Children's Mental Health Disorder Fact Sheet for the Classroom[1]
Anxiety

Symptoms or Behaviors	About the Disorder	Educational Implications	Instructional Strategies & Classroom Accommodations
• Frequent Absences • Refusal to join in social activities • Isolating behavior • Many physical complaints • Excessive worry about homework/ grades • Frequent bouts of tears • Fear of new situations • Drug or alcohol abuse	All children feel anxious at times. Many feel stress, for example, when separated from parents; others fear the dark. Some though suffer enough to *interfere with their daily activities.* Anxious students may lose friends and be left out of social activities. Because they are quiet and compliant, the signs are often missed. They commonly experience academic failure and low self-esteem. As many as 1 in 10 young people suffer from an AD. About 50% with AD also have a second AD or other behavioral disorder (e.g. depression). Adolescent girls are more affected than boys. Etiology is unknown (biological or environmental) but studies suggest that young people are at greater risk if their parents experienced AD. The most common anxiety disorders are:[2] • **Generalized:** extreme, unrealistic worry unrelated to recent events. They are often self-conscious and tense; they may suffer from aches and pains that appear to have no physical basis. • **Phobias:** unrealistic and excessive fears. Specific phobias center on animals, storms, or situations such as being in an enclosed space. • **Panic Disorder:** repeated attacks of intense fear w/o apparent cause. They may be accompanied by pounding heartbeat, nausea or a feeling of imminent death. Some may go to great lengths to avoid the attacks (such as refusing to attend school). • **Obsessive Compulsive Disorder:** being trapped in a pattern of repetitive thoughts and behaviors. These may include hand washing, counting, or arranging and rearranging objects. • **Post Traumatic Stress Disorder:** experiencing strong memories, flashbacks, or troublesome thoughts of traumatic events. These may include events of abuse, violence and/or disaster. They may try to avoid anything associated with event. They may over-react when startled or have sleep disorders.	Students are easily frustrated and may have difficulty completing work. They may suffer from perfectionism and take much longer to complete work. Or they may simply refuse to begin out of fear that they won't be able to do anything right. Their fears of being embarrassed, humiliated, or failing may result in school avoidance. Getting behind in their work due to numerous absences often creates a cycle of fear of failure, increased anxiety, and avoidance, which leads to more absences. Furthermore, children are not likely to identify anxious feelings, which may make it difficult for educators to fully understand the reason behind poor school performance.	• Allow students to contract 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 school workload when necessary. • Reduce homework when possible. • Keep as much of the child's regular schedule as possible. • Encourage school attendance-to prevent absences, modify the child's class schedule or reduce the time spent at school. • 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, videos).

[1] Minnesota Association for Children's Mental Health, St. Paul Minnesota, www.macmh.org.
[2] U.S. Department of Health and Human Services, 2007.