Exposure and Parental Involvement as a Key to Meaningful Progress for Student Anxiety

Megan M. Urbassik, Ph.D.
School Psychologist
Loudoun County Public Schools
Overview

- The session will include a description of a case study dealing with severe anxiety in a female elementary school student. Specifically, the success of using a scientifically informed school- and family-based cognitive-behavioral approach (i.e., the Cool Kids Program®) with a strong exposure component will be described. The criticality of parental involvement as an irreplaceable key to treatment success will be included.
Anxiety 101
Definitions

- Excessive fear about real or imaginary circumstances
- Symptoms can be either physical, behavioral, or cognitive
- Generally, anxiety is normal and adaptive
- Anxiety disorders are the most common disorders among school-age children
- Fortunately, they are also the most treatable set of disorders
Symptoms of Anxiety

- Cognitive/Thoughts
  - Difficulty concentrating, worrying, hypervigilance
- Behavioral
  - Withdrawal, need for reassurance, habitual behaviors, crying
- Physical
  - Heart rate, trembling, shortness of breath
Prevalence Rates

- Lifetime prevalence rate of any anxiety is over 15%
  - For children, over 25% for general anxiety and over 8% for severe anxiety
    - (Kessler et al., 2009; National Institute of Health, n.d.)

- 70-80% children who receive mental health services receive them in schools given the inadequacy or unavailability of outside mental health services
Treatments

– Well-established treatments for anxiety
  – Cognitive Behavioral Therapy (CBT)
  – Exposure
  – Modeling
  – Education
  – CBT with parents
  – CBT plus medication

  – (Higa-McMillan et al., 2016; Sadock & Sadock, 2007)
School-Based Treatment
Overview

- Schools are often willing to help, but may not have the resources needed for students to make meaningful progress
- Schools are becoming de facto mental health providers
- Providers often do things that are counterproductive to progress
- Schools provide support that varies by school, and skillsets vary; however, the support offered can be productive and help provide meaningful change
- There are a variety of strategies, tools, and programs available to trained staff that can assist in the treatment of students with anxiety in the school setting
- Meaningful growth is RARELY made without joint efforts from the professional and the parents

(Dowell & Ogles, 2010)
Cool Kids® Program

- Based on the Coping Kids Program, Coping Koala, and Coping Cat
- Research based intervention
  - 80% of children who completed the program were diagnosis free or showed marked improvement
  - Symptom reduction maintained for up to 6 years
  - Better outcomes shown with parental involvement, especially in younger children
  - Designed for children age 6 to 12 (a separate program is available for 13-17)
  - Can be done in individual or group counseling

- (Lyneham, Abbott, Wignall, & Rapee, 2003)
Session Goals

– Learning about anxiety
– Thinking realistically – Detective Thinking
– Self-rewards and monitoring
– Fight fear by facing fear, fear hierarchy
– **Exposure and Worry Surfing**
– Skill building
– Maintaining the good and dealing with the bad
Case Study

Anna
Anna

- 7 year old, second grader
- Lives with mom, dad, and two sisters
- Types of fears she exhibited
  - Illness, self and others
  - Parental, especially dad, separation
  - Trying new things (e.g., school work, pool, guitar)
  - Special circumstances (e.g., St. Patrick’s Day, ear piercing)
Parent Intake Interview

– Gather pertinent background information
– Lay out treatment plan
– Parents sign agreement
Session Goals

– Learning about anxiety
– Thinking realistically – Detective Thinking
– Self-rewards and monitoring
– Fight fear by facing fear, fear hierarchy
– **Exposure and Worry Surfing**
– Skill building
– Maintaining the good and dealing with the bad
Session Structure

- High points since last meeting, snack (10 minutes)
- Review homework and talk about low points (10 minutes)
- Lesson (25 minutes)
- Assign homework (5 minutes)
- Parent check in (in person or by phone; 5-20 minutes)
Learning about Anxiety

- What is anxiety?
- Who gets anxious? Why me?
- Three components of anxiety: your body, your thoughts, your actions
- Identifying triggers
- Worry scale

(Lyneham, Abbott, Wignall, & Rapee, 2003)
Detective Thinking

– Pretend you are a detective and look for evidence why bad things will not happen
– Start with self-talk: situation, two thoughts
– Steps
  – 1) What is the event
  – 2) What is the thought behind my feelings
  – 3) Look for evidence
  – 4) List alternatives
  – 5) What is a realistic thought
Fight Fear by Facing Fear (Exposure)

- First work on positive self-talk and rewarding yourself*
- Make a worry list: really hard, sort of hard, a little hard
- Pick a goal
  - List all of the steps to get to your goal
  - Give each step a worry rating
  - Identify a reward for each step

(Lyneham, Abbott, Wignall, & Rapee, 2003)
Worry Surfing

– You will feel anxious! There is no need to fight it – surf it!

– Steps:
  – 1) Notice the worry, look for clues that you are getting anxious
  – 2) Paddle to the top of your worry wave and choose
    – What should you be doing now, and focus on that
  – 3) Keep concentrating until your worry fades away
  – 4) Then, reward yourself!

– Practice, practice, practice
Parent Check-Ins

- How did homework actually go?
- Give mom assignments and the strategies we were working on
- Letting me know of the events coming up
- Discuss unexpected needs
  - Bedtime: http://keltymentalhealth.ca/healthy-living/bedtime-routine
  - Positive parent techniques
Where is Anna now?

– Did go to private provider
– I switched schools and the provider that took my place did some of those things that were counterproductive
Questions

Megan.Urbassik@lcps.org
References


