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Teachers' Awareness and Skills in Addressing Students with Anxiety Symptoms

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TEACHERS’ AWARENESS AND SKILLS IN ADDRESSING STUDENTS WITH ANXIETY SYMPTOMS

Looyee Figueroa

Submitted in Partial Fulfillment of the Requirements for the Degree of
Doctor of Psychology

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DEPARTMENT OF PSYCHOLOGY

Dissertation Approval

This is to certify that the thesis presented to us by Looyee Figueroa on the
27th day of June, 2013, in partial fulfillment of the requirements for the degree of
Doctor of Psychology, has been examined and is acceptable in both scholarship and
literary quality.

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Abstract

This study explored teachers’ awareness toward students who may have mental-health needs, specifically with anxiety issues. This study also examined whether the teachers’ training backgrounds, acquired degrees, stress levels, and years of teaching influenced their awareness and use of strategies in addressing students with attitudinal and behavioral issues and anxiety issues. In addition, this study examined teachers’ perceptions on the importance of building relationships with students who have behavioral and attitudinal issues and anxiety issues. Results from the study found that teachers’ awareness levels were inconsistent when teaching students who may have anxiety issues, and they were more consistent in identifying students with external behavioral issues rather than students with internal mental-health issues. Teachers’ training backgrounds, acquired degrees, and years of teaching experience do not positively correlate to identifying students with anxiety issues. In addition, teachers used similar strategies in addressing students with behavioral and attitudinal issues and students with anxiety issues. Teachers reported feeling more stressed while teaching students with behavioral and attitudinal issues than while teaching students with anxiety issues. Finally, teachers reported that they needed more training in teaching students with anxiety issues.
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Chapter 1

Introduction

Statement of the Problem

Anxiety disorders are the most prevalent of the childhood psychological diagnoses (McLoone, Hudson, & Rapee, 2006). As a group, anxiety disorders have been present in approximately 6 to 18% of the population of children ages 6 to 17 years in epidemiological studies since 1986 (Costello, Egger, & Angold, 2004). According to the national survey of adolescent mental health from the National Institute of Mental Health (NIMH, 2011), approximately 8% of teens between the ages of 13 to 18 years have an anxiety disorder, with symptoms commonly emerging around age 6 years, and 5.9% of this population have “severe” anxiety disorder. In addition, more than 10% of the students in every classroom have some level of anxiety and have difficulty processing challenging information accurately (Chansky, 2004; Hanie & Stanard, 2009).

School-related stress has been linked extensively to feelings of anxiety because schools are the primary setting in which students encounter performance and relationship demands (Elliot & Eisdorfer, 1982; Forman & O’Malley, 1984; Langley, Bergman, McCracken, & Piacentini, 2004). For example, when students are expected to perform in class, to be judged on such tasks as completing a test, to present in front of the class, or to transition to a new school, they are expected to feel somewhat anxious; thus, feeling anxious is a common experience for children and adolescents. However, when the anxious feelings become excessive and prolonged and interfere with the students’ daily school routines, they can debilitate and hinder
the students’ emotional and academic performance. This feeling of anxiety is a particular concern because anxiety disorders may have a significant negative impact on students’ scholastic, behavioral, and emotional development, and have long-term impact on future psychosocial functioning in adulthood (Bitter et al., 2007). Recent studies have begun to identify school as an important setting for both the treatment and the prevention of anxiety disorder in children (McLoone et al., 2006; Tomb & Hunter, 2004).

Researchers commonly believed that teachers more accurately identify students with external behavior problems, such as hyperactivity or defiant behavior, than students with internal behavioral problems, such as anxiety and withdrawal, because students who act out are more likely to draw the attention of teachers (Beidel, Turner & Morris, 1999; Layne, Bernstein, & March, 2006; Mychailyshn, Mendez, & Kendall, 2010; Tomb & Hunter, 2004). Layne, et al. (2006) also reported that while teachers are aware of anxiety symptoms in students who are experiencing symptoms of physiological anxiety, social anxiety, and high overall anxiety, teachers are less likely to identify students with generalized anxiety disorder, such as perfectionism and striving to please others. In addition, teachers and others may misread students’ anxious behaviors, such as refusal to complete challenging tasks, as students being deliberately annoying, lazy, attention seeking, defiant, or manipulative (Hanie & Stanard, 2009). While some teachers may have some knowledge of the symptoms of anxiety, they may continue to depend on onsite mental-health workers, such as school psychologists or guidance counselors, to provide additional professional support (e.g., developmental workshops and literature). The most important step is to increase the
ability of the teachers and other school personnel to recognize anxiety in students (Hanie & Stanard, 2009).

According to the National Research Center on Learning Disabilities (NRCLD, 2006), based on the current Response to Intervention initiative, the first step toward enhancing the teachers’ skills in screening for and addressing possible anxiety symptoms is to increase the teachers’ awareness of students’ emotions and behaviors. This heightened awareness and attention to emotional factors can directly facilitate not only the students’ academic performance but also their emotional well-being. Hence, based on all this information, to explore the awareness and skills of teachers as front-line educators is crucial in addressing students with anxiety symptoms and the strategies that teachers use to facilitate the students’ learning processes.

**Purpose of the Study**

The purpose of this study was to examine teachers’ awareness of students’ anxious behaviors in elementary, middle, and high schools and to examine the types of strategies teachers use to address the students’ anxious behaviors. This study examined whether relationships exist between teachers’ teaching experience, stress levels, and the strategies they use in addressing students’ anxious behaviors. The methodology of the study was to collect information from different grade level public-school teachers in eastern rural areas in Pennsylvania by conducting a paper-pencil or web-based survey with questions and vignettes focused on the teachers’ strategies and attitudes toward students who exhibit anxious behaviors and attitudes.

First, this study collected data on whether teachers are aware of the behaviors and attitudes associated with anxiety symptoms of the students in different grade
levels in addition to the type of strategies the teachers use. Second, this study intended to find out whether teachers’ awareness in identifying students with anxious behaviors was positively correlated to the teachers’ teaching experience, training experience, and stress level.

Research questions

1. How often do teachers from elementary, middle, and high school attribute students’ behaviors to anxiety symptoms in given scenarios?

2. What type of student behaviors do teachers associate with anxiety symptoms?

3. Does the amount and type of teaching experience influence teachers’ awareness of the anxiety symptoms of students?

4. Does teacher training influence teachers’ awareness of the anxiety symptoms of the students?

5. What are teachers’ stress levels when dealing with students with behavior issues and anxiety issues?

6. Which strategies are most often selected by teachers to address behavioral issues and anxiety symptoms, and what is the perceived effectiveness of the selected strategies on student behavior?
Chapter 2

Literature Review

Definitions of anxiety

Barlow (2002) “concluded that anxiety can best be characterized as a unique, coherent cognitive – affective structure within the defensive motivational system” (p. 64), and Clark and Beck (2010) stated that “anxiety is a complex cognitive, affective, physiological and behavioral response system (i.e., threat mode) that is activated when anticipated events or circumstance are deemed to be highly aversive” (p. 5). It is uncontrollable and unpredictable. Barlow (2002) further explained that anxiety is a future-oriented mood that can be characterized as a negative affective state accompanied by self-focused, physiological, or somatic symptoms; sense of helplessness; and self-preoccupation with uncontrollability of future threat or potentially negative events. In addition, the anxiety process could happen without the necessity of a rational appraisal, and the process is seldom pathological, even when it is severe, until it becomes chronic.

When anxiety becomes chronic, individuals attempt to cope with its negative effect by developing either one or both of the following consequences. First, the individual may develop a tendency to avoid becoming anxious or apprehensive, which depends on the severity of the situation and on the specificity of the contextual cues. For example, the test-anxious student will try his or her best to avoid taking tests. Second, the individual may develop worry, which is very difficult to control, especially at the intense level, to cope with chronic anxiety (Barlow, 2002; Brown,
Dowdall, Côté, & Barlow, 1994), and it can become uncontrollable and maladaptive (Barlow, 2002).

**Clinical identification of Anxiety Disorder in children**

Numerous research studies have concurred that students struggling with anxiety have greater impairments and difficulties in school functioning as compared to students without anxiety disorder (Chansky & Kendall, 1997; Kashani & Orvaschel, 1990; Mychailyszyn, et al., 2010). In addition, anxiety can also impede students in academic areas, especially math and reading (Forman & O’Malley, 1984); social interaction; behavior; attention; and cognitive process in the school setting. Within the school setting, separation anxiety disorder, generalized anxiety disorder, and social phobia are the most common school-related problems among youth (American Psychiatric Association, 2000). The following sections describe these diagnostic categories.

**Separation anxiety disorder.** According to the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision (2000), the essential feature of this disorder is that the individual has excessive anxiety or worry concerning separation from the home or from those to whom the person is attached or refuses to go the sleep without being near a major attachment figure beyond the developmental figure. The onset of this disorder may be as early as preschool age and may occur at any time before the age of 18 years. The individual may be reluctant or refuse to attend school or camp, and the disorder may persist for many years (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000).
Generalized anxiety disorder. The essential features of this disorder are excessive anxiety and worry, according to the DSM-IV-TR (2000). Children with this disorder tend to worry excessively about quality or competence of their performance at school or in sporting events, even when their performance is not being evaluated. Children with this disorder display at least one of the following symptoms on a frequent basis: restlessness or edginess, being easily fatigued, difficulty concentrating, irritability, muscle tension, or sleep disturbance (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000).

Social phobia. The DSM-IV-TR (2000) states that the essential feature of this disorder is that the individual fears that his or her action will be humiliating or embarrassing in social or performance situations; hence, the individual exhibits avoidance, anxious, and distress behaviors, that interfere with normal routine. This disorder typically has an early onset in the mid-teens or even early childhood, and the duration is often lifelong. Children often exhibit crying, tantrums, freezing, or clinging behavior to adults that inhibits interactions with others and interferes with normal development, especially at school (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000).

Selective mutism. This is a low-incidence disorder, and the typical hallmark feature of this disorder is that the child speaks only in some settings, such as the home, but not in other settings, such as the classroom or other gatherings. Nevertheless, this disorder can have considerable problematic impact on the student's performance in school (Cleave, 2009; Shriver, Segool, & Gortmaker, 2011).
Posttraumatic stress disorder. The essential feature of posttraumatic stress disorder is the persistent re-experiencing of an intensive emotional trauma to which the individual has been exposed. In children, the symptoms can be disorganized or agitated behavior, recurring frightening dreams without recognizable content, trauma-specific reenactment, or physical symptoms that interfere with normal routines (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000). In children, the traumatic experience may be the result of being a victim of or witness to a violent crime/act, accident, physical or sexual abuse, or natural disaster. Unfortunately, the untreated psychological, emotional, and physiological difficulties following the traumatic experience can have a negative impact on victims’ cognitive, emotional, behavioral, interpersonal, and academic functioning (Jones, & Stewart, 2007).

Obsessive-compulsive disorder. According to the DSM-IV-TR (2000), the essential features of this disorder are recurrent obsessions or compulsions that cause marked distress or impairment in the person’s life. The presentation of the symptoms is the same in children and adults, and washing, checking, and ordering features are especially common, as are gradual declines in school work and impaired ability to concentrate. However, children often do not ask for help, and more often, the problem is identified by the parents (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000).

