

**The Anxious Child:
Supporting Students with Anxiety and Anxiety-related Symptoms in the Elementary
Classroom**

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**A research paper submitted in conformity with the requirements
For the degree of Master of Teaching
Department of Curriculum, Teaching and Learning
Ontario Institute for Studies in Education of the University of Toronto**



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Abstract

Anxiety is one of the fastest growing mental health issues that Canadian children are facing today. Research has found that teachers do not commonly feel equipped to effectively support students with mental health problems, and in particular, to support students with anxiety disorders. This research study focused on how elementary teachers support students with anxiety disorders and anxiety-related symptoms in the classroom. This study was conducted using a qualitative research approach involving a literature review and semi-structured interviews with teachers working in the Greater Toronto Area who have experience teaching and supporting students with anxiety problems in the classroom. The findings suggest that teachers' work to support students with anxiety disorders and anxiety-related symptoms yields positive academic and social-emotional benefits. The implications of these findings suggest that more needs to be done to support current and new teachers in becoming better prepared to teach and support students who are struggling with mental health issues, including anxiety, and that more effective school-wide approaches must be implemented if the education system is going to adequately respond to increasing diagnoses of anxiety in children and youth in Canada.

Key Words: Mental Health Education, Anxiety Disorders, Social-emotional Development, Teacher Support

Acknowledgements

I wish to acknowledge and thank my wonderful family for supporting me and inspiring me to move forward with this research study that began with a thought-provoking conversation with my mother. Your love and prayers are unconditional, appreciated, and the reason for the success I've had throughout my life.

Many thanks are owed to my incredible research participants who took time out of their busy schedules to share their perspectives and insights with me. I thank you for sharing your stories and your journeys with me. Thank you to the amazing human beings in my cohort: I have learned so much from this unforgettable group, and appreciate the contributions you have made to the teacher I will become. PJ 161 for life.

Finally, I would like to thank my research supervisor, Dr. Angela MacDonald and teaching assistant, Sarah Cashmore for their incredible support and guidance throughout the writing process. This study would not have been completed without your dedication, feedback and encouragement. I feel lucky to have had the opportunity to grow as a researcher, under your continued support. I truly cannot thank you enough, Angela.

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Chapter 1: INTRODUCTION

1.0 Introduction to the Research Study

For a long time, religious, spiritual, or cultural beliefs have shaped the way in which individuals and society view mental illness. The first half of the 20th century marked a time when the acknowledgement or discussion of student mental health was considered taboo. Children with known mental health issues were often denied the right to inclusive education, and either placed in residential schools or in institutions for the mentally ill (Moran & Wright, 2006). The 1960s marked the era of deinstitutionalization, which altered the way society viewed mental illness. Access to drugs for treating a variety of mental health problems contributed to deinstitutionalization, allowing patients to live more independently in the comfort of their own home. Although students have more rights than they did before, there is still a stigma that surrounds the discussion of mental health issues in schools and in classrooms, ultimately posing as one of the largest barriers to mental health treatment (Matteo & You, 2012).

For the purpose of this study I will be using the World Health Organization's (WHO) definition of mental health. The WHO defines mental health as "a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization, 2015). In 2011, the Ontario Ministry of Health and Long-Term Care introduced a new strategy for mental health and addictions called *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*. This document aims to transform the provision of mental health services in Ontario (Ministry of Health and Long-Term Care, 2011). A section of the strategy is specifically dedicated to mental health of children and youth, emphasizing the need for early intervention of mental health issues and the importance of

equipping individuals who work with children with the adequate skills and knowledge they need to identify these issues (Ministry of Health and Long-Term Care, 2011).

In 2013, the Ministry of Education introduced a document called *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-Being*. This document was developed as a resource guide to provide educators with information on the early signs of mental health problems, along with strategies that can be used in the classroom to support K-12 students (Ministry of Education, 2013). In the same year, the Toronto District School Board (TDSB) launched a four-year Strategic Plan for Children and Youth Mental Health and Well-Being. The goal of this plan was to create a culture where strategies for positive mental health and well-being are integrated into every aspect of a student's school experience. One of the key commitments of the plan is to provide all school employees with professional development training and training on the foundations of mental health (Toronto District School Board, 2013). The topic of supporting mental health is thus currently on the agenda now and it is consequently vital that we prepare teachers to realize this priority, in practice.

Children spend a large part of their day in the classroom, and we know that there is a direct link between the availability of social, emotional, psychological and physical supports and student achievement (Freeman, 2011; Klem & Connell, 2004). Out of all the mental health problems children experience, anxiety disorders are one of the most prevalent mental health issues affecting Canadian children and youth, and we know that these cause changes in the brain-body system and actually inhibit learning (Keeton, Kolos, & Walkup, 2009). In the classroom, there are many potential triggers of anxiety such as tests, assignments, overwhelming amount of information, and a variety of social situations. This has profound implications for learners and

educators alike because teachers will experience students with anxiety or anxiety-related symptoms in their classrooms (Merikangas et al., 2011).

Due to the significant interrelationship between mental health and academic success, this is an issue that, first and foremost, requires a collaborative solution starting from the classroom. Early intervention can and should be carried out by the classroom teacher, in addition to mental health professionals, because it is seen that when the school system does not provide support for mental health problems, students are more likely to experience academic failure (Koller & Bertel, 2006). Yet, new and seasoned teachers often feel that their knowledge about mental health issues is limited (Koller & Bertel, 2006; Walter, Gouze, & Lim, 2006). Although most teachers have taught students with anxiety problems, many have not received adequate education in mental health and not enough consultation with mental health professionals, and as a result, often do not feel confident about their ability to support students with anxiety or other mental health issues, in their classrooms (Toronto District School Board, 2013; Walter et al., 2006).

Since 2013, the TDSB is taking some positive initiatives towards raising mental health awareness amongst staff members. In particular, all TDSB staff members are now required to participate in an Anxiety Awareness Module, which is a 30-minute session on everything educators need to know about anxiety in students and what they can do to support them (Toronto District School Board, 2014). However, due to the rise of anxiety and anxiety-related symptoms amongst students, research points towards the fact that it is no longer sufficient to provide “one-off” workshops to teachers with facts about mental health and expect practices to change substantially (Whitley, Smith, & Vaillancourt, 2013). This raises questions about how educators are expected to successfully support such students, when they are only receiving a 30-minute information session on anxiety awareness. Although many teachers in Canada have received

some kind of training on mental health, studies continue to document a gap in the knowledge and skills of educators with respect to mental health issues (Koller & Bertel, 2006; Walter et al., 2006; Whitley et al., 2013). Despite ample research on the lack of preparedness teachers experience when dealing with students with mental health problems, few researchers have explored classroom programs or strategies to reduce it. As a result, there is little research on the efficacy of successful programs or strategies that teachers are currently using in the classroom to support students with anxiety and anxiety-related symptoms. Further research on this topic is needed to help inform specific training needs for teachers.

1.1 Purpose of the Study

The purpose of this study is to understand how new and experienced teachers can be better prepared to support students with anxiety and anxiety-related symptoms, as well as to identify successful strategies, resources, and programs for teachers involved with supporting these students. The research clearly indicates the need for a change; however, this change cannot be limited to improved school guidance and counselling services, given the amount of time teachers spend with their students on a day-to-day basis and the immense impact they have on their lives. While teachers are not equipped with the knowledge and skills to diagnose an anxiety problem, they are in a position to observe and document whether the student's anxiety-related behaviour is affecting their functioning at school, with friends, or in the community setting. This information can help them to decide whether the student is in need of in-class support or referral to a mental health professional (Ministry of Education, 2013). Research shows that if left unidentified and untreated, students with emotional disturbance and poor social-emotional functioning have difficulty meeting academic standards at school. In light of this, approximately 15 percent of youth attending post-secondary education drop out before finishing their program

often for reasons relating to their mental health, (Meldrum, Venn, & Kutcher, 2009) whereas students who are given instruction on important life skills, are shown to have better developed positive coping skills, emotion regulation and adaptive coping later on in life (Saklofske et al., 2012). Therefore, addressing student's mental health concerns before they become a serious interference and lead to negative behaviours, such as dropping out of school and drug abuse, is a crucial step. Moreover, overcoming mental health stigma in classrooms and schools is important not only for fostering environments where students feel safe and accepted for who they are, but also for the development of tolerant and caring citizens.

1. 2 Research Questions

In view of the purpose, the main question asked in this research is: How do elementary teachers support students who are struggling with anxiety and anxiety-related symptoms in the classroom? Primarily, I set out to explore what experienced teachers from the TDSB are doing in their classrooms to support students with anxiety or anxiety-related symptoms. Additional subsidiary questions included:

- How do teachers recognize and learn to recognize anxiety in students?
- What are some of the social, emotional, and academic supports that teachers have implemented or currently implement in their classrooms that have been successful?
- What are some of the challenges teachers face whilst supporting students with anxiety?
- What resources do teachers use to educate themselves about students with anxiety and anxiety-related symptoms in the classroom?
- What outcomes do teachers observe from these students?

1.3 Background of the Researcher

I chose this topic because I was extremely anxious as a child, especially in the classroom environment, where raising my hand to answer a question would be a nightmare. My anxiety was so bad that often times I would not even raise my hand to ask the teacher if I could go to the washroom. Year after year, the anxiety worsened, and yet my teachers would conveniently label me as a “shy” student in my report cards. Unfortunately, I did not receive any support in the shape of strategies that could have helped me overcome this anxiety, which is why I greatly struggle with classroom participation and public speaking to this day. And I am not alone. Students with anxiety or anxiety-related symptoms often “slip through the cracks” because they are not given the attention and support they so desperately need in order to achieve their potential. During my three practicum placements, I observed that students who were exhibiting anxiety-related symptoms were not being supported or offered strategies to help manage their anxiety. As a result, it was clear they were not performing at their full potential. For example, students who exhibited symptoms of test anxiety, such as feelings of anger and frustration, feelings of disappointment, and headaches, were still required to take the test, despite looking visibly uncomfortable and not being able to answer the test questions. Students were not really given an opportunity to showcase what they knew at the end of a unit, in an alternative format to a test.

I remember the first time I heard the term “mental health” I was taken aback because I had only been exposed to the importance of physical health my entire life. Growing up, there was a great emphasis on maintaining physical health by playing sports and eating a balanced diet, but virtually no emphasis on maintaining positive mental health. I completed my schooling abroad at The British International School of Jeddah, Saudi Arabia. Just like most curricula worldwide,

physical education was a requirement for all students, and like the majority of schools worldwide, if a student had a mental health concern, they would be referred to a guidance counsellor. Upon reflection, the question that I find myself asking is: if curricula worldwide teach and encourage students to maintain physical health, why is mental health not prioritized? Secondly, why is the teaching and learning of mental health issues often left to mental health professionals, even though students are more frequently in contact with their teachers? Over the past four or five years, the issue of mental health has begun to surface in schools, but it still is not a priority at the level of practice.

My undergraduate study was in Psychology, and that was when I really began to understand the true meaning of mental health and how important mental well-being is for development. There was a wide gap in my knowledge all throughout my elementary and high school years, due to a lack of education and support on mental health literacy. When I moved to Toronto in 2010 and started my undergraduate studies, I was even more surprised to find out that 1 in 5 students in Canada has a diagnosed mental illness and 1 in 10 children suffer from general anxiety disorder. These staggering statistics hold significant implications for us as educators of future generations, because we will have children in our classrooms who will experience anxiety and anxiety-related symptoms, and we will be responsible in one way or another for the academic, social, and emotional development of these children. It is my hope that what I learned from the participating teachers in my study can help prepare me as a beginning teacher to be responsive to my students' mental health needs and can contribute important insights into the pedagogical considerations the education system and teachers will need to account for in planning and practice. Finally, I hope to be a supportive resource for anxious students who desperately need that support and care from their teachers.

1.4 Overview

To respond to the research questions, I conducted a qualitative research study using purposeful sampling to interview three exemplary teachers about the social, emotional, and academic supports they provide in their classrooms for students with anxiety and anxiety-related symptoms. The teachers I interviewed met the following criteria: they had minimum 3 years teaching experience in a general education elementary classroom; they had current or previous experiences teaching students with anxiety or anxiety-related symptoms; and they had demonstrated leadership, commitment, and expertise in the area of supporting student mental health.

Chapter 2 contains a review of the literature in the areas of teacher mental health literacy and classroom-based mental health and anxiety support. Chapter 3 reviews the methodology and procedure used in this study including information about the sample participants and data collection instruments. In Chapter 4 I report the research findings, and in Chapter 5 I address the implications of the findings, make recommendations for practice, and identify areas for further study.

Chapter 2: LITERATURE REVIEW

2.0 Introduction

The literature review has been organized around five key themes that pertain to educators' feelings of preparedness in supporting young children with mental health problems and more specifically, children struggling with anxiety and anxiety-related symptoms. I begin this chapter by defining mental health and anxiety and discussing their prevalence amongst children and adolescents in Canada. Next, I talk about the important relationship between mental health and academic achievement, and anxiety and academic achievement, followed by the role of schools, in the prevention, identification, and intervention of mental health problems among students. I then review research on mental health education and anxiety awareness education for teachers and its widespread implications. Finally, I conclude the chapter by reviewing the research on teachers' preparedness in supporting students with mental health problems and summarize key considerations for promoting mental health literacy amongst educators and students, based on the literature.

2.1 Defining Mental Health and Understanding its Prevalence

The definitions of mental health vary across different domains of society, such as public policy, education, law and health care. The Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-V), the standard classification of mental disorders used by mental health professionals in North America, defines a mental disorder as:

A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities (American Psychiatric Association, 2013, p. 20).

On the other hand, the TDSB use the WHO definition of mental health, defined as “a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (World Health Organization, 2015). The American Psychiatric Association view mental illness as a deficit that causes significant impairment and distress to a person, whereas, the TDSB takes on a more positive, strengths-based view of mental health. Therefore, it is imperative that educators view and respond to students with mental health problems using a strengths-based approach rather than a deficit-based approach.

