

WHAT IS ANXIETY?

Information for clients and their families

Anxiety is intense feelings of being afraid, nervous, tense or worried that are too strong for the situation, go on too long and get in the way of normal life. Being afraid is normal for survival in situations of real danger but sometimes the feelings are transferred to situations that are not actually dangerous. The same is true about worry. Worrying can be helpful when it is important to be prepared and consider possible things that could go wrong. But worrying about many things all the time is unhelpful and distressing. All anxiety problems involve being overly afraid or worried. When fear and worry are not necessary, are too strong and interfere with life it is a problem and important to get help.

There are several different types of anxiety disorders. The type of anxiety is related to what the fears and worries are about and how they are handled. For example, separation anxiety is extreme worry that something bad will happen if the child is separated from the parent (e.g., school). Generalized anxiety is having extreme and constant worries about a lot of different things. Social anxiety is extreme fear of being humiliated in social situations. Phobias are unrealistic and extreme fears of situations or things (e.g., snakes, flying). Panic is the fear of dying or having a heart attack because of physical feelings of anxiety.

SIGNS & SYMPTOMS

Feelings

- Heart pounding
- Numbness
- Outbursts of irritability or anger
- Trouble falling or staying asleep
- Sweating
- Muscle tension
- Nausea or stomach aches
- Trouble concentrating
- Jumpiness
- Trouble breathing
- Dizzy, faint or lightheaded
- Trembling and shaking

Thoughts

- Thinking that danger is everywhere; a thing or situation is very dangerous when it is not
- Worrying way too much about bad things happening
- Constant thoughts or images of bad things happening

10 Signs Anxiety is Getting the Better of You

How do you tell the difference between everyday worry and an anxiety disorder? The following symptoms, especially if they're chronic, mean you might want to seek help.



1. EXTREME WORRY

Continual or unnecessary worry, especially when you can't seem to let go, is a sure sign of Generalized Anxiety Disorder (GAD).



6. STOMACH PROBLEMS

Your mental state and the digestive system are connected. Because of this, anxiety can lead to nausea, cramping, constipation, diarrhea, and other symptoms.



2. TROUBLE SLEEPING

It's bad enough when anxiety rules our days, but it can also rule our sleep. You just can't seem to slow down your runaway thoughts and toss and turn throughout the night. This can become a vicious cycle of trouble sleeping, worrying about your lack of sleep, and then more trouble sleeping.



7. SELF-CONSCIOUSNESS

When you're self-conscious, you have an undue awareness of yourself—you feel like you're on display all the time—even when just chatting with friends at work. You may begin blushing, trembling, sweating profusely, or feeling nauseous.



3. PANIC ATTACKS

Panic attacks are episodes of extreme fear that strike without warning and don't seem to have a clear cause. Signs may include a racing heart, rapid breathing, dizziness, or stomach pain.



8. SELF-DOUBT

If you're constantly second-guessing yourself or are easily paralyzed by the fear of making a wrong decision, you may be suffering from general anxiety disorder (GAD).



4. IRRATIONAL FEARS

This can include very specific phobias that suddenly become overwhelming compared to what a person experienced in the past.



9. FLASHBACKS

Vividly recalling past painful experiences, especially when they seem to replay in your mind repeatedly, is another sign of anxiety and closely related to post-traumatic stress disorder (PTSD).



5. PHYSICAL TENSION

If you have a persistent stiff neck, hunched shoulders, or clenched jaw, it can signal anxiety.



10. COMPULSIVE BEHAVIORS

Do you rely on highly specific rituals to get through a day? Compulsive behaviors can include physical behaviors (obsessively lining up papers on your desk) or mental habits (needing to repeat a phrase in your head all day, all the time). When something disrupts them, it completely throws you off.

ABC's of Anxiety

Anxiety can impact the lives of children, teens (and adults!), in the following 6 ways:

- **Affect - anxiety is an emotion that is felt in the body.** Often when children feel anxious they may say they feel sick. Teens may complain of pain in the body.

Common examples include:

- chest pain or discomfort
- stomach pain or nausea
- feeling lightheaded, feeling very hot or cold,
- rapid heart rate, shortness of breath, sweating, trembling or shaking

- **Behavior - anxious children and teens avoid!** One of the most common behaviors in anxious kids is not doing things or refusing to go places, also known as avoidance.

Common examples include:

- Difficulty raising hand in class or reading out loud
- Excessive fear of making mistakes, or desire to be “perfect” in appearance and work projects
- Not getting routine injections (shots) or dental work
- Not hanging out with other kids or having few friends because of social fears
- Not sleeping in his or her own bedroom or refusing to attend sleepovers
- Refusing to go to school for any number of reasons (e.g. an exam, performances, a bully, social situation, etc.)
- Refusing to participate in sports, dance, or other performance related activities

Key Point: Avoidance is a habit-forming, unhelpful way of coping with stress. With your patience and consistency, your child will learn a variety of coping skills to practice, and will then learn to face his or her fears with success!

- **Cognition - anxious children and teens worry.** These worries can be about a current situation or about some future event. Young children may not be able to identify anxious thoughts even when they are very anxious. This also sometimes happens for older children and teens. However, when they are able to tell us what they are worrying about the thoughts can range from the reasonable (e.g. I will fail my test) to the remote (e.g. I will get sick and die if I eat in a restaurant).

Common examples include:

- *I'll fail my exam*
- *My Mom might forget to pick me up after school*
- *My teacher will yell at me and the kids will laugh*
- *That dog might bite me!*
- *The world is a dangerous place*
- *What if I fall off my bike and everyone laughs?*
- *What if I throw up at school?*
- *What if my Mom or Dad dies?*

- **Dependence - anxious children and teens reply and depend on their parents' far more than same aged peers.** These anxious kids either seek reassurance or ask their parents to do things for them that seem unnecessary. When parents of anxious children compare their children to their peers, parents often notice they are doing far more for their children than are the parents of their children's friends.

Common examples include:

- Asking *"Are you sure I won't get sick?"*
- Asking *"Are you sure you will be on time to pick me up?"*
- Asking parents to talk to teachers to request extra time on an assignment or to manage other academic needs
- Making the parents give them a complete change of clothes when they go to the movies in case the child gets sick.
- Not wanting to be away from home unless they have a cell phone
- Only going to a party if a parent comes with them
- Requesting ongoing reassurance that eczema is not actual skin cancer

- **Excess and Extreme - anxious children and teens worry in excess and to an extreme.** They worry about more things, more often, and in more extreme ways than their peers. Socially anxious teens are not just worried about saying the wrong thing once or twice, but are afraid that they will say the wrong thing repeatedly, be judged harshly by their peers, and embarrass themselves beyond repair for the rest of their lives!

