Anxiety: Recognizing and Assessing for Intervention

Cecil R. Reynolds
Texas A&M University
and
Cecil Reynolds Forensic Neuroscience
crrh@earthlink.net

unlocking potential

For over 75 years, WPS has been the leading independent publisher of educational and psychological assessments and related intervention resources in the areas of autism, speech and language, school and clinical psychology, and occupational therapy.

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Conflict of Interest Notice

I will be discussing briefly today several tests, including the RCMAS-2 and the CMOCS as well as an intervention manual, *Strategies for Academic Success*. I am an author of each of these products and receive royalties from their sales. While I believe my appraisal of their utility in the context of your practice is objective, each of you must ultimately be the judge of the quality and value of these materials.

What Is Anxiety?

- Something we all experience in everyday life—we worry and have concerns for ourselves and others.
- Most anxiety is normal, and even fear, which is a specialized form of anxiety, is adaptive in many circumstances.
- However, excessive anxiety and fear can be a symptom of a disorder—or even a disorder itself.
- An anxiety disorder typically includes shared features of fear and anxiety that interfere with daily life in some important arena, such as school, social settings, jobs, and even in family interactions.

A More Formal Definition: Anxiety Is…

- A feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome, or even an imaginary or highly improbable event, most often occurring with ruminative, nonproductive thought.
- *Common synonyms:*
  - worry · concern · apprehension · apprehensiveness · consternation · uneasiness · unease · fearfulness · fear · disquiet · disquietude · perturbation · fretfulness
- Anxiety can also be an unfulfilled desire to do something, typically accompanied by unease, and when this desire becomes extreme, it can evolve into obsessions and compulsions.

Anxiety May or May Not Be a Disorder

Anxiety is not always related to an underlying diagnosable condition. It may be caused temporarily by, for example:

- Stress that can result from work, school, or personal relationships.
- Emotional trauma.
- Financial concerns.
- Stress caused by a chronic or serious medical condition.
- A major event or performance.
- A side effect of certain medications.
- A lack of oxygen—panic.
- Alcohol consumption or drugs such as cocaine (especially sympathomimetics as a class).
- However—IF anxiety persists over time in response to any of these events **and** interferes significantly with a person's important life functions, it becomes a disorder and should be Dxed and Rxed.

A Quick Note on Sympathomimetics and Anxiety

Sympathomimetic drugs are stimulant compounds that mimic the effects of endogenous agonists of the sympathetic nervous system. The primary endogenous agonists of the sympathetic nervous system are the catecholamines, which function as both neurotransmitters and hormones. They are a common ingredient in nasal decongestants and are stimulants, and many students are routinely exposed to common sympathomimetics. Anxiety, especially some "jitteriness," is a common response to sympathomimetics as is ruminative thought. Some OTC "homeopathic" supplements for ADHD are natural sympathomimetics.

What Is an Anxiety Disorder?

- An anxiety disorder typically includes shared features of fear and anxiety that interfere with daily life in some important arena, such as school, social settings, jobs, and even in family interactions.
- The presence of Functional Impairment due to anxiety is the key to when anxiety crosses the line into becoming a disorder.

DSM-5 Reworked Anxiety Disorders

Formal Anxiety Disorders distinct from other disorders now only include:

- Generalized Anxiety Disorder
- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobias and Agoraphobia
- Social Anxiety Disorder (or Social Phobia)
- Panic Disorders
- Substance Induced or Anxiety Secondary to a Medical Condition

Other Disorders Where Underlying Anxiety Is a Culprit

- Obsessive-Compulsive Disorders (including such disorders as hoarding, trichotillomania, excoriation, cutting)
- Body Dysmorphic Disorder
- Trauma and Stressor-Related Disorders (e.g., PTSD, RAD)
- Acute Stress Disorder
- Adjustment Disorders
- Anxiety is also common as a Sx in other disorders, most prominently in Depressive Disorders

You will see all of these and more in the schools!

- However, a DSM diagnosis does not automatically make a child eligible for special education services or even a 504 plan.
- For special education, it must lead to an adverse educational consequence.
- For 504, it must require an accommodation for educational success but not rise to the level of special education services.

How Does This Fit ED Eligibility Guidelines - IDEIA Emotional Disturbance = Eligibility, Not Dx

- The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
  - An inability to learn that cannot be explained by intellectual, sensory, or health factors
  - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
  - Inappropriate types of behaviors or feelings under normal circumstances
  - A general pervasive mood of unhappiness or depression
  - A tendency to develop physical symptoms or fears associated with personal or school problems

How Does This Fit ED Eligibility Guidelines - IDEIA Emotional Disturbance = Eligibility, Not Dx *(cont.)*

- The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.

