



# Anxiety Basics

In this guide you'll learn the signs and symptoms of anxiety, how it's diagnosed and how it's treated.

## What Is Anxiety?

While feeling anxious is a natural reaction to stressful situations, an anxiety disorder can be diagnosed when a child's anxiety interferes with her ability to handle everyday situations, or prompts her to avoid things that most people her age enjoy.

Anxiety has many symptoms and can look very different from child to child.

Here are some common signs that might indicate an anxiety disorder:

- Trouble sleeping
- Complaining about stomachaches or other physical problems
- Avoiding situations
- Exhibiting clingy behavior around parents or caregivers
- Trouble focusing in class or being very fidgety
- Disruptive behavior and explosive outbursts
- Overly self-conscious behavior

## What to Look For

Children can be diagnosed with different kinds of anxiety depending on what they are struggling with. Several different anxiety disorders are described below.

### Separation anxiety disorder

Children with separation anxiety experience great distress in being separated from their caregivers. In order to be diagnosed with separation anxiety disorder, the child's distress should be excessive for his age and also prevent him from participating in age-appropriate activities.

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Symptoms include:

- Worry about losing parents or other attachment figures through illness or death
- Unreasonable fear of an event that causes separation (such as getting lost or being kidnapped)
- Reluctance or refusal to leave home for school
- Undue fear of sleeping or being alone
- Persistent nightmares about separation
- Physical symptoms (such as headaches or stomachaches) in conjunction with separation or anticipation of separation

To meet the criteria for separation anxiety disorder, the child must have symptoms for at least four weeks.

## Social anxiety disorder

Children with social anxiety disorder are excessively self-conscious, making it difficult for them to socialize with peers and participate in class.

For a diagnosis of social anxiety disorder, a child's fear of being humiliated during social encounters must be severe enough to interfere greatly with her normal functioning. Symptoms include:

- Actively avoiding anxiety-inducing social situations or suffering through them with intense distress
- Panic reaction (shaking, sweating, shortness of breath) in response to social situations or, among young children, tantrums and crying
- Fear of appearing anxious and being judged negatively for it

## Selective mutism

Children with selective mutism have a hard time speaking in some settings, like at school around the teacher. This difficulty goes beyond typical shyness — kids with SM are “frozen” with anxiety and feel unable to speak.

For a diagnosis of selective mutism, the following criteria must be met:

- The child must be able to speak in some settings but not in others
- The condition must have lasted for a month (not including the first month of school)
- The inability to speak must interfere with schooling and social activities
- The inability to speak must not be attributable to a communication disorder or a lack of knowledge of the language being spoken

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### Generalized anxiety disorder

Children with generalized anxiety disorder worry about a wide variety of everyday things. Their anxiety can be distinguished from typical worry in its excessiveness, duration and lack of precipitating events. Kids with generalized anxiety often worry particularly about school performance and can struggle with perfectionism.

A diagnosis of GAD can be made when a child's anxiety is beyond his control, is focused on a number of different activities, causes significant distress or impairment, and is present "for more days than not" for at least 6 months.

Symptoms include:

- Restlessness
- Feeling on-edge
- Fatigue
- Loss of focus
- Irritability
- Muscle tension
- Trouble sleeping

### Panic disorder

Children with panic disorder can experience repeated, unpredictable panic attacks that can cause feelings that are often misinterpreted as impending death and heart attack-like symptoms, and can result in a disconnection from reality.

A diagnosis of panic disorder often occurs only after medical explanations for signs and symptoms, as well as other psychiatric disorders — including OCD and PTSD — are exhausted. A professional will diagnose panic disorder if attacks are recurrent and unexpected, and if one attack is followed in the ensuing months by other signs including:

- Preoccupation with the possibility of further attacks
- Fear of the effects of an attack, including the feeling of having a heart attack or "going crazy"
- A considerable change from normal behavior following the attacks, such as avoiding places associated with them

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### Obsessive-compulsive disorder

Children with OCD have intrusive thoughts and worries that make them extremely anxious, and they develop rituals they feel compelled to perform to keep those anxieties at bay. OCD can be diagnosed when a child has obsessions, compulsions or both.

- Obsessions are unwanted and intrusive thoughts, images or impulses. Obsessions make kids feel upset and anxious.
- Compulsions are actions or rituals kids are driven to perform to get rid of their anxiety.

### Specific phobia

A child with a specific phobia has an excessive and irrational fear of a particular thing, like being afraid of animals or storms. The object of a specific phobia must be something not normally considered dangerous, and avoiding that object will cause significant impairment to the child's ordinary functioning. It is common for individuals to have multiple phobias.

Specific phobias are commonly classified in five categories:

- Animal Type, if the phobia concerns animals or insects
- Natural Environment Type, if the phobia concerns objects such as storms, heights or water
- Blood-Injection-Injury Type, if the phobia concerns receiving an injection or seeing blood or an injury
- Situational Type, if the phobia concerns a specific situation like flying, driving, tunnels, bridges, enclosed space or public transportation
- Other Type, if the phobia concerns other stimuli such as loud sounds, costumed characters, choking or vomiting



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## Treatment for Anxiety

Anxiety is best treated with either behavioral therapy or a combination of behavioral therapy and medication.

The evidence-based therapy of choice for anxiety is cognitive behavioral therapy, or CBT. CBT is based on the idea that how we think and act both affect how we feel. By changing thinking that is distorted, and behavior that is dysfunctional, we can change our emotions.

One of the most important techniques in CBT for children with anxiety is called exposure and response prevention. The basic idea is that kids are exposed to the things that trigger their anxiety in structured, incremental steps, and in a safe setting. As they become accustomed to each of the triggers in turn, the anxiety fades, and they are ready to take on increasingly powerful ones.

Medication can alleviate symptoms of anxiety as well, and may make behavioral therapy more effective for some children. SSRIs, or selective serotonin reuptake inhibitors, have proven effective at managing anxiety.

**Additional Resource:**

- [childmind.org/parents-guide-getting-good-care](https://childmind.org/parents-guide-getting-good-care)
- [childmind.org/teachers-guide-anxiety](https://childmind.org/teachers-guide-anxiety)



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The Child Mind Institute is an independent, national nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. Our teams work every day to deliver the highest standards of care, advance the science of the developing brain and empower parents, professionals and policymakers to support children when and where they need it most. Together with our supporters, we're helping children reach their full potential in school and in life. We share all of our resources freely and do not accept any funding from the pharmaceutical industry. Learn more at [childmind.org](https://childmind.org).