ANXIETY DISORDERS

- **ANXIETY** is an illness characterized by excessive fear or worry that repeatedly interferes with a child’s well-being.
- **ANXIETY DISORDER** is the most common mental illness among children and adolescents.
- **ANXIETY DISORDER** affects all areas of a child’s life – home, work, school, and social life.

### CLINICAL SYMPTOMS

<table>
<thead>
<tr>
<th>CLINICAL SYMPTOMS</th>
<th>WHAT DOES A PARENT/CAREGIVER SEE?</th>
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<tbody>
<tr>
<td>Separation Anxiety Disorder/Panic Disorder</td>
<td>Intense anxiety about separation from parents; clinging; refusal to sleep alone or to go to school; pounding heart; sweating; shaking; nausea; dizziness; fear of dying</td>
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<td>Social Phobia</td>
<td>Noticeable anxiety in social situations; extremely self conscious; fear of humiliation or embarrassment; avoiding social interaction but has good relations with familiar people or in one-to-one situations; refuses to speak in front of others</td>
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<td>Generalized Anxiety Disorder</td>
<td>Many worries about everyday experiences such as school, sports, and appearance; worries about things before they happen; fear of doing things wrong even though work is excellent; headaches; stomach aches; frequent tears</td>
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<td>Specific Phobias</td>
<td>Unrealistic and excessive fears about certain situations or objects; avoiding feared object/situation or refusing to go near them</td>
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<td>Obsessive Compulsive Disorder</td>
<td>Complaints of upsetting thoughts; getting “stuck” doing something over and over; repeatedly touching or counting things; preoccupation with order; avoiding things that trigger upsetting thoughts</td>
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**EVIDENCE-BASED PRACTICES** are treatments that have been shown through clinical research to produce positive outcomes for children and their families.

The most common effective treatment strategies for Anxiety Disorders are:

- Exposure
- Cognitive Processing
- Psychoeducation
- Relaxation
- Modeling
- Maintenance/Relapse Prevention

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Anxiety Disorder treatment strategy descriptions:

**Exposure**
Children might develop unrealistic fears. These fears may be related to objects or situations. Exposure is a technique that helps the child overcome fear. A therapist usually starts with indirect ways to help the child stay calm while thinking about the issue. This might include practicing relaxation while talking about the issue. It might include looking at photos or imagining events while checking for tension or fear. Eventually the therapist will support the child to face the actual object or situation.

**Cognitive Processing**
Cognitive processing is used to teach children about how the way they think about things can affect how they feel, and how they feel can affect how they behave. Cognitive methods might be used to help children understand how their thoughts are related to their moods and behaviors. They are taught strategies to help them check the accuracy of their thoughts and replace negative or unhelpful thoughts with more positive or helpful thoughts.

**Psychoeducation**
Psychoeducation is teaching children and their caretakers about their mental illness. The purpose is to help children and their families understand how the illness affects them, what kind of activities or treatment might help, and that there are others who have similar problems. This type of education helps them understand what will happen in the treatment sessions and how long the treatment might take. They will also learn what role the parent, the therapist, and the child will play in the treatment, and that they will be a team that will work on problems together.

**Relaxation**
Ongoing anxiety or stress can make children irritable and can interfere with concentration. Relaxation methods help children reduce stress. These exercises include muscle-relaxation, breathing exercises, imagery, meditation, and similar activities. Some methods are meant to be used away from daily activities. Others are useful in the moment.

**Modeling**
When learning a new skill, it is often helpful to see another person using the skill first. This strategy involves the demonstration of a desired behavior or new skill to the child. The demonstration is typically performed by a therapist, peers, or other actors, but can also be performed by a caregiver. The child is then encouraged to imitate, practice, and subsequently perform the desired behavior.

**Maintenance/Relapse Prevention**
Maintenance/relapse prevention includes exercises and training designed to consolidate skills the child has already developed and to anticipate future challenges that might arise after the termination or reduction of therapeutic services. The overall goal of maintenance/relapse prevention is to minimize the chance that gains made during the course of treatment will be lost in the future.