

Common Myths about Anxiety

- **Myth:** *All Anxiety is the same.*
- **Fact:** There are several types of anxiety disorders: Generalized Anxiety Disorder, Panic Disorder, Social Anxiety Disorder, Separation Anxiety Disorder, Specific Phobias, and Selective Mutism are all anxiety disorders that affect children and adolescents. Obsessive-Compulsive Disorder (OCD) and Posttraumatic Stress Disorder (PTSD) are also disorders related to anxiety. (See <http://www.adaa.org/living-with-anxiety/children/childhood-anxiety-disorders> for more information on each of these disorders.)
- **Myth:** *All kids worry sometimes. Anxiety is not really a problem for them.*
- **Fact:** All kids do worry sometimes. But, anxiety is an intense, overwhelming type of worry that interferes with a child's functioning. Anxiety disorders are the most common type of mental health problem in children and adolescents, with average prevalence rates of 8% (Merikangas, Nakamura, & Kessler, 2009). It is believed that these numbers likely underestimate the extent of the problem.
- **Myth:** *Anxiety isn't genetic at all.*
- **Fact:** Anxiety disorders (and many other psychological disorders as well) do have a genetic link. Research has found that anxiety disorders do have a genetic component, but the environment plays an important part as well (Hettema, Neale, & Kendler, 2001).
- **Myth:** *Medication is the only real treatment for anxiety.*
- **Fact:** Medication can certainly help decrease anxiety. However, cognitive behavior therapy has been empirically supported as an effective treatment as well. In fact, some research has found that a combination of medication and cognitive-behavior therapy for anxiety is most effective for treating children and adolescents (eg. Walkup et al., 2008). Research has also found that parents of children with anxiety prefer psychotherapy to medication as a first treatment (Brown, Deacon, Abramowitz, Dammann, & Whiteside, 2007). Whether medication alone, psychotherapy alone, or a combination of the two is needed, should be discussed with your pediatrician and mental health care professional. ■

References:

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