



## **CHILDHOOD ANXIETY DISORDERS**

### **Anxiety**

Children have fears that adults often don't understand. At certain ages children seem to have more fears than at others. Nearly all children develop fears of the dark, monsters, witches or other fantasy images. Over time, these normal fears fade. But when they persist or when they begin to interfere with the child's normal daily routine, he or she may need the attention of a mental health professional.

### **Simple Phobias**

As in adults, simple phobias in children are overwhelming fears of specific objects such as an animal, or situations such as being in the dark, for which there is no logical explanation. These are very common among young children. One study reported that as many as 43% of children aged 6 - 12 in the general population have seven or more fears, but these are not phobias.

Often, these fears go away without treatment. In fact, few children who suffer from fears or even mild phobias get treatment. However a child deserves professional attention if they are so afraid of dogs, for example, that they are terror-stricken when going outside even if no dog is nearby.

Treatment for childhood phobias is, in general, similar to that for adult phobias. Combined treatment programs are helpful when they include one or more of such treatments as desensitization, medication, individual and group psychotherapy and school and family consultation. Over time, the phobia either disappears or substantially decreases so that it no longer restricts daily activities.

### **Separation Anxiety Disorder**

As its name implies, separation anxiety disorder is diagnosed when children develop intense anxiety, even to the point of panic, as a result of being separated from a parent or other loved one. It often appears suddenly in a child who has shown no previous signs of a problem.

This anxiety is so intense that it interferes with the child's normal activities. He or she refuses to leave the house alone, visit or sleep at a friend's house, go to camp or go on errands. At home they may cling to their parents or "shadow" them by following closely

on their heels. Often they complain of stomach aches, head aches, nausea and vomiting. They may have heart palpitations and feel dizzy and faint. Many children with this disorder have trouble falling asleep and may try to sleep in their parents' bed. If barred, they may sleep on the floor outside of their parents' bedroom. When they are separated from a parent, they become preoccupied with morbid fears that harm will come to them, or that they will never be reunited.

Separation anxiety may give rise to what is known as school phobia. Children refuse to attend school because they fear separation from a parent, not because they fear the academic environment. Sometimes they have mixed fears - fear of leaving their parents as well as fear of the school environment.

Children should receive a thorough evaluation before treatment is started. For some, medications can significantly reduce the anxiety and allow them to return to the classroom. These medications may also reduce the physical symptoms many of these children feel such as nausea, stomach aches, dizziness or other vague pains.

Generally, psychiatrists use medications as an addition to psychotherapy. Both psychodynamic play therapy and behavioral therapy have been found helpful in reducing anxiety disorders. In psychodynamic play therapy, the therapist helps the child work out the anxiety by expressing it through play. In behavior therapy, the child learns to overcome fear through gradual exposure to separation from the parents.