PART I

Understanding Your Anxious Child

1 DO YOU HAVE AN ANXIOUS CHILD?

Michelle's parents don't know what to do. Their daughter is afraid of a lot of different things. She shakes when she sees the neighbor's dog, she's nervous about sleeping in her own room, and she's anxious when she's in a new situation—like the first day of the school year, starting day camp, or going away with her family on vacation.

Michelle's pediatrician says it's just a stage she's going through—that she'll "grow out of it" when she gets older. But her parents know they didn't go through this with her older sister. And Michelle's friends don't act like her.

How can they be sure what Michelle's going through really is normal? Or does she have a problem they need to pay attention to?

The elementary school years can be a stressful time for parents. Your child, who was "your baby," is now a little person.

During this period, children change in many ways. It can be hard to know whether what you're seeing is a normal phase that all kids go through or a sign that your child has a problem, something you need to give special attention to.

Children experience many fears and anxieties as part of their normal development. In some cases, though, these fears and anxieties go "beyond normal" and interfere with your child's well-being.

If you're reading this book, you probably suspect there is a problem. Maybe you've observed that your son or daughter is more fearful than his or her friends or the other children in your family. Maybe your child's doctor, teacher, or even a mental health care professional has said that your child is overly anxious.

To know for sure whether there is an anxiety problem, you first need to be aware of exactly what *is* normal. Which fears and anxieties are expected—are considered normal—during a child's development?

Before you can determine whether your child has an anxiety problem, you need to know which fears and anxieties are part of normal development.

The Normal Fears of Childhood

The objects and situations that children fear most probably are not sources of anxiety to you, and it may be hard to fathom how harmless things—like thunderstorms, unfamiliar people, or a dark room—can cause your child so much distress. If this is your first child and you have not been through this before, this is particularly understandable.

All children have fears. The so-called "normal" fears of childhood are referred to as such because they occur, almost without exception, among all boys and girls—in children from all races, nationalities, religions, and ethnic groups, and among families with different financial and living situations.

Each of the common fears of childhood is linked to a particular age period. I've listed the usual ages of onset for them in the sidebar on page 5. For example, before your child is two you will see a number of fears appear, including "stranger anxiety" (fear of unfamiliar persons), separation anxiety, fear of high places, and fear of loud noises and looming objects. These fears may continue for several years, even up to the age of five. The way they look, however, changes as your child gets older.

Let's use separation anxiety as an example. Billy, who is eighteen months old, shows his fear of separation by screaming and turning red in the face when his mom leaves the room. Clara, who has just entered kindergarten, shows her separation anxiety differently, in a way that's more appropriate to her age. For the first few days of school—until she's familiar and comfortable with her new surroundings and being away from her home and mother—Clara pleads with her mom to let her stay home.

When children are a little older, at two or three years of age, fears of the dark and small animals develop. Fear of the dark can continue for quite some time, even up to age seven or eight. Seven-year-old Tyler insists on having a nightlight in his bedroom and having the door to his room left open so the hall light shines in. Fear of small animals also can go on for several years, but usually goes away by the age of five.

At ages five, six, and seven, kids start showing fears about experiencing some type of bodily harm or injury. Chad, who is seven, is afraid that burglars are going to break in at night, even though (as his parents have pointed out) their house has an alarm system and is in a very safe neighborhood. Five-year-old Sage has begun expressing concerns about "getting hurt" or getting into an accident. Crystal, who has just turned six, told her dad, "I'm worried I'm going to be kidnapped!"

The early school years also are the time when fears of monsters and supernatural beings—ghosts, witches, mummies, werewolves, and vampires—occur (you'll probably find yourself being asked to check your child's closet and under the bed to make sure your son or daughter's room is "ghoul proof"). These fears often

Ages When Common Childhood Fears Begin

Age of child	*Fears*
Less than two years	Separation anxiety; stranger anxiety; fear of novel stimuli (loud noises, looming objects); fear of high places
Two to three years	Fear of the dark; fear of small animals
Five years	"Bad" or "mean" people; fear of bodily harm
Six years	Supernatural beings; sleeping alone; thunder and lightning
Seven to eight years	Fears based on media events
Nine years	School performance; physical appearance; fear of death

start with movies your child has seen. For example, Tara, age five, became fearful of witches after seeing the classic children's movie *The Wizard of Oz* for the first time. Seven-year-old Chen also became scared of witches after seeing the new Harry Potter film.

