

*An Information Booklet
for Tompkins and Seneca County Educators*

Quick Facts: ANXIETY



This fact booklet is intended to enhance the understanding of school personnel about the mental health issues that may be encountered in students. This booklet is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

www.mentalhealthconnect.org

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What are Anxiety Disorders?

Fear, stress, and anxiety are normal and healthy responses to threatening or stressful circumstances. However, if anxiety disrupts a person's ability to function in everyday life, he/she may have an *anxiety disorder*. Symptoms of anxiety disorders can range from feelings of uneasiness to immobilizing attacks of terror and/or panic. Anxiety disorders are the most common mental health problem experienced by children and adolescents in the United States.

Types of Anxiety Disorders

Generalized Anxiety Disorder (GAD) - Anxiety characterized by ongoing unrealistic or excessive worry. In children and adolescents, this worry is often about family, academics, social interactions and/or athletics.

Panic Disorder - Marked by panic attacks at unpredictable times without a known trigger. When a person begins avoiding situations for fear of having an embarrassing panic attack, this is called **Agoraphobia**.

Phobias - Irrational, persistent, and uncontrollable fear of a specific object, situation, or activity which usually leads to avoidance of that object, situation or activity.

Obsessive-Compulsive Disorder (OCD) - Persistent, uncontrollable and/or anxiety provoking thoughts (obsessions) which are only calmed by enacting specific, repetitive behaviors (compulsions). Common obsessions include: anxiety about germs and nagging doubts or fear of bad or catastrophic things happening. Common compulsions include: hand washing, over organizing, checking and rechecking details, repetitive counting, touching or tapping and/or following rigid rules of order and routine.

Post Traumatic Stress Disorder (PTSD) - An anxiety response to a terrifying or life threatening event that results in persistent and frightening thoughts, memories, and dreams of the traumatic experience often accompanied by the very real feeling of re-living the trauma.

Separation Anxiety Disorder - Fearing separation from a loved one to a degree that impairs life functioning and is no longer developmentally appropriate.

Getting Linked

For all people in our region:

Guide to local youth mental health resources

www.mentalhealthconnect.org

Suicide Prevention and Crisis Service
www.suicidepreventionandcrisisservice.org

607-272-1616 or 800-273-TALK(8255)

For people in Tompkins County:

Dial 2-1-1 (or 877-211-8667) to reach Tompkins County 2-1-1, a local health and human services information and referral program.

Also online at www.hsctc.org

Tompkins County Mental Health Clinic
www.tompkins-co.org/departments/deail.aspx?DeptID=28
607-274-6200

Family and Children's Services of Ithaca
www.fcsith.org
607-273-7494

Mental Health Association of Tompkins County
www.mhaedu.org
607-273-9250

For people in Seneca County:

Dial 2-1-1 (or 877-356-9211) to reach the Finger Lakes Region 2-1-1, a local health and human services information and referral program.
Also online at www.211fingerlakes.org

Seneca County Mental Health Clinic
www.co.seneca.ny.us/dpt-comserv-mental-health.php
315-539-1980 or 800-226-7415

For people in Cortland County:

Cortland County Mental Health Clinic
www.cortland-co.org/mhealth/clinic.htm
607-758-6100

For people in Schuyler County:

Dial 2-1-1 (or 800-346-2211) to reach the 2-1-1 helpline, a local health and human services information referral program.

Also online at www.211helpline.org

Schuyler County Mental Health Clinic
www.schuylercounty.us/mentalhealth.htm
607-535-8282

National Resources

Anxiety Disorders Association of America
www.adaa.org

The Worried Child
By Paul Foxman

Center for Mental Health in Schools
<http://smhp.psych.ucla.edu/>

School Psychiatry Program
www.schoolpsychiatry.org

American Academy of Child/Adolescent Psychiatry
www.aacap.org

American Academy of Pediatrics
www.aap.org

National Alliance on Mental Illness
www.nami.org

National Institute of Mental Health
www.nimh.nih.gov

SAMHSA—Federal Program
www.mentalhealth.samhsa.gov



Cultural Considerations

Anxiety can manifest in different ways according to cultural and ethnic norms and should always be assessed within the context of one's environment and culture. For example, some cultures have an extreme fear of witchcraft, which would only be a symptom of clinical anxiety if it is *excessive within the context of that person's cultural norms* and also *impairs the person's daily functioning*.

