

# Identification and Management of Anxiety in the School Setting

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NESCA

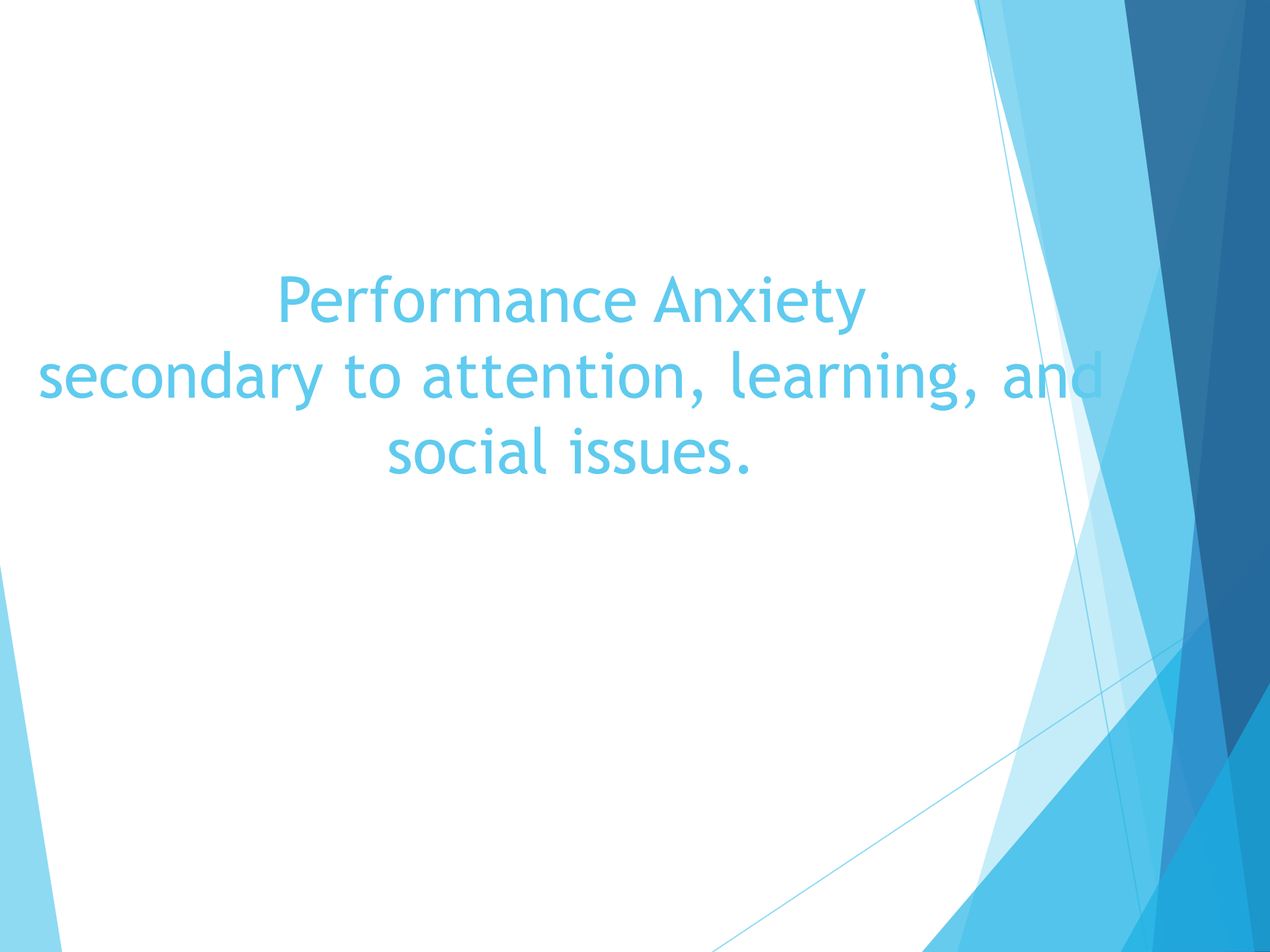
# Anxiety or Anxiety?

## ▶ Anxiety Disorder

- ▶ Anxiety is excessive/greater in intensity/of longer duration than expected given the context
- ▶ Leads to Impairment/Disability/Avoidance
- ▶ Includes Clinically Significant but Unexplained Physical Symptoms or Compulsions

# Anxiety Secondary to other problems

- ▶ Could be medical difficulties such as Thyroid and other Endocrine Abnormalities
- ▶ Licit (prescribed) and Illicit (recreational) drugs
- ▶ Life Circumstances which cause such as acute and chronic stress
- ▶ Problems with Performance in Key Domains of Functioning- i.e. school

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side of the frame, creating a modern, layered effect.

