2017-2018 First Year of Studies’ Anniversary Lecture Series on Advising

The 2017-2018 First Year of Studies’ Anniversary Lecture Series on Advising was designed to celebrate the University of Notre Dame's First Year of Studies’ dedication to and innovation in the field of undergraduate advising. The presentations in the series were as follows:

- *Introductions to The First Year of Studies Anniversary Lecture Series* by Hugh R. Page
- *Not an Easy Place: New Strategies for Helping Anxious Students* by Elizabeth Wilcox, September 25, 2017
- *The Architect of Hope* by Elizabeth Wilcox, September 25, 2017
- *Culturally Competent Advising: Beyond the Demographics*, by Pamela Nolan Young, November 13, 2017
- *Encouraging Achievement on an Uneven Playing Field: Framing the Discussion*, by Jennifer Fox and Holly Martin, November 13, 2017
- *Establishing an Advising Community: Launching an Organization and Fostering Scholarship*, by Mathew Bumbalough, February 26, 2018

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Not an Easy Place: Helping Anxious Students Cope

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Anxiety has now outpaced depression as the number one mental health problem on college campuses (AUCCCD, 2016) and “students are seeking collegiate mental health services in record numbers” (Grasgreen, p. 1). According to the Anxiety and Depression Association of America, one in six college students has sought treatment for anxiety in the last year.

The costs of unrecognized and untreated anxiety are significant. Anxious people can be socially isolated and withdrawn. They can suffer emotionally. Compulsive behaviors may emerge. They may have physical symptoms and complaints – including sleep disturbance, insomnia, and most importantly for educators, they may have difficulty with concentration, memory and attention (AADA). All of these costs are of enormous concern as they can negatively impact performance, progress, and persistence.

Given the growing prevalence of anxiety in our student populations, it seems increasingly important that every person working directly with students develop a better understanding of the causes and expressions of anxiety and that they have a wide range of tools and strategies for helping anxious students cope.

Working Effectively with Anxious Students

Anxious behaviors can be easy to miss and dismiss. I have heard both faculty and staff disparage students when they obsess over a B- or worry that they will never get into medical school if their performance is less than perfect. The truth is that when we dismiss these fears and simple expressions of anxiety we lose our ability to intervene in constructive ways – as advisors, instructors, parents and as friends.

Anxious people do three things and anxious students do them all day long.

The first is that they magnify (LeJeune, p. 13). The annoying B- becomes larger than life and begins to grow in significance and importance. They also ruminate (LeJeune, p. 13); they can’t stop thinking about that B-. It’s there at breakfast, lunch and dinner and even in between that. And finally, they catastrophize (LeJeune, p. 13). That B- will ruin their chances of getting into medical school, their parents will disown them and in short, their lives will be ruined.

To miss or dismiss this thinking (whether it’s the result of a B-, an F or something else) is to miss the opportunity to intervene in a positive way and help address this distorted thinking.

Anxious people are often in pain (consciously or unconsciously) and a compassionate response can ease this pain. This article is written with the hope that you will be better able to recognize, address, and ultimately ease this suffering.

Understanding Anxiety – Fight or Flight
Anxiety is connected to our deeply rooted fight or flight response (LeJeune, p. 7). Fight or flight is a survival mechanism that helps us make quick decisions in situations where we perceive a threat. If danger is near, we may fight or if there is time, we may flee. This response can be an extremely helpful coping mechanism in times of stress. In the anxious person, however, this response is overstimulated. The anxious person feels that there is a constant threat and finds themselves in “a persistent state of arousal” (LeJeune, p. 9).

When the flight or fight response is overstimulated and active without pause, it has a wide range of physical, psychological and even biological results, mostly negative. The brain releases cortisol in high amounts causing irritability, weight gain, insomnia, and an inability to concentrate (ADAA). In short, conditions that are antithetical to learning.

