



Supporting Students with Anxiety Issues

13 Practical Strategies for Helping Students Challenged by Anxiety Conditions

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Seminars on student mental wellness (*Wired Differently; Acting In Disorders; Acting Out Disorders; Anxiety, Trauma & Resilience*)

CDC's Youth Risk Behavior Survey

- An accelerating mental health crisis.
- **More than 4 in 10 teens reporting that they feel “persistently sad or hopeless,” and 1 in 5 saying they have contemplated suicide.**
- **Teens who feel connected at school report much lower rates of poor health.**
- For children with anxiety:
 - More than 1 in 3 also had behavior problems.
 - About 1 in 3 also had depression.
- For children with behavior problems, more than 1 in 3 also had anxiety and about 1 in 5 also had depression.

I think this student has anxiety



What does it look or sound like?

- Too quiet, head down
- Resistant to participation
- Asks too many questions
- Very easily frustrated
- “I don’t feel well”
- “I have a stomachache”
- “Don’t call on me”
- “Don’t make me, I don’t want to!”

How does it impact the student?

- Can’t pay attention, wants to be left alone
- Doesn’t talk or interact with classmates
- Doesn’t turn in homework or assignments
- Feels the need to be perfect
- Avoids being actively engaged
- Avoids school



Anxiety Disorders

The #1 mental health disorder

7.1% of children aged 3-17 (CDC)

33% ages 13 – 18 (NIH)

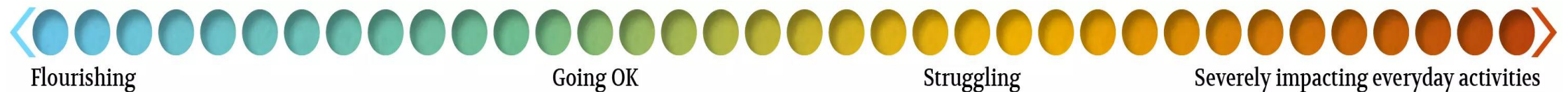
females 2X males



- **NORMAL:** A survival instinct that helps mobilize in response to danger or threat.
- **BEYOND NORMAL:** Always present, not in response to a real danger or threat.
- **ANXIETY DISORDERS:** a health condition that involves hyperarousal of the central nervous system & creates intense feelings of fear, worry, apprehension.
- **SCHOOL IMPACT:** difficulty engaging academically & socially due to mental & physical distress and distraction from fear & worry

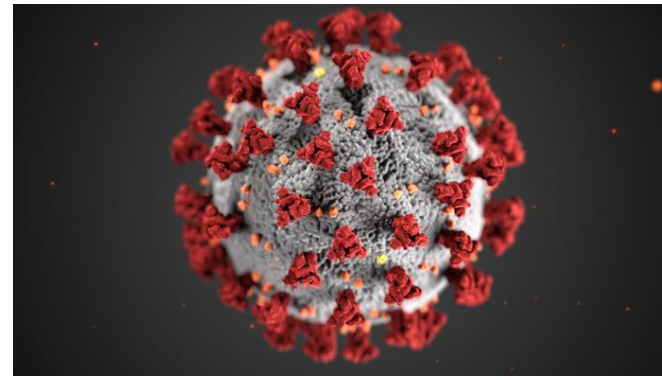
Where do anxiety conditions come from?

- There is survival value in **CAUTION, APPREHENSION, GUARDEDNESS, RELUCTANCE, HESITATION...**
- Some are **naturally** more cautious, apprehensive, guarded, reluctant, or hesitant



- **Genetics:** 30-50% (*Journal of the American Medical Association, 2023*)
- **Created or Amplified by** scary events, trauma
- **Anxiety is “contagious”:** Growing up where others are fearful or anxious also can "teach" a child to be anxious
Calm is also contagious...

Covid & Anxiety



The Anxiety Producers

- Loss of routines
- Loss of social connections/contact
- Increase in home/family stress
 - Poverty, work changes, possibility of “pressure cooker” feelings at home
- Loss of normal school, diminished learning
- Often unspoken or discussed sadness, despair, anxiety, stress

What to Anticipate, What to Do

- Remember that “brain wiring” shifts with stress and trauma, but it also shifts in a good direction with:
- Safe predictable routine
- Warm caring adult – student relationships
- Students having adequate time to tell their stories
- Students being able to help each other

Separation Anxiety



What is it?

- Being very afraid when away from parents or other caregivers
- 3-5% seem to fixate on the worry and apprehension, carrying it into their futures

In the classroom

- Crying, clinging, tantrums
- Distraction from instruction
- Somatic complaints
- Frequent requests to visit the nurse or office
- Frequent requests to go to or call home



“OK, Mrs. Dunn. We’ll slide you in there, scan your brain, and see if we can find out why you’ve been having these spells of claustrophobia.”

