



# Reducing Anxiety Across the Tiers

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# Agenda

- Overview of Anxiety
- Anxiety and PBIS
- Anxiety in Tier 1
- Anxiety in Tier 2
- Anxiety in Tier 3
- Interconnected Systems Framework



# Acronyms

- PBIS= positive behavior interventions and supports
- MTSS= multi-tiered systems of supports
- ISF= interconnected systems framework
- SEB= social-emotional behavior
- SEL=social-emotional learning
- CBT= cognitive behavioral therapy
- CBI= cognitive-behavioral interventions
- EBP's= evidence-based practices
- ADHD= attention deficit hyperactivity disorder
- FBA= functional behavior assessment
- BSP=behavior support plan (or BIP- behavior intervention plan)
- CICO= check-in, check-out
- ODR= office discipline referral

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What is Anxiety?



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Visual settings



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When poll is active, respond at [PollEv.com/sstjoseph640](https://PollEv.com/sstjoseph640)

Text **SSTJOSEPH640** to **22333** once to join

## What is Anxiety?



No responses received yet. They will appear here...



WORRIER ONE



WORRIER TWO

*gemma*  
CORRELL '20



WORRIER THREE



REVERSE WORRIER



## What is Anxiety?

- Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes such as increased blood pressure
- Everyone experiences it and it is essential for survival, and prepares our bodies for the “fight or flight” instinct
- 1 in 13 children have it chronically, only 1/3 gets treatment
- Most common and pervasive mental disorder in the nation



# THE STRESS RESPONSE IN KIDS

## FIGHT

Yelling, Screaming,  
Using Mean Words

Hitting, Kicking, Biting,  
Throwing, Punching

Blaming, Deflecting  
Responsibility, Defensive

Demanding,  
Controlling

"Oppositional",  
"Defiant", "Noncompliant"

Moving Towards What  
Feels Threatening

Irritable, Angry,  
Furious, Offended  
Aggressive

## FLIGHT

Wanting to Escape,  
Running Away

Unfocused, Hard  
to Pay Attention

Fidgeting, Restlessness,  
Hyperactive

Preoccupied, Busy with  
Everything But the Thing

Procrastinating, Avoidant,  
Ignores the Situation

Moving Away From What  
Feels Threatening

Anxious, Panicked  
Scared, Worried,  
Overwhelmed

## FREEZE

Shutting Down,  
Mind Goes Blank

Urge to Hide,  
Isolates Self

Verbally Unresponsive,  
Says, "I don't know" a lot

Difficulty with  
Completing Tasks

Zoned Out,  
Daydreaming

Unable to Move,  
Feeling Stuck

Depressed, Numb,  
Bored/Apathetic,  
Helpless



## Thoughts

*What is going through  
the child's mind?*

## Behaviors

*What does the child  
do? How does s/he  
respond or cope?*

**ANXIETY**

## Feelings

*What is the child feeling?  
What are the  
physical symptoms?*





# Anxiety and Child Development

- Separation Anxiety
- Social Anxiety
- Selective Mutism
- Generalized Anxiety
- Obsessive Compulsive Disorder
- Specific Phobias

# Co-Occurring Diagnoses

- Bipolar disorder
- Eating disorders
- Headaches
- Irritable bowel syndrome (IBS)
- Sleep disorders
- Substance abuse
- ADHD
- Body dysmorphic disorder
- Chronic pain



## Symptoms of Anxiety

- Inattention and restlessness
- Attendance problems and clinginess
- Trouble answering questions or participation
- Frequent trips to the nurse
- Not turning in work
- Avoiding socialization or group work
- Disruptive Behavior



# Disruptive Behavior

- Disruptive behavior is often generated by unrecognized anxiety
- A child who appears to be oppositional or aggressive may be reacting to anxiety
- Children cannot always articulate effectively, or even fully recognize what they are feeling
- Remember the fight, flight, or freeze instinct?



# Defining Internalizing Behavior

What do we mean  
when we say a child is  
anxious, depressed, or  
socially withdrawn?

## What is happening

- oCrying
- oSomatic complaints
- oNegative self-talk  
statements
- oAsking for frequent breaks
- oWandering the halls

## What is NOT happening

- oLack of participation
- oSocial withdrawal
- oFailure to begin or complete  
tasks
- oSchool refusal/absences
- oInattention/daydreaming



# Antecedents- Behaviors- Consequences

## Antecedents/Triggers

Events that occur prior to behavior

Students may react to stimuli that have previously been paired with trauma or anxiety-provoking events

Examples:

- o Transitions
- o Touch/proximity
- o Tone of voice
- o Nonverbal cues (furrowed brows, arms crossed)

