25 Classroom Strategies

Help Anxious Kids in a Stressful World

David Campos ▪ **Kathleen McConnell Fad**

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Contents

Anxiety in Children Is Real and Widespread

You likely selected this book because something about your students is concerning you. Perhaps your students seem uneasy, worried, or nervous. These anxiety-related symptoms are on the rise, especially since the COVID-19 pandemic began. There is a good chance that students are not performing like previous cohorts because they are experiencing anxiety like never before. To complicate matters, they might not have an anxiety diagnosis nor receive services but they still need your help. To help you help your students, in this book we discuss childhood anxiety, why it is increasing, and what you can do to offer support, guidance, and strategies to prevent and moderate anxiety's effects on students.

We are strongly committed to ensuring that teachers, regardless of their prior knowledge and backgrounds, have a wide range of easy-to-understand, practical, useful instructional tools for working with anxious students. Whether you are a new or experienced teacher, whether you're in general or special education, this book is for you. You can learn about the characteristics of anxiety, its physiological origins, and the domains of student learning it impacts. Most importantly, you will learn what to do and how to do it. The strategies in this book are supported by research, easy to implement, and designed specifically for teachers. We know that if you use them, they will help your students with anxiety.

Why We Wrote This Book

We are former classroom teachers—in both general and special education—with more than sixty combined years of experience working with children who have special needs, as well as with their teachers and school leadership teams to improve lesson design and delivery, learning environments, and collaboration. Our classroom experiences taught us that many children, especially those identified with disabilities, are on the social margins at school, and that position often leads to loneliness. When we explored this topic more deeply, our research confirmed that childhood loneliness is far more common than we originally guessed. To address this issue, we wrote a book on childhood loneliness titled *Lonely Kids in a Connected World: What Teachers Can Do* (2021).

As we designed our intervention strategies for *Lonely Kids in a Connected World*, we combed through hundreds of scientific articles, which showed that many aspects of loneliness are intertwined with childhood anxiety. (You'll find a comprehensive definition of childhood anxiety in chapter 1, but for now you can think of anxiety as an uncomfortable feeling

caused by fears and worries.) The next thing we knew, we were exploring childhood anxiety too. We knew that anxiety is a significant challenge for some students; after all, we taught children with special needs, and many of them were medically diagnosed with anxiety disorders and/or emotional behavior disorders. But our focus at the time of this exploration was on students who have recurring heightened stress (anxiety) and are *not* identified as having a disorder as defined by the Individuals with Disabilities Education Act (IDEA).

In the children's mental health field, there are two diagnostic frameworks: educational and medical. In education, students with anxiety are referred to as having an emotional behavior disorder according to the criteria of IDEA. Medical professionals use the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, to diagnose specific mental health conditions, including several types of anxiety. While some students may be diagnosed both educationally and medically, not all students are. The students who quality for an emotional behavior disorder diagnosis under IDEA or Section 504 of the Rehabilitation Act of 1973 have either individualized education programs (IEPs) or 504 plans, which address their needs, including those related to an anxiety disorder. Many anxious students have no diagnosis in either framework. We believe strongly in supporting these students as well, for two reasons: (1) early intervention may prevent the need for an anxiety diagnosis; and (2) some students need help coping with problematic behaviors that are interfering with their learning. In short: these students need help *now*.

Our review of the research revealed how highly prevalent anxiety is in children and adolescents. One in five children have anxiety (Racine, McArthur, and Cooke 2021). So, in a classroom of twenty-five students, five may be overwhelmed with fear, worry, or unease enough to interfere with school activities. Students who are anxious have a difficult time learning and socializing with others. Their brains simply do not allow them to function effectively in the classroom.
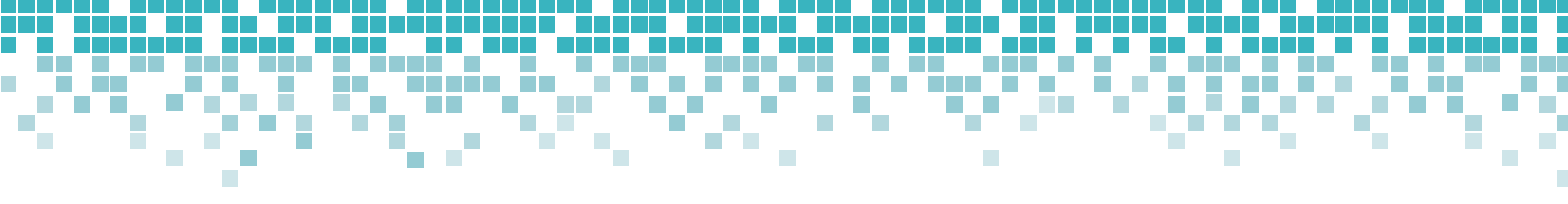
Changing Attitudes Toward Anxiety

