

Perceptions of Middle School Counselors on Adolescent Anxiety Coping Skills Post-Pandemic  
in One Suburban School Division

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**Abstract**

Students and educators around the world faced many challenges when returning to the physical school building and environment after the disruption to our educational systems throughout the height of the COVID-19 pandemic. Educational leaders across the U.S. have expressed concerns over the substantially higher levels of anxiety and chronic absenteeism among adolescents. This study examined middle school adolescents' abilities to use coping skills for managing anxiety in the school environment post-pandemic. Qualitative data were collected from eight middle school counselors through one-on-one semi-structured interviews. Findings indicated an increase in the number of students presenting with symptoms of anxiety and the severity of symptoms. Middle school counselors noted an increase in school refusal and self-harm and indicated that the majority of their direct service time is spent with individual students. In order to better support students with managing anxiety, middle school counselors expressed the need for explicit coping skills instruction and additional mental health staffing in the school buildings.

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**General Audience Abstract**

Students and educators around the world faced many challenges when returning to the physical school building and environment after the disruption to our educational systems throughout the height of the COVID-19 pandemic. Educational leaders across the U.S. have expressed concerns over the substantially higher levels of anxiety and student absenteeism among adolescents. In this study, a total of eight middle school counselors who served as counselors prior to the pandemic and in the 2023-2024 school year participated in one-on-one interviews. Counselors were asked to describe their observations of adolescent coping strategies for managing anxiety in the school environment and share any differences in how they were working to support adolescents presenting with symptoms of anxiety. Middle school counselors reported an increase in the number of students presenting with symptoms of anxiety and the severity of symptoms. They also noted an increase in school refusal and self-harm and indicated that the majority of their time is spent with individual students. In order to better support students managing anxiety, middle school counselors expressed the need for explicit coping skills instruction and additional mental health staffing in the school buildings.

### **Dedication**

This dissertation is dedicated to my mom, Susan Petko.

As a little girl, I always believed that I could be and achieve anything. I had this quiet cheerleader constantly providing unwavering support while encouraging me to take chances and challenging me to be the best version of myself. Thank you, mom, for always making sure that I knew how much you believed me. You happily made sacrifices for me and ensured that I was afforded every opportunity, even ones that weren't afforded to you. Even now that I'm a mom, you continue to be that quiet cheerleader reminding me that I can do whatever I set my mind to and offer your support to help me make it happen. You are and always have been a true inspiration, and I can say with certainty that I would not have accomplished this feat without you. Thank you, mom.

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## **Chapter 1: Introduction**

The coronavirus disease 2019 (COVID-19) outbreak and the subsequent pandemic is one of the largest public health crises in recent times (World Health Organization, 2020). It had a swift global impact, and less than a year after the first identified case, there were approximately 33 million cases and at least 1 million related deaths (World Health Organization, 2020). The spread of COVID-19 created a worldwide public health emergency, regardless of where people resided, their ethnicity, or financial means (World Health Organization, 2020). The response to the outbreak, such as community-wide home quarantines, social distancing measures, national school closures, stay-at-home orders, job loss, and supply scarcities, suddenly altered day-to-day living for many people. According to the World Food Program (2020), 188 countries closed schools and the pandemic impacted more than 860 million youth and adolescents throughout the world. The change in routine and mandatory restrictions impacted personal and social interactions causing concern for the mental health of adolescents (Cohen et al., 2020; Mitra et al., 2021; Varma et al., 2021).

Adolescent years are crucial for the development of social and emotional skills (Bailen et al., 2019). Environmental factors have a key role in adolescents' mental health, and early negative experiences can increase the risk of developing emotional disorders such as anxiety (Djurdjević et al., 2022). Adolescents typically experience stronger positive and negative emotions than adults and they tend to occur more often with higher volatility (Bailen et al., 2019). Emotional experiences play a significant part in the fundamental mental health of children (Bailen et al., 2019). Therefore, stressors related to the COVID-19 pandemic like social isolation, fear of contracting the illness, and possible family hardships caused by the pandemic, could contribute to changes in adolescents' mental health (Rogers et al., 2021).

Due to school closures and the shift to distance and virtual learning, educators, parents, and students learned to navigate ‘school’ without physically being in a building. Students’ and schools’ access to resources like internet, technology, instructional materials, and virtual meeting platforms, greatly varied and widened equity gaps (Ford et al., 2021). Children from lower-income families, with public health insurance, or from racial minority groups are disproportionately likely to only receive mental health services from school (Ali et al., 2019). Therefore, school closures in response to the pandemic, left some children and adolescents with no access to needed mental health care (Golberstein et al., 2020).

Social distancing and school closures due to COVID-19 led to increased mental health problems of children and adolescents and the long-term impacts are being seen in schools (Absher et al., 2021; Djurdjević et al., 2022). Children and adolescents experienced prolonged isolation from their extended families, teachers, peers, and communities (Meherali et al., 2021). COVID-19, extended virtual instruction, and other pandemic related disturbances and stressors combined to generate challenging environmental factors for children and adolescents that contributed to mental health problems (Meherali et al., 2021).

### **Statement of the Problem**

Prior to the COVID-19 pandemic, an increasing number of children were experiencing high levels of anxiety, and COVID-related stressors have exacerbated the problem, especially for adolescents (Benton et al., 2021). Lockdowns during the height of the pandemic resulted in prolonged school closures and chronic absenteeism has not recovered to pre-pandemic levels (Office of Elementary and Secondary Education, 2023). Post-pandemic, educators continue to express concerns about both increased anxiety among adolescents and chronic absenteeism. (Joint Legislative Audit and Review Commission [JLARC], 2022). School counselors along with

other school-based mental health workers are being called upon to meet the needs of these students. Examining coping skills and identifying strategies and resources to support school counselors in meeting students' mental health needs and help them overcome emotional barriers to attending school are especially relevant for adolescents as they are the population most at risk for anxiety and with the largest increase in chronic absenteeism (JLARC, 2022).

Research reveals that pandemics are precursors to mental health decline in adolescents (Meherali et al., 2021). Youth and adolescents with impaired mental health often suffer from increased fear, feelings of vulnerability, and emotional stress, which can lead to mental illnesses like post-traumatic stress disorder, anxiety, and depression (Ford et al., 2021). Trauma from the COVID-19 pandemic has had a substantial influence on the mental health of youth in relation to anxiety symptoms (Djurdjević et al., 2022). Researchers found a rise in anxiety symptoms in children during quarantine or community lockdown, and adolescents reported feeling more worried and anxious (Idoiaga Mondragon et al., 2021; Scott et al., 2021; Zhou et al., 2020).

Returning to the physical school building and environment after the disruption lockdowns caused to education systems, posed challenges for students and educators across the globe. Educational leaders have shared concerns about the substantially higher levels of anxiety symptoms and chronic absenteeism among adolescents (JLARC, 2022). Data compiled and reported by the Everyone Graduates Center at Johns Hopkins University (2023), showed U.S. chronic absenteeism rates nearly doubled from the pre-pandemic level of 16% and at least 30% of students were chronically absent in the 2021-2022 school year. The data for 2022-2023 indicated that overall chronic absenteeism rates remained elevated at 28% (John Hopkin's University's Everyone Graduates Center, 2023). Virginia chronic absenteeism aligned with the trend across the nation and nearly doubled for the 2021-2022 school year from pre-pandemic

reports (JLARC, 2022). This is a substantial increase as chronic absenteeism only fluctuated slightly over the last ten years pre-pandemic (JLARC, 2022).

While multiple circumstances and reasons likely have contributed to the rise in attendance issues, there is increasing recognition that school refusal is most likely a contributing factor. Post-pandemic statistics for school refusal are not available (Banerjee et al., 2022; Hamilton, 2024). However, given the mounting literature and research citing the impact of the pandemic on adolescent mental health, it is reasonable to assume that school refusal contributes to the increase in chronic absenteeism following the pandemic (Hamilton, 2024). While there are no specific statistics on school refusal post-pandemic, organizations like Action for Children (2023) are reporting school refusal and anxiety as pressing issues. At the end of 2023, Action for Children shared that school refusal resulting from anxiety has become the number one issue for parents and caregivers seeking advice from their Parent Talk service. They also noted that the article ‘How do I deal with school refusal and school anxiety?’ was visited more than 50,000 times in the 2022-2023 school year, which was a rise of more than 60% from the year prior (Action for Children, 2023).

As students returned to learning in person and adolescents were physically reintegrated into classrooms with peers, the direct and indirect psychological and social impacts on the mental health of youth and adolescents were evident (Meherali et al., 2021). According to JLARC (2022), school mental health service providers reported an increase in the number of students exhibiting anxiety and depression symptoms, self-harming or suicidal ideation, threatening or harming peers, and/or engaging in high risk behavior. In addition to the increased prevalence, staff reported a rise in the severity of these symptoms and behaviors (JLARC, 2022). School faculty members expressed these concerns about student mental health regardless of their

positions, school levels (e.g., elementary, high school), or the demographics of their divisions (JLARC, 2022).

Adolescents, particularly females, self-reported high levels of mental health struggles after returning to school during the pandemic (JLARC, 2022). Virginia Department of Education's (VDOE's) annual school climate survey found that nearly two-thirds of high school students and half of middle school students indicated feeling on edge, anxious, or nervous (JLARC, 2022). Similarly, 53% of high schoolers and 39% of middle schoolers reported they were unable to “stop or control worrying,” and 34% of middle schoolers and 40% of high schoolers indicated feelings of sadness or hopelessness nearly daily for at least a 2-week span (JLARC, 2022, n.p.). While elementary students did not take the survey for themselves, teachers reported concerns regarding the mental health and social-emotional wellbeing of even the youngest students (JLARC, 2022). When responding to the Virginia Kindergarten Readiness Program (VKRP) surveys in the 2020-2021 school year regarding the social-emotional wellness and mental health of their students, kindergarten teachers were moderately, very, or extremely worried for 11% of their students (JLARC, 2022). That number increased during the 2021-2022 school year to teachers indicating concern for 13% of their students (JLARC, 2022).

Even post-pandemic, surveys and data collection regarding adolescent well-being continue to reaffirm the impact of the pandemic on student mental health (National Institute of Mental Health [NIMH], 2023). Schools have “long served as a de facto mental health system for many children and adolescents” (Burns et al., 1995, p. 150) and school counselors along with other school mental health workers are being called upon to meet the increase in needs (JLARC, 2022). The importance of identifying and examining coping skills and helpful strategies and resources to meet students' mental health needs are especially relevant for adolescents, as they

are the population most at risk for anxiety. Anxiety is described as a particular risk factor for reduced school attendance in several studies that demonstrate the association between poor mental health and reduced school attendance (Elliott & Place, 2019; Finning et al., 2019). Several aspects of the school setting can induce anxiety, including academic stress, social interactions with school staff and peers, and separation from primary caregivers that may lead to school refusal (Elliott & Place, 2019; Kearney, 2008).

Various programs and strategies are available to counselors for teaching students how to cope with anxiety, and consideration to the needs of their population and community should be given when selecting the best programs, resources, or strategies to implement (Kataoka et al., 2018). The Every Student Succeeds Act (ESSA) recognizes that children's mental wellness is directly linked to high school graduation rates, school attendance, discipline infractions, academic achievement, risk-taking behavior, and school climate (ESSA, 2015). ESSA (2015) specifically calls for counseling, programs, support services and other approaches to advance student skills in non-academic areas, but does not dictate specific delivery systems to implement or mandate the use of specific programs or strategies. Providing mental health support to adolescents throughout and after the pandemic has proven challenging for educators, and school counselors play a critical role in the identification and implementation of helpful resources and strategies (American School Counselor Association [ASCA], 2023).

### **Purpose of the Study**

The purpose of the study was to identify middle school counselors' perceptions of adolescent coping skills for managing anxiety in the school environment and any changes in service delivery post-pandemic. Even post-pandemic, surveys and data collection regarding adolescent well-being continue to reaffirm the impact of the pandemic on student mental health

including anxiety (NIMH, 2023). ESSA (2015) recognized school counselors as “school-based mental health service providers” who are able to deliver a wide array of mental health services (n.p.) In schools, school counselors hold a unique position because they facilitate the selection, implementation, and progress-monitoring of immediate, successful, and culturally responsive mental health services (ASCA, 2023). Additionally, they coordinate with outside agencies to ensure students are able to access and receive appropriate services (ASCA, 2023). The information obtained in this study could contribute to educational leaders and school mental health workers when making decisions about implementing strategies to support students coping with anxiety, purchasing resources, and staffing.

### **Research Questions**

The following research questions guided this study:

1. Considering pre- and post-pandemic, what differences do middle school counselors perceive in adolescent coping skills for managing anxiety in the school environment?
2. Considering pre- and post-pandemic, how are middle school counselors adapting to the needs of adolescents coping with anxiety?

### **Overview of the Study**

Qualitative studies contain a focus on the contextual richness of real-world settings and allow for the examination of the daily lives of a variety of individuals and their thoughts about different circumstances (Yin, 2015). A demographic survey and semi-structured interviews were used in this basic qualitative study to uncover the perceptions of middle school counselors on adolescent coping skills for managing anxiety in the school environment post-pandemic and identify any changes in service delivery (Merriam & Tisdell, 2016). Interested counselors received a brief demographic survey asking them to provide the following information: 1)

number of years as a school counselor; 2) grade/s of students they service; and 3) their perception on their abilities to support students coping with anxiety.

The primary goal was to select participants that would provide the most relevant and rich data based on the research questions (Yin, 2015). Ten school counselors met the criteria for the study and indicated interest in participation. Eight participants were selected to ensure the sample consisted of a mixture of counselors with different years of experience, serving different grades, from different geographical areas of the county, and from a range of socio-economically diverse schools. Schools socio-economic levels were examined using the economically disadvantaged percentage reported by VDOE (2023).

Semi-structured one-on-one interviews were conducted to explore the perceptions, experiences, and thoughts of middle school counselors of adolescent anxiety coping skills. Eight middle school counselors from one large, suburban school division participated in interviews driven by the semi-structured interview protocol (see Appendix A). An interview is where “knowledge is constructed in the interaction between the interviewer and the interviewee” (Creswell & Poth, 2018, p. 163). The semi-structured interview protocol was designed to elicit the needed data on middle school counselor perceptions of adolescent coping skills for managing anxiety in the school environment post-pandemic and any changes in service delivery. Interviews were recorded, so the data could be coded and organized into themes.

All data collected were analyzed to determine themes related to the participants’ perceptions of adolescent coping skills for managing anxiety post-pandemic and any changes in service delivery. Multiple cycles of coding were used to identify themes among the middle school counselor participants (Merriam & Tisdell, 2016). Horizontalization was used to examine

the data with equal treatment and identify collections of themes (Merriam & Tisdell, 2016). The emerging themes from coding were summarized and analyzed.

### **Conceptual Framework**

The COVID-19 global pandemic caused unprecedented disruption to our educational system, resulting in undeniable effects on youth and adolescents' mental health (Cohen et al., 2020; Mitra et al., 2021; Varma et al., 2021). The COVID-19 pandemic and social distancing guidelines greatly changed children's normal routines, resulting in school buildings closing, a switch to online instruction, restrictions on going out, and the inability to physically get together with peers (Rogers et al., 2021). Based on the analysis and synthesis of literature, the combination of these substantive changes and prolonged exposure to stressful conditions led to an increase in poor mental health among adolescents. The most significant impact on adolescent mental health is increased anxiety for many children (Djurdjević et al., 2022). Adolescents with less developed or ineffective coping skills to manage anxiety are at risk for school refusal resulting in increased absenteeism (Finning et al., 2019).

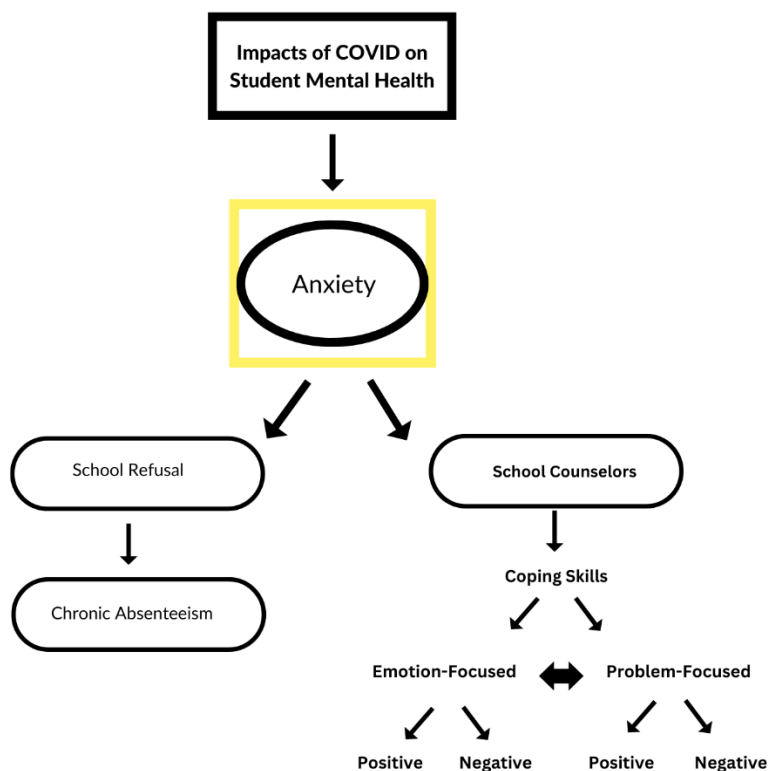
According to ASCA (2019), school counselors are responsible for recognizing and responding to student anxiety by offering instruction on effective coping skills to enhance student mental wellness. Understanding coping structure is critical to being able to explain the influence of anxiety on behaviors, cognitive capabilities, and physical wellness (Lazarus & Folkman, 1984), but there is still much debate on coping structures with over 100 coping skills classifications and at least 400 sub-categories referenced in research (Skinner et al., 2003). However, most current coping structures are based off of two distinct coping categories: problem-focused and emotion-focused (Skinner et al., 2003). Problem-focused strategies are

focused on “managing or altering the problem causing the distress” and emotion-focused address “regulating emotional responses to the problem” (Lazarus & Folkman, 1984, p. 150).

Figure 1 provides a conceptual framework highlighting anxiety as the most significant mental health concern for adolescents and possible implications of anxiety on adolescent attendance.

**Figure 1**

*Conceptual Framework: Adolescent Mental Health as Impacted by COVID-19*



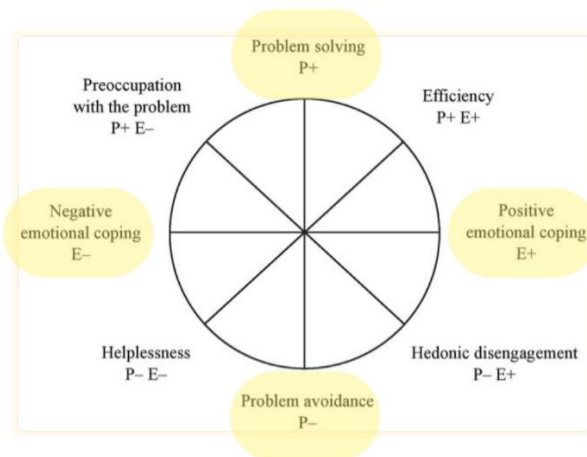
The theoretical framework guiding this research study is based on the Coping Circumplex Model (CCM) and includes eight coping styles forming a circumplex (Stanisławski, 2019). The basis for the structure is the two dimensions of coping: problem-focused coping and emotion-focused coping and distinguishes between positive and negative forms (Stanislawski, 2019). These dimensions define the space for eight coping styles. There is a symbol under each coping

style to represent the two different organizing dimensions: problem-focused coping and emotion-focused coping. P- and P+ stand for low and high problem-focused coping, and E- and E+ indicate low and high emotion-focused coping (Stanislawski, 2019).

While based on categorizing problem-focused and emotion-focused coping, the Circumplex Coping Model (CCM) utilizes a circumplex to represent relationships among coping styles rather than to identify clean and mutually exclusive dimensions. The term “circumplex” is derived from the expression “circular order of complexity” (Guttman, 1954, n.p.). In a circumplex model, exactly two dimensions are created to represent the differences between variables with each of the variables being evenly spaced and the same distance from the center (Gurtman, 1994). With this model, an arbitrary number of constructs can be represented because the variables form a circular continuum. Consequently, based on the desired level of accuracy, it is possible to “slice the circumplex pie” into narrow or broad categories (Wiggins, 1979). As shown in Figure 2 below, the following four coping styles from the CCM will be used as the focus on for this study: negative emotional coping (E-), positive emotional coping (E+), problem avoidance (P-), and problem solving (P+) (Stanislawski, 2019).

## **Figure 2**

*Theoretical Framework: Circumplex Coping Model*



## Definition of Terms

*Anxiety* is “an emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune” (The American Psychological Association, n.d., n.p.).

*Chronic absenteeism* is defined by VDOE (2022) as “missing ten percent or more of the academic year for any reason, including excused absences, unexcused absences, and suspensions” (n.p.).

*Coping* refers to the “intentional, conscious or unconscious efforts we engage in to minimize the physical, psychological, or social harm of an event or situation” (Carroll, 2013, p. 1540).

*Coping strategies* are “behaviors, cognitions, and perceptions in which people engage when actually contending with their life problems” (Pearlin & Schooler, 1978).

*Coping style* refers to your “preferred set of coping strategies that remains relatively fixed across time and circumstances” (Carver et al., 1989).

*COVID-19* is “an infectious respiratory disease caused by SARS-CoV-2 virus” (World Health Organization, n.d., n.p).

*Emotion-focused strategies* “aim to manage the emotional distress that is associated with the situation” (Lazarus & Folkman, 1984, p. 150).

*Negative emotional coping* includes “self-criticism when dealing with the problem, focusing attention on the negative aspects of the stressful situation (e.g., rumination), and on negative emotions (e.g., feelings of tension, pressure, or anger)” (Stanislawski, 2019, p. 9).

*Positive emotional coping* involves “being kind and understanding to oneself as one tries to solve a problem on one’s own regardless of success and the use of cognitive transformations that enable the elicitation of positive emotions and calming down (through re-interpretation and humor)” (Stanislawski, 2019, p. 9).

*Problem avoidance* means “avoidance of thinking about the problem, reducing efforts to solve the problem, postponing the task, or giving up attempts to attain the goal” (Stanislawski, 2019, p. 8).

*“Problem-focused strategies* are focused on managing or altering the problem causing the distress” (Lazarus & Folkman, 1984, p. 150).

*Problem solving* is defined as “active cognitive and behavioral efforts to deal with a problem including acknowledging various thoughts concerning the problem, undertaking efforts to understand the situation, predicting the course of events, choosing the most appropriate solutions, planning to solve the problem and implementing this plan as well as taking consistent action to solve the problem” (Stanislawski, 2019, p. 8).

*Protective Factors* are “individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events” (Center for Disease Control and Prevention, n.d., n.p.)

*School Counselors* “design and deliver school counseling programs that improve student outcomes. They lead, advocate and collaborate to promote equity and access for all students by connecting their school counseling program to the school’s academic mission and school improvement plan” (ASCA, n.d, n.p.).

*School Refusal* describes “the disorder of a child who refuses to go to school on a regular basis or has problems staying in school” due to emotional distress (Kawsar et al., 2022).

## **Limitations**

A limitation of research design is the “systematic bias that the researcher did not or could not control that could influence the generalizability” (Price & Murnan, 2004, p. 66). The study had several limitations that should be recognized. The participants were all from the same school division and their perceptions were likely impacted by the resources and strategies provided by or encouraged by that division. The data collected were from one public school division within one state. This narrow sample causes the research to lack generalizability to other school divisions or to private schools. In addition, this study lacks generalizability to elementary and high schools because it only sought the perceptions of middle school counselors. In spite of the limitations, this study could provide important information to help educators support adolescents presenting with anxiety leading to better school outcomes for middle schoolers.

## **Delimitations**

Delimitations of a study refer to the intentional decisions made by the researcher concerning research questions, variable selection, and sample selection (Theofanidis &

Fountouki, 2018). The study was limited to one large-sized school division to ensure consistency with the school environment during and after the COVID-19 pandemic and that all counselors had access to the same resources and information. The sample was selected to include participants from schools with different socio-economic levels and from different geographical areas of the division. Selecting participants from schools with different populations in varying geographical areas provided different perspectives. Additionally, the participants served in their middle school counseling role through the duration of the COVID-19 pandemic and continued to serve in the 2023-2024 school year.

### **Organization of the Study**

This study sought to identify middle school counselors' perceptions of adolescent coping skills for managing anxiety in the school environment and any changes in service delivery post-pandemic. The study is presented in five chapters. Chapter 1 includes an introduction to provide background, statement of the problem, research questions, and a conceptual framework. Additionally, it defines important terms and outlines limitations and delimitations of the study. Chapter 2 presents a comprehensive review of literature regarding adolescent anxiety in relation to the COVID-19 pandemic and the school counselor role in supporting adolescents managing symptoms of anxiety through coping strategies. Chapter 3 addresses the methodology used in the study, including an overview of the research design, instrument design, and data collection and analysis process. Chapter 4 describes the qualitative data collected in the study. Chapter 5 includes a discussion of the findings and implications and provides ideas for future research.

## **Chapter 2: Literature Review**

Schools have “long served as a de facto mental health system for many children and adolescents” (Burns et al., 1995, p. 147) and school counselors along with other school mental health workers are being called upon to meet the increase in mental health needs and severity since the COVID-19 pandemic (JLARC, 2022). Since the beginning of the pandemic in 2020 and the resulting stressors, student mental health needs have increased (Selcuk et al., 2021; Xie et al., 2020). The worldwide pandemic disrupted the lives of students, and schools faced new challenges and barriers delivering instruction to students and addressing their diverse needs (Meherali et al., 2021). Students experienced food insecurity, fear of contracting the disease, parental unemployment, grief over deaths from the virus, and social isolation that impacted both their mental and physical well-being along with their academic achievement (Ellis et al., 2020). As evidence mounted that youth anxiety and depression rates soared during the pandemic, concerns for students' mental health grew (Craig et al., 2020; Tang et al., 2021). During the school closings or transition to hybrid learning, many children were also separated from the consistency and support provided by schools, exacerbating their mental health problems (Ellis et al., 2020).

While the pandemic caused concern for the mental health of children, school closures disrupted children and adolescent access to mental health care (Golberstein et al., 2020). In the months following the start of the pandemic, children had limited access to school-based mental health services despite their growing mental health needs (Golberstein et al., 2020). Historically, marginalized students have especially relied heavily on their school for mental health needs (Ali et al., 2019). However, the change to virtual learning presented obstacles for educators providing mental health supports (ASCA, 2021). According to a nationally representative survey of school

districts, during COVID-19, rural and high-poverty districts, which serve many children of color and children from low-income families, struggled most to deliver mental health services (Vinson & Naftzger, 2021).

Since the 1970s and the shift from school counselors focusing on vocational supports to psychological issues with an emphasis on counseling for personal adjustment, schools have gradually taken on a larger role in providing mental health supports for adolescents with the school counselor at the center of providing services (Gysbers, 2019). In an analysis of the 2014 National Survey on Drug Use and Health (NSDUH), Lipari et al. (2016) concluded that 3.2 million youth in the United States obtain emotional support services through their school, while 3.4 million are supported in a specialty setting. A review of the 2012-2015 NSDUH found that out of the school-aged children that receive mental health services, 58% receive at least some through the educational setting (Ali et al., 2019). Additionally, approximately 35% of school-aged children receiving mental health care received it solely from the educational environment (Lipari et al., 2016).

Our current federal legislation, ESSA (2015), requires states and local education agencies (LEAs) to create comprehensive plans that address all aspects of students' development. States are asked to select five metrics to measure school performance (ESSA, 2015). While four of these metrics are academic based, at least one indicator of school performance should focus on school quality or student success which can include mental health or attendance indicators (ESSA, 2015). In 2021, 36 states chose chronic absenteeism as their school quality indicator (Georgetown University, 2021).

When searching ESSA (2015) for mental health, the term is used 25 times. As part of the law, localities are called to develop strategic action steps that address the needs of all students, but especially students at risk of failing to meet the state's academic standards and specifically includes the following: “counseling, school-based mental health programs, specialized instructional support services, mentoring services, and other strategies to improve students’ skills outside the academic subject areas” (ESSA, 2015, p. 63). Additionally, ESSA (2015) authorizes multiple funding avenues that states and divisions are able to use to implement comprehensive school mental health services and provide professional development to mental health workers.

ESSA (2015) recognizes school counselors as “school-based mental health service providers” who are able to deliver a wide array of mental health services. Defined professional standards and accompanying training enable school counselors to support social and emotional wellness beyond core academics (Gysbers & Henderson, 2012). According to ASCA (2019), school counselors are “qualified to provide instruction, appraisal and advice and short-term counseling to students and referral services to students and families” (p. 6). School counselors are trained to implement preventive and developmental supports to promote mental health wellness in students by implementing data-driven, comprehensive school counseling programs (ASCA, 2019; Goodman-Scott et al., 2020).

Even post-pandemic, surveys and data collection regarding adolescent well-being continue to reaffirm the impact of the pandemic on student mental health (NIMH, 2023). School counselors along with other school mental health workers report an increase in the number of students needing support (JLARC, 2022). Anxiety is described as a particular risk factor for reduced school attendance in several studies that demonstrate the association between poor mental health and reduced school attendance (Elliott & Place, 2019; Finning et al., 2019).

Several aspects of the school setting can induce anxiety, including academic stress, social interactions with school staff and peers, and separation from primary caregivers that may lead to school refusal (Elliott & Place, 2019; Kearney, 2008). The importance of identifying and examining coping skills and helpful strategies and resources to meet students' mental health needs are especially relevant for adolescents, as they are the population most at risk for anxiety (Bailen et al., 2019).

Various programs and strategies are available to counselors for teaching students how to cope with anxiety, and consideration to the needs of their population and community should be given when selecting the best programs, resources, or strategies to implement (Kataoka, 2018). ESSA recognizes that children's mental wellness is directly linked to high school graduation rates, attendance rates, discipline infractions, academic achievement, risk-taking behavior, and school climate (ESSA, 2015). ESSA specifically calls for counseling, programs, support services, and other approaches to advance student skills in non-academic areas, but does not dictate specific delivery systems to implement or mandate the use of specific programs or strategies (ESSA, 2015). Providing mental health support to adolescents throughout and after the pandemic has proven challenging for schools, and school counselors play a critical role in the identification and implementation of helpful resources and strategies (ASCA, 2023).

This literature review discusses the impact of the COVID-19 pandemic on adolescent chronic absenteeism and anxiety and how school counselors support students managing symptoms of anxiety. Coping structures and strategies are also examined. The review of literature is divided into three main sections: 1) post-pandemic absenteeism regarding school refusal; 2) adolescent anxiety in relation to the COVID-19 pandemic; and 3) background on school counselors and coping structures.

## **Search Process**

A search for literature relevant to COVID-19, mental health, school refusal, coping, and anxiety in adolescents was conducted using the *Virginia Tech University Library* and online search engines (i.e. Google Scholar) between September 2021 and March 2024. The electronic database EBSCOhost was used to find and access peer-reviewed articles. Reference lists from emerging, rapid literature reviews were also used to find scholarly articles. Additionally, COVID-19 statistics and data from different organizations were found on the organizations' websites. The literature search resulted in the careful review of 94 articles. Fifty-two articles were utilized to create this literature review.

## **Absenteeism**

Chronic absenteeism is defined by VDOE (2022) as “missing ten percent or more of the academic year for any reason, including excused absences, unexcused absences, and suspensions” (n.p.). School attendance problems (SAPs) resulting in chronic absenteeism are generally sorted into three different categories depending on the reason behind the absence: (a) school withdrawal, (b) truancy, or (c) school refusal. School withdrawal refers to chronic absenteeism due to “parents deliberately keeping a child home from school for economic purposes, to conceal maltreatment, to prevent abduction from an estranged spouse, or to protect a child from a perceived school-based threat” (Kearney, 2008, p. 454). Truancy is used to describe “unexcused, illegal, surreptitious absences” and is usually linked to a lack of parental knowledge (Kearney, 2008, p. 454). School refusal describes “the disorder of a child who refuses to go to school on a regular basis or has problems staying in school” due to emotional distress (Kawsar et al., 2022). The term school refusal is generally used in reference to anxiety-based absenteeism often from social, generalized, or separation anxiety (Kearney, 2008).

### ***Chronic Absenteeism Post-Pandemic***

Educational leaders have expressed concerns over the increased rates of chronic absenteeism post-pandemic (JLARC, 2022). Data compiled and reported by the Everyone Graduates Center at Johns Hopkins University (2023), showed U.S. chronic absenteeism rates nearly doubled from the pre-pandemic level of 16% and at least 30% of students were chronically absent in the 2021-2022 school year. The data for 2022-2023 shows that overall chronic absenteeism rates remained elevated at 28% (John Hopkin’s University’s Everyone Graduates Center, 2023).

Virginia chronic absenteeism aligned with the trend across the nation and nearly doubled for the 2021-2022 school year from pre-pandemic reports (JLARC, 2022). In 19 of Virginia’s school divisions, chronic absenteeism rates grew by more than 20%. This is a substantial increase as chronic absenteeism only fluctuated slightly over the last ten years pre-pandemic (JLARC, 2022). In response to the high chronic absenteeism rates, Virginia’s governor created the Chronic Absenteeism Task Force to develop resources and create action plans that address the record-high chronic absenteeism levels throughout the Commonwealth (VDOE, 2022).

### ***School Refusal***

While multiple circumstances and reasons likely have contributed to the rise in attendance issues post-pandemic, there is increasing recognition that school refusal is most likely a contributing factor (Hamilton, 2024). Post-pandemic statistics for school refusal are not available yet (Banerjee et al., 2022; Hamilton, 2024). However, given the growing literature and research on the impact of the pandemic on adolescent mental health, it is reasonable to assume that school refusal contributes to the increase in chronic absenteeism following the pandemic (Hamilton, 2024). While there are no specific statistics on school refusal post-pandemic,

organizations like Action for Children (2023) are reporting school refusal and anxiety as pressing issues. At the end of 2023, Action for Children shared that school refusal and anxiety has become the number one issue for parents and caregivers seeking advice from their Parent Talk service. They also noted that the article ‘How do I deal with school refusal and school anxiety?’ was visited more than 50,000 times in 2022-2023 school which was a rise of more than 60% from the previous year (Action for Children, 2023).

### **Adolescent Anxiety**

Anxiety is described as a particular risk factor for reduced school attendance in several studies that demonstrate the association between poor mental health and reduced school attendance (Egger et al., 2003; Elliott & Place, 2009; Kearney, 2008b). Prior to the COVID-19 pandemic, an increasing number of children were experiencing high levels of anxiety, and COVID-related stressors have exacerbated the problem, especially for adolescents (Benton et al., 2021). Several aspects of the school setting can induce anxiety, including academic stress, social interactions with school staff and peers, and separation from primary caregivers that may lead to school refusal (Kearney, 2008b).

Adolescents are more likely to suffer from anxiety disorders than any other psychiatric disorder (Chavira et al., 2004). The National Institute of Mental Health (n.d.) estimates that nearly one out of three children will suffer from an anxiety disorder at some point between the ages of 13 and 18. Prior to the pandemic, increasing numbers of adolescents were experiencing anxiety, but numbers nearly doubled during the pandemic (Benton et al., 2021). It can be difficult to identify anxiety disorders because they are often misdiagnosed as learning disabilities, disruptive behaviors, or Attention Deficit Hyperactivity Disorder (Truluck, 2019). Untreated anxiety disorders can result in continued anxiety into adulthood, increased risk of

substance abuse, self-harm, depression, absenteeism, and low academic achievement (World Health Organization, 2023). Therefore, treatments for anxiety should begin promptly following the initial presentation of symptoms to prevent these negative outcomes.

Anxiety symptoms can differ from child to child (American Psychological Association [APA], n.d-a). The APA (n.d.-b) defines anxiety as “an emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune” (n.p.). Anxiety is manifested by different symptoms and may involve physical, cognitive, emotional, and behavioral symptoms (Halbreich, 2003). Physical symptoms may include changes in bowel habits, abdominal pain, bloating, palpitations, breathing problems, chronic fatigue, or musculoskeletal pain (APA, n.d.-a). Other physical symptoms may include acne problems and hair loss as well as migraines and headaches (Segal & Segal, 2016). Additionally, anxiety can impact cognition including only perceiving the negatives, constant worrying, memory problems and poor concentration. Emotional symptoms can consist of irritability, agitation, and self-doubt while behavioral symptoms can comprise of sleep disturbances, appetite changes, neglecting responsibilities, and various nervous acts such as nail biting (Segal & Segal, 2016).

Childhood and adolescence are critical stages for the development of social and emotional skills (Bailen et al., 2019). Therefore, environmental factors have a key role in youth and adolescents’ mental health, and early negative experiences can be a risk factor for the development of emotional disorders such as anxiety (Djurdjević et al., 2022). Adolescents typically experience stronger positive and negative emotions than adults and they tend to occur more often with higher volatility (Bailen et al., 2019). Emotional experiences play a significant part in the fundamental mental health of children (Bailen et al., 2019). Therefore, stressors like

social isolation, fear of contracting the illness and possible family hardships caused by the pandemic, could contribute to changes in adolescents' emotional stability (Rogers et al., 2021). Positive and negative emotional experiences are pertinent since children experiencing fluctuations trending in the direction of negative affect with declining positive affect predict anxiety symptoms in adolescents (Bailen et al., 2019).

### ***Adolescent Anxiety During COVID-19***

The COVID-19 pandemic has resulted in a dramatic increase in the rate of anxiety symptoms among adolescents in the U.S. and around the world (Djurdjević et al., 2022). Djurdjević et al. (2022) conducted a systematic review of literature on children and adolescent anxiety in relation to the COVID-19 pandemic. The literature only included peer reviewed articles on children aged 6 to 19 years old that examined the time frame between January 2020 and October 2020 and used standardized measurement tools. The resulting synthesis included 27 observational studies with 20 different countries represented and had an overall population of 52,797 youth and adolescents. Djurdjević et al. (2022) concluded that anxiety is one of the main concerns related to children mental health during the pandemic because 24 of the 27 studies indicated an increase in symptoms. When examining the mental health of youth across ten European countries, the prevalence of anxiety disorders increased from 58% in 2019 to 66% in 2020 demonstrating that the pandemic affected anxiety levels in youth and adolescents (Ougrin et al., 2022).

Researchers consistently noted a rise in adolescents presenting with symptoms of anxiety, but the range of increase differed (Craig et al., 2020; Ellis, 2017; Ellis et al., 2020; Fitzpatrick et al., 2021; Tang et al., 2021). Tang et al. (2021) reported a 24.9% anxiety occurrence rate and notes that this rate was slightly more elevated than the rate reported by a similar study one month

prior to the start of the pandemic. While still noting a rise, Selçuk et al., (2021) concluded a larger increase and reported that child anxiety scores during school closures increased 2.41 times from pre-pandemic estimations. Rogers et al. (2021) surveyed adolescent anxiety symptoms 5 months prior to the start of the pandemic in the U.S. and surveyed the same sample in April 2020 concluding that on average, adolescents reported more anxiety symptoms during the pandemic. Similarly, Hawke et al. (2020) found that 10% of participants met anxiety criteria that were not seeking treatment for anxiety before the pandemic. A research study on adolescents spanning 32 states indicated that the rate of youth and adolescents with anxiety during the pandemic aligned with the percentage in a pre-pandemic clinical sample indicating elevated symptoms in the general population sample (Fitzpatrick et al., 2021). These findings suggest that the pandemic and resulting complications, comprise a significant risk for increased anxiety in adolescents, but the range of the increase differs (Türk et al., 2021).

### ***Coping with Anxiety During COVID-19***

Children's resilience against anxiety throughout the pandemic is associated with the frequency that they utilized positive coping behaviors (Dvorsky et al., 2020). Consistent sleep routines and patterns, physical activity, and a healthy diet are among positive coping strategies (Braksiek et al., 2022; Cohen et al., 2020; Glynn et al., 2021; Türk et al., 2021). Spending time with family and connecting with positive peers were also found to be helpful coping strategies (Cohen et al., 2020). Those adolescents implementing positive coping strategies were less likely to report symptoms of anxiety during the pandemic (Zhang et al., 2020).

Türk et al. (2021) conducted a study to specifically examine the effects of different coping strategies on anxiety levels in adolescents during the pandemic to determine which ones had a positive impact on emotional well-being. The sample consisted of 3,058 students (2,080

females, 978 males) between the ages of 11 and 18. The researchers used the Coping Scale for Children and Adolescents that uses a 4-point Likert scale and categorizes the coping strategies into active coping, avoidant coping, or negative coping. Active coping includes strategies such as “cognitive restructuring, problem solving, emotion regulation and social support” (p. 68). Türk et al. (2021) concluded that adolescents using negative and avoidant coping strategies often have higher levels of anxiety while the use of active coping strategies are aligned with lower anxiety symptom levels. They also found the highest reports of symptoms of anxiety in adolescents that were most often implementing avoiding coping strategies. In conclusion, Turk et al. (2021) found the type of coping strategies was significantly related to the child’s level of anxiety and/or depression.

**Time Spent with Family Members.** Spending time with family may counterbalance the effects of the COVID-19 disruption on heightened anxiety levels and prove to be a helpful coping strategy for adolescents (Cohen et al., 2020; Ellis et al., 2020; Mitra et al., 2021). In a study of a diverse group of 359 adolescents surveyed in Florida, more than half reported that they found successful ways to cope with school closures and the lack of face-to-face socialization (Cohen et al., 2020). When asked to list their coping strategies in an open-ended format, spending quality time with family was the most often shared response, and 28% reported an improvement in their relationships with parents (Cohen et al., 2020). Ellis et al. (2020) also found that spending more time with family was consistently associated with fewer anxiety symptoms. They reported that 39.2% of adolescents spent at least one hour engaged in activities with their families. Additionally, 39.9% reported video chatting with a family member almost daily (Ellis et al., 2020). Two hierarchical regression analyses were used to examine the relationships between predictor variables and anxiety (Ellis et al., 2020). In conclusion, Ellis et

al. (2020) found that the more time adolescents spent engaged in interactions with household family members and chatting with extended family members via virtual video platforms, the fewer anxiety symptoms were indicated suggesting that spending time with family was a helpful coping strategy.

Participating in consistent family routines that include spending time together was also identified as a positive coping strategy in relation to anxiety (Glynn et al., 2021). Glynn et al. (2021) designed a study to examine family time and routine as an effective coping strategy during the COVID-19 pandemic. Families were given the Family Routines Inventory which includes items like “working parent(s) have a regular play time with children after work,” “children do the same things each morning as they wake up,” “family has certain ‘family time’ each week when they do things together at home,” and “whole family eats dinner together” (Glynn et al., 2021, p. 3). Children with families who exercised fewer routines were more likely to demonstrate an increase in anxiety during the pandemic. Researchers found that there was still an association after adjusting for family socio-demographic factors. Consistent family routines signify one positive coping strategy with the potential to lessen the adverse effects of the COVID-19 pandemic on anxiety levels (Glynn et al., 2021).

Another successful coping strategy for adolescents during COVID-19 was having open conversations with their caregivers (Tang et al., 2021; Türk et al., 2021). Children that conversed with their caregivers about COVID-19 and the resulting restrictions were less likely to indicate symptoms of anxiety or stress (Tang et al., 2021). In families where children already suffered from symptoms of anxiety, regular discussions between caregiver and adolescent prevented them from developing more severe symptoms (Tang et al., 2021). Tang et al. (2021) found that among all psycho-social factors associated with anxiety in adolescents, communication between parents

and children had the largest effect size at  $r = .43$ . The frequency of conversations concerning the COVID-19 pandemic mitigated anxiety while boosting life satisfaction (Tang et al., 2021). Türk et al., (2021) observed that adolescents who acquired updates on COVID-19 from their parents were observed to have lower levels of anxiety than those adolescents relying on social media for updates or those adolescents that did not follow developments at all.

**Physical Activity as a Coping Strategy.** There is a well-established relationship between physical activity and anxiety levels among children and adolescents, suggesting that children with higher levels of physical activity are less likely to experience symptoms of anxiety (Ahn & Fedewa, 2011; Cadenas-Sanchez et al., 2021). Researchers have examined this association in relation to COVID-19 and the resulting restrictions because the interactions between these two factors may indicate a positive coping strategy for youth and adolescents throughout and after the pandemic (Braksiek et al., 2022; Pigaiani et al., 2020; Tandon et al., 2021; Zhang et al., 2020). Cross-sectional studies demonstrated the same positive association between children and adolescent mental health and physical activity during the pandemic concluding that regular movement was associated with lower anxiety symptoms (Braksiek et al., 2022; Marconcin et al., 2022; Tandon et al., 2021). Physical activity is relevant to anxiety levels in adolescents and should be considered for anxiety early intervention and prevention for adolescents post-pandemic (Pigaiani et al., 2020).

In a study specifically designed to examine youth and adolescent physical activity levels during the pandemic in relation to anxiety symptoms, Braksiek et al. (2022) found a correlation. The data for the study were collected via online surveys and paper-pencil surveys that were completed during school closures (Braksiek et al., 2022). The researchers surveyed 1,293 students in 3rd through 10th grade and found that overall, youth felt sadder and less well than

pre-pandemic (Braksiek et al., 2022). Results also indicated that children were less physically active than before the pandemic and that anxiety was positively associated with physical activity levels. The study provides initial evidence that some adolescents are capitalizing on physical activity opportunities more often and use them as a coping mechanism to combat emotional distress (Braksiek et al., 2022). Braksiek et al. (2022) conclude that the findings on anxiety emphasize the importance of creating physical activity opportunities post-pandemic.

Tandon et al. (2021) studied the relationship between physical exercise and screen time with anxiety among U.S. youth and found physical activity to be a protector during the COVID-19 pandemic. They conducted a cross sectional survey of children and adolescents from October 22, 2020 to November 2, 2020 (Tandon et al., 2021). The study used 1,000 participants to represent the overall population according to U.S. Census-based sampling frames by age, race, sex, and education (Tandon et al., 2021). Adolescents self-reported screen time, physical activity, and emotional well-being while their caregivers responded to other measures. Caregivers reported for all areas for children under the age of 10 (Tandon et al., 2021). After accounting for COVID-19 stressors, engaging in physical activity 7 days a week was associated with fewer anxiety symptoms in younger children (Tandon et al., 2021). For older children, engaging in 1 to 7 days a week of physical activity was associated with less total difficulties including anxiety and depression (Tandon et al., 2021). These findings indicate physical activity levels constitute a possible mitigation strategy to the effect of the pandemic on child anxiety (Tandon et al., 2021).

Children in California that reported higher levels of sedentary time and less physical activity indicated higher levels of anxiety regardless of pre-pandemic and post-pandemic weight (Alves et al., 2021). Alves et al. (2021) found that both children in a healthy weight range and obese children participated in less physical activity during California's stay-at-home order and

while schools remained closed. They noted that overweight or obese children reporting a higher amount of physical exercise indicated fewer anxiety symptoms during the pandemic, regardless of age, gender, or wealth (Alves et al., 2021). These findings suggest physical activity could be a helpful coping strategy for anxiety related to the COVID-19 pandemic (Alves et al., 2021).

**Sleeping Patterns and Healthy Eating Habits.** Adolescents who maintained a healthy sleep and nutritional pattern during pandemic closures had lower levels of anxiety (Türk et al., 2021). Healthy nutrition and sleep patterns are among positive and healthy coping strategies (Türk et al., 2021). In a study of 3,058 adolescents, it was determined that children who slept for 7 to 9 hours daily during the pandemic, had lower levels of anxiety and depression than those that slept for 0 to 6 hours or 10 or more hours (Türk et al., 2021). Da Silva et al. (2022) found that over half (58.2%) of the adolescents that participated in the study reported that their sleeping habits and quality during the pandemic had grown worse and these same adolescents were more likely to report signs of anxiety and sadness. In a study on the occurrence of insomnia symptoms in teens, pandemic related anxiety was significantly related to the number of insomnia symptoms reported (Lu et al., 2020). It can be suggested that a healthy diet and sleep habits are a protective factor for anxiety for adolescents (Kılınçel et al., 2020; Türk et al., 2021).

### ***Adolescent Anxiety After Returning to In-person School***

As students returned to learning in school buildings and adolescents were physically reintegrated into classrooms with peers, the direct and indirect psychological and social impacts on the mental health of youth and adolescents were evident (Meherali et al., 2021). According to the Joint Legislative Audit and Review Commission (2022), Virginia school mental health service providers reported an increase in the number of students exhibiting anxiety and depression symptoms, self-harming or suicidal ideation, threatening or harming peers, and/or

engaging in high risk behavior. In addition to the increased prevalence, staff reported a rise in the severity of these symptoms and behaviors (JLARC, 2022). School faculty members expressed these concerns about student mental health regardless of their positions, school levels (e.g., elementary, high school), or the demographics of their divisions (Joint Legislative Audit and Review Commission, 2022).

Adolescents, particularly females, self-reported high levels of mental health struggles after returning to school during the pandemic (JLARC, 2022). VDOE's annual school climate survey found that nearly two-thirds of high schoolers and half of middle school students indicated feeling on edge, anxious, or nervous (JLARC, 2022). Similarly, 53% of high schoolers and 39% of middle schoolers reported they were unable to “stop or control worrying,” and 34% of middle schoolers and 40% of high schooler indicated feelings of sadness or hopelessness nearly daily for at least a 2-week span (JLARC, 2022). While elementary students did not take the survey for themselves, teachers reported concerns regarding the mental health and social-emotional wellbeing of even the youngest students (JLARC, 2022).

### **School Counselors and Coping**

School counselors along with other school-based mental health workers are being called upon to meet the needs of these students. Baker & Gerler (2004) state that “teaching children and adolescents how to cope successfully with life’s various stressors may prepare them for such events in advance of occurrences or help them manage challenges that are already influencing their lives” (p. 107). According to ASCA (2015), school counselors should focus on teaching coping skills instead of “trying to be anxiety free” (n.p.). ASCA (2015) standards specifically state that school counselors should teach students to “demonstrate effective coping skills when faced with a problem” through multi-tiered supports (n.p.). School counselors align their

counseling program with multi-tiered systems of support (MTSS) by delivering indirect and direct services to students:

a) In Tier 1, intervention is delivered in the classroom instruction and school-wide programming or initiatives; b) In Tier 2, direct services include targeted group counseling and individualized interventions; c) In Tier 3, school counselors only provide indirect services as supporters through consultation, collaboration, and facilitation of referrals. (Goodman-Scott et al., 2020)

The ASCA National Model (2015) strongly stresses the inclusion of classroom lessons as part of the tiered approach to a comprehensive developmental program. Most developmental curricula already target concepts such as coping skills and problem solving, so implementing programs to specifically address anxiety management would not prove difficult (Ybanez-Llorente, 2014). Through classroom lessons students can learn new coping skills, receive peer support, and cultivate a climate of caring, acceptance, understanding, support, and mutual trust in which students can express their personal apprehensions with their counselor and peers (Ybanez-Llorente, 2014). In reference to school counseling prevention programs, Baker and Gerler (2004) state that “teaching children and adolescents how to cope successfully with life’s various stressors may prepare them for such events in advance of occurrences or help them manage challenges that are already influencing their lives” (p. 107). Considering that a large number of adolescents presenting with symptoms of anxiety do not seek any assistance or treatment from community mental-health providers, school counselors should deliver whole group classroom lessons to specifically teach coping skills for managing anxiety to students (Curtis et al., 2004).

While licensed school counselors are not required to diagnose anxiety disorders in adolescents, an understanding of diagnostic criteria and assessment measures can support them

in determining which interventions to use (Ybanez-Llorente, 2014). According to the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (2013), anxiety disorders are categorized according to their age of onset based on a developmental perspective. These include generalized anxiety disorder, agoraphobia, panic disorder, social anxiety disorder, specific phobia, selective mutism, and separation anxiety disorder (American Psychiatric Association, 2013). The anxiety disorders “differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior, and the associated cognitive ideation” (American Psychiatric Association, 2013, p. 189). Understanding the root of the anxiety order provides school counselors with valuable information for teaching and implementing coping skills (ASCA, 2019).

### ***Coping Structures***

Understanding coping structure is critical to explaining the influence of anxiety on behaviors, cognitive capabilities, and physical wellness (Lazarus & Folkman, 1984), but there is still much debate on coping structures with over 100 coping skills classifications and at least 400 sub-categories referenced in research (Skinner et al., 2003). Coping research dates back to the beginnings of the psychoanalytic movement in the nineteenth century, but it was not until the 1970s and 1980s that coping became recognized as a process (Skinner et al., 2003). Coping refers to the “intentional, conscious, or unconscious efforts we engage in to minimize the physical, psychological, or social harm of an event or situation” (Carroll, 2013, p. 1540). Coping style can be described as one’s “preferred set of coping strategies that remains relatively fixed across time and circumstances” (Carver et al., 1989). Coping strategies are “behaviors, cognitions, and perceptions in which people engage when actually contending with their life problems” (Pearlin & Schooler, 1978). It is common for coping style to remain consistent across

different circumstances and situations, but the specific coping strategies may differ (Carver et al., 1989).

While hundreds of coping frameworks have been proposed in an attempt to understand how people cope, researchers have yet to agree upon one (Skinner et al., 2003). However, most current coping structures are based off two distinct coping styles: problem-focused and emotion-focused. Problem-focused strategies are focused on “managing or altering the problem causing the distress” and emotion-focused address “regulating emotional responses to the problem” (Lazarus & Folkman, 1984, p. 150). Emotion-focused and problem-focused coping are not mutually exclusive, and adolescents often use strategies that fall into both emotion-focused and problem-focused coping styles to deal with anxiety (Carroll, 2013).

**Problem-solving Coping.** Problem-focused coping includes all the “active efforts to manage stressful situations and alter a troubled person-environment relationship to modify or eliminate the sources of stress via individual behavior” (Lazarus & Folkman, 1984, p. 150). It aims to resolve the stressful situation or alter the source of stress (Stanislawski, 2019). Problem-focused coping consists of

acknowledging various thoughts concerning the problem, undertaking efforts to understand the situation, predicting the course of events, choosing the most appropriate solutions, planning to solve the problem and implementing this plan as well as taking consistent action to solve the problem. (Stanislawski, 2019, p. 8)

Different terms associated with problem-focused coping include: active coping and planning (Carver et al., 1989), task-oriented coping (Endler & Parker, 1999), problem solving (Tobin et al., 1989), as well as planful problem-solving (Folkman et al., 1986).

Coping constructs connected to problem solving are negatively correlated with problem avoidance strategies (Carver et al., 1989). Problem avoidance consists of giving up attempts to attain the goal, postponing the task, reducing efforts to solve the problem, or avoidance of thinking about the problem (Stanislawski, 2019). Avoidance coping involves thoughts and acts leaning toward minimizing, denying, or somehow directly avoiding managing the stressful demands and is closely linked to depression and distress (Penley et al., 2002). According to the APA (2015), problem avoidance coping strategies may include constant alcohol or drug use, undue emotional restraint, self-isolations, wishful thinking, and escapism.

**Emotion-focused Coping.** Emotion-focused coping can be described as “regulating emotional responses to the problem” (Lazarus & Folkman, 1984, p. 150). Emotion-focused strategies refer to those coping tools that are intended to reduce emotional distress rather than changing the actual situation (Lazarus & Folkman, 1984). A wide range of emotion-focused strategies exist (J. P. Baker & Berenbaum, 2007). These strategies can range from seeking out social support and reinterpreting events positively to focusing on and venting emotion and denial (J. P. Baker & Berenbaum, 2007). A key component to positive emotional coping is being kind and offering grace to oneself when trying to solve a problem and the elicitation of positive emotions in order to regulate emotions (Stanislawski, 2019). It can help people regulate their emotions, stay calm, reduce anxiety, or cultivate positive emotions (J. P. Baker & Berenbaum, 2007). Conversely, negative emotional coping includes focusing on the stressful aspects and on self-criticism when addressing problems and on negative emotions like feelings of anger, pressure or tension (Stanislawski, 2019). It is assumed to be related to self-blame, emotional discharge, venting, self-criticism and rumination (Connor-Smith et al., 2000).

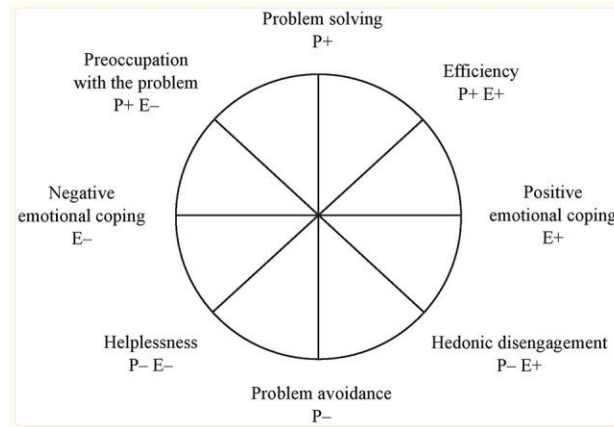
### ***Circumplex Coping Model***

While based on categorizing problem-focused and emotion-focused coping, the Circumplex Coping Model (CCM) utilizes a circumplex to represent relationships among coping styles rather than to identify clean and mutually exclusive dimensions. The term “circumplex” is derived from the expression “circular order of complexity” (Guttman, 1954). In a circumplex model, exactly two dimensions are created to represent the differences between variables with each of the variables being evenly spaced and the same distance from the center (Guttman, 1954). With this model, an arbitrary number of constructs can be represented because the variables form a circular continuum. Consequently, based on the desired level of precision, it is possible to “slice the circumplex pie” into narrow or broad categories (Wiggins, 1979).

Assuming people in a stressful situation encounter two dilemmas: solving the problem and regulating their emotions, the basis for the structure is the two dimensions of coping: problem-focused coping and emotional coping and distinguishes between positive and negative forms (Stanislawski, 2019). These dimensions define the space for eight coping styles. There is a symbol under each coping style to represent the two different organizing dimensions: problem-focused coping and emotional coping. P- and P+ stand for low and high problem-focused coping, and E- and E+ indicate low and high emotion coping (Stanislawski, 2019). In the CCM, as shown in Figure 3, the following coping styles are identified: problem avoidance (P–), problem solving (P+), negative emotional coping (E–), positive emotional coping (E+), hedonic disengagement (P– E+), preoccupation with the problem (P+ E–), helplessness (P– E–), and efficiency (P+ E+) (Stanislawski, 2019).

### **Figure 3**

#### *Circumplex Coping Model*



## Summary of Literature

Prior to the COVID-19 pandemic, an increasing number of children were experiencing high levels of anxiety, and COVID-related stressors have exacerbated the problem, especially for adolescents (Benton et al., 2021). Lockdowns during the height of the pandemic resulted in prolonged school closures and chronic absenteeism has not recovered to pre-pandemic levels (Office of Elementary and Secondary Education, 2023). As societies navigate this post-pandemic reality, understanding effective coping strategies and resilience-building techniques will help in fostering mental well-being for adolescents (Kunzler et al., 2021). Recent literature also suggests that the adverse effects of the pandemic in relation to emotional distress are largely derived from flawed cognitive and emotional coping efforts (Chew et al., 2020; Shamblaw et al., 2021). Problem solving and positive emotional coping strategies have proven helpful for navigating negative experiences, since they reduce the burden caused by lengthy distress and enable adolescents to handle everyday stressors and adapt to changing environments (Budimir et al., 2021; Dewa et al., 2021).

ESSA (2015) specifically calls for counseling, programs, support services and other approaches to advance student skills in non-academic areas, but does not dictate specific delivery systems to implement or mandate the use of specific programs or strategies. Providing mental

health support to adolescents throughout and after the pandemic has proven challenging for educators, and school counselors play a critical role in the identification and implementation of helpful resources and strategies (ASCA, 2023). Despite a swift increase in research on the impact of the COVID-19 pandemic on adolescent anxiety and coping during school closures, there remain significant gaps in the literature on how counselors are supporting these adolescents in the school environment. Examining coping strategies and helpful resources to support students managing anxiety are especially relevant for adolescents.

### **Chapter 3: Methodology**

The research study was a basic qualitative study designed to investigate middle school counselors' perceptions of adolescent coping skills for managing anxiety in the school environment and any changes to service delivery post-pandemic. This chapter provides details of the methodology and includes the study purpose, research design and questions, a summary of needed data, site/sample selection, data collection procedures, instrument design, instrument validation, data treatment and management, and analysis techniques.

#### **Purpose of the Study**

The purpose of this qualitative study was to identify middle school counselors' perceptions of adolescent coping skills for managing anxiety in the school environment and any changes in service delivery post-pandemic. Even after the pandemic, surveys and data collection regarding adolescent well-being continue to reaffirm the impact of the pandemic on student mental health (National Institute of Mental Health, 2023). In a systematic literature review of adolescent mental health during the pandemic, Djurdjević et al. (2022) concluded that anxiety is one of the main concerns related to adolescent mental health because 24 of the 27 studies indicated the greatest increase in anxiety symptoms. ESSA (2015) recognizes school counselors as "school-based mental health service providers" who are able to deliver a wide array of mental health services. In schools, school counselors hold a unique position because they facilitate the selection, implementation, and progress-monitoring of immediate, successful, and culturally responsive mental health services. Additionally, they coordinate with outside agencies to ensure students are able to access and receive appropriate services (ASCA, 2023). The information obtained in this study can contribute to educational leaders and school mental health workers

when making decisions about implementing strategies to support students coping with anxiety, purchasing resources, and service delivery.

### **Research Design**

A qualitative researcher believes that people construct knowledge through their experiences (Merriam & Tisdell, 2016). Qualitative research is conducted because an issue or problem needs to be explored with variables that cannot easily be measured (Creswell & Poth, 2018). Conducting qualitative research leads to “a complex and detailed understanding of an issue that can only be established by talking directly with people” (Creswell & Poth, 2018, p. 63). A basic qualitative method was the most beneficial structure to explore middle school counselors’ perceptions of adolescent coping skills for managing anxiety in the school environment and identifying any changes to service delivery post-pandemic. It allowed for the exploration of middle school counselor perceptions with openness and flexibility and provided the researcher the opportunity to respond to new ideas on the topic and ask clarifying questions when necessary (Merriam & Tisdell, 2016).

### **Research Questions**

This study sought to identify middle school counselors’ perceptions of adolescent coping skills for managing anxiety in the school environment and any changes in service delivery post-pandemic. The following research questions guided this study:

1. Considering pre- and post-pandemic, what differences do middle school counselors perceive in adolescent coping skills for managing anxiety in the school environment?
2. Considering pre- and post-pandemic, how are middle school counselors adapting to the needs of adolescents coping with anxiety?

## **Needed Data**

Semi-structured one-on-one interviews were conducted to explore the perceptions, experiences, and thoughts of middle school counselors on adolescent anxiety coping skills. Eight middle school counselors from one large, suburban school division participated in interviews driven by the semi-structured interview protocol (see Appendix A). An interview is where “knowledge is constructed in the interaction between the interviewer and the interviewee” (Creswell & Poth, 2018, p. 163). The semi-structured interview protocol was designed to elicit the needed data on middle school counselor perceptions of adolescent coping skills for managing anxiety in the school environment post-pandemic. Interviews were recorded, so the data could be coded and organized into themes.

## **Site Sample Collection**

Participants were recruited from the population of 51 middle school counselors in one large, suburban, public school division. A recruitment letter (see Appendix B) with the subject line “Middle School Counselors: Invitation to participate in a research study about adolescent anxiety coping post-pandemic” was sent via email by a research specialist in the school division containing an information sheet (see Appendix C) about participation in the study. The information sheet explained the purpose of the study and requested that all middle school counselors interested in participating in the study should complete a short demographic survey (see Appendix D) to indicate their interest. The information sheet informed the middle school counselors that selected participants would be volunteering approximately 30 to 45 minutes of their time to participate in an interview designed to solicit their perceptions of adolescent coping skills for managing anxiety post-pandemic. Additionally, they would also be asked to share

about any changes in service delivery or effective resources for supporting students coping with anxiety post-pandemic.

Twelve middle school counselors indicated interest in participating in the study and ten of the counselors met the selection criteria for the study: 1) served as a middle school counselor pre-pandemic and 2) served as a middle school counselor in the division during the 2023-2024 school year. The demographic survey collected the following information: years of experience in counseling, years of experience in education, grade(s) of students on their caseload for the 2023-2024 school year, and a self-ranking of their ability to support students coping with anxiety. All ten counselors meeting the criteria were female with experience ranging from 5 to 20 years and served a variety of different grades.

The primary goal was to select participants that would provide the most relevant and rich data based on the research questions out of the small number of interested participants (Yin, 2015). Eight participants were selected out of the ten interested counselors meeting the criteria to ensure the sample included a mixture of counselors with different years of experience, serving different grades, from different geographical areas of the county, and from schools representing a range of socio-economic statuses. School socio-economic levels were examined using the economically disadvantaged percentage reported by VDOE (2023).

After identifying the eight participants for the study, an additional email was sent directly to the interested participant seeking their availability for the one-on-one virtual interview. All eight selected participants responded with their availability and eight interviews were scheduled and conducted. This included interviews with five counselors carrying 6<sup>th</sup>-8<sup>th</sup> graders on their caseloads, two counselors with 7<sup>th</sup> graders on their caseloads and one counselor serving 8<sup>th</sup> graders for the 2023-2024 school year.

## **Instrument Design**

This qualitative study was designed to examine middle school counselor perceptions of adolescent coping skills for managing anxiety in the school environment and any changes in service delivery post-pandemic. The semi-structured interview protocol included ten open-ended interview questions (see Appendix A). The interview questions were organized into two sections and aligned with the corresponding research question. Questions were reviewed for clarity and conciseness by a total of four researchers with expertise in qualitative studies, three practicing middle school counselors, and two doctoral students. Additionally, the interview questions were reviewed by staff from the school division including a division level research specialist, the head of school counselors, and the student support services team. The open-ended questions were designed to capture middle school counselors' perceptions of adolescent coping skills for managing anxiety in the school environment and any changes in service delivery post-pandemic.

## **Instrument Validity and Reliability**

In qualitative research, you must establish the validity and reliability of the instrument used in the study (Creswell & Poth, 2018). In order to ensure validity and reliability of the semi-structured interview protocol, three process were used: interview question and research question alignment, expert review, and the questions were vetted by three middle school counselors. To ensure validity, instrument questions were aligned to the research questions and vetted by experts. Additionally, the experts reviewed the number of questions in order to avoid interview fatigue. Three middle school counselors read and paraphrased the questions to ensure that they were easily understood and elicited the desired information in order to promote reliability. The feedback was used to change or re-word confusing questions (Merriam & Tisdell, 2016). The

two guiding research questions and ten corresponding open-ended interview questions are outlined in Table 1.

**Table 1**

*Semi-Structured Interview Protocol Questions*

| Research Questions                                                                                                                                                       | Interview Questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Considering pre- and post-pandemic, what differences do middle school counselors perceive in adolescent coping skills for managing anxiety in the school environment? | <p>How would you describe adolescents' ability to implement coping skills in relation to anxiety since the end of the pandemic compared to pre-pandemic?</p> <p>Considering positive and negative coping strategies for handling anxiety, what positive coping strategies do you perceive adolescents using most frequently? Is that similar to pre-pandemic?</p> <p>Considering positive and negative coping strategies for managing anxiety, what negative coping strategies do you perceive adolescents using most frequently? Is that similar to pre-pandemic?</p> <p>Emotion-focused coping skills are defined as strategies to regulate emotional responses to the problem. Emotion-focused strategies can be both positive and negative. Examples of positive emotion-focused coping skills include: deep breathing, meditating, positive self-talk, positive reframing, and journaling. Negative emotion-focused strategies can include: expecting the worst, self-criticism, withdrawal, aggression, and rumination. What emotion-focused coping skills do you find your students using? Is that similar to pre-pandemic? Please provide examples or explain.</p> <p>Problem-focused strategies are focused on managing or altering the problem causing the distress. Problem focused strategies can be both positive and negative. Examples of positive problem-focused strategies can</p> |

---

|                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                   | <p>include: making a to-do list, prioritizing, creating a plan, or asking for help. Examples of negative problem-focused strategies can include: denial, giving up, disengagement, and avoidance. What problem-focused coping skills do you find your students using? Is that similar to pre-pandemic? Please provide examples or explain.</p> <p>What do you perceive as the three greatest needs or challenges when it comes to adolescent coping skills in relation to anxiety since the pandemic?</p>                                                                                                                                                            |
| 2. Considering pre- and post-pandemic, how are middle school counselors adapting to the needs of adolescents coping with anxiety? | <p>As a middle school counselor, how are you adapting to the needs of adolescents coping with anxiety?</p> <p>Please share any changes in your service delivery since the fall of 2021 to support students with anxiety.</p> <p>What strategies or particular resources do you perceive as helpful with increasing your students' skills for coping with anxiety? Two follow up questions: 1) Please share if the resources or strategies were provided by the district, your school or acquired on your own; 2) How did you assess the strategies or resources?</p> <p>What additional resources does your school need to better support students with anxiety?</p> |

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## Data Collection Procedures

Prior to data collection, the researcher completed the university's training on Human Subjects Protection (see Appendix E). Additionally, the researcher applied for and received permission from Virginia Tech's Institutional Review Board (see Appendix F) to conduct the study. After receiving IRB approval, permission was applied for and obtained from the school

division's chief academic officer to conduct the study. The approval letter is not included in the appendices to protect the anonymity of the division.

The school division's research specialist in conjunction with the human resources department identified the target population for this study. Interested participants were asked to confirm that they were middle school counselors prior to the pandemic by indicating their number of years of experience as a middle school counselor and verify that they served as a middle school counselor for the 2023-2024 school year. According to school division procedures, the recruitment letter was sent to middle school counselors by a division level research specialist. The letter was sent via email and interested counselors responded via a google form expressing their willingness to take part in the research study by answering a short demographic survey.

The selected participants were sent an email to schedule a day and time for individual interviews. The one-on-one, semi-structured interviews were conducted and recorded via Zoom, a virtual conferencing platform. Audacity was used as a secondary recording tool. Zoom transcribed the audio and all automated transcriptions were cross-checked with the audio to ensure accuracy. Transcriptions were shared with participants in order to give them the opportunity to offer edits and revisions and ensure that the transcription was an accurate portrayal of their experiences (Merriam & Tisdell, 2016). Four participants confirmed receipt of the transcripts and indicated that there were no necessary changes to the transcription of their interview. One participant revised the transcription to clarify a response. The semi-structured interview protocol was consistently followed for all participants. All views expressed by the participants regardless of the researcher's personal experiences with the topic were reported.

Memo entries were written in a reflexive journal after each interview. Through self-critique, analysis, and reflection, memos help researchers make sense of the studied topic (Maxwell, 2013). It is important that a researcher details, reviews and reflects on how biases, values, and experiences may potentially shape findings and drawn conclusions (Creswell & Poth, 2018). Entries after each interview acknowledged personal bias and documented impressions of the participant's comments.

### **Data Treatment/Management**

Proper data analysis in a qualitative study requires a data organization plan (Creswell & Poth, 2018). Prior to data collection, each participant received an information sheet containing information about the study and sharing steps to protect confidentiality (see Appendix C). Any identifying information was removed for the purposes of research and reporting. Transcripts were coded using a pseudonym to maintain anonymity. All recordings, transcriptions, data and the list of participants with corresponding pseudonyms were downloaded to a password protected computer and uploaded to the researcher's Virginia Tech Google drive with a two-step authentication process for sign-in. Data and analysis were compiled using electronic google documents. Recordings and the identifying documents were destroyed after the successful publication of the dissertation. Following the conclusion of the study, response data were electronically stored for three years. Interview transcriptions and related analysis were permanently deleted after three years.

### **Data Analysis Techniques**

Analyzing qualitative data involved a complex process of alternating between abstract concepts and concrete facts (Merriam & Tisdell, 2016). Coding is a critical component of qualitative research and was used to logically organize responses to the interview questions.

(Creswell & Poth, 2018). Data were coded to identify any themes within the research. Responses to each question were recorded on separate tabs of a google sheet and multiple tables were created on the same tab when a single question had multiple parts.

The process began with open coding where the researcher read the interview transcripts focusing on one question at a time (read all eight responses to Interview Question 1) and made notations besides pieces of data that were potentially relevant, interesting, or important to the study (Merriam & Tisdell, 2016). These pieces of data were added to the spreadsheet for the corresponding question. Next, comments and evidence that seemed to go together were grouped by color (Merriam & Tisdell, 2016). As themes emerged, codes were created for common themes. This process continued and additional information was added as the transcripts were read multiple times. With continued coding and when appropriate themes were combined into larger themes or categories. Frequencies of responses were recorded. As a result, categories and themes were constructed to capture recurring patterns within each question from the interviews and reflexive memos (Merriam & Tisdell, 2016). Once tentative categories or themes were identified, all of the evidence was sorted into the categories in the document (Creswell & Poth, 2018). When appropriate, coping skills were also coded into one of the four coping strategies based on coping research: negative emotion-focused coping (E-), positive emotion-focused coping (E+), problem avoidance coping (P-), and problem-solving coping (P+).

### **Reliability and Validity of the Study**

In qualitative research, validity and reliability “involves conducting the investigation in an ethical manner” (Merriam & Tisdell, 2016, p. 237). They both can be addressed through “careful attention to a study’s conceptualization and the way in which the data are analyzed and interpreted” (Merriam & Tisdell, 2016, p. 238). Guba and Lincoln (1986) refer to it as

establishing trustworthiness in qualitative research. In this study, the following strategies were used to establish validity and reliability: (a) respondent validation/member checks, (b) peer review/examination, (c) researcher's reflexivity (d) rich, thick descriptions (e) audit trail (Merriam & Tisdell, 2016). To support reliability and validity, all interviews were recorded to capture all of the details of the participants' responses and these recordings and transcripts were stored throughout the duration of the study and revisited as needed.

In order to support internal validity, the participants were asked to participate in a member check or respondent validation (Merriam & Tisdell, 2016). Participants were asked to provide feedback on transcripts. They had the opportunity to confirm that their transcript accurately portrayed their experiences and offer suggestions to better capture their perspective. According to Maxwell (2013),

this is the single most important way of ruling out the possibility of misinterpreting the meaning of what participants say and do and the perspective they have on what is going on, as well as being an important way of identifying the researcher's own biases and misunderstanding" of the shared information and what was observed. (p. 126)

In addition to member checks, three peer examiners reviewed "the congruency of emerging findings with the raw data and tentative interpretations" to ensure validity (Merriam & Tisdell, 2016, p. 259). An expert qualitative researcher read and open coded the transcripts separately from the researcher and reviewed the coding. Additionally, two peer doctoral students completing qualitative studies reviewed the raw data and provided feedback on preliminary findings.

Qualitative research is concerned with "understanding how a particular researcher's values and expectations influence the conduct and conclusions of the study" (Merriam & Tisdell,

2016, p. 249). Such an understanding “allows the reader to better understand how the individual researcher might have arrived at that particular interpretation of the data” (Merriam & Tisdell, 2016, p. 249). As a former elementary administrator and current educational leader, this has the potential to introduce some biases, dispositions, and assumptions regarding observations of students and their mental wellness since the end of the pandemic. Therefore, to support validity, the researcher documented reflexive memos to address assumptions and biases and encourage objectivity. The use of peer examiners helped offset any personal bias to ensure the validity of the study.

Detailing an audit trail increased the reliability of the study. In a qualitative study, an audit trail “describes in detail how data were collected, how categories were derived, and how decisions were made throughout the inquiry” (Merriam & Tisdell, 2016, p. 252). A log was kept along with the reflexive memos containing a running record of interaction with the data including questions, issues, problems, thoughts, and conclusions. It also detailed the different themes and identifies when two themes were collapsed into one category.

### **Methodology Summary**

Chapter three describes the methodology used to conduct this research study. A basic qualitative methodology was used to collect data on middle school counselors’ perceptions of adolescent coping skills for managing anxiety in the school environment and any changes in service delivery post-pandemic. Eight study participants were selected based on their answers to a brief demographic survey. A semi-structured interview protocol using feedback was created and used to guide the interviews. Interviews were conducted virtually via Zoom and pseudonyms were used to protect confidentiality. The interviews were transcribed via the transcription tool provided by Zoom, read for completeness and accuracy, and checked by the participants. Data

were analyzed and responses coded to identify recurring themes among middle school counselors in regards to adolescent coping skills for managing anxiety and their service delivery post-pandemic.

## **Chapter 4: Data Analysis and Results**

Chapter 4 is organized into the following sections: purpose of the study, research questions, participants, and qualitative data. Qualitative data are shared by interview question and corresponding responses. Identified themes for each question are shared in frequency tables with summaries sharing additional details. The chapter includes a summary for each research question and concludes with an overall summary of the qualitative data.

### **Purpose of the Study**

The purpose of this qualitative study was to identify middle school counselors' perceptions of adolescent coping skills for managing anxiety in the school environment and any changes in service delivery post-pandemic. Counselors participating in an interview were asked to specifically reflect on and share their experiences with adolescent implementation of coping skills for anxiety. Interviewees, eight middle school counselors, had the opportunity to share their perceptions of strategies and resources they thought were impactful, negatively or positively, on adolescent anxiety management while in school.

### **Research Questions**

This study sought to identify middle school counselors' perceptions of adolescent coping skills for managing anxiety in the school environment and any changes in service delivery post-pandemic. The following research questions guided this study:

1. Considering pre- and post-pandemic, what differences do middle school counselors perceive in adolescent coping skills for managing anxiety in the school environment?
2. Considering pre- and post-pandemic, how are middle school counselors adapting to the needs of adolescents coping with anxiety?

## Participants

All 51 middle school counselors in the suburban school division were sent information regarding the research study with the option to indicate their interest in participating in the study via a google form. Twelve middle school counselors expressed interest and 10 of the counselors met the criteria to participate in the study. Two of the counselors did not serve as middle school counselors prior to the start of the pandemic. Those interested in participating completed a brief demographic survey.

Using the information from the demographic survey, eight participants were selected from the 10 counselors that expressed interest and met the selection criteria: 1) served as a middle school counselor pre-pandemic and 2) currently serve as a middle school counselor in the division for the 2023-2024 school year. Eight participants were selected to ensure the sample consisted of a mixture of counselors with different years of experience, serving different grades, from different geographical areas of the county, and from a range of socio-economically diverse schools. School socio-economic levels were examined using the economically disadvantaged percentage reported by VDOE (2023).

Participant years of experience as school counselors ranged from 5 to 20 years with an average of 11.75 years of experiences as a school counselor. Five out of the eight participants served students in 6<sup>th</sup> through 8<sup>th</sup> grade, two counselors served 7<sup>th</sup> graders, and one counselor served 8<sup>th</sup> graders at the time the research was conducted. One out of eight counselors, 12.5%, rated themselves as competent in their knowledge of coping skills for managing anxiety, Five out of eight counselors, 62.5%, rated themselves as proficient, and two out of eight, 25%, rated themselves advanced on a continuum of advanced, proficient, competent, advanced beginner, and novice. Table 2 outlines the demographic information on the eight participants.

**Table 2***Participant Demographic Survey Results*

| Participant | Experiences as a school counselor (years) | Experience in education (years) | Grade(s) currently serving | Self-Reported Knowledge of Coping Skills |
|-------------|-------------------------------------------|---------------------------------|----------------------------|------------------------------------------|
| 1           | 12                                        | 12                              | 6-8                        | Proficient                               |
| 2           | 10                                        | 12                              | 6-8                        | Advanced                                 |
| 3           | 15                                        | 15                              | 7                          | Proficient                               |
| 4           | 12                                        | 12                              | 8                          | Proficient                               |
| 5           | 13                                        | 13                              | 6-8                        | Proficient                               |
| 6           | 7                                         | 12                              | 7                          | Proficient                               |
| 7           | 20                                        | 20                              | 6-8                        | Advanced                                 |
| 8           | 5                                         | 5                               | 6-8                        | Competent                                |

The VDOE (2023) School Quality Profile was used to identify the size of the school and the percentage of students identified as economically disadvantaged in each participant's school. Participants were selected to represent school communities of a variety of sizes and with varied percentages of students in low-income families. School sizes ranged from 865 students to 1,682 students and the percentage of economically disadvantaged students ranged from 14.9% to 63.6%. Table 3 outlines the demographic information for each of the participant's school.

**Table 3***School Demographic Information*

| Schools   | Number of Students | % Economically Disadvantaged |
|-----------|--------------------|------------------------------|
| C1 School | 911                | 44.1%                        |
| C2 School | 1,421              | 63.6%                        |
| C3 School | 1,462              | 33.0%                        |
| C4 School | 1,069              | 56.6%                        |
| C5 School | 1,129              | 26.0%                        |
| C6 School | 1,069              | 56.6%                        |
| C7 School | 865                | 45.9%                        |
| C8 School | 1,682              | 14.9%                        |

Based on researcher observation, participant demographic information is outlined in Table 4. Twelve counselors expressed interest in participating in the study and 10 of the 12 counselors met the selection criteria. Gender and race/ethnicity were considered when selecting

the sample. There were no male participants in the study. One male counselor did express interest in participating but did not meet the selection criteria. Nine out of the 10 interested participants were white and one was black. As shown in Table 4, there is a lack of diversity in participant gender and race.

**Table 4**

*Demographic Information of Participants*

| Participant | Gender | Race/Ethnicity |
|-------------|--------|----------------|
| P1          | Female | White          |
| P2          | Female | White          |
| P3          | Female | White          |
| P4          | Female | White          |
| P5          | Female | White          |
| P6          | Female | Black          |
| P7          | Female | White          |
| P8          | Female | White          |

**Qualitative Data**

A total of eight middle school counselors partook in one-on-one semi-structured interviews via Zoom. The interview questions (see Appendix A) were arranged into two sections based on the corresponding research question. Interview questions encouraged participants to reflect on their experiences, observations, and thoughts in relation to adolescents' abilities to implement coping skills for managing anxiety pre- and post-pandemic. After the interviews were conducted, they were transcribed, checked for accuracy, and e-mailed to participants for member checking. One out of eight of the participants modified responses for clarity.

Coding is a critical component of qualitative research and was used to logically organize responses to the interview questions (Creswell & Poth, 2018). After member checking, multiple cycles of coding were completed to analyze commonalities and identify themes within participant responses. Multiple cycles of coding were performed until no new additional evidence or themes emerged. The following section is organized by research question to include

the aligned interview questions. Percentages reported below represent the number of counselors who referenced the particular code or topic in their response to that specific interview question.

### ***Research Question 1***

Six corresponding interview questions aimed to answer the first research question: Considering pre- and post-pandemic, what differences do middle school counselors perceive in adolescent coping skills for managing anxiety in the school environment?

#### **Interview Question 1: Comparing Adolescent Coping Skills Pre and Post Pandemic.**

The first interview question addressed adolescents' abilities to implement coping skills for anxiety post-pandemic in comparison to pre-pandemic. The participants were asked: How would you describe adolescents' ability to implement coping skills in relation to anxiety since the end of the pandemic compared to pre-pandemic? The themes outlined in Table 5 were created by data frequencies.

**Table 5**

#### *Interview Question 1 – Comparing Adolescent Coping Skills Pre and Post Pandemic*

|                                                                                                                     | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 |
|---------------------------------------------------------------------------------------------------------------------|----|----|----|----|----|----|----|----|
| Adolescent coping abilities have declined post-pandemic                                                             | X  | X  | X  | X  | X  |    | X  | X  |
| More students lack the knowledge and skills to effectively cope independently (without adult support) post-pandemic | X  |    | X  | X  |    | X  | X  | X  |
| Increase in number of students struggling to implement effective coping skills post-pandemic                        | X  | X  |    | X  | X  |    |    | X  |
| Takes longer to help students implement effective coping skill when anxious post-pandemic                           | X  |    |    | X  |    | X  | X  |    |

Four themes emerged from the first interview question: 1) adolescent coping abilities have declined post-pandemic; 2) more students lack the skills to effectively cope independently (without adult support) post-pandemic; 3) there is an increase in the number of students struggling to implement effective coping skills post-pandemic; and 4) it takes longer to help students implement effective coping skills when they are anxious post-pandemic.

***Declined Coping Skills Post-pandemic.*** Seven out of eight counselors, 87.5%, indicated that they feel adolescents' abilities to effectively cope with anxiety have declined post-pandemic in comparison to pre-pandemic. Participant 1 shared that “unfortunately, it has gotten a lot worse and kids don’t have the skills to cope” with their anxiety (p. 1). Participant 5 described students' ability to effectively implement coping skills for managing anxiety as “lower across the board” since returning from the pandemic (p. 1). In general, middle schoolers “do not have age appropriate coping skills” since returning from the pandemic (P2, p.1).

Post-pandemic, adolescents are struggling to access successful coping skills and apply them in the moment (P3, P4, P7, P8). Participant 4 shared that in her experience pre-pandemic, students were often aware of coping strategies that worked well for them. However, post-pandemic, they are “more unaware of what things can help them in a moment of anxiety” and “pulling out” the skills they do have proves difficult (P5, p.1). Participant 8 also indicated that post-pandemic, middle schoolers struggle to reach for or access the best coping skills in time of need. Participant 3 notes that it is definitely harder for adolescents to access coping skills to help manage their anxiety post-pandemic and hypothesized that it is because the “stress just feels like so much in a social environment like school” (P3, p. 1).

***Lack of Knowledge and Ability to Cope Independently.*** Six out of eight participants, 75%, indicated that a difference they have found considering adolescent coping skills pre-pandemic and post-pandemic is that post-pandemic, adolescents lack the knowledge and ability to cope independently (P1, P3, P4, P6, P7, P8). Students are often relying on adults to help them with their coping skills and need prompting from a counselor or one of their teachers (P1). Participant 1 stated that pre-pandemic, there were a couple of students on her caseload that would have anxiety attacks and need adult assistance immediately, but most students would request assistance through a form and be able to cope independently until she could assist. Conversely, in her experience post-pandemic, a much larger number of students are unable to cope independently and require immediate assistance (P1). Participants 6 and 7 both shared that adolescents are often walking out of class, without permission, to seek the support of a counselor to help them cope. Participant 7 noted that there is a rise in students walking out and calling or messaging their mother seeking assistance because they are not able to cope with their anxieties. Post-pandemic, adolescents are quicker to look to an adult for help coping (P1, P4).

***Increased Numbers.*** Five out of eight participants, 62.5%, mentioned the difference in the number of students that are struggling to effectively cope with anxiety in the school environment post-pandemic compared to pre-pandemic. Two of the five counselors that made this observation serve at schools with very different percentages of economically disadvantaged students. Participant 5 shared that the “sheer number of students” unable to effectively cope with anxiety post-pandemic has increased drastically (p.1). The participant provided the example:

If I had a case load of 300 kids before the pandemic, I might have five students that I was having on a regular basis for anxiety. And now, my caseload is around 250 and it is easily 25 kids that I am constantly having to interrupt the anxious thoughts and support. (p. 1)

Participant 2 describes the number of students that need daily support with anxiety or panic attacks as “overwhelming” (p. 1).

Participants 4 and 5 specifically mentioned an increase in the number of students who talk about their anxiety and share with peers and adults that they suffer from anxiety. Participant 4 shared that in her pre-pandemic experience, she had a “sprinkling of students who would talk about their anxiety,” but post-pandemic, there seems to be more of an awareness of anxiety (p. 1). Students often “throw around the word anxiety” in conversation (P4, p. 1). Participant 5 echoed this same sentiment and commented that many students are “self-diagnosing as anxious and it is hard to tease out” which students truly suffer from anxiety.

***Increased Regulation Time.*** Half of the participants, four out of eight, indicated that adolescents’ abilities to implement coping skills for managing anxiety are worse post-pandemic because it takes a lot longer to help individual students use a coping skill to regulate their emotional responses to their anxious feelings. Participant 1 stated, “I also think it has gotten worse because it takes me, as a counselor, a lot longer to help a student having an anxiety attack or spiraling to calm down” (p.1). Participants 6 and 7 also noted an increase post-pandemic in the amount of time it takes to help a student implement a coping strategy for de-escalation. Both participants shared that even after an adolescent calms down, they tend to shut down and avoid the situation as a way to cope with their anxiety.

**Interview Question 1 Summary.** The first interview question sought to identify adolescents’ abilities to implement coping skills for anxiety post-pandemic compared to pre-pandemic. School counselors described a decline in adolescent coping skills noting that there is an increase in the number of students struggling to implement effective coping skills post-pandemic. Counselors have found that more students lack the skills to effectively cope

independently and need adult support. Post-pandemic, it takes school counselors longer to help adolescents implement helpful coping skills.

**Interview Question 2: Positive Coping Strategies.** Participants were asked the following question: Considering positive and negative coping strategies for handling anxiety, what positive coping strategies do you perceive adolescents using most frequently? Is that similar to pre-pandemic? The interview question was open-ended in order to elicit the coping strategies that middle school counselors observe adolescents apply most frequently when feeling anxious. The themes outlined in Table 6 were created by data frequencies in the responses.

**Table 6**

*Interview Question 2 – Most Frequently Used Positive Coping Strategies*

|                            | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 |
|----------------------------|----|----|----|----|----|----|----|----|
| Speak with a trusted adult | X  | X  | X  | X  | X  | X  | X  | X  |
| Take a break               | X  |    | X  | X  |    | X  | X  | X  |
| Listen to Music            |    |    |    | X  | X  |    | X  | X  |
| Coloring                   |    |    |    |    | X  |    | X  |    |
| Scrolling on their phone   |    |    |    | X  |    |    | X  |    |

Five themes regarding positive coping strategies post-pandemic emerged from the second interview question: 1) students choose to speak with a trusted adult; 2) students ask for breaks to

positively cope; 3) listening to music is a common strategy for students; 4) students will color or draw to cope; 5) some students elect to scroll on their phone to change their focus.

***Speak with a Trusted Adult.*** All eight participants identified reaching out to speak with a trusted adult as a frequently used positive coping strategy. The adult could be the counselor or just someone in the building who has a special relationship with the student (P6). Three out of eight participants (37.5%) referenced students using an online counselor request form to schedule a meeting with the counselor and three out of five participants (37.5%) shared that students will often just walk out of class to find that trusted adult or go directly to the counselor. Speaking with the counselor was the only positive coping strategy that Participant 2 identified. The participant shared that in her current experience, it is the go-to suggestion for a coping strategy noting that when a student is struggling to cope with anxiety or is using a negative coping strategy, they are immediately sent to the counselor by teachers, staff, and administrators (P2).

***Taking a Break.*** Six out of eight participants (75%) identified taking a break as a frequently used positive coping strategy. Participant 6 shared that she has worked closely with multiple teachers and students to find or create a safe place for individual students to take a break as a way to help them cope with their anxiety. She expanded to say that students were just walking out of class and teachers were feeling frustrated and disrespected, so she worked with them and the students to provide more procedures and structure to breaks. Similarly, Participant 1 shared, “teachers don’t like students just walking out of class to cope with their anxiety so if they need to implement taking a break, we try to have them use break cards” (p.1). Participant 8 stated that taking breaks was the most common positive coping strategy that she observed and

gave specific examples of a trip to the restroom, a walk for a movement break, or a longer break in the counselor's office.

***Listening to Music.*** Four out of eight participants (50%) responded that listening to music is a frequent and preferred coping strategy for managing anxiety among adolescents. Participant 4 referred to listening to music as “a big one” when she asks adolescents their preferred coping strategy (p.1). Participant 5 agreed, sharing that students like to use music. It gives them something to do to “cause a break in their thoughts and break the cycle” (P5, p.1). Participant 7 identified listening to music as the most frequently used coping skill and shared that if the adolescent is in an appropriate place with permission, they allow them to use music. Participant 8 described music as “the first one that they go to” when speaking with middle schoolers about coping skills. They do not have a lot of access to music during the school day at their school, but they do allow it at times (P8). She added that sometimes the students prefer to listen to really sad music during a difficult time or a song they can relate to in the moment. She finds that helps them process their feelings (P8).

***Coloring or Drawing.*** Two out of eight participants (25%) identified drawing or coloring as a positive coping strategy used by students. Both participants indicated that this is not a popular choice among students, but is one that a few students implement. Participant 5 shared that drawing or coloring will calm students and gives them something else to focus on. Participant 8 shared that she keeps adult coloring books in her office for students to use and sometimes students will open and share with her while they are coloring.

***Scrolling on the Phone.*** Two out of eight participants (25%) stated that some students will scroll on their phone as a positive coping strategy post-pandemic. Participant 4 shared that students indicated that “watching reels or being on tik-tok” will occupy their mind and distract

them (P4, p. 1). Participant 7 also shared that students request to look at their phone in moments of heightened anxiety as a coping strategy. She shared that “if they can just have a minute with their phone,” it will help them regulate their anxieties (P7, p. 1).

**Interview Question 2b.** The second part of the second interview question asked counselors if these positive coping strategies were different than prior to the pandemic. Overall, the participants (seven out of eight) indicated that the positive coping strategies identified are strategies that adolescents implemented before the pandemic, but the number of students using these strategies to cope has significantly increased. Participant 1 shared that “we always had a select few students that would use breaks to cope, but there are so many students that use taking a break as the first coping skill they will try” (p.1). Before the pandemic, calling the school counselor for a break was less frequent and it occurs frequently for a large number of students post-pandemic (P1). Participant 4 shared the same sentiment and indicated “pre-pandemic students may have listened to music to cope but now so many more students choose that as there to coping strategy” (p.1). Participant 5 agreed that the strategies are the same as pre-pandemic, but more students “are having to go to them more often for things that pre-pandemic most students would have coped with differently” (p.1).

**Interview Question 2 Summary.** The second interview question sought to identify the most frequently used positive coping strategies by adolescents post-pandemic and highlight any differences or similarities between pre and post-pandemic. All participating school counselors identified seeking out a trusted adult as a frequently used positive coping strategy. Taking a break and listening to music are also strategies that were identified by 50% or more of the participants. Two out of eight counselors shared that some of their students will select to color or draw to cope with their anxiety. Additionally, two counselors identified scrolling through their

phone as a positive coping strategy. Counselors expressed that the go-to positive coping strategies for managing anxiety are similar to strategies students used pre-pandemic, but there is an increase in the number of students that are having to use these coping strategies.

**Interview Question 3a: Negative Coping Strategies.** Participants were asked the following question: Considering positive and negative coping strategies for managing anxiety, what negative coping strategies are used most frequently? The interview question was very open-ended in order to elicit the negative coping strategies that middle school counselors are observing adolescents applying most frequently when feeling anxious. Data frequencies of negative coping strategies shared by the participants created the themes identified in Table 7.

**Table 7**

*Interview Question 3 – Most Frequently Used Negative Coping Strategies*

|                 | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 |
|-----------------|----|----|----|----|----|----|----|----|
| Self-Harm       |    | X  | X  | X  | X  | X  |    | X  |
| Avoidance       | X  | X  | X  |    | X  | X  | X  |    |
| Substance Abuse | X  |    |    | X  |    |    |    |    |

Three themes regarding negative coping strategies post-pandemic emerged from the third interview question: 1) students are using self-harm to cope with anxiety; 2) students are using some form of avoidance to cope with their anxiety; and 3) counselors have observed an increase in substance abuse as a coping skill.

**Self-Harm.** Six out of eight participants (75%) identified self-harm as a frequently used negative coping strategy. Five out of the six participants (83.3%) that indicated self-harm, shared this as the first negative coping strategy when answering the question. All six participants that referenced self-harm shared that cutting is most frequently used to self-harm (P2, P3, P4, P5, P6, P8). Participant 3 shared that in her experience, cutting is the most common form of self-harm. Students use razor blades to cut their wrists or legs (P3, P8). She found legs to be the most common area (P3). Additionally, she reported that students were not only cutting at home, but that cutting was also occurring on school property. Students will cut together in the bathrooms (P3). Participant 3 and 6 shared that students will find the most unusual items to use to cut and specifically recalled students using sporks from the cafeteria. Participant 4 also mentioned nail biting and students banging their heads against the wall as two other forms of self-harm.

In addition to actual self-harm, Participants 4 and 8 noted thoughts of self-harm as a negative coping strategy. Participant 4 shared that she frequently has students that express thoughts of hurting themselves. She noted that some students speak very freely with their friends about thoughts of cutting or self-harm. Peers are less shocked or alarmed by cutting behaviors or their friends sharing those thoughts (P4). Participant 8 also indicated that students are having conversations with each other about self-harm. Many students share they are very seriously thinking about harming themselves to help with coping (P8).

**Avoidance.** Four out of eight participants (50%) indicated some form of avoidance in their responses. All four participants referencing avoidance tactics spoke about school refusal (P1, P2, P5, P7). Participant 1 shared that students have anxiety to the point where they just refuse to come to school. They avoid coming to school in order to avoid the anxiety inducing situation (P1, P5, P7). Participant 7 specifically felt that communication over social media plays

a big part in school refusal. She noted that students are anxious over posts, messages, or conversations that occur over video chat with friends and will refuse to come to school the next day (P7). Other times, they will come to school, but go straight to her office missing at least their first class (P7).

Middle schoolers are also skipping certain classes as a coping strategy if something regarding that class causes their anxiety to rise (P1, P5). Students will come to the counselor's office every time during a certain block or they will go to the clinic (P5). Some students will text or call their parents to come and pick them up from school early to avoid a class or an assignment in a class (P5). A relationship, or non-relationship, with a certain teacher can heighten their anxiety, so they chose to skip that class (P1).

**Substance Abuse.** Two out of eight participants (25%) identified a rise in substance abuse as a negative coping strategy for managing anxiety. Participant 1 specifically shared there has been a rise in vaping in her post-pandemic experience. Participant 4 described students “smoking weed to chill out or take the edge off” (p. 1).

**Interview Question 3b.** The second part of the third interview question asked counselors if these negative coping strategies were different than prior to the pandemic. Participants indicated that the most frequently used negative coping strategies are different post-pandemic than pre-pandemic (P1, P2, P3, P4, P5, P6, P7, P8). Four out of six participants (67%) that referenced self-harm indicated that cutting was not a frequently used negative coping strategy pre-pandemic (P3, P4, P6, P8). Participant 3 shared that in her experience students would have thoughts of self-harm, but there were very few students cutting or participating in self-harm pre-pandemic. She even noted that she could not “think of one incident where a student self-harmed by cutting at school (pre-pandemic),” but now it is so common and

definitely feels like a go-to strategy (P3, p. 1). Participant 4 shared that post-pandemic, cutting is becoming normalized and “peers are less shocked by cutting behaviors” among their friends (P4, p. 2).

School refusal is also an area that participants also noted a marked change. It was not one of the most frequently used negative coping strategies pre-pandemic, but is post-pandemic (P1, P2, P5, P7). Participant 2 specifically stated, “school refusal definitely was not like this [pre-pandemic]” (p. 2). Participant 1 shared the same sentiment and noted that she never had so much trouble getting kids to school or had so many students consistently skipping the same class. She shared that there could be a difference, because before the pandemic, if you missed school, you missed all of the work and learning for that day and would have to make it up (P1). Now, parents want teachers to send them their assignments to complete online while they are home (P1). With the pandemic came a more widespread concept of learning virtually resulting in more students using this as a coping strategy (P1, P5). According to Participant 5, in the past, going to school to learn was a non-negotiable for students and parents, and now, they see learning online from home as an option. When students do not come to school, it makes it difficult to teach them positive ways to cope and help them apply those skills (P5).

Seven out of eight participants (87.5%) also identified an increase in the number of students that are using negative coping strategies as a difference from prior to the pandemic (P1, P2, P4, P5, P6, P7, P8). Participant 2 shared that one similar coping strategy to pre-pandemic is withdrawing, but pre-pandemic there would be a couple of kids that struggle with anxiety would withdraw. Post-pandemic, it is so many (P2). Participant 5 gave the example:

If I had a caseload of 300 kids before the pandemic, I might have five students that were regularly coming to see me for refusals or avoidance. Now, my caseload is around 250,

and it is easily 25 kids that I am constantly having to interrupt the anxious thoughts and help them cope positively. (p. 2)

Participant 7 was the only participant that identified using social media as a negative coping strategy for question 3, but she indicated that it is to a “much larger extent now” sharing that she will often have four or five students waiting to speak with her first thing in the morning because they are anxious about things that occurred on social media or in chats from the previous evening (p. 2).

**Interview Question 3 Summary.** Interview question 3 sought to identify negative coping skills that adolescents are using most frequently post-pandemic and identify any similarities or differences between pre- and post-pandemic. School counselors described self-harm and avoidance coping strategies as two strategies that are most frequently used post-pandemic. Regarding avoidance, counselors specifically noted school refusal. Two out of eight participants (25%) also identified substance abuse as a frequently used coping strategy. Counselors shared that while they had students using these negative coping strategies pre-pandemic, they were not used most frequently. They also indicated that there is a rise in the number of adolescents that are using negative coping strategies to try to manage their anxiety.

**Interview Question 4: Emotion-focused Coping Skills.** Participants were asked the following question: Emotion-focused coping skills are defined as strategies to regulate emotional responses to the problem. Emotion-focused strategies can be both positive and negative. Examples of positive emotion-focused coping skills include deep breathing, meditating, positive self-talk, positive reframing, and journaling. Negative emotion-focused strategies can include expecting the worst, self-criticism, withdrawal, aggression, and rumination. What emotion-focused coping skills do you find your students using? Is that similar to pre-pandemic? Please

provide examples or explain. This interview question was designed to identify the emotion-focused coping skills adolescents are using to manage their anxiety. Data frequencies of emotion-focused strategies shared by the participants created the themes identified in Table 8.

**Table 8**

*Interview Question 4 – Emotion-focused Coping Strategies*

|               | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 |
|---------------|----|----|----|----|----|----|----|----|
| Negative Talk | X  | X  | X  | X  |    | X  | X  | X  |
| Rumination    | X  |    | X  | X  |    |    | X  | X  |
| Withdrawal    |    | X  | X  |    |    | X  | X  |    |
| Aggression    |    | X  |    |    |    |    | X  |    |
| Music         |    | X  |    |    |    |    |    | X  |

Participants identified frequently used emotion-focused coping strategies resulting in the following five themes: 1) negative talk; 2) rumination; 3) withdrawal; 4) aggression; and 5) music.

**Negative Talk.** When asked to identify emotion-focused coping skills, seven out of eight participants (87.5%), identified negative talk as a frequently used coping strategy for adolescents. Participant 1 and 2 expressed that this can be negative talk in the form of venting or negative self-talk. In her experience, one way students are currently coping with anxiety is by venting in the classroom or on social media (P1). She will often be called to a classroom where a

student is loudly or “aggressively” venting and causing a classroom disruption (P1). Participant 2 also shared similar experiences where students are screaming to vent and stated that students “can go from zero to 60 in a heartbeat” (p. 2).

Six out of the seven participants (85.75%) that referred to negative talk as a coping strategy, specifically mentioned negative self-talk and one of those participants called it self-criticism. Participant 8 described that it is almost like a “looming cloud” over some students and that students “definitely talk down about themselves” (p. 2). Participant 6 shared that she spends a lot of time trying to reframe students’ thoughts about themselves because they express so much self-criticism when they are talking through situations. Participant 3 also indicated that it is challenging to take their negative self-talk and change it to a positive strategy sharing that most students are not receptive to flipping it. Similarly, participant 1 explained that she tries “really hard to get them to use positive talk” (p. 2).

***Rumination.*** Five out of eight participants (62.5%) mentioned rumination in their responses regarding emotion-focused coping. Participant 3 shared that students will “stew” and “talk in circles” about the same things. Participant 4 agreed and described students as being “stuck” dwelling on negative feelings and distress (p. 2). At times, this will lead to an increase in their anxiety (P4). Participant 8 indicated that students will ruminate in her office and will “talk and talk” and never really come out of it with a plan, next steps or something productive. Participant 3 finds herself trying to distract students to pull them out of ruminating and is sometimes successful, but finds that to be a very temporary solution.

***Withdrawal.*** Four out of eight participants (50%) identified withdrawal as a frequently used emotion-focused coping strategy. All four participants specifically used the word withdrawal or withdrawing. Participant 6 shared that students will disengage from the learning,

teacher, and peers. She also described students shutting down (P6). This can include putting their heads down, sleeping in class, and not responding to peers or adults when they speak to them (P6). Participant 3 responded that sometimes withdrawal can be a little bit harder to identify if there are no obvious outward signs, but students definitely use this coping strategy.

**Aggression.** Two out of eight participants (25%) identified adolescents using aggression to cope with their anxiety. Aggression was the first emotion-focused coping strategy shared by Participant 2. In her experience, aggression is one of the most often used emotion-focused coping strategies (P2). She described students going from 0 to 60 in a heartbeat and noted that there is “no slow, gradual build to it” (P2, p. 2). Participant 7 identified aggression as a frequently used emotion-focused coping strategy. It was also the first coping strategy she shared in response to this question (P7). She shared that sometimes you are not able to calm the adolescent down and a school resource officer (SRO) will have to assist (P7). Participant 2 and Participant 7 both support schools with a higher percentage of economically disadvantaged students.

**Music.** Two out of eight participants (25%) identified listening to music as a frequently used emotion-focused coping strategy. Both participants referred to the use of music in their response to Question 2 and did not expand in their response to this question. Participant 8 commented, “As mentioned earlier, music is definitely one” (P8, p. 2).

**Interview Question 4b.** The second part of the fourth interview question asked counselors to describe similarities or differences in emotion-focused strategies comparing pre- and post-pandemic. Two main themes emerged in response to this question: it is taking students longer to implement a successful emotion-focused coping strategy and the idea that students do not have the same drive to successfully cope. Participant 1 shared,

students ruminated pre-pandemic, but I could always pretty quickly and easily get them out of it and it was only a select couple that you knew this was their go-to strategy. Now sometimes you almost wonder if students want to stop ruminating. I will try every strategy that I have learned and it is really hard to turn it around and reframe. (p. 3)

Participant 3 shared the same sentiment and indicated that pre-pandemic she was “pretty quickly” able to help students reframe, but post-pandemic a few students are receptive to reframing, but most are not (p. 3). Pre-pandemic, there would be a student or two that would take longer to “get into a good headspace” but now, that “seems to be the norm” (P3, p. 3). Participant 4 directly stated, “Pre-pandemic, students had more of a drive to get better than I feel like they currently do” (p. 3).

**Summary of Interview Question 4.** Interview question 4 sought to identify the most frequently used emotional-coping strategies used by adolescents post-pandemic and note any similarities or differences compared to pre-pandemic. All but one school counselor identified speaking negatively about themselves or circumstances as a frequently used emotion-focused coping strategy. They also shared rumination, withdrawal, and listening to music. School counselors shared that it takes longer post-pandemic for students to implement a helpful emotion-focused coping strategy. Counselors also shared that pre-pandemic, students seemed more motivated to manage their anxiety using positive emotion-focused coping skills in comparison to post-pandemic.

**Interview Question 5: Problem-Focused Coping Skills.** Participants were asked the following question: Problem-focused strategies are focused on altering or managing the problem causing the distress. Problem-focused strategies can be both positive and negative. Examples of positive problem-focused strategies can include making a to-do list, prioritizing, creating a plan,

or asking for help. Examples of negative problem-focused strategies can include denial, giving up, disengagement, and avoidance. What problem-focused coping skills do you find your students using? Is that similar to pre-pandemic? Please provide examples or explain. Data frequencies of problem-focused strategies shared by the participants created the three themes identified in Table 9.

**Table 9**

*Interview Question 5 – Problem-Focused Coping Strategies*

|                 | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 |
|-----------------|----|----|----|----|----|----|----|----|
| Avoidance       | X  | X  | X  |    | X  | X  | X  | X  |
| Disengagement   |    | X  | X  |    | X  | X  |    | X  |
| Asking for Help |    |    | X  |    | X  |    |    | X  |

Participants identified frequently used problem-focused coping strategies resulting in the following three themes: 1) avoidance; 2) disengagement; and 3) asking for help.

**Avoidance.** Seven out of eight participants (87.5%) identified avoidance as a frequently used coping strategies. Participant 5 called avoidance “the highest” used problem-focused coping strategy. School or attending class refusal was cited by Participants 1, 2, 3, and 6. Participant 3 shared that students will report that they are not attending certain classes because they are anxious about the content and workload in the class or the teacher raises their anxiety. She continued to explain that she would notice patterns in their attendance like students were always absent on an odd day or they always went to the counselor’s office at the start of third block on

an even day (P3). The “stress of being in the environment is too much,” so students would purposefully skip to avoid the situation (P3, p. 4).

Participants also identified other forms of avoidance. Participant 8 shared that students will ask to go to the restroom, visit the clinic, have an outburst, or just walk out of the classroom to exhibit avoidance. Participant 3 shared a specific experience where she had the same student come see her every day during the last block of the day and would be visibly upset. Eventually, she figured out that the student was coming to see her to avoid going to track tryouts after school (P3). The student had anxiety over trying out for the team and was using avoidance as a way to cope with her anxiety over tryouts (P3).

***Disengagement.*** Five out of eight participants (62.5%) identified some form of disengagement as a coping strategy. Participant 6 and 8 described students disengaging by putting their head down and sleeping in class. Participant 3 shared that students will “internally shutdown” and completely tune out everything going on around them (p. 2). Participant 6 described the increase in disengagement and having to have conversations with students and families about not only coming to school but engaging while at school. She shared an example about a particular student that was anxious over a social situation and friendships, so the student would completely disengage from social situations and class (P6).

***Asking for Help.*** Three out of eight participants (37.5%) identified students asking for help as a problem-focused coping strategy. Participant 2 shared that many students use their counselor assistance request form to reach out and ask for help and will share about their anxiety in the brief open response section. In her experience, she uses the form and the information to prioritize the different needs (P2). Participant 5 shared that her students will ask for help especially if the anxiety is “stemming around academics” (p. 2).

**Interview Question 5b.** The second part of the fifth interview question asked counselors if problem-focused coping among adolescents is the same as pre-pandemic. One theme emerged from these responses: adolescents are lacking positive problem-focused coping skills compared to pre-pandemic (P1, P2, P3, P4, P6, P7). Participant 1 shared that more students must have used positive problem-focused coping skills pre-pandemic that counselors did not even realize, but adolescents must not have those skills or are not applying them and that is why so many need to see the counselor. Participant 2 expressed that in her experience, as soon as a student feels a little uncomfortable or anxious, they need adult assistance to help them implement problem-solving coping skills because they do not have them. Participant 4 shared this same sentiment and shared that adolescents “never really use problem-solving coping on their own” (p. 4). She added that “a lot of time is spent on emotional coping verses focusing on their problems and attacking the problem” (p. 4).

**Summary of Interview Question 5.** Interview question 5 sought to identify the most frequently used emotional-coping strategies by adolescents post-pandemic and note any similarities or differences compared to pre-pandemic. Avoidance was the most often identified frequently used emotional-coping strategy by participants. Counselors described students refusing to come to school, skipping specific classes, visiting the clinic, walking out of the classroom, and going to the counselor’s office. School counselors also described disengagement coping strategies like shutting down, being non-responsive, and sleeping. Asking for help was reported by three counselors as a strategy frequently used by their students. School counselors shared that adolescents are lacking positive problem-focused skills compared to pre-pandemic.

**Interview Question 6: Challenges Regarding Coping Skills.** Participants were asked the following question: What do you perceive as the three greatest needs or challenges when it comes to adolescent coping skills in relation to anxiety since the pandemic? Data frequencies of needs and/or challenges shared by the participants created the themes identified in Table 10.

**Table 10**

*Interview Question 6 – Challenges Regarding Coping Skills*

|                   | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 |
|-------------------|----|----|----|----|----|----|----|----|
| Lack of Knowledge | X  | X  | X  | X  | X  | X  |    | X  |
| Time to Teach     | X  | X  |    | X  |    |    | X  | X  |
| Social Media      |    | X  | X  |    | X  |    |    | X  |

Three themes emerged from the sixth interview question: 1) there is a lack of knowledge around helpful adolescent coping skills for managing anxiety; 2) time to teach helpful coping skills is needed; and 3) students' constant access to social media creates a challenge.

***Lack of Knowledge.*** Seven out of eight participants (87.5%) identified a lack of knowledge as a challenge when it comes to adolescent coping skills for managing anxiety. Participants 1, 3, 4 and 6 spoke about a lack of understanding among adolescents in actually understanding anxiety. Participant 4 shared that students do not understand that everyone experiences anxiety and that anxiety can be a positive thing and a helpful emotion. Students get that uncomfortable or anxious feeling and automatically assume it is bad and begin to spiral or dysregulate (P4). Participant 3 also indicated that adolescents need a “deeper understanding of

what's normal for a human to feel" and to "recognize that it's okay to have this feeling" (p. 4). Adolescents don't understand what a normal feeling is when something is hard or uncomfortable (P3).

Participants also reported that students lack coping skills knowledge (P1, P4, P6, P8). According to Participant 4, "students don't have a knowledge of what coping skills help them and in what situations" (p. 3). The coping skills that students do have are "very surface level" (P8, p. 3). Similar to Participant 4, Participant 1 shared that students lack the knowledge on what coping strategies are helpful for different situations. She shared as an example that "putting in your earbuds and listening to music could be a good coping strategy if your parents are fighting at home," but when you are anxious because you don't understand the math you're learning, putting earbuds in to listen to music while the teacher is teaching is not a helpful coping strategy (P1, p. 4).

Participants 2 and 5 referenced a lack of adult knowledge on understanding anxiety and effective coping. Participant 5 shared, "I don't think all of the teachers or parents necessarily understand the best way to approach anxiety" (p. 2). She sees it in the way Section 504 Plans are written for anxiety and feels that there is a lot of catering to the anxiety to make things the "softest place and the most comfortable place" rather than trying to address the anxiety by teaching and practicing effective coping skills (P5, p. 2). For example, a teacher is the cause of a student's anxiety so they will switch the child's class, or something about school is making them feel anxious so they are allowed to stay home (P5). Another example shared regarded a student who was anxious about attending PE, so the PE teacher was sending the student to the library every day (P5).

***Time to Teach.*** Five out of eight participants (62.5%) indicated that it is challenging to find the time to teach coping skills because they are servicing so many individual students. Participants 1, 2, 4, 7, and 8 shared that there is no time to explicitly teach and practice coping skills that are helpful for students to use in the school environment. Participant 8 shared that she does not teach a lot of classroom-wide lessons and most often works with students individually when they are already heightened. She feels it would be helpful if they taught coping lessons to all students (P8). Participant 7 shared that pre-pandemic, she often led small groups on anxiety, but there is not a lot of time to lead those groups because she is “constantly putting out fires” (p. 3). She indicated that they need time to teach students about what are helpful and appropriate coping strategies for managing their anxiety in the school environment.

***Social Media.*** Four out of eight participants (50%) described the constant connection with social media as a challenge. Participant 2 shared that students are constantly anxious about what others post about them on social media or messages sent to them through social media. When they leave school, they are not able to shut their brain off or escape the social stresses of school (P2). Participant 3 also responded that the constant connection to peers through social media platforms has students in a continual anxious state. She responded that there are so many examples where students start their day full of anxiety because of something on social media from the previous night (P3). Participant 5 noted the challenges with social media but also shared that it is just constantly being connected whether that is through social media platforms or video chats.

**Summary of Interview Question 6.** Interview question 6 sought to identify the three greatest needs or challenges when it comes to adolescent coping skills in relation to anxiety since the pandemic. School counselors reported a lack of adult and student knowledge regarding

anxiety and how to support adolescents with successful coping skills. They also shared that there is no time to explicitly teach and practice coping skills that are helpful for students to use in the school environment. Additionally, social media creates a challenge for supporting adolescents with anxiety because they are constantly connected to their peers and local or world events through the platforms.

### ***Research Question 1 Summary***

The first research question aimed to explore any differences in adolescent coping skills for managing anxiety in the school environment as perceived by middle school counselors when comparing pre and post-pandemic. Middle school counselors described adolescent coping abilities as declining since the pandemic (P1, P2, P3, P4, P5, P7, P8). Counselors shared that there is an increase in the number of students struggling to implement effective coping skills (P1, P2, P4, P5, P8) and that more students are unable to cope independently and require adult support (P1, P3, P4, P6, P7, P8). Counselors also expressed that it takes longer to help students implement effective coping skills when they are anxious post-pandemic (P1, P4, P6, P7). Table 11 outlines the coping strategy themes identified in questions two through five.

**Table 11**

#### ***Frequently Used Coping Strategies***

|                        | Positive                                                                                                      | Negative                                                                                |
|------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Emotion-focused Coping | Speaking with a trusted adult<br>Taking a break<br>Listening to music<br>Coloring<br>Scrolling on their phone | Self-harm<br>Substance abuse<br>Negative talk<br>Rumination<br>Withdrawal<br>Aggression |
| Problem-Focused Coping | Asking for help                                                                                               | Avoidance<br>Disengagement                                                              |

Middle school counselors identified speaking with a trusted adult, taking a break, listening to music, coloring, scrolling on their phone, and asking for help as positive coping strategies adolescents frequently use to help manage their anxiety. Overall, the participants (seven out of eight) indicated that the positive coping strategies identified are strategies that adolescents implemented before the pandemic, but the number of students using these strategies to cope has significantly increased. School counselors identified the following frequently used negative coping strategies: self-harm, avoidance, substance abuse, negative talk, rumination, withdrawal, aggression, avoidance and disengagement. All participants indicated that the most frequently used negative coping strategies are different post-pandemic than pre-pandemic. Seven out of eight participants (87.5%) also identified an increase in the number of students that are using negative coping strategies as a difference from prior to the pandemic (P1, P2, P4, P5, P6, P7, P8).

When describing challenges surrounding adolescent coping skills, middle school counselors reported a lack of adult and student knowledge regarding anxiety and how to support adolescents with successful coping skills (P1, P2, P3, P4, P5, P6, P8). They also shared that there is no time to explicitly teach and practice coping skills that are helpful for students to use in the school environment (P1, P2, P4, P7, P8). Additionally, social media creates a challenge for supporting adolescents with anxiety because they are constantly connected to their peers and local or world events through the platforms (P2, P3, P5, P8).

### ***Research Question 2***

Four corresponding interview questions aimed to answer the second research question: Considering pre- and post-pandemic, how are middle school counselors adapting to the needs of adolescents coping with anxiety?

**Interview Question 7: School Counselors Adapting to Adolescent Needs.** The seventh interview question explored how school counselors were adapting to meet adolescent needs in relation to coping with anxiety. The participants were asked: as a middle school counselor, how are you adapting to the needs of adolescents coping with anxiety? The themes outlined in Table 12 were created by data frequencies in the responses.

**Table 12**

*Interview Question 7 – School Counselors Adapting to Adolescent Needs*

|                             | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 |
|-----------------------------|----|----|----|----|----|----|----|----|
| Seek Learning Opportunities | X  | X  | X  |    | X  | X  |    | X  |
| Collaborate                 | X  |    | X  | X  |    | X  |    | X  |
| Implement New Strategies    |    |    |    |    |    | X  | X  | X  |

Three themes emerged from the seventh interview question: 1) school counselors are seeking and participating in more opportunities to learn more about supporting adolescents with anxiety; 2) school counselors are collaborating with each other and searching for new strategies to use; and 3) school counselors have led the implementation of new strategies.

***Seek learning opportunities.*** Six out of eight participants (75%) indicated seeking out and participating in professional development or learning opportunities in order to grow their skill set for supporting adolescents with anxiety. P2 shared that she has been trying to learn as much as she can about adolescent mental and specifically supporting anxiety by reading books and listening to podcasts. Participant 1 and 5 also indicated that they have been reading about adolescent anxiety and listening to podcasts to expand their knowledge and skill set. Participant 5 shared that she also attended a training on how to help adolescents work through their anxiety while Participant 6 noted that she attended a workshop on adolescent anxiety.

***Collaborate.*** Five out of eight participants (75%) shared that they have been collaborating with other counselors and colleagues to learn new strategies and gather new ideas. Participant 3 stated that she often collaborated with colleagues looking for new tools to add to her tool kit. Participants 1, 4, and 6 shared collaborating with colleagues on resources and Participant 6 specifically noted working with colleagues to try to “stay on top of all of the resources shared by the county” (p. 4). Participant 1 responded that she is often collaborating with the school social worker on attendance strategies and on working with outside agencies.

***Implement New Strategies.*** Three out of eight participants (37.5%) indicated that they have tried implementing some new strategies to help support students coping with anxiety. Participant 6 described a calming room that they created at their school as a safe place for students to use including those students coping with anxiety. The room has “dim lighting and soft music playing” (P6, p. 4). Additionally, Participant 6 reported that their school started a strategy called “On Demand Coach” and it is designed to always have a counselor or coach available to respond to walkie calls (p. 4). The office or staff member simply asks for a coach and shares what classroom they are needed in (P6). Participant 7 shared that she worked closely with their testing coordinator to modify their intervention block. They have created specific groups of students that will focus on helpful anxiety coping skills. In her experience, they have found it more successful to create a group that has some students that need intervention in this area along with students who are strong so they are able to learn from each other (P7). Participant 8 shared that they have tried to adapt by giving certain students break passes that they are able to use any time. These passes are designed for “students who require frequent counselor check-ins or experience pretty severe anxiety” (P8, p. 4).

**Summary of Interview Question 7.** Interview Question 7 sought to identify how school counselors are adapting to the needs of adolescents coping with anxiety. Participants shared that they are trying to learn more and increase their skill set whether through professional development opportunities or through collaboration with colleagues. Three school counselors gave specific examples of new strategies that they implemented to try to support students with anxiety in the school environment. These strategies included teaching coping skills during their intervention block, having a “Coach on Demand” to help in the moment, setting up a calming room, and providing select students with a break pass that they can use when necessary.

**Interview Question 8: Changes in Service Delivery.** The eighth interview question identified any perceived changes to school counselors service delivery post-pandemic. The participants were asked: please share any changes in your service delivery since the fall of 2021 to support students with anxiety. The themes outlined in Table 13 were created by data frequencies in the responses.

**Table 13**

*Interview Question 8 – Changes in Service Delivery*

|                                   | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 |
|-----------------------------------|----|----|----|----|----|----|----|----|
| Increase in Individual Counseling | X  | X  | X  | X  | X  |    |    | X  |
| No Time for Small Groups          |    |    | X  |    |    | X  | X  |    |
| Reactionary                       |    | X  |    | X  |    |    | X  |    |
| Attendance                        | X  |    |    |    |    |    | X  | X  |

Four themes emerged from the eighth interview question: 1) there has been an increase in the amount of time that counselors spend providing individual counseling; 2) there is no time to

run small groups; 3) school counselors feel like their service delivery is more reactionary than proactive; and 4) school counselors are spending more time on attendance.

***Increase in Individual Counseling.*** Six out of eight participants (75%) indicated that there has been an increase in the amount of time that they spend providing individual counseling. Participant 2 shared that she feels like her “service delivery has been forced to change” and she is “mostly only meeting with students individually in response to need because they don’t have the coping skills” (p. 4). She also noted that the amount of time that she has to spend with one student is much longer than it was pre-pandemic because it takes a long time to help them regulate and apply helpful coping skills (P2). Participant 1 started her response with “when I think about my service delivery, it is a lot of individual counseling” whether the student requested to see her, the teacher has sent them down, or there has been a disruption in class and she has been called to assist (p. 5). She continued that she spends a lot of time with individual students “helping them cope with their anxiety” (P1, p. 5). Participant 8 shared that she spends the majority of her service time in individual counseling. While she works hard to connect families with outside resources, those resources often have long waitlists and she serves as a “middle person” until they are able to be seen which often involves planned individual check-ins.

***No Time for Small Groups.*** Three out of eight participants (37.5%) shared that post-pandemic, they are struggling to find the time to run small groups. Participant 6 shared pre-pandemic, groups were a significant part of her schedule and she would often run 30 or 45 minute groups on anxiety where students could positively engage with other students going through the same thing. Now, she wishes that she had time to run those groups, but “with so many things going in the building and so many needs” she is not able to run groups like she did (P6, p. 5). Participant 3 expressed depending on counseling interns to run small groups because

most of her time is spent with individual students or responding to a crisis. Participant 7 gave the example that she was trying to run an attendance small group, but staff attendance was an issue and she was constantly asked to cover classes during her attendance group time. While administration worked to help solve that issue, she continued by sharing that they still are not running anxiety groups because so many students are heightened and the on-demand calls are so many (P7).

**Reactionary.** Three out of eight participants (37.5%) described their service delivery as more reactionary than proactive compared to their service delivery pre-pandemic. Participant 4 shared that “in the last several years there has been a lot more fire putting out and a lot more reactionary counseling happening. Before, it was programming and proactive solutions that were geared towards what we normally would see” (p. 4). Currently, there is “so much more situational” based on the day (P4, p. 4). Participant 7 also used the word “reactive” to describe her service delivery and noted that the needs are so high that there are times all of the counselors are already working to regulate or support a student when a call comes over the walkie that a counselor is needed to help another student (p. 3). Participant 2 described a conversation with a brand-new counselor and the new counselor asked, “Why does it always feel like all we do is triage all day?” (P2, p. 3). All three participants that described their service delivery as reactionary due to the high amount of student need (P2, P4, & P7).

**Attendance.** Three out of eight participants (37.5%) shared that they spend a significant amount of time focused on attendance. Participant 1 noted that she “spends a lot of time working on attendance” (p. 4). Participant 8 shared that “a lot of students struggle with attendance issues because of anxiety” (p. 4). She continued to say that it has been difficult to navigate getting students to come to school and she spends a lot of time working on attendance plans and trying

to engage families and students. Participant 7 described running attendance groups as part of her service delivery, but found little success with the groups.

**Summary of Interview Question 8.** Interview Question 8 sought to identify any perceived changes to school counselors service delivery post-pandemic. School counselors shared that the majority of their time is spent servicing students individually. Due to the high number of students that need individual services, three counselors expressed not having time to run small groups. One of the counselors shared that they depend on interns to run their small groups. Three counselors reported that their service delivery is more reactive than proactive. They are called to support students in crisis or are helping with day-to-day situational occurrences with students.

**Interview Question 9: Changes in Service Delivery.** The ninth interview question identified strategies that participants perceived as helpful with increasing students' coping skills for managing anxiety. The participants were asked: What strategies or particular resources do you perceive as helpful with increasing your students' skills for coping with anxiety? Two follow-up questions: 1) Please share if the resources or strategies were provided by the district, your school or acquired on your own; 2) How did you assess the strategies or resources? The themes outlined in Table 6 were created by data frequencies.

**Table 14**

*Interview Question 9 – Helpful Resources or Strategies*

|                                   | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 |
|-----------------------------------|----|----|----|----|----|----|----|----|
| Social Emotional Learning Program | X  |    | X  | X  | X  |    | X  |    |
| Calming Space                     |    |    |    | X  |    | X  |    |    |
| Educating Families and Teachers   |    | X  |    |    | X  |    |    |    |

|                            |   |   |   |   |
|----------------------------|---|---|---|---|
| Grounding Techniques       | X | X | X | X |
| Unconditional Break Option | X |   |   | X |

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Five themes emerged from the ninth interview question: 1) classroom teachers are implementing a Social Emotional Learning (SEL) curriculum provided by the county; 2) creating a calming space is a helpful strategy 3) counselors perceive educating parents and teachers on helpful coping strategies as effective; 4) using grounding techniques is a successful coping strategy for students; and 5) providing students with an unconditional break has proven helpful.

**SEL Curriculum.** Five out of eight participants (62.5%) referred to classroom teachers using an SEL curriculum provided by the school division. Participants 1, 3, 4, 5, and 7 specifically named the SEL curriculum as a helpful resource, but indicated that it is a resource used by classroom teachers. Participant 1 and 3 shared that they were unsure if the program had any lessons designed around coping skills for managing anxiety, but the program is supposed to help build student's social and emotional skills recognizing that self-regulation is one of those skills. Participant 7 noted that the expectation in her building is for teachers to be teaching the lessons when they were not providing intervention instruction or academic enrichment.

**Calming Space.** Two out of eight participants (25%) indicated that having a calming space is a helpful resource. Participant 4 and 6 service students at the same school. They both noted that creating a space with the lights low and soft music has been beneficial for students (P4, P6). Participant 4 shared that she will try to create that environment in her office when working with students with high anxiety if the calming space is being used. Students are more likely to implement coping skills in the calm environment (P6). Participant 6 noted that they are

more willing to use breathing techniques and specifically will use some of the manipulatives in the room to help with those.

***Educating Families and Teachers.*** Two out of eight participants (25%) identified educating parents and staff as a helpful strategy. Participant 2 shared that she has seen success when she really takes the time to educate the family on how to help their children cope with anxiety. Educating the family helps them “set their kids up for success at school” (P2, p. 4). Participant 5 described working with families and staff to educate them on helpful coping skills and strategies for the school environment noting that it “has really made a difference for some students” (P5, p. 3). She referred to her example of the PE teacher who was allowing a student with anxiety to go to the library every day during PE (P5). She was able to collaborate with the teacher and explain that avoiding gym altogether was not helpful for the student in the long run (P5). She walked him through a plan where he would slowly acclimate her to PE class by having her participate in certain parts at first and taught him some grounding techniques that he could use with her if anxiety rose to high levels (P5). Participant 2 and 5 both described positive impacts on students after educating families or staff.

***Grounding Techniques.*** Four out of eight participants (50%) responded that grounding techniques were a helpful strategy for adolescents managing anxiety. All four participants specifically used the term “grounding techniques” for students to use in the moment. Participant 5 shared that she gives her students a card with different grounding techniques on there, so they are able to choose one when needed. Three out of four of the participants that shared grounding techniques as a strategy specifically mentioned focusing the five senses. Participant 4 mentioned students “naming five things that can see, four things that they can touch, three things that they hear, etc.” as an example P4, p. 4).

**Unconditional Breaks.** Two out of eight participants (25%) indicated that providing certain students with the option to have unconditional breaks is a helpful strategy. Participant 8 explained that they have an “any time pass” that they give to students. She has found that most students with an “any time pass” do not use it all the time, but it is more of a comfort for them to know that they have it as an option (P8). Just knowing that they can have a break in the moment if they every freeze in class or really need to escape a situation helps ease their anxiety (P8). Participant 1 shared that they provide certain students with “break cards” because it helps students respectfully take a break instead of just walking out of the classroom or coping in a disruptive or negative way in the classroom. She shared that they have found the break card to be effective at preventing any perceived disrespect or classroom disruptions, but noted that it is not a long-term solution because those students are missing large amounts of learning when they are on their breaks (P1).

**Interview Question 9b and c.** The second and third part of the ninth interview question asked participants to share if the resources or strategies they identified were provided by the district their school or acquired on their own and how they assessed the strategies or resources. All participants (100%) that referred to the SEL curriculum, shared that it was purchased and provided by the school division. No participants shared how they assessed the effectiveness of the SEL program. Participant 7 did share that classroom teachers are supposed to be keeping track of the lesson, but did not specifically say if they also assess the effectiveness of the program.

All eight participants (100%) shared that all other identified strategies and resources included in the themes referenced in Table 14 are ones that they learned in their own pursuit of professional development or collaboration with colleagues. All eight participants (100%)

indicated that they are not consistently assessing the strategies or resources. Participant 5 shared that she has “some anecdotal information on certain kids” that she sees more frequently, but does not have any “good data” (p. 3). Participant 8 shared that they “don’t do it as much as they should” and “probably need to work on that more” (p. 5). Participant 3 shared that she knows she “should be keeping data on some of these tier 2 interventions and strategies” (p. 5).

**Summary of Interview Question 9.** Interview question 9 sought to identify strategies that participants perceived as helpful with increasing students’ coping skills for managing anxiety. The participants were asked to share if the resources or strategies were provided by the district, their school or acquired on their own and to share how they assess the strategies or resources. School counselors shared that the school division provided the school with an SEL curriculum for classrooms teachers. Classroom teachers are expected to teach the lessons during some sort of flex block. No participants shared a method for assessing the effectiveness of the program. Along with the education of students through the SEL program, two counselors identified educating families and staff on anxiety and helpful coping skills as a successful strategy for supporting adolescents managing anxiety.

Counselors also identified creating a calming space, teaching grounding techniques, and providing the option of unconditional breaks as helpful strategies to support student students with anxiety. These are strategies that they have gained by collaborating with others or have found to be helpful on their own. Participant 4 and Participant 6 shared that their school purchased the items for the calming space. Counselors perceive these strategies as helpful but are not formally assessing their success. Participant 5 reported taking anecdotal notes on strategies that work for each student.

**Interview Question 10: Additional Resources Needed.** The tenth interview question identified additional resources the participants' schools need to better support students with anxiety. The participants were asked: What additional resources does your school need to better support students with anxiety? The themes outlined in Table 15 were created by data frequencies.

**Table 15**

*Interview Question 10 – Additional Resources Needed*

|                                           | P1 | P2 | P3 | P4 | P5 | P6 | P7 | P8 |
|-------------------------------------------|----|----|----|----|----|----|----|----|
| Staffing (Psychologist and LPCs)          | X  | X  | X  |    | X  |    | X  | X  |
| Professional Development for Staff        |    |    |    | X  | X  | X  |    |    |
| School Counselor Professional Development |    | X  |    |    |    | X  |    |    |

Three themes emerged from the tenth interview question: 1) school counselors would like more staff to help with student mental health; 2) professional development for staff; and 3) professional development for school counselors.

**Staffing.** Six out of eight participants (75%) described the need for increased mental health staffing at the schools. Currently, there are three division level mental health support specialists to support all schools (P8). Lessening that ratio would be extremely helpful and allow for more support to be provided to school counselors or directly to students and families (P8). Participants 1 and 2 expressed the need for an actual licensed clinical therapist (LPC) to be housed in the school. Participant 2 shared that having an LPC would be the most beneficial because she feels as though she is being put in that role unprepared. Pre-pandemic, the “rule of thumb was if you have to see a student in your office for the same situation more than three times, you need to refer them out” (p. 4). Post-pandemic, that would be a significant number of

students (P2). Having an LPC in the building that could schedule appointments with students would remove many barriers for families including finding a therapist, transporting children to appointments during the workday and waitlists (P1). It would also allow the students to miss less school (P1).

Three participants wanted school psychologists dedicated to their school full time (P2, P3, P8). A school psychologist is assigned to each school in the division, but each psychologist is shared among multiple schools (P3). While at a certain school, most of their time is spent on special education (P3). Participant 3 shared that the majority of the students she supports with coping and anxiety are general education students. If there was a full-time school psychologist at each school, they could support more with threat assessments since we are conducting so many more than pre-pandemic (P3). Their skill set is often invaluable to the process (P3).

***Staff Professional Development.*** Three out of eight participants (37.5%) described the need for staff professional development on anxiety and helpful coping strategies. Participant 4 shared that it would be helpful for staff to have this professional development because she thinks that would lead to more in-depth instruction on coaching along with the accountability to put the learning in practice. She also stated that school-wide professional development would also help with consistency in supporting students with managing anxiety (P4). Participant 5 shared that the number of students that they are supporting has increased so much that the only way to truly help the students and not just “put a Band-Aid” on the problem is to ensure that everyone has the knowledge to support even if they do not have the same level of expertise as school counselors (P5).

***School Counselor Professional Development.*** Two out of eight participants (25%) shared that they felt they needed more professional development in supporting student mental health and specifically helping with anxiety. Participant 2 shared that her counseling program did not prepare her to handle such intensive mental health needs. Participant 6 also expressed not feeling effective supporting students with anxiety. She shared that she feels confident that she is providing them a safe space, has positive relationships with students and families, and knows different coping skills, but she continues to see the same students and not the progression that she would like to see (P6).

**Summary of Interview Question 10.** Interview Question 10 sought to identify additional resources that middle school counselors need to better support students with anxiety. Six out of eight participants (75%) described the need for increased mental health staffing at the schools, specifically school psychologists and LPCs. Three out of eight participants (37.5%) described the need for staff professional development on anxiety and helpful coping strategies. Two out of eight participants (25%) shared that they felt they needed more professional development in supporting student mental health and specifically helping with anxiety.

### ***Research Question 2 Summary***

The second research question sought to identify how school counselors are adapting to the needs of adolescents coping with anxiety. Four interview questions were used to ask about any changes. The first interview question was a very broad question asking counselors how they have had to adapt. They shared that they have had to seek out learning opportunities, collaborate with colleagues, and implement new strategies. Additionally, counselors noted an increase in individual counseling, that they are lacking time work with small groups, and they described their service delivery as reactionary.

Middle school counselors identified helpful resources and strategies that they are using to support adolescents with anxiety and shared ideas for needed resources. Counselors found the following to be helpful: social emotional learning program, calming spaces, educating families and teachers, grounding techniques, and providing unconditional breaks. When identifying desired resources, counselors shared the need for increased mental health staffing at the schools, staff professional development on anxiety and helpful coping strategies, and more professional development for themselves on supporting student mental health and specifically helping with anxiety.

### **Summary**

Chapter 4 included the purpose of the study, research questions, a detailed description of the participants, and qualitative data gathered from the sample of eight middle school counselors. The purpose of the study was to identify middle school counselors' perceptions of adolescent coping skills for managing anxiety in the school environment and any changes in service delivery post-pandemic. Counselors participating in the interview were asked to specifically reflect on and share experiences with adolescent implementation of coping skills for anxiety.

The first research question aimed to explore any differences in adolescent coping skills for managing anxiety in the school environment as perceived by middle school counselors. Middle school counselors described adolescent coping abilities as declining since the pandemic and shared that there is an increase in the number of students struggling to implement effective coping skills. Students struggle to cope independently and require adult support. Even with adult support, counselors also expressed that it takes longer to help students implement effective coping skills when they are anxious post-pandemic.

Middle school counselors identified speaking with a trusted adult, taking a break, listening to music, coloring, scrolling on their phone, and asking for help as positive coping strategies adolescents frequently use to help manage their anxiety. The positive coping strategies identified are strategies that adolescents implemented before the pandemic, but the number of students using these strategies to cope has significantly increased. School counselors identified the following frequently used negative coping strategies: self-harm, avoidance, substance abuse, negative talk, rumination, withdrawal, aggression, avoidance and disengagement. The most frequently used negative coping strategies are different post-pandemic than pre-pandemic and there is an increase in the number of students that are using negative coping strategies compared to pre-pandemic.

When describing challenges surrounding adolescent coping skills, middle school counselors reported a lack of adult and student knowledge regarding anxiety and how to support adolescents with successful coping skills. They also shared that there is no time to explicitly teach and practice coping skills that are helpful for students to use in the school environment. Additionally, social media creates a challenge for supporting adolescents with anxiety because they are constantly connected to their peers and local or world events through the platforms.

The second research question sought to identify how school counselors are adapting to the needs of adolescents coping with anxiety. Middle school counselors shared that they have had to seek out learning opportunities, collaborate with colleagues, and implement new strategies in order to adapt to the increased levels of adolescent anxiety. School counselors have also adapted their service delivery and described an increase in individual counseling, less (if any) work with small groups, and a more reactionary based service delivery. Helpful resources and strategies that they are using to support adolescents with anxiety include social emotional

learning program, calming spaces, educating families and teachers, grounding techniques, and providing unconditional breaks. When identifying desired resources, counselors shared the need for increased mental health staffing at the schools, staff professional development on anxiety and helpful coping strategies, and more professional development for themselves on supporting student mental health and specifically helping with anxiety.

## **Chapter 5: Findings, Implications, Future Research, Conclusions, and Reflections**

The purpose of this qualitative study was to identify middle school counselors' perceptions of adolescent coping skills for managing anxiety in the school environment and any changes in service delivery post-pandemic in one suburban school division. Counselors participating in an interview were asked to specifically reflect on and share their experiences with adolescent implementation of coping skills for anxiety. Interviewees, eight middle school counselors, had the opportunity to share their perceptions of strategies and resources they think are impactful, negatively or positively, on adolescent anxiety management while in school.

This study addressed the following research questions:

1. Considering pre- and post-pandemic, what differences do middle school counselors perceive in adolescent coping skills for managing anxiety in the school environment?
2. Considering pre- and post-pandemic, how are middle school counselors adapting to the needs of adolescents coping with anxiety?

### **Summary of Findings**

Middle school counselors reported an increase in the number of students presenting with symptoms of anxiety and the severity of symptoms. They noted an increase in school refusal and self-harm and indicated that the majority of their direct service time is spent with individual students. Due to a lack of knowledge and application regarding coping skills, middle school counselors expressed the need for adolescents to receive explicit coping skills instruction and for staff to receive training on delivery this instruction. Additionally, with the increasing demands, middle school counselors identified the need for more mental health staffing in the school buildings.

This research study produced six findings based on middle school counselor perceptions of adolescent coping skills post-pandemic and seven implications from the findings. The review of literature summarized in the second chapter supported the identified findings and implications. A discussion of the finding and identified implications along with suggestions for future research are outlined below.

### **Discussion of Findings**

This qualitative study sought to identify middle school counselors' perceptions of adolescent coping skills for managing anxiety in the school environment and any changes in service delivery post-pandemic. This study yielded six findings.

#### ***Finding 1***

**Post-pandemic, middle school counselors reported an increase in the number of students presenting with symptoms of anxiety and the severity of symptoms.** This finding was developed from the response to Interview Questions 1, 2, 3, and 4. Participants were asked to compare pre- and post-pandemic adolescent coping skills and strategies for managing symptoms of anxiety. The participants indicated a significant increase in the number of adolescents presenting with symptoms of anxiety (Table 5). In an open-ended question asking counselors to share any differences pre- and post-pandemic, five out of eight participants shared that more students are seeking help to cope with their anxiety. This was also a common theme in relation to positive coping strategies and negative coping strategies. Seven out of eight participants shared that the frequently used positive coping strategies are similar to pre-pandemic, but differ in the number of students accessing support to implement these positive coping strategies. Similarly, seven out of eight participants described the increase in the number of students presenting with symptoms of anxiety when referencing negative coping strategies.

Participants also reported an increase in the severity of symptoms. Half of the participants, four out of eight, indicated that they feel adolescents' abilities to implement coping skills for managing anxiety are worse post-pandemic because it takes significantly more time to help individual students use a coping skill to regulate their emotional responses to anxious feelings (Table 5). The same theme was noted in responses to Interview Question 4 where five out of eight counselors noted that symptoms are more intense, so it is taking students longer to regulate their emotions through helpful coping strategies.

The increase in the number of students presenting with symptoms of anxiety and the increase in severity of symptoms aligns with recent research. According to the Joint Legislative Audit and Review Commission (2022), Virginia school mental health service providers reported an increase in the number of students exhibiting anxiety and depression symptoms, self-harming or suicidal ideation, threatening or harming peers, and/or engaging in high risk behavior. In addition to the increased prevalence, staff reported a rise in the severity of these symptoms and behaviors (JLARC, 2022). School faculty members expressed these concerns about student mental health regardless of their positions, school levels (e.g., elementary, high school), or the demographics of their divisions (JLARC, 2022).

### ***Finding 2***

**Middle school counselors identified school refusal and self-harm as frequently used coping strategies post-pandemic that were not prevalent pre-pandemic.** This finding was developed in response to Interview Questions 3 and 5. School refusal is an area that participants noted a marked change between pre- and post-pandemic. Four out of eight participants shared that while there were instances pre-pandemic, it was not one of the most frequently used coping strategies, but it is common post-pandemic. Over the course of the ten interview questions, all

eight participants (100%) shared that school refusal is an issue for adolescents coping with anxiety. Six out of eight participants (75%) identified school refusal as a frequently used coping strategy. Four out of eight participants (50%) also mentioned school refusal for certain classes or on alternating days.

Studies of the specific impact of COVID-19 on school attendance are still relatively few (Hamilton, 2024). Pre-pandemic statistics indicate 2–5% of children school refusing (Kawsar et al., 2022). Post-pandemic statistics for school refusal are not available. However, given the mounting literature and research citing the impact of the pandemic on adolescent mental health, it is reasonable to assume that school refusal contributes to the increase in chronic absenteeism following the pandemic (Hamilton, 2024). While there are no specific statistics on school refusal post-pandemic, organizations like Action for Children (2023) are reporting school refusal and anxiety as pressing issues. At the end of 2023, Action for Children shared that school refusal and anxiety has now become the number one issue for parents and caregivers seeking advice from their Parent Talk service. They also noted that the article ‘How do I deal with school refusal and school anxiety?’ was visited more than 50,000 times in the 2022-2023 school year which was a rise of more than 60% from the previous year (Action for Children, 2023). This aligns with the reported increase by middle school counselors.

Counselors reported that self-harm is a popular and frequently used coping strategy post-pandemic (Table 7). However, four out of six participants referencing self-harm shared that while there were instances of self-harm prior to the pandemic, it was not a coping strategy deployed by many students and occurred more in isolated cases. This aligns with a trend noted in adolescent emergency room visits for self-harm during the pandemic (JLARC, 2022). According to the Virginia Department of Health (2022), from 2016 to 2021, the number of emergency room

visits for self-harm among Virginia adolescents more than doubled. Females accounted for the majority of self-harm among adolescents and made up almost two-thirds of emergency room visits for self-harm in recent years (JLARC, 2022).

### ***Finding 3***

**Middle school counselors reported finding strategies and resources through collaboration with colleagues and independent research. They reported no formal progress monitoring or data collection to assess the resources or strategies.** This finding was developed from the responses to Interview Questions 7 and 9. Middle school counselors shared that they are seeking out additional or new resources and strategies through personal learning opportunities and by collaborating with colleagues (Table 12). Six out of eight participants (75%) indicated seeking out and participating in professional development or learning opportunities in order to grow their skill set for supporting adolescents with anxiety. Middle school counselors shared they have been reading about anxiety and listening to podcasts. One participant specifically shared attending a workshop on adolescent anxiety. Five out of eight participants (62.5%) shared that they have been collaborating with other counselors and colleagues to learn new strategies and gather new ideas (Table 12). They identified other colleagues as school social workers and psychologists. While school counselors are seeking out and implementing new strategies and resources to support students managing anxiety, they are not assessing the effectiveness. All eight participants (100%) indicated that they are not consistently assessing the strategies or resources with five out the eight participants (62.5%) acknowledging that this is an area for growth.

Various programs and strategies are available to counselors for teaching students how to cope with anxiety, and consideration to the needs of their population and community should be

given when selecting the best programs, resources, or strategies to implement (Kataoka, 2018). Children's resilience against anxiety throughout the pandemic is associated with the frequency that they utilize positive coping behaviors (Dvorsky et al., 2020). ASCA (2015) suggests providing mental health support for adolescents through progress-monitored interventions. Studies show that it is vital to identify the need and to determine the best resources and strategies to effectively provide support (Barnett, 2019; Kataoka, 2018). Professional learning opportunities and additional mental health resources can also help educators (Dudovitz & Chung, 2019). Middle school counselors described seeking professional learning opportunities and resources to better support students to successfully cope with anxiety.

#### ***Finding 4***

**Post-pandemic, middle school counselors reported spending most of their time providing direct services to individual students.** This finding was developed from the responses to Interview Question 8. Middle school counselors shared that most of their time is spent supporting students individually post-pandemic. Six out of eight participants (75%) shared that the vast majority of their direct services delivery is spent with individual students (Table 13). While describing a lack of time to proactively teach coping skills, five out of eight participants (62.5%) reasoned that it is due to the amount of time needed to support individual students. Additionally, over the course of the ten interview questions, seven out of eight participants (87.5%) spoke about the large number of individual student counselor requests that they receive daily and six out of eight participants (75%) noted the increase in calls requesting for immediate assistance for an individual student. When noting changes in their service delivery, two participants shared that they rely on counseling interns to run small groups because their direct service time is usually spent providing one-on-one services.

Middle school counselors reported spending most of their direct service time providing individual interventions while working with students one-on-one. ASCA (2015) standards specifically state that school counselors should teach students to “demonstrate effective coping skills when faced with a problem” through multi-tiered supports (n.p.). School counselors align their counseling program with multi-tiered systems of support (MTSS) by delivering indirect and direct services to students:

- a) In Tier 1, intervention is delivered in the classroom instruction and school-wide programming or initiatives; b) In Tier 2, direct services include targeted group counseling and individualized interventions; c) In Tier 3, school counselors only provide indirect services as supporters through consultation, collaboration and facilitation of referrals.

(Goodman-Scott et al., 2020)

The ASCA National Model (2015) strongly stresses the inclusion of classroom lessons as part of the tiered approach to a comprehensive developmental program.

### ***Finding 5***

**Middle school counselors identified a need for explicit coping skills instruction for students and the professional development of staff to support the instruction.** This finding was developed from the responses to Interview Questions 1, 6 and 10. Middle school counselors described a lack of knowledge and understanding among adolescents and staff regarding anxiety and the implementation of helpful coping strategies. Half of the participants shared that adolescents have misconceptions about the emotion. Counselors reported that they often have students self-diagnosing an anxiety disorder and are not able to differentiate between normal feelings of apprehension and having a disorder. Seven out of eight participants (87.5%) shared that adolescents are not able to identify coping skills or strategies that help them productively

manage their anxiety and noted that this is different than pre-pandemic. All participants shared that there is a need to explicitly teach coping skills that are helpful in the school environment with five out of eight participants (62.5%) indicating it is a challenge to find the time to teach coping skills.

Middle school counselors also reported that there is a lack of staff knowledge on how to best support students struggling with anxiety. Three out of eight participants (37.5%) specifically referred to the need for professional development for staff when asked about needed resources. Counselors shared that staff often send students to the counseling office for support or call for the counselor to come support in the classroom. They described situations where staff work to remove the cause of the anxiety or provide temporary relief, but there is no knowledge on how to help the student work through the anxiety. Two out of eight participants (25%) reported that they have found success when they have provided professional development to staff on supporting individual students with anxiety.

As societies navigate this post-pandemic reality, understanding effective coping strategies and resilience-building techniques will help in fostering mental well-being for adolescents (Kunzler et al., 2021). Recent literature also suggests that the adverse effects of the pandemic in relation to emotional distress are largely derived from flawed cognitive and emotional coping efforts (Chew et al., 2020; Shambraw et al., 2021). Problem solving and positive emotional coping strategies have proven helpful for navigating negative experiences, since they reduce the burden caused by lengthy distress and enable adolescents to handle everyday stressors and adapt to changing environments (Budimir et al., 2021; Dewa et al., 2021). Baker & Gerler (2004) state that “teaching children and adolescents how to cope successfully

with life's various stressors may prepare them for such events in advance of occurrences or help them manage challenges that are already influencing their lives" (p. 107).

### ***Finding 6***

**Middle school counselors described the need for increased mental health staffing at the schools in order to better meet the needs of adolescents managing anxiety and to support with interventions.** This finding was developed from the responses to Interview Questions 1, 6, 8, and 10. Six out of eight middle school counselors (75%) shared their need for increased mental health staffing in the schools. At the time of the study, there were three division level mental health support specialists to support all schools in the division. Three participants wanted school psychologists dedicated to their school full time. A school psychologist is assigned to each school in the division, but each psychologist is shared among multiple schools. Two out of eight participants (25%) expressed the need for an actual licensed clinical therapist (LPC) to be housed in the school. Having an LPC would be most beneficial as the school counselor feels unprepared for that role. Staffing an LPC in the building that could schedule appointments with students would remove many barriers for families including finding a therapist, transporting children to appointments during the workday and waitlists. It would also allow the students to miss less school and be an invaluable wealth of knowledge for counselors.

In a survey conducted by the National Center for Education Statistics (2023), public schools reported that the mental health of students was a shared concern for both parents and students. According to a survey of Virginia superintendents conducted in the spring of 2022, over half of the divisions were pessimistic about their ability to employ a sufficient mental health staff for the approaching school year (JLARC, 2022). Approximately 33% of superintendents reported their mental health workforce had fewer qualified staff than needed compared to pre-

pandemic. They noted that staffing issues are creating challenges to effectively provide students with daily services (JLARC, 2022).

### **Implications for Practice**

The purpose of this qualitative study was to identify middle school counselors' perceptions of adolescent coping skills for managing anxiety in the school environment and any changes in service delivery post-pandemic. Based on the findings of this study, there are seven implications.

#### ***Implication 1***

**School division leadership should ensure they use a program that specifically and thoroughly targets anxiety management through explicit instruction of coping skills and supplement when necessary.** Findings 1, 2, and 5 indicate the need for adolescents to receive explicit coping skills instruction for managing anxiety. Middle school principals indicated that not only are more students presenting with symptoms of anxiety, but there is an increase in severity. Ensuring that the SEL curriculum thoroughly addresses coping skills instruction for managing anxiety may lead to fewer adolescents using self-harm, decreased school refusal, and overall improve student ability to implement coping skills in times of need.

#### ***Implication 2***

**School division leaders should ensure all necessary school staff are trained to deliver coping skills instruction.** This implication is in response to Findings 1 and 5. Middle school counselors and recent research have highlighted the increasing number of adolescents presenting with symptoms of anxiety. Counselors in this study identified a decline in adolescent abilities to implement helpful coping skills for managing their anxiety. All school staff should be trained on how to deliver coping skills instruction for managing anxiety to all students. Middle school

principals should identify staff that will provide interventions along with staff that will support students receiving interventions and ensure proper professional development and training is provided.

### ***Implication 3***

**Middle school principals and school staff should collect and use data on student coping skill needs to drive targeted, explicit instruction and progress monitor a variety of resources and interventions.** This implication is in response to Finding 3. Middle school counselors reported that they are not collecting data to assess the success of different resources and interventions to support adolescent coping skills for managing anxiety. Middle school principals should use data such as school refusal, threat assessments, student surveys, counselor requests log, and teacher input to determine areas of need in their schools and then work with school counselors to ensure there is a plan for providing explicit instruction to address the identified needs. They should also use the data to guide their decisions for securing any necessary resources. Progress monitoring should be used to assess and evaluate the success of each intervention and resource.

### ***Implication 4***

**School division leaders should provide division level opportunities for professional development for school counselors on interventions, strategies, and resources to support students presenting with symptoms of anxiety.** Finding 3 indicates the need for division level professional development on interventions and resources for supporting students presenting with symptoms of anxiety. While resources are widely available through national and local organizations, middle school counselors sought them out on their own or in collaboration with colleagues in order to strengthen their skillset for supporting students with anxiety. School

division leadership should coordinate professional learning opportunities which will also provide a structured time for school counselors to collaborate.

#### ***Implication 5***

**School division leaders should develop or adopt a school refusal evaluation procedure and create a process of best practice for supporting students and families with school refusal.** This implication is in response to Finding 2. Middle school counselors reported an increase in school refusal which aligns with post-pandemic research that also indicates a rise in numbers. Adopting an evaluation procedure will help with the early identification of school refusal and allow for immediate intervention. Additionally, differentiating between school refusal and other attendance problems will guide school administrators, social workers, counselors, and attendance workers when making an appropriate attendance plan and putting supports into place for the student. Outlining and sharing researched-based best practices for school-based staff that support attendance will ensure that they have access to effective strategies and interventions for helping families and students with school refusal.

#### ***Implication 6***

**School divisions should create or expand partnerships with public and private providers to deliver in-school mental health services.** Findings 1, 4, and 6 indicate a need for increased mental health staff in school buildings. Developing partnerships with public and private providers to deliver in-school mental health services will allow qualified clinicians to provide targeted supports and interventions for students with greater mental health needs. This will ensure individual students are getting the needed targeted therapy by a clinical practitioner and therefore, leave more time for counselors to teach classroom lessons and run small groups.

School counselors will be able to provide general counseling, while the external providers' staff handle students' more urgent and complex mental health needs.

### ***Implication 7***

**School division leaders should consider hiring additional qualified mental health staff for school buildings.** This implication is in response to Findings 1, 4, and 6. There is a need for more school mental health professionals to provide prevention and intervention services to support the increase in the number of adolescents presenting with symptoms of anxiety. School mental health workers are asked to deliver a wide variety of mental health services to support student needs. The services can range from universal, preventative supports to intense, specialized services like individual counseling and coordinating with external providers. Schools need to be appropriately staffed to effectively provide this range of services to support the increase in adolescent mental health needs.

### **Suggestions for Future Studies**

Suggestions for future studies include increasing the sample size and expanding the study. The current study interviewed eight counselors from the same school division. Including more participants from different divisions and states may result in findings that can be generalized across populations. Another suggestion to consider when expanding the study to other populations is to include a more racially diverse sample of middle school counselors from more than one gender. In order to examine any patterns in K-12 education, future studies should expand beyond middle school counselors to elementary and high school counselors.

Another recommended future study would involve analyzing the impact of partnering with an external mental health provider to have a licensed clinician based in a school. Based on the needs of the school, researchers could use survey data, threat assessment data, school refusal

data, counselor service logs and anecdotal notes to determine if having a clinician in the school building is an impactful resource. Conducting a mixed methods study over time or a case study would add important research to the educational field in regards to supporting student mental health.

## **Conclusion**

The qualitative data collected from eight middle school counselors from one suburban school division provided rich descriptions of adolescent coping skills for managing anxiety pre- and post-pandemic. Findings from this study showed an increase in adolescents presenting with symptoms of anxiety along with an increase in the severity of symptoms. Middle school counselors reported a need for explicit coping skills instruction for all students because it is challenging for adolescents to identify helpful coping skills or implement them without the support of an adult. Among the commonly used negative coping strategies, counselors reported a significant increase in school refusal and self-harm as coping strategies that are frequently used by adolescents presenting with symptoms of anxiety.

Schools need additional qualified mental health staff to support the increase in adolescent mental health challenges. Central office leaders and middle school principals should ensure school staff are prepared with the necessary professional development and resources to explicitly teach and support coping strategies. SEL programs should be evaluated to ensure they thoroughly address coping skills instruction that promote success in the school environment. Staff should be trained to use and monitor a variety of resources and interventions through data collection. Supporting the mental health needs of students will require dedication from school-based leaders, central office staff, and external partners.

**Personal Reflections**

Educating and meeting the needs of adolescents today is even more complex than it was prior to the COVID-19 pandemic. Although the pandemic has officially ended, educators are faced with the aftermath including growing mental health concerns in our students. This research study provided middle school counselors the opportunity to speak about one aspect of student mental health post-pandemic. Their perspective is so valuable since they are on the front lines when it comes to supporting students. Educators are working hard to meet the mental health needs of students, but cannot do it alone. We can no longer continue to put band-aids on specific situations, but must work to shift organizational systems in order to ensure that students have access to high quality mental health support when needed. It is important that families, schools, and mental health providers work together to provide proactive education and early intervention. Together, we can enhance student mental health and improve student outcomes.

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## **Appendix A: Interview Protocol and Questions**

Thank you for agreeing to participate in my research study entitled “Perceptions of Middle School Counselors on Adolescent Anxiety Coping Skills Post-Pandemic.” Before I begin recording, please take a moment and change your name to “Counselor (number).”

Your participation in this interview serves as your consent for your responses to be used in my research study. All data collected are confidential, and all information provided during this interview will be kept confidential. When the results of this study are shared, no identifying information will be revealed about the participants or the school division in which they represent. If at any time during this interview you do not wish to answer a question or no longer wish to continue with the interview, please state that at any time.

Participation in this study represents minimum risks to the interviewee. There are no compensatory benefits for participation in this interview. However, during the interview you may generate ideas or knowledge that may benefit you in your role as a middle school counselor.

The purpose of this qualitative study is to identify middle school counselors’ perceptions of adolescent coping skills for managing anxiety in the school environment and any implemented changes in service delivery post-pandemic. This study will explore counselor perceptions of any trends or differences in adolescent coping styles or strategies post-pandemic compared to pre-pandemic and gain their insights on helpful strategies, resources, or changes in service delivery implemented.

Do you acknowledge the purpose, potential risks, and benefits and agree to participate in the study by completing the interview?

Interview Questions for the Semi-Structured Interview:

1. How would you describe adolescents’ ability to implement coping skills in relation to anxiety since the end of the pandemic compared to pre-pandemic?
2. Considering positive and negative coping strategies for handling anxiety, what positive coping strategies do you perceive adolescents using most frequently? Is that similar to pre-pandemic?
3. Considering positive and negative coping strategies for managing anxiety, what negative coping strategies do you perceive adolescents using most frequently? Is that similar to pre-pandemic?
4. Emotional-focused coping skills are defined as strategies to regulate emotional responses to the problem. Emotional-focused strategies can be both positive and negative. Examples of positive emotional-focused coping skills include: deep breathing, meditating, positive self-talk, positive reframing, and journaling. Negative emotional-focused strategies can include: expecting the worst, self-criticism, withdrawal, aggression, and rumination. What emotional-focused coping skills do you find your students using? Is that similar to pre-pandemic? Please provide examples or explain.

5. Problem-focused strategies are focused on managing or altering the problem causing the distress. Problem focused strategies can be both positive and negative. Examples of positive problem-focused strategies can include: making a to-do list, prioritizing, creating a plan, or asking for help. Examples of negative problem-focused strategies can include: denial, giving up, disengagement, and avoidance. What problem-focused coping skills do you find your students using? Is that similar to pre-pandemic? Please provide examples or explain.
6. What do you perceive as the three greatest needs or challenges when it comes to adolescent coping skills in relation to anxiety since the pandemic?
7. As a middle school counselor, how are you adapting to the needs of adolescents coping with anxiety?
8. Please share any changes in your service delivery since the fall of 2021 to support students with anxiety.
9. What strategies or particular resources do you perceive as helpful with increasing your students' skills for coping with anxiety? Two follow up questions: 1) Please share if the resources or strategies were provided by the district, your school or acquired on your own; 2) How did you assess the strategies or resources?
10. What additional resources does your school need to better support students with anxiety?

This concludes the interview. After this interview is transcribed, you will be sent a copy of the transcription. If there are any changes that need to be made to your responses, please provide those back to me via email within 7 days of receipt of the transcription.

Thank you for participating in this research study.

Optional Prompts as Needed...

- Tell me more about that...
- Give me an example of that...

## **Appendix B: Recruitment Email**

### **Subject Line: Middle School Counselors: Invitation to participate in a research study about adolescent anxiety post-pandemic**

Hello Phenomenal Middle School Counselor!

The Office of Research and Evaluation, in conjunction with the Division of School Leadership, has approved a research study in which you are invited to participate. Please see the information below to decide if you would like to volunteer to participate.

Sincerely,

Dear amazing counselor:

I am a doctoral candidate at Virginia Polytechnic Institute State and University and as a component of my doctoral program, I am researching adolescent coping skills for managing anxiety post-pandemic.

The title of my research is "Perceptions of Middle School Counselors on Adolescent Coping Skills Post-Pandemic." The purpose of this qualitative study is to identify middle school counselors' perceptions of adolescent coping skills for managing anxiety in the school environment and any implemented changes in service delivery post-pandemic. This study will explore counselor perceptions of any trends or differences in adolescent coping styles or strategies post-pandemic compared to pre-pandemic and gain their insights on helpful strategies, resources, or changes in service delivery implemented.

Prior to the COVID-19 pandemic, an increasing number of children were experiencing high levels of anxiety, and COVID-related stressors have exacerbated the problem, especially for adolescents. These soaring numbers are overwhelming school mental health workers as they work to remove barriers to learning. As a school counselor, you play a critical role in the identification and implementation of helpful resources and strategies and your thoughts and expertise are invaluable.

I would love to speak with you and would greatly appreciate it if you would consider participating in the study. Two criteria for participation include:

- 1) You served as a middle school counselor prior to the start of the pandemic; and
- 2) You are currently a middle school counselor for the 2023-2024 school year.

This research is being conducted as part of my coursework and in accordance with IRB# 23-1336 and with permission from the school division.

For this research study, I am seeking middle school counselors who meet the above criteria to participate in a survey that will take less than two minutes. Based on the information provided in the survey, I will be asking 6-8 counselors to participate in a one-on-one interview via Zoom that will take 45 minutes.

If you are interested in and willing to participate in this research study, please click on the link below.

Interest Form (linked)

Attached to this email is an additional information sheet outlining the research project and confidentiality.

Thank you for your consideration in assisting in this research study. I'm looking forward to hearing from you!

Sincerely,  
Kristin Tait

## Appendix C: Information Sheet



### Information Sheet for Participation in a Research Study

Principal Investigator: Kristin Tait

IRB# 23-1336

Title of Study: Perceptions of Middle School Counselors on Adolescent Anxiety Coping Skills Post- Pandemic

My name is Kristin Tait. I am a graduate student at Virginia Tech, and I am conducting this research as part of my course work. You are invited to participate in a research study. This form includes information about the study and contact information if you have any questions.

#### **WHAT SHOULD I KNOW?**

If you decide to participate in this study, you will complete a brief six question demographic survey and if selected, participate in a one-on-one interview. You are permitted to participate in the survey and opt out of the interview should you so choose. The questions asked in the interview will focus on your experience as a middle school counselor supporting students coping with anxiety. Interviews will be held via Zoom. The interviews will be recorded and transcribed via Zoom and audio recorded as a backup. The transcriptions via Zoom will be crosschecked by the researcher to ensure accuracy. The survey should take approximately 2 minutes to complete, and the interview should take approximately 30 - 45 minutes of your time.

I do not anticipate any risks from completing this study. You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

#### **CONFIDENTIALITY**

All information received during the survey and the interviews will be kept confidential, and your identity will not be revealed in the dissertation when reporting the findings of the study. Any data collected during this research study will be kept confidential by the researcher. Your interview will be audio recorded via Zoom and a digital audio recording program will be used as

a back-up. The interview will be transcribed via Zoom, and the researcher will crosscheck the transcription for accuracy. The participant will also have an opportunity to crosscheck the participant's responses for accuracy. Once the survey transcription of the interview is sent to the participant, the participant will have one week to review and submit any desired changes to the researcher. The researcher will code the transcripts using a pseudonym (false name) for the participant. The recordings and transcriptions will be uploaded to a secure password-protected computer in the researcher's office and uploaded to the Virginia Tech google drive which has a two-factor log-in. The recordings and transcriptions will be stored until successful completion of the researcher's dissertation.

### **WHO CAN I TALK TO?**

If you have any questions or concerns about the research, please feel free to contact Kristin Tait (kristintait@vt.edu). You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact the Virginia Tech HRPP Office at 540-231-3732 ([irb@vt.edu](mailto:irb@vt.edu)).

***Please print out a copy of this information sheet for your records.***

**If you would like to participate in this research study, please click here:**

[Confidential Interest Form](#)

Thank you so much for your time!

### **Appendix D: Form Questions on Demographic Information**

Thank you so much for your interest in participating in this study! I know your time is so valuable and appreciate you giving it to me for my research. The purpose of these questions is to gain information from participants who show interest in participating in the study. The information will be used to select participants for one-on-one interviews. It will take approximately 2 minutes to complete this google form. Completion of this survey implies consent for the researcher to use the information of this survey in the research study. No names or identifying information will be used in the publication of this study.

First Name:

Last Name:

Are you currently a middle school counselor for the 2023-2024 school year?

☐ Yes ☐ No

How many years have you been a school counselor (including this year)?

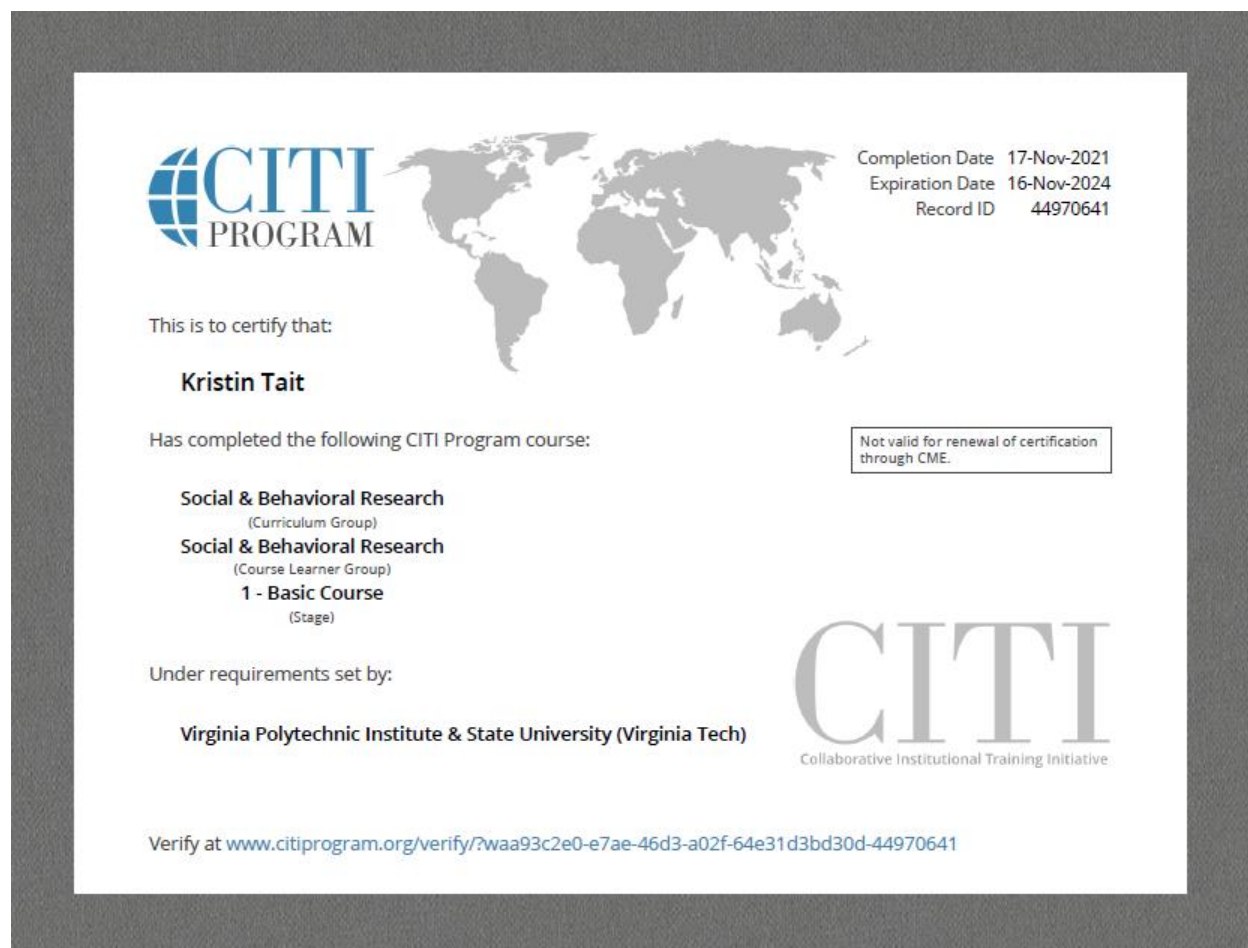
How many total years have you worked in education (including this year as teacher, counselor, and any other role in education)?

What grade/s are the students in that you currently serve?

How would you describe your knowledge of working with students on coping with anxiety?

☐ Novice ☐ Advanced Beginner ☐ Competent ☐ Proficient ☐ Expert

## Appendix E: Human Subjects Protection



## Appendix F: Internal Review Board Permission



Division of Scholarly Integrity and  
Research Compliance  
Institutional Review Board  
North End Center, Suite 4120 (MC 0497)  
300 Turner Street NW  
Blacksburg, Virginia 24061  
540/231-3732  
irb@vt.edu  
<http://www.research.vt.edu/sirc/hrpp>

### MEMORANDUM

**DATE:** January 16, 2024  
**TO:** Jodie Lynn Brinkmann, Kristin Marie Tait  
**FROM:** Virginia Tech Institutional Review Board (FWA00000572)  
**PROTOCOL TITLE:** Perceptions of Middle School Counselors on Adolescent Anxiety Coping Skills Post-Pandemic  
**IRB NUMBER:** 23-1336

Effective January 16, 2024, the Virginia Tech Human Research Protection Program (HRPP) determined that this protocol meets the criteria for exemption from IRB review under 45 CFR 46.104 (d) category(ies) 2(ii).

Ongoing IRB review and approval by this organization is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities impact the exempt determination, please submit an amendment to the HRPP for a determination.

This exempt determination does not apply to any collaborating institution(s). The Virginia Tech HRPP and IRB cannot provide an exemption that overrides the jurisdiction of a local IRB or other institutional mechanism for determining exemptions.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

<https://secure.research.vt.edu/external/irb/responsibilities.htm>

(Please review responsibilities before beginning your research.)

### PROTOCOL INFORMATION:

Determined As: **Exempt, under 45 CFR 46.104(d) category(ies) 2(ii)**  
Protocol Determination Date: **January 16, 2024**

### ASSOCIATED FUNDING:

The table on the following page indicates whether grant proposals are related to this protocol, and which of the listed proposals, if any, have been compared to this protocol, if required.

