

Educators and Childhood Anxiety: The Early Years

Research Study

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Abstract

The purpose of this study was to explore educators' knowledge about childhood anxiety within the educational environment. Specifically, this study investigated educators' ability to identify the signs and symptoms of childhood anxiety as well as educators' understanding and beliefs about childhood anxiety and its causes. To achieve this, an online questionnaire was designed and offered to practicing Early Childhood Educators and British Columbia (BC) Certified Teachers who were currently teaching or who had recently taught Kindergarten and Grade One. The three part questionnaire was distributed on a social media website and data was gathered in three areas: symptom identification, ability to scale those symptoms for severity based on demonstrated behaviour, and educators' feedback and thoughts on causality and solutions for prevention and intervention within the classroom. Both qualitative and quantitative data was gathered based on the completed questionnaire. Findings and conclusions were then drawn.

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Educators and Childhood Anxiety: The Early Years

Chapter One: Purpose and Justification

“Heart-Mind well-being refers to creating a balance between educating the mind and educating the heart. The focus of most formal education systems is on teaching cognitive skills such as reading, writing and arithmetic. While there is a great focus in our society on academic achievement, a growing body of research demonstrates the positive impacts of social and emotional learning. In fact, research shows that heart and mind learning are highly interconnected, and that improving children's social and emotional skills directly benefits their ability to learn and apply cognitive skills”
(<http://dalailamacenter.org>)

Children in the Early Years age group (infancy-six years) are attending preschool programs, daycares, Kindergarten, and Grade One classrooms daily. Educators are routinely faced with the task of trying to teach their students the required curriculum while also meeting their social emotional needs. North American society often looks to children’s educators to be the first defense against emotional and mental challenges. Parents and caregivers often hope that the child’s teacher will be able to identify problems immediately as they arise, intervene with the right resources, and support and guide us in meeting all of our child’s emotional, physical, mental, and academic needs. With childhood anxiety as the focus and the classroom as the environment, the following study examines what educators know about childhood anxiety and attempts to begin a conversation about the topic of childhood anxiety with educators.

During the Early Years educators are often the first professionals outside of the child’s family of origin who are exposed to the child. They have the opportunity to observe the child and to identify the child’s specific strengths, challenges and unique needs. This puts educators in the prime position of being part of the early intervention process by being the first person to potentially identify a developmental need. If educators are able to identify anxiety symptoms early they can then take the appropriate steps to seek support and resources for the child, for the

child's parents, and for themselves as the child's teacher. With the understanding that the first step to the prevention and intervention of childhood anxiety is the *identification* of the symptoms of anxiety when they are exhibited by a child it is paramount to determine if educators are able to identify those symptoms. This study looked at educators' ability to identify the early symptoms of anxiety specifically by gathering data about teachers' ability to recognise subtle early indicators of anxiety in children aged infancy-six years old. It also explored educators' understanding and beliefs regarding the origin of anxiety, when it was detected.

Symptoms of anxiety are present in children's earliest years of development and the effects can be observed in the educational environment (Buss, 2011; Campbell & Headley, 2011; Loades & Mastroyannopoulou, 2010; Miller, 2008). Some children are suffering from the early signs and symptoms of anxiety and research supports how devastating anxiety problems can be for children, adolescents and, subsequently, adults (Davey, 2014; Watkins, 2007). However, effective intervention and prevention can occur (Buss, 2011; Miller, 2008; 2009). Anxiety symptoms and disorders in children are the earliest form of psychological challenge to develop and are the most common mental health problem among children (Loades & Mastroyannopoulou, 2010; Miller, 2008). However, children in the Early Years are rarely referred to mental health professionals for prevention or intervention services (Buss, 2011; Campbell & Headley, 2011; Loades & Mastroyannopoulou, 2010; Miller, 2008). Miller (2008), states that anxiety is the top reason individuals in all age groups visit their family physician and is the most significant health problem even above physical health issues. Miller's research also states that having an anxiety disorder puts individuals at the greatest possible risk for suicidal ideation and suicide attempts. Canadian statistics detail that 22% of children will be affected by

anxiety at some point during the course of their lifetime and that 70% of all diagnosed adult mental illness disorders begin in childhood (Davey, 2014).

Due to a variety of factors, the early signs and symptoms of anxiety are frequently unidentified or misidentified by educators of children infancy to six years of age (Jovanovic, 2013; Merenda, Novak and Bonaventura, 1980; Venkatesan, 2011). Even with the knowledge that anxiety signs and symptoms are observable, these emotional disturbances often go unidentified by educators. Addressing this need for early identification of anxiety is a key imperative to not only the wellness of our children, but to the wellness of our future adults. By virtue of the fact that the role of educators is focused on learning and teaching, anxiety symptoms could potentially be interpreted with an inaccurate lens as teachers have been trained to focus on their student's learning and not necessarily their student's behaviours. This lack of early identification leads to missed opportunities for prevention and early intervention from the start of the child's career in the educational system (Watkins, 2007). As well, the misidentification of these behaviours can result in misperceptions that children are willfully difficult and, consequently, are labeled as having a behaviour problem by the education system. Due to class size and multiple high need students, educators may struggle to distinguish these signs and symptoms from behavioural and developmental problems. Current BC Childcare Licensing requirements state that the classroom ratios for group childcare settings are as follows: one teacher to four children for ages infancy to three years and one teacher to eight children for ages three to five years. Kindergarten classrooms have a maximum of 22 students to one teacher (BC Laws, 2013). Some research has concluded that educators need an increase in knowledge and strategies to deal with problems, stress, exhaustion, and frustration (Wagner, 2012). Educators may not have the time to fulfill their educational role as teachers yet we expect them

to focus on other needs for their students outside of academic needs, such as anxiety symptoms. Another factor that contributes to the challenge of symptom identification is that barriers to communication and information may occur. Barriers to effective communication between teachers and parents and barriers for teachers to access relevant information from parents who may be non-participants in parent/teacher dialogues may exist. Some parents report perceptions that teachers believe that their child's negative behaviours at school are a result of poor parenting at home. They feel this is especially true for negative social behaviours. In this case, the parent could be reluctant to engage with the teacher in a productive way due to a fear of being judged. The situation is further compounded by the fact that teachers are often not provided with information they need about their students in order to make a determination of the symptoms exhibited by the child.

Although previous research has discovered that primary teachers are able to identify moderate to severe anxiety symptoms when given vignettes and questionnaires (Headley & Campbell, 2011; Loades & Mastroyannooulou, 2010) and has proven that prevention and intervention programs within the school environment are effective (Miller, 2009), there are significant limitations to this research. The research focuses primarily on teachers' ability to identify anxiety symptoms to a clinically significant degree. The findings indicate that teachers are able to identify anxiety symptoms that appear moderate or severe. These studies have not been able to determine teachers' ability to identify the subtle early signs of anxiety. Addressing this gap in the research is fundamental to the efforts of prevention and early identification. If research only focuses on children with moderate to severe anxiety symptoms the end goal becomes the *treatment* of the presenting anxiety, instead of the *prevention* of anxiety. Investigating educators' ability to identify the early signs and symptoms of childhood anxiety

from the earliest point of the child's educational career, is the heart of the prevention effort. If the public school community is moving to an educational model where there is an expectation for educators' to prioritise the social and emotional needs of their students and be the early identifiers of emotional disorders, such as anxiety, all parties involved must seek to understand their level of knowledge on the topic of childhood anxiety and their beliefs and values about this issue. Everyone involved must know if educators can identify anxiety symptoms before the conversation of prevention, intervention, and treatment can continue.

Definition of Terms

The terms used in this research study are defined in the following ways. **Anxiety** is defined as distress or uneasiness caused by perceived fear of danger. Often it is an abnormal and overwhelming sense of apprehension and fear that creates physiological signs. Sometimes a component of anxiety is the individual's doubt about the reality and nature of the threat as well as self-doubt about the individual's ability to cope with the perceived threat (Merriam-Webster, 2014). **Symptoms** are defined as something that indicates the existence of something else. Symptoms can be something that can be felt or sensed only by the individual affected or something that can be visible to others. Most often this study will be referring to symptoms that are visible by others and not only felt by the individual. When this study refers to **identification**, it refers to the act of finding out who someone is or what something is. In the case of this research, it is the act of identifying anxiety symptoms in a child. **Intervention** is to interfere with the outcome or course, especially of a condition or process. In the case of this research, the intervention is intended to prevent harm or improve functioning (Merriam-Webster, 2014).

Similar to intervention is **Early Intervention**, which is to interfere with the outcome or course especially of a condition or process at the earliest stage possible for intervention to occur. **Prevention** is defined as the act or practice of stopping something bad [bad: as in something that is deemed as undesirable] from happening. Prevention in general is the act of stopping or limiting something. This study regularly refers to the **Early Years**, which means children zero months to six years old. Lastly, **Early Childhood Educators (ECE)** refers to educators who teach and care for children zero months to five years old. Typically ECE focus on children's learning through play. Educators use play to utilize children's natural curiosity and tendency to "make believe" while mixing in educational lessons.

Research Questions

What kinds of knowledge and resources do educators have that enables them to identify the early signs and symptoms of anxiety?

