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Anxiety Disorders In Elementary Students: Interventions For Classroom Use

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ANXIETY DISORDERS IN ELEMENTARY STUDENTS: INTERVENTIONS FOR
CLASSROOM USE

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A capstone submitted in partial fulfillment of the requirements for the degree of Master
of Arts in Teaching.

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CHAPTER ONE

Introduction

Overview

It has become apparent to me that our students, even in elementary schools, are suffering from a variety of mental illnesses. With the repercussions of distance learning due to the Covid-19 pandemic, racial tensions, school shootings, and social-media-consumed parents who are constantly bombarded with negative news, among many other reasons, students are experiencing anxiety symptoms at an alarming rate (Foxx & Anderson, 2019). This brings me to the question: *How can teachers support elementary students with anxiety in the classroom?* This first chapter will lay out the overview of this capstone, the rationale, and the context, including my own experiences, in order to answer this question effectively.

Research Question

The need for Social and Emotional Learning (SEL) has become more prevalent in the elementary school setting with increased behaviors and learning gaps in the classroom. Research has shown that effective teaching practices focus on the whole child (*Exploring the Whole-Child Approach to Education, 2022*). The Learning Policy Institute states, "A *whole child* education prioritizes the full scope of a child's developmental needs as a way to advance educational equity and ensure that every child reaches their fullest potential" (Fike, n.d.). With both the importance of incorporating SEL and whole-child teaching, I would like to focus the attention of this research on anxiety in elementary students. Due to a variety of complex reasons, students, specifically at the elementary school level, are experiencing symptoms of anxiety either circumstantially or

chronically. For students to learn and retain the academic content that teachers provide, students need to have skills that will help them cope with stress and anxiety that affect them physically, socially, and academically.

Rationale

Throughout my professional and personal experience, I have met more and more people with symptoms of anxiety. According to the American Psychological Association (APA), anxiety is “an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure” (*Research on Anxiety*, n.d.). Feelings of anxiety are a normal and common emotion in children, especially when accompanied by a stressful event, such as moving, family dynamics changing through divorce or remarriage, or taking an important test. These types of situational anxieties would benefit from an effective SEL curriculum to help students cope with stress. Anxiety disorders, however, are not as common but do directly impact a large percentage of children. Some of these disorders are Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Panic Disorder, Specific Phobias, Social Phobia, Separation Anxiety Disorder, and Selective Mutism (*Types of Anxiety Disorders in Children*, n.d.). As the APA says, “People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. They may also have physical symptoms such as sweating, trembling, dizziness, or a rapid heartbeat” (*Research on Anxiety*, n.d.). With such a range of types of anxiety, it is increasingly vital that we teach students practical skills to cope with these various symptoms, skills that they will hopefully carry into adulthood to help support them during difficult circumstances.

Prior to the upheaval of the pandemic, the Centers for Disease Control and

Prevention found that 9.4% of children ages 3-17 in 2016-2019 were diagnosed with anxiety (approximately 5.8 million) (*Data and Statistics on Children's Mental Health* | CDC, 2022). We can expect that this percentage has more than likely increased with the recent turn of events in the last few years. While some schools are fortunate enough to have a guidance counselor or social worker on staff, these professionals are often overworked and cannot provide adequate support to every student who struggles with anxiety. Therefore, it is up to the teachers to have the understanding and resources to help each student manage their anxiety effectively.

Context

In my first year of teaching, I taught a small third-grade class in a small private school in a suburb of Minneapolis, MN. Out of my eleven students, four were diagnosed with some form of anxiety. These students ranged from high-achieving to students with learning disabilities with an Individualized Education Plan. It is common for many disorders to go undiagnosed, which leads me to believe that statistically, many more students also suffer or will suffer in the future with some form of anxiety.

These students specifically exhibited challenging behaviors. During a rehearsal for a spring musical, a student with ADHD and anxiety continued to leave the stage, requesting water. Although I tried to encourage him to stay and develop his stamina, another teacher reprimanded him for interrupting the performance. As a result, The student experienced an emotional outburst and quickly left the auditorium. I found him in the hallway and discovered his concerns regarding the musical. We discussed strategies to recognize his feelings and manage his anxiety.

This situation highlights the importance of recognizing and addressing the root cause of student behavior. Unfortunately, this was not an isolated incident. Other teachers

and administrators have also reacted to student behavior without considering the underlying issues. By understanding and addressing the source of a student's behavior, we can better support their emotional and academic growth.

Another student from my class sometimes had a difficult day and struggled with kindness toward other students. When I talked with her, she was so emotional that she began to pull her hair out and explained that things were difficult at home. While attempting to console her during our conversation, unfortunately, I was unable to offer any long-term strategies to help her recognize her emotions and prevent self-harm or mistreatment towards her friends. In my second year of teaching at a public elementary school, a third-grade student of mine missed 64 days of school due to anxiety. Many days, when her parents were able to convince her to attend school, she spent most of the day in tears about stomach pain. There are many stories similar to these, and much of my efforts these years were spent trying to help reduce my students' anxiety. I intentionally designed my classroom to be a calm and secure space for learning. While it was not always easy, I tried to minimize the impact of outside stressors on my students by creating a safe environment where they could focus on the material at hand, even during periods of change or uncertainty.

Anxiety disorders can have a profound impact, affecting individuals both mentally and physically. My husband's experience with severe anxiety attacks left us feeling confused and fearful, struggling to comprehend the reasons behind the intense physical symptoms he was experiencing, such as insomnia and rapid heartbeat. I have personally witnessed the debilitating effects of severe anxiety attacks on my husband. His experience left us feeling confused and fearful, struggling to comprehend the reasons behind the intense physical symptoms he was experiencing, such as insomnia and a rapid

heartbeat. After visiting urgent care, the medical staff alluded to potential heart disease due to his age and gender, which only worsened his symptoms. He was convinced he was experiencing symptoms of an unhealthy heart and was bracing himself to hear the harrowing news that his life was limited to just a few more years. It wasn't until we received guidance from a family friend who shared their own experience with anxiety disorders that my husband finally received the much-needed support and effective strategies for coping with his symptoms. Witnessing my loved one going through such a challenging time was difficult, and I regret not having been aware of the physical effects of anxiety disorders earlier. Raising awareness and normalizing conversations around anxiety can make all the difference in supporting those who are struggling with it.

