

Addressing Anxiety Disorders in a School Setting: Using Strategies Based on Cognitive Behavioral Therapy

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This packet will assist you in learning about classroom strategies to address students with anxiety. It is designed to accompany the Power Point presentation, *Addressing Anxiety Disorders in a School Setting: Using Strategies Based on Cognitive Behavioral Therapy*. In order to make sure you are familiar with the terms used in this packet, let's start by reviewing some:

Glossary

PBIS	Positive Behavior Interventions and Support: A School-wide strategy for promoting positive behavior in students and staff. ⁱ
CBT	Cognitive Behavioral Therapy: A therapeutic strategy that focuses on challenging maladaptive thoughts and developing positive coping skills.
Maladaptive thinking	Having thoughts that are sometimes irrational or negative that interfere with ability to function appropriately. ⁱⁱ For example, a thought such as, "If I don't answer this question right everyone will hate me forever," might lead to a student worrying excessively about being called on in class.
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders: A manual published by the American Psychiatric Association that describes mental disorders and provides diagnostic criteria.
Universal intervention	An intervention used with the entire school population. For example, rules posted in the main hallway is a universal intervention. ⁱⁱⁱ
Targeted intervention	An intervention used with groups or individuals that display at-risk behavior. ^{iv} For example, a remedial math class.
School-based	Takes place in a school.
Anxiety disorder	Persistent, excessive worrying or fear that interferes with functioning. ^v

Let me tell you about Abby:

Abby is a 12-year-old girl. A few times a week she tells her teacher she has a stomachache or headache and needs to go home. She makes excuses about why she needs to eat lunch in the classroom instead of the cafeteria and avoids being in the auditorium during assemblies. She rarely speaks during class and when called on responds with, "I don't know." There is a disparity between her written work and oral response to questions. Abby avoids social activities such as group work by going to the bathroom or to see the school nurse and appears to have no friends. Her grades have dropped significantly and she is getting close to failing some of her classes.

Without intervention, students like Abby are at a much higher risk of getting low grades and dropping out of school^{vi}. Cognitive behavioral interventions in schools have been highly successful in helping students like Abby

What is cognitive behavioral therapy?

Cognitive behavioral therapy is a strategy used in treating mental health disorders including anxiety. It helps students recognize their maladaptive thinking then teaches them ways to change that thinking. In addition, cognitive behavioral strategies often include gradually exposing the student to situations that cause them to worry excessively.^{vii}

Frequently Asked Questions:

Q: How common are anxiety disorders in children and adolescents?

A: Estimates of how common anxiety disorders are in children age 8-17 range from 3-27%.^{viii} Anxiety disorders may be under-recognized because the symptoms are not always easily visible.^{ix}

Q: Can teachers do CBT with their students?

A: The role of a teacher is not to provide therapy. There are things teachers *can* do in the classroom to help reduce anxiety in students, and many of those strategies are based on cognitive behavioral therapy. For examples, check out the accompanying power point presentation.

Q: Why does cognitive behavioral therapy work for reducing anxiety?

A: That's a great question, with many answers. One way it works is by focusing on the cause of anxiety. A common element of anxiety is automatic and irrational thinking.^x Cognitive behavioral therapy directly targets that kind of thinking and helps students develop more appropriate and positive ways of thinking.^{xi}

Q: At what age can you use CBT?

A: CBT can be used with children who are eight and older.^{xii}

Q: Does CBT have to be done one-on-one?

A: No, most school-based programs involve groups.^{xiii}

Q: Is there research on CBT?

A: Yes. Tons! Research has been conducted on a range of ages in a variety of settings (including schools), and to treat a variety of disorders, including anxiety.^{xiv} Research has consistently found that CBT is highly successful at preventing and reducing anxiety disorders.^{xv}

Let's go back to Abby. Fortunately, her anxiety was noticed and interventions were implemented.

Abby's teacher recognized that Abby was struggling and implemented some interventions. First, she referred Abby to the school psychologist who included Abby in the school's weekly group CBT sessions. During CBT Abby learned to recognize her unrealistic fears of social situations and developed ways to stop those thoughts from causing her to avoid social situations. Second, she made sure to tell Abby ahead of time when the class was going to be working in

groups or when there was going to be a special event in the auditorium. Third, the teacher worked with Abby on going to the cafeteria for lunch. For the first few weeks she invited one of Abby's peers to eat with Abby in the classroom. After Abby seemed to be comfortable eating lunch with a peer, the teacher invited a few more peers. Eventually Abby felt comfortable eating lunch in the cafeteria. After the intervention, Abby felt more comfortable being in social situations which made her feel more comfortable being at school. Abby spent less time worrying and more time developing and learning.

Discussion questions:

- 1) Try to think of a typical school day for a student. Which parts of that day do you think might be particularly anxiety-provoking for a student with an anxiety disorder?

- 2) Think back to when you were a student; were there certain classes or activities that you worried about more than others? Were there things your teachers did to either help that worrying or make it worse?

- 3) How might an anxiety disorder impact academic performance?

