



Supporting Students with Anxiety

Practical Tools for K12 Educators



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Printable One-Page Handout: Anxiety Quick-Guide for Teachers

Notice

(common school signs)

Body: stomachache/
headache, shortness of
breath, shaking

Thoughts: “what if...,”
perfectionism, fear of
embarrassment

Behavior: avoidance,
freezing/shutdown,
reassurance-seeking

Do

(teacher moves that help)

Validate + name it; coach
one small step; scaffold
participation; praise
bravery

Use brief coping cues
(breathing/grounding),
then re-engage

Track triggers + what
helped (share with
support team)

Avoid

(things that can
maintain anxiety)

Endless reassurance loops

Automatic escape from
feared tasks

Unlimited
accommodations without
a “return-to-task” plan

Refer

(when + urgent)

Refer when anxiety
interferes with
learning/attendance or
persists despite support

Urgent: suicidal
talk/self-harm threats →
crisis protocol; 988/911 per
policy

Use school referral
pathway; share
observations and
attempted supports



Notice the Early Signs

Anxiety often shows up in three ways: body, thoughts, behaviors. Here's what to look for.



Anxiety: Normal, Expected... Until It Interferes

Healthy Worry

- Worry is a normal part of life, and can even help students prepare (e.g., study for tests) when it's proportional

Anxiety that Interferes

- Anxiety disorders are persistent/excessive and impair functioning
 - Avoidance
 - Attendance issues
 - Performance drop



How Anxiety Shows Up in School: 3 Channels + an Avoidance Loop

- **Body:** headaches/stomachaches, racing heart, sweating, shaking
- **Thoughts:** “what if...,” catastrophizing, perfectionistic doubts
- **Behavior:** avoidance, shutdown/freezing, reassurance-seeking
- In class, avoidance may cluster around **performance tasks** (reading aloud, tests)
 - Some students look quiet/withdrawn
 - Others show irritability or outbursts
- Short-term relief (escape/reassurance) can unintentionally strengthen anxiety
 - We want to avoid this “avoidance loop” at all costs!



Common Disorders Teachers May See



Separation Anxiety

Distress separating from caregivers; school refusal



Social Anxiety

Fear of judgment; answering in class, presentations, groups



Generalized Anxiety

Excessive worry; “what if” + perfectionism/rigidity



Specific Phobia

Intense fear of a specific trigger (needles, dogs, storms)



Panic

Sudden intense fear + physical symptoms (heart pounding, dizziness)



Selective Mutism

Speaks in comfortable settings, does not speak in school or other settings



School Refusal/Avoidance

often anxiety-linked; can surge after breaks



Early Elementary K-3:

Presentations You May See

Separation distress
at drop-off; difficulty
transitioning into
class

Clinginess,
tearfulness, tantrums
when separation
is required

Frequent “I don’t feel
good” before
school/activities

Stomachaches/
headaches more
common at
high-stress times
(e.g., Mondays)

Avoiding bathrooms,
cafeteria, bus, or
unfamiliar adults
(fear-based)

Sleep-related worries
show up as daytime
fatigue or irritability

Selective mutism
may appear as not
speaking at school
despite speaking
at home

Skill lag is common:
needs coached
routines for calming +
starting tasks



Upper Elementary Grades 4–5: Presentations You May See



“What if...” questions +
reassurance-seeking
that doesn’t stick

Somatic complaints
before
tests/performance tasks

Perfectionism:
over-erasing, refusal to
turn in “not perfect”
work

Worry-driven
inattention (looks like
distraction but is mental
preoccupation)

Fear of being wrong:
reluctance to try
challenging problems

Avoidance of peer
evaluation (reading
aloud, group roles,
presentations)

“Freeze” responses
under pressure (blank
mind, tears, shutdown)

Rigid distress with
changes in routine/
ambiguity



Middle School: Presentations You May See



Social comparison + fear of embarrassment (especially in groups/public speaking)

School avoidance can increase as social pressure rises

Avoiding participation, electives, lunchroom, or crowded transitions

Test anxiety + procrastination (avoidance of studying due to fear of failure)

Increased irritability or “attitude” when anxiety spikes

Peer conflict/bullying can be an anxiety trigger; investigate context

Somatic complaints before school or social events

Emerging panic-like episodes (shortness of breath, dizziness)



High School: Presentations You May See



Performance Anxiety:
presentations, auditions,
interviews, athletics

Risky coping: substance use
can co-occur with social
anxiety

Perfectionism: over-erasing,
refusal to turn in “not
perfect” work

Sleep deprivation amplifies
anxiety symptoms and
school functioning problems

**High-achieving
perfectionism**
(overstudying, distress with
small mistakes)

“Quiet disengagement”:
camera-off/low participation,
late work, isolation

Avoidance through skipping
class, leaving early, or
chronic absences

Co-occurrence with
depression or other
concerns is common—watch
for changes



Help in the Moment

When anxiety shows up, focus on connection + small steps. Give students the tools they can use in real time.



