

Information about:

Anxiety Disorders

Revised September 2009



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Introduction

Information About Anxiety Disorders is part of a series of information packets developed by the Vermont Family Network (VFN). Designed to provide basic information, the packet includes fact sheets, articles, advocacy tips, and resources for families of children with special needs and for the professionals working with them.

After reading the packet, we hope that you'll have a greater understanding of anxiety disorders and the ways in which parents and professionals can support children at home, in school, and in the community. We've selected information from a variety of sources, and many articles are on the Internet.

Thank you to BEST (Building Effective Strategies for Teaching), Vermont Department of Education, for making this publication possible. Thanks also go to the organizations and authors who gave us permission to use their articles and fact sheets. Use of any specific articles in this packet is meant for information purposes only and doesn't indicate any endorsement on the part of VFN of the views and opinions of the authors.

Because your comments are important to us, we've included a reader's response form at the end of the packet. Please take a few minutes to fill it out and return it to our office. Thank you.

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The Anxious Child

No. 47; Updated November 2004

All children experience anxiety. Anxiety in children is expected and normal at specific times in development. For example, from approximately age 8 months through the preschool years, healthy youngsters may show intense distress (anxiety) at times of separation from their parents or other persons with whom they are close. Young children may have short-lived fears, (such as fear of the dark, storms, animals, or strangers). Anxious children are often overly tense or uptight. Some may seek a lot of reassurance, and their worries may interfere with activities. Parents should not discount a child's fears. Because anxious children may also be quiet, compliant and eager to please, their difficulties may be missed. Parents should be alert to the signs of severe anxiety so they can intervene early to prevent complications. There are different types of anxiety in children.

Symptoms of separation anxiety include:

- constant thoughts and intense fears about the safety of parents and caretakers
- refusing to go to school
- frequent stomachaches and other physical complaints
- extreme worries about sleeping away from home
- being overly clingy
- panic or tantrums at times of separation from parents
- trouble sleeping or nightmares

Symptoms of phobia include:

- extreme fear about a specific thing or situation (ex. dogs, insects, or needles)
- the fears cause significant distress and interfere with usual activities

Symptoms of social anxiety include:

- fears of meeting or talking to people
- avoidance of social situations
- few friends outside the family

Other symptoms of anxious children include:

- many worries about things before they happen
- constant worries or concerns about family, school, friends, or activities
- repetitive, unwanted thoughts (obsessions) or actions (compulsions)
- fears of embarrassment or making mistakes
- low self esteem and lack of self-confidence

Severe anxiety problems in children can be treated. Early treatment can prevent future difficulties, such as loss of friendships, failure to reach social and academic potential, and feelings of low self-esteem. Treatments may include a combination of the following: individual psychotherapy, family therapy, medications, behavioral treatments, and consultation to the school.

If anxieties become severe and begin to interfere with the child's usual activities, (for example separating from parents, attending school and making friends) parents should consider seeking an evaluation from a qualified mental health professional or a child and adolescent psychiatrist.

For additional information see Facts for Families:

www.aacap.org/cs/root/facts_for_families/facts_for_families_numerical_list

#7 Children Who Won't Go to School

#50 Panic Disorder in Children and Adolescents

#52 Comprehensive Psychiatric Evaluation

#60 Obsessive Compulsive Disorder in Children and Adolescents

#70 Posttraumatic Stress Disorder.

See also

Your Child (1998 Harper Collins)/*Your Adolescent* (1999 Harper Collins).

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 7,500 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

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If you find *Facts for Families*® helpful and would like to make good mental health a reality for all children, please consider donating to the Campaign for America's Kids. Your support will help us continue to produce and distribute *Facts for Families*, as well as other vital mental health information, free of charge.

You may also mail in your contribution. Please make checks payable to the AACAP and send to Campaign for America's Kids, P.O. Box 96106, Washington, DC 20090.

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Children Who Won't Go To School (Separation Anxiety)

No. 7; Updated May 2008

Going to school is usually an exciting and enjoyable event for young children. However, for some it can cause intense fear or panic. Parents should be concerned if their child regularly complains about feeling sick or often asks to stay home from school with minor physical complaints. Not wanting to go to school may occur at anytime, but is most common in children 5-7 and 11-14, times when children are dealing with the new challenges of elementary and middle school. These children may suffer from a paralyzing fear of leaving the safety of their parents and home. The child's panic and refusal to go to school is very difficult for parents to cope with, but these fears and behavior can be treated successfully, with professional help.