As an educator, I understand the crucial role of managing stress and anxiety to teach effectively. I have personally experienced physical symptoms caused by stress, including chronic dizziness, severe itching in my hands and feet, and short-term discomfort. Unfortunately, I have colleagues and friends who have been forced to step down from their positions due to panic attacks. It is essential for teachers to learn how to manage their stress and anxiety, not just for their own well-being, but also to lead by example and teach students how to be successful, even during stressful situations.

Difficult circumstances will continue to affect every student for the rest of their lives. I am convinced that we can do more as teachers for our students to help teach them to be aware of their symptoms, name their feelings through an SEL curriculum, and learn strategies that can help them manage the symptoms of anxiety disorders that will serve them well into adulthood. Our efforts as educators will be lost among the noise if students do not have a healthy mental space to learn, retain, and respond to all we are trying to

teach them.

Conclusion

In summary, this chapter introduced the question, “*How can teachers support students with anxiety in the classroom?*” I shared the rationale for this research topic and how anxiety affects many of our students in elementary school physically, socially, and academically. I shared the context of why it is important to me, both professionally and personally, and why it is essential to provide teachers with more resources to better assist students with anxiety.

Chapter two of this capstone will serve as the literature review. In this literature review, I will provide the details of how anxiety affects students, strategies that teachers can implement in the classroom to help students with anxiety, and skills that teachers can pass on to students that they can use when they notice significant anxiety symptoms. Chapter three will describe the project in full. The project is a website that will serve as a resource for teachers to recognize anxiety symptoms in elementary students and give strategies for teachers and students to use in and out of the classroom. Chapter four will serve as my reflection on my research, the project, and the limitations teachers and students will still face in the classroom.

CHAPTER TWO

Literary Review

Introduction

Anxiety can manifest in a variety of ways in children. As discussed in the first chapter, anxiety is feeling worried to the point of disrupting everyday life (McLoone et al., 2006). In the general population and primary care settings, between 10 and 20 percent of children and adolescents express distressing levels of anxiety, with six to ten percent meeting the criteria for an anxiety disorder diagnosis. (Killu et al., 2016). The purpose of this literary review is to review the research about student anxiety disorders and their effects, to learn the signs and symptoms of student anxiety, and to discover what teachable skills will help students face difficult circumstances with a healthy mental space in order to effectively answer the capstone question, *“How can teachers support elementary students with anxiety in the classroom?”*

The first section of the literary review will discuss the clinical definition and types of anxiety disorders, including the multiple risk factors that contribute to anxiety in children. The second section will give an overview of how anxiety symptoms affect children physically, emotionally, socially, and academically. Furthermore, the review will give various practical ways teachers can guide students toward success while living with anxiety disorders and symptoms through various SEL curricula, strategies, and resources outside the classroom.

Anxiety Disorders

Feelings of worry and stress are normal and are the body’s survival instincts that help people stay alert during a dangerous situation or feel motivated to attend to their

responsibilities. If anxiety prompts a person to take action to cope with or avoid the perceived threat, it can be termed an adaptive state of arousal. Anxiety is no longer adaptive if it gets so intense and pervasive that the person avoids situations to the point of self-defeat or is constantly in a negative state of worry (Killu et al., 2016). Anxiousness is typically a short-term experience directly caused by stress in someone's life. However, an anxiety disorder does not simply go away after the stressor is resolved (*Anxiety Vs. Anxious: What's the Difference?*, 2021). Illogical fear of a situation or stimuli that exceeds what would be deemed normal and age-appropriate characterizes anxiety disorders (McLoone et al., 2006). Treatment or intervention is often necessary for a child to manage and lessen its adverse effects.

Generalized Anxiety Disorder

Generalized Anxiety Disorder (GAD) is characterized by persistent anxiety and worry over several events or ideas that are often seen as excessive and unwarranted by the patient (Gale & Davidson, 2007). Profound impairment in social and vocational functioning, co-occurring disorders, and an elevated risk of suicide are all connected with the illness (Hoge et al., 2012). Diagnosis for the disorder varies among assessments. For example, the patient must experience excessive and difficult-to-control anxiety about a variety of activities or events in order to meet the criteria for the disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Third Revision (DSM-V-TR). Patients must also exhibit at least three of the six physiological arousal symptoms specified in a given list (such as restlessness, being easily fatigued, irritability, or muscle tension) in addition to worry. Symptoms must cause significant distress or impairment to make a clinical diagnosis and cannot be brought on by another psychiatric

or medical condition, the use of medicines, or other factors. The ICD-10 (International Classification of Diseases, 10th revision) does not require symptoms to be present for six months and focuses on physiological arousal such as trembling, sweating, palpitations, and dizziness. It is outlined as generalized anxiety that lasts a long time and is not confined to or substantially predominating in any specific environmental circumstances. The predominant symptoms may vary, but common complaints include epigastric discomfort, trembling, muscle tension, perspiration, lightheadedness, and palpitations. Many worry that the patient or a family member may get sick or have an accident soon (Hoge et al., 2012).

Obsessive-Compulsive Disorder

Individuals with Obsessive-Compulsive Disorder (OCD) experience intrusive and unwanted thoughts or obsessions. To cope with the anxiety caused by these thoughts, they engage in compulsions, which are repetitive actions, rituals, or routines. These compulsions can include washing, counting, organizing objects, or repeatedly reading a passage of text (*Types of Anxiety Disorders in Children*, n.d.) After depression, substance abuse, and social phobia, OCD is the fourth most prevalent mental disorder, with a lifetime prevalence in population surveys of 1.6%. OCD severity varies significantly from person to person. Even from their own family, people are frequently able to conceal their OCD, even though it can interfere with relationships and make it difficult to study or work.

Additionally, there may be adverse health effects. For instance, a fear of contamination may prevent a person from receiving the proper medical care or result in dermatitis from over-washing. When a condition first manifests in childhood or

adolescence, young people may shy away from peer interaction or lose the ability to live independently. OCD is one of the top 10 disorders that have the most negative impact on quality of life, according to the World Health Organization. (Veale & Roberts, 2014).

