

Anxious little ones

Understand the signs of anxiety in children and how you can help them deal with it

■ By Jenny C Yip

Before you label your child as a 'shy kid', know this— anxiety is the most prevalent mental health disorder in children. Ignorance is the primary culprit that leads well-meaning parents to not notice that their child might need help. Studies indicate that 13 out of every 100 children in the age group of 9 – 17 experience some kind of anxiety.

How would you know it is anxiety?

Anxiety is what happens when we perceive danger. Anxiety, in and of itself, is not unhealthy or abnormal. It is an adaptive response that helps us survive when faced with threats. The problem occurs when a person misinterprets innocent situations, objects, or people as harmful. Whenever we perceive a threat, the brain's alarm system responds with a flood of hormones to help us quickly react—via fighting or fleeing. However, this natural response cannot filter the difference between a real danger and a false alarm. It simply reacts to whatever threat you perceive. Anxiety becomes a disorder when we consistently misinterpret these false alarms as real dangers. As a result, the suffering child either perpetually avoids the falsely perceived threats or overreacts with fearful responses. Here are some of the main features of anxiety disorders common to children.

Separation Anxiety Disorder [SAD]

It is normal for toddlers to be clingy and fear unfamiliar people and places. Your child may have separation anxiety disorder if:

- » S/he displays excessive fear even though brief separation from the parents is expected at his or her age.
- » S/he is very attached to a parent or caregiver, and frequently worries that something bad will happen to him/her or the caregiver, when separated.
- » Even the thought of future separation causes intense nervousness that can lead to physical symptoms, such as stomach aches, nausea, and headaches. School refusal is often a result of the child's fear of separation.



Specific phobias

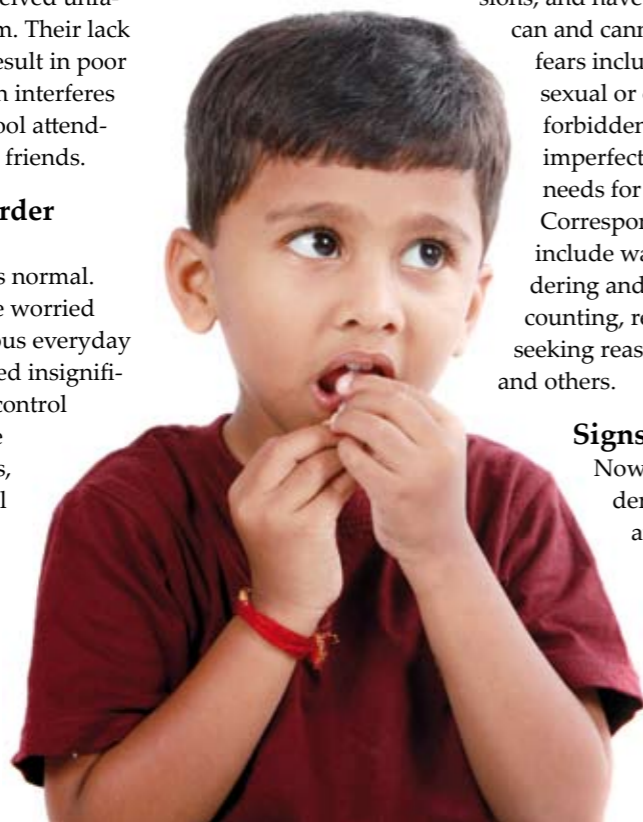
Most of us have at least one phobia that may have developed in childhood and often continues till late adulthood. Children with a phobia are highly afraid of a specific object or situation, and make attempts to avoid it at all costs. The anxious reaction is so strong that it can result in a panic attack. The thought of being near the dreaded fear triggers intense anxiety. Some common phobias in children include those of insects, animals, blood, injections, doctors, dentists, elevators, planes, moving vehicles, clowns and other odd-looking people or characters, thunder and lightning, natural disasters, nighttime, and monsters.

Social phobia

Social phobia also known as Social Anxiety Disorder is not simply extreme shyness. Many children experience some shyness and discomfort, especially in new situations or with unfamiliar people. However, it is generally tolerable for the child, once he or she warms up and relaxes after a while. These same conditions are intolerable for children with social phobia. They find it nearly impossible to relax in social or performance settings, and intensely fear being rejected, criticised, judged, or simply perceived unfavourably when having to perform. Their lack of self-confidence also tends to result in poor assertiveness. Social anxiety often interferes with academic achievement, school attendance, social hobbies, and making friends.

