

Childhood Anxiety Disorders

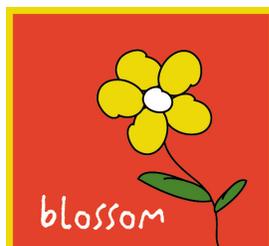


Check-Lists and Descriptions for 5 Anxiety Disorders:

- Separation Anxiety Disorder
- Social Phobia
- Obsessive Compulsive Disorder
- Specific Phobia
- Generalized Anxiety Disorder

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Anxiety Disorders

Anxiety Disorders are recognized as being one of the most common psychiatric conditions that affect children and adolescents; however, it is estimated that fewer than twenty percent of children with significant anxiety receive intervention.

According to *The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV-TR), children and adolescents can be diagnosed with any one of nine possible anxiety disorders. What distinguishes the various disorders is the focus of the anxiety.

Possible long-term consequences of leaving anxiety disorders untreated:

Children and adolescents who do not receive the necessary treatment are at risk for repeated school absences, impaired relations with peers, poor self-esteem, alcohol or drug use, problems adjusting to work situations, and continued anxiety disorders in adulthood. While many children with significant anxiety will eventually improve without treatment, the long-term consequences of not treating anxiety can be serious enough that an investigation of a given child's situation may very well be warranted. One large study (Perrin, Hersen, and Kazdin, 1995) indicated that 82% of children recovered from the initial anxiety after four years, 68% recovered after the first year, and 8% evidenced relapse of anxiety after remission. Although a good majority of children do eventually recover on their own with no intervention, a portion of children continue to demonstrate significant debilitating anxiety. Additionally, early intervention for anxiety symptoms would make a child's life easier and less at risk for later anxiety relapses.

Children with anxiety disorders are at increased risk of exhibiting additional, co-existing psychological conditions, including:

Depression, learning disorders, ADHD, and tic disorders, to name a few. It is quite common and developmentally normal for young children (five years old and younger) to demonstrate fear and anxiety of various situations, including the dark and strangers. Parents should be alert for inappropriate anxiety symptoms when their children are around six to eight years old. At that age, the common and acceptable childhood fears should decrease.



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Separation Anxiety Disorder

Separation Anxiety Disorder is a fairly common anxiety disorder diagnosed in children. Studies have indicated that upwards of 1 in 25 children experience some form of separation anxiety disorder. The hallmark feature of this diagnosis is that there is marked and pronounced anxiety and fear concerning separation from home or from those to whom the child is attached. To satisfy a clinical diagnosis of Separation Anxiety Disorder, this intense fear and anxiety when separated from caregivers must be inappropriate for the child's age and developmental level. As every parent knows, exhibiting significant anxiety when separated from caregivers is quite normal and actually a beneficial behavior for children between 7 months and 6 years old.

Separation Anxiety Disorder is thought to occur along a continuum:

- *Mild:* The child wants the parents to be available by phone during school hours or to be easily accessible when he or she attends outings and activities.
- *Moderate:* The child will refuse to attend sleepovers or outings requiring separation of several hours from parents.
- *Severe:* The child refuses to attend school or sleep in his or her own bed. These children tend to “shadow” or cling to parents.

The symptoms of Separation Anxiety Disorder are found to be different depending upon the age of the child:

- Young children (aged 5-8 years old)
 - Fear of harm befalling attachment figures
 - School refusal
- Elementary school aged children (9-12 years old)
 - Excessive distress at time of separation
- Adolescents (aged 13-16 years old)
 - Somatic complaints
 - School refusal



Children and adolescents with Separation Anxiety Disorder frequently report numerous health and medical concerns. These children frequently drop out of activities including afterschool clubs and sports. They will often express concern with regard to their social functioning in that their friendships may wane. These children usually demonstrate a well developed foundation of social skills; however, because of the significant fear of separation, these children may not engage peers in a social relationship.



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Long Term Consequences Associated with Separation Anxiety Disorder:

- Impairments in Academic Performance: children become so distressed when separated from caregivers that they cannot focus on schoolwork.
- Children who suffer this anxiety often report numerous fears and phobias; the most common fear is an intense fear of becoming lost.
- These children may threaten to harm themselves, but actual self injurious or suicidal behavior is rarely exhibited;. Many times the children and adolescents will make such statements as a means of escaping or avoiding situations in which they are forced to be separated from parents.