There are several other factors that can contribute to anxious responses. Anxiety runs in families and is considered “heritable” (ADAA). As described by Frances E. Jensen in her book, The Teenage Brain, teenagers, it turns out, are also particularly susceptible to anxiety as one of the consequence of the underdeveloped pre-frontal cortex which is not yet fully equipped to regulate emotion. Teenagers are also particularly vulnerable to digital overstimulation – with constant virtual connections, interruptions, attention grabbers and other distractors that give the developing brain little down time. It is also worth noting that the use of substances – from Adderall to caffeine can worsen an already bad situation – similar to throwing gasoline on a fire.

Why so Anxious?

It is important to understand that “everyday” anxiety can help us (ADAA). We worry about a test – so we study harder. We worry about money so we save more. We worry about giving a recital – so we practice with more effort. All of us have benefitted in some way from temporary anxious thoughts and feelings as they can motivate us to improve performance. These feelings are helpful expressions of “fight or flight” – since they often stimulate fight (or to be exact, more effort).

So how and why has “useful” anxiety turned into something more powerful and disruptive for so many young people? There are many hypotheses out there – including a prevailing idea that our millennials and now Gen X’ers have been “excessively parented” by overprotective parents who have raised a non-resilient generation (Haidt, 2015). While some advance this argument, the truth is that this assertion is not grounded in relevant context. College is now more expensive than ever – the cost of a college education has risen more than any other good or service on the consumer price index in recent years – even healthcare (Chokshi, p. 1). Competition has also increased – with Tier 1 Research universities becoming increasingly selective. For example, UC Berkeley admitted only 17% of about 85,000 freshman applicants in 2017. As a result of fluctuations in the job market, college graduates face a more uncertain future (and many are saddled with crippling debt (Fry, 2014)). Students must face constant evaluation and competition compounded by the fact that they also experience more profound and rapid changes during their college years – including changes in their everyday environment and routine, living situations, family dynamics, they must manage newly found independence, and begin to shape an adult identity. Some can face enormous social pressures as they form new attachments and relationships. Many students come to our campuses with pre and coexisting conditions that can
flare when pressure mounts (Kwai, 2016). Taken as a whole, these realities create an unprecedented pressure filled and pressurized college experience for today’s young people.

**Anxiety Disorders (and related behaviors)**

Many of us are familiar with the classic anxiety disorders - *Panic Disorder* (debilitating fear) and *Agoraphobia* (fear of the marketplace), *Social Anxiety Disorder* (avoidance of social interactions), *Specific Phobias* (fear – of flying, heights, snakes, etc.). The most common of all anxiety disorders is *Generalized Anxiety Disorder* and it is characterized by excessive worry (ADAA). To those who have never experienced it, this level of seemingly “irrational” worry may be irksome and irritating. However, *Generalized Anxiety Disorder* is a significant disorder that can interfere with quality of life. It is important to note that anxiety disorders often present with depression and related disorders such as post-traumatic stress disorder, and obsessive-compulsive disorder (ADAA). Again, all are of concern as each presents a unique set of issues and concerns.

We often think of anxiety as “panic” but it can present in a variety of ways some of them very distinct but easy to miss. Of particular interest in advising settings is a behavior called “checking” in which the anxious person must “check” and “recheck” something as a matter of habit (ADAA). For example, a student may need to “check” on the status of an application repeatedly, or they may “check”, and recheck a fact, grade, or statement you made to them. Excessive “checking” is a sign that something is amiss.

Compulsive behaviors can also be part of an anxious response. Students may find that once pleasurable coping mechanisms like playing video games, occasional gambling, or even substance use – turn compulsive, obsessional, and destructive (ADAA).

It is worth taking the time to explore these behaviors (and related behaviors such as procrastination, avoidance and withdrawal) as they can be symptoms that deeper problems exist (ADAA).

**New Treatments**

While we as advisors and educators are not therapists, there are a number of highly successful treatments that can inform the way we work with anxious students. Three treatments in particular offer hope, particularly when blended.

