

ANXIOUS STUDENTS:
WHAT CAN THE SCHOOL DO?
WHAT CAN THE FAMILY DO?

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DISCLOSURE STATEMENT

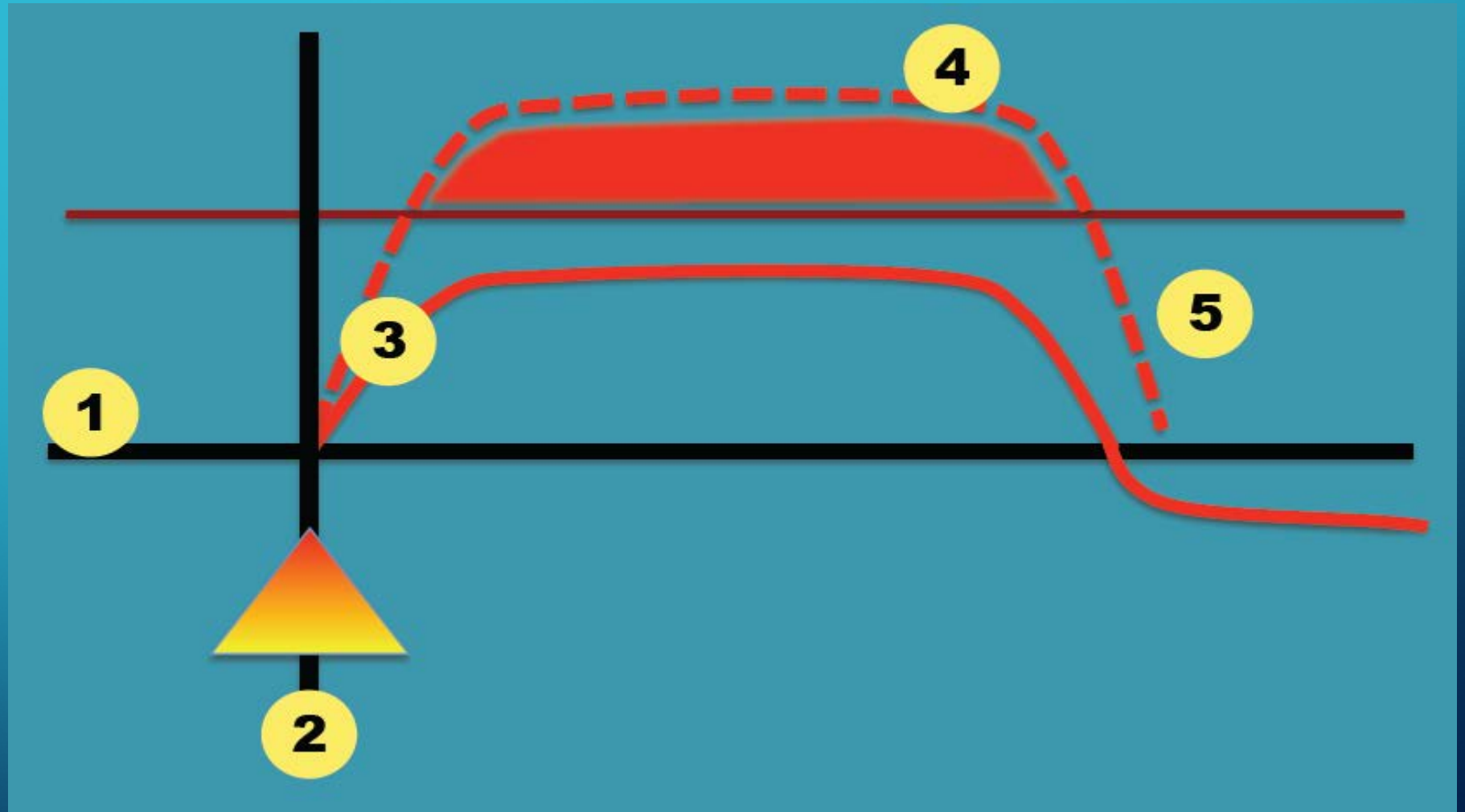
- I have no financial relationships with any pharmaceutical company.
- The medicine discussion will include some off-label uses.
- I work for UR and the “Project Teach” grant, which is funded by a grant from the NYS Office of Mental Health

WHY WORKING WITH ANXIOUS STUDENTS IS SO HARD: TWO SCARY CRISES

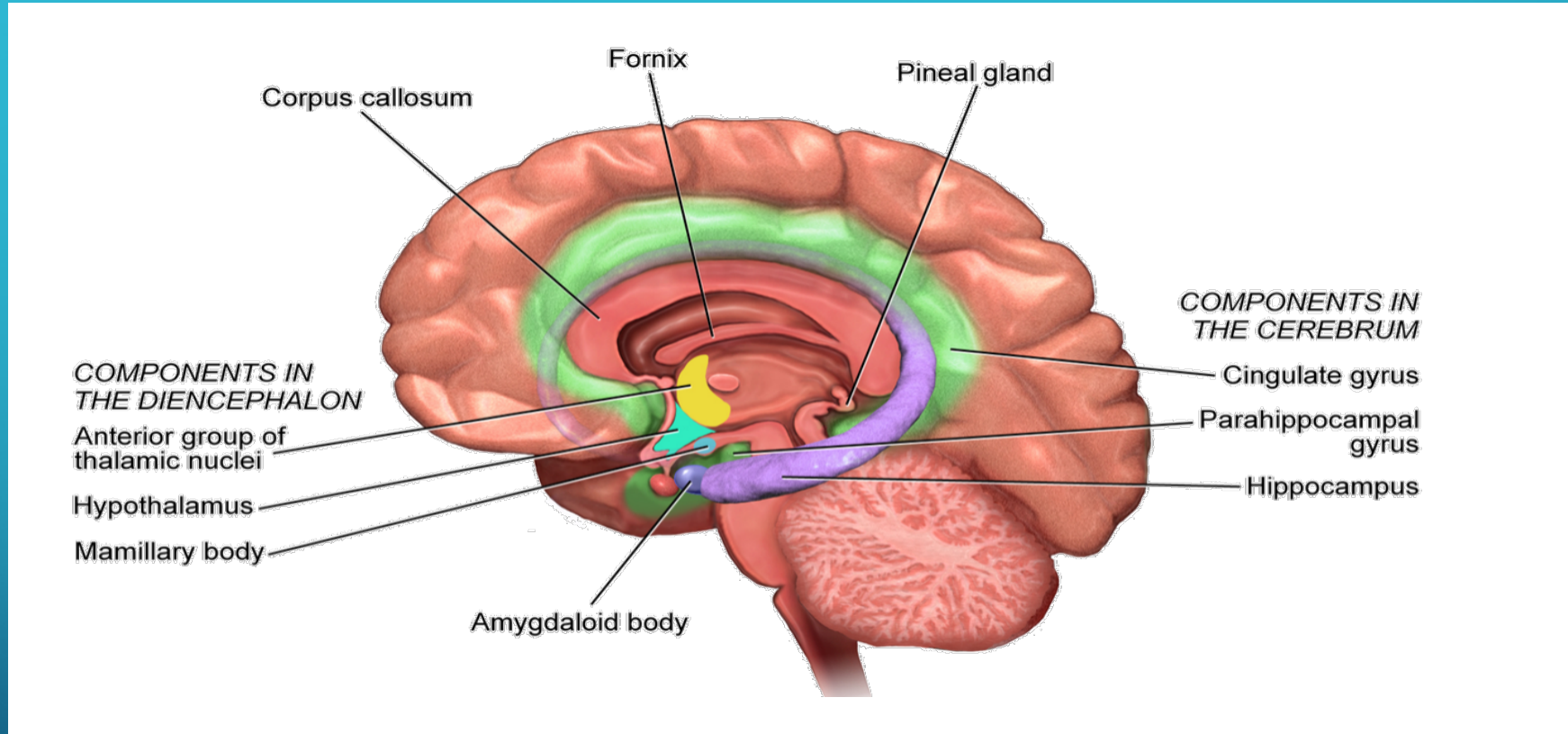
- “Red Zone” Meltdowns and Tantrums
- School Refusal and Absenteeism

