
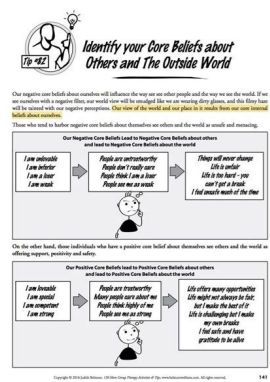


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WHAT IS... ANXIETY?

Anxiety is when something causes us to feel nervous and afraid. People who have an Anxiety disorder have a more intense reaction. It can start to impact their grades, behaviors, and relationships with others.



ANXIETY CAN BE CAUSED BY A NUMBER OF THINGS. SOME PEOPLE EXPERIENCE IT FOR NO REASON. OTHERS ARE TRIGGERED BY TESTS, BEING ON STAGE, OR BEING AROUND OTHER PEOPLE. SUFFERING FROM ANXIETY CAN MAKE YOU WANT TO AVOID CERTAIN SITUATIONS AND PLACES.

SYMPTOMS

- Worrying a lot
- Feeling very nervous and afraid
- Trouble breathing
- Numbness or tingling in your hands or feet
- Feeling dizzy
- Feeling very weak
- Sweating
- Headache or stomach ache
- Heart beating really fast
- Muscles feel really tight
- Having a lot of thoughts going through your head

TREATING ANXIETY

MENTAL HEALTH THERAPY

A therapist can help someone suffering from anxiety learn how to better cope with their symptoms so that they are not as intense. It can also be helpful to talk about the triggers to see why they cause anxiety for that person.

MEDICATION

Medication won't cure anxiety, but it can help to decrease the symptoms.

SELF-HELP

Someone suffering from anxiety can help lessen some of their symptoms by doing certain things on their own. Doing relaxation, eating healthy, and getting sleep are helpful ways to decrease anxiety.

IF YOU FEEL LIKE YOUR ANXIETY IS MORE THAN IT SHOULD BE, OR IF IT STARTS AFFECTING CERTAIN AREAS OF YOUR LIFE, TALK TO A PARENT OR A TRUSTED ADULT!



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WHAT IS... ASD?

ASD stands for Autism Spectrum Disorder. Autism is a disorder that makes it hard to communicate and interact with other people. Spectrum means that someone may only have a few of the symptoms while others may have a lot.



SYMPTOMS

- Difficulty communicating
- Trouble interacting with others
- Doing certain behaviors over and over
- Not interested in what others are doing
- Preferring to be alone
- Getting upset by a small change in the schedule
- Repeating words over and over
- Very little eye contact with others
- Not responding to others when spoken to
- Difficulty understanding other's emotions
- Difficulty understanding other's body language

PEOPLE WITH AUTISM MIGHT BE REALLY SENSITIVE TO SIGHT, SOUND, TASTE, SMELL, AND TOUCH. CERTAIN SITUATIONS CAN BE VERY OVERWHELMING FOR THEM.

TREATING ASD

THERAPY

Working with a therapist can help someone with ASD learn socially appropriate behavior, such as giving eye contact when someone is speaking. Other types of therapy can also be helpful depending on the symptoms the person has. For example, speech therapy can help improve communication skills. There are no medications that can cure ASD, but there are some that can help decrease a few of the symptoms.

IF YOU KNOW SOMEONE WITH AUTISM SPECTRUM DISORDER, IT'S IMPORTANT TO BE REMEMBER TO BE PATIENT AND KIND. REMEMBER THAT INTERACTING WITH PEOPLE IS A CHALLENGE FOR THEM. SOME OF THE THINGS THEY DO MIGHT BE DIFFICULT TO YOU, BUT IT IS IMPORTANT TO REMEMBER THAT IT IS NOT ON PURPOSE.



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no negative thoughts allowed



CHALLENGE NEGATIVE THINKING

Questions to ask yourself to help challenge your negative thoughts or self-talk:

- Am I falling into a thinking trap (e.g., *catastrophizing or overestimating danger*)?
- What is the evidence that this thought is true? What is the evidence that this thought is not true?
- Have I confused a thought with a fact?
- What would I tell a friend if he/she had the same thought?
- What would a friend say about my thought?
- Am I 100% sure that _____ will happen?
- How many times has _____ happened before?
- Is _____ so important that my future depends on it?
- What is the worst that could happen?
- If it did happen, what could I do to cope with or handle it?
- Is my judgment based on the way I feel instead of facts?
- Am I confusing "possibility" with "certainty"? It may be possible, but is it likely?
- Is this a hassle or a horror?

The self-talk cycle



FAMILY SUPERLATIVES!

NAME THE MEMBER OF YOUR FAMILY THAT...