During kindergarten or first grade (at age five or six) kids become frightened of certain adults, whom they label "bad" or "mean." This can continue for several years or even for the rest of elementary school.

Your child may determine that someone is "bad" based on physical appearance—usually a physical appearance that's different from what he or she is used to. For instance, Rachel, a first grader, told her mom that she was scared of the homeless woman with the shopping cart—"the bad woman"—who was sitting on the front steps of the library. Tory, age five, was frightened of the man at the convenience store ("the bad man") whose arms were covered with tattoos.

The use of the word *mean* can be a child's way of describing adults in authority positions who are perceived as critical or strict, and who make the child feel anxious. These can be people who raise the volume of their voice a lot ("yellers"), or naturally have a loud voice, or use a particular tone of voice that is uncomfortable for your child.

Fear of thunder and lightning usually appears around the age of six and then continues for a year or two. During thunderstorms, six-year-old Simon sticks his fingers in his ears to try to block out the sound. In some cases fear of thunder and lightning goes on for a longer period of time, even through the fourth or fifth grade (age nine or ten). Beth, like Simon, first became frightened of thunder and lightning when she was six. She continued to have difficulty sleeping during thunderstorms until she was ten.

Also at age six, your son or daughter may begin to show anxiety about sleeping alone in his or her own bedroom. Your child may repeatedly ask to sleep in your bed or may "slip" into your bedroom (and your bed) during the middle of the night.

Kids also may be fearful at this age about being alone in places or situations where their moms or dads are not visible, even though they are readily accessible. For instance, your child may be uncom-

fortable being alone in a room of your home if you are in a different room. This was Keith's situation—he was unable to be alone in his playroom, even though his parents were right down the hall.

Your child also may be afraid of "minor separations" outside the home. This was the case for Kathryn, who insisted on being inside the stall of a public bathroom that her mother was using, rather than waiting just outside the stall door. Fears of sleeping alone and being alone should subside by the time your child is eight.

Fears begin to be influenced by media events—usually things your child sees on television (particularly the news)—at age seven or eight. The following fears frequently begin in this way:

- Fear of flying (following publicity surrounding the crash of an airplane)
- Fear of natural disasters such as hurricanes, tornadoes, floods
- Fear of manmade disasters—war, terrorist attacks, nuclear explosions, etc.
- Fear of diseases like AIDS and cancer
- Fear of being kidnapped

At around nine or ten, in the fourth or fifth grade, your child's fears turn to performance and social concerns. Fears of taking tests, giving oral reports, and performing in school in general come to the forefront. Your child also may begin expressing concerns about performance or "competence" in other things—like sports, playing an instrument, dance class, or any other nonacademic or out-of-school activity. At this age kids also become concerned with their physical appearance and others' (particularly peers') perceptions of them and whether they are "popular" and have enough friends.

This too is the time when your child may become preoccupied with the concept of his or her own—and others'—mortality and fearful of death. Shortly after her dog died, nine-year-old Sharon started to worry about what would happen *to her* when she died. Margaret, a fifth grader, began worrying about her parents dying after her grandfather passed away.

All these fears—about performance, social status, and death—can continue until your child is eleven or twelve years old. Some even may persist (with changes appropriate to your child's increasing age and changing developmental stage) into adolescence.

Why Childhood Fears Are Universal

Research has shown there is consistency among childhood fears. As I mentioned earlier, kids with completely different backgrounds—different nationalities, religions, financial circumstances, etc.—are facing the same types of fears and at the same ages. One way this can be understood is by considering the adaptive and protective nature of fear, especially in terms of its evolutionary significance.

For over a century, ethnologists—people who study survival patterns in the animal world—have known about the positive impact that fear can have. In more recent years, psychologists also have used this concept to help explain the development of fears and phobias in humans.

According to this evolutionary theory, people are "preprogrammed" from birth to develop certain fears, ones that have, historically, contributed to the survival of our species. Through the process of natural selection children who possessed certain fears—and avoided these objects and situations—were more likely to survive, become adults, and reproduce. In this way, it is argued, fears have become inbred into human beings, or, at the very least, the predisposition or "preparedness" to develop these fears has been passed down genetically, through the generations.

The evolutionary view helps explain why certain childhood fears—such as separation anxiety, stranger anxiety, fear of heights, fear of the dark, etc.—are so common among kids. In addition, it explains why the common childhood fears occur at certain times—that is, when they are most advantageous to children's survival. The "flip side" to this is that there are times when fears have passed their normal developmental periods, when they no longer are beneficial to your child, and actually become an impediment.

