

# What is anxiety and what does it 'cost' us?

## WHAT IS ANXIETY?

A mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities, typically about an imminent event or something with an uncertain outcome. Anxiety is often based on an irrational fear, that often the person knows is irrational, but it is out of the person's control. There are several subcategories that fall under the anxiety umbrella, and they all are a little bit different.

## WHAT IS THE COST OF ANXIETY?

- **ANXIETY CHANGES THE BRAIN STRUCTURE**
- **INCREASES CORTISOL, WHICH CAUSES FAT PRODUCTION**
- **INCREASE IN TRIPS TO THE DOCTOR TO FIND OUT 'WHAT IS WRONG'**
- **RELATIONSHIPS SUFFER**
- **POOR CONCENTRATION – LEADS TO LOWER GRADES OR DECREASED PRODUCTIVITY AT WORK AND HOME.**
- \* **ANXIETY AND IT'S SYMPTOMS ARE INVISIBLE, CAUSING OTHERS TO THINK YOU ARE FINE.**

# Anxiety and school

## SCHOOL ADJUSTMENT COUNSELOR AND PSYCHOLOGIST

The role of counseling in the school is to help students be socially and emotionally available to access the curriculum. When students present with anxious symptoms, we teach them tools to help address the symptoms so that they can feel successful at school. However, we do not work to find the root of the anxiety in school because that can often be an emotional discussion for the student, and better accomplished in an outside setting. That is not to say we don't want to help understand the student better, and we certainly have meaningful discussions with students, but asking them to talk about fears/anxiety at school and then expecting them to be able to return to focus on academics is unfair.

## HOW DOES ANXIETY SHOW ITSELF AT SCHOOL

- School refusal - The most common form of school anxiety where the child does not want to attend school, either due to a fear at school or separation anxiety.
- Inability to focus on school work since the child's mind is focused on his/her fear, rather than on what is being taught.
- Appearing 'scattered' or unprepared because the student is thinking about his/her worry that he/she gets behind or disorganized.

## WHAT ARE WE DOING AT SCHOOL TO HELP COMBAT ANXIETY (just to name a few)?

- Zones of regulation
- Social Skills/Social pragmatic groups
- Individual time with SAC/Psychologist
- Quiet time
- Morning meetings

# HELPFUL EVERYDAY DO'S AND DON'TS TO CALM ANXIETY

## DO:

GET EXERCISE – WALK, DANCE, WRESTLE, BIKE RIDE, SWIMMING, ETC

THUMBS UP AND THUMBS DOWN AT DINNER

PRACTICE CORRECT BREATHING EVERY MORNING AND NIGHT TOGETHER

ENSURE THREE HEALTHY MEALS PER DAY, AND NUTRITIOUS SNACKS

INSTILL GOOD SLEEP PATTERNS, BETWEEN 8-10 HOURS PER NIGHT

BE A PARENT, NOT A TUTOR, LOVE YOUR CHILD EVEN IN FAILURE.

DEDICATE A LITTLE BIT OF INDIVIDUAL TIME WITH CHILDREN - EVERYDAY

## DON'T:

DO NOT USE CATASTROPHIC PHRASES

DON'T OVERSCHEDULE

# ORIGINS OF ANXIETY

**A – Heredity – Genetic Propensity. Can tell by 3 years old, there isn't enough serotonin**

## **B – Childhood**

- 1. overprotective parents – shield from stress, child doesn't learn coping skills**
- 2. excessive expectations (external or within)**
- 3. overly critical or controlling parents – micromanage=dependence**
- 4. low assertiveness**
- 5. emotional insecurity**
- 6. inconsistent parents – Child can't see the connection between their efforts and a predictable outcome.**

## **C- Situational**

- 1. critical events (i.e.-accident, violence, war, etc)**
- 2. emotional events (i.e.-divorce, death, abandonment) – up 50% since 9/11**
- 3. confidence killer – don't make the team, breakup from bf/gf, failed a major exam**
- 4. escalating demands – school, promotion, milestones**

## **D – Medical**

- 1. mitral valve prolapse**
- 2. hyperthyroid – anxiety, sweats, increase heart rate**
- 3. hypoglycemia – anxiety, dizzy, trembly**
- 4. respiratory – asthma or panic related**
- 5. drug reaction – caffeine, cocaine, alcohol**

# TREATMENT OPTIONS FOR CHILDHOOD ANXIETY

**Psychological** – Anxiety appears in 3 spheres: Thinking, behaving and feeling.

**THINKING** – Typically involves therapy and helps a child deal with views of self, events that have or will be happening and the future. Since anxiety is about irrational fears and distortions, it is also helpful to discuss negative predictions and guide the child to search for ‘evidence’ that the negative prediction is true.

