


ASCA WEBINAR SERIES



Alleviate Anxiety through School Counseling Interventions

February 27, 2017

Presenter(s): Ellen Chance, Ed.S. & Summer Kuba, Ed.S.

ASCA WEBINAR SERIES

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.

ASCA WEBINAR SERIES

Agenda


```

    graph TD
      1[1. Introductions] --> 2[2. Workshop Goals]
      2 --> 3[3. Anxiety Disorders Defined & Dissected]
      3 --> 4[4. Effective Counseling Interventions/ School Counselors' Role]
      4 --> 5[5. Personalize & Practice]
      5 --> 6[6. Wrap up/Questions]
  
```

ASCA WEBINAR SERIES

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?



INSIDE OUT

ASCA WEBINAR SERIES


Introductions

Ellen Chance, Ed.S.

- PBSCA Co-President
- FSCA Member
- ASCA Member
- Doctoral Candidate at Florida Atlantic University
- Certified School Counselor at Pierce Hammock Elementary School in Palm Beach County
- Field Supervisor, Lamar University
- Florida Atlantic Graduate Assistant
- Undergraduate Adjunct Instructor, Florida Atlantic University

Summer Kuba, Ed.S.

- FSCA Chair
- ASCA Member
- Doctoral Candidate at Florida Atlantic University
- Certified School Counselor at Palm Pointe Educational Research School in St. Lucie County
- Field Supervisor, Lamar University
- Undergraduate Adjunct Instructor, Florida Atlantic University



ASCA WEBINAR SERIES

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.

What is anxiety?

What is an anxiety disorder?

Thompson, Robertson, Curtis & Plick (2015).

Most frequently occurring anxiety disorders in youth include:

Anxiety is the most commonly diagnosed mental health issue for children and adolescents.

Anxiety Disorders

Thompson, Robertson, Curtis & Plick (2015).

Anxiety

Apprehension or excessive fear about real or imagined circumstances.

Anxiety...

Looks Like

Sounds Like

Feels Like

<https://www.youtube.com/watch?v=RW23RsUTb2Y>

Anxiety Disorders

Generalized anxiety disorder: This disorder involves excessive, unrealistic worry and tension, even if there is little or nothing to provoke the anxiety. Occurs across a variety of situations that does not seem to be the result of identified causes.

Panic disorder: People with this condition have feelings of terror that strike suddenly and repeatedly with no warning. Other symptoms of a panic attack include sweating, chest pain, palpitations (unusually strong or irregular heartbeats), and a feeling of choking, which may make the person feel like he or she is having a heart attack or "going crazy."

Social anxiety disorder: Also called social phobia, social anxiety disorder involves overwhelming worry and self-consciousness about everyday social situations. The worry often centers on a fear of being judged by others, or behaving in a way that might cause embarrassment or lead to ridicule.

Specific phobias: A specific phobia is an intense fear of a specific object or situation, such as snakes, heights, or flying. The level of fear is usually inappropriate to the situation and may cause the person to avoid common, everyday situations.

Obsessive-Compulsive Disorder (OCD)
OCD is characterized by unwanted and intrusive thoughts (obsessions) and feeling compelled to repeatedly perform rituals and routines (compulsions) to try and ease anxiety.

Separation Anxiety Disorder
When separation anxiety disorder occurs, a child experiences excessive anxiety away from home or when separated from parents or caregivers. Extreme homesickness and feelings of misery at not being with loved ones are common.

Does This Look Familiar?

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
- Restlessness and irritability
- Crying or losing temper easily or frequently
- Avoidance & procrastination patterns
- Disruption to sleep and eating patterns
- Decline in academic performance
- Truancy and school refusal
- Increased use of alcohol or other drugs
- Withdrawal from social, class or school activities
- Tiredness and fatigue

Thompson, Robertson, Curtis & Plick (2015).

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.

Lifetime Prevalence of 13 to 16 year olds

- Lifetime Prevalence: 25% of 13 to 16 year olds
- Lifetime Prevalence of "Severe" Disorder: 8.6% of 13 to 16 year olds have "Severe" anxiety disorder

Demographics (for lifetime prevalence)

- Sex: No statistically difference
- Age: Not statistically different

Reason: Statistically significant differences were found between some frequency within and across sites.

Wolkstein P.D., Ho J., Rasmussen W., Swanson J.M., Axelson D., Dalen L., Storch E., Demeteris C., Swanson J. Lifetime prevalence of anxiety disorder in U.S. adolescents. *Journal of Anxiety Disorders*

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.

