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Anxiety in Elementary Classrooms

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Requirements for Departmental Honors in Elementary Education

Bridgewater State University

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ABSTRACT

As the number of students with anxiety increases, elementary school professionals are becoming more aware of the signs, behaviors, and negative outcomes that are shown in a young student with anxiety. This study examined the impact that anxiety has on elementary students' social and academic growth in the classroom. Interviews were conducted with seven elementary school teachers, two school counselors, and one school nurse from a variety of districts in Eastern Massachusetts. The purpose of the study was to identify the different ways that young students express their anxieties and the effect that this has on their schooling. Several different behaviors were identified as well as participation and attendance patterns consistent with previously written literature. These behaviors and patterns were observed to cause students to fall behind academically and become socially isolated or rejected by school staff and peers. Interviews revealed that although teachers are becoming more aware of the prevalence of anxiety in their students, many of the signs of anxiety are not so obvious.

INTRODUCTION

Anxiety is a mental health issue effecting people of all ages. It is often overlooked in young children as a social or behavioral issue, but its impact on an elementary student's education can be detrimental. Elementary school staff must be aware on the different ways that anxiety manifests itself through a student and the ways that it can affect their social and academic performance. When anxiety is overlooked or ignored, students begin to fall behind through a lack of appropriate support. This often worsens their anxiety.

During a semester of virtual interviews with elementary school professionals, several different behaviors displayed by students with anxiety were discussed. Prevalence of types of anxiety, attendance patterns, participation, and overall school performance were also examined.

LITERATURE REVIEW

Introduction

According to Mayo Clinic, anxiety is defined as the “intense, excessive, and persistent worry and fear about everyday situations.” It is also characterized by physiological changes and panic or anxiety attacks (Mayo clinic staff, 2018). Anxiety is one of the most common mental health diagnoses given in children ages 3-17, with 7.1 percent being diagnosed in the United States (National center on birth defects and developmental disabilities, n.d.). Anxiety disorders are a rapidly growing issue in recent years, with a 17 percent increase in diagnosis within the past 10 years (National center on birth defects and developmental disabilities, n.d.). Data trends show that anxiety tends to increase with age throughout a student’s school years, but this will be addressed throughout the research, as findings show that younger students do indeed experience anxiety but are less able to express it accurately and appropriately. Students with learning disabilities are especially susceptible to having anxiety as they are often aware of their academic deficit and begin to doubt their abilities (Gallegos et al., 2012). Students from low socio-economic communities or with traumatic backgrounds are also much more susceptible to anxiety symptoms (Kataoka et al., 2012). Regardless, anxiety can affect any student.

Whether the anxiety is diagnosed or not, it can have several detrimental impacts on a student’s social and academic progress in school. With a focus on the elementary school age,

different types of anxieties such as separation anxiety, social anxiety, performance anxiety, trauma-based anxiety, and generalized anxiety express themselves in a variety of ways. Students with anxiety may experience issues with memory and cognition and have issues with attendance and may avoid participating in classroom activities.

Types of Anxiety Seen in Elementary School Students

Separation anxiety is typically seen in younger children as they begin schooling. The transition from spending almost all of their day with their caregivers, to having to separate from them for the day is especially difficult in students with this condition. These students have trouble adapting to the new social environment and experience worry and panic until they get to return to their caregiver. Many of these students spend the day seeking out the person and are unable to relax until that need is met. Young children with separation anxiety are more likely to develop other types of anxiety later in childhood (Schneider, 2011).

Social anxiety is seen in all different ages. It causes the student to become anxious in social situations in which they may be judged. Students with social anxiety tend to avoid activities that are crucial to the young students' academic and social development in order to avoid being seen or heard (Conlon, 2016), which will be discussed much further later. These students fear criticism or disapproval from others and are often seen as shy or isolated.

Performance anxiety is worry or stress over academic performance. It most commonly affects students in regard to quizzes, exams, and other activities in which the student's abilities are assessed (Hill & Sarason, 1996). These students may avoid work out of fear of failure or have perfectionist tendencies regarding their work or their learning environment.

