Betsy Kindall (00:08):

I'm Betsy Kindall.

Nicole Fairchild (00:10):

I'm Nicole Fairchild.

Stacy Moore (00:11):

And I'm Stacy Moore.

Betsy Kindall (00:12):

And this is Arkansas Aware, a project to advance wellness and resiliency in education.

Welcome back everybody. Today, we are back in the studio and we're happy to be here. And we've decided, just from getting a feeling or a pulse, is that the right word, a litmus test, of what's going on in the classrooms in schools around the state, that we really need to dive into the topic of anxiety and really dive in deep around that kind of work and that kind of information. Because what we found is that when we do trainings and we're talking about students, but what we're finding is that our teachers are really just hanging on there. All you guys out there, we know that you're just hanging in there. And so, I also think it's important, I read an article the other day, it's called, and we'll talk about this in another episode, but it's called the Third Quarter Phenomenon.

Yeah. And you can Google "Third Quarter Phenomenon," but anyway, that's kind of where we are in this pandemic, and I think that we see behaviors shift when we get to this point where people have been isolated, where we've had high anxiety, high fear levels for this amount of time. And I think we're starting to, I think those things are just not just bubbling to the top, but they're like roasting right there on the front burner. And I think it's time to kind of dive in and talk about some of those things.

So for the next few episodes, we're going to talk about anxiety. We're going to talk about some things that I don't think that you'll know about anxiety. I know that when I got into some of the books that we've been discussing, there's things I didn't know, and that were helpful for me. And so what we're hoping is that we can share some information with you that will help you as a person, but also help you in the classroom. Maybe meet the needs of kids if you recognize that in them. And I think we're also, we're going to talk about it for several episodes, and then in one of those episodes, I'll also talk more about the Third Quarter Phenomenon, which is kind of a fascinating concept in times of COVID.

Nicole Fairchild (02:41):

Yeah. And with all these things, I think it's fair to say that we're talking from our experience, but we're not prescribing or diagnosing anything for you necessarily. You do need to make sure you go talk to your clinician, your primary care doctor, those that are treating you, and don't be afraid to go do that and get those professionals on board. But maybe some of this information and insight will give you the courage to go ahead and get the assistance and help that you need. So part of what we want to do is just reduce the stigma and increase some of the general information out there about anxiety. So Stacey, what is anxiety?

Stacy Moore (03:20):

So, talking about increasing awareness. Exactly what are we talking about? So I go to the DSM-5. That's where I go. Yeah.

Nicole Fairchild (03:27):

What's "DSM."

Stacy Moore (03:29):

DSM-5. So DSM-5 is the Diagnostic and Statistical Manual of Mental Disorders, fifth edition.

Betsy Kindall (03:34):

Yeah. And so when you guys, if you do see a clinician or if there is a diagnosis, they really use that for, to kind of look through symptoms and... Sure.

Stacy Moore (03:45):

Yeah. So looking at symptoms, being able to come up, they have different codes for different mental disorders that may help you get your insurance covered, that we use for insurance purposes, that we use for diagnostic purposes. And so, again, we're not, we're not diagnosing anybody. I'm not diagnosing anybody today. But in that manual, when it talks about generalized anxiety disorder, which, also know there's different types of anxiety disorders out there, right? But if we're looking at generalized anxiety disorder, then that means that there's got to be excessive anxiety and worry, which they define as "apprehensive expectation." I don't know, but general excessive, excessive anxiety and worry occurring more days than not for at least six months. And it usually is about a number of events or activities.

Betsy Kindall (04:27):

I'm sorry, I kind of giggle because you know, we've been in a global pandemic for how long now? And so I feel like everybody's levels are elevated.

Stacy Moore (04:35):

Okay. So maybe we all qualify. So let's go to the next criteria.

Betsy Kindall (04:39):

I'm not saying we do, but it sure does seem that way.

