Summary: It is natural for children to have various fears, but when those fears become so excessive that it starts causing physical symptoms and getting in the way of school and relationships, then it may be an anxiety problem.

Introduction

Dylan is afraid of the dark. Tricia hates to eat in front of other people. Eric becomes sick to his stomach and throws up if he has to speak aloud in class. Fears and worries are a very normal part of life for children and adults. However, if these worries become cause for concern because they are affecting day-to-day functioning significantly, we refer to these excessive worries as anxiety.

How Common are Anxiety Disorders?

Anxiety disorders are the most common mental health condition in children and adults. Roughly 6% of children and youth have an anxiety disorder that is serious enough to require treatment.

How Long Do They Last?

Without treatment, some of the anxiety disorders that begin in childhood can last a lifetime, although they may come and go.

What Causes Anxiety Disorders?

Anxiety disorders have multiple, complex origins. It is likely that genes play a role in causing anxiety. However, the home, the neighbourhood, school and other settings can also contribute to anxiety.

For example, some babies or young children who live with too much stress can become anxious. Other children may "learn" to respond in an anxious way to new situations because a parent or other caregiver shows anxiety. In most children and young people it is a mix of these causes that leads to an anxiety disorder.

What are some of the signs that I should watch for?

Is your child showing excessive avoidance in terms of participation in activities or attending school? Is he easily upset and is his distress out of proportion to the situation? Do you spend a lot of time comforting your child and urging your child to participate in regular activities? Are you feeling that your family functioning is being disrupted by your child's fears and worries?
Types of Anxiety Disorders

Children and teens can have more than one type of anxiety disorder at the same time. Some types of anxiety disorders are:

**Separation Anxiety Disorder**

Sometimes older children and teens become frightened of leaving their parent(s). They may worry that something bad might happen to their parent or to someone else they love. It is only a problem if there is no real reason for this worry. These young people may have a condition called Separation Anxiety Disorder.

Children with Separation Anxiety Disorder may refuse to go to school or they may be unable to go to sleep without a parent being present. They may have nightmares about being lost or kidnapped. They may also have physical symptoms like stomachaches, feeling sick to their stomach, or even throwing up out of fear. A diagnosis of separation anxiety is made if the behaviour has been present for at least four weeks and the behaviour results in real and ongoing social or school problems.

**Generalized Anxiety Disorder (GAD)**

This is a condition in which the child or adolescent has many worries and fears. They have physical symptoms like tense muscles, a restless feeling, becoming tired easily, having problems concentrating, or trouble sleeping. Children with this condition often try to do things perfectly. They also feel a need for approval.

**Social Phobia**

Social phobia is more likely to occur in teenagers than young children. It involves worrying about social situations, like having to go to school or having to speak in class. Symptoms may include sweating, blushing, or muscle tension.

People with this disorder usually try to control their symptoms by avoiding the situations they fear. Young people with social phobia are often overly sensitive to criticism and have trouble standing up for themselves. They can also suffer from low self-esteem, be easily embarrassed, and be very shy and self-conscious.

**Obsessive-Compulsive Disorder (OCD)**

Symptoms for OCD usually begin in early childhood or adolescence. Children and young people with OCD have frequent, uncontrollable thoughts (“obsessions”) that are unreasonable.

These thoughts come into their mind a lot. They then need to perform certain routines or rituals (“compulsions”) to try to get rid of the thoughts. In some situations, anxiety may be normal for a younger child but not an older one. One common example is a young child who becomes upset when left alone with a babysitter for the first time. This separation anxiety is a normal reaction for a young child but would not be normal for a teenager.

When the symptoms begin in later childhood or adolescence and continue for several weeks then it may be time to seek professional help.

Children and adolescents with this disorder will often repeat behaviors to avoid some imagined outcome. For example, some people who are frightened of germs will wash their hands over and over to avoid catching a disease. These thoughts can also cause a young person a great deal of anxiety. The obsessions and compulsions can take up so much time that the young person can't lead a normal life.

