Diagnosis and Treatment of Anxiety In Children and Adolescents

Prevelance

Anxiety disorders in children and adolescents are very common and disabling. They are the most common mental health disorders found in child and adolescent populations. Recent estimates suggest that 8% - 22% of children and adolescents may suffer from an anxiety disorder (Briesch et al., 2010). In adolescence (13-18 year olds), the prevalence rises to 25.1% and is 5.9% for the prevalence of severe anxiety disorders (Merikangas et al., 2010).

Outcomes if Untreated

Most anxiety disorders have their onset in childhood or adolescence. Anxiety disorders with their onset in childhood significantly "increase the risk of poor achievement scores later in childhood, educational underachievement in young adults, the development of substance abuse and conduct problems, the use of long-term psychiatric and medical services, and greater overall functional impairment" (Connelly, Suarez, & Sylvester, 2011). Research has shown that anxiety disorders are highly co-morbid with other anxiety disorders and with other psychiatric disorders including depression, ADHD, Pervasive Developmental Disorders and substance abuse.

Despite being common, anxiety disorders in children and adolescents often go undetected and untreated (Chavira, Stein, & Bailey, 2004). Early identification and treatment can improve functioning in childhood and reduce the negative impact of unrecognised anxiety disorders and their persistence into adulthood.

Anxiety symptoms

Anxiety Symptoms include unexplained somatic symptoms such as gastrointestinal issues or headaches; nightmares, and/or insomnia; a reluctance to fall asleep without a parent; excessive distress (eg., tantrums) when separation from primary caregiver is imminent; excessive homesickness; excessive shyness or inability to speak to others outside of family; excessive worrying and high levels of reassurance seeking; ongoing reluctance to go to school or participate in normal activities; debilitating perfectionism; fears and avoidance of specific or anticipated objects or situations such as needles, vomit, blood, spiders, or death; avoidance of social situations that reduce a child's quality of life; marked fall in academic achievement; irritability; restlessness, fidgeting, or trouble concentrating; excessive disobedience or aggression; high levels of distress such as crying; or the overuse of alcohol or other drugs.

Treatment

Cognitive Behavioural Therapy (CBT) has received the most empirical support as an effective treatment for this population (Connelly, Suarez & Sylvester, 2011).

CBT for childhood anxiety disorders consists of:

- psychoeducation of child and caregivers about anxiety and CBT for anxiety disorders;
- somatic education and affective differentiation that includes self recognition of affective anxious state and related somatic reactions;
- somatic management-skills training that includes self-monitoring, muscle relaxation, diaphragmatic breathing, and relaxation imagery;
- cognitive restructuring by identifying and challenging negative thoughts and expectations and modifying self-talk;
- practicing problem solving by generating several potential solutions for anticipated challenges and generating realistic action plans ahead of time;
- exposure methods, including imagined and live exposure with gradual desensitisation to feared stimuli;
- developing relapse prevention plans; and
- additional sessions with parents and teachers to coordinate strategies to be concurrently implemented at home and school.

Additional components of CBT for youth populations include contingency management with positive reinforcement for youth's efforts and successes, learning to self-reward and model self-praise, and parents acting as CBT coaches and modelling effective coping in anxious situations.

CBT can be modified for 4-7 year olds. This treatment includes: age appropriate instruction to manage anxiety, exposure exercises modified with games and immediate positive reinforcement, increased parental participation in modelling and reinforcing coping strategies and parental training skills.

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