Common examples include:

- Expecting the worst to happen, all of the time
- Generating extreme conclusions from vague information
- Having trouble falling asleep due to excessive worries about daily events, getting enough sleep, or staying asleep
- Making extreme predictions with catastrophic outcomes

- Viewing themselves as incompetent, unlovable, worthless, ugly, etc.
- Worrying for hours rather than minutes about talking to a peer, a girl/boyfriend, or teacher

● **Functioning- the daily lives of anxious youth are typically severely impacted by anxiety.** Many of these children and teens are functioning at a lower level compared with their peers. They appear disorganized, unfocused, or fail to reach their full academic potential (and if they can reach their potential it is due to extreme efforts). They experience more conflict with their families than is typical for teens, or depend more on parents to get their needs met causing them to be unprepared for adolescence or the adult world.

Common examples include:

- Being unable to do routine tasks without crying, tantrums or having continual reminders
- Believing, *“I can’t cope”* or *“It’s safer to stay home”*
- Not getting enough sleep or nutrition
- Over time, academic struggles and/or social withdrawal
- Struggling to balance reasonable demands such as doing homework and playing a sport

Less common examples include:

- Engaging in high risk behaviours such as sexual promiscuity or cutting
- Using drugs and alcohol to “take the edge off”

Note: The pattern of these experiences varies in each child, and from situation to situation, but generally anxious children are impacted in all six domains.

The Gap Between Need and Care

ADHD

40% of kids with diagnosable ADHD are not getting treatment

Depression

60% of kids with diagnosable depression are not getting treatment

Anxiety

80% of kids with a diagnosable anxiety disorder are not getting treatment

What Is the Age of Onset for Common Disorders in Children?



Age 6

median age of onset
Anxiety Disorders



Age 11

median age of onset
ADHD and Behavior Disorders



Age 13

median age of onset
Mood Disorders

These estimates are based on diagnostic interviews done by professionals of a sample of young people 13-18.

Mental Illness in Youth in the Juvenile Justice System

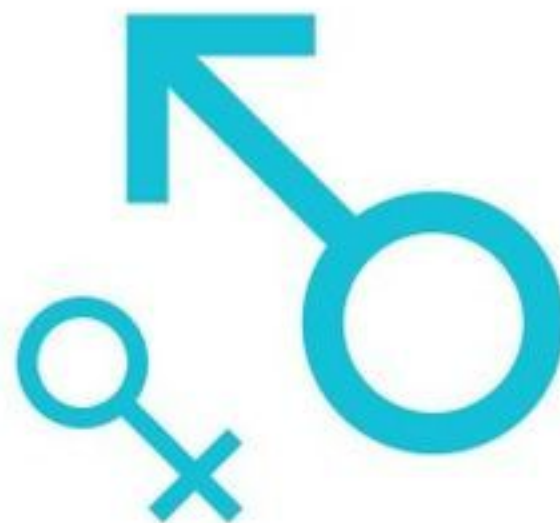
70.4%

of youth in juvenile justice settings meet criteria for a psychiatric diagnosis

ADHD Diagnosis and Treatment: Twice as Many Boys as Girls (4-17)

5.5%
girls currently diagnosed with ADHD

12.1%
boys currently diagnosed with ADHD



3.7%
girls currently taking ADHD medication

8.4%
boys currently taking ADHD medication

Sources and more details available at childmind.org/report



CHILD MIND[®]
INSTITUTE
speak up for kids

ADHD

VERSUS

ANXIETY DISORDER

COMPARING THE 2 MENTAL CONDITIONS



Executive functioning skills are impaired

Symptoms include a hard time prioritizing, focusing, or holding back impulsive behaviors

Affects 7 to 12% of the population, and 2 males for every female.

Treated by medication, behavioral therapy, or school/home interventions



Generalized and chronic worry or fear about life events

Symptoms include feelings of uneasiness, fear, panic, difficulty sleeping, heart palpitations, nausea or dizziness

Affects approximately 16.6% of the population. Women are affected at higher rates than men

Treated by psychotherapy, medication, or home/work interventions

Resources for Parents of Children with Anxiety Disorders

WEBSITES

- The Child Anxiety Network: www.childanxiety.net
- WorryWise Kids: www.worrywisekids.org
- Temple University's Child and Adolescent Anxiety Disorders Clinic: www.childanxiety.org
- UCLA Child and Adolescent OCD, Anxiety, and Tic Disorders Program: www.npi.ucla.edu/caap/
- New York University Child Study Center: www.aboutourkids.org
- Massachusetts General Hospital School Psychiatry Program and MADI Resource Center: www.massgeneral.org/schoolpsychiatry/info_anxiety.asp
- Anxiety Disorders Association of America: www.adaa.org
- The Center for Mental Health Services: www.mentalhealth.org
- American Academy of Child and Adolescent Psychiatry: www.aacap.org
- Academy of Cognitive Therapy: www.academyofct.org
- Association for Behavioral and Cognitive Therapies: www.abct.org
- Pamela Rand's YoGuides: www.yoguides.com

