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## Mentoring Strategies for the Support of High School Students Experiencing Anxiety and Depression: A Case-Study of Two Catholic High Schools

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# **Mentoring Strategies for the Support of High School Students Experiencing Anxiety and Depression: A Case-Study of Two Catholic High Schools**



Honors Thesis

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Department: Teacher Education

Advisor: Mary-Kate Sableski, Ph.D.

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## **Abstract**

*There is a high prevalence of anxiety and depressive related disorders among adolescents ages 13-18 in the United States, and these statistics do not include the undiagnosed experiences of anxiety and depression that are typical during adolescence. This case study examines the supports provided for students experiencing anxiety and depression in two Catholic high schools. The aims of the study were to collect a list of strategies and interventions being used in Catholic high schools to address the needs of high school students experiencing anxiety and depression, and to investigate the use of mentoring opportunities through which teacher-student relationships can be developed. Faculty and staff members were surveyed and interviewed to gather specific information about strategies and mentoring opportunities employed. Themes among the data include the teacher roles of seeking knowledge, collaborating with parents and staff, modeling healthy coping strategies, and creating supportive environments to foster student openness.*



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## Chapter 1

### *An Introduction to the Research Study*

#### **Section 1: Background of the Problem**

According to the Forum on Child and Family Statistics, a key national indicator of well-being was released in 2016 showing that the percentage of children between the ages of 12 and 17 who had a major depressive episode during the past year grew from 9% to 11% in just ten years. Anxiety is often comorbid with depression and can cause or trigger depressive episodes. Together, anxiety and depression disorders affect almost half of adolescents experiencing mental health challenges in the United States today.

It has been roughly twenty years since initial attention has been drawn to mental health in the school setting, and just ten years ago, Catholic schools began looking at the growing diverse needs of the child and adolescent population, finding the need to restructure school practices to create a more inclusive school environment (Bello, 2006). Upon the turn of the century, significant research has developed for Catholic schools to become grounded in special needs instruction and practices. There is still a great need for research regarding the practices of Catholic schools to address mental health among students and the educational field must maintain a focus on this need (Frabutt, 2013). The question that follows is, how are Catholic schools currently addressing this pressing need? First, educators and school professionals must know of the effects of anxiety and depression on adolescents. The symptoms and effects of both categories of mental health disorders are listed and discussed in the following section of this chapter and in the first section of chapter 2. Of their many effects, one of the most consequential is the negative effect on the person's ability to develop healthy personal relationships with others. They

need extra support, especially when transitioning to high school, a time when they are vulnerable to new stressors, new judgments, and new social interactions. The years during high school are four of the most formative years of a child's life, and immense growth is experienced as adolescents mature into young adults. The most important lesson they can learn is that someone in their life cares about them, and there will always be at least one person out there to turn to. This points to a need for educators and school personnel to create time and space to foster personal and supportive relationships between teachers and students. In response to this need, mentoring opportunities of many sorts have been implemented into high schools. This Honors Thesis research will investigate the strategies and interventions used in Catholic high schools to support students experiencing anxiety and depression, and how additional support can arise from teacher-student mentoring opportunities. It will result in a collection of methods which can be applied to address the needs of students dealing with experiences of anxiety and depression.

The research study is designed as two case studies in two Catholic high schools to explore the ways in which Catholic high schools might address student experiences of anxiety and depression. Each school was surveyed and one faculty interview was conducted in each school regarding interactions with students experiencing anxiety or depression and the strategies employed in and outside of the classroom to address the students' needs. This research follows two questions: *What strategies or interventions are being used in Catholic high schools by faculty members to address the needs of high school students experiencing anxiety and depression? How can schools provide support for these students through teacher-student relationships developed through mentoring*

*opportunities?* This is a current topic for Catholic high schools and all high schools alike as the research on mental health in secondary education is young and the prevalence of mental health disorders among adolescents is on the rise.

## **Section 2: Definitions of Terms**

Anxiety: For the purposes of this study, the term *anxiety* will be kept unspecified to be all-inclusive. Although this study focuses on anxiety and depression specifically, the overall purpose to explore mental health services in schools through a multiple case-study approach allows the terms to be kept to their maximal definitions. Therefore, discussion is focused on common symptoms and their manifestations in the school place which can be due to any variety of causes. According to the Diagnostic Statistical Manual, Fifth Edition (DSM-5) published in 2013, there are twelve primary anxiety diagnoses, characterized by “features of excessive fear and anxiety-related behavioral disturbances,” with anxiety being an anticipation of future threat. Each disorder varies based on the cause of the fear or anxiety, and the resulting behavior or thoughts which occur (American Psychological Association [APA]). This category contains a greater range of diagnoses than the depressive disorder category, presenting a broader set of needs, but can be focused to Generalized Anxiety Disorder (GAD), the most representative form of anxiety disorders due to its versatility. This form of anxiety manifests especially in school settings as the symptoms include excessive worry about multiple events or activities, including school or work. GAD is also characterized by restlessness, fatigue, lack of concentration and mental clarity, irritability, muscle tension, and sleep disturbance (p. 222). The symptoms of GAD will be used as the basis for discussion about anxiety in this study, although all types of anxiety are included in the



data collection process and can be included in the population of the study's conclusions and implications. Other manifestations of anxiety include panic attacks, social anxiety, separation anxiety, mutism, and phobias.

At-risk: This term includes students who are more vulnerable to dropping out of school, lower employment or career success, substance abuse, misdemeanor, or any mental, social, physical, or behavioral problems (Dods, 2013). This term is most often used to describe students who are undiagnosed, but whose experiences and mental states put them at greater risk of similar lifestyle outcomes as those who are diagnosed with known disorders, hence the term, "at-risk." The term could also be used to describe students who are formally diagnosed, and therefore at a greater risk of these potential outcomes. Unless otherwise specified for statistical measures, the term "at-risk" will be used generically to describe students who are vulnerable to negative future events as listed above. *Another way to put this term into perspective is to contrast it with the term "high-achieving." Nonetheless, high-achieving students can also be experiencing anxiety and depression; therefore, the high-achieving population is included in the discussions and implications of this study.*

Cognitive Behavioral Therapy (CBT): Cognitive-behavioral therapy is "one of the best-validated forms of treatment for depression" (Andrews, 2010, vol.1). It is a form of psychotherapy that helps people recognize and change self-defeating thought patterns, combined with helping people identify and change maladaptive behaviors (Andrews, 2010, vol.1). There are five research-based steps to the cognitive-behavioral therapy process, as follows: identifying recurrent negative or harmful thoughts, identifying the connection between these thoughts and associated feelings and behaviors, examining the

evidence for and against the negative thoughts, replacing the unrealistic negative thoughts with more realistic thoughts, and finally, restructuring the beliefs at the core of the unrealistic thought-processes. The term *cognitive restructuring* follows from the final step of CBT.

Depression: According to the DSM-5, there are eight primary categories of depressive disorders, characterized by “the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function” (APA, 2013). The different variations of depressive disorders are distinguished by the amount of time the symptoms occur, when they occur, or the cause of the depression. The symptoms of depressive disorders range from outbursts of aggression to daily sadness, irritability, or feelings of emptiness, caused by a range of situations including climate or seasonal changes, hormonal imbalances, substance use or medications, and more. The most representative variety in the category of depressive disorders is major depressive disorder, which is defined by observation or report of daily depressive nature or irritability, lost interest in activities, weight loss, insomnia or hypersomnia, slowed motor movement, feelings of worthlessness, inability to concentrate or make decisions, recurrent suicidal thoughts or thoughts of death, and daily loss of energy. To address depression in this study, major depressive disorder is used as the foundation for symptoms and manifestations from which depression can be classified. However, the type of depression is unspecified for the data collection process and includes any case of depressive manner observable by school personnel.

Intervention: An intervention is instruction that is personalized for a particular student or group of students, designed to address a specific need. This term is used

alongside the terms *strategy* and *support* in this study. Using the term *intervention* often implies more intensive forms of support for individual students or instructional groups, while the term *strategy* implies more commonly used, less intensive supports..

Mental Health: Mental health is defined as “a state of emotional well-being and good behavioral adjustment” (Andrews, 2010). From an educator or school professional’s perspective, one must consider mental health a state as free of stress as possible. This definition of mental health defines the at-risk population as those who may not have a diagnosable disorder, but are not mentally healthy, and are vulnerable to the behaviors and outcomes similar to those who are diagnosed with specific mental health disorders (Adelman & Taylor, 2010, p.9).

Mentoring opportunities: Mentoring opportunities can be defined as any small or large moment within the school day during which a teacher can focus his or her attention on one student to address the mental, social, physical, emotional, or spiritual well-being of that student. For the purposes of this study, this term is inclusive of all intentional personal interactions, including conversations during situational opportunities such as homeroom or lunch, as well as scheduled mentoring times. In this study, mentoring opportunities are viewed through the lens of the development of personal relationships, which occurs from repeated interactions over time.

School connectedness: School-connectedness is a well-studied concept defined by Blum (2005) as “an academic environment in which students believe that adults in the school care about their learning and about them as individuals” (as cited in Dods, 2013). This term is relevant to the study because it has proven positive-outcomes for at-risk youth, including those with anxiety and depression. It will be mentioned and discussed in

the proceeding chapters of this study.

Stress: Stress is “the body’s automatic, protective response to a perceived threat or challenge—any situation that requires a sudden behavioral adjustment” (Andrews, 2010, vol.2). Additionally, “stress involves a heightened state of alertness, fear, or anxiety” and “it may trigger or worsen depression” (Andrews, 2010, vol.2).

### **Section 3: Limitations and Assumptions of the Study**

Because this research follows a case-study design, the conclusions that can be drawn are limited to the specific situation of the study. The research is also limited to its age-range of high school adolescents, leaving out a significant portion of younger adolescents who are also affected by anxiety and depression in similar ways. However, because of the similarities in the manifestation of anxiety and depression in both younger and older adolescents, many of the strategies and interventions could be generalized to younger grades. Another limitation is the spectrum of symptoms and diagnoses for anxiety and depressive disorders. This study does not limit the focus to one diagnosis of anxiety or depressive disorders, and the symptoms widely vary and manifest differently in each individual, causing it to be difficult to explore all possible strategies. This study is only looking at the strategies that are being used in two particular schools so the results will not include an exhaustive list of supports to be used in schools. The research data were not focused on one faculty position, but were inclusive of all faculty and staff members in the schools, creating a more varied pool of responses. Finally, the study simply explored current strategies in specific high schools because of its undergraduate level of research. It would be outside of the availability of time and resources to evaluate the effectiveness of strategies and interventions, but this would be a desirable component.

Following this limitation was the selection of survey and interview subjects, which are limited to faculty and staff members, rather than involving student perspectives.

#### **Section 4: Summary of Chapter 1**

Mental health in schools is currently a topic of high-demand in educational research. The number of adolescents in the United States with mental health disorders, especially anxiety and depressive disorders, is increasing each year. The situation must be responded to in schools, and calls for an exploration of the interventions and strategies that are being used to address mental health needs. Although those affected experience unique causes, symptoms, and variations of anxiety and depression, the first step in addressing their needs is to focus the attention of educators and educational practices towards this population of adolescents. This study brings every-day curriculum, interactions, time, and space into a lens of providing for those who are affected by anxiety and depression. It is designed as a case study of two Catholic high schools and employs a faculty-survey and two interviews to gather a list of both formal and informal practices used to reinforce students with anxiety and depression. The parameters of this study leave many factors unspecified, such as the inclusion of all faculty members in the data, and the inclusion of all variations of anxiety and depressive disorders and the possibility of comorbidity with other mental health disorders. It is also limited by the perspective of school personnel, omitting student testimony as a point of data. Despite these limitations, the study may become more applicable to a wider variety of situations and a wider population of students than intended.

#### **Section 5: Research Questions**

The questions guiding the research are: *What strategies or interventions are being*

*used in Catholic high schools by faculty members to address the needs of high school students experiencing anxiety and depression? How can schools provide support for these students through teacher-student relationships developed through mentoring opportunities?*

## Chapter 2

### *Review of the Literature*

#### Section 1: Prevalence and Gravity of Anxiety and Depression Among Adolescents

In 1999, the Surgeon General's report on Mental Health stated that 20% of adolescents ages 9-17 had a mental health disorder. More recently, in 2012, a report on suicide prevention and action released information of 16% of high school aged adolescents considering suicide and 7.8% attempting within the past year of the report. These and the National Comorbidity Survey-Adolescent Supplement in 2001 (see Table 2), are the most recent large-scale reports of the mental health condition of adolescents in the United States, showing that anxiety and mood disorders affect the largest percentage of adolescents with mental health disorders.

Source: Merikangas et al., 2010.

**TABLE 2** Lifetime Prevalence of DSM-IV Disorders by Sex and Age Group and Severe Impairment in the National Comorbidity Survey-Adolescent Supplement (NCS-A)

DSM-IV Disorder	DSM-IV Disorder												Adolescents with Severe Impairment	
	Sex				Age									
	Female		Male		13-14 y		15-16 y		17-18 y		Total			
	%	SE	%	SE	%	SE	%	SE	%	SE	%	SE	%	SE
<b>Mood disorders</b>														
Major depressive disorder or dysthymia	15.9	1.3	7.7	0.8	8.4	1.3	12.6	1.3	15.4	1.4	11.7	0.9	8.7	0.8
Bipolar I or II	3.3	0.4	2.6	0.3	1.9	0.3	3.1	0.3	4.3	0.7	2.9	0.3	2.6	0.2
Any mood disorder	18.3	1.4	10.5	1.1	10.5	1.3	15.5	1.4	18.1	1.6	14.3	1.0	11.2	1.0
<b>Anxiety disorders</b>														
Agoraphobia	3.4	0.4	1.4	0.3	2.5	0.4	2.5	0.4	2.0	0.5	2.4	0.2	—	—
Generalized anxiety disorder	3.0	0.6	1.5	0.3	1.0	0.3	2.8	0.6	3.0	0.5	2.2	0.3	0.9	0.2
Social phobia	11.2	0.7	7.0	0.5	7.7	0.6	9.7	0.7	10.1	1.0	9.1	0.4	1.3	0.2
Specific phobia	22.1	1.1	16.7	0.9	21.6	1.6	18.3	1.0	17.7	1.3	19.3	0.8	0.6	0.1
Panic disorder	2.6	0.3	2.0	0.3	1.8	0.4	2.3	0.3	3.3	0.7	2.3	0.2	—	—
Post-traumatic stress disorder	8.0	0.7	2.3	0.4	3.7	0.5	5.1	0.5	7.0	0.8	5.0	0.3	1.5	0.2
Separation anxiety disorder	9.0	0.6	6.3	0.5	7.8	0.6	8.0	0.7	6.7	0.8	7.6	0.3	0.6	0.1
Any anxiety disorder	38.0	1.4	26.1	0.8	31.4	1.9	32.1	1.0	32.3	1.7	31.9	0.8	8.3	0.4
<b>Behavior disorders</b>														
Attention deficit hyperactivity disorder	4.2	0.5	13.0	1.0	8.8	0.9	8.6	0.8	9.0	1.1	8.7	0.6	4.2	0.4
Oppositional defiant disorder	11.3	0.9	13.9	1.2	12.0	1.2	12.6	1.3	13.6	1.4	12.6	0.9	6.5	0.7
Conduct disorder	5.8	1.1	7.9	1.2	4.4	1.2	7.5	1.2	9.6	1.3	6.8	0.9	2.2	0.4
Any behavior disorder	15.5	1.2	23.5	1.6	18.2	1.5	19.5	1.7	21.9	1.8	19.6	1.2	9.6	0.8
<b>Substance use disorders</b>														
Alcohol abuse/dependence	5.8	0.5	7.0	0.6	1.3	0.3	6.5	0.6	14.5	1.2	6.4	0.4	—	—
Drug abuse/dependence	8.0	0.8	9.8	0.8	3.4	0.6	9.7	0.9	16.3	1.5	8.9	0.7	—	—
Any substance use disorder	10.2	0.9	12.5	0.8	3.7	0.6	12.2	0.9	22.3	1.6	11.4	0.7	—	—
<b>Other</b>														
Eating disorders	3.8	0.4	1.5	0.3	2.4	0.4	2.8	0.3	3.0	0.4	2.7	0.2	—	—
Any class <sup>a</sup>	51.0	1.4	48.1	1.6	45.3	2.1	49.3	1.9	56.7	2.7	49.5	1.2	22.2 <sup>b</sup>	1.0
1 class	30.3	1.3	30.3	1.3	31.2	1.8	29.4	1.4	30.4	2.3	30.3	0.9	16.2	0.6
2 classes	12.6	0.9	12.1	1.2	9.2	1.0	13.0	1.3	16.5	1.7	12.4	0.9	5.2	0.7
3 or 4 classes	8.1	1.1	5.7	0.6	5.0	1.1	6.9	0.9	9.9	1.3	6.9	0.7	0.8	0.2

Note: <sup>a</sup>Excludes eating disorders.  
<sup>b</sup>Excluding substance use disorders [with substance use disorders: any class = 27.6 (1.0); 1 class = 18.1 (0.7); 2 classes = 6.7 (0.5); 3 or 4 classes = 2.9 (0.6)].

