



Supporting Anxious Youth: Practical Strategies for School-Based Providers

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Disclosures



- No disclosures or conflicts of interest

Objectives



1

Recognize signs and symptoms of childhood anxiety

2

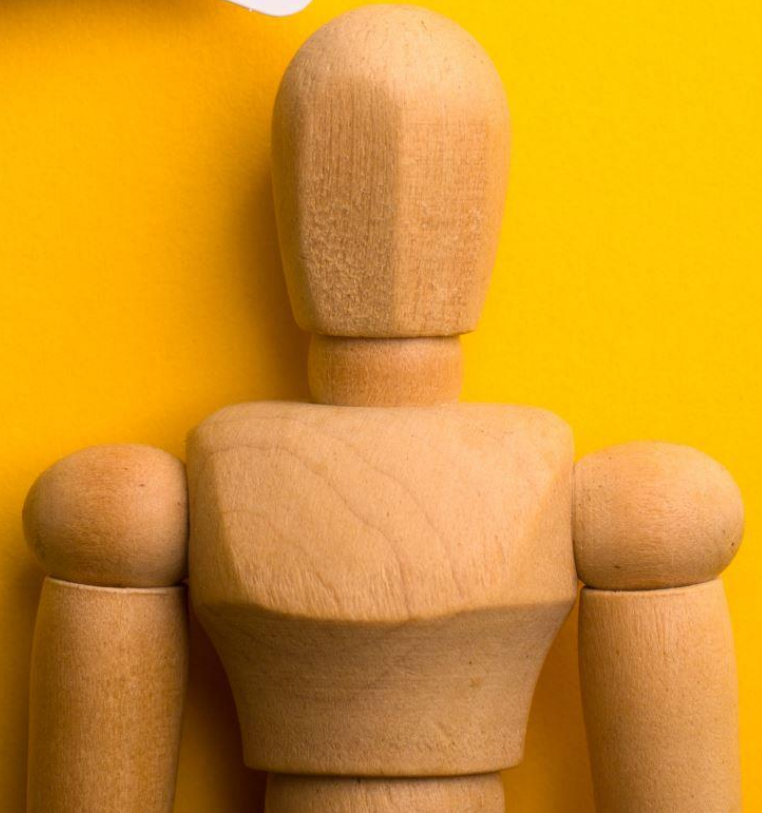
Learn evidence-based techniques to support anxious students, promote emotional regulation, and foster resilience in the school setting

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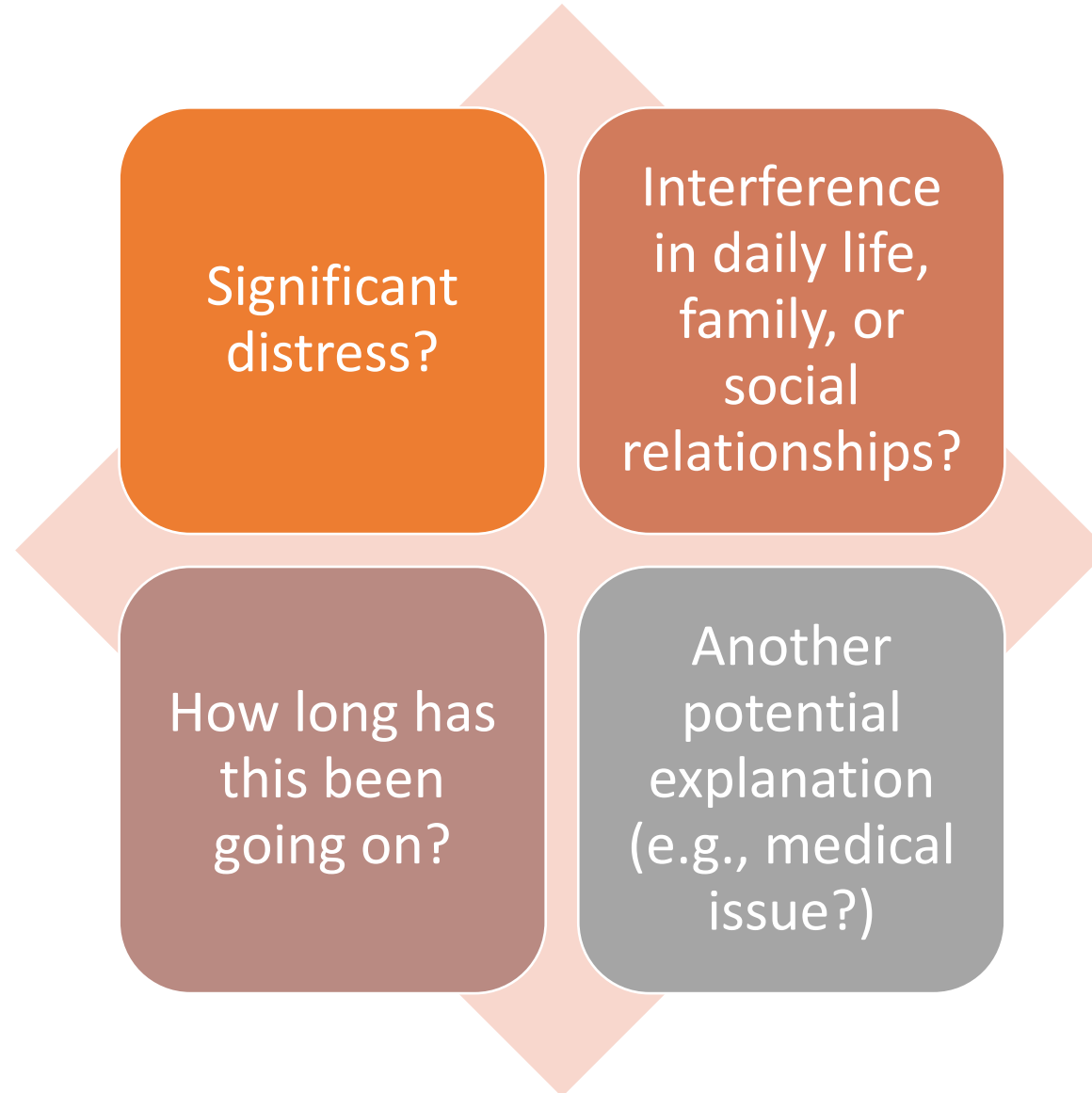
Understand the role of educators, mental health professionals, and families in creating a supportive network to help children manage anxiety effectively

What is Anxiety?

- Fear = emotional response to perceived or real IMMEDIATE threat
 - Fight, flight, or freeze response
- Anxiety = anticipation of FUTURE threat
 - Muscle tension, vigilance, cautious, avoidance behaviors
- Panic attacks ≠ anxiety disorder
- Developmental considerations
- Normal anxiety



Determining Disorder



- Prevalence: 31.9% of children
 - More common in females than males (2:1)
- May result in maladaptive avoidance behaviors and decreased quality of life
- Avoidance behaviors decrease learning, enable escape from feared stimulus, reinforce both fear and avoidance/escape, reduce self-efficacy
- Children with anxiety much less frequently referred for help than those with externalizing problems

Anxiety Disorders



- Separation Anxiety Disorder
- Generalized Anxiety Disorder
- Social Anxiety Disorder
- Specific Phobia

- Panic Disorder
- Agoraphobia
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder

Separation Anxiety Disorder



- Developmentally inappropriate and excessive anxiety/distress about separation from caregiver(s). Needs at least 3 of the following:
 - Recurrent and excessive distress when anticipating/experiencing separation from home or attachment figure
 - Persistent and excessive worry about losing or harm happening to major attachment figure
 - Persistent and excessive worry that harm may come to themselves
 - Persistent reluctance/refusal to go away from home (e.g., go to school, friend's home, practices, etc)
 - Persistent and excessive fear of being alone in the home without important figure
 - Persistent reluctant/refusal to sleep alone or away from the home
 - Repeated nightmares with a separation theme
 - Repeated physical complaints when separation occurs/is anticipated (stomachaches, headaches, vomiting)
- Persistent for at least 4+ weeks in kids and teens (6+ months adults)
- Impairment in school, academic/occupational, and/or home life

Generalized Anxiety Disorder



- Excessive anxiety/worry occurring more days than not for 6+ months
 - Academic performance, health, news/world/community events, future...
- Difficult to control the worry (e.g., perseverates)
- Anxiety and worry are associated with at least 1 physical symptom (3 in adults):
 - Restlessness or keyed up/on edge
 - Easily fatigued
 - Difficulty concentrating / mind blank
 - Irritability
 - Muscle tension or headaches
 - Sleep disturbance
- Impairment in school, academic/occupational, and home life

Social Anxiety Disorder



- Marked fear/anxiety about 1+ social situations in which individual is exposed to possible scrutiny from others
 - Social interactions
 - Being observed
 - Performing
 - Fear that they will act in a way or show anxiety symptoms that will be negatively evaluated (e.g., humiliated/embarrassed, offend others, lead to rejection)
- For kids/teens, must occur in peer settings, not just with adults
- Social setting almost always provokes fear/anxiety (in kids, this may be tantrums, crying, freezing, clinging, failing to speak)
- Fear/anxiety is out of proportion of the actual threat posed
- Social situations are avoided or endured with intense distress
- Impairment in school, academic/occupational, and home life
- Lasts 6+ months

Anxiety Psychoeducation



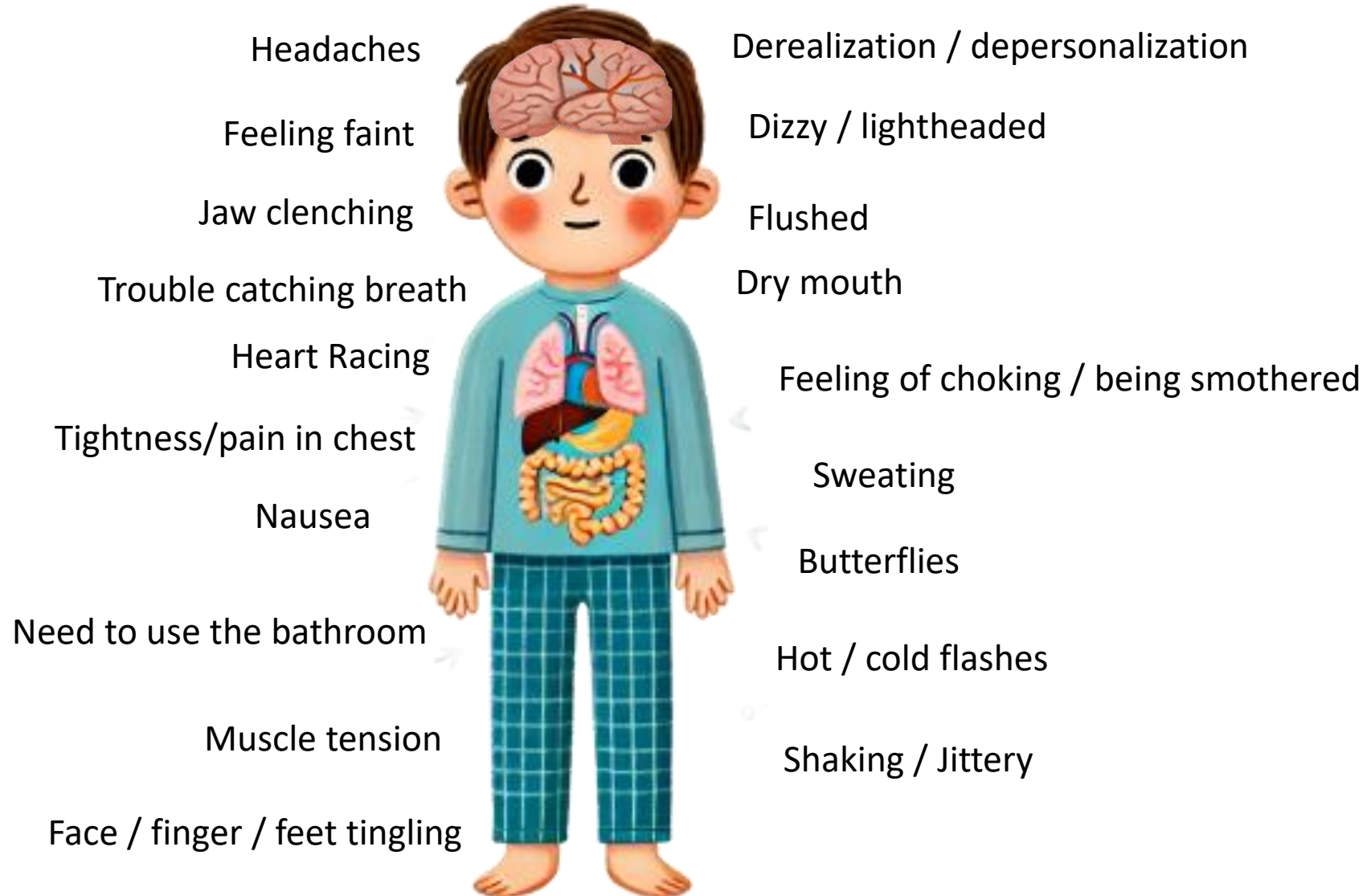
- Everyone has anxiety and it can be helpful. It is a normal feeling that helps us keep ourselves safe and to help us prepare. For example, it stops us from running into the street or gets us to study for a test.
- Anxiety works as an alarm system with 2 parts
 - Yellow light: warns you something bad might be about to happen (be careful!)
 - Red light: Danger is here right now! GET OUT!
- The alarm sets off a series of reactions:
 - Cognitive (e.g., thoughts)
 - Behavioral (e.g., avoidance/escape)
 - Physiological (e.g., fast heartrate, shortness of breath, sweating)

Anxiety Psychoeducation



- False alarms are when the alarm goes off but nothing bad is happening
 - Like when mom or dad burns dinner and there is smoke but no fire
- Having an anxiety disorder is like having false alarms – you think there is something dangerous or is about to happen, but there really isn't.
- Anxiety becomes harmful when the false alarms have gotten out of control –
 - A stomachache every day before school after the first few days and no GI illness

Somatic Symptoms



Thinking Traps/ Cognitive Distortions

Anxious kids have “sticky brains” where worried thoughts get stuck and replay repeatedly

Unhelpful Thinking Styles

When we are upset our thinking can change in unhelpful ways. Our thinking can become *distorted* or *unbalanced*. These are some of the most common unhelpful thinking styles. By recognising our unhelpful styles we can begin to change them.

All or nothing thinking



Sometimes called 'black and white thinking'

If I'm not perfect I have failed
Either I do it right or not at all

Over-generalising

"everything is always rubbish"

"nothing good ever happens"

Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw

Mental filter



Only paying attention to certain types of evidence.

Noticing our failures but not seeing our successes

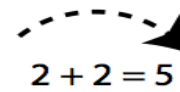
Disqualifying the positive



Discounting the good things that have happened or that you have done for some reason or another

That doesn't count

Jumping to conclusions



There are two key types of jumping to conclusions:

- **Mind reading** (imagining we know what others are thinking)
- **Fortune telling** (predicting the future)

Magnification (catastrophising) & minimisation



Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important

Emotional reasoning



Assuming that because we feel a certain way what we think must be true.