The influence of anxiety on students

Academic performance. Anxiety can affect students’ academic performance and productivity, even though slight anxiety can, at times, alert students’ attention toward task completion and preparation. However, elevated anxiety can impair
students’ concentration and interfere with recalling previously mastered academic knowledge while receiving instructions from the teachers or preparing for tasks, which directly affects their academic performance (Hanie & Stanard, 2009; Ma, 1999; Tobias, 1980, 1985, 1986; Wigfield & Eccles 1989). Students with mild levels of anxiety can sometimes compensate for these disruptions with persistent and hard work; however, students with more intense levels of anxiety may exhibit behaviors, such as perfectionism, tardiness, and absenteeism, that can lead to incomplete work, failure on tests, or grade retention (Wagner, 2005).

Mychailyszyn et al. (2010) conducted a study to determine whether youth with and without diagnosed anxiety disorders showed differential functional impairment in the school domain and whether particular anxiety disorders would be differentially associated with greater degrees of school-related impairment. This study also examined whether comorbid disorders have an influence on school functioning. The study included 277 youth ranging from 7 to 14 years of age and organized into four diagnosed groups: no principal diagnosis, principal diagnosis of generalized anxiety disorder, principal diagnosis of separation anxiety disorder, and principal diagnosis of social phobia. Their teachers and parents used the Child Behavior Checklist to measure the youth’s behaviors, social competencies, and school functioning. The results showed that teachers rated youth without diagnoses as working significantly harder, learning significantly better, doing better academically, and being significantly happier as compared to the youth diagnosed with anxiety disorder. Moreover, the youth with social phobia were rated as significantly less happy than those with separation or generalized anxiety disorders. The rating results from parents
also indicated that youth without anxiety diagnoses received scores better than those of youth with anxiety diagnoses. In addition, youth with comorbid disorders seemed to exhibit the greatest impairment in school functioning. This finding is similar to the finding from Strauss, Frame, and Forehand (1997) that when comparing children with anxious feelings to nonanxious children, teachers perceived anxious children as demonstrating more deficits in academic performance than nonanxious children.

In addition, among different types of school-related anxiety, the most common type is test anxiety, which continues to be a significant educational problem in schools (Wigfield & Eccles, 1989). Test anxiety can be manifested in learners through physiological reactions, such as muscle spasms, increased heart rate and blood pressure, nausea, and headaches, and emotional reactions, such as an inability to concentrate, to read with comprehension, and to remember or organize the known materials (Burke, 1999), all of which may impede their performance.

**School behavior.** Students’ reactions toward a stressor or stressors can be interpreted differently according to the perceptions of teachers, parents, and peers, and the level of intensity of anxiety in students can affect their reactions in either adaptive or maladaptive ways in the school setting. Students with high levels of anxiety engaged in more problematic behaviors, were more often disliked by their peers, and had lower achievement and self-esteem than students without high levels of anxiety (John, 1979). For example, anxious students’ reactions can be misunderstood and misinterpreted as the students being deliberately annoying, attention-seeking, unmotivated, lazy, manipulative, or even less capable than their peers.
In addition, when an anxious student encounters a stressor or threats, such as a writing assignment or presenting a project in class, he or she responds with the fight-or-flight scenario, which can be misinterpreted as the student exhibiting defiant behavior and oppositional attitude and can result in disciplinary actions; alternatively, the student can exhibit avoidance behavior by shutting down. Pullis (1985) indicated that when teachers believed that the children were not exercising self-control instead of being incapable of being in control, they were more likely to discipline the children with punitive and coercive discipline techniques. Unfortunately, these anxious students may have difficulties explaining their own behaviors (Hanie & Stanard, 2009; Huberty, 2010).

**Peer relationships.** School can be very interesting, engaging, and demanding all at the same time. Students have to respond not only to constant academic demands, but also to the expectations of their peers. These complex, intertwined demands and expectations can create a very stressful and taxing environment, especially for anxious students. For example, students who have social anxiety most likely have a strong sense of being judged constantly; therefore, they may become withdrawn and avoid peers in the class or avoid participation in groups. In addition, when students perceive school as the most anxiety-producing environment, they may develop school phobia or separation anxiety and refuse to attend school, which not only interrupts their education but also impacts their emotional well-being and self-esteem (Cowden, 2010; Hanie & Stanard, 2009; Mychailyshyn et al., 2010).

Strauss et al. (1997) asked teachers to compare children who were highly anxious and withdrawn with nonanxious children. Results showed that anxious
children were found to be significantly less popular than nonanxious children, and the anxious children were seen to be much more shy and socially withdrawn as compared to nonanxious children. In addition, anxious children reported significantly higher levels of depression and poorer self-concept as compared to nonanxious children. In conclusion, the overall finding from this study suggested that anxiety in childhood is also associated with psychosocial maladjustment.

**Emotional incapacity.** Anxiety can be a positive and guarded reaction to stress, fear, or uncertainty because it helps persons to deal and cope with tense and stressful situations, such as studying for exams or responding to crisis. However, when the situation become excessive and chronic, it can become debilitating and disable emotions. A considerable amount of evidence suggests that excessive anxiety hinders children's coping ability, causes behavioral changes, and encourages negative emotional behavior (Becher & Sing, 1997). For example, when a student with social anxiety disorder is expected to read in front of the class daily as part of the class routine, this expectation can be very tormenting and stressful for the anxious student, especially when the teacher is not aware of the symptoms of anxiety. In addition, if the student chooses to avoid the situation by acting out or refusing to participate, the anxious student can be perceived as being disruptive, uncooperative, or incapable of performing the task. Such situations can definitely impede the student’s confidence level, self-esteem, and self-concept. Tomb and Hunter's (2004) research indicated that prolonged anxiety can cause school children to develop serious mental-health problems, such as disruptive behavior, low self-concept, attention and learning disorders, depression, problems related to communication, and sleep disorders.
Factors that Influence Anxiety Development in Students

Students' individual characteristics. In addition to environmental factors, researchers also have investigated individual differences in experiencing and expressing anxiety. Wigfield and Eccles (1989) reported that many less bright students may become anxious because they cannot meet the demands of the work at school, and their anxiety may increase over the school year as they face more failures. In contrast, bright students may become anxious as a result of unrealistic parental, peer, or self-imposed perfectionism. In both cases, unrealistic expectations may elevate students' anxiety in response to task demands.

In addition, children's locus of control may be a strong predictor of anxiety. Li and Chung (2009) reported that children with stronger levels of external locus of control showed higher levels of anxiety. Age appeared to have an influence as well, with older children who had attained more internalized locus of control experiencing lower levels of anxiety than younger children in stressful situations.

Parental influence. Abundant research indicates that parents play a significant role in enhancing their children's emotional and behavioral development, especially with their parenting styles (e.g., authoritative vs. authoritarian), and strong associations exit between parenting styles and anxiety disorders in children. Children who have restricted exposure to diverse experiences see the world as an unsafe place and have fewer coping skills to deal with different challenges, resulting in higher levels of anxiety (Rapee, 1997; Rubin, Coplan, & Bowker, 2009). Similar example is also found in the study conducted by Hermans, Ter Laak, and Maes (1972), which indicated that highly anxious children received less support from their parents on their
academic achievement, praise and reinforcement for task completion, and attention; low-anxious children received more help from their parents on problem-solving tasks, and their parents were perceived as more constructive and enthusiastic.

Interestingly, from the parents’ perspective regarding test anxiety in school, parents reported that they are aware of the stress and anxiety related to test taking; however, they do not have a sense of the resources and options available to relieve their children’s test anxiety in school. In fact, many parents (28%) preferred school personnel to work with this issue (Babinski & Knotek, 2008).

**Teachers’ role in students’ emotional and behavioral development.**
Teachers’ knowledge and understanding of their role in promoting and facilitating students’ social-emotional competence is very important, especially when designing and implementing preventive intervention in the classroom. Such interventions should focus on improving teacher-student relationships, especially with students who are experiencing emotional and behavioral difficulties (Vick Whittaker & Harden, 2010). In addition, Smallwood, Christner, and Brill (2007) emphasized the importance of including not only the teachers but also the parents, administrators, and other school personnel as part of the resource team when addressing students who experience social and emotional difficulties that negatively impact their learning process.

**Teachers’ attribution.** Teachers also experience school-related stress, with some indication that as many as 90% of all teachers reported stress-related problems in school (Truch, 1980). Specific stressors can include difficulties with disruptive children; lack of education resources; lack of administrative support; large class size;
and relationships with colleagues, supervisors, and parents (Forman & O'Malley, 1984), in addition to increasing demands and expectations associated with standardized testing. All these stressors can indirectly affect teachers’ tolerance levels toward students who may need additional time and space to perform successfully in class.

Teachers’ relationships with students are a major component of the students’ academic success and emotional well-being. Teachers who reported they were depressed and had low self-efficacy provided less emotional support in their classrooms, and they tended to report more conflicts with their students in the classroom than an expected level (Hamre, Pianta, Downer, & Mashburn, 2007). In fact, teachers are often afraid to be seen by their colleagues as “not managing” the class, and therefore, they build up anxiety and stress. Teachers who accumulate these types of negative and anxious feelings can produce impulsive responses to some students’ behaviors that not only are not helpful to the students, but also can exacerbate the problems in the long run (Burnard & Yaxley, 2011).

Therefore, to assist teachers who experience conflict relationships with students, a focus on mechanisms and strategies that can be used to avoid conflicts with students in their classrooms is equally important for troubled teachers and their students (Auhagen & Hinde, 1997). McCready and Soloway (2010) suggested that mindfulness-based training is one of the practices that can be used to foster teachers’ abilities to perceive students and the classroom in the present moment without constructs and labels that typically lead to habitual reactivity, especially since
teachers are often caught up in repetitive patterns of reacting to students' challenging behaviors in the classroom.

*Teachers' methodologies and classroom arrangements.* Anxiety certainly can interfere with how students receive instruction from their teachers. Tobias (1980, 1985, 1986) believed that anxiety has the greatest impact on three different stages during the instructional process: the preprocessing stage, where information is presented to the students; the processing stage, where information is being processed; and the production stage, where students are requested to reproduce the lessons taught through tests or assignments. Nevertheless, most of the teachers and researchers have considered only how anxiety interferes with performance, where students reproduce the learned materials (Wigfield & Eccles, 1989), and neglect the students' anxious feelings while they anticipate the lessons and during the instructional time.

Research has shown that the structure and atmosphere of the classroom environment can affect students' learning attitudes (Wigfield & Eccles 1989). For example, a student with autism and/or high levels of anxiety may have great difficulty being in a classroom with loud noises, unstructured routines, and frequent movements of peers. Furthermore, students' anxious feelings can escalate when teachers have overly high expectations or are very critical of the students' performances. Therefore, training teachers on using positive communication and interaction skills that will foster the positive development of the students is equally important (Pianta & Walsh, 1998).
Teachers’ Awareness of Anxiety Symptoms in Students

Teachers’ awareness in the field. Layne, et al. (2006) conducted a study on whether anxiety symptoms in children are associated with teachers’ awareness and whether teachers’ awareness differs based upon the children’s age and gender. In the study, the researchers used the Multidimensional Anxiety Scale for Children (MASC) to compare the data collected from teachers of second- through fifth-grade students from three elementary schools, and the data were based upon four subscales: Physical Symptoms, Harm Avoidance, Social Anxiety, and Separation/Panic.

Results from this study showed that the students who were identified by teachers as anxious had higher scores on the scales that measured Physical Symptoms, Social Anxiety, Separation/Panic, and Total Anxiety as compared to the students who were not identified by teachers. These results indicated that teachers were accurate in identifying students who also had higher scores on the self-report anxiety scale, except on the category of Harm Avoidance. In addition, no significant difference was found between male and female students on self-reported anxiety symptoms.