BOOKS FOR KIDS

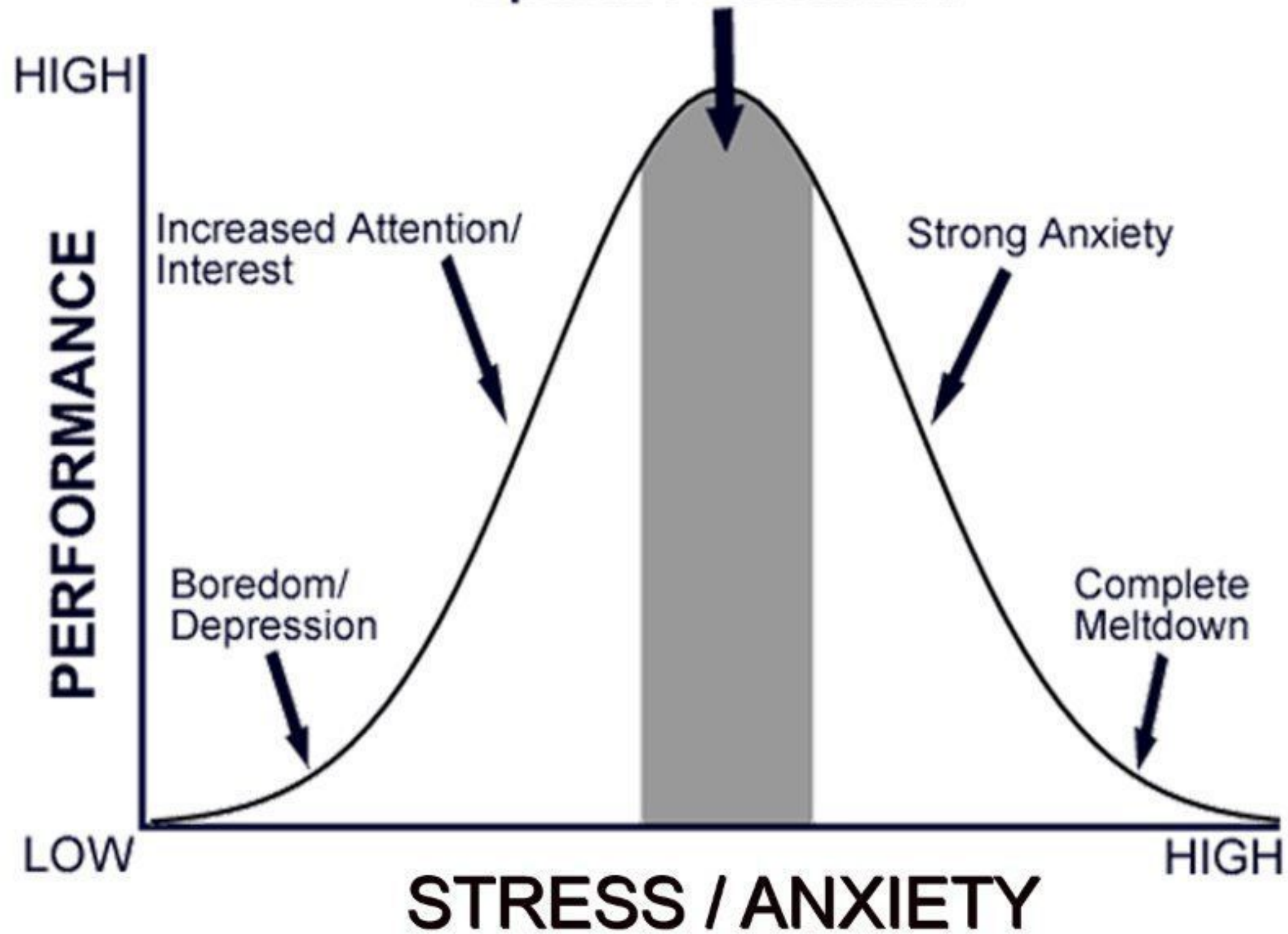
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- Marcus, I. & Marcus, P. (1991). *Scary night visitors: A story for children with bedtime fears*. Magination Press, 3-7 yrs. (bedtime fears)
- Lite, L. (2007). *Goodnight caterpillar*. LiteBooks.net, 4-8 yrs. (relaxation)
- Lite, L. (2007). *A boy and a turtle*. LiteBooks.net (relaxation)
- Sisemore, T. (2008). *I bet I won't fret: A workbook to help children with Generalized Anxiety Disorders*. Instant Help Books, 9-12 yrs. (generalized anxiety)
- Thomson, T. (2002). *Worry Wart Wes*. Savor Publishing House, 4-8 yrs. (generalized anxiety)
- Schaefer, C. & Friedman, J. (1992). *Cat's got your tongue: A story for children afraid to speak*. Magination Press, 4-8 yrs. (selective mutism)
- Shipon-Blum, E. (2003). *Understanding Katie*. Selective Mutism Anxiety Research and Treatment Center, 4-8 yrs. (selective mutism)
- Voerg, K. & Pando, N. (2005). *I don't want to go to school: Helping children cope with separation anxiety*. New Horizon, 4-8 yrs.
- Viorst, J. & Choro, K. (1992). *The good-bye book*. Alladin, 4-8 yrs. (separation anxiety)
- Niner, H. & Swearingen, G. (2004). *Mr. Worry: A story about OCD*. Albert Whitman & Co., 4-8 yrs. (OCD)
- Wagner, A. P. & Jutton, P. A. (2004) *Up and down the worry hill*. Lighthouse Press, 9-12 yrs. (OCD).
- Holmes, M. & Mudlaff, S. (2000). *A terrible thing happened: A story for children who have witnessed violence or trauma*. Magination Press, 4-8 yrs. (post-traumatic stress disorder)

Resources for Parents of Children with Anxiety Disorders

BOOKS FOR PARENTS

- Chansky, T. E. (2001). *Freeing your child from obsessive-compulsive disorder: A powerful, practical program for parents of children and adolescents*. Crown Publishing Group.
- Chansky, T. E. (2004). *Freeing your child from anxiety: Powerful, practical solutions to overcome your child's fears, worries, and phobias*. Broadway Books.
- Chansky, T. E. (2008). *Freeing your child from negative thinking*. Da Capo.
- Crist, J. (2004). *What to do when you are scared and worried: A guide for kids*. Minneapolis, MN: Free Spirit Publishing.
- Dacey, J. S., & Fiore, L. B. (2000). *Your anxious child: How parents and teachers can relieve anxiety in children*. Jossey-Bass.
- Eisen, A. & Engler, L. (2006). *Helping your child overcome separation anxiety or school refusal*. Oakland, CA: New Harbinger Publications.
- Manassis, K. (1996). *Keys to parenting your anxious child*. Barron's Educational Series, Inc
- Rapee, R. M., Spence, S., Cobham, V., & Wignall, A. (2000). *Helping your anxious child: A step-by-step guide for parents*. New Harbinger

Optimal Performance





Anxiety Disorders in Children and Adolescents

- Very common: 8-10% of youth have at least one anxiety disorder
- Runs in families (Genetics and modeling)
- Co-occur with ADHD in children, and depression and substance abuse in teens
- Can persist into adulthood
- Treatments are available and effective: Cognitive-behavioral therapy and medication
- Early identification and treatment can reduce severity and impairment in social and academic functioning

Anxiety

+ YOUNG PEOPLE



Anxiety disorders are characterised by excessive fear and worry, which can seriously reduce a young person's ability to function in their day-to-day lives. Anxiety disorders are common – around 15% of Australians aged 16–24 experience an anxiety disorder each year.

There's no single cause for anxiety, but a number of factors can contribute, such as family history, genetic factors, personality traits, coping styles and the experience of stressful and traumatic life events (for example, bullying or the death of someone close).

Anxiety is treatable, and there are many resources available, including websites, self-help books and professional supports. Treatment helps young people learn to manage anxiety so that it has less of an effect on life.

What is anxiety and when is it ill-health?

Anxiety is a feeling of worry or nervousness. It's an unpleasant emotion that everyone feels when faced with challenges or danger. Anxiety can be useful because it helps us prepare for and perform tasks.

