

# Letter

## Child Study Center

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### Editors' Comment

*Mental health professionals have long believed that the majority of mental health problems in adults are rooted in childhood, generally before the age of 14. According to recent research, mental health problems may originate as early as the preschool years. One in 10 children aged 2 to 5 were found to be experiencing anxiety, depression, or other mental illness. Anxiety disorders were the largest category, occurring in 9.5 percent of the children, in the form of separation anxiety, social anxiety, specific fears, or generalized anxiety.*

*The importance of early identification is highlighted by studies that have shown that children who experience anxiety symptoms and extreme shyness in the preschool years are likely to show later anxiety, school difficulties, and maladjustment. Learning to cope with fears and phobias contributes to a child's overall emotional and social development. Prevention and intervention in the early years can help children form a solid base for the building of positive relationships, self-confidence, and the ability to deal with the changes and challenges of development.*

*Dr. Christopher P. Lucas, M.D., MPH, Director of the Early Childhood Service of the NYU Child Study Center, explains further the nature of fears and anxiety in young children in an interview with Dr. Anita Gurian, Executive Editor of AboutOurKids.org. Dr. Lucas discusses the early manifestations of anxiety, normal fears, temperament and anxiety, phobias, and the ways in which parents and teachers may prevent anxiety. Indications for professional consultations are also discussed.*

HSK/AG

### Anxiety in the Preschool Years

#### Introduction

*Julia, aged 3, is generally talkative and alert, but when visitors come to the house she clings to her mother and becomes listless and withdrawn.*

*Victor, 3 ½, won't go outside if there's a dog anywhere in the vicinity. He refuses to play at a friend's house because the friend's neighbor's dog barks.*

*Sally, 3, cries inconsolably when her mother leaves for a few hours and refuses to eat until her mother comes home.*

*Callie, 3 ½, seems to want to play with other children in the playground, but doesn't quite know how to join the group.*

Could these children be anxious? Depressed? What do young children have to be anxious about?

Recent research (Egger & Angold 2006) finds that 1 in 10 children ages 2 to 5 can be experiencing anxiety, depression, or other mental illness. Dr. Christopher P. Lucas, M.D., MPH, Director of the Early Childhood Service of the NYU Child Study Center, responds to questions about the manifestations of mental illness in very young children.

#### Isn't normal to feel anxious sometimes?

Anxiety is not only a normal response, it's a necessary response. Anxiety makes children feel wary and unsafe in a situation they perceive as dangerous. Some youngsters, however, experience anxiety more strongly and more

readily than others, and they worry excessively or show extreme distress and avoidance.

#### Are children actually born fearful and anxious?

Some fears are inborn, some are learned, and others are taught. Actual anxiety can't be distinguished until about six months. When younger infants cry they're showing distress, but it's usually due to some kind of physical discomfort. Or they may be startled by a loud noise or a sudden movement.

#### When do children first show anxiety?

The first fear is stranger anxiety, and this usually appears at about six months. Some babies, who had previously been friendly, suddenly turn away when they see someone new and cry or cling to their mothers. They're learning to differentiate between people they know and strangers.

Then, at about 12 to 18 months we can see anxiety when a child reacts strongly when she is taken away from his/her parent. The child, possibly feeling threatened at the prospect of separation, may then respond with anxiety and with anger. Later, after a strong expression of anxiety or anger we often see sadness and tears. Clinging to Mom doesn't necessarily mean that the child is frightened and anxious about being away from her; it's a result of the child's own strong emotion to the process of separation.

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### **Young children don't yet have the ability to think things out logically. How does that influence their fears and their ways of coping?**

Young children are working to make sense of the world around them. As their ability to reason and to comprehend is developing, they are apt to confuse reality and fantasy. As they think about 'scary things' they can't separate the impossible from the possible. On the one hand, they may be afraid of unrealistic monsters and wild animals, but they're still not usually afraid of realistic dangers, such as playing in traffic or with fire. Their limited understanding of cause-and-effect relationships also hampers their ability to accurately predict the future. For example, they may think the sun goes down because they're going to bed.

The thinking stage of a child aged 3 or 4 is called intuitive; at this stage they seem certain of the answers, but don't know how they got there. "I just know" is a frequent answer.

### **How does the intuitive stage of thinking affect the young child's ability to reason through a fear?**

Certain characteristics of intuitive thought affect the child's judgment and ability to decide what is really scary. They rely on what something looks like. For example, they may think a friend wearing a Halloween mask has actually turned into a scary being.

Animism is another characteristic of children's thought at this time. They're not sure of the difference between what's alive and what's not. So they can attribute motives and personality to inanimate things. For example, a child may think that anything that moves, such as the wind or a car or a falling leaf, is alive, and thus may believe that objects are personally threatening.

In addition, young children sometimes focus on states that appear to them to be irreversible. For example, when a father shaves off a beard, the child may not realize he's the same person.

