

Identifying and Addressing Anxiety in the School Setting

Trish Hilt, M.Ed.

St. John-Endicott School District Teacher

Angie Withers, Ed.S., NCSP

Richland School District School Psychologist

Outline of Presentation

- ▶ Definition of Anxiety
- ▶ Anxiety Disorders
- ▶ Physiological responses to anxiety-provoking stimuli
- ▶ Characteristics
 - ▶ Cognitive, Behavioral and Physical
- ▶ Identifying Anxiety in the Classroom and Intervention Strategies
 - ▶ Preschool, Elementary and Secondary-Age Students
- ▶ Recommended Books for Loss, Trauma and/or Anxiety
- ▶ Questions?



Anxiety (Typical versus Disorder)

- ▶ Working definition: Apprehension or excessive fear about something real or imagined
 - ▶ Central characteristics: Worry and Fear
 - ▶ Temporary
- ▶ Prevalence: Ranges from 2 to 15% of children, occurs more in females
- ▶ Signs are similar in children and adults, although children may show more signs of irritability and inattention
- ▶ Causes: Appears to develop from an interaction among different factors
 - ▶ Genetic link
 - ▶ Risk in children who show behavioral inhibition
 - ▶ Styles of thinking (negative and unrealistic thinking)
 - ▶ Other environmental factors Anxiety Disorders: Symptoms persist at least 6 months; interferes with daily functioning; symptoms cluster around excessive, irrational fear and dread

Anxiety Disorders

- ▶ Disorder: Function is Impaired
- ▶ DSM-5 Definition and Categories
 - ▶ Anxiety Disorders examples: Separation Anxiety Disorder, Social Anxiety Disorder
 - ▶ Fact pages for Generalized Anxiety Disorder, Panic Disorder and Social Anxiety Disorder found on National Institute of Mental Health website:
<http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>
 - ▶ Related Categories: Obsessive-Compulsive and Related Disorders (*including Hoarding Disorder*), Trauma- and Stressor-Related Disorders, Depressive Disorders, Somatic Symptom and Related Disorders
- ▶ Treatments: Pharmacology and Psychotherapy (Cognitive-Behavioral Therapy, Exposure Therapy and Stress-management Therapy)

THE ANATOMY OF ANXIETY

TIME Diagram by Joe Lertola,
Text by Alice Park

WHAT TRIGGERS IT ...

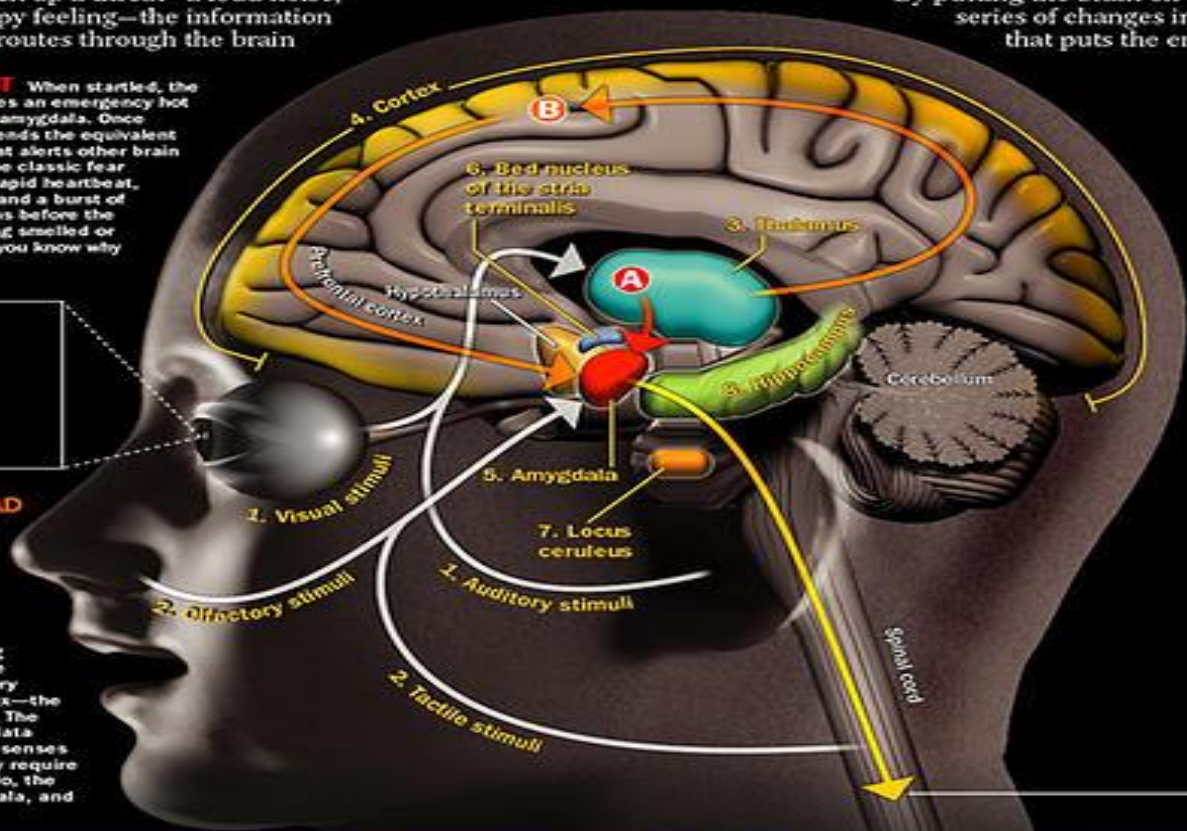
When the senses pick up a threat—a loud noise, a scary sight, a creepy feeling—the information takes two different routes through the brain