Only recently have mental health experts considered childhood anxiety a serious problem. A 2016 *Science News* article on childhood anxiety compared the current scientific view to that of decades earlier. In 1966, the editors of the journal wrote: "A most important finding [in a recent study] was that the fearful or anxious children, defined . . . as those with seven or more worries, did not seem to be in any particular psychological trouble. . . . Anxieties may be part of normal child development." Fifty years later, the *Science News* editors clarified: "Actually, there *is* reason to worry about anxious children. Kids with anxiety disorders, depression or behavioral problems are especially likely to develop a range of difficulties as young adults, say researchers who conducted a long-term study published in 2015. The same goes for kids whose anxiety, mood or behavior issues cause daily problems but don't qualify as psychiatric ailments" (Bower 2016).

Anxiety and fear were once considered a common aspect of development that children outgrew (Burke 2007). Many children today, however, have circumstances in their lives that

cause them recurring and overwhelming distress, which can adversely affect their learning (American Psychiatric Association 2013). Isolated events such as single acts of sexual abuse and regular maltreatment from harsh rearing practices such as parental physical abuse as discipline, threatening environmental conditions such as neighborhood violence, and other home-life stressors such as financial or food insecurity can cause children undue anxiety (National Scientific Council on the Developing Child 2010).

The Impact of COVID-19

We conducted much of our research well before the COVID-19 pandemic began. Even before the pandemic, anxiety disorders were consistently the most prevalent mental health disorder of children and adolescents in the United States. From 2008 to 2018, there was a 17 percent increase in the number of anxiety disorders (Child Mind Institute 2018).
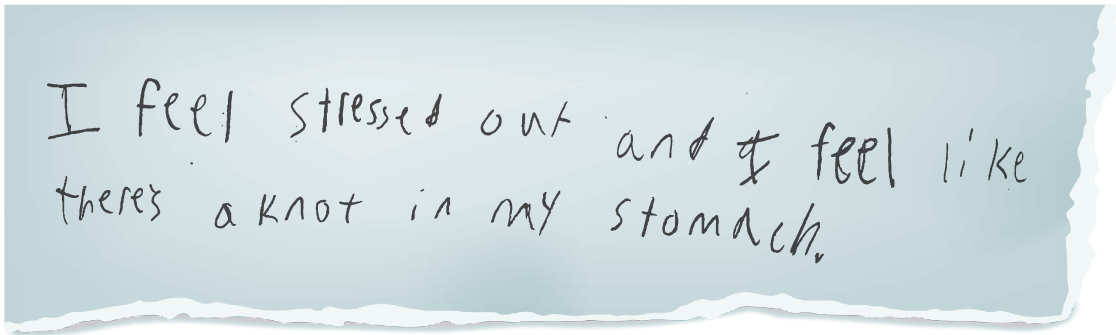
Anxiety is even more pervasive now because of COVID. In a study that surveyed seventy-five thousand high school students across the United States between fall 2018 and fall 2020, 56 percent of participants reported that their stress about school had increased during the pandemic (Challenge Success 2021). This study found that girls and students of color reported especially high levels of stress (68 percent and 63 percent, respectively)—both higher than their male and White counterparts, 48 and 55 percent of whom, respectively, reported high levels of stress. The majority of students in the study were having a difficult time engaging in their learning, and they experienced strained relationships at school.