Performance Anxiety  
secondary to attention, learning, and  
social issues.



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# The Stress Response

# Variable Response to stress

**Individual Variations-** Genes and temperament can contribute to under or over response to threat. Example- shy children

**Environmental Contributions-** Exposure to extreme and/or chronic stress during any part of life cycle, including prenatally and in early childhood before the brain is fully developed, can alter the functioning of the stress response. Example –traumatized children

# Function of Anxiety

- ▶ The Body's Alarm System-  
Enables us to gear up to  
respond to threat

# Response

Fight

Flight

Freeze



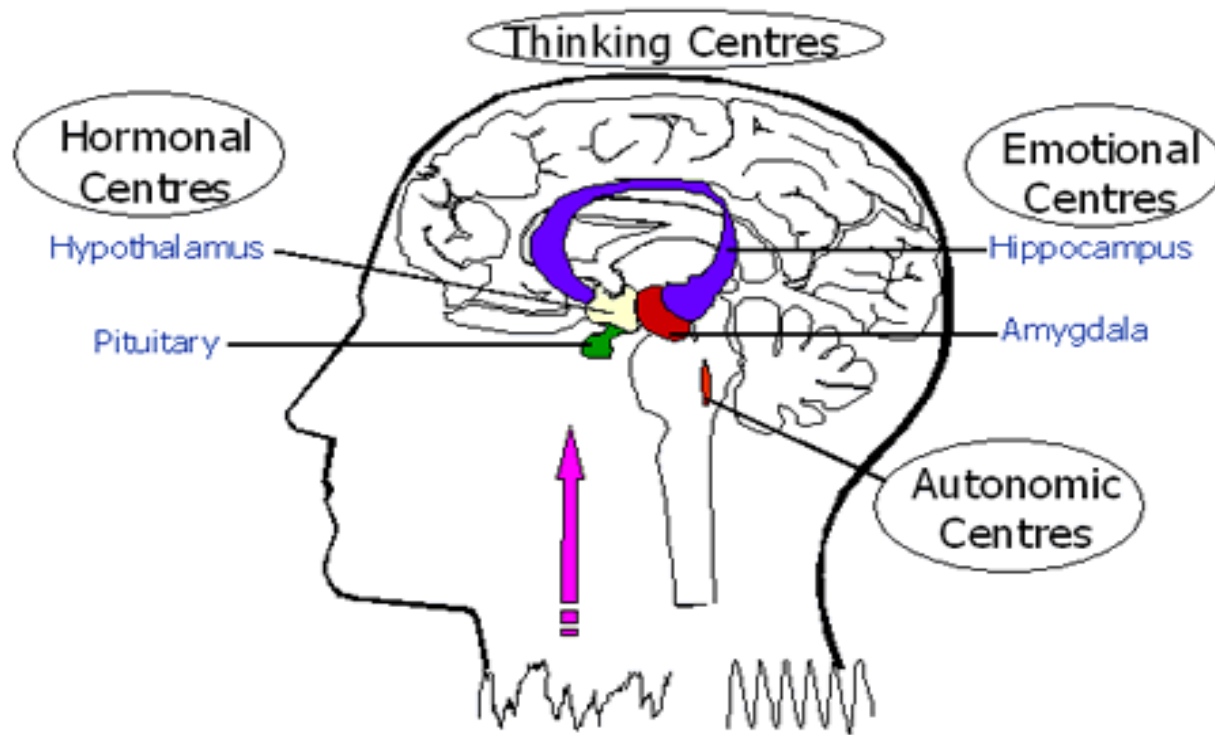
# Limbic System- More than a Feeling

- ▶ Old Notions as the Emotional Brain are too simplistic
- ▶ Transitional area whose systems are interconnected with more primitive regions as well as more complex neocortical regions. Cannot “put your finger” of the source of emotion- integrity of whole system is necessary for normal functioning
- ▶ Important for establishing and mediating links between cognitive states, visceral states and emotions
- ▶ Focuses on the relevance and particular value of objects, people, settings, and actions rather than their identification and recollection per se (Meshulam, 2000)

