Anxious Children in School: Becoming Part of the Solution

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To understand the normative experience of fear... just look around
Images of bravery also abound
The world can (initially) be a scary place!

- The world of an infant and toddler is filled with the unknown and the unfamiliar.
- What is unfamiliar to us – can often be scary; fear is an adaptive response to protect us from unknown dangers.
  - The role of the caregiver is to provide initial guidance about perceived threats and loving reassurance.
- Part of typical development is then gradually approaching such situations or stimuli as our cognitive, motor and emotional resources allow; thus reducing their threat value.
What’s Normal Anxiety?

- Fear and anxiety are typically experienced without great interference in everyday life.
- Normal and natural part of emotions.
- Enjoyable emotion for many children (e.g. scary movies, stories).
The Course of Typical Childhood Fear and Anxiety

- **Infants & Toddlers**: loud noises, strangers, separation from parents, large objects
- **Preschoolers**: more global, imaginary stimuli (e.g., ghosts, monsters, other supernatural beings, the dark, noises, sleeping alone, thunder, floods)
- **Older Children**: more realistic fears (e.g., physical injury, health, school performance, social scenarios, death)
  - Children will identify multiple fears (4.6 average; Jerslid & Holmes, 1976)
  - 90% of children have at least one specific fear and these decline over time
- Worry develops later and does not show the same age-related decline as fears do
What’s an Anxiety Disorder?

- When fear becomes excessive, persistent, cause for psychological distress and disrupts normal development, they may have an anxiety disorder.

- Anxiety disorders are a category of disorders that include:
  - Separation anxiety disorder
  - Social anxiety disorder
  - Panic disorder
  - Specific phobias
  - Generalized anxiety disorder
  - Selective mutism

- Closely related disorders include Obsessive Compulsive Disorder (OCD), Trichotillomania, Tic Disorders and Posttraumatic Stress Disorder (PTSD).
Identifying and Recognizing Clinical Anxiety

- Anxiety disorders are the most common disorders in childhood
  - Prevalence rates up to 25% with anxiety being a concern for up to 50% of referrals to mental health services
How do you know when anxiety is interfering with normal development?
Child is experiencing so much anxiety, and as a result has difficulty in social relationships, academic performance, and/or family functioning.

Examples of interference include:
- Difficulty concentrating in class due to worrying
- Difficulty at drop-off time because does not want to be away from parent
- Not speaking to teachers and/or students in the classroom
- Difficulty turning in assignments due to perfectionistic worries
- Impaired performance on exams due to anxiety
- Cannot get good sleep due to excessive worrying
What’s Separation Anxiety Disorder?

- Typically diagnosed in childhood
- Persistent fear of separation from a caregiver
- Repeated physiological complaints such as stomach distress, headache
- Excessive distress when separation occurs or is anticipated
- Reluctance or refusal to go to school
- Repeated nightmares involving the theme of separation
- Reluctance to be alone or be dropped off at activities without parent
- Worry about harm befalling self or caregiver or major attachment figure
- Normative in toddler years, often interfering for school-aged children
What’s Panic Disorder?

- Recurrent Panic Attacks
  - Panic Attack: discrete period of intense fear or discomfort in which 4 or more of the following symptoms develop abruptly and reach a peak within 10 minutes
    - Palpitations, sweating, trembling, shaking, shortness of breath, feeling of choking, chest pain or discomfort, nausea or abdominal distress, feeling dizzy, unsteady, lightheaded, or faint, feelings of unreality, fear of losing control or going crazy, fear of dying, chills or hot flushes
  - At least one month or more of persistent concern about having additional panic attacks; worry about the what the attack means (e.g., losing control, having a heart attack, going crazy)
  - Panic attack occurs out of the blue; when panic attacks are triggered by specific situations, other diagnoses considered
What’s Generalized Anxiety Disorder?

- Excessive anxiety and worry occurring more days than not for at least 6 months, about a number of events or activities
- Child finds it difficult to control the worry
- Worry may be associated with restlessness, fatigue, irritability, sleep disturbance
- More than one domain of worry (school, performance, health, health of family, world events, family issues, etc.)
- The worry causes clinically significant distress or impairment in functioning (e.g., difficulty concentrating, taking too long to complete assignments)
What’s Social Anxiety Disorder?

- Marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others
- In children, there must be evidence of the capacity for age appropriate social relationships with familiar people, and the anxiety must occur in peer settings as well as with interactions with adults
  - Different from “shyness”
- Exposure to feared social situations provokes anxiety, which may result in a situationally-bound panic attack
- Children may not recognize the fear to be excessive (e.g., “I hate them. I just don’t want to go. I’m not afraid of them.”)
What’s Selective Mutism?

