Students and Anxiety Problems*

When it comes to learning and performance at school, anxiety can be facilitative and disruptive. All students are anxious at times; some more than others; some pervasively and chronically.

When anxiety is disruptive, it is associated with a host of cognitive, behavioral, and emotional problems. When the problems are pervasive and severe, they may be diagnosed as anxiety disorders. However, most students who have problems and appear or indicate that they are anxious are not disordered and should not be treated as having a psychopathological condition. And, in most instances, it is difficult to differentiate cause and effect.

Type I, II, and III Anxiety Problems

For intervention purposes, students’ anxiety problems can be viewed from a reciprocal determinist view of causality. Such a view emphasizes that behavior is a function of the individual transacting with the surrounding environment. This broad paradigm of causality offers a useful starting place for classifying behavioral, emotional, and learning problems in ways that avoid over-diagnosing internal pathology.

From this perspective, problems can be differentiated along a continuum that separates those caused by internal factors, environmental variables, or a combination of both. Problems caused by environmental factors are placed at one end of the continuum (referred to as Type I problems). Many students are growing up in stressful and anxiety provoking conditions (e.g., impoverished, disorganized, hostile, and abusive environmental circumstances). This includes home, neighborhood, and school. Such conditions should be considered first in hypothesizing what initially caused the individual's behavioral, emotional, and learning problems. After environmental causes are ruled out, hypotheses about internal pathology become more viable.

At the other end are problems caused primarily by pathology within the person (Type III problems). Diagnostic labels meant to identify extremely dysfunctional problems caused by pathological conditions within a person are reserved for individuals who fit the Type III category (e.g., generalized anxiety disorder [GAD], social anxiety disorder [SAD], obsessive compulsive disorder [OCD], Post Traumatic Stress Disorder [PTSD]). See the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) for a description of diagnostic symptoms (http://www.psychiatry.org/dsm5).

To provide a reference point in the middle of the continuum, a Type II category is used. This group consists of students who do not function well in situations where their individual differences and minor vulnerabilities are poorly accommodated or are responded to hostilely. This includes students who are not as motivationally ready and capable as their classmates, those who are more active than teachers and parents want, those who learn better using multiple modalities than just by auditory and visual inputs, and so forth. The problems of an individual in this group are a relatively equal product of person characteristics and failure of the environment to accommodate that individual.

There are, of course, variations along the continuum that do not precisely fit a category. That is, at each point between the extreme ends, environment-person transactions are the cause, but the degree to which each contributes to the problem varies.

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*The material in this document was culled from the literature by Sarah Ting as part of her work with the national Center for Mental Health in Schools at UCLA.

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Clearly, a simple continuum cannot do justice to the complexities associated with labeling and differentiating psychopathology and psychosocial/educational problems. However, the above conceptual scheme shows the value of starting with a broad paradigm of cause. In particular, it helps counter the tendency to jump prematurely to the conclusion that a problem is caused by deficiencies or pathology within the individual and thus can help combat the trend toward what William Ryan has dubbed “blaming the victim.” It also helps highlight the notion that improving the way the environment accommodates individual differences may be a sufficient intervention strategy.

Ways in Which Schools Contribute to Student Anxiety

Common sources of anxiety at school are interpersonal and academic related stressors. All students experience pressures to both conform and change (e.g., as a result of enforcement of rules, norms, and standards by peers, family, school staff).

Daily interpersonal interactions with teachers and other staff and peers are especially difficult for some students. Differences in background, appearance, language, social and emotional development, all can affect whether a student fits in or not. Not fitting in can lead to being isolated, rejected, and even bullied and coming to school each day fearful and anxious.

Relationships with peers are always on a student’s mind. Concerns arise from such matters as not having enough friends, not having the right friends, not being in the same class as friends, experiencing peer pressure and interpersonal conflicts. And, there is the problem of bullying, which now has gone high tech (e.g., using the internet, cell phones) making the behavior easier, anonymous, and more prevalent.

