

***An Information Booklet for Parents/Guardians  
and Child Serving Professionals in  
Chittenden County, Vermont***

# Quick Facts: ANXIETY

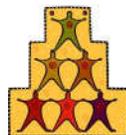


***This fact booklet is intended to enhance understanding about the mental health issues that may be encountered in children and adolescents. This booklet is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional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

## **Students FIRST Project**

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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

- Visit [www.ptophelp.org](http://www.ptophelp.org) to locate mental health providers who address anxiety in children and adolescents in your community.
- Dial 2-1-1 to reach Vermont 211, a statewide health and human services information and referral program where you can get person to person assistance to find anxiety resources in your community.



## Additional Resources

Students FIRST Project  
Chittenden County, Vermont  
[www.studentsfirstproject.org](http://www.studentsfirstproject.org)

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

School Psychiatry Program  
Massachusetts General Hospital  
[www.schoolpsychiatry.org](http://www.schoolpsychiatry.org)

American Academy of Child/  
Adolescent Psychiatry  
[www.aacap.org](http://www.aacap.org)

Anxiety Disorders Association of  
America  
[www.adaa.org](http://www.adaa.org)

Vermont Family Network  
[www.vermontfamilynetwork.org](http://www.vermontfamilynetwork.org)

National Alliance on Mental Illness  
[www.nami.org](http://www.nami.org)

The Worried Child  
by Paul Foxman

First Call for Children and Families -  
Chittenden County Child and Family  
Crisis Services  
(802) 488-7777



### 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*.

Additionally, one must always consider if anxiety may be related to real or current dangers. Children/adolescents who live in homes or communities with violence may show symptoms similar to anxiety that are not, in fact, excessive to their circumstances. In these situations, the intervention should be focused first and foremost on improving the environmental conditions causing the symptoms of concern.

Chittenden County is home to a growing number of children from war torn and politically/economically unsettled countries. Many refugees have been exposed to traumatic events which may result in significant post trauma anxiety. Cultural and language barriers may make it difficult for them to discuss their experiences and seek needed help and support. Dial 2-1-1 on your phone to be connected with an information and referral specialist who can help you find culturally responsive anxiety resources in Chittenden County.



### 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 may not recognize their irrational nature. Children this age may begin to attempt to hide their anxiety, resulting in what often looks like oppositional behavior. They may also exhibit an increase in somatic complaints and a decrease in school performance.



### 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 often 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.