- 4) Have you ever had a student whom you thought worried excessively? How did you know?

ⁱ Kerr, M. M. & Nelson, C. N. (2010). *Strategies for addressing behavior problems in the classroom* (6th ed.). Upper Saddle River, NJ: Pearson Education.

ⁱⁱ Bryant, B. J., & Cheng, K. (2005). Anxiety Disorders. In K. Cheng & K. M. Myers (Eds.) *Child and Adolescent Psychiatry: the Essentials* (pp. 112-126). Philadelphia: Lippincott Williams & Wilkins.

ⁱⁱⁱ Kerr, M. M. & Nelson, C. N. (2010). *Strategies for addressing behavior problems in the classroom* (6th ed.). Upper Saddle River, NJ: Pearson Education.

^{iv} Kerr, M. M. & Nelson, C. N. (2010). *Strategies for addressing behavior problems in the classroom* (6th ed.). Upper Saddle River, NJ: Pearson Education.

^v American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: American Psychiatric Association.

^{vi} Wood, J. (2006). Effect of anxiety reduction on children's school performance and social adjustment. *Developmental Psychology*, 42(2), 345-349.

^{vii} Bryant, B. J., & Cheng, K. (2005). Anxiety Disorders. In K. Cheng & K. M. Myers (Eds.) *Child and Adolescent Psychiatry: the Essentials* (pp. 112-126). Philadelphia: Lippincott Williams & Wilkins.

^{viii} Costello, E., Egger, H. & Angold, A. (2005). The developmental epidemiology of anxiety disorders: phenomenology, prevalence, and comorbidity. *Child and Adolescent Psychiatric Clinics of North America*, 14(4), 631-648.

^{ix} Misfud, C. M. & Rapee, R. M. (2005). Early intervention for childhood anxiety in a school setting: outcomes for an economically disadvantaged population. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(10), 996-1004.

^x Bryant, B. J., & Cheng, K. (2005). Anxiety Disorders. In K. Cheng & K. M. Myers (Eds.) *Child and Adolescent Psychiatry: the Essentials* (pp. 112-126). Philadelphia: Lippincott Williams & Wilkins.

^{xi} Bryant, B. J., & Cheng, K. (2005). Anxiety Disorders. In K. Cheng & K. M. Myers (Eds.) *Child and Adolescent Psychiatry: the Essentials* (pp. 112-126). Philadelphia: Lippincott Williams & Wilkins.

^{xii} Manassis, K., Mendlowitz, S. L., Scapillato, D., Avery, D., Fiksenbaum, L., Freire, M., et al. (2002). Group and individual Cognitive-Behavioral Therapy for childhood anxiety disorders: A randomized trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(12), 1423-1430.

^{xiii} Silverman, W. K., Kurtines, W. M., Ginsburg, G. S., Weems, C. F., Lumpkin, P. W., & Carmichael, D. H. (1999). Treating anxiety disorders in children with group cognitive-behavioral therapy: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 67*(6), 995-1003.

^{xiv} Ishikawa, S., Okajima, I., Matsuoka, H., & Sakano, Y. (2007). Cognitive behavioral therapy for anxiety disorders in children and adolescents: a meta-analysis. *Child and Adolescent Mental Health, 12*(4), 164-172.

^{xv} Ishikawa, S., Okajima, I., Matsuoka, H., & Sakano, Y. (2007). Cognitive behavioral therapy for anxiety disorders in children and adolescents: a meta-analysis. *Child and Adolescent Mental Health, 12*(4), 164-172.

Annotated Bibliography

Dadds, M. R., Spence, S. H., Holland, D. E., Barrett, P. M., & Laurens, K. R.

(1997). Prevention and early intervention for anxiety disorders: A controlled trial. *Journal of Consulting and Clinical Psychology, 65*(4), 627-635.

Researchers tested the impact of participation in a group CBT program on preventing and treating anxiety disorders. Researchers administered the CBT program to 128 children 7 to 14 years old, some with anxiety disorders and some with anxiety symptoms not meeting diagnostic criteria. A treatment group received 10 sessions of CBT treatment, and a control group received no treatment. Half of the treatment group participants who had an anxiety disorder pre-treatment no longer met diagnostic criteria post-treatment. In the six months following treatment, 16% of treatment group participants without an existing diagnosis developed an anxiety disorder. During the same period, 54% of control group participants developed an anxiety disorder.

This study demonstrates that this CBT program is effective in both preventing and treating anxiety disorders. This data may serve to justify the implementation of CBT interventions both to students with an anxiety disorder as well as those who are at-risk.

Ginsburg, G. S., & Drake, K. L. (2002). School-based treatment for anxious

African- American adolescents: a controlled pilot study. *American Academy of Child and Adolescent Psychiatry, 41*(7), 533-544.