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

Sulkowski, Joyce & Storch, E. A. (2012).
Thompson et al., 2013

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

Thompson et al., 2013

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/about-us/whatisselectivemutism>

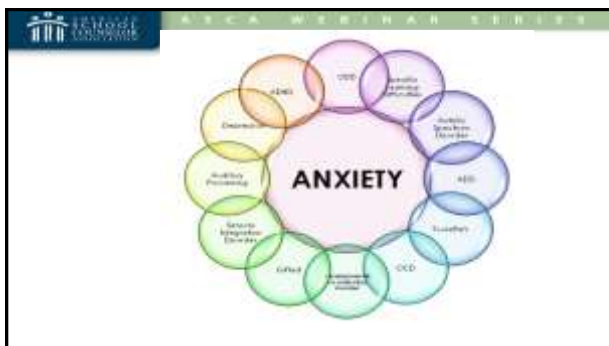
Tourette Syndrome

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>

Sulkowski, Joyce & Storch, E. A. (2012).
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 (stomach-aches, headaches, nausea)
 - Poor Social Skills / Difficulty Making Friends
 - Bullying Victimization
 - Increased risk of depression, addiction, and suicidality.

Sulkowski, Joyce & Storch, E. A. (2012).

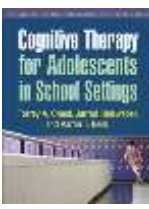
School Counselors' Role

"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).

Research indicates that school-wide anxiety prevention programs are effective in reducing anxiety.



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


<p>Assessment: Beck Anxiety Inventory for Youth (BYI)</p> <p>Age: 7-18</p> <p>Taken By: Student, Parent & Counselor</p> <p>Time to Complete: 5-10 mins.</p> <p>http://www.pearsonclinical.co.uk/psychology/ChildMentalHealth/ChildMentalHealth/BeckYouthInventories-SecondEditionForChildrenandAdolescents(BYI-II).aspx</p> <p>Thompson, Robertson, Curtis & Frick (2013). Sulkowski, Joyce & Storch, E. A. (2012).</p>	<p>Assessment: Behavioral Assessment System for Children, Second Edition (BASC 2)</p> <p>Age: 6-22</p> <p>Taken By: Student, Parent & Teacher</p> <p>Time to Complete: 10-20 mins.</p> <p>http://www.pearsonclinical.co.uk/psychology/ChildMentalHealth/ChildMentalHealth/BeckYouthInventories-SecondEditionForChildrenandAdolescents(BYI-II).aspx</p>	<p>Assessment: Self-Report for Childhood Anxiety Related Emotional Disorders (SCARED)</p> <p>Age: 8-18</p> <p>Taken By: Student & Parent</p> <p>Time to Complete: 5 mins.</p> <p>http://www.pearsonclinical.co.uk/psychology/ChildMentalHealth/ChildMentalHealth/BeckYouthInventories-SecondEditionForChildrenandAdolescents(BYI-II).aspx</p>
--	---	--

Classroom Guidance - Prevention

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.

Individual Counseling

Cognitive-Behavioral Therapy (CBT)

- Learning ways of reacting that lead to more desirable outcomes
- Instruction and practice of progressive muscle relaxation
- Guided imagery and deep breathing
- Changing negative self-talk
- Exposure
- Assertiveness training
- Problem-solving techniques
- Identify and understand emotions
- Recognize potential triggers
- Identify regulation style




Sulkowski, Joyce & Storch, E. A. (2012).

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 Cool tunes (calming strategy)
- Test taking strategies
- Mental practice—picturing successfully using your strategies

<http://studentsuccessskills.com>



Brigman, G. & Webb, L. (2007)

UNIVERSITY OF MISSISSIPPI
SCHOOL OF COUNSELING
WEEKLY WEBINAR SERIES

Calm Place



<http://studentsuccessskills.com>
Brigman, G. & Webb, L. (2007).

UNIVERSITY OF MISSISSIPPI
SCHOOL OF COUNSELING
WEEKLY WEBINAR SERIES

Play Techniques

- Role-Play
- Puppets
- Art
- Sand
- Clay
- Doll House
- Story Telling
- Music
- Story Books



WHAT DOES IT MEAN TO PLAY? If you are an adult, you might think of playing as games, an amusement or perhaps a hobby. For most children, play is something you do to relax and have fun. It's a way to learn and grow. The more you play, the more you learn. Through play, you can learn to solve problems, make decisions, and work with others. It's a great way to learn!

UNIVERSITY OF MISSISSIPPI
SCHOOL OF COUNSELING
WEEKLY WEBINAR SERIES


Small Group Counseling - Intervention

COPING CAT

Coping 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



UNIVERSITY OF MISSISSIPPI
SCHOOL OF COUNSELING
WEEKLY WEBINAR SERIES

Goals of Play

- Self-acceptance
- Self-confidence
- Self-reliance
- Learn about self & others
- Explore feelings
- Express feelings
- Practice problem solving skills
- Practice relationship-building skills
- Make decisions
- Practice self-control
- Explore alternatives
- Increase feeling vocabulary



Chenoweth & Stewart (2015)
Page 2, (2015)

Benefits of Play

- Creates bonds
- Fosters creativity, flexibility and learning
- Antidote to loneliness, isolation, anxiety, and depression
- Teaches perseverance
- Results in happiness
- Eases Anxiety
- Teaches Cooperation
- Enhances relationships
- Improves social skills

UNIVERSITY OF MISSISSIPPI
SCHOOL OF COUNSELING
WEEKLY WEBINAR SERIES

Play Techniques & CBT

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."

