

Anxiety Disorders



Anxiety disorders are characterized by an excessive and persistent sense of apprehension along with physical symptoms, such as sweating, palpitations, stomach aches and feelings of stress. Anxiety disorders have biological and environmental causes, and are usually treated with therapy and/or medication. Anxiety disorders can coexist with many other disorders and disabilities.

Implications for Planning and Awareness

- Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to anxiety disorders. This could include finding out about:
 - the student's strengths, interests and areas of need
 - specific symptoms that may affect the student at school
 - triggers that may affect the student
 - any other associated disorders that need to be considered at school
 - successful strategies used at home or in the community that also could be used at school.
- If the student is taking medication during the school day, discuss with the parents the possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.
- Learn as much as you can about how anxiety may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.
- Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports, such as counselling or therapy groups.
- Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.

Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

- Develop realistic goals with students and chart progress. Help the student to accept and prepare for setbacks.
- Conduct reality checks with students to avoid unrealistic expectations for themselves (e.g., 80% on an exam might be an excellent mark; few students get 100%).



- Teach positive self-talk. Work with the student to choose positive words and phrases he or she can use in a variety of situations.
- Adjust assignments according to the student's level of distress. Reduce threatening tasks to within the student's comfort zone; for example:
 - chunk work into smaller sections
 - change environments
 - allow extra time for exams and assignments.
- Explore the use of distractions to refocus a student's anxiety. For example, if a student is worried about an event that will happen later in the day, provide engaging activities in the earlier part of the day that will keep him or her busy.

Implications for Social and Emotional Well-being

- Engage the student and parents in planning for transitions between grade levels and different schools.
- Take the time to develop trust with the student and provide opportunities to discuss anxieties. Allow the student to come to you or signal when he or she is worried or becoming distressed.
- Be aware that some students may feel uncomfortable about taking medications at school. To ensure this doesn't become an additional stressor for students, discuss with the student and family how to best support any medication or treatment regime.
- Provide a routine, predictable learning environment. Give the student advanced notice when there will be a change in the schedule or routine (e.g., school assembly or fire drill).
- Watch for behavioural cues that indicate the student may be getting anxious, such as refusing tasks, frequent trips to the washroom or attendance problems. Track these behaviours to look for a pattern to help identify situations that produce the most anxiety for the student.
- Work with the student to choose strategies for reducing anxiety. Strategies may include such things as:
 - moving to a quiet place
 - doing relaxation exercises
 - doing visualization exercises (e.g., imagining both the anxiety-producing situation and a solution)
 - focusing on a sensory input like a squeeze ball
 - using visual reminders, cues and/or prompts
 - debriefing with a teacher or other person the student trusts
 - using humour or other distractions.
- Allow the student to get up and move around to reduce feelings of confinement.
- Allow physical movement breaks within or outside the classroom (e.g., going for a walk in the hallway, running an errand, moving his or her desk).
- Provide a selection of sensory tools that are available to the student at all times (e.g., stress ball, art supplies, quiet corner).
- Allow the student to use a personal music player and headphones to listen to music of choice.
- Try to approach the student from the front in order to reduce a startle response.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.



As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs? Yes No
2. Do I need targeted professional learning?
If yes, what specific topics and strategies would I explore? Yes No
3. Is consultation with jurisdictional staff required?
If yes, what issues and questions would we explore? Yes No
4. Is consultation with external service providers required (e.g., Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)?
If yes, what issues and questions would we explore? Yes No
5. Is service to the student from an external provider required? Yes No
If yes, what outcomes would be anticipated?

Links for further information:

Worry Wise Kids (The Children's Center for OCD and Anxiety).
<http://www.worrywisekids.org/>

Canadian Psychiatric Research Foundation.
<http://familyservices.bc.ca/professionals-a-educators/jessies-legacy/resources-for-educators/curriculum/172-canadian-psychiatric-research-foundation>

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