Chelsea is a 5 year old girl commencing Prep. Her teachers and parents are concerned because Chelsea cries, throws tantrums and complains of feeling sick before attending school. Chelsea is currently attending half days only due to the distress she is experiencing. She will not speak to teachers or classmates, make eye contact or join in activities. Currently her father returns to school at lunch-time to sit with Chelsea while she eats lunch. Chelsea’s parents described her as an “irritable” infant who became easily distressed in unfamiliar situations. They had previously attempted placing her in formal child care at 3 and 4 years of age and on both occasions, withdrew her from care after a few days due to Chelsea’s distress. They described Chelsea as “relaxed and outgoing” at home and in the company of familiar people. However, Chelsea has had little opportunity for interaction with others outside the immediate family as they have not made new friends since moving to the area 3 years ago and most of their extended family was living abroad. Moreover, her parents described themselves as “quiet people” who prefer to keep to themselves. Her parents are struggling with Chelsea’s distress and are considering home schooling. Her teachers are warm and friendly and try to reward Chelsea with praise and stickers when she stays calm. Chelsea also receives two individual classes each day with a support teacher to prevent her from becoming overwhelmed. However, her teachers and parents acknowledge that this level of support is unsustainable and that Chelsea’s behaviour needs to change.

Facts about anxiety in children
Some degree of anxiety and nervousness is a perfectly normal part of children’s emotional development. However, for approximately 10-15% of children, anxiety may be so intense or persistent, as in Chelsea’s case above, that they are unable to do things other children their age are capable of. In these cases, an anxiety disorder diagnosis and treatment are often warranted. What is particularly concerning is that children with anxiety disorders who go untreated are more likely to develop later psychological problems, including anxiety, depression, substance use problems, eating disorders and behaviour problems. They are also more likely to have poor social skills, to be liked less by others, and to under-achieve academically.

The origins of childhood anxiety involve a complex interplay of biological factors and experiences learned from within the child’s environment, several of which are highlighted in Chelsea’s case above. Biological factors generally include a reactive or emotional temperament apparent during infancy and beyond, genetics (anxiety seems to run in families), and the child’s thinking style (greater likelihood of interpreting things as scary and dangerous). Learning factors include traumatic events, watching others who are anxious, reduced opportunity for exposure to a range of situations, rewarding anxious behaviour (e.g., giving hugs when a child is anxious; allowing avoidance), and the information children receive from key others in their lives. The extent to which these factors are present in a child’s life will influence the degree of anxiety experienced.

Often, certain types of anxiety problems will emerge in conjunction with key developmental stages. For example, separation anxiety tends to become apparent between 3-6 years of age in conjunction with primary separation processes, such as entering child care or commencing
school. Specific phobias, such as fear of water or heights, tend to emerge during middle childhood when children are more physically capable and interacting to a greater extent with the physical environment. Social phobia tends to emerge later in childhood (10-12 years) when children’s social networks begin to expand, whereas panic disorder onsets in adolescence. Generalised anxiety disorder, obsessive-compulsive disorder, and post-traumatic stress disorder are other forms of anxiety problems often diagnosed during childhood.

**How do Psychologists treat childhood anxiety?**

Numerous studies have now shown that childhood anxiety can be successfully treated with cognitive-behavioural therapy (CBT). CBT for anxiety problems addresses the following essential components:

- Psycho-education (i.e., provides an understanding of the nature, causes and treatment of childhood anxiety);
- Somatic management of physiological symptoms (i.e., deep, diaphragmatic breathing; muscle relaxation);
- Cognitive restructuring (i.e., identifying and challenging anxious thoughts);
- Exposure to anxiety-provoking situations (i.e., using a graduated approach, children learn to manage anxiety in real or imagined anxiety-provoking situations);
- Problem solving (i.e., children generate and test a variety of active coping methods);
- Parent anxiety management (i.e., teaching parents how to manage their child’s anxious behaviour and in some cases, their own anxiety); and
- Relapse prevention (i.e., promoting generalisation and maintenance of treatment gains).

**Medication options**

Anxious children can be referred to a number of health professionals if medical treatment is required. Moreover, many children who have other psychological problems in addition to anxiety may be taking other medications and should be under the care of a GP, paediatrician, or child psychiatrist. Nevertheless, research shows that anti-anxiety medication is more effective when used in conjunction with the child and family learning anxiety management strategies. There may also be significant side-effects from some medications that make psychological approaches to treatment particularly important to consider.

**What can early childhood teachers do to help?**

As anxiety problems can manifest very early in development, early childhood teachers can play an important role in (a) helping ensure anxious children are identified early so formal assessment and treatment can be received, and (b) creating learning environments that promote the development of courageous, non-fearful behaviour.

Early warning signs of anxiety include:

1. somatic symptoms (e.g., diarrhoea, muscle tension, stomach aches, headaches)
2. tiredness usually due to trouble falling or staying asleep
3. attempts to avoid or withdraw from certain situations or stimuli that make them anxious
4. excessive distress in response to situations that make them anxious
5. irritability, restlessness or being "on edge"
6. excessive worrying and asking a lot of “what if….” questions
7. excessive reassurance seeking
8. difficulty concentrating on tasks at hand

Early childhood teachers can assist by doing the following:

1. Being aware of the signs and symptoms of anxiety and raising these with parents and/or school guidance counsellors, as appropriate.
2. Promoting a positive “you can do it” attitude across the entire classroom. Utilise visual aids, class mottos and reward systems for positive “give it a go” behaviours.

3. Modelling and showing children how you deal with and work through challenging tasks and situations yourself.

4. Helping anxious children breakdown anxiety-provoking situations into small steps so they gradually achieve success, rather than allowing them to avoid these situations.

5. Using a calm, quiet voice and avoiding placing anxious children in the “spotlight” until they have mastered their anxiety.

6. Encouraging anxious children to focus on the task at hand, and the various behaviours needed to complete the task, rather than on the emotions they are experiencing.

7. Fostering good relationships with parents. Often parents of anxious children are anxious themselves and children pick-up on this. Model a calm, confident manner with parents, encourage them to leave quickly and confidently if separations are a problem and to avoid the use of excessive reassurance, both verbally and nonverbally. Attend to the child’s distress and quickly engage them in liked activities.

8. For children starting Prep or a new school year, encourage parents to have their child meet other children who are also starting school. Where possible, meet with the child and parents yourself before the school year starts and/or promote an online community where parents and children can get to know one another.

How to find out more information
If you would like more information, please contact Dr Allison Waters (a.waters@griffith.edu.au), School of Psychology, Griffith University.

References


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