



## Anxiety in 2e Kids

According to the U.S. Department of Health and Human Services, anxiety disorders are among the most common mental, emotional, and behavioral problems during childhood and adolescence. About 13 of every 100 children and adolescents between the ages of 9 to 17 experience some kind of anxiety disorder. More girls are affected than boys. More than half of those with anxiety experience an additional disorder such as depression.

Some common types of anxiety disorders are:

- Generalized Anxiety Disorder: extreme, unrealistic worry about everyday life activities
- Panic Disorder: periods of intense fear accompanied by a pounding heartbeat, sweating, dizziness, nausea, or a feeling of imminent death
- Separation Anxiety Disorder: difficulty leaving parents
- Phobias: unrealistic and excessive fears of certain situations or objects
- Obsessive-Compulsive Disorder: repetitive thoughts and behaviors
- Social Anxiety Disorder: fear of being watched and judged by others and of embarrassing oneself
- Post-traumatic Stress Disorder: the result of experiencing a very stressful event and then feeling as if the event is being relived through strong memories or other kinds of troublesome thoughts.

2e Newsletter submitted a list of questions about anxiety in twice-exceptional kids to two psychologists experienced in working with gifted 2e children: Pat Schuler from New York and Dan Peters from California. Following are their edited answers.

### Who Develops an Anxiety Disorder and When?

**Pat Schuler:** There is a continuum of anxiety disorders from childhood to adulthood. The manifestations may be different in children, but the basic disposition toward anxiety begins in childhood. In gifted kids and 2e kids, anxiety often develops when they start school, unless the environment recognizes and acts on their asynchronous (uneven) development. Also, there are disorders associated with anxiety such as Tourette's Syndrome and Asperger Syndrome.

**Dan Peters:** Anxiety disorders can occur at any age, depending on the child's biological sensitivity, personality traits, and the presenting situations and stressors. The symptoms are the same as those in adults once an anxiety disorder develops.

Separation anxiety and specific phobias appear to be most common in children between ages 6 and 9. Generalized Anxiety Disorder, Social Anxiety Disorder, and Panic Disorder are more common in middle childhood and adolescence.

### What are the Signs that a Child has Anxiety?

**Schuler:** Some signs that can develop include: headaches, stomachaches, backaches, difficulty relaxing, low energy, difficulty sleeping, muscle twitches. In the extreme, anxiety can lead to panic attacks, nightmares, and phobias.

**Peters:** Anxiety also can take the form of avoidance, as children, and adults for that matter, like to avoid what they are afraid of. For example, children who have undiagnosed learning problems may avoid school, or ask to go to the bathroom just before it's their turn to read out loud. Other times, anxiety takes the form of behavior problems. Children may begin to act out verbally or physically when anxious, causing their behavior to be misinterpreted as a behavior problem. Finally, anxiety may be more readily apparent, as when children worry constantly, when they begin to cry "for no reason," when they talk about being scared, or when they are suffering from their drive toward perfection.

### When Should Parents Seek Treatment for Anxiety and from Whom Should They Seek It?

**Peters:** Parents should seek treatment when there's a noticeable change in a child's behavior or the child's functioning becomes impaired – for example, when the child's often sick, not sleeping well, avoiding required responsibilities like school and family obligations, and social activities like birthday parties and sports. Treatment should also be sought when children refuse to participate in an activity they previously enjoyed.

**Schuler:** Some other signs that indicate the need for treatment include:

- Making comments about how stressed or worried they are
- Nail biting
- Clinging behaviors
- Not wanting to go to school
- Headaches/stomachaches/nausea/vomiting related to a particular situation (like going to school)





## Anxiety in 2e Kids, continued

- Avoidance of certain tasks or being alone
- Social isolation
- Repeated signs of distress (temper tantrums, frequent crying)
- Excessive or unrealistic worry
- Excessive need for reassurance
- Excessive concern about competence
- Loss of appetite or undereating
- Difficulty relaxing or chronic hyperarousal
- Significant change in academic achievement
- Behavior problems (eg, running away, defiance, aggression)
- Repetitive behaviors the child is driven to perform.

**Peters:** Treatment should be sought from a licensed mental health professional who specializes in, or has training and experience in, assessing and treating anxiety in children.

