INTENSIFYING SUPPORTS FOR 
STUDENTS WITH ADHD AND 
ANXIETY

Around 13% of K-12 students have a mental health disorder -- the most common is anxiety. This percentage is predicted to be higher for teens since they face additional pressures.

NSCH, 2020

ADHD impacts 5.4 million K - 12 students in the United States. Students with ADHD are more likely to struggle academically, and more than 50% of students with ADHD have anxiety.

Melegari et al., 2018; NSCH, 2016

What we know about supporting students with ADHD and anxiety:

- Little research is known, meaning that supports should be individualized.
- Students with ADHD and anxiety are more likely to experience difficulties socially, academically, with their memory, and with attention.
- For families, it can be challenging to distinguish between symptoms of anxiety and symptoms of ADHD.

D’Agati et al., 2019
What can teachers do?

Discerning between behaviors that result from ADHD or anxiety can be a challenge. For teachers, focusing on the function that these behaviors serve is critical when identifying appropriate interventions to support students with ADHD and anxiety.

The daily behavior report card (DBRC) is an intervention used to reduce the frequency and severity of symptoms of ADHD in classroom settings.

Cognitive behavior therapy (CBT) is a recommended practice for students with anxiety and preliminary evidence suggests supportive evidence for the use of CBT for adolescents with ADHD and anxiety.

Teachers can use the Taxonomy for Intervention Intensity (Fuchs et al., 2017) to address behaviors associated with each condition and reduce the complexities presented by the comorbidity of ADHD and anxiety.
**Intervention to Intensify:**

For ADHD, teachers can intensify the Daily Behavior Report Card (DBRC). The DBRC uses behavior expectations to set behavior goals for a student to practice until mastery is reached.

For anxiety, teachers can intensify using Cognitive Behavioral Therapy (CBT). CBT helps students identify their emotions and use corresponding strategies to support themselves.

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<th>Dimension</th>
<th>Intensify for Comorbid ADHD &amp; Anxiety</th>
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| **Strength**      | • Both the DBRC and CBT have a strong research backing  
                   • To measure the strength, schools can rely on data from the DBRC, anxiety rating scales, and additional data collected to assess ADHD and anxiety (e.g., attendance, office reports, etc.). |
| **Dosage**        | • The dosage can easily be adjusted for both DBRC and amount of CBT  
                   • To start, the teacher can briefly check-in with a student halfway through class to see how the student is feeling and provide feedback. If the student is not reporting symptoms of anxiety and meeting DBRC goals, the teacher can forgo an additional check-in. |
| **Alignment**     | • Write goals in the DBRC related to ADHD and anxiety.  
                   • Examine the effectiveness of a student’s accommodations to make sure they are appropriate for the student's ADHD and anxiety impacts. |
| **Attention to transfer** | • The CBT questions a student uses to self-monitor can be also be used by the teachers and parents across educational and social settings.  
                   • Examples: “How am I feeling? What can I do when I’m feeling this way? What are my strategies? Who can I check in with?” |
| **Comprehensiveness** | • The teacher can model the strategies for the student to complete when they are feeling anxious and not meeting DBRC goals.  
                   • As the student feels more comfortable using strategies, support for anxiety can be faded, including academic supports, such as breaking down an assignment to reduce anxiety. |
| **Academic Support** | • Before increasing elements of the Taxonomy, a teacher should confirm that the tasks for the student are not above the academic abilities of the student.  
                   • Academic accommodations can be added to support a students use of the DBRC and CBT strategies in class. |
| **Individualization** | • The use of CBT embedded within the DBRC is an intervention that can easily be individualized. For example, CBT goals can be incorporated into the DBRC.  
                   • The DBRC, in nature, is an individualized support that is tailored to the unique behavioral needs of the student. |

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