While personal factors can affect relationships with teachers, classroom demands are more frequent sources of stress and anxiety (e.g., assignments, schedules, tasks). With test scores so heavily weighted and publicized, teachers are under great pressure to produce high test scores and that pressure is passed on to their students. The emphasis on enhancing school readiness and performance has filtered down to pre-school and kindergarten. A decade ago, kindergarten was a much more leisurely transition to first grade. And, of course, anxiety about being evaluated (e.g., tested and graded) is commonplace among students and can hinder performance.

Pressures in meeting academic demands also can be exacerbated by too many extracurricular activities. And for high school students, there is the added stress of college and career preparation. The overload of activities and demands can cut students off from essential supports, hamper sleep, interfere with learning and development, and affect physical and mental health.

Schools that do too little to address interpersonal and academic related stressors can expect a great many anxiety-related learning, behavior, and emotional problems.
Examples of School Interventions for Anxious Students

Prevention

The first and often most important prevention strategies at a school are those that improve the environmental circumstances associated with anxiety. The focus on enhancing school climate highlights many facets of schools and schooling that need to be changed and are likely contributors to student anxiety. Relatedly, many student and learning supports are meant to address factors that are associated with student anxiety.

With respect to curricular programs, most of those designed to prevent problems have facets that are touted as preventing disruptive anxiety (e.g., those that promote assets and skills, resilience, resistance, mindfulness). For example, a widely cited program is called FRIENDS (http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=334). It is a universal prevention program that is implemented as part of the classroom curricula for all children. It emphasizes relaxation techniques, cognitive strategies, exposure exercises and encouragement of making friends and expanding social networks. It incorporates peer support and modeling to help students reduce social anxiety.

Schools can also help parents play a role in preventing anxiety at school. For instance, parents can help prepare their children for and adjust to transitions to the next grade and/or a new school (e.g., ensuring a good orientation and supporting first encounters with new surroundings and experiences, arranging for a peer buddy who can guide and support). Teachers also can help parents learn how to work collaboratively with the school to nurture and provide academic and social supports.

Minimizing Anxiety at School

From a psychological perspective, examples of what schools can do include minimizing threats to and maximizing strategies that enhance feelings of (a) competence, (b) self-determination, and (c) connections to significant others. Key in all this is a well-developed system of student and learning supports that helps to personalize instruction and provide special assistance (including accommodations) as needed. Such a system not only can provide a better instructional fit, it facilitates student transitions by providing academic and social supports and quickly addresses school adjustment problems. And it enhances home involvement and engagement in the student’s schooling.

Corrective Interventions

In addition to addressing improvements in the school environment, schools can help correct mild anxiety problems and play a role in addressing anxiety disorders.

Mild Anxiety. Given that addressing student problems always involves mobilizing the student to play an active role, enhancing motivation, and especially intrinsic motivation, is a constant concern. Therefore, practices must be designed to account for motivation as an antecedent, process, and outcome consideration.

With respect to psychoeducational interventions, the emphasis is on such cognitive behavior strategies as teaching students to identify their anxiety symptoms (fear, coping responses) in various situations, learning how these are related to negative thoughts, physical sensations, and avoidance, and then mastering coping skills.

Another focus is on enhancing realistic thinking. It is common to overestimate the likelihood of the occurrence of negative outcomes and exaggerate the consequences of those outcomes. To
deal with the anxiety this causes, students are taught to identify such overestimates and use specific questions to evaluate them more realistically.

In addressing social anxieties, the emphasis usually is on social skills training. For example, one such program focuses on (1) initiating conversations, (2) maintaining conversations and establishing friendships, (3) listening and remembering, and (4) assertiveness. Peer assistants may be used to help create a positive experience for struggling students (e.g., peers bring students with mild anxiety to social events, clubs, have conversations with them in school situations).

