

ED295396 1988-00-00 Stress Management for the Learning Disabled. ERIC Digest #452.

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Author: Rubenzer, Ronald L.

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TEXT: WHY DOES THE EDUCATION SPOTLIGHT NEED TO BE TRAINED ON STRESS MANAGEMENT IN THE SCHOOLS?

School-related stress is the most prevalent, untreated cause of academic failure in our schools. It is believed to afflict an alarming 6 to 10 million children a year (Barker 1987). In a classroom of 25 students, between one and three students are at high risk for developing stress-related problems which would probably interfere with learning (Hill and Sarason 1966).

Achievement stress, the widespread "invisible disability," is rarely detected but generally gets worse as children progress through school (Hill and Wigfield, 1984). Untreated achievement stress may result in academic failure, behavioral or emotional problems, drug abuse, health problems, and even suicide.

Even though it has been demonstrated that reducing stress significantly improves the performance of learning disabled children in reading, arithmetic, spelling (Frey, 1980), and handwriting (Hughes, Jackson, DuBois, and Erwin, 1979), stress management programs in the schools are almost nonexistent (Rubenzer, 1984, 1987). Stress management has also been effective in improving attentional skills (Omizo and Michael, 1982) of children with attention problems.

Since the stressed children of today will be the Type A adults of the 21st century, treating stress in the schools now may well relax our dangerously stressed society in the future. Currently, stress-related mental disorders are 200 to 400% more prevalent than any other emotional problem requiring clinical treatment (American Psychiatric Association, 1980). Valium, a medication used to relieve stress, is currently the most widely prescribed medication in the United States, thus indicating the epidemic proportions of stress in our society today (Cawood, 1981).

WHAT IS STRESS?

Stress is the physiological and emotional reaction to psychological events. Any event triggering the formerly life-saving, ancient "fight or flight" response is a stressor. The constraints of modern society clearly prohibit fleeing from or physically resisting most stressful events (e.g., running out of a classroom when a surprise test is given, arguing with the teacher not to give a test). Unrelieved, the cumulative, physical strain generated by psychological stress can harm the body. Stress is often experienced as a consistent, exaggerated, and overwhelming sense of urgency, often coupled with frustration.

Achievement stress, triggered by school tasks, is a learned, inappropriate distress habit which impairs school performance. The many faces of achievement stress include test anxiety (Sarason and others, 1960), math anxiety (Tobias, 1980), stage fright (e.g., public speaking, fear of boardwork in front of the class), writer's block, etc.

WHAT ARE POSSIBLE CAUSES OF ACHIEVEMENT STRESS FOR THE LEARNING DISABLED (LD)?

SCHOOL FACTORS: Achievement stress may be the result as well as the cause of poor academic performance. The precise role of stress in academic performance is blurred because of the complexity of anxiety's origin, measurement, and manipulation. However, The negative relationship between stress and impaired performance is well established.

SPECIAL EDUCATION FACTORS: In addition to the great achievement demands (Elkind, 1981) experienced by all students, learning disabled children may be at particular risk for achievement stress due to frustration stemming from:

1. Insensitivity of significant others who treat these children as if they choose not to perform, when in fact they cannot perform at their ability level.
2. Self-concept confusion resulting from the vast gap between being able to keep up with the class in some modes (e.g., oral discussion, group work, artistic and creative expression, athletics, etc.) and discrepantly poor academic performance in other modes (reading, writing, boardwork, standardized achievement tests, etc.).
3. Dependency on the special education teacher for academic survival and the separation anxiety of having this school "life raft" pulled out from under them if they must leave the program.
4. Labels (formal and otherwise) attached to these children by both teachers and students, and the isolation and rejection associated with being in any special education class.
5. Hesitancy to ask clarifying questions because of the fear of drawing further criticism.

These frustrations magnify the achievement stress for LD students and place them at particular risk for stress-related underachievement.

HOW DOES STRESS "DIM ABILITY"?