Authors examined factors involved in the implementation and efficacy of school-based anxiety treatments for African-American adolescents. The

nine participants, each having a primary anxiety disorder were separated into a CBT treatment group and an attention and support control group. Both groups received treatment at school. Post-treatment 75% of participants who received CBT no longer met diagnostic criteria for an anxiety disorder compared with 20% in the control group. Authors speculate that the primary cause of improvement in the control group is the presence of peer support. Authors suggest the importance of treatment execution in schools because of the ability to access a large number of students and the presence of peer support. They also describe difficulties of implementing treatment in schools such as receiving parental approval and minimizing missed academic classes. This study demonstrates to schools that implementation of school-based CBT is achievable and effective in treating a diverse population. In addition it helps prepare schools for execution of treatment programs by displaying strengths of school-based treatments as well as potential obstacles.

Hudson, J. L., McLoone, J. & Rapee, R. M. (2006). Treating anxiety disorders in a school setting. *Education & Treatment of Children, 29*(2), 219-242.

The authors examine literature on childhood anxiety disorders and summarize findings related to treatment in school settings. Anxiety disorders affect children in a variety of areas including school performance and school completion. A minority of affected children receive treatment, partly because they lack access to clinical assessment and treatment programs. School-based programs have

been shown to be effective and can potentially treat a greater number of children. The authors provide an overview of four common anxiety disorders, three assessment tools, and several verified school-based CBT programs. In addition the article summarizes potential risks and benefits of assessments and treatments, and elements of successful intervention programs. This article is a useful starting point for development of school-based treatment programs.

Kendall, P. C. (1994). Treating anxiety disorders in children: Results of a randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 62(1), 100-110.

Many children who meet diagnostic criteria for an anxiety disorder do not receive treatment. Interventions need to be developed and supported by evidence of their effectiveness. The author studied 47 children ages 9 to 13 years with anxiety disorders, half receiving CBT and half receiving no treatment. At the completion of treatment, 64% of the participants from the CBT group no longer met diagnostic criteria for an anxiety disorder. Follow-up data from one year after treatment revealed that initial improvements remained. Findings demonstrate that childhood anxiety disorders can be significantly improved when treated with CBT. In addition, findings provide rationale for implementation of CBT interventions for children.

Manassis, K., Mendlowitz, S. L., Scapillato, D., Avery, D., Fiksenbaum, L., Freire, M., et al. (2002). Group and individual Cognitive-Behavioral Therapy for

childhood anxiety disorders: A randomized trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(12), 1423-1430.

Authors compared group and individual CBT in treating anxiety disorders in 78, 8-12 year-olds. Authors tracked improvement in anxiety symptoms as well as differences in outcomes based on the kind of anxiety disorder. Authors expected both groups to improve and participants with social phobia to benefit more from group CBT. Both groups received an adaptation of an established CBT intervention. Outcome data showed both groups improved at a similar level and participants with social phobia improved more when they received individual CBT.

Findings are helpful because they show that both individual and group interventions can be effective. In addition, findings show that different kinds of anxiety disorders may respond differently to particular interventions. Findings indicate a need for future research on which interventions are most effective for which disorder.

Misfud, C. M. & Rapee, R. M. (2005). Early intervention for childhood anxiety in a school setting: outcomes for an economically disadvantaged population. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(10), 996-1004.

Authors examined the efficacy of school-based CBT for the treatment of anxiety disorders in children with low socioeconomic status.

Participants included 91 children, 8-11 years, each possessing moderate to severe anxiety symptoms, only 2% of whom had previously received treatment. The study involved two groups: one receiving treatment from

The Cool Kids Program, the other receiving no treatment. Outcome data showed significant improvement in anxiety symptoms in the treatment group and little or no improvement in those receiving no treatment. The authors offer rationale for treating anxiety within school settings including the potential of treating a greater number of previously untreated children.

Results of this study have the potential to increase the incentive for schools to implement anxiety treatment programs. Data demonstrates that treatment can be successfully implemented in schools and The Cool Kids Program can significantly reduce anxiety symptoms in students. Additionally, the demonstration of how under-treated this population is sends the message that implementation of effective anxiety treatments in schools is essential.

Silverman, W. K., Kurtines, W. M., Ginsburg, G. S., Weems, C. F., Lumpkin, P. W., & Carmichael, D. H. (1999). Treating anxiety disorders in children with group cognitive-behavioral therapy: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 67*(6), 995-1003.

Research has demonstrated that individual CBT is effective at treating anxiety disorders in children. Authors intended to demonstrate that group CBT is also effective in treating childhood anxiety disorders. Additionally, they hypothesized that treatment outcomes would remain one year following treatment. Participants were divided into a treatment group and a non-treatment group and included 41, 6-16 year-old children all of whom had an anxiety disorder. Immediately following treatment 64% of

those who received treatment no longer met diagnostic criteria for an anxiety disorder compared with 13% of participants who received no treatment. Furthermore, follow-up data from participants indicated that improvement continued after treatment for three months and at 12 months outcomes remained. Findings support the authors' prediction that group CBT is effective at reducing anxiety symptoms in children and adolescents.

Group CBT may be one of the most practical ways to treat anxiety in children. Findings of this study provide rationale for implementation of group CBT interventions within school settings.

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