Webinar Transcript: Recognizing and Supporting Anxiety in Students with LDs

Presented by: Dr. Marjory Phillips

[SLIDE - WEBINAR: Recognizing and Supporting Anxiety in Students with LDs]
[*Text on slide:* MAY 3rd 3:30 – 4:45PM EST
Presented by:
Dr. Marjory Phillips, C. Psych.
Director, Integra Program, Child Development Institute
Image of twitter and Facebook logos
@LDatSchool
Image of LD@school logo]

[Cindy Perras]: The LD school team is very pleased to welcome our guest speaker, Dr. Marjory Phillips, whose presentation this afternoon is entitled, *"Recognizing and Supporting Anxiety in Students with LDs"*.

[SLIDE – Funding for the production of this webinar was provided by the Ministry of Education]
[Image of LD@school logo
Text on slide: Please note that the views expressed in this webinar are the views of the presenters and do not necessarily reflect those of the Ministry of Education or the Learning Disabilities Association of Ontario.]

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[SLIDE - Don't forget to tweet us LIVE!]
[Image of twitter bird holding megaphone and twitter bubbles coming out of megaphone
Text on slide: @LDatSchool]

[Cindy Perras]: We will also be tweeting throughout the webinar, so if you would like to participate, you can send us a tweet. Our Twitter handle is *@LDatSchoo*l, which is displayed at the bottom of this slide. And that takes care of housekeeping for this afternoon, so let's get started!

[SLIDE – WELCOME]
[Image of Marjory Phillips
Text on slide: Dr. Marjory Phillips, C. Psych.
Director, Integra Program,
Child Development Institute]

[Cindy Perras]: It is now my pleasure to introduce our speaker, Dr. Phillips, who is the director of the Integra Program at the Child Development Institute. The Integra Program at the Child Development Institute is the only accredited children's mental health agency in Canada, specialized in providing mental health services to children, youth and families with learning disabilities. Dr. Phillips received her doctoral degree in clinical psychology from the University of Waterloo.

Cross-appointed as an adjunct assistant professor at Queens University, Dr. Phillips worked as a clinical psychologist and clinical director in a children's treatment rehabilitation in Kingston for 12 years. She joined the Queens University Psychology department on a full-time basis in 2004, to establish a Psychology training clinic for graduate students, and to pursue research interests in paediatric acquired brain injury and neurodevelopmental disorders.

Dr. Phillips moved to Toronto in 2008 to join Integra, where she also held cross appointments as an adjunct assistant professor at York University, and as a clinical supervisor with the University of Toronto.

Welcome, Dr. Phillips. The cyber floor is now yours!

[SLIDE - Recognizing and Supporting Anxiety in Students with LDs]
[Image of teenage boy leaning against steps with head in hand
Image of four elementary students working, one with head down on arms on desk
Image of teenage girl with head in hands and a stack of books beside her
Text on slide: Dr. Marjory Phillips
Director, Integra Program
mphillips@childdevelop.ca
Image of Child Development Institute and Integra logos]

[Dr. Marjory Philips]: Thank you, Cindy!

Welcome to everyone, and thank you for attending this webinar. It's Children's Mental Health week, so this is entirely fitting that we're talking about supporting with anxiety and learning disabilities.

[SLIDE - Learning Objectives]
[*Text on slide:*

- To understand the nature of anxiety in students with Learning Disabilities
- To identify when to be concerned and when to request additional support
- To introduce practical strategies to support students with LDs and Anxiety at school

Image of Integra logo and tagline]

[Dr. Marjory Philips]: My hope for today is to address three things; first, to understand the nature of anxiety in students with learning disabilities, what it is, and what it looks like. Second, to have a better understanding of red flag concerns; to know when to be concerned, when to refer on for professional diagnosis, and when additional mental health supports are needed. And last, we'll review some practical strategies to support these students at school.

[SLIDE - Meet Tina]
[*Text on slide:*
- 10 year old, Gr 5
- Quiet, compliant
- Stomach aches
- Worrier
- Struggling with reading, writing

Image of sad young girl working on a laptop
Image of Integra logo and tagline]

[Dr. Marjory Philips]: I wanted to start by putting a face on the kinds of students we are talking about today. Meet Tina. Tina is a 10-year-old girl in grade five, who is a quiet and compliant student. She flies under the radar in class. Tina follows instructions, seems to work hard. Tina's been diagnosed with learning disabilities that affect her reading and writing, primarily. Her teacher notices that Tina is frequently absent from class with illness. When she is in class, Tina sometimes reports feeling sick. Her teacher thinks she may be a worrier, but Tina doesn't talk very much, and it's hard for the teacher to tell what's going on.

[SLIDE - Meet Trevor]
[Image of teenage boy holding glasses
Text on slide:
- 15 year old, Gr 10
- Bright, articulate
- Challenges teachers
- ‘loner’
- Cuts classes
- Struggling in school (writing, math)

[Dr. Marjory Philips]: In contrast, we also have Trevor. Trevor is a secondary school student, in grade 10. He seems very bright, articulate. He loves to argue his points in class. Trevor's high school teachers find him challenging, because he questions everything. He points out especially when he perceives something to be unfair. Trevor doesn't seem to have friends or a social group, and attendance is also a problem for Trevor. He was diagnosed with LDs in grade 3, and his LDs affect his abilities in writing and in math, most notably.

[SLIDE - What do these Students have in Common?]
[Image of sad young girl working on a laptop and teenage boy holding glasses
Text on slide: Learning Disabilities and Anxiety
Image of Integra logo and tagline]

[Dr. Marjory Philips]: So what do Tina and Trevor have in common? Well, they both have been identified with learning exceptionalities, but they both also have significant anxiety. Tina may present with a conventional picture you may recognize. But today we'll also talk about how Trevor's presentation may reflect anxiety.

[SLIDE - What are Learning Disabilities?]
[*Text on slide:* Neurodevelopmental Disorders (LDAO, 2001)

Affect one or more ways that a person

- Takes in
- Understands
- Remembers
- Expresses information

Average to above average intelligence
Lifelong and may present differently at different stages
Most common form of Learning Exceptionality
Image of Integra logo and tagline]

[Dr. Marjory Philips]: So we'll start by ensuring we're on the same page in our understanding of learning disabilities. Consistent with the Learning Disability Association of Ontario definition of LDs, and with the policy and program Memorandum 8 identification guideline in the school system, Learning Disabilities (LDs) are neurodevelopmental disorders that affect one or more ways that a person takes in, understands, remembers and expresses information. By definition, people with LDs are smart and can learn, have average to above-average intelligence. There are specific areas of processing impairments that get in the way of learning.

We understand learning disabilities to be life-long; you don't grow out of LDs. However, they do look different at different stages of development, or in response to different tasks, demands. Also, LDs are the most common form of learning exceptionality in Ontario. Forty-three percent (43%) of students who have been identified have LDs.

[SLIDE - What are LDs?]
[*Text on slide:* Impairments in one or more of the following psychological processes:
Language processing
Phonological processing
Visual-spatial processing
Processing Speed
Memory & attention
Executive functioning LDAO, 2001

[Dr. Marjory Philips]: When we talk about the impairments and information processing, we refer to specific difficulties in one or more of these areas; language, phonological processing, [inaudible] sort of manipulating the small sounds in words, visual-spatial processing, processing speed, memory and attention, executive functioning. And the key thing here is the combination of processing problems may be different for everyone. For example, you can have slower processing speed and difficulties in working memory but good phonological processing, or other combinations.

[SLIDE - What do LDs affect?]
[Image of young boy with head on hands leaning on book
Image of teenage girl yelling
Image of elementary girl in classroom with two other students out of focus in background laughing and looking at her
Image of young girl looking down angrily at crossed arms

Image of a central circle with the words “Learning Disabilities” surrounded by four circles with arrows pointing outwards towards them with the following words:

1. Academics
   -Reading, writing, math, oral language
2. Emotion Regulation
   -Explosions
   -Freezing up
3. Behaviours
   -Following instructions
4. Social Interaction
   -Reading social cues, negotiating

Image of Integra logo and tagline]

[Dr. Marjory Philips]: What do LDs affect? By definition, LDs reflect a functional impairment in some area of academic achievement, such as reading, writing or math. However, they also reflect how one processes information more generally, has a broader impact on life. Seventy-five percent of individuals with LDs have difficulty with social interactions, and that can reflect different challenges, depending on the natures of the LD, such as reading, nonverbal social cues, social problem-solving, tracking group conversations, and so forth.

