The Impact of Anxiety on Student Performance?

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WHY SHOULD I BE CONCERNED?
Prevalence of Anxiety

- **Prevalence rates** (requiring presence of symptoms + significant interference)
  - Anxiety: 3 - 5%
  - Depression: 0.1 - 2.5%
  - ADHD: 1.9 - 2.5%
  - PDD: 0.09 - 0.4%

- **High rates of comorbidity**
  - In anxious sample 15-25% also have depression & 5-10% also have externalising disorder (ADHD/ODD)
  - Test Anxiety occurs in ~33% of students

Anxiety & Other Problems

- 30% of children with ADHD also have an anxiety disorder
- 25% of adolescents with reading problems have an anxiety disorder (most commonly social phobia)
- 50-85% of children with HFA/Asperger’s have an anxiety disorder
- Anxiety in addition to other problems increases the severity of social and academic consequences
- Addressing the anxiety can drastically improve functioning in day to day activities
General Consequences of Anxiety

- Early anxiety disorders predict adult anxiety disorders, depression, suicide, substance abuse and conduct problems
  - 85% of depressed adolescents have a history of childhood anxiety

- Anxiety disordered students
  - Less likely to have satisfying social relationships
  - Have higher ongoing usage of health facilities
  - Take longer to move out of home
  - Live a life (in their own words) of “missed opportunity”
  - Have higher stress responses (chemical & physical)

- Anxiety disorders in children are high cost
  - Estimate of $36 million cost per year to society
    (accounts for lost productivity in family as well as direct impact on child and health care costs)
Academic Consequences of Anxiety

- Anxiety leads to poor academic performance & under-achievement
  - High anxious children in year 1 are 10x more likely to be in bottom 1/3 of class by year 5
  - High anxious students score lower than peers on measures of IQ and achievement tests (eg basic skills)

- Anxiety leads to poor engagement in class
  - High anxious students are motivated to avoid engaging in tasks that require communication or that involve potential peer or teacher evaluation
  - They consequently miss the benefit of interactive learning experiences

- Anxiety leads to school refusal

- Anxiety leads to drop out
  - 49% of anxious adults report having left education early, 24% indicated anxiety as the primary reason
  - The only variable that separated drop-outs from persistent students was school-related anxiety

- Academic consequences lead to long term economic losses for individual and society
How does anxiety impact on learning?

• Attention
• Interpretation
• Concentration
• Memory
• Social Interaction
• Beliefs/Expectations
• Health

Anxiety & Attention

• Anxious children have a narrow focus of attention biased towards possible threat
  – Unconscious bias for picking up threat
  – Mentally scan environment for possible threat
Anxiety & Interpretation

• Anxious students interpret neutral situations as threatening or dangerous
  “you hand in an essay and the teacher asks to see you after class”
  • Anxious automatic thought = “I’m in trouble”
  • Non-anxious auto thought = “I hope I don’t miss lunch”
• Anxious children are slower to process information that contains potential threat
  Snake  Bowl  Sheep  Wound

Anxiety & Concentration

• Worry takes up some of the capacity available for other mental tasks
  – As depth and breadth of worry increases, capacity to concentrate on academic tasks and solve problems decreases
• Anxious thoughts are intrusive
  – Hiccup like thoughts, suppressing worried thoughts is incredibly difficult
  – Due to attention bias, possible threat is noticed more often & therefore deciding if it is true threat requires brain power more often
Anxiety & Memory

• Anxiety associated with
  – Decreased short term memory capacity
  – General memory deficits, with specific visual memory deficits
  – Poor recall of previously mastered materials

• Possible reasons
  – The same area of the brain (medial temporal lobe) plays a role in memory and anxiety therefore possibly reflects a dysfunction in these brain structures/processes
  – Initial encoding is undermined by poor attention

Anxiety & Social Interaction

• The cognitive biases are constant, consequently during social interactions anxious children
  – focus on potential threat at the expense of social cues
  – react to neutral cues as if threatened

• Therefore they act less socially competent & avoid peer interactions/performance situations that involve potential threat to reduce anxiety

• Peers can identify anxiety in others and report liking these children less
Anxiety & Beliefs/Expectations

