

Concerns Which May Indicate an Anxiety Disorder

- An ongoing fear of social situations involving unfamiliar people
 - Excessive worry about a number of events or activities
- Experiences of shortness of breath or a racing heart for no apparent reason
 - Overly anxious when interacting with peers
- Persistent and unreasonable fear of an object or situation, such as flying, heights, or animals
 - Freezing, clinging, or tantrums occur when exposed to a feared object or situation
 - Excessive worry about competence and quality of performance
- A decline in classroom performance, refusal to go to school, or avoidance of age-appropriate social activities
 - Excessive hand washing, checking things, or counting

The wind was against them now, and Piglet's ears streamed behind him like banners as he fought his way along, and it seemed like hours before he got them into the shelter of the Hundred-Acre Wood and they stood up straight again, to listen, a little nervously, to the roaring gale among the tree tops.

"Supposing a tree fell down, Pooh, and we were under it?"

"Supposing it didn't," said Pooh after careful thought.

A. A. Milne, *The House at Pooh Corner*

What is Anxiety?

Anxiety is a common emotional experience. Both children and adults feel anxiety and fear from time to time. The feeling of anxiety alerts us to danger or threat in our lives, and helps prepare us to handle the situation effectively and safely. There is both an emotional and physiological response in such situations. Our bodies respond to a dangerous situation or threat with an energizing or activating response that is called the emergency response. This physiological response can produce symptoms that may be distressing to a child or an adult. Children and adolescents may describe anxiety differently than an adult would. Adults are usually aware when they are feeling symptoms of anxiety or fear. However, children and adolescents may describe anxiety as a feeling of being stressed, uneasy, scared, dizzy, sick or lightheaded. They may feel nauseated, vomit, get headaches, have difficulty breathing or swallowing, and experience difficulty sleeping or fear of sleeping alone. Also, they may develop a rigid perfectionism or excessive concern about what others think of them, and may even avoid activities or be reluctant to quickly stop doing an activity that they are currently involved in. Anxiety may be an area for concern if your child's response is too intense, too frequent and/or out of proportion to the situation. When anxiety begins to interfere with a child's life and normal daily activities, or prevents her from engaging in activities that the child once enjoyed or activities she should be

able to perform without excessive anxiety, then the possibility of an existing or developing anxiety disorder should be considered.

Types of Anxiety Disorders

- Generalized Anxiety Disorder (GAD)

Children and adolescents with GAD are often described as "worriers" and may be very perfectionistic. They may worry excessively about many different situations and events.

These worries are usually extreme and often unrealistic. They may include worrying about the weather, someone's health, performance in some activity, school work and/or grades, other people's problems, and often concern about what others may be thinking. Children and adolescents with GAD often appear tense, uneasy, and uncomfortable, and may have trouble sleeping, concentrating or relaxing because of the extreme worries.

- Obsessive-Compulsive Disorder (OCD)

Children with OCD are trapped in repetitive patterns of thoughts or impulses (obsessions), and actions or rituals (compulsions) that are highly distressing but beyond the child's ability to control. Obsessions may include worrying about being exposed to germs, rigid rules about how things must be arranged, repeated worries about whether or not a given task was completed (for example, locking a door or feeding a pet), or self-doubt. Even though the child may be aware that these thoughts and impulses are overly extreme, controlling or stopping the thoughts may not seem possible.

Compulsions refer to the repeated actions or behaviors that a person with OCD may engage in. Compulsions are usually related to obsessive thoughts and may include behaviors such as hand washing, checking, cleaning, counting, ordering, or straightening. The child with OCD feels compelled to perform a behavior that either reduces the anxiety or seems to prevent something unwanted from happening. While such actions may temporarily reduce anxiety and stop the obsessive thoughts or impulses, in the long run they actually strengthen the obsessive-compulsive connection.

