Inclusive Classrooms for Students with Internalized Disorders: Teachers’ Perspectives and Practices

By
Annie Gamliel

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Department of Curriculum, Teaching and Learning
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Abstract

This qualitative study examines the experiences and perspectives of two teachers who use inclusive teaching strategies to support their students who have internalized disorders such as anxiety and obsessive-compulsive disorder. The findings in this study, generated through two 45-minute interviews, are presented in two case studies. The case studies examine community, fostering inclusion, support for teachers and parents as partners. The findings suggest that both teachers have limited formal education and training on the topic of internalized disorders but use many strategies to help meet the academic, social, and emotional needs of these students. These two teachers rely on their own understandings of inclusive practices and on professional and personal communities for further advice in this area. Both participants believed strongly in the connection between good mental health and successful academic achievement, thus necessitating an increased focus on student mental health. The findings of this research corresponded with the existing literature.
Acknowledgements

I would like to thank my sister, Fay, for inspiring this research. Her experience of being a student with an internalized disorder was the impetus of my study and the reason why I always strive to be a compassionate and accommodating educator. I would also like to thank my parents who were always strong partners in their daughters’ educations and made sure that their children were always treated equitably in school. I would also like to acknowledge Justin for his support through research process and always reminding me of the value of my work.

I am wholeheartedly thankful for the guidance that I received from my research supervisor, Dr. Shelley Murphy, throughout this process. Working with her has taught me not only about research, but has emphasized what my research is about; the impact a teacher can have on a student. Thank you, Shelley; you have impacted my teaching and learning so profoundly.
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Chapter 1: INTRODUCTION

Introduction to the Research Study

Teachers are trained in their pre-service education to meet a mass of needs both academically and emotionally for their students. Further, they are taught how to meet provincial standards, work in a professional environment and liaise with parents about their students. Taught how to be the person who acts in loco parentis or in the place of a parent, the Junior/Intermediate teacher is endowed with a massive responsibility to care for adolescents who are incurring an assemblage of issues as part of their maturation process. This does not mean, however, there should be a mitigation of students’ moods or legitimation of their angst as part of the “growing up process”. Rather, teachers ought to be attuned to their students so they can take heed of their internal emotional needs.

Classroom environments can operate to aggravate internal emotional issues, or to alleviate them. This is an ongoing issue in education, and the efficacy of intervention strategies is continually questioned. This study investigated how teachers create a classroom environment where students with internalized disorders are supported. I believe that the classroom teacher is the key player to create and support this environment.

Purpose of the Study

The purpose of this study is to take a closer look at some of the strategies that teachers are using within their classrooms to help support students with internalized disorders, such as Anxiety. All too often it is the silent screamer suffering without being
noticed. It is of upmost importance that teachers are sensitive to the students whose needs are less evident but just as important as the students whose needs are easily detectable. If the purpose of education is to illuminate minds and expand horizons, the purpose is nullified to students who are preoccupied with intense anxieties or overwhelming sadness. In order for these students to achieve academic success, teachers need to feel equipped to support them. This study attempts to outline some of the strategies that are helping teachers to support their students.

Research Questions

The goal of this project is to address my main research question: How do two practicing teachers use inclusive classroom strategies to support their students with internalized disorders? My sub questions are: What is the role of the school community to support these students? Where can a teacher look for support when teaching students with internalized disorders?

Background of the Researcher

The experience that I bring to this study is both personal and professional. Personally, I have experienced the power that a teacher and their classroom can have on a student’s experience by watching my younger sister’s experiences in school. A sufferer of an internalized disorder, anxiety and obsessive compulsive disorder, my sister’s experience has shown me how accommodations and sensitivities helped her academically. Unfortunately, I have also seen how insensitivity, a lack of inclusivity and understanding have wounded her deeply. Her ability to create her own strategies and
tools in her school life have inspired me to believe that these strategies are meaningful and should come from the school, the onus should not have had to be solely on my struggling sister.

Professionally, I have seen in my practicum experiences in schools a troublesome phenomenon. Students who call attention to themselves through misdemeanors, chattiness and troublemaking have their needs met swiftly. The students who I notice are struggling emotionally, however, are usually in the background of the school and/or teacher’s focus. I think it is because of my experience with my sister that I am hyper-aware of these students, that is what I bring to the table as an educator. However this awareness is essential in a classroom. Research suggests that there are warning signs and prompts that teachers can be made aware of; these will be outlined in this paper. My personal and professional experiences have sparked my inquiries about the relationship between emotions and academics, and especially if there is a way to ensure that this relationship is in tact through teacher intervention.

Overview

Chapter 1 includes the introduction and purpose of the study, the research questions, and how I came to be involved in this topic and study. Chapter 2 Contains a review of the literature, which exposes links and cites studies that have already taken place regarding my research. Chapter 3 provides the methodology and procedure that will be used in this study including information about the sample participants and data collection instruments. Chapter 4 discusses 2 case studies and reports the research findings. Lastly, in Chapter 5 I discussed what I learned through this study, share
insights, discuss recommendations, and articulate next steps for further study. References and a list of appendixes follow at the end.
Chapter 2: LITERATURE REVIEW

Overview

This literature review will define the key term internalizing disorder. It will also provide an overview of research informed strategies for supporting students both socially and academically. It will also address the importance of an inclusive classroom. Finally, this review will examine teacher training about behavioral disorders and where these disorders fall into the categories of exceptionality.