... AND HOW THE BODY RESPONDS

By putting the brain on alert, the amygdala triggers a series of changes in brain chemicals and hormones that puts the entire body in anxiety mode

A THE SHORTCUT When startled, the brain automatically engages an emergency hot line to its fear center, the amygdala. Once activated, the amygdala sends the equivalent of an all-points bulletin that alerts other brain structures. The result is the classic fear response: sweaty palms, rapid heartbeat, increased blood pressure and a burst of adrenaline. All this happens before the mind is conscious of having sensed or touched anything. Before you know why you're afraid, you are

B THE HIGH ROAD Only after the fear response is activated does the conscious mind kick into gear. Some sensory information, rather than traveling directly to the amygdala, takes a more circuitous route, stopping first at the thalamus—the processing hub for sensory cues—and then the cortex—the outer layer of brain cells. The cortex analyzes the raw data streaming in through the senses and decides whether they require a fear response. If they do, the cortex signals the amygdala, and the body stays on alert



STRESS-HORMONE BOOST
Responding to signals from the hypothalamus and pituitary gland, the adrenal glands pump out high levels of the stress hormone cortisol. Too much cortisol short-circuits the cells in the hippocampus, making it difficult to organize the memory of a trauma or stressful experience. Memories lose their context and become fragmented

RACING HEARTBEAT
The body's sympathetic nervous system, responsible for heart rate and breathing, shifts into overdrive. The heart beats faster, blood pressure rises and the lungs hyperventilate. Sweat increases, and even the nerve endings on the skin tingle into action, creating goose bumps

FIGHT, FLIGHT OR FRIGHT
The senses become hyperalert, drinking in every detail of the surroundings and looking for potential new threats. Adrenaline shoots to the muscles, preparing the body to fight or flee

DIGESTION SHUTDOWN
The brain stops thinking about things that bring pleasure, shifting its focus instead to identifying potential dangers. To ensure that no energy is wasted on digestion, the body will sometimes respond by emptying the digestive tract through involuntary vomiting, urination or defecation

