

# Anxiety and Education

Impact, Recognition & Management Strategies

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# WHY SHOULD I BE CONCERNED?

# Prevalence of Anxiety

- Prevalence rates
  - Anxiety 3 - 5%
  - Depression 0.1 - 2.5%
  - ADHD 1.9 - 2.5%
  - PDD 0.09 - 0.4%
  
- 'Test Anxiety' occurs in ~33% of students

# Anxiety & Other Problems

- 30% of children with ADHD also have an anxiety disorder
- 25% of adolescents with reading problems have an anxiety disorder (most commonly social phobia)
- 50-85% of children with HFA/Asperger's have an anxiety disorder
- Anxiety exacerbates the severity of social and academic impairment
- Addressing the anxiety can drastically improve day to day functioning even when the main problem persists

# Impact of Anxiety

- Anxiety disordered students
  - Obvious distress and disability
  - Less likely to have satisfying social relationships
  - Higher ongoing usage of health facilities
  - Take longer to move out of home
  - Live a life (in their own words) of “missed opportunity”
- Early anxiety disorders predict adult anxiety disorders, depression, suicide, substance abuse and conduct problems
  - 85% of depressed adolescents have a history of childhood anxiety
  - ‘growing out of it’ is a myth

# Impact of Anxiety

- Anxiety disorders in children are high cost
  - Estimate of \$36 million cost per year to society
  - Cost includes lost productivity in family as well as direct impact on child and health care

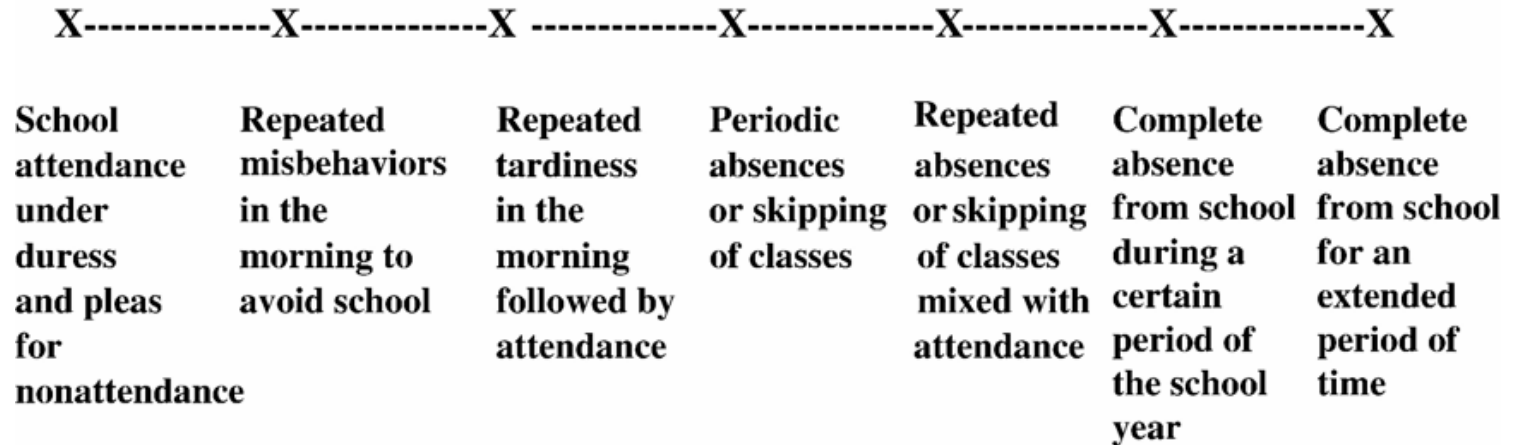


# Academic Impact of Anxiety

- Anxiety leads to poor academic performance & under-achievement
  - High anxious children in grade 1 are 10x more likely to be in bottom 1/3 of class by grade 5
  - High anxious students score lower than peers on measures of IQ and achievement tests (eg basic skills)
- Anxiety leads to poor engagement in class
  - High anxious students often avoid tasks that require communication or that involve potential peer or teacher evaluation
  - They consequently miss the benefit of interactive learning experiences



- Anxiety leads to school refusal



- Anxiety leads to drop out
  - 49% of anxious adults report having left education early, 24% indicated anxiety as the primary reason
- Academic consequences lead to long term economic losses for individual and society



# How does anxiety impact at school?

- Learning
  - Attention
  - Interpretation
  - Concentration
  - Memory
- Social Interaction
- Beliefs/Expectations
- Health

# Anxiety & Attention

- Attention is biased toward threat.
- Anxious children are faster to orientate toward threatening stimuli.
- Scan the environment for possible sources of threat and process them in-depth (at expense of other environmental stimuli).



