

Anxiety Disorders in Children and Adolescents

Anxiety is a natural human reaction and serves as an “alarm system” that’s activated whenever we perceive danger or a threat. While some anxiety is normal, anxiety that’s too strong or happens a lot can become overwhelming, especially



for children and adolescents. Anxiety can interfere with a young person’s ability to get things done, academic success and peer relationships. When anxiety begins to overcome a child or adolescent’s ability to function and enjoy life they may be suffering from an anxiety disorder. Anxiety disorders are among the most common mental health conditions, yet they can be difficult to diagnose in children as it can be challenging to determine whether a child’s behavior is “just a phase” or whether it constitutes a disorder. While there are several different types of anxiety disorders, they all share one common trait- prolonged, intense anxiety that is out of proportion to the present situation and affects a person’s

daily life and happiness.

Causes/Risk Factors

There is not one answer that points to the cause of anxiety disorders but experts believe several things may contribute including genetics, brain biochemistry, an overactive fight-flight response, stressful life circumstances and learned behavior. Life events can lead to anxiety in childhood and later in life. The death of a parent or loved one, divorce, history of abuse and major life changes (such as a move) can trigger anxiety in youth.

Signs

All kids will experience anxiety in certain situations and it should be noted that most, even those who live through traumatic events, will not go on to develop anxiety disorders. Those who do, however, will seem anxious and have one or more of the following signs:

- Excessive worry most days of the week, for weeks on end
- Trouble sleeping at night or sleepiness during the day
- Restlessness or fatigue during waking hours
- Trouble concentrating
- Irritability

Additionally, anxious kids may avoid school or social situations or they may become more dependent with a frequent need for reassurance. Children and teens who suffer from excessive anxiety often experience physical symptoms as well including, stomachaches, headaches, trembling and muscle tension. As a result of these physical symptoms youth with anxiety may make more frequent visits to the school nurse complaining of feeling sick.

How to Help

Treatment often includes:

- Reducing the symptoms of anxiety
- Relieving distress
- Preventing complications associated with the disorder
- Minimizing the effects on the child’s social, school and developmental progress

Children and adolescents can benefit from a variety of treatments and services. Treatment begins with an evaluation of symptoms, family and social context and the extent of interference in daily functions. SCIP can assist with helping parents to access a free screening and connect to services with a licensed clinician. A therapist can look at the symptoms, diagnose the specific anxiety disorder and create a plan to help a child cope. While these disorders can cause considerable distress to a child or teenagers life, the prognosis is good. A key in helping youth overcome anxiety is

to acknowledge the problem in a supportive, nonjudgmental way. Parents and schools can work together to be patient and positive in helping anxious youth find new ways to cope.

References: American Academy of Child & Adolescent Psychiatry (www.aacap.org); <http://childdevelopmentinfo.com>; <http://kidshealth.org>; National Association of School Psychologists

A Brief Review of the Nebraska Risk and Protective Factor Student Survey

The data provided in this article/the table charts was derived from the 2014 Nebraska Risk and Protective Factor Student Survey (NRPFS).

The purpose of the Nebraska Risk and Protective Factor Student Survey (NRPFS) is to collect community-level data; however, state data provides insight into the levels of substance use, risk, protection, and delinquent behavior among all students in Nebraska.

It should be noted that the 2014 participation rate for the state as a whole was lower than the 60% level recommended for representing students statewide; therefore, the state-level results should be interpreted with caution.

The table below represents the percentage breakups by grade as well as State/Ne and National percentages of Lifetime and past 30 day reported use of substances listed in table.

The table also shows that students in all three grade levels report lower alcohol and marijuana in both lifetime and past 30 day use categories.

