



Community Pædiatric Review

A NATIONAL PUBLICATION FOR COMMUNITY CHILD HEALTH NURSES AND OTHER PROFESSIONALS

VOL 12 NO 2 JULY 2003

An initiative of the
Centre for Community
Child Health,
Royal Children's
Hospital, Melbourne

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Anxiety in childhood

Anxiety is an everyday term, but what do we mean by it? Anxiety involves a sense of apprehension, with accompanying physiological reactions, typically associated with worrying about the future.

How does anxiety present itself in children?

There are three main ways:

- physiological reactions such as increased heart rate, tense muscles, tummy aches and headaches;
- behavioural responses such as clinging to a parent, asking for reassurance and avoiding or escaping from challenging situations; and
- cognitive aspects such as worrying, expecting they won't be able to manage situations, and expecting the worst to happen.

Developmental changes occur in anxiety: for example, worries about separation from their parents emerge in infants and may become strong in toddlers, but usually reduce as children get older.

Anxiety is something we all experience, and can be a useful response to prepare us for challenging situations, such as tests and exams. Because of this, it is important for health professionals to be aware of the normal range of anxious responses, and there has been useful research done within Australia on normal fears and their development (Gullone, 2000), as well as non-clinical panic attacks and obsessive-compulsive symptoms in young people.

In children, signs of anxiety are expected from time to time when there's an overload of

challenges. For some, starting school may be such a time. Moving house, separation of parents or bullying at school are other situations when it would be surprising if some anxiety were not exhibited. Therefore, when anxiety is detected in children, it's wise to check out first whether there are stresses which may be reduced, or ways of making life as secure and predictable as possible within a stressful situation which cannot be changed.

For some children and young people, however, their amount of anxiety seems out of proportion to the stresses they are facing. Compared to their peers, they may have difficulty separating from their parents, taking tests at school, attending school, tackling new challenges, or feeling comfortable in social situations. They may have panic attacks, unusual obsessive thoughts or compulsive behaviours.

There are a number of anxiety disorders recognised in children and adults, although the way these are categorised and described tends to vary over time. To receive a diagnosis of an anxiety disorder, a child must be significantly distressed or impaired in their functioning in some important way (such as developing friendships or attending school). Many children receive more than one anxiety diagnosis.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) describes one anxiety disorder specific to children and adolescents:

- **Separation Anxiety Disorder** involves excessive anxiety associated with separation of children from key figures in their lives, usually fearing harm will come

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to their parents or themselves. Refusal to sleep alone or go to school is common. When faced with separation, children may experience tummy aches, headaches and acute distress.

The following disorders may be experienced by children or adults, although with slightly different criteria for children:

- **Generalised Anxiety Disorder** is characterised by excessive worry about everyday life matters, social acceptability and competence. Often such children seek reassurance excessively and present with a variety of physical symptoms, (one or more of tiredness, restlessness, muscle tension, irritability, poor concentration and sleeping difficulties).
- **Social Phobia** involves avoidance of social or performance situations (such as public speaking, reading in class) for fear of doing something embarrassing or silly in others' eyes or being negatively judged. Some have very specific fears such as writing or eating in public; others have more general social fears. In younger children, fear of strangers may be characteristic.
- **Obsessive-Compulsive Disorder** involves recurrent intrusive thoughts (about such things as germs, lack of order, doubt) and associated compulsive behaviours (such as hand-washing, arranging things in order, checking locks and switches) which reduce anxiety about a feared event.
- **Panic Disorder** involves recurrent, unexpected panic attacks, with associated concerns such as fear of going crazy, dying or losing control, and a fear of future attacks.
- **Specific Phobias** involve excessive fear of particular objects or situations, usually involving possible harm to the child (such as heights, dogs, injections, and so forth).
- A number of anxiety disorders involve a heightened response to trauma or stress, such as **Post Traumatic Stress Disorder** and **Adjustment Disorders**.
- Finally, anxiety is believed to be associated with another disorder, **Selective Mutism**, where children will speak freely in some settings (usually at home) but not in others (such as at school or out in public.)

Anxiety disorders are among the most common psychiatric disorders affecting children (between 8–12 % of children in the general community meet criteria for an anxiety disorder). Many studies have suggested that anxiety disorders continue in children over time, and can have a negative impact on their development. Certainly anxiety in children has been found to be a risk factor for depression in adolescents (NHMRC, 1997).

