

Anxiety Disorders

OCCUPATIONAL PERFORMANCE

Children who experience anxiety disorders may be challenged in the following areas of occupation:

Social Participation

- May avoid social situations due to fear of being in an unfamiliar setting, embarrassing themselves, or having a panic attack
- May “flee” when uncomfortable
- Can appear irritable and unapproachable to other children
- May choose to withdraw as a way to manage symptoms
- Overall discomfort interferes with enjoyment of social activities

ADLs

- Excessive worry, poor concentration, slowed information processing, and fatigue can disrupt daily routines and the ability to carry out bathing, toileting, dressing, and eating tasks
- May demonstrate poor initiation and low motivation

Education

- Potential for social isolation at recess and in the cafeteria
- Difficulty concentrating and processing information can interfere with activity engagement, ability to understand and follow instructions, and completion of assignments
- May lose train of thought due to intrusion of worrisome thoughts
- Generally avoids speaking up in class or calling attention to self

Work

- May avoid work settings where there is a need to interact with the public and/or the environment is busy and unpredictable

Play/Leisure

- Tendency to engage in familiar occupations, either alone or with a good friend
- May find it hard to relax and enjoy themselves

Sleep/Rest

- Can be disrupted due to worry, which leads to daytime fatigue

OCCUPATIONAL THERAPY PRACTITIONERS

use meaningful activities to help children and youth participate in what they need and or want to do in order to promote physical and mental health and well-being. Occupational therapy practitioners focus on participation in the following areas: education, play and leisure, social participation, activities of daily living (ADLs; e.g., eating, dressing, hygiene), instrumental activities of daily living (IADLs; e.g., meal preparation, shopping), sleep and rest, and work. These are the usual occupations of childhood. Task analysis is used to identify factors (e.g., sensory, motor, social-emotional, cognitive) that may limit successful participation across various settings, such as school, home, and community. Activities and accommodations are used in intervention to promote successful performance in these settings.

About Anxiety

Everyone experiences anxiety as a response to stress from time to time, even children. Mild anxiety can help a young person cope with a difficult or challenging situation, such as taking an exam, by channeling that anxiety into positive behaviors, e.g., reviewing course material ahead of time in order to prepare for the exam. However, when anxiety is constantly present and appears to be an irrational fear of familiar activities or situations, then it is no longer a coping mechanism but rather a disabling condition (National Institute of Mental Health (NIMH, n.d.).

Anxiety Disorders

These disorders often begin in childhood as early as 6 years of age, or in adolescence, and can interfere significantly with the performance of everyday occupations (NIMH, n.d.). The *Diagnostic and Statistical Manual of Mental Disorders* (DSM- IV-TR) identifies 5 types of anxiety disorders: obsessive compulsive disorder (OCD), posttraumatic stress disorder (PTSD), social or specific phobias, panic disorder, and generalized anxiety disorder. Common symptoms are:

1. excessive, unexplained worry
2. difficulty managing the worry
3. restlessness or unexplained nervous energy
4. tiring easily
5. difficulty concentrating or loss of thoughts (“mind going blank”)
6. irritability
7. muscle tension
8. sleep disturbances

Brain imaging can now demonstrate the biology of anxiety disorders (NIMH, n.d.). These types of studies have revealed atypical brain activity in children with anxiety disorders (e.g., not being able to differentiate between threatening versus non-threatening situations), as well as brain circuitry changes during adolescence which make females more prone than males to developing mood and anxiety disorders. Research is also helping determine effective treatment methods other than prescribed medications, such as family-based cognitive behavioral therapy and social skills training (Bonder, 2010).

How do Anxiety Disorders Impact Participation?

Anxiety symptoms can interfere with a child's ability to engage in school activities, chosen occupations, and social opportunities. Fear of failure, concern about having a panic attack, or fear of embarrassment can lead to a child's lack of participation even though he or she may want to be engaged. These experiences can lead to social isolation and result in poor occupational performance in all life skill areas.

How Do Anxiety Disorders Impact Emotional Health?

