ANXIETY IN THE CLASSROOM

What To Look For in the Classroom

AnxietyInTheClassroom.org

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International OCD Foundation

OVERVIEW

Nine Common Behaviors of Students with Anxiety and/or OCD

1. Easily agitated and triggered
2. Anxiety behavior vs ADHD
3. Exhibit frequent ailments and trips to the nurses office
4. Refusing to participate
5. Tired in school
6. Not completing homework
7. Repetitive questions
8. Exhibit Consistent Presentation of Difficulty
9. Attendance problems

There are several behaviors that students with anxiety or OCD may exhibit in the classroom. If you are a teacher or school faculty member it's important to be able to recognize these behaviors and take action.

WHAT TO LOOK FOR IN THE CLASSROOM

In this video, Denise Egan Stack, LMHC, talks about the different behaviors that students with anxiety and/or OCD can exhibit.

ANXIETY IN THE CLASSROOM

COMMON BEHAVIORS:

Easily Agitated and Triggered

Anxiety triggers a fight, flight, or freeze response. For some anxious students, their instinct to protect themselves kicks in when they feel overwhelmed or trapped by an anxiety-provoking situation and so they try to fight their way out.

This may look like angry behavior: yelling, swearing, pushing items off a desk, or physically acting out.

COMMON BEHAVIORS:

Easily Agitated and Triggered

For example, if a child feels as if their desk is contaminated because of OCD, they may not want to sit at it. The child may refuse to “take your seat” and feel increasingly trapped as the teacher continues to redirect the student to sit. As the situation escalates, the student may eventually yell at the teacher (“This is so stupid. I’m not doing this!”) and storm out of the classroom, slamming the door.

This type of disruptive behavior results in strained relationships with the very adults from whom the student needs help. It means a missed opportunity to learn to manage anxiety and can end up with the student in trouble.

COMMON BEHAVIORS:

May Look Like They Have ADHD

When students are anxious, they may look a lot like students with ADHD. They may appear restless, have difficulty paying attention, and act impulsively.

- For example, a high school student with OCD who fears that she may have touched chemicals in Chemistry lab and then touched her eye, and therefore is about to go blind, may exhibit all three of these symptoms:
- Her knees may bounce up and down (a way to expend nervous energy),
- She may have difficulty paying attention in class and when the teacher calls on her she might not even notice,
- As soon as the class ends, she is likely to bolt out the door to the bathroom to check her eyes.

It's very important to differentiate between anxiety and ADHD, because the treatments for these two disorders are different. In fact, ADHD medicine can make anxiety worse.

COMMON BEHAVIORS:

Asking Repetitive Questions

Students with anxiety often have difficulty tolerating any measure of uncertainty and feel as if they can't "move on" until they fully understand a topic or are completely ready. This may result in students asking their teacher the same questions repeatedly, as they seek reassurance that they understand.

COMMON BEHAVIORS:

Asking Repetitive Questions

For example, a student may repeatedly ask for clarification on a homework assignment or directions for a project. If he or she senses growing frustration in the teacher from having to answer the same question many times, the student may then repeatedly ask if the teacher is angry, which may add to the teacher's frustration. All the while, the student is hoping that the teacher will answer the question in such a way that the student will feel certain that he or she fully understands the information.

Such questions, prompted by anxiety, often appear to be pressured, and/or urgent.

COMMON BEHAVIORS:

Exhibiting a Consistent Presentation of Difficulty

When a student has a classic learning disability (for example, dyslexia), the inability to read fluently is consistent across time. It doesn't matter what day, time, or class it is, or which teacher is teaching. Such students' inability to match letters to the sounds those letters make is fixed. **However, if a student has anxiety, he or she may perform differently from day to day, or even class to class.** In other words, for students with anxiety, the "can't do's" are unpredictable, and this is because anxiety is influenced by many different factors.

COMMON BEHAVIORS:

Exhibiting a Consistent Presentation of Difficulty

For example, if a child has emetophobia (a phobia of vomit), he or she might not experience any anxiety, functions well, until something triggers his/her fear, such as proximity to a sick classmate, over-hearing someone talk about vomit, or feeling nauseous.

