



THE CONSORTIUM ON TRAUMA,
ILLNESS, AND GRIEF IN SCHOOLS

Facing Anxiety

Strategies to Effectively Understand, Engage and Support
Students and their Families

Goals for Today

- ✓ Develop shared understanding of the impact of anxiety on brains, bodies and behaviors
- ✓ Deepen knowledge of stresses that an individual, family and/or school staff may experience related to a disordered anxiety
- ✓ Apply knowledge to promote improvements in academic, health, behavior and attendance outcomes



A photograph of three diverse professionals—two men and one woman—smiling and holding folders. The man on the left is wearing a light blue button-down shirt. The woman in the center is wearing a pink polo shirt and holding several colorful folders. The woman on the right is wearing a teal button-down shirt and glasses. The background is dark.

Common Understanding

Terminology, Facts and Statistics

Activity: The Face of Anxiety



- Assign a Notetaker and Reporter
- Reflect on what you already know about anxiety
- Brainstorm adjectives used to describe individuals who struggle with anxiety
- Be prepared to share





Anxiety as a Chronic Illness

Chronic Medical Condition

Interferes in daily life for longer than 3 months in a year

Children with Special Healthcare Needs

Those who have one or more chronic physical, developmental, behavioral, or emotional conditions and require health-related services of a type or amount beyond those typically required by children

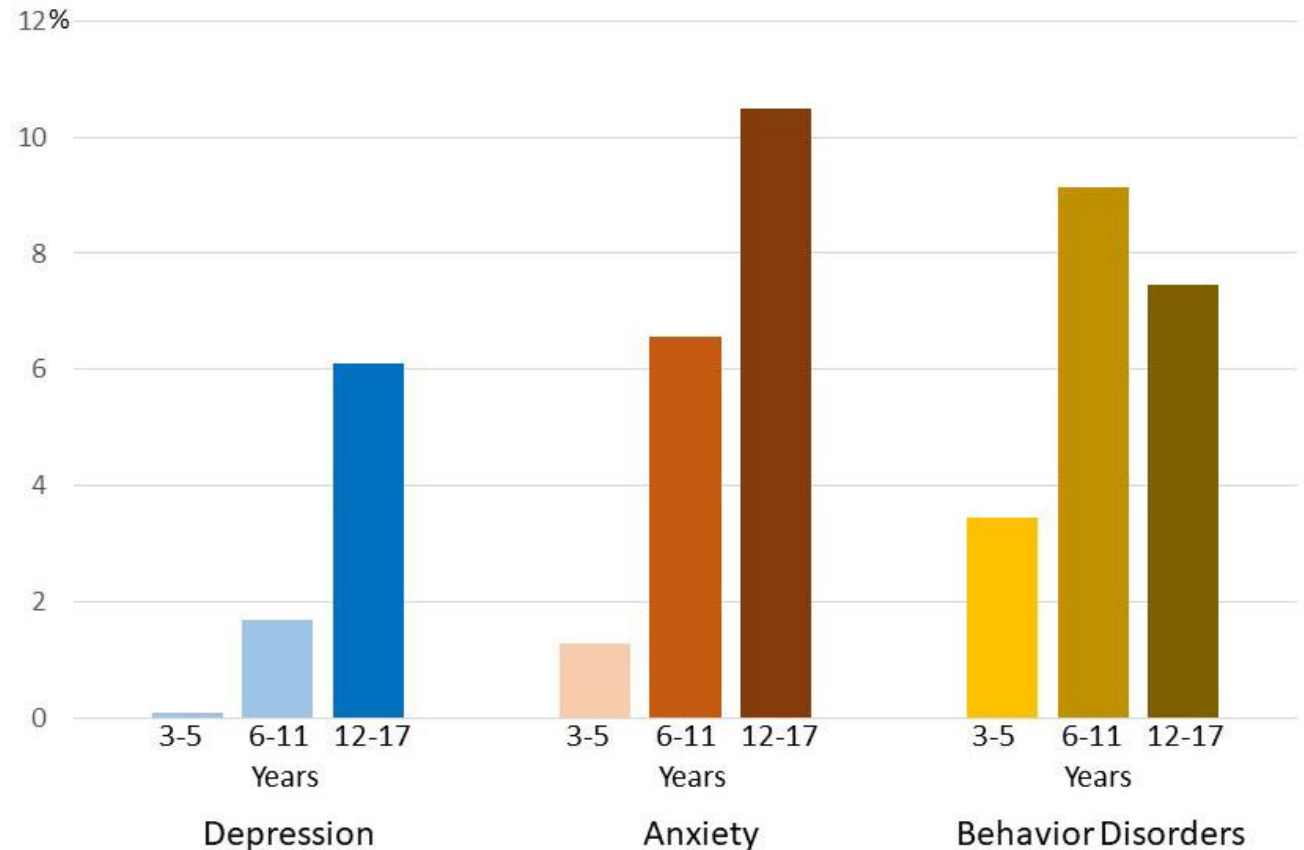


Prevalence

ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children.

- **7.1%** (approximately 4.4 million) of children aged 3-17 years have diagnosed anxiety
- About **37%** of children diagnosed with anxiety also have behavior problems
- About **32%** of children diagnosed with anxiety have depression
- Diagnoses of Anxiety and Depression have risen over time and at increasing rates.

Depression, Anxiety, Behavior Disorders, by Age



Categories

Generalized

Specific Phobia

Obsessive Compulsive Disorder

Panic Disorder

Separation Anxiety

Social Anxiety





Big Idea

Trauma and Anxiety are not the same.

Adverse Childhood Experiences (ACEs) or trauma exposure *may* lead to an anxious response, however, *not all* persons with anxiety have experienced trauma.





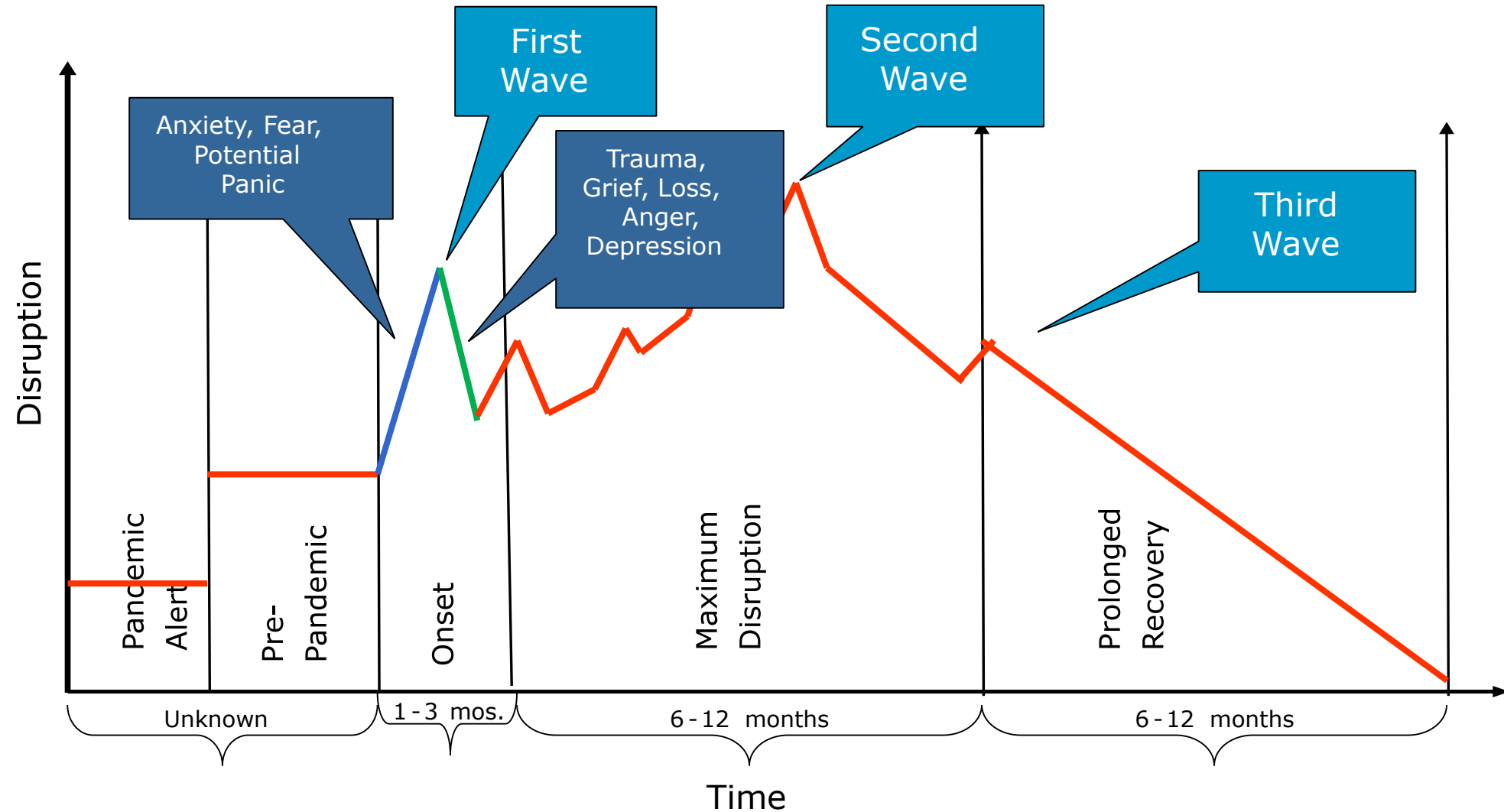
Considering Current Events

What are we hearing about student needs?

