Tackling anxiety: Identification, accommodations, and challenges faced by teachers supporting students with anxiety disorders in Ontario elementary schools

By

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Abstract

This research study focuses on how teachers support students with anxiety disorders in the general education classroom and is guided by the following question: How is a small sample of elementary school teachers being instructionally responsive to the academic and social-emotional needs of students with anxiety disorders? A comprehensive literature review discusses the current academic literature to examine teacher identification of anxiety disorders and recommended strategies to support anxious students. Data was collected during two face-to-face semi-structured interviews resulting in seven overarching themes: 1) Teachers framed their understanding and recognition of anxiety by reference to non-anxious behaviour, 2) The most common indicators of an anxiety disorder identified by teachers were visible and physical manifestations of stress, 3) Communication with parents is an integral component of these teachers’ instructional response to working with students who experience anxiety, 4) Teachers lack of experience and training leads them to consult unreliable sources when developing their instructional responses, 5) Teachers have observed effective strategies for supporting the academic success of their students who experience anxiety, 6) Teachers have observed effective strategies for supporting the social and emotional needs of their students who experience anxiety, and 7) Teachers identified a varied range of challenges they experienced and confronted while working to support students with anxiety disorders. This study concludes with a discussion of the findings in relation to the academic literature, implications of the findings, recommendations for future research, and personal implications for the researcher.

Key Words:

Anxiety disorder, teacher identification, teacher support, strategies
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Chapter 1: Introduction

1.0 Introduction to the Research Study

Anxiety is our body’s natural response to the perception of fear, but sometimes our body responds inappropriately. The perception of fear causes our body to react with anxiety even when there is no danger. This causes us to overestimate the probability that bad things will happen, as well as overestimate the cost of these bad things (Catchpole & Dugas, 2012). In the classroom, there are many potential triggers of anxiety, such as tests, assignments, overwhelming amounts of information, and a variety of social situations. For students with anxiety disorders who cannot effectively manage their anxiety and experience excessive and uncontrollable worry about daily life events and activities, their learning suffers as a result of the perceived dangers of the classroom (Kessler, Foster, Saunders, & Stang, 1995). By not acknowledging and responding to anxiety disorders in childhood, it can negatively impact life in adulthood, as there are associations between anxiety in childhood and major depression, alcohol and drug dependence, and relationship problems (Woodward & Fergusson, 2001). When teachers identify anxiety problems and disorders early, however, they can implement intervention programs that successfully reduce anxiety levels in students and contribute to a successful life (Dadds, Spence, Holland, Barrett, & Laurens, 1997).

This study examines how teachers respond instructionally to the academic and social/emotional needs of students with anxiety disorders using a qualitative research methodology. It provides insight into the experiences of teachers in managing students
with anxiety disorders in their classroom, and then discusses these responses in relation to the suggestions made in the academic literature.

### 1.1 Research Context and Problem

Anxiety is the most commonly diagnosed mental health disorder among children and adolescents in North America (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Essau, Conradt, & Petermann, 2002; Muris, Merckelbach, Mayer, & Prins, 2000; Merikangas, He, Burstein, Swendson, Avenevoli, & Case, 2011), with 10-20% of the general population of children meeting the clinical criteria for an anxiety disorder (Dadds, Spence, Holland, Barrett, & Laurens, 1997). Research shows that anxiety is related to less successful learning (Macher, Peachter, Papousek, & Ruggeri, 2011), yet anxiety disorders often go unnoticed by teachers (Thompson, Robertson, Curtis, & Frick, 2013), and teachers often do not initially perceive children diagnosed with anxiety disorders as having a problem in the classroom (Kendall, 1994). Therefore, the overriding problem influencing this research study is that there is a high percentage of students that are struggling with anxiety disorders and are not receiving the accommodations they need in order to be successful academically or socially/emotionally.

With this concern in mind, I chose to look into the role of the teacher in addressing the issue of anxiety impacting student learning in the classroom. It is in the best interest of the teacher to limit anxiety in the classroom if he or she wants to create an environment that is conducive to academic learning and emotional development. It is important for teachers to be able to identify anxiety in their classrooms and address
the issues appropriately, but there is little research outlining how teachers identify anxiety and what accommodations they provide in their classrooms to anxious students. In the current educational climate, there is no definite way to address these issues of anxiety in the classroom, and teachers are left to figure out the best methods with few guidelines or plans. As a result, we do not know if the needs of anxious students are being met in an effective manner. Research has shown that early intervention and Cognitive Behavioural Therapy programs are effective in reducing child anxiety symptoms and associated impairment, but these are not easily available to teachers for implementation in the classroom (Bernstein, Layne, Egan, & Tennison, 2004). The current study seeks to understand how teachers identify anxiety disorders in their classroom and what accommodations they provide to help the students succeed academically and socially.

1.2 Purpose

The purpose of this study is to investigate how teachers of anxious students attempt to meet their needs in the classroom, and with what perceived effects, as well as identifying the challenges they face. I hope to learn from teachers who have experience in teaching students with anxiety, and the ways in which they identify and accommodate these students.

The Federal Health Strategy for Canada put forward by the Mental Health Commission of Canada has grouped their 26 priorities and 109 recommendations for action into 6 categories, the first of which is to “promote mental health across the
lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible” (Mental Health Commission of Canada, 2012).

Provincially, the Government of Ontario commissioned the Ministry of Children and Youth Services to present a framework for child and youth mental health that aims to foster collaboration between health care, education, youth justice, and social services to share the responsibility for supporting children and youth with mental illness to reach their full potential (Ministry of Children and Youth Services, 2006). The Ministry of Children and Youth Services has worked in conjunction with the Ministry of Education to support children with mental health needs, and the Ministry of Education has published a document entitled Supporting Minds to help teachers promote students’ mental health and well-being by providing an overview of mental health and addiction problems as well as information and strategies to deal with specific mental health issues (Ontario Ministry of Education, 2013).

At the school board level, the TDSB, the largest school board in Ontario, has announced an action plan from 2013 – 2017 that articulated a mission to “…develop resilience in school communities, recognizes the profound understanding of the connection between mental health and student achievement, and the dynamic collaboration between schools and communities” (TDSB, 2013), a plan that includes 100% of school staff receiving professional development and training about mental health (TDSB, 2015). These policies mean that more teachers will need to learn how to respond to students’ mental health needs, and my research can inform such practice and teacher development.
1.3 Research Questions

The predominant question guiding this study was: How is a small sample of elementary school teachers being instructionally responsive to the academic and social-emotional needs of students with anxiety disorders? Subsidiary questions included:

• How do teachers identify students with anxiety disorders?

• What range of instructional strategies are these teachers implementing as responsive pedagogy for students who experience anxiety?

• What challenges do teachers face in their work to support students with anxiety disorders?

1.4 Background of the Researcher

I was diagnosed with an anxiety disorder at the age of 11, but it has been a challenge I have dealt with since early childhood. I found the social and academic requirements of school to be often overwhelming, and it definitely impacted my performance and capacity to learn. Throughout my schooling in Ontario, some of my own elementary teachers were able to identify my anxiety issues and accommodate my needs by grouping me intentionally, providing me advance warning about changes in the classroom, allowing me to stay in at recess to complete a task, and outlining assignments in steps to keep me from getting overwhelmed. These teachers made it much easier for me to concentrate on the material and learn, but sadly there were other teachers who either did not identify my needs or did not care to accommodate me, which greatly impeded my learning in their classes. As a result, I was frequently absent.
from school and ‘zoned out’ during classes, causing me to miss a lot of academic material.

In my practicums as a teacher candidate and other recent experiences in elementary schools, I have noticed that school staff often overlooks children who are not considered to have behavioural issues. Students who are stressed or overwhelmed are not typically viewed as a concern, because they often are not violent or disruptive to the class. It saddens me to think that these students are in need of additional support, but because they do not negatively impact the classroom climate, they fall through the cracks of our educational system. As a teacher candidate preparing to begin my career as an elementary teacher, I want to know how teachers are meeting the needs of anxious students, so that I can create a comfortable learning environment where every student’s needs are being met.

1.5 Overview

In Chapter 2, I discuss the current academic literature surrounding the issue of anxiety in children and instructional responses to anxiety. In Chapter 3 I describe the research methodology and procedures used to conduct the study, as well as information about the participants. In Chapter 4, I report the findings of the study. Finally, in Chapter 5 I discuss the findings against the current academic literature, I articulate the implications for teaching practice, and I make suggestions for further study. References and a list of appendixes follow at the end.
Chapter 2: Literature Review

2.0 Introduction

The review of the literature is divided into several topics. I discuss the types of anxiety disorders that are most likely to exist in the elementary classroom and the tools used to measure anxiety. I also review research related to some of the common methods to treat anxiety disorders, and I review the research surrounding teacher identification of anxiety. I look at suggestions from the literature surrounding teacher interventions, and I follow this by identifying gaps in the existing research related to anxiety and schooling.

2.1 Types of Anxiety Disorders

Approximately 20% of children and adolescents experience some type of mental health problem (Waddell, Offord, Shepherd, Hua, & McEwan, 2002), and anxiety is the most common mental health disorder experienced by children, adolescents, and adults (Merikangas, He, Burstein, Swendson, Avenevoli, & Case, 2011). While children have been diagnosed with various types of anxiety disorders, the most common diagnoses, and the diagnoses that I will focus on throughout this study, include phobias, generalized anxiety disorders, and separation anxiety disorder (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003).
2.1.1 Panic Disorder

Panic Disorder is associated with recurring panic attacks, or brief periods of intense fear or discomfort. The DSM-V defines Panic Disorder using the following criteria:

Table 1 – DSM V Definition of Panic Disorder (5th ed.; DSM-5; American Psychological Association, 2013)

<table>
<thead>
<tr>
<th>A. Both (1) and (2):</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) recurrent unexpected panic attacks</td>
</tr>
<tr>
<td>(2) at least one of the attacks has been followed by 1 month (or more) of one (or more) of the following:</td>
</tr>
<tr>
<td>(a) persistent concern about having additional attacks</td>
</tr>
<tr>
<td>(b) worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack, “going crazy”)</td>
</tr>
<tr>
<td>(c) significant change in behaviour related to the attacks</td>
</tr>
<tr>
<td>B. Absence of agoraphobia (fear of any place outside of one’s home or a safe zone)</td>
</tr>
<tr>
<td>C. The Panic Attacks are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism).</td>
</tr>
<tr>
<td>D. The Panic Attacks are not better accounted for by another mental disorder (e.g. Separation anxiety, social anxiety disorder)</td>
</tr>
</tbody>
</table>

In children, evidence of only one of the symptoms is required, whereas adults require three.