Checklist for Separation Anxiety Disorder:

1. Does my child avoid engaging in activities with peers? YES NO
2. Does my child cry excessively when being dropped off at school? YES NO
3. Does my child not want to go to sleepovers or afterschool activities? YES NO
4. Does my child seem clingy and not want to be separated from me? YES NO
5. Is my child older than six years old? YES NO



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Social Phobia

The essential feature of social phobia is a marked and persistent fear of one or more social or performance situations in which the child fears that embarrassment may occur. These children exhibit an immediate response of a panic attack when they are in social situations. A panic attack is when the child exhibits intense fear and physically shuts down and refuses to engage in activities.

Key Features of Social Phobia

- Symptoms of intense fear in social situations must be present for a minimum of six months in order for a clinical diagnosis of “social phobia” to be made.
- These children often have few friends as they prefer to be in the periphery during social activities.
- They are extremely reluctant to engage in group activities.
- They are considered to be quiet and shy by parents and peers.
- Teachers frequently describe these children as “loners.”
 - They often prefer to be by themselves during unstructured time.
 - They rarely attend extracurricular activities.
- Children with social phobia have significantly higher levels of depression than typically developing children.
- School refusal in adolescence is quite common. However, adolescents experiencing social phobia do not want the pressure of engaging in group projects or being forced to be the center of attention during presentations.
- Social phobia is frequently first “discovered” in middle school, when children are often required to change classes, use lockers, be a part of larger classrooms, and are exposed to new social groups.

Checklist for Social Phobia

1. Does my child shut down when engaging in social situations? YES NO
2. Is my child able to answer questions aloud in the school environment? YES NO
3. Does my child not want to engage in social behaviors such as eating in public or using a public restroom? YES NO
4. Does my child often remain in the periphery on the playground and prefer to engage in solitary or parallel play versus cooperative/engaged play? YES NO



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Obsessive Compulsive Disorder

Obsessive Compulsive Disorder (OCD) is characterized by recurrent and intrusive thoughts (obsessions) that result in the child engaging in repetitive or ritualistic behavior (compulsions). These behaviors are time-consuming and will take upwards of one hour a day of the child's life.

Typical Obsessions Reported by Children:

- Contamination fears
- Sexual themes
- Religiosity
- Aggressive or violent images



Common Compulsions Include:

- Repetition.
- Washing: this is the most common compulsion, occurring in approximately 85% of children with O.C.D..
- Checking: these children have to constantly check things out (e.g., is the door locked, is my homework in my backpack?).
- Ordering: putting things in numerical or sequential order. These children will often count things aloud or silently.
- Arranging items: These children will have to have items and information sorted appropriately.

Typical behaviors associated with O.C.D.:

- The child must follow the behaviors in the exact same way every time. If a behavior is disrupted, he or she feels it necessary to re-start the task until it is perfected.
- Young children (ages 6-8) will typically engage in ritualistic behaviors without the underlying obsessions. Young children often do not have the cognitive or verbal abilities to describe why they are engaging in a ritualistic behavior.
- 50-60% of children with OCD experience a severe impact in their global functioning. The compulsions impact the child's life to the extent that he or she avoids certain situations, or spends a tremendous amount of time engaging in compulsions.
- These children struggle socially in that they often are unable and unwilling to invite friends over, because they fear expressing their compulsions in front of peers.
- These children may struggle with regard to their academics. They often are unable to complete homework due to time constraints as a result of compulsions.



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Late Affects Associated with O.C.D.:

- These children are often delayed in reaching normal developmental behaviors, such as:
 - Dating
 - Driving
 - Working
 - Leaving home for college

Gender Difference Associated with O.C.D. in Children:

- The onset of OCD appears earlier in boys than girls.
- However, these differences in frequency disappear by middle school.
- High rates in boys of depression are associated with earlier onset of O.C.D.

Checklist for O.C.D.:

1. Does my child exhibit repetitive or ritualistic behaviors? YES NO
2. Do the behaviors take up an extensive period of my child's day? YES NO
3. Does my child report having repetitive thoughts that are distressing to him or her? YES NO



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Specific Phobia

Children who are diagnosed with a specific phobia exhibit significant and persistent fear of a particular object or situation. If a child is exposed to the feared object or situation, he or she will immediately exhibit significant anxiety. The child's reaction to the object or situation is excessive and out of proportion with regard to demands of the situation. These children may not recognize that the fear is excessive or unreasonable.