Trauma based anxieties are very common in students from low-income families or from challenging living situations. They are also common in students who have witnessed or experienced a disaster such as a fire, an accident, or an assault. Many of these students have post-traumatic stress disorder (PTSD). However, not all children with trauma induced anxiety have PTSD (Kataoka et al., 2012). In these cases, the child may experience acute stress immediately following the trauma or persisting general worry and fear.

Generalized anxiety in elementary students can be seen in students who appear to have a general worry about everything. Children with general anxiety may even present a combination of different anxieties such as social worries and fears about academics and performance. Sometimes students with this condition typically do not have any specific fears but are usually always in a state of nervousness (National Center on Birth Defects and Developmental Disabilities, n.d.).

Memory & Cognition

Studies have shown that anxiety affects the mechanisms in the brain that deal with memory and cognition: two functions that are crucial for academic success. A study done on a group with social anxiety disorder, a group with generalized anxiety disorder, and a control group with no anxiety diagnosis showed that anxiety leads to impairment of the dorsolateral prefrontal cortex that deals with attention, decision making, social functions, and working memory (Balderston et al., 2016). The participants performed an array of tasks during periods of simulated threat, and during periods of safety. The subject's blood oxygen level (BOLD) dependent activity was recorded and was used to investigate the effect of diagnosed anxiety and

working memory during BOLD activation. The results showed that the groups with diagnosed anxiety showed impaired working memory and cognition functions even when the threat control was not used (Balderston et al., 2016).

It was concluded that as anxiety increases worry, task-irrelevant thoughts are increased, and attention issues arise through distraction and a lack of focus. This means that people with anxiety require more effort to complete cognitive tasks, which was observed when all participants required higher levels of effort to complete the tasks when in the threat control environment (Balderston et al., 2016). It was further concluded that working memory deficits arise when a patient's cognitive control system is ineffective and they lose the ability to "engage control mechanisms" to control their task irrelevant thoughts (Balderston et al., 2016).

Another study done on typically developing upper elementary students in the United Kingdom added to knowledge found in studies done by Baddley and Eysenck 1992, that suggested that anxiety drains resources from central executive functioning which is responsible for working memory and complex tasks (Owens et al., 2012). The study showed through working memory tasks and self-reports of anxiety, that higher levels of anxiety resulted in lower scores on the working memory tasks (Owens et al., 2012).

These studies and many others since the 1970's conclude that anxiety and worry have the most detrimental effects on working memory than any other cognitive function (Meek, 2019). This is mostly due to energy from the dorsolateral prefrontal cortex, that is typically used on central executive functioning during working memory tasks being spent on task-irrelevant thoughts. This impairs the abilities to concentrate, multitask, recall directions, problem solve, and make decisions (Meek, 2019).

Attendance and Classroom Participation

People with anxiety tend to avoid the things that heighten their anxiety. When a student avoids school or refuses to go due to separation, social, performance, or generalized anxieties, this is called school refusal (Conlon, 2016). It is most often seen in those with social anxiety disorder. School refusal leads to excessive absences in students which will inevitably cause them to fall behind socially and academically. This pattern of attendance is called “anxiety-based absenteeism” and is most common in children ages 5-10 (Conlon, 2016). It is important to note that school refusal is different from truancy, because those who are experiencing anxiety-based absenteeism are avoiding or refusing school to stay with their parents in cases of separation anxiety, or to avoid other anxiety provoking situations. This does not provide the same sense of reward that truancy does (Conlon, 2016). Excessive absences cause students to miss out on important content and social development opportunities, so it is very easy for these students to fall behind academically and socially.

When students with anxiety are present in school, their classroom participation may be atypical. Some students with anxiety may appear to have symptoms of ADHD due to their restlessness and inattentiveness. Anxiety can also disguise itself as anger and aggression, stomach issues, or even a learning disability (Ehmke, n.d.), presumably due to the memory and cognitive issues that anxiety can cause as discussed above. These general anxious behaviors affect both the student’s performance, as well as how educators perceive these students, which may impact the way in which teachers support the student. This will be discussed in much more detail later.

For students with social anxiety, class participation can also look different. They may avoid raising their hand to speak and will tend to “blank” when called on. According to Dr. Ken

Schuster, anxiety tends to “lock up the brain” (Ehmke, n.d.). So even if a student is focused on the lesson, they may be unable to answer questions correctly when under pressure. Additionally, the student may speak too softly, refuse to give presentations to the class, spend too much time at the nurse or in the bathroom, or avoid those places altogether. They also will tend to avoid crowds, eat and play alone, or even fail to eat or play at all (Conlon, 2016). Some students may even exhibit symptoms of a panic or anxiety attack at school.