A good example of this is children's fears of heights. Your young child's fear of high places can increase the likelihood of survival (avoiding potentially damaging, or even lethal, falls). However, as your child's motor coordination and visual acuity become more advanced this fear no longer may be adaptive. In fact, it actually may hinder your child from showing a healthy sense of adventure and becoming an autonomous and independent human being.

This is an example of how a normal childhood fear can persist too long and go "beyond normal," a subject I'll be discussing in more depth later on.

Environmental Influences on Normal Fears

Although the normal fears of childhood generally cross all "dividing lines" (ethnicity, religion, gender, etc.), some may be less likely to occur because of children's backgrounds and other environmental factors. For example, children who have grown up with a family pet (a dog, a cat) may be less likely to have a fear of small animals (or may have it to a lesser degree) than kids who haven't had this type of exposure. On the other hand, exposure to certain circumstances can make a child *more* fearful. For instance, research has shown that a fear of burglars is more prevalent among children raised in an urban, as opposed to a rural, environment.

Although the normal fears of childhood essentially are universal, their presence can be influenced by environmental factors.

As I mentioned earlier, the events within our society, especially those that receive extensive media coverage, also can influence childhood fears. For example, while a fear of kidnapping—in both children and parents—certainly is not new, it seems to have grown in prevalence and intensity in recent years, probably because of the enormous media attention now given to child abductions.

What Is the Difference between "Fear" and "Anxiety"?

You've probably noticed that I've used both the words *fear* and *anxiety* in this chapter. Outside the mental health profession, especially among parents, "fear" often is thought to be less severe—more normal—than "anxiety." However, this really is not accurate. Fear can reach such high levels that it greatly, adversely affects your

child's functioning. (In this case, the fear usually is termed a "phobia." We'll talk about this in the next chapter, where the focus is on childhood anxiety disorders.)

So what's the real difference between fear and anxiety? Although this is a straightforward enough question, there is no simple or single answer. The exact meaning of the two terms, and the differences between them, is debated even in psychiatric and psychological circles, and, thus, there is no consensus opinion on the matter.

Some professionals distinguish between fear and anxiety by the presence or absence of an object or situation—"fear" being associated with an outside "stimulus" (for example, fear of dogs, fear of public speaking, fear of flying, etc.; in other words, fear *of something*) and "anxiety," by contrast, being free-floating and not attached to a specific object or situation.

Although this point of view was popular for many years, current knowledge has led us to a different perspective today. Now experts believe that anxiety is a more global, or broader, phenomenon than fear. "Fear" is one type, or one form, of "anxiety." However, anxiety includes many more things than just fear. It also affects many aspects of your child's being, including feelings, behavior, and thoughts.

"Fear" is one type, or one form, of "anxiety." However, anxiety includes many more things than just fear.

Anxiety includes generally uncomfortable feelings, such as being tense, nervous, "on edge," jittery, "uptight," jumpy, panicky, or, as we already discussed, fearful, which your child may describe using these words or in other ways. Nathan, age seven, told his mom, "My insides feel like they're jumping around!" Five-year-old Selena says she feels like she has "ants in her pants."

Anxiety also can appear as specific physical symptoms—like a racing heart or heart palpitations, tremulousness, dizziness, or "trouble breathing" (usually caused by hyperventilating). Brad, a fifth grader, told his dad, "My heart's pounding so hard it feels like it's going to come out of my chest!" (You might be interested to know that research consistently has shown that increased heart rate is the single most reliable indicator of anxiety.)

The physical symptoms produced by anxiety sometimes can look like a medical problem. The most common of these are headaches and, especially, stomachaches. Your son or daughter may complain of stomach pain or queasiness, nausea, or feeling like he or she is going to vomit. Maria, a fourth-grade student, feels like she is going to throw up before taking tests. At gymnastic meets, six-year-old Tara always complains of "butterflies" in her stomach.

Anxiety affects:
- **Feelings**
- **Behaviors**
- **Thoughts**

Anxiety also includes nervous habits, like nail biting, hair pulling or twirling, a "restless leg," or knuckle cracking. Ten-year-old Katrina constantly redoes her ponytail, taking the elastic band out and then putting it in again. Tina is a hair "flipper," repeatedly jerking her head sideways to push the hair off her face.