It is important to note that mental health problems do not occur at a single point in time, rather mental health can be seen as occurring along a continuum; so that in any given week, an individual’s mental health may fluctuate. The statistics show approximately 20 per cent (one in five) of children and youth have a mental health problem in Canada (Waddell, Offord, Shepherd, & Hua, 2002). This could mean that in a classroom of twenty students, four or five students may be experiencing a mental health problem, and two or three of them may have a problem that significantly interferes with their daily life (Ontario Ministry of Education, 2013). Although these statistics are quite alarming, researchers have yet to determine the number of children with conditions that do not meet the full diagnostic criteria for mental disorders in the Diagnostic and Statistical Manual of Mental Disorders IV (Koller & Bertel, 2006). This means that teachers in North America will have students in their class who may be experiencing mental health problems that are not severe enough to warrant a diagnosis, but are intense and frequent enough to impair learning. Survey results by Reinke, Stormont, Herman, Puri, and Goel (2011) provide support for this, indicating that 75 per cent of teachers in the U.S. have worked with or provided a referral

for a student with a mental health problem over a one year span, further illustrating the magnitude of the issue and the importance of meeting the mental health needs of our students.

2.1.1 Defining Anxiety and Understanding its Prevalence

Many children and adolescents experience anxiety in various situations, however this anxiety is often a normal physiological response to a stressor (Ontario Ministry of Education, 2013). For example, young children often experience separation anxiety when separated from parents or guardians, and adolescents experience anxiety about fitting in at school. Sometimes, however, anxiety changes from a typical adaptive response into a crippling reaction that can interfere with the student's ability to lead a normal life (Ontario Ministry of Education, 2013). Anxiety-related problems, just like other mental health problems, exist on a continuum from mild to severe. Mild anxiety is usually temporary and manageable, however, when feelings of worry and fear becomes persistent and severe, they can have a disabling effect on the student's engagement in classroom activities, learning potential, performance, and social relationships (Ontario Ministry of Education, 2013). Furthermore, the manifestation of anxiety differs between younger and older children. Research by Jarrett, Black, Rapport, Grills-Taquechel, and Ollendick, (2014) found that older children with Generalized Anxiety Disorder (GAD) generally reported similar levels of worry as younger children with the exception of greater school-related worry, trouble paying attention, and getting upset easily, whereas younger children reported greater harm avoidance than older children. Teachers reported greater learning problems and less happiness in older children (Jarrett et al., 2014).

Anxiety is actually one of the most common mental health disorders and is experienced by children, adolescents, and adults (Merikangas et al., 2011). Three types of anxiety disorders are extremely common amongst children: separation anxiety, generalized anxiety, and social

anxiety. GAD affects up to 10 per cent of children and adolescents (Keeton et al., 2009), and social anxiety disorder affects approximately 6 per cent of children (Ruscio et al., 2008) and 12 per cent of adolescents (Merikangas et al., 2011). Looking at some of the statistics above, these rates suggest that at least two or three students in any classroom may experience anxiety-related symptoms that will affect their social and academic functioning. Given the high prevalence of anxiety problems amongst children and adolescents, today's teachers need to be equipped with the appropriate knowledge and strategies to help these students meet with success in and outside of the classroom, because if left untreated, some anxiety disorders can lead to chronic impairment that extends into adolescence and adulthood (Ryan & Warner, 2012).

2.2 Interrelationship between Mental Health and Academic Achievement

Much of the research has found that positive mental health is a significant predictor of academic success in and outside of the classroom (Reinke et al., 2011; Walter et al., 2006; Whitley, Smith, & Vaillancourt, 2013). Greenwood, Kratochwill, and Clements (2008) emphasize the importance of schools in providing excellent settings for targeting children's mental health, their academic performance, and the important connection between them (as cited in Reinke et al., 2011). Given the magnitude of stressors children are faced with in their daily lives, schools now, more than ever, have a great responsibility to create an environment that is conducive to their social and emotional needs, because focusing on children's mental health and wellness promotion, literacy, and education has several documented benefits (The Toronto District School Board, 2013). In 2012, the TDSB conducted a survey with teachers and found that 97 per cent of the respondents reported that student emotional well-being is very/extremely important to academic achievement in school, highlighting the importance of this issue. Buote

(2009) further supports the link between mental health and academic achievement in her literature review commissioned by the Public Health Agency of Canada

We know that children who have greater social-emotional health experience greater overall success in life and have better abilities that can be used to overcome life's challenges; we also know that children who suffer from more mental health problems also have more adjustment problems in the area of health, school, self and home (as cited in Freeman, 2011, p. 11).

Children spend the majority of each day in the classroom. Although the primary objective of educators is to teach the curriculum, positive mental health and well-being is critical to learning as well as to social and emotional development (Koller & Bertel, 2006; Rothi, Leavey, & Best, 2008; Saklofske, Austin, Mastoras, Beaton, & Osborne, 2012). Researchers are in agreement that students with mental health difficulties are more likely to experience lower academic achievement, less school engagement and participation, poorer peer and family relationships, and are more likely to drop out of school (Meldrum et al., 2009; Vaillancourt & Boylan (in press); Volk, Craig, Boyce, & King, 2006, as cited in Whitley et al., 2013). Overall, there is a consensus in the research about the negative impact of poor mental health on academic performance and social-emotional development.

2.2.1 Interrelationship between Anxiety and Academic Achievement

Over the last 50 years, there has been a great deal of research on the relationship between anxiety and academic achievement more specifically. A general conclusion of this research is that anxiety causes changes in the brain-body system that actually inhibit students' ability to learn, however, some experts believe that anxiety impacts virtually every kind of cognition (Eysenck, Derakshan, Santos, & Calvo, 2007; Jarrett, Wolff, Davis, Cowart, & Ollendick, 2012). It should be noted that emerging research suggests that high levels of anxiety in normal and clinical samples may serve to diminish cognitive and attentional resources which are crucial to

learning (Eysenck et al., 2007; Jarrett et al., 2012). This has profound implications for learners and educators alike. Often, the experience of anxiety is primarily internal and symptoms of anxiety are difficult to detect (Ontario Ministry of Education, 2013). As such, new teachers may not even suspect that the child is suffering from a mental health problem, unless given the appropriate resources and/or training on how to detect common mental health symptoms, including anxiety-related symptoms. Furthermore, certain environmental factors can trigger symptoms of anxiety in students, and so it is important that teachers are aware of these triggers. For example, research has found that the absence of routines can aggravate anxiety symptoms in children with anxiety disorders (Brewer, Gleditsch, Syblik, Tietjens, & Vacik, 2006). Given that students' anxiety interferes with their learning, and is perceived as an issue that teachers feel they need more training on, the crucial concern is how it might be dealt with in the elementary classroom (Walter et al., 2006).

2.3 Mental Health Support in Schools

Mental health of students is the “number one issue facing schools today,” according to the Canadian Coalition for Children and Youth Mental Health (Brown, 2011, p. 1). Schools play a significant role in the prevention, identification, and intervention of mental health problems among students (Whitley et al., 2013). The first signs that children are struggling with mental health problems are likely to surface in the school environment (Ministry of Health and Long-Term Care, 2011). Mental health problems interfere with learning and social development, and for that reason it is essential to support students' mental health through school-based prevention and intervention practices (Dwyer, 2004; Ministry of Health and Long-Term Care, 2011). School boards in Sault Ste. Marie, Ontario, have taken initiative and partnered with community-based mental health and addictions agencies and health care services to provide strengths-based,

person-centered services for students early on, to build resiliency and improve mental health. The network of services is introduced in kindergarten; JK and SK teachers in 27 elementary schools have been trained to teach children a variety of different skills, including how to make friends, express their feelings and solve problems. Over 500 children have been through the program, and schools are seeing a substantial difference (Ministry of Health and Long-Term Care, 2011).

Initiatives like the one implemented in Sault Ste. Marie, Ontario, are developed based on the promotion of mental health, as opposed to the prevention of mental illness. However, such initiatives are not being implemented at the scale and frequency that is required in order to see a province-wide improvement in children's mental health and well-being. On the one hand, Wells, Barlow, and Stewart-Brown (2003) reviewed 17 studies that focused on the universal approach to mental health (programs aimed at improving the mental health of the whole population of children) and mental illness prevention programs or interventions (programs aimed at improving the mental health of either children 'at-risk' of mental health problems or children with actual diagnoses) in schools; their review provided support for programs that adopted a universal approach, were consistently implemented for more than a year, and were aimed at the promotion of positive mental health as opposed to the prevention of mental illness. In contrast, several meta-analytic reviews have shown that mental illness prevention programs for children and adolescents produce significant advantages by reducing the rates of social, behavioural, and academic problems (Anderson, Weisz, Sandler, Durlak, & Anton, 2005). In light of this, it is important to note that although research has come a long way and we now have more knowledge of evidence-based interventions, we are not seeing a province-wide improvement in children's mental health because "the widespread adoption and implementation of evidence-based practices

and interventions to both promote children's mental health and intervene with children with specific issues has not occurred" (Reinke et al., 2011, p. 1). Ultimately, the decision of which approach to take is of the school boards to make, but it is equally important to adopt an evidence-based approach that has been supported by research.

2.4 Mental Health Education for Teachers

Teachers have admitted their knowledge about general mental health issues and common child and adolescent mental illnesses is limited (Koller & Bertel, 2006; Rothi et al., 2008; Walter et al., 2006; Whitley et al., 2013). Roness and Hoagwood (2000) emphasize that university-based pre-service educational training programs typically do not effectively prepare and provide teachers with the knowledge, skills, or field experience that is required to work with children with mental health needs in the classroom. Teachers are typically required to complete a basic child development or general psychology course that has minimal practical application to the classroom (Koller & Bertel, 2006). Several researchers have found that a majority of teachers reported they only had "minimal", if any, specific competency-based training, both while in school and throughout their professional careers, regarding the identification of the variety of mental health problems children are facing today, e.g. stress, depression, anxiety, and bullying (Koller & Bertel, 2006; Walter et al., 2006). It is important to note that other research has found that a majority of teachers have received "moderate" education or training on behavioural interventions (Reinke et al., 2011). What is interesting about these studies is that the overall average years of teaching experience of participants ranged from 13 to 15 years, indicating that experienced teachers, too, felt a gap in their knowledge about mental health issues (Reinke et al., 2011; Walter et al., 2006).

The literature highlighted a few areas in which teachers felt additional knowledge and skills training was necessary: (1) strategies for working with children with externalizing behavior problems, (2) recognizing and understanding mental health issues in children, (3) training in classroom management and behavioural intervention, and lastly (4) “training in engaging and working effectively with families” (Reinke et al., 2011, p. 7). Koller and Bertel (2006) suggest that university courses should focus on the classroom application of child development theories and psychological principles “associated with the specific mental health needs of children and adolescents” (p. 209). Examples of topics that should be covered are:

What is mental health and why does it belong in schools, mental health vs. mental illness, school violence and bullying, the importance of social emotional health, creating the emotionally healthy classroom, mental health interventions in schools, crisis intervention (individual and group), building resiliency in students, and teacher wellness-management (Koller & Bertel, 2006; p. 209).

Across Canada, many initiatives have been developed to help teachers identify and deal with mental health issues, however the type of training, curriculum, and method of instruction that will be most effective with regards to expanding teachers’ mental health knowledge has not yet been determined, emphasizing a gap in the research of mental health training for teachers (Whitley et al., 2013). Whatever the approach taken by the program, it is important that initiatives incorporate content related to mental health literacy in existing courses, rather than simply adding additional courses to already intensive Bachelor of Education programs. On-going professional learning for teachers and school staff is critical for effectively preparing them, in pre- and in-service settings. Given the current prevalence of mental health problems amongst children and adolescents, and the impact mental health challenges have on learning and social-emotional development in the classroom, it would be highly unlikely for educators to have no knowledge or awareness of mental health challenges. That being said, Canadian educators are

currently researching programs that would yield the best outcomes in terms of supporting students' mental health and preventing the development of mental health illnesses (Whitley et al., 2013).

2.4.1 Anxiety Awareness Education for Teachers

Only a few studies exist that directly assess the views of educators with regard to anxiety issues in the elementary classroom. Recently, in 2012, the Canadian Teachers' Federation, in collaboration with the Mental Health Commission of Canada, conducted a survey of more than 3,900 teachers across Canada, in which the results indicated that a majority of teachers perceived that mental health issues, such as stress, ADHD, anxiety, and depression, were serious concerns in their schools. In addition to that, "87 per cent of teachers agreed that a lack of adequate staff training in dealing with children's mental illness is a potential barrier to providing mental health services for students in their schools" (Whitley et al., 2013, p. 59). When the TDSB surveyed 900 staff members in 2012, they found that 44 per cent of them reported that "anxiety" was their top concern. In order to address this widespread concern, the school board developed a mental health strategy in 2013 with a goal of offering 100 per cent of school staff including administrators, teachers, and support staff, professional development and training on the mental health topics of anxiety, depression, self-harm and suicide by June 2015 (Toronto District School Board, 2013). Having spoken to my last associate teacher, during my Winter 2016 practicum placement, I was told that this training target has not yet been achieved, as she did not receive any professional development related to mental health.

In light of this, all TDSB staff members currently have to participate in an Anxiety Awareness Module; a 30-minute module on everything educators need to know about anxiety in students and what they can do to support them. The purpose of this module is to raise awareness

around the topic of anxiety, and the learning objectives are for participants to gain an understanding of the physical, social, emotional and cognitive signs of anxiety, to better recognize indicators of anxiety in students and gain some insight about how to support students who experience anxiety (Toronto District School Board, 2014). In addition, a half-day training session is offered for staff who wish to delve deeper into the topic of anxiety. After staff members have participated in the workshop, they are required to fill out an Anxiety Awareness Module Feedback Form (include in Appendix) which asks them to rate their level of agreement with various statements under the following categories: *knowledge/skills*, *practices*, and *attitudes/beliefs*. In addition, the feedback form asks participants to state any additional information they would like or need about the topic of anxiety. It is expected that the TDSB will use this feedback to inform future professional development and training sessions.

