What Do Children Have to Worry About?

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Jodi Picoult is a popular 21st century novelist who writes about real-life dilemmas facing our society. Her recent books include *19 Minutes,* a story about a school shooter who has been bullied, and *The Pact,* a story about a murder-suicide of two lifelong friends. In all of Picoult's stories, the adults seem to be so wrapped up in their own lives that they do not recognize the anxiety and depression their children are experiencing. In many ways, that perspective seems to be reflected by many parents. At any point in time, there is a 15%-20% rate of anxiety in children and adolescents. That means that one out of five individuals will have an anxiety disorder prior to age 18. This is similar to the rate of anxiety in adults - but anxiety in children is frequently under-recognized. Adult anxiety disorders often have their roots in childhood. While the form the anxiety takes may change over time, the tendency to have anxiety disorders often begins in early childhood.

Anxiety in certain forms can be developmentally appropriate. For example, stranger anxiety is normal and expected in infants from 8 to 10 months of age. Separation anxiety is typical from 10 to 18 months age. Shyness and self-consciousness is typical in adolescence. These types of anxiety become concerning when they last beyond the normal developmental period and when they begin to interfere with the drive toward autonomy, independence and socialization with peers. At least one in three children with anxiety disorders meets criteria for at least two anxiety disorders. Anxiety disorders are more frequent in females and this frequency increases with age. There is a strong genetic factor in anxiety disorders and parenting style can exacerbate someone's genetic disposition to develop anxiety. It is important that genetics and the environment be considered in treating anxiety disorders.

Separation Anxiety Disorder is the earliest form of anxiety typically identified in preschool and elementary school children. Children with this form of anxiety have excessive and developmentally abnormal fear of separating from their parent or primary caregiver. As they get older, they are able to describe their fear that something will happen to their parent or themselves when they are apart. They are often reluctant to sleep alone and may have physical complaints of stomachaches and headaches at times when they must separate from their parents.

Specific Phobias, such as fear of animals, doctor visits, and other specific experiences, often emerge during the elementary school years. *Social Phobia (*also known as *Social Anxiety Disorder)* typically begins in late childhood and continues through adolescence. Children and adolescents with social phobia tend to be seen as "shy" but their discomfort in social settings

goes beyond "shyness." Those with social anxiety will go to great lengths to avoid situations in which they feel uncomfortable, resulting in avoidance of important developmental activities and relationships. In some severe cases, Social Anxiety manifests in earlier childhood (usually prior to age 5) in the form of *Selective Mutism.* Children with selective mutism are able to speak and can understand what others say but they are unable to speak in certain situations. Typically, these children talk and interact normally within the family setting but do not talk in social situations or at school. Their overall behavior and demeanor is very inhibited and they refrain from interacting with those whom they do not know well.

Up to half of adults with *Obsessive-Compulsive Disorder (OCD)* have reported that their symptoms of OCD began in childhood or adolescence. Childhood onset OCD typically begins to manifest in late childhood (10 to 12 years of age). Common obsessions can include fear of contamination and violence, safety concerns, need for exactness and symmetry, and physical complaints and concerns. Common compulsive behaviors include checking, cleaning or washing, counting, repeating, arranging and organizing, and hoarding. Children often try to engage their parents in their compulsive rituals whereas adolescents tend to try to hide or normalize their rituals.

Generalized Anxiety Disorder (GAD) has also been referred to as "what-if" thinking gone awry. Individuals with GAD worry excessively about the future and what can go wrong. They tend to have high degrees of perfectionism and worry about their competency and performance. This form of anxiety is highly related to physical symptoms of anxiety, also known as somatic complaints. Headaches, stomachaches, and muscle tension are common. Children and adolescents with GAD have often been seen by several medical specialists to evaluate physical symptoms prior to being seen by a behavioral health specialist.

From a developmental perspective, *Panic Disorder* is usually the last of the anxiety disorders to emerge. Panic disorder is characterized by panic attacks that are discrete periods associated with physical symptoms of distress. These physical symptoms may include heart palpitations, sweating, tremors, shortness of breath, numbness and tingling and an impending feeling of doom. When individuals experience their first panic attacks, they may be taken to a medical facility for evaluation. Panic disorder does not usually emerge prior to adolescence and typically manifests itself between the ages of 15 and 19.

Post-Traumatic Stress Disorder (PTSD) is a form of anxiety that is caused by a single event or recurrent events that cause extreme trauma. The trauma may involve the threat of death or the threat to the physical or emotional integrity of the child or adolescent. As a result of the trauma, the child or adolescent has intrusive flashbacks or nightmares in which they relive the event and

experience an elevated sense of fear or arousal. They avoid situations that remind them of the event.

Just as in adults, anxiety takes many forms in children. And just as in adults, anxiety will not just "go away." Treatment of anxiety in children and adolescents is seen as the first line of prevention of anxiety and other mental health and physical health problems emerging in adulthood. The good news is that ***anxiety in children and adolescents is treatable***. Treatment requires the following:

- recognition of the signs and symptoms of anxiety
- evaluation of the anxiety to rule in or rule out other developmental, medical or environmental factors that need to be addressed
- parent, teacher and child/adolescent education regarding anxiety
- therapeutic intervention including parent training and psychotherapy aimed at the developmental level of the child or adolescent
- environmental supports and accommodations at home, school and in other settings consideration of medication to treat the symptoms of anxiety

So, what do children have to worry about? In many cases, a lot more than most adults recognize.