ROGERS BEHAVIORAL HEALTH Tampa Bay

Anxiety in the Classroom:

The Role of School Clinicians in Assessment, Treatment and Support of Anxious Students

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My Approach

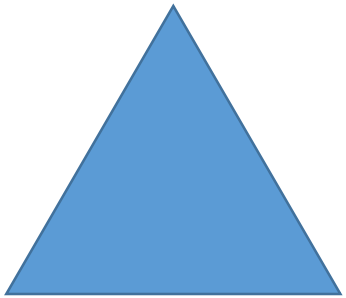
- Different clinicians have different theoretical orientations
  - Psychoanalytic
  - Cognitive-Behavioral
  - Family Systems
  - Medical/Nursing
- Why CBT? (It's not because the others are bad!) ☺
  - Relatively concrete, easy to understand and explain, skill-building approach
  - Focus is on functional determinants of behavior, not etiology
  - Fits with RtI/MTSS

What is Anxiety? The CBT model

The C-E-B Triangle

Cognition

(Thought)



Behavior Emotion

The C-E-B Narrative

- **Cognition**: What horrible thing(s) might happen as a result of the trigger?
- **Emotion**: When thinking about those horrible things, how do you feel?
- **Behavior**: When you feel anxious about the possibility of those horrible things happening, what do you want to (and tend to) do?

Anxiety Disorders – a brief aside

Epidemiology/Phenomenology

- About 10-15% of children
  - Symptoms typically begin around ages 5-7
  - Less than 1 in 5 receive care

- Gender ratio
  - Roughly equal in childhood
  - In adolescence, females increasingly represented

Anxiety: CBT Conceptualization

Thoughts ⟷ Feelings ⟷ Behaviors

- General:
  - Errors in thinking evoke strong emotional responses
  - Strong emotions result in behaviors designed to reduce intensity of emotion
  - Effective emotional-damping behaviors are more likely to be used in future situations where strong emotions occur "*Operant Conditioning*"
- Anxiety:
  - Inaccurate threat estimation evokes intense feelings of anxiety
  - Strong anxiety results in avoidance/escape-based behaviors
  - (These "effective" avoidance/escape behaviors begin to occur more frequently when anxious)

Anxiety: Common Anxiety Disorders

Remember the pattern…thoughts – feelings – behaviors

- Generalized Anxiety Disorder (GAD)
  - Hallmark is worry…about *everything*
- CBT Pattern?
  - Thought/Belief that uncertainty is not normal
  - State of uncertainty – believed to be abnormal – evokes anxiety
  - Near-constant attempts to seek reassurance (reducing uncertainty)
  - Receiving reassurance increases reassurance-seeking (the “black hole effect”)

Anxiety: Common Anxiety Disorders

- Social Phobia (Social Anxiety Disorder)
  - Two “flavors” – performance or judgment
- CBT Pattern?
  - Thought/belief that:
    - Performance is going/will go poorly
    - Audience is/will negatively evaluate
  - These thoughts/beliefs evoke increased anxiety
  - Significant attempts to avoid/escape feared consequences
    - Could be avoiding social interaction, but could also be extreme preparation/practice!
  - When avoidance/preparation is successful, attempts to avoid will increase

Anxiety: Common Anxiety Disorders

- Separation Anxiety Disorder
  - Again, two “flavors” – fears for others, fears for self
- CBT Pattern?
  - Thought/Belief that, upon separation:
    - Something will happen to parents/others, and I’ll never see them again
    - Something bad will happen to me, and I’ll never see them again
  - This overestimation of threat evokes intense anxiety
  - Attempts to avoid/delay separation (thereby reducing anxiety)
  - When behaviors are successful, attempts to avoid separation will increase.

Anxiety: Common Anxiety Disorders

- The Specific Phobias
  - Literally thousands of phobias…needles, clowns, the number 13, dentists…
- CBT Pattern?
  - Thought that X will cause harm to self/others
    - Getting a shot will hurt more than anything has ever hurt before
    - Clowns are kidnappers/paedophiles/serial killers
  - Thought/belief evokes significant anxiety
    - When in the presence of X, sometimes simply when discussing or considering X!
  - Significant attempts to avoid X – no matter the cost
  - Successful avoidance results in more frequent/stronger attempts to avoid X

