



Anxiety Disorders in Youth

Presented by Dr. Gail Bernstein

This module, provides a better understanding of the different types of childhood anxiety disorders, their rating scales for assessment, and evidence-based treatments for them.

WHAT ARE THE RISK FACTORS?

When looking at anxiety disorders in youth, it's important to understand the risk factors. Several key risk factors play important roles: genetics, parenting style, life events, and attachment.

Genetics: Anxiety often runs in families, involving complex interactions between multiple genes.

Parenting Style: Over-controlling, critical, or anxious parenting can increase a child's risk of developing anxiety.

Life Events: Stressful experiences like divorce, moving, loss, bullying, or trauma can contribute to anxiety.

Attachment: Secure early attachment can be protective, while insecure attachment increases the risk for anxiety, especially social anxiety, later in life.

TYPES OF ANXIETY DISORDERS

Understanding the common types of anxiety disorders in youth can help guide more targeted assessment and treatment. The three primary types each present with distinct features and patterns of worry:

Separation Anxiety Disorder: Marked by intense, age-inappropriate fear of being separated from attachment figures.

Features: Irrational fears, physical symptoms (e.g., stomach aches), distress

Examples: Worries about caregiver safety, getting lost, new environments

Generalized Anxiety Disorder (GAD): Characterized by excessive, hard-to-control worry across many areas of life.

Features: Persistent worrying, difficulty managing fears

Examples: School, friendships, health, family, global issues

Social Anxiety Disorder: Involves overwhelming fear of being judged or embarrassed in social settings.

Features: Fear of negative evaluation, avoidance of social situations

Examples: Speaking in class, asking for help, performing, interacting with peers

WHEN DOES ANXIETY BECOME A CONCERN?

Anxiety in children may become a concern when certain warning signs start to appear, such as the following:

- Frequent headaches and stomach aches when anticipating separation or at separation
- Avoidance of activities that the child previously enjoyed
- Sleep disturbance with nightmares
- School refusal

WHAT CONTRIBUTES TO ANXIETY?

A child with anxiety may have co-occurring or comorbid conditions such as:

- ADHD
- Behavior problems
- Depression
- Bipolar symptoms
- Eating disorders
- Substance use

Check the medications they are taking. Some medications might be causing or making their anxiety worse, like these below:

- Antihistamines (Benadryl)
- Steroids
- Cocaine
- Albuterol inhaler
- Stimulants
- Antidepressants
- Marijuana
- Withdrawal from caffeine, nicotine, or alcohol

SCREENING AND ASSESSMENT

The U.S. Preventive Services Task Force recommends routine anxiety screening for all children ages 8 to 18, based on evidence published in JAMA in 2022. However, there is currently insufficient evidence to support screening in children under age 8. Several validated assessment tools (listed below) are available to aid in identification and screening across a range of anxiety disorders, supporting early detection and intervention.

- Screen for Child Anxiety Related Emotional Disorders (SCARED), parent and child versions
- Spence Children's Anxiety Scale (SCAS), parent and child versions
- Preschool Anxiety Scale, parent version
- Generalized Anxiety Disorder-7 (GAD-7)
- Multidimensional Anxiety Scale for Children 2nd edition (MASC 2), parent and child versions

TREATMENTS

Untreated anxiety in youth can lead to serious outcomes, including isolation, avoidance, depression, substance use, school refusal, and even suicide. Evidence-based interventions such as cognitive-behavioral therapy (CBT) and medication are effective in reducing symptoms and improving functioning.

- Key components of CBT include psychoeducation, relaxation strategies, cognitive restructuring, problem-solving, and gradual exposure to feared situations—considered the most critical element for lasting improvement.
- Medications, such as selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are typically prescribed for older children and teens with more severe symptoms, while younger children with milder anxiety may be managed with non-pharmacologic approaches first.

PUTTING IT ALL TOGETHER

Understanding how to identify and assess anxiety using tools, like SCARED and GAD-7, supports early intervention. Prioritizing treatments like CBT—and SSRIs when appropriate—along with monitoring for co-occurring conditions, helps ensure comprehensive care. These steps can prevent more serious outcomes such as school refusal, depression, and substance use.