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Mitigating Student Anxiety in the Secondary Classroom: A Culturally Sustaining Approach

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MITIGATING STUDENT ANXIETY IN THE SECONDARY CLASSROOM:
A CULTURALLY SUSTAINING APPROACH

by

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DEDICATION

Dedicated to Tim, Hannah, Mady, and all my students whose grace, patience, and openness have changed my life.

In loving memory of Davis Minar (2003–2019).

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ABSTRACT

This study emerged in response to broader trends of increasing anxiety among schoolchildren and my own observations as a teacher. Suicide is now the second-leading cause of death for youth (Curtin et al., 2022), and anxiety is a known factor in most deaths by suicide (Nepon et al., 2010). Teachers are often the first point of contact for anxious students, but a shortage of counselors in U.S. schools and other systemic barriers prevent widespread access to counseling services (Cratty, 2019). Moreover, identity-based anxieties are often misattributed to aggression or attention-seeking, and punished in school settings, instead of recognized and supported (Harper & Fergus, 2017).

To support my students, particularly those in the BIPOC and LGBTQ communities, I combined Cavioni et al.'s (2020) framework for mental health promotion in schools with the lenses of critical race theory and Queer theory and pedagogy. In this mixed-methods, participatory action research study, I examined whether the adoption of daily mental health routines, overt teaching of adapted mental health curriculum, and culturally sustaining curricular choices in safe spaces within my core classes would mitigate or decrease anxiety for my middle school students. Despite the confounding variables of preexisting environmental factors and unexpected community circumstances, results were promising and may inspire fellow teachers to undertake similar interventions. Further, I draw on improvement science (Hinnant-Crawford, 2020) to articulate how to refine my approach to continue the work of decreasing student anxiety with even more success.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

ACE..adverse childhood experience

ADHD.. attention deficit hyperactivity disorder

BEAM.. Black Emotional and Mental Health Collective

BIPOC..Black, Indigenous, (and) People of Color

CHHMH.. Coffee, Hip-Hop & Mental Health

CRT...critical race theory

CSP .... culturally sustaining pedagogy

DBIR... design-based implementation research

DBT...dialectical behavior therapy

ELA..English language arts

ELCA ....Evangelical Lutheran Church in America

LGBTQ ....lesbian, gay, bisexual, transgender, and queer/questioning

QTP... Queer theory and pedagogy

PDSA .... plan–do–study–act

PTSD.. post-traumatic stress disorder

CHAPTER 1

INTRODUCTION

Students with anxiety, depression, and suicidal ideation always seem to find me, and such interactions invariably impact my own and other educators' lives. As a teacher, I have walked with students in various stages of mental health need and been invited to share their moments of crisis, joy, and daily life. Every day, I rejoice for those who overcame countless challenges and are making their way in the world—yet I sleep near my phone because I have seen interventions fail. In 2019, I shed tears at a funeral for my student who died by suicide. I still wonder if I could have done more—checked in at home, changed my syllabus, or asked more questions. Student death by suicide is one of my biggest fears.

Throughout my decades as an educator of middle school and high school students in public, private, online, and home school cooperative settings, I have seen increasing numbers of students exhibit various detrimental responses to anxiety, ranging from hiding and freezing to suicidal ideation and attempts. My experience mirrors national trends that chart rising teen anxiety, a risk factor for suicide, which is currently the second-leading cause of death for teens (Curtin et al., 2022; Twenge, 2020). Each student who struggles with anxiety deserves a school counselor, but connecting students to necessary resources has not been possible in the schools where I have worked due to staff and budget shortages, consistent with broader reports on limited access (Cratty, 2019).

When I began teaching at Gethsemane Lutheran School in 2021, I realized many

of my students were experiencing anxiety, particularly given the COVID-19 pandemic and the threatened closure of the school. I turned to action research to address this problem of practice (Herr & Anderson, 2015) grounding my interventions in critical race theory (CRT), Queer theory and pedagogy (QTP), and culturally sustaining pedagogy (CSP). These theories informed my choices of English Language Arts (ELA) and Geography curriculum to create safe opportunities for my fifth through eighth graders to explore and discuss racism, homophobia, and community trauma. Cavioni et al.'s (2020) framework of mental health promotion in schools mirrors the reality that school and community counselors are in short supply (Cratty, 2019), so school personnel must join with families and communities to prioritize student mental health.

Problem of Practice

I am not alone in worrying about students. Teachers have been increasingly concerned about students' stress and anxiety levels (Simmons, 2019), to the point that they "worry, lose sleep, [and experience] compassion fatigue, and emotional exhaustion, and even vicarious trauma" (Lucas, 2007, p. 86). Teachers worry for good reason. Twenge (2020) documented several disturbing trends in the last decade: a rise in depression, self-harm, and suicide, in contrast to the stability, and even improvement, in mental health in the early 2000s. Untreated anxiety disorders are also problematic, strongly correlating with depression (Patriquin & Mathew, 2017), and increasing the likelihood of suicidal ideation, intent, and death by suicide (Galaif et al., 2007). Anxiety can prompt a healthy flight, fight, or freeze response (Patriquin & Mathew, 2017), but untreated or prolonged anxiety leads to elevated levels of cortisol, increased rates of depression, and an increased likelihood of suicide (Adam et al., 2015). As Nepon et al.

2

(2010) found, "Among individuals reporting a lifetime history of suicide attempt, over 70% had an anxiety disorder" (p. 4). Further, suggesting a need to attend to the role of gender, their data showed "panic disorder was associated with suicide attempts for men," and "generalized anxiety disorder, PTSD, and social anxiety disorder were associated with suicide attempts for women" (Nepon et al., 2010, p. 5).

The use of social media and the COVID-19 pandemic seem to correlate with increased anxiety for more and younger students, with 60% of female students and 70% of LGBTQ students facing persistent sadness in the last year, and in 2021, a quarter of female students made a suicide plan, and a quarter of LGBTQ students actually attempted suicide (Centers for Disease Control and Prevention, 2023b). Death by suicide is also on the rise among Black youth—twice as likely for those aged 5–12 compared to their White counterparts (Sheftall et al., 2022). Homophobia and racism are unique stressors, as opposed to situational or genetic stressors, because they attack a person's core identity, and students who experience the intersectionality of belonging to more than one marginalized group may face racism and homophobia concurrently. With suicide as the second-leading cause of death for people in the United States age 10–34 (Curtin et al., 2022), this problem is too heavy for these precious lives to bear without help.

Too often, however, teacher concerns are discounted, and teachers are discouraged from intervening when they see their students in distress. In a school where I was a secondary English teacher, I was reprimanded numerous times for talking to students about mental health and anxiety—for telling students they could talk to the school counselor about their self-reported anxiety and for allowing them to use my room as a safe space to calm down to avoid a fight or to prevent cutting or panic attacks. I was

also told I was overreacting by taking suicide threats seriously and meeting students at hospital emergency rooms and counselors' offices when parents and school administrators were out of town or unavailable, despite those interventions' resulting in residential and outpatient therapy-based treatments. Interventions work, and I have been fortunate to see several former students successfully navigate mental health challenges as they have made the transition from adolescence to young adulthood.

For success to become the rule, and not the exception, teachers must recognize the rise in student anxiety overall, as well as the failings of the current system. During my 24 years as a licensed teacher working with students with varying degrees of anxiety, I have seen firsthand the effects of the counselor shortage; the gaps in trauma-informed teaching; and the challenges BIPOC and LGBTQ students face. My experiences with my own students, as well as with friends and family, compelled me to address student anxiety within my classroom at Gethsemane Lutheran School.

Shortage of Accessible School and Community Counselors

Although most teachers are not trained counselors, we often see students daily and are privy to countless observations, conversations, and behavior clues, not to mention more overt signals of distress in journals or other assignments. Connecting students to effective, affordable school and community resources would be ideal, but such resources may not be feasible logistically or long-term, given significant and widespread shortages of school counselors. In the public school where I previously worked, the school counselor had a 3-day wait list, indicative of the nationwide student-to-counselor average of 464:1, despite the American School Counselor Association recommendation to cap caseloads at 250 students (Cratty, 2019). Access to school counselors for private school

students in Minnesota tends to be even more limited, as counselors often split their time among several schools, devoting only a few hours per week at any one site (Minnesota Department of Education, 2019). Even worse:

> nearly 1 in 5 students — about 8 million children — do not have access to a counselor in their school at all, and nearly 3 million of those students do not even have access to other school support staff, such as school psychologists or social workers. (Cratty, 2019, p. 1)

At Gethsemane, we have a counselor on site—but only 1 day a week for 2 hours.

Community-based therapy is an alternative to school-based counseling but is beset by barriers such as prohibitive costs, lack of transportation, family resistance, and shortage of BIPOC and LGBTQ counselors (Mongelli et al., 2020). Transportation to and cost of counseling services uniquely affect children and youth and are compounded by stigma and stereotype for marginalized young people (Mongelli et al., 2020). Even when community counseling is available, affordable, and culturally competent, in my experience, when students attend community counseling, scheduling is more difficult than with school-based services, which means they are out of the classroom more and run the risk of falling behind their peers academically.

Gaps in Trauma Research for Marginalized Populations

While educators are becoming more informed regarding trauma-based anxiety (National Council of State Education Associations, 2019), less is understood about identity-based anxieties, especially those experienced by marginalized students. Despite abundant scholarship on how to ease the burden of mental health strain and anxiety on students, few studies and interventions specifically address the impacts of systemic

racism and community trauma on the mental health of students of color (Barnes, 2019), although there is promising new research that evaluates racial disparities in perception of safety as correlated with cortisol levels (Browning et al., 2023). Studies show LGBT youth in unsupportive settings are at a significantly increased risk for suicide, particularly if those settings are religious, yet few have examined the possibility of students' reconciling their religious faith and their LGBT nature (Joldersma, 2016). Trauma-informed teaching protocols, which typically account for adverse childhood experiences (ACEs; National Council of State Education Associations, 2019), are helpful but incomplete, focusing primarily on personal and family trauma instead of community trauma; trauma based on race, gender, or sexual identity; or systemic trauma due to discrimination. Therefore, the ACEs approach reinforces deficit models, whereby teachers and other professionals attribute problems with student achievement to students and families, instead of examining the systems and societies within which they are forced to operate (Ladson-Billings, 2007).

My past experiences teaching a TRIO program in Minneapolis in 2020, near where George Floyd was killed, and teaching in a Christian high school that did not affirm LGBTQ identities made me aware of the unique anxieties marginalized students face. Even when counselors are available and teachers are trained in interventions, they may attribute mental health challenges to personal or family crises, overlooking the role of students' marginalized identities. Black students' fight responses to anxiety are often misattributed to aggression or emotional disturbance (Harper & Fergus, 2017), and 73% of LGBTQ youth report experiencing anxiety (The Trevor Project, 2023). Whether students are White, privileged, and also LGBTQ; people of color subject to daily

6

prejudices, discrimination, and race-based trauma; or both, no student can withstand attacks on their core identity without significant harms to their mental health.

Mental Health Challenges in Education for Students of Color

In addition to the ongoing negative effects of systemic racism and community trauma, BIPOC have long faced challenges in mental health diagnosis and treatment (Alegria et al., 2010). In fact, only one in three Black Americans who need mental health care receive treatment as adults (National Alliance on Mental Illness New Hampshire, 2022), which is not surprising, given that counselors and psychologists are primarily White, counseling is expensive, and some cultures stigmatize seeking counseling (Lin et al., 2018; Schaeffer, 2021). Of particular concern is the trend to downplay, discount, or misattribute teen anxiety as intentional misbehavior or attention-seeking (McDermott et al., 2017). I frequently remind myself to check my assumptions and consider a student's motivations. Instead of assuming students are being defiant, I must ask if they feel seen, safe, and valued.

Even when I have noticed student anxiety, I often found myself trying to convince other teachers or administrators that one of my students was experiencing anxiety, only to be dismissed, countervailed, or reprimanded. In a public middle school where I taught, a Latina student often stopped by my room for an informal anxiety check. Sometimes, she would tell me her anxiety was so high that if she had to walk to lunch—through three crowded hallways and three flights of enclosed stairwells--she felt like she was going to fight someone. I would allow her to sit in the library corner of my room and listen to school-issued headphones while I ate my lunch, giving her time to calm down. However, when I mentioned her anxiety at a Student Support meeting, I was told she was not

anxious, but rather aggressive and oppositional. Similarly, in a private school where I worked, I was reprimanded via email for telling a ninth-grade student the school employed a counselor and offering to facilitate a meeting. While helping this young Black man with a research paper during my preparation hours and lunch, he told me, "I get anxious sometimes. I wish I had a counselor." Thwarting my efforts to intervene, a special education teacher told me—via an email copied to administration—that the only thing the student needed was to sit down and focus.

Lest readers believe these are two isolated incidents, not only are Black students overrepresented in special education, but they are also diagnosed with emotional disturbance at twice the rates of their White peers yet diagnosed with anxiety at only half the rate (Harper & Fergus, 2017). Given the rising rate of anxiety among teenagers in general, this disparity is concerning. The characteristics of emotional disturbance as listed by the Individuals with Disabilities Education Act (U.S. Department of Education, 2017) closely resemble "fight" responses to anxiety. According to Cisler et al. (2010), the "emotional reactivity" associated with generalized anxiety disorder "makes emotions difficult to regulate," accompanied by "difficulty with identifying and understanding emotions" (p. 11). Low-level, chronic stress can make people perceive even relatively safe environments as dangerous, thus eliciting fight, flight, or freeze responses (Patriquin & Mathew, 2017).

If students are not being diagnosed with anxiety, they are more than likely not receiving treatment for anxiety, either. The origins of anxiety disorders, the effects of anxiety on emotion regulation, and the fact that perceived racial discrimination results in adverse chemical and emotional responses call into question Black students'

disproportionate diagnoses (Adam et al., 2015; Asnaani et al., 2010). Educators and mental health professionals must consider that cultural, environmental, and demographic differences may cause them to misunderstand, misinterpret, and misdiagnose Black students who display emotional dysregulation due to anxiety (Center for Workforce Studies, 2017; Lin et al., 2018). Although some anxiety, depression, and behavioral problems can be attributed to personal and family trauma, as well as isolation and poverty (Alegria et al., 2010), these factors alone do not account for, nor justify, disciplining students of color at such highly disproportionate rates as their White peers (Losen, 2018).

Community trauma also has a negative effect on children (Alegria et al., 2010), leading to permanent, undesirable changes in social relationships as people leave the community and social institutions and services are disrupted and even dissolved (Kleber, 2019). My students in a TRIO Upward Bound program who lived within blocks of where George Floyd was murdered experienced this phenomenon, and the classroom impact of the murder and subsequent riots was not limited to the summer of 2020. The January 6 Capitol riot retraumatized many students, as did the killings of Duante Wright and Amir Locke by Minnesota police officers. Further reinforcing my TRIO students' anxiety, police kill Black people at twice the rate of White people (Tate et al., 2022), yet some of my Gethsemane students, whose parents are police officers, are also susceptible to secondary trauma and PTSD associated with children and loved ones of first responders (Buehner, 2015).

My Gethsemane students faced a different type of community trauma this year as the church council announced a significant budget shortfall in November 2022 and voted in March 2023 to close the school at the end of the academic year. In addition to the

9

sadness, loss, and uncertainty students felt knowing they would have to find new schools, the decision was met with confusion, grief, and anger among parents and staff, who also had to face uncertainty and make decisions for the future; as well as for community members who mourned the loss of the school that had been a beloved community institution for the past 80 years.

Continuing community trauma, coupled with the disruption of community resources, makes school resources even more important. However, teachers can easily mistake students' anxious behaviors, which are logical coping mechanisms for inequity and community trauma, for ADHD, oppositional defiance, and emotional disturbance (Walker, 2018; Wright, 2015). Inappropriate disciplinary procedures based on subjective interpretations of behavior affect many students, but disproportionately result in loss of seat time and increased rates of referral to special education, suspension, expulsion, and police involvement for Black students as opposed to their White peers (Harper & Fergus, 2017; Losen, 2018). Instead of reducing anxiety and helping students return to a state of equilibrium, combative discipline can quickly escalate a situation for all students, leaving teachers and students frustrated and confused.

Mental Health Challenges in Education for LGBTQ Students

My past experiences in a conservative, affluent, predominantly White private school have also included teens who exhibit significant anxiety, in part because they are uncomfortable expressing their gender and sexuality in religious spaces. Like many conservative religious settings, the school taught that any expression of sexuality before a heteronormative marriage is wrong, and actively shamed youth who engaged in any sort of sexual activity or exploration (Paul, 2014). Negative, discriminatory conditions create

unsafe, hostile environments (Moon & Reger, 2014), and as Russell et al. (2021) noted 74% of teachers do not feel confident in their ability to support LGBTQ students without school or community backlash, and over 52% of LGBTQ students have heard school personnel utter homophobic remarks. At Gethsemane, staff had several concerns about appropriate bathroom and locker room spaces for students exploring transsexual identities.

Of additional concern, a Human Rights Campaign (2018) survey of 12,000 LGBTQ youth ages 13–17 found that only 2% were out to their religious community regarding either their sexual orientation or their gender identity, and only 19 states had passed anti-bullying and anti-discrimination legislation for schools. President Biden's 2021 Executive Order outlawing discrimination based on sex, sexual orientation, and gender identity is a positive step forward (Russell et al., 2021), but when school is an extension of a student's religious community, finding safe spaces to be out is much more complicated. According to Joldersma (2016), "dissonance between the school community's Christian beliefs about homosexuality" (p. 39) and students' identities compounds the microaggressions, bullying, and discrimination LGBTQ youth face.

In my teaching experience across a variety of settings, helping students who experience identity-based anxiety, depression, and suicidality is difficult when teachers and staff misinterpret their behaviors as defiance, attention-seeking, or attention deficit disorders. Seeing these effects firsthand troubles me, whether students' anxieties are rooted in race, gender identity, or sexuality. Whether navigating city streets where people assume they are dangerous or cloistered hallways where people assume they are sinful, students deserve safe spaces where they are affirmed for being who they are.

11

Purpose Statement and Research Questions

Teachers are often the first point of contact for struggling students because student access to school or community counselors is limited at best (Cratty, 2019). Therefore, the purpose of my study was to respond to my Gethsemane students' anxiety by implementing and evaluating classroom interventions designed with special consideration for anxiety that stems from some aspect of students' core identity. To achieve this aim, I posed the following questions:

1. What is the current level of anxiety among my students and to what degree do their core identities (i.e., race, gender, sexuality) contribute to their anxiety?

2. How do positive mental health interventions and daily routines within safe spaces impact student anxiety?

3. How does adapting my curriculum in ways that expose racism, homophobia, and community trauma impact student anxiety?

Overview of Methodology

I conducted an explanatory, sequential, mixed-methods participatory action research study intended to reduce anxiety among my Gethsemane Lutheran students, especially those marginalized by racial, gender, or sexual identities. In many ways, they are typical of students in Grades 5–8, yet I used unique, purposeful sampling, recognizing their position as students in a local setting with very specific attributes (Merriam & Tisdell, 2016). As the only private K–8 school sponsored by the Evangelical Lutheran Church in America (ELCA), Gethsemane was unique in the state of Minnesota. In November, the Church Council inadvertently announced to the majority of the middle school students that the school was facing a budget deficit and in danger of closing by

emailing them a letter intended only for their parents and guardians. The timing of my study coincided with the school's campaign to increase enrollment and prevent the school's closure for the 2023–2024 school year. Any robust discussion of my students' anxieties needs to acknowledge the unique attributes this setting and timing presented.

To plan targeted interventions, I used an invitation to acquire parental consent (Appendix A) before administering a Likert-scale survey (Appendix B–C) to assess my students' baseline anxiety levels in the context of microaggressions, bullying, harassment, and community trauma as related to race, gender, and sexuality. Some researchers may be content with simply collecting and reporting this data about student anxiety, but in an explanatory study, "the qualitative component is used to explain and clarify the outcomes of the quantitative component" (Schoonenboom & Johnson, 2017, p. 110). I chose this mixed-method approach to advance my goal of affecting positive change in my students—especially students who reported experiencing anxiety in the initial survey. To that end, from January–March 2023, I initially incorporated a modified version of Mazza et al.'s (2016) dialectical behavior therapy (DBT) skills training as a holistic daily intervention designed to decrease student anxiety within a core subject class. At the end of January, our school schedule shifted from daily 45-minute periods to every-other-day 80 minute blocks, including 45 minutes per week for guided community building, which I used as additional time for teaching DBT skills and principles.

I kept a field journal, noting my observations of content presentation, students' reactions to lessons, direct interaction with students during the lessons, and external circumstances that may have affected their responses. As a teacher researcher, I committed to a "focused and systematic form of reflective practice" (Schaenen et al.,

13

2012, p. 72). However, to ensure my hopes and goals for the study did not unduly influence my observations, I relied on multiple sources of data to assess anxiety levels post-intervention: student responses to interventions during class and as reported in their own dialogue response journals, student-led Socratic seminars, semi-structured interviews with student volunteers, and a second Likert-scale survey (Appendix D–E).

Students were already familiar with journals and Socratic seminars, and most were comfortable enough to share their opinions out loud or in writing. Indeed, some students freely voiced that the DBT curriculum was boring, irrelevant to English, weird, and uncomfortable. I told them one of my motivations for the study was to ensure I did not continue using interventions they did not like or that did not work well for them. Mazza et al.'s (2016) curriculum was considerably more advanced than the mental health toolkit (George, 2020) I originally had in mind, so I pivoted to focusing on clear and effective implementation and evaluating my students' responses.

My observations combined with my assessment of multiple types of student response provide a narrative of student anxiety and response to interventions that accurately reflects "the essence of [each] person's lived experience" (Merriam & Tisdell, 2016, p. 113). This approach is in keeping with the definition of participatory action research, which necessitates using data to develop and test one or more interventions while being mindful of participants' voice and input. In the words of Efron and Ravid (2020), "participatory action research expects a commitment to vigorous research for the purpose of solving specific local problems and at the same time advancing knowledge about research methodology and theoretical implications that may be disseminated to the field at large" (pp. 11–12). To clearly understand the theoretical implications of this

14

study, the theoretical framework must be explicit, along with the multiple complementary lenses I used to help myself and educators like me acknowledge and understand the realities our marginalized students face.

Theoretical Framework

To implement and evaluate my intervention, I merged an existing model of mental health promotion in schools (Cavioni et al., 2020) with several complementary lenses: critical race theory (CRT), queer theory and pedagogy (QTP), and culturally sustaining pedagogy (CSP). Any move to promote student mental health is hollow without acknowledgement of the unique challenges facing marginalized students. Therefore, as the following sections briefly explain and Chapter 2 elaborates, my problem of practice warranted an equity-centered mental health approach that drew on individual students' strengths as I sought to ensure students could easily transfer content out of the classroom and into the cultural context of their daily lives.

Mental Health

In their review of mental health interventions in schools, Fazel et al. (2014) argued, "both ethical and scientific justifications exist for integration of mental health and education" (p. 377); specifically, they advocated for:

> strategies, rather than programmes, which build on the naturally occurring ecologies within schools to strengthen skills and competencies around mental health identification and intervention [using] interventions that are feasible, low burden, and can be easily integrated into routine school schedules. (p. 381)

Taking these principles one step further, Cavioni et al. (2020) provided a model of effective mental health promotion to address the lack of "a comprehensive theoretical

framework that clearly delineates the concept of school mental health" (p. 67). Placing student and teacher mental health in the center, they articulated wrap-around strategies for achieving the target: building resilience; improving social and emotional learning; and engaging with school, family, and community resources to prevent and treat social, emotional, and behavioral problems. Cavioni et al.'s model thus provided a clear, workable framework for this action research study, as I sought to mitigate anxiety through culturally sustaining instruction.

Throughout most of my study, students in Grades 5–7 did not know whether they would be able to return to Gethsemane for the next school year, and the eighth-grade students were in the process of deciding where they would attend high school. Therefore, the framework was especially useful for providing strategies and content that could benefit all students by decreasing their anxiety about the future (Brackett & Katulak, 2007). However, because marginalized students face additional hardship (Adam et al., 2015), my framework also included lenses attuned to their needs.

