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)
- **Emotion**
- **Behavior**

**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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