State/Ne & National Percentages	Lifetime Alcohol Use	Current Alcohol Use (past 30 days)	Lifetime Marijuana Use	Current Marijuana Use (past 30 days)	Lifetime *Other illicit Drug Use	Current *Other illicit Drug Use (past 30 days)
State/Ne 8th Grade	18.4%	4.4%	5.8%	2.3%	7.4%	2.6%
Nation 8 th Grade	26.8%	9.0%	15.6%	6.5%	Not Provided	Not Provided
State/Ne 10th Grade	40.5%	15.9%	17.7%	7.6%	11.9%	5.4%
Nation 10 th Grade	49.3%	23.5%	33.7%	16.6%	Not Provided	Not Provided
State/Ne 12th Grade	60%	29.6%	30.3%	12.7%	18%	7.7%
Nation 12 th Grade	66%	37.4%	44.4%	21.2%	Not Provided	Not Provided

*Other illicit Drugs includes LSD or other psychedelics, cocaine/crack, meth, inhalants, steroids, other performance-enhancing drugs, prescription drugs, non-prescription over the counter drugs, and other illegal drugs.

The table below represents the Perceived* & Actual Past 30 Day Substance Use, 2014 of student's surveyed.

Grade Level	Perceived Alcohol Use	Actual Alcohol Use	Perceived Marijuana Use	Actual Marijuana Use	Perceived Other illegal Drug Use	Actual Other illegal Drug Use
8th Grade	10%	4.4%	9%	2.3%	5%	0.8%
10th Grade	32%	15.9%	24.4%	7.6%	13.4%	1.8%
12 Grade	42.4%	29.6%	27.9%	12.7%	14.4%	1.9%

*Perception based on following question: "Now thinking about all the students in your grade at your school. How many of them do you think: <insert substance use behavior> during the past 30 days?"

The Perceived & Actual 30 Day Substance Use table above, not only appears to dispel the "common belief" by students that everybody or almost everybody (students) use drink alcohol and smoke marijuana; it also strongly suggests by the perceived percentages, that most students don't truly believe that most students are drinking alcohol or smoking marijuana.

When reviewing the next table, it should be understood that almost every day in the United States, 28 people die as a result of alcohol-impaired driving. And it should also be noted that the risk of being involved in a crash is greater for young people than for older people.

Percentage of Past 30 Day Alcohol Impaired Driving, 2014.

Grade Level	Drove Vehicle when had been Drinking	Rode in Vehicle Driven by someone who had been Drinking
8th Grade	0.4%	13.3%
10th Grade	1.8%	15.7%
12th Grade	8.0%	15.9%

While at times it seems like our messages to students about alcohol and other drugs falls on deaf ears, the table below reveals a very different belief.

Percentage of Students Reporting They Believe it is Wrong or Very Wrong to Use/Do, 2014.

Grade Level	Drink Alcohol at least once Twice in a Month	Drive After Drinking Alcohol	Smoke Marijuana	Use Prescription Drugs without Doctor Direction	Use Other illegal Drugs
8th Grade	92.9%	98.9%	92.2%	96.5%	98.3%
10th Grade	78.6%	97.4%	80.5%	93.4%	96.3%
12 Grade	62.6%	95.9%	70.5%	90.6%	95.4%

Note. *Percentage who reported how wrong they think different substance use/behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

The NRPFS is given to Nebraska students in grades 8, 10, and 12 with a goal of providing schools and communities with local-level data. As a result, the NRPFS is implemented as a census survey, meaning that every public and non-public school with an eligible grade can choose to participate.

The table below reflects the number of survey participants around the state by grade and the total number of students.

Nebraska NRPFS Participation Numbers for 2014:	
8th Graders:	10,985
10th Graders:	8,080
12th Graders:	6,773
Total Number of Students:	25,838

The data provided in all the tables above was administered and collected by the Bureau of Sociological Research-UNL and was sponsored by the NDHHS of Behavioral Health. For a more in-depth report of the 2014 NRPFS please go to

<http://bosr.unl.edu/2014%20State%20of%20Nebraska.pdf>. Or <http://bosr.unl.edu/sharp>

Other referenced sources:

<http://www-nrd.nhtsa.dot.gov/Pubs/812102.pdf>

www.cdc.gov/...driving

Mourning a Loss During the Holidays

Holidays can be especially difficult for those who have lost a person significant to them. There seem to be more questions than answers, and having someone to talk to about loss, and listen without being judgmental, is critical.

