

Test Anxiety In College: What It Is And What To Do About It



Jason M. Nelson, Ph.D.
University of Georgia
Regents' Center for Learning Disorders

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Outline

- What is test anxiety and what effect, in any, does it have on performance?
 - Does test anxiety matter?
- Is test anxiety a disorder?
 - Test anxiety and the DSM
- Test anxiety and ADA
- Test anxiety interventions: How effective are they?
- Accommodating test anxiety
- Evaluating documentation for test anxiety

What is Test Anxiety?

- Cognitive component ("worry")
- Physiological component ("emotionality")

How Common is Test Anxiety?

- Having some TA is near-universal
- ~30-50% of college students experience TA "often" or "almost always"

The Heterogeneity of TA

Of High-TA students:

Some may have poor study or test-taking skills; some may be anxious because they have low intellectual ability; some tend to be perfectionist overachievers and will be dissatisfied with anything less than a perfect score; while others are anxious because they fail to meet social expectations or fear parental punishment.

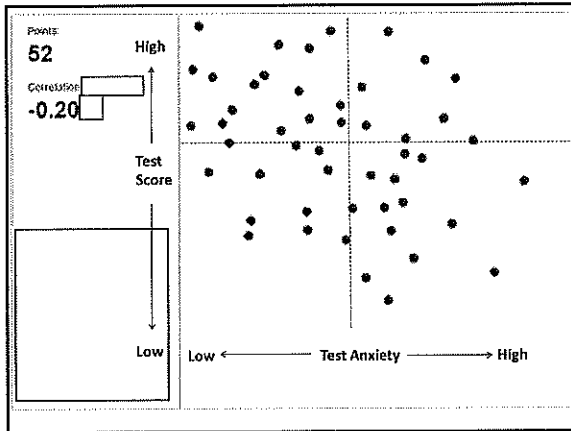
- Zeidner (2014, p. 586)

Does Test Anxiety Matter?

- Correlational studies
 - Typical correlation = -0.2

Evidence that anxiety is usually found to accompany low test scores proves nothing about the part that anxiety plays in bringing about the low scores.

- French (1962, p. 555)

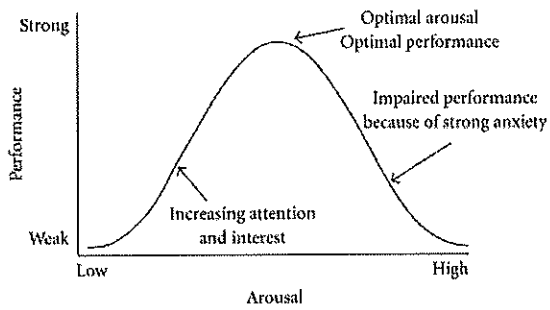




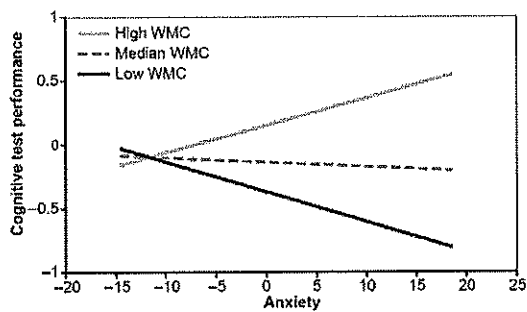
Does Test Anxiety Matter?

- Depends on what aspect of anxiety
- Depends on how much anxiety
- Depends on a student's cognitive resources

Yerkes-Dodson Law



Owens et al. (2014)



Does Test Anxiety Matter?

- The Bottom Line: Don't *assume* that a student who reports test anxiety is *impaired* on tests.

- Distress ≠ Functional Impairment

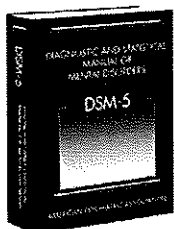


"My child has special wants."

Is Test Anxiety a Disorder?

Criteria for establishing distinct disorders (Barkley, 2015)

- Coherent symptom complex
- Course
- Etiology
- Correlates (e.g., demographic)
- Functional Impairment



How Does Test Anxiety Stack Up?

- No coherent symptom complex proposed or established
- Minimal evidence regarding onset and course
- Minimal evidence regarding impairment
- Some evidence of correlates
- Estimated prevalence rate: 15-40% is much higher than other disorders in DSM

Test Anxiety and DSM

- Never been field tested
- Was considered for potential inclusion in DSM-IV
 - Rejected: too difficult to define and captured too large of a population (40%)
- Mentioned briefly in the social anxiety disorder section of DSM-IV; not mentioned in DSM-5
- Future DSM inclusion?

TA as a Possible Subtype of Current DSM Disorders

- Social Phobia/Social Anxiety Disorder
 - Performance only subtype of SAD
 - Fear of performing in front of others
 - Negative evaluation by others
 - NOT fear of failure and consequence for future
 - “Evidence is insufficient for test anxiety to be part of the SAD criteria” (Bogels et al., 2010, p. 176)

TA as a Possible Subtype of Current DSM Disorders

- Specific Phobia
 - 5 types (animal, natural environment, B-I-I, situational, other)
 - Situational examples: airplanes, elevators, enclosed spaces
 - Situation needs to almost *always* provoke *immediate* fear
 - “There is no evidence to date to suggest that test anxiety is better categorized as a specific phobia than as a manifestation of another anxiety disorder” (LeBeau et al., 2010, p. 157).

