



Supporting Students with Anxiety and Depression at School: What Works?

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Front Matter

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What's the problem?

- Teachers spend many hours with children who experience anxiety and depression.
- Teacher perceptions about mental health disorders influence their ability to support students (Blain-Arcaro et al., 2012; Whitley, Smith & Vaillancourt, 2013)
- Yet, studies worldwide reveal that teachers lack preparation to identify or support students with "internalizing disorders" (Andrews, McCabe, & Wideman-Johnston, 2014; Brown, Dahlbeck, & Sparkman-Barnes, 2006; Miller, Taha, & Jensen, 2012; Reinke, Stormont, Herman, Puri, & Goel, 2011; Viera, et al., 2014).

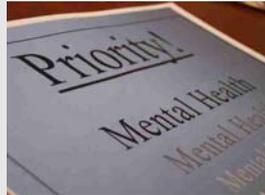


Other barriers

- Teachers are under stress; your request may add to their workload.
- Teachers may be reluctant to sacrifice their only hour away from students to return your call or fill out your forms.
 - "In APRIL? REALLY?! Don't they understand what April is like in schools?"
 - "It would take me an hour to figure out what half this questionnaire even means."

So, if we want to collaborate with teachers on patient care, what can we do?

1. Get releases of Information
2. Use common language
3. Ask about context-relevant symptoms
4. Suggest classroom-friendly interventions



1. Get releases of information

Add a note that tells the teacher how and when to reach you.

Thank you for working with me. Your observations are important to the treatment plan.

The best way to reach me is to leave a message on my confidential voice mail. (412-xxx-xxxx). I don't usually pick up, because I am either on the unit or in a therapy session. If it's urgent, call this number instead:

The best time to reach me is early morning (7-7:30).

I will try to return your call or send you a secure email through our agency system within 24 hours. You will need to log on to receive this email, and it will look like this in the subject line:

2. Use common language: A little quiz

The eligibility criteria for special education services for students with emotional disorders

- are directly aligned with the DSM-V criteria
- are updated each time the DSM criteria are revised
- neither of the above
- both of the above
- are based on the findings of a joint commission on mental health and education which meets every four years

In order to be certified as a teacher to work in any Pennsylvania public school, a teacher

- must complete an on-line course on the major mental health disorders in children and adolescence
- must complete formal coursework on abnormal psychology
- must undergo a licensing examination that includes mental health content questions
- need take no formal coursework on mental health.

3. Ask about context-relevant symptoms.

- Teachers lack understanding of mental health disorders (Andrews, McCabe, & Wideman-Johnston, 2014; Brown, Dahlbeck, & Sparkman-Barnes, 2006; Miller, Taha, & Jensen, 2012; Reinke, Stormont, Herman, Puri, & Goel, 2011).
- Related to suicide, Scouller & Smith (2002) reported:
 - Only 47% of teachers identified specific behavioral warning signs.
 - Only 11% understood the link between psychiatric disorders and suicide; 73% discounted this connection.
- Structured checklists and scales can help, but these may overlook important teacher observations (See Tobin & House, 2015).



What classroom-context symptoms can teachers observe?

- School avoidance or truancy
- Lower academic performance
- Irritability
- Social withdrawal
- Acting out/general disruptions
- Inability to cope with stress or certain situations
- Sleepiness; lack of energy

(Bourne, 2005; Morris, 2004)

What do anxiety and depression look like in the classroom?

Low academic performance; academic performance gradually declining

- Preoccupation with talking about academic performance
- School/task avoidance: Students may skip school/class to avoid taking an exam or avoid social interactions
- Cognitive distortions and expressions of low self-efficacy for the task: "There's no way I can pass." "She knows I can't write."
- Difficulty concentrating

What do anxiety and depression look like in the classroom?

- Easily angered by changes in routine
 - High level of irritability (talking back, aggressive)
- Behavioral disruptions
 - These behaviors may be another attempt at avoiding exams, school work, or uncomfortable situations.
 - Behaviors may include walking out of the classroom, nervous tapping of pencil, etc.
- Falling asleep
- "Unmotivated" or hard to engage



Physical complaints that teachers might identify:

- Stomachaches
- Headaches
- Nausea
- Sweating
- Dry mouth
- Muscle tension

Obsessive Compulsive Disorder: Classroom Manifestations

- Be very neat, line up, or arrange things on my desk, in my backpack, or locker
- Check my desk, backpack, locker, or lunch bag again and again so I don't forget something
- Finish my work perfectly so I check it and do it again if it's not
- Do things over again if I get interrupted before I finish
- Not touch things that other kids have touched, like the ball in gym, or share pencils
- Walk through doors exactly the same way each time
- Bump into something again or on the other side of my body to make it feel equal

[Pinto Wagner, <https://kids.iocdf.org/for-kids/ocd-at-school/>]

Case Illustrations

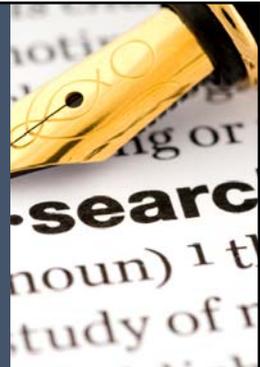
- Can help teachers visualize the symptoms (Moor et al., 2008)
- Examples appear in your handout.



