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# Enhancing School Psychologists' Consultation Skills to Support Students with Anxiety at School

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*Presentation at the Annual Conference of the National Association of School Psychologists*  
February 9<sup>th</sup> 2023  
Denver, CO

# ✦ Presentation Overview

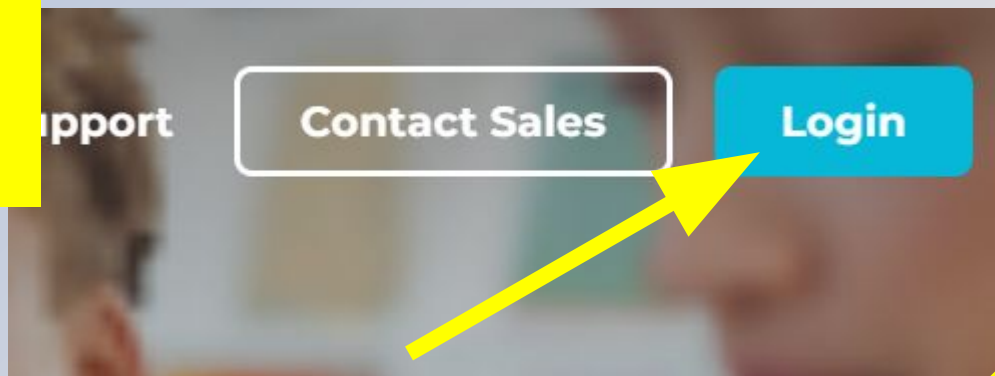
1. Introduction
  - a. Anxiety in the Classroom
  - b. Traditional Service Delivery Model for Anxiety Interventions
  - c. Approach vs. Avoidance Strategies
2. The Current Study
  - a. Purpose
  - b. Method
  - c. Results
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3. Questions



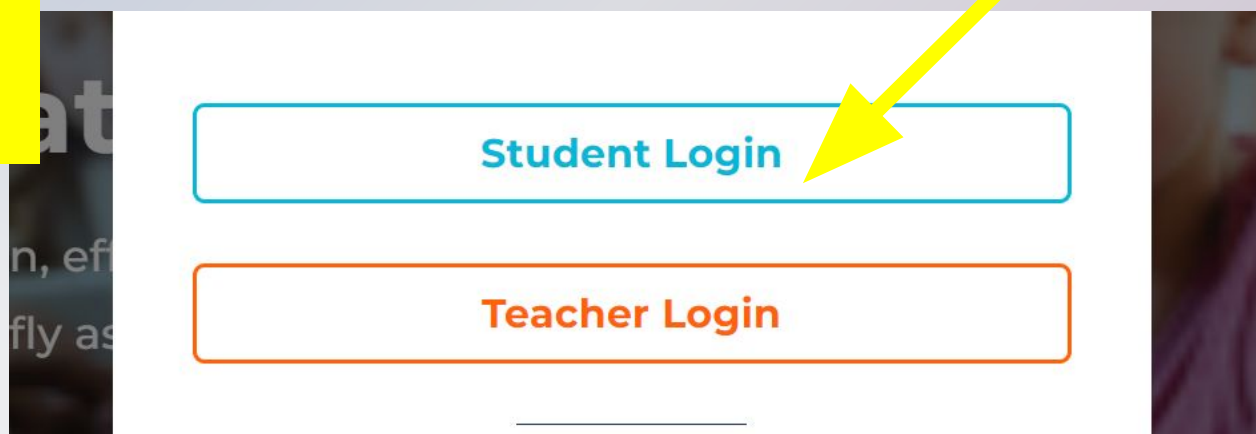
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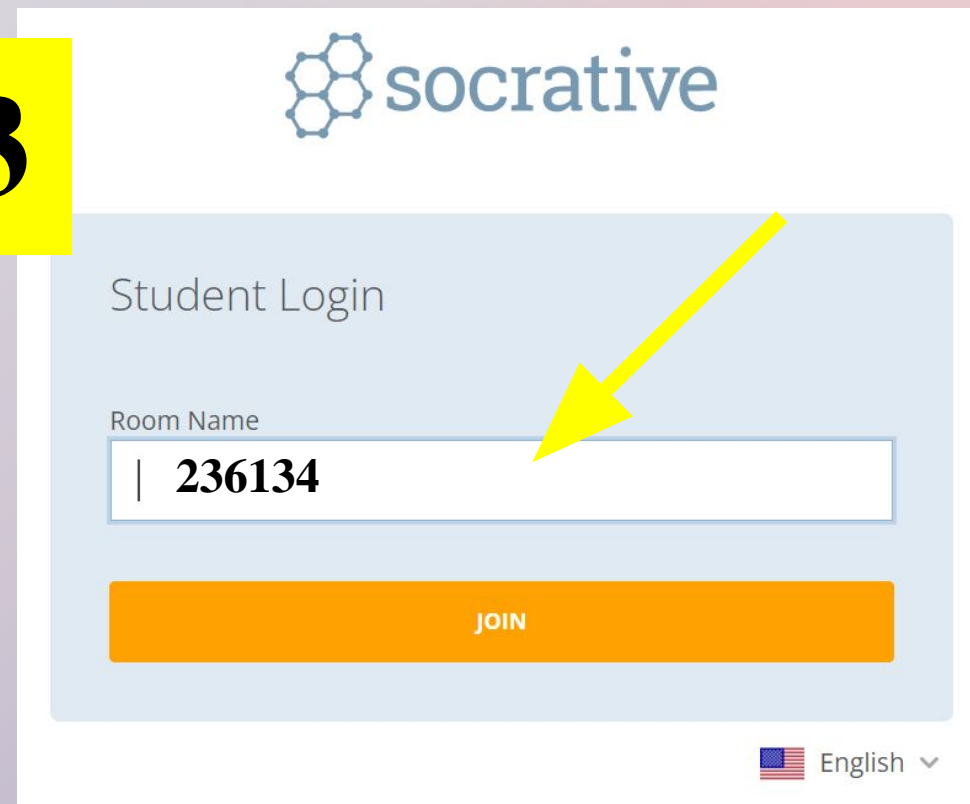
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# Anxiety in the Classroom