Note: <sup>a</sup>Excludes eating disorders.

<sup>b</sup>Excluding substance use disorders [with substance use disorders: any class = 27.6 (1.0); 1 class = 18.1 (0.7); 2 classes = 6.7 (0.5); 3 or 4 classes = 2.9 (0.6)].

Furthermore, these statistics do not include adolescents experiencing symptoms without a formal diagnosis. It can be surmised that the next report to appear might have higher numbers, but it is the hope of educators and all professionals who work with youth that the numbers will start to decline in the upcoming decade. For this to happen in the school place, research is calling to educational professionals to work hard to address the needs of this population of youth.

The high prevalence of anxiety and depression in adolescence is a command for attention to be given to this population. However, the weight of these numbers is revealed in the symptoms and dire effects of anxiety and depression on the functioning of adolescents in all aspects of their lives. Before educators and school personnel can begin to address the needs of students with anxiety and depression, the symptoms and behaviors which students experience and display must be well-known and recognized. Mental health interventions are most effective when the provider has a clear understanding of the nature of the disorder and its impact on school and classroom demands (Dikel, 2014, p.137). According to the DSM-5, Generalized Anxiety Disorder (GAD), the most representative form of anxiety disorders, manifests especially in school settings (APA, 2013). The symptoms include excessive worry about multiple events or activities, including school or work. GAD is also characterized by restlessness, fatigue, lack of concentration and mental clarity, irritability, muscle tension, and sleep disturbance. Depression is characterized by “the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function” (APA, 2013). The symptoms of depressive disorders range from outbursts of aggression to daily sadness, irritability, or feelings of emptiness, most



commonly represented by major depressive disorder, which is defined by observation or report of daily depressive nature or irritability, lost interest in activities, weight loss, insomnia or hypersomnia, slowed motor movement, feelings of worthlessness, inability to concentrate or make decisions, recurrent suicidal thoughts or thoughts of death, and daily loss of energy. Although anxiety and depression as symptoms of stress can and should be treated differently from depression and anxiety as diagnosed disorders, they manifest in similar ways and are often triggered by similar circumstances, and students experiencing any anxious or depressive symptoms need teacher support (Sink & Ingelman, 2004, p. 186).

Because anxiety and depression most commonly manifest as internalizing disorders with symptoms triggered by stress, the way in which adolescents learn to cope with their symptoms is extremely important. Many adolescents naturally deal with their symptoms through practices of avoidance coping, also described as emotion-based coping (Herres, 2015; Suldo, Shaunessy, & Hardesty, 2008). These forms of coping are focused on easing the painful experience of symptoms, such as feelings of worthlessness or extreme worry, and often result in substance use or repression of feelings. As a result, low self-esteem, long-term stress, and more extreme negative thoughts can build up within the student (Herres, 2015). The resulting cycle of stress provokes and perpetuates the negative symptoms. This can affect the quality of student work due to a lower concept of ability and achievement, behavioral problems can arise, and students may socially isolate themselves (DeSocio & Hootman, 2004). Students with anxiety and/or depression tend to show lower school attendance or have trouble maintaining focus and attention. These disorders can affect appetite, which in turn affects stamina and cognitive functioning. The

serious consequences of unmanaged anxiety and depression point to the need for schools to personally address all students' needs and show support that can improve students' lives in multiple domains. Table 3 shows common symptoms of anxiety and depression and their effects on school functioning.

**Table 3:** Source: Crundwell & Killu, 2010.

Characteristics of Depression in Adolescents	What It Looks Like in School
Decreased self-esteem and feelings of self-worth	Self-deprecating comments
Mild irritability	Defiance with authority figures, difficulties interacting with peers, argumentativeness
Negative perceptions of student's past and present	Pessimistic comments, suicidal thoughts
Peer rejection	Isolation, frequent change in friends
Lack of interest and involvement in previously enjoyed activities	Isolation and withdrawal
Boredom	Sulking, noncompliance
Impulsive and risky behavior	Theft, sexual activity, alcohol or drug use, truancy
Substance abuse	Acting out of character, sleeping in class

Teachers may have trouble identifying symptoms of anxiety and depression, which is why it has been common for students who deal with these disorders to go unnoticed and unattended (Allison, Nativio, Mitchell, Ren, & Yuhasz, 2014). Not only are most symptoms internal and invisible, but students often try to cover up their symptoms to hide their differences from peers and the appearance of symptoms can change, disappear, or reappear based on the environment (Dikel, 2014, p.130). School personnel must strive to understand and learn to detect signs of developing anxiety and depression such as internalization of stress, as well as the complications that can come about from the comorbidity of anxiety and depression (Zahn-Waxler, Klimes-Dougan, & Slattery, 2000). Anxiety and depression themselves can be symptoms of other mental health diagnoses, and thus, mental health disorders are complex and conceive in numerous combinations of symptoms. According to Young, Makover, Cohen, et al. (2012), studies have shown that treatments such as cognitive-behavioral therapy focused

on depression outcomes can also improve anxiety, however, they have not always been proven to be successful in addressing both areas of need. As a result, interventions cannot be categorized by diagnoses, but must be recreated for each individual from a bank of mental health intervention strategies (Dikel, 2014, p.129). Mental health disorders do not follow a rigid “if...then” pattern, and therefore, mental health interventions cannot be approached in that way. Rather, mental health interventions require that the faculty or staff member has a true understanding of the nature of mental health disorders (Dikel, 2014). For example, knowing that “anxiety, like fear, is associated with scanning the environment in anticipation of potential threat, [while] depression involves reflective consideration of events that have led to failure and loss” allows one to understand how symptoms may come about differently according to individual student’s sensitivities and perceptions, creating different emotional reactions such as a negative thoughts and dispositions towards oneself, others, environments, and events (APA, 2013; Zahn-Waxler, et al., 2000). Along with a comprehensive understanding of mental health disorders and their symptoms, school faculty and staff must appreciate and respect a student’s experiences and needs (Dikel, 2014). Carefully observing how a student’s current state of mental health has evolved as they have grown as well as considering how it may affect their future can guide strategic intervention, because it points the interventions towards student success (Zahn-Waxler, et al., 2000). It is most important to choose interventions aimed to increase social and emotional competencies so that a student can successfully navigate challenges and life experiences. It is common that skills-based interventions are overlooked by pressure put on faculty to assure that students pass their classes and graduate on time (Dikel, 2014, p.139). A greater

understanding of anxiety and depression in the school environment may increase awareness and attention to students with these experiences and drive school staff to develop appropriate supportive relationships with students and specific interventions or strategies for reaching the needs of these students. It is important that, especially at the high school level, students are involved in the process of deciding formal and informal interventions (Adelman & Taylor, 2010, p. 153). With a knowledge base of mental health disorders and a respectful disposition towards students' unique situations, school personnel can develop the ability to determine appropriate interventions for each student.

## **Section 2: Strategies to Address the Needs of Adolescents Experiencing Anxiety and Depression within the School Environment**

According to Adelman and Taylor (2010), there are several different modes, of which most schools use a variety, to address mental health needs in schools. Of these five are student support services within the school, a school-district mental health unit, connections with community mental health services, classroom curriculum with special interventions, and comprehensive integrated approaches. Regarding classroom curriculum and special interventions, there are countless interventions and strategies employed by schools across the country. Classroom teachers are not trained or expected to provide focused and professional mental health services such as counseling, but this does not leave them empty-handed. Because they spend a considerable amount of time with students each day, compared to administrators and other schools staff, teachers are responsible for responding to symptoms and preventing heightened experiences of anxiety and depression by observing and monitoring behaviors daily, teaching social and emotional skills in the classroom, and communicating with other school professionals to

meet student needs (Dikel, 2014, p.175). The literature reveals many types of strategies and interventions teachers can implement in the classroom to address the needs of students experiencing anxiety and/or depression. The interventions can be categorized as: coping strategies, relaxation and stress reduction techniques, and self-management/other classroom strategies. Most of these interventions fall into a broader category of social-emotional learning, frequently referred to as SEL. SEL involves skills-based training, which is suggested to address a wide range of functioning, such as coping with stress, solving problems, self-monitoring emotions, improving organization, and learning relaxation techniques (Dikel, 2014, p.135). Even if implemented with a specific group of students in mind, such as students with anxiety, SEL results in meeting the mental health needs of all students (Dikel, 2014, p.230). SEL strategies can be implemented during instructional time, and involve engaging students in positive, cooperative activities in and outside of the classroom. The primary focus areas of SEL are self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (Adelman & Taylor, 2010, p. 115; Dikel, 2014, p.229).

**Coping strategies.** One intervention that could be implemented into a general classroom, a group-therapy/advisory session, or an individual mentor-mentee meeting is the explicit teaching of problem-solving strategies (also called approach strategies), as opposed to the avoidance or emotion-based coping strategies that occur naturally as part of the internalizing symptoms of anxiety and depression (Herres, 2015; Suldo et al., 2008). As there are many stressors during adolescence due to constantly-changing environments and increasing pressures and expectations, approach coping strategies are an effective prevention for stress and the resulting symptoms of anxiety and depression

(Barber & Olsen, 2004; Herres, 2015). Approach strategies include explicit teaching and practice of: active problem-solving; recognizing the need for emotional support and seeking it out; and cognitive restructuring, the process of learning to identify and work to dispel irrational or harmful thoughts (“Cognitive Restructuring,” 2017; Herres, 2015). These strategies can promote positive mental health and eliminate build-up of internalizing symptoms. Seeking spiritual guidance is another way in which students can approach their symptoms in a healthy manner, and one which is nourished in a unique way within Catholic schools (Suldo, et al., 2008).

**Relaxation and stress-reduction techniques.** Along with cognitive restructuring, meditation and mindfulness are ways to redirect one’s mind towards more positive and realistic thoughts. Using meditation is helpful for students with depression and anxiety to get rid of negative thoughts and unneeded worries, while mindfulness, the practice of being aware of the present, is helpful for students experiencing anxiety, even amidst panic attacks, to ground themselves in the present sensory stimuli around them (R. Merces, personal communication, February 17, 2017). In a Catholic school, Christian meditation can be used to achieve mindfulness and provide an opportunity for students to re-center themselves and experience moments of silence (Catholic Association of Religious and Family-Life Educators of Ontario, 2014). Research shows that this type of spiritual meditation, commonly called transcendental meditation, is the most effective relaxation technique for reducing anxiety, among other forms of meditation (Orme-Johnson & Barnes, 2014). Establishing quiet moments throughout the school day is shown to reduce stress, and using these quiet moments to refocus a student’s mind towards positive thinking and relaxation is a strategy for reducing the effects of anxiety and depression on

a student's mental state. As a result of these practices, students report to be less anxious, less restless, and even report stronger friendships (R. Mercs, personal communication, February 17, 2017).

**Self-management and other classroom strategies.** Many strategies or interventions which can be used in the classroom have been suggested in the literature as well. The following chart identifies strategies or interventions and their function for addressing the needs of students experiencing anxiety or depression.

