

Anxiety Disorders in Children and Adolescents

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Justin is 12 years old. His parents and teachers find that he is a “nervous” child. He worries a lot about his performance in school, to the point that he hardly sleeps the night before an exam. He also worries about his parents’ financial problems, for they are both unemployed. Because he does not get much sleep, he is tired, tense and often grumpy. According to his parents, he is constantly «tense like a spring». He has no friends, because he spends all his evenings studying.

Normal fears in children

All children are afraid of something at one point or another in their development. When they are very little, children are often afraid of loud noises, strangers or being separated from their parents. In their preschool years, fear of the dark and fear of imaginary creatures are predominant. When they are of school age up until their teens, their most frequent fears have to do with injuries, death, natural disasters and social situations (e.g.: to have to speak in class). Most often, fear is an appropriate and essential emotional response that enables the child to protect himself from potential dangers. It would be very disquieting indeed if a child had no fear of strangers or of injuring himself.

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When does fear become a problem ?

Fear becomes a problem when it becomes a handicap for the child or the adolescent and his family. The fear can be excessive in view of the real danger (e.g.: to have a phobia about ladybugs, that are quite harmless). It can also be inappropriate when it occurs at an age where normally it should not be present. (e.g.: a 16 year old who refuses to go to school because he does not want to leave his parents). Fear is also considered problematic when it affects the ability to function, for example when fear prevents a child from attending school. Excessive fear also causes significant distress which will manifest itself at different levels: emotional (sense of fear), physiological (difficulty in breathing, shortness of breath, stomachaches, heart palpitations, etc.), cognitive (negative anticipations, thoughts of possible catastrophic events) and behavioral (avoidance of the feared objects and situations).

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Characteristics and consequences of anxiety disorders

Anxiety disorders are among the most common mental health problems in children and adolescents. Studies show that between 10% and 20% of young people experience moderate to severe anxiety symptoms. A vast majority (up to 70%) of those who suffer from an anxiety disorder will also experience depression problems. Anxiety disorders will interfere in the young person's functioning at the academic, social and family level. Compared to other young people, children and adolescents with an anxiety disorder report more worries and negative anticipations at school, and have more complaints concerning their physical health. They are also more isolated socially and need constant reassurance from their teachers or parents to do their work. The young person with an anxiety disorder is often described as sad, tired and preoccupied.

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Types of anxiety disorders

Several anxiety disorders can affect children and adolescents. General anxiety disorder (GAD), separation anxiety disorder and specific phobia are the most common. GAD is characterized in children and adolescents by excessive and uncontrollable worries concerning different areas of daily living, like their performance in school and in sports, and their health. Children with separation anxiety have an excessive fear of being separated from their parents. Specific phobia involves an intense fear of an object or a situation (e.g.: dogs, blood, injections, flying). Other disorders occur less frequently. Social phobia is characterized by an excessive anxiety in social situations, like talking in front of an audience or to a stranger. The obsessive-compulsive disorder (OCD) is recognized by the presence of obsessions (intrusive and recurrent thoughts or images, for example: fear of being contaminated by germs) or of compulsions (recurrent rituals or behaviors performed in an attempt to reduce anxiety, like constant hand washing). The post-traumatic stress disorder can occur after being exposed (directly or indirectly) to a traumatic event (natural disaster, war, aggression, loss of a loved one, sexual abuse, etc.). Finally, panic disorder with agoraphobia is characterized by panic attacks (a sudden surge of intense anxiety) and by avoidance of situations associated to the attacks.

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Development of anxiety disorders

Several factors are associated with the development of anxiety problems in children. Studies show a certain biological predisposition. Anxious children often have several family members with anxiety problems. Anxious children tend to have an inhibited temperament, manifesting with fear and strong physiological responses in unfamiliar situations. Cognitive factors also play a role, like a tendency to anticipate catastrophic events or to interpret situations as being dangerous. As for the variables associated with the family environment, certain rearing elements like parental rejection or overprotection can also contribute to

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the development of anxiety. An insecure relation between the young child and his parents can also influence the development of anxiety. The presence of stressful events (e.g.: separation of the parents, trauma) can also increase the risk. It should be noted that one factor alone does not lead to the develop-

ment of anxious disorders, but a combination of factors. Research studies are underway to determine the role each factor plays in the development of anxiety.

