Working with Students with Anxiety in the Classroom

Brought to you by the

*Boone County Schools Mental Health Coalition*
Continuum of Care

Prevention / Promotion

Optimal Well-Being
Occasional to mild stress; no impairment

Emotional Concerns
Mild to moderate distress; mild or temporary impairment

Mental Illness
Marked distress; moderate to disabling or chronic impairment

Early Intervention

Treatment
Teacher’s Roles in Mental Health

- Observer
- Catalyst
- Team Member/Collaborator
- Educator
- Role Model
Teacher’s Roles in Mental Health

Observer:
Watch for signs and symptoms

Catalyst:
Referral to School Counselor, speak to the student, talk to parents

Team Member:
Follow-up, provide feedback on progress
Making a Referral

• Refer to School Counselor, Outreach Counselor, or Intervention Team
• Mention the behaviors and/or symptoms you notice (specifics!)
  – Frequency: how often is it occurring?
  – Intensity: to what degree is it occurring?
  – Duration: how long does it last?
  – Impact: how does this impact functioning?
• Response should match the severity
• Be the catalyst and take action using your schools individualized referral process!
Discussion on Referrals

• What is working well with your schools referral process?
• What questions or concerns do you have regarding your referral process?
• How do you follow-up on referrals?
Confidentiality

• Confidentiality is crucial to maintaining a trusting teacher-student relationship

• Treat mental health information as private unless it violates the limits of confidentiality
  – Limits are related to safety
  – Let student know you will break confidentiality
  – Always share with School Counselor or in collaboration

• Focus on voicing concern regarding symptoms rather than diagnosis
Risk and Protective Factors

• Most major youth mental health problems are rooted in four environmental circumstances:
  1) Toxic life events
  2) Limited opportunities to learn and practice prosocial behaviors and socio-emotional skills
  3) Unstructured, unpredictable environments
  4) Absence of adult supervision

• *Nurturing environments* at home and school counter these risk factors and can prevent mental disorders.

*American Psychologist, 67(4), 257*
Fostering Resilience

Protective Factors

• Caring adults
• Genuine youth-adult relationships
• Self-regulation skills
• Opportunities for involvement
• Academic achievement
• Effective parenting
• Physical and psychological safety
• Positive expectations and effective classroom management

Risk Factors

• Poverty
• Problems in community environment
• Problems in family environment
• Abuse and neglect
• History of behavior problems
• Low parent education
• Negative behavior and experiences
• Violence in school
Student-Teacher Rapport

• Rapport between a student and teacher is vital because this supportive relationship with an adult can have a significant positive impact on the student’s academic functioning

• Difficult students cause burnout and stress

• Important to be a positive role model for these difficult students
Building Rapport with Challenging Students

– Consistently make an effort to learn who they are outside of school
– Set expectations & enforce classroom rules positively
– Be patient and calm during interactions with the student
– Seek opportunities to individualize instruction
– Use positive & appropriate language
– Match your words with your non-verbal language
– Use I-centered statements
– Pair criticism with praise
– Use active listening to facilitate communication with the student
ANXIETY PROBLEMS
What is Anxiety?

• Anxiety is a psychological and physiological response that includes one’s feelings (i.e. discomfort, fear or worry), behaviors (avoiding or withdrawing), and physical sensations (sweating, increased heart rate, shallow breathing, etc).

• Demonstrating excessive distress out of proportion to the situation: crying, physical symptoms, sadness, anger, frustration, hopelessness, embarrassment
Some Anxiety is NORMAL!

Anxiety is an essential developmental process that prepares children to navigate difficult situations.
<table>
<thead>
<tr>
<th>Age</th>
<th>Fear</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 years</td>
<td>Wild animals, bodily injury, dark, strangers, separation from parent</td>
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<tr>
<td>6 years</td>
<td>Ghosts, monsters, witches, dark being alone, thunder and lightening</td>
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<tr>
<td>7 years</td>
<td>Dark, monsters, storms, being lost, kidnapping, being alone</td>
</tr>
<tr>
<td>8 years</td>
<td>Dark, strangers (kidnapper, robber), guns or weapons, being alone, animals</td>
</tr>
<tr>
<td>9 years</td>
<td>Dark, being lost, bad dreams, bodily harm or accident, being alone</td>
</tr>
<tr>
<td>10 years</td>
<td>Dark, people, bad dreams, punishment, strangers</td>
</tr>
<tr>
<td>11 years</td>
<td>Dark, being alone, bad dreams, being hurt by someone, being sick, tests, grades</td>
</tr>
<tr>
<td>12 years</td>
<td>Dark, punishment (being in trouble, bad grades), being alone, being hurt or taken away, tests, grades</td>
</tr>
<tr>
<td>13 years</td>
<td>Crime, being hurt or kidnapped, being alone, war, bad grades, tests, punishment</td>
</tr>
<tr>
<td>14+ years</td>
<td>Failure at school, personal relations, war, tests, sex issues (pregnancy, AIDS), being alone, family concerns</td>
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</tbody>
</table>

Signs to Look for:

1. Out of proportion to the demands of the situation
2. Cannot be explained or reasoned away
3. Beyond voluntary control
4. Leads to avoidance of the feared situation
5. Persists over an extended period of time
6. Maladaptive
7. Not age or stagespecific

Types

• **Generalized Anxiety Disorder**
  – Extreme worry, tense, self-conscious, strong need for reassurance

• **Phobias**
  – Unrealistic and excessive fear of objects or experiences

• **Panic Disorder**
  – Attacks consisting of intense fear, elevated heart rate, dizziness, and nausea