THE RED ZONE OF EMOTIONAL REACTIVITY

1. Baseline
2. Triggers
3. Up ramp
4. Plateau
5. Down ramp



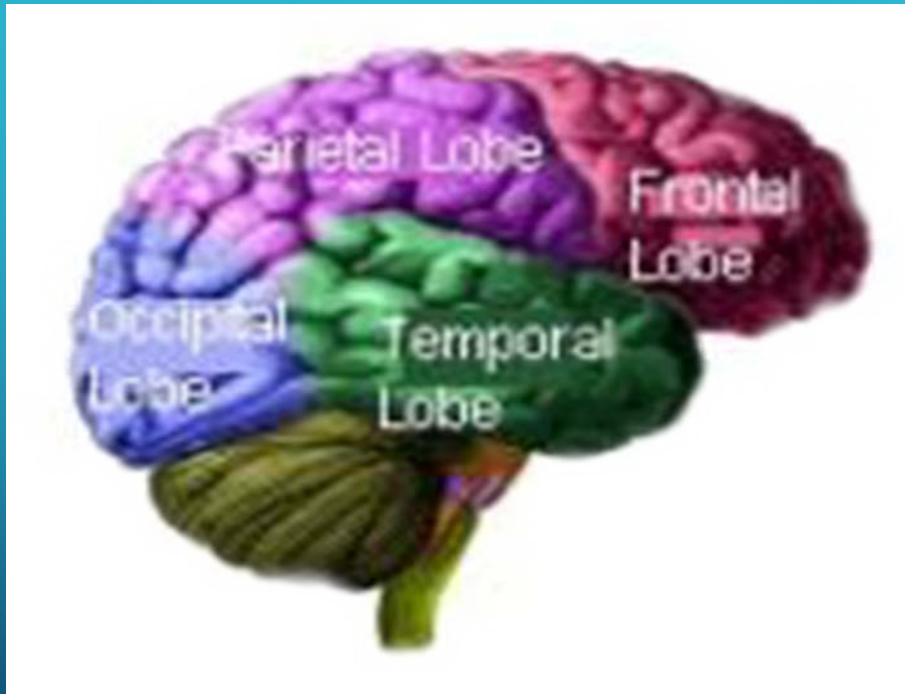
THE LIMBIC SYSTEM: A VOLCANO OF RAW EMOTIONS



Emotional Life, Behavior, Passion,
Motivation, Arousal, Smell,
Adrenaline, Long Term Memories

THE CEREBRAL CORTEX:

THE SELF CONTROL PLACE



Planning, Reasoning, Decision making,
Problem Solving, Judgment, Impulse
Control, Memory and Voluntary
Movement



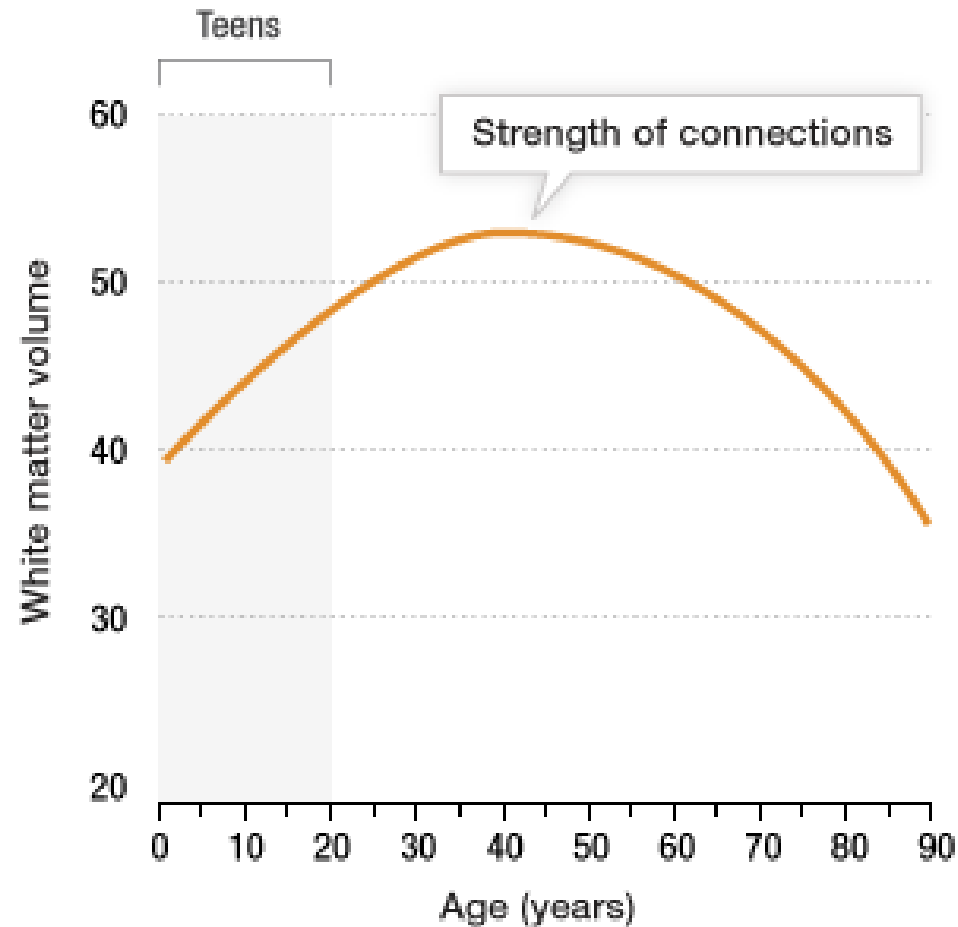
WHICH STUDENTS ARE MOST PRONE TO RED ZONE MELTDOWNS?

- Brain injury, intoxication, ADHD, dementia
- Anxiety DO, Panic DO, Depression, Bipolar
- Oppositional Defiant Disorder, Conduct Disorder
- Language impairment, Intellectual Handicapped, Learning Disability
- Sensory impairment (deaf/HH, blind/VI)
- Babies, children, teenagers, elderly

The 25-30 Year Old Brain

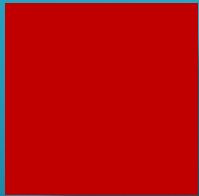


HELLO, HELLO? A WEAK CONNECTION. SOWELL, 2003, NATURE NEUROSCIENCE

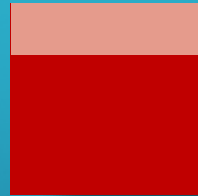


WHAT ARE THE MOST LIKELY PSYCHIATRIC DIAGNOSIS FOR “RED ZONE” STUDENTS

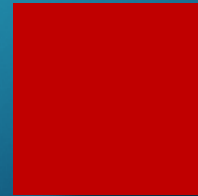
Most “Red Zone” behavior is underpinned by common Mental Health Problems