4. Suggest Classroom Interventions

Research has found effective ways to manage and/or lessen anxiety and depression symptoms.

- Class and School-wide programs
- Individual Supports



Social Emotional Learning (SEL) Models

[Collaborative for Academic, Social, and Emotional Learning (CASEL) <https://casel.org/>]
For research summary, see Jones, S., M., & Kahn, J. (2017). The evidence base for how we learn: Supporting students' social, emotional, and academic development. The WERA Educational Journal, 5. <https://casel.org/impact/>

- "Free-standing lessons designed to enhance students' social and emotional competence explicitly.
- Teaching practices such as cooperative learning and project-based learning, which promote SEL.
- Integration of SEL and academic curriculum such as language arts, math, social studies, or health.
- Organizational strategies that promote SEL as a schoolwide initiative that creates a climate and culture conducive to learning."

SEL Example: Strong Kids Curricula

- "... brief and practical social-emotional learning curricula designed for teaching social and emotional skills, promoting resilience, strengthening assets, and increasing coping skills of children and adolescents.
- [Strong Start](#) for grades K-2, [Strong Kids](#) for grades 3-8, [Strong Teens](#) for grades 9-12.
- <http://strongkids.uoregon.edu/>
- Pretest and posttest teacher ratings revealed significant decreases in students' internalizing behaviors (Kramer, Caldarella, Young, Fischer & Warren, 2014). . . .

Penn Resiliency Program (PRP)

- teaches "students to think more realistically and flexibly about the problems they encounter. PRP also teaches assertiveness, creative brainstorming, decision making, relaxation, and several other coping and problem solving skills.
- PRP reduces and prevents symptoms of depression. Of the 17 PRP studies, 15 examined PRP's effects on depression symptoms. A meta-analysis of these studies revealed significant benefits of PRP at all follow-up assessments (immediately post-intervention as well as six and 12 months following the programme) (Brunwasser & Gillham, 2008).
- PRP reduces hopelessness. The meta-analysis also found that PRP significantly reduced hopelessness and increased optimism (Brunwasser & Gillham, 2008)." (Seligman, Ernst, Gilliam, Reivich, & Linkins, 2009, p. 297)

Classroom CBT programs

- "...programs are more effective in the hands of mental health professionals or the program developers. . . Future research should focus on ways to improve the implementation of these programs by classroom teachers through increased specialist training and the provision of appropriate support materials." (Calear & Christensen, 2010)
- "Classroom based cognitive behavioural therapy programmes may result in increased self awareness and reporting of depressive symptoms but should not be undertaken without further evaluation and research." (Stallard, et al., 2012)



If Not Class-wide Models, Then What Other Classroom Interventions ?

Individual accommodations or supports

Individual accommodations or supports



1. Increase opportunities to respond and succeed
2. Model and reinforce positive coping behaviors
3. Understand and respond to cognitive distortions
4. Avoid negative strategies and build rapport (Huberty, 2006)

1. OPPORTUNITIES TO RESPOND ARE ESSENTIAL FOR LEARNING.

(MACSUGA-GAGE & SIMONSEN, 2015)

Yet, anxious or depressed students may retreat.

Adopt different response formats



- Individual dry-erase boards
- Ipads
- Polling apps
- Ask for good guesses instead of answers
- Think-pair-share
- Choose answer from a list
- Ask for the location, not the answer: "Where would we find this answer?"

Discussions

- Give a clear message about incorrect responses in discussions.
- Recognize partial answers.
- Allow "life-lines" (ask a friend)
- Give the anxious student the question in advance.
- Allow notes.





Classroom groups

- Allow students to work in different formats, not always in large and small groups.
- Allow students some choice about their partners in classroom activities.



Positive Peer Notes (PPN)

Source: Nelson, J. A. P., Caldarella, P., Young, K. R., & Webb, N. (2008). Using peer praise notes to increase the social involvement of withdrawn adolescents. *Teaching Exceptional Children*, 41(2), 6-13.



2. Model and reinforce positive coping strategies

- Build in 2-minute stress breaks to breathe deeply, doodle, draw or listen to music.
- Let students listen to music while they work.
- Encourage students to move and stand for instruction if they choose (Crimone, 2018).
- Use stress balls and other stress relievers.

These are examples from the section, "When I first get to class."

- I might need more time getting started on my work.
- Help me get involved in activities that I may seem disinterested in.
- Ask me how my morning has been and let me go speak with my counselor if I need to.
- Have me sit close to the front of the classroom to keep my attention.
- Check to make sure I am prepared. Do I have the materials required?
- Greet me pleasantly. Help me get my day started off nicely.
- I have an extremely hard time with separations...it is one of the toughest parts of my day!
- Please don't rush me to say my goodbyes!
- Understand that I will probably try to keep my family from leaving...offer reassurance that I will see my loved ones again soon.
- Encourage me to try to have positive interactions with my peers.
- Greet me and tell me what to do first.
- Let me keep something at my desk that makes me feel better (a picture of my family, a small stuffed animal, etc.)