Your anxious child may exhibit perfectionistic behavior. This was the case for Justine. At a parents' conference her kindergarten teacher said, "Justine is never happy with her drawings—she keeps erasing and doing them over, or else she throws them out and starts again."

Sometimes there are repetitious behaviors or rituals, where your child feels compelled to do something over and over again even though it really doesn't make sense. For instance, Brittany, age seven, has to have her dolls arranged in a very special way on her bed. Mathew, age ten, turns the light switches on and off three times whenever he enters or leaves a room.

"Not doing" certain things—avoiding or escaping contact with objects or situations—also is a type of anxious behavior. Sheila, who is afraid of dogs, wants to cross to the other side of the street when she sees a dog coming her way. Sometimes anxious behaviors are less obvious than this. For example, Janice, a third-grade student, never raises her hand when the teacher asks a question. Eleven-year-old Melissa goes to her friend's party but is a "wallflower."

Ten-year-old Charlie had trouble "adjusting" during his first year at sleep-away camp. When Angela's family moved and she changed schools, she'd call her mom from school every day, pleading to be allowed to come home. Being uncomfortable in new or unfamiliar situations—as in Charlie's and Angela's cases—is a common sign of anxiety.

In addition to feelings and behaviors, anxiety includes certain types of thoughts, mental images, and ways of looking at or thinking about things. Your child may have worries, upsetting or catastrophic thoughts, or obsessions (including, possibly, "obsessional self-doubt," where your child repeatedly asks you for reassurance about something). Susie told her mom, "I get thoughts that something bad is going to happen to you." When riding in the car with his family, Malcolm almost always worries they'll get lost. Having upsetting dreams or nightmares is another way your child can show anxiety.

Because *anxiety* is a more comprehensive term than *fear*, it is the word I prefer to use when talking about the children who are the subject of this book (significantly, it also is the term experts use to describe the conditions that children with diagnosable anxiety experience—that is, "*anxiety* disorders," as opposed to "*fear* disorders"). However, there will be times when I use the two terms interchangeably, just to avoid the repetitiveness of using the word *anxiety* over and over again.

The Normal Anxieties of Children

Although hundreds, if not thousands, of research studies have investigated the fears that are normal during childhood, surprisingly few have looked at other forms of anxiety. What little research has been done on this, however, suggests there are certain, specific anxiety symptoms—apart from fears—that also are experienced during a child's normal development. In other words, children can have certain kinds of anxiety symptoms—besides fears—and still be normal too.

Our research group conducted two studies that addressed this subject. I'm highlighting them here not because of my own personal involvement with them, but because they are the only two investigations in this area—to my knowledge—where the "normalness" of the children clearly was established. To participate in our studies, the children had to have no history of any type of psychiatric disor-

der (this was determined from extensive interviews of the kids and their parents) and they could not have had any contact with a mental health professional. (Studies conducted by other researchers in this area have not taken these measures to ensure their children were normal. They have included kids from entire school classrooms or entire schools, who may or may not have had psychiatric or psychological problems.)

In our first study, reported in the *Journal of Clinical Child Psychology* in 1997, we looked at worrying—an anxiety symptom prevalent in children with anxiety *disorders* (anxiety conditions that warrant a psychiatric diagnosis)—in fifty-five normal children using a questionnaire. We found that around one-quarter of the children had "intense worries," that is, worries that are frequent and disturbing, most of which were related to *schoolwork* and *separation anxiety* concerns ("that my parents might abandon me"; "that my parents might die"; "getting lost," and the like).

In another, more comprehensive study, we looked at ninety different anxiety symptoms—not just worries—in sixty-two normal children, based on the children's and their parents' responses to interview questions. Again, as in our study on worrying, we found that some of the normal children had anxiety symptoms. The sidebar on the following page lists the anxiety symptoms, including fears, that were reported most frequently.

Children can have anxiety symptoms and still be normal.

An interesting postscript to the study I just described was that during the four years following the study, repeated reevaluations of the children showed that *virtually none* of them—including the ones who had anxiety symptoms—developed an anxiety disorder.

What do all of these research findings mean to you as a parent of a possibly anxious child? Just like the common fears of childhood, your child may experience other manifestations of anxiety (certain worries, anxious behaviors, etc.) as part of his or her normal development. And the presence of these normal anxiety symptoms may not have any significance later. As you've just seen, children who have these symptoms may remain free from an anxiety problem, or anxiety disorder, as they get older.