- Anxiety is the most common mental health problem impacting children and adolescents
  - Prevalence rates: 10-21% (Ghandour et al., 2018; Gosch et al., 2012)
  - Gradual increase in prevalence over the years (Bitsko et al., 2018)
- Anxiety in the classroom can impact learning, socialization and teacher-peer relationships for all students (Jones et al., 2019)





# Traditional Intervention Delivery Model

- Interventions for anxiety are typically provided in small group or individual settings.
- **Challenges with this model:**
  - ✓ Increasing numbers of students requiring support for anxiety in the classroom outweighs availability of school-based providers to serve them.
  - ✓ Programming for generalization of effects outside of the traditional treatment setting is limited and often fails to influence child's anxious behavior in other settings (i.e., classroom, home, community).
- Effective consultation with the adults who regularly interact with anxious students may prove essential in demonstrating stronger and longer-term intervention effects (Lebowitz et al., 2019).

# Common School-Based Accommodations for Anxiety

- Offering written instructions in addition to verbal instructions
- Providing breaks
- Extended time on assignments/tests
- Providing cues/prompts
- Small group interventions outside the classroom (i.e., social skills)
- Consultation/one-on-one conversations
- Practice and rehearsal
- Reducing workload
- Altering grading system
- Positive reinforcement
- Counseling
- Positive self-talk
- Peer check-ins (buddy system)

*Conroy et al., 2020; Green et al., 2016; Huberty, 2014; Kern et al., 2019*

# Approach vs. Avoidance Interventions

Are you familiar with this continuum regarding evidence-based anxiety interventions?

A = Yes

B = No



## Avoidance

A response to reduce potentially harmful consequences  
(Hoffman & Hay, 2018)

### Avoidance-Based Strategies:

- Altering workload or grading scale
- Allowing student to take breaks when overwhelmed

## Approach

Allowing the student to face their anxieties directly

### Approach-Based Interventions:

- Positive reinforcement
- Consultation
- Practice and rehearsal

# Purpose of the Study

To examine school psychology practitioners' preparedness to respond to referrals for student anxiety through a consultation model of service delivery.

*Specifically, this study investigated school psychologists:*

1. Knowledge of effective strategies for anxiety consultation,
2. Consultation experience specific to anxiety referrals, and
3. Perceived self-efficacy to consult with parents and teachers when presented with an anxiety referral.

