

# Initial Approaches to Addressing Behavioral & Emotional Concerns in Primary Care

## Background: Anxiety

### Anxiety is Common

Six to twenty percent of children and adolescents have anxiety disorders (eg, separation anxiety, generalized anxiety, specific phobia, social phobia, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder). Many other children experience periods where they have worries or fears that impact functioning at home and/or school. Although some children may present to their pediatrician with specific anxiety-related concerns, others may present with unexplained somatic symptoms, difficulties with peers, and/or poor school performance. Children with high levels of anxiety may also have parents with high levels of anxiety.

### Anxiety Symptoms Vary by Age & Developmental Stage

Fears or worries that keep children from participating in developmentally appropriate activities, cause significant distress to the child, are associated with acting-out behaviors, or develop after a traumatic or major life event require further evaluation or intervention.

The most common types of fears or worries vary with age:

- Infants/Toddlers/Preschool Children: separation from caregiver, strangers, imaginary beings or costumes
- School Age Children: separation or being alone, harm to parents, social situations (ie, social anxiety), school (ie, school avoidance)
- Adolescents: performance anxiety, school avoidance, fear of not fitting in with peers, social anxiety

### Other Things to Consider in the Anxious Child

Anxiety may be caused by or co-occur with a number of other conditions. When evaluating the child consider the following conditions:

- Developmental Disorders & Learning Disabilities: Particularly if problems are primarily related to school performance.
- Other Mental Health Problems: It is particularly common for depression and anxiety disorders to coexist. Many children with ADHD, autism spectrum disorders, intellectual disability, and obsessive compulsive disorder also have anxiety disorders.
- Medical Problems: Consider medication side effects, drug or alcohol withdrawal, thyroid disease, hypoglycemia, endocrine disorders, tumors, asthma, arrhythmias, seizure or other CNS disorders. Remember to conduct a thorough history and physical examination to 'rule-out' these types of problems. Keep in mind that compared to healthy children, those with chronic medical conditions are more likely to have anxiety disorders.
- Psychosocial Stressors: Consider everything from routine life events such as separations to bullying and the most severe traumas like child abuse and witnessing violence in the home or community. Consider whether the child is taking responsibility for family stresses.
- Parental Anxiety: Genetic factors, what the child learns from seeing the parent's response to anxiety provoking stimuli, and restrictions that anxious parents place on their child's activities may all contribute to the child's anxiety.

## Helping the Child With Anxiety

- Work with the parent and child to reduce stressors if possible. Advise parents to refrain from allowing their child to avoid developmentally appropriate situations or expectations that cause anxiety. Avoiding these situations will only make the child's anxiety worse in the long-run.
- Getting appropriate amount of sleep and regular exercise can help reduce anxiety.
- Consistent routines, warning children about transitions, and discussing how to handle anxiety producing situations is often helpful. Do not "trick" the child into exposure to anxiety provoking situations or sneak out on a child with separation anxiety. These approaches will worsen anxiety.
- Rename the fear, find examples that contradict fear, help the child take control of the fear--some young children like the concept of being "the boss" of the fear (eg, give the fear a silly name, draw a picture of the "fear monster" that can be crumpled, put in time out or controlled in some other way).
- Gradually increase exposure to feared objects or experiences so child is successful and can master the fears.
- Offer small rewards for displaying brave behavior to increase chance of the child being successful in tolerating the exposure to the feared situation or stimulus.
- Parents need to be calm and confident that the child will be successful.

## Referring the Child With Anxiety

If a child's anxiety is causing moderate to severe disruption in functioning or distress to the child and/or the above suggestions do not seem to be helping, it is appropriate to refer the child for further treatment. If the parents have high levels of anxiety, other psychopathology, or there is significant marital discord referral is also appropriate. Cognitive-behavioral therapy and exposure therapy are the interventions with the strongest evidence of efficacy.

- Cognitive-Behavioral Therapy: Focuses on changing how the child thinks about his or her fear, increasing exposure to feared object or activity, and relaxation strategies such as deep breathing, muscle relaxation, and positive self-talk (repeating positive or reassuring statements to oneself).
- Exposure Therapy: Focuses on increasing exposure to feared object or activity.
- Medications: There are no FDA approved medications for the treatment of anxiety disorders in children. However, SSRIs are the medications most frequently used in practice.
- Other Interventions with support: Assertiveness training, hypnosis, biofeedback.