A demonstration.....

Focus on the cross when it appears.....







# Where did you look?



# Attentional Bias Studies

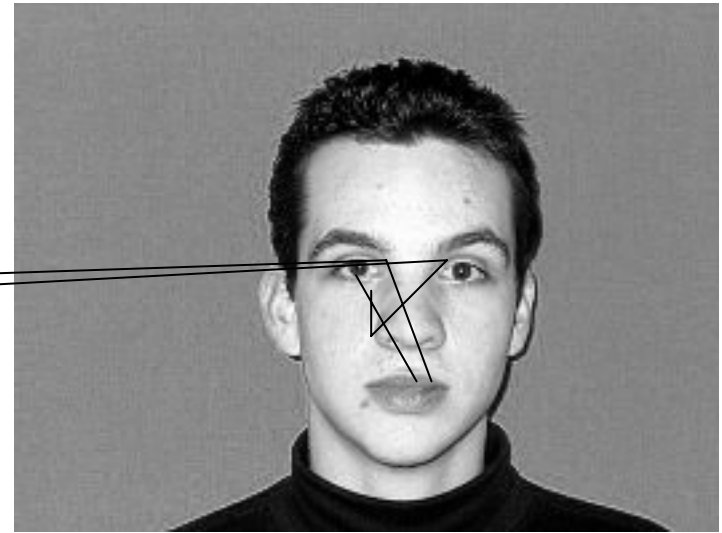
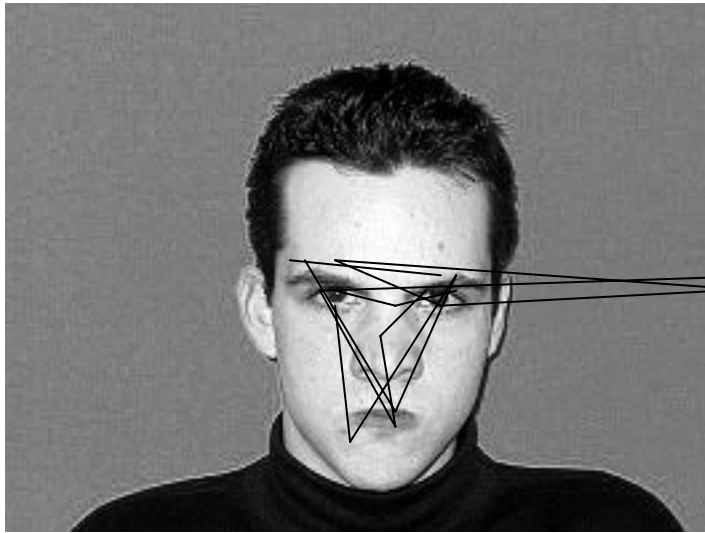
In eye movement studies,  
anxious children:

- rapidly orientate eyes toward threat (early attention)
- Keep their eyes on the threatening stimulus and ignore neutral or positive information (sustained attention).