However, due to the rise of anxiety and anxiety-related symptoms amongst our students, it is no longer sufficient to provide “one-off” workshops to teachers with facts about mental health and expect practices to change significantly in school systems (Whitley et al., 2013, p. 65). Teachers could not possibly gain much information about effective ways to support students with anxiety, within such a short amount of time. Although many teachers in Canada have received some kind of training on mental health, studies continue to document the lack of effectiveness on the part of teachers with respect to knowledge of mental health topics (Whitley et al., 2013). However, it is important to note that recent improvements may not have been included in research that has already been published. Despite this, there is very little Canadian research that investigates the efficacy of different programs or strategies that teachers are currently using in the classroom to support students with anxiety and anxiety-related symptoms. Further research on this topic is needed to help inform specific training needs for teachers.

2.5 Teachers' Preparedness in Supporting Students with Mental Health Problems

Canadian educators are currently researching effective strategies to prevent the development of mental health problems and to support students who show symptoms of mental health problems (Whitley et al., 2013). However, for any approach to be successful, school staff need to be well trained, have the appropriate knowledge and skills to support these students, and know the appropriate steps to take to both help students become more confident in participating in classroom activities while ensuring they are receiving the care they need (Whitley et al., 2013). Ever since the focus of educational policy has shifted towards inclusion, teachers are increasingly finding themselves dealing with children with a variety of emotional and behavioural needs in the classroom, further increasing the demands placed on teachers (Rothi et al., 2008). A teacher's challenge then is to not only teach the curriculum, but to also facilitate the development of a positive self-concept amongst students (Koller & Bertel, 2006; Rothi et al., 2008).

The literature seems to be in agreement that teachers feel they lack the skills and expertise to provide effective support to students with mental health problems (Reinke et al., 2011; Toronto District School Board, 2013; Walter et al., 2006). This seems to not be limited to North American contexts either. Rothi et al. (2008), for example, conducted a survey of elementary teachers in the UK and also found that a majority of teachers felt they did not have the appropriate skills to recognize mental health problems amongst students. The narratives indicated that teachers were concerned by the possibility of these problems going unnoticed, leading to the escalation of more serious mental health issues. Furthermore, Rothi et al. (2008) cite inexperience as a barrier to identifying mental health problems in students, stating that:

...While experienced teachers may be able to rely to some extent on their experience to help in the identification of mental health difficulties, newly qualified teachers have limited work experience to draw upon and therefore do not have this option (p. 1226).

Other research has cited lack of information/training as one of the most significant barriers to successfully managing mental health problems in their classrooms (Walter et al., 2006). It would be highly beneficial to investigate whether work experience or training is the most effective avenue for learning about mental health, given that comparison studies in this area do not exist. It may be that experienced teachers rely on their experience for the initial identification of mental health problems, but new teachers do not have this experience to fall back on and consequently struggle with the identification of mental health problems. Further research needs to be conducted in order to determine the most effective avenue for learning about mental health for new and experienced educators.

2.5.1 Suggestions for Promoting Mental Health Literacy amongst Educators and Students

Teachers are not commonly trained or responsible for providing therapeutic services and interventions to students (Whitley et al., 2013). However, given the significant influence that educators have on the development of children and the numerous documented links between academic and psychosocial development, a sustained, research-based focus on effective ways of promoting mental health literacy among teachers will help Canadian children and youth to reach their potential (Whitley et al., 2013). As a first step, educators need to become familiar with the terms that children use to describe mental health problems and stress symptoms. For example, younger children often label symptoms of anxiety using physiological terms such as headaches or stomach aches. In addition, asking children questions such as “What’s the best thing that happened to you in the past few weeks” or “What’s the worst thing that happened?” and “How

has that made you feel?" can help educators understand their students' mental health better (Sharrer & Ryan-Wenger, 2002, p. 26).

Other research also explores the promotion of mental health literacy in schools, but draws attention to the important role of school nurses, as opposed to educators, in mental health education, prevention, and early intervention. A mental health education program that was designed, implemented, and delivered by school nurses to various grade 5 and 6 classes in public schools in Oregon, USA, revealed significant improvements in students' knowledge of mental health and mental illness (DeSocio, Stember, & Schrinksky, 2006). The program included six 45-minute modules, delivered over the span of six consecutive weeks (DeSocio et al., 2006). Similarly, other researchers conducted a feasibility study examining the short-term impact of implementing a new mental health curriculum to develop elementary students' knowledge and attitudes regarding mental health, in which the results also indicated improvements in the knowledge and attitudes of students in grades 4 to 7. The curriculum included 4 hourly sessions each week for 16 weeks (Lauria-Horner, Kutcher, & Brooks, 2004). Students' knowledge of help-seeking behaviour strategies also improved; they became less reluctant to ask for help and discuss their emotions (Lauria-Horner et al., 2004). Wells et al. (2003) provide further support for the effectiveness of whole-school approaches to mental health that aim to involve everyone in the school including students, staff and families, as opposed to mental health programs that only aim to impact the behaviour or mental health of the students. In light of this research, it is important to recognize that teachers play as important a role in educating about mental health as do administrators, school health care providers, parents and the community.

2.6 Conclusion

The growing body of literature on young children facing mental health challenges, and anxiety challenges in particular, highlights the significant role educators play in understanding and preventing children's mental health issues in their classrooms. Ultimately, the literature I have examined provides strong support for the lack of preparedness educators experience when understanding and dealing with students with mental health problems and anxiety problems in particular. The large proportion of children and youth struggling with anxiety and anxiety-related symptoms coupled with the lack of mental health literacy and anxiety awareness expressed by teachers in various studies support the need for this present research project. Although many teachers in Canada have received some kind of mental health training, the majority of research still points towards a gap in their knowledge with respect to mental health issues. However, since the studies cited in this literature review were conducted during the years 2000-2014, recent improvements may not have been captured by the research; it is also possible that the training in place is not as effective as imagined.

The material covered within anxiety awareness training needs to reflect the gaps in understanding that is evidenced in the literature. In addition, although teachers may gain knowledge and understanding of anxiety and anxiety-related symptoms as a result of their participation in a particular program, how this affects their future actions within the classroom has yet to be determined. Although mental health awareness initiatives are being implemented in Ontario schools, it will take several years before a province-wide approach is adopted and all teachers receive effective training on anxiety awareness and feel confident in their abilities to support students with anxiety. Given the gap in the research of effective classroom strategies to support young students with anxiety; my topic of the ways in which elementary teachers support

students who are struggling with anxiety and anxiety-related symptoms in the classroom, will provide a comprehensive glimpse of educators' positive experiences supporting young children's mental health.

Chapter 3: RESEARCH METHODOLOGY

3.0 Introduction

In this chapter I describe the research methodology. I begin by reviewing the research approach, procedures, and data collection instruments, before elaborating more specifically on participant sampling and recruitment. I explain data analysis procedures and review the ethical considerations pertinent to my study. In addition, I identify a range of methodological limitations, but I also speak to the strengths of the methodology. Finally, I conclude the chapter with a brief summary of key methodological decisions and my rationale for these decisions, given the research purpose and questions.

3.1 Research Approach and Procedures

This study aimed to determine how teachers support students with anxiety and anxiety-related symptoms in the classroom. More specifically, I focused on how teachers identify students who are exhibiting anxiety symptoms and which strategies they feel are effective in helping to manage the child's anxiety and contribute to their academic success. This research study was conducted using a qualitative research approach, involving a literature review and semi-structured interviews with teachers who have experience teaching and supporting students with anxiety problems. Upon completion, the interviews were transcribed and coded, and the data was analyzed using my research questions and the literature review as an interpretive lens.

Qualitative methods allow researchers to more comprehensively study how teaching and learning occur in dynamic classroom environments (Klehr, 2012). A qualitative research approach allows the researcher to represent the participants' realities of social phenomena (Schwandt, 1997). This research method was suitable for my study as it allowed me to understand teachers' lived experiences in dealing with students' anxiety in the classroom, gather

various perspectives of how to identify and manage students with anxiety symptoms, and understand what works and what does not, based on participants' perspectives and experience.

3.2 Instruments of Data Collection

The primary instrument for data collection used in this study was a semi-structured interview protocol (see Appendix B). Semi-structured interviews were the most effective way to gather detailed information about teachers' practices and attitudes regarding my topic. More importantly, interviews afforded the opportunity for me to learn practical strategies for supporting students' mental health as a beginning teacher. The interview protocol included five sections. The first section consisted of close-ended questions designed to gather information regarding the background of the interviewee. The subsequent three sections consisted of open-ended questions that provided my participants the opportunity to share their experiences of supporting and managing students with anxiety and anxiety-related symptoms in their classrooms. My final section looked at the challenges my participants may have faced while supporting these students, and their thoughts regarding the development of professional development programs to better meet the needs of current and new teachers.

Semi-structured interviews are a valuable research method because they provide the researcher with in-depth insight into the topic. Given the findings that have been published in research studies, I felt that looking closely at the practice of a few exemplary teachers would serve as a powerful guide to new and practicing teachers to develop confidence in supporting students with anxiety symptoms. For this reason, semi-structured interviews were used, to provide the interviewee with several opportunities to elaborate on points of interest. The strength of semi-structured interviews is that they allow the interviewee to develop ideas and speak more widely on the issues raised by the researcher (Denscombe, 2003). Interviews offer flexibility as a

method of data collection because they allow the researcher to make adjustments to the direction of the conversation, based on what the participant is saying. In addition, interviews have high validity because direct contact at the time of the interview means that data can be checked for accuracy and relevance once collected. Lastly, interviews only require basic equipment and conversation skills which most researchers already have (Denscombe, 2003).

Some additional instruments that were used for data collection included a smart phone audio recording application, as well as a laptop microphone as a backup. In addition to the audio recording, I wrote detailed notes throughout the interviews to describe the participants' non-verbal cues such as body language and tone of voice. Each interview was transcribed electronically and provided to the participant for review.

3.3 Participants

Here I review the sampling criteria I established for participant recruitment and I review the avenues for teacher recruitment. I have also included a section in which I introduce each of the participants.

3.3.1 *Sampling Criteria*

In order to learn how teachers support students with anxiety in the classroom, I interviewed exemplary teachers who have experience teaching and supporting students with anxiety symptoms. The participants were selected based on the following criteria: minimum of 3 years teaching experience in a general education elementary classroom; current or previous experiences teaching students with anxiety or anxiety-related symptoms; and demonstrated leadership, commitment, and expertise in the area of supporting student mental health. I chose to interview teachers who have teaching experience in a general education classroom because I was

interested in investigating how general education teachers meet the needs of students with anxiety while balancing the various other demands of this profession. More importantly, research emphasizes that teachers typically spend the first few years of their career trying to cope with their new role as professionals. It is only after the first few years of teaching that teachers gain more confidence in their practice and attrition rates decrease (Caspersen & Raaen, 2014). For this reason, I decided to interview teachers who have a minimum of 3 years teaching experience. Furthermore, my participants were required to have demonstrated expertise and commitment in this area to ensure that they have a wealth of knowledge, experience, and practice to speak to in the interview. I chose this criterion to collect data that will help educate myself and other novice teachers about effective and practical strategies for students with anxiety.

3.3.2 Recruitment Procedures

For this study, I used purposeful sampling to recruit participants. This means that the researcher selects participants and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study (Creswell, 2013). To recruit participants I posted an overview of my research study and participant criteria on the Ontario Teachers group on Facebook (Ontario teachers resource and idea sharing group, 2007). Several teachers contacted me, but only two met the criteria I was looking for. I arranged to meet Becca and Jen separately, outside of school, at a time and place of their convenience.

3.3.3 Participant Biographies

My first participant, Becca had nine years of teaching experience in the general education classroom, as well as in the Section 23 program. The TDSB Section 23 Programs serve students who require their educational needs to be met outside of the regular school system, in specialized

settings such as hospitals, treatment facilities, corrections, etc. At the time of the interview she was teaching Senior Kindergarten and Grade 1 in a school in the Greater Toronto Area. She had taught two students with diagnosed anxiety disorders, but believed that there were many students she supported who did not have a medical diagnosis.

Jen, my other participant, had seventeen years of experience teaching in the general education classroom, ranging from Kindergarten to Grade 8. At the time of the interview she was teaching a Grade 3/4 class in a school in the Greater Toronto Area. Jen had taught five students that were diagnosed with anxiety disorders, and also had a son in Grade 6 who has GAD.

3.4 Data Analysis

Data was collected during individual face-to-face interviews at a coffee shop. The interviews were audio recorded and transcribed immediately after. Once the data is transcribed, it is the task of the researcher to begin coding the data or aggregating it into categories of data. Once transcription of the interviews was complete, I read the transcripts several times in order to identify significant themes in relation to my research questions. Seidel and Kelle (1995) view the role of coding as identifying relevant phenomena, collecting examples of those phenomena, and analyzing those phenomena in order to find commonalities, differences, patterns, and structures. After a list of codes had been developed, the next step involved working to reduce and synthesize them into categories and then themes (Creswell, 2013). After also reviewing the null data or what the participating teachers did not speak to, I identified 7 themes (see Chapter 4). A later stage of the analysis involved the meaning making process, whereby I spoke to the significance of the findings in light of the existing literature.

3.5 Ethical Review Procedures

At the beginning of each interview, I reviewed my research topic with the participants and informed the participants that they could refrain from answering any question, reminded them that they would have the opportunity to review the transcript at a later date, and I reminded them that they could choose to withdraw from the study at any point during the research process. All participants were assigned a pseudonym and any identifying markers related to their schools or their students have been excluded.

There were no known risks associated with participation in this study. However, it was possible that a particular question could have triggered an emotional response from a participant, thus making them feel vulnerable. It is the task of the interviewer to be sensitive to the feelings of their participant (Denscombe, 2003). I minimized this risk by reassuring them throughout the interview and in the consent letter, that they had the right to refrain from answering any question that they did not feel comfortable with, and I re-stated their right to withdraw from participation.

Participants also had the opportunity to review the transcripts and to clarify or retract any statements before I conducted data analysis. All data was stored on my password-protected phone and laptop and will be destroyed after 5 years, and the only person who has access to the research data is my course instructor. Participants were asked to sign a consent letter (see Appendix A), giving their consent to be interviewed as well as audio recorded. The consent letter provided an overview of the study, addressed ethical implications, and specified expectations of participation.

