

Anxiety & Depression

What to do in school.



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Please take a moment...

...to write down a student's name that you have a particular interest in or concern about.

Then, write down what you think is going on or what your theory is about their problem.



Lots to consider...

- First, what are our beliefs about depression and anxiety?
- Second, what experiences do you have in working with kids with these problems, how do you help?
- Third, what can be done in school vs. in the clinic?

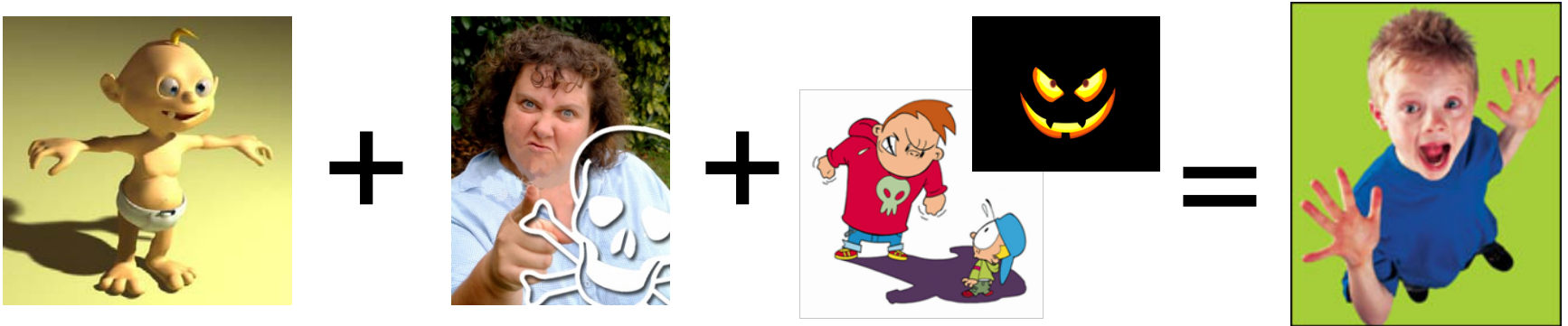


What do you think?

- What does anxiety look like?
- How do tell what we're dealing with?
- Mad or sad?
- What are the kids capable of when it comes to “fixing” themselves?
- **How do we deal with parents?**



A visual breakdown...



Over the course of a child's life, they are introduced to a series of messages that are interpreted as scary or dangerous.

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THE ANATOMY OF ANXIETY

WHAT TRIGGERS IT ...

When the senses pick up a threat—a loud noise, a scary sight, a creepy feeling—the information takes two different routes through the brain

A THE SHORTCUT When startled, the brain automatically engages an emergency hot line to its fear center, the amygdala. Once activated, the amygdala sends the equivalent of an all-points bulletin that alerts other brain structures. The result is the classic fear response: sweaty palms, rapid heartbeat, increased blood pressure and a burst of adrenaline. All this happens before the mind is conscious of having smelled or touched anything. Before you know why you're afraid, you are

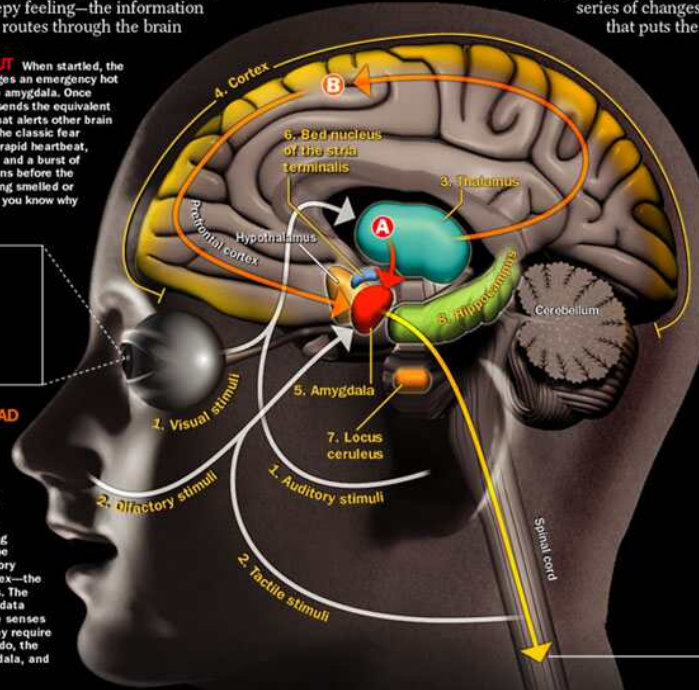
B THE HIGH ROAD

Only after the fear response is activated does the conscious mind kick into gear. Some sensory information, rather than traveling directly to the amygdala, takes a more circuitous route, stopping first at the thalamus—the processing hub for sensory cues—and then the cortex—the outer layer of brain cells. The cortex analyzes the raw data streaming in through the senses and decides whether they require a fear response. If they do, the cortex signals the amygdala, and the body stays on alert

