



PINEWOOD AMERICAN INTERNATIONAL SCHOOL

Anxiety, Depression, School Refusal Protocol

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This protocol supports teachers at Pinewood, the American International School of Thessaloniki, to report effectively when there are signs of Mood or Anxiety Problems, like Panic attacks, Anxiety signs or Depression signs. Additionally, in this protocol, School Refusal will be addressed. The protocol clarifies which steps can be taken in response to these signs or a report.

Definitions of Anxiety and Depression

Mood/ Anxiety Disorders and School Refusal in children and adolescents demonstrate cognitive, behavioral and physiological patterns. Such a persistent pattern over a long time is likely to be associated with a variety of emotional, social and academic difficulties.

- Generalized Anxiety Disorder is an excessive and uncontrollable worry about several events or activities. This worry causes distress or impairment in social, academic, emotional areas.
- Social Anxiety is characterized by the fear and avoidance of situations where there is the possibility of negative evaluation by others. This can include situations like conversations, performing in front of others or being observed in general. The student is afraid they will be judged negatively, as anxious, weak, weird, unlikable, intimidating or boring.
- Separation Anxiety Disorder is a developmentally inappropriate and excessive fear when the student must separate from home or attachment figures. The student is worried that the attachment figures will get hurt, something disastrous will happen to them or there will be serious illness. To diagnose a child or adolescent with Separations Anxiety Disorder, the symptoms need to last for four weeks or more.
- Selective Mutism is the consistent failure to speak in specific social situations, despite having the ability to speak in other situations. The duration of Selective Mutism needs to last at least one month. The failure to speak is not due to the lack of knowledge of the language. It interferes with social and academic performance.
- Panic Disorder is characterized by frequent and unexpected/ expected panic attacks, accompanied by physiological and cognitive symptoms. It reaches a peak within minutes and a lot of physical symptoms occur. The trigger for the panic attack might not be obvious, so it is unexpected. However, the panic attack might also be expected, such as when the individual is in a situation in which panic attacks typically occur.

School Refusal

- School Refusal is a school attendance issue, which persists for a long time, is associated strongly with emotional distress, and jeopardizes the student's social, emotional and academic development. The student refuses to attend school, prefers to remain at home during school hours and is emotionally upset at the prospect of attending school. Reluctance attending school relates to emotional distress for students, parents and school staff.



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Stage 1: How do you suspect Mood/ Anxiety Disorder or School Refusal at school?

Mood or Anxiety Disorders	Physical Indicators	Emotional Indicators
Generalized Anxiety Disorder	<input type="checkbox"/> Restlessness <input type="checkbox"/> Easily fatigued <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Irritability <input type="checkbox"/> Muscle tension <input type="checkbox"/> Sleep disturbance	<input type="checkbox"/> Worries about every day routine and life, eg. School or Performances <input type="checkbox"/> Distress
Social Anxiety	<input type="checkbox"/> Rigid body posture <input type="checkbox"/> Inadequate eye contact <input type="checkbox"/> Crying <input type="checkbox"/> Tantrums <input type="checkbox"/> Freezing <input type="checkbox"/> Clinging	<input type="checkbox"/> Shy <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disclose few information about themselves <input type="checkbox"/> Social situations are avoided <input type="checkbox"/> Not engaging into conversations <input type="checkbox"/> Failing to speak in social situations
Separation Anxiety Disorder	<input type="checkbox"/> Inattention <input type="checkbox"/> Aggression <input type="checkbox"/> Nightmares <input type="checkbox"/> Headaches <input type="checkbox"/> Tantrums <input type="checkbox"/> Stomachaches <input type="checkbox"/> Nausea	<input type="checkbox"/> Reluctance to go out, away from home or parents <input type="checkbox"/> Social withdrawal <input type="checkbox"/> Reluctance to go to school <input type="checkbox"/> Reluctance of being alone <input type="checkbox"/> Worries about specific dangers for parent
Selective Mutism	<input type="checkbox"/> Failure to speak in social situations <input type="checkbox"/> Ability to speak and interact in the presence of a trusted person (eg. Family member, at home) <input type="checkbox"/> Temper tantrums	<input type="checkbox"/> Shyness <input type="checkbox"/> Social isolation <input type="checkbox"/> Withdrawal <input type="checkbox"/> Negativism <input type="checkbox"/> Mild oppositional behavior <input type="checkbox"/> Anxiety
Panic Attack	<input type="checkbox"/> Palpitation <input type="checkbox"/> Sweating <input type="checkbox"/> Nausea <input type="checkbox"/> Trembling or shaking <input type="checkbox"/> Sensations of shortness of breath <input type="checkbox"/> Feelings of choking <input type="checkbox"/> Chills or heat sensation <input type="checkbox"/> Dizziness	<input type="checkbox"/> Fear of losing control <input type="checkbox"/> Fear of dying <input type="checkbox"/> Worry for life-threatening diseases <input type="checkbox"/> Social concerns <input type="checkbox"/> Concerns about mental functioning
Depression	<input type="checkbox"/> Irritability <input type="checkbox"/> Physical Complaints <input type="checkbox"/> Substance abuse <input type="checkbox"/> Crying	<input type="checkbox"/> Difficulty concentrating and planning/ Inattention <input type="checkbox"/> Negative perceptions of past and present <input type="checkbox"/> Lack of interest and involvement <input type="checkbox"/> Decreased self-esteem <input type="checkbox"/> Deficient performance <input type="checkbox"/> Impulsive/ Risky behavior
School Refusal	<input type="checkbox"/> Temper tantrums	<input type="checkbox"/> Refusal to attend school



