

A cognitive-behavioural psychoeducation intervention on childhood anxiety for school staff: A quantitative feasibility study

Elene Nicola  | Kiki Mastroyannopoulou | Laura Pass

Department of Clinical Psychology and Psychological Therapies, Norwich Medical School, University of East Anglia, Norwich, UK

Correspondence

Elene Nicola, Department of Clinical Psychology and Psychological Therapies, Norwich Medical School, University of East Anglia, Norwich, NR4 7TJ, UK.
Email: e.nicola@uea.ac.uk

Abstract

The aim of this study is to evaluate the feasibility and acceptability of a newly developed online psychoeducation intervention on childhood anxiety for school staff using a within groups pre-post design. The intervention is informed by cognitive behavioural therapy principles. Seventy six participants volunteered to attend a brief online training, and complete two brief questionnaires pre and post the training. Following the intervention, school staff reported that they were significantly less likely to respond to children's anxious behaviours with anxiety-promoting responses (i.e., sanctions, avoidance reinforcement and overprotection), and were more likely to respond with autonomy-promoting responses in line with cognitive behavioural theory (i.e., problem-solving, reward and encouragement). On average, participants found the intervention engaging, useful, suitable, appropriate and easy-to-access. Participants also reported that they felt more confident in understanding childhood anxiety and implementing anxiety strategies in their work following the intervention. Areas of development were noted regarding the drop-out rates of the online intervention. Overall, the novel, online intervention appears to be a feasible and acceptable method for those who participated. In addition, the preliminary outcomes show promise and warrant further investigation. Limitations of the

This is an open access article under the terms of the [Creative Commons Attribution](https://creativecommons.org/licenses/by/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2024 The Author(s). *Psychology in the Schools* published by Wiley Periodicals LLC.

study are discussed with suggestions for future research and areas for improvement.

KEYWORDS

anxiety, child, feasibility studies, schools

Practitioner points

- School staff reported that they were significantly more likely to respond with actions in line with Cognitive-Behavioural Theory following the psychoeducation training.
- School staff felt more confident in understanding childhood anxiety and implementing anxiety strategies in their work following the psychoeducation training.
- The novel, online psychoeducation training appears to be a feasible and acceptable method for those who participated.

1 | INTRODUCTION

While worry is a universal experience, in excess it can impact mental wellbeing negatively and interfere with daily activities (Layne et al., 2009). Prevalence studies have shown that 70% of children aged between 8 and 13 years old worry (Muris et al., 1998), with 4% of children meeting diagnostic criteria for a severe anxiety disorder (Meltzer et al., 2003). Anxiety is likely to become more severe throughout childhood (Beesdo et al., 2007), increase the risk of psychosocial impairments (Kovacs & Devlin, 1998) and other mental health difficulties (Mobach et al., 2019), and ultimately reduce quality of life (Raknes et al., 2017).

Research has shown that childhood anxiety is linked to educational underachievement (Woodward & Fergusson, 2001), dropping out of school prematurely (Kessler et al., 1995) and greater difficulties in vocational and social domains of functioning in adulthood (Pine et al., 1998; Rapee et al., 2009). Particularly in younger children, anxiety difficulties are likely to lead to persistent school refusal that results in greater social and academic difficulties (Berg, 1992), including reduced levels of peer acceptance (Greco & Morris, 2005) and greater levels of peer victimisation (Crawford & Manassis, 2011). Research has shown that children requiring mental health treatment have limited access to services (Fergusson et al., 1993), whereby anxiety in particular has been associated with persistent unmet needs (Parslow & Jorm, 2001). Taking into account the prevalence, lack of access to treatment, and the complexity of difficulties that follow childhood anxiety, the need for early, accessible intervention and prevention is crucial.

The school setting is increasingly being viewed as an unstigmatized (Armbruster, 2002) and valuable point of access to support children with anxiety difficulties (Mifsud & Rapee, 2005). Previous school-based interventions have been shown to be effective across a range of emotional and behavioural difficulties (Rones & Hoagwood, 2000), and important in preventing deterioration (Lowry-Webster et al., 2001). However, research has shown that there is often a lack of quality evaluations of school-based mental health programs (Rones & Hoagwood, 2000) and generally more widely in children mental health services (Wolpert et al., 2016). In addition, research has indicated that collaboration with school staff is necessary in the development of school-based interventions (Rothi et al., 2008), and that this collaboration also improves effectiveness and outcomes achieved (DuPaul et al., 2006). Therefore, it is of great importance that any new school-based intervention has high-quality evaluations and ensures that school staff are involved as part of the development, design, and delivery, rather than just acting as a point of access. In support of this, research has shown implementation of school-based interventions are more successful when there is direct involvement with school staff (Pass et al., 2018).

School staff are also often the first point of contact for young people who are worried about their emotional wellbeing (Ford et al., 2008), with previous studies showing that emotional support from teachers improves students' mental wellbeing and reduces behavioural difficulties at school (Joyce & Early, 2014). Having said this, school staff have reported that mental health management is not viewed as part of their primary role (Shelemy et al., 2019; Shepherd et al., 2013) and teachers have felt helpless in situations concerning mental health (Kidger et al., 2010). It is likely that this feeling of helplessness is emphasised by the limited access to support and supervision from mental health professionals when addressing concerns (Sharpe et al., 2016). However, some school staff believe managing the mental health of their students needs to be a part of their role and it is vital to understanding their students' behaviours at school including their attitudes towards academia (Kidger et al., 2010; Roeser & Midgley, 1997). Therefore, it is important to consider that any school-based interventions involving school staff needs to complement their educational role, rather than be considered as a burden or further responsibility.

In support of this, it has been reported that a majority of school professionals also believe that schools are the right place for mental health issues to be addressed (Reinke et al., 2011), with many studies highlighting that school staff have requested a need for training to increase their confidence and knowledge around mental health difficulties (Graham et al., 2011; Moor et al., 2007). However, practically implementing mental health training has proven difficult in past research due to the busy timetables of school staff (Roth et al., 2008), considerable timepressures (Taylor et al., 2014), and low levels of acceptability by school staff (Han & Weiss, 2005).

Based on the literature outlined, the aim of the study was to evaluate the feasibility and acceptability of a newly developed online psychoeducation intervention on childhood anxiety for school staff. Currently, cognitive behavioural therapy (CBT) is widely accepted as the gold-standard psychosocial intervention for anxiety in children and adolescents (Higa-McMillan et al., 2016). Considering this, the content of the psychoeducation intervention was adapted from a current low-intensity, parent-led CBT intervention, which utilised a self-help guide for parents called "Helping your Child with Fears and Worries" (Creswell & Willetts, 2019). Guided parent-delivered CBT for childhood anxiety has been shown to be promising and effective in both an individual (Thirlwall et al., 2013) and group setting (Evans et al., 2018). Taken together with the evidence base, there is a clear gap in school-based psychoeducation interventions around anxiety and a lack of evaluation around school-based interventions generally.

As this is a new intervention, it is vital that feasibility is tested and evaluated to ensure important design parameters can be estimated (Eldridge et al., 2016; National Institute for Health Research, 2021). Feasibility was assessed by considering factors of appeal, demand, acceptability, practicality, adaptation to a new format, appropriateness, limited efficacy-testing, implementation, and integration in a new environment (Bowen et al., 2009; Orsmond & Cohn, 2015). Findings from the current study would ideally inform a future randomised controlled trial (RCT) that explores the effectiveness and efficacy of this new intervention further and may potentially contribute to school training programmes in the future.

2 | MATERIALS AND METHODS

2.1 | Design

To determine whether this new intervention is appropriate for further testing, a quantitative feasibility study was conducted. A feasibility study ensures the intervention is safe and is administered as intended, before conducting a full-scale RCT (Lancaster, 2015). This is important as unsuccessful RCTs are common and costly (Sully et al., 2013). As the main aim of a feasibility study is to estimate the design parameters to inform future research (National Institute for Health Research, 2021) and not assess effectiveness (Lancaster, 2015), a within-subject design was used.