# Research Questions & Predictions

## Research Question 1

What is the current level of preparedness (measured by knowledge of effective strategies, experience with anxiety referrals, and self-efficacy in anxiety consultation) of school psychologists to respond to referrals for student anxiety through consultation?

## Research Question 2

What preparedness factors best predict levels of consultation self-efficacy specific to anxiety for school psychology practitioners?



# Research Design & Variables

- Correlational survey design
- **Predictor Variables:** demographics and experience with anxiety consultation; knowledge of effective strategies for supporting students with anxiety
- **Outcome Variable:** self-efficacy for consultation to support students with anxiety at school

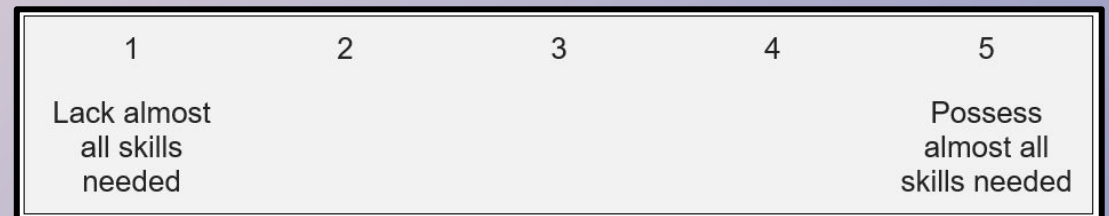
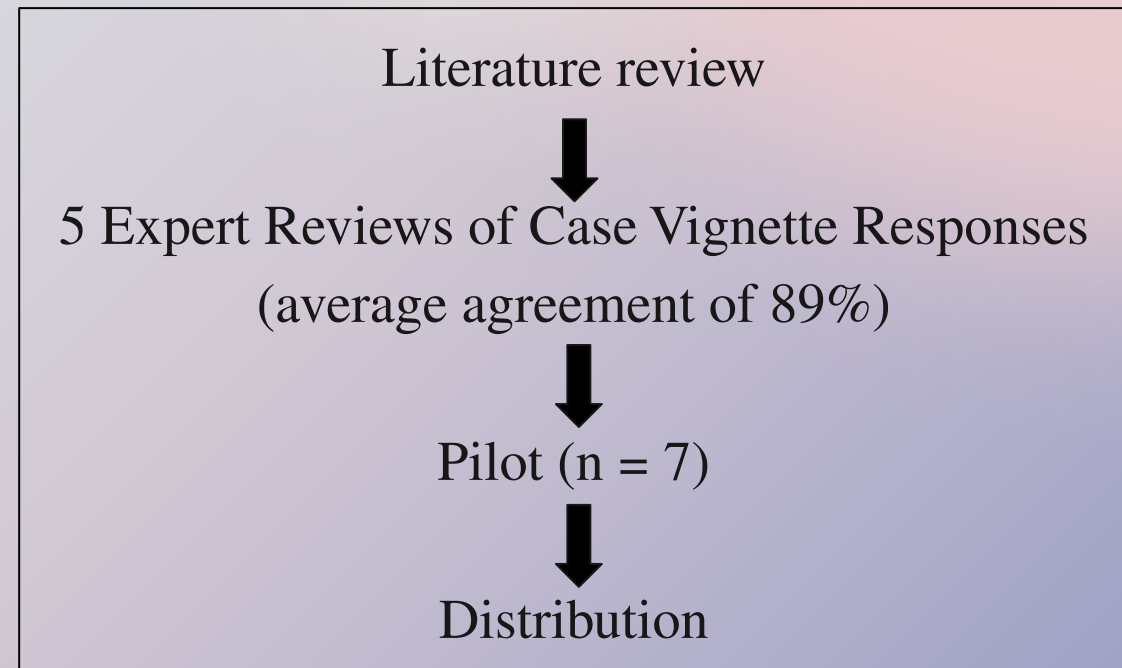
# Survey Development

## What did it measure?

Survey distributed via Qualtrics, measuring:

1. Demographics and experience
2. Knowledge
  - Centered around the approach/ avoidance continuum (Conroy et al., 2020)
3. Self-efficacy
  - Reflecting on skills via a series of case vignettes (Guiney et al., 2014)
  - *How confident in your skills are you to successfully consult in this situation?*