Anxiety becomes a problem when it is intense, causes distress, lasts for a prolonged period of time and affects day-to-day living. Anxiety disorders can cause changes in a person's thinking, bodily sensations, behaviour and in how they respond to things. Young people can miss out on a lot of activities they enjoy because of anxiety, and it can get in the way of school, work, relationships and other important activities. Getting the right help can reduce the effect that anxiety has on a young person's quality of life.

Symptoms of anxiety

Common symptoms of anxiety include:

- persistent worry
- excessive fearfulness
- inability to relax
- problems with sleep
- avoidance of feared situations
- excessive shyness
- social isolation and problems with relationships
- difficulty concentrating and making decisions
- fear of social embarrassment
- problems with work, social, or family life
- physical symptoms, such as stomach-aches, headaches, muscle soreness, sweating, nausea and diarrhoea
- nightmares
- panic attacks.

What are panic attacks?

To prepare us for challenging situations – like for an exam, a gig, public speaking or finding a spider in our bedroom – our bodies have a natural 'fight or flight' response. This response increases our heart rate and muscle tension and we may also experience sweating, shaking and feeling butterflies in the stomach.

For a person with anxiety, these physical sensations occur more frequently and sometimes aren't connected to common anxiety-provoking situations. Young people with anxiety experience these symptoms regularly, and they can come on suddenly, unexpectedly and in many situations. If these physical sensations are intense and thoughts about fear of losing control or 'going crazy' accompany them, this can be described as a 'panic attack'.

What to look for?

If you're worried someone you know is experiencing anxiety, you can look for symptoms including:

- persistent worrying and excessive fear
- inability to relax

- seeking excessive reassurance, avoiding making decisions
- difficulty in concentrating, appearing distracted
- avoiding situations, not spending time with friends or family
- increased alcohol or other drug use
- poor sleep, physical ill-health, medically unexplained symptoms
- expressing anxious thoughts about themselves, their situation or future. For example, 'I can't cope', 'I'll make a fool of myself', 'They won't like me', 'What if something bad happens?', 'I might get hurt' etc.

What are the common anxiety disorders?

Social anxiety disorder

Social anxiety disorder is an intense and persistent fear of being humiliated, judged, or embarrassed in social situations. For example, a person with social anxiety disorder might feel extreme anxiety when having conversations, meeting new people, being observed, or performing in front of others. Often young people will fear or avoid social situations even though they recognise their anxiety and worry is unreasonable, excessive and significantly interferes with their life.

Panic disorder

A panic disorder is characterised by recurring and unexpected panic attacks. A panic attack is a surge of intense fear or discomfort that reaches a peak within minutes and leads to symptoms like heart palpitations, sweats, shaking, trouble breathing, chest pain, nausea, chills or feeling hot, feeling numb or detached, feeling dizzy or faint. Often, the physical symptoms are accompanied by thought about fear of losing control, 'going crazy', having a heart attack, dying or worry about having another panic attack. This can result in a young people avoiding certain situations and places to prevent themselves having a panic attack.

The Effects of Anxiety

ON YOUR BODY

Everyone has anxiety from time to time, but chronic anxiety can interfere with your quality of life. While perhaps most recognized for behavioral changes, anxiety can also have serious consequences on your physical health.

Read on to learn more about the major effects anxiety has on your body.

a sense of doom

Anxiety can cause frequent feelings of impending doom. You may also have difficulty concentrating.

panic attacks

Panic attacks from anxiety can lead to a number of physical symptoms, including heart palpitations, chest pain, and lightheadedness. You may even feel warmer than normal.

depression

Chronic anxiety can increase your risk for depression. Symptoms include social withdrawal, loss of interest in activities you once loved, and feelings of guilt or hopelessness.

headaches

Headaches from constant worry and stress are common.

irritability

Constant worry can increase your overall feelings of irritability.

pounding heart

Heart palpitations occur with panic attacks, but they can also happen with anxiety more generally. You may feel like your heartbeat quickens in pace and intensity.

breathing problems

Anxiety can cause rapid, shallow breathing. These symptoms are more intense when you're having a panic attack.

loss of libido

Anxiety can decrease your sexual desire.

upset stomach

Stomach pains may be accompanied by nausea and diarrhea.

extreme fatigue

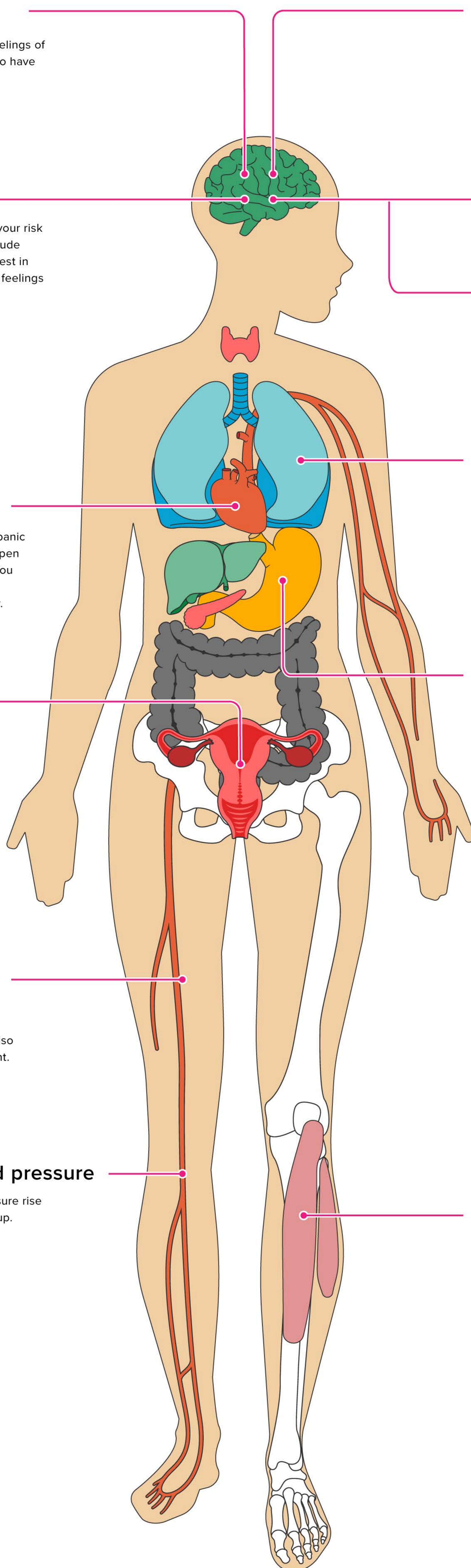
Anxiety can leave you feeling wiped out at various points throughout the day. You may also have problems sleeping at night.

increase in blood pressure

You may feel your blood pressure rise whenever your anxiety flares up.

muscle aches and other pains

Anxiety isn't just felt mentally. Unexplained aches and pains can also occur.



