

Anxiety: Helping Handout for School and Home

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INTRODUCTION

Anxiety is the reaction to situations perceived as stressful or dangerous. Most children experience some level of anxiety or worry in response to unfamiliar situations and everyday stressors. However, when anxiety becomes severe and interferes with daily life, an anxiety disorder may be present. Children with anxiety disorders avoid situations where they feel anxious (including school or social events), experience extreme and persistent fear, or worry much more than expected about common stressors. Anxiety can be generalized, which means that there is no one specific situation that evokes this worry, or it can be specific to certain situations or contexts (e.g., separation from parents or caregivers, test-taking situations, social situations, or specific objects).

Anxiety symptoms fall into three categories: physical, behavioral, and cognitive. Physical symptoms include somatic complaints such as headaches, stomachaches, muscle tension, and increased heart rate. Behavioral symptoms include efforts to escape or avoid anxiety-inducing situations (e.g., refusing to go to school on the day of a test). Cognitive symptoms are related to thinking. That is, children with anxiety tend to engage in more negative thinking, display perfectionistic attitudes, and have disruptions in thought patterns that can interfere with learning.

Anxiety can cause significant difficulties at home and at school. These children may avoid social or public situations, have extreme difficulty separating from parents or caregivers, and have an excessive need for reassurance or approval from others. Additionally, anxious children may have difficulty concentrating and appear inattentive because they are distracted by worries and other negative thoughts. They are less likely to take developmentally

appropriate risks or approach unfamiliar situations because they fear failure or criticism by others. These behaviors may lead to poor relationships with peers and adults, social withdrawal, and school refusal (Mychailyszyn, Méndez, & Kendall, 2010). Anxiety disorders are the most common mental health disorders of childhood and adolescence, with almost one in three adolescents (31.9%) meeting criteria for an anxiety disorder by age 18 (Merikangas et al., 2010).

WHAT TO CONSIDER WHEN SELECTING INTERVENTIONS AND SUPPORTS

Interventions will be different depending on a child's age and developmental level, the severity of anxiety symptoms, and the presence of other psychological conditions. Young children are more likely to express anxiety through behavior. They typically have limited understanding about why they are experiencing anxiety and may be unable to talk about the source of their worries. As such, strategies that focus directly on behavior will be more useful than those that target thinking (Barrett, 2000). In contrast, older children and adolescents are better able to talk about the situations in which they feel anxious and are more capable of describing their own thinking. With older children, strategies that address both thinking and behavior (that is, cognitive-behavioral therapy) can be used. For those with more severe anxiety symptoms or other co-occurring psychological conditions (e.g., depression, oppositional defiant disorder, or attention deficit hyperactivity disorder), multiple intervention strategies should be used simultaneously, and families should consider treatment by a mental health provider.

Although the strategies listed below can help to prevent and reduce anxiety symptoms, a therapist should be consulted when the anxiety symptoms are

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so severe that they interfere with normal functioning and typical activities such as attending school and socializing with peers. Cognitive-behavioral therapy (CBT) and exposure therapy (ET) are the most commonly used evidence-based therapeutic modalities to address anxiety symptoms. In CBT, children are taught to identify the thoughts, behaviors, and somatic symptoms associated with their anxiety. In ET, children create a fear hierarchy of anxiety-inducing situations and are gradually exposed to the stressors. High parental involvement is necessary to optimize the effectiveness of CBT and ET. Children are expected to practice exposures and relaxation exercises between therapy sessions. Parents should prompt and assist children in completing these homework exercises and reward children for compliance with therapeutic activities. In consultation with a pediatrician or child psychiatrist, families may consider supplementing psychotherapy with medication treatment if the anxiety symptoms are very severe and if the child displays a limited response to psychotherapy.

RECOMMENDATIONS FOR HOME AND SCHOOL

Some strategies are useful across home and school. Parents and teachers should consider ways to prevent anxiety, respond effectively when anxiety occurs, and address the physical complaints that often accompany anxious feelings.