## How was it developed?



# The Case Vignettes

*Selected Examples*

# “Wyatt”



*Mrs. Young approaches you with concern for one of her 1st graders, Wyatt. He struggles tremendously to leave his parents during drop off without becoming outwardly upset. While most of his classmates are able to leave their parents and start their day, Wyatt gets anxious when his parents pull into the drop-off line. He begins to cry and scream. It takes him close to an hour in the morning to calm down enough to engage in the classroom. **How confident in your skills are you to successfully consult in this situation?***

A

Suggest that Wyatt’s parents park and walk him into his classroom.

B

Suggest that Wyatt’s teacher meet him in the car line to assist with his transition.

C

Suggest establishing a behavior plan to reinforce and shape his behavior during the transition.

D

Suggest calming and relaxation strategies for the parent to implement in the car on the way to school (i.e., deep breathing).

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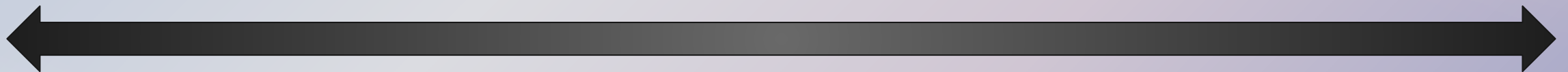
Suggest that Wyatt's parents park and walk him into his classroom.

High Approach

Low Approach

Low Avoidance

High Avoidance



“Wyatt”



# “Jocelyn”



*Mr. Kaplan has concerns about Jocelyn, a 4th grader, who demonstrates symptoms of social anxiety in the classroom. Jocelyn avoids speaking to other students and adults, refuses to participate in group activities, does not raise her hand in class, and only speaks when called on, but very briefly and at a low volume. **How confident in your skills are you to successfully consult in this situation?***

A

Suggest that they identify questions in advance she can respond to when she knows the answer beforehand.

B

Suggest teaching Jocelyn relaxation strategies such as deep breathing and guided imagery to use before speaking in class.

C

Suggest a social skills lunch bunch group for Jocelyn.

D

Suggest that Mr. Kaplan allow Jocelyn to write her answers down instead of sharing out loud.

Suggest that they identify questions in advance she can respond to when she knows the answer beforehand.

Suggest teaching Jocelyn relaxation strategies such as deep breathing and guided imagery to use before speaking in class.

Suggest a social skills lunch bunch group for Jocelyn.

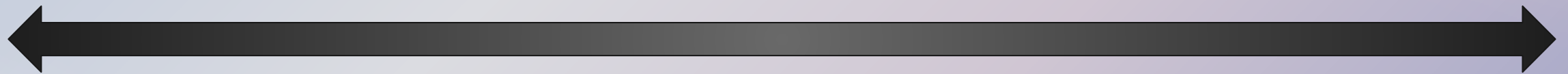
Suggest that Mr. Kaplan allow Jocelyn to write her answers down instead of sharing out loud.

High Approach

Low Approach

Low Avoidance

High Avoidance



“Jocelyn”

# Participants

- Recruitment through multiple professional channels to ensure nationally representative sample of (n = 231) practitioners.
  - Most represented region was the Midwest (63.2%), followed by:
  - Southeast (15.2%) West (10.4%), Northeast (5.6%), Southwest (1.7%)
- **Inclusion criteria:**
  - Practicing school psychologists (part-time or full-time) in U.S.
- **Exclusionary criteria:**
  - Faculty, Students, Interns, Retired SP's, Licensed SP *currently* in a different role (i.e., principal, private practice, etc.)

# Research Question #1 Results

What is the current level of preparedness (measured by knowledge of effective strategies, experience with anxiety referrals, and self-efficacy in anxiety consultation) of school psychologists to respond to referrals for student anxiety through consultation?

