



Anxiety Quick Fact Sheet for School Personnel & Parents/Guardians

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

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 fears 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.

Prevalent Signs & Symptoms of Anxiety

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| <p>Feelings of Excessive Worry, Fear, or Stress – May include frequent crying, feeling easily overwhelmed and/or misunderstood, and avoidance of anxiety provoking situations</p> | <p>frequent complaints of headaches, stomachaches and other physical ailments</p> |
| <p>Irritability – May include hypersensitivity, over-reacting to mild situations, and feeling annoyed, agitated, moody, and/or angry</p> | <p>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</p> |
| <p>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</p> | <p>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</p> |
| <p>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</p> | <p>Difficulty Concentrating or Mind Going Blank - May include daydreaming, difficulty making decisions, and difficulty processing or retrieving information</p> |
| <p>Sleep Difficulties – May include insomnia or restless sleep, difficulty staying awake during school, sleep related tardiness or absenteeism</p> | <p>Acting Out - May include uncooperative or rebellious behavior</p> |
| <p>Somatic Complaints – May include muscle tension and/or</p> | |

Developmental Variations

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 children's lack of ability to verbally express feelings.

Middle Childhood (@7-12 years old)

There has been a sharp increase in the diagnosis of Anxiety Disorders in children of this age group over the past decade. At this developmental stage, children are often able to begin expressing their anxieties, but may not be able to 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 may 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. They may experience intense distress if work is not perfect, making the completion of 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.

Getting Linked

- Visit www.ptophelp.org to locate local mental health providers who address anxiety in children and adolescents.
- Dial 2-1-1 for 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.

Anxiety Resources

Students FIRST Project
www.studentsfirstproject.org

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

School Psychiatry Program
Massachusetts General Hospital
www.schoolpsychiatry.org

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

Anxiety Disorders Association of
America
www.adaa.org

Vermont Family Network
www.vermontfamilynetwork.org

Vermont Federation of Families for
Children's Mental Health
www.vffcmh.org

National Alliance on Mental Illness
www.nami.org

First Call for Children and Families at
(802) 488-7777 for child and
adolescent crisis services