In our lives there are many holidays or special days, such as birthdays, anniversaries graduations, weddings, and Easter, to name a few. These are all difficult days for the bereaved, but for many, the most difficult holiday of the year is Christmas. This day, more than any other, means family and togetherness. They are synonymous, and it is at this time we are so acutely aware of the void in our lives. For many, the wish is to go from December 24 to December 26. We continually hear Christmas Carols, people wishing everyone, "Merry Christmas", see the perfect gift for our dead child, spouse, or relative, and suddenly realize they will not be here.

Listed below are some ideas and suggestions that others have found helpful in coping with the holiday season. Choose the ones that will help you. There may be some suggestions below appropriate for children, teens and adults.

- Family get-togethers may be extremely difficult. Be honest with each other about your feelings. Sit down with your family and decide what you want to do for the holiday season. Don't set expectations too high for yourself or the day. If you wish things to be the same, you are going to be disappointed. Do things a little differently. Undertake only what each family member can handle comfortably.
- There is no right or wrong way to handle the day. Some may wish to follow family traditions, while others may choose to change.
- Keep in mind the feelings of your children or family members. Try to make the holiday season as joyous as possible for them.
- Be careful of "shoulds." It is better to do what is most helpful for you and your family. If a situation looks especially difficult over the holidays, don't get involved if possible.
- Set limitations. Realize that it isn't going to be easy. Do the things that are very special and/or important to you. Do the best that you can.
- Once you have made the decision on the role you and your family will play during the holidays, let relatives and friends know.
- Baking and cleaning the house can get out of proportion. If these chores are enjoyable, go ahead, but not to the point that it is tiring. Either buy baked goods or go without this year.
- If you used to cut your own tree, consider buying it already cut this year. Let your children, other family members, neighboring teens, friends, or people from your church help with the decorating of the tree and house. If you choose not to have a tree this year, get a ceramic tree or a small table top tree.
- Emotionally, physically, and psychologically, grieving is draining. You need every bit of strength. Try to get enough rest.
- What you choose to do the first year you don't have to do the next.
- One possibility for the first year may be to visit relatives, friends, or even go away on a vacation. Planning, packing, etc., keeps your mind somewhat off the holiday and you share the time in a different and hopefully less painful setting.
- How do we answer, "Happy Holidays?" You may say, "I'll try" or "Best wishes to you." You think of many answers that you don't say.

- If shopping seems to be too much, have your relative or close friend help you. Consider shopping through a catalogue or online.
- If you are accustomed to having Christmas dinner at your home, change and go to relatives, or change the time (instead of 2 p.m., make it 4 p.m.). Some find it helpful to be involved in the activity of preparing a large meal. Serving buffet style and/or eating in a different room may help.
- Try attending religious services at a different time or church or synagogue.
- Some people fear crying in public, especially at religious services. It is usually better not to push the tears down any time. You should be gentle with yourself and not expect too much of yourself. Worrying about crying is an additional burden. If you let go and cry, you probably will feel better. It should not ruin the day for other family members, but will provide them with the same freedom.
- Cut back on your card sending. It is not necessary to send cards, especially to those people we will see over the holidays.
- Do something for someone else, such as volunteer work at soup kitchens or visit the lonely and shut-ins. Ask someone who is alone to share the day with your family. Provide help for a needy family.
- Donate a gift or money in your loved one's name.
- Share your concerns, feelings, apprehensions, etc. with a relative or friend as the holiday approaches. Tell them that this is a difficult time for you. Accept their help. You will appreciate their love and support at this time.
- Holidays often magnify feelings of loss of a loved one. It is important and natural to experience the sadness that comes. To block such feelings is unhealthy. Keep the positive memory of the loved one alive.
- Often after the first year, the people in your life may expect you to be over it. We are never over it but the experience of many bereaved is that eventually they enjoy the holidays again. Hold on to HOPE.
- Don't forget, anticipation of any holiday is so much worse than the actual holiday.

(Source: Mourning Hope, Lincoln NE)