These can have an impact on behaviour, and we'll talk about that today. And for some individuals with LDs, there can be difficulty with emotion regulation, or managing intense emotions, over-regulation [inaudible], freezing up or under-regulation [inaudible], meltdowns and explosions.

[SLIDE - Invisible Disabilities]
[*Text on slide:*

- Neurodevelopmental Disorders (e.g. LDs) and Mental Health are invisible
- Students may not have the language, self-awareness, or confidence to explain
- Behaviour may be the primary clue

Image of angry young girl surrounded by books with head on arms
Ask “what else might be going on?”
Image of Integra logo and tagline]

[Dr. Marjory Philips]: A common feature for LDs and mental health issues is that they're invisible. Often, we have to infer from a student's behaviour what may be going on. And students, particularly children and youths, may not be able to explain to us what's going on, and it may reflect not having the words or the insight, self-awareness, or the confidence to explain to others. We need, as the caring adults and educators working with these students, to be curious about what else might be going on when you see challenging behaviours.

[SLIDE – Non-compliance, Off task behavior, Inattentive]
[*Text on slide:*

- Anxiety? (Worried, avoidant)
- ADHD?   (Inattentive, distracted)
- Depression? (Initiating)

- LD?   (Slow processing, EF)
- Sleep? (concentration)

Image of boat and iceberg with 1/3 visible above water and 2/3 visible below water
Image of Integra logo and tagline]

[Dr. Marjory Philips]: And a way to think of the student behaviour is to think of it as the tip of an iceberg. For example, we may see behaviours such as non-compliance, or being off-task, inattentive, easily distracted. But these surface behaviours can reflect a number of things. It could be anxiety with worries that are really distracting, and make it hard for the student to concentrate and listen to the teacher. It can be also ADHD, which we know has symptoms around inattention or distractibility, depending. Depression is associated sometimes with difficulties with initiation, getting started, or in concentration. We also know that depending on the nature of the LD itself, if you have a student with slow processing speed or executive functioning difficulties that can look like off-task behaviour. Then there can be some physiological things, like perhaps the student isn't sleeping well and that would interfere with the concentration. So the key thing here is to look below the surface, and to consider what else might be going on. And the role of the educator, your eyes and ears are invaluable as the first line. You see the student sometimes day after day. It's an important lens to notice, to wonder, are they learning? And if they're not learning, what's getting in the way?

[SLIDE - Our Framework]

[*Text on slide:*

- Our understanding of the problem determines the solution
- “Kids do well if they can” (Ross Greene) – if they can’t, something is getting in the way and they need support in figuring out what it is and what will help
- Not a lack of WILL, it’s a lack of SKILL

Image of hand holding a pair of heart-shaped sunglasses up to the sun
Image of Integra logo and tagline]

[Dr. Marjory Philips]: so, at the Integra Program at Child Development Institute, we find this framework of Ross Greene's just as a helpful framework. And Greene writes that our understanding of the problem determines the solution. Kids do well if they can, and if they can't do well, then something is getting in the way. There are lagging skills, and we need to help figure out what may be going on. So essentially, what may look like a stubborn refusal to do something may have originated with difficulties in doing something. It is hard to do things that are hard. And we need to find out in a behaviour how much is a lack of skill, if they're really struggling, they don't know how to do something or how much is a lack of will, they won't do it. And the point of this framework is just to provide a way of thinking. It helps to minimize power struggles with the student. So it's not an either-or, it's really trying to figure out and understand why. Why are they acting like this?

[SLIDE - Relationship between LDs and Mental Health]

[*Text on slide:*
Continuum of behaviours in children
Green zone -> Yellow zone -> Red zone
Wellness -> Stress/Distress -> Mental Illness

Image of two sided arrow; one end is green and colours transition through to yellow and then to red.
Most kids with LDs experience stress/distress
At Integra, we also see kids with LDs who have more serious mental health issues
Image of Integra logo and tagline]

[Dr. Marjory Philips]: So, now let's look at the relationship between LDs and mental health. One way to think about this is to consider mental health on the continuum, kind of from a green, all the way up to the red zone. Many of us fall in the green zone of good mental health, meaning we feel generally pretty good. We may have social supports, we may be engaged. Generally we have sufficient personal resources to cope with everyday life things. It doesn't mean we're always feeling happy, but generally life is fine, and we're managing.

Many of us, most of us, occasionally experience periods where we might move into the yellow zone of feeling stressed, and it could be changes; a new job, a loss, a family member who's struggling, changing schools, stress at work, worrying about someone. We may feel in these times a bit stretched, and maybe tense. Maybe there's difficulty sleeping, maybe we feel overwhelmed. Functionally, the demands may feel like the demands are exceeding our resources. And so for many of us, over time, that situation changes, and we either develop new coping strategies, that there's some change in the environment. It's just time, things change, and we're able to go back into the green zone. And often, that's one way of simplifying life, moving in and out of the green and yellow zone. But for some of us, the mental health issues can be more serious, and have a functional impairment; for example, we may have significant low mood, and it may be really hard to get out of bed in the morning, or to get to work, or to get to school. That would be more of a red zone. Again, it's the continuum. Then if we're in the red zone, with interventions, sometimes with supports with medication, may move out of the red zone, back to the yellow or the green zone. But often red zone needs something more.

And at Integra, we see many of the students with learning disabilities as frequently falling in the yellow zone, with school as an ongoing stressor. Not all, but the students with LDs often experience more stress. It's hard to show what you know. School is a social environment. We've talked about things that make that difficult. And for a portion of these students with learning disabilities, maybe as high as 40 percent, they move into the red zone with more serious mental health issues, such as anxiety disorders, as well as learning disabilities. At Integra, we've been calling this subset of individuals whose mental health issues are complicated by LDs, "*Learning Disability and Mental Health issues*," LDMH.

[SLIDE - LDs and Anxiety Disorders]

- Students with LDs have higher rates of Anxiety
- (Zakopoulou et al., 2014)
- 30% of children with LDs met criteria for an Anxiety Disorder (Magari et al., 2013)
- Generalized Anxiety Disorder (28%); Specific Phobia (15%); Social Anxiety (12%) (Esmaili et al. 2016)
- No gender differences (Esmaili et al., 2016)

Image of Integra logo and tagline]

[Dr. Marjory Philips]: What do we know from the research about the relationship between learning disabilities and anxiety, specifically? Well, we know that students with LDs have higher rates of anxiety. And in some students, 30 % of children with LDs met criteria for an anxiety disorder. Most often this type includes a Generalized Anxiety Disorder, but sometimes specific phobias and social anxiety is also common.
We know from the research there doesn't seem to be a gender difference for this subset; both boys and girls with learning disabilities have anxiety at similar rates, although the presenting issues may look different.

[SLIDE - Pathways?]
[Image of three boxes arranged in a triangle with two-sided arrows connecting each; the first box says "?", the second says "Anxiety" and the third says "LDs"
Text on slide: Bonifacci et al, 2016
Image of Integra logo and tagline]

[Dr. Marjory Philips]: The research suggests that there is an association between learning disabilities and anxiety. But we don't really know the cause. One interesting area of new research coming from neurobiological studies suggests possible primary factors, and suggest the possibility of a common underlying neuropathway for this LDMH group. Specifically, there may be difficulties in the pathway from the prefrontal cortex to the amygdala that are common to both LDs and serious mental health, such as having executive functioning difficulties, and difficulties with emotion regulation. But we need more research to understand what's going on in the brain, and at this point, that's just an interesting theory.

[SLIDE - Impact of LDs on Mental Health]
[Image on slide: Red box with the word "Stress" in the centre of the slide with five boxes connected in a circle around it; the boxes read: "Experience of repeated failure", "Anxiety about meeting expectations", "Frustration", "Patterns of experiential avoidance", "Low sense of mastery"
Image of Integra logo and tagline]

[Dr. Marjory Philips]: What we do know more about is that there are secondary effects of learning disabilities on mental health. Students with LDs experience considerable stress. First, there is a history [inaudible] typically, there's a history of repeated failure experiences. Depending again on the nature of the LD, it could start with poor spelling tests in the primary grades, or being rejected from social groups. Second, often students experience a lower sense of mastery. If you can't show what you know, you may feel stupid or incompetent in areas that seem easier for others. We also know that students with LDs often feel anxious about not meeting expectations.

