


Identifying & Supporting Children with Anxiety and OCD In The Classroom



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Goals for today:

- PART 1:** Participants will learn to identify common manifestations of anxiety and OCD symptoms in the classroom and across age groups.
- PART 2:** Participants will obtain familiarity with empirically supported treatment protocols related to anxiety and OCD disorders.
- PART 3:** Participants will learn to apply skills to support students with anxiety and OCD impairment in the school setting.

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PART 1:



Identifying anxiety!

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Anxiety disorders are prevalent!

- Anxiety disorders affect approximately 20–35% of adolescents between 13–19 years old
- Impairment associated with anxiety
- Only approximately 1/3 of those with mental health disorders receive appropriate treatment
- Treatment barriers (e.g., financial, transportation, qualified providers)
- Advantages of school setting to detect and address anxiety



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GENERALIZED ANXIETY DISORDER(GAD)

- Excessive, uncontrollable worry focused on “every day” concerns
- Content of worry is interchangeable over time
- Worry is experienced as chronic, unrelenting demoralizing burden throughout the day
- Impairment with daily activities
- Lasts at least 6 months



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GAD IN THE CLASSROOM



- Children with GAD will seek reassurance from teachers
- Difficulty concentrating/completing work
- Self-critical
- May avoid school if they are concerned they won't excel

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SOCIAL ANXIETY DISORDER

- Excessive and persistent fear of evaluation
- Fear of doing or saying something embarrassing, will make one look bad, or will make one the center of unwanted attention
- Results in avoidance of situations where evaluation may occur



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SOCIAL ANXIETY DISORDER

Elementary school

- Hide/cry
- Physical complaints (e.g., nausea, rapid heartbeat, headache)
- Usually difficult to identify feared outcome
- Sometimes able to express
- Pretend nothing is wrong, try to avoid excuses
- Often express physical complaints

High school

- May not want to talk about it – but likely to express anxious and able to explain why
- Aware fears are largely irrational
- Refuse to comply with parental demands

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PANIC DISORDER

- A series of intense episodes of extreme anxiety.
- Typically last about 10 minutes, can be shorter
- Attacks can wax and wane for a period of hours
- Symptoms: rapid heartbeat dizziness, trembling, hyperventilation etc.



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PANIC DISORDER

Elementary school

- Usually aware and quickly avoid triggers
- Purely physical phenomena, not afraid of death

Middle school

- Fear will die
- Quickly identify and avoid triggers

High school

- Less likely to think will die
- Quickly identify
- If untreated, more difficult to face fears in future



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OBSESSIVE COMPULSIVE DISORDER(OCD)

IF I DO OR DON'T DO _RITUAL_,
THEN _OBSESSION/FEAR_ MAY OCCUR

Obsessions

- Unwanted thoughts, images, or impulses that cause marked anxiety/distress
- Attempts to ignore, suppress, or neutralize
- Not simply excessive worries about real-life problems
- Recognized as the product of one's mind



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OCD(cont.): Compulsions

Compulsions or Rituals

- Repetitive behaviors or mental acts
- Functionally related to obsessions
- Aimed at reducing distress or preventing dreaded event

IF I DO OR DON'T DO _COMPULSION_,
THEN _OBSESSION/FEAR_ MAY OCCUR



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OCD(cont.): Common obsessions and compulsions

Common obsessions:

- Contamination fears
- Excessive doubt
- Perfectionism
- Harm obsessions
- Moral concerns
- "Just right"

Common compulsions:

- Washing, cleaning
- Reassurance seeking
- Mental rituals (e.g., praying, list making, reviewing evidence, counting, self-reassurance)
- Checking
- Confessing

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SELECTIVE MUTISM

- Consistent failure to speak in social situations when speaking is expected despite speaking in other situations
- Impairment in educational/occupational achievement
- Symptoms manifested for at least one month, not first month of school
- Not due to lack of knowledge/comfort with spoken language
- R/O Communication Disorder



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PERFECTIONIST DESCRIPTION... NOT A DISCRETE DIAGNOSIS

- All-or-nothing thinking
- Sets close to impossible goals
- Maintains goals despite experience
- Judges self almost exclusively on outcome
- Motivated by fear of negative emotions



SETTING CLOSE TO IMPOSSIBLE GOALS DOES NOT
MAXIMIZE PERFORMANCE!