I feel embarrassed so I must be an idiot

should
must

Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed

If we apply 'shoulds' to other people the result is often frustration

Labelling



Assigning labels to ourselves or other people

I'm a loser
I'm completely useless
They're such an idiot

Personalisation

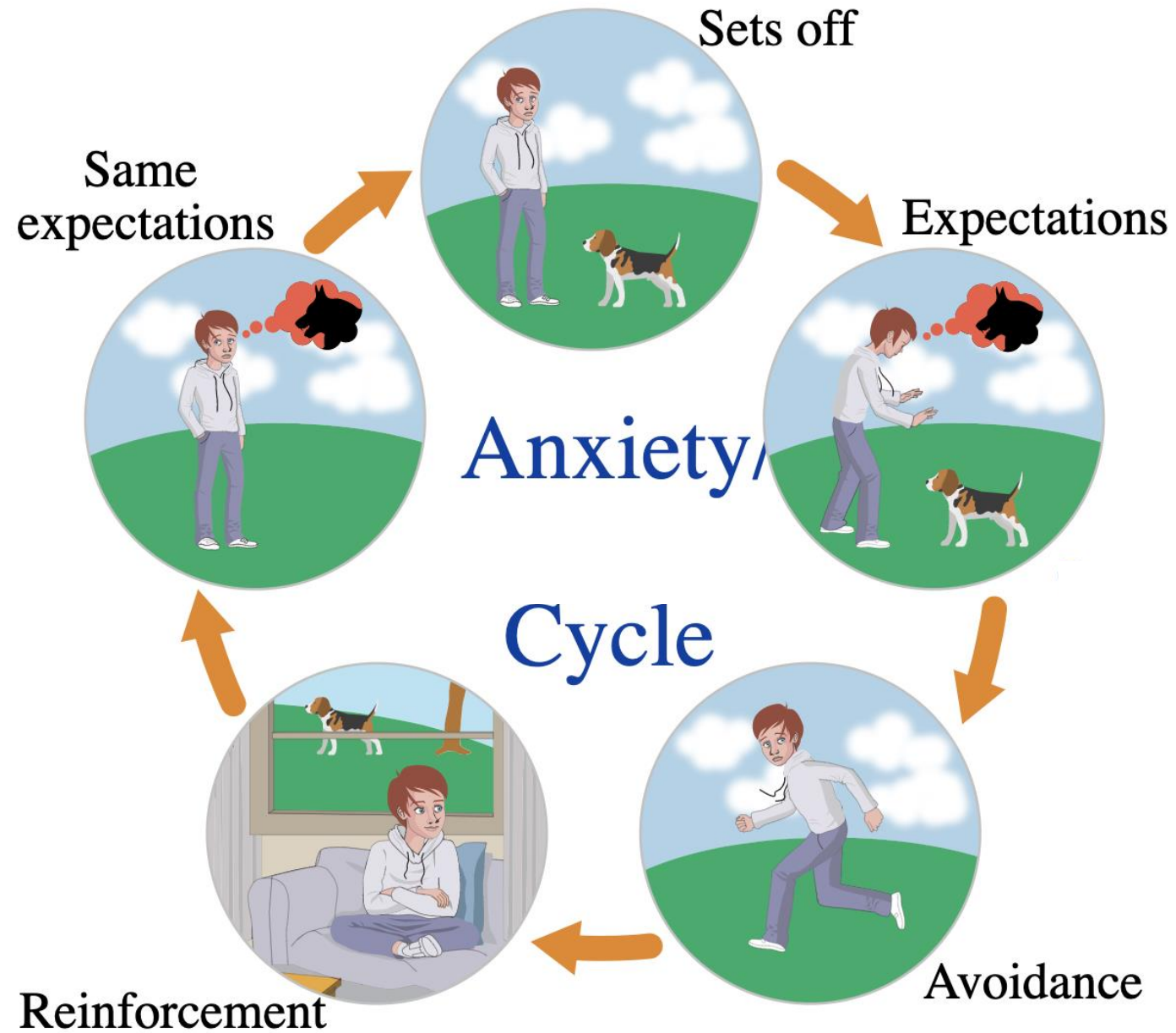
"this is my fault"

Blaming yourself or taking responsibility for something that wasn't completely your fault. Conversely, blaming other people for something that was your fault.



ANXIETEA

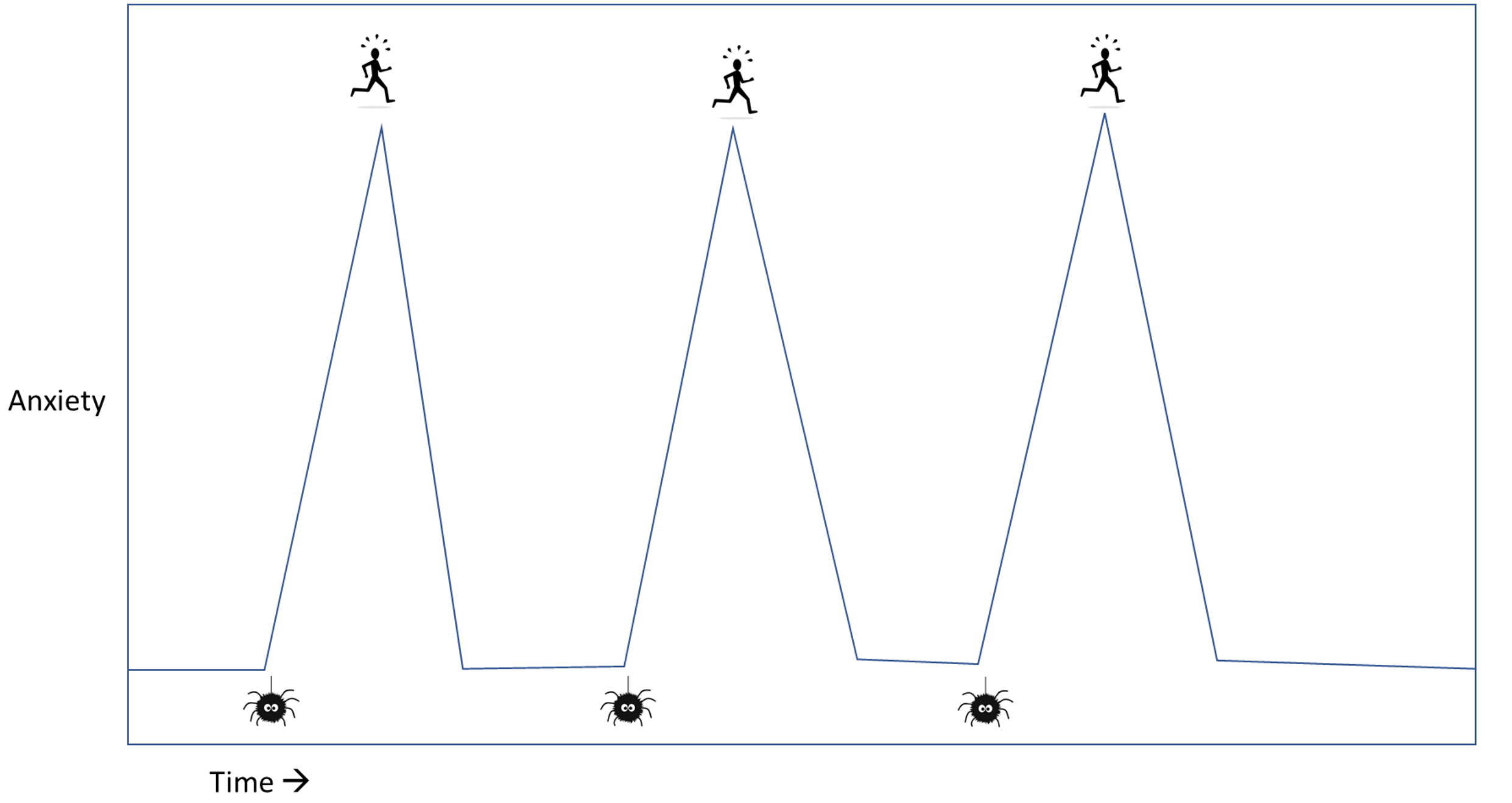
GEMMA CORRELL



Anxiety

Time →





Anxiety in Schools

What do we see in the school setting?