Some communities are home to refugees from war torn and politically and economically unstable countries. People who live in homes or communities with excessive violence may show behaviors similar to anxiety that are not, in fact, excessive to their circumstances. In these situations the intervention should be directed first and foremost at improving the environmental conditions causing the symptoms of concern. Cultural and language barriers may make it difficult for people to discuss their experiences and seek needed help and support.



Prevalent Signs & Symptoms of Anxiety

Feelings of excessive worry, fear, or stress – May include frequent crying, feeling easily overwhelmed and/or misunderstood, and avoidance of anxiety provoking situations

Irritability – May include hypersensitivity and over-reaction to mild situations and feeling annoyed, agitated, moody, and/or angry

Fatigue or loss of energy – May include sustained physical or mental exhaustion without exertion, lethargy, and the need for excessive effort to complete even small tasks

Restlessness or feeling “keyed up” – May include difficulty sitting still, fidgeting with hands and feet, excessive talking, interrupting or intruding on others, and difficulty relaxing

Sleep difficulties – May include insomnia or restless sleep, difficulty staying awake during school, sleep related tardiness or absenteeism

Difficulty concentrating or mind going blank – May include daydreaming, difficulty making decisions, and difficulty processing or retrieving information resulting in poor school performance



Somatic complaints – May include muscle tension and/or frequent complaints of headaches, stomachaches and other physical ailments

Panic attacks – May include pounding heart or chest pain; sweating, trembling, or shaking; shortness of breath or sensation of choking; dizziness or light headedness; feeling unreal or disconnected; fear of losing control or dying; numbness, chills, or hot flashes; feelings of impending doom

Separation anxiety – May include fear of being lost or taken from family members, fear that something tragic will happen if separation occurs, panic symptoms or somatic complaints upon separation, excessive fear of sleeping alone, refusal to leave home or to go to school

Acting out – May include uncooperative or rebellious behavior

Developmental Variations

Certain symptoms of anxiety may be more prominent at different developmental levels. Below are some examples.

Early Childhood (@3-6 years old)

Anxiety Disorders may be more difficult to detect at this age due to appropriate developmental variations.

For instance, it is developmentally appropriate for children of this age to show distress when separating from parents and to have high levels of fear over things like imaginary creatures, animals, or the dark.

Detection is also more difficult in this age group because of a lack of ability to verbally express feelings.



Middle Childhood (@7-12 years old)

There has been a sharp increase in children of this age group being diagnosed with anxiety disorders over the past decade. At this developmental stage, children often begin to be able to express their anxieties, but often cannot recognize their irrational nature.

Children this age may begin to attempt to hide their anxiety, resulting in what often looks like oppositional behavior. Schools may also see an increase in somatic complaints and a decrease in school performance for children in this age group.



Adolescence (@13-18 years old)

Adolescents who struggle with anxiety often begin to recognize the irrational nature of their anxieties, but still cannot control them. Anxiety related symptoms more common to adolescence than other age groups include substance abuse, truancy, and increased risk taking behaviors or acting out. In adolescence, attempts to avoid or mask feelings of anxiety take on an increasingly oppositional appearance.



Educational Implications

There are many educational implications for students struggling with anxiety. These students often have low self-esteem and high levels of self-criticism which lower their achievement motivation. They may experience intense distress if work is not perfect, which makes completing assignments time consuming and frustrating. Furthermore, performance anxiety and fear of embarrassment can make oral presentations and group participation excruciating or impossible. Students with anxiety disorders may try to avoid these distressing experiences by avoiding class, assignments, or school altogether. Many students with anxiety experience difficulty concentrating and fatigue; like the heightened state of anxiety itself, both of these can impair learning and retention.

