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Utilizing Projective and Circular Questioning with Female Middle and High School Students to Reduce Anxiety

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Panic and Generalized Anxiety Disorders are widespread among U.S. female, middle and high school students. Moreover, noxious anxiety symptoms that fail to surpass Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM-IV-TR) clinical thresholds are prevalent among this population. Projective and Circular Questioning are two easy to implement counseling interventions that help counselors gain further information regarding presenting student anxiety, engender student insight, and promote student cognitive and behavioral changes. These counseling interventions are described below. It should be understood that although these counseling interventions were used with middle and high school females, they could be readily adapted to meet the needs of most students or clients who present with anxiety issues or other mental health concerns.

Existing 12-month, prevalence rates suggest more than 849,000 U.S. middle and high school age females fulfill the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM-IV-TR) diagnoses for Panic Disorder and Generalized Anxiety Disorder (Costello, Egger, & Angold, 2005; Merikangas et al., 2009). This robust number does not include the much larger number of middle and high school aged females presenting with bothersome anxiety symptoms, but who fail to break the DSM-IV-TR's diagnostic threshold (Albano, Chorpita, Barlow, 2003; Merikangas et al., 2009). This VISTAS manuscript provides the chief Panic Disorder and Generalized Anxiety Disorder diagnostic features noted among middle and high school females and describes two counseling interventions the first author has utilized with students presenting with anxiety disorders. Although the focus of this article is specific to middle and high school females presenting with anxiety, the described counseling interventions can be readily adapted to

meet the needs of a much broader clinical population presenting with diverse symptoms (e.g., Juhnke, 2002; Juhnke & Hagedorn, 2006; Juhnke, Granello, & Granello, 2010).

Panic Disorder Among Middle and High School Females

The key symptoms of Panic Disorder with this population include an initial sudden and unexpected onset of terror accompanied by unexplained physical symptoms such as a pounding heart, chest pain, inability to breathe, or feelings of being smothered—many times with an immediate and imminent sense of doom (American Psychiatric Association [APA], 2000). Middle and high school females with whom the first author has counseled and who fulfilled DSM-IV-TR Panic Disorder diagnoses typically experienced an overwhelming fear of reoccurring panic attacks. Often they were ever vigilant to stay away from persons, experiences, or places associated with the panic attacks. Given the severity of symptoms associated with Panic Disorder, the Disorder can be especially debilitating. Although the panic attacks themselves are severe and typically the only desired focus of counseling by the student, an equal and sometimes even greater loss for middle and high school females is the truncation of important academic, social, and athletic school-related activities that provide the foundation of a positive school experience. Therefore, it is imperative that counselors address both the presenting panic attacks and the negative consequences these attacks have on the students' familial, social, and academic milieus.

Generalized Anxiety Disorder Among Middle and High School Females

Unlike Panic Disorder, where the most prevalent concerns are specific to reoccurring panic attacks, middle and high school aged females diagnosed with Generalized Anxiety Disorders present with excessive worry and anxiety about an abundance of things. Their excessive worry is significantly distorted out of proportion from the original presenting concern—if such an original concern ever existed. Often the excessive worry is like a free flowing stream. Whatever comes to consciousness engenders excessive worry. These students are highly anxious and tend to be easily startled or alarmed. Often they live in constant tension. In extreme cases, students can become completely unable to function due to constant anxiety. Generalized Anxiety Disorder has a two to one female to male prevalence, and the Disorder's onset is typically childhood or early adolescence (APA, 2000).

Projective and Circular Questioning

Two counseling interventions the first author has found especially useful with anxious students are described below. These counseling interventions are Projective and Circular Questioning (Juhnke, 2002; Juhnke & Hagedorn, 2006; Juhnke et al., 2010). Each intervention provides significant information regarding how anxious students perceive their anxiety-related symptoms, circumstances, and others (e.g., peers, parents, etc.). The interventions are easily implemented and take little energy or time to employ. Yet potential benefits can be significant.

