

Published December 2015

## Treating Anxiety Disorders in Youth

Matthew J. Paylo, Youngstown State University Tahani Dari, University of Toledo Victoria E. Kress, Walden University

## **Description of Anxiety Disorders**

Tolerable levels of anxiety and fear are a part of typical development for young people. Yet, fear and anxiety can become problematic and impede some young people's abilities to function and can even advance to the point of a disorder. Separation anxiety disorder, selective mutism disorder, speci c phobia, social anxiety disorder, panic disorder, agoraphobia, and generalized anxiety disorder are categorized under anxiety disorders in the fth edition of The Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association [APA], 2013). Anxiety disorders are among the most commonly-diagnosed psychiatric disorders in youth, and the

_

Relaxation is a technique used within the CBT (and BT) framework that is critical in addressing youth anxiety. Some examples of speci c relaxation practices include deep breathing, deep breathing with imagery, and progressive muscle relaxation. Relaxation training is based on the idea that one cannot be simultaneously physically aroused and relaxed (Kendall, 2012). The main focus of relaxation training is to have clients become aware of their apprehension, worry, and anxiety in the moment and learn how to intentionally reduce the unpleasant sensations. Relaxation skills assist youth in enduring anxiety-related conditions, and should be incorporated into the treatment plans of young people who have anxiety. Counselors are encouraged to integrate

mediation, exercise, stretching, painting, listening to music, or any other relaxation activity into counseling to r youth reduce their anxiety.
Another effective CBT intervention for young clients experiencing anxiety is affective education. The aim of

## REFERENCES

- American Psychiatric Association (APA). (2013). Diagnostic and statistical manual of mental disedders (5 Washington, DC: Author.
- Beesdo, K. B., Dipl-Psych, S. K., & Pine, D. S. (2009). Anxiety and anxiety disorder in children and adolescents: Developmental issues and implications for DSM-V. Psychiatric Clinics of North America, 32, 483-534. doi:10.1016/j.psc.2009.06.002
- Freeman, J., Garcia, A., Frank, H., Benito, K., Conelea, C., Walther, M., & Edmunds, J. (2014). Evidence base update for psychosocial treatments for pediatric obsessive-compulsive disorder. Journal of Clinical Child & Adolescent Psychology, 43(3), 7-26. doi:10.1080/15374416.2013.804386.
- Ginsburg, G. S., Kendall, P. C., Sakolsky, D., Compton, S. N., Piacentini, J., Albano, A. M., ...March, J. (2011). Remission ak9(I,)29.M-ssiouteatr, 43 Sdoles5.8(me)2wueaiory and anxiety disord.8(N.,)(e)3(ntsFind1.88.8(