UNIVERSITY OF MISSISSIPPI
SCHOOL OF COUNSELING
WEEKLY WEBINAR SERIES



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
- Providing explicit guidelines for assignments
- 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



Artlich, Barnett, Gilhe, & Silverman (2012).

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 parents/guardians 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' Referrals*

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 somatic complaints, poor attendance, poor academic performance, hostility and irritability, hyperactivity, and fearfulness, sensitivity, and persistent isolation from other students can be screened with one of the anxiety assessments/scales to determine if significant anxiety symptoms are present.
3. Students who meet criteria for having anxiety-related issues should be carefully screened to determine if they could learn better from a group setting, or would be better served with individual sessions. Students who need more intensive services should be referred to appropriate mental health services, in addition to school counseling interventions.

Thompson et al., 2013

Community Partnerships



It is imperative for school counselors to build strong community partnerships with mental health agencies in the school's community, in order to make appropriate referrals and ensure students have access to mental health services.

2-1-1 is a free and confidential service that helps people across North America find the local resources they need. We're here for you 24 hours a day, seven days a week.


Contact Information:

Ellen Chance
ebeutten@fau.edu

Summer Kuba
skuba2012@fau.edu

Thank you for joining us!

Questions?

 **References**

American School Counselor Association. (2010). Ethical standards for school counselors. Retrieved from <http://www.schoolcounselor.org/content.asp?contentid=17>

Antich, S. A., Barnett, P. M., Gillies, R., & Silverman, W. (2012). Recent advances in intervention for early childhood anxiety. *Australian Journal of Guidance and Counselling*, 22(2), 157-172.

Bingman G., & Webb, L. (2007). *Student Success Skills: Classroom manual*. Boca Raton, FL: Atlantic Education Consultants.

Crenshaw, D. & Stewart, A. (2015). *Play therapy: A comprehensive guide to theory and practice*. New York, NY: The Guilford Press.

Frey, D. (2015). Play therapy interventions for adults. In D. Crenshaw & A. Stewart (Eds.), *Play therapy: A comprehensive guide to theory and practice*. (pp. 452-464). New York, NY: The Guilford Press.

Ginsburg, G. S., Becker, K. D., Kingery, J. N., & Nichols, T. (2008). Transporting CBT for childhood anxiety disorders into inner-city school-based mental health clinics. *Cognitive and Behavioral Practice*, 15(2), 148-158. doi:10.1016/j.cbpr.2007.07.003

Holcomb-McCoy, C. C. (1998). School refusal: Interventions for school counselors. *Alexandria: American School Counselor Association*.

Masia Warner, C., Brice, C., Esseling, P. G., Stewart, C. E., Mufson, L., & Hertzog, K. (2013). Consultants' perceptions of school counselors' ability to implement an empirically based intervention for adolescent social anxiety disorder. *Administration and Policy in Mental Health and Mental Health Services Research*, 40(6), 541-554. doi:10.1007/s10888-013-0498-0

Mychailyszyn, M. P., Bendas, R. S., Benjumeo, C. L., Edmunds, J. M., Podell, J. L., Cohen, I. S., & Kendall, P. C. (2011). Assessing and treating child anxiety in schools. *Psychology in the Schools*, 48(3), 223-232. doi:10.1002/pits.20548

Ray, D. C., Armstrong, S. A., Warren, E. S., & Balkin, R. S. (2005). Play therapy practices among elementary school counselors. *Professional School Counseling*, 8(4), 360-365.

Ryan, J. L., & Warner, C. M. (2012). Treating adolescents with social anxiety disorder in schools. *Child and Adolescent Psychiatric Clinics of North America*, 21(1), 105-118. doi:10.1016/j.chc.2011.08.011

Sulkowski, M. L., Joyce, D. K., & Storch, E. A. (2012, 2011). Treating childhood anxiety in schools: Service delivery in a response to intervention paradigm. *Journal of Child and Family Studies*, 21(6), 938-947. doi:10.1007/s10826-011-9533-1

Thompson, E. H., Robertson, P., Curtis, R., & Frick, M. (2013). Students with anxiety: Implications for professional school counselors. *Professional School Counseling*, 16(4), 222-228. doi:10.5330/PSC.v.2013.16.222