Supporting Students with Anxiety in Ontario Elementary and Secondary Schools through Professional Development for Educators

By

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A project submitted to the Graduate Program in the Faculty of Education

In conformity with the requirements for the degree of

MASTER OF EDUCATION

Queen’s University

Kingston, Ontario, Canada

April, 2020

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Abstract

With a growing shift of responsibility placed on educators to support the mental health needs of their student in addition to academic outcomes, teachers are in need of training to prepare them for this duty. This project has been developed in response to this need; its intention is to prepare Ontario elementary and secondary educators in supporting their students specifically with anxiety. Through the professional development of an additional qualifications course, this project seeks to provide educators with practical information on the manifestations, outcomes, and experiences of students with anxiety as well as strategies for supporting these students in the elementary and secondary classroom. The purpose of this project is to supply information about childhood and adolescent experiences of anxiety in language that is written for Ontario educators. The medium of an Ontario College of Teachers Additional Qualification course was used to create a formality that is recognized by Ontario practising teachers to entice educators to learn more about topics surrounding anxiety and feel better equipped to support the mental health needs of their students.
Acknowledgements

I would like to express my appreciation to my project supervisor, Dr. Derek Berg. Your guidance throughout this process has been more valuable than words can express.

I would also like to acknowledge Dr. Ian Matheson as the second reader of this project, I am gratefully indebted to him for his very valuable comments on this project.

I wish to express my deep gratitude to my colleagues in the Continuing Teacher Education department for your encouragement and suggestions as I completed this project.

Finally, I must express my very profound gratitude to my parents and to my husband for providing me with unfailing support and continuous encouragement throughout my years of study and through the process of researching and writing this project. This accomplishment would not have been possible without them. Thank you.
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Chapter 1: Introduction

Current State of Mental Health

The World Health Organization indicates that mental disorders will be the leading cause of disease burden by 2030 (WHO, 2011). Mental disorders will account for 33.5% of disabilities represented worldwide (WHO, 2011). Currently, it is estimated that one in five students suffer from mental illness (CMHO, n.d.). As a result, the Ontario government has initiated a comprehensive strategy for addressing mental health and addiction through the release of the Open Minds, Healthy Minds: Ontario’s Comprehensive Mental Health and Addiction Strategy in 2011 (Ontario Ministry of Health, 2011). The Ontario Ministry of Education has focused the mental health initiative to the opportunities and responsibilities presented within the school environment with the release of Supporting Minds: An Educators Guide to Promoting Students’ Mental Health and Wellbeing in 2013 (Ontario Ministry of Education, 2013). As the first policy document of its kind, Supporting Minds sought to educate teachers on the mental health challenges that many students face, and the opportunities and responsibility to support them. Burdened with this additional responsibility, many teachers contested that they didn’t have the necessary training or time to be supporting students’ mental health and wellbeing (Ekornes, 2017). Educational programs were developed to provide supports for students struggling with different mental health issues (Chen, Koller, Krupa, & Stuart, 2016). But these programs failed to supply teachers with the foundational knowledge of why students develop different mental health issues and what teachers can do in different situations (Chen, Koller, Krupa, & Stuart, 2016).

Children’s Mental Health Ontario reports that one half of Ontario parents have reported concerns about their child’s level of anxiety (CMHO, n.d.). With as many as 20% of children and
youth in Ontario experiencing some form of mental health issue, only 17% will receive the treatment that they need (CMHO, n.d.). It is estimated that 70% of mental health problems have their onset during childhood and adolescence, making the elementary and secondary school years critical to identification and intervention (CMHO, n.d.).

**Teacher Professional Learning**

In Ontario, one of the most common ways in which teachers engage in professional development is through the completion of additional qualifications courses (Hardy & Wagga, 2009). Teachers gain qualifications to teach in specific subject matter, or specific populations within the school through the completion of face to face, blended, or online courses governed by the Ontario College of Teachers. As a popular outlet for professional development, additional qualifications courses are well-situated to teach mental health competencies to Ontario educators. To date, there are no additional qualifications in Ontario that specifically address any of the mental health issues that currently plague school-aged children. The closest are offerings of Teaching Students with Behavioural Needs (Ontario College of Teacher, 2019 August), Teaching Students with Communication Needs, Autism Spectrum Disorder (2019, May) and Teaching Students with Multiple Needs (2019, August). There are no course offerings to support students with depression, anxiety, bipolar disorder, eating and weight-related problems, substance abuse, non-suicidal self-injury, and suicide.

With a mounting concern for the increasing prevalence of mental health issues, and growing amount of research indicating the importance of the school experience in the development and maintenance of mental health issues at a clinical and sub-clinical level (Ontario Ministry of Education, 2013), it would appear a reasonable next step to develop these
professional development opportunities to ensure that educators are doing what they can to support the mental health and wellbeing of their students.

**Focusing on Anxiety**

Anxiety disorders are the most common mental illness to affect children and youth, with six percent of students experiencing an anxiety disorder at some point (CMHO, n.d). Anxiety has seen a recent surge of interest, as researchers are increasingly interested in the impacts of anxiety or more specifically stress on the mind and body over time (American Psychological Association, 2019). The popularity of strategies like mindfulness for adults, teens, and children, demonstrates a growing recognition of the importance of taking care of one’s mental health. Generalizing professional development to encompass supporting any and all facets of student’s mental health would likely be unable to supply tangible strategies that would be useful for specific students and the unique struggles they may be experiencing with their own mental health. Given the current prevalence of childhood and adolescent anxiety, as well as the projections for future students to struggle with anxiety, it is important to recognize and address the unique challenges that anxiety presents for students, and to consider what we can do as educators to respond. Therefore, for the purposes of this project, the area of focus selected for a professional development course for elementary and secondary Ontario teachers, is supporting students with anxiety.
Chapter 2: Review of the Literature

To formulate the basis for the modules in the “Supporting Students with Anxiety” course, review of some of the vast research that exists for anxiety, anxiety in children, and anxiety in adolescents was required. What follows is a review of the literature organized by the themes presented in the course.

To understand how to support a student with anxiety, it is imperative to start with an understanding of how anxiety differs from the experience of fear. The Diagnostic and Statistical Manual-5 (American Psychiatric Association, 2013) differentiates fear as the response to a real or imminent threat, whereas anxiety is the response to an anticipated threat. Within the diagnosis of anxiety are six different specific anxiety diagnoses. Separation anxiety disorder is the anxiety of separation from one’s attachment figures to a degree that is developmentally inappropriate (American Psychiatric Association, 2013). Selective mutism is a consistent failure to speak in social situation where there is an expectation to speak (American Psychiatric Association, 2013). Specific phobias are the manifestation of fear or anxiety to specific objects or situations, unlike other anxiety disorders, phobias do not feature ideation of the threat but occur in the phobic situation often out of proportion to the real or imminent threat (American Psychiatric Association, 2013). Social anxiety disorder (or social phobia) is fear or anxiety of or avoidance of social situations, especially those that could involve possible scrutiny (American Psychiatric Association, 2013).

Panic disorder is the experience of recurrent and unexpected panic attacks that are surges of abrupt fear or discomfort that are accompanied by physical and cognitive symptoms (American Psychiatric Association, 2013). Generalized anxiety disorder is the persistent and
excessive anxiety about various domains that the individual finds difficult to control (American Psychiatric Association, 2013).

Posttraumatic stress disorder is classified as a trauma and Stressor-Related Disorder but will often have manifestations of anxiety characteristics (American Psychiatric Association, 2013). Due to the common anxiety manifestations, and surge in attention given to the support of students who are victims of trauma, Posttraumatic stress disorder (PTSD) was included in this review and the course project.

Anxiety disorders often develop in accordance with age patterns (Broeren, Muris, Diamantopoulou, & Baker 2013). For example, separation anxiety tends to slightly decrease as a child ages, while generalized anxiety is often uncommon among young children but more pervasive among adolescents (Broeren et al., 2013). There is, however, consensus that anxiety disorders in younger children are less likely to be reported due to the child’s difficulty identifying internalizing symptoms, and adult caregivers’ difficulty in discerning the child’s actions as problematic behaviours (Degnan, Almas, & Fox, 2010). Childhood manifestations of anxiety are often markedly different than adult anxiety, with children often unable to articulate insight into the nature of their fears (Degnan et al., 2010). Childhood and adolescent anxiety, therefore, requires special clinical skills in the assessment and intervention (Degnan et al., 2010). Providing elementary and secondary educators with tools to support students with anxiety is not intended to take the place of specialized clinician intervention, but rather to address the differences in the experiences of childhood and adolescent anxiety from adult experiences, as well as the ways in which children and adolescents with anxiety disorders can be supported within an educational environment.
Understanding Students Experiences with Anxiety

The experience of anxiety is typified by the co-occurrence of cognitive, physiological, and behavioural symptoms (Huberty, 2012). To understand a student’s experience with anxiety, one must explore these three types of manifestations separately before beginning to unpack how this relates to the academic, social, and emotional effects for students with anxiety.

**Cognitive Manifestations of Anxiety**

The anticipation and elaboration of possible negative outcomes (or worry) is one of the main tenants of manifestations of anxiety (Huberty, 2012). This is not to say that all children who worry develop anxiety disorders, as worry is an often-normal occurrence of children and adolescents (Huberty, 2012). It is the characteristic of excessive worry, either more generalized or specified to an experience that is typified in several anxiety disorders (American Psychiatric Association, 2013). Other cognitive manifestations are concentration issues, memory problems, attention difficulties, oversensitivity to external stimuli, and problem-solving difficulties (Huberty, 2012)

**Physiological Manifestations of Anxiety**

Physiological manifestations are common among youth with anxiety disorders, with more than 50% reporting at least one physiological or somatic complaint (Crawley et al., 2014). These complaints include, but are not limited to, headaches, nausea, vomiting, recurrent muscle tension and/or pain, impaired breathing, shaking, increased heart rate, perspiring, flushing of the skin, sleeping problem, and fatigue (Crawley et al., 2014; Huberty, 2012)

**Behavioural Manifestations of Anxiety**

Behavioural manifestations are the most easily observed in youth with anxiety disorders (Huberty, 2012). Symptoms can include restlessness, task avoidance, rapid speech, erratic behaviour, irritability, withdrawal, failure to complete tasks, and seeking easier tasks (Huberty,
Irritability is one of the most common symptoms associated with an anxiety disorder (Stoddard et al., 2014). Irritability is considered to be quite common among youth with anxiety disorders, particularly in the case of youth with generalized anxiety disorder where irritability is a criterion for diagnosis (Stoddard et al., 2014). Stoeber, Schneider, Hussain and Matthews (2014) studied the negative effects associated with failure for those with socially prescribed and self-oriented perfectionism. Socially prescribed perfectionism is the belief that others around the individual expect perfection and are highly critical if the individual should fail (Stoeber et al., 2014). Self-oriented perfectionism is defined as an internally motivated belief that perfection is important, as well as the presence of high self-standards, and highly self-critical responses if unable to meet personal expectations (Stoeber et al., 2014). The negative effects of anxiety, depression, and anger, increased for both self-oriented and socially prescribed perfectionism after repeated failure demonstrated that both self-oriented and socially prescribed perfectionism are vulnerability factors that predispose individuals to anxiety, depression, and anger after repeated failure (Stoeber et al., 2014).

**Effects of Anxiety**

To support a student with anxiety, it is important to acquire a holistic view that includes both the related manifestations and outcomes. Understanding the academic, social, and emotional effects of anxiety for children and adolescence may help educators to identify struggling students in their class, or provide an alternative explanation for their academic, social, or emotional challenges.

**Academic Effects**

Often teachers are most attuned to the academic outcomes of their students. Educators want their students to be successful in learning expected concepts or skills and are acutely aware
of those who are not being successful due to ongoing academic assessments. At any one time, an educator must be prepared to show evidence demonstrating how proficient their students are on the various competencies outlined in the provincial curriculum. However, it can be challenging for educators to understand the connection between anxiety and academic outcomes. To holistically support a student with anxiety, an educator must comprehend the affect that anxiety has on a student’s ability to complete various cognitive tasks.

A growing body of research has suggested the detrimental effects of anxiety on performance of cognitive tasks (Nelson & Harwood, 2011). Anxiety-producing distractors affect the attentional focus and consume space in the working memory, a cognitive system that holds information temporarily (Nelson & Harwood, 2011). With focus and working memory being preoccupied with negative thoughts associated with the student’s anxiety, the ability to absorb and retain critical information for the learning of a concept or skill is substantially diminished (Nelson & Harwood, 2011). Attentional control theory is one such way to explain how anxiety can affect success in learning. Attentional control theory posits that attention is allocated to threat related stimuli whether internal (i.e. worry) or external (i.e. stimuli perceived by the sense of sight, touch, taste, smell, sound, or equilibrium) which then interferes with attentional focus on the current task unless in instances involving threatening stimuli. If one considers that there are two attentional systems; a goal directed attentional system (i.e. learning) and a stimulus-driven attentional system (i.e. reactions to internal/external stimuli), then anxiety serves as a disruption to this system as it causes an increase in the influence of the stimulus-driven attentional focus via automatic processing of threat related stimuli thereby reducing the influence of the goal directed attentional system (Eysenck, Derakshan, Santos, & Calvo, 2007). This assumes that the main effects of worry, or self-preoccupation, and anxiety in a wider sense, have
particularly adverse effects on the performance and efficiency of tasks that have substantial demands on the processing and storage capacity of the working memory (Eysenck et al., 2007). There is also considered to be additional burden on the self-regulatory mechanism inhibiting such thoughts and producing auxiliary processing activities (Eysenck et al., 2007). It has been shown that those experiencing high levels of anxiety engage in metacognitive skills less frequently due to this increase on their cognitive load, or the amount of working memory resources available (Eysenck et al., 2007). This ultimately results in the student being unable to focus on the demands of learning within the classroom, and results in limitations to the student’s academic potential.