1. **IS THE BEST DANCER** _____
2. **IS THE FUNNIEST** _____
3. **IS THE MOST LIKELY TO FORGET** _____
4. **IS THE MOST SARCASTIC** _____
5. **IS THE WORST AT KEEPING SECRETS** _____
6. **IS THE MOST CARING** _____
7. **IS THE BEST SINGER** _____
8. **IS THE MOST ACCIDENT-PRONE** _____
9. **IS THE BIGGEST PRANKSTER** _____
10. **IS THE MOST ARTISTIC** _____
11. **IS MOST LIKELY TO BRIGHTEN YOUR DAY** _____
12. **IS THE MOST AFFECTIONATE** _____
13. **IS THE MOST ATHLETIC** _____
14. **GIVES THE BEST ADVICE** _____
15. **IS THE BEST STORYTELLER** _____
16. **IS THE MOST TALENTED** _____
17. **HAS THE WORST TASTE IN MUSIC** _____
18. **IS THE BEST COOK** _____
19. **IS THE MOST UNIQUE** _____
20. **IS THE BEST SHOULDER TO CRY ON** _____



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F1000Research, 5, ED15 | Tatham, Turner, Mouniford, Tritt, Dyas, Waller | 2015 Scale download archived copy Tatham, M., Turner, H., Mouniford, V. This level of defensiveness suggested that her RCMAS-2 scores may have underestimated her level of anxiety. Administered regularly, the scale allows you to identify anxiety in individual children, assess levels of anxiety in the classroom as a whole, and help students handle anxiety-producing situations, both academic and social. (1993). Maudsley Service Manual For Child And Adolescent Eating Disorders | Eisler, Simic, Blessitt, Dodge | 2016 download archived copy Eating disorders: recognition and treatment | National Institute for Health and Care Excellence (NICE) | May 2017 download archived copy Group cognitive remediation therapy for adolescents with anorexia nervosa: The flexible thinking group | Maiden, Baker, Espie, Simic, Tchamturia | 2014 download archived copy Self-help manual for bulimia nervosa | Freeman, Downey | 2001 download archived copy Taming the hungry bear: self help for binge eating disorders | Williams download archived copy The CBT-T group at the University of Sheffield have developed a version of CBT for Eating Disorders (CBT-ED) that is ten sessions long (CBT-T) and have made a selection of resources available from their manual: CBT-T protocol download archived copy Basic food diary download archived copy Information sheet for patients, their families, and their friends download archived copy REAL food guide download archived copy Emotions and beliefs that can trigger eating behaviors download archived copy Extended food diary, assessing triggers and behaviors download archived copy Template for therapy blueprint download archived copy The Centre for Research on Eating Disorders (Credo) have made some useful materials available: The Institute of Psychiatry used to keep an up-to-date page of resources relevant to eating disorders - now only available via archive.org Information Handouts Disordered eating Worksheets Self-Help Programmes Overcoming disordered eating - part A Overcoming disordered eating - part B Presentations Evidence-based cognitive behavioural therapy for eating disorders: principles and practice | Glenn Waller | 2017 download archived copy Putting the 'B' back into CBT for eating disorders | Glen Waller | 2011 download archived copy Transdiagnostic CBT for eating disorders 'CBT-E' | Chris Fairburn download archived copy Recommended Reading Cooper, Z., Fairburn, C. (2009). Widely used by school psychologists, clinicians, and researchers, the Revised Children's Manifest Anxiety Scale is now available in an updated second edition. Test administration remains quick and easy. Skip to main content Psychology Tools Assessment Of Eating Disorders: Review And Recommendations For Clinical Use | Anderson, Lundgren, Shapiro, Paulosky | 2004 Journal article download archived copy Eating Attitudes Test 26 (EAT-26) | Garner, Olmsted, Bohr, Garfinkel | 1982 Eating Disorder Examination (EDE) | Fairburn, Cooper, O'Connor | 2014 Eating Disorder Examination (Interview | Edition 17.0D) download archived copy Eating Disorder Examination Questionnaire (EDE-Q) download archived copy Eating Disorder Examination Questionnaire for Adolescents (EDE-A) download archived copy Fairburn, C. Recent advances in psychological therapies for eating disorders. It's ideal for routine screening and periodic monitoring all the way through elementary and high school. With its brevity, simple response format, and audio administration option, the RCMAS-2 is well suited to this age group. (2016). (2010). Her anxiety about failing to meet these standards was interfering with her ability to perform, academically and socially. An Audio CD is provided for younger children and those with reading or attention problems. Terms often used to search for (RCMAS™-2) Revised Children's Manifest Anxiety Scale™, Second Edition RCMAS 2, Revised Children's Manifest Anxiety Scale, rcmass assessment, interpretation, scale, report template, ranges, pdf, sample report, scoring Ashley, a 12-year-old girl in seventh grade, was referred for a complete psychological evaluation. download archived copy Waller, G. On a test of creative thinking, her overall creativity index was 94 (M = 100), and her performance was characterized as tight and risk-averse. Ashley also completed the RCMAS-2. The new RCMAS-2 retains all the features that made previous versions of the test so popular—brevity, a simple yes/no response format, an elementary reading level, and content-based item clusters that help pinpoint