

Back-to-school anxieties not uncommon

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Some things are routine about a child's return to school after summer break.

Stubborn sleepiness.

School bus rides.

And some things are not. The newness of a school year can include transitions (from elementary school to middle school, from middle school to high school), new teachers, a more difficult curriculum, and unfamiliar facilities. These changes cast anxiety over many school-aged children returning to classes for the fall.

Virginia Commonwealth University clinical and educational faculty advise parents and educators to be proactive in addressing any possible issues.

"Know your child and their temperamental styles. If they do not do well with transition, attempt to make things predictable and known," said Bela Sood, M.D., psychiatry and pediatrics professor and senior professor of child mental health policy at VCU. "A good way is to visit the physical premises of the school prior to school starting."

Sood recommends going through the following steps to ease your child's transition:

- Trace the bus route in your car.

- Let your child walk around the school.
- See if any kids in the neighborhood are in the same school or grade. Invite them over for a small get-together.
- Talk to your child about what excites them about the new year and what worries them, and see if you can work with them to find a solution to those worries, rather than simply trying to solve it for them.

Mental health professionals say adults can identify trouble signs that children might not be approaching the adjustment well. The signs include fear of going to school every morning and unhappiness while there for no clear reason, as well as an expression of worries starting on Sunday afternoon and extending into midweek. Other common, typically short-lasting fears may become apparent through questions such as, "Will I have friends?" and "Are they going to like me?"

"The transition to [middle school](#) is perhaps the toughest, as kids no longer have one classroom and have to move from class to class and manage lockers. Significant stress arises in this period as emotional upheaval sets in with puberty emerging," Sood said. "The unpredictability of each peer being at a different stage of emotional and physical development makes this a particularly exciting and difficult time. Cliques and grouping make children anxious. Bullying is another major stressor with few schools equipped to stop it. Hence, that is a legitimate concern for children these days."

Academically, students who start the school year with these types of anxieties may be less able to concentrate on assignments and keep up with a workload, particularly if the anxiety persists.

"If children have anxiety about a new [school year](#) or their environment, academics can suffer greatly. Sleep can be disturbed due to worry and children then go to school tired, making it difficult to make it through an

entire school day," said Alma Morgan, an educational consultant for Children's Hospital of Richmond's Pediatric Hematology and Oncology Clinic, who noted attention and concentration issues can arise as a result. "If the child continues to show anxiety, parents may want to make an appointment with the pediatrician or child psychologist to discuss the issues. At school, the student may be referred to the child study team to discuss the case."

Teachers and administrators, too, can help students transition smoothly, Morgan said, by creating an educational plan to include accommodations that address physical and cognitive needs. Additionally, if a student has an obvious illness, treatment and physical changes can seem problematic to them, as well.

"For children with chronic health needs, anxiety is an issue when transitioning back to school after being out for an extended period of time," Morgan said. "Children I see in the Pediatric Hematology and Oncology Clinic at VCU are often placed on homebound instruction while receiving chemotherapy and radiation. When transitioning back to school, there can be much anxiety due to hair loss, having a portacath, and/or other physical or cognitive changes."

As an educational consultant, Morgan provides class in-services to discuss diagnosis, treatment, side effects of treatment and how classmates can be a good friend. This allows patients to be more comfortable and relaxed when returning to school, so that they do not feel they are constantly answering questions from their peers. In addition, patients have the opportunity to assist with the class in-service activity, which is often very therapeutic.

Overall, open communication between parents, children and educators will help with any bumps in the road.

For parents, Sood said, "Have a time each day in the first few weeks where they can talk to you (not ply them with questions) and vent. Don't make judgmental statements like 'You should be brave.' Empathize with their feelings with statements like, 'This must be hard for you.' But try not to feed into the anxiety."

If not a parent, suggest a student speak to another adult about their concerns, Morgan said.

"Sometimes [children](#) are very protective of parents and will not talk about problems or worries with parents due to not wanting to cause them additional worry or stress," she said. "The child needs to have an adult or someone at [school](#) in which he or she can establish a rapport and discuss worries and fears."

Provided by Virginia Commonwealth University

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