- 1. Auditory and visual stimuli**
Sights and sounds are processed first by the thalamus, which filters the incoming cues and shunts them either directly to the amygdala or to the appropriate parts of the cortex.
- 2. Olfactory and tactile stimuli**
Smells and touch sensations bypass the thalamus altogether, taking a shortcut directly to the amygdala. Smells, therefore, often evoke stronger memories or feelings than do sights or sounds.
- 3. Thalamus**
The hub for sights and sounds, the thalamus breaks down incoming visual cues by size, shape and color, and auditory cues by volume and dissonance, and then signals the appropriate parts of the cortex.
- 4. Cortex**
It gives raw sights and sounds meaning, enabling the brain to become conscious of what it is seeing or hearing. One region, the prefrontal cortex, may be vital to turning off the anxiety response once a threat has passed.
- 5. Amygdala**
The emotional core of the brain, the amygdala has the primary role of triggering the fear response. Information that passes through the amygdala is tagged with emotional significance.
- 6. Bed nucleus of the stria terminalis**
Unlike the amygdala, which sets off an immediate burst of fear, the BNST perpetuates the fear response, causing the longer-term unease typical of anxiety.
- 7. Locus ceruleus**
It receives signals from the amygdala and is responsible for initiating many of the classic anxiety responses: rapid heartbeat, increased blood pressure, sweating and pupil dilation.
- 8. Hippocampus**
This is the memory center, vital to storing the raw information coming in from the senses, along with the emotional baggage attached to the data during their trip through the amygdala.

Source: Denise S. Charney, M.D., National Institute of Mental Health

Cognitive Symptoms of Anxiety

- ▶ 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



Behavioral Symptoms of Anxiety

- ▶ 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

Physical Symptoms of Anxiety

- ▶ 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

Anxiety in School-Age Children

▶ Infancy and Preschool

- ▶ Includes showing stranger anxiety at 7-9 months
 - ▶ Discrimination between people signals period of cognitive development
- ▶ Separation anxiety between 12-18 months
 - ▶ Able to distinguish between caregivers and other adults
 - ▶ Aware of the possibility caregivers may not return
 - ▶ Usually resolved by age 2
- ▶ Up to age 8, tend to be anxious about specific, identifiable events (animals, the dark, etc.)
- ▶ Changes in Routine
 - ▶ “The New Normal”

▶ Elementary

- ▶ After about age 8, anxiety-producing events become more abstract and less specific

▶ Secondary

- ▶ Adolescents may worry more about sexual, religious, and moral issues, as well how they compare to others and if they fit in with their peers

Identification (Preschool)

- ▶ Self-directed limit of stimulation
- ▶ Attachment to familiar objects
- ▶ Crying
- ▶ Externalizing behaviors (hitting, pushing, kicking and refusal)
- ▶ Regression in Skill
- ▶ Somatic complaints

Intervention (Preschool)

- ▶ Set clear boundaries and expectations
- ▶ Free choice time at beginning of class
 - ▶ Especially hands-on or kinesthetic activity
- ▶ Praise and reinforce effort, not success
- ▶ Communicate happiness of their presence, don't expect a response
- ▶ Provide acceptable choices (i.e., play time with a buddy or coloring)
- ▶ Yoga

Identification (Elementary)

- ▶ Talking out
- ▶ Withdrawal
- ▶ Anger, picking on others
- ▶ High motor activity and Repetitive behaviors (hard blink, feet tapping)
- ▶ Misbehavior when transitioning to activity that is anxiety provoking
- ▶ Work refusal
- ▶ Incongruent emotional responses
- ▶ Decreased self-efficacy
- ▶ Behavior becomes more erratic during unstructured times
- ▶ Not wanting to go home
- ▶ Minor classroom behaviors (avoiding eye contact, non-participation)

Intervention (Elementary)

- ▶ Consistent in administering discipline
- ▶ Maintain realistic, work expectations
- ▶ Maintain a consistent, but flexible, routine for homework
 - ▶ Reduce if necessary
- ▶ Additional time to prepare for transitions
 - ▶ Age appropriate time
- ▶ Separate journal for processing
 - ▶ Kept in teacher's desk
 - ▶ Used as needed, self- and teacher-directed
- ▶ Temporary, consistent figure throughout school day
- ▶ Focus on social relationships during unstructured time
 - ▶ Schedule of play buddies, if helpful
- ▶ Be willing to process when triggers happen
- ▶ Student engagement, “Set up for success”
- ▶ Be honest with professionals
- ▶ Teach and prompt simple strategies
 - ▶ Deep breathing, Focus on right now
- ▶ Communicate with caregivers

Identification (Secondary)