**Social Effects**

The school environment is more than a location to gain knowledge of literacy and arithmetic. The social interactions with peers play an important role in the social development of children and adolescents (Sharfstein, Alfano, Beidel, & Wong, 2011). Being perceived negatively by a student’s peers during elementary school is a stronger predictor of psychiatric difficulties than academic achievement, teacher assessment of behaviour and adjustment, and self-assessment of behaviour and adjustment (Sharfstein et al., 2011). The type of anxiety that a student is struggling with can have a varying impact in their ability to initiate and maintain relationships with their peers. Social anxiety is marked by the propensity to avoid social situations due to a perceived risk of negative evaluation (Sharfstein & Beidel, 2015). Students with social anxiety disorder are perceived as less socially competent with poorer interpersonal skills than their peers (Sharfstein & Beidel, 2015). Social anxiety can also result in the student being deficient in speech production resulting in difficulty maintaining conversations with their peers (Sharfstein & Beidel, 2015). Vocal analysis of children with social anxiety show that they
speak softer than their peers, have a generally higher pitch, and more variability in their vocal pitch than their peers (Sharfstein & Beidel, 2015).

According to cognitive models, students with social anxiety often pre-emptively believe that others will respond negatively to them, and as a result, adopt a self-protecting style of self-presentation (Aiken, Human, Alden, & Biesanz, 2014). A peer will often seek to maintain a relationship based on a positive first impression and positive associations (Aiken et al., 2014). In addition to a positive first impression, an authentic or accurate first impression also promotes relationship development (Aiken et al., 2014). When a student with social anxiety is exercising self-protective self-presentation, their peers are unable to gain an accurate impression of the student thus resulting in relationship difficulties (Aiken et al., 2014). For students with generalized anxiety, there is mixed research regarding the social effects. Students with generalized anxiety, tend to worry overall more than their peers, often resulting in higher standards for their own competency and the quality of their peer relationships (Sharfstein & Bediel, 2015). This often results in an eagerness to please, increased conscientiousness, and a propensity to follow the rules which could markedly facilitate friendships with peers (Sharfstein & Bediel, 2015). Alternatively, students with generalized anxiety might excessively seek reassurance and be preoccupied with their performance which might irritate their peers resulting in alienation from other students (Sharfstein & Bediel, 2015). Typically, students with generalized anxiety disorder are reported to have fewer friends than their peers but are comparable to their peers in their likelihood of having a best friend, participation in groups/clubs, and parent’s ratings of social competence (Sharfstein et al., 2011). There are cognitive, biological, and environmental components that impact the development of emotion regulation that also subsequently impact the development of anxiety disorders (Sharfstein et al., 2011).
Emotional Effects

Emotion regulation is defined as an intrinsic and extrinsic process that monitors, evaluates, and modifies emotional reactions (Jacob, Thomassin, Morelen, & Suveg, 2011). The ability to exercise emotion regulation is often linked to both emotional understanding and awareness (Jacob et al., 2011). Emotion regulation is not exclusively linked to anxiety disorders in childhood and adolescence, there are however, certain components of emotional arousal and ineffective emotion management systems that are associated with anxiety in childhood and adolescence (Jacob et al., 2011). These include abnormalities in the neurobiological systems associated with elicitation, experience, and regulation of emotions, like the amygdala, prefrontal cortex, and vagal tone that are also shown to have abnormalities in individuals with anxiety disorders (Jacob et al., 2011). Emotion regulation has been documented as increasing in ability as children develop, in alignment with increasing cognitive abilities (Jacob et al., 2011).

Synonymous with the development of more complex cognitive abilities, comes the development of empathy and complex emotion appraisal (Jacob et al., 2011). There are certain cognitive processing difficulties that are present in anxious children and those with emotion regulation difficulties. Children with a predisposition toward test-anxiety often have an attentional bias toward emotionally threatening stimuli (Jacob et al., 2011). Emotion regulation abilities are also affected by the way that an individual processes information, and a disposition toward emotionally threatening stimuli would result in dysfunctional emotion regulation (Jacob et al., 2011). Self efficacy is another cognitive ability that appears to be weakened in both children with anxiety and those with emotion regulation difficulties (Galla & Wood, 2011; Jacob et al., 2011). Self efficacy is the personal judgement of how well one can execute actions in prospective situations (Bandura, 1982). Self efficacy can establish an individual’s determination and perseverance when faced with obstacles (Bandura, 1982).
Self efficacy can also determine one’s confidence in their ability to control emotional experiences and responses to different stimuli, and willingness to engage in problem solving strategies to manage emotions (Galla & Wood, 2011; Jacob et al., 2011). This means that those with anxiety may feel inadequate in their ability to manage feelings of worry, or catastrophized thinking (Galla & Wood, 2011; Jacob et al., 2011). A focus toward threatening stimuli, low self efficacy, and less utilization of problem-solving skills lead anxious children and adolescence to avoid or give up during emotionally challenging situations, reinforcing their cognitions regarding abilities to handle future emotionally challenging situations (Jacob et al., 2011).

Students with severe anxiety issues are more likely to exhibit irritability as an emotional response, usually manifesting in anger and temper outbursts (Stoddard et al., 2014). These emotional responses are suggested to be linked to deficits in emotion regulation (Jacob et al., 2011; Stoddard et al., 2014). High self expectations, and overly critical self-evaluations of one’s behaviour, are present in students with anxiety exhibiting perfectionism (Stoeber et al., 2014). These characteristics result in lower self-esteem, and experiences of shame and embarrassment associated with perceived failure (Stoeber et al., 2014). The type of anxiety that a student is experiencing, along with other personality characteristics, will influence both the severity and types of emotional responses that will be visible to educators.

**Cultural Impact on Anxiety**

One of the greatest opportunities and challenges of being an educator, is the diversity of students in the classroom. Culturally responsive teaching is now an expectation of teachers, as students need to feel connected and represented in their learning (Bonner, Warren, & Jiang, 2018). Supporting students with anxiety, should also consider cultural and racial influences on experiences of anxiety, social norms, theoretical worldviews, environmental factors, education,
and parenting practices all relate to the experiences of anxiety and therefore how children and adolescents can be assessed and diagnosed (Essau, Sasaagaw, Anastassio-Hadjicharalambous, Guzmán, & Ollendick, 2011a; Nishikawa, Sundbom, Zashikhina, Lekkou, & Hägglöf, 2016). Most of our understanding of how child and adolescent anxiety develops has been based on studies conducted in western cultures (Essau, Ishikawa, & Sasagawa, 2011b). Consistent across studies about children and adolescents with anxiety is that anxiety typically presents with multiple members within the same family, though the transmission of anxiety remains disputed (Essau et al., 2011b). One such way that anxiety may be transmitted to children is through learning experiences such as modelling, communication of safety, wellbeing, and potential threat, and reinforcement of anxious behaviours (Essau et al., 2011b).

Cross-cultural studies of the experiences of anxiety in eastern versus western cultures, have demonstrated that the significant correlations between learning experiences and anxious behaviour cannot be replicated in eastern cultures (Essau et al, 2011a; Essau et al., 2011b). In Essau et al. (2011b) significant differences were found in the way that English and Japanese parents reinforced non-anxiety and anxiety related symptoms. Japanese socialization practices were seen to encourage emotional restraint, and emphasize the importance of other’s opinions, so individuals were expected to silently tolerate anxiety as opposed to complaining verbally (Essau et al., 2011b). Experiences of anxiety can vary from country to country, with different cultural factors impacting the type of problems that children and adolescents have (Nishikawa et al., 2016). Issues like socio-demographic background which can be shown to affect experiences of anxiety in North American studies (Hopkins, Lavigne, Gouze, LeBailly, & Bryant, 2013; Vine et al., 2012; Wichstrem, Belsky, & Berg-Neilsen, 2013) have less impact in mental health problems in Nordic countries like Sweden and the Netherlands (Nishikawa et al., 2016). Language can
impact the reported characteristics and severity of anxiety, with individuals from Japan tend to have a more modest response style than those from a country like Sweden (Nishikawa et al., 2016). Understanding that the development of anxiety can vary depending on the cultural background, is an important consideration when developing a support plan for students. Much in the same way educators are required to adapt their teaching style to support students from diverse backgrounds, providing support and teaching students the tools to manage and identify their own anxiety must take a culturally responsive approach.

**Supporting Indigenous Students with Anxiety**

The Truth and Reconciliation Commission’s Calls to Action has shed light on the horrible conditions that many Indigenous peoples endured as children, being placed in residential schools; often suffering abuse, and neglect (Edmond, 2016). Many suffered from posttraumatic stress disorder, major depression, anxiety disorders, borderline personality disorders, had criminal records, and attempted or committed suicide as a result of their treatment in these ‘schools’ (Edmond, 2016). With the last residential school closing its doors in 1996, it is reported that approximately 150,000 children were sent to residential schools, resulting in lasting intergenerational damage within Indigenous communities (Edmond, 2016). Research tells us that even today, Indigenous peoples suffer higher rates of infant mortality, obesity, and mental health issues compared to the general population (Young et al., 2013). Within the Call’s to Action released by the Truth and Reconciliation Commission, the school environment is positioned to be a crucial area for reconciliation and reparations (Truth and Reconciliation Commission, 2012). As Canada seeks to move toward reconciliation, the respect and value placed on Indigenous ways of knowing and being is an important step. With shifts in the Ontario Curriculum (Aboriginal Education Office, 2007a; Aboriginal Education Office, 2007b), and Ontario College
of Teachers qualification guidelines (Ontario College of Teachers, 2010), the Ontario education system is taking steps to move toward reconciliation. Supporting Indigenous students with anxiety, is but another way that educators can show understanding of, and appreciation for the ways in which Indigenous peoples live and learn.

One conceptual model used in the development of culturally appropriate support for Indigenous peoples is the use of the medicine wheel. The medicine wheel may look slightly different depending on the community it has come from, but many of the ideas that the medicine wheel represents is synonymous with Indigenous worldviews (Young et al., 2013). The four quadrants of the wheel represent the four domains of health: spiritual, emotional, physical, and mental; to have balance is to have harmony in all four of the domains (Young et al., 2013). The circle in which the four quadrants are held represents continuity and connectedness, both integral within Indigenous communities (Young et al., 2013). These ideas of balance, continuity, and connectedness are not always represented in what is typically prescribed as support for mental health issues but are paramount to the support of Indigenous students. Canada’s history of oppression, and attempted annihilation of Indigenous peoples and their culture has resulted in much trauma and distrust from Indigenous communities. Supporting Indigenous students with anxiety, must therefore reflect and honour the specific Indigenous culture of the student, and provide opportunities for them to connect with their community and their environment.

**Socioeconomic Status and Anxiety**

Socioeconomic status (SES) has a profound and lasting effect on an individual’s health (McLaughlin et al., 2011). The three typical markers for a child’s SES are parental educational attainment, parental occupational status, and financial adversity (McLaughlin et al., 2011). Low parental educational attainment can often result in disadvantages to social position which mark
one’s access to resources, knowledge, and social structures that promote mental health and wellbeing (McLaughlin et al., 2011). A parent’s occupational status is often associated with prestige and different exposure to harsh work conditions that can result in stress that transfers to children in the home (McLaughlin et al., 2011). Perceptions of low status can have detrimental effects on one’s mental health due to social comparisons resulting in negative affect and low self-worth (McLaughlin et al., 2011). Children from low SES homes are at an increased risk of parental psychopathology, maltreatment, and family violence (McLaughlin et al., 2011). Social causation theory posits that living in impoverished neighbourhoods promotes mental health issues through stress (Hollingshead & Redlich, 1958; Salami & Walker, 2014). Poverty, limited access to health care and family, social, and community supports, exposure to stressful events like frequent moves and neighbourhood violence, as well as increased financial hardship are perceived to impact that stress that precursors mental health issues (Salami & Walker, 2014; Vine et al., 2012). Visible minority groups often represent larger percentages of the population with mental health issues in North America, but this representation is thought to be greatly impacted by their over representation among socially and economically strained subgroups (Salami & Walker, 2014).

The external circumstances contributing to the anxiety of students who come from lower SES households, may discourage educators from feeling as though they can impact their student’s ability to manage their anxiety, however there are aspects that the student can control that influence mental health trajectories. The cognitive vulnerability, hopelessness, is the expectation that only negative outcomes will occur over positive outcomes, and that one has no control over the occurrence of such outcomes (Salami & Walker, 2014). The perception that one has no control over the occurrence of negative outcomes is said to be related to anxiety
symptoms (Salami & Walker, 2014). Conversely, resiliency is the ability to persevere despite adversity, adapt in a given situation, and endure to success when faced with commanding or threatening conditions (Karatas, & Cakar, 2011). Hopelessness and resiliency seem to be mediating factors in discerning how some children develop anxiety and other mental issues, while others don’t despite being reared in similar environments (Karatas, & Cakar, 2011; Salami & Walker, 2014). Building skills like resiliency has shown to mediate between childhood trauma and the development of mental health issues (Phillippe, Laventure, Beaulieu-Pelletier, Lecours, & Lekes, 2011). This gives hope to clinicians and educators that there are interventions and supports that can challenge the risk of low SES on the development of anxiety in childhood, adolescence and beyond.