**Panic Disorder**

Teenagers, and sometimes children, are likely having a panic attack when they feel very scared or have a hard time breathing and their heart is pounding. They may also feel shaky, dizzy and think they are going to lose their mind or even die. The teen or child may not want to go to school or leave the house at all because they are afraid something awful will happen to them. Frequent panic attacks may mean that they have a panic disorder.
Post-Traumatic Stress Disorder (PTSD)

PTSD is fairly rare in children. It usually involves a set of anxiety symptoms that begin after one or many episodes of serious emotional upset. The symptoms include jumpiness, muscle tension, being overly aware of one's surroundings (hypervigilance), nightmares and other sleep problems. Children and young people with PTSD sometimes also report feeling like they are "re-living" the traumatic experience. These "flashbacks" often include vivid memories of the triggering event(s), which may involve physical, emotional or sexual abuse.

Selective Mutism

This is a term used to describe the behaviour of some children who do not speak in certain situations while speaking in others. Children with selective mutism have a specific worry about speaking, but only in the situations that make them feel anxious.

Some children may speak only to their parents but not to other adults. When they know they are going to have to speak, these children may blush, look down, or withdraw. When they do communicate in such situations, they may point or use other gestures, or whisper rather than talk. Up to 2% of school aged children may have the symptoms of selective mutism and the symptoms usually appear when they start daycare or school. Some children may "outgrow" the condition but many go on to have social phobia.

How is Anxiety Treated?

Anxiety treatments include:

- Cognitive behavioural therapy (CBT) have been shown to be effective in the treatment of anxiety disorders in children. CBT is considered to be the treatment of choice. If an older child or adolescent does not respond completely to CBT, then medications can be added.
- Anti-anxiety medications such as selective serotonin reuptake inhibitors (SSRIs) help by regulating brain chemicals.

What Parents Can Do

What can parents do to help their children deal with fears and anxious feelings?

- Provide unconditional validation. First, ensure that your child feels comfortable to express their fears, worries or any other distressing feelings to you. Validate those concerns. Do not minimize them. If a child feels that they can safely come to a nurturing adult for their worries, it helps them deep down feel a bit safer about the world.
- Help your child to maintain good physical health and regular routines. Ensure a balanced diet, good sleeping habits, and fitness through exercise.
- Reward your child's coping behaviour. Praise your child's "brave" behaviour and recognize and praise successes, even partial successes; the focus should be on your child's efforts in confronting and managing their worries.
- Manage your own anxieties and don't allow your worries in the situation to influence your child. Be a model for your child and show him how you do everyday things without being fearful or anxious.
- Instead of avoiding the issue that is causing fear or anxiety, reinforce exposure. If your child is afraid of spiders, you can start to read a book about spiders. If your child is afraid of speaking out in front of a group, perhaps he can talk about his favourite toy at the next family gathering. Give your child opportunities to work through his fear, by reinforcing exposure and allowing small victories along the way.
- Teach your child positive "self-talk". Like the little engine that could, teach your child to repeat a positive phrase that will help her face her fear. "I know I can do this" or "I'm brave and I'm not afraid" can help them be strong when they are feeling afraid or anxious.
- Teach your child to imagine being in relaxing or pleasant places, places where they feel safe. Distraction can work wonders when trying to deal with anxiety-provoking situations. Children can also learn how to manage anxiety by learning how to calm their breathing and how to reduce tension in their muscles; techniques for learning these are easily available through the Internet (see websites below).
- Children can begin to feel insecure and anxious if there is conflict between their parents. Difficult conversations between spouses should
happen when children are not present.

Where to Get Help

Despite your best efforts to help your child cope with his fears and anxiety, there may come a time when your child's thoughts and feelings begin to overwhelm him to such an extent that you do not feel that you can handle it on your own.

Here are some things you can do about it:

- Talk to your child's teacher and other adults (coaches, instructors) who are interacting with your child. There might be an issue you are not aware of.
- Learn more about anxiety through books or websites.
- Contact your family doctor or pediatrician. It might be time for a check up and a good time to talk about what is causing these symptoms in your child. Your physician can help you to decide if your child should see someone, such as a child psychologist, to help him/her deal with her fears and/or anxiety.

About this Document

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Background Information


Step-By-Step Guides


Videos

Fighting Their Fears: Child and Youth Anxiety by Melanie Wood, National Film Board of Canada (2004) NFB ID# 113C9104249

Websites

Anxiety Disorders Association of America
www.adaa.org/GettingHelp/FocusOn/Children&Adolescents.asp

Canadian Paediatric Society
http://www.caringforkids.cps.ca/behaviourparenting/Fears.htm

Disclaimer

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