

# Students with Anxiety in the Schools

## Students with Anxiety: The Role of the Professional School Counselor

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### Abstract

This paper discusses how school counselors can support students suffering from anxiety. The causes and prevalence of anxiety are presented as well as the differences between normal and problematic anxiety. The role of school personnel in early identification is discussed with particular emphasis on the responsibilities of the school counselor. These responsibilities include education of the staff, facilitation of effective communication, and development of appropriate individual plans for these students.

### Students with Anxiety in the Schools: The Role of the School Counselor

*Personal experience is often like a bright light exposing the gap between reality and perception... It's 1:39 A.M. and the telephone rings. I struggle awake wondering who could possibly be calling at this time of night. My daughter is a first semester student at the university. Has something happened to her? I answer the phone. It is my daughter on the phone, but it's not her voice I hear. It's the sound of rapid shallow breathing followed by punctuated phrases of "I can't breathe. I can't breathe." I struggle not to panic. I tell her to calm down and ask what's wrong. The rapid breathing is followed by phrases like "I can't breathe." and "I think I'm going to die." My mind races and I try to stay calm. I'm over an hour's drive from my daughter's dorm so all I can do is talk to her on the phone. The counselor in me kicks in and I work to help her slow down her breathing. I talk to her in a soothing reassuring manner. After a long 20 minutes, she has calmed down.*

*She tells me that she thinks she's okay now and she wants to try to sleep. I assure her that she can call back at any time if she wants to, tell her how much I love her, and hang up the phone wondering what in the world just happened. I later discover that my daughter and I had just experienced her first full-blown panic attack.*

I have been a professional school counselor (PSC) for almost 20 years and I am familiar with many emotional and behavioral problems exhibited by students in the schools. My counselor education program emphasized the recognition of symptoms of serious mental and emotional disorders as well as protocol for referral to appropriate mental health professionals (MHPs). I had a working knowledge of anxiety, particularly school anxiety, and how to work with students with anxiety; however, the increase in the number of students experiencing problematic anxiety made me realize how much more I needed to know. Traditionally, the responsibility of diagnosis and treatment rested with the MHPs leaving the PSC in the position of support person. While this may be an important role, my limited knowledge of problematic anxiety left me dependent on my basic counseling skills and intuition, parental input, and the treatment recommendations of others. I realized that I must become more knowledgeable about anxiety to better support these students.

PSCs must be able to recognize the symptoms of anxiety and communicate effectively in order to provide appropriate recommendations and referrals. This is particularly important because many students may not be diagnosed with anxiety and, therefore, may not be

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receiving treatment. PSCs may be the first person with an understanding of problematic anxiety these students encounter. Therefore, PSCs must understand how to support and advocate for the students which often includes the involvement of parents, school staff, and referral resources outside the school environment. It is important to recognize that an anxiety disorder diagnosis is not necessary for early intervention and support.

Although there are many anxiety disorder diagnoses, treatment plans for these disorders are typically based on symptoms and behaviors exhibited rather than on a particular diagnosis (Wagner, 2005). Therefore, early detection and appropriate preventive interventions are extremely important. Within the context of this article, specific anxiety disorders will be briefly discussed; but the primary focus of this article is on the recognition and treatment of the behaviors and symptoms associated with problematic anxiety. The purpose for writing this article is to increase awareness of the PSC's role in the recognition, support, and potential diagnosis of anxiety problems.

## Recognizing Anxiety

### *Manifestation of Anxiety*

Anxiety is defined as a subjective sense of fear, distress, or worry that may exhibit both physical sensations (e.g., headaches or nausea) and emotional symptoms (e.g., fear or nervousness) (American Psychiatric Association [APA], 2000). Anxiety disorders range from those associated with a specific thing or event (phobias) to those in which anxiety is evoked by a broad spectrum of situations, termed Generalized Anxiety Disorder. Due to frequent undiagnosed anxiety in young people, it is important for school counselors to have a basic knowledge of anxiety and the ability to recognize symptoms.

Anxiety is a prevalent problem among young people. Although identification and treatment of anxiety disorders often do not occur until early adulthood, approximately half of those treated for anxiety indicate an earlier onset during childhood or adolescence (APA, 2000). According to the Discovery Education (2005) report, anxiety disorders affect between 2% and 4% of the population and are the most common type of mental disorder in the United States. Erk (2004) estimates the prevalence of anxiety disorders among children from 5% to 18%. Another study by Emslie (2008) reports similar numbers in the range of 6% to 20% of children and adolescents. Anxiety is not just a problem for adults; it is a problem for young people, often manifesting itself in the school

setting.