# Anxiety Referral Experiences

Table 2. Anxiety Referral Experiences

	<i>Frequency (n)</i>	<i>% of Total</i>
Estimated Anxiety Referrals (Past Year)		
None	10	4.3
1-3	47	20.3
4-8	70	30.3
9-12	40	17.3
13-20	34	14.7
20+	27	11.7
Percent of Referrals Addressed through Consultation Methods		
0-10%	60	26.0
11-20%	28	12.1
21-40%	27	11.7
41-70%	42	18.2
70-100%	61	26.4
Totals	231	

Bimodal  
distribution



# Training Experiences

## **Graduate Training (Didactic)**

- A majority of respondents reported receiving didactic training in graduate school via 1-2 lectures in multiple courses (n = 142; 61.5%)

## **Practicum / Internship (Applied)**

- A majority of respondents indicated that most of their applied experiences involving anxiety referrals was via completion of special education evaluations (n = 155; 67,1%).
- Tier 2 small group intervention was the second most common avenue for applied experiences (n = 61; 26.4%)

## **Professional Development (In-Service)**

- When asked to estimate the number of PD trainings focused on anxiety, a majority of respondents (n = 104; 45%) reported less than 10% did.

# Consider your own practice...



When you receive a referral for anxiety, what do you do MOST often?

✓ *Write in a short response for this*

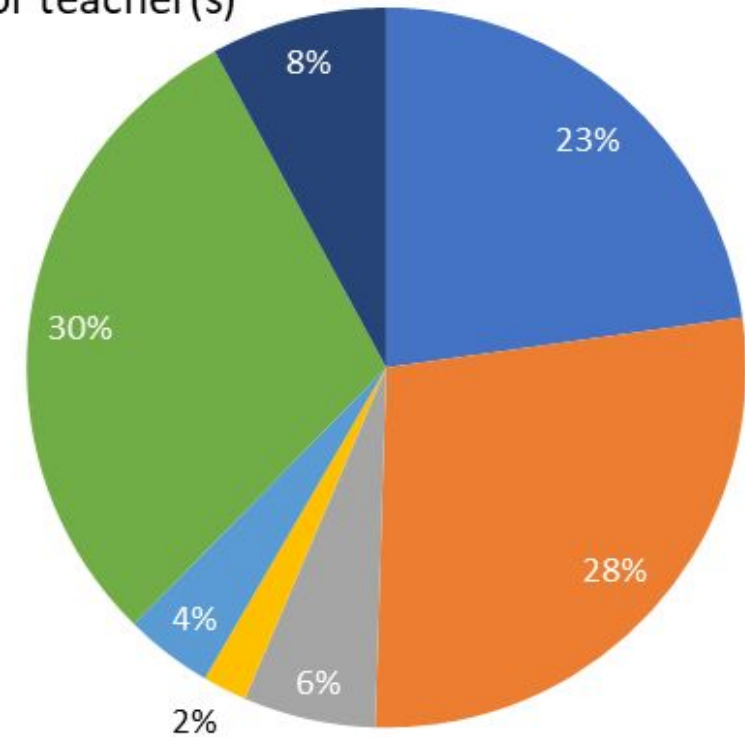
# Most Common Strategies Used for Anxiety Referrals

- Provide direct or indirect assessment services (e.g. interviews, rating scales)
- Refer the student to the school counselor or other school-based therapist
- Refer the student to a tier 2 group intervention
- Refer the parent to their pediatrician for further evaluation
- Provide a list of mental health service providers in the community to the family
- Provide indirect services via consultation with parent(s) and/or teacher(s)
- Provide direct intervention services

#1 Provide indirect services via consultation with parent(s) and/or teacher(s)