To inform and guide the intervention in its development phases, a Participant and Public Involvement (PPI) group was formed. The PPI group predominately included school staff (including, pastoral school staff members,

pastoral school managers, support staff, class teachers, teacher trainees, teaching assistants and agency primary school teachers), as well as mental health professionals from a Schools Wellbeing Service. In addition, various collaborators who have been involved in developing and evaluating the Creswell and Willetts (2019) intervention were also consulted. This extensive input helped refine areas such as whether the intervention and its accompanying resources are accessible, desirable, and appropriate in this format and setting. This feedback was incorporated into the design of the intervention, for example content was shaped to focus more on practical, applicable skills rather than theory (as seen in research by Gurley, 2018; Hampton & Pearce, 2016). In addition, study-derived questionnaires were amended to account for suggestions made through PPI input. These amendments included changing the wording and format of the demographics and feedback questionnaires to be clearer and more acceptable, accessible, and appropriate, which may help reduce participant burden and response error (Mes et al., 2019).

It was imperative to collaborate with school staff through this consultation process, as research suggests it is key for the successful development and implementation of school-based mental health programs that adopt whole-school changes (Lynn et al., 2003; Rothi et al., 2008). Similarly, for training to be effective and engaging, it must be designed with thorough knowledge of what school staff need and would like (Reinke et al., 2011), which can only be achieved through discussion, consultation, and collaboration with them.

2.2 | Participants and recruitment

Primary school staff working directly with children aged between four and 11 years old regardless of job role were eligible to participate in this study. This enabled a further measure of assessing feasibility as responses from many different professions within schools can be compared and evaluated. School staff who had substantial mental health training before study recruitment phase were excluded. This was defined as attending a mental health training course that was longer than 3 days. Previous mental health training courses for those who participated were gathered and are detailed in the appendices of this paper. Two senior leads working within regional school networks consented to act as gatekeepers and disseminate a study advert to education staff who could access the study through an online link detailed on the advert. This method may establish snowball recruitment and potentially improve recruitment rates (Allen, 2017). In addition to gatekeepers, the study advert and the accessible link to the training was shared through social media advertisements to facilitate further recruitment.

To determine sample sizes, Cocks and Torgerson (2013) suggests more than 50 participants are required in feasibility studies. Utilising G*Power software (Erdfelder et al., 1996), a power calculation (with power set at 0.8) was conducted to determine the minimum number of participants required to achieve a medium effect size (0.5) at a 0.05 significance level for a one tailed, within-subjects study for the limited efficacy testing. The result from this indicated that a minimum of 27 participants were required for parametric testing. To account for attrition problems, we aimed to recruit at least 10% more than this minimum requirement, therefore a target of 30 participants was required to achieve a fully powered study.

2.3 | Intervention

The intervention was designed for the current study as an asynchronous, online training package consisting of three brief videos (totalling to 30 min) as informed by PPI recommendations. In support of this recommendation, a primary school teacher-led intervention had a high engagement by school staff (over 90%) when training sessions were 20–30 min in length (Bierman et al., 2010). It is also important that training resources were kept short, direct, and clear, to account for the time and work constraints that school staff face (Shelemy et al., 2019). To support the choice of format and mode of delivery, existing research and PPI was consulted. It has been shown that

asynchronous learning promotes self-regulation and a sense of control over the learning process which may increase engagement (Fredricks et al., 2004). Additionally, the online and asynchronous nature of this training enabled school staff to plan around their differing time and work commitments and take part at a time that suits them, which increased accessibility and further supports recruitment uptake. Moreover, by expanding flexibility of the delivery in this manner, it was hoped that recruitment might be able to capture a wider representation of varying demographics across the United Kingdom such as socioeconomic status and regional differences within the sample, which may enhance the external validity of the findings. Chan et al. (2021) found that similar online learning environments to this study were more suitable and accessible with greater levels of enjoyment and satisfaction due to the larger flexibility participants have at managing their learning through an asynchronous online approach.

The training package was accessed through a singular link, as seen on the study advertisements, and disseminated through gatekeepers and social media adverts. The link was supported by Qualtrics and guided participants through the procedure steps to support user-accessibility. This singular link included the embedded training videos, the forms (e.g., the participant information sheet and consent form), and the questionnaires (e.g., the two brief measures pre and post the training videos). Participants were able to take part at any time using this active study link.

The script for the training videos was written and developed by the first author. Its content was heavily influenced by the "Teacher's Guide" featured within the "Helping your Child with Fears and Worries" manual (Creswell & Willetts, 2019) and its corresponding therapist's manual (Halldorsson et al., 2021). The training videos were developed and produced by the first author using the animation software VideoScribe. The videos were informed by PPI input who provided feedback on the acceptability of the images used, speed of the animation, and overall engagement levels. The voice-over was recorded by the first author using the free audio recording software Audacity and a Blue Snowball professional microphone to ensure the quality of the audio recordings. The videos were hosted privately on the video sharing platform YouTube, which were then embedded into the Qualtrics program. Frequent reminders of support services were provided throughout the training along with a reference list at the conclusion of the training for participants to refer to for further reading if they wish.

The first video detailed the CBT understanding of anxiety including fight, flight and freeze responses (Cannon, 1915), its maintenance through safety behaviours (Halldorsson et al., 2021; Salkovskis, 1991), childhood anxiety prevalence rates, impact of anxiety on the school experience, the importance of this training for school staff, and highlighting common presentations of anxious children at school and how to identify signs of anxiety through the use of common example scenarios for example, social situations with peers, contributing in class, and teacher interactions (Halldorsson et al., 2021). This is important as targeting and covering the most common school-based scenarios and issues has been found to be a vital component for school staff training programmes in mental health (Fazel et al., 2014).

The second video covered brief and practical strategies based on CBT, that school staff could implement to support the more anxious children they work with. These strategies included goal setting (SMART goals; Rubin, 2002), using normalising statements and language (Fazel et al., 2014), externalising worry using creative methods (White, 2007), graded exposure to tackle avoidance, problem-solving, and using rewards and encouragement (Creswell & Willetts, 2019; Halldorsson et al., 2021). The same case examples were used throughout the training for cohesiveness and consistency and to help further illustrate the implementation of strategies. The use of consistent case examples in mental health trainings has been described in research by school staff to be a useful and helpful tool in understanding and applying practical solutions within educational settings (Shelemy et al., 2019). At the end of the second training video, there was an option for participants to download a practical checklist of strategies which was adapted from the "Teacher's Guide" (Halldorsson et al., 2021). A concrete list such as this, with practical strategies that can be easily referred to by school staff, has been highlighted in research to be an important requirement of mental health training for school staff (Shelemy et al., 2019).

The third video covered common questions as seen in the "Teacher's Guide" (Creswell & Willetts, 2019; Halldorsson et al., 2021), further resources to refer to, self-care for school-staff, and information regarding when to

seek extra support and make referrals to other services. There was also a list of contacts for mental health support services that school staff can access if needed.

Additionally, the first two videos ended with a short quiz (3–5 multiple choice questions) to add an element of interactivity which has been shown to increase satisfaction in an online learning environment (Eom & Ashill, 2016) and check understanding which has been highlighted as crucial for the retention of information (Shelemy et al., 2019).

To make the training more accessible and inclusive, it was designed using multimodal techniques to support different learning styles and needs. The training incorporated a narrative commentary/voice over and had optional subtitles throughout, as well as visual aids such as text and picture animations to support both auditory and visual learners. Supporting this, research has highlighted that using creative methods such as text-based and multimodal production (i.e., animation or pictures) can increase engagement in online learning environments (Bond et al., 2020) and promote further engagement across different ages and generations (Hampton & Pearce, 2016). This enhancement of engagement has also been linked with improved persistence and retention of information (Kuh et al., 2008). More specifically, it has been viewed as essential to contain a mix of teaching styles in mental health trainings to appeal to a range of different learners (Shelemy et al., 2019). This is especially important in the current study, as the demographic variables of school staff participating may vary considerably (i.e., age, job role) and are not restricted within the eligibility criteria. The training itself was also free-of-charge and was accessible at any time during the recruitment window, which has been highlighted in research as a core barrier in school staff accessing mental health training (Graham et al., 2011).

2.4 | Measures

2.4.1 | Demographic questionnaire

Demographic information was collected regarding age, gender, job title, length working in education, mental health training experience, and whether they have any pastoral responsibility. This allowed for the exploration of interactions between demographics and responses to the intervention. This information was collected before the online training videos.

