

Childhood Anxiety

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What does anxiety look like in a child? Isn't it normal and common for children and adolescents to be anxious? Should parents see anxiety in their child as something temporary – a phase that will be outgrown? Should parents push a fearful child to confront their fears?

In some cases anxiety can be temporary, but if symptoms are persistent and intense, if anxiety doesn't go away with comfort and reassurance, if anxiety becomes an irrational dread of everyday situations, it has become a disabling condition.

The Department of Health and Human Services reports that anxiety is the most common of childhood disorders. As many as 13 in every 100 children ages 9 – 17 have an anxiety disorder. The National Institutes of Health reports that 8% of teens have an anxiety disorder with symptoms that emerged around the age of six.

What are the different types of child and adolescent anxiety disorders?

Separation Anxiety: Most toddlers and preschoolers become anxious when separated from their primary caretaker. Normal anxiety usually goes away when the child becomes acclimated to a new situation, caregiver or teacher. Separation anxiety becomes a disorder when a child has a developmentally inappropriate fear of being away from the main caregiver. The child fears that something terrible will happen to the parent, him or herself while apart. Children avoid school, camp, sleepovers and get upset when parents go out. In severe cases they follow the parent from room to room. Separation anxiety is the most common anxiety disorder in children under age 12 affecting about 4% of children in the U.S.

Simple Phobias: A phobia is an intense, extreme, irrational fear of an object or a situation such as dogs or thunderstorms. Fear can be expressed by crying, clinging, freezing up, avoidance, and even tantrums. About 5% of children and 16% of adolescents suffer from phobias according to the DSM-V. Typically 75% of those who have a phobia fear more than one object or situation.

Generalized Anxiety Disorder – GAD: This occurs when a child experiences constant worry and apprehension that is excessive and uncontrollable over everyday things such as grades, family issues, being on time, performing in sports, etc. These children can be restless, irritable, have trouble sleeping and seek constant reassurance. Only about .9% of children age 17 and under suffer from GAD.

Panic Disorder: This is recurrent unexpected panic attacks. There is a rush of fear accompanied by physical symptoms such as dizziness, feeling flushed, a racing heart rate, and tingling sensations. Feelings of being unreal (derealization) and of extreme detachment (depersonalization) can also be experienced. Two to three percent of adults and adolescents experience panic attacks. In children younger than age 14, .4% are diagnosed with panic disorder.

Social Phobia: This occurs when a child fears interacting with others or being the focus of attention. The child typically fears embarrassment or criticism. These children avoid situations where they have to interact such as joining clubs or even answering when called on in class.

Obsessive Compulsive Disorder – (OCD): These children are plagued by intrusive, unwanted thoughts or images that create a sense of dread. Obsessions are recurrent and disturbing. They are so strong that kids will do anything to get rid of them. Compulsions are repeated actions done to reduce the anxiety

brought on by the obsession. Rituals such as counting, checking, straightening, and hand washing are done to help keep unpleasant thoughts at bay. About 1 in 200 children and adolescents have OCD.

Post-Traumatic Stress Disorder (PTSD): This is a reaction to a traumatic event in which the child is extremely afraid or injured. Events such as earthquakes, sexual abuse, or a serious accident can trigger PTSD. Children continue to experience flashbacks or they have nightmares of the event. They may withdraw and avoid people and places that remind them of the trauma for months after the event occurred.

What Can Parents Do?

If your child displays any of the behaviors outlined here, please seek a mental health professional with training and experience in treating children and adolescents using Cognitive Behavior Therapy (CBT). In CBT children are taught how to change the thoughts and feelings that are causing them trouble and how to change their behavior. Exposure Response Prevention (ERP) and EMDR are additional behavioral therapies used to treat OCD and PTSD. CBT and other behavior therapies can be augmented with medication if necessary. At Arbor Counseling Center you can expect a team approach to treatment. A partnership between therapist and parents to support and implement your child's recovery is recommended.