

Voorhees School Social Workers' Newsletter for Parents of Students with Special Needs

This newsletter is to provide parents with helpful information to support their children's learning and achievement in school

********SPECIAL NOTICE********

Please mark your calendars now to attend the next **Parent Meeting on Thursday, March 10, 2011 in the Voorhees Middle School Library from 9:30 AM to 11:00 AM.** This will be a Transition Open House, geared to parents of current 5th graders with special needs who are concerned about what to expect in the way of educational and special services at the Voorhees Middle School. Parents of 4th graders are also invited to attend. It will be an opportunity to meet some of the staff involved with 6th graders, tour the 6th grade wing and hear about tentative plans for the 2011-12 school year. We hope to see many of you there.

Preschool Information

The Voorhees Public School District will continue to provide an Inclusive Preschool Program for three and four year-old children at Signal Hill School for the 2011-12 school year. These classes will include preschoolers with disabilities along with typically developing children in order to provide public school opportunities according to the Individuals with Disabilities Education Act. We are looking to recruit up to 20 children with age-appropriate developmental skills. Selection for the program will be by lottery. Tuition for the program is \$2500 with \$500 down required at registration and monthly payments of \$200 due to the district billed through the Voorhees CER Program. The selection of children will not discriminate based on the ability to pay. Tuition is waived for those who qualify based on the eligibility criteria of the Free and Reduced Lunch Program developed by the State of New Jersey.

Children must be three by 10/01/11.

Children should demonstrate age-appropriate verbal skills and be **toilet trained**.

The program will run four days per week with half-day sessions.

No transportation or child-care will be provided for students selected

Applications for this preschool program are available at all schools, on the district website, and at the district administration offices on Route 73. Applications must be returned to the Child Study Team office by **March 16th. Parents will be notified of selection by the end of March.**

Director's Report

Monitoring of Special Education Last spring the New Jersey Department of Education mailed a survey to parents of students with disabilities to assess how well the district facilitates parental involvement to improve services and results for students with disabilities. We have not yet received the results of the survey. The reason may be due to the fact that the monitoring of special education has been put on hold due to financial issues in Trenton. In any case we will make the findings available once we receive them.

Annual Review Meetings

We have begun planning for annual reviews. You are encouraged to review your child's current status and discuss with his/her teacher any concerns that you may have. This will enable all of us to problem solve collaboratively and create a plan for 2011-12 that addresses all identified areas of need.

Special Education Parent Advisory Committee Meetings

Our next meeting will be held on March 28nd in the VMS Lecture Hall at 7:00 pm. We will be discussing program options available under the law as well as where those options can be accessed. All parents are welcome to attend.

8th Grade Transition to High School

The week of February 14, 2011, students with IEP's and their parents will meet with both middle school and high school personnel to do course selection and develop high school IEP's for the 2011-12 school year. Participants will include Eastern guidance counselors, Eastern Child Study Team members, VMS special and regular education teachers, and VMS case managers.

Planning for high school and beyond will also be encouraged for all students in VMS classrooms. Middle school guidance counselors will be going into the classrooms to discuss student interests and career paths. Students will also be writing a journal entry in Language Arts, which will explore where they see themselves after high school, as well as possible career ideas. This journal entry will be shared and considered at each student's annual IEP meeting. We anticipate that this transition plan will meet our students' needs and help alleviate transition concerns.

Voorhees Abilities Awareness Week

There will be community and school events to raise awareness to challenges faced by those with a variety of differences. April 4th through April 8th, 2011 has been designated as Abilities Awareness Week. School staff are working collaboratively with SPEAK to create meaningful activities for students.

SPEAK

Special Needs Parents, Educators & Kids is a non-profit parent-faculty organization. The group formed in March, 2009 to address issues impacting children with special needs living in Voorhees. Please check the Voorhees District website for more info about the group and planned activities and events.

Upcoming Community Activities

Garden State Discovery Museum – *Open Arms Family Evening* – February 13, 6:00-8:00pm

A special evening for Families with Children on the Autism Spectrum at the Garden State Discovery Museum. Your entire family is invited for a FREE after hours activity featuring open play and discovery. Meet other children on the spectrum, their caregivers, and siblings. <http://discoverymuseum.com/> To register for this event, email your name, contact information, and number of guests to onthego@discoverymuseum.com

BounceU – *Bounce Therapy Night* – 6:00-7:30pm

This event is held in both the Cherry Hill and Blackwood (228-2834) BounceU locations on the first Tuesday of each month. It is a night of discounted admission and special needs-friendly accommodations.

