



Anxiety Disorders in Children



Anxiety disorders are common, treatable medical conditions that affect one in eight children.



They are characterized by persistent, irrational, and overwhelming worry, fear, and anxiety that interfere with daily activities. These are real disorders that affect how the brain functions. Symptoms vary but they can include irritability, sleeplessness, jitteriness or physical symptoms such as headaches and stomachaches.



An anxiety disorder can prevent your child from making friends, raising a hand in class, or participating in school or social activities. Feelings of being ashamed, afraid, and alone are not uncommon.

Research has shown that if left untreated, children with anxiety disorders are at higher risk to perform poorly in school, miss out on important social experiences, and engage in substance abuse. Anxiety disorders also often co-occur with other disorders such as depression, eating disorders, and attention-deficit/hyperactivity disorder (ADHD).

Whether your child has been diagnosed with an anxiety disorder or you are concerned about your child's anxious behavior, the Anxiety Disorders Association of America (ADAA) is here to help. In this booklet you will learn about anxiety disorder symptoms, treatments that work, and how to find a qualified mental health provider.

With treatment and your support, your child can learn how to successfully manage the symptoms of an anxiety disorder and live a normal childhood.

Is this just a phase? Anxiety vs. an anxiety disorder

Anxiety is a normal part of childhood, and every child goes through phases. Some may eat only orange foods or count in twos. Others may have an imaginary friend or have recurring nightmares about monsters under the bed.

The difference between a phase and an anxiety disorder is that a phase is temporary and usually harmless. Children who suffer from an anxiety disorder experience fear, nervousness, shyness, and avoidance of places and activities that persist despite the helpful efforts of parents, caretakers, and teachers.

Anxiety disorders tend to become chronic and interfere with how your child functions at home or at school to the point that your child becomes distressed and uncomfortable and starts avoiding activities or people.

Unlike a temporary phase of fear, such as seeing a scary movie and then having trouble falling asleep, reassurance and comfort is not enough to help a child with an anxiety disorder get past his or her fear and anxiety.

Take an anxiety screening at www.adaa.org. Then talk to your doctor, who can help you figure out what's normal behavior for your child's age and development level. Your doctor can refer you to a mental health professional, if necessary, for a more complete evaluation.

What causes anxiety disorders?

Experts believe anxiety disorders are caused by a combination of biological and environmental factors, similar to allergies and diabetes. Stressful events such as starting school, moving, or the loss of a parent or grandparent can trigger the onset of an anxiety disorder, but stress itself does not cause an anxiety disorder.

Anxiety disorders tend to run in families, but not everyone who has one passes it on to their children. Neither you nor your child is at fault, and an anxiety disorder diagnosis is not a sign of weakness or poor parenting.

Anxiety and related disorders in children

The term “anxiety disorder” refers to a group of mental illnesses that includes generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD), social anxiety disorder (also called social phobia), and specific phobias. Each anxiety disorder has specific symptoms.

GENERALIZED ANXIETY DISORDER (GAD)

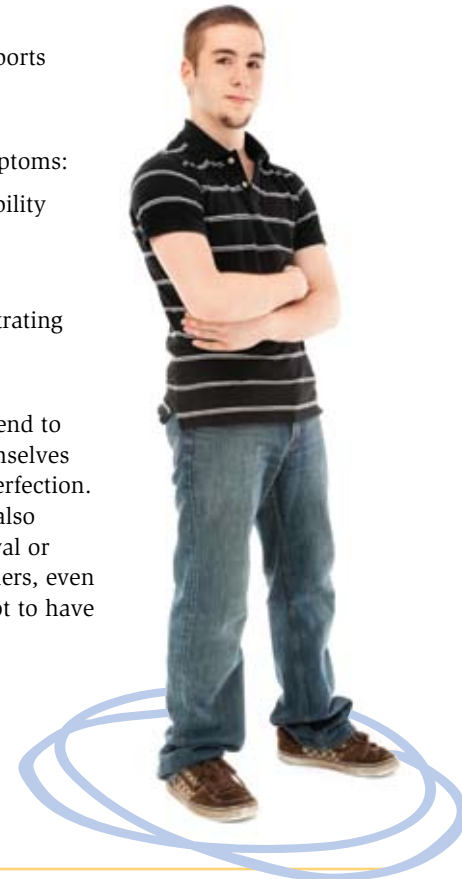
If your child has generalized anxiety disorder, or GAD, he or she will worry excessively about a variety of things, which may include but are not limited to these issues:

- Family problems
- Relationships with peers
- Natural disasters
- Health
- Grades
- Performance in sports
- Punctuality

Typical physical symptoms:

- Fatigue or an inability to sleep
- Restlessness
- Difficulty concentrating
- Irritability

Children with GAD tend to be very hard on themselves and they strive for perfection. These children may also seek constant approval or reassurance from others, even when they appear not to have any worries.



OBSESSIVE-COMPULSIVE DISORDER (OCD)

OCD is characterized by unwanted and intrusive thoughts (obsessions) and feeling compelled to repeatedly perform rituals and routines (compulsions) to try to ease anxiety.

OBSESSIONS

- Constant, irrational worry about dirt, germs, or contamination
- Excessive concern with order, arrangement, or symmetry
- Fear of harm or danger to a loved one or self
- Religious rules or rituals
- Intrusive words or sounds
- Fear of losing something valuable

COMPULSIONS

- Washing and rewashing hands to avoid exposure to germs
- Arranging or ordering objects in a very specific way
- Checking and re-checking objects, information, or situations
- Repeating a name, phrase, tune, activity, or prayer
- Hoarding or saving useless items
- Counting objects such as steps
- Seeking reassurance or doing things until they seem just right

Most children with OCD are diagnosed around age 10, although the disorder can strike children as young as two or three. Boys are more likely to develop OCD before puberty, while girls tend to develop it during adolescence. Research has shown that for teens with the eating disorder anorexia nervosa, OCD is the most common co-existing disorder.

Learn more about OCD at www.adaa.org.



“The first thing we did to help make my OCD go away was get a diagnosis from a psychiatrist. I also spent two hours every Friday doing exposure and response prevention therapy. Therapy has really helped my OCD. My OCD is not in control of my life, and I am much happier.” —LORI, AGE 12

PANIC DISORDER

Panic disorder is diagnosed if your child suffers at least two unexpected panic or anxiety attacks—which means they come on suddenly and for no reason—followed by at least one month of concern over having another attack, losing control, or “going crazy.” A panic attack includes at least four of the following symptoms:

- Feeling of imminent danger or doom
- The need to escape
- Rapid heartbeat
- Sweating
- Trembling
- Shortness of breath or a smothering feeling
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal discomfort
- Dizziness or lightheadedness
- Sense of things being unreal, depersonalization
- Fear of losing control or “going crazy”
- Fear of dying
- Tingling sensations
- Chills or hot flushes

Agoraphobia can develop when children begin to avoid situations and places in which they had a previous panic attack or fear they would be unable to escape if experiencing an attack. Refusing to go to school is the most common manifestation of agoraphobia in kids.

POSTTRAUMATIC STRESS DISORDER (PTSD)

Children with posttraumatic stress disorder, or PTSD, may have intense fear and anxiety; become emotionally numb or easily irritable; or avoid places, people, or activities after experiencing or witnessing a traumatic or life-threatening event. These events can include a serious accident, violent assault, physical abuse, or a natural disaster.

Children with PTSD often re-experience the trauma of the event through nightmares or flashbacks, or re-create them through play. They can have difficulty sleeping or concentrating. Other symptoms include nervousness about one's surroundings, acting jumpy around loud noises, and withdrawing from friends and family. Symptoms may not appear until several months or even years after the event.

Not every child who experiences or witnesses a traumatic event will develop PTSD. It is normal to be fearful, sad, or apprehensive after such events, and many children will recover from these feelings in a short time.

