



Macomb Intermediate School District;
Integrating Mental Health in Schools Federal Grant

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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.

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

Macomb County Community Mental Health

<http://macombcountymi.gov/communitymentalhealth/> Access Center:
586.948.0222

Macomb County Crisis Center

<http://www.macombcountymi.gov/volunteer/center.htm> 24/7 Crisis Line:
586.307.9100

CARE of Southeastern Michigan

<http://www.careofmacomb.com/>
Main Office: 586.541.CARE (2273)

Child/Adolescent Psychiatric Hospitals

Harbor Oaks Hospital

35031 23 Mile Road
New Baltimore, MI 48047
(586) 725-5777

Henry Ford Kingswood Hospital

10300 West Eight Mile Road Ferndale, MI 48220

Phone: (248) 398-3200

must be medically cleared through another hospital's ER prior to admission)

Havenwyck Hospital

1525 University Drive
Auburn Hills, MI 48326
248-373-9200 (Main Line), 1-800-401-2727 (Toll-Free), 248-377-8160 (TTY)
(must be medically cleared through another hospital's ER prior to admission)

Additional Resources

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

National Alliance on Mental Illness
www.nami.org

Anxiety Disorders Association of
America
www.adaa.org

[The Worried Child](#)
by Paul Foxman



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*.

Educators and social service providers must always consider if a person's anxiety may be related to real and current dangers.

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.





School and Classroom Strategies: Anxiety

This Quick Fact Sheet contains strategies designed to address potential symptoms of student anxiety and should be used in consultation and collaboration with your school's mental health personnel or as part of a larger intervention approach. These pages contain only a portion of many possible strategies available to address symptoms of anxiety in the classroom. Strategies should always be individually managed and implemented with careful consideration of the differences of each child and the context of their individual circumstances. Additionally, this information 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.

If you notice a significant change in mood of any student that lasts for more than a week, share your observations with the child's parent and/or guardian and with your school's mental health support team.

Strategies for Feelings of Excessive Worry, Fear or Stress

- Validate the student's feelings and understand that his/her worries/fears are real to him/her
- Teach and model appropriate responses to stress
- Teach specific steps the student can take to relax (i.e. taking deep breaths, tensing muscles and then relaxing muscles, etc.)
- Allow the student to have a small object (such as stress ball) in his/her pocket that would be appropriate to use during class time and would not disturb others
- Allow choices in order to help the student feel more in control
- Minimize the emphasis on competition
- Allow the student to engage in calming activities, such as silent reading or listening to music, when worried or stressed
- Reduce unnecessary stress within school/classroom environment
- Where feasible, avoid bringing up topics that are sensitive to the student such as recent loss, parents' divorce, incarceration, etc.
- Identify individual (i.e. school counselor, social worker, school nurse, etc.) the student may talk to and provide built-in opportunities during the school day for student to talk with this person

Strategies for Irritability, Restlessness, or Feeling Keyed Up

- Identify one teacher or other staff member to act as the student's advocate, a check-in person, and as a point person for communicating with parents.
- Identify individual (i.e. school counselor, social worker, school nurse, etc.) the student may talk to about irritability and provide built-in opportunities during the school day for student to talk with this person
- Validate the student's experiences and feelings ("I know that things are really hard for you right now.")
- Teach the student to recognize his/her mood patterns and appropriate ways to communicate anger, frustration, sadness, etc.
- Provide the student opportunities for "self time out" to regroup when feeling agitated or overwhelmed
- Provide opportunities for the student to engage in mild exercise when he/she is feeling restless or keyed up, such as walking up/down stairs, taking a message to the office, etc.
- Allow the student to have a small object (such as stress ball) in his/her pocket that would be appropriate to use during class time and would not disturb others.
- Use a predetermined signal when the student is exhibiting irritable or restless behavior.
- Provide opportunities for the student to work with a peer who is calm and able to focus on an assignment for an extended period of time
- Teach specific steps the student can take to relax (i.e. taking deep breaths, tensing muscles and then relaxing muscles, etc.)
- Help the student to identify automatic negative thoughts and strategies for reframing these negative thoughts; encourage positive self-talk



Strategies for Sleep Difficulties, Fatigue or Loss of Energy

- Identify student's interests and preferred activities and try to incorporate them into his/her daily schedule.
 - Place the student in a brightly lit area in close proximity to instruction
 - Provide the student with sensory-stimulating tools such as a stress ball to use throughout the day
 - Integrate frequent motor breaks throughout the day
 - Allow the student to self-select a classroom job/role of high interest (i.e. running errands, setting up computer)
 - Provide the student with an audio or video recording and/or written notes of class lessons, assignments or instructions
 - Allow the student more time to respond to classroom activities (both written or verbal)
 - Assess the student on effort and on work completed or attempted rather than work assigned.
- Identify individuals who may support the student with the issues underlying his/her fatigue and energy loss (i.e. school counselor, social worker, school nurse, etc.).
 - Provide student with supported study hall at the end of the day to help organize and catch up on assignments
 - Provide the student specific "rest" times throughout the school day to avoid sleeping during instruction.
 - If fatigue is due to sleep difficulties, collaborate with the student and his/her parent to address the issue at home; For example, develop a daily schedule that includes structured time for activities before bedtime (i.e. homework, chores, etc.) so the student develops a healthy, daily sleep routine.
 - If appropriate, begin the student's school day later based on the student's sleep-wake cycle
 - Coordinate with the school nurse to allow healthy grazing on foods that may increase student energy

Strategies for Difficulty Concentrating or Mind Going Blank

- Prompt the student throughout the day to use a daily planner to keep track of assignments
 - Provide support at the end of each day to make sure the student has all assignments documented and all necessary materials
 - Check regularly for work completion to avoid the student getting significantly far behind
 - Help student organize projects and break down assignments into manageable parts
- Allow student to work with classmate who is calm and capable of concentrating on an assignment.
 - Provide discrete assistance in helping the student to stay focused
 - Assess the student on effort and on work completed rather than work assigned
 - Provide positive feedback when student is able to focus and concentrate and encouragement when student loses focus

Strategies for Somatic Complaints

- Determine that the physical complaint is not the result of a medical condition.
 - Coordinate interventions with student's parent(s), physician, and counselor or therapist
 - Validate the student's feelings and understand that these feelings are real to him/her
 - Teach specific steps the student can use to relax (i.e. taking deep breaths, tensing muscles and then relaxing muscles, etc.).
- Allow choices in order to help student feel more in control
 - Structure the class so the student does not have time to dwell on real or imagined physical complaints.
 - Provide additional classroom responsibilities (i.e. errands, duties, etc.) to keep student's mind off his/her physical discomfort, real or imagined.
 - Identify an individual (i.e. school counselor, social worker, school nurse, etc.) the student can talk to and provide built in opportunities for this during the school day