Panic attacks are defined as brief periods of intense fear or discomfort in which four of the following 13 symptoms are experienced: palpitations, pounding heart, or accelerated heart rate; sweating; trembling or shaking; shortness of breath; feeling of choking; chest pain; nausea or abdominal pain; feeling dizzy or lightheaded; derealisation (feelings of unreality) or depersonalization (being detached from oneself); fear of losing control or going crazy; fear of dying; numbness or tingling; chills or hot flashes. Panic attacks are both the cause of Panic Disorder and a symptom of other types of anxiety disorder. Children are especially susceptible to have panic attacks as a symptom of another type of anxiety disorder (Craske, et al., 2010).
2.1.2 General Anxiety Disorder

Generalized Anxiety Disorder (GAD) is a chronic anxiety disorder independent of other mental disorders where one suffers from excessive, difficult-to-control anxiety about a number of activities. While it was considered a residual category in the DSM-III, it is now recognized as an independent mental disorder (Andrews, et al., 2010). The DSM-V defines Generalized Anxiety Disorder using the following criteria:

Table 2 – DSM V Definition of Generalized Anxiety Disorder (5th ed.; DSM-5; American Psychological Association, 2013)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Excessive anxiety and worry (apprehensive expectation), occurring more days than not and for at least 6 months, about a number of events or activities (such as work or school performance)</td>
</tr>
<tr>
<td>B.</td>
<td>The person finds it difficult to control the worry</td>
</tr>
<tr>
<td>C.</td>
<td>The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more than not for the past 6 months). Note: only one item is required in children.</td>
</tr>
<tr>
<td></td>
<td>(1) restlessness or feeling keyed up or on edge</td>
</tr>
<tr>
<td></td>
<td>(2) being easily fatigued</td>
</tr>
<tr>
<td></td>
<td>(3) difficulty concentrating or mind going blank</td>
</tr>
<tr>
<td></td>
<td>(4) irritability</td>
</tr>
<tr>
<td></td>
<td>(5) muscle tension</td>
</tr>
<tr>
<td></td>
<td>(6) sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)</td>
</tr>
<tr>
<td>D.</td>
<td>The focus of the anxiety and worry is not confined to features of an Axis I disorder. E.g., the anxiety or worry is not about having a panic attack (as in panic disorder), being embarrassed in public (as in social phobia), being contaminated (as in obsessive compulsive disorder), being away from home or close relatives (as in separation anxiety disorder), gaining weight (as in anorexia nervosa), having multiple physical complaints (as in somatization disorder), or having serious illness (as in hypochondriasis), and the anxiety and worry do not occur exclusively during posttraumatic stress disorder</td>
</tr>
<tr>
<td>E.</td>
<td>The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</td>
</tr>
<tr>
<td>F.</td>
<td>The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a mood disorder, a psychotic disorder or a pervasive developmental disorder</td>
</tr>
</tbody>
</table>

In children, evidence of only one of the symptoms is required, whereas adults require three. Common causes for anxiety include performance at school and sporting events, punctuality, and fear of catastrophic events. Children with GAD tend to be overly conforming, perfectionists, and unsure of themselves. The often asking to redo a task
because they are dissatisfied with less than perfect performance, and persistently seek approval and require additional reassurance from others in regards to their performance (Beesdo, Knappe, & Pine, 2009).

### 2.1.3 Social Anxiety Disorder

Social anxiety is fear associated with interaction with other people, caused by the fear of judgment leading to feelings of self-consciousness, inadequacy, inferiority, embarrassment, and humiliation (Richards, 2014). The DSM defines social anxiety using the following criteria:

Table 3 – DSM V Definition of Social Anxiety Disorder (5th ed.; DSM-5; American Psychological Association, 2013)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be embarrassing and humiliating.</td>
<td></td>
</tr>
<tr>
<td>B. Exposure to the feared situation almost invariably provokes anxiety, which may take the form of a situationally bound or situationally pre-disposed Panic Attack.</td>
<td></td>
</tr>
<tr>
<td>C. The person recognizes that this fear is unreasonable or excessive.</td>
<td></td>
</tr>
<tr>
<td>D. The feared situations are avoided or else are endured with intense anxiety and distress.</td>
<td></td>
</tr>
<tr>
<td>E. The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person’s normal routine, occupational (academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.</td>
<td></td>
</tr>
<tr>
<td>F. The fear, anxiety, or avoidance is persistent, typically lasting 6 or more months.</td>
<td></td>
</tr>
<tr>
<td>G. The fear or avoidance is not due to direct physiological effects of a substance (e.g., drugs, medications) or a general medical condition not better accounted for by another mental disorder</td>
<td></td>
</tr>
</tbody>
</table>

Adults being assessed for social anxiety disorder must meet at least three of the criteria, but children must meet only one. There are several other differences in the criteria required for diagnosing children with Social Anxiety Disorders. For criterion A in children, there must be evidence of the capacity for age-appropriate social relationships with familiar people, and social anxiety must occur during interactions with peers. While many children and adolescence go through stages of social avoidance and fear of
embarrassment, it is the degree of distress or impairment of regular activities that dictates whether or not the child is diagnosed with Social Anxiety Disorder (Beesdo, Knappe, & Pine, 2009).

2.1.4 Separation Anxiety Disorder

Separation Anxiety Disorder is anxiety related to being separated from home or a specific person. It was previously considered a mental disorder only affecting children, but has recently been changed to include adult sufferers, however it is the only anxiety disorder classified as a disorder “Usually First Diagnoses in Infancy, Childhood, or Adolescence” (Bogels, Knappe, & Clark, 2013). The DSM-V defines Separation Anxiety Disorder using the following criteria:

Table 4 – DSM V Definition of Separation Anxiety Disorder (5th ed.; DSM-5; American Psychological Association, 2013)

<table>
<thead>
<tr>
<th>A. Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached, as evidenced by three (or more) of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated</td>
</tr>
<tr>
<td>(2) persistent and excessive worry about losing, or about possible harm befalling, major attachment figures</td>
</tr>
<tr>
<td>(3) persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped)</td>
</tr>
<tr>
<td>(4) persistent reluctance or refusal to go to school or elsewhere because of fear of separation</td>
</tr>
<tr>
<td>(5) persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings</td>
</tr>
<tr>
<td>(6) persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home</td>
</tr>
<tr>
<td>(7) repeated nightmares involving the theme of separation</td>
</tr>
<tr>
<td>(8) repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated</td>
</tr>
</tbody>
</table>

| B. The duration of the disturbance is at least 4 weeks. |

| C. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning. |

| D. The disturbance does not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and, in adolescents and adults, is not better accounted for by Panic Disorder With Agoraphobia. |
Irregular school attendance is a common impact of Separation Anxiety Disorder, with school refusal reported in 75% of children diagnosed with Separation Anxiety Disorder (Karlovec & Yazdi, 2008). For this reason, this type of anxiety disorder is especially related to the child’s education, and should be a concern for elementary school teachers.

2.1.5 Phobias

People with phobias have an overwhelming and irrational fear of a specific “thing”, such as an object, animals, or a situation (Canadian Mental Health Association, 2014). The DSM-V defines phobias using the following criteria:

Table 5 – DSM V Definition of Specific Phobias (5th ed.; DSM-5; American Psychological Association, 2013)

| A. Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood). |
| B. Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed Panic Attack. Note: In children, the anxiety may be expressed by crying, tantrums, freezing, or clinging. |
| C. The person recognizes that the fear is excessive or unreasonable. Note: In children, this feature may be absent. |
| D. The phobic situation(s) is avoid or else is endured with intense anxiety or distress |
| E. The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the person’s normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia. |
| F. In individuals under age 18 years, the duration is at least 6 months. |
| G. The anxiety, Panic Attacks, or phobic avoidance associated with the specific object or situation are not better accounted for by another mental disorder, such as Obsessive-Compulsive Disorder (e.g., fear of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), Separation Anxiety Disorder (e.g., avoidance of school), Social Phobia (e.g., avoidance of social situations because of fear of embarrassment), Panic Disorder With Agoraphobia, or Agoraphobia Without History of Panic Disorder. |

The type of phobia can be categorized as animals, natural environment (e.g. heights, storms), blood-injection-injury, situational (e.g. airplanes, elevators), or other types (e.g. vomiting, loud sounds).
2.1.6 Types of Symptoms

The types of symptoms that students with anxiety disorders experience can be described in two categories: physical, observable behaviour, and internalized feeling and subtle behaviour. The physical and observable symptoms include crying, tantrums, and/or clingy behaviour before or after an activity (such as recess), dysfunctional social behaviour, frequent absences from school, excessive reassurance seeking, frequently expressing frustration, and refusing to participate in group activities (CYMHIN-MAD, 2011; Ontario Ministry of Education, 2013). The internalized, more subtle symptoms of anxiety disorders include constant worrying before an event or activity, stomachaches that are not attributable to illness or a health condition, agonizing about everyday things such as homework or grades, having difficulty making friends, perfectionism, interpersonal sensitivity and fearing new situations or change of any kind (CYMHIN-MAD, 2011).

2.2 Measuring Anxiety

There are several tools available for the purpose of measuring anxiety in children. Some scales can be accessed for free online, while others charge a fee. The Spence Children’s Anxiety Scale and the Multidimensional Anxiety Scale for Children are the two most commonly used child anxiety scales in the academic literature.

2.2.1 Spence Children’s Anxiety Scale

The Spence Children’s Anxiety Scale was developed to measure the extent of anxiety symptoms in children in accordance with the elements of anxiety disorders by
the DSM-IV. This scale considers six types of anxiety generalized, panic, social, separation, OCD, and physical injury fears. It was designed to take approximately 10 minutes for children to answer the questions, where they rate each symptom they experience on a 4-point frequency scale (Spence, 1998). The SCAS is available for no cost on the SCAS website, and is easily accessible and cost-effective for parents and educational professionals.

The SCAS is designed for clinical purposes, screening and prevention, and research. This scale is not intended as a diagnostic tool, but to provide insight into the nature and severity of the anxiety symptoms. In the community, it is used to identify children at risk of developing issues with anxiety and to monitor the outcome of anxiety interventions. It is commonly used for research purposes to examine the anxiety symptoms in children (Spence, 2013), but can also be appropriate in a school setting.

2.2.2 Multidimensional Anxiety Scale for Children

The Multidimensional Anxiety Scale for Children (MASC) is an assessment tool consisting of 39 factors categorized into physical symptoms, social anxiety symptoms, harm avoidance, and separation anxiety, and has been described as a promising self-report scale to assess anxiety in children and adolescents. The MASC provides a reliable description of the structure of anxiety as it presents in children and adolescents (March, Parker, Sullivan, Stallings, & Conners, 1997). The MASC can be completed online or using paper-and-pencil for a fee, and can be completed by both children and their parents in approximately 10 minutes to identify the severity of the anxiety (March, 2014).
2.3 The Academic and Social Impacts of Anxiety Disorders

2.3.1 Early Withdrawal From School

Research has shown a negative correlation between anxiety disorder diagnoses and educational achievement. A study examining 201 young adults with diagnosed anxiety disorders suggests that anxiety disorders are associated with premature withdrawal from school (Van Ameringen, Mancini, & Farvolden, 2003). The reasons the participants gave for leaving school prematurely appeared to be related to their experience of the symptoms of anxiety.

2.3.2 Educational Achievement

In the same study conducted by Van Ameringen, Mancini, & Farvolden (2003), the reasons participants gave for not enjoying school were related to their symptoms of anxiety, and 34.8% of the sample reported that their anxiety caused them to miss school for an extended period of time.

Lower educational attainment is a consequence of early-onset psychiatric disorders, as it can result in lower grades, a weaker understanding of concepts, or absence from class. Anxiety disorders are also significant predictors of failure during educational transitions, for example, the transition from elementary school to high school or from high school to post-secondary school (Kessler, Foster, Saunders, & Stang, 1995).
2.3.3 Social Consequences

In addition to the educational implications, anxiety disorders have social impacts. There are associations between anxiety disorders in childhood and anxiety, major depression, alcohol and illicit drug dependence, early parenthood, suicidal behaviour during young adulthood (Woodward & Fergusson, 2001). Unplanned teenage parenthood and marital instability have also found to be consequences of anxiety disorders (Kessler, Walters, & Forthofer, 1998). These findings suggest that children and adolescents with anxiety disorders are at an increased risk of developing other adverse mental health conditions and life course outcomes.

2.3.4 The Importance of Early Treatment

The literature advocates the importance of identifying and treating childhood and adolescent anxiety in order to prevent the development of debilitating adult disorders. This may help ensure that as many children as possible have the opportunity to enjoy school, complete their education, and become full contributors to society (Van Ameringen, Mancini, & Farvolden, 2003). Early withdrawal of school, missing classes, and underachieving academically are not ideal situations for students, and the early treatment of anxiety disorders may help ensure academic and social progress.

2.4 Common Treatment Methods

Treatment methods for child anxiety vary slightly from that of adult anxiety. This section will discuss medication (pharmacology), Cognitive Behavioural Therapy, somatic
management (relaxation) techniques, group therapy, school-based therapy, and online programs.

2.4.1 Pharmacology in Children

Pharmacology is the most common form of anxiety treatment in the United States (Collins, Westra, Dozois, & Burns, 2004), including the treatment of adults and children. Medications that target the brain’s chemical messengers, such as selective serotonin reuptake inhibitors (SSRI), serotonin-norepinephrine reuptake inhibitors (SNRI) and benzodiazepines are often used to treat anxiety disorders (Canadian Mental Health Association, 2014). There is controversy surrounding the use of medication to treat psychiatric conditions in children. Critics argue that there is insufficient safety information analyzing the relationship between medicated children and suicide.