• SPECIFIC PHOBIAS

- A persistent, excessive, & unreasonable fear about a specific thing or situation:
 - **Animals:** insects, snakes, dogs;
 - **Natural environments:** storms, darkness, heights;
 - **Situational:** enclosed spaces, elevators, flying;
 - **Blood-injection-injuries:** seeing blood, receiving injections
- In the classroom:
 - Difficulty sitting near a window, or in an area that feels confining
 - Missing out or difficulty enjoying special events, e.g., a field trip to a cave, or a zoo
 - Extreme distraction during weather events
 - Intense worry when a classmate has a small injury

Panic Disorder

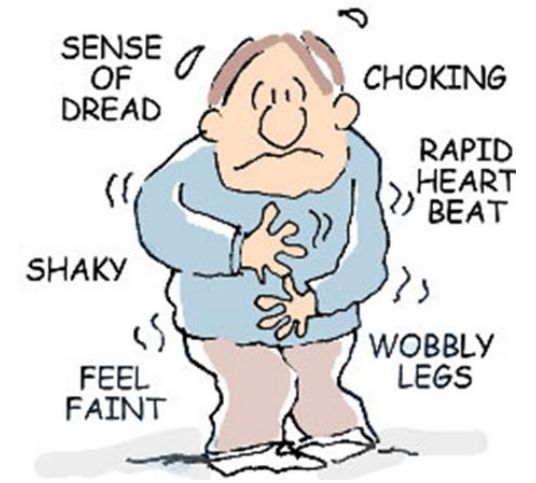
unexpected strong feelings of high anxiety & discomfort, usually lasting 15 – 30 minutes, sometimes brought on by other types of anxiety

Common characteristics

- Heart pounding, shortness of breath; dizzy, shaky, sweaty; numbness or tingling
- Fear of losing control
- Feelings of choking or dying
- Nausea, chills, or sweating
- Worry about when it will happen again

Important details

- In the classroom:
 - Urgent sense of needing to leave
 - Excessively anxious in the hall or other crowded places
 - School refusal
- Needs early treatment, or the risk of secondary issues increases: agoraphobia, becoming homebound
- Not common in younger children - .4%; higher in adolescents – 2-3%



Agoraphobia

What is it?

- The “anxiety of anxiety”
- Knowing you’re not in control of your anxiety, and doing what you can to avoid any triggers
- A persistent fear of being trapped in situations or places without a way to escape easily and without help
- Home becomes the only ‘safe’ place away from the panic & resulting embarrassment & humiliation of having a panic attack in public

How does it look in school?

- Difficulty riding a school bus
- Anxious in open spaces; anxious in enclosed spaces
- Anxious standing in line or being in a crowded hallway
- Claustrophobia + panic attack



Social Anxiety Disorder

12% - the most common anxiety condition



- Being very afraid of school or other places where there are people
- An intense fear of negative responses from others
- Social reluctance, withdrawal, avoidance, poor eye contact
- Fears of saying the wrong thing or being laughed at by others
- Difficulty answering questions, responding

Selective Mutism

What is it?

- Reluctance or refusal to speak in selected settings.
- a paralyzing fear of speaking
- your brain perceives speaking as a threat
- No physical difficulties with language or talking.
- May use friends to speak for him or her
- May whisper or speak abnormally low



In the classroom

- Doesn't participate fully in instructional activities
- Minimally responsive to adults
- Doesn't interact comfortably with peers

Generalized Anxiety

Instead of specific worries, this is constant worrying about

everything in general

- Fixating on worst-case scenarios and “**anxiety agonizing**” over ordinary situations
- **Intense & out-of-proportion worrying** about running out of gas, the house burning down, homework, tests, making mistakes, recess, lunchtime, birthday parties, playtime with friends, riding the bus, war, weather, loved ones, safety, illness...
- **“Why can’t I be good enough???”**
- **Avoiding doing things because they can’t figure out how to do them perfectly**
- **Ruminating about the future** & how things may play out & what you can do about them
- **No mental space for relaxing**, frequent irritability; difficulty sleeping



Anxiety:

Thoughts, Feelings, and Behaviors

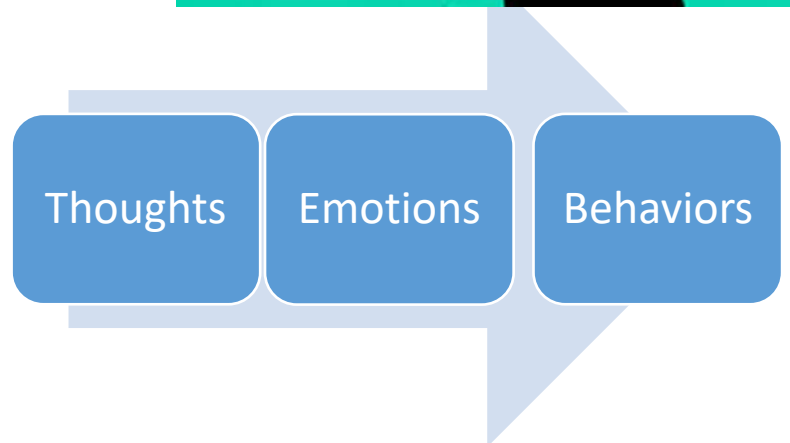
Cognitive-behavioral model of anxiety disorders