Emotional Energy Centers of the Body

RIGHT side controlled by left brain

LEFT side controlled by right brain

RIGHT = Masculine or Yang

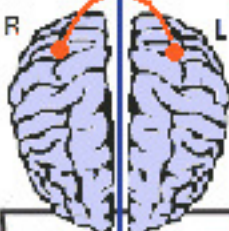
LEFT = Feminine or Yin

Reflects outer world

Reflects inner world

RIGHT
LOGIC

LEFT
FEELINGS



Outer World Burdens

Burdens & Responsibilities

- Carrying a heavy load
- Weight of the world on shoulders

Inner World Burdens

Burdens & Responsibilities

- Carrying a heavy load
- Weight of the world on shoulders

Throat Center

Self Expression Issues

- Lack of Trust
- Inability to speak feelings

Thyroid Problems

Relationships

Heart Center

Grief, Sorrow, Sadness, Loss

- Emptiness of Heart - Lack of Love
- Helplessness, Aloneness, Disillusionment
- Embarrassment, Shame, Humiliation
- Repressed feelings, Disappointment
- Genetic or Ancient memory
- Cruelty, Meanness

On the energetic level
the heart can look
black from hurt &
unresolved
emotional pain.

Fight or flight
response overworks
adrenals can lead to
Chronic Fatigue.

Fear Center

Fears & Phobias

- Loss of Control / Fear of losing control
- Giving our power to another person
- Relationships

Liver Problems

Anger Center

Anger and Rage

- Anger at others
- Anger at self
- Jealousy
- Resentment

Spleen problems

Guilt Responsibility Center

- Unacceptance
- Self-judgement; self-criticism
- Not deserving of the good life has for us
- Inability to accept and receive

On the energetic level the
gut can look black and
slimy from old emotions.

Trapped emotions in this area can
cause problems with the gut,
digestion & affect the female cycle.

Old Stuff Center

Family Sexual Issues

- Childhood conditioning

Support Area

- Lack of Financial Support

Hip & Spine problems

Support Area

- Lack of Emotional Support
- Hip & Spine problems
Tension can lead to spine
misalignment.

Unresolved emotions can set like cement.

Survival Center

Feeling we won't survive a
life-threatening incident

- Violations related to surviving
(accidents, abuse, violence, rape)
 - Impotence, frigidity
- First year of life / Basic Creativity

Betrayal Center

- Betrayed by someone
we trusted
- Self-betrayal

Rejection Center

Abandonment

- Criticism, judgement
by others
- Self-rejection
- Abandonment - pain
in the heart

Women tend to trap
their emotions across the
pelvis affecting the cycle.

Problems with Right side legs/knees/ankles can
reflect feelings of lack of support in career &
finances. Can also be a way of slowing you
down to take stock of situation.

Problems with Left side legs/knees/ankles can
reflect feelings of lack of emotional support. Old
injuries that still cause pain are due to unresolved
emotional stuff and can be evident for years.

Legs/knees/ankles are also sites for past life reminders.

RIGHT

LEFT

EVERYBODY WORRIES! 3 STEPS TO HELP WITH WORRYING

Everybody worries. Grown-ups and kids! But what should you do about it? Whether your worries are big or small, try these 3 steps:

1. Figure it out.

Sometimes, you will know exactly what you're worried about. Other times, you might not know exactly what's bugging you. Some problems, like family problems, are big and have a lot of parts. That can make it tough to zero in what the problem is or to pick one part of the problem to try to solve. Being able to focus on your problem — or at least part of it — is the first step to taking action. If you're having trouble figuring out what worries you, skip to Step 3 and get some help from a parent or another person you trust.

2. Think of ways to make it better.

Sitting there worrying is no fun and it probably won't solve your problem. But switching to an action mode can help you feel more hopeful. Grades at school are often a top worry for kids. If that's your concern, ask yourself these questions:

- Why are grades important? What do they mean to me?
- How do I prepare for class? Do I review my notes even when there isn't a test the next day?
- Do I have a good place to do my homework?
- Have I tried different ways of studying, such as rewriting notes, using flashcards, and working with a study buddy?

If your worry is about a fight you had with a friend, you might write down all the actions you could take — from writing the friend a note to inviting him or her over for to play a game. Should you apologize for whatever happened between the two of you? Once you have a list of possible actions, you can select the one you think is most likely to get your friendship back on track.

But what if you can't think of anything to do to make your problem better? Then it's time to jump to Step 3 - ask someone for help.

3. Ask for help.

Worrying can make you feel lonely. When you're worried, it can help to find someone to talk to. Sometimes people say, "Why should I bother? He/she can't do anything about it." But here are two reasons to give it a shot anyway:

1. You don't know for sure that no one can help until you share your feelings and let the person try to help.
2. Just the act of telling someone what's bothering you can make you feel a little better. Afterward, you are no longer alone with your worries and whomever you told (parent, sister, brother, friend, counselor) is now thinking about ways to help you.