**Dialectical Behavior Therapy (DBT)**

*Dialectical Behavior Therapy* was developed in the 1980’s by Marsha Linehan to treat individuals who have difficulty with emotional regulation. One of its primary benefits is that it provides a set of skills that can be used to cope with the stresses that create emotional disturbance.
There are two main ideas in Dialectical Behavior Therapy that can also be used to help manage anxiety. The first is the idea of dialectics itself which asserts that there are multiple pathways to “truth” and many ways of looking at problems – or when transferred to a therapeutic intervention, many skills and ways of thinking that can support healthy emotional responses. The other is a concept called Wise Mind, a mental stance or way of thinking that encourages objectivity, balance and the ability to hold the things that happen to us slightly outside of ourselves. For those who are anxious, a Wise Mind stance can help reduce the feelings of distress that come from uncertainty and the unexpected.

Also of interest is a set of skills grouped under the title – Distress Tolerance. These skills follow acronyms making them easy to remember such as ACCEP'TS and IMPROVE. For example, the ACCEP'TS tolerance skills provide a wide range of practical tips for handling distress through distraction (which can disrupt the anxious person’s tendency to ruminate).

<table>
<thead>
<tr>
<th>Activities</th>
<th>These can include things like exercise and listening to music.</th>
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<tbody>
<tr>
<td>Contributing</td>
<td>Providing service to another person or organization can be both distracting and calming.</td>
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<tr>
<td>Comparisons</td>
<td>By comparing yourself to others who are less fortunate we can recalibrate our distress response.</td>
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<tr>
<td>Emotions (Opposite)</td>
<td>By encouraging emotions release from one state to another we can again recalibrate. For example, by evoking happiness or gratitude to balance feelings of anger or rejection.</td>
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<tr>
<td>Pushing Away</td>
<td>This is the simple response to distress that encourages us to take mini vacations from our troubles.</td>
</tr>
<tr>
<td>Thoughts</td>
<td>We all have the ability to manage our thoughts by focusing them on things we enjoy and that bring us pleasure.</td>
</tr>
<tr>
<td>Sensations</td>
<td>Soothing touch and sensation can provide incredible calm (think bubble bath).</td>
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These skills can be used anywhere and at anytime to help us return to a state of calm – or a Wise Mind stance.

The last concept is the concept of Radical Acceptance, or, the idea that none of us is immune from bad things happening. We have all had setbacks and disappointments including the occasional B-, C or even F (and worse).

Each of these strategies can be adapted for use in discussion with students. For example, a general inquiry about coping mechanisms can be useful. It can be as easy as inquiring:

- **How do you handle stress, worry, and anxious thoughts and feelings?**

The responses can be illuminating. If you get *I go to the gym*. That sounds like a reasonable coping strategy. If you get, *I play video games compulsively*, that is also a revealing answer. This can be followed with,
Are there other ways that you could handle stress and uncertainty?
Is it possible to accept (without judgement) what you cannot change?

This is a response the blends *Wise Mind* with *Radical Acceptance*. These open-ended prompts can lead to productive conversations with students that may help them develop healthier coping mechanisms.

The essential idea is that skills can replace counter-productive thoughts and behaviors.

**Acceptance and Commitment Therapy**

It feels “bad” to be anxious and what might start as a simple worried thought can cascade into a landslide of disorienting panic and despair. Our natural protection against such disturbance is to push away our worried and anxious thoughts. However, this natural pushing away only acts to strengthen and reinforce our own inability to cope (LeJeune, p. 19). The central tenant of *Acceptance and Commitment Therapy* (Hayes, 1993) is that when we recognize and accept our unwanted thoughts we can regain a feeling of competence and control. This can seem a scary proposition for worried and anxious people. We fear that acceptance might result in psychological overload. When we feel *we are our worried thoughts*. The truth is, *we are not our worried thoughts* – they are just thoughts – dark premonitions that are unlikely to materialize (LeJeune, p. 23).

Acceptance begins with the simple act of noticing and acknowledging what we are feeling and labeling these feelings. As we accept our unwanted thoughts and emotions, we are better equipped to cope and make positive change. Visualization techniques can be particularly helpful. We can imagine ourselves “watching” our own thoughts, for example, instead of “being” our thoughts. A commitment to careful observation of the workings of our own mind, and willingness to label these thoughts (with for example, “I’m worrying” “I’m catastrophizing” “I’m magnifying”) can help us regain our footing.

