## You Can Help Prevent or Reduce Anxiety in Students!

*Nikki is a 13 year old female. She has always been nothing less than an "A" student. Nikki's parents expect her to graduate high school and college maintaining high grades.*

*During her last year of middle school, Nikki started to worry she would fail out of high school and never make it to college. When Nikki's parents speak of school, she becomes irritable and back-talks to her parents. She is so worried about failing out of school that she finds it increasingly more difficult to focus and complete assignments. Her grades have started to decline.*

*Nikki feels as if she is losing control of her life and her future academic career at the young age of 13. Nikki's teacher, noticing the decline in her academic functioning, spoke to Nikki and the guidance counselor. This got the ball rolling, and with her parents support, Nikki recently began outpatient therapy.*

Nikki, like 13 of every 100 children and adolescents (ages 9 to 17), is dealing with an anxiety disorder. Anxiety disorders are the most common disorder to occur in childhood and adolescence (SAMHSA, 2008). Fortunately, anxiety disorders are treatable (SAMHSA, 2008). Anxiety disorders and anxiety in general have been shown to re-
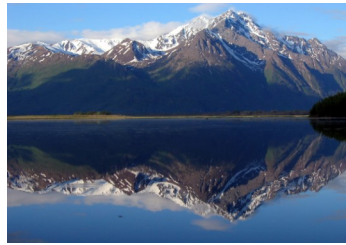
**Individuals experience levels of anxiety throughout their lives. Anxiety disorders can occur when functioning is disrupted.**
**Photo used with permission of Jeremy Sauskojus.**

spond to preventative interventions and programs as well (Barrett, Farrell, Ollendick, & Dadds, 2006; Barrett & Turner, 2004; Farrell & Barrett, 2007; Tomb & Hunter, 2004; Wood, 2006).

The following articles will introduce you to positive behavior support and universal interventions in the school setting. You then have the opportunity to read about anxiety in childhood and adolescence, what it looks like, and the different anxiety disorders.

Once a general understanding of anxiety and anxiety disorders is established, prevention and intervention techniques will be explained. These can be implemented school wide and in the classroom. Anxiety related research is mentioned and explored throughout the newsletter.

The newsletter concludes with a list of helpful resources and definitions. These can be found on the last page.

## What is Positive Behavior Support?

Positive Behavior Support (PBS) seeks to enhance the educational experience by reframing problem behaviors. Understanding that problem behaviors serve a communicative function, PBS looks to identify the communicative function of the problem behavior and introduce the student to more positive behaviors (Kerr & Nelson, 2006). Punishing these behaviors is not used with PBS.

PBS is not limited to certain students. Rather, it can be imple-

mented school-wide in the form of universal interventions. Implementing universal interventions significantly enhances the effectiveness of PBS (Kerr & Nelson, 2006).

According to the Families and Advocates Partnership for Education (FAPE), two benefits of PBS include: 1. Students exhibiting problem behaviors (with no label of disability) are able to learn skills to help reduce the rate of problem behaviors. 2. Universal interventions promote the inclusion of children with disabilities.

Moreover, universal prevention strategies elaborate on children's strengths and existing protective factors. For those children not at-risk for an anxiety disorder, they will learn skills to enhance their resiliency (Farrell & Barrett, 2007).

In disorders of childhood and adolescence, anxiety disorders have the highest prevalence . Implementing school-wide PBS strategies aimed at preventing or managing anxiety would thus benefit numerous students.

# What does anxiety look like?

Three factors are thought to contribute to anxiety and anxiety disorders. These factors are biology (genetic predisposition), cognitive-emotional influences (your experiences/self-confidence/ability to handle stress), and chronic stress (Brantley, 2008). Any or all of these factors, when triggered, may cause varying levels of anxiety.

