



The Anxiety Disorders are a group of behavioral health problems in children and adolescents characterized by scared or worried feelings. The Anxiety Disorders are quite common, with nearly 20 out of 100 youths, more girls than boys, estimated to have one of the disorders in this group.

TYPES OF ANXIETY DISORDERS

GENERALIZED ANXIETY DISORDER

Generalized Anxiety Disorder is characterized by excessive worry occurring on more days than not about a number of things, such as school performance, friendships, family, health/safety, natural disasters, and world events. The youth finds it difficult to control the worry. The worry can be accompanied by feeling “on edge”, tired, tense, or irritable; having difficulty concentrating; and having trouble falling or staying asleep. To be diagnosed as a **psychiatric disorder**, the problems must have been present for at least 6 months, and must cause distress and/or impair the youth’s function at home, at school, or with peers.

SEPARATION ANXIETY DISORDER

Separation Anxiety Disorder is characterized by excessive fear of being separated from those to whom the child is emotionally attached (e.g., parents). This fear can be shown by the youth feeling very upset about leaving home to go to school, about being separated from the parent even in the home, about sleeping alone in his or her own bedroom, about something bad happening to the parent, and about something bad happening to the youth that will separate him or her from the parent. The youth may refuse to go to school, or may develop physical problems (headaches, nausea) before going to school or when at school. The youth also may have bad dreams about being separated from the parent. To be diagnosed as a **psychiatric disorder**, the problems must have been present for at least 1 month, and must cause distress and/or impair the youth’s function at home, at school, or with peers.

SOCIAL ANXIETY DISORDER

Social Anxiety Disorder is characterized by excessive fear about social or performance situations in which the youth feels scrutinized or judged by peers. This fear can arise when meeting new people or performing in front of others (such as speaking up in the classroom or performing musically or athletically), and is out of proportion to the actual threat. The youth fears that he or she will act in a way that will cause him or her to be humiliated or embarrassed and the behavior will lead to rejection by peers. The fear can become so severe that it causes panic, so that a pattern can arise where the youth avoids social or performance situations. To be diagnosed as a **psychiatric disorder**, the problems must have been present for at least 6 months, and must cause distress and/or impair the youth’s function at home, at school, or with peers.

UNSPECIFIED ANXIETY DISORDER

If some of the above problems are present, but enough to diagnose a specific psychiatric disorder, or if the clinician does not have enough information to be certain about the specific diagnosis, the disorder is called **Unspecified Anxiety Disorder**.



DIAGNOSIS

Qualified behavioral health professionals experienced with children (child and adolescent psychiatrists, child psychologists, child-trained social workers, counselors and clinical nurse specialists) are best trained to accurately diagnose the Anxiety Disorders. The evaluation for these diagnoses typically takes several hours, and requires input from multiple people who know the child. The diagnosis is based upon the findings from interviews, questionnaires, and a mental status examination. There are no blood tests or other medical tests to diagnose these disorders.



CAUSE

In simple terms, Anxiety Disorders are caused by a difference in the structure or function of the brain that controls worries and fears. Vulnerability to the development of Anxiety Disorders can be inherited from members of the family tree. Children also can learn to be anxious from parents who are anxious, and parents who are overprotective or overcontrolling are more likely to have anxious children. Sometimes there is an event in the environment that triggers an Anxiety Disorder. For example, Separation Anxiety Disorder can be caused by exposure to frightening events, such as sudden serious illness of a parent or domestic violence.



TREATMENT

An effective treatment for the Anxiety Disorders is cognitive behavioral *psychotherapy* to help the youth learn how to cope with worry and fear. These coping strategies include learning how to identify and talk about feelings, how to stop thinking automatic negative thoughts, how to relax the mind and body, and how to slowly become accustomed to the feared situation. If the Anxiety Disorder has not responded to therapy or is more severe, then medication (typically *selective serotonin reuptake inhibitors* or SSRIs) may be used as an additional treatment. Medication may help the youth feel more relaxed and in control when working on coping skills in therapy.

If the child has another behavioral health problem in addition to an Anxiety Disorder, treatment must include treatment of the other disorder at the same time



COURSE

The Anxiety Disorders respond well to the above treatments when delivered by qualified behavioral health professionals. If left untreated, the Anxiety Disorders can cause long-standing distress and problems with social relationships and school performance.