Anxiety Symptoms in Normal Children

Anxiety symptom	*Frequency (%)*
Overly concerned about competence	35%
Excessive need for reassurance	31%
Fear of heights	23%
Fear of public speaking	22%
Somatic (physical) complaints	19%
Anxious avoidance of contact with others	19%
Fear of the dark	19%
Excessive worry about past behavior	18%
Self-consciousness	18%
Fear of harm befalling attachment figure	18%
Excessive worry about the future	15%
Fear of dressing in front of others	15%

Is "Normal" Different for Boys and Girls?

Most people assume that girls, normally, are more fearful or anxious than boys. Research, though, has not always supported this assumption. Although girls may be more apt to readily express these types of feelings (boys often learn to keep quiet and put on a "tough front" when they are frightened), studies that have looked at this issue show the two sexes really are more alike than you might think.

People assume that girls are more fearful or anxious than boys. The research literature on this, however, is far from conclusive.

For example, in the two studies I just described, there were no gender differences for fears, worries, or any of the other anxiety symptoms:

- In our questionnaire study of worries, boys and girls had the same total number of worries, the same number of "intense" worries, and the same content to their worries.
- In our interview study, there were no differences between boys and girls in the frequency of common anxiety symptoms (see the sidebar on the facing page), including fears.

Why is this important to you? Because as parents you may be using different standards to judge your sons and daughters—standards that, as we have just seen, aren't necessarily supported by fact.

So How Much Anxiety Is Too Much?

Since kids have fears and other anxiety symptoms as part of their normal development, how do you know when your child's anxiety is no longer normal—that it's "crossed the line" or gone "beyond normal"?

A good place to start is by completing the Child Anxiety Checklist on page 17. If your child has two parents, it would be helpful for your child's other parent, too, to answer the questions independently, since both of you may not have the same exact perception of your child. (Kids don't just look different to their parents. As you know, they often actually behave differently in front of their moms and dads.) An extra copy of the checklist is available at the back of the book for this purpose.

The checklist includes fifteen anxiety symptoms that frequently are present in kids who have anxiety problems. By completing the questionnaire and analyzing the results you'll begin to get a picture of your child's anxiety profile. I say "begin to get a picture" because the presence of any—or many—of these symptoms does not by itself mean your child has an anxiety problem. We need to get more information about each symptom before we know whether a prob-

lem exists. To be specific, we need to establish whether any of the anxiety symptoms that are present are *clinically significant*.

Anxiety symptoms are clinically significant because they either:

- Cause your child or your family considerable *distress* or
- Interfere with your child's *ability to function* in some aspect of life.

When symptoms disrupt functioning, they interfere with your child's ability to engage in age-appropriate activities and meet age-expected norms, like forming and maintaining friendships and meeting expectations at school (going to school regularly, completing homework on time and in an acceptable form, ability to take tests and give oral reports in front of the class, etc.).

Clinically significant anxiety symptoms are severe enough that they warrant attention and, most probably, intervention. In simpler terms, "clinically significant" is just another way of saying that your child's anxiety symptom is a problem.

Patty's mother and father completed the Child Anxiety Checklist about their eight-year-old daughter. They agreed that Patty has two of the items on the list—"trouble making friends because of excessive shyness" and "anxiety when in social situations." However, despite the fact that Patty's shyness causes some difficulties in making new friends, she does have two close friends her own age. Also, although Patty is somewhat uncomfortable at birthday parties and other social gatherings of kids her age, she goes to these activities without protest.

Patty's parents checked "yes" for two of the anxiety symptoms on the checklist. Although Patty clearly has anxiety symptoms, are they clinically significant? Does she have an anxiety problem?

To determine this, Patty's parents rated her anxiety symptoms using the form on page 18. You should do the same for each of the items you said "yes" to on the checklist, recording your ratings on that form. An extra copy of it is at the back of the book if your child's other parent is going to fill it out too.