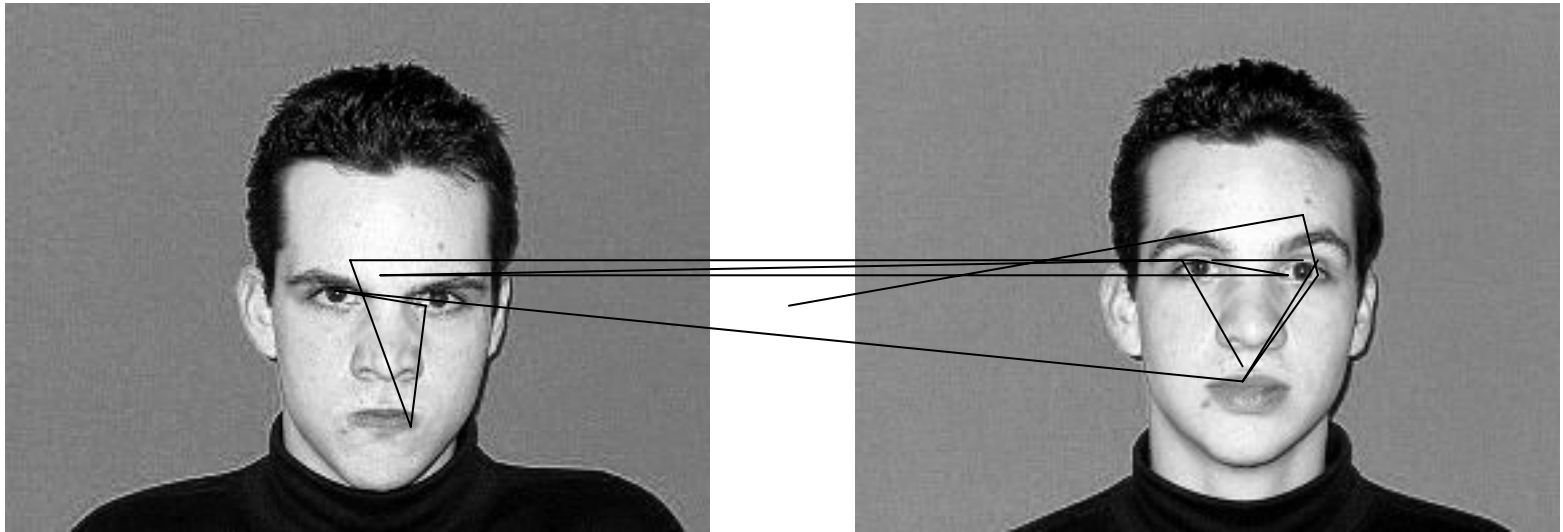




# Eye movements: anxious child



# Eye movements: 'control' child



# Anxiety & Interpretation

- Anxious students interpret neutral situations as threatening or dangerous
- Example: At the start of class the teacher says “Tommy can you see me after class please.”

Anxious automatic thought = “I’m in trouble”

Non-anxious auto thought = “I hope I don’t miss lunch”

- Which is better for learning?

# Anxiety & Concentration

- Worry takes up mental capacity needed for other tasks
  - As depth and breadth of worry increases, capacity to concentrate on academic tasks and solve problems decreases
- Anxious thoughts are intrusive
  - Hiccup like thoughts, suppressing worried thoughts is incredibly difficult
  - White bear effect

# Anxiety & Memory

- Anxiety associated with
  - Decreased short term memory capacity
  - General memory deficits
  - Poor recall of previously mastered materials
- Possible reasons
  - The same area of the brain (medial temporal lobe) plays a role in memory and anxiety therefore possibly reflects a dysfunction in these brain structures/processes
  - Initial encoding is undermined by poor attention

# Anxiety & Social Interaction

- The cognitive biases also influence social interactions
  - focus on potential threat at the expense of social cues
  - react to neutral cues as if threatened
- Therefore they act less socially competent & avoid peer interactions/performance situations that involve potential threat to reduce anxiety
- Peers can identify anxiety in others and report liking these children less