- Social Phobia

All children feel some shyness or uneasiness in social situations. This is not a problem unless the uneasiness becomes an intense anxiety marked by an irrational fear about being judged, humiliated, or embarrassed in a social situation. Children with social phobia may feel pure dread when faced with social situations and may try to avoid them at all costs. These situations may include speaking in public, reading out loud, eating in public, performing in public, being in crowds, taking examinations, and just about any activity in which the child feels he or she could be embarrassed or humiliated. Everyday activities such as starting a conversation or attending a party or group function can become almost impossible to endure. If this disorder progresses, it can become very difficult for the child to develop or maintain friendships, go on dates or continue in

school. It will also effect or restrict occupational choices and performance as the child matures into young adulthood.

- Post-Traumatic Stress Disorder (PTSD)

PTSD may develop in children who have experienced a very traumatic or stressful event. Terrible accidents, natural disasters, severe abuse, violent fights, and related experiences can lead to the development of this disorder. Children and adolescents with PTSD may re-experience or re-live the event over and over. They may have nightmares, vivid memories, and/or distressing thoughts of the event long after the original occurrence. These are not thoughts that the child can simply stop thinking about, or just put in the past, and they may lead to the experience of overwhelming anxiety and depression. For more specific information on this disorder, go to PTSD.

- Specific Phobia

A phobia is an unrealistic and excessive fear of some specific situation or object. All children have some fears but a phobia is a very intense, persistent and overwhelming fear, which interferes with normal activities. Children may develop phobias to a variety of objects and/or situations including animals (e.g. dogs, snakes, or spiders), heights (e.g. bridges, tall buildings, or elevators), storms, earthquakes, medical procedures, or the sight of blood. It is important to remember that all children have fears of specific situations or objects and often these fears are normal. Fears need not be a cause for concern unless the intensity of the fears is so great that it interferes with the child's daily functioning.

- Panic Disorder

Panic Disorder is best described as repeated and intense occurrences of anxiety or panic attacks. During a panic attack a child may feel overwhelmed with fear and frightening physical sensations. Panic attacks come on rapidly and may include difficulty breathing, rapid heartbeat, sweating, tingling, nausea, dizziness, and/or the feeling that "something terrible is about to happen" although the child may not know exactly what it might be. Some children fear they are going to lose control or even die during the attack. This can lead to the avoidance of situations or places where a panic attack has previously occurred, fearful anticipation of when and where another attack might occur, fear of being alone, and sometimes an almost constant state of heightened anxiety.

For some adolescents, panic disorder may develop into agoraphobia. With agoraphobia there is such widespread avoidance and restriction of activities and places associated with panic that the person is severely limited in what he can do and where he can go. Adolescents with agoraphobia may only be able to go a very limited "safe" distance from their home and may develop a "fear of fear" in which anything that may increase the probability of panic is avoided.

- Separation Anxiety Disorder (SAD)

Many children experience distress or nervousness when they are separated from their parents or their home, but children with separation anxiety disorder become intensely anxious and extremely distressed with typical routine separations such as being dropped off at school. Children with SAD worry or fear that some terrible danger or harm will happen to their parents, or to themselves, while they are separated. They may fear that their parents might have a car accident or get ill while they are away and that they may never be reunited again. Or, they might fear being injured or kidnapped while not in their parents' care. Symptoms can include stomachache, nausea, headache, vomiting, crying, and clinging to the parent when the separation occurs or is anticipated. This anxiety results in significant avoidance of many situations and can severely effect a child's behavior and lifestyle. Children with separation anxiety disorder may become reluctant to go to school, spend the night with friends, go to camp, walk or bike alone, or engage in just about any activity which will require separation from their parents. Often a child with SAD will even have trouble sleeping in their own room and will try to sleep as close to the parent as possible (for example, in their room, in their bed, or even outside the parents' door in the hall).

It should be noted that separation anxiety may occur in response to being separated from any caregiver or loved one, not just a parent. Children may also experience separation anxiety concerning only one parent or both.

What Causes Anxiety Disorders?

