

## Anxiety in Young Children

Anxiety is a common human experience that occurs at all ages. Some level of anxiety can motivate us and make us productive. However, when anxiety and stress become intense, prolonged, and interfere with daily life, social relationships, and school, they are considered excessive and are counter-productive. Anxiety is the most common psychological problem experienced by children, and it can be caused by a genetic predisposition and/or stressful life experiences.

### SOME SOURCES OF STRESS FOR YOUNG CHILDREN

- Changes, major life events (*birth of sibling, death of family member, divorce, starting school, etc.*)
- School and academic performance
- Social situations and peer relationships
- Inconsistent, unstructured environment
- Fear of specific objects/situations
- Family conflict or stress; parent anxiety
- Exposure to traumatic or age-inappropriate events/topics
- Dealing with other types of medical, psychological and/or learning problems

### WHAT DOES IT LOOK LIKE?

#### *Behavioral anxieties:*

- Clinginess, excessive shyness
- Tantrums
- “Oppositional” behaviors
- Excessive need for reassurance
- Over-attachment to security items
- Rapid speech
- Habitual behaviors, compulsions
- Avoidance, withdrawal
- Problems sleeping, nightmares
- Excessive crying
- Low tolerance for change or new situations

#### *Thinking anxieties:*

- Worry
- Perfectionism
- Overreaction to minor events
- Fear of failure or other (excessive) fears
- Getting “stuck” on the same idea
- Misperception of threats

#### *Physical anxieties:*

- Increased heart rate
- Trembling
- Flushing of skin / Sweating
- Stomachaches / Nausea, Vomiting / Diarrhea
- Muscle tension
- Headaches
- Shallow breathing / Shortness of breath
- Dizziness

When a child experiences these symptoms of anxiety to a significant degree, he/she may have problems with anxiety or an anxiety disorder. Around 10% of children are diagnosed with an anxiety disorder, while others experience problematic, but less severe forms of anxiety. Many adults and adolescents with anxiety problems show signs of anxiety at a young age.

### TYPES OF ANXIETY DISORDERS

#### Separation anxiety disorder (SAD):

- Excessive anxiety about separation from a caregiver
- Some level of separation anxiety is normal between ages ~9 months and 2 years

#### Generalized anxiety disorder (GAD):

- Constant, excessive and uncontrollable worry, fear, tension, restlessness

#### Social phobia:

- Fear of social situations and excessive self-consciousness

#### Specific phobia:

- Irrational fear and avoidance of a specific object or situation
- Some fears are normal at certain ages (e.g., fear of strangers for toddlers; fear of the dark for preschoolers), but phobias are more chronic, excessive, and interfering

#### Obsessive-compulsive disorder (OCD):

- Characterized by repetitive, unwanted thoughts
- Also accompanied by rituals to reduce or neutralize the anxious thoughts

#### Panic Disorder:

- Repeated episodes of sudden intense fear
- Often involves increased heart rate, dizziness, and similar symptoms
- Age of onset is typically in adolescence but can occur in young children also

#### Post-traumatic Stress Disorder (PTSD):

- Extreme and enduring anxiety triggered by exposure to a traumatic event
- Often involves flashbacks, nightmares, intrusive thoughts about the event

#### Anxiety Disorder Not Otherwise Specified:

- A variety of anxieties are evident, making it difficult to diagnose just one disorder

## Anxiety in Young Children: PROACTIVE AND SUPPORTIVE INTERVENTIONS

### IN GENERAL

- Proper identification of anxiety problems by a specialist (*such as a psychologist or psychiatrist*) is the first step. If left untreated, anxiety is likely to become more significant with age and may lead to other types of problems such as depression, learning problems, health problems, and social issues. Seek comprehensive evaluation to determine the nature and severity of the child's difficulties, whether other problems are present, and how to support him/her.
- If the child with anxiety has an associated disability such as an emotional/behavioral disorder, autistic spectrum disorder, language/communication delay, learning disability, or health impairment (*including AD/HD*), he/she may qualify for and benefit from a school plan such as an IEP or accommodations (*504 Plan*) in the public school setting, or an informal plan in the private school.