Refusal to go to school often begins following a period at home in which the child has become closer to the parent, such as a summer vacation, a holiday break, or a brief illness. It also may follow a stressful occurrence, such as the death of a pet or relative, a change in schools, or a move to a new neighborhood.

The child may complain of a headache, sore throat, or stomachache shortly before it is time to leave for school. The illness subsides after the child is allowed to stay home, only to reappear the next morning before school. In some cases the child may simply refuse to leave the house. Since the panic comes from leaving home rather than being in school, frequently the child is calm once in school.

Children with an unreasonable fear of school may:

- feel unsafe staying in a room by themselves
- display clinging behavior
- display excessive worry and fear about parents or about harm to themselves
- shadow the mother or father around the house
- have difficulty going to sleep
- have nightmares
- have exaggerated, unrealistic fears of animals, monster, burglars
- fear being alone in the dark, or
- have severe tantrums when forced to go to school

Such symptoms and behaviors are common among children with separation anxiety disorder. The potential long-term effects (anxiety and panic disorder as an adult) are serious for a child who has persistent separation anxiety and does not receive professional assistance. The child may also develop serious educational or social problems if their fears and anxiety keep them away from school and friends for an extended period of time.

When fears persist the parents and child should consult with a qualified mental health professional, who will work with them to develop a plan to immediately return the child to

school and other activities. Refusal to go to school in the older child or adolescent is generally a more serious illness, and often requires more intensive treatment.

Excessive fears and panic about leaving home/parents and going to school can be successfully treated.

For additional information see *Facts for Families*:

www.aacap.org/cs/root/facts_for_families/facts_for_families_numerical_list

[#4 The Depressed Child](#)

[#8 Children and Grief](#)

[#47 The Anxious Child](#)

[#50 Panic Disorder in Children and Adolescents](#)

[eAACAP Anxiety Disorders Resource Center](#)

[Your Child](#) (1998 Harper Collins) / [Your Adolescent](#) (1999 Harper Collins)

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 7,500 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

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Panic Disorder In Children And Adolescents

No. 50; Updated November 2004

Panic disorder is a common and treatable disorder. Children and adolescents with panic disorder have unexpected and repeated periods of intense fear or discomfort, along with other symptoms such as a racing heartbeat or feeling short of breath. These periods are called "panic attacks" and last minutes to hours. Panic attacks frequently develop without warning.

Symptoms of a panic attack include:

- Intense fearfulness (a sense that something terrible is happening)
- Racing or pounding heartbeat
- Dizziness or lightheadedness
- Shortness of breath or a feeling of being smothered
- Trembling or shaking
- Sense of unreality
- Fear of dying, losing control, or losing your mind

More than 3 million Americans will experience panic disorder during their lifetime. Panic disorder often begins during adolescence, although it may start during childhood, and sometimes runs in families.

If not recognized and treated, panic disorder and its complications can be devastating. Panic attacks can interfere with a child's or adolescent's relationships, schoolwork, and normal development. Children and adolescents with panic disorder may begin to feel anxious most of the time, even when they are not having panic attacks. Some begin to avoid situations where they fear a panic attack may occur, or situations where help may not be available. For example, a child may be reluctant to go to school or be separated from his or her parents. In severe cases, the child or adolescent may be afraid to leave home. This pattern of avoiding certain places or situations is called "agoraphobia." Some children and adolescents with panic disorder can develop severe depression and may be at risk of suicidal behavior. As an attempt to decrease anxiety, some adolescents with panic disorder will use alcohol or drugs.

Panic disorder in children can be difficult to diagnose. This can lead to many visits to physicians and multiple medical tests which are expensive and potentially painful. When properly evaluated and diagnosed, panic disorder usually responds well to treatment. Children and adolescents with symptoms of panic attacks should first be evaluated by their family physician or pediatrician. If no other physical illness or condition is found as a cause for the symptoms, a comprehensive evaluation by a child and adolescent psychiatrist should be obtained.

Several types of treatment are effective. Specific medications may stop panic attacks. Psychotherapy may also help the child and family learn ways to reduce stress or conflict that could otherwise cause a panic attack. With techniques taught in "cognitive behavioral therapy," the child may also learn new ways to control anxiety or panic attacks when they occur. Many children and adolescents with panic disorder respond well to the combination of medication and psychotherapy. With treatment, the panic attacks can usually be stopped.