Remember, however, that Panic and Generalized Anxiety Disordered student responses to these counseling interventions are frequently based upon perceptions not facts. Stated differently, even if the students' perceptions are completely inaccurate, their perceptions are "reality" to them. Therefore, their misperceived reality, no matter how inaccurate and falsely skewed, can significantly slow, hamper, or disrupt treatment. Thus, all inaccurate perceptions must be taken into consideration when constructing meaningful and results-oriented counseling. This is especially true when building potentially helpful significant other interactions. Failure to consider faulty perceptions can result in flawed planning or even harmful interactions between anxious students and others.

Many times anxious students will report specific others (e.g., students, teachers, or school aids), places on campus (e.g., math classrooms, hallways, locker rooms) or times of the day (e.g., "just before school," during History class, or "between classes") as anxiety provoking. Attempting to immediately correct these inaccurate perceptions may not always be the wisest therapeutic decision. In fact, there may be times when attempting to change students' inaccurate perceptions regarding what students believe to be *the cause* of their anxiety may actually rob students of precious treatment time, resources, and energy. Some students may even disengage from the treatment process. Here, highly anxious students may perceive the counselors' attempts to challenge misperceived "reality" as "causing" further anxiety. Therefore, especially at treatment onset, when establishing trust is vitally important and additional panic attacks are easily engendered by perceived conflict, counselors may make greater therapeutic progress by simply eclipsing emotionally hot topics. Stated differently, if Maryellen believes her panic attacks are caused by the black lab tables in her 9th grade Physics lab, don't waste precious time and energy arguing. Use the below described counseling questioning interventions to build therapeutic rapport and help Maryellen establish a pattern of successes with less anxiety provoking issues. This will increase the probability Maryellen will remain invested in counseling and enhance her skills to successfully address the more intense anxiety topics later.

Projective Questioning

Counselors using Projective Questioning typically ask students to use from one to five words to describe someone (e.g., parent, sibling, teacher), an experience (e.g., Speech class, pep squad practice, choir tryouts), the student's anxious experiences, or a calming behavior (e.g., breathing exercises, positive internalized speech [e.g., repeating to one's-self the words, 'I am safe']). With students who fulfill Panic and Generalized Anxiety Disorder criteria, one intent of Projective Questioning is to gain increased understanding of the students' perceptions, and better understand how these perceptions can be used or modified to reduce anxiety and increase counseling efficacy. Therefore, a Projective Questioning query might be, "What four words would you use to describe your mother?" Here, the intent is to learn how the student perceives mother. Responses provide greater insight as to the degree mother should initially be involved in treatment. For example, should the student describe mother as "anxiety-causing," "wicked," and "domineering," the counselor may wish to utilize individual counseling without mother's significant involvement. Conversely, should the student report mother as "calming," "supportive," "loving," and "kind," mother's involvement during the initial sessions may be helpful. Thus, Projective Questioning can serve as a means for anxious students to

describe others within their immediate milieu. Based upon student responses, counselors can then determine how best to either increase interactions with calming persons or decrease interactions with those who engender anxiety. This intervention's immediate benefits typically include less frequent panic attacks or anxious feelings and increased frequency of perceived support.

Other Projective Questioning uses include promoting student insight and teaching students' how to effectively utilize internalized, positive, self-talk to reduce anxiety and increase students' non-anxious times. Here, for example, the counselor might ask, "What word best describes your anxious feelings?" Should the student say, "overwhelmed" the counselor might respond by: (a) validating the student's active participation, (b) describing potential effects words have upon the experienced anxiety, and (c) teaching the student how to utilize different words or phrases to reduce anxious feelings.

Counselor: Maryellen, thank you for answering my question. You certainly are invested in getting better. I am very impressed by your commitment to take control of these anxious feelings and create the peaceful life that you want. The word "overwhelmed" sounds "overpowering." It sounds like the word robs you of your desired peaceful feelings.