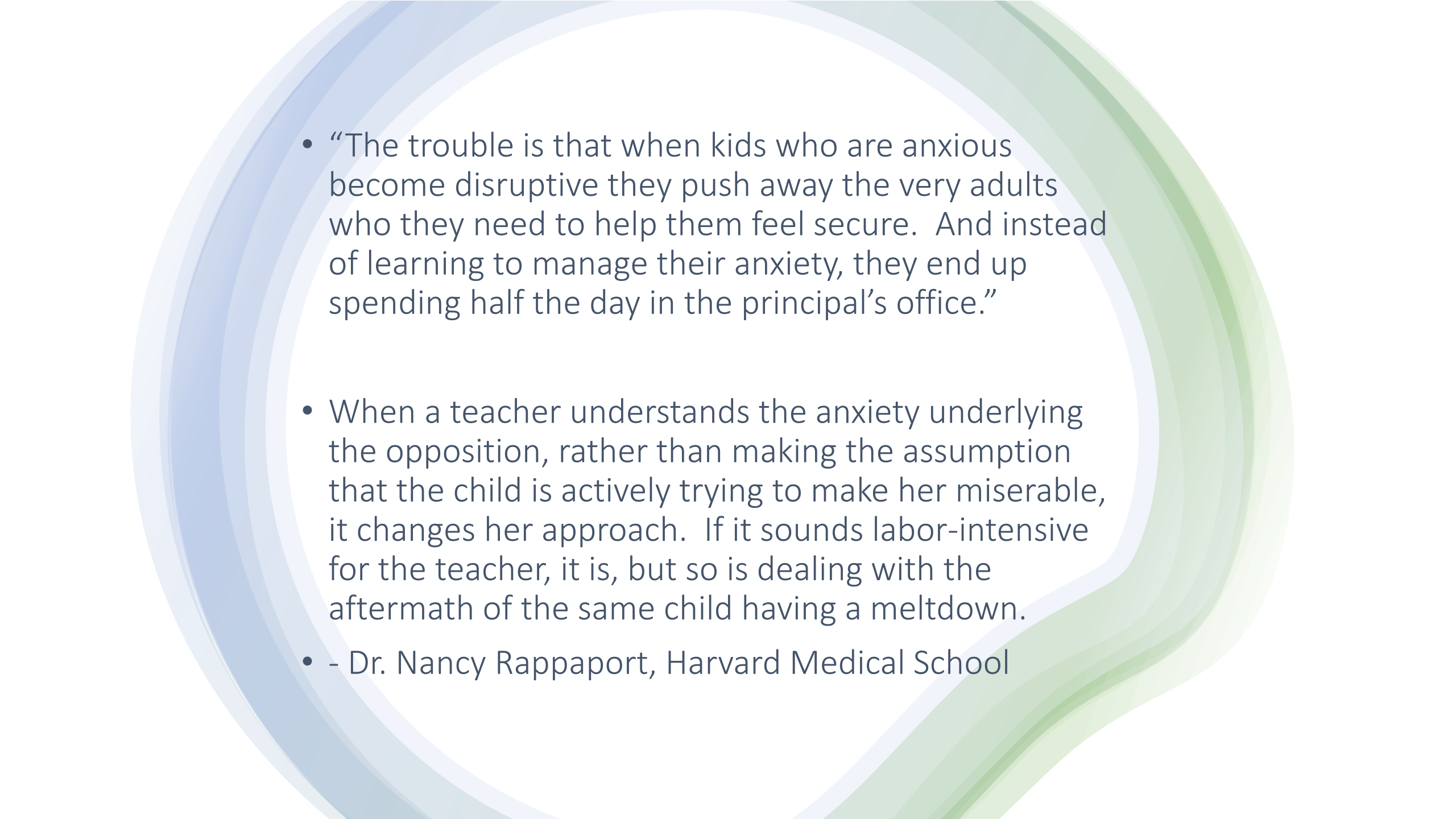
## Consequences

Events that predictably follow behavior

Internalizing behavior is maintained by escape or avoidance of unpleasant events (Weist et al., 2018) however, these events can be internal states or individual student perception

Students may withdraw to avoid:

- o Internal states/feelings related to anxiety/fear
- o Obsessive/dysmorphic/intrusive thoughts
- o Social disapproval (actual or perceived)

- 
- “The trouble is that when kids who are anxious become disruptive they push away the very adults who they need to help them feel secure. And instead of learning to manage their anxiety, they end up spending half the day in the principal’s office.”
  - When a teacher understands the anxiety underlying the opposition, rather than making the assumption that the child is actively trying to make her miserable, it changes her approach. If it sounds labor-intensive for the teacher, it is, but so is dealing with the aftermath of the same child having a meltdown.
  - - Dr. Nancy Rappaport, Harvard Medical School



## So What Can We Do?

- PBIS! By implementing the core features of PBIS, we can create a more stable and predictable school environment and features that promote healthy social and emotional functioning.
- The goal is never to eliminate anxiety but to better manage it.



## Anxiety and PBIS

An in-depth, longitudinal case study published by Lane et al. (2007), found that students with internalizing behaviors (such as anxiety symptoms) were the **most responsive to PBIS**, experiencing the greatest gains in GPA and the greatest declines in the number of suspensions and behavior challenges.

Despite these advances, school teams implementing PBIS sometimes overlook teaching important social-emotional competencies or view this domain as separate from their PBIS framework.

# Purpose of PBIS

...to make schools more **effective** and **equitable** learning environments for ALL students.



