

# Anxiety in children and adolescents

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All of us experience a degree of anxiety nearly every day of our lives. Growing up, children experience a range of developmentally appropriate fears (fears of loud noises, strangers, the dark, monsters, intruders, fear of failure etc). For most, these fears are transient and respond well to positive experiences, reassurance and maturity as the child grows. It is now well recognised, however, that approximately 10% of children and adolescents will develop a diagnosable anxiety disorder by the age of 20, making it the most prevalent mental health problem across this age range.

The experience of excessive anxiety for children and adolescents can involve:

- ◆ Rapid and persistent physiological arousal (i.e. tachycardia, sweating, shakiness, stomach upset, dizziness).
- ◆ Increased vigilance about the feared object, worry, negative self-perceptions, and perception of the self as unable to cope.
- ◆ Behavioural responses such as avoidance, reassurance seeking oppositionality

## What causes an anxiety disorder?

Vulnerability to excessive anxiety can be inherited, however environmental factors also play a significant role in the development and maintenance of anxiety.

With the exception of cases of abuse and neglect, parents are not the cause of anxiety problems in children. Factors, however, such as parental anxiety, reactions to stress, promotion of child independence and ways of coping can influence children's sense of competence and ability to cope.

## Child anxiety disorders

There are a range of anxiety disorders with which children can present.

- ◆ Separation Anxiety Disorder (marked fear of separation from caregivers)
- ◆ Generalised Anxiety (excessive anxiety about everyday concerns)
- ◆ Specific Phobias (e.g. fears of dogs, storms, heights)
- ◆ Social Phobia (fear of negative evaluation from others)
- ◆ Panic Disorder (fear of anxiety itself)

## KEY POINTS

- ◆ Anxiety is the most prevalent mental health problem in children and adolescents.
- ◆ Nature and nurture can contribute to child anxiety problems.
- ◆ Anxiety involves physiological arousal, changes in thinking, and changes in behaviour.
- ◆ Symptoms vary depending on the disorder.
- ◆ Anxiety can be hard to detect, with behavioural symptoms most easily identified.
- ◆ Sources of genuine stress should be assessed and dealt with if possible.
- ◆ Psychological treatments, particularly CBT, can be very effective for child anxiety.

- ◆ Obsessive Compulsive Disorder (e.g. fears of contamination or responsibility for danger that leads to ritualised checking, washing, ordering etc)
- ◆ Post Traumatic Stress Disorder (re-experiencing of previous traumatic event).

The anxiety disorders most commonly seen in children include Separation Anxiety, Generalised Anxiety, and Specific Phobias.

In adolescence Social Phobia and Panic Disorder can become more prevalent (along with GAD and Specific Phobia).

Obsessive Compulsive Disorder and Post Traumatic Stress Disorder can occur across the developmental range, however their prevalence is lower than the other disorders.

Anxiety disorders can be associated with other mental health, family, peer relationship, physical health and learning problems, and are one of the biggest risk factors for development of depression later in adolescence

## Presentation and assessment of anxiety

Anxiety is an internal experience. Due to their limited emotional and cognitive development, younger children can find it difficult to describe what they are afraid of.

For many teenagers, anxiety can be an embarrassing, isolating experience.

Adults can also interpret the behavioural symptoms of anxiety as a child being naughty, difficult or lazy. The net result is that it can be difficult to accurately detect and help a young person deal with anxiety.

Some potential indicators include:

- ◆ Behavioural inhibition (patterns of avoidance of certain people and situations).
- ◆ Excessive reassurance seeking, that can be verbal (questions about what to expect in future), and /or physical (hugs, seeking physical proximity).
- ◆ Strong emotional reactions to certain situations (sometimes fear, but also anger and crying).
- ◆ Behavioural problems, such as oppositionality and non-compliance.
- ◆ Somatic complaints (stomach ache, headache).
- ◆ School refusal (avoidance of school, not including truancy).

If an anxiety problem is suspected or identified, it is also crucial to assess whether the child is facing any particular stressors at home, with peers or at school. Anxiety problems in children can often ameliorate if the source of stress is removed.

## Anxiety treatment

Australian trials indicate that over 80% of children participating in Cognitive Behavioural Therapy for anxiety show clinically significant improvement, which persists over several years. The involvement of parents in treatment programs is also crucial, particularly for primary school-age children.

In more severe or complex cases, a psychiatric assessment and intervention may be required in conjunction with a physiological approach.

Cognitive Behaviour Therapy for children typically involves psychoeducation about anxiety, recognising signs and symptoms of anxiety, followed by gradual exposure to the feared situation.

In addition, children learn to turn around anxiety provoking thoughts, plan a range of options for relaxing, learn problem solving, identify support people they can trust, and reward themselves for effort in tackling the anxiety.

Parents play crucial roles in helping children to systematically face their fears, and supporting their child's competence through encouragement and reward.

Following school holidays, school refusal can become a problem. In more severe cases, a joint approach between parents, the school, and the practitioner is sometimes required to help. Generally, once the source of the anxiety is properly identified, parents might need coaching and support on how to manage the drop-off at school, the child might need help in coping with their fear, while schools need to work with parents in managing the child's initial transition to the school yard.

Who can help?

- ◆ Private clinical psychologists/psychiatrists
- ◆ School psychologists
- ◆ CAMHS clinics
- ◆ University mental health clinics