

Anxiety Disorders in Children and Teenagers

What is it?

Anxiety is a natural and important emotion during childhood. With each stage of development – infancy, the toddler years, young childhood and adolescence – a youngster experiences new fears and anxieties. Because growth and development depend on and necessitate a child's interacting with an ever-expanding environment, feelings of apprehension and fearfulness arise naturally.

Anxiety helps guide a child on his journey toward adulthood. The degree to which a child is able to move successfully through his environment and master his anxiety largely determines his sense of competence and self-esteem. In addition, without fear or worry, a child would never learn to watch both ways before crossing the street or feel motivated to get that book report done on time.

However, there are children who don't cope properly with this natural anxiety. For them, anxiety looms out of proportion to their circumstances. These children literally become sick with

fear. Sometimes their anxiety manifests itself in an overall feeling of unease that characterizes generalized anxiety disorder. At other times, it surfaces in panic disorders, panic attacks and phobias.

Generalized anxiety disorder is characterized by free-floating anxiety that essentially latches onto whatever possible causes for worry are around and about. Depending on the child's age, it will express itself in different behaviors and concerns. Because these manifestations of fearfulness become persistent or seriously interfere with the child's development or ability to engage in the normal activities of childhood, they indicate the existence of a generalized anxiety disorder.

At about six to eight months, all babies experience fear of separation from parent figures and fear of strangers; unless the child experiences intense and persistent separation disorder, tangible comforts such as blankets and stuffed animals will effectively soothe their anxiety.

Preschool children may regress when they feel anxious. A child who has mastered toilet training, for example, may begin to wet her bed at night or soil her pants. At this age, when separating from parents is a daily challenge and accomplishment, a child may suddenly worry that she will become injured or something bad will happen to her parents while they are apart.

Once they are in school, youngsters tend to worry that peers and important adults such as teachers will disapprove of them. They express their anxiety in trembling voices, biting their nails, chewing on clothes or licking their lips raw. They may have headaches or stomachaches. They may become perfectionists, unable to complete their school work for fear that it will not be good enough.

Some children act aggressively and argue continually with other children.

Teenagers may turn to drugs and alcohol to take the edge off of feelings of uneasiness. Many times, a



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child or teenager who seems overly anxious or suffers from a generalized anxiety disorder goes on to develop a panic disorder or phobias.

Although panic disorders most commonly appear in early adulthood, the disorder is not rare in adolescence. In addition, symptoms that precede panic attacks in adulthood may appear in children who suffer from depression or severe separation anxiety. A panic attack is a discrete, often relatively short episode of anxiety combining emotional and physical symptoms. The child may feel an intense fear or discomfort when an attack suddenly seizes her, along with a sense of impending doom, fear of going crazy or sensations of unreality. Physical symptoms include shortness of breath, palpitations, sweating, choking, chest pains, nausea, dizziness and numbness or tingling in her extremities. Full-blown panic attacks typically last for only several minutes, but the sufferer will often feel a combination of exhaustion and uneasiness that lasts for hours. Following a panic attack, she may feel apprehensive that she will have other attacks. Sometimes children develop phobias in response.

A phobia is an exaggerated and usually inexplicable fear that focuses on a specific object or situation that is so severe as to significantly impair the child from usual activities. Children may focus their phobic anxiety on strangers, blood, fire, germs, insects, snakes, spiders, dirt, heights, small or closed spaces, darkness or thunder.

Older children become phobic about social and school situations that can significantly complicate their day-to-day lives. School phobias center on apprehension about performance or social pressures and result in refusal to attend school. Usually, a cycle of anxiety, physical complaints and school avoidance escalates until it becomes almost impossible for a child to overcome his fear. The longer he stays out of school, the more likely he is to feel different from other kids and left out of normal activities.

Social phobia grips some youngsters as they approach new social situations in which they anticipate other people's judgment or expectations. As a result, they may cry, throw tantrums, freeze or cling to a familiar person. Although restless, they tend to shrink from contact with others, refuse to participate in group play, and stay on the periphery of social activities. They may also complain of pain, fatigue and stomachaches and

seem preoccupied with worries about their health or appearance.