They may feel that they let their parents down, or their teachers down. Most importantly, the behaviour here may not always look like anxiety. To cope, the student may devalue the stressor, sort of say, "That math test sucks," or, "I don't care," and act as if they don't care. But again, it's hard to do things that are hard. And we see considerable frustration. All of that can lead to feeling bad, feeling anxious, worried, sad, hopeless. Usually no one likes to feel bad, and often that can lead to patterns of experiential avoidance, doing things to avoid thinking about worries, including not always wanting to engage in talk therapy. Often parents want their children to go

to therapy, and the kids don't really see the point of talking to someone about their feelings, or avoiding the stressors, such as skipping school, or using substances as an adolescent. And often kids may perceive it's better to be dumb than bad.

[SLIDE - What is Anxiety?]
[*Text on slide:*
- Distress or uneasiness of mind
- Caused by fear of danger
- Basic human emotion
- Part of normal development
- Can be adaptive

Image of teenage girl with words associated with stress on blackboard in background
Image of Integra logo and tagline]

[Dr. Marjory Philips]: So let's look more specifically at anxiety. By definition, anxiety reflects the stress or uneasiness of mind. It is part of normal development; you know, we're exposed to new situations, and we learn how to master our fears, such as sleeping with the light off as a child, or starting a new school, a new job. Anxiety cues us to be alert, works as an early warning mechanism. It's normal to be a bit anxious about giving a webinar, such as this one, or a speech, or before a championship game that helps you to be more energized, activated. And it cues us to be careful. You might be anxious about walking along a cliff, for example, and be more aware in the potential danger, and watch our step.

[SLIDE - The Brain and Danger]
[Image of brain with central part of brain highlighted in a red box
Text on slide:
Short Term Stress reaction:
- Lets you respond quickly
- Activation of SNS
  - Fight
  - Flight
  - Freeze

Image of Integra logo and tagline]

[Dr. Marjory Philips]: Anxiety is a short-term stress reaction that is part of our human experience. If you were a hunter facing a sabre-tooth tiger, your brain signals to you that you are in danger. The adrenal gland produces a cascade of hormones that results in a secretion of catecholamines, especially norepinephrine and epinephrine. Your nervous system kicks in, and you may experience symptoms such as rapid breathing, sweating palms, butterflies in your stomach, muscle tension. Our response to the received danger may be fight, flight or freeze, so when you encounter that tiger, you may fight the tiger, or run away, or be frozen with fear. The problem now is that the perceived danger may be something like a math test, or having to read in front of class, or having to navigate a school cafeteria. The brain perceives these situations as dangerous, and reacts with an activation of the central nervous system. And when we may respond with fight, flight or freeze! Yes, this may not be adaptive for the situation.

Another example, imagine you are a child playing outside and a strange, aggressive dog comes running at you. Your brain chemistry activates before you even assess the situation, and that helps you respond quickly, to stay safe. If you switch the situation slightly, that you're outside for a walk and a strange calm dog walks by on a leash, and your brain responds with that same danger signal, and you jump into fight, flight or freeze -- that's really not adaptive any longer.

[SLIDE - Normative Anxiety & LDs: Distress]
[Image of man in front of papers with head on his hands
Text on slide:
If you had LDs, what might make you feel anxious?
Image of Integra logo and tagline]

[Dr. Marjory Philips]: So if we think of normative anxiety and learning disabilities, I'd like everyone to take a minute just to reflect on if you had LDs, what kinds of things in the school system might make you feel anxious?

[SLIDE - Sources of Increased Anxiety]
[*Text on slide:*
In school:
- reading aloud, writing on the board
- answering questions

Socially:
- flirting vs mocking?
- conversations

Daily Life:
- going first in gym class

Image of Integra logo and tagline]

[Dr. Marjory Philips]: So these are the kind of things I was considering, there's lots of things in the school setting, depending on the student and on the nature of the LDs. For some it might be reading or writing in front of others, or answering questions if you have slow processing speed, memory problems or language problems, socially navigating a situation with peers, figuring out if someone's flirting or mocking. And if you're not sure, going into a social situation can be anxiety-provoking. Having to figure out how to join a conversation can be anxiety-provoking. Or even in school, having to learn a new skill, and then going first in a gym class without enough times to see how it's done might activate the anxiety and result in the behaviours that you might see, which could be acting up, getting in trouble. Getting kicked out of gym so you don't have to actually demonstrate.

[SLIDE - Anxiety & LDs : When does it become a problem that should be addressed?]
Text on slide:
Anxiety becomes a disorder when
- It interferes with normal functioning
- It is a "persistent and disabling pattern"
- It is out of proportion to the actual threat or danger
- Symptoms last at least 6mths

10% of people have an Anxiety Disorder
Image of Integra logo and tagline]

[Dr. Marjory Philips]: So if anxiety is normal and we all have it, and students with learning disabilities are likely to experience an extra level of distress in certain circumstances, how do we know when this is a problem, especially a problem for a student in your school? How do you know when it's a problem for which mental health treatment will help? The short answer is three things; first when it seriously interferes with the student's abilities to do the tasks of everyday life. So that might be restricting their ability to go to school or hang out with friends at the mall, or interfering with their concentration. They can't think about school work, they can't sleep.

Second, when it is persistent. It's not just a period of time when a big change is happening. You might have a student who doesn't sleep well and is distracted in grade eight when they're starting to worry about high school. But if it lasts at least six months, then that's a different story. And third, when the intensity of the student's responses are out of proportion to the perceived threat. So if there's an intense reaction going to a new place, or doing something within the school that's fairly routine, or like my example of the dog walking. And we know that anxiety disorders are common, 10 % [inaudible], and that most anxiety disorders start in childhood. And we're talking about anxiety as a red zone.

[SLIDE - RED ZONE]
[Image of two sided arrow; one end is green and colours transition through to yellow and then to red
Text on slide:

- More support is needed if:

Persistent – Lasts longer than expected
Severe - Intensity of reactions is severe, frequent
Impaired Functioning - Symptoms interfere with the youth's ability to function in everyday life (home, school, community)
Image of Integra logo and tagline]

[Dr. Marjory Philips]: Again, if it's persistent, severe and impairs functioning. I'll talk more, about, at the end about what to do, but the short story to keep in mind as we talk about this is, if you have any suspicions at all that a student that you are working with is in the red zone, then it's time to get a professional assessment and diagnosis, if warranted.

[SLIDE - Should We Be Concerned?]
[Image of young girl in a snowsuit smiling
Text on slide:
Scenario #1:

- 4 year old girl cries and clings to mom's leg when gets dropped off at daycare every morning
- JK staff report that five minutes after the mom leaves, the child is playing happily with the other children

Image of Integra logo and tagline]

[Dr. Marjory Philips]: Okay, so now we're going to have an opportunity to use some polls. I'll go through a couple of scenarios, and when we're done, I'm going to have Cindy's help to launch a poll. But I'll explain the scenario first. In the first one, a four-year-old girl in junior kindergarten cries and clings to her mom's leg when she gets dropped off at school every morning. However, within five minutes after the parent leaves, the child regroups, and she's fine. So my question to you, the audience is, is this a red zone concern? Do we need a mental health professional assessment? Or do you think this is maybe yellow zone, green zone you can navigate? Cindy, if you could launch the poll, then I would like everyone to identify, pick a *"yes or no*".

[Cindy Perras]: Okay, thank you, Marjory. We have the poll launched. Should we be concerned? Select one of the following: yes or no.

[Silence]

We'll give the participants just a few seconds. We're at 74 percent.

Okay. We'll close the poll in about five seconds.

Okay, so that was interesting, Marjory. 12% of the webinar participants indicated "Yes", 88 % indicated "No".

[Dr. Marjory Philips]: Great! Thank you so much!
So in this case, certainly for those of you who said yes, we need more information. Because it's possible that this is a red zone concern, I didn't give you enough information. But based on the information I gave, I think that this is probably a yellow zone problem that it reflects normative adjustment. The school [inaudible] I would take that as a first guess , the school experience is new to the child, the student who's learning to manage her anxiety around separations. Now, if the student continued to cry for hours and hours, or if the daily crying persisted all the way from September to June, or even well past Christmas, then that's when we would start to ask what else might be going on.