# Many of the Systems/processes important in emotional function also play a role in learning and Memory

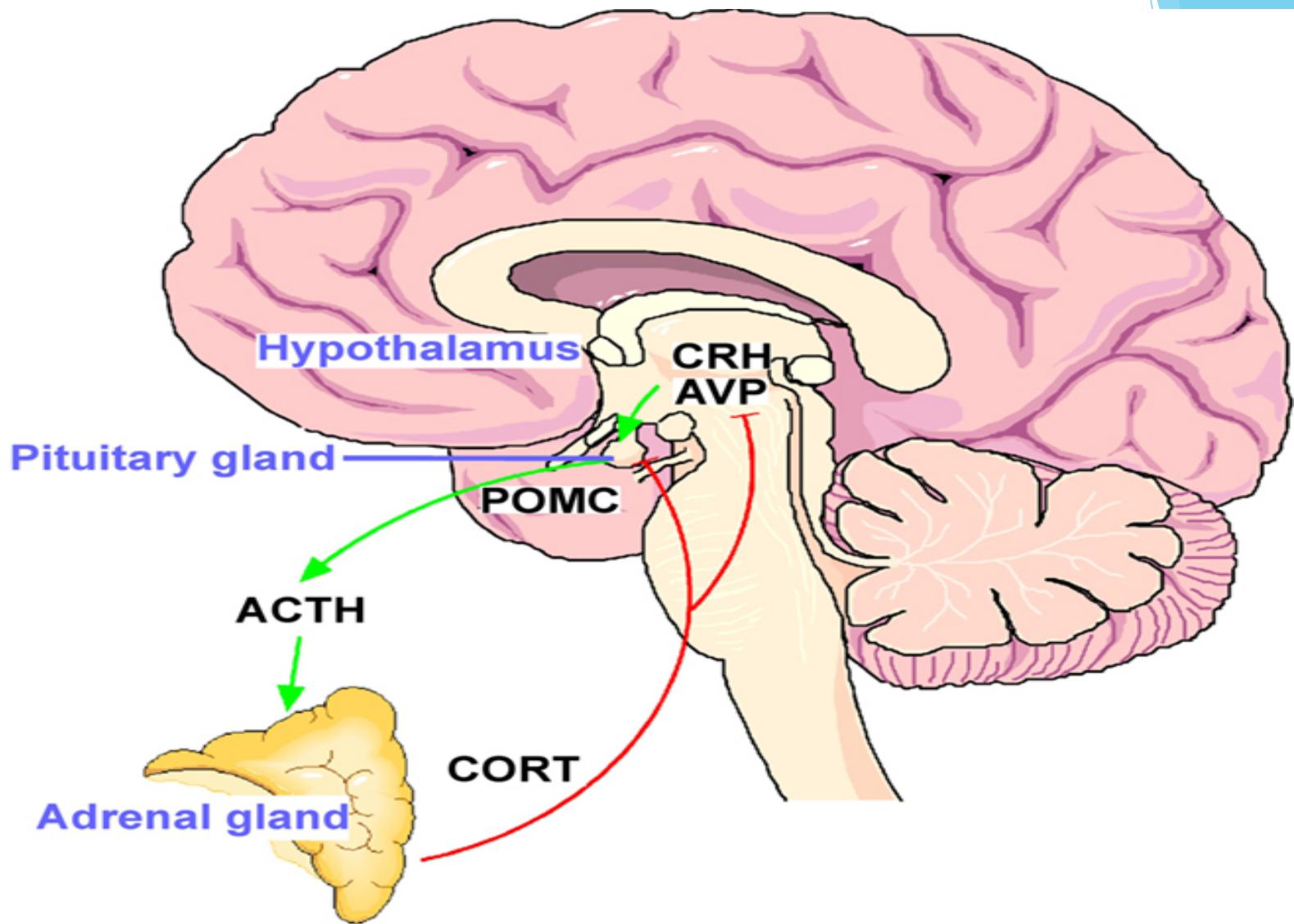
- ▶ Hypothalamus – controls the autonomic nervous system (visceral states)
- ▶ Hippocampus- converting information from short to long term memory
- ▶ Amygdala- conditioned fear response
- ▶ Prefrontal cortex- attention and executive function, including self-awareness

## Key Brain Circuits



# Stress Response- The Hypothalamic-Pituitary-Adrenal Circuit (HPA)

- ▶ As the brain recognizes a threat, the hypothalamus releases corticotropin-releasing hormone (CRH) which stimulate the pituitary gland to release Adrenocorticotropin (ACTH) which then prompt the adrenal glands to release a number of other hormones



# Impact of hormones

- ▶ Switch on systems needed to respond to threat-sympathetic nervous system (Fight or Flight)
- ▶ Switch off systems not essential to crisis response – parasympathetic nervous system (Rest and Digest)- included digestive system, reproductive hormones, growth hormones
- ▶ Stimulates the release of sugar (glucose) to power muscles and brain to respond to the danger (Cortisol)
- ▶ Once danger is passed, Cortisol exerts a feedback loop to shut the production of CRH by the hypothalamus.

