



PEDIATRICS

Transitional Anxiety in Childhood

By Joan M. Fallon, D.C., F.I.C.C.P.

When you have a child who won't budge or who has a hard time getting ready for school; has difficulty moving from one class to another, procrastinates in doing his homework, or drags his feet going to bed at night; he may not just be stubborn. This child may actually suffer from what can be termed a transition-anxiety disorder.

While transitional-anxiety disorders may result in different behaviors in different children, they occur quite often and can be found to be the source of significant difficulties between the parent and the child. With children's lives so scheduled and task-oriented these days, moving from one task to another, from one place to another, or from one person to another is an essential part of everyday life. In children with transition-anxiety issues, these "movements" may be quite difficult.

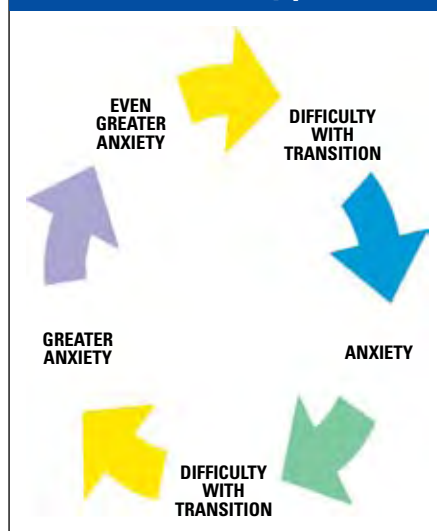
While this may be considered a "soft" problem in comparison to the more severe problems of ADD, ADHD, autism, Tourettes, bipolar disorders and other diagnoses, transitional-anxiety disorder can still have a major impact on the lives of children and the lives of their parents, siblings, and teachers. In many cases, those who experience this transition-anxiety disorder are often inappropriately being labeled attention deficit, defiant, obstinate or something else. These children are often medicated or treated incorrectly. The result is they continue to lose self esteem and experience frustration because the adults are unable to recognize the source of their problem. The medication only serves to mask their problem.

Transitional difficulties and the concomitant anxiety which they produce, are some of the most under-reported, under-diagnosed, mis-diagnosed and morbidly present conditions in childhood. Often relegated to tardiness, disorganization, poor listening skills, obstinacy and other more onerous defiant type problems, many children suffer from simple problems with transitions.

These transition problems can often create anxiety, and the anxiety and the transitional fear or avoidance will keep the child in an almost paralyzed state. In some cases there is a complete breakdown in the ability to change tasks, to change locations, to change caregivers, and to change for example, even their clothes. Parents, teachers, and caregivers can often spend tremendous amount of time, energy and hours of frustration with children who suffer from this problem. The transitional-anxiety disorder can be a part of a larger group of symptoms or can stand alone.

Figure 1 outlines the cyclic nature of the transition-anxiety problem. This cycle of difficulty with transition and increasing anxiety is one that is very familiar to those who work with children with pervasive developmental disorder (PDD). This problem, however, is not limited or found exclusively in this population of

Figure 1.
Cyclic nature of the transition-anxiety problem



children. All children, regardless of their functioning level, could potentially suffer from a transitional anxiety issue. Since transitional difficulties and anxiety are bound tightly together, and often beget each other, it is almost impossible to separate them from one another.

Transitional-anxiety disorder most likely stems from problems with sensory integration. Problems with sensory integration are known as sensory integration dysfunction (SID). By definition, sensory integration dysfunction (SID) is the disorganization of multi-sensory input into the body. Those who have SID problems experience the range from small (minor or limited) to profound difficulty with taste, touch, smell, sound, or visual input. This input from the senses becomes disorganized by the brain and can be considered noxious to the body. Sensory integration dysfunction (SID) is believed to be caused by a diffuse problem with the way in which the brain processes the sensory information that it obtains from the environment.

The dysfunction of SID lies in the area of prioritizing and synthesizing the environmental input. Normally, input into the child from the environment is blended together, so that the brain perceives them as a series or group of input, which allows for a coordinated response to the input. (FIGURE 2)

In the child with SID, rather than a blended input, which the brain responds to, the input is perceived individually, and hence overloads the brain until it shuts out much of the information or the child refuses to gather additional information in a particular circumstance. This is akin to sending multiple large attachments on an email. If the computer could not synthesize those files into a zip file, it would take virtually many minutes, or hours in some cases, to send multiple large files. Synthesizing and compressing the data in those files into something that does not overload the computer allows for easy transmission over the internet. This same type of synthesis of information in the brain is necessary in order for the brain not to be overloaded. In SID