Anxiety and Perfectionism

In some students with anxiety, their anxiety may stem from a drive to achieve success. While this can be beneficial to a student’s motivation and determination, there are several negative consequences. Perfectionism becomes dangerous when students begin to become too self-critical in their abilities. This can result in too much erasing, or not turning in work on time (Ehmke, n.d.). Students with anxious perfectionist tendencies may have low confidence in their abilities, which can lead to low performance or avoidance of the task altogether. This is often mistaken for a learning disability (Ehmke, n.d.). Those with perfectionist traits tend to have Performance Anxiety.

Anxiety in Students with Learning Disabilities

In 1996, Swan and Howell conducted a study on 82 students with learning disabilities to determine how performance anxiety can affect a student with a learning disability even further than a student without one (Dobson, 2012). Their study concluded that students with learning

disabilities tend to have a lower self-concept. Low self-concept can lead to higher levels of anxiety and doubt, and as a result, lead to poor academic performance (Dobson, 2012).

Further studies have shown that students with learning disabilities may have a difficult time with social information processing and have an apprehensive temperament (Gallegos et al., 2012). This can make it difficult for them to cope with their anxious feelings before they start to impact their academic work. The research done by Gallegos, Langley, and Villegas on fourth and fifth grade students demonstrated this by doing a study with 130 children with learning disabilities, and 130 without (2012). They performed the *Spence Children's Anxiety Scale* to assess the students' anxiety, and their results revealed a statistically significant difference in levels of anxiety between students with and without learning disabilities (Gallegos et al., 2012).

Although learning disabilities are not the main focus of the research, it is important to note that anxiety can affect all students regardless of ability in similar ways. It is also important to understand that it is crucial to monitor anxiety in students with learning disabilities, as it may not be as noticeable as it is in students without disabilities due to the academic deficits they have already shown.

Conclusion

Anxiety is one of the leading mental health issues in an academic setting. Although data tends to show that anxiety increases with age, so it is not so prevalent in elementary students, anxiety expresses itself very differently in young children who may be unable to identify their worries. The researcher will address these behavior patterns further in the process. Separation, social, performance, trauma-based, and generalized anxiety are all common types of anxiety seen in the elementary years and they can have several detrimental effects on the student. This

includes memory and cognition issues, typically with deficits in the working memory process, as well as lack of attendance and participation, causing a student to lose out on important content and skill building opportunities.

Anxiety can sometimes cause a student to become a “perfectionist”, where a beneficial focus on high performance can turn into a harmful fixation and dangerous self-pressure. Students with learning disabilities also experience anxiety which can impact their performance even further than their disability has already done.

Methodology

This qualitative study investigated the behaviors, patterns, and academic and social observations made by elementary school professionals. After completing a literature review on numerous topics regarding anxiety in young children and in the classroom, a list of interview questions was created for three different school professions: teachers (Appendix A), counselors (Appendix B), and nurses (Appendix C). Once questions were made, school professionals were contacted, and interviews were scheduled. With the return of a signed informed consent form, virtual interviews via the platform Zoom were conducted with seven teachers, two school counselors, and one school nurse. Each interviewee worked at an elementary school for at least three years and came from a variety of districts in Eastern Massachusetts ranging from rural to urban communities to ensure a wide range of student backgrounds were represented. Answers to questions were recorded anonymously, with no identifying information regarding the professional or their location. After all interviews were completed, common findings and themes were identified as well as uncommon information from interviewees that were not noted by others.

Results and Findings

Prevalence

When asking teachers to give an estimate on how many of the students in their classroom had some form of anxiety, their answers ranged anywhere from 25 percent to 60 percent, mostly falling between 40 percent and 60 percent. Counselors reported that the number of students that they directly work with that have anxiety is much higher, at more than 50 percent. Both teachers and counselors said that about half of their anxious students have a diagnosis of an anxiety disorder. The other half simply just display signs of being anxious or give a self or parent report of anxiety. Furthermore, counselors also reported that only a small fraction of students come to see them with self-identified anxiety. A majority of these students seek school counseling for a different issue, and it is only after working with the student that the anxiety is noticed by the adult.