In the presence of adverse educational impact and functional impairment, anxiety can make a child eligible in these areas:

- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- Inappropriate types of behaviors or feelings under normal circumstances
- A general pervasive mood of unhappiness or depression
- A tendency to develop physical symptoms or fears associated with personal or school problems

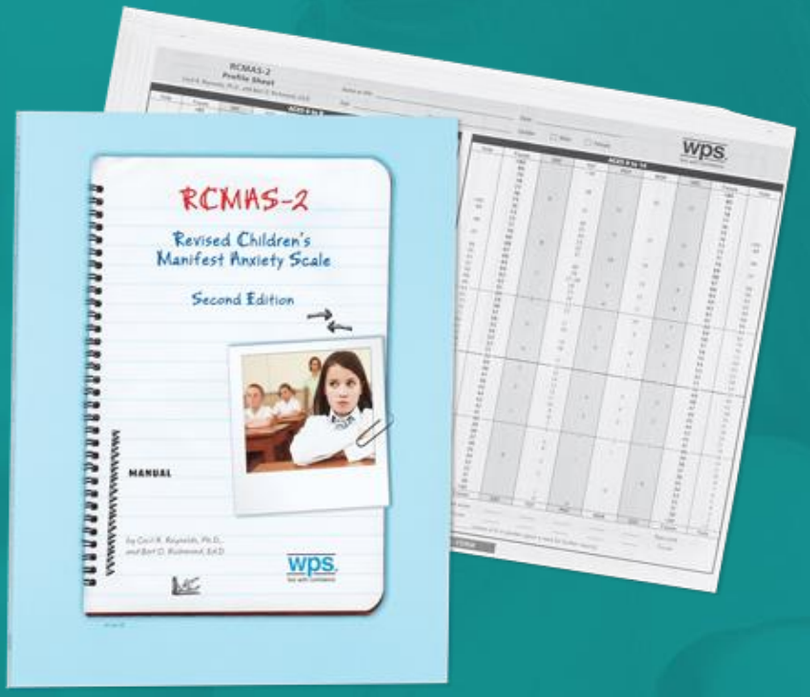
Assessing Anxiety: The RCMAS-2 and the CMOCS

- Revised Children's Manifest Anxiety Scale, Second Edition
- Children's Measure of Obsessive-Compulsive Symptoms

(RCMAS-2) Revised Children's Manifest Anxiety Scale, Second Edition

by Cecil R. Reynolds, PhD, and Bert O. Richmond, EdD

- Measures the level and nature of anxiety, as experienced by children today, using a simple yes-or-no response format
- Available online! https://www.wpspublish.com/rcmas-2-revised-childrens-manifest-anxiety-scale-second-edition



RCMAS-2

- Most frequently used measure of children's anxiety in English-speaking countries.
- 49-item scale, normed for ages 6 years through 19 years.
- Also available in Spanish, Italian, and Korean.
- P&P and online administration and scoring available.
- Screening short-form available.
- Emphasizes the manifestations of anxiety in both internalized thoughts and external behavior.

RCMAS-2 Subscales

- Total Anxiety
- Physiological Anxiety
- Worry
- Social Concerns/Concentration
- Plus a 10-item set to evaluate Performance Anxiety (see p. 19 of manual—no *T*-scores)
- 2 Validity Scales
  - Inconsistency Index
  - Defensiveness Index (formerly the Lie scale on the RCMAS)

RCMAS-2 Items That Ask About Performance Anxiety

4. I fear other kids will laugh at me in class.
8. I get nervous around people.
10. I fear other people will laugh at me.
13. Others seem to do things easier than I can.
23. I am afraid to give a talk to my class.
26. I worry about what other people think about me.
32. I worry about making mistakes in front of people.
37. I am afraid to speak up in a group.
41. I worry about being called on in class.
49. I worry about saying something dumb.