Amygdala- ventrolateral-prefrontal  
cortex circuit

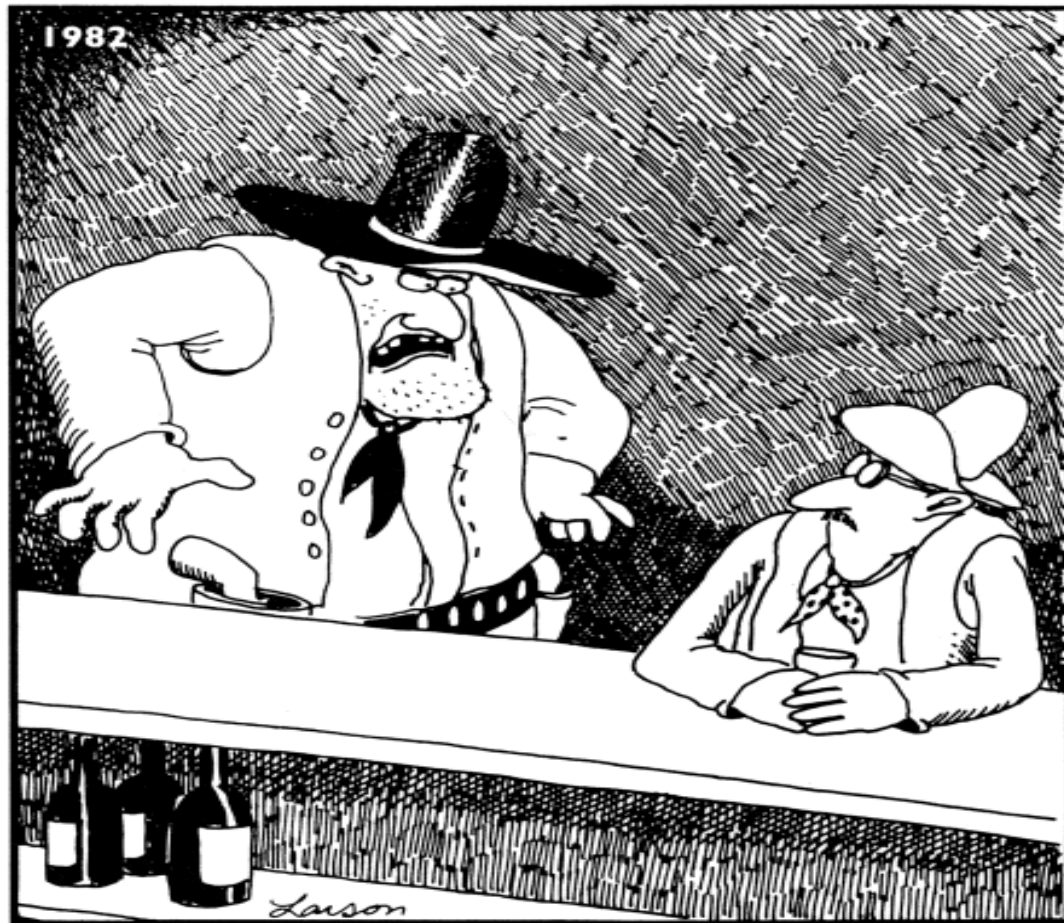
Learned response to threat

Anxious people pay more attention to  
threatening stimuli

What are they missing?

# Processing of Emotional Stimuli interferes with Cognitive Function





"I asked you a question, buddy. ... What's the square root of 5,248?"