#2 Refer student to the school counselor or school-based therapist

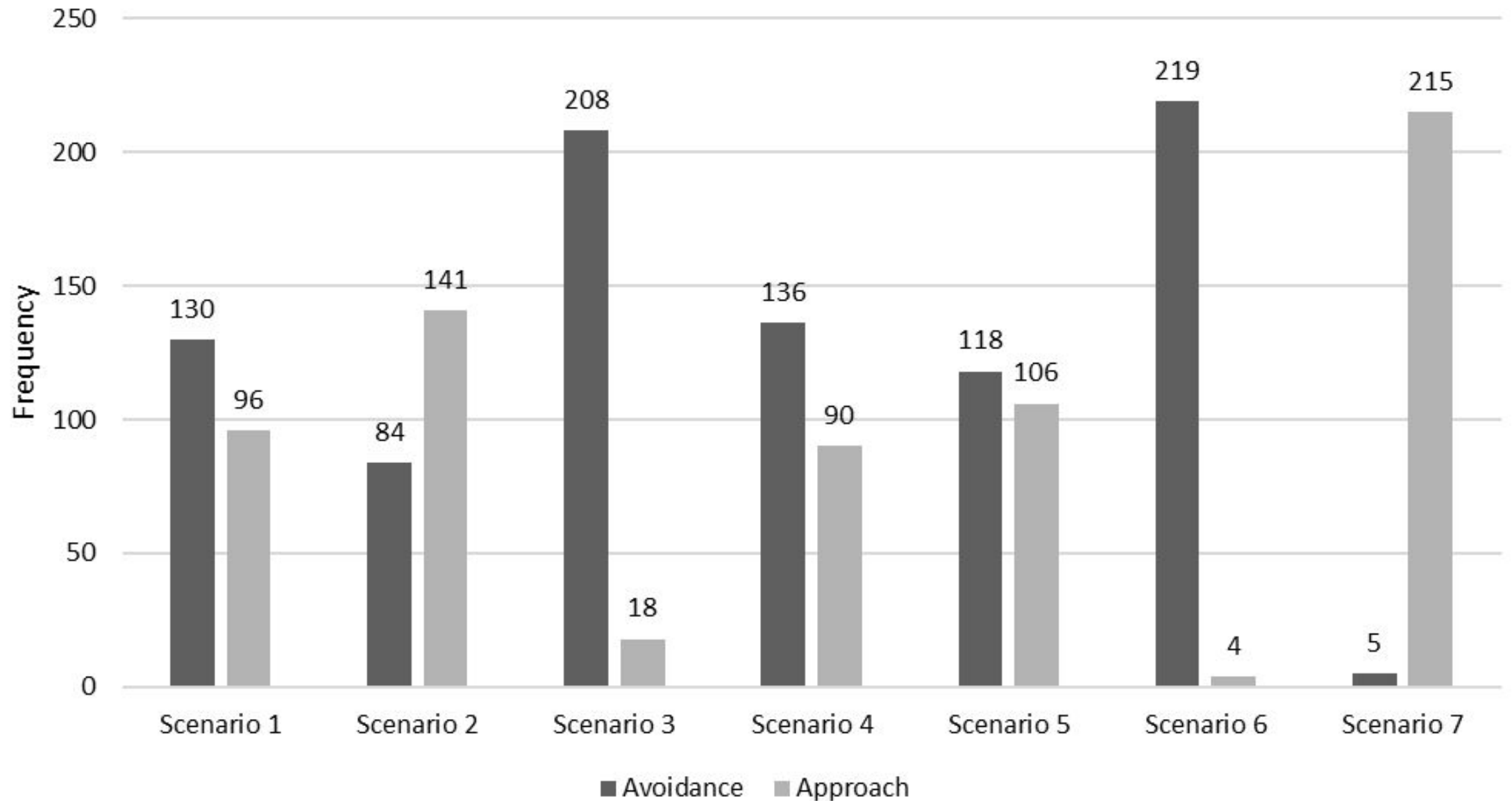
#3 Provide direct or indirect assessment services



# Knowledge of Effective Strategies

*So, what do practicing school psychologists typically suggest / do when making consultative recommendations for students with anxiety?*

## Consultative Recommendation Made (Approach Versus Avoidance)





# Perceived Self-Efficacy with Anxiety Consultation

*And how confident in their skills are practicing school psychologists when consulting on various anxiety referrals?*

# Self-Efficacy

Table 5. Confidence Levels in Consultation Skills Across Scenarios

	Frequency (n)	% of Total
Overall (Across Scenarios)		
Lack Almost All Skills	2.4	1.0
Slightly Confident	174.9	75.7
Somewhat Confident	34.6	15.0
Fairly Confident	7.7	3.3
Possess Almost All Skills	4.3	1.9

# Research Question #2 Results

What preparedness factors best predict levels of consultation self-efficacy specific to anxiety for school psychology practitioners?

# Regression Analyses

- Significant prediction of self-efficacy based on years of experience and level of training,  $F(2, 215) = 4.53, p = .01$
- Years of experience,  $t = 2.12, p < .05$
- Level of training,  $t = 2.25, p < .05$

# Implications

- Of the anxiety related referrals practitioners receive, a vast majority are addressed through consultative methods.
- School psychologists most commonly provide consultation for students with anxiety when considering the various activities they may engage in for this particular referral concern.
- Training (pre- and in-service) is critical.
- Also, experience is helpful - we can look for ways to leverage practitioners' professional wisdom and experience combined with training on effective strategies to support students with anxiety.
  - Additionally, we can empower SP's to, in turn, train teachers.