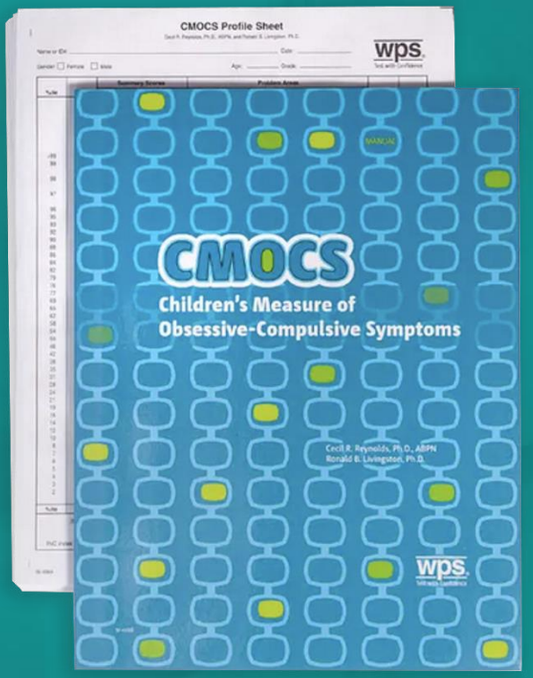
Suggested Qualitative Descriptors for RCMAS-2 Score Ranges

T-Score Range Descriptor

- 71 and higher: Extremely problematic
- 61–70: Moderately problematic
- 40–60: No more problematic than for most students
- 39 and lower: Less problematic than for most students

Children's Measure of Obsessive-Compulsive Symptoms (CMOCS)

- https://www.wpspublish.com/cmocs-childrens-measure-of-obsessive-compulsive-symptoms



Children's Manifest Obsessive-Compulsive Symptoms (CMOCS) *(cont.)*

- Designed to assess obsessive and compulsive behaviors (actions as well as thoughts) and their impact on children and adolescents.
- Useful for Dx of OCD but intended to be useful in assessing the impact of OCD Sxs, even in subclinical cases.
- 56-item self-report scale, normed for ages 8 years through 19 years.
- P&P only at this time—not yet online (Reading Index 2.6).
- Only published in English but may be read to those fluent in other languages.

CMOCS

- Provides 2 Summary Scores and 6 Problem Area Scores
- Global Scores = Total Problems and an Impact Score (i.e., reflecting functional impairment)
- 6 Problem Areas = Fear of Contamination, Rituals, Intrusive Thoughts, Checking, Fear of Mistakes/Harm, and Picking/Slowing
- 2 Validity Scales = Inconsistency Index and Defensiveness
- Highly reliable scores, with most alpha values in the high .80s and .90s

CMOCS *(cont.)*

- High comorbidity with all anxiety disorders.
- High comorbidity with ADHD.
- Insufficiently assessed in the schools—historically—we don’t ask!
- More prevalent than believed—approximately 3%.

