

# **Bridging the Gap:** ***Coming Together to Manage School Anxiety***

**Friday, October 11, 2019**  
**Sperry High School**

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Child and Adolescent Psychiatrist



# What bridges are we going to cross today?



# Is school a resource or a source of stress?

*Explore Honestly Where Virtual Teammates Fall*

**100% Rigidly Accountability**

**100% ACCOMMODATIONS**



# Bridging the Gap with Information

## *The Understanding Gap*



# What Does Anxiety Look Like?

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



# Developmental Considerations

	Infancy	Preschool	Middle Childhood	Adolescence	Young Adulthood
<b>Inciting Situation</b>	Parent leaving	Social interaction	Performance anxiety	Social Performance	Post-high school moratorium
<b>Developmental Skill</b>	Object Permanence	Emerging executive functions	Transitioning from home to larger community	Individuation/separation	Executive functions
<b>Other Factors</b>	Language understanding, expression	Expressive language; temperament	Cognitive skills: language, memory	Body image, adult modeling, group normative expectations	Cognitive ability, developmental strengths profile; familial expectations
<b>Developmentally “normal” ?</b>	Yes	Yes –within limits	Yes – within limits	Yes	Yes
<b>Example</b>	Separation anxiety	Biting	Test anxiety	“Pack identification” in clothing	The 6 year bachelor’s degree

# Is the diagnosis of anxiety increasing?

- Prevalence of up to 8% of children and adolescents are diagnosed with an anxiety disorder, higher than any other MH diagnosis.
- Greater than 1 in 4 American children have experienced a traumatic event before the age of 16.
- ACES/Adverse Childhood Experiences and PTSD need to be explored.

# The Four Realms of Anxiety

## Physical Symptoms

- Headaches, stomach aches, pain intolerance, fainting, over-reacting to illness or injury

## Separation Problems

- School reluctance, going to bed issues, clings to caretakers, no camp or sleepovers

## Social problems

- Isolates, slow to warm up, relates mostly to adults, feels teased

## Fearful thinking

- Pessimistic, folds under pressure, dwells on negatives, overvalues “reducing stress”



# Physical Symptoms of Anxiety

## Past   Now

- |     |     |  |
|-----|-----|--|
| ___ | ___ | 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 or avoids 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 of racing pulse, shortness of breath, chest pain, choking sensation |
| ___ | ___ | Episodes of hot/cold flushes, sweating, trembling, nausea                    |



## My Child Might Be Sick

- I am worried that my child has an undiagnosed serious medical problem



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- I am worried that my child has an undiagnosed serious medical problem
- **Therefore, I need to trust that all medically needed tests and treatment are done and will be done in the future.**



## My Child Might Be Sick

- My child seems fragile and sickly



## My Child Might Be Sick

- My child seems fragile and sickly
- **Therefore, I need help picturing him becoming a strong, capable, loving, generous adult**

# Separation Anxiety Symptoms

## Past   Now

- |     |     |  |
|-----|-----|--|
| ___ | ___ | Difficulty leaving home to attend school                           |
| ___ | ___ | Suffers when saying goodbye to parent/caretaker                    |
| ___ | ___ | Frequently asks to call or go home                                 |
| ___ | ___ | Refuses/avoids 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   |



# My Child Depends on Me

- My child (family) has trouble sleeping at night and getting up in the morning and so he (we) take naps when tired



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- My child (family) has trouble sleeping at night and getting up in the morning and so he (we) take naps when tired
- **Therefore, we would need I support and a plan to routinely get a good night's sleep**





# My Child Depends on Me

- My child needs me and I enjoy being loved and wanted by my child



# My Child Depends on Me

- My child needs me and I enjoy being loved and wanted by my child
- **Therefore, I will need help to encourage them to become independent**

# Symptoms of Social Anxiety

**Past** **Now**

- |     |     |  |
|-----|-----|--|
| ___ | ___ | 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                              |
| ___ | ___ | 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                                     |
| ___ | ___ | Limited social activity outside of school day                  |



# School is Torture for My Child

- School has been an upsetting experience for my child/me/our community



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- School has been an upsetting experience for my child/me/our community
- **Therefore, I need help building a trusting relationship with the faculty and staff at my child's school.**



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- My child loves electronics – video games, YouTube, social media – and gets upset and lost without it



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- My child loves electronics – video games, YouTube, social media – and gets upset and lost without it
- **Therefore, I would need a plan and support to limit electronics, tolerate my child's distress and restless boredom so they develop their relationships and imagination.**

# Thinking Distortions from Anxiety

## Past Now

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



# My Child Can't Do the Work

- My child refuses to listen to adults or do chores and will tantrum if pressed



# My Child Can't Do the Work



- My child refuses to listen to adults or do chores and will tantrum if pressed
- **Therefore, I would need support and guidance to tackle homework and extra reading**

# My Child Can't Do the Work

- My child resists homework and says he doesn't understand or remember things from school



# My Child Can't Do the Work



- My child resists homework and says he doesn't understand or remember things from school
- **Therefore, I need guidance as to what my child really can do if he tries**

# It is Hard for Me to See My Child Upset



- It is hard to trigger and tolerate my child's distress

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- It is hard to trigger and tolerate my child's distress
- **Therefore, it will take a lot of support for me to set limits and raise expectations.**

# It is Hard for Me to See My Child Upset



- Our lives are very stressful,  
almost on the brink

# It is Hard for Me to See My Child Upset



- Our lives are very stressful, almost on the brink
- **Therefore, we will need of lot of support and guidance to tolerate short term distress to reach long-term goals.**



# Anxiety is Everywhere



- 100% - Moments of Anxiety in non-anxious people
- 20% - Frequent Anxiety in people with and anxious temperament
- 8% - Impairing Anxiety Disorder

# 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
- Ask about ACEs, traumatic stress

# Sunday Night Stomach/ Monday Morning Moans

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 are some strategies that work?