# Anxiety & Beliefs/Expectations

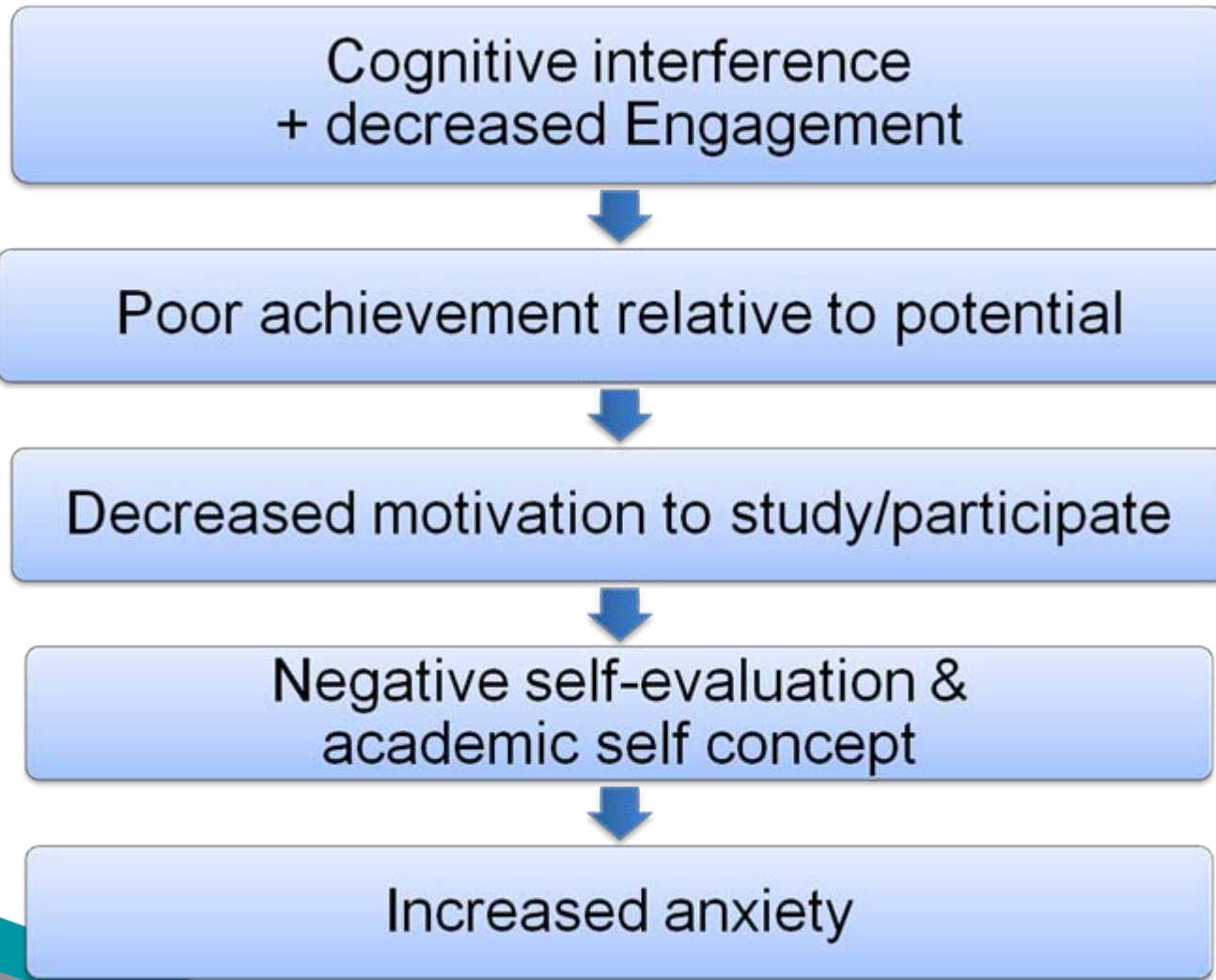
- High standards and perfectionistic beliefs lead to unrealistic expectations of performance
- Inability to live up to these expectations creates distress
- Self comparisons are relative to peer group
  - Gifted students in gifted classes report increased anxiety and decreased academic self concept

# Anxiety & Health

- Anxiety symptoms include various physical complaints (sleep disturbance, fatigue, nausea, headaches, unexplained illness)
- These are real symptoms
  - anxious children have a higher resting heart rate, higher blood pressure, higher skin conductance (tension) & higher free cortisol (stress hormone)
- As symptoms are real there is an increase in missed school days reducing learning opportunities



# Consequences



# IDENTIFYING ANXIOUS CHILDREN?

# Nature of Anxiety

- Anxiety Disorders exist when.....
  - There is a fear or worry about a particular event or multiple areas of life
  - Fear is excessive compared to peers or age-inappropriate
  - The fear/worry causes significant distress and/or significant interference (often avoidance) in daily activities

# Types of Disorders

## Separation Anxiety Disorder

- Fear separation from parents or other family
- Avoid being without parents or alone
- Excessive worry about possible separation
- Physical symptoms on separation



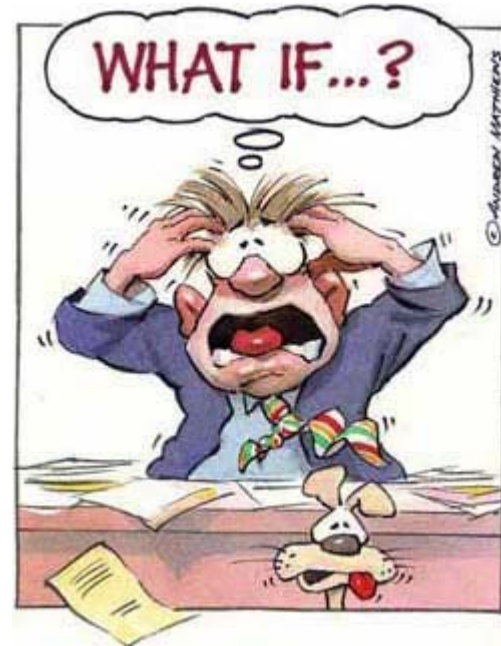
# Social Phobia



- Intense fear of being embarrassed or judged
- Avoid evaluation (speeches, conversation, class participating, library).
- May lead to a limited number of friends or poor social skills
- Particularly at risk for school refusal and early drop out.