Once anxious, the student may not be able to pay attention in class, participate in class discussions, or perform well on assessments. Unless the child discloses what is going on, the teacher will have no idea why the student's performance has suffered, and, as a result, may misinterpret the student's difficulty as a lack of motivation or effort.

COMMON BEHAVIORS:

Experiences Frequent Ailments/ Trips to the Nurse

Anxiety puts a person on high alert for danger, and the body experiences physiological changes in the presence of anxiety as it prepares to face a threat. These can include feeling dizzy, short of breath, and/or nauseous, and can cause diarrhea.

Students experiencing anxiety in school thus may make frequent trips to the nurse complaining of feeling sick and may even ask to go home.

Because of this, nurses play a critical role in identifying students with anxiety. Some research even suggests that school nurses spend up to one-third of their time providing mental health services to students.

COMMON BEHAVIORS:

Bad Attendance

There are many reasons why anxious students have attendance problems, including bodily complaints that lead to sick days, fear of being separated from parents, time-consuming rituals related to OCD, and an attempt to avoid the anxiety triggers that exist for an individual at school, such as germs, eating in front of peers, or tests.

Attendance problems also may increase after vacations or when a student transitions into a new school building (*e.g.*, going from elementary school to middle school).

COMMON BEHAVIORS:

Refusing to Participate

Anxious students tend to avoid things that make them uncomfortable, as a way of coping. Some of the common school-related triggers that students avoid are:

- gym or chemistry class
- eating lunch with peers
- using the bathroom
- going on field trips
- speaking up in class

When students are avoiding because of anxiety, they tend to be inflexible and steadfast in their refusal to do something. They do not respond to logical arguments or information and are unwilling to reconsider their decision.

COMMON BEHAVIORS:

Tired in School

Students who appear to be sleep-deprived in class may be experiencing any of several different types of anxiety.

For example, some students struggle with **perfectionism,** which is a fear of making mistakes or not meeting their own exceedingly high expectations. These students may procrastinate starting their homework, work slowly to ensure their handwriting is excessively neat, and/or delay transitioning from task to task until they feel ready.

COMMON BEHAVIORS:

Tired in School Continued

Because **perfectionistic** students tend to work slowly, they often stay up late to finish their homework. By contrast, a student with **"just right"** or **"contamination"** symptoms may have to wake up very early, because he or she has several hours of rituals to complete before even starting the school day. Students with **generalized anxiety** may have persistent difficulty falling asleep or staying asleep.

For all these students, sleep deprivation will interfere with their ability to learn and perform at school.

COMMON BEHAVIORS:

Not Completing Homework

There are many reasons why students don't do their homework, and anxiety is one of them.

Students with perfectionism sometimes stop even attempting to do homework because of a concern that they can't meet their own standards. Or they might begin but not complete it because they work so slowly. They also may think, *"If I can't hand in my best work, then I don't want to hand in anything at all."* This is an example of a common style of thinking seen in OCD called dichotomous thinking, or **"all-or-nothing" thinking.**

In addition, sometimes students with **contamination OCD symptoms** don't hand in their homework because they feel that their school materials have become contaminated, and they don't want to touch them

CENTERING RACIAL EQUITY.

In any discussion of disabilities and/or conditions that impact school functioning, it's important to reflect on the potential inequities that occur for students of color in this space. Research shows that there is a **"significant disproportionality"** that exists for BIPOC students, particularly when it comes to who is identified as needing special education services and how they are treated thereafter.

It is thus important for school personnel to use best practices to promote racial equity in approaching how they advocate for and support their students with anxiety/OCD.

CENTERING RACIAL EQUITY.

- Follow evidence-based evaluation processes to determine eligibility, seeking outside expertise/consultation on including considerations for cultural and/or linguistic differences as-needed.
- Prompt administration to audit the district's special education policies and processes, including those surrounding discipline, to identify biases and work to reduce them.

CENTERING RACIAL EQUITY.

- Find ways to develop relationships and create an open dialogue with families to improve understanding of cultural contexts and increase family buy-in.
- Invest in training/professional development for all relevant school personnel on disability identification and student support, with an emphasis on improving workforce diversity and culturally responsive practices.
- Prioritize accurate and transparent data collection and reporting, including standardizing data collection processes.

Practice Recommendations *(adapted from the National Center for Learning Disabilities)*

THANK YOU.

QUESTIONS ?

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