

# Anxiety Disorders

## Early Childhood Mental Health Fact Sheet

### *About the Disorder*

All young children feel anxious at times. Many infants and toddlers, for example, show great distress when separated from their parents, and preschoolers are often frightened of strangers, thunderstorms, or the dark. These anxieties are normal and are usually short-lived.

An anxiety disorder occurs, however, when a child experiences excessive worry, concern, or fear while involved in developmentally appropriate tasks, ordinary interactions, and everyday routines. Anxiety disorders in children are characterized by worry, concern, or fear that is exaggerated, pervasive, disproportionate to the situation at hand, and inappropriate for the child's age or developmental level. There are many types of anxiety disorders—here are the most common.

#### • **Generalized Anxiety Disorder**

Children experience excessive anxiety and worry more days than not for a period of more than six months. These children may have difficulty concentrating and/or difficulty falling or staying asleep. They often appear on edge or irritable and may have a more difficult time maintaining emotional stability. The child's anxiety and worry will interfere significantly with their functioning and/or development.

#### • **Separation Anxiety Disorder**

Separation from the caregiver causes the child excessive anxiety and distress that has intensity and duration beyond that of typical development and lasts more than one month; children experiencing this disorder often refuse to be held or comforted by a substitute caregiver. These children are also

often preoccupied with fears that their primary caregiver will have an accident or become sick; the child may also fear that they might have an accident or illness while separated from their primary caregiver. Children may also worry about getting lost or kidnapped. Physical complaints such as headaches, stomachaches, nausea, or vomiting are also common when separation from the caregiver occurs or is anticipated.

#### • **Specific Phobia**

Children experience excessive fear when they are in the presence of specific objects or exposed to certain situations; the fear may even occur when the child is just anticipating such experiences. The fear must last at least four months. Exposure to the object or situation will cause an immediate reaction by the child—usually crying, a tantrum, becoming immobile, or becoming “clingy.” The child will attempt to severely limit their own activities and their family's activities to avoid possible exposure to the feared object or situation.

#### • **Social Anxiety Disorder (Social Phobia)**

A child will have a persistent fear of social or performance situations that include people unfamiliar to the child or the child will be in a situation where they are under the scrutiny of others; this typically includes such things as play dates, large family gatherings, birthday parties, religious ceremonies, and/or collective sharing times at childcare or preschool; the fear must last at least four months. These situations may cause reactions such as crying, having a tantrum, becoming immobile, becoming clingy, or strongly resisting being involved in social situations. The child will avoid the feared social situation and may have anticipatory anxiety that interferes with their normal functioning and development.

#### • **Anxiety Disorder NOS (Not Otherwise Specified)**

Although not often used, this category may be used when a child exhibits some symptoms of an anxiety disorder but, taken together, the symptoms do not fulfill the diagnostic criteria of a specific anxiety disorder. A parent or caregiver may see uncontrollable crying or screaming, agitation and/or irritability, sleeping and/or eating disturbances, separation distress, or social anxiety. Caregivers should be careful to notice if the onset of the symptoms occurred after the child endured a trauma; in that case, the child may be at risk for posttraumatic stress disorder.

### IMPORTANT

This fact sheet is not intended to be used as a diagnostic tool. It is meant to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult “Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters,” available from the Minnesota Department of Human Services.



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(continued)

## What You May See When

Children with anxiety disorders usually exhibit an excessive level of fear toward normal challenges and/or when learning new skills. Infants may display anxiety by crying inconsolably or screaming; sleeping and eating disturbances may also indicate a higher level of anxiety. Toddlers and preschoolers experiencing an anxiety disorder may exhibit recklessness and aggression directed toward themselves or others. For example, a toddler may be so afraid of the dark that the lights being turned down at nap time cause him to aggressively run from the room, or a child may become aggressive and run reckless when confronted with a new but developmentally appropriate activity such as finger painting.

It is also common for children to react with somatic complaints such as stomachaches or headaches.

## Symptoms

- Multiple fears
- Specific fears
- Limited play repertory
- Difficulty with transitions between activities
- Reckless and defiant behavior
- Excessive stranger anxiety
- Excessive separation anxiety
- Excessive inhibition due to anxiety
- Lack of impulse control

## Strategies

- Avoid belittling the fear or anxiety; instead, validate the concern without confirming that the fear is real. For example, “You are worried about your dad leaving—that can be scary to think about.”
- Use and teach positive self-talk; listen to what the child says and help them to replace negative thoughts with positive ones. For example, if your child says “I can’t go outside because their might be a dog and dogs are scary,” you can say “Some dogs outside are mean and may be scary, but not all dogs are. I’ll help you figure out which ones aren’t mean so you can feel okay outside.”
- If the anxiety is around learning or mastering new skills, teach building-block skills. For example, if a child seems overwhelmed at the thought of getting dressed by themselves, teach them to zipper or button first, then work toward the goal of independent dressing over time.

- For separation anxiety, try using a transitional object—something the child receives from their caregiver to hold while the caregiver is gone.
- Help the child verbalize their feelings and fears. With young children, help them to distinguish between a little bit scared and a whole lot scared.
- Teach relaxation and deep-breathing exercises to children who are able to understand and participate in these activities. Blowing bubbles and pretending to blow bubbles, learning to whistle, or actively trying to move their bellies in and out are all fun ways for children to learn deep breathing.

## Documenting Your Concerns and Next Steps

When documenting behavior, be as specific as possible and avoid generalizations such as “Shayla looked anxious.” Instead, record specific behaviors you are seeing or not seeing and provide as much detail as seems relevant. Also include the context in which the behavior occurred. For example, noting that “Shayla held her blanket tight and got teary-eyed as the children lined up to go outside” is more informative than “Shayla wouldn’t line up to go outside.”

If a child’s behaviors are causing concern, you may want to suggest to the parents that they take their child to their primary care provider who may refer the parents to a mental health professional, an early childhood behavior specialist, or a developmental pediatrician. When discussing your concerns, focus on the child’s behaviors and avoid drawing conclusions about whether the behaviors are indicative of a mental health problem.

For more information about early childhood mental health, see MACMH’s *A Guide to Early Childhood Mental Health*, available for order at [www.macmh.org](http://www.macmh.org).

## Ready Resources

- Anxiety Disorder Association of America at [www.adaa.org](http://www.adaa.org)
- Kami M. Talley Reading and Resource Center at the University of Minnesota offers a bibliography of resources at <http://education.umn.edu/ChildCareCenter/Kamihealingthroughbooks/>
- National Institute of Mental Health at [www.nimh.nih.gov](http://www.nimh.nih.gov)
- SAMHSA’s National Mental Health Information Center at [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)
- ZERO TO THREE at [www.zerotothree.org](http://www.zerotothree.org)

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