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PERFECTIONISM CLUES IN SCHOOL

- Your 9th grade student is procrastinating and avoiding a big assignment (again).
- Your 12-year-old is obsessing over a mistake he made on an exam. He criticizes himself and dismisses your commenting about his job well done.
- The question "Is this correct?" is asked excessively.
- Your 7-year-old student engages in frequent erasing and rewriting.
- A fourth-grade student receives accommodations including extended time. Even though he has completed his test, he feels the need to only submit the test after the time has lapsed.
- Your student has difficulty participating in class despite having a "good guess."
- Your senior in high school is demonstrating excessive difficulty committing to college plans.
- Your 16-year-old appears so frustrated with himself after receiving an imperfect test score.

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PERFECTIONISTIC CONCERNS

Perfectionistic concerns can correlate with...

- Psychiatric Conditions
 - E.g., Anxiety disorders, Depression, Eating Disorders
- Medical conditions
 - E.g., Cardiovascular illness, gastrointestinal disorders, migraines

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YOUR TURN!

- What are some Anxiety/OCD behaviors you've seen at school?



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OVERVIEW OF RED FLAGS

- Frequent school nurse/bathroom visits
- Excessive reassurance sought
- Frequent/repeated questions
- Refusing to touch others' books or belongings
- Compulsively apologizing, explaining, or confessing
- Checking and avoidant behaviors
- Seeking help with communication (not age appropriate)



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WHAT NOW?

- Know your role and its limits
- Better understand student experiences
- Support students as anxiety impacts academic performance
- Share observations with parents and colleagues
- Consult and refer, as needed

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PART 2:

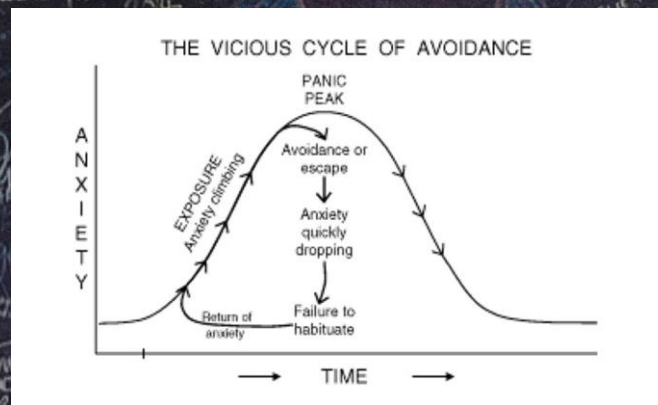
Empirically Supported
Treatment Protocols
For Anxiety and OCD



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MODEL OF ANXIETY



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Often times, we contribute to avoidance because we...

Want to reduce the child's distress in the moment
 Think the child will fail/get hurt
 if we do not...
Worry the child will become disruptive
 Want to reduce our own frustration,
 guilt, anxiety

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COMMON "Accommodations" = helping with avoidance

- Providing excessive reassurance
- Allowing extra time due to checking
- Excusing children from assignments
- Opening doors
- Holding back from discussing certain topics
or using particular words



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Evidence-Based Skills:


1. Psychoeducation
2. Exposure and Response Prevention
3. Mindfulness
4. Cognitive Restructuring

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PSYCHOEDUCATION (this, and.)

Explain to child in a age-appropriate manner what the disorder is and how we treat it

The Fearmometer



- 10 Out of control! Ballistic!
- 9 Can't handle it.
- 8 Really tough.
- 7 Pretty tough.
- 6 Getting tough.
- 5 Not too good.
- 4 Starting to bother.
- 3 Just a little uneasy.
- 2 A little twinge.
- 1 Piece of cake!