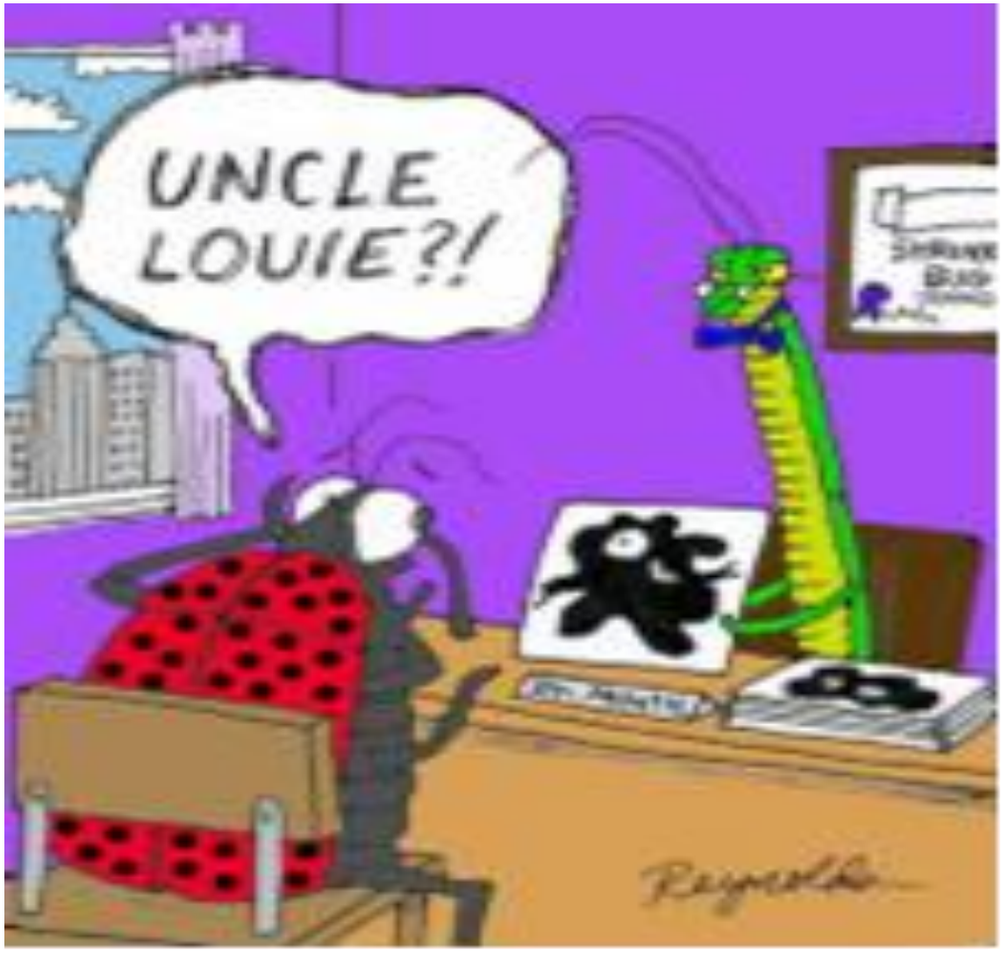
ED Eligibility and the CMOCS

- Good fit to the federal definition of ED.
- Results match up well to criteria (c): “inappropriate types of behaviors or feelings under normal circumstances.”
- Results match up well to criteria (e): “a tendency to develop physical symptoms or fears associated with personal or school problems.”
- In RTI, useful in setting baseline behaviors and progress monitoring.
- In Manifestation Determination, can relate OCD Sxs to a wide array of unacceptable behaviors at schools and determine if linked to OCD Sxs.

A Few Comments on Making a Diagnosis

Do not interpret test data blindly.

Sorry, bugs and Rorschachs just seem to go together.