In terms of specific item examples (in parentheses) in the MASC, Physical Symptoms (I feel sick to my stomach, My hands feel sweaty or cold, My hands shake), Social Anxiety (I worry about other people laughing at me, I am afraid that other kids will make fun of me, I worry about what other people think of me), and Separation/Panic (I try to stay close to my mom or dad, I get scared when my parents go away, I avoid going places without my family) were behaviors that were perceived as negative anxious behavior. Item examples in the category of Harm
Avoidance (I try to do everything exactly right, I stay away from things that upset me, I keep my eyes open for danger) were more protective-oriented behaviors, and for some people, these types of behaviors could even be seen as necessary precautions. Therefore, as suggested by the study, when children’s behaviors were related to perfectionism and pleasing others, they tended to be less identifiable as anxious in the classroom setting as compared to the negative anxious behaviors. Therefore, when an anxious student exhibits the fight-or-flight behavior because of worrying about being judged as imperfect, teachers may misjudge the behavior as defiant instead of anxious.

Anxiety is also one of the coping strategies that regulate stress. Anderson and Jimerson (2007) conducted a study on the perception of stressful life experiences between the judgments of professional teachers and teachers-in-training and the children’s perceptions. In the study, the teachers were divided into two groups: experienced teachers with self-contained teaching experience and inexperienced teachers without self-contained classroom teaching experience beyond student teaching. The participating students were first and sixth graders from five different public elementary schools. The teachers, the first graders, and the sixth graders were asked to judge how upsetting the life events would be based on their opinions on a scale of 1 to 5 from a list of 20 life events.

On the question regarding whether the teachers’ judgments of the stressfulness of children’s experiences corresponded with those of the children themselves, the results showed that the teachers and the first-grade children indicated the same top five most stressful life events for the children, with the exception of
wetting the bed and being ridiculed in class. In addition, the results showed that having an operation and poor report cards fell into the top five most stressful life events for the first graders but not for the teachers. The teachers and the sixth-grade students indicated the same top five most stressful life events for the children, with the exception of moving to a new school. In addition, the results showed that being caught stealing fell into the top five most stressful life events for the sixth graders but not for the teachers. The study indicated that the teachers’ judgments or ratings on the stressfulness of children’s experiences corresponded more closely with the ratings of the first graders than of the sixth graders.

There were no significant differences when comparing inexperienced and experienced teachers’ perceptions on rating the students’ stressful life events on first and sixth graders. In addition, teachers’ judgments or ratings regarding the stressfulness of children’s experiences corresponded more closely with first-grade students as compared to sixth-grade students. The researchers explained these findings as an indication that the sixth-grade students had more life experience, which made them more developmentally complex and therefore more difficult to understand than the first-grade students. In addition, the sixth-grade students communicated more with their peers than with their teachers; hence, the teachers may have had less accurate perceptions of what is stressful for the sixth-grade students than for the first-grade students.

These results support the research from Fukkink and Lont (2007), which indicated that teachers should be trained to focus on knowledge of developmentally appropriate behavior, which can positively influence the teachers’ attitudes,
knowledge, and skills when dealing with students of different ages. Furthermore, teachers may have a better framework to identify children’s behavior as normal versus problematic if they have a better understanding of developmentally age-appropriate behavior (Vick Whittaker & Harden, 2010).

**Teacher-training programs.** Onchwari (2010) conducted a study on how early-childhood in-service and preservice teachers perceived their level of preparedness to handle stress in their students. The study used survey and open-ended questionnaires to determine how teachers addressed the issue of stress in their students. The stressors were clustered into three categories: family-related, school-related, and society-related. Family-related stressors dealt with relationships in the family; school-related stressors were those related to relationships among peers and with teachers and to the child’s behavior or academic performance; and society-related stressors came from external sources, such as parent’s job and government policies and decisions.

On the question regarding the preservice and in-service teachers’ perceived levels of preparedness in dealing with stress in children, an average number of participants felt moderately prepared to deal with children under stress; and of the 35% of the respondents who answered this question, none of the respondents felt well prepared by their college teacher preparation program to handle children’s stress. On the question regarding whether there are any differences in teachers’ perceived level of preparedness to deal with family-related, school-related, and society-related stressors, teachers felt most prepared to deal with school-related stressors and least prepared to deal with society-related stressors. In addition, more than 60% of the
respondents felt either very well prepared or well prepared to deal with school-related stressors, even though no statistically significant difference was found between preservice and in-service teachers’ perceived levels of preparedness to deal with stress.

Finally, none of the respondents felt that the teacher preparation program was adequately preparing their preservice teachers to handle children who were stressed. Based on the report, 66% of the participants reported being either moderately or poorly prepared to deal with students’ stress and called for a more intense teacher preparation curriculum focusing on children’s mental health, especially in today’s environment where psychosocial impairment is so prevalent. Lastly, there was no significant difference between in-service and preservice teachers in their perceived level of preparedness; this result suggests that the teachers in the field need additional content knowledge training in this area. In addition, this study supported Rothbart and Jones’s (1998) suggestion that teacher-training programs should include a basic understanding of the development of temperament and of methods for assessing individual differences in children’s emotional reactivity and attention self-regulation in order to facilitate and expand the teachers’ capacity to address the students’ diverse needs.

**Summary**

Overall, this review of the literature suggests that anxiety disorders in childhood and adolescence can have a significant negative impact on students’ classroom performance. Thus, teachers must have an awareness of how anxiety may be manifested in classroom settings and a knowledge of effective strategies to address
the needs of students who experience high levels of anxiety. This study examined teachers' awareness of anxiety in classroom situations and skills in addressing behavioral and emotional needs.
Chapter 3

Methodology

This study invited public-school teachers from the eastern rural areas in Pennsylvania to complete a paper-and-pencil or web-based survey titled, “Teacher Awareness and Skills in Addressing Students with Behavioral and Emotional Issues” (see Appendix A).

Participants

Participants in this study were general- and-special education teachers from the public school district in the eastern rural areas in Pennsylvania. There were 12 public school districts in the eastern rural areas, with a total of approximately 1,369 teachers, according to the Institute of Education Science (iesCENTERS). The final sample for this study was comprised of 198 respondents from school districts in rural counties in eastern Pennsylvania. Just over half of the surveys (n = 107) were completed in paper form, after being distributed during faculty meetings; the remainder of the respondents (n = 91) completed the survey through an online link that they received through their school district e-mail accounts. The group of 198 survey respondents represents 14.5% of the total population who had access to the survey.

Procedures

A letter of introduction was sent to the administrators of the 12 school districts for permission to conduct a paper-and-pencil survey or web-based survey of teachers (see Appendices B, C, & D). The letter included the purpose of the study, which was to explore teachers’ responses to students’ needs. The letter also stated that all data
were to be treated anonymously and consent was assumed if the survey was completed. In addition, the letter included information on the length of time required to take the survey, the anonymity of the participants, and the ability of participants to opt out of the study by not completing the survey or closing the web browser. Contact information for the principal investigator and the responsible investigator was provided in order to address any questions that participants might have about the study. The survey results were collected and analyzed for the dissertation after the distribution of the survey.

Prior to distributing the paper-and-pencil survey and web-based survey, which were designed specifically for this study, a pilot paper-and-pencil survey was conducted with a subset of respondents in order to address whether the survey items were comprehensible and to ensure that the survey could be completed within 15 to 20 minutes.

**Survey Instrument**

This study utilized a survey as a research instrument in paper-and-pencil or web-based format. The survey is the most familiar and ever-present method used to collect demographic information, feelings, and opinions, and to learn about a defined population (Graziano & Raulin, 2010). The use of a computer-assisted survey has rapidly been transformed and has grown since the 1960s from individuals being invited to a specific location to participate where they sat at a computer terminal and answered survey questions to the present, when individuals take the survey in any location at their convenience (Hayslett & Wildemuth, 2004). This revolution in electronic technology has vastly improved and changed the way researchers collect
their data. For example, web-based survey responses are received very soon after the survey is distributed, and reminders can be easily sent and tracked within the web-based establishment, with lesser cost than the paper-and-pencil format. Furthermore, the web-based survey format offers other advantages, such as letting the researcher download the readily digital data for analysis with accurate data (Gosling, Vazire, Srivastava, & John, 2004; Greenlaw & Brown-Welty, 2009; Hayslett & Wildemuth, 2004). Most crucially, the data collected by the Internet method are of at least as good quality as those provided by the paper-and-pencil method (Gosling et al., 2004).

This study employed the options of using solely the paper-and-pencil or web-base format, depending on the preference of the school district. The title of the survey is “Teacher Awareness and Skills in Addressing Students with Behavioral and Emotional Issues” and was developed to collect teachers’ self-perceived awareness and skills in addressing students with anxiety symptoms in the classroom (see Appendix A). The survey consisted of four sections: SECTION A - Classroom Scenarios; SECTION B - Demographic and Background Information; SECTION C - Comfort level in teaching students with Special Needs; and SECTION D - Teachers’ Awareness in Teaching Students with Anxiety Symptoms.

Section A included four scenarios, and each of which described a student with different types of behavioral and emotional difficulties. The teachers were to select and rank four possible reasons or explanations from a list of 10 given reasons and one open-ended option. Section B consisted of demographic data regarding gender, years of teaching experience, subjects taught, grade level taught, highest level of educational degree achieved, whether they were general- or-special education
teachers, and amount and type of training received in addressing students with emotional and behavioral issues.

Section C included two sections, and the teachers were asked to rank their responses on a Likert scale from 1 to 7, 1 as not at all, 4 as average, and 7 as totally or very much, in addition to answering two open-ended questions. In question 1 of the first section, the teachers were asked to rank their preparedness in addressing students with behavioral and attitudinal issues. Within this question were nine strategies, and the teachers were asked to rank the frequency of usage and the effectiveness of each strategy. In questions 2 and 3, the teachers were asked to rank their stress level and the importance of relationships building with the students with behavioral and attitudinal issues. Finally, the teachers were asked to describe, via an open-ended question, their personal reactions when dealing with students with behavioral issues in their classroom.

In the second part of section C, the teachers were asked to rank their preparedness in addressing students with anxious feelings and behaviors. Within this section were 10 strategies, and the teachers were asked to rank the frequency of usage and the effectiveness of each strategy. In questions 2 and 3, the teachers were asked to rank their stress level and the importance of relationships building when dealing with students with anxiety issues. Finally, the teachers were asked to describe, via an open-ended question, their personal reactions when dealing with students with anxiety issues in their classroom.

Section D included 17 forced-choice questions to explore teachers’ awareness of anxious behavior and emotional characteristics of anxious students. Teachers were
asked to rank the checklist items on a Likert scale from 1 to 7, 1 as *not at all*, 4 as *average*, and 7 as *totally or very much*. The checklist items included shutdown and task refusal, forgetful and unorganized, difficulty concentrating, somatic complaints, constant worry, restlessness and fidgety, poor performance on test, high need for perfection, negative behavior (disruptive, defiant, uncooperative behavior), shyness and withdraw, feeling on the edge and irritability, performance refusal, lack of preparation, complaints of ‘mind going blank’ when taking test, school refusal, social and peer difficulties, and decline in academic performance. In question 2, the teachers were asked to rank whether students with anxiety were often overlooked. In question 3 to question 5, the teachers were asked to rank how anxiety impacted the students in academic performance, social relations with their peers and teachers, and performance in tests. In question 6, the teachers were asked to rank the importance of receiving training in this area.