Anxiety effects all aspects of a person, including one's physiological, behavioral, and psychological reactions (Bourne, 2005). Physiological responses of anxiety include the following: dry mouth, rapid heart rate and breathing, sweating, muscle tension, hot flashes or chills, and numbness. Behavioral responses include an inability to cope with stress or certain situations. Lastly, psychological reactions refer to a feeling of uneasiness or feeling of apprehension. This may also include a fear of losing control (Bourne, 2005).

The above reactions may also manifest themselves in the form of stomach aches, head aches, poor school attendance, irritability, lower academic performance, and expressed anger when routine is altered (Bourne, 2005). Social withdrawal is also commonly found when individuals suffer from anxiety. Social withdrawal in children interrupts the development of social skills (Morris, 2004).

In a classroom setting, the anxious student may be withdrawn or have sporadic attendance and suffer from different physical ailments. As a teacher, implementing preventative interventions and techniques may help students manage their anxiety or learn positive skills to prevent anxiety.

**Individuals with anxiety disorders feel uneasy or distressed, which may interrupt daily functioning. Photo used with permission of Marina Garcia.**
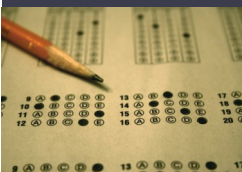
## Are there different types of anxiety?

As classified by the DSM-IV-TR (2000), anxiety disorders have many types and must meet certain criteria. This section will briefly discuss the anxiety disorders most common in childhood and adolescence. Information was taken from the DSM-IV-TR and the SAMSHA website.

### Generalized Anxiety Disorder (GAD)

Children with this disorder worry about everyday life activities. These worries are unrealistic. Excessive worry and anxiety must be present for at least 6 months to be diagnosed. Individuals may or may not recognize the worrying as excessive (children often cannot) but do realize they feel uneasy about the worrying.

### Separation Anxiety Disorder

Children have difficulty leaving their care takers and have difficulty when alone. Often, children with SAD do not like to attend school or social events as they involve leaving the care takers.

### Panic Disorder

Panic Disorder is most often recognized by the occurrence of panic attacks. These panic attacks seem to come from nowhere and include sweating, dizziness, increased heart rate, and shortness of breath, Children and adolescents who suffer panic attacks often try to avoid situations where an attack may occur.

### Post Traumatic Stress Disorder

This involves the development of symptoms after exposure to a traumatic stressor (i.e. physical, verbal, sexual abuse, or natural disasters). Children and adolescents with this disorder may re-experience the event in several ways. This includes flashbacks, intrusive recollections/memories of the event, These individuals may exhibit what appears to be a low tolerance for being startled.

### Academic Anxiety

In the academic world, a gap has been noted between children's abilities and children's actual performance on exams. This performance gap has been linked to test anxiety (Peleg-Popko, 2002). This study also found that children's anxiety levels were linked to children's perception of the following family variables: communication (extent to which family members feel supported and a sense of belonging), personal growth (achievement/independence), and system maintenance ( structure and openness to change) (Paleg-Popko, 2002). Results from Paleg-Popko (2002) showed children's levels of anxiety to be related to personal growth. Children who are enabled and cannot experience independence had higher levels of anxiety and less coping skills.

Cornell University Center for Learning & Teaching also looks at academic anxiety in students. Anxiety and performance area related on a bell-curve. Moderate levels of anxiety create the motivation needed to drive academic performance.

**Anxiety may lead to poor school attendance and lower academic performance.**

**Photo used with permission of Hannah Boettcher.**

## Academic Anxiety (continued)

Too little anxiety results in a lack of motivation. Conversely, high anxiety negatively effects memory and concentration.

According to Cornell University Center for Learning and Teaching (2008), high levels of test anxiety causes symptoms prior to, during, and after the test. These symptoms are physical and mental.

Symptoms prior to the test include tension, loss of sleep, and/or loss of appetite. Feelings of nervousness, irritability, and dread are also common.

During exams, symptoms most often include food cravings, difficulty concentrating, confusion, panic, mental blocks, nausea, and/or sweating.

