

Anxiety

Background Information

Anxiety disorders are among the most common psychiatric disorders affecting children and adolescents, impacting anywhere from 2% to 27% of children and adolescents (Costello, Egger & Angold, 2005). Children with internalizing disorders such as depression and anxiety are often overlooked, and symptoms and impairments are often not addressed. The negative effects of anxiety can impact students academically and socially (Sulkowski, Joyce & Storch, 2012). Untreated childhood anxiety is likely related to the development of anxiety disorders and depression in adulthood, as well as substance use and abuse. It is particularly difficult to recognize anxiety symptoms in the school environment, because anxiety presents in many different ways (Hunter & Tomb, 2004).

Characteristics of Childhood Anxiety Disorders

Anxiety disorders are an extremely broad category of disorders and the symptoms may vary considerably from one type of anxiety disorder to another; however, some common elements are (Merrell, 2008):

- Negative and unrealistic thoughts
- Misinterpretation of symptoms and events
- Panic attacks
- Obsessions and/or compulsive behavior
- Physiological arousal
- Hypersensitivity to physical cues
- Fears and anxieties regarding specific situations or events
- Excessive worries in general

Types of Anxiety Disorders (DSM-V)

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobias
- Social Anxiety Disorder (Social Phobia)
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder
- Substance/Medication-Induced Anxiety Disorder
- Anxiety Disorder due to Another Medical Condition
- Other Specified Anxiety Disorder
- Unspecified Anxiety Disorder

What can Schools do Regarding Anxiety?

Preventive intervention can decrease the number or significance of risk factors that contribute to the onset of an anxiety disorder. Since the onset of most anxiety disorders occur during childhood and adolescence, the school environment can often be the most effective setting to implement preventive methods (Greenburg, Domitrovich & Bumbarger, 2001; Sulkowski, Joyce & Storch, 2012).

Resources

[Promising Practices Network: What Works Clearinghouse](#)
[National Institute of Mental Health](#)
[Anxiety and Depression Association of America](#)
[National Child Traumatic Stress Network](#)
[Colorado Office of Behavioral Health](#)
[Colorado Division of Child Welfare](#)
[EMPOWER Colorado](#)
[Federation of Families for Children's Mental Health ~ Colorado Chapter](#)
[Parent Education and Assistance for Kids \(PEAK\)](#)
[SAMHSA](#)
[WorryWiseKids](#)



Prevention and intervention for anxiety disorders should align with the three tiers of a multi-tiered system of support (MTSS) model: universal, targeted, and intensive. The universal level of anxiety prevention/intervention includes positive school climate and Positive Behavior Intervention Support (PBIS) programs, as well as school-wide screening for anxiety.

Targeted interventions are intended for a subgroup of students with risk factors for anxiety, including those students identified as having anxiety symptoms on a universal screening tool, or students that have experienced crisis or other traumatic events (Sulkowski, Joyce & Storch, 2012).

The intensive level of intervention targets students who exhibit early signs or biological markers related to anxiety and/or may have a clinical diagnosis of anxiety. By implementing a three tiered model of universal, targeted, and intensive prevention and intervention efforts in schools, school practitioners can prevent anxiety from developing in students, as well as intervene for all students that are at-risk or already exhibiting symptoms of an anxiety disorder (Sulkowski, Joyce & Storch, 2012).

References

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This CDE guidance document is meant for clarification, is not legally binding, and is not to be confused with legal advice. This guidance reflects CDE's recommendations, but Administrative Units (AUs) may have developed their own policies or procedures that differ from those described herein. Be sure to refer to your local AU's policies and procedures through the Director of Special Education. If you are seeking legal advice, please contact your legal counsel.

The contents of this handout were developed under a grant from the U.S. Department of Education. However, the content does not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the federal government.

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Programs and Interventions for the Prevention and Treatment of Anxiety in Schools