3.6 Methodological Limitations and Strengths

As with any type of research, this study had several limitations. The sample size of this study was very small, meaning the findings were specific to my participants and their

classrooms. Although the goal of this research was not to identify practices that are generalizable across all schools and teachers, conducting more interviews across different school settings may have strengthened the validity of this study. Including more participants may have led to a more thorough understanding of the current practices of teachers regarding identification and accommodations for students with anxiety in Ontario schools.

The study was also limited in terms of time, due to the course deadlines outlined by the Master of Teaching program. Firstly, many areas were not explored, because the interviews were limited to approximately 20 to 25 questions. Secondly, due to constraints of time, the effects of the strategies described by participants cannot be tracked over time, but may have provided greater insight into their efficacy at supporting students with anxiety and anxiety-related symptoms.

Although interviews have great potential as a data collection tool, they also have several limitations according to the literature. Analyzing data from interviews is difficult and time consuming, since transcribing and coding occurs after the data has been collected (Basit, 2003). The interviewer effect can lead to biased responses and what people say they do may not necessarily align with what they actually do. Finally, some participants may feel uncomfortable speaking due to the recording devices, and this can also skew the data collected (Denscombe, 2003).

Given the scope of this Master of Teaching research project, I was required to focus solely on teachers' experiences rather than the students'. For this reason, this study lacks the voice of the students. Given the ethical approval guidelines, I was also limited to using a single research method (interviews). Observing the classroom environment and teaching strategies may have provided more depth to the research study and allowed for a greater representation of voice.

The main strength of this study was that it was qualitative in nature, thus allowing me to focus on teachers' lived experiences and to obtain rich data directly related to my research questions. Through the use of semi-structured interviews, I was able to gain valuable insight on the lived experiences of teachers and their attitudes, values, motivations, and concerns regarding anxiety problems in the classroom.

Interviews are also a great opportunity for teachers to reflect on their own practices and to make meaning of their own lived experiences. Often times, teachers end up making decisions in the classroom without necessarily reflecting on why they are making these decisions. By having teachers participate in interviews in which they are being asked questions about their practice, interviews can be an opportunity for teachers to think about the rationale behind their pedagogical decisions.

3.7 Conclusion

In this chapter, I discussed some of the key methodological decisions I made regarding my research study. Given the purpose of my research, I conducted a qualitative study using semi-structured interviews, in order to gain in-depth insight into how teachers support students exhibiting anxiety symptoms in the classroom. To obtain data pertaining to my research question, I interviewed two exemplary teachers who fulfilled the following criteria: minimum 3 years teaching experience in a general education elementary classroom; current or previous experiences teaching students with anxiety or anxiety-related symptoms; and demonstrated leadership, commitment, and expertise in the area of supporting student mental health. I recruited participants through purposeful sampling, by posting an overview of my research study on the Ontario Teachers group on Facebook. Participants were given all of the necessary information about content, consent, and confidentiality, and all efforts were made to ensure their comfort and

willingness to participate in the interview. In the next chapter, I report my research findings and discuss their significance in light of existing literature.

Chapter 4: RESEARCH FINDINGS AND DISCUSSION

4.0 Introduction

In this chapter, I report and discuss the findings from two face-to-face interviews conducted with elementary school teachers currently working in Toronto. The interview data was analyzed through the lens of my main research question focused on how elementary teachers support students who are struggling with anxiety and anxiety-related symptoms in the classroom. I organized the research findings into seven overarching themes: 1) Teachers drew upon personal experience with anxiety and mental health problems when recognizing and learning how to recognize anxiety in children, 2) Teachers recognized that anxiety manifests differently in children, 3) Teachers observed that effective strategies for supporting the academic success of students who experience anxiety included teaching organizational skills, giving positive and specific feedback, and implementing routines, 4) Teachers observed that effective strategies for supporting the social and emotional needs of students who experience anxiety included explicit teaching of what emotions look and feel like, with accompanying body cues, developing emotional intelligence by role playing, and teaching strategies for self-regulation, 5) Teachers faced a range of challenges that included under-diagnosis of anxiety, systemic problems and insufficient resources within the education system, and parents not knowing how to advocate for their children, 6) Teachers consulted a wide range of sources, with varying effectiveness, to further their knowledge about students with anxiety, and 7) Teachers observed positive outcomes from students who learned to manage their anxiety in the form of improved social-emotional learning and awareness. I further organized themes into sub-themes that report on the trends and nuances found within each theme. The chapter is organized using the themes as headers and sub-themes as sub-headers.

4.1 Teachers drew upon personal experience with anxiety and mental health problems when recognizing and learning how to recognize anxiety in children

In order to identify students who struggle with anxiety, it is important for teachers to have an understanding of what the experience of anxiety looks like, sounds like and feels like. Both participants identified similar experiences that helped shape their ability to recognize anxiety in children. Within this theme, I identified four sub-themes that both participants addressed: 1) Teachers relied on personal experience with anxiety when recognizing it in children, 2) Teacher education programs did not educate and prepare teachers on topics in mental health, 3) Most graduates from teacher education programs obtain their Special Education Additional Qualifications, which helps prepare teachers in special education and mental health topics, and 4) Building a collaborative relationship with parents helped teachers recognize and respond to students' needs.

4.1.1 Teachers relied on personal experience with anxiety when recognizing it in children

A major commonality between the two teachers was their personal experience with anxiety that played a significant role in their learning of anxiety identification, response and support in students. Becca struggled with anxiety in her own childhood, but she felt that it actually helped her in her teaching because she has been better able to identify and understand anxiety in her students, having experienced it herself. In her words: "I just kind of get it with the kids." Similarly, Jen also expressed that she has a personal connection, as she has a son in elementary school who has been diagnosed with GAD. In her words: "Part of it is that I have a son with anxiety... so that helps." On the one hand, they both spoke at length about their reliance on prior knowledge and experience with anxiety when identifying it in students and responding

to their needs. On the other hand, however, Becca emphasized that not all teachers have this personal experience to draw upon:

I think if you're somebody who just kind of gets it, then we don't need that specific course, but there's a lot of people who've never had any issues with that...they've never had any of those problems. So they really don't get it with the kids or wouldn't recognize it or they don't have the patience for it or the time for it. And I see that a lot.

It was evident throughout the interviews that for these educators, personal experience and vested interest were starting points for successful identification and support of students with anxiety.

The insights shared by Becca and Jen support what the research tells us with respect to new and experienced teachers' confidence in anxiety identification and support. Several studies have found that experienced teachers, too, feel a gap in their knowledge about mental health issues, including recognizing it in students (Reinke et al., 2011; Walter et al., 2006). Certainly, both participants acknowledged that they are an exception and that most teachers do not provide students with anxiety the support they need, for various reasons. In a study by Rothi et al. (2008), they found that while experienced teachers rely on their experience to help with the identification of mental health challenges, newly qualified teachers have limited work experience to draw upon and consequently rely on strategies they feel work for them. However, the researchers emphasized that the most commonly used strategy, in which teachers use their experience of normative behaviour, intuition and/or notions of common sense, can be problematic because "social norms are fluid and contextual and are likely to change over time" (Rothi et al., 2008, p. 1225). Both participants expressed concern over a lack of experience and lack of commitment to mental health that other teachers experience. Becca in particular was very concerned that many teachers do not understand that anxiety is a real issue that needs to be addressed in the classroom.

4.1.2 Teacher education programs did not educate and prepare teachers on topics in mental health

There is a seeming consensus between the two research participants that there is need for a more comprehensive approach to preparing teachers in mental health topics in teacher education programs. Becca recalled touching upon mental health topics briefly within different teacher education courses, yet she still emphasized the need for a specific course because of the increased prevalence of mental health challenges amongst young children. She explained,

...it wasn't a specific subject area. Like, it was certainly within different courses, like we had a Social Justice course that was really good about being aware of those kinds of things, but it wasn't really a specific area, and I think it should be.

On the other hand, Jen did not recall learning about any mental health topics during her teacher education program. She mentioned that there was only one day devoted to Special Education over the course of her year-long teacher education program. Unfortunately, this finding is consistent with the literature across North America, as most researchers have found that a majority of teachers have only received “minimal”, if any, specific competency-based training, in school, regarding the identification of the variety of mental health problems children are facing today, e.g. stress, depression, and anxiety (Koller & Bertel, 2006; Walter et al., 2006). Although the insights and experiences of both participants align with the literature, it is important to note that with the recent push towards mental health awareness and education for teachers at the board level, recent improvements in teacher education programs may not have been included in research that has already been published.

4.1.3 Participants believed that most graduates from teacher education programs in Ontario obtain their Special Education AQ and they believed that this helps prepare teachers for addressing mental health

Both participants spoke about the immense value the Special Education Additional Qualification brings to their everyday work. Both Jen and Becca obtained their Special Education Additional Qualifications soon after graduating from their teacher education programs. Because they both taught in schools with a high needs population, they further emphasized the importance and value of having this AQ “under your belt” especially when teaching in a large metropolitan city such as Toronto. Although they both expressed support for this additional training, they also hesitated about it as the complete solution. Jen in particular was very distressed by the fact that most graduates from teacher education programs “pretty much immediately will go get their Special Education qualifications because it’s such a need.” She believed that it was important for teacher education programs to better prepare educators by including a full course on special education and mental health.

While research has found a gap regarding mental health education in teacher education programs, it is important to note that rather than simply continuing to add courses to already intensive programs, research in the area of teacher education needs to explore “thoughtful ways of training teachers more effectively” (Whitley et al., 2013). For example, infusing content that is related to mental health literacy into existing courses such as Health and Physical Education is an approach that has been supported by many researchers (Loreman & Earle, 2007; Voltz, 2003; Woloshyn, Bennett, & Berrill, 2003, as cited in Whitley et al., 2013). With the recent shift towards a two-year Bachelor of Education program in Ontario, it is important to think about how

more instruction and content devoted to mental health can be addressed within program structures.

4.1.4 Building a collaborative relationship with parents helped teachers recognize and respond to students' needs

Communication with parents is an essential part of teaching, and both participants acknowledged the importance of parental involvement when working with students with anxiety disorders. Both Becca and Jen reported that at least one parent of a student diagnosed with an anxiety disorder had approached them in regards to their child's needs, and that they found it helpful in working with that student. Becca taught a boy in Grade 3 who had been diagnosed with Asperger's Syndrome as well as an anxiety disorder. When asked how she learnt about the students' anxiety disorder, she told me: "his mum told me about it, before I even met him." Similarly, Becca believed the most important role of schools and teachers in supporting student mental health is working collaboratively as part of a "team with the parents, the child, the school."

Meeting with the parents and building a relationship with both the student and the parents before the school year began was a way that Jen began to think about and develop strategies to help her student. She also met with the parents of students she suspected were struggling with anxiety: "I've had parents where I've said 'Hmm I think there's something going on there' and they may have been diagnosed down the road." The Ontario Ministry of Education (2013) document *Supporting Minds* reinforces that:

While educators play an important role in identifying signs of potential mental health problems, they do not work alone. A team approach by the parent(s)/guardian, other school staff, and sometimes specialists from the board and community is imperative in addressing these problems (p. 19).

It is therefore essential, according to both participants, to involve parents in the dialogue and planning of how best to address the needs of the student.

4.2 Teachers recognized that anxiety manifests differently in children

The nature of anxiety disorders is quite complex, as it manifests differently in children, adolescents, and adults. Both participants emphasized that symptoms of anxiety can be so varied that the experience of anxiety in one child may look and feel completely different to that of another child. Within this theme, three sub-themes were identified, that both participants addressed: 1) Teachers observed a range of emotional and physiological indicators of anxiety in children, 2) Teachers recognized the display of avoidance behaviours as a common indicator of anxiety, and 3) Teachers observed a hereditary element of anxiety in children with mothers with anxiety problems.

4.2.1 Teachers observed a range of emotional and physiological indicators of anxiety in children

Given that anxiety manifests differently, the experience of anxiety can differ greatly from one child to the next. The teachers I interviewed recognized the complexity and range of possible emotional and physiological indicators of anxiety in children. Both Becca and Jen, for example, specifically identified the following symptoms as common indicators of anxiety: perfectionism, fear of making mistakes, flat affect, withdrawn, never over-excited, excessive worrying, avoidance behaviours, overexaggeration to a minor event, lack of confidence, self-blame, freezing up, and headaches. However, they both noted that older children tend to display more perfectionist behaviours, whereas younger children displayed more avoidance behaviours. Becca stressed that “anxiety exists in really little kids and in bigger kids and it shows up differently.”

Similarly, Jen emphasized that “every kid deals with it differently” when asked what anxiety means to her and what she includes within that term. Some of the symptoms that children with anxiety experience include cognitive and emotional challenges such as constant feelings of worry and fear, physiological symptoms such as muscle tension or headaches, and/or a combination of emotional and physiological symptoms (Keeton et al., 2009).

Few studies have examined differences in the manifestation of an anxiety disorder between younger and older children, however, research by Jarrett et al., (2014) closely aligns with the findings of this study. Older children with GAD generally reported similar levels of worry as younger children with the exception of greater school-related worry, trouble paying attention, and getting upset easily, whereas younger children reported greater harm avoidance than older children. Teachers reported greater learning problems and less happiness in older children (Jarrett et al., 2014). Becca has taught many students with anxiety in her career, describing them as “withdrawn or they’re not overly happy kids, they’re just kind of flat kids.” On the other hand, Jen did not describe any of her students with anxiety as withdrawn or sad. Overall, these findings serve as an important reminder that anxiety is associated with different characteristics, and that teachers need to be mindful of tailoring their response towards each child according to their unique needs.

