

SCHOOL INFORMATION & STRATEGIES TO SUPPORT STUDENTS WITH ANXIETY





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BACKGROUND

Anxiety is a common experience – everyone feels anxious from time to time. Usually, these feelings are quite adaptive and keep us safe and performing well. However, when feelings of fear and worry persist over long periods, are exaggerated, or occur in the absence of actual threat, anxiety can be considered problematic.

Educators have an important role in helping students to maintain a healthy level of anxiety.

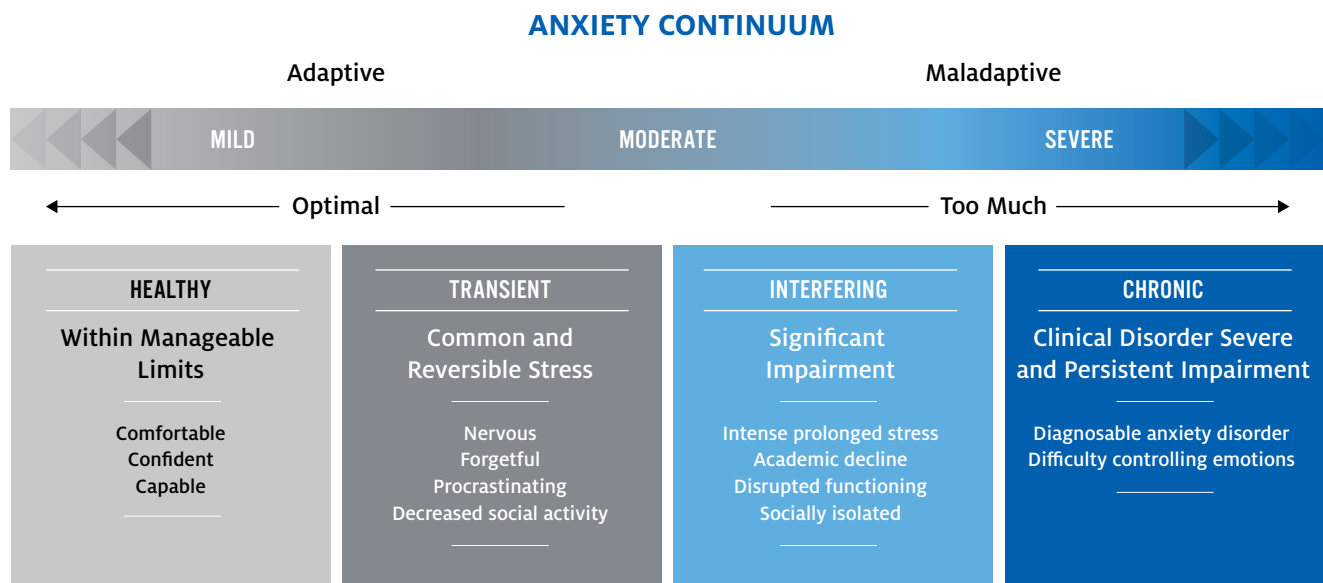
We believe that developing student resiliency in the face of challenge is a vital life skill that contributes to student achievement and well-being. When classroom teachers incorporate instructional strategies that address the physical symptoms, worrying thoughts and avoidance associated with anxiety, we can teach students to face challenging and sometimes fearful situations with success and confidence.

ANXIETY DISORDERS

Feelings of anxiety occur on a continuum as shown in the Anxiety Continuum Diagram, with diagnoses being given when a health professional evaluates the student as having a clinical disorder.

A child or adolescent may have an Anxiety Disorder if anxiety is a pattern causing **persistent problems**. Several types of Anxiety Disorders exist, impairing social, personal and/or academic functioning.

The frequency of Anxiety Disorders ranges from about 3 to 20% of children and adolescents.