### **What are some normal childhood fears?**

Fears change as children grow older. Between 6 months and 3 years, some children are afraid of strangers, as mentioned before. Between 2 and 4 years, they may fear animals. Between 4 and 6, darkness, storms and imaginary monsters are common fears. Mysterious happenings may frighten children between 6 and 12 years. Adolescents fear social embarrassment, academic failure, death, and war.

### **Do young children show specific kinds of anxiety?**

Preschoolers are afraid of dogs, the dark, thunderstorms, sleeping alone or away from their parents, insects/spiders, meeting/talking to strangers, swimming, joining a group of children, speaking in front of a class (show and tell), being dropped off at preschool, or being left with a babysitter.

### **Are these fears common in all cultures?**

Some differences in how fears are expressed have been found among certain cultures. In general, fears are more prevalent in countries which stress self-control, restraint, and compliance with social rules and safety. American and Australian children show more fear of burglars and of getting lost. In Nigeria children show more fears of the unknown, minor injury, small animals and illness. However, little research has been conducted in cultural differences.

### **What factors contribute to fears?**

Temperament is sometimes a factor. Some children have an anxious, inhibited temperament. Differences in children's temperament can be seen even in infancy and have been shown to be consistent over time. Researchers have defined three general temperamental styles in children. Most children are "easy"; they're calm, happy, adaptable, regular in sleeping and eating habits,

positive in mood, and interested in new experiences. Some children are “slow to warm up”; they’re relatively inactive, reflective, tend to withdraw or to react negatively to novelty, but their reactions gradually become more positive with experience. “Difficult” children are often the ones who are anxious, fussy, irregular in feeding and sleeping habits, low in adaptability, fearful of new people and situations, easily upset, high strung, and intense in their reactions.

Another reason that a child may be more fearful than expected is that the parent or primary caregiver also suffers from fears or anxiety. Anxiety is very infectious and can be caught from other people. Just think about the panic that can spread when an elevator stops unexpectedly between floors and one passenger starts to express fear. For children, parents act as their first teacher of emotional coping, and may inadvertently model anxiety when faced with certain situations. However, parents who are sensitive to their child’s temperamental style and can recognize the child’s unique strengths, can make the child’s life smoother. For example, an anxiety-prone child may need advance rehearsal of the expected behavior to help her deal with the new situation.

If a child has other stressful events in his life, he may not have the opportunity to develop strategies to deal with his fears. Other factors may also affect a child’s ability to deal with fears: the child may have had a bad experience with the fear in real life, such as actually being attacked and bitten by a dog. Some parents can increase a child’s fears by being too sympathetic, thus reinforcing the fear rather than helping the child cope with and manage distress and anxiety.

### **When is a fear considered to be a phobia?**

When there is:

- Intense, paralyzing fear focused on a specific object (e.g., dog) or situation (e.g., thunderstorm);

- No evidence of distress unless the child is near the feared object;
- The nearer the child is, the more afraid he gets. Anxiety, however, may abate once he is faced with the feared situation.

A phobia causes major distress or induces significant avoidance of fear provoking situations.

### **What do kids say about being afraid?**

In a study in which teachers asked 272 children to name their fears, they came up with 456 different things that scared them. They also generated 400 strategies for coping with them. Many of the strategies, however, involved aggressive bravado such as killing or stabbing, and escape by running and hiding.

### **How can parents help children learn to deal with their fears?**

Parents can provide a secure base that enables children to reach out and explore their world, feeling sure that they can return to that base for a reassuring word, hug, or hand to hold. From that secure place, parents can encourage children, but never force them, to engage in an activity that they find threatening. The child will gradually develop a sense of confidence as he learns that he can master and control worries and fears.

Parents are their children’s first models. Be calm and confident in unexpected situations – anxiety is catching.

Prepare children in advance for potentially fear-inducing situations. Avoid excessive reassurance; overemphasis may cause the child to think there really is something to worry about. Talking too much about a child’s fears and phobias may make them worse.

### **Are there behaviors that parents should avoid?**

Parents should be careful not to:

- Over-protect the child and limit

exposure to potentially fearful situations;

- Overcontrol the child and limit the development of autonomy;
- Criticize the child, thereby reducing feelings of accomplishment; and
- Reinforce fearful behavior by means of attention and/or social rewards.

### **Are there treatments to help children who are overly fearful?**

Helping a child learn to cope with fears and phobias contributes to a child’s overall emotional and social development. A beginning step involves coping with separation and then being alone at night.

Behavioral treatments often used successfully include exposing the child to the feared stimulus by:

- Flooding – high risk strategy;
- Systematic desensitization – starts with the least threatening exposure and slowly works toward actual contact.

Both share a main principle – rewarding the child’s attempts to cope with fear and distress and to reduce avoidance. Modeling, distraction, and relaxation methods can also be used.

### **How can early childhood educators help children deal with anxiety?**

When screening before admission, consider including questions regarding worries, fears, and ways of coping. Some indicators of risk are parental anxiety, subclinical levels of child anxiety, a behaviorally inhibited/shy temperament. Other risk factors not easily observed include insecure pattern of attachment, experiencing parental divorce, or other traumatic event.