Program/Intervention	Publisher/Resources	Level of Intervention	Target Population	Type of research conducted (Stringent research-research design, random assignment; Research – mixed method, random sampling; Applied with Fidelity – outcome measures, case studies*)	Research Sample
<p>Ready . . . Set . . . R.E.L.A.X. <i>Summary:</i> This program teaches children various strategies to help cope with stress and anxiety using progressive muscle relaxation (PMR), self-talk, and music. This is done through relaxation imagery scripts that are very user friendly. The main components of the relaxation imagery scripts are releasing tension (R), enjoyment (E), learning (L), appreciation (A), and expanding feelings to other situations (X) (Allen & Klein, 1996).</p>	<p>Allen & Klein, 1996</p> <p>The program is available from Inner Coaching at (920) 988-4794 or http://www.readysetrelax.com/Relax.html</p>	<p>Universal/ Targeted</p>	<p>Kindergarten to 7th Grade</p>	<p>Research/ Applied With Fidelity</p>	<p>This program is based on research by Allen & Klein (1996) that used PMR with normal populations of school children. Results showed significant improvement among participants on measures of skin temperature, respiration, heart rate, and state anxiety.</p>
<p>“Coping Cat” Program <i>Summary:</i> This program is a comprehensive cognitive-behavioral program for group and individual treatment for anxiety. This program includes a plan for treatment sessions based on empirically supported cognitive and behavioral</p>	<p>Kendall & Hedtke, 2006</p> <p>The program is available from Workbook Publishing, Inc. at (610) 896-9797 or http://www.workbookpublishing.com/anxiety.h</p>	<p>Targeted/ Intensive</p>	<p>Grades 3rd to 11th</p>	<p>Research/ Applied With Fidelity</p>	<p>The sample consisted of 27 children receiving the intervention and 20 wait-list control participants. The intervention participants were mostly Caucasian (78 percent), and 22 percent were African American.</p>

techniques. "Coping Cat" also includes a family component.	tml?osCsid=nmf1rvnn7j3j9l5mfccgchgl13				
Transfer of Control Approach <i>Summary:</i> Practitioner provides consultation and provides a gradual shift of control of the intervention from practitioner to the parent to the youth Includes exposure to anxiety producing stimuli, behavioral techniques, and self-control training.	Silverman & Kurtines, 1996 Merrell, Kenneth (2008). <i>Helping Students Overcome Depression and Anxiety</i> . New York: Guilford Press.	Intensive	Cognitively mature older children and adolescents	Research/ Applied with Fidelity	Samples have focused on clinical-based populations of youth; however there is a great deal of promise for use in school-based settings (Merrell, 2008).
Cognitive Behavioral Intervention for Trauma in Schools (CBITS) <i>Summary:</i> The program is aimed at relieving symptoms of post-traumatic stress disorder (PTSD), depression, and general anxiety among children exposed to trauma. Types of traumatic events that participants have experienced include witnessing or being a victim of violence, experiencing a natural or man-made disaster, being in an accident or house fire, or suffering physical abuse or injury.	The program can be found at: http://cbitsprogram.org	Targeted/ Intensive	Grades 5 th to 12 th	Research/Applied with Fidelity	A study conducted by Stein et al., (2003) included a sample consisting of English-speaking 6 th graders from two middle schools in East LA and applied with fidelity. This study utilized a randomized controlled trial. One other study, implemented with fidelity, resulted in successful outcomes for decrease in PTSD and depression (Jaycox et al., 2010).
Facing Your Fears <i>Summary:</i> Facing Your Fears is a program that is designed to help students and young adults with high functioning Autism Spectrum Disorder (ASD) with daily anxiety symptoms using a cognitive behavioral approach. The program helps students identify anxieties and	The program is available for purchase through Brookes Publishing at (800) 638-3775 or http://products.brookespublishing.com/Categorory.aspx?s=OrderBy%	Targeted/ Intensive	Grades 3 rd to 9 th	Research	A randomized controlled trial conducted in 2012 by Reaven, et al. with 50 children ages 7-14 and their parents yielded results showing 50% of youth using the Facing Your Fears curriculum demonstrated

<p>learn strategies to cope with and manage their symptoms. The program also includes a parent education program to assist with skill generalization.</p>	<p>20ASC&CategoryId=1097&p=3</p>				<p>improvements in anxiety symptoms.</p>
<p>Bounce Back <i>Summary:</i> This school-based intervention, based on Cognitive Behavioral Intervention for Trauma in Schools (CBITS), is designed to teach coping skills to elementary students exposed to traumatic stressful events. Types of traumatic events that participants have experienced include witnessing or being a victim of violence, experiencing a natural or man-made disaster, being in an accident or house fire, or suffering physical abuse or injury.</p>	<p>The program can be found at: https://bouncebackprogram.org/</p>	<p>Targeted/ Intensive</p>	<p>Kindergarten to 5th Grade</p>	<p>Research</p>	<p>A study done by the Journal of Consulting and Clinical Psychology in 2015 showed that students who participated in Bounce Back had fewer symptoms of PTSD, psychological dysfunction, anxiety (Langley, et al., 2015).</p>



Program/Intervention References

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