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EXPOSURE AND RESPONSE PREVENTION THERAPY



Getting comfortable with the uncomfortable

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EXPOSURE AND RESPONSE PREVENTION THERAPY

Break Free From OCD

Trigger (Thought, Idea, Image, Action, Situation) → Obsessing (Misinterpretation) → Anxiety & Distress → Urge To Neutralize

Urge To Neutralize leads to: Exposure Response Prevention (Facing, confronting, Rehearsals in the Moment, Relinquish Resistance) → Temporary Relief → Physical and/or Mental Compulsions, Coping Strategies, Reassurance Seeking, Avoidance → Reinforcement of OCD → Trigger

Urge To Neutralize also leads to Path To Freedom

Living consistent with long-term goals and values

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MINDFULNESS = TAKING HOLD OF YOUR MIND

Full Awareness = Nonjudgmental attention to the present moment (thoughts, emotions, physical sensations)

Attentional Control - Staying focused on one thing at a time

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MINDFULNESS: Just don't think about that...

Trying "not" to think a thought or feel a feeling usually makes us think or feel it more.

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COGNITIVE RESTRUCTURING

Unhelpful Thinking Styles

All or nothing thinking
Sometimes called 'black and white thinking'
If I'm not perfect I have failed
Either I do it right or not at all

Over-generalising
Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw
"everything is always rubbish"
"nothing good ever happens"

Mental filter
Only paying attention to certain types of evidence.
Noticing our failures but not seeing our successes

Disqualifying the positive
Discounting the good things that have happened or that you have done for some reason or another.
That doesn't count

thoughts
situation feelings behavior

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PART 3:

PRACTICAL SKILLS TO SUPPORT CHILDREN WITH ANXIETY AND OCD IN SCHOOL

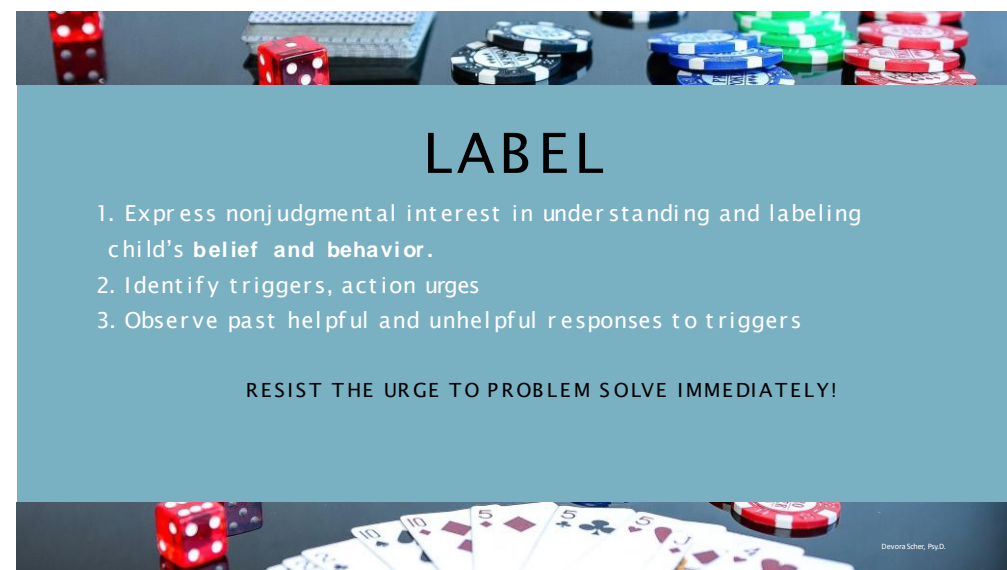
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LE MUR MODEL

- **L**abel the child's anxious/perfectionist feelings and beliefs.
- **E**xpress empathy and compassion without rushing to accomodate or minimize the child's distress.
- **M**odel calm, non-anxious behavior.
- **U**se your skills.
- **R**eward brave behavior.

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LABEL

1. Express nonjudgmental interest in understanding and labeling child's **belief and behavior**.
2. Identify triggers, action urges
3. Observe past helpful and unhelpful responses to triggers

RESIST THE URGE TO PROBLEM SOLVE IMMEDIATELY!

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EXPRESS

empathy, confidence, and compassion without rushing to accommodate or minimize the child's distress.

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COMMON PITFALLS

DEMANDING NATURE

PROTECTIVE NATURE

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CRAFTING SUPPORTIVE STATEMENTS

ACCEPTANCE + CONFIDENCE
=
SUPPORT

ACCEPTANCE = IT MAKES SENSE
THAT YOU ARE SCARED
AND
CONFIDENCE = I BELIEVE YOU CAN COPE

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WHICH STATEMENTS ARE SUPPORTIVE?