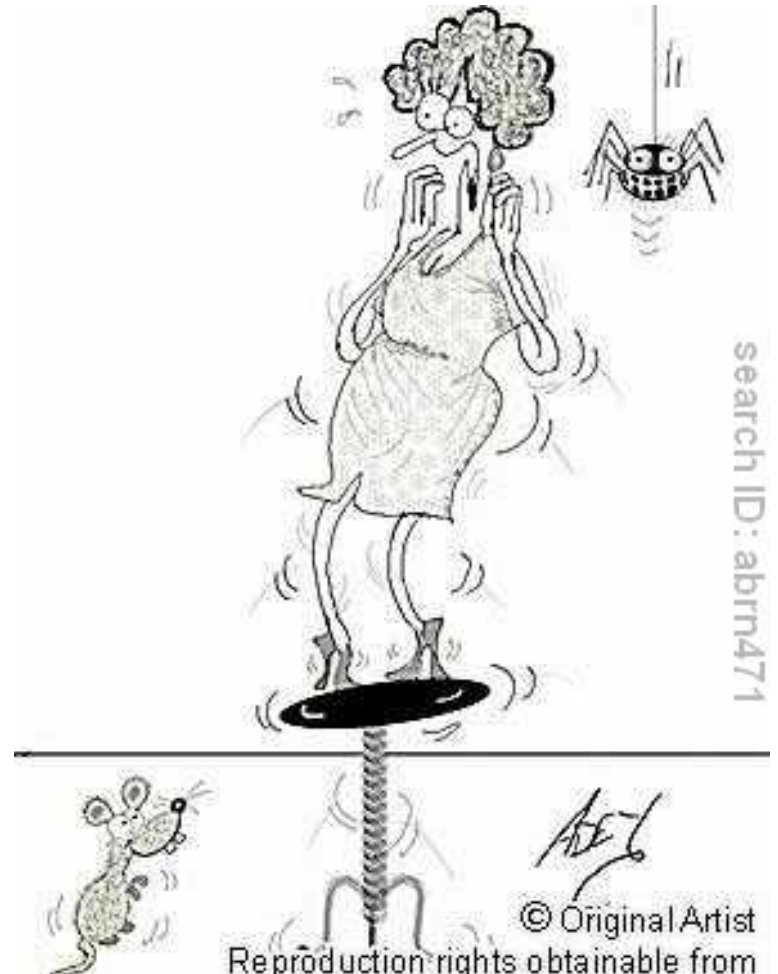
# Generalized Anxiety

- Excessive worry about everyday life
- Worry is difficult to control
- Seek out reassurance constantly
- Uncanny ability to identify negatives in a situation
- Worry accompanied by stomach or head aches, irritability, poor concentration or fatigue



# Specific Phobia

- Paralyzing fear of an event, situation or object
- Avoidance and distress caused when confronted
- Common fears: dark animals, storms, heights, blood/injection/injury, vomiting & small spaces



- **Obsessive Compulsive Disorder**
  - Recurrent, persistent and intrusive thoughts
  - Repetitive behaviours aimed at reducing or preventing a dreaded event  
eg washing hands, counting, symmetry
- **Panic Disorder with/out Agoraphobia**
  - Regular panic attacks for no apparent reason
  - Worry that an attack will happen again
  - Avoidance of places or activities for fear of having a panic attack
- **Post Traumatic Stress Disorder**
  - Follows a life threatening event
  - Re-experience event, avoid reminders, hyper-vigilant to threat