Importance of the treatment

In certain cases, the anxiety problems in children will disappear on their own. In most cases however, anxiety problems tend to become chronic or to worsen over the years. Therefore it is important to consult a professional at the onset of the first disquieting symptoms. One must make sure that the professional consulted (psychologist, family doctor, pediatrician, etc.) is well acquainted with the problematic aspect of anxious disorders in children and with the best available treatments.

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Recommended treatments

Studies have shown the long-term efficacy of cognitive-behavioral therapy (CBT) in the treatment of anxious school age children and adolescents. The vast majority of them show a significant improvement after 10-20 therapy sessions. CBT includes a psychoeducational component, in which it is explained to the child what triggers his anxiety responses. CBT also involves techniques like respiratory re-education and relaxation exercises, used to reduce the unpleasant

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physical sensations and induce a state of relaxation. An important element of the treatment is identifying the negative thoughts, in order to replace them with more realistic and positive thoughts (cognitive restructuring). The treatment also comprises a gradual exposure to anxiety generating situations, which enables the child or adolescent to learn that these situations are not dangerous. The CBT can be administered individually or in a group setting. With school age children, the parents' involvement is greatly encouraged, so that they can help their child in the treatment process.

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The treatment of anxious disorders used for children, like for adults, may also include medication or a combined form of medication and CBT, particularly in severe cases resistant to psychotherapy. In adults, pharmacotherapy is considered as the first line treatment, because of its widespread availability and recognized efficacy. However, the use of antidepressants in children have raised certain concerns about their safety. Furthermore, studies on the efficacy of anxiolytics in school age children are still scarce. We suggest that you talk to your doctor about what treatments are best for your child.

To obtain help for your child, do not hesitate to consult a professional properly trained in the evaluation and treatment of anxiety in young people: child and adolescent psychiatrist, school psychologist, special education teacher, etc. Certain pediatric hospitals also have specialized clinics. Useful resources can also be found in the community.

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Useful books

Helping Your Anxious Child: A Step-By-Step Guide for Parents, R. Rapee, S. Spence, V. Cobham & A. Wignall, New Harbinger Press (2000).
Can be ordered at : www.chapters.idigo.ca

Monsters under the bed and other childhood fears: Helping your child overcome anxieties, fears and phobias, Stephen W. Garber (1993).
Can be ordered at : www.chapters.idigo.ca

Keys to parenting your anxious child, Katharine Manassis, Barron's Educational Series (1996). Can be ordered at : www.chapters.idigo.ca

Les peurs de votre enfant: Comment l'aider à les vaincre, Stephen Garber, Marianne Garber & Robyn Spizman, Les Éditions Odile Jacob (1993).

24 jeux de relaxation pour les enfants de 5 à 12 ans, Michéline Nadeau, Les Éditions Québecor (1998).

Ces enfants malades du stress, Georges G. (2002), Paris: Anne Carrière.

La timidité chez l'enfant et l'adolescent, Georges, G. & Veram L. (1999), Paris: Dunod.

Le garçon qui n'arrêtait pas de se laver, Rappaport, J. (2001), Paris: Odile Jacob.

TOC chez l'enfant et l'adolescent, Véra L (2004), Paris: Dunod.

Helpful Websites

ADAC/ACTA: [/www.anxietycanada.ca](http://www.anxietycanada.ca)

Anxiety Disorders Association
of America: www.adaa.org/

Association/Troubles Anxieux
du Québec (ATAQ): www.ataq.org

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Acknowledgement:

*We would like to thank our
two FOUNDING PARTNERS:*



Wyeth

*for their unrestricted
educational grant to
financially support this
publication.*

May 2005

Cette brochure est aussi disponible en français