children's problems and focus intervention. The test generates a Total Anxiety score plus scale scores. (2015). download One child in nine experiences an anxiety disorder. Clinical psychology review, 28(3), 366-386. Cognitive and behavioral practice, 18(3), 394-402 download Murphy, R., Straehler, S., Cooper, Z., & Fairburn, C. Research suggests that it's a good idea to watch for symptoms of anxiety in children between ages 6 and 8. But because anxious children tend to be quiet, compliant, and eager to please, their problems sometimes go unnoticed. G., Cooper, Z., & O'Connor, M. Development, psychometric properties and preliminary clinical validation of a brief, session-by-session measure of eating disorder cognitions and behaviors: The ED-15. International Journal of Eating Disorders, 48(7), 1005-1015. The school psychologist developed a plan to help Ashley and her parents adopt a more realistic view of her strengths and weaknesses. Her scores on Physiological Anxiety, Worry, and Social Anxiety were 50T, 65T, and 59T, respectively. (2011). With updated structure and content, the RCMAS-2 not only identifies the problem but also points toward the solution. She felt sure this would ruin her future prospects. A., Tritt, A., Dyas, R., & Waller, G. When asked about items endorsed on the Worry scale, she expressed unhappiness about her inability to maintain "straight A's" in school. Items are written at a second-grade reading level. Both her Defensiveness score (60T) and her Total Anxiety score (62T) were high. Preoccupied with academic performance, Ashley was checking and re-checking her work—so obsessively that she couldn't complete her assignments. They allow teachers and school psychologists to monitor the stress that children may experience and help them cope with it. Studies note that excessive worry in children this young puts them at risk for developing anxiety disorders later on. The eating disorder examination. International Journal of Eating Disorders, 6, 1-8. He placed Ashley in art therapy as well as an anxiety-reduction program targeting her obsessive checking behavior. Anxiety in the eating disorders: Understanding the overlap. (2008). At the same time, it adds a convenient Short Form, updated and ethnically diverse norms, and new items that reflect changes in the way children now experience anxiety. In cognitive testing, Ashley obtained an IQ of 128 and a standard score of 107 on both arithmetic and reading achievement areas. The RCMAS-2 can be completed in just 10 to 15 minutes, and a new Short Form, composed of the first 10 items, requires less than 5 minutes. The evolution of "enhanced" cognitive behavior therapy for eating disorders: Learning from treatment nonresponse. Norms are presented separately for three age groups: 6 to 8 years, 9 to 14 years, and 15 to 19 years. Because RCMAS-2 scales correlate highly with RCMAS scales, scores from the former may be considered equivalent to corresponding scores from the latter. Psychiatric Clinics of North America, 33(3), 611-627 download Pallister, E., & Waller, G. He encouraged Ashley to pursue creative experiences, cope with anxiety by exploring new activities, and take a less risk-averse approach to life. The test is now composed of 49 items covering the following scales: Physiological Anxiety Worry Social Anxiety Defensiveness Inconsistent Responding index The Social Anxiety scale replaces the RCMAS Social Concerns/Concentration scale, and a new cluster of 10 items assesses performance anxiety. This pattern of scores and behavior suggested that Ashley was putting excessive effort into meeting unrealistically high expectations—her own and those of her parents. Cognitive behavioral therapy for eating disorders. Her parents reported that Ashley was bright and creative, yet they were concerned because she was not getting good grades, even though she devoted many hours to her schoolwork each day. Norms are based on an ethnically diverse sample of more than 2,300 individuals between the ages of 6 and 19, with almost equal numbers of males and females. These changes address the increased pressure that today's children feel to achieve, academically and socially. G. Advances in Psychiatric Treatment, 15, 129-136 download Cooper, Z., & Fairburn, C. Like its predecessor, the RCMAS-2 is a brief self-report inventory measuring the level and nature of anxiety in 6- to 19-year-olds. Her mother also noted that Ashley had become less interested in social and extracurricular activities. Management of bulimia nervosa and other binge-eating problems. She endorsed 5 of the 10 items related to performance anxiety. Consequently, research using the RCMAS extends to the RCMAS-2. The new RCMAS-2 quickly brings into focus the often invisible worry, stress, and fear that can lead to academic difficulties, social withdrawal, substance abuse, and other problems. When asked about her answers to items on the Defensiveness scale, Ashley stubbornly adhered to the view that she was a kind, loving, and perfect girl. The RCMAS-2 sheds light on many problems, including stress, test anxiety, school avoidance, peer and family conflicts, and drug use. Nor could she enjoy spending time with her friends. The Defensiveness scale replaces and improves upon the RCMAS Lie scale, while the Inconsistent Responding index is a new addition.

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