

Anxiety in Schools

Understanding & Supporting Our Students

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The Current Landscape

Reality

Anxiety is the most common mental health concern in children and adolescents, and rates are rising post-pandemic.

Goal

Our objective is **regulation, not elimination**. We aim to help students manage their distress so they can engage in learning and life, rather than removing all stressors.

Why Can't We Just Get Rid of Anxiety?

A Built-in Survival Mechanism

Anxiety is not a defect. It is our body's built-in alarm system, designed to detect threats and promote safety.

When the brain (specifically the amygdala) perceives danger—whether a tiger or a math test—it activates the nervous system to protect us. The problem arises when this alarm is too sensitive or won't turn off.



The Threat Response

Flight

Restlessness, avoidance, leaving the classroom, skipping school, or hiding in the nurse's office.

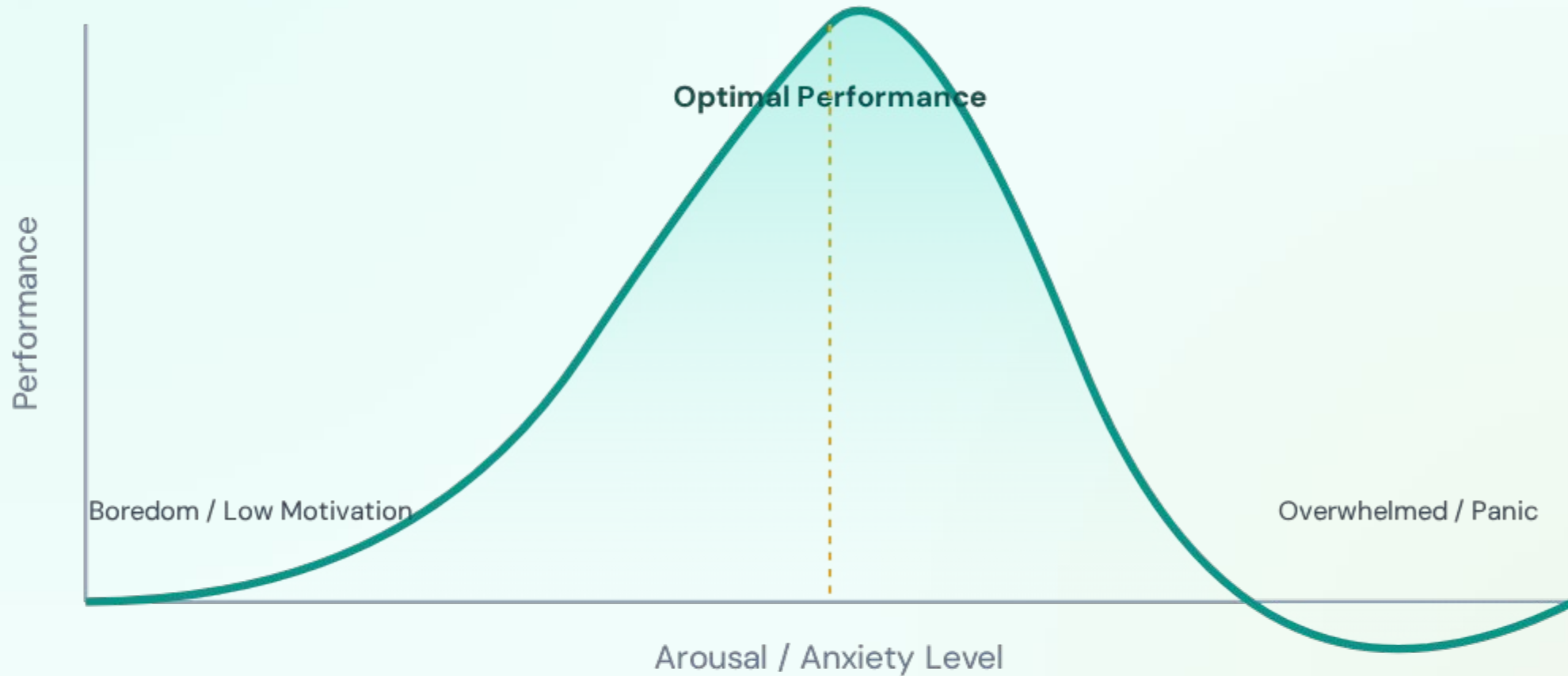
Fight

Irritability, defiance, arguing, refusal to work, or behavioral outbursts ("acting out").