According to Wagner (2005), about half of students diagnosed with an anxiety disorder experience significant difficulty functioning at school. Anxiety lowers academic performance and productivity, although students with mild levels of anxiety can sometimes compensate using persistence and hard work. Tardiness, absenteeism, and perfectionism, common with more severe levels of anxiety, can lead to incomplete work, test failure, or possible repetition of a grade. Dropout rates are high among students with problematic anxiety, but these figures are sometimes attributed to substance abuse and truancy which can mask untreated anxiety.

Anxiety-based school refusal is common during times of transition, for example, moving from elementary to middle and middle to high school, and it affects 2% to 5% of school-age children (Anxiety Disorders Association of America, n.d.). The onset of social anxiety disorder (aka Social Phobia), characterized by an obvious and ongoing fear of social or performance situations, peaks in adolescence and can often cause significant impairment including school performance as well as problems with interpersonal relationships (Masia-Warner et al., 2005). Students with social anxiety disorder often underachieve due to an avoidance of classroom participation or test anxiety and, in severe cases, may even drop out of school (APA, 2000). Students with anxiety are adept at avoiding situations that may evoke fear or anxiety. In a study of approach and avoidance goals and plans, Dickson and MacLeod (2004) found that adolescents with high anxiety were more motivated to generate avoidance goals and plans and were less specific in forming approach plans. If individuals expect an unpleasant situation or failure, they are more inclined to avoid the situation rather than approach the situation and plan how to deal with it. For example, a student may anticipate failure on an assigned project and, therefore, choose not to attempt the project at all. Students with anxiety may benefit from the support of PSCs and other significant individuals in learning to approach rather than avoid threatening situations.

Students with anxiety are often misunderstood. Parents and others may think they are deliberately being annoying, attention-seeking, or manipulative. These students have difficulty explaining their own behavior which makes misinterpretation more likely. Discrepancies in behavior at school and at home can lead school personnel to speculate that the problem is at home or parents to think the problem is at school (Wagner, 2005). These students often exert tremendous effort 'holding it together'

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at school and then fall apart at home. Rather than deny a potential problem or blame the parents, educators must understand that this behavior may be the student's effort to cope with anxiety.

Anxiety often manifests as physical symptoms and may occur with other mental health problems like depression (APA, 2000). These co-occurring physical and emotional symptoms exacerbate the problems of the anxious student. Regardless of whether the student has multiple diagnoses or displays undiagnosed anxiety that interferes with social, emotional, or academic functioning, each student's needs must be considered individually.

## ***Signs of Problematic Anxiety***

Anxiety is normal and necessary for survival and occurs as the result of someone's judgment of the risk inherent in a situation (Wagner, 2005). An anxiety disorder is an extreme expression of anxiety. Anxiety becomes problematic when it affects one's ability to engage in age-appropriate tasks or complete responsibilities. Wagner defines the three responsibilities of childhood as learning, making friends, and having fun. A simple method of discerning whether anxiety has crossed the threshold from normal to problematic is the use of Wagner's four D's, "disproportion, disruption, distress, and duration" (p. 33-34). Anxiety is disproportionate when it far exceeds the normal expectations of a particular situation. When a student cannot complete normal routines, the disruption causes the student to experience distress and become upset. Anxiety that persists over an extended period of time, usually a month or more, indicates duration. When a student exhibits all these elements, the anxiety level is problematic and referral for diagnosis and treatment is appropriate.

## **Causes and Triggers**

### ***Causes of Anxiety***

When someone perceives a situation to be stressful, anxiety is triggered. For most individuals this anxiety is transient but for others it persists. Causes of anxiety may be psychological, genetic, biological, or often a combination of one or more of these. Learning theorists believe that anxiety is triggered when fear occurs with a previously neutral event or object while other theoretical orientations stress the significance of the development of particular thought patterns and imitative behaviors (Discovery Education, 2005). There is evidence of a biologic factor involving abnormal levels or functioning of norepinephrine, serotonin, and GABA receptors (APA, 2000). Stud-

ies have also substantiated a genetic tendency to manifest an anxiety disorder. About 10% of children have a fearful or anxious temperament and may have a genetic predisposition toward anxiety; however, no "anxiety gene" has been identified (Wagner, 2005). Thus it appears, temperament alone is not a predictor of anxiety problems or disorders because many factors interact with genetics to trigger an anxiety problem.