**BEHAVING** – With support, children can take actions to decrease anxiety. These changes can be frequency of exercise, adequate sleep, healthy eating and/or simplifying life.

**FEELING** – “Soothing the inner storm” Our brain can only fire strong signals in one part of the brain so if a child can effectively use coping skills that force neurons to fire in the analytical part of the brain (relaxation, reality testing, guided imagery, counting backwards, breathing, etc.) then it won’t be firing strong messages in the feeling part of the brain and the body can calm down.

# Treatment options - continued

**Medications** - There are several types of medications that doctors may prescribe to children. When considering medication for anxiety, seeking out a doctor with mental health experience is the best option.

**SSRI's** –Increases levels of serotonin (a chemical in our body that regulates mood) and blocks reabsorption at nerve ending. Examples – Prozac, Zoloft, Luvox, Paxil and Celexa.

**MAOI'S** –Inhibit substance that oxidizes neurotransmitters, which means you are more able to regulate your mood. It's the oldest around and has several dietary restrictions Examples – Nardil and Parnate.

**Benzodiazepines** – This medication family is fast acting, usually within 15 minutes. It is great to use as a PRN during a panic attack or entering into an environment that historically causes one. Some parents have concerns about their addictive nature, but carefully weighing the pro's and con's with your doctor will help guide this decision. Examples are Xanax, Klonopin, Valium, and Ativan

# **POINTERS FOR PARENTS TO TALK TO THEIR CHILDREN**

## **DO:**

- GO SLOW IN YOUR DISCUSSION, DON'T RUSH THEM TO TALK ABOUT CERTAIN INCIDENTS**
- CREATE AN ENVIRONMENT THAT, WHEN THEY ARE READY TO TALK, THEY WILL KNOW YOU WILL LISTEN**
- DURING FAMILY ACTIVITIES, DISCUSS EVERYONE'S STRENGTHS AND WEAKNESSES**
- HUG AND CUDDLE A LOT! PHYSICAL CONTACT SOOTHES ANXIETY**
- ROLE MODEL COPING MECHANISMS**
- WHEN ALL ELSE FAILS, MAKE AN APPOINTMENT WITH A COUNSELOR, FOR EITHER YOU OR YOUR CHILD (OR BOTH!)**
- VALIDATE FEELINGS**
- HELP THEM LEARN TO CALM DOWN**
- PRAISE THEM FOR EFFORTS TO RELAX**

## **DON'T:**

- DON'T DENY THEIR FEELINGS, OVERPROTECT, OR PROVIDE UNNECESSARY REASSURANCE**
- DON'T GET ANGRY BECAUSE THEIR FEARS ARE IRRATIONAL, THEY ARE REAL TO YOUR CHILDREN**

# ANXIETY...BEAT IT!!!

## SYMPTOMS

- \* Belly pressure
- \* Hot/Sweaty hands
- \* Headaches
- \* Heartbeat speeds up
- \* Feel frozen
- \* Become silent/talk too quietly
- \* Crying
- \* Sleep disturbances
- \* Muscle tension
- \* Chronic indigestion
- \* Fear of being judged
- \* Overly Self-conscious

## STRATEGIES

- \* Think of happy things
- \* Take deep breaths
- \* Best/worst case scenario
- \* Go for a walk, exercise
- \* Talk about it
- \* Relax/take a nap
- \* Muscle Relaxation/meditation
- \* Count backwards
- \* Guided imagery
- \* Get a drink of water
- \* Draw/doodle
- \* Positive self-talk



# HIGH VERSUS LOW RISK-TAKING FOR CHILDREN WITH ANXIETY

Many parents/guardians feel the pressures associated with their child's anxiety. Should I push them to participate, even though they are crying? Will I 'damage' their self-esteem if I push or is it best to let them wait until they are ready? No matter how old the person who is experiencing anxiety is, they rarely will choose to be 'pushed' but it is the only way to persevere. Consider the mountain below. If we always allow our children to take the low risk path, we are protecting them from getting hurt, but they are not experiencing what rewards accompany going outside of our comfort zone. We will be setting our children up for a lifetime of mediocrity and minimal success.