1. *Rate the degree of distress each anxiety symptom causes your child and/or your family.* Using a 3-point scale, rate each anxiety symptom for the level of distress it causes. Use a "1" to

The Child Anxiety Checklist

Does your child . . .	*Yes*	*No*
Have recurrent stomachaches or headaches, for which there is no medical cause?	☐	☐
Have fears that are excessive (more intense than those of other children of similar age) or inappropriate for his or her age?	☐	☐
Have "nervous habits," such as nail biting, "restless legs," knuckle cracking, playing with hair, etc.?	☐	☐
Worry a lot? About a lot of different things?	☐	☐
Complain of upsetting thoughts or pictures (mental images)?	☐	☐
Engage in repetitive behaviors that must be performed but don't "make sense"?	☐	☐
Appear overly concerned or perfectionistic about performance in certain activities, either in or outside of school?	☐	☐
Exhibit anxiety when in social situations or when he or she is the center of attention?	☐	☐
Have trouble making friends because of excessive shyness?	☐	☐
Have frequent nightmares or bad dreams?	☐	☐
Tend to avoid or run away from frightening, but not dangerous, things (as opposed to confronting the feared object or situation)?	☐	☐
Get nervous in new situations or unfamiliar places?	☐	☐
Have a history of experiencing or witnessing a traumatic event, one that threatened his or her own, or someone else's, physical well-being?	☐	☐
Need a lot of reassurance?	☐	☐
Have trouble with changes in routine or a change in plans?	☐	☐

Child Anxiety Checklist Ratings

Checklist item (describe)	Ratings ("1," "2," or "3") Distress	Functioning

indicate the anxiety symptom does not cause your child and/or your family distress, a "2" to indicate the anxiety symptom causes your child and/or your family some distress, or a "3" to indicate the anxiety symptom causes your child and/or your family a lot of distress.

2. *Rate the extent to which each anxiety symptom interferes with your child's functioning.* Again using a 3-point scale, go back to each anxiety symptom you checked and rate it: "1" if it does not interfere with your child's functioning, "2" if it interferes to some extent with your child's functioning, or "3" if it interferes a lot with your child's functioning.

Clinically Significant Anxiety Symptoms

Any item that you rated a "3"—either for "distress" or for "interference with functioning" (or both)—is present at a clinically significant level. This means that your child's anxiety, at least in this particular area, is beyond normal—it is an anxiety problem.

Timmy is a six-year-old who is obsessed with making sure his toy cars are lined up "just right." He spends several hours a day doing this and, as a result, is late getting places, including school. His parents have been unsuccessful at changing his behavior. When they try to pull him away from his cars, Timmy gets "hysterical" and even, at time, threatens them.

Timmy's parents rated him as having clinically significant anxiety. They gave him a "3" for distress and a "3" for interference with functioning. (Just to let you know, Timmy also has several other anxiety symptoms that are clinically significant too.)

Eight-year-old Gail is a "worry wart." She worries about so many things that it's hard for her parents to keep track. She worries about how well she does at different things—gymnastics, band, and soccer. She also worries about bad things happening—like getting into a car accident, getting sick, or something awful happening to her parents. Gail also spends a lot of time worrying about what other kids think of her.

Gail's parents rated her worrying as causing her a lot of distress—a "3"—but gave it only a "2" for its effect on her functioning.

Nevertheless, with the one "3" Gail's worrying clearly is an anxiety problem.

Subclinical Anxiety Symptoms

Anxiety items that receive at least one "2" rating—and no "3"s—are considered to be at a *subclinical* level. Subclinical symptoms can be more difficult to interpret than clinically significant ones. They're not of sufficient severity to be considered "an anxiety problem," but they still do impact your child's and your family's life.

Remember Patty, the girl with the social anxiety symptoms? Patty falls into this subclinical category. Although she is shy and somewhat uncomfortable in social situations, Patty has close friends and participates in social activities with her peers. Her anxiety symptoms do not greatly affect her functioning, nor do they cause her a lot of discomfort. Her parents gave her "2"s for both of her symptoms.

Tamika, a perfectionistic fourth grader, also received subclinical ratings from her parents. Tamika's perfectionism shows itself mostly when she's doing her homework. She's so concerned about how good a job she's doing that she keeps checking her work. Consequently, it takes her more time to finish her homework (about thirty extra minutes) than it should. This means she has less after-school time to be with her friends.

Although her perfectionism causes her some distress, Tamika's parents do not feel it's severe enough to warrant a "3." The same is true of its impact on her functioning—they don't think any aspect of her life is impaired to a great extent.

Dina, a third grader, becomes anxious when there are changes in her plans or routine. For example, she gets uncomfortable if the teacher changes the order of things, like having reading class before spelling (spelling *always* comes first), or if recess has to be held inside because of the weather instead of outside on the playground, as is usual.