2.4.2 Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) is a form of psychotherapy, developed by Dr. Aaron T. Beck, in which a therapist and a client identify and solve problems related to a variety of psychiatric disorders such as depression, eating disorders, anxiety disorders, and substance abuse. CBT requires the identification of distorted thinking, modifying beliefs, and changing behaviours. It is based on the cognitive model, which states that the way we perceive situations impacts how we feel emotionally, which as a result, influences our behaviour (Beck Institute for Cognitive Behavior Therapy, 2014). Essentially, CBT uses the connection between our thoughts, feelings, and behaviours to explain why we experience overwhelming anxiety, and is based on the premise that if
we change our thoughts, we can change our feelings, and therefore change our behaviour (Beck, Emery, & Greenberg, 1985).

Cognitive Behavioural Theory has been found to have multiple benefits. It is able to directly address specific cognitive or behavioural factors that medication cannot, especially in the case of specific phobias or avoidance issues, and it can be a more cost-effective alternative to pharmacology (McDermott, 2004), as there is a one-time payment (or no payment at all) as opposed to on-going prescription fees.

Clinical studies have demonstrated the effectiveness of CBT in the treatment of anxiety disorders (Spek, Cuijpers, Nyklicek, Riper, Keyzer, & Pop, 2007). A clinical trial of 47 children aged 9-13 diagnosed with anxiety disorders found that, at the one-year follow-up to 16 sessions of CBT, many of the children no longer met the criteria for an anxiety disorder diagnosis (Kendall, 1994). Even given this history of success, some evidence suggests that the response to CBT varies based on the type of anxiety disorder. Children diagnosed with Generalized Anxiety Disorders and Separation Anxiety Disorders demonstrated the most favourable outcome to CBT intervention when compared to Social Phobias (Crawly, Kendall, Benjamin, & Beidas, 2008).

### 2.4.3 Somatic Management Techniques

Somatic management techniques, or relaxation techniques, are a tool to manage the symptoms of anxiety and avoid anxious behaviour by responding to distressing thoughts and feelings (Thompson, Robertson, Curtis, & Frick, 2013). Relaxation techniques include deep breathing, visualization, journaling, and muscle tension-relaxation, among others. They are designed to calm the body physically to relieve
certain symptoms of anxiety. These techniques can be a great addition to CBT, as it allows the patient to be physically calm, which helps as he works to alter his thoughts.

2.4.4 Group Therapy for Children

Group therapy is a common method for CBT anxiety interventions, especially with children, as it involves teaching the theory of Cognitive Behaviour and techniques for anxiety reduction to a group of children diagnosed with anxiety disorders. It is cost-effective and feasible in a clinical setting as well as a school setting. In a study of 101 students aged 7 to 11, it was found that group CBT and group CBT with parent training were beneficial in reducing the negative impacts of school-based anxiety when compared to children who received no treatment. The clinical report, child self-report and parental report demonstrated that the students experienced significant decrease in anxiety symptoms as a result of group CBT. It was also noted that parental involvement contributed to greater benefit than child group CBT alone (Bernstein, Layne, Egan, & Tennison, 2004), emphasizing the importance of parental involvement in addressing the needs of anxious children.

2.4.5 School-based Interventions: Whole-Class Therapy

Another form of treatment similar to group therapy is school-based interventions, or whole-class therapy. This type of treatment involves exposing the entire class, both anxious and neurotypical students, to CBT and anxiety-reducing strategies. These strategies include deep breathing, positive self-talk, restructuring thoughts, progressive relaxation, visualizations, imagery, and becoming aware of
feelings. In a 2013 study of students aged 8 to 12 who took part in an eight-week school-based CBT program found that there was a significant decrease in students’ pre-test scores and post-test scores on the SCAS, indicating that the intervention reduced anxiety. It was found that students were more aware of their anxiety symptoms and were able to identify situations in which they felt anxious, and they demonstrated more emotional control (Brown, 2013).

2.4.5.1 Friends Program/The Take Action Program

The FRIENDS program is an evidence-based anxiety prevention program offered through classroom guidance curriculums, aiming to prevent anxiety symptoms through CBT techniques (Berrett, Webster, Turner, & May, 2003). The program claims to promote psychological resilience, enabling children struggling with anxiety to overcome their diagnosis and achieve academic and social success.

The FRIENDS Program is no longer being published, but it inspired the Take Action Program, which includes the CBT components of the FRIENDS program and incorporates treatment techniques such as problem solving skills, social skills training, and cognitive restructuring (i.e., developing realistic expectations and positive self-talk) (Australian Academic Press, 2013). Research has found the Take Action Program to be effective as a treatment method for childhood anxiety disorders by reducing the symptoms of anxiety (Waters, Wharton, Zimmer-Gembeck, & Craske, 2008).
2.4.6 Online and Computerized Therapy

The Internet has become a popular and feasible resource for information regarding mental health issues (Ybarra & Eaton, 2005), and can be a beneficial tool for intervention and prevention programs (Levy & Strombeck, 2002). Research also shows, however, that there are inconsistencies among mental health websites, and while some provide accurate and useful information, others lack evidence-based overviews of the disorder (Berland et al., 2001; Griffiths & Christensen, 2000; Kisely, Ong, & Takyar, 2002; Lissman & Boehnlein, 2001), so these resources should be used with caution.

A recent addition to the treatment of anxiety disorders is internet-based and computerized anxiety interventions, which have been found to be effective in treating anxiety disorders, especially when combined with therapist support (Spek, Cuijpers, Nyklicek, Riper, Keyzer, & Pop, 2007). Computerized CBT interventions have been found to be effective, interactive, convenient, and accessible to youth who are not ready to discuss their anxiety face-to-face. These methods can help teachers and school counsellors reach children who have been identified with anxiety, but refuse to participate in group counselling or require additional support (Thompson, Robertson, Curtis, & Frick, 2013).

A variety of online and computerized programs have been developed as a convenient and feasible form of therapy, with one of the most popular being “Camp Cope-A-Lot” (CCAL), a 12-session CD-ROM treatment for anxious children age 7 to 13. It is advertised as being used at school, home, and even hospital or clinical settings. The
program comes with a child workbook and a “Coach’s Manual” to explain the implementation of the program (Kendall & Khanna, 2012).

2.5 Teacher Identification of Student Anxiety

2.5.1 Effectiveness of Identification

With such strong evidence about the effectiveness of CBT, both in individual, group, and whole-class intervention, it is essential that teachers are able to identify students who are struggling with anxiety in order to implement the strategies appropriately. In Kendall’s clinical trial (1994) examining 47 children with anxiety disorders in children, many of the teachers did not perceive the children as having an anxiety problem in the classroom. Kendall speculates that, because many symptoms of anxiety are internalized, teachers may be less sensitive to identifying these symptoms than externalized behavioural issues.

Another study examining teacher awareness of anxiety symptoms in children involved 453 students in grades two through five. Teachers were able to accurately identify the three children that they considered the most anxious in the classroom, as the children they selected scored significantly higher than their peers on the Multidimensional Anxiety Scale for Children (Layne, Bernstein, & March, 2006). It should also be noted that most of the students who were identified exhibited observable, physical symptoms such as crying, asking to go home, and poor attendance.

While the two studies report different findings in regards to the effectiveness of teacher identification of anxiety symptoms, both express the idea that teachers are
more likely to identify physical symptoms of anxiety than internalized symptoms. This is problematic, because many symptoms of an anxiety disorder are internalized, and therefore teachers may not identify students that are struggling with anxiety and require accommodations or intervention.

One possible explanation as to why teachers are unlikely to identify the internalized symptoms of anxiety is that they often lack basic knowledge and skills to identify and intervene with students suffering with mental health issues because it is rarely covered in pre-service teacher education (Koller & Bertel, 2006). Furthermore, teachers claim to feel generally unprepared to support mental health issues in the classroom (Kendall, 1994; Reinke, Stormont, Herman, Puri, & Goel, 2011)

2.5.2 Supporting Minds Ministry Document

The Ministry of Education released a document entitled Supporting Minds: An Educator’s Guide to Promoting Students’ Mental Health and Well-being in 2013. This document is meant to be used by teachers as a resource in understanding mental health issues and supporting mental health and well-being in the classroom (Ontario Ministry of Education, 2013). This document provides general suggestions for supporting students’ mental health and well-being, such as creating a positive classroom environment, talking about mental health in the classroom, knowing and building relationships with your students, and talking about mental health with parents and students. Supporting Minds also discusses the Child and Youth Mental Health Information Network’s recommendations that teachers reduce stress for all students by providing predictable schedules and routines in the classroom, providing relaxation
exercises for the whole class, and encouraging students to take small steps to
accomplish a feared task (CYMHIN-MAD, 2011). The document goes on to describe
classroom strategies to support students experiencing specific anxiety-related
symptoms.

2.5.3 Misconceptions

The literature outlines some common misconceptions teachers make in regards
to students with anxiety disorders, namely the motives of bad behaviour and the age of
anxiety onset. Teachers tend to assume that devious motives are the cause of bad
behaviour (Kaplan, 1970), while CBT argues that behaviour is the result of one’s
thoughts and feelings. Bad behaviour in class might be attributed to the negative self-
talk that results from an anxiety disorder, or from another form of mental illness as
opposed to being defiant or malicious.

It is also common to assume that the stress caused by school and social
situations increases as children age, and therefore seems safe to assume that overall
anxiety levels increase with age. Studies have found, however, that as grade level
increases, scores on anxiety-measuring scales decrease (Layne, Bernstein, & March,
2006), meaning that younger students experience the most severe symptoms of anxiety.
This seems to conflict with common sense, but it emphasizes the importance of
identifying anxious students and anxiety triggers in primary and junior grades and
working to reduce these symptoms and provide appropriate coping strategies.
2.6 Teacher Intervention

Since ensuring student learning is the key role of the classroom teacher, it seems essential that the teacher intervene when it comes to students with anxiety disorders. The research suggests ways for teachers to identify anxious students, interventions to implement, as well as prevention strategies. Unfortunately, there is a disjunction within the literature in that the ever-present issue of “not enough time” is rarely discussed by researchers advocating these additional programs (Collinson & Cook, 2001).

2.6.1 Identify Anxious Students

The literature suggests that elementary school teachers should make themselves aware of the symptoms of anxiety so they are able to effectively identify students who may be struggling with anxiety (Ontario Ministry of Education, 2013). Brief screening tests can be used to identify students who are at risk of experiencing anxiety-related symptoms (Thompson, Robertson, Curtis, & Frick, 2013), and teachers should seek additional support for dealing with anxious students, such as professional development opportunities, workshops, and online resources. Researchers also suggest tailoring classroom activities to meet the emotional needs of the anxious learner (Young, 1991), such as additional time to complete a task, intentional grouping, and alternative learning environments.

Some recommendations for identifying anxious students in the classroom include interviews with the child, child self-report measures, parent and teacher rating scales, and behavioural observations (Mychailyyszyn, et al., 2011). It seems unrealistic to conduct interviews and take self-report measures with each child, so it is important that
teachers observe changes in behaviour and take appropriate measures to identify the cause of behavioural changes. If a teacher suspects that anxiety is the cause of these behavioural changes, there are several suggestions for interventions that can be implemented to help students suffering from anxiety.

2.6.2 Administer Interventions

If teachers believe that a student in their class might be struggling with anxiety, they can bring that student up at the monthly In-School Resource Committee (ISRC) meetings, where a committee of administrators, support staff such as Special Education teachers, psychologists, social workers, and speech pathologists, as well as the classroom teacher devise a plan to help support these students (PDSB, 2015).

When teachers discover that they have a student or students in their classroom struggling with anxiety issues, the academic literature suggests that teachers introduce CBT to the children as a feasible and effective intervention (Barrett & Turner, 2001; Lowry-Webster, Barrett, & Dadds, 2001; Mychailyszyn, et al., 2011). It is unclear in these studies whether the teacher should provide this type of intervention to the child struggling with anxiety, or if it should be an intervention for the entire class. In either case, I suspect that the time commitment of implementing a CBT program would be a strong factor impacting how effective the treatment would be. The research does not state when these interventions should be administered (During class time? During recess? Before/after school?).
2.6.3 Prevention Programs

A final suggestion for what teachers should do is to incorporate anxiety prevention programs, such as the Take Action Program mentioned above, that are inclusive, developmentally appropriate and aimed at boosting student achievement. These programs aim to help students that are at risk of suffering from anxiety issues, as well as teach students not suffering from an anxiety disorder how to deal with everyday stress and learn coping mechanisms and relaxation techniques (Thompson, Robertson, Curtis, & Frick, 2013).