What do teachers understand and believe about childhood anxiety and its causes?

Overview of Study

The study was conducted using an online questionnaire to gather qualitative and quantitative data. The participants were ECE and Certified BC teachers who were currently teaching children infancy to six years of age. The questionnaire included the following (see Appendix A):

- 1) A multiple choice section that aimed to gather data about educators' ability to identify early anxiety signs and symptoms in children.

2) Five Likert (Mills, 2014) scale questions that asked educators to indicate if they would rate the child described in the vignette as having no anxiety (0) to very severe anxiety (10).

3) Five open-ended questions aimed at gathering data about educator's understanding, beliefs, and attitudes about childhood anxiety.

Chapter Two: Review of Related Literature

“Children who develop social and emotional skills have better attitudes about themselves and others, and better social interactions.

Children with strong social and emotional skills are less aggressive, can handle difficult emotions, and they have lower levels of emotional distress...”

(<http://dalailamacenter.org>)

Research on early childhood anxiety and the experiences of children within the educational environment is well underway in many universities and institutes across Canada and the World (Buss, 2011; Campbell & Headley, 2011; Fox et al, 2012; Loades & Mastroyannopoulou, 2010; Miller 2008 & 2009; Sinclair, 1993; Spence, 2010; Watkins, 2007). Previous studies regarding early childhood anxiety have examined fear-type behaviours demonstrated in early childhood and infancy. They have drawn a connection between these behaviours, genetics, and the nature versus nurture influences (Buss, 2011; Campbell & Headley, 2011; Loades & Mastroyannopoulou, 2010). Research in recent years in the realm of childhood anxiety identification has worked to create data collection tools such as vignettes (Headley & Campbell, 2011), formulate tools for assessing the mental health of children (Buss, 2011), and designing intervention programs, such as British Columbia’s FRIENDS program (Miller, 2009) and New York’s SEED program (Fox et al., 2012). Literature discussed here was drawn on specifically for this study and focused on childhood anxiety in general, educators’ ability to identify anxiety and possible effective interventions.

Childhood Anxiety

Looking beyond the surface of anxiety symptoms, Headley and Campbell completed a study in 2011 that detailed the consequences for children who demonstrate anxiety symptoms in

the Early Years, and without intervention, later develop anxiety disorders. Their research focused on children who were already at higher risk for experiencing anxiety or who had current anxiety symptoms. The researchers discuss the consequences for children who demonstrate anxiety symptoms in the early years and, consequently, later develop anxiety disorders. The list they give is lengthy and includes things such as: lower academic scores, problems with peers and parents, social challenges, poor self-esteem, negative self-perception and an increased chance of psychological disorders as an adult. The researchers continue to advocate for the importance of their research by stating that anxiety disorders are not likely to be outgrown by children and will follow them to adolescence and adulthood. Headley and Campbell (2011) also state that girls are twice as likely as boys to have anxiety disorders as children, hence explaining their focus on gender. After understanding that anxiety has “deliberate and lasting effects for children”, but that “very few [children] are identified and referred for treatment” (p.75), it is hard to dispute the need for further research and the value of the possible findings given the values and ideals of Western Society.

Similar to the study by Headley and Campbell (2011), Loades and Mastroyannopoulou (2010) had previously completed a study also using the proven method of vignettes to gather data from teachers. Loades and Mastroyannopoulou examined teacher’s ability to identify anxiety symptoms to a clinically significant degree. The findings were also similar to those of Headley and Campbell’s in that teachers were able to identify anxiety symptoms that appeared moderate or severe. This study discusses the role of the teacher, but also makes a statement within the findings that teachers are more concerned about behaviour challenges than emotional challenges. Considering that both Headley and Campbell (2011) and Loades and Mastroyannopoulou (2010) ask similar questions and find similar answers, they create room for

future research to build upon theirs by focusing on possible causes of anxiety and asking questions about opportunities for teachers to work within the context of the child and parent relationship.

Educators Ability to Identify Anxiety Symptoms

In 2011 Kirsten Buss published her research, “Which Fearful Toddlers Should We Worry About? Context, Fear, Regulation, and Anxiety Risk”. This research by Buss focused on all children, not only higher risk children, and worked to determine how parents and teachers can determine who might require professional assistance. The focus of Buss’s research was on low risk students and works from her belief that anxiety challenges in subsequent developmental stages across the lifespan can be predicted based on elevated fear responses in early childhood. This research makes a strong contribution to advancing knowledge and has great value to the academic community focusing on childhood and adolescent anxiety disorders. This study used literature about temperament psychology and focused on shy and fear-type behaviours demonstrated in early childhood and infancy. It touched on genetics and has a nature vs. nurture component. The evidence-bearing supportive literature backing this study made it significant but the length and breadth of the study contributed to its validity as well. Another element of this study that underscores its strength was that it is based on Buss’ previous work where she formulated a fear profile for assessing the mental health of children (Buss et al., 2004). Findings showed that children who had a higher reaction to a lower risk situation had a more extreme physiological stress reactivity profile, hence making them higher risk for future anxiety issues. The study findings support the idea that early identification of fear response patterns in toddlerhood can be used to indicate risk. In simple terms, the toddlers we should worry about are the

ones who demonstrate a higher fear response (dysregulated fear profile) to low threat situations in comparison to their peers who fall into the normal response area.

Being able to identify the signs and symptoms of anxiety is important for early intervention, but understanding what those symptoms might be rooted in is fundamental to the next step of referral and intervention (Miller, 2009). Research on what educators understand about the possible causes of childhood anxiety is rare, if available at all. There is, however, research available that explores the suspected causes of childhood anxiety in general. The specific reason why fearful behaviours develop in children is unknown (Buss, 2011), but the studies reviewed propose possible causes as being primarily linked to the child's parent and to the child's environment. The list of possible parental and environmental factors is lengthy and includes, but is not limited to: inherited genetic make-up, the intrauterine environment and birth experience, socio-economic disadvantage, marital conflict, and parental physical, emotional and mental wellness (Manning & Gregoire, 2009). According to Manning and Gregoire one of the biggest impacts on childhood anxiety is parental mental health. Recent research into the effects of parental mental illness on children have shown connections to attachment issues and the cognitive, emotional, social, and behavioural development of children (2009). Multiple studies have found that children of parents with mental illness experience higher levels of secondary trauma than children of non-ill parents (Manning & Gregoire, 2009; Motta & Lombardo, 2008).

Effective Interventions

Once an understanding of the prevalence of childhood anxiety and how detrimental its effects can be blossoms, a curiosity develops about the interventions that are available. The concern being that once identification occurs, effective intervention must follow. Dr. Lynn

Miller, the lead researcher at the University of British Columbia ‘Anxiety Lab’, has done extensive research on childhood and adolescent anxiety and prevention and intervention programs. A large majority of her research focuses on the role of the educator and the educational environment in relationship to childhood anxiety. Miller’s (2008; 2009) work documents the extent and prevalence of anxiety in childhood and the need for our educational system to address the problem with prevention and intervention programs. Miller believes that educators are in a unique position to identify anxiety symptoms and plan for next steps because of their opportunity to observe and interact with children regularly over a substantial period of time. If we are expecting schools to be the key form of intervention for mental wellness then we need to know what educators understand about the mental health issues we are asking them to identify (Miller, 2009). Miller (2008; 2009) has a long standing involvement with research on evidence-based universal interventions for childhood anxiety and provides data based on the implementation of the FRIENDS program in the BC public school system. Preliminary results and conclusions based on her work are mixed. Miller reports that some of the interventions are effective and successful, and at the same time, others seem ineffective and unsuccessful. She stresses that it is a challenge to determine the rationale for this as there are many barriers to conducting research within the school environment. Of note from her work is that regardless of the results of intervention programs they improve awareness of anxiety for children, parents and educators and ultimately increase the numbers of referrals clinical specialists receive. Miller poses more questions than answers and champions the idea of anxiety prevention and intervention efforts for future study and research.

In the study entitled, “Preventive Intervention for Anxious Preschoolers and Their Parents: Strengthening Early Emotional Development” by Fox et al. (2012) a similar intervention

program was discussed. The SEED (Strengthening Early Emotional Development) program was implemented, reviewed, and measured for its value to children and families affected by childhood anxiety. Similar to previous studies, participants were children who had both well-documented anxiety symptoms as well as parents who were concerned about the children's anxiety. For professionals and funding sources this research could potentially be very important and valuable. The study by Fox et al. is strongly supported by literature that outlines the potential severity of childhood anxiety problems and the need for prevention. A key statement in this study is that anxiety symptoms and disorders in children are one of the first forms of psychopathology to develop. This supports the belief that anxiety symptom identification and early intervention is fundamental to childhood wellness. The literature in this study, and the statements regarding prevalence of anxiety symptoms and need for prevention and intervention, supports the importance of further research. One of the recommendations from this study is that programs like SEED would be more beneficial if delivered in preschool programs with the goal of helping to decrease barriers to accessing resources and decrease stigma for participants. Key results from the research were that children showed improvements in their emotional knowledge and social reasoning skills after completing the program. As well, parents reported a reduction in their own anxiety and reported an improvement in their attitudes regarding their child's anxiety. The study did state, however, that significant conclusions about the SEED program could not be drawn due to the nature of this small uncontrolled study.