Panic Disorder

Recurrent unexpected panic attacks are the hallmark of panic disorder. The majority of patients with the illness avoid circumstances where they fear having a panic attack, and this avoidance may significantly reduce their quality of life. Although patients may experience episodes like gastrointestinal distress and diarrhea that are comparable to panic attacks, agoraphobia, or fear of leaving their safe environments, they can happen without panic attacks. The majority of evidence-based studies on panic disorder and agoraphobia use criteria from The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). However, many medical professionals use the ICD-10 (International Classification of Diseases, 10th revision), which identifies recurrent attacks of severe anxiety (panic) as the essential characteristic. These attacks are unpredictable and not restricted to any situation or set of circumstances (Taylor, 2006).

One of the most prevalent and significant anxiety disorders in the general population in the West is panic disorder, with or without agoraphobia, with an annual frequency of 2-3% in Europe. Another 1% of people have agoraphobia without panic attacks. Patients with panic disorder frequently need medical services, have poor social and occupational functioning, and generally have lower quality of life. The good news is that short-term psychological therapies can improve most patients' lives. General practitioners may use protocols and tools to support the use of such procedures by general practitioners, both with and without the use of medications (Taylor, 2006.)

Specific Phobias

Phobias are specific situational worries that are abnormal for most people. People living with phobia typically steer clear of the feared circumstances. Such phobic avoidance may seriously hinder one's abilities. Given the absence of an actual threat, the patient is aware that the dread is unjustified. The intensity of the anxiety and the drive to avoid set phobias apart from the typical worries that the majority of people experience. Agoraphobia, fear of doing actions in front of others, and phobias of specific triggers, including small spaces, heights, darkness, thunderstorms, and certain animals and insects, are the most prevalent phobias (Marks & Horder, 1987).

While the specific events that trigger phobia may differ, the avoidance behavior seen in obsessive-compulsive disorder is similar to that of phobic disorders. However, obsessive-compulsive phobias are not related to the public spaces avoided by agoraphobes, the social cues dreaded by social phobias, or other common phobias like heights, darkness, thunder, or animals. Instead, individuals with this disorder avoid "contaminating" or "harmful" situations due to a phobia of imagined dirt, infection, or causing harm to others. Unlike phobic conditions, people with obsessive-compulsive disorder frequently engage in endless rituals such as washing and checking. These behaviors are often carried out to reduce anxiety or to avoid triggers linked to obsessions and compulsions (Marks & Horder, 1987).

Social Phobia

Social phobia is the fear or anxiety of acting in an embarrassing or humiliating way in front of other people, which makes it difficult to proceed with the events that trigger this fear (Boer, 1997). McLoone et al. (2006) found that children who suffer from

social anxiety may avoid or fear being in social situations, especially those that include other people or the possibility of being watched. The underlying concern typically centers on worries about receiving a bad evaluation from others. Socially phobic students worry about social circumstances because they fear they may behave in an embarrassing or humiliating way. As a result, students may avoid many social interactions to prevent the chance of embarrassment or will painfully endure them because of the anxiety they cause. Speaking up in class, approaching an authority figure, making presentations, and acting in a play, music performance, or sport are a few of the frequently feared circumstances. Socially anxious children usually struggle to make friends and frequently have a small group of friends. They are often well-behaved, quiet, and reserved in class. Although social phobia can begin in early adolescence and the disorder is typically stable throughout one's lifetime, social phobias have been linked to significant impairment, such as depression, dysfunctional family relationships, increased risk for school drop-out, substance abuse, and reduced employment opportunities (McLoone et al., 2006).

Separation Anxiety Disorder

Separation anxiety disorder (SAD), which affects over 50% of children who seek mental health therapy for anxiety disorders, is the most common type of anxiety disorder. There have been few empirical studies examining the effectiveness of interventions for SAD in children aged seven and above, despite mounting evidence that SAD is so common in early childhood and may predict later psychopathology. To date, treatment research for children under the age of seven with anxiety disorders has been restricted to case reports with the expected methodological limitations. (Pincus et al., 2005).

When faced with being separated from a caregiver, children with SAD experience

false anxiety and distress that is developmentally inappropriate, which significantly impairs their ability to go about their everyday lives. When faced with separation situations, children frequently exhibit behavioral and physical anguish, excessive and persistent worry about them, and persistent avoidance of or attempts to get away from them. Children who have separation anxiety express concerns frequently about themselves or an attachment figure getting hurt, that their parents will not come back, or that they will get lost, taken, or killed. Separation-related nightmares are relatively frequent, especially in young children (Pincus et al., 2005). It is crucial to make the diagnosis only when a child exhibits excessive worry concerning their developmental stage, given that separation anxiety is a natural part of human growth (McLoone et al., 2006).

Selective Mutism

Selective mutism (SM) is described as the persistent inability to speak in particular social contexts even though the same person can communicate in other settings. Unfortunately, it appears that not only parents and educators are unaware of SM, but also many medical experts, who frequently mistake it for shy conduct that will eventually outgrow. Children with SM have been inaccurately characterized as being particularly shy, challenging, or stubborn. Due to these widespread beliefs, adults may behave inappropriately toward children with SM (such as coercing or bribing), which may unintentionally strengthen the mute behavior (Harwood & Bork, 2011).

SM is a complex anxiety-related heterogeneous comorbid illness that manifests along with other childhood disorders. The fact that SM is frequently resistant to treatment makes intervention a problematic endeavor that needs years of patient dedication and

perseverance. Additionally, the majority of the research on SM has a clinical focus and results from psychotherapy interventions, with little attention paid to the contexts of home and school (Harwood & Bork, 2011).

Comorbidity

Despite the distinct diagnostic criteria for anxiety disorders, there is significant overlap in their presenting characteristics, and high levels of comorbidity characterize them. Children who present with a single anxiety disorder in clinical populations are the exception; up to 70–80 percent of children are diagnosed with several anxiety disorders. Research has shown that externalizing disorders and depression frequently co-occur with anxiety disorders. According to one study, externalizing disorders were also diagnosed in 39% of children with an anxiety illness. However, the co-occurrence of anxiety and externalizing symptoms may have inflated these comorbidity rates (McLoone et al., 2006).

