, drawing, painting in a journal to alleviate fears.
- Encourage and reward independent activities.
- Create a “coping” book whereby the child has a guide to help take various steps for dealing with his/her anxiety.  
For example:
  - Stage 1—In Class
    - Take five deep breaths.
    - Draw in journal.
    - Count from fifty backwards.
    - Visualize a calm place.
  - Stage 2—Outside
    - Take time out.
    - Walk down hall.
    - Go to mentor or teacher.
  - Stage 3—Outside
    - Go to office.
    - Get medication, if required.
    - Call home.
- Provide student with frequent feedback, praise, encouragement and support.
- Use “whole class” relaxation techniques.

## General Anxiety Disorder (GAD)

General Anxiety Disorder is thought to affect some three to five percent of youth and is often found together with other anxiety disorders or depression. It tends to have an onset in early adolescence and is associated with inhibited temperament or excessive childhood shyness. Young people with GAD worry incessantly about most things. It is the extreme, severe nature of their worries that leads to a diminished quality of life.

Anxiety Disorders

## Behaviour Characteristics

- constant worry or tension
- extreme need for reassurance
- somatic symptoms (headaches, stomach aches)
- avoidance of stressful situations such as tests
- clingy behaviour in young children

## Classroom Strategies

- Reassurance alone may not be sufficient to resolve this anxiety condition.
- Establish down-to-earth, realistic expectations and interactions.
- Encourage physical exercise to reduce anxiety.
- Check in with the student at the beginning of each day.
- Create a “things to do today” sheet. This gives the student an overview of the work expected for the day. Prepare the child/adolescent in advance for any changes in daily routines.
- Modify the child’s program if necessary.
- Encourage use of a study schedule to prepare for tests and assignments. The schedule needs to clearly outline the activity and amount of work to be completed each day.
- Give clear directions.
- Create a “coping” book, as outlined under Separation Anxiety Disorder.

## Social Anxiety Disorder

Social Anxiety Disorder usually manifests itself in adolescence. It is characterized by severe anxiety, at times mixed with panic, that occurs only in social situations and is often accompanied by blushing. It is the most common of the anxiety disorders and may precede the development of depression. Up to 30 percent of youth with social anxiety disorder develop problems with alcohol use. It can be severely debilitating and can result in social isolation.

Anxiety Disorders

## Behaviour Characteristics

- refusal or severe reluctance to participate in activities that will permit social scrutiny; e.g., public speaking; eating or dressing in public; social activities, such as dances; gathering in social settings, such as malls
- physical symptoms such as blushing, a shaky voice, nervousness, or sweating prior to or during social situations
- strong fear that others will notice their anxiety

## Classroom Strategies

- Gradual desensitization — through small group activity, for example.
- Do not force the student into situations that are humiliating; for example, forced speaking in front of the class; instead, provide an option such as a group presentation or a presentation to a small group. Allow use of multi-media presentations to reduce amount of speaking.
- Reassure the student that he/she is not alone in feeling embarrassed.
- Encourage relaxation techniques, such as visualization and deep breathing.
- Ask friendly classmates to invite the child to talk, play or join a club.

## Panic Disorder (PD)

Panic Disorder expresses itself in later adolescence. It can affect up to five percent of youth and often occurs with depression or other anxiety disorders. It is characterized by a sudden onset of severe panic that arises suddenly, and without warning, in situations where there is no danger. Symptoms include: shortness of breath, heart palpitations, dizziness, tingling, urgent urination and intense fear. Often, attacks are accompanied by a strong desire to flee the location in which they occur. Repeated attacks lead to anticipation anxiety, and then to avoidance of locations in which they have occurred or from which there is no easy exit. In some cases this can lead to agoraphobia.