- Biology/genetics & how others teach us to manage our feelings come together
- Parents & other caring adults sometimes deny or minimize, attempting to help the child be less worried
- Trying to respond to this “help” by repressing our feelings can lead to distorted thoughts & an inability to cope
- “Cognitive Distortions”

We all have an “internal narrator”

For those with an overload of anxiety (& other conditions), our narration is often negative and irrational: **Cognitive Distortions**

- “I’m not going to answer; it’ll sound stupid”
- “I’m so ugly”
- “Why did I say that??? That was so dumb!”
- “Nobody likes me, I don’t have any friends”
- “Everyone always laughs at me!”
- “I know you were talking about me!”
- “You did that on purpose!”
- ***These negative & irrational thoughts can dominate, discourage, & depress!***



Common MH Treatment Approaches

- Counseling
- Medications
- Parenting training



13 Practical Strategies

*for Helping Students Challenged by
Anxiety Conditions*

1 Changes in thinking: cognitive restructuring

Cognitive Behavioral Therapy (CBT)

30-minute sessions for 12 to 20 weeks

***Coaching students to think more positively & rationally,
and to practice saying,***

“Stop! Change that thought!”



Learning to recognize negative thought patterns, then changing them

- **NEGATIVE:**
 - “There’s no way I can do this...it’s too hard!”
- **POSITIVE & CONSTRUCTIVE:**
 - “I know it’ll be tough, but I’ve studied, and I’ll make a go at it!”
- **NEGATIVE:**
 - “Listen to that thunder, look at the lightning! It’s so close, we’re going to die!”
- **POSITIVE & CONSTRUCTIVE:**
 - “ Let’s move to a safe spot in the house.”





ACT

Acceptance & Commitment Therapy

Putting the anxieties in a box and moving forward in spite of them

Shift your thinking from “I can’t do anything until I fix my anxiety” to “I can take action on things while focusing less on feeling anxious”

Classroom curriculum for “rational & real” thinking



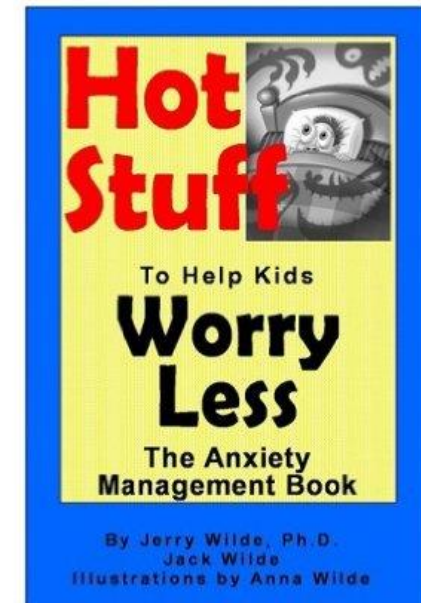
Rational Emotive Therapy

Similar to CBT, emphasizes changing your thoughts by building rational thinking skills to counter excuse-making & blaming others

Dr. Jerry Wilde’s “Hot Stuff to Help Kids” series

“Hot Stuff to Help Kids Worry Less: The Anxiety Management Book”

Teaching skills to help the student stop, reflect, and think rationally and clearly





2 RELATIONSHIPS & CONNECTION

“Every child needs at least one adult who is irrationally crazy about him or her.”

Urie Bronfenbrenner



Relationship building basics

- **Call your students by name**
- **Pay attention. Non-verbally and verbally.**
- **Focus when they talk about their interests, hobbies, & aspirations**
- **Tune in to the student, remove distractions (including your cell phone)**
- **Always ensure dignity; discipline privately, calmly, quietly**
- **Get to class early & stay late to chat with your students**

The “2 X 10” approach to building connections

Ginsberg, M. & Wlodkowski, R. (2004) Creating Highly Motivating Classrooms

- Have a **2-minute conversation** with the student about anything EXCEPT SCHOOL – sports, TV, jokes, video games – whatever they might talk about
- Do this **10 days in a row**
- ***Bonus! Call the student’s family and tell them what a pleasure it is to work with their child!***



Think of a Student Who is Difficult to Connect with.

- Have you found anything that helps you connect with the student?
- Did you do anything that made it more difficult to connect?



A daily guaranteed connection

Check in

- “Good morning, great to see you! What did you do last night?”
- “Let’s make sure you’re ready for today...anything I can do to help?”
- “Have a great day, see you this afternoon.”