Decreased participation in social situations and occupations can exacerbate feelings of low self-esteem, distort a child's self-image, and disrupt habits, routines, and roles. Overall quality of life and well-being are affected because of the underlying symptoms.

DID YOU KNOW THAT?

“1 in 10 young people may suffer from an anxiety disorder.”

—Minnesota Association for Children's Mental Health

continued

Occupational Therapy's Role in Addressing Anxiety Disorders

Strategies for Managing Anxiety

- Create a sensory modulation kit and/or a sensory diet.
- Use Cognitive Behavioral Therapy (CBT) and Social and Emotional Learning (SEL) to help students develop skills to recognize and manage their emotions, thoughts, and behaviors.
- Teach relaxation techniques and positive self-talk that students can use in the classroom and at home.
- Promote participation in meaningful leisure activities.

CHECK THIS OUT!

- Anxiety and Depression Association of America Web site: <http://www.adaa.org> Useful information about anxiety disorders and depression, as well as resources for families and professionals
- CASEL Web site: <http://casel.org> Explains the SEL framework and provides examples of what principals, teachers, and parents can do to promote it within the school environment
- Minnesota Association for Children's Mental Health Web site: <http://www.schoolmentalhealth.org/Resources/Educ/MACMH/Anxiety.pdf> Fact sheet for the classroom.
- National Institute of Mental Health Web site: <http://www.nimh.nih.gov/>

OCCUPATIONAL THERAPY PRACTITIONERS can play an important role in addressing anxiety disorders in children in a variety of settings, including schools, communities, and home. In each setting, intervention may focus on a number of areas, including *establishment of routines and habits, enjoyable activities that promote optimal levels of arousal or relaxation, and strategies for managing symptoms to enhance occupational performance*. These services can help children build self-esteem and establish supportive relationships with family members, school personnel, and peers. Occupational therapy practitioners can play a critical role in working with teachers and other school personnel, as well as with family members to address the occupational performance needs of children with anxiety disorders.

LEVELS OF INTERVENTION

Promotion: Occupational therapy practitioners can promote whole population approaches fostering mental health at the universal level (e.g., school-wide efforts to reduce stress and sensory overload throughout the day, such as inclusive recess experiences).

Prevention: Practitioners may introduce targeted interventions to help at-risk students manage their symptoms more easily without necessarily singling them out (e.g., collaborating with teachers to create sensory-friendly environments that incorporate self-regulating strategies within the classroom, such as making fidget toys available, providing quiet corners in which to work, and offering relaxation breaks).

Intensive/Individualized: Occupational therapy practitioners can collaborate with teachers to implement classroom interventions designed to enhance an anxious child's occupational performance (e.g., modifying assignments by breaking them down into smaller steps, allowing flexible deadlines for harder assignments, reducing homework load, creating opportunities for stress reduction, adhering to a sensory diet, or partnering with a friend during more challenging learning activities).

Home: Work with families to establish daily routines that include time together, as well as time alone for de-stressing. Educate family members about anxiety symptoms and how they can interfere with functioning. Help develop coping strategies (e.g., sleep hygiene routine, quiet retreat, sensory diet, sensory modulation kit). Encourage enjoyable family activities that alleviate stress and promote social participation.

School: Educate all school personnel about anxiety disorders and how they impact learning and socialization (e.g., in-service sessions, handouts). Promote sensory-friendly areas indoors (e.g., create sensory modulation areas in classrooms) and outdoors (e.g., create a reflective garden or nature trail on the edge of the playground). Encourage school curriculum that supports stress management and promotes socialization (e.g., yoga, team-building activities, walking clubs). Promote inclusive after school activities.

Community: Partner with local after-school and community organizations to create activities that help youth manage stress (e.g., community service projects, exercise clubs). Reach out to parent groups or youth service organizations to educate members about anxiety disorders and offer strategies for managing symptoms (e.g., ask to speak at a meeting, create a handout with helpful hints, write an article for a newsletter or community newspaper).

REFERENCES & RESOURCES

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