AMC Cherry Hill 24 Movie Theater, 2121 Route 38 – *Sensory Friendly Films: Gnomeo and Juliet - February 11th and Mars Need Moms - March 12th*

Approximately one time each month, select area AMC theaters host a Sensory Friendly Film viewing for children with special needs. The theater lights remain brighter, the sound is kept at a lower volume, and outside food and

drinks are permitted. Easy access to local event information can be found at www.autism-society.org/get-involved/events/sensory-friendly-films/

Community Programs

Voorhees CER

The Voorhees CER offers a variety of courses and programs. For information, go to the website at www.voorheescer.com or call (856)795-2025 x5232.

Voorhees Middle School – S.P.O.R.T.

VMS offers this after-school program once a week. It provides an opportunity for students with special needs to experience physical and non-physical activities that will help improve physical skills such as balance, agility, body awareness, and hand-eye coordination. Students work with typical peers to promote socialization and interaction in a cooperative, supportive setting.

Evesham Township Recreation Department

A sports program, including karate and seasonal sports of soccer, basketball and baseball, for children with special needs is available. Visit www.twp.evesham.nj.us for quarterly offerings and locations. (856) 985-9792.

Katz Jewish Community Center – Achieving Community Hopes and Dreams

Katz JCC is hosting a Resource Fair of Recreation Programs for individuals with special needs on Wednesday February 16th from 6:30 – 8:30 at the Katz JCC in Cherry Hill. This program is free and open to the community. For more information, contact Eileen Elias, Director of Special Needs, Programs and Services at eelias@jfedsnj.org or Barbara Abrams, Director of Special Needs Programs at babrams@jfedsnj.org or call 856-424-4444.

Please Touch Museum – Access/Ability January 22 to April 24, 2011.

Access/Ability presents people living with disabilities as participants in the world. The exhibit features fun and engaging activities that show similarities and differences in how each of us go places, communicate, have fun and learn. Visit <http://www.pleasetouchmuseum.org> or call (215)581-3181

BounceU - Create and Bounce Program

Available to all children ages 2-5, this program combines active play with creative play. It is available in both the Cherry Hill and Blackwood locations. Call (856)228-2834 for information.

Beyond Balance

This therapeutic riding program is run by volunteers out of a stable in Mount Holly. It teaches children with special needs how to ride a horse, which can have physical, psychological, educational, and social benefits. Rider information packets and forms can be found at beyondbalance.org/index.html (609) 969-8899.

Special Population Achieving Normalcy through Education and Recreation (SPANNER)

SPANNER is a non-profit organization that connects teens and young adults with disabilities with high school, college, or young professional mentors. The main focus is to encourage community inclusion, while working to enhance social skills and independence, in order to prepare members for the transition to adulthood. SPANNER has three clubs: the Under 21 Club and the Over 21 Club utilize competitive games and challenges to promote interaction and communication, and to reinforce socially acceptable behavior. The Out & About Club arranges a community activity for members each month. All clubs meet in the Hope Church on Cooper Rd. in Voorhees. <http://www.myspanner.com/home>

Mt. Laurel United Soccer Association – TOPS Soccer Program

M.L. United is offering this program for kids with disabilities who would like to learn to play soccer and have fun. For information, visit www.mlunited.org.

Community Workshops

Autism NJ Workshops in Camden County

Education Rights and the IEP – March 8, 2011, 6:00-9:00 PM, free, Cherry Hill Library.

Surviving Puberty: Tips for Parents of Adolescents with Autism – March 29, 2011, 6:30-8:30 PM (\$20-members, \$25-nonmembers) Bancroft Farrington Building, Haddonfield. <http://www.autismnj.org/WorkshopsEvents.aspx>

Bancroft – ongoing free workshop series

Bancroft, a local organization serving individuals with intellectual and developmental disabilities, and acquired brain injuries, is hosting a free workshop series for parents and professionals. Held monthly from September through April, the workshops cover a wide variety of topics related to developmental disabilities. For further information visit Bancroft's web site at www.bancroft.org. To register, please contact Pat Reid at (856) 524-7453 or email pried@bnh.org.