Framework for Student Supports



## Anxiety in the Tiers

Tier 1- Supports for ALL

Tier 2- Supports for few

Tier 3- Individualized supports



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# Tier 1: Supports for All



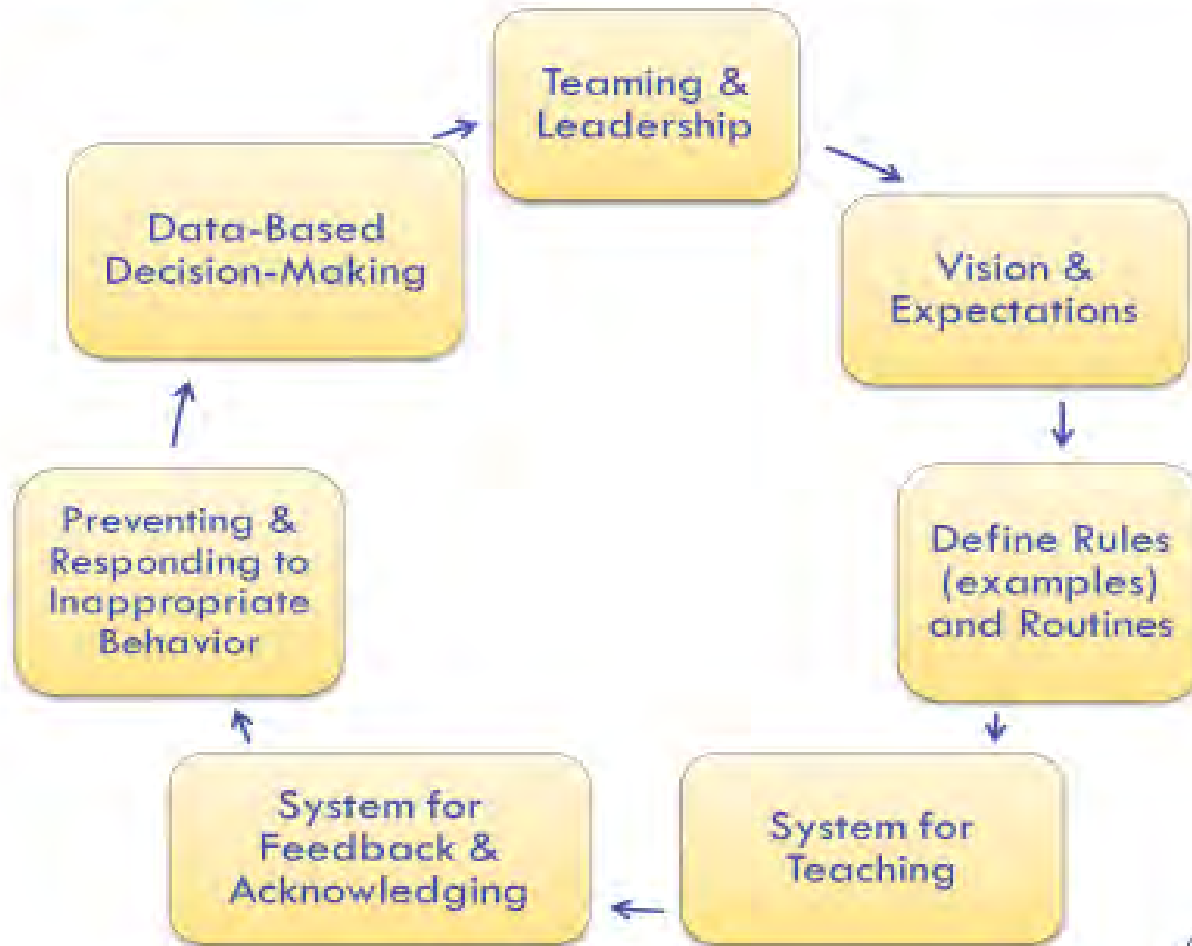
## Tier 1

Through PBIS, schools should have clear and consistent behavioral guidelines.

Positive perceptions of the school climate (including perceived order, safety, and equitable discipline) can be a protective factor.