A majority of the interviewed teachers reported an increase in the past seven years. Younger teachers who have only been teaching for a few years said anxiety levels have been stable throughout their career. Further, some teachers expressed that they believe that although they have experienced an increase in students with anxiety, they believe anxiety itself has not actually increased, but that adults are just becoming more aware and more educated on the issue. Additionally, one teacher said it is not actually anxiety itself that is increasing, but rather academic rigor and expectations. As expectations increase, so do stress and anxiety.

As for types of anxiety, teachers and counselors of younger grades reported that separation anxiety is the most common, and that these students' stress is only present when separated from the caregiver. Other teachers reported seeing cases of social anxiety, test and

performance anxiety, and even obsessive-compulsive disorder (OCD), a psychological disorder that causes extreme anxiety with specific triggers. Professionals who work in districts with many low-income families reported seeing large amounts of post-traumatic stress disorder or trauma-based anxiety due to their living situations or things they have witnessed and experienced. Overall, generalized anxiety was the most commonly reported, as many of the described students tend to be anxious in several different areas.

Behavior and Social Performance

Both teachers and counselors reported that they often see anxiety present itself in two different ways: withdrawal or disruptive behaviors. Both of these behaviors affect their social growth and their ability to form meaningful relationships with peers and staff. Students with withdrawal behaviors are usually shy and often have social anxiety disorder. These behaviors include isolation, solitary play, and timidity. Many teachers said that these students are typically the ones with perfectionist tendencies and OCD. They can be very hard on themselves and hesitant to do assigned work out of fear of failure. They also hesitate to ask for help from staff due to their shyness.

Students who express their anxiety outwardly in a disruptive manner often do so through aggression. Aggressive anxious students are not as shy as the previously described student. These students have trouble regulating their emotions, especially stress and anger. Many teachers reported that this leads to “outbursts” of emotion where students may have a meltdown or become aggressive and violent. Aggressive behaviors mentioned in interviews include physically harming students and staff, flipping desks, banging their head on a wall or desk, or screaming.

One interviewed teacher reflected on her understanding of why anxious students act out this way and she explained it as “it is easier to be the mean kids than it is to be the scared kid.”

Outward behaviors that are not aggressive typically present themselves similarly to the symptoms of attention deficit hyperactivity disorder (ADHD) according to many teachers. They may be unable to sit still or sit at all. They often struggle to focus because their minds are preoccupied with other thoughts and worries. Some of these students may appear “hyper” with their fidgets and movements. They may talk a lot or ask excessive amounts of questions. In anxious students, this is not typical hyperactivity, and instead they are experiencing anxiety about not understanding all information and are usually seeking assurance. Sometimes, school staff do not even realize that these behaviors stem from anxiety until they further understand the student’s struggles. This is likely why research suggests that anxiety is lower in younger grades than in higher grades, because younger students with anxiety can tend to show symptoms of another disorder when they are not yet able to identify their emotions.

There are similar behaviors between withdrawn and disruptive types of students such as fidgeting and restlessness. Several students do self-stimulating behaviors such as shaking the leg, clicking a pen, or playing with an object or their clothing. Many students may refuse to do work or completely “shut down” as many teachers and counselors stated. Crying and panic or anxiety attacks are also very common among all anxious students. Overall, these behaviors are often looked down upon by other students, resulting in the anxious student being neglected or rejected by peers. As a result, the student becomes isolated with only a small number of friends. According to interviews, these students’ social performance and growth can be very low. This can make anxiety about being in school even worse when a student realizes that they are isolated. Additionally, these students are missing, avoiding, or unable to build important social skills and

relationships with their peers, furthering the anxiety even more as they realize they are socially behind.

Participation and Attendance

Lack of appropriate participation is one of the most common characteristics in students with anxiety that the interviewed teachers have witnessed. Socially anxious students or those with performance anxiety were reported to fail to participate in class out of fear of failure or judgement. Classroom games, student read-alouds, discussions, and presentations are all commonly avoided according to teacher responses. These situations tend to heighten anxiety, and this is when anxious behaviors are most commonly seen. Many students display avoidance behaviors such as the fidgeting and “outbursts” described above in order to avoid participation. Both counselors and teachers reported that classwork, tests, and other activities can be overwhelming and daunting for students with anxiety. This is when they “shut down,” or begin to express their stress. Due to this, the work does not get done.