[SLIDE - Should we be concerned?]
[*Text on slide:*
Scenario #2:

- 12 year old boy with LDs never stops asking questions about what will happen next
- Disruptive during class tests
- Acts like class clown when has to present in front of class

Image of boy at a park with a scooter
Image of Integra logo and tagline]

[Dr. Marjory Philips]: Let's try a different scenario. Scenario number two: A 12-year-old boy in grade seven with LDs is driving his teacher crazy, because he always asks questions. When is the next test? Who will be the substitute teacher when you're away next week? Where are we sitting at the assembly? Nonstop. And this boy is disruptive during class tests. He fidgets, he has to get a glass of water. He acts up whenever there are class presentations, and he's generally just a pain. So again, I'm going to pass it over to Cindy for you to decide, would you be concerned? Is it a red zone? Is it a yellow zone? What do you think?

[Cindy Perras]: Okay, thank you, Marjory. So the poll is open.

[Silence]

Okay, I think we're having a little bit -- no, there we go. It's popped up.

So scenario two, quick poll -- should we be concerned? If the webinar participants could please select yes or no, we'll allow about 20 seconds. Okay. So Marjory, we've closed the poll. 92% indicated “Yes”, 8 % indicated “No”.

[Dr. Marjory Philips]: Okay. Well, in this case, I would side with the majority here. I would at least want to know more. Back to our criterial -- is it causing a functional impairment? Yes. It's causing problems to the student. It's interfering with his learning. But it's also causing difficulty and disruption to the class. And that's significant. So we'd want to figure out what's going on. This certainly could be anxiety, and we'll talk about what the symptoms are in a minute.

[SLIDE - Should we be concerned?]
[*Text on slide:*
Scenario #3:
- 14 year old girl with language based LDs is ‘shy’ and quiet in school
- Will talk to family but does not speak at school or in any new situations (e.g. can’t give her own order in a restaurant)
- Had acquaintances but in high school is finding it hard to fit in

Image of smiling teenage girl
Image of Integra logo and tagline]

[Dr. Marjory Philips]: Okay, so our last poll, we're going up the age and grade spectrum here. Now we have a 14-year-old in grade nine, who has language-based LDs. She's very quiet and shy. She has been in the grade nine, the new school system for several months, but still hasn't spoken to anyone. And parents say that she doesn't like to speak to anyone outside of the family. The student's in high school, and she had some acquaintances in her elementary school, but she really hasn't connected with any youth in the high school. So again, question to you, over to Cindy. Would you be concerned? Is this a possible red zone? Do we need more assessment? Yes or no?

[Cindy Perras]: Okay, thank you, Marjory. The poll is now open, so we allow about 30 seconds for each participant to respond.

[Silence]

Okay. So we closed the poll now, Marjory. 95 % indicated “Yes”, 5 % indicated “No”.

[Dr. Marjory Philips]: Excellent. Thanks to everybody. Again, I would side with the majority here. I would be concerned. It seems to be functionally impairing. Now, the fact that it may have been a long history, I'd want to talk to the elementary school and just see what helped the student, what made it worse. But it would be a red flag, meaning we want to make sure that we're

referring on, or that other professionals are having a look, school support team, and so on. And I would wonder whether it's an anxiety problem, like selective mutism, for example.

[SLIDE - What is an Anxiety Disorder? Red Zone Signs and Symptoms]

- [Extreme agitation
- Sleep prPhysical/somatic symptoms (stomachaches, headaches) on a regular basis
- oblems (nightmares, insomnia)
- Excessive worry about an event (days, weeks, months before scheduled)
- Overly responsible or perfectionistic
- Constantly asking “what if…” or “how do you know…?”
- Trouble concentrating

(ABC’s of Mental Health, Hincks-Dellcrest Centre)
Image of Integra logo and tagline]

[Dr. Marjory Philips]: Okay. So when we see anxiety disorder, what are some signs and symptoms generally in children and youth? The challenge with these signs and symptoms are that they overlap with many other things, including LDs, ADHD, depression, so it gets a little complicated. For example, extreme agitation, somatic symptoms, like stomach-aches, headaches on a regular basis, sleep difficulties, excessive worrying about an event days, weeks, months before it's scheduled, being overly responsible or perfectionistic, constantly asking, "*what if*," or, "*how do you know*?", trouble concentrating. So as you see, lots of those things certainly could overlap with a lot of other things.

[SLIDE - In School, this might mean…]

[*Text on slide:*

- Inattention, fidgeting
- Frequently going to the bathroom
- Daydreaming, looking out the window
- Always asking annoying questions
- Not handing in seat work or essays
- “Procrastination”, not getting started
- Not answering
- Talking back

Image of Integra logo and tagline]

[Dr. Marjory Philips]: And in school, what could those behaviours look like? It might look like inattention or fidgeting, frequently going to the bathroom, daydreaming, looking out the window, always asking questions, not getting things done, handing in seat work or essays. Procrastination, or not getting started, not answering at all -- shrugging, or talking back. So again, if I just pull out those behaviours, think about the iceberg -- that looks a lot like a lot of other behaviours. So how do we figure that out?

[SLIDE - Anxiety Disorders: Red Zone]

[T*ext on slide:*

- Anxiety Disorder
    - Persistent

- Severe
- Impaired Functioning – Family, School, Peers, Residence

- Consider developmental stage – Is this typical for the child's age?

Image of teenage girl learning against lockers with head in her hand
Image of Integra logo and tagline]

[Dr. Marjory Philips]: Well, again, to be an anxiety disorder, problems need to be persistent, severe and have a functional impact on the family, school or community. And we always need to take into account the child's age and developmental stage. You know, a five-year-old who's afraid of the dark and can't sleep without a nightlight is not so unusual. It's less common to have an early adolescent who can't sleep on their own, or who can't sleep without all the lights on, and that's keeping everyone in the family awake.

[SLIDE - Types of Anxiety Disorders (DSM5)]
[*Text on slide:*
Prevalence – 6-10% of children/adolescents

- Anxiety Disorders
  - Generalized Anxiety Disorder (GAD)
  - Separation Anxiety Disorder
  - Social Anxiety Disorder
  - Panic Disorder
  - Specific Phobia
- Obsessive Compulsive Disorders
  - OCD
  - Trichotillomania (hair pulling)
- Trauma & Stressor Related

Image of Integra logo and tagline]

[Dr. Marjory Philips]: So again, you're going to refer on. But just to give you a sense of the types of anxiety disorders and what the categories can be, we know the Diagnostic and Statistical Manual number five -- that's the new version -- our system as classifying diagnoses, anxiety disorders are common, affecting six to ten percent of children and youth. And in the DSM5, anxiety disorders are organized a little differently into three categories; anxiety disorders, including this list here -- generalized, separation anxiety, social anxiety, panic and specific phobia. And obsessive compulsive disorders are recognized as still within this family of anxiety disorders, but they have their own common futures. Then now trauma, including post-traumatic stress disorder is its own subcategory. I wanted to take just a couple of these diagnoses to look at them in more detail, because these are the ones that you're often going to see in the school system with the students that you might have.

[SLIDE - Generalized Anxiety Disorder (GAD)]
[Image of young girl with a lollipop
Text on slide:

- Excessive, unrealistic, and pervasive worrying for 6+ months
- Feelings of distress and worry much of the time

- Individual finds it hard to control the worry
- Worrying that gets in the way of daily life
- Key difference across ages is the content of the worry (often age appropriate)

Image of Integra logo and tagline]

[Dr. Marjory Philips]: We'll start with Generalized Anxiety Disorder. Students with GAD, or Generalized Anxiety Disorder, are the general worriers. Generally, again, they have excessive, unrealistic worries that persist, that are distracting and that interfere with everyday life. So an example, these students might hear about what's happening in Syria, for example, or hear about a bombing on the subway in London, or about the Zika virus, and are really worried about their safety here in Ontario. So disproportionate to the threat. Or they may have fears about something bad happening to a family member, not sleeping because of worry that someone will break in, or they will be kidnapped -- those kind of worries. And the nature of the worries varies across individuals, but the concept here is that the worry is generalized, it's vague. It's often hard to contain. It's often hard for the student to explain.