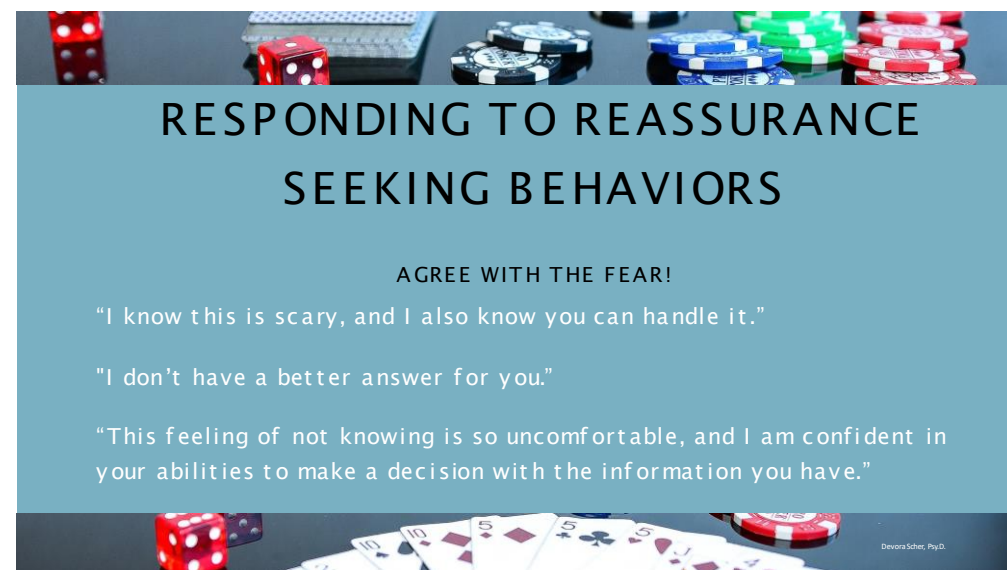
YOU JUST HAVE TO POWER THROUGH
YOU'RE FINE
YOU CAN'T BE THINKING ABOUT THIS RIGHT NOW
IT'S HARD, AND YOU CAN DO IT
I GET IT, IT'S NOT EASY FOR YOUR SISTER EITHER
WHEN ARE YOU GOING TO BE ABLE TO DO IT?
EVERYONE ELSE IS DOING IT
IT'S ALL IN YOUR MIND
ANXIETY IS UNCOMFORTABLE

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WHICH STATEMENTS ARE SUPPORTIVE?

Support: It's hard, and you can do it .
Acceptance: I get it, it's not easy for everyone.
Anxiety is uncomfortable
Confidence: You can power through.
You're fine.
Neither: It's all in your mind.
You can't thinking about this right now.
When are you going to be able to do it?

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RESPONDING TO REASSURANCE SEEKING BEHAVIORS

AGREE WITH THE FEAR!

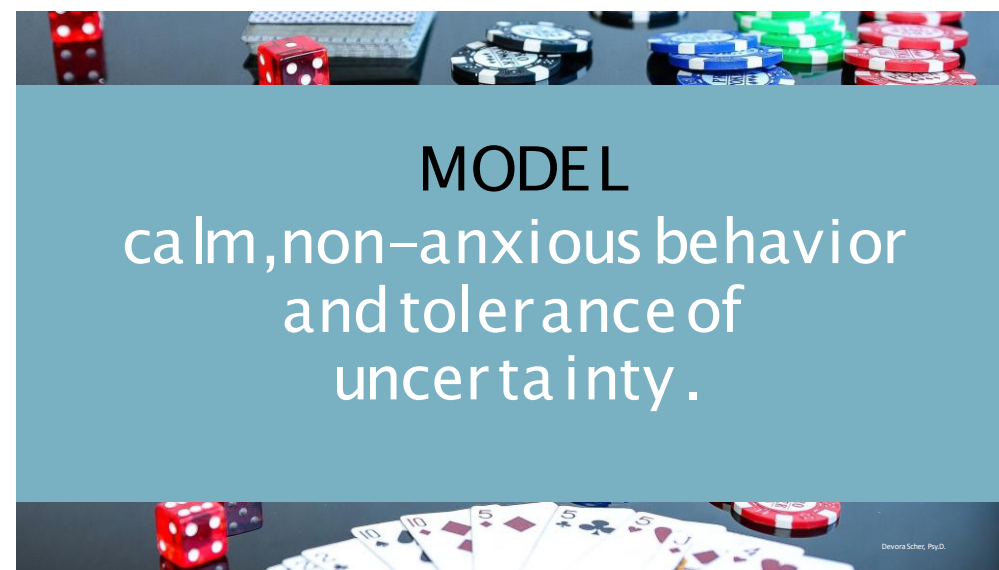
"I know this is scary, and I also know you can handle it."