After an exam, common anxiety symptoms include feelings of indifference, anger, guilt, or hopelessness. The student may also look to blame something or someone for his or her failure.

As a teacher, you have the power to teach students effective ways to deal with academic or test anxiety. Teaching various techniques and strategies to your students may serve to close the gap between children's abilities and their academic performance.

Some easy-to-implement strategies include allowing students the use of stress balls or music. Taking 10 minutes prior to the test to do deep breathing and tension reduction exercises with the class may also be effective.

For the complete list of easing test anxiety strategies from Cornell University's Center for Learning and Teaching (2008), you may visit this internet site: listed on page 4.

http://www.dt.cornell.edu/campus/learn/lsc_resources/testanxiety.pdf.

## Universal Interventions & Techniques to Prevent or Manage Anxiety

When it comes to anxiety, universal school-wide interventions will benefit the students as well as staff by creating a more relaxed atmosphere. To achieve maximum success, these should be implemented school-wide as well as in classrooms. As stated by Tomb and Hunter (2004), "teaching coping skills to children and adolescents as early as possible may help them develop effective strategies to deal with stress and minimize anxiety" (p. 89).

As a teacher, you can implement universal interventions in your classroom to help prevent or manage anxiety in your students. Research also supports the role modeling plays in teaching positive ways to prevent or manage anxiety (Fisak & Grills-Taquechel, 2007). Extensive research has focused on the role parental modeling of anxious behavior has on children and adolescents. Exposed to such behaviors, children learn to use these behaviors in similar situations. As such, teacher modeling of positive anxiety management behaviors will expose students to various techniques and strategies. Educators can also teach strategies to the students and provide them with basic knowledge of anxiety (normal versus abnormal anxiety).

The classroom, in essence, can be used as a microcosm for everyday living experiences. Teachers can allow students to learn from experience and develop a positive sense of mental health.

## Strategies to Prevent or Manage Anxiety in the Classroom

-Educate students about anxiety

-Provide an open-communication classroom

-Teach and discuss positive coping skills with students

-Allow students opportunities to practice and apply coping strategies.

For example, allow students to use stress balls during class or listen to soothing music while taking exams. Establishing and using positive coping skills may reduce tension and anxiety.

-Model positive ways to prevent and manage anxiety

-PRAISE! PRAISE! PRAISE! Model positive self-talk and praise students for their use of positive coping skills

-Teach students to visualize success through mental rehearsals

-Teach students to focus their attention on a specific object (the sound of the heater, the way their body feels, etc.) and have them continue to focus on this one thing for several minutes. This has been shown to lessen anxiety as well.

*For more strategies, please refer to the resources listed on page 4.*

## Helpful Resources:  Websites & Books

**Websites:**      *In the "search" box of each website, type "anxiety"*

Anxiety Disorders Association of America

   http://www.adaa.org

Children's Disabilities Information

   http://www.childrensdisabilities.info

Cornell University: Center for Learning and Teaching

   http://www.dt.cornell.edu/campus/learn/lsc_resources/testanxiety.pdf

National Alliance on Mental Illness

   http://www.nami.org

Substance Abuse and Mental Health Services Administration

   http://mentalhealth.samhsa.gov

**Books:**

Brantley, J., & Kabat-Zinn, J. (2007). *Calming your anxious mind* (2nd ed.) Oakland, CA: New Harbinger Publications, Inc.

Bourne, E.J. (2005). *The anxiety & phobia workbook.* (4th ed.) Oakland, CA: New Harbinger Publications, Inc.

Forsyth, J.P., & Eifert, G.H. (2007). *The mindfulness & acceptance workbook for anxiety: A guide to breaking free from Anxiety, phobias, & worry using acceptance and commitment therapy.* Oakland, CA: New Harbinger Publications, Inc.