Early treatment can prevent the complications of panic disorder such as agoraphobia, depression and substance abuse.

For more information about panic disorder, visit the National Institute of Mental Health's website at www.nimh.nih.gov or call 1-800-64-PANIC.

See also: The Freedom from Fear's website www.freedomfromfear.org or *Facts for Families*: www.aacap.org/cs/root/facts_for_families/facts_for_families_numerical_list

[#4 The Depressed Child](#)

[#7 Children Who Won't Go to School](#)

[#10 Teen Suicide](#)

[#47 The Anxious Child](#)

[#60 Obsessive Compulsive Disorder in Children and Adolescents](#)

[#66 Helping Teenagers with Stress](#)

[#70 Posttraumatic Stress Disorder](#)

Your Child (1998 Harper Collins)/Your Adolescent (1999 Harper Collins)

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Anxiety Disorders in Children and Adolescents

What are anxiety disorders?

Anxiety disorders cause people to feel excessively frightened, distressed, and uneasy during situations in which most others would not experience these symptoms. Left untreated, these disorders can dramatically reduce productivity and significantly diminish an individual's quality of life. Anxiety disorders in children can lead to poor school attendance, low self-esteem, deficient interpersonal skills, alcohol abuse, and adjustment difficulty.

Anxiety disorders are the most common mental illnesses in America; they affect as many as one in 10 young people. Unfortunately, these disorders are often difficult to recognize, and many who suffer from them are either too ashamed to seek help or they fail to realize that these disorders can be treated effectively.

What are the most common anxiety disorders?

- **Panic Disorder** -- Characterized by panic attacks, panic disorder results in sudden feelings of terror that strike repeatedly and without warning. Physical symptoms include chest pain, heart palpitations, shortness of breath, dizziness, abdominal discomfort, feelings of unreality, and fear of dying. Children and adolescents with this disorder may experience unrealistic worry, self-consciousness, and tension.
- **Obsessive-compulsive Disorder (OCD)** -- OCD is characterized by repeated, intrusive, and unwanted thoughts (obsessions) and/or rituals that seem impossible to control (compulsions). Adolescents may be aware that their symptoms don't make sense and are excessive, but younger children may be distressed only when they are prevented from carrying out their compulsive habits. Compulsive behaviors often include counting, arranging and rearranging objects, and excessive hand washing.
- **Post-traumatic Stress Disorder** -- Persistent symptoms of this disorder occur after experiencing a trauma such as abuse, natural disasters, or extreme violence. Symptoms include nightmares; flashbacks; the numbing of emotions; depression; feeling angry, irritable, and distracted; and being easily startled.
- **Phobias** -- A phobia is a disabling and irrational fear of something that really poses little or no actual danger. The fear leads to avoidance of objects or situations and can cause extreme feelings of terror, dread, and panic, which can substantially restrict one's life. "Specific" phobias center around particular objects (e.g., certain animals) or situations (e.g., heights or enclosed spaces). Common symptoms for children and

adolescents with "social" phobia are hypersensitivity to criticism, difficulty being assertive, and low self-esteem.

- **Generalized Anxiety Disorder** -- Chronic, exaggerated worry about everyday, routine life events and activities that lasts at least six months is indicative of generalized anxiety disorder. Children and adolescents with this disorder usually anticipate the worst and often complain of fatigue, tension, headaches, and nausea.

Other recognized anxiety disorders include: agoraphobia, acute stress disorder, anxiety disorder due to medical conditions (such as thyroid abnormalities), and substance-induced anxiety disorder (such as from too much caffeine).

Are there any known causes of anxiety disorders?

Although studies suggest that children and adolescents are more likely to have an anxiety disorder if their caregivers have anxiety disorders, it has not been shown whether biology or environment plays the greater role in the development of these disorders. High levels of anxiety or excessive shyness in children aged six to eight may be indicators of a developing anxiety disorder.

Scientists at the National Institute of Mental Health and elsewhere have recently found that some cases of obsessive-compulsive disorder occur following infection or exposure to streptococcus bacteria. More research is being done to pinpoint who is at greatest risk, but this is another reason to treat strep throats seriously and promptly.

What treatments are available for anxiety disorders?

