

Extreme Anxiety or Fear

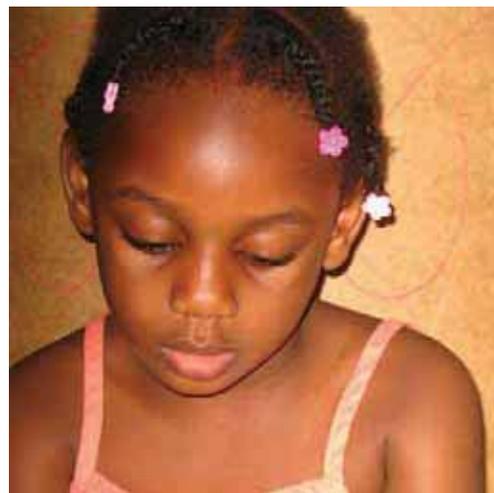
Most children have occasional worries or fears as they grow and develop. As a parent, you have most likely calmed a frightened child after a nightmare or had to dispel worries about monsters hiding under the bed. All of these childhood experiences are normal and common. However, when a child continually shows signs of extreme anxiety or fear, then it is possible that an underlying mental health issue is the cause of the child's symptoms.

The following is a list of typical signs and symptoms of extreme anxiety and fear. Your child may have extreme fear or anxiety if he or she:

- Worries about things before they happen
- Constantly worries about family, school, friends, or activities
- Feels shaky, restless, or tired
- Has shortness of breath, a rapid heart rate, or cold, sweaty hands
- Complains of stomach pain, headache, or dizziness
- Seems irritable and has difficulty concentrating or falling asleep
- Feels very nervous
- Feels as though every situation will end badly
- Speaks of feeling helpless or powerless
- Has trouble sleeping alone and has nighttime fears or nightmares
- Resists going to school
- Argues with others and often stirs up conflict
- Has a fear of embarrassment or making a mistake
- Has low self-esteem and lacks confidence
- Engages in rituals or habits. For example:
 - » Washes hands until the skin is chapped
 - » Spends a lot of time putting things in order and feels distressed if the order is disrupted
 - » Checks doors or locks multiple times
 - » Does things a certain number of times and feels distressed if it is not the right number.
- Starts acting younger than his or her age. Some examples of behaviors include bed-wetting, clingy behavior, thumb-sucking, and sharing a bed with a parent.

Possible mental health diagnoses within this symptom cluster include:

- Anxiety Disorders (p48)
- Body Dysmorphic Disorder (BDD) (p62)
- Obsessive Compulsive Disorder (OCD) (p80)
- Post Traumatic Stress Disorder (PTSD) (p84)



Extreme anxiety is when a child is overly tense or uptight. Extreme fear can be a result of this intense anxiety.

Getting your child to sleep

Practically every parent has had a hard time getting his or her child to go to bed, to stay there, and to sleep through the night. For children with mental health issues, sleep problems can be even more common and have a greater impact on their well-being. A regular sleep schedule is essential for successful treatment of mental health issues and for a child's overall health, both mental and physical.



Newborns need at least 16–18 hours of sleep and sleep for up to 3–4 hours at a time. By 4 months, infants need about 14–16 hours of sleep and sleep for at least 6–8 hours during the night. By 12 months, infants need about 12–14 hours of sleep. Toddlers need 12–13 hours of sleep, including one regular daytime nap. By age 4, most children have given up their daytime naps. Between ages 5 and 10, children need about 10–11 hours of sleep at night. As children grow older, they need 8–10 hours of sleep (just like their parents).

COMMON STRUGGLES INCLUDE:

- Establishing a consistent bedtime routine
- Managing a child's tantrums once he or she is in bed
- Dealing with a child who wakes up repeatedly during the night
- Getting a child to sleep through the night in his or her own bed

HERE ARE SOME SUGGESTIONS FOR SUCCESS:

1. Set a regular bedtime and stick to it.
2. Develop a soothing, regular routine to prepare for bedtime, including 30–45 minutes of "quiet time."
3. Turn off the television or remove the television from your child's bedroom.
4. Restrict drinks, especially caffeinated beverages, in the evening. Do not let your child take a bottle or sippy cup to bed.
5. Offer your child a "transitional object" for bedtime. A transitional object is something that lets him or her know it is time for bed, such as a favorite blanket, stuffed animal, or toy.
6. Comfort your child for a minute or so before leaving the room, but remember you want him or her to learn to put himself or herself to sleep.
7. End your child's bedtime routine with your child in bed, although not necessarily asleep.
8. Expect that your child will go to sleep—do not play or have a conversation with your child after you say good night. If your child gets out of bed, calmly return your child to bed and say, "It's time to sleep." If you must return to comfort your child, interact as little as possible.
9. Reward progress!

It is helpful to talk with your child's pediatrician about setting effective sleep routines that work best for your child. If your child has an occupational therapist, talk to him or her for ideas as well.

RESOURCES

Healthy Sleep Habits, Happy Child (1999)
By Marc Weissbluth

Sleep Disorders Clinic at Hasbro Children's Hospital
401-444-1614

Take Charge of Your Child's Sleep: The All-in-One Resource Guide for Solving Sleep Problems in Kids and Teens (2005)
By Judith A. Owens and Jodi A. Mindell