4.2.2 Teachers recognized the display of avoidance behaviours as a common indicator of anxiety

In addition to recognizing emotional and physiological indicators of anxiety, both teachers also recognized various avoidance behaviours as common indicators of anxiety. Participants discussed specific examples of avoidance to try new things in social and academic settings. When asked to describe some of the symptoms she initially noticed that made her think

that a student may have anxiety, Jen described “avoidance as being a big thing...avoiding school or avoiding work in general...avoiding specific social scenarios or new instances.” Similarly, Becca also highlighted the presence of avoidance behaviours in the Grade 3 student she taught: “He’s probably a perfectionist...that he didn’t want to do it wrong, so if he didn’t think he could do it perfect he wouldn’t even start it.” This finding aligns with the research of Jarrett et al. (2014) that found greater harm avoidance and perfectionism in younger children as compared to older children. The researchers suggested that early onset of GAD may be related more to dispositional characteristics of avoidance and perfectionism rather than environmental factors, because school demands are often limited in the 7–9 age range (Jarrett et al., 2014).

While avoidance behaviour is one of the major indicators of anxiety, it is also often the one teachers struggle with the most, according to both participants. Jen voiced her concerns about parents who worry excessively and do not allow their children to experience things and make mistakes on their own but rather “hover over and save them.” She thinks that student avoidance behaviours are perpetuated by environmental factors: “If kids are left out to play, they develop those social skills to solve a lot of those problems they have.” Jen advocates for free-range parenting and allowing children to make mistakes so they develop resiliency skills. She has worked with mothers who are excessively overprotective of their children, and she believes “that’s a factor from a society perspective” for shaping the student’s experience of anxiety. Keeton et al., (2009) suggest that parent behaviours have an impact on childhood anxiety; overprotective parents can be problematic because they unconsciously increase the child’s fear of the stimulus, increasing the child’s avoidance of the feared stimulus, and consequently preventing the development of key coping skills. For example

Does the parent limit autonomous behaviour, for example, by speaking for the child or allowing the child to sit on their lap? Does the parent implicitly encourage anxiety in the form of fear-themed messages, for example, “Will you be okay if you go (to the bathroom) by yourself?” (Keeton et al., 2009, p. 173)

Attending to these parenting themes during parent-teacher meetings can inform student needs, such as education about child anxiety and parenting, and gentle redirection from established patterns of overprotection (Keeton et al., 2009).

4.2.3 Teachers observed a hereditary element of anxiety in children with mothers with anxiety problems

Both participants in this study observed that children of mothers who displayed anxious behaviours were more likely to display anxiety-related symptoms themselves, providing strong support for the strong genetic element of anxiety disorders. Becca recalled an interaction with the parent of a student in Grade 3: “I think his mum was more anxious than he was, like about him making friends, and I would see him in the yard, playing with all the kids.” She also added that, “...like depression, anxiety has a genetic component too. So kind of be aware that if you’re dealing with a parent who has a lot of anxiety about things that you think, really, you don’t need to be worried about that.” In fact research has found that genes do play a significant role in determining a child’s anxiety levels, along with their environment, life circumstances, stress and available resources (DeSocio et al., 2006).

4.3 Teachers observed that effective strategies for supporting the academic success of students who experience anxiety include teaching organizational skills, giving positive and specific feedback, and implementing routines

One of the main questions guiding this research study was concerned with how teachers respond instructionally to the academic needs of students who experience anxiety. The teachers in this study contributed various strategies they used to support these students academically. In order to establish a clear sense of how the data gathered has responded to this question, this section has been divided into three sub-themes: 1) Teachers found that teaching organizational strategies such as chunking lessened students' anxiety surrounding academic tasks, 2) Teachers provided positive and specific feedback on effort as opposed to ability, and 3) Teachers implemented routines as a strategy to respond to students' need for structure.

4.3.1 Teachers found that teaching organizational strategies such as chunking lessened students' anxiety surrounding academic tasks

Chunking tasks and assignments allows students who experience anxiety to work on smaller tasks at a time to avoid getting overwhelmed with the amount of work. Students who feel overwhelmed by a large assignment may assume it is too difficult, and consequently may not attempt it at all. Both Becca and Jen break down tasks into smaller chunks in order to support their students academically. They both emphasized how this makes tasks seem more manageable and less overwhelming. For her Grade 3 and 4 students, Becca “would teach them strategies to help them organize themselves, so maybe using chunking to get bigger assignments done.” She found this strategy very successful, as her students with anxiety responded positively and she noticed how relieved they felt after accomplishing an assignment they did not think was

manageable initially. More importantly, Becca strived to create a classroom environment free of stigma and exclusion, and she did that by having conversations with the entire class

I'm pretty open with the kids, I would say "For me, it was really hard to get through university, so what I learned was...I would look at a whole big paper let's say, and I wouldn't have a clue how to start it. So I would go okay just worry about this part, don't even think about the rest yet. And that can work for you too!"

By giving all students access to these strategies, not only does the entire class benefit, but the students with anxiety feel a greater sense of belonging and inclusion.

Jen said that when it came to assignments, she left due dates very open and negotiable. She felt this strategy was effective in reducing one of her student's anxiety symptoms: "He did a lot of work avoidance, so it would just be how quickly did he start the task...would be a good measurement of how well he was doing." These strategies correspond with The Ontario *Supporting Minds* document, which lists some of the same strategies for supporting students with anxiety-related symptoms, including students who have a fear of large assignments. An additional strategy, not mentioned by my participants, involves having students hand in one chunk at a time and providing positive reinforcement for each submission (Ontario Ministry of Education, 2013). These strategies are extremely valuable to teach to students who have anxiety surrounding assignments because as students progress from one grade to the next, with increasing demands of school, research shows that older students (ages 10 to 13) exhibit greater school-related worry (Jarrett et al., 2014). Overall, teachers play an influential role in alleviating student anxiety from progressively getting worse, by teaching them coping strategies they can use.

4.3.2 Teachers provided positive and specific feedback on effort as opposed to ability

A common symptom of anxiety is perfectionism, which manifests as severe worry when a student believes their work is not up to standard. Some perfectionist behaviours that teachers

can look for include: worrying about making minor mistakes or doing work that is any less than perfect; is overly critical of his/her performance; and works slowly, erases repeatedly, delays starting and/or completing assignments, or avoids attempting tasks altogether (Ontario Ministry of Education, 2013). Both participants recognized these behaviours in their students and worked actively to become more mindful of the language they used when praising students. By providing positive and specific feedback on effort as opposed to ability, this helped reduce the anxiety that arose when the student made a mistake.

Jen taught a student in Kindergarten who was very anxious and also had a lot of behavioural problems. She would frequently give him feedback that was positive and specific, reassuring him that he had done well in the moment: “You had a really great recess and you came in on time!” You couldn’t just say “You had a great day today.” Similarly, Becca emphasized the importance of staying away from telling students they are smart, and actively making the effort to tell them they are a hard worker: “You’re trying so hard...I love the way you’re sticking with it.” Becca also added: “It’s easy to say “Oh you’re so smart” and sometimes I’ll tell my kids “You’re a smarty pants” but I really value the hard work.” In the long run, that is more beneficial for the child, and we know that now from research studies that have found that praising effort versus intelligence develops a growth mindset in students, as they start viewing mistakes as learning opportunities as opposed to deficits in their learning (Dweck, 2008). The Ontario *Supporting Minds* document also lists some of the same strategies for supporting students with anxiety-related symptoms, including students who display perfectionism (Ontario Ministry of Education, 2013). Given that students with anxiety often doubt their strengths and abilities, with conscious effort and practice, teachers can work towards creating a learning

environment where mistakes are viewed as a natural part of the learning process because the outcomes of this are profound for children.

4.3.3 Teachers implemented routines as a strategy to support students' need for structure

Routines were also an important strategy that teachers felt were effective in supporting students with anxiety and anxiety-related symptoms. Certainly, research has found that the absence of routines can aggravate anxiety symptoms in children with anxiety disorders (Brewer et al., 2006). Becca used a visual schedule so that her student with anxiety knew what to expect during the day. She felt that it minimized student worries of not knowing what will happen next: “Who doesn’t want to know what’s happening with their day? Whether your 4 or 40, you want to know what’s happening in your day. Some kids need it and some kids don’t, but they all kind of look at it.” She also provided visuals such as giving students the criteria for a task so they can have it in front of them to follow while they worked. This strategy was effective for one of her students with anxiety because it “just helped him to feel better.”

Jen’s strategy included re-using strategies that have been effective with children with anxiety in the past. She would ask the students “when we’re in a good place, let’s talk about some strategies that have worked,” giving them an opportunity to voice their opinions about strategies that may or may not have worked in the past. Students who have anxiety surrounding uncertainty commonly develop intolerance for it, leading to difficulties functioning when they are uncertain about exactly what is required or expected (Ontario Ministry of Education, 2013). The Ontario *Supporting Minds* document also lists some of the same strategies for supporting students with anxiety symptoms, including students who display intolerance to uncertainty. An additional strategy, not mentioned by my participants, involves warning the student if something out of the ordinary is planned and helping him or her to prepare for (Ontario Ministry of

Education, 2013). Given students' need for structure and predictability in their day, teachers can implement routines by putting up visual schedules and creating visuals for assignment criteria, amongst many other strategies mentioned above, to alleviate student anxiety surrounding uncertainty.

4.4 Teachers observed that effective strategies for supporting the social and emotional needs of students who experience anxiety included explicit teaching of what emotions look and feel like, with accompanying body cues, developing emotional intelligence by role playing, and teaching strategies for self-regulation

One of the main questions guiding this research study was concerned with how teachers respond instructionally to the social and emotional needs of students who experience anxiety. Within this theme, I identified four sub-themes that both participants addressed: 1) Teachers supported the social and emotional needs of students who experience anxiety by teaching them how to recognize emotions and the physiological reactions that accompany emotions, 2) Teachers facilitated role playing activities that aimed to foster emotional intelligence, 3) Teachers supported students' social and emotional development by teaching self-regulation, and 4) Teachers incorporated yoga and mindfulness in the classroom, with the support of technology.

4.4.1. Teachers supported the social and emotional needs of students who experience anxiety by teaching them how to recognize emotions and the physiological reactions that accompany emotions

Stressful situations for students with anxiety cause both emotional and physical responses in the body that are often manifested as observable symptoms. Although stress responses are normal and adaptive in the short-term, they may lead to illness and maladaptive social/emotional

functioning later on. That is why it is so important to address the social and emotional needs of students who experience anxiety by teaching them how to recognize cognitive and physiological reactions that accompany emotions, first and foremost. Becca relied on explicit teaching of recognizing one's own emotions as a strategy for her Kindergarten students. She gave students mirrors to work with, in creating and identifying facial expressions that represented basic emotions such as anger, fear, sadness, happiness, pride, anxiety and surprise. Students used activity cards and picture books that depicted emotions on faces, to explore their own faces and begin to understand non-verbal cues. Research has confirmed that fear, rage, and love are innate emotions that are present at birth, and by the age of two, anxiety, pride, defiance, and shame appear along with an emerging sense of self (Berk, 2000, as cited in Sharrer & Ryan-Wenger, 2002). Therefore, beginning this work as early as possible certainly benefits children who may have a genetic predisposition to anxiety.

Similarly, Jen worked with students to teach them how to recognize physical body cues and appropriate and healthy responses to those cues: "So looking at my body and realizing...when I get angry, my face gets hot or I feel my temperature rising. And having a plan in action when you have those body cues...in place." Previous research has found that educational initiatives are often aimed at tackling behavioural manifestations of students' mental health problems, rather than the underlying emotional or psychological problems (Bowers, 1996, as cited in Rothi et al., 2008). Recognizing emotions as they arise is an important way that these teachers supported the emotional needs of students with anxiety disorders. Working with students to identify the emotions they felt, or to act out their emotions, provided an outlet and let students know that their accompanying physiological reactions were valid.

4.4.2 Teachers facilitated role-playing activities that aimed to foster emotional intelligence

Students with anxiety come to school with a wide range of social experiences. Educators cannot assume that all students have had positive social interactions at home, as children may enter the classroom without prior knowledge of basic social skills. The goal is then, to support their development of emotional intelligence in the classroom. Coined by Daniel Goleman in 1995, emotional intelligence is the ability of individuals to recognize their own and other people's emotions. Becca revealed that some of her parents do not have a lot of financial resources, but “they talk to their kids, they read to their kids, they take them to the park, and do all kinds of great stuff with them. Unfortunately, others do nothing.” We know through research that social-emotional learning helps students in every way. Research has found that students receiving instruction on social and emotional skills, improved on every measure of positive behaviour, such as classroom discipline, attendance, and liking school, and were less likely to engage in anti-social behaviour (Goleman, 2008). Among these students there was also a drop in the number who were diagnosed with an anxiety disorder (Goleman, 2008).

Despite teaching different age groups, both participants used role playing as a strategy for explicitly teaching children how to recognize emotions in others. Becca began by teaching students how to recognize their own emotions, and once they felt comfortable with that, she taught them how to recognize emotions in others. She encouraged students to pay attention to their partner's language, facial expressions and body language during role play activities. Students were asked the following questions: “How do you know I'm angry right now? How do you know he's angry right now? Does she look like she's happy? How can we tell?” Becca encouraged her students to be very explicit in their descriptions, by labelling each emotion they recognized. Similarly, Jen's school has implemented the Stop Now and Plan (SNAP) program

that's been proven to teach children with behavioural and mental health problems how to make better choices "in the moment." As part of the program, a Child and Youth Worker comes in once a week, and with the classroom teacher implements the program after which the teacher takes over and carries it through. The program involves a lot of role-playing that is normally targeted towards a small group of students who may be experiencing behavioural or mental health problems. The Child and Youth Worker works with these students one-on-one, but also as a whole class so other students can learn strategies to support the students who are struggling. Given the profound implications of teaching these important life skills, these students are also shown to have better-developed positive coping skills, emotion regulation and adaptive coping later on in life (Saklofske et al., 2012). Furthermore, role-playing is a simple, yet effective strategy that teachers can easily incorporate to teach basic social skills.