Effective treatments for anxiety disorders include medication, specific forms of psychotherapy (known as behavioral therapy and cognitive-behavioral therapy), family therapy, or a combination of these. Cognitive-behavioral treatment involves the young person's learning to deal with his or her fears by modifying the way he or she thinks and behaves by practicing new behaviors.

Ultimately, parents and caregivers should learn to be understanding and patient when dealing with children with anxiety disorders. Specific plans of care can often be developed, and the child or adolescent should be involved in the decision-making process whenever possible.

NAMI Fact Sheet

Permission is granted for this fact sheet to be reproduced in its entirety, but the NAMI name, service mark, and all contact information must be included.

NAMI - National Alliance for the Mentally Ill

NAMI

2107 Wilson Blvd, Suite 300

Arlington, VA 22201-3042

Main: (703) 524-7600/ NAMI HelpLine: 1-800-950-NAMI / <http://www.nami.org>

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Advocating for Your Child: 25 Tips for Parents

by David Fassler, M.D.

According to the Surgeon General, 1 child in 5 will experience significant problems due to a psychiatric disorder. The good news is that we can help many, if not most, of these youngsters. The real tragedy is that so few, less than 1 in 3, are receiving the comprehensive treatment they really need.

Children and adolescents with emotional and behavioral problems deserve access to the best possible mental health care. Unfortunately, such services are often difficult to obtain. Parents can help by being informed, involved and persistent advocates on behalf of their children.

The following outline offers specific tips and suggestions which parents may find useful in such advocacy efforts:

1. Get a comprehensive evaluation. Child psychiatric disorders are complex and confusing. A full assessment will often involve several visits. Effective treatment depends on a careful and accurate diagnosis.
2. Insist on the best. Talk to physicians, therapists, guidance counselors and other parents. Find out who in your community has the most experience and expertise in evaluating and treating your child's particular condition. Check the clinician's credentials carefully. Are they appropriately licensed or certified in your state? If he or she is a physician, are they "Board Certified"? Push schools, insurance companies and state agencies to provide the most appropriate and best possible services, not merely services which are deemed sufficient or adequate.
3. Ask lots of questions about any diagnosis or proposed treatment. Encourage your child to ask any questions he or she may have, as well. Remember that no one has all the answers, and that there are few simple solutions for complex child psychiatric disorders. In addition, all treatments have both risks and benefits. Make sure you and your child understand the full range of treatment options available so you can make a truly informed decision.
4. Insist on care which is "family centered" and which builds on your child's strengths. Ask about specific goals and objectives. How will you know if treatment is helping? If your child's problems persist or worsen, what options and alternatives are available?
5. Ask about comprehensive "wrap around" or individualized services, geared specifically to the needs of your child and family. Are such services available in your state or community? If not, why not?

6. Be prepared. One of the most important things you can do to help your child is to keep all information, including past consultation and treatment reports, in an organized place. Insist on receiving your own copies of all evaluations. Records can easily be misplaced, delayed or even destroyed. Maintaining your own file with all relevant information can help avoid unnecessary duplication of previous treatment efforts.
7. Feel free to seek a second opinion. Any responsible mental health professional will be glad to help with referrals or by sharing information. If you have any questions at all about your child's diagnosis or the proposed course of treatment, by all means, arrange an independent consultation with another clinician.
8. Help your child learn about their condition. Use books, pamphlets and the Internet. Make sure the information is age-appropriate. Answer questions with honest, accurate and consistent information, but don't overload children with more detail than they need or want.
9. Learn the details of your insurance policy, and learn about the laws governing insurance in your state. For example, in some states, insurance companies must provide access to a specialist, such as a child and adolescent psychiatrist, within a certain distance from your home. If no such specialist is available as part of the company's "network", you may be able to receive treatment from a provider of your choice, with the insurance company responsible for full payment.
10. Work with the schools. Insist on access to appropriate mental health consultation services. Suggest inservice training programs to enhance awareness about child psychiatric disorders. Request copies of your child's educational records, including the results of any formal testing or other evaluations. Ask to be included in any and all school meetings held to discuss your child.
11. Learn about the reimbursement and funding systems in your state. The more you know, the better you can advocate on behalf of your child. How does Medicaid work? Which services are covered and which are excluded? Is there a "waiver program" which allows increased flexibility based on the specific needs of children and families? Is your child eligible? If not, why not? What other sources of funding are potentially available?
12. Get to know the state insurance commissioner and healthcare "ombudsperson" or consumer representative. Ask them to attend regular meetings with parent groups. Let them know about your experiences.
13. Use a lawyer, if necessary. Learn about the local legal resources. Find out which lawyers in your community are familiar with educational and mental health issues. Talk to your local Protection and Advocacy agency or American Civil Liberties Union for suggestions. Call the State Bar Association. Talk to other parents who are lawyers or who have used lawyers. Consider a legal consultation to make sure you are pursuing all appropriate avenues and options regarding services for your child.