2.4.2 | Structured feedback questionnaire

A structured feedback questionnaire was developed in collaboration with the PPI group. This questionnaire focused on the participants' experience of the intervention and aimed to assess several factors of feasibility. This information was collected via an online questionnaire that used a 7-point Likert Scale, immediately following the training videos.

2.4.3 | Teacher responses to anxiety in children questionnaire (TRAC; Allen & Lerman, 2017)

To assess a change in knowledge, the TRAC measure was completed pre and immediately post the completion of the training videos. This measure has been developed to measure teacher responses to anxiety in their students based on a CBT framework and has been shown to have good reliability and validity among primary school staff in the United Kingdom (Allen & Lerman, 2017). The measure contains nine typical scenarios of children's anxious behaviours within an education setting. The scenarios relate to the three most prevalent childhood anxiety types: social anxiety, generalised anxiety, and separation anxiety. School staff are expected to rate the likelihood (from

very likely [7] to very unlikely [1]) of responding in six particular approaches to these scenarios. Three of these possible six approaches are overprotection, reinforcement of anxious behaviours and sanctions, which form the Anxiety-Promoting subscale. The remaining three form the Autonomy-Promoting subscale; these include encouragement to face fears, rewarding bravery/independence and problem-solving. The instructions, questions and scoring utilised were consistent with original published questionnaire (Allen & Lerman, 2017). A higher autonomy-promoting response score and a lower anxiety-promoting response score suggests a positive change in knowledge.

2.5 | Procedure

Initial contact was made with gatekeepers to disseminate study materials. Interested school staff were encouraged to contact researchers with any questions and had access to a link on the advertisement that took them directly to the intervention to complete the training in their own time. The study link was active between September and December 2022 and taking part was a completely optional choice. Following this, participants were presented with a screen asking them to read and sign the participant information sheet (PIS) and consent form. On completion, they were directed to the online pre-intervention measures, before being able to proceed and fully access the online training videos. Following the training videos and the accompanying short quizzes, participants were presented with the final two measures to complete: a repeat of the TRAC measure and the structured feedback questionnaire. They were then provided with various resources to refer to for further reading, an opportunity to provide their email address for future research opportunities and contact details for sources of mental-health support for staff and children. In total, the training and its accompanying questionnaires/quizzes took up to 60 min to complete which was in line with PPI recommendations. Participants were encouraged to complete the intervention in one sitting; however, they had the opportunity to save their progress and come back to the intervention if they wished. The intervention expired if it was not completed within a 1-week period.

2.5.1 | Ethics

Ethical approval for the study was granted by the affiliated university. All participants provided written informed consent as detailed in the procedure. There were no gift or monetary incentives for participation.

2.6 | Analysis plan

Analysis of the demographic and feedback questionnaires was descriptive; reporting frequencies, percentages and means values with standard deviations. Data regarding recruitment and dropout rates were also reported descriptively. Change in knowledge was measured through the TRAC measure where data was analysed pre and post the training videos. A paired t-test was used to determine the limited efficacy between the pre and post scores and evaluate the difference in knowledge following the intervention. Measures were matched via participant ID numbers and analysed.

3 | RESULTS

Data was cleaned and incomplete data sets were omitted. Only those participants who completed both measures were used for the purposes of statistical analysis ($n = 76$). Data were screened for outliers and the assumptions for parametric analyses were met. Therefore, a paired-*t* test was performed to determine whether there was a

significant difference in the change of knowledge between pre- and post-intervention. Statistical analysis was performed using SPSS Statistics software. Significance was considered when $p < 0.05$.

3.1 | Demographic data

In the current study, frequencies and percentages of all demographic data were collected and summarised in Table 1 for all 76 participants. Ethnicity information was also collected. It was found that 60.53% of the sample identified as British, 25% as English, 1.32% each for Turkish, Mauritian, Scottish, Polish, Irish, Half Venezuelan/Half English, Black African, White and Black African, South African, Eastern European and Chinese (which is worked out to be one participant each).

3.2 | Preliminary limited efficacy findings

Table 2 presents the means, standard deviations (SD), t values and p -values for the outcomes of the pre and post TRAC measure. These analyses demonstrate the likelihood of particular responses towards children's anxious behaviours by school staff.

3.2.1 | Anxiety-Promoting scale

Comparisons of the anxiety subscale scores show that school staff were significantly less likely to respond with anxiety-promoting responses to a student following the training for anxious behaviours generally ($t(75) = -4.19$, $p < 0.001$), and for behaviours suggestive of generalised anxiety ($t(75) = -4.229$, $p < 0.001$) and social anxiety ($t(75) = -3.079$, $p = 0.001$). There were no significant differences in the likelihood of anxiety promoting responses for behaviours suggestive of separation anxiety ($t(75) = -1.171$, $p = 0.123$).

3.2.2 | Autonomy-promoting scale

Significant differences were observed among the likelihood of responding with autonomy-promoting responses across all behaviours. School staff were significantly more likely to respond with autonomy-promoting responses following the training for anxious behaviours generally ($t(75) = 7.422$, $p < 0.001$), and for behaviours suggestive of generalised anxiety ($t(75) = 3.681$, $p < 0.001$), social anxiety ($t(75) = 6.832$, $p < 0.001$), and separation anxiety ($t(75) = 8.982$, $p < 0.001$).

3.3 | Acceptability and feasibility findings

The feedback questionnaire item means and standard deviations are shown in Table 3. The structured feedback questionnaire results showed that on average the training was deemed as engaging, useful (which relates to demand), helpful, suitable, applicable, appropriate and easy-to-access. In assessing its appropriateness of implementation in a new environment and adaption to a new format, this was received well, with on average participants disagreeing that they would prefer a different format. In examining the limited efficacy, participants rated on average that they agree that they now feel more confident understanding and implementing anxiety strategies in their work at school as well as feeling more confident in understanding ways they could identify children with anxiety. Considering the research process, on average participants agreed that they enjoyed taking part and

TABLE 1 Frequencies and percentages of participant demographics and characteristics.

Variable	Demographic	Frequency (n = 76)	Percentage (%)
Role	Teaching assistant, ELSA, SEND, 1:1	33	43.42
	Class teacher	12	15.79
	Family or individual support workers	3	3.95
	Learning support assistant	11	14.47
	Deputy headteacher	5	6.58
	Pastoral, SENCO, or wellbeing team	7	9.21
	Inclusion managers and other leads	3	3.95
	Other	2	2.63
Region	South East England	48	63.16
	East of England	24	31.58
	East Midlands England	2	2.63
	West Midlands England	1	1.32
	London	1	1.32
Pastoral responsibility	No	50	65.79
	Yes	26	34.21
Time working in education	More than 10 years	32	42.11
	2–5 years	16	21.05
	5–10 years	14	18.42
	Less than 6 months	6	7.89
	1–2 years	4	5.26
	6–12 months	4	5.26
Age (years)	45–54	24	31.58
	35–44	22	28.95
	25–34	16	21.05
	55–64	10	13.16
	18–24	4	5.26
Gender	Female	72	94.74
	Male	2	2.63
	Prefer not to answer	1	1.32
	Nonbinary	1	1.32
Ethnicity	White	67	88.16
	Other ethnic groups	3	3.95

TABLE 1 (Continued)

Variable	Demographic	Frequency (n = 76)	Percentage (%)
	Prefer not to answer	2	2.63
	Other	2	2.63
	Black	1	1.32
	Multiple ethnic backgrounds	1	1.32
Mental health training experience			
	No	46	60.53
	Yes	30	39.47

Note: ELSA, Emotional Literacy Support Assistants, SENCO, Special Educational Needs Coordinator; SEND, Special Education Needs and Disabilities.

TABLE 2 Mean scores and comparisons for teacher responses on the TRAC (pre and post).

