Anxiety: A Brief Overview

Anxiety is described as a feeling of worry, unease, nervousness, or fear. It is the most common emotional problem in children but can look very different depending on the child. A short-lived feeling of anxiousness about an uncertain outcome or imminent event is an appropriate human response, but when these feelings become persistent, intrusive, and future-oriented, an anxiety disorder should be considered (American Psychiatric Association [APA], 2022a). Symptoms of an anxiety disorder in children may include clinging to caregivers, trouble sleeping, avoiding specific situations, trouble concentrating in class, self-consciousness, and stomachaches or other physical symptoms. Children can experience a variety of symptoms of anxiety, so it is important to watch for signs that may indicate that their level of worry or stress is negatively impacting their daily functioning, such as refusal to go to school or hang out with friends.

Although estimates vary, approximately 20%–30% of children and youth experience significant symptoms of anxiety (DeAngelis, 2022). It is also common for anxiety disorders to co-occur with other disorders such as depression or attention-deficit hyperactivity disorder. Regardless of whether the symptoms are severe enough to warrant a diagnosis or if they are simply distressing, anxiety is a prevalent condition that is often experienced by students in schools. Fortunately, students can learn techniques and strategies to better manage their symptoms of anxiety.

There are many reasons why some people may be more vulnerable to anxiety disorders than others. Individual factors, such as biological family history of anxiety, and systems-level factors, such as systemic racism and limited access to resources, can also affect the prevalence of anxiety disorders in youth. Girls are more likely than boys to be diagnosed with an anxiety disorder (Anxiety and Depression Association of America, 2021). Sexual- and gender-minority youth are also at an increased risk of meeting criteria for anxiety disorders (DeAngelis, 2022). Indigenous scholars (e.g., Aguilar et al., 2021) have also discussed the importance of intergenerational trauma (i.e., trauma passed down over generations) as important to understanding the high prevalence of mental health issues among Indigenous youth. Additionally, increased exposure to family poverty in childhood predicts higher rates of anxiety and depression in adolescents and young adults (Najman et al., 2010). Exposure to adverse childhood experiences (ACEs), such as emotional, physical, or sexual abuse, as well as household dysfunction during childhood, can also affect mental health outcomes later in life (Felitti et al., 1998). Culturally specific ACEs, such as racial or ethnic discrimination, are associated with higher percentages of mental health conditions like anxiety. Furthermore, the global prevalence of anxiety and depression increased by 25% in the first year of the COVID-19 pandemic, with youth and women disproportionately negatively affected (World Health Organization, 2022). These recent increases in anxiety underscore the need for increased access to mental health services. Schools may be in the ideal position to help children learn how to manage anxiety.

DIAGNOSIS

The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR; APA, 2022b) specifies the different types of anxiety disorders and provides guidelines for mental health professionals to make appropriate diagnoses. Table 1 lists some common anxiety disorders experienced by youth. These diagnoses require symptoms to be present for a specified period of time (typically 6 months or more) and cause significant impairment to the individual's daily functioning. Individuals may experience notable struggles across various environments such as home, school, work, and interpersonal relationships. Youth with anxiety who go undiagnosed and untreated are at an increased risk for developing additional mental disorders, such as depression, as well as physical conditions caused by chronic stress later in life. Heightened anxiety levels may also affect academic and social outcomes. However, it is important to note that the DSM-5-TR is a classification system created by Western researchers primarily based on Western participants and thus is culturally specific. Practitioners, parents, and teachers should be aware that anxiety may present differently among children from cultures that may not align with the DSM-5-TR's technical definitions of anxiety disorders.

Table 1. Types of Anxiety Disorders

Separation anxiety disorder	Extreme distress when separated from caregivers or close family members*
Selective mutism	Inability to speak in certain social situations
Specific phobia	Uncontrollable or extreme fear of an object or situation that is not actually dangerous
Social anxiety disorder (social phobia)	Persistent fear of being watched and judged negatively by others
Panic disorder	Sudden attacks of intense anxiety with physical symptoms including racing heart rate, dizziness, nausea, and chest pain
Generalized anxiety disorder (GAD)	Constant worry about a variety of everyday issues and situations
Obsessive–compulsive disorder (OCD)	Upsetting thoughts (obsessions) that occur over and over, which cause the urge to do behaviors (compulsions or rituals)
Posttraumatic stress disorder (PTSD)	Recurring memories from experiencing or witnessing a traumatic event

ANXIETY IN SCHOOLS

Children with anxiety may struggle more in school. Since children experience anxiety in different ways, these symptoms may be hard for teachers and parents to identify. Young children may complain of stomachaches, act out in class, or struggle with certain academic subjects (Child Mind Institute, 2023). Teachers often confuse anxiety for learning or behavioral disorders when students are unable to focus in class or ask the same questions repeatedly. School refusal is also common for children with anxiety and can be especially prevalent after longer periods of not being in school, such as summer break. Students with anxiety may also have difficulty participating in class, even if they know the correct answer to a proposed question. Additional signs that a student may be struggling with anxiety include inability to sustain eye contact in class, frequent trips to the nurse or bathroom, not turning in homework on time, and avoiding socialization.