Nearly a year after the Challenge Success report, the *New York Times* published an article describing similar effects of the pandemic. The children and adolescents interviewed for this piece shared anxious sentiments like the following (Fortin and Heyward 2022):

- "Anxiety is all around me."
- "I am deeply anxious about spreading the disease to family and friends."
- "I feel unstable and cautious at school."
- "I have bouts of loneliness."
- "It feels like the pandemic is never going to end."
- "What if things get taken away from me?"
- "I miss my friends."
- "I am withdrawn."
- "I feel disconnected."
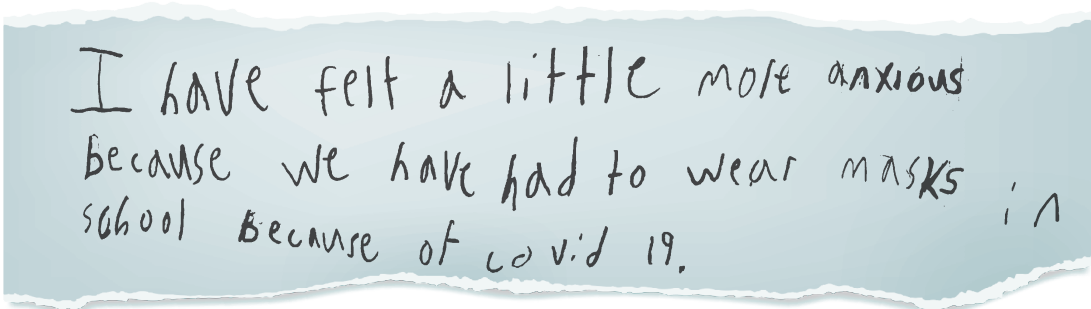
These articles made us wonder: how would children we know describe anxiety in their current lives? We asked two young students, a fourth grader and a second grader, about their feelings related to COVID and anxiety. Their responses echoed the feelings reported in the *New York Times* article.

One student wrote, "I feel stressed out and I feel like there's a knot in my stomach." Later, when we asked about the impact of COVID, she explained, "I have felt a little more anxious because we have had to wear masks in school because of COVID-19."

I feel stressed out and I feel like theres a knot in my stomach.

The second student described what anxiety in school feels like to her. She wrote, "Being anxious makes me feel behind. It also makes me feel angry." COVID-19 had a direct impact on her anxiety. She explained, "The pandemic has made me feel more anxious because I get sick often."

I have felt a little more anxious because we have had to wear masks in school Because of covid 19.

A recent meta-analysis found an increase in the global prevalence rates of both depression and anxiety. The research revealed that the "prevalence estimates of clinically elevated child and adolescent depression and anxiety were 25.2% and 20.5%, respectively. The prevalence of depression and anxiety symptoms during COVID-19 have doubled compared with prepandemic estimates" (Racine, McArthur, and Cooke 2021). We attribute the dramatic increase in anxiety disorders among children and adolescents to many factors. These include isolation due to school closures, increased stress on families, and fewer social interactions with peers.

The authors of the meta-analysis point out that demand for mental health services will likely increase, as will the need to allocate resources to serve young people with anxiety, depression, and related disorders. They note that 80 percent of children rely on school-based services to meet their mental health needs, and school closures rendered these services unavailable to many school-age children and adolescents. They make a case for improving the delivery

of behavioral health support and treatment to young people and guiding them and their families to keep consistent, predictable routines for screen use, sleep, and physical activity.

Given all the evidence showing that the pandemic has had a serious negative impact on children and adolescents, we were encouraged when US Surgeon General Vivek Murthy issued an advisory calling for a swift and coordinated response to the "real" and "widespread" mental health crisis among children and adolescents. "The COVID-19 pandemic dramatically altered young people's experiences at home, at school, and in the community," he explained, "and the effect these challenges have had on their mental health is devastating" (Office of the Surgeon General 2021). The advisory calls on all Americans to work together to support the nation's children during this crisis. His recommendations include the following priorities:

1. Recognize that mental health is an essential part of overall health.

2. Empower youth and their families to recognize, manage, and learn from difficult emotions.

3. Ensure that every child has access to high-quality, affordable, and culturally competent mental health care.

4. Support the mental health of children and youth in educational, community, and childcare settings.

The aims of this book align with Murthy's recommendations. We want to empower young people to recognize, manage, and learn from challenging feelings with the help of their teachers. Many children and adolescents with anxiety express their difficult feelings by way of stress-related behaviors, such as:

- excessive crying or irritation
- returning to outgrown behaviors
- excessive worry or sadness
- unhealthy sleeping or eating
- difficulty paying attention and concentrating
- unexplained headaches or body pain
- using alcohol, tobacco, or other drugs
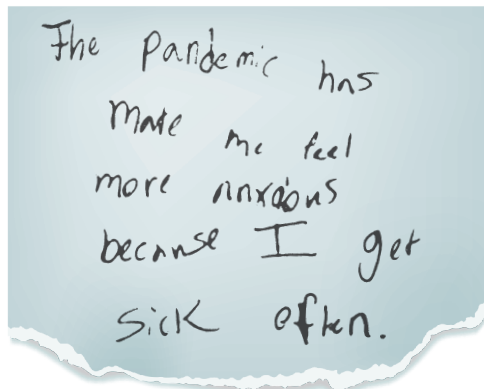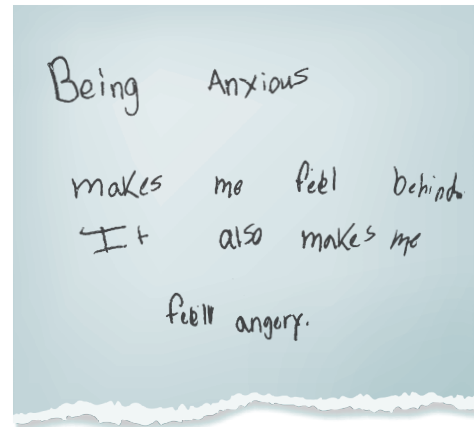
These behaviors—if persistent and untreated—can become ingrained. We hope we can alleviate some of these behaviors and prevent future difficulties by giving teachers many tools—our action strategies—to help students regulate their emotions, cope with their anxiety, and establish friendly relationships with their peers. We are committed to making it as easy as possible for educators to teach their students social and emotional skills related to anxiety.
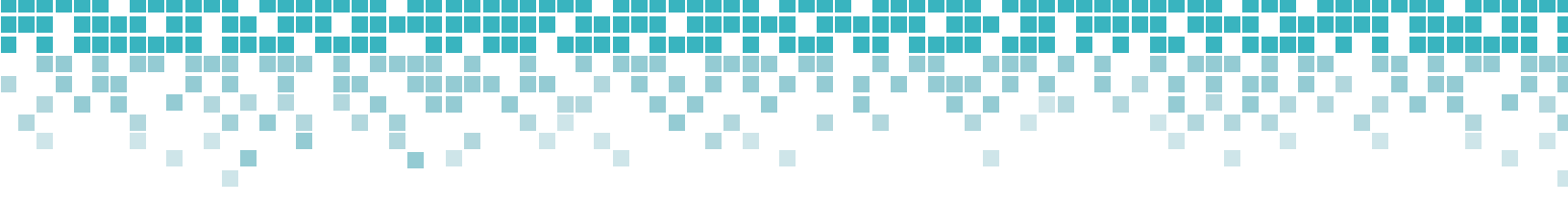
Teachers Are Key to Students' Mental Health

We understand that many teachers do not consider themselves mental health experts, that their primary role is to educate children and adolescents, and that they have numerous demands piled high on their plate of responsibilities at school. In addition, teachers may lack professional training for helping students with anxiety. But teachers are critical to children's emotional well-being. Not only the COVID pandemic, but also enticing and addictive digital technologies, the constant presence of social media, and other social changes contribute to unprecedented stress on children (Pew Research Center 2015). The teacher's role has expanded in response, to encompass identifying students' mental health symptoms and helping reduce their anxiety (Ginsburg et al. 2019).