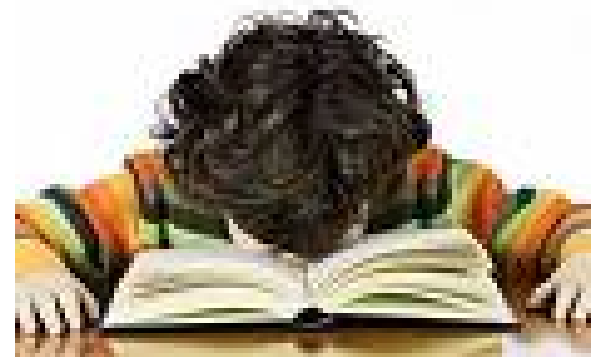


# School Phobia/ School Refusal

- Is not a diagnosis on its own but a symptom of other disorders
- Need to identify reason for avoiding school
- Most common possibilities include
  - Fear of separation from parents\*
  - Fear of the social situations at school\*
  - Dysfunctional patterns of family behaviour
  - Behaviour management problems

# Signs of anxiety at School

- Reassurance seeking
- Overly well behaved/Bossy
- Mistakes, routine changes & new situations cause distress
- Physical symptoms (frequent) stomachaches, headaches
- Perfectionism
- Procrastination – last minute or late



# Continued.....

- Limited friendships or age-inappropriate peer group
- Poor participation in class or playground
- Poor body language or vocal expression in groups/with authority figures
- Obvious anxiety during performance tasks
- Avoidance of specific classes (e.g., PE)
- Absence on special days (speeches, tests) or excursions
- Negative expectations of self, others & future

# Normal vs Clinical Anxiety

- Normal fears change from infancy to adolescence
- Normal fears differ from clinical anxiety in severity not quality
- Guiding principles
  - Is the anxiety causing marked distress and/or interference in major areas of functioning?  
e.g. social life
  - Is the behaviour and distress excessive compared to other children their age?

# **HOW CAN I APPROACH ANXIETY TO ENCOURAGE POSITIVE OUTCOMES ...Classroom management**

# 1. Provide support and encouragement

- Open up a dialogue about anxiety
  - Ask the child/adolescent if they worry about particular tasks when you have noticed they appeared anxious during those tasks.
- When you can see a child is anxious about a task, acknowledge their feelings & encourage effort

*“I can see that you are worried. Try the best you can and I will be back to see how you are going”*

*“You look scared, lots of people find giving speeches tough. Just focus on getting through the next few minutes and then it will be over”*

## 2. Change anxious behaviour through your response

- Reward non-anxious behaviour
  - Praise quietly if a child answers a question voluntarily for the first time in a small group
  
- Redirect anxious behaviours
  - Catch distress early and redirect it
  - Ask a child who begins to get weepy when they have to change classrooms to help you carry supplies or to take a message to the next teacher

### 3. Reduce provision of reassurance

- Ask what they think the situation might be and only provide correction if necessary
  - to the question “is this right?” you may respond “what have you done so far?” rather than just saying “yes”
- Only answer repeated questions once
  - To the second repeat of the question “what are we doing after recess?” you may respond “you can use the timetable to work out the answer”



## 4. Encourage **gradual** facing of fears

- Encourage risk taking in small steps by planning a set of graduated challenges
  - Encourage adolescent to answer a question when in a pair, then a small group then a larger group then in front of the class
  - Encourage child to try a new activity similar to one they already do well, then progress to trying other activities
- Provide opportunities for independence to develop self-confidence
  - Have a child run messages for you
  - Put an adolescent in charge of a small project or management task such as collecting contributions for a fundraiser

## 5. Utilise individual frames of reference

- Comment on achievement using an individual frame of reference rather than comparing to peers/group norms
- Encourage individual goal setting and self- evaluation against these goals
- Goals should be realistic (not under or over achieving)
- Incorporate evaluation of effort as well as outcome as a standard

## 6. Do not push an anxious child if there has been no planned facing of fear

- ask a question but do not insist on an answer unless you have been working together to face progressively more difficult challenges

## 7. Do not treat anxious behaviour as oppositional behaviour

- they are not being deliberately difficult
- some children/adolescents may prefer to get in trouble rather than face a fear
- provide consequences for aggressive or threatening behaviours but do not punish avoidance (allow natural consequences to occur where appropriate)

## 8. Normalise anxiety and destigmatise help seeking

- Ensure that mental health and emotions are a part of the curriculum
- Discuss the advantages of seeking help, what help typically consists of and where to go to seek help

## 9. Discuss your perceptions with parents; is this child also anxious at home? If so seek help.

# What will help entail?

*Savage Chickens*

by Doug Savage



[www.savagechickens.com](http://www.savagechickens.com)