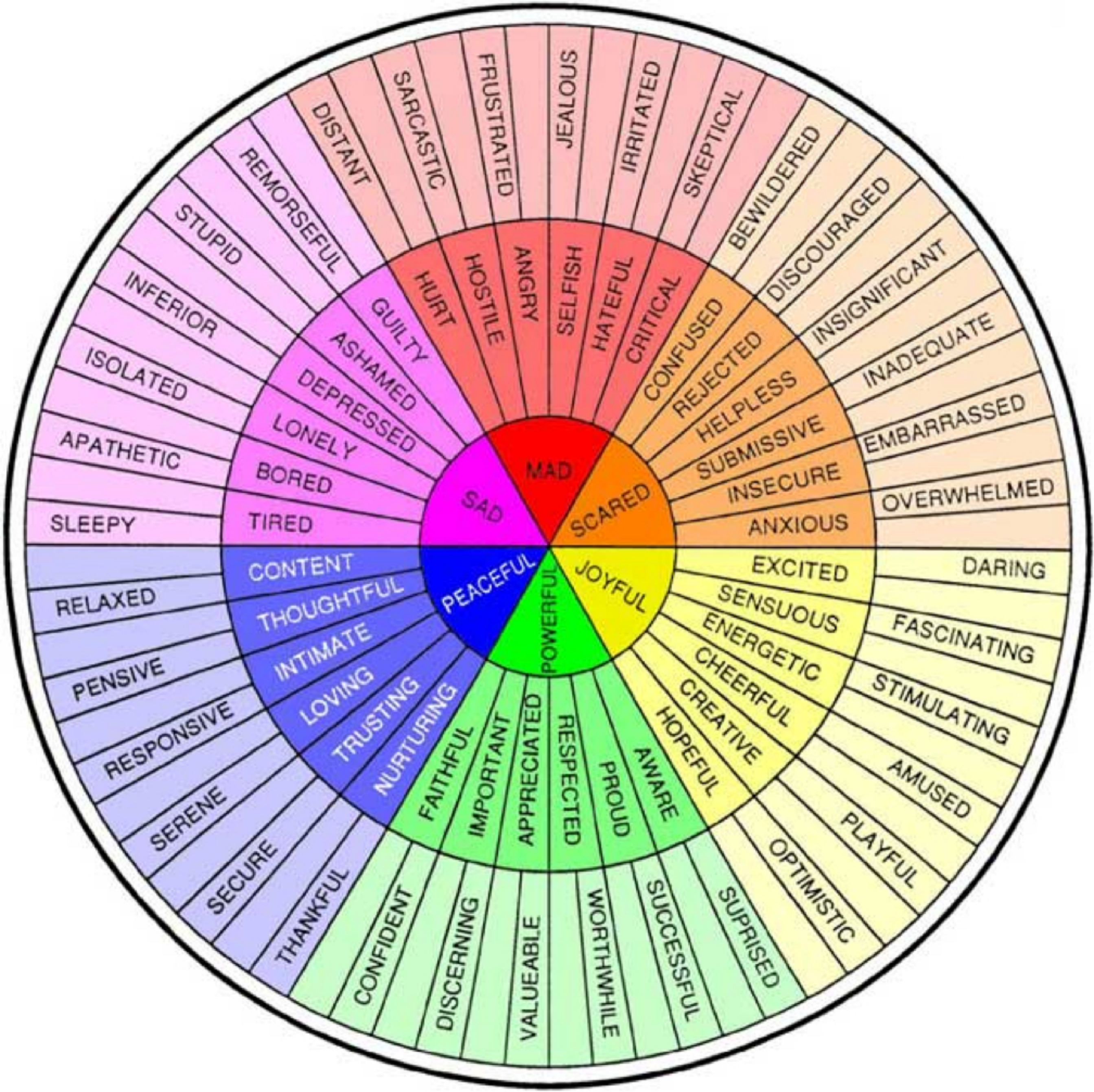
A Final Word About Worry

Did you know worry is not all bad? If you weren't worried (at least a little) about that test, you might not study for it. And if you weren't worried about getting sunburned, you might not wear your sunscreen.

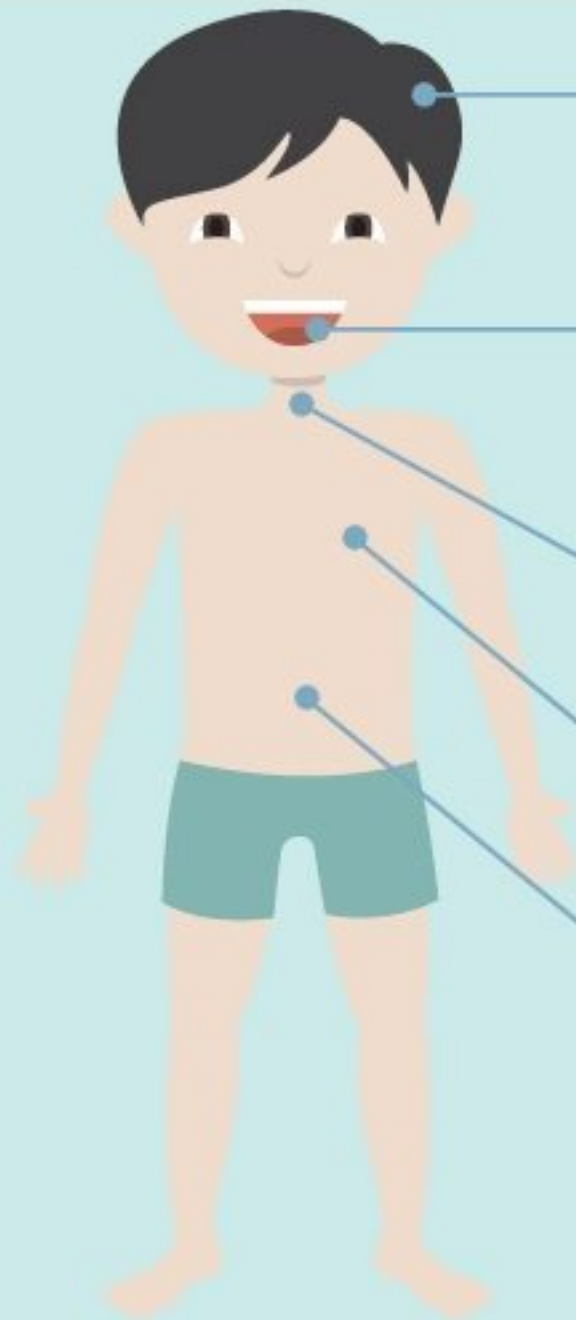
But some kids worry so much that it keeps them from doing the stuff they need and want to do. If that sounds like you, you know what to do by now: Turn to good old Step 3 and ask someone for help.

Intensity of Feelings	HAPPY	SAD	ANGRY	AFRAID	ASHAMED
HIGH	Elated Excited Overjoyed Thrilled Exuberant Ecstatic Fired up Passionate	Depressed Agonized Alone Hurt Dejected Hopeless Sorrowful Miserable	Furious Enraged Outraged Boiling Irate Seething Loathsome Betrayed	Terrified Horrified Scared stiff Petrified Fearful Panicky Frantic Shocked	Sorrowful Remorseful Defamed Worthless Disgraced Dishonored Mortified Admonished
MEDIUM	Cheerful Gratified Good Relieved Satisfied Glowing	Heartbroken Somber Lost Distressed Let down Melancholy	Upset Mad Defended Frustrated Agitated Disgusted	Apprehensive Frightened Threatened Insecure Uneasy Intimidated	Apologetic Unworthy Sneaky Guilty Embarrassed Secretive
LOW	Glad Contented Pleasant Tender Pleased Mellow	Unhappy Moody Blue Upset Disappointed Dissatisfied	Perturbed Annoyed Uptight Resistant Irritated Touchy	Cautious Nervous Worried Timid Unsure Anxious	Bashful Ridiculous Regretful Uncomfortable Pitied Silly

The five core emotions run left to right across the top of the table. Manifestations of each emotion based upon the intensity felt are described down each of the columns in the table.



How Anxiety Effects the Body



Head area:

Headaches, dizziness, sleep disturbance, nightmares and hair pulling

Mouth area:

Inside cheek biting, nail biting and red chapped lips

Throat area:

Difficulty swallowing, dry mouth and constant coughing

Chest area:

Difficulty breathing, chest pain and heart palpitations

Stomach area:

nausea, vomiting, diarrhea, constipation and cramping

This is for informational purposes only. Please seek the advice and care of a medical professional if your child is having any of these symptoms.