**Data Analyses**

Descriptive and inferential statistics were used to answer the specific research questions by using the Statistical Package for the Social Sciences (SPSS) to analyze the data collected from the survey. The independent variables were years of teaching experience, types of training, and levels of preparation, and the dependent variables were stress levels, types of intervention strategies used on anxious or behavioral issues, and level of awareness of anxiety behavior. This study used analyses of variance (ANOVA) to determine main effects and interaction effects between variables. The .05 significance level was used for all analyses.
Chapter 4

Results

Demographic characteristics

Table 1 provides a summary of the demographic characteristics of the survey respondents. The final sample included 34 male (17.2%), 152 female (76.8%), and 12 respondents (6.1%) who did not indicate gender identity. Seventy-six respondents had a bachelor’s degree (38.4%), 65 respondents had a master’s degree (32.8%), 44 respondents had reached the masters-plus educational level (22.2%), and 13 respondents (6.6%) did not indicate their level of education. One hundred and seventeen (59.1%) respondents held general-education positions, 46 respondents (23.2%) held special-education positions, 16 respondents (8.1%) held other positions (e.g., school psychologist, school nurse, librarian, and unspecified), and 19 respondents (9.6%) did not indicate their current assignment.

Seventy-seven (35.3%) respondents taught at the elementary level, 28 (12.8%) respondents taught at the middle-school level, 60 (27.5%) respondents taught at the high-school level, and 53 (24.3%) of the respondents did not specify their current assignment. The respondents were divided into four groups based on their teaching experiences: 0 to 5 years, 6 to 10 years, 11 to 16 years, and 16 years plus. The average years of reported teaching experience was 10.96 years; the minimum length of reported teaching experience was less than 1 year, and the maximum years of reported teaching experience was 39 years. The numbers reported for each variable reflect the number of respondents who answered that question.
Table 1

*Characteristics of the Respondents*

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender (n = 186)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>34</td>
<td>18.3</td>
</tr>
<tr>
<td>Female</td>
<td>152</td>
<td>81.7</td>
</tr>
<tr>
<td><strong>Degrees (n = 185)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor's</td>
<td>76</td>
<td>41.1</td>
</tr>
<tr>
<td>Master's</td>
<td>65</td>
<td>35.1</td>
</tr>
<tr>
<td>Master's plus</td>
<td>44</td>
<td>23.8</td>
</tr>
<tr>
<td><strong>Current position (n = 179)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General education</td>
<td>117</td>
<td>65.4</td>
</tr>
<tr>
<td>Special education</td>
<td>46</td>
<td>25.7</td>
</tr>
<tr>
<td>Others</td>
<td>16</td>
<td>8.9</td>
</tr>
<tr>
<td><strong>Years of teaching experience</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-5 years</td>
<td>63</td>
<td>35.0</td>
</tr>
<tr>
<td>6-10 years</td>
<td>44</td>
<td>24.4</td>
</tr>
<tr>
<td>11-16 years</td>
<td>31</td>
<td>17.2</td>
</tr>
<tr>
<td>16+ years</td>
<td>42</td>
<td>23.3</td>
</tr>
<tr>
<td><strong>Grade levels</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary school</td>
<td>77</td>
<td>46.7</td>
</tr>
<tr>
<td>Middle school</td>
<td>28</td>
<td>17.0</td>
</tr>
<tr>
<td>High school</td>
<td>60</td>
<td>36.4</td>
</tr>
</tbody>
</table>
Training Experiences of the Respondents

The respondents were asked to identify the types and levels of training they received throughout their educational careers related to working with students who had been identified as having learning, behavioral, or emotional difficulties according to the following categories: Attention Deficit-Hyperactivity Disorder (ADHD), Aggression, Anxiety, Autism or Asperger’s (ASD), Depression, Learning Disabilities (LD), and Oppositional Defiant Disorder (ODD). Table 2 represents the types and levels of training the respondents received. Data show that more than 90% of the

Table 2

<table>
<thead>
<tr>
<th>Levels of training</th>
<th>ADHD</th>
<th>Aggression</th>
<th>Anxiety</th>
<th>ASD</th>
<th>Depression</th>
<th>LD</th>
<th>ODD</th>
</tr>
</thead>
<tbody>
<tr>
<td>No training</td>
<td>10</td>
<td>31</td>
<td>43</td>
<td>18</td>
<td>51</td>
<td>8</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>5.4%</td>
<td>16.8%</td>
<td>23.4%</td>
<td>9.8%</td>
<td>27.7%</td>
<td>4.3%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>103</td>
<td>69</td>
<td>61</td>
<td>95</td>
<td>52</td>
<td>118</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>56.0%</td>
<td>37.5%</td>
<td>33.2%</td>
<td>51.6%</td>
<td>28.3%</td>
<td>64.1%</td>
<td>40.8%</td>
</tr>
<tr>
<td>Graduate</td>
<td>60</td>
<td>43</td>
<td>37</td>
<td>58</td>
<td>34</td>
<td>87</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>32.6%</td>
<td>23.4%</td>
<td>20.1%</td>
<td>31.5%</td>
<td>18.5%</td>
<td>47.3%</td>
<td>26.1%</td>
</tr>
<tr>
<td>Professional</td>
<td>96</td>
<td>81</td>
<td>55</td>
<td>96</td>
<td>48</td>
<td>101</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>52.2%</td>
<td>44.0%</td>
<td>29.9%</td>
<td>52.2%</td>
<td>26.1%</td>
<td>54.9%</td>
<td>42.4%</td>
</tr>
</tbody>
</table>

Note. ADHD = attention deficit hyperactivity disorder; ASD = Asperger’s or Autism; LD = learning disabilities; ODD = oppositional defiant disorder.
respondents received some form of training, which included at the undergraduate level, graduate level, and professional level, in working with students with attitudinal, behavioral, academic, and emotional difficulties. Moreover, almost all respondents (more than 90% in each category) reported that they had received training in working with students with attention problems, autism, and learning disabilities. However, respondents were less likely to report that they had received training, through college coursework or professional development, in working with students with internalizing disorders, such as depression and anxiety. Frequencies in Table 2 are based upon 186 subjects who responded to the training questions.

**Strategies and Perceived Effectiveness in Addressing Students with Attitudinal and Behavioral Issues**

The respondents were asked to rate the frequency with which they used each of a given list of strategies for addressing students with attitudinal and behavioral issues, based on a 7-point Likert scale; in addition, using the same 7-point scale, they were asked to indicate how effective they considered each of the given strategies to be in working with students with attitudinal or behavioral issues. Table 3 represents the mean and standard deviation of each of the strategies and perceived effectiveness in addressing students with attitudinal and behavioral issues. Results showed that the respondents selected “Encourage the student to perform” ($M = 6.15$) and “Talk to the student separately outside of the classroom” ($M = 5.58$) as the most frequently used strategies, and the respondents selected “Confront the student in the class” ($M = 3.31$) and “Send the student to the office” ($M = 2.29$) as the least frequently used strategies.
## Mean and Standard Deviation for Strategies Used and Perceived Effectiveness in Addressing Students with Attitudinal and Behavioral Issues

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Use</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M (SD)</td>
<td>M (SD)</td>
</tr>
<tr>
<td>Encourage the student to perform</td>
<td>6.15 (1.13)</td>
<td>5.33 (1.38)</td>
</tr>
<tr>
<td>Talk to the student separately outside of the classroom</td>
<td>5.58 (1.31)</td>
<td>5.35 (1.26)</td>
</tr>
<tr>
<td>Give verbal warning or checkmark</td>
<td>5.21 (1.62)</td>
<td>4.80 (1.48)</td>
</tr>
<tr>
<td>Rearrange the seating arrangement</td>
<td>4.97 (1.60)</td>
<td>4.69 (1.4)</td>
</tr>
<tr>
<td>Contact the parent</td>
<td>4.57 (1.59)</td>
<td>4.23 (1.53)</td>
</tr>
<tr>
<td>Ignore the behavior</td>
<td>4.00 (1.68)</td>
<td>3.78 (1.61)</td>
</tr>
<tr>
<td>Confront the student in the class</td>
<td>3.31 (1.65)</td>
<td>3.60 (1.77)</td>
</tr>
<tr>
<td>Send the student to the office</td>
<td>2.29 (1.13)</td>
<td>3.05 (1.74)</td>
</tr>
</tbody>
</table>

When asked about the effectiveness of each strategy in addressing students with attitudinal and behavioral issues, the respondents selected “Talk to the student separately outside of the classroom” ($M = 5.35$) and “Encourage the student to perform” ($M = 5.33$) as the most effective strategies and “Confront the student in the class” ($M = 3.6$) and “Send the student to the office” ($M = 3.05$) as the least effective strategies.
When looking at the respondents’ selected strategy patterns for students with behavioral issues in general, a major cluster (Likert scale from 3 to 4) was found in strategies “Ignore the behavior” (57.3%), “Contact the parent” (56.8%), “Confront the student in the class” (45.8%), and “Rearrange the seating arrangement” (44.4%).

Table 4 represents ratings on strategies used and their effectiveness in addressing students with attitudinal and behavioral issues in percent. In addition, respondents

Table 4

*Ratings on Strategies Used and Their Effectiveness in Addressing Students with Attitudinal and Behavioral Issues in Percent*

<table>
<thead>
<tr>
<th>Strategies and effectiveness</th>
<th>Likert scales</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1  2  3  4  5  6  7</td>
</tr>
<tr>
<td>Send the student to the office</td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>22.0  50.8  10.2  10.7  5.6  0.6  0.0</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>22.4  26.4  10.3  21.3  8.0  7.5  4.0</td>
</tr>
<tr>
<td>Confront the student in the class</td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>11.4  30.3  14.3  20.6  10.9  8.6  4.0</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>16.9  15.1  14.0  19.8  17.4  13.4  3.5</td>
</tr>
<tr>
<td>Talk to the student separately outside of the classroom</td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>0.6  2.2  5.6  10.7  17.4  37.6  25.8</td>
</tr>
</tbody>
</table>
TEACHER AWARENESS OF ANXIETY SYMPTOMS

Effectiveness 0.6  2.8  4.5  13.0  29.4  31.6  18.1

Give verbal warning or checkmark

Used  5.0  3.4  5.6  13.4  19.0  31.8  21.8
Effectiveness  3.4  4.5  9.1  21.6  25.0  25.6  10.8

Encourage the student to perform

Used  1.1  0.0  1.1  7.8  10.6  29.1  50.3
Effectiveness  1.1  1.7  5.6  20.9  20.3  26.0  24.3

Ignore the behavior

Used  7.9  14.0  14.6  25.8  16.9  12.9  7.9
Effectiveness  11.9  10.2  16.5  29.5  16.5  11.4  4.0

Contact the parent

Used  4.0  7.4  13.6  19.9  23.3  21.0  10.8
Effectiveness  4.0  11.4  13.1  29.1  20.0  15.4  6.9

Rearrange the seating arrangement

Used  4.5  6.2  4.5  18.0  21.9  29.8  15.2
Effectiveness  3.5  5.8  6.4  22.1  34.3  20.9  7.0

were given an opportunity in an open-ended format to identify other strategies that they used to address behavioral and attitudinal issues in the classroom. These additional strategies included behavior intervention plan, reward plan, frequent praise and encouragement, token economy, use of humor to diffuse/redirect attention, provide structured routines, give choices, and send student to the hall.
Strategies and Perceived Effectiveness in Addressing Students with Anxiety Issues

The respondents were also asked to rate, using a 7-point Likert scale, the frequency with which they used a selection of classroom strategies when working with students who display issues with anxiety. In addition, they were asked to indicate the degree to which they perceived each of the strategies to be effective with students showing anxiety in the classroom. Results showed that the respondents selected “Encourage the student to perform” ($M = 5.69$) and “Talk to the student separately outside of the classroom” ($M = 5.41$) as the most frequently used strategies, and the respondents selected “Confront the student in front of the class” ($M = 1.98$), and “Send the student to the office” ($M = 1.87$) as the least frequently used strategies. When asked about the effectiveness of each strategy in addressing students with anxious behavior and feelings, the respondents selected “Talk to the student separately outside of the classroom” ($M = 5.23$) and “Encourage the student to perform” ($M = 5.16$) as the most effective strategies, and “Confront the student in front of the class” ($M = 2.54$) and “Send the student to the office” ($M = 2.48$) as the least effective strategies. Table 5 represents the mean and standard deviation on the use and perceived effectiveness of each strategy in addressing students with anxious behavior and feelings.