Anxiety >8%



Teen Depression 6-8%



ADHD >8%

THE SPECTRUM OF ANXIETY

- Anxiety in non-anxious people 100%
- Anxious temperament and behavioral Inhibition 20%
- Anxiety Disorders 8-10%

LET'S LOOK AT ANXIETY

- Physical Concerns
- Separation Issues
- Social Concerns
- Fearful Thinking

ANXIETY SYMPTOM INVENTORY *handout

Past Now Physical Concerns

- | | | |
|-----|-----|--|
| ___ | ___ | Many minor physical complaints and fatigue |
| ___ | ___ | Stomach aches and loss of appetite |
| ___ | ___ | Visits school nurse frequently |
| ___ | ___ | Feels ill when stressed (Monday mornings, test days, etc.) |
| ___ | ___ | Dramatic reactions to minor illnesses or injuries |
| ___ | ___ | Unrealistic worries about possible illnesses or injuries |
| ___ | ___ | Reluctant to eat lunch or snacks in school |
| ___ | ___ | Fearful of using public bathrooms (in school) |
| ___ | ___ | Nervous habits or tics (biting nails, clearing throat, squinting, blinking) |
| ___ | ___ | Repeats acts/rituals (hand washing, arranging, redoing, counting) |
| ___ | ___ | Reactive to physical touch (startles, jumps, strikes out) |
| ___ | ___ | Faints or passes out |
| ___ | ___ | Episodes or racing pulse, shortness of breath, chest pain, choking sensation |
| ___ | ___ | Episodes of hot/cold flushes, sweating, trembling, nausea |
| ___ | ___ | Fearful of dying, going crazy, losing control |

Past Now Separation Issues

- | | | |
|-----|-----|--|
| ___ | ___ | Difficulty leaving home to attend school |
| ___ | ___ | Suffers saying goodbye to parent/caretaker |
| ___ | ___ | Asks frequently to call or go home |
| ___ | ___ | Refuses sleepovers, camp, travel appropriate for age |
| ___ | ___ | Struggles returning to school after weekends, illnesses, vacations |
| ___ | ___ | Clings, cries and/or tantrums when facing separations |
| ___ | ___ | Resists sleeping alone, going to bed, staying in bed if awakened |

Past Now Social Concerns

- | | | |
|-----|-----|---|
| ___ | ___ | Slow to warm up to new social situations |
| ___ | ___ | Keeps to his/her self |
| ___ | ___ | Tends not to speak or make eye contact |
| ___ | ___ | Is or feels teased by peers |
| ___ | ___ | Resists speaking in class, presentations |
| ___ | ___ | Isolates during unstructured time (hallway, lunch, before/after school) |
| ___ | ___ | Overreacts to minor interpersonal problems with adults or kids |
| ___ | ___ | Fearful of the locker room or changing clothes in school |
| ___ | ___ | Refuses/reluctant to go to school if faced with social problem |
| ___ | ___ | Relates mostly to adults in school or other social settings |
| ___ | ___ | Few or no peer friendships |
| ___ | ___ | Little social activity outside of school day (phone, email, IM, text, Facebook) |

Past Now Fearful Thinking

- | | | |
|-----|-----|--|
| ___ | ___ | Expects social situations to go badly |
| ___ | ___ | Has negative intrusive thoughts creating anxiety |
| ___ | ___ | Cannot concentrate or perform "under pressure" |
| ___ | ___ | Dwells on past problems |
| ___ | ___ | Usually fearful and pessimistic |
| ___ | ___ | Internal self-talk creates anxiety |
| ___ | ___ | Has intrusive thoughts or images of traumatic events |
| ___ | ___ | Tends to "space out" or be "in a daze" |
| ___ | ___ | Feels stupid, unable or flawed even when talented |
| ___ | ___ | Values lowering "stress" over most other things |



ANXIETY SCREENING TOOL

Screen for Anxiety Related Disorders SCARED* handout

- Anxious people are often more comfortable making disclosures in writing than while talking
- Anxious people have difficulty thinking clearly so a checklist can help
- Child and Parent can work together at a good time

Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 1 of 2 (To be filled out by the CHILD)

Name: Judy

Date: _____

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. When I feel frightened, it is hard to breathe.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6. When I get frightened, I feel like passing out.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. People tell me that I look nervous.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12. When I get frightened, I feel like I am going crazy.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I worry about sleeping alone.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16. I have nightmares about something bad happening to my parents.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I worry about going to school.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
19. I get shaky.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 2 of 2 (To be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
Total Score = 34			
21. I worry about things working out for me.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
22. When I get frightened, I sweat a lot.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am a worrier.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. I get really frightened for no reason at all.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am afraid to be alone in the house.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. It is hard for me to talk with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. When I get frightened, I feel like I am choking.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People tell me that I worry too much.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
29. I don't like to be away from my family.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am afraid of having anxiety (or panic) attacks.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I worry that something bad might happen to my parents.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I feel shy with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. I worry about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
34. When I get frightened, I feel like throwing up.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I worry about how well I do things.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36. I am scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
37. I worry about things that have already happened.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. When I get frightened, I feel dizzy.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I am shy.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

SCORING:

A total score of ≥ 25 may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

**For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

ANXIOUS TEMPERAMENT 20%

- Shy
- Fearful reaction to most novelty
- Tending towards withdrawal
- More rapid resting pulse
- More tension in throat
- Increased risk of many diagnoses
- Increase incidence of all anxiety diagnoses
- The approach taken by adults is critical for modulation



DOES AN ANXIOUS TEMPERAMENT MATTER?

- There is an increased incidence of Anxiety Disorders and other MH diagnoses
- The Adult approach to an anxious child is critical for modulation
- Children with anxious temperaments are prone to low pain tolerance, over-reactions to injury and complaints of headaches and stomach aches



ANXIETY DISORDERS (8%)

- Chronic pattern of distress and impairment
- Body Signals of Anxiety (stomach pain, headache, other chronic pain)
- Thought Distortions (Automatic Negative Thoughts)
- Social Anxiety and avoidance (cold swimming pool)
- Separation problems (more common in early childhood)



ANXIETY'S NATURAL COURSE

Anxiety syndromes tend to “morph” with age

Anxious people often try to be invisible and have good poker faces

(25% identification by PCP)

There are medical causes of anxiety symptoms: side effects of medicine, caffeine, drugs of abuse, diet and cold pills

There are social causes of anxiety symptoms: abuse, bullying, domestic or neighborhood violence

Truly anxious children are triggered by small, normal things



"I'll have an ounce of prevention."

