

When does Anxiety become a problem?

(1) Separation Anxiety Disorder:

Story:

John is a seven-year old boy whose mother reports that he has always had difficulty separating from her. When he was five, his parents tried to enroll him in kindergarten. However, John cried and was in great distress on the first day of school and refused to let his mother leave him alone there. The same reaction occurred without abating for two weeks.

As a result, John's parents had to pull him out of kindergarten. John's mother reports that he has always been clingy to her and would refuse to attend any activities without her. He would go wherever she goes and would refuse to let her out of his sight for long. John has remarked that he does so because he worries that something bad would happen to his mother.

Two weeks before starting of Primary School, John's mother noticed that he often had nightmares and complaints of stomachache and giddiness. On the morning of the first day of Primary School, John vomited and refused to attend school unless his mother stayed together with him in school.

Symptoms:

- Have excessive anxiety about separation from primary caregivers to whom they are emotionally attached; usually parents and sometimes the grandparents or domestic helpers
- Experience high distress and physical symptoms such as headache, nausea and vomiting on separation or even the threat of separation
- Are often clingy and stick closely to the primary caregiver
- May experience nightmares involving themes of separation and loss
- Try all means to avoid situations that may involve separation from primary caregiver such as attending school and sleeping alone
- Worry that some harm will befall the primary caregiver upon separation

Explanation:

While it is developmentally normal for young children to sometimes feel anxious or insecure to leave their primary caregiver, their separation anxiety usually does not last long and the child can get on with the activities without the primary caregiver after awhile. However, if the separation anxiety persists and greatly impedes the child's normal activities, especially when the child is beyond 5 years of age, this may indicate the presence of a Separation Anxiety Disorder.

(2) Generalized Anxiety Disorder**Story:**

Serene is a ten-year-old girl whose parents describe as being a worrier and acting like a "little adult". Her parents report that she worries practically about everything.

At home, she worries about the safety of her younger brother and whether her parents pay the household bills on time. At school, she worries about being late, making a mistake in class and getting into trouble with her teachers.

At the playground, she worries about getting herself hurt or accidentally hurting others. Serene's parents notice that she usually does not sleep well the night before going for a new event and often complains about having stomachache or giddiness on the morning of the event. As a result, she has been missing a number of social and school activities.

Symptoms:

- Worry excessively about many areas of life functioning, such as family, school, friends, health and any new situations
- Find it hard to control their worry
- May experience sleep or concentration difficulties
- Are often irritable, fidgety and tensed
- Seek excessive reassurance or procrastinate too much
- Can be very perfectionistic

Explanation:

Although it is common for children to have worries particularly when they are experience a major change in their life, such as starting school or moving house,

these worries usually cease when the children have adapted to these changes. However, if the child worries excessively about many things in their life almost everyday for more than six months, this may indicate the presence of a Generalized Anxiety Disorder.

(3) Social Phobia

Story:

Jacky is a teenager in Secondary Two who was referred to the school counselor because he refuses to attend school. Upon further probing, it was found that the primary reason for his absence is because he is afraid and wants to avoid giving a presentation for his history project in class.

According to his parents, Jacky has always avoided situations that require him to meet and speak to new people or perform in public. Jacky's parents also observed that he often fell ill before his piano recital and exams. His parents report that he has always been an introverted and quiet child and only had a few friends while in primary school.

Jacky revealed to the school counselor that he constantly worries what other people are thinking of him and is concerned he will make a fool out of himself in front of others. He states that he had friends in Primary School because they had initiated the conversation and friendship.

However, he reports that he feels nervous initiating conversations with his current classmates and dreads recess as he is always alone. Jacky is also extremely concerned that his school curriculum requires him to often give class presentations now.