Chapter Three: Methodology

“We can successfully create conditions in schools, communities and families that build the capacity of children to recognize their emotions, to understand and empathize with others, and to make constructive choices. We can foster positive human qualities such as compassion, empathy and confidence, and we can help children manage difficult emotions such as fear, hatred, anger, and anxiety”

(<http://dalailamacentor.org>)

Overview of Research

This study explored educators’ identification of signs and symptoms and their understanding and beliefs about childhood anxiety and its causes. To achieve this, an online questionnaire was designed and offered to practicing ECE and BC Teachers, who were currently teaching or who had recently taught Kindergarten and Grade One. Both qualitative and quantitative data was gathered based on the completed questionnaire and findings and conclusions were drawn. The following details the design of the research, the sample population, the instrument used and the procedures followed. The validity of the study and analysis process will also be discussed.

Research Design

It’s important to cast a wide net when gathering data from educators due to the nature of childhood anxiety and its potential to affect all children in all cultures, demographics, socioeconomic environments and geographic locations (Merenda, Novak and Bonaventura, 1980). To do this, social media and online tools were used. The on-line questionnaire was posted on a social media site and shared via email. Respondents were invited to participate if they fit the sample population criteria. The survey was designed to be anonymous for respondents and could be completed in approximately 15 minutes. The questionnaire was made

available in August 2014 and data was gathered for 3 weeks. In order to encourage responses from educators during the summer months, respondents had the option to provide their email address if they wanted to be entered into a draw for a \$100 gift certificate for *Toys 'R' Us* (www.toysrus.com). The incentive draw was completed one week following the completion of the data gathering period and facilitated by an impartial third party. The successful respondent was contacted via the information they provided. In order to ensure anonymity, the researcher was never informed of any details of the draw, the contact information provided by the respondents or who received the gift certificate.

Sample Section

The online questionnaire was returned by ten ECE and by four BC Certified Primary School Teachers (one respondent identified as both). The sample was primarily local educators, with most residing in the Vancouver Island region of BC. There were some exceptions with questionnaires returned by educators in the Greater Vancouver Area. The average number of years in the teaching profession was 10-20 years and the average age of the respondents was 30-40 years old.

Instruments Used

This study used an Enquiring method of research to gather qualitative and quantitative data (Mills, 2014). The participants were ECE and Certified BC teachers, who were currently teaching or who had recently taught children infancy to six years of age in BC. The questionnaire involved three sections and began by asking the educator to identify their years of teaching experience, whether they were an ECE or a BC Certified teacher, and their current teaching location. The questionnaire sections included the following:

- 1) A multiple choice section that aimed to gather data about educators' ability to identify early anxiety signs and symptoms in children. This section included 14 yes or no questions adapted from the Spence Preschool Anxiety Scale (Spence, 2014) and the Anxiety Disorders Association of British Columbia website (Anxiety BC, 2014).
- 2) Five Likert (Mills, 2014) scale questions that asked educator's to indicate if they would rate the child described in the vignette as having no anxiety (0) to very severe anxiety (10). The scale used in this study was an adaptation of the work done by Headley & Campbell in 2011.
- 3) Five open-ended questions aimed at gathering data about educator's understanding, beliefs, and attitudes about childhood anxiety.

Instrument Justification, Validity and Analysis

Part one of questionnaire. The factors that contributed to the success and validity of this instrument were the adaptations made from other documents. Part one of the questionnaire was an adaptation of the Spence Preschool Anxiety Scale (Spence, 2014) and included behaviours listed on the Anxiety Disorders Association of British Columbia website (Anxiety BC, 2014). The questionnaire asked respondents to choose whether they would identify the behaviour as an anxiety symptom or not by choosing yes or no. All the behaviours listed on the questionnaire in this section were, in fact, anxiety symptoms as determined by the Spence Scale. The Spence Preschool Anxiety Scale is designed for preschool teachers to identify anxiety symptoms in their students and lists behaviours that fall under one of the following possible diagnoses: Generalized Anxiety Disorder, Social Anxiety Disorder, Obsessive Compulsive Disorder, Physical Injury Fears, or Separation Anxiety Disorder. After the raw data was gathered the researcher was able

to draw some conclusions about how often educators could identify symptoms based on how many times they checked yes. The 'correct' answer would be yes to all 14 behaviours. This raw data was then converted into quantitative data based on the number of behaviours that were identified by respondents.

Part two of questionnaire. Part two of the questionnaire was an adaption of a vignette study completed by Headley & Campbell in 2011. Headley & Campbell changed four vignettes previously designed by Green et al (1996) and Pearcy et al. (1993) to identify children with specific levels of anxiety. Headley & Campbell also added a fifth vignette to demonstrate a minimal level of anxiety which was not previously included in the original vignettes. Once the five vignettes were completed they "were sent to nine experts in childhood psychological problems who ranked them according to severity of presenting anxiety. The vignettes were amended according to feedback" (2011, p.9) and rated as minimal, mild, moderate, severe and very severe anxiety symptoms.

For the purpose of this research, these vignettes were modified by changing the age of the child described to reflect the Early Years age group. The behaviours described were unchanged. The respondents were asked to scale the child's level of anxiety using a Likert scale (Mills, 2014). Upon receiving the raw data from these answers the researcher was able to create quantitative data indicating what educators identified as mild to very severe. Please note this study adapted the Likert scale to include a 'No Anxiety' option.

Part three of questionnaire. This section asked respondents to answer open-ended questions. This allowed the researcher to gather qualitative data facilitating a triangulation of

research data (Mills, 2014). This section also provided rich data for further recommendations regarding the planning of future work.

Procedure

The following steps were taken in order to complete this research:

1. An extensive literature review was completed on the topic of childhood anxiety.
2. The research instrument was designed based on previously utilized sources. The sources were adapted to fit the purpose of this research.
3. Ethics approval was received from the REB (Ethics Review Board) at Vancouver Island University.
4. In August 2014 the questionnaire was shared using social media (Facebook) and included an invitation to participate (See Appendix B, C and D) with information about the purpose and intent of the questionnaire and formal consent information. Please note with an on-line questionnaire consent by the respondent is implied by completing the survey.
5. Simultaneously, an email was sent to the researcher's MEd in Educational Leadership cohort members with a link to the survey and an invitation to participate if they fit the sample population.
6. The questionnaire was made available online for three consecutive weeks.
7. Once the time period was completed, the researcher compiled the raw data. At this time the impartial third party facilitated the incentive draw and contacted the winner.
8. From September 2014 to January 2015 raw data was compiled and analyzed by the researcher and formulated into both qualitative and quantitative results.

9. April 2015 a report was shared via social media (Facebook) and email. An invitation was included inviting potential participants to read the findings and results of the study.
10. The final thesis project, which included findings, conclusions and recommendations, was submitted to Vancouver Island University on May 1st, 2015.

Limitations of the Study

Although the study was designed to be both valid and reliable by using previously-proven data collection instruments and maintaining respondent anonymity it was not without its limitations. The challenge of an on-line anonymous questionnaire was the potential that anyone would be completing it. This would obviously skew the findings. Another challenge of on-line questionnaires is that they typically have a low rate of return. Fortunately this did not significantly impact this study as the number of respondents was favourable.

Also it is important to point out that any time an emotional or mental state is a component of a research study, there are many variables that cannot be controlled. In this case, the researcher could not put controls in place for the respondents' experience with anxiety symptoms in their own personal lives, their knowledge based on other educational programs (previous mental health training for example), and could not control for educator bias or prejudice.

With careful design of the data collection tool and thorough planning during the methods and procedures section of this research the study successfully explored the posed research question and led to meaningful data. The findings and results of the study are explained in detail in the following chapter.

Chapter Four: Findings and Results

“Children are slipping through the cracks, without early treatment, children can miss school and fall behind and also miss out on developing valuable skills, including social skills...It’s not just that it gets in the way of their life, it gets in the way of their ability to develop appropriately”
Dr. Karen Francis, Clinical Director of Child and Youth Mental Health Ambulatory Services at Hamilton Health Sciences (Davey, 2014)

Research Questions:

What kinds of knowledge and resources do educators have that enables them to identify the early signs and symptoms of anxiety?

What do teachers understand and believe about childhood anxiety and its causes?

‘Snap Shot’ of Study Implementation

The designed data collection tool was made available in August 2014. Data was gathered from 15 completed questionnaires. The questionnaire involved three sections and began by asking the educator to identify their years of teaching experience, whether they were an ECE or a BC Certified teacher, and their current teaching location. The questionnaire (See attached Appendix A) sections included the following:

- 1) A multiple choice section that aimed to gather data about educator’s ability to identify early anxiety signs and symptoms in children.
- 2) Five Likert (Mills, 2014) scale questions that asked educators to indicate if they would rate the child described in the vignette as having no anxiety (0) to very severe anxiety (10).
- 3) Five open-ended questions aimed at gathering data about educator’s understanding, beliefs and attitudes about childhood anxiety.

