

Fear and Anxiety

How can children with fear and anxiety be identified?

Fear is a basic human emotion experienced in the presence of a real or perceived threat. Physical reactions of accelerated heart rate, rapid breathing, tense or trembling muscles, and facial expression of wide eyes with an open mouth characterize fear. Anxiety shares the same physical reactions of fear but is provoked by the possibility of a threat instead of a present danger. Young children are small and, in many ways, helpless; thus, a common behavioral indicator of fear or anxiety is clinging to a trusted caregiver. Young children depend on their caregivers to protect them from threats and to guide them as they build their understanding about safety and danger. Adults can protect children from danger, soothe and reassure them, teach them about feelings, and help them understand the world around them.

How common is it?

All children experience fear and anxiety at times. Fear of real and perceived danger will continue to protect children throughout the life span. Many fears and anxieties emerge from growing cognitive abilities and are part of typical development (**Box 1**). Children's fear is real and requires responsive caregiving. Developmentally rooted fears (eg, stranger anxiety) will typically dissipate as children grow. Temperament also affects how children approach the world. Some are predisposed to interact cautiously; they may be uncomfortable with changes in routine or environment and find new situations stressful. Children vary considerably in the intensity



with which they experience and express emotion. Knowing the typical emotional responses of each child will help caregivers interpret any given child's reaction in a specific situation and anticipate what the child needs to feel safe and secure.

What are the behaviors usually seen?

The physical response to fear and anxiety prepares one to seek safety through fight, flight, or freeze reactions. A child may demonstrate fear or anxiety through acting out and/or withdrawing behaviors. When a child demonstrates fear of a clear and present danger (or a situation that is understood by the caregiver to be frightening), the child's response behaviors are easily recognized; however, a fear reaction to a perceived danger or one based on the child's past experiences or a child's developmental stage may be harder to recognize

Box 1. Common Fears in Early Childhood

Infants and Toddlers	Preschool-Aged Children
Loud noises	Monsters and creepy crawlies (snakes and bugs)
Strangers (onset 7–8 mo)	Storms, thunder, lightning, natural disasters
Separation (onset 12–15 mo)	Abandonment, rejection
Changes in the house or routine	Anger and things that represent anger
Changes in the appearance of caregivers	Failure
Darkness	Injury, illness, germs, death
Animals	Frightening images in entertainment and media

Fear and Anxiety (continued)

or understand. Similarly, when a child's behavior fits the stereotype of what fear looks like (eg, big, wide eyes; hiding; avoidance), it may be easier to identify than when a child begins to fight or shut down. Because of limited cognition, language skills, and emotional understanding, young children have difficulty communicating their inner thoughts and feelings. Adults need to rely on behavioral changes to make an educated guess about a child's subjective experience. Some common acting out and withdrawing behaviors are listed in **Box 2**. A caregiver who is familiar with the child's stage of development, temperament, and experiences will be prepared to provide responses attuned to the child's thoughts and feelings—including fear.

When should a more concerning issue be suspected?

Anxiety disorders can be common among preschool-aged children. Anxiety, which is supposed to keep us safe, becomes a problem when it is triggered by an unreasonable perception of a threat and interferes with a child's participation in life experiences. Determining a "reasonable" perception of a threat for young children is difficult, given their limited ability to understand and describe their inner thoughts and feelings. Caregivers who carefully observe, listen to, and document the child's behavior can more accurately hypothesize whether

the anxiety is a reasonable reaction to the situation. Excessive anxiety can be evident in the intensity of the feeling, the frequency of anxious incidents, and/or how persistent the anxiety is in response to efforts of the caregiver to soothe the child.

Children who witnessed or experienced a dangerous or threatening event feel acute stress for a period after the trauma. The quality of caregiving during this period and the ability of caregivers to reestablish a safe environment are critical for children's health and well-being. Although most children will not develop posttraumatic stress disorder (PTSD), evidence suggests that young children, including older infants, develop PTSD at a rate at least equal to that of other age groups and perhaps more frequently than adults and older children. Posttraumatic stress disorder is characterized by ongoing arousal, avoidance, and reexperiencing the traumatic event.

What are typical management strategies in the behavioral support plan?

Caregiver strategies include efforts to prevent fear and anxiety (**Box 3**), teaching children how to identify and regulate feelings (**Box 4**), and comforting children who are experiencing fear and anxiety (**Box 5**).