[SLIDE - Trevor's Anxiety]

[Image of teenage boy holding glasses

Text on slide:

- Asks questions persistently (likelihood of terrorist attacks; Zika virus; timing of pop quizzes; plans for substitute teachers)
- Seems easily distracted, inattentive
- Fidgets, seems uncomfortable in his skin
- Argumentative

Image of Integra logo and tagline]

[Dr. Marjory Philips]: So let's go back to our case example of Trevor. Again, you don't have a lot of information about him, but he could have Generalized Anxiety Disorder. He gets activated by generalized worries, and goes into fight mode. Now, back to the fight, flight or freeze. So Trevor may -- we see him ask questions persistently about what's going to happen, and how are things going to work? If he also asks these kind of questions about bad things happening, that would be common. Being distracted, inattentive, fidgety, uncomfortable in his skin, he's activated. And argumentative -- it can be depression, it can be just a personality thing. But it also can be that fight reaction of an anxiety.

[SLIDE - Educator's role]

[*Text on slide:*

If Trevor was your student…

- Ensure LDs are well accommodated
- May raise concerns about his wellbeing with his parent
- Develop predictable routines
- Validate experience and help to contain worry
- Moments to breathe, stretch, move

Image of Integra logo and tagline]

[Dr. Marjory Philips]: If Trevor was your student, what would you do with a student like Trevor? Well, first and foremost, we always want to ensure his LDs are well-accommodated. So let's look at what he needs for his reading and writing. I may be noticing some of his behaviours in class, and want to start raising concerns about his well-being with a parent, if that's available. I may ask the school support team. I know that for students that I think might be anxious, for all, predictable routines are helpful. I might want to validate his experience, help to contain the worry, and give him moments to breathe, stretch or move. At the end I'm going to go through some more of these in detail, but this just gives you an idea of how that would fit.

[SLIDE - Separation Anxiety Disorder (SAD)]
[Image of young child wearing backpack clinging to parent's leg
- 3-5% of children (2% in adolescence); More common in females
- Recurrent excessive distress when anticipating or when separated from caregiver (panic-like symptoms)
- Causes significant impairment in daily functioning (sleep, refusal to leave home, physical symptoms)

Image of Integra logo and tagline]

[Dr. Marjory Philips]: Let's take another type of common anxiety disorder, is separation anxiety disorder, particularly with younger kids. It's more common in females, and it reflects distress when separated, or when anticipating a separation from a caregiver. It can be functionally impairing. For example, a parent may be late to work every day because he can't get the child to school. Or an older youth with separation anxiety may not be able to be on her own. That may interfere with sleepovers, with friends, or going to a sleep away camp, or babysitting.

[SLIDE - Social Anxiety Disorder]
[Image of sad-looking teenage girl in forefront and two teenage girls whispering and laughing in the background
- Marked, intense fear of social situations
- In children, anxiety must occur in peer settings
- Fear of humiliation /rejection/ possible scrutiny by others
- Age of onset : 75% before age 15 years
- Functional impact: Often associated with school avoidance for kids with LDs and MH

Image of Integra logo and tagline]

[Dr. Marjory Philips]: The last one I want to talk about as an example is social anxiety disorder. It's a common and complicated problem for students with LDs. According to DSM5 criteria, social anxiety is a marked, intense fear of social situations. For children, the social anxiety has to pertain to peers, it's not just a fear of strange adults. Typically, the student may have significant worries about what others will think, or may worry about feeling humiliated or rejected. And most adults with social anxiety disorder had an onset of the symptoms before they were teenagers, before 15 years old. So it mostly starts in childhood. The complication is that for students with LDs who have society anxiety, and often social competence, it gets a little complicated to figure this out. Students with LDs may misperceive social cues or misunderstand intentions, and they have the outcomes that social interactions don't always go so well. It would be a normative reaction to feel a little anxious about a social situation, or to feel they're not very

popular, or the student may feel like they're an outsider, all related to the LD. And you might see that activation of anxiety in a social situation. It can be tricky to figure out if there is an additional social anxiety disorder, and sort of looking at the severity. That's where an assessment is important. Plus, to treat the disorder, it's really important to take into account both the social competence and skills and the anxiety, and put them together in the intervention. Social skills alone without attending to the social anxiety may not be so successful, and vice versa.

[SLIDE - Tina's Anxiety in School]
[Image of sad young girl working on a laptop
- Quiet – rarely speaks in school, shrugs when asked a question, doesn't speak during group work
- Goes to the bathroom frequently, complains of stomachaches, often absent from school
- Seems to daydream, not attend to lesson
- When there is an assembly, Tina runs to the bathroom and wants to stay there

Image of Integra logo and tagline]

[Dr. Marjory Philips]: Let's take our case scenario of Tina. She's the 10-year-old who's very quiet. She goes to the bathroom, misses school because of somatic complaints, seems inattentive, and is particularly avoidant of crowds, such as a school assembly. So Tina could have a social anxiety, she could have a separation anxiety. We would want to investigate further. There seems to be something about the interaction with people that activates Tina's anxiety, or could be.

[SLIDE - Educator's Role]
[*Text on slide:*
If Tina was your student…
- Ensure LDs are well accommodated
- Check in with parent/caregiver
- Pair with an empathic student for group projects (small group)
- Minimize focus on oral presentations to the class – instead art show, creative alternatives
- Plan for assemblies

Image of Integra logo and tagline]

[Dr. Marjory Philips]: If Tina was your student, again, always ensuring the LDs are all accommodated and checking in with the parent/caregiver about what they're seeing at home, this would be the kind of child where you might be mindful of the size of groups if you're doing group work, and pair her with an empathic student in a group of two, and not a group of six. Or you might minimize the focus on oral presentations to the class, and maybe give some options. Instead of standing up and doing a book report, maybe there's an opportunity for her to do a drawing and have a mural instead of standing up and talking. If you have school assemblies and Tina's in your class, maybe as a whole group, you start to plan when you go to assemblies, where is the best place for her to sit? Or giving some planning, prep notice that they're happening, things like that.

[SLIDE - What Can You Do to Help?]

[Image of two teenagers doing school work at a table with an educator
Image of Integra logo and tagline]

[Dr. Marjory Philips]: Okay. So let's, in our last few minutes, let's figure out what you can do, what can we all do to help the student with LDs and anxiety in school.

[SLIDE - Promote Good Mental Health]
[Good for all…

- Have predictable classroom routines
- Announce changes in advance
- Create opportunities for mastery and success (may take creativity to find where students shine)
- Where possible, teach skills such as time management, organization, study strategies
- Promote opportunities for mindfulness, self-regulation, stress management

Image of Integra logo and tagline]

[Dr. Marjory Philips]: We want to, first of all, promote good mental health. The universal what's good for all, things that are good for students with anxiety often are good for other students too; having predictable classroom routines for an anxious student, knowing what's coming helps them to anticipate to regulate their anxiety. Again, announcing changes in advance, for some students, announcing it too far in advance just creates an opportunity for them to worry and worry and worry. So there's sometimes the right optimal zone, depending on the child, but some kind of notice helps. Creating opportunities for mastery and success -- finding creativity where the students can shine. Where possible, teaching skills such as time management, organization, study strategies may be really helpful, and opportunities for stress management, mindfulness, self-regulation -- those are all general and good mental health strategies.

[SLIDE - Awareness & Assessment]
[*Text on slide:*
First step: Identification

- Am I concerned? Are others concerned? (parents/guardians, other school staff)
- Is this behavior typical for the age? Typical for this child/youth?
- Am I seeing RED ZONE signs and symptoms?
    - Educators & Parents Don't Diagnose

Image of Integra logo and tagline]

[Dr. Marjory Philips]: Specific for anxiety, what do I do? The first step, really, is identification. Am I concerned? Do I think there's something going on with this kid that's getting in the way of their learning? Are other concerned? That would be checking in with the parent or guardian, talking to other school staff that might have the student in their class, or had the student in their class last year, getting a sense. Asking yourself, is the behaviour typical for the age? Or is it a typical thing for child or youth, or is there a change? And then, am I seeing any of those red zone signs and symptoms? As always, a diagnosis is a control [INAUDIBLE]. Educators and parents don't diagnose, but educators have a very important role as the first eyes on the child to raise some concerns. Maybe everything is fine, and nothing needs to go further.