• Perfectionistic beliefs lead to unrealistic expectations of performance and an inability to live up to these expectations
• Self comparisons are relative to peer group
  – Gifted students in gifted classes report increased anxiety and decreased academic self concept
  – Learning disorders related to expectations of failure and hopelessness/helplessness
• Expectation that they will be chastised by peers and criticized by teachers

Anxiety & Health

• Anxiety symptoms include various physical complaints (most commonly fatigue, nausea, headaches, unexplained illness)
• These are real symptoms
  – anxious children have a higher resting heart rate, higher blood pressure, higher skin conductance (tension) & higher free cortisol (stress hormone)
• As symptoms are real there is an increase in missed school days reducing learning opportunities
Consequences

- Cognitive interference + decreased Engagement
- Poor achievement relative to potential
- Decreased motivation to study/participate
- Negative self-evaluation & academic self concept
- Increased anxiety

IDENTIFYING ANXIOUS CHILDREN?
Nature of Anxiety

• Anxiety Disorders exist when
  – There is a fear or worry about a particular event or multiple areas of life
  – The fear/worry is excessive compared to that experienced by peers or is age-inappropriate
  – The fear/worry leads to avoidance of events
  – The fear/worry causes significant distress and/or significant interference in daily activities

Types of Disorders

• Separation Anxiety Disorder
  – Fear separation from parents or other family
  – Avoid being without parents or alone
  – Excessive worry about possible separation
  – Experience physical symptoms on separation

• Social Phobia
  – Intense fear of being embarrassed or laughed at
  – Avoid evaluation by others including performances, talking to people and being involved in social activities
  – May lead to a limited number of friends or poor social skills
  – Particularly at risk for educational consequences such as grade failure and leaving early
• Generalized Anxiety Disorder
  – Excessive worry about everyday life
  – Seek out reassurance constantly
  – Uncanny ability to identify negatives in a situation
  – Worry accompanied by stomach or head aches, irritability, poor concentration or fatigue

• Specific Phobia
  – Paralyzing fear of an event, situation or object
  – Avoidance and distress caused when confronted
  – Common fears are animals/insects, storms, dark, heights, blood/injection/injury, vomiting & small spaces

• Obsessive Compulsive Disorder
  – Recurrent, persistent and intrusive thoughts
  – Repetitive behaviours aimed at reducing or preventing a dreaded event
    eg washing hands, counting, symmetry

• Panic Disorder with/out Agoraphobia
  – Regular panic attacks for no apparent reason
  – Worry that an attack will happen again
  – Avoidance of places or activities for fear of having a panic attack

• Post Traumatic Stress Disorder
  – Follows a life threatening event
  – Re-experience event, avoid reminders, hyper-vigilant to threat
School Phobia/ School Refusal

- Is not a diagnosis on its own but a symptom of other disorders
- Need to identify reason for avoiding school
- Most common possibilities include
  - Fear of separation from parents
  - Fear of the social situations at school
  - Dysfunctional patterns of family behaviour
  - Behaviour management problems

Common Symptoms at School

- Reassurance seeking
- Overly well behaved/Bossy
- Mistakes, routine changes & new situations cause distress
- Physical symptoms (frequent) stomachaches, headaches or absenses
- Worries that fluctuate (day of week/time of day)
- Perfectionism
- Procrastination
• Limited friendships or age-inappropriate peer group
• Poor participation in class or playground
• Poor body language or vocal expression in groups/with authority figures
• Obvious anxiety during performance tasks
• Avoidance of specific classes
• Absence on special days or excursions
• Negative expectations of self, others & future
• Parents report distress regarding school despite no apparent difficulties

• Common Misinterpreted Symptoms
  – Inattention and/or concentration difficulties can be caused by worry
  – Argumentative or disobedient (sometimes aggressive) behaviour can be caused by fear
  – Poor social skills do not necessarily indicate social anxiety
  – Habits like hair pulling and nail biting are not necessarily related to any form of anxiety
Normal vs Clinical Anxiety

- Normal fears change from infancy to adolescence
- Normal fears differ from clinical anxiety in severity not quality
- Guiding principles
  - Is the anxiety causing marked distress and/or interference in major areas of functioning? e.g. social life
  - Is the behaviour and distress excessive compared to other children their age?