‘Snap Shot’ of Data Analysis

Beginning in September 2014 data was analyzed based on the 15 completed responses. Quantitative data was compiled into categories and similarities and differences were found. Most respondents were local to the Vancouver Island region and most were in the 30-40 year old age range, with 10-20 years teaching experience. With only 15 respondents it was difficult to make definitive conclusions based on the gathered data; however it was possible to look for patterns, to be curious about respondent answers, and to seek to make meaning from the answers provided. Data was analyzed into two overarching sections. The first section was quantitative data, which sought to report the general information provided on the questionnaires, respondent’s ability to identify anxiety symptoms in children as well as educators’ rating of the vignettes. The second section was qualitative data which looked at respondents answers to the open ended questions that were posed near the end of the online questionnaire. The written responses were coded, gathered into categories, and organized into themes (Mills, 2014).

‘Snap Shot’ of Findings

Based on the responses provided, findings were mixed with most responses scoring at least 70% of the anxiety symptoms listed as actual anxiety symptoms. The least identified behaviour was “Cries for parent while at preschool/school”, with only 40% of respondents believing it to be a symptom of anxiety. Answers to the Likert scale questions for the vignette section of the questionnaire were very mixed. Respondents favored the moderate scoring section consistently, however 53% of respondents scored the vignette describing *minimal* anxiety behaviours as having *very severe anxiety*. Definitive patterns in this section were not found.

Educators who completed the open-ended question section of the questionnaire provided insight and brought curiosity to the conversation of childhood anxiety within the educational context. The written answers provided an opportunity to get a sense of what educators struggle with on a daily basis, how they interpret anxiety causality in relation to environment, and what resources they would find most helpful.

Quantitative Data

General information provided by respondents. The responses were made up of five BC Certified Teachers and ten ECE as seen below in Figure 1. Please note, one respondent indicated themselves as both an ECE and as a BC Certified Teacher. Shown in Figure 2 is the geographic location of respondents.

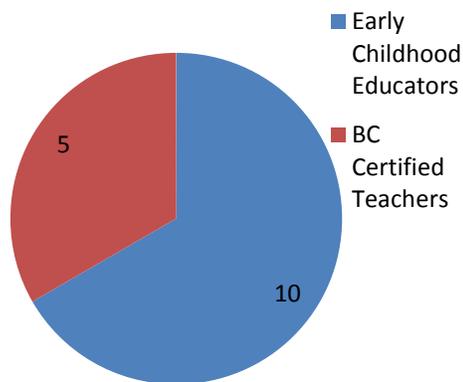


Figure 1 Sample Population

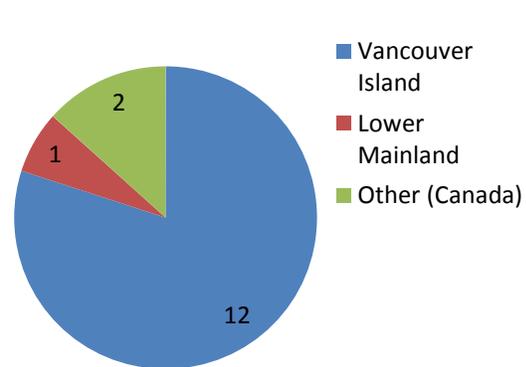


Figure 2 Geographic Location of Sample

The majority age of the sample population was 30 to 40 years of age. See Figure 3 for a detailed breakdown of respondents by age group.

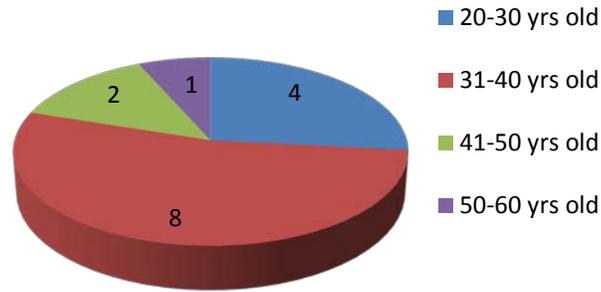


Figure 3 Age of Sample Population

Figure 4 below details the years of teaching experience reported by respondents in comparison to the chronological age of the sample population. As Figure 4 shows, the majority of respondents had between 10 to 20 years of teaching experience.

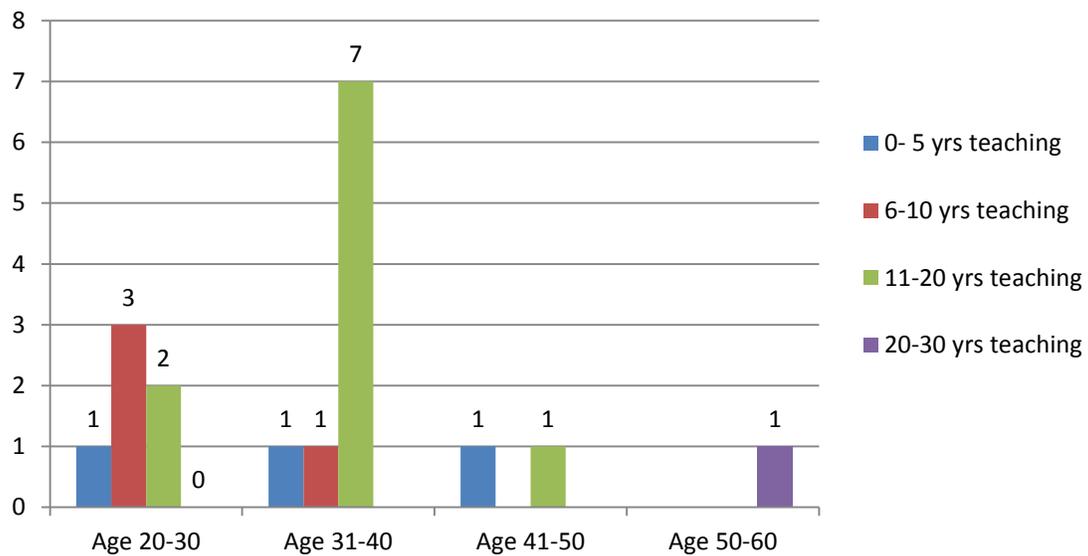


Figure 4 Years of Teaching Experience and Age of Sample Population

The last piece of general information respondents were asked to provide was the current age or grade respondents were teaching. Figure 5 details the responses provided.

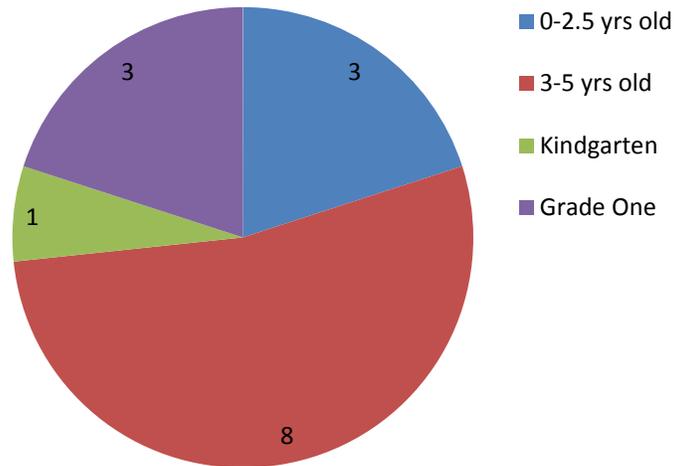


Figure 5 Current Age/Grade Taught by Sample

Part one of questionnaire: identification of anxiety symptoms. Part one of the questionnaire was an adaption of the Spence Preschool Anxiety Scale (Spence, 2014) and included behaviours listed on the Anxiety Disorders Association of British Columbia website (Anxiety BC, 2014). The questionnaire asked respondents to choose whether they would identify the behaviour as an anxiety symptom or not by choosing yes or no. All of the 14 behaviours listed on the questionnaire in this section were anxiety symptoms as determined by the Spence Scale.

As shown in Table 1 most respondents identified most of the described behaviours as anxiety symptoms. Table 1 explains the behaviours listed and the number of respondents who believed it was as an anxiety symptom.

Table 1

Anxiety Symptoms and How Many Respondents Marked Yes

Behaviour described in Questionnaire	Percentage of respondents who marked it as 'yes' it is an anxiety symptom
Repeatedly asks about parent(s) during the day (i.e., when are they coming/where are they etc.)	80%
Keeps checking that he/she has done things "right" (e.g., that he/she closed a door, turned off a tap).	60%
Slight regression in child's normal development. For example, you observe a child become less verbal, or begin thumb sucking (after having already stopped) or having bathroom accidents.	80%
Frequently complains of headaches or stomach aches.	73%
Appears hesitant and frightened to ask an adult for help (e.g., a preschool or school teacher).	80%
Irritable; gets easily upset, snaps at people and/or has frequent temper tantrums.	73%
Worries that he/she will do something embarrassing or make a mistake in front of other people. Expresses these worries to you.	73%
Is observed sweating and shaking (not due to temperature in the classroom or outside).	80%
Becomes distressed when he/she is dropped off at preschool/school (i.e., may cry, cling to parent and negotiate with parent for them not to leave).	46%
Appears distracted and unable to concentrate.	73%
Appears reluctant to join other children in play, and timid in approaching other children.	46%
Asks for reassurance when it doesn't seem necessary.	86%
Cries for parent while at preschool/school.	40%
Insists on putting things in the "exact right order" to stop bad things from happening.	66%

Below in Figure 6 a pie chart depicts the overall percentage of anxiety symptoms correctly identified by respondents. For example, three of the 15 respondents indicated that 100% of the behaviours were actually anxiety symptoms (pink section). A different three respondents chose that half or 50% of the 14 listed behaviours were anxiety symptoms and this is shown in the dark blue section.