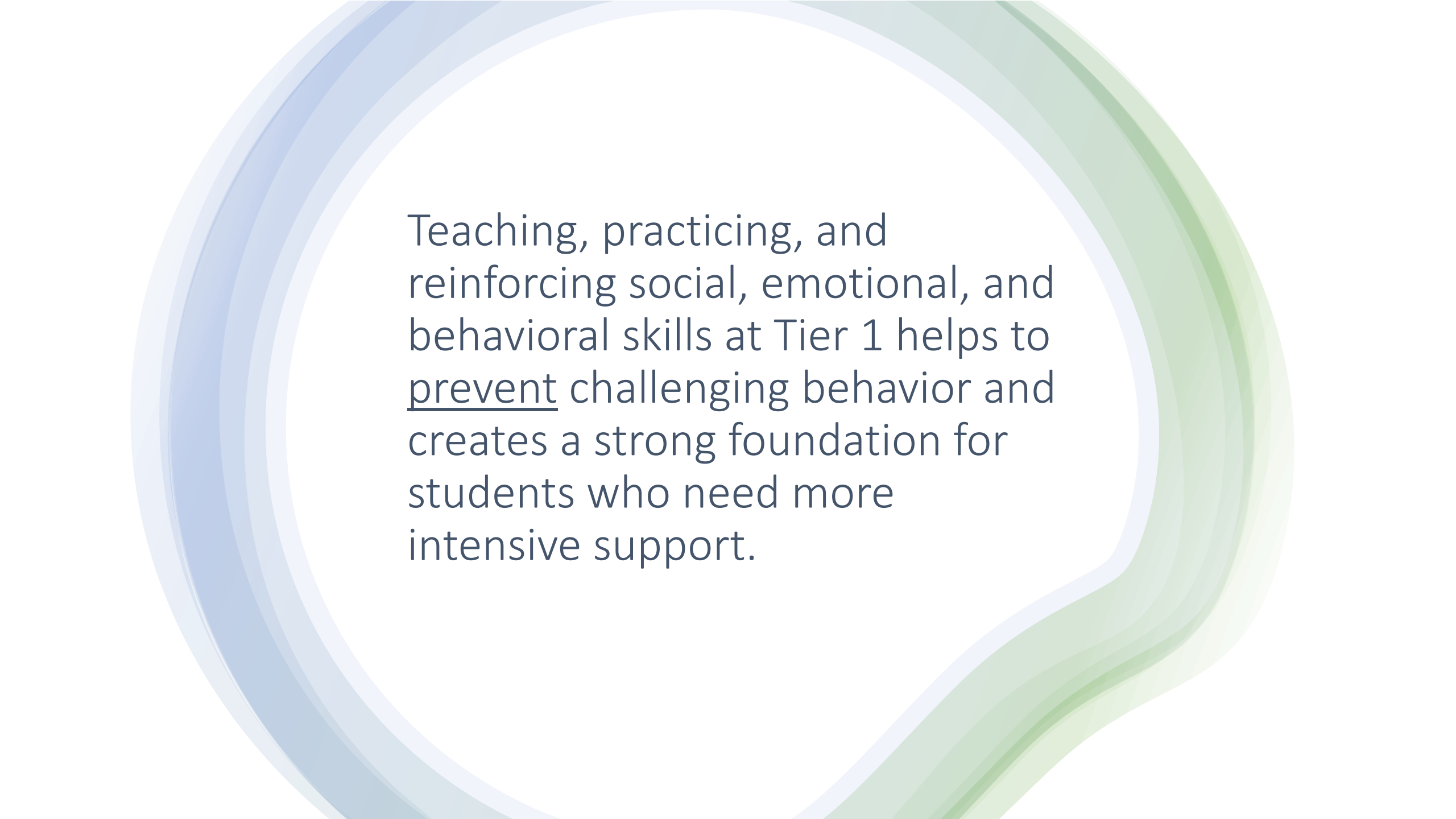


# Tier 1 Implementation



- Create a safe, predictable, & consistent environment
- Replace inappropriate behaviors with skills
- Establish & strengthen relationships
- Replaces subjectivity with data driven decision making





Teaching, practicing, and reinforcing social, emotional, and behavioral skills at Tier 1 helps to prevent challenging behavior and creates a strong foundation for students who need more intensive support.



# The Foundation

- Maintain usual routines and clearly communicate those routines to students
- Set clear limits and develop logical, rather than punitive, consequences
- Support all children to feel safe physically, socially, emotionally, and academically
- Provide advanced notice of changes from the normal routine
- Address students' needs in wholistic ways, considering their individual strengths and physical and emotional well-being

# When Staff Notice Students Struggling

1

Do a self-check  
(e.g., feelings  
thermometer)

2

Practice calming  
breaths

3

Take a  
movement  
break

4

Give additional  
advanced notice  
of transitions



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# Tier 2: Supports for Few

# Teaching Social-Emotional-Based Competencies

- Teaching self-regulation routines/strategies
  - Focused breathing
  - Taking a break
- Skill-based groups
  - Self-identification of thoughts/feelings
  - Identifying the perceived threat
  - Social skills for forming and strengthening relationships with adults and peers
- Self-monitoring
  - Identifying and adjusting appropriately



Activity

Robot-Ragdoll


Deep breathing

5 senses

# Check-In/Check-Out

- Key elements
  - Regular feedback and acknowledgment from adults
  - Regular home-school communication
  - Daily performance data used to evaluate progress
  - Self-monitoring

Research has shown adaptations of formal check-in check-out to be effective for improving academic and social behavior for students with internalizing behavior difficulties.



# Check-In/Check-Out

## Increases:

- Active listening
- Seeking help
- Participation

## Tools:

- Cognitive-behavioral strategies
- Peer-mediation with older students

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# Tier 3: Individualized Supports



# Tier 3: Individualized Supports

Tier 3 is for students who require individualized supports

As with externalizing behavior, interventions to address internalizing challenges at Tier 3 are based on defining the behavioral function  
(Crone et al., 2015)

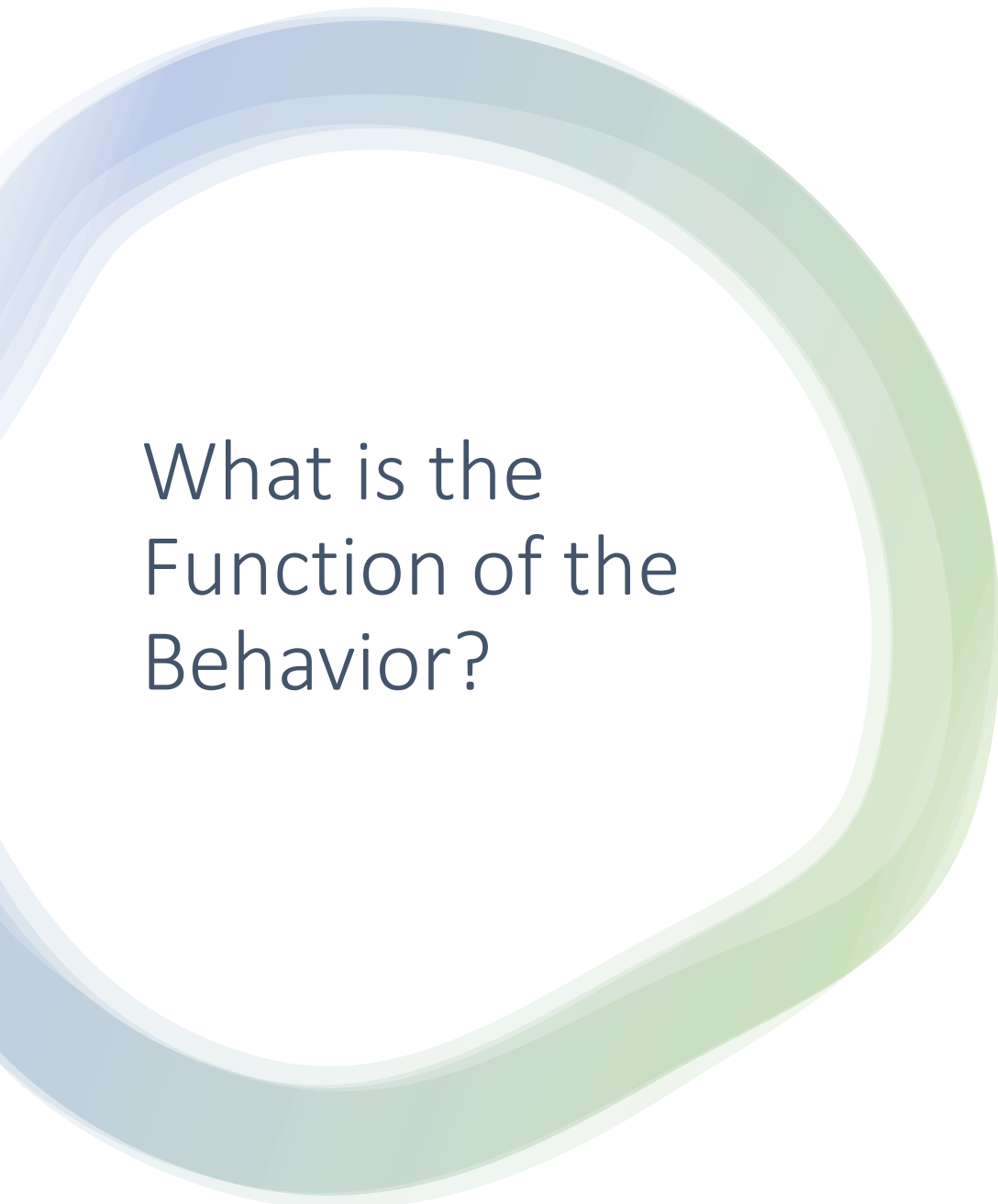
What is the student communicating through their behavior? What is the behavior telling us?