Y.A.L.E. Schools - free workshop series for parents and caretakers

“Good Ol’ Dad: Father’s role in raising children with autism” - Wednesday, February 16, 2011 from 6:00PM to 7:30 PM

“The one yard line: Planning for transition to post-secondary and vocational settings” - Tuesday, May 3, 2011 from 6:00 PM to 7:30 PM

Both workshops take place at Yale School in Cherry Hill, NJ, in the lower school auditorium, are free, and snacks are provided. Students are welcome to attend. To register go to www.yaleschool.com/rsvp or call Dr. Cetta at 856.482.5252, ext 181, or email jcetta@yaleschool.com

Parent Resources

Division of Developmental Disabilities - This division of the NJ Department of Human Services offers a wide range of services for qualified residents with conditions such as cerebral palsy, autism, mental retardation, epilepsy, spina bifida, and neurological impairment. Contact the local intake unit at (856)770-5900 or visit www.state.nj.us/humanservices/ddd.

Department of Children and Families - This state department is committed to ensuring the safety and well-being of all children, and provides resources and services to this end. Visit <http://www.nj.gov/dcf/>
Division of Child Behavioral Health Services: serves children and adolescents with emotional and behavioral health care challenges. www.nj.gov/dcf/behavioral.

Camden County Family Support Organization - Assists families with children who have behavioral or mental health issues, through the Behavioral Health System. www.camdenfso.org or (856)662-2600.

Kids’ Health – www.kidshealth.org provides up-to-date, parent-friendly information on children’s health and resources.

Autism New Jersey - Autism NJ offers factual information, as well as referral lists for recreational activities, summer camps, and vacation and travel resources. The group also runs free, local workshops and programs, including some designed for siblings. <http://autismnj.org>

Great Schools - The Learning Disabilities section of this website offers many sources of information, as well as research-based suggestions for activities that parents can engage their child in at home, in order to reinforce school-based interventions. www.greatschools.org

LD Online - This is a leading website on learning disabilities for parents, teachers, and other professionals. www.ldonline.org

There are several **hospitals/health care systems** in the area that are valuable resources for information, education, support and medical information.

Helpful Services and Contact Information

Children's Behavioral Health Services – Crisis, support, and referral services 1-877-652-7624

New Jersey Kid Care – Affordable healthcare for children 1-800-701-0710
www.njfamilycare.org

Division of Developmental Disabilities – Services for individuals with disabilities (856)770-5900

Community Services Referral Resource – One easy access point for health and human services, community resources, and government assistance, for both ongoing support and crisis situations www.nj211.org 211

Community Crisis Response Center – Camden County center for crisis evaluation (856)428-4357

Temple Clinic for Anxiety – provides services for children and teens with anxiety (215)204-7165
www.temple.edu/childanxiety

2nd Floor - statewide confidential and anonymous helpline for ages 10-24. (888)222-2228
Open 24/7 www.2ndfloor.org

FEATURED ARTICLES

The Importance of Play

By Meghan Gallagher, MSW Intern

Play is a natural, universal part of childhood that enhances many areas of development:

Physical – Play contributes to age-appropriate acquisition of fine and gross motor skills, beginning in infancy. Regular, active play combats risks associated with childhood obesity and other illnesses.

Intellectual – Frequent and diverse play opportunities strengthen early cognitive skills. Infants' play behavior provides a comfortable context in which to explore and learn about the environment, allowing them to encounter and master developmental tasks and skills. Both organized and creative play enhance reasoning and problem solving skills and stimulate language development.

Emotional – Play is an important outlet for stress in children. Fantasy play helps kids deal with fears and anxiety about the adult world, and allows them to express complex thoughts and feelings that they may not be able or willing to verbalize in other contexts. It can also promote emotional intelligence, when children are encouraged to generate solutions to difficult (imaginary) problems.

Social – Play aids in the development of communication and negotiation skills. Children learn patience, turn-taking, and other appropriate social behaviors. They become less egocentric, and more able to see others' perspectives and to feel empathy. Children can then learn and practice appropriate adult social roles, as well as non-typical and imaginative social roles. Early exposure to and interaction with the social world beyond the family system is one of the most important functions of play.

