

## What does anxiety look like in children & adolescents?

Most people worry sometimes, and children and teenagers are no exception. How is this different from anxiety? Occasional worrying during times of stress is normal and expected. Even fear is a normal reaction to a real and dangerous situation. In contrast, anxiety is an exaggerated response to normal or mild stress. Sometimes, anxiety arises without any stressful or dangerous circumstances at all. An anxious person may be tense, apprehensive, and unable to be calmed. Some typical symptoms of anxiety are:

- restlessness or feeling "on edge"
- being easily fatigued
- difficulty concentrating
- irritability
- muscle tension
- sleep problems

Anxiety is not just for adults. About 1 out of ten children and adolescents have real anxiety problems that significantly disrupt their lives. A child or teenager may show anxiety through his or her:

### *Feelings*

fearfulness, nervousness, feeling unsettled

### *Thoughts*

excessive worry, repeated thoughts of dread

### *Behaviors*

avoidance of daily activities or feared objects or events, hypervigilance to surroundings, changes in relationships and school performance

*Finding solutions*

## When and where to get help

Your child will often let you know if anxiety is a problem by the symptoms that he or she shows. Anxiety is a problem when it involves excessive or unrealistic fears that change a child's daily routine and that damage his or her relationships, interest in activities, and/or school performance. Remember that because anxiety often leads to withdrawal, shyness, or avoidance of certain situations, it may be harder to notice that there is a problem than if your child was acting out. Talk to your child about your concerns and respond to school and social problems.

Treatment of your child's anxiety begins with open communication about his or her symptoms. The more you can understand your child's experience, the easier it will be to make needed changes. Some anxiety may be lifted by decreasing stress at home or at school, solving problems creatively, and coming up with ideas for new coping strategies. At times, these changes are not enough, and professional help is needed. Professional counselors that specialize in anxiety can teach you and your child effective techniques that have been proven to help. Because some kinds of severe anxiety are related to brain functioning, medications may be helpful in addition to counseling.

Talk with your child's doctor or school counselor to get names of professionals in your community who specialize in child/adolescent development and the treatment of anxiety disorders. Since there is such a wide range of anxiety disorders in children, it is important to have your child accurately evaluated and diagnosed. Once this is done, you may want to check with your local library for information regarding the type of anxiety that fits your child.



Information Provided By:

Dr. Mary Monroe

1115 Grant Street, Suite 307  
Denver, CO 80203, (303) 587-8779



## In Children & Adolescents

*Listening to your child*

*Knowing your child*

*Overcoming obstacles*

*Finding solutions*

## *What is anxiety? Here are some common types:*

**General Overanxiety:** At times children and teenagers become overly anxious about many things at once (such as school performance and social interactions). When the anxiety is excessive and the child finds it very difficult to control, he or she may be suffering from Overanxious Disorder (also called Generalized Anxiety Disorder). These children may have unrealistic and persistent worries about past behaviors, future events, their competence, and being judged by others. These children are very self-conscious and sensitive to criticism. Along with the general symptoms of anxiety, these children may also report a number of physical complaints.

**Avoidance:** Children and teenagers with Avoidance Disorder fail to grow out of the typical "stranger anxiety" that all infants show. Avoidant children are excessively shy. They tend to withdraw from new situations and have trouble adapting to unfamiliar people. Although warm and affectionate with their close family members, these children have significant difficulty making friends and often avoid interactions with peers and teachers at school, which at times hinders their academic performance.

**Separation Anxiety:** Young infants naturally experience anxiety when separated from their caregivers. As they grow up, children usually develop coping skills for being more independent. When this natural development is hindered, separation anxiety may result. Separation anxiety is a "persistent, excessive, and unrealistic worry about separation" from primary caregivers. Children with separation anxiety often develop fears of harm or loss of a parent, sleep problems and nightmares about separation, refusal to go to

school, and physical symptoms (such as headaches and stomach aches) when separated from their caregiver. Children with separation anxiety are not just homesick. They experience true panic that leads to significant disruptions in school attendance/performance and other age-appropriate behaviors. Some children grow out of separation anxiety as they get older, but often need help to get through the period of severe symptoms.

**Obsessive-Compulsive Disorder:** A child may be diagnosed with Obsessive-Compulsive Disorder (OCD) if he or she has either "obsessions," "compulsions," or both. Obsessions are persistent thoughts, impulses, or images that are difficult to control. They are not just excessive worries about real problems. Children with OCD can't ignore or stop these thoughts. Compulsions are repetitive behaviors (such as hand washing or checking locks) or mental acts (such as praying or counting) intended to reduce distress or to prevent a dreaded event. Obsessions and/or compulsions are very time consuming and significantly interfere with school activities and relationships. Some children may realize that their obsessions or compulsions are excessive and unreasonable, and may hide their symptoms due to embarrassment or shame.

**Phobias:** A phobia is an irrational, intense fear of an event (such as flying in an airplane) or an object (such as snakes) that persists even when real danger is not present. Fears are very common in children, and they usually start to go away as a child reaches school-age. If a child has a phobia, these fears persist in an excessive or

unreasonable way. When in contact with the feared object or event, a child may cry, cling to a caretaker, freeze, or have a tantrum. In addition to phobias of specific objects, children and teenagers may develop phobias of specific events. **Social Phobia** is a fear of being embarrassed in front of peers and/or at school, and may lead to poor school attendance and significant social problems. **Agoraphobia** is a fear of being in places where the child cannot escape or get help, such as on a bus or in a crowd. Older children and teenagers may experience panic attacks (a short period of increased heart rate, sweating, shaking, trouble breathing, dizziness, and other physical symptoms) along with phobias.

**School/Test Anxiety:** One common way that children and teenagers show anxiety is by worrying about their academic performance. This anxiety can get so strong that a student may "freeze up" during a test or fail a whole class that he or she otherwise would have been able to manage. Children and teenagers with academic anxiety often blame themselves for poor performance, expect that they will fail, and panic when faced with academic challenges. These students may seem defiant or distracted from school work, when underneath they are anxious and overwhelmed. School anxiety has nothing to do with intelligence; often, very intelligent children and teenagers may struggle with taking tests or with succeeding in a certain subject. The goal of managing school anxiety is to maximize a student's strengths and to develop healthy coping strategies for those events (classes, tests) that are stressful.