Approximately one million children have obsessive-compulsive disorder, an anxiety disorder characterized by obsessions (unwanted, repeated thoughts and urges) and compulsions (repetitive, purposeless behaviors). This disorder can appear in children as young as 3, although it more commonly appears around the age of 10. Many children become obsessed with germs, contamination, lucky or unlucky numbers, superstitions, religion and bodily functions. The most common compulsions involve hand-washing, touching, counting and hoarding. Obsessive-compulsive disorder causes considerable upheaval in the child's family, social and academic life.

More than half of all children who have anxiety disorders also have major depressive disorders. In older children, persistent anxiety may be accompanied by suicidal feelings or other self-destructive behaviors. Often, children experiment with drugs or alcohol in an attempt to soothe or mask anxious feelings.

Symptoms

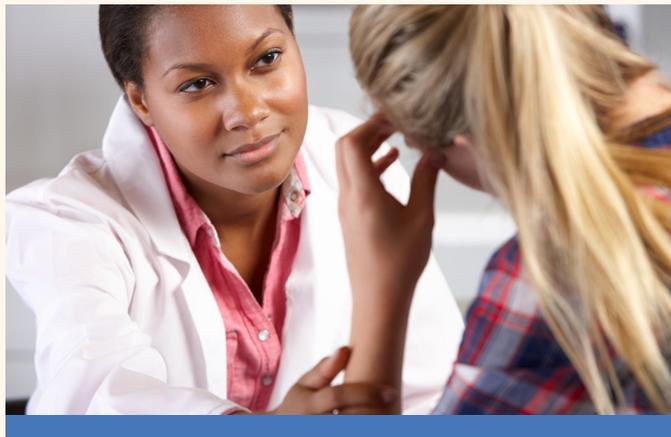
- Unrelenting and overwhelming worry, fearfulness, wariness and agitation in the absence of an actual danger or threat;
- The need to cling or withdraw, especially in social situations;
- Phobias;
- Panic attacks;
- Ritualistic behavior and obsessive thinking;
- Vigilance and suspicion;
- Trouble falling asleep or staying asleep;
- Nightmares;
- Stomachaches, headaches, muscle tension and cramps;
- Frequent urination.

What your doctor looks for

Behavior that is clingy, needy, dependent, withdrawn, uneasy and overly vigilant, beyond what would be expected at the child's developmental age. Excessive tantrums, thumb sucking, hair twirling and other self-soothing behaviors; desperate attachment to a blanket,

stuffed animal, hat or other soothing objects; the tendency to sweat, blotch and startle easily; regressive or anxious behavior that interferes with ability to make and keep friends, to operate and cooperate within the family and to manage the challenges of school; alcohol or drug use in older children and adolescents.

Treatment



When a child is brought to a mental health clinician for an anxiety disorder, any suicidal or self-destructive behavior or any attempt to self-medicate through alcohol or drug will be assessed and addressed at once. If it seems that a child is at risk for harming herself, hospitalization may be recommended.

In most cases, though, treatment for childhood or adolescent anxiety disorders involves individual psychotherapy, family therapy and, in some instances, medication. Treatment will attempt to reduce the symptoms of anxiety, relieve distress, prevent complications associated with the disorder and minimize the effects on the child's social, school and developmental progress.

Psychotherapy that focuses on thinking patterns and their links to fearful behavior, known as cognitive behavioral therapy (CBT), is often very effective for children with anxiety disorders. It is an active, almost instructional technique that engages the patient, helping the child think about and confront unrealistic fears. The child may also learn relaxation techniques such as breathing exercises and visual imagery.

A group of medications that are used to treat depression, the selective serotonin reuptake inhibitors (SSRIs) are also very effective for anxiety symptoms and are often the first medication choice because of their favorable side-effect profile. SSRIs include fluoxetine

(Prozac), sertraline (Zoloft), paroxetine (Paxil), and fluvoxamine (Luvox). The Food and Drug Administration recommends that paroxetine (Paxil) not be prescribed for children under the age of 18 because of serious side effects.

