SCARED, SAD, AND SPACEY
EMOTIONAL DISTRESS IN THE CLASSROOM

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WHO AM I? WHAT DO I DO?

Psychologist at the Clinic for Attention, Learning, and Memory—CALM

Work with children, adolescents, and adults with multiple concerns
  ADHD, learning disabilities, memory impairments, poor academic performance, executive dysfunction, anxiety, depression, difficulties with social functioning and interactions.

Conduct thorough, comprehensive evaluations for very complex cases

Vast majority of clients come to us after receiving inaccurate or incomplete diagnoses or unsuccessful treatment plans.
DAVID—A RECENT CASE STUDY

9 year old boy—third grader—presenting with poor concentration
He is easily distracted and has difficulty focusing
David is struggling to stay organized and remember school tasks
Since the start of the school year he’s been disruptive and acting out
He seems to have difficulty with transitions throughout the day

His parents and teachers complete checklists that indicate ADHD
He performs poorly on a test of continuous performance
He seems to meet diagnostic criteria for ADHD
HOWEVER...

At the start of the school year, his maternal grandmother died, and his paternal grandmother, who had lived with the family, moved out.

Meanwhile, David’s parents are having marital problems and there is significant discord in the household.

Furthermore, his second grade teacher reports no symptoms of ADHD.

David doesn’t feel secure and he’s grieving the loss of his grandmothers.

David probably doesn’t have ADHD—he’s depressed and anxious.
WHAT MAKES THIS SO COMPLEX?

The symptoms of many disorders resemble each other

Many disorders also have the same outcomes academically

   Poor focus, high distractibility, difficulty staying organized, impaired ability to remember

Learning the key symptoms of common difficulties isn’t always enough

Important to know the context and get beneath the surface
TODAY’S AGENDA

Look specifically at Anxiety and Depression in the classroom

Consider look-alike and co-occurring problems

Examine how these difficulties impact school performance

Discuss what you can do
CHILDHOOD AND ADOLESCENT ANXIETY

Recognize that anxiety comes in many forms

- Generalized anxiety, social anxiety, specific phobias, separation anxiety, panic disorder, obsessive-compulsive disorder, and selective mutism

As many as 1 in 10 students suffer from an Anxiety Disorder—about half of them have another mental health problem (frequently depression)

Girls are more likely than boys to suffer from anxiety

Children are at greater risk if one or both parents experience anxiety
ANXIETY SYMPTOMS IN THE CLASSROOM

Frequent classroom symptoms

- Excessive worry—often unable to stop or explain the worries
- Repeatedly seeking teacher’s approval
- Difficult transitions from school to home
- Refusal/reluctance to attend school or engage in academic activities
- Difficulty concentrating, following directions, completing assignments
- Self-critical and low self-esteem
CHILDHOOD AND ADOLESCENT DEPRESSION

Depression tends to have fewer forms than Anxiety

  Major Depression, Seasonal Depression, Dysthymia

As many as 1 in 33 children experience depression, but the ratio may be as high as 1 in 8 for adolescents

Boys are more likely to suffer from depression early in childhood, with girls more likely to experience depression as adolescents
DEPRESSION IN THE CLASSROOM

Frequent classroom symptoms

- Persistent sadness or low mood
- Increased problem behaviors—fights, arguments, etc.
- Heightened sensitivity to criticism (and perceived criticism)
- Withdrawn from peers and social interactions
- Difficulty concentrating, paying attention, completing work
- Impaired ability to plan, organize, and remember things
- Talk about dying or suicide
CO-OCCURRING MENTAL HEALTH ISSUES

The presentation of one mental health concern does not protect students from other conditions.

Anxiety and depression frequently present together, as well as with ADHD, learning disabilities, executive dysfunction, and many others.

Comorbid disorders complicate diagnosis and accurate treatment planning.

Reinforcing the importance of getting information and understanding the context of the symptoms.
ADHD, DEPRESSION, AND ANXIETY

Many symptoms of ADHD align with elements of depression and anxiety

- Difficulty concentrating, paying attention, completing work
- Impaired ability to plan, organize, and remember things
- Self-critical and low self-esteem
- Sometimes problem behaviors—fights, arguments, etc.
- Poor academic performance or reluctance to perform
- Problems with peer relationship (often resulting in social withdrawal)

Likewise, the outcomes of depression and anxiety frequently look like ADHD—recall David from the start of the presentation.
DANNY—ANOTHER CASE STUDY

11 Year old boy—fifth grader—diagnosed with ADHD in second grade

Danny is being treated with Concerta

He’s more alert and demonstrates better attention on medication

However, he’s very irritable, especially in the late afternoon

Parents report improved academics, but say “he isn’t himself on the meds”
ASSESSMENT RESULTS

Danny is of normal intelligence with somewhat slower processing speed (a classic ADHD intellectual profile).

His achievement testing is slightly below expectations but not significantly.

When not medicated, his performance on neurocognitive tests suggest ADHD, but his testing greatly improves when taking Concerta.

Self-report symptom checklists, as well as parent and teacher reports, highly suggest an ADHD diagnosis.

But we also administered a Digital EEG.
DANNY LOOKS LIKE A BOY WITH ADHD, BUT...
DIGITAL EEG HYPERCOHERENCE

Hypercoherence: Too much brain activity between sites
Too much Delta: Sleep Disorder/Chronic Poor Sleep
Too much Left Beta: Anxiety
DANNY ISN’T SLEEPING WELL

But Concerta is covering up his poor sleep

Danny has his tonsils and adenoids removed; engages in sleep hygiene

Sleep improves dramatically, as well as his ability to focus and concentrate

Likewise, his underlying anxiety decreases

He no longer takes Concerta, his school performance has improved, and he’s a confident and successful student
ANOTHER CULPRIT: POOR SLEEP

20-25% of children ages 2 to 15 have some sort of sleep problem

Typical sleep needs of students
- elementary: 10-12 hours
- middle school: 10-11 hours
- high school: 8-9 hours

How do we tell is someone isn’t getting enough sleep?

Note that sometimes mental health issues cause sleep difficulties
THE IMPACT OF POOR SLEEP

Lack of sleep is associated with

- Behavior problems
- Dysregulated mood
- Memory problems
- Difficulty concentrating and focusing attention
- Poor academic performance
- Slower reaction times
- Increased risk of accidents and injuries
EVERYTHING LOOKS THE SAME
WHAT CAN YOU DO?

Talk with students of concern to put observations in context

Record your observations
  keep it simple
  track over a period of time

Talk to parents at conferences
  express concerns
  share observations
  gather information
  if appropriate, share resources—know your school’s rules
MORE THINGS TO DO

Discuss concerns with school resources—nurse, counselor, psychologist

Consider teaching a unit on sleep, anxiety, depression, stress management

Make appropriate classroom accommodations when problem is defined

  Anxiety: flexible deadlines, reduced workload, post the daily agenda, maintain a regular schedule, adapt curriculum to student’s learning style
  Depression: break down tasks, help student recognize successes, encourage gradual social interactions (group work), reduce pressure
  ADHD: break down tasks, create accountability, frequent breaks, flexible curriculum (but not flexible deadlines)

Don’t underestimate your ability to have an impact and help a student
QUESTIONS, COMMENTS, AND REACTIONS

Contact me for more information or a copy of the slides

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