Box 2. Fear Reactions in Young Children

Acting Out	Withdrawal or Internalizing
Crying	Staring into space
Screaming, yelling	Sucking on fingers
Biting	Averting the gaze
Throwing toys	Stopping play
Running away	Seeming sleepy
Hitting, kicking	Standing still
Throwing a tantrum	Watching play without engaging
Being clingy or aggressively seeking the attention of the caregiver	Having poor concentration
Being jumpy or watchful	Avoiding situations
Being hyperactive	Hiding
Avoiding sleep	Losing developmental skills
Having nightmares or difficulty sleeping	Bed-wetting
	Having an upset stomach or pains without a medical cause

Fear and Anxiety (continued)

Box 3. Preventing Fear and Anxiety: How to Create a Safe and Predictable Environment

- Limit exposure to frightening content or overwhelming sensory experiences.
- Maintain predictable routines and support children through transition times.
- Help children anticipate situations that may provoke anxiety and plan coping strategies for when those situations occur.
- Anticipate typical developmental fears and have a plan prepared.

Box 4. Teaching a Child How to Identify and Regulate Feelings (Emotional Literacy and Regulation)

- Use pretend play and books to explore situations that are frightening.
- Use books, pictures, and role-play to teach how fear and anxiety feel in the body, and practice being and feeling safe.
- Provide opportunities to safely interact with things that may frighten children but are actually safe.
- Teach children to assess the strength of their feelings (eg, “Do you feel safe? A little bit nervous? Scared? Very scared?”). Pictures can help children understand these feelings and communicate them to adults.
- Teach coping activities (eg, breathing, muscle relaxation, calming thoughts, large motor play, connecting with a loving adult). A younger or very frightened child will need more assistance in using these strategies.

Box 5. Comforting Children Who Have Fear or Anxiety: How to Emotionally Coregulate With Children

- Accept children’s feelings.
- Label children’s feelings.
- Describe the context, so children may better understand their own thoughts, feelings, and body reactions.
- Stay calm to convey a sense of safety.
- Join with children in using calming strategies.
- Assure children that they are safe and describe how caregivers are safe.

When should I ask for additional support?

Trauma-related reactions or anxiety

Fear-based behavior can limit participation in classroom activities or change the quality of engagement. Some children are not able to be soothed, which results in long periods of distress. When children continue to experience frequent and/or intense anxiety, despite the efforts of caregivers to teach and comfort, additional help is indicated. If you suspect that trauma-related reactions or anxiety is interfering with a child’s functioning, refer the child to a mental health professional who has expertise in working with young children and their families. During a full assessment, the mental health

professional can look more closely at the experience of the child and plan helpful interventions. Posttraumatic stress and anxiety disorders can be treated successfully, allowing the child to more fully engage in relationships and learning.

When fear signals that a child is not safe

A child’s fearful or anxious behavior can be a clue that the child is not safe at home. Children can directly experience violence, or they can be affected by violence experienced by their caregivers. Community violence, domestic violence, child abuse (physical, sexual, emotional, mental, verbal), and neglect can create a frequent or chronic state of fear and anxiety in a child.

Fear and Anxiety (continued)

A pattern of fearful behavior can indicate that the child and family need help. Sometimes caregivers will notice a sudden change in a child's behavior. Other times, the child has lived in an unsafe environment over a period of months or years. Knowing the signs of abuse, neglect, and emotional maltreatment can help caregivers advocate for the children in their care. Child care and early education professionals have a legal mandate to report cases of suspected abuse and neglect.

What training and/or policies may be needed?

Policies and procedures that support sharing information about a child's development, likes and dislikes, and experiences will help all caregivers better listen to the child and understand his or her behavior. Annual developmental screening, home visits, daily communication, and regular parent-teacher meetings support responsive care of a frightened or anxious child. The trust built through ongoing positive communication can establish the child care center as a helpful resource for a family in need of safety planning.

Administering training on recognizing signs of abuse and neglect, mandated reporter status, and the process of reporting can better prepare centers and caregivers to report abuse when necessary.

Where can I find additional resources?

- Center for Early Childhood Mental Health Consultation: Ideas for teaching children about handling disappointment/different emotions (<https://www.ecmhc.org/ideas/dissapointment.html>)
- ECEZero2Three: Easing the separation process for infants, toddlers, and families (<https://childhealthanddevelopment.files.wordpress.com/2011/06/primary-caregiving.pdf>)
- National Child Traumatic Stress Network: Early childhood trauma (<https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma>)

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