

Anxiety Disorders in Children

Many children experience an occasional bout of shyness, anxiety when left alone, or a stomach ache the first day of school or camp. These are normal and common anxiety reactions that typically lessen as the child matures. However, if a child or adolescent experiences persistent and excessive anxiety that interferes with their academic, behavioral, emotional and social development, they may have an anxiety disorder. It is important for both parents and teachers to be aware of the signs and symptoms of childhood anxiety disorders, which are serious, yet treatable conditions.

Anxiety has been defined as a strong negative affect and bodily symptoms of tension in which an individual apprehensively anticipates future danger or misfortune. Two key components of anxiety are strong negative affect and an element of fear. The symptoms of anxiety are expressed through three interrelated response systems; the physical systems, the cognitive system, and the behavioral system.

A. Physical system:

1. Chemical effects
2. Cardiovascular effects
3. Respiratory effects
4. Sweat Gland effects
5. Other Physical effects

B. Cognitive effects

* Difficulty concentrating and easily distracted

Children often look inward for a reason for their anxiety or distortion, “Everyone will think I am dumb if I say something.” Activation of the cognitive system often leads to subjective feelings of apprehension, nervousness, difficulty concentrating and panic.

1. May cause lower performance on intelligence tests.
2. Research shows an inverse relationship between anxiety and academic achievement.
3. Anxiety is also negatively related to verbal and motor learning, stimulus generalization and size estimation.

4. Chronic high cortisol levels (triggered by anxiety) lead to death of cells in the hippocampus which is critical to memory formation.

C. Behavioral System

The overwhelming feeling is one of being trapped and needing to escape or avoid the situation – pacing, fidgeting, crying, and avoidance are common.

What are the main types of anxiety disorders and associated features in children?

Separation Anxiety Disorder

Many children experience separation anxiety between 18 months and three years of age. At this time, it is normal for children to feel anxious or upset when a parent is out of sight, leaves the room or drops them off at daycare for the first time. Children can generally be distracted from these feelings and often will not feel distressed once they become engaged in their surroundings. Typically, children are able to leave their parents without becoming upset around four years of age. If a child is still distressed at this age without his or her parents, the child might have separation anxiety disorder. This disorder affects approximately 4 percent of children and occurs when a child experiences extreme anxiety when removed from familiar people or surroundings. For example, children with separation anxiety disorder often have difficulty leaving their parents to attend school. In this case, the desire to be in contact with the missed person(s) is excessive. While separated, it is not uncommon for these children to have fears regarding the health and safety of their parents. The onset of separation anxiety disorder can occur any time, but it is most common in children between the ages of seven and nine.

Signs of separation anxiety disorder in children may include:

- Avoidance of going places alone
- Refusal to attend school or camp
- Reluctance or refusal to participate in sleepovers and other social activities
- Following a parent around
- Demands that someone stay with them at bedtime or "appearing" in their parent's bedroom at night
- Sleep disturbances from nightmares about being separated from loved ones

Social Anxiety Disorder

Social anxiety disorder (social phobia) is characterized by an intense fear of social and performance situations. Initiating conversations, participating in peer activities, performing in front of others, speaking in class and inviting others to social activities are some of the most commonly feared situations for children with social anxiety disorder. Children with social anxiety are not just shy. When faced with their feared situation(s), children with the disorder might suffer from symptoms such as sweating, racing heart, stomach ache, dizziness and crying. They may avoid situations where they may have to engage in such activities, which can significantly interfere with their lives. School performance and attendance, as well as the child's ability to socialize with peers and develop relationships, can all be impaired as a result. While social anxiety disorder can develop at any time, onset usually occurs during adolescence, when independently establishing and managing relationships plays a key part in healthy development.

Signs of social anxiety disorder in children may include:

- Hesitance, passivity and discomfort when in the spotlight, including reading aloud or being called on in class

- Avoidance or refusal to initiate conversations, perform in front of others, invite friends to get together, call others on the telephone for information or order food in restaurants

- Avoidance of eye contact and soft speaking voice/mumbling

- Minimal interaction and conversation with peers, including sitting alone in the library or cafeteria

- Extreme concern about negative evaluation, humiliation or embarrassment

School Refusal/Avoidance

School refusal or avoidance is not an anxiety disorder. However, anxiety in children with conditions such as separation anxiety disorder or social anxiety disorder can manifest as a refusal to attend school. Because this is particularly distressing for families, issues of school refusal warrant careful scrutiny. It is common for children to suffer from "school jitters," particularly on the first day of school or before a test or presentation. However, school refusal is diagnosed when a child refuses to go to school on a regular basis or has problem staying in school once there. It is usually marked by certain fears related to school such as being separated from caregivers, riding the bus, interacting with classmates or teachers or being picked on by peers or older students. School refusal is often a symptom of a deeper problem and, if not treated, can have a negative impact on socialization skills, self-confidence, coping skills and education. Anxiety-based school refusal affects 2 to 5 percent of school-aged children. It is most often found in children between the ages of five and six and ten and 11. School refusal is common during times of transition, such as graduating from elementary to middle school and middle to high

school. It is important for parents to keep a child with school refusal or avoidance in school, as allowing him or her to miss days reinforces the anxiety instead of relieving it.