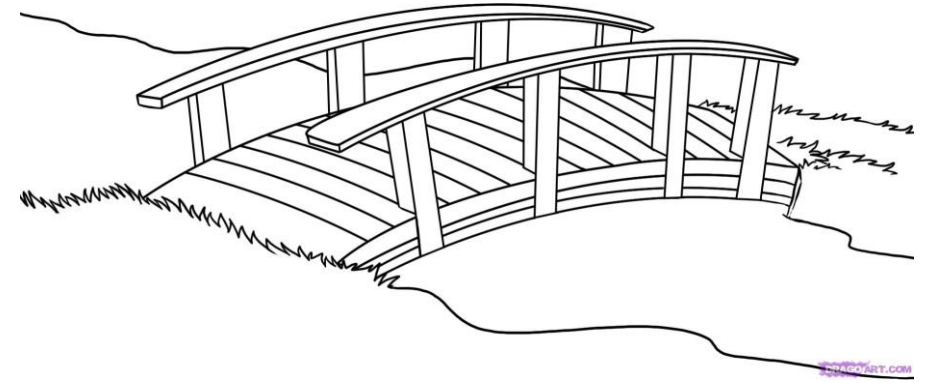
Check out

- “How was your day?”
- “Do you have stuff you need to take home?”
- “Have a good evening, see you tomorrow!”

And sometimes you just tune in to a need or unexpected way to connect!



- A variety of “lanes” crossing the bridge
- Written notes
- Gestures
- Non-verbals
- Low verbals through a friend
- Low verbals to others
- Moderate verbals
- *Accept & nurture all lanes crossing the bridge!*



3 The Communication Bridge

For students who are selectively mute, or very guarded about talking

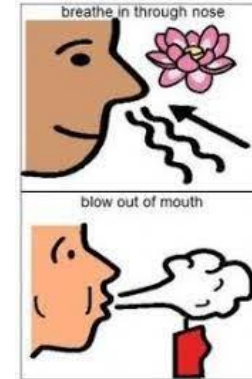
When your emotions are intense you often go into ***Fight, Flight, Freeze, Appease***

- Stress: fight/flight
- Adrenaline & cortisol flow
- Logic & focus: diminished
- Reacting, not responding
- Chronic stress: high blood pressure, increased heart rate, muscle tension

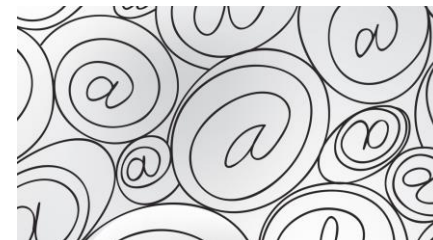
4 Reducing emotionality to have more ***Balance & Focus***

Relaxation response: *Health protecting; Improved ability to plan & respond; More focused thinking*

- Breathing: 6/6/3



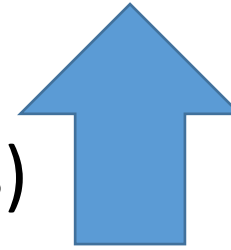
- Bio feedback calming card
- Engage your logic: write, draw, or doodle



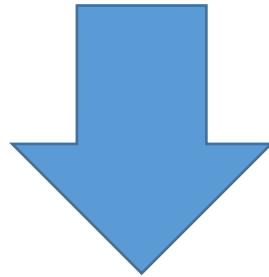
Mood support dogs, the Relaxation Response & connection:

Positive effects on brain chemistry:

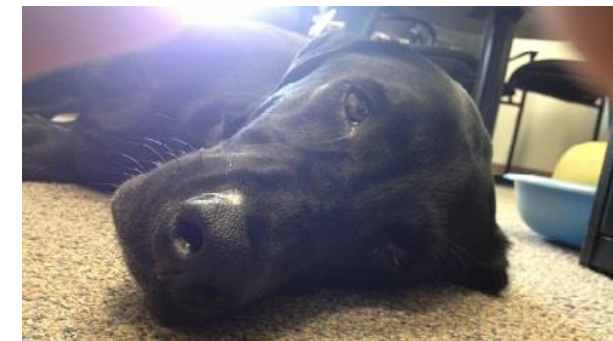
- **oxytocin** (bonding) & **dopamine** (happiness)



- **Cortisol** (stress hormones)



- **Mood support dogs** assist with Anxiety, Depression, Bipolar Disorder, PTSD, Autism, Schizophrenia & more
- ***Charlotte's Litter*** – educators' guide
- www.charlotteslitter.org



Some students *need movement* to be calmer & think

Foot bands, stress balls, thinking putty

Stim & Fidget Jewelry

5 companies:



Stimtastic

Calming Kits

Spacerobot Studio

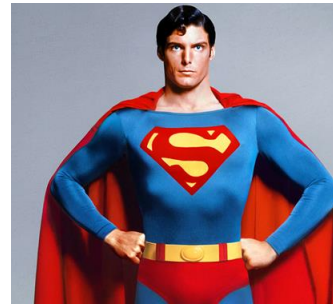
Renascent Studios

LoveDawne



#5 Movement Breaks

- 1-minute belly breathing
- 2-minute power stretch
- 3-minute wiggle
 - Shadow box
 - Wall pushups
 - Dance
 - Jumping jacks
- 4-minute toe-to-head freeze
- 5-finger breathing



“The use of appropriate social skills involves an immensely complex chain of rapidly occurring interpersonal events. For youth, especially those suffering from mental health disorders that dramatically limit their emotional and cognitive functioning, correctly performing these skills at the right time can be an overwhelming task.”