Preventing and Reducing the Recurrence of Anxiety

- 1. Help children examine their thoughts and decide whether their worries are realistic or unrealistic. Children may think that the worst is going to happen and, if it does, they will not be able to manage it. Help children learn to identify inaccurate thoughts they may have by having them keep a journal to document their negative thoughts throughout the day. This helps them identify and keep track of the occurrence of those thoughts. Then, with the support of an adult, they can discuss and document the evidence that supports or does not support their negative thoughts to see whether those thoughts are realistic. Youth can then practice challenging their "thinking errors" and replace them with more positive and adaptive thoughts.
- 2. Explicitly teach children how to engage in flexible thinking. Learning flexible thinking involves developing a list of possible solutions to problems

- and discussing the pros and cons of each possible solution to decide on the best course of action. For example, children worried about social situations can think of how they might approach peers and be aware of activities they can do alone if their approach is not successful. Remind children that if their original thinking about how to respond does not work, then they will have alternatives.
- 3. Practice responding to anxiety-inducing situations that children are likely to encounter. Anticipate what features of a situation (e.g., being away from parents, speaking in public) are distressing and have ideas in mind for addressing them. Discuss possible strategies with children to see which ones they would find helpful in reducing their distress. Having children discuss strategies gives them an opportunity to talk about situations that cause their anxiety symptoms, to become more aware of those symptoms, and to use the strategies to reduce their anxiety symptoms. Observe children for signs that they may be feeling anxious or overwhelmed and prompt them to use their coping strategies during these times.
- 4. Model adaptive ways of coping with anxiety.
 Children learn how to respond by observing the behaviors of the adults around them. Try to maintain a calm and neutral demeanor during stressful situations and talk about strategies you use, such as positive self-talk, problem-solving approaches, and relaxation techniques to help you tolerate any anxiety and stress you may sometimes feel.

Responding When Anxious Behaviors Occur

- 5. Encourage children to tolerate their anxiety. Building tolerance for and acceptance of anxious feelings is a skill that children can learn. Assist them by using the following strategies:
 - Stay calm, patient, and supportive when children become anxious about a situation or event. Show empathy and compassion for the worries. Acknowledge, listen to, and re-state or paraphrase children's fears to show that you understand what is causing them to feel distressed. However, you also want to express optimism that they will figure out ways to manage their concerns.
 - Teach strategies such as progressive muscle relaxation, diaphragmatic (or belly) breathing, and mindfulness and meditation activities to build awareness of how their body responds to

- anxiety and to alleviate the physical symptoms of anxiety. Specific instructions for completing these relaxation activities can be found at this link: https://copingskillsforkids.com/calming-anxiety/.
- Positive self-talk can also help children combat the negative thoughts that often accompany anxiety. They may use positive affirmations such as "Although this is hard for me, I will try my best," and "I can use my deep breathing if I feel stressed," to help reframe how they view anxiety-evoking situations.
- Create a worry jar or worry book in which children can write down whatever is bothering them during a designated "worry time" of 10–15 minutes. When the time is up, shut the jar or book and say goodbye to those worries for the day.
- 6. Encourage children to come up with their own solutions to the problem. When children are anxious and worried, it is natural for adults to attempt to comfort them or to allow them to avoid situations that produce anxiety. However, these reactions will reinforce the anxious behaviors and make them worse in the long run. Instead, adults should help children learn to face their fears and cope constructively in the face of anxiety. Consider the following strategies:
 - Have children focus on what they already know and ways they have been successful in similar situations in the past.
 - Ask them for their ideas on how to solve the problem rather than trying to solve the problem for them.
 - Reward (e.g., praise) all efforts children make to manage their worries. Don't focus just on positive outcomes. For example, notice when they attempt to complete a task without asking for additional reassurance or use a relaxation strategy independently without adult prompting.