Defining: Internalizing Disorder

It is suggested that the adolescent years are especially grievous for individuals who suffer with mental health needs, “Studies indicate that 1 in 5 adolescents have some sort of serious emotional, behavioral, or mental health problem. Early identification and treatment can make a substantial difference in the lives of these troubled young people” (Johnson, Eva, Johnson & Walker, 2011). This statistic shows that mental health is an important enough issue to call attention to, but the language itself sparks another red flag. Words like “problem” or “troubled” seem to be placing certain students in a contrast to the “normal” student. Normalizing this language does not make the classroom setting accessible to everyone and does not help every student.

“Students with mental disorders such as depression (commonly categorized as an internalizing disorder) tend to be much less conspicuous in the classroom in contrast to their peers with disruptive or externalizing disorders such as ADHD or conduct problems” (Johnson, Eva, Johnson & Walker, 2011). Therefore, an internalizing disorder is one where there are no obvious outward symptoms that are easy to recognize. That is
not to say that there are not some visual warning signs, which will be discussed, but that they are more difficult for teachers to detect.

The text also refers to Elkind’s (1976) social cognitive theory, which exposes a type of black and white thinking that occurs with many students who suffer with an internalized disorder. His social cognitive theory features two concepts, the *imaginary audience* where there is a feeling that students are on stage and being watched so they become self conscious and *personal fable* where students take too many risks because they feel they are invincible (Johnson, Eva, Johnson & Walker, 2011). Because these feelings are inward they are difficult to notice as a teacher, especially one who sees many students in a day. However these feelings are intense and can understandably lead to enough strife to seriously hurt a student academically. For this reason it is important to look for red flags for an internalized disorder such as depressed moods, irritability, diminished interest, and an inability to focus.

The text makes a clear distinction between a bad mood and an internalized disorder. It uses a metaphor of weather versus climate, where climate is more all encompassing and more symptomatic of an internalized disorder. According to *The Mental Health Needs of Elementary Schoolchildren* “mental health” means “Positive self-image, healthy interrelationships with peers and adults, and acquisition of school skills and competencies” (Goodwin, Goodwin & Cantrill, 1988). Supported through research, both texts agree that students with internalized disorders suffer from a lack of mental health, which must be understood and attended to.
Motivating Teachers

In a study conducted by Laura D. Goodwin, William L. Goodwin and Jan L. Cantrill (1988) as cited in their *The Mental Health Needs of Elementary Schoolchildren* the needs and solutions for students’ mental health were assessed. The needs were outlined, “The predominant variables that emerged dealt with home and family life. Unstable homes, parental under-involvement…accounted for more than 78% of all responses” (1988). The Proposed solution was, “more resources to current programs such as SERS, or resources for new initiatives such as elementary counselors, or of redirected resources such as less assessment and more intervention or prevention” (Goodwin, Woodwin & Cantrill, 1988). In essence, even though the issue occurs at home, the school can still be a supportive environment. This can be a motivator for educators since they are endowed with the power to support students even though most of the support can come from other mediums outside of the jurisdiction of their classrooms. This is a powerful position of impact and may inspire teachers and schools to yield their strength accordingly to support healthy minds.

These assessments were echoed by Marlow Ediger who writes, “academic achievement is crucial but cannot happen without significant emphasis on student health, the school environment, student engagement personalized learning, skilled and caring educators, and outcomes beyond formal schooling” (2008). In her text *Mental Health and the Curriculum* (2008) she links academics to the emotional state of a student, and shows just how important the teacher is, “Students need to feel free physically and emotionally in ongoing activities. They need to feel liked and not abused in any way” (2008). Using activities that are informed by the curriculum teachers are able to build inclusive
classrooms, and these classrooms have major impacts for suffering students. Teachers need to feel motivated and empowered based on their positioning in the lives of their adolescent students.

**The Inclusive Classroom**

Witvliet, van Lier, Brendgen, Koot and Vitaro (2010) show the associative nature of Clique Membership and Internalizing Disorders in their study *Longitudinal Associations Between Clique Membership Status and Internalizing and Externalizing Problems During Late Childhood*. They write “a high clique membership probability was found to be related to low levels of internalizing problems and to an increase in externalizing problems across 4 years” (2010). The relationship between these two variables is strong enough to suggest that an inclusive classroom, where no student feels as though they are on the outside of a social group or clique, would support a emotionally struggling student. Further the study claims that, “Empirical evidence shows that positive interactions with peers, such as acceptance by peers and having dyadic friendships promote children’s behavioral adjustment…In contrast, unpleasant experiences with peers may impact children’s behavioral development in an undesirable way” (2010). The results are drastic, a classroom as a hub of positive interactions and acceptance is ideal.

Stone, Hinds, and Schmidt in their *Teaching Mental Behaviors to Elementary School Children* (1975) mirror the sentiments when they claim “the school environment is looked upon as important in preventative mental health, programs in psychological education are growing” (1975). In a psychological study of adolescents (Stone, Hinds, Schmidt, 1975) the school and its social terrain are seen as the nesting grounds for
learning how to be a part of positive social interactions. The implemented program had compelling results:

The learning program as designed can help children faced with problem situations to generate more facts and information, to generate more choices or alternatives, and to come up with solutions to presented problems. It is assumed that with these skills, children can improve their sense of competence and, therefore, enhance their mental and emotional growth. If these skills are taught early in elementary school, it appears mental health objectives will be served. (1975, p. 38)

The inclusive classroom, where appropriate interactions take place re: problem solving enhanced almost every aspect of the student experience.