In addition, when looking at the respondents’ selected strategies for students with anxiety issues, a major cluster was found in strategies “Send the student to the guidance counselor” (62.4%), “Pair the student with another student” (55.5%),
Table 5

*Mean and Standard Deviation on the Use and Effectiveness of Classroom Strategies in Addressing Students with Anxious Issues*

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Use</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M (SD)$</td>
<td>$M (SD)$</td>
</tr>
<tr>
<td>Encourage the student to perform</td>
<td>6.15 (1.13)</td>
<td>5.33 (1.38)</td>
</tr>
<tr>
<td>Talk to the student separately outside of the classroom</td>
<td>5.58 (1.31)</td>
<td>5.35 (1.26)</td>
</tr>
<tr>
<td>Give verbal warning or checkmark</td>
<td>5.21 (1.62)</td>
<td>4.80 (1.48)</td>
</tr>
<tr>
<td>Rearrange the seating arrangement</td>
<td>4.97 (1.60)</td>
<td>4.69 (1.4)</td>
</tr>
<tr>
<td>Contact the parent</td>
<td>4.57 (1.59)</td>
<td>4.23 (1.53)</td>
</tr>
<tr>
<td>Ignore the behavior</td>
<td>4.00 (1.68)</td>
<td>3.78 (1.61)</td>
</tr>
<tr>
<td>Confront the student in the class</td>
<td>3.31 (1.65)</td>
<td>3.60 (1.77)</td>
</tr>
<tr>
<td>Send the student to the office</td>
<td>2.29 (1.13)</td>
<td>3.05 (1.74)</td>
</tr>
</tbody>
</table>

"Contact the parents" (49.1%), and "Send the student to the nurse" (48.2%). Table 6 represents the respondents' ratings on frequently used strategies and effectiveness in addressing students with anxious behavior and feelings. Respondents were given an opportunity in an open-ended question to identify other strategies that they used to
address anxiety issues in the classroom. Responses included the following: stress
management techniques (e.g., breathing techniques, relaxation, use of stress ball in

Table 6

*Ratings on Strategies Used and Their Effectiveness in Addressing Students with

*Anxious Behavior and Feelings in Percent*

<table>
<thead>
<tr>
<th>Strategies and effectiveness</th>
<th>Likert scales</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Send the student to the office</td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>49.7</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>42.6</td>
</tr>
<tr>
<td>Send the student to the nurse</td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>19.5</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>16.4</td>
</tr>
<tr>
<td>Send the student to the guidance counselor</td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>10.3</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>12.5</td>
</tr>
<tr>
<td>Confront the student in front of the class</td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>48.5</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>44.5</td>
</tr>
</tbody>
</table>

Talk to the student separately outside the
TEACHER AWARENESS OF ANXIETY SYMPTOMS

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Used</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ignore the behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>24.2</td>
<td>17.0</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>26.3</td>
<td>14.7</td>
</tr>
<tr>
<td>Give verbal warning or checkmark</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>36.0</td>
<td>14.6</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>30.5</td>
<td>19.2</td>
</tr>
<tr>
<td>Encourage the student to perform</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>0.6</td>
<td>17.8</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>1.3</td>
<td>23.3</td>
</tr>
<tr>
<td>Pair the student with another student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>6.1</td>
<td>26.8</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>5.6</td>
<td>26.9</td>
</tr>
<tr>
<td>Contact the parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used</td>
<td>8.6</td>
<td>21.5</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>6.3</td>
<td>23.4</td>
</tr>
</tbody>
</table>

classroom), checking in with students to ensure understanding, promoting use of coping skills, and allowing students to take breaks.
Teacher Responses on Stress levels, Levels of Preparation, and Relationship Building with Students with Attitudinal and Behavioral Issues and Anxiety Issues

Teachers used a 7-point Likert scale to indicate their stress levels, levels of preparation, and levels of belief in the importance of relationship building when dealing with students who have attitudinal and behavioral issues and students who have anxiety issues.

**Stress level.** When teaching students who had attitudinal and behavioral issues, 31.3% of the teachers rated toward the very stressed level, and 3.5% of the teachers rated toward the least stressed level. However, only 12.6% of the teachers rated toward the very stressed level and 22.2% of the teachers rated toward the least stressed level when teaching students who had anxiety issues.

In addition, teachers who taught students with attitudinal and behavioral issues reported higher levels of stress ($M = 4.62$) than teachers who taught students with anxiety issues ($M = 3.81$). When the stress levels of the teachers teaching students who had attitudinal and behavioral issues were compared with the stress levels of teachers teaching students who had anxiety issues, there was a significant relationship, $r = .55, p < .01$. In addition, teachers who had 6 to 10 years and teachers who had 16 years and more of teaching experience reported elevated stress levels in teaching students who had attitudinal and behavioral issues, $F(3, 172) = 5.324, p = .002$.

**Levels of preparation.** When teachers were asked how prepared they felt in teaching students who had attitudinal and behavioral issues, 33.2% of the teachers
rated toward the very prepared levels, and 25.1% of the teachers rated toward the very prepared level in teaching students who had anxiety issues. Of the teachers, 3.5% rated toward the less prepared level in teaching students with attitudinal and behavioral issues, and 4.3% rated toward the less prepared level in teaching students with anxiety issues. Furthermore, both groups of teachers rated themselves equally prepared when teaching students with attitudinal and behavioral issues and students with anxiety issues.

**Relationship building.** Of the teachers, 85% rated building relationships with students with attitudinal and behavioral issues toward the very important levels, and 81.6% rated toward the very important level in building relationships with students with anxiety issues. Less than 1% of the teachers rated toward the less important level in building relationships with students who had anxiety issues, and no teacher rated toward the less important level in building relationships with students who had attitudinal and behavioral issues. In addition, both groups of teachers rated building relationships with students as equally important with students who had attitudinal and behavioral issues and students with anxiety issues. When comparing the ratings of the teachers in building relationships with students who had attitudinal and behavioral issues with the ratings related to working with students who had anxiety issues, there was a significant relationship, \( r = .57, p < .01 \). Table 7 represents the mean and standard deviation of the teachers on stress levels, relationship building, and levels of preparation. Table 8 represents the percentage and frequency of the teachers' responses in regard to stress levels, relationship building, and levels of
preparation in addressing students with attitudinal and behavioral issues and students with anxiety issues.

Table 7

Mean and Standard Deviation of the Teacher on Stress Levels, Relationship Building, and Levels of Preparation

<table>
<thead>
<tr>
<th>Responses of teachers</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitudinal and behavioral</td>
<td>4.62</td>
<td>1.36</td>
</tr>
<tr>
<td>Anxiety</td>
<td>3.81</td>
<td>1.43</td>
</tr>
<tr>
<td>Levels of preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitudinal and behavioral</td>
<td>4.85</td>
<td>1.26</td>
</tr>
<tr>
<td>Anxiety</td>
<td>4.76</td>
<td>1.16</td>
</tr>
<tr>
<td>Relationship building</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitudinal and behavioral</td>
<td>6.4</td>
<td>0.83</td>
</tr>
<tr>
<td>Anxiety</td>
<td>6.26</td>
<td>1.0</td>
</tr>
</tbody>
</table>
Table 8

Stress Levels, Relationship Building, and Levels of Preparation Responses of the Teachers

<table>
<thead>
<tr>
<th>Response of teachers</th>
<th>Likert Scales</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

Stress level

Attitudinal and behavioral

| Frequency   | 1 12 23 56 33 42 15 |
| Percent     | .5 6.6 12.6 30.8 18.1 23.1 8.2 |

Anxiety

| Frequency | 8 29 29 44 36 19 2 |
| Percent   | 4.8 17.4 17.4 26.3 21.6 11.4 1.2 |

Relationship building

Attitudinal and behavioral

| Frequency | 0 0 0 7 20 49 107 |
| Percent   | 0 0 0 3.8 10.9 26.8 58.5 |

Anxiety

| Frequency | 0 1 2 9 19 47 90 |
| Percent   | 0 .6 1.2 5.4 11.3 28 53.6 |

Level of preparation

Attitudinal and Behavioral
TEACHER AWARENESS OF ANXIETY SYMPTOMS

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Frequency</th>
<th>1</th>
<th>5</th>
<th>15</th>
<th>54</th>
<th>42</th>
<th>40</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td></td>
<td>.6</td>
<td>2.9</td>
<td>8.6</td>
<td>30.9</td>
<td>24.0</td>
<td>22.9</td>
<td>10.3</td>
</tr>
</tbody>
</table>