Freeze

Shutting down, "zoning out," inability to answer questions, or putting head on the desk.

The Yerkes-Dodson Law



Anxiety is not inherently bad. A moderate amount (the peak of the curve) increases focus and performance. It only becomes problematic when it exceeds our capacity to cope.

Anxiety Across Ages

Elementary

Separation anxiety, physical complaints (stomach aches, headaches), behavioral regression, fear of monsters or safety, refusal to go to school.

Middle School

Social anxiety, fear of judgment, academic perfectionism, body image concerns, avoidance of social situations or speaking in class.

High School

Performance anxiety (college/grades), existential worries, panic attacks, substance use as coping, social withdrawal

The Cycle of Avoidance

Short-Term Relief, Long-Term Challenge

The Trap: Avoidance works immediately. When a student skips a scary class, their anxiety drops instantly.

The Reinforcement: This drop in anxiety reinforces the brain's belief: "I can't handle this" and "Avoidance saved me."

The Result: The anxiety grows stronger, the world gets smaller, and the student loses the opportunity to learn they can cope.



When Helping Can Be Avoidance

Avoidance (short-term relief)

- Reassurance (“you’ll be fine”)
- Removing stress
- Fixing or rescuing

Teaches: “I can’t handle this.”

Regulation (long-term growth)

- Validate
- Stay with discomfort
- ^T● Coach coping skills

Teaches: “I can handle this.”



Drop the Rope: An ACT Perspective

The "Tug-of-War" & other Metaphors

The Problem: Fighting anxiety is like playing tug-of-war. The harder you pull (try to eliminate it), the harder it pulls back (anxiety increases).

The Solution: Acceptance and Commitment Therapy (ACT) suggests we simply *drop the rope*. Anxiety is still there, but we are no longer wasting energy fighting it.

Psychological Flexibility: Making room for uncomfortable feelings in order to focus on what matters.