According to Supporting Minds (Ministry of Education, 2013):

Good mental health is much more than the absence of mental illness. Mental health exists on a continuum and can be enhanced through positive relationships with supportive friends, congenial social opportunities, involvement in meaningful activities, and the effective management of stress and conflict” (2013, p.16).

This new legislation acknowledges the relationship between positive mental health and healthy development, as well as the teacher’s practices to support students’ healthy growth and development. “A variety of class-wide instructional strategies can contribute to a supportive classroom climate that teach students the social and emotional skills that will help them form positive relationships” (2013). One example that is given is the praise of good behavior.
**Teacher Training and Responsibilities**

The following, as per the Special Education Guide for Educators (2001) are the responsibilities of the principals and teachers of students with Special Education needs:

**The School Principal:**
- Carries out duties as outlined in the Education Act, regulations, and policy documents, including policy/program memoranda, and through board policies;
- Communicates Ministry of Education and school board expectations to staff;
- Ensures that appropriately qualified staff are assigned to teach special education classes;
- Communicates board policies and procedures about special education to staff, students, and parents;
- Ensures that the identification and placement of exceptional pupils, through an IPRC, is done according to the procedures outlined in the Education Act, regulations, and board policies;
- Consults with school board staff to determine the most appropriate program for exceptional pupils;
- Ensures the development, implementation, and review of a student’s Individual Education Plan (IEP), including a transition plan, according to provincial requirements;
- Ensures that parents are consulted in the development of their child’s IEP and that they are provided with a copy of the IEP;
- Ensures the delivery of the program as set out in the IEP;
- Ensures that appropriate assessments are requested and that, if necessary, consent is obtained.

**The Teacher:**
- carries out duties as outlined in the Education Act, regulations, and policy documents, including policy/program memoranda;
- follows board policies and procedures regarding special education;
- works with the special education teacher to acquire and maintain
up-to-date knowledge of special education practices;
• where appropriate, works with special education staff and parents to
develop the IEP for an exceptional pupil;
• provides the program for the exceptional pupil in the regular class, as
outlined in the IEP;
• communicates the student’s progress to parents;
• works with other school board staff to review and update the student’s IEP.

According to Supporting Minds “educators have an important supporting role in
the diagnostic process, as they can observe aspects of a student’s behavior in the school
setting that may not be evident to the parent or the mental health professional. These
observations can help to provide a profile of how a child is functioning” (Ministry of
Education, 2013). There is a marked discrepancy in this because teachers are not experts,
so they are asked not to “jump to conclusions”, but rather keep a close eye and share their
observations with parents (Ministry of Education, 2013).

Category of Exceptionality

According the Special Education Guide for Educators (Ministry of Education,
2001) Anxiety and Obsessive Compulsive Disorder are considered behavioral
exceptionalities. This exceptionality is defined as: A learning disorder characterized by
specific behaviour problems over such a long period of time, and to such a marked
degree, and of such a nature, as to adversely affect educational perform and that may be
accompanied by one or more of the following:

a) an inability to build or maintain interpersonal relationships;

b) excessive fears or anxieties;

c) a tendency to compulsive reaction;
d) an inability to learn that cannot be traced to intellectual, sensory, or other health factors, or any combination thereof.

*Supporting Minds* explains that anxiety is an average experience for students, but when “anxiety changes from a typical adaptive response into a more exaggerated reaction that can interfere with the student’s social, academic, and/or emotional functioning” there can be a “paralyzing effect” (2013). The research is focused on this more intense level of anxiety. It defines Obsessive Compulsive Disorder as “generally characterized by recurrent, persistent, intrusive thoughts (obsessions) or repetitive acts (compulsions) that the person feels he or she must do. Examples in children include cleaning or checking routines that take up a significant amount of time” (2013).

**Summary**

The question of how an inclusive classroom supports students with internalizing disorders is beginning to be resolved through the literature review that took place prior to the primary research that is proposed. The impact of a socially accepting classroom is so significant that this study hopes to empower teachers to be change agents in the lives of their struggling students. The insight of the literature review has informed my research quandaries and supported my enthusiasm for the topic.
Chapter 3: METHODOLOGY

Procedure

The nature of my research was qualitative because I planned on interviewing four Toronto-based teachers of the Elementary Grades. I planned to ask them about their classrooms and what they think is needed to support their teaching in an inclusive classroom. This research was unfortunately limited because I was only be able to analyze the perspective of teachers and not the perspectives of the struggling students whom I am most concerned with. The insights I have gained from the teachers were still valuable for my findings.

I completed a literature review prior to my interviews, as the literature will in many ways inform the way I want to approach this subject with professionals. The review equipped me with the appropriate vocabulary I needed to discuss the intended topic. My research was recorded and then transcribed. This led to a finding of emergent themes and to conclusions on my topic. This led to the final MTRP, which was submitted in April 2014 and presented on during the MT Research Day that same April.

Instruments of Data Collection:

The instruments for the Data Collection were open-ended interviews with elementary school teachers of any subject. I worked with homeroom teachers, as my focus is not really suited for a rotary schedule. Interviewees were asked the same set of interview questions that are included in Appendix A. Turner (2010) encourages this type of model as the open ended questions allow for participants to expand their answers and their answers are full. This will allow for an easier and more accurate understanding of
the emergent themes. I anticipated the emergent themes would be similar to those found in my literature review, and a comparison will take place.