4.4.3 Teachers supported students' social and emotional development by teaching self-regulation skills

Beginning with our youngest learners in Kindergarten, there is a curricular emphasis on helping students to develop self-regulation skills (Ontario Ministry of Education, 2010). Both participants advocated for the importance of teaching self-regulation skills to children as early as possible because the consequences of missing out on this important learning can lead to severe social impairments later on. Becca worked as a Child and Youth Worker before teaching in schools, so she had witnessed its trajectory in young offenders with mental health problems and claimed that it all stems from a lack of self-regulation skills: "That's a really important life skill. And we have jails full of people who don't have those skills."

Becca introduced 5-point scales for anxiety to the whole school, and they are now used in every class (see Appendix C). Everybody wears the anxiety scale on a spiral key chain, and when

students come in to the classroom from recess, they take it off and place the corresponding card facing up, on their desk. The scale ranges from 1 to 5; 1) “Calm and happy” (I am ready and willing to work and play!); 2) “Anxious or worried” (I am trying to stay on task but it is hard. I need to calm down (deep breaths, mind jar, timer)); 3) “Frustrated” (I don’t understand. I look like I am stressed. I should take a break now); 4) “Overwhelmed” (Everything is too hard. I am losing control and I need space); and 5) “Angry” (I have NO control. I am not listening anymore. I might hit, kick, bite, scream or throw. I need a quiet place to calm down). Prior to its introduction Becca worked with students to identify coping strategies for each emotion on the scale. She taught them different strategies to counter physiological responses such as contracted muscles or stomach aches, for example. When experiencing symptoms of anxiety, students were encouraged to take a minute to remove themselves from their surroundings and pick out something from the “Calm Down Place” which included stress balls, crayons, a liquid timer, cards, therapy cushions, stuffies, etc. Since the introduction of the anxiety scales, Becca said that she noticed an observable difference in students’ self-regulation skills.

Jen teaches students how to alter their reactions or responses when faced with a situation that may trigger negative emotions in them. Students are taught how to become more aware of other people’s cues and have a plan in action: “So looking at another person and saying ‘Oh look at that face’...I need to do this instead of what I was going to do.” She mentioned that once students learn these skills and feel confident “then they feel better...and it’s kind of a relief for them.” Jen also discussed some of the accommodations her son receives when taking a test because tests are a source of severe anxiety for him. He has the choice of writing the test in the Special Education Resource Room where he can put on music, take out a stress ball, or take a break. Given the multiple benefits of teaching self-regulation skills, teachers can incorporate

these strategies into their practice, as they do not require extensive time or effort to set up. Since research has confirmed that school-aged children are capable of appraising the effectiveness of their own coping strategies, new teachers can gauge the effectiveness of these strategies simply by asking students directly for feedback (Steele et al., 1999, as cited in Sharrer & Ryan-Wenger, 2002).

4.4.4 Teachers incorporated yoga and mindfulness in the classroom to support students' mental health

Anxiety can be a very isolating mental illness, so creating an environment where the whole class can share the space and unwind together is a strategy these teachers used to support students emotionally. The teachers described developing strategies as a group for how to deal with stress, such as deep breathing, yoga, and mindfulness. Jen used an application called Breathing Bubbles that guides students through a meditative process (Momentous Institute, 2015). She also used it to play relaxing music when students are engaging in mindfulness practice. Since her class has access to a set of iPods, students often used this application to calm down when they felt they need it. Jen also recommended a website called GoNoodle which she incorporated whenever she felt the class needed a quick break (GoNoodle, Inc., 2012). This website includes “a whole range of ‘brain break type’ activities for kids from running on the spot to mindful breathing. The kids like it...it’s a lot of fun.”

Becca taught her class deep breathing and yoga exercises as a strategy for coping with stress and anxiety: “We do yoga and the kids love it!” She mentioned that initially, her kids found some of the yoga poses amusing, but eventually, they began to take it very seriously: “I have kids who will sit criss-cross on the carpet and put their hands on their knees and close their eyes and I go ‘What are you doing?’ [and they respond] ‘I’m bweathing.’ ‘Well good for you!’

You know, they're starting to do that." Being consistent is a key step towards ensuring that students internalize the strategies that are being taught, as demonstrated by Becca's students who became autonomous in recognizing and responding to their physical cues. Involving the entire class in identifying anxiety-reducing strategies has been found to have social, emotional, and academic benefits for students who experience anxiety as well as their peers (Ontario Ministry of Education, 2013). Furthermore, equipping students with mental health tools such as relaxation techniques or yoga can help increase their resilience to stress, which in today's world, is a very valuable skill to possess.

4.5 Teachers faced a range of challenges that included under-diagnosis of anxiety, systemic problems and insufficient resources within the education system, and parents not knowing how to advocate for their children

Both participants described many useful strategies to support students who experience anxiety, academically, socially and emotionally, but they also faced several challenges whilst supporting these students. Firstly, teachers articulated that anxiety is under-diagnosed in children, leaving the onus on them to informally put strategies in place for the students. Secondly, systemic problems and insufficient resources within the education system hindered teachers' ability to effectively support students with anxiety. Lastly, teachers found that parents' lack of knowledge on advocating for their child was a major barrier to getting the right support.

4.5.1 Teachers found that anxiety is under-diagnosed in children, leaving the onus on them to informally put strategies in place

We know from past research that at least two or three students in any classroom may experience anxiety-related symptoms that will affect their social and academic functioning

(Ruscio et al., 2008; Keeton, et al., 2009; Merikangas et al., 2011). Given the high prevalence of anxiety problems amongst children and adolescents, today's teachers need to be equipped with the appropriate knowledge and strategies to help these students meet with success in and outside of the classroom. If left untreated, anxiety symptoms may continue or lead to mood disorders, or other anti-social behaviours such as problem drinking, in adulthood (Keeton et al., 2009; Ryan & Warner, 2012). In line with what the research has found, both participants articulated that anxiety disorders are extremely under-recognized and under-treated in children, placing greater responsibility on the classroom teacher to informally put strategies in place for students (Keeton, et al., 2009). When asked about the role of schools in supporting students' mental health, Becca responded that it's our duty to support children with mental health needs and: "It's something we have to do, as schools. But it's sort of a catch-22 because we're always adding things we have to do, but we're never taking anything away."

Additionally, Jen mentioned limiting funding in schools is a factor that contributes to the under-diagnosis of anxiety, in terms of who has access to anxiety assessments:

So we might have 20 kids for assessment but we can only send 4. So what do we do with the other kids? So the other kids, we just informally put strategies in place that we know will work. So whether it's formal or not, well if it's helping them, then who cares.

Although this demonstrates her commitment to student mental health and well-being, teachers need to be careful about making assumptions and using labels because of the internalized nature of anxiety disorders that can often be confused with shyness. Becca addressed the fine line between anxiety and shyness by emphasizing the importance of knowing your students: "Once you get to know them, you can say well no they're not shy, maybe they are anxious." Given the extensive experience of these teachers in supporting students with anxiety, if they were unable to identify or articulate exactly what concerned them about a student's mental well-being, they

relied on using multiple indicators in their assessment; behavioural observations were often coupled with an assessment of academic progression and difficulties in forming or maintaining relationships, to guide instructional strategies.

4.5.2 Systemic problems and insufficient resources within the education system hindered teachers' ability to effectively support students with anxiety

Teachers spoke about the challenges they faced while supporting students who experience anxiety in regards to systemic issues within the education system and the insufficient resources they were provided. Both participants expressed frustration that students with behavioural or physical challenges were often given priority over students with mental health challenges when teachers requested further support from the school. Jen believed that her students with GAD did not get any attention and support from the resource teacher because the school had such a high needs population, leaving her to “muddle through it” on her own. Similarly, Becca was also working in a high needs school with very limited access to funding for psycho-educational assessments. Like many schools, priority for assessment was often based on a number of different factors such as the “severity” of the mental health issue, and so, children with anxiety often get pushed behind because anxiety challenges are not “as visible”. Other times, administrative and staff resistance posed a barrier to implementing and advocating for student mental health. Jen, for example, explained, “Sometimes it’s battling people on staff to be more open about trying these things.” With respect to who gets access to assessment, the research confirms that a large gap exists between children who require mental health services and those who actually receive services (Lauria-Horner et al., 2004; Koller & Bertel, 2006; Reinke et al., 2011). Given the neglect or lack of emphasis on the importance of student mental

health in schools due to systemic and/or financial factors, it is understandable that teachers who are committed to this cause feel frustrated.

Furthermore, both participants felt that systemic problems such as increased testing and measuring data in the early years has become a major source of anxiety for students. In the classroom there are many potential triggers of anxiety, such as, tests, assignments, an overwhelming amount of information, and a variety of social situations. A behavioural indicator of test anxiety may involve exaggerating the consequences of doing poorly on a test and thinking that even one bad mark might mean that the student could fail the year (Ontario Ministry of Education, 2013). Jen believed that anxiety rates in children have significantly increased over the years due to an increase in standardized assessments:

There's such a data push right now. And that's hard, especially for the younger students...that kind of thing with achievement and data, you would see that more in high school and university, and since we're pushing it down to kindergarten, I think that might be a factor there.

Although teachers may not have direct control over policy surrounding standardized assessments, they do have the power to design their assessment program in a way that is conducive to the needs of children with anxiety. Students who experience test anxiety need to be given ample opportunities to demonstrate their learning in various other ways. Sometimes though, tests or quizzes need to be given out for a specific assessment purpose, and for that, practicing deep breathing or mindfulness beforehand, is an effective way to manage anxiety symptoms that may arise during the test, based off of both participants' feedback.

4.5.3 Parents not knowing how to advocate for their children was a major barrier to getting the right support

Teachers articulated that parental support and advocacy is important for them to develop strategies to work with students with anxiety, but also to help the student themselves. Jen argued that parental advocacy is the biggest factor that contributes to the success of the child. She cites “parents not knowing how to advocate for their kids” as one of the major challenges that she encounters in this work. Similarly, Becca talked about a lack of advocacy skills in the form of parents not knowing about community and agency supports: “Some of our parents don’t know about agency help so for them that’s a big thing. They don’t know that there’s stuff out there or how to access it.” Given the similar demographics of both participants’ schools, it may be that parental socio-economic status plays a role in their ability to advocate for their child. Becca echoed this sentiment throughout her interview, describing the reality of many of her parents: “Especially if it’s a parent who’s barely managing anyway, they don’t need this. And I think, for many of our parents, they’re overwhelmed by all that because they don’t have a solid education themselves and not a lot of confidence.” Situations like these are challenging, because often parents do not have the time nor the means to respond, let alone advocate for their child, when teachers do reach out with a concern.

The literature has highlighted a few areas in which teachers felt additional knowledge and skills training were necessary, one of which recommended “training in engaging and working effectively with families” (Reinke et al., 2011, p. 7). In the same study, teachers also reported on the reasons they felt children requiring mental health support fell through the cracks, and the top concern identified by more than half of the teachers included a lack of adequate parent support programs (Reinke et al., 2011). Although this study was conducted across five different rural,

urban, and suburban school boards, the major concerns of teachers still aligned with what participants in the current study articulated, despite being located in pure urban communities. In line with the data collected from this study, some school communities demonstrate a greater need for parent support programs because of contextual influences such as the neighbourhood or conflicts within the family, which act as possible contributing factors or triggers for a child's anxiety. In developing a relationship with parents, school communities can provide mental health education for the parents and teach them advocacy skills, otherwise parents' needs may not be accurately identified, and their child's academic and social well-being may be compromised.

4.6 Teachers consulted a wide range of sources, with varying effectiveness, to further their knowledge about students with anxiety

Teachers are constantly in pursuit of knowledge, seeking different avenues to further their understanding about educational topics, and advance in their professional development. In this study, teachers consulted a wide range of sources, with varying degrees of effectiveness, when seeking further information about mental health and anxiety, and developing their instructional responses. This theme encompasses the fact that teachers drew on a range of online and print resources including social media groups, online forums, blogs, and resources recommended by their school boards, to inform their instructional response, and teachers participated in professional development sessions led by experts in the field through their school board.

4.6.1 Teachers drew on a range of online and print resources including social media groups, online forums, blogs, and resources recommended by their school boards, to inform their instructional response

In order to develop strategies to meet the needs of their students with anxiety, teachers admitted to using information they found on the Internet and information from other teachers in online groups, to inform their instructional response. Becca said, “There’s so many things now online that you can access, when I was growing up, that didn’t exist. There’s different forums, chats and blogs, but there are also reputable organizations that will help you kind of get your head around it.” Jen also described using the Internet for this purpose: “I know like on Facebook I’m part of the Ontario teachers group and I find those groups are really good...like I’ll say ‘I have this kid...what do you do with this kid?’ Jen cited the Ontario teachers resource and idea sharing group (2007) on Facebook as a great tool for teachers to ask questions, clarify information, gain resources and network with other Ontario teachers.

Teachers also furthered their knowledge by reading and staying up to date, using current resources recommended by their school board. Becca recommended the *MindUp Curriculum* (The Hawn Foundation, 2011) that is a research-based curriculum that uses the latest information about the brain to develop social-emotional learning in students: “This MindUP Curriculum is kind of a big deal right now, in our board. In our school board, they bought this for every school, for different divisions. And I just bought my own copy because...I like it so much.” Jen used *The Zones of Regulation Curriculum* (Kuypers, 2011) in her classroom. This curriculum is designed to foster self-regulation and emotional control in students. She learned about this resource through a series of workshops hosted at her school, and highly recommended this resource as it has benefitted her whole class: “Last year when I started doing The Zones of Regulation in my

classroom... they didn't know that was because of him that I started this but I just see how it does work in general for everybody" (Kuypers, 2011). As demonstrated by both participants, using evidence-based resources to inform their instructional response resulted in more positive outcomes for all students.

4.6.2 Teachers participated in professional development sessions led by experts in the field, through their school board

When discussing supports to the participants' work, access to resources such as professional development emerged as a shared theme. Both Becca and Jen spoke about meaningful professional development opportunities as something they felt did and would further support their work. They also spoke about the need for connecting with experts in the field, such as Canada's leading self-regulation expert Dr. Stuart Shanker or even the school Special Education Resource Teacher. Jen's self-regulation work came out of professional development workshops she attended; she has found this work to have positively impacted her students' experience of anxiety. At the same time, she shared that often times PD sessions she has attended have turned out to be unengaging and ineffective in their delivery of information, and she did not feel they modelled the type of engagement she needed to do with her students:

I don't want videos, I want real support and help, real bodies coming in, working with these kids...I mean small group, one-on-one...and then bringing it back to the whole class. Like there's videos everywhere, and everyone's doing the talk but are we really following through and are we actually helping these kids.

