Alleviate Anxiety through School Counseling Interventions

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1. Introductions
2. Workshop Goals
3. Anxiety Disorders Defined & Dissected
4. Effective Counseling Interventions/ School Counselors’ Role
5. Personalize & Practice
6. Wrap-up/Questions

Learning Objectives
After attending this webinar, participants should be able to:
1. Identify at least three forms of anxiety in children and adolescents.
2. List evidenced-based school counseling interventions and theories that are effective in reducing childhood anxiety.
3. Explain how to appropriately integrate these interventions into their school counseling programs, with the scope of the school counselor and ethical considerations in mind.

Introductions
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Let’s Talk
- Getting to know you!
- What is anxiety?
  - Pros? Cons?
- Turn and Talk
- Have you ever worked with a student suffering from ANXIETY? How did you address their needs?

People with no experience of anxiety can say things like...
But finding the courage isn’t that easy to do.
Anxiety is a normal reaction to stress. Occasional and short-lived anxiety can serve as a motivator or protective factor. An anxiety disorder is a serious mental illness and involves intense and excessive anxiety, along with other debilitating symptoms.

Thompson, Robertson, Curtis & Frick (2013).

<table>
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<tr>
<th>Anxiety Disorders</th>
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<td>Generalized anxiety disorder: This disorder typically presents as worry, nervousness, and tension. These symptoms are often related to anxiety about specific situations or events.</td>
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<td>Panic disorder: People with this condition experience sudden and unexpected periods of intense fear that may begin with a panic attack. Other symptoms may include sweating, trembling, and a feeling of being out of control.</td>
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<td>Social anxiety disorder: Also called social phobia, this disorder involves extreme anxiety and fear of social situations or interactions. It is common in people who worry about being judged by others.</td>
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<td>Specific phobia: A specific phobia is an intense fear of a specific object or situation, such as snakes, heights, or enclosed spaces. This fear is usually irrational and may cause the person to avoid the situation or object completely.</td>
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Anxiety is the most commonly diagnosed mental health issue for children and adolescents. Anxiety & Depression Association of America (2015).

Signs of anxiety may present differently in children and adolescents than in adults. Common signs can include:

- Excessive and persistent worry
- Redressness and irritability
- Difficulty concentrating or remembering
- Restlessness and overactivity
- Difficulty sleeping

https://www.youtube.com/watch?v=rW2/#53t7c
Prevalence

Excessive fear and worry that meets the clinical criteria for an anxiety disorder is experienced by 10-20% of the general population of children.

Risk Factors

Environmental
- Parenting
  • Overprotection
  • Parents with anxiety/depression
  • Exposure to Violence

Intrapersonal
- Elevated Amygdala Responses
- Cortisol Levels
- Sympathetic Arousal
- Negative Emotionality
- Emotional Dysregulation
- Self-Regulation/Attention Control

Relationship to other problems

Selective Mutism
Selective Mutism is a complex childhood anxiety disorder characterized by a child’s inability to speak and communicate effectively in select social settings, such as school. These children are able to speak and communicate in settings where they are comfortable, secure, and relaxed.

http://www.selectivemutismcenter.org/aboutus/whatisselectivemutism

Tourette Syndrome
Tourette syndrome (TS) is a neurological disorder where a person has both motor and vocal tics. 49% have anxiety related concerns.

http://www.cdc.gov/ncbddd/tourette/otherconcerns.html

Thompson et al., 2013

Relationship to other problems

Depression. Anxiety and depression occur together about 50-60% of the time. When they do occur together, anxiety most often precedes depression, rather than the opposite. When both anxiety and depression are present, there is a higher likelihood of suicidal thoughts, although suicidal attempts are far less frequent.

Thompson et al., 2013

ADHD. Failing to identify anxiety accurately may explain why some children do not respond as expected to medications prescribed for ADHD.

Thompson et al., 2013

Negative Effects of Anxiety

Impairs social skills, academic success, and emotional well-being
- Attendance & Truancy Concerns
- Weakened School performance
- Somatic Discomfort (stomachaches, headaches, nausea)
- Poor Social Skills / Difficulty Making Friends
- Bullying Victimization
- Increased risk of depression, addiction, and suicidality.

School Counselors’ Role

“The American School Counseling Association (ASCA) states that a vital element of a comprehensive school counseling program is the delivery of school-wide prevention programs that are comprehensive, developmentally appropriate, aimed at enhancing student achievement, and grounded in data that indicates a need for services (ASCA, 2005).” (Thompson et al., 2013, p. 225).

Cognitive Therapy for Adolescents in School Settings

Excellent resource for school counselors, school psychologists and school social workers. The text provides an introduction to the cognitive model and demonstrates specific therapeutic techniques that have been used successfully in the schools.

Assessing Anxiety in School

| Assessment: Beck Anxiety Inventory for Youth (BYI) | Age: 7-18 |
| Taken By: Student, Parent & Counselor |
| Time to Complete: 5-10 mins. |

Thompson, Robertson, Curtis & Frick (2013).