**Participants**

The participants interviewed are elementary school teachers who are designated to a homeroom class. I wanted to work with teachers of adolescents; I thought grade 7 and 8 would be the most desirable. I hoped to interview 3 teachers and at least 1 administrator. I chose these interviewees based on their experience in the classroom (at least 5 years) as I believe this is important for perspective. I also based the interviewees off of the demographics of their students, this was important as I intended to produce a well-rounded study.

**Data Collection and Analysis**

I began recording my data by transcribing my interviews and looking for emergent themes. I had my interviews saved on my computer, and recorded them with my laptop. Once they were transcribed, I found the themes by highlighting similar ones with a similar color highlighter and writing in the margins. I then conglomerated the interviews; separated by questions and not interviewees. This allowed me to see the answers to certain questions all together, rather than me being able to picture which interviewee said what and why. This aimed to remove some of my bias. I made handwritten notes as the themes became even more apparent, and these informed my conclusions.
**Ethical Review Procedures**

For my MTRP I followed the ethical review approval procedure for the Master of Teaching program. The participants for my research were invited to participate by an email, which will give the potential interviewee insight into my research and my intentions with my MTRP. They understood the full context of my research and its purpose. Should were interested in contributing to my research, and we met in person to discuss the process and their role. A letter of consent was given to the interviewee at that point and was reviewed carefully with the interviewee. Once the interviewee consented to take part in the study, they were given the opportunity to decline at any point in the research. They were made aware that their data would be shared with the MT community, but that their identity will be confidential. The letter of consent is attached as Appendix B.

The data that was created by the interviews will remain on my computer, and not shared. It will be cleared off my hard drive in 5 years. It will only exist in the form of my final MTRP.

**Limitations**

There are several limitations of my research as a result of the framework for the Master of Teaching Research Project. These limitations are access to direct student experience, selective literature review, generalizability, and researcher bias and interpretation. The first limitation is that I am interviewing teachers about a student’s experience. Although I do believe that teachers can have great insights into the student’s experience, there is a definite risk in not asking the students themselves about their own
experiences. The context of the research means that the findings are still relevant, but as a vulnerable sector, students are hard to derive primary research from.

The second limitation involves the limited scope of the literature review. I did, however, select literature that was within the scope of the parameters set out by the MTRP project and relevant to the topic of internalized disorders, inclusive practices and ministry guidelines.

The third limitation relates to the findings in this study not being generalizable to the larger population. With two participants, the sample size was small but was suitable to achieve my goal as set out by the MTRP, to examine existing practice in an attempt to improve my practice as a teacher. The final limitation relates to researcher bias. The findings within this study reflect my own interpretations and have been influenced by my own understandings and lived experiences. I made my best effort to limit my bias through arranging my notes according to codes rather than according to interview. This was helpful to disorganize my thinking and remove my partiality.
Chapter 4: Findings

The findings of this research will be presented as two individual case studies. Within each case study, three common themes are addressed. These themes are: community, fostering inclusion, support for teachers and parents as partners. These themes are somewhat fluid and there may be an overlap of information as they are important to one another. The data that has exposed itself revealed that although both teachers have some differing perspectives, they share their traits of flexibility, adaptability, and a focus on inclusion to support their students with internalized disorders.

Case Study # 1: Samantha

Samantha has been a teacher for 18 years, she has taught Kindergarten to Grade 8, which made her an ideal participant for research that is relevant to students of all ages. Samantha has had students who have been assessed and diagnosed with anxiety disorders in her classroom, and no students with a diagnosis of Obsessive Compulsive Disorder. Samantha, however, believes that she has had many students that show clear signs of OCD. She acknowledges that as a teacher her job is not to diagnose or assess her students, rather she focuses on how to modify her classroom to make it supportive for their learning.

Community

When asked about the training and support she has received for supporting her students with internalized disorders, Samantha noted that the community (the school and her neighborhood) has taught her the most. She says, “I have learned from them and I
intuitively use what I learned to figure out how to deal with students”. Samantha has learned to rely on her intuition quite a bit because she has not received any formal training to help her support students with internalized disorders. The social community and climate of her classroom is somewhat mysterious, Samantha feels she does not always have a firm grasp on exactly what is going on with her students. She says, “when you’re teaching, you’re so absorbed with teaching the information that very often you miss seeing the sort of social dynamics of the group.” When asked if she sees students who have been diagnosed with an internalized disorder as outside the main social core or the cliques she says its, “case by case”. The research from the literature review reflects these sentiments; “students with mental disorders such as depression (commonly categorized as an internalizing disorder) tend to be much less conspicuous in the classroom in contrast to their peers with disruptive externalizing disorders such as ADHD” (Johnson, Eva, Johnson & Walker 2011). As the literature suggests, it is hard to be mindful of so many things at once as a teacher, and a behavior that is often unnoticeable (an internalized disorder) can easily be missed.

Samantha says that in the school community and neighborhood there are many students with internalized disorders. She says:

The number of kids who have anxiety disorders is through the moon, girls especially…I hear horror stories, I know of many girls who are cutting themselves, putting acid on themselves, there’s one girl that recently tried to commit suicide…I mean, it’s rampant!

The Supporting Minds document (Ontario Ministry of Education, 2013) explains that anxiety is an average experience for students, yet for some reason there is still hesitancy
by parents and community members and teachers to see anxiety as something that is common and not taboo. This will continually be discussed in these findings.