Huebner, D. (2006). *What to do when you worry too much: A kid's guide to overcoming anxiety.* Washington, DC: Magination Press.

## Anxiety (and Related Words) Defined

**Anxiety Disorders** – mental illnesses that involve excessive worry; can range from feelings of uneasiness to immobilizing terror and fear; upset normal functioning

**Cognitive Behavioral Therapy** – approach to therapy that focuses on changing negative thought patterns and beliefs

**Diagnostic and Statistical Manual of Mental Disorders** (DSM-IV) – Manual of mental health disorders published by the American Psychiatric Association.  It provides mental health workers with descriptions and criteria of mental health disorders.

This manual is used to officially diagnose mental health disorders

**Positive Behavior Support** (PBS)– strategies used to change behavior; Punishment is not used, instead PBS respects the communicative function of behavior and works to strengthen and teach desired behaviors

**Universal Interventions** – procedures, programs, or rules that apply to a classroom setting.  Universal interventions may also be applied school-wide.
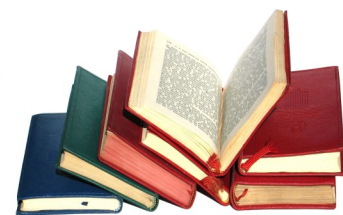
**Definitions retrieved from SAMHSA's Mental Health Dictionary and Kerr and Nelson's (2006) text companion website.
Photo used with permission of Sanja Gjenero.**

Bibliography with Annotations

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR)*. (4th ed.)
     Washington, DC: American Psychiatric Association.

Anxiety Disorders Association of America (2008). Statistics and facts about anxiety disorders. Retrieved
     February 14, 2008 from http://www.adaa.org/aboutadaa/pressroom/stats&facts.asp.
          The Anxiety Disorders Association of America website offers comprehensive information and statistics pertaining
          to anxiety disorder.  The ADAA's website provides information pertaining to upcoming conferences, resources,
          and treatments as well.  The above link will route the individual to statistical information regarding anxiety disor-
          ders.

Barrett, P.M., Farrell, L.J., Ollendick, T.H., & Dadds, M. (2006). Long-term outcomes of an Australian
     universal prevention trial of anxiety and depression symptoms in children and youth: An evaluation of the friends program.
     *Journal of Clinical Child &Adolescent Psychology*, 35:3, 403-411.
          The authors designed a study to look at the long-term outcomes of the FRIENDS Program, a universal cognitive-
          behavioral prevention intervention program designed to prevent or lessen anxiety in the student population.  Par-
          ticipants were in grade 6 or grade 9 in school and totaled 669 individuals.  The Friends intervention program con-
          sisted of 10 sessions and was implemented by teachers in the school setting. Anxiety scales and questionnaires
          were used to gather data.  The study found the program to be more effective with grade 6 students, though anxiety
          was lessened in both groups.

Barrett, P.M., & Turner, C.M. (2004). Prevention strategies. In T.L. Morris & J.S. March (Eds.), *Anxiety disorders in children and
     adolescents* (2nd ed., pp. 371-386). New York, NY: TheGuilford Press.
          The authors acknowledge the field of prevention has paid little attention to childhood anxiety prevention.  Child-
          hood anxiety disorders are currently the most common disorders in children. This article explains the relevant, but
          scant, research that has been conducted regarding childhood anxiety disorders.  The article reviews approaches to
          prevention, preventative interventions, as well as protective factors in preventative research.  In total, the article
          explains four research studies that focus anxiety prevention in children.

Beidel, D., Taylor-Ferreira, J., & Turner, S. (1999). Teaching study skills and test-taking strategies to elementary school students.
     *Behavior Modification*, *23,* 630-646.

Boettcher, H. (2007). "SAT prep book". Retrieved March 12, 2008 from http://www.sxc.hu.