Sedative medications like diazepam (Valium) and alprazolam (Xanax) are avoided in young patients whenever possible because they can interfere with alertness and learning. In cases of crippling anxiety, they may be used on a short-term basis.

Treatment for obsessive-compulsive disorder (OCD) more often starts with medications. An SSRI is usually the first choice. Tricyclic antidepressants such as clomipramine (Anafranil) are also effective in treating OCD. Effects are usually seen within two to six weeks. Therapy for OCD also needs to include behavioral techniques, including exposure and response prevention, in which a child is exposed to situations, activities or objects that provoke anxiety. His automatic obsessive or compulsive reactions are then thwarted.

Parents and siblings may also engage in family therapy in which they will learn to help the child manage his anxiety in more effective and less disruptive ways. Parents may also learn ways in which they unwittingly perpetuate the symptoms.

When to seek treatment

When your child's fear or fearfulness begins to invade his life and limit his activities, or when it persists for more than six months, call your child's physician or talk to his school counselor. They will be able to recommend a mental health professional specializing in childhood anxiety disorders. If it seems that your child is displaying obsessive-compulsive behavior, call your physician; this condition requires professional intervention. Otherwise, the need for professional help will be indicated by the degree of distress and disorder that the feelings of anxiety generate.

If you suspect that your child is engaged in self-destructive or self-mutilating behaviors, that he is preoccupied with thoughts of suicide or that he is involved in alcohol or drug use, call your physician immediately.

Prognosis

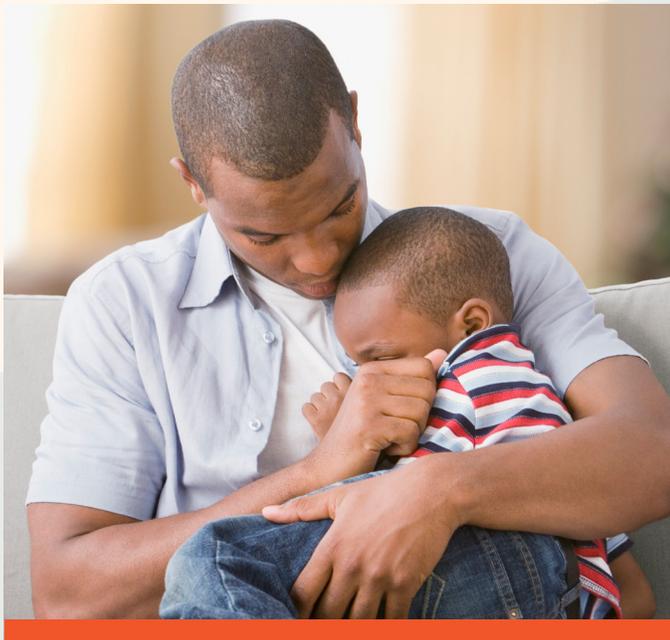
Good, although there may be occasional relapse, especially at stressful times.

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Helping Kids Handle Worry

Kids don't have to pay bills, cook dinners or manage carpools. But – just like adults – they have their share of daily demands and things that don't go smoothly. If frustrations and disappointments pile up, kids can get stressed or worried.

It's natural for all kids to worry at times, and because of personality and temperament differences, some may worry more than others. Luckily, parents can help kids learn to manage stress and tackle everyday problems with ease. Kids who can do that develop a sense of confidence and optimism that will help them master life's challenges, big and small.



What Do Kids Worry About?

What kids worry about is often related to the age and stage they're in.

Kids and preteens typically worry about things like grades, tests, their changing bodies, fitting in with friends, that goal they missed at the soccer game or whether they'll make the team. They may feel stressed over social troubles like cliques, peer pressure or whether they'll be bullied, teased or left out.

Because they're beginning to feel more a part of the larger world around them, preteens also may worry about world events or issues they hear about on the news or at school. Things like terrorism, war, pollution, global warming, endangered animals and natural disasters can become a source of worry.

Helping Kids Conquer Worry

To help your kids manage what's worrying them:

Find out what's on their minds: Be available and take an interest in what's happening at school, on the team, and with your kids' friends. Take casual opportunities to ask how it's going. As you listen to stories of the day's events, be sure to ask about what your kids think and feel about what happened.

