A Parent’s Guide to Adolescent Anxiety Therapy



An adolescent who stops attending sport, spends hours trying to make schoolwork perfect, or becomes distressed before leaving home may be showing a pattern that deserves careful attention. This guide to adolescent anxiety therapy explains what psychological support can involve, how assessment informs planning, and how families can take the next practical step without assuming that every period of worry is a mental health condition.

Anxiety is a normal human response to uncertainty, pressure and perceived threat. During adolescence, social expectations, school demands, changing routines and increasing independence can all make that response more visible. The clinical task is not to remove all worry. It is to understand the pattern, its impact on daily life, and the support that is appropriate for that young person and family.

When anxiety may need professional attention

Families often notice changes before an adolescent has words for what is happening. The pattern may include frequent reassurance-seeking, avoiding school or social situations, trouble settling at night, physical complaints before stressful events, irritability, or a marked drop in participation in ordinary activities. Some adolescents appear highly organised and capable at school while using most of their energy to manage worry. Others may look disengaged, oppositional or distracted when anxiety is part of the picture.

These signs do not establish a diagnosis. Sleep disruption, bullying, grief, family stress, learning difficulties, neurodevelopmental differences, physical health concerns and mood changes can overlap with anxiety. A psychologist considers the context rather than relying on a single behaviour or a checklist alone.

Professional support is particularly worth considering when the pattern is persistent, causes distress, interferes with school attendance, friendships, family life or sleep, or leads to increasing avoidance. If there is an immediate concern about a young person’s safety, families should contact emergency services on 000, attend an emergency department, or seek urgent advice from an appropriate local crisis service.

What adolescent anxiety assessment involves

Assessment is a process of making sense of the whole picture. It may begin with separate and joint discussions with the adolescent and parent or caregiver. The exact arrangement depends on age, developmental needs, privacy considerations and the reason for referral.

A psychologist may ask about when the concerns began, situations that bring them on, what the adolescent does to cope, and what happens afterwards. Developmental history matters because longstanding attention, learning, sensory, social communication or emotional regulation differences can shape how anxiety presents. School history, friendships, family circumstances, sleep, physical health and previous supports may also be relevant.

Structured questionnaires or rating scales can add information from the adolescent, family and sometimes school. These measures are interpreted alongside clinical discussion and history. A score on its own cannot explain why a young person is struggling, nor can it determine a plan without considering the person behind it.

Where ADHD, autism, learning difficulties or another neurodevelopmental presentation may be relevant, the assessment process may need to consider these alongside anxiety. Anxiety can arise around executive-function demands, sensory overload, social uncertainty or repeated experiences of falling behind. Equally, anxiety can make concentration and organisation harder. Careful assessment helps avoid treating these possibilities as interchangeable.

How adolescent anxiety therapy is planned

Therapy is usually planned around the difficulties identified in assessment, the adolescent's developmental stage and the family's goals. It is not a one-size-fits-all set of calming exercises. The psychologist explains the proposed approach, invites the adolescent's perspective and reviews what can realistically be practised between appointments.

Cognitive behavioural therapy is one commonly used approach. Sessions may help an adolescent notice links between situations, thoughts, body sensations, emotions and actions. The work can include identifying unhelpful patterns of avoidance or reassurance-seeking, developing more balanced ways of responding to anxious thoughts, and practising planned steps towards situations that have become difficult.

For some young people, therapy includes exposure-based work. This means developing a gradual, agreed plan to approach feared or avoided situations rather

than forcing a young person into them. The pace, starting point and supports need to be considered carefully. Exposure work is not appropriate as a parent-led challenge without a clear clinical formulation, especially where there are safety concerns, trauma experiences, sensory issues or neurodevelopmental factors that require adaptation.

Therapy may also include work on sleep routines, problem-solving, emotional regulation, communication, perfectionism, social pressures or the transition between home and school. Where low mood, obsessive thoughts, panic-like experiences, eating concerns or trauma-related symptoms are present, these need separate consideration in the treatment plan.

A psychologist does not prescribe medication. Where medication is being considered, that discussion sits with the adolescent's GP, paediatrician or psychiatrist. Psychological therapy and medical care can be coordinated with the family's consent when more than one practitioner is involved.

The family role: support without taking over

Parents and caregivers are often managing the practical effects of anxiety every day. They may be helping with mornings, school communication, appointments, social plans and late-night worries, while trying to judge when to step in and when to hold a boundary.

Family involvement can be part of therapy, particularly for younger adolescents. A psychologist may help caregivers understand the anxiety cycle and consider how everyday responses could be adjusted. For example, repeated reassurance may bring brief relief but can become part of a pattern that keeps uncertainty difficult to tolerate. At the same time, abruptly withdrawing support can leave an adolescent feeling overwhelmed. The useful balance depends on the young person's age, circumstances and capacity.

Privacy is also part of adolescent therapy. Young people generally need a space to speak openly, while parents need enough information to support safety and the agreed plan at home. At the outset, the psychologist should explain confidentiality,

its limits, and how family communication will be handled. This can reduce misunderstandings later.

School support and practical planning

School can be both a major source of pressure and an important place for support. A practical plan may involve a year-level coordinator, wellbeing staff, learning support team or another appropriate contact at the school. The level of information shared should be agreed with the adolescent and family where possible.

Adjustments are most useful when they relate to the specific barrier. An adolescent struggling with separation at drop-off needs a different plan from one avoiding presentations, falling behind after absences, or becoming overloaded by competing deadlines. Plans may include a predictable arrival routine, a named staff contact, staged return after absence, reduced task load for a short period, or clearer instructions about assessment tasks.

The aim is not necessarily to remove every challenge. It is to make the next step understandable and manageable while maintaining connection with learning and peers. School plans should be reviewed, because a support that is useful during one period may no longer fit later in the year.

Accessing psychological support in Melbourne or by telehealth

Families can speak with a GP about concerns and whether a Mental Health Care Plan or referral is suitable. Some psychology clinics also accept self-referrals. Medicare rebates may be available where a person has an eligible referral and Mental Health Care Plan, and where the service meets current Medicare requirements. Fees, rebate eligibility and appointment format should be clarified before booking.

At Behavioural Neurotherapy Clinic in Doncaster, registered psychologists provide psychological assessment and therapy for adolescents with anxiety and related functional difficulties. Appointments are available in person for metropolitan Melbourne and by Zoom telehealth across Australia. Where neurodevelopmental

factors are part of the presentation, assessment and therapy planning can be coordinated with the adolescent's GP, paediatrician, psychiatrist, school and other involved providers, with consent.

The first appointment does not need to produce every answer. Its purpose is to begin a careful account of what has changed, what is getting in the way, and what support is most appropriate now. For many families, having a clear plan for the next step is a useful place to start.

For more information

Call (03) 9848 9100

Published: 19/11/2026 and updated on: 19/11/2026 by Dr Jacques Duff-PhD; BA Psych; Grad Dip Applied Psychology; FANSA; Clinical Neuroscientist