"I don't have a better answer for you."

"This feeling of not knowing is so uncomfortable, and I am confident in your abilities to make a decision with the information you have."

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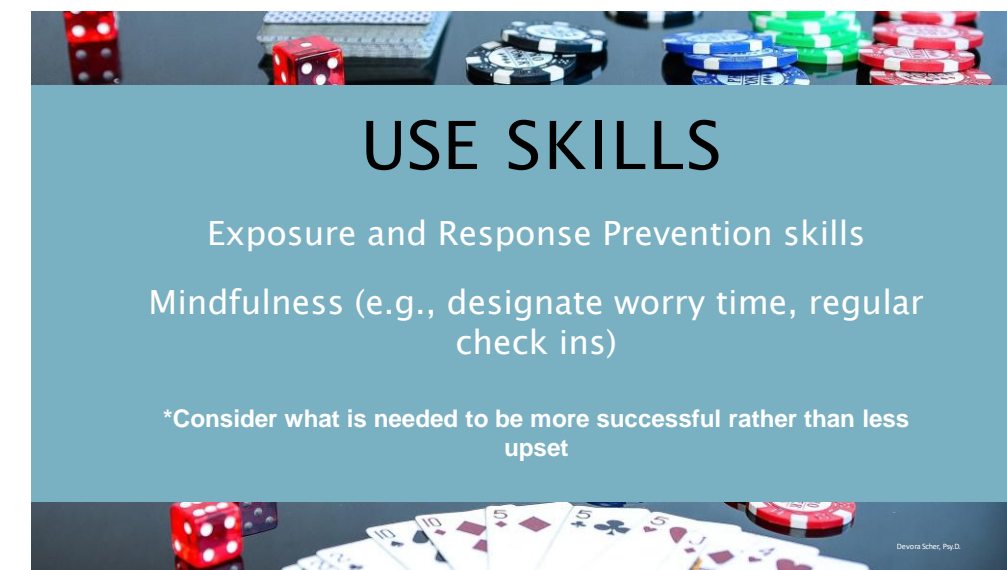


MODEL

calm, non-anxious behavior and tolerance of uncertainty.

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USE SKILLS

Exposure and Response Prevention skills

Mindfulness (e.g., designate worry time, regular check ins)

*Consider what is needed to be more successful rather than less upset

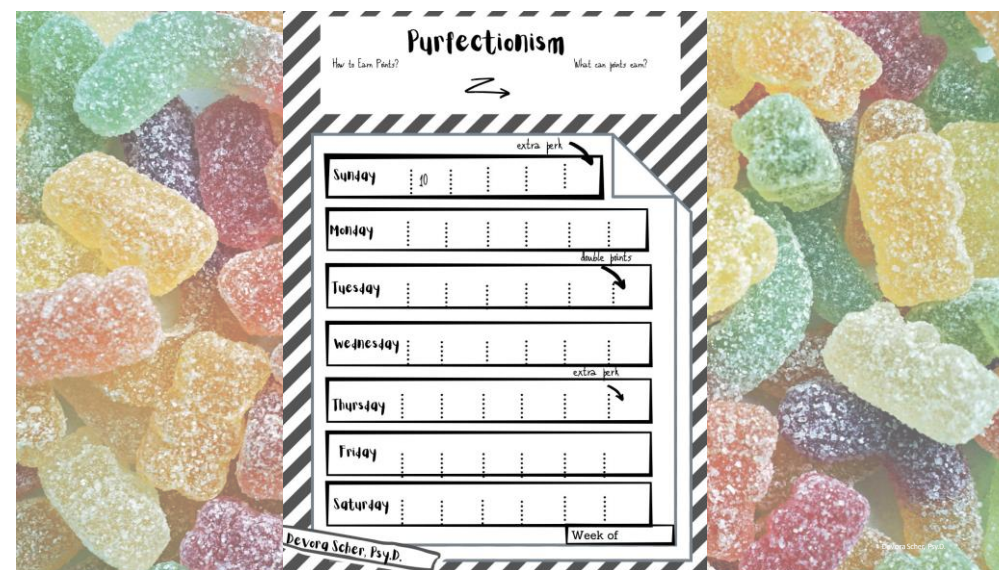
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REINFORCE BRAVE BEHAVIOR
 Specific praise
 Token economies
 Acknowledge positive learning & outcomes consistent with values