Boy's Town Press: “Treating Youth with DSM Disorders”

5 steps:

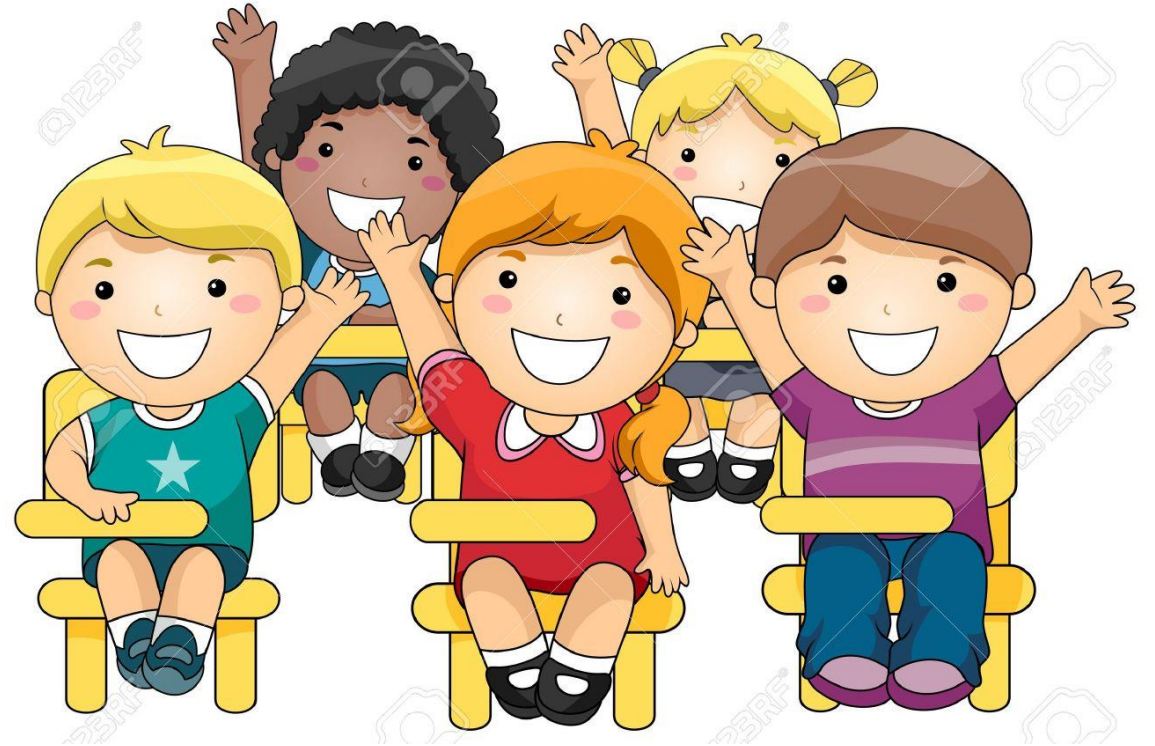
- Name it
- Show it
- Practice it
- Use it in real life
- Give feedback
- Individual, small group, whole class



6 *Teach Social Skills* to help students improve social, behavioral, friendship, & problem-solving skills

Social Skills Appropriate for Students with Anxiety Disorders

- Asking for help
- Stress management
- Expressing emotions
- Making positive statements
- Identifying feelings
- Optimism
- Use of leisure time



Reassurance & logic don't always help

- “It’s going to be OK. Trust me.”
- “There’s nothing to be scared of.”
- “Stop being such a worrier!”

7 Adult responses to make things better, not worse

Hear, acknowledge, Inform.