**Gender, Sexuality, and Anxiety**

Students who self identify as LGBTQ+ face distinct discrimination and unequal treatment when navigating social spaces that cisgender, and heterosexual students do not. LGBTQ+ adolescents often face harsher treatment from peers, family, and society (McDonald, 2018). Approximately 85% of LGBTQ+ adolescents are subjected to verbal abuse, 27% are physically harassed, and 13% are physically assaulted while in high school (McDonald, 2018). Consequently, LGBTQ+ students face higher rates of mental health issues, than their peers (McDonald, 2018). Clinically significant experiences of anxiety, depression, and post traumatic stress disorder (PTSD) are higher among LGTBQ+, with nearly 32% of adolescents attempting suicide (McDonald, 2018). ‘Minority stress’ theory is often used to describe how the distinct experiences of LGBTQ+ individuals present with higher rates of adverse outcomes, explaining that sexual minority are at a greater risk of experiencing stigmatization and discrimination from their surrounding environment resulting in psychopathology (Jones, Robinson, Oginni, Rahman,
& Rimes, 2017; Meyer, 2003). This psychopathology can manifest through minority-specific processes like internalized homophobia, concealment, or the expectation of rejection, or more generalized processes like low self-esteem and rumination (Jones et al., 2017). Social supports are particularly crucial for adolescent LGBTQ+ students as they develop their sense of self, due to the increased stress and violence that they are exposed to (McDonald, 2018). LGBTQ+ students who receive social support have more positive outcomes and a reduction in mental health issues (McDonald, 2018). Adult support can facilitate a smoother high school experience, increasing levels of self-motivation, and decreasing levels of school avoidance (McDonald, 2018).

Adult support is critical for students who identify as transgender, as the support can smooth the gender transition process, provide access to medical resources, provide a platform to speak out about political concerns, or connect with social networks (Budge & Adelson, 2013). The process of transgender identity development includes different processes like pre-coming out, coming out, exploration, intimacy, and identity integration; the further a transgender student is in this process, the more wellbeing they report (Budge & Adelson, 2013). Understanding where a transgender student is at in this process, can aide educators in recognizing the kind of support that would best support their student.

Beyond being an ally, educators can support their LGBTQ+ students through helping them to develop adaptive coping mechanisms. Coping mechanisms are thought to buffer the effects of psychological distress caused by stigma, internalized homophobia or transphobia, and experiences of violence and discrimination (Budge & Adelson, 2013). Supporting an LGBTQ+ student with anxiety might require some modifications to suit their specific needs depending on how they self identify and how comfortable they are with that identity. Even though LGBTQ+ is
used to describe an incredibly diverse group of individuals, some of the negative experiences and threats to their mental health are similar regardless of how they self identify. Creating a safe space where students can feel confident to explore and develop their self-identity, connect with peers of similar circumstance, and provide tools to cope with the exclusion, and intolerance that they may be facing from peers or family members, can be a lifesaving service that educators can provide.

Even though the experiences and manifestations of anxiety can differ from one marginalized group to the another, all groups share a common heightened risk for negative outcomes due to their increased rate of and risk for anxiety. This means that educators must take special care in their support of marginalized students who struggle with anxiety.

**Comorbidity**

For many students, anxiety is not the extent of their issues. Many students struggle comorbidly with other disabilities or issues, in addition to anxiety. Understanding how comorbidity with other issues can influence the experience of anxiety, will help educators plan accordingly in their supports.

**Comorbidity: Learning Disabilities and Anxiety**

Anxiety is a particularly popular area of research as it is one of the most accounted for internalized maladaptive process for students with learning disabilities (LD) (McGovern, Lowe & Hill, 2015). This is one particular area of the emotional difficulties that LD students face that researchers are unable to agree whether anxiety is a response to repeated academic failure, if it is high levels of anxiety that cause learning difficulties, or both LD and anxiety have a common brain-based etiology (Nelson & Harwood, 2011). Regardless of which manifests first, the learning disability or anxiety, students who have learning disabilities significantly self-rate
higher rates of anxiety than their peers without learning disabilities (McGovern et al., 2016). In addition to being potentially damaging to mental health, struggling with both LD and anxiety might further impede students’ academic progress through distractions from learning or avoidant behaviours when it comes to schoolwork (McGovern et al., 2016). Students with LD are also at a higher risk of socio-emotional maladjustment, experiencing less connection to their peers, and more likely to feel lonely (Haft, Chen, LeBlanc, Tencza, & Hoeft, 2019). Socio-emotional maladjustment can worsen problems with executive function and inattention, which creates a cycle of cognitive and emotional difficulties (Haft et al., 2019). Stigma, and academic setbacks can lead to a negative perception of self, and a lower self-esteem (Haft et al., 2019). Lower self-esteem can become a risk factor for the development of additional mental health issues like anxiety (Haft et al., 2019). Students with LD might also experience stereotype threat, which is the fear of confirming a negative stereotype about a specified group, which in turn results in the development of anxiety (Hart, Duong, Ho, Hendren, & Hoeft, 2018).

**Comorbidity: Autism Spectrum Disorder and Anxiety**

Autism Spectrum Disorder (ASD) has a long history of associations with symptoms of anxiety (Morrow Kerns & Kendall, 2014). Students with ASD are often reported with symptoms of excessive worry, unusual obsessiveness, a compulsion for sameness, and phobias both common and uncommon in nature (Morrow Kerns & Kendall, 2014). The prevalence of anxiety in ASD is so pervasive, that anxiety is considered to be an auxiliary feature of the autism spectrum (Morrow Kerns & Kendall, 2014). There are many features of anxiety and ASD that overlap, such as social awkwardness and avoidance, compulsive and ritualistic behaviour, as well as other communication deficits (Morrow Kerns & Kendall, 2014). The difficulty with identifying the comorbidity of anxiety in students with ASD is the spectrum nature of ASD and the heterogeneity of ASD symptoms (Lopata & Thomeer, 2014). For comorbidity to be present
symptoms of anxiety are required to be in addition to the ASD core features but can affect and be affected by the core feature (Lopata & Thomeer, 2014).

Due to the overlaps between features of ASD and symptoms of anxiety, it has historically been difficult to determine if the presence of anxiety symptoms in children and adolescents with ASD is in fact a comorbid disorder, resulting in fewer reports of formal diagnosis (Lopata & Thomeer, 2014). Researchers have begun to investigate how some of the features of ASD can lead to stress and anxiety, for instance communication and social deficits can lead to stress in social situations, and sensory sensitivities can lead to significant stress and anxiety when exposed to certain stimuli (Lopata & Thomeer, 2014). Anxiety is present across ages and functional levels of students with ASD but is especially prevalent in older students who are considered ‘higher functioning’ (Lopata & Thomeer, 2014). In the school setting, students with ASD are often reported as struggling with perfectionism, emotional lability, and have trouble coping with classroom and academic demands (Lopata & Thomeer, 2014).

There are three types of anxiety disorders that are most commonly discussed in relation to ASD, Social Anxiety Disorder (SAD), obsessive compulsive disorder (OCD), and specific phobias (Davis & Ollendick, 2014; White, Schry, & Kreiser, 2014; Wu, Rudy, & Storch, 2014). SAD is considered to be the most common co-occurring form of anxiety in individuals with ASD, as social skills deficits are at the core of both disorders (White et al., 2014). It is believed that there is a bidirectional relationship between social impairment and social anxiety in students with SAD and ASD, as heightened arousal in social situations may limit opportunities to interact appropriately with peers, which can lead to impairments in processing and interpreting social information and make it harder to execute learned social skills (White et al., 2014). The restrictive and repetitive behaviours and interests present in ASD are often represented by
stereotyped motor movements, restricted interests, fixations on certain objects, and rigid routines (Wu et al., 2014). These obsessions, fixated interests, compulsions, and repetitive behaviours, are also present in OCD (Wu et al., 2014). These similar outward presentations can make it difficult to differentiate between what is a presentation of ASD and what is a presentation of OCD (Wu et al., 2014).

Repetitive behaviours within the context of OCD often occur as a means to reduce distress in response to an obsessive trigger, within the context of ASD, repetitive behaviours often serve operant or self-stimulating behaviours (Wu et al., 2014). This is not to say that repetitive behaviours in students with ASD are never a response to reduce stress, but this distinction can help clinicians, caregivers, and educators identify when behaviours are representative of a comorbidity of OCD or are singularly associated with ASD (Wu et al., 2014). There is limited research on specific phobias present in those with ASD, even though there is an extensive history of observations of numerous, and at times unusual, fears in those with ASD (Davis & Ollendick, 2014). The most common phobias present in children with ASD are those related to the medical field (doctors, dentists, etc.) and children were observed to have higher levels of overall fear (not necessarily specific phobias) than their age-matched typically developing peers (Davis & Ollendick, 2014). Given the many characteristics of ASD that overlap with symptoms of different anxiety disorders, it can often be challenging to disentangle anxiety symptoms as features of ASD or a separate comorbid disorder (Jeanette, Vasa, & Hagopain, 2013). Therefore, treatment for a student with ASD and anxiety, must consider whether the student is low or high functioning, and whether or not pharmacological interventions for ASD characteristics (like repetitive behaviours) would better serve the students than treatments typical for anxiety disorders (ex. Cognitive Behaviour Therapy) (Jeanette et al., 2013). Educators
supporting students with ASD and anxiety must follow the directives from clinicians involved in the student’s care.

**Comorbidity: Depression and Anxiety**

Comorbidity between anxiety and depression has been demonstrated in high rates among children and adolescents (Andover, Izzo, & Kelly, 2011). Comorbidity of anxiety and depression results in more severe psychopathology, increased risk of suicide and non-suicidal self-injury, and higher propensity for recurrence, than either of these disorders alone (Andover et al., 2011). Certain types of anxiety disorders are more likely to be comorbid with depression than others, generalized anxiety disorder and social anxiety disorder are highly comorbid, compared to separation anxiety and specific phobias (Andover et al., 2011). There are different models that have been presented to explain the relationship between depression and anxiety. One model suggests that anxiety and depression comprise an internalizing dimension, so their comorbidity represents this singular construct (Andover et al., 2011; Krueger & Markon, 2006). This suggests that the disorders Generalized anxiety disorder and Major Depressive Disorder, for example, are different presentations of the same disorder (Andover et al., 2011; Krueger & Markon, 2006). Other models suggest that depression and anxiety are distinct disorders, sharing some underlying characteristics, but remaining unique in the factors that comprise each disorder (Andover et al., 2011; Clark & Watson, 1991).

Both anxiety and depression share negative affect, but low positive affect is considered to be unique to depression, while high physiological arousal is considered to be unique to anxiety (Andover et al., 2011; Clark & Watson, 1991). A developmental approach toward the understanding of the temporal relationship between anxiety and depression looks at the developmental differences in the onset of anxiety and depression, and associates the unique onset of each disorder as a function of the developmental stage (Andover et al., 2011; Compas,
Oppedisano, Sameroff, Lewis, & Miller, 2000; Kovacs & Devlin, 1998; Rice, van den Bree, & Thapar, 2004). Children tend to be at a greater risk of manifesting symptoms of anxiety, while depression manifestations are more common during adolescents; the transitional phase between these developmental levels is where individuals are at greater risk of manifesting symptoms of both disorders (Andover et al., 2011).

There are different risk factors that are proposed to relate to the development of anxiety and depression in adolescents and children. Anxiety sensitivity is considered to be a risk factor and is defined as the fear of anxious arousal, and the belief that anxious arousal is harmful (Allan, Felton, Lejuez, Macpherson, & Schmidt, 2016). Individuals high in anxiety sensitivity are caught in a cycle of belief that anxious arousal is harmful, which then increases anxious arousal (Allan et al., 2016). This appraisal of anxious arousal is considered to be more important than the individuals actual experience, as it results in greater negative affect which increases manifestations of both anxiety and depression (Allan et al., 2016). Neuroticism is thought to be another risk factor involved in the development of anxiety and depression (Smith, Reynolds, Orchard, Whalley, & Chan, 2018). Neuroticism is a difficult association because it is thought to be unmodifiable, and not amendable to intervention (Smith et al. 2018). More modifiable risk factors that are associated with the development of anxiety and depression are rumination, dysfunctional attitudes, negative biases in ambiguous scenarios, and self-referential memory (Smith et al. 2018). Focusing on the modifiable risk factors, educators can focus their supports to helping students challenge maladaptive thought patterns that influence the manifestation of both anxiety and depression.

**Comorbidity: Trauma and Anxiety/PTSD**

Across the world, it is estimated that 80% of children experience traumatic events including physical abuse, sexual abuse, domestic violence, community violence, and
war/conflict/terrorism (Sharma-Patel et al., 2011). Considering that international migration accounts for 80% of Canada’s population growth (Statistics Canada, 2019), it is safe to assume that the global issue of childhood trauma can and does reach Ontario elementary and secondary classrooms. Experiences of childhood trauma are associated with different short-term and long term negative mental health outcomes, including post traumatic stress disorder, other anxiety disorders, depression, risky behaviours, and disruptive behaviour problems (Sharma-Patel et al., 2011). Adolescents who experience trauma are also shown to have problems with affect regulation, impulse control, attention/memory, interpersonal relationships, self-perception, somatization, and systems of meaning (Sharma-Patel et al., 2011). Models for the development of PTSD identify the relationship between PTSD development and four moderators; proximal trauma reminders, proximal secondary stressors, ecological variables, and individual factors (Pynoos, Steinberg, & Piacentini, 1999; Sharma-Patel et al., 2011). Other models extend this model to include additional etiological factors such as parent reaction, cognitions, exposure severity, gender, and family functioning (Dyregrov & Yule, 2006; Sharma-Patel et al., 2011). These moderators can be important considerations in the development of supports for students who have experienced trauma.

**Comorbidity: Chronic Illness and PTSD**

A chronic illness is defined as one that lasts for a considerable period of time or aftereffects of a disease that is debilitating over a substantial period of time (Farrell, Donovan, Turner, & Walker, 2011). Chronic illnesses are associated with a wide range of effects and impairments, like pain and discomfort, school absences, activity disruption, poorer social competence, and higher use of medication and health care services (Farrell et al., 2011). Comorbidity of mental and medical conditions has been reported as high, which in many cases leads to further impairments and disabilities (Farrell et al., 2011). There is an increased
likelihood in the development of a mental health problem when a medical condition is already present (Farrell et al., 2011). Anxiety can be present in a chronically ill child before the medical illness develops, as a result of the illness, or coexist with no chain of causality (Kelly & Frosch, 2013). The development of anxiety associated with a chronic illness is often contingent on the child’s developmental level, and their understanding of their illness, symptoms, and consequences (Kelly & Frosch, 2013). For instance, the concept of death is perceived differently for children under the age of eight years old, often with an inability to understand the permanence of death (Kelly & Frosch, 2013). The profound effects of comorbid medical conditions and anxiety can greatly impact both the child and their family’s life, as well impact disease outcomes leading to a decreased quality of life (Farrell et al., 2011). Different anxiety disorders can have profound effects on medical treatment, for instance, young patients with separation anxiety can have difficulty when undergoing procedures or being hospitalized, making the experience of being away from caregivers more threatening than the illness itself (Kelly & Frosch, 2013).