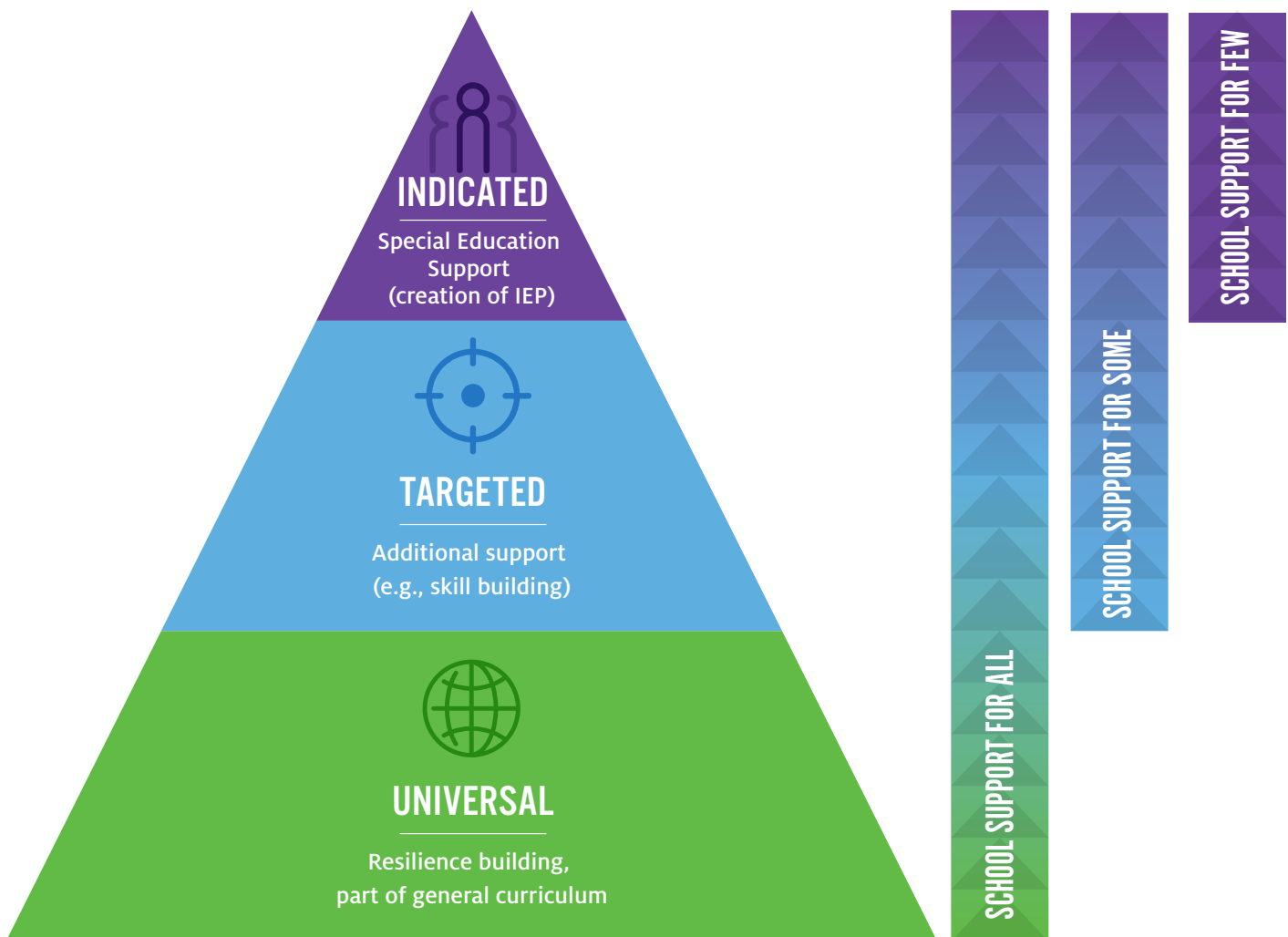
SYMPTOMS CHART

What does it look like in students? Educators may observe the following symptoms.

PHYSICAL SYMPTOMS	COGNITIVE SYMPTOMS	BEHAVIOURAL SYMPTOMS
<ul style="list-style-type: none"> • Recurring physical symptoms without medical explanation • Sweating • Flushed skin • Rapid breath • Trembling or shaking • Increased heart rate • Muscle tension • Sleep problems • Dizziness • Chest pain and discomfort • Nausea and vomiting • Flat affect 	<ul style="list-style-type: none"> • Attention difficulties • Performance on tests not matching ability • Difficulty speaking in groups or in class • Preoccupation with achievement • Concentration difficulties • Memory problems • Perfectionism in assignments • Fear of losing control • Difficulties of problem solving and academic performance • Rigid or sticky thinking • Worrying thoughts • Negative self-talk 	<p>Fight, Flight or Freeze (Other)</p> <p>Fight</p> <ul style="list-style-type: none"> • Defiance or refusal to comply when asked to perform a task that causes anxiety • Irritability and mood symptoms <p>Flight</p> <ul style="list-style-type: none"> • Avoiding school, classes or tasks • Alcohol and drug use <p>Freeze</p> <ul style="list-style-type: none"> • Social interaction difficulties • Need for sameness • Frequent need for reassurance • Shyness • Being “stuck”, indecisive, shutting down




TIERS OF SUPPORT

We use a tiered approach to support students with anxiety. With a tiered approach, the intensity of supports varies with the degree of severity of anxiety. At the Universal Level, all students benefit from resilience building strategies that are incorporated into school-wide practices and classroom curriculum. For students requiring more support to address anxiety, small group or individualized strategies can provide skill building, practice and graduated exposure to help reduce anxiety. For an extremely small group of students who have a clinical diagnosis of an anxiety disorder, special education services and supports can be provided.