Bourne, E.J. (2005). *The anxiety & phobia workbook*. (4th ed.) Oakland, CA: New Harbinger Publications, Inc.
          The Anxiety & Phobia Workbook provides the reader with general information about anxiety as well as subtypes.
          Designed to be informative as well as interactive, this book contains several exercises for the reader to complete.
          The book informs the reader of ways to possibly lessen anxiety.  These methods for anxiety reduction include
          physical exercise, relaxation, and visualization.  Some of these techniques may be implemented in the school and
          classroom setting.

Brantley, J. (2007). *Calming your anxious mind: How mindfulness & compassion can free you from anxiety, fear, and panic* .
     (2nd ed.) Oakland, CA: New Harbinger Publications, Inc.
          Found in the self-help section of your local bookstore, this book introduces the
          reader to the role mindfulness, compassion, and meditation play in helping the
          individual to manage, lessen, or eliminate anxiety.

Cleveland Clinic. (2008). "Treating anxiety disorders in children & adolescents". Retrieved February 14, 2008 from
     http://www.clevelandclinic.org.

Cornell University: Center for Learning and Teaching. (2008).  Letting go of test anxiety. Retrieved March 10, 2008,

     from http://www.dt.cornell.edu/campus/learn/lsc_resources/testanxiety.pdf

Cornell University: Center for Learning and Teaching. (2008).  Understanding academic  anxiety. Retrieved March 10, 2008, from

   http://www.dt.cornell.edu/campus/learn/lsc_resources/anxiety.pdf


Families and Advocates Partnership for Education. Research brief: School-wide behavior programs. Coordinated by PACER Center, Inc. Retrieved March 10, 2008, from http://www.fape.org.

Farrell, L.J. & Barrett, P.M. (2007). Prevention of childhood emotional disorders: Reducing the burden of suffering associated with anxiety and depression. *Child and Adolescent Mental Health*, v.12, 2, 58-65.
   This article provides the reader with a review of current intervention programs, in specific, the FRIENDS program and Queensland Early Intervention and Prevention of Anxiety Project. As most individuals do not seek treatment for anxiety related disorders, the article highlights current prevention and intervention research.

Fisak Jr., B., & Grills-Taquechel, A.E. (2007). Parental modeling, reinforcement, and information transfer:
   Risk factors in the development of child anxiety? *Clinical child and family psychology*, 10, 3, 213-231.
      In this journal article, the authors review research that examines the role parents may have in the development of anxiety in a child.  In specific, the authors take an in-depth look at the following learning mechanisms: reinforcement of anxious behaviors, information transfer, and modeling. As indicated by the authors, modeling continues to receive the most attention in terms of research.  Research studies support the role the learning mechanisms play in terms of anxiety.

Forsyth, J.P., & Eifert, G.H. (2007). *The mindfulness & acceptance workbook for anxiety: A guide to breaking free from anxiety, phobias, & worry using acceptance and commitment therapy*. Oakland, CA: New Harbinger Publications, Inc.
      This is a self-help book that introduces the reader to acceptance and commitment therapy (ACT) and its application to anxiety.  The book looks at current myths surrounding anxiety and its disorders, explores how to take charge of life, and introduces the reader to mindful acceptance.  It offers several strategies for managing or eliminating anxiety.

Garcia, M. (2008). "Chains in a front door". Retrieved March 12, 2008 from http://www.sxc.hu.

Gjenero, S. (2008). "Time to read". Retrieved March 12, 2008 from http://www.sxc.hu.

Huebner, D. (2006). *What to do when you worry too much: A kid's guide to overcoming anxiety*. Washington, DC: Magination Press.
      Complete with child-friendly illustrations, this anxiety workbook targets children.  It provides the reader with children's language as well as a child's understanding  and perspective of anxiety. Many of these exercises may be able to be applied in the school or classroom settings.

Kerr, M.M., & Nelson, C.M. (2006). *Strategies for addressing behavior problems in the classroom*. (5th ed.) Upper Saddle River, NJ: Pearson Education, Inc. http://www.wps.prenhall.com/chet_kerr_strategies_5.