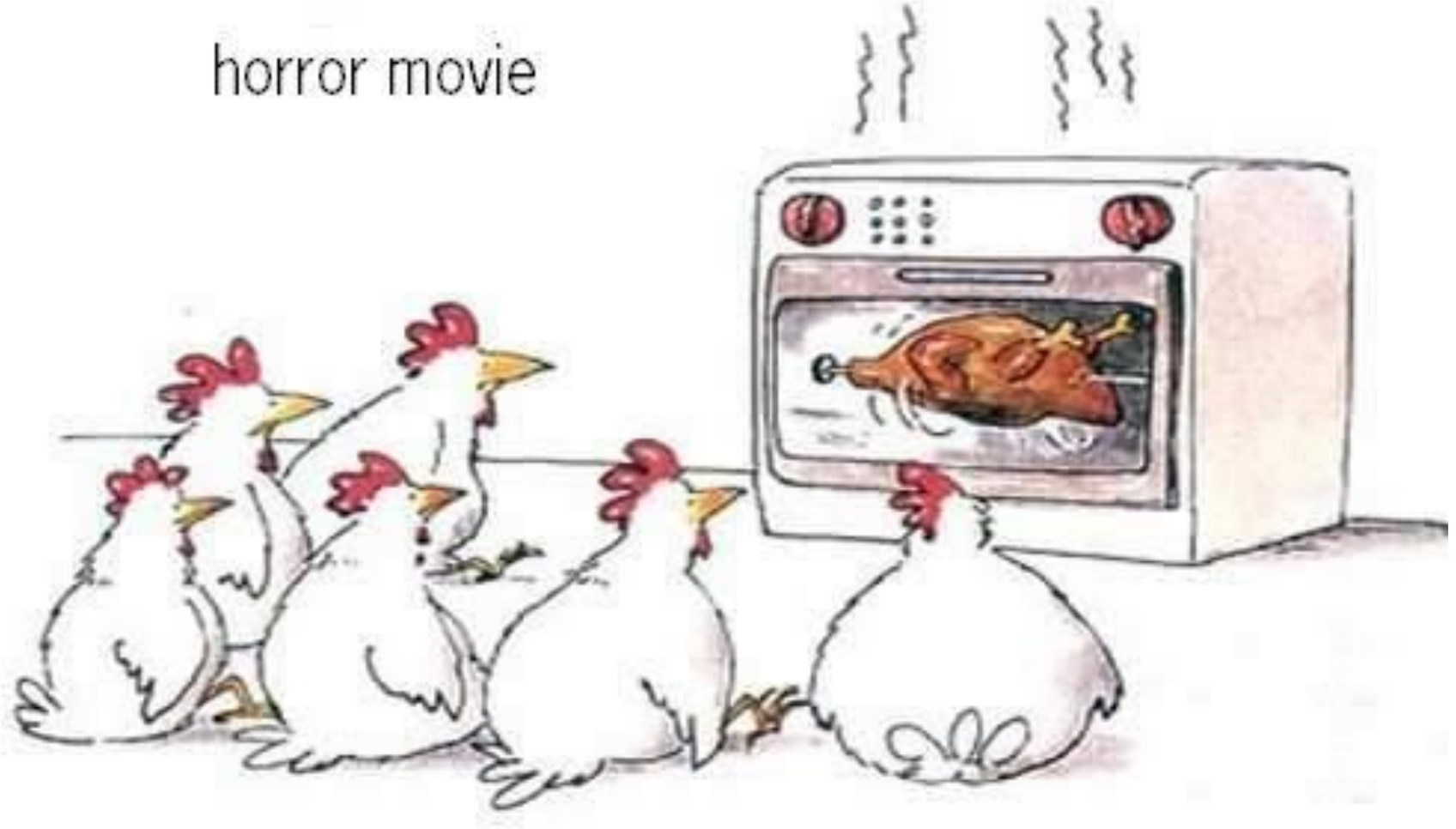
History and Context Are Crucial

Berg, Franzen, and Wedding (1987) suggest that…

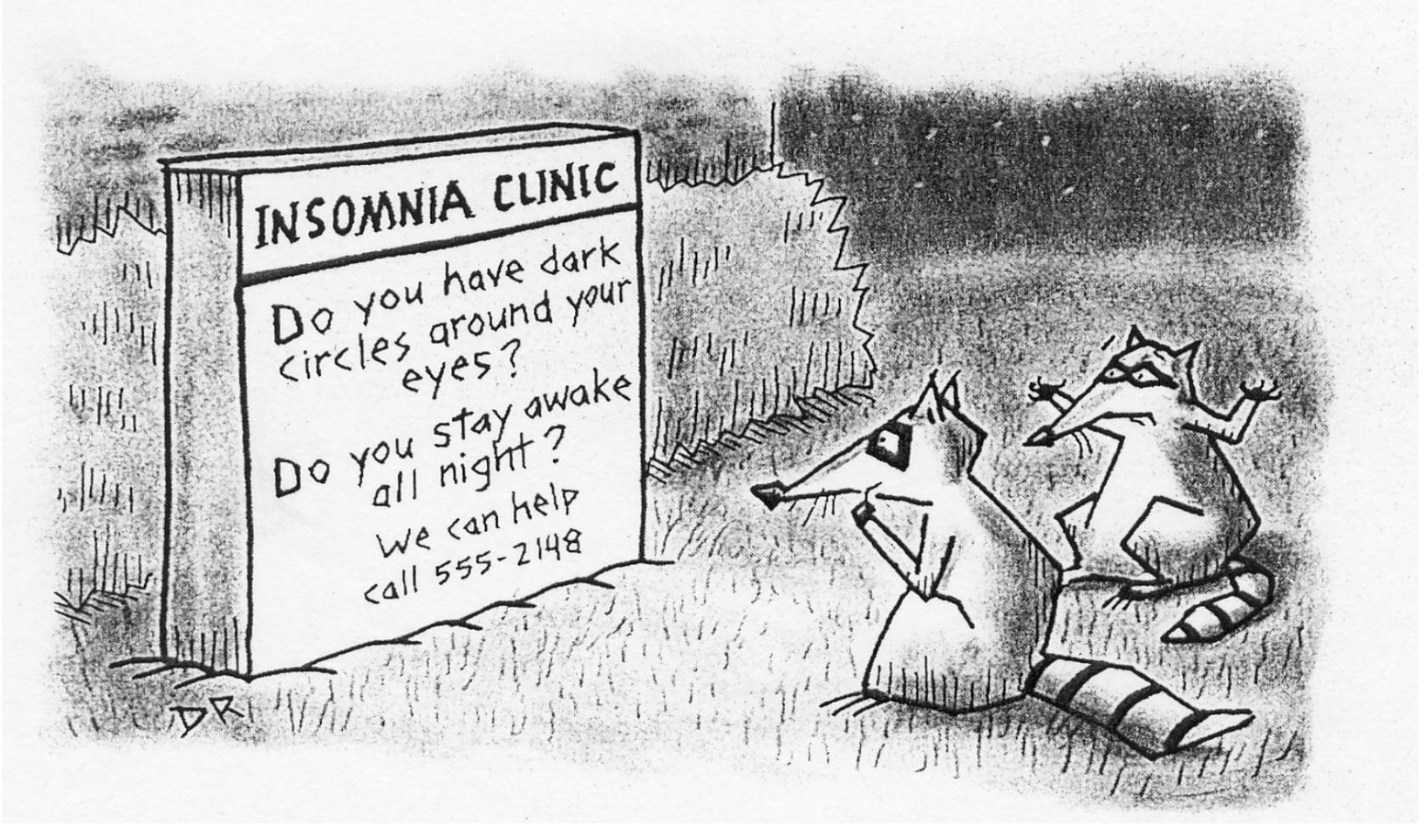
> "A careful history is the most powerful weapon in the arsenal of every clinician, whether generalist or specialist. Brain-behavior relations are extremely complex and involve many different moderator variables, such as age, level of premorbid functioning, and amount of education. Without knowledge of values for these moderator variables, it is virtually impossible to interpret even specialized, sophisticated test results." (p. 47)