Mindfulness and the Brain

– How to Explain It to Children



Amygdala

“The Jumpy Superhero”

Tries to protect us at all costs, but often mistakes stress for real threats and stops the Prefrontal Cortex from getting the information it needs to help us make good choices. When the Amygdala is calm, it gives the PFC what it needs.

The Brain

Prefrontal Cortex

“The Smart One”

Figures out stuff for us and helps us make good, well balanced choices. The PFC also sends and retrieves memories to and from the Hippocampus. When the Amygdala is upset, the PFC cannot help us.

Hippocampus

“The Librarian”

The Hippocampus stores and recalls memories. When the Amygdala is upset, poor Hippocampus cannot store memories or properly bring them to mind.

Mindfulness To The Rescue

Mindfulness helps us to calm down, and this, in turn, calms the amygdala so that it allows the information flow to the prefrontal cortex—that part of our brains that helps us make good choices. When we’re calm, we can more easily be mindful and make good choices.

Red Flags for Anxiety: What's Normal, What's Not?



Common Red flags

Demonstrating excessive distress out of proportion to the situation: crying, physical symptoms, sadness, anger, frustration, hopelessness, embarrassment

- Easily distressed, or agitated when in a stressful situation
- Repetitive reassurance questions, "what if" concerns, inconsolable, won't respond to logical arguments
- Headaches, stomachaches, regularly too sick to go to school
- Anticipatory anxiety, worrying hours, days, weeks ahead
- Disruptions of sleep with difficulty falling asleep, frequent nightmares, difficulty sleeping alone
- Perfectionism, self-critical, very high standards that make nothing good enough
- Overly-responsible, people pleasing, excessive concern that others are upset with him or her, unnecessary apologizing
- Demonstrating excessive avoidance, refuses to participate in expected activities, refusal to attend school
- Disruption of child or family functioning, difficulty with going to school, friend's houses, religious activities, family gatherings, errands, vacations
- Excessive time spent consoling child about distress with ordinary situations, excessive time coaxing child to do normal activities: homework, hygiene, meals

Signs and Symptoms

Someone with generalized anxiety disorder worries excessively, unrealistically, and consistently for at least six months.

Symptoms can include:

- Feeling on edge or wound up
- Difficulty concentrating
- Irritability
- Tense muscles
- Tiring easily or having sleep issues
- Trembling or shaking
- An upset stomach
- Heart palpitations or chest pain
- Trouble breathing or breathing fast
- Feeling unable to control your feelings of worry

People with a panic disorder have sudden periods of intense fear that begin quickly and peak within minutes. Attacks can be unexpected or brought on by a trigger, including certain situations, specific people, or specific objects.

When to Seek Treatment

While it is a good idea for everyone to learn techniques to help them manage daily stress and to relax, for some people this is not enough.

Consider speaking with your doctor if your anxiety is:

- Causing you extreme distress
- Disrupting your daily routine
- Causing a lot of physical symptoms
- Making you feel depressed

If you think you may be experiencing anxiety symptoms, you should not feel embarrassed or ashamed. Many people have certain stressors or situations that cause anxiety. The key for people struggling to manage their anxiety is not to ignore it. Anxiety disorders are common and highly treatable.

At a Glance: Signs of Stress in Your High-Schooler

Teens with learning and attention issues may face more stress than nonhigh school students. Extreme stress can lead to depression and anxiety, which are treatable. Here's what it might look like if your teen is stressed.

Red flag:

Your daughter has insomnia, nausea and dizziness. You take her to the doctor and discover that nothing's wrong.

The issue:

Stress affects the body in unexplained and nightmarish ways: sleeplessness, insomnia, headaches or stomach pain. High-stress could suppress the immune system, leading to more visits.

Red flag:

Your son is hyperactive. He TV's frenetic, has negative attitude, arguments, and if there's room, will interrupt. You must sit across the sofa from him.

The issue:

Anxiety and over-the-top reactions are signs of stress that never about feeling "amped" or "high" or "low" has been noted at you or others have noted.

Red flag:

She says she's doing "OK" in class and she's motivated to read, but she's not doing well on the way assignments. Her computer report shows she's not doing so well.

The issue:

A teen may feel so stressed that she's getting by, but she's not doing so well. Her grades are slipping.

Red flag:

She's thinking of suicide, she's been on the edge of self-harm and suicide. You notice she's eating and sleeping.

The issue:

Your teen may begin to exhibit suicidal thoughts and suicidal behavior that could indicate a need for mental "treatment" before it's too late.

Steps to Take if Your Child Needs Help

1. It can be helpful to check in with your child's teacher to find out how school is going for your child academically and socially

Many times teachers are surprised when parents ask about anxious children. Often anxious children are well behaved in school and don't cause trouble. However, teachers can tell you if a child looks nervous or uncomfortable in class, has trouble completing tests or assignments, or has trouble taking feedback from the teacher. The teacher will also notice if a child is particularly isolated, ignored by, or actively rejected by his peers.

2. Gather referrals

You can ask a variety of people about referrals. Your child's pediatrician, teacher and guidance counselor are all good options. In addition, the Anxiety Disorders Association of America (adaa.org), Obsessive-Compulsive Foundation (ocf.org), Association for the Advancement of Behavior Therapy (aabt.org), and The Academy of Cognitive Therapy (academyofct.org) all have listings of providers with expertise throughout the world. Parents of other anxious children often are great referral sources. Area psychiatry departments and university counseling centers may also either provide service or be able to provide referrals.

3. Check with your insurance about coverage and therapist availability

Make sure to ask your insurance carrier if they have providers experienced with working with children and with cognitive-behavior therapy (exposure and ritual prevention, or ERP, for OCD). Though it takes time, sometimes if you call each therapist referral and ask the same questions, the insurance will pay for another experienced provider outside of their network, if they cannot provide one in their networks.

4. Take some time to observe your child and take notes

It can be very helpful if a parent can give concrete examples of the behavior or emotions that are disturbing to the child and family. Note when things happen (e.g., in new situations, at bedtime, around peers but not adults), and how often they occur. You don't need to write down every instance but some good examples can be useful.

5. Interview providers

It is important that you feel you have a choice with providers and you feel comfortable with the therapist. You should feel free and entitled to ask the clinician about their background and experience. Ask them how they treat anxiety in children and listen for key terms such as: desensitization, cognitive-restructuring, coping skills, and exposure. A clinician hesitant to answer these questions may suggest that you do not want to work with that person.

