ANXIETY AND ANXIETY DISORDERS IN CHILDREN: INFORMATION FOR PARENTS

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

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Anxiety is a common experience to all of us on an almost daily basis. Often, we use terms like *jittery, high strung,* and *uptight* to describe anxious feelings. Feeling anxious is normal and can range from very low levels to such high levels that social, personal, and academic performance is affected. At moderate levels, anxiety can be helpful because it raises our alertness to danger or signals that we need to take some action. Anxiety can arise from real or imagined circumstances. For example, a student may become anxious about taking a test (real) or be overly concerned that he or she will say the wrong thing and be ridiculed (imagined). Because anxiety results from thinking about real or imagined events, almost any situation can set the stage for it to occur.

Defining Anxiety

There are many definitions of anxiety, but a useful one is *apprehension or excessive fear about real or imagined circumstances.* The central characteristic of anxiety is worry, which is excessive concern about situations with uncertain outcomes. Excessive worry is unproductive, because it may interfere with the ability to take action to solve a problem. Symptoms of anxiety may be reflected in thinking, behavior, or physical reactions.

Anxiety and Development

Anxiety is a normal developmental pattern that is exhibited differently as children grow older. All of us experience anxiety at some time and cope with it well, for the most part. Some people are anxious about specific things, such as speaking in public, but are able do well in other activities, such as social interactions. Other people may have such high levels of anxiety that their overall ability to function is impaired. In these situations, counseling or other services may be needed.

Infancy and preschool. Typically, anxiety is first shown at about 7–9 months, when infants demonstrate *stranger anxiety* and become upset in the presence of unfamiliar people. Prior to that time, most babies do not show undue distress about being around strangers. When stranger anxiety emerges, it signals the beginning of a period of cognitive development when children begin to discriminate among people. A second developmental milestone occurs at about 12–18 months, when toddlers demonstrate *separation anxiety.* They become upset when parents leave for a short time, such as going out to dinner. The child may cry, plead for them not to leave, and try to prevent their departure. Although distressing, this normal behavior is a cue that the child is able to distinguish parents from other adults and is aware of the possibility they may not return. Ordinarily, this separation anxiety is resolved by age 2, and the child shows increasing ability to separate from parents. Both of these developmental periods are important and are indicators that cognitive development is progressing as expected.

School age. At preschool and early childhood levels, children tend to be limited in their ability to anticipate future events, but by middle childhood and adolescence these reasoning skills are usually well developed. There tends to be a gradual change from global, undifferentiated, and externalized fears to more abstract and internalized worry. Up to about age 8 children tend to become anxious about specific, identifiable events, such as animals, the dark, imaginary figures (monsters under their beds), and of larger children and adults. Young children may be afraid of people that older children find entertaining, such as clowns and Santa Claus. After about age 8, anxiety-producing events become more abstract and less specific, such as concern about grades, peer reactions, coping with a new school, and having friends. Adolescents also may worry more about sexual, religious, and moral issues, as well how they compare to others and if they fit in with their peers. Sometimes, these concerns can raise anxiety to high levels.

Anxiety Disorders

When anxiety becomes excessive beyond what is expected for the circumstances and the child's developmental level, problems in social, personal, and academic functioning may occur, resulting in an *anxiety disorder.* The signs of anxiety disorders are similar in children and adults, although children may show more signs of irritability and inattention. The frequency of anxiety disorders ranges from about 2 to 15% of children and occurs somewhat more often in females. There are many types of anxiety disorders, but the most common ones are listed below.

Separation anxiety disorder. This pattern is characterized by excessive clinging to adult caretakers and reluctance to separate from them. Although this pattern is typical in 12–18-month-old toddlers, it is not expected of school-age children. This disorder may indicate some difficulties in parent-child relationships or a genuine problem, such as being bullied at school. In those cases, the child may be described as having *school refusal,* sometimes called *school phobia.* Occasionally, the child can talk about the reasons for feeling anxious, depending on age and language skills.

Generalized anxiety disorder. This pattern is characterized by excessive worry and anxiety across a variety of situations that does not seem to be the result of identified causes.

