

Anxiety in Children

Anxiety is a normal experience! Anxiety includes physical symptoms, like shortness of breath, or your heart pounding or your muscles tensing up, sweating, and feeling shaky, and interpretations or thoughts about those physical symptoms. These symptoms are normal and allow you the opportunity to be prepared for upcoming challenges¹! However, we very rarely interpret these symptoms (e.g., heart pounding) in a positive way, likely because they make us feel so uncomfortable. But our interpretation of these symptoms can be really important in how we experience anxiety. Anxiety is often the result when we over-estimate the anticipated threat (high physical symptoms) and under-estimate our abilities (inaccurate interpretations).

Research estimates of anxiety disorders in pediatric populations vary between 6% and 20%^{2,3}. Anxiety symptoms can include restlessness, feeling tired easily, trouble concentrating, feeling irritable, muscle tension, and trouble sleeping⁴. In children, anxiety often manifests by pain; children experiencing anxiety may complain of frequent tummy aches or headaches. It is important to make sure there are not medical reasons for your child's concerns before considering this as a symptom of anxiety. Anxiety in a child can lead to avoiding situations (e.g., school, birthday parties, public places), seeking attention or reassurance frequently from you, and resulting in them being highly dependent on you or other trusted adults.

If you are concerned about your child's behavior or attention, please consult a professional regarding your concerns. When we feel uncomfortable, we often do something different so we feel more comfortable. But often this can make anxiety worse. Research has found that Behavioral or Cognitive-Behavior Therapy is the evidence-based treatment for anxiety⁵. There is recent research to suggest that working directly with a child's parents, instead of working with the child, may yield positive results in decreasing the impairment and/or symptoms of anxiety in children⁶. This is a great alternative to consider for children who may be particularly shy or slow to warm up in the therapy setting.

You can help! There are some changes that parents and children can make to help reduce a child's anxiety symptoms.

PLAY: Find an activity that your child enjoys, has expertise in, and does not find too challenging. Finding these types of activities can allow your child to lose track of time and focus instead of enjoying themselves engaged in the activity.

EAT: frequently, drink frequently, and skip caffeine! Avoid processed foods and foods with high sugar content. Please consult your doctor before making major changes with your child's diet.

SLEEP: Make sure your child is getting enough sleep. Recent research shows that 50% to 83% of children are not getting enough sleep⁷. Below are recommendations for sleep length based on age:

Child's Age	Recommended Hours of Sleep ⁸
3 to 5 years old	11 to 13 hours of sleep
6 to 12 years old	10 to 11 hours of sleep
13 to 17 years old	9 to 9 1/2 hours of sleep

¹ https://www.ted.com/talks/kelly_mcgonigal_how_to_make_stress_your_friend?language=en

² Wehry, A. M., Beesdo-Baum, K., Hennelly, M. M., Connolly, S. D., & Strawn, J. R. (2015). Assessment and treatment of anxiety disorders in children and adolescents. *Current psychiatry reports*, 17(7), 52.

³ Polanczyk, G. V., Salum, G. A., Sugaya, L. S., Caye, A., & Rohde, L. A. (2015). Annual Research Review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *Journal of Child Psychology and Psychiatry*, 56(3), 345-365.

⁴ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.

⁵ Reynolds, S., Wilson, C., Austin, J., & Hooper, L. (2012). Effects of psychotherapy for anxiety in children and adolescents: A meta-analytic review. *Clinical psychology review*, 32(4), 251-262.

⁶ Lebowitz, E. R., & Shimshoni, Y. (2018). The SPACE program, a parent-based treatment for childhood and adolescent OCD: The case of Jasmine. *Bulletin of the Menninger Clinic*, 82(4), 266-287.

⁷ Wheaton, A.G., Jones, S.E., Cooper, A.C., & Croft, J.B. (2018). Short sleep duration among middle school and high school student -- United States, 2015. *Morbidity and Mortality Weekly Report*, 67, 85-90.

⁸ Mindell JA & Owens JA (2003). *A Clinical Guide to Pediatric Sleep: Diagnosis and Management of Sleep Problems*. Philadelphia: Lippincott Williams & Wilkins.