### Are Gifted Kids in General, and 2e Kids in Particular, More Prone to Developing Anxiety Disorder?

**Peters:** 2e children appear to be more prone to developing anxiety due to their challenges. As we know, gifted children are highly intense, sensitive, and may tend toward perfectionism. Having a disability/challenge/difference that impairs functioning, such as attention problems, impulsivity, difficulty relating to others, and difficulty reading, places an additional burden on them.

**Schuler:** Dr. Paul Foxman talks about the “Anxiety Personality Style” in his book, *The Worried Child: Recognizing Anxiety in Children and Helping Them Heal*. He states that the anxiety-prone child is usually a “responsible, dependable, and motivated...good student, strives to do well academically, wants to please adults and peers, seeks approval and reassurance, usually well-behaved, difficulty with assertiveness, tends to be perfectionistic, high expectations, may be unusually disappointed or frustrated with mistakes or imperfect results, and oversensitivity to criticism or rejection.” All behaviors we see with many 2e kids! They are hypersensitive and live in the world of “shoulds” and may have “all-or-nothing” thinking.

### What Part Does Genetics Play and What Role Do External Factors Play?

**Peters:** Genetics is thought to play a strong role in the expression of anxiety. As such, anxiety tends to run in families. External factors such as lack of sleep, excessive

caffeine, and lack of exercise are thought to exacerbate anxiety, but not cause it. Regularly getting a good night’s rest, eating a healthy diet, exercising, and minimizing caffeine intake can help minimize anxious symptoms.

**Schuler:** There is also what Foxman calls a “biological sensitivity” or a sensitive temperament for developing anxiety.

### Are there Certain Triggers for Anxiety?

**Peters:** Anxiety may ensue when one is:

- Feeling under pressure with little respite
- Striving for excellence in all aspects of functioning
- Experiencing constant low-grade worrying
- Hypersensitive to bodily sensations (ie, “I’m having trouble breathing, there must be something very wrong with me.”).

**Schuler:** There can be many external and internal triggers, depending on the child’s age and situations.

- External triggers include: lack of nurturing during critical periods of child development, divorce, any type of abuse, lack of intimacy in the family, rigid role models, performance pressures, drug/alcohol abuse in the family, type of discipline used, parents’ or teacher’s own anxiety, lack of an optimal match between the child’s capabilities and the educational environment, media, environmental threats (ie, injury, theft, natural disaster), bullying, sibling relationships.
- Internal triggers include: anxiety-prone personality, fear of failure and/or success, anger about or fear of having a disability, strong need for control, low self-esteem, fear of strong emotions.

### Do Anxiety and Depression Tend to Go Together?

**Peters:** Anxiety and depression commonly go together and are often thought to be “opposite sides of the same coin.” That is, some children become depressed (sad, hopeless, helpless), then develop anxiety (fear, worry, panic) in response to prolonged feelings of vulnerability. Others become anxious, then develop depression after long periods of being overwhelmed and stressed. Finally, some people simultaneously develop symptoms of both anxiety and depression.

As mentioned earlier, it’s important to seek a trained mental health professional who has experience with both children and anxiety to determine whether your child is suffering from anxiety, depression, or both. It can’t be stressed enough





## Anxiety in 2e Kids, continued

that effective treatment comes from a thorough understanding of the problem.

**Schuler:** It may be difficult to distinguish between anxiety disorder and depression. Depression is identified if the child displays the following symptoms more than half the time: sleep problems, loss of interest in enjoyable activities, low motivation, and low energy.

### How is Anxiety Disorder Treated?

**Peters:** Treating anxiety begins with a thorough assessment – an extensive interview with a trained professional – in order to understand the nature of the anxiety, how it affects the child, and the environmental circumstances or stressors that may be causing or contributing to the anxiety. From there, an effective treatment plan can be developed which may include:

- *Psychotherapy with a cognitive-behavioral emphasis.* This approach is the most effective in treating anxiety. It begins with educating children about anxiety, and it includes teaching them to identify and recognize the thoughts responsible for their anxious feelings, and challenging and changing their anxious thoughts into

more adaptive ones.