Children most at risk for PTSD are those who directly witnessed a traumatic event, who suffered directly (such as injury or the death of a parent), had mental health problems before the event, and who lack a strong support network. Violence at home also increases a child's risk of developing PTSD after a traumatic event.

SEPARATION ANXIETY DISORDER

Many children experience separation anxiety between 18 months and three years old, when it is normal to feel some anxiety when a parent leaves the room or goes out of sight. Usually children can be distracted from these feelings. It's also common for your child to cry when first being left at daycare or preschool, and crying usually subsides after becoming engaged in the new environment.

If your child is slightly older and unable to leave you or another family member, or takes longer to calm down after you leave than other children, then the problem could be separation anxiety disorder, which affects 4 percent of children. This disorder is most common in kids seven to nine years old.

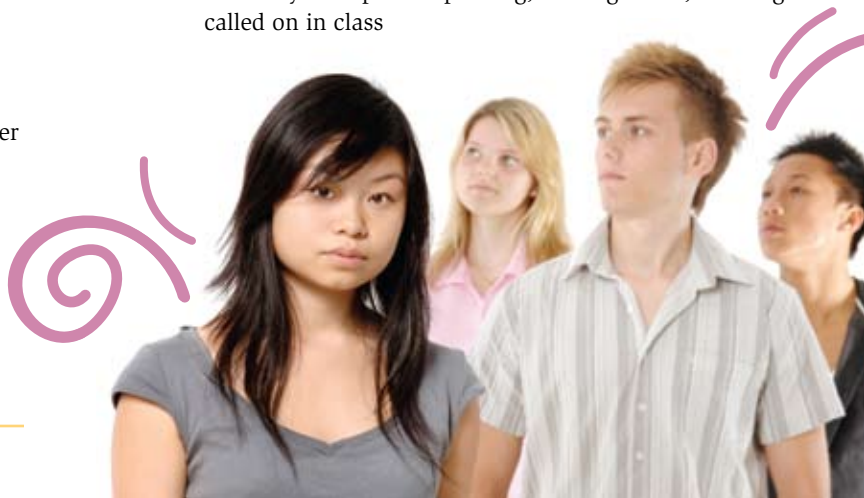
When separation anxiety disorder occurs, a child experiences excessive anxiety away from home or when separated from parents or caregivers. Extreme homesickness and feelings of misery at not being with loved ones are common. Other symptoms include refusing to go to school, camp, or a sleepover, and demanding that someone stay with them at bedtime. Children with separation anxiety commonly worry about bad things happening to their parents or caregivers or may have a vague sense of something terrible occurring while they are apart.

SOCIAL ANXIETY DISORDER

Social anxiety disorder, or social phobia, is characterized by an intense fear of social and performance situations and activities. This can significantly impair your child's school performance and attendance, as well as the ability to socialize with peers and develop and maintain relationships.

Other symptoms include the following:

- Hesitance, passivity, and discomfort in the spotlight
- Avoiding or refusing to initiate conversations, invite friends to get together, order food in restaurants, or call, text, or e-mail peers
- Frequently avoiding eye contact with adults or peers
- Speaking very softly or mumbling
- Appearing isolated or on the fringes of the group
- Sitting alone in the library or cafeteria, or hanging back from a group in team meetings
- Overly concerned with negative evaluation, humiliation, or embarrassment
- Difficulty with public speaking, reading aloud, or being called on in class



SELECTIVE MUTISM

Children who refuse to speak in situations where talking is expected or necessary, to the extent that their refusal interferes with school and making friends, may suffer from selective mutism. While children develop selective mutism for a variety of reasons, in most children with the condition, it is thought to be a severe form of social anxiety disorder. But because it can arise for other reasons, technically it is not considered an anxiety disorder.