Berg, R., Franzen, M., & Wedding, D. (1987). *Screening for brain impairment: A manual for mental health practice*. New York: Springer.

Context is always important.



Know who you are evaluating: Remember, "symptoms" do not mean the same thing for everyone.



Symptoms Common to Three Disorders

Symptoms		
Affective	**Physical**	**Cognitive**
Emotional lability	Accident proneness	Attention problems
Quick temper	Restlessness	Memory deficit
Hyperirritability	Overactivity	Learning problems
Exaggerated startle responses	Sleep problems	
Decreased self-esteem	Enuresis	

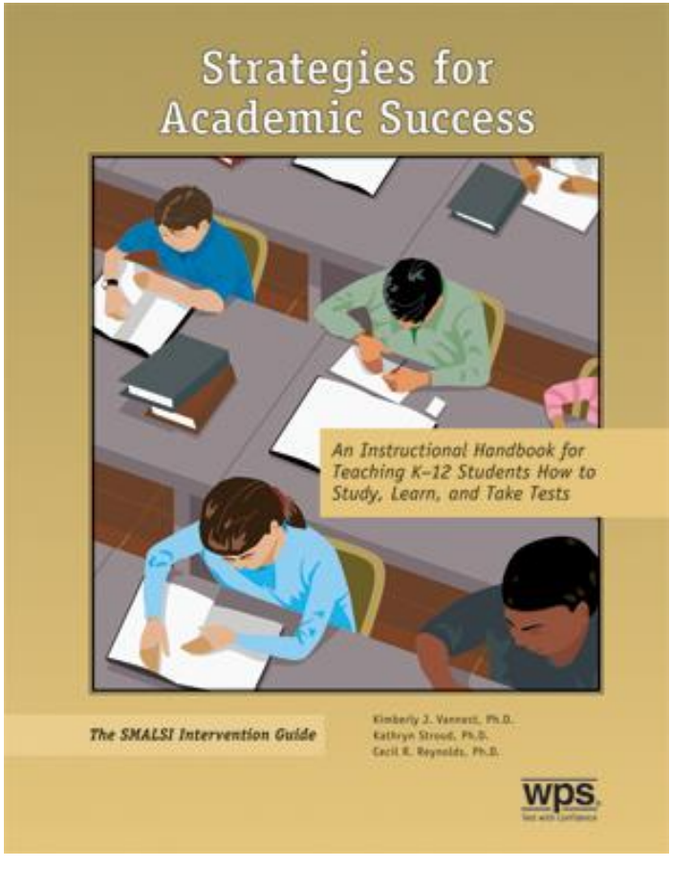
Attention Deficit Hyperactivity Disorder, Overanxious Disorder of Childhood, and Post-Traumatic Stress Disorder

Symptoms		
Affective	**Physical**	**Cognitive**
Emotional lability	Accident proneness	Attention problems
Quick temper	Restlessness	Memory deficit
Hyperirritability	Overactivity	Learning problems
Exaggerated startle responses	Sleep problems	
Decreased self-esteem	Enuresis	

No matter the diagnosis, involve the parents: Recent research summarized in the APA clinician's digest

Recent work, including an extensive meta-analysis, demonstrates that when parents are included as part of the treatment/intervention process for children and adolescents with EBDs, treatment effects improve between .5 and 1.0 SDs.

I am also predicting an increase in Test Anxiety this coming school year.