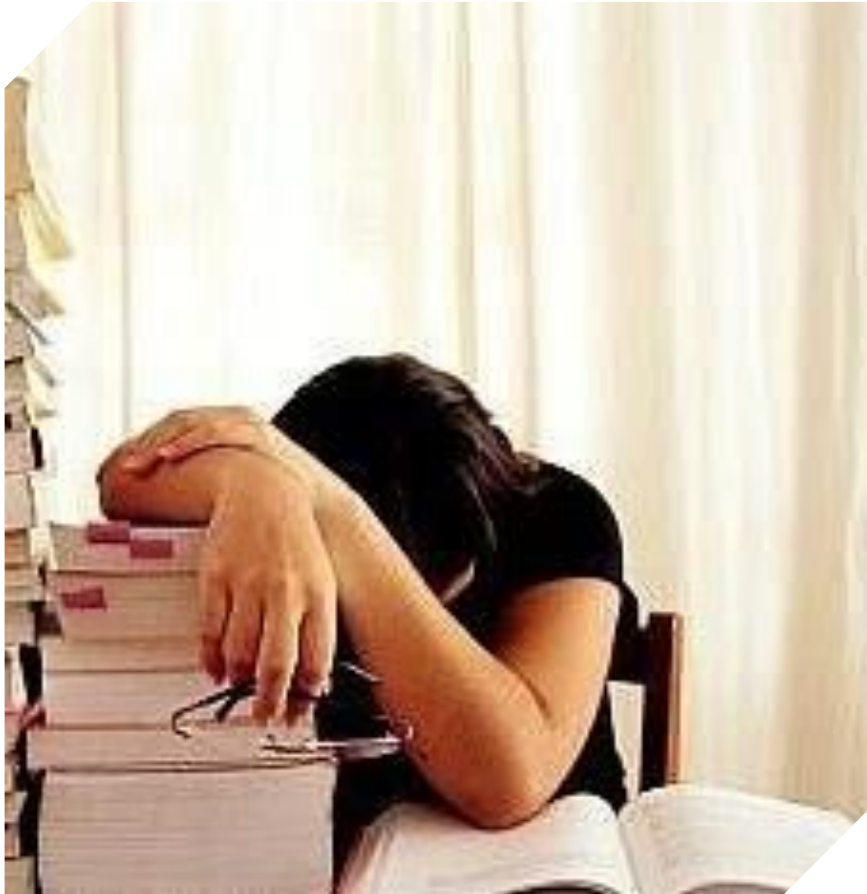
- Validate: “I can see that you’re scared.”
- Say, “Feelings are always real, but they’re not always facts.”
- When the student is relaxed, explain the evolutionary basis for worry.



8 Helping students who are “stuck”



- Proxemic support: move around the classroom constantly
- 1:1 hurdle encouragement; the “zig zag” walk
- Stop and encourage, redirect, specific praise



- **Model that perfection isn't the goal**
- **Don't use "perfect papers" as models**
- **Reduce worry over writing quality by using a computer**
- **Cue the student well before transitions; allow completion of an activity without undue pressure for the next**
- **Be careful not to reinforce "perfect" work**

9 Perfection challenges

10 Lifestyle support

Nutrition impacts mental wellness, mood management, & cognitive skills

Harvard Medical School: *“Nutritional Psychiatry: Your Brain on Food”*



Less of these

- Refined sugars
- Processed & refined foods
- Dairy products
- Processed grains



More of these

- Less processed & refined foods
- Vegetables
- Fruits
- Unprocessed grains
- Tree nuts
- Fish & seafood
- Probiotics
- Fermented foods: kimchi, miso, sauerkraut, pickles, kombucha



10 Lifestyle Support: Exercise



- Aerobic exercise changes neurochemistry
- Aerobic exercise counters anxiety & depression & lowers stress by reducing adrenaline and cortisol, the stress hormones
Harvard Medical School blog
- How much exercise?
 - **30 minutes of exercise of moderate intensity such as walking for 3 days a week gives mental health benefits, even when split into ten-minute segments**
 - **30-45 minutes five days a week of getting your heart rate up gives *significant* mental & physical benefits**

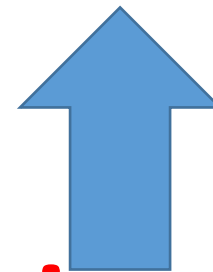
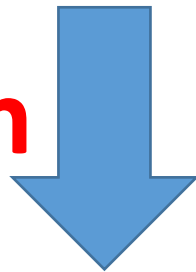
#11 Mindfulness

Being mentally present in the moment

Not obsessing over what may happen in the future, or what happened in the past

1. You can train your mind to focus on the present
2. Pay attention to the sensation of your breathing; focus on one sensation, e.g., the air moving through your nostrils.
3. While walking think about things you are grateful for.
4. “Shake off” the restlessness; maybe start with a foot, move up the body.
5. Pick something external to pay attention to, e.g., identify the most distant sound you can hear.

anxiety & depression



attention & emotional regulation



12 Helping students “know” themselves

- **Psychoeducation:** Learning about your temperament, your personality, your unique cognitive & emotional needs; understanding how anxiety works within yourself
- **Monitoring:** Recognizing your early warning signs: “feelings”
- **Relaxation training:** Calming skills to manage arousal
- **Cognitive retraining:** Replacing negative thought patterns with more positive and constructive thoughts
- **Assertiveness training:** Teaching skills designed to get needs met, including skills for handling teasing or bullying
- **Behavior training:** Problem solving/conflict solving, social, relationship, communication, and behavior skills