A willingness to see our own lack of total control can also be helpful. A technique abbreviated as LLAMP which is central to *Acceptance and Commitment Therapy* can provide the needed guidance (LeJeune, p. 35).

L Label thoughts
L Let go of control by not pushing them away
A Observe thoughts & feelings to identify themes and patterns
M Remain mindful of the present moment
P Proceed in the right direction by “caring” instead of “worrying” and practicing self-care and self-compassion

Again, we are not therapists how do these ideas translate? Many of these core ideas can guide the formation of open-ended questions that help students begin to observe and apply the concepts of acceptance and commitment.
• Can you identify and name what you are thinking and feeling?
• Can you observe yourself with compassion?
• How would it feel to accept your own lack of total control?
• Can you separate yourself from this experience?

The underlying idea is that acceptance of unwanted thoughts and emotions supports coping and positive change.

**Cognitive Behavior Therapy**

*Cognitive Behavioral Therapy* (Beck, 1993) is similarly interested in how our internal dialogues are constructed and influence behavior. Some thinking styles get us into trouble and impact behavior in negative ways. Until we can untangle these maladaptive thinking styles, we will be less able to change related troublesome behaviors. For example, the thinking behind a less than ideal grade can go something like this…

“I got a B- on an exam I studied really hard for.”  
“This grade will prevent me from getting into the major I want – which is highly competitive.”  
“I must not be good enough to be here since I did so poorly.”  
“No matter how much I study, it won’t make any difference.”  
“So I should just stop studying and going to class”.

This is an example of “aversive chain” thinking (Perkinson, p. 446). The grade results in questions of belonging (I must not be good enough to be here) which leads to behavioral change (I am going to stop going to class). Much like *Acceptance and Commitment Therapy* (Hayes, 1982), *Cognitive Behavioral Therapy* asks us to slow our thinking and the “aversive chains” our thoughts can create.

Cognitive behaviorists have identified a number of thought patterns that create difficulty for us and many of these are apparent in the way anxious thoughts take root and become problematic. Some of the most common cognitive distortions involve filtering (a way of seeing or listening for the negative and discarding the positive), polarized or “black-and-white”, “all or nothing” thinking (thinking there is nothing in between “perfection” and “failure”), overgeneralization (a focus on one bit of information and using it to “generalize” to all situations), jumping to conclusions, personalization (feeling that all feedback or information is personal), blaming (holding others responsible for our pain), excessive need for approval, and pessimism (Grohol, retrieved from *Psych Central*). It is important to note that these thinking styles are often developed as defense mechanisms. For those who have suffered pain from past trauma the heightened expectation that something bad might happen, or is happening is a way to stay in ready defense. Just as anxiety itself is highly psychologically and physically draining, so are these negative thinking styles.

The basic and most important take away is that greater awareness supports behavioral change. Cognitive Behaviorists use an A-B-C model for helping support positive change.
A  Activating event (or trigger event) that starts the distorted thinking process
B  Beliefs about that event and ourselves
C  Consequences in the form of feelings, actions and behaviors

So again, how do these ideas translate to advising? They help us develop the listening skills needed to identify and challenge possible cognitive distortions before they negatively impact behavior. Advisors can,

- Listen for “triggers” (events and situations) that prompt negative thought patterns that undermine performance.
- Identify possible problems in thinking style – such as “all or nothing” thinking, turning small setbacks into huge issues by “magnifying”, etc.
- Develop probing questions that support more balanced thinking…for example,

  How could you counter your automatic thoughts with healthy self-talk?

  Could you catch your own “aversive chain” thought patterns before they interfere with performance and behavior?

The basic idea is that awareness of thoughts and feeling supports positive behavioral change.

**Your Power to Support**

Advisors have incredible power to support their students by carefully observing and exploring with students their thinking styles and related behaviors. The ability to listen carefully to students, to respond with compassion and empathy, and refer when necessary can be enormously helpful.