Strategy/Intervention	Function	Source
Facilitating positive goal-writing, frequently checking in to discuss progress, reevaluating and writing new goals	<ul style="list-style-type: none"> <li>Encourages the student to practice self-monitoring</li> <li>Using positive language develops positive self-image to combat negative self-esteem or feelings of low self-worth</li> <li>Student experiences success</li> </ul>	Crundwell & Killu, 2010
Providing self-management checklists	<ul style="list-style-type: none"> <li>Allows student to keep themselves on-task</li> <li>Provides students with a visual depiction of organizational skills and accomplishments</li> <li>Aids memory of progress on a task</li> </ul>	Crundwell & Killu, 2010
Confirming that the student has recorded homework assignments correctly and providing clear and written directions for assignments	<ul style="list-style-type: none"> <li>Reduces anxiety or worry about whether an assignment was done correctly or when it is due</li> </ul>	Dikel, 2014; R. Mercs, personal communication, February 17, 2017
Frequent break-time during class periods	<ul style="list-style-type: none"> <li>Responds to students who may have lower energy levels due to depression</li> </ul>	APA, 2013; Crundwell & Killu, 2010
Recording lectures	<ul style="list-style-type: none"> <li>Reduces anxiety over missed content</li> <li>Eases troubles with memory</li> </ul>	APA, 2013; Crundwell & Killu, 2010
Providing substantial opportunity for cooperative learning during class	<ul style="list-style-type: none"> <li>Promotes social interaction</li> <li>Can (if planned and facilitated accordingly) ensure positive attention for students with depression or anxiety who may not give themselves</li> </ul>	Crundwell & Killu, 2010

periods/Intentional grouping	positive attention or may frequently reject it from others	
Incorporating interest-based activities into classroom curriculum	<ul style="list-style-type: none"> <li>Can nourish the interests of students with anxiety and depression who are more susceptible to losing interest in previously enjoyable activities and quitting their involvements</li> </ul>	Crundwell & Killu, 2010
Seating a student with their back to the wall or in the corner of the room (Used with discretion in consideration of the particular student's needs)	<ul style="list-style-type: none"> <li>Eliminates distractions caused by anxiety and depression or self-consciousness which can cause anxiety and depression</li> </ul>	A. Theodore & R. Mercs, personal communication, February 17, 2017
Highly structured/predictable classroom routine	<ul style="list-style-type: none"> <li>Reduces anxiety about unknown</li> </ul>	Dikel, 2014
Developing personal signals for individual students' particular needs, for example, when a student feels an oncoming panic attack	<ul style="list-style-type: none"> <li>Respects student's privacy</li> <li>Allows student to recognize his/her own needs and learn to ask for help</li> <li>Does not disrupt the classroom environment</li> </ul>	Dikel, 2014; A. Theodore & R. Mercs, personal communication, February 17, 2017
Allowing flexible personal deadlines on homework assignments or projects (Used with discretion in consideration of the particular student's needs)	<ul style="list-style-type: none"> <li>Can reduce anxiety over deadlines and increase likelihood that assignments will be completed (if expectations are clearly stated)</li> </ul>	Dikel, 2014
Providing frequent positive feedback on academic effort or behavior	<ul style="list-style-type: none"> <li>Increases positive self-esteem</li> <li>Increases self-awareness</li> </ul>	Dikel, 2014
Creating leadership roles in the classroom for students with anxiety or depression	<ul style="list-style-type: none"> <li>Can increase self-esteem</li> <li>Increases responsibility to self and others</li> </ul>	Adelman & Taylor, 2010; Jones, 2004
Picture charts or other visual frames to provide emotional awareness and regulation	<ul style="list-style-type: none"> <li>Serves to increase emotional and mental awareness so student can regulate his or her thoughts and behaviors and cope with anxiety or depression</li> </ul>	Dikel, 2014; Dubrowski, 2017



Provide a greater length of time for student to respond to verbal questioning/prompting	<ul style="list-style-type: none"> <li>• Can reduce social anxiety or anxiety symptoms caused by external pressure to respond</li> </ul>	Dikel, 2014
Model positive self-talk	<ul style="list-style-type: none"> <li>• A form of SEL to provide an example which student can emulate to develop a more positive self-image</li> <li>• Can become a coping mechanism or motivational/focus strategy for the student</li> </ul>	Dikel, 2014

Each of these interventions require extra attention from teachers through progress monitoring, feedback, and individualized scaffolding, as well as a faculty who are knowledgeable about the signs of anxiety and depression and have a toolbox of strategies to try in order to support their students in a collaborative fashion.

**A comprehensive, integrated approach to addressing mental health concerns.** A comprehensive format is one that includes supports and strategies in a holistic fashion within the curriculum (Adelman & Taylor, 2010). It can employ a mixture of each of the previous formats and creates a direction of steps to take for each individual student's needs. UCLA's Center for Mental Health in Schools and Student Learning Supports advocates for a comprehensive approach to learning supports that includes mental health needs, such as a tiered system for providing levels of support to all students in order to reach the wide variety of needs among students (Adelman & Taylor, 2011). This approach views not only classroom instructional opportunities, but recreational clubs, service-learning opportunities, intramural sports, and committees to constantly develop the school environment, through the lens of the mental health needs of the student body (Adelman & Taylor, 2014, p. 157). Additionally, a system of teacher-student mentoring can be employed to develop and foster personal relationships for greater mental health in

schools, which is one focus of this thesis research. Teachers of adolescents have the advantage of spending large quantities of time each day with these students, which allows them to know their students well, and develop natural relationships during transitions, before or after school, or during advising periods and breaks (Adelman & Taylor, 2014, p. 117). Students need someone to check-in with each day and a faculty member whom they encounter frequently who can help them cope with stressful experiences (Dikel, 2014, p. 150). It is important for students to trust faculty and staff members and to feel comfortable seeking help in the school environment, which can be developed and nourished within mentoring opportunities, both formal and informal.

### **Section 3: Mentoring Opportunities and Relationship Development**

With regards to the second research question, there is a variety of literature on mentoring opportunities which can provide personal support through teacher-student relationships. In a study by Young et al. (2012), the use of interpersonal skills training reduced both anxiety and depressive symptoms equally in adolescents with comorbid anxiety and depression, showing the need and great benefits of personal relationships in adolescents' lives. Additionally, positive communication has been a key component in the research of mental health treatment, as it enhances relationships and improves one's ability to express needs and release negative thoughts in appropriate ways (Suldo, et al., 2008). This provides a rationale for a focus on the development of positive relationships both among teachers and students as well as students and their peers.

According to Barber and Olsen (2004), in a study of the effects on students of transitions to middle and high school, many students, upon entering high school, reported a greater need for school organization, a feeling of less support from teachers and staff,

lower self-esteem, and greater depression. On the contrary, students who feel more connected to their school are less vulnerable to negative and distressed emotions, and rather, experience a sense of belonging, belief that teachers care about them and their learning, better friendships, and participation in extracurricular activities among other positive outcomes (Dods, 2013). It is extremely important, then, that students (especially new students) feel supported and involved within the school environment right away. The key to establishing this rapport between the school and the student, and thereby decreasing self-deprecating thoughts and behaviors, is quality relationships between the faculty/staff and the students (Barber & Olsen, 2004; Dods, 2013). According to Dods (2013), “teacher-student relationships play a critical role in supporting the learning and well-being of students with mental health problems.” Additional studies have been conducted on managing mental health difficulties and have resulted in themes of relationships, caring, and respect (Cothran, 2003 as cited in Dods, 2013). This shows that students desire personal connection and need to feel that they are cared about. According to Dikel (2014), relationships with older peers can ease anxiety, which are developed and fostered within the House System mentioned below.

It can be a challenge to develop connections with students experiencing depression or anxiety due to their socially isolating effects. Students with anxiety or depression are more likely to lose touch with their friends and pull away from social opportunities, which is reason to take on the challenge of pursuing a positive relationship within the school setting. The most successful relationships are developed over time and exist in multiple settings (Hurd & Zimmerman, 2014). To reemphasize, teachers have many small opportunities throughout the day which other school professionals do not, to

check-in with students and nourish relationships. Personal relationships can be developed in natural manners, such as a simple hallway greeting, active listening, or affirming the notice of absences (Dods, 2013). Both informal and formal relationships have potential of being valuable to students, and mentoring opportunities can arise from any positive relationship between a school faculty member and student. Mentoring opportunities allow teachers to model and teach relationship-building skills with others and can increase the positivity of other relationships in the student's life (Hurd & Zimmerman, 2014). Having an adult to bounce emotions and thoughts off of can provide adolescents with more positive perspectives and greater clarity, and most often, the majority of adults which students are familiar with, if not their only exposure to adults, are school faculty. This is an opportunity for educators to intentionally pursue mentoring relationships and encouragement to take advantage of opportunities to invest in a student's well-being on a more personal level.

Opportunities for one-on-one mentoring allows relationships to become more personally supportive. In a study by Hurd and Zimmerman (2014), the greater the amount of trust and interpersonal closeness a student felt within a relationship, the greater was their psychological well-being. Effective mentoring can make all the difference for students, as the support they feel from their teachers can lead to more positive functioning both in and outside of the academic realm (Barber & Olsen, 2004). Mentoring provides students with a role model to look after, social support, and a healthy relationship which they may not have had prior (Keating et al., 2002). It is so important that the mentor teacher focus on the student—his/her interests, personality, talents and strengths, etc.—and not view the student as his/her mental state (Dikel, 2014, p. 125).

Anxiety and depression can come and go, and relationships will form much more organically, last longer, and affect a student more positively if the teacher knows the student beyond one's mental illness. Mentoring relationships also benefit the teacher in the mentor role, creating opportunities to support the student in the classroom based on personal knowledge of the student's needs and situation (Garza, 2012).

Mentoring relationships have been shown to have numerous positive outcomes for many populations of youth. Strong relationships with teachers have been shown to benefit youth with multiple different risk profiles (varied combinations of mental health disorders, symptoms, and behaviors leading to negative outcomes) (Herrera, DuBois, & Grossman, 2013). In a study conducted by Rodriguez-Planas (2012) on the *Longer-term impacts of mentoring, educational services, and learning incentives*, it was found that the sample of high school grads who received mentoring services as well as educational and financial need services resulted in lower illegal activity, teen pregnancy, and welfare reliance during late teens, mid-twenties, and early thirties. Mentoring can reach the majority of adolescents regardless of their situation, but has been proven to have the most significant effects on depression and social well-being (Herrera, et al., 2013). Establishing positive relationships with students can create reciprocal positive attitudes in the classroom, allowing the teacher to focus with a positive disposition on more intensive situations that may arise among students with anxiety or depression.

One format involving mentoring processes, which is becoming especially popular within Catholic schools, is the House System. House Systems are implemented with the intention of creating community through fostering personal relationships among students and providing students with faculty mentors (Brennan, 2013). The House System is a

comprehensive format providing students with a sense of greater purpose through the opportunity for relationship-development with teachers and peers across grade-levels, which meets one of the primary needs for students with depression and can be a resource for students with anxiety.

#### **Section 4: Relevance to the Catholic School**

Catholic schools are still in the process of developing protocol for addressing the special needs of students with disabilities. Unlike public schools, they are not bound by the same public law policies of the federal government, and they do not follow district governance patterns. This explains the varied protocol among Catholic schools in responding to and preventing anxiety and depression. In a survey of special education services among 300 Catholic high schools in 2006, 92.6% of schools reported classroom accommodations, 20.4% reported mentoring services, and 68.5% provided counseling services (Bello, 2006). 27.8% of the schools involved in the survey had populations of students with emotional disabilities, which is the category inclusive of anxiety and depression within the federal special education mandates. In another 2006 survey of over 1,000 schools, of which 18.3% were high schools and 12.9% were Catholic, Catholic high schools reported to be less likely to have a school nurse, a health services coordinator, and relationships with health care organizations in the community (Balaji, Brener, & McManus, 2010). Catholic schools were less likely to have a full-time counselor, psychologist, or social worker, and had fewer mental health policies and programs than public schools; however, Catholic schools were more likely to have personal crisis response plans, and this could signify a strength of the Catholic school: more opportunities for personalization within the school environment. While Catholic

high schools should continue to rely on both classroom-based methods as well as increase the presence of mental health professionals and partnerships, using mentoring to address student needs could draw on a natural strength of the Catholic school and holds great potential.

A Catholic education is set apart by its particular mission to educate each person as a whole—nourishing physical, mental, intellectual, social, emotional, and spiritual needs (Frey, Pedrotti, Edwards, & McDermott, 2004; Frabutt, 2013). Catholic schools strive for their students to gain a sense of meaning in their lives, which can be a special challenge for those experiencing anxiety and depression—which often counteract efforts to feel self-worth, meaning, and belonging. However, spirituality has been correlated with health improvements, including mental health and coping with stress, and provides students with motivation for positive growth (Frey, et al., 2004). Catholic schools can provide spiritual experiences through multiple opportunities, such as transcendental meditation, as mentioned previously. Another variable in mental and emotional well-being is hope, which is associated with high self-esteem, good coping skills, and self-efficacy (Frey, et al., 2004). Catholic schools can provide their students with hope through the lens of spirituality and religion.

Faith and spirituality provide a person with guidelines to look inward upon one's thought processes, which are extremely important skills in increasing mental health. Educators can go to great lengths to prevent stress, anxiety, or the triggering of students' symptoms, but these internalizing disorders rely on the interpretation of stimuli and information in the environment; therefore, providing adolescents with coping skills and personal strategies should be the focus. There are many common Catholic practices that

can be encouraged and implemented into Catholic schools, including prayer, self-examination, and discernment (White, 2017). Discernment processes can take pressure off the decision-making process through the involvement of prayer, and provide structure for students to work through their thoughts. Self-examination has similar benefits to meditation, allowing students to reflect on experiences and set new resolutions and personal goals (White, 2017). A more concrete strategy to use in a classroom is a frequent evaluation of one's mental and emotional states using a visual, such as a continuum of emoticons or a color scheme, or any other format one can use to identify one's state of being (Dubrowski, 2017). Self-awareness is an important step in the coping process, and can be encouraged through daily spiritual practices.

## **Section 5: Summary of Chapter 2**

The prevalence of anxiety and depression has been on an incline throughout the most recent decades, affecting almost half of all adolescents experiencing mental health disorders in the United States, yet this report does not include adolescents experiencing symptoms of anxiety or depression with no formal diagnosis. The challenges adolescents face manifest in many unique ways, but generally appear the same—whether the cause be stressors or trauma, whether they manifest as independent or comorbid diagnoses. The symptoms most commonly manifest internally, building on thoughts, perceptions, and attitudes. Therefore, the individual experiencing the symptoms must learn healthy coping strategies, which can pull them out of the mindset the anxiety or depression may trap them inside of. Feelings of excessive worry, sadness, and worthlessness are common internal effects of anxiety and depression, which cause external symptoms such as loss of sleep and fatigue, inability to concentrate, change in eating habits, weight loss, and even



loss of interest in activities and relationships. There are many strategies which can be implemented into a classroom setting to ease the severity of symptoms for individuals experiencing anxiety or depression. However, teachers must act to become an advocate for relationship-building, and a mentor who can exemplify and encourage healthy coping strategies for their students. Teacher mentors can establish a model of positive communication for individuals coping with anxiety or depression, so that students might share their needs and find appropriate help. Mentoring relationships can also increase the likelihood that students receiving the mentoring will engage in relationships with peers and other figures in their lives. Establishing positive relationships with teachers can encourage students to participate more fully in the classroom and in extracurricular activities due to a sense of worth and acceptance.

The Catholic School is built upon the mission to nourish individuals as whole persons—mind, body, and spirit. Through this mission, Catholic schools are set apart to place value on the well-being of the persons which make up the school place. This mission is an asset for Catholic schools to advance in addressing the needs of students undergoing mental health challenges, including anxiety and depression. Catholic schools can take advantage of the spiritual dimension in bringing worth and belonging to its students, especially those who feel worthless and isolated because of their mental health challenges. Spiritual nourishment can provide a person with tools to achieve self-awareness, processes for clarity in decision-making, and foundations for purpose and belonging, which can equip one who struggles with anxiety and depression to find passion for lifelong growth and live in right relationship to self and others.

## Chapter 3

### *Methodology*

#### **Section 1: Review of the Research Question**

*What strategies or interventions are being used in Catholic high schools by faculty members to address the needs of high school students experiencing anxiety and depression? How can schools provide support for these students through teacher-student relationships developed through mentoring opportunities?* The purpose of the research is to identify strategies or interventions that can be used to meet the needs of high school students experiencing anxiety and depression. This thesis research provides an overview of the strategies faculty members in two Catholic high schools currently employ throughout the school day, and focuses on using mentoring opportunities to strengthen and develop strategies or interventions as well as to establish positive relationships with students to meet their needs. This research has relevance to the teacher education population because of the increasing prevalence and gravity of mental health disorders among adolescent youth. This study calls the topic to attention and provides ideas and direction for teachers to continue to address the needs of their students who are experiencing anxiety and depression.