To maximize the benefits of your child's play:

1. Promote play that is **creative, spontaneous, and self-initiated!**
2. Observe your child's play. This will give you an accurate idea of your child's developmental levels and abilities. You will have the opportunity to explore the learning opportunities that arise.
3. Let your child play without you. Encourage independence and creativity in decisions about what and how to play.
4. Give your child room to play. Provide ample physical space that can withstand creative play. Avoid restricting activities and regulating noise levels.
5. Create opportunities for free, unstructured, and make-believe play. Go outside or to the park and follow your child's lead. Provide generic play items, like cardboard boxes or wooden blocks, and imagine with your child!
6. Go battery and electric free for a day to increase opportunities for creative and unscripted play.
7. Play with your child. Play is an excellent form of parent-child communication, and one of the best ways to get to know your child. It helps young children feel secure in their environment, and forms the foundation for a strong relationship.
8. Let your child lead when you play together. Allow children to direct creative play or to make up their own rules to a game (before play begins, not in the middle!). Recognize when they would prefer to play alone, and let them.

Source:

Johnson, D. & Demanchick, S. (2004). Play: Key to learning. *Helping Children at Home and School II: Handouts for Families and Educators*, S5-77 – 78.

ANXIETY AND ANXIETY DISORDERS IN CHILDREN: INFORMATION FOR PARENTS

By Thomas J. Huberty, PhD, NCSP
Indiana University



Anxiety is a common experience to all of us on an almost daily basis. Often, we use terms like *jittery*, *high strung*, and *uptight* to describe anxious feelings. Feeling anxious is normal and can range from very low levels to such high levels that social, personal, and academic performance is affected. At moderate levels, anxiety can be helpful because it raises our alertness to danger or signals that we need to take some action. Anxiety can arise from real or imagined circumstances. For example, a student may become anxious about taking a test (real) or be overly concerned that he or she will say the wrong thing and be ridiculed (imagined). Because anxiety results from thinking about real or imagined events, almost any situation can set the stage for it to occur.

Defining Anxiety

There are many definitions of anxiety, but a useful one is *apprehension or excessive fear about real or imagined circumstances*. The central characteristic of anxiety is worry, which is excessive concern about situations with uncertain outcomes. Excessive worry is unproductive, because it may interfere with the ability to take action to solve a problem. Symptoms of anxiety may be reflected in thinking, behavior, or physical reactions.

Anxiety and Development

Anxiety is a normal developmental pattern that is exhibited differently as children grow older. All of us experience anxiety at some time and cope with it well, for the most part. Some people are anxious about specific things, such as speaking in public, but are able to do well in other activities, such as social interactions. Other people may have such high levels of anxiety that their overall ability to function is impaired. In these situations, counseling or other services may be needed.

Infancy and preschool. Typically, anxiety is first shown at about 7–9 months, when infants demonstrate *stranger anxiety* and become upset in the presence of unfamiliar people. Prior to that time, most babies do not show undue distress about being around strangers. When stranger anxiety emerges, it signals the beginning of a period of cognitive development when children begin to discriminate among people. A second developmental milestone occurs at about 12–18 months, when toddlers demonstrate *separation anxiety*. They become upset when parents leave for a short time, such as going out to dinner. The child may cry, plead for them not to leave, and try to prevent their departure. Although distressing, this normal behavior is a cue that the child is able to distinguish parents from other adults and is aware of the possibility they may not return. Ordinarily, this separation anxiety is resolved by age 2, and the child shows increasing ability to separate from parents. Both of these developmental periods are important and are indicators that cognitive development is progressing as expected.

School age. At preschool and early childhood levels, children tend to be limited in their ability to anticipate future events, but by middle childhood and adolescence these reasoning skills are usually well developed. There tends to be a gradual change from global, undifferentiated, and externalized fears to more abstract and internalized worry. Up to about age 8 children tend to become anxious about specific, identifiable events, such as animals, the dark, imaginary figures (monsters under their beds), and of larger children and adults. Young children may be afraid of people that older children find entertaining, such as clowns and Santa Claus. After about age 8, anxiety-producing events become more abstract and less specific, such as concern about grades, peer reactions, coping with a new school, and having friends. Adolescents also may worry more about sexual, religious, and moral issues, as well how they compare to others and if they fit in with their peers. Sometimes, these concerns can raise anxiety to high levels.