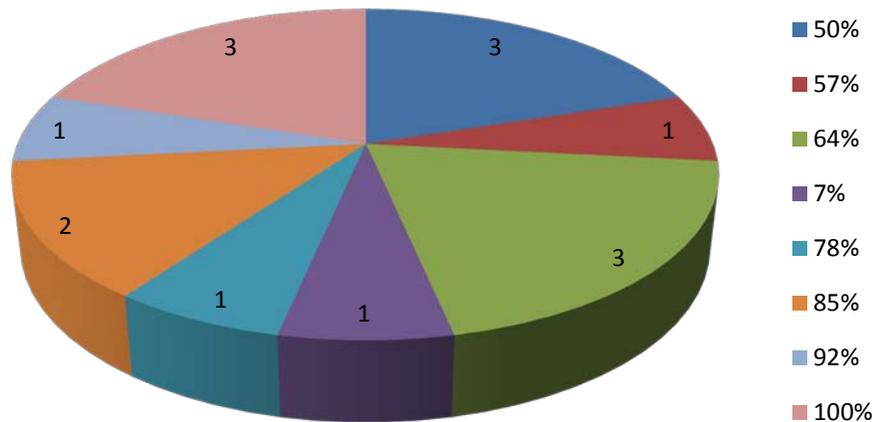


Figure 6 Percentage of Anxiety Symptoms Correctly Identified

Part two of questionnaire: rating vignettes. Part two of the questionnaire was an adaption of a vignette study originally completed by Headley & Campbell in 2011. Once the five vignettes were completed they “were sent to nine experts in childhood psychological problems who ranked them according to severity of presenting anxiety. The vignettes were amended according to feedback” (2011, p.9) and rated as minimal, mild, moderate, severe and very severe anxiety symptoms. For the purpose of this research, these vignettes were modified by changing the age of the child described to reflect the Early Years age group. The respondents were asked to scale the child’s level of anxiety using a Likert scale of 0-10 (Mills, 2014).

An overall representation of the answers from respondents is presented in Table 2. Respondent answers are shown in percentages and compared to what the vignette was rated as by Headley and Campbell. The first column identifies the specific vignette by child’s name, the second indicates what the vignette was originally rated as (minimal/mild/severe etc.) and the following columns, reading right, depict the percentage of respondents who rated the vignette as minimal, mild, moderate, severe and very severe anxiety. For example, the vignette named

“Sam” was originally rated as having minimal anxiety by Headey & Campbell, but as shown at the bottom right column of the table, 53% of respondents rated the “Sam” vignette as being very severe anxiety. The data from each respondent will be looked at specifically for each vignette in Figures 7 through 11 found below.

Table Two

Title- Overview of Vignette Ratings

Vignette	Rated by Headley and Campbell as:	Percentage who rated vignette as minimal anxiety	Percentage who rated vignette as mild anxiety	Percentage who rated vignette as moderate anxiety	Percentage who rated vignette as severe anxiety	Percentage who rated vignette as very severe anxiety
Beth	Very Severe	0%	0%	0%	46%	53%
Mark	Severe	6%	26%	20%	20%	13%
Joshua	Moderate	13%	33%	26%	26%	53%
Tegan	Mild	93%	6%	0%	0%	0%
Sam	Minimal	26%	20%	26%	13%	53%

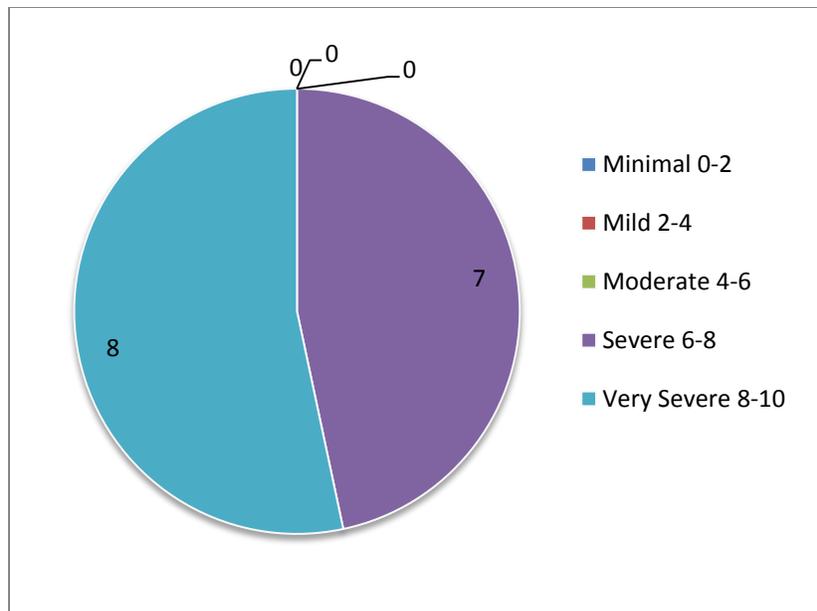


Figure 7 Respondents Scores for “Beth” (Very Severe Anxiety)

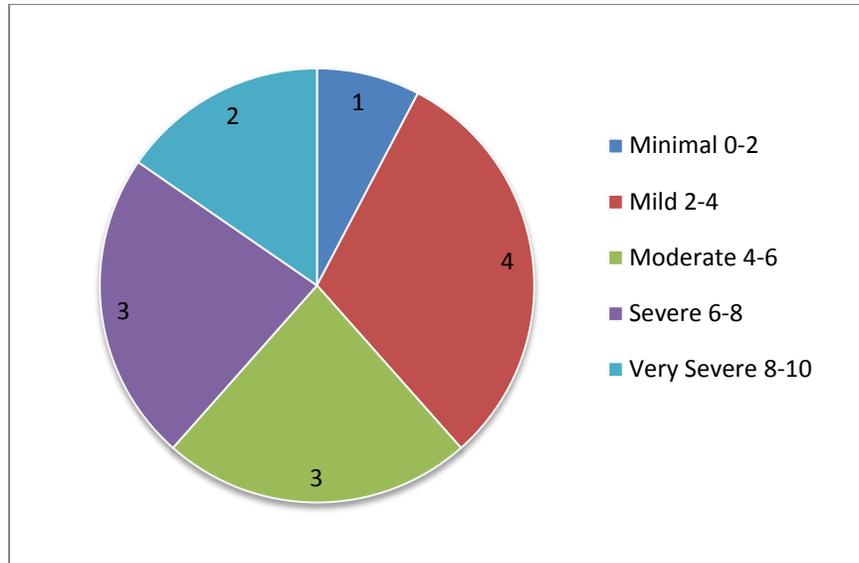


Figure 8 Respondents Scores for "Mark" (Severe Anxiety)

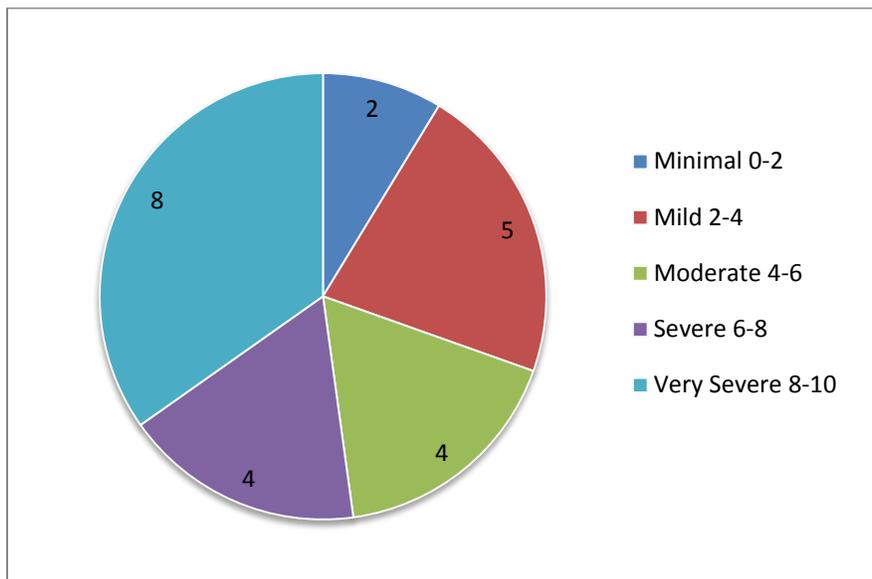


Figure 9 Respondents Scores for "Joshua" (Moderate Anxiety)