**Fostering Inclusion**

Samantha has many strategies that she has come up with “intuitively” in order to support her students who have internalized disorders. For one of her students who had anxiety attacks every time a fire alarm went off (she had an irrational fear about fires) Samantha would let her know ahead of time when a drill was going to take place so that the student could “control her reaction”. Another strategy that Samantha uses for all of her students is that she makes sure her schedule is transparent. Once her students are settled into the classroom there is a breakdown of the daily schedule so that there are no surprises. She also makes sure to have something *fun* planned every day. She explains, “They come back from recess and they’re all hyper, so we do a story or a joke and as long as it’s appropriate [the students] feel like they have an opportunity to shine”. Samantha is proud of the “warm, loving environment” she creates in her classroom. She spoke about TRIBES and how she “generally follow[s] their philosophy” even before she had the training. In terms of classroom management Samantha “stay[s] away from reward and punishment…I try to ignore the negative, I don’t know if that’s a strategy but it’s me!” As Marlow Ediger (2008) writes “Students need to feel free physically and emotionally in ongoing activities. They need to feel liked and not abused in any way”. Samantha’s strategies are consistent with the free feeling Ediger supports. Another strategy that Samantha uses is that she does *not* read the student’s OSR’s. “I don’t want
to walk into a class with a bias…I want to give that child a chance to be something other than what they’ve been in the past”.

Samantha makes it a priority to regularly take note of students’ level of participation; she tries to make sure that even those who did not participate regularly, still have a “positive experience”. Samantha tries to help her students cope with simple strategies. She says it’s important for students to know “what their triggers are and how to prevent huge reactions to these triggers”. She knows from personal experience of having a family member with anxiety that if you are suffering from an anxious moment you should work towards “recognizing that it’s no different than having a cold, and calming yourself down and letting it ride its course, you know that eventually it does go away”. Samantha does not focus on who has been identified but she uses her strategies often with all of her students. This parallels the model presented by Goodwin, Woodwin and Cantrill (1988) “less assessment and more intervention or prevention”.

Samantha has a number of concerns regarding the social and academic implications of students having internalized disorders. She says:

Kids are very intuitive, and if they sense that another child is different or a little awkward, they do tend to exclude them…I think that if you don’t feel included in a social setting you are less likely to put yourself out in an academic setting too. Samantha also feels anxiety can have a negative effect on academics. She believes that students are, “so worried about things that they don’t absorb the information they’re being taught”.
Support for Teachers

Samantha has received no formal training in how to support students with internalized disorders such as anxiety but she feels that she has learned a great deal along the way. She says, “I have had many discussions with other teachers and professionals and friends who have children with disorders and that is my support”. Samantha maintains that all of her support and her most meaningful experiences have come out of personal conversations. In her twenty year career as a teaching professional she believes there has never been any professional development to help teachers who have students with internalizing disorders. Samantha said that it is “rampant” in her community, so there is an obvious gap apparent here. She notes that at the beginning of the year or at a parent teacher interview a “parent will come in and they’ll say, I just want to make you aware that my child has this issue, and these are the strategies we find work best”. This valuable information helps her navigate the year, but she is also supported by her group of personal friends. As she says, “So very often we will talk amongst each other and sort of teach each other. For example, I have a very good friend whose daughter has severe anxiety and her therapist teaches her strategies, and then they teach me”. This is where Samantha gets her strategies; she has never worked with a social worker or an administrator. She says, “The administrators are aware and in terms of a child that needs space or time away they are definitely supportive…however we know that at the end of the day it is [the teacher’s] responsibility…it’s your job to manage”.

Parents as Partners

When asked to discuss how Samantha has come to know that her students have been diagnosed with an internalized disorder, she responded that some parents disclose this information and some do not. In explaining why some parents may not want to disclose this information about their child, she stated:

Some parents who don’t want to warn you off—and I agree with this philosophy—want their child to start off the school year with a blank slate. You give the child a month to settle in, and maybe the anxiety disorder won’t be an issue, they kind of hold onto hope that things will normalize.

Supporting Minds (Ontario Ministry of Education, 2013) describes anxiety as common in all students but explains that it becomes less typical when it gets out of control.

Anxiety changes from a typical adaptive response into a more exaggerated reaction that can interfere with the student’s social, academic, and/or emotional functioning…when feelings of worry become persistent and intense, they can have a paralyzing effect, disrupting the students engagement in classroom activities, learning potential, performance and social relationships. (p.28)

Hindering every aspect of student life, anxiety has proven itself to be a major challenge for students. According to Samantha, however, the hesitation to label the disorder is still in existence. When Samantha states that parents “warn” teachers about these labels, there is a connotation that being a teacher for this type of student is considered unfavorable.

Samantha maintains that teachers must “Keep the line of communication open with the parents.” She balances this with some reservation when saying, “sometimes the parent creates that anxiety. Be aware that, you know, sometimes it’s not necessarily
coming from the child. In fact, most times it’s a little provoked from the parent”. This suggests that teachers and parents have a unique partnership where both feel a certain amount of authority and in their own jurisdictions and that it is hard to mediate that.

**Case Study #2: Carrie**

Carrie has been a classroom teacher for 20 years and, for the most part, has taught primary students. She has worked with many students over her long career and therefore has had the opportunity to learn how to adapt to a variety of their needs. She does not know of any students who have had a formal diagnosis of an internal disorder, but that is mostly due to the fact that she teaches primary students and at such a young age students have not been assessed yet. Carrie focuses on one student in particular throughout the interview - a boy who exhibited extreme shyness. He would often meltdown in tears, who would have shaking fits of terror, become nervous in new environments and whose hands would shake when he got nervous. Carrie adapts to her students’ needs, this student in particular, in order to create an inclusive environment; she is flexible and always willing to try new techniques.