### SPECIFIC INTERVENTIONS

Consistency & Structure: *Keep routines and environments as predictable as possible; be consistent with rules, expectations, etc. across different settings and situations*

Preparation for Change: *Discuss any changes to routine and upcoming transitions with the child ahead of time (or use "visual schedule" if there are language issues). It may also be helpful to practice how to handle the change.*

Acknowledge and Talk about Feelings: *Talk with child in an age-appropriate and comforting way about feelings, his/her specific fears and stressors, and how everyone experiences stress to a degree.*

Practice Mindfulness: *Teach the child to focus attention on one thing at a time and appreciate the present moment.*

Reinforcement: *Reinforce efforts towards facing fears with praise and rewards/privileges if needed. Try to use reinforcements that build "intrinsic" motivation (like special time together & encouragement for hard work) instead of "extrinsic" ways such as giving too many tangibles (like toys and ice cream).*

Collaborative Problem-Solving: *Teach and practice problem-solving skills by showing empathy (gathering information from the child), identifying the problem together, and brainstorming acceptable solutions together.*

Modeling: *The child watches another person successfully interact with the feared object or situation.*

Graduated Exposure: *Once the child has practiced imagining the encountering the feared object or situation, start slow and gradual exposure to the object or situation (one step at a time).*

Thought Stopping: *Actively interrupt obsessive thoughts.*

Self-talk: *Use positive self-talk and affirmations to help cope with fears. Examples: "I am brave" & "I can do it."*

Use of Books: *Read children's books and stories with a positive message about dealing with stress (see References and More Information for some examples).*

Calm Breathing: Breathe in the nose for 4 seconds so the air goes below the belly button (*moving belly up and down*), hold for 4 seconds, & breathe out the mouth for 4 seconds. See free iPad APP called BIOBREATHING.

Visual Imagery: Guide the child in imagining all the details of a peaceful scene in his/her mind. See iPad APPs entitled Gaze HD Beautiful Places for some images to view if imagining is difficult.

Relaxation Training: Teach systematic breathing strategies, muscle relaxation, and progressive relaxation. Here is a step-by-step example taken from McGinnis (2011) - should be guided by an adult:

1. Decide if you need to relax. (*Discuss how to recognize bodily cues of tension such as heart beating fast or feeling very hot*).
2. Take three slow, deep, calm breaths (*see above*).
3. Tighten one part of your body, count to 3, and relax. Then, continue this for each part of your body.
4. Ask yourself how you feel.

Medication: Several medications are used to treat anxiety disorders in children. Medical doctors like pediatricians and pediatric psychiatrists can prescribe these medications. The main medicines approved by the FDA for use in young children include *Serotonin reuptake inhibitors (SSRIs)* such as Luvox, Prozac, Zoloft, and Lexapro. Other medicines like Clonidine and Tenex also are used to calm behavior.

Counseling: Individual and/or family counseling from a psychologist, psychiatrist, counselor, or clinical social worker may be needed to work on more intensive strategies. There is strong research support for cognitive-behavioral approaches, which teach how to identify anxious thoughts and feelings, change maladaptive patterns, and use practical coping strategies. *Especially for young children, it is essential that families are highly involved; for the child to benefit from counseling, the family should be "co-therapists" by helping apply counseling strategies in real life.*

### REFERENCES AND MORE INFORMATION

- Chansky, T. (2004). *Freeing Your Child from Anxiety*. NY: Three Rivers Press.
- McGinnis (2011). *Skillstreaming in Early Childhood: A Guide for Teaching Prosocial Skills, 3rd Edition*. Champaign, IL: Research Press.
- Wagner, A. (2005). *Worried No More, Help and Hope for Anxious Children*. Mobile, AL: Lighthouse Press.
- Wagner, A. (2004). *Up and Down the Worry Hill: A Children's Book about Obsessive-Compulsive Disorder and Its Treatment*. Mobile, AL: Lighthouse Press.
- Wolff, F. & Savitz, H. (2005) *Is A Worry Worrying You?* Terre Haute, IN: Tanglewood Press.
- Zucker, B. (2009). *Anxiety-Free Kids*. Waco, TX: Prufock Press.
- Websites: [www.worrywisekids.org](http://www.worrywisekids.org) / [www.stressfreekids.com](http://www.stressfreekids.com) / [www.livesinthebalance.org](http://www.livesinthebalance.org)