Ask the student what helps them.

How Teachers Can Help Me: Student Self Advocacy Booklet, available at <http://www.abbb.pitt.edu/For-Professionals/9/default.aspx>.

Interventions for Test Anxiety

Inform	Inform students of upcoming exams in advance
Review	Review test material with students
Allow	Allow students to study in groups
Support	Allow students the use of stress balls, music, etc., during exams
Perform	Perform a relaxation technique with the entire class prior to exams.

3. Help teachers understand and respond to cognitive distortions, including:

- Overgeneralization
- Disqualifying the positive
- Catastrophizing
- Personalization
- Should statements
- Comparing
- Selective abstraction
- Labeling (Huberty, 2012, p. 336)

Understanding perfectionistic thinking

1. *"Dichotomous (all-or-none) thinking*, wherein the student believes that a grade is either perfect or it is worthless.
2. *Transforming desires (Wants) into demands (Musts)*. For example, a student who wants to do well on a test believes he or she must obtain a perfect score; otherwise they will view themselves as a failure.
3. *Focusing on unmet goals and challenges* rather than savoring successes. A student who gets a score of nine out of ten on an assignment dwells on the one missed point, rather than focusing on the overall high grade they received (Parker, 2000)."

[Source: Kennedy, K., & Farley, J. (2018). Counseling Gifted Students: School-Based Considerations and Strategies. *International Electronic Journal of Elementary Education*, 10(3), 361-367].

How can teachers address perfectionism?

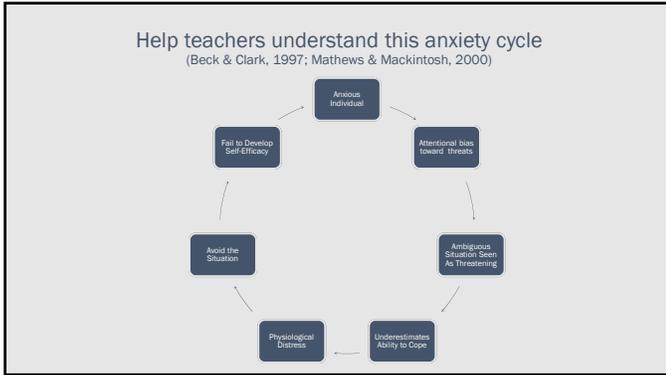
- "Teach the student relaxation techniques to manage the physical response
- Teach the student how to identify his or her unhelpful automatic thoughts and counteract them with more helpful ones
- Help the student see himself or herself through a less critical lens (Fisher & Kennedy, 2016).
- CBT [or SFBT] can help to reframe the dichotomous (all-or-none) thinking that is typically characteristic of students struggling with perfectionism into a more accurate and healthy thought pattern (Pyryt, 2004)."

[Source: Kennedy, K., & Farley, J. (2018). Counseling Gifted Students: School-Based Considerations and Strategies. *International Electronic Journal of Elementary Education*, 10(3), 361-367].

Understanding anxious adolescents' interpretation of threats

- "Children and adolescents with an anxiety disorder showed significantly higher levels of threat interpretation and avoidant strategies than non-anxious children and adolescents.
- However, age significantly moderated the effect of anxiety disorder status on interpretation of ambiguity, in that adolescents with anxiety disorders showed significantly higher levels of threat interpretation and associated negative emotion than non-anxious adolescents
- ...a similar relationship was not observed among children."

(Waite, Codd, & Creswell, 2015, p. 200)







What not to do . . .

- Set excessively high standards
- Implement inflexible and rigid rules
- Publicly reprimand the student
- Use unpredictable grading criteria, changing deadlines, classroom protocols (example: Give "pop-quizzes").
- Make statements like "Look who decided to come to class!"
- Enforce strict time limits during exams
- Discourage the use of relaxation techniques or strategies
- State directions once and refuse to review them
- Punish the student for behaviors he/she may not be able to control

In conclusion

- "... a traditional mental health approach that emphasizes therapy to change the child's behavior and cognitions often is not sufficient.
- Schools create conditions that may tend to trigger, cause, or exacerbate emotional and behavioral difficulties, but they also provide opportunities to treat and prevent the onset or worsening of problems.
- The importance of school-based interventions becomes more salient because many of the problems seen by community mental health providers are due to referrals by teachers and other school personnel." (Huberty, 2012, p. 324)

Helpful Resources for Teachers

Websites:

- www.sbbh.pitt.edu
- www.projectreasure.pitt.edu
- Anxiety Disorders Association of America
<http://www.adaa.org>
- <https://www.nlm.nih.gov/news/media/2010/joel-sheerill-on-anxiety-disorders-in-children.shtml>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3018839/>
- National Alliance on Mental Illness
<http://www.nami.org>
- <https://kids.iocdf.org/> -OCD information.

Helpful 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.
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- Tobin, R. M., & House, A. E. (2015). *DSM-5 (®) Diagnosis in the Schools*. Guilford Publications.

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