Stacy Moore (04:41):

Wait, this one's not going to get any better Betsy, because it says "the individual finds it difficult to control the worry." So in a pandemic, when things are out of your control, probably is difficult to control that. "The anxiety and worry are associated with three or more of these following symptoms, with at least some have being present for more days than not, for the past six months." So here's six symptoms. This is for adults. For children, they may could qualify just with one, which is interesting in itself. So here we go. Restlessness, feeling keyed up or on edge. Again, some of these being for more days than not. So almost every day, right? Being easily fatigued, which fatigue can be all kinds of things, right? So we're not just looking at that mainly for us. Difficulty concentrating or mind going blank. Irritability, which, I love

this one because I think this is one that's unexpected for people. I don't think they normally assume irritability when you're looking at anxiety.

Betsy Kindall (05:36):

Oh, they go hand in hand.

Stacy Moore (05:37):

They do. They do because...yeah. We'll get there later. Muscle tension.

Betsy Kindall (05:42):

Mm-hmm (affirmative) How are your shoulders doing right now?

Stacy Moore (05:45):

My shoulders are very tight right now. Stretching.

Betsy Kindall (05:47):

It's so funny that you said that because I think sometimes people don't realize that necessarily either, but I remember being in a very stressful situation. Nicole was actually doing a training on adverse childhood experiences, and maybe I've told this story on the podcast, I don't remember.

Nicole Fairchild (06:03):

I think so.

Betsy Kindall (06:03):

Yeah. And...

Nicole Fairchild (06:05):

You could feel the tension creeping up your back.

Betsy Kindall (06:08):

I could feel it literally crawling up my back and I thought I'm going to have, I'm going to have a panic attack right in front of this training.

Nicole Fairchild (06:17):

Yeah. It was a clear sign that you were anxious, like that was one of your body's responses.

Betsy Kindall (06:20):

Well, and because that was the first time I had been in the adverse childhood experience training, even though we developed it and all of that, but there's some pretty heavy, powerful, heartbreaking information in there that, I'm sure that was somewhat of a personal response too. I don't know that everybody would have done that, but I remember feeling it and I'm like, this is not good.

Nicole Fairchild (06:48):

And that's maybe a good example. Anxiety in moments like that is human. Normal. Great. That happens. You know what I mean? Not great, but you know, like normal. But, so what you're talking about those Stacy is more days than not.

Stacy Moore (07:02):

Six months, can't control it.

Nicole Fairchild (07:03):

Most of the time.

Betsy Kindall (07:03):

That's right.

Stacy Moore (07:05):

And there's more. There's another key thing. Betsy, I think, that one I love because it truly does bring home the mind-body connection, where we've got anxiety but it will manifest in our bodies.

Betsy Kindall (07:16):

Well, and I think, and I hope people out there, over time, that's something that I know I have. And I hope our listeners, as you get older, you start recognizing those for yourself. I start recognizing... When my body's talking to me, as I'm older now, I recognize that. You know, when I was in my twenties, I don't know that I would have known what was going on.

Stacy Moore (07:39):

No, and I think that's increased self-awareness, part of it. And so then the last one is sleep disturbance. So difficulty falling or staying asleep, restless, unsatisfying sleep. So six, again: restlessness/feeling keyed-up or on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, sleep disturbance. So three or more of those for the past, more days than not, for the past six months. That's adults. Now this is the key factor here, is that it's to the point where it causes clinically significant distress or impairment, in our functioning, right? And I know we talk about that in youth mental health first aid. So social, occupational, with your family, other important areas of your life, it's going to cause significant impairment in your daily functioning.

Nicole Fairchild (08:23):

And I think that is important to note because I think we've been in this awhile and I don't know that everybody's still maxed out. I think that people have maybe started to adjust or started to cope, but there's some deficits. All of that is normal. It would be really easy to listen to that list and say, "Everybody gets a diagnosis. You get a diagnosis, you get a diagnosis, you get a diagnosis." Because it would be really easy to qualify for that, if you're not paying attention to the duration and intensity and it impacting your life in a significant way.