#### **Section 2: Setting**

This study takes place within two Catholic high schools—which will be referred to as School A and School B—located in a mid-sized city in the Midwest. The student body of School A consists of approximately 750 students. 98% of graduates go on to receive formal education. There are 53 faculty members employed in School A, of whom 75% have an advanced degree. The student body of School B consists of near 700

students. Of this number, 81% receives some form of financial assistance and/or scholarships. 97% of graduates have continued formal education. There are 54 teaching faculty members and 41 administrative and additional staff members employed by or in partnership with the school, 76% of whom have a Master's Degree or beyond. Both schools provide many opportunities for extracurricular involvement in clubs and activities, and offer retreats at each grade level as well as opportunities for participation in service experiences, liturgy and sacraments, and other opportunities for faith enrichment.

This research was completed by an undergraduate student in the Department of Teacher Education at a comprehensive university in Ohio with approximately 8,000 undergraduate students. The interviews involved in the data collection took place in multiple formats and settings. The interview at School A was conducted face-to-face in the classroom of the faculty members at the school of employment. The interview at School B was conducted over the phone at the end of the school day during the month of May. The interviews strictly involved the undergraduate research student and a school faculty member. The face-to-face and phone interviews lasted around twenty minutes. The interviews were accompanied by a survey sent over email to all faculty and staff members at both high schools and a search of each school website.

### **Section 3: Research Design**

This is a qualitative study using a multiple case-study analysis to interpret the data. The population of students experiencing anxiety or depression in each of the high schools is the focus population of each case study, with the end result being a cross-case analysis to provide generalizations of which strategies are most commonly used by

Catholic high schools to address the needs of the focus population. Due to the open-ended nature of the data collection process, the study is qualitative by design. The surveys, interviews, and website data were all analyzed through a coding process to find relevant themes in the data. Within the survey data, there are quantitative results which accompany and enhance the overall themes gathered from the study. All data reflects the perspectives of each school's faculty and administration staff members which create the lens through which the student population is discussed.

The research questions of this study lend themselves well to a case-study design due to their open-ended nature. The research questions were asked based on the personal interest and academic field of the researcher, a future intervention specialist with an interest of working in Catholic schools. The researcher's previous experiences working in schools with adolescents sparked the question of what schools are doing to address the needs of students experiencing anxiety and depression. Based on both literature and experience, the researcher knew this was a population in great need of attention. The research question needed a framework, and was narrowed to focusing on high school students who attend Catholic schools. A case-study design is suitable for this open-ended investigation with a specific setting, and the use of two schools for gathering information increases the complexity and opportunity for interpretations. The cross-case analysis can provide greater generalizability.

This study, while limited to its age range of high school adolescents, can be generalized to younger and older adolescents as well. The literature regarding intervention techniques, mentoring, and the importance of personal relationships in schools addresses middle school, high school, and first or second-year college-aged

students with much of the same research and results. Although students are in very different situations among these ages, many of the solutions schools are using to address mental health needs apply largely to adolescents of all ages. The principle of each specific program or strategy seems to be universal to the adolescent age group, which will be discussed more in the following chapters.

Although the case-study design limits the research study to a description of one specific setting and situation, it allows for a range of interpretations of the situation from many perspectives (those of the surveyed, the interviewed, and the researcher). The research questions which guide this case-study tap into a depth of complex theories and solutions to the problem at hand, which the analysis brings together and regroups from a new perspective, offering new insights and hypotheses. This research design allows for the discovery of new categories of information, constructed from both the literature and data analysis, advancing the field of teacher education by shaping the direction of research and practice. Specifically, the realities of this study, although limited to two particular Catholic schools in Ohio, can provide Catholic, non-Catholic, private and public educators alike with a look into what these two schools are doing to address the needs of students experiencing anxiety and depression, and serve as grounds for comparison, evaluation, and growth.

Further limitations of this study include the range of relevant topics, and the breadth of symptoms and diagnoses for anxiety and depression. The open-ended nature of the research question does not limit the study to any particular category of strategies or interventions. The literature review reveals the wide range of coping strategies, school programs, and lists of daily interventions that can be employed to address mental health

needs. The study's lack of parameters may also be a limitation itself, keeping the depth of the study to a mere overview containing and commenting on broader themes. External studies conducted past, present, or future on the topic can accompany this study to add depth to its resulting themes if necessary. Additionally, this study is affected by its unlimited inclusion of all faculty and staff members in the schools. Including the perspectives of all faculty and staff members at the schools allows for a more holistic view of the approaches the schools are taking towards their student needs, but also limits this study to the specific situation of the chosen schools. There are limitless combinations and possibilities for faculty and staff roles, especially in private schools. The quantitative results of the surveys from each school do not match up, and will not match up with any other school if given the same survey. Because the role of faculty members can vary widely among schools, this was designed with the intent to allow for perspective from the teachers at each school who have the most experience with students experiencing anxiety and depression.

Another limitation is the breadth of symptoms and diagnoses for anxiety and depression. The DSM-5 provides the most current definitions of these two mental health diagnoses and each of their sub-categories, manifestations, and forms. However, there are several variations of anxiety and depression with endless combinations of symptoms and personal manifestations; therefore, for the purposes of this study, as stated in Chapter 1, anxiety and depression will be used as general, all-encompassing terms which include all forms of anxiety and depression. Due to the interpretive nature of this case-study, any conclusions that are made serve to spark new research and may be applied to a more specific or a broader population of those with mental health disorders. Another point

worth mentioning is the comorbidity of mental health disorders, especially of anxiety and depression themselves. This is one reason for the vague nature of the study, and the mention throughout the study of both anxiety and depression without explicit distinction. One purpose of this study is to gain a collection of strategies into a bank from which they can be refined and tested on more specific cases.

The subject selection process, to be described, contains a few minor limitations to this study. The interview subjects were all female, which in a high school setting, may limit the perspective of the results. Faculty members were chosen as the interview subjects due to the constraints of an undergraduate research study. It was more reasonable to research through the perspective of the faculty and staff members for the purposes of this study than to involve student perspectives. However, student perspectives may have added value and enriched the findings of this study. Future research may look at what strategies are most effective, based on student testimony and student growth data.

#### **Section 4: Subject Selection**

The schools involved in this research study were purposefully selected because they are Catholic schools in proximity to the university which the research student attends. The researcher gained entrance to the schools through previous experiences with faculty in the schools. Permission to research was acquired from the principal of each school. The initial survey was sent to all faculty and staff of School A and School B. Of responders, there was an equal representation of staff participation with students across grades 9-12, as well as an appropriate representation of subject areas and positions, including guidance counselors, intervention specialists, coaches, nurses, and principals. In School A, almost 50% of survey subjects have been employed in the current school for

1-5 years, while nearly 40% have been employed for 20 or more. In School B, nearly 40% of survey subjects have been employed in the current school between 10-20 years, and the remaining 60% is split evenly among 1-5 years, 5-10 years, and 20 plus.

The interview subjects were chosen after the survey data was collected. The survey results provided a basis for the interview questions. The subjects for the interviews were chosen based on recommendation of the principal at each high school. The principal at each school was asked to recommend two faculty members who frequently encounter students experiencing anxiety or depression. The principal at School A recommended two female teachers, one a Spanish teacher, and the other an English teacher. However, the English teacher was unavailable to be interviewed at the time and was replaced by a female Social Studies teacher who volunteered to take the place of the English teacher. The official interview included two female teachers—one a Spanish teacher and one a Social Studies teacher—and the undergraduate research student. At School B, the principal sent a list of six teachers involved in a committee at the school which reviews data and gives recommendations for plans to address barriers to learning. The research student was introduced to each of them, and asked each if he or she would be willing to participate in the interview, to which three teachers agreed, and from this one teacher was chosen at random. The official interview occurred with the Physical Education teacher by phone. The variety of employed positions of the interview subjects allows for a natural and holistic perspective of the way teachers encounter and support students with anxiety and depression throughout the school day. Each potential interview subject was recommended based on his or her experience with students with anxiety and depression or involvement in creating solutions for learning barriers, of which one is



mental health barriers. Within these recommendations, interview subjects were chosen in a first-come first-serve manner, based on first encounter and agreement to participate. A total of three teachers were interviewed and recorded either in writing or a voice-recording device. The research student has assigned them with pseudonyms to maintain anonymity and protect confidentiality.

### **Section 5: Design of the Study**

The study began with a review of the literature on the prevalence of anxiety and depression among high-school aged adolescents and an investigation of the programs and interventions high schools currently use to address the needs of this population. The second research question then directed the review of literature towards the development of personal relationships between students and teachers through mentoring opportunities. After completing the literature review, the data collection instruments could be designed based on the findings in the literature. A survey was created to collect an overview of faculty and staff experiences with and knowledge of students with anxiety and depression, their experiences with and opinions of mentoring programs or opportunities at their school of employment, and their opinions and experiences of the value of personal relationships with students. Once the survey results were collected, interviews were conducted with faculty members at each school, recommended by the principals as teachers who are highly involved with and/or knowledgeable about mental health and student needs. The interview questions were designed to go into greater depth of the topics on the survey, as related to the interviewee's personal experiences. The interviews were held through various media formats. At School A, the interview was face-to-face and was voice-recorded. At School B, the interview was held over phone and was voice-

recorded. The voice-recorded interviews were transcribed into a written document to begin the data-analysis process. Finally, a website search was conducted to triangulate the data, providing demographic information and clarifying some of the terms and programs teachers referred to in both the surveys and interviews. It was also used to solidify and clarify patterns and discrepancies in both the quantitative and qualitative data from the surveys. Once all data was collected and transcribed, it was organized into recurring themes for the analysis and conclusions of the study.

### **Section 6: Data Collection**

Data collection was triangulated by use of a survey, interviews, and a website search. The survey and website search yielded quantitative and qualitative data and the interviews yielded qualitative data to develop and strengthen themes in the analysis. The interviews were conducted through multiple media formats including face-to-face and phone interviews. The spoken interviews were voice-recorded to be transcribed for data analysis. The questions used on the survey were created based on the review of literature and the research questions of this study. The interview questions were derived from the survey to focus more closely on the research questions considering the interviewee's personal experiences. Finally, the website search was guided by the research questions and any gaps in the survey or interview results. The survey and interview questions were reviewed by peers and professors to ensure validity. Interviews were conducted informally in a conversation format, and therefore, allowed the interview to stray from the question template and for new questions to arise. The interview question template found in Appendix C was used to guide the interview conversations and was the question set sent through email to the interview subject in School B. All transcriptions and data

documents are restricted to access by the research student and faculty-mentor.

The data were interpreted through content analysis of the survey, interview, and school website search results. Within-case analysis formed codes from the data sets of each school, followed by a cross-case analysis using a comparative method. The data analysis related back to relevant findings from the literature review.

A research proposal was sent through the Institutional Review Board (IRB) at the University of Dayton and was returned to the researcher with an exemption status, waiving the continuation of IRB oversight for the remainder of the research process. Permission was obtained from the principal of each school to send the surveys and conduct interviews. There was no need for a permission or parental consent form because there is no student interaction involved in this study. An invitation for participation in the research study was given to each interview subject according to the IRB guidelines for fast-track human-subjects research (see Appendix A). There is no identifying information on any of the transcriptions, recordings, surveys, or any of the documents involved in this study. The survey used for the study can be found in Appendix B, and the interview questions in Appendix C.

### **Section 7: Ethical Considerations**

According to the parameters of human subject research dictated by the IRB, this study is exempt under section 45CFR46.101(b)(1), falling under the category of research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods. No students are involved in the

research process. All identifying information was taken off all data documents and anonymity is preserved through the use of pseudonyms.

### **Section 8: Summary of Chapter 3**

The goal of this undergraduate honors thesis research is to identify strategies or interventions that can be used to meet the needs of high school students experiencing anxiety and depression, and to discover the value of mentoring and the development of personal relationships among students and teachers. This is a relevant topic in the field of teacher education because of the high prevalence of mental health disorders among adolescents. The case-study design brings the topic to reality in its close look at two Catholic schools in Ohio, making the situation accessible for evaluation and progress. The participating schools were chosen due to their proximity and agreement to participate in the research and the interview subjects were based on recommendation by the principals due to their specific involvement with student needs. The study was completed with IRB approval and no ethical considerations. The data collection methods were triangulated by use of a survey, interviews, and website data to assure valid and reliable results. The data is analyzed through content analysis and comparative methods for the cross-case analysis. Common themes are identified and discussed in chapter 4 in relation to the literature, and conclusions and recommendations are discussed in chapter 5.

## Chapter 4

### *Analysis and Discussion of Data*

#### **Section 1: Introduction**

This study identifies strategies and interventions which are currently being used to support students with anxiety and depression in the two Catholic high schools of the case study research. Additionally, this study examines the establishment of support for students experiencing anxiety and depression through the development of personal relationships within mentoring opportunities. Ultimately, this study results in a discussion of characteristics which are important to the creation of a supportive atmosphere in which students experiencing anxiety and depression feel comfortable bringing their experiences forward, in order that teachers may take on greater roles of providing more specific supports. The participants of the research are faculty and staff members who volunteered to share their experiences and perspectives in answer to the research questions.

#### **Section 2: Research Questions**

The research questions guiding this study are: *What strategies or interventions are being used in Catholic high schools by faculty members to address the needs of high school students experiencing anxiety and depression? How can schools provide support for these students through teacher-student relationships developed through mentoring opportunities?*

#### **Section 3: Results**

Summaries and implications of the data resulting from the survey given to staff members of School A and School B will be presented in response to each of the research questions. The surveys were returned with an average of 30% response (of the entire

employed staff), with approximately 82% completion of the survey among respondents.

**Research Q1: What strategies or interventions are being used in Catholic high schools by faculty members to address the needs of high school students experiencing anxiety and depression?** Data were collected to determine the percentage of faculty and staff members aware of any number of students in the classroom experiencing anxiety or depression. In addition, survey subjects were asked to report whether they received professional development or training of any volume through their school of employment to address the needs of students experiencing anxiety and depression. Next, survey subjects were asked to select all signs and symptoms of anxiety and depression which alerted them of these students' experiences (See Appendix B for the survey questions).

***Results from School A regarding RQ1.*** In School A, 84% of survey subjects reported knowledge or awareness of students in their classroom who experience anxiety or depression. In addition, the majority (60%) of survey respondents reported having *not received* professional development of any volume through the school they are currently employed in addressing the needs of students with anxiety and depression.

**Table 1** displays the percentage for the selection of each listed symptom of anxiety and depression. In School A, lowered school attendance, verbalized or other demonstrations of low self-esteem, trouble maintaining focus or attention, social isolation or peer rejection, lowered quality of academic work, indications of long-term stress, and fatigue or restlessness were selected by 50% or more of survey respondents. Given the option to include additional observations, respondents from School A mentioned being notified by parents, reading of student experiences in written reflection assignments, and

communication from the school nurse.