Summary

This section explained the difference between anxiousness and a variety of anxiety disorders that affect students in elementary schools. No matter the severity of anxiety that a student faces, all students are susceptible to anxiety in one form or another and need the support of teachers and families to learn to manage symptoms. The following sections will discuss a variety of factors that put students at risk for anxiety disorders and ways teachers can offer support to students.

Risk Factors

No single risk factor can thoroughly explain how anxiety develops in children. However, empirical data suggests that several important intrapersonal and environmental risk factors are linked to the emergence of clinical anxiety disorders in children and adolescents. Intrapersonal risk factors include behavioral inhibition, negative emotionality, emotional dysregulation, and genetics. Parenting that is worried and overly protective, mothers who are depressed, exposure to domestic violence, and post-traumatic stress disorder are environmental risk factors that may contribute to anxiety disorders in young people (Thompson et al., 2013).

Intrapersonal

Students are at risk of developing an anxiety disorder for a variety of reasons to do with the inner self. The following are only some of the many intrapersonal risk factors that contribute to anxiety.

Behavioral Inhibitions. A child who consistently exhibits fear, restraint, or retreat in response to novel stimuli such as strange persons, places, items, or situations is said to exhibit behavioral inhibition. Behavioral inhibition is a substantial risk factor for the emergence of anxiety, according to studies conducted over the past 20 years. According to research, higher amygdala responses, sympathetic arousal, and cortisol levels may connect to anxiety disorders in children. The release of stress hormones and elevated heart rate are two examples of how the amygdala influences physiological responses. Researchers discovered a connection between children's self-reported anxiety and an increased heart rate in reaction to frightening visual stimuli. Research has also found that children with posttraumatic stress disorder (PTSD) had higher cortisol levels,

which are linked to behavioral inhibition (Thompson et al., 2013).

Negative Emotionality. Negative emotionality is characterized by irritation, difficulty calming down, and heightened negative emotional reactivity. It frequently connects with depression and other childhood disorders. When compared to children who do not experience anxiety, research shows that anxious children exhibit heightened negative emotional reactivity to stress-producing stimuli and have more difficulty adopting reappraisal techniques to deescalate their emotional reactions (Thompson et al., 2013).

Emotional Dysregulation. Children with lower levels of self-efficacy in emotion regulation may be less likely to participate in adaptive emotion management during anxiety-inducing situations actively. Research reveals that people with anxiety prefer to conceal their emotional expression, which could lead to a rise in sympathetic activation of the cardiovascular systems. Therefore, suppressing anxious thoughts, feelings, or behaviors does not minimize the physiological experience of those thoughts, feelings, or actions on the inside, and it may also lower one's level of self-efficacy in handling emotionally charged circumstances (Thompson et al., 2013).

Genetics. In the past ten years, a great deal of research has been done on the genetic basis of anxiety disorders, and the overall conclusions reached indicate that genes play a considerable role in the transmission of an anxiety risk that accounts for roughly one-third of the variance in the risk factors. It seems that there is a tendency for general anxiety to run in families and to be passed down through generations, predisposing kids to the emergence of a particular anxiety disorder (Killu et al., 2016).

Environmental

Students in certain types of environments are also at a higher risk of developing an anxiety disorder. Exterior circumstances and relationships can cause a great deal of stress for children. The following are some ways environmental risk factors may cause anxiety.

Anxious Parenting. Compared to children of non-anxious parents, children of anxious parents are up to seven times more likely to experience anxiety. According to research, anxious parents are more prone to expect that their kids would evaluate things as threatening and model interpretation bias. It demonstrates that anxious parents are more controlling, critical, and selectively focused on adverse outcomes than non-anxious parents. (Thompson et al., 2013).

Depressed Mothers. Researchers believe that anxiety in children develops and is maintained in part by the parenting practices of depressive mothers. Observational studies of depressive mothers' interactions with their kids have revealed depressed moms to be more withdrawn, less nurturing, and more inconsistent than non-depressed mothers (Thompson et al., 2013). Inadequate emotional and social growth in young children, as well as greater rates of internalizing (such as sadness and anxiety) and externalizing (such as conduct disorder) behaviors, as well as increased rates of psychopathology as adults, are all linked to the presence of unwell parents. According to recent studies, having a mother with a mental illness is more harmful to children than having an ill father. Additionally, having two parents with mental illnesses is more detrimental than having only one affected parent. However, if at least one parent is healthy, it can help offset the

negative impact of an unhealthy parent on the child (Parental Depression and Anxiety and Early Childhood Behavior Problems Across Family Types, 2007).

Domestic Violence. Childhood exposure to violence may cause a variety of developmental issues, including but not limited to anxiety disorders. Studies that looked at the link between exposure to intimate partner violence and child witnesses found that child witnesses consistently displayed anxiety and signs of posttraumatic stress disorder across research investigating issues related to domestic violence exposure (Thompson et al., 2013).

Post Traumatic Stress Disorder. The symptoms of post-traumatic stress disorder (PTSD) include feelings of extreme fear, dread, or helplessness that occur after exposure to an event that poses a risk of physical harm, death, or loss of integrity to oneself or another. Reliving the traumatic experience (via nightmares, flashbacks, intrusive thoughts or pictures, or repetitive play, for example), avoiding triggers related to the trauma, emotional numbness, and signs of chronic autonomic arousal are the core symptoms of PTSD (e.g., sleep difficulties, irritability, and hypervigilance) (Field & Silverman, 2011).

Summary

Children are at a higher risk of developing anxiety disorders in both intrapersonal and environmental ways, of which children have little control. The following section will discuss specific ways anxiety affects children socially, emotionally, and academically.

Effects of Anxiety

Anxiety disorders can negatively impact children's social skills, emotional health, and academic achievement. For instance, physiological arousal, over-attention to a perceived threat, and excessive fear may impede a child's capacity to focus on crucial

academic activities and recall previously taught content. Somatic pain like headaches, nausea, and stomachaches can also make it difficult for a nervous child to concentrate in class. Somatization can result in low attendance and academic performance, which can harm the growth of social skills (Thompson et al., 2013).