Dina's parents' ratings indicate their daughter has a subclinical level of anxiety. Although they do not see her anxiety as greatly affecting her functioning, it does cause her some distress—easily warranting a "2."

It's a good idea for you to keep track of your child's subclinical anxiety symptoms. While they are not a serious problem now, it is possible that they may progress, worsen, and become clinically significant later on. On the other hand, they may lessen—or go away completely—as your child gets older, without your necessarily having "to do something" about them. Unfortunately, there is no way to know for sure which outcome is likely for your child.

However, you can get some sense of the meaningfulness, and possible outcome, of your child's subclinical anxiety symptoms by looking at them a bit more closely. Are they different from the ones I mentioned earlier, when discussing the normal anxieties of children? (For example, if your child is a worrier, are the worries about schoolwork and separation issues—the worries that research showed often were present in normal kids—or is your child worried about other types of things, things not typical of normal children?) Does your child have many subclinical anxiety symptoms, or just one or two? For those anxiety symptoms your child has, were there subclinical ratings for *both* distress and impairment, or just one or the other?

Children with subclinical anxiety symptoms (and no clinically significant ones) often are described as anxious, but do not meet criteria for an anxiety disorder. Because they are not diagnosable, their situation may be overlooked or minimized, even though these kids and their families may benefit from some help.

Even if your child only has subclinical anxiety symptoms, you will get a tremendous amount out of this book. Each of the chapters in Part II contains a section with practical things you can do to help your child decrease his or her anxiety. In addition to helping your child feel better now, taking action at this time may increase the likelihood that your child's anxiety symptoms will not worsen and become an anxiety disorder later on.

Nonsignificant Anxiety Symptoms

You may have checked some items on the Child Anxiety Checklist that do not cause your child or your family distress or interfere with your child's functioning. Rated as "1"s, they're not subclinical or clinically significant.

However, if you took the time to pick up this book, it's unlikely that all of your child's anxiety symptoms will fall into this category. If they do, then maybe what you initially were concerned about really shouldn't be a concern after all.

This was the situation with five-year-old Mary. Knowing that anxiety problems run in their family (Mom, herself, has been diagnosed with an anxiety disorder), Mary's parents have been "on alert" for the possibility that their child might have similar problems. They observed that Mary has several nervous habits—like biting her nails and playing with her hair. She also is somewhat fearful of dogs, thunderstorms, and "monsters."

After reading this chapter, Mary's parents realize that their child's fears (of dogs, thunderstorms, and "monsters") are normal for her age. Also, they rated her nervous habits as a "1"—"nonsignificant"—for both distress and interference with functioning.

Mary's parents are now happy to know that despite their initial concern their daughter does not have an anxiety problem. In fact, based on the checklist results, it would be hard to make a case that she's overly anxious at all.

When Normal Fears Go beyond Normal

Using "distress" and "interference with functioning" to determine whether an anxiety symptom is "a problem" works for virtually all of the anxiety symptoms your child may experience, with one exception. The normal fears of childhood that we talked about earlier often cause children a lot of distress and interfere with their functioning, yet still are considered normal. But for some kids these fears go from normal to abnormal. So how do you know this has occurred? By looking at the age-appropriateness and intensity of the fears.

Normal fears can become abnormal if they are age-inappropriate or excessive.

In fact, the second item on the Child Anxiety Checklist asks whether your child has fears that are age-inappropriate or excessive—the two criteria that experts in this field use to establish

when childhood fears have progressed beyond normal. If a child's fear is either age-inappropriate or excessive, it's considered an anxiety problem.

Age-Inappropriate Fears

When your child's fears appear in the "wrong" developmental period, or linger and persist past their expected lifespan, they are age-inappropriate.

As an example, let's look at the common childhood fear of strangers. This fear appears in almost all infants at some time between seven and twelve months and continues in some children up to the age of five. If your child has a fear of strangers after this, it's developmentally inappropriate and may be a problem area.

This was the case for Sandy, a seven-year-old who would crouch behind furniture whenever she met someone for the first time. Eight-year-old Frank also had this problem—but instead of hiding like Sandy, he'd become mute, wouldn't speak at all, in front of strangers.

How could these children's parents have known their kids' fears were developmentally inappropriate? First, they could use the information in this chapter on the normal age ranges of common childhood fears. They also might consult with professionals who are very familiar with children's typical behavior—like their kids' pediatricians or teachers—or they could talk to other parents about their children to get some idea of what they've been through. Obviously, the more information you obtain, the better position you'll be in to see where your child's behavior fits in.