Symptoms:

- Experience intense fear and distress in social or performance situations, particularly if they feel that they are being evaluated
- Are highly concerned that they may do things which may result in humiliation, embarrassment or negative evaluation of them

- Often experience physical symptoms such as heart palpitations, nausea, blushing and trembling before and/or during social situations
- Avoid social situations or get family members to do things for them in social settings
- Usually avoid eye contact and do not speak to unfamiliar people
- Tend to have few friends and hesitant in trying new things or activities

Explanation:

While it is normal for children to feel some anxiety when speaking to unfamiliar people or performing in front of others, most children warm up to the situation eventually and can still get on with the task. However, some children with Social Phobia are so fearful of negative evaluation that they avoid social or performance situations whenever they can, which affects their daily social and academic functioning. Although older children and adolescents with Social Phobia are generally able to recognize that their fears are excessive or unrealistic in these situations, they find it hard to control their anxiety. Younger children, on the other hand, may lack insight into the excessive nature of their fear.

(4) Specific Phobia**Story:**

Yong Qiang is a twelve-year-old boy who is really afraid of blood after witnessing a car accident involving his best friend four years ago. Yong Qiang reports that whenever he sees blood, he started feeling nausea and giddy. As a result, he refuses to do the routine medical blood test this year and screamed and kicked his form teacher when she tried to encourage him to do the blood test.

Yong Qiang's mother also reports that he refuses to engage in any outdoor activities due to the fear that he may see blood if he or someone else accidentally gets hurt. He also never fails to take sick leave during his school's annual sport carnival.

Symptoms:

- Experience excessive and irrational fear of a certain object or situation even when it is not causing an immediate danger
- Try their best to avoid their feared object or situation

- Experience intense distress and physical symptoms such as heart palpitations, shortness of breath, sweating, stomach discomfort or trembling in the face of their feared object or situation
- Tend to think of the feared object or situation to be more threatening than it really is

Explanation:

It is normal for children to be fearful of certain objects and situations (such as darkness or going to the dentist) but most of them grow out of it as they learn of ways to cope with their negative emotions. However for some, the fear of certain objects or situations persists and intensifies over time so much so that the child finds it hard to control his/her fear despite assurances and facts about the irrationality of the fear. In addition, if these start to affect the child's usual activities and functioning, the child may be diagnosed as having a Specific Phobia.

(5) Obsessive-Compulsive Disorder**Story:**

Grace is a thirteen-year-old girl who became very afraid of getting contaminated after being hospitalized for food poisoning last year. She reports that whenever after visiting the toilet or touching things that she thinks are dirty or rusty, she would become very nervous and could not stop thinking that she might get contaminated and sick again.

As a result, she has to wash her hands twice to feel more at ease. However, she slowly began to have to wash more and more times in order to reduce her anxiety. Currently, she takes thirty minutes to wash her hands each time after she has visited the toilet or touched things she deems as dirty. She has also stopped going to school and outside of home as she thinks that people may think she is weird.

Symptoms:

- Experience persistent obsessions such as recurrent thoughts, images and urges that are intrusive and distressing

- May have obsessions such as fear of contamination, fear of harming self or others, repeated doubts of whether they have already done something or a need to have things done in a particular order
- May use compulsions, which are repetitive behavior or mental acts performed in response to the obsession to prevent a feared outcome of the obsession from happening. These compulsions may include washing, checking, counting, repeating rituals, mental rituals or hoarding
- Spend a lot of time avoiding things that may trigger their obsessions or rituals
- Often get their family members involved in the rituals, failing which they may get frustrated or sometimes even aggressive

Explanation:

It is common for children to sometimes have rituals and superstitions to help them feel safe and secure particularly in times of stress. However, it is uncommon for children and adolescents to have the need to perform their rituals more than five times. Generally, if the obsessions cause a child great distress and the child takes more than an hour each day to perform, and affect the child's daily functioning, the child can be diagnosed with Obsessive-Compulsive Disorder. In addition, while adolescents may sometimes recognize that their obsessions are irrational, younger children may not be able to do so.

(6) Panic Disorder with or without Agoraphobia**Story:**

Janet is a fifteen-year-old who experienced her first panic attack last year during her exams. She reports that her heart started racing while sitting for her Mathematics examination. She felt her chest became so tight that she thought at that moment that she might be dying from a heart attack.