Assessment: Behavioral Assessment System for Children, Second Edition (BASC 2) |

Age: 6-22 |

Taken By: Student, Parent & Teacher |

Time to Complete: 10-20 mins.

Assessment: Self-Report for Childhood Anxiety Related Emotional Disorders (SCARED) |

Age: 8-18 |

Taken By: Student & Parent |

Time to Complete: 5 mins.

FRIENDS

The FRIENDS Program is delivered to participants through four developmentally appropriate versions:

- Fun FRIENDS, for children ages 4-7
- FRIENDS for Life, for children ages 8-11
- My FRIENDS Youth, for adolescents ages 12-15
- Adult Resilience, for older adolescents (ages 16 and older) and adults

Each version of the FRIENDS Program consists of 10 weekly sessions as well as 2 booster sessions held at 1- and 3-month intervals following program completion.

Classroom Guidance - Prevention

FRIENDS

Excellent resource for school counselors, school psychologists and school social workers. The text provides an introduction to the cognitive model and demonstrates specific therapeutic techniques that have been used successfully in the schools.

Classroom Guidance – Small Group

Student Success Skills Programs

- Target Population: SSS 4th – 12th grade  RFS 2nd – 3rd Grade
- Performing Under Pressure: Managing Test Anxiety
- Test Taking Strategies
- Calm Place
- Breathe, Picture Focus (calming strategy)
- Meta-cognitive strategies—positive self-talk and cognitive reframing strategies
- Keep Kool tunes (calming strategy)
- Test taking strategies
- Mental practice—pictureing successfully using your strategies

http://studentsuccessskills.com

Copeing Cat is a cognitive-behavioral treatment for children with anxiety. The program incorporates 4 components:

1. Recognizing and understanding emotional and physical reactions to anxiety
2. Clarifying thoughts and feelings in anxious situations
3. Developing plans for effective coping
4. Evaluating performance and giving self-reinforcement

- Programs developed for students ages 7-13 and 14-17
- Target Population: Children experiencing problematic levels of anxiety
- Also offers a parent/caregiver intervention

CBT in the individual and group setting has been thoroughly researched and found effective in reducing anxiety in children and adolescents. School counselors should provide individual and group counseling using CBT models that include:

1. Education about stress and anxiety and how it affects emotions, thoughts, behavior, and physiology
2. Teaching and practicing of coping skills
3. Encouragement and positive reinforcement of students

"Toys are their words and play is their language."
Possible Educational Accommodations

- Preferential seating
- Pre-arranged breaks
- Exit plan - permitting students to leave the classroom if anxiety becomes unmanageable (with a pre-arranged safe place in the school, where they will be supervised by an adult)
- Work with the parents and the clinical care provider to understand how the disorder manifests for student.
- Clear behavior management plans
- Identifying any changes to routine well in advance
- Exemption or alternative arrangements (refer to QSA Policy on Special Consideration)
- Recognizing small achievements using positive reinforcement, communication strategies and feedback
- Extended time for tests and exams
- Use of memory aids during exams

Anticich, Barrett, Gillies & Silverman (2012).

Possible Educational Accommodations

What Stuck with You?

Write down three take-aways and let's discuss

Scope of School Counseling / Referrals

A.5. Appropriate Referrals (ASCA, 2010)

Professional school counselors:

- Make referrals when necessary or appropriate to outside resources for student and/or family support.
- Appropriate referrals may necessitate informing both parents/guardians and students of applicable resources and making proper plans for transitions with minimal interruption of services. Students retain the right to discontinue the counseling relationship at any time.
- Help educate about and prevent personal and social concerns for all students within the school counselor’s scope of education and competence and make necessary referrals when the counseling needs are beyond the individual school counselor’s education and training. Every attempt is made to find appropriate specialized resources for clinical therapeutic topics that are difficult or inappropriate to address in a school setting such as eating disorders, sexual trauma, chemical dependency and other addictions needing sustained clinical duration or assistance.
- Request a release of information signed by the student and/or parent/guardian when attempting to develop a collaborative relationship with other service providers assigned to the student.
- Develop a reasonable method of termination of counseling when it becomes apparent that counseling assistance is no longer needed or a referral is necessary to better meet the student’s needs. References

Wrapping up:

School Counseling Implications

1. School-wide anxiety reduction programs should be incorporated into school counselor classroom guidance curriculum at the beginning of the school year. This will increase all students' ability to recognize symptoms of anxiety and learn coping mechanisms.

2. Students who have academic, social, emotional and/or behavioral issues affecting their academic performance, mood, relationships, or behavior, and who have been referred by other students, can be referred to group counseling. Referrals to group counseling can address anxiety symptoms and social skills.

3. Students who meet criteria for having anxiety-related issues should be carefully screened to determine if they could benefit from a group setting. It would be beneficial to individualize these students and, if appropriate, refer them to appropriate mental health services, in addition to school counseling interventions.

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Thank you for joining us!

Questions?
References