McDonald, A.S. (2001). The prevalence and effects of test anxiety in school children. *Educational Psychology: An international journal of experimental educational psychology, 21,* 89– 101.

Mulvenon, S.W., Stegman, C.E., & Ritter, G. (2005). Test anxiety: A multifaceted study on the perceptions of teachers, principals, counselors, students, and parents', *International Journal of Testing*, 5:1, 37-61.

National Alliance on Mental Health. (2008). Anxiety disorders in children and adolescents. Retrieved
   February 14, 2008, from http://www.nami.org.
   The National Alliance on Mental Health created a fact sheet that provides an overview of anxiety disorders.  Anxiety disorders are then broken down into subtypes.  The most common anxiety disorders are explained.  Subtypes explained include: panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, phobias, and generalized anxiety disorders. The fact sheet also provides an overview of known causes of anxiety disorders and current treatments.

Mulvenon, S.W., Stegman, C.E., & Ritter, G. (2005). Test anxiety: A multifaceted study on the perceptions of teachers, principals, counselors, students, and parents', *International Journal of Testing*, 5:1, 37-61.

> Legislation, in particular No Child Left Behind, has lead to an increase in standardized testing and student assessments. Low performance on such examinations, as indicated in the article, is correlated with higher levels of anxiety and stress. The authors of this article developed several questionnaires in order to assess the factors that may influence performance on standardized tests as well as individuals' perceptions. Overall, the authors found negative attitudes pertaining to standardized testing did not appear correlated to low student performance. Researchs found there to be no significant spike in the anxiety levels of students due to standardized testing. The highest levels of anxiety were reported by the teachers. The study was conducted in nine elementary schools within the same school district.

Peleg-Popko, O. (2002). Children's test anxiety and family interaction patterns. *Anxiety Stress and Coping, 15:1,* p. 45-59.

Sauskojus, J. (2008). "Mud lake Alaska". Retrieved March 12, 2008 from http://www.sxc.hu

Substance Abuse and Mental Health Services Association. Children's mental health facts: Children and adolescents with anxiety disorders. Retrieved March 15, 2008 from http://mentalhealth.samhsa.gov/publications/allpubs/CA-0007/default.asp.

Tomb, M. & Hunter, L. (2004). Prevention of anxiety in children and adolescents in a school setting: The role of school-based practitioners. *Children & Schools*, v. 26, 2, 87-101.

> This article elaborates on the role of school-based practitioners when it comes to preventing or managing anxiety in students. A primary role for such individuals was that of educator – educating teachers about anxiety, prevention measures, and interventions. The authors, for example, suggest teaching coping skills to students to help them manage stress and thus minimize anxiety. The article also elaborates on anxiety prevention programs such as Ready…Set…R.E.L.A.X, designed to be implemented school wide or with smaller groups of students. This program focuses on teaching relaxation techniques. This article reviews several other anxiety prevention programs as well.

U.S. Department of Health and Human Services. (1999). "Other mental disorders in children and adolescents". *Mental health: A report of the surgeon general*. Retrieved February 14, 2008 from http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec6.html.

> Chapter 3 in the Surgeon General's Report focuses on anxiety disorders in children and adolescents as well as other disorders of childhood and adolescence. This chapter describes anxiety disorders in general as well as by subtype. Common treatments are also explained.

Wood, J. (2006). Effect of anxiety reduction on children's school performance and social adjustment. *Developmental Psychology*, v. 42, 2, 345-349.

> Author, Jeffrey Wood, conducted a study that exposed 40 high-anxiety children to a cognitive-behavioral intervention program. Progress was measured through ratings provided by independent evaluators, parents, and students. The study found reduced levels of anxiety to be correlated with improved school performance. Social functioning also improved as anxiety lessened in students. The literature review also describes links present among anxiety, social adjustment, and school performance.