SCHOOL-BASED APPROACHES TO ANXIETY

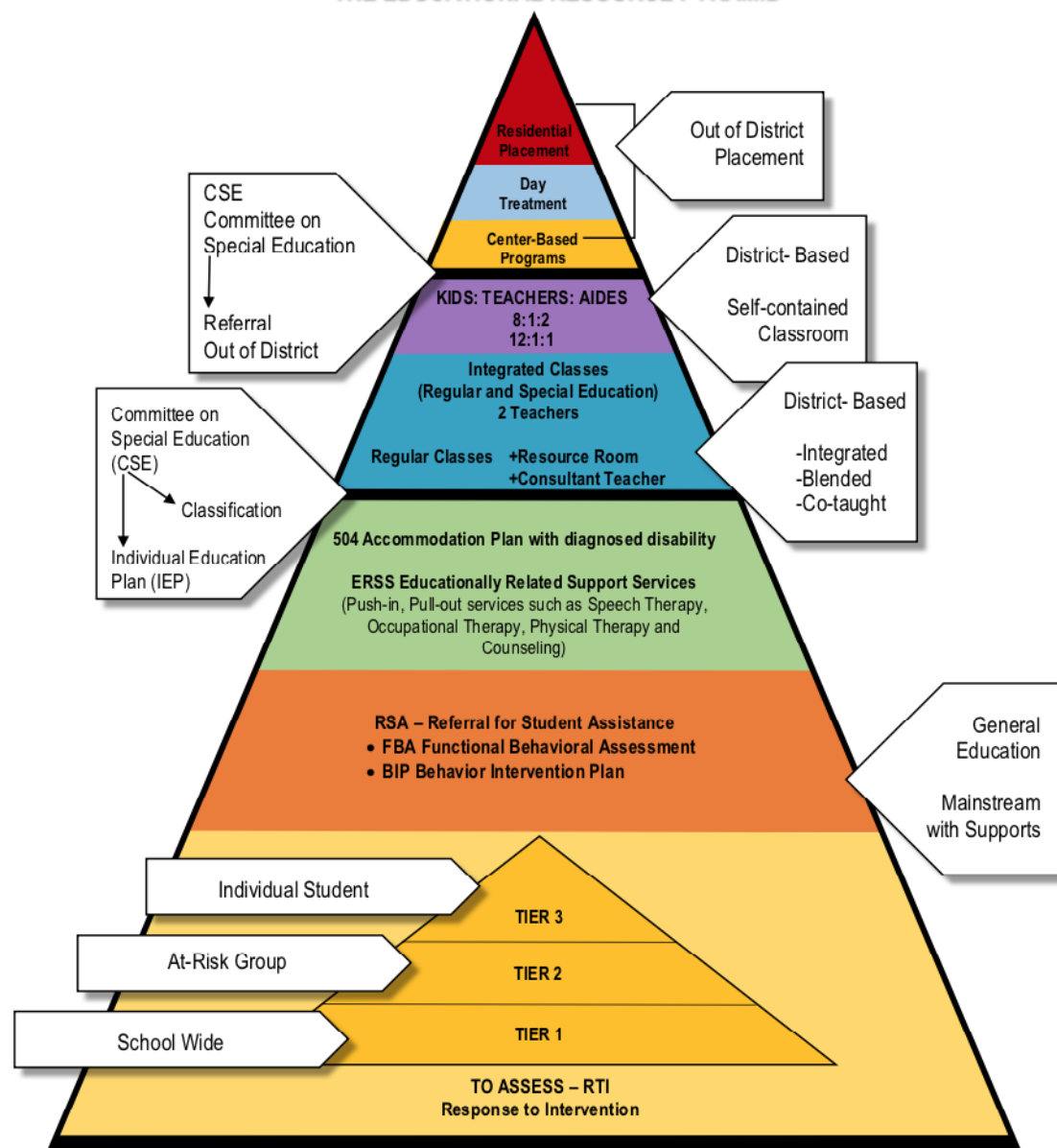
PREVENTION (INFORMAL, RTI TIER 1)

- Notice and include shy children quickly
- Create rituals for known challenges (re-entry after summer, vacations, weekends, illnesses)
- Collaborate with primary care doctors on excuses (especially home instruction)

INTERVENTION (INFORMAL, RTI TIERS 2+3, 504 PLAN, IEP)

- Anxiety SWAT team to act quickly to stop patterns
- Always focus on re-entry, attending and engaging with support
- Collaborate with therapists
- Consider offering Coping Cats Program in school

THE EDUCATIONAL RESOURCE PYRAMID



* handout

INEFFECTIVE SCHOOL-BASED APPROACHES TO ANXIETY

PREVENTION NO NO'S

- Be careful not to reinforce:
 - Task avoidance
 - Seeking excessive adult reassurance
 - Physical complaints to the nurse
 - Excessive social interventions

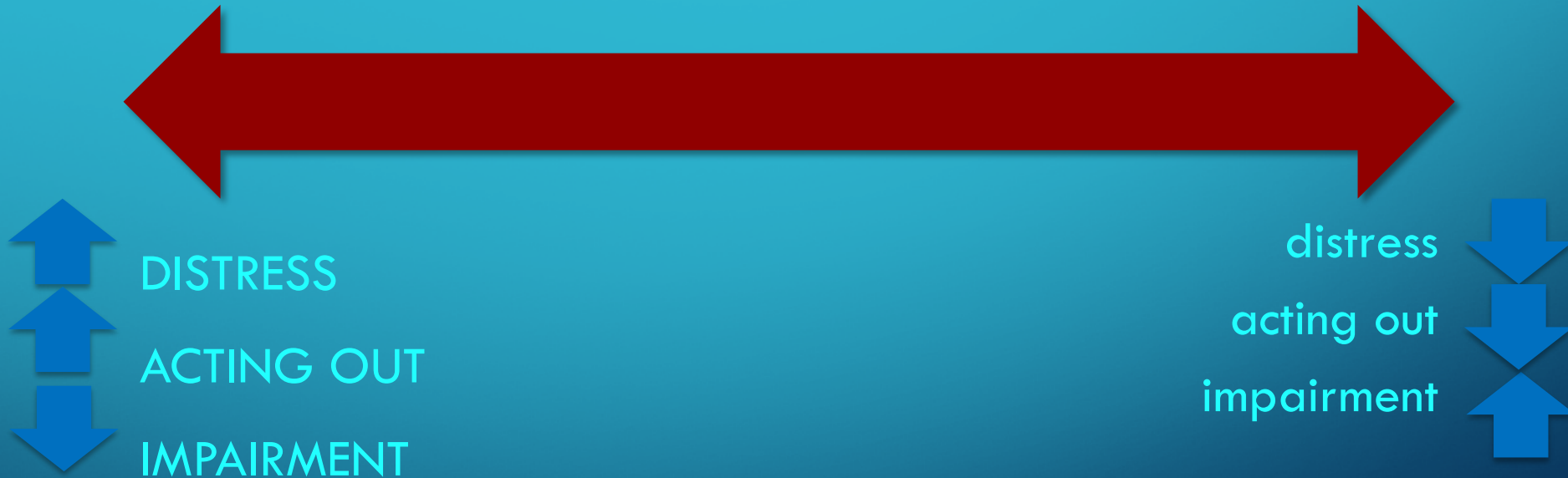
INTERVENTION NO NO'S

- Anxiety SWAT team should not use too much “sugar”
- School staff should not criticize parents or outside therapists to child
- Don't fall into finger-pointing standoff with virtual teammates

Where are they? Where are we? How we get polarized.

100% RIGIDLY ACCOUNTABILITY

100% ACCOMMODATIONS



The Best Laid Plans ...

100%
RIGID ACCOUNTABILITY

100%
ACCOMMODATIONS



DISTRESS

ACTING OUT

IMPAIRMENT



The Red Zone Bombs

distress
acting out
impairment



SUNDAY NIGHT STOMACH/ MONDAY MORNING MOANS *handout

We have all had the experience of feeling agitated, cranky and tense on Sunday night, dreading Monday morning and all of the week's ups and downs. The weekend's glorious change of pace is coming to an end and we feel it in our stomachs even if we are not thinking about it. People who end up working unusual schedules or retire from work altogether continue to report that the "Sunday evening dread" lingers for years.