According to Jen, videos are not an effective way of educating and informing teachers about mental health problems in children.

Currently, all TDSB staff members are required to participate in an Anxiety Awareness Module, which is a 30-minute session that includes videos on the following topics: What is

anxiety? What does anxiety look like? What might educators and leaders see? When is further support needed? (Toronto District School Board, 2014). However, given the concerns raised by Jen, the research also points towards the fact that it is no longer sufficient to provide “one-off” workshops to teachers with basic facts about mental health and expect practices to change substantially (Whitley et al., 2013, p. 65). Furthermore, Matteo and You (2012) support this view with a study that compared the effectiveness of three interventions in reducing introductory psychology students’ stigmatizing attitudes of individuals with mental illness. The researchers found that students became significantly more comfortable with individuals with mental illness after a contact intervention, as opposed to a video intervention. This raises questions about how educators are expected to effectively support students with anxiety when they are only receiving a 30-minute video presentation about anxiety awareness.

4.7 Teachers observed positive outcomes from students who learned to manage their anxiety in the form of improved social-emotional learning and awareness

Both participants identified a range of social-emotional benefits resulting from the various strategies they implemented in their classrooms. This included increased social-emotional awareness not only in the students with anxiety, but with the rest of the class as well. In order to realize these benefits, they prioritized the whole child approach to teaching and learning. Teachers did not, however, speak to the academic outcomes they observed from their students.

4.7.1 Teachers noticed growth in social-emotional awareness not only in the students with anxiety, but with the rest of the class as well

Almost all of the positive outcomes teachers described were social-emotional outcomes such as better interactions in the playground, more positive emotions, and less likely to engage in anti-social behaviour. A major reported impact on students was the development of social-emotional learning and awareness of other peoples' cues. Both participants commented that their students internalized many of the social skills they were explicitly teaching to the class. Becca shared:

...it's important that you do well in school, but it's really important what kind of a human being you're going to grow up to be. And we can see that, in the little ones too. And we can change that. We can influence that.

In the context of working with students with anxiety, Becca shared the example of capitalizing on any sort of growth the student exhibits, however small or large. She explained:

If that's something that's valued, they're pleasers at this age, so if I value that, big time, they know this is a big deal. 'I'm a good friend aren't I Ms. M?' And I'll say 'You are such a good friend, and here's why... You're always the first one to help. You're very kind, you're very thoughtful. I noticed this the other day.' So we kind of catch that for them, so that makes a big difference for them as well. And it's just all part of their social development, health and well-being, to just teach them about all that stuff.

She believed that students experience the most growth when they feel valued and celebrated in the classroom, and when they know that their emotions and feelings are real and valid, but how they act upon it is in their control.

Becca reported observing an increase in positive emotions such as happiness, a sense of achievement, pride, and empathy, over the course of the year. Jen shared a more specific observation of a student:

You would just see that he learnt how to join a game because he didn't like asking to play. You could see how he figured out ways to get involved without asking, or other kids would realize 'Oh let's ask him to come join.' When they had to share what they did

at recess, he would be more open to share: ‘I played with so-and-so.’ So some social indicators.

The insights shared by Becca and Jen during their interviews support what the research tells us with respect to the positive impact of being active partners in the mental health care of your students. The fact that the benefits discussed by the participants touched on so many social-emotional areas supports a research review by Goleman (2008) in which similar wide-ranging benefits are discussed. Furthermore, these findings serve as an important reminder that mental health is essential to learning, as well as to social and emotional development and that meeting students’ needs must therefore be approached holistically.

4.7.2 Teachers did not speak to the academic outcomes they observed from their students

Teachers did not report on any specific academic outcomes, such as school attendance or grades. Given the magnitude of research on the significant interrelationship between positive mental health and academic success in and outside of the classroom (Reinke et al., 2011; Walter et al., 2006; Whitley et al., 2013), it was surprising that teachers did not report on any academic indicators. The only exception to this was when Becca told me that she “did see a difference, for sure,” but without further elaboration.

4.8 Conclusion

The data collected in this study was analysed and reported in the form of seven overarching themes, resulting in the finding that teachers tended to rely more on personal rather than professional experience with anxiety problems to help them identify and respond to students’ experience of anxiety. Teachers also spoke to the ineffective training they received for supporting students with anxiety and anxiety-related symptoms. These findings align with the

research in North America, indicating a lack of readiness teachers' experience when responding to students' mental health needs.

Even given these somewhat concerning findings, teachers did report several strategies they found to be effective in supporting students with anxiety. Participants expressed that resources recommended by their school boards were a valuable component of their instructional response to working with students with anxiety. They observed various effective strategies for supporting students with anxiety academically, socially, and emotionally.

Throughout the interviews, teachers reported several challenges that they experienced in supporting students with anxiety. They spoke to issues associated with the under-diagnoses of anxiety disorders, and also talked about systemic issues and issues regarding the availability of resources in the school, school board, and wider community, as well as concerns regarding parents' ability to advocate for their child.

The findings of this research study contribute greatly to the existing landscape of research in this area. A lot of the existing research focuses on what is missing in teacher education programs with regards to mental health education, and the skills and education that teachers feel they are lacking in, with minimal focus on offering strategies or steps that educators can take to better their practice. This study, on the contrary, offers educators in-depth insight into how two elementary teachers are successfully supporting students with anxiety symptoms by using different strategies, resources, and engaging in meaningful professional development opportunities; something that existing research has not yet addressed.

In the next chapter, I will speak to the significance of my findings, for a range of stakeholders, including the educational community, and myself as a beginning teacher. I will also identify areas for future research, and make recommendations based on these findings.

Chapter 5: IMPLICATIONS

5.0 Introduction

In this chapter, I present an overview of my findings in relation to the current academic literature. I also speak to the significance of my findings for a range of stakeholders, including the educational community, and myself as a beginning teacher. Lastly, I identify areas for future research, and make recommendations for the Ministry of Education, school boards, teachers, and other educational stakeholders based on these findings.

5.1 Overview of Key Findings

The findings of this study revealed that teachers tended to rely more on personal rather than professional experience with anxiety problems to help them identify and respond to students' experience of anxiety. Teachers also emphasized upon the lack of experience and ineffective pre-service and in-service training they received for supporting students with anxiety and anxiety-related symptoms. Unfortunately, these findings align with most of the research in North America, indicating a lack of preparedness teachers' experience when responding to students with mental health concerns.

Even given these somewhat concerning findings, teachers did report several strategies they found to be effective in supporting students who experience anxiety. They articulated that resources recommended by their school boards were an important and valuable component of their instructional response to working with students with anxiety disorders. They used various effective strategies for supporting students with anxiety disorders academically, socially, and emotionally. The academic strategies included teaching organizational skills, giving positive and specific feedback, and implementing routines. Strategies to support students with anxiety socially and emotionally included explicit teaching of what emotions look like, feel like and

accompanying body cues, developing emotional intelligence by role playing, and teaching strategies for self-regulation. Teachers did not, however, speak to the academic outcomes they observed from these students, given the plethora of literature that discusses the interplay between positive mental health and academic achievement.

Throughout the interviews, teachers reported several challenges that they experienced in supporting students with anxiety. They spoke to issues associated with the under-diagnoses of anxiety disorders, leaving the onus on them to informally put strategies in place for students. Teachers also discussed systemic issues and issues regarding the availability of resources in the school, school board, and wider community, as well as concerns regarding parents' ability to advocate for their child, as that was a barrier to getting the right support.

The findings of this study suggest that teachers' work to support students with anxiety disorders and anxiety-related symptoms yields positive academic and social-emotional benefits. The implications of these findings suggest that more needs to be done to support current and new teachers in becoming better prepared to teach and support students who are struggling with mental health issues, including anxiety, and that more effective school-wide approaches must be found and supported by the Ministry of Education and school boards.

5.2 Implications

This research study generated several implications for practice for the educational community as a whole, and for myself as a beginning teacher.

5.2.1 Implications for the Educational Research Community

Teachers do not feel that they are equipped to effectively support students with mental health problems, in particular anxiety disorders. Given that board-wide mental health initiatives

have just recently been introduced, it may take a while for the outcomes of these initiatives to be reflected in the literature. Despite that, the findings of this study have several important implications for the education system and a range of educational stakeholders.

Positive mental health and well-being of students has far-reaching implications for the education community because we know from the literature and from both interviews that in order for students to effectively learn, it is important that they be present and well in the classroom. The findings from both interviews indicate that many students with anxiety are unable to reach their full academic and social potential in school, unless given appropriate and effective coping strategies that they can use in and outside of the classroom as well. By modelling effective coping strategies for the whole class, teachers observed positive outcomes not just for the students with anxiety, but for the rest of the class as well. Furthermore, students with anxiety often “slip through the cracks” as they move along the educational system until it is too late to influence their trajectory when they have had limited opportunity for social-emotional learning. Social-emotional learning can be implemented by classroom teachers and schools using a variety of tools and resources, as discussed by the participants in this study. Tools such as anxiety scales and role-playing activities aim to foster self-awareness and self-regulation amongst students with anxiety problems. Resources such as the MindUp Curriculum and The Zones of Regulation, when implemented correctly, have been shown to benefit students’ social, emotional, and self-regulatory development.

This research matters because we are hearing more and more that teachers do not feel prepared in dealing with students with mental health concerns, thereby raising questions about what can contribute to better preparing them. The findings of this study indicate that teachers can be better prepared by seeking meaningful professional development opportunities through mental

health associations, connecting with mentor teachers through the New Teacher Induction Program, and networking and reaching out to experienced teachers in the field who are passionate about this work. Participants in this study reported that although they are receiving professional development on anxiety awareness, it has not been very effective in conveying information because of the format that is being used. This has implications for the Ministry of Education and school boards alike because the methods of delivering professional development may need to change if teachers are not finding video formats effective. Based on the findings, teachers are looking for real support in the classroom; real bodies coming in, working with the children in a small group, or one-on-one setting, and then bringing it back to the whole class.

Furthermore, this study has implications for teacher education programs because not all teacher education programs have specific courses on mental health education, despite it being such a need for our learners. The Master of Teaching program at OISE, for example, has not traditionally had a course dedicated to supporting student mental health, and it is only this coming fall (2016) when a course titled ‘Special Education and Mental Health’ will be offered. Not only is it important that more space be dedicated to course work in this area but also that the content of this course work focus on mental health issues in children that teachers are finding the most challenging to support, e.g. anxiety, depression, and ADHD, and what the signs and symptoms are.

An additional consideration is that Jen only felt that she was able to get the right support for her son who has anxiety because she is a teacher and knows the system well. It has been a struggle for her, so she wondered how other parents navigate the system to get the right support. This points to the need for schools to work more closely with parents to ensure that parents know where and how they can access further support in the school and community. Hosting workshops

can help educate the parents and dispel common stereotypes about mental health, particularly in neighbourhoods where mental health issues are on the rise. As emphasized by Becca, a lot of parents do not really think young kids would have anxiety, but they do. She also stressed that if you are teaching in a city like Toronto, where there are a lot more immigrant families, it is important to recognize possible cultural barriers that may exist. Some cultures would not be comfortable with any outside involvement and may even find it insulting. Therefore, it is crucial that teachers recognize and understand their demographic. More importantly though, when parents seek advice and strategies for their child from the classroom teacher, it is vital that teachers be prepared to engage this conversation.

Given the fact that the teachers in this study have always done a great deal to support student well-being and positive mental health and have a lot of experience in this area, the findings of this study are meant to provide information and resources to new and experienced teachers to help support a broad range of students. Teachers should not feel as if they are alone in this work. With the recent mental health initiatives taken by school boards in Toronto, educators are shifting the focus of their practice towards prioritizing the whole child, and there is some outstanding work that has been accomplished in schools to date. Connecting with colleagues and other experienced teachers who are doing this work can help build a network of care and give teachers the confidence they need to move forward. If we focus efforts on whole child development through four inter-connected domains: cognitive, physical, social and emotional development, then all children, including students with anxiety, have increased potential to develop enhanced mental and physical health, a positive sense of self and belonging, and the skills to make positive choices. Although teachers are not mental health professionals, they still have a clear role to play in providing a supportive and engaging classroom environment for all

students, to identify when a student with a mental health issue is struggling, and provide support if the student continues to struggle.

5.2.2 Implications for my Professional Identity and Practice

As I discussed in my introductory chapter, part of my motivation in choosing this focus for my Masters research is my personal experience with anxiety and interest in mental health and well-being. Throughout the two-year process of this research I have learned much more about best practices for social-emotional development, effective anxiety-reducing strategies, and resources that are valuable for this kind of work. This research has demonstrated that there are important elements of instruction that need to be included, in order for students with anxiety to feel successful in the classroom. As a result, I will actively modify my teaching practice to include both an inclusive approach to teaching students with mental health problems and best practices in mental health education as outlined in this study. For example, students with mental health problems should never be isolated or singled out in the classroom. This can be avoided by having whole class discussions about emotions, stress, and positive mental health and well-being, and by teaching coping strategies to the whole class.

Furthermore, both participants emphasized the importance of a whole-school approach to positive mental health in yielding the greatest benefits for children. By collaborating with other colleagues who are also passionate about this work, I would love to initiate a school-wide approach to responding to mental health problems. After having conducted this study and learning about the different strategies, I feel much more confident in being able to share my knowledge with future colleagues and facilitate professional development sessions for staff to participate in. As Becca mentioned, often, even if other teachers are initially not on board, once they see how effective a strategy such as the anxiety scale is, they tend to inquire about it and try

it in their own classrooms. Becca and Jen offered numerous examples of how they have been able to incorporate research-based strategies for students with anxiety into their teaching, such as role-playing, yoga, mindfulness, and teaching self-regulation skills. This will help direct my own practice; given the number of stressors that children are facing these days, I am better equipped with strategies to support students' social-emotional development.