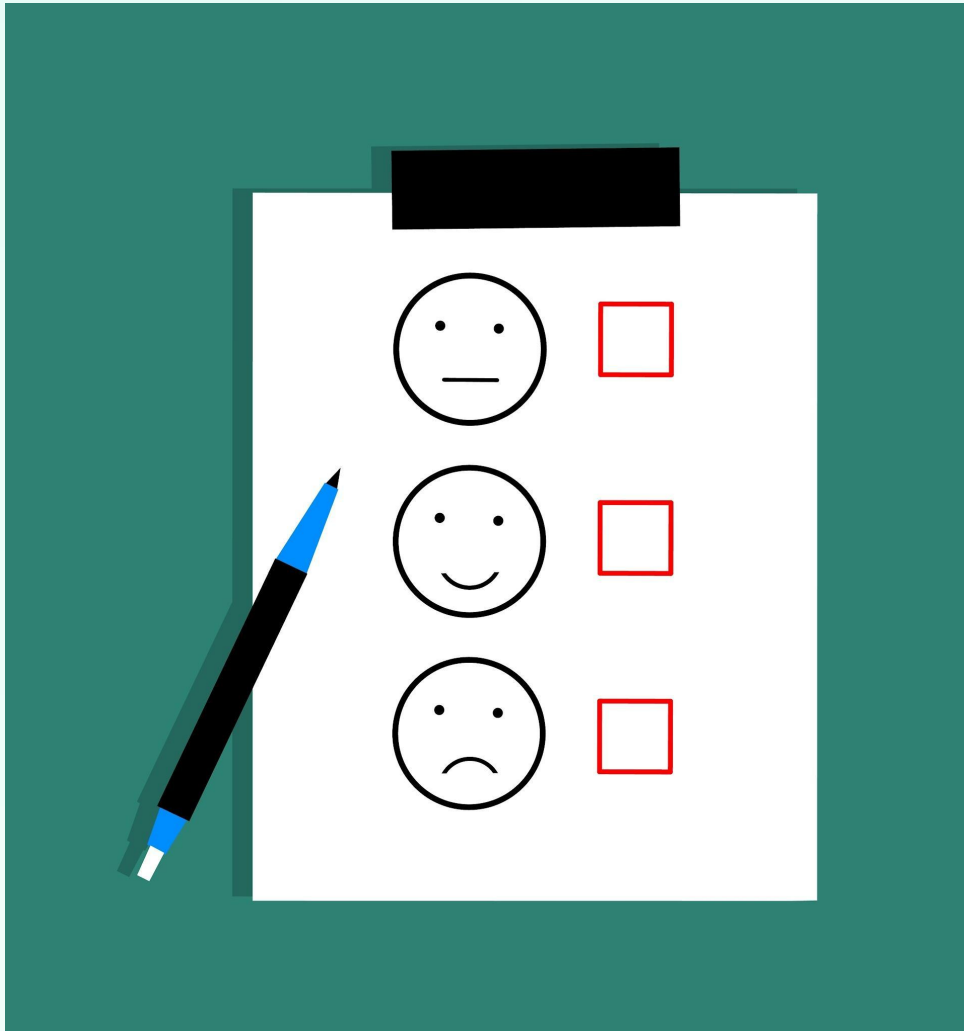


Intervention & Stages of Change

Matching Support to Readiness

| Pre-Contemplation | Contemplation | Preparation | Action |
|--|--|---|--|
| <p>"I don't have a problem." <i>Goal: Build trust & awareness.</i></p> | <p>"Maybe this is an issue." <i>Goal: Validate feelings & explore pros/cons.</i></p> | <p>"I want to change." <i>Goal: Identify small, manageable steps.</i></p> | <p>"I'm trying new things." <i>Goal: Skill building & exposure practice.</i></p> |

School-Based Assessment



What We Look For

When anxiety impacts a student's ability to access the curriculum, we evaluate:

- ✓ **Frequency & Intensity:** Is it situational or chronic?
- ✓ **Educational Impact:** Attendance, work completion, social availability.
- ✓ **Co-occurring Factors:** Are there underlying learning disabilities causing the anxiety?

Addressing Vulnerabilities

The "Chicken or Egg"

Anxiety often overlaps with other challenges. A student with undiagnosed dyslexia may manifest intense anxiety about reading aloud. A student with ADHD may be anxious about forgetting assignments.

Targeted Support

Addressing the root cause often alleviates the anxiety. Providing reading intervention or executive function support can be the most effective "anxiety treatment" because it builds competence and reduces the threat level.

Coping Strategies

Psychoeducation

Behavior

Feelings

Thoughts

Coping Strategies

Validation: "I see this is hard for you"

Gradual Exposure: Breaking tasks into small, manageable steps (scaffolding)

Paired with Emotion Regulation

Emotion Regulation

Rating Strategy

Relaxation

Controlled Breathing

Distraction

Mindfulness

School Support: Check-ins, preferential seating... Should be strategic, monitored, and revisited

Coping Strategies

Nutrition

Sleep Hygiene

Exercise

Relaxation

Mindfulness

Meditation

Guided Imagery

Body Scanning

Progressive Muscle

Relaxation

Yoga

Deep Breathing

Prepping

Positive Self-Talk (Mantra)

Re-narrating story & adding coherence

Additional Resources

William James Interface: Referral Service (617-332-3666)

MA Behavioral Health Help Line: Call or Text 833-773-2445

Questions?