- Extreme shyness
- Isolation in the classroom
- Hesitant to participate in social situations
- Extreme discomfort when the center of attention
- Avoid schoolwork for fear of making a mistake
- Telephone home frequently
- Absent from school (too much)
- Visits the nurse frequently

More behaviors...



- “Blends into the wallpaper” (avoids any attention)
- Catastrophizes normal situations
- Excessive worry about upsetting or hurting others
- Reassurance seeking
- Perfectionistic about work
- Excessive worry about failure
- Wiggles, is jittery, shaky, high strung, tense and unable to relax.
- Lack self-confidence and seem very unsure of themselves

School Refusal / Avoidance

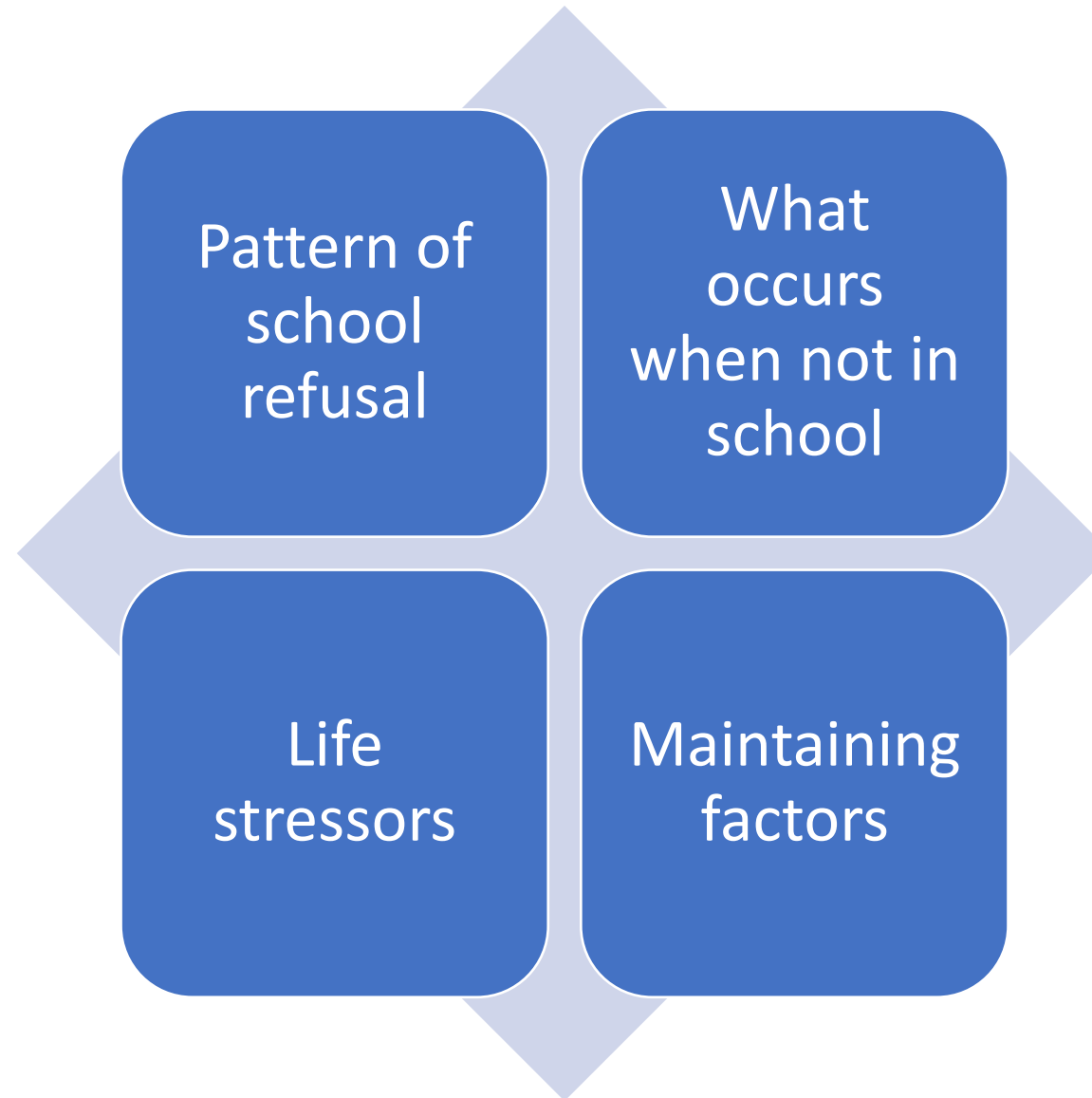
- Not a diagnosis, but often signals a significant problem
- More than just “school jitters” - more than 1st month of school
- Not to be confused with truant children
- Affects 2-5% of children
- Most common ages affected: 5-6, 10-11, or in times of transition

Associated with:

- Declining academic performance & social alienation
- Increased risk of legal trouble & financial expensive
- Family conflict, potential child maltreatment & lack of supervision
- Lower educational attainment & economic deprivation
- Occupational and marital problems
- Poor psychological functioning
- Risk increases the longer the child remains out of school



