ANXIETY DISORDERS

OVERVIEW

It is normal for all children to experience anxiety. Most young children have fears about the dark, storms, animals, separation, or strangers. The difference between regular anxiety and an anxiety disorder is that an anxiety disorder is debilitating. It leaves the child unable to function in a normal, productive manner. When both anxiety and the impairment of normal activities are evident, an anxiety disorder may be present.

> **KEY POINTS**
> - **Characterized by anxiety that impairs normal functioning and impacts quality of life.**
> - **Often co-occurs with other mental health disorders and can precede depression.**
> - **Cognitive behavioral therapy is well established as an effective treatment. Medication therapy (SSRIs) is also evidence-based.**

If the child's fears or anxieties are frequent, severe, and interfere with the child's life activities, the family should seek an evaluation by a qualified mental health professional or a child and adolescent psychiatrist. Youth with anxiety problems experience significant and often lasting impairment, such as poor performance at school and work, social problems, and family conflict. Early intervention can prevent these complications.

There are several different types of anxiety disorders. General symptoms of each are outlined in Table 1. The *Diagnostic and Statistical Manual for Mental Disorders* (DSM-5) no longer considers obsessive-compulsive disorder (OCD) or post-traumatic stress disorder (PTSD) as anxiety disorders. These disorders will be discussed in separate sections of the *Collection*.

Youth diagnosed with an anxiety disorder may also have one or more other mental health disorders, such as attention-deficit/hyperactivity disorder (ADHD), conduct disorder, depression, or another anxiety disorder. In addition, anxiety sometimes precedes the onset of major depressive disorder. When depression and anxiety occur together, there is a significantly higher risk for impairment.

Substance use disorder may also co-occur with anxiety disorders. Older youth may use alcohol and other substances to reduce the symptoms of anxiety. This practice is known as self-medication. Self-medication can be extremely detrimental because the use or abuse of substances can ultimately worsen symptoms, and certain substances may actually generate symptoms of anxiety.

Table 1
Types and General Symptoms of Anxiety Disorders

Separation Anxiety Disorder
• Constant thoughts and fears regarding well-being of parents and caretakers • Refuses to go to school • Frequent stomach aches and other physical complaints when separation from major attachment figure occurs or is anticipated • Extreme worries about sleeping away from home • Panic or tantrums at times of separation from parent(s) or attachment figures • Persistent and excessive fears of being apart from major attachment figure • Recurring separation-themed nightmares
Social Anxiety Disorder/Social Phobia
• Extreme fear of meeting or talking to people • Avoids social situations or has few friends • The anxiety must occur in peer settings and not just in interactions with adults
Specific Phobia
• Extreme fear of a specific thing or situation (e.g. animals, needles, flying) • Fear must cause significant distress and interfere with usual activities
Generalized Anxiety Disorder
• Excessive worrying about things before they happen • Restlessness or feeling on edge • Sleep disturbance
Panic Disorder
Abrupt change from calm to anxious state reaching its peak within minutes, with symptoms including: • Intense fearfulness • Feeling short of breath or smothered • Dizziness • Trembling or shaking • Fear of dying or losing control (going crazy) • Parathesia (numbness or tingling sensations)
Agoraphobia
Consistent significant fear about situations such as the following: • Using public transportation • Being in open spaces • Being in enclosed spaces • Standing in line or being in a crowd • Being outside of the home alone • The fear of a situation is out of proportion to the actual danger • The fear causes clinically significant distress or impairment in functioning.

CAUSES AND RISK FACTORS

Risk factors for anxiety disorders include:

- Having some biological predisposition to anxiety
- Having a psychological vulnerability related to "feeling" an uncontrollable or unpredictable threat or danger
- Having a direct experience with anxiety-provoking situations

When these three factors combine, a child is considered to be especially at risk for developing anxiety problems.

EVIDENCE-BASED TREATMENTS

The treatment of anxiety disorders in youth is usually multimodal in nature. Wide-ranging treatments have been described in the literature, but only two primary treatments have been designated as evidence-based: Behavioral and cognitive behavioral therapy (CBT), and treatment with selective serotonin reuptake inhibitors (SSRIs). It is worth noting that CBT has been tested and found to be effective for anxiety disorders in youth in over 35 separate randomized trials. Treatments are outlined in Table 2.

Psychological Treatments

Behavioral therapy and cognitive behavioral therapy (CBT) are the most studied and best-supported treatments for helping youth diagnosed with an anxiety disorder. These approaches, though diverse, typically include what is called exposure therapy. Exposure treatment involves exposing youth in a graduated fashion to the non-dangerous situations that they fear, with a focus on having them learn that their anxiety will decrease over time. As an example, youth afraid of talking to peers would practice conversations numerous times until they felt less anxious about doing so. Often, exposure therapy involves using a hierarchy, or fear ladder, such that youth may be exposed to moderately stressful situations and work towards more difficult ones. This approach allows these youth to experience mastery and increases their self-confidence.