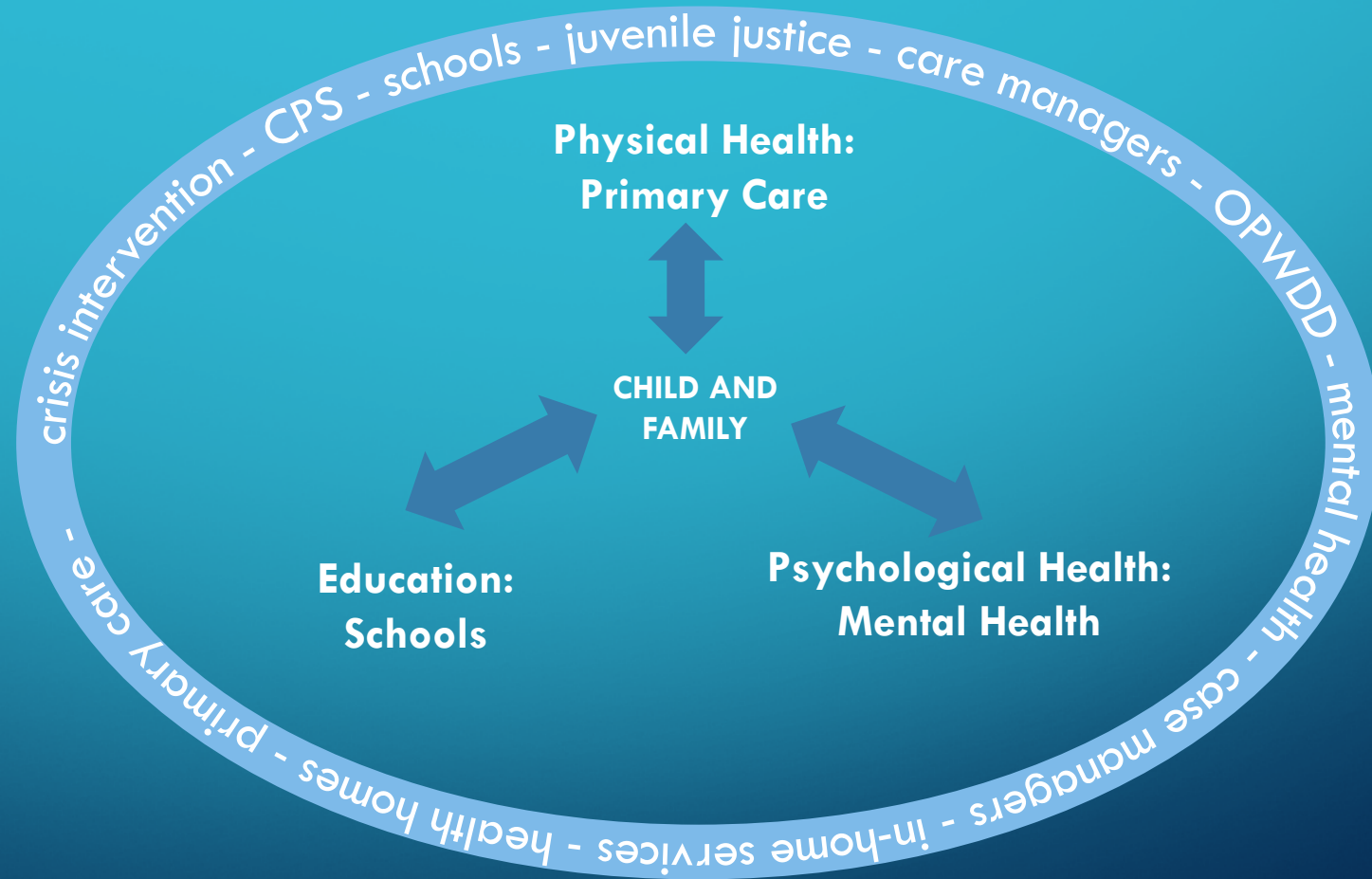
Some of us are prone to stronger Sunday night reactions than others. If we are temperamentally shy, slow to warm up and intolerant of change and novelty the experience can be intense. Those of us with full-blown anxiety disorders – Panic Attacks, Agoraphobia, Social or Generalized Anxiety and others can be triggered into acute distress.

Anxiety is wired into humans to improve our safety and survival by nudging us to avoid whatever is triggering our anxiety. For anxious people, the triggers cannot be avoided as they are the normal challenges and transitions of life. The body and mind can react to a spelling quiz as if it were a lion attacking us from the underbrush. To some, Sunday night can feel like the end of the world and not just the end of the weekend.

WHAT CAN WE DO IF THAT DESCRIBES US OR THOSE WE LOVE?

- Talk about school/work during breaks to stay used to the cold swimming pool.
- Be sympathetic but don't burden an anxious person with our history of fear/trauma.
- Find a way to make Mondays magical and special, not a day to dread.
- Keep everyone busy and active on Sunday evenings so time passes more quickly.
- Don't save tons of homework or other non-preferred activities for Sunday evening.
- Don't give an inch - children attend school and adults go to work on Mondays!
- Assume that most physical complaints on Sunday night are part of anxiety and dread.
- Keep your weekday sleep schedule all weekend so everyone can fall asleep Sundays.
- Remind yourself and your child that it always feels better once you get going.

CURRENT STATUS: NOT WORKING TOGETHER



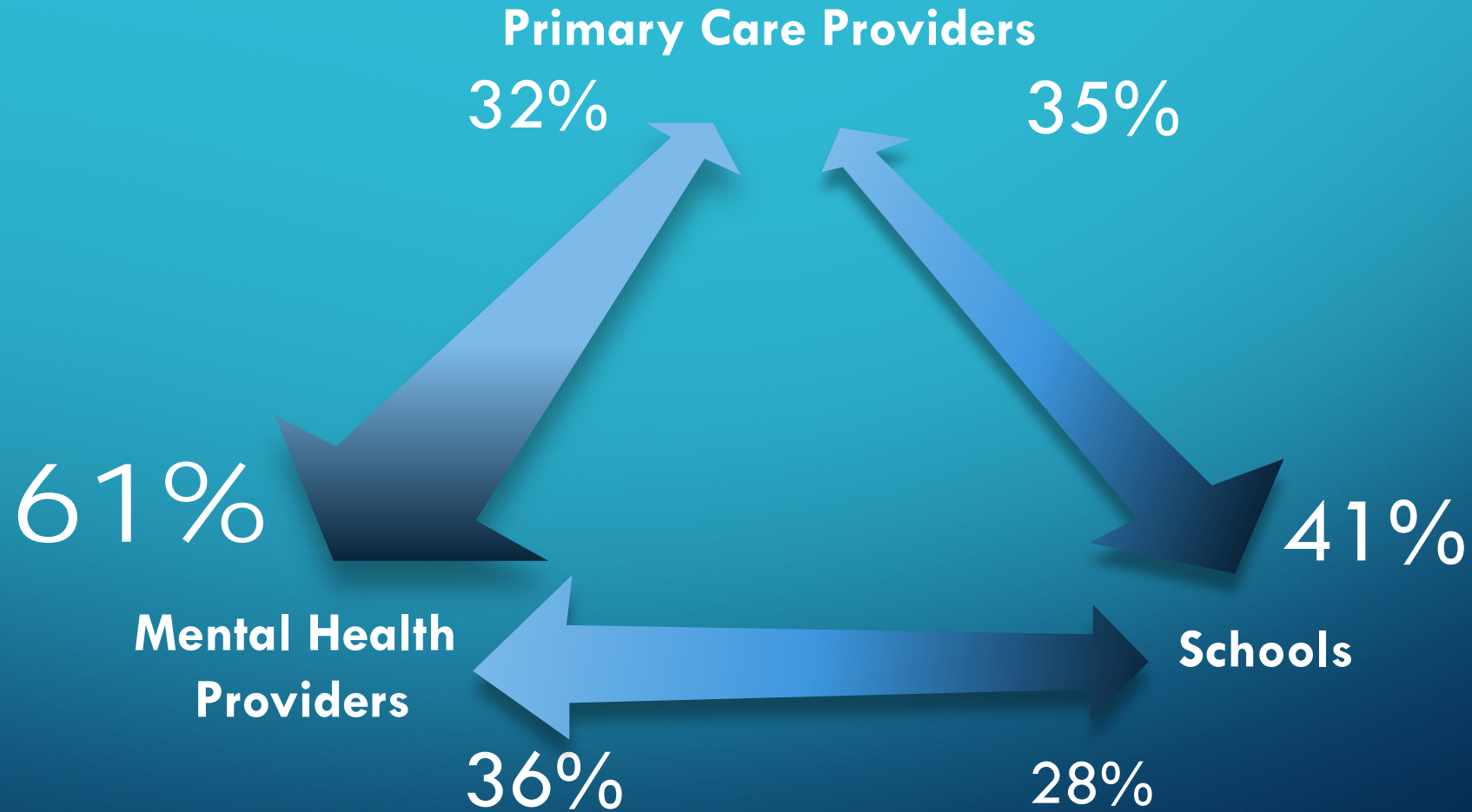
PEDIATRICIANS CAN HELP:

THE MAGIC OF THEIR THERAPEUTIC ALLIANCE

They can:

- be a reassuring role-model to the parent about setting limits
- collaborate with and support the CBT therapist
- collaborate with school for re-entry and support plan
- monitor engagement and compliance with treatment
- predict and strategize anxiety hurdles ahead of time with family

OBSTACLES TO COLLABORATION

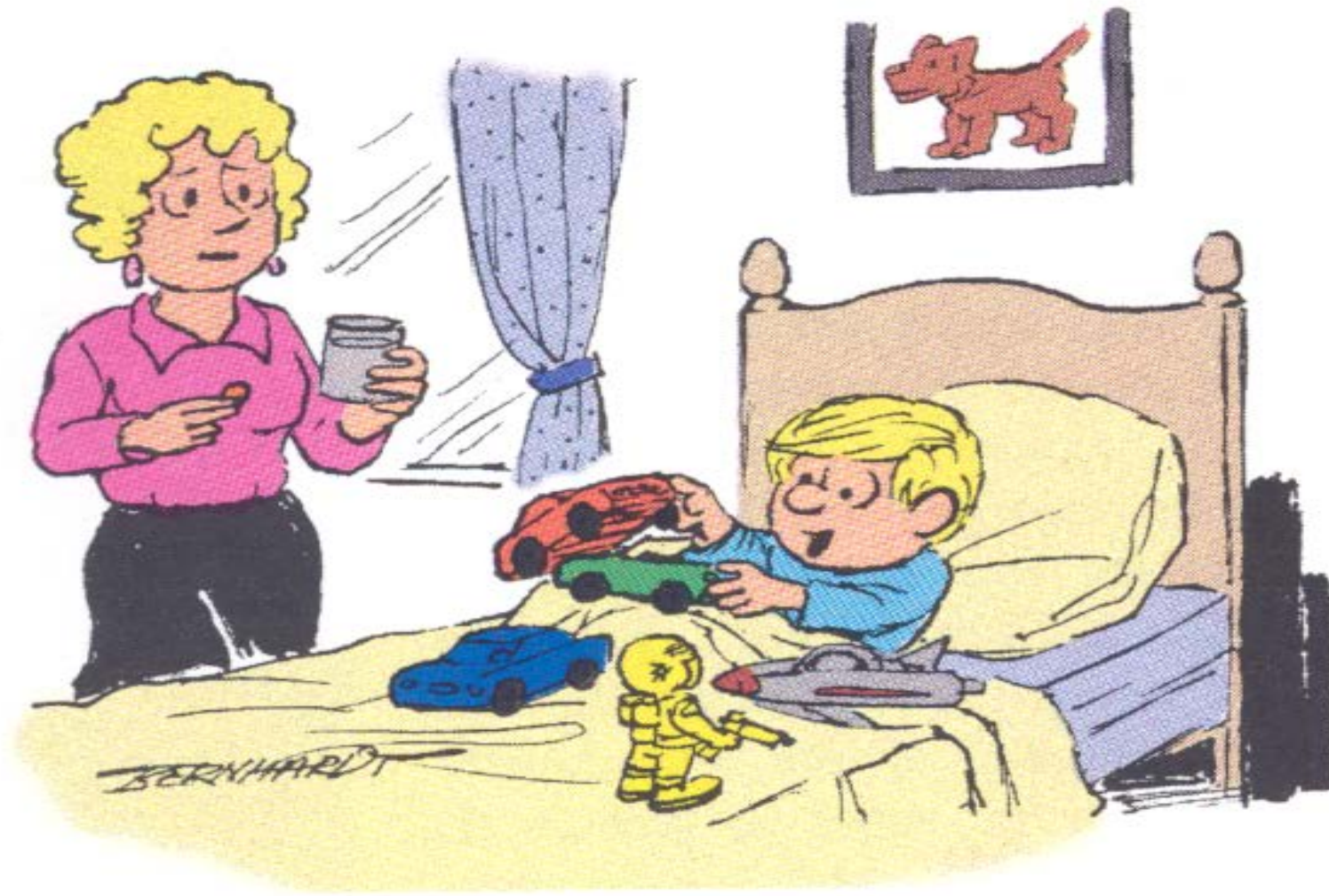


THE OTHER CRISIS ASSOCIATED WITH ANXIETY

- School Refusal and Chronic Absenteeism!
- The Latest Mental Health “Fad”
- A Major Source of Family Distress/Crises
(*See Sunday Night Stomach handout)
- The Most Requested School Professional Development Topic

