

# Your Adolescent - Anxiety and Avoidant Disorders

## Excerpts from *Your Adolescent on Anxiety and Avoidant Disorders*

Everyone experiences anxiety. It is a natural and important emotion, signaling through stirrings of worry, fearfulness, and alarm that danger or a sudden, threatening change is near. Yet sometimes anxiety becomes an exaggerated, unhealthy response.

Given the array of changes and uncertainties facing a normal teenager, anxiety often hums along like background noise. For some teenagers, anxiety becomes a chronic, highpitched state, interfering with their ability to attend school and to perform up to their academic potential. Participating in extracurricular activities, making and keeping friends, and maintaining a supportive, flexible relationship within the family become difficult. Sometimes anxiety is limited to generalized, free-floating feelings of uneasiness. At other times, it develops into panic attacks and phobias.

### Identifying the Signs

Anxiety disorders vary from teenager to teenager. Symptoms generally include excessive fears and worries, feelings of inner restlessness, and a tendency to be excessively wary and vigilant. Even in the absence of an actual threat, some teenagers describe feelings of continual nervousness, restlessness, or extreme stress.

In a social setting, anxious teenagers may appear dependent, withdrawn, or uneasy. They seem either overly restrained or overly emotional. They may be preoccupied with worries about losing control or unrealistic concerns about social competence.

Teenagers who suffer from excessive anxiety regularly experience a range of physical symptoms as well. They may complain about muscle tension and cramps, stomachaches, headaches, pain in the limbs and back, fatigue, or discomforts associated with pubertal changes. They may blotch, flush, sweat, hyperventilate, tremble, and startle easily.

Anxiety during adolescence typically centers on changes in the way the adolescent's body looks and feels, social acceptance, and conflicts about independence. When flooded with anxiety, adolescents may appear extremely shy. They may avoid their usual activities or refuse to engage in new experiences. They may protest whenever they are apart from friends. Or in an attempt to diminish or deny their fears and worries, they may engage in risky behaviors, drug experimentation, or impulsive sexual behavior.

**Panic Disorder** More common in girls than boys, panic disorder emerges in adolescence usually between the ages of fifteen and nineteen. Feelings of intense panic may arise without any noticeable cause or they may be triggered by specific situations, in which case they are called panic attacks. A panic attack is an abrupt episode of severe anxiety with accompanying emotional and physical symptoms.

During a panic attack, the youngster may feel overwhelmed by an intense fear or discomfort, a sense of impending doom, the fear he's going crazy, or sensations of unreality. Accompanying the emotional symptoms may be shortness of breath, sweating, choking, chest pains, nausea, dizziness, and numbness or tingling in his extremities. During an attack, some teens may feel they're dying or can't think. Following a panic attack, many youngsters worry that they will have other attacks and try to avoid situations that they believe may trigger them. Because of this fearful anticipation, the teen may begin to avoid normal activities and routines.

**Phobias** Many fears of younger children are mild, passing, and considered within the range of normal development. Some teenagers develop exaggerated and usually inexplicable fears called phobias that center on specific objects or situations. These intense fears can limit a teenager's activities. The fear generated by a phobia is excessive and not a rational response to a situation. The objects of a phobia usually change as a child gets older. While very young children may be preoccupied with the dark, monsters, or actual dangers, adolescents' phobic fears tend to involve school and social performance.

Several studies have revealed an increase in school avoidance in middle-school or junior-high years. With school avoidance, excessive worries about performance or social pressures at school may be at the root of the reluctance to attend school regularly. This leads to a cycle of anxiety, physical complaints, and school avoidance. The cycle escalates with the worsening of physical complaints such as stomachaches, headaches, and menstrual cramps. Visits to the doctor generally fail to uncover general medical explanations. The longer a teenager stays out of school, the harder it becomes for him to overcome his fear and anxiety and return to school. He feels increasingly isolated from school activities and different from other kids.

Some youngsters are naturally more timid than others. As their bodies, voices, and emotions change during adolescence, they may feel even more self-conscious. Despite initial feelings of uncertainty, most teens are able to join in if given time to observe and warm up. In extreme cases, called social phobia, the adolescent becomes very withdrawn, and though he wants to take part in social activities, he's unable to overcome intense self-doubt and worry. Grippled by excessive or unreasonable anxiety when faced with entering a new or unfamiliar social situation, the adolescent with social phobia becomes captive to unrelenting fears of other people's judgment or expectations. He may deal with his social discomfort by fretting about his health, appearance, or overall competence. Alternatively, he may behave in a clowning or boisterous fashion or consume alcohol to deal with the anxiety.

Because so much of a teenager's social life gets played out in school, social phobia may overlap with and be hard to distinguish from school avoidance. Some teens with social phobia may try to sidestep their anxious feelings altogether by refusing to attend or participate in school. Classroom and academic performance falls off, involvement in social and extracurricular activities dwindles, and, as a consequence, self-esteem declines.

Some teens may experience such a high level of anxiety that they cannot leave the house. This disorder, agoraphobia, seems to stem from feelings about being away from parents and fears of being away from home rather than fear of the world. In fact, a number of children who demonstrate severe separation anxiety in early childhood go on to develop agoraphobia as adolescents and adults.

### **Causes and Consequences**

Most researchers believe that a predisposition towards timidity and nervousness is inborn. If one parent is naturally anxious, there's a good chance that their child will also have anxious tendencies. At the same time, a parent's own uneasiness is often communicated to the child, compounding the child's natural sensitivity. A cycle of increasing uneasiness may then be established. By the time this child reaches adolescence, his characteristic way of experiencing and relating to his world is tinged with anxiety. Some research suggests that children who are easily agitated or upset never learned to soothe themselves earlier in life.