CRT

Gethsemane is a relatively conservative setting, rooted in German and Scandinavian Lutheran tradition. During this study, the middle school, comprised of Grades 5–8, included 12% students of color and 49% male students, whereas teachers, administrators, and staff were 100% White and 95% female. As a White woman, I sought an accurate definition and understanding of CRT, especially amid recent negative political press (Kaufman, 2022; Ray & Gibbons, 2021), so I could understand and respond to challenges BIPOC students face that predominantly White educators and administrators have long overlooked (Adam et al., 2015; Love, 2019). With no faculty or

staff of color and only one part-time, behind-the-scenes staff member who is LGBTQ, marginalized students at Gethsemane seldom have teachers who can relate to their lived experience (Schaeffer, 2021).

Love (2019) implored White educators to seek to understand the specific challenges of their students of color before adopting strategies or choosing course content. To that end, the five tenets of CRT that Delgado and Stefancic (2001) outlined guided my approach:

1. Racism is the ordinary, everyday experience of BIPOC, as opposed to an exception (p. 7).

2. Those in power (in America, most often White people) have little incentive to eradicate racism as they benefit from their dominant position in society (p. 7).

3. Race is not a genetic or biological attribute, but rather a social construct that has varied over time and within societies (pp. 7–8).

4. Although race and ethnicity are unique, racial stereotypes and the position of BIPOC in society shift over time. People may identify with more than one race or ethnicity (pp. 8–9).

5. People of color are better suited to communicate the truth of their individual and collective experiences than White people who try to speak on their behalf (p. 9).

Rather than being a cause for alarm or defensiveness, CRT provides helpful insight into the lived realities of BIPOC students and colleagues.

QTP

Also marginalized at Gethsemane were self-identified LGBTQ students who made up about 5% of the middle school population. Although the ELCA supports openly

LGBTQ members and clergy and some school families are very affirming, others are very conservative. In each of the 2 years prior to the study, self-identified LGBTQ students left the school after completing sixth grade. Therefore, as a cisgender, heterosexual, married woman serving LGBTQ students, I resolved to frame my research in QTP as well.

Drawing on CRT, QTP suggests mere inclusion of queer authors, queer history, and anti-bullying policies falls short of creating a safe space to explore identity and challenge heteronormative aspects of the status quo (Pennell, 2020). Awareness should lead to understanding and ultimately social justice. Specifically, schools should promote understanding heteronormative oppression; rethinking limited conceptions of sexuality, sex, and gender; deconstructing typical literary and social text analyses; embracing counter-narratives; and creating safe spaces for students (Helmer, 2016; Pennell, 2020).

CSP

Applying critical race and queer theory in education requires a culturally sustaining approach, which extends culturally relevant and culturally responsive teaching to affirm, celebrate, and amplify students' home and community cultures. As Paris and Alim (2017) argued, "CSP explicitly calls for schooling to be a site for sustaining the cultural ways of being of communities of color" (p. 5), rejecting the idea that adapting to White, middle-class norms is the only way for BIPOC to gain power. Indeed, continued immersion in White spaces leads to increasing levels of racial battle fatigue for BIPOC (Smith et al., 2011), and Black students who primarily have White teachers are at statistically higher risk of school discipline based on subjective measures (Wright, 2015).

Providing culturally sustaining learning experiences can allow students to express themselves in their own, unique ways, instead of forcing them to adapt to White expectations (Love, 2019; Paris & Alim, 2017). Making a similar case for supporting LGBTQ students who attend school with predominately cisgender and heterosexual students, teachers, and staff, Joldersma (2016) argued, "when a Christian school responds to the call of justice with a stance of hospitality materialized through supportive practices, policies, and relationships, the marginalized members will become less marginal" (p. 44). Schools must prioritize modes of self-expression that embrace students' heritage, culture, ethnicity, lifestyle, and identity.

Positionality

As a teacher hoping to investigate student emotions, behavior, and responses to interventions in my own classroom, I had to embrace my identity, too. Specifically, I needed to be mindful of my influence because "qualitative research is a dialectical process that affects and changes both the participants and the researcher, at least to some extent" (Merriam & Tisdell, 2016, p. 64). I am a White, cisgender, middle-class woman with a husband and three children. As a member of the dominant culture and the teacher of study participants, I held a position of cultural and situational power and needed to be honest about the ways my background and experience could influence my teaching and research. I reflected on my positionality across multiple avenues: my role at Gethsemane, my education, my religion, my sexuality, and my own experiences with anxiety.

Role

Gethsemane School was similar in structure, size, format, and atmosphere to the private Catholic school I attended from Grades 1–8. The school was only 5 miles from

19

my house in Saint Paul, although it was in a first-ring suburb. At the time of this study, in addition to teaching ELA for fifth–eighth grade, as well as a Geography class for seventh and eighth grade combined, I taught K–4 Library on separate days of the week. I was also the middle school lead teacher, so when my principal was out of the building, I was acting middle school administration. The elementary lead teacher and I assisted our principal in decision-making, oversaw school decisions and discipline when our principal was out of the building, served as nonvoting members on the school board, and led team meetings for our respective colleagues.

Education

I come from privilege and a tradition of valuing education. My paternal grandmother had an advanced degree in social work, my paternal grandfather served as dean of a community college, and I graduated from the same college as both my parents. Since I was a child, I have had the privilege of knowing how to navigate educational systems, aspiring to a college degree and campus life, and understanding the college application process. My family also paid for a portion of my college costs, making an advanced degree more attainable for me than for my classmates and colleagues who do not share my privilege. My paternal grandmother used her Social Security funds to ensure my siblings and I could attend a private Catholic school from Grades K–8, though neither she nor anyone in my immediate family was Catholic except for my grandpa (her husband). My educational opportunities and socio-economic status fall in the middle of the range I witnessed at Gethsemane: some students attended on scholarship, and some came from families that paid full tuition and provided substantial support for other families.

Religion

My family of origin ranges from devout, conservative Christians to liberal Christians to atheists. I have relatives in Romanian Orthodox, Baptist, Assembly of God, and Lutheran traditions. Although I currently attend a loosely Anabaptist church, I grew up attending Catholic church weekly at school and on Sundays with my mother and siblings, even though my mother was Lutheran. The liturgy of the Lutheran church used during Gethsemane chapels is quite reminiscent of the liturgy I grew up hearing in the Catholic church.

Sexuality

I have an aunt who is lesbian and married to another woman, so I began considering the intersection of faith, gender, and sexuality while I was in high school, and my understanding has grown throughout my education and career. Watching my aunt and her female partner navigate their 30-year relationship from the days when they had to tell their coworkers and families they were "just friends" to their marriage the year Minnesota legalized gay marriage has made me empathetic toward my LGBTQ students. Particularly, my aunt's appreciation for her church and fondness for Christian Christmas music caused me to question whether church attendance and non-heteronormative lifestyles had to be mutually exclusive. I experienced relief as Gethsemane's inclusive, affirming policies allowed my open support for LGBTQ students.

Anxiety

Studying my students' anxiety positioned me as both an insider and outsider. I have family and personal experience with generalized anxiety disorder, although I was not diagnosed or aware of my family history until much later in life. My past experiences

with and observations of anxiety, as well as significant learning and growth, inform my practice of teaching and reinforced my motivation to help my students with similar struggles. Because of my experience with anxiety, I am empathetic and recognize anxious behaviors quickly. However, as a privileged, White, middle-class woman, I have relatively easy, affordable access to mental health services for myself, my family, and my loved ones, and my demographic faces much less stigma when—and fewer barriers to— asking for help than men, people of color, and teenagers, especially those who are LGBTQ and have not yet shared that information with their families.

Due to my positionality, I invested in ongoing therapy so I could bracket my own experiences and process them separately from the experiences of my students (Merriam & Tisdell, 2016). I also sought community and expert advice throughout my research journey, particularly because "participants of studies in marginalized groups (by race, gender, class, sexual orientation,) are often suspicious of those who are members of the dominant culture doing research *on* people of oppressed groups" (Merriam & Tisdell, 2016, p. 64) Realizing the limits of my knowledge, I read widely and tried to listen well, essential components of research discovery. In the summer of 2021, I met with the director of equity in a school district adjacent to Gethsemane's to review my research design. I also consulted with my principal at Gethsemane Lutheran School prior to implementing my research in my classes. As I elaborate in Chapter 3, I communicated my intentions and procedures to students and families before asking students to participate and families to sign informed consent paperwork, consistent with the goal of critical research to "do research *with* people, not *on* people" (Merriam & Tisdell, 2016, p. 64), with mixed results.

Significance

Situational factors notwithstanding, students' anxiety is compounded by the degree to which their identity is either affirmed or opposed by the school and community where they spend their time. When students feel like they must deny, hide, or change aspects of their core identity to conform to dominant power structures, the fight, flight, or freeze responses of anxiety are logical and unfortunate. Quantitative data measuring students' anxiety pre and post intervention and corresponding qualitative measures highlighting student voice gave me insight into my students' anxieties and whether my interventions were effective in decreasing student anxiety.

As much as I would like to address student anxiety on a broad scale, as an action researcher, I committed to affecting change in my own sphere of influence. The findings in Chapter 4 have had a direct bearing on my teaching practice and my students. As a member of the administrative team and school board, I also acquired useful data for reviewing and revising current policies regarding curriculum, use of class time, and treatment and care of marginalized students. Perhaps this study will catalyze further research to highlight students' needs and lead to sweeping policy changes. However, my primary goal was to improve my students' lives, regardless of any other implications, and Chapter 4 reveals positive results for individual students. Chapter 5 concludes the dissertation with considerations for further research and more effective implementation of the interventions.

CHAPTER 2

LITERATURE REVIEW

As I shared in Chapter 1, since earning my teaching license in 1999, I have relished my students' academic successes, humorous antics, and heartfelt hugs, yet at times, worrying about students has also kept me awake at night. Teachers commonly experience compassion fatigue, emotional exhaustion, and even vicarious trauma (Lucas, 2007), even more so in recent years, coincident with students' increased stress and anxiety levels (Simmons, 2019; Twenge, 2020). Because marginalized students experience more anxiety and fewer resources in the school system than their mainstream peers (Barnes, 2019), I felt especially driven to support my BIPOC and LGBTQ students who experienced racism, homophobia, and conservative expectations within the predominantly White, Christian school community of Gethsemane Lutheran, despite its welcoming staff and the ELCA's affirming stance on race and sexuality. Therefore, the purpose of this participatory action research study was to implement and assess daily classroom routines and adapted curriculum to promote equity and mental health in culturally sustaining ways. To achieve this aim, I proposed the following questions:

1. What is the current level of anxiety among my students and to what degree do their core identities (i.e., race, gender, sexuality) contribute to their anxiety?

2. How do positive mental health interventions and daily routines within safe spaces impact student anxiety?

3. How does adapting my curriculum in ways that expose racism, homophobia, and community trauma impact student anxiety?

This chapter situates my study, first, by establishing the problematic rise of youth anxiety in the early 2020s, particularly as it affects the marginalized student populations of BIPOC and LGBTQ youth. Next, I elaborate on my theoretical framework and the underlying ideas and concepts useful for understanding the problem of rising teen anxiety and evaluating interventions. Finally, I review literature detailing methods, successes, and failures of current and past interventions and suggesting insight for new approaches.

Literature Review Methodology

This literature review establishes the current state of knowledge about student anxiety, background for my arguments, and justification for this research (Machi & McEvoy, 2016). I intentionally selected peer-reviewed research widely available through Google Scholar; ERIC, EBSCO, and ProQuest databases; textbooks written by curriculum and policy experts; books, articles, and media presentations that highlight current events; pedagogical theory; and empirical models of addressing anxiety and depression in various communities and populations. The variety and quality of my sources provide a foundation for considering the prevalence and impact of youth anxiety, successes and failures of the status quo, and suggestions for effective interventions.

Rising Youth Anxiety

Anxiety, which activates the amygdala as opposed to the prefrontal cortex, leads to well-documented fight, flight, or freeze responses (Patriquin & Mathew, 2017), as well as lesser-known fawn and flood responses (Walker, 2013). These reflexes, in turn, often lead to depression and suicide, which is the second-leading cause of death among U.S.

teens (Curtin et al., 2022). Multiple factors have contributed to the drastic decline of student mental health since 2010, including an increase in social media use (Twenge, 2020), testing anxiety (Fulton, 2016), actual and perceived racial discrimination (Adam et al., 2015), police shootings of unarmed civilians (Bor et al., 2018; Fowers & Wan, 2020), LGBT status (Joldersma, 2016), and increased isolation and learning difficulties due to COVID-19 quarantines (Loades et al., 2020).

Regardless of the causes, anxiety can negatively affect student learning (Mazzone et al., 2007). Because students who are experiencing anxiety have more difficulty fully engaging with learning, remembering important information, or making positive choices, and because anxiety can lead to suicide and other high-stakes outcomes (Nepon et al., 2010), educators must do everything they can to reduce student anxiety in the classroom, including considering students' experiences outside school or classroom walls. However, recent interest in and movement toward trauma-based interventions, such as creating safe schools, usually rely on ACEs measures, which center abuse, neglect, and household dysfunction (Centers for Disease Control and Prevention, 2023a), failing to address the specific effects of widespread systemic racism or homophobia within schools and the communities they serve. Limited availability of school counselors and even more limited access to community counselors means students increasingly navigate the complexities of mental health on their own.

Rising Anxiety for BIPOC Students

Instead of treating students' outward reactions to stimuli as protective fight responses, schools often respond with emotional disturbance diagnoses and punitive approaches, especially where Black and Hispanic youth encounter predominantly White

psychologists, counselors, teachers, and administrators (Lin et al., 2018; Miller & Rainey, 2008). Black students are twice as likely to be considered emotionally disturbed as opposed to anxious (Harper & Fergus, 2017), and in Minnesota are suspended at eight times the rate of White students, even after setting aside suspensions for fighting and possession of weapons or illegal drugs (Minnesota Department of Human Rights, 2018), resulting in a staggering loss of instructional time. Examining in-school and out-of-school suspensions, Losen (2018) reported that, between 2014–2016, "Black students with disabilities in grades K–12 lost 77 more days of instruction on average than White students with disabilities" (p. 2). Black students with disabilities were twice as likely to be referred to police as their fellow students (U.S. Department of Education, 2019). These statistics are significant and raise the concern that much of the anxiety BIPOC students feel stems from inequities due to their race and ethnic identity.

Race-Based Community Trauma

Systemic racism, accompanied by perceived or actual threats to safety, raises student anxiety (Adam et al., 2015), especially for BIPOC, when police, the very people who are supposed to keep neighborhoods safe, kill an unarmed person of color (Ang, 2021; Love, 2019). A week after George Floyd's killing, a Census Bureau report found a significant increase in depression and anxiety among Black respondents that was not replicated among White respondents (Fowers & Wan, 2020). Because unarmed Black men are more than five times as likely to be killed by police as unarmed White men, the mental health of Black students and community members suffers more than that of their White counterparts (Bor et al., 2018).

Additionally, George Floyd's murder set off protests across the United States, activating millions of people in thousands of cities and towns (Buchanan et al., 2020). News footage from around the country showed vandals and opportunists setting fires, looting businesses regardless of the owners' ethnicities, and engaging in violence. In Minnesota alone, Penrod et al. (2020) reported over 1500 locations had collectively experienced millions of dollars in property damage, which, in turn, led to the food and transportation insecurity my TRIO students experienced.

In addition to economic hardship, widespread rioting often leads to increasing threats to public safety (Mangual, 2020), and homicides, shootings, carjackings, and robberies have all risen in statistically dramatic numbers since the killing of George Floyd (Bailey, 2020). These events create stress not only for BIPOC, but also for police officers and their families (Bates & Ross, 2022), posing a risk for two of my students at Gethsemane whose fathers are St. Paul police officers, one of whom is Black and one of whom is White. Lack of safety; perceived racial discrimination; chronic stress; and community trauma are all risk factors for PTSD and generalized anxiety disorder, which often lead to depression and suicidal ideation (Adam et al., 2015; Asnaani et al., 2010; Nepon et al., 2010; Patriquin & Mathew, 2017).

Lack of Comprehensive Data for BIPOC

There is insufficient data to date measuring anxiety for BIPOC populations, in part due to difficulties in differentiating between African American students and students who are first- or second-generation African immigrants. Some studies exclude participants who speak English as a second language, which makes comparing empirical

study data with my BIPOC students difficult (Asnaani et al., 2010). Existing scholarship is also limited by possible under-reporting of anxiety levels for BIPOC students. As previously explained, anxiety is woefully underdiagnosed for Black students. Moreover, those who have received therapy or counselling services tend to enjoy a much higher socioeconomic level than my students (Kendall et al., 2004).

One promising new study shows that Black youth who perceive their setting as unsafe have higher levels of cortisol than White youth with similar perceptions (Browning et al., 2023). This difference may reflect participants' past experiences. Regardless, the study is a much-needed first step in establishing that measurable physical effects of feeling unsafe are greater for Black teens than White teens.

LGBTQ Students and Homophobia in Conservative Christian Settings

Homophobia also increases student anxiety, especially when LGBTQ students attend conservative Christian schools. Anti-bullying and anti-discrimination legislation for schools is not universal (Human Rights Campaign, 2018), and LGBTQ youth at religious schools may grapple with "dissonance" (Joldersma, 2016, p. 39), above and beyond the microaggressions, bullying, and discrimination in public schools. Societies have means of policing gender expectations (Wade & Ferree, 2018), and in Christian schools, the ideal of waiting until marriage to have sexual intercourse is often overtly taught, affirmed, and valued even for heteronormative students. Punishments for gender nonconformity, with or without sexual expression, can be severe, to the point of expulsion (Joldersma, 2016). Even when schools do not go to those extremes, the culture may range from non-affirming to hostile; most LGBTQ youth have been verbally abused

and experience higher rates of physical abuse and assault than their straight, cisgender peers (Campos, 2017; Roberts, 2020).

Abstinence-only Education

Additionally, abstinence-only approaches to sex education, which often "stigmatize homosexuality as deviant and unnatural behavior" (Santelli et al., 2006, p. 78), may foster homophobia. Homophobia, in turn, leads to severe mental health consequences for LGBTQ youth, including anxiety, depression, and over five times higher rates of suicidal ideation and attempts than heterosexual youth (Fernie et al., 2017; Gibbs & Goldbach, 2015). However, while abstinence-only education has made a negligible difference in the rate of teen pregnancy and sexually transmitted diseases since the 1980s, "the effect has been that heterosexual students are castigated for being sexual whereas LGBTQ students are castigated for being" (Elia & Eliason, 2010, p. 22).

The shame and conflict students may feel as a result of not remaining abstinent until marriage is even more pronounced in conservative Christian communities and schools that teach abstinence in the context of purity. Religious organizations often use cultural and biblical metaphors equating purity with a flower that is only whole and perfect as long as a woman remains a virgin, sometimes manipulating young people into signing purity pledges when their sexuality is just developing (Paul, 2014).

Risk Factors of Religiosity

Religiosity, usually considered a protective factor against mental health struggles, becomes a risk factor when LGBTQ youth's dissonant experiences cause decreased academic achievement and increased anxiety, depression, suicidal ideation, PTSD, and homelessness (Joldersma, 2016). In my experience, even when the sponsoring church

affirms LGBTQ relationships, some students and families at the school may be less affirming or even hostile. Heteronormativity, whether implicit or explicit, often leads to stigma, shame, discrimination, and emotional distress for students who do not fit a cisgender, heterosexual script (Wilkinson & Pearson, 2009). As Gibbs and Goldbach (2015) noted, "religious identity conflict" poses "significant risk for suicide" because the ensuing distress "may lead to a desire to escape" (p. 11). The researchers also found that youth who take less drastic measures by leaving their religion do not experience "better mental health outcomes but instead higher odds of both suicide attempt and suicidal thoughts" (Gibbs & Goldbach, 2015, p. 484).

Lack of Sufficient Access to Counseling for Marginalized Populations

Clearly, students in marginalized populations would significantly benefit from counseling services. However, nearly half of the children in the United States with a mental health disorder do not receive professional treatment (Whitney & Petersen, 2019), and Green et al. (2020) cited additional disparities for populations most in need. LGBTQ students face significant barriers to receiving counseling, including expense, the fact that one-third are uncomfortable asking for parental permission, and cultural stigma (Green et al., 2020). The Trevor Project's survey of more than 40,000 youth found that 54% of LGBTQ students who wanted counseling did not receive it (Green et al., 2020, p. 6). The intersectional challenges facing LGBTQ youth of color further decreases the likelihood students will receive the support they need. Even when LGBTQ and BIPOC students receive treatment for mental health concerns, the likelihood of connecting with LGBTQ and/or BIPOC providers—who can personally understand and relate to racism,

homophobia, and race-based community trauma—is very slim (Green et al., 2020; Lin et al., 2018; National Alliance on Mental Illness New Hampshire, 2022).

Additionally, school counselors are often nonexistent or have caseloads well over the recommended student–counselor ratio, which, at 250 students each, is daunting (Cratty, 2019). Therefore, teachers are often the first point of contact for students experiencing anxiety and other mental health challenges. Fazel et al. (2014) maintained that teachers can effectively notice and identify mental health concerns in their students, positioning them to refer their students to counseling or mental health support. However, in my experience, students' needs are often immediate and cannot wait for a school counselor to be available in 3 days' time or within school hours. Gethsemane Lutheran's lone counselor was only at school once a week—long enough to check in on certain students, but not to intervene for all students who could benefit from her services. Given the school's budget deficit, we were unable to provide additional services to our students.

Theoretical Framework

Cavioni et al.'s (2020) framework of mental health promotion, introduced in Chapter 1, casts schools as "one of the primary mental health support systems for students . . . that [can] encompass promotion, prevention, intervention, and rehabilitation" (p. 66). Their model emphasizes family, community, and policy as overarching components of school mental health, nudging schools to evaluate the roles of school culture, community trauma, and ineffective policies in increasing anxiety for marginalized students. Therefore, to assess my Gethsemane students' anxiety and develop anxiety-reducing strategies, I had to consider how effective school policies were in preventing bullying and harassment from affecting my students, particularly those in

marginalized populations, as well as the community-wide anxiety of uncertainty about the future. Cavioni et al.'s framework also aligns with Fazel et al.'s (2014) call for strategies "that are feasible, low burden, and can be easily integrated into routine school schedules" (p. 381), in contrast to the outside initiatives teachers often experience as part of a revolving cycle of professional development (Evans, 2001). However, as I explained in Chapter 1, my framework also incorporated the equity lenses of CRT, QTP, and CSP, which warrant further elaboration.

CRT

As a White woman cognizant of public perceptions of CRT (Kaufman, 2022; Ray & Gibbons, 2021), I must define the theory accurately if I expect to understand and respond to the challenges my BIPOC students face that White educators and administrators have long overlooked (Adam et al., 2015; Love, 2019). Because the vast majority of teachers at Gethsemane are White, cisgender, heterosexual women, our students who are marginalized based on race or gender seldom have teachers who can relate to their lived experience (Schaeffer, 2021). Moreover, as a cisgender person, I must acknowledge that public support for LGBTQ teachers and students and teaching LGBTQ content is limited at best, especially in private schools (Cox, 2021; Joldersma, 2016).

Thus, the five tenets of CRT I introduced in Chapter 1 (Delgado & Stefancic, 2001), specific to racially and ethnically marginalized populations, also have implications for marginalized LGBTQ populations that often face oppression due to nonconformity to mainstream, heteronormative standards (Pennell, 2020). Adding the term *homophobia* to the tenets is therefore instructive. For example, the first tenet maintains that "racism is ordinary . . . the common, everyday experience of most people of color in this country"

33

(Delgado & Stefancic, 2001, p. 7). When upwards of 85% of LGBTQ youth experience verbal harassment in school (Kosciw et al., 2022), one could argue, especially in religious school settings, homophobia is also a "common, everyday experience" (Delgado & Stefancic, 2001, p. 7).

The second tenet of CRT states, "because racism advances the interests of both White elites (materially) and working-class people (psychically), large segments of society have little incentive to eradicate it" (Delgado & Stefancic, 2001, p. 7). Even White teachers and administrators who enter education because they value children and want the best for them often struggle to develop expectations, teach, and discipline in ways other than those that feel comfortable, safe, and logical (Love, 2019), despite evidence showing BIPOC students do not benefit equally from, and are often harmed by, those methods (Paris & Alim, 2017). Similarly, well-meaning cisgender educators often assume variations in gender identity and sexual orientation are a phase and object to LGBTQ-affirming policies and procedures on moral or practical grounds (Phipps, 2023).

Third, Delgado and Stefancic (2001) defined race as a social (i.e., not biological) construct, a principle absent in much U.S. curriculum (Pierce, 2014). To join students and families of color as coconspirators in the fight for abolitionist education, White educators like me must vociferously agree that race classifications are arbitrary, hierarchical, and historically harmful (Love, 2019). Likewise, as Miller's (2015) second principle of queer literacy theory contends, gender is also a social construct, and if unchallenged, leaves people "vulnerable to internalized and externalized oppression" (p. 41).

Fourth, Delgado and Stefancic (2001) emphasized individuals' multiple, intersecting identities, which had implications for my ability both to recognize students'

34

anxiety triggers and responses and design appropriate educational opportunities specific to the children in particular classrooms. Students' age, ethnicity, religious expression, gender expression, sexuality, community involvement—and intersections thereof—all shape their identities. For example, LGBTQ students who are also BIPOC often face greater barriers to counseling and interventions than students who belong to only one marginalized category (Green et al., 2020).

The last tenet in Delgado and Stefancic's (2001) explanation of CRT articulates that people who identify with a particular race will have unique insights, perspectives, and experiences that White people will not. Consequently, BIPOC need tools and space to express the truth of their experiences. Again, the same principle holds for LGBTQ people. Love's (2019) challenge to abolitionist educators, namely, to think of new ways to resist inequality; enact change, however incremental; and take risks on behalf of marginalized students to move "freedom dreams" closer to reality (p. 102), can extend to educators seeking equity for their LGBTQ students as well.

QTP

In addition to understanding CRT as distinct from culturally relevant theories, defining QTP as distinct from queer-inclusion theories is also important. Simple inclusion of Black and queer voices alongside the typical curriculum falls short of embracing all student identities. According to Pennell (2020), QTP extends to questioning and challenging heteronormative assumptions, media, and spaces, thereby engaging students in social justice education as opposed to simply reacting. For example, teachers might guide middle schoolers in discussing origins and harmful connotations of homophobic slurs instead of simply banning them. Pennell's pedagogical framework draws on

Helmer's (2016) queer literacies theory, which focuses on inclusion; the dynamics of oppression; reimagining sex, sexuality, and gender; deconstruction of texts and social assumptions; allowing counter-narratives; and creating safe spaces for students. Pennell (2020) also referenced Miller's (2016) tenets of queer literacy theory, which cover curricular inclusion, challenging heteronormative power structures, and embracing the flexibility of the gender continuum. Miller's view of most classrooms and schools as unsafe, restrictive, and gender normative mirrors my experience at Gethsemane. I spent considerable time during the last 2 years teaching students what constitutes racial and gendered slurs and why they are inappropriate for the classroom and harmful to students. Despite progress in my classes, such language continued to echo in the hallways and in private conversations.

Miller (2016) called for teachers to become agents not only in their classrooms, but also in forming policy in their schools so LGBTQ students can grow in self-acceptance, love, and internal safety. By incorporating principles of CSP in my action research study through intentional use of language, responding to bullying, and core content and social–emotional curricular choices, I attempted to answer the calls set forth by Love (2019) and Miller (2016).

CSP

As I noted in Chapter 1, CSP extends culturally relevant and culturally responsive pedagogies' efforts to address the issues CRT brings forth by adding, assigning value to, and replicating culture-specific modes of expression within school settings (Paris & Alim, 2017). Teaching students of color to use White, middle-class modes of expression forces code-switching, which increases racial battle fatigue and exacerbates anxiety

36

(Love, 2019; Paris & Alim, 2017; Smith et al., 2011). Similarly, expecting LGBTQ students to express themselves according to heteronormative standards induces anxiety stemming from being in a setting that does not accept who they are (Van Ness, 2022). In contrast to the deficit model in many educational settings, CSP calls for "a strengths-based approach in engaging students and their families, schools, and neighborhoods . . . in all aspects and phases of education, including policies, instructional and intervention practices, identification, evaluation, and development and ongoing implementation of individualized education plans" (Lindo, 2020, p. 11).

However, Paris (2017) cautioned that even as teachers recognize various cultures' strengths, they must present those strengths as positive factors in and of themselves, as opposed to viewing cultural strengths as a step toward assimilation into the dominant culture's ways of thinking and knowing. Therefore, the asset approach at the heart of CSP "refers to teaching and learning that centers and joins the strengths of students of color and other students whose languages, literacies, and lifeways are often systemically marginalized in schools" (Paris, 2017, p. 1). For Paris (2017), "humanizing relationships of dignity and care are fundamental to student and teacher learning . . . in ways that allow teachers and students to foster complex understandings about each other (p. 5). Thus, CSP entails offering students:

> opportunities to survive and thrive, but it is also centrally about love, a love that can help [teachers view] young people as whole versus broken when they enter schools, and a love that can work to keep them whole as they grow and expand who they are and can be through education. (Paris & Alim, 2017, p. 14)

37

Living up to this aim requires unconditional positive regard (Rogers, 1957), as well as addressing the impact of violence and bullying on students, families, and communities.

At school, I have often observed teasing, bullying, or harassment disrupting the safety and security of our classrooms. I have tried to show marginalized students they are loved and valued by providing safe spaces to discuss issues, teaching students what microaggressions are and how to avoid them and supporting anti-bullying policies that specifically called out harassment based on race, gender, and sexuality. The year before this study, I presented a sexual harassment workshop to our students to increase awareness and understanding. After the workshop, I noticed our LGBTQ and BIPOC students using new language to stand up for themselves and report bullying experiences, yet there was more to do. As I indicated in Chapter 1, my efforts to resist inequality, enact change, and take risks on behalf of my students have led me to believe that mitigating anxiety within my classroom is increasingly necessary.

My interventions incorporated principles of CSP, reflecting my care and concern for students. I made specific curricular choices in support of marginalized students in hopes of not only inspiring appreciation for the diverse populations within my classroom but giving students opportunities to express themselves in culturally sustaining ways (Paris, 2017). Carefully choosing texts as part of the mental health promotion in schools framework enabled me to broach conversations about identity, community trauma, and mental health, and opened the doors to discussing strategies to decrease student anxiety (Brackett & Katulak, 2007; Doerries, 2015). However, I also had to consider the values,

expectations, and religious content of Gethsemane staff and families when choosing middle school English and Geography curriculum.

Historical Context and Values of Gethsemane Lutheran School

Chapter 1 introduced Gethsemane Lutheran School as a private, Lutheran school in a first-ring suburb of Saint Paul, Minnesota with nearly 100 students in Grades K–8. ELCA (2009), the school's church sponsor, acknowledges a range of perspectives on gender and sexuality:

> It opposes all forms of verbal or physical harassment and assault based on sexual orientation. It supports legislation and policies to protect civil rights and to prohibit discrimination in housing, employment, and public services. It has called upon congregations and members to welcome, care for, and support same-gender couples and their families and to advocate for their legal protection. (p. 19)

Gethsemane Lutheran Church and School (2022) provided education based on biblical values, family participation, and chapel attendance for nearly 80 years, vowing to "partner with families to provide a Christian education where academic excellence and faith formation walk hand in hand" and "celebrate all students as children of God, nurturing their development in mind, body, and spirit to equip them as servants of Christ in the world" (n.p.).

Because of this avowed partnership, teachers and staff generally defaulted to parental wishes in matters of students' gender identity. For example, when a student wished to use opposite-gender pronouns, the family requested teachers and staff use "they/them" instead, as a compromise with their child. Historically, Gethsemane has supported BIPOC students and families, to the extent of dismissing a middle school

teacher for reading a text including the N-word aloud to students after a family complained. The associated church also employs an openly LGBTQ staff member and employed an affirming woman as the pastor during the study. I was mindful of Gethsemane's unique setting as I carefully researched intervention options.

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Related Research

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A review of relevant literature suggested a multifaceted approach to interventions, as well as pointing to several cautions. To ensure my efforts would be effective, I discerned the need to meet certain preconditions and enact interventions that overtly address mental health. To supplement these facets, scholarship emphasized mindful selection of core curriculum and opportunities for students to reflect on the interventions.

Caring Adult in a Safe Space: A Precursor to Effective Intervention

According to the National Scientific Council on the Developing Child (2015), one factor essential to building resilience is "at least one stable and committed relationship with a supportive adult" (para. 3). No educator is perfect, and students may try teachers' patience to varying degrees, yet when educators do their best to affirm students' identities as separate from their behaviors, students can begin to trust in their teachers' regard. Despite school-wide environmental and administrative obstacles, I tried to create a welcoming, inclusive, and safe space (National Council of State Education Associations, 2019). Basic trust, a precondition for effectively testing interventions, can accrue from intentionally trying to be "non-judgmental, sensitive, and respectful" (Merriam & Tisdell, 2016, p. 130), whether in interviews or everyday classroom interactions. However, the imperfections of our shared humanity and the notoriously difficult time middle schoolers have in accepting and affirming each other made this process more difficult. Particularly

among the seventh- and eighth-grade classes, I frequently observed microaggressions, as well as verbal and physical bullying used as ways to achieve and maintain in-group and out-group status (Rambaran et al., 2019).

Research further suggested that rather than limiting my focus to static educational goals, I should engage with students by acknowledging what I do not know, listening to them, and celebrating their identities (Love, 2019). This stance manifested in actively participating in bullying reduction and teaching students to be mindful of harmful language (Bradshaw, 2015). Additionally, Pandolpho (2020) stressed the importance of giving students ample opportunities to try the interventions while respecting their right to exercise their voices about those interventions and their life experiences.

Embedding Mental Health into Learning

During the pandemic, I stumbled upon a Lockdown Toolkit poster (George, 2020) with simple strategies to activate brain-based endorphins, dopamine, serotonin, and oxytocin. I originally considered teaching some of these strategies and giving students the opportunity to practice within daily classroom routines, primarily at the beginning of our class periods. However, I could not find much information about the origin of the poster. Moreover, as I observed students' behaviors throughout fall trimester, I noticed concerning levels of anxiety, depression, impulsivity, dysregulation, and interpersonal disagreements. Anticipating the need for a more comprehensive intervention, I consulted literature related to DBT, normalizing therapy, and establishing classroom routines.

DBT Curriculum

Research and conversations with my therapist, colleagues, and friends led me to Mazza et al.'s (2016) DBT framework: 30 lessons covering mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness, as well as a plethora of reproducible handouts. The comprehensive, scripted curriculum is designed for use by any caring educator who is willing to "practice and use the skills before teaching them," model school-appropriate personal experiences with the skills, and "facilitate group discussions in a nonjudgmental manner" (Mazza et al., 2016, p. 29). Within the scope of my study, I envisioned adapting and condensing all 30 lessons, teaching them to all my classes, and reserving time to practice the skills and strategies.

Normalizing Therapy

In addition to mental health curriculum, educators must discuss therapy as a normal part of health. Kendall et al. (2004) demonstrated that adolescents who participated in just 16 weeks of cognitive behavioral therapy showed positive effects as many as 9 years later. Huey and Polo (2008) documented promising results of cognitive-behavioral therapy methods for decreasing effects of several psychological conditions, including anxiety, PTSD, and ADHD.

To normalize therapy and promote healing, the organization Coffee, Hip-Hop & Mental Health (CHHMH; n.d.-b) uses community discussion of hip-hop songs to provide space to process racism, homophobia, grief, and community trauma. Given the reluctance to seek therapy among religious families, particularly students exploring LGBTQ issues, and stigma around therapy among many BIPOC, the CHHMH model for facilitating conversations about mental health in nonthreatening spaces and ways is promising,

especially since my students at Gethsemane frequently engaged me in conversations about music. CHHMH conversations have led to discussions of individuals' vulnerabilities and the benefits of therapy (Pablo, 2020). Additional research also suggests there are also positive implications of using hip hop and spoken word as therapy (Levy, 2013, as cited in McAdoo, 2015).

At Gethsemane, I noticed students' discussing or writing about gender norms and sexual identity, as well as personal, family, and community hardships, raising the possibility that individual and group therapy could be beneficial. Students' desires to discuss the effects of racism, homophobia, and community trauma on their mental health and their willingness to learn healthy psychological strategies underscores my responsibility, as an educator, to facilitate conversations about mental health.

Classroom Routines

By checking in with students at the beginning of class, teachers can find out how individual students are doing and gauge any class, school, or community issues (Opalka & Gill, 2020; Pandolpho, 2020). In addition, popular teaching and psychology blogs such as Driscoll's (2022) *Social Emotional Workshop* abound with promises of the anxiety-reducing benefits of daily routines. Daily yoga in elementary classrooms is one such intervention with demonstrated success in small studies (Shreve et al., 2021). Thus, I resolved to incorporate daily routines focused on increasing healthy brain chemicals to reduce anxiety for my own students.

Beymer and Thompson (2015) suggested, "Building an initial interest and some background knowledge on a topic before offering a choice may lead students to experience increased motivation" (p. 116). Consequently, I envisioned allowing students

43

to choose the daily activities as the intervention progressed. I hoped students could learn to manage their own mental health after sufficient modeling and practicing of daily routines increased their confidence and competence.

Embedding Mental Health into Core Curriculum Choices

In addition to making mental health, brain chemicals, coping skills, and therapy a normal part of classroom routines and conversations, secondary teachers can also use a vast array of core content to promote mental health and equity. For example, science classes could discuss brain-based research around mental health; history and geography classes could discuss connections among prejudice, discrimination, bullying and violence, and genocide; math classes could look at statistics and probability surrounding mental health conditions; and English classes can use literature as a framework to discuss mental health. I adapted my ELA and geography instruction accordingly.

ELA Curriculum

Minnesota supports over 90 pages of K–12 ELA Common Core curriculum standards (Minnesota Department of Education, 2010), and private schools often try to match the standards their public-school counterparts are expected to meet. Classic literature required by the standards can double as a vehicle to help students discuss, process, and cope with personal and community trauma, systemic racism, gender stereotypes, and sexuality. For example, Doerries (2015) has successfully used Greek tragedies to "comfort the afflicted and afflict the comfortable" (p. 1), promoting personal and collective healing among families and communities torn apart by police shootings, veteran PTSD, and prison systems. Doerries's company, Theater of War, produces plays that are somewhat distant from the audience's time period and culture to make space for

authentic sharing, which, in turn, can lead to awareness, conversation, and healing for individuals and communities on multiple levels. After a police officer killed Michael Brown in Ferguson, Missouri in 2014, Theater of War organized a production of *Antigone* as an appropriate parallel (MacGregor, 2017). Doerries (2015), originally a classics scholar and fluent in Greek, translated the text by Sophocles into a modern-language adaptation and hired a local musician to write songs for the combined police and community chorus.

Doerries's (2015) productions start by activating pity and fear, which Aristotle claimed was necessary for tragedy to be effective. The powerful performances acknowledge that "human beings are universally and cross-culturally hard-wired to respond to rituals and myths" (Doerries, 2015, p. 27). Rather than simply entertaining, a tragic story can help audiences "purify and refine" toxic emotions, initiating catharsis (Doerries, 2015, p. 37). *Antigone*, like Shakespeare's plays, is often required reading in secondary English classes, offering ample opportunity to adapt existing units in similarly responsive ways. Plays like Shakespeare's *Twelfth Night* and *A Midsummer Night's Dream;* full of gender-bending, mixed up identities, and gender-based humor; provide logical, nonthreatening opportunities to discuss issues of gender and sexuality. As Simmons (2019) argued, classic texts align with teachers' "duty to nurture empathy, promote emotional health, and instill in students a sense of social responsibility along with how to think, read, write, listen, and speak" (p. xix). English is not the only core content that can highlight the effects of prejudice, discrimination, and violence due to race, ethnicity, sexuality, and community trauma.

Geography Curriculum

Although I am not a trained geography teacher, I was asked to fill in this year after a late resignation left Gethsemane without coverage for Grades 7–8 World Geography. The Minnesota State Department of Education (2011) eighth-grade World Geography curriculum standards, which cover topics such as human systems, human-environment interaction, and world history from World War II to the present, are conducive to teaching about difference, bias, and discrimination. These concepts have practical applications in the classroom and, like classic literature, can provide logical opportunities for awareness, conversation, and change. Ethnic studies can foster dialogue about social justice and critical consciousness that can, in turn, counter self-defeating narratives and "hegemonic thinking that blames individuals and communities for their oppression and inaccessibility to opportunities" (Nojan, 2020, p. 32). As with ELA, adapting core curriculum choices to class needs enables educators to address relevant mental health concerns while meeting academic standards.

Embedding Mental Health into Opportunities for Student Response

Highlighting student voice has always been one of my priorities in teaching, and is an essential aspect of any meaningful youth participatory action research (Herr & Anderson, 2015). Healthy communication is also central to DBT's interpersonal effectiveness modules (Mazza et al., 2016). In my classes, in general, and throughout the intervention process, in particular, I used dialogue journals and Socratic seminars to provide students opportunities for authentic communication and response beyond the typical classroom conversations.

Dialogue Journals

Even when students are uncomfortable discussing topics in class, dialogue journals in my classes have historically provided a safe space for students to record their responses to class topics and interactions. Stillman et al. (2014) defined dialogue journals as two-way communication wherein students write freely about topics while teachers—instead of evaluating student work for grammar, mechanics, or content—respond relationally. This dynamic allows students to express their ideas without focusing as much on their writing performance or limiting themselves within stylistic constraints. Further, dialogue journals enable authentic personal expression, as well as cross-cultural learning between participants of different ethnicities, cultures, and communities (Miller & Rainey, 2008).

Socratic Seminars

Engaging with literature impacts students as they interact with characters and situations and can effect change in readers' "interpersonal skills and relationships" (Oatley, 2011, p. 5). Simmons (2019) argued that educators can use Common Core standards to help students process the relationships, goals, and tragedies in literary characters' lives, thereby activating empathy and moving closer to healing society. Doerries (2015) applied this principle by following the release of catharsis with open-mic, town-hall conversations to give audience members space to be heard and validated whether they are grieving losses, questioning power structures, or railing at injustice.

My experience suggested optional, ungraded Socratic seminars might serve as the school equivalent of these town-hall conversations. Socratic seminars are evidence-based, student-led discussions of controversial or unclear issues, designed for students to

synthesize complex information, listen well to community or class members, and get all issues onto the table. Rather than focusing on winning a debate or proving they are right, "learners are asked to reason by making inferences, resolve conflicts, solve ill-structured problems, and use evidence to support arguments" (Castellanos-Reyes, 2021, para. 8). Every year, I teach my students Socratic seminar participation using Singleton and Litton's (2005) principles for courageous conversations: speaking from your own experience, being okay with discomfort, committing to staying engaged, and accepting and expecting non-closure.

Cautions

Although the literature I reviewed highlighted many encouraging avenues to explore in terms of implementing anxiety-reducing strategies and content in secondary English classrooms, scholarship also pointed to several cautions. First, Yeager (2017) noted that effective social–emotional instruction for elementary students grows less effective as children move into adolescence. For example, simply looking for illustrations with older characters, when programmatic content remains simplistic, can result in a condescending tone. To design programs specifically for adolescents, Yeager recommended using a respectful—rather than parental—tone and rethinking measurement to include more than just student-reported, quantified skills, especially when teachers lack the psychological training to teach such skills.

Second, although Paris and Alim (2014) endorsed CSP as essential to ensure "explicitly pluralist outcomes that are not centered on White, middle-class, monolingual, and monocultural norms of educational achievement" (p. 95), they recognized students need explicit instruction to think critically about more problematic aspects of cultures that

48

emphasize difference and inequality. For example, they suggested educators who use rap and hip-hop to discuss themes of justice and teach linguistic flexibility should not shy away from critiquing the genres' misogyny and gender stereotyping. As with suggestions related to what works, these insights also informed my approach to intervening, both as I chose relevant curriculum and as I guided student-led Socratic Seminars and facilitated authentic class discussions.

Summary

This chapter reviewed literature related to my problem of practice, elaborating on rising teen anxiety and subsequent increases in depression and suicidal ideation, especially among marginalized youth. Existing scholarship suggests that when educators approach their students with unconditional positive regard and mindfulness about the ways culture, ethnicity, and power affect their interactions, they can adopt strategic practices to stem the tide. The next chapter describes my plan to incorporate such recommendations: using dialogue journals to build relationships, adopting simple classroom routines and modified DBT skills instruction to teach and model positive habits of mental health, broaching open and authentic conversation to normalize therapeutic interventions, and facilitating classroom study of classic literature that may affirm marginalized students' identities and result in greater community acceptance of marginalized students.

CHAPTER 3

METHODOLOGY

The previous chapters established my concerns about teen anxiety as a risk factor for suicide—the second-leading cause of death for teens (Curtin et al., 2022; Twenge, 2020). Consistent with nationwide shortages of school counselors (Cratty 2019), the schools and contexts where I have taught have provided inadequate support for students in need. Educators like me must intervene when we can, seeking to mitigate this barrier to educational success and quality of life. Therefore, through participatory action research, I sought to answer the following questions:

1. What is the current level of anxiety among my students and to what degree do their core identities (i.e., race, gender, sexuality) contribute to their anxiety?

2. How do positive mental health interventions and daily routines within safe spaces impact student anxiety?

3. How does adapting my curriculum in ways that expose racism, homophobia, and community trauma impact student anxiety?

Resolving this problem of practice in my classes at Gethsemane Lutheran School required careful consideration of study design, sample selection, and methods of data collection and analysis.

To that end, this chapter illustrates my research decisions, grounded in my theoretical framework (Figure 3.1). The overarching concept of mental health promotion in schools provided insight, accountability, and direction. Because teachers are often the

first point of contact for struggling students and school counselors are scarce (Cratty, 2019), Cavioni et al. (2020) proposed promoting students' mental health within classrooms, demonstrating that social and emotional learning can prevent social, emotional, and behavioral problems and increase resilience. The model also emphasizes the overarching role of family, community, and policy, guiding the interventions I implemented to decrease anxiety for my students, especially those in marginalized populations. The additional lenses of CRT (Delgado & Stefancic, 2001) and QTP (Pennell, 2020) kept me accountable by prompting consideration of my power and privilege as barriers to equitable educational experiences for students. The third aspect of my framework, CSP (Paris & Alim, 2017), prompted me to listen to and amplify student voices and respond to evolving community needs throughout the intervention.
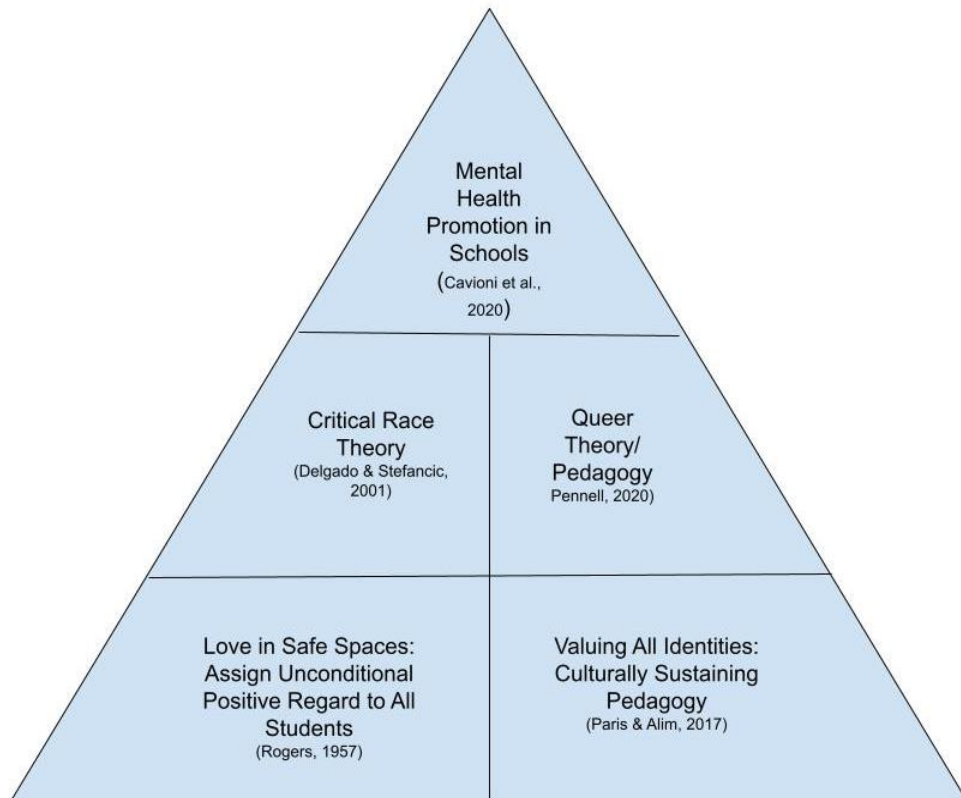

Figure 3.1 *Foundational Model Based on Theoretical Framework*

51

Research Design

I aimed to decrease student anxiety by promoting mental health; teaching emotional regulation strategies; and providing space for students to discuss racism, homophobia, and community trauma. Because student anxiety is a multifaceted problem with multiple possible avenues for intervention, an explanatory, sequential, mixed-methods critical action research approach, including aspects derived from emancipatory and youth participatory action research paradigms, was most appropriate for my study.

Critical Action Research Paradigm

Action research requires not only describing conditions, but also taking action for change and assessing the results. Throughout the process of planning, acting, observing, and reflecting, action researchers work with participants to facilitate their active participation (Merriam & Tisdell, 2016). Critical action research seeks "to challenge power relations based on societal structures of race, gender, class, sexual orientation, or religion" (Merriam & Tisdell, 2016, p. 56), and I framed my study with CRT, QTP, and CSP to address how marginalized students experience anxiety due to living and learning in mainstream communities. By modifying Mazza et al.'s (2016) DBT protocol, I attempted to expand the emotional regulation and anxiety-reducing options available to my students. By using core curriculum that specifically dealt with themes of bullying, gender, and sexuality, I sought to shift my classroom culture to be more affirming toward all students, paying particular attention to affirming marginalized students.

Participatory Action Research Paradigm

Participatory action research, usually designed to promote equity, fairness, and social justice, is critical of societal power structures and emancipatory toward those

without power (Herr & Anderson, 2015). This mindset meshed well with my desire to do something to change educational and personal outcomes for my anxious students, particularly BIPOC and LGBTQ students, whose expressions of anxiety are often misunderstood by White, cisgender, heteronormative teachers and counselors (Schaeffer, 2021). I hoped this research would not only critique the power systems at play in my context (Merriam & Tisdell, 2016), but also provide a step toward emancipating my BIPOC and LGBTQ students from the burden of misdiagnoses of emotional disturbance and attention-seeking and provide effective strategies to manage their anxiety.

I used journal entries, observation of classroom interactions, and optional Socratic seminar participation to acknowledge and address student presentations of anxiety in the classroom and investigate changes in my students' anxiety levels after I taught DBT skills for emotional problem-solving (Mazza et al., 2016). I also used the novel *Wonder* (Palacio, 2012); Shakespeare's (n.d./1600) play *A Midsummer Night's Dream*; selections from *Free to Be, You and Me* (Thomas, 1972); and historical lessons about discrimination, violence, and genocide from the Middle Passage to Rwandan Genocide, and the Holocaust to the Russia–Ukraine war, as framed by the ladder of prejudice (Allport, 1954). These resources prompted students to consider and discuss the impacts of marginalization personally, within classes, and within the school and community.

Because participatory action research requires "the community and researcher [to] together produce critical knowledge aimed at transformation" (Herr & Anderson, 2015, p. 17), I needed to listen well and co-create solutions with the Gethsemane students, families, and community I served. Within the context of White educators' working with BIPOC, Love (2019) described this stance as co-conspiring—acknowledging inequalities

created by privilege and using one's power to build authentic relationships, mobilize available resources to fight against anti-Blackness, and protect BIPOC. This principle can extend to any marginalized group of students an educator wishes to serve. Using Love's stance as a model, I worked to create an atmosphere of authentic dialogue in my classrooms where students understood I truly desired their honest feedback.

Meltzer and Schwartz (2019) also recommended developing and testing a solution prototype, or in action research terms, an intervention shaped by ongoing student feedback. Throughout the intervention period, I tried "to experiment with a variety of approaches, and tinker with them in response to experience rather than to think that one can produce the ultimate solution and presume that once created it will not require any modification" (Meltzer & Schwartz, 2019, p. 92). This process included being responsive to students' needs in ways such as moving some of my direct instruction of DBT skills from the beginning of our English classes to Guided Community Time, where students felt it made more sense, and allowing students to opt out of breathing and yoga exercises that made them uncomfortable. Using qualitative student evaluations in the form of journal entries and feedback during a final Socratic seminar allowed me to highlight students' voices and assess students' perceptions of the efficacy of the interventions.

Explanatory, Sequential Mixed-Methods Approach

The explanatory, sequential mixed-methods approach to research uses qualitative measures to explain initial quantitative results (Merriam & Tisdell, 2016). This method was appropriate for my study as I first conducted an objective, Likert-scale survey to establish students' baseline anxiety levels. Although I was interested in the causes of my students' anxiety levels, I was more interested in reducing those levels, which

necessitated paying attention to how students made meaning of the skills, strategies, and texts we studied, and evaluating their experiences and anxiety levels throughout the interventions I facilitated. After 12 weeks, I administered a similar Likert-scale survey to gain an objective measurement of anxiety levels before and after my interventions.

Constructs, Variables, and Definitions

For the purposes of this study, I decided to investigate anxiety as a broad construct, with the understanding that emotional dysregulation may also present as depression and other psychological disorders. Over the years, I have become increasingly concerned about my students' observed and self-reported anxiety; causes of that anxiety; and anxiety outcomes such as secondary depression, suicidal ideation, and suicide (Twenge, 2020). Anxiety is defined by the American Psychological Association (2023) as a "future-oriented, long-acting" emotional and physical response to a vague threat or perception of threat, as opposed to fear, which is an appropriate response to a "clearly identifiable and specific threat" (para. 1). My goal in this study was to categorize anxiety as a dependent variable and measure the impact of teaching an emotional regulation curriculum concurrently with affirming core content on student anxiety levels.

I included questions on the surveys about several independent variables that could affect anxiety levels, including teasing, bullying, harassment, discrimination, family stress, classes and homework, and community trauma. In journals and conversations, some students also disclosed mental health diagnoses and past trauma that affect their anxiety levels. While I hoped teaching DBT skills and strategies would effectively decrease anxiety levels for all students, I also paid particular attention to the effect of teaching DBT skills and emotional regulation training to marginalized students who

seemed to face additional anxiety based on the mismatch of their core racial, gender, or sexual identities with the majority of their peers at Gethsemane Lutheran School.

A confounding variable (Pourhoseingholi et al., 2012) in this study was increased anxiety within the entire school community due to the November 2022 email that alerted families and middle school students to the school's financial pressures and possibility of closing. My research timeline coincided with a major push by the teachers, administration, families, school board, and parent–teacher association to raise money, explore financial options, and increase enrollment by March 1, when the church council voted on whether to allow the school to remain open for the 2023–2024 school year. The atmosphere was understandably tense as our school community worked on marketing, outreach, and fundraising. I witnessed multiple stakeholders—parents, teachers, and board members—shedding tears at various points before and after the vote. This tension was obvious to my students, as well, as evident in a wide range of expressed feelings and outward behaviors, including anxiety, and culminated in feelings of loss and sadness as the church council announced the school would close at the end of the academic year.

Study Context

Gethsemane Lutheran School was a private, K–8 school in a suburb that neighbors Saint Paul. Students were primarily White and privileged, but it was the least expensive private elementary school in the area and offered substantial scholarships, so students came from a range of socioeconomic backgrounds. Additionally, students of color constituted approximately 12% of the population, and LGBTQ students approximately 6%. Gethsemane Lutheran's sponsor, the ELCA, supports the full membership and ordination of women and people within the LGBTQ spectrum.

However, families and students were a mix of traditionally conservative Christians, LGBTQ-affirming Christians, and nonreligious community members.

My intervention schedule looked promising, but 3 weeks in, the middle school switched from standard, day-to-day scheduling to every-other-day block scheduling, which prompted me to revise my daily intervention plans and overall schedule. I also faced scheduling challenges due to a personal sick day, snow days, a band festival, and a rescheduled ice-fishing field trip. Although these challenges made fitting 30 emotional regulation lessons, as well as comprehensive studies of *A Midsummer Night's Dream* in Grades 7 and 8 and *Wonder* for Grades 5 and 6 into 12 weeks difficult, these challenges are probably reflective of many schools and provided additional insight into practical use of the interventions. Elaborating on my role and my participants' roles may further enhance transferability (Merriam & Tisdell, 2016).

Role as Researcher

In addition to being a doctoral student engaged in action research, I also served in many roles at Gethsemane Lutheran School throughout the course of this study. As the middle school lead teacher, I had a large degree of curricular and instructional autonomy, which facilitated testing interventions naturally within the school day. My students were comfortable with slideshows, journal reflections, and Socratic seminars, as I had used them during classes before I began the interventions.

Teacher

I was first and foremost my students' teacher. This year was my first teaching Grade 7–8 Geography; my second teaching the students in Grades 6–8 ELA; and my first as the fifth graders' English teacher, although I had been their library specialist once a

57

week the prior year. Most students and their families already knew me due to conferences and school events. My research aims notwithstanding, my primary goal for the year was to assist my students in meeting grade-level state standards in ELA and Geography.

Administrator

At the beginning of the 2022–2023 school year, I was promoted to the role of middle school lead teacher. I became more instrumental in guiding curriculum, ensuring the middle school team was following specialized education plans for students, managing disciplinary procedures, and making school decisions if the principal was out of the building. This role was simultaneously helpful and inhibiting. For some students, my role as an administrator was reassuring, as I could more directly affect outcomes regarding bullying, family issues, and grades. For other students, my role was more frustrating because I had more responsibility to determine consequences for behavior and they missed the previous administrators' responses.

Mandated Reporter

As a licensed teacher in Minnesota, I am a mandated reporter, legally obligated to report suspicion of abuse or neglect to state authorities within 24 hours (Minnesota Department of Health, 2022). To respect students' privacy, I explained this role and that, per students' requests, I would keep confidential any information that did not fall under mandated reporting. I also explained my intention to use pseudonyms in this dissertation for students who agreed to participate, with their families' consent.

Empathetic Listener: Bracketing as a Research Tool

Before I asked questions of students and listened to their stories, I needed to bracket my own lived experiences with anxiety, as well as vicarious trauma from walking

alongside students and family members experiencing mental health crises and suicidal ideation. Wertz (2005) explained the second epoche in the process of bracketing as necessary "because it 'reduces' the investigative field to the psychological. This presence of the psychological allows the investigator to reflectively describe the meanings and psychological performances of lived-through situations" (p. 168).

Within the last several years, I have spent the night in the hospital twice—once with a suicidal student whose parents were out of town and who was subsequently committed to an inpatient program, and once with someone I love who was found by police on the edge of a bridge contemplating suicide after a friend initiated a frantic search. I have also supported former students, family members, and friends as they began navigating mental health and therapy. The fact that those stories have happy endings is one of the reasons I am passionate about student mental health and chose to conduct this research. While I occasionally worry about specific students and losing a student to suicide is one of my greatest fears due to the memory of my student who died by suicide in 2019, I meet with a therapist biweekly, have learned about available resources for students in crisis in my community, have become certified in youth mental health first aid, and gained more agency as a part of Gethsemane's administration team. Because I now have specific training; and had a supportive team and an emergency plan throughout this study, I was able to listen to the meaning of what my students were telling me and assist them in finding help, when necessary, and rarely transposed my own fears, worries, or assumptions onto their words.

Participants

Intending to study my own students in Grades 5–8, I engaged in convenient sampling, yet my participants also constituted a unique, purposeful sample (Merriam & Tisdell, 2016). I was particularly interested in investigating identity-based anxieties experienced by LGBTQ students attending school in a religious setting and BIPOC students attending a predominantly White institution.

After students agreed to participate in the study, I assigned them a pseudonym for ease of record-keeping. I have one copy of the document with both their actual name and their pseudonym in my secure research binder and one on my password-protected computer, but no one else has a copy. A couple of sensitive issues arose over the course of the study, but I was able to navigate them according to mandated reporting protocols without breaking confidentiality, as students were willing to have a conversation with me and then talk to additional staff or family for appropriate support.

Recruitment

I invited all my students to participate in this study and asked for both student and parental signatures, first on paper forms, and then via Google Forms for students who did not return the paper form (Appendix A). Study activities and assessments were not graded, and students were able to withdraw from the study at any time with no penalty. Due to our established rapport and trust, most families were comfortable with their students' participation in class activities. DBT skills training and intentional selection of core curriculum content were part of classes for all students, but students who had opted out of the study did not submit the surveys or their dialogue journals for review, and I did not specifically record their responses in my data. Socratic seminar participation was

optional and only open to students who had submitted signed invitations.

Of my 35 students, 26 families consented to my use of their data in this study.

Only 29% of families declined permission, and one student did not return the invitation.

Students in fifth grade were the most receptive to participating in the study, whereas

students in eighth grade were not as interested, particularly once they understood their

participation was optional and not associated with a grade. Of the 25 participants, 6%

self-identified as LGBTQ and 12% self-identified as BIPOC (Table 3.1).

Table 3.1 *Participant Demographics*

Grade	Boys	Girls	BIPOC	LGBTQ
5	4	5	2	0
6	1	4	0	0
7	1	3	1	0
8	4	4	1	2
Total	10	16	4	2

Intervention Procedure

Every year I have been a teacher, I have seen students exhibiting various forms of

anxiety, including identity-based anxiety. My classes at Gethsemane were no exception,

so I chose to learn more about anxiety to improve my ability to help my students. Based

on the literature I reviewed in Chapter 2, several promising strategies were worth testing

in my quest to decrease student anxiety. In keeping with Cavioni et al.'s (2020) model, I

chose to focus on promoting mental health by teaching and guiding practice of emotional

regulation skills while normalizing therapy and overtly addressing anxiety, including

anxiety stemming from racism, homophobia, and community trauma. In support of these

goals, I taught DBT skills (Mazza et al., 2016) during classroom start-up routines and

used culturally sustaining core English curriculum to promote safe spaces and affirm

student identities. By teaching my students to recognize, regulate, and express their

emotions through direct instruction, curricular connections, and feedback opportunities, I anticipated perceived and measurable decreases in their levels of anxiety. I used both quantitative and qualitative assessments to measure results.

Safe Classroom Spaces as a Condition for Effective Intervention

My first priority during the intervention period was for students to walk into my classroom and know I cared about them. Even when their behavior was undesirable or frustrating, I endeavored to be a supportive adult or connect them to other supportive adults. Serving in this role as a cis-hetero, White educator of BIPOC and LGBTQ students required me to ask questions; learn students' cultures, traditions, and lifestyles; show interest in their hobbies, communities, and peer groups; and respond to their needs. For example, midyear, the principal and I, along with the middle school team, acted on recommendations of middle school student council members to shift from standard scheduling to block scheduling to ease workload and smooth out logistics in core classes.

Mazza et al. (2016) designed DBT lessons for explanation followed by authentic practice, but to maximize the interventions' potential, students need to feel safe and affirmed. As the teacher, I emphasized that students are loved, valued, and worthwhile regardless of behavior; and I called out microaggressions, racism, and homophobia in my classes. However, while one caring adult can build resilience and change the trajectory of a child's life (Walsh, 2015), even perceived racism can cause measurable increases in cortisol (Adam et al., 2015; Curtin et al., 2022). This impact is much more damaging if a child faces persistent, systemic racism or homophobia. As a teacher and administrator, I spent considerable time working on positive behavior with my students, collaborating with my principal to use explanatory slideshows and videos to define and give examples

62

of microaggressions, aggressions, and harassment. Having increased students' awareness and understanding of these undesired behaviors, we implemented logical consequences, such as requiring students to write fix-it forms, asking students to make amends with each other, writing discipline forms, and communicating behavioral actions and expectations with the principal and families.

As a condition of effective interventions, maintaining a safe and culturally sustaining classroom, conducive to public discussion and practice of emotional regulation skills, could decrease students' anxiety, stress, and cortisol levels. This expectation proved realistic for my fifth- and sixth-grade classes, as students seemed to care about each other and tried to avoid conflict and resolve arguments without making each other feel bad. However, my seventh- and eighth-grade classes had a much harder time being positive, pleasant, helpful, or kind, and at several points during the intervention protocol, I skipped activities because I felt there would be too much opportunity for students to make fun of each other or misuse shared information. I also wanted to be conscious of two students who were in the process of sorting out their genders and sexuality, along with some students with a tendency to overshare.

Embedding Mental Health into Everyday Learning

My desire to embed mental health into learning stemmed from my attempts over the years to help my students who displayed anxiety. During the COVID-19 pandemic, I noticed my students were very anxious about illness, shopping for groceries, the jobs of their parents and guardians, and their older relatives. At this time, I shifted from helping students individually to using classroom routines at the beginning of each class to teach students simple strategies and skills to use in various stressful situations.

63

DBT Curriculum

Brackett and Katulak (2007) recommended promoting emotional intelligence by teaching skills in the classroom, so I initially considered the brain-based interventions on George's (2020) Lockdown Toolkit poster, designed to increase levels of serotonin, dopamine, oxytocin, and endorphin. As I read more about student anxiety, I learned the problem was more serious and widespread than I realized (Jones et al., 2022). To give my students opportunities to share and process emotions and teach them proactive responses to stress or anxiety, I realized a more comprehensive intervention was necessary. Consequently, I adapted Mazza et al.'s (2016) DBT skills protocol to my own classes.

Although I hoped to teach adapted versions of all 30 lessons, due to logistics and my goal of teaching for mastery, I was only able to condense 18 of the 30 lessons and teach them either at the beginning of English class or during guided community building over 12 weeks. These lessons covered mindfulness, distress tolerance, and the first few modules of emotional regulation. We ran out of time to examine or practice additional emotional regulation strategies, and I did not teach the interpersonal effectiveness module, nor did I assign the worksheets as homework, although they were a helpful resource for me. I did provide students with small notebooks for journaling and copies of skills cheat sheets and reminders to cut out and glue into the journals.

Normalizing Therapy

To decrease the stigma of therapy and bear personal witness to some of the benefits of counseling, I tried to replicate the CHHMH (n.d.-b) approach by matter-of-factly talking about regulating my own mental health in the same way one would regulate insulin if diabetic or wear a brace having pulled a muscle. Ideally, teachers should be

instrumental in connecting students with therapeutic resources (Fazel et al., 2014), but in

my experience, family and community barriers sometimes prevent these types of

connections. I hoped positive modeling would lead more students to have positive

experiences with therapy in the future, even if they lacked access at present. I also

introduced students to our school counselor and set up meetings for them to process

issues with her when possible. However, her availability was extremely limited, so I also

had several conversations with parents and guardians about the benefits of therapy.

Daily Classroom Routines

My vision for embedding mental health learning into daily classroom routines

faced a myriad of practical constraints, but my initial attempt was to teach two to four

slides about a modified DBT protocol at the beginning of classes on Mondays,

Wednesdays, and Fridays, and then practice the skills and journal about them on

Tuesdays and Thursdays. The calendar in Figure 3.2 shows a sample of the initial

iteration of my plan. Lessons took much longer than I anticipated, and we adopted a

block schedule 3 weeks into the intervention, which I discuss further in Chapter 4.

1/14 Write W1 Lessons	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Class Lessons 1/16	L1 Orientation (Print Consent Forms)	Initial Survey	L2 Dialectics	Practice/ Journal	L3 Mindfulness: Wise Mind	Write Lessons for Week 2
Personal Tasks 1/16	Review and Edit Dissertation Ch. 1 (Create TRIO Call to Action with Cut Portions)	Cooking with Girls	Groceries and Cook (Meal Prep)	Review and Edit Dissertation Ch. 1 School Board Meeting	Off/Catch Up	Finish Reviewing and Editing Ch. 1
Class Lessons 1/23	L4 Mindfulness: "What" Skills	Practice and Evaluate	L5 Mindfulness: "How" Skills	Practice/ Journal	L6 Distress Tolerance: ACCEPTS Crisis Mgmt	-Respond to Journals -Record Results -Write Lessons for Week 3
Personal Tasks 1/23	Review and Edit Dissertation Ch. 2 (Create TRIO Call to Action with Cut Portions)	Cooking with Girls	Groceries and Cook (Meal Prep)	Review and Edit Dissertation Ch. 2 Spaghetti Dinner Open House	Off/Catch Up	Finish Reviewing and Editing Ch. 2
Class Lessons 1/30	L7 Distress Tolerance: Self-Soothe/ Improve the	Practice and Evaluate	L8 Distress Tolerance: TIP to Manage Extreme	Practice/ Journal	L9 Distress Tolerance: Pros and Cons	-Respond to Journals -Record Results -Write Lessons

Figure 3.2 *Initial Intervention Plan*

Embedding Mental Health into Core Curriculum Selections

Another aspect of my intervention was to use my secondary English and Geography curricula to discuss kindness and tolerance in the contexts of bullying, homophobia, and racism. Understanding these strategies and themes is helpful for all students and especially for underserved BIPOC and LGBTQ youth who are frequently targets of microaggressions or bullying. Marginalized students typically have more difficulty securing adequate counseling services due to lack of access or stigma (Green et al., 2020). CHHMH's (n.d.-b) use of hip-hop and Doerries's (2019) use of Greek tragedy to broach conversations about mental health and community trauma served as helpful models for integrating my research aims with my curriculum.

ELA: Grades 7–8

Traditionally, Grades 7–8 at Gethsemane studied Shakespeare's (n.d./1600) *A Midsummer Night's Dream*, and because gender identity and sexual expression are common themes in Shakespearean comedy, I decided studying Shakespeare's play could promote discussion of issues relevant to LGBTQ students in a less threatening manner. I combined dramatic class readings with paraphrasing, theme explication, and contextual study to help students discuss gender stereotypes, dating, and sexuality. Amid the surprise, laughter, and confusion of their first experience studying Shakespeare, some students were able to ask questions about gender and sexuality and relate to the lives of characters like themselves. I paired the familiar, preapproved text with several selections from Thomas's (1972) feminist children's book, *Free to Be, You and Me*. Students

compared time periods and themes such as patriarchy and women's roles, gender-bending, and the institution of marriage in class discussions and individual journals.

World Geography: Grades 7–8

The more I struggled this year to build a supportive, caring classroom, the more I realized I needed to overtly address the bullying and microaggressions I was seeing among seventh and eighth graders. I thought back to Singleton and Linton's (2005) rationale for facilitating courageous conversations, to "uncover critical perspectives and develop deeper interracial relationships as we examine our interrelated histories, which continue to nourish the foundation of our daily racial interactions" (p. 105). Drawing from Doerries's (2015) contention that using content or events that are somewhat removed from their audiences provides a safer opportunity to consider and process sensitive topics, I decided to teach the community tragedies of the Holocaust and Rwandan genocide within Allport's (1954) ladder of prejudice framework.

I started with Africa and moved north and west around the globe, covering concepts such as slavery and the Middle Passage, the 1994 Rwandan genocide, today's ethnic war between Russia and Ukraine, and the Holocaust. I taught these issues through the lens of Allport's (1954) ladder of prejudice, which begins with stereotypes, individual prejudice, and avoidance, continuing up through systemic violence, extermination, and genocide. I invited students to consider how, analogously, teasing can become toxic and cause anxiety and inequity in and beyond the classroom. I also emphasized how microaggressions can lead to more severe racist, homophobic, and discriminatory actions—and how those actions affect victims' and perpetrators' mental health.

ELA: Grades 5–6

In Grades 5–6, we read Palacio's (2012) *Wonder* about a boy who is born with craniofacial deformities and begins school for the first time as a fifth grader. We used the book, popular music, and videos and resources from the Dove (2023) Self-Esteem Project to discuss themes such as bullying, common conceptions of beauty, and social media. Mindful of the religious beliefs of many of the families, I wanted to be careful that any discussion of LGBTQ issues happened organically for this age level, but we explored *Wonder's* themes of tolerance, intolerance, kindness, and coming of age, which are inherently affirming of individual identities.

Supporting Mental Health by Valuing Student Responses to Intervention

As a reflective practitioner, I have always been committed to seeking the most effective ways to teach, as opposed to continuing to teach in ways that are not actually helpful to students (Herr & Anderson, 2015). Therefore, I intentionally offered students ample opportunities to use their voices to express their true opinion on the interventions. In keeping with the nature of participatory action research, I also made my students aware of my study and their role in shaping curriculum and practices for future students (Herr & Anderson, 2015; Merriam & Tisdell, 2016). Specifically, I invited students' responses to interventions and recommendations for next steps through journal prompts, Socratic seminars, and surveys.

Dialogue Journals

The dialogue journals, or "little brown notebooks," supported my aim for students to partner with me as I evaluated their responses to the interventions and planned additional measures to support anxious students. Journaling allowed students to express

their perspectives on course content and the effects of my modified DBT lessons on their own anxiety levels. The journals served as an easy vehicle for students to carry around and housed notes they could consult when confronted with specific situations. The journals also provided space for students to respond to the interventions and gave me a chance to acknowledge and affirm their individual voices (Delgado & Stefancic, 2001). Authentic conversations about life experiences and mental health, both in the classroom and in personal journals, provided ways for me to listen to, acknowledge, and affirm my students' individual voices (Pandolpho, 2020).

Socratic Seminars as Focus Groups

My students are used to discussing controversial issues using Singleton and Litton's (2005) courageous conversations model, so at the end of the intervention period, I observed student-led culminating Socratic seminars in each grade-level English class. Students had the chance to discuss their anxiety levels; issues of racism, homophobia, and community trauma; and their responses to the interventions, including which aspects were most effective and which aspects they thought should be improved, omitted, or reimagined. Through this optional, ungraded Socratic seminar, students discussed the curricular content, themes we explored, and effects of learning DBT skills on their perceived mental health. Regrettably, a full youth participatory action research study, wherein students would have had a primary role in all aspects of the project from start to finish, as suggested by Herr & Anderson (2015), was not feasible within my time constraints, but by inviting genuine feedback, listening to students' perspectives, and acting on their suggestions for the final trimester of school, I hoped to involve my students as active participants.

Because my initial timeline was too ambitious and we only covered the
mindfulness, distress tolerance, and emotional regulation sections of Mazza et al.'s
(2016) protocol, I projected a slide that asked,

> Were the lessons on Distress Tolerance and Emotion Regulation helpful to you?
> Why or not? There is one more set of lessons about Effective Communication that
> I could teach you. Do you think those lessons would be helpful and would you
> LIKE to me to teach them to you? Why or why not?

I was hopeful that students would come to a consensus during the Socratic seminars and
decide whether their class should cover the final interpersonal skills protocol during the
third trimester, but discussion was inconclusive.

Final Journal Entries

Uncertain how freely students shared during the Socratic Seminars, I asked
students to complete a final journal entry assessing whether the mindfulness, distress
tolerance, and emotional regulation modules had been helpful, and articulating whether
they personally would like to continue with the skills training and learn interpersonal
effectiveness. I gave students 10 minutes to write a response in their little brown
notebooks. I collected and read their journal entries, tallied results, and wrote them back
individually. When I returned their journals, I announced the consensus for each class. In
this way, students were able to use their individual voices to affect the outcome of the
study as active participants in the final stage of my research (Herr & Anderson, 2015).

Surveys

As the intervention period concluded in March 2023, I administered another
Likert-scale survey with more specific questions about the effects of the lessons we

covered on student anxiety. I hoped that comparing results to the pre-intervention survey would allow me to measure whether anxiety decreased, stayed the same, or increased for individual students after the intervention. An imperfect instrument, the survey nevertheless honored students' voices, constituting another means of affirmation.

Data Collection Methods

Collecting data from students to answer my research questions was relatively straightforward. At the beginning of the study, I administered a Likert-scale survey to establish a baseline. During the intervention, I conducted frequent member checks through dialogue journals, and I also kept field notes based on my observations. My observations of student behavior provided clues about their responses to the interventions, but my students' survey responses and their own words in their journals, discussions, and final Socratic seminar were the most important data I collected.

Likert-Scale Surveys

To answer my first research question, I started with a Likert-scale survey (Appendix B–C). Featuring five response choices ranging from Strongly Agree to Strongly Disagree (Efron & Ravid, 2020), the questions measured students' current level of anxiety as a baseline; impacts of race, ethnicity, gender identity, and sexual orientation on students' anxiety; and whether the community trauma of the murder of George Floyd influenced students' anxiety.. I administered a similar Likert-scale survey post-intervention to compare my students' baseline anxiety levels and anxiety levels after intervention (Appendix D–E). The surveys provided one way of assessing the interventions, but this study would have been incomplete without additional qualitative data.

Field Notes

Each day, after my direct instruction of the adapted versions of Mazza et al.'s

(2016) DBT skills protocol, I recorded my observations in the form of reflective field

notes, based on student behavior, comments, and interactions during the lessons (Efron &

Ravid, 2020). This process allowed me to notice and document my students' responses to

the interventions. I also noted any other circumstances surrounding the school day I

deemed significant.

Qualitative Measures Highlighting Student Voice

Collecting quantitative data provided initial insights, and my observations added

important context, but dialogue journals and Socratic seminar transcripts provided a

better representation of participants' "essence [or] 'lived' experience" (Merriam &

Tisdell, 2016, p. 113). To determine whether my perception that students' anxieties

originated in their personal histories with discrimination, bullying, harassment, and

community trauma was accurate, I offered multiple chances for them to share authentic

feedback. I hoped the combination of quantitative and qualitative methods, by providing

authentic insights into my students' lived experiences and responses to my interventions,

would support an accurate evaluation of my classroom observations.

Dialogue Journals

One reason I chose to use dialogue journals for this study is because I am highly

sensitive and empathic, qualities Merriam and Tisdell (2016) listed as helpful. Our class

motto has always been "You are loved for free," and I tried to be conscious of—and open

about—my positionality as a White, cis-hetero female teacher teaching both mainstream

and marginalized students. Dialogue journals gave me an opportunity to read students'

individual thoughts and respond with personal questions, affirmations, or support.

Another reason I chose to use dialogue journals is because most of the participants had already used them in my classes and historically tended to express themselves with openness and authenticity. Typically, students have been very willing to engage with and discuss matters of race, violence, sexuality, and mental health in their journals and private conversations with me.

Socratic Seminars

The best way to measure whether my intervention was effective was to ask the participants themselves. A benefit of conducting action research with youth is that young people begin to see systems of oppression, realize they can challenge the status quo, and "In the process, they learn valuable skills in active citizenry and begin to see themselves as capable of instigating change" (Herr & Anderson, 2015, p. 29). My classes often have deep conversations even in Socratic seminars. Because I had taught the majority of the students the prior year, and they understood the format and expectations for interaction, I allowed students to volunteer to facilitate the Socratic seminars. I also made sure to highlight this seminar would be ungraded, so students would be comfortable explaining their experiences and responses to the interventions. I had students conduct the first Socratic seminar sessions in their combined classes (i.e., Grades 5–6 and Grades 7–8), and then I had them conduct the second session in their specific grade-level classes to elicit more freedom in conversation.

I video recorded each session using my personal iPad, which elicited some silly and awkward responses from students at first. However, students settled down once I reassured them I would be the only person to see the recordings. I uploaded the

recordings to an application that converted them into detailed transcriptions and differentiated between speakers by labeling them "Speaker 1, Speaker 2," and so on. The transcriptions also identified a list of common themes.

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Data Analysis

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Analyzing data enables researchers to see whether their interventions have yielded the anticipated results. Using a mixed-methods design, I started with quantitative, comparative survey results before adding my own observations and my students' feedback in journal entries and Socratic seminars. This triangulated approach increased internal validity (Herr & Anderson, 2015).

Quantitative Data Analysis

I scored the objective survey responses using comparative data analysis to show changes in anxiety levels before and after the interventions. I also compared anxiety levels and identification with marginalized populations, such as the BIPOC or LGBTQ community. As subsequent chapters show, comparing data within and across populations categorized by gender, race, ethnicity, and grade yielded results that will help me plan similar interventions in the future.

Qualitative Data Analysis

I evaluated my field notes, student journal responses, and seminar transcripts using open and axial coding (Merriam & Tisdell, 2016). As I logged students' journal entries and read through my field notes and the transcripts, I tagged and tallied instances where students had used DBT skills or hoped to use them in the future and then put them into a bar graph. Using a digital notes system might have been more efficient, yet I relied on handwritten notes. Organizing notes and other materials (e.g., surveys and journal

entries) in a three-ring binder enabled me to protect participants' privacy. I sorted the evidence by keywords to identify themes and evaluate results to determine whether the interventions were successful (Merriam & Tisdell, 2016).

Validity

Validity in action research has a somewhat different connotation than validity in quantitative, positivistic research. However, according to Herr and Anderson, (2015), action research, though qualitative in nature, nevertheless seeks to be trustworthy both within the study and to produce results that are useful to other researchers and interested parties. Herr and Anderson's five criteria of validity guided my process.

Outcome Validity

Outcome validity measures whether the research was effective in "moving participants toward successful action outcomes" (Herr & Anderson, 2015, p. 68), or in providing additional information that necessitates reframing the problems and solutions. I addressed outcome validity in Chapters 4 and 5 by answering, "Did the interventions of safe spaces, daily mental health routines, and use of culturally sustaining curriculum in safe spaces decrease student anxiety? If yes, to what degree, and if not, why not?".

Process Validity

Herr and Anderson (2015) defined process validity as conducting research with integrity. When investigating a problem with personal importance or resonance, seeing data only from one's own perspective, or with expected results in mind, is tempting. To achieve triangulation, which can ensure a more well-rounded view, I considered multiple possible reasons for anxiety and collected multiple types of data. By including questions about multiple external factors (i.e., the COVID-19 pandemic, family situations, and

preexisting anxiety) on the objective, pre-intervention surveys, I hoped to delineate anxieties experienced because of students' core identities versus their life situations and genetic predispositions. Additionally, looking across objective survey responses, my field notes, and student journal and Socratic seminar responses yielded a more robust measure of students' responses to my interventions.

Democratic Validity

As a participatory action research study, my research met Herr and Anderson's (2015) criteria of collaborating with stakeholders because I asked for responses to interventions at multiple points during the study. Further, I asked students whether they would like their class to continue with the interpersonal effectiveness portion of the skills training even after my study concluded. Additionally, I sought input from my principal and the middle school science teacher as I planned the specific curricular interventions.

Catalytic Validity

The goal of action research is to inspire change, and catalytic validity assesses the degree to which the research process serves as a catalyst for change, both in participants' mindsets and propensity to further action (Herr & Anderson, 2015). I was curious to see how my students responded to the interventions and looked forward to reading their thoughts in journals and hearing their thoughts in Socratic seminars. Comparing their verbal responses to the interventions reported in their journals and Socratic seminars to their survey results was interesting as I determined whether the interventions resulted in a measurable decrease in anxiety.

I am disappointed by Gethsemane's closing for many reasons, but one of them is my inability to use principles of improvement science (Hinnant-Crawford, 2020) to revise

my interventions and surveys and try them again next year in the same setting with some of the same students. However, many of the results should be transferrable to other settings, especially as anxiety is on the rise nationally and DBT methods are applicable across various populations.

Dialogic Validity

Herr and Anderson (2015) described dialogic validity as "the 'goodness' of research as monitored through a form of peer review" (p. 69). The dissertation process—by which multiple professors at the University of South Carolina have directed and reviewed portions of this research, asked for revisions, and pointed out necessary changes—served as the initial form of peer review.

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Chapter Summary

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The goal of this study was to help my students learn strategies to regulate their emotions and decrease their anxiety in the face of challenging circumstances. Results in Chapter 4 show that many students moved one step further along the journey of positive mental health and suggest how I can improve the interventions for future use. I explore these implications and provide guidance for interested educators in the final chapter.

CHAPTER 4

RESULTS

As an action researcher conducting interventions with my own students, I strived
to balance my hope that the interventions would decrease students' anxiety with reality of
variable human systems and imperfect people within those systems. The following three
questions guided this participatory action research study:

1. What is the current level of anxiety among my students and to what degree do
   their core identities (i.e., race, gender, sexuality) contribute to their anxiety?

2. How do positive mental health interventions and daily routines within safe spaces
   impact student anxiety?

3. How does adapting my curriculum in ways that expose racism, homophobia, and
   community trauma impact student anxiety?

For an accurate assessment of the results, I triangulated data by using quantitative and
qualitative measures: pre and post surveys, student journal entries and Socratic seminar
transcripts highlighting student voice, and my own observational field notes.

Context, Setting, and Variables

The fact that anxiety has been on the rise, particularly among teenagers (Twenge,
2020), has become common knowledge among educators. Teachers, in turn, have various
theories about the reasons. Some may see a correlation to social media, some may
envision personal and family trauma at the root, and others may point to COVID-19 as
the most obvious factor. My Gethsemane colleagues would add the fact that our school

closed after a 5-month fight to keep it open, perhaps overlooking the role of racism and homophobia. Therefore, I undertook this study to help my marginalized and mainstream students live with less anxiety by learning how to regulate their emotions and have important conversations in safe, affirming spaces.

Setting

According to long-term staff, Gethsemane Lutheran School, built before the church, has been a fixture in the suburban community outside St. Paul for 80 years. As the only ELCA K–8 school in Minnesota, Gethsemane served students from several surrounding cities. One of the least expensive private schools in the area, Gethsemane also offered substantial scholarships. However, enrollment had been steadily declining since the recession of 2008, except for a momentary surge at the outset of COVID-19 due to the administration's decision to keep the school open with social distancing at a time when the public schools in the area had moved entirely to online instruction.

The study occurred during my second year teaching English for fifth–eighth grade and K–4 Library at Gethsemane and my first with a combined seventh- and eighth-grade World Geography class. As the middle school lead teacher, I was also involved in our self-study prior to seeking accreditation renewal in 2023–2024, as we tried to vertically and horizontally align our curriculum from kindergarten through eighth grade.

Sadly, Gethsemane Lutheran School learned it was operating without making budget in November 2022, at which time families and staff were informed that enrollment had to reach 95 students by March 1, or the school would close. The school board, PTO, principal, and teachers worked incredibly hard to promote enrollment. This effort contributed to a heightened sense of anxiety for students, staff, and families, which

was exacerbated on March 1, 2023, when the church council voted to close the school at the end of the academic year. Bishop Lull, the region's presiding ELCA bishop, upheld the vote. At this time, I also transitioned my efforts, as well as those of teachers and other staff, from accreditation to the business, mourning, and celebrations of closing the school.

Variables

I intended to study anxiety as a dependent variable and emotional regulation training and affirming curriculum as independent variables. A potentially confounding variable (Pourhoseingholi et al., 2012) emerged in November when church staff accidentally sent a letter intended for church members and students' parents to all middle school students. The letter explained the school's financial instability could lead to the school closing. Middle schoolers received the letter during the school day before the school board or their parents had been notified of the school's financial concerns and possibility of school closure. This incident clearly added to student anxiety as learners in Grades 5–7 realized they might not be able to return the next year. At the school-wide assembly my principal and I held the day after the church council announced the school would be closing, many fifth- and sixth-grade students cried. Older students appeared less sad, but there was some anxiety for graduating eighth graders, especially those with siblings attending the school or parents on the school board. Other older students adopted an uncaring attitude and made statements such as, "The school is closing anyways, you can't afford to expel us," or "You are bankrupt anyways, so why does it matter?"

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Researcher and Participants

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Interventions as changes from the status quo inevitably change the researcher as well as the participants. Throughout the study, I noticed changes in myself as well as my

students. Even the fact that a handful of students declined to participate raises interesting questions for further consideration.

Researcher

I have noticed and been concerned about student anxiety in all the school settings where I have worked. As the middle school lead teacher, middle school English and Geography teacher, and elementary librarian at Gethsemane, I wore many different hats on any given day. My principal asked me to be on her administrative team as the lead middle school teacher this year, and I appreciated her leadership. She fully supported this study and helped cover my classes when students who were not participating in the study were doing alternate activities.

In my 2 short years at Gethsemane, I was welcomed into the staff as family. Extending help, humor, and grace, we had each other's backs all year, especially considering the ongoing stress of trying to save our school only to be told it was closing. Because I taught elementary library and Grades 5–8, I knew all the students in the school. I loved greeting students and families as they walked into school in the mornings. I built positive working relationships with the parents of even our most challenging middle school students, and I was comfortable handling middle school discipline—and occasional elementary issues—when our principal was unavailable. The staff took student mental health seriously, and we were all trained in youth mental health first aid at a school-wide in-service event last year.

The supportive school atmosphere at Gethsemane meant that, besides issues surrounding school closing, I had very little anxiety in terms of my roles as teacher, administrator, or researcher. Wertz (2005) recommended researchers bracket their own

psychological reactions to the phenomenon they are researching. As an administrator trained in youth mental health first aid who enjoyed the full support of the principal, I was in a position to help my students who disclosed struggles by completing and filing a Mental Health Safety Plan and by directly discussing mental health concerns with students' families. This sense of agency dramatically reduced my anxiety compared to my anxiety at other schools where I have worked.

My personal anxiety also decreased once I decided to use Mazza et al.'s (2016) DBT skills protocol as an intervention guide instead of writing my own interventions after talking through the options with my own therapist. I wanted to make sure any interventions I planned and administered were helpful and would not trigger additional student anxiety. Mazza et al.'s curriculum was a natural fit because it is skills-based, flexible, world-renowned, and designed for use by general education teachers.

Participants

As noted in Chapter 3, I invited all 34 of my students to participate, but only 25 students' parents consented (Table 3.1). Participation was quite high in the two younger grades, with only one boy and one girl declining to participate, but a significant number of older boys opted not to participate. Evaluating this result sparked my curiosity about possible reasons so many boys refused to participate. Students and parents received copies of the surveys with their invitation letter (Appendix A), and anecdotally, two of the more popular eighth-grade boys who refused were offended because I asked whether student anxiety had grown worse after the killing of George Floyd and they both have family members in law enforcement. Perhaps the rest of the boys followed their lead. Additionally, women constituted 95% of our school staff, and the boys missed the former

82

male principal and assistant principal, so they may have seized the opportunity to opt out. In fact, I had two sets of siblings among whom the female student participated and the male student either opted out or was vocally upset their parents had not allowed them to opt out. Another possibility is the stigma against men receiving counseling (Chatmon, 2020) extends to middle school, especially a more conservative, religious setting, where traditionally masculine roles are commonplace (Sagar-Ouriaghli et al., 2019).

Intervention Results

Results show positive outcomes for some of my students, opportunities for me to improve construction and implementation of the interventions, and potential for my study to catalyze other educators' efforts to decrease anxiety for the teenagers in their own classrooms. Before I present my analysis of quantitative and qualitative data, this section provides a narrative of how the intervention proceeded. Following the order of the components in Chapter 3, I move from a discussion of creating safe spaces to teaching DBT skills and emotional regulation curriculum, ending with a description of the mindful curriculum choices I made.

Caring Adults in Safe Spaces

My plan highlighted caring adults and safe spaces as prerequisites to a successful intervention promoting student mental health. By the end of the study, I realized a confounding variable in the implementation of my interventions was my overestimation of my ability to create entirely safe classroom environments for the seventh- and eighth-grade students, despite my intention as a caring adult. Ideally, students need unconditional positive regard and safe spaces to be themselves (Rogers, 1957). BIPOC and LGBTQ students especially need affirming, welcoming spaces (Pennell, 2020).

Similarly, to maximize the impact of the DBT lessons, Mazza et al. (2016) recommended "a closed group format [that] promotes a sense of stability and safety, so that classmates can begin to support and trust one another" (p. 28). Creating this space proved challenging, especially for the seventh- and eighth-grade classes. Because many of the middle-schoolers had been together since kindergarten, they had largely established their own patterns of relating. The fifth-grade class was very cohesive and worked together to maintain relationships, and the sixth-grade class was quite small and nonconfrontational, whereas in the seventh- and eighth-grade classes, long-standing feuds and frequent microaggressions fed a culture of bullying that proved difficult to overcome. My principal and I spent much of the year problem-solving and adopting new initiatives such as positive behavior interventions and block scheduling to accommodate community time, outdoor recess, and guided community building. Effective implementation of these initiatives was difficult when a mid-year reduction in staff prompted combining seventh and eighth graders for several classes, exacerbating interpersonal stress between students and my own stress. Moreover, because all staff were worried about losing their jobs from November 2022 to March 2023, and teachers and administrators were actively job searching after March 1, student behaviors and my stress combined at times to make our seventh- and eighth-grade classroom less than loving. As Mazza et al. (2016) recommended, "self-disclosure and participation" are critical for "the instructor . . . to act as a role model for the students, identifying out loud what skill he or she is using, while also modeling vulnerability and self-monitoring" (p. 29). On more than one occasion, I had to walk students through a situation when I had been impatient, or they had used personal attacks instead of clear communication.

I used my field notes to record my observations and reflections after each lesson. I realized we had reached a turning point in students' attitudes one day after I explained that the reason I was teaching these strategies was not because I thought my students were "bad" or "had problems" but because I struggled with similar emotions and behaviors when I was in middle school, and I wished someone had taught me skills and strategies to practice before I became an adult. Students were surprised I had been kicked out of a high school class for being disrespectful to my teacher. On another day that stands out, I had been particularly frustrated with classroom behavior and acted impatiently. I had to stop, apologize to my students, and point out that I was not using the very emotional regulation skills I was trying to teach them. Although neither incident solved student behavior completely, students did become less resistant to listening to the lessons, and some of the students who had been disengaged before began to shush the other students and ask relevant questions. Acting as a role model was humbling but also improved relationships with my students and their families (Mazza et al., 2016).

After the vote to close the school was made public, we noticed an uptick in undesired student behaviors. We held a seventh- and eighth-grade parent and guardian meeting to discuss academic and behavior expectations and make families aware of students' interpersonal issues. In response, parents volunteered to visit campus more, which curbed some behaviors. During one-on-one conversations, some students told me they liked the parents' increased presence, while others who tended to get in trouble when unsupervised said having adults watch them in the halls made them uncomfortable.

While students were verbally guarded in class, they were much more open and honest in their journals, and results will show the majority appreciated learning many of

the intervention skills. Students' journals became their "safe space." Students sometimes asked me to read portions of their journals before they submitted them, and students stopped by my empty classroom to tell me about school, personal, and family issues. However, learning and practicing emotional regulation skills most effectively requires a safe space where students are supportive of each other and committed to participating in the lessons as much as possible—and where instructors are supported and willing to be honest with both their successes and their failures (Mazza et al., 2016).

Classroom Routines

Another part of the interventions I designed was to begin each day with routines to promote mental health and address inequity. Using 10–15 minutes at the beginning of class for a mini-lesson and practice exercise based on mindfulness, distress tolerance, or emotional regulation seemed reasonable. I gave students small journals with brown paper covers, which quickly became known as their "little brown notebooks." Students were allowed to decorate the covers any way they liked; the fifth- and sixth-grade students, particularly, loved decorating their notebooks and took great pride in their use of markers, charts, and colors (Figure 4.1). Students also used their "little brown notebooks" to write their journal entries, which I responded to every time I collected them.
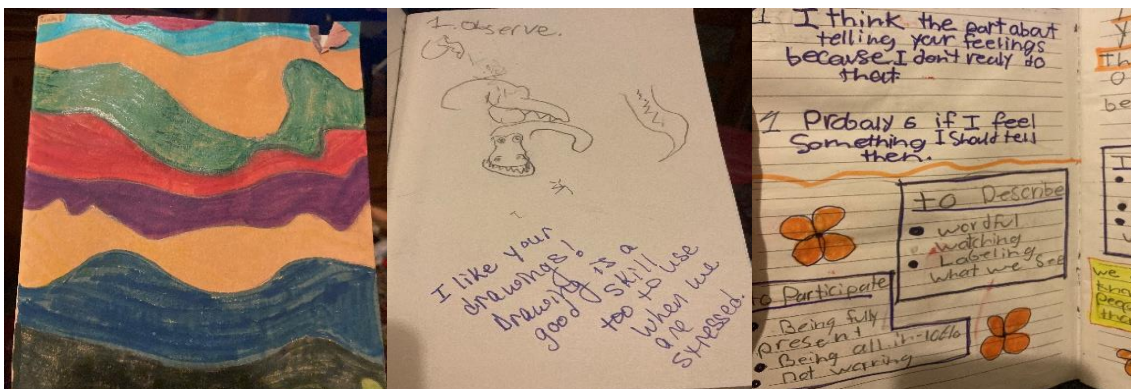

Figure 4.1 *Three Different Student Journals*

For each week of the intervention, I set about condensing a set of Mazza et al.'s (2016) 50-minute lessons into simplified notes and two to four presentation slides, with copies of typed cheat sheets for students to cut out and glue into their notebooks, thus saving note-taking time. When I asked students to take notes from the slides, I highlighted the text I wanted them to write in yellow (Figure 4.2).

Figure 4.2 *A Typical Slide*

Students completed various lesson tasks in their notebooks or in class. One lesson they especially enjoyed was cutting out magazine images to glue into their notebooks to represent the fight, flight, freeze, flood, and fawn responses to anxiety (Munier, 2021; Patriquin & Mathew, 2017). Another popular activity was creating a survival kit for handling overwhelming emotions (Mazza et al., 2016), which included lip balm, mints, and Play-Doh. We also filled old, clean socks with rice and essential oils to make a fidget they could warm in a microwave or cool in a freezer. However, these lessons generated a lot of questions and discussion and often took the fifth- and sixth-grade classes longer than the 10–15 minutes I had allotted.

The seventh- and eighth-grade classes were capable of taking the notes and completing the tasks more quickly, but they struggled with transitioning from class to class and had a hard time settling down and listening actively in all of their classes. Also, the group of boys whose parents had not given permission for me to collect their journals or surveys were particularly disengaged and off-task, but because of our staff shortage, I was rarely able to allow them to meet in alternate spaces. Consequently, I often spent the beginning of each hour on redirection and discipline. Often, I shortened my intended lesson or skipped slides due to behavior management issues.

Because the behavior issues were widespread in the middle school classes and not specific to my classes alone, the principal, the student council, and I worked to identify problems and possible solutions, so in response, my principal instituted a block schedule where core classes met for 80-minute sessions twice a week, with one 40-minute midweek study day, and added 45-minute blocks for community time, recess, and guided community building to the elective schedule in the afternoon. This shift hindered my plan for short daily lessons, but I was able to use the guided community building class time for games, lessons, and practice that expanded on the skills I taught as part of the intervention protocols (Mazza et al., 2016).

In retrospect, having a dedicated class for study participants and a different class for students who were not submitting the journals or surveys or participating in the Socratic seminar may have allowed students to speak more freely and cut down on incidences of microaggressions and bullying. On the other hand, the students who were not participants also needed to learn mindfulness, distress tolerance, and emotion regulation. Having a parent meeting or presenting my study to parents at conferences

88

would have given more parents a chance to ask questions about the study and may have resulted in a higher rate of participation.

Culturally Sustaining Curriculum

In addition to learning emotional problem-solving skills (Mazza et al., 2016), students are less anxious when their core identity is acknowledged and affirmed (Joldersma, 2016; Love, 2019). Affirming students' identities is especially important for students who are traditionally marginalized and often teased, bullied, or harassed. Using CRT, QTP, and CSP frameworks is essential when choosing curriculum that can engage students in productive discussions of the effects of racism, homophobia, and bullying. Simply being aware of or responding to students' race, ethnicity, sexuality, or disability status is not enough. Rather, teachers must affirm and sustain the beauty in all students' identities, cultures, and literacies (Paris, 2012). A well-chosen curriculum, especially in required core classes, can also give students in the majority a glimpse into the lives of marginalized students and hopefully begin to change attitudes and lives.

ELA Curriculum

One way to discuss identity is through literature (Doerries, 2015), for as Simmons (2019) argued, "Students cling to the personal relevance of a unit in English class long after the memory of a novel normally fades" (p. xx). Simmons (2019) concluded,

> I keep faith that a slight but real attitudinal change on the part of a few dozen students each year over even just several years of teaching can radiate out to inspire a larger cultural change at a school. If more English teachers . . . accept[ed] the goal as meritorious, finding capable partners in the literature they teach, the power of thousands of slight shifts could be infinite. (p. xxi)

89

I have seen the power of literature at various points in my career. For example, after I taught suicide awareness with *Romeo and Juliet* several years ago, two students contacted me about a suicidal friend. Because it was nighttime and no parents or administrators were available, I called police to do a well-child check, and the police took the student to the hospital, where a clinician later transferred the youth to a 7-day inpatient program.

To spark awareness and encourage empathy for students with physical disabilities and mental health diagnoses, I taught *Wonder* (Palacio, 2012) in Grades 5–6. The novel tells the story of Auggie, who was born with severe craniofacial abnormalities and begins school for the first time as a fifth grader. Auggie faces bullying, friendship, betrayal, death, and surprises throughout the course of the year. The author's multiple-perspective approach effectively illuminates Auggie's thoughts and those of his friends, family, and the class bully. Most students resonated with at least one character and grasped the message to "be kinder than necessary" (Palacio, 2012, p. 299). I paired *Wonder* with pop songs referenced in the book and a lesson on beauty standards and social media based on Dove's "Real Beauty" campaign. Students watched the movie adaptation of *Wonder*, wrote essays on their own precepts to live by, and wrote an essay on one of four themes in the novel: kindness, tolerance, intolerance, or coming of age. Finally, they ended the unit with a random acts of kindness campaign. Students loved *Wonder* and were very invested in the story and Auggie's life. I even decided to show the movie to the seventh- and eighth-grade classes, given their struggles with so many bullying behaviors. I was interested and pleased to note that they were vocally upset during the scenes where Auggie was bullied by his classmates. Despite this, and the progress they had made in being able to identify microaggressions, I had more work to do with my older students.

In the 2 years I taught the seventh- and eighth-grade students at Gethsemane, many exhibited homophobic attitudes and used microaggressions and negative stereotyping regarding gender roles. Because studying Shakespeare was typical for Grades 7–8, I chose to teach *A Midsummer Night's Dream* as a means of discussing gender roles. I was especially motivated because Cameron disclosed to me they are pansexual and exploring a transgender identity, and specifically asked me to include their experiences in this study. Another student had openly written about the harmful effects of homophobia and bullying within their class, and two nonbinary students who would have been in seventh and eighth grade left the school in the last 2 years.

Shakespeare uses humor and gender-bending to explore themes of love, gender roles, and patriarchy. Students enjoyed Shakespeare's humor and completed online interactive notebooks explicating vocabulary, themes, and paraphrasing. I paired our study of Shakespeare with portions of Thomas's (1972) classic, *Free to Be, You and Me*. Students listened to "Boy Meets Girl" and "William Wants a Doll" and wrote responses about how they would choose to handle gender expectations as parents. Students ended the unit by comparing Shakespeare's play with their viewing of *A Midsummer's Hawaiian Dream* (Cason, 2016) and writing an in-class essay explaining Shakespeare's (n.d./1600) use of humor throughout *A Midsummer Night's Dream*. One purpose of humor is to expose a social issue in a more accessible manner, which was apparent in our class discussions of gender and the meanings of Shakespeare's words.

We also watched a reading of Koyczan's (2013) poem, "To This Day. . . for the Bullied and the Beautiful," (TED, 2013) and students wrote a journal response. Jordan, who noted in response to the pre-intervention survey that they are unsure of their

sexuality, related to the poem by saying they have been told multiple times to kill themselves. Like Simmons (2019), I sometimes wonder if "teenagers are simply awful to one another because they are chemically awful and will continue to be that way until hormonal surges slow and decision-making correspondingly improves" (p. 129). At the end of the day, though, I hope exposing some of the ways bullying based on race, ethnicity, sexuality, or disability contributes to systemic prejudice and discrimination enabled students to "treat one another more responsibly" (Simmons, 2019, p. 130).

Quantitative Results

For this mixed-methods action research study, I sought to establish a baseline anxiety level for my students before the interventions. I then measured changes in their post-intervention survey results. My hope was that anxiety levels after the interventions would reflect measurable decreases.

Baseline Survey Overview

To determine whether the interventions were effective, beginning with a baseline anxiety survey was important (Appendix B–C). On all surveys, I asked participants to identify their race or ethnicity and gender, and on the seventh- and eighth-grade surveys, I added very general questions about gender identity and sexual orientation, as prescribed by the university's institutional review board. I then asked separate questions about whether students at our school were teased, bullied, or harassed due to "real or supposed" gender identity or expression, as well as race or ethnicity. On the seventh- and eighth-grade surveys, I also asked if students at our school were teased, bullied, or harassed due to "real or supposed" sexual orientation. I followed these general questions about school culture with a second set of questions about whether students themselves had ever been

teased, bullied, or harassed for any of these reasons. I also asked whether students were teased, bullied, or harassed in their neighborhoods or communities before asking about students' anxiety. I began each question with "I feel anxious, nervous, or worried because of . . ." and over the course of six questions inquired about anxiety due to treatment at school or in the community, family issues, classes and school performance, the killing of George Floyd, or "random things or reasons I can't understand."

I concluded the surveys by asking whether students had someone at school, home, or in the community who understands them and to whom they can talk when they are anxious, worried, or upset. My primary goal with this set of questions was as a talking point in my follow-up with students who had expressed experiencing anxiety for any reason, although I was also interested in the correlation between anxiety level and reportedly having someone to talk to about anxiety.

Baseline Survey Results

My hope with the interventions was students would experience a measurable decrease in anxiety, worry, or nervousness. In journals, conversations, and the Socratic seminar, students reported appreciating specific aspects of the emotional skills training, yet the results of the quantitative surveys were not as conclusive. While teaching at Gethsemane, I noticed a lot of ill-natured teasing between all students. In the baseline survey results, I was not surprised to see students reported other students at school being bullied, but I was surprised at the low numbers of students who themselves felt bullied, teased, or harassed, even though they noted a more vague anxiety about the way people at school treated them. Also, most students felt some degree of anxiety because of assignments and school, which I did not anticipate or account for in my intervention.

93

Grades 5 and 6 Baseline Survey Results

Figure 4.3 presents the baseline results for Grades 5–6. Results show students felt more anxious because of homework, family, and school issues than they did due to gender, race, or ethnicity. Also, eight of the 13 students often or occasionally felt anxious for random reasons they could not identify. This outcome may reflect preteen angst, or students may not have learned how to notice and identify anxiety.
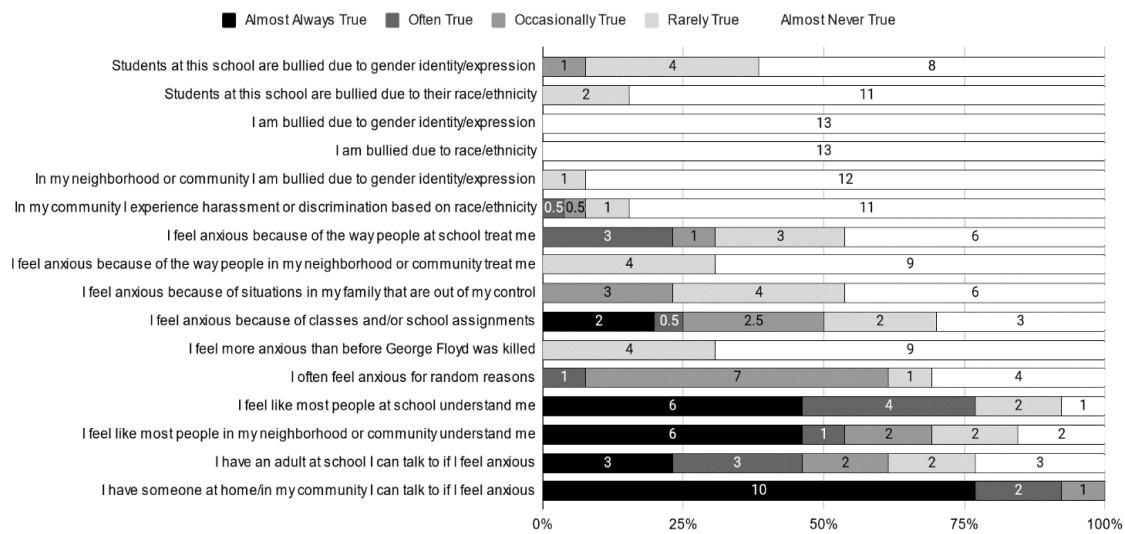
Figure 4.3 *Baseline Survey Grades 5–6 Results*

Interestingly, none of the students in fifth and sixth grade and under 2% of seventh and eighth graders felt they were teased, bullied, or harassed. However, 54% of fifth- and sixth-grade students expressed some level of anxiety about the way people at school treat them. This result mirrored Nojan's (2020) observation, "teaching students about societal inequalities did not always translate to students' lived experiences" (p. 30).

Grades 7 and 8 Baseline Survey Results

Among the seventh and eighth graders, two students identify as Black/African American and two identify as "unsure" of their sexuality, with one handwriting they

94

identify as pan/trans on the survey, which matches the survey results where two students reported being bullied due to sexual orientation and one reported being teased, bullied, or harassed due to race or ethnicity (Figure 4.4). Contrary to my expectations based on my observations of student behavior, under 2% of seventh and eighth graders felt they were teased, bullied, or harassed, but 75% of seventh- and eighth-grade students expressed some level of anxiety about the way people at school treat them.
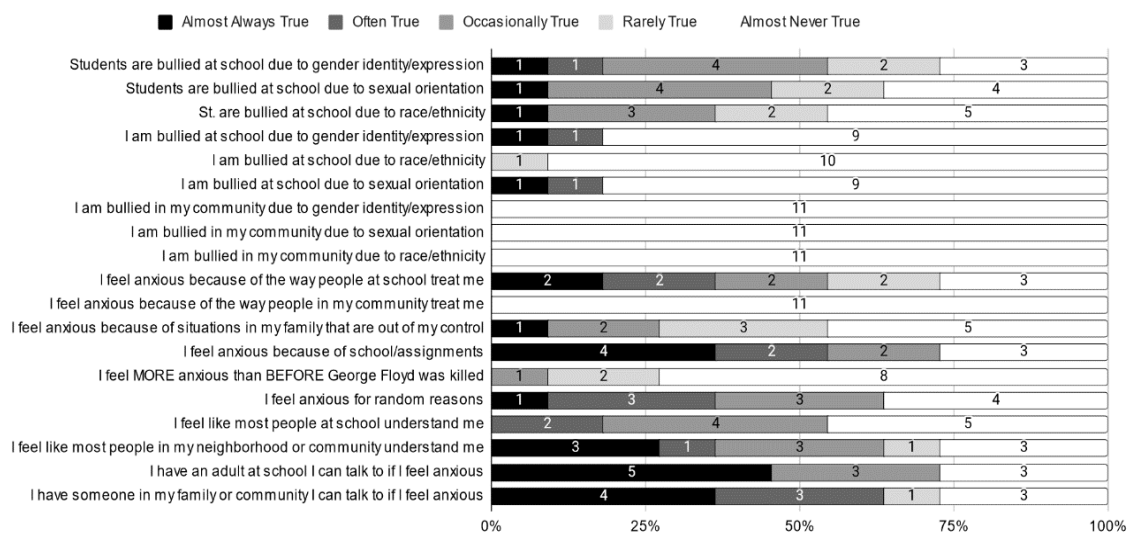
Figure 4.4 *Baseline Survey Grades 7–8 Results*

Notes on Baseline Survey Questions

I was simultaneously pleased and confused that very few students reported feeling personally teased, bullied, or harassed. Although some teasing happens among friends, I wondered if students deemed the bullying and harassment I observed as acceptable. Despite not feeling teased, bullied, or harassed, 54% of fifth- and sixth-grade students and 75% of seventh- and eighth-grade students felt some anxiety about the way people treat them. Differentiating "people at school" into classmates, teachers, staff, and administrators would have facilitated better understanding this result.

95

Final Survey Overview

I did not write identical questions for the final survey (Appendix D–E) because I was interested in how students responded to the specific skills they learned, and I wanted to be sure the survey would not be too long for their attention spans. I first asked whether bullying had decreased for themselves or their classmates after the interventions, and then I asked questions about how comfortable they were using strategies on the Lockdown Toolkit posted in my room all year (George, 2020), which I had opted against as a focus of my intervention. The next set of questions centered on mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness, based on Mazza et al.'s (2016) modifications. I ended the survey by asking whether students would like to learn more skills and felt they had someone to talk to when they feel anxious.

Grades 5 and 6 Final Survey Results

Figure 4.5 presents the final survey results for Grades 5–6. More students reported decreased anxiety when using oxytocin and endorphin activities than dopamine or serotonin activities; 80% of students felt less anxious occasionally, often, or almost always when using oxytocin activities; and 90% of students felt less anxious often or almost always when using endorphin or pain-killer activities. The majority of students felt they could regulate their own emotions, and half felt they could use distress tolerance skills when anxious. Their comfort with mindfulness techniques and interpersonal communication and effectiveness was not as high, yet mindfulness is a more abstract concept, and brain-based research suggests students this age still use more concrete thinking (Susac et al., 2014). Moreover, we spent less time learning about and practicing these two modules.
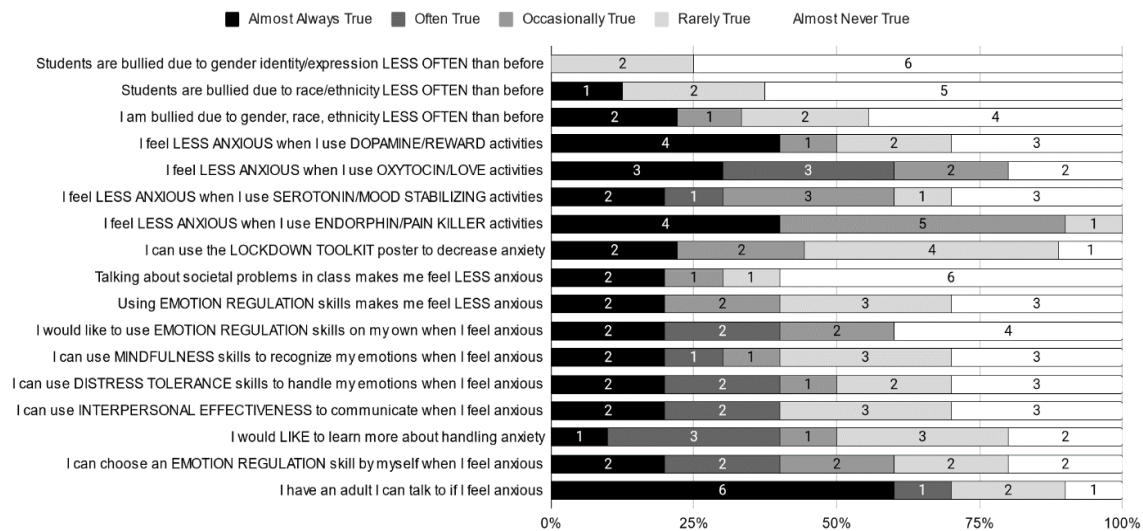
Figure 4.5 *Final Survey Grades 5–6 Results*

Grades 7 and 8 Final Survey Results

Figure 4.6 shows the final survey results for seventh- and eighth-grade students. They reported a marked decrease in feeling personally bullied, with 64% reported being bullied less often due to gender, race, or ethnicity since completing the intervention as occasionally, often, or almost always true. All the students reported feeling less anxious when they used oxytocin activities, and the majority also had positive associations with using dopamine, serotonin, and endorphin activities. Surprisingly, 64% of students felt practicing mindfulness occasionally, often, or almost always decreased their anxiety, as opposed to only 55% who reported positive effects of emotion regulation or distress tolerance. Again, this outcome may be due to their older developmental age and capacity for abstract thinking.

97

Almost Always True ■ Often True ■ Occasionally True ■ Rarely True ■ Almost Never True

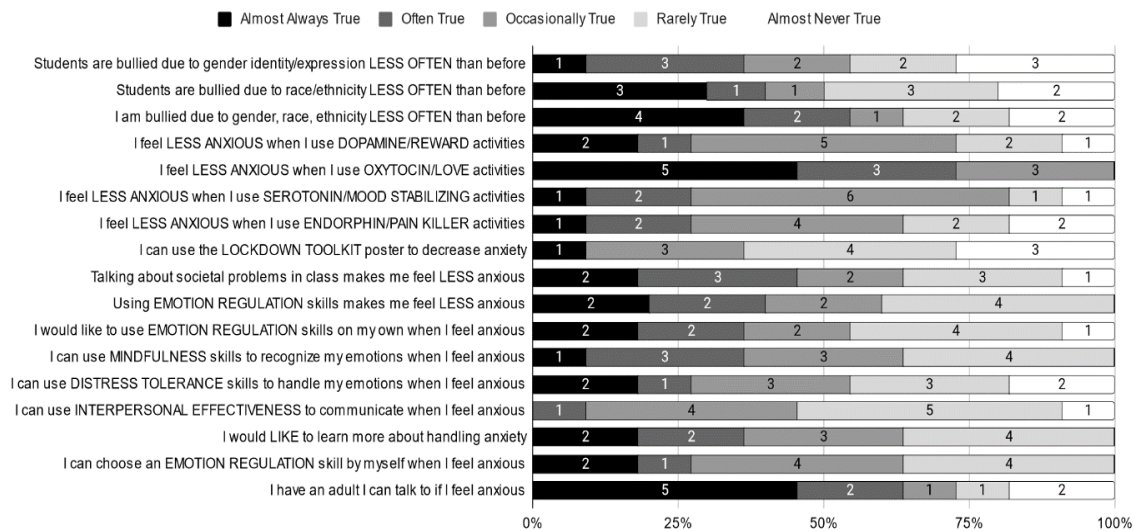|					
Students are bullied due to gender identity/expression LESS OFTEN than before	1	3	2	2	3
Students are bullied due to race/ethnicity LESS OFTEN than before	3	1	1	3	2
I am bullied due to gender, race, ethnicity LESS OFTEN than before	4	2	1	2	2
I feel LESS ANXIOUS when I use DOPAMINE/REWARD activities	2	1	5	2	1
I feel LESS ANXIOUS when I use OXYTOCIN/LOVE activities	5	3	3		
I feel LESS ANXIOUS when I use SEROTONIN/MOOD STABILIZING activities	1	2	6	1	1
I feel LESS ANXIOUS when I use ENDORPHIN/PAIN KILLER activities	1	2	4	2	2
I can use the LOCKDOWN TOOLKIT poster to decrease anxiety	1	3	4	3	
Talking about societal problems in class makes me feel LESS anxious	2	3	2	3	1
Using EMOTION REGULATION skills makes me feel LESS anxious	2	2	2	4	
I would like to use EMOTION REGULATION skills on my own when I feel anxious	2	2	2	4	1
I can use MINDFULNESS skills to recognize my emotions when I feel anxious	1	3	3	4	
I can use DISTRESS TOLERANCE skills to handle my emotions when I feel anxious	2	1	3	3	2
I can use INTERPERSONAL EFFECTIVENESS to communicate when I feel anxious	1	4	5	1	
I would LIKE to learn more about handling anxiety	2	2	3	4	
I can choose an EMOTION REGULATION skill by myself when I feel anxious	2	1	4	4	
I have an adult I can talk to if I feel anxious	5	2	1	1	2

0% 25% 50% 75% 100%

Figure 4.6 *Final Survey Grades 7–8 Results*

Notes on Final Survey Questions

Although I cannot compare the pre- and post-intervention surveys item for item, data on each individual survey provide insights into students' anxiety levels, contributing factors, and comfort using coping skills. I was pleased to see most students felt understood at school and in their neighborhoods and communities and that they reported having an adult to talk to on both the baseline and final surveys.

As for being anxious for "random reasons that they can't explain," 70% of fifth and sixth graders and 64% of seventh and eighth graders answered affirmatively on the baseline surveys. Because Mazza et al.'s (2016) skills training focuses in part on identifying and labeling emotions, a post-intervention question to see whether students felt less random anxiety and were better able to specify causes would have been helpful.

While drawing conclusions from the survey data, I also noted flaws in the survey design and confounding variables. Comparing the surveys would have been more

98

effective if I had used identical questions pre- and post-intervention and been more specific about people groups within school. Asking students to assess their anxiety level in relation to learning of the possibility that the school could close, and then to reassess their anxiety level after the vote to close the school was announced would have considered the confounding variable and been a helpful way to further delineate reasons for student anxiety. Although in hindsight I wish I had designed the surveys differently, one of the benefits of conducting action research with my own classes is that I had several opportunities to address my students' anxieties surrounding school closing.

<div style="text-align:center">Qualitative Results</div>

Although surveys provide valuable insights, they are blunt instruments, especially when administered to middle school students who are unfamiliar with Likert scales. To improve process validity (Herr & Anderson, 2015), I kept field notes for the lessons I taught; however, personal observations can also be subjective and unduly influenced by researchers' hopes. For this reason, I endeavored to check the survey results and my observations with my students' words. My strengths as a teacher center on empathy and connection, and most of my students have typically shared freely and authentically in their journals, so I used journal entries, coupled with a final Socratic seminar, to give students who prefer speaking to writing a chance to respond as well.

Field Notes

I wrote field notes based on my observations and reflections after I taught each lesson on emotional problem solving. I noted the slides we covered, the examples I used, the overall engagement of the class, any notable interactions that occurred, and any outside factors worth considering. Throughout my teaching career, I have always found

<div style="text-align:center">99</div>

reflective notetaking helpful, and my field notes were similar. The seventh- and eighth-grade class had trouble settling in and focusing their attention, so my field notes gave me a chance to evaluate any reasons and note changes I wanted to make. Figure 4.7, as an example of my field notes, shows the results of teaching the same lesson to the fifth and sixth graders as opposed to the seventh and eighth graders.

| Mon 2/13 | Guided Comm. Time 5/6 | Improve the moment Walked 5/6 through improving the moment—had students ask a friend or me to write a sticky note compliment to them as part of "encouragement" and played silent ball as part of "One thing right now" skill—Then tried compliment ball where each student said a one-word compliment to the person they threw the ball to | It was fun to see how cohesive they were and how each student threw the ball to someone who hadn't already had a compliment even though I didn't explicitly say that. |
| Tue 2/14 | Guided Comm. Time 7/8 | Improve the moment—read through slides quickly | I find myself rushing so I don't lose their attention and skipping activities if I don't think they will go well.

St. Council went in other room to count out and deliver Valentine's Day Crush Pop orders |

Figure 4.7 *Field Notes*

Reflective field notes were helpful both as a method of record-keeping and as a way for me to continually improve the quality of instruction by responding to what was going on in class and how students were reacting. I noticed that using the continuous cycle of classroom improvement (Park et al., 2013) was important for me to feel like I was meeting my students' needs and communicating the lessons with them in the most

effective manner, but this approach also resulted in most lessons' taking much longer than I had originally planned. We completed the mindfulness and distress tolerance modules, and we completed most of the emotional regulation module, but we did not get to the interpersonal communication module at all (Mazza et al., 2016). Given my goal to involve my students in participatory action, I decided to ask each grade-level class if they wanted to continue to learn the rest of the modules this trimester. I was pleased that the consensus in Grades 5, 6, and 7 was to continue, as I show in my discussion of student journals and the Socratic seminars.

Journals

Journals in my classroom always take the same format, beginning the first week of class. After an extensive discussion with students about my role and responsibilities as a mandated reporter, I give them examples of mandated reporting issues and explain how I will handle mandated reporter issues. Thus, all students except the fifth graders had been doing journals for me for 1.5 academic years. Journal prompts in this intervention, as in class in general, were always on a slide in the front of the room, with two or more questions on a slide. Students had 10 minutes to write a response, and I used seasonal countdown timers with soothing background music to time them.

I assigned eight prompts to fifth and sixth grade and six to seventh and eighth grade. The number of journal entries submitted varied as students were not required to make up entries when absent. I asked students to write about what skills and strategies helped them or they could imagine would be helpful in the future. Some skill sets students found helpful were ACCEPTS; dialectical thinking, or the idea that two opposite thoughts can both be true; and reality acceptance, or "it is what it is" (Figure 4.8).

101
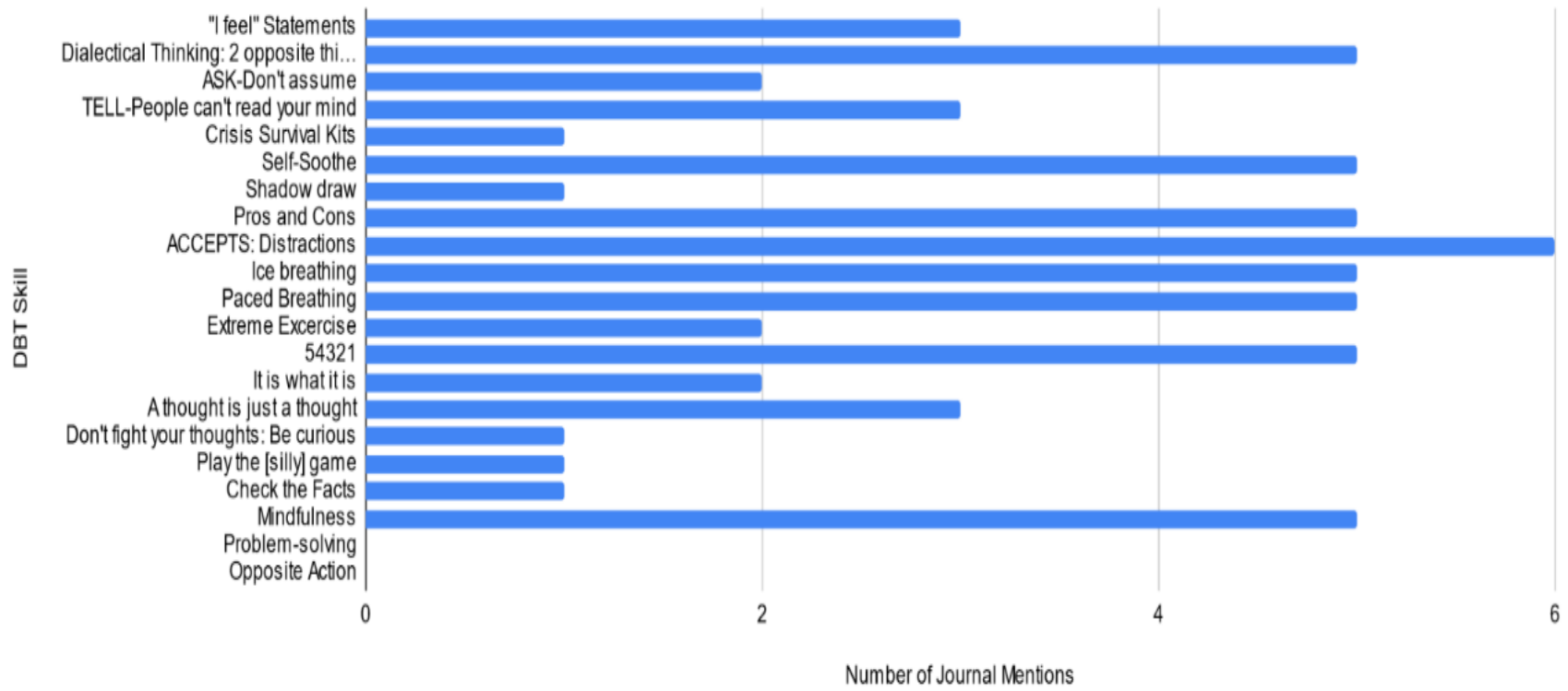
Figure 4.8 Students' Current and Projected Use of DBT Skills

The practical nature of the distress tolerance skills seemed most accessible to students. They were most intrigued by and excited to try ice breathing to interrupt the pattern of fight, flight, freeze, fawn, and flood. One student reported they had put their head in the freezer to calm down, and another reported using ice under her eyes in the mornings. Another student held ice in their hands until they could not hold it anymore. Students also really liked using the 5–4–3–2–1 skill to activate their senses: finding five things they could see, four things they could hear, three things they could feel, two things they could smell, and one thing they could taste to interrupt their anxiety patterns.

I appreciated reading students' personal stories of trying to use the skills at home. One student wrote about fighting with a sibling:

> She wanted to wear my new leggings and she just put them on without asking. I yelled at her and then we argued for like 30 minutes because she wouldn't take them off. I told my mom and she didn't care. I stormed out. When I walked by [my sister] a while later and she called me a bad word. I told my mom and she yelled at [my sister] and she had to take my leggings off. I was mad so I should've walked away or asked her nicely. (Opposite Action)

The student's parenthetical note conveys that the actions she should have taken were examples of a specific DBT strategy, which shows her real-life application of the skill.

In another journal prompt, which I assigned after my fifth and sixth graders finished reading *Wonder* (Palacio, 2012) and after my seventh and eighth graders watched the video of "To this Day. . . for the bullied and the beautiful" (TED, 2013), I

asked students to write about their experiences with bullying at Gethsemane. Reading the effects students' classmates had on them was very sobering. Jordan wrote,

> I've been told to kill myself multiple times. And the thing about bullying is you will think their [*sic*] right, the "cool kids" or the "popular kids." You will think their [*sic*] right because they make you believe their [*sic*] better than you, that you are "lesser" than them. You see school kids build their popularity off the broken souls and shattered dreams of the kids who are different. School kids will actively seek out differences and crush them under their boots, just to climb the social ladder. You see people like me have to put up a front of "oh I don't care what you say," but it builds up and eventually overflows your fragile walls and rushes into your soul making you hate yourself. Those who submit to the flood are called "weak" and "pathetic."

Jordan also wrote about wanting to try all the skills because "they opened [their] mind to different solutions."

I am honored and humbled when my students choose to share deep insights and experiences with me in their journals. I am continually amazed by their resilience and character. I hope these interventions and our continuing work will make a difference in my students' lives.

Socratic Seminar

The last 2 days of our intervention cycle, students participated in a student-led Socratic seminar. I designed the questions to give students a chance to explain what they learned through the intervention protocol and any relevant insights or practical applications they had about the skills training. My students were used to Socratic

seminars, as I usually use one as a summative assessment after a unit or trimester test. I write several questions on each slide, and my students facilitate the discussion by reading the slides, asking their own follow-up questions, making sure all participants in the inner circle have a chance to speak, making sure students in the outer circles are paying attention, timing the sessions, and switching the inner and outer circles after 6 or 10 minutes, depending on the size of the class. Students are also used to using the Courageous Conversations protocol (Singleton & Litton, 2005) to guide sharing and responses, with four corresponding agreements:

1. Stay engaged.

2. Be okay with discomfort.

3. Share your own truth (i.e., story).

4. Expect and accept non-closure.

Aside from introducing this guidance, I stay out of the discussion, although I do jump in to clarify the questions from time to time for the younger students. I also remind students of mandated reporting protocols and facilitate conversations with families and our principal, if sharing warrants reporting.

I held the first Socratic seminar in the combined Grades 7–8 and Grades 5–6 groups, but I noticed the younger students in each group did not share as much, so I held the second session in separate grade-level groups, which allowed students more freedom to talk. My principal facilitated alternate activities for students who were not participating in the study while I recorded the Socratic seminars, and the older grades' seminars were much calmer and more respectful than usual. In the eighth-grade seminar, students had a lot of chances to share, and Cameron even shared briefly that he has struggled with

depression and self-harm, so learning "a thought is just a thought" was helpful for him.

In both groups, students flipped back and forth in their "little brown notebooks" to find definitions and lists of skills, and they were able to explain specific situations where they would like to use "wise mind" thinking instead of only reason mind or only emotion mind. Emily in Grade 6 responded to the question, "Why is it usually better to use wise mind?" by saying, "You can, like, have more control over your emotions. And you can, like, stop and think about what you should do next instead of just, like, doing something and then thinking 'what did you do?'"

The seventh-grade Socratic seminar was the most insightful because the three students had a lot to say, which resulted in problem-solving. Madison really liked using skills like ice on her face in the morning and intense exercise to manage anxiety and anger. Julia talked about making pro–con lists when she was upset with people to determine whether to stay friends with them. Further, Madison and Julia talked through a situation where Julia had recently blocked Madison from texting her. Madison asked questions in a healthy way, and Julia explained why she had taken that action. They agreed on handling things differently going forward, and Julia said she would unblock Madison. I was excited to see the students use their skills in real life and real time.

The strategies that students found most helpful overall were ice breathing, remembering that a thought is just a thought, and making lists of pros and cons. Students also gravitated to the strategy of remembering to tell people what they are feeling because people cannot read their minds. They sounded lukewarm about continuing with the interpersonal communication module during the Socratic seminar, but their final journal responses revealed a more affirmative consensus.

Final Journal

When I asked students to write about whether the interventions had been helpful or useful and whether they wanted to continue with the study, I was not sure what type of responses I would get. Although a couple of students would have preferred to be done with the DBT skills training modules, the consensus in Grades 5–7 was that distress tolerance and emotional regulation skills had been helpful, so students opted to continue with the final module. Eighth-grade students were more interested in using the time to talk about graduation, dating, sexuality, and other topics they felt were more personally relevant. Also, study participants may have noticed the students who were not in the study completing alternate assignments and decided they would rather join their classmates than learn the rest of emotional regulation and another DBT module about interpersonal communication. I appreciated the fact that students felt comfortable giving an honest opinion of the interventions and their own needs. Students were truly participants in their own learning. I was, however, pleasantly surprised that most students found at least one aspect of the training helpful, and that most of them wanted to learn the rest of the modules.

Synthesis of Results

In this study, I attempted to answer the following questions:

1. What is the current level of anxiety among my students and to what degree do their core identities (i.e., race, gender, sexuality) contribute to their anxiety?

2. How do positive mental health interventions and daily routines within safe spaces impact student anxiety?

3. How does adapting my curriculum in ways that expose racism, homophobia, and community trauma impact student anxiety?

This section presents the insights I gleaned from triangulation of my data in response to each question. For sufficient depth of discussion, I devote a subsection to each component of Question 2.

Baseline Student Anxiety Levels and Contributing Factors

Quantitative results suggested students were less anxious about teasing, bullying, and harassment than I expected. Further, they were more anxious about their homework and classes, family situations, how they were treated at school, and random reasons than I anticipated. The survey questions may not have been clear, or students may not have been accustomed to using Likert scales. Alternatively, their interactions I perceived as bullying and harassment they may have perceived as good-natured teasing.

The journal responses shed further light on questions of student anxiety. While most students did not report feeling teased, bullied, or harassed due to their race, ethnicity, gender, or sexuality, the two students who selected "unsure" as their sexual orientation wrote and spoke powerfully about the effects of being bullied at school. Additionally, many fifth and sixth graders wrote in their journals that they thought Auggie, from *Wonder*, would not feel welcome at Gethsemane because some of the older students would make fun of him.

Impact of Positive Mental Health Interventions

I was surprised when, on the first day of the study, an eighth-grade student stayed after class to talk to me. They explained that, although they had previously identified as pansexual in class, their uncertainty about being transgender prompted the response of

unsure when the survey asked if they identified as male or female. At the end of our conversation, I made sure to reiterate our class mantra that we are "loved for free." The next day, they told me they decided their mom should know and that she said they could think about their gender identity, but they probably needed to be 18 before they legally changed their name. The student's demeanor was lighter and more relaxed. Weeks later, I ran into their mom, and she expressed thanks that I made sure her child knew they would be loved no matter what. In this instance, my student's anxiety level decreased simply because my survey items had not used a binary conception of gender.

Overall, students seemed to like taking notes, gluing in cheat sheets, and keeping materials in their "little brown notebooks." In general, the younger girls were the most positive about the notebooks, but some of the younger boys did draw in them a lot. Many of the older girls kept very neat, detailed notes, in contrast to the oldest group of boys who mostly opted out of the study. Several fifth-grade girls particularly liked learning DBT skills and before class would ask eagerly if they could go get their notebooks so we could do a lesson. They often practiced skills at home and wanted to tell me and the class what they had done and how it had worked. Most of the boys and girls in Grades 5–6, and even some of the older students, carried around their survival kits of Play Doh, sock-rice fidgets, and hard candy for a couple of weeks and used them appropriately most of the time. Other teachers complained about the Play Doh, however, so I had to specify students could only use it in my classroom.

The most exciting result of this study was overhearing students using phrases like, "that was a fight response," or "a thought is just a thought" or "check the facts." Some students discussed making a pros and cons list to decide on a new school, and others

109

expressed that they were glad we learned these skills because they wanted to use them at home. Students asked insightful questions in class, such as "Isn't the 'push away' skill in the ACCEPTS method of distress tolerance unhealthy?" Students were engaged as we talked through the benefits and downsides of pushing away thought in the context of a hypothetical scenario where a student's dog had run away before school and their mom made them go to school before the dog was found. I was even glad when one of my students called me out for an impatient remark by saying, "Mrs. C, are you using your skills?" Although students did not always associate using skills with decreased anxiety, I was encouraged to see them actively practicing emotional regulation, distress tolerance, and mindfulness skills.

Impact of Daily Routines Within Safe Spaces

My vision for this part of my intervention did not match reality. First, I overestimated my ability to create a safe space. Whether seventh- and eighth-grade students were grouped together or separated by grade level in my classroom, other middle school classrooms, or the lunchroom, there was a culture of teasing and bullying that required constant vigilance, disciplinary action, and interventions by the principal, the school counselor who visited for 2 hours once a week, individual parents, and the collective group of parents of seventh and eighth graders. Thus, the older students did not always share their thoughts out loud. Instead, their journals became their safe spaces, because they knew no one besides me would read what they had written.

I also envisioned a daily routine where on Mondays, Wednesdays, and Fridays, we could check in with highs and lows of the day and go over a few slides of content, and on Tuesdays and Thursdays, we could practice the skills we had learned. I imagined this

approach would take only 10–15 minutes of a class period, which was overly ambitious, even though I attempted to expedite the process by condensing lessons into manageable slides and providing small sheets of notes for students to glue into their notebooks. Most of my teaching experience has been in high school, so I often underestimated how long my middle school students needed to complete tasks.

Additionally, 3 weeks into my intervention, the principal, the middle school team, and the student council decided to shift to block scheduling. Consequently, I saw students for English and Geography 2 days a week, with an extra workday on Wednesdays. We did, however, add in a weekly class time for Guided Community Building and community time twice a week. Even though I was unable to facilitate a daily routine, my principal supported me using the weekly Guided Community Building class period for our DBT skills and practices, and I was able to work some of the shorter lessons and concepts into my core classes for continuity. Part of being an effective teacher is being able to pivot and work within the situation and structure available. However, predictability is helpful in decreasing anxiety, so a daily routine on a traditional schedule may have been more effective (Driscoll, 2022).

Impact of Adapted Curriculum

As I taught texts, regions, and time periods through a culturally sustaining lens, my students had an opportunity to talk about prejudice, racism, gender stereotypes, homophobia, and even ablism. *Wonder* highlighted themes of kindness, tolerance, and coming of age as fifth graders in the book learned to accept Auggie, a boy with severe facial birth defects. These themes were especially relevant to my fifth-grade students as they navigated interacting with a new classmate who had cerebral palsy.

111

Studying Allport's (1956) ladder of prejudice in the context of the Middle Passage, the Holocaust, and the Rwandan genocide helped students to see the danger of stereotyping and unchecked microaggressions. My older students continued to show a propensity toward teasing, microaggressions, and bullying, and I continued to hear of students teasing others for their hairstyles, facial features, speech patterns, and heritage. However, as the year progressed, I noticed students calling each other out for using stereotypes and microaggressions and reporting the microaggressions to me and the principal more often. For example, during our Holocaust unit, a student called a classmate "Jewish" and on another day, a student referenced another student's immigration status. In both situations, other students instantly reprimanded their classmates and told me what happened, enabling me to take disciplinary action.

Similarly, studying *A Midsummer Night's Dream* (Shakespeare, n.d./1600) allowed the seventh and eighth graders to have discussions about gender stereotypes and relationships. I noticed my students whose survey responses indicated they are unsure of their sexuality talking more openly about sexuality. One of the students changed the spelling of their name to a differently gendered spelling and was able to have a conversation about sexuality with their mother as a result, reporting reduced stress and anxiety. Another student chose to focus the controversial issue portion of their final geography country project on the incidence and treatment of LGBTQ people in that country and wrote a powerful "I Have a Dream" assignment referencing treatment of LGBTQ students that they allowed me hang in the hall. Such outcomes reinforce, on a small scale, my hope that student anxiety would decrease when students are seen, heard, and affirmed for who they are and learn new ways of approaching mental health.

Chapter Summary

This chapter reviewed specific results of the interventions and their impacts on students' lives. Although I am pleased about the successes overall, there were also goals this research did not meet. My commitment to my students gives rise to opportunities for further research. Improvement science (Hinnant-Crawford, 2020) highlights the importance of evaluating the implementation of these interventions, and policy research design (Meltzer & Schwartz, 2019) suggests ways to make this application of Cavioni et al.'s (2020) mental health promotion in schools' model more effective. The final chapter of the dissertation explores these potential pathways.

CHAPTER 5

CALL TO ACTION

When I began this study, I truly did not know what I did not know until I implemented interventions with real students. Although DBT skills and culturally sustaining curriculum had a positive impact for many of my students, results suggest several ways to refine the interventions and expand the study for increased success. Action research necessitates moving from the theoretical to the practical, as educators "test their ideas and put their emerging theories into action" (Efron & Ravid, 2020, p. 5), followed by critical reflection on the research process. In so doing, I realized perfect implementation was not possible, my study uncovered additional problems, and my responsibility to my participants did not end with the end of the study.

Improvement Science

Improvement science is similar to action research as it emphasizes solving problems by implementing actions that benefit participants, as well as researchers, and may also benefit researchers in other settings (Hinnant-Crawford, 2020). However, where action research is usually specific to one setting, with one study giving rise to another, improvement science calls for multiple, small-scale tests of a similar change, with the goal of finding "interventions that increase positive outcomes or decrease negative outcomes" (Hinnant-Crawford, 2020, p. 28). Given Gethsemane's closure at the end of the school year and the fact that I did not finish the entire intervention protocol, I chose to

frame my results in improvement science to consider how I might improve

implementation and expand anxiety mitigation to other student populations.

Design-Based Implementation Research

I applied principles of design-based implementation research (DBIR) to evaluate

logistical challenges I faced in enacting my study. As an approach to improvement

science, DBIR seeks to "bridge the divide between research and practice with authentic

partnership between scholars and practitioners during the design and implementation

phase of educational innovations" (Hinnant-Crawford, 2020, p. 180). I had the advantage

of being both a scholar and a practitioner in this study, but an additional level of authentic

partnership with my colleagues and principal would have helped in scheduling

intervention lessons and predicting families' responses to intervention.

Whereas I had only been teaching at Gethsemane since 2021, the middle school

science and social studies teacher had been there 10 years. Had we collaborated more, her

extensive experience would have been beneficial, as she may have pointed out days when

my students would not be available to participate in the study, as well as the likelihood

that the lessons I planned to take 10–15 minutes would need more time with middle

school students. In short, more robust teacher collaboration could have helped me plan a

more realistic schedule of mental health interventions. I also could have collaborated

more with my principal on the creation of the block schedule and communicated more

clearly the impact that decision would have on my study. By the end of the year, we often

team-taught 7-8 Health, and I covered 7-8 physical education routinely, which may have

afforded additional time to maintain the daily protocol schedule in line with my goal of

addressing mental health daily.

As I conducted the DBT lessons, I realized the wisdom in Mazza et al.'s (2020) extensive, detailed plans. As experienced scholars, they ensured each plan included a mindfulness opening activity, a detailed teaching protocol for new skills, a practice activity, and supporting worksheets. Abbreviating lessons made sense for the maturity level and attention span of middle schoolers, but even middle school students had a lot of questions. I was surprised my fifth- and sixth-grade students were so excited to learn the lessons, took copious notes in their little brown notebooks, and tried to implement skills they learned. I wish we had time to spend 10–20 minutes in mindfulness practice before each lesson, and time to do the learning activities after the lessons, because they would have enjoyed having more time to practice the skills.

DBIR centers on collaborating with stakeholders regarding both implementation and outcomes and requires "a focus on developing organizational capacity to sustain change and improvement in educational systems" (Hinnant-Crawford, 2020, p. 181). If Gethsemane were continuing as a school, increasing organizational ability to support teachers and students in creating safe spaces by collaborating with the other administrators on more effective policies would be an essential component of promoting student mental health. Successful implementation in any setting requires time, collaboration, and understanding of relevant policies.

Design-Based Policy Analysis

Mirroring the process of improvement science, robust policy analysis relies on the "good-faith assessment of [policy alternatives'] strengths and weaknesses," along with the "adoption [of policies] to fit local circumstances" (Meltzer & Schwartz, 2019, pp. 66–67). Further, design thinking dictates that policy development "include a need for

116

'empathy,' the 'co-creation' of policy ideas with people directly affected by the policy or who would be involved in its implementation, and rapid prototyping and experimentation" (Meltzer & Schwartz, 2019, p. 91). This model, which assumes constant revision of policy prototypes in response to participants' experience, naturally aligns with my participatory action research study. Because schools rely on policies within classrooms and at large, undergirding predictable routines and curricular choices with equitable policies could be instrumental in decreasing student anxiety.

As I worked toward my primary goal of decreasing students' anxiety, particularly for those who have long been marginalized, I understood the need for Cavioni et al.'s (2020) inclusion of school policies as a vital component of their theory of mental health promotion in schools. Effective anti-bullying policies play a role in lessening anxiety (Joldersma, 2016; Russell et al., 2021), yet one of the confounding variables I noticed in my study was my difficulty building a consistently safe space in my classroom. Students spent so much time with each other in multiple classes and common spaces that I could not always prevent or address negative interactions among them. In addition, my principal, the elementary lead teacher, and I were newly appointed administrators (and the only school administrators) and were forming a new leadership team but operating under old expectations, including an outdated bullying policy. Policy analysts begin by examining the goals of a policy designed to address a problem, systemic constraints, and the policy's effects—and are bolstered by an empathic, dialogical approach (Meltzer & Schwartz, 2019). More effective policies would have given me and my principal more recourse to discourage, prevent, and address bullying behaviors when they occurred.

Reading students' journal entries and listening to their Socratic seminar responses increased my awareness and inspired my empathy. Whether identity-based violence occurs directly to students or indirectly in their schools or communities, measurable anxiety, depression, and suicidal ideation result, so in addition to caring teachers, policies to support justice and equity for students should also decrease student anxiety (Joldersma, 2016). Despite policy failings, educators can extend love and justice to their students by acknowledging and addressing the impact violence has on students, families, and communities. New research shows promising results for LGBTQ students who feel cared for by teachers or professors: "34% lower odds of attempting suicide . . . 32% lower odds of recent anxiety . . . 43% lower odds of recent depression . . . and 37% lower odds of seriously considering suicide in the last year" (The Trevor Project, 2023, p. 2).

If Gethsemane had not closed, reevaluation of policies to address students' treatment of BIPOC and LGBTQ students would be necessary. Empathy, however, is not enough to inform robust policy decisions without co-creation: listening to and seeking solutions with direct stakeholders (Meltzer & Schwartz, 2019). Given the opportunity to continue as middle school lead teacher, I would have asked to form a committee of students, parents, teachers, and administrators to reevaluate the school's bullying and harassment policies during the first trimester. Our goal would have been to draft a new bullying policy to propose to the school board. Were it revised and adopted, I would have asked my principal if she and I could lead a professional development workshop for staff on bullying prevention. However, because Gethsemane is closing, policy revision is not possible. Therefore, I encourage researchers to evaluate the school climate and to create safe spaces before implementing culturally responsive mental health interventions.

118

Continued Actions in Service of Gethsemane Students

Like action research, improvement science promotes a plan–do–study–act

(PDSA) approach, a cyclical "exercise in testing theory, or testing your predictions"

(Hinnant-Crawford, 2020, p. 167). The PDSA cycle offers five possible study outcomes:

adopting the intervention protocol as it stands, adapting and/or expanding the protocol,

testing again under different conditions, or abandoning the protocol. I chose to continue

to adapt the DBT lessons and expand the protocol beyond the study timeline because I

wanted to further promote my students' mental health.

Completing Little Brown Notebooks

I created more DBT skills cheat sheets based on Mazza et al.'s (2020)

interpersonal communication protocol and gave students time in class to glue the guides

into their little brown notebooks. I hoped students would take their notebooks home with

them at the end of the year and refer to them over the summer and into the next year

when they need help with emotional regulation and distress tolerance. I was pleased to

see most students kept their notebooks in their lockers or notebook trappers.

Continued DBT Skills Training

In keeping with the intent of youth participatory action research (Herr &

Anderson, 2015), I tried to be responsive to those students who asked that we continue

learning DBT skills, especially the interpersonal communication lessons (Mazza et al.,

2020). I hoped to arrange the last half of our Trimester 3 schedule to include some

afternoon electives so those interested in continuing with the skills training would have

the opportunity to do so, and my other students could choose to focus on another

worthwhile endeavor. However, because Gethsemane was short-staffed, substitute

teachers were rarely available, and classes were busy with time-consuming end-of-the-year events such as eighth-grade graduation and school closing celebrations, I chose to teach a couple of interpersonal communication strategies I deemed particularly helpful and give all students chances to practice them before the end of the school year.

Actions for Future Students

One of the actions in the PDSA cycle is to expand the research (Hinnant-Crawford, 2020). As an action researcher, I was primarily concerned about my own students in my own setting. However, my influence with these students ended with eighth-grade graduation and the closing of Gethsemane Lutheran School on June 2, 2023. Although disappointed not to have a chance to engage in a continuous cycle of improvement by choosing new curriculum and revisiting DBT skills in Grades 5–8 at Gethsemane next year, I hope I can use what I have learned to mitigate student anxiety in future ventures, whether by providing direct services to students or indirect services such as training, curriculum writing, administration, or evaluation. Several exciting opportunities for expansion of these principles are worth noting.

Expand Teacher–Counselor Partnerships

Savitz-Romer et al. (2022) reiterated that student-to-counselor ratios far exceed recommendations, yet they proposed several strategies schools can take to maximize counselors' impact on students, despite limited time and availability. First, schools can redistribute clerical, non-counseling tasks such as "student registration and scheduling, test coordination, and record-keeping" (Savitz-Romer et al., 2022, p. 12). Second, schools can provide professional development specifically targeted to counselors and the students and communities they serve. Third, schools can provide opportunities for expanded

teacher–counselor partnerships where counselors can co-teach lessons or train teachers to use social and emotional learning and replicate counseling strategies in their classrooms.

Expand Access to Counselors for Marginalized Students

Another possible intervention for further study is based on the work of The Black Emotional and Mental Health Collective (BEAM; BEAM Org, 2018) and CHHMH (n.d.-a), organizations that informed parts of my study. Both initiatives connect people of color with accessible therapists. Reflecting guidance from CRT and QTP, these models have positive implications for students in the Twin Cities and elsewhere (Pablo, 2020).

BEAM, a national organization (BEAM Org, 2018), aims to "remove barriers to Black healing" (National Alliance on Mental Illness New Hampshire, 2022, n.p.). The collective provides resources, training, programming, and online support, as well as grants and funding for practitioners and parents (BEAM Org, 2018). I can learn from their model and create and distribute a directory of accessible BIPOC and LGBTQ counselors to increase student access to suitable counselors in any area I have the opportunity to influence.

Part of CHHMH (n.d.-a), known as Normalize Therapy University, aims to help people secure access to mental health services without shame or embarrassment by procuring community donations to pay for counseling sessions for individuals who cannot otherwise afford therapy (Pablo, 2020). As the founder explained, "bridging the gap between communities and mental health leaders" means addressing "poor mental health, systemic racism, social injustice and the overall welfare of [the] community" (Pablo, 2020, para. 13). Such initiatives also have positive implications for marginalized students who have limited access to therapy.

In Chicago, the CHHMH (n.d.-a) café serves as a helpful model. Providing services in comfortable, everyday locations, like a coffee shop, removes stigma and increases access to counseling. Moreover, the music and lives of hip-hop artists can open up discussions of mental health (Levy, 2019). Student libraries, cafeterias, and classrooms—especially with treats provided—could easily double as comfortable, everyday spaces to discuss mental health using the vehicle of popular music, in keeping with CSP. Choosing music that addressed mental health based on my students' interests may have reduced stigma and made the older boys in my class who opted out of my study more comfortable discussing mental health and more willing to participate.

Facilitate Positive Student–Police Interactions

Although this study focused on my students at Gethsemane Lutheran School, my mind often turned to the implications of this research for my former TRIO Upward Bound high school students, BIPOC youth who lived within blocks of where George Floyd was killed. Working toward mitigating anxiety due to community trauma based on police violence would have been beyond the scope of this study, but Doerries's (2019) *Antigone in Ferguson* performance and Mazzio's (2021) *A Most Beautiful Thing* documentary, which both highlight the potential of using community engagement to encourage collaborative activities between police and community members, provide hopeful avenues for further research. Doerries (2015) has used classical literature in community productions of Greek tragedy to provide space for grief and healing and spearheaded a production of *Antigone* in Ferguson, Missouri, after the killing of Michael Brown by police, in which African American actors and musicians came together with

members of the police choir to present a dramatic reading and musical production of the play, followed by a community discussion.

Because police presence and negative police interactions can lead Black men, especially, to experience anxiety, fear, limited mobility, and hypervigilance (Aymer, 2016; Curtin et al., 2022), working toward improved understanding between police and students would also be instrumental in reducing anxiety for BIPOC. Specifically, working to foster understanding between students and police officers could be an invaluable experience for students in the Minneapolis area who are subjected to systemic racism and were further traumatized by the killing of George Floyd (Bates & Ross, 2022). These documentaries provide tangible examples that may inspire similar collaborations among communities, families, and police officers.

Concluding Thoughts

Throughout this year, tackling mixed-methods, participatory action research to promote mental health and decrease student anxiety while paying particular attention to marginalized students seemed a daunting task. There were many days I wished I had chosen a narrower focus. However, reading my students' final journals and listening to them talk about mental health during their Socratic seminars made me grateful that I stuck with the messy, imperfect implementations of this study. As a Disney movie, this study would have illustrated some amazing turnaround at the end of the year as the eighth-grade class had a change of heart and banished bullying in our school, thus miraculously inspiring the church council to keep our school open forever. Nevertheless, when I really look back on all the experiences my data represent, I see faces. I see Cameron, who told me they shared the idea they might be transgender with their mom

123

after one of our lessons. I see Jordan, who let me see the "fragile walls" beneath their quiet strength. I see Madison and Julia, who, for a time, were able to move beyond blocked phone numbers and unwanted drama. I see Skye and Rose, fifth graders who were always excited to share with the class about a new way they had tried a skill at home. I see all of us filling my old-but-clean, stretched-out socks with rice and random essential oils I found on sale. I also see the faces of my past students who were the first ones to alert me to the very real problem of unnoticed anxiety in students. Action research is not as neat and clinical and scientific as I would like, but at the end of the day it is about my students, and I hope it has made a difference.

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APPENDIX A

INVITATION LETTER AND CONSENT FORM

Erin Cronin
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Research Invitation
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Dear Parents and Guardians,

I am thoroughly enjoying your students this year. It was wonderful to see so many of you at conferences. As you may have noticed, since the pandemic, many people have experienced increased anxiety, nervousness, and worry, including students. This year, as part of my doctoral dissertation at the University of South Carolina, I am inviting your child to help me study how we can decrease some of those feelings. This will occur during our English class. My aim is to become better equipped to recognize and assist students who may experience anxiety.

To accomplish this, I am conducting the following activities in our regular Trimester 2 English Language Arts classes:

- Practicing classroom routines that promote positive mental health and emotional regulation for the first 10 minutes of class for 10 weeks. These include using brain-based activities to calm our minds and bodies, and learning how to recognize, regulate, and communicate our emotions in effective ways.
- Discussing themes in literature that relate to factors that can contribute to anxiety such as teasing, bullying, and expectations.
- Assigning confidential journal entries where your child can explain what is helpful or not helpful about the classroom routines we are practicing and the literature we are reading and discussing.
- Facilitating Socratic seminars, which are student-led discussions, about what is helpful or not helpful about the classroom routines we are practicing, the literature we are reading, and class discussions.

To inform my dissertation, I will ask your child to complete questionnaires before and after these sessions are completed. The questionnaires cover topics related to anxiety, and anxiety producing events, including teasing, bullying, and other stressors, as well as race, gender, sexuality (7th–8th grade only), and life circumstances, and students' responses to the study activities (see copies). After the study, students may also volunteer for

146

confidential, individual interviews I will conduct at lunch, in order to share their ideas about the study activities.

Your child's participation in the questionnaires and interviews and the inclusion of their journal and Socratic seminar responses in the study results for my dissertation is **optional** and **confidential** and is not connected with grades or performance evaluation. I will identify students who have permission to participate in this study only by a confidential pseudonym in my dissertation and associated materials. In addition to your permission, I will obtain assent to participate from your child before including them. All legal requirements for privacy and safety will be upheld.

Please let me know if you have any questions or concerns or would like additional information. You can email me at: ecronin@geth.org. I would be happy to set up a time to call or meet in person, as well.

By signing the attached form, you give permission for your child to participate in this optional activity. Thank you.

Erin Cronin

Invitation Consent Form

I give permission for my child to participate in Erin Cronin's dissertation study which will occur from December 2022–May 2023.

Student Name: (Please print) _____

Parent/Guardian Name: (Please print) _____

Phone #: _____

Parent/Guardian Signature: _____ Date: _____

APPENDIX B

BASELINE SURVEY GRADES 5–6

For Questions 3–18, students used the following scale:
- Almost Always True
- Often True
- Occasionally True
- Rarely True
- Almost Never True

Do you agree to have your survey answers recorded and reported confidentially under a pseudonym (different name) in Erin Cronin's dissertation (in progress) titled *Mitigating Anxiety Through Secondary English Instruction: A Culturally Sustaining Approach*?

Yes   No

1. What race/ethnicity best describes you?
    - Asian or Pacific Islander
    - Black or African American
    - Hispanic or Latinx
    - Native American or Alaska Native
    - White or European American
    - Biracial or multiracial
    - A race or ethnicity not listed here

2. What gender are you?
    - Male
    - Female

3. Students at this school are teased, bullied, or harassed because of their gender identity or gender expression.

4. Students at this school are teased, bullied, or harassed because of their real or supposed race or ethnicity.

5. I am teased, bullied, or harassed at school because of gender identity or gender expression.

6. I am teased, bullied, or harassed at school because of my real or supposed race or ethnicity.

7. In my neighborhood or community, I experience bullying, harassment, or discrimination based on my real or supposed gender identity or gender expression.

8. In my neighborhood or community, I experience bullying, harassment, or discrimination based on my real or supposed race or ethnicity.

9. I feel anxious, nervous, or worried because of the way people at school treat me.

10. I feel anxious, nervous, or worried because of the way people in my neighborhood or community treat me.

11. I feel anxious, nervous, or worried because of situations in my family that are out of my control.

12. I feel anxious, nervous, or worried because of classes and/or school assignments.

13. I feel more anxious, nervous, or worried in my neighborhood or community now than I did before the police killing of George Floyd.

14. I often feel anxious, nervous, or worried about random things or for reasons that I can't understand.

15. I feel like most people at school understand me.

16. I feel like most people in my neighborhood or community understand me.

17. I have at least one adult at school to whom I can talk if I feel anxious, nervous, or worried.

18. I have at least one person in my family or community to whom I can talk if I feel anxious, nervous, or worried.

Sources

GLSEN. (2022). *Local school climate survey*. https://localsurvey.glsen.org/

Hopper, J. (2020, April). How to ask race and ethnicity on a survey. *Versta Research Newsletter*. https://verstaresearch.com/newsletters/how-to-ask-race-ethnicity-on-a-survey/#main-article

APPENDIX C

BASELINE SURVEY GRADES 7–8

For Questions 5–23, students used the following scale:
- Almost Always True
- Often True
- Occasionally True
- Rarely True
- Almost Never True

Do you agree to have your survey answers recorded and reported confidentially under a pseudonym (different name) in Erin Cronin's dissertation (in progress) titled *Mitigating Anxiety Through Secondary English Instruction: A Culturally Sustaining Approach*?

Yes   No

1. What race/ethnicity best describes you?
   - Asian or Pacific Islander
   - Black or African American
   - Hispanic or Latinx
   - Native American or Alaskan Native
   - White or European American
   - Biracial or multiracial
   - A race or ethnicity not listed here

2. What sex were you born with?
   - Male
   - Female

3. Does your sex assigned at birth match how you usually feel?
   - Yes
   - No

4. Please pick the sexual orientation on this list that best fits you.
   - Straight/Heterosexual
   - Not Sure

5. Students at this school are teased, bullied, or harassed because of their real or supposed gender identity or gender expression.

6. Students at this school are teased, bullied, or harassed because of their real or supposed sexual orientation.

7. Students at this school are teased, bullied, or harassed because of their real or supposed race or ethnicity.

8. I am teased, bullied, or harassed at school because of my real or supposed gender identity or gender expression.

9. I am teased, bullied, or harassed at school because of my real or supposed race or ethnicity.

10. I am teased, bullied, or harassed at school because of my real or supposed sexual orientation.

11. In my neighborhood or community, I experience bullying, harassment, or discrimination based on my real or supposed gender identity or gender expression.

12. In my neighborhood or community, I experience bullying, harassment, or discrimination based on my real or supposed sexual orientation.

13. In my neighborhood or community, I experience bullying, harassment, or discrimination based on my real or supposed race or ethnicity.

14. I feel anxious, nervous, or worried because of the way people at school treat me.

15. I feel anxious, nervous, or worried because of the way people in my neighborhood or community treat me.

16. I feel anxious, nervous, or worried because of situations in my family that are out of my control.

17. I feel anxious, nervous, or worried because of classes and/or school assignments.

18. I feel more anxious, nervous, or worried in my neighborhood or community now than I did before the police killing of George Floyd.

19. I often feel anxious, nervous, or worried about random things or for reasons that I can't understand.

20. I feel like most people at school understand me.

21. I feel like most people in my neighborhood or community understand me.

22. I have at least one adult at school to whom I can talk if I feel anxious, nervous, or worried.

23. I have at least one person in my family or community to whom I can talk if I feel anxious, nervous, or worried.

Sources

GLSEN. (2022). *Local school climate survey*. https://localsurvey.glsen.org/

Hopper, J. (2020, April). How to ask race and ethnicity on a survey. *Versta Research Newsletter*. https://verstaresearch.com/newsletters/how-to-ask-race-ethnicity-on-a-survey/#main-article

APPENDIX D

FINAL SURVEY GRADES 5–6

For Questions 1–17, students used the following scale:
- Almost Always True
- Often True
- Occasionally True
- Rarely True
- Almost Never True

Do you agree to have your survey answers recorded and reported confidentially under a pseudonym (different name) in Erin Cronin's dissertation (in progress) titled *Mitigating Anxiety Through Secondary English Instruction: A Culturally Sustaining Approach*?

Yes   No

1. Students at this school are teased, bullied, or harassed because of their real or supposed gender identity, gender expression LESS OFTEN now than before our emotional regulation skills training.

2. Students at this school are teased, bullied, or harassed because of their real or supposed race or ethnicity LESS OFTEN now than they were before our emotional regulation skills training.

3. I am teased, bullied, or harassed at school because of my real or supposed gender, race, ethnicity LESS OFTEN now than I was before our emotional regulation skills training.

4. I feel LESS anxious, nervous, or worried when I use DOPAMINE or REWARD activities like completing a task, self-care, eating, or celebrating.

5. I feel less anxious, nervous, or worried when I use OXYTOCIN or LOVE activities like playing with a pet, listening to music, or doing something nice for someone.

6. I feel less anxious, nervous, or worried when I use SEROTONIN or MOOD STABILIZING activities like meditating, exercising, or spending time in nature.

7. I feel less anxious, nervous, or worried when I use ENDORPHIN or PAIN KILLER activities, like watching something funny, exercising, or eating dark chocolate.

8. I feel confident that I can choose a Sanctus Lockdown TOOLKIT activity to help me feel better if I start to feel anxious, nervous, or worried.

9. Using class time to talk about problems in our school and community helps me feel LESS anxious, nervous, or worried.

10. Using emotional regulation skills makes me feel less anxious, nervous, or worried.

11. I would like to use emotional regulation skills on my own when I am feeling anxious, nervous, or worried.

12. I feel confident that I can use mindfulness skills to recognize my emotions when I am feeling anxious, nervous, or worried.

13. I feel confident that I can use distress tolerance skills to handle my emotions when I am feeling anxious, nervous, or worried.

14. I feel confident that I can use interpersonal effectiveness skills to communicate my emotions when I am feeling anxious, nervous, or worried.

15. I would like to learn more about how to handle feeling anxious, nervous, or worried.

16. I feel confident that I can choose a helpful emotion regulation skill by myself when I am feeling anxious, nervous, or worried.

17. I have at least one adult at school, in my family, or in my community to whom I can talk if I feel anxious, nervous, or worried.

Sources

GLSEN. (2022). *Local school climate survey*. https://localsurvey.glsen.org/

Hopper, J. (2020, April). How to ask race and ethnicity on a survey. *Versta Research Newsletter*. https://verstaresearch.com/newsletters/how-to-ask-race-ethnicity-on-a-survey/#main-article

APPENDIX E

FINAL SURVEY GRADES 7–8

For Questions 1–17, students used the following scale:
- Almost Always True
- Often True
- Occasionally True
- Rarely True
- Almost Never True

Do you agree to have your survey answers recorded and reported confidentially under a pseudonym (different name) in Erin Cronin's dissertation (in progress) titled *Mitigating Anxiety Through Secondary English Instruction: A Culturally Sustaining Approach*?

Yes   No

1. Students at this school are teased, bullied, or harassed because of their real or supposed gender identity, gender expression, or sexual orientation LESS OFTEN now than before our emotional regulation skills training.

2. Students at this school are teased, bullied, or harassed because of their real or supposed race or ethnicity LESS OFTEN now than they were before our emotional regulation skills training.

3. I am teased, bullied, or harassed at school because of my real or supposed gender, race, ethnicity, or sexual orientation LESS OFTEN now than I was before our emotional regulation skills training.

4. I feel LESS anxious, nervous, or worried when I use DOPAMINE or REWARD activities like completing a task, self-care, eating, or celebrating.

5. I feel less anxious, nervous, or worried when I use OXYTOCIN or LOVE activities like playing with a pet, listening to music, or doing something nice for someone.

6. I feel less anxious, nervous, or worried when I use SEROTONIN or MOOD STABILIZING activities like meditating, exercising, or spending time in nature.

7. I feel less anxious, nervous, or worried when I use ENDORPHIN or PAIN KILLER activities, like watching something funny, exercising, or eating dark chocolate.

8. I feel confident that I can choose a Sanctus Lockdown TOOLKIT activity to help me feel better if I start to feel anxious, nervous, or worried.

9. Using class time to talk about problems in our school and community helps me feel LESS anxious, nervous, or worried.

10. Using emotional regulation skills makes me feel less anxious, nervous, or worried.

11. I would like to use emotional regulation skills on my own when I am feeling anxious, nervous, or worried.

12. I feel confident that I can use mindfulness skills when I am feeling anxious, nervous, or worried.

13. I feel confident that I can use distress tolerance skills when I am feeling anxious, nervous, or worried.

14. I feel confident that I can use interpersonal effectiveness skills when I am feeling anxious, nervous, or worried.

15. I would like to learn more about how to handle feeling anxious, nervous, or worried.

16. I feel confident that I can choose a helpful emotion regulation skill when I am feeling anxious, nervous, or worried.

17. I have at least one adult at school, in my family, or in my community to whom I can talk if I feel anxious, nervous, or worried.

Sources

GLSEN. (2022). *Local school climate survey*. https://localsurvey.glsen.org/

Hopper, J. (2020, April). How to ask race and ethnicity on a survey. *Versta Research Newsletter*. https://verstaresearch.com/newsletters/how-to-ask-race-ethnicity-on-a-survey/#main-article