HOW CAN I APPROACH ANXIETY TO ENCOURAGE POSITIVE OUTCOMES
First Steps

• Acknowledge that anxiety is a substantial problem with significant, enduring consequences for children and adolescents
• Adults play a crucial role in the maintenance of anxiety therefore parents, teachers and other carers can change own behaviours and expectations that in turn encourage decreased anxiety.

Classroom Management Strategies

• Provide support and encouragement
  – Open up a dialogue about anxiety
    • Ask the child/adolescent if they worry about particular tasks when you have noticed they appeared anxious during those tasks.
  – When you can see a child is anxious but a task needs to be done, acknowledge their feelings & encourage effort
    • “I can see that you are worried. Try the best you can and I will be back soon to see how you are going”
    • “You look scared, lots of people find giving speeches tough. Just focus on getting through the next few minutes and then it will be over”
• Manipulate how you attend to anxious behaviours
  —Reward non-anxious behaviour
    • Praise quietly an adolescent who answers a question voluntarily for the first time in a small group
    • Offer computer time to a child who completes their work within a set time period
  —Redirect anxious behaviours
    • Ask a child who begins to get weepy when they have to change classrooms to help you carry supplies or to take a message to the next teacher

• Reduce provision of reassurance
  —Ask what they think the situation might be and only provide correction if necessary
    • to the question “is this right?” you may respond “what have you done so far?” rather than just saying “yes”
  —only answer repeated questions once
    • To the second repeat of the question “what are we doing after recess?” you may respond “you can use the timetable to work out the answer?”

NB Take care not to sound sarcastic when encouraging children/adolescents to work things out for themselves
• Encourage facing of fears
  — Encourage risk taking in small steps by planning a set of graduated challenges
    • Encourage adolescent to answer a question when in a pair, then a small group then a larger group then in front of the class
    • Encourage child to try a new activity similar to one they already do well, then progress to trying other activities
  — Provide opportunities for independence to develop self-confidence
    • Have a child run messages for you
    • Put an adolescent in charge of a small project or management task such as collecting contributions for a fundraiser

• Utilise individual frames of reference
  — When providing achievement related feedback reduce use of peer group/norm referenced feedback
  — Encourage individual goal setting and self-evaluation against these goals
  — Work with anxious children/adolescents to ensure that goals set are realistic (not under or over achieving)
  — Incorporate evaluation of effort as well as outcome as a standard
• Do not push an anxious child or adolescent if there has been no planned facing of fear
  — ask a question but do not insist on an answer unless you have been working together to face progressively more difficult challenges

• Do not treat anxious behaviour as an oppositional behaviour
  — they are not being deliberately difficult
  — some children/adolescents may prefer to get in trouble rather than face a fear
  — provide appropriate consequences for aggressive responses or threatening behaviours but do not punish avoidance (allow natural consequences to occur where appropriate)

• Normalise anxiety and destigmatise help seeking
  — Ensure that mental health and emotions are a part of the curriculum
  — Discuss the advantages of seeking help, what help typically consists of and where to go to seek help
  — There is clear evidence that current anxiety treatment programs reduce anxiety and that this in turn leads to improvements in academic and social performance

• Discuss your perceptions with parents; is this child also anxious at home? If so seek help.
What will help entail?

• Cognitive Behavioural Therapy (CBT) is the treatment of choice for anxiety
• Can be individual or group therapy
• Parents are encouraged to be involved and some treatment components directly target parent behaviour
• Treatment is skills-based where anxiety management skills are taught in session and then applied between sessions in real life

CBT Components

• The Cool Kids Treatment Program includes
  – Psycho-education about anxiety
  – Cognitive restructuring (How to think realistically)
  – Gradual Exposure (Stepladders to Face Fears)
  – Parenting Anxious Behaviours
  – Coping Skills
    • Problem Solving
    • Assertiveness
    • Stress Management
Treatment Success

• Cognitive Behavioural Therapy consistently shown to be effective in treating anxiety
• Meta-analyses of all available trials indicate a remission rate of 60-70% after an average of 12 CBT sessions
• Recent trial of CBT vs Medication vs Combo response rates after 12 weeks
  CBT 59.7%  Medication 54.9%  Combo 80.7%

Where to Find Help...

• Further information about options is available at our website
  www.emotionalhealthclinic.com.au