- Formal media
- Social media
- Community conversations



Phases of a Pandemic



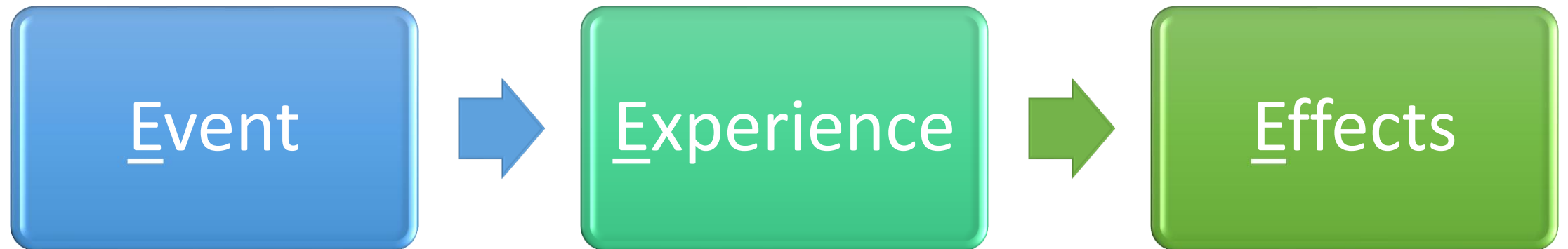
Critical Question

Why is it important to be grounded in understanding normal reactions to abnormal events?

- Raise your Hand
- Input ideas into the Chat



The 3 E's of Traumatic Response



What We All Need

The Single Greatest Asset in Recovery from Disaster is Community Cohesion.

- Safety
- Connection
- Coping and Regulation



A photograph of three people of different ages and ethnicities smiling at the camera. On the left is a man with short dark hair wearing a light blue button-down shirt. In the center is a woman with long brown hair wearing a pink short-sleeved shirt, holding several colorful folders. On the right is an older woman with short grey hair, wearing glasses and a teal button-down shirt. The background is dark.

Common Understanding

The Impact on Brains, Bodies & Behavior

The Continuum of Stress



Positive Stress

- Short lived
- Promote growth & change
- Necessary for healthy development



Tolerable Stress

- Result of more severe, long-lasting event
- Stress response is time limited
- Impact reduced by sufficient social supports when available



Toxic Stress

- Prolonged, intense activation of the stress-response
- Complicated by pre-existing vulnerabilities
- More likely when there's an associated impact on attachment



Traumatic Stress

- Result of overwhelming event
- Impacts multiple domains
- Complicated by pre-existing vulnerabilities
- Post-event activities may provide buffer