## ***Over-scheduling and Anxiety***

Chansky (2004) states the anxieties of children are "a unique combination of genetics, temperament, and experience in the world" (p. 103). Chansky addresses the speculation regarding the impact of environment and culture on anxiety. In the United States, some people are tempted to point the finger at parents who seem to have over-scheduled their children. There may be some reason for concern, especially with early childhood involvement but, by adolescence, many young people are immersed in the culture and see involvement and over-scheduling as the norm and perhaps even as a status symbol. Melman, Little, and Akin-Little (2007) found that self-reported anxiety rose in direct relation to the amount of time students reported participating in activities. However, time is not the only factor according to the research. Expectations and pressure to succeed from parents, coaches, and the adolescents themselves increase anxiety (Melman, Little, & Akin-Little). Ironically, these students often worry excessively about performance quality and competence even when they are not being evaluated by others (APA, 2000).

## ***Cultural Factors***

Cultural factors may also contribute to increased anxiety. Chansky (2004) cites information overload, tight deadlines, technology burnout, sexuality and violence in the media, materialism, and commercialism as social forces exerting pressure on adolescents.

Socioeconomics may also factor into the development of anxiety. Levine (2006) says that beyond the age of 11 or 12, material advantages do not translate into emotional health. In fact, preteens and teens from well-educated, affluent families experience the highest rates of anxiety and various other psychological disorders of any group of children in the United States. In an interview with Adams (2006), Levine indicated there are three times as many diagnoses in students from high socio-economic families as compared to the general population. According to Levine, well-educated and well-meaning parents sometimes intervene on behalf of their children as opposed

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to supporting the child's attempts to problem-solve. In doing so, the adolescent is robbed of the opportunity to develop the skills necessary to approach situations that may evoke anxiety. Poor development of problem-solving or approach skills may increase the tendency of students with anxiety to practice avoidance. While it is important to understand the causes or triggers of anxiety, the major role of the PSC is to focus on identification of the problem in order to understand and support students with anxiety and help them succeed.

## **The Professional School Counselor as a Partner in Treatment**

### ***Early Identification***

While the treatment of students with anxiety is often left to MHPs and in some cases medical doctors, the school provides an opportunity to incorporate support from parents, teachers, and peers in a natural setting. Because treatment of anxiety focuses on identifiable symptoms and behaviors rather than a specific diagnosis, prevention and treatment can be delivered effectively prior to a diagnosis (Wagner, 2005). The Queensland Early Intervention and Prevention of Anxiety Project (Dadds, et al., 1999) focused on students with early features of anxiety as well as those with identified anxiety disorders. This project involved using a small group format to teach positive coping skills within the school setting. Results indicated successful prevention of the onset of anxiety disorders with students who showed early signs and reduced disorder rates in students with mild to moderate anxiety disorders. These results strengthen the conviction that school personnel need to aide in early identification and intervention for these students.

PSCs can help educate other school personnel about students with anxiety. These professionals, along with parents and pediatricians, must be responsible for early intervention since few children under the age of 15 are likely to be self-referred for an anxiety disorder (Erk, 2004). Educators may be the first individuals with the opportunity, knowledge, and skills to recognize anxiety in students. Teachers interact with many students and, over time, develop a sense of "normal" for certain age groups in specific circumstances while parents seldom have as many comparison points (Wagner, 2005). With early detection, PSCs can provide appropriate interventions.

### **Incorporating Strategies into an Existing Framework**

Schools must provide an appropriate education for

all students. Students with anxiety disorders should be treated in a manner similar to students with physical or mental disabilities. Students with a diagnosis may qualify for Other Health Impaired (OHI) and have an Individualized Education Plan (IEP) or a 504 plan which may include accommodations such as a later arrival time at school, prorated credit for partially completed assignments, or similar modifications (Chansky, 2004). However, students do not need to wait for an IEP, 504, or even an official diagnosis in order to receive support at school. PSCs can provide many interventions that can impact school participation and success for students with anxiety in a positive manner.