The emotional discomfort of worry, feelings of being overwhelmed, and the unpleasant physical sensations of anxiety (cold, sweaty hands, butterflies in the stomach, fidgeting and squirming, etc.) distract attention from subtle cognitive tasks. Stress can serve as a signal for a panic reaction, or an anxiety attack (e.g., blanking out during a test).

Stress can also trigger a "flight" response leading to careless "rushing errors" (missing important details, inadvertently marking wrong responses on tests, poor handwriting, etc.) resulting from the strong urge to escape from the unpleasant test situation. A child may learn to avoid stress-producing tasks, a behavior which results in poorer performance, and thus amplifies the child's fear of failure at the task in the future. The aim of stress management is to break the link between irrelevant stress reactions (diffused attention, fear, etc.) and academic tasks.

WHAT ARE SOME ACHIEVEMENT STRESS WARNING SIGNALS?

1. Sudden dramatic increase or decrease in effort in school.
2. Major change in attitude or temperament (irritability, lack of enthusiasm, carelessness).
3. Withdrawal or outbursts.
4. Overactive or distracting behaviors (fidgeting, making unnecessary trips to

the pencil sharpener or bathroom, nervous tics, jumping from task to task, showing difficulty in concentrating, being prone to accidents, and sighing). 5. Complaints of fatigue and vague illnesses. 6. Problems sleeping. 7. Headaches or stomachaches. 8. Drug use or abuse. 9. Increase in allergic or asthmatic attacks. 10. Avoidance of school or testing situation by direct refusal or convenient illness (an unnecessary trip to the nurse). 11. Loss of appetite or excessive eating, nail biting, refusing to do chores. 12. Antisocial or disruptive behaviors (Rubenzer, 1987).

A referral to a school psychologist or counselor may be warranted if the quantity or intensity of the above warning signals displayed by the child raises concern. Conversely, decreases in these symptoms would indicate improved stress coping skills.

THE ABC'S OF STRESS MANAGEMENT

Effective stress management requires a "whole child" approach which addresses the child's attitude, behavior (skills), and circumstances.

STRESS-REDUCING ATTITUDES. Foster a relaxed classroom environment. Provide humor as an outlet. Encourage one-thing-at-a-time thinking. Emphasize the importance of affirmative, positive thinking on performance. Have the child repeat such phrases as "I can do it," "I am calm and I can remember the right answers," "I have studied hard so I will do well." Encourage the child to discuss his or her problems with counseling personnel and others.

STRESS-REDUCING BEHAVIORS. After about 10 relaxation training sessions (usually three 10- to 15-minute sessions per week) using such programs as QR, Centering Books, Biofeedback monitor, Stress Dots or Calmpute (see references), have the student practice relaxation while seated at a desk (with eyes open). Make certain the student "unlocks" arms and legs, breathes deeply and slowly, and relaxes muscles. If the child starts frowning or fidgeting during the task, remind him or her to relax. Sitting at a desk will become a cue for relaxation if the child is rewarded (saying thank you, etc.) for relaxing when seated. It may be helpful for a child to engage in some noncompetitive aerobic exercise for a few minutes prior to being seated to help burn off energy.

STRESS-REDUCING CIRCUMSTANCES. Provide work which is usually within the child's "comfort zone" in terms of success. Only after relaxation and test-taking skills have been mastered should the child be given mildly challenging work to inoculate him or her against panic attacks.

RELAXATION CENTERS. To assure that stress management will not be shelved and simply discussed once a year, a relaxation center can be set up, to which students can be assigned regularly (two to three times per week). A chart indicating the time each student spends at the center may be useful. Designate a small area, relatively free from sound and noise distractions. A study carrel with a comfortable chair should be

provided. Decorate the immediate area with calm colors and soothing pictures or wallpaper designs. A cassette player with earphones will be needed. A collection of relaxation audio cassettes should be housed, as should biofeedback equipment if possible.

The special education classroom may be the only place where these children will be equipped with stress management skills which will become increasingly more important as the pressures to achieve academically increase.

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