Lastly, throughout the process of conducting this research study, I reframed my identity from teacher candidate to a teacher as researcher. I began to see myself as an agent of change, seeking to learn about what happens in classrooms and learn from teachers who actively work to support students with anxiety. I will continue learning about this topic in my future practice by staying up-to-date with current resources, connecting with experts in the field, seeking out meaningful professional development opportunities, and bringing what I have learnt, back to my school.

5.3 Recommendations

In order to truly change the landscape of mental health awareness in Toronto, changes will need to be made at the levels of teacher training, schools as institutions, and classroom teacher practices. It is important to note that in many cases supporting policies are already in place and the task at hand is to close the gap between policy and practice.

5.3.1 Ministries of Education and School Boards

- It is important that school boards and the Ministry of Education provide more, higher quality professional development opportunities related to anxiety awareness, identification, and appropriate response. Both the existing research (Matteo & You, 2012) and findings from this study suggest that videos are not an effective way of educating and

informing teachers about mental health problems in children, therefore, other mediums such as anxiety awareness workshops and inviting guest speakers, need to be considered.

- It is also important that school boards ensure that principals are trained in the importance of mental health issues and how to support their staff in this work. Both participants in this study identified administration as a challenge to supporting their students, but if the school board would insist upon proper training for school administrators, we might see anxiety disorders being taken as seriously as behavioural problems.

5.3.2 Faculties of Education

- With the recent shift towards a two-year Bachelor of Education program, there needs to be more explicit instruction and content devoted to mental health and the common mental health problems that we are seeing in children across the board and strategies on how to support them.
- A course in mental health education which specifically and explicitly examines the common symptoms of a variety of mental health problems, as well as identification, appropriate responses, and considerations related to inclusion and equity should be a mandatory component of teacher-training programs.

5.3.3 Schools

- Schools are an optimal setting to support student well-being and develop positive mental health. This can be done through developing students' knowledge and skills to make active and healthy choices; providing opportunities to participate in a variety of physical activities; promoting safe, inclusive and accepting practices; reducing stigma; understanding bias and systemic barriers; building social emotional learning skills;

preventing mental health problems in high risk groups; enhancing early identification for students in need, and building pathways to care.

- A whole school approach supports the whole child. Schools need to promote collaboration between staff members and implement whole-school mental health awareness initiatives such as anti-stigma initiatives, “Caring Adult” programs, and anxiety awareness initiatives. This can be achieved by establishing Mental Health and Wellness Teams in schools to assist in the delivery of mental health supports and training.

5.3.4 Teachers

- Teachers are not mental health professionals. It is important that teachers do not make any assumptions, but rather, identify when a student is struggling, be familiar with students’ expected development and document any changes in behaviour, and provide the necessary accommodations or modifications.
- Beginning teachers should know that they are not alone in this work. We are part of a system of care in schools, boards, and communities. Teachers need to become familiar with warning signs, know who to contact, e.g. school mental health leads, and when to contact. A first step to recognizing warning signs involves becoming familiar with Ministry of Education, school board and school policies/procedures and documents regarding mental health support.
- It is important that teachers actively get to know their students formally and informally to build meaningful and strong relationships, and understand their students’ overall dispositions.

- Teachers need to be a positive role model to the students, and model coping strategies in the classroom, as well as appropriate emotional responses to situations, through role-play activities for example.
- The findings of this study also stressed the importance of engaging parents and building relationships with them. Therefore, it is important for teachers to foster ongoing communication with families.
- Although teachers may not have direct control over policy surrounding standardized assessments, they do have control over their own assessment and evaluation program. Students who experience test anxiety should be given ample opportunities to demonstrate their learning in various other ways. Sometimes, though, tests or quizzes need to be given out for a specific assessment purpose, and for that, practicing deep breathing or mindfulness beforehand, is an effective way to manage anxiety symptoms that may arise during the test.
- It is important that teachers create a learning environment where mistakes are viewed as a natural part of the learning process.
- Lastly, and most importantly, teachers need to look after their own mental health and well-being by regularly taking time out for themselves to engage in activities that lower their stress levels. Schools can structure more time and invest more resources for teacher wellness before, after or during the school day. For example, many corporate organizations have fitness facilities for their employees, on-site. Creating such spaces for teachers on-site can potentially lead to lowering teacher burnout. Given the myriad health benefits of yoga, schools can provide yoga classes for teachers before or after school, as

it would give their mind and body a chance to regroup and refresh and be more productive afterwards.

5.4 Areas for Further Research

Throughout the process of designing and conducting this research, most of my initial questions were answered, but many remain unanswered as well. Given the findings of this study, I identified areas for future research that educational research scholars should direct their attention to. Both the existing research (Matteo & You, 2012) and findings from this study suggest that videos are not an effective way of educating and informing teachers about mental health problems in children. Therefore, an important area for research is to look at the impact of classroom learning experiences versus electronic support offered to teachers through videos. This research may be most pertinent in a context like Toronto given the strong reliance on videos in professional development sessions in the Toronto school boards. Professional development for teachers should be designed according to teachers' needs, which, as suggested by this research, involve support through workshops delivered by experts; that provide information on signs and symptoms of common mental health problems in children.

Furthermore, participants of this study have extensive personal experience with anxiety disorders that informs their classroom instruction and response to students with anxiety. Teachers in this study relied on personal experience with anxiety in order to know how to recognize it in children. Yet not all teachers have that personal experience to draw upon, which is why anxiety is often confused with shyness. Given the gap in research regarding teacher response and decision-making with regards to young students with anxiety, it would be beneficial to investigate what exactly guides and influences the decisions teachers make when

identifying and responding to these students; whether it is personal experience as demonstrated in this particular study, or professional knowledge, so that more efforts can be focused on providing relevant professional development opportunities for teachers.

Lastly, both participants discussed the importance of building a relationship with the parents and working with them as a team, however, participants did not talk about how this can be achieved, particularly when there are cultural barriers or stigma surrounding the mental health issue. Given the importance of parent-teacher collaboration as a factor that contributes to the success of a child with anxiety, further research needs to be conducted on how teachers are working with parents to effectively support students with anxiety, how teachers deal with parents who prefer that the school system not identify their children as requiring special accommodation, and how teachers navigate cultural barriers that may present as a hindrance to getting the right support.

5.5 Concluding Comments

Anxiety is one of the fastest growing mental health issues that Canadian children are facing today (Ontario Ministry of Education, 2013), and research suggests that teachers do not commonly feel equipped to effectively identify and support students with mental health problems broadly speaking, or with anxiety disorders more specifically. The result is that anxiety disorders often go unnoticed and unsupported by classroom teachers. This means that there is a high percentage of students who are struggling with anxiety disorders and are not receiving the accommodations they need in order to be successful academically or socially/emotionally. This was the rationale behind conducting this study; to learn effective strategies from experienced teachers who are confident about working with students with anxiety disorders and anxiety-

related symptoms. The teachers in this study integrated various strategies for supporting students with anxiety disorders academically, socially, and emotionally. The academic strategies included teaching organizational skills, giving positive and specific feedback, and implementing routines. Strategies to support students with anxiety socially and emotionally included explicit teaching of what emotions look like, feel like and accompanying body cues, developing emotional intelligence by role playing, and teaching strategies for self-regulation.

While there are many important conclusions of this study, I believe there are two key big ideas found in the literature that are supported by this research and deserve the final remarks. Namely, teachers' work to support students with anxiety disorders and anxiety-related symptoms yields countless positive academic and social-emotional benefits. Anxiety causes changes in the brain-body system that actually inhibit students' ability to learn (Eysenck et al., 2007; Jarrett et al., 2012). It may seem like a student is learning and retaining information, because sometimes students with anxiety learn coping strategies that may not be effective but nevertheless, get them through the school day. Given this information, it is important that teachers become confident in identifying anxiety and implementing effective strategies to support their students, otherwise the consequences for these children can be severe. As spaces wherein students spend a good portion of their day, schools have the potential to not only support students with anxiety to be successful in the classroom, but to also equip them in the long-term, for a life that is meaningful and balanced socially and emotionally.

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Appendices

Appendix A: Letter of Consent for Interview



Date:

Dear _____,

My name is Anza Humayun and I am a student in the Master of Teaching program at the Ontario Institute for Studies in Education at the University of Toronto (OISE/UT). A component of this degree program involves conducting a small-scale qualitative research study. My research will focus on how elementary teachers support students who are struggling with anxiety and anxiety-related symptoms in the classroom. The purpose of my research study is to understand how new and experienced teachers can be better prepared to support students with anxiety, as well as to identify strategies, resources, and programs for teachers involved with supporting these students. I am interested in interviewing teachers who fulfill the following criteria: minimum 3 years teaching experience in a mainstream elementary classroom; current or previous experiences teaching students with anxiety or anxiety-related symptoms; and demonstrated leadership, commitment, and expertise in the area of supporting student mental health. I think that your knowledge and experience will provide insights into this topic.

Your participation in this research will involve one 45-60 minute interview, which will be transcribed and audio-recorded. I would be grateful if you would allow me to interview you at a place and time convenient for you, outside of school time. The contents of this interview will be used for my research project, which will include a final paper, as well as informal presentations to my classmates and/or potentially at a research conference or publication. You will be assigned a pseudonym to maintain your anonymity and I will not use your name or any other content that might identify you in my written work, oral presentations, or publications. This information will remain confidential. This data will be stored on my password-protected computer and the only person who will have access to the research data will be my course instructor _____. You are free to change your mind about your participation at any time, and to withdraw even after you have consented to participate. You may also choose to decline to answer any specific question. I will destroy the audio recording after the paper has been presented and/or published, which may take up to a maximum of five years after the data has been collected. There are no known risks or benefits to participation, and I will share with you a copy of the transcript to ensure accuracy.

Please sign this consent form, if you agree to be interviewed. The second copy is for your records. I am very grateful for your participation.

Sincerely,

Anza Humayun

647-926-9000

anza.humayun@utoronto.ca

Course Instructor's Name: _____

Contact Info: _____

Consent Form

I acknowledge that the topic of this interview has been explained to me and that any questions that I have asked have been answered to my satisfaction. I understand that I can withdraw from this research study at any time without penalty.

I have read the letter provided to me by Anza Humayun and agree to participate in an interview for the purposes described. I agree to have the interview audio-recorded.

Signature: _____

Name: (printed) _____

Date: _____

Appendix B: Interview Protocol



Thank you for agreeing to participate in this research study. This research aims to learn how elementary teachers support students who are struggling with anxiety and anxiety-related symptoms in the classroom. The interview should last approximately 45 to 60 minutes and it will consist of a series of questions aimed at understanding how new and experienced teachers can be better prepared to support students with anxiety, as well as to identify strategies, resources, and programs for teachers involved with supporting these students. I want to remind you of your right to choose not to answer any question you do not feel comfortable with, your right to review the interview transcript at a later date, as well as your right to withdraw entirely from participating in this interview. Do you have any questions before we begin?

Section A: Background & Experience

1. How many years have you worked as a teacher? How many years have you been teaching at your current school?
2. What grades and subject areas do you currently teach? Which have you previously taught?
3. What did you study in university?
4. Can you describe the community in which your school is situated (i.e. size, demographics, diversity, socio-economic status)?
5. Do you fulfill any other role in your current school in addition to being a classroom teacher? If yes, what role(s)?
6. As a criterion of participation, you indicated that you have an interest and/or commitment to supporting students with anxiety. How did you develop an interest in this area? (*can probe after participant responds re: personal, professional, educational experiences that inform their interest and commitment*)
7. How, if at all, have you been trained to support students' mental health, and more specifically, their experience of anxiety?
 - a. Do you recall learning about this in your teacher education program? If yes, what did you learn? Was that early training beneficial to you? How?
 - b. Have you taken any courses relating to mental health or anxiety? Have you undertaken any professional development in this area?

Section B: Teacher Experience

8. What does the term "anxiety" mean to you? What do you include within this term?
9. During your teaching experience, approximately how many students would you say that you have taught with anxiety disorders?
 - a. What type of anxiety disorders did these children have?
 - b. Have you noticed any changes over time in terms of the numbers of students who experience anxiety disorders?

10. Can you describe some of the students you have taught with diagnosed anxiety disorders? How did you learn about the students' anxiety disorder?
11. Have you taught any students that you perceived as having an anxiety disorder, but did not have a diagnosis? What were some of the symptoms you initially noticed that made you think the child may have anxiety?
12. Generally speaking, what are some indicators of anxiety that you recognize in students?

Section C: Teacher Practices

13. What are your primary goals when supporting students with anxiety?
14. What range of instructional and support strategies and approaches do you use to support students with anxiety?
15. Can you give a specific example of how you have pedagogically responded to a student in order to support them academically?
 - a. What kinds of considerations and/or modifications did you need to make?
 - b. How did this student respond to your instructional methods?
 - c. How did you know they responded this way? What indicators did you look for/notice?
16. Can you give a specific example of how you pedagogically responded to a student in order to support their social-emotional well-being?
 - a. What kinds of considerations and/or modifications did you need to make?
 - b. How did this student respond to your instructional methods?
 - c. How did you know they responded this way? What indicators did you look for/notice?

Section D: Beliefs/Values

17. What do you believe are some of the reasons behind students' experience of anxiety?
18. How, if at all, do you believe students' experience of schooling is anxiety-inducing?
19. What is your perspective on how the school system, generally speaking, responds to student mental health? What do you believe is the role of schools in supporting students' mental health?

Section E: Supports, Challenges, and Next Steps

20. What range of resources and factors support you in your capacity to respond to students' experience of anxiety?
21. What challenges and/or barriers do you encounter in this work? How do you respond to these challenges and barriers? What would help you better respond to these?
22. What do you think could be done to better prepare educators become confident in supporting students with anxiety? During pre-service and in-service?
23. Given that newly qualified teachers have limited work experience to draw upon, what advice would you give to a beginning teacher looking to successfully support students with anxiety in the classroom?

Appendix C: 5-Point Scales for Anxiety