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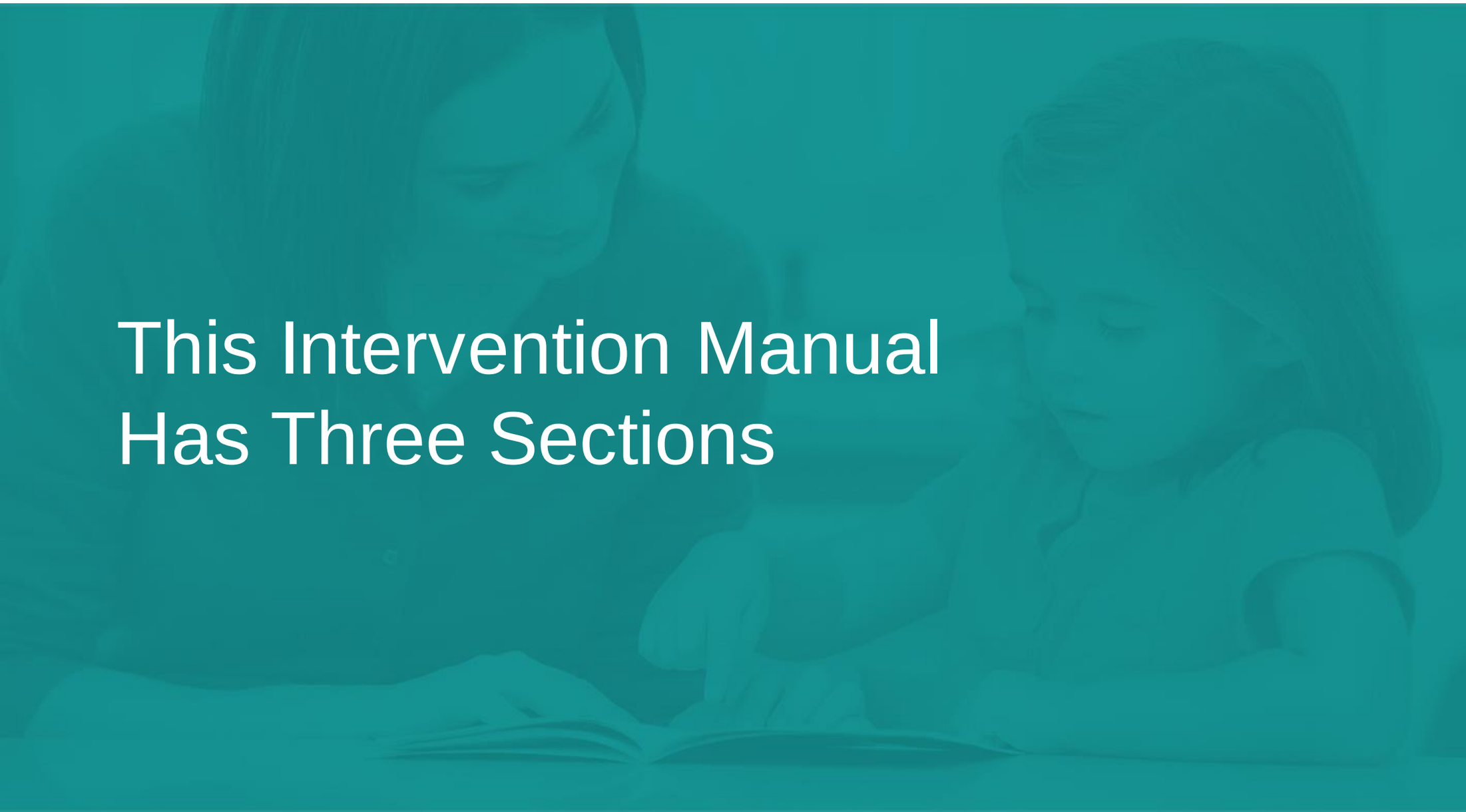


This Intervention Manual Has Three Sections

Section I: An Introduction to Learning Strategies

- Chapter 1: An Introduction to Learning Strategies: Assessment and Development
- Chapter 2: The Research Evidence From the Education Sciences: How Teaching Learning and Study Strategies Enhances Learning

Section II: Strategies for Developing Learning Strengths

7 Chapters—one for each of the following areas of academic skill.

- How to Teach:
  - Study Strategies
  - Writing and Research Strategies
  - Reading Comprehension Strategies
  - Note-Taking Strategies
  - Listening Skills
  - Time Management and Organizational Strategies
  - Test-Taking Strategies