Symptoms of Specific Phobia:

- Occurs without volition: The child automatically exhibits the fear when shown the feared object.
- Leads to avoidance: The child will automatically avoid the feared object or situation.
- Persists over time: The anxiety surrounding the feared object or situation is always present with exposure.
- Maladaptive: The child avoids situations as a result of his/her fear. There are a variety of activities and objects that it is positive to avoid; however, for it to be considered a disorder, the child's response needs to be excessive for what would be expected.



Checklist for Specific Phobia:

1. Do loud noises, certain objects, or certain events result in significant anxiety?
YES NO
2. Is the anxiety that my child exhibits excessive for his or her age? YES NO



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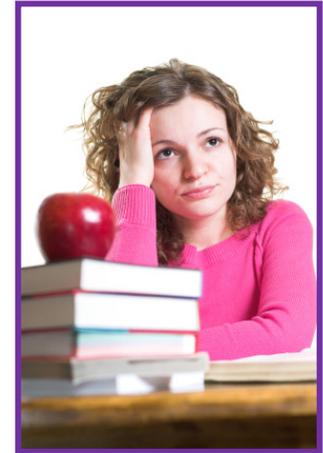
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Generalized Anxiety Disorder

Generalized Anxiety Disorder (G.A.D.) is an anxiety disorder in which the child exhibits excessive and uncontrollable anxiety and worry about a number of events and activities. In order to qualify for a clinical diagnosis under the DSM-IV-TR, this fear and anxiety must have occurred more days than not for at least six months.

Typical Worries Exhibited by a Child with G.A.D.:

- Worry about future events.
- Worry about past events.
- Worry about competence in sports.
- Worry about competence in academics.
- Worry about peer relationships.
- Worry about adult concerns, such as family finances.



Typical Behaviors of Children with G.A.D.:

- These children place exceedingly high standards for achievement on themselves.
- They are markedly self-conscious and require frequent reassurance from others.

Checklist for G.A.D.:

1. Does my child worry about adult concerns such as family finances?
YES NO
2. Does my child ruminate and constantly think about past events? YES
NO
3. Does my child seem to worry most of the day? YES NO



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Next steps

How to Understand the Checklists:

If you marked YES for more items than you marked NO, there might be concern that your child exhibits an anxiety disorder. It is important to set up a consultation with a social worker or psychotherapist in order to ascertain whether or not your child would benefit from individual therapy, family therapy, and/or group therapy.

Answers for you and your child:

If your child continues to demonstrate significant and age-inappropriate fear or anxiety, he or she should receive intervention. There is hope, and a plethora of treatments are available. Specifically, [Cognitive Behavior Therapy \(CBT\)](#), [relaxation techniques](#), [Biofeedback](#), [family therapy](#), [parent training](#), and appropriate and effective medication are all available and have been proven beneficial for treating anxiety in children.



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About the Author

Gregory Stasi, Ph.D., is a licensed Clinical Psychologist at North Shore Pediatric Therapy who graduated from Purdue University with a Bachelor Degree in Psychology. He went on to earn his Masters and Doctorate at the Illinois Institute of Technology where he made his decision to focus his career on pediatric neuropsychology. Dr. Stasi has worked and studied at numerous medical centers including: The University of Chicago Medical Center and the University of Minnesota Medical Center. Prior to working at North Shore Pediatric Therapy, Dr. Stasi was a faculty member at Rush Presbyterian St. Luke's Hospital and was a neuropsychologist at the Rush Neurobehavioral Center. Dr. Stasi has extensive experience with the assessment and diagnosis of a variety of conditions including: learning disorder, ADHD, Autism Spectrum Disorders, and social/emotional concerns. Dr. Stasi also serves as a school advocate for parents by providing assistance and case management in order for children with special needs to obtain the most effective school accommodations possible.

Additional Resources:

[Download and watch a free copy of Dr. Stasi's "Understanding the Differences Between ADHD and SPD"](#)

[Schedule a Personal Consultation with Dr. Stasi](#)



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