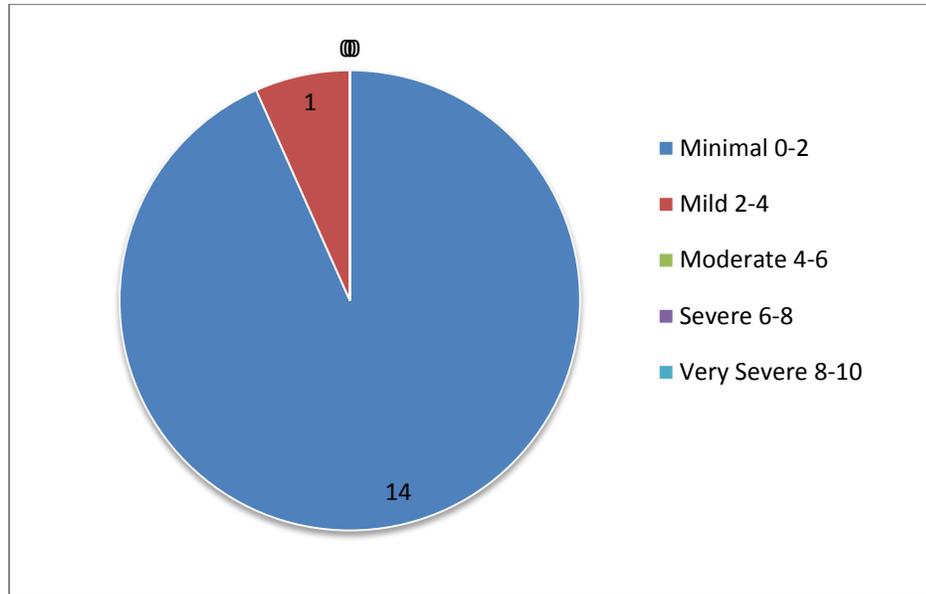


Figure 10 Respondents Scores for "Tegan" (Mild Anxiety)

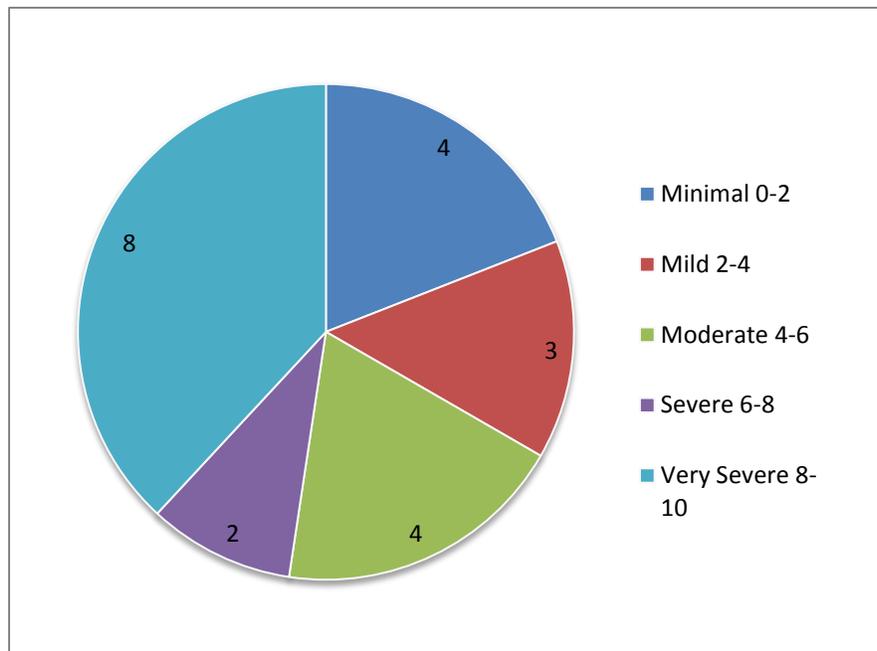


Figure 11 Respondents Scores for "Sam" (Minimal Anxiety)

Qualitative Data

Part three of questionnaire: open ended questions. This section asked respondents to provide written feedback for a variety of open-ended questions. Themes naturally emerged as the written data was coded and organized. The highlighted themes were identified as parental involvement, the external environment, lack of educator knowledge about childhood anxiety, and, concern for how anxiety impacts student learning. All responses quoted below are anonymous.

An overarching theme from the written responses was parental factors and involvement. Numerous times respondents mentioned concerns about the parent's ability to manage their child's behaviours and how parenting style contributed to the child's anxiety. Respondents reported concerns about "how parents react/respond to the child" and suggested that "nervous parents make nervous kids". Closely linked to parental factors, the second largest theme drawn from the responses was concern from Educators about the child's external environment. Some respondents reported concerns about social media exposure, screen time, emotional and physical abuse, poverty, and diet. Respondents stated that "stress in the home" and "the isolation of families" were contributing factors causing anxiety for children during the Early Years period.

Another theme identified by respondents was their lack of education and knowledge about childhood anxiety. When the questionnaire asked about the training and knowledge educators received, respondents self-reported a lack of training and an inability to identify anxiety symptoms when they were exhibited by a student. Educators reported that they felt they could not "identify the signs and respond appropriately" and that they had not received enough formal training or professional development on the topic. The questionnaire also asked whether educators felt knowledgeable enough to meet the social-emotional needs of their students and

one respondent assertively reported that they did “not believe many teachers could honestly answer yes to this question”. However, in contrast to this, some respondents also reported to be very knowledgeable about the topic if they had personal experience with anxiety.

The final theme that arose from the qualitative data was about how childhood anxiety hindered learning. Respondents not only reported concerns about their lack of knowledge and ability to identify anxiety but also concerns about how children with anxiety could be missing out on opportunities to learn. Educators indicated that childhood anxiety would “create a distraction from learning” and that students with a high anxiety level were “missing out on the opportunity to learn academically”.

Throughout the written responses provided, educators consistently indicated that they felt both under-educated about childhood anxiety and at the same time concerned about the effects of anxiety on their students. Having an open-ended question section on the questionnaire was fundamental to the data collection and analysis process as it provided valuable description and thoughtful insight. The written component made the ‘number crunching’ come to life and gave the data gathered human emotion and experience.

Chapter Five: Discussion and Conclusion

“Just as we take for granted the need to acquire proficiency in the basic academic subjects, I am hopeful that a time will come when we can take it for granted that children will learn, as part of their school curriculum, the indispensability of inner values such as love, compassion, justice and forgiveness.”– Dalai Lama
(<http://dalailamacenter.org>)

This study investigated educators’ ability to identify anxiety symptoms when exhibited by children. Using a three part questionnaire that was distributed on a social media site, data was gathered in three areas: symptom identification, ability to scale those symptoms for severity based on demonstrated behaviour, and educators’ feedback and thoughts on causality and solutions for prevention and intervention within the classroom.

Discussion

As mentioned, during the Early Years educators are in a position to observe the child and to identify the child’s needs. Consequently, this creates the opportunity for educators to identify anxiety symptoms and then take the appropriate steps to seek support and resources for the child. By doing so, educators are able to initiate an early prevention and intervention strategy. After a comprehensive review of the raw data and a complete thematic analysis, three key findings arose. Educators who took part in this study appeared to favor the moderate when scaling anxiety symptoms, they reported a lack of knowledge about childhood anxiety unless they had a personal experience with anxiety themselves, and lastly, respondents did not mention the educational environment when discussing factors contributing to anxiety in their students.

Favoring the moderate. The most interesting finding from this study may be the fact that educators’ appeared to overestimate the mild anxiety symptoms and minimise the severe

ones. The educators, however, also appeared to over score the minimal anxiety symptoms. It became very difficult to draw any conclusions based on patterns. Although the study only had 15 responses it appeared that none of the respondents were able to scale the behaviours accurately. This could indicate a variety of things. One potential conclusion is that educators do not have the knowledge needed to accurately identify and rate anxiety behaviours when demonstrated by a child. This may also indicate that when respondents were unsure they favored the middle ground. Another potential conclusion is that there could be a tendency to over score a symptom even though it presents as mild or minimal out of fear of underestimating it. Lastly, it is possible that educators would score more accurately if they were observing a child's behaviour in real-time as opposed to reading a vignette. It is probable that educators often use their intuition, years of experience and 'gut' to determine a child's needs in the moment and this type of evaluation of behaviour is difficult to apply to a written questionnaire.

Knowledgeable if personal experience. Another finding to highlight came from the written feedback portion of the questionnaire. Respondents reported that they felt knowledgeable about the topic of anxiety if they had personal experience with it, either for themselves or with the child they were raising in their personal life. It was consistent throughout the responses that without a personal experience teachers indicated they did not know about childhood anxiety and did not feel informed on the topic. This is a key finding that speaks directly to a lack of training provided to educators in their teacher education program. Mental health and the social-emotional needs of children are not a significant component, if a component at all, of the BC Teaching Certification Program. Adding this training is imperative if we continue to expect our children's teachers to be our first line of defense against childhood mental health struggles. We are setting both our children's teachers and our children themselves

up for failure if we expect the school classroom to meet all the social-emotional needs of children without providing educators with the tool kit needed to do so. We either must address this lack of education for our educators within their training programs or provide our children's teachers with support and resources for prevention, identification, and intervention services within their classrooms. Our children deserve their whole beings, heart and mind, to be educated and our teachers deserve the resources to do so.