[SLIDE - Getting Help with Identification]
[*Text on slide:*
Assist in getting the child or youth assessed

- Refer to the School Support Team (or equivalent), or ask for a school meeting
- Encourage parents to seek a referral to mental health professional
    - Family Physician
    - School Team
    - Children’s Mental Health agency
    - Mental health Walk In Clinic
    - Private Practitioner

Image of paper people holding hands in a circle
Image of Integra logo and tagline]

[Dr. Marjory Philips]: But if you have concerns, then getting a child assessed -- always a challenge, I think, in the school system, referring to the school support team or the equivalent, or asking for a school meeting, and then encouraging the parent or guardian to see referral to a mental health professional. That might include the family physician, it might include the professionals within the school system. It might include a children's mental health agency. More and more, there are mental health walking clinics that are really effective across the province, or a private practitioner.

[SLIDE – Collaboration is Key!]
[*Text on slide:*

- Regular communication with home leads to better outcomes
- Teamwork takes onus off of each individual member

Image of a cluster diagram that showed student in the centralized box that branched out to three outer boxes – parents, educators, and other professionals. There were two way arrows between each of the outer boxes which indicated a relationship between each.
Image of Integra logo and tagline]

[Dr. Marjory Philips]: Most importantly, it's always better when we communicate and work together to support students so that no one, including the student, feels on their own and unsupported.

[SLIDE – Strategies for the Environment]
[*Text on slide:*

- Seating
    - Classroom
    - Assemblies
- Figure out a safe place for the student to retreat when needed

Image of Integra logo and tagline]

[Dr. Marjory Philips]: Whether or not the problems reflect serious mental health or milder levels of distress, there are often considerations and changes you can implement in the school environment that might be helpful. If we look for strategies for the environment, knowing the individual student, you may have an opportunity to be deliberate in your seating plan. For

example, you may seat the child in the classroom near the front where it may be quieter and less disruptive. Or you may have a child who's got some worries about bad things happening, and being near a window is really stressful for that student, so you would deliberately seat them away from the window. If you have a student, for example, who's overwhelmed by sudden changes or by crowds, then planning advance -- I mentioned assemblies as an example. Concretely sitting at the end of a row or arriving early or late -- all depends on what makes sense for that student. It may be helpful to set up a system where the student can signal to you when he or she is feeling overwhelmed and needs to take a short break to calm and centre. That might mean finding a space in a school, a library or resource centre, where the student can go instead of always going to the bathroom.

[SLIDE – Use Empathy]
[*Text on slide:*

1. **Observe / Listen** to the student
2. **Reflect** the Feeling ("I notice that you are asking a lot of questions about the field trip. Are you a little worried about how it will go?")
3. **Validate** the Feeling ("Lots of people feel tense when they have pop quizzes.")
4. **Support** the student's strengths ("You've worked hard and you know a lot of this material")

Image of Integra logo and tagline]

[Dr. Marjory Philips]: As an educator, you think empathy is often a great place to start. It starts with noticing a student who may be struggling, and in a tactful manner, finding an opportunity to pull the student aside and listen to the concerns. You may not have an opportunity, so this is just as an option. The idea, really, is to reflect the feeling. For example, you might have a student who's asking, asking, asking questions, and you have a chance to independently pull them aside and say, "I notice you're asking a lot of questions about the upcoming field trip. Are you a little worried about how it will go?" It gives you an opportunity to validate the feeling; understanding and not judging why the student might feel that way. Lots of people feel tense when you have pop quizzes, or you're worried about the upcoming field trip. "You seem a little worried about getting stung by a bee on the trip," or getting stung by a mosquito. Maybe this is the child who's worried about Zika. Instead of saying to the student, "You know, that's ridiculous to be worried about Zika virus in the middle of April, it won't happen on the field trip." But instead you can say, "No, I understand you're worried about getting sick." Then you can add in questions, "But you know, we're going to a place where there's no cases of Zika," or, "We're going to a place where we'll be inside." So you can give some new information. Lastly, supporting the student's strengths, not giving false reassurances, but genuine acknowledgement of effort. If they're worried about a test, "You've worked hard. You know this. You're ready for the test." You don't promise they'll pass the test, because you don't know that. But you can genuinely validate the strengths.

[SLIDE – Be Patient]
[*Text on slide:*

- Acknowledge that the "annoying" behavior may serve a purpose
- Stay calm and patient

- Answer questions where appropriate and redirect when needed ("Come and see me at recess and I can answer your questions")

Image of Integra logo and tagline]

[Dr. Marjory Philips]: As caring adults working with these students, we need to try to be patient. That can be hard, staying calm, answering questions where appropriate, recognizing that the behaviour may serve a purpose for that student. Maybe we can redirect, you know? You answer questions, and if it's going on and disrupting other students, then you might say, "Come and see me at recess, and I can answer your questions." Or, "Write them down, and I will get them," and so on.

[SLIDE – Teach Self-Regulation Skills]

[*Text on slide:*

- Model self-regulation
- Stay Calm in the Storm
- Use self-talk – "I can handle this", "I need a break"
- Mindfulness ("Integra mindful moment")
- Teach breathing

Image of Integra logo and tagline]

[Dr. Marjory Philips]: Self-regulation skills are important for this group of students. It helps for us to model as adults how we stay calm. Use positive self-talk, mindfulness teaching, breathing -- then students can see that we can feel anxious, it's a normative thing, and we can manage that anxiety.

[SLIDE – Considerations when Teaching]

[*Text on slide:*

- Don't "teach" in a crisis moment – contain, debrief, problem solve, and teach when calm
- Offer to help problem-solve a better way to deal with the emotion
- Praise when child is able to calm emotions, bring attention to good coping
- Resist asking too many 'why' questions

Image of Integra logo and tagline]

[Dr. Marjory Philips]: Some considerations for teaching, it's important to keep in mind it's less effective to implement a teachable moment when a student is fully dysregulated in a panic or an agitation. Finding a time to debrief or problem-solve when the student is calm, or when you are calm, is really helpful. Another tip is to avoid or resist asking too many "why" questions. Again, the student may not know why, or may not be able to articulate why they feel overwhelmed or why they're anxious.

[SLIDE – Treatment if Effective]

[Image of Integra logo and tagline]

[Dr. Marjory Philips]: For students in the red zone with significant anxiety, treatment is really effective.

[SLIDE – Treatments for Anxiety Disorders]
[*Text on slide:*

- Psycho-education with parents, child, staff
- Evidence-informed Practice
  - Different modalities (family therapy, individual therapy, group therapy)
  - Different treatment approaches (Cognitive Behavioral Therapy, Narrative Therapy, Collaborative Problem-Solving)
- Medication
- Environmental Accommodation & Support

Mental Health Treatment is Learning
Image of Integra logo and tagline]

[Dr. Marjory Philips]: There are a range of interventions for anxiety disorders, cognitive behaviour therapy, in particular, is highly effective for anxiety. That's not the only, there are many other approaches. Medication can be very effective, environmental accommodations and support. The key thing for the student with learning disabilities and mental health, so LDMH, is to think of the frame that therapy is learning, learning new ways of coping, thinking about things, managing emotions, communicating. If therapy is learning, therefore, therapy needs to be adapted and tailored for the LD student's style of learning, and how to take that into account. For example, having thought records that maybe don't involve so much reading and writing, or that we've come at things, if language is a problem, in a more creative way.

[SLIDE – We all Can Help]
[*Text on slide:*

- Set up youth for success and mastery to build self-esteem – ensure time to explore strength-based activities (find a passion)
- Support them to develop self-advocacy skills (is a process that will take time) and be receptive to attempts at self-advocacy
  - Will look different as youth gets older
  - More involvement of youth as they mature

Image of Integra logo and tagline]

[Dr. Marjory Philips]: Fundamentally, though, we can all help. We can support student's success and mastery. We want to find ways for them to find a passion, to be strength-based, to show -- if it's hard to show what they know, then how do we find a way for them to feel like they're good at something? Developing self-advocacy skills is a process that takes times, and we need to teach self-advocacy skills and be receptive to efforts at self-advocacy. That looks different as youths, as students get older. But finding a way to really set students up for that will also assist in the anxiety.