Anxiety: Common Anxiety Disorders

- Obsessive-Compulsive Disorder
  - No longer considered an anxiety disorder, OCD now has its own spectrum
  - Hallmarks: Obsessions, Compulsions and (in adults) Insight
- CBT Pattern?
  - Intrusive/unwanted and repetitive thoughts (obsessions)
  - The nature, frequency and intensity of obsessions evokes anxiety/distress
  - Use odd and/or excessive behaviors to reduce anxiety/distress (compulsions)
  - The short-term but sudden decrease in distress negatively reinforces cycle

Accommodation: Not what you think…

DON'T:

- Provide reassurance ("It will be okay")
  - The "black hole" of reassurance
- Yield to demands/questioning
  - Negative reinforcement = more demands/questions
- Assist with or complete rituals for student
  - Becomes "easier" for you to do than for them to do…
- Decrease responsibilities in response to anxiety symptoms
  - What is the Hawthorne Effect?

Why we accommodate

- It's easier (…in the beginning)
- It seems helpful
- It has worked with other students
  - The difference between anxiety and anxiety disorder
- It's hard to tolerate your student's anxiety/distress
  - You feel guilty or "mean" if you don't accommodate
- You fear they'll feel alone if you don't accommodate
- Fear of student's behavioral response

Why is accommodation a problem?

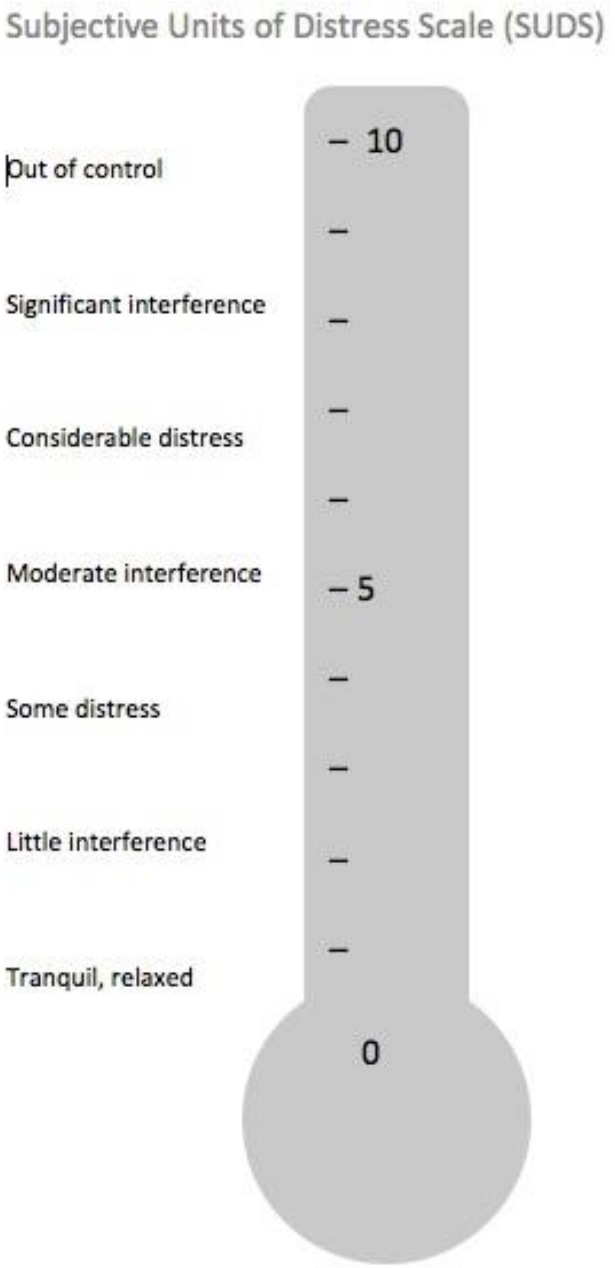
- Conflicts with goals:
  - Limits chance to learn that feared outcomes might not occur
  - Reduces motivation to change
  - Prevents ***habituation*** (adaptation to new situations)
- Disrupts learning of others
- Associated with poor long-term outcomes

Reassurance (Accommodation)

- Reassurance-seeking:
  - Your student asking you lots (and LOTS) of questions
  - Asking the same question over and over in order to hear from you that things will be “okay”
- Information-seeking vs. reassurance-seeking
  - Okay to be suspicious of reassurance!

Give it a name!