# Chronic exposure to stress What if the Loop doesn't shut down?

- ▶ Significant, ongoing stress in early childhood can cause the HPA feedback loop to become stronger, and with each reiteration, the loop becomes stronger, leading to a very sensitive stress response.
- ▶ Which this hypervigilance may be adaptive in highly dangerous environments, the “life or death” response to minor irritants results in adjustment problems in other settings

# Impact of Chronic Stress

- ▶ Chronic elevations of the stress response can have significant health consequences



# Adverse Childhood Experiences ACE Study

# Impact of Chronic Stress

- ▶ Chronic Elevations of Stress Response Interferes with Learning

# Impact of Chronic “Fight/Flight/Freeze?”

Cognitive resources mobilized for protection from danger

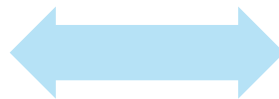
- ▶ Attentional system is geared to be on the lookout for signs of danger (triggers)
- ▶ Arousal “set-points” are fixed (too much, too little)
- ▶ Distorts perceptions of people and events
- ▶ Drastically limits capacity for flexible thinking and creative problem solving
- ▶ Creates conditions of physical discomfort

# The Toxic Triad

Poor Problem  
Solving



Anxiety



Inattention

# Vicious Cycle

with repeated exposures to  
aversive stimuli, threat alert  
/response becomes stronger and  
quicker,  
reaches endpoint sooner  
At some point begins and ends  
with merest hint



# Response

Fight

Flight

Freeze

# Fight

- ▶ Argumentative
- ▶ Noncompliant
- ▶ Oppositional
- ▶ Impulsive

# Flight

- ▶ Distractible
- ▶ Gives up quickly
- ▶ Avoidant- leaves the task, classroom, school setting

# Freeze

- ▶ Problems with initiation
- ▶ Problems with shifting
- ▶ Problems with termination

# In the Classroom

- ▶ “He just won’t try”
- ▶ “She is more interested in the social scene than in her work”
- ▶ “If he just spent as much time working as he does arguing....”
- ▶ “I can’t help her if she doesn’t come to class”
- ▶ “He just has to ask if he doesn’t know something”

## Take Home Message

1. Anxiety involves the thinking brain (associations and memory) as well as physical sensations and emotional reactions  
(Toxic Triad)
2. Anxiety responses are learned
3. The body can become habituated to anxiety (Vicious Cycle)
4. Constant state of stress/anxiety is harmful, affecting a wide range of other systems including learning.

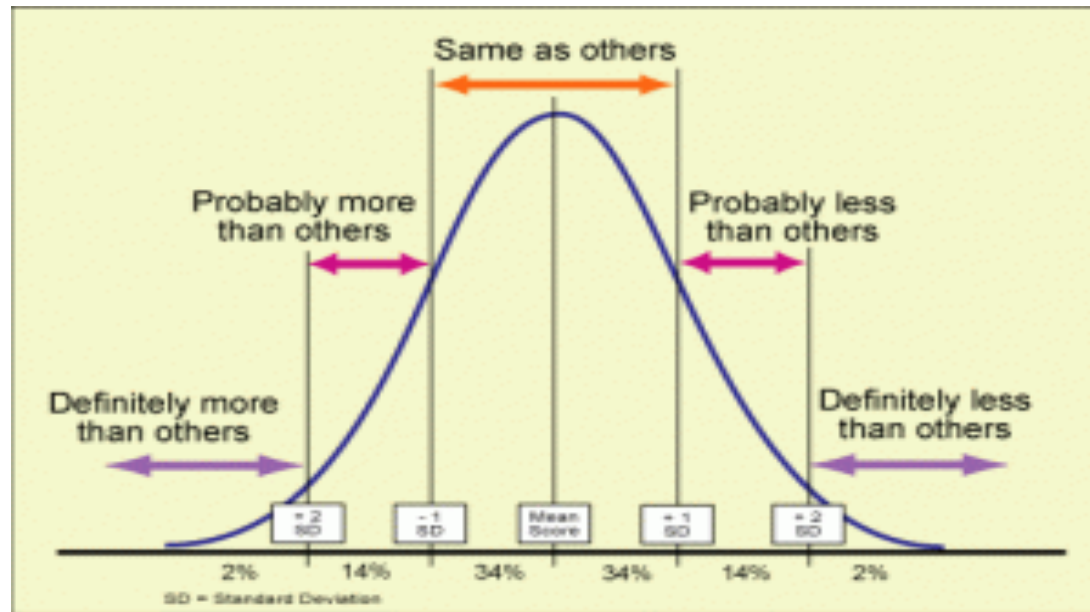
Questions?