2.6.4 Disjunctions within the Literature

The academic research surrounding anxiety interventions in schools overwhelmingly states that, while there are discrepancies about the details, teachers should implement CBT programs to help students learn to deal with their anxiety issues (Ghafoori & Tracz, 2001). Studies advocating these types of program make no mention of the issue of time. It has been reported that teachers are already overwhelmed, and struggle to find enough time to teach the curriculum, let alone implement extra programs that are not required in the curriculum (Collinson & Cook, 2001; Collinson & Cook, 2001). Time is a barrier to teacher learning and school change, so if teachers feel that they already do not have enough time, implementing additional interventions into their program will be overwhelming.

An Australian study conducted by Bernstein et al. (2004) argues that there is enough time for teachers to teach CBT to their students. This particular study, however, provided Cognitive Behavioural Therapy to students and their parents in a clinical
setting and not in the school environment, causing me to question their ability to comment on the time constraints in the classroom. Furthermore, the CBT interventions in this study were provided by trained research staff from the university, which limits their claim of effective and feasible implementation of CBT programs in the classroom.

There is clearly a gap in the recommendations of the research when it comes to finding a way to implement CBT programs in a way that does not overwhelm the classroom teacher in regards to timing.

2.7 Relevance to the Current Study

Scholarly research examining anxiety disorders in children has exploded since the 1990s, and there is an abundance of research describing the symptoms of anxiety, treatment methods, and the long-term effects of anxiety on health and emotional development (Kendall, 1994; Keller, 2002). While there are many clinical trials and studies that provide suggestions for classroom practice, there is no research analyzing the interventions that are actually being provided by teachers of anxious students. This study provides a small-scale snapshot of what two teachers in Ontario are doing in their classrooms to accommodate anxious students and attempt to meet their needs in the classroom.
Chapter 3: Methodology

3.0 Introduction

This chapter discusses the procedures used in the study, the nature of the research and methods of data collection, as well as participant criteria and recruitment procedures. The data collection and analysis is then discussed, followed by the ethical considerations and the limitations and strengths of the methodology.

3.1 Procedure

This study aimed to determine how teachers are instructionally responsive to students with anxiety disorders. In an effort to identify teacher responses to anxiety disorders, I conducted a qualitative research study involving a literature review and two face-to-face interviews with teachers who have experience with anxious students. I transcribed the interviews and conducted data analysis. Finally, I compared the suggestions in the academic literature to the strategies described by my participants and describe the implications for practice and recommendations for future research.

3.2 The Nature of the Research

This research study focuses on how teachers identify and accommodate students with anxiety disorders in their classrooms. In conducting the research, I used a qualitative research approach in order to understand the experience of teachers who have taught students with anxiety disorders. I focused on how they identify students with anxiety by inquiring about symptoms of anxiety, parental involvement, and child
disclosure, as well as the accommodations the teachers provide to these students. I also investigated how effective the teachers perceive their responses to be in helping ease the child’s anxiety and contribute to the child’s academic success.

A qualitative research approach allows the researcher to represent the participants’ realities of social phenomena (Schwandt, 1997). It allowed me to understand the teacher’s experience in dealing with anxiety in the classroom, and gather various perspectives of how to identify and manage anxiety disorders.

Semi-structured interviews allow the interviewer to be prepared, while also giving participants the freedom to express their opinions and share experiences in their own terms, but in a way that provides comparable data (Cohen & Crabtree, 2006). Using semi-structured interviews gave me an opportunity to analyse what various primary and junior teachers look for in identifying students and what they believe is effective in supporting their students.

3.3 Instruments of Data Collection

I used semi-structured face-to-face interviews to obtain my data. I developed an interview protocol to ensure that both interviews follow the same format. The interviews began with closed-ended questions in order to gather information regarding the background of the interviewee, followed by open-ended questions that provided my participants the opportunity to share a variety of experiences accommodating students with anxiety disorders. The interview questions are listed in Appendix B.

For recording purposes, I used an electronic audio recording device, as well as a laptop microphone as a back up, to record each interview. In addition to the audio
recording, I wrote notes throughout the interviews to describe the interviewees’ non-verbal queues, such as body language, tone of voice, and vocal intonations. Each interview was transcribed electronically and provided to the participant for review.

3.4 Participant Criteria

This study involves two participants - both classroom teachers in Ontario schools who have taught children with anxiety disorders. In-School Support People (ISSP) and Special Education Resource Teachers (SERTs) were intentionally omitted from the study, as I wanted to investigate how general classroom teachers meet the needs of anxious students in addition to the other demands of their job, such as lesson planning, extra-curricular commitments, and meeting the needs of all other students in their class. While ISSP will likely be involved in accommodating anxious students, I intentionally decided to focus this study on the behaviours of the classroom teacher.

My first participant, Rachel, has eleven years of teaching experience in the general education classroom with grades two, three and four. She has taught two students with diagnosed anxiety disorders, but believes that there were many students she supported in terms of anxiety who did not have a medical diagnosis.

Emily, the other participant, has eight years experience teaching in the general education classroom ranging from Kindergarten to grade six. Emily has taught three students that were diagnosed, but more than ten other students who she identified as anxious but without a diagnosis.
3.5 Recruitment Procedures

Participants for the study were recruited using my personal network, expanded over the past four years by volunteering and working in elementary schools in PDSB and TDSB. I emailed my contacts information about my study from my University of Toronto email account, describing the type of teachers I was looking for, and requested that any interested teachers who meet the criteria be given my contact information. I received responses from five teachers, but only three met the criteria I was looking for. I arranged to meet Emily and Rachel separately in their respective classrooms after school hours, but unfortunately the third teacher withdrew participation before the interview took place due to personal time constraints.

3.6 Participant Biographies

3.6.1 Rachel
My first participant, Rachel, has eleven years of teaching experience in the general education classroom with grades two, three and four. She has taught two students with diagnosed anxiety disorders, but believes that there were many students she supported in terms of anxiety who did not have a medical diagnosis.

3.6.2 Emily
Emily, the other participant, has eight years experience teaching in the general education classroom ranging from Kindergarten to grade six. Emily has taught three students that were diagnosed, but more than ten other students who she identified as anxious but without a diagnosis.
3.7 Data Collection and Analysis

Data was collected during two individual face-to-face interviews, conducted in the participant’s classroom after school. I audio recorded the interviews and took notes to describe body language, tone of voice, and vocal intonations. I transcribed each interview verbatim. After rereading each interview transcription several times, I began coding each transcription for various categories using coloured highlighters. I then compiled all relevant data in tables, which allowed me to identify multiple commonalities, and then consolidate these into the seven main themes, with multiple sub-themes, as reported in Chapter 4.

3.8 Ethical Considerations

I followed the ethical review approval procedures for the Masters of Teaching program at OISE. Teacher participants signed a letter of consent (See Appendix A) explaining the purpose and procedures of the research. Confidentiality of the participants was a priority throughout the study. I used pseudonyms for all teacher participants involved in the study to respect anonymity, and the teachers were informed before the interview that they may refuse to answer any question, and that they could withdraw from the study at any time. Teacher participants were also sent a transcript of their interview, with the option of revising or removing any part of the interview.

3.9 Limitations

As with any type of research, this study had several limitations. This study is limited to the parameters designed by the MTRP guidelines, namely that only two-three
interviews should be conducted, and therefore the findings of this study are not
generalizable to a larger population. More participants may have lead to a more
thorough understanding of the current educational climate surrounding teacher
identification and accommodations of anxiety disorders in Ontario.

This study is also limited in terms of time, as the research was conducted over a
period of approximately eighteen months. Without such time constraints, the effects of
the strategies described by the participants could have been tracked longitudinally,
providing greater insight into their effectiveness at supporting students with anxiety
disorders.

While sample size and time are important procedural limitations of the study,
this study is also limited in terms diversity and representation of voice. Both the
participants and the researcher are Caucasian women with a vested interest in
supporting students with mental health issues.

Perhaps even more significant is the lack of student voice. In this study,
interviews with teachers and a review of the literature are the only methods of data
collection, meaning that I did not interview or observe children in the classroom in order
to provide a student voice. Observing the classroom dynamics and anxiety-reducing
methods of the teacher would have provided more depth to the research, and is
desirable for future research.

3.10 Strengths of the methodology

Qualitative research is a method of inquiry that aims to gather an in-depth
understanding of human behaviour and motivations (Creswell, 2013). This study uses a
qualitative research methodology to investigate what teachers are doing and why they are doing it. The benefit of semi-structured interviews is that I was able to gain insight into the attitudes and experiences of teachers, shedding light on their values, concerns, and motivations. This information will provide depth to the existing academic literature.
Chapter 4: Research Findings

4.0 Introduction

In this chapter, I report the findings from two face-to-face interviews with Rachel and Emily. Throughout these interviews, Participants shared with me how they identify anxiety in their students, the academic and social/emotional strategies they use to support students who experience anxiety, and challenges they face in supporting these students. Upon analyzing the data, I identified seven overarching themes: 1) Teachers framed their understanding and recognition of anxiety by reference to non-anxious behaviour, 2) The most common indicators of an anxiety disorder identified by teachers were visible and physical manifestations of stress, 3) Communication with parents is an integral component of these teachers’ instructional response to working with students who experience anxiety, 4) Teachers lack of experience and training leads them to consult unreliable sources when developing their instructional responses, 5) Teachers have observed that effective strategies for supporting the academic success of their students who experience anxiety include breaking down tasks, including variation and choice for students to demonstrate their knowledge, and implementing routines for students, 6) Teachers have observed that effective strategies for supporting the social and emotional needs of their students who experience anxiety include facilitating relationship-building amongst students, explicitly acknowledging and naming feelings as they arise, and teaching and speaking about the experience of stress as a shared experience with the whole class, and 7) Teachers identified a varied range of challenges
they experienced and confronted while working to support students with anxiety disorders, including both practical and structural barriers to teaching and learning. I report on each, and the range of nuances within them, in turn.

4.1 Teachers framed their understanding and recognition of anxiety by reference to non-anxious behaviour

In order to identify students who struggle with anxiety, it is important for teachers to have an understanding of what it means to have an anxiety disorder. Both Rachel and Emily demonstrated some discomfort when asked to describe what the term meant to them. Neither teacher expressed a clear understanding or described anxiety in detail, and both framed their understanding and recognition of anxiety by reference to non-anxious experiences.

Emily described her perception of anxiety as “an inability to deal with stress the way...I don’t know, I guess the way normal people do”. She went on to say that anxiety is “an issue with the brain that prevents you from processing stress in a typical way”. In these ways, Emily drew on her conceptualization of what is normal and what is typical to help her understand and recognize anxiety.

Rachel described students with an anxiety disorder as students who would “…get very upset about certain situations and cry or lose patience, lose focus over things that would be very trivial to other students”. While she did allude to some symptoms of anxiety as described in the DSM-V, she foremost described these students by contrasting them with how other students manage stress or respond to a given
situation. Emily, similarly, described students with an anxiety disorder as those who “seem to get overwhelmed with things that most people wouldn’t get stressed about”.

4.2 The most common indicators of an anxiety disorder identified by teachers were visible and physical manifestations of stress

Visible and physical manifestations of stress are the easiest symptoms of an anxiety disorder to identify, and these were the most common indicators of anxiety that these teachers spoke to in the interviews. As stated, teachers aligned anxiety disorders with atypical behaviour and responses from students, and many of these manifested in visible and often physical ways.

Within this theme I identified four sub-themes, including: 1) Teachers recognized the expression of emotion as an indicator of anxiety, 2) Teachers recognized student avoidance and resistance as indicators of anxiety, and 3) Teachers did not speak to the more subtle expressions of anxiety disorders.