Addressing Somatic (Physical) Complaints Related to Anxiety

Although it is common for children to experience physical symptoms when they are anxious, any physical complaints, such as headaches, stomachaches, or shortness of breath, should be evaluated by a physician to rule out any medical concerns.

- 7. Teach children about the connection between anxiety and physical symptoms. Tell them that physical symptoms (e.g., stomachaches, headaches, muscle tension) are often cues from the body about anxious feelings. Ask them about their own physical signs of anxiety.
- 8. Teach children to self-monitor their physical symptoms. Have them use a journal to record when they experience anxiety-related physical symptoms and what was happening when the symptoms occur so they can try to identify possible triggers or recognize situations in which they are more likely to be anxious or have physical complaints. Help children examine the journal entries to see if there are any patterns and to identify coping strategies that might work, as well as to monitor the responses over time.
- 9. Prompt children to use their anxiety-management strategies when they have physical symptoms. Validate their health complaints, but also prompt them to use the strategies they have learned to address their physical symptoms. For example, "I know your stomach hurts right now. Maybe you could do some muscle relaxation for a few minutes." Provide praise for completing functional activities and coping.

ADDITIONAL RECOMMENDATIONS FOR TEACHERS AND SCHOOLS

Children with anxiety perform best in calm, supportive, and organized classrooms with teachers who maintain authority in a positive way. General classroom management strategies—such as having clear and consistent rules, expectations, and consequences—and a positive classroom climate help children feel safe and let them know what to expect. Below are additional strategies specifically for addressing the needs of anxious children in school settings.

- 10. Provide a predictable classroom routine. Anxious children will do best when they do not face surprises during the school day. You can have a more predictable classroom by doing the following:
 - Allow a few minutes at the beginning of the day for children to transition into the school day. Additional transitional periods might be necessary at times when routine is disrupted.
 - Post the daily routine in the classroom and let students know in advance about any

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- changes in the schedule. Letting students know exactly what is expected will help lessen anxiety.
- Because anxious children try very hard to please and try to predict what is required in a situation, changes of any sort may be experienced as very stressful. When possible, send a note home the day before a change in routine to alert children and their families. This will allow children to process the expectation of a change in their comfort zone and will make the transitions go more smoothly the next day.
- Provide regularly scheduled downtime in nondemanding, quiet, and nonsocial activities.
- 11. Develop a plan for managing anxious behaviors. Be alert to signs of anxiety and have a plan in place to intervene quickly. Consider the following interventions:
 - Decide on a communications system in which children can signal an adult when they are having difficulty with a classroom assignment or are feeling anxiety symptoms. This will limit embarrassment and peers' awareness of their difficulties.
 - Identify a safe place in the classroom for children to go when anxiety symptoms are high or during stressful times.
 - Identify a point person in the school for children to check in with briefly (5–10 minutes) if they need to leave the classroom. This individual can help children dispel worries or negative thoughts and practice relaxation exercises before returning to class.
- 12. **Develop reasonable classroom accommodations** in instructional strategies. Anxious children may become easily overwhelmed by complex assignments, time limits, or expectations for participation. Consider incorporating the following instructional accommodations:
 - Break tasks down into manageable steps. It
 is often helpful to provide work samples that
 serve as a model of what is expected. This can
 help the student follow the example to cue
 what is next.
 - Communicate the length of time students have to complete an assignment. Let students know that you have set a timer to prompt them 10 minutes before the assignment must be completed. This can increase predictability

- and limit perfectionism that may interfere with completion.
- Provide a variety of ways for children to participate in class. Fears of getting the answer wrong, saying something embarrassing, or simply having other kids look at them may be concerns for an anxious child.
- Alternate less desirable tasks with more desirable tasks, and require children to complete less desirable tasks before they can do more desirable ones.