Following that incident, Janet began to pay more attention to any changes in her physical symptoms as she is worried that she may get another panic attack and "lose control of herself" again.

Whenever she senses any changes in her bodily sensations symptoms, she gets very worried and anxious, which make her physical symptoms worse and trigger another

panic attack. As a result, Janet has stopped going to school as she is worried that she will have another panic attack in school and embarrass herself in front of her classmates.

Symptoms:

- Experience recurrent, unexpected episodes of intense anxiety known as panic attacks
- Have sudden onset or “attacks” of physical symptoms such as heart palpitations, sweating, trembling, shortness of breath, chest discomfort, nausea or giddiness that reach a peak within ten minutes during the panic attack
- Have persistent worry about having another panic attack and its implications, such as losing control or dying
- Become frightened of their bodily changes and typically misinterpret these changes as the start of another panic attack
- May also develop agoraphobia – the fear of places or situations where it would be difficult to escape or get help if they have a panic attack. These may include crowded places, public transport, school, shopping centers (centres) or any places outside of home

Explanation:

Experiencing a panic attack at least once in a lifetime is fairly common and while it typically occurs during times of physical or psychological stress, it may happen for no apparent reason. However, if the child becomes fearful of having an attack and is persistently worried about the changes in his or her physical symptoms, this may lead to the child becoming hypervigilant. In a hypervigilant state, the child may misinterpret any bodily changes as the beginning of another panic attack. If this fear consistently leads to more panic attacks and it starts to affect the child's daily functioning, the child can be diagnosed as having a Panic Disorder. Nonetheless, this disorder is not common until late adolescence, and is rarely seen in childhood.

(7) Post-Traumatic Stress Disorder

Story:

Wayne is a nine-year-old boy who witnessed his mother being burned to death when his house caught fire three months ago. Since the accident, Wayne has been terrified of anything involving fire. He refuses to go into the kitchen anymore and becomes very distressed whenever he sees someone smoking. Wayne also reports that he often has nightmares about balls of fire chasing after him and his mother.

He is currently staying at his grandmother's house as being at home reminds him of the fire accident. Wayne's father reports that Wayne has become more short-tempered after the accident. Wayne's teachers have also given feedback that he often looks dazed during lessons and sometimes cries for no apparent reason. He also failed all his subjects for the recent exams.

Symptoms:

- Have witnessed or experienced trauma that was life-threatening or involving potential or actual injury
- Re-experience the earlier trauma in various ways, such as having repeated and intrusive images or thoughts of the trauma
- May have repeated nightmares about the trauma, some of which the content may not be directly related to the trauma (e.g. being chased by monsters)
- May have "flashback" episodes, in which they act or feel as if the trauma is happening again
- Avoid cues such as activities, places or people that remind them of the trauma
- Exhibit great distress and anxiety when exposed to cues that remind them of the trauma
- May become more irritable, hypervigilant and get startled more easily.
- May have difficulty sleeping or concentrating

Explanation:

While it is normal for children to feel very anxious immediately after a trauma, the anxieties usually settle down, especially after personal and physical safety has been

restored. However, if the symptoms of anxiety persist more than a month and they affect the child's daily function, the child may have Post-Traumatic Stress Disorder.

(8) Adjustment Disorder with Anxiety

Story:

Weijie is a ten-year-old boy. His parents report that he has become more fearful and worrisome after his pet dog passed away from stomach cancer two months ago. While Weijie used to be very sociable and extroverted, he is now more clingy to his mother and has stopped going to the neighbourhood playground to play with his friends.

On the other hand, Weijie's form teacher has observed that he has become more socially withdrawn in school. She also often has to bring him to the sickbay due to his complaints of stomach discomfort and headache. However, Weijie's family doctor has assessed that his complaints are not due to any physical illness.