Assessing School Refusal



Types of School Refusal



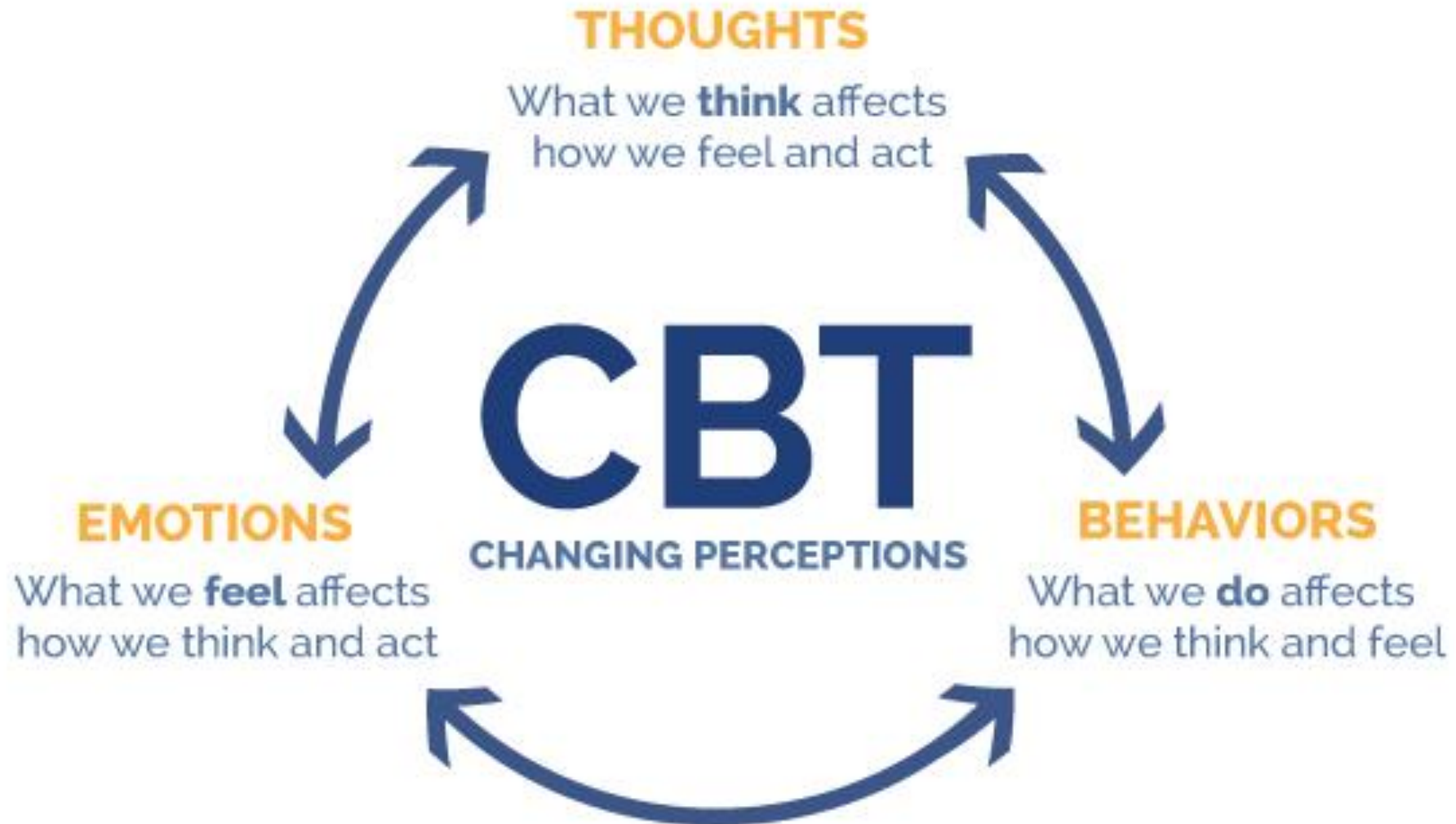
- Hallmark – Heterogeneous condition
- Important – What is the function of school refusal behavior?
 - To avoid school-related stimuli that provoke negative affectivity
 - To escape aversive social situations
 - To receive attention from others outside school
 - To obtain tangible rewards outside school

Treating & Managing Anxiety

- Two primary evidence-based treatments
 - SSRIs – see recordings on our BHIPP website:
 - <https://mdbhipp.org/bhipp-resilience-breaks.html>
- CBT for pediatric anxiety
 - Efficacious in clinical trials
 - Effective in community practice
 - Structured approach to treatment



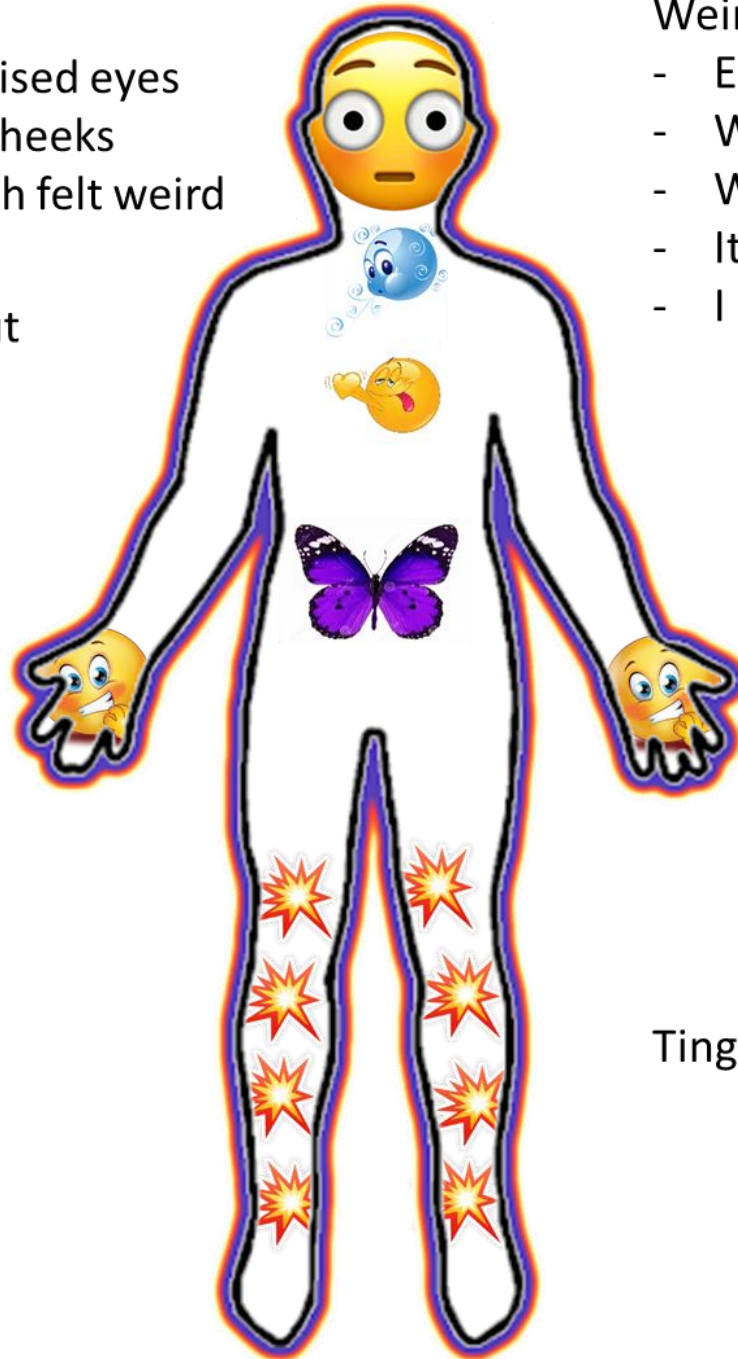
Cognitive Behavioral Therapy (CBT)



EMBARRASSED

Surprised eyes
Red cheeks
Mouth felt weird

Feel like passing out



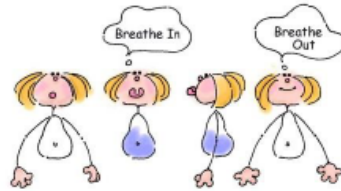
Weird thoughts:

- Embarrassing
- Why are you touching me
- Why didn't you tell me about this
- It'll feel weird
- I don't know what to expect

Tingly - legs

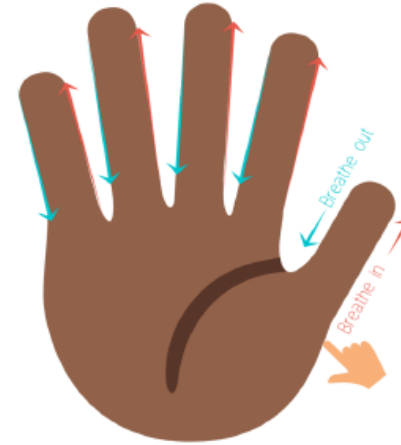
Breathing Exercises

Take belly breaths

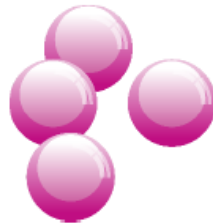


Give your animals a ride
on your belly

5 Finger Breathing



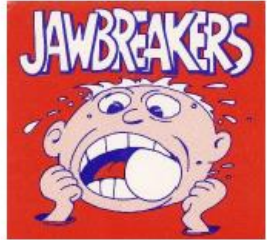
Take bubble breaths



Shape your lips into a
small 'O' and breathe
gently like you're
blowing bubbles

Body Relaxation

Jawbreaker!