Students cannot participate in class if they are not in class. Attendance was also a serious issue that all of the interviewed staff reported. Many students with anxiety arrive late to school or not at all. Counselors expressed that there are some students who have a team that go to the home to coach the student out of the door and into the car. There is often another team at the school that coaches the student out of the car or bus and into the school and to assist with students who run away from campus, which staff reported is also very common in younger anxious students. This hesitance to come to school is sometimes due to separation anxiety regarding a parent. For other students, school itself is an anxiety-provoking place and separation is not the issue. These students may be triggered by the social or academic environment and are trying to avoid it. On

the other hand, one teacher from a trauma-based district reported that her students are actually anxious about leaving school and going to their homes. For these students, the classroom environment is their “safe space.”

After an interview with a school nurse in a small rural town, it was reported that students leave class to come to her office four to five times a week for an emotional issue. These students often come to her for a headache or stomachache that is not caused by an underlying fever or illness. She said that to her, it is obvious when the issue is an emotional one. She reported that these students are often seeking a quiet space to calm down, but that sometimes they are seeking dismissal from school. The nurse rarely dismisses them and instead tries to find support for them. For older students, she revealed that explaining to the student that they will fall behind if they go home usually works in getting the student to gather themselves and go back to class. Overall, she reported that she does witness several students missing class time due to anxiety.

Both teachers and the nurse revealed that students display physical symptoms of anxiety such as shaking, dizziness, increased heart rate, nausea, and stomachache. Sometimes these symptoms intensify into a panic attack or anxiety attack. When these symptoms are present, students miss even more class time, as they are in the bathroom, nurses’ office, or counselor’s office. The interviewed nurse reported that she has one student with PTSD who comes to her office to calm down when she is having an attack. She also has one young student who chews on his shirt as a physical self-stimulating behavior. He often has to miss class several times a day to get a change of clothes from the nurse when his become too wet. Both school avoidance and physical symptoms of anxiety play a role in a student’s attendance and participation. Inevitably, the student falls behind due to these anxiety-inflicted patterns.

Academic Performance

Overall, teachers and counselors reported that it is easy for a student with anxiety to fall behind. The main reason being a lack of focus and attention during class time. Teachers noticed that their more withdrawn anxious students often appear to be paying attention, but their minds are usually consumed with other thoughts and worries. In these cases, teachers do not notice the lack of focus right away. It is not until the student begins to fall behind in their knowledge of the content that teachers realize there is something hindering their processing of subject matter.

For anxious students with disruptive behaviors, teachers reported that it is more obvious that they are not focused and gathering the information being taught. They are usually acting out and displaying the behaviors mentioned earlier. When this happens, the students are aware they are not processing the information as they will sometimes blurt out “I don’t get it” or “I wasn’t here for this” if they happened to be out of class during a lesson. These general behaviors have negative consequences for the rest of the class, as they serve as a distraction to students and teachers.

All teachers did report that students with anxiety consistently score lower on testing than their non-anxious peers. These teachers revealed that they are unsure if it is a memory issue at the time of the testing, or if students actually never had the knowledge to begin with due to their lack of focus. Many students with anxiety were reported to possess self-doubt, and this may affect their performance on assignments as well. One teacher reported that she knows that students with severe trauma have shrunken temporal lobes and that anxiety does slow down working memory. This can negatively impact their short-term memory and result in poor academic performance. Some teachers reported that they have observed students with anxiety get

frustrated when trying to remember things. This stress hinders the ability to recall information even further.

Not only does focus and memory play a role in an anxious student's academic performance, but the attendance issues mentioned above do as well. When students are missing out on lessons and skill building activities, they are missing the opportunity to learn. According to interviews, these students are aware that they have missed things, and this heightens their anxiety even more. This heightened anxiety hinders the ability to process new knowledge that they are gaining when they are present in class. Many teachers referred to this as a "cycle," as students are consistently missing class time, becoming more anxious, then missing more class time as a result of that. Teachers reported that for students in this "cycle," academic performance is very low.