Test Anxiety as a Feature of Current DSM Disorders

- Generalized Anxiety Disorder
 - Excessive anxiety and worry about *many* events or activities
 - Often worry about everyday, routine life circumstances
 - Anxiety frequently occurs without precipitant
 - Excessive and unreasonable

Test Anxiety as a Feature of Current DSM Disorders

- Panic Disorder
 - Recurrent *unexpected* panic attacks
 - No obvious cue or trigger at the time of occurrence
 - Occurrence during relaxed state

Other Specified/Unspecified Anxiety Disorder:
A Fit For TA in DSM-5?

- Symptoms characteristic of an anxiety disorder but do not meet full criteria
- Other Specified vs. Unspecified?

Test Anxiety and ADA

- Disability under ADA
 - A mental or physical impairment causing a substantial limitation in one or more major life activities
- Is TA an ADA disability?

What do DSOs think?

- "Test anxiety is not a disability" – TN
- "Test anxiety is not considered a disability under the ADA" – MD
- "All students have testing anxiety at some level...test anxiety alone is not a disability" – NY
- "Usually test anxiety on its own does not constitute a documented disability that is protected by law" – NJ
- "Myth: Test anxiety is a disability. Reality: Many students become anxious when taking an exam." – MN
- "Test anxiety alone is not a sufficient diagnosis to support requests for accommodations" - ETS

Test Anxiety and ADA

- Issues in defining TA as a disability
 - Is it even a mental *impairment*?
 - Does TA actually even *limit* test-taking?
 - Is test-taking a major life activity?

Is Test-Taking a Major Life Activity?

- The ADA and ADAAA do not provide definitions of what “major life activities” are
- Include a nonexhaustive list of major life activities; test-taking is not listed

Is Test-Taking a Major Life Activity?

- *Bartlett v. New York State Board of Law Examiners* (1997)
 - “In the modern era, where test-taking begins in the first grade, and standardized tests are a regular and often life-altering occurrence thereafter, both in school and at work, I find test-taking is within the ambit of ‘major life activity’”
- *Doe v. Samuel Merritt University* (2013)
 - “Given the state of the caselaw, the recent directives of Congress, and the importance of test-taking in our society, the Court finds the Plaintiff has, at a minimum, raised ‘serious questions’ as to whether test-taking is a major life activity under ADA.”

Test Anxiety Interventions: Overview

- Many different approaches
- Address different dimensions of test anxiety
- Most test anxiety intervention research conducted with college students

Main Types of Test Anxiety Interventions

- Behavioral/Emotion-focused
- Cognitive
- Cognitive-behavioral
- Skill-focused

Meta-Analyses of TA Interventions

- Criteria for interpreting effect size (Cohen, 1988)

< .20	Trivial
.20 to .49	Small
.50 to .79	Medium
≥ .80	Large

- Hembree (1988)
- Ergene (2003)
- von der Embse et al. (2013)

TA Interventions: Impact on TA itself

- Most single approaches are effective
 - Most effect sizes in the medium range
 - Study skills only treatment has not been found to be effective in most studies
 - “Other” approaches also not found to be effective
- Combined approach is best
 - Most effect sizes in the large range

TA Interventions: Impact on Test Performance and Grades

- Minimal research
- Smaller effect sizes
- Single approaches generally in the trivial to small range
- Some combined approaches in the medium range

TA Interventions: Moderator Variables

- Treatment format
 - Group format more effective than individual format
- Treatment length
 - 3 to 6 hours most effective treatment length
- Level of education
 - Most effective with college students

Accommodating Anxiety?

- The Clinical Perspective: **No!**

CLINICAL PSYCHOLOGY
SCIENCE AND PRACTICE

Accommodation in Youth With OCD and Anxiety

Elana R. Kagan, Hannah E. Frank, and Philip C. Kendall, Temple University

Although often well intentioned, accommodation interferes with the treatment for OCD and anxiety. Exposure is considered an active ingredient in the treatment for anxiety-based disorders (e.g., Abramowitz et al., 2007; Foa & Kozak, 1986; Kendall et al., 2005; Peterman, Read, Wei, & Kendall, 2015). In order for exposure to be effective, fear should be activated and negatively reinforcing behaviors should be minimized. Minimizing negatively reinforcing behaviors (e.g., rituals, avoidance) is necessary because fear extinction cannot occur unless the individual fully engages with the feared stimulus and allows anxiety to reduce naturally

It is clear that, despite the widespread societal belief that accommodations are desirable, this is not always the case for youth with OCD and anxiety. Unlike a wheelchair ramp provided for individuals with physical handicaps, unconditional accommodations in the context of anxiety deny the child the opportunity to encounter the feared situation. Rather than promoting increased independence and functioning, such accommodations prevent youth from improving their functioning.

Evaluating Documentation for TA

1. Insist on an actual disorder diagnosis being present.
2. Look for *norm-referenced* evidence of high TA levels.
3. Have interventions been tried and failed?
4. Look for evidence of below-average real-world test performance without accommodations.
5. Insist on professional documentation (rather than merely self-report or observation/interview data).

Take-Home Message

- Most individuals with high TA levels will not qualify as disabled under the ADA, although there will be exceptions to that general rule, and disability offices should always conduct an individualized inquiry into each claim.
- Avoid categorical statements about TA.
- ADAAA: "The definition of disability in this Act shall be construed in favor of broad coverage of individuals under this Act."

Thank You!

Jason Nelson – jmnelson@uga.edu

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