Clench your jaw, wrinkle your forehead. Hold. Relax. Repeat.

Fly on your Nose!



There is fly on your nose. Get it off without using your hands. Relax. Repeat.

Squeeze some Lemons!



Make a tight, tight fist. Open up hand. Repeat.

Elephant Stomp!



Pretend a baby elephant is about to step on your stomach. Hold. Relax. Repeat.

Do the Turtle!



Pull shoulders up to ears, hold, let go. Repeat.

Be a Cat!



Stretch arms out in front of you, then up as far as you can go. Let go. Repeat.

Through the Fence!



Suck in your stomach. Relax. Repeat.

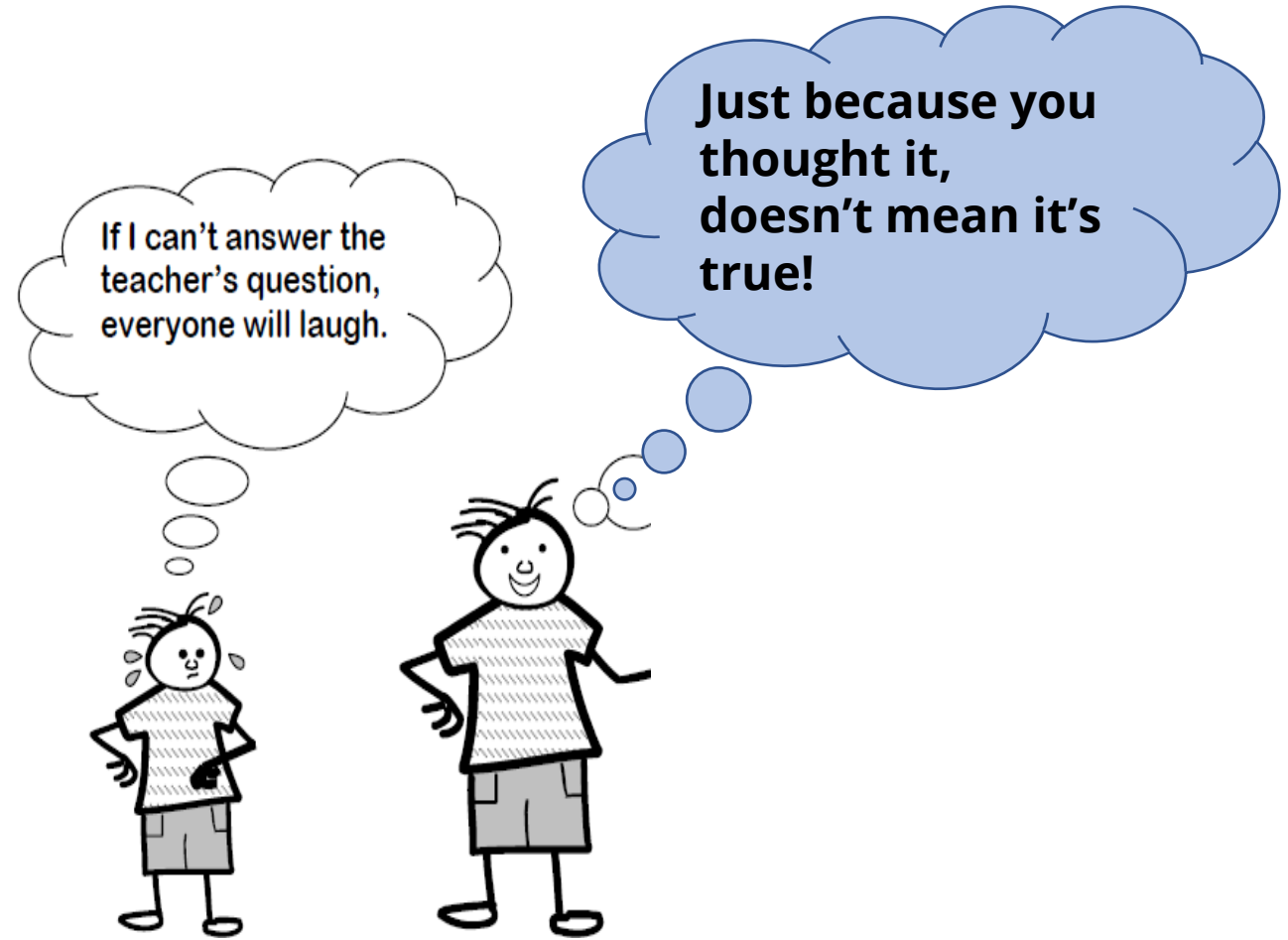
Mud Puddle!



Squish your toes into the mud. Press your legs down. Relax. Repeat.

Cognitive Strategies for Anxiety (Thinking Traps/ Cognitive Distortions)

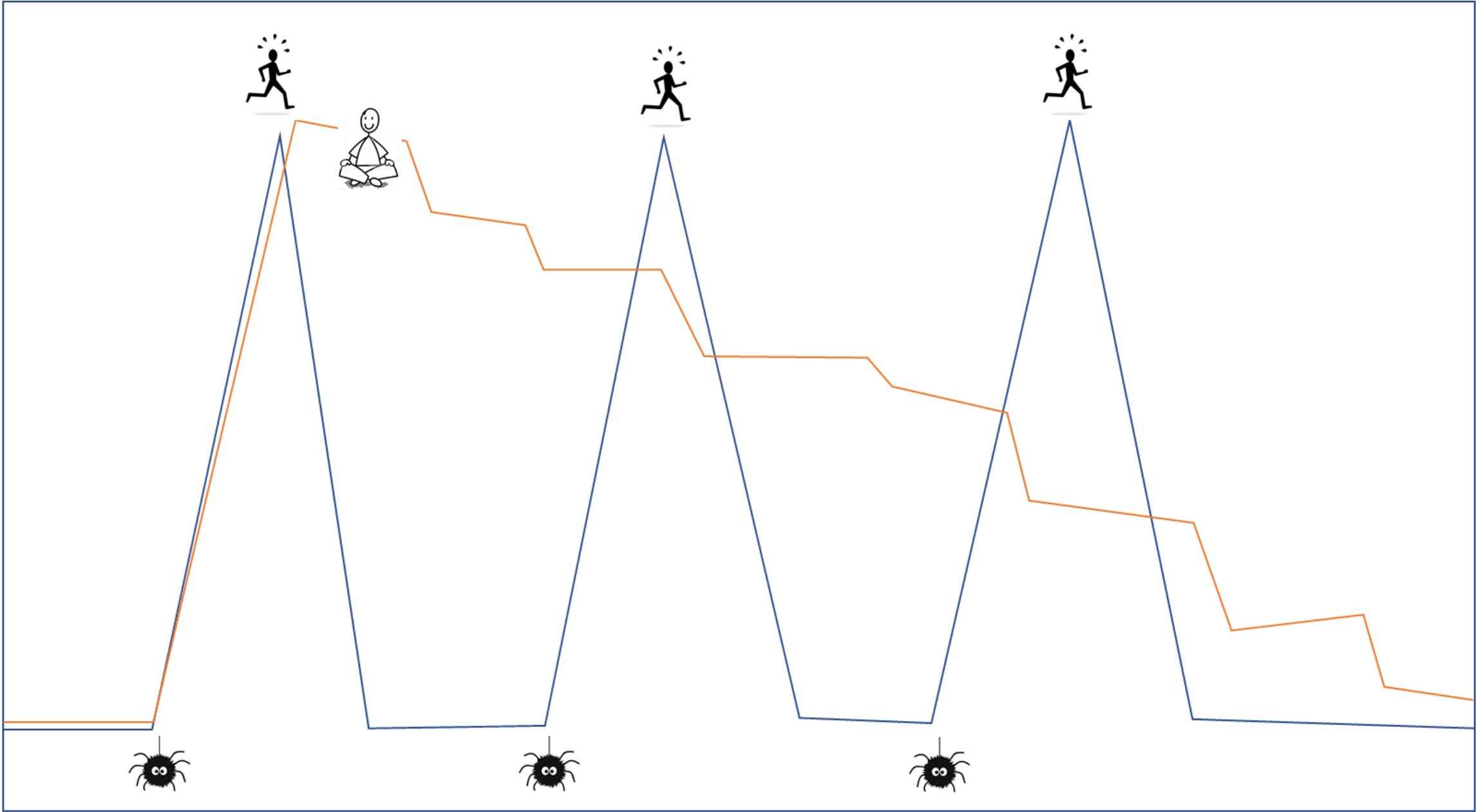
- Help children identify anxious thoughts, and:
 - Restructure it (more helpful thought)
 - Talk back to it
 - Detach from it (“just another worried thought. It's not important”)