<b>TABLE 1: Signs and Symptoms Recognized to Identify Students Experiencing Anxiety and Depression in School A</b>	<b>Selection Percent</b>
Lowered school attendance	84%
Verbalized or other demonstrations of low self-esteem	68%
Trouble maintaining focus or attention	64%
Social isolation or peer rejection	56%
Lowered quality of academic work	56%
Indications of long-term stress	52%
Fatigue or restlessness	52%
Appearing to be tense	44%
Evidence of lack of sleep	44%
Expression of negative thoughts	40%
Difficulty retaining or remembering information	36%
Behavioral problems	32%
Easily distracted	32%
Decreased decision making/more impulsive or risky behavior	28%
Loss of interest in previous activities/involvements	20%
Increased irritability	16%
Evidence of lowered appetite or evidence of substance abuse	4%

Following a brief survey of knowledge and recognition of students experiencing anxiety and depression, survey subjects were asked to select specific instructional strategies they have employed to address the needs of students experiencing anxiety and

depression. Of eleven possible selections, only three were selected by the majority of survey respondents. Using cooperative learning time to promote peer interaction, frequently notifying parents of concerns for students, and using intentional grouping to accommodate individuals experiencing anxiety and depression were selected by 50% or more of survey respondents. Other mentions included having the student focus on breathing while taking a break, adjusting deadlines to accommodate trips to therapy, and engaging in one-on-one talk therapy with the student during intervention time.

<b>TABLE 2: Reported Strategies to Address the Needs of Students with Anxiety and Depression in School A</b>	<b>Selection Percent</b>
Cooperative learning time to promote peer interaction	61%
Frequent parent notifications of concern for student	56.5%
Intentional grouping to accommodate individuals experiencing anxiety or depression	52%
Facilitation of goal-writing to encourage the student to set positive personal goals and combat negative self-esteem or low self-worth	43.5%
Explicit teaching of how students can recognize their need for emotional support and how to seek support	43.5%
Incorporating activities into the classroom according to students' interests in response to a possible lack of extracurricular nourishment	39%
Providing self-management checklists to allow the student to keep themselves on task and aid their memory of requirements and progress	35%
Explicit teaching of active problem-solving	35%
Frequent breaks during class periods in response to lower energy levels	17%
Explicit teaching of cognitive restructuring	13%
Recording lectures to ease anxieties and accommodate memory deficits	0

***Results from School B Regarding RQ1.*** In School B, 100% of survey



respondents reported knowledge or awareness of students in their classroom who experience anxiety or depression. The majority (81%) of survey respondents in School B reported having received professional development training within the school of current employment, to address the needs of students experiencing anxiety and depression.

<b>TABLE 3: Signs and Symptoms Recognized to Identify Students Experiencing Anxiety and Depression in School B</b>	<b>Selection Percent</b>
Expression of negative thoughts	62%
Verbalized or other demonstrations of low self-esteem	62%
Social isolation or peer rejection	62%
Trouble maintaining focus/attention	57%
Lowered quality of academic work	52%
Evidence of lack of sleep	52%
Appearing to be tense	48%
Easily distracted	48%
Indications of long-term stress	38%
Behavioral problems	33%
Lowered school attendance	33%
Difficulty retaining or remembering information	33%
Increased irritability	33%
Fatigue or restlessness	29%
Loss of interest in previous involvement/activities	19%
Decreased decision making/more impulsive or risky behavior	14%
Evidence of lowered appetite or evidence of substance abuse	5%

In School B, expression of negative thoughts, verbalized or other demonstrations of low self-esteem, social isolation or peer rejection, trouble maintaining focus or attention, lowered quality of academic work, and evidence of lack of sleep were selected by 50% or more of survey respondents. Additional commentary included mentions of communication or collaboration with the school's special education program, students showing their emotions, and receiving information from parents.

<b>TABLE 4: Reported Strategies Used to Address the Needs of Students with Anxiety and Depression in School B</b>	<b>Selection Percent</b>
Cooperative learning time to promote peer interaction	60%
Intentional grouping to accommodate individuals experiencing anxiety and depression	60%
Frequent breaks during class periods in response to lower energy levels	45%
Frequent parent notification of your concerns for the student	45%
Providing self-management checklists to allow the students to keep themselves on task and aid their memory of requirements and progress	35%
Incorporating activities into the classroom according to students' interests in response to a possible lack of extracurricular nourishment	30%
Explicit teaching of how students can recognize their need for emotional support and how to seek support	25%
Facilitation of goal-writing to encourage the student to set positive personal goals and combat negative self-esteem or low self-worth	25%
Recording lectures to ease triggers of anxiety and accommodate memory deficits	20%
Explicit teaching of active problem-solving	15%
Explicit teaching of cognitive restructuring	15%

Of eleven possible selections, only two were selected by the majority of survey subjects. Using cooperative learning time to promote peer interaction and using

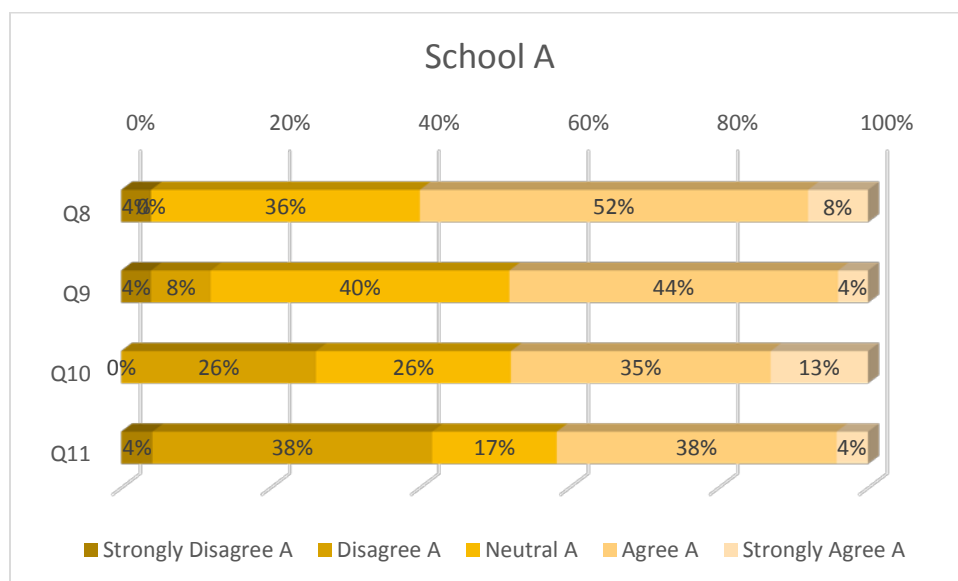
intentional grouping to accommodate individuals experiencing anxiety and depression were selected by 50% or more of survey respondents. Frequent parent notification of concern for the student and providing frequent breaks during class periods in response to lower energy levels were selected by close to half of survey respondents. In addition to the selections, survey subjects reported giving extra time allowances for specific situations, allowing test-retakes to decrease anxiety induced by test-taking, accepting late homework to decrease anxiety induced by deadlines, engaging students in de-stressing activities, being a listener and personal mentor to students, sending to guidance counselors, offering the ability for students to sign out for a break from class (as they would to use the restroom).

**Research Q2: How can schools provide support for these students through teacher-student relationships developed through mentoring opportunities?** To preface this section of the survey, subjects were asked if their school has a mentoring program, answered by yes or no. Following, a series of four statements (survey questions 8-11) were given with a five-point rating scale to gather information about the development of personal relationships and use of specific strategies during mentoring opportunities to address the needs of students experiencing anxiety and depression. These four statements are as follows:

- *Question 8:* I have developed positive, personal relationships with students who struggle with anxiety and/or depression through my school's mentoring program or other opportunities for mentoring in my school.
- *Question 9:* During times of mentoring, I am able to implement specific strategies and interventions to address the needs of students with anxiety and/or depression.

- *Question 10:* If my school did not have opportunities for mentoring, I would not be as aware of the things my students are struggling with in their personal lives.
- *Question 11:* If my school did not have opportunities for mentoring, I would not be able to implement strategies and interventions to address the specific needs of students with anxiety and/or depression.

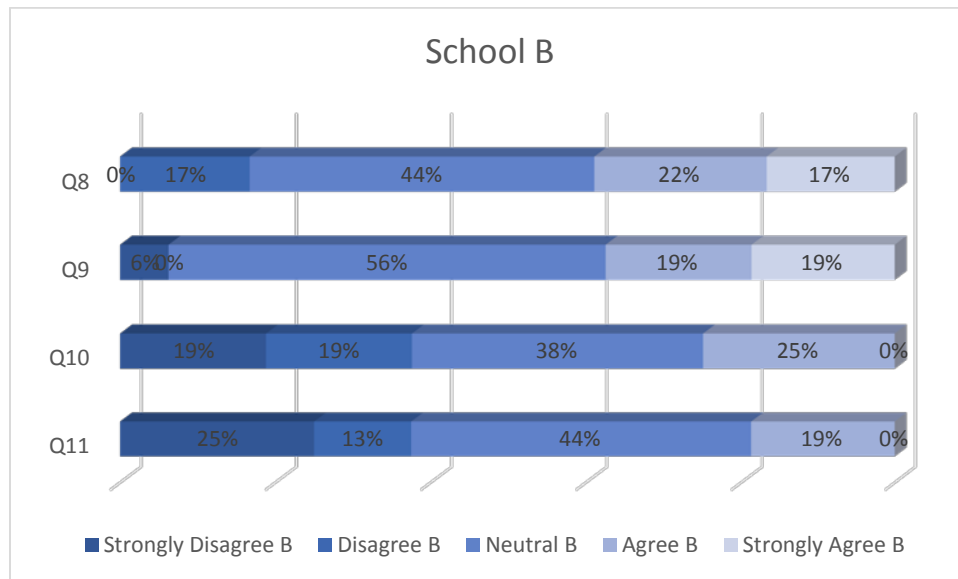
**Results from School A regarding RQ2.** 76% of survey respondents reported that the school has a mentoring program. Mentoring opportunities mentioned by survey respondents include the implementation of small communities with unique identities within the school, broken into even smaller groups of peers across grade-levels, often referred to as a House System. Within this system, there is time for each small group to meet, which was mentioned in 70% of responses regarding mentoring opportunities. Additionally, survey respondents in School A mentioned after-school peer mentoring and tutoring, school-organized retreats, counseling, opportunities which arise organically due to the role of the teacher such as one-on-one or small group intervention time, and pastoral counseling with the campus minister.



In response to question 8, School A's results show strong agreement that mentoring opportunities have allowed them to develop personal relationships with students who struggle with anxiety or depression. In response to question 9, the results are mostly positive, with almost half of respondents in agreement (and very little in disagreement) that they are able to use mentoring opportunities to implement specific strategies to address the needs of students with anxiety or depression. Similarly, there is a positive response to the statement that mentoring opportunities have brought to awareness students' experiences with anxiety and depression. This prompt has the greatest amount of "strongly agree" responses. The responses to question 11 are split evenly, regarding the need for mentoring opportunities to implement strategies or interventions to address the needs of students with anxiety or depression. Some survey respondents reported that they use mentoring time for setting goals and to work through problems that students vocalize, while others may not view mentoring opportunities as necessary in order to implement these types of strategies.

***Results from School B regarding RQ2:*** 75% of survey respondents from School B reported that the school does *not* have a mentoring program. However, multiple programs were mentioned through which there are opportunities for mentoring. Some potential mentoring opportunities suggested among School B survey respondents include community partnerships, which students are encouraged to take advantage of according to survey subjects; extracurricular activities such as clubs, groups, sports, and retreat programs and mission trips; unstructured times throughout the day such as homeroom time or office hours; and similar to School A, specialized staff roles through which natural opportunities for more direct conversation present themselves, including but not

limited to intervention specialists, coaches, school nurses, and counselors. One mention of a mentoring opportunity existing within the curriculum is a senior capstone project, through which students are assigned faculty mentors.



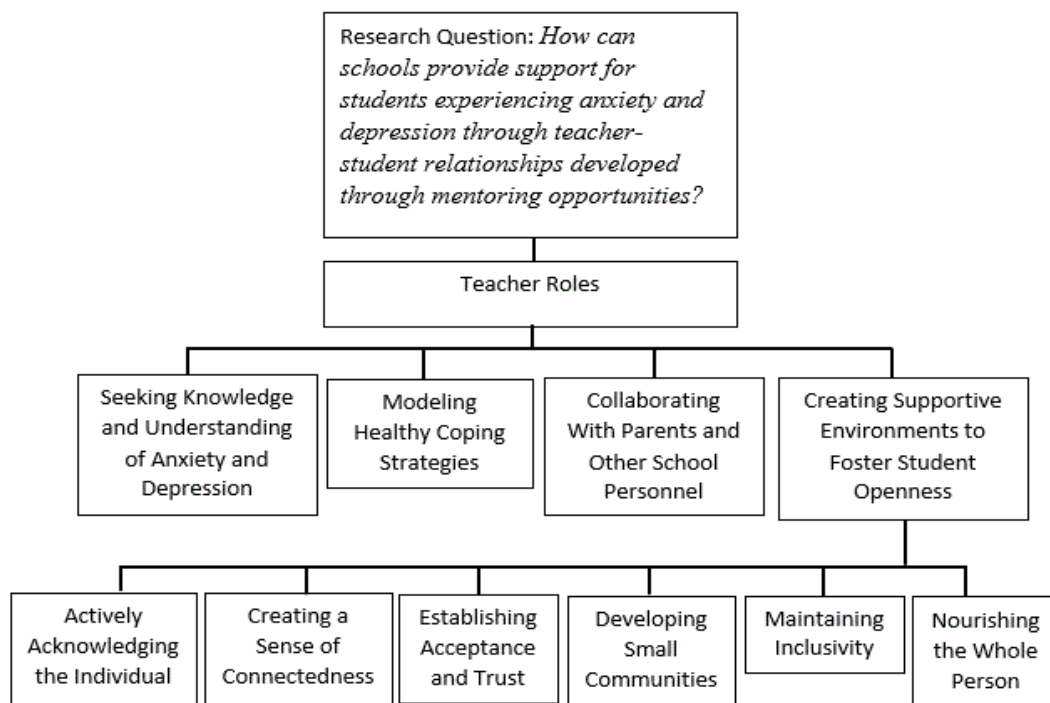
In response to question 8, a small percentage of survey subjects from School B express strong agreement with the statement that they have developed positive relationships with students experiencing anxiety or depression through mentoring opportunities in the school. However, the majority remained neutral. This could be due to the fact that the large majority of survey respondents reported that the school does not have a mentoring program. Similarly, there was stronger agreement than disagreement that during mentoring opportunities, they are able to implement specific strategies to address the needs of students with anxiety and depression. In response to both of these prompts, at least one survey subject replied that they “strongly agree.” Again, however, the majority of respondents remained neutral on this prompt. Responses to questions 10 and 11 show strong disagreement, indicating that mentoring opportunities are not essential in providing awareness of students’ experiences with anxiety and depression,

and mentoring opportunities are not essential in providing time to implement strategies or interventions to address these students' needs. However, some teacher testimony was provided regarding their use of mentoring time for specific strategies, such as “talking that leads into problem-solving” or working on social skills with students.

#### Section 4: Themes among the Data

In response to the question, *how can schools provide support for students experiencing anxiety and depression through teacher-student relationships developed through mentoring opportunities?* recurring themes within the data across Schools A and B concern teacher roles in the mentoring process of developing supportive relationships with students. Some of these roles include obtaining knowledge and seeking an understanding of anxiety and depression; modeling healthy coping strategies for the student; collaborating with parents and other staff members to support the student; and creating supportive environments to foster student openness.