SHORT-TERM CONSEQUENCES OF ABSENTEEISM

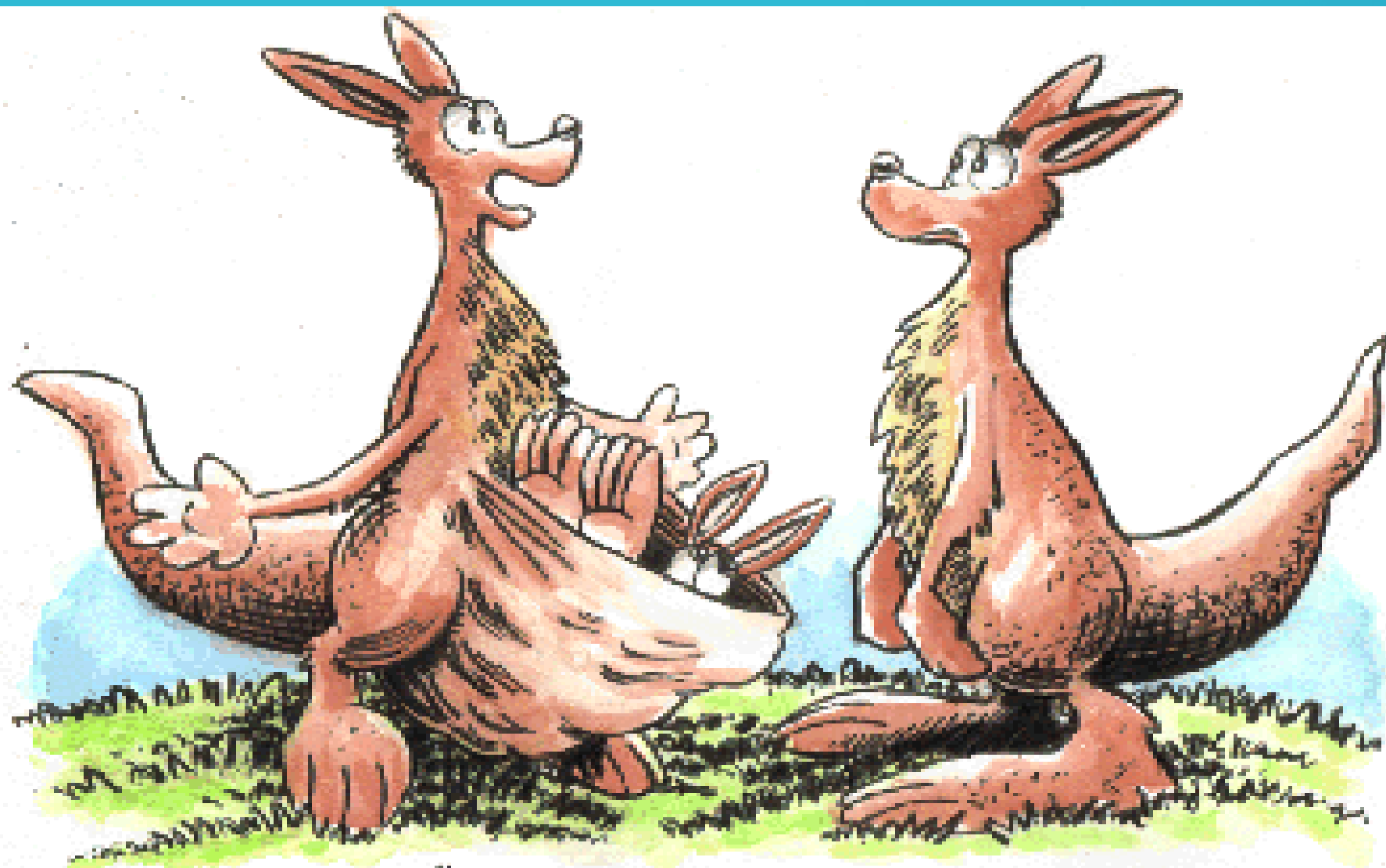
- Poor academic performance and gaps in learning
- Family difficulties due to practical problems and stress
- Problems with peer relationships by being out of the loop



*"I can play with pain, Ma,
I just can't work with pain."*

LONG-TERM CONSEQUENCES OF ABSENTEEISM

- Academic underachievement becomes an expected and acceptable norm
- Predicts future employment difficulties if unable to do non-preferred activities
- Increased risk for psychiatric illness – often anxiety and depression but also substance abuse (alcohol)
- Predicts Young-adult risk of Failing to Launch



"YOU WERE RIGHT.
I SHOULD'VE GOTTEN HELP FOR HIS SOCIAL PHOBIA
WHEN HE WAS YOUNGER."

PSYCHIATRIC DISORDERS ASSOCIATED WITH ABSENTEEISM

- School refusal is not a psychiatric diagnosis – it is a symptom like a fever
- Children: mostly anxiety
- Adolescents: anxiety and mood disorders about equal
- Comorbid Oppositional Defiance makes everything worse

PSYCHIATRIC DISORDERS IN CHILDREN WITH SCHOOL REFUSAL (BERNSTEIN ET AL 1991)

Diagnosis		Percentage
Anxiety Disorders		54%
	Separation Anxiety	20%
	Anxiety Disorder, NOS	12%
	Generalized Anxiety Disorder	8%
	Social Phobia	6%
	Panic Disorder	4.5%
	Panic Disorder with Agoraphobia	3%
	Agoraphobia	.5%
Mood Disorders		52%
	Major Depression	30%
	Dysthymia	22%

PSYCHIATRIC DISORDERS IN CHILDREN WITH SCHOOL REFUSAL (BERNSTEIN ET AL 1991)

Diagnosis		Percentage
Disruptive Behavior Disorders		38%
	Oppositional Defiant Disorder	24%
	Conduct Disorder	3%
	ADHD	6.5%
	Disruptive Behavior Disorder, NOS	5%
Other Disorders		27%
	Adjustment Disorder (with mood and/or anxiety)	26%
	Learning Disorder	5.5%
	Substance Abuse	2.5%
	Other	1.2%

JIM WALLACE'S CLINICAL AND EDUCATIONAL PHILOSOPHY

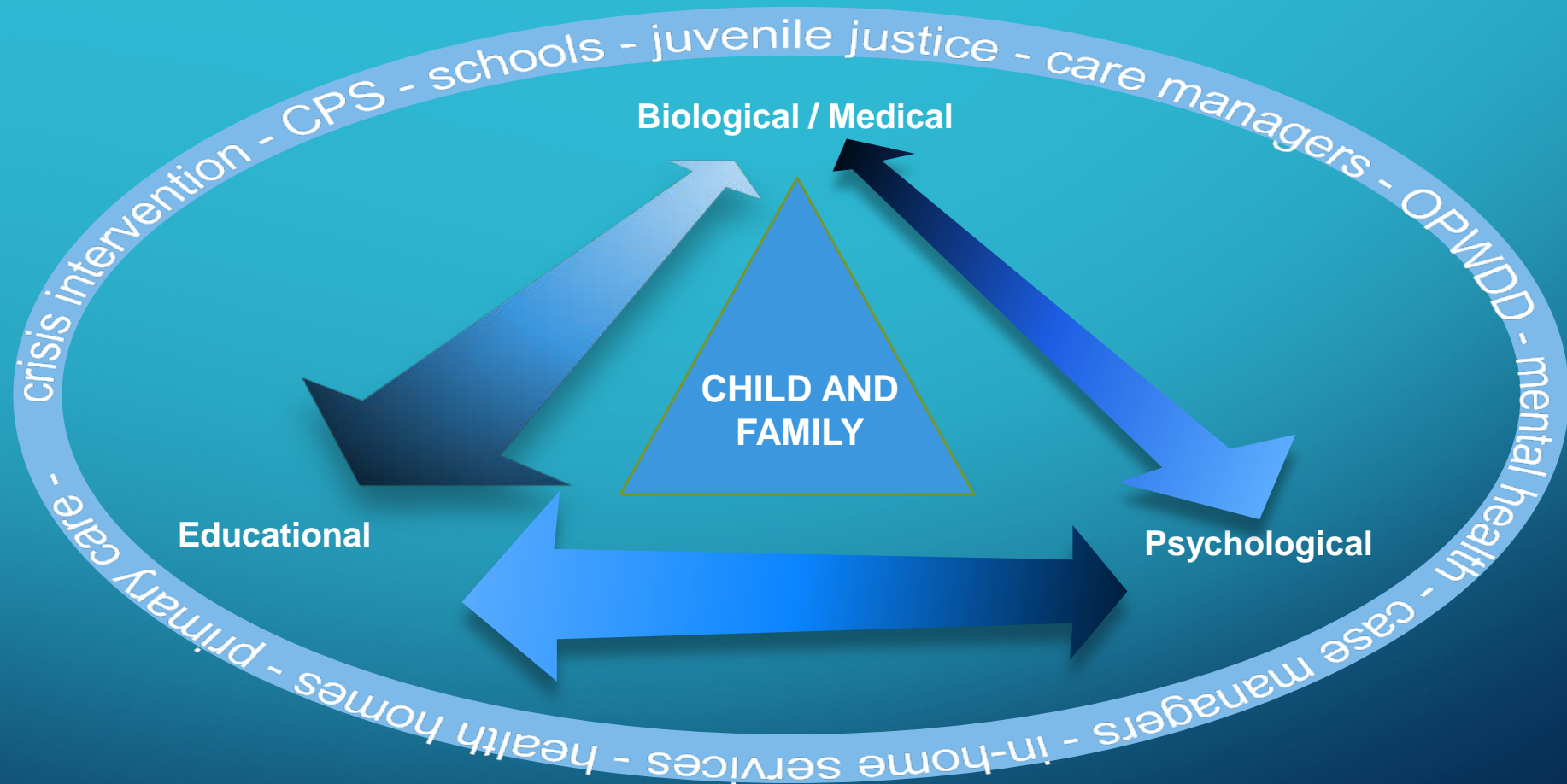
The Longer the Child is Out of School,
The More Difficult it is to Return!