Subscale	Mean (SD) pre-training	Mean (SD) post-training	t	p
Anxiety promoting total	2.3249 (0.46784)	2.0968 (0.49478)	-4.192	<0.001
Autonomy promoting total	4.768 (0.67042)	5.3368 (0.91666)	7.422	<0.001
Generalised anxiety				
Anxiety promoting total	2.6535 (0.78954)	2.2982 (0.56834)	-4.229	<0.001
Autonomy promoting total	4.7471 (0.89251)	5.1506 (1.0736)	3.681	<0.001
Social anxiety				
Anxiety promoting total	2.4488 (0.67383)	2.1842 (0.77632)	-3.079	0.001
Autonomy promoting total	4.9532 (0.78163)	5.538 (0.94508)	6.832	<0.001
Separation anxiety				
Anxiety promoting total	1.9598 (0.44755)	1.8925 (0.50014)	-1.171	0.123
Autonomy promoting total	4.6038 (0.68166)	5.3217 (0.91419)	8.982	<0.001

Note: t values are presented as post test scores - pre-test scores.

Abbreviations: TRAC, Teacher responses to anxiety in children questionnaire; SD, standard deviation.

understood what the questionnaires were asking, and on average disagreed that the questionnaires were burdensome. This indicates acceptability and appropriateness of measures and the research process.

Despite the recruitment window being short, spanning 3 months between September and December 2022 during school term-time, the study reached its recruitment target of 30 participants for a fully powered study and significantly exceeded the target of 50 which is recommended for feasibility studies in research (Cocks & Torgerson, 2013). In addition, the study was only shared once through gatekeepers at the start of the window and advertised twice on social media during the recruitment window. These recruitment rates, therefore, suggest a high acceptability and feasibility rate among the target audience. In addition to this, 44 out of all 76 participants opted to provide their email addresses to be contacted for similar future research following the end of the study (which equates to 58% of the sample), which reinforces its acceptability as an intervention. However, the sample composition and diversity, regarding gender and ethnicity, was limited.

TABLE 3 Means and standard deviations of structured feedback questions.

	Item	Mean	SD
Training videos	1. The content was easy to understand.	6.20	1.18
	2. The content was suitable for school staff.	6.39	1.07
	3. The content was/will be helpful and useful for school staff.	6.43	1.02
	4. The training is important for school staff in their work.	6.38	1.06
	5. I would recommend the video to a colleague or contacts at different schools.	6.26	1.14
	6. I found the content interesting.	6.34	1.00
	7. The content was applicable to a primary school setting.	6.46	0.97
	8. The content was easy to access.	6.32	1.11
	9. I feel the content is particularly important in the context of the COVID-19 pandemic.	6.07	1.17
	10. I feel there needs to be more training on mental health in my school.	5.92	1.27
	11. I would have preferred multiple trainings on this topic.	4.75	1.52
	12. I feel another format other than a prerecorded video would have been a better way of delivering the content.	3.37	1.73
	13. I found the training was well-paced throughout.	6.05	1.33
	14. I found the length of the training was appropriate	6.16	1.02
	15. I found it difficult to find the time to complete this training.	2.54	1.61
	16. I feel I will use the content of this training in my work.	6.24	1.03
	17. I feel more confident understanding anxiety.	6.09	0.98
	18. I feel more confident understanding ways I could identify children with anxiety.	6.12	0.97
	19. I feel more confident understanding strategies that may help a child with anxiety.	6.21	1.00
	20. I may use some of these strategies going forward in my work.	6.32	1.02
	21. I know what to do and who to refer to if I come across a child with anxiety.	6.14	1.05
Research process	1. I understood what the questionnaires were asking me.	6.22	1.03
	2. It took too long to complete the questionnaires.	3.39	1.82
	3. I enjoyed taking part in the research study.	5.84	1.24

Note: SD, Standard deviation; Scale scores ranged from strongly disagree (1) to strongly agree (7).

Due to anonymity and online format of this intervention, reasons for non-completion were not able to be collected. However, survey analytics showed that 20 participants dropped out after consenting at the demographic questionnaire, 24 stopped following this during the pre-TRAC questionnaire, a further 77 dropped out before the first quiz following the first video, 16 after the second quiz, zero after the third quiz and eight during the post-TRAC questionnaire. All those who continued after this point, completed the full feedback measure and were included in

the analysis of this study. These analytics may be helpful in identifying the weak links in the process that can potentially be refined in future research.

4 | DISCUSSION

This feasibility study demonstrated that a brief, online psychoeducation training for school staff, that aims to improve the understanding of childhood anxiety and learn strategies to support anxious children (aged four–11 years old) in education settings, appears to be a feasible and acceptable method for those that participated in the study. Preliminary results in feasibility studies can help determine whether interventions are appropriate for further efficacy testing (Bowen et al., 2009; Orsmond & Cohn, 2015; Wuest et al., 2015). In this study, preliminary findings show great promise and therefore warrant further investigation.

4.1 | Preliminary limited efficacy findings

The results revealed that the training influenced school staff responses towards children's anxious behaviours. In summary, the TRAC measure showed that school staff were significantly less likely to respond with anxiety-promoting responses and were more likely to respond with autonomy-promoting responses towards behaviours that were suggestive of anxiety symptoms generally, as well as behaviours suggestive of specific anxiety disorders, such as generalised anxiety and social anxiety. It was found that there was a nonsignificant change in anxiety-promoting responses for behaviours suggestive of separation anxiety following the training, but an increase was observed for autonomy promoting responses. In the initial development study for the TRAC measure, it was discussed that managing separation anxiety in a classroom setting may be especially difficult, as it may involve more externalising behaviours such as tantrums and crying, that are regarded as more disruptive to the class as a whole, when compared with behaviours associated with social anxiety and generalised anxiety which may present as more internalised such as social withdrawal (Allen & Lerman, 2017). It may be that separation anxiety is better addressed in routinely used and highly effective parent-led CBT interventions such as the Coping Cat program, FRIENDS program, and the Parent-Child Interaction Therapy intervention (Huang, 2023). However, additional training to further understanding of separation anxiety, how it may present in schools, and how to respond more specifically may be beneficial for school staff. Further research is required to explore the feasibility and outcomes of such a training.

The evidence base has shown that responses of others, such as school staff, may maintain anxiety in children (Hudson & Rapee, 2004; Murray et al., 2009), through reinforcement via overprotective behaviours (Arbeau et al., 2010; Rudasill & Rimm-Kaufman, 2009), or encouragement of avoidance (Allen and Rapee 2004), or by using sanctions and criticism that may worsen anxiety in children (Murray et al., 2009; Rapee, 1997). Despite a majority of research studies concentrating on parents when exploring interpersonal factors and the maintenance of childhood anxiety (Murray et al., 2009), primary school staff are well suited to support anxious children given that they are likely to be the next adults, after parents, that children interact with (Lyneham et al., 2008). In addition, they may be able to support children with more specific anxieties regarding academic or social difficulties within the school setting (Allen & Lerman, 2017). In addition, CBT, the current gold-standard treatment for childhood anxiety (Higa-McMillan et al., 2016), commonly involves problem-solving and graded exposure components, as well as rewards for motivation (Hawes & Allen, 2016). Moreover, it has been observed that younger children are often reliant on adult support (i.e., school staff or parents) to help apply these strategies (Hawes & Allen, 2016), thus supporting the use of this questionnaire to assess the current intervention which is heavily based on CBT principles. Overall, these findings suggest a shift in school staff responses, that are more in line with CBT approaches, towards behaviours that characterise anxiety following the intervention. Further research is required to determine the implementation

of these responses and their long-term effects on anxiety symptoms of the children they work with. In addition, further exploration using detailed, more qualitative methods may help contextualise these results and findings.

4.2 | Acceptability and feasibility findings

The findings of this study suggest that the training and research process appears to be feasible and acceptable. The initial recruitment target of this feasibility study was calculated as 30 participants for a fully powered study. This was met and significantly exceeded with a total of 76 participants taking part at a time that suits them and completing all outcome measures, despite a small recruitment window of 3 months. However, there was considerable drop out during the completion of the training. The reasons for withdrawal were not documented due to the anonymity and the online nature of the study. This may indicate issues with the feasibility and implementation, perhaps related to their busy schedules (Rothi et al., 2008) and great time-pressure (Taylor et al., 2014). Having said this, the completed measures and responses showed that, on average, participants enjoyed the research process and felt questionnaires were appropriate and easy to understand. Future research is required to determine the feasibility of retention rates by exploring associated reasons for incomplete measures and drop-out through qualitative and more detailed methods, which will highlight improvements and refinements of the research process to help improve the acceptability of the intervention before more rigorous testing (Bowen et al., 2009; Orsmond & Cohn, 2015). On average, the video was rated as engaging and relevant to education settings, which Shelemy et al. (2019) highlighted as important to education staff for mental health training. In addition, the sample characteristics of participants suggested that a variety of school staff, with a diverse pool of ages, time working in education and job roles, including those with and without pastoral responsibilities and previous mental health training, could be recruited for brief online training around childhood anxiety. This indicates a high demand for this type of mental health training across different professions in education settings.