Student: You can say that again. I hate those anxious, overwhelmed feelings.

Counselor: What words would you rather be saying to yourself?

Student: Happy, calm, cheery. Anything but overwhelmed.

Counselor: I know you would rather be experiencing happy, calm, and cheery feelings. One thing I have learned from the students I have previously counseled is the power of words. For example, the word overwhelmed seems as though it robs you of your power and implies that you can't control your anxious feelings.

Student: That's exactly the way it feels.

Counselor: I'm sure that's the way it seems. Interestingly, many of my students who have gotten significantly better have found it helpful to exchange yucky, defeating words that rob and disempower with new words and phrases that promote calm and control. They use these words whenever they start feeling anxious or overwhelmed.

Student: What do you mean?

Counselor: Recently, I had a student begin saying to herself, "I'm safe" and "everything is going to be alright" whenever she began feeling nervous or anxious. She would repeat the phrases slowly to herself until the anxious feelings disappeared. She claimed it was rather difficult to do at first, but like you, she was committed to getting better. So, she kept on repeating the phrases whenever she was anxious. She knew it would help. About 10 days later, she found she was less anxious and didn't have the degree of anxiety she had before.

Student: Sounds like my mother. She is in recovery and uses the Serenity Prayer all the time.

Counselor: Really? Does she find it helpful?

Student: She must, because she constantly repeats that prayer aloud.

Counselor: Do you know the words?

Student: To the Serenity Prayer? Sure, God grant me the serenity to accept the

- things I cannot change; courage to change the things I can; and wisdom to know the difference.
- Counselor: Do you think it might be helpful if you repeated those words or a phrase like “I am safe” when you start to feel anxious or overwhelmed?
- Student: I don’t know. I could try.
- Counselor: Cool. Why don’t you try it this week and see what happens. Which one will you practice the phrase “I am safe” or the Serenity Prayer?
- Student: Because the Serenity Prayer works for my mom, I’ll try that.

A number of points are important to notice in the above vignette. First, the counselor validates Maryellen by thanking her for responding to the counselor’s question. Interestingly, the first author has found many of his clinical supervisees often fail to acknowledge students’ responses and then are baffled when students do not respond to later questions. From a Behavioral Theory framework, intermittently thanking students for responding to questions provides positive rewards and encourages continued engagement. Also, note that the counselor does not validate Maryellen’s feelings of being “overwhelmed.” In other words, the counselor does not say, “Yes, Maryellen. You are totally overwhelmed by your anxiety.” Instead, the counselor utilizes psychoeducation and describes how Maryellen’s chosen word “overwhelmed” robs her desired feelings and disempowers her.

Next, the counselor asks what words, other than “overwhelmed,” Maryellen would rather be saying. The counselor then repeats these exact words and validates that Maryellen would like to experience the feelings reflected by her newly chosen words. It is important to note that the counselor does not simply assign Maryellen to say these words whenever she finds she is anxious. Instead, the counselor briefly provides additional psychoeducational instruction and engenders hope. This is accomplished by reporting previous anxious students had utilized this word-switching technique and found it helpful. The implication is that because these students were able to experience relief by word-switching, Maryellen may find word switching helpful too. Additionally, the counselor attempts to inoculate Maryellen from prematurely abandoning the word switching. This is accomplished by suggesting students who found relief had to practice for 10 days. Students who successfully utilized word switching did not merely give up the first few times the word switching was used. Instead, they persevered and their perseverance brought about the relief that Maryellen desires.