14. Become politically active. Meet with state senators and representatives. Question candidates about their positions on access to necessary and appropriate mental health services for children and families. Testify at hearings on state legislation and budgets. Legislators are more likely to be influenced and persuaded by personal stories than by data, statistics or the opinions of professionals.
15. Build coalitions and work with local advocacy and parent organizations such as NAMI, NMHA and the Federation of Families. Develop and publicize a common "Agenda for Children's Mental Health".
16. Teach children about advocacy. Invite them to become involved in advocacy activities, where appropriate, but don't force them to participate.
17. Develop a legislative strategy. If your state does not yet have parity legislation, put this at the top of the agenda. Other "family protection" initiatives include:
 - access to an independent panel to review and potentially reverse insurance company denials
 - consumer representation on community mental health center boards
 - adequate network provisions, which mandate timely and appropriate access to specialists
 - adequate funding for school and community based mental health services.
18. Seek bipartisan support. Mental illness affects families of all political persuasions. Building a broad base of support has been a key to successful legislative initiatives, both at the State and Federal levels.
19. Fight stigma. Develop an ongoing local education campaign that reiterates the key messages:
 - child psychiatric disorders are very real illnesses
 - they affect lots of kids and adolescents
 - fortunately, they are also quite treatable, especially if treatment begins early and is individualized to the needs of each child and family.
20. Become involved with medical education. Meet with local medical students and residents. Sensitize them to the issues and challenges families face when caring for a child with emotional and behavioral problems.
21. Use the media. Write letters to the editor and/or op-ed pieces on child mental health issues. Meet with local reporters covering health care topics. Suggest story ideas to local TV stations.
22. Work with local professional organizations. Psychiatrists, psychologists, social workers, psychiatric nurses, and mental health counselors are natural allies with a common advocacy agenda. Coordinate efforts on issues such as parity, funding for mental health services, managed care oversight, etc. Professional organizations may also have access to resources, including funds for lobbying and/or public education initiatives, from their national associations.

23. Talk to other parents. Seek out and join local parent support groups. If none exist, consider starting one. Develop an email "listserv" to facilitate communication. Circulate articles, information and suggestions about local resources.
24. Attend regional and national conferences of parent and advocacy organizations. Such meetings provide information, ideas, camaraderie and support. Sharing experiences with other parents is both helpful and empowering.
25. Don't give up. Aim for and celebrate incremental victories and accomplishments. Remember, advocacy is an ongoing process!

There's no right or wrong way to be an advocate for your child. Advocacy efforts and initiatives should be individualized to your state, community and the particular issues, circumstances and needs within your family. Advocacy is also hard work. Even when people want to help, and are willing to listen, it takes lots of time and energy to change the system. But when it works, and it often does, the outcome is clearly worthwhile. You really can make a difference, both for your own child, and ultimately for all children who need and deserve access to appropriate and effective mental health treatment services.

Resources

The following organizations are excellent resources regarding advocacy on behalf of children's mental health:

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016
(202) 966-7300
www.aacap.org

National Alliance for the Mentally Ill
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
(703) 524-7600
www.nami.org

American Psychiatric Association
Division of Public Affairs
1400 K Street, NW
Washington, DC 20005
(202) 682-6140
www.psych.org

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
1-800-969-6642
www.nmha.org

Federation of Families for Children's Mental Health
1101 King Street, Suite 420
Alexandria, VA 22314
(703) 684-7710
www.ffcmh.org

The Children's Defense Fund
25 E Street NW
Washington, DC 20001
(202) 628-8787
www.childrensdefense.org

Bazelon Center for Mental Health Law
1101 15th Street NW, Suite 1212
Washington, DC 20005-5002
(202) 467-5730
www.bazelon.org