[SLIDE – For More Information]
[*Text on slide:*
Please contact:
Dr. Marjory Phillips, C.Psych.
Acting Director, Clinical Services
Director, Program Development, Research & QA

Child Development Institute
mphillips@childdevelop.ca
416 603 1827 ext 5225
Image of Integra logo and tagline]

[Dr. Marjory Philips]: I have at the end of the slides that you'll receive when the slides get mailed to you, there are a number of resources and contact information and so on for you. Some of the resources, especially to highlight the School Mental Health ASSIST has some excellent information about anxiety, as does Supporting Minds. And Children's Mental Health Ontario has a list of children's mental health agencies that might be in your community. So I will stop there, and pass it over to all the school groups for questions.

[SLIDE – Q&A]
[*Text on slide:*
Q&A]

[Cindy Perras]: That's wonderful. Thank you so much, Dr. Phillips, for providing our participants with an opportunity to deepen their understanding of recognizing anxiety in students with LDs. So onto the question and answer. If anyone has questions, please type your question into the Chat box on your dashboard, and I will read the question to Dr. Phillips. Okay, first question, Dr. Phillips. In your experience, do boys and girls present differently with symptoms of anxiety?

[Dr. Marjory Philips]: Yeah, excellent question. Specifically, the research would suggest for students with LDs and anxiety that the rates of anxiety in the students is the same, so there's no gender difference. However, if you look at the presentation, it would appear that girls tend to be more into that flight. So anxious or freeze, so they may be quieter, they may go under the radar. It would appear that boys might be more likely to go into fight, be more argumentative. But definitely that's not a perfect science. In fact, there are higher rates of identification of anxiety in girls. What we don't know is just whether that's because we can pick it out easily, that they're the ones that look anxious. They're quiet, they acknowledge worries. And boys might be sometimes harder to tell.

[Cindy Perras]: Okay. Thank you. Next question. What would the biggest difference be for dealing with anxiety for children with learning disabilities versus students or children without learning disabilities?

[Dr. Marjory Philips]: Excellent question. I think the bigger difference for the LD plus anxiety group is just recognizing the overlap of the symptoms, and sort of figuring things out. It's very easy to look. For example, a symptom might be looking distracted. So is that -- and the student's having trouble concentrating. So is it because they're distracted by their worries? They can't let it go, and they're thinking about all the -- they're worrying about what people will think of them, or they're worrying that they didn't study hard enough for their test, and they're going to fail, and their parents are going to be mad at them. Or is it that they're not paying attention, they're distracted because they have slower processing speed, and the information's come at them too quickly? Then we have the kids that are both, where their LD can get in the way of managing their anxiety. If I have difficulty with processing speed and working memory, and I've got some

go-to strategies to self-talk, remind myself to tell myself it's going to be fine, to do some deep breaths, but maybe I can't remember what I was going to tell myself, and I'm overwhelmed. I'm not paying attention to what the teacher's saying at the same time with my LD. So I think it just complicates -- our view is that the anxiety is the anxiety, and then the LD can complicate the management and identification.

[Cindy Perras]: Okay. Thank you. Next question: Have you worked with students within the aboriginal population? And do you see differences when it comes to anxiety, LDs and mental health?

[Dr. Marjory Philips]: That's an excellent question. And the answer is, I don't know. I'm not familiar enough with the indigenous literature. I know that LD and MH literature is very slim, we just don't -- this is a new field that we're just not there on. So I have not seen any literature about anxiety in students who are First Nations or aboriginal or indigenous and LD. I just don't -- yeah, I wouldn't say I'm an expert in the area.

[Cindy Perras]: Okay, thank you. This sounds like a future research field.

[Dr. Marjory Philips]: Absolutely.

[Cindy Perras]: Next question: How do you manage, and obviously from a teacher perspective, when a student is in the red zone fight-flight mode, and there are 20 other students to manage?

[Dr. Marjory Philips]: Yes, absolutely. It is so difficult. I guess partly a recognition that you're already doing it. So if you think of the student who has burst into tears and runs out of your classroom, or who starts talking back to you as an educator, part of this is just recognizing, oh, where did that come from? You know, is that student reacting to -- are they [INAUDIBLE] because they're anxious about something, an unexpected test? So A, the first step is to start to be curious about a kid, and start to notice patterns. Like, every time we're in French class, this kid starts to talk back and pick a fight, or is non-compliant, or refuses to write. Or every time I pull out the test. Once a child is fully activated, their sympathetic nervous system is activated, and they're in full-on panic mode, then that's not the best time to intervene. Ideally, it's another time. And you can cue the student to take a deep breath, or to go have a break, that you've worked it out that when they get overwhelmed, they can leave for five minutes, calm themselves down in a quiet place, do a body scan -- whatever their strategies are. But I think my last point would be, if a student's really in the fight mode, I think it's really easy to argue back and get into these power struggles, because the student can be saying, "That wasn't fair!" Or, "This is ridiculous." I think just being able to recognize and staying calm ourselves, staying calm yourself, and saying to the student, "It sounds like you're really distressed about this. I need you to take five minutes, come back," or something. It is difficult.

[Cindy Perras]: Well, thank you, Marjory. I know as a teacher myself, it can be very, very challenging to try to deal with what appears to be spiralling behaviour, when you've got other students in the class. And I really liked your suggestion of being aware and looking for the signs that things might be starting to ramp up, and to be able to be more pre-emptive and proactive. Okay, next question: Is cognitive behavioural therapy a successful intervention for children with language-based learning disabilities?

[Dr. Marjory Philips]: That is an excellent question. I've got that one. The answer is yes, absolutely, if it's tailored. So one of the things, we have the, I guess, good fortune at Integra, because we provide mental health therapy exclusively to this population, we've really developed some good techniques. What we find most helpful is to use what's called a "core elements approach" to an evidence-based therapy, so that simply means that based on what the evidence says is most effective, we pull it out. So, for example, in cognitive behaviour therapy, something like cognitive restructuring, or thinking about things differently, or exposures -- facing your fears, regulation skills -- all those are -- core psychoeducation -- those are core elements. Then we have to take the core elements, and we get really creative. A core element might be a cognitive restructuring. We know we have to find those hot thoughts, those cool thoughts, and challenge them. How do you do it if you can't access your language? So we find other creative ways to get at what's driving a student. So an example in Integra, we have Integra Mindfulness Martial Arts that incorporates cognitive behaviour therapy principles with mindfulness and martial arts. And we're finding it's very effective for students with low language. They learn by doing, but it's still taking the principles of CBT.

[Cindy Perras]: Okay, thank you, Marjory. I'm glad you mentioned Mindfulness Martial Arts. This gives us an opportunity to promote a video that we have on the LD school website. Next question: As someone who was diagnosed with a learning disability, only to find out about it years after my education, what are your recommendations about sharing or disclosing this type of information to students with learning disabilities?

[Dr. Marjory Philips]: Well, I think it can be a sensitive issue, especially for parents, who may feel very strongly that they worry about stigma, or a student being labelled. I think what we've really come to at Integra is that it's really, really important for students to understand what's going on with them, and to be able to have the words to explain to others. So our long-term hope is really to reduce the stigma around having a learning disability. We hear from the youth all the time that they hate the word "disability," they're not disabled, they can learn. Yet for others who have learning disabilities, it's that it's a serious thing. It's not just that they don't like to do math. It's that they're significantly -- have significant impairments and they need to have accommodations to level the playing field. So my view is finding the right words and giving feedback to students when, at the time of their assessment and then ongoing, to have an opportunity to sit down and really understand, how do they learn? What's hard, and why? What works for them, and why? So that's the first step for them to be able to self-advocate. But it's a multi-step, multi-approach. One of the other things we do in Integra is have workshops, a walk a mile in my shoes sort of simulation to activate empathy, and we'll do that with other students as well, so that students aren't singled out. But just that there's an increased awareness for everybody of what it's like to struggle if you have these particular impairments.

[Cindy Perras]: Thank you, Marjory. Simulation activities can be especially powerful, not only for students, but for the educators, too. Next question: What could be some steps that an educator could take to encourage a reluctant or avoidant teen young adult to speak with a professional?

