



Building Bridges for Children's Mental Health

Behavioral Health Facts and Classroom Tips*

For use with Positive Behavior Supports & Response to Intervention

Anxiety Disorder

Symptoms or Behaviors

- Frequent absences, tardiness
- Refusal to join in social activities
- Isolating behavior
- Many physical complaints
- Excessive worry about homework or grades
- Extreme nervousness
- Falling grades
- Frequent bouts of tears
- Frustration
- Hair pulling
- Fear of new situations

Possible Educational Implications

Because students with anxiety disorders are easily frustrated, they may have difficulty completing their work. They may worry so much about getting everything right that they take much longer to finish than other students. Their fears of being embarrassed, humiliated, or failing may result in school avoidance.

Watch for:

- Getting behind in work
- Anxiety or disruption around long-term deadlines
- Constant need for praise
- Repetitive actions, rearranging objects
- Chronic complaints of physical ailments
- Sleepy in class

Information for Parents & Teachers

All mental health concerns are treatable, and more treatment progress can be made by a coordinated partnership between schools and home. It is recommended that with family consent, all community partners involved and the family work together.

All children feel anxious at times. Preschoolers are often frightened of strangers, thunderstorms, or the dark. These are normal and usually short-lived anxieties. Some children suffer from anxieties severe enough to interfere with the daily activities of childhood or adolescence.

According to the U. S. Department of Health and Human Services, the most common anxiety disorders affecting children and adolescents are:

- **Generalized Anxiety Disorder:** Students experience extreme, unrealistic worry unrelated to recent events. They are often self-conscious and tense and have a very strong need for reassurance.
- **Phobias:** Students suffer unrealistic and excessive fears. Specific phobias center on animals, storms, water, or situations such as being in an enclosed space.
- **Social phobias:** These may center on a fear of being watched, criticized, or judged harshly by others. Because young people with phobias avoid the objects and situations they fear, this disorder can greatly restrict their lives. This fear can be so debilitating that it may keep students from coming to school.
- **Panic Disorder:** Students suffer repeated attacks without an apparent cause. These attacks are periods of intense fear accompanied by pounding heartbeat, sweating, dizziness, nausea, or a feeling of imminent death. Students with panic disorder will go to great lengths to avoid a panic attack. This may mean refusal to attend school or be separated from parents.
- **Obsessive-Compulsive Disorder:** Students become trapped in a pattern of repetitive thoughts and behaviors. These may include repeated hand washing, counting, or arranging and rearranging objects.
- **Post-Traumatic Stress Disorder:** Students experience strong memories, flashbacks, or troublesome thoughts of traumatic events. These may include physical or sexual abuse or being a victim or witness of violence or disaster, such as a shooting, bombing, or hurricane. Young people with this disorder may try to avoid anything associated with the trauma. They also tend to over-react when startled or have difficulty sleeping.
- About 50 percent of children and adolescents with anxiety disorders also have a second anxiety disorder or other mental or behavioral disorder such as depression.

Benefits of early intervention

Students with an anxiety disorder are quiet and compliant, so signs may be missed. Teachers and parents should be aware of the signs of anxiety disorder so that treatment can begin early, thus preventing academic, social, and vocational failure.

Support from family, school, friends, and peers can be an important part of recovery. With sensitivity and support, a child or young adult can lead a healthy and productive life.

* Behavioral Health refers to mental health and substance use disorders



Adapted from the Minnesota Association for Children's Mental Health Fact Sheets, www.macmh.org
Published by the Colorado Department of Education's "Building Bridges" Grant with funding from the U.S. Department of Education
Additional Building Bridges project information available at www.cde.state.co.us/cdesped/BuildingBridges.asp and www.csi-policy.org/buildingbridges/index.html



Building Bridges for Children's Mental Health

Behavioral Health Facts and Classroom Tips*

For use with Positive Behavior Supports & Response to Intervention

Proactive Instructional Strategies and Classroom Accommodations

- Allow students to negotiate a flexible deadline for worrisome assignments.
- Have the student check with the teacher or have the teacher check with the student to make sure that assignments have been written down correctly. Many teachers will choose to initial an assignment notebook to indicate that information is correct.
- Consider modifying or adapting the curriculum to better suit the student's learning style—this may lessen his/her anxiety.
- Post the daily schedule where it can be seen easily so students know what to expect.
- Encourage follow-through on assignments or tasks, yet be flexible on deadlines.
- Reduce schoolwork load and homework when necessary.
- Consider a "Check-In / Check-Out" program where student meets with support staff at the beginning and end of the day.
- Keep as much of the child's regular schedule as possible.
- Encourage school attendance—to prevent absences, modify the child's class schedule so that first period class is less stressful.
- Ask parents what works at home.
- Consider the use of technology. Many students will benefit from easy access to appropriate technology, which may include applications that can engage student interest and increase motivation (e.g., computer- assisted instruction programs, CD-ROM demonstrations, videotape presentations).

Resources

Anxiety Disorders Association of America, www.adaa.org

Building Bridges for Children's Mental Health,
www.cde.state.co.us/cdesped/BuildingBridges.asp

Child Development Institute, www.childdevelopmentinfo.com

Colorado Department of Education: Fast Facts,
http://www.cde.state.co.us/cdesped/download/pdf/FF-EBP_MH_ADHD.pdf

Colorado Division of Behavioral Health, www.cdhs.state.co.us/dmh
Resource for mental health for all citizens of Colorado

Colorado Division of Child Welfare, www.cdhs.state.co.us/childwelfare

Empower Colorado, <http://www.empowercolorado.com>

Federation of Families for Children's Mental Health ~ Colorado Chapter,
<http://www.coloradofederation.org>

FREE Resources for Students and Teachers,
<http://backtoschool.drugabuse.gov/>

National Institute on Drug Abuse,
<http://teens.drugabuse.gov/facts/index.php>

National Institute of Mental Health (NIMH),
www.nimh.nih.gov/anxiety/, 866-615-6464, *Free educational materials for professionals and the public*

Parent Education and Assistance for Kids (PEAK), www.peakparent.org

SAMHSA'S National Mental Health Information Center,
www.mentalhealth.samhsa.gov

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. According to CDE Guidelines, if you suspect possible abuse you are legally required to report your suspicions to the designated agencies immediately. This legal responsibility is not satisfied by merely reporting your suspicion to other school personnel.

Both a verbal and a written report are required. Please see a standard form for a written report in "Preventing and Reporting Child Abuse and Neglect", available at:

<http://www.cde.state.co.us/cdeprevention/pichildabuse.htm>

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.