Section III: Strategies for Overcoming Academic Liabilities

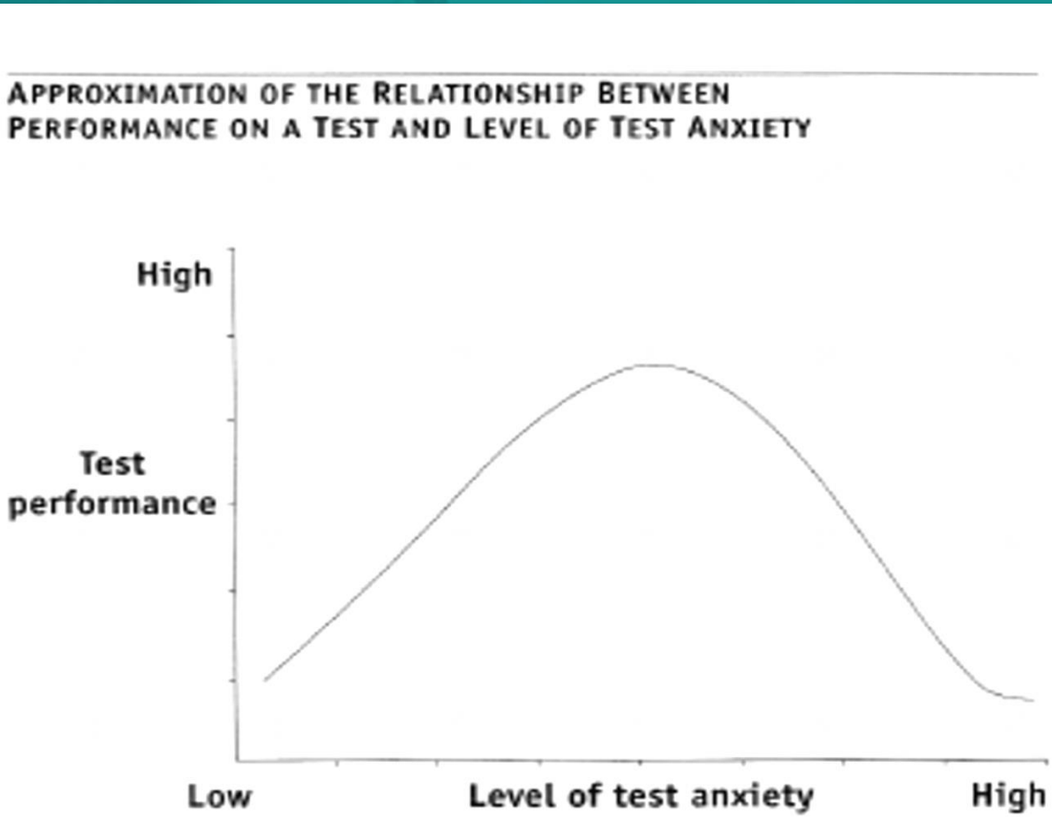
3 Chapters—one for each of the following areas.

- Teaching Students to:
  - Understand and Ameliorate Test Anxiety
  - Develop Concentration and Attention Strategies
  - Increase Academic Motivation

Also Two Helpful Appendices

- Appendix A: Websites With Supplemental Information on Improving Learning and Study Strategies
- Appendix B: Reproducible Figures
- References

Test Anxiety and Test Performance



What Can We Do to Reduce Test Anxiety?

- Teach test-taking skills and strategies—SFAS has an entire chapter of scripted lessons for this.
- Teach students how tests are developed or designed—once students understand how tests are created, there are fewer unknowns and fewer fears of tests and testing.
- Teach study skills.
- All of these approaches are covered in detail in *Strategies for Academic Success*.

What Can We Do to Reduce Test Anxiety? *(cont.)*

- SFAS provides details on 6 other strategies for individual students to overcome or lessen test anxiety.
- SFAS provides details on 12 strategies for parents to use at home to assist individual students in reducing or eliminating test anxiety.

When Test Anxiety is truly severe or debilitating, SFAS says to consider…

- Exposure strategies.
- Contingency management focused on test-taking.
- Modeling.
- Integrated cognitive behavioral therapy.
- In some cases, behaviorally based family therapy.
- All of the above are sourced from an evidence-based review of effectiveness.

Q&A

THE END!
Thank you.

Get valuable support from professionals you can trust:

WPS Assessment Consultants

consult@wpspublish.com

Ann Rogers

Ashley Arnold

Douglene Jackson

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