

GENERALIZED ANXIETY DISORDER

WHAT IT IS

Excessive anxiety and worry about a number of events or activities. The intensity, duration, or frequency of the anxiety and worry is out of proportion to the actual likelihood or impact of the anticipated event.

Prevalence

Generalized Anxiety Disorder affects 6.8 million adults; this is 3.1% of the U.S. population. It affects about 1% of children and 3% of adolescents. Women are twice as likely to be affected as men.

Etiology

Though the exact etiology is unknown, the following are risk factors, stressors, and likely links to GAD:

Stress, Environmental Factors, Substance Abuse, Physical Condition, and Genetics

Treatment

Cognitive Behavioral Therapy (CBT)



CBT treatment programs incorporate:

- Psychoeducation
- Cognitive restructuring
- Graded exposure

Check if your school has access to these evidenced-based CBT programs:

Universal/Tier 1:

- The FRIENDS Program

Targeted/Tier 2-3:

- Coping Cat
- Cool Kids



Help students develop a coping toolkit:

- Deep breathing exercises
- Grounding techniques/self-soothing
- Imagery
- Progressive muscle relaxation
- Mindfulness and Meditation

Classroom accommodations can help students with anxiety learn:

- Extra time for tests
- Allow extra time during classroom transitions
- Provide advanced notice to parents/families of any anticipated changes in schedule or routine
- Develop a strategy for class participation

Treatment Differences

It's easy for kids and teens to receive mental health services for GAD because schools are required to provide those services to students.

Studies show that more than 70% of mental health treatment for youth is provided by schools (Herzig-Anderson, 2012). School interventions, psychoeducation, counseling, and daily contact with a student are all done in a school setting.

Lack (2012), states that SRI's show a large effect size with adults and a moderate effect size for children.

Commonly used drugs are Lexapro, Paxil, and Zoloft (Bandelow et al., 2017).

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Obsessive-Compulsive Disorder

Obsessions (repetitive thoughts) and compulsions (repetitive behaviors or mental acts) an individual feels driven to perform in response to an obsession or according to rules. Obsessions are not pleasurable or experienced as voluntary: they are intrusive and unwanted and cause marked distress or anxiety.



Etiology

Although the exact etiology is unknown, the following are risk factors, stressors, and likely links to OCD:

Genetics, difficulty with coping, increased responsibility, magical thinking, streptococcal infection, and other neurological disorders

Prevalence

OCD is a chronic and debilitating condition with a lifetime prevalence of approximately 2% within the general population. The disorder often emerges in childhood or adolescence (about 1/2 of patients report a childhood onset). Males tend to have an earlier onset, but it can occur at any age. The prevalence rate is neither higher or lower between male and females..



Treatment

CBT – Exposure and Response Prevention (ERP)

- **Exposure** – expose student to anxiety inducing situations that evoke rituals
- Exposure exercises are based on the child's individual hierarchy of fear, breaking down each situation into small, more manageable steps from the least anxiety inducing to the greatest. Children are guided to tackle one at a time, moving up the scale like a ladder while building skills and confidence along the way.
- **Response Prevention** – refraining from engaging with rituals or avoidance that reduces anxiety
- **Cognitive therapy** – teaching children how to be aware and correct atypical thought patterns

Things to consider...

- Exposure response prevention can be applied in the classroom setting
- Requires trained personnel to administer CBT tasks during classroom activities

(Sloman et al., 2007)

Classroom Accommodations can support children with OCD while in treatment:

- Pending the child's individual obsessive thoughts, accommodations might include:
 - Administering tests on computers or orally vs. written
 - Seating in the back of the room to avoid embarrassment, etc.
 - Child having their own set of supplies (crayons, scissors, tape, books, etc.)
 - Scheduled bathroom breaks to avoid high-traffic times

(OCD Foundation, 2021)

Treatment differences

Ponniah et al., (2013), found that exposure therapy and CBT are effective and specific in treating adults with OCD.

Gallant et al., (2007), states that it's difficult for a school psychologist to administer intensive therapeutic services due to their large caseload.

He also states that Exposure therapy is an option in schools but school psychologist may feel like it will disrupt their learning. and although not proven it may negatively reinforce anxiety with school (Gallant et al, 2007).

Adjusting the environment in schools is most commonly used when treating a student with OCD.

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