# Neuropsychological Testing

- ▶ Neuropsychology attempts to connect brain function with behavior. It relies on quantifiable activities that can be transformed by statistical procedures into scores that allow comparison between performances at different times, between individuals, and between ages.
- ▶ Z scores, T Scores, Standard Scores, Scaled Scores



# Normal Distribution



# Tools of the Trade

- ▶ Standardized Tests
- ▶ Behavioral Rating Scales
- ▶ Collateral input
- ▶ Clinical Observation

# Caveat for Anxiety

- ▶ Many highly anxious children do not meet criteria for DSM-IV Anxiety Disorders
- ▶ Because current rating scales are not particularly sensitive to performance anxiety, these measures will not always pick up significant problems.
- ▶ Identification of impact of anxiety usually comes in more qualitative elements

# Qualitative Assessment of Anxiety

- ▶ Behavioral Observations
  - ▶ Overt signs of anxiety
  - ▶ Changes in demeanor over time
  - ▶ Differences related to domain being assessed
- Analysis of patterns of scores
  - ▶ Consistency/inconsistency
  - ▶ Abrupt changes, good or bad
- ▶ Response to Intervention
  - ▶ Impact of validation
  - ▶ Effect of offer of modification
  - ▶ Change in persistence

# Spelling it out- interaction of anxiety

Really important to explicitly discuss how the child's anxiety interacts with other elements of his/her profile

- ▶ Attention
- ▶ Learning
- ▶ Social
- ▶ Adaptive

# Recommendations

- ▶ Need to be specific to child's unique profile
- ▶ Need to be concrete without being intrusive (Teachers are the experts at teaching- don't tell your grandmother how to suck eggs)
- ▶ Need to address the full complement of issues including Anxiety AND Learning issues

# Keys to developing effective strategies

- ▶ Knowledge of Child's learning profile (Attention/Learning/Social Challenges?)
- ▶ Sensitivity to Child's temperamental style (is this a fight, flight or freeze kind of kid?)
- ▶ Direct Approach to Anxiety/Stress response ("Don't worry" isn't going to help. Validation and modifications can make a huge difference)
- ▶ Teach skills that are lacking (e.g. phonological processing AND breaking down a problem AND self-soothing)

# Ineffective Strategies

- ▶ Punishment
- ▶ Inaction
- ▶ Failure to generalize learning to problematic situations (e.g. generic counseling)
- ▶ Behavior plans that
  - ▶ Do not adequately map the A B Cs (antecedent-behavior-consequences)
  - ▶ Do not identify the student's current skill sets
  - ▶ Do not teach skills
  - ▶ Do not include the child in their development



# Interventions for Children with Anxiety

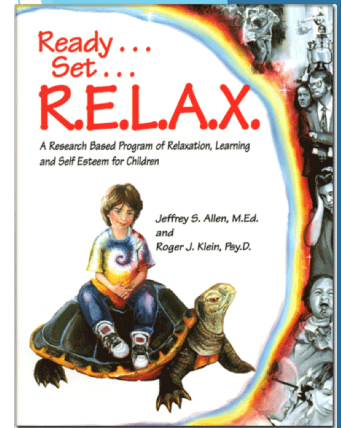
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**Angela Currie, Ph.D**

# Class- or School-Wide Interventions

- ▶ Interventions may include:
  - ▶ Education about healthy and unhealthy anxiety
  - ▶ Modeling of strategies and positive self-talk
  - ▶ Review of coping strategies and opportunities for practice
    - ▶ Stress balls, break chair, soft music
  - ▶ Positive reinforcement
  - ▶ Preparation for high stakes testing
  - ▶ In-service trainings for teachers

# Class- or School-Wide Interventions

- ▶ Ready...Set...R.E.L.A.X. (Allen & Klein, 1996)
  - ▶ Ages 5 to 12
  - ▶ Emphasis: positive self-talk, relaxation, healing music, cognitive coping
- ▶ R = Releasing Tension
- ▶ E = Enjoying Life
- ▶ L = Learning
- ▶ A = Appreciating Others
- ▶ X = X-panding Your Knowledge



# Class- or School-Wide Interventions

- ▶ Responsive Classroom (Northeast Foundation for Children)
  - ▶ Grades K through 8
  - ▶ Generalized approach to teaching
  - ▶ Teaches social and emotional competence
  - ▶ Emphasizes the process of learning and individual and group needs
- ▶ Some strategies include:
  - ▶ Morning meeting
  - ▶ Rule creation
  - ▶ Interactive modeling
  - ▶ Positive language
  - ▶ Logical consequences
  - ▶ Working with families
  - ▶ Collaborative problem solving