# Bridging the Gap with Mindfulness

## *The Empathy Gap*

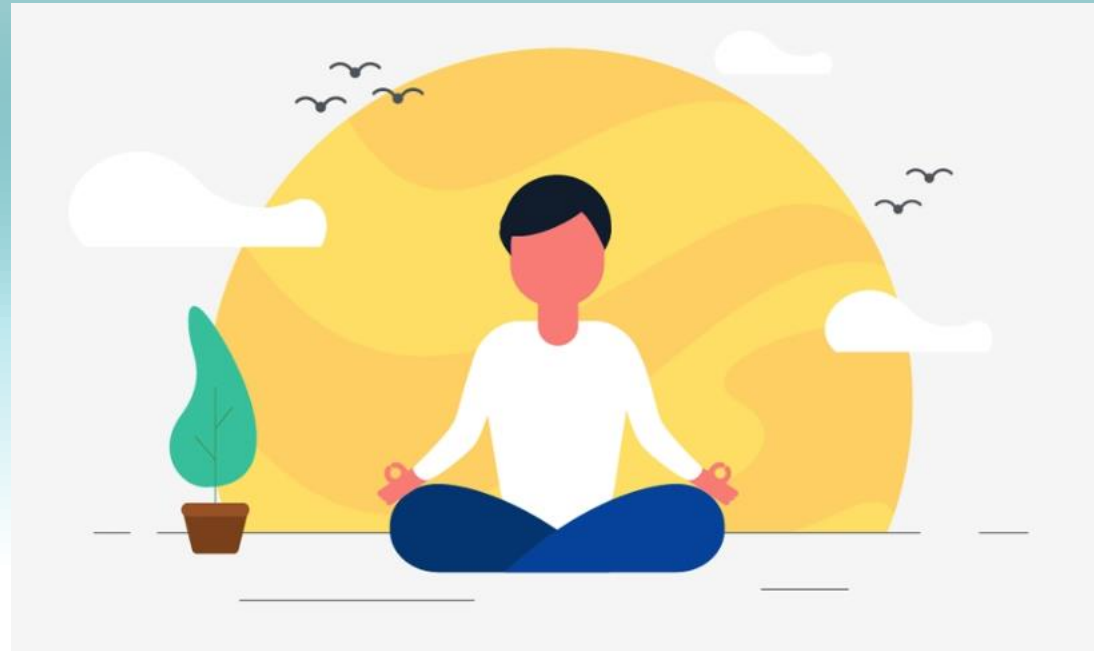


# Bridging the Gap with Mindfulness

## *The Empathy Gap*

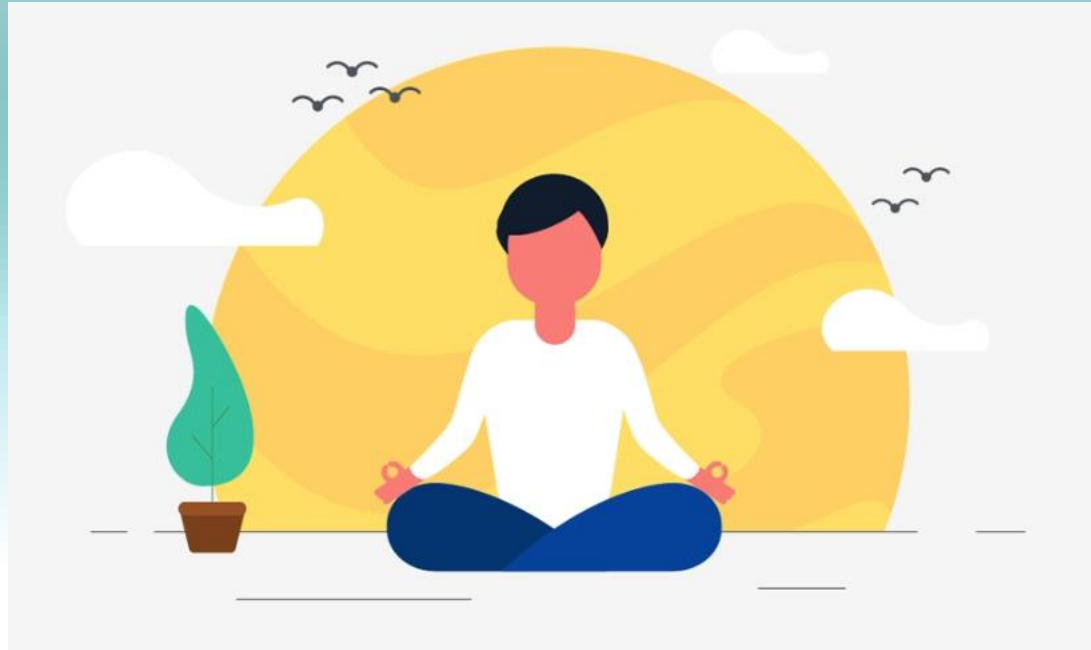


# Mindful Practices



Moment to moment purposeful attentiveness to one's own mental processing during every day work with the goal of practicing clarity and compassion

# Mindful Practices



Reduce emotional exhaustion, cynicism, and negative attitudes for increased sense of competence and adequacy