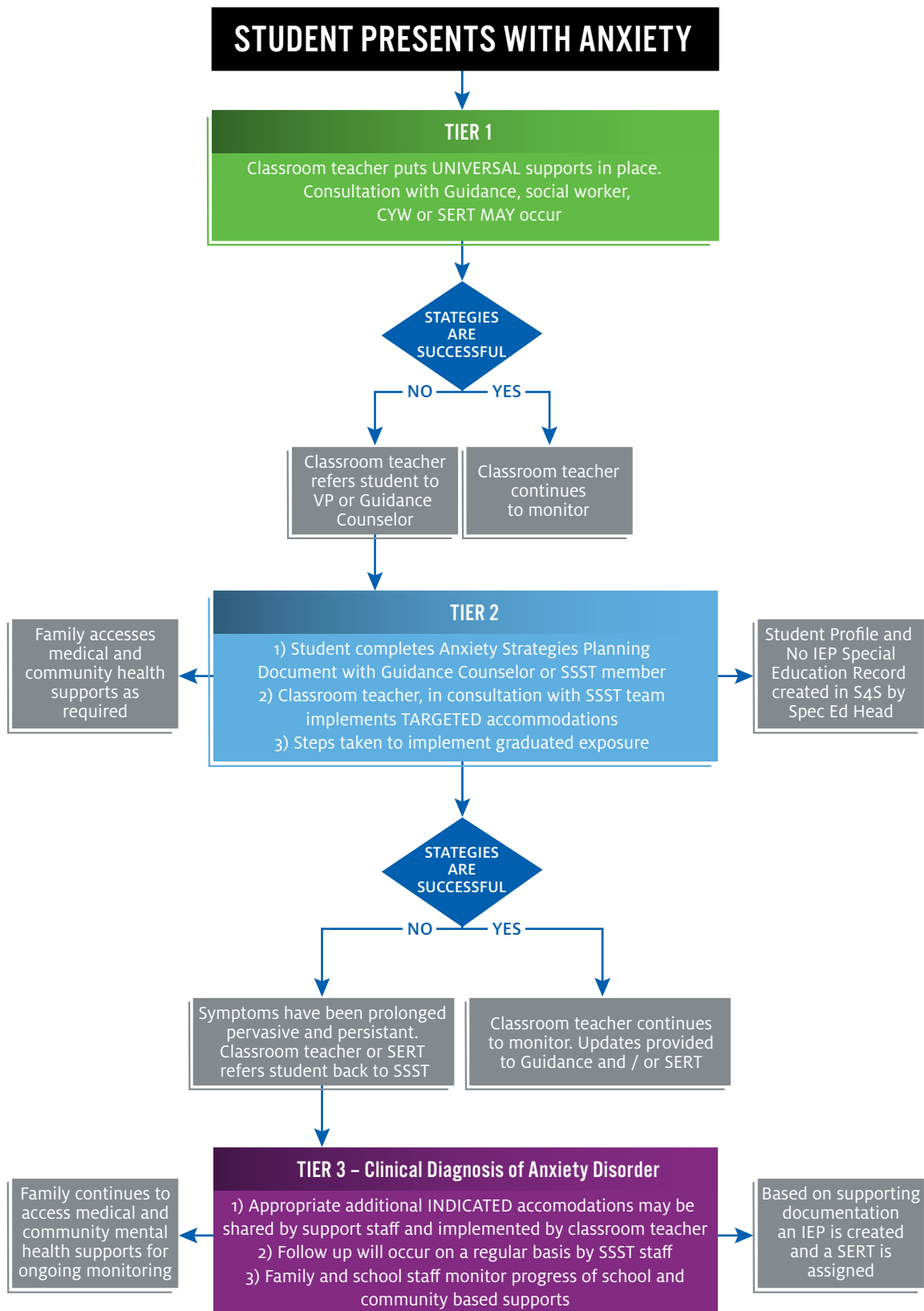


This protocol also applies to students with other diagnoses for whom anxiety is a significant feature of their presentation.

TIERS OF SUPPORT

TIER	DESCRIPTION AND SCOPE	STAFF INVOLVED/ACTION
Universal: 	Benefits The Whole School <ul style="list-style-type: none"> • Mental health promotion and resilience building for the whole class/school • Part of curriculum • General classroom instructional, environmental, and assessment strategies 	Classroom teacher , in consultation with: <ul style="list-style-type: none"> • Guidance, Child and Youth Worker, Vice Principal, Social Worker, Special Education, Student Success, Psychology
Targeted: 	Additional Support for At-Risk Students/Classes <ul style="list-style-type: none"> • Small group or individual strategies to increase graduated exposure and help reduce anxiety in specific students • Appropriate additional accommodations are shared by support staff and implemented by classroom teachers • Family to access medical and community mental health supports as needed • In-school staff work in collaboration with the student and student's family to monitor progress of school and community-based supports 	Vice-Principals will call a meeting of the in-school support team to develop next step strategies. <ul style="list-style-type: none"> • Special Education No IEP record created in S4S • Student may be monitored by Special Education, Child and Youth Worker, Social Worker, Student Success and/or Guidance depending on support plan designed
Indicated: 	Special Education Supports for Individual Students <ul style="list-style-type: none"> • For an extremely small group of students who have a clinical diagnosis of an anxiety disorder, Special Education Services and supports may be provided • Anxiety symptoms have been prolonged, pervasive and persistent and previous targeted strategies have been ineffective • Appropriate additional accommodations are shared by support staff and implemented by classroom teachers • Family to access medical and community mental health supports for ongoing monitoring and intervention • In school staff work in collaboration with the student and student's family to monitor progress of school and community-based supports 	Vice-Principals will use in-school support team to further develop next step strategies once documentation has been provided to the school. <ul style="list-style-type: none"> • Principal will determine when an Individual Education Plan (IEP) will be developed • Follow up will occur on a regular basis by school staff for up-to-date documentation Documentation Examples: <ul style="list-style-type: none"> • Psychiatric Assessment • Psycho-Educational Assessment • Medical report • Medical Assessment/Note • Psychological assessment • Follow-up Letters • Health Information Form • If more information is required a consent for release of information form may be used or see Health Information page in Documentation section