Continued on next page

Resources *(continued)*

Childhood and Adolescent Bipolar Foundation
1187 Wilmette Avenue
P.M.B. #331
Wilmette, IL 60091
(847) 256-8525
www.bpkids.org

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
8181 Professional Place, Suite 201,
Landover, MD 20785 CHADD
1-800-233-4050, (301) 306-7070
www.chadd.org

Juvenile Bipolar Research Foundation
49 S. Quaker Road
Pawling, NY 12564
(203) 226-2216
www.bpchildresearch.org

Depression and Bipolar Support Alliance (DBSA)
730 N. Franklin Street, Suite 501
Chicago, IL 60610
1-800-826-3632
(312) 642-0049
www.ndmda.org

Dr. Fassler is a Board Certified Child and Adolescent Psychiatrist practicing in Burlington, Vermont. He is a Clinical Associate Professor in the Department of Psychiatry at the University of Vermont College of Medicine. Dr. Fassler is also a Trustee of the American Psychiatric Association (www.psych.org), a Fellow of the American Academy of Child and Adolescent Psychiatry (www.aacap.org), and a member of the Board of the Federation of Families for Children's Mental Health (www.ffcmh.org).

Resources

Anxiety Disorders Association of America

8730 Georgia Ave., Suite 600

Silver Spring, MD 20910

E-mail: information@adaa.org

website: <http://www.adaa.org/>

Main number: 240-485-1001

The Anxiety Disorders Association of America (ADAA) is a national nonprofit organization dedicated to the prevention, treatment, and cure of anxiety disorders and to improving the lives of all people who suffer from them.

Books

- Zucker, Bonnie (2008). *Anxiety-Free Kids: An Interactive Guide for Parents and Children* (Prufrock Press)
- Chansky, Tamar, Stern, Phillip (Illustrator)(2004). *Freeing Your Child from Anxiety: Powerful, Practical Solutions to Overcome Your Child's Fears, Worries, and Phobias* (Broadway Books)

Videos

I Can Relax: CD for Children, by Dr. Donna Pincus. Teaches relaxation skills and promotes positive self image

Web Sites

<http://www.familyvillage.wisc.edu/>

A global community that integrates information, resources, and communication opportunities on the Internet for persons with cognitive and other disabilities, for their families, and for those that provide them services and support. This community includes informational resources on specific diagnoses, communication connections, adaptive products and technology, adaptive recreational activities, education, worship, health issues, disability-related media and literature, and much, much more!

<http://www.childanxiety.net/>

The Child Anxiety Network is designed to provide thorough, user-friendly information about child anxiety. It is also designed to provide direction for those who are not sure where to turn when they think their child or a child they know may need professional help to cope with anxiety.

Dear Reader,

Vermont Family Network (VFN) strives to make each of its publications clear, correct, and complete. Please help us by answering a few questions.

1. *Which publication* are you evaluating? _____ Anxiety Disorder _____

2. Please rate this publication:	EXCELLENT	GOOD	FAIR	POOR
a. for <i>completeness</i> of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. for <i>clarity</i> (ease of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. for <i>accuracy</i> of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <i>overall</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If you *found* any *incorrect information* in this publication, please specify the page(s) and correction(s) to be made. _____

4. If you felt *information was left out* of this publication, please specify the page(s) and addition(s) to be made. _____

5. If you found *anything hard to understand* in this publication, please specify the page(s) and confusing passage(s). _____

6. If any part *of* this publication was *especially good* at helping you understand the topic, please specify the page(s) and passage(s). _____

7. How do you *plan to use* the information you've obtained from this publication? _____

8. Finally, please check *all* of the following that apply to you:

- | | |
|--|---|
| <input type="checkbox"/> parent or guardian | <input type="checkbox"/> surrogate or foster parent |
| <input type="checkbox"/> relative, friend or advocate | <input type="checkbox"/> educator |
| <input type="checkbox"/> individual with a disability | <input type="checkbox"/> service provider (<i>agency</i>) _____ |
| <input type="checkbox"/> other (<i>please specify</i>) _____ | |

Thank you for taking the time to let us know how we might improve our materials.



PLACE
STAMP
HERE

Vermont Family Network
600 Blair Park Road, Suite 240
Williston, VT 05495-7549

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

If you'd like to learn more about VFN's materials, please visit our website at www.VermontFamilyNetwork.org or write your name and address below:

Fold form in half and tape shut along this edge