In many cases, adolescent anxiety disorders may have begun earlier as separation anxiety, the tendency to become flooded with fearfulness whenever separated from home or from those to whom the child is attached, usually a parent. Adolescents can also have separation disorders. These teens may deny anxiety about separation, yet it may be reflected in their reluctance to leave home and resistance to being drawn into independent activity. Separation anxiety is often behind a teen's refusal to attend or remain at school.

School avoidance can follow a significant change at school, such as the transition into middle school or junior high. It may also be triggered by something unrelated to school, such as a divorce, illness, or a death in the family. Some youngsters become fearful about gang activities or the lack of safety in school.

A worried teenager performs less well in school, sports, and social interactions. Too much worry can also result in a teenager's failing to achieve to his potential. A teen who experiences a great deal of anxiety may be overly conforming, perfectionistic, and unsure of himself. In attempting to gain approval or avoid disapproval, he may redo tasks or procrastinate. The anxious youngster often seeks excessive reassurance about his identity and whether he is good enough.

Some teenagers with anxiety disorders can also develop mood disorders or eating disorders. Some teenagers who experience persistent anxiety may also develop suicidal feelings or engage in self-destructive behaviors; these situations require immediate attention and treatment. Anxious teens may also use alcohol and drugs to self-medicate or self-soothe or develop rituals in an effort to reduce or prevent anxiety.

### **How to Respond**

If your teenager is willing to talk about his fears and anxieties, listen carefully and respectfully. Without discounting his feelings, help him understand that increased feelings of uneasiness about his body, performance, and peer acceptance and a general uncertainty are all natural parts of adolescence.

By helping him trace his anxiety to specific situations and experiences, you may help him reduce the overwhelming nature of his feelings. Reassure him that, although his concerns are real, in all likelihood he will be able to handle them and that as he gets older, he will develop different techniques to be better able to deal with stress and anxiety.

Remind him of other times when he was initially afraid but still managed to enter into new situations, such as junior high school or camp. Praise him when he takes part in spite of his uneasiness. Point out that you are proud of his ability to act in the face of considerable anxiety. Remember, your teenager may not always be comfortable talking about feelings that he views as signs of weakness. While it may seem at the moment as though he's not listening, later he may be soothed by your attempts to help.

If fearfulness begins to take over your teenager's life and limit his activities, or if the anxiety lasts over six months, seek professional advice. His doctor or teacher will be able to recommend a child and adolescent psychiatrist or other professional specializing in treating adolescents.

Managing anxiety disorders - as with any adolescent emotional disturbance - usually requires a combination of treatment interventions. The most effective plan must be individualized to the teenager and his family. While these disorders can cause considerable distress and disruption to the teen's life, the overall prognosis is good.

Treatment for an anxiety disorder begins with an evaluation of symptoms, family and social context, and the extent of interference or impairment to the teen. Parents, as well as the teenager, should be included in this process. School records and personnel may be consulted to identify how the teen's performance and function in school has been affected by the disorder.

The evaluating clinician will also consider any underlying physical illnesses or diseases, such as diabetes, that could be causing the anxiety symptoms. Medications that might cause anxiety (such as some drugs used in treating asthma) will be reviewed. Since large amounts of caffeine, in coffee or soft drinks, can cause agitation, a clinician might look at the youngster's diet as well.

Other biological, psychological, family, and social factors that might predispose the youngster to undue anxiety will also be considered.

If a teenager refuses to go to school, a clinician will explore other possible explanations before labeling it school avoidance. Perhaps the teen is being threatened or harassed, is depressed, or has an unrecognized learning disability. He may also be skipping school in order to be with friends, not from anxiety about performance or separation.

If the teenager has engaged in suicidal or self-endangering behavior, is trying to self-medicate through alcohol or drug use, or is seriously depressed, these problems should be addressed immediately. In such cases, hospitalization may be recommended to protect the youngster.

In most cases, treatment of anxiety disorders focuses on reducing the symptoms of anxiety, relieving distress, preventing complications associated with the disorder, and minimizing the effects on the teen's social, school, and developmental progress. If the problem manifests in school avoidance, the initial goal will be to get the youngster back to school as soon as possible.

**Cognitive-Behavioral Therapy** In many cases, cognitive-behavioral psychotherapy techniques are effective in addressing adolescent anxiety disorders. Such approaches help the teenager examine his anxiety, anticipate situations in which it is likely to occur, and understand its effects. This can help a youngster recognize the exaggerated nature of his fears and develop a corrective approach to the problem. Moreover, cognitive-behavioral therapy tends to be specific to the anxiety problem, and the teen actively participates, which usually enhances the youngster's understanding.

**Other Therapies** In some instances, long-term psychotherapy, and family therapy may also be recommended.

**Medications** When symptoms are severe, a combination of therapy and medication may be used. Antidepressant medications, such as nortriptyline (Pamelor), imipramine (Tofranil), doxepin (Sinequan), paroxetine (Paxil), sertraline (Zoloft), or fluoxetine (Prozac), or anxiety-reducing drugs, such as alprazolam (Xanax), clonazepam (Klonopin), or lorazepam (Ativan) may be prescribed in combination with cognitive or other psychotherapy. When tricyclic antidepressant medications such as imipramine are prescribed, your teen's physician may want to monitor for potential side effects by conducting periodic physical exams and occasional electrocardiograms (EKGs).

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