ANXIETY SUPPORT FLOW CHART



BEST PRACTICES TO SUPPORT ALL STUDENTS

UNIVERSAL TIER

The following strategies are best practices that can be used in all classrooms on a consistent basis to support all students. Implementing these practices can also proactively support students with anxiety and foster a healthy learning environment.



Universal Design for Learning (UDL) is a set of principles for curriculum development that give all individuals equal opportunities to learn. UDL provides a blueprint for creating instructional goals, methods, materials and assessments that work for everyone – not a single, one-size-fits-all solution but rather flexible approaches that can be customized and adjusted for individual needs.



UNIVERSAL TIER

GENERAL CLASSROOM STRATEGIES FOR ALL STUDENTS

- Create a welcome and inclusive environment by smiling and greeting students
- Create a learning culture where mistakes and failures are viewed as an important aspect of the learning process (Model and encourage a growth mindset)
- Provide predictable schedules and routines in the classroom
- Provide advance warning of changes in routine (visually, orally, in writing etc.)
- Break down tasks (assignments, projects, homework, studying, and tests) into manageable chunks
- Minimize the number of options you give students
- Make time “visible/visual” – model and support creating schedules for time management
- Provide simple relaxation exercises that involve the whole class, especially when starting a test
- Discuss concerns privately with students
- Avoid public comments regarding prolonged absences because this can increase avoidance
- Use a variety of strategies to elicit classroom participation or observe classroom conversations
- Explicit scaffolding and skill development for oral presentations
- Allow students to volunteer answers rather than calling on them in class
- Provide positive reinforcement
- Encourage independence
- Model calm behaviour and patience in stressful events
- Provide small group structured activities
- Build and model positive relationships with students and staff
- Graduated exposure

DIFFERENTIATED STRATEGIES TO SUPPORT INDIVIDUALS/CLASSES



TARGETED AND



INDICATED TIERS

Differentiated Instructional Strategies	
CONCERN	TEACHER STRATEGIES COULD INCLUDE...
Thinking	<ul style="list-style-type: none"> • Encourage positive thinking/model positive self talk (e.g. "You can do it!", "You have worked hard.") • Challenge negative thoughts • Minimize options if decision making is compromised • Replace "but" statements with "and" statements (e.g. "You put a lot of effort into that project AND you made only a few mistakes")
Class Avoidance/ Attendance Concerns	<ul style="list-style-type: none"> • Avoid drawing public attention to the students when they return to class • Support attendance goal created by support team (e.g. incremental attendance goals – come for 15 mins, then 20, then 25 etc.) • Support students who have a soft or delayed entry, as well as early exits • Allow check-ins with designated staff (e.g. CYW,SERT) • Support work in alternative quiet spaces/designated safe space in school • Provide access to course notes • Some students are attending class for exposure not credit, so maintain the invitational support with this in mind



Differentiated Environmental Strategies

CONCERN	TEACHER STRATEGIES COULD INCLUDE...
Class Participation	<ul style="list-style-type: none"> • Prepare student with advanced questions and/or previews and allow for practice • Negotiate attainable goals with student (e.g. put hand up once/three times per week) • Pair student with another student who is open and welcoming • Provide opportunities for students to socialize and speak in small groups • Leverage technology for student interaction • Develop a student cue that they use to indicate that they are ready to respond • Designated safe space
Group Work/Peer Interaction	<ul style="list-style-type: none"> • Provide notice of scheduled small group days • Think-pair-share time to prepare thoughts individually before sharing in a group • Coach peers to interact through technology (e.g. chat function in a google doc) • Consider giving student the option to complete work independently • Allow student choice for role in the group based on student strength (i.e., researcher, slide show developer, speaker)
Task Avoidance	<ul style="list-style-type: none"> • Break down tasks into small chunks, assign small pieces at a time • Check frequently on progress • Organizational coaching: make a to-do list and encourage satisfaction by crossing tasks off to show progress • Encourage brainstorming and rough drafts as part of the process • Provide encouraging messages that mistakes are a normal process of learning • Verbalize the amount of time an assignment should roughly take to complete (to help with time management)
Physical Symptoms	<ul style="list-style-type: none"> • Remind student to use their breathing, body check strategies and/or relaxation strategies • Strategic seating to avoid triggers • Stress reduction tools (e.g. stress ball, music, etc.) • Encourage breaks and visualization techniques • Remind students to use their personalized calming techniques (e.g. looking at a family pet on their phone)
Perfectionism	<ul style="list-style-type: none"> • Encourage the use of brainstorming and rough drafts • Use rubrics to outline realistic performance expectations • Acknowledge the student for finishing tasks on time without continual revision