- A relatively rare childhood disorder, affecting approximately 1% of children in elementary school settings; may occur in preschool years more commonly
- Consistent, ongoing failure to speak in specific social situations, especially school or with unfamiliar caregivers
- Not due to a primary language disorder
- Other disorders (e.g., stuttering, autism) have been ruled out
- Behavior is deliberate self-protection, not deliberate oppositional behavior
- Blank facial expression, freezing, poor eye contact
What are Specific Phobias?

- Marked and persistent fear that is excessive or unreasonable
- Exposure to the phobic stimulus almost invariably provokes an immediate fear response, which may provoke a situationally-bound panic attack
- In children, anxiety may be expressed by crying, tantrums, freezing, or clinging
- Person recognizes that fear is excessive (in children this feature may be absent)
What’s Obsessive-Compulsive Disorder?

- OCD is a related disorder, no longer included in the category Anxiety Disorders by the American Psychiatric Association; in a separate Obsessive-Compulsive category now. But, features of disorder are largely unchanged from prior incarnations.

- Child experiences either obsessions or compulsions
  - Obsessions are recurrent and persistent thoughts, impulses or images that are intrusive and cause marked anxiety or distress
  - Person attempts to suppress such thoughts, or to neutralize them with a thought or action (compulsion)
  - Compulsions are repetitive behaviors (hand washing, ordering, checking, praying, counting) that a person feels driven to perform in response to an obsession
  - These obsessions and compulsions cause marked distress and are time consuming (take more than 1 hour per day)
    - Some amount of repetitive behavior in early childhood is normal (e.g., The Last Unicorn)
Recognizing and Assisting with Anxiety in the School Setting
Common signs of child anxiety in schools

- School refusal/frequent absences
- Students asking to leave in the middle of class/tests
- Complaints of racing heart, stomachaches, headaches, dizziness
- Isolation from peers
- Crying/pleading to call parents
- Worry about school ("what if" questions)
- Refusal to speak at school
- Test anxiety
Recognizing anxiety in the classroom

- Often well-behaved, compliant children (not always the “squeaky wheel”)
- May (or may not) see:
  - Frequent visits to the school nurse
  - Frequent absences and/or tardiness
  - Excessive questions/reassurance-seeking
  - Social withdrawal/isolation
  - Poor participation in an otherwise intelligent, engaged child
  - Difficulty responding and/or initiating contact; lots of hesitations
Common school-related anxiety triggers

- Does there have to be a trigger?
- Environmental Stressors
  - Transition to different schools
  - Back-to-school
  - Peer difficulties
  - Family stressors (e.g., moving, divorce)

- Potential school triggers
  - Tests
  - Social rejection
  - Oral presentations/performances
  - Group work
Helping children with anxiety in the classroom

1. **Validate** the child’s feelings and help them to identify it as anxiety.
   - “You are feeling yucky right now, are you worried about something?”
   - “It’s normal to feel anxious before a test or speaking in front of the class.”

2. **Do not** reassure an anxious child.
   - “You’ll be fine.”
   - “You always do well on a test.”
   - “You don’t have anything to worry about.”
   - “The day will be over before you know it.”
Helping children with anxiety in the classroom

3. Instead of reassuring - help the child tolerate his/her uncomfortable feelings and convey confidence in their bravery.

- “I know you’re feeling pretty bad right now but I wonder if you can sit at your seat while you’re feeling bad and I’ll check in with you in a few minutes.”
- “You really miss your mom this morning. It will be hard but I bet you can get started with your work even though you miss her and you might find that working helps those feelings to quiet down a little.”
- “The storm outside is making you feel very scared. I’m wondering how many of you can work even though you’re feeling scared.”
Other classroom tips

- Be a **cheerleader** for them as they tolerate their anxious feelings.
  - “I am so proud of you for finishing your work even though you were feeling anxious!”
  - “You did a great job of staying in school today even though you missed your mom!”
  - “I really appreciate how hard you must have worked to not ask me questions all day even though you might have been worried about doing your work correctly.”

- Reward very anxious children with small tokens, candy, or prizes for completing tasks that make them feel anxious. (Use lots of praise for older children.*)
  - This is not spoiling a child “for something they should be doing anyway”!

*May not be tolerated easily by highly socially anxious children*
Other classroom tips

- Challenge him/her to go for longer periods of time or to do something that will make them feel worse (after they begin to feel empowered).
  - “You worked really hard at staying in the class for the last fifteen minutes even though you wanted to go to the nurse’s office. Can you work hard for another fifteen minutes?”
  - “You completed that portion of the test even though you felt anxious. I’m wondering if you can do the next part of the test.”

