



Anxiety gets the best of me

As a new doctoral student and graduate assistant, I am transitioning into a new phase of my life with mixed feelings. The student in me vacillates between pride and humility, believing in myself and doubting in myself, energy and exhaustion and lethargy. My mind races with thoughts of inadequacy as I face completing the tasks at hand, my ongoing performance evaluation and the added pressure of leaving a positive impression on my peers and professors. As a graduate assistant, I'm always asking myself what more do I need to know to exceed expectations? How can I keep the assistantship for the following years? How can it be a learning experience that will solidify my teaching and research?

My perfectionist mind thinks that to obtain the greatest benefit from my journey, I must attend all the workshops available, volunteer or present at every regional, state and national conference taking place and become a member of every counseling organization and division on this earth. When these thoughts are combined, you have the perfect prescription for anxiety. As you read this account of my self-talk since the semester started, I hope you will not get as anxious as I was but instead take a deeper look at how we let our lives and our thought processes be manipulated by how we think others may perceive us.

Currently, our society is infatuated with multitasking and considers it indicative of intelligence and ability. If you have a smartphone, as I do, I am certain one of the main factors in selecting one phone over another was related to the number of functions it could handle simultaneously: instant messages, emails, reminders, GPS navigation, Internet, social networking applications, even cooking recipes and restaurant finders. But what is meant to enhance our productivity and alleviate our stress can subtly shape our expectations of how much we can take on and how quickly we can accomplish our goals. If we are not up to par with what we believe to

be efficient and successful, we fall prey to anxiety-bound thinking. If not handled properly, such anxiety-provoking demands can act as precursors to dysfunctional thinking and faulty coping styles.

The consensus is that anxiety is caused by worry about or fear from an unidentified stressor. From my own experience, many stressors can be identified, such as starting a new career or relocating. It is the unknown results of such changes or demands that produce anxiety in our lives.

Anxiety can also be a source of motivation to achieve. For example, a little worry before exams can be useful in better preparation and, thus, better results. Anxiety resulting from an event that represents a threat to us will trigger our intrinsic fight or flight response that leads us to safety. However, anxiety that affects our ability to function normally requires clinical attention and immediate support.

Anxiety associations

A good place to start looking for information regarding anxiety is with national and international associations dedicated to addressing the needs of counselors and clients. Take a close look at these resources because they have multiple links to good information.

- Anxiety Disorders Association of America (ADAA): adaa.org
- American Test Anxiety Association: amtaa.org
- Social Phobia/Social Anxiety Association: socialphobia.org
- International OCD Foundation: ocfoundation.org
- Freedom From Fear: freedomfromfear.com
- National Anxiety Foundation: bit.ly/o82Zyc
- Obsessive Compulsive Anonymous: obsessivecompulsiveanonymous.org

Signs and symptoms

For those counselors new to the field or even for those who are more seasoned,

it is good to review signs and symptoms of anxiety and anxiety-related disorders to keep them fresh in our minds when working with clients. I have found that I need to review the associated symptoms on a regular basis because it helps me to cocreate a richer description of the client's experience beyond the global label of "anxiety."

- Generalized anxiety disorder (MedicineNet.com): bit.ly/8J0NW
- Generalized anxiety disorder (Mayo Clinic): bit.ly/7IHFCi
- ADAA resources for professionals: bit.ly/nDiU7T
- Anxiety attacks and disorders (Helpguide.org): bit.ly/3oa8ne
- American Psychological Association information on anxiety: bit.ly/qQaY7c
- Anxiety screening quiz from PsychCentral: bit.ly/nj8ja

Test anxiety

Working at a university counseling center offers plenty of opportunity to interact with students who have a past track record of success in school and who impose high expectations on their own performance. Despite their past success, these same students are sometimes at risk for test anxiety. They have developed a pattern of expected performance that makes every test a potentially anxiety-producing experience.

- What is test anxiety? (KidsHealth): bit.ly/3pJhh8
- Test anxiety (ADAA): bit.ly/paV8nR
- Helping children overcome test anxiety (American School Counselor Association): bit.ly/qQ9y9U
- Reducing test anxiety (Educational Testing Service): bit.ly/SIDIE
- Combatting test anxiety while taking a test (TestAnxietyTips.com): bit.ly/om7XV6
- Overcoming test anxiety (Study Guides and Strategies): bit.ly/PL3z3

arise in attempting to define and validate the diagnosis. The authors specifically note an overlap of PTSD symptoms with other diagnoses such as acute stress disorder, depression, specific phobias and anxiety. They also make the point that although 75 to 80 percent of people experience traumatic events, most do not develop PTSD.

This book raises interesting discussion points: whether PTSD criteria actually capture pathological responses or normal reactions to adverse events, research showing PTSD symptoms to nontraumatic yet stressful events (relationships, occupational, educational, etc.) and the controversy of traumatic versus nontraumatic memories. It also touches on the conflicting research and theories regarding criterion A for PTSD as specified in the *DSM-IV-TR* (The person has been exposed to a traumatic event in which both of the following have been present: 1) The person has experienced, witnessed or been confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others. 2) The person's response involved intense fear, helplessness or horror.)

The second half of the text focuses on clinical application and best practices. One point emphasized is how the accuracy of the diagnosis has direct implications for legal situations (worker's compensation and civil or legal proceedings) as well as treatment planning. Exposure and cognitive therapy are emphasized.