Differentiated Assessment Strategies	
CONCERN	TEACHER STRATEGIES COULD INCLUDE...
Test/Exam Avoidance	<ul style="list-style-type: none"> • Offer alternate setting, breaks and extended time limits • Allow student to complete test one page at a time • Encourage self-soothing strategy (e.g. breathing strategies, fabric to rub) • Offer an opportunity to “mind dump” information onto a blank page before they are given the test • Cue student to practice positive self-talk • Encourage student to refer to/use the <i>Test Anxiety Booklet</i> (page 16)
Test/Exam Worries	<ul style="list-style-type: none"> • Provide instruction about effective study skills (e.g. chunking study time) and test-taking strategies (e.g. doing easy questions first) • Provide review questions to direct study focus • Encourage the use of breathing exercises to keep calm • Avoid ‘pop’ quizzes; some students need advance notice • Write down a “worry list” of concerns before writing test • Encourage student to refer to/use the <i>Test Anxiety Booklet</i> (page 16)
Oral Presentations	<ul style="list-style-type: none"> • Allow alternative options (e.g. one on one with the teacher, videos) • Allow small group presentations in another setting (e.g. library) • Opportunities to practice the presentation ahead of time with a peer • Allow student choice of delivery method
Task Avoidance	<ul style="list-style-type: none"> • Provide advance notice of assignments and time-limited tasks • Use checklists and visual reminders of tasks and upcoming events • Discourage multi-tasking and encourage student to finish one task at a time • Provide feedback and encouragement for each section of the task completed • Allow additional time, if needed • Provide student choice of product
Task Completion	<ul style="list-style-type: none"> • Encourage the use of brainstorming and rough drafts • Use rubrics to outline realistic performance expectations • Acknowledge the student for finishing tasks on time without continual revision

HOW TO SUPPORT STUDENTS EXPERIENCING ANXIETY IN THE MOMENT

Some students experience **significant emotional distress** when they are anxious (i.e., crying, refusing to complete a task, physical symptoms such as shaking, hyperventilating, etc.). This may happen during or right before the feared situation (i.e., on the day of a presentation, just before the exam period).

In these situations, the following steps are recommended:

<p>1 Help reduce the student's emotional distress.</p>	<p>In collaboration with the student, determine what would help the student become calmer and less distressed, (i.e., going to a quiet room or a designated safe space, breathing or other relaxation strategies). Give the student time to calm down.</p>
<p>2 Help the student recover from their emotional distress.</p>	<p>This can include planning the remainder of their day (i.e., whether they will continue with their typical schedule or some modifications need to be made, connecting with supportive peers and adults, incorporating emotionally positive activities, etc.), as well as planned check-ins with a school staff person (i.e., later in the day, over the next few days).</p>
<p>3 In collaboration with the student, determine a good time to develop a plan to address the student's response to the feared situation.</p>	<p>This discussion could occur on the same day or a different day. Decide who should be present at the discussion to support the student (i.e., family member, vice principal, guidance counsellor, CYW etc.) and who needs to be made aware of the management plan.</p>

HOW TO DEVELOP AN ANXIETY MANAGEMENT PLAN IN COLLABORATION WITH THE STUDENT

It is important to meet with the student to develop a plan to manage and reduce anxiety in feared school situations.

The following steps are recommended:

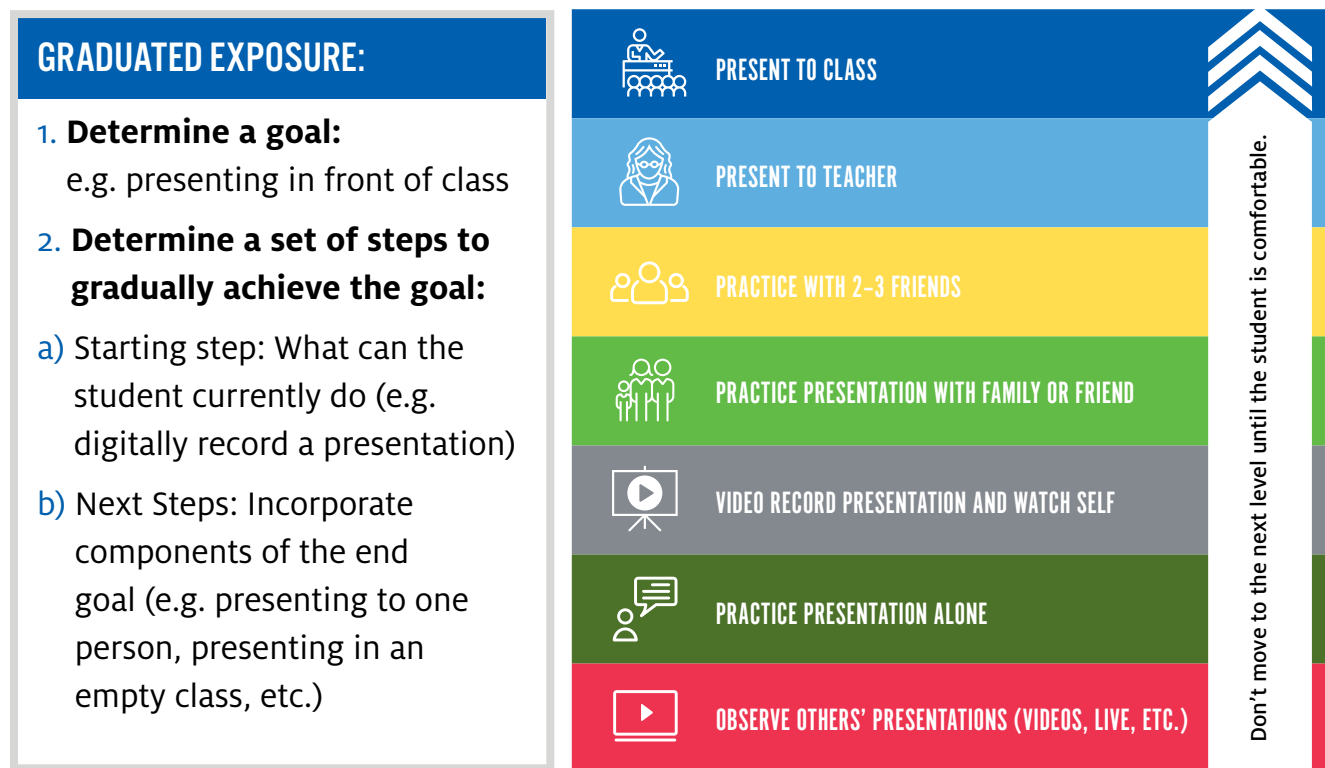
The Case Manager (Vice Principal) will determine who at the school should work with the student to develop their plan.	Consider consulting with Psychological Services or Social Work staff especially for students with chronic anxiety or a diagnosis of an anxiety disorder. Consider involving the student's family and/or community mental health service provider if the student would find that supportive.
1 Invite the student to share information about their fear response.	Gather information about the feared situation(s). For example, are the feared situations pervasive across classes or restricted to certain types of assessment? Use the Symptoms Chart to explore possible physical, cognitive and behavioural symptoms.
2 Use the differentiated strategies outlined in the charts below to explore with the student what strategies would be helpful.	It is important to identify and continue to use strategies that the student and/or classroom teachers are already using that the student finds helpful. Use the Anxiety Strategies Planning Template to record selected strategies.
3 In collaboration with the student and classroom teacher(s), determine how and when to implement the strategies identified.	Use the <i>Anxiety Strategies Planning Template</i> (page 16) to monitor the use and effectiveness of recorded strategies.
4 Suggest the family consult with a physician, psychologist or a community mental health provider.	Students can ask their physician or community mental health provider to complete the Health Information Form. It is recommended that students provide documentation such as the Health Information Form to support the development of an Individual Education Plan.
5 Establish a follow up meeting to review and revise the plan if appropriate.	If needed, schedule regular check-ins and/or meetings to continue to review and revise the plan.

GRADUATED EXPOSURE

One of the main ways in which anxiety is maintained is through avoiding anxiety provoking situations. Adults can help students overcome their fears by helping them to reduce this avoidance and gradually face them.