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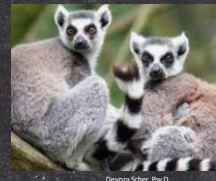


Perfectionism
 How is your child? What are your goals?
 Sunday : : : : :
 Monday : : : : :
 Tuesday : : : : :
 Wednesday : : : : :
 Thursday : : : : :
 Friday : : : : :
 Saturday : : : : :
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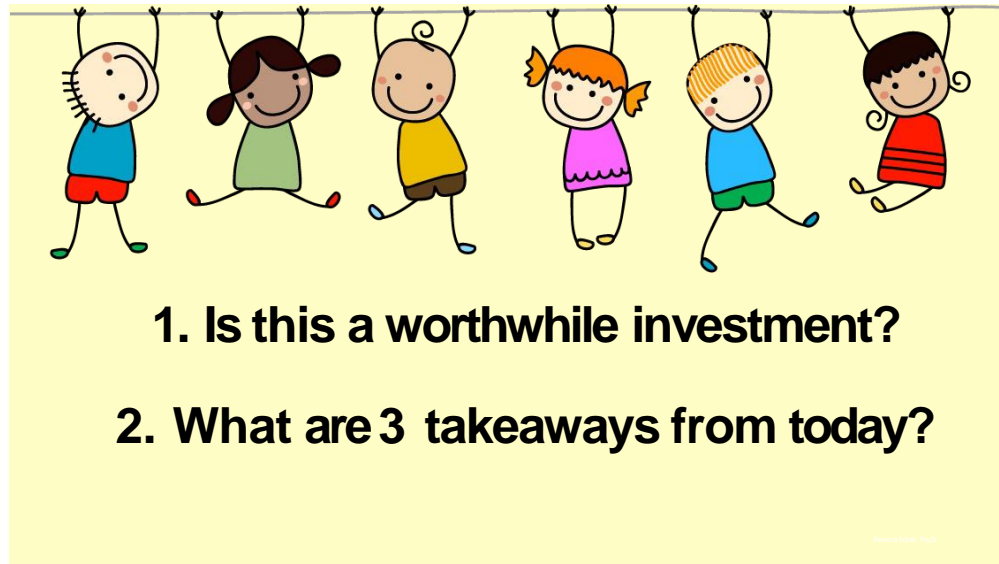
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LE MUR MODEL