- "SUDS"
  - Subjective Units of Distress Scale
- Uses a consistent scale
  - 1-10
  - 1-100
  - Smiles-to-Screams
  - Mild-to-Spicy (taco)
  - Cheese to Supreme (pizza)
- Allows for ranking of fears
  - Used to create an anxiety hierarchy



Common problems

- Checking or Doubting
- Difficulty with studying
- Difficulty with test-taking
- Difficulty concentrating
- Difficulty with decisions
- Reassurance-seeking
- Contamination fears
- Poor reading fluency
- Difficulty with writing
- Organizational problems

Checking or Doubting

- Designate a set time to organize school materials each day
- Limit and monitor checking of information (i.e., test answers, vocabulary words, planner entries) no more than two times in a given time period
  - “One and Done” method
- Prompt student to use planner when determining what materials go home (and which stay at school)

Difficulty with Studying

- Academic accommodations are helpful to some extent, but only when they are aimed at *building a skill*!
  - Guided study organizers (partially completed note outlines)
  - Study partners/groups (high structure, time-limited)
  - Memorization aids (chunking, acronyms, etc.)

- Must be careful with “typical” study accommodations:
  - Additional study opportunities must be structured
  - Additional time must be scheduled and goal-oriented

Difficulty with Test-Taking

- Again, accommodations must be focused upon building skills:
  - Increase (not decrease!) structure…timed responses
  - Provide a quiet test area, but monitor closely
  - If proctor can read test items/prompts aloud, s/he can also redirect behavior (rituals, avoidance, etc.) as necessary

Difficulty with Concentrating

- Increase structure
  - Seat near instructor (proximity control)
  - “Tell, Show, Check”
  - Use concrete, simple directions (and check for comprehension)

- Disrupt anxiety-based behaviors
  - Generate and implement redirection cues (touch, sound, visual)
  - Simple tracking to identify trends (you’ll need assistance!)
  - Gain attention when transitioning between instruction styles
    - (i.e., whisper, clap hands, etc.)

Difficulty with Decisions

- Again, building skills with decision-making:
  - Initially easy two-option choices (which pencil? Left or right?)
    - They have 3 seconds, then you decide and deliver accordingly
    - Don't praise the choice…praise their *willingness to make a choice*!
  - Next step is "choices" when decomposing large tasks or projects
    - How long will this take?
    - What's realistic to complete tonight?
- What about when there isn't time or this disrupts my instruction?
  - Provide direction instead of requesting input
  - You'll still want to track these as items to work on later.

Reassurance-Seeking

- First, limit and clearly define opportunities to ask:
  - No more than 3 (5? 10?) questions per class
  - “Please hold questions until the end”
- If question is repeated (asking same thing over and over)
  - Be a psychologist! ☺
    - “What do you think the answer is?
    - “What did I say when you asked that earlier?”
- When answering a question, query to check for understanding
  - “The review will be on Monday, and the test on Tuesday.”
  - “What day will the test take place? How long do you have to review?”

Contamination Fears

- Limit number of visits to restroom per day/class
- Gradually assign child as line leader (always has to touch the door)
- When passing out/around materials, vary child's "spot"
- Monitor/reduce hand sanitizer use

Finding help

School
- Psychologist
- Guidance Counselor
- School Counselor
- Social Worker

Community
- Pediatrician
- Psychiatrist
- Psychologist
- ABA

Hospital/University
- Rogers Behavioral Health
- JHM/All Children's Hospital

University
- USF CARD
- Silver Center

Getting Help – At Rogers

- Call us!
  - (813) 498-6400 direct
  - (844) 220-4411 toll-free
- Our intake specialist will ask the parent questions for 20-30 minutes, to get a sense for how we might be able to help.
- If we believe the student to be a good “fit” for our programs (i.e., anxiety is the primary issue), then we will start working on finding a way to get them in for treatment.
  - If we are NOT a good fit, then we will do our best to provide several referrals to providers in their area who use evidence-based treatment.

Getting Help – At Rogers

- Minimizing the impact of treatment on academics:
  - In our 3-hour intensive program, the schedule is such that treatment typically does not interfere with the school day.
  - In our 6-hour day treatment program, we have an educational therapist:
    - Facilitates academic study time each day
    - Liaise with school teams to maximize progress on school work.
    - Better reintegration results
    - Informs IEP/504 accommodations and modifications.
- Remember, Rogers provides services that are significantly more intense than the typical psychologist!

Questions?

Thank you!

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