**Awareness Levels Reported by the Respondents**

The respondents were asked to rate their awareness on students’ anxiety symptoms or behaviors based on a 7-point Likert scale among 16 categories. The categories included Shutdown and Task Refusal, Forgetful and Unorganized, Difficulty Concentrating, Frequent Complaints of Ache and Pain, Constant Worry, Restlessness and Fidgety, Perform Poorly on Test, High Need for Perfection, Disruptive and Defiant Behavior in Class, Shyness and Withdraw, Feeling of Irritability, Refusal to Perform in Front of the Class, Lack of Preparation, Complains of Mind Going Blank During Tests, Refusal to Attend School, Social and Peer Difficulties, and Decline in Academic Performance in General. Data showed that Constant Worry \((M = 6.12)\) and High Need for Perfection \((M = 5.76)\) were the highest rated categories, and Forgetful and Unorganized \((M = 4.17)\) and Disruptive and Defiant Behavior in Class \((M = 3.95)\) were rated as the lowest categories related to students with anxiety symptoms or behavior. Table 9 represents the awareness levels reported by the respondents.
<table>
<thead>
<tr>
<th>Behaviors associated with anxiety</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant worry</td>
<td>6.12</td>
<td>1.08</td>
</tr>
<tr>
<td>High need for perfection</td>
<td>5.76</td>
<td>1.30</td>
</tr>
<tr>
<td>Refusal to perform in front of the class</td>
<td>5.50</td>
<td>1.43</td>
</tr>
<tr>
<td>Restlessness and fidgety</td>
<td>5.30</td>
<td>1.31</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>5.17</td>
<td>1.30</td>
</tr>
<tr>
<td>Refusal to attend school</td>
<td>5.13</td>
<td>1.47</td>
</tr>
<tr>
<td>Shyness and withdraw</td>
<td>5.12</td>
<td>3.97</td>
</tr>
<tr>
<td>Frequent complaints of ache and pain</td>
<td>5.07</td>
<td>1.63</td>
</tr>
<tr>
<td>Social and peer difficulties</td>
<td>5.06</td>
<td>1.33</td>
</tr>
<tr>
<td>Shutdown and task refusal</td>
<td>5.01</td>
<td>1.38</td>
</tr>
<tr>
<td>Complains of ‘mind going blank’ during tests</td>
<td>4.87</td>
<td>1.60</td>
</tr>
<tr>
<td>Perform poorly on test</td>
<td>4.85</td>
<td>1.37</td>
</tr>
<tr>
<td>Feeling of irritability</td>
<td>4.71</td>
<td>1.42</td>
</tr>
<tr>
<td>Decline in academic performance in general</td>
<td>4.65</td>
<td>1.28</td>
</tr>
<tr>
<td>Lack of preparation</td>
<td>4.24</td>
<td>5.15</td>
</tr>
<tr>
<td>Forgetful and unorganized</td>
<td>4.17</td>
<td>1.50</td>
</tr>
<tr>
<td>Disruptive and defiant behavior in class</td>
<td>3.95</td>
<td>1.55</td>
</tr>
</tbody>
</table>
Numerous one-way analyses of variance (ANOVA) were conducted to compare the effect size of teachers' teaching experience, acquired degrees, and grade level taught on their awareness of students' anxiety behaviors. The results showed teachers' teaching experience had a significant influence on their recognition of various symptoms of anxiety, including the categories of “Frequent complaints of ache and pain” behavior, $F(3, 165) = 4.321, p = .006$, “Shutdown and task refusal,” $F(2, 171) = 3.066, p = .049$, and “Social and peer difficulties,” $F(2, 169) = 3.121, p = .047$. Finally, results also showed that grade levels taught had a significant influence on recognition of the category of “Frequent complaints of ache and pain,” $F(3, 152) = 9.43, p = .00$.

Finally, a one-way ANOVA was conducted to compare the effect size of teachers' training on their awareness of student anxiety behavior, and the results showed that teachers' training had made a significant difference in the category of “Disruptive and defiant behavior in class,” $F(3, 145) = 3.463, p = .018$. Teachers who had received more training through both college coursework and professional development were more likely to recognize disruptive and defiant behavior as having some relationship to anxiety as compared with teachers who had not received this type of training.

**Teacher Beliefs Regarding Students with Anxiety**

On a 7-point Likert scale, the respondents were asked to rate their beliefs on students with anxiety issues, and the results showed teachers believed students' anxiety had significant influence on their academic performance, social relationships with peers and teachers, and taking tests or performing in front of the class. Teachers
also indicated that students with anxiety were often overlooked or misunderstood and that teachers should receive training in addressing the needs of students with anxiety issues. Table 10 represents the means and standard deviations of teachers' beliefs in questions addressing students with anxiety issues.

Table 10

Means and Standard Deviation of Teachers' Beliefs Regarding Students with Anxiety

<table>
<thead>
<tr>
<th>Questions</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you think students with anxiety are overlooked or misunderstood?</td>
<td>5.38 (1.21)</td>
</tr>
<tr>
<td>2. Based on your experience, to what extent do the students’ anxious feelings influence their academic performance?</td>
<td>5.64 (1.10)</td>
</tr>
<tr>
<td>3. Based on your experience, to what extent do the students’ anxious feelings influence their social relations with their peers and teachers?</td>
<td>5.49 (1.10)</td>
</tr>
<tr>
<td>4. To what extent do you believe feeling anxious is a normal reaction for students before taking tests or performing in front of the class?</td>
<td>5.25 (1.11)</td>
</tr>
<tr>
<td>5. To what extent do you believe teachers should receive training in addressing students with anxiety issues?</td>
<td>5.66 (1.20)</td>
</tr>
</tbody>
</table>
Specifically, when the respondents were asked “How often do you think students with anxiety are overlooked or misunderstood?”, 43.5% of the respondents responded toward the very much level on the question, and 35.4% of the respondents responded toward the very much level on the question, “To what extent do you believe feeling anxious is a normal reaction for students before taking tests or performing in front of the class?”.

Of the respondents, 54% responded toward the very much level on the question “Based on your experience to what extent do the students’ anxious feelings influence their academic performance?”, and 44.5% responded toward the very much level on the question “Based on your experience, to what extent do the students’ anxious feeling influence their social relations with their peers and teachers?”. When the respondents were asked the questions “To what extent do you believe teachers should receive training in addressing students with anxiety issues?” 50.5% of the respondents rated toward the very much level, and less than 2% of the respondents rated toward the not-at-all level. Table 11 represents the respondents’ ratings on questions related to their beliefs about anxiety’s influence on academic performance and social relations with peers and teachers and about training needs.


Table 11

*Teachers' Ratings on Beliefs About Anxiety's Influence on Academic Performance and Social Relations with Their Peers and Teachers and About Training Needs*

<table>
<thead>
<tr>
<th>Questions</th>
<th>Likert scales</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you think students with anxiety are overlooked or misunderstood?</td>
<td>1  2  3  4  5  6  7  NA</td>
</tr>
<tr>
<td>Frequency</td>
<td>1  2  9  25  52  53  33  23</td>
</tr>
<tr>
<td>Percent</td>
<td>0.5  1.0  4.5  12.6  26.3  26.8  16.7  11.6</td>
</tr>
<tr>
<td>Based on your experience, to what extent do the students' anxious feelings influence their academic performance?</td>
<td>0  1  5  21  41  68  39  23</td>
</tr>
<tr>
<td>Frequency</td>
<td>0  0.5  2.5  10.6  20.7  34.3  19.7  11.6</td>
</tr>
<tr>
<td>Based on your experience, to what extent do the students' anxious feelings influence their social relations with their peers and teachers?</td>
<td></td>
</tr>
</tbody>
</table>
To what extent do you believe feeling anxious is a normal reaction for students before taking tests or performing in front of the class?

| Frequency | 0 | 0 | 5 | 46 | 54 | 40 | 30 | 23 |
| Percent   | 0.0 | 0.0 | 2.5 | 23.2 | 27.3 | 20.2 | 15.2 | 11.6 |

To what extent do you believe teachers should receive training in addressing students with anxiety issues?

| Frequency | 0 | 3 | 4 | 22 | 45 | 47 | 53 | 24 |
| Percent   | 0.0 | 1.5 | 2.0 | 11.1 | 22.7 | 23.7 | 26.8 | 12.1 |

Responses from the Vignettes

The respondents were asked to rank the possible reasons for the student's behavior in each vignette from a list of 11 choices, including Anxiety, Attention, Depression, Impulsivity, Lacks Motivation, Learning Difficulties, Mismatched Curriculum, Oppositional, Parental Pressure, Peer Pressure, and Others. Data show that 33.2% of the respondents ranked anxiety as the first possible reason for the student's behavior in the first vignette, Joe; anxiety was ranked as the first possible
choice for the behavior by 42.6% of the respondents for the second vignette, Stephanie, and 59.1% of the respondents for the fourth vignette, Carl. For the third vignette, Janet, 68% of the respondents ranked learning difficulties as the first possible reason and only 4.3% of the respondents ranked anxiety as the first possible reason for the student's behavior. In addition, respondents were given the opportunity to provide additional explanations of the student's behavior in each vignette, and the explanations were spoiled, something happened outside of the school (problems at home), eye problems, bored in class, divorce, bullying, self-pressure, fine-motor problems, overwhelmed, stressed out, perfectionist, test anxiety, lack confidence, pressure from teachers, and wanting to please others. Table 12 represents the frequency and percent of anxiety ranking as first in each vignette.

Table 13 represents the teachers' responses in ranking orders from each vignette.

Table 12

*Frequency and Percent of Anxiety Ranking as First in the Vignettes*

<table>
<thead>
<tr>
<th>Vignettes</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Joe</td>
<td>64</td>
<td>33.2</td>
</tr>
<tr>
<td>2. Stephanie</td>
<td>81</td>
<td>42.6</td>
</tr>
<tr>
<td>3. Janet</td>
<td>6</td>
<td>4.3</td>
</tr>
<tr>
<td>4. Carl</td>
<td>110</td>
<td>59.1</td>
</tr>
</tbody>
</table>
Table 13

*Teachers’ Responses in Ranking Orders from Each Vignette*

<table>
<thead>
<tr>
<th>Vignettes</th>
<th>Rank 1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>Rank 2&lt;sup&gt;nd&lt;/sup&gt;</th>
<th>Rank 3&lt;sup&gt;rd&lt;/sup&gt;</th>
<th>Rank 4&lt;sup&gt;th&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Joe</td>
<td>Anxiety</td>
<td>Learning difficulties</td>
<td>Depression</td>
<td>Lack motivation</td>
</tr>
<tr>
<td>2. Stephanie</td>
<td>Anxiety</td>
<td>Parental pressure</td>
<td>Peer Pressure</td>
<td>Other</td>
</tr>
<tr>
<td>3. Janet</td>
<td>Learning difficulties</td>
<td>Anxiety</td>
<td>Impulsivity</td>
<td>Mismatched curriculum</td>
</tr>
<tr>
<td>4. Carl</td>
<td>Anxiety</td>
<td>Parental pressure</td>
<td>Peer Pressure</td>
<td>Learning difficulties</td>
</tr>
</tbody>
</table>
Chapter 5

Discussion

Teachers contact students daily, and the influence they have on students is enormous, impacting not only the students’ academic performance but also the students’ mental well-being. The purpose of the survey was to explore the perception and attitude of the teachers toward students who may have mental-health needs, specifically with anxiety issues. This study also examined whether the teachers’ training backgrounds, acquired degrees, and years of teaching influenced their awareness and use of strategies in addressing students with anxiety issues. Finally, this study examined the stress levels of the teachers and their perceptions on the importance of building relationships with students who have behavioral and anxiety issues.

Research Questions

Question 1. How often do teachers from elementary, middle, and high school attribute students’ behaviors to anxiety symptoms in given scenarios?

Based on teachers’ responses, fewer than 60% of the respondents ranked anxiety as the first reason for the student’s behavior in three of the scenarios, and furthermore, teachers ranked learning difficulties and parental pressure as the subsequent reasons for the vignettes on Joe, Stephanie, and Carl, and ranked learning difficulties first for the vignette on Janet. This finding can suggest that teachers either are not well trained to recognize that anxiety can be the primary cause of students’ disruptive and anxious behaviors in a school setting or the teachers are not trained or
do not have enough information to relate anxiety as the possible cause for students’ reactions to parental pressure and learning difficulties.

**Question 2. What type of student behaviors do teachers associate with anxiety symptoms?**

In a 7-point Likert scale, the teachers ranked “Constant worry” \( (M = 6.12) \) and “High need for perfection” \( (M = 5.76) \) as the most frequent student behaviors associated with anxiety symptoms, and ranked “Forgetful and unorganized” \( (M = 4.17) \) and “Disruptive and defiant behavior in the class” \( (M = 3.95) \) as the least frequent student behavior associated with anxiety symptoms. This finding shows that the teachers recognized one of the important emotional features of anxiety, constant worry, as one of the most frequent behaviors associated with anxiety symptoms, and surprisingly, the teachers picked a more subtle anxious behavior, “High need for perfection,” as the second most frequent anxious behavior.