- Help them to see that when they do something even though they feel anxious, their anxiety eventually quiets down.
Specific tips for managing separation anxiety/school refusal

- Validate feelings; Do not reassure.
- If possible, have student participate in building their morning routine:
  - Have student meet peer/buddy in the drop-off area
  - If area where students congregate before going to classroom is too overwhelming, brainstorm more private alternatives
  - Assign a special (enjoyable) task for when they first arrive to classroom
- Managing drop-off times
  - Have student separate from parent as early as possible
  - Car drop-off lines work best
  - If parent must come into school, have child transition to an adult he likes/has a special bond with
  - Make transition away from parent as quick as possible
Specific tips for managing test anxiety

- Emphasize to parents importance of good sleep and nutrition in days leading up to test
- Review good test-taking skills beforehand:
  - Read directions carefully
  - Write down important points first before starting lengthy writing assignment
- Practice deep- or mindful breathing prior to beginning exam (can be classroom-wide fun activity)
- If student freezes during the exam, encourage them to:
  - Skip that item/section and later come back to it; Rumination is the enemy here!
  - Help them reappraise (not reassure) the concern about any one item on test. It’s not a disaster to make a mistake.
Specific tips for managing panic attacks

- Validate feelings; Do not reassure.
- Ask student to pay attention to their body and write down:
  - The physical symptoms they’re having (e.g., dizzy, feeling hot, etc.)
  - Graph how long it takes for the physical feelings to decrease (e.g., using a timer)
- For students with repeated attacks, ask them how it’s turned out before; help them articulate this if you know what’s happened before
  - “Last time you felt really scared, but it got a lot better after 5 minutes. I wonder what will happen this time?”
- Do not offer breaks from work, but also do not put extra pressure on them to finish quickly
- It’s tempting to encourage deep breathing exercises, but if a child is truly experiencing a panic attack, there is scientific evidence that this may actually worsen panic.
Specific tips for managing social anxiety

- Strategies may vary by age; but, gradually warming up to group context and social situations is key theme to emphasize
- Building a school-based “step-ladder” or hierarchy of increasingly challenging socially engaging activities, paired with reward (as appropriate) may be useful
- Pairing with an accepting, supportive peer may be useful; especially for younger children
- Sometimes socially anxious teens express their concerns as anger or preferences for isolative activity; Empathic listening and “rolling with resistance” to exposure attempts may be key
- Social skills can be at issue here; pair exposures with social skill information (e.g., entry and exiting conversations, etc.)
Specific tips for managing selective mutism

- If student refuses to speak, gradually decrease the demands of the situation (not forever):
  - Ask them to use a low voice
  - Ask them to whisper
  - Decrease number of people around the student
  - If possible integrate peers that the child gets along well with

- Subtly praise any speaking behaviors
  - Praising options: verbal praise, physical gesture (thumbs-up, high-five), sticker chart, point system used to redeem small rewards
  - Grand, public praises may embarrass the student and discourage future speaking

- Watch for peers who may say things along the lines of, “She talked!”
  - Privately let peers know that these statements might make students feel bad
  - Practice options with them: “Next time you’re proud of her for speaking, how about you give her a high-five? Like this!”
What about parent anxiety?

- We know that parents of children with anxiety often experience anxiety acutely themselves.
- Other issues in parents of anxious children: High levels of overprotection (helicopter parents), over-control and criticism.
- Reinforcement of avoidance and short-term distress: A very tempting and natural problem.
- But, for the most part – parents of anxious children are very responsive to education about anxiety and their reinforcement of anxiety-related distress and avoidance.
- Maybe the domain of a clinical professional overall?
  - But, you can start a supportive, discussion!
When is it time to refer for professional help?

- If you initiate the previously mentioned strategies, and the child continues to experience:
  - Excessive anxiety, worry, distress in the classroom
  - Attendance/tardiness problems
  - Decline in academic performance due to test anxiety
  - Isolation from peers
  - Refusal to speak with peers and/or teachers
  - Needs one-to-one clinical assistance in facing their fears
How to talk to parents about getting their child professional help

- Start out speaking about the child's strengths
- Then, mention that you have noticed persistent difficulty with: x, y, and z
- Let them know you’ve tried various strategies with limited success
- Convey confidence that with professional help, children with anxiety problems get better!
- **Most important**: Maintain a dialogue with parents
  - When you start to notice increased anxiety, gently mention your concerns
  - Discuss strategies you’re trying in the classroom
  - By the time you make a referral for professional help, it shouldn’t come as a big surprise
Managing Anxiety in Real World Schools
Role play!
Thank you!

Anxiety and Depression Association of America
www.adaa.org

Andrew Kukes Foundation for Social Anxiety
www.akfsa.org