Finally, it is important to note that the counselor does not demand Maryellen initiate the word switching or the Serenity Prayer. Instead, the counselor asks which the student might find most helpful. Here, the student selects the Serenity Prayer. The counselor then confirms the student’s choice and asks for an update next session. Had the student reported that she did not want to attempt either the word switching or Serenity Prayer we would have encouraged the counselor to respond in one of two ways. The counselor could either say, “How is it helpful not to try word-switching or the Serenity Prayer?” This statement is highly effective. Students frequently yield and respond, “I guess it isn’t. Maybe I could try the Serenity Prayer.” Should a student make such a response, we typically state, “Are you sure? Because if you don’t think the Serenity Prayer will work, we don’t want you to use it. What do you think? Might it be helpful?” This way the student has the opportunity to thoughtfully consider whether the Serenity Prayer will be helpful. If the student does not believe word switching or the Serenity

Prayer would be helpful, we do not pressure the student. It is our belief, if a student does not believe a proposed technique will work, the technique will not work. However, if the student reconsiders and truly believes one or the other intervention will be helpful, they will be anticipating positive change from the new behavior. Thus, the probability of successful outcome vastly increases.

Circular Questioning

Circular Questioning is similar to Projective Questioning in that each solicits students' perceptions and beliefs (Juhnke & Hagedorn, 2006). However, this time, students are asked to describe themselves. Here, the intent is not to learn students' perceptions of others. Instead, the intent is to learn what strengths the students perceive others see in them. Circular Questioning is invaluable with anxious students because it helps students identify and build upon strengths they perceive others see in them.

It has been the first author's experience that students quickly dismiss others' compliments about them. Yet, unfavorable remarks and caustic statements are often given considerable weight. Circular Questioning affords counselors the opportunity to learn what students believe others see as the student's strengths. Noted strengths can be utilized to address their anxious symptoms.

When initiating Circular Questioning, it is important to learn whom students consider most important. This can be accomplished by asking a simple question such as, "Taylor, who are the three most important people in your life?" Once these persons are identified, Circular Questioning can be used to better understand the strengths student believe others perceive in them. Here, Circular Questioning begins with the most important person and continues to the third most important person. Thus, counselors might state something similar to this, "Taylor, you said your dad is the most important person in your life. If your dad were here right now, what would he indicate are your most positive strengths?"

This question is critically important. It encourages students to identify strengths they believe persons important to them identify in them. Counselors then begin building upon such noted strengths within the counseling process to successfully address their anxiety. For example, should Taylor state, "My dad would say that I am intelligent and tenacious." The counselor might ask how Taylor could utilize her intelligence and tenacity to address her anxious symptoms. On the other hand, should students be unable to state any positive strength that they believe important others perceive in them, counselors might ask something like, "It sounds as though you may not know what strengths your dad sees in you, Taylor. Let's think about this another way. What strengths would you like your dad to see in you?" Here, the intent is to learn how students wish to be perceived by significant others. Once these strengths are listed, the counselor might continue by asking a question like, "Taylor, I'm wondering. In what ways can we begin using your identified strengths to help with your anxious feelings?"

Finally, counselors can use Circular Questioning to encourage new student behaviors by having students describe their perceptions of how their panic attacks or anxiety symptoms perceive them. For example, a counselor might say, "Sumner, if your panic attacks could talk. What would they say are some of the many greatest strengths you possess that you could use to stop them from ever returning?" Here the student is encouraged to identify strengths she can use to stop the panic attacks. The manner in

which the question is stated suggests that Sumner has “many greatest strengths.” This implies that Sumner has an arsenal of strengths at her fingertips that she can readily use to end the panic attacks. Thus, the question embeds the suggestion that Sumner has the power to stop the panic attacks and gives her latitude how to utilize her strengths to do so.

Conclusion

This VISTAS’ manuscript provides a succinct overview of Panic Disorder and Generalized Anxiety Disorder frequency and the chief diagnostic features among U.S. middle and high school females. Two counseling interventions reported as helpful by the first authors’ students and supervisees are described. Projective Questioning is used in an effort to have students describe others within their environment, pertinent experiences, and calming behaviors. Circular Questioning is used to help students identify their strengths and encourage control of their anxious symptoms. Both can be conjointly implemented in treatment to increase the probability of successful anxiety reduction.

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