13

Finding their strengths

- **Challenge the students to create an “A to Z” list of their strengths**
- **Include strengths of every student in the class – use different colors so the students’ strengths show up clearly**
- **Use stories, sports & news items, amazing things you learn about others as source material**

Achiever	Action-Oriented	Adventurous	Analytical
Artistic	Athletic	Authentic	Caring
Charming	Clever	Compassionate	Communicative
Confident	Connectedness	Courageous	Creative
Curious	Determined	Disciplined	Educated
Empathetic	Emotional Intelligent	Energetic	Entertaining
Fast	Flexible	Focused	Helping
Ideation	Individualization	Inspiring	Intelligent
Leadership	Learning	Motivated	Optimistic
Open-Minded	Organized	Outgoing	Patient
Positivity	Precise	Responsible	Self-Controlled
Speaking	Spontaneous	Social / People Skills	Strategic Thinking
Team-Oriented	Thoughtful	Visionary	Warm
Willpower	Wisdom		

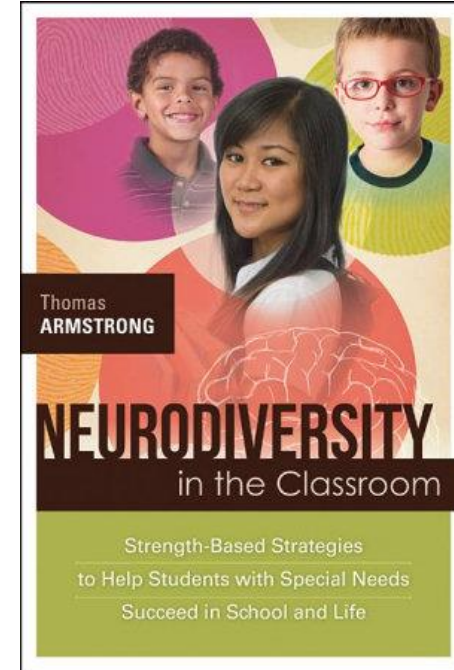
Peers see strengths we miss: *Power Capes*