Figure 2. Coordinated response to input

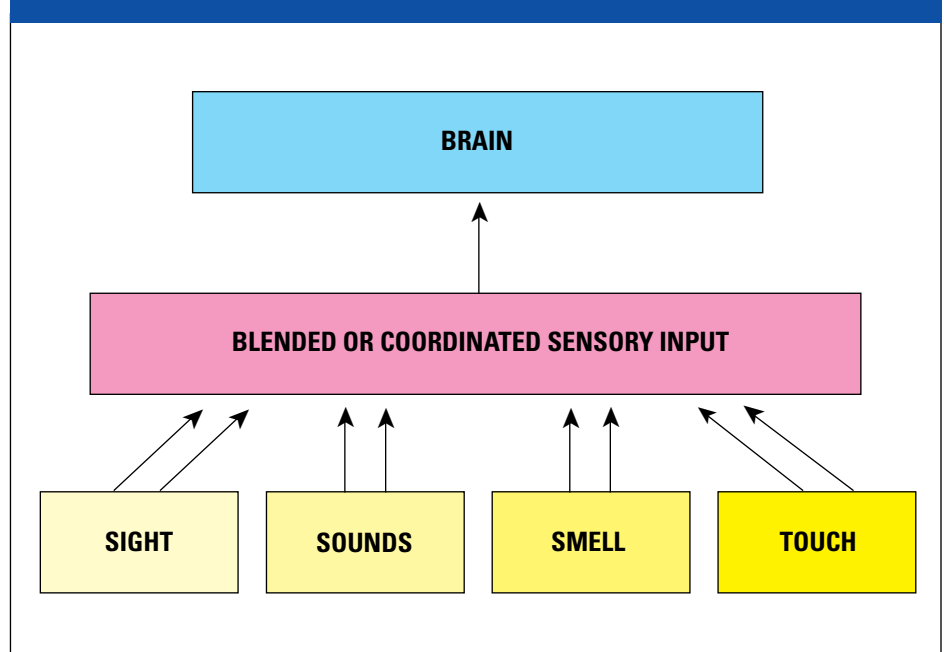
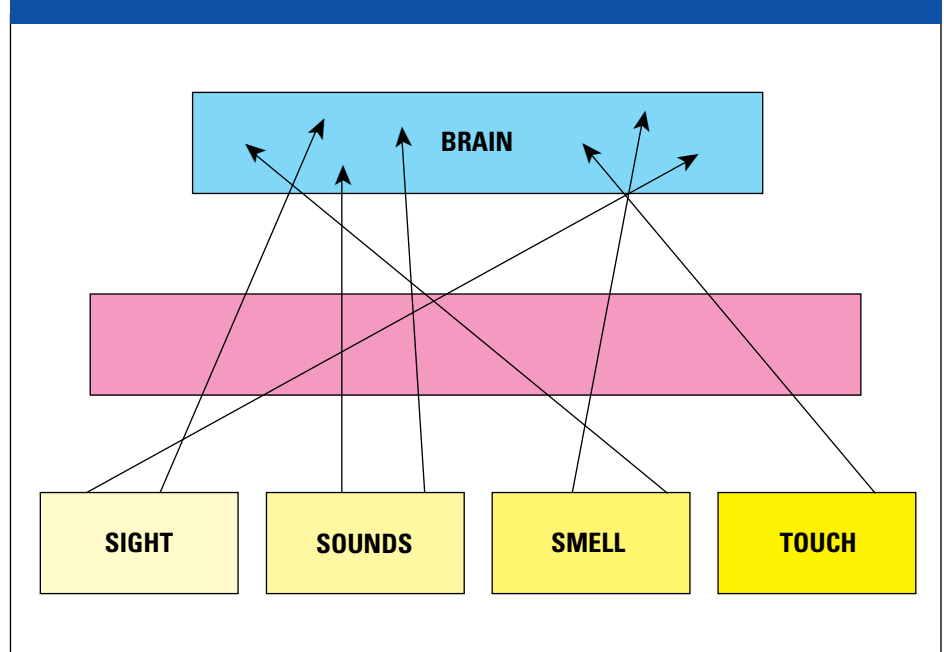


Figure 3. Inability to perform synthesis



these children do not have that ability or have only a partial ability to perform this synthesis. (FIGURE 3)

In a severe case of SID, a child exposed to loud noises may cover their ears, or run away from the sound. In the case of the child with a transitional-anxiety dysfunction, the sensory input may not be sufficient to overload their system, but may be enough to disorganize their activities. Some of the typical issues that are experienced by children with SID and or with transitional-anxiety difficulty are:

- may appear not to hear you
- appear to be "dragging their feet"
- have their "stuff" in multiple locations
- appear to be slow
- appear to be obstinate
- are chronically late
- have difficulty completing tasks
- are resistant to change of all types even minor ones
- have difficulty being with new people
- have difficulty leaving the house, classroom
- will be the last one done with a task

Sensory integration dysfunction (SID) may appear at birth. Often the child with SID is considered to be "colicky" and may experience reflux or GERD. The child may cry constantly or often, and

need to be held much of the time. While "true" colic will disappear outside of infancy, the child with SID will continue to have these same difficulties as he/she gets older. SID can appear early in childhood, or can appear as part of a regressive type of pervasive developmental disorder (PDD) such as regressive autism or childhood disintegrative disorder.

While the child with transition-anxiety dysfunction may have the disorder at a young age and perhaps even from birth, the issues which cause it to become visible or triggered, are often experienced slightly later in childhood. It may not be until the child attends pre-school or kindergarten, or even later that their dysfunction begins to show.

It is important to remember that these issues can appear in children outside of the PDD spectrum, and can even appear just as a lone symptomatic issue. While the symptoms of PDD generally do not occur alone, transition-anxiety dysfunction often does. The individual problems that generally accompany the child with PDD and/or with SID such as hyperacusis, tactile defensiveness and myriad other symptoms, may not be present in the child with transitional-anxiety issues, although many or most of the children with SID have a transition-anxiety component.

Integration of sensory input allows the child to be optimally functional in society. Disorganization of that input can result in significant difficulty with