Anxiety's traits or symptoms can be found in the areas of cognition, behavior, and physiology. Frequently, the symptoms are noticeable in all three domains, as in the case of a student who exhibits anxiety (cognition), increased activity (behavior), and skin flushing (physiology). The majority of the actions demonstrated by anxious students and teens are an effort on the part of the student to manage the worry and lessen its impact (Killu et al., 2016). Each domain may exhibit particular traits or behaviors in the classroom or school environment that the teacher or other school staff can observe. Classroom behaviors that fall under the cognitive category include worry, focus issues, oversensitivity, memory and concentration struggles, and difficulty paying attention. In the behavioral domain, traits or behaviors in the classroom may include fidgeting, rapid speech, irritability, erratic behavior, withdrawal, lack of engagement, perfectionism, and task failure. Last but not least, traits in the physiological realm may include tics, an increased heart rate, skin flushing, perspiration, headaches, muscle tension, nausea, vomiting, and incontinence (Killu et al., 2016).

Physiological Effects

The tendency to experience and express somatic distress and symptoms unrelated to pathological findings, to attribute them to physical sickness, and to seek medical attention for them is described as somatization. The term "pediatric somatization" refers to situations in which children exhibit medically inexplicable symptoms that the family

and child think are contributing to the child's illness. It is crucial to remember that there are currently no precise and developmentally appropriate diagnostic criteria for somatization in children. Therefore, it is advised to take a cautious stance when using the term "somatization" to describe school-age children, as the repercussions of failing to recognize an underlying disease process could be more severe (Shannon et al., 2010).

Vital data suggests that headaches and stomachaches are the leading somatic complaints. Less often reported complaints include fatigue, musculoskeletal pain, nausea, dizziness, insomnia, and poor appetite. A frequent cause of pediatric primary care visits is recurring abdominal pain (RAP), and in most cases, no medical condition or disease is to blame for the discomfort. RAP refers to children who have had at least three episodes of pain that have been severe enough to impede daily activities for three months or more (Shannon et al., 2010).

School nurses face difficulties when dealing with students who frequently come in with ambiguous, contradictory, and unfounded complaints. Some students might seek refuge or an explanation in the nurse's office to avoid issues at school. However, there needs to be more focus on students who use the health center more frequently and have symptoms that cannot be medically explained. This focus should be supported by data from the empirical literature on somatization in school-aged children. Stress, however, stands out as a single, all-encompassing element that predisposes school-age adolescents to somatization behavior (Shannon et al., 2010).

Social Effects

Anxiety can also impact children's social relationships and development in the context of the classroom. Children who experience anxiety are more likely to struggle

with engaging in a range of socially-based classroom activities, socializing with other students, fitting in with peer groups of the same age, and forming and maintaining friendships. Due to their fear of rejection, anxious students are far more inclined to avoid social situations. Rather than taking the chance of being rejected, they would prefer to withdraw and deal with their anxiety. Anxiety in these students causes subjective distress, cognitive dysfunction, and behavioral avoidance, with inadequate social networks as a result. Some students may become quite socially reclusive and try to stay out of most situations at school that would force them to engage with others. Accordingly, adolescents who have exhibited a pattern of social disengagement by age seven suffer in this area. By age 14, they view themselves as lonely and lacking in social skills and self-worth (Killu et al., 2016).

Emotional Effects

In children and adolescents, untreated anxiety disorders increase the risk of depression, addiction, and suicidality. According to research, anxiety is the most significant risk factor for suicidal thoughts and attempts (Thompson et al., 2013). Anxiety is classified as an emotional disorder despite some people not recognizing it as such. However, there is no denying the reality of anxiety emotions. While other emotions, such as irritation, sadness, and anger, may be present, anxiety characterizes an emotional state where one is susceptible to emotional fluctuations and a general lack of contentment (Shaikh & Abraham, n.d.).

Academic Effects

High levels of anxiety harm academic performance because they have a poor impact on focus, memory, attention, work organization, performance on exams, and other

evaluative tasks. High levels of anxiety affect these areas, which causes the student to perform poorly. In response, the worried student experiences higher levels of anxiety and worries about his or her performance. This heightened anxiousness makes it harder to focus and work efficiently. This vicious loop causes many students with anxiety-based disorders to experience a sense of learned helplessness, which causes them to avoid assignments they see as challenging or fear being judged or imperfect, which consequently leads to low levels of perseverance and withdrawal from activities where failure is thought to be inevitable. As this tendency worsens, nervous kids frequently blame themselves, put themselves down, worry, and dwell on their own competency. Academic skills may be affected over time as effort and motivation decline in the classroom (Killu et al., 2016).

Summary

Anxiety has damaging effects on students' social skills, emotional well-being, and academic achievement. For these reasons, it is imperative for teachers to support students in and outside of the classroom to ensure students can live successfully and healthily. The following section will discuss various ways teachers can support students with anxiety.

Teacher Supports and Interventions

Given how anxiety affects elementary students, teachers, and schools must provide support systems and interventions for students to help manage anxiety. One way teachers can assist their students is to incorporate an effective SEL curriculum in the classroom to help students build skills that will help them regulate their emotions. Educators can model and practice strategies to help with somatic symptoms, such as breathing exercises, mindfulness practice, and mental imagery. It is also crucial that the

teacher builds a classroom culture and environment that is supportive of students' mental health and healing. Effective classroom management will also help create safe and consistent expectations that help maintain respect and security. Among these supports, it is also essential for teachers to partner with counselors and families to find additional resources outside the classroom to help students effectively manage their anxiety disorders.

Classroom Strategies

Teachers can implement a variety of classroom exercises and activities to help support students with anxiety symptoms. One strategy to control physiological arousal and combat anxious reactions linked to upsetting thoughts and feelings is somatic management or relaxation techniques. Some specific treatments include deep breathing exercises, guided imagery, and progressive muscular relaxation. Students can practice deep breathing by placing a teddy bear on their abdomens, practicing taking deep breaths, and then watching the teddy bear move outward from their bodies. As opposed to the more typical shallow breaths found in the upper chest, this will assist students in practicing taking deeper breaths. One elementary school counselor saw significant outcomes when teaching students breathing techniques that involved inhaling like they were smelling flowers or freshly baked cookies and exhaling like they were blowing out a candle (Thompson et al., 2013).