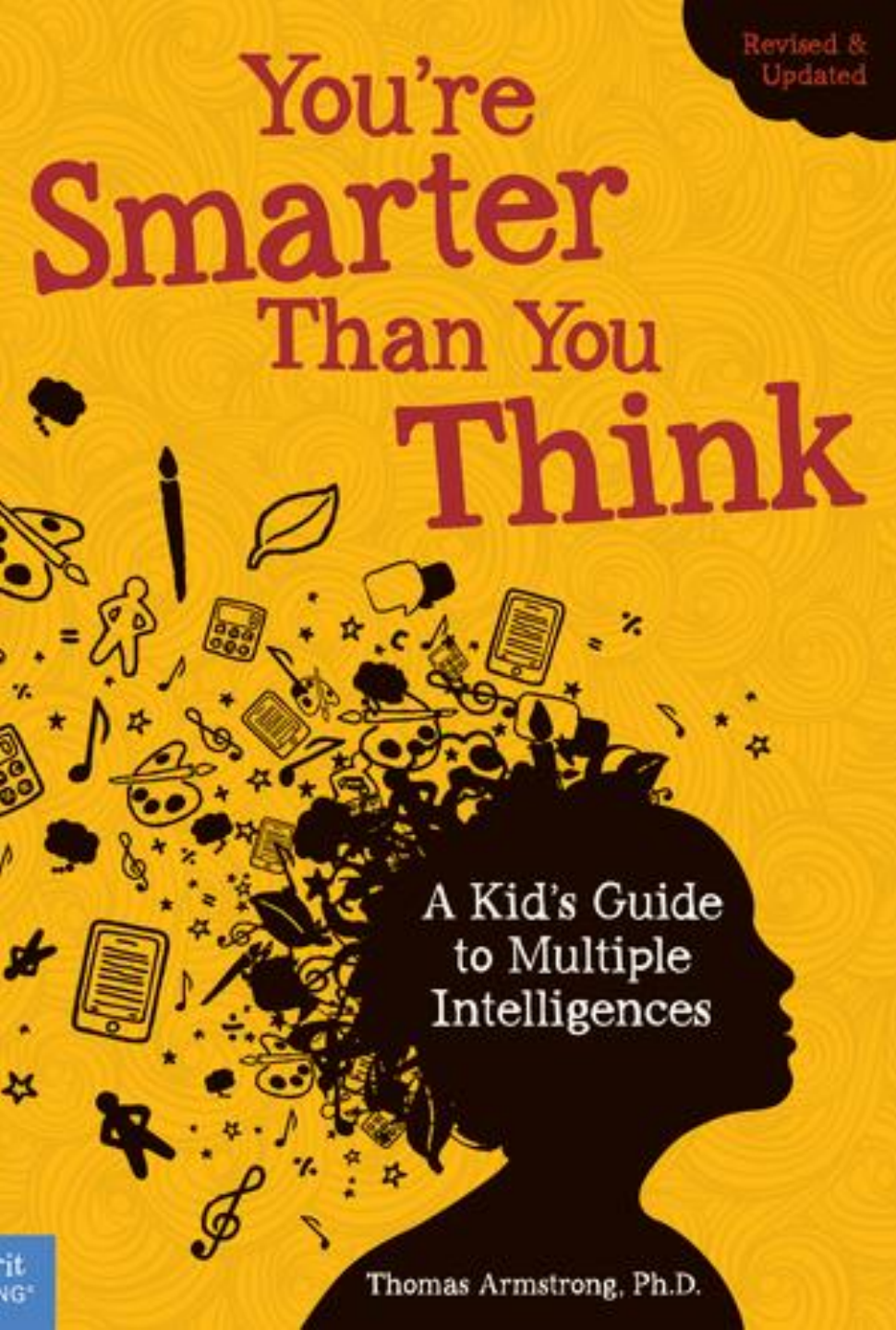


Strengths: Appreciate Neurodiversity

Dr. Thomas Armstrong

- Atypical neurological development is imbedded in the human condition, presenting possible assets for humanity
- Learning disabilities – artistic talents
- ADHD – energy, excitement, vitality
- Autism – “systemizing” skills – computers, machines, math, languages...
- Intellectual disabilities – sense of humor, warmth, joy
- Emotional disabilities – insights, humor, playfulness, vitality
- ***Checklist of 165 skills of individuals who are Neurodiverse***





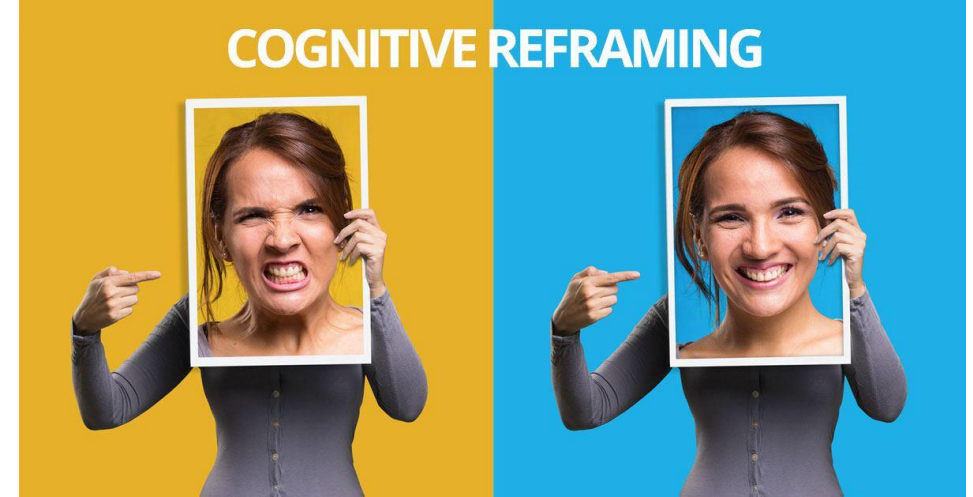
You're Smarter Than You Think You Are Dr. Thomas Armstrong

- *A kid's guide to multiple intelligences*
- Word smart
- Music smart
- Logic smart
- Picture smart
- Body smart
- People smart
- Self smart
- Nature smart
- Life smart
- ***LIKELY CAREER PATHS FOR EACH IQ***

Strengths: Finding a student's assets by *Reframing*

Negative feeling/sounding

- Avoid
- Hide
- Refuse
- Worry



Positive feeling/sounding

- Cautious
- Carefully observe
- Think before you act
- Get clear about what it takes

Helping others, feeling your unique & positive contributions, being needed

It is transforming when a student experiences helping others. We have a deep need to be needed.



Think of one of your students who experiences anxiety.

- What are the student's strengths?
- What opportunities to help others might work for the student?



13 Practical Strategies for Helping Students Challenged by Anxiety Conditions

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- # 1 Changes in thinking: cognitive restructuring
 - # 2 RELATIONSHIPS & CONNECTION
 - # 3 The Communication Bridge
 - # 4 Reducing emotionality to have more Balance & Focus
 - # 5 Movement Breaks
 - # 6 Teach Social Skills to help students improve social, behavioral, friendship, & problem solving
 - # 7 Adult responses to make things better, not worse
 - # 8 Helping Students who are “Stuck”
 - # 9 Perfection challenges
 - # 10 Lifestyle supports: nutrition & exercise
 - # 12 Helping students “know” themselves
 - # 13 Building their strengths





Free online magazine

mslbd.org

“What we do”

scroll to *ReThinking Behavior*

- Do you have information to share on things you’ve done to support students who struggle with emotional, behavioral, or mental wellness challenges?
- Stories help us “process” life
- Authors include teachers and students
- Email me if you’d like to explore sharing your ideas in an article.
- mcpaget@gmail.com