No mention of the environment. The third and final gem from this study is that educators listed a variety of external factors that they felt contributed to the anxiety of children, yet not one mentioned the education environment itself. Educators listed items such as stressful home environments, the influence of social media, trauma and abuse, diet, and parenting styles. However there was an obvious lack of mention that there could be anything in the classroom or school environment that could contribute to anxiety symptoms. A common discussion among parents of children within the Early Years is how stressful the transition to daycare or school can be for children as well as for the child's parent. This is often the first time the parent and child have had to separate and the first time the child is looking to another adult to meet their needs. Whether this transition happens when a parent returns to work or whether it happens when a child first attends Kindergarten it is often anxiety causing for both parent and child. School is also the environment where sensory challenges and where structure and rules become a part of child's daily life for the first time. This is the prime situation for anxiety to begin to develop and for it to flourish if left unaddressed. Yet, not one respondent mentioned it in the open-ended section of the questionnaire. It is possible that how the question was worded led respondents to believe that they were being asked to list things outside of the educational environment or perhaps there was an assumption by respondents that listing the classroom was stating the

obvious. If educators, however, are not entering into a conversation about how the educational environment could potentially be contributing to the causality of childhood anxiety then how are they going to enter into a conversation about how to reduce the anxiety the educational environment could create for children? If educators are not aware of their possible role in children's experience of anxiety then they cannot begin to strategize ways to be part of the solution.

Limitations

This study was designed to be both valid and reliable by using previously-proven data collection instruments and maintaining respondent anonymity. However, it cannot be without its limitations. The challenge of an on-line anonymous questionnaire is that they typically have a low rate of return. With a total of 15 completed responses, the study did provide valid and interesting data however, the sample population was too small for the study to be considered comprehensive, conclusive, or definitive.

It must also be reiterated that any time an emotional or mental state is a component of a research study there are many variables that cannot be controlled. In this case, it was not possible to put controls in place for the respondents' experience with anxiety symptoms in their own personal lives, their knowledge based on other educational programs (previous mental health training for example), and could not control for educator bias or prejudice. The word 'Anxiety' has received a great deal of attention in recent years and can evoke a strong reaction for some educators. This must be considered when analyzing the gathered data and when drawing conclusions.

Another limitation is the BC Teachers Federation strike which was on-going at the time of the questionnaire deployment. This time for BC teachers and parents was intense and many educators were under a great deal of stress while they picketed without a pay cheque and fielded feedback from frustrated parents and community partners. This may have impacted this study in two ways. Some educators may have chosen not to complete the study at all, and for those who did, the current climate within the system that is BC Education could have contributed to more negative answers by educators.

Regardless of these limitations, this study successfully explored the posed research questions, lead to meaningful data and provided interesting conclusions.

Recommendations

There are so many important aspects of this study that would benefit from continued discussion by both professionals and families. The idea of teaching to the heart and the mind of the student is becoming a mainstream concept and mental wellness is a key component of this. The conversation needs to continue with administrators, educators, parents, students and helping professionals. We need to continue to talk about what is happening for our children and how we can help. The notion that information and knowledge are the doorway to prevention, identification, and intervention is a solid concept rooted in research and literature. When educators are provided with the training and tools to meet all the needs of their students they will be better equipped to prevent the anxiety that might arise, to identify anxiety when it is exhibited by a child, and to intervene with effective strategies. This knowledge and information is also fundamental for parents and for children themselves. All parties need as much information and

knowledge as possible so that they themselves can continue to identify concerns and seek support as needed.

Creating the space and safety for this conversation to continue to occur is also crucial to the process. Educators, parents, and students need the time to focus on social-emotional needs and need to know about avenues for asking questions and finding solutions. If we do not ensure that educators have the time in their day and the space in their curriculum to address mental wellness in children the work will not occur.

Continued research in the area of childhood anxiety within the educational environment would be beneficial. Specifically, research on what training BC Certified Teachers actually receive prior to graduation and how teacher education programs could best prepare educators for teaching to the whole child once they are in the classroom. Research on the relationship between the parent and educator would also be beneficial as this relationship, whether positive or negative, appears to be a key component to helping the child navigate any stressors during their educational environment.

And finally, any opportunity for the conversation to continue about anxiety within the Early Years age group is vital. We all must keep the topic on the table for continued investigation and discussion. We must remember that mental wellness for children is crucial to academic success, and continuing to speak about it will ensure that research continues. The desired end goal is that the continued research will generate information and solutions that will benefit educators, families, and children for generations to follow.

“Prepare our Children for this World. Educate the Heart”

The video for Educating the Heart can be found at: <http://educatingtheheart.org/>

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Appendix A



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Educators and Childhood Anxiety: The Early Years

This questionnaire is a tool designed to gather information from Early Childhood Educators, who have taught or are currently teaching in a licenced childcare facility in British Columbia; and, British Columbia Certified Teachers who have taught or are currently teaching Kindergarten or Grade One. The questions are focused on anxiety identification in children within the Early Years (0-6 yrs).

This is intended to be an anonymous questionnaire. Please do not divulge any personal details about yourself or a specific student.

The 6 questions below are required to ensure the validity of the study.

Are you an Early Childhood Educator?

- Yes
- No

Are you a Certified BC Teacher?

- Yes
- No

How long have you been teaching professionally?

What is your age?

What is your current geographic location?

What age/grade are you currently teaching?

PART ONE The Identification of the Early Signs and Symptoms of Childhood Anxiety (Adapted from Spence Children's Anxiety Scale and Anxiety BC)

Below is a list of behaviours that children may demonstrate. For each item please indicate whether you would identify the behaviour as being an early sign and symptom of anxiety. Check Yes if you would see this behaviour as a symptom of anxiety. Check No if you would not identify this as a symptom of anxiety.

Repeatedly asks about parent(s) during the day (i.e., when are they coming/where are they etc.)

- Yes
- No

Keeps checking that he/she has done things "right" (e.g., that he/she closed a door, turned off a tap).

- Yes
- No

Slight regression in child's normal development. For example, you observe a child become less verbal, or begin thumb sucking (after having already stopped) or having bathroom accidents.

- Yes
- No

Frequently complains of headaches or stomach aches.

- Yes

- No

Appears hesitant and frightened to ask an adult for help (e.g., a preschool or school teacher).

- Yes
- No

Irritable; gets easily upset, snaps at people and/or has frequent temper tantrums.

- Yes
- No

Worries that he/she will do something embarrassing or make a mistake in front of other people. Expresses these worries to you.

- Yes
- No

Is observed sweating and shaking (not due to temperature in the classroom or outside).

- Yes
- No

Becomes distressed when he/she is dropped off at preschool/school (i.e., may cry, cling to parent and negotiate with parent for them not to leave).

- Yes
- No

Appears distracted and unable to concentrate.

- Yes
- No

Appears reluctant to join other children in play, and timid in approaching other children.

- Yes
- No

Asks for reassurance when it doesn't seem necessary.

- Yes
- No

Cries for parent while at preschool/school.

- Yes
- No

Insists on putting things in the "exact right order" to stop bad things from happening.

- Yes
- No

PART TWO The Identification of the Early Signs and Symptoms of Childhood Anxiety (Adapted from Headley & Campbell, 2011)

Below you will read five situations. After reading each paragraph please indicate where you would place the child on the scale below. (0 being no anxiety symptoms and 10 being very severe anxiety symptoms)

Mark is a 4-year-old boy. He plays cautiously in the classroom and as a result often doesn't have time to complete his game or activity. He seems to procrastinate often. He seems fearful of making mistakes and oversensitive to criticism, as he feels a need to do "perfect" work. He generally follows direction and will complete his tasks when directed, but it takes him much longer than his peers. In general, he is a child who tends to withdraw and keep things to himself.

0 1 2 3 4 5 6 7 8 9 10

Joshua is a shy 2-year-old boy who prefers to play alone during outside time. Sometimes, he seems nervous when his peers attempt to engage him in group activities. When group activities are conducted in the classroom, he participates, however he is noticeably uncomfortable. When he plays alone, he is creative and active.

0 1 2 3 4 5 6 7 8 9 10

Beth is a shy 6-year-old who worries about tests and grades. She bites her nails and approaches the teacher with several questions and complaints of 'tummy pains' regularly, especially on the morning of the tests. She often cries if she receives a poor grade or if her work is corrected. She appears to want to please her teacher and parents and appears upset when she thinks she has done poorly. She often worries so much about her teachers' and parents' expectations that she feels she cannot breathe and will ask to stay home from school.

0 1 2 3 4 5 6 7 8 9 10

Tegan is a 3-year-old girl. She tends to be very talkative in the daycare setting and has several children she plays well with. She does well in art and likes to colour and draw. She enjoys being challenged by new tasks although looks slightly nervous about being watched while attempting to complete the task. In addition, she enjoys sharing at circle time and can be a leader among her peers.

0 1 2 3 4 5 6 7 8 9 10

Sam is a 5-year-old boy. He tends to seek unwarranted and excessive attention from his teacher. When he does not receive attention, he appears sad and withdraws. He is also overly eager to please and he is well behaved. He appears pleased with his achievements and he reports his daily activities and successes to his parents when they pick him up at the end of the day.