Chart 1: Visual Representation of Themes Among the Data



Within the theme of the creation of an environment to foster student openness, teachers mentioned several characteristics of a supportive atmosphere, which are presented as subthemes.

**Teacher roles: School A.**

**Seeking knowledge and understanding of anxiety and depression.**

Obtaining knowledge about anxiety and depression includes both general knowledge of the manifestations, causes, and effects on adolescents, but also knowledge of each individual student's situation. Knowledge of common stressors which can provoke cycles of anxiety, as well as personal knowledge about individual students' needs, can direct a teacher's attention to a student who may need it (School A interview, lines 111-112, 159-164).

**Modeling healthy coping strategies.** Teachers can act as models of positive mental health in being authentic about their emotions and thinking-aloud through their mental processes when they make mistakes or encounter challenges, and this can help to set a foundation for students to ask for help with their own challenges (Lines 93-96).

**Collaborating with parents and other school personnel.** Collaboration was frequently mentioned in the surveys from School A, including mentions of encouraging students to visit the clinic (nurse's office) or school counselor, keeping in contact with parents to make sure the student is receiving proper or professional attention outside of the school place, and meeting as teams of teachers who can each support the student in their classrooms and encounters (School A survey, Q6, Q12). Specifically mentioned in the interviews, teachers



can collaborate through the House System more effectively, as all students are placed in a family group with specific teacher mentors assigned to each family, so teachers are able to identify a specific student's trusted adult to/through whom they can pass messages, concerns, or other information (Interview, lines 42-43). Additionally, teachers in School A not only emphasized the importance of maintaining communication with parents, but also spending time listening to the needs of the parents and considering their challenges as well (Lines 116-122).

### **Creating supportive environments to foster student openness.**

Teachers must model and teach healthy coping strategies, collaborate with others for the good of each student, and finally, create supportive environments. This role was mentioned several times in the surveys and interviews, to create opportunities for students to communicate their needs, and in turn, opportunities to connect with others and receive validation (Lines 189-190). Some of the ways School A provides these opportunities include retreats, prayer, group activities, and reflection activities (School A survey, Q6, Q7, Q12). There are many important elements of an environment which provides opportunity for a student to feel validated and supported through relationships and the communication of needs. These elements include creating and participating in opportunities for student validation, active acknowledgement of the individual, creating a sense of connectedness to others, establishing a sense of acceptance and trust among others, and creating small communities. Creating supportive environments was an important theme, thus these elements are subthemes which will be discussed below.

***Actively acknowledging the individual.*** It is important that the teacher or peers acknowledge the student and actively “notice” a student’s state of being. In the surveys, school personnel reported that they check-in with each student individually on a daily basis, communicating to students that they have “noticed changes in patterns of their well-being” or simply “noticed things are different” (School A survey, Q12). One specific way in which to check in with a student is to simply ask, “Where are we? Are we thumbs-up, or how are we doing today?” (Interview, line 171). Additionally, it was mentioned in the interview with teachers from School A that family-time (a part of the House System) can be used for mentoring, or a time for the teacher to let a student know that he or she has “noticed that [the student is] having...” a specific challenge or experience (Lines 16-17). Teachers in School A testified that this communicates to the student that they are cared about, and they stated that this can make a large difference for a student experiencing anxiety or depression (School A survey, Q12, interview lines 156-157).

***Creating a sense of connectedness.*** It is also important that students feel connected to the people who surround them each day and to the purpose of these groups of people. School A achieves this through a system of peer encouragement across grade levels, through the creation of family groups within the House System. Interviewees shared an anecdote of a student experiencing difficulties in his mental health who was brought to tears after being cheered on during a House competition, as he felt great support from his peers and teachers (Lines 60-71). Survey respondents claim that peer mentoring and support provides group

identification which “give students a sense of belonging” and “nourishes self-esteem” (School A survey, Q6, Q12). According to teachers, students have claimed that they have gotten to know their peers very well through the families in the House System, as well as on retreats, and found commonalities they would not have discovered otherwise (Interview, lines 57-59). Retreat experiences provide opportunities for deeper peer and teacher relationships and affirm students through a sense of connectedness, openness, and trust (School A survey, Q6, interview lines 96-100).

***Establishing acceptance and trust.*** As the teacher works to acknowledge one’s students and create opportunities for validation (especially from peers), a sense of acceptance and trust within and among students naturally follows. This can lead to greater openness which fosters communication between the teacher and student even further, allowing the teacher to maintain an active role in the student’s well-being. This was described in the surveys from School A in multiple statements throughout, including mentions that students with anxiety and depression are “encouraged to find a person they feel safe with and want to talk to,” that the students need “an outlet to express their feelings,” or that the family groups have “led [students] to be comfortable to talk.” Other respondents mentioned that it is important to engage in dialogue with students and create opportunities for conversation about student’s personal needs, so that both the student and the teacher can work together to address any needs. There were mentions of a non-judgmental attitude, which characterizes a trustworthy mentor for high school students (Lines 46-47, 89-90). In School A, teachers mentioned

that beginning class time with prayer during which students can voice their needs allows students to be open with peers and teachers in a platform where their needs are welcomed and valued, and this provides opportunities for teachers to follow up (Lines 101-103). By teacher testimony, students in School A, even those who do not identify with Christianity, have taken initiative to ask their teachers for prayers regarding experiences of anxiety or depression, because prayer has been implemented as a trusted form of communication about their needs (Lines 105-106, 125-127). Each of these characteristics create an environment in which students feel secure and valued, and according to teachers from School A, “until [students] know that it is a safe person or a safe place, they are not going to take advantage of the [resources] that they have” (Lines 22-24).

*Developing small communities.* Some of the structural elements of mentoring opportunities, such as the size of a group of students that the teacher is working with, or the frequency of interaction between the teacher and student, were mentioned repeatedly in the surveys and interviews from School A. According to survey subjects, smaller groups allow teachers to check-in with students on a more personal level, have one-on-one conversations, or become a “trusted adult to confide in” (School A survey, Q6, Q12). Additionally, smaller groups can allow for more frequent interaction with individual students, leading to a greater awareness of student needs. As teachers come to know their students, they can detect stressors and negative emotions, and “when the emotions become more severe, verging on anxiety and depression” (School A survey, Q12). To accomplish this, School A has grouped its students into family groups of

approximately 20 students, which can facilitate long-term relationships with peers across grade-levels and with teachers that students may otherwise have only known for one semester or one year (Interview, lines 50-56, 131-133). With an emphasis on acknowledgement, connectedness, validation, acceptance and trust, a safe place can be established where a student can be open about one's needs and receive appropriate help. Creating small communities can foster these characteristics of a supportive environment. Teachers reported that they have noticed an increase in student sharing of experiences with anxiety and depression as a result of the atmosphere created by the aspects of connectedness, belonging, acceptance, trust, and validation, which the structures of the House System provide opportunity for (Lines 85-86).

#### **Teacher roles: School B.**

**Collaborating with parents and other school personnel.** Survey respondents from School B mentioned collaboration as an important element of caring for students who experience anxiety or depression. This includes collaboration with parents and other school staff. Many survey respondents suggest that students see guidance counselors, or collaborate with the special education staff to develop strategies to help the students (School B survey, Q12). An interviewee from School B said, "I really encourage my kids... to go and talk to a trained professional about issues that [they] might be having... [they] should definitely utilize that opportunity" (School B interview, lines 61-63).

#### **Creating supportive environments to foster student openness.**

***Maintaining Inclusivity.*** Many teachers in School B serve on a committee

to develop both academic and extracurricular programming which is enriching and inclusive for the entire student body (Lines 73-75, 82-83). Inclusivity was a common theme that appeared in the survey responses, which can be brought about through collaboration.

***Nourishing the whole person.*** Another common theme throughout the responses of School B was an emphasis on the nourishment of the whole person—all aspects of one's well-being, including spiritual, emotional, and social health. Programs at School B which provide individual guidance counseling to each student are designed to measure all aspects of a student's well-being (Lines 55-57). This opportunity is a way for students to recognize all parts of their well-being and learn to be open and communicative about their needs. Multiple survey respondents, as well as the interviewee reported that encouragement of the student's whole person is important and suggested taking advantage of opportunities throughout the day such as homeroom time to encourage students by checking in. Another survey mention suggested that assessing students in more authentic ways can reveal and address their well-being in multiple domains (School B survey, Q12). When asked what teachers can do to address the needs of students with anxiety and depression, the response included writing personal physical, mental, social, and spiritual goals (Interview, lines 28-29).

***Developing small communities.*** Teachers must participate in an atmosphere in which students feel they matter: where relationships can be built on not only shared interests and activities, but a genuine concern for the student's well-being. Survey subjects and interviewees from School B testified that

“demonstrating concern for a student goes a long way” (School B survey, Q12).

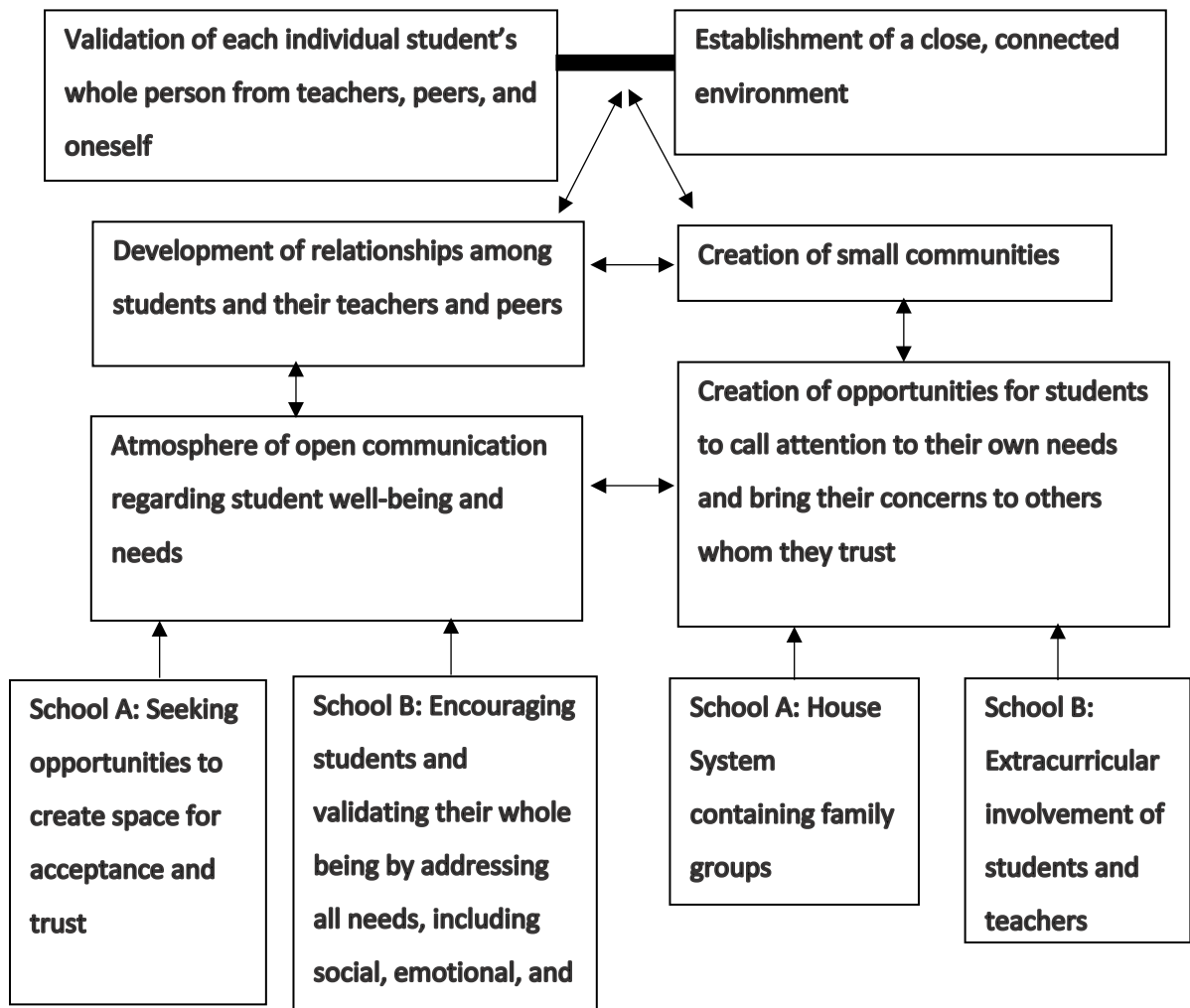
This can be conveyed through conversation in which the teacher is actively seeking a “positive personal connection” with the student or casual conversations in which students and teachers can get to know one another (School B survey, Q6, Q12). One of the environments in which teachers at School B claim this atmosphere comes more naturally is in smaller groups and during extracurricular involvements. School personnel from School B reported that small groups and settings outside of the regular school day can create an environment in which students are more likely to be open about their personal experiences. Teachers from School B mentioned that sometimes the only way to know what is going on in a student’s life is to create an environment in which they feel comfortable opening up to someone (Interview, lines 51, 66-67). Extracurricular events and activities can provide a more casual setting and sometimes even a smaller group of people, so that the student might feel more comfortable approaching the teacher about a personal concern (Line 52). The interviewee from School B said,

I don’t know how... you could form... deeper relationships [with students] than if you are...involved with something... after school as well... whatever extracurriculars they’re involved in...that I think is where you have the most opportunity... where kids feel a little bit more comfortable opening up because you’re not in a classroom setting with 30 other kids. (Lines 103-108)

This testifies to the importance of the creation of an atmosphere in which the student feels he or she can be noticed and given attention.

### Cross-case findings.

Chart 2: Visual Representation of Findings from Cross-Case Analysis



Across both School A and School B, there are many common themes which come together to create a full picture of the teacher roles and the elements of a supportive environment to support students experiencing anxiety and depression. Validation of each individual student's whole person, and establishing a close, connected environment are two of the pathways into the development of relationships among students and their teachers and peers, which can bring about an atmosphere of open communication regarding student well-being and needs. In School A, school personnel seek opportunities



to create space for acceptance and trust, which fosters openness and allows for validation from peers, teachers, and oneself. In School B, teachers strive to encourage students and validate their whole being by addressing all needs, including social, emotional, and spiritual. A close and connected environment is formed in both schools through the creation of smaller communities, such as the House System in School A, which contains family groups, or the extracurricular involvement of students and teachers in School B, which provides another outlet for students to know themselves and their peers, and for teachers to learn about their needs. Both schools strive to create opportunities for teachers to engage in conversation with students and be attentive to their needs, but most importantly, for students to call attention to their own needs, and to feel they can bring their concerns to others whom they can trust. Overlapping themes of the importance of opportunities for validation of the whole person, as well as a close, connected environment were found in survey responses and interviews from both School A and School B. Although each school approaches these common themes through different programs or lenses, they come together in their report of concern for students experiencing anxiety and depression, and their awareness that these pieces of the school place are the most valuable to those students.