### ***School Climate***

Many schools seem to have all of the environmental elements to exacerbate anxiety in students. Evaluation through grades may cause students to focus on performing rather than learning. A student with a propensity for performance anxiety might exhibit apprehension about grades, particularly if a tendency toward perfectionism is present (Wagner, 2005). Even if teachers are supportive, the social environment in many schools may be intimidating, particularly for students with anxiety. PSCs must develop appropriate strategies and methods to support these students.

The level of school support provided can make the difference in whether a student thrives or shuts down and avoids school completely. The first and most important step is to increase the ability of teachers and other school personnel to recognize anxiety. The PSC can provide professional development workshops and appropriate literature as two means of increasing awareness. Conferences and informal conversations with colleagues about classroom interventions for students displaying signs of anxiety allow PSCs to share their expertise.

## **Strategies for Professional School Counselors**

### ***Development of a Unique and Specific Plan***

School avoidance is often a symptom of anxiety. Because total avoidance is counterproductive, it is important to get the student back in school as quickly as possible (Chansky, 2004). The longer a student stays away from school, the harder it is for him or her to return. Schools must take steps to get the young person back in school and appropriately engaged in his/her education. A first step in getting the student with anxiety back in school is the determination of how much or what the student can handle in order to get him or her in the door. Setting

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up a “safe place” in a PSC’s office or some other location is recommended in case the student needs to leave the classroom temporarily (Chansky; Wagner, 2005). A safe place can be any non-threatening location where the student feels comfortable. After this is established, the PSC can work with the student to set up goals. Dickson and MacLeod (2004) discuss the tendency of adolescents with high anxiety to over-generalize personal plans and goals which may lead to heightened rumination over failure to achieve a goal. Although adolescents who are anxious can be relatively specific about the experiences they want to avoid and how to avoid them, they are much less clear and specific about how to approach a goal or formulate a plan for doing so.

Weisz and Hawley (2002) caution that the acquisition of skills and the application of those skills in a natural setting is sometimes hampered by low motivation. In addition, low motivation may prevent the development of a productive working relationship between the PSC and student. Adolescent involvement in the planning process is important because such involvement often increases the motivation necessary for a successful outcome.

Although student participation in the plan development may increase motivation, the PSC or parent must initially take the lead in cooperatively establishing a manageable plan. Wagner (2005) suggests adopting a team approach in developing an action plan based on the student’s needs. An effective professional school counselor can help develop trust among parents, teachers, and other professionals so the team can establish respectful cooperation. The team must focus on success of small steps so the student does not become discouraged or overwhelmed, and the goals of the action plan should be specific and measurable so the student can recognize accomplishment. The PSC or a designee should monitor accomplishment of the steps so the team can make modifications to the plan if necessary.

Working with teachers to modify expectations and assignments is another important strategy. Expectations regarding attendance may need to be modified to allow late entry or absences from some classes. An assignment requiring group work or an oral presentation may seem insurmountable for a student with anxiety. Alternate methods for accomplishing the assignment or assessment can be helpful in those circumstances. If schools are not flexible in supporting the anxiety management of students, many of these young people will continue to avoid the school setting and perhaps drop out.

## *Implementing Strategies for the Classroom*

Teachers can take small steps to reduce the overall anxiety level in their classrooms. According to Chansky (2004), more than 10% of the students in every classroom have some level of anxiety and have difficulty processing risk accurately. PSCs can help teachers develop sensitivity to these levels of anxiety and teachers can help students put things in perspective. In classroom discussions of natural disasters or serious illness, for example, the use of words like “rarely” and “seldom” can help students assess the risks. Preventive or protective measures can also be emphasized over the potential risk. Teachers can reduce anxiety by creating a nonjudgmental and accepting atmosphere in the classroom. Students with anxiety often experience embarrassment over their inability to participate in classroom and school activities like their peers. The avoidance of certain situations is sometimes interpreted as manipulative. Because students with anxiety can be manipulative similar to students without anxiety, Wagner (2005) points out that it is up to teachers and parents to distinguish manipulation from legitimate anxiety. Education regarding anxiety symptoms and discernment are necessary to avoid inadvertently rewarding manipulative behavior. Increased awareness creates a more tolerant classroom setting allowing room for creative scheduling, learning, and performance assessment.