Signs of school refusal/avoidance in children include:

- Physical symptoms such as headaches, stomach aches, nausea and diarrhea
- Tantrums
- Inflexibility
- Avoidance of school and school-related activities
- Defiance
- Extreme preoccupation with appearance, sleeplessness or rebellion (older children/adolescents)

At what age do anxiety disorders develop in children?

While children of almost any age can suffer from anxiety, certain disorders are more common during specific stages of development. Separation anxiety disorders and specific phobias tend to occur between the ages of 6 to 9. Generalized anxiety disorders and social anxiety disorder generally occur during middle childhood and adolescence. Panic disorder sometimes begins in adolescence.

How are anxiety disorders in children different than in adults?

While children often experience the symptoms of anxiety disorders in ways similar to adults, children might display and react to symptoms differently (i.e., crying, tantrums, clinging). They also may not understand that their anxiety is irrational, as most adults with anxiety disorders recognize, and may not be able to verbalize their feelings. This makes it important for parents and other adults to pay close attention to a child's symptoms.

What affect can an anxiety disorder have on a child?

If left untreated, anxiety disorders can lead to academic, behavioral, emotional and social problems that may include:

- Poor school performance
- Repeated school absences or an inability to finish school
- Impaired relations with peers, siblings or others
- Low self-esteem
- Alcohol or drug use
- Anxiety problems that persist into adulthood, which may affect a person's ability to get and keep a job, maintain personal/romantic relationships and sustain normal, everyday functioning

When is it time to seek help?

Many physical and emotional signs can suggest an anxiety disorder or other mental health problem. It may be time to seek help if your child exhibits changes or problems in the following areas:

- Eating/appetite
- Sleeping
- School work
- Activity level
- Mood
- Relationships with family and/or friends
- Aggressive or anti-social behavior
- Return to behavior typical of a younger child
- Developmental milestones such as speech or language

What treatment options are available for children?

Therapy, medication or a combination of both are treatment options for children with anxiety disorders. Specific options include the following:

Cognitive-Behavioral Therapy (CBT) teaches young people skills and techniques to reduce their anxiety. Children learn to replace negative thinking patterns and behaviors with positive ones.

Group Psychotherapy provides a child a safe place to talk with other children to practice social and symptom-controlling skills in a structured setting.

School-Based Counseling can help children with anxiety deal with the special demands of a school setting.

Medications including a class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs) are sometimes used for treating children with anxiety disorders. SSRIs include fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), fluvoxamine (Luvox), citalopram (Celexa), and escitalopram (Lexapro). Tricyclic antidepressants (e.g. imipramine) and benzodiazepines (e.g. lorazepam) are less commonly used in the treatment of childhood anxiety disorders. Any medication must be prescribed and followed by a psychiatrist or medical physician.

Relaxation Training/Techniques can teach a child how to reduce their worries and alleviate the physical symptoms associated with many anxiety disorders. These can include deep breathing, counting to 10 or visualizing a calming place.

Fast Facts About Anxiety For Teachers/Parents

- Anxiety symptoms such as a racing heart and racing thoughts will reset to normal within a given period of time, often fifteen to twenty minutes; if you don't feed the anxiety by hyperventilating and thinking catastrophic thoughts.

Help the child to do slow breathing, progressive muscle relaxation and positive self-talk to slow down the anxiety. Try to stay with the child in the situation for about 15-20 minutes until the anxiety diminishes or take him to the guidance office for assistance.

- Anxiety symptoms are diminished by gradual exposure to a scary situation.
- Incompatible emotions such as relaxation, humor, and assertiveness compete with fear and win!
- Avoidance increases anxiety. *This principle is known as negative reinforcement. Help the child stay in a difficult situation by changing the situation. Remind them they can get through this, you are proud of their effort, and encourage their use of coping skills*
- Punishment does not help anxiety – it makes it worse. *Some disorders such as ADHD may respond to reinforcement and punishments, anxiety does not. Anxiety is not about learning the impulse control, punishments only make the child upset.*
- Even anxious kids need limits and discipline. *When the child is out of control with anxiety, it is not doing anyone any good. Show the student that you know he/she is overwhelmed and that you are there to help them work this struggle. Rule of thumb: Accept the feeling while putting limits on the behavior.*
- Changes in student schedule, family or world can affect their ability to deal with stressors, i.e. the economy, natural disasters (Flood, tornados), births/deaths, etc.

For additional information regarding anxiety, please contact your child's pediatrician or mental health professional.