Eight-year-old Benjamin is experiencing age-inappropriate separation anxiety. A lot of days he's afraid to leave his mom to go to school. Taylor, age nine, doesn't have trouble going to school, but she won't sleep alone in her own room—she keeps slipping into her parents' bed in the middle of the night.

Both of these kids are too old to be experiencing normal separation anxiety. The first signs of separation anxiety—such as infants' crying when they are separated from their mothers—usually appear by the age of two. After that, the fear may show up again at different times (like when your child first enters preschool or kindergarten)

until the age of five or six. If Benjamin's and Taylor's parents had this information, they would have known their children were past the normal period for this type of behavior. Then they could have taken action to help their kids get rid of their fears.

Jasmine's parents could have benefited from knowing more about kids' fears of the dark. Until the age of eight it's normal for children to need a nightlight in their bedroom and their door left open, so light from the hall shines in. But Jasmine is eleven and she *still* can't go to sleep without the nightlight and the door wide open. Given her age, her fear of the dark is developmentally inappropriate.

Excessive Fears

Even if a fear occurs at a time that's developmentally appropriate, the fear can be excessive if it's more intense than what's usually experienced by a child of that particular age.

Four-year-old Jennifer's fear of small animals is age-appropriate—it falls within the "right" developmental period (between the ages of two and five)—but it's not normal because it's excessive. Jennifer's so fearful of cats that she's afraid to leave the house because she might, by chance, run into one.

Judging a fear as excessive can be tricky—it's a matter of degree. In Jennifer's case it's pretty clear that her fear is excessive, but for other kids it's not always that clear. Remember Sheila, the girl who wanted to cross the street when she saw a dog coming her way? Unlike Jennifer, Sheila's fear is not excessive. Wanting to escape contact with an animal that's actually present is much less extreme than avoiding leaving the house when there's no animal in sight.

Ten-year-old Joshua, like Jennifer, has a fear that's age-appropriate but excessive. He's been scared of thunder and lightning since he was six, the age when this fear often first appears in kids. It's normal for kids to have this fear even up to the age of twelve, to have feelings of anxiety during thunderstorms, be somewhat fearful of going out of the house during storms, and, if the thunder and lightning are happening at bedtime, have some trouble sleeping.

But Joshua's behavior is much more extreme than this. He gets severe stomachaches during thunderstorms, often to the point of throwing up. If the storm is at night, he can't go to sleep even *after*

the thunder and lightning are over. He's so concerned about the possibility there might be a thunderstorm that he keeps checking the weather forecast—even on sunny days. Finally, he absolutely will not leave his home—even during the daytime—if there's a thunderstorm.

From infancy until the age of five, many kids show signs of separation anxiety. Karen, who is five years old, is at the tail end of the normal developmental period for this fear, but her separation anxiety has gone too far to be considered normal. While many kids have trouble separating from their moms during the first few days or weeks of kindergarten, Karen's still having this problem at the middle of the school year.

If it's not clear to you whether your child's fear has crossed over the line from normal to excessive, you should seriously consider consulting a mental health professional who has experience in making these distinctions. While normal childhood fears usually are transient and go away on their own, excessive (or abnormal) fears generally require intervention or they will continue—sometimes even for life. Therefore, it really is in your and your child's best interest to find out now whether or not there is a problem.

Dealing with Normal Fears

The normal fears of childhood—even though normal—still cause children a lot of distress and can interfere with their functioning. (As I mentioned earlier, it's for this very reason that the traditional criteria of "distress" and "interference with functioning" aren't used to identify what's abnormal when it comes to fears.)

Normal childhood fears—that are age-appropriate and not excessive—usually aren't targeted by mental health practitioners for intervention, because they are developmentally appropriate (normal) and usually go away on their own. However, even though your child may not need professional help, there are many things that you, as a parent, can do to help your child get through these fears faster and with less discomfort and fewer adverse effects.

Much of the information contained in Part II of this book will be very useful to you with this. Even though these chapters have been

written primarily with the parents of children with anxiety disorders in mind, the methods outlined for approaching and overcoming fears and anxiety will help you too to help your child.

By now you should have a pretty good idea of whether your son or daughter is an anxious child and whether the anxiety symptoms are causing a problem. In the next chapter I discuss the specific types of anxiety problems that occur in elementary-school-age children. Let's see whether your child fits any of these descriptions.

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