# The Benefits of Mindfulness



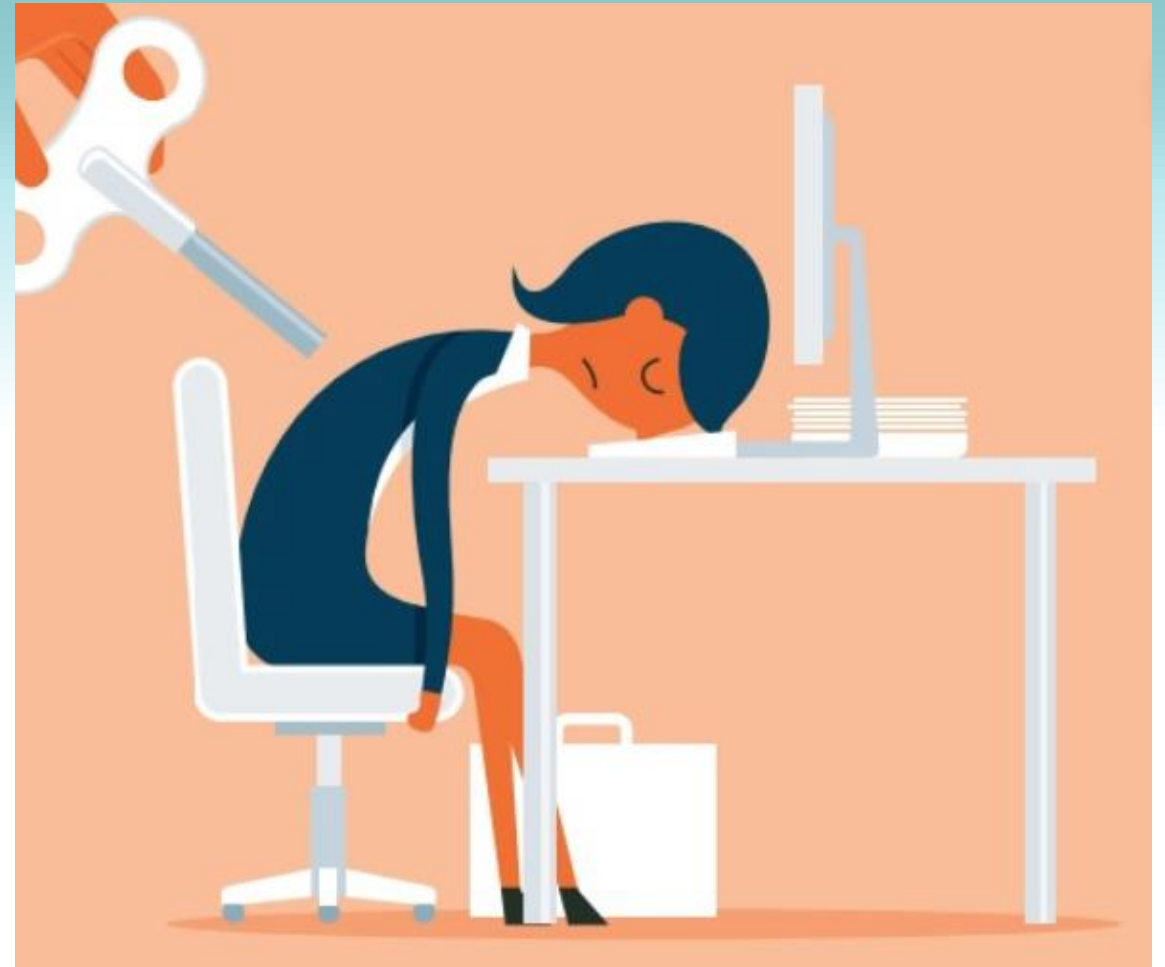
# Burnout



- Overwork
- Sleep deprivation
- Low control and high responsibility
- Lack of self-awareness
- Inadequate support system
- Personal/professional life imbalance

# Consequences of Burnout

- At work:
  - Lower empathy
  - Judgment errors
  - Quitting career
  - Poor relationships
- At home:
  - Substance abuse
  - Auto accidents
  - Stress-related health problems
  - Marital/familial stress



# Some strategies for mindfulness...



- Being Present
- Using Beginner's Mind
- Being Curious
- Being an Attentive Observer

# Some don'ts for mindfulness

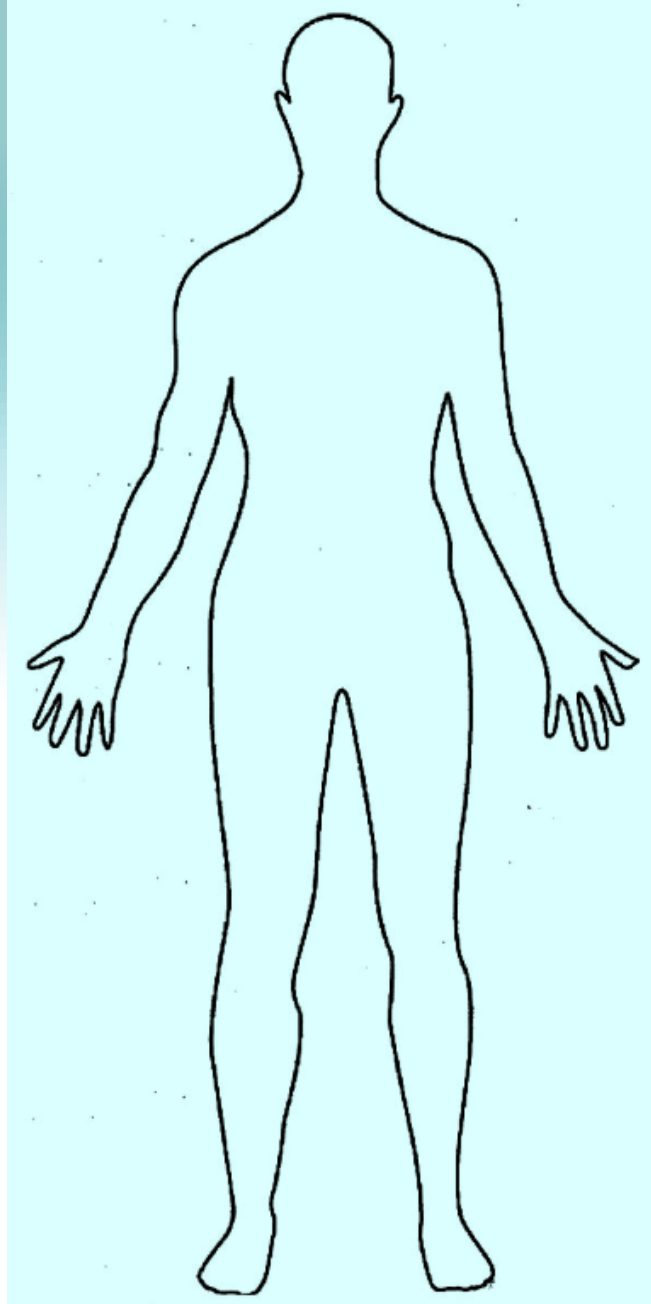


- Multi-tasking
- Being reoccupied with the past and the future
- Jumping to premature closure
- Using lots of emotional and cognitive self-protection