0 1 2 3 4 5 6 7 8 9 10

PART THREE Your Experience as an Educator: Your Understanding and Beliefs

Please answer the questions below by providing a brief written response.

What do you believe are contributing factors causing anxiety for children during the Early Years period (0-6)? Examples of possible factors are things like, poverty, stress in the family home, parenting styles, genetics etc.

What concerns you the most when teaching children who may be struggling with the early symptoms of anxiety?

Is childhood anxiety something that you feel knowledgeable enough about to meet the social-emotional and academic needs of your students? Please explain why you answered Yes or No to this question.

Please describe the biggest challenge for you as a teacher when trying to address the social-emotional needs of your students such as a child struggling with anxiety symptoms?

If you would like more resources, support and education as an Educator about childhood anxiety, what kinds of information or tools would be most helpful to you?

SUBMIT BUTTON

Thank you for taking the time to complete this questionnaire. If you would like to be entered in the draw to win a \$100 gift card to the Toys 'R' Us store please send your email address and/or contact info to Shyla Colton at: incentivedraw@gmail.com

This trusted person will gather the contacts, facilitate the draw one week after the closing date of the questionnaire and contact the winner. In order to ensure this questionnaire remains anonymous the researcher will never see the contact info entered into the draw nor know who the winner is.

Appendix B



FACULTY OF EDUCATION
Vancouver Island University
900 Fifth Street, Nanaimo,
British Columbia, Canada V9R 5S5
Tel (250) 740-6221 Fax (250) 740-6463
<http://www.viu.ca/education/>

Recruitment Poster**“Educators and Childhood Anxiety: The Early Years”**

(This will be posted on the Facebook Poster)

As part of my Masters in Educational Leadership program at Vancouver Island University (VIU), I am conducting research to explore the topic of childhood anxiety within the educational environment. **If you are an Early Childhood Educator, who has taught or who is currently teaching in a licenced childcare facility in British Columbia; or, a British Columbia Certified Teacher, who has taught or who is currently teaching Kindergarten or Grade One, please consider participating in the questionnaire found at the link below.**

This questionnaire is completely anonymous and will take approximately 15 minutes to complete. Upon completion, you will have the opportunity to provide an email address to an impartial third party, who will enter you into a draw for a \$100 gift certificate to Toys ‘R’ Us (www.toysrus.ca). Your participation in this questionnaire is greatly appreciated. Your responses will provide me with valuable data for my research and for my continued work.

Thank you in advance for taking the time to support this project and please feel free to share this poster with others who may be interested in participating!

[Link to Invitation to Participate]



Appendix C

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Vancouver Island University
900 Fifth Street, Nanaimo,
British Columbia, Canada V9R 5S5
Tel (250) 740-6221 Fax (250) 740-6463
<http://www.viu.ca/education/>

Recruitment Email**“Educators and Childhood Anxiety: The Early Years”**

(This will be sent out as an email with a link to my Fluid Survey Questionnaire)

As part of my Masters in Educational Leadership program at Vancouver Island University (VIU), I am conducting research to explore the topic of childhood anxiety within the educational environment. **If you are an Early Childhood Educator, who has taught or who is currently teaching in a licenced childcare facility in British Columbia; or, a British Columbia Certified Teacher, who has taught or who is currently teaching Kindergarten or Grade One, please consider participating in the questionnaire found at the link below.**

This questionnaire is completely anonymous and will take approximately 15 minutes to complete. Upon completion, you will have the opportunity to provide an email address to an impartial third party, who will enter you into a draw for a \$100 gift certificate to Toys ‘R’ Us (www.toysrus.ca). Your participation in this questionnaire is greatly appreciated. Your responses will provide me with valuable data for my research and for my continued work.

Thank you in advance for taking the time to support this project.

[Link to Invitation to Participate]

Appendix D



FACULTY OF EDUCATION
Vancouver Island University
900 Fifth Street, Nanaimo,
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Tel (250) 740-6221 Fax (250) 740-6463
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Respondents will have to read this before accessing the Questionnaire on the Fluid Survey site.

Invitation to Participate

“Educators and Childhood Anxiety: The Early Years” Questionnaire

If we are expecting schools to be a “primary method of intervention for mental health issues” (Miller, 2009, p.29), then we need to know what educators understand about the mental health issues we are asking them to identify.

Early Identification ~ Early Intervention ~ Prevention

August 2014,

Dear Educator,

As part of my Masters in Educational Leadership program at Vancouver Island University (VIU), I am conducting research to explore the topic of childhood anxiety within the educational environment. This questionnaire hopes to explore the following questions: What kinds of knowledge do Educators possess that enables them to identify early signs and symptoms of anxiety in children 0- 6 years of age? What do teachers understand and believe about childhood anxiety and its causes?

If you are an Early Childhood Educator, who has taught or who is currently teaching in a licenced childcare facility in British Columbia; or, a British Columbia Certified Teacher, who has taught or who is currently teaching Kindergarten or Grade One, please consider participating by clicking on the link below. This questionnaire is completely anonymous and will take approximately 15 minutes to complete. The questionnaire begins by asking for some brief background information about you as an Educator and then has 3 main sections. The first section is a multiple choice section that aims to gather data about the early anxiety signs and symptoms in children you would identify as anxiety. This section includes 14 yes or no questions and is an adaptation of the Spence Preschool Anxiety Scale (Spence, 2014). The second section has five scaling questions (0-10) and asks you to indicate if you would rate the child described as having no anxiety (0) to very severe anxiety (10). This is an adaptation of the work done by Headley and Campbell in 2011. The last section is five open-ended questions that aim to gather data about your understanding, beliefs and attitudes about childhood anxiety.

The Fluid Survey site, where the online questionnaire is located, is an online Canadian survey tool and server, which has privacy and security settings in line with Canadian Research ethics protocols. Your survey data will remain anonymous and confidential. Email and IP address tracking has been disabled and data is stored on Canadian servers (See Fluid Survey's Privacy Policy for further information <http://fluidsurveys.com/about/privacy/>). Fluid Survey may allow persistent 3rd party 'cookies'. As each browser and version is slightly different, to remove these cookies refer to AboutCookies.org's "How to Delete Cookies" <http://www.aboutcookies.org/Default.aspx?page=2>". The Fluid Survey software will return your response to me via email without providing any identification of where the response came from or who completed the questionnaire. Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, for data sent via the internet, no guarantees can be made regarding the interception of data by any third parties. I may use direct quotations in my study results and, although I will try not to use quotes that may identify individuals, there is a possibility that you may be identifiable based on what you may provide as written responses in the questionnaire. Once the data is returned to me, my supervisor and I will be the only people with access to the data. All the data will be stored on my password protected computer in my locked home office. All electronic files on my computer will be deleted and destroyed in August 2017. Information that you share will not be made public in any way that will identify you or the school you are affiliated with. The completed results and findings of this research will be reported in a written thesis as a requirement of Vancouver Island University. In April 2015, I will make a link available via social media with the results.

There are no known harms that are associated with your participation in this research. Your participation in this questionnaire is completely voluntary. You may skip questions or exit the survey at any time, for any reason, and without penalty. However, once you submit the questionnaire by clicking on the 'submit' button at the end of the questionnaire, the information you have provided cannot be removed from the questionnaire results as your responses cannot be distinguished from other participants. Please consider printing this page for your records.

If you have any questions or concerns with the research or questionnaire, please feel free to contact me at michelle.freeman@gov.bc.ca. Any questions or concerns with regards to your treatment as a participant in this research, please contact the VIU Research Office at 250-753-3245 (ext.2665) or by email at reb@viu.ca.

By completing the questionnaire below and clicking on the submit button, you consent to participate in this research project and for the information you provide to be used in study results.

Definition of Terms:

Anxiety is defined as distress or uneasiness caused by perceived fear of danger. Often it is an abnormal and overwhelming sense of apprehension and fear that creates physiological signs. Sometimes a component of anxiety is the individuals doubt about the reality and nature of the threat; as well as, self-doubt about the individual's ability to cope with the perceived threat.

Symptoms are defined as something that indicates the existence of something else. Symptoms

can be something that can be felt or sensed only by the individual affected or something that can be visible to others.

Please note- this research focuses on childhood anxiety, which is different from the ‘normal’ and common feeling of nervousness. An anxious feeling for a child will not be in proportion to the situation, will be difficult for a child to control and the feeling will cause distress and impairment in functioning on some level that will be visible to the observer.

Your participation in this questionnaire is greatly appreciated. Your responses will provide me with valuable data for my research and for my continued work. Thank you in advance for taking the time to support this project.

Michelle Freeman

Masters of Education Student

Vancouver Island University

Michelle.freeman@gov.bc.ca

Rachel Moll, PhD, Supervisor

Faculty of Education

Vancouver Island University

Rachel.Moll@viu.ca

“Children are slipping through the cracks, without early treatment, children can miss school and fall behind and also miss out on developing valuable skills, including social skills...It’s not just that it gets in the way of their life, it gets in the way of their ability to develop appropriately” (Davey, 2014).

[Link to Questionnaire]