Be aware of normal fears and of the cultural and ethnic attitudes and values that might affect children’s reactions. Observe and listen to the child during tasks and imaginative/dramatic play. Provide comfort and

security. Engage children in problem solving, such as brainstorming for ideas about room arrangements, menus, play props, music, etc. Assist parents with strategies to manage anxiety.

Prepare in advance if you suspect that an upcoming event or visitor might make some children anxious. Common classroom events that frequently evoke fear include: visits by animals and field trips away from the security of the school. Answer questions and explain what will happen. Offer the choice of interacting, participating or simply observing. Describe how the children's safety will be ensured.

Be a model for coping. Just as children mimic your words and mannerisms when playing school, so they will imitate your manner of dealing with fears. Try to demonstrate outward calm and confidence even if you have inward pangs of panic. Children sense confidence just as they sense fear.

Peers also serve as models. Having children watch peers or even view videos of other children coping with fear-inducing stimuli decreases anxiety. Other children can act as positive models. Point out exactly what other children are doing when they pick up the guinea pig or step onto an escalator.

Verbalize coping strategies; for example, if the power goes out during a storm, a teacher might say, "I'm sure the lights will come back soon. In the meantime we have a flashlight. Sometimes when it's dark I like to pretend that I'm camping. Let's pretend together."

Teach self-talk. Children can practice saying specific reassuring or encouraging phrases to motivate themselves.

Incorporate specific activities into the curriculum. Develop units around such themes as monsters, insects, superheroes, shadows, bones and

skeletons, masks, sea animals, dogs, or the weather. Finding the facts helps to dispel fear.

Dramatic play is natural for working through fears. Pretend with the children. Go on a bear hunt, create a zoo with 'wild' stuffed animals, or go to the dentist or hospital. Select books that show children dealing with facing scary situations.

### **How prevalent is clinical anxiety in preschool children?**

A recent study (Egger and Angold 2006) showed that 2.5 percent of a sample of 5-year-olds had severe anxiety problems, which were relatively stable over a 4-month period. Epidemiologic studies have demonstrated that children as young as 4 or 5 years may manifest significant levels of symptoms of generalized anxiety, separation anxiety, social phobia, and specific phobia.

### **Is there a connection between anxiety in preschool and later anxiety?**

Several studies have shown that when children experience anxiety symptoms and extreme shyness in the preschool years they are likely to show later anxiety, school difficulties, and maladjustment. One study showed that 90 percent of preschoolers with a diagnosed mood or anxiety disorder continued to show the disorder 1 to 3 years later. Another study showed that children who reported they were anxious at age 5 had difficulty functioning 4 years later.

### **Why is identification during the preschool period important?**

The early years are a time when children are beginning to develop self-reflective awareness of their own anxious tendencies, as well as an awareness of the view of others. Children who experience new people and new experiences as anxiety-provoking may interpret events as threatening and see themselves as vulnerable, reactive, and helpless.

Behavioral interventions at this age

can promote mastery and may help prevent the formation of cognitive biases, thereby improving a child's sense of competence.

Left untreated, anxiety disorders can cause difficulties in several areas of development. The early years of life form the basis for a child to have positive relationships, self confidence, and the ability to deal with change and challenge.

Following are the types of anxiety disorders, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) used to diagnose mental disorders:

#### ***Separation Anxiety Disorder***

Anxiety over separation from familiar people and situations is a normal part of growing up, and generally this anxiety eases as a child gets older. A child or adolescent who experiences excessive anxiety on routine separation from parents, caregivers, home, or other familiar situations may be suffering from separation anxiety disorder.

Common markers include crying, clinging, or panic when faced with separation as well as excessive worrying about harm to loved ones or fear that they will not return home. Children may be reluctant to sleep alone and may refuse to attend school.

#### ***Social Phobia***

As children develop, they are expected to interact socially with peers and adults. Some children, however, experience unusually high levels of anxiety when faced with certain social situations. They report anxiety and avoidance of these situations due to fears of looking foolish, being rejected, or being evaluated negatively. When such anxiety and avoidance causes significant distress and interferes with daily function, it may be considered social phobia.

Common markers include fears of starting or joining a conversation, making and keeping friends, giving oral reports, taking exams, being

assertive, eating in public, or taking part in performance-based activities like gym or music.

### **Generalized Anxiety Disorder**

Every child and adolescent worries about things at school and in everyday life. Some, however, can't stop worrying no matter how much reassurance is given to them. Children and adolescents with generalized anxiety disorder have excessive and uncontrollable worry about a variety of topics from school performance and personal health to world events and family issues.

Common markers include worrying about a wide spectrum of topics (e.g. competence, school, future events, past events), increased irritability, sleep disturbance, and muscle aches and pains.

### **Panic Disorder**

Panic disorders are recognizable by symptoms such as shortness of breath, pounding heart, tingling and numbing sensations, hot or cold flushes, and terror when in certain situations or places. During a panic attack the child feels intense fear or discomfort, a sense of impending doom or sensations of unreality.

## **REFERENCES**

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