One difference in the data between School A and School B is the emphasis on mentoring through activities outside of the school day versus mentoring through alternative activities within the school day. This discrepancy first appears in the quantitative results of the second research question (Section 3, RQ2). This may be attributed to the fact that 75% of School A survey respondents reported that their school has a mentoring program, while 75% of School B respondents reported their school does

not have a mentoring program. Teachers from School A discuss the incorporation of community-building activities within the school day, such as family group competitions or prayer and affirmation exercises at the beginning or end of class periods. In contrast, teachers from School B frequently reported about after-school clubs, sports teams, or community-related activities through which students can receive more personal attention and teachers can engage in the mentoring process to develop relationships. Surveys and the interview from School B include mentions of coaching, speaking with students before or after school, or participating in clubs with students. Despite this disparity in the data across Schools A and B, both schools have communicated similar values for the development of mentoring relationships with students experiencing anxiety and depression. The implications of these results will be discussed in Chapter 5.

### **Section 5: Discussion of Results**

There are several noticeable patterns across the data from both School A and School B. The resulting themes of the qualitative data from open-ended survey prompts and personal interviews complement the quantitative data of the surveys. Social isolation, peer rejection and demonstrations of low self-esteem were largely selected among the survey respondents of both schools as symptoms of students experiencing anxiety and depression. In addition, over 50% of survey respondents of both schools reported using cooperative learning and intentional grouping to support individuals experiencing anxiety and depression. These results align with the themes of teacher roles for the support of students experiencing anxiety and depression, and especially for the creation of supportive environments which foster student openness. Teachers contribute to the creation of supportive environments through the inclusion of opportunities for peer

cooperation and the use of intentional grouping, which can combat social isolation, peer-rejection, and low self-esteem.

The survey respondents and interviewees from each school reported many important aspects of developing relationships with students through mentoring opportunities. Together, the themes from each school complement one another to create a fuller picture of what it means to be a personal mentor to students experiencing anxiety and depression. The elements of a safe environment in which students are more likely to be vulnerable about their situations and needs include acceptance, validation, trust, inclusivity, connectedness and belonging, and personal acknowledgement. These qualities are fostered especially in the Catholic schools of this study through three specific opportunities which were mentioned throughout the surveys and interviews. These three opportunities are retreats, experiences of community founded on quality interaction with peers, and prayer or spiritual experiences. Although these three opportunities appear across the data, they were not the most prominent themes, but are important for the discussion of the data in looking through the lens of a Catholic school. Retreats were mentioned five times across the surveys of School A and three times across the surveys of School B. They were reported as opportunities for students to validate one another through the discovery of like-experiences (School A interview, lines 97-100), foster an environment in which students feel comfortable voicing their needs (School A survey, Q6), or where teachers can share experiences as a model of vulnerability and engage in mentoring students (School A interview lines 96-97, School B survey Q6). The creation of small communities within the larger school community was mentioned several times within the data analysis (11 mentions within the data from School A, 8

mentions within the data from School B). Both schools frequently mention the creation of opportunities for peer interaction within and across these communities and groups.

Through these communities, such as the families within the House System in School A, and the clubs, teams, or small group opportunities in School B, the elements of a safe environment are fostered. They provide opportunities for teachers to personally acknowledge individual students, work through anxieties, and develop personal relationships (School A and B surveys Q6, Q7, Q12). Small communities also provide opportunities for students to experience inclusivity through peer-encouragement and validation, allowing them to feel connected to others and valued as an individual (School A interview). One last pattern in the data is the mention of prayer or spiritual experiences within the school day. The interviewees from School A mentioned this on three occasions and the interviewee from School B on one occasion. They testified to the power of prayer and the challenge of spiritual growth through the writing of personal goals. These opportunities stand apart from other activities or strategies mentioned across the data, due to their unique appearance in Catholic schools. The interviewees at both schools shared anecdotes of the transformational experiences students have shared through prayer and spiritual reflection (School A interview lines 100-106, 125-127, School B interview lines 28-29, 32-35). In providing opportunities for retreat experiences, quality interaction with peers within small communities, and prayer or spiritual reflection, the Catholic schools in this study are able to approach mentoring through the development of personal relationships for the support of students who are experiencing anxiety and depression.

## **Section 6: Summary of Chapter 4**

This study sought to gather a list of strategies teachers use to address the needs of

students experiencing anxiety and depression, regardless of the cause, in order to ease the severity of the symptoms they may experience on a daily basis. Secondly, this study was designed to take a close look at how schools can provide support for students experiencing anxiety or depression through teacher-student relationships developed through mentoring opportunities. The study identifies mentoring opportunities within the individual schools, and then proceeds to explore how these opportunities can be used to develop relationships with students to address their needs as whole-persons. In both School A and School B, the majority of survey respondents reported an awareness of students experiencing anxiety and depression in the school environment. The most commonly selected strategy across both schools used to address the needs of students experiencing anxiety and depression was cooperative learning activities to promote peer interaction, intentional grouping, and incorporating high-interest activities into the classroom.

Regarding mentoring opportunities, teachers across both schools responded positively to the notion that mentoring opportunities can be used to develop relationships with students, which then lead to working on skills and strategies to address the needs which arise from struggles with anxiety and depression. There was also an underlying theme within this data of student openness, in which student needs are themselves revealed within the opportunity for one-on-one attention. This leads into the analysis of qualitative data, resulting in themes of teacher roles in addressing the needs of students experiencing anxiety and depression. These roles include *developing a knowledge and understanding of anxiety and depression, modeling healthy coping strategies, collaborating with parents and staff, and creating a supportive environment to foster*

*student openness*. Within the role of creating supportive environments, many subthemes emerged from the data, including: *active acknowledgement of the individual, creating a sense of connectedness through opportunities for validation, establishing acceptance and trust, creating an environment of inclusivity, nourishing each individual as a whole person, and developing small communities*. These themes and subthemes were supported by the qualitative data from both School A and School B. Another clear pattern in the data was the frequent mention of three structural aspects within the Catholic schools which can be used to address mental health challenges: retreat experiences, quality interaction with peers through experiences of community, and spiritual or prayer experiences. These three opportunities appeared throughout the data as structural conduits for the establishment of the supportive environment discussed in depth in the data-analysis. One difference among the data for School A and School B was the mention of mentoring opportunities within the school-day, versus mentoring opportunities outside of the school-day (e.g. during extracurricular activities). The implications of this discrepancy are discussed further in Chapter 5.

## Chapter 5

### *Summary, Conclusions, and Recommendations*

#### **Section 1: Significance of the Study**

The first research question of this study focuses on strategies and interventions used in Catholic high schools by faculty members to address the needs of high school students experiencing anxiety and depression. Statistics of the prevalence of anxiety and depressive symptoms among adolescents in the United States can alone attest to the great need for attention in research towards this population, but when coupled with the effects anxiety and depression can have on a student in all aspects of their lives, the true weight of the matter is revealed. Together, anxiety and depression disorders account for almost half of mental health disorders among adolescents in the United States today (Merikangas et al., 2010). Of the many effects of anxiety and depressive symptoms, one of the most alarming is the negative effect on the person's ability to develop healthy relationships with others. The second research question of this study seeks to answer how schools can provide support for students experiencing anxiety and/or depression through teacher-student relationships developed through mentoring opportunities. High school students especially, in the midst of a time filled with new social situations and personal development, need individual support from their teachers. School personnel must create or take advantage of mentoring opportunities to foster personal and supportive relationships between teachers and students. A significant amount of research has been conducted on mentoring structures and programs for middle schools especially, as well as peer-peer or college student mentoring for high school students; however, limited research exists on teacher to student mentoring relationships in the high school setting.

This synthesis of research on mentoring opportunities for the development of personal relationships and support for students experiencing anxiety and depression offers new ideas and lenses through which to address the needs of this population.

Most of the research available regards attention to mental health in elementary and middle schools, which serves this population at an early age and is a trend that can provide promise for the future; however, there is a greater prevalence and often more severe manifestations of anxiety, depression, and other mental health concerns during the period of adolescence, extending throughout the high school years and beyond. Equal attention must be directed towards mental health in high schools and especially Catholic high schools, where minimal research has been conducted. Catholic schools have not always focused attention on mental health among students, let alone other special needs the students may have, but recently, Catholic schools have begun taking a closer look at the diverse needs of students. This is an opportunity for Catholic schools to look at their assets through the lens of mental health, in order to develop stronger support systems for students experiencing anxiety and depression. Not only can many of the unique values and spiritual opportunities of Catholic schools provide insight for other Catholic and public schools alike, but research is needed to foster growth within and among Catholic schools around the country.

## **Section 2: Summary of the Study**

The questions of the research study serve to answer: *What strategies or interventions are being used in Catholic high schools by faculty members to address the needs of high school students experiencing anxiety and depression? How can schools provide support for these students through teacher-student relationships developed*



*through mentoring opportunities?*

This study was designed to:

- 1) Identify strategies used in Catholic schools to meet the needs of high school students experiencing anxiety and depression
- 2) Explore the development of mentoring relationships between teachers and students and the opportunities presented in Catholic schools for mentoring to occur and these relationships to develop
- 3) To integrate the results of each question to answer how mentoring opportunities can provide time for school personnel to implement specific strategies through the development of relationships.

This research study is directed towards both public and private high schools in its intent to surface and share strategies to support students experiencing anxiety and depression, and how mentoring opportunities can be used to develop personal relationships with students to implement these strategies and supports. It is directed more specifically to those who work in Catholic high schools to further the research of the way in which the foundational values of these schools can be directed towards providing support for the population of students experiencing anxiety, depression, and all mental health concerns.

This study takes place in two Catholic high schools in a medium-sized city in the Midwestern region of the United States. The research was conducted by an undergraduate student in the Department of Teacher Education at a medium-sized private, comprehensive university in the Midwest. This study was designed as two case studies resulting in a cross-case analysis. The data collection process was designed in three parts:

a general survey to be sent to all faculty and staff at each high school; a personal, unstructured interview with a faculty member at each school; and a school-website search for programs or structures in place to serve students experiencing anxiety and/or depression. The interview subjects were chosen once all survey data was collected to direct the data collection process to where more attention may be needed, according to the research questions of the study.

The study began with a review of current literature regarding strategies for the support of students experiencing anxiety and depression, mentoring opportunities in Catholic high schools, and through these opportunities, the development of personal relationships between teachers and students. Following the review of literature, the data were collected through the methods described previously, and the results were analyzed. The data analysis was conducted through content analysis and comparative methods. The data were analyzed for recurring themes in three parts: first within the survey data, then within the interview data to clarify and organize themes from the survey data, then further clarified with school-website data. The data were analyzed separately among School A and School B. There was much overlap between the results from each school, causing the cross-case analysis to act more as a synthesis of results to strengthen existing themes, and bring about a discussion of some of the valuable structures within Catholic schools.

### **Section 3: Conclusions**

This study was guided by the questions: *What strategies or interventions are being used in Catholic high schools by faculty members to address the needs of high school students experiencing anxiety and depression? How can schools provide support*

*for these students through teacher-student relationships developed through mentoring opportunities?* The study was designed as a case study of two Catholic high schools in the Midwest, resulting in a cross-case analysis of the data. The data answered the first question with quantitative data identifying strategies or interventions which can be integrated with the mentoring opportunities discussed in answer to the second research question.

The study resulted in many themes regarding teacher roles in the mentoring process and in addressing the needs of students experiencing anxiety and depression through the development of personal relationships. Among these themes are: *developing knowledge and understanding of anxiety and depression, modeling healthy coping strategies, collaboration with all faculty and staff, and creating supportive environments to foster student openness*. Within the role of creating supportive environments to foster student openness, subthemes arose, including: *active acknowledgement of the individual, connectedness through validation, establishing acceptance and trust, developing small communities, fostering inclusivity, and nourishment of the whole person*. These themes stretched across both School A and School B, and the data from one school complemented the other.

Within the lens of supporting students experiencing anxiety and depression, this research study aims to validate the Catholic school experience as unique and effective in addressing the needs of students experiencing anxiety and depression, identify the assets of the Catholic school which can and do address these students' needs, and finally, to increase awareness and understanding of the assets within Catholic schools, making them accessible to all schools, public or private. The study identifies the research population as

students experiencing anxiety and depression specifically in Catholic schools in order to accomplish these purposes. The review of the literature in Chapter 2 identifies an overview of potential assets of Catholic schools in terms of addressing the needs of students experiencing anxiety and depression. Through the identification of Catholic school characteristics at-large in the literature and within this specific case study design, the Catholic school experience and mission is validated as unique and effective in addressing the needs of students experiencing anxiety and depression. The study then serves its purpose to increase accessibility of these concepts and practices for all educational personnel, with hopes that they can and may be implemented and integrated into all schools alike, or if already existent, practiced with greater intentionality and awareness.

Although there are clear differences shown through the data between the established programs and systems of each school involved in this study, similar themes arose through teacher testimony of the ways in which the workings of each school could be used to support students experiencing anxiety or depression. This is a testament to the foundational and universal values of Catholic schools which can be directed towards the support of students with diverse needs, such as students experiencing anxiety or depression. While the physical structures of Catholic schools may appear very different, they are founded on values that come to light through the faculty and staff who dedicate their lives to them, and this is an asset which can be used to care deeply for students experiencing mental health needs, especially anxiety and depression. Some of the structures or programs within the Catholic schools of this research were repeated throughout the data, including retreat experiences, quality interaction with peers through

community experiences, and prayer or spiritual experiences. These inherent structures of Catholic schools are assets which can serve as resources for students experiencing anxiety and depression, in order to cope with their experiences and build relationships in spite of the inclination to back away from social interaction.

Among the quantitative data of the surveys, the respondents of both schools frequently selected social isolation, peer rejection and demonstrations of low self-esteem as noticeable symptoms of students experiencing anxiety and depression. In addition, over 50% of survey respondents of both schools reported using cooperative learning and intentional grouping to accommodate individuals experiencing anxiety and depression. These results align with the themes of teacher roles for the support of students experiencing anxiety and depression, and especially for the creation of supportive environments which foster student openness. Teachers contribute to the creation of supportive environments through the inclusion of opportunities for peer cooperation and the use of intentional grouping, which can combat social isolation, peer-rejection, and low self-esteem. When asked to respond to the statement, “I have developed positive, personal relationships with students who struggle with anxiety and/or depression through my school’s mentoring program or other opportunities for mentoring in my school” and “If my school did not have opportunities for mentoring, I would not be as aware of the things my students are struggling with in their personal lives,” the majority of teachers from School A agreed to the statement, and the majority of teachers from School B remained neutral. There was minimal negative response, indicating, if nothing more, that teachers are open-minded about mentoring opportunities within the schools and open to the development of relationships through these opportunities.

