

**Kampila Humphreys Nsona**  
**ID: UD68056HGL77183**

**COURSE NAME:**  
**Global Health**

**Optional Assignment Title:**  
**Guiding Children in Times of Transition**

**ATLANTIC INTERNATIONAL UNIVERSITY**  
**February/2021**

Contents

1.0	Background .....	3
1.1	Preamble.....	3
1.2	Introduction.....	4
2.0	Brief description of categories of Anxiety disorders in Children.....	4
2.1	Specific phobia. ....	5
2.2	Social phobia. ....	5
2.3	Posttraumatic stress disorder (PTSD). ....	5
2.4	Generalized anxiety disorder (GAD). ....	6
2.5	Panic disorder. ....	6
2.6	Agoraphobia.....	7
2.7	Obsessive compulsive disorder (OCD).....	7
2.8	Separation anxiety. ....	8
3.0	Managing Anxiety disorder. ....	8
4.0	Conclusion.....	9
	Bibliography.....	10

## 1.0 Background

### 1.1 Preamble

This assignment is submitted as an optional course on “Guiding children in Times of Transition”. It is about writing an essay on “Helping a Child with Anxiety Deal with the Back to School Transition”.

The objective of this course is to make points that assist generate an essay from the article that summarizes and analyzes the topic. This assignment is based on article by Katie Hurley on “Anxiety in Children: Helping a Child with Anxiety Deal with the Back to School Transition”.

This submission has also briefly described the different categories of the anxiety disorders and presented information on management of anxiety disorders. Literature review to enrich the essay context is included.

This is submitted in partial fulfilment towards the attainment of the Doctorate Degree on Global Health from the Atlantic International University.

## 1.2 Introduction

While Fear is similar to fear, both are associated with anxiety. Fear is described as frightened feelings towards a threat or clear danger and a reaction to an environmental threat that is focused on a specific object, individual, or circumstance and in the same vein, worry refers to less intense foreboding about specific future events. In comparison, anxiety is defined as a general frightened response to a source that is not readily identifiable. (Katie Hurley, 2018).

An anxious child or adolescent may feel emotionally torn over some event which the child cannot control. When a child is unable to think of a solution to the problem, their thinking becomes inflexible due to helplessness feelings. To sum up, anxiety is a response to situations or events or people that pose no immediate threat. Anxiety in Children occurs as part of their growth where many may experience fear and worries at times. (Katie Hurley, 2018)

## 2.0 Brief description of categories of Anxiety disorders in Children

Anxiety occurrence is as a result from a combination of psychological, biological, and social factors. The section below briefly explains anxiety disorders that occur. Each of these anxiety disorders can be found among children and adolescents and may occur once or more than once or several times. Separation anxiety and generalized anxiety disorder are also singled out as closely associated with the topic “Guiding children in Times of transition”.

## 2.1 Specific phobia.

Specific phobia also called simple phobia is an intense irrational fear of something that poses little or no actual danger. Fear can be from insects, seeing blood, or seeing heights and hearing thunder. It occurs among young children, these are not debilitating phobias and tend to disappear as the child gets older. (John S.Dacey, *et al.* 2016)

## 2.2 Social phobia.

This is also called society anxiety. It refers to a chronic mental condition where social interactions is a cause of irrational anxiety. Despite adolescent years tend to mostly show occurrence of social phobia, it also can exist in excessively shy children. Children with social anxiety often realize that their fear is exaggerated, but they still cannot control it. (John Dacey, *et al.* 2016). These symptoms can be very frustrating and scary to a child. If left unresolved, anxiety social phobia may lead to frustration, isolation and depression.

## 2.3 Posttraumatic stress disorder (PTSD).

This is an anxiety disorder that is characterized by failure to recover after experiencing or witnessing a terrific event. Symptoms for this disorder may include nightmares, or flash backs as well as avoidance of situations that can bring back the trauma. This may last for months or years with triggers from back memories. It is crucial that any child who is even suspected of having this disorder is provided with professional assistance as soon as

possible. It exists on a spectrum, from mild to life-threatening. Symptoms may occur as a result of intrusive memories or avoidance. (John S.Dacey, *et al.* 2016).