The good news is that when teachers are trained in and teach social and emotional curricula (for example, problem-solving, coping, and relationship skills), the effects on student outcomes are overwhelmingly positive. Equipped with resources such as this book, teachers can strengthen children's abilities to deal with anxious behaviors that lead to difficulties in the classroom. Research evidence shows that teachers are quite capable of applying anxiety-reducing strategies (Ginsburg et al. 2019). Additionally, teachers can create emotionally supportive settings promoting social interactions in the classroom that encourage friendships, teamwork, and collaboration, especially in a period of development when peers play a substantial role in children's everyday lives (Ybañez-Llorente 2014). Significant research shows that school-based interventions to treat anxiety can have lasting effects on students' emotional, behavioral, and educational functioning (Weir 2017).

Teachers are ideally positioned to carry out prevention and intervention strategies that target anxiety for several reasons:

- **Teachers see students daily.** So, they can recognize when children have anxiety and need intervention (Ybañez-Llorente 2014). Classroom social dynamics often trigger anxiety in students more than in other environments, such as home or church, where children may be more comfortable because they get individual support and frequent reassurances (Herzig-Anderson et al. 2012). Some children may be overly sensitive about performing in front of others, for example, or they may stress over how their peers may negatively evaluate or behave toward them, such as by rejecting or excluding them from social circles (Ybañez-Llorente 2014).

Teachers can also help students identify when anxiety emerges and manage it effectively (Ginsburg et al. 2019). Through daily interactions, teachers can continuously monitor how well their students are applying learned intervention skills (McLoone, Hudson, and Rapee 2006).

- **In the classroom, students are already in a setting designed for learning.** So, why not teach them life skills to cope with challenges and negative emotions that could otherwise plague them for years? Classrooms offer perfect opportunities for social skills practice in real-life, everyday situations. Through class- and team-building exercises, students can receive authentic feedback and support from their peers that can lead to a climate of trust and caring.

- **Schools are accessible and convenient for caregivers.** When children receive anxiety-related support and instruction at school, their families don't have to worry about taking time off from work or about transporting their child to a clinic. Moreover, they do not need to incur costs or deal with medical referrals or waiting lists. Research shows that therapy provided to children outside of school is often not enough (Hugh-Jones et al. 2020). School-based intervention can enhance whatever therapy children receive on their personal time. Schoolwide prevention and intervention programs also have the potential to normalize mental health care (Killu and Crundwell 2016). Teachers can help destigmatize mental health conditions when they teach coping strategies with a positive attitude (Herzig-Anderson et al. 2012; McLoone, Hudson, and Rapee 2006). When children learn the benefits of good mental health habits and coping strategies, they begin to recognize the importance of improving and maintaining well-being.

- **The earlier intervention is provided, the less severe the impact of anxiety will be.** "Anxious behaviors are less entrenched in younger children and thus may be easier to modify" (Donovan and March 2014). Teachers can impart skills early on—in elementary school, for example—rather than waiting until the child is an adolescent or young adult, when anxiety might be more challenging to treat. Teaching students how to handle negative emotions early in life can reduce the chances of anxiety developing into psychopathological disorder (Caldwell et al. 2019).

How Anxiety Might Look in School

Teachers, counselors, administrators, and other educators likely encounter students with anxiety in school every day. Let's look at three students who, their teachers believe, suffer from anxiety. As you reflect on each student's behavior, think about these questions:

- What are your first impressions of the student's behavior?
- How might anxiety contribute to the student's behavior?
- How does the student's anxiety inhibit their learning?

Marc is a sixth grader who is quiet and compliant. He does not like to work in pairs or groups and is often seen alone in the hallways, in the cafeteria, and outside after lunch. In class, when his peers tease or make fun of him, he withdraws and seems to be on the verge of tears. Teachers have noted that he complains of stomachaches and is regularly red-faced.

Fourth grader **Rosa** is meticulous when she does class- and homework. She is careful about how she positions each letter of her handwriting and works attentively so that her assignments have no smudges or tears. Any work that requires a drawing is precisely crafted. Rosa has melt-downs when she doesn't have time to finish her classwork or when her assignments do not meet her standard of excellence. She eats very little at lunch because she doesn't like when her peers watch her eat. Both her teacher and her mother call Rosa a perfectionist.