# Research on Stress Reduction:

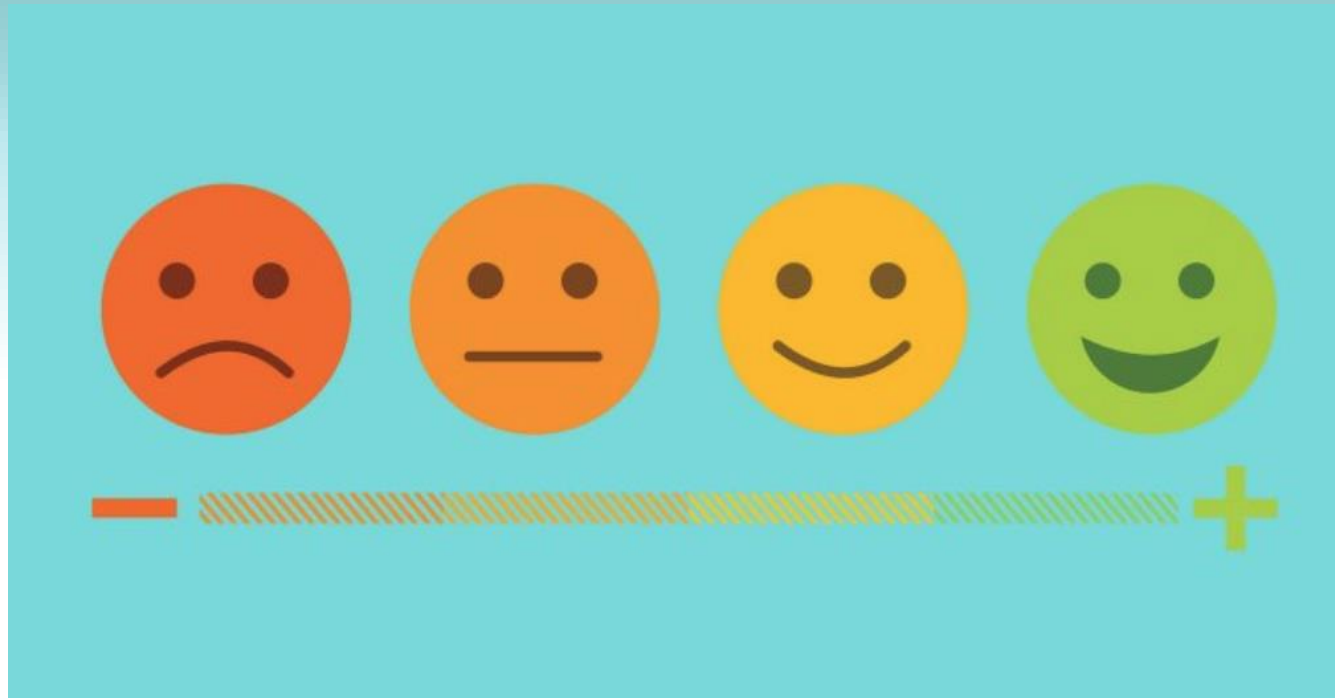
- Adopt a healthy **philosophical attitude** toward life
  - Not taking yourself too seriously, simplifying, balance, self-forgiveness
- Find **support** in the workplace
  - Good mentoring, setting limits, administrative support
- Engage and find **meaning**
  - Sense of self-worth and self-efficacy
- Develop **healthy relationships**
  - Time with friends and family, supportive partner, support group
- **Take care of yourself**
  - Exercise, nutrition, treat depression, avoid intoxicants, vacation
- Cultivate **self-awareness**
  - Meditation, support groups, narrative writing

# Mindful of what?



Body  
Breath  
Movement  
Touch  
Sensations

# Mindful of what?



## Feelings

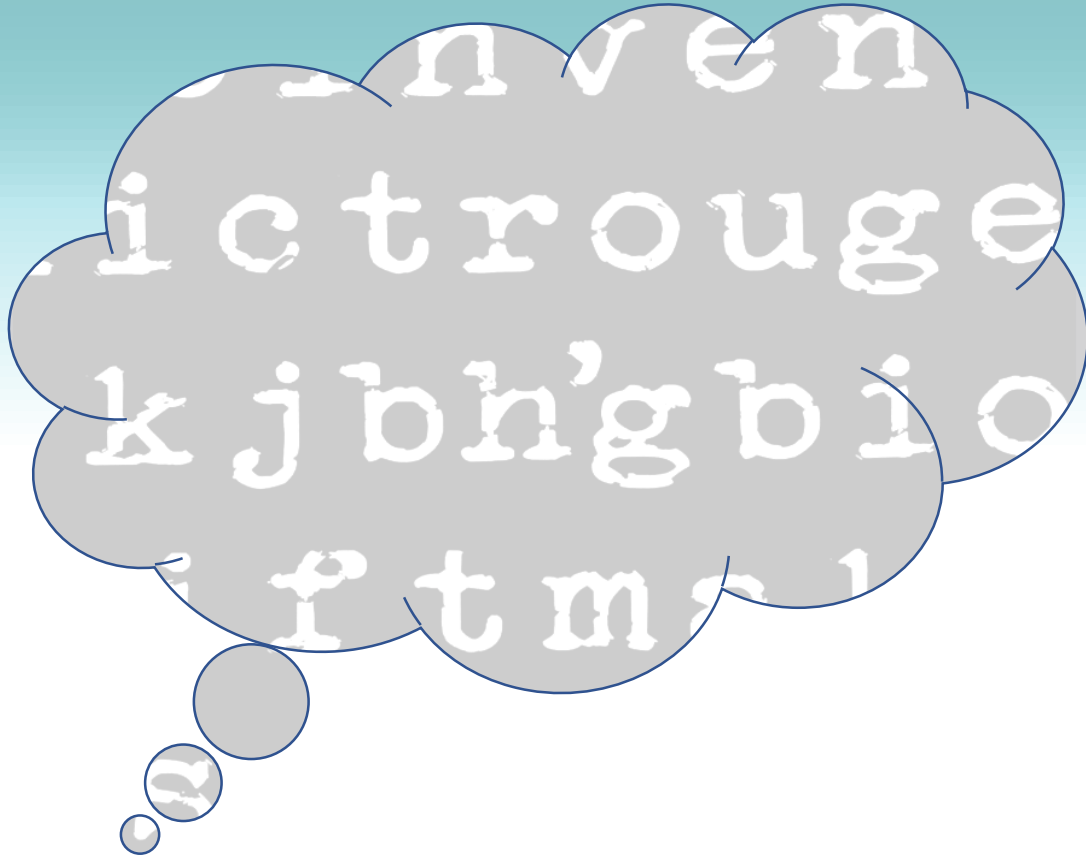
Sadness

Anxiety

Anger and frustration



# Mindful of what?



## Thoughts

Distraction

Alertness

Attention

Holding on/Letting go

Reflecting

# The Chinese character “to listen”



# Empathic Listening: Pause-Relax-Open

- Pause
  - Consciously wait before responding.
  - Be in the moment during the pause – try not to use the time to compose or analyze your response
- Relax
  - Bring awareness to those parts of the body where we tend to accumulate tension, and allow the tension to relax
- Open
  - Consciously be mindful of yourself and of your partner.
  - Open yourself to whatever happens; try not to have expectations.
  - Be aware of the way the relationship evolves with your partner during the conversation.