Post-Traumatic Stress Disorder. This pattern often is discussed in the popular media and historically has been associated with soldiers who have experienced combat. It is also seen in people who have experienced traumatic personal events, such as loss of a loved one, physical or sexual assault, or a disaster. Symptoms may include anxiety, flashbacks of the events, and reports of seeming to relive the experience.

Social phobia disorder. This pattern is seen in children who have excessive fear and anxiety about being in social situations, such as in groups and crowds.

Obsessive-compulsive disorder. Characteristics include repetitive thoughts that are difficult to control (obsessions) or the uncontrollable need to repeat specific acts, such as hand washing or placing objects in the same arrangement (compulsions).

Characteristics of Anxiety

Although the signs of anxiety vary in type and intensity across people and situations, there are some symptoms that tend to be rather consistent across anxiety disorders and are shown in cognitive, behavioral, and physical responses. Not all symptoms are exhibited in all children or to the same degree. All people show some of these signs at times, and it may not mean that anxiety is present and causing problems. Most of us are able to deal with day-to-day anxiety quite well, and significant problems are not common. The chart at the end of the handout demonstrates behaviors that, if present to a significant degree, can indicate anxiety that needs attention. As a parent, you may be the first person to suspect that your child has significant anxiety.

Relationship to Other Problems

Although less is known about how anxiety is related to other problems as compared to adults, there are some well-established patterns.

Depression. Anxiety and depression occur together about 50–60% of the time. When they do occur together, anxiety most often precedes depression, rather than the opposite. When both anxiety and depression are present, there is a higher likelihood of suicidal thoughts, although suicidal attempts are far less frequent.

Attention Deficit Hyperactivity Disorder. At times, anxiety may appear similar to behaviors seen with Attention Deficit Hyperactivity Disorder (ADHD). For example, inattention and concentration difficulties are often seen in children with ADHD and with children who have anxiety. Therefore, the child may have anxiety rather than ADHD. Failing to identify anxiety accurately may explain why some children do not respond as expected to medications prescribed for ADHD. The age of the child when the behaviors were first observed can be a useful index for determining if anxiety or ADHD is present. The signs of ADHD usually are apparent by age 4 or 5, whereas anxiety may not be seen at a high level until school entry, when children may respond to demands with worry and needs for perfectionism. A thorough psychological and educational evaluation by qualified professionals will help to determine if the problem is ADHD or anxiety. If evaluation or consultation is needed, developmental information about the problem will be useful to the professional.

School performance. Children with anxiety may have difficulties with school work, especially tasks requiring sustained concentration and organization. They may seem forgetful, inattentive, and have difficulty organizing their work. They may be too much of a perfectionist and not be satisfied with their work if it does not meet high personal standards.

Substance use. What appears to be anxiety may be manifestations of substance use, which may begin as early as the pre-teen years. Children who are abusing drugs or alcohol may show sleep problems, inattention, withdrawal, and reduced school performance. Although substance abuse is less likely with younger children, the possibility increases with age.

Interventions

Anxiety is a common experience for children, and, most often, professional intervention is not needed. If anxiety is so severe that your child cannot do expected tasks, however, then intervention may be indicated.

Does My Child Need Professional Help?

Answering the following questions may be helpful in deciding if your child needs professional help:

- Is the anxiety typical for a child this age?
- Is the anxiety shown in specific situations or is it more pervasive?
- Is the problem long term or is it recent?
- What events may be contributing to the problems?
- How are personal, social, and academic development affected?

If the anxiety is atypical for the child's age, is long standing, does not seem to be improving, and is causing significant problems, then it is advisable to talk with a professional, such as the school psychologist or counselor, who might recommend a referral to a community mental health professional. Individual counseling, or even group or family counseling, may be used to help the child deal with school, family, or personal issues that are related to the anxiety. In some cases, a physician may recommend medication. Although medication for childhood disorders is not well researched and side effects must be monitored, this treatment may be helpful when combined with counseling approaches.

How Can I Help My Child?