There is extensive research dating back to the 1920’s that links the development of obsessive-compulsive disorder and tics after the presentation of infectious diseases like group A streptococcus infection (Murphy & Yokum, 2011). Pediatric autoimmune neuropsychiatric disorder associated with streptococcus (PANDAS) is a condition of neuropsychiatric symptoms associated with group A streptococcus infection (Murphy & Toufexis, 2013). PANDAS symptoms include obsessive compulsive features, tics, behavioural, and mood changes, and neurological abnormalities (Murphy & Toufexis, 2013).

The functioning of the endocrine system is often reported as abnormal in individuals with anxiety disorders (Murphy & Yokum, 2011). Negative feedback loops are seen in individuals
whose cortisol levels that are too high. (Murphy & Yokum, 2011) These loops signal the hypothalamic release of the corticotropin releasing hormone that signals the anterior pituitary gland to secrete andreno-corticotropin hormone (ACTH), this stimulates the adrenal glands to produce more cortisol (Murphy & Yokum, 2011). Medical conditions affecting the endocrine system, like Cushing’s syndrome, hijack the hypothalamic, pituitary, and adrenal system, either caused by high doses of steroids or hormone secreting adenomas, resulting in increased levels of cortisol released by the adrenal glands (Crespo et al., 2016). With this condition, one of the core characteristic features is symptoms of an anxiety disorder (Crespo et al., 2016).

Chronic pain in pediatric patients, has a strong association with anxiety symptoms, with a reported 80% of chronic pain patients meeting the criteria for anxiety disorders (Jastrowski Mano, 2017). The relationship is perceived to be associated with the physiological arousal that is present in both anxiety and chronic pain (Jastrowski Mano, 2017). Certain characteristics are also shared in cases where chronic pain and anxiety are present, for instance, anxiety sensitivity is shown to increase the risk for pain-related avoidance and disability in pediatric chronic pain patients (Jastrowski Mano, 2017). Avoidance behaviour is also a common characteristic shared by youth with chronic pain and anxiety symptoms (Jastrowski Mano, 2017). Chronic pain as well as anxiety can result in difficulties with social and academic tasks, resulting in avoidance activity when in the school setting (Jastrowski Mano, 2017). Chronic pain in children and adolescents can relate to impaired school functioning (Jastrowski Mano, 2017). The requirement for missed school time due to medical appointments and procedures leads students to feeling as though they are behind their classmates (Jastrowski Mano, 2017). Anxiety associated with school performance is determined to be a stronger predictor of impaired school functioning than pain severity (Jastrowski Mano, 2017).
Addressing Stigma

Stigma, as it is associated with anxiety, could be explored in two ways, first stigma associated with other differences that the student possesses could result in anxiety related to their differences (Dickerson & Zoccola, 2013). For the purposes of this section, the stigma associated with having mental health issues is the topic of exploration. Stigma is defined as the negative attitudes or beliefs toward an individual, resulting in feelings of distrust, fear, and anger, and often leading to avoidance (Calear, Batterham, Griffiths, & Christensen, 2017). Stigma is considered to be a barrier for help-seeking in individuals with mental health issues (Calear et al., 2017; DuPont-Reyes, Villantoro, Painter, Phelan, & Link, 2019). There are three types of stigma that negatively affect help-seeking behaviour: public or personal stigma, perceived stigma, and self-stigma (Calear et al., 2017). Public or personal stigma is an individual’s attitude or belief about a condition, whereas perceived stigma is the individual’s perceptions of what other’s attitudes and beliefs are about the condition, self-stigma is the individual’s attitudes and behaviours toward their own condition (Calear et al., 2017). Risk factors for higher personal stigma are being male, being younger in age, having lower levels of anxiety literacy, not having a family member or friend with mental health issues, and having no personal history of mental health issues (Calear et al., 2017). Mental health stigma can result in rejection from family or friends, leading to isolation, anger, depression, and low self-esteem (Stathi, Tsantila, & Crisp, 2012).

One way to combat stigmatization of mental health issues is through mental health literacy. Mental health literacy increases awareness about mental health issues and the challenges that individuals with mental health issues face (Riebschleger, Grove, Cavanaugh, & Costello, 2017). In addition to helping the general public to increase their mental health knowledge, gain
the confidence to support someone experiencing mental health issues, mental health literacy helps to decrease individuals stigmatizing attitudes toward individuals with mental health issues (Riebshleger et al., 2017). The course designed for the project “Supporting Students with Anxiety in Ontario Elementary and Secondary Schools through Professional Development for Educators” is meant to contribute to this mental health literacy for educators, and indirectly for their students.

**Teacher Experiences Supporting Students Mental Health Needs**

With the increasing number of students requiring additional support, teachers are increasingly responsible for ensuring that all these needs are met within the classroom environment (Shanker, 2014). With a considerable number of children and adolescence struggling with mental health issues, many schools have adopted social-emotional learning (SEL) programs and positive behavioural interventions and supports (PBIS) (Gibson, Stephan, Brandt, & Lever, 2014). The success or failure of these programs depends on how they are executed by educators, so it is important to understand teachers’ feelings of preparedness and desire to support students with mental health problems if supporting students with anxiety successfully is a desired outcome. Most teachers have an interest or a desire to support their students but feel ill-equipped to facilitate programs and interventions to support the mental health needs of their students, or feel that their workload/lack of time limits their ability to focus on the mental health needs of their students (McCutcheon et al., 2014).

Teachers receive extensive pre-service and in-service preparation in curriculum and instruction but receive considerably less preparation in the interpersonal and intrapersonal dimensions of teaching and learning (Atkins, & Rodger, 2016; Gibson et al., 2014). The limited education that pre-service teachers do receive in psychology focus more on child and adolescent
development, and a general overview of special education, but do not focus on mental health as a key component of training (Gibson et al., 2014). This poorly prepares teachers for the important role they play in the support of students with anxiety, as the school environment is a critical context for prevention and service delivery (Pas, Bradshaw, & Cash, 2014). Professional development is one such way to combat the lack of preparedness that teachers feel regarding supporting students with anxiety (Pas et al., 2014). Professional development for supporting students with anxiety, needs to be ongoing, interactive, and allow for reflection and peer-support (Pas et al., 2014). Through professional development opportunities, and ongoing support, teachers can gain the confidence, knowledge, and skills to create a structure that promotes the development of trusting relationships which is foundational for students to seek and accept support for their anxiety (McCutcheon et al., 2014).

**Strategies for Addressing Anxiety**

Cognitive Behaviour Therapy (CBT) has a long history in the support of youth with anxiety disorders (Flannery-Schroeder & Lamb, 2009). The cognitive behavioural model identifies that one’s responses to events are dependent on their interpretation or perception of the event (Flannery-Schroeder & Lamb, 2009). If interpretations or perceptions are not based on facts or reality, the thinking is considered to be distorted, irrational, or dysfunctional (Flannery-Schroeder & Lamb, 2009). CBT seeks to identify and restructure this dysfunctional thinking, as well as educate the individual about the reciprocal relationship between cognitive representations and affect and behaviour (Flannery-Schroeder & Lamb, 2009). There are countless educational resources available that utilize the model of CBT (Macklem, 2011).

More recently, treatment has evolved CBT to include mindfulness in the support of mental health issues (Brantly, 2005; Creswell, 2017). Mindfulness is an awareness of the inner
and outer experiences unfolding in the present without judgment or attempt to control (Brantley, 2005). Mindfulness-based stress reduction (MBSR) is thought to be a compliment to other therapies as it allows for individuals to make deliberate efforts to give and sustain attention to moment-to-moment experiences (Brantley, 2005; Creswell, 2017). Mindfulness has shown to improve physical health, in chronic pain coping, immunity, and clinical symptoms or disease-specific outcomes, improve mental health in depression relapse, anxiety and depression symptoms, addiction and addiction disorders, and improve attention related outcomes, and affect related outcomes like rumination (Creswell, 2017). In the past five years there has been enormous growth in the development of internet and smartphone applications for mindfulness intervention (Creswell, 2017). This means that educators have at their fingertips, the tools to implement MBSR in a way that is inexpensive and portable (Creswell, 2017).

Another direction in mental health support that has evolved from CBT is Acceptance and Commitment therapy (ACT). ACT is focuses on challenging unhealthy or dysfunctional uses of language and cognition, channelling it toward more productive things (Twohig, 2012). ACT uses mindfulness practices to develop accepting, and mindful attitudes toward distressing memories or negative conditions rather than trying to avoid them (Pohar & Argaez, 2017). There are six core processes involved in ACT: acceptance, diffusion, present moment awareness, self-as-context, values, and commitment to action (Pohar & Argaez, 2017).

Music therapy is considered to be a useful extension to CBT in the support of children with anxiety (Kwok, 2019). This non-verbal alternative approach can be beneficial for children who have deficits in their ability to communicate their feelings to others, and as a direct approach to the perception, expression, and regulation of emotion (Goldbeck & Ellerkamp, 2012). Music can allow children to develop an understanding between perception and
expression, as well as express and regulate their emotions (Goldbeck & Ellerkamp, 2012). Relaxing music can also encourage a deep state of relaxation that helps to combat the psychophysiological hyperarousal often associated with anxiety (Goldbeck & Ellerkamp, 2012).

**Teaching Students to Advocate**

In both the field of education and medicine, advocacy has been determined to be an important skill for individuals to receive the care and support that they need (Dryden, Desmarais, & Arsenault, 2014; Picket et al., 2012; Varghese, 2015). Teaching students to advocate for themselves or providing parents of students with resources to advocate for their children can be invaluable skills to ensuring that the student receives the support that they need (Varghese, 2015). Advocacy is typically seen as the process of speaking, pleading, or interceding for someone else (Varghese, 2015), however the ability to self-advocate is increasingly seen as a fundamental aspect of successful illness self-management (Jonikas et al., 2011). Higher rates of self-advocacy are associated with higher rates of hopefulness, better environmental quality of life, and fewer psychiatric symptoms (Jonikas et al., 2011).

One such way that individuals with mental health issues are taught to self-advocate is through programs like Wellness Recovery Action Planning (WRAP), which helps the individual to manage their mental health difficulties, understand their personal responsibilities, gain knowledge about their condition, and acquire skills to self-advocate through knowledge, choices, and personal preferences (Jonikas et al., 2011). WRAP is considered to be a form of self-management and is used to empower individuals to manage their own health and conditions (Pratt, MacGregor, Reid, & Given, 2013).
Creating Relationships with Parents/Caregivers

Family-school-community partnerships are important to the enhancement of student academic progress and wellbeing (Evangelista Brandt et al., 2014). This is a shift from family “participation” or “involvement” as it shows an emphasis on each having an equal role and shared responsibility (Evangelista Brandt et al., 2014). This collaborative model aligns with theories that identify a child’s development to be influenced by the relationships between microsystems, macrosystems, mesosystems, exosystems, and chronosystems, in home, school, community, and with peers (Evangelista Brandt et al., 2014). Having schools focus solely on academic progress, while the parents/caregivers focus on social and emotional learning, creates a confusing dichotomy for students, and is often less impactful (Evangelista Brandt et al., 2014).

When developing family-school-community partnerships, there are various challenges that can impact the success of such collaboration: misunderstandings and a lack of trust between families and schools, negative perspectives from school staff about the importance of parent/caregiver involvement, racial minority and lower socioeconomic status families that are more likely to perceive the school as a hostile environment, incongruency of expectations from families and teachers, lack of teacher training on how to effectively partner with families, and school staff that discourage family partnerships or approach interactions with an ‘expert’ stance instead of equal partner (Evangelista Brandt et al., 2014). Despite these challenges, when families are involved in schools, students have more positive academic, social, emotional, and behavioural outcomes (Evangelista Brandt et al., 2014; Herman et al., 2014).

For students with mental health issues, without family involvement, it is unlikely that adequate support can be developed in schools to prevent long term negative outcomes for the students (Herman et al., 2014). Mental health supports in schools are shifting from a child-
focused approach to a family-centred approach, as it has been shown that mental health and educational supports that do not address family practices have limited effectiveness and in some cases be harmful to the student (Herman et al., 2014). Programs that endorse family partnerships focus on the development and sustaining of parent/caregiver-teacher contact, parent/caregiver involvement at school, quality of parent/caregiver-teacher relationships, teachers’ perceptions of parents/caregivers, family practices at home, and parent/caregiver endorsement of school (Herman et al., 2014).

Self-Care for Teachers to Support Students with Anxiety

The mental health and wellbeing of students has been shown to be affected by supportive and positive teacher-student relationship and a feeling of safety (Harding et al., 2019). Teachers are reportedly at an increased risk of common mental health issues when compared to other occupations (Harding et al., 2019). Poor teacher wellbeing is not only problematic for teachers but can also affect student wellbeing as a result (Harding et al., 2019). Poor teacher wellbeing can impact student wellbeing through presenteeism, which is the underperformance at work as a result of health problems, inability to develop and model quality relationships with students, higher rates of absenteeism, and feelings of inability to support students with mental health issues (Harding et al., 2019).