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	<input type="checkbox"/> Pain symptoms (headaches, back pain) <input type="checkbox"/> Palpitation and shortness of breath <input type="checkbox"/> Unexplained physical symptoms <input type="checkbox"/> Crying and being miserable	<input type="checkbox"/> Remaining at home during school hours <input type="checkbox"/> Emotional upset at the prospect of attending school <input type="checkbox"/> Absence of severe antisocial tendencies <input type="checkbox"/> Fearfulness
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Stage 2: Strategies to help students with Anxiety or Depression

- Feel comfortable to **talk** to students about how they feel, since they might seek someone who cares about them.
- Give **frequent feedback** on academic, social and behavioral performance.
- Assist students to create their own **goals**, enhance their **problem-solving** skills and **self-assess**.
- *Punishment, sarcasm or discouraging students* are **not** effective techniques. Their self-esteem will be influenced negatively and this might enhance their difficulties.
- **Adjust or accommodate** the assignments/ tasks of the students, **without lowering** the expectations teachers have for them. Specifically, giving extra time, breaking assignments into smaller parts, offering help or assisting with study habits are accommodations that will improve the situation.
- Provide **opportunities** to students and arrange experiences that will **lead to their success**, social interactions and feeling of acceptance.
- Frequently **monitor** their wellbeing and depressive or anxiety thoughts.
- Develop frequent communication with teachers and staff involved with the student, to receive feedback, create a plan and follow-up with the situation.

Stage 3: Strategies to help students with School Refusal

- The teacher and parents of the student meet with the Principal and School Psychologist to share important relevant information, and discuss potential next steps.
- Review of attendance record, to detect regular absences which can be associated with certain activities.
- Maintain regular and close communication with the family of the student.
- Enhance the student’s social skills and interaction with their peer group, with support from the School Psychologist.
- Implement reduced homework, academic remediation or modified curriculum, if necessary.
- The student should not be questioned about previous absences or pressured to stay at school for longer than the arranged time.



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- The student should have the possibility to choose one or two students to act as “buddies” who will provide peer support.

Stage 4: Intervention in School

- Head of School, depending on the severity of the problem.
- Elementary or Secondary Principal.
- School Psychologist.
- Teachers directly involved with the student, after communication with the School Psychologist and/or Principal. The guidelines mentioned in Stage 2 are important to be followed during class and break time.

The role of the Psychologist is the estimation of the severity of the Mood/ Anxiety Disorder or School Refusal and the creation of a therapeutic intervention within the school. In case the Mood/ Anxiety Disorder or School Refusal fall **solely** within the school setting, then parents and teachers are informed immediately. On the contrary, if the Mood/ Anxiety Disorder or School Refusal have a broader effect on the student’s life, then the family is referred to external professionals, either psychologist or psychiatrist.

Regular and close communication with the family of the student is mandatory. This ensures clear understanding and consistency during the implementation of plans.

In case the family does not comply with the suggestions and referral of the Head of School/Principal and the School Psychologist, then Pinewood and the School Psychologist have no responsibility on the outcome of the therapy.