Third grader **Miguel** is new to his school after having moved three times this school year. After he is dropped off at school, he walks into the building slowly, dragging his backpack behind him. He does not smile when he is greeted by school administrators, nor does he answer their questions about his breakfast. He stands quietly in the hallway, even though all students are supposed to wait in the cafeteria. His behavior seems oppositional, but his teacher senses that he is afraid and lonely in the new school. At times, he refuses to follow even simple directions and has escalated to throwing his backpack and running out of the room.

There is no single profile of a student with anxiety, as these examples show. Children are unique, and their anxiety can present differently depending on their age, experiences, and numerous other factors. These and other issues will be explored throughout the book.

About This Book

We've organized this book into two parts. Part 1 establishes a framework for understanding anxiety, its causes, and different ways it can present in young people. Part 2 offers twenty-five practical action strategies, including an introductory chapter explaining how to use them and a matrix to identify which strategies may be most useful for specific situations.

Part 1: Understanding Anxiety

Chapter 1: Childhood Anxiety: Background and Definitions

First, we explain the population of students we hope to serve through our action strategies. It includes two key groups: (1) children who have anxiety that interferes with their academic achievement and social relationships but are not identified with a disorder or receiving related services, and (2) children whose anxiety is a diagnosed mental disorder and who have an IEP or a 504 plan and receive accommodations and/or related services. We distinguish anxiety that's a normal human experience from anxiety that interferes with learning and socialization. We finish with a description of the most common anxiety disorders.

Chapter 2: A Framework for Childhood Anxiety: Prevalence, Characteristics, and Features

This chapter shows how pervasive anxiety is and describes its immediate and long-term effects when left untreated. We also discuss how teachers can expect anxiety to look in children in four domains:

- physiological
- behavioral
- social and emotional
- academic or cognitive

These domains serve as the foundation for our action strategies. We conclude by explaining how anxiety can contribute to academic and social downward spirals.

Chapter 3: Causes of Childhood Anxiety and Biological Stress Responses: The Brains of Anxious Children

Here we discuss two broad but critical facets of anxiety: (1) its causes and (2) how children's brains respond when they experience anxiety. Understanding the biological nature of anxiety is useful when teachers present strategies to help children regulate their stress responses. Since we are not neurologists, in this chapter we offer a simplified description of the brain's system and structure.

Chapter 4: Addressing Childhood Anxiety in School: School-Based Interventions, Programs, and Social and Emotional Learning

This chapter explains the importance of prevention and intervention programs at school and how cognitive behavioral therapy (CBT) successfully treats children who suffer from anxiety. We also provide key background on social and emotional learning (SEL), which teaches children long-term skills to use when they experience stressful life events.

Part 2: Twenty-Five Action Strategies to Prevent and Reduce Anxiety

Chapter 5: Action Strategies Explained

In this chapter, you'll learn about the components of the action strategies, the ready-set-go three-step method, and the four domains, or general categories, associated with the childhood anxiety: physiological, behavioral, social and emotional, and academic or cognitive. A table helps select strategies to use based on your observations. The chapter closes with how to start using the action strategies, with advice that includes considerations before, during, and after instruction.

The Strategies

These twenty-five research-based strategies support students with anxiety-related behaviors. Each strategy includes the domains that the intervention addresses, the recommended instructional arrangements, and whether it uses a cognitive behavioral therapy (CBT)

component. Each strategy has a simple ready-set-go format that eliminates the need for the teacher to write a complicated lesson plan. The Ready step answers the fundamental question *Why is this strategy important?* The Set step prepares you to teach the strategy. The Go step outlines procedures, materials, and activity sheets to use.

Special Features

In each chapter, we provide these special features to help you absorb what you're learning and think through your own situation:

- **Think About It** provides questions for readers to reflect on as they read upcoming sections.
- **Classroom Connection** offers ideas for immediate classroom implementation.
- **In the Research** presents research information that makes sense to just about everyone.
- **Here's What. So What? Now What?** appears at the end of each chapter. It asks questions to help you review what you've learned in that chapter. In the table of contents, a pencil icon denotes this teacher reflection form.
- **Student activity sheets** accompany most of the strategies to help you implement them. In the table of contents, pencil icons also denote student activity sheets.