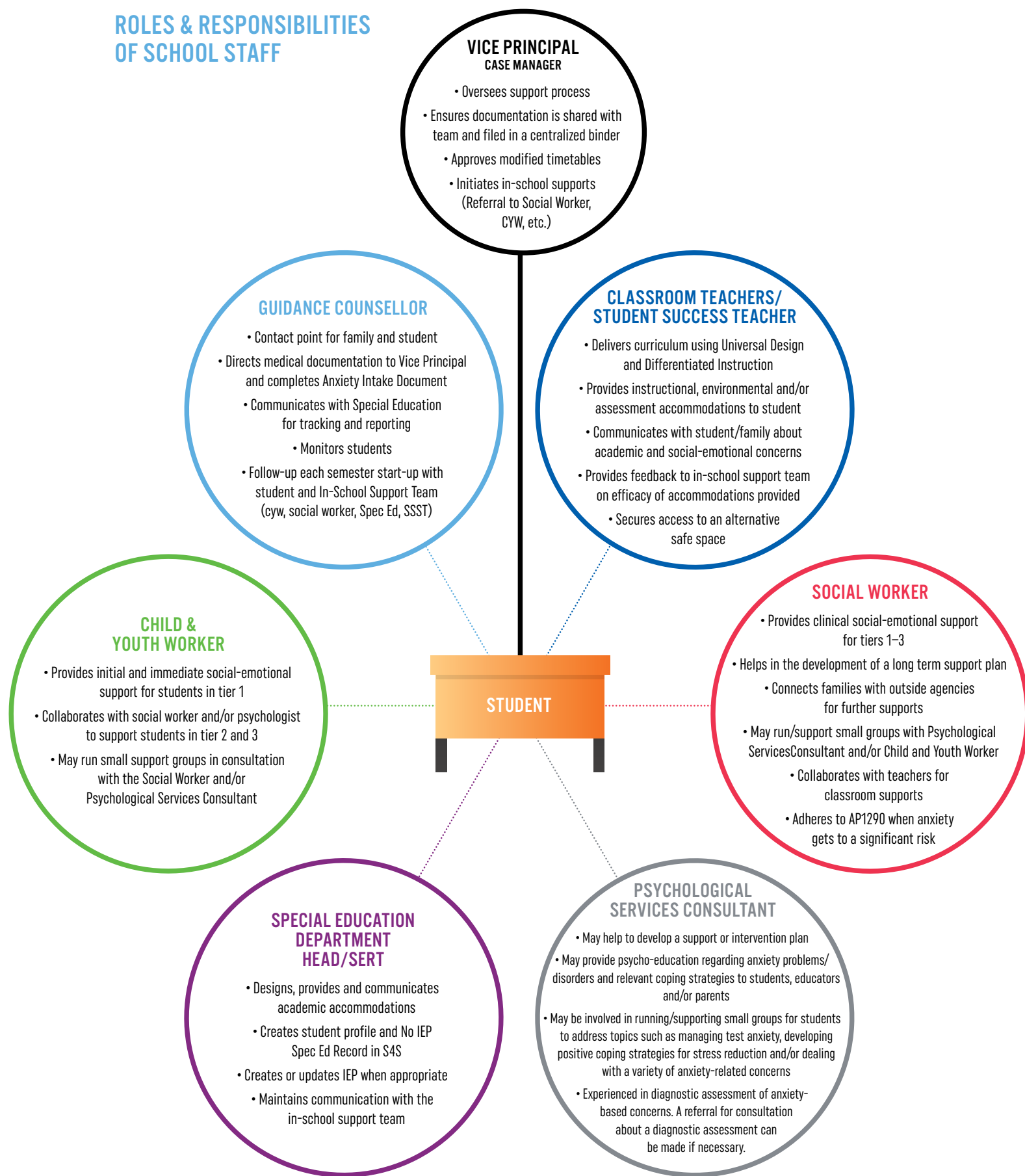
Graduated exposure is central to treatment and involves overcoming fears by taking small steps towards facing them. Students practice each step, beginning at the “easiest” situation, until their anxiety decreases to a manageable level.

Example of graduated exposure for presentations



*Develop in consultation with the student

ROLES & RESPONSIBILITIES OF SCHOOL STAFF



SUPPORTING DOCUMENTATION

Anxiety Intake Document

bit.ly/AnxietyIntake

Health Information Form

bit.ly/AnxietyHealthInfo

Anxiety Strategies Planning Template

bit.ly/AnxietyPlanning

Support Plan Template

bit.ly/SupportTemplate

SOURCES CONSULTED

Hubberty, Thomas J. "Anxiety and Anxiety Disorders in Children." *National Association of School Psychologists*, vol. S5H2-4, 2010.

Nusca, Virginia. Anxiety Presentation 2015

<https://drive.google.com/open?id=oB3hxi7cFyIVvT2hNX3dmZHcwM1E>

School Mental Health Assist.

<http://pdfviewer.softgateon.net/?state=%7B%22ids%22:%5B%22oB3hxi7cFyIVvSGc5czhzNoMoVm8%22%5D,%22action%22:%22open%22,%22userId%22:%22114499610670404277453%22%7D>

"Strategies to Support Anxious Children In the Classroom." *Understanding Anxiety*, 17 Mar. 2016, understandinganxiety.wayahead.org.au/education/strategies-to-support-anxious-children-in-the-classroom/

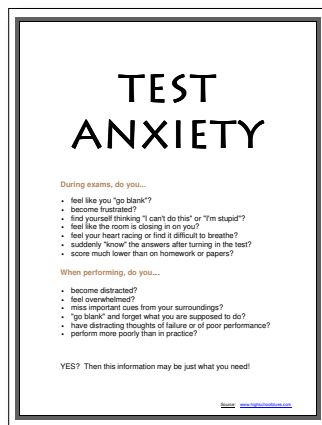
Supporting Minds: an Educator's Guide to Promoting Students' Mental Health and Well-Being. Ministry of Education, 2013.

"What Is Universal Design for Learning." *National Center On Universal Design for Learning*, www.udlcenter.org/aboutudl/whatisudl

WRDSB Anxiety Document 2017

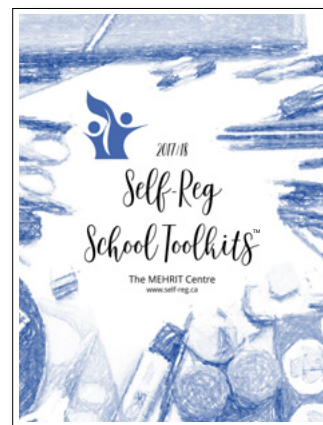
<http://staff.wrdsb.ca/wp-content/uploads/2017/05/Secondary-School-Students-wth-Anxiety.pdf>