Mental imagery can be an effective tool to use in a classroom setting. Teachers can use peaceful images, such as outdoor scenery, to help kids learn guided imagery by having them first visualize what they would enjoy doing in those settings. Alternatively, teachers could ask children to imagine a calming or safe spot where they might withdraw

or take a "mental getaway." As soon as symptoms of anxiety start to appear, pupils can practice picturing their relaxing location while simultaneously deep inhaling (Thompson et al., 2013).

It is also vital for students to practice muscle relaxation when they are feeling tense. Students can record themselves reciting a script that tells them to breathe, tighten, and relax various muscle groups as part of a progressive muscle relaxation lesson as another calming exercise in the classroom. Parents and other primary caregivers should participate in the learning of somatic management strategies in order to serve as examples for their kids and encourage them to practice at home (Thompson et al., 2013).

Mindfulness is another effective tactic that can be used within the classroom. Numerous studies have shown that practicing mindfulness can positively impact our lives. It can reduce stress and promote feelings of tranquility while also enabling us to be more compassionate toward ourselves and others. While it is not a universal cure, mindfulness can help us gain self-awareness and make more deliberate decisions in our daily lives. Mindfulness is about being present in the moment, fully aware of our surroundings and actions, and not allowing external factors to control our responses (*Take-What-You-Need Meditations to Support Kids, Teens, and Young Adults*, n.d.).

Accommodations

There are few evidence-based therapies available to help anxious students with their academic needs. Although schools are well positioned to address the mental health needs of children, it has been observed that the transfer of research-based approaches for students with mental health issues from research settings to classroom settings has been

gradual. Some have hypothesized that the lack of academic research on academic education for this demographic is the cause of the restricted emphasis on academics for students with emotional and behavioral disorders. According to standard practice, an intervention should be tailored to the student's needs and educational program based on how their symptoms manifest differently than other students. This is followed by an assessment of the effectiveness of the intervention (Killu et al., 2016).

Cognitive Accommodations. Anxiety affects a student's academic performance more than their intellectual competence. The completion of assignments and exams is significantly impacted for students with anxiety disorders since the disorder affects focus, memory, attention, organization of work, and performance on tests and other evaluative tasks. The best remedy for averting student failure and correcting these impairments has been directly addressing academic skill deficiencies. In order to address patterns of poor academic performance, educators can engage with parents to create interventions and adjustments that address both the worry itself and the academic shortcomings it causes. (Killu et al., 2016).

Teachers can support students with concentration struggles by letting them work with a partner to help them stay on task, providing copies of notes, having texts and tests read orally, and allowing students to sit away from distractions. Teachers can assess students with memory problems more frequently, rather than just at midterm or the end of term. For easily distracted students, teachers can provide graphic organizers, give quiet testing spaces, display directions visually, and use signals when giving directions (such as flashing the lights or clapping hands) to get their attention. Teachers can provide students with attention deficits a reduced workload, timers, and extended time to complete

assignments. For oversensitive students, teachers should avoid long emotional discussions and try to discuss sensitive topics outside of class time. For students who have difficulties problem-solving and show irritability or withdrawal, teachers can decrease the number of choices offered to students, administer various assessments, supply alternative responses for difficult situations, and provide visuals and student examples of how to complete assignments. Moreover, for students with excessive worry, teachers can post the daily schedule and notify students of any upcoming changes, clarify expectations, use books and stories to address fears and help students develop other perspectives regarding areas of concern (Killu et al., 2016).

Socioemotional Accommodations. While disordered behavior affects academic performance, underachievement has social repercussions that may encourage improper behavior. This inappropriate behavior limits the student's productivity, initiative, engagement, and performance in the classroom across various domains (e.g., academic, social, and communication), which harms their ability to grow socially and emotionally (Killu et al., 2016). Students with socioemotional difficulties may flee the room, avoid peer interaction, or refuse to participate. Teachers can support these students by using systematic desensitization, scheduling breaks to manage stress, modifying assignments (such as recording a presentation), modeling positive self-talk strategies, assigning students to groups rather than letting them choose, and modeling appropriate responses for the student in stressful situations (Killu et al., 2016).

Behavioral Accommodations. Children and teenagers with anxiety disorders frequently struggle with proper classroom, peer, and school behavior. While some anxious kids might benefit from medication to help them regulate their behavior, students

might also benefit from accommodations and adaptations in the classroom to help them behave in a valuable and appropriate manner (Killu et al., 2016).

For restless students, teachers can allow for movement throughout the classroom, provide manipulatives and hands-on activities, and provide extended time to complete assignments. Teachers can supply written instructions for students who avoid tasks, use successive approximations to encourage on-task behavior and provide opportunities for small group interactions. For students who use rapid or slurred speech, teachers can acknowledge their anxiety and ask them to speak slowly. There is a delicate balance between acknowledging the anxiety and not causing further shame or embarrassment for the anxious child. For those who struggle with irritability, teachers can instruct stress management skills. For students who show irregular or emotional behavior, teachers can provide extra time during the transition with a specific task to give students something to focus on and give seating choices during large group gatherings. For perfectionist students, teachers can provide copies of notes and recordings of lessons for students to refer back to. For students who struggle to complete assignments, teachers can reduce the workload and clarify expectations (Killu et al., 2016).

Physiological Accommodations. Children with anxiety disorders report more somatic problems than by children without anxiety, and the more frequently these complaints are reported, the worse the student's academic performance is. For anxious students, the physiological effects of anxiety can be crippling, and the fear and embarrassment brought on by an anxiety attack may make matters worse. (Killu et al., 2016).

For students who have somatic symptoms such as tics, rapid heart rate, and

headaches, teachers can alternate stressful and calming activities, let students leave the room when necessary, provide stress management skills, and plan de-escalation practices to help students de-stress (Killu et al., 2016).