**Community**

When asked about her experiences with students that have been formally identified with an internalized disorders Carrie responded, “I never had anybody that I know of that has had a formal diagnosis, but I have certainly had kids who I think would qualify for diagnosis”. Carrie does feel that she has one student this year who “definitely” exhibits traits of severe anxiety. Since this student is so young there was yet to be a
formal diagnosis. According to the literature, “1 in 5 adolescents have some sort of serious emotional, behavioral, or mental health problem. Early identification and treatment can make a substantial difference in the lives of these troubled young people” (Johnson, Eva, Johnson & Walker, 2011). About her classroom community Carrie comments that in her classroom community she is “always remarkably surprised by how well he plays with the other kids and I remember noting it in the beginning, but then I just became accustomed to it, in this particular case he manages very well with his friends”.

Although Carrie has not found that her young student who shows some anxious traits has had challenges with his social interactions in the classroom, research shows that he is likely to have difficulties within his school and community (Johnson, Eva, Johnson & Walker, 2011). Carrie explains that when her student becomes anxious, “there is no room for anything else, it doesn’t allow him to be where he needs to be in listening and cooperating and doing all the things he needs to do because his mind has gone to whatever it is that he is worried about.”

During the interview Carrie confirmed that there is still a stigma in the community about these students with the internalized disorders, and because of it teachers are not made aware about which students to look out for. She said, “Other teachers and administration are a big problem. Kids with these issues are invisible really, it’s not obvious, so I would frequently have teachers send him into a tailspin, just by making a comment, just by looking at him the wrong way”. Not recognizing particular students for their unique needs is something that Carrie has found troubling in her experience. She says, “It would be the same way a nut allergy was posted in the office, it would be nice if something like that could be posted, but there’s a stigma attached to that.
No one is ashamed of having a nut allergy”. This comparison neatly explains the contrast in the way certain diagnoses are perceived as opposed to others.

**Fostering Inclusion**

Carrie explains that in order to create an inclusive learning environment for her students she needs to be adaptable and flexible with her strategies. In talking about a particular kindergarten student, she says:

Initially I had tried the usual techniques with him, time outs and removing him from the group, but it was completely ineffective…try your usual because you’re not going to have a huge bag of tricks, but when that’s not working be ready to move on to other things.

This flexibility shows that Carrie learns from her experiences, much like Samantha, and although they have both had long careers they are still willing to adapt their methods. An example of something that Carrie has found to be a great strategy is science boards. She explains, “I find that science boards work well, it helps reduce his anxiety about what else is going on in the class…it helps with other students as well for different reasons”.

The Ontario Ministry encourages teachers to “learn what situations the student can handle and determine how to respond when she/he is unable to cope” (Supporting Minds, 2013). By carefully observing students and responding to their particular needs, teachers have an opportunity to build agency; Carrie is able to use her observation skills as well as her flexibility to support her students in her own creative ways.
Another way Carrie fosters inclusion for all the students in her class, including those that are anxious, is that she shows the students what to expect during the day with a schedule. She says:

I outline the day in the morning on my Smart Board, I talk about the day, the weather and what we are going to do today…I don’t know how commonly that is done for kindergarten, but all the students benefit.

The day is filled with games and lessons that, according to Carrie are “all about inclusion, everyone does the same activities.” According to the literature, “positive interactions with peers, such as acceptance by peers and having dyadic friendships promote children’s behavioral adjustment…In contrast, unpleasant experiences with peers may impact children’s development in an undesirable way” (Witvliet et al 2010). This is interesting because although Carrie described the social atmosphere to be positive for the student with anxiety, she also claims:

We would have situations where at playtime he would only want to play with a certain toy and other kids would say ‘that’s not fair!’ and those are normal reactions. I would try and make things fair, but we learned way back in teaching that being fair doesn’t mean being equal, which is a difficult concept for a four year old.

This tension is certainly one that is unpleasant for the students involved, the idea of equity is sophisticated for primary students. It seems that her student is actually experiencing both scenarios, social situations that are positive and those that are distressing.
Support for Teachers

When asked about her background with internalized disorders Carrie says:

I haven’t had specific training. We do have professional development in general on very small amounts of mental health issues. Mostly it’s autism spectrum disorder and ADD-things that are commonly found in the classroom. Most of the mental health issues are classified as behavioral problems, so we don’t get as much training.

According to Carrie, There does not seem to be enough focus on supporting these students in the classroom. She does, however, feel as though she has had some support within the school setting. For example, Carrie explains, “the speech and language pathologist works with me on visual cues so I can use them with the whole class”. She also sees the support from her peers through reading OSR’s. When asked how she has come to know her students have anxiety or OCD she said:

Obviously you read their OSR at the beginning so you would probably know. People used to tell me to go in with a fresh mind but I don’t understand that. I think the whole point of an OSR is so that you find out what’s going on, what has worked in the past, because otherwise you spend the first three months just getting to know them and later on you can’t believe you’ve been yelling at a kid for washing his hands for too long just to find out he has OCD!