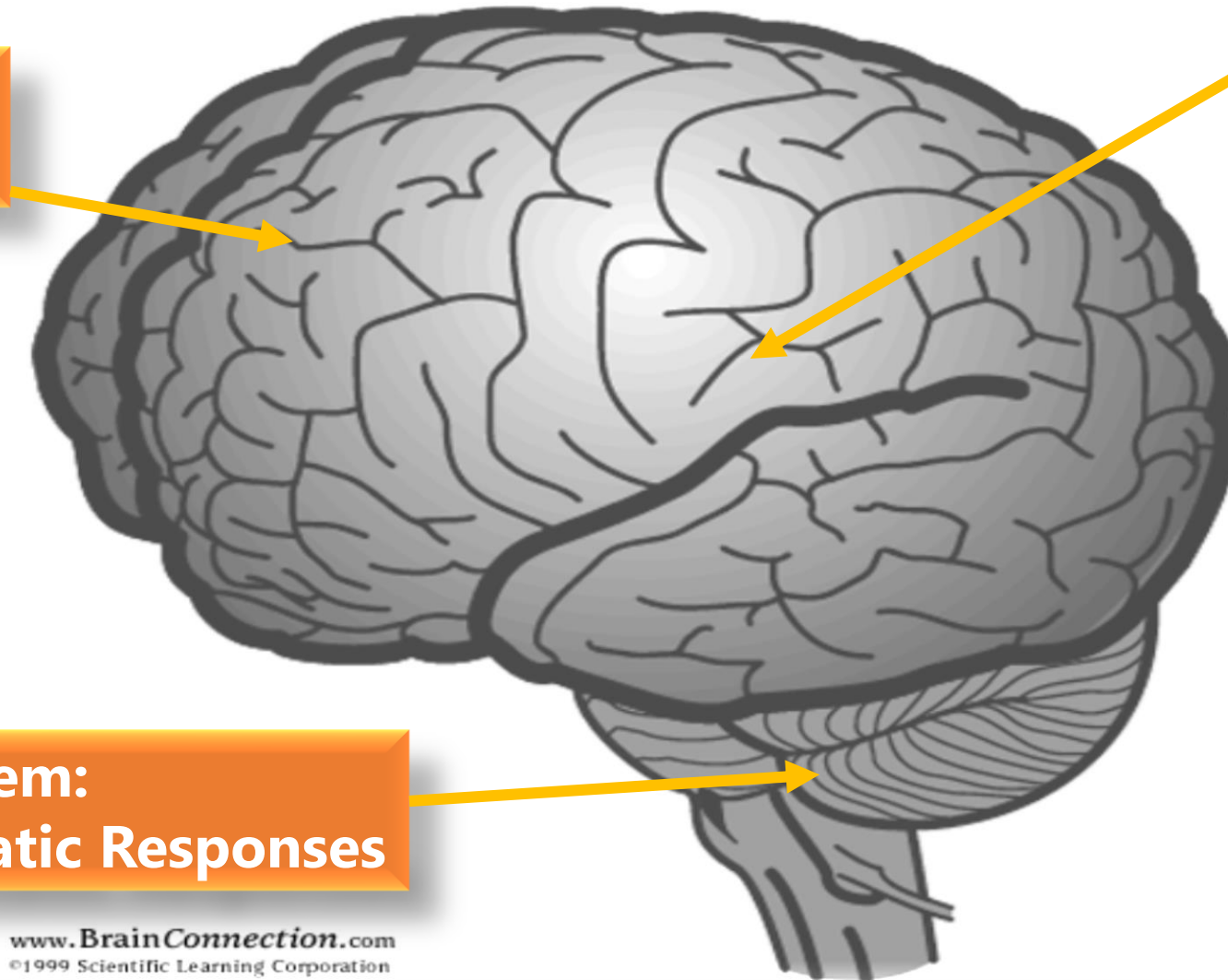


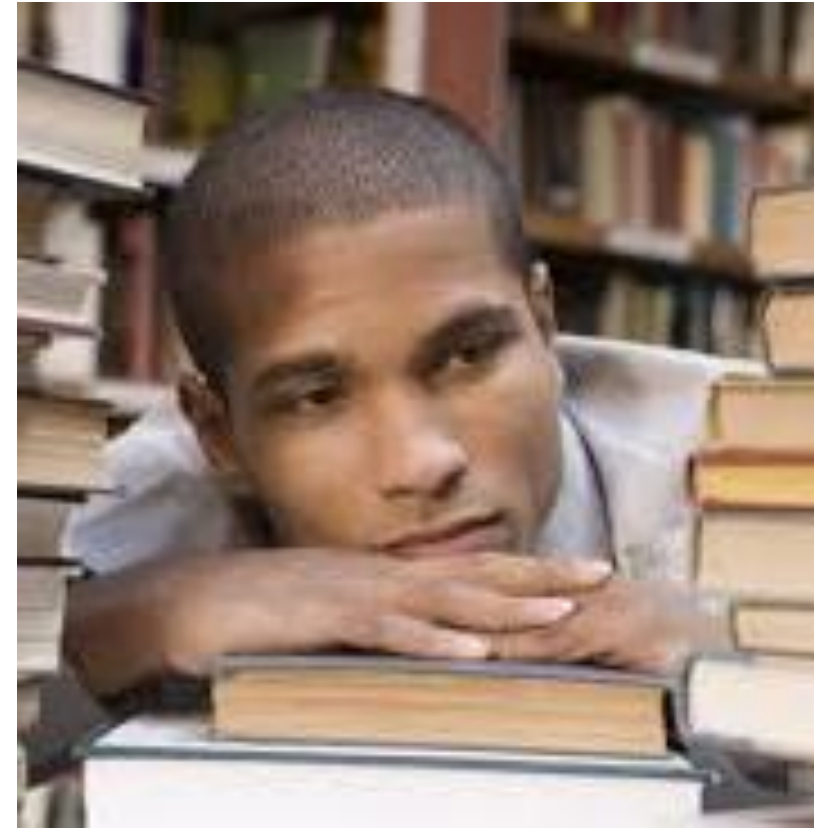
Simplified Model of the Brain

**Frontal Cortex:
Thinking Brain**

**Mid-Brain:
Limbic System**

**Brainstem:
Automatic Responses**





Fight | Flight | Freeze



When is Anxiety a Problem?

Typical

- Reasonable
- Productive
- Manageable
- Mobilizing
- Specific
- Time-limited
- Age/Development-Matched

Problematic

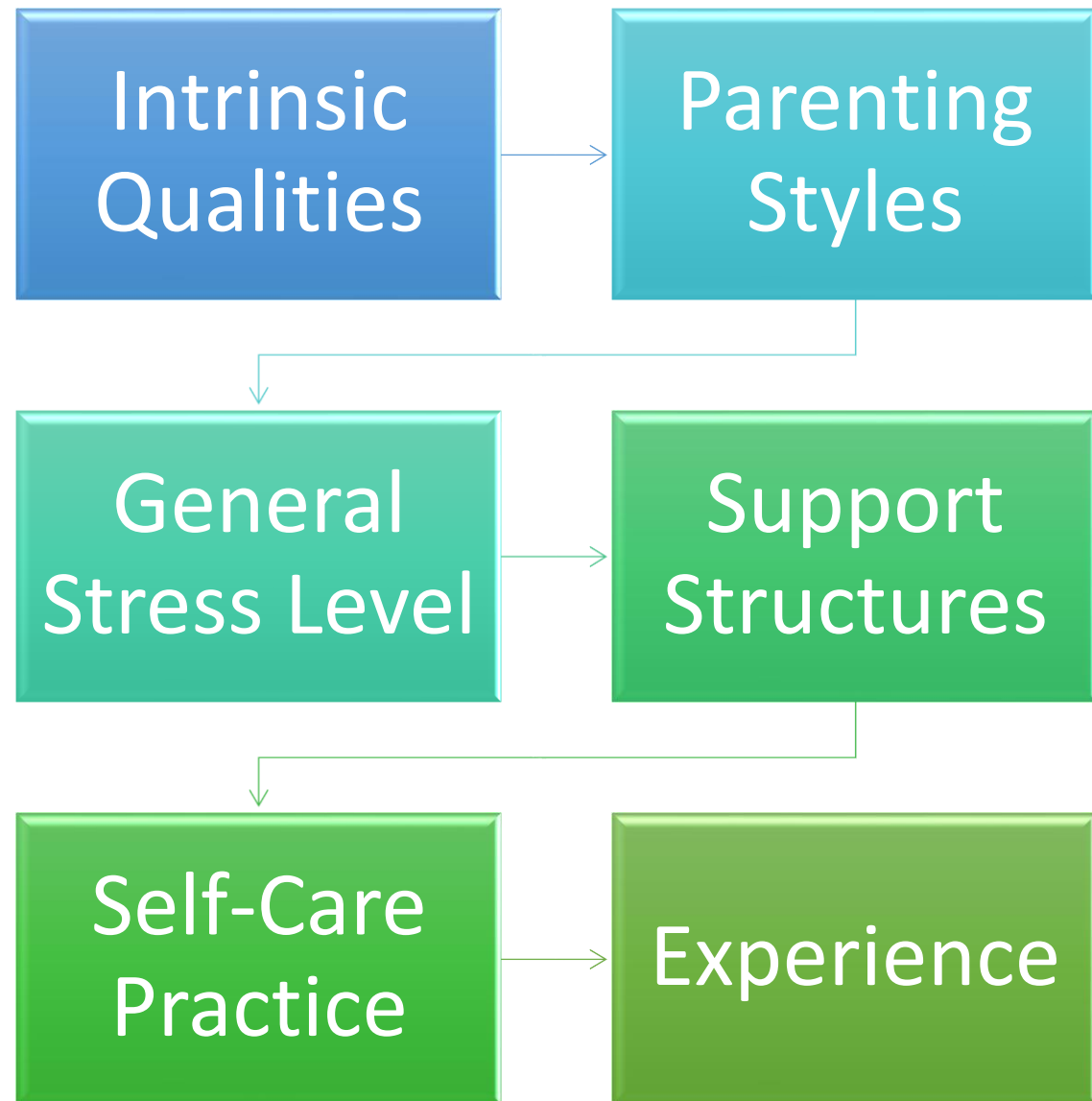
- Excessive
- Detrimental
- Uncontrollable
- Paralyzing
- Pervasive
- Chronic
- Age/Development-Mismatched



4 D's of Diagnosis



Factors that
Impact Response:



The Adolescent Brain: A Work in Progress

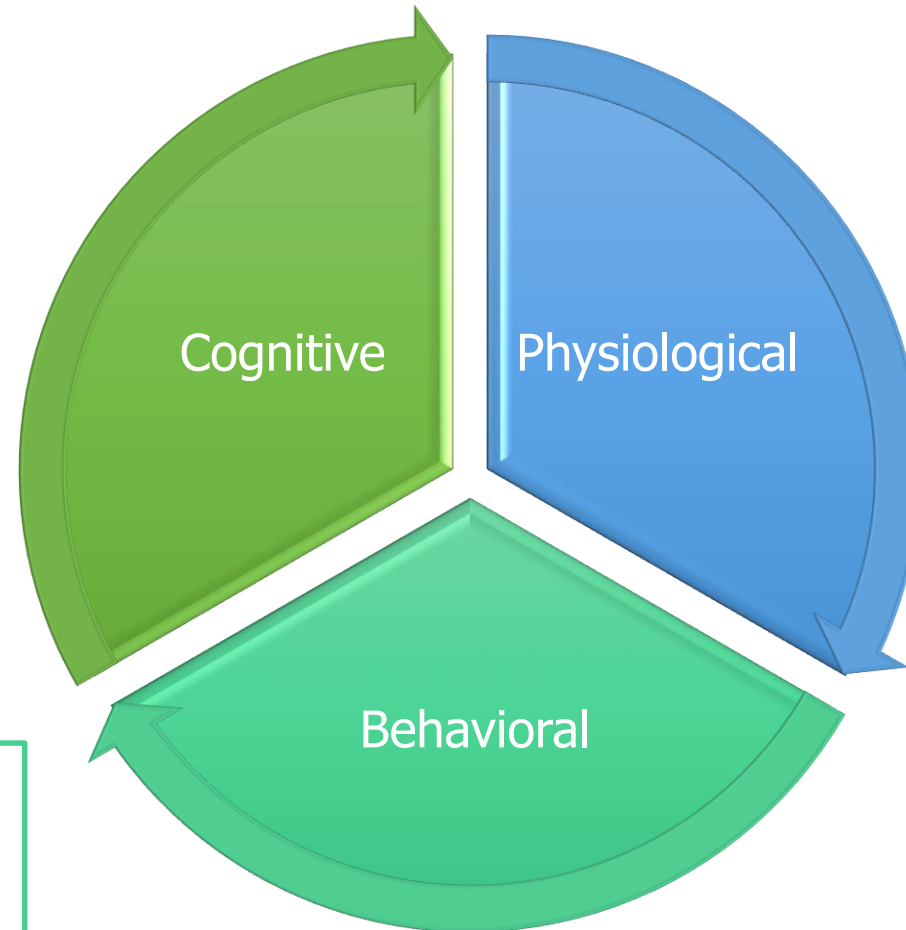
The Frontal Cortex

- Reorganization
- Pruning
- Reliance on Limbic System



3 Components of Anxiety

How a person is thinking or feeling about a task, activity or experience



Indicate the triggering of the Fight – Flight – Freeze response

How a person is reacting or coping with the idea or experience of the task, activity, etc...