Symptoms:

- Develop excessive emotional and behavioral difficulties within three months in response to an identifiable stressor, such as moving house, the death of a parent, parental divorce, change of school or loss of a pet etc.
- Often become excessively worried or nervous.
- May become fearful of separation from people with whom they are emotionally attached
- Develop physical symptoms of anxiety such as nausea, giddiness, chest or stomach discomfort or headaches
- May have sleep and concentration difficulties
- May become more irritable and start "acting out"

Explanation:

While it is normal for children to exhibit some emotional and behavioral reactions to major changes or major life stressors, these reactions usually resolve as the child gradually adapts to the change. However, if these reactions significantly affect the child's social and academic functioning and cause marked distress and anxiety, the child may be diagnosed with Adjustment Disorder with Anxiety.

(9) Selective Mutism

Story:

Jia Jia is a seven-year-old girl who has been described by her parents as being a very shy girl. Although she is very talkative at home, she tends to only whisper to her parents when they are in the public and would inevitably “freeze” when a non family member speaks to her.

When Jia Jia was in kindergarten, her teachers gave feedback that she would always look down when they approach her and that she would not respond verbally when they ask her questions. However, they did notice that she began to speak softly to another classmate after a year in the kindergarten.

Jia Jia's parents initially thought that she would eventually grow out of her shyness but have begun to feel worried when her Primary One form teacher gave them similar feedback during the parent-teacher meeting last week.

Symptoms:

- Are capable of full speech and able to speak at home but persistently fail to speak in other social settings whereby they are expected to do so (eg school or relative's house etc)
- Generally exhibit fear of speaking in social situations or with people whom they are not familiar with
- Show reluctance to establish or maintain eye contact with unfamiliar people
- Tends to be tense or have a blank facial expression when out of their comfort zone, which is usually their home
- May become more clingy with parents or caregivers when outside of home

Explanation:

It is common for children to feel shy and avoid speaking when they are adjusting to a new social environment particularly when their parents are not around, such as during the first few weeks of preschool or primary school. However, they usually warm up and start talking after their initial anxieties subside. However, if the child fails to speak after a month and this inability to speak is not due to any speech or

language ability, the child may be diagnosed with Selective Mutism, particularly if this inability to speak is also affecting the child's social and academic functioning.

(10) School Refusal due to anxiety

Story:

Jacob is a Secondary One student. His parents report that he has been missing school for six months since the first day of secondary school. According to his parents, Jacob has a history of school refusal since Primary One. In primary school, Jacob would often complain of stomachache and giddiness before departure to school and would then refuse to go to school.

However, these symptoms would usually reduce in Term Two as a buddy was assigned to him and as he made more friends in school. Nonetheless, his parents have observed that this cycle of school refusal would happen again after the long school holidays in December. Although a bright boy, as a result of his frequent absence from school, Jacob did not perform well academically in primary school.

Jacob's parents state that he was upset when he found out that none of his Primary School friends were going to his secondary school after the Primary School Leaving Examinations (PSLE). On the first day of secondary school, Jacob refused to put on his uniform and cited the same physical complaints of stomach discomfort and headache. The Full-Time School Counselor from his secondary school has been trying to encourage Jacob to attend school but to no avail.

Symptoms:

- Have difficulty attending school or remaining in school for the full day due to their excessive anxiety about what will happen in school
- Exhibit emotional distress and physical symptoms of anxiety such as heart palpitations, shortness of breath, nausea, giddiness or chest discomfort which may start the night before school and peak at the time of departure for school
- Commonly react with tears, fits of temper or even aggressive outbursts when made to go to school
- When allowed to miss school, they usually stay at home because it is considered a safe and secure environment

Explanation:

School Refusal is not an official anxiety disorder diagnosis under the Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (Text Revision). However, this term has been increasingly used by school and mental health professionals to refer to difficulty in attending school due to a variety of reasons such as motivational issues, truancy and anxiety problems. However, this section only focuses on School Refusal that is due to anxiety, and not School refusal due to motivational issues or truancy. Typically, children with an anxiety problem underlying their school refusal fear school because they are afraid of what will happen if they attend school, such as having to leave their parents, having to speak to others when they are socially anxious or being scolded by authority figures in school. These children commonly can be diagnosed with a childhood anxiety disorder, typically Separation Anxiety Disorder or Social Phobia.