About the school she said, “In our school you start out with an in-school team, a support team, and there’s a student IST (in school support team) and SST (school support team). You start off with bringing them to your in-school team which is your VP, special education teacher, that’s usually it…10 minutes is all you get to present what you think is
going on, and it’s quite a bit of paperwork”. Although it seems that Carrie was suggesting that 10 minutes is not sufficient to talk about students, as far as teacher responsibility goes it is in line with the literature. “Educators have an important supporting role in the diagnostic process, as they can observe aspects of a student’s behavior in the school setting that may not be evident to the parent or the mental health professional” (Ontario Ministry of Education, 2013). Although Carrie does feel she has a supporting role in the diagnostic process, she understands that she is not in a position to identify or diagnose. As she explains, “you’re not allowed to put things like OCD, because those are diagnoses’. You’re only allowed to put forward the behaviors that you see” While realizing her boundaries, she also balances this with taking opportunities to have conversations with support personnel. As she stated, “Off the record, I would stop the social worker all the time and talk to her and get tips from her and find out from her, but she couldn’t see him formally without an actual release from the parents”. Carrie does this to help her students. She says, “teachers are not equipped to handle kids with mental health issues” but she does her best to equip herself.

**Parents as Partners**

In the case of the student that Carrie discussed most in her interview, the boy in kindergarten who was so anxious that his hand could not even hold a crayon without shaking, she did not see a viable partner in that particular child’s parents. She said:

In our case I believe the mom had a tremendous amount of anxiety herself, and being from Russia, she was really concerned about labels and permanent
records…no matter how much I tried to reassure her that we just wanted to help him, she would cry and ask ‘what have I done to you?’

Carrie feels that this cultural ramification is part of the social stigma that surrounds internalized disorders. According to Carrie this parent’s culture played a major role in their rejection of any kind of label on a student’s academics. This leads to problems down the line in terms of assessment, “You need a release from the parents, so that’s when it can fall apart”. This was her experience with this particular student.

Carrie maintains that parents can still be strong partners for her students with internalized disorders. She says, “The best case scenario you have a parent that’s already concerned and is able to use you as an advocate on behalf of their child to get the resources and services that are out there”.


Chapter 5: DISCUSSION

In this final chapter I will provide an overview of my findings. I will begin by discussing the implications this work has had on me as a Researcher. I will then discuss what the implications will be in my practice as a teacher. Finally, I will outline recommendations for possible further study on this topic.

Implications as Researcher

When reviewing the literature and the data from my participant interviews and comparing the emergent themes in both case studies, it becomes evident that the research I have conducted compliments the literature and tells a similar story. This is especially interesting since my interview participants had not had any formal training in how to support students with internalized disorders nor had they read the recent literature on the topic. Further, they attribute their teaching styles and strategies to innate senses, feelings and personal experiences rather than to formal training. This was very satisfying, to me, as a first time researcher, because it validated the interviewing and coding processes.

Coding, for the first time, was very challenging. Learning how to choose what parts of my research and interviews were pertinent to my study and what parts only felt pertinent and how to tell the difference was an often time exacerbating experience. I am, however, satisfied with the codes I produced and I feel that they lend to a user-friendly research piece that can be an important addition to the existing research on the topic.

Of course, hindsight is 20/20 and there are a few aspects I will modify in the case that I continue this or other research in the future. I found that interviewing only two subjects limited my research. They were both teaching for many years, so it was hard to
make comparisons between new teachers and those who have already established their practice. It was also impossible to give defining answers to important questions regarding pedagogy with so few participants, although definitive answers were never my main goal.

**Implications as Teacher**

Although my teaching is informed by many experiences, my research has already greatly affected my teaching practice. As a result of this investigation, I find that when I am in the classroom I am far more observant and aware of my students’ needs. That is not to say that I notice everything, but I now tend to notice more than I used to. I pay attention to those students who do not exhibit obvious behavioral challenges, but still seem somewhat on the outskirts of my class, both socially and academically. I make an effort to talk to parents about how their students and feeling inside and out of the classroom more than I used to, and if there are ways I can create a classroom that is accessible to their child and their child’s needs.

After conducting the interviews with my participants, my most profound lesson is about making it my first priority to help create an inclusive community within my classroom. This will benefit all of my students, especially those with internalized disorders. I echo the sentiments of my participants and of the research literature that argues that for a classroom to be truly inclusive, it means every student is welcome and their needs are being met. To me, the best way to create this environment is through flexibility, relying on my experience, training, best intuitive sense and using the human resources that are available to me.
My experience in pre-service education is very different from my participants. As a new teacher, and a graduate of a 2-year teaching degree, I have been exposed to information, resources and learning about students with internalized disorders. I have focused on adolescents, as those are the students I will be teaching, and I have focused on all of their diverse needs. I have been exposed to picture books, ministry documents, and research and have discussed student’s mental health needs. I feel very lucky to be a part of what my particular two-year graduate teacher education program, as my participants had not been exposed to the same depth and breadth of materials. I look forward to continue learning about how to best support all of my students.

**Recommendations**

In order for students with internalized disorders to be supported in the classroom my literature review suggested that there be a focus on intervention, where teachers adapt their classrooms and their teaching to best suit their students. Schools were discussed as powerful environments to support student mental health and teachers were advised to look at IEPs and other sources of information to support their student’s learning.

Based on my research I believe there should be as many opportunities as possible for teachers to be able to communicate with parents, so that teachers and parents can work together, keeping each other in the loop with the strategies that work! Teachers should be supported by ongoing and meaningful professional development so that they can be kept up to date on issues to do with internalized disorders and so that they are given access to research-informed strategies that are appropriate for their population of students. There should always be an effort to make schools aware of the nature of
internalized disorders in order to help de-stigmatize them. It is important that this starts with the administration and then trickles all the way down to the students. Teachers who pay special care to adapt their classrooms in order that they should be inclusive and equitable for all students should be lauded and should be used as mentors to teachers who have never taught students with internalized disorders before.