Those in professions where they are caring for others, like teaching, often report a pull between other-care and self-care, feeling exhausted when saying ‘yes’ to the demands to support their students, and feeling guilty when saying ‘no’ (Stovholt & Trotter-Matheson, 2016a). It is important for educators to exercise self-care, focusing on nurturing their own wellbeing to ensure that they have the energy and capacity to support the mental health needs of their students. Without a dedication to self-care, teachers can experience higher rates of burnout (Stovholt &
Trotter-Matheson, 2016b) and compassion fatigue (Stovholt & Trotter-Matheson, 2016a; Ziaian-Ghafari & Berg, 2019). Teacher self-care is like the analogy of the aircraft where adults are expected to put on their own air mask before assisting their children. It is crucial when supporting those with less aptitude to help themselves, to ensure one’s own safety and health so that the health and safety of all are ensured.
Chapter 3: Development Process

With an idea of the research surrounding childhood and adolescent anxiety in mind, translating this literature into something that could be meaningful and applicable to teachers practice became the focus of the project. To entice educators to take the course, it was decided that it might substantiate the course to design it with the intention of submitting it to the OCT for accreditation. The process of submitting the course to OCT is documented in the next chapter.

In preparation for the development of the supporting students with anxiety course, it first became imperative to understand the different approaches that can be taken when delivering this material. To begin, a course in mental health first aide (Mental Health Commission of Canada, 2019) was completed. Through this opportunity, the challenge of supporting an individual in mental health crisis was explored. This brought forth the idea that to prepare educators to support their students with anxiety, it was crucial to look both at long term goals and strategies, as well as exploring ways to support a student in crisis. This shaped the course into a two pronged approach, one that was proactive, providing strategies to share with students that would help to support them long term in learning to understand, accept, and manage their anxiety, as well as an approach that was reactive for situations where strategies that had been previously utilized are no longer appropriate because the student is in a place of crisis, and cognitively go to a ‘fight or flight’ mode (Rashid, 2015).

In addition to the mental first aide course, a course in supporting youth with anxiety for health care professionals (Miller-Fik, 2019) was also completed. This course, geared toward healthcare professionals with little to no background in mental health, focused on understanding the formation of youth anxiety, symptoms associated with youth with anxiety, as well as maintenance strategies to help youth manage their anxious thoughts and feelings. This course
guided the approach that to begin thinking about how to support students with anxiety, one must understand what anxiety is, how it manifests in childhood and adolescents, and what the potential risk factors for anxiety are.

Finally, to design the course so that it would align with expectations associated with an OCT certified course, various OCT guidelines were explored to identify themes that existed throughout the courses. Through the exploration of the different qualification schedules, schedule C was determined to be the closest alignment with the type of course being developed. Schedule C was selected as it is a qualification for one-session additional qualifications. Looking at the schedule C courses; certain courses influenced the direction that the course design took. Specifically, the OCT guidelines for Safe and Accepting Schools (Ontario College of Teachers, 2019), Teaching Students with Behavioural Needs (Ontario College of Teachers, 2019), Teaching Students with Communication Needs (Learning Disability) (Ontario College of Teachers, 2019), and Teaching Students with Communication Needs (Autism Spectrum Disorder) (Ontario College of Teachers, 2019) were explored for re-occurring themes and expectations. Through this analysis, the determination to include specific sections on OCT Professional Standards, Ontario Ministry of Education documents such as Caring and Safe Schools in Ontario, Supporting Minds, and Learning for All, Ontario legislation AODA and Ontario Human Rights, teacher best practice, community and school programming, emphasis on holistic learning and student wellbeing, culturally responsive support, supporting FNMI students, communicating with parents, working collaboratively, student accommodations, professional learning, exploration of IEPs, and intersectionalities with different exceptionalities and social situations was decided upon.
Many of the additional areas of focus were taken from personal experience both in educational settings working with students with various special needs, as well as personal experiences with mental health professionals. Many of the suggested programs and supports in the maintenance, communication, and de-escalation and redirection modules were ones that had been previously used in either a professional or personal capacity.

To structure the course, the model presently used in Queen’s Continuing Teacher Education department was used. Using a backwards design model, the course culminating assignment, and overall learning outcomes were established first. From there, the modules required to satisfy the requirements necessary for those enrolled in the course to be able to successfully complete the course culminating and meet the learning outcomes was established. This also helped to narrow the focus of research to the areas outlined as topics for each module.

Once each module had been established, the topics to be explored in each were mapped out. With a structural outline of the course that made sense for the direction of the learning intended by the author, the topic tasks were written in more detail, with resources to accompany the tasks added at this time. The work was structured in what Queen’s Continuing Teacher Education identifies as a planning map; a document prepared for the purposes of submission to OCT for approval.
Chapter 4: Next Steps

With the literature review (see Chapter 2) and the course (See Appendix) complete, the course and accompanying research will be submitted to the Ontario College of Teachers Registrar. The registrar will need a letter that outlines what the course is, why the course is needed for Ontario educators, how the course was developed, the research that has been done in preparation for this course, and justifications for why this course should be accepted as it’s own course under OCT instead of a section within one of the courses already offered by OCT.

The course and accompanying documentation will be taken to the OCT committee for approval. If the course is deemed to have merit and be one that OCT sees as aligning with the practices and principles that are present in current OCT courses, the course will be approved by the committee.

Once the course has been approved by the committee it will be sent the Ministry of Education for approval. This process typically takes up to one year. With the approval from the Ministry of Education, OCT will schedule time to write guidelines for the course so that Additional Qualification providers will be able to develop their own version of the course to be offered. The guidelines will also establish the schedule of the course, so that upon completion the course will be visible on the online register under the member’s qualifications.
Chapter 5: Future Considerations and Limitations

Supporting students’ mental health is an important endeavour that educators have become additionally responsible for attending to. In preparation for this responsibility, it is imperative that educators receive adequate training so that they feel confident in their own abilities, and adequately supported. Anxiety is only one mental disorder that affects student populations. Future opportunities exist to explore other mental health topics such as depression, trauma, and addiction. It is important that each topic receives adequate attention, so the topic can be more thoroughly explored, and ways in which to support students afflicted with this issue can be developed. Without specialized professional development, the training provided to teachers runs the risk of being oversimplified or misinterpreted as embodying one experience and one solution that strips the individual experiences of students facing various mental health issues.

There are limitations that exist within this project, the largest being the limited space in which to explore various issues related to anxiety. Following best practice of online learning, and the expected 125-hour length of an OCT additional qualification course, this project was only able to provide a somewhat shallow exploration of various topics. Exploring, for instance, the effects that anxiety has on academic outcomes is a somewhat large area of research. The tasks selected for this module were a small representation of our understandings of the ways in which anxiety affects the student experience. The module discussing comorbidity of various mental health issues and social factors was meant to showcase that anxiety, much like any mental illness, does not exist in isolation, and often there are other factors that come in to play that impact the experiences of the student, including their accessibility and willingness to accept interventions and support. By introducing candidates to some of the different intersectionalities in the experience of anxiety, the intention is to reaffirm the message that educator’s response to
students struggling with anxiety should be personalized to their unique experience. Unfortunately, to spend the time to adequately unpack what these unique experiences can mean for students with anxiety, this course would have needed to be expanded beyond one course. So, it is the hope that this module sparks the interest of educators in the course so that they can explore these topics further on their own.

The status of the author of this course may be considered a limitation of this project. The author is a certified Ontario teacher with previous years experience in both elementary and secondary schools near Toronto Ontario, but is now an instructional designer for Queen’s University, Continuing Teacher Education, in Kingston Ontario. The author has not been a practising teacher in an elementary or secondary school in five years. Future considerations for this project may seek to work more closely with practising teachers at the elementary and secondary level working with various student populations.

One final limitation is the lack of space in the course dedicated to the support of FNMI students. Since the release of the Truth and Reconciliation: Calls to Action (2015), it has been vital that education in Canada make the shift toward more inclusive, thoughtful, and respectful education of FNMI students and the indigenization and decolonization of educational practices and teachings. It is imperative that experiences of Canadian FNMI peoples and a respect for FNMI cultures be woven into educator’s curriculum and teaching considerations. Different cultures in the FNMI community may perceive and respond to mental health issues differently than the ‘euro-centric’ clinical model often used. Mental health within the FNMI community is a profound subject that can and should be a course of its own as this project was only able to showcase a limited interpretation of this topic. Many of the understandings presented in this course, are drawn from the teachings from exploration into the Anishinaabe and Haudenosaunee,
lands in which Queen’s University is situated on. Future considerations for course development in topics of mental health, might consider developing a more prominent section on supporting FNMI students and drawing from the experiences of different Indigenous groups throughout Canada.
Chapter 6: Conclusion

Supporting educators in developing the knowledge, skills, and tools, necessary for supporting a student with anxiety is an important step in the shift to a more holistic model of education. This helps to prepare students for life beyond school in more ways than academically. Mental health is an ever-growing field within the contexts of education, as more and more educators, administrators, policy makers, and researchers are acknowledging that mental health has profound effects on the experiences of students and their social, emotional, and academic outcomes. This endeavour is one that requires the collaborative effort of teachers, students, families, administrators, clinicians, and governing bodies to ensure the successful implementation of programs and supports that help students to manage their own mental health and wellbeing.
Resources


Ontario College of Teachers. (2019, August). *Additional qualification course guideline teaching students with communication needs (learning disability).* Retrieved from https://www.oct.ca/members/additional-qualifications/schedules-and-guidelines/schedule-c

Ontario College of Teachers. (2019, August). *Additional qualification course guideline teaching students with multiple needs.* Retrieved from https://www.oct.ca/members/additional-qualifications/schedules-and-guidelines/schedule-c


Ontario College of Teachers. (2019, May). *Additional qualification course teaching students with communication needs (autism spectrum disorder).* Retrieved from https://www.oct.ca/members/additional-qualifications/schedules-and-guidelines/schedule-c


http://www.edugains.ca/resourcesMH/VideoLibrary/ClassroomEducator/mp4/MHA-Environment.mp4


Appendix

Supporting Students with Anxiety (Course)
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Course Description
Children’s Mental Health Ontario reports that 50% of Ontario parents have reported concerns about their child’s level of anxiety (CMHO). With as many as one in five children and youth in Ontario experiencing some form of mental health issue, only one out six will receive the treatment that they need (CMHO). It is estimated that 70% of mental health problems have their onset during childhood and adolescence, making the elementary and secondary school years critical to identification and intervention.

In the course, Supporting Students with Anxiety, candidates will have the opportunity to explore the foundations of anxiety, how it manifests in children and teens, and the impact anxiety has on the development and outcomes of struggling students. Candidates will gain different strategies and tools to confidently support their students with anxiety, and have the opportunity to reflect, and synthesize in order to gain confidence in their ability to support their students. Candidates will learn where their opportunities and responsibilities begin and end, and how to navigate with different stakeholders involved with student care.

Desired Results
By the end of this course, candidates will think critically about:

- the basics of anxiety as it relates to children and adolescents
- students who might be affected by anxiety
- how students with anxiety can be supported when teachers apply the Ethical Standards for the Teaching Profession and the Standards of Practice for the Teaching Profession in their practice
- Ontario legislation and how it pertains to students with anxiety (Human Rights, AODA)
- the current Ontario Ministry of Education policy and guidelines associated with supporting students with anxiety
- what resources are available to support both the teacher and student
- how teachers can impact the facilitation of a student support plan
- what risk factors are associated with anxiety
• the value of advocating for students with anxiety and collaborating with other professionals to meet the needs of these students
• strategies to use in the classroom to redirect and de-escalate a student having an anxiety incident
• action plans to aide students in articulating their feelings and thoughts
• communicate with parents, and other professionals on how the student experiences anxiety in the education setting
• find resources to aide students and parents who have not received professional support
• the role and impact of the teacher in supporting a student with anxiety at both the clinical and nonclinical level
• how teachers can benefit from child/adolescent anxiety training in the support of all students
• how understanding the role anxiety may play in the learning process can impact student’s ability to retain, and retrieve new information

Evidence of Learning

Course Culminating Task
Create a resource guide that can be used specifically for the classroom/school environment to support students suffering from anxiety.

• Ensure that your resource guide includes:
  o Strategies for de-escalation and redirection
  o Sustainable action plans for managing anxieties in the classroom
  o Resources for students, parents, and colleagues
  o Contacts for professionals that are pertinent to your school/community
• Include strategies for both the clinical and nonclinical student.
• Focus your resource guide to an age range that is impactful to your practice.
• Design your resource guide (either physical or digital) to suit your needs, consider which medium might be the most useful for day-to-day life.
Module 1: What is Anxiety?

Module Hours: 19, Contact Hours: 15

In this module, you will develop a working definition of anxiety, explore types of anxiety and examine the various policies and legislature that outlines your responsibilities for providing mental health support to child and adolescent students with anxiety.

Task 1: Introduction

Watch the introduction video posted by your instructor and introduce yourself to your colleagues in the course. Use a medium of your choice. Include a brief description of your experience with anxiety. Were you personally effected? Did you see the effects through working with a student or in another context?

Post your introduction to the discussion board.

The instructor will create an introductory video to model how to create a learning community in the course, manage the discussion board, and remind candidates of anonymity within the course.

Task 2: Understanding Anxiety

Read the article “Everything You Need To Know About Anxiety” then formulate a general definition of anxiety. Investigate how anxiety differs from fear.

Post your definition and comparison to the discussion board.

Respond to two colleagues discussing similarities and differences in your definitions and comparisons.

The instructor will manage any misconceptions about anxiety and fear, for those struggling to discern the difference, the instructor will share the “Anxiety Disorders in Children and Adolescents” resource.

Task 3: Types of Anxiety Disorders

Explore the different types of Anxiety disorders in children at Kid's Health: Anxiety Disorders.

Record any new insights in your journal.

The instructor will support candidates by answer any questions they have about the various anxiety disorders.
**Task 4: Childhood Experiences of Anxiety**

Watch the video *Flight Fight Freeze – A Guide to Anxiety for Kids*. This is a simplistic way to approach anxiety with children. Record in your journal how you might broach this topic with children of different ages. What modifications would you need to make based on their age?