Cognitive Behavioral Therapy

Teachers can point families to various resources if their child needs further support outside the classroom. For children and adolescents with anxiety, cognitive behavioral therapy (CBT) typically focuses on the connection between thoughts, feelings, behaviors, and physiological symptoms of anxiety; learning how to react in ways that produce more desirable results; teaching and practicing progressive muscle relaxation, guided imagery, and deep breathing; altering negative self-talk; cognitive restructuring; exposure; assertiveness training; and problem-solving techniques. In order to develop, practice, and improve antecedent responses, CBT strategies may involve teaching children with anxiety to recognize and understand emotions, identify potential triggers that may cause negative emotions, and identify the type of regulation style they typically use to cope with those emotional reactions (Thompson et al., 2013). The protocols aim to teach the child or teenager new behaviors for approaching problems, practical problem-solving techniques, and methods for confronting unhelpful or irrational nervous thoughts and beliefs. In order to promote behavioral practice, cognitive behavioral therapy interventions frequently make sure that parents are included in the treatment and aid in adapting knowledge to home and school life (Killu et al., 2016).

CBT programs provide a range of treatment options, but most consist of three fundamental components. The first component is education on the nature of stress and anxiety and how it impacts emotions, thoughts, behavior, and physiology. The second

component is teaching and practicing coping mechanisms. Lastly, the third component is encouraging and supporting students as they face their fears. Group CBT and Computerized CBT are also viable treatment alternatives that families should consider when seeking therapy (Thompson et al., 2013).

Summary

Through classroom strategies and tools, accommodations, and cognitive behavioral therapy, teachers can help students with anxiety overcome their symptoms and grow socially, emotionally, and academically. These supports and interventions will take time and intention to implement but will be well worth the effort for every student in the classroom.

Conclusion

In asking the question, “*How can teachers support elementary students with anxiety in the classroom?*” this literature review discussed the types of anxiety disorders that affect students, risk factors that contribute to the development of anxiety disorders, the effects anxiety has on students, and a variety of ways teachers can help support students that suffer with anxiety. With these findings, chapter three will introduce the project I will create to assist teachers with implementing anxiety-reducing strategies in their classrooms.

CHAPTER THREE

Project Description

Introduction

Chapter three will introduce the project I will design to answer the question, “*How can teachers support elementary students with anxiety in the classroom?*” This chapter will describe the overall project, the rationale and research that supports the project, and the intended audience, setting, and timeline this project is meant to serve.

Project Description

Many students struggle with anxiety in varying degrees. Some may experience anxiousness due to stressful circumstances in their lives, while others may be affected by an anxiety disorder that disrupts their daily lives. Teachers have the opportunity to build an encouraging and safe environment that provides security for all students. Teachers can teach strategies to students that will help them calm anxious thoughts and symptoms, accommodate lesson planning when symptoms are disruptive, and offer a variety of resources for families to turn to outside the classroom. In order to provide a guide for teachers to support elementary students with anxiety effectively, I have decided to design a website for educators to refer to when needed.

The website will follow the layout of my literature review. There will be a homepage with links to each section in the literature review: Anxiety Disorders, Risk Factors, Effects of Anxiety, and Teacher Supports and Interventions. While the website's goal will be to offer practical steps and advice for teachers in supporting students, teachers need to recognize different types of anxiety, from mild to severe, along with recognizing symptoms and possible risk factors. I believe that teachers should be

supporting each child, and, unfortunately, anxiety affects too many children and adults. Creating structures that help children cope with symptoms and ultimately learn how to prevent anxiety from disrupting their lives will help them become successful adults.

Rationale

I intend to partner with my school district with this website creation and attach it to their school website. A school website is characterized as a space supporting a school's organizational and operational goals while enabling and enhancing teaching, learning, communication, and creativity. It also connects and engages communities by encouraging sharing of knowledge, ideas, and resources (Taddeo & Barnes, 2016). In order to make the website as effective as possible, I will follow guidelines according to the United States Department of Health and Human Services' *Research-based web design & usability guidelines*. This includes a set of goals, optimizing user experience, accessibility, and page layout. With a research-based webpage, teachers will have better access and understanding of effectively supporting their students with anxiety.

Intended Audience, Setting, and Timeline

I work in a suburb of Minneapolis, MN, and I have created the website with my students and peer teachers in mind. However, I intend to offer this website to anyone wanting to learn more about childhood anxiety, its effects, and how to help students cope. The focus will be on elementary students, which makes this website most applicable to elementary teachers; however, the research and interventions provided on the website will be helpful for teachers of all grades and parents seeking more information.

I intend to partner with a school district to give this website as a resource to elementary teachers in the community. This suburb in Minnesota is 71% White, 8%

Black, 12% Asian or Asian/Pacific Islander, 5% Hispanic/Latino, and 3% of two or more races. This district has one preschool, six elementary schools, one middle school, and two high schools that serve 8,606 students and employs 310 elementary teachers (*ACS School District Profile 2015-19*, n.d.).

The website will be up and running in the winter of 2023. I completed the literary review portion of this capstone in August 2022. I will continue to reflect upon this research as a fourth-grade teacher throughout the school year and intend to finish the website and fourth chapter the following year.

Conclusion

Students need support to manage anxiety symptoms and disorders in the classroom. This chapter gave an overview of the website description, the rationale, and the intended audience, setting, and timeline that I will use to complete this project to answer the question, “*How can teachers support elementary students with anxiety in the classroom?*” Chapter four will serve as my reflection and discuss the implications of my completed project.

CHAPTER FOUR

Capstone Reflection

Introduction

In researching the answer to the question: “*How can teachers support elementary students with anxiety in the classroom?*” and developing a website that will provide resources for teachers to help support their students, I have concluded that teachers can support students with anxiety disorders in the classroom with different types of accommodations. These implications do not come without limitations and challenges.

In this chapter, I will share my key learnings from the literature review and capstone project. My primary takeaway from this research is how anxiety can significantly impact students in various aspects of their lives. I have gained an understanding of different types of anxiety disorders and how they differ from general feelings of anxiousness despite similar physical symptoms. This chapter will also detail the most valuable sources from the literature review and how they have helped me establish new connections with my current students. After reviewing my findings, I will discuss the implications of my research and the challenges I faced. Lastly, I intend to discuss how these implications and limitations will inform my future action steps, the use of my resource website in the classroom, future research opportunities, and how this will contribute to the advancement of the education profession.

Reflection

During my initial year as a classroom teacher, I was struck by the high number of students (40%) who had been diagnosed with anxiety. Witnessing their struggles to keep up with the class was eye-opening and impactful. When I was given the opportunity to

create a Capstone Project exploring a pressing issue, I knew that I wanted to find ways to support these students more effectively.