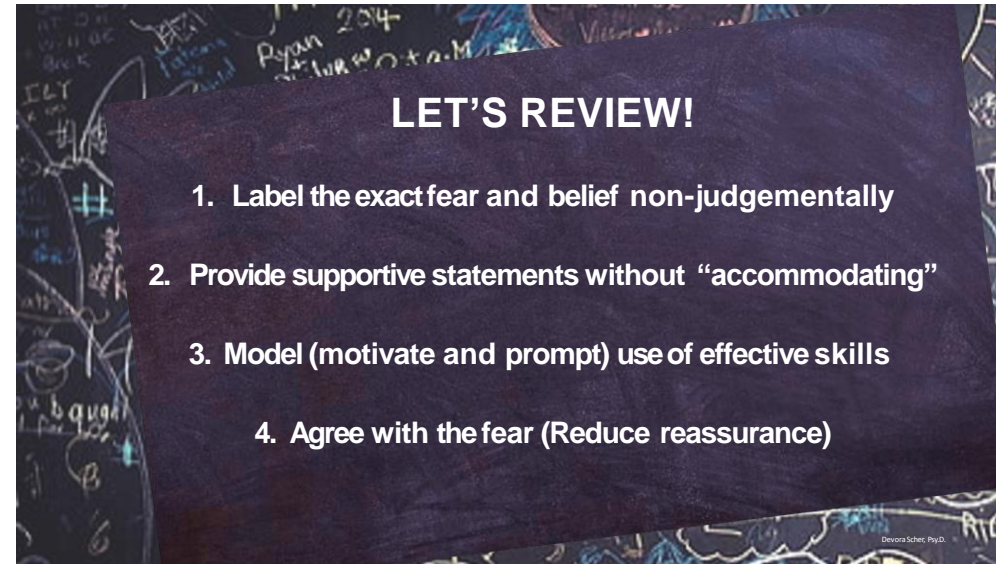
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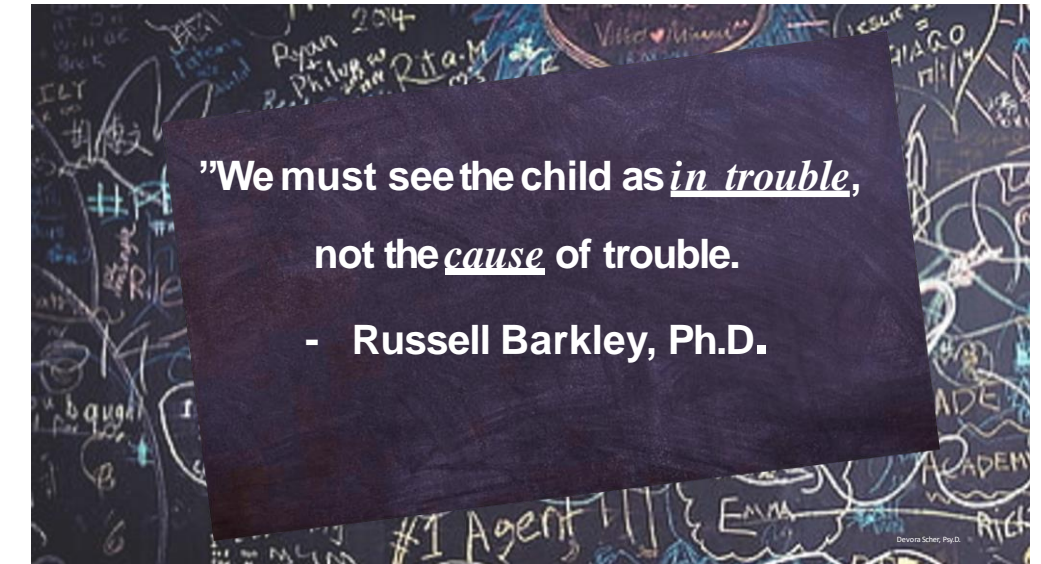
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ONLINE RESOURCES:

Trailstowellness.org

Anxietyintheclassroom.org

IOCDF.org

AT Parenting Survival

Youtube channel – Natasha Daniels

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BOOK RECOMMENDATIONS:

Self-Help Books

What to Do When Your Brain Gets Stuck: A Kid's Guide to Overcoming OCD
by Dawn Huebner, PhD

What to do When Mistakes Make You Quake: A Kid's Guide to Accepting Imperfection
by Claire Freeland, PhD & Jacqueline Toner, PhD

The OCD Workbook for Kids by Anthony Puliafico, PhD & Joanna Robin, PhD

The OCD Workbook for Teens: Mindfulness and CBT Skills to Help You Overcome Unwanted Thoughts
and *Compulsions* by Jon Hershfield, MFT

Storybooks

Captain Snout and the Super Power Questions: How to Calm Anxiety and Conquer Automatic Negative Thoughts by Daniel Amen, MD

Up and Down the Worry Hill by Aureen Pinto Wagner, PhD (OCD)

Blink, Blink, Clap, Clap: An OCD Storybook by E. Katia Mortiz, PhD

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