The instructor will support candidates by sharing additional resources for approaching anxiety with children.

**Task 5: Childhood Symptoms of Anxiety**

Childhood symptoms of anxiety can be categorized into three different types: physical, emotional, and behavioural. Using websites like Kid’s Health and Anxiety Canada, and the MOE resource Supporting Minds, investigate symptoms related to childhood anxiety. Using the template provided (see Appendix B) organize childhood symptoms into physical, Emotional, and Behavioural.

Post your work to the discussion board.

Review the templates of two of your colleagues, adding any additional symptoms you have forgotten to your template.

The instructor will guide candidates on their evaluation of childhood symptoms, providing additional resources and examples where necessary.

**Task 6: Hidden Signs of Teen Anxiety**

View the Hidden Signs of Teen Anxiety (See Appendix A) infographic. Do the signs outlined reflect any young people you have been in contact with? Would you be able to identify whether these signs were indicative of a serious anxiety issue?

Post your response to the discussion board.

The instructor will share personal experiences to help contextualize the hidden signs of teen anxiety.

**Task 7: Types of Fear through Development**

Organize the types of fear in the different age ranges (Infancy, Toddler, School-aged children, older children and adolescents)
- Loud noises
- Being startled
- Strangers
- Large Objects
- Dark
- Separating from parents
- Imaginary creatures
- Sleeping alone
- Doctors
- Injury
- Natural disasters or events (e.g. Storms)
- School performance
- Social competence
- Their own or others health

Record these types in your journal.

The instructor will provide guidance in the event that candidates are unsure of the age range for particular fears.

**Task 8: OCT Ethical Standards**

The teaching profession in Ontario is often grounded in the OCT Professional Standards. The ethical standards of care, respect, trust, and integrity are particularly important to supporting students with anxiety in your class. Reflect on what these ethical standards mean to you and your commitment to support students with anxiety. For a refresher on these standards see Ethical Standards.

Record your thoughts in your journal.

The instructor will remind candidates of the importance of adhering to the ethical standards in their teaching practice.
Task 9: Supporting Students’ Mental Health – Professional Advisory

The OCT Professional Advisory ‘Supporting Students’ Mental Health’ intends to aid OCT members in supporting students with mental health concerns. Acknowledging the opportunity that educators can observe changes to student’s behaviour and act as a supporting adult figures, educators can support students struggling with mental health issues by creating an environment that is safe, inclusive, and enables learning opportunities.

Begin by watching Supporting Students’ Mental Health – Professional Advisory. Consider how you feel about your role in the support of students with mental health issues.

Scroll down to the Self-Reflective Framework to Support Students’ Mental Health questions on the Supporting Students’ Mental Health – Professional Advisory page. Answer the questions and reflect on your current practice and areas of potential growth.

Post to the discussion something from each of the four categories you wish to learn more about in this course.

The instructor will respond to candidates by providing insight into what may be explored in the course and supplementing additional resources.

Task 10: Safe and Caring Schools

Read pages 27-31 in Caring and Safe Schools in Ontario to learn more about the experiences of mental health disorders and how they affect student learning.

Record any new insights in your journal.

The instructor will share experiences to demonstrate how student’s anxiety can affect many social experiences and learning within the classroom.

Task 11: AODA for Students with Anxiety

Examine What is the AODA? and how it applies to students with anxiety in the educational setting. Under the five standards of the AODA (information and communication, employment, transportation, design of public space, and customer service) which might be applicable to an educational setting and the relationship between teachers and students?

Record your thoughts in your journal.

The instructor will remind candidates of the importance of compliance with AODA in all sectors.
Task 12: OHR Duty to Accommodate

Under the Ontario Human Rights Code, “education providers have a duty to accommodate the needs of students with disabilities, addressing barriers in education that would present students with disabilities from having equal opportunities, access, and benefits”. How does this relate to students with anxiety? What might it mean to accommodate a student with anxiety in your classroom? List any instructional, environmental, timing and scheduling, response accommodations that might be helpful to a student with anxiety.

Post the source of anxiety, and five accommodations that could be provided for a student with this type of anxiety.

The instructor will respond to candidates with any additional accommodations, and why these accommodations are both appropriate and necessary for a student with anxiety.

Module Culminating Task: Module Quiz

Complete the multiple-choice quiz about topics covered in this module. (Appendix C).

The instructor will supply additional information for students who are not successful in the quiz.
Module 2: Anxiety’s Effect

Module Hours: 19, Contact Hours: 16

In this module you will look deeper at how anxiety manifests in both children and adolescents. You will look at factors influencing susceptibility, and classroom-based factors that can influence a student’s anxiety. You will also explore how anxiety affects the risk for self harm and how anxiety impacts learning and attention.

Task 1: Models of Susceptibility to Anxiety

Explore the four models for susceptibility to anxiety

Genetic
- predisposition to over arousal and hyper-reactivity to stimuli are more likely to develop anxiety disorders

Cognitive Behavioural
- learned dysfunctional thoughts, feelings, and behaviours
- negative responses reinforced through avoidance and escape
- cognitive biases, e.g., additional attention to threat related stimuli, or overestimation of risk in a given situation

Physiological
- functional impairments in brain regions that modulate emotion and fear (amygdala, hippocampus, prefrontal cortex, hypersensitivity of fear circuits).

Ecological
- postpartum maternal depression and/or anxiety
- insecure parent-child attachment
- anxious and controlling parenting styles, or parental modelling of fearful behaviour
- parent overprotection
- parent-child arguments
- parental substance abuse
- poverty
• community violence
• trauma

Choose one of the four models to explore further.

Post 3 facts you discovered in your exploration to the discussion board.

Respond to two of your colleagues.

The instructor will provide additional information regarding the four models, and questions to connect models to practice.

**Task 2: Risk and Protective Factors**

Read the article *The Risk and Protective Factors Associated With Youth Anxiety*. Are there any factors that you (as an educator) may have authority over?

Record your thoughts in your journal.

The instructor will encourage candidates to think deeply about their role in creating both risk and protective factors in their classroom.

**Task 3: Classroom Anxiety**

Consider various areas that students may experience anxiety within the classroom or school, this could be environments or experiences. Begin by reading through *Anxiety at School Info Sheet*. Then, choose five from the following list of anxiety invoking experiences and create a strategy to support the student for each:

• Seating within the classroom
• Following directions
• Class participation
• Class presentations
• Answering questions on the board
• Testing conditions
• Homework/Lunch/recess/unstructured time
• Assemblies/large group activities
• Return to school after illness
• Field trips
• Changes in routine/substitute teacher
• Fire/safety drill

Post your strategies to the discussion board.
Respond to two of your colleagues.
The instructor will pose questions to encourage candidates to extend their thinking of strategies to support students and what challenges may arise.

**Task 4: Teen Brain**

Watch “Brain Development in Teenagers”. Consider how these developmental changes would affect the typical and atypical development of anxiety. Record your thoughts in your journal.

The instructor will supply additional resources if candidates are interested in learning more about brain development in the adolescent years.

**Task 5: Teen Brain Under Stress**

Watch the video “The Brain with David Eagleman, Stressed Teens”. Consider how these developmental factors of the ways in which teens view the world around them might impact the possibility of developing anxiety.

Post your thoughts to the discussion board.
Respond to two posts.
The instructor will pose questions to connect behaviours that teachers may have observed and how this relates to a teens view of the world around them.

**Task 6: Teen Brain Primed for Anxiety**

Read the article “How the Teenage Mind is Primed for Anxiety and Depression”. Consider if/how the videos and article helped you to reconsider the teenage experience and how it can impact the development of anxiety.

Post your conclusions to the discussion board.
The instructor will model how taking an empathetic approach to care for students will anxiety is an important way to support them.
Task 7: Non-Suicidal Self-Injury and Anxiety

Spend some time learning about Healthy and Unhealthy Coping Strategies for Anxiety. Take the anxiety quiz in the article to determine your anxiety score, anxiety type, and anxiety reduction strategies fit for you. Do you think any of these strategies would be beneficial for a student that you suspect might be engaging in non-suicidal self-injury?

Post your thoughts to the discussion board.

Respond to two posts.

The instructor will provide additional resources for supports for educators if they suspect a student is self harming.

Task 8: Non-Suicidal Self Injury and Anxiety in the Digital Age

Read the article “Cutting and Self Harm: Why Teens Cut in the Digital Age”. Consider how the added pressures associated with social media can impact the increase risk of anxiety and non-suicidal self-injury. How are these two issues potentially related?

Record your thoughts in your journal.

The instructor will pose questions for candidates to consider their own connections between social media and mental health.

Task 9: Attention Control Theory

Spend some time researching Attention Control theory and how it applies to students struggling with anxiety. How might this limited attention affect a student’s ability to absorb and retain new knowledge? Create a brief resource that could be provided to parents to explain Attention Control theory in plain language to parents/students. You may use any medium you wish (brochure, infographic, PowerPoint presentation, etc.)

Post your resource to the discussion board.

Respond with feedback to two colleagues.

The instructor will provide resources to aid candidates in their understanding of Attention Control theory where needed.
Task 10: Implicit Theory of Intelligence and Self Efficacy

Compare and contrast Incremental versus Entity Theory of Intelligence and how this impacts the types of learning goals a student sets for themselves.

Watch the video on Self-Efficacy and consider how self efficacy and theory of intelligence would impact a students experience of anxiety, and more specifically in relation to their learning experiences and outcomes.

Post your conclusions to the discussion board.

Respond to two posts.

The instructor will provide questions to challenge candidates to think about how these perceptions of intelligence and self efficacy emerge in children and teens.

Task 11: Self Determination

Watch the video about Self Determination. Choose a lesson plan (either one you have previously created or one you have sourced) and amend to provide more self determination for students in your class. Discuss your process and conclusions.

Post the original lesson, your revised lesson, and your process and conclusions to the discussion board.

The instructor will discuss how self determination can be an important means to provide confidence for a student with anxiety.

Module Culminating Task: Case Study

Choose one of the case studies (Appendix D). What questions might you ask to identify more about the student? Does the student’s behaviour appear to be normal for their age? What might you do to support the student in this case?

Post your ideas to the discussion board.

The instructor will provide additional background information about the cases where needed.
Module 3: De-escalation and Redirection

Module Hours: 19 Contact Hours: 15

In this module, you will focus on the instances of panic that are often associated with anxiety. You will investigate what to look for, and what to do to halt or minimize a panic attack. You will also begin to explore some strategies for supporting your student when they are in crisis.

Task 1: The Triune Brain

Read [Blue Brain Red Brain Balance is Key](#). Think of an experience where a student you were working with went “Red Brain” or even “Brown Brain”. How was this situation particularly challenging? Within the reference of “Red Brain Blue Brain” does the students behaviour make more sense? Did you have any realizations about the behaviour that you may have overlooked in the moment?

Record your thoughts in your journal.

The instructor will provide examples of when a student might go red brain or brown brain.

Task 2: When a Student Panics

Panic attacks are much more common among students in their later teen years, though this does not mean that children cannot experience them. Consider the following symptoms:

- Palpitations or a fast heart rate
- Sweating
- Shaking
- Feeling short of breath
- Feeling choked
- Chest pain
- Nausea or abdominal pain
- Dizziness
- Numbness or tingling (paresthesia)
- Chills or hot flashes
• Fear of losing control

• A feeling of unreality (derealization) or being detached from oneself (depersonalization)

Consider how you might help your students to self assess these experiences. What kind of questions might you ask that would be age appropriate? Create a visual poster of these different symptoms expressed in a way that makes sense for the age group you are working with.

Post your poster to the discussion board. Make sure to include the age your poster is directed at.

Respond with feedback to at least two posts.

The instructor will provide feedback on the strengths and areas for improvement in candidates posters.

**Task 3: ALGEE**

Founded by the Mental Health First Aid Training and Research Program, the acronym ALGEE is used as a mental health first aid action plan. View the image below to familiarize yourself with the acronym and the associated steps:

![ALGEE: The Action Plan](image)

This action plan is intended for individuals in crisis and can be adapted for both adults and children. Consider what actions you might take during each of these steps for each step consider:

Assess: Where is the student? What is the student doing/not doing that could potentially make the situation worse? Is this something within your ability to support or do you need professional assistance?

Listen: When responding to the student are you being critical of their situation? Are you being confrontational? Is the advice you are providing supportive and helpful?
Give: What can you tell the student to normalize their experience? What information could you share that might help the student?

Encourage: Do you know of support available through your school or board for students?

Encourage: How can you create a dynamic with your student that lets them know that they can come talk to you about their fears/anxiety?

Would you add anything else to this action plan? Would you modify it depending on the age/ability of the students you were working with?

What do you like about the action plan? What do you think could be improved?

Post your thoughts to the discussion board.

Respond to two posts.

The instructor will provide additional information about mental health first aid for candidates who are interested.

**Task 4: How to Halt and Minimize Panic Attacks**

Read through the eight suggestions in How to Halt and Minimize Panic Attacks. How affective do you think these strategies could be for your students? Are these transferrable to both teens and children? Create a mini guide outlining strategies to help a student halt/minimize a panic attack. Include what you should say and do in each strategy that would be appropriate for the students that you are working with. You may wish to view 20 Tips to Help De-escalate Interactions with Anxious or Defiant Students or 8 Expert-Approved Ways to Help Someone with Anxiety for additional strategies to include. Include the age that your guide is directed at.

Post your guide to the discussion board.

Respond to two posts.

The instructor will provide examples to give context for candidates to develop their stratifies.

**Task 5: Educating Students**

For many students, the scariest part of experiencing a panic attack is to be unaware of what is happening to your body. One of the ways for students to overcome this is to educate themselves so that they can identify and label their experience. Using the following websites, create a brief pamphlet that outlines what a panic disorder is, and how it might be experienced. Ensure that your pamphlet is age appropriate.