Stacy Moore (09:00):

Going back to the disclaimer too, where it's not attributable to other things. So the physiological effects of drug abuse or medication, or maybe you're taking a medication that makes you feel keyed-up or some other medical disorder that your doctor would be more, I mean, that they would be knowledgeable about, that is not even anxiety. That it really is, you know we talked about panic attacks and how first responders can't tell the difference between a panic attack and a heart attack until you get hooked up to the machines, and the doctor says, "Okay, this is what it is." We're not... We can't figure that out. So really making sure that you're staying in contact with your doctor and going there, if the symptoms are present, to make sure you rule out medical issues.

Nicole Fairchild (09:42):

Yeah. So I always think to myself that anxiety is human. We would not have survived as a species if we weren't anxious.

Stacy Moore (09:51):

Oh, it's there for a reason. Right?

Nicole Fairchild (09:52):

Absolutely. So when we talk about anxiety in terms of disorders, we're talking about something that has gotten out of control. Same with depression. Sadness and bereavement and grief; those are normal. That's part of being human. There's nothing wrong with that. It is part of the human experience. It's just when it gets a little out of hand and that's, you know what I mean? That's when we have to say, "Okay, there's something we've got to do, to do something more about this."

Stacy Moore (10:19):

Oh yeah. Anxiety and fear. You think about fear. We got to have fear. Yes. We would be getting hurt all the time.

Nicole Fairchild (10:25):

We're worried about toddlers that are not afraid of jumping off things.

Betsy Kindall (10:28):

You need more fear.

Stacy Moore (10:30):

Some fear in your life. Yeah.

Nicole Fairchild (10:32):

Yeah. Or teenagers that are ready to drive 90, you know? My son told me the other day, he said, "You know what my bucket list is? It's to drift all the way around a curve." And I was like, "Well then we're taking you to the deserts of Utah where you can't wreck. Like if you've got to do it, then..." You know what I mean? So regular fear is good. Regular anxiety is good.

Betsy Kindall (10:53):

I think too, if you're out there and you're listening, I think it is, it's worth saying, kudos to you for wanting to know more. Because one of the books that we've read and we've kind of dug into, is called Rewire Your Anxious Brain. And it really talks about the different kinds of like, what Stacy was saying, but it goes further, as far as here are some different kinds of anxiety and here's some things that you can do. And there's so many checklists in there. Well, the reason I say kudos to you for really listening and it's worth saying, is because what I have found is when I talk to people, and I've had some conversations about this book with different people, there are people who are ready to hear that and are ready to look at themselves. And I found that there's folks out there that are just not ready to look at themselves or recognize that, okay, yeah.

So I think for all of us in the room, it's what we do and analyzing ourselves, it's what we do all the time. But what I've come to understand is there's folks out there that really have a hard time doing that kind of work. So first and foremost, if you're out there and you're listening, that's a good first step. So I just want to say, thanks for listening and thanks for taking all of this in, because it's not always easy looking at yourself from a different perspective and it's not always easy analyzing parts of yourself that may not be fun to look at either.

Stacy Moore (12:28):

No. And so wreak what did they do? Push down, go on, push down, go on.

Betsy Kindall (12:32):

Yeah. Or, I think there's folks out there that may stick their head in the sand and they just carry on.

Stacy Moore (12:38):

Because sometimes in our trainings, we'll talk about what are those indicators that are blaring, that are like, something needs to be done. That something's not right. Something in our life, and whether that be my eye twitching or, you know? But at what point? Because that breaks my heart, because I think how long will they keep going? Because it's not... May not go away.

Nicole Fairchild (13:01):

Yeah. It more than likely won't. Yeah. I think that's easy for lots of people to do. It's scary. It's scary to take a look at yourself. And I think some of it is "push it down and go on." But I think some of it is also "it's somebody else's fault." You know, I think people sometimes get really caught up in how they were raised or the mistakes their family made or how stressful their home is or how rotten their kid is or how mean their spouse is or whatever. And it can be easy also to just say, I can't even look. Yeah.