• **Obsessive Compulsive Disorder**
  – Repetitive thoughts and behaviors

• **Post-Traumatic Stress Disorder**
  – Triggered by an event—PTSD can produce strong memories, flashbacks, or problematic thoughts
School-Specific Anxiety: School Refusal

Signs & Symptoms:
• Complain of physical symptoms shortly before it is time to leave for school
• Frequent requests to visit school nurse
• Physical symptoms: headaches, stomachaches, nausea, or diarrhea.
• Tantrums
• Inflexibility
• Avoidance
• Defiance
School-Specific Anxiety: Test Anxiety

Causes
• Fear of failure
• Lack of preparation
• Poor test history

Signs & Symptoms
• Physical symptoms: Headache, nausea, diarrhea, excessive sweating, shortness of breath, rapid heartbeat, light-headedness and feeling faint can all occur. Test anxiety can lead to a panic attack, which is the abrupt onset of intense fear or discomfort in which individuals may feel like they are unable to breathe or having a heart attack.
• Emotional symptoms: Feelings of anger, fear, helplessness and disappointment are common emotional responses to test anxiety.
• Behavioral/Cognitive symptoms: Difficulty concentrating, thinking negatively and comparing yourself to others are common symptoms of test anxiety.
Long term Effects of Anxiety

• Research shows that untreated students with anxiety disorders are
  – at higher risk to perform poorly in school
  – miss out on important social experiences
  – engage in substance abuse
Gender Variations of Anxiety

• Females are twice as likely to suffer from panic disorder or social phobia compared to males
• Females face a slightly higher risk for specific phobia
• Females are more likely than males to be victims of physical or mental abuse, a known risk factor for PTSD
• Females report more somatic symptoms
• In males, anxiety often appears as irritability and externalizing behaviors (i.e. behavior problems in school)
What Does Anxiety Look Like?

**Feelings/Physiology**
- Fear, worry, apprehension
- Physical reactions (racing heart, sweat, shaking, muscle tension)

**Thoughts**
- Catastrophic thinking
- Something’s wrong
- Something bad will happen
- I’m helpless

**Behaviors**
- Reassurance seeking
- Avoidance
- Checking or rituals
- Hyperventilating
- Physical complaints
- Perfectionism
The Worry Wheel

Anxious Mind

Anxious Actions

Anxious Body
Interventions for Anxiety: How Teachers Can Help!
## Promoting Calm Behaviors

<table>
<thead>
<tr>
<th>Anxious Actions/Behaviors</th>
<th>Promote Calm Actions/Behaviors</th>
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</thead>
<tbody>
<tr>
<td>• Reassurance seeking</td>
<td>• Structured, predictable environments</td>
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<tr>
<td>• Avoidance</td>
<td>• Model and reinforce “strong voice”/”strong body”</td>
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<tr>
<td>• Checking or rituals</td>
<td>• Teach self-calming skills (deep breathing, imagery)</td>
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<tr>
<td>• Hyperventilating</td>
<td>• Extinguish reassurance seeking, physical complaints</td>
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<tr>
<td>• Physical complaints</td>
<td>• Encourage and reward small risk taking</td>
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<td>• Perfectionism</td>
<td>• Provide opportunities for social/academic success</td>
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<td>• Implement social skills/resiliency curriculum</td>
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<td>• Foster positive peer and adult relationships</td>
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<td>• Provide academic supports and accommodations</td>
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<td>• Involve parents</td>
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### Promoting Calm Thoughts

<table>
<thead>
<tr>
<th>Anxious Thoughts</th>
<th>Promote Calm Thoughts</th>
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</thead>
<tbody>
<tr>
<td>• Catastrophic thinking</td>
<td>• Distraction!</td>
</tr>
<tr>
<td>• Something’s wrong</td>
<td>• Give simple coping statements</td>
</tr>
<tr>
<td>• Something bad will happen</td>
<td>• Model and reinforce positive and adaptive thinking</td>
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<tr>
<td>• I’m helpless</td>
<td>• Use cognitive modeling strategies</td>
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<tr>
<td></td>
<td>• Teach self-praise skills</td>
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<td></td>
<td>• Support self-efficacy (“you can do this”)</td>
</tr>
<tr>
<td></td>
<td>• Encourage recall of success and mastery experiences</td>
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<tr>
<td></td>
<td>• Provide label for child’s experience (“you’re having fun”)</td>
</tr>
<tr>
<td></td>
<td>• Implement resiliency curriculum</td>
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</tbody>
</table>
Simple Coping Statements

• I can do this.
• Anxiety won’t hurt me.
• Feeling tense is normal.
• I can tolerate this.
• This feeling will pass.
• It is okay to make mistakes.
• Facing my fears will help them go away.
Helpful Phrases

• I am here for you. You are safe.
• This feels scary AND you are staying calm.
• What calming tool do you want to use?
• What do you need from me?
• Let’s take a deep breath together.
• This feeling will pass.

Schwarz (2015)
Helpful Apps

• “Stop, Breathe & Think”
• “Headspace”
• “Mindshift”
• “Calm”
School Refusal Interventions

• Assess the student’s motivation for avoidance: is it **reactive** or **proactive**?
• Schedule a brainstorm meeting with all involved parties: school administration, teachers, school counselor, outside therapist, parent and child (if age appropriate).
• Behavior contracts for attending school that provide positive reinforcement (contingent on attendance).
Beyond the Classroom: Making a Referral

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Questions?
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