



The Anxious Child

All children experience anxiety. Anxiety in children is expected and normal at specific times in development. For example, from approximately age 7 months through the preschool years, healthy youngsters may show intense distress (anxiety) at times of separation from their parents or other persons with whom they are close. Young children may have short-lived fears, such as fear of the dark, storms, animals, or strangers.

Anxieties can become severe and begin to interfere with the daily activities of childhood, such as separating from parents, attending school, and making friends. You should discuss concerns you have about your child's anxieties with your child's physician. The physician may then refer your child to a mental health professional for an evaluation.

A child or adolescent with severe separation anxiety may show some of the following:

- constant thoughts and fears about safety of self and parents
- refusal to go to school
- frequent stomachaches and other physical complaints
- extreme worries about sleeping away from home
- overly clingy behavior at home
- panic or tantrums at times of separation from parents.

Some anxious children are afraid to meet or talk to new people. Children with this difficulty may have few friends outside the family. Other children with severe anxiety may have:

- many worries about things before they happen
- constant worries or concern about school, friends, or sports.

Anxious children are often overly tense or uptight. Some may seek a lot of reassurance, and their worries may interfere with activities. Because anxious children may also be quiet, compliant, and eager to please, their difficulties may not be easily noticed. Parents should be alert to the signs of severe anxiety so they can intervene early to prevent complications. Early treatment can prevent future difficulties such as loss of friendships, failure to reach social and academic potential, and feelings of low self-esteem.

Severe anxiety problems in children can be treated. Treatments may include a combination of individual psychotherapy, family therapy, medications, behavioral treatments, and consultation to the school.

Developed by the American Academy of Child & Adolescent Psychiatry.

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