[Dr. Marjory Philips]: Right. Right. So back to kind of that experience of -- I think the first step is understanding that it is hard. I mean, sometimes as adults, we get frustrated, because it's hard -- the waiting lists are long for mental health services. And you finally get a student in to see

somebody, and then they don't want to go, or parents can feel that way, too. So understanding for the student may seem a weird thing to talk to someone about your feelings, if you feel bad. It may make you feel worse, is the idea. I think to me, the most important thing is the relationship, our relationship with the adult and the student, so that the student really has a trust that this is someone who cares about them, and is not trying to make them just feel worse, but actually wants things to go better for them, and that they need a place where they really feel comfortable to understand what's going on. Sometimes, giving permission to the student that it's okay if you don't click with the first person you talk to, that sometimes we have to find the right -- you know, you've got to give it a chance. So often, I'll talk to youth about trying three times to really give this person a chance; get to know them a bit before you give up, but also to recognize that just because that person wasn't the right fit for you, doesn't mean you'll never benefit from therapy, same with lots of things. Then lastly, trying ideally finding a therapist or an individual that kind of gets the LD part, so that the student really -- that we can put those, the LD and the MH together.

[Cindy Perras]: Okay. Thank you again, Marjory. The next question is about the referral process, wondering how would either a teacher or a parent refer a child to Integra?

[Dr. Marjory Philips]: Oh, to Integra? Well, to Integra specifically, we have a [INAUDIBLE] limit of Toronto, so they have to be in Toronto. They would just -- the website information is there. They call, the student has to have a diagnosed LD. We can take referrals from teachers or from parents, we would get parent consent if it comes from a teacher. It can start anywhere. But we are only limited in Toronto. So we've been starting to share our programs to other parts of the province, and we have a wonderful partnership with the Trillium Lakelands District School Board, where Trillium Lakelands has been implementing Integra Mindfulness Martial Arts, and now Integra Young Warriors in elementary schools and in one of their high schools. So that's our long-term hope, is to share what we know. But I think broader than that, if you're in a community, then activating -- there are mental health services, children's mental health services, and we're really always activating to try to get more services. I think going to the CMHO website to see which agency is closest to you as an educator, or looking at what the partnership is, I'm guessing that schools that have school mental health assists, or the mental health lead in their school would be connected, starting with the school social worker or school psychologist, might also know good referral sources. But for families, often the family doctor is the first step. Or more and more, the walk-in clinics. There are mental health walk-in clinics, I think, in many communities as a first step.

[Cindy Perras]: Thank you, Marjory. Next question, how do we support students and families if the family doesn't believe the student has anxiety?

[Dr. Marjory Philips]: Right. So yeah, because sometimes, again, back to -- we don't always know what the history is for a family. And you can have -- same thing, especially with this LD plus anxiety group we're talking about. For some parents who may themselves have had learning difficulties that were never diagnosed as children, and for them, school may have associations of being kind of an overwhelming, intimidating, not a pleasant place. Or maybe they were in trouble all the time, or maybe they were just sick all the time, and didn't go. Then we also know anxiety runs in families, so you may also have a parent who has anxiety themselves. So hearing that their own child, that you're concerned about their child, might activate a lot of things in

that parent. First of all, as best you can, have empathy for that parent who you might think is just being -- not doing the best for their child. They may be coming from a place themselves, and we just don't know what that is. And then next, I think you -- so that's where pulling in the other teams and finding all the different avenues that we have to give feedback to families. For the student, him or herself in class, there are lots of strategies that I alluded to, and then others that are good for all. It's not signalling out a student, it's just good teaching practices, like being predictable. So that -- you can help -- even if you aren't sure if a student has anxiety or the parent doesn't agree with you, you can still do some things that make school more comfortable for the student in front of you. And then lastly, I think recognizing that there are differences across scenarios; that's why the very first part is to find out where else is this happening? Because it could be that the student is very anxious at school only, but at home they're really not. So it's not a question that the teacher's right and the parent's wrong, they're both right. It's that the student presents differently in different contexts.

[Cindy Perras]: Okay. Our next question, what are come considerations for educators or school support services in a situation where a student consistently may be in the red zone, and avoids a particular class, such as math?

[Dr. Marjory Philips]: Right. Well, I think the first -- and again, every school system has their own -- I respect the system. So you start with whatever the system is in your board and your school, around school support teams or the equivalent, because I think having a meeting with the relevant players in a school system, to know whether -- is it that they only ever avoid math class? Or is always just that it's first period? Or is it that there's something about that particular student-teacher dynamic? Or were they also like that in math last year? So again, trying to figure this out, what might be going on. Is it about the nature of the task demand, or is it something else? Then also, then problem-solving with the parent and the youth, depending on the age, to try to figure out what makes it hard to get to this math class, and how can we get there? For some students, it could be something like math that is [cumulative?], or more social science, and the student gets behind, you know, they've missed, they haven't been able to concentrate, they don't have the building blocks. And as the term goes on, they get farther and farther behind and feel horrible. So the easiest -- back to that experiential avoidance, they just put their head in the sand, play video games, and just can't get to class. So in that case, having a team meeting with all the players to really problem-solve -- okay, how do we get the student with the curriculum they need to have this term? What supports, what extensions do we give? What extra tutoring does the person need? Just problem-solve.

[Cindy Perras]: Okay, so just building on that last question and answer, in your experience, do students who have learning disabilities experience more anxiety in a math class as opposed to another type of class?

[Dr. Marjory Philips]: I would say that it completely depends on the nature of the LDs. So we have some students, if their LDs really impact math -- so for example, if they have lots of working memory difficulties, or whatever the nature -- or writing [INAUDIBLE], they have trouble, they put their numbers in the wrong -- they disorganize, their space is off, so then they get their calculations wrong. Or they have language-based LDs, and then as word problems get more complicated. So looking at the nature of the LDs in their individual education plan, students with LDs in math kind of problems and they may seem more anxious in a math class.

But you can also have students who are just generally math may be a pretty good subject, but they have significant anxiety disorder, and it could be the social aspect of going to school, it could be just worrying about things happening, so they may look quite anxious in a math class.

[SLIDE – Other Questions?]
[*Text on slide:*
EMAIL: infor@LDatSchool.ca]

[Cindy Perras]: Okay. That's all the time we have for today, so we're going to end our question and answer session at this time. Should you have any further questions, please either email us at info@LDatSchool.ca, or send us a tweet to @LDatSchool, and we will ensure your questions get in.

[SLIDE – FREE Webinar!]
[*Text on slide:*
Strategies to Support the Success of Students with LDs on Exams and Standardized Tests
May 25th 3:30 – 4:45pm EST
Presented by:
Jenessa Dworet
Special Education Assistant Curriculum Leader at York Mills Collegiate Institute, Toronto District School Board

Chris Sands
Special Education Assistant Curriculum Leader at Sir John A. MacDonald Collegiate Institute, Toronto District School Board
REGESTER TODAY!]

[Cindy Perras]: Please mark your calendars for the next LD at School webinar on Thursday, May 25th. Janessa Dworet and Chris Sands, both educators with the Toronto District School Board, will be presenting on strategies to support the success of students with LDs on exams and standardized tests. This is a very timely webinar. Directly after today's webinar, you will receive an electronic link to register.

[SLIDE –LD@home]
[*Text on slide:*
A New Parent Resource
Image of the LD@home logo]

[Cindy Perras]: Before we wrap up, we would like to make you aware of LD@home, an exciting new online resource for parents and families of individuals with LDs. Produced by LDAO, with support from the Ontario Trillium Foundation, LD@home will provide education, knowledge and resources, along with a place for families to connect with the LDA network across Ontario. As educators, this is a great resource to share with parents.

[SLIDE – LD@school Educators' Institute]
[*Text on slide:*

August 22nd & 23rd
Hilton Mississauga/Meadowvale
Mississauga, ON
#LDinstitute
PUBLIC REGISTRATION OPENS MAY 6th!
Image of LD@school Educators' Institute logo]

[Cindy Perras]: Finally, please mark your calendar and save the date to join us at LD@school's fourth annual Educators' Institute, which will be held on August 22nd and 23rd in Mississauga. The last three years have been a sell-out, and public registration opens on May 6. Check out the LD@school website for information on the program, registration and hotel accommodation.

[SLIDE – Thank you!]

[Cindy Perras]: And on behalf of the LD@school team, I would once again like to thank Dr. Phillips for her presentation. And thank you to all of our participants for joining us. Please remember that we will be sending out presentation slides, as well as a short survey following today's webinar. The feedback we receive through this survey provides us with important information for producing future webinars. And as a reminder, we will be sending out a link to this recorded webinar in approximately three weeks. Thank you again for participating in our second LD@school webinar, and enjoy the rest of your day.