## *Teaching Coping Skills*

In a study of anxiety, depression, and coping strategies, Matos et al. (2008) found a positive correlation between psychological disorders and poor coping strategies. Normal coping abilities may be overwhelmed by increased internal and external stressors. Assessing coping skills is integral to understanding performance under stressful events. PSCs can assess individual coping skills and work with students exhibiting anxiety to help them develop more effective coping skills. Coping skills may be taught individually or in a small group setting. Dadds et al. (1999) found that a brief psychosocial intervention significantly impacted anxiety levels in school children. The intervention was a 10-week small group within the school setting focusing on the development of positive coping skills to deal with anxiety. The group was complemented with three separate parent sessions. When students are willing to participate in a small group, they are often relieved to find out there are others experiencing this type of difficulty. In addition, PSCs can implement programs to promote self-competence and self-esteem, encourage emotion management, and develop skills in problem identification and solving that might improve

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the development of effective coping skills (Matos et al., 2008; Wagner, 2005).

## **Communication with Families**

PSCs must also talk with parents about the importance of family activities and “down time” for their child and encourage teachers to support parents who make decisions to limit their child’s activities. Parents of children with anxiety may want to limit the child’s exposure to various media, technology, and information. PSCs can help parents examine the expectations they have for their child and assess the effects that the expectations may have on the student’s anxiety. Although some may argue that parents have little influence on adolescents, particularly in comparison to the adolescent’s peers, parent reactions, responses, and behaviors are frequently mirrored in their children (Chansky, 2004). Young people often imitate their parents’ methods of handling stress. Therefore, it is important to consider family dynamics and, if possible, include the parents when working with students with anxiety. School-based interventions should involve parents because they have strong effects on the student’s daily stress (Matos et al., 2008).

## **Summary and Conclusions**

The research delineates many ways schools can and should be involved in the support of students with anxiety. The primary role of the PSC is to educate and support school personnel in the early identification of students with anxiety and the implementation of interventions to support them. Many students will remain unidentified and unsupported without the involvement of schools. Successful school involvement can be achieved by a PSC who increases the knowledge base of school personnel, promotes effective communication, and creates plans targeting the specific needs of students with anxiety.

The professional school counselor can work with the administration to identify various ways to educate the staff about anxiety. A staff in-service may be an effective way to provide basic information. The PSC might include books and other materials on anxiety in a teacher/parent resource area. In order to be a credible resource for other staff members, it is critical for the PSC to become knowledgeable about the manifestations and treatment of anxiety in students.

Effective communication and collaboration are essential for the consistent support of students who are anxious. Conferences involving the PSC, teachers, parents,

and the student should be encouraged. The use of a team approach which includes administrators and appropriate health experts may be the most appropriate protocol to follow in cases of severe anxiety. Professional school counselors can develop trust among all of these individuals so that the teams can function in respectful cooperation. Communication is the key to collaborative, consistent support for students with anxiety.

The creation of a manageable plan unique to the needs of the individual is the major task of the team. The PSC can insure that the plan is comprised of small achievable steps to encourage student success, with accomplishment of steps monitored by the PSC or another designee. It is important to monitor accomplishment so the team can reconvene to celebrate successes and modify the plan if necessary.

PSCs play an important role in helping students with anxiety succeed in school. The school counselor is in a position to provide information, be a knowledgeable resource, and to advocate for ongoing recognition and support of these students. Approximately one out of every eight students will struggle with anxiety (Wagner, 2005) and the social, emotional, and academic well-being of these students will depend largely on the involvement and support of the professional school counselor.

## **In Retrospect**

*There is a saying that hindsight is 20-20. I don't know that experience yields a perfect picture, but it is interesting what it does reveal. The past 7 years have been a journey in which much learning occurred. It was only after my daughter's panic attack that seemingly inconsequential behaviors and symptoms gained significance. The "pieces of the puzzle" began to fall into place.*

*As a counselor, I was shocked to realize my lack of awareness of a problem evolving right in front of me. As a parent, I continue to struggle with giving adequate support without enabling the problem. After studying anxiety-related behaviors and the "best practices" to address these, I realize the importance of Wagner's (2005) "no blame, no shame". Students with anxiety and their parents want help resolving their difficulties and, as PSCs, we need to give them appropriate support. It is our responsibility to access and use the wealth of information available. We must continue to educate ourselves and others in order to best help our students with anxieties.*

Note: The personal journaling is shared with my daughter's knowledge and permission.

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