Other elements common to behavioral therapy and CBT include psychoeducation, relaxation, and cognitive skills. Psychoeducation entails teaching older youth and parents about what causes anxiety, the effects of anxiety, how to distinguish between problematic and non-problematic anxiety, and how to overcome problematic anxiety. Psychoeducation also teaches youth and parents to monitor levels of anxiety across a variety of situations. Both forms of therapies often use praise and/or rewards to encourage the youth's progress. Both also include relationship building between the therapist and the parents and children. Relaxation entails teaching youth how to relax through breathing exercises or by alternating muscle tension and release. Cognitive skills involve teaching youth how to observe and change their thinking patterns so they can change how they feel and reduce their feelings of anxiety. Most versions of behavioral therapy and CBT include parental involvement, with some versions involving the parents attending all sessions with their children.

Both behavioral therapy and CBT have been found to be helpful to youth of all ages and can be administered in individual and group settings. They have also been delivered with good effects in schools, clinics, hospitals, daycare centers, and homes.

Pharmacological Treatments

Selective serotonin reuptake inhibitors (SSRIs) are generally the first pharmacological treatment for children with anxiety disorders. However, the FDA issued a public health advisory regarding the safety of SSRIs in children with major depressive disorder due to the risk of increased suicide attempts and suicidal ideation. In addition, although some antidepressants are approved by the FDA for use in children, not all are. For more information see the "Antidepressants and the Risk of Suicidal Behavior" section of the *Collection*.

Table 2
Summary of Treatments for Youth with Anxiety Disorders

What Works	
Behavioral & cognitive behavioral therapy (CBT)	Treatment that involves exposing youth to the (non-dangerous) feared stimuli and challenging the cognitions associated with the feared stimuli with the goal of the youth's learning that anxiety decreases over time.
Selective serotonin reuptake inhibitors (SSRIs)	Treatment with certain SSRIs have been proven to help with anxiety; however, SSRIs may increase suicidal ideation in some youth.
What Seems to Work	
Educational support	Psychoeducational information on anxiety provided to parents, usually in a group setting.
Benzodiazepines	While proven effective, not a first choice treatment because of an increase in the risk of behavioral disinhibition.
Computer-based behavioral & cognitive behavioral therapy (CBT)	CBT administered electronically to eliminate long waiting periods or lack of clinical experts in a given area.
Not Adequately Tested	
Play therapy	Therapy using self-guided play to encourage expression of feelings and healing.
Antihistamines or herbs	No controlled studies on efficacy.
Psychodynamic therapy	Therapy designed to uncover unconscious psychological processes to alleviate the tension thought to cause distress.
Neurofeedback	A type of non-invasive brain training that enables an individual to learn how to change mental and/or physiological activity.
Antipsychotics/neuroleptics	High level of risk of impaired cognitive functioning and tardive dyskinesia with long-term use; contraindicated in youth who do not also have Tourette's syndrome or psychosis.

RESOURCES AND ORGANIZATIONS

American Academy of Child & Adolescent Psychiatry (AACAP)
Anxiety Disorders Resource Center
> **https://www.aacap.org/aacap/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx**

Anxiety and Depression Association of America (ADAA)
> **https://adaa.org/**

Association for Applied Psychophysiology and Biofeedback (AAPB)
> **https://www.aapb.org**

Association for Behavioral and Cognitive Therapies
> **http://www.abct.org/Home/**

Centers for Disease Control and Prevention (CDC)
Anxiety and Depression in Children
> **https://www.cdc.gov/childrensmentalhealth/depression.html**

Child Mind Institute
Anxiety
> **https://childmind.org/topics/anxiety/**

Mental Health America
Anxiety
> **http://www.mentalhealthamerica.net/conditions/anxiety-disorders**

National Institute of Mental Health (NIMH)
> **https://www.nimh.nih.gov**

Social Anxiety Association
> **http://socialphobia.org/**

Society of Clinical Child & Adolescent Psychology
> **https://www.clinicalchildpsychology.org/**

Substance Abuse and Mental Health Services Administration (SAMHSA)
> **https://www.samhsa.gov/**

VIRGINIA RESOURCES AND ORGANIZATIONS

University of Virginia Health System
Anxiety Disorders in Children
> **https://childrens.uvahealth.com/services/pediatric-psychiatry/anxiety-disorders**

VCU Health – Children's Hospital of Richmond
Cameron K. Gallagher Mental Health Resource Center
> **https://www.chrichmond.org/Children's-Mental-Health-Resource-Center.htm**

Virginia Tech
Child Study Center
> **http://childstudycenter.wixsite.com/childstudycenter**
Psychological Services Center
> **https://support.psyc.vt.edu/centers/psc**