Panic Disorders in Children and Adolescents
Panic Disorder Basics

Panic Disorder – Teen Mental Health

Child and Teen Panic Disorder

Post your pamphlet to the discussion board.

Respond to two posts.

The instructor will provide additional information about panic disorders in children and teens.

Task 6: Practising Acceptance

It is common for those suffering from anxiety to want to fight against or avoid the emotional experience of anxiety. Being cognisant of the fact that emotional states are temporary and allowing oneself to experience the emotion without judgment is a proven means to reduce panic symptoms and anxiety when it begins to crop up. Read through the Exercises for Non-judgmental Thinking. Try to incorporate one (or all these exercises) into your own life over the next few days. Reflect on any experiences you notice when you try these, and whether they might be useful for a student with anxiety.

Record your thoughts in your journal.

The instructor will demonstrate how the act of practising acceptance can be a useful tool for all students, not just those struggling with anxiety.

Task 7: The Power of Music

Many studies have demonstrated the powerful effect that music has on reducing anxiety. Slow, quiet music often can slow pulse and heart rate, lower blood pressure, and decrease levels of stress hormones. Music can absorb our attention acting as a temporary distraction while also giving the opportunity to explore emotions. For more information on some studies being conducted on the relationship between music and stress see, 4 Scientific Studies that Show Music Decreasing Stress and Promoting Healing.

Listen the song Weightless by Marconi Union. Keep a journal reflecting on your experience while you are listening, and how you feel after versus before listening.

Record your thoughts in your journal.

The instructor will ask candidates to consider the different ways that music may be used as a tool to decrease stress in their classroom.
Task 8: Addressing Stigma

Stigma can have a debilitating effect on a child or adolescents’ willingness to seek help with anxiety or any mental health issue. It can also affect a student’s ability to form essential social relationships as they develop from childhood into adolescents. Read the section “Reducing Stigma: Taking in the Classroom about Mental Health” p. 19 from Supporting Minds. Read the article “How We Can Help Teens Overcome Stigma of Mental Illness”. Consider the authors use of stories to dispel stigma. Do you think this would be an effective strategy to use with your students? Why or why not? What challenges might you face from sharing personal information?

Post your answers to the discussion board.

The instructor will respond with additional strategies and ask candidates to think of their own experiences with stigma associated with mental health.

Task 9: Preparing for Your Module 5 Presentations

In module 5, you will oversee teaching your colleagues about one of the various intersectionalities with anxiety. Your instructor will notify you of how many candidates can work on each topic and create a Google doc for you to sign up for a topic. Candidates who are sharing a topic do not have to work together on their presentation but can if they wish. Each candidates will be responsible for providing three resources, 2 discussion questions, and 1 250-word paragraph outlining the intersections between your topic and anxiety.

The instructor will set up a shared doc for candidates to select a topic to present on.

Module Culminating Task: Creating a Plan

Creating an action plan for your students is an effective way to ensure that in a situation of crisis, the students what they need to feel supported. This can also be a great resource to share with colleagues in your school who might also interact with the student. Using the Crisis Action Plan template (see Appendix E) complete a rough outlining of an action plan for a student with anxiety. This document is meant to be a working document that can be revised to suit a specific student. You will not complete the student input section. Consider the resources available in your school, and what would be realistic and appropriate for you (or one of your colleagues) to do.

Post your template to the discussion board.

Respond to two posts with feedback.

The instructor will supply additional information and remind candidates to be clear and specific in their action plan so that another person could use it as well.
Module 4: Maintenance

Module Hours: 19, Contact Hours: 16

In this module you will focus on things you can do as an educator long term to help a student with anxiety. You will explore school-based programs, and apps for specific tools to use to support your students. You will reflect on strategies like mindfulness, and challenging behaviours, that support a student who has the tendency to go to the limbic (or red brain) state. You will also look at the classroom, and school level ways that you can support your students. You will then reflect on how you can adapt these strategies to support students from culturally diverse backgrounds.

Task 1: Childhood Anxiety Programs

There are many resources to approach the subject of anxiety with children. Since children are often not at the developmental level where they understand theoretical constructs, many resources external entities to embody the experience of anxiety. One such example is Taming Worry Dragons from BC Children’s Hospital based on Cognitive Behavioural Therapy. Developed by Dr. Jane Garland and Dr. Sandra Clark, the Taming Worry Dragons program sees anxiety, or the worries expressed by the child, as out of control “Dragons”. The child plays the role of the dragon tamer who develops tools to trap and “boss around” the worry dragons.

Investigate the programs that are used in your school or board. Research the program and synthesize your finds in a brief paragraph.

If you are not currently in a school, you research any school-based program of interest. Some suggestions are:

- FRIENDS
- Cool Kids
- Brave
- Cope 2 Thrive

Post your summary to the discussion board.

The instructor will provide additional program information where required.

Task 2: Apps for Anxiety

Choose one of the following apps to explore:
• HealthyMinds
• Always There Google Play or iTunes
• Breathe, Think, Do with Sesame Google Play or iTunes
• The Worry Box
• Happify
• Mindshift
• Daylio
• Youper
• Moodpath
• Savello
• Headspace
• Calm
• Reflectly

You may also wish to explore an app that is not listed. Write a brief summary about what the app is about, what age it might be appropriate for, and the strengths and challenges of using the app.

Post your overview to the discussion board.

Respond to two posts with questions or considerations.

The instructor will provide additional resources where appropriate and ask candidates to reflect on the ability to introduce these apps to their students.

**Task 3: Mindfulness**

Mindfulness is a “buzz” word right now in education. Mindfulness is being used to help students navigate stress and, in some cases, used as an alternative to traditional punishments. Mindfulness is essentially the act of maintaining a moment-by-moment awareness, where you are focused on what is currently happening, what you are doing, and the space you are moving to. Mindfulness is a great strategy for students with anxiety because often anxiety results in a fixation on the past (something bad happened before so it will happen again) or the future (worse case scenario outcomes). Being mindful in the present, encourages students to focus on what is going on in that present moment instead of letting past experiences or potential outcomes dictate thoughts and feelings.
Using [25 Fun Mindfulness Activities for Children and Teens](#) as an inspiration, create an activity plan for a mindfulness activity you can do with your students. Make sure to include what age/grade the activity would be suitable for.

Post your activity to the discussion board.

Respond to two posts.

The instructor will provide additional information to candidates about the ways that mindfulness can be adapted to certain age groups or students with diverse needs.

**Task 4: Challenging Thoughts, Impacting Mood**

Thoughts, feelings, and behaviours are the interconnected ABC’s of cognitive behaviour therapy. Anxious feelings arise when we perceive situations as stressful, or dangerous. We then behave in accordance with these thoughts and feelings which serves to reaffirm the thoughts and feelings, creating a vicious cycle.

Adapted from BC Campus, [Introduction to Psychology 1st Edition](#)

To break this cycle, we need to challenge negative thoughts, restructure our thoughts, and develop new ways of thinking.

Read through the following questions to challenge negative thinking:
• Am I falling into a thinking trap, e.g. catastrophizing or overestimating danger?
• What is the evidence that this thought is true? What is the evidence that this it is not true?
• Have I confused a thought with a fact?
• What would I tell a friend if he/she had the same thought?
• What would a friend say about my thought?
• Am I 100% sure that __________will happen?
• How many times has __________happened before?
• Is __________so important that my future depends on it?
• What is the worst that could happen?
• If it did happen, what could I do to cope with or handle it?
• Is my judgment based on the way I feel instead of facts?
• Am I confusing “possibility” with “certainty”? It may be possible, but is it likely?
• Is this a hassle or a horror?

What questions might you add to this list could specifically relate to negative thoughts your students have? Write down three questions.

Complete the Thought Challenging Form for three of your own negative thoughts. After you have completed this exercise reflect on the experience and your interpretation of it’s effectiveness.

Post your reflection and questions to the discussion board.

Respond to two posts.

The instructor will also share their experience completing the thought challenging form, and any questions they have come up with for challenging negative thoughts.

Task 5: Helping Teens Who ‘Go Limbic’

Read the article Help I Don’t Speak Limbic. The limbic state (or red brain as we discussed in an earlier module) can profoundly affect our ability to reach students. Think of strategies that would be beneficial to your students in helping them self identify when they’ve gone limbic.

Post 2 strategies that either you or your student could do to prepare for limbic state.
The instructor will challenge candidates to reflect on the strategies that they have proposed and the additional considerations of utilizing them.

**Task 6: Strength-Based Approach**

A strength-based approach focuses on ways to enhance the positive development of students. The strength-based approach is being increasingly utilized by practitioners, educators, researchers, and community care providers, as an alternative to traditional problem orientations. Read through the resource Creating Strength-Based Classrooms and Schools created by the Alberta Mentoring Partnership.

Record any new insights in your journal.

**Task 7: Transitions**

Transitions are a normal part of school life. Students transition from home to school, different classes, grade to grade, and school to school. For many students this change can be an exciting opportunity, for many students who struggle with anxiety, transition can be a large source of stress.

Choose one of the following articles:

- Anxiety in Children: Helping a Child with Anxiety Deal with the Back to School Transition
- Transitions: Mentally Healthy Schools
- How Can We Help Kids with Transitions?

Write a brief synopsis of the article and discuss three strategies discussed.

Post your work to the discussion board.

Respond to two posts.

The instructor will supplement information if any of the articles are not read by any of the candidates.

**Task 8: Creating a Safe and Caring School**

A safe and caring school and classroom culture is foundational to supporting a student with anxiety. Read pages 10-19 in Caring and Safe Schools in Ontario to familiarize yourself with the
ways in which school culture can be assessed and a caring and safe school culture can be built. Watch Supportive Learning Environments from EduGAINS.

Reflect on your experience in an elementary or secondary school. Was the school culture safe and caring? Would a student struggling with anxiety feel safe, respected, and included? Record your thoughts in your journal.

The instructor will provide additional clarification about safe and care school culture where required.

**Task 9: Ideas for Your Classroom**

Create your own Pinterest board of ideas that can be used in your classroom or school to support students who are struggling with anxiety. Share a link to your board with your colleagues in the discussion board.

The instructor will view students Pinterest boards and provide additional resources where necessary.

**Task 10: Culturally Responsive Support**

When providing support to students, it is important to be sensitive of their backgrounds, ethnicities, and belief systems. Certain cultures view anxiety, and mental health in general very differently, and as a result effective supports need to be cognitive of these facts. Taijin Kyofusha is one example of a mental health issue that is categorized differently than how western cultures view anxiety disorders. Read the article about Taijin Kyofusha to learn more.

Mindfulness is one tool that is widely used to support individuals with anxiety that stems from the religious meditation practices from Hinduism and Buddhism. Read the History of Mindfulness: From East to West and Religion to Science and Mindfulness or McMindfulness: Can We Learn from the West Adopting Asian Cultures? Reflect on the universalities of mindfulness practice both traditional and modern contexts. Are there aspects of mindfulness that would make it inappropriate for certain groups of students? Record your thoughts in your journal.

The instructor will provide additional resources where necessary.

**Task 11: Supporting FNMI Students**

Since the release of the Truth and Reconciliation Calls to Action (2015). Educators have begun to rethink their teaching strategies to better support and represent FNMI students in their classes.
FNMI students have additional risk factors associated with the development of anxiety disorders. Read Anxiety Disorders and Aboriginal Peoples in Canada: The Current Stage of Knowledge and Directions for Future Research.

Post 3 take-aways you had to the discussion board.

Respond to two posts.

**Module Culminating Task: Supporting Students Activity**

Choose one of the topics explored in this module to develop an activity that you could use for a specific student, small group of students, class, or school. This can be an ongoing project, or a quick activity you could do with students. Include any resources that would be required, and the age (or age range) that this activity would be appropriate for. You may wish to view Learning About Mental Health Across the Ontario Curriculum to see how teaching students about mental health can align with the curriculum.

Post your activity to the discussion board.

Respond to two posts with feedback.

The instructor will respond to candidates’ activities with additional resources, and considerations.
Module 5: Communication

Module Hours: 19, Contact Hours: 15

In this module, you will explore the important endeavour of communication. There are many individuals that are key players in your ability to support students (parents, administration, colleagues, and other professionals). You will also identify ways in which you can encourage feedback from your student, supporting them in their development of advocacy skills. You will investigate how accommodations are a means to communicate the ways in which you and your colleagues can support your student. You will also explore the benefits of a professional learning network, and community supports in ensuring that you have the tools to support your students.

Task 1: Communicating with Parents/Guardians

Primary caregivers can be an important ally when supporting a student with anxiety. They may or may not be aware of any issues depending on the nature and source of the student’s anxiety. It can also be a delicate conversation when the student’s anxiety comes from issues at home. Read the section Talking About Mental Health with Parents and Students (pp. 20 - 23) in Supporting Minds.

Read Strategies for Talking With Parents. Think of how you can set the foundation of an open and respectful relationship with parents/guardians right from the beginning of the school year.

Post 3 strategies that you would use to foster this relationship.

This instructor will provide additional resources for communicating with parents.

Task 2: Working Collaboratively with Parents/Guardians

Trying to navigate both your busy schedule, as well as parents/guardians’ busy schedules can be a difficult endeavour. It is not always feasible to schedule daily or weekly phone calls or face to face meetings. There are many tools that teachers can use to communicate and collaborate with parents/guardians varying from simple handwritten notes, emails, to various tech tools and apps for time-flexible communication. Choose one of the following apps or an alternative one of interest:

- Remind
- Talking Points
- Bloomz
- Heard
• **Sesame**

How might your chosen app be used to collaborate with the parents/guardians of students with anxiety? Write an analysis with three strengths and three challenges of the app.

Post your analysis to the discussion board.

Respond to two posts with questions and/or feedback.

The instructor will supply additional apps where necessary.