4.2.1 Teachers recognized the expression of emotion as an indicator of anxiety

Certainly, it is not uncommon for children to express emotion in a variety of situations and contexts, including within the school and classroom environment. At the same time, and for a variety of reasons including social stigma and behavioural expectations set by schools and teachers, children often regulate their expression of emotion in formal school contexts. When this does occur, the stimuli that prompt emotional reactions, and the ways that students express their emotions, will differ across students. The teachers I interviewed recognized this variance in stimuli and the
particular ways that students expressed emotion as indicators of anxiety. Both Emily and Rachel, for example, specifically identified crying as an indicator of student anxiety. Rachel discussed recalled a student she taught with a diagnosed anxiety disorder, and she described the way that he would “cry and sit in the hallway”. Emily also described students who cried, namely recalling a girl who “cried a lot when she was anxious,” and who “would yell and scream and cry and hyperventilate, and then run and hide”. To the extent that it is both visually and acoustically noticeable, and potentially disruptive to the learning of others, crying is a symptom that will unlikely go unnoticed. Additionally, Emily identified a number of other visible and physical indicators of anxiety, including a student who vomited when anxious, some students with anxiety disorders who would “breathe really fast and rock back and forth,” and another student who “broke out in hives in the morning if she was nervous about coming to school”.

4.2.2 Teachers recognized student avoidance and resistance as indicators of anxiety

In addition to recognizing emotional and physical displays of anxiety, both teachers also recognized student avoidance and resistance as visible indicators of anxiety. Participants discussed specific examples of avoidance to new things, as well as resistance to follow certain instructions. School attendance of anxious students was also discussed as an example of avoidance.

Emily, for example, described a student who “...just refused to try new things,” and another student who “...would just shut down....sit at her desk, and not move”. Similarly, Rachel discussed a student with a diagnosed anxiety disorder who, “...at school, refused to move unless guided from place to place, so she would just stand in a
certain location unless you took her hand or used another method to get her to move forward to a different location”.

Both teachers also noticed that students they perceived as anxious were absent more frequently than their neurotypical peers. Emily remarked that, “…most of my anxious kids missed a lot of school. Even the ones who weren’t diagnosed, they were absent a lot”. In addition to discussing the chronic absenteeism of students she perceived as anxious, Rachel explained that she taught a student with a diagnosed anxiety disorder who would “…refuse to come in the classroom” or “…would run away from school on certain days with certain things happening”, such as school assemblies, presentations, or field trips.

4.2.3 Teachers did not speak to the more subtle expressions of anxiety disorders

Almost all of the symptoms of anxiety that the participants described were physical symptoms that are easily noticed. The symptoms that these teachers described – expressions of emotion such as crying and hyperventilating, physical symptoms such as vomiting and breaking out in hives, as well as avoidance and resistance – all visible manifestations of anxiety. Teachers did not report the more subtle symptoms of anxiety, such as the emotional turmoil, when discussing the symptoms they noticed in identifying anxiety. The only exception to this is that Emily noticed a student “…kind of zoning out”, which is still physically identifiable, but less noticeable than expressions of emotion or avoidance and resistance.
4.3 Communication with parents is an integral component of these teachers’ instructional response to working with students who experience anxiety

Communication with parents is an important part of teaching, and both participants acknowledged the importance of parental involvement when working with students with anxiety disorders. Foremost, teachers communicated with parents so that parents could help inform teachers how they might instructionally respond to their children at school.

4.3.1 Parents who proactively contact them about the needs of their children inform teachers’ instructional response

Both Rachel and Emily reported that at least one parent of an anxious student had approached them in regards to their child’s needs, and that they found it helpful in working with that student. Rachel taught a boy with a diagnosed anxiety disorder, and describes her interaction with his mother before the beginning of the school year.

His mom brought him into school before school started actually, and we kind of developed, like a bond from the beginning so that he knew that I wasn’t the kind of teacher that was gonna yell at him or get upset with him if he was having a bad morning and couldn’t come in, if he had to have a cry or whatever

Meeting with the parents and building a relationship with both the student and the parents before the school year began was a way that Rachel began to develop strategies to help this student. She also meets with the parents of students she suspects of
struggling with anxiety: “I would also try to speak to the parents and say ‘does this happen at home?’, and ‘what do you do at home’, and those kind of things”, in order to inform her practice in supporting these students.

Emily discussed an 8-year-old student named Kayla, who had also been diagnosed with an anxiety disorder. She mentioned that, “Her parents actually came in to talk to me before school started to sort of warn me about Kayla, and what triggered her anxiety, how she’d respond, you know, which was helpful”.

### 4.3.2 Teachers find the support they get from parents to be valuable

Teachers articulated that parental support is important for the teachers who develop strategies to work with anxious students, but also to help the student themselves. Emily argued that parental support is the biggest factor that contributes to the success of an anxious student.

The biggest factor is the parents. If the parents are on board and accept their child’s issues, you can work together to create a plan for success. I learned pretty quickly that I can’t really depend on ISSP or admin for a lot of support, because there are so many politics involved that I won’t get into, but if the parents are on top of things and willing to take advice as well, their kid will be ok.

Rachel echoed this sentiment throughout her interview, describing the importance of parental acceptance and involvement in contributing to the success of an anxious student.
Emily stated that since the parents she’s worked with are a sufficient resource, she does not even need to attempt to access other supports: “I’ve never looked into it [using ministry resources or support available through the board], because I’ve been lucky enough to have good parents”.

4.4 Teachers lack of experience and training leads them to consult potentially unreliable sources when developing their instructional responses

While parents can be a fantastic resource, they aren’t always accepting or aware of the severity of a child’s anxiety, and therefore can’t always be counted upon to support the classroom teachers in their work. As a result, teachers must consult other sources to develop their instructional responses to anxiety disorders. Unfortunately, the lack of experience and training classroom teachers receive leads them to consult potentially unreliable sources when developing their instructional responses. This theme encompasses the fact that these teachers feel unprepared for responding to students’ needs, teachers rely on discussions with other teachers and their prior knowledge of the student as a source for informing their instructional response, teachers rely on the internet as a source for informing their instructional response, and teachers rely on a process of trial and error when responding to students’ experience of anxiety.

4.4.1 Teachers feel unprepared for responding to students’ needs

With no training regarding anxiety disorders and appropriate instructional response, teachers indicated that they feel unprepared for responding to students’
needs associated with anxiety. Emily articulated her frustrations in feeling unprepared, saying that, “I still think that’s the biggest challenge, is that I don’t know what to do. I’ve never been trained in dealing with anxiety disorders, and even what I know now is only based on experience”.

4.4.2 Teachers rely on discussions with other teachers and their prior knowledge of the student as a source for informing their instructional response

The participants both described that their instructional responses were informed in part by discussions with the students’ previous teachers. Emily said, “…the previous teacher told me the kinds of things that triggered her, and what she did the year before to help her”. Comparably, Rachel explained that she “…would often try to speak to the previous year’s teachers to see if they had strategies that worked the previous year for that student, or strategies that didn’t work, or if they had insight into the family history”. Both teachers used the previous year’s teacher as a resource in developing, or ruling out, strategies to help support the anxious student.

In addition to previous teachers, both participants talked to other teachers in their school. Rachel knew she would have a specific student with an anxiety disorder in her classroom when she moved to a new school. “When I came to that school, the ISSP [In School Support Person] who had been working with her the year before came to me and sort of, like, gave me the run-down about what they had seen and done with her last year”. By tapping into this specialist teacher, Rachel was aware of the strategies the school had used and could adapt her strategies to be consistent with the strategies the school had used the previous year.
Emily also discussed situations involving anxious students with other teachers, in terms of accessing support from other teachers in the school. She said, “I’ve talked to colleagues, and that seems to have been enough”.

4.4.3 Teachers rely on the Internet as a source for informing their instructional response

In order to develop strategies to meet the needs of their anxious students, teachers admitted to using information they found on the Internet to inform their instructional response. Emily said, “I’ve done personal research online” to learn about anxiety disorders and develop strategies to meet their needs. Rachel also described using the Internet for this purpose: “...you kind of turn to the internet and see what you can, even if you can find basic information about the issue or about the symptoms, then maybe you can find strategies”. Teachers did not, however, discuss the criteria they use when deciding whether information found online was reliable or accurate.

4.4.4 Teachers rely on a process of trial and error when responding to students’ experience of anxiety

Given the lack of preparedness for dealing with anxiety disorders in the classroom and the unreliable resources teachers use to develop strategies, it is not surprising that teachers rely on a process of trial and error when responding to students’ experience of anxiety. One explanation for the trial and error process is that teachers don’t know what is effective, so they are willing to try anything that might help and
measure its success. Emily reported that, “at first, it was that I didn't know what I was doing. I had no idea what to do or what would help, so it was a lot of trial and error”.

Another explanation that Emily described for her use of the trial and error process is that every student is different, and every student’s experience of anxiety is unique. Emily said she would “try to take into consideration exactly what makes them anxious, so the modifications are different for every kid”. She said that since every student is unique, her responses had to be unique, and tweaking her response required trial and error for her to “get it right”.

4.5 Teachers have observed that effective strategies for supporting the academic success of their students who experience anxiety include breaking down tasks, including variation and choice for students to demonstrate their knowledge, and implementing routines for students.

With years of experience and interactions with various students they perceive as having experienced anxiety, the participants were able to speak to effective strategies they have used and observed in the classroom to academically support students who experience anxiety. These strategies include breaking down tasks, providing variation and choice for students to demonstrate their knowledge, and implementing routines for students.
4.5.1 Teachers break down tasks as a strategy to support the academic needs of students with anxiety disorders

Both Rachel and Emily break down tasks into smaller chunks in order to support their students academically. They both discuss how this makes tasks seem more manageable and less overwhelming. Emily said that she “...would break tasks down for them a bit, to try and not overwhelm them. So, if I was discussing an assignment, I would schedule their due dates so that they don’t try to do too many things at once, or just give up because they didn’t think they could do it perfectly”. She found this strategy successful, as her anxious students were able to complete the tasks when they were presented in this way, rather than given a large assignment all at once.

Rachel used checklists to break down tasks for one of her anxious students. While other students had a variety of ‘morning jobs’ to perform, Rachel made a visual checklist for her student with an anxiety disorder, with tasks modified by reducing the number and the complexity of the tasks. “In the morning, when she came in and got seated, we would say ‘ok, can you do 1, 2, 3’ and we would point to the pictures and then, ‘press your button when you’re done’ “. Rachel also found this strategy effective, because the student, who would not perform the tasks previously, was able to complete the tasks on her checklist one at a time.

4.5.2 Teachers respond to students’ academic needs by providing them with variation and choice for demonstrating knowledge
Teachers allowed students who experience anxiety to demonstrate knowledge in alternative ways in order to support them academically. For example, if the class was responding to questions orally, which was a trigger for one of her students with an anxiety disorder, Emily would provide the student with an alternative: “I would let her write down her answers and submit them to me that way”. This allowed the student to prove her academic capabilities without feeling overwhelmingly anxious about sharing in front of the class. Rachel had a different strategy for helping her student with an anxiety disorder present in front of the class:

Her parent was cooperative to video her at home and send in the videos, so we would have, we would send home, you know, ‘talk about your favourite celebration’, this was grade 2. And she would do this at home on the video for her mom, and then she would bring it in on a data stick. And she would allow us to, umm, share it with the class. We would ask her permission and she would indicate whether she was giving us permission to see it as a class or if just the teacher should look at it. Umm, so that was a strategy to, maybe, I don’t wanna say ‘humanize her’ to the rest of the kids, but to make her more... to make her seem... to make them understand, and to give her an opportunity to use her voice at school without actually having to speak.

Again, allowing the anxious student to demonstrate her knowledge in a way that is comfortable for her permits the student to participate in class discussions or presentations. It is an accommodation that gives the student an opportunity to
demonstrate her knowledge and be evaluated academically that does not increase her anxiety.

4.5.3 Teachers implement routines as a way to reduce students’ anxiety and create a sense of predictability

Implementing routines is one strategy that participants used to reduce students’ anxiety and create a predictable schedule within the classroom. Rachel used this strategy with one of her students who had a diagnosed anxiety disorder: “the routine was fairly similar every morning, so he would, I found that over the year, he would need to sit outside for less and less time on those days, because the routine, I think, was the same, and then he would want to be participating in it”.