... AND HOW THE BODY RESPONDS

By putting the brain on alert, the amygdala triggers a series of changes in brain chemicals and hormones that puts the entire body in anxiety mode

TIME Diagram by Joe Lertola.
Text by Alice Park



STRESS-HORMONE BOOST
Responding to signals from the hypothalamus and pituitary gland, the adrenal glands pump out high levels of the stress hormone cortisol. Too much cortisol short-circuits the cells in the hippocampus, making it difficult to organize the memory of a trauma or stressful experience. Memories lose their context and become fragmented

RACING HEARTBEAT
The body's sympathetic nervous system, responsible for heart rate and breathing, shifts into overdrive. The heart beats faster, blood pressure rises and the lungs hyperventilate. Sweat increases, and even the nerve endings on the skin tingle into action, creating goose bumps

FIGHT, FLIGHT OR FRIGHT
The senses become hyperalert, drinking in every detail of the surroundings and looking for potential new threats. Adrenaline shoots to the muscles, preparing the body to fight or flee

DIGESTION SHUTDOWN
The brain stops thinking about things that bring pleasure, shifting its focus instead to identifying potential dangers. To ensure that no energy is wasted on digestion, the body will sometimes respond by emptying the digestive tract through involuntary vomiting, urination or defecation

1. Auditory and visual stimuli
Sights and sounds are processed first by the thalamus, which filters the incoming cues and shunts them either directly to the amygdala or to the appropriate parts of the cortex

2. Olfactory and tactile stimuli
Smells and touch sensations bypass the thalamus altogether, taking a shortcut directly to the amygdala. Smells, therefore, often evoke stronger memories or feelings than do sights or sounds

3. Thalamus
The hub for sights and sounds, the thalamus breaks down incoming visual cues by size, shape and color, and auditory cues by volume and dissonance, and then signals the appropriate parts of the cortex

4. Cortex
It gives raw sights and sounds meaning, enabling the brain to become conscious of what it is seeing or hearing. One region, the prefrontal cortex, may be vital to turning off the anxiety response once a threat has passed

5. Amygdala
The emotional core of the brain, the amygdala has the primary role of triggering the fear response. Information that passes through the amygdala is tagged with emotional significance

6. Bed nucleus of the stria terminalis
Unlike the amygdala, which sets off an immediate burst of fear, the BNST perpetuates the fear response, causing the longer-term unease typical of anxiety

7. Locus ceruleus
It receives signals from the amygdala and is responsible for initiating many of the classic anxiety responses: rapid heartbeat, increased blood pressure, sweating and pupil dilation