# Empathic Listening: Trust Emergence

- Allow yourself to see things precisely as they are, not as you would **wish** them to be or **fear** that they might be.
- Be aware that being in the present means that sensations, thoughts, emotions, interactions, words, topics, energies, and insights are always fluid, changing and effecting your **perceptions**.
- Try **not** to have a goal or objective, just observe and be present.
- Let go of your tendencies to engage in **planning**, especially what you will say next.

**Trust** that whatever emerges, without planning, this is what needs to happen.

# How to you improve mindfulness?

## Practice

- Stop, breathe, be.
- Take a deep breath, then begin
- Stop for two minutes once then twice a day
- Increase mindfulness practice to improve skill
- Hold onto mindfulness during meditative tasks like gardening, cleaning, washing dishes, cooking

# Putting Mindfulness Into Practice

## *Managing those tough cases*

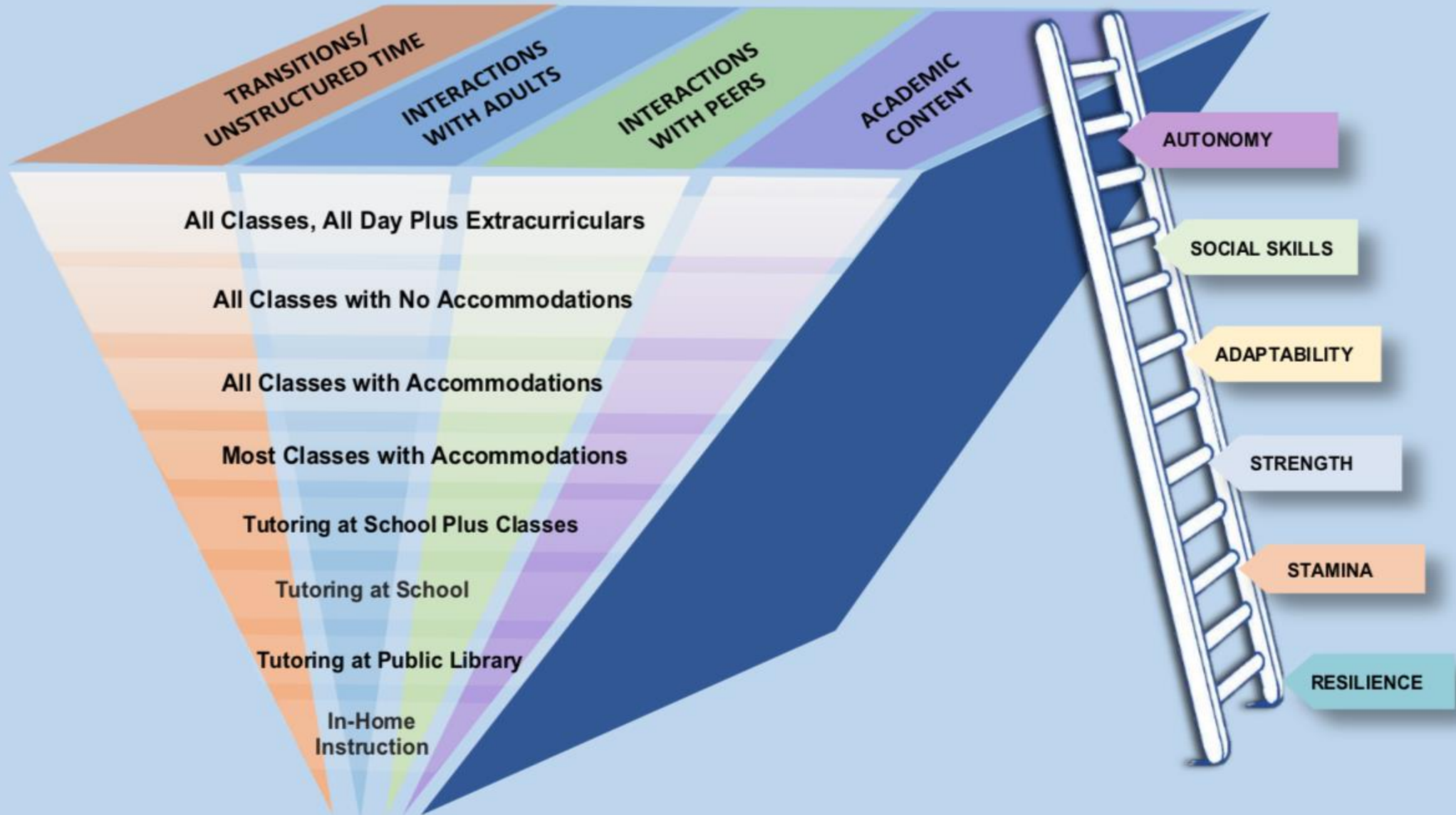
### The case of Adam

- 16 year-old male
  - family history of anxiety
  - refusing to get up and get to school
  - panic episodes with a lot of physical symptoms
  - requesting the pediatrician to write a note for home instruction
- 
- What do you think?