4.3 | Strengths, limitations and future directions

The development of the training involved extensive PPI (particularly with school staff and mental health professionals) and an extensive literature review relating to the content of the training, as well as its format, length, outcome measures, inclusivity, and accessibility. The extensive PPI input gathered, was through volunteers exclusively, which also echoes the acceptability and demand of this training. PPI input helped refine and inform the design of the intervention and its accompanying resources. In addition, the TRAC measure was selected as it has been developed and evaluated directly from samples of primary school teachers (Allen & Lerman, 2017), and therefore directly applicable to the sample group in this study. Having said this, the PPI group did not include children who had lived experience of anxiety within the school environment. It may have been helpful to include them as part of the PPI group, as it may have enhanced the quality and appropriateness of the research (Brett et al., 2012), improved recruitment rates (Ennis & Wykes, 2013) and influence the impact and usefulness of the findings (Staley et al., 2013). Future research should aim to include those with lived experience to refine the current intervention and help improve relevance, research outcomes, as well as increase the positive impact for anxious children at school.

Another strength of this study is the extensive collection of demographic data which can determine the generalisability of the sample. According to the Publication Manual of the American Psychological Association (American Psychological Association, 2013), it is best practice to collect a range of demographic data, such that samples groups can be described as exactly as possible to allow for associations to be drawn between group demographic variables. This has been shown in research to improve clarity, generalisability and allows for easier replication of the study (Hughes et al., 2016). In addition, the demographics collected have been fully reported

within this study to support replication in future research, which is sometimes neglected within the field of psychology (Arnett, 2008).

However, there is also a potential methodological limitation related to the representativeness and generalisability of the sample. The sample predominantly identified as female (95%), white (88%) and from the Southeast (63.2%) and East of England (31.6%). Research has shown that cultural gender roles may influence male school staff to respond in a different way than females to anxious children (Tatar & Emmanuel, 2001), and that this finding may reflect differences seen in maternal and paternal responses to displays of negative emotion by children (Chaplin et al., 2005). Furthermore, it has been shown that male primary school staff are less likely to refer children with anxiety to mental health services than female primary school staff (Headley & Campbell, 2011). This, therefore, highlights differences between genders that requires further exploration and addressing in future research. As well as gender differences, a lack of diversity of ethnicity and region may hinder the generalisability of these findings further (Gerbing & Anderson, 1985). However, it is important to note that recent research has shown that 24% of schools within the United Kingdom do not have a single male classroom teacher, and 60% of UK schools do not have a teacher from an ethnic minority background (Fullard, 2022). Having said this, further efforts should be made to hear the voice of those who do not typically volunteer to participate in research and future research may benefit from seeking ways to overcome these barriers and target recruitment in specific communities. This will enable for a greater understanding of feasibility and acceptability across a range of backgrounds and contexts throughout the United Kingdom and beyond.

The results gathered in this study are all entirely self-report and are not based on observations of behaviours that have been implemented. Ratings were solely based on perceived likelihood of responding to children's anxious behaviours in a certain manner and that these responses may be influenced by social desirability (i.e., reporting a low level of likelihood of using anxiety-promoting responses), response bias and demand characteristics (Hoskin, 2012). Generally, self-reporting rating scales are limited by their entirely subjective nature as they are reliant on their individual interpretation. Therefore, results may not be consistent across the sample (Austin et al., 1998) and may have influenced the pattern seen in the results (Vowles et al., 2014). To mitigate this, data was anonymised and confidential and this was made clear to participants in the consent form before enrolling in the study. To further improve this, future research should aim to collect data regarding the feasibility of this intervention from a range of assessment methods, in particular using observational techniques and a measure of behavioural change, to view the effectiveness of the implemented strategies as well as using multi-informant reporting (i.e., from school staff, child, and parent) to help further understand the usefulness and impact of this intervention on childhood anxiety from different perspectives.

A further limitation of the findings is that the sample group was recruited entirely through volunteer sampling methods (i.e., either through gatekeepers or social media), which may have resulted in school staff, who have a personal interest in mental health difficulties and developing their own understanding, being the most likely to take part in the study. Therefore, displaying a risk of an existing bias to the value they place in the training which may have skewed the results found, particularly those related to feasibility and acceptability. To overcome this, it is recommended that future research utilises random sampling methods when delivering the intervention in specific school samples to support the gathering of a more representative sample and a wider range of views on the feasibility and acceptability of the intervention.

Health and social care research studies have suggested that online trainings have many benefits such as being flexible, low-cost, easily accessible, and user-centred and have been found to be equally as effective as traditional in-person trainings (McCutcheon et al., 2015; Ruggeri et al., 2013). However, the effectiveness of online trainings does seem to be context specific (Ruggeri et al., 2013), therefore, further research is needed to investigate the effectiveness of the online training detailed in this study, within different educational contexts among a diverse group of school staff. In addition, long-term outcomes were not measured within this study, as data collection took place immediately after training, when knowledge was likely the easiest to apply and recall. Therefore, further research is required to measure knowledge attrition and long-term effects of the training to understand its true

benefits on children with anxiety. To achieve this, a recommended next step of this research would be to follow-up with participants who provided their email addresses at the end of the intervention for future research opportunities and collect further data on the long-term effects including if strategies were implemented by school staff in their work and the effects that these strategies may have had on children's anxiety at school.

In addition, the collection of school staff's knowledge, understanding and identification of anxiety at baseline was not measured or assessed during this study, therefore conclusions on a change of knowledge are difficult to draw robustly. In addition, participants who had previous mental health training for anxiety, that was greater than 3-days within the last 5 years, were excluded from the study, which is another noted limitation. The collection of baseline and post-intervention data, including further details around the content of previous mental health training experiences and knowledge around the identification of anxiety difficulties, as well as the use of an active control group may be useful in future research (i.e., a feasibility RCT). This may help improve the overall internal validity of the study and enable more robust conclusions to be drawn about the effectiveness of the training and isolate the effects produced. Overall, given that the brief online training in this study shows promising outcomes, further research such as an RCT is warranted (Bowen et al., 2009).

The intervention in this study was conducted by a doctoral level Psychologist in training, therefore it is uncertain whether the delivery is transferable to a range of clinicians with different skillsets to further develop the training. Having said this, the existing online structure would potentially fit well with other evaluation studies. Further research is required to examine the intervention's feasibility and implementation more widely and determine effective formats for delivery. It is important that the long-term implementation of strategies by school staff are monitored and school staff have clear avenues of where they can seek support and feedback. It may be suitable for this training to be disseminated through Mental Health Support Teams in schools, who are a part of the new mental health provision within English schools and aim to support children and adolescents with mild to moderate mental health difficulties, including anxiety, by utilising CBT approaches (Department of Health and Social Care, & Department for Education, 2017). These teams also include Educational Mental Health Practitioners (EMHPs) who are specialised in whole-school approaches and deliver psychoeducation workshops, training and consultations to school staff (DHSCE & DfE, 2017). The content of the training featured in this paper was adapted and heavily built upon a current CBT parent-led intervention commonly used by EMHPs (Creswell & Willetts, 2019). Therefore, this psychoeducation training could potentially be implemented more widely via EMHPs within the schools they work in, considering they are trained in the specific intervention and specialise in psychoeducation trainings for school staff. They are also trained mental health professionals who could provide an avenue for support and guidance for school staff.

5 | CONCLUSIONS

The training and research process was deemed as feasible and acceptable, and the preliminary limited efficacy outcomes appear promising. Therefore, it is reasonable to conclude that a larger-scale RCT is feasible to establish further efficacy and to determine the longer-term impact on anxiety levels of children, following the implementation of the learnings by school staff from the intervention. However, further research is required such as replicating findings to underrepresented samples and exploring further elements of feasibility.