The research and website development process has been incredibly educational. One of the main observations I made is the far-reaching effects that anxiety has on students. It is astounding to realize that anxiety can cause disruptive physical symptoms, affect relationships with peers and teachers, lead to negative emotions, and impact a student's ability to complete in-class assignments. Additionally, I came to understand that anxiety is not limited to any particular student type or background – it affects students from all walks of life, with a higher likelihood when faced with external challenges beyond the classroom.

Anxiety affects many students in different ways, but it is not always apparent that this is the underlying cause of their academic and social struggles. As educators, when we understand the symptoms, triggers, and effects of anxiety on our students' lives, we can make a significant impact and change the course of their future. That is why I developed a website that outlines various anxiety disorders to increase awareness about the different forms in which anxiety can present itself. The website provides a range of strategies that teachers can use to help students manage their symptoms and calm anxious thoughts. It also offers classroom accommodations and resources for families to seek outside the school setting. To help elementary teachers support students with anxiety more effectively, I have created a guide on the website that provides insights into the different forms of anxiety and interventions that teachers can implement within the classroom.

Through my research, I discovered that teachers can make a significant impact on students with anxiety disorders by implementing simple changes in their expectations and

interventions. Depending on the student's individual needs, various classroom strategies and accommodations can help alleviate symptoms and encourage them to persevere. Such strategies may include mindfulness activities, offering quiet areas for assignments, or promoting positive self-talk. By understanding students' specific triggers, fears, and reactions, teachers can better prepare them for complex situations and respond with patience and compassion when problematic behaviors arise.

Revisiting the Literature Review

After thoroughly reviewing the Literature Review, it is evident that every section contains valuable information. However, the two most practical sections for teachers to learn from are the "Effects of Anxiety" and "Teacher Supports and Interventions." While the various disorders discussed are fascinating, many students' Individualized Education Plans (IEPs) only list anxiety without a specific diagnosis. It is more beneficial for teachers to understand how anxiety manifests in different ways and identify symptoms and triggers in a practical sense. By identifying risk factors, teachers can recognize which students may be struggling. Nevertheless, it is even more advantageous to determine the specific type of accommodation and intervention needed for each student to support them best.

Killu, Marc, and Crundwell's "Students With Anxiety in the Classroom: Educational Accommodations and Interventions" proved to be among the most valuable resources throughout my research as it appeared frequently in the Literature Review. While other resources focused on specific anxiety disorders or types of accommodations, this article shaped much of my project's direction.

Throughout my Capstone journey, I gained new insight into former students and their anxiety symptoms. I realized that some problematic behaviors from a few students that seemed like defiance or work avoidance may have been rooted in anxiety. I also discovered new accommodations and classroom strategies, such as mindfulness exercises and guided imagery, that could benefit more students beyond those with diagnosed anxiety disorders.

Implications and Limitations

The implications of this research are not novel, as anxiety will likely remain a common obstacle for students throughout their lives. Consequently, it will continue to impact the classroom experience. Educators need to understand the effects of anxiety so that they can detect any symptoms or triggers. Once a teacher identifies that a student is struggling with an anxiety disorder, they should implement various accommodations and classroom strategies to support and educate them effectively.

My findings come with limitations. It is important to note that my website only provides a surface-level exploration of anxiety disorders. Its primary purpose is to be a resource for teachers to reference rather than a comprehensive review of the topic. Additionally, it is written in a casual and approachable style to appeal to a wide range of readers. Therefore, it is not a clinical review and should not be regarded as such.

Just like any other mental health disorder, there are no easy solutions when it comes to helping students with anxiety. Teachers can offer specific accommodations, practical intervention support, and collaborate with families, therapists, and students. However, despite all these efforts, some students may still struggle deeply with anxiety. This is no fault of the teacher, as each student has their own unique challenges. What

works for one student may not work for another. There is no one-size-fits-all solution that can de-escalate every situation.

Teachers face several limitations when it comes to supporting students with anxiety disorders. One of the most prominent is time constraints, workload, and available resources. Due to tight curriculum schedules, teachers may find it challenging to include additional classroom strategies to help students with anxiety disorders throughout the day. Moreover, teachers may not have access to appropriate resources, such as flexible schedules or seating, to implement necessary changes. While teachers can try to incorporate a few new accommodations or strategies, they may be unable to provide all that the student requires.

Commitment

As an educator, my primary focus is to provide my students with the best possible learning experience. With this in mind, I recognize the importance of understanding anxiety and how it can impact children. To ensure I serve my students effectively, I am committed to expanding my knowledge about anxiety and how it can be addressed in the classroom.

To create a calming environment supporting individual students, I will use the resources I have discovered throughout this Capstone experience. Additionally, I plan to share my findings and website with my coworkers and the school district so that others may benefit from it in their classrooms. Collaborating with my school's social worker and psychologist, I will share resources with other students and families in the building and beyond the school. I believe it takes a community to raise our youth, and I am dedicated to partnering with and investing in it to become the best possible educator.

Benefits to the Profession

This research and website can be an invaluable resource for educators, offering them support in identifying and managing high levels of stress and anxiety-related disorders in their students. With a user-friendly navigation menu, teachers can quickly locate information on various anxiety disorders, including their effects on students and the type of accommodations that may be necessary. Teachers can confidently explore external sources with these resources for more information on anxiety and support systems. They can then proactively identify symptoms and triggers and offer practical guidance to students for maintaining a healthy mind and body.

Conclusion

In the final chapter of my Capstone, I shared my insights and key takeaways from the research and project development process. I revisited the Literature Review and highlighted the most valuable sections and sources that informed my project. Furthermore, I discussed the implications of my research, emphasizing the importance of understanding anxiety disorders and how to support students in the classroom effectively. Despite the limitations that educators face with available resources, I expressed my commitment to continue learning and working alongside my colleagues and community to support our students better. Lastly, I shared how this research and website will benefit the education profession and how it can inspire teachers to learn more about anxiety and help guide our students toward a brighter future.

I am grateful for the opportunity to conduct research and create a project that will benefit my students each year. This process has been enlightening and has inspired me to delve deeper into the anxiety issues my students face and how best to support them. This

website will be a helpful resource for teachers and encourage them to embark on their own learning journey regarding our students' mental health.

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