6. The intake process

Following the phone interview, the clinician will usually set up a first intake visit (the evaluation process may require between 1-3 sessions). This evaluation process varies by clinician but usually includes the following:

A. Interview with parent

This interview varies by clinician. The clinician may ask you to first come alone without your child so that you feel free to talk without your child wondering what you are discussing. Other times, the clinician will split up the session and meet some with the family all together, some with parents alone, and some with child alone, if the child is comfortable. The parent interview will focus on the parents' view of the problem/relevant symptoms and history of the symptoms. The interview will also include assessment of current stressors, current functioning with peers and at school, child's strengths, family psychiatric and medical history, and developmental history. Finally the clinician will likely ask about how the symptoms have affected the family and the marital relationship, and parenting approaches that have or have not worked. Medical and academic records may be reviewed and behavior rating scales completed.

B. Interview with the child

Young children are interviewed alone if and when they feel comfortable. If the child is uncomfortable being interviewed alone, he/she will be interviewed with the parents until some trust is established with the therapist. Adolescents are almost always interviewed alone and sometimes before the parent since establishing a relationship is so important for successful work with teenagers. Often children and adolescents are better than parents at reporting their internal experience. There also may be things that clinicians are good at asking about that parents did not know or the child did not wish to share with the parent. The clinician will ask the child many of the same questions they asked the parent especially about the current symptoms and history of symptoms. The clinician will work to phrase these questions in child-friendly language.

C. Diagnosis and treatment planning

At the end of the evaluation period (1-3 sessions), the clinician will pull all this information together and will share his/her impressions on the relevant diagnoses for your child and treatment plans that address these diagnoses. The clinician should discuss various treatment options with you and answer any questions you may have. This is also the time that you can decide if this is the person you want to work with.

Different providers that can help your child:

- Most important is the therapist's experience with children, with anxious children and with the cognitive-behavioral or behavioral treatments described in Cognitive Behavior Therapy. [Learn More...](#)
- Psychologists are the most likely to have received training in CBT and ERP, but not all psychologists have this training. They either have a Ph.D. (Doctor of Philosophy) or Psy.D. (Doctor of Psychology) both of which involve 4-6 years of graduate training. Psychologists cannot prescribe medication.
- Psychiatrists are trained as physicians with additional residency training in psychiatry after completing medical school (M.D.). Psychiatrists are the only professionals who can prescribe medication. Some psychiatrists can provide both therapy and medication, but many only provide medication consultation and management.
- Social workers have a master's degree in social work (M.S.W) that involves 2-3 years of graduate training in social work and psychotherapy. Social workers can have a number of different certifications (LICSW, ACSW, CSW).

Stress and Anxiety Relief

Apps and Videos to Share with Your Kids

- **Calm:** Need a little more calm in your life? Now available for iPhone or on calm.com, Calm can help you meditate, sleep, relax, focus and much more.
www.calm.com
- **Mental Workout®:** Freedom from Stress and Mindfulness Meditation are just two of the great free lite programs in this app.
www.mentalworkout.com
- **Smiling Mind:** Smiling Mind is meditation made easy. A simple tool that helps put a smile on your mind anytime, anywhere and everyday.
smilingmind.com.au/
- **Stop, Breathe, Think:** Get meditating in 5 minutes. Easy. With this app, you can develop and apply kindness and compassion in your daily life through a process called STOP, BREATHE & THINK.
www.stopbreathethink.com

Teen Stress

Help your teen identify stressors, learn healthy coping skills, and model positive stress management in your own life.

Sources of Stress



Academics



Extracurricular Activities



Friends/Family



Post-High School Plans

Because of stress...



36% report feeling fatigued



30% report feeling sad or depressed



31% report feeling overwhelmed



23% report unhealthy eating habits

Signs of Stress

- Irritability
- Anger
- Excessive Worry or Anxiety
- Substance Use
- Disordered Eating (overeating or eating too little)
- Psychosomatic Symptoms
- Insomnia/ Sleep Disturbances
- Neglecting Responsibilities
- Negative Thoughts
- Feeling Overwhelmed
- School Avoidance

Talking to Your Teen About Stress

1. Recognize your teen's symptoms and ask them about it.
2. Communicate and discuss balance.
3. Help your teen identify healthy coping mechanisms.
4. Provide support when under stress.
5. Model healthy behaviors.
6. If needed, seek guidance from a professional.

How to Manage Trauma

Trauma occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness. Extreme stress overwhelms the person's capacity to cope. There is a direct correlation between trauma and physical health conditions such as diabetes, COPD, heart disease, cancer, and high blood pressure.

TRAUMA CAN STEM FROM



HOW COMMON IS TRAUMA?

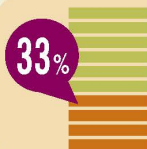
70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. That's **223.4 million people**.



In public behavioral health, **over 90%** of clients have experienced trauma.

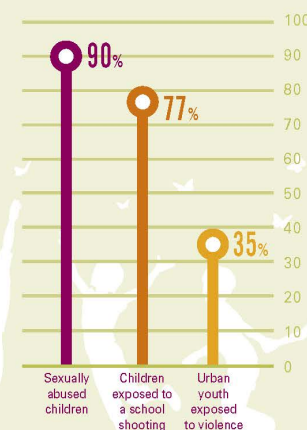
Trauma is a risk factor in nearly all behavioral health and substance use disorders.

In the United States, a woman is **beaten every 15 seconds**, a forcible rape occurs every 6 minutes.



More than **33% of youths** exposed to community violence will experience Post Traumatic Stress Disorder, a very severe reaction to traumatic events.

Nearly all children who witness a parental homicide or sexual assault will develop Post Traumatic Stress Disorder. Similarly, 90% of sexually abused children, 77% of children exposed to a school shooting, and 35% of urban youth exposed to community violence develop Post Traumatic Stress Disorder.



Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

Visualizing Your Special Place



- 1) Pick a special place that makes you feel calm and relaxed. This place can be real or imagined. If you need some help, look at different pictures of peaceful places to get some ideas. For example, you might look at pictures of lakes, oceans, beaches, wooded areas, cabins, camping spots, planets, clouds, etc. If your place is real, go visit it or look at a picture of it. Cut out, draw or print off your picture if you would like a copy.
- 2) Next, make a mental picture of your special place and keep it in your head. When you feel anxious, imagine yourself in your special place. What would you smell? What types of sounds would you hear? What would you be doing? What colors would you see? Would it be day or night? All of these questions will help you visualize your special place.
- 3) Imagine yourself calm and relaxed in your special place. If it helps, look at a picture as a reminder of your special place.
- 4) Practice visualizing your special place even when you don't feel anxious. Practice at night when you're trying to fall asleep.