More about anxiety disorders is being discovered and understood on a daily basis. Currently, The National Institute of Mental Health is coordinating a sizable and multifaceted research program investigating the causes, diagnoses, treatment, and prevention of anxiety disorders. Results of recent research suggest that there is no one single cause that results in the development of any of the anxiety disorders. Researchers have identified clear connections to biological factors such as genetics, brain functioning, and biochemical responses. However, there are also a variety of non-biological factors that contribute to the development of these disorders; early childhood experiences, parenting styles, trauma, and/or significant losses or changes in one's life may play a significant role in the development of anxiety disorders. Any experience that leaves a child feeling vulnerable and /or insecure about herself or the world around her can make the child more susceptible to problems with anxiety. It also appears that chronic stress, emotional conflicts, and the suppression of emotions increase the likelihood of developing an anxiety disorder. In all likelihood, a child suffering with an anxiety disorder is likely being affected by physiological, psychological and environmental factors.

How Can a Parent Help?

If you are noticing signs of anxiety in your child, be patient and remember that even though his anxiety may seem unrealistic and illogical to you, the feelings that your child is experiencing are very real and very intense to him. Try to be accepting of your child's feelings even if you can't understand them. A little compassion can go along way

towards reducing the stress in your child's life. Here are a few things to consider when dealing with symptoms of anxiety:

- Listen. Try to understand what your child is feeling or what she is anxious about. Try to determine when, where, with whom, and how frequent and intense the anxiety is. She may or may not know exactly what she's afraid of but she will be able to tell you the circumstances in which the anxiety occurs.
 - Be Patient. It may be very hard for your child to explain what he is feeling.
- Learn as much as possible about anxiety disorders. Local libraries and bookstores have helpful information. A list of resources is also provided below.
- Do not expect quick and simple reasoning to be helpful. Even adults that have anxiety problems know that their fear is out of proportion to the situation, but this knowledge does not solve the problem or reduce the anxiety.
- Don't tease, belittle, make fun of, or call your child names when she is anxious. This approach will likely make your child even more insecure and anxious, and less likely to talk to you about her fears.
- Depending on the age of your child and the severity and type of the anxiety, you may be able to educate your child about his fear or worry. Go to the library, get books and articles, talk to experts, or use other means to help him develop alternative ways to think about and respond to this problem.
 - Try to be aware of any problems, stressors, or conflicts that may be bothering your child. Sometimes resolving a problem that may not seem directly related to your child's anxiety can be very helpful.
- Become aware of any problems your child may be having at school. If she is afraid of someone, something, or some activity, talk with teachers, counselors, and/or the principal to address the concern.
- Recognize when your child might be under too much stress or pressure. Is there constant worry about not completing school assignments? Is there undue concern about performance on tests or extracurricular activities? If so, work to reduce excessive expectations that may cause your child to feel like a failure if she is not perfect.
- Help your child learn to relax. Learn about relaxation exercises and breathing techniques to help decrease symptoms of anxiety. These skills can be very helpful in developing a sense of control during anxious situations. Physical exercise may also help reduce symptoms for some children.
 - An unhealthy diet or poor nutrition can also contribute to symptoms of anxiety. Excessive stimulants, including sugar and caffeine, can trigger anxiety-like symptoms. Going extended periods without eating can result in a hypoglycemic reaction, which is sometimes related to increased anxiety as well.

If professional help is needed, make sure to select a therapist who has experience working with children or adolescents, as well as anxiety disorders. Find someone you feel comfortable with and who is open with you about what treatment involves and what your role will be in your child's treatment.

Treatment of Anxiety Disorders

Very effective treatments are available for children or adolescents with anxiety disorders. With treatment, a child should be able to resume a normal and healthy life. Currently, the most effective psychological treatment for anxiety disorders is cognitive-behavior therapy. In some cases, certain medications may also be useful. If medication is required, a combination of medication and cognitive-behavior therapy is often an ideal treatment approach. Keep in mind, medication alone won't address the issues that may have triggered, or be maintaining, an anxiety problem. Some form of therapy may be necessary in order to resolve these concerns.

- Cognitive-Behavior Therapy (CBT)

CBT is a combination of cognitive therapy, which deals primarily with identifying and changing problematic thoughts and beliefs, and behavior therapy, which works to change maladaptive behaviors. CBT may help your child change his fearful thoughts and subsequent behaviors, in order to begin facing the situations that result in anxiety with more confidence. This is a gradual, step by step approach to overcoming the anxiety-producing situation. Children with anxiety disorders are taught effective skills that they can use when they began feeling anxious. As they apply these skills to stressful situations and begin to reduce the anxiety, their confidence will increase, the overall worry will decrease, and gradually they will be able to remain in control in situations that previously provoked high levels of distress.

- Group Therapy

Group therapy can provide additional support for a child or adolescent with an anxiety disorder. Groups that are composed of members with the same disorder are the most helpful.

- Family Therapy

Living with a person with an anxiety disorder can be stressful to all members of the household. Family therapy can address these issues as well as provide parents and siblings with a better understanding of the problem and how to assist in treatment. Family therapy may also help to evaluate any family dynamics that may be contributing to the maintenance of an anxiety disorder.

- Medications

For a child with a severe anxiety disorder that appears to be progressing, or significantly interfering with daily activities, a trial of medication may be an appropriate and necessary step. While there are many medications that may be useful in the treatment of various anxiety disorders, the two types of medications most often prescribed are antidepressants and benzodiazepine tranquilizers. Despite their name, antidepressants can be as effective in the treatment of anxiety disorders as they are in the treatment of depression.

Benzodiazepine tranquilizers are often prescribed for short-term use to help reduce acute or severe anxiety quickly. These medications take effect quickly and wear off in a matter of hours; this means that a child being treated with a benzodiazepine tranquilizer may have to take several doses per day. Benzodiazepines are highly addictive, so be cautious about prolonged use.

Summary

Anxiety disorders are very serious yet highly treatable conditions. The sooner a child with an anxiety disorder gets help, the better the outcome is likely to be. If left untreated, anxiety disorders can become disabling. Adolescents with anxiety disorders will frequently drop out of school and other activities, use alcohol or drugs in an attempt to “self-medicate” and reduce their suffering, and will certainly have a more difficult time coping with the many stressors in their lives. However, with the proper treatment most who suffer from one of these disorders can return to a normal and healthy life.

Community Resources

- Call or write the Anxiety Disorders Association of America for a listing of Anxiety Disorders professionals in your geographical area.
 - See your family physician.
- Talk with school counselors, teachers, principal or other parents for suggestions or referrals.
 - Check local libraries and bookstores for information on anxiety disorders.
 - Call local hospitals for referrals and/or programs available.

Authors, in order of contribution:

- [Jon Willoughby, M.C.](#)
 - [Jeri Samson](#)
 - [Beth Keen, Ph.D.](#)

© 2000-2008 Notmykid.org All Rights Reserved.

Anxiety and Panic Related Books and References

[The Hidden Face of Shyness:...](#)

by Franklin, Md Schneier, Lawrence Welkowitz (Contributor)

The authors offer ways to measure and to manage social anxiety, shyness, and stage fright,

explaining the latest scientific research on shyness and presenting methods for overcoming it, including psychotherapy and drug treatments

[The Anxiety and Phobia Workbook](#)

by Edmund J., Ph.D. Bourne

Anxiety is a major mental health problem in the U.S., seriously affecting approximately 10 to 15 percent of the adult population. Completely updated, this new edition of The Anxiety and Phobia Workbook presents step-by-step guidelines, questionnaires, and exercises to help sufferers learn skills and make lifestyle changes to help them get relief from the most distressing symptoms.

Expanded coverage of traditional and new medications, plus supplements and herbs such as kava, St. John's wort, and...

[It's Nobody's Fault: New Hope and Help...](#)

by Harold S., Md. Koplewicz

For the guilt-ridden parents of nearly 7.5 million children living with mental disorders such as ADD, this indispensable guide assesses the new therapies available and offers new hope. Parents will be comforted by the knowledge that they're doing their best and that they are not alone.

[The Feeling Good Handbook](#)

by David D. Burns (Preface)

Dr. David Burns is one of the prime developers of cognitive therapy, a fast-acting, drug-free treatment for designed to help the clinically depressed. In The Feeling Good Handbook, he adapts cognitive therapy to deal with the wide range of everyday problems that plague so many (chronic nervousness, panic attacks, phobias, and feelings of stress, guilt, or inferiority). The Feeling Good Handbook teaches how to remove the mental obstacles that bar you from success-- from test anxiety and fear of public speaking to procrastination and self-doubt.