Anxiety Clues...

Cognitive

- Catastrophic thinking
- Negative beliefs
- Or else's...
- Direct statements
- Confusion |
Distraction
- Procrastination
- Disorganization

Physiological

- Racing heartbeat
- Shallow/rapid breath
- Somatic symptoms
- Tingling in limbs
- Agitation
- Sleep disruption
- Appetite disruption

Behavioral

- **Avoidance**
- Attendance
- Numbing
- Rituals
- Perfectionism
- Social changes
- Aggression



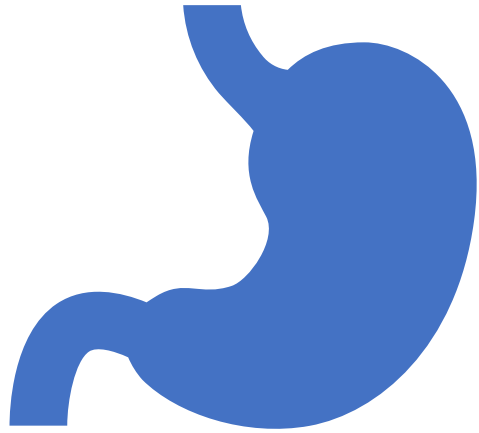


Big Idea

Students are the experts in their own lives.

When we slow ourselves down and take steps to understand what we are observing in an individual we are better able to apply the right intervention at the right time.



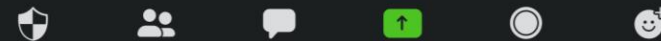


Engaging in Support



Tips for Talking with Parents | Caregivers

- In-person, digital platform or phone is best
- Develop rapport and shared vision
- Express concern
- Offer observations
- Invite their perspective
- Elicit ideas | Share ideas
- Agree on next steps



A photograph of three people against a black background. On the left is a man with short dark hair, wearing a light blue button-down shirt. In the center is a woman with long brown hair, wearing a pink short-sleeved shirt, holding several colorful folders (green, yellow, blue). On the right is an older woman with short grey hair and glasses, wearing a teal button-down shirt. All three are smiling at the camera.

Common Understanding

The Impact on the Family



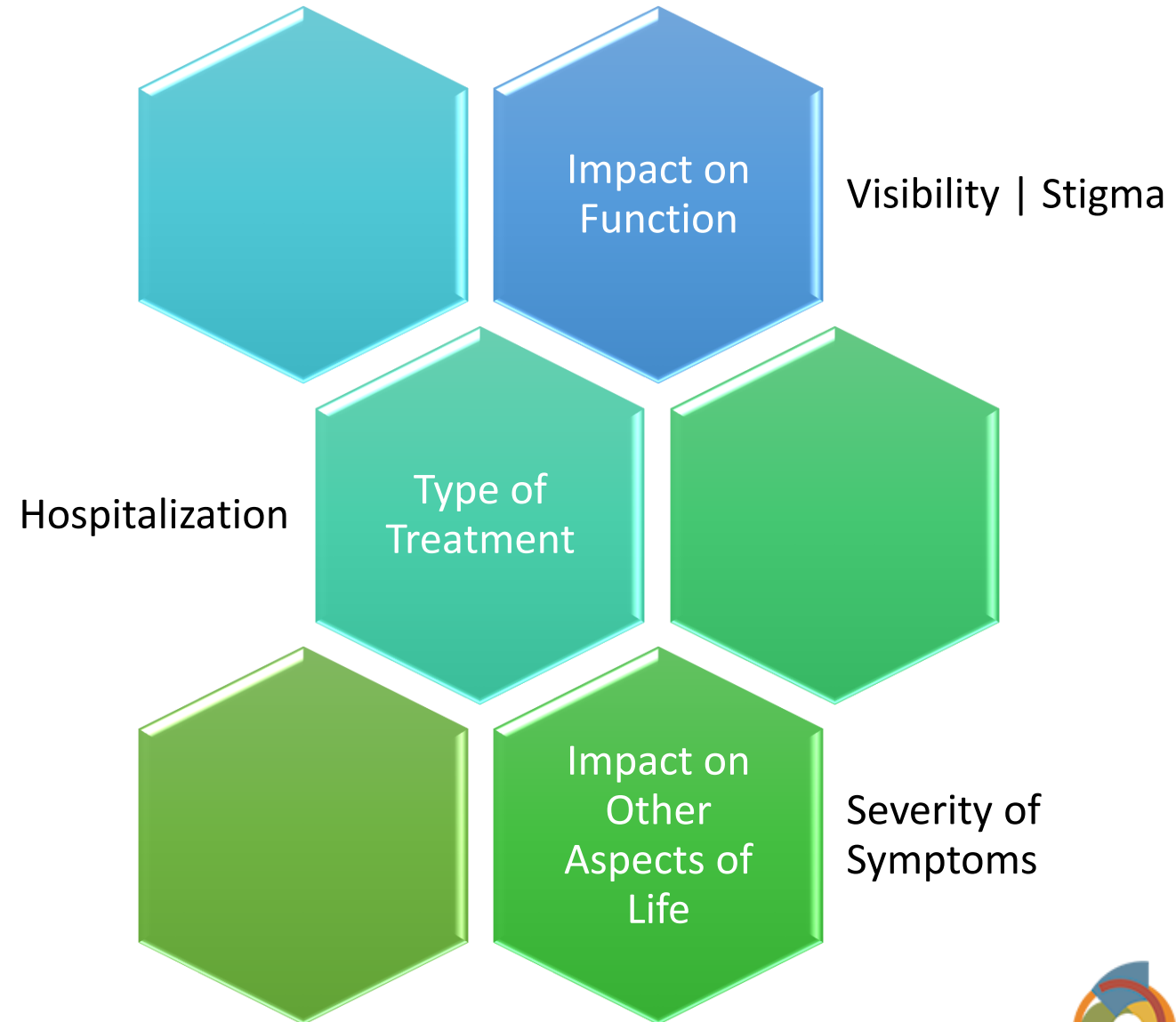
Signs of Positive Adjustment

- Express and cope with emotions
- Positive self-esteem
- Seek help and support when needed
- Knowledgeable about the diagnosis, ask questions when unsure
- Treatment adherence
- Diagnosis is only one of many components of identity



Challenges to Positive Adjustment

- Highly individualized response
- No linear relationship between severity and risk for long-term problems
- **Parent/Caregiver regulation is more influential**



Illness-Related Stressors

Initial

- Recognizing
- Finding Providers
- Adjusting to Diagnosis
- Treatment Decisions
- Managing Symptoms
- Communication

Short-Term

- Family Components of Care
- Side effects
- Treatment Response
- Impact on School
- Impact on Activities

Long-Term

- Treatment Response
- Predicting times of increased stress
- Developmental transitions
- School transitions
- Provider transitions



Discussion

- Impact on Appearance or Abilities
- Impact on Daily Life
- Impact on Peer Relationships
- Impact on Family or Family Relationships
- Impact on School Staff



Changes in Appearance & Abilities

- Hair loss
- Scars, Sores, or Scabs
- Changes in weight (due medication side effect)
- Stamina | Fatigue
- Self-Esteem
- Identity Formation
- Reality of necessary supports (504, IEP, etc)



Daily Life

- Changes in routine
- School attendance
- Participation in activities
- Family Routines
- Sleep/meals
- Regression
- Hyperactivity
- Decreased attention
- Withdrawal | Apathy
- Irritability | Sadness | Anger
- Decline in academic performance



Peer Relationships

- Isolation, restrictions
- Missing out on key moments
- School events, sleep-overs
- Feeling out of place
- Not knowing how to reconnect
- Teasing and peer rejection
- Decisions about disclosing illness



Family Stressors

- Grief and Loss
- Feelings of helplessness
- Financial impact
- Changes in routines
- Decreased time for other activities
- Managing multiple systems
- Sibling resentment
- Magnification of other issues



School Staff

- Roles and responsibilities
- Challenges connecting to providers
- Lack of knowledge
- Need for increased skills
- Right intervention at right time
- Managing multiple accommodation plans



A photograph of three diverse school staff members smiling against a black background. On the left is a man with short dark hair wearing a light blue button-down shirt. In the center is a woman with long brown hair wearing a pink short-sleeved shirt, holding several colorful folders. On the right is an older woman with short grey hair and glasses, wearing a teal button-down shirt. The text 'Managing the Stressors' is overlaid in white on the lower half of the image.