# What about using home instruction?

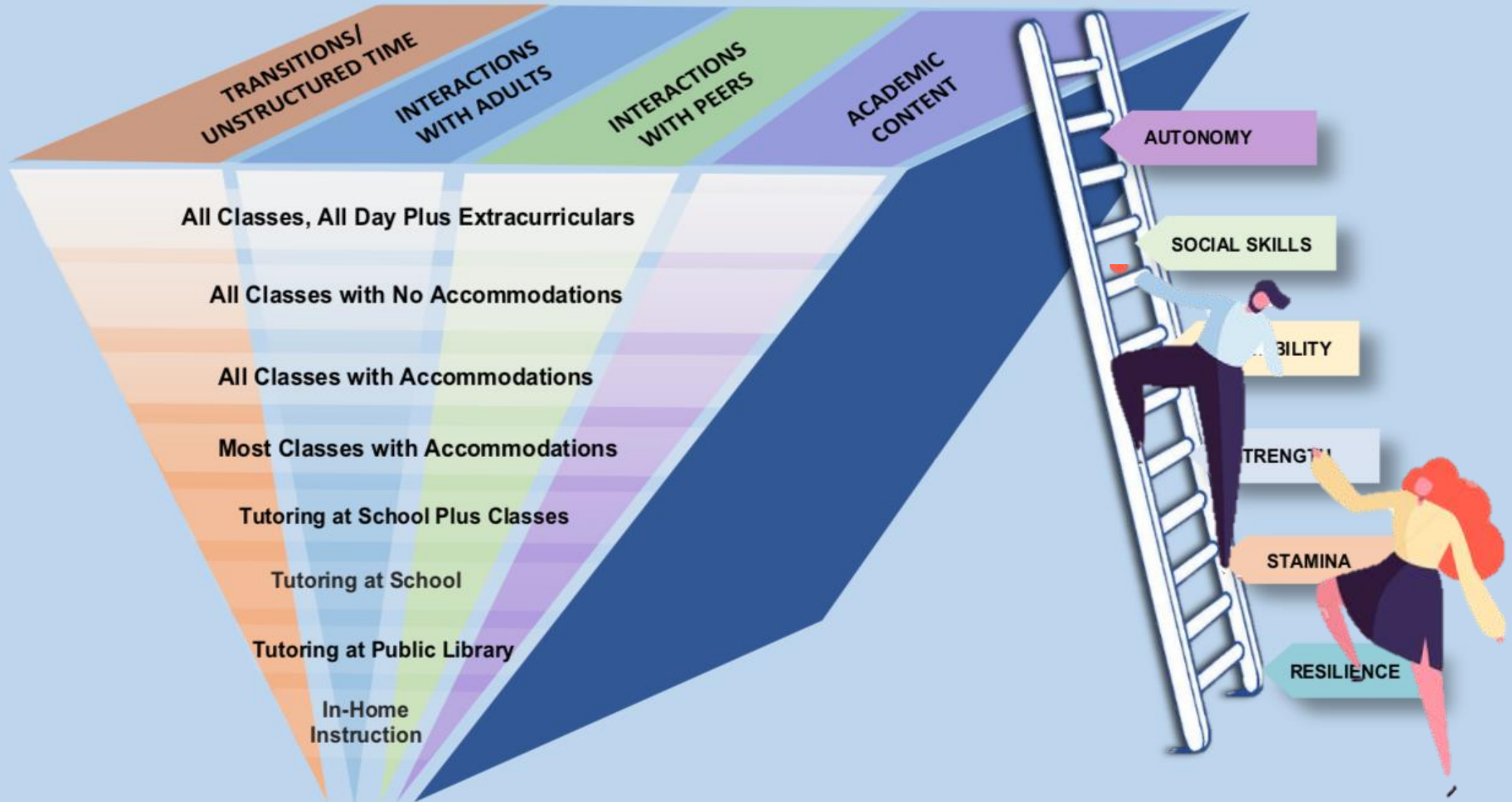
- The student wants it
- The parent wants it
- The therapist wants it
- The pediatrician is worn down
- The absentee pattern has started
- The sleep cycle is inverted
- Fort Night is taking over the world!

# prepared for Young Adulthood

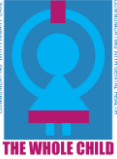




# prepared for Young Adulthood



# How can we improve collaboration?



COOPERATING WITH EDUCATORS  
NEVER TALKING ABOUT THEM


**Medical/Behavioral Health Provider to School Personnel – Communication Form**

Name/credentials of Provider completing form:	Agency/Practice Name:	
Phone #:	Physician:	
Fax #:		
Email:		
Best way to reach: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email		Today's Date:

Student Name:	DOB:	Grade:
Home School District:	Current Educational Placement, if known:	
Primary School Contact Name: (with whom information will be shared)	School Contact phone/fax/e-mail:	
<b>*Parent/Guardian release of information must be completed and attached.</b>		
Relevant concern/diagnosis/condition(s):		
How long have you been treating the student for this condition?		Frequency of appointments?
		Date of last office visit:
Is student actively participating in treatment/therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Comment:		
Other known providers:		
How does this condition impair the student's ability to participate in classes in school?		
Share ideas that could be considered to support the student in school:		
Are there any school activities in which you feel the student should not participate? Reason?		
When would you anticipate improved function? Would the student still need special consideration?		
Parents' understanding and perception of the situation?		
Other pertinent information?		
<b>Copy to: Student or Patient Medical File</b>		

Collaborative Care committee – permission granted for universal use. Any suggestions for change should be reviewed by the committee.  
Contact email: \_\_\_\_\_ Revised July 2019



COOPERATING WITH EDUCATORS  
NEVER TALKING ABOUT THEM

**School to Medical/Behavioral Health Provider – Communication Form**

Name/Title of Staff completing form:	Name/Title of the best school contact, if different:	
Phone #:	Phone #:	
Fax #:	Fax #:	
Email:	Email:	
Best way to reach: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email		Today's Date:

Student Name:	DOB:	Grade:
School District:	Current Educational Placement type/location:	
Please check status: <input type="checkbox"/> General education <input type="checkbox"/> Special education/IEP <input type="checkbox"/> 504 Plan		
Medical/Behavioral Health Provider: (with whom information will be shared)		Provider phone/fax/email:
<b>*Parent/Guardian release of information must be completed and attached.</b>		
<b>Attach any IEP, 504 Plan, Behavior Plan, reevaluation packet, or other relevant documentation.</b>		
Does student have an FBA/BIP (Behavior Intervention Plan)? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please attach		
List school concerns pertaining to student:		
Attendance: # of days absent and total days so far this year ____/____ or <input type="checkbox"/> not a concern		
School interventions tried to date (specify all supports and interventions tried this year, such as parent communication/meetings, individual and/or group services, accommodations offered, etc.):		
Community services in place: (Specify agency, provider name and contact information)		
Additional referrals made/current status: (Specify name and contact information)		
Family systems concerns/barriers:		
Parent perspective:		
Other pertinent information?		
<b>Copy to: Student or Patient Medical File</b>		