Why do some children develop anxiety to a disabling degree? Some risk factors appear to be:

- the child being shy and inhibited by temperament
- aversive experiences or negative life events
- anxiety in parents
- social isolation of a family
- parents responding to their anxious child with overprotectiveness, encouraging the child to avoid what he or she fears.

How can one support children who are overly anxious? Some general guidelines may be useful to pass on to parents.

1. **Modelling:** How a parent responds to situations can be picked up by youngsters, so modelling confidence about handling situations is important.
2. **Encouragement:** If a parent is very worried about how a child will cope, or, at the other extreme, overly harsh, this can multiply the child's level of worry. That's why teachers often tell parents to leave their clinging children at school with a clear, firm and quick farewell, rather than hanging around worried about how they will settle. Compare the following responses of parents and see which you think would be the most helpful to an anxious child:
 - *"Don't be a sooky baby, there's nothing to worry about! Get going!"*
 - *"The inspector says you have to go to school, but look out for bullies, ring me at work if you need to and are you sure you can handle it?"*
 - *"I can see you're feeling nervous, but I think you'll manage well once you're busy at school."*The third type of response, combining acknowledgment and encouragement, seems to be really helpful for children.
3. **Reinforcement:** Try to reduce the amount of attention given to a child's fearful behaviour (acknowledge it and then do not over-fuss) and pay

lots of attention to brave behaviour, possibly making use of a reward system.

4. **Step-by-Step Progress:** Suggest parents break very challenging tasks into smaller steps so giving a child experience of success and coping, whilst gradually increasing the level of challenge. For example, if they suspect their child may have difficulty with their first school camp, they can arrange for the child to spend time overnight in more familiar places first to build their confidence and competence in coping away from home.
5. **Honesty and Clarity:** Explain to parents that children will be less fearful if they understand what to expect in a feared situation. For example, tricking a clingy child by the parent sneaking away when they are going out risks leaving the child more fearful in the future.
6. **Parents working together:** Sometimes parents become polarised in their responses to an anxious child, with one becoming harsher and harsher whilst the other becomes more and more protective of the child. Parents reaching some common understanding of what approach to take with their anxious child, and working together, can be helpful to the child.

In conclusion, parents can help their anxious child (who is over-estimating the threat of situations and underestimating his or her ability to manage them) by supporting the child but gradually encouraging independence to find their own solutions. The child will then be more likely, over time, to trust their own abilities and problem-solving skills and expect good things to happen.

Australian resources useful for anxious children include:

- “Helping Your Anxious Child”, (Rapee et al, 2000): a book for parents.
- “The Friends Anxiety Prevention Program”, (Barrett, Lowry-Webster & Holmes, 1999): a program run in some schools and agencies.

Useful websites:

- Child and Youth Health – SA
www.cyh.com/cyh/search/search_index.stm
- Anxiety in Children – What we should know as parents? NSW Health
www.mhcs.health.nsw.gov.au/health-public-affairs/mhcs/publications/5970.html

- Mental Health, Parent Easy Guide #30, Parenting SA
www.parenting.sa.gov.au
- Positive Parenting Program (Triple P)
www.pfsc.uq.edu.au/02_ppp/ppp.html
- Macquarie University Anxiety Research Unit - The Clinic Outreach Programme for Anxious Kids
www.psy.mq.edu.au/muaru

Where children are experiencing significant anxiety, it is probably wise to suggest a referral for therapy to the Child & Adolescent Mental Health Services or to a private therapist skilled in assisting with anxiety problems in children.

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Gullone, E. (2000). The development of normal fear. **Clinical Psychology Review**, 20(4), 429-451.

NHRMC. (1997). **Depression in young people: A guide for mental health professionals**. Canberra: Commonwealth of Australia.

Rapee, R.M., Spence, S.H., Cobham, V., & Wignall, A. (2000). **Helping Your Anxious Child: A Step-by-Step Guide for Parents**. Oakland, CA: New Harbinger Publications.

Reflection questions:

Please use the following questions to reflect on your current practice as a health promoting nurse in light of this article on anxiety in children.

1. How would you explain the concept of “anxiety” to a parent?
2. How can you help parents accept a child’s natural caution without feeding into anxiety?
3. Do you model any practices in your dealing with a child that could be used to support parents?
4. How confident do you feel about supporting a family in dealing with a child with anxiety?
5. Do you have established networks to support a family in dealing with a child with an anxiety disorder?

Note:

You can email your responses to the “Reflection Questions” for this article, and/or general comments to: cpreview.ccch@rch.org.au or fax: **03 9347 2688**

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Community Paediatric Review

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