# Limitations

- The sample lacked representation from all regions of the U.S.
- Some demographic and training variables lacked variability in the sample (i.e., training experiences), but significance was still found.
- It is possible that the options listed for each case scenario question were not exhaustive; indicating ‘other’ was not an option.



# Questions?

**Thank you!**

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I will upload the slides to the NASP Handouts this evening! Feel free to email me with any additional questions too.

# References

- Bitsko, R., Holbrook, J., Ghandour, R., Blumberg, S., Visser, S., Perou, R., & Walkup, J. (2018). Epidemiology and impact of health care provider–diagnosed anxiety and depression among US children. *Journal of Developmental & Behavioral Pediatrics, 39*, 395–403.
- Conroy, K., Greif Green, J., Phillips, K., Poznaski, B., Coxe, S., Kendall, P. C., & Comer, J. S. (2020). School-based accommodations and supports for anxious youth: Benchmarking reported practices against expert perspectives. *Journal of Clinical Child & Adolescent Psychology, 1-9*.  
<https://doi.org/10.1080/15374416.2020.1723601>
- Conroy, K., Salem, H., Georgiadis, C., Hong, N., Herrera, A., Furr, J. M., Greif Green, J., Comer, J. S. (2022). Gauging perceptions and attitudes about student anxiety and supports among school-based providers. *School Mental Health, 14*, 374-390. <https://doi.org/10.1007/s12310021-09470-6>
- Ghandour, R. M., Sherman L. J., Vladutiu C. J., Ali, M. M., Lynch, S. E., Bitsko, R. H., & Blumberg, S. J. (2018). Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children. *The Journal of Pediatrics, 206*, 256-267.
- Green, J., Comer, J. S., Donaldson, A. R., Elkins, R. M., Nadeau, M. S., Reid, G., & Pincus, D. B. (2017). School functioning and use of school-based accommodations by treatment-seeking anxious children. *Journal of Emotional and Behavioral Disorders, 25*(4), 220-232.  
<https://doi.org/10.1177/1063426616664328>

# References (cont.)

- Green, J., Guzman, J., Didaskalou, E., Harbaugh, A. G., Segal, N., & LaBillois, J. (2018). Teacher identification of student emotional and behavioral problems and provision of early supports: A vignette-based study. *Journal of Emotional and Behavioral Disorders, 26*(4), 225-242. <https://doi.org/10.1177/1063426617740879>
- Guiney, M. C., Harris, A., Zusho, A., & Cancelli, A. (2014). School psychologists' sense of self-efficacy for consultation. *Journal of Educational & Psychological Consultation, 24*(1), 28–54. <https://doi.org/10.1080/10474412.2014.870486>
- Jones, A. M., West, K. B., & Suveg, C. (2019). Anxiety in the school setting: A framework for evidence-based practice. *School Mental Health, 11*, 4-14.
- Kagan, E. R., Frank, H. E., & Kendall, P.C. (2017). Accommodation in youth with OCD and anxiety. *Clinical Psychology: Science and Practice, 24*(1), 78-98. <https://doi.org/10.1111/cpsp.12186>
- Kagan, E. R., Peterman, J. S., Carper, M. M., & Kendall, P. C. (2016). Accommodation and treatment of anxious youth. *Depression and Anxiety, 33*, 840-847. <https://doi.org/10.1002/da.22520>
- Kern, L., Hetrick, A. A., Custer, B. A., & Comisso, C. E. (2019). An evaluation of IEP accommodations for secondary students with emotional and behavioral problems. *Journal of Emotional and Behavioral Disorders, 27*(3), 178-192. <https://doi.org/10.1177/1063426618763108>
- Phillips, K. E., Conroy, K., Pinney, E. L., Comer, J. S., & Kendall, P. C. (2022). School-based supports and accommodations among anxious youth in treatment. *Journal of Anxiety Disorders, 90*. <https://doi.org/10.1016/j.janxdis.2022.102603>