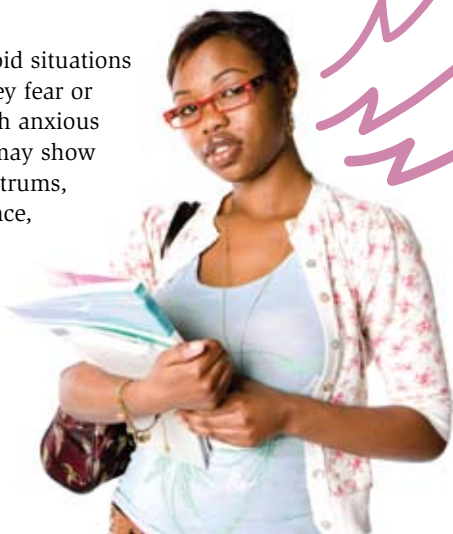
Children suffering from selective mutism may stand motionless and expressionless, turn their heads, chew or twirl hair, avoid eye contact, or withdraw into a corner to avoid talking. These children can be very talkative and display normal behaviors at home or in another place where they feel comfortable. Parents are sometimes surprised to learn from a teacher that their child refuses to speak at school. The average age of diagnosis is between four and eight years old, or around the time a child enters school.

SPECIFIC PHOBIAS

A specific phobia is the intense, irrational fear of a specific object, such as a dog, or a situation, such as flying.

Fears are common in childhood and often go away. A phobia is diagnosed if the fear persists for at least six months and interferes with a child's daily routine, such as refusing to play outdoors for fear of encountering a dog. Common childhood phobias include animals, storms, heights, water, blood, the dark, and medical procedures.

Children will avoid situations or things that they fear or endure them with anxious feelings, which may show up as crying, tantrums, clinging, avoidance, headaches, and stomachaches. Unlike adults, children do not usually recognize that their fear is irrational.



Treatment

Several scientifically proven and effective treatment options are available for children with anxiety disorders. The two treatments that most help children overcome an anxiety disorder are cognitive-behavioral therapy and medication. Your doctor may recommend one or a combination of treatments.

No one treatment works best for every child; one child may respond better, or sooner, to a particular method than another child with the same diagnosis. That's why it's important to discuss with your doctor or therapist how to decide which treatment works best for your child and family lifestyle. It may take a while to find the best treatment, and your child's response to treatment may change over time. Read on for more information on how to choose a mental health professional.

COGNITIVE-BEHAVIORAL THERAPY (CBT)

Cognitive-behavioral therapy, or CBT, is a type of talk therapy that has been scientifically shown to be effective in treating anxiety disorders. CBT teaches skills and techniques to your child that she can use to reduce her anxiety.

Your child will learn to identify and replace negative thinking patterns and behaviors with positive ones. He will also learn to separate realistic from unrealistic thoughts and will receive "homework" to practice what is learned in therapy. These are techniques that your child can use immediately and for years to come.

Your support is important to the success of your child's therapy. The therapist can work with you to ensure progress is made at home and in school, and he or she can give advice on how the entire family can best manage your child's symptoms.

CBT is generally short-term—sessions last about 12 weeks—but the benefits are long-term. Check with your insurance provider to see if CBT or therapy is covered and if there is a list of preferred therapists. Some therapists or clinics offer services on a sliding scale, which means that charges fluctuate based on income. Ask about a sliding scale or other payment options when you call or visit for a consultation.

Other forms of therapy may be used to treat children who have an anxiety disorder. **Acceptance and commitment therapy**, or ACT, uses strategies of acceptance and

mindfulness (living in the moment and experiencing things without judgment) as a way to cope with unwanted thoughts, feelings, and sensations.

Dialectical behavioral therapy, or DBT, emphasizes taking responsibility for one's problems and helps children examine how they deal with conflict and intense negative emotions.

MEDICATION

Prescription medications can be effective in the treatment of anxiety disorders. They are also often used in conjunction with therapy. In fact, a major research study found that a combination of CBT and an antidepressant worked better for children ages 7 to 17 than either treatment alone.

Medication can be a short-term or long-term treatment option, depending on how severe your child's symptoms are and how he or she responds to treatment. You should discuss this issue more with your doctor. It is also essential to let your doctor know about other prescription or over-the-counter medications your child takes, even if it is for a short period.

Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are currently the medications of choice for the treatment of childhood and adult anxiety disorders. Other types of medications, such as tricyclic antidepressants and benzodiazepines, are less commonly used to treat children with anxiety disorders. The U.S. Food and Drug Administration (FDA) has approved the use of some SSRIs and SNRIs for the treatment of children.

Updated information about medications is available at the ADAA website at www.adaa.org and at the FDA website at www.fda.gov.

MEDICATION WARNING FOR CHILDREN

The U.S. Food and Drug Administration (FDA) issued a warning in October 2004 that antidepressant medications, including SSRIs, may increase suicidal thoughts and behavior in a small number of children and adolescents. The FDA does not prohibit the use of these medications, but it does alert patients and families to the risks, which must be balanced against clinical need.

In May 2007, the FDA proposed that makers of all antidepressant medications update their products' labeling to include warnings about increased risks of suicidal thinking and behavior in young adults ages 18 to 24 during initial treatment (generally the first one to two months).

Find out more at the FDA website:

www.fda.gov/cder/drug/antidepressants

Discuss all concerns about antidepressants and other medications with your doctor.

Finding help

Taking your child to a doctor for a mental health problem is as important as visiting a doctor for an ear infection or broken arm. Finding a health professional that you and your child can work with—and who makes you both feel comfortable—is critical.

Anxiety disorders in children are treatable, and they can be treated by a wide range of mental health professionals who have training in scientifically proven treatments. Psychiatrists and nurse practitioners can prescribe medication. Psychologists, social workers, and counselors are more likely to have training in CBT and other talk therapies.

Ask your family doctor or pediatrician to refer you to an expert who is trained to offer CBT or treat anxiety disorders in children, or call ADAA at 240-485-1001. Make sure that any professional you consult has experience treating anxiety disorders and will communicate with your family doctor or pediatrician and school.

You can find a list of anxiety disorder specialists on the ADAA website at www.adaa.org; click on *Find a Therapist*.

“My panic attacks started when I was eight years old. I would get really shaky and sweaty. I would hyperventilate and feel like I was getting smothered to death, like my lungs had closed up. My mother took me to see a psychologist, and it helped a lot. I can travel again and do things that a normal teenager can do. My family has seen a big difference, too.” —BREANNA, AGE 15

QUESTIONS TO ASK

A therapist should be willing to answer any questions you may have about methods, training, and fees during a consultation. Bring a list of your child's symptoms to discuss, and be sure to mention any medications for allergies or other illnesses.

Here are some questions to consider asking:

- What training and experience do you have in treating anxiety disorders?
- Do you specialize in treating children? (If your child is a teenager, you may want to ask the age limit that your child can remain under this specialist's care.)
- What is your training in cognitive-behavioral therapy (CBT) or other therapies?
- What is your basic approach to treatment?
- Can you prescribe medication or refer me to someone who can, if that proves necessary?
- How long is the course of treatment?
- How frequent are treatment sessions and how long do they last?
- Do you include family members in therapy?
- How will I know that my child is responding to the treatment and getting better?
- If my child does not respond to treatment, how will you decide when to change or modify the treatment?
- As my child ages, will any symptoms change? Will the response to treatment change?
- What should I explain to the school about my child's anxiety disorder?
- How do you approach the topic of alcohol and substance use in teens who take medication?
- Will you coordinate my child's treatment with our family doctor or pediatrician?
- What is your fee schedule, and do you have a sliding scale for varying financial circumstances?
- What kinds of health insurance do you accept?

If a therapist is reluctant to answer your questions, or if you or your child does not feel comfortable, see someone else.

Treatment FAQs

Is treatment necessary? Will my child's anxiety disorder go away on its own? Will he grow out of it?

Like other medical conditions, anxiety disorders tend to be chronic unless properly treated. Most kids find that they need professional guidance to successfully manage and overcome their anxiety. And while family support is important to the recovery process, it is not the cure. (Also beware of any product or program that guarantees a cure or is peddled online or in TV infomercials.) Many licensed mental health professionals have the training, education, and experience to properly diagnose and treat your child.