Stacy Moore (13:37):

That reminds me too, though, of different situations that go on in your life where it's a period of time. And so how do you differentiate that, Nicole? How do you, how do you differentiate, I'm going through this situation and it's more situational or does it matter? Because six months is a good got gauge and that's why that's there. It's not just these couple hard weeks. It's not even this couple, this month, that that has been really difficult. But how do people tease that apart? Do they need to tease that apart?

Nicole Fairchild (14:05):

I think that's ideal if they do. But it was always striking to me as a clinician, somebody would come in and they'd say, "Yeah, I've been really anxious. I've been really anxious for a while now. And I finally decided to come in." Or depressed, or whatever. And so over the course of maybe the intake or you're kind of talking with them about what brought them today and what's been going on lately, it'll be as clear as day to me. They'll say, "Yeah, there was a car accident." Or, "My house burnt down." Or something that I considered to be giant happened at the time that their symptoms started. And they just were too close to see it. Like they didn't realize.

Betsy Kindall (14:48):

Well, when you're the fog, it's hard to see clearly. It's hard to see.

Nicole Fairchild (14:52):

It's hard to see those things. Yeah. And they didn't realize that that was the tipping point, or that was the moment that their body just said, "okay, we out. Like, that was too much." You know, or whatever. And it sometimes does take the insight of somebody else looking at that with you to be able to say, "Well, that could possibly be it." And so, I think while the three of us are probably independently motivated to analyze ourselves, we also do it to each other. And we welcome it and we do it with freedom. And lots of people don't have friendships or relationships like that.

Betsy Kindall (15:28):

They don't. Yeah, you're absolutely right. And we do recognize, I recognize that. I recognize that we're fortunate in the fact that we can share this conversation and we can point those things out. We are free to look at ourselves, the good, the bad and the ugly. But there's a lot of folks out there that just aren't in that comfortable spot.

Nicole Fairchild (15:48):

Yeah. That's hard. It really is hard. But you know, we've said it a thousand times and we'll say it again. Your ability to regulate students in your classroom depends a lot on you. If you're dysregulated, it's going to be really difficult. You are going to have trouble with classroom management. You are.

Stacy Moore (16:03):

That's part of daily functioning right there. Right?

Nicole Fairchild (16:05):

That's exactly right. And so if things are really getting hairy in your classroom, it would be really easy to just say, "Well, this student... Well, that student... Well, that situation... Well, this is impossible... Where there's too many things on my plate." And it may be very possible that none of those things are factors that you have a lot of influence or control over, but what you do have influence and control over is how you're managing and whether you're growing and whether you're willing to do this important work and take a look at where you're at.

And so maybe it's a good time to remind again, a few episodes back, we talked a little bit about resources that are available. And so just remember, if you are a public school employee, you have access to an employee assistance plan through New Directions, and you also have your own special phone number to call for Arkansas public school employees through Better Help. And you can call that number,

and it's dedicated line for Arkansas public school employees. And you can call that number and get services. You know those resources are there so that you grab hold of them and take a look. You want to give the number?

Betsy Kindall (17:23):

Yeah. So that number is actually, not only... It's open 24 hours a day, and here's the best part: it's not just for you, it's for anybody in your household. And it's totally free. And you do not have to have state insurance. So as long as you're a public school employee, you and anybody in your household, anybody in your family in that way, has access to these types of free services. And the number is 1-877-300-9103. 1-877-300-9103. And if you miss that, you can find it on the department of education's Facebook page. And I believe we posted it on our Facebook page also.

Nicole Fairchild (18:06):

Yeah, we did. Yeah. So we'll talk a little bit more about anxiety on the next episode. We're going to get into maybe some of the types, how to kind of differentiate and get a handle on what you might be going through. And then, what are some of the strategies that you can use? Remember, we don't have magic wands, but we are willing to give you some information and some tidbits to chew on and think about, so join us next week, and we'll be looking at this topic a little more.