#### 2.4 Generalized anxiety disorder (GAD).

Young people with generalized anxiety disorder (GAD) have excessive or unrealistic worry in a wide variety of situations. They may spend more time than appropriate paying attention to the details of activities like homework or other otherwise normal tasks. Symptoms may include restlessness, constant worry, Tiredness, difficulty concentrating, Irritability, Sleep disturbance. In some cases, the child may refuse to attend school. If he experiences excessive worry along with even just one of the above mentioned physical symptoms and this occurs over a six month period, the diagnosis is that the child has GAD. This anxiety disorder is a good feature to represent some content from the article by Katie Hurley.

#### 2.5 Panic disorder.

Is a sudden episode of intense fear that triggers severe physical reactions when there is no real danger or apparent cause e.g. fear of embarrassing themselves, worry that they will faint. This is rare in children but more common among older children and adolescents, probably for hormonal reasons. For this, four or more symptoms like sweating, trembling, chest pain, feeling of unreality may occur abruptly within a short period like ten minutes.

## 2.6 Agoraphobia.

Agoraphobia is when anxiety is so severe that the child is unable to participate in most social situations. This phobia has more to do with an excessive worry about losing control of one's self in one's surroundings. Agoraphobia is not common among young children and typically begins during adolescence or young adulthood. Those who have agoraphobia tend to believe that it will be difficult to depart an uncomfortable situation or that they will be criticized for leaving, so they begin to dwell on feelings of being trapped or exposed. For most agoraphobics, home is the only place they feel at ease. Unfortunately, these self-imposed restrictions and fears disrupt their lives as well as lives of their family members

## 2.7 Obsessive compulsive disorder (OCD).

This disorder is noticed when there is occurrence of excessive thoughts that lead to repetitive behaviors (compulsions). Children with this disorder are troubled by persistent and recurring thoughts that consume their attention. These children feel compelled to perform repetitive behaviors. In actual sense the behavior is not the problem but the problem comes as to how often the child feels compelled to perform the behavior. The repetitiveness of the behavior creates so much disruption in his day-to-day life although it provides comfort to the child.

## 2.8 Separation anxiety.

This occurs when a child becomes excessively anxious when separated from parents. Children with this disorder do not think of anything else but think of the present fear of separation. Crying, clinging, or panic on separation are common reactions of small children who experience separation anxiety. Unrealistic worry about potential harm to loved ones or fear they will not return home, a reluctance to sleep alone, refusal or reluctant to attend school, and physical symptoms, such as a stomachache or headache, are signs of separation anxiety disorder in older children. This category fits as a good example of the article by Katie Hurley. The anxiety disorder requires talk therapy as part of treatment, counselling and cope mechanisms.

## 3.0 Managing Anxiety disorder.

Parents and families, Teachers, and society have all a role to play in different ways in the process of managing anxiety disorders. Almost all children who have one of these disorders can be treated and assisted. The first important aspect is to understand them and know their distinction so that there can be effective remedies for child's rehabilitation and their return to school.

Cognitive restructuring is one method which can be used to make an anxiety disorder child less likely to perceive situations as threatening through actions like helping child to remove or reduce misinterpretations of reality, challenge faulty logic or irrational self-statements and constructing a way of looking at the world that includes adaptive coping



strategies. The method that uses Calming the nervous system, Originating an imaginative plan, Persisting in the face of obstacles and failure, Evaluating the plan; commonly called with acronym COPE is among the recommended methods for the management of anxiety disorders and can be adapted to the category of the disorder that has to be managed.

#### 4.0 Conclusion

Anxiety disorder whose symptoms include stress and is out of proportion compared to the impact of the event with inability to set aside a worry and restlessness is self-diagnosable. When anxiety occurs in Children especially among kids preparing to transition back to school, it's important to prioritize generalized anxiety disorder and separation anxiety management and establish plans to help them learn to cope with their symptoms through the use of COPE method.

Occurrence of anxiety among children, adolescents and society is an important element requiring action to ensure there is survival, growth and good development among children in a developmental life cycle of a human being.

## **Bibliography**

Harlod Bloomfield, (1999), *Healing Anxiety Naturally*. Harper Paperbacks.

Hawn, Goldie; Holden, Wendy, (2012), *10 mindful minutes: giving our children - and ourselves - the social and emotional skills to reduce stress and anxiety for healthier, happier lives*. Viking.

John S. Dacey, Martha D. Mack, Lisa B. Fiore, (2016), *Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children*. Wiley-Blackwell.

Katie Hurley, (2018), *Article: Anxiety in Children: Helping children in Times of transition*. Atlantic International University