- *Mindfulness-based techniques.* These complement the cognitive-behavioral techniques and are similar to them. They teach children to notice their anxious thoughts (but not to believe them) and to stay present in the moment, as most anxious thoughts are future-based. Finally, these techniques, as well as cognitive-behavioral psychotherapy, teach breathing as a way to prevent becoming anxious and as helping when one feels anxious.
- *Practice.* Anxiety is overcome by doing what one is afraid of, whether it be walking to school alone, going to a party, or taking your driving test. The practice is often set up to start with “baby steps” towards the ultimate goal.
- *Reducing external stressors.* Minimizing these can sometimes significantly reduce anxiety.
- *Medication.* If the child’s functioning continues to be impaired after these interventions are implemented, a medication evaluation by a child psychiatrist or behavioral pediatrician is recommended. Some children do need medication to deal with their significant anxiety; and,



## From Glen Ellyn Media

Perfect for those new to the “2e experience.”

Information and resources to help parents understand, support, and raise a 2e child.



Information and resources to help teachers identify and teach 2e students.

*A new booklet on Asperger's will be available soon!*

For more information about the booklets, including tables of contents, or to order one or both booklets, see [www.2eNewsletter.com](http://www.2eNewsletter.com).

For 2e Newsletter subscribers, one booklet is \$11, both are \$20, plus postage. Non-subscribers pay \$12.95 for one, \$22 for both, plus postage.



## Anxiety in 2e Kids, continued

as mentioned earlier, chronic anxiety can turn into depression. But trying non-medication approaches first is strongly recommended.

**Schuler:** Other treatments include assertiveness training, play therapy, bibliotherapy, imagery, and examining nutrition and exercise patterns. Also helpful are learning how to advocate, how to relax and why, how to control stress, how to handle too much activity, and how to develop competence in order to develop confidence. Sometimes the best treatment is a change in the educational environment (eg, new teacher, class, school, homeschooling) to reduce anxiety. Family therapy can also be very effective in reducing stressors.

Some children I've worked with have reacted positively to herbal remedies such as camomile tea (for calming kids and inducing sleep), St. John's Wort (for depression), kava (for anxiety and insomnia), valerian (for sleep), hops (for anxiety, restlessness, and sleep disturbances), and passionflower (for nervous tension). Any herbal or homeopathic remedy should be prescribed by an integrative medicinal doctor or a naturopathic doctor.

### How Long Does It Take for Treatment to Take Effect?

**Schuler:** It's difficult to say. It depends on the situation, the willingness of the family to bring the child for treatment, and the motivation of the child to work on relieving the stress. For example, a family brought a child for treatment who was experiencing tremendous distress in a classroom because of a mismatch between his personality and learning styles and the teacher's personality and instructional style. The family opted to homeschool him, and his anxiety was relieved almost immediately. Most situations are not immediate but take weeks or months for the effect of treatment to be seen.

**Peters:** It varies. I've often found anxiety to be reduced or eliminated within three months of treatment; however, it could take up to six months.

### Can a Child be Cured of Anxiety Disorder or is It More a Matter of Learning to Control It?

**Schuler:** For some children, a cure is possible. For many others, it's learning how to control and react to stressors in positive, healthy ways.

**Peters:** Often, one is hard-wired to be anxious; and the

goal is to know this about oneself and learn the strategies to effectively deal with it when it occurs. In other words, anxiety can become an old friend who comes to visit now and again, then is invited to leave.

### What is Some Advice to Parents for Dealing with Anxiety Disorder in their Children?

**Peters:** First, anxiety is *real*. It's very uncomfortable and can be debilitating. It's important to find a balance among empathy, understanding, and firmness to help children deal with and overcome their fears. Next, anxiety is *very* treatable. Don't wait for it to go away on its own, as anxiety often grows and expands to other areas of life. Find a trained professional and nip it as soon as possible.

**Schuler:** Become knowledgeable about the disorder and understand its manifestations in your 2e child. Make your kids aware that improved diet, exercise, and sleep are components of feeling better and reducing their anxiety. Also helpful for your 2e children are helping them to be assertive, learning relaxation techniques, and dealing with family conflict.

Fostering communication and connection with your child is critical. Eliminate negative criticism and unrealistic expectations and – one of the best techniques of all – do something healthy and positive with your child. So many anxious gifted kids just want time to “veg” with their parents and have them just *listen!*

Know your child's rights in school if an IEP or 504 Plan is in place. Try to work with the school in understanding the environmental stressors and what can be done to reduce them. Know what compensation strategies will work for your anxious child; and, most importantly, be a role model for your child on how to deal with anxiety in your life.