# What will help entail?

- Cognitive Behavioural Therapy (CBT) is the treatment of choice for anxiety
- Can be individual or group therapy
- Parents are encouraged to be involved and some treatment components directly target parent behaviour
- Treatment is skills-based where anxiety management skills are taught in session and then applied between sessions in real life

# CBT Components

- The Cool Kids Treatment Program includes
  - Psycho-education about anxiety
  - Cognitive restructuring (How to think realistically)
  - Gradual Exposure (Stepladders to Face Fears)
  - Parenting Anxious Behaviours
  - Coping Skills
    - Problem Solving
    - Assertiveness
    - Stress Management
  - New sleep component





## Realistic Thinking Detective's Evidence Sheet

<b>Event</b> What is happening?	There is no-one here to pick me up
<b>Thoughts</b> What am I thinking?	What if mum's had an accident and she's dead Worry Rating: 10
<b>What is the evidence?</b> What are the facts? What else could happen? What happened when I worried before? What is likely to happen? What has happened to other people?	<ul style="list-style-type: none"><li>• mum could be stuck in traffic or at the store</li><li>• she is only 10 minutes late</li><li>• last time she was late she had been stuck on the phone</li><li>• mum has never forgotten me before, she should be here soon</li><li>• there's lots of kids still waiting not all of them could have dead parents so why should I</li><li>• maybe she arranged for dad to pick me up but someone forgot to tell me the message</li></ul>
<b>What is my realistic thought?</b>	Mum has been delayed, she will be here soon. Worry Rating: 3





## George's Example



Part of George's shyness also extended to a perfectionistic streak. George was so worried about what others thought of him that he tried not to make any mistakes.

As a result, he often worried extensively about whether he had said or done the wrong thing and he often redid his schoolwork many times in order to get it just right. Below is part of one stepladder that George made up to tackle this problem.

### Stepladder

George's goal: Not to be bothered by making mistakes at school

1. Intentionally calling Mark (a close friend) by the wrong name.
2. Not brushing hair before school
3. Ruling a wobbly line on a page and leaving it there.
4. Not checking an essay for mistakes before handing it in.
5. Making a deliberate mistake in a science project.
6. Intentionally handing in an essay with several spelling mistakes.
7. Answering a question in class when not 100% sure of the answer
8. Intentionally returning library books three days late.
9. Deliberately giving the wrong answer to a question in class.
10. Not doing the correct homework.



## **Saskia: To be able to give a speech without so much anxiety**

1. Prepare a short talk and practice it alone (taping it to listen to afterwards)
2. Give a short talk to parents
3. Give a talk to parents and deliberately make mistakes (dropping notes, mispronouncing words etc)
4. Give a short talk to close family and friends
5. Volunteer to read out loud in class
6. Give a longer talk to friends
7. Give a toast at Dad's birthday party
8. Give a two minute talk in English class
9. Give a longer presentation in History class
10. Make an announcement at assembly
11. Give speech at assembly



# Treatment Success

- Cognitive Behavioural Therapy consistently shown to be effective in treating anxiety
- Meta-analyses of all available trials indicate a remission rate of 60-70% after an average of 12 CBT sessions
- Recent trial of CBT vs Medication vs Combo response rates after 12 weeks  
CBT 59.7% Medication 54.9% Combo 80.7%

# Where to Find Help...

Further information about options is available at our website  
[www.emotionalhealthclinic.com.au](http://www.emotionalhealthclinic.com.au)



[Home](#) > [Our Programs](#)

## Our Programs

Whether you are the parent of an anxious child or teenager or are seeking help for yourself, the Emotional Health Clinic offers a range of research and private programs to treat various types of anxiety. All of our programs are based on the latest, scientifically proven methods. Our programs also contribute to future research and improved treatments for anxiety sufferers. Below is a list of current programs on offer:

### Programs for Children and Adolescents



# Anxiety & Sleep...

- **Primary school children** with **sleep + anxiety** issues.
- Coolkids + sleep program.
- Contact: Amanda
- Ph (02) 9850 8057
- [Amanda.Gamble@psy.mq.edu.au](mailto:Amanda.Gamble@psy.mq.edu.au)



- **High school children** with primary **sleep** disorders
- Individual CBT
- Contact: Woolcock Institute for Medical Research
- Ph (02) 9114 0000

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# Thank you...