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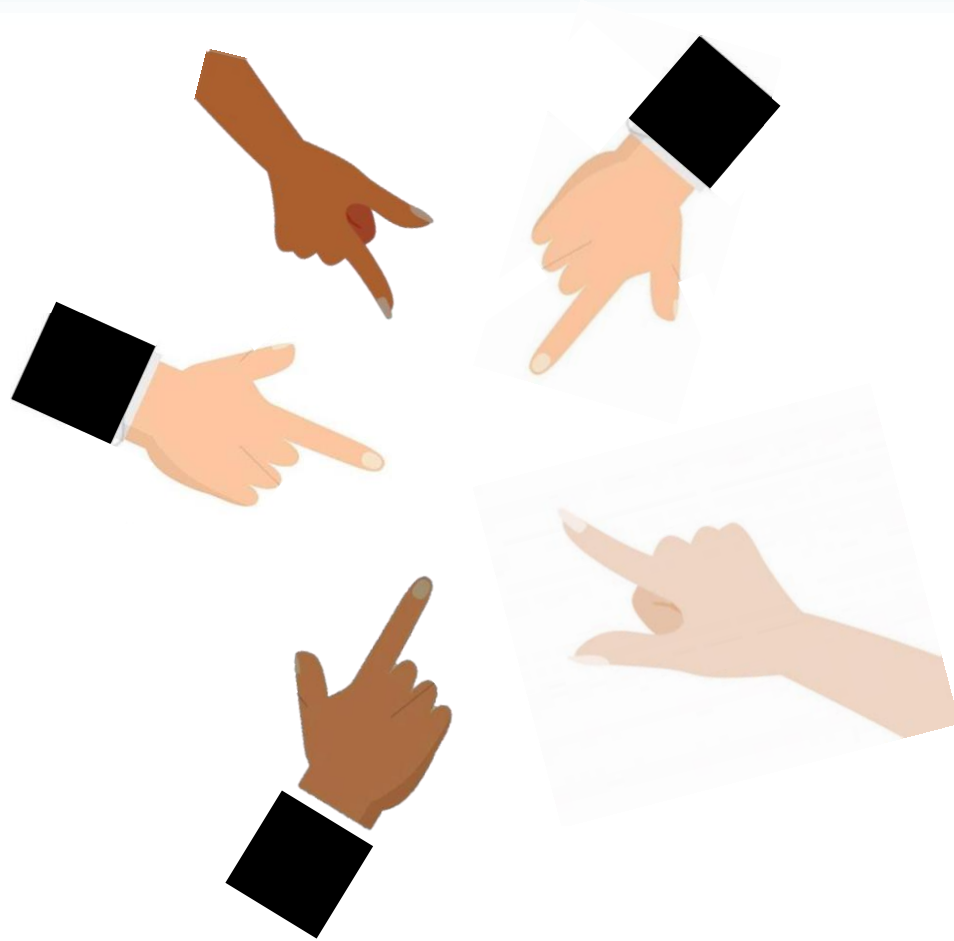
# Biggest Obstacle to Communication

- Phone: Person cannot be reached/interrupted, takes too long (on hold)
- Fax: Don't trust faxes or reports "disappear"
- Email: Can't find email address or emails are ignored/deleted

# A Bigger Obstacle to Communication

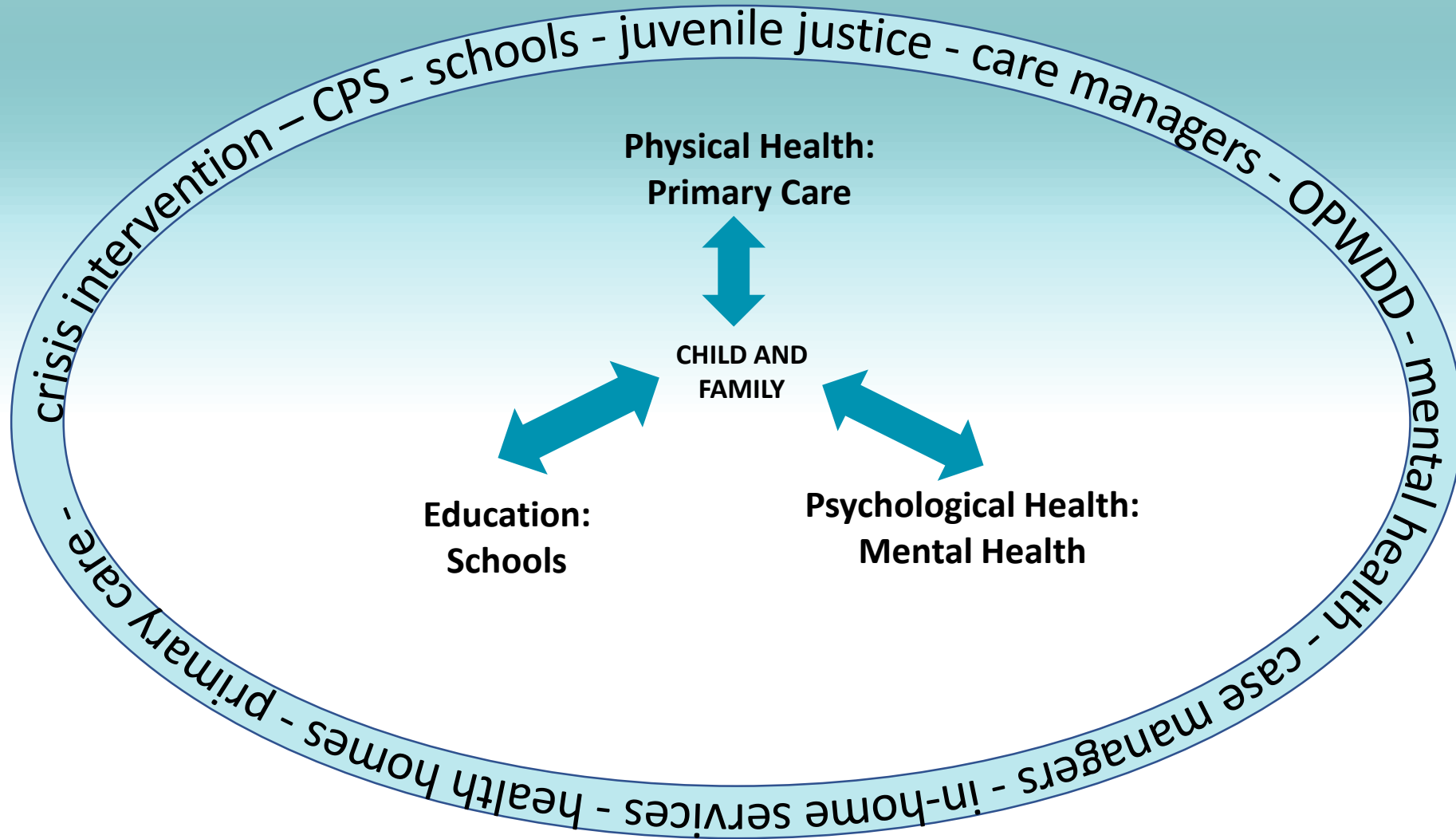
- Silos of understanding – Mental Health, Primary Care and Schools have unique customs and language
- Silos of comfort and efficacy – crossing between groups is often awkward, time consuming and does not have expected impact
- Silos of respect – groups have conscious and unconscious biases against each other made worse by parents' misunderstandings and our over-dependence on them to communicate information