If your child seems to be worried about something, ask about it. Encourage kids to put what's bothering them into words. Ask for key details and listen attentively. Sometimes just sharing the story with you can help lighten their load.

Show you care and understand. Being interested in your child's concerns shows they're important to you, too, and helps kids feel supported and understood. Reassuring comments can help – but usually only after you've heard your child out. Say that you understand your child's feelings and the problem.

Guide kids to solutions. You can help reduce worries by helping kids learn to deal constructively with challenging situations. When your child tells you about a problem, offer to help come up with a solution together. If your son is worried about an upcoming math test, for example, offering to help him study will lessen his concern about it.

In most situations, resist the urge to jump in and fix a problem for your child – instead, think it through and come up with possible solutions together. Problem-solve with kids, rather than for them. By taking an active role, kids learn how to tackle a problem independently.

Keep things in perspective. Without minimizing a child's feelings, point out that many problems are temporary and solvable, and that there will be better days and other opportunities to try again. Teaching kids to keep problems in perspective can lessen their worry and help build strength, resilience and the optimism to try again. Remind your kids that whatever happens, things will be OK.

So, for example, if your son is worried about whether he'll get the lead in the school play, remind him that there's a play every season – if he doesn't get the part he wants this time, he'll have other opportunities. Acknowledge how important this is to him and let him know that regardless of the outcome, you're proud that he tried out and gave it his best shot.

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Make a difference. Sometimes kids worry about big stuff – like terrorism, war or global warming – that they hear about at school or on the news. Parents can help by discussing these issues, offering accurate information, and correcting any misconceptions kids might have. Try to reassure kids by talking about what adults are doing to tackle the problem to keep them safe.

Be aware that your own reaction to global events affects kids, too. If you express anger and stress about a world event that's beyond your control, kids are likely to react that way too. But if you express your concern by taking a proactive approach to make a positive difference, your kids will feel more optimistic and empowered to do the same.

So look for things you can do with your kids to help all of you feel like you're making a positive difference. You can't stop a war, for example, but your family can contribute to an organization that works for peace or helps kids in war-torn countries. Or your family might perform community service to give your kids the experience of volunteering.

Offer reassurance and comfort. Sometimes when kids are worried, what they need most is a parent's reassurance and comfort. It might come in the form of a hug, some heartfelt words, or time spent together. It helps kids to know that, whatever happens, parents will be there with love and support.

Sometimes kids need parents to show them how to let go of worry rather than dwell on it. Know when it's time to move on, and help kids shift gears. Lead the way by introducing a topic that's more upbeat or an activity that will create a lighter mood.

Highlight the positive. Ask your kids what they enjoyed about their day, and listen attentively when they tell you about what goes great for them or what they had fun doing. Give plenty of airtime to the good things that happen. Let them tell you what they think and feel about their successes, achievements and positive experiences – and what they did to help things turn out so well.

Schedules are busy, but make sure there's time for your kids to do little things they feel good doing. Daily doses of positive emotions and experiences – like enjoyment, gratitude, love, amusement, relaxation, fun and interest – offset stress and help kids do well.

Be a good role model. The most powerful lessons we teach kids are the ones we demonstrate. Your response to your own worries, stress and frustrations can go a long way toward teaching your kids how to deal with everyday challenges. If you're rattled or angry when dealing with a to-do list that's too long, your kids will learn that as the appropriate response to stress.

Instead, look on the bright side and voice optimistic thoughts about your own situations at least as often as you talk about what bothers or upsets you. Set a good example with your reactions to problems and setbacks. Responding with optimism and confidence teaches kids that problems are temporary and tomorrow's another day. Bouncing back with a can-do attitude will help your kids do the same.

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Your employee assistance program offers confidential help for personal problems and concerns. Concerned

about a troubled family member who won't get help? Feel tired and exhausted, but don't know if it's burnout, loss of motivation, depression or all three? Late for work too often? Has the use of alcohol or drugs created a crisis you are facing right now? The bottom line, never wonder if your concern is appropriate to contact OEAP. So, if you've been putting off taking action to solve a serious issue that is weighing on you, give OEAP a call today.

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