Anxiety Disorders

When anxiety becomes excessive beyond what is expected for the circumstances and the child's developmental level, problems in social, personal, and academic functioning may occur, resulting in an *anxiety disorder*. The signs of anxiety disorders are similar in children and adults, although children may show more signs of irritability and inattention. The frequency of anxiety disorders ranges from about 2 to 15% of children and occurs somewhat more often in females. There are many types of anxiety disorders, but the most common ones are listed below.

Separation anxiety disorder. This pattern is characterized by excessive clinging to adult caretakers and reluctance to separate from them. Although this pattern is typical in 12–18-month-old toddlers, it is not expected of school-age children. This disorder may indicate some difficulties in parent-child relationships or a genuine problem, such as being bullied at school. In those cases, the child may be described as having *school refusal*, sometimes called *school phobia*. Occasionally, the child can talk about the reasons for feeling anxious, depending on age and language skills.

Generalized anxiety disorder. This pattern is characterized by excessive worry and anxiety across a variety of situations that does not seem to be the result of identified causes.

Post-Traumatic Stress Disorder. This pattern often is discussed in the popular media and historically has been associated with soldiers who have experienced combat. It is also seen in people who have experienced traumatic personal events, such as loss of a loved one, physical or sexual assault, or a disaster. Symptoms may include anxiety, flashbacks of the events, and reports of seeming to relive the experience.

Social phobia disorder. This pattern is seen in children who have excessive fear and anxiety about being in social situations, such as in groups and crowds.

Obsessive-compulsive disorder. Characteristics include repetitive thoughts that are difficult to control (obsessions) or the uncontrollable need to repeat specific acts, such as hand washing or placing objects in the same arrangement (compulsions).

Characteristics of Anxiety

Although the signs of anxiety vary in type and intensity across people and situations, there are some symptoms that tend to be rather consistent across anxiety disorders and are shown in cognitive, behavioral, and physical responses. Not all symptoms are exhibited in all children or to the same degree. All people show some of these signs at times, and it may not mean that anxiety is present and causing problems. Most of us are able to deal with day-to-day anxiety quite well, and significant problems are not common. The chart at the end of the handout demonstrates behaviors that, if

present to a significant degree, can indicate anxiety that needs attention. As a parent, you may be the first person to suspect that your child has significant anxiety.

Relationship to Other Problems

Although less is known about how anxiety is related to other problems as compared to adults, there are some well-established patterns.

Depression. Anxiety and depression occur together about 50–60% of the time. When they do occur together, anxiety most often precedes depression, rather than the opposite. When both anxiety and depression are present, there is a higher likelihood of suicidal thoughts, although suicidal attempts are far less frequent.

Attention Deficit Hyperactivity Disorder. At times, anxiety may appear similar to behaviors seen with Attention Deficit Hyperactivity Disorder (ADHD). For example, inattention and concentration difficulties are often seen in children with ADHD and with children who have anxiety. Therefore, the child may have anxiety rather than ADHD. Failing to identify anxiety accurately may explain why some children do not respond as expected to medications prescribed for ADHD. The age of the child when the behaviors were first observed can be a useful index for determining if anxiety or ADHD is present. The signs of ADHD usually are apparent by age 4 or 5, whereas anxiety may not be seen at a high level until school entry, when children may respond to demands with worry and needs for perfectionism. A thorough psychological and educational evaluation by qualified professionals will help to determine if the problem is ADHD or anxiety. If evaluation or consultation is needed, developmental information about the problem will be useful to the professional.

School performance. Children with anxiety may have difficulties with school work, especially tasks requiring sustained concentration and organization. They may seem forgetful, inattentive, and have difficulty organizing their work. They may be too much of a perfectionist and not be satisfied with their work if it does not meet high personal standards.

Substance use. What appears to be anxiety may be manifestations of substance use, which may begin as early as the pre-teen years. Children who are abusing drugs or alcohol may show sleep problems, inattention, withdrawal, and reduced school performance. Although substance abuse is less likely with younger children, the possibility increases with age.

Interventions

Anxiety is a common experience for children, and, most often, professional intervention is not needed. If anxiety is so severe that your child cannot do expected tasks, however, then intervention may be indicated.

Does My Child Need Professional Help?

Answering the following questions may be helpful in deciding if your child needs professional help:

- Is the anxiety typical for a child this age?
- Is the anxiety shown in specific situations or is it more pervasive?
- Is the problem long term or is it recent?
- What events may be contributing to the problems?
- How are personal, social, and academic development affected?