# The Result?

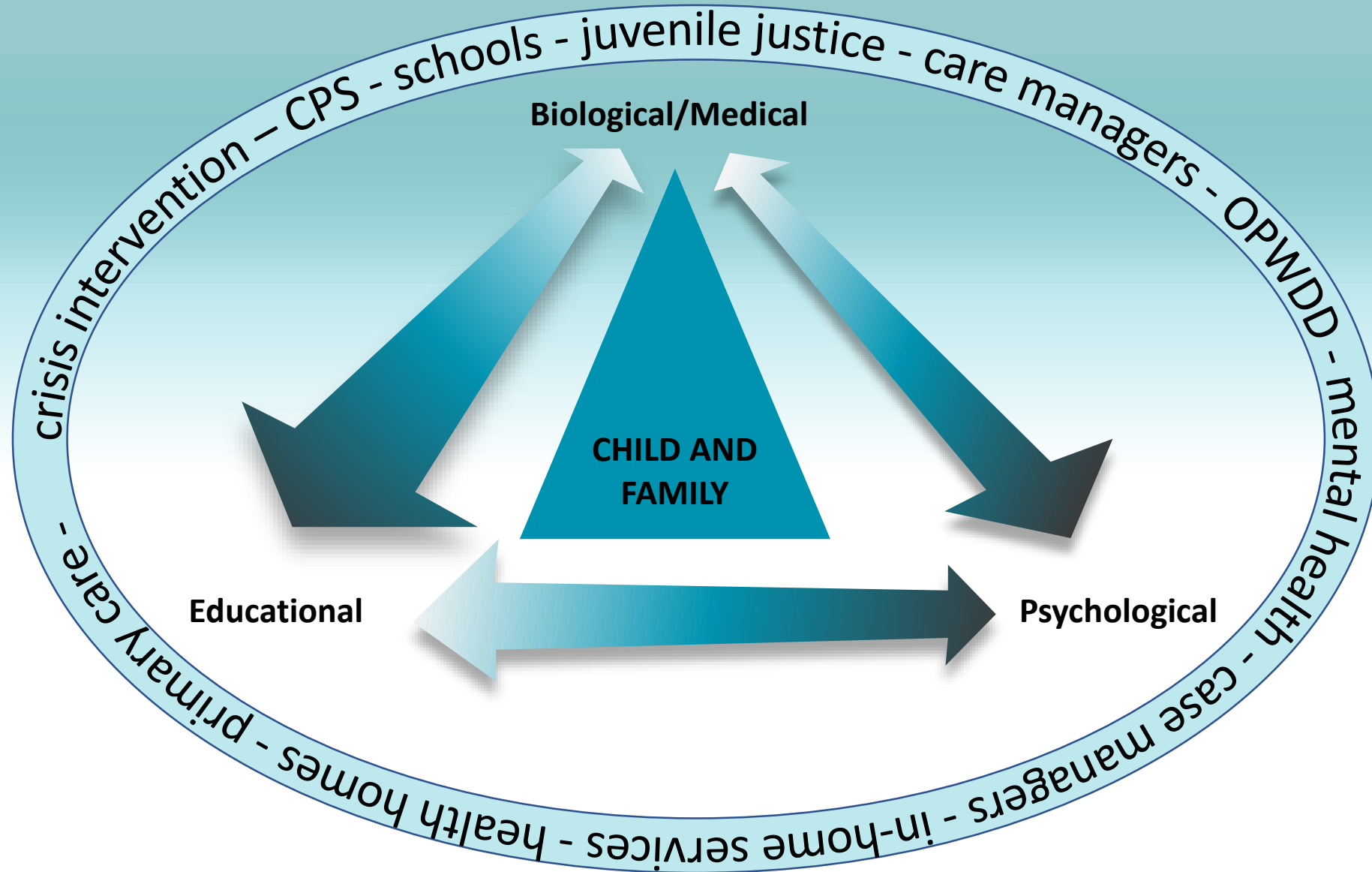


# CURRENT STATUS:

Not working together



# THE WHOLE CHILD PERSPECTIVE





# Bridging the Gap with Treatment

## *The Intervention Gap*





# Is there treatment that actually works?

- **Day-to-day coordinated effort** of adults to present unified approach with high levels of empathic support and high functional expectations

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- **Cognitive Behavioral Psychotherapy** to build skills and understanding in order to face fear triggers and still function

# Is there treatment that actually works?

- **Day-to-day coordinated effort** of adults to present unified approach with high levels of empathic support and high functional expectations
- **Cognitive Behavioral Psychotherapy** to build skills and understanding in order to face fear triggers and still function
- **Selective Serotonin Reuptake Inhibitor** medications can soften the intensity and distress of anxiety symptoms

# 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 cognitive behavioral therapy 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 psychotherapy difficult
  - Partial response to psychotherapy

# To Summarize:

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- The stronger the “Whole Child” communication and teamwork, the better



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- The stronger the “Whole Child” communication and teamwork, the better
- Structured cognitive behavioral therapy can be effective

# 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 cognitive behavioral therapy can be effective
- Certain medications can soften the severity of anxiety so the other efforts work better
  - The three-tiered combination works the best for more severe cases – teacher/parent approach + therapy + medication

## To Summarize:

- The three-tiered combination works the best for more severe cases –
  1. teacher/parent collaboration
  2. therapy
  3. medication

# Questions and Answers