Classmates also can help with desensitization strategies. For instance, if the student fears speaking in front of the class, the teacher can devise a desensitization approach with the student, such as initially having the student’s record presentations to the class or have the work read aloud by a classmate. Following this phase, the student might increasingly do parts of the presentations with a classmate filling in the rest until the student works up to a solo performance.

**Anxiety Disorders.** While many students experience anxiety at school, a few who end up being diagnosed as having an anxiety disorder (e.g., SAD, OCD). Schools need to communicate and work collaboratively with primary providers who are treating such youngsters. As with all youngsters experiencing significant learning, behavior, and emotional problems, some special assistance (including accommodations) will be necessary. Primary providers and family members can provide information about what the school might do, and the school can provide information back based on the student’s responses to school interventions.

As feasible, the school might help with exposure techniques for those diagnosed with generalized anxiety disorders and social anxiety disorders. For example, a student support staff member might work with a student to develop a fear hierarchy that rank orders the anxiety-provoking situations, beginning with the least-feared situation. Conducting exposure at school provides a realistic context and can tailor exposure situations based on the student's difficulties at school. With SAD, for instance, the student might meet with a teacher for clarification of academic material, approach a peer in the library or cafeteria, and so forth. Exposure sessions can utilize various school locations. Some common exposures for socially anxious students include accompanying a student to the cafeteria to initiate conversations with peers or to purchase and return food, ask questions of the librarian, visit the main office and speak to administrative staff, or seek out assistance from a teacher. With support, the student might join a club that matches her/his interests. Beside pursuing exposure techniques, student support staff can help a student evaluate the evidence for specific fears (e.g., about being treated badly by peers) and can help connect them with a peer buddy who is prepared to help.

With respect to those diagnosed with obsessive-compulsive disorders, the focus is on how the school can help a student end an obsession or compulsion. This includes work with the student to identify less intrusive rituals (e.g., tapping one desk rather than every desk, encouraging use of an interrupter, helping the student evaluate evidence underlying fears of negative outcomes).

On the following pages is a description of two programs used at schools and references to sources for resources.
Examples of Two Programs that Have Been Used in Schools

**Cool Kids.** This program is a cognitive behavior therapy program that teaches children cognitive behavioral skills to combat anxiety. The program objectives are to (a) teach students to recognize emotions such as fear, stress and anxiety, (b) help challenge beliefs associated with feeling nervous, and (c) encourage gradual engagement with fearful activities in more positive ways. There is an additional component for parents that informs them of these principles and also teaches alternate ways of interacting with their child. The program has a number of additional components to be included, depending on the student’s needs, including dealing with teasing, social skills training and problem solving. See


**Skills for Academic and Social Success (SASS).** As summarized by Child Trends, this is a cognitive-behavioral school-based program designed to reduce children's anxiety. “SASS consists of 12, 40-minute weekly group sessions, two booster sessions, two 15-minute individual meetings, four weekend social events with prosocial peers, two 45-minute parent group meetings, and two 45-minute teacher meetings. In total, the program lasts for three months.

Group sessions cover five components: psychoeducation, realistic thinking, social skills training, exposure, and relapse prevention. Psychoeducation is addressed in the first group session where group leaders discuss commonly feared social situations and cognitive, somatic, and behavioral symptoms of social anxiety with the youth. In the second group session, realistic thinking is the focus as group leaders discuss the relationship between thoughts, feelings, and behavior and overestimating negative outcomes. Social skills training takes place over four group sessions emphasizing initiating conversations, maintaining conversations and establishing friendships, listening and remembering, and assertiveness through role discussion and role-play. During the exposure component, group leaders address the need for exposure to situations. Students develop a Fear Hierarchy of avoided situations. During each exposure session, group leaders select items from the Fear Hierarchy to gradually address the youth's fear. After the session, the youth discuss the experience and are provided feedback. Relapse prevention is the final session, and in it group leaders prepare youth for potential setbacks. Booster sessions, where youth progress is monitored, occur monthly for two months after the group sessions.