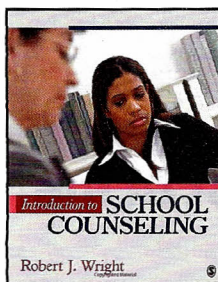
Among bonus material the clinician will find in this book is a list of PTSD assessments (many of which are available free of charge), contact information to obtain the assessments, resources for Psychological First Aid protocol (which replaces the seven-step Critical Incident Stress Debriefing Model), suggestions on varying treatment interventions based on the various anxiety disorder diagnoses, suggestions for cultural considerations and an opportunity to earn continuing education credits by completing a brief questionnaire.

Reviewed by Dalena Watson, private practitioner and adjunct professor at Argosy University Phoenix.

Introduction to School Counseling

By Robert J. Wright, 2011, Sage Publications Inc., 664 pages, \$74.95, ISBN: 978-1412978712

Robert J. Wright's *Introduction to School Counseling* is a highly engaging book for



those preparing to become school counselors, and it illuminates the challenges faced in schools today. Filled with thought-provoking cases, discussion questions and recommended readings, this book provides a practical overview of school counseling from pre-K through high school settings. The text is well aligned with American School Counselor Association and Council for Accreditation of Counseling and Related Educational Programs standards, which are clearly articulated in each chapter. The work is framed by the 2010 ASCA Ethical Standards, which are located inside the front and back covers of the book. With emphases on school counselors' roles in prevention, the ASCA National Model and counseling ethics, this volume is an informative introductory text or a valuable addition to a reference shelf for professional school counselors.

Three chapters address school counseling at elementary, middle and high school levels and describe appropriate counseling programming for each setting. Wright recommends interventions for contemporary concerns ranging from bullying and unhealthy relationships to assisting families facing military deployment, relocation or divorce. His understanding of current school counseling is evident in the relevance and breadth of the scenarios and real-world examples. One concern is that the large number of issues presented limits how much information can be included about each topic, and beginning counselors are reminded not to oversimplify complex school and student problems.

Emphasizing a prevention approach to school counseling, the author suggests sample strategies designed for primary, secondary and tertiary levels of implementation. He recommends addressing issues developmentally and proactively rather than waiting until crises emerge. This approach encourages school counselors to incorporate interventions at schoolwide, small group/classroom and individual student levels. In addition to relevant social and emotional concerns, Wright focuses on working effectively with diverse student populations, partnering

with parents and advocating for students with disabilities. Conducting action research, closing the achievement gap and managing different types of crises are other areas emphasized in this text.

One unique aspect of this introductory book is Wright's emphasis on broad educational history, theory and legislation, which helps readers accurately frame school counseling in the larger educational setting. Readers who do not have a background in education will understand how the profession of school counseling has evolved in response to such initiatives as standards-based accountability, the reauthorizations of the Elementary and Secondary Education Act and President Obama's Race to the Top program. Information on collective bargaining and unions, professional organizations and the roles of other members of pupil services teams provide additional important breadth to this text.

Wright does an excellent job describing ASCA's recommended best practices for school counselors, as well as highlighting other duties that may be required by building administrators, job descriptions or local school boards. He realistically describes the challenges some nontenured beginning school counselors face: They wish to implement model school counseling programs but also must meet the expectations of administrators who complete their annual performance evaluations. Some readers may not agree with Wright's emphasis on supervising the schoolwide testing program, constructing the master schedules or coordinating all student assistance, child study and Individualized Education Program meetings as appropriate counseling roles. But he makes the argument that many school counselors are required to shoulder these and other quasi-administrative responsibilities.

Reviewed by Donna Dockery, assistant professor of counselor education at Virginia Commonwealth University. ♦

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Self-management of symptoms

Anxiety self-management strategies can be helpful for clients with less severe symptoms and the capacity for self-awareness. A client who is able to learn and practice successful self-management can develop a sense of self-efficacy that partially inoculates them from future anxiety attacks. The following links provide some strategies that you can share with clients.

- Self-help strategies for anxiety relief (Helpguide.org): bit.ly/oBp0ME
- Fast and effective ways to rapidly reduce stress (Helpguide.org): bit.ly/a2CBUT
- Relaxation techniques (Mayo Clinic): bit.ly/plLdbL
- Meditation and mindfulness methods (PsychCentral): bit.ly/n3eeb4
- Meditation relaxation techniques (The Meditation Mind): bit.ly/pEKa2C

Treatment

A variety of ways exist to treat anxiety, and each client has a particular method that will appeal to him or her. For some clients, treatment involves all or part of

such things as medication, meditation, relaxation, cognitive self-talk, exercise and diaphragmatic breathing. Finding the right combination for clients is the co-constructed part of treatment.

- Anxiety treatment (ADAA): bit.ly/8rDhmZ
- Stopping repetitive thoughts (Counselling Directory): bit.ly/qq1Uj7
- How to Stop Anxiety Attacks: stopyouranxietyattacks.com
- Treatment for Anxiety: treatment-for-anxiety.org
- Etiology and treatment of anxiety (Mental Health: A Report of the Surgeon General): 1.usa.gov/rbaLi2

The anxiety I felt during the first couple weeks of the semester did not linger for a long time. With the support of my family and faculty, I was able to realistically assess the demands on my time and resources and transform the challenges into opportunities for more reflection and self-awareness. Being aware of available resources while drawing on inner strengths and previous

successes can be a significant help in handling life's day-to-day challenges.



You can find these and other links on "The Digital Psyway" companion site at digitalpsyway.net. Did we miss a good resource link? Submit your suggestions to the column editor at mjencius@kent.edu. ♦

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