Anxiety Disorders

## Behaviour Characteristics

- panic attack in the classroom, which can lead to a need to “escape”
- avoidance of school
- intense physical symptoms (e.g., shortness of breath, heart palpitations, dizziness, sweating)
- intense fear during the attack

## Classroom Strategies

- Permit leaving the classroom if a panic attack occurs but set a time for return; attacks usually last five to ten minutes.
- Encourage “coping” behaviour and discourage avoidance.
- Create a “coping” book, as outlined under Separation Anxiety Disorder.
- Model calm behaviour.
- Use relaxation and deep breathing techniques to help reduce fear and stress (e.g., visualize a calm and safe place, take five deep breaths).

Disorders

## Obsessive Compulsive Disorder (OCD)

Obsessive Compulsive Disorder, which can begin throughout youth, affects up to three percent of the population and is characterized by intrusive, unwanted ideas, thoughts or fears (obsessions) and repeated ritualized actions or behaviours (compulsions) performed to dispel the anxiety brought on by obsessions. It may occur with tics (see Tourette Syndrome) or with depression. It can lead to significant functional disruption and a reduced quality of life.

Children with OCD often suffer the added stress of teasing, rejection, and even bullying from peers. Encourage the student to talk about the disorder with classmates, friends and family, and thereby increase acceptance of it.

Anxiety Disorders

## Behaviour Characteristics

- persistent perfectionism; e.g., written schoolwork erased and rewritten to the point of making holes in the paper
- constant questioning, asking for reassurance
- repeating rituals
- having to do something exceedingly slowly to feel it has been done properly

## Classroom Strategies

- Keep up normal routines in the classroom. Routine and structure can help a child reduce the rituals and encourage exposure to what may otherwise have been avoided.
- Provide brief, clear, explicit instructions, well-structured assignments.
- Use humour, not ridicule, to help the child distance himself/herself from irrational fears.
- Try not to get involved in the child's rituals by responding to an obsessive need for reassurance.
- Do not criticize his/her obsessive behaviours. See them as symptoms, not faults.
- Recognize and reward small improvements; e.g., finishing a task on time without continual erasing to make it perfect.
- Modify expectations during a stressful time. Stress, particularly in the area of change, can increase symptoms of anxiety. Try to provide schedules and advance warning and preparation for changes in routines.
- Do not compare the child with other children in the classroom. The behaviours are part of an illness.
- Provide a warm and supportive learning environment where mistakes are viewed as a natural part of the learning process.

## Treatment

Treatment of anxiety disorders usually requires a combination of treatment interventions by qualified medical or mental health professionals. Medications may be used along with other forms of treatment such as Cognitive Behavioural Therapy, sometimes in conjunction with family therapy or counselling.

## Resources

**Anxiety Disorders Association of America**  
8730 Georgia Avenue.,  
Suite 600  
Silver Spring, MD 20910  
Phone: (240) 485-1001  
Web: [www.adaa.org](http://www.adaa.org)

**Anxiety Disorders Association of Canada**  
(Ask for a referral to your provincial chapter for local resources)  
Toll-Free: 1-888-223-2252  
E-mail: [contactus@anxietycanada.ca](mailto:contactus@anxietycanada.ca)  
Web: [www.anxietycanada.ca](http://www.anxietycanada.ca)

**Got Issues Much? Celebrity Teens Share Their Traumas and Triumphs**  
(Randi Reisfeld, Marie Morreale, Scholastic, 1999).

Also Relevant:

**Canadian Centre on Substance Abuse (CCSA)**  
Phone: (613) 235-4048  
Web: [www.ccsa.ca](http://www.ccsa.ca)

**Centre for Addiction and Mental Health**  
Phone: (416) 535-8501  
Web: [www.camh.net](http://www.camh.net)



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For further information  
or to donate, contact:

Canadian Psychiatric Research Foundation  
2 Carlton St., Ste. 1007  
Toronto, ON M5B 1J3

Phone: 416-351-7757  
Fax: 416-351-7765  
E-mail: [admin@cprf.ca](mailto:admin@cprf.ca)  
Web: [www.cprf.ca](http://www.cprf.ca)

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