The use of exploratory questions can also help, for example,

- How are you feeling or how have you been spending your time?
- Do think your thoughts, feelings and behaviors could be anxiety related?
- Have you ever had these (thoughts, feelings, behaviors) before?
- How does anxiety help you? How does anxiety hurt you?
- Do you ever take a vacation from your anxiety? What does that look like?
- What triggers your anxiety?
- What coping strategies have you developed? What additional strategies could you develop?
- How might I be most helpful to you?
- Would you consider talking with a professional about this?

Many of us may be tempted to respond to anxious thoughts with the simple phrase “don’t worry” and though we mean well this is, at its core, an invalidating response. We are encouraging, in a deep sense, the student to push away their anxious thoughts. We know that greater benefit will result in helping students recognize and accept their anxious thoughts and develop healthy coping strategies. Here are some alternative reassurances that are potentially more useful.
• College can be a very stressful place. (accept)
• I understand what you’re going through. (connect)
• You are not your worried, anxious thoughts. (separate)
• You are bigger than your worries/fear/anxiety/setbacks. (separate)
• Anxiety is highly treatable. (reassure)
• You are not alone. (comfort)

Institutional Responses

Many colleges are becoming more intentional about the way they work to reduce the conditions that trigger anxious thoughts and behaviors and to expand both formal and informal programs that support positive coping. On many campuses, there is a greater emphasis on wellness programs and skill building. Programs that blend academic advising with on-site counseling can be effective, the use of comfort animals is becoming more commonplace (Hoffman, 2015). Stress “kits” and other resources are now sometimes distributed at orientation, students are encouraged to incorporate “mindfulness moments” throughout the day, and to remain aware of their thoughts and feelings. “Peak season” awareness at midterms and final exams can also help create greater connections with mental health resources. Even teaching has been modified to develop “growth mindset” (Dweck, Walton, & Cohen, 2014) by rewarding effort over ability, and encouraging failure, risk-taking and mistakes as the essential building blocks of learning. These demonstrate a collective commitment to making our college campuses better places for learning.

How and When to Seek Help - Referral Strategies

While these efforts can be helpful, there can be moments and situations that require professional intervention and our ability to identify and refer in these cases is critical. If students indicate that they may do harm to themselves or others (safety risk), when substance abuse is involved, when sleep or eating disturbance is present (physical indicators) or when a student is highly withdrawn and no longer able to participate or care for themselves, or there is a significant decline in performance (academic indicators); it’s time to refer (University of California, Student Mental Health Guide).

Here are a few helpful approaches and simple phrases that can be used when making a referral to a mental health professional.

• I care about your wellbeing.
• I’m aware of some excellent resources (anxiety is highly treatable).
• It might be useful to talk with a specialist who can help you.
• I have some contact and resources that I have shared with other students. May I share them with you?
• Is this something you might follow up on today, this week?
• How might I check in with you again on this?
The Most Powerful Tool You Already Own: Your Phone

Anxious thoughts and feelings can be suddenly present at any time of the day or night. This can make them particularly unrelenting and difficult to manage. A number of powerful tools exist and are readily available in the form of apps that can be downloaded and used 24/7. There is an app for nearly every anxiety disorder out there - those that track panic, those that help identify worry, and those that help us alter thinking patterns. While these cannot take the place of professional help, they can be used as “portable” tools throughout the day and night. Students can be encouraged to explore the wide range of apps out there that might suit a particular need or situation. Here are a few of the best that you may wish to review and recommend - MindShift, Panic Relief, Headspace, Pacifica, WorryWatch, and Moodkit – and there are also many others.

Ending the Stigma

Part of our compassionate response is rooted in a much needed destigmatizing of mental health problems. According to the Anxiety and Depression Association of America, nearly 40 million people suffer from anxiety and only 1/3 of these individuals receive treatment even though anxiety is one of the most highly treatable of all mental health problems. There are several important agencies, and movements that promote a better understanding of the prevalence of mental health problems and work to end both discrimination and stigma. The National Alliance on Mental Illness, for example has a powerful program called “I am stigma free” and the Anxiety and Depression Association of American has a wide range of excellent resources for college students developed to provide support without judgement.

Advisors can be powerful change agents and sources of support for students. Through our own compassionate and empathetic response, we can make college a better place by asserting again and again, you are not alone.

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