In addition, research shows that children with untreated 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. That's why it's important to get help as soon as possible. Your child deserves a future that is free from the limitations of anxiety.

My child has started treatment, but it isn't working. What should I do?

Most children see signs of improvement within two to six weeks when receiving proper treatment. If you don't see progress after this time, talk to your child's doctor or therapist about other options or adjusting the medication dosage level. If the doctor or therapist is unwilling to try a different treatment method or won't take the time to listen to your concerns, find another mental health professional who will.

Will my child have to take medication for the rest of her life?

Starting a child on an antidepressant (SSRI or SNRI) does not foretell medication for life. Doctors recommend that initial treatment of childhood anxiety disorders with an antidepressant should be continued for about one year. You and your child's doctor should regularly assess how well the medication is working; longer medication treatment may be recommended if symptoms persist or recur. There is no evidence that SSRIs and SNRIs are addictive. Ask your doctor how long your child will be taking medication and the changes you can expect to see if the medication is working.

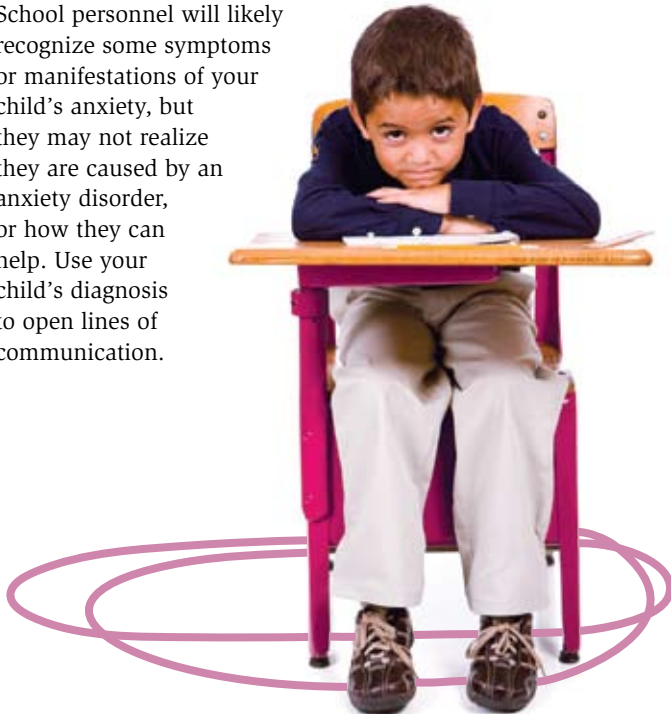
What about side effects of medication?

No medication is 100 percent risk-free. SSRIs and SNRIs are generally tolerated with few side effects. The most commonly reported physical side effects include headache, stomachache or nausea, and difficulty sleeping. Before prescribing medication, your child's doctor must determine the presence of any physical symptoms that may be related to medical problems or reflect anxiety. Make sure the doctor reviews side effects with you and your child before starting any medication and monitors for symptoms at follow-up visits. Remember that a small number of children may develop more serious side effects, such as thoughts about suicide.

Talk to your doctor about all medications your child may take, including antibiotics and seasonal medications for allergies.

Anxiety disorders at school

Your child's anxiety disorder may affect success at school. If an anxiety disorder is causing your child to struggle at school academically or socially, the first step is to talk to the teacher, principal, or counselor about your concerns. School personnel will likely recognize some symptoms or manifestations of your child's anxiety, but they may not realize they are caused by an anxiety disorder, or how they can help. Use your child's diagnosis to open lines of communication.



Talk to them about any accommodations that may help your child succeed in the classroom. You have the right under the Individuals with Disabilities Education Act (IDEA) to request appropriate accommodations related to your child's diagnosis. Also ask them to monitor changes and behavior in the classroom so you can inform your doctor of any progress or problems, or ask them to speak to the doctor or therapist directly.

Finally, make sure your child's school stays knowledgeable about childhood anxiety disorders. Schools can request brochures and other resources at www.adaa.org or by calling 240-485-1001.