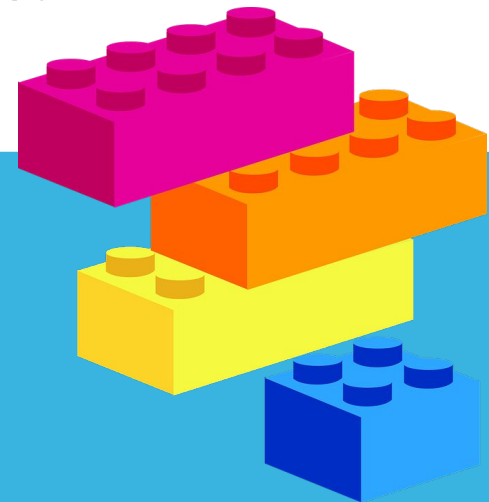
**LOW RISK – Walking down the mountain, where there are only small slopes. No big risk of getting hurt, but not very exciting. No great reward.**

**HIGH RISK – Jumping off the edge of the mountain with a parachute, or rock climbing down. Huge risk of getting hurt, but would be more exhilarating and fun.**



**Exposure** - This is what it looks like when we make facing fears non-negotiable

1. Getting ready – breathe, muscle tighten/relax
2. Building blocks – pick one worry and think of every conceivable aspect of worry
3. Imagining the worst – imagination exposure, decrease anxiety if confronted indirectly, may not be able to replicate real anxiety
4. Face your fears – Do the real thing, over and over, starting with easiest block, until 50% less anxious.



## How Zones of Regulation addresses anxiety

- \* Children under the age of 10 have a difficult time labeling their feelings. They often know when they don't feel good or happy, but how exactly they feel is difficult to articulate, which can be extremely frustrating. So instead of being able to say "I am feeling worried/frustrated/jealous/scared/etc" children will often act out their feelings in a negative behavioral way.
- \* Since we recognize how difficult it is for students to find the right words, we gave them colors as a way to tell us how they feel. The chart below is an example of what we teach the children. Children experiencing anxiety would typically fall into the yellow zone.
- \* We are very clear with the students that it is ok to be in any of the zones, it is the behavior that follows the feeling that needs to be monitored. As a result, we work with the students to create a Toolbox, which is a list of 25 different possible coping skills to reduce negative feelings and return to the green zone.
- \* We are working hard to have the Zones taught in every classroom. It is a town-wide initiative that the Counselors/Psychologists are partaking where every year we go into at least one classroom each and teach the entire Zones curriculum. The idea is that the classroom teacher is listening and has gained enough of an understanding to teach the curriculum in his/her classroom the following year.

### The **ZONES** of Regulation®

			
<b>BLUE ZONE</b> Sad Sick Tired Bored Moving Slowly	<b>GREEN ZONE</b> Happy Calm Feeling Okay Focused Ready to Learn	<b>YELLOW ZONE</b> Frustrated Worried Silly/Wiggly Excited Loss of Some Control	<b>RED ZONE</b> Mad/Angry Terrified Yelling/Hitting Elated Out of Control

# PARENT RESOURCES

**Always share your concerns with your pediatrician.**

**Refer to books from your local library, i.e. , What To Do When You Worry Too Much, When Your Worries Get Too Big, Lost at School, The Zones of Regulation**

**[www.nasponline.org](http://www.nasponline.org)**

**[www.childanxiety.net](http://www.childanxiety.net)**

**[www.gozen.com](http://www.gozen.com)**

**Set aside designated “Worry Time” before bed.**

**Develop a “Worry Box” with your child.**