Using Functional Behavioral Assessment (FBA) to help design an individualized intervention:

Define the challenging behavior

Understand the context

Identify the events that predictably follow the behavior



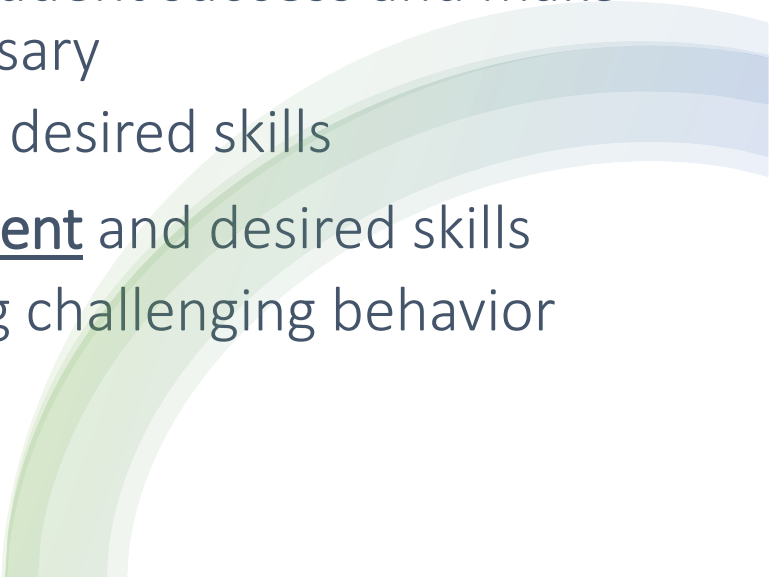
## What is the Function of the Behavior?

- Escape- A behavior to avoid something they do not like
- Attention- A behavior to gain access to teacher attention
- Tangible – A behavior to gain access to an item or activity
- Sensory – A behavior that physically feels good or relieves something that feels bad
  
- What is the function of anxiety? For most, it is the **escape**, such as uncomfortable thoughts or experiences.



## Using FBA's to Develop Behavior Support Plans

The primary goal of an FBA is to use information gathered through the assessment process to build a function-based individualized behavior support plan (BSP) designed to:

- Arrange the context to **Prevent** challenging behavior
    - Modify triggers and prompt desired behavior
  - **Teach** new skills to increase student success and make challenging behavior unnecessary
    - Replacement behavior and desired skills
  - Reinforce the use of **replacement** and desired skills
    - Minimize rewards following challenging behavior
- 



# Prevention

- Enhancing Predictability & Supporting Self-Regulation-Examples
  - Provide an individualized copy of the daily schedule
    - Schedule self-check-ins throughout the day
    - Include time in the schedule for regulation strategies (e.g., walk and talk)
    - Consider adding people involved in the activity on the schedule
  - Allow extra space (e.g., around the desk, lining-up, or cafeteria)
  - Strategic seating arrangements (e.g., easy exit route, not next to a student who fidgets)
  - Advance notice/prompt before transitions
  - Provide students with a role/job when entering a new situation



# Teaching

- Skills-based instruction
  - Self-identification of thoughts/feelings in real time
  - Identifying the feeling of perceived threat
  - Social skills for forming, and strengthening relationships with adults and peers
- Self-monitoring/management strategies
  - Positive self-talk opportunities
  - Identifying the physiological state
  - Use of regulation strategies
- Exposure



# Reinforcing

- A **replacement** behavior is a positive alternative behavior that allows a student to obtain the same outcome
  - For example, a student who has anxiety and trying to escape something in their environment may ask for a break to self-calm
- Examples of replacement behaviors for anxiety
  - Self-regulation calming strategies
  - Thought stopping/thought interruption-positive psychology-replacing negative thoughts with positive replacement thoughts

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# Next Steps

# Providing Professional Development in Identifying Internalizing Problems

- As a field, this is an area that needs more work.
- Schools typically identify students who need support by monitoring ODRs (office discipline referrals) but these reflect EXTERNALIZING behavior
- In a sample of 453 students, teachers were highly accurate in identifying children with symptoms of anxiety, suggesting they should be more utilized in efforts to identify these students