Interventions and Treatment

For youth with anxiety, there are several effective treatments and interventions. Cognitive–behavioral therapy (CBT) and exposure-based therapies, as well as certain medications, are among the most well established, evidence-based treatment approaches for anxiety (Freidl et al., 2017). Research indicates that a combination of therapy and medication is often the most effective method in treating anxiety.

CBT is a unique therapeutic approach that targets three main areas of anxiety: thoughts, feelings, and behaviors (Walter et al., 2020). The intervention is specifically tailored to fit the needs of individuals. Homework assignments are often incorporated into the treatment plan, and collaboration between family and school personnel helps to achieve desired goals. Mental health professionals, including school psychologists, obtain specialized training to deliver CBT in individual or group formats, and they typically provide these services over a set number of structured sessions. There are also versions of CBT that can be used in schools, such as Camp Cope-A-Lot, an evidence-based computer delivered program for youth ages 7–13 years old with anxiety (Sulkowski et al., 2012). School psychologists may reinforce these computer therapy sessions with in-person therapy sessions. For children under age 8, family-based CBT is one of the most effective approaches (Effective Child Therapy, 2021). Family members influence, and are influenced by, one another. Therefore, family-based CBT addresses family dynamics by assessing thoughts, emotions, and behaviors related to the child's anxiety. Coping Cat is one of the most well-established CBT treatments for children ages 7–13 and can be adapted to use in school (Kendall & Hedtke, 2006). The program consists of information for children and families about anxiety, tasks to expose children to their fears, a framework to restructure thoughts, and problem-solving strategies. There is also a version for adolescents, ages 14–17, known as the C.A.T. Project (Kendall et al., 2002).

The most effective medications to treat anxiety disorders are antidepressants, which work by increasing serotonin, a chemical in the brain related to mood and anxiety (Walter et al., 2020). There are many types of antidepressants, and each individual responds differently to each medication. This can be a challenging process for families to navigate, so it is important for the family to work with a healthcare provider to figure out which medication and dose works best for the child. It is very common for healthcare providers make a few attempts before finding the right medication for their patient. All members of the child's support system must be informed about the therapies and medications used. To ensure positive outcomes and decrease anxiety, medication should be used in conjunction with therapy.

Educational Support

Many anxiety symptoms are in response to normal childhood events and can be managed with support from caregivers at home. However, if a student's anxiety is significantly affecting their ability to function in school, they may need more formalized educational support (Sulkowski et al., 2012). Members of a multidisciplinary team—which can consist of teachers, administrators, school psychologists, counselors, and other content-area specialists—will collaborate to determine what accommodations are required to best meet the student's academic, behavioral, and mental health needs. Each school may address students' needs differently, so it is important for caregivers, teachers, and mental health professionals to be aware of the systems in place at their school to access and implement the appropriate services. If a student's anxiety symptoms are significantly impacting their daily functioning, it may be helpful to reach out to the school psychologist to inquire about school-based support that may be helpful for that student.

Supports in the schools often exist within a multitiered system of support (MTSS) framework. MTSS is used for problem solving and decision making to support all students based on their levels of need. Universal supports are provided at Tier 1, where identification and management of anxiety can be addressed through school-wide programs. A Tier 1 intervention may involve prompting the whole class to take a physical movement break to decrease stress. For students needing further support, additional services (Tier 2) may be provided in small group settings. One common Tier 2 intervention is Check In Check Out, in which students are assigned to a staff member who is not their primary instructor to check in with at the beginning of the day to set explicit goals, which are recorded on a point card. Teachers evaluate the student's behavior throughout the day, and the student checks out with the same adult at the end of the day to assess their total points (PBIS Rewards, 2023). Students with more significant anxiety symptoms may be provided with more intensive, individualized services at Tier 3. These services may include assistance from outside agencies such as family therapists or behavioral counselors as well as individualized behavior support plans.

Social Justice Lens

Racial discrimination and other forms of marginalization can have an especially detrimental impact on mental health, including anxiety (MacIntyre et al., 2023). During the COVID-19 pandemic, heightened levels of vicarious racism (i.e., witnessing racial discrimination happening to others) led to increased anxiety among people of color. Interventions and supports for youth with anxiety must be approached through an antiracist, culturally informed lens. Youth from diverse, historically marginalized racial and ethnic backgrounds are at an increased risk for developing anxiety because of heightened levels of chronic stress (Weersing et al., 2022). Furthermore, children from low-income families are less likely to be treated for mental health disorders (Ghandour et al., 2019). Therefore, it is important to increase access to mental health services in schools and work toward creating a less oppressive, more egalitarian society to decrease the prevalence of anxiety among marginalized groups. Mental health professionals are continuing to develop and adapt school-based interventions and supports to be culturally responsive and serve all students' needs. Schools working to adopt a culturally responsive MTSS framework may offer screening to identify students at risk for anxiety, work to facilitate a positive racial school climate, and engage in interventions that consider students' unique cultural backgrounds and needs (Malone et al., 2022). Furthermore, parents should be encouraged to collaborate with schools to establish cultural expectations and considerations. Although anxiety is a commonly experienced emotion, there are supports that can help students experiencing significant symptoms of anxiety.