- **Exposure therapy:** repeated approach toward fear-provoking stimuli
- **Inhibitory learning:** creating a new meaning about feared situations, which competes with the prior fear
 - I used to become anxious during this situation, and now I have learned that I feel LESS ANXIOUS
 - The goal of therapy is to make new meanings of previously feared stimuli
 - Old association: “a dog bit me, I feel really scared, I avoid dogs”
 - New association: “Dogs do not always bite me, not all dogs are harmful”

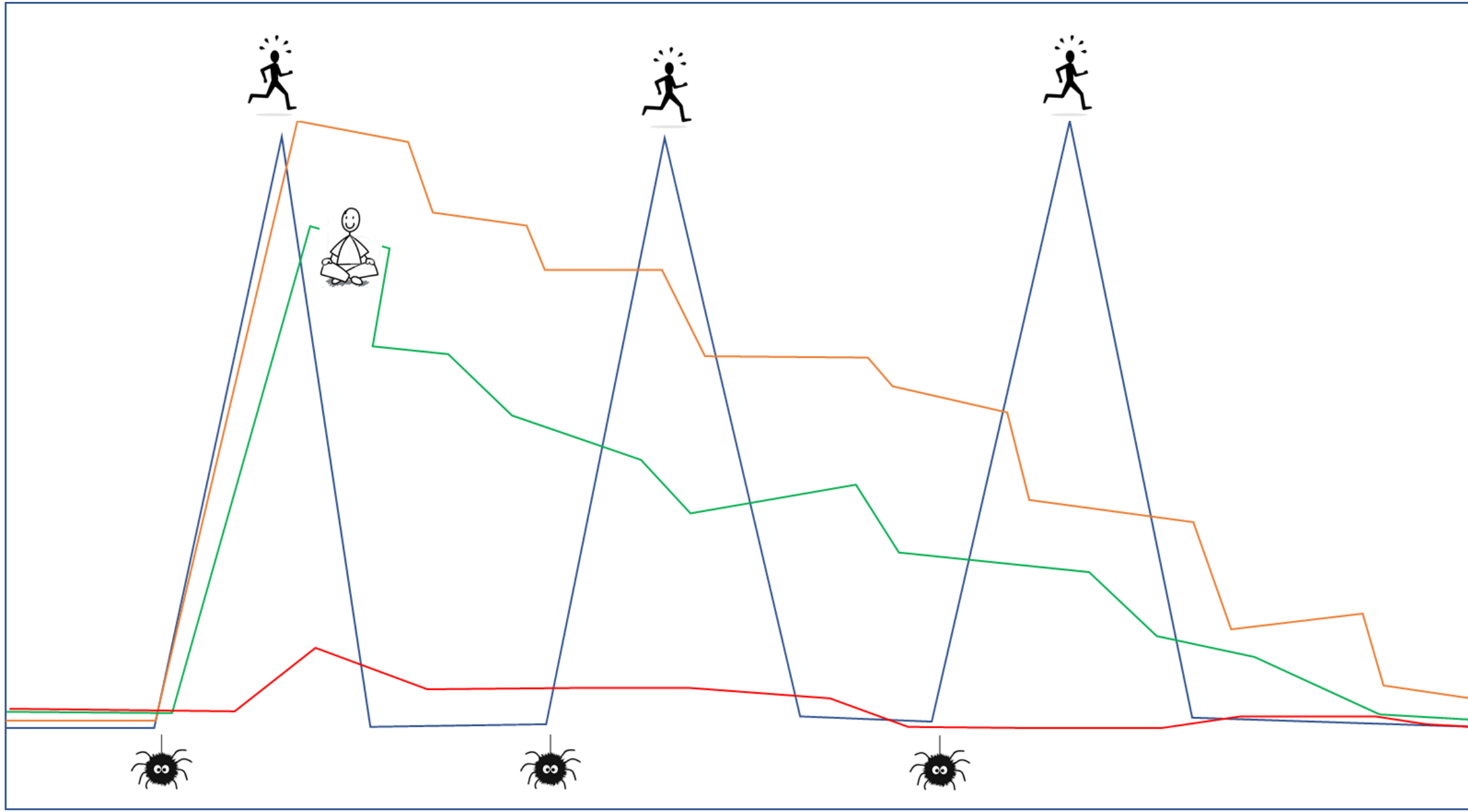
Anxiety

Time →



Anxiety

Time →



School's Involvement in Treatment



Monitor and communicate



Involvement in exposure



Avoid accommodation



Flexibility

Partial school attendance



Encourage extracurricular involvement

Lunch bunch, etc.

Managing Anxiety

- Refer to proper treatment if necessary!
- General coping strategies:

OK to do

- Be sensitive
- Provide feedback
- Be consistent
- Seek additional resources
- Be open to collaboration with child's therapist

Not recommended

- Accommodate the anxiety
- Single the child out



Accommodation – In Relation to Anxiety



- Accommodation = modifications that others make in their own/family's behavior to reduce child's anxiety/distress. Examples include:
 - Letting child sleep in parent's room
 - Not signing them up for activities
 - Allowing child to leave school early
 - Changing assignment expectations (e.g., not presenting to class)
 - ****Providing reassurance**** (“nothing bad will happen to you,” “your mom is safe”)

- Accommodation provides *short-term* relief, but maintains or worsens anxiety in the long run
 - Legitimizes the worry! This IS something to be afraid of
 - Child: “I’m worried they will laugh at me!”
 - Parent/teacher: “No one will laugh at you!”
- Prevents child from using coping skills and learning that *they can* manage/tolerate their anxiety
 - Remember – anxiety is not dangerous! Just doesn’t feel good

Very natural to give it and a hard habit to break.

- Fine to give to kids who are experiencing typical worry, but if anxiety is lingering or problematic, time to consider how we can change our behavior
- Instead validate the feeling (not the worry), prompt coping, and express confidence:
 - “Whoa, you're really nervous to present! What is something else that could happen [besides them laughing]? What can you do to help yourself do this (now and/or in the moment)?”
- Say just once!
 - Otherwise, turns back into reassurance

But What about School Accommodations?