# Small Group Supports

- ▶ “Coping Cat” Program (Kendall & Hedtk 2006; Kendall, Muniya Choudhury, & Webb, 2002)
  - ▶ Coping Cat Workbook - ages 7 to 13
  - ▶ C.A.T. Project - ages 14 to 17
  - ▶ 16 session CBT-based program
  - ▶ Aim: reduce anxious distress in youth
  - ▶ Empirically validated



# Individual Supports - Accommodations

- ▶ Safe place for morning transition into school
- ▶ Communication journal with home - child and/or teacher
- ▶ Reduce exposure to anxiety triggers
- ▶ Model appropriate coping and problem solving
- ▶ Assistance around transitions
- ▶ Use of stress-reducing aids in class (e.g. stress ball, break chair)
- ▶ Visual aids for time remaining, schedule, etc.

# Individual Supports - Accommodations cont...

- ▶ Previewing of tasks/observation of others
- ▶ Small “practice sessions” for presentations
- ▶ Pair with preferred students for group tasks
- ▶ Provide directions 1:1 with quiet voice and calm tone
- ▶ Provide prompts to redirect attention away from obsessions
- ▶ Allow use of nurse’s bathroom

# Some things to keep in mind

- ▶ Anxiety can present different across environments/tasks
- ▶ Changes over time
- ▶ The “Whack-A-Mole Effect”



# Coordination across environments

- ▶ Consistency in skills
- ▶ Optimize generalizability

# Diagnostic Considerations

- ▶ Same behavior may have various root causes
  - ▶ Ex: School Refusal
    - ▶ GAD: overall worry about everyday activities and demands
    - ▶ Separation Anxiety: fear of leaving caregiver
    - ▶ Panic Disorder: fear of having a panic attack at school
    - ▶ PTSD: possibility of exposure to traumatic stimuli
    - ▶ Academic Anxiety: performance-based fears
- ▶ Examine root cause of behavior to best inform interventions

# Age Considerations

- ▶ Cognitive techniques best for age 8+
- ▶ Younger children require systemic and behavioral approaches
- ▶ Focus on self-advocacy and independence with increasing age

# General strategies

- ▶ Listen to feelings
- ▶ Model appropriate regulation
- ▶ Reassure
- ▶ Teach and encourage relaxation techniques
- ▶ Plan ahead
- ▶ Encourage leisure
- ▶ Provide positive reinforcement
- ▶ Involve the child

# Ineffective Strategies

- ▶ Inaction
- ▶ Dismissal of emotion
- ▶ Punishment
- ▶ Failure to generalize learning to problematic situations (e.g. generic counseling)

# What can be done at school?

- ▶ Provide supportive environment
- ▶ Reduce stressors as appropriate
- ▶ Support skill acquisition
- ▶ Support generalization of skills

# Provide supportive environment

- ▶ Check-ins - arrival, throughout day
- ▶ “Safe place” or “break space”
- ▶ Small group interactions

# Reduce stressors

- ▶ Adapt schedule
  - ▶ Late arrival
  - ▶ Modified day
  - ▶ Small lunch
- ▶ Impose structure
  - ▶ Schedules
  - ▶ Previewing and warnings for transition
  - ▶ Assigning “tasks”
- ▶ Alternate preferred and less-preferred tasks
- ▶ Reduce workload
- ▶ Adapt method of output/assessment
- ▶ Separate for testing/extended time

DAILY SCHEDULE  
9:00 Arrival  
9:10 Morning Meeting  
9:30 Language Arts  
10:15 Music  
11:00 Snack  
11:15 Math  
12:00 Science  
12:45 Lunch  
1:05 Recess  
1:30 Social Studies  
2:15 Gym  
3:00 Wrap-up  
3:15 Dismissal





# Support skill acquisition

- ▶ Teach relaxation
- ▶ Support peer interactions and perspective taking
- ▶ Problem solving one-on-one
  - ▶ Illustrate “A-B-Cs” (antecedent-behavior-consequences)
- ▶ Provide positive self-talk “scripts”

# Support generalization

- ▶ Provide prompts/reminders of skills
  - ▶ 1:1
- ▶ Visual cues
- ▶ Take a “graded” approach to difficult tasks