- ▶ Behaviors from the Elementary-age list are still applicable; Additional signs include:
- ▶ Use/Increased use of drugs and/or alcohol
- ▶ Increased fatigue
- ▶ Delinquent behaviors (skipping class, threatening others and cutting)
- ▶ Hyper-vigilance (Pervasive thoughts of violence, worry about specific people or situations)
- ▶ Difficulty in making decisions
- ▶ Constant worry about being judged by teacher
- ▶ Sitting alone regularly in the cafeteria or library

Intervention (Secondary)

- ▶ Cognitive-Behavioral Therapy (can also apply to elementary-age students if cognitively appropriate)
- ▶ Be aware of schedule, rearrange if necessary
- ▶ Pass to process with identified individual (i.e., school counselor, CICO, respected adult)
- ▶ Build confidence in skill prior to exam or public presentation
- ▶ Do not use cynical language
- ▶ Encourage exercise, a healthy diet and adequate sleep
- ▶ Provide room for meditation or quiet
- ▶ Prompt Anxiety reduction techniques

<http://psychcentral.com/lib/9-ways-to-reduce-anxiety-right-here-right-now/>

Books for Coping with Loss, Trauma or Anxiety

- ▶ Trish's experience
 - ▶ Recommend Books for Children Coping With Loss or Trauma
http://www.nasponline.org/resources/crisis_safety/books_for_children_dealing_with_loss_or_trauma.pdf
- ▶ Practice reading book and leading discussion

Other Recommended Books

- ▶ “What You Must Think of Me: A Firsthand Account of One Teenager’s Experience with Social Anxiety Disorder”
 - ▶ Emily Ford with Michael R. Liebowtiz, M.D., and Linda Wasmer Andrews
- ▶ “When I Feel Afraid”
 - ▶ Cheri J. Meiners
- ▶ “Someone Special Died”
 - ▶ Joan Prestine
- ▶ “Wemberly Worried”
 - ▶ Kevin Henkes
- ▶ “Love You Forever”
 - ▶ McGraw Hill Publishers
- ▶ “Thunder Cake”
 - ▶ Patricia Polacco

Resources

- ▶ Huberty, T.J. (n.d.). Anxiety and Anxiety Disorders in Children: Information for Parents. *Helping Children at Home and School II: Handouts for Families and Educators*. Retrieved from http://www.nasponline.org/resources/intonline/anxiety_huberty.pdf
- ▶ Lowe, P.A., Unruh, S.M. & Greenwood, S.M. (n.d.). Anxiety Tips for Teens. *In Helping Children at Home and School II: Handouts for Families and Educators*. Retrieved from http://www.nasponline.org/educators/hchsii_anxietytipsteens.pdf
- ▶ National Association of School Psychologists (2012). Managing Strong Emotional Reactions to Traumatic Events: Tips for Parents and Teachers. Retrieved from http://www.nasponline.org/resources/crisis_safety/Managing_Strong_Emotional_Reactions_2012.pdf
- ▶ National Association of School Psychologists (2015). Recommended Books for Children Coping With Loss or Trauma. Retrieved from http://www.nasponline.org/resources/crisis_safety/books_for_children_dealing_with_loss_or_trauma.pdf
- ▶ National Institute of Mental Health (May 2015). Anxiety Disorders. Retrieved from <http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>
- ▶ Price, L. F. (April 2005). The Biology of Risk Taking. *Educational Leadership*, pp. 22-26.
- ▶ Psychological Services, Counselling, Psychotherapy, Psychoanalysis - in person and by Skype (September 27, 2014). The Anatomy of Anxiety. Retrieved from <http://www.easeyourmind.info/#!/The-Anatomy-of-Anxiety/cyv1/5623D657-6916-4FD7-B3D1-319111A02576>
- ▶ Tartakovsky, M. & Grohol, J.M. (reviewed) (August 4, 2015). 9 Ways to Reduce Anxiety Right Here, Right Now. In PsychCentral.com. Retrieved from <http://psychcentral.com/lib/9-ways-to-reduce-anxiety-right-here-right-now/>
- ▶ Wright, S. & Sulkowski, M. (Retrieved August of 2015). Research-Based Practice: Assessing and Treating Childhood Anxiety in School Settings. *Communique* (41)8. Retrieved from <http://www.nasponline.org/publications/cq/41/8/anxiety.aspx>

Questions?



**“Every day for me is an uphill struggle.
On the positive side, it’s great
for my glutes!”**