

Exceptionalities in Children: Generalized Anxiety Disorder

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Generalized anxiety disorder, a chronic emotional disorder characterized by excessive worrying, is perhaps one of the most overlooked exceptionalities in children. Many times, children experiencing generalized anxiety disorder may be characterized as just being “shy” and parents may belittle the child’s worrying. However, it’s important to recognize the symptoms and characteristics of this disorder in children because this disorder can become a chronic issue in the child’s life. Generalized anxiety disorder is the most commonly diagnosed anxiety disorder in children and adolescents and can be very distressing for a child, impacting social, emotional, educational, and physical aspects of their life (Huberty, 2012, p.107). Now, let’s look at the characteristics of this disorder in children.

All children experience some kind of anxiety, it is a normal aspect of growing up. All children develop fears such as being afraid of the dark, or monsters. However, this becomes an issue when the worrying and fears impact their daily functioning. Generalized anxiety disorder is characterized by excessive worrying about future events or outcomes and this worrying is extremely out of proportion (Huberty, 2012, p. 107). Children experiencing this disorder also tend to try to avoid things that pertain to their anxiety. According to the DSM-IV-TR, diagnostic criteria for generalized anxiety disorder includes: excessive worrying for most days for at least 6 months, a difficulty in controlling anxiety, difficulty concentrating, restlessness, fatigue, irritability, sleep issues, etc (Huberty, 2012, p.108). It is important to note that in diagnosing children, they only need to have one of those symptoms present for at least 6 months. It is also important to note that these symptoms are not generalized anxiety disorder if the worrying pertains to being separated from loved ones (separation anxiety), eating and gaining weight (anorexia), having a specific phobia (specific phobia disorder), or worrying about having a panic attack (panic disorder) (Siegel, Dickstein, 2012). Additionally, it is important to note that

generalized anxiety disorder causes significant impairment in the child's educational, emotional, social, and physical aspects of their life and cannot be diagnosed with this disorder if it does not significantly impact certain areas of their life. In children, generalized anxiety disorder can look extremely different from adults. Manifestation of this disorder in children can have a more behavioral presentation such as throwing tantrums, excessive crying, freezing up, being sick, having difficulties concentrating, perfectionism, etc., instead of stating they are anxious (Siegel, Dickstein, 2012). Additionally, behavioral problems, school performance problems, avoidance of school, and social withdrawal are also common (Siegel, Dickstein, 2012).

As stated in the beginning, generalized anxiety disorder is the most commonly diagnosed anxiety disorder in children and adolescents. Generalized anxiety disorder most commonly presents itself before adulthood, usually around 10 or 11 years old, but can present itself at an even younger age, although it's less likely (Siegel, Dickstein, 2012). Interestingly, the prevalence rate of generalized anxiety disorder in preadolescent children is about 3%, compared to adolescents, which is 10% (Huberty, 2012, p.108). This supports the idea that this disorder is more common in adolescents than in younger children. There is also a lifetime prevalence rate of GAD of 5.1% (Huberty, 2012, p.108). Additionally, it has also been found that having an anxiety disorder in childhood can increase the risk of having anxiety in adulthood (Siegel, Dickstein, 2012). Furthermore, generalized anxiety disorder is most common in female children and adolescents (Siegel, Dickstein 2012). Comorbidity rates of other disorders are high in GAD. GAD is most commonly diagnosed with major depressive disorder and with both, daily functioning can be even tougher (Huberty, 2012, p.110). Other disorders that have a high comorbidity rate with GAD in children include attention deficit hyperactivity disorder, obsessive compulsive disorder, and social phobia (Siegel, Dickstein, 2012). An interesting finding in the

research of GAD in children concludes that substance abuse and alcohol abuse is more common in female adolescents who are diagnosed with GAD than in males (Siegel, Dickstein, 2012). This further suggests certain important gender differences in this disorder.

So, what causes generalized anxiety disorder? It is hard to say exactly for sure what causes this disorder, but there are many environmental, psychological, and biological risk factors that play into the development of this disorder. One risk factor is the way threats are perceived by young children. Behavioral inhibition is a trait in children that makes the child more prone to having an extreme reaction to new situations (Siegel, Dickstein, 2012). Another risk factor includes family history. If parents or siblings of the child have an anxiety disorder, the risk that the child will get it increases. Certain family dynamics also play a role in the development of this disorder. Furthermore, if a child experiences some kind of adversity (low income household, trauma, bullying, major life changes, etc.) then the risk for developing this disorder as well as other emotional disorders increases. Finally, biological factors play a role as well. Studies have shown that children with this disorder have differences in grey matter in the brain. Also, studies have shown that these children have amygdala abnormalities (Siegel, Dickstein, 2012). In conclusion, there are many biological brain differences in children who have anxiety disorders compared to normal functioning children.

Approaches to treating GAD in children vary. Firstly, there are many non- educational approaches to treating a child with GAD. Cognitive behavioral therapy has been found to be the best approach to treating GAD (Siegel, Dickstein, 2012). Cognitive behavioral therapy is great because it teaches the child to restructure the way they think, and to be able to better process emotions, which in turn has better effects on their behavior. However, other treatments such as group cognitive behavioral therapy, exposure therapy, psychoeducation for parents and children,

relaxation techniques, and SSRI/SNRI medications (ex.fluoxetine), have been shown to be effective (Siegel, Dickstein, 2012). Psychoeducation is a technique used to help inform the parents and the child of what anxiety is and the different types, as well as common symptoms and ways to manage it (Siegel, Dickstein, 2012). Although there are not any straightforward educational approaches for helping kids with anxiety, there are many ways educators can help a student who is struggling with anxiety. Educators must first be informed of the diagnosis and from there become educated on the symptoms and what anxiety looks like for the child. When the educator is educated about the disorder, the educator can talk with the child/parents and establish things that both the educator and the child could do to help manage anxiety while in the classroom.

Many people debate what is the best treatment for childhood GAD. GAD can be hard to manage for children which is why it is important to find the right treatment for symptoms. Benzodiazepines, a type of medication used for anxiety disorders, is very effective for treating anxiety in adults. However, there has been debate on whether using benzodiazepines long term for children with GAD and other anxiety disorders is a good idea. Benzodiazepines are very effective in calming someone down, but for both children and adults, there are long lasting negative effects (Siegel, Dickstein, 2012). It's known that using benzodiazepines for a long period can lead to physiological dependence on the drug, leading to addiction and abuse of the drug. This is why many clinicians try not to prescribe benzodiazepines long term, despite it having calming effects (Siegel, Dickstein, 2012). Furthermore, benzodiazepines are good to use for children for short periods of time (child starts having an anxiety attack, etc.) (Siegel, dickstein, 2012).

In conclusion, generalized anxiety disorder is one of the most overlooked exceptionalities in children. GAD is also the most commonly diagnosed anxiety disorder in children and adolescents. Generalized anxiety disorder is extremely difficult to deal with, especially as a child, which is why it's important for parents and educators to know how to effectively notice and manage symptoms. GAD is characterized by excessive worrying about many things that in turn affect mood and behavior. GAD is most common in females, and is most commonly seen in adolescents. Biological, psychological, and environmental factors all play a role in developing GAD, such as, family history, brain abnormalities, and personality traits that make someone more prone to experiencing anxiety, adversities, etc. Treatment of GAD includes, certain SSRI/SNRI medications, cognitive behavioral therapy, group therapy, psychoeducation, and exposure therapy. Educators and parents should be aware of how GAD may affect school performance and learn with the child different skills to help them in the classroom.

### References

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