During the two individual meetings with the group leaders, youth can discuss goals and issues that interfere with progress. The four social events are intended to be fun activities (bowling, picnic, etc.) to provide youth an opportunity to practice social skills. The social events are aided by teacher-nominated students (peer assistants) who have exhibited helpful, friendly, and/or kind behavior. Peer assistants create a positive experience during the social event as well as helping the youth practice their skills during the week. Parent meetings include information about symptoms, psychoeducation, common reactions, and encouragement to refrain from being excessively reassuring to their child and allowing them to avoid situations. Teacher meetings include education about social anxiety, collaboration on areas of social difficulty, and progress feedback.”

Sources for Resources

For specific recommendations of what schools might do to minimize disruptive anxiety, see:

Our Center’s Online Clearinghouse Quick Find on:

> Anxiety -- [http://smhp.psych.ucla.edu/qf/anxiety.htm](http://smhp.psych.ucla.edu/qf/anxiety.htm)

Listed there, for example, are links to such Center documents as:


Also listed are links to such general internet resources as:

> Schoolpsychiatry.org – [http://www2.massgeneral.org/schoolpsychiatry/info_anxiety.asp#interventions_school](http://www2.massgeneral.org/schoolpsychiatry/info_anxiety.asp#interventions_school)


References Used in Preparing this Information Resource


**About Transforming Student and Learning Supports**

Concerns such as those highlighted in this Information Resource are part of a wide range of barriers to learning and teaching. To effectively address the breadth of concerns schools face each day requires transforming current approaches to providing student and learning supports. The *2015 National Initiative for Transforming Student and Learning Supports* is dedicated to this.

**It’s Time for Direct Action!**

2015 is the time for everyone concerned about student learning, behavior, and emotional problems to pursue the following courses of action to enhance school improvement policy and practice:

- Work for collaboration among groups recommending changes in education policy so that there is a unified message about
  - ending the marginalization of student and learning supports
  - developing a unified, comprehensive, and equitable system of student and learning supports.
- Participate at decision making and planning tables focused on school improvement so you can clarify the need to expand from a two to a three-component policy framework.
- Send the message to those shaping school improvement policy (e.g., principals, superintendents, mayors, governors, organizational, business and philanthropic leaders).
- Communicate with Congress about the need to end the marginalization of student and learning supports and expand from a two to a three-component policy framework for school improvement as a major facet in reauthorizing the ESEA.
- Focus the attention of governors, mayors, superintendents, principals, and other leaders on the need to help schools unify and develop a comprehensive system of student and learning supports.
- Let us know who to send information to.

*At a minimum, let us know your thoughts about direct action to elevate student and learning supports in policy as a nonmarginalized and unified system. That will help us in mobilizing others.*

**Send your ideas and any information about what you see happening to Ltaylor@ucla.edu or to adelman@psych.ucla.edu**

**Here’s a few resources to share with colleagues:**

- *Transforming Student and Learning Supports: Trailblazing Initiatives!*
- *Introducing the Idea of Developing a Comprehensive System of Learning Supports to a New Superintendent or to One Who May Be Ready to Move Forward*
  [http://smhp.psych.ucla.edu/pdfdocs/introtosups.pdf](http://smhp.psych.ucla.edu/pdfdocs/introtosups.pdf)
- *Developing a Unified, Comprehensive, & Equitable System of Learning Supports: First Steps for Superintendents Who Want to Get Started*
  [http://smhp.psych.ucla.edu/pdfdocs/superstart.pdf](http://smhp.psych.ucla.edu/pdfdocs/superstart.pdf)
- *Establishing a Comprehensive System of Learning Supports at a School: Seven Steps for Principals and Their Staff*
  [http://smhp.psych.ucla.edu/pdfdocs/7steps.pdf](http://smhp.psych.ucla.edu/pdfdocs/7steps.pdf)

And for a more in-depth discussion, go to the section on our website for the 2015 initiative and download and share the new book: *Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System.*