RESOURCES



Test Anxiety Booklet

<http://bit.ly/TestAnxietyBooklet>



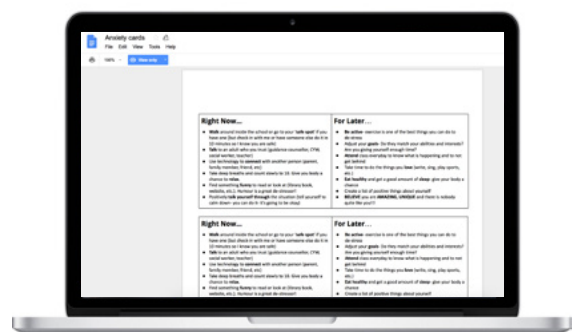
Self-Regulation/Stress Toolkit

<http://bit.ly/SelfRegulationStressToolkit>



Psychology Foundation Stress Lessons

<http://bit.ly/StressLessons>



Sample Self-Regulation Card

<http://bit.ly/SelfRegulationCard>

ANXIETY APPS AND ONLINE SUPPORT



Virtual Hope Box



Mindshift



Pacifica



Headspace



Stop, Breathe, Think



Calm



Relaxing Sounds of Nature



Relax Melodies



Universal Breathing



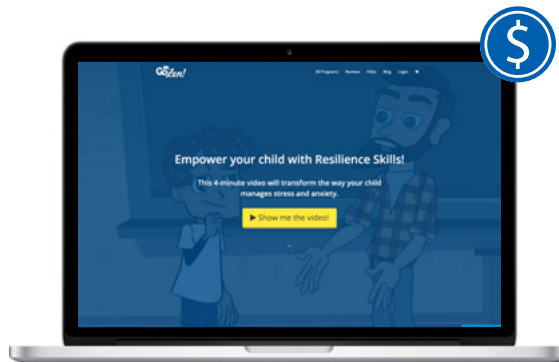
Insight Timer



Adult Colouring Book



Happify



GoZen!

GLOSSARY

Avoidance:

Avoidance is avoiding a situation or thing, and often occurs in response to anxiety. For instance, a student may avoid giving presentations if they are anxious about speaking in front of a group. Avoidance reinforces anxious feelings and anxiety will get worse if it continues. Practicing graduated exposure reduces and alleviates anxious feelings as allows individuals to challenge their avoidance and gradually become comfortable in anxiety provoking situations.

General Anxiety Disorder (GAD):

An anxiety disorder in which individuals worry frequently and uncontrollably about a wide range of situations or things.

Graduated Exposure:

A systematic, evidence-based approach to supporting and treating individuals with anxiety. Individuals identify and arrange in order of difficulty a range of situations related to their fear. They then practice each step, beginning at the “easiest” situation, until their anxiety decreases to a manageable level.

Obsessive Compulsive Disorder (OCD):

An anxiety disorder in which individuals experience intrusive, unwanted thoughts, urges or images (obsessions), as well as repeated, ritualized actions or behaviours (compulsions) that are aimed at preventing or reducing the anxiety (e.g., handwashing). These obsessions or compulsions are time consuming, taking more than an hour a day or impairing significant areas of functioning (school, work, social).

Panic Disorder:

An anxiety disorder in which an individual experiences recurrent panic attacks. A panic attack is an abrupt surge of intense fear or discomfort that may peak within minutes. Can involve heart palpitations, pounding, or accelerated heart rate, sweating, trembling/shaking, sensations of shortness of breath, feelings of choking, chest pain, nausea or abdominal distress, dizziness/lightheadedness, chills/heat sensations, numbness/tingling sensations, fear of losing control, fear of dying. Panic attacks can be unexpected (e.g. no clear trigger) or expected (e.g. obvious cue or trigger such as an exam).

Post Traumatic Stress Disorder (PTSD):

An anxiety disorder in which an individual has been exposed to death, serious injury, or sexual violence by either directly experiencing the event, witnessing the event, or learning about the event happening to someone close to them. Symptoms which can occur in PTSD include intrusive memories, and dreams of the event, flashbacks and intense psychological or physiological reactions (e.g., fear, guilt, sadness, irritability, anger) to internal or external cues of those events (e.g., a teacher raising his/her voice may invoke this reaction in a child who has been yelled at repeatedly in the context of domestic violence).

Separation Anxiety (SAD):

An anxiety disorder in which an individual has excessive fear or anxiety about separations from individuals to whom they are attached (e.g. parents, caregivers, etc.) can occur in children and adults. Associated with school refusal in children and teenagers.

Selective Mutism:

Consistent failure to speak in specific social situations where there is an expectation of speaking (e.g., school) despite speaking in other situations. This is not attributable to a lack of knowledge of or comfort with, the spoken language required in that situation.

Social Phobia:

Fear or anxiety about one of more social situations in which the individual fears being negatively evaluated by others (e.g., will be humiliating or embarrassing; will lead to rejection or offend others). Situations may be related to social interactions (talking with peers) or performance situations (presentations, answering questions in class).

Specific Phobia:

Severe, pervasive fear or anxiety about a specific object or situation (flying, heights, animals, needles).

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