## Screening Tools for Anxiety

- Screening for Child Anxiety and Related Disorders (SCARED)
- Generalized Anxiety Disorder-7 Point Scale (GAD)
- Intolerance of Uncertainty Scale (IUS)
- Spence Children's Anxiety Scale (SCAS)
- Revised Children's Anxiety and Depression Scale (RCADS)
- Multidimensional Anxiety Scale for Children (MASC)



SEL  
Curriculums

Coping Cat

Strong Kids

MATCH

Reaching New  
Heights

First Step to  
Success

ERASE-ESPS

Building  
Confidence

Anxiety  
Workbook for  
Teens

The Incredible  
Years



Why Should We Think  
About Anxiety in Schools?

# Why School-Based Supports?

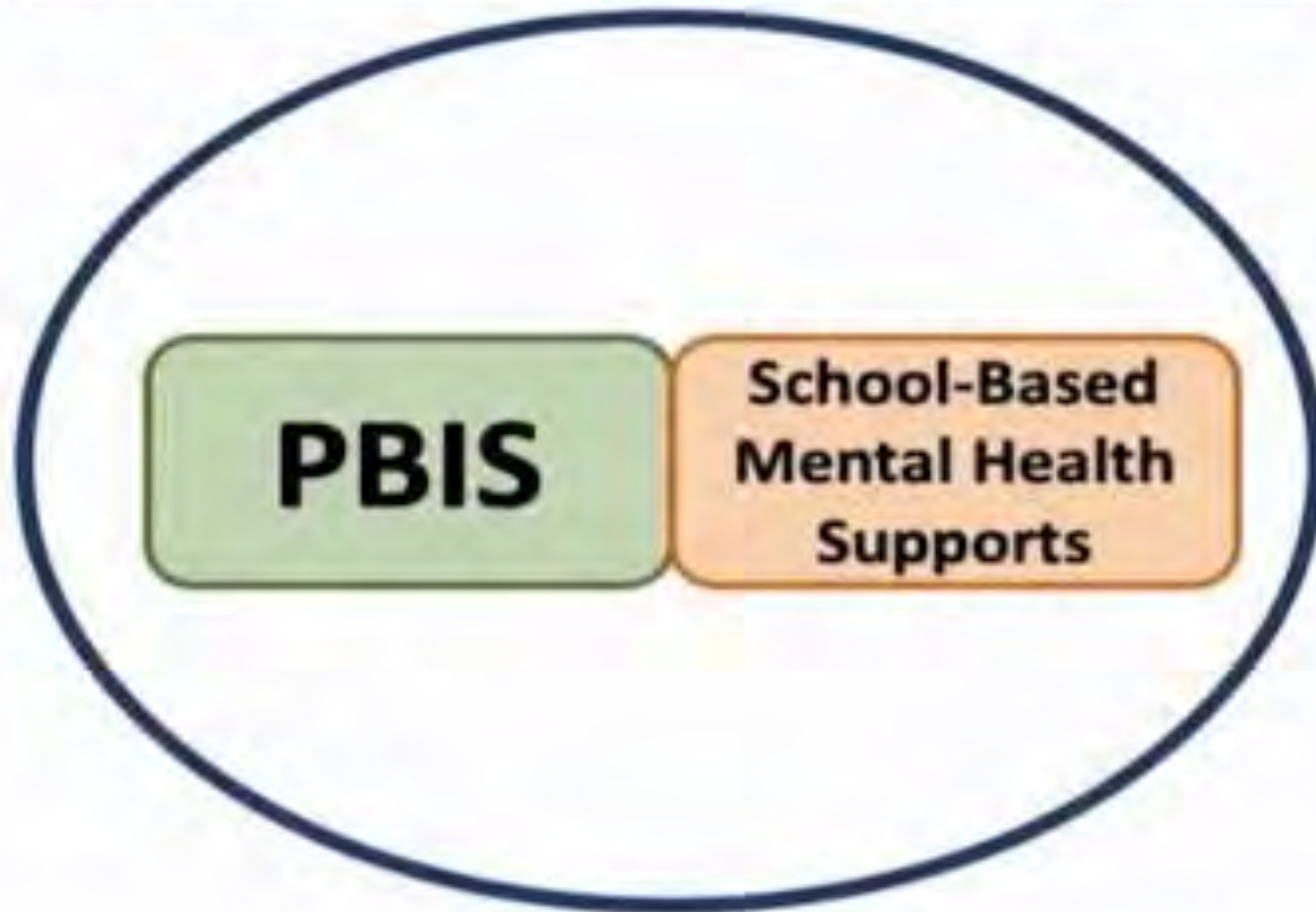
Doll et al. (2017) identify 5 main benefits of school based mental health supports:

- 1) Increased access to supports due to being free/reduced price and offered within school buildings
- 2) Onsite professionals/experts in mental health are employed by schools and can work easily in schools. Students get access to supports that they need from qualified providers
- 3) Family familiarity with schools can be more comfortable for students and families. There can be less stigma if the services are provided at school.
- 4) School-based allows professionals to see challenging behaviors in the classrooms in real time, observe interventions, and gain first-hand knowledge of needs
- 5) Schools provide immediate and daily access to students, teachers, and service providers. Easy to collaborate and integrate services between school and community



How do we connect MTSS/PBIS  
with School-Based Mental Health?

