

Evidence Based Practices in School Mental Health:**Anxiety****Background Information**

Anxiety disorders are among the most common psychiatric disorders affecting children and adolescents with an average prevalence rate of about 8% (Albano, Chorpits, & Barlow, 2003). Children with internalizing disorders such as depression and anxiety are often overlooked, and symptoms and impairments are not addressed. Negative effects of anxiety in school-aged children include deficiencies in learning achievement and verbal and nonverbal problem solving, heightened dependence on adult attention seeking, increased aggressive feelings and low self-concept (Allen & Klein, 1996). It is particularly difficult to recognize anxiety symptoms in the school environment, because anxiety presents in many different ways, including irritability (Tomb & Hunter, 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, 2001):

- 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-IV)

- Separation Anxiety disorder
- Panic disorders
- Agoraphobia
- Specific phobias

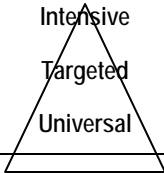
- Social phobia
- Obsessive-compulsive disorder
- Posttraumatic stress disorder
- Acute stress disorder
- Generalized anxiety disorder

What can Schools do Regarding Anxiety?

Preventive intervention can decrease the number or significance of risk factors that contribute to the onset of a disorder. Since the onset of anxiety disorders occur during childhood and adolescence, the most effective setting to implement preventative methods is in the school environment (Greenburg, Domitrovich & Bumbarger, 2001). Prevention and intervention for anxiety disorders should follow the three levels of prevention and intervention: universal, targeted, and intensive. The universal level of anxiety intervention includes positive school climate and a school-wide intervention or screening for all students. Targeted level of intervention targets a subgroup with risk factors for anxiety, or students that have suffered from a loss or traumatic event (Greenburg, et al., 2001). The intensive level of intervention targets individuals who exhibit early signs or biological markers related to anxiety. By implementing a three tiered model of universal, targeted, and intensive intervention efforts in schools, school practitioners can prevent anxiety from developing in students, as well as treat all students that are at-risk or already exhibiting anxiety (Greenburg, et al., 2001).

Disclaimer

The information gathered for this evidence-based practice sheet is a summary of common practices and/or programs with a strong research base and definitions found in recent literature. This summary is by no means a comprehensive representation of all information, definitions, programs, and standards to be found. In addition this information is not intended to provide any type of professional advice nor diagnostic service. The listing of a specific program within this sheet does not constitute as an endorsement from the CDE for the program.

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
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).	Allen & Klein, 1996	Universal/ Targeted	Elementary school children	Research/Applied With Fidelity	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.
“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 techniques. “Coping Cat” also includes a family component.	Kendall and Treadwell, 1996 Workbook Publishing, Inc. 208 Llanfair Rd. Ardmore, PA 19003 610-896-9797	Targeted/ Intensive	Older Children and Adolescents	Research/ Applied With Fidelity	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.
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 (2001). <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, 2001).
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 CBITS treatment manual is available for purchase through Sopris West at (800) 547-6747 or: http://positiveschoolclimate.sopriswest.com/product.asp?productid=120 .	Targeted/ Intensive	Children in grades six through nine.	Research	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. This study utilized a randomized controlled trial.

Resources

U.S. Department of Education

U.S. Department of Education. (2003). *Identifying Implementing Educational Practices Supported by Rigorous Evidence: A User Friendly Guide*.

[Brochure]. Washington, D.C.:

http://www.ed.gov/rschstat/research/pubs/rigorous_evid/rigorous_evid.pdf

Promising Practices Network:

The Promising Practices Network (PPN) is a group of individuals and organizations that are dedicated to providing quality evidence-based information about what works to improve the lives of children, families, and communities. <http://www.promisingpractices.net/>

What Works Clearinghouse:

<http://www.w-w-c.org/>

National Institute of Mental Health:

2001 Executive Boulevard, Room 8184, 12th floor
Bethesda, MD 20892-9663
866-615-6464

<http://www.nimh.nih.gov/>

Anxiety Disorders Association of America:

8730 Georgia Avenue, Suite 600
Silver Spring, MD 20910
240-485-1001

www.adaa.org

National Child Traumatic Stress Network:

Substance Abuse and Mental Health Services Administration

5600 Fishers Lane
Parklawn Building, Room 17C-26
Rockville, MD 20857
301-443-2940

www.nctsn.net

References

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www.journalsapa.org/preventiondirectory:volume4/pre0040001a.html pp:[np].
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- Stein, B.D., Jaycox, L.H., Kataoka, S.H., Wong, M., Tu, Wenli, Elliott, M.N., Fink, A., (2003, August). A Mental Health Intervention for Schoolchildren Exposed to Violence: A Randomized Controlled Trial. *Journal of the American Medical Association*, 290(5), 603-611.
- Weisz, J.R., McCarty, C.A. & Valeri, S.M. (2006). Effects of Psychotherapy for Depression in Children and Adolescents: A Meta-Analysis. *American Psychological Association*, 132(1), 132-149.