Managing the Stressors

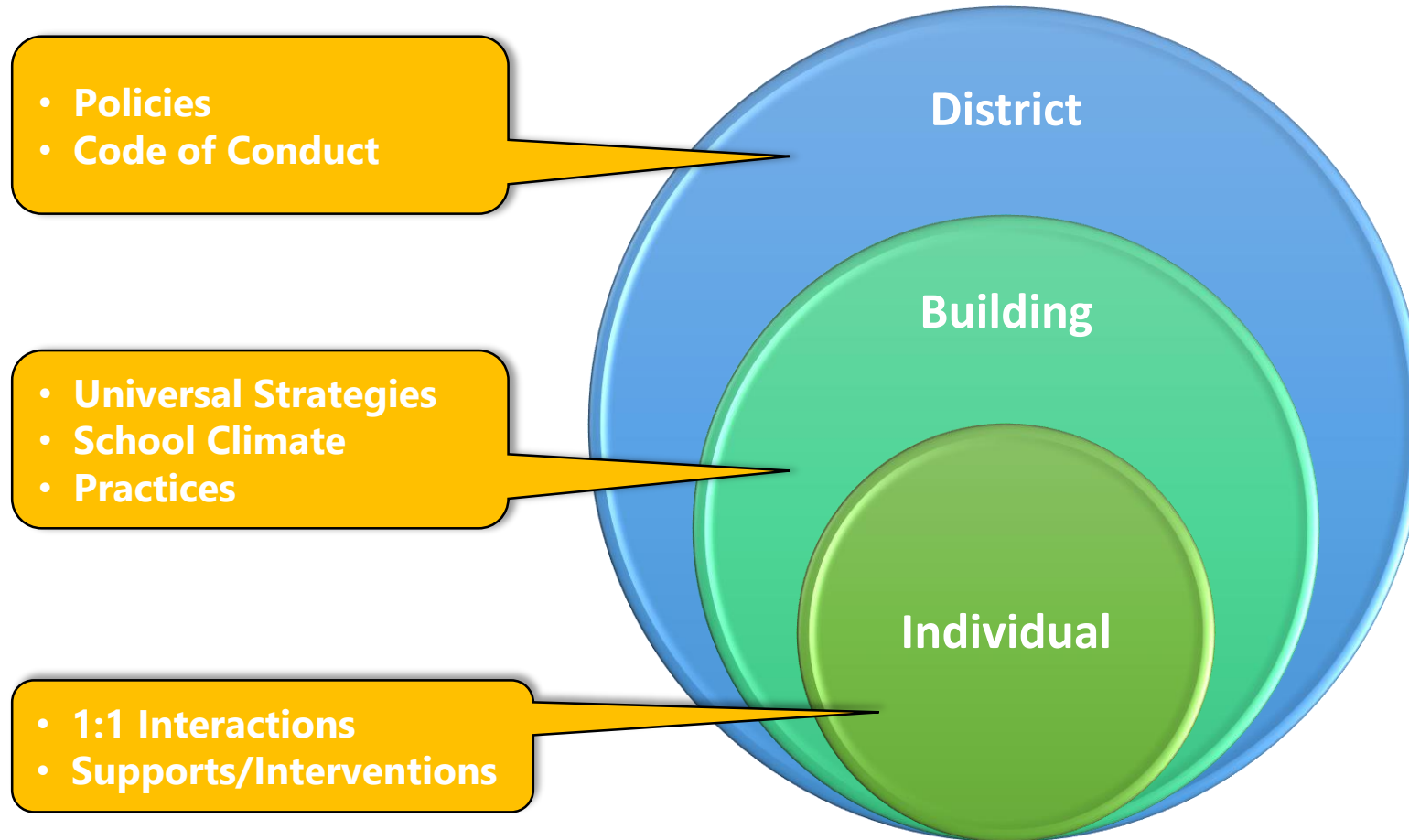
What School Staff can do to Help

School-Specific Stressors

- Worry about peers' and teachers' reactions or levels of understanding
- Ability to receive care and support at school
- Separating from caregivers
- Stress about catching up:
 - Academically
 - Socially
 - Extra-curricular activities



Systemic Approach



A Trauma-Responsive School...

- Develops shared understanding
- Supports safety
- Meets needs holistically
- Builds connections between students, school, and the community
- Embraces teamwork and shared responsibility
- Anticipates and adapts to changing needs