504 Plans / IEPs

What is the purpose of the accommodation?

- Supporting assessment and learning
- Reducing/reinforcing experience of anxiety

→ A fine line!



Sample Accommodations

Breaks / flash passes
(be aware!)

Extra time on tests and
assignments

Modified assignments /
alternative participation
(be aware!)

- E.g., oral presentations

Prompts for coping skills
+ access to materials
that help (eg fidgets)

Testing in alternative
locations

Scheduled check-ins
with trusted adult

Buddy system / lunch
bunch / social skills
groups

Flexible seating
arrangements (near
teacher, with helpful
peers)

Support during
unstructured times
(lunch and recess)

Visual schedules /
written instructions to
help with uncertainty

Example 504 Language



Molly's clinically significant anxiety symptoms impact her learning. Specifically, Molly displays behavioral avoidance and experiences increased distress when entering school, asked to participate in class, interacting with peers, and when she perceives that she is unable to meet high personal expectations. Because Molly's symptoms are presently interfering with her school functioning, she will require 504 accommodations. Some accommodations to consider may include:

- Additional time for completion of assignments/assessments
- Flash pass for time-limited visits to the guidance office, school psychologist, or other-identified school team member with encouragement to return to the classroom after use of coping skills
- Positive reinforcement for perseverance and/or use of coping skills
- Placement in classes with preferred peers
- Coordinate with therapist to plan/implement behavioral approach tasks in school

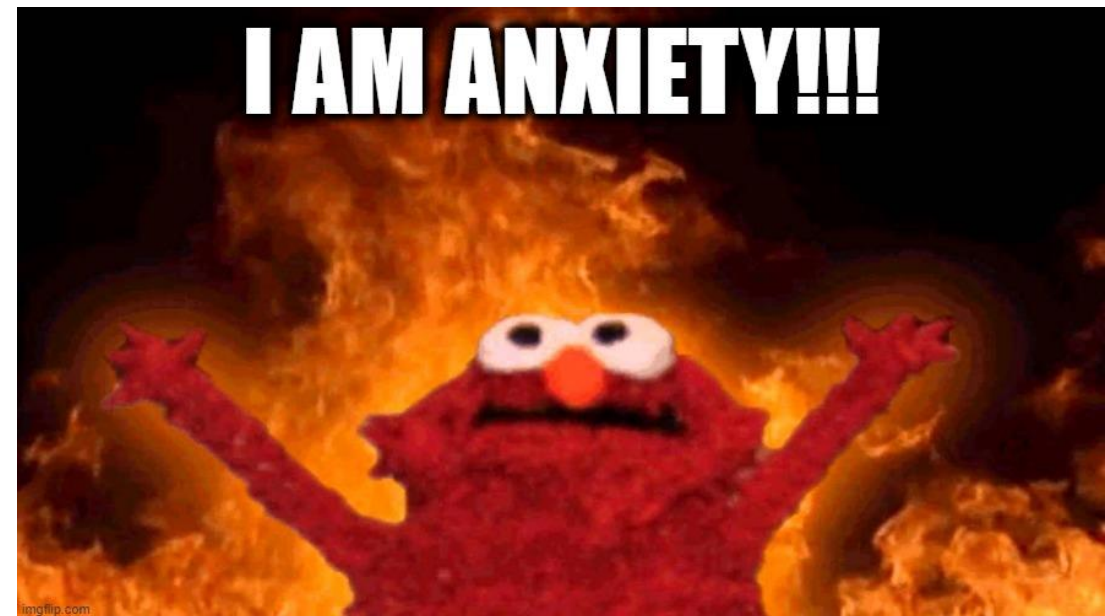
The B's to stay home

Symptoms OK to stay home

- Boiling - fever over 100 degrees
- Barfing - *frequent* vomiting
- Broken / bleeding – injury recovery
- Bunches o' bowel movements – e.g. severe diarrhea
- Bugs – e.g., lice

Not OK

- **Minor headache**
- **Nausea**
- **Stomachache**



School Re-Entry



- Gradual process
- Scheduling considerations
 - Morning
 - Afternoon
 - Lunch
 - Child's preference
 - Classes with preferred peers
 - Locations to go in school
 - Safe adult / contact
- **NO BACKSLIDING**

Week	Date	Schedule
1	November 18-22	Leave after lunch (12:10)
2	November 25-29	Leave at same time as everyone else (3-hour early dismissal)
3	December 2-6	Leave at 12:45
4	December 9-13	Leave at 1:45
5	December 16-20	Leave at 3:00
6	January 2-3	Leave at 3:00
7	January 6-10	Full day

A Note about Home and Hospital (or virtual)



- Generally, avoid!!!
- Considerations
 - Time out of school so far
 - Tutoring to support with academic catch-up
 - Clear re-entry expectations (not a blank check to miss school)
 - Close collaboration between school, therapist, and parents

Case Example: Jesse

- **Name:** Jesse
- **Age:** 10 years old
- **Diagnosis:** GAD and Social Anxiety
- **Background:**
 - 5th grade
 - Always been a “worrier”
 - Anxiety getting worse this year



GAD Symptoms:

- Constantly worried about performance on tests/assignments, even when he does well
- Excessive erasing/rewriting, gets upset if not “just right”
- Frequent stomachaches and headaches, esp test days
- Often asking teacher if he is “doing it right?” or if answers are correct
- Distressed with changes to schedule

Social Anxiety Symptoms

- Refuses to raise hand in class even if he knows answer for fear of mistakes
- Avoids group work
- Panic symptoms when asked to present
- Eats lunch alone
- Avoids eye contact
- School refusal / physical complaints on days with tests/big assignments

Impact on School Functioning

- Incomplete assignments (fear of making mistakes)
- Grades lower than expected
- Few friends
- Frequent visits to the nurse's office
- Often calling home to be picked up early

Accommodations

- Extra time on assignments and tests
- Provide written instructions (limit reassurance seeking)
- Present to teacher alone, then smaller groups, then...
- Structured peer assignments (assigned partners)
- Lunch bunch
- Timed breaks in nurses office, limit calls home

Collaboration

- Regular communication between school, home, therapist
- Planned exposures (with therapist) to increase confidence
- Check-ins with school counselor

Resources



- School Avoidance: <https://schoolavoidance.org/>
- Coping Cat Parents: <https://www.copingcatparents.com/>
- Books for Kids and Teens:
 - The Worry Workbook for Kids by Muniya Khanna and Deborah Ledley (ages 5-11)
 - What to Do When You Worry Too Much by Dawn Huebner (ages 6-12)
 - The Worry Workbook for Teens by Jamie Micco (ages 13+)
 - The Dialectical Behavior Therapy Skills Workbook for Anxiety: Breaking Free from Worry, Panic, PTSD, and Other Anxiety Symptoms by Alexander Chapman, Kim Gratz, and Matthew Tull (ages 13+) - based on dialectical behavioral therapy
- Resources for parents that teach strategies to manage your child's anxiety:
 - You and Your Anxious Child by Anne Marie Albano
 - Freeing your child from anxiety: Powerful, practical solutions to overcome your child's fears, worries and phobia by Tamar Chansky
 - Helping Your Anxious Child: a Step-by-Step Guide for Parents by Ronald Rapee
 - Breaking Free of Child Anxiety and OCD: A Scientifically Proven Program for Parents by Eli Lebowitz



Coping Cat Parents 

Thank You!



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