Generalised Anxiety Disorder [GAD]

Worrying every now and again is normal. However, children with GAD are worried almost all of the time about various everyday activities that would be considered insignificant by others. They struggle to control their worries, which may include school, sports and other activities, peers, homework, and the overall wellbeing of themselves and loved ones. When worries are chronic and extensive, they can result in physical symptoms, such as fatigue and body aches.



Panic disorder

A panic attack is a sudden surge of overwhelming fear that comes without warning. It can last a few minutes to several hours, with the first 10 minutes being the most severe. Children often exhibit panic attacks as extreme crying spells or temper tantrums. Agoraphobia is when a child continuously avoids places or situations where escape would be difficult if a panic attack occurs.

Obsessive-Compulsive Disorder [OCD]

There are two parts to OCD: obsessions and compulsions. Obsessions are unwanted, intrusive thoughts or images that occur repeatedly. The content of the obsessions are often frightening, induce the feeling that something bad will happen, and lead to intense anxiety and fear. Compulsions are physical or mental reactions performed to keep the bad things from happening. This becomes a vicious cycle of obsessions and corresponding compulsions that takes up an excessive amount of time, since the relief is only temporary.

Children with OCD tend to demand that family members help them perform compulsions, and have specific rules of what others can and cannot do. Common obsessive fears include contamination, safety, sexual or other inappropriate thoughts, forbidden religious thoughts, morality, imperfection, making mistakes, and needs for symmetry and exactness. Corresponding compulsive behaviours include washing, cleaning, checking, ordering and arranging, repeating, praying, counting, retracing past memories, and seeking reassurance from family members and others.

Signs of anxiety in children

Now that you have a basic understanding of the differences amongst the various anxiety disorders, here are some red flags that may signal excessive anxiety in your child. If these signs are present, it's

a good idea to have your child checked by an anxiety expert to determine whether treatment is needed.

- » Constant tantrums, pleading, emotional meltdowns, anger outbursts, and irritability
- » Obvious signs of worries and fears
- » Refusal to go to school
- » Repetitive, ritualistic behaviours
- » A continual fear that something terrible will happen to them, their loved ones, or even strangers
- » An exceptionally long time spent getting ready for bed, leaving for school, or using the bathroom
- » Constant nightmares, bed wetting and difficulty falling asleep
- » Requests for family members to repeat specific phrases, behaviours, or keep answering the same questions
- » Sudden drop in academic performance or avoiding peers; Excessive, unproductive hours spent doing homework
- » Refusal to sleep alone or sleep away from home
- » Raw, chapped hands from constant washing
- » Difficulty concentrating and easily startled
- » Holes erased through test papers and homework
- » A persistent fear of illness, or constant checks on the health of family members
- » Complaints, such as headaches, and stomach aches

Effective treatment for anxiety disorders

Cognitive-Behavioural Therapy [CBT] is the evidence-based treatment for anxiety disorders. When combined with Family Systems Therapy, it is highly effective for treating childhood anxiety. This type of treatment is usually short-term but has long lasting effects. CBT is not simply the traditional talk therapy or play therapy. It provides the child with tools that need to be practised in order for her to develop the necessary skills to defeat anxiety. In CBT, children learn to identify negative-thinking patterns that aren't serving them. This allows them to change



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their perspectives about themselves and the world, so they can engage with the environment in healthier ways.

Exposure therapy is a specific type of CBT that helps children confront fears in a stepwise manner in order to learn that their fears actually are not that threatening. CBT is essentially an exercise for the brain. The more you flex those brain muscles, the stronger you become.

If a child's symptoms are very severe or the child refuses CBT, then the use of medication may be warranted. However, we have evidence from over two decades of research that CBT actually changes the neurochemistry of the brain. Thus, for children, CBT would be the first route to take, especially when the young brain is still developing and growing. Once the symptoms decrease and the child is able to apply the CBT tools, then the medication can be reduced. The ultimate goal is for children to rely on their own skills, rather than medication, for the rest of their lives.

In Family Systems Therapy, the goal is to teach family members about anxiety and how to be supportive of the child without enabling the condition. The symptoms of anxiety cause havoc on the whole family by interfering with healthy family dynamics and boundaries. When symptoms are chronic, family members wind up inadvertently expressing emotions in ways that are harmful to the relationship with their child. As such, Family Systems Therapy helps to reduce family conflict, re-establish healthy boundaries, and improve effective communication.



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