More importantly, the teachers did not rank “Decline in academic performance in general” \( (M = 4.65) \), “Perform poorly on tests” \( (M = 4.85) \), or “Disruptive and defiant behavior in class” \( (M = 3.95) \) as behaviors related to anxiety symptoms. This finding seems to suggest that the teachers recognize the fundamental features of anxiety symptoms; however, they are not familiar with the relationship or impact of anxiety on students’ academic, behavioral, and emotional functions in the classroom.

Furthermore, when teachers misinterpret the causes of the students’ behaviors and emotional displays, such as being disruptive and defiant, being forgetful and unorganized, and lacking of preparation, as anxiety symptoms, this finding has the
potential not only to escalate the students' disruptive or distractive behaviors, but also to jeopardize their emotional well-being. For example, the fight-or-flight scenario, which is the most common emotional and behavioral display of anxious students, is often being misunderstood as defiant and uncooperative behavior for the anxious student. Additional training for teachers regarding the symptoms of anxiety and how to respond to them could be beneficial in helping educators address the needs of all students.

**Question 3. Does the amount and type of teaching experience influence teachers' awareness of the anxiety symptoms of students?**

Based on the survey results, teachers' teaching experience did have some influence on their awareness of students' exhibited anxiety symptoms, but only in the categories of "Frequent complaints of ache and pains" and "Constant worry" from the groups of teachers who had 0 to 5 years and more than 16 years of teaching experience. This finding seems to suggest that teachers can recognize the physical illness or symptoms of anxiety; however, the subtle or hidden symptoms or causes of anxiety, such as being disruptive and defiant, being forgetful and unorganized, or declining academic performance, are ignored.

When the survey data on whether teachers' acquired degree influenced their awareness of students' anxiety symptoms were examined, the results showed that teachers' acquired degree had some influence in the category of "Shutdown and task refusal" with the teachers who acquired bachelor's and master's plus degrees, and in the category of "Social and peer difficulties" with the teachers who acquired master's and master's plus degrees. Finally, data showed that the different grade levels in
which teachers taught also had some influence on their awareness of students with anxiety symptoms, but only in the elementary level in the category of “Frequent complaints of aches and pain.” The results did not show consistent and solid evidence on whether teachers' teaching experiences, grade levels taught, or acquired degrees had an overall influence on their awareness of students’ anxiety symptoms. However, one can speculate that teachers in the elementary level may place more trust in their students when they make frequent complaints of aches and pain than higher grade level teachers who may place less trust in their students when they make frequent complaints of aches and pain. Nevertheless, from a broader perspective, because of the demand for inclusion, students are increasingly placed in regular-education settings, and teachers, regardless of grade level or areas of training, such as special education or regular education, will need to learn how to identify and address students with mental-health needs, such as anxiety (Koller & Bertel, 2006).

**Question 4. Does teacher training influence teachers’ awareness of the anxiety symptoms of the students?**

According to the survey data, teachers received various levels of training depending on the categories. Data showed that teachers received the most training in the Learning Disabilities and ADHD categories, and the teachers received the least training in the Depression and Anxiety categories. When comparing teachers’ training in the undergraduate and graduate levels, data showed that teachers continued to receive more training in areas related to learning disabilities and ADHD than in areas related to depression and anxiety. These data suggested that teachers’ training was more focused in areas oriented toward students’ academic performance and overt
behavior functions than in areas oriented toward students' mental health. Hence, based on this finding is reasonable to understand why 43.5% of the teachers reported in the survey that students with anxiety are often overlooked and misunderstood, and 50.5% of the teachers indicated that teachers should receive training in addressing students with anxiety issues. These data support the research findings from Koller and Bertel (2006) that teacher training typically focuses mainly on basic general psychology courses that have little information related to practical application to the students in the classroom or on educational psychology courses that emphasize learning instructional theory instead of learning constructs related to mental health. Hence, university-based preservice training programs do not provide adequate training, which includes knowledge, skills, and field experience for teachers to address children with mental-health issues in school (Koller & Bertel, 2006; Rones & Hoagwood, 2000).

**Question 5. What are teachers' stress levels when dealing with students with behavior issues and anxiety issues?**

Survey results showed that about one third of the respondents found that teaching students with behavioral issues was very stressful as compared to only slightly more than 10% of the respondents who found teaching students with anxiety issues very stressful. However, the respondents could have misinterpreted the cause of the students' disruptive behaviors, such as anxious feeling or fight-or-flight response, since almost half of the respondents rated to a greater extent on the 7-point Likert scale that the students with anxiety issues were overlooked or misunderstood. This finding seems to suggest that respondents might have overlooked the students'
anxious behaviors; therefore, the respondents did not feel very stressed over the students with anxiety issues.

**Question 6. Which strategies are most often selected by teachers to address behavioral issues and anxiety symptoms, and what is the perceived effectiveness of the selected strategies on student behavior?**

According to the survey data, the respondents rated “Encourage student to perform” and “Talk to student separately outside the classroom” as the most often used strategies for addressing students with both behavioral issues and anxiety symptoms. Nevertheless, the responses appear to be a text-book response or “faking-good” response, because the causes of the students’ behaviors varied between anxious students and students with behavioral and attitudinal issues; hence, different strategies are necessary in order to address their needs efficiently. Regarding the effectiveness of the strategies, the respondents rated “Talked to students separately outside the classroom” and “Encourage the student to perform” as the most effective strategies for students with behavioral issues and anxiety issues, and “Send the student to the nurse” ($M = 2.74$) was the least used strategy to address students with anxiety issues.

Another interesting result was that the respondents selected “Send the student to the office” as the least selected strategy to address students with behavioral and anxiety issues, but it was rated as the most effective strategy within the category.

Even though the respondents also selected “Confront the student in the class” as one of the least selected strategies in addressing students with behavioral and anxiety issues, the students’ reception and reactions toward such strategies could be very different based on the reasons for their behaviors. Finally, numerous respondents
made comments in the open-ended section on strategies to address students with anxiety issues, such as gives students frequent breaks, teaches coping skills and stress management strategies, and frequently uses redirection.

**Conclusion**

Students with mental health needs have been a growing concern, and research has indicated that approximately 20% of school students have some sort of mental-health needs; nevertheless, schools often have not been able to address these issues in a proactive manner. Results from this survey show that teacher trainings are mainly oriented toward the academic and behavioral functions of the students and have neglected the mental-health aspects or needs of the students. In addition, teachers are aware of their needs for training in areas addressing students with anxiety issues, which includes differential teaching strategies, coping skills, and the importance of building relationships with the students. Teacher-training programs are in a position to recognize and change not only teachers’ attitudes toward students with mental-health symptoms, but also at the interdisciplinary preservice and in-service levels to increase use of effective strategies based on evidence-based practice (Koller & Bertel, 2006; Rones & Hoagwood, 2000).

Future research should emphasize the importance of students’ mental health, such as anxiety and depression, and how it impacts students’ academic performance. Research also needs to focus on the important roles that teachers play in facilitating the learning experience of students with anxious feelings and behaviors. Furthermore, the supporting members of the school community, such as school psychologists, nurses, therapists, guidance counselors, social workers, and
administrators also need to play an active, leading role in addressing students’ mental-health issues, such as anxiety.

**Limitations of the Study**

One of the obvious limitations of this research is that the sample size is small, and only approximately 14.5% of the targeted respondents responded to the surveys; hence, it is a small representation of the total teacher population. In addition, the demographic sample took place in a primarily rural area of eastern Pennsylvania; therefore, the ability to generalize is also limited. Some respondents indicated that the survey questions were too long, which might have prompted some respondents not to finish or just to select any answer to complete the survey. Respondent bias is also a possibility in that respondents answered questions in the manner of pleasing the investigator or in the manner of presenting themselves in a better light. Finally, some respondents who knew or were better equipped to answer the survey questions might have chosen not to participate, thus impacting the survey results.

**Implications for Practice**

Most important of all, school psychologists should expand their role from the traditional gatekeeper position to a liaison and leadership position not only in facilitating teachers’ awareness in addressing students’ emotional well-being, specifically in anxiety issues, but also in becoming actively involved, either directly or in a supportive role, in addressing students’ mental-health needs. School psychologists need to utilize any opportunities, such as in-service activities, workshops, or faculty meetings, to teach or share the importance of students’ mental-health issues and how they impact students’ academic performance. Teachers need to
understand that knowing the pathology of anxiety disorders is not enough; they also
must know how anxiety is displayed in students’ behaviors and performance in
school. For example, an anxious student can exhibit disruptive and defiant behavior,
show decline in academic performance, have difficulty in focusing, or be forgetful
and unorganized.

In addition to providing direct services, such as conducting in-service training
or workshops, school psychologists can also provide consultative services to teachers,
who may need advice in using various strategies to reduce students’ anxiety in
learning, and in incorporating strategies, such as coping skills, frequent breaks,
classroom management, and alternative testing environments/formats to facilitate
improved performance for students with high levels of anxiety. School psychologists
should also expand their skills in providing group or individual counseling to students
who may need additional support to cope with their anxious feelings in school.

Finally, teachers indicated in the survey that they were relatively stressed
when teaching students who have either anxiety issues or attitudinal and behavioral
issues, and this stress will affect teachers’ tolerance levels, which, in turn, will
directly or indirectly affect the quality of teacher-student interactions. Therefore, of
equal importance is addressing teachers’ stress by providing mental-wellness
programs to deescalate stress in school settings. Some examples could include
organizing support groups, providing individual counseling, or encouraging the
administration to initiate mental-wellness activities, such as stress-free day and stress-
free pass, to acknowledge the teachers’ accomplishments.
References


TEACHER AWARENESS OF ANXIETY SYMPTOMS


TEACHER AWARENESS OF ANXIETY SYMPTOMS


SECTION A-- The following section includes hypothetical scenarios that depict students with various behaviors and emotional expressions. Please make an attempt to provide responses to all questions. Please pick and rank the top 4 possible explanations or reasons, from 1 as the most possible reason to 4 as the least possible reason, of the student’s behaviors/emotional expressions.

Scenario 1

Joe is a bright and quiet third grade student, and lately he is refusing to complete assignments in class. In addition he frequently either does not complete his assigned work or forgets his assignments at home. He is in danger of failing, and he has begun to make frequent excuses to the bathroom and the nurse’s office because of stomachaches or headaches. The parents took him to visit the doctor, and the physician shared that Joe is healthy and fine. As days go by, Joe is becoming more argumentative with teachers, in addition to not completing assignments and exhibiting meltdown behavior.

**Please pick and rank the top 4 possible reasons, from 1 as the most possible reason to 4 as the least possible reason for the above student’s behaviors/emotional expression**

( ) Anxiety  ( ) Learning difficulties
( ) Attention  ( ) Mismatched curriculum
( ) Depression  ( ) Oppositional
( ) Impulsivity  ( ) Parental pressure
( ) Lacks motivation  ( ) Peer pressure
Scenario 2

Stephanie is a very hard working 10th grade student with good academic performance. Teachers and parents are very proud of her. Stephanie is very active, popular, organized, competitive, and holds high expectations of herself. However, some students complain that she is too bossy and has little patience for some of her classmates. Last week, she got into an argument with her group members because they had forgotten to complete part of the lab work, which had lower her grade as a result. A few days later, Stephanie had forgotten to complete a small portion of the math test, and she was very upset and sobbed in the bathroom. She was concerned that her parents and her friends will think less of her, because of her lower grade.