Anxiety and depression

It is not uncommon for children to be diagnosed with both depression and an anxiety disorder, or depression and general anxiety. About half of people diagnosed with depression are also diagnosed with an anxiety disorder.

Children with depression may display these symptoms:

- Depressed or irritable mood
- Difficulty sleeping or concentrating
- Change in grades, getting into trouble at school, or refusing to go to school
- Change in eating habits
- Feeling angry or irritable
- Mood swings
- Feeling worthless or restless
- Frequent sadness or crying
- Withdrawing from friends and activities
- Loss of energy
- Low self-esteem
- Thoughts of death or suicide

When symptoms last for a short period of time, it may be a passing case of "the blues." But if they last for more than two weeks and interfere with regular daily activities and family and school life, your child may have a depressive disorder.

There are two types of depression: major depression and dysthymia. Major depression lasts at least two weeks and may occur more than once throughout your child's life. Your child may experience major depression after a traumatic event such as the death of a relative or friend. Dysthymia is a less severe but chronic form of depression that lasts for at least two years.

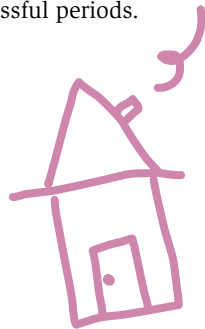
Children whose parents have depression are at a greater risk of being depressed. While depression affects all ages and both genders, girls are more likely to develop depression during adolescence. Research shows that depression is also a risk factor for suicide.

Depression and anxiety disorders can often be treated the same way and at the same time. Like anxiety disorders, depression can be treated with cognitive-behavioral therapy and antidepressants. However, your child may have symptoms that require treating one disorder first. As with any illness, treatment should be tailored to your child's diagnoses and designed to help him or her manage and reduce the symptoms of both disorders. Learn more at www.adaa.org.

What you can do at home

The recovery process can be stressful for everyone. It is helpful to build a support network of relatives and friends. And keep these ideas in mind:

- Listen to your child's feelings.
- Stay calm when he becomes anxious about a situation or event.
- Recognize and praise her small accomplishments.
- Don't punish mistakes or lack of progress.
- Be flexible and try to maintain a normal routine.
- Modify expectations during stressful periods.
- Plan for transitions (i.e. allow extra time in the morning if getting to school is difficult).



"My son worries constantly about death, illness, and germs at school and at home ... everything related to getting sick or dying. He has trouble sleeping and no longer likes going to school. It breaks my heart to see him like this. What can I do to help him?"



How ADAA can help

The Anxiety Disorders Association of America provides resources that will help you and your child better understand a diagnosed or undiagnosed anxiety disorder, connect you with a community of people who know what you are experiencing, and assist you in finding mental health professionals.

Visit the ADAA website at www.adaa.org to locate doctors and therapists who treat anxiety disorders in your area, as well as local support groups. Learn about the causes, symptoms, and best treatments for all of the disorders, review questions to ask a therapist or doctor, learn about new research, read personal stories, sign up for our e-newsletter *Triumph*, and find books and other resources to help your child or another loved one.

ADAA provides the resources to help you make the best decisions so that you and your child can get on with your lives.

HELP ADAA HELP OTHERS.

Your contribution to ADAA supports our efforts to increase awareness that anxiety disorders are real, serious, and treatable. ADAA relies on your donations to provide free educational information about anxiety disorders, help people find treatment professionals, and advocate for research, improved treatments, and access to care.

Donate online at www.adaa.org, on the phone (240-485-1001), or by mail to ADAA, 8730 Georgia Ave., Silver Spring, MD 20910. All donations are tax-deductible.

help
ADAA
help
others

The Anxiety Disorders Association of America (ADAA) is a national 501(c)(3) nonprofit organization whose mission is to promote the prevention, treatment, and cure of anxiety and anxiety-related disorders and to improve the lives of all people who suffer from them.



For more information:

**Anxiety Disorders Association
of America**

8730 Georgia Avenue

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240-485-1001

www.adaa.org