## Interconnected Systems Framework



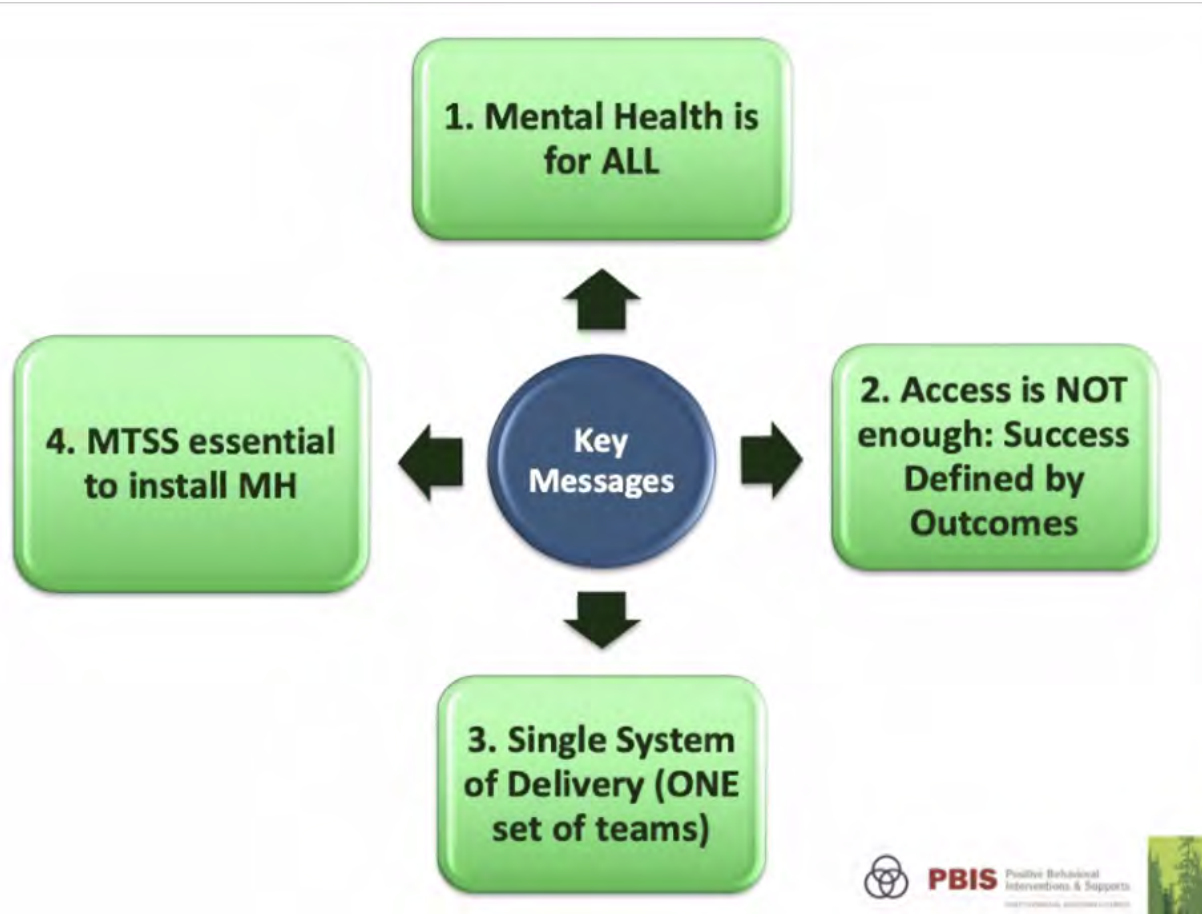
# Interconnected Systems Framework



- Deliberate application of the multi-tiered PBIS Framework for all social-emotional-behavioral (SEB) interventions  
*(e.g., Mental Health, Social Emotional Instruction, Trauma-Informed Practices, Bully Prevention)*
- Aligning all SEB related initiatives through one system at the state/regional, district, and school level
- Active participation of Family and Youth as a central feature



# ISF Key Messages



- Need to blend resources, training, systems, data, and practices to improve outcomes for youth. Critically look at outcomes rather than simply the intervention.
- Prevention and early identification, not just reactionary practices
- Interventions are contextualized to the social, emotional, and behavioral needs of the students and community
- Family and community partner involvement is prioritized and promoted



# Benefits of ISF

## Benefits of Intentional Interconnecting...



Uncovering students with mental health needs earlier



Linking students and families to evidence-based interventions



Data tracking system to ensure youth receiving interventions are showing improvement



Expanded roles for clinicians to support adults as well as students across all tiers of support



Healthier school environment

# ISF Resources

- [ISF Resource Guide](#)
- [Interconnected Systems Framework Webinar Series](#)
- [Center on PBIS | Resource: School Mental Health Quality Framework and Tools Alignment Guide](#)
- [MH Integration \(midwestpbis2.org\)](#)
- [Center on PBIS | Resource: The Interconnected Systems Framework 201: When School Mental Health is Integrated within a Multi-tiered System of Support](#)
- [Mental Health/Social-Emotional Well-Being \(pbis.org\)](#)

## Teaching Social-Emotional Competencies within a PBIS Framework

Susan Barrett, Mid-Atlantic PBIS Network  
Lucille Eber, Midwest PBIS Network  
Kent McIntosh, University of Oregon  
Kelly Perales, Midwest PBIS Network  
Natalie Romer, University of South Florida

<https://www.pbis.org/resource/teaching-social-emotional-competencies-within-a-pbis-framework>

# INSTALLING AN INTERCONNECTED SYSTEMS FRAMEWORK AT THE DISTRICT/COMMUNITY LEVEL:

Recommendations and Strategies for Coaches and District Leaders



## SUPPORTING AND RESPONDING TO STUDENTS' SOCIAL, EMOTIONAL, AND BEHAVIORAL NEEDS: Evidence-Based Practices for Educators