Emily created a sense of predictability by involving parents to prepare her anxious student for the upcoming school schedule: “I would send home some information to the parents beforehand, so they could review the concepts at home before we did it in class”. In addition to sending home curriculum content, she would make the family aware of upcoming events in the school that were out of routine, such as assemblies and other events. This allowed the student to deal with the anxiety in the safety of her home, and be prepared for the changes to her routine at school.
4.6 Teachers have observed that effective strategies for supporting the social and emotional needs of their students who experience anxiety include facilitating relationship-building amongst students, explicitly acknowledging and naming feelings as they arise, and teaching and speaking about the experience of stress as a shared experience with the whole class.

In addition to working to meet the academic needs of their students, teachers also develop strategies to support anxious students socially and emotionally. These strategies include helping students to foster relationships with their peers, explicitly addressing individual emotional needs by acknowledging and naming feelings as they arise, and teaching and speaking about the experience of stress in the classroom as a whole group.

4.6.1 Teachers support the social and emotional needs of students who experience anxiety by facilitating relationship-building amongst students

As a way to support students’ social and emotional needs, teachers helped students to build relationships with their peers. Emily taught a student who was very socially anxious and withdrawn, and appealed to the student’s interests by starting a Littlest Pet Shop club at recess. Emily “...used that as a way to help her bond with her peers and see that she could talk to others and have friends”.

Rachel discussed a student with a diagnosed anxiety disorder whose most noticeable symptom was selective mutism who was too anxious to speak at school. In
order to support her socially, Rachel made sure to include her in all class activities and help her bond with her classmates.

She would always be included in group activities and centre rotation and all the things in a primary classroom, and she would just require prompts to get her to the places and to do the things. Umm, and then we would ask, you know, certain, we would initiate those social interactions. So we would say “so-and-so, can you pass her the wheel,”, or “so-and-so, can you pass her the pencil” and then we would say to her “can you smile at your friend?” and that’s your way of saying thank you. Or some kind of cue like that, so to, just to get them to make eye contact so they had, so that they saw a bit of a social connection.

In addition to including her during class time, Rachel tried to facilitate relationship-building between this student and her peers by allowing them to engage in activities at recess.

Having her invite a friend, and by invite a friend it was like, “can you point to a person or maybe even just a picture of a person, that you would like to invite to join you at recess to paint” or something like that. And it was very..., it was a parallel activity. I mean they were using the same materials, but they weren’t interacting really in any way, but at least then at least she was in a, she wasn’t by herself doing it, she was in a social group doing it.

Even though this strategy wasn’t successful in helping the student make friends, it gave her experience in a social environment where she was comfortable, and will hopefully be a first step toward helping her reduce anxiety in other social situations.
4.6.2 Teachers explicitly acknowledge and name anxious feelings as they arise

Experiencing feelings of anxiety can be a very isolating experience, so teachers try to explicitly acknowledge and name anxious feelings as they arise to give anxious students the sense that someone believes what they are going through. With her student who exhibited selective mutism, Rachel helped her identify her feelings. “A lot of picture drawing, and like “how are you feeling today? Can you draw a picture of it?” that kind of a thing, to try and get her to express how she was thinking”. By giving her an outlet for her feelings, and “without putting words in her mouth”, Rachel supported her emotionally and acknowledged and helped her name the anxious, and non-anxious, feelings.

4.6.3 Teachers support students’ social and emotional well-being by teaching and sharing experiences of stress as a shared experience with the whole class

Both participants discussed the fact that they address issues with anxiety as a class. Rachel discussed the other students’ reaction to a boy in her class with an anxiety disorder having to leave the classroom: “within the bounds of the classroom the other kids would say, you know, ‘where is he?’ and I would just say ‘oh he’s just taking a minute, he’ll be in in a minute’, and the kids were like ‘alright’ “, but later going into a discussion of how taking a moment to catch your breath if you feel overwhelmed can be a good strategy to deal with stress.

A concern with sharing the experience of stress as a whole class might be that the student with the anxiety disorder is singled out. Rachel acknowledged this concern, saying that, “It’s also a balance in terms of educating the other kids in the class about
what, why their peer is acting differently than they are or what feelings their peer is having, so it’s about educating them appropriately. Not so it becomes ostracizing for these students, but maybe so they can be more supportive of each other, I guess”. By setting up the class discussion by using a framework of support and understanding, she educates the other students appropriately and creates a more comfortable classroom environment for all students.

Emily began teaching and sharing experiences of stress as a shared experience with the whole class when she had a student with a diagnosed anxiety disorder. She describes the way she approached the issue:

Every once in a while I would read a story or just start a class discussion about things that stress us out and how we can deal with it. We would make a list on the projector of all the ways we handle stress, so things like deep breathing, taking a break, making a to-do list, talking to a friend or an adult, things like that.

She found it so effective for all the students, not just students she perceived as struggling with anxiety, that she continued to foster these class discussions: “I’ve actually continued to do it, even with my classes where I don’t have a diagnosed case of anxiety, because I think kids today are really stressed out and overwhelmed. This is a life skill, and hopefully they use it after they leave my classroom”.

4.7 Teachers identified a varied range of challenges they experienced and confronted while working to support students with anxiety disorders, including both practical and structural barriers to teaching and learning.

The participants discussed many useful strategies in supporting students who experience anxiety academically, socially, and emotionally, but they also articulated a range of challenges they experience while supporting these students. These challenges include issues associated with anxiety disorders, frustration with the ineffective ISRC process, systemic issues and insufficient resources within the education system that hinder teachers’ ability to effectively support students, unsupportive administrators, and issues related to managing time and ensuring equity in the classroom.

4.7.1 Teachers experience issues associated with anxiety disorders as a challenge in their teaching

Some of the challenges teachers identified in regards to teaching students with anxiety disorders are specifically related to the symptoms of anxiety. Rachel discussed the challenges she faced in supporting her student with selective mutism, namely that “it took a lot of time and prompting with her to get her to adopt to these things”. She also discussed challenges she faced in regards to the student’s refusal to speak, which is a symptom of her anxiety disorder. Rachel commented that, “because she didn’t talk, and because she didn’t move or play with the other students, it was really hard to support her socially”. Furthermore, even after Rachel implemented the strategies discussed above, “it was really hard to tell [how effective the strategies were], because
she didn’t talk and she didn’t, like she wouldn’t give you any verbal, or even really any facial expression that would indicate that she was having success”.

Emily spoke to the impact of a student with an anxiety disorder on the classroom climate, implying that a great challenge is managing outbursts. “It can be disruptive. When one of the kids starts crying hysterically, or having a panic attack, you have to stop what you’re doing and tend to them”. Emily expressed frustration with having to stop her lesson or class work in order to respond to and support the anxious student.

4.7.2 Teachers face challenges with the ISRC process, which makes it more difficult for them to support students who experience anxiety

Teachers expressed frustration with the ISRC (In School Resource Council) process, where they go to discuss a student’s needs and access resources to support that child. Emily found the process to be unsuccessful at getting her students the resources they needed, saying that, “I’ll bring them up to ISRC, but honestly, nothing has come from it. There’s always someone with a bigger issue or a more severe problem, so my kids get pushed down the list”. She said that this process impacts the strategies she uses in the classroom as well. She noted that, “It took so long for our psychologist to get involved, that I kind of just went with what the parents said at the time”, instead of waiting for professional advice.

Rachel described the process to accessing support through ISSP and ISRC, as well as her experience in bringing students up at in-school ISRC meetings:

I guess you start with your ISSP and see what they can get you, what they can tell you, if they’ve ever experienced anything like this before, and then I guess you
bring it to the ISRC level, and see what the professionals, the psychologist and all
the speech path and the social worker can offer up and can say what they have
available. And then after that level, in terms of a classroom teacher, I guess it
kind of ends there if those people can’t offer you, or don’t have any ideas about
it, then they might say, “oh, I’ll ask my friend so-and-so or my colleague” or
whatever, but I don’t know, I find it kind of dead-ends from there if they don’t
have any ideas about what to do. So I don’t know. It’s very limited.

The fact that the process ends if the resource council cannot devise a plan is very
frustrating and demoralizing for these teachers, and, like Emily, limits the strategies they
try to implement in their classrooms.

4.7.3 Systemic issues and insufficient resources within the education system hinder
teachers’ ability to effectively support students

Participants spoke to the challenges they face while supporting students who
experience anxiety in regards to systemic issues within the education system and the
insufficient resources they are provided. Rachel discussed the situation with her student
who experienced selective mutism, and the systemic issues she noticed in supporting
her.

With the one little girl, we had so many people involved in her case, at the school
level, at the board level, and so many levels, at the social work level, that, to me,
I think there were so many people involved that it became very complicated to
make, like, a simple, concrete plan that we could stick with, because everybody
had different ideas of what she wanted to do, so in that case there were so many
stops and starts, and resources that were tried for two days and then they didn’t try, that it didn’t, it wasn’t the best, so sometimes it can be too many people, too many resources type of thing.

Rachel expressed frustration with so many people involved in her case, resulting in little stability for the student. The constant starting and stopping of strategies, lack of predictability, and revolving door of people to support the student in the short term was a systemic issue that challenged her ability to support her student.

Even though Rachel mentioned that there might have been too many resources in that student’s case, Emily reported that there are not enough resources for teacher support. “There aren’t a lot of things that are available to access in terms of support from the ministry or admin”, which she found frustrating. She also expressed frustration with the ministry’s mental health initiatives not reaching the classroom: “It’s like the ministry has made a mission to tackle mental health at the provincial level, even the board level, but none of the actual stuff is making its way to the teachers who are trying to help these kids”.

In addition to issues with the ministry and insufficient resources, teachers identified administration as a challenge in their work. Emily described some challenges she’s faced with administration over the years: “In my experience, I have had some very unsupportive administrators. Either they don’t see mental health issues as significant, or they just think other issues are more important. If it doesn’t directly impact them, the way that behaviour problems do, it gets put on the back burner”. She described one factor that would help her in her work to support students who experience anxiety,
desiring “...a more supportive admin and support staff would be good as well. Because ISSP should be aware of the challenges these kids face, and they should be able to tell classroom teachers what to expect and what to do to help, but they don’t always do that. And if they did, it would make the transition from year to year so much easier on the kids”.

4.7.4 Teachers are concerned about their ability to manage class time and ensure equity to all students in the classroom while supporting students who experience anxiety

Both participants discussed their concern with how they manage time and ensure equity while supporting a student who experiences anxiety. Emily described the frustration she experiences in regards to time in the classroom: “I think time is always the biggest issue. There just isn’t enough time for me to do everything I can think of to help these students who struggle with anxiety, especially when I have 25 other students who need support as well”. Emily worries that, by spending so much time with the anxious students, other students in the class will get upset. “Other kids might start to resent them, so you have to explain what’s happening, which takes even more time”.

Rachel echoed this sentiment when discussing her experience with the student who experiences selective mutism: “sometimes you can find, like the one little girl, because her case was, like, extreme, she took up a lot of attention and time, which then can be difficult because you feel like it’s not fair to the other kids who aren’t getting as much of your attention and time, and you’re always spending your time there”. The challenge teachers experience with regards to the time they spend supporting these students who
experience anxiety is directly correlated to time they are taking away from supporting the other students in their classroom.

4.8 Conclusion

The interview data sheds light on the way teachers perceive anxiety and identify anxiety disorders within the classroom. Participants frame their understanding and recognition of anxiety in reference to non-anxious behaviour, and identify anxiety most commonly through visible and physical manifestations of stress. Participants also spoke to the lack of experience and training they receive for supporting students with anxiety disorders, and how this leads them to consult unreliable resources when developing their instructional responses, such as discussions with other teachers, online research, and trial and error to develop strategies to support their anxious students.