### What is Some Advice to Teachers for Dealing with Anxiety Disorder in their Students?

**Peters:** It's important for teachers to consider that behavior problems exhibited by a student may be the result of fears and worries. A combination of firmness and empathy is recommended. Children need to overcome and face their fears, yet may need accommodations when they are struggling.

**Schuler:** Teachers can help a student who







## Anxiety in 2e Kids, concluded

has an anxiety disorder in several ways. Most important is demonstrating that they care about these kids and trying to understand the world of the anxious child. Other ways are:

- Recognize the significant difference between test-taking skills, understanding, and knowledge. Many 2e kids understand high-level concepts but do poorly on sequential assignments, quizzes, and tests. Finding alternate ways of communicating understanding goes a long way in helping a child who has performance anxiety.
- Provide a safe environment where everyone gets what he or she needs.
- Model that it's okay to make mistakes.
- Help children learn relaxation techniques to use when they start to feel stressed out.
- Be aware of social stress and how kids tease and bully.

### What is Some Advice for a Child?

**Peters:** You can feel better than you do right now! Your anxiety, fears, and worries are not you; they're uncomfortable thoughts and feelings that can be eliminated and managed. You can learn strategies and techniques to overcome your fears and worries; it just takes an open mind and willingness to work at it. Just because you have fearful or worrisome thoughts, it doesn't mean they're always true. It takes courage to ask for help and face your fears, yet it's much easier than living with them.

**Schuler:** Understand that anxiety is a normal feeling that everyone experiences. Sometimes it can motivate us to practice and do well. Other times, when situations are too much, your sensitive temperament and personality type react by being anxious. You can help yourself by learning about your temperament and personality type, and what the clues are that you are anxious.

Another really important thing that can help is to learn how to relax. You can't be anxious and relaxed at the same time! Find someone who can help you control your stress and stop unwanted thoughts or behaviors. Also, learn about what foods are good and bad for anxiety, how to recognize stress at home and school, and when to speak up for yourself. Learn that sometimes medicine or herbal remedies can be helpful to reduce your anxiety. And finally, learn what strategies really work for you so

you can tell your teachers about them and so that you can reach your goals and be successful.

*Pat Schuler, PhD, NCC, LMHC, is a national certified counselor and a licensed mental health counselor in the state of New York. Her practice, Creative Insights, is located in Castleton, New York. She specializes in working with gifted kids and their families, on issues related to underachievement, perfectionism, anxiety, and other exceptionalities, particularly OCD, Asperger's, AD/HD, and Tourette's Syndrome.*

*Dan Peters, PhD, is a licensed psychologist in California. He is in private practice in Napa and with Quest Family Guidance Center in San Ramon, California. He specializes in the evaluation and treatment of children, adolescents, and families with special emphasis on giftedness, anxiety, and twice-exceptional individuals. ☒*

### Some Recommended Reading on Anxiety

For Kids from Dan Peters:

- Maier, I. (2004). *When Lizzy was afraid of trying new things*. Washington, DC: Magination Press. (ages 3-7)
- Lester H. (2003). *Something Might Happen*. Boston: Houghton Mifflin/Walter Lorraine Books. (ages 4-8)
- Hipp, E. (2008). *Fighting Invisible Tigers: A Stress Management Guide for Teens (3rd ed.)*. Minneapolis: Free Spirit Publishing. (teens)

For Adults from Pat Schuler:

- Bourne, E. J. (1990). *The anxiety & phobia workbook*. Oakland, CA: New Harbinger.
- Chansky, T. (2004). *Freeing your child from anxiety*. Broadway Books.
- Foxman, P. (2004). *The worried child: Recognizing anxiety in children and helping them heal*. Alameda, CA: Hunter House.
- Rapee, R. M., Spence, S.H., Cobham, V., & Wignall, A. (2000). *Helping your anxious child*. Oakland, CA: New Harbinger.
- Sizemore, T. (2007). *I bet I won't fret: A workbook to help children with generalized anxiety disorder*. Oakland, CA: New Harbinger.

See more recommendations on our website.