The Easiest Day to return to school is today!

Building a Cohesive Virtual Team is Critical!

- school, pediatrician, mental health providers,
wraparound service providers and care managers


THE WHOLE CHILD PERSPECTIVE



IS THERE TREATMENT THAT ACTUALLY WORKS?

YES, THE THREE-TIERED APPROACH!

- 1. Day-to-day coordinated effort of adults to present unified approach with high levels of empathic support and high functional expectations
- 2. Cognitive Behavioral Psychotherapy to build skills and understanding in order to face fear triggers and still function
- 3. Selective Serotonin Reuptake Inhibitor medications can soften the intensity and distress of anxiety symptoms
- CAMS study: Sertraline alone 55%, CBT alone 55%, Combination Sertraline and CBT 80%, Placebo 24%



CBT: Psychotherapy That Works (50-60%)

Cognitive Behavioral Therapy (about 12 sessions)

- Educate the patient and the family about the disorder, its course, management and treatment (1-3 sessions)
- Somatic (body) management skills training such as relaxation, diaphragmatic breathing, physical self-monitoring (1-2 sessions)
- Cognitive restructuring by challenging automatic negative thoughts and self-talk (2-4 sessions)
- Gradual Exposure to feared situation using skills and positive self-talk
- Relapse prevention plans



MEDICATION TREATMENT

- Medication alone is 50-60% effective but combined with CBT about 80%
- Medicine should be strongly considered for the treatment of children and teenagers with anxiety disorders with:
 - Moderate to severe symptoms and impairment
 - Impairment that makes CBT psychotherapy difficult
 - Partial response to psychotherapy



MEDICATION TREATMENT (50-60% ALONE)

- SSRI antidepressants like fluoxetine (Prozac), sertraline (Zoloft) and citalopram (Celexa) are first line treatment for children and teenagers with anxiety disorders. CAMS study shows 50% respond to therapy or meds and almost 80% to both with adequate doses
- Benadryl and hydroxyzine are slightly helpful for brief episodes of anxiety but “as needed” medicines are dicey to manage
- Benzodiazepines like Ativan and Xanax have little evidence and can backfire (disinhibition) or lead to dependency and abuse. They have a small role for “procedures”.



TO SUMMARIZE:

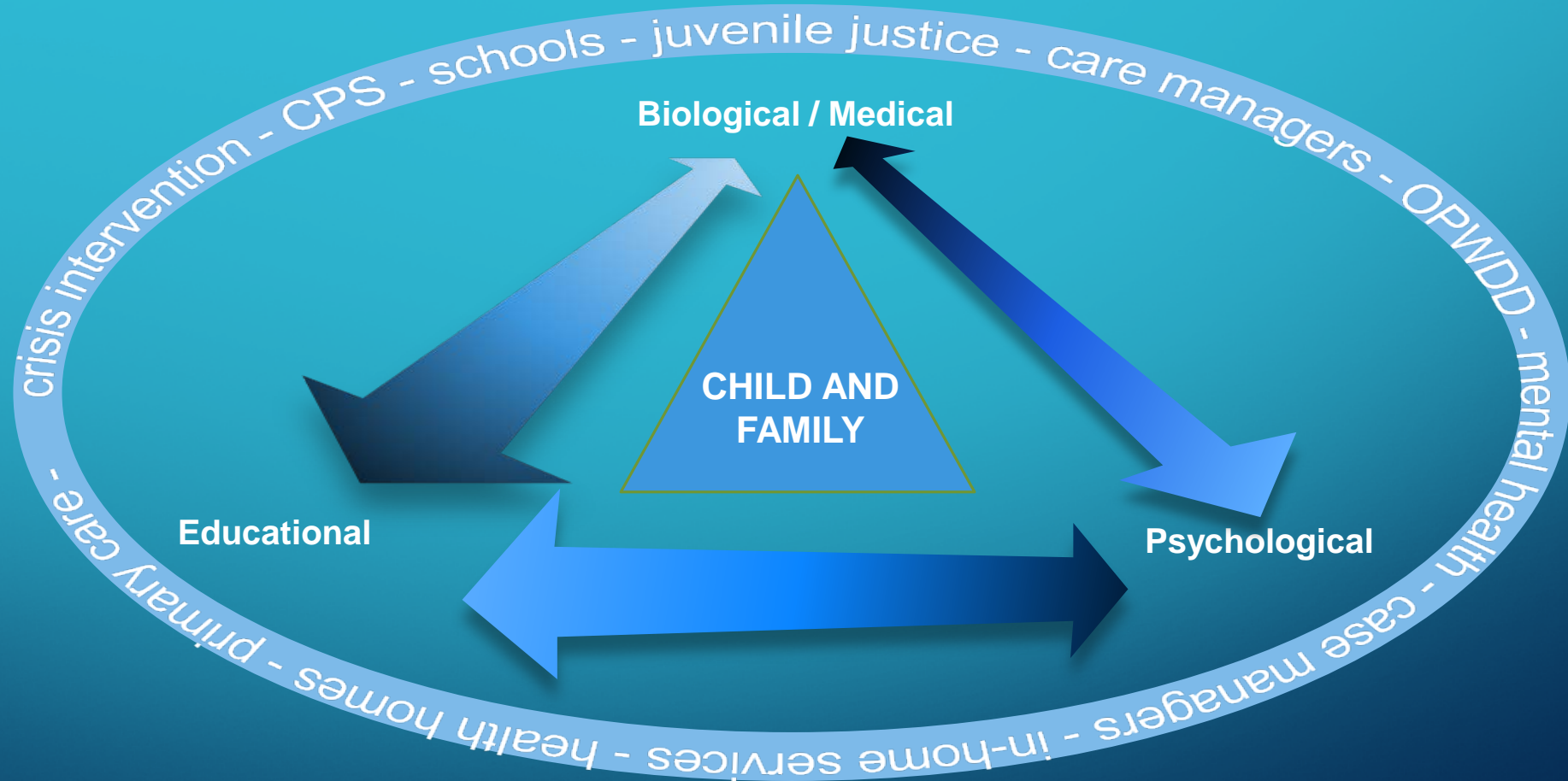
- Anxiety is a universal human emotion (100%)
- Anxious temperament is common (20%)
- Anxiety disorders are less common (8%)
- Symptoms can be:
 - physical signs
 - thoughts
 - social fears
 - separation problems



TO SUMMARIZE:

- The most important prevention and early intervention strategy is the attitude and day to day approach of adults and their communication/collaboration
- The ideal approach is to offer strong empathic support and high expectations in equal doses
- The stronger the “Whole Child” communication and teamwork, the better
- Structured CBT therapy can be effective
- Certain medications can soften the severity of anxiety so the other efforts work better
- The **Three-Tiered Approach** works the best

THE WHOLE CHILD PERSPECTIVE



QUESTIONS