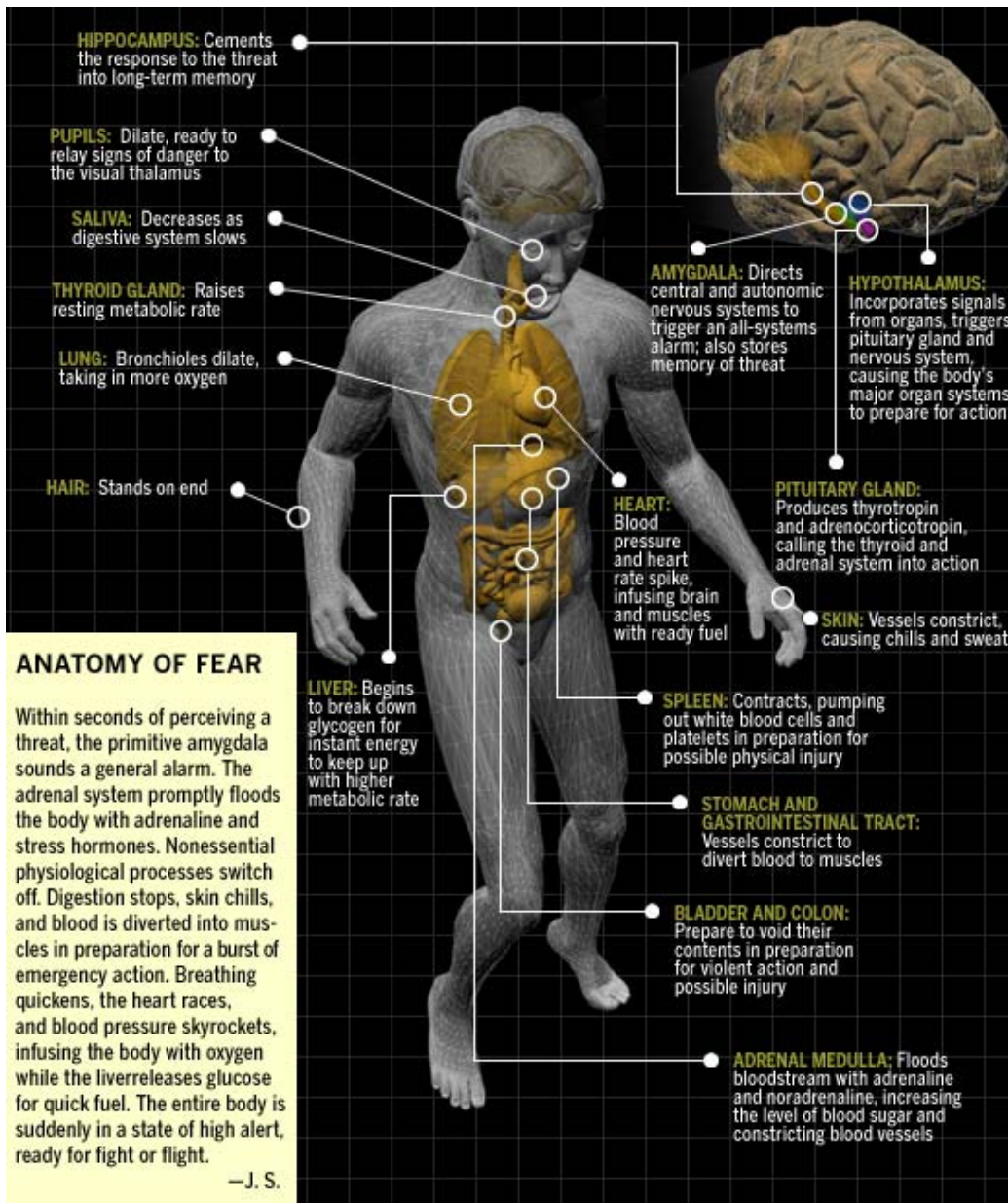
8. Hippocampus
This is the memory center, vital to storing the raw information coming in from the senses, along with the emotional baggage attached to the data during their trip through the amygdala

Source: Dennis S. Charney, M.D., National Institute of Mental Health

Brain Architecture



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ANATOMY OF FEAR

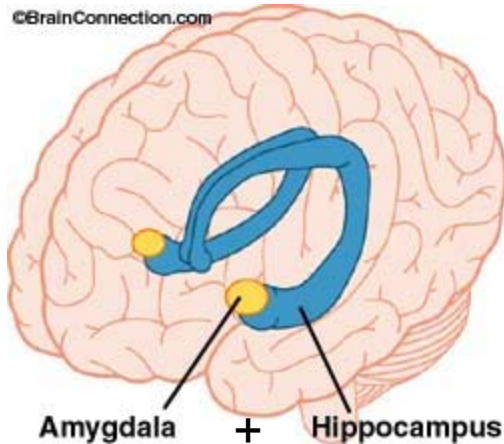
Within seconds of perceiving a threat, the primitive amygdala sounds a general alarm. The adrenal system promptly floods the body with adrenaline and stress hormones. Nonessential physiological processes switch off. Digestion stops, skin chills, and blood is diverted into muscles in preparation for a burst of emergency action. Breathing quickens, the heart races, and blood pressure skyrockets, infusing the body with oxygen while the liver releases glucose for quick fuel. The entire body is suddenly in a state of high alert, ready for fight or flight.

—J. S.

And then...



What does this mean?



=



The Amygdala plus the Hippocampus are like
an evil hard-drive from hell!

(not really evil, but it make for a more dramatic effect)

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Depression...

- 2% of all 6-12 year olds will have at least one major depressive episode each year.
- 4% of all 12-18 year olds will have at least one major depressive episode each year. (Suicide is the third leading cause of death in this demographic)
- Overall, 20% of youth will have at least one episode of major depression by the time they are an adult.
- 1/3 of these 3.4 million kids are experiencing the early onset of bipolar disorder



PA Youth Survey (2007)

Percentage of Youth Reporting Symptoms of Depression, Pennsylvania

	GRADE	6th	8th	10th	12th	Overall
In the past year, felt depressed or sad most days		31.2	33	33	32.2	32.5
Sometimes I think that life is not worth it		14.3	20.4	23.3	20	19.6
At times I think I am no good at all		26.4	27.9	29.9	28.7	28.3
All in all, I am inclined to think that I am a failure		12.2	12.9	14.5	13.1	13.2

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What is Depression?

- Persistent sad or irritable mood
- Loss of interest in activities once enjoyed
- Significant change in appetite or body weight
- Difficulty sleeping or oversleeping
- Psychomotor agitation or retardation
- Loss of energy
- Feelings of worthlessness or inappropriate guilt
- Difficulty concentrating
- Recurrent thoughts of death or suicide



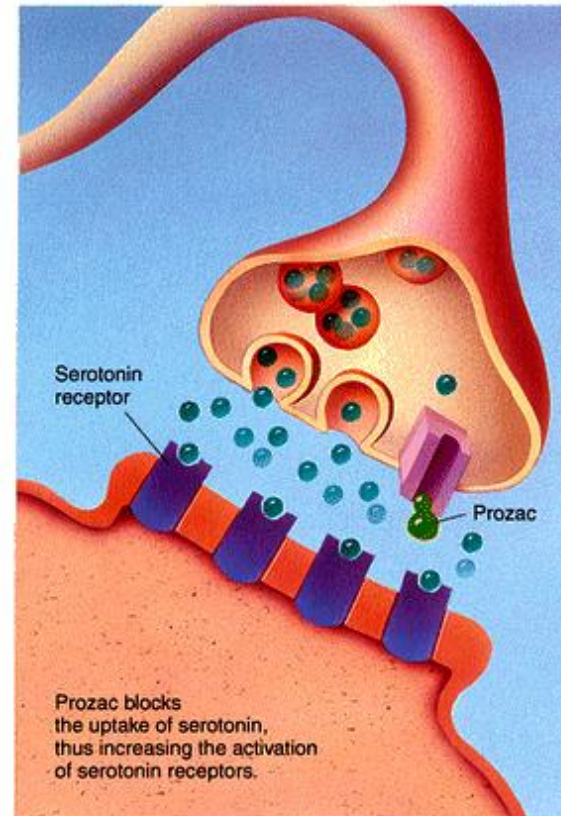
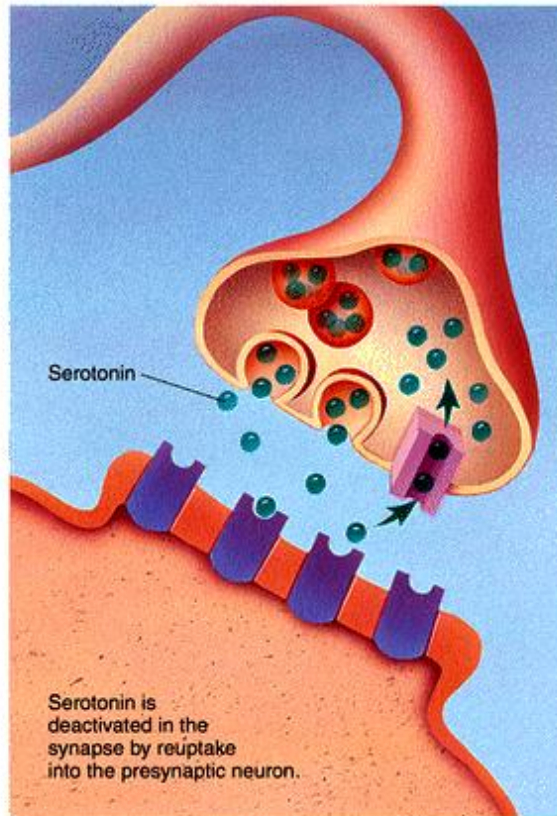
Signs and Symptoms

- Frequent vague, non-specific physical complaints such as headaches, muscle aches, stomachaches or tiredness
- Frequent absences from school or poor performance in school
- Talk of or efforts to run away from home
- Outbursts of shouting, complaining, unexplained irritability, or crying
- Being bored, Lack of interest in playing with friends
- Alcohol or substance abuse
- Social isolation, poor communication
- Fear of death
- Extreme sensitivity to rejection or failure
- Reckless behavior
- Difficulty with relationships
- **Increased irritability, anger, or hostility**



The reuptake process - neurotransmitters

► Blockade of Serotonin Reuptake by Fluoxetine



Treating Kids in a Family Model

1. Know the etiology of the Depressive and/or Anxiety Episode. *(Let's refer to your students)*
2. Understand the role of family in the impetus, exacerbation or resolution of the issue.
3. Construct strategies for treatment of the issue.
4. Overcome the challenges of involving parents, especially during the school day.



Contact information:

Jeffrey Natalie, LSW

President – ErieKIDS, Inc.

Phone: 814-835-3430

Email: jeff@eriekids.org

1934B W. 8th St.

Erie PA 16505



“In the Middle”

A movie on childhood depression and divorce.

Slides available at www.riefamilytherapy.com

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