RESOURCES

- The Child Mind Institute has a webpage dedicated to anxiety with additional information, resources, and recommendations for parents, educators, and children. https://childmind.org/topics/anxiety/
- The Anxiety Resource Center offers helpful links to resources about different types of anxiety disorders, the impact of COVID-19, tips for families, and more. https://www.anxietyresourcecenter.org/resources/helpful-links/
- National Institute of Mental Health offers downloadable graphics, videos, brochures, and fact sheets, on anxiety disorders. https://www.nimh.nih.gov/get-involved/digital-shareables/shareable-resources-on-anxiety-disorders

REFERENCES

Aguilar, L. N., Shearin, J., Wamnuga-Win, (Sam, K.), & Mojica, K. (2021). Indigenous youth in schools: consequences of colonialism and advocating for a better future. *Communiqué, 50*(1), 1, 26–30.

American Psychiatric Association. (2022a). *Anxiety*. https://www.apa.org/topics/anxiety

American Psychiatric Association. (2022b). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Anxiety and Depression Association of America. (2021). *Facts*. https://adaa.org/living-with-anxiety/women/facts

DeAngelis, T. (2022). Anxiety among kids is on the rise. wider access to CBT may provide needed solutions: Tailored in-person and app-based interventions for anxiety are allowing psychologists to expand their reach. *Monitor on Psychology, 53*(7). https://www.apa.org/monitor/2022/10/child-anxiety-treatment

Effective Child Therapy. (2021). *Fear, Worry, & Anxiety Disorders*. Society of Clinical Child & Adolescent Psychology. https://effectivechildtherapy.org/concerns-symptoms-disorders/disorders/fear-worry-and-anxiety/

Child Mind Institute. (2023). *Anxiety*. https://childmind.org/topics/anxiety/#anxiety-and-school

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8

Freidl, E. K., Stroeh, O. M., Elkins, R. M., Steinberg, E., Albano, A. M., & Rynn, M. (2017). Assessment and treatment of anxiety among children and adolescents. *Focus, 15*(2), 144–156. https://doi.org/10.1176/appi.focus.20160047

Ghandour, R. M., Sherman, L. J., Vladutiu, C. J., Ali, M. M., Lynch, S. E., Bitsko, R. H., & Blumberg, S. J. (2019). Prevalence and treatment of depression, anxiety, and conduct problems in US children. *The Journal of Pediatrics*, *206*, 256–267.e3. https://doi.org/10.1016/j.jpeds.2018.09.021

Kendall, P. C., Choudhury, M., Hudson, J., & Webb, A. (2002). *The C.A.T. Project*. Workbook Publishing.

Kendall, P. C., & Hedtke, K. A. (2006). *Coping CAT workbook* (2nd ed). Workbook Publishing

MacIntyre, M. M., Zare, M., & Williams, M. T. (2023). Anxiety-related disorders in the context of racism. *Current Psychiatry Reports*, *25*(2), 31–43. https://doi.org/10.1007/s11920-022-01408-2

Malone, C. M., Wycoff, K., & Turner, E. A. (2022). Applying a MTSS framework to address racism and promote mental health for racial/ethnic minoritized youth. *Psychology in the Schools*, *59*(12), 2438–2452. https://doi.org/10.1002/pits.22606

Najman, J. M., Hayatbakhsh, M. R., Clavarino, A., Bor, W., O'Callaghan, M. J., & Williams, G. M. (2010). Family poverty over the early life course and recurrent adolescent and young adult anxiety and depression: A longitudinal study. *American Journal of Public Health, 100*(9), 1719–1723. https://doi.org/10.2105/AJPH.2009.180943

PBIS Rewards. (2023). *Check-in/check-out behavior intervention & PBIS*. https://www.pbisrewards.com/blog/check-in-check-out-behavior-intervention/

Sulkowski, M. L., Joyce, D. K., & Storch, E. A. (2012). Treating childhood anxiety in schools: Service delivery in a response to intervention paradigm. *Journal of Child and Family Studies*, *21*(6), 938–947. https://doi.org/10.1007/s10826-011-9553-1

Walter, H. J., Bukstein, O. G., Abright, A. R., Keable, H., Ramtekkar, U., Ripperger-Suhler, J., & Rockhill, C. (2020). Clinical practice guideline for the assessment and treatment of children and adolescents with anxiety disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, *59*(10), 1107–1124. https://doi.org/10.1016/j.jaac.2020.05.005

Weersing, V. R., Gonzalez, A., Hatch, B., & Lynch, F. L. (2022). Promoting racial/ethnic equity in psychosocial treatment outcomes for child and adolescent anxiety and depression. *Psychiatric Research and Clinical Practice*, *4*(3), 80–88. https://doi.org/10.1176/appi.prcp.20210044

World Health Organization. (2022). *COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide*. https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide

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