Although professional intervention may be necessary, the following list may be helpful to parents in working with the child at home:

- Be consistent in how you handle problems and administer discipline.
- Remember that anxiety is not willful misbehavior, but reflects an inability to control it. Therefore, be patient and be prepared to listen. Being overly critical, disparaging, impatient, or cynical likely will only make the problem worse.
- Maintain realistic, attainable goals and expectations for your child. Do not communicate that perfection is expected or acceptable. Often, anxious children try to please adults, and will try to be perfect if they believe it is expected of them.
- Maintain a consistent, but flexible, routine for homework, chores, and activities.
- Accept mistakes as a normal part of growing up, and that no one is expected to do everything equally well. Praise and reinforce effort, even if success is less than expected. There is nothing wrong with reinforcing and recognizing success, as long as it does not create unrealistic expectations and result in unreasonable standards.
- If your child is worried about an upcoming event, such as giving a speech in class, practice it often so that confidence increases and discomfort decreases. It is not realistic to expect that all anxiety will be removed; rather, the goal should be to get the anxiety to a level that is manageable.
- Teach your child simple strategies to help with anxiety, such as organizing materials and time, developing small scripts of what to do and say, either externally or internally, when anxiety increases, and learning how to relax under stressful conditions. Practicing things such as making speeches until a comfort level is achieved can be a useful anxiety-reducing activity.
- Listen to and talk with your child on a regular basis and avoid being critical. Being critical may increase pressure to be perfect, which may be contributing to the problem in the first place. Do not treat emotions, questions, and statements about feeling anxious as silly or unimportant. They may not seem important to you but are real to your child. Take all discussion seriously, and avoid giving too much advice and instead be there to help and offer assistance as requested. You may find that reasoning about the problem does not work. At times, children may realize that their anxiety does not make sense, but are unable to do anything about it without help.
- Do not assume that your child is being difficult or that the problem will go away. Seek help if the problem persists and continues to interfere with daily activities.

Conclusion

Untreated anxiety can lead to depression and other problems that can persist into adulthood. However, anxiety problems *can* be treated effectively, especially if detected early. Although it is neither realistic nor advisable to try to completely eliminate all anxiety, the overall goal of intervention should be to return your child to a typical level of functioning.

Resources

Bourne, E. J. (1995). *The anxiety and phobia workbook* (2nd ed.). Oakland, CA: New Harbinger. ISBN: 1-56224-003-2.

Dacey, J. S., & Fiore, B. (2001). *Your anxious child: How parents and teachers can relieve anxiety in children.* San Francisco: Jossey-Bass. ISBN: 0-78796-040-3.

Manassis, K. (1996). *Keys to parenting your anxious child.* New York: Barrons. ISBN: 0-81209-605-3.

Website

Anxiety Disorders Association of America—*www.aada.org*
National Mental Health Association—*www.nmha.org*

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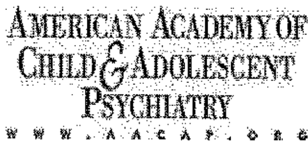
Types of Anxiety Disorders

Cognitive	Behavioral	Physical
• Concentration difficulties • Overreaction and catastrophizing relatively minor events • Memory problems • Worry • Irritability • Perfectionism • Thinking rigidity • Hyper vigilant • Fear of losing control • Fear of failure • Difficulties with problem solving and academic performance	• Shyness • Withdrawal • Frequently asking questions • Frequent need for reassurance • Needs for sameness Avoidant • Rapid speech • Excessive talking • Restlessness, fidgety • Habit behaviors, such as hair pulling or twirling • Impulsiveness	• Trembling or shaking • Increased heart rate • Excessive perspiration • Shortness of breath • Dizziness • Chest pain or discomfort • Flushing of the skin • Nausea, vomiting, diarrhea • Muscle tension • Sleep problems



Anxiety Disorder Resource Center

Your Adolescent - Anxiety and Avoidant Disorders

Quick Links

- Family Resources
- Resource Centers
- Anxiety Disorders Resource Center
- Youth Resources
- Child and Adolescent Psychiatrist Finder

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. Gripped 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 be 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-sootheor 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 pre-scribed, your teen's physician may want to monitor for potential side effects by conducting periodic physical exams and occasional electrocardiograms (EKGs).

Click here to order *Your Adolescent* from Harper Collins

See also;
Anxiety Disorders Resource Center
Facts for Families #47, The Anxious Child
Glossary of Symptoms and Illnesses: Anxiety
AACAP's Practice Parameter for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders

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