ACKNOWLEDGMENTS

Thank you to Dr Brynjar Halldorsson, the rest of the 'Helping Your Child' research team and those involved in the Participant and Public Involvement (PPI) group for their support with this research. We would also like to thank all the school staff who kindly spent their time taking part in this study.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

Ethical approval for the study was granted by the University of East Anglia Faculty of Medicine and Health Sciences Research Ethics Committee (Reference Number: ETH2122-0503).

ORCID

Elene Nicola  <http://orcid.org/0009-0002-6186-6230>

REFERENCES

- Allen, J. L., & Lerman, R. (2017). Teacher responses to anxiety in children questionnaire (TRAC): Psychometric properties and relationship with teaching staff characteristics. *Emotional and Behavioural Difficulties*, 23(2), 154–168. <https://doi.org/10.1080/13632752.2017.1376974>
- Allen, J. L., & Rapee, R. M. (2004). Anxiety disorders. In P. J. Graham (Ed.), *Cognitive behaviour therapy for children and families: Cambridge child and adolescent psychiatry series* (2nd ed., pp. 300–319). Cambridge University Press (CUP).
- Allen, M. (2017). *The SAGE encyclopaedia of communication research methods*. SAGE Publications.
- American Psychological Association. (2013). *Publication manual of the American Psychological Association* (6th ed.). American Psychological Association Press.
- Arbeau, K. A., Coplan, R. J., & Weeks, M. (2010). Shyness, teacher-child relationships, and socio-emotional adjustment in grade 1. *International Journal of Behavioral Development*, 34(3), 259–269. <https://doi.org/10.1177/0165025409350959>
- Armbruster, P. (2002). The administration of school-based mental health services. *Child and Adolescent Psychiatric Clinics of North America*, 11(1), 23–41. [https://doi.org/10.1016/s1056-4993\(03\)00059-2](https://doi.org/10.1016/s1056-4993(03)00059-2)
- Arnett, J. J. (2008). The neglected 95%: Why American psychology needs to become less American. *American Psychologist*, 63(7), 602–614. <https://doi.org/10.1037/0003-066x.63.7.602>
- Austin, E. J., Deary, I. J., Gibson, G. J., McGregor, M. J., & Dent, J. B. (1998). Individual response spread in self report scales: Personality correlations and consequences. *Personality and Individual Differences*, 24(3), 421–438. [https://doi.org/10.1016/s0191-8869\(97\)00175-x](https://doi.org/10.1016/s0191-8869(97)00175-x)
- Beesdo, K., Bittner, A., Pine, D. S., Stein, M. B., Höfler, M., Lieb, R., & Wittchen, H. U. (2007). Incidence of social anxiety disorder and the consistent risk for secondary depression in the first three decades of life. *Archives of General Psychiatry*, 64(8), 903. <https://doi.org/10.1001/archpsyc.64.8.903>
- Berg, I. (1992). Absence from school and mental health. *British Journal of Psychiatry*, 161(2), 154–166. <https://doi.org/10.1192/bjp.161.2.154>
- Bierman, K. L., Coie, J. D., Dodge, K. A., Greenberg, M. T., Lochman, J. E., McMahon, R. J., & Pinderhughes, E. (2010). The effects of a multiyear universal social-emotional learning program: The role of student and school characteristics. *Journal of Consulting and Clinical Psychology*, 78(2), 156–168. <https://doi.org/10.1037/a0018607>
- Bond, M., Buntins, K., Bedenlier, S., Zawacki-Richter, O., & Kerres, M. (2020). Mapping research in student engagement and educational technology in higher education: A systematic evidence map. *International Journal Of Educational Technology In Higher Education*, 17(1), 2. <https://doi.org/10.1186/s41239-019-0176-8>
- Bowen, D. J., Kreuter, M., Spring, B., Cofta-Woerpel, L., Linnan, L., Weiner, D., Bakken, S., Kaplan, C. P., Squiers, L., Fabrizio, C., & Fernandez, M. (2009). How we design feasibility studies. *American Journal of Preventive Medicine*, 36(5), 452–457.
- Brett, J., Stanisewska, S., Mockford, C., Herron-Marx, S., Hughes, J., Tysall, C., & Suleman, R. (2012). Mapping the impact of patient and public involvement on health and social care research: A systematic review. *Health Expectations*, 17(5), 637–650. <https://doi.org/10.1111/j.1369-7625.2012.00795.x>
- Cannon, W. B. (1915). Bodily changes in pain, hunger, fear and rage: An account of recent researches into the function of emotional excitement. *D Appleton & Company*. <https://doi.org/10.1037/10013-000>
- Chan, S. L., Lin, C. C., Chau, P. H., Takemura, N., & Fung, J. T. C. (2021). Evaluating online learning engagement of nursing students. *Nurse Education Today*, 104, 104985. <https://doi.org/10.1016/j.nedt.2021.104985>
- Chaplin, T. M., Cole, P. M., & Zahn-Waxler, C. (2005). Parental socialization of emotion expression: Gender differences and relations to child adjustment. *Emotion (Washington, D.C.)*, 5(1), 80–88. <https://doi.org/10.1037/1528-3542.5.1.80>
- Cocks, K., & Torgerson, D. J. (2013). Sample size calculations for pilot randomized trials: a confidence interval approach. *Journal of Clinical Epidemiology*, 66(2), 197–201.

- Crawford, A. M., & Manassis, K. (2011). Anxiety, social skills, friendship quality, and peer victimization: An integrated model. *Journal of Anxiety Disorders*, 25(7), 924–931. <https://doi.org/10.1016/j.janxdis.2011.05.005>
- Creswell, C., & Willetts, L. (2019). *Overcoming your child's fears and worries: A self-help guide using cognitive behavioural techniques*. Robinson.
- Department of Health and Social Care, & Department for Education. (2017). *Transforming children and young people's mental health provision: A green paper*. Department of Health and Social Care & Department for Education. <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>
- DuPaul, G. J., Jitendra, A. K., Volpe, R. J., Tresco, K. E., Lutz, J. G., Junod, R. E. V., Cleary, K. S., Flammer, L. M., & Mannella, M. C. (2006). Consultation-based academic interventions for children with ADHD: Effects on reading and mathematics achievement. *Journal of Abnormal Child Psychology*, 34(5), 633–646. <https://doi.org/10.1007/s10802-006-9046-7>
- Eldridge, S. M., Lancaster, G. A., Campbell, M. J., Thabane, L., Hopewell, S., Coleman, C. L., & Bond, C. M. (2016). Defining feasibility and pilot studies in preparation for randomised controlled trials: development of a conceptual framework. *PLoS One*, 11(3), e0150205. <https://doi.org/10.1371/journal.pone.0150205>
- Ennis, L., & Wykes, T. (2013). Impact of patient involvement in mental health research: Longitudinal study. *British Journal of Psychiatry*, 203(5), 381–386. <https://doi.org/10.1192/bjp.bp.112.119818>
- Eom, S. B., & Ashill, N. (2016). The determinants of students' perceived learning outcomes and satisfaction in university online education: An update*. *Decision Sciences Journal Of Innovative Education*, 14(2), 185–215. <https://doi.org/10.1111/dsji.12097>
- Erdfelder, E., Faul, F., & Buchner, A. (1996). GPOWER: A general power analysis program. *Behavior Research Methods, Instruments, & Computers*, 28(1), 1–11. <https://doi.org/10.3758/BF03203630>
- Evans, R., Hill, C., O'Brien, D., & Creswell, C. (2018). Evaluation of a group format of clinician-guided, parent-delivered cognitive behavioural therapy for child anxiety in routine clinical practice: A pilot-implementation study. *Child And Adolescent Mental Health*, 24(1), 36–43. <https://doi.org/10.1111/camh.12274>
- Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry*, 1(5), 377–387. [https://doi.org/10.1016/s2215-0366\(14\)70312-8](https://doi.org/10.1016/s2215-0366(14)70312-8)
- Fergusson, D. M., Horwood, L. J., & Lynskey, M. T. (1993). Prevalence and comorbidity of DSM-III- R diagnoses in a birth cohort of 15 year olds. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32(6), 1127–1134. <https://doi.org/10.1097/00004583-199311000-00004>
- Ford, T., Hamilton, H., Meltzer, H., & Goodman, R. (2008). Predictors of service use for mental health problems among British school children. *Child And Adolescent Mental Health*, 13(1), 32–40. <https://doi.org/10.1111/j.1475-3588.2007.00449.x>
- Fredrick, J. A., Blumenfeld, P. C., & Paris, A. H. (2004). School engagement: Potential of the concept, state of the evidence. *Review of Educational Research*, 74(1), 59–109.
- Fullard, J. (2022). *Gender Diversity in the School Workforce across the UK Home Nations*. British Educational Research Association. <https://www.bera.ac.uk/blog/gender-diversity-in-the-school-workforce-across-the-uk-home-nations>
- Gerbing, D. W., & Anderson, J. C. (1985). The effects of sampling error and model characteristics on parameter estimation for maximum likelihood confirmatory factor analysis. *Multivariate Behavioral Research*, 20(3), 255–271. https://doi.org/10.1207/s15327906mbr2003_2
- Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. *Teachers And Teaching*, 17(4), 479–496. <https://doi.org/10.1080/13540602.2011.580525>
- Greco, L. A., & Morris, T. L. (2005). Factors influencing the link between social anxiety and peer acceptance: Contributions of social skills and close friendships during middle childhood. *Behavior Therapy*, 36(2), 197–205. [https://doi.org/10.1016/s0005-7894\(05\)80068-1](https://doi.org/10.1016/s0005-7894(05)80068-1)
- Gurley, L. (2018). Educators' preparation to teach, perceived teaching presence, and perceived teaching presence behaviors in blended and online learning environments. *Online Learning*, 22(2), 197–220. <https://doi.org/10.24059/olj.v22i2.1255>
- Halldorsson, B., Elliott, L., Chessell, C., Willetts, L., & Creswell, C. (2021). *Helping Your Child with Fears and Worries: Guided Self-Help Manual for Therapists Working with Groups*. University of Reading. <https://centaur.reading.ac.uk/65533/>
- Hampton, D., & Pearce, P. F. (2016). Student engagement in online nursing courses. *Nurse Educator*, 41(6), 294–298. <https://doi.org/10.1097/nne.0000000000000275>
- Han, S. S., & Weiss, B. (2005). Sustainability of teacher implementation of school-based mental health programs. *Journal of Abnormal Child Psychology*, 33(6), 665–679. <https://doi.org/10.1007/s10802-005-7646-2>
- Hawes, D. J., & Allen, J. (2016). Evidence-based parenting interventions: Current perspectives and clinical strategies. In M. Hodes & S. Gau (Eds.), *Positive mental health, fighting stigma and promoting resiliency for children and adolescents* (pp. 185–204). Elsevier Academic Press. <https://doi.org/10.1016/B978-0-12-804394-3.00010-3>
- Headley, C. J., & Campbell, M. A. (2011). Teachers' recognition and referral of anxiety disorders in primary school children. *Australian Journal of Educational and Developmental Psychology*, 11, 78–90.

- Higa-McMillan, C. K., Francis, S. E., Rith-Najarian, L., & Chorpita, B. F. (2016). Evidence base update: 50 years of research on treatment for child and adolescent anxiety. *Journal of Clinical Child and Adolescent Psychology: The Official Journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53*, 45(2), 91–113. <https://doi.org/10.1080/15374416.2015.1046177>
- Hoskin, R. (2012). *The dangers of self-report*. Brain and Behaviour, Cognitive Psychology. <http://www.sciencebrainwaves.com/the-dangers-of-self-report/>
- Huang, L. (2023). Exploration of separation anxiety disorder. *Proceedings of the 2022 4th International Conference on Literature, Art and Human Development (ICLAHD 2022)*, 726, 606–612. https://doi.org/10.2991/978-2-494069-97-8_77
- Hudson, J. L., & Rapee, R. M. (2004). From anxious temperament to disorder: An etiological model of generalised anxiety disorder. In R. G. Heimberg, C. L. Turk, & D. S. Mennin (Eds.), *Generalized anxiety disorder: Advances in research and practice* (pp. 51–76). Guilford Press.
- Hughes, J. L., Camden, A. A., & Yangchen, T. (2016). Rethinking and updating demographic questions: Guidance to improve descriptions of research samples. *Psi Chi Journal of Psychological Research*, 21(3), 138–151.
- Joyce, H. D., & Early, T. J. (2014). The impact of school connectedness and teacher support on depressive symptoms in adolescents: A multilevel analysis. *Children and Youth Services Review*, 39, 101–107. <https://doi.org/10.1016/j.childyouth.2014.02.005>
- Kessler, R., Foster, C., Saunders, W., & Stang, P. (1995). Social consequences of psychiatric disorders, I: Educational attainment. *American Journal of Psychiatry*, 152(7), 1026–1032. <https://doi.org/10.1176/ajp.152.7.1026>
- Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2010). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal*, 36(6), 919–935. <https://doi.org/10.1080/01411920903249308>
- Kovacs, M., & Devlin, B. (1998). Internalizing disorders in childhood. *Journal Of Child Psychology and Psychiatry*, 39(1), 47–63. <https://doi.org/10.1111/1469-7610.00303>
- Kuh, G. D., Cruce, T. M., Shoup, R., Kinzie, J., & Gonyea, R. M. (2008). Unmasking the effects of student engagement on first-year college grades and persistence. *The Journal of Higher Education*, 79(5), 540–563.
- Lancaster, G. A. (2015). Pilot and feasibility studies come of age. *Pilot and Feasibility Studies*, 1(1), 1. <https://doi.org/10.1186/2055-5784-1-1>
- Layne, A. E., Bernat, D. H., Victor, A. M., & Bernstein, G. A. (2009). Generalized anxiety disorder in a nonclinical sample of children: Symptom presentation and predictors of impairment. *Journal of Anxiety Disorders*, 23(2), 283–289. <https://doi.org/10.1016/j.janxdis.2008.08.003>
- Lowry-Webster, H., Barrett, P., & Dadds, M. (2001). A universal prevention trial of anxiety and depressive symptomatology in childhood: Preliminary data from an Australian study. *Behaviour Change*, 18(1), 36–50. <https://doi.org/10.1375/bech.18.1.36>
- Lyneham, H. J., Street, A. K., Abbott, M. J., & Rapee, R. M. (2008). Psychometric properties of the school anxiety scale—teacher report (SAS-TR). *Journal of Anxiety Disorders*, 22(2), 292–300. <https://doi.org/10.1016/j.janxdis.2007.02.001>
- Lynn, C., McKay, M., & Atkins, M. (2003). School social work: Meeting the mental health needs of students through collaboration with teachers. *Children & Schools*, 25(4), 197–209. <https://doi.org/10.1093/cs/25.4.197>
- McCutcheon, K., Lohan, M., Traynor, M., & Martin, D. (2015). A systematic review evaluating the impact of online or blended learning vs. face-to-face learning of clinical skills in undergraduate nurse education. *Journal of Advanced Nursing*, 71(2), 255–270.
- Meltzer, H., Gatward, R., Goodman, R., & Ford, T. (2003). Mental health of children and adolescents in Great Britain. *International Review of Psychiatry*, 15(1–2), 185–187. <https://doi.org/10.1080/0954026021000046155>
- Mes, M. A., Chan, A. H. Y., Wileman, V., Katzer, C. B., Goodbourn, M., Towndrow, S., Taylor, S. J. C., & Horne, R. (2019). Patient involvement in questionnaire design: Tackling response error and burden. *Journal of Pharmaceutical Policy and Practice*, 12(1), 17. <https://doi.org/10.1186/s40545-019-0175-0>
- Mifsud, C., & Rapee, R. M. (2005). Early intervention for childhood anxiety in a school setting: Outcomes for an economically disadvantaged population. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(10), 996–1004. <https://doi.org/10.1097/01.chi.0000173294.13441.87>
- Mobach, L., Gould, K., & Hudson, J. (2019). Comorbidity in childhood anxiety disorders. In *Pediatric anxiety disorders* (pp. 277–298). Academic Press. <https://doi.org/10.1016/b978-0-12-813004-9.00013-x>
- Moor, S., Ann, M., Hester, M., Elisabeth, W. J., Robert, E., Robert, W., & Caroline, B. (2007). Improving the recognition of depression in adolescence: Can we teach the teachers. *Journal of Adolescence*, 30(1), 81–95. <https://doi.org/10.1016/j.adolescence.2005.12.001>
- Muris, P., Meesters, C., Merckelbach, H., Sermon, A., & Zwahlen, S. (1998). Worry in normal children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(7), 703–710. <https://doi.org/10.1097/00004583-199807000-00009>

- Murray, L., Creswell, C., & Cooper, P. J. (2009). The development of anxiety disorders in childhood: An integrative review. *Psychological Medicine*, 39(9), 1413–1423. <https://doi.org/10.1017/s0033291709005157>
- National Institute for Health Research. (2021). *Guidance on applying for feasibility studies*. National Institute for Health Research. https://www.nihr.ac.uk/documents/nihr-research-for-patient-benefit-rfpb-programme-guidance-on-applying-for-feasibility-studies/20474#Further_information
- Orsmond, G. I., & Cohn, E. S. (2015). The distinctive features of a feasibility study: Objectives and guiding questions. *OTJR: Occupation, Participation and Health*, 35(3), 169–177.
- Parslow, R. A., & Jorm, A. F. (2001). Predictors of partially met or unmet need reported by consumers of mental health services: An analysis of data from The Australian National Survey of Mental Health and Wellbeing. *The Australian and New Zealand Journal of Psychiatry*, 35(4), 455–463. <https://doi.org/10.1046/j.1440-1614.2001.00924.x>
- Pass, L., Sancho, M., Brett, S., Jones, M., & Reynolds, S. (2018). Brief behavioural activation (Brief BA) for adolescent depression: A feasibility study examining acceptability and practical considerations. *Educational And Child Psychology*, 2(35), 182–194. <https://doi.org/10.1017/s1352465817000443>
- Pine, D. S., Cohen, P., Gurley, D., Brook, J., & Ma, Y. (1998). The risk for early-adulthood anxiety and depressive disorders in adolescents with anxiety and depressive disorders. *Archives of General Psychiatry*, 55(1), 56. <https://doi.org/10.1001/archpsyc.55.1.56>
- Raknes, S., Pallesen, S., Himle, J. A., Bjaastad, J. F., Wergeland, G. J., Hoffart, A., Dyregrov, K., Håland, Å. T., & Haugland, B. S. M. (2017). Quality of life in anxious adolescents. *Child and Adolescent Psychiatry and Mental Health*, 11(1), 33. <https://doi.org/10.1186/s13034-017-0173-4>
- Rapee, R. (1997). Potential role of childrearing practices in the development of anxiety and depression. *Clinical Psychology Review*, 17(1), 47–67. [https://doi.org/10.1016/s0272-7358\(96\)00040-2](https://doi.org/10.1016/s0272-7358(96)00040-2)
- Rapee, R. M., Schniering, C. A., & Hudson, J. L. (2009). Anxiety disorders during childhood and adolescence: Origins and treatment. *Annual Review of Clinical Psychology*, 5(1), 311–341. <https://doi.org/10.1146/annurev.clinpsy.032408.153628>
- Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, 26(1), 1–13. <https://doi.org/10.1037/a0022714>
- Roeser, R. W., & Midgley, C. (1997). Teachers' views of issues involving students' mental health. *The Elementary School Journal*, 98(2), 115–133. <https://doi.org/10.1086/461887>
- Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child and Family Psychology Review*, 3(4), 223–241. <https://doi.org/10.1023/a:1026425104386>
- Rothi, D. M., Leavey, G., & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. *Teaching And Teacher Education*, 24(5), 1217–1231. <https://doi.org/10.1016/j.tate.2007.09.011>
- Rubin, R. (2002). Will the real SMART goals please stand up? *The Industrial-Organizational. The Psychologist*, 39(4), 26–27. <https://doi.org/10.1037/e576932011-003>
- Rudasill, K. M., & Rimm-Kaufman, S. E. (2009). Teacher–child relationship quality: The roles of child temperament and teacher–child interactions. *Early Childhood Research Quarterly*, 24(2), 107–120. <https://doi.org/10.1016/j.ecresq.2008.12.003>
- Ruggeri, K., Farrington, C., & Brayne, C. (2013). A global model for effective use and evaluation of e-learning in health. *Telemedicine and e-Health*, 19(4), 312–321.
- Salkovskis, P. M. (1991). The importance of behaviour in the maintenance of anxiety and panic: A cognitive account. *Behavioural Psychotherapy*, 19(1), 6–19.
- Sharpe, H., Ford, T., Lereya, S. T., Owen, C., Viner, R. M., & Wolpert, M. (2016). Survey of schools' work with child and adolescent mental health across England: A system in need of support. *Child And Adolescent Mental Health*, 21(3), 148–153. <https://doi.org/10.1111/camh.12166>
- Shelemy, L., Harvey, K., & Waite, P. (2019). Supporting students' mental health in schools: What do teachers want and need? *Emotional And Behavioural Difficulties*, 24(1), 100–116. <https://doi.org/10.1080/13632752.2019.1582742>
- Shepherd, J., Dewhurst, S., Pickett, K., Byrne, J., Speller, V., Grace, M., Almond, P., Hartwell, D., & Roderick, P. (2013). Factors facilitating and constraining the delivery of effective teacher training to promote health and well-being in schools: A survey of current practice and systematic review. *Public Health Research*, 1(2), 1–188. <https://doi.org/10.3310/phr01020>
- Staley, K., Kabir, T., & Szmukler, G. (2013). Service users as collaborators in mental health research: Less stick, more carrot. *Psychological Medicine*, 43, 1121–1125.
- Sully, B. G. O., Julious, S. A., & Nicholl, J. (2013). A reinvestigation of recruitment to randomised, controlled, multicenter trials: A review of trials funded by two UK funding agencies. *Trials*, 14(1), 166. <https://doi.org/10.1186/1745-6215-14-166>
- Tatar, M., & Emmanuel, G. (2001). Teachers' perceptions of their students' gender roles. *The Journal of Educational Research*, 94(4), 215–224. <https://doi.org/10.1080/00220670109598755>

- Taylor, J., Phillips, R., Cook, E., Georgiou, L., Stallard, P., & Sayal, K. (2014). A qualitative process evaluation of classroom-based cognitive behaviour therapy to reduce adolescent depression. *International Journal of Environmental Research and Public Health*, 11(6), 5951–5969. <https://doi.org/10.3390/ijerph110605951>
- Thirlwall, K., Cooper, P. J., Karalus, J., Voysey, M., Willetts, L., & Creswell, C. (2013). Treatment of child anxiety disorders via guided parent-delivered cognitive-behavioural therapy: Randomised controlled trial. *British Journal of Psychiatry*, 203(6), 436–444. <https://doi.org/10.1192/bjp.bp.113.126698>
- Vowles, K. E., Witkiewitz, K., Sowden, G., & Ashworth, J. (2014). Acceptance and commitment therapy for chronic pain: Evidence of mediation and clinically significant change following an abbreviated interdisciplinary program of rehabilitation. *The Journal of Pain*, 15(1), 101–113.
- White, M. (2007). *Maps of Narrative Practice*. Norton Books.
- Wolpert, M., Jacob, J., Napoleone, E., Whale, A., Calderon, A., & Edbrooke-Childs, J. (2016). *Child- and Parent-Reported Outcomes and Experience from Child and Young People's Mental Health Services* (pp. 2011–2015). CAMHS Press.
- Woodward, L. J., & Fergusson, D. M. (2001). Life course outcomes of young people with anxiety disorders in adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(9), 1086–1093. <https://doi.org/10.1097/00004583-200109000-00018>
- Wuest, J., Merritt-Gray, M., Dubé, N., Hodgins, M. J., Malcolm, J., Majerovich, J. A., Scott-Storey, K., Ford-Gilboe, M., & Varcoe, C. (2015). The process, outcomes, and challenges of feasibility studies conducted in partnership with stakeholders: A health intervention for women survivors of intimate partner violence. *Research in Nursing & Health*, 38(1), 82–96.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Nicola, E., Mastroyannopoulou, K., & Pass, L. (2024). A cognitive-behavioural psychoeducation intervention on childhood anxiety for school staff: A quantitative feasibility study. *Psychology in the Schools*, 61, 4302–4321. <https://doi.org/10.1002/pits.23287>