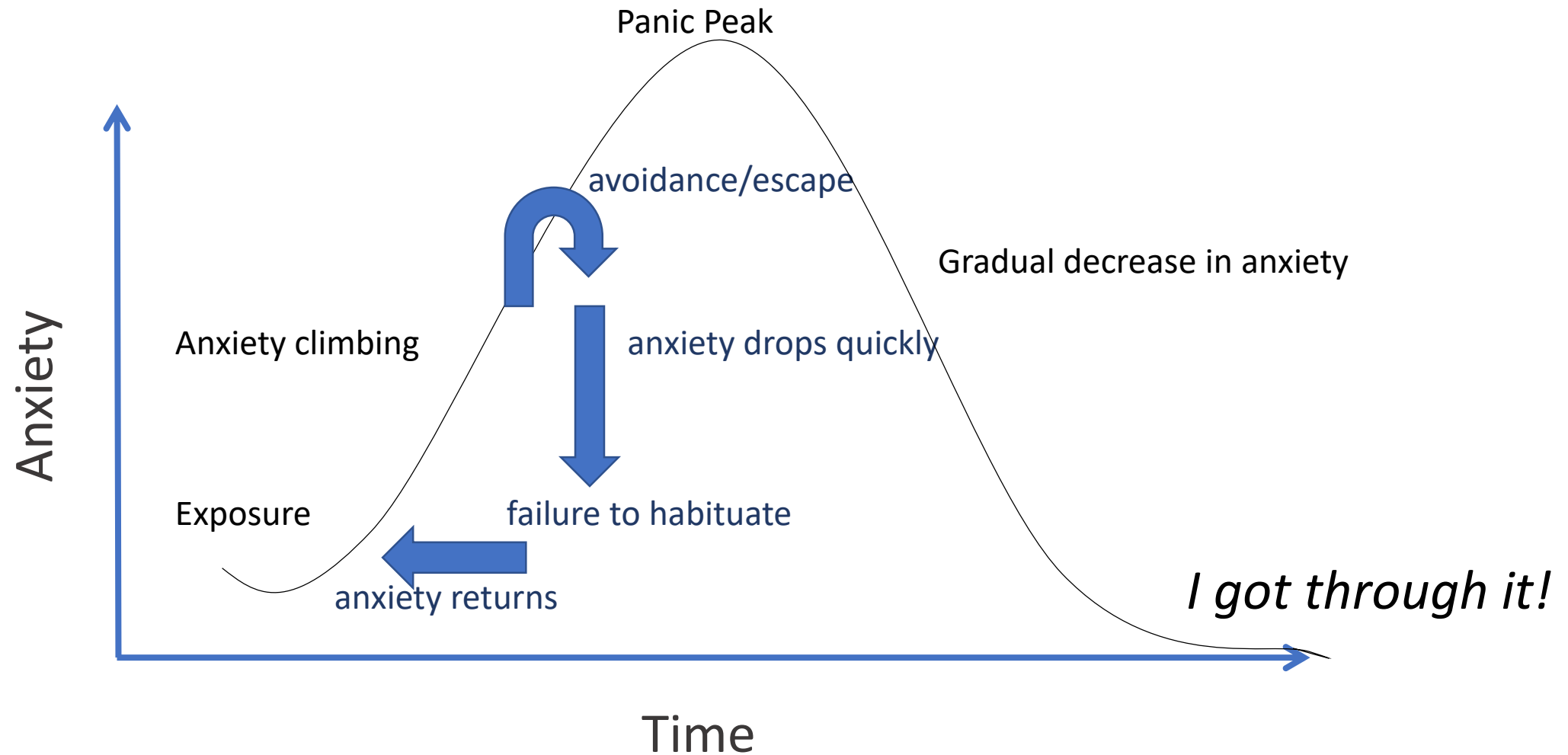
Individualized Student Planning



Dr. John Walkup, Cornell University

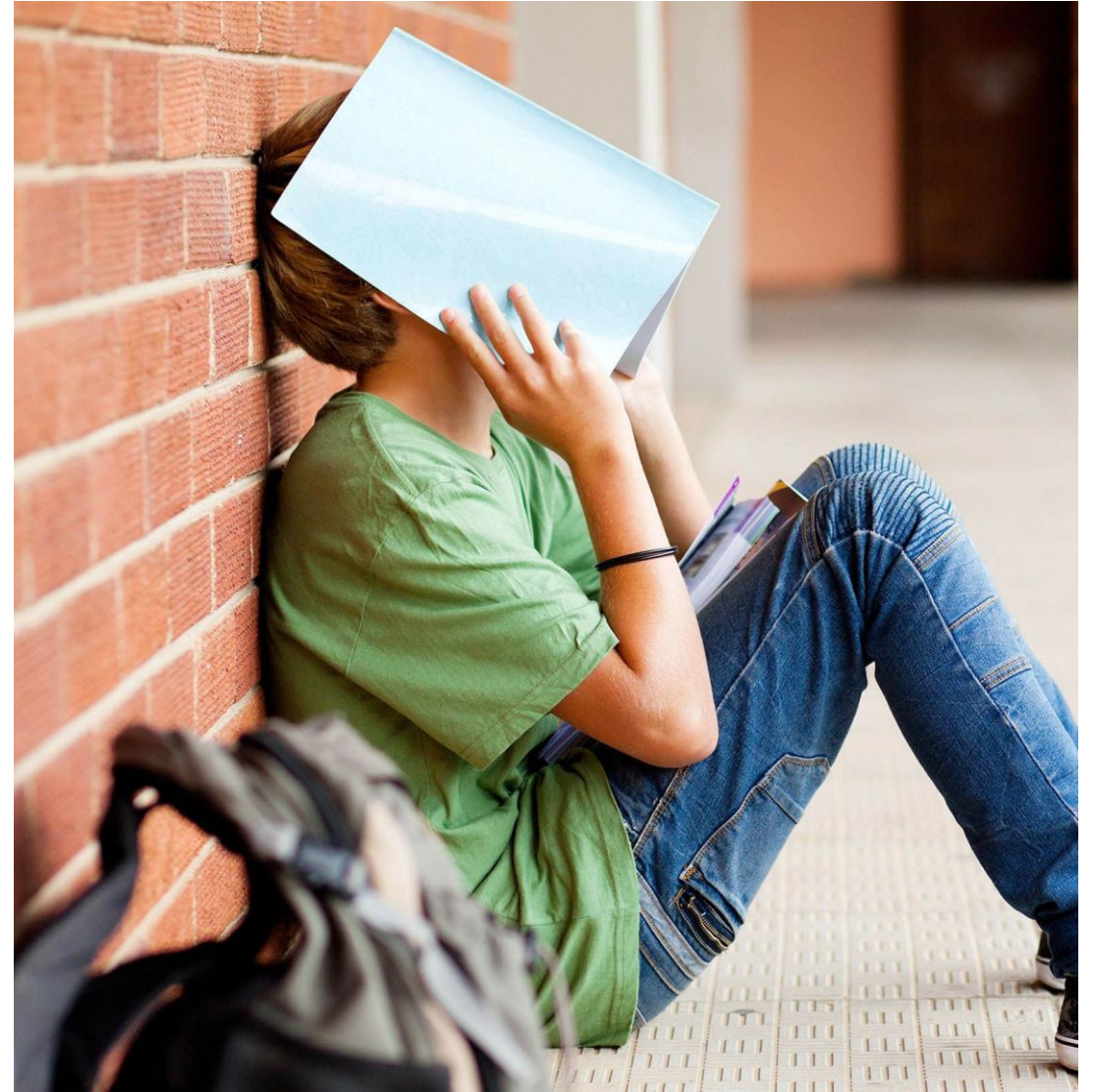


The Problem with Avoidance



Needs of an Anxious Student:

- To understand their triggers
- To have help with overwhelming reactions
- To find ways to separate their anxiety from their identity
- To feel safe and supported
- To receive accurate information
- Careful listening
- Structure and routine



What Schools can Provide

Needs of an Anxious Student

- To understand their triggers
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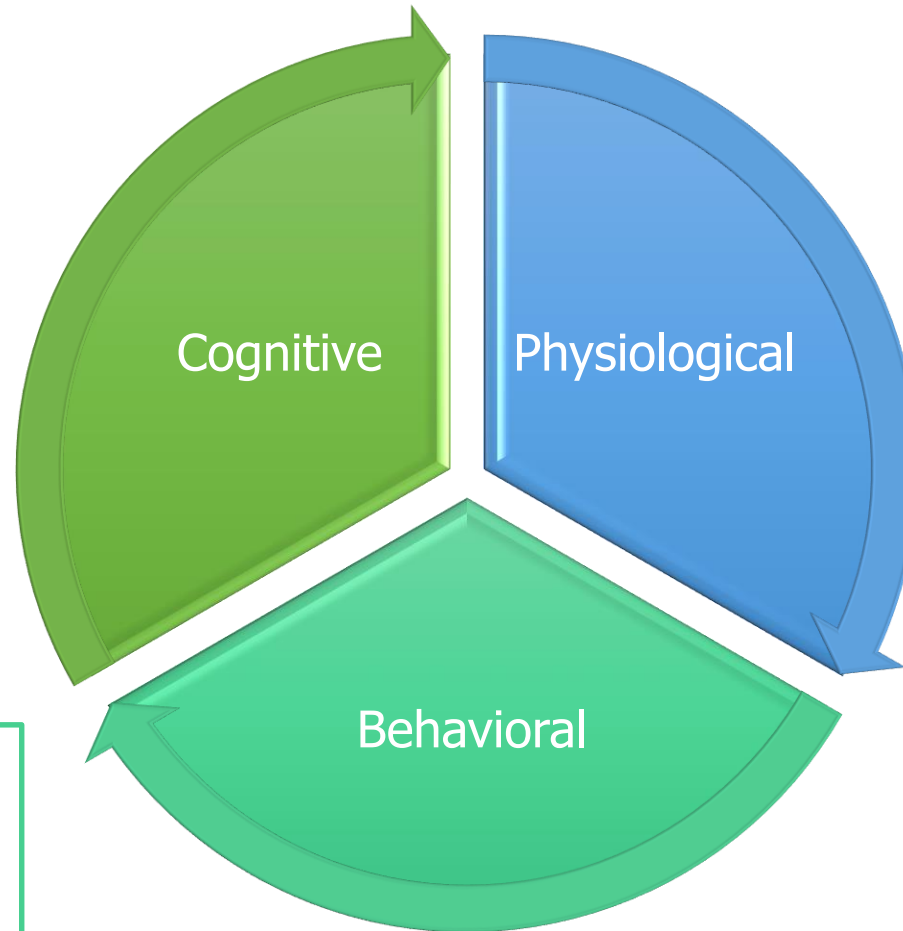
Role of School Staff

- Normalize reactions
- Teach coping strategies
- Provide Targeted Feedback
- Collaborative Problem-Solving
- Communication and partnering
- Maintain healthy boundaries
- Modifications where needed
- Identify and refer to resources



3 Components of Anxiety = 3 Paths of Intervention

How a person is thinking or feeling about a task, activity or experience



Indicate the triggering of the Fight – Flight – Freeze response

How a person is reacting or coping with the idea or experience of the task, activity, etc...