Conclusion

The purpose of this research was to identify the ways that both diagnosed and undiagnosed anxiety can impact a student's academic and social performance in the elementary classroom. The data that suggests that anxiety is the most commonly diagnosed mental health issue in children (National center on birth defects and developmental disabilities," n.d.). is consistent with interview findings in which teachers reported that around half of their students have anxious tendencies or an anxiety diagnosis. Although research suggests that anxiety is low in younger grades and increases through childhood and adolescence, interviewed teachers and counselors have demonstrated that anxiety can manifest in a variety of ways when a student is too young to appropriately identify and express their anxieties. This can consist of withdrawal behaviors such as shyness, timidness, social isolation, and avoidance of class and participation.

Other students display outward and disruptive behaviors such as aggression, or similar symptoms to those seen in students with attention deficit hyperactivity disorder. It was also revealed through interviews that many anxious students show signs of obsessive-compulsive disorder (OCD), perfectionism, and self-doubt. These behaviors discussed in interviews were all consistent with information found during the literature review. However, OCD was something that came up from teachers during interviews that was not previously studied by the researcher.

Regardless of the specific behaviors that students show, students with anxiety have similar patterns of attendance and participation. It was reported that many students avoid school, or leave class to go to the nurse, bathroom, or counselor either due to avoidance or due to physical symptoms. Students also have trouble appropriately participating in classroom activities when they are present in class. Again, these findings in the interview were also consistent with research findings in the literature review.

All of the stated factors play a role in how the student is able to perform academically and socially in the elementary classroom. It can be concluded that with a lack of focus, deficits in working memory, missed class time, and hindered abilities to make social connections due to behavior, students with anxiety consistently perform worse than their peers in academics and in socialization skills. Each interview was concluded with the question “what do you do to support these students?” Although this question is irrelevant to the specific research question, it must be acknowledged when studying this body of knowledge. Whether or not anxiety itself has increased over the years, or awareness of it has just increased, school professionals must be aware of the issue. It is imperative that teachers and staff understand the signs and behaviors that students with anxiety may display. Educators must have knowledge of ways to support these students so that they can grow academically and socially in the elementary classroom.

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Appendix A – Interview Questions for Teachers

1. About what fraction of your current students suffer from a form of anxiety? (Diagnosed and undiagnosed). What kinds?
2. How has that number of students changed over the years you have been teaching?
3. What are the different ways you have seen anxiety manifest itself? (ADHD symptoms, anger, perfectionism, wanting parent present, etc.)
4. What are the different ways that you have noticed anxiety affect student behavior? How has this impacted learning and relationships?
5. How has anxiety effected student participation in classroom activities?
6. What are the different ways you have seen anxiety affect attendance?
7. What are the different ways you have seen students fall behind because of these anxiety inflicted attendance patterns?
8. How does anxiety affect test-taking (if tests are utilized) in your classroom?
9. What are the different ways you notice that anxious students interact with peers and staff? What are their relationships like?
10. Have you noticed that your students with anxiety have trouble remembering things?
11. How well do your students with anxiety focus?
12. What do you do to support these students, if anything?

Appendix B – Interview Questions for Counselors

1. How prevalent is anxiety in the students that you work with?
2. What forms of anxiety do you see the most?

3. How often do students come to you for anxiety specifically? Do they ever come to you for a different issue that is later identified as anxiety?
4. How has the number of anxious students changed over the years you have worked in the field?
5. What are the different ways that anxiety manifests itself in students?
6. How have you noticed anxiety to cause a student to fall behind – both academically and socially? Does attendance play a role in this?
7. What do you do to support these students?

Appendix C – Interview Questions for Nurses

1. How often do students come to you for stomach aches/headaches/dizziness that doesn't seem to be from illness or fever?
2. How often does it seem like students are just trying to go home, and how do you deal with this?
3. How often do you send students like this home?
4. With students who come to your office often due to anxiety, how much classroom time would you estimate that they are missing?
5. How often do students come to your office with anxiety attacks, panic attacks, or obvious anxiety symptoms?
6. What kind of physical symptoms do you see in anxious students?

7. Do you ever collaborate with school counselors or psychologists to help these students?

8. What are some things that you do to support these students?