**Please pick and rank the top 4 possible reasons, from 1 as the most possible reason to 4 as the least possible reason for the above student's behaviors/emotional expressions:**

( ) Anxiety
( ) Attention
( ) Depression
( ) Impulsivity
( ) Lacks motivation
( ) Learning difficulties
( ) Mismatched curriculum
( ) Oppositional
( ) Parental pressure
( ) Peer pressure

( ) Other or comments: _____________________

( ) Other or comments: _____________________
Scenario 3

Janet is a very active, second grade student with good communication skills. At times, she needs reminders to stay on task and stay in her seat. Parents think this is a typical behavior of a young child, and the teacher is overly concerned about Janet’s outgoing behavior. Lately, Janet’s concentration is getting worse, and she becomes frustrated and angers easily. At times, she will refuse to complete her task especially on writing, because she takes longer time to complete her task that she is missing recess. She is beginning to make frequent excuses to visit the bathroom or nurse’s office. Parents insist that the school is over-reacting to the situation.

**Please pick and rank the top 4 possible reasons, from 1 as the most possible reason to 4 as the least possible reason for the above student’s behaviors/emotional expressions:**

( ) Anxiety  ( ) Learning difficulties
( ) Attention  ( ) Mismatched curriculum
( ) Depression  ( ) Oppositional
( ) Impulsivity  ( ) Parental pressure
( ) Lacks motivation  ( ) Peer pressure

( ) Other or comments: ______________________________
Scenario 4

Carl is a middle school student and has many friends. Carl’s mother calls the guidance counselor one day, and shared that Carl does not want to come to school. The parent is thinking of cyberschooling Carl, so he does not have to come to school. However, teachers report that Carl is very cooperative and takes part in class whenever he is in school. The guidance counselor met with Carl and he reported that he is afraid to fail the math tests, even though he has been passing all the tests.

**Please pick and rank the top 4 possible reasons, from 1 as the most possible reason to 4 as the least possible reason for the above student’s behaviors/emotional expressions:**

( ) Anxiety  ( ) Learning difficulties
( ) Attention  ( ) Mismatched curriculum
( ) Depression  ( ) Oppositional
( ) Impulsivity  ( ) Parental pressure
( ) Lacks motivation  ( ) Peer pressure
( ) Other or comments: _____________________________________________
Please do not return to the previous Section
SECTION B – Demographic and Background Information

Please respond to the following questions:

1. What is your gender?
   Please check: ( ) Male   ( ) Female

2. Please check your highest education degree.
   ( ) Bachelor   ( ) Master   ( ) Master plus   ( ) Doctorate

3. How many years have you been teaching?
   Answer: _________________

4. What grade level(s) do you teach?
   Please list: __________________________________________

5. What is your current educational position?
   Please check: ( ) general education, ( ) special education, ( ) other_________

6. What subject area(s) do you teach?
   _______________________________________________________

7. To what extent do you receive special training in working with students who have the following needs? Check all that apply:

<table>
<thead>
<tr>
<th>None</th>
<th>Minimum</th>
<th>Adequate</th>
<th>Beyond adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggressive behavior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Autism/Asperger’s</td>
<td></td>
<td></td>
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<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oppositional behavior/attitude</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. What type of training did you receive in addressing students with special needs?
   Check all that apply:
   Undergraduate course work ( ) In-services ( )
   Graduate course work ( ) Workshop ( )
   None ( )
   Other ___________________________________________
SECTION C-Comfort level in teaching students with special needs

Please indicate your answer by circling from 1-7, 1 means not at all, 4 means average, 7 means totally or very much.

I. How prepared do you feel in teaching students who exhibit attitudinal and behavioral issues in your class?

1. How often do you use the following strategies to address students with attitudinal and behavioral issues?

   Send the student to the office

   How effective is the strategy?

Confront the student in the class

How effective is the strategy?

Talk to the student’s separately outside of the Classroom

How effective is the strategy?

Give verbal warning or checkmark

How effective is the strategy?

Encourage the student to perform

How effective is the strategy?

Ignore the behavior

How effective is the strategy?

Contact the parents

How effective is the strategy?
Rearrange the seating arrangement

1-----2-----3-----4-----5-----6-----7
Not at all

How effective is the strategy?

1-----2-----3-----4-----5-----6-----7
Not at all

Other strategies that you use:

1-----2-----3-----4-----5-----6-----7
Not at all

How effective is the strategy?

2. How much stress do you experience when dealing with students with behavioral issues?

1-----2-----3-----4-----5-----6-----7
Not at all

3. Based on your experience, what is the level of importance in building a relationship with students with behavioral issues?

1-----2-----3-----4-----5-----6-----7
Not at all

4. Please share your reactions such as feelings, attitude, and comments when dealing with students with behavioral issues in your class:

II. How prepared do you feel in teaching students who appear to have high level of anxious feelings and behavior?

1-----2-----3-----4-----5-----6-----7
Not at all

1. How often do you use the following strategies to address student with anxious behavior and feelings?

Send the student to the office

1-----2-----3-----4-----5-----6-----7
Not at all

How effective is the strategy?

1-----2-----3-----4-----5-----6-----7
Not at all

Send the student to the nurse

1-----2-----3-----4-----5-----6-----7
Not at all

How effective is the strategy?

1-----2-----3-----4-----5-----6-----7
Not at all

Send the student to the guidance counselor

1-----2-----3-----4-----5-----6-----7
Not at all

How effective is the strategy?
Confront the student in front of the class

How effective is the strategy?

Talk to the student separately outside of the classroom

How effective is the strategy?

Ignore the behavior

How effective is the strategy?

Give verbal warning or checkmark

How effective is the strategy?

Encourage the student to perform

How effective is the strategy?

Pair the student with another student

How effective is the strategy?

Contact the parents

How effective is the strategy?

Other strategies that you use: ____________________

How effective is the strategy?

2. How much stress do you experience when dealing with students who experience anxiety issues?
3. Based on your experience, what is the level of importance in building a relationship with the students with anxiety issues?

4. Please share your reactions such as feelings, attitude, and comments when dealing with anxious students in your class: ___________________

SECTION D-Awareness –
1. To what extent do you associate the following student behavior with anxiety:
   Please indicate your answer by circling from 1-7, 1 means not at all, 4 means average, 7 means totally or very much:

   - Shutdown and task refusal
     1-2-3-4-5-6-7
     Not at all very much

   - Forgetful and unorganized
     1-2-3-4-5-6-7
     Not at all very much

   - Difficulty concentrating
     1-2-3-4-5-6-7
     Not at all very much

   - Frequent complaints of ache and pain
     1-2-3-4-5-6-7
     Not at all very much

   - Constant worry
     1-2-3-4-5-6-7
     Not at all very much

   - Restlessness and fidgety
     1-2-3-4-5-6-7
     Not at all very much

   - Perform poorly on test
     1-2-3-4-5-6-7
     Not at all very much

   - High need for perfection
     1-2-3-4-5-6-7
     Not at all very much

   - Disruptive and defiant behavior in class
     1-2-3-4-5-6-7
     Not at all very much

   - Shyness and withdraw
     1-2-3-4-5-6-7
     Not at all very much

   - Feeling of irritability
     1-2-3-4-5-6-7
     Not at all very much
Refusal to perform in front of the class

Lack of preparation

Complains of ‘mind going blank’ during tests

Refusal to attend school

Social and peer difficulties

Decline in academic performance in general

2. How often do you think students with anxiety are overlooked or misunderstood?

3. Based on your experience, to what extent do the students’ anxious feelings influence their academic performance?

4. Based on your experience, to what extent do the students’ anxious feelings influence their social relations with their peers and teachers?

5. To what extent do you believe feeling anxious is a normal reaction for students before taking tests or performing in front of the class?

6. To what extent do you believe teachers should receive training in addressing students with anxiety issues?
Appendix B

Sample Cover Letter

Date:

Dear Teachers,

Enclosed is a survey designed to collect information about your training, knowledge, experience, and philosophy related to working with students with needs. I am conducting this survey as part of my doctoral dissertation at the Philadelphia College of Osteopathic Medicine. I am very much interested in the experience of teachers who work in the eastern rural areas of Pennsylvania. Information collected from this survey will be used to gain an understanding of your exposure and experience working with students with needs, in addition to identifying possible areas for future training and education.

The survey will take about 20 minutes to complete. I would be greatly appreciate if you will complete the survey and put it in the designated box. Your responses will be kept confidential, and the data will be kept anonymous by having no personal identifiers used. Once the results have been analyzed, a copy of the report will be available for your review.

Your participation is completely voluntary, and consent will be assumed if the questions have been answered. You may withdraw at any time by returning the survey form to the designated box.

If you have any questions about the survey, I will be happy to answer them. I can be reached at 570-345-2731, ext 336 or looyeef@pcom.edu. You may also contact the dissertation chair for this study, Dr. Diane Smallwood dianesm@pcom.edu or 215-871-6564

Thank you in advance for your cooperation and participation.

Sincerely,

Looyee Figueroa
School Psychology Graduate Student
Philadelphia College of Osteopathic Medicine
Appendix C

Sample Cover Letter

Date:

Dear Teachers,

Enclosed is a survey designed to collect information about your training, knowledge, experience, and philosophy related to working with students with needs. I am conducting this survey as part of my doctoral dissertation at the Philadelphia College of Osteopathic Medicine. I am very much interested in the experience of teachers who work in the eastern rural areas of Pennsylvania. Information collected from this survey will be used to gain an understanding of your exposure and experience working with students with needs, in addition to identifying possible areas for future training and education.

The survey will take about 20 minutes to complete. Your participation is completely voluntary, and consent will be assumed if the questions have been answered. You may withdraw at any time by closing out of the SurveyMonkey website.

In order to complete the survey, please click on the link.

Your responses will be kept confidential, and the data will be kept anonymous by having no personal identifiers used. Once the results have been analyzed, a copy of the report will be available for your review if you are interested.

If you have any questions about the survey, I will be happy to answer them. I can be reached at 570-345-2731, ext 336 or looycefi@pcom.edu. You may also contact the dissertation chair for this study, Dr. Diane Smallwood dianesm@pcom.edu or 215-871-6564

Thank you in advance for your cooperation and participation.

Sincerely,

Looyee Figueroa
School Psychology Graduate Student
Philadelphia College of Osteopathic Medicine
Sample Cover Letter

Date:

Dear Administrators,

I am conducting a web-based survey as part of my doctoral dissertation at the Philadelphia College of Osteopathic Medicine. The survey is designed to collect information about teachers' training, knowledge, experience, and philosophy related to working with students with needs in the eastern rural areas of Pennsylvania. Information collected from this survey will be used to gain an understanding of the teachers' exposure and experience working with students with needs, in addition to identifying possible areas for future training and education.

The survey will take about 20 minutes to complete. Your teachers’ participation is completely voluntary, and consent will be assumed if the questions have been answered. The teachers may withdraw at any time by closing out of the SurveyMonkey website.

The survey responses will be kept confidential, and the data will be kept anonymous by having no personal identifiers used. Once the results have been analyzed, a copy of the report will be available for you and the teachers to review if you are interested.

If you have any questions about the survey, I will be happy to answer them. I can be reached at 570-345-2731, ext 336 or looyeefi@pcom.edu. You may also contact the dissertation chair for this study, Dr. Diane Smallwood dianesm@pcom.edu or 215-871-6564.

Thank you in advance for your cooperation and participation.

Sincerely,

Looyee Figueroa
School Psychology Graduate Student
Philadelphia College of Osteopathic Medicine