Safety & Connection

- Structure and Routine
- Consistency
- Communication
- Empathy
- Flexibility
- Culture of Learning through Failure
- Responsiveness
- Reframe *attention-seeking* to *attachment-seeking*



Two Parallel Systems

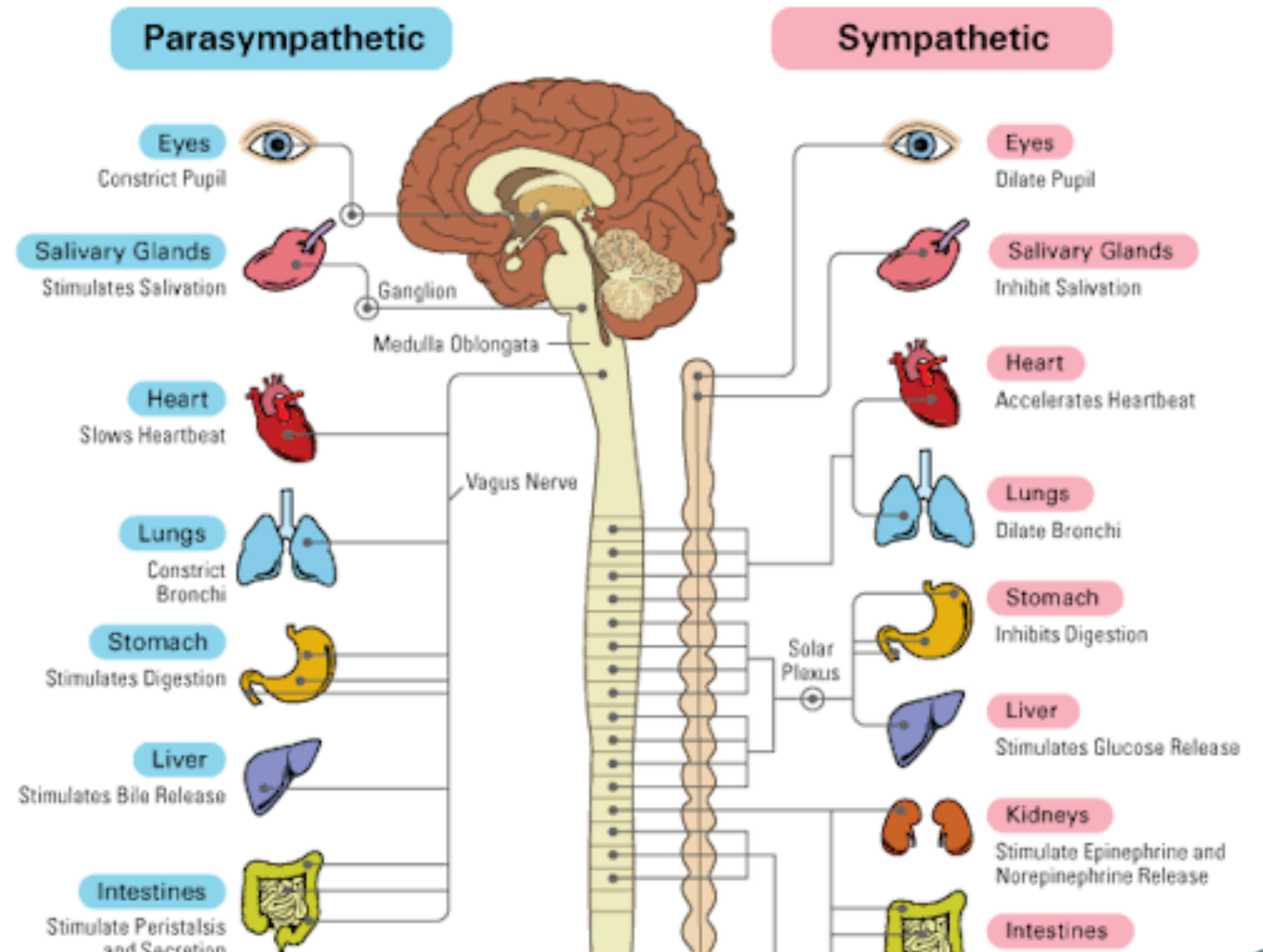
1. Parasympathetic

- Typical Functioning
- Rest and Digest

2. Sympathetic

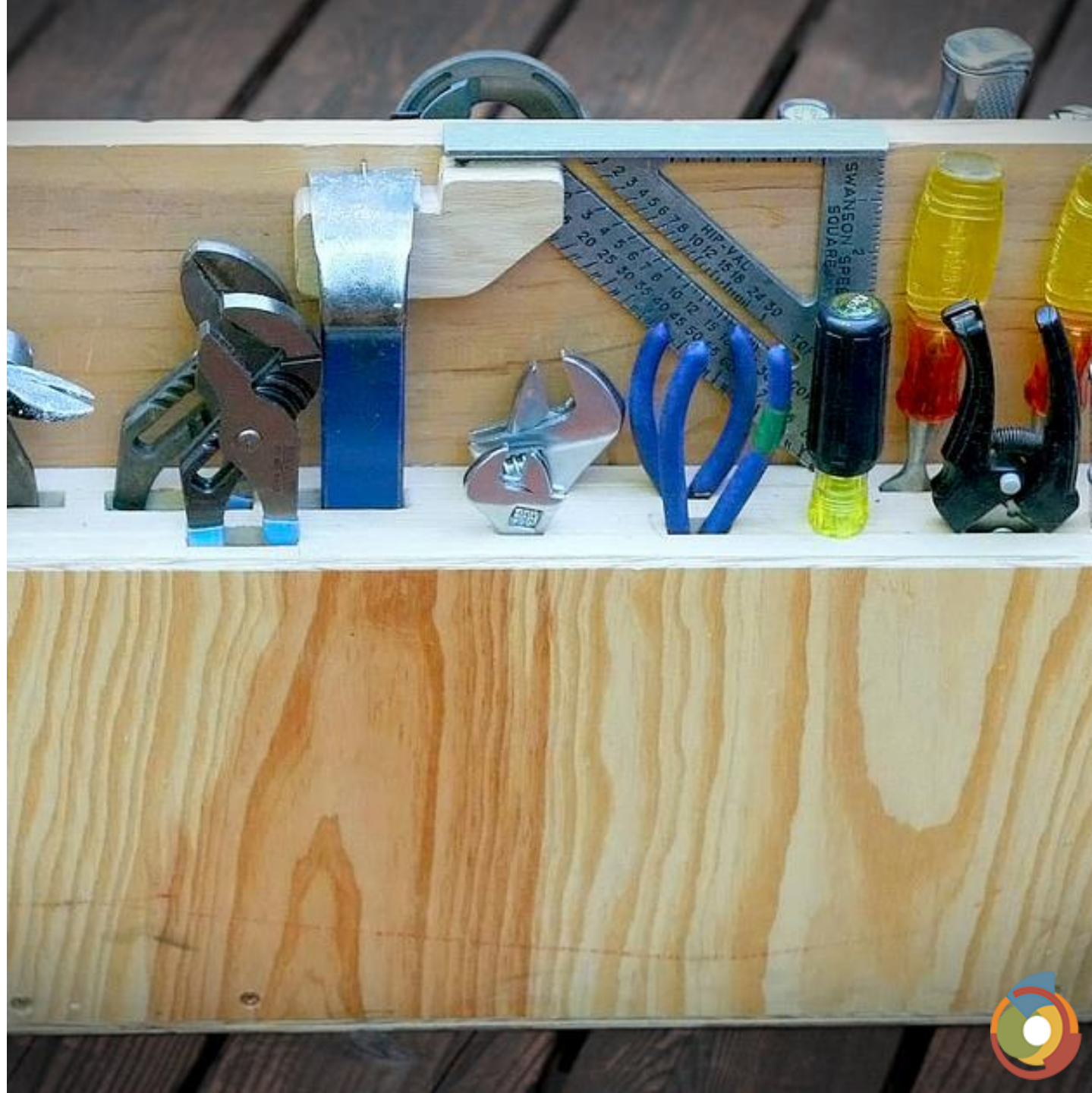
- Stress Response
- Fight – Flight – Freeze

Sympathetic Nervous Systems Regulate Functioning Organs



Level 1: Physiological Interventions

- Deep breathing
- Trauma-Sensitive Classroom Practices
- Guided relaxation, Meditation, Mindfulness
- Communicate Right Brain to Right Brain
- Yoga
- Exercise
- Nutrition
- Sleep
- Sensory interventions



Remember
your Team



Level 2: Cognitive Interventions

- Realistic Thinking
 - Self-Instruction Training
 - Problem-Solving
 - Academic Modifications
- Identify & quantify worries
 - Challenge worry thoughts with facts
 - Engage in supported problem-solving
 - Chunking
 - Hurdle help
 - Support with organization



Level 3: Behavioral Interventions

Clinically Guided:

- Exposure
- Exposure +
Ritual Prevention
- Flooding
- Systematic
Desensitization
- Modelling

School Staff:

- Coordinate with Clinical
Providers
- Follow Individualized Plan
- Communicate where plan needs
to be modified
- Expect and plan for backsliding
- Allow Flexibility
- Support Success



Addressing Attendance Disruptions: Tips for Successful School Re-Entry

- Return to school as soon as clinically feasible
- Multidisciplinary meeting before reintegration is an important first step in plan development
- Learn more about the specific diagnosis and what it is like for this student and their family
- Discuss with parent/caregiver and student what information is important to share, how, and with whom
- Create a plan for ongoing collaboration and communication amongst all stakeholders (student, family, school and clinical staff)



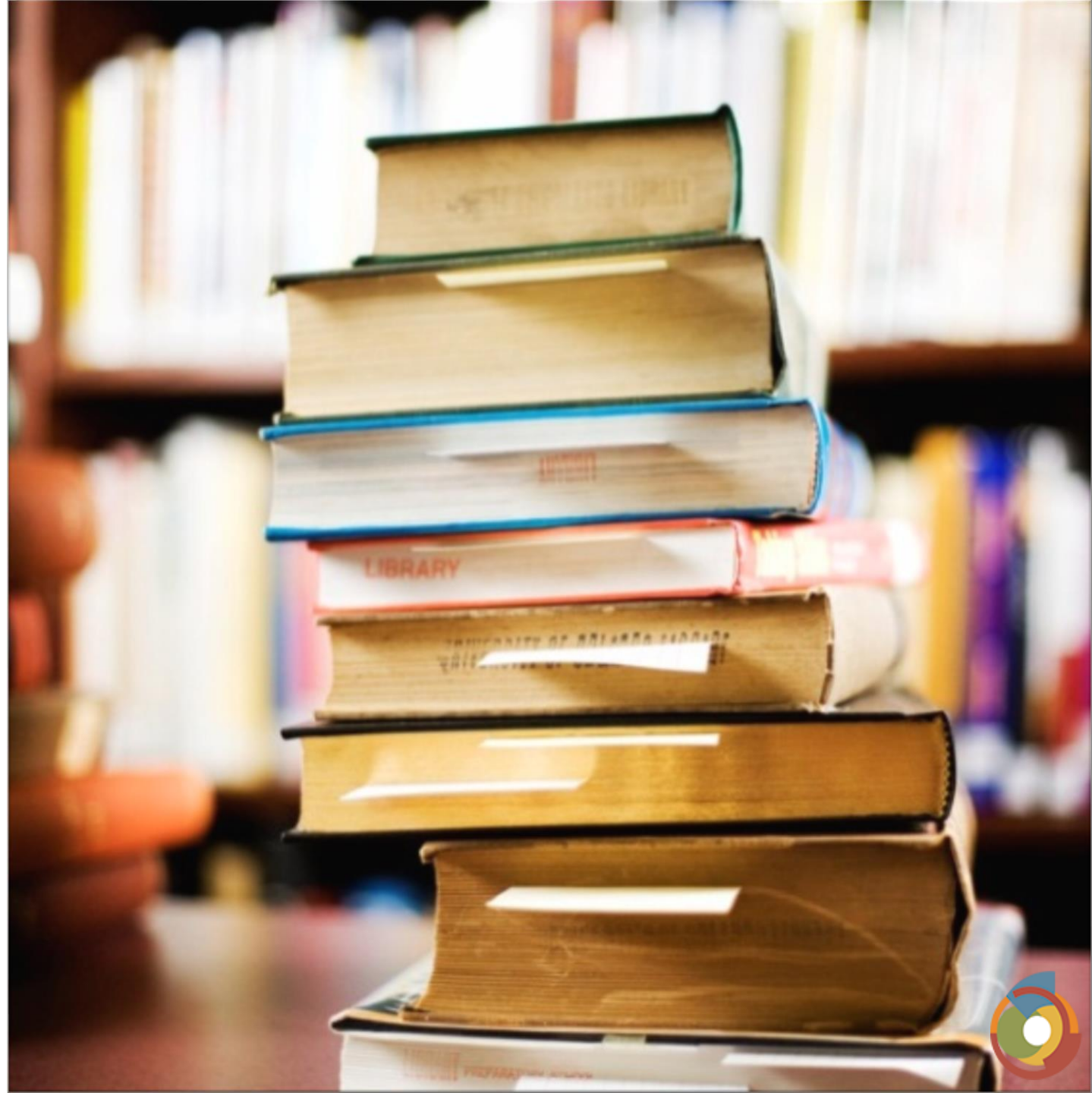
School Reintegration Plan

- Ensure that the student and parent/guardian are informed about options and processes
- Ensure that requests for accommodations and considered and reasonably met
- Determine needs related to:
 - Transportation
 - Mobility/access
 - Classroom/building modifications
 - Modified day
 - Comprehensive testing/504 vs CSE
 - Medication/treatment administration



A Word on Tutoring

- Arrange for tutoring services only when necessary
- Short-term, focused on stability or med/symptom management
- Location as near to typical school setting as possible
- Build relationships: Tutor – Family – School Staff
- Establish a Case Manager
- Keep a regular schedule
- Essential assignments
- Establish roles around grading and priorities



A photograph of three diverse professionals—two men and one woman—smiling and holding folders. The man on the left is wearing a light blue button-down shirt. The woman in the center is wearing a pink polo shirt and holding a green folder. The woman on the right is wearing a teal button-down shirt and glasses. They are all smiling and looking towards the camera against a dark background.

Applying what We Know

A Case Scenario

Case for Discussion

- Reflect on today's learning
- Use the worksheet to begin to identify how you would support each stakeholder's holistic needs related to the scenario
 - Academic
 - Psychosocial
 - Family
 - Peers
 - Staff
- Be prepared to share



Academic Accommodations

- Invest in relationship
- Provide flexibility
- Work 1:1 with student
- Encourage group work
- Support student focus
- Provide encouragement
- Reduce length or chunk assignments
- Allow extra time for completion
- Coordinate and prioritize with other staff
- Establish safe spaces in/outside of classroom



Psychosocial Adjustment

- Agree on a way to communicate
- Encourage development of identity beyond illness
- Recognize and respond to emotional and stigmatizing impact of having a mental illness
- Listen and avoid giving unsolicited advice, sharing own experiences
- Encourage healthy expression of feelings through different mediums
- Create spaces with reduced stimuli (calming corner)
- Learn about coping strategies that have been helpful and encourage their use



Supporting Family Members

Consider

Consider the needs of the family around the student

Communicate

Communicate about assignments, progress, positive observations, or concerns

Maintain

Maintain contact to stay current with changes that could affect the student at school (appointments, triggers, adjustments in care plan)

Provide

Provide information and facilitate involvement in family support networks

Ensure

Ensure siblings are able to continue involvement and receive support at school





Supporting Peers

- Mitigate stigma, rejection and/or isolation
- Respond sensitively to questions or worries
- Provide support as needed
- Encourage peers to maintain relationships; identify ways they can “be a good friend”
- Teach and provide support around healthy boundaries



Supporting School Staff

- Clarify staff's understanding the diagnosis and its impact on this student. Provide resources or PD as needed.
- Elicit support and communication
- Establish roles and responsibilities (in-school and out-of-school providers)
- Ensure all staff are aware of the student's plan and have ready access to support when needed
- Provide frequent opportunities to address questions or concerns; modify plan where needed



Core Actions

1. Recognize signs of *stress* and *distress*
2. Offer compassionate curiosity
3. Provide Support
4. Monitor over time





Big Idea

Through our connection with students and our informed perspectives, school staff are uniquely positioned to support positive adaptation and coping – even connection to clinical care.

We can monitor over the course of time; communicate concerns and seek additional resources when needed.

We can help a student and their family feel connected and supported. We can be an integral part of a Care Team.



We've Got This!

You've Got This!

Final Questions | Discussion



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Additional Resources

- [Up and Down the Worry Hill](#) by Dr. Aureen Pinto Wagner
- [Worried No More: Hope and Help for Anxious Children](#) by Aureen Pinto Wagner
- [Building Resilience in Children and Teens, 4th Edition](#) by Dr. Kenneth Ginsburg
- [Center for Parent and Teen Communication](#)
- [Reaching Teens, 2nd Edition](#) by Dr. Kenneth Ginsburg and Dr. Zachary McClain
- [Reaching and Teaching Children who Hurt](#) by Susan Craig
- [Lost at School](#) by Ross Greene
- [Onward: Cultivating Emotional Resilience in Educators](#) by Elena Aguilar