Even given these somewhat disappointing findings, teachers did report several strategies they have found to be effective in supporting students who experience anxiety. Participants articulated that communication with parents is an important and valuable component of their instructional response to working with students with anxiety disorders. They observed various effective strategies for supporting students with anxiety disorders academically, socially, and emotionally. The academic strategies include breaking down tasks, providing choice and variation for demonstrating knowledge, and implementing routines and a sense of predictability for anxious students. Strategies to support anxious students socially and emotionally include facilitating relationship-building amongst students, explicitly acknowledging and naming
emotions as they arise, and involving all students by sharing experiences of stress as a whole class.

Throughout the interviews, participants reported several challenges that they experience in supporting anxious students. They spoke to issues associated with anxiety disorders in general, such as disruptions in class. Teachers also spoke to challenges associated with the ISRC process, systemic issues and insufficient resources, as well as concerns regarding their ability to manage class time and ensure equity to all students in the class.

Considering the main themes identified from these findings, final conclusions, implications, and recommendations will be explored in the concluding chapter of this study.
Chapter 5: Discussion

5.0 Introduction

In this final chapter I present an overview of my findings in relation to the current academic literature. I then discuss the implications of the findings for me as a beginning teacher and an educational researcher. I also provide recommendations for ministry and policy, school boards, and teachers. Finally, I provide my suggestions for further study in this field.

5.1 Analysis of Findings and Connections to Academic Literature

The central question guiding this research study was concerned with how teachers respond instructionally to the academic and social/emotional needs of students with anxiety disorders. In order to establish a clear sense of how the data gathered has responded to this question, this section has been divided into four parts: the methods for identifying anxiety; teacher preparedness to support anxiety disorders in the classroom; strategies teachers use to support anxious students; and the challenges teachers face in supporting these students.

5.1.1 Methods of Identifying Anxiety

Symptoms of anxiety experienced by students are not always physical or visual, they can also be internal and subtle (Bell-Dolan, Last, & Strauss, 1990). Certainly, the latter are more difficult to observe, and these can consequently go unnoticed (and unresponded to) by teachers and support staff in schools (Kendall, 1994). The teachers
that I interviewed both explained that the indicators of anxiety they look for in students include physical manifestations such as crying, shaking, hyperventilating, as well as avoidance and resistance. They did not speak to the more salient symptoms of anxiety, such as constant worrying, perfectionism, or stomach-aches (CYMHIN-MAD, 2011). This finding aligns with existing research that has found teachers are commonly not as attuned to internalized symptoms than they are to externalized behavioural issues (Kendall, 1994; Cunningham & Suldo, 2014). This has implications for students, because research has found that when students’ experience of anxiety is unattended to in school, it can impact their academic performance as well as their social and emotional well-being (Van Ameringen, Mancini and Farvolden 2003; Woodward and Fergusson 2001; Kessler, Walters and Forthofer, 1998).

Both participants in the current study reported identifying one or two students in each class that they identified as experiencing anxiety because of the observable symptoms they experience. This aligns with the research of Layne, Bernstein, and March (2006), who found that teachers are most likely to identify students who exhibit observable, physical symptoms as struggling with anxiety. Since the participants in the current study describe that they identify anxiety in students by looking for observable, physical behaviour, I am concerned that there may be other students struggling with anxiety who are experiencing the subtle, internalized symptoms of anxiety. Regardless of the type of symptoms a child exhibits, whether they are observable physical behaviours or subtle, internalized symptoms, the student’s academic performance and their social and emotional experience in school will be impacted.
Another important finding in regards to the methods teachers use to identify students who experience anxiety is that participants in my study did not report using unbiased tools such as screening tests to identify anxiety. Unbiased screening tests are important because they provide an impartial evaluation of a child’s anxiety experience at a given time (Spence, 1998; March, Parker, et al. 1997). Instead of using such screening tests, teachers relied on information from parents, discussions with the students’ previous teachers, and their own observations. This is also disadvantageous because there are limitations to the information teachers can gather from parents due to their difficulties expressing their child’s issues, such as language barriers or lack of awareness (Moles, 1993).

While research has found that there is a close relationship between parental concerns about emotional and behavioural problems and true psychiatric and behavioural disturbance (Dworkin & Glascoe, 1995), it also shows that these concerns are founded primarily through the observance of external behaviours. When relying on information from parents and teacher colleagues, it is vital that teachers take account of the subjectivity invested in these stakeholders’ accounts, and that they look beyond mere external behaviour knowing that students’ experience of anxiety may be going unnoticed by their parents as well as teachers. Otherwise, students’ needs may not be accurately identified, and their academic and social well-being may be compromised.
5.1.2 Teacher Preparedness to Support Students with Anxiety Disorders

One important reason why these teachers rely on subjective and potentially biased methods of identifying students who experience anxiety is because they feel unprepared to support students with mental health issues, and therefore anxiety disorders. Participants in my study expressed that they feel unprepared to respond to the needs of anxious students, and therefore they consult unreliable sources when developing their instructional strategies. Teachers discussed using the Internet and information from other teachers in the school to develop their strategies to support students who experience anxiety. They also described using a process of trial and error in developing and implementing these strategies. While the Internet is increasingly a popular tool that people turn to for information about important mental health issues (Ybarra & Eaton, 2005) and while it is increasingly recognized as a powerful tool for intervention and prevention programs (Levy and Strombeck, 2002), research also shows that mental health websites tend to be inconsistent, with some accurate information but otherwise lacking a complete, evidence-based overview of the disorder (Berland et al., 2001; Griffiths & Christensen, 2000; Kisely, Ong, & Takyar, 2002; Lissman & Boehnlein, 2001).

Neither of the participants reported administering a prescribed intervention, such as Cognitive Behavioural Theory, the FRIENDS program, or other computerized tools that have been tested and found effective in supporting anxious students in schools. CBT has been found effective in helping children re-direct their thought process
and avoid the debilitating symptoms of anxiety disorders (Spek, Cuijpers, Nyklicek, Riper, Keyzer, & Pop, 2007), and computerized tools have been found effective because they are interactive and convenient (Thompson, Robertson, Curtis, & Frick, 2013). This is a concern, because there are strategies such as the Take Action Program and Camp Cope-A-Lot, to help students manage their anxiety that have been proven effective through research (Waters, et al. 2008; Berrett, Webster, Turner, & May, 2003; Kendall & Khanna, 2012), but these teachers did not discuss awareness of these programs and therefore did not mention using them to support students in the classroom.

### 5.1.3 Strategies to Support Students with Anxiety Disorders

The teachers in this study contributed many strategies they used to support students who experience anxiety academically. The most common and effective strategies, according to these teachers, include breaking down tasks, variation and choice to demonstrate knowledge, and implementing routines. Breaking down tasks allows students who experience anxiety to work on smaller tasks at a time to avoid getting overwhelmed with the amount of work to do, while providing them the opportunity to focus on one task before moving on to the next, avoiding multitasking that can create anxiety (Shapiro & Sprague, 2009).

Teachers found that by allowing anxious students choice in how to demonstrate their knowledge, they were eliminating a potential anxious trigger and allowing students to demonstrate their understanding of concepts in a way that was more comfortable for them. An example that both participants found to be effective was having students record themselves presenting at home, and then play it in the classroom instead of
presenting in front of their peers. This type of variation does not change the curriculum requirements, but allows the student to demonstrate the knowledge they have acquired in a way that limits the symptoms of anxiety that they experience. Research has found that by varying assessment strategies, anxious students can feel more comfortable demonstrating their knowledge, resulting in higher academic achievement (Finlayson, 2014).

Routines were also an important strategy that teachers deemed effective in supporting students with anxiety disorders. Certainly, research has found that the absence of routine can exacerbate anxiety symptoms in children with anxiety disorders (Brewer, Gleditsch, Syblik, Tietjens, & Vacik, 2006). Rachel used a visual schedule so that her anxious student knew what to expect during the day, which she felt minimized student worries of not knowing what will happen next. Emily’s strategy included contacting parents before anything out of routine happened, so that the anxious student would be prepared for a change of routine and be able to adjust accordingly, rather than experience overwhelming anxiety related to abrupt schedule changes.

The participants also described a variety of strategies they found to be effective in responding to the social and emotional needs of students with anxiety disorders. These teachers promoted relationship-building among students, they helped students experiencing anxiety to explicitly acknowledge their feelings, and they worked to share the experience of stress as a whole class experience.

Teachers supported students with anxiety disorders socially by facilitating activities where they could develop relationships with their peers. They found that
having the anxious student select another student or small group to participate in an activity together was a low-threat way to help build relationships and have comfortable social experiences. Building relationships with peers and feeling like part of the classroom community can help to relieve anxiety symptoms for students with anxiety (Finlayson, 2014).

Acknowledging 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 draw their emotions, provided an outlet and lets the student know that their emotions were valid. This type of discussion or expression helps children to be aware of their emotions, accept them, and make sense of the emotional experience (Greenber, 2004).

Anxiety can be a very isolating mental illness, so creating an environment where the whole class can understand and share their experiences of and responses to stress is a strategy these teachers used to support students emotionally. These teachers described developing strategies as a group for how to deal with stress, such as deep breathing, making a list, and talking to a friend or adult. 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 neurotypical peers (Brown, 2013).

The Ministry of Education document entitled Supporting Minds: An Educator’s Guide to Promoting Student’s Mental Health and Well-Being lists a variety of strategies that teachers can use in response to various symptoms of anxiety, but the overall
strategies it suggests to reduce stress for all students include “provid[ing] predictable schedules and routines in the classroom, provid[ing] advance warning of changes in routine, provid[ing] simple relaxation exercises that involve the whole class, [and] encourag[e]ing students to take small steps towards accomplishing a feared task” (Ontario Ministry of Education, 2013). Thus, while the participants in the current study expressed discomfort and ignorance in supporting students with anxiety disorders, the strategies they implemented and perceived as effective align closely with the strategies recommended by the Supporting Minds document.

5.1.4 Challenges to Supporting Students with Anxiety Disorders

The participants described several challenges to supporting students with anxiety disorders. Firstly, they articulated that the symptoms of an anxiety disorder can be very disruptive in a classroom, which echoes Kaplan’s findings (1970) that negative self-talk that is symptomatic of an anxiety disorder, or another mental illness, can lead to bad behaviour that is disruptive in the classroom. This is yet another reason that it is important for teachers to be aware of the internalized symptoms of anxiety, as that can impact the external behaviour of an anxious child. Teachers also expressed concern about fairness to other students when they were tending to the needs of the student with an anxiety disorder. Acknowledging the balancing act that teachers perform while being responsible for the education and well-being of an entire class as well as working to support a student struggling with anxiety is important, and these teachers were interested in learning strategies to ensure equity among all students in the classroom. In general, elementary school teachers are stressed about insufficient teaching time in the
classroom and ensuring equity to their students (Kokkins, 2007), and considering that mental health issues are disruptive in the classroom and require extra teacher attention (Wolraich, Feurer, Hannah, Baumgaertel, & Pinnock, 1998), it is understandable that having a student with an anxiety disorder in the classroom would create extra stress for the teacher in trying to meet the needs of all students in the class.

The other challenges teachers faced in terms of supporting students with anxiety disorders were factors outside of the classroom walls. Teachers spoke to two main frustrations with the In School Review Committee (ISRC) process – they described it to be inefficient and ineffective. ISRC is the committee that meets monthly to identify and create action plans for students who are experiencing difficulties at school that is comprised of school administration, support staff (Special Education teacher, psychologist, social worker, speech pathologist), and the classroom teacher. The goal of this committee is to develop a plan to address areas of concern and support the student academically, socially, emotionally, and behaviourally (PDSB, 2015).

One participant said that by going to ISRC, so many strategies from experts in various fields were implemented that there was very little stability, and it was not effective in terms of supporting the student. Teachers also described this process as ineffective, in that they do not see the results they desire from the ISRC process. Emily said that she has never received support for anxious students by bringing them up to ISRC because there seem to be other students with more severe issues who take priority. Rachel said that if the experts in the meeting do not have ideas or resources to offer, the process dead-ends with no support for the student. Her frustration related to
the ISRC process is that it does not provide the support or resources needed to help the anxious student achieve academic, social, and emotional success. This is problematic because ISRC is supposed to be the avenue teachers can use to get students the help they need, and it is not working for students with anxiety disorders.