**Task 3: Advocacy**

Learning to self-advocate is a crucial skill for students to develop in order to receive what they need to be successful. Self-advocacy might be particularly challenging for a student with anxiety as they would be required to advocate to parents, teachers, and other adults in positions of authority. Advocacy, like any other skill, can be fostered and grown through explicit instruction. Choose one of the following:

- [6 Tips for Helping Your Grade-Schooler Learn to Self-Advocate](#)
- [5 Tips for Helping Your Middle-Schooler Learn to Self-Advocate](#)
- [6 Tips for Helping Your High-Schooler Learn to Self-Advocate](#)

One helpful way for students to learn self-advocacy is to develop prompts that they could use in various situations. Develop ten self-advocacy prompts that a student could use. Provide the age/grade that these prompts would be appropriate for and a brief 1-2 description of the kinds of anxiety these prompts would relate to.

Post your prompts to the discussion board.

Respond to two posts.

The instructor will provide examples of different types of self-advocacy prompts where necessary.

**Task 4: Collaborating with Colleagues**

The [collaborative care model](#) was originally introduced in the medical field to support patients with physical or mental health issues. Recently this model has been adopted within the education field to support students with mental health needs in one school, there may be many professionals who may support a student’s various needs including the classroom teacher, Special Education Resource Teacher (SERT), Educational Assistant (EA), councillor, etc.
Through the collaboration of different professionals, the student is provided with clear access to mental health supports and services.

Spend some time investigating the Creating Collaborative Care Pathways improvement plan form the York Region District School Board. Explore the four actions: building knowledge and capacity, developing mentally healthy environments, reducing stigma, and creating collaborative care pathways.

Record any new insights in your journal.

The instructor will provide additional information about collaborative care models being incorporated at the school level.

**Task 5: Observing to Share**

As a teacher, you spend a considerable amount of time with your students and are trained to observe students and their progress in class. The same approach can be used to observe student behaviour as it relates to anxiety. This can also be a great tool to give objective data to parents/guardians, or to share with mental health professionals.

Design your own observation tool that could be used to keep record of a student’s behaviours. It might be helpful to include what activities or events preceded the behaviour and what the outcomes were. You may wish to organize your observations by the type of behaviour that occurs, the environment in which they occur, or the time in which they occur. Decide whether you will use an anecdotal form or checklist of some type.

Post your observation tool to the discussion board.

The instructor will respond with feedback to the tool developed by candidates and pose questions to encourage candidates to think about how the tool would translate for other professionals.

**Task 6: Accommodations for Anxiety**

Setting accommodations for a students is an effective way to communicate with all teachers who interact with the student, how to provide ongoing equitable support. View the list of anxiety accommodations. Create a brief graphic to provide teachers (subject teachers, or supply teachers) that outlines how a student with anxiety should be supported. Consider creating an infographic, mind map, or any other visual medium that you would like. Include the age/grade of your student as well as 1-2 sentences outlining the type of anxiety the student struggles with.

Post your graphic to the discussion board.

Respond to two posts.
The instructor will respond to the candidates work with feedback and supplement additional information where required.

**Task 7: Continuing the Conversation**

Watch [Continuing the Conversation](#) from EduGAINS. Spend some time investigating the supports available to you in your school, district, or community. Record any new insights in your journal.

The instructor will provide candidates with the types of supports that may be available to them in their school, district, or community.

**Task 8: Professional Learning**

Ongoing professional learning is an integral part of being an educator in today's classroom. Much the same as educators are expected to stay abreast on new theory and policy regarding teaching and learning, to effectively support a student with anxiety it is important to remain a lifelong learner of mental health. Spend some time researching various ways that you might continue your growth of mental health knowledge. Identify one professional learning opportunity for each of the following:

1. Website or Database (ensure that this is a Canadian resource)
2. Workshop, Course, or Conference
3. Text Resource (for yourself or for your students)
4. Social Media (twitter account, Facebook page or group, blog)

Post your resources with a brief explanation to the discussion board.

The instructor will provide additional resources as required.

**Task 9: Community Supports**

Investigate local supports available to your students and their families. These may be offered through your school or district, government programs, or private facilities. Choose one program to investigate further. Outline what the program offers, who the program is directed toward, how students can enrol in the program, if there is any cost, and references for more information.

Post your work to the discussion board.

Respond to two posts with questions and feedback.
The instructor will demonstrate community supports by sharing reference to Child and Youth Mental Health Program from Hotel Dieu Hospital Kingston.

**Task 10: IEP for Anxiety**

Review the IEP from EduGAINS. Consider, if this was a student in your class, how you might assess the effectiveness of the interventions. Create an assessment tool that you could use to measure how well the student’s special education program is meeting the annual program deadline.

Post your tool to the discussion board.

Respond to two candidates with questions and comments.

The instructor will remind candidates of what constitutes fair assessment and direct students to Growing Success should they need more information.

**Module Culminating Task: Action Plan**

Create a long-range plan that would serve to support a student with anxiety throughout the academic year. Provide a brief rationale that describes the student, then outline how you would support the student in crisis, navigating various experiences and spaces within the school, and what steps you would take to empower the student over their own mental health. Include how you would maintain ongoing communication with parents, administration, and other professional. Ensure that your plan consider culturally diversity.

Upload your plan to the assignments folder for feedback from your instructor.

The instructor will provide feedback to candidates on the development of their long-range plan.
Module 6: Intersections

Module Hours: 20, Contact Hours: 17

In this module, you will teach your colleagues about a topic that intersects with anxiety. Based on the readings and summary presented by your colleagues, you will reflect and discuss these different intersections.

Task 1: Learning Disabilities (LD)

The candidate(s) responsible for this topic will post 3 resources, two discussion questions, and a 250-word paragraph outlining how LD intersect with anxiety to the discussion.

Respond with questions and a response to the discussion questions.

The instructor may provide the additional reading Learning Disabilities and Anxiety: A Meta-Analysis.

Task 2: Depression

The candidate(s) responsible for this topic will post 3 resources, two discussion questions, and a 250-word paragraph outlining how depression intersects with anxiety to the discussion.

Respond with questions and a response to the discussion questions.

The instructor may provide the additional reading Pathways to Anxiety-Depression Comorbidity: A Longitudinal Examination of Childhood Anxiety Disorders.

Task 3: Trauma

The candidate(s) responsible for this topic will post 3 resources, two discussion questions, and a 250-word paragraph outlining how trauma intersects with anxiety to the discussion.

Respond with questions and a response to the discussion questions.

The instructor may provide the additional reading PTSD, Social Anxiety Disorder and Trauma: An Examination of the Influence of Trauma Type on Comorbidity Using Nationally Representative Sample.
Task 4: Autism Spectrum Disorder

The candidate(s) responsible for this topic will post 3 resources, two discussion questions, and a 250-word paragraph outlining how Autism Spectrum Disorder intersects with anxiety to the discussion.

Respond with questions and a response to the discussion questions.

The instructor may provide the additional reading The Relationship Between Anxiety and Repetitive Behaviours in Autism Spectrum Disorder.

Task 5: Chronic Illness and PTSD

The candidate(s) responsible for this topic will post 3 resources, two discussion questions, and a 250-word paragraph outlining how Chronic Illnesses intersect with post traumatic stress disorder to the discussion.

Respond with questions and a response to the discussion questions.

The instructor may provide the additional reading Risk Factors of Delayed Onset Posttraumatic Stress Disorder in Chronically Critically Ill Patients.

Task 6: Socioeconomic Status

The candidate(s) responsible for this topic will post 3 resources, two discussion questions, and a 250-word paragraph outlining how socioeconomic status intersects with experiences of anxiety to the discussion.

Respond with questions and a response to the discussion questions.

The instructor may provide the additional reading Socioeconomic Status Disparities Affect Children’s Anxiety and Stress-Sensitive Cortisol Awakening Response Through Parental Anxiety.

Task 7: Gender and Sexuality

The candidate(s) responsible for this topic will post 3 resources, two discussion questions, and a 250-word paragraph outlining how Gender and Sexuality intersects with experiences of anxiety to the discussion.

Respond with questions and a response to the discussion questions.
The instructor may provide the additional reading Gender and Sexuality: Intersectional Anxieties.

**Task 8: Race**

The candidate(s) responsible for this topic will post 3 resources, two discussion questions, and a 250-word paragraph outlining how race intersects with experiences of anxiety to the discussion. Respond with questions and a response to the discussion questions.

The instructor may provide the additional reading Social Anxiety and Post-Event Processing Among African-American Individuals.

**Module Culminating Task: New Insights**

Reflect on what you have learned from your colleagues in this module. Write two questions you still have about one of the topics explored, and one take away you from your discussions.

Post your question and take away to the discussion board.
Module 7: Anxiety Resource

Module Hours: 10, Contact Hours: 6

In this final module, you will synthesize your learning to create a resource that you can take with you on your journey to support students with anxiety. You will complete the course with a reflection on the importance of self-care in maintaining your ability to support the mental health needs of your students.

Task 1: Anxiety Resource Guide

Create a resource guide that can be used specifically for the classroom/school environment to support students suffering from anxiety.

- Ensure that your resource guide includes:
  - Strategies for de-escalation and redirection
  - Sustainable action plans for managing anxieties in the classroom
  - Resources for students, parents, and colleagues
  - Contacts for professionals that are pertinent to your school/community
- Include strategies for both the clinical and nonclinical student.
- Focus your resource guide to an age range that is impactful to your practice.
- Design your resource guide (either physical or digital) to suit your needs, consider which medium might be the most useful for day-to-day life.

Upload your resource guide to the assignments folder.

The instructor will provide feedback and evaluate the candidate’s competency and growth demonstrated in the resource guide.

Task 2: Sharing Your Resource

(Optional) If you wish you can share your resource guide with your colleagues in the class.

Post your resource (or a link to your resource) to the discussion board.

Task 3: Self-Care
It is an important endeavour to support student’s mental health. To ensure that you are in a place that you can be a supporter of your students, it is important to also take care of your own mental health. Consider ways you engage in self-care. Share your ideas with your colleagues in the group. Aim to try at least one new strategy for self-care.

Post your ideas to the discussion board.

The instructor will stress the importance of self-care and taking time for oneself when supporting students with anxiety.

**Task 4: Sustaining Connections**

To maintain connections, you have formed with colleagues in this course, and others who have or will take this course, a Facebook group has been created for you to share ideas, and gain support. You may wish to join this group by going to the “Ontario Teachers Supporting Students with Anxiety” group page.
Course Resources

Course Resource A: Hidden Signs of Teen Anxiety Infographic
Course Resource B: Childhood Symptoms of Anxiety Template

- Physical
- Emotional
- Behavioural
Course Resource C: Module 1 Quiz

1. Which of the following is an example of a type of anxiety disorder?
   a. Panic disorder
   b. Social anxiety disorder
   c. Post-traumatic Stress Disorder
   d. Phobia
   e. All of the above

2. Which of the following is not a symptom of anxiety?
   a. Restlessness
   b. Trouble Concentrating
   c. Environment
   d. Increased Heart Rate
   e. Difficulty Falling Asleep

3. Which of the following might a student with anxiety have difficulty with?
   a. Screening out environmental stimuli
   b. Interacting with others
   c. Adapting to chance
   d. Both A and B
   e. A, B, and C

4. True or False, the AODA was introduced to create accessibility standards organizations in the public, private, and non-profit sector must follow.
   a. True
   b. False

5. Who is responsible under the Ontario Human Rights duty to accommodate?
   a. The Person with a Disability
   b. The Accommodation Provider
   c. Both A and B
   d. None of the Above.

Course Resource D: Case Studies

Case #1: Darby (Kindergarten)

Darby is 5 years old and is going into Senior Kindergarten with the teacher he had in Junior Kindergarten last year. Darby has begun to experience panic attacks when his mother drops him off at school. He often shakes, sweats, cries, and sometimes screams. His classroom teacher has not changed, but there is a new ECE in the classroom, and his mother has begun to drop Darcy off instead of the babysitter. Darby’s behaviour is extremely distressing for Darby’s mother who finds it difficult to leave Darby when he has an attack.

Case #2: Neveah (Grade 4)

Neveah has been diagnosed with selective mutism. She does not speak at school, and her mother describes her language as normal and her behaviour as quiet when she is at home. Neveah has not spoken since she started Kindergarten in the same school, and often stares at her classmates instead of engaging in play with them. Neveah has begun Cognitive Behavioural Therapy, in which she is beginning to become aware of her irrational beliefs about herself.

Case #3: Leanne (Grade 9)

Leanne often comes to school very fatigued and will frequently fall asleep in class. Leanne has good grades but has difficulty concentrating in class. Recently, Leanne has been missing gym class as she reports feeling ill during that period. Her symptoms do not appear in any other class, and her gym teacher is growing increasingly frustrated with her. In conversation with Leanne’s grandmother, whom she lives with, it was discovered that Leanne recently began going through puberty.

Case #4: Kaleb (Grade 11)

Kaleb has been diagnosed with obsessive compulsive disorder (OCD). Kaleb’s symptoms primarily consist of compulsive repetitive hand washing, and obsessive concerns with dirt, germs, or contamination. Kaleb frequently asks to be excused from class to wash his hands, and always carries a supply of liquid hand sanitizer with him. Kaleb takes medication for his OCD and sees a CBT specialist once a week. Kaleb’s teachers are becoming increasingly concerned as he is often resistant to use classroom materials that he views as “contaminated”.
**Course Resource E: Crisis Action Plan Template**

<table>
<thead>
<tr>
<th>Student:</th>
<th>Grade:</th>
</tr>
</thead>
</table>

**Where should the student go?**

**Student’s input:**

**What should the student do?**

1. 
2. 
3. 
4. 

**Students input:**

**What should the adult say or do?**

1. 
2. 
3. 
4. 
5. 

**Student’s input:**

**Individuals to inform:**

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relation to Student:</td>
</tr>
<tr>
<td>Phone Number:</td>
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<tr>
<td>Next Steps:</td>
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<table>
<thead>
<tr>
<th>Follow Up (when, who, and how):</th>
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