My strongest recommendation is that schools have access to experts and human resources that they can rely on to support their students with internalized disorders. When the mental health needs of students are not met, the consequences are not only academic, but they can have devastating results in students personal lives as well. One size does not fit all when it comes to supporting students, so having a good understanding of what their students’ particular needs are and being flexible about their approach is key.

**Further Study**

Although this study has discussed some of the strategies teachers have used within their classrooms to support their students with internalized disorder, I think it would be beneficial to extend this research and go even further into the reasons why this is such a taxing task for many teachers. I think it would be important to extend this research by taking a deep look into teachers’ opinions and understandings about mental illness. I think this would be a good lens with which to understand the challenge for students, teachers and parents who are dealing with internalized disorders. I would also be interested in looking at how pre-service teachers are taught to manage with the varied exceptionalities in their class, and the emphasis that is put on students with internalized versus externalized disorders. The warning signs for internalized disorders are very hard
to notice, and there is an added issue that it is not a teacher’s role to diagnose children. I think looking at these existing tensions (school cultures, internal vs. external exceptionalities and teachers as diagnostics) would be a great next steps in research on this topic.

**Conclusion**

Creating an inclusive classroom is beneficial for all students, and for the teachers as well. For a student with an internalized disorder there are a myriad of benefits of being in a classroom that is inclusive. What I learned from my participants reinforced my own beliefs and understandings – that when a classroom is inclusive and the teachers are warm and caring, students are more likely to be set up for success academically, socially and emotionally. This is because with the proper support, there may be fewer barriers to their learning and their abilities to thrive. This is why it must be a priority for schools to make this is an issue of great importance and to ensure that students feel as though they are supported and belong. My two participants and their inclusive strategies for supporting their students with internalized disorders offer examples of what is possible towards this end.
REFERENCES


Appendix A: Interview Questions

Thank you for choosing to be a part of this important research. Today we will be discussing internalized disorders, specifically Anxiety and Obsessive Compulsive Disorder. I want to look at ways teachers create an inclusive environment in their classrooms for students who have these internalized disorders. The interview should take 30-45 minutes. If you have any questions before we begin, please let me know.

Professional Background:

• How long have you been teaching in a classroom for?
• Can you talk about your experiences of having students with issues of anxiety or Obsessive Compulsive Disorder in your classroom?
• Have you had opportunities for specific training or professional development in how to support students with anxiety or obsessive compulsive disorder?

Classroom Practice:

• Tell me about a typical day in your class.
• Can you talk about how you foster inclusion within your classroom, particularly for students with Anxiety of Obsessive Compulsive Disorder?

Possible follow up: Are there any strategies you use for behavior management in your classroom that you find particularly useful?

• Do you feel as though those students who have the internalized disorders are typically considered part of the social periphery, or not in the core friend groups, within your classroom?

Follow up: How do you feel the social atmosphere effects the learning for the students with OCD or Anxiety?
Can you talk about ways in which you have come to know that your students have Anxiety or Obsessive Compulsive Disorder?

Can you talk about the services and/or resources for students with Anxiety or Obsessive Compulsive Disorder that are available to you at the school level?

Can you talk about the kinds of services and/or resources for students with OCD or anxiety at the school level?

Are there particular ways that you are supported as a teacher for students with Anxiety or OCD?

Is there anything else you would like to share with me about having a student with an internalized disorder in your classroom?

Thank you for completing this interview, have a great day!
Appendix B: Letter of Consent for Interview

Date: ________________

Dear ________________,

I am a graduate student at OISE, University of Toronto, and am currently enrolled as a Master of Teaching candidate. I am studying Internalized Disorders for the purposes of investigating an educational topic as a major assignment for our program. I think that your knowledge and experience will provide insights into this topic.

I am writing a report on this study as a requirement of the Master of Teaching Program. My course instructor who is providing support for the process this year is Dr. ________________. My research supervisor is ________________. The purpose of this requirement is to allow us to become familiar with a variety of ways to do research. My data collection consists of a 30-45 minute interview that will be audio-recorded. I would be grateful if you would allow me to interview you at a place and time convenient to you.

The contents of this interview will be used for my assignment, which will include a final paper, as well as informal presentations to my classmates and/or potentially at a conference or publication. I will not use your name or anything else that might identify you in my written work, oral presentations, or publications. This information remains confidential. The only people who will have access to my assignment work will be my research group and supervisor and my course instructor. You are free to change your mind at any time, and to withdraw even after you have consented to participate. You may decline to answer any specific questions. I will destroy the audio recording after the paper has been presented and/or published which may take up to five years after the data has been collected. There are no known risks or benefits to you for assisting in the project, and I will share with you a copy of my notes to ensure accuracy.

Please sign the attached form, if you agree to be interviewed. The second copy is for your records. Thank you very much for your help.

Yours sincerely,

Researcher name: Annie Gamliel

Instructor’s Name: ________________________________
Phone number: ___________________ Email: ___________________

Research Supervisor’s Name: __________________________________
Phone #: ___________________ Email: ___________________

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 at any time without penalty.

I have read the letter provided to me by ________________ (name of researcher) and agree to participate in an interview for the purposes described.

Signature: ________________________________________________

Name (printed): _______________________________________

Date: ___________________