If the anxiety is atypical for the child's age, is long standing, does not seem to be improving, and is causing significant problems, then it is advisable to talk with a professional, such as the school psychologist or counselor, who might recommend a referral to a community mental health professional. Individual counseling, or even group or family counseling, may be used to help the child deal with school, family, or personal issues that are related to the anxiety. In some cases, a physician may recommend medication. Although medication for childhood disorders is not well researched and side effects must be monitored, this treatment may be helpful when combined with counseling approaches.

How Can I Help My Child?

Although professional intervention may be necessary, the following list may be helpful to parents in working with the child at home:

- Be consistent in how you handle problems and administer discipline.
- Remember that anxiety is not willful misbehavior, but reflects an inability to control it. Therefore, be patient and be prepared to listen. Being overly critical, disparaging, impatient, or cynical likely will only make the problem worse.
- Maintain realistic, attainable goals and expectations for your child. Do not communicate that perfection is expected or acceptable. Often, anxious children try to please adults, and will try to be perfect if they believe it is expected of them.
- Maintain a consistent, but flexible, routine for homework, chores, and activities.
- Accept mistakes as a normal part of growing up, and that no one is expected to do everything equally well. Praise and reinforce effort, even if success is less than expected. There is nothing wrong with reinforcing and recognizing success, as long as it does not create unrealistic expectations and result in unreasonable standards.
- If your child is worried about an upcoming event, such as giving a speech in class, practice it often so that confidence increases and discomfort decreases. It is not realistic to expect that all

anxiety will be removed; rather, the goal should be to get the anxiety to a level that is manageable.

- Teach your child simple strategies to help with anxiety, such as organizing materials and time, developing small scripts of what to do and say, either externally or internally, when anxiety increases, and learning how to relax under stressful conditions. Practicing things such as making speeches until a comfort level is achieved can be a useful anxiety-reducing activity.
- Listen to and talk with your child on a regular basis and avoid being critical. Being critical may increase pressure to be perfect, which may be contributing to the problem in the first place. Do not treat emotions, questions, and statements about feeling anxious as silly or unimportant. They may not seem important to you but are real to your child. Take all discussion seriously, and avoid giving too much advice and instead be there to help and offer assistance as requested. You may find that reasoning about the problem does not work. At times, children may realize that their anxiety does not make sense, but are unable to do anything about it without help.
- Do not assume that your child is being difficult or that the problem will go away. Seek help if the problem persists and continues to interfere with daily activities.

Conclusion

Untreated anxiety can lead to depression and other problems that can persist into adulthood. However, anxiety problems *can* be treated effectively, especially if detected early. Although it is neither realistic nor advisable to try to completely eliminate all anxiety, the overall goal of intervention should be to return your child to a typical level of functioning.

Resources

- Bourne, E. J. (1995). *The anxiety and phobia workbook* (2nd ed.). Oakland, CA: New Harbinger. ISBN: 1-56224-003-2.
- Dacey, J. S., & Fiore, B. (2001). *Your anxious child: How parents and teachers can relieve anxiety in children*. San Francisco: Jossey-Bass. ISBN: 0-78796-040-3.
- Manassis, K. (1996). *Keys to parenting your anxious child*. New York: Barrons. ISBN: 0-81209-605-3.

Website

Anxiety Disorders Association of America—www.aada.org
National Mental Health Association—www.nmha.org

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Types of Anxiety Disorders

Cognitive	Behavioral	Physical
<ul style="list-style-type: none"> • Concentration difficulties • Overreaction and catastrophizing relatively minor events • Memory problems • Worry • Irritability • Perfectionism • Thinking rigidity • Hyper vigilant • Fear of losing control • Fear of failure • Difficulties with problem solving and academic performance 	<ul style="list-style-type: none"> • Shyness • Withdrawal • Frequently asking questions • Frequent need for reassurance • Needs for sameness • Avoidant • Rapid speech • Excessive talking • Restlessness, fidgety • Habit behaviors, such as hair pulling or twirling • Impulsiveness 	<ul style="list-style-type: none"> • Trembling or shaking • Increased heart rate • Excessive perspiration • Shortness of breath • Dizziness • Chest pain or discomfort • Flushing of the skin • Nausea, vomiting, diarrhea • Muscle tension • Sleep problems