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
  - 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

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.

1. **Auditory and visceral stimuli**
   - Sights and sounds are processed first by the thalamus, which filters the incoming cues and sends them either directly to the amygdala or to the somatosensory parts of the cortex.

2. **Olfactory and somatosensory stimuli**
   - Smells and touch sensations pass through the thalamus, triggering a shortcut directly to the amygdala.

3. **Thalamus**
   - The thalamus breaks down visual and auditory cues and passes them to the primary auditory areas, often sending stronger signals than do sights or sounds.

4. **Cortex**
   - The thalamus sends sights and sounds meaning to the brain, which forms connections of its own. The cortex is the primary output of the thalamus in the frontal cortex, where information about fear is processed.

5. **Amygdala**
   - The emotional core of the brain, the amygdala is the primary node of the circuits of fear. It receives information from the thalamus about fear and from the emotional brain centers.

6. **Bed nucleus of the stria terminalis**
   - The bed nucleus of the stria terminalis receives information from the amygdala and is activated for initiating many of the physical signs of fear, such as racing heartbeats, increased anxiety, and muscular tension.

7. **Locus coeruleus**
   - The locus coeruleus, a part of the brain that regulates blood flow, releases norepinephrine, which increases heart rate, blood pressure, and sweating, and is involved in the fight-or-flight response.

8. **Hippocampus**
   - The hippocampus is responsible for forming memories of emotional experiences, including the fear response.

...AND HOW THE BODY RESPONDS

By putting the brain on alert, the amygdala triggers a series of changes in brain chemistry and hormones that put the entire body in an anxiety mode.

- **Stress-hormone boost**
  - Stress response begins from the hypothalamus and pituitary gland, and the adrenal glands pump out high levels of the stress hormone cortisol, too much of which can cause a fight-or-flight response.

- **Racing heartbeat**
  - The body's sympathetic nervous system kicks in, causing the heart to beat faster, blood pressure rises, and the lungs hyperventilate.

- **Flight, fight, or fright**
  - The stress response prepares the body to fight or flight, sending messages to the muscles and glands.

- **Dissonance shutdown**
  - The brain stops warning when the inner mental pressure, shifting its focus to other potential dangers.

Source: Science J. Glaser, R. Z., National Institute of Mental Health

TIME Diagram by Joe Lertola, Text by Alice Park
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
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

- 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

Questions?

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

Glas Bergen © Randy Glas Bergen | Glas Bergen.com