CENTER ON PBIS

January 2022

## BEST PRACTICES IN UNIVERSAL SOCIAL, EMOTIONAL, AND BEHAVIORAL SCREENING: AN IMPLEMENTATION GUIDE

### Version 2.0

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# References

- Beck, A.T. (1970). Cognitive therapy: Nature and relation to behavior therapy. *Behavior Therapy, 1*, 184-200.
- Beidas, R., Benjamin, C.L., Puleo, C.M., Edmunds, J.M., & Kendall, P.C. (2010). Flexible applications of the Coping Cat program for anxious youth. *Cognitive and Behavioral Practice, 17* (2), 142-153. <https://doi.org/10.1016/j.cbpra.2009.11.002>
- Beidel, D.C. (1998). Social anxiety disorder: Etiology and early clinical presentation. *Journal of Clinical Psychiatry, 59*, 27-31.
- Birmaher, B., Khetarpai, S., Brent, D., Cully, M., Balach, L., Kaufman, J., & Neer, S.M. (1997). The screen for child anxiety related emotional disorders (SCARED): Scale construction and psychometric characteristics. *Journal of Behavior Therapy and Experimental Psychiatry, 36* (4), 545-553.
- Bryant, R.A., Sackville, T., Dang, S.T., Moulds, M., & Guthrie, R. (1999). Treating acute stress disorder: An evaluation of cognitive behavior therapy and supportive counseling techniques. *American Journal of Psychiatry, 156*, (11), 1780-1786.
- Buhr, K., & Dugas, M.J. (2002). The intolerance of uncertainty scale: Psychometric properties of the English version. *Behaviour Research and Therapy, 40* (8), 931- 945. [https://doi.org/10.1016/S0005-7967\(01\)00092-4](https://doi.org/10.1016/S0005-7967(01)00092-4)
- Buhr, K. & Dugas, M.J. (2009). The role of fear and anxiety and intolerance of uncertainty in worry: An experimental manipulation. *Behaviour Research and Therapy, 47* (3), 215-223. <https://doi.org/10.1016/j.brat.2008.12.004>
- Carleton, R.N. (2012). The intolerance of uncertainty construct in the context of anxiety disorders: Theoretical and practical perspectives. *Expert Review, 12* (8), 937- 947. Center for Disease Control (2020). *Data and Statistics on Autism Spectrum Disorder*. U.S. Department of Health and Human Services. <https://www.cdc.gov/ncbddd/autism/data.html>
- Cassady, J. C. (2010). *Anxiety in schools: The causes, consequences, and solutions for academic anxieties* (Vol. 2). Peter Lang.
- Ryan, J. L., & Warner, C. M. (2012). Treating adolescents with social anxiety disorder in schools. *Child and Adolescent Psychiatric Clinics, 21*(1), 105-118.

- Dugas, M.J., Gagnon, F., Ladoucer, R. & Freeston, M.H. (1998). Generalized anxiety disorder: a preliminary test of a conceptual model. *Behaviour Research and Therapy*, 36, 2, 215-226. [https://doi.org/10.1016/S0005-7967\(97\)00070-3](https://doi.org/10.1016/S0005-7967(97)00070-3)
- Dugas, M.J., Laugesen, N., & Bukowski, W.M. (2012). Intolerance of uncertainty, fear of anxiety, and adolescent worry. *Journal of Abnormal Child Psychology*, 40, 863-870. <https://doi.org/10.1007/s10802-012-9611-1>
- Dugas, M.J., Gagnon, F., Ladoucer, R. & Freeston, M.H. (1998). Generalized anxiety disorder: a preliminary test of a conceptual model. *Behaviour Research and Therapy*, 36, 2, 215-226. [https://doi.org/10.1016/S0005-7967\(97\)00070-3](https://doi.org/10.1016/S0005-7967(97)00070-3)
- Dugas, M.J., Laugesen, N., & Bukowski, W.M. (2012). Intolerance of uncertainty, fear of anxiety, and adolescent worry. *Journal of Abnormal Child Psychology*, 40, 863-870. <https://doi.org/10.1007/s10802-012-9611-1>
- Kagan, E., Peterman, J.S., Carper, M.M., & Kendall, P.C. (2016). Accommodation and treatment of anxious youth. *Depression and Anxiety*, 33(9), 840-847. <https://doi.org/10.1002/da.22520>
- Kendall, P.C., & Suveg, C. (1996). Treating anxiety disorders in youth. In P. C. Kendall (Ed.), *Child and adolescent therapy: Cognitive-behavioral procedures* (pp. 243–294). The Guilford Press.
- Mychailyszyn, M. P., Beidas, R. S., Benjamin, C. L., Edmunds, J. M., Podell, J. L., Cohen, J. S., & Kendall, P. C. (2011). Assessing and treating child anxiety in schools. *Psychology in the Schools*, 48(3), 223-232.
- Mossman, S.A., Luft, M.J., Schroeder, H.K., Varney, S.T., Fleck, D.E., Barzman, D.H., Gilman, R., Delbello, M.P., & Strawn, J.R. (2017). The Generalized Anxiety Disorder 7-item (GAD-7) scale in adolescents with generalized anxiety disorder: signal detection and validation. *Journal of the American Academy of Clinical Psychiatrists*, 29(4), 227-234.
- Sulkowski, M. L., Joyce, D. K., & Storch, E. A. (2012). Treating childhood anxiety in schools: Service delivery in a response to intervention paradigm. *Journal of Child and Family Studies*, 21(6), 938-947.