Reduce Distress, Build Agency, Keep Connection

1. Stay calm and predictable: your tone regulates the room
2. Privatize support when possible (avoid calling out publicly)
3. Name + validate: “I can see this feels big right now.”
4. One small step: “Let’s start with the first line/problem together.”

Reminders:

- This is time-limited help: 60–90 seconds, then re-engage
- Reduce avoidance: aim for participation at the student’s “next doable step”
- Praise effort + bravery, not just correctness
- Plan + document patterns (triggers, what helped) to share with support team



What to Avoid

(These May Maintain Anxiety)

- Repeated reassurance loops (“You’ll be fine, I promise” ×10)
- Automatic escape from feared tasks (especially performance tasks)
- Negotiating in ways that reward avoidance (escape becomes the prize)
- Doing the work for the student (removes the skill-building opportunity)
- Removing all uncertainty (can unintentionally teach “I can’t handle unknowns”)
- Public pressure/shaming (“Stop being dramatic” / “You’re overreacting”)
- Punitive responses to anxiety-based avoidance (increases threat perception)
- Unlimited “accommodations” with no return-to-task plan



Classroom Strategies For All Children

Structure

- Teach **predictable routines**; preview changes (“Here’s what will happen...”)
- Provide clear **success criteria** (rubrics, examples) to reduce ambiguity
- Chunk tasks + timed starts (reduce overwhelm; increase task initiation)
- Offer **structured choices** (which problem first, where to sit, response format)

Scaffold

- Scaffold participation: **think-pair-share** → small group → whole group
- Normalize mistakes as learning; reward “attempts” publicly, coach privately

Support

- **Test out** possible supports: brief grounding, strategic breaks, structured planning time
- Then use brief “anxiety rating” (0–10) to understand what helped and **pick the next doable step**
- **Collaborate with support staff** for students with persistent impairment



2-Minute Coping Skills Teachers Can Teach and Cue in Class

Box Breathing

4-4-4-4 breathing, or slow exhale breathing (practice when calm, use when stressed)

Grounding

5-4-3-2-1 grounding with the senses to re-anchor attention

Labeling

“This is anxiety/worry—not danger.”

Coping Statement

“I can feel nervous and still do one step.”

Micro-plan

“What’s the first tiny action I can take?”

Muscle Reset

Focus on tensing and relaxing a few muscle groups to reduce tension

Rating Scale (0-10)

Choose the next step + monitor improvement



Reminder: coping tools support engagement; they are not the “end goal”

Know When to Act

Classroom support is a starting point, not the full solution.



When to Refer: Clear Criteria

- Refer when anxiety interferes with school, home, or peer functioning
- Persistent avoidance: can't engage despite classroom supports and time
- Attendance problems/school refusal patterns (especially escalating)
- Panic episodes or severe physical symptoms with high distress
- Significant impairment across settings or rapid deterioration
- Co-occurring concerns (depression, substance use, major behavior change)
- Immediate safety: suicidal talk, self-harm, threats of harm → crisis protocol
- Use your school's referral pathway; share observations (triggers, what helped)



Resources and References

- CDC: Anxiety and Depression in Children (signs, types, treatment overview) [31]
- AAP: Supporting Students With Anxiety in School (school-focused guidance) [32]
- AACAP: Clinical Practice Guideline—Assessment/Treatment of Pediatric Anxiety (CBT/SSRI evidence) [33]
- Cochrane Review: CBT for Anxiety Disorders in Children/Adolescents (RCT synthesis) [9]
- NIMH: Social Anxiety Disorder (symptoms; CBT + exposure description) [7]
- AACAP Facts for Families: The Anxious Child; School Refusal (school-linked signs) [34]
- ASHA Practice Portal: Selective Mutism (school-linked presentation) [35]
- SAMHSA/NITT-TA: School Mental Health Referral Pathways Toolkit (facilitated referrals) [11]
- USPSTF: Screening for Anxiety (ages 8–18 recommendation context) [36]
- Ginsburg et al. (2021): Teacher accommodation linked to avoidance/anxiety (school evidence) [3]





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