RECOMMENDED RESOURCES FOR PARENTS

Websites

https://adaa.org/living-with-anxiety/children/ tips-parents-and-caregivers#

The website of the Anxiety and Depression Association of America provides tips for parents and caregivers on how to help youth manage their anxiety, as well as a directory of licensed mental health professionals who specialize in treating anxiety disorders.

https://childmind.org/topics/concerns/anxiety/

The Child Mind Institute's website provides psychoeducational information about anxiety and several resources for addressing children's anxiety at home and at school.

https://www.psychologytoday.com/us/blog/dont-worrymom/201302/12-tips-reduce-your-childs-stress-andanxiety

The *Psychology Today* webpage, 12 Tips to Reduce Your Child's Stress and Anxiety, has advice for parents and caregivers to reduce their children's anxiety and stress.

Books

Chansky, T. (2004). Freeing your child from anxiety: Powerful, practical solutions to overcome your child's fears, worries, and phobias. New York, NY: Broadway Books.

This book provides an overview of all manifestations of childhood fears, including social anxiety, Tourette syndrome, hair-pulling, and obsessive compulsive disorder, and provides evidence-based solutions to assist children in coping with these issues.

Heubner, D., & Matthews, B. (2005). What to do when you worry too much: A kid's guide to overcoming anxiety. Washington, DC: Magination Press.

This is an interactive self-help book designed to guide 6- to 12-year-olds and their parents through the cognitive–behavioral techniques most often used in the treatment of generalized anxiety.

Rapee, R., Spence, S., Cobham, V., & Wignall, A. (2008). *Helping your anxious child: A step-by-step guide for parents.* Oakland, CA: New Harbinger Publications.

This book teaches parents how to help their children overcome intense fears and worries while also parenting with compassion.

RECOMMENDED RESOURCES FOR TEACHERS AND SCHOOLS

Websites

http://youth.anxietybc.com

The Anxiety BCYouth website has a list of intervention strategies as well as a tool for students to create a MAP (My Anxiety Plan).

https://childmind.org/guide/a-teachers-guide-toanxiety-in-the-classroom/

The Child Mind Institute website presents online guides, including A Teacher's Guide to Anxiety in the Classroom. This guide outlines the types of anxiety that are common in children, and the symptoms of anxiety teachers might see in the classroom.

https://copingskillsforkids.com/calming-anxiety/

The Coping Skills for Kids website has a collection of tools to help children manage their anxiety.

Books

Dacey, J. S., Mack, M. D., & Fiore, L. B. (2016). Your anxious child: How parents and teachers can relieve anxiety in children. Hoboken, NJ: John Wiley & Sons.

This book has a variety of strategies based on the authors' COPE program. Each strategy is accompanied by a set of activities contextualized with full details of the appropriate age level, materials needed, suggested setting, and a template script. Reilly, N. (2005). Anxiety and depression in the classroom: A teacher's guide to fostering self-regulation in young students. New York, NY: W.W. Norton & Company.

This book provides examples of signs of childhood anxiety and depression so educators can direct their students to help ensure emotional wellness in the classroom.

Related Helping Handouts

Perfectionism: Helping Handout for School and Home Test and Performance Anxiety: Helping Handout for School and Home

Using Praise and Rewards Wisely: Helping Handout for School and Home

REFERENCES

Barrett, P. M. (2000). Treatment of childhood anxiety: Developmental aspects. *Clinical Psychology Review*, 20(4), 479–494.

Merikangas, K., Hep, J., Burstein, M., Swanson, S., Avenevoli, S., Cui, L., ... Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication—Adolescent Supplement (NCS-A). Journal of the American Academy of Child and Adolescent Psychiatry, 49(10), 980–989. doi:10.1016/j. jaac.2010.05.017

Mychailyszyn, M. P., Méndez, J. L., & Kendall, P. C. (2010). School functioning in youth with and without anxiety disorders: Comparisons by diagnosis and comorbidity. *School Psychology Review*, *39*(1), 106–121.

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