## Section 4: Implications

The results of the study validate the assets of Catholic schools, and can be applied in Catholic schools through the three most commonly mentioned circumstances within the data for the development of relationships and mentoring experiences. These include retreat experiences, opportunities for quality interaction among peers through experiences of community, and opportunities for prayer or spiritual experiences. These findings can help schools to adopt a structure in which students experiencing anxiety and depression, as well as other struggles with mental health, are able to receive appropriate acknowledgement and attention. These opportunities can be implemented into Catholic schools to create and facilitate an atmosphere of openness, acknowledgement of the individual, connectedness among persons, acceptance and trust, inclusivity, and nourishment of the whole person. Implementing these opportunities for the development of an environment conducive to mentoring relationships can positively affect students experiencing anxiety and depression. Through these opportunities, students will feel valued and will develop an ability to acknowledge and share their experiences, leading to the development of relationships with both peers and teachers as mentors.

Found within the cross-case analysis was a difference in emphasis upon building relationships within the school day and implementing structures which are conducive to relationship-building within the curriculum, versus taking advantage of the time during extracurricular activities or before/after-school events to build relationships outside of the school day. This raises a notable question of which approach school personnel should take towards building mentoring relationships with students: should building relationships with students be considered an outcome or task that must be fulfilled

through extracurricular commitments; should it be an integral and intentional part of the school day, built into the structural aspects of the school; or should it be a combination of the two? According to previous research, students experiencing feelings of anxiety and depression, especially upon moving into a new environment during the transitions into and out of high school, feel more inclined to participate in extracurricular activities when they feel connected to their school environment (Dods, 2013). Dods' (2013) research along with the research of this case study, indicate that school personnel must address students' needs for personal connection within the school day in order for them to feel inclined to participate in activities outside of the school day. Therefore, there must be intentional structures within high schools which are used to create an inclusive, connected, safe environment for students, for students to feel comfortable enough to seek extracurricular forms of nourishment. Students must have the opportunity to bring their vulnerability to the people they encounter within the school day—the time in which they are required to participate—before they will be inclined to bring their vulnerability to even more new environments such as sports, clubs, and other activities. However, this does not mean that extracurricular nourishment does not enhance students' feelings of connection to their school, or that it does not provide additional opportunities for openness, the development of relationships, and feelings of purpose and fulfillment. The research only implies that in order for schools to address the anxiety or depression students may be experiencing due to a multitude of factors, a safe environment must be established within the school-day first and foremost. Then, teacher involvement can extend beyond the classroom, into their involvement with after-school activities, building upon those relationships created within the school-day, and providing the opportunity for

further mentoring based on student interests and more personal interactions.

### **Section 5: Recommendations for future research**

The research study provides strategies and supports which faculty and staff of Catholic high schools can use to address the needs of students experiencing anxiety and depression, and reveals many elements of a school environment conducive to the development of relationships and mentoring opportunities for the support of these students. Throughout the study, there has been frequent mention of the importance of teacher knowledge and understanding of the manifestations and effects of anxiety and depression. An area for further research might be the value, method, and content of professional development for high school faculty and staff for greater awareness of common mental health challenges during adolescence. Within this study, the majority of survey respondents from both School A and School B reported awareness of students experiencing anxiety or depression within their classroom, yet the majority of respondents from School A reported having received no professional development (PD) or training regarding the support of students experiencing anxiety or depression, while the majority of respondents from School B reported having received special PD/training. Seeing as the results of the remaining survey and interview data for each school were complementary and interrelated, the implications of professional development training regarding adolescent mental health were not revealed in this study, and may require an isolated study of its own.

An additional recommendation for future research is the measurement of the effectiveness of strategies such as those reported in this study, for the benefit of students experiencing anxiety, depression, and other mental health challenges. Isolating those



strategies and supports which are effective in addressing not only symptoms but also causes of the anxiety and depression can allow school personnel to focus time and energy more pragmatically, and devote more energy to the development of new and more effective approaches. While this study focused on ways in which faculty and staff could be involved in the development of mentoring relationships for the support of students experiencing anxiety and depression, a future study might also measure the effectiveness of mentoring relationships for the decrease of anxiety or depressive symptoms or incidences, or it may even measure the success of the elements identified in this study in creating a conducive atmosphere for students to seek attention and help.

Future research might also look at the relevance of this study for the elementary and middle grades. Current research regarding mental health in elementary schools involves social-emotional learning in the form of teaching awareness of emotions and behavioral urges, and strategies for redirecting one's emotional energies and behaviors (Reilly, 2015). Research might discuss how social-emotional instruction can create a safe and supportive environment including the elements discussed in this study. Building resiliency is also a topic of discussion in current educational research. This adds another dimension to the conversation of building a supportive atmosphere to foster openness and strategies to address the needs of students experiencing anxiety and depression. In the case of the early grades, this discussion may be directed towards building mental-wellness and providing preventative measures for more severe experiences which may arise during adolescence.

## **Section 6: Summary of Chapter 5**

This case-study of strategies and mentoring relationships for the support of

students experiencing anxiety and depression in two Catholic high schools is valuable to the current trend in research towards mental health in schools and the value of mentoring. Most research of this kind has been focused on elementary, middle, or college level education, with little attention given to the opportunity for high school teacher-student mentoring relationships and their benefits, especially for an increase in mental health. This study was designed to identify strategies used in Catholic schools to meet the needs of high school students experiencing anxiety and depression and to explore the development of mentoring relationships between teachers and students through the opportunities presented in Catholic schools for mentoring to occur and relationships to develop. An additional purpose of this study was to integrate the results of each question to discover how mentoring opportunities can provide time for school personnel to implement specific strategies through the development of relationships.

Within this study, the Catholic school experience and mission is validated as unique and effective in addressing the needs of students experiencing anxiety and depression. In conclusion, the study serves its purpose to increase accessibility of these concepts and practices for all educational personnel, with hopes that they can and may be implemented and integrated into any school-place, or if already existent, practiced with greater intentionality and awareness.

The data and its analysis produced a holistic set of teacher roles and values for the development of mentoring relationships in order to support students experiencing anxiety and depression. The resulting teacher roles are: *developing knowledge and understanding of anxiety and depression, modeling healthy coping strategies, collaborating with all faculty and staff, and creating supportive environments to foster student openness.*

Within the role of creating supportive environments to foster student openness, subthemes arose, including: *active acknowledgement of the individual, connectedness through validation, establishing acceptance and trust, developing small communities, fostering inclusivity, and nourishment of the whole person*. Teachers contribute to the creation of supportive environments through the inclusion of opportunities for peer cooperation and the use of intentional grouping, which can combat social isolation, peer-rejection, and low self-esteem.

This study holds many implications for Catholic schools and all educational environments. The elements of a supportive atmosphere conducive to combating mental health challenges can be applied in Catholic schools through the three most commonly mentioned circumstances within the data for the development of relationships and mentoring experiences. These include retreat experiences, experiences of community for quality interactions, and opportunities for prayer or spiritual experiences. These findings can help schools to adopt a structure in which students experiencing anxiety and depression, as well as other struggles with mental health, are able to receive appropriate acknowledgement and attention.

Found within the cross-case analysis was a difference in emphasis upon building relationships within the school day and implementing structures which are conducive to relationship-building throughout the school place, versus taking advantage of the time during extracurricular activities or before/after-school events to build relationships outside of the school day. Due to this discrepancy, a question is raised of which approach school personnel should take towards building mentoring relationships with students: should building relationships with students be considered an outcome or task that must be

fulfilled through extracurricular commitments; should it be an integral and intentional part of the school day, built into the structural aspects of the school; or should it be a combination of the two? According to previous research and the research of this case study, schools must address students' needs for personal connection within the school day in order for them to feel inclined to participate in activities outside of the school day. Extracurricular involvement is still valuable to the development and maintenance of mentoring opportunities and can enhance the elements of a supportive school atmosphere.

Recommendations for areas of further research include the value, method, and content of professional development opportunities for faculty and staff to develop awareness and competence for addressing students' mental health; measurement of the effectiveness of specific strategies such as those reported by survey respondents in this study or strategies suggested in the literature; and relevance of the resulting themes of this study to the elementary and middle-grades as well as their relation to current topics such as social-emotional learning and resiliency.

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## Appendix A

## Invitation to Participate in Research

**INVITATION TO PARTICIPATE IN RESEARCH****Surveys and Interviews**

Research Project Title: *High School Intervention Strategies for the Support of Students with Anxiety or Depression: A Case-Study of Two Catholic High Schools*

You have been asked to participate in a research project conducted by *Karin Forsthoefel* from the University of Dayton, in the Department of *Teacher Education*.

The purpose of the project is: *To identify a range of intervention strategies, including the development of mentoring relationships, which Catholic schools use to address the needs of students experiencing anxiety or depression.*

**You should read the information below, and ask questions about anything you do not understand, before deciding whether or not to participate.**

- Your participation in this research is voluntary. You have the right not to answer any question and to stop participating at any time for any reason. Answering the questions will take about ---- minutes.
- You will not be compensated for your participation.
- All of the information you tell us will be confidential.
- If this is a recorded interview, only the researcher and faculty advisor will have access to the recording and it will kept in a secure place.
- If this is a written or online survey, only the researcher and faculty advisor will have access to your responses. If you are participating in an online survey: We will not collect identifying information, but we cannot guarantee the security of the computer you use or the security of data transfer between that computer and our data collection point. We urge you to consider this carefully when responding to these questions.
- I understand that I am ONLY eligible to participate if I am over the age of 18.

**Please contact the following investigators with any questions or concerns:**

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**If you feel you have been treated unfairly, or you have questions regarding your rights as a research participant, you may contact Candise Powell, J.D., Chair of the Institutional Review Board at the University of Dayton, [IRB@udayton.edu](mailto:IRB@udayton.edu); Phone: (937) 229-3515.**

Appendix B  
Survey Questions

**PART 1: GENERAL INFORMATION**

Employed position title/roles in school: \_\_\_\_\_

Years employed at school:

- ☐ 1-5
- ☐ 5-10
- ☐ 10-20
- ☐ 20+

Subject Area Taught: \_\_\_\_\_

Grade Level(s) Taught (Circle all that apply):      9<sup>th</sup>      10<sup>th</sup>      11<sup>th</sup>      12<sup>th</sup>

\*All general information will be anonymous and kept confidential.

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**PART 2: GENERAL STRATEGIES TO ADDRESS THE NEEDS OF STUDENTS WITH ANXIETY AND DEPRESSION:**

1. At the present time, do you know of any students in your classroom who are struggling with anxiety and depression?
  - ☐ yes
  - ☐ no
2. How were you made aware of these struggles? If answered “no” to number 1, have you had any students in the past who struggled with anxiety or depression, and if so, how were you made aware?

They show symptoms of:

- ☐ Verbalized or other demonstrations of low self-esteem
- ☐ Indications of long-term stress
- ☐ Expression of negative thoughts
- ☐ Lower quality of academic work
- ☐ Behavioral problems
- ☐ Social isolation/peer rejection
- ☐ Lower school attendance
- ☐ Trouble maintaining focus and attention
- ☐ Evidence of lowered appetite

- Evidence of decreased stamina or cognitive functioning
  - Substance abuse
  - Physical symptoms such as fatigue or restlessness
  - Appears tense
  - Lack of sleep
  - Decreased ability to make decisions/more impulsive and risky behavior
  - Easily distracted
  - Difficulties with memory
  - Increased irritability
  - Loss of interest in previous involvements and activities
  - Other: \_\_\_\_\_
3. Do/have you receive(d) professional development or training of any volume through the school you are employed in to address the needs of students with anxiety and depression?
- Yes
  - No
4. What specific instructional strategies have you developed to address the specific needs\* of students with anxiety or depression? Please check all strategies that you use to address their needs or list in "other." If you have developed or been trained with specific strategies through your school, please list in "other."
- **Explicit teaching of active problem-solving**
  - **Explicit teaching of how students can recognize their need for emotional support and how to seek support**
  - **Explicit teaching of cognitive restructuring**, which is the process of learning to identify and work through and dispel irrational or harmful thoughts
  - **Other specific coping strategies** (if checked, feel free to mention the specific strategy):  
\_\_\_\_\_
- 
- **Frequent parent notification of and involvement with student concerns**
  - **Facilitating goal-writing** to encourage the student to set personal goals using positive language, and following up on the goals frequently to discuss progress, reevaluate goals, or write new goals, to combat negative self-esteem and feelings of low self-worth.
  - **Providing self-management checklists**, allowing the student to keep themselves on-task and provide them with a visual depicting their organization and accomplishment, as well as to aid their memory in their progress on a task
  - **Frequent break-time during class periods** in responsiveness to lower energy levels

- **Recording lectures** to allow students comfort in knowing they can go back to anything they may have missed or misheard to ease troubles with memory and potential triggers for anxiety
- **Cooperative learning time and intentional grouping** to ensure that students with depression will receive positive attention.
- **Incorporating activities into the classroom according to the students' interests**, since it is hard for them to motivate themselves to stay involved in clubs, sports, or other activities
- Other: \_\_\_\_\_

\*Specific needs include attention and interventions for their fatigue or lower energy levels, inability to maintain focus/attention, low self-esteem or negative perceptions of themselves, peer rejection, lower memory retention, lack of organization, and other behaviors or attitudes resulting from anxiety or depression.

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### **PART 3: MENTORING PROGRAMS, THE ESTABLISHMENT OF PERSONAL RELATIONSHIPS BETWEEN TEACHERS AND STUDENTS, AND THEIR EFFECT ON STUDENTS WITH ANXIETY AND DEPRESSION:**

5. Does your school have a mentoring program?

- Yes
- No

a. If yes, please describe the program and your role in it:

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b. If no, what other opportunities for mentoring do you and your students participate in?

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6. I have developed positive, personal relationships with students who struggle with anxiety and/or depression through my school's mentoring program or other opportunities for mentoring in my school. (SD=Strongly Disagree, D=Disagree, N=Neither Agree Nor Disagree, A=Agree, SA=Strongly Agree)

SD

D

N

A

SA

7. During times of mentoring, I am able to implement specific strategies and interventions to address the needs of students with anxiety and/or depression.

SD                      D                      N                      A                      SA

8. If I my school did not have opportunities for mentoring, I would not be as aware of the things my students are struggling with in their personal lives.

SD                      D                      N                      A                      SA

9. If my school did not have opportunities for mentoring, I would not be able to implement strategies and interventions to address the specific needs of students with anxiety and/or depression.

SD                      D                      N                      A                      SA

10. If you have been able to develop personal relationships with students through mentoring time, please discuss how you have been able to utilize this time to develop or implement specific strategies to help students who may be dealing with anxiety and/or depression:

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## Appendix C

### Interview Questions

1. Could you mention one of the strategies you may use in your classroom to support students with anxiety/depression and talk more about how you use that strategy?
2. What mentoring opportunities are you involved in at this school? If there is no formal mentoring, talk about some times when you have been able to engage in personal conversation with students or check in on aspects of their lives aside from academics.
  - a. Have these opportunities allowed you to develop personal relationships with students who experience anxiety/depression? Have they been helpful in enlightening you to what the students go through?
  - b. Are any of the strategies you use to address the needs of students with anxiety/depression reliant upon these opportunities? In other words, do these personal conversations affect your instruction? If so, how?
3. Are any of the strategies you use to address the needs of students with anxiety/depression reliant upon or enhanced by the relationships you form with your students?
  - a. How do your personal relationships allow you to support students with anxiety/depression?
4. Other thoughts you may have on this topic: