

# An Overview of Anxiety

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## OVERVIEW OF ANXIETY IN CHILDREN/TEENS

Children and teens have anxiety in their lives, just as adults do, and they can suffer from anxiety disorders in much the same way. Stressful life events, such as starting school, moving, or the loss of a parent, can trigger the onset of an anxiety disorder, but a specific stressor need not be the precursor to the development of a disorder. Research also suggests a strong genetic basis to the development of anxiety disorders, often referred to as “anxiety sensitivity”, and brain studies have isolated certain parts of the brain that appear to be involved in controlling anxiety.

Although children experience the symptoms of anxiety in much the same way as adults do, children display and react to those symptoms differently. This can lead to difficulties in diagnosis. It can also be difficult to determine whether a child's behavior is "just a phase," or whether it constitutes a disorder.

## WHAT CAN PARENTS DO?

A key element in managing and recovering from anxiety is the support children get from parents, teachers, and other adults. Children benefit greatly when the adults in their lives understand the nature of their anxiety, validate their feelings, and actively help them to cope. To help children deal with their anxiety, the following general steps that parents can take are often quite helpful:

- *Anticipate your child's need to talk about what is bothering them.* Take the initiative; approach your child rather than waiting for him/her to approach you; it is very hard for children to admit to their fears and worries, even to their parents. Talking first also helps your child know that you think it is ok to talk about the particular concerns with you. These discussions should not be long; in fact, brief but frequent talks may work better and allow your child to more fully explore their own thoughts and feelings. It is also a more natural way for children to talk about things and keeps a parent from getting too directive or using a “lecture” type approach.
- *Validate your child's emotional experience.* Rather than telling your child that being worried about something is silly or inappropriate, acknowledge their feelings by telling them their feelings are just. Even if the situation that is making them anxious seems silly to you, the feelings the child has are real and need to be validated. Tell them, “I can see this really has you worried”. It also helps to validate their actions as a result of their feelings. Again, you may not agree with the actions, but validating why they took those actions helps children. Tell them, “Now I understand why you got so worked up when...”

If you've had similar experiences with anxiety in your past, candor (with discretion) helps ease anxiety. Be honest about your own experiences, but always limit details to the level that is appropriate to your child's age and emotional level. It is often helpful to let children know that adults, too, experience upsetting and worried feelings.

- *Actively help your child find ways to deal with their anxiety.* Making the anxiety an “enemy” that you are both going to beat strengthens the child's confidence. Parents can often come up with very creative methods of helping their children cope with anxiety. For example, name the anxiety or create a visual image of the anxiety; the name or visual image can be silly (“Matilda”; dark cloud frowning) or descriptive (“The Beast”; tornado). As another example, the “monster spray” that is now on the market was first created by a parent who tried simply spraying water in her child's room to scare away the monsters under the bed.

## **WHEN FEARS/WORRIES DON'T IMPROVE**

Many children and teenagers will recover from or at least learn to cope with their anxiety, fears and worries. If, after a month, a child is still showing signs of distress, professional help may be indicated.

A good rule of thumb that the child's anxiety has reached a problematic level and is in need of treatment is when the child's functioning either at school, at home, or within social interactions is affected negatively. For example, it is not uncommon for a child under the age of 10 to be fearful of the dark, yet help should be sought if that child is unable to sleep in their own room or go on sleepovers, takes more than an hour to fall asleep due to the fear, and/or worries during the day about going to bed. Signs that treatment may be needed also include drastic changes in behavior such as reverting to infantile behaviors, aggressiveness that is atypical for that child, refusing to eat, or strong reluctance to leave the house.

Research has shown that if left untreated, children with anxiety disorders are at higher risk to perform poorly in school, to have less developed social skills, and to be more vulnerable to substance abuse.

The DSM-5 separates anxiety disorders into three groups. Anxiety Disorders includes those disorders that share features of excessive fear and anxiety, such as Specific Phobias, Generalized Anxiety Disorder, Selective Mutism, and Social Anxiety Disorder. Obsessive-compulsive and Related Disorders includes those disorders that share features of obsessive thinking and compulsive actions, such as Obsessive-Compulsive Disorder, Trichotillomania (hair-pulling), and Hoarding. Trauma and Stressor-Related Disorders include those disorders in which a traumatic or stressful event has preceded and caused the anxious symptoms, such as reactive Attachment Disorder, Post-Traumatic Stress Disorder, and the Adjustment Disorders.

Children can develop any of the recognized anxiety disorders in the DSM-5, although some are more common in childhood than others and some tend to be specific to age development. For example, Separation Anxiety Disorder and Specific Phobias are more common in children ages 5-9 years old. Generalized Anxiety Disorder (GAD) and Social Anxiety Disorder (SAD) are more common in middle childhood and adolescence. Panic Disorder can occur in adolescence. Post-traumatic stress disorder is less common in children and teens yet has an increased risk for children who have been abused or experienced a serious trauma such as a car accident or witnessing violence.

As with adults, depression has a high rate of co-occurrence in children, especially among teenagers. Children known to have ADHD and learning disorders are also at risk for developing anxiety, due to the stress associated with dealing with these disorders.

## **TREATMENT OF ANXIETY DISORDERS**

Treatment of anxiety is very successful. Research suggests that up to 75% of all children and teens will respond to psychotherapy treatments and will not need medication; the remaining youth often need medication to reduce their anxiety symptoms. Therefore, the standard practice for the treatment of anxiety in children and adolescents is to begin with psychotherapy. Cognitive-behavioral therapy, or CBT, has consistently shown to be the most effective psychotherapy treatment for anxiety for children/teens.

With appropriate CBT treatment, most children and adolescents will experience a considerable reduction in their anxiety symptoms within a couple months. However, treatment is not easy for the child or the parent, as treatment often requires having to experience the anxiety in order to reduce it.

Initial CBT sessions involve identifying the antecedents to the anxiety reaction, the specific ways that the child experiences anxiety, and the history of anxiety difficulties. Parents are integral to this part of the treatment, as they provide valuable background information and can describe what they see even when their child has trouble explaining it for themselves.

The next set of CBT sessions involves a thorough explanation of anxiety; both when it is natural and necessary and when it gets out of hand and leads to an anxiety disorder. These sessions help the child identify what leads to their specific anxiety reaction, and assists them in developing specific methods for coping with their anxiety.

Parents' role during this phase of treatment is critical; parents help their child remember to use their coping methods, encourage their child with successes, and monitor the effectiveness of coping methods. It is often difficult for parents to engage in these actions, as it is hard to watch your own child suffer even when you know they will feel better in the long run.

## **WHEN MEDICATION IS NECESSARY**

When therapy alone is not successful in reducing the anxiety symptoms or when the anxiety is very severe, medication may be necessary. It is important for parents to talk with their therapist and family doctor or a medical specialist about the use of medication to treat their child's specific anxiety disorder. The following are frequent questions that are asked about medication, and should only be used as a guide.

*Which medications are typically used to treat anxiety disorders in children?*

The selective serotonin reuptake inhibitors (SSRIs) are currently the medications of choice for the treatment of both childhood anxiety disorders. This group of medications includes the brand names Prozac, Zoloft, Lexapro, Luvox, Paxil, and Celexa.

*Are SSRIs safe for my child? Will my child become addicted to these medications? Will the medications change my child's personality?*

Several of the above medications have been approved for the treatment of anxiety by the Food and Drug Administration (FDA). There is no evidence that the SSRIs are addictive. Treatment with SSRIs should not change your child's personality.

In 2004, the FDA issued a warning that antidepressant medications, including SSRIs, may increase suicidal ideation and suicidal behaviors in a small number of children and adolescents. However, the studies showed that the average risk of suicidal ideation and suicidal behaviors occurred in only 4% of patients treated with an antidepressant, compared to 2% of patients who were treated with a placebo (sugar pill). No suicides occurred in any of the studies. The FDA warning does not prohibit the use of these medications in children and adolescents, and parents need to weight the risks for themselves.

*How long will it take for the medication to work?*

Improvement in your child's symptoms may begin to occur after a week or more of treatment, although an initial treatment trial of four to six weeks is needed to assess clinical response. It is also very important that your child take the SSRI on a daily basis, at approximately the same time each day (i.e. not on an "as needed" basis), in order to achieve stable and effective medication levels.

*How long will my child need to take medicine?*

Current recommendations suggest that initial medication treatment should be continued for approximately one to two years. Medication treatment may be recommended beyond this period if symptoms persist or reoccur. Starting a child on an SSRI does not mean that he/she will be on the medication for life. Many children may not need more than one course of medication treatment.