# Communication

- ▶ Encourage consistency across environments
- ▶ In school and at home

## MY DAILY REMINDERS

Today school starts at \_\_\_\_\_ and ends at \_\_\_\_\_

Today \_\_\_\_\_ is picking me up from school

When I miss mom, I will \_\_\_\_\_

My special message from mom today:

## DAILY CHECK-IN

Goal of the Day: \_\_\_\_\_

Goal met: \_\_\_ yes \_\_\_ try again tomorrow

Something I did great today: \_\_\_\_\_

Something difficult today: \_\_\_\_\_

Number of points earned: \_\_\_\_\_

# Behavioral Plans

- ▶ Useful for clarifying
  - ▶ Goals
  - ▶ Triggers
  - ▶ Maladaptive responses and replacement strategies
- ▶ Emphasize skill acquisition and application of coping strategies
- ▶ Illustrate specific de-escalation plan
- ▶ Utilize positive reinforcement

# Behavioral Plans cont.

- ▶ Avoid plans that:
  - ▶ Do not adequately map the “A, B, Cs”
  - ▶ Do not identify the student’s strengths and current skill sets
  - ▶ Do not teach skills
  - ▶ Do not include the child in their development

# What can be done at home?

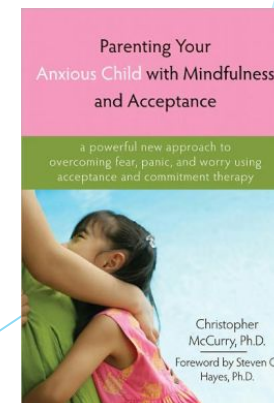
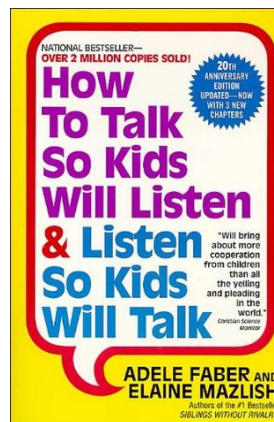
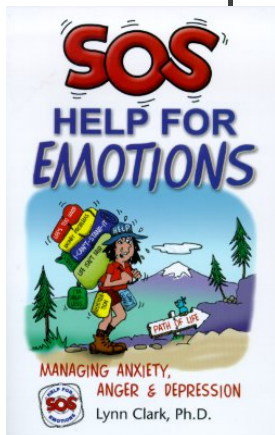
- ▶ Child-focused approaches
- ▶ Family system-focused approach

# Reason for Integrated Approach

- ▶ Faster acquisition of skills
- ▶ Generalization of skills across contexts
- ▶ Develop plan from multiple perspectives
- ▶ Optimize Outcomes
  - ▶ Ex: When adolescents have co-morbid anxiety and mood difficulties resulting in school refusal, combination of CBT and medication most effective in returning to school (Bernstein, et al. 2000)

# Family-based Services

- ▶ Parent guidance
  - ▶ Behavior management strategies
  - ▶ Consistency in expectations / schedule
  - ▶ Emotion coaching strategies
- ▶ Family therapy
  - ▶ Identify and process sources of family-wide stress
  - ▶ Improve communication within the family





# Things parents can do

- ▶ Encourage exercise and healthy eating
- ▶ Model appropriate self-regulation
  - ▶ “Do as I say, not as I do” does not work!!
- ▶ Reduce chaos in child’s schedule
- ▶ Have good follow-through
- ▶ Consistency, consistency, consistency

Thank you!

Questions???

# Biography

- ▶ Dr. Monaghan-Blout is a graduate of Bowdoin College and Boston University. She worked for many years as an adolescent and family therapist before obtaining her doctoral degree at Antioch New England Graduate School. She completed an internship in pediatric neuropsychology and child psychology at North Shore University Hospital, Manhasset, New York, and a postdoctoral fellowship at HealthSouth Braintree Rehabilitation Hospital. She has served two terms on the Board of Directors of the Massachusetts Neuropsychological Society which included a term as the President. She is also a member of the Trauma Learning and Policy Initiative group, which is sponsored by Massachusetts Advocates for Children and Harvard Law School. Dr. Monaghan-Blout enjoys working with children and adolescents with complex learning and emotional profiles. She has a particular interest in children of international and high risk domestic adoption and others contending with the impact of trauma.
- ▶ Dr. Monaghan-Blout is the mother and stepmother of four children and the grandmother of six. She enjoys playing ice hockey, yoga, reading urban fantasy, and quilting.