5.2 Implications for Practice and Recommendations

5.2.1 Recommendations for School Boards

While it is the responsibility of the Ministry of Education to make teachers aware of the resources available, school boards play a role as well. School boards should provide more, higher quality professional development opportunities related to mental health awareness, identification, and appropriate response. Both the existing research landscape and the findings from my study suggest that teachers currently feel unprepared to support students with anxiety disorders (Reinke, Stormont, Herman, Puri, & Goel, 2011; Koller & Bertel, 2006), and it is important that school boards provide them with information to make them feel more comfortable in this work so that teachers do not have to resort to using unreliable resources to educate themselves. If students continue to experience overwhelming anxiety, they may withdraw from school early, achieve less academic success, and face various social consequences (Van Ameringen, Mancini, & Farvolden, 2003; Kessler, Foster, Saunders, & Stang, 1995; Woodward & Fergusson, 2001), so it is in the best interest of school boards to prepare their teachers as well as possible to effectively support students with anxiety disorders.
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, and if the school board would insist upon proper training for school administrators, we might see anxiety disorders being taken as seriously as other behavioural concerns.

5.2.2 Recommendations for Teachers

Based on the results of the current study, I recommend that classroom teachers educate themselves about the definition and symptoms of anxiety disorders using the Supporting Minds document. I suggest that teachers pay special attention to the internalized symptoms that often go unnoticed in the classroom.

Teachers should utilize self-report measures such as the Spence Children’s Anxiety Scale (SCAS) and Multidimensional Anxiety Scale for Children (MASC) to inform the difficulties students are experiencing if they suspect that the student is struggling with anxiety. The SCAS is free and simple to have a child complete, and gives the teacher an idea of what the student’s triggers are, which might help them to develop the most effective instructional responses (Spence, 2013).

If a teacher believes that they have a student struggling with anxiety, I recommend that they incorporate CBT into their teaching, as it is a feasible and effective intervention (Barrett & Turner, 2001; Lowry-Webster, Barrett, & Dadds, 2001; Mychailyszyn, et al., 2011). Furthermore, I recommend that teachers incorporate anxiety prevention into their programming, which will not only help the students
have identified as experiencing anxiety, but also support students without anxiety disorders cope with stress they experience by introducing them to relaxation techniques and coping strategies (Thompson, Robertson, Curtis, & Frick, 2013). This can be achieved by implementing the whole class stress discussion strategies described by participants in this study, where the teacher and students share their experiences of stress and discuss strategies to help cope with and manage the stress they experience.

5.3 Personal Implications as a Beginning Teacher and Educational Researcher

5.3.1 Implications as a Beginning Teacher

As I begin my career in teaching, this research has helped me understand the importance of knowing recognizing a wide range of symptoms of anxiety, and for that matter, the symptoms of various mental illnesses, both the observable physical symptoms and the more salient, internalized symptoms. It also stressed the importance of building relationships with the parents of students who experience anxiety. I have also been exposed to a variety of strategies to support students with anxiety disorders academically, socially, and emotionally, while also benefitting students more broadly.

This research has already influenced my work as a teacher. In my final practicum, I began having class discussions about stress and anxiety. I have presented students with age-appropriate information about how the brain processes stress, discussions about the stress the students face in their lives, and strategies we can use to help us deal with our stress and limit the anxiety we experience. We have also taken time to practice a variety of anxiety-reducing strategies as a group in the classroom, such as daily
mindfulness practice. So far, I have received overwhelmingly positive feedback from students and other teachers in response to implementing this practice, and I have observed behavioural changes in students when we practiced mindfulness before tests and oral presentations.

In particular, I have learned about a range of challenges, including potential lack of support from administration and the imperfect ISRC process, that I should be aware of as I work to support my future students with mental health concerns. I have not seen the challenges expressed by the participants in this research articulated previously. I think that it is important that I be prepared for the difficult but unmentioned aspects of teaching, such as unsupportive administrators and inefficient support-seeking processes.

5.3.2 Implications as an educational researcher

After transcribing and analysing the data I collected, it became evident that the research I had conducted compliments the current academic literature. This is especially interesting because neither of the participants used ministry documents or resources in the development of their instructional responses. I found this quite validating as a first time researcher.

I am most interested in the challenges these teachers identified, and how these challenges impede their work to support anxious students, and how they overcome these challenges. This is especially interesting because my original research question did not examine the challenges teachers face, and yet I have found this to be the most compelling part of my research, and a subject I hope to investigate further.
Throughout the process of designing this research study, I reframed my identity from teacher candidate to a teacher and a researcher. This study forced me to re-examine my own experiences as a student with an anxiety disorder, and then reflect upon those experiences through the lens of a classroom teacher. I have also learned to conduct research examining the current educational climate and compare it to the experiences of teachers, leading to a more thorough understanding of educational issues that have set me up for life long learning and will contribute to research-informed practice.

5.4 Suggestions for Further Study

While the data collected and reported through this study provides a snapshot of the work of two committed teachers, it is hardly representative of the general teaching population. This research highlights some effective strategies to provide academic, social, and emotional support to students who experience anxiety, but a study with more depth and breadth would provide a more clear idea of classroom teachers’ experiences with supporting students with anxiety.

I also suggest that it is important to further investigate the ISRC process, taking into account the negative perspective the participants in this study expressed. These types of support committees have received little attention in the academic literature, and based on the results of this study, it is not as effective as teachers would like in helping them to support students with anxiety disorders. Further research investigating the frustrations these teachers experience, as well as the benefits of such a process,
would be illuminating and might provide more efficient ways to get students with anxiety the support they need and deserve.

5.5 Conclusion

Anxiety is the most common mental health issue amongst children and adolescents in North America (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Essau, Conradt, & Petermann, 2002; Muris, Merckelbach, Mayer, & Prins, 2000), and negatively impacts students’ academic success (Macher, Peachter, Papousek, & Ruggeri, 2011). Furthermore, anxiety disorders can often go unnoticed by the classroom teacher (Thompson, Robertson, Curtis, & Frick, 2013), meaning that there is a high percentage of students that are struggling with anxiety disorders and are not receiving the accommodations they need in order to be successful academically or socially/emotionally.

Studies have found that, contrary to popular belief, anxiety scores are higher in early grades than in later grades, and younger students experience the most severe symptoms of anxiety (Layne, Bernstein, & March, 2006). The literature also stresses the importance of identifying and treating anxiety disorders as early as possible in life, because early intervention can prevent debilitating anxiety in adulthood (Van Ameringen, Mancini, & Farvolden, 2003).

The data collected in this study was analysed and presented through seven overarching themes, finding that teachers do not have a thorough understanding of anxiety disorders, and they framed their understanding and recognition of anxiety by reference to non-anxious behaviour. I also found that the most common indicators of an
anxiety disorder identified by teachers were visible and physical manifestations of stress. Communication with parents is an integral component of these teachers’ instructional response to working with students who experience anxiety, but teachers’ lack of experience and training leads them to consult unreliable sources when developing their instructional responses. Teachers have, however, observed that effective strategies for supporting the academic success of their students who experience anxiety include breaking down tasks, including variation and choice for students to demonstrate their knowledge, and implementing routines for students, that facilitating relationship-building amongst students, explicitly acknowledging and naming feelings as they arise, and teaching and speaking about the experience of stress as a shared experience with the whole class helps to support these students socially and emotionally. Finally, teachers identified a varied range of challenges they experienced and confronted while working to support students with anxiety disorders, including both practical and structural barriers to teaching and learning.

Given this information, it is essential that teachers become proficient at identifying anxiety and implementing effective strategies to support their students with anxiety disorders. Teachers might implement the strategies that participants found effective in this study, such as offering choice and variation in how students demonstrate knowledge, implementing routines, facilitating relationship-building experiences, and engaging in whole class discussions about stress as a shared experience. Other strategies from the literature include Cognitive Behavioural Therapy, online interventions such as Camp Cope-A-Lot, and mindfulness practice. This is
important because it will allow students with anxiety disorders to achieve academic, social, and emotional success, not only in their current school year, but as they progress through life.
References


https://ecom.mhs.com/(S(d04hpnn45aqqz1xynvjtue2an))/product.aspx?gr=cli&prod=masc2&id=overview


TDSB. (2013). *Children and youth: Mental health and well-being strategic plan*. Retrieved from Toronto District School Board:
http://www.tdsb.on.ca/Portals/0/Elementary/docs/SupportingYou/MentalHealthStrategyOverview.pdf

http://www.tdsb.on.ca/News/ArticleDetails/TabId/116/ArtMID/474/ArticleID/482/TDSB-Launches-Mental-Health-Strategy.aspx


Appendices

Appendix A: Letter of Consent for Interview

Date: ____________________

Dear ____________________,

I am a graduate student in the Master of Teaching degree program at the Ontario Institute for Studies in Education at the University of Toronto (OISE/UT). This unique program combines teacher certification with experience conducting educational research. The research that I am undertaking is focused on teachers’ pedagogical responses to students with anxiety disorders. I am interested in interviewing a small sample of teachers who have a demonstrated commitment to this area, in order to learn how they identify students’ with anxiety disorders, how they pedagogically and instructionally respond to their needs, and how they perceive these students’ responses to their instruction. I think that your knowledge and experience will provide insight into this topic.

Your participation will involve one 40-minute interview that will be tape-recorded and transcribed. I would be grateful if you would allow me to interview you at a place and time convenient to you. I can conduct the interview at your office or workplace, in a public place, or anywhere else that you might prefer.

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. You will be assigned a pseudonym and any information identifying your school will be excluded. This information remains confidential. The only people who will have access to my assignment work will be my research supervisor and my course instructor. My course instructor who is providing support for the process this year is Dr. Mary Lynn Tessaro. My research supervisor is Dr. Angela MacDonald. 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 tape 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: Lisa Tulloch
Phone number: ___________________ Email: ___________________

Instructor’s Name: Mary Lynn Tessaro
Phone number: ___________________ Email: ___________________

Research Supervisor’s Name: Angela MacDonald
Phone number: ___________________ 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 Lisa Tulloch and agree to participate in an interview for the purposes described.

Signature: ______________________________________

Name (printed): ______________________________________

Date: ___________________
Appendix B: Interview Questions

Background Information of the Interviewee:
• How long have you been teaching?
• What grade do you currently teach?
• Have you always taught at your current school, or do you have experience teaching in other schools as well?
• As a criterion of participation, you indicated that you have an interest and/or commitment to supporting students who have anxiety disorders. How did you become interested in this area?

Interviewee’s Understanding of and Experience with Anxiety Disorders
• What does the term “anxiety disorder” mean to you? What do you include within this term?
• In your _____ years of experience teaching, approximately how many students would you say that you have taught with anxiety disorders?
  o What type of anxiety disorder did this/these children have?
  o Have you noticed any changes over time in terms of the numbers of students who experience anxiety disorders? What range of factors might you attribute to those changes?
• Can you describe for me some of the student(s) you have taught with diagnosed anxiety disorders?
  o Did these students have a diagnosis? Which type of anxiety disorder did they have?
  o What kinds of behaviours did these students exhibit?
  o How did you learn about the students’ anxiety disorder? (Parents, word of mouth among teachers, etc.)
• Have you taught any students that you perceived as having an anxiety disorder, but did not have a diagnosis?
  o Can you describe the symptoms you noticed that made you think this child may have anxiety issues?
  o Who did you speak to in order to get help with this issue?

Strategies
• Can you give some specific examples of how you pedagogically responded to these students in order to support them academically?
  o What kinds of considerations and/or modifications did you need to make?
TACKLING ANXIETY

- How did these students respond to your instructional methods?
- How did you know they responded this way? What indicators did you look for / notice?

- Can you give some specific examples of how you pedagogically responded to these students in order to support their social and emotional well-being?
  - What kinds of considerations and/or modifications did you need to make?
  - How did these students respond to your instructional methods?
  - How did you know they responded this way? What indicators did you look for / notice?

Supports
- What range of factors and resources support you in this work?
- What support is available through the school / school board?
  - How do you access this help? Can you describe the process?

Challenges
- What challenges do you confront having students with anxiety disorders in your classroom?
- What range of challenges do you face in your efforts to support students with anxiety disorders?
- How do you think those challenges might be met?