

*Academic Progress and Well-Being for Ages 10 to 14*

**An Honors Thesis (HONR 499)**

**by**

*Alexis P. King*

**Thesis Advisor**

*Dr. Robin Blom*

**Ball State University**

**Muncie, Indiana**

*May 2022*

**Expected Date of Graduation**

*May 2022*

## **Abstract**

Research on relationships between mental health and happiness and the “gifted” student provides mixed results. The current study evaluated the relationships between depression, anxiety, happiness, and perceived social support among “gifted” students and their general education peers. It was hypothesized that students aware of their label as “gifted” would score higher in rates of anxiety and depression while scoring lower in happiness than their unlabeled peers. It was also hypothesized that all students would find importance in social support; however, students deemed “gifted” would find more support from teachers than other sources. 5 participants aged 12 to 14 were questioned on their rates of anxiety and depression using sections taken from the Revised Children’s Anxiety and Depression Scale, their happiness using the Oxford Happiness Questionnaire, and their perceived social support using the Child and Adolescent Social Support Scale. Results of the study did not suggest any differences between the mental health and happiness of “gifted” and general education students. Results of the study suggested the importance of overall social support and social support from teachers for “gifted” students.

## **Acknowledgments**

I would like to express my appreciation to my professor Dr. Robin Blom for his help in guiding me through this project. He offered a lot of ideas and resources to help me make my project the best it could be.

I would also like to thank Miss Courtney Harnish for connecting me with Burriss parents and offering her knowledge of the student climate at Burriss to make the distribution of my survey run smoothly.

### **Process Analysis Statement**

I chose to do my honor's thesis on the mental health of "gifted" students because I and many of my friends were a part of this group in our grade-school years. On social media, it seems that a great number of people my age and older contribute their decline in mental health, feelings of worthlessness, and maladaptive perfectionism to their time being labeled as "gifted" in their school years and the lack of support with increased demands from teachers and family. This made me wonder about whether or not these feelings are apparent in children during their time as "gifted" students or if they are possibly just effects that do not show up until later in their young adulthood.

A lot of the prior research that I looked at had a lot of conflicting and controversial results. Where one study found incredibly significant results, another may have found nothing. I wanted to see if there were any significant results to be found at Burriss. Originally, I wanted to look at grades 5 through 12 to possibly analyze how these students' attitudes and feelings may change over time. For example, would middle schoolers have less anxious or depressive feelings than those in late high school? Due to the time of year, I was informed that it would be unlikely for any high schoolers to take my survey because of finals; for this reason, the project changed to focusing on students from grades 5 - 8.

Looking back, I should have started working out my plans with the IRB sooner than I did. I am generally a very disorganized person and that is something that hindered the progression of my project in a timely manner. Had I been more proactive, I would likely have received more responses and been able to have real comparable data and statistical analysis. However, although my research only yielded 5 responses, in a way I am glad for this. Due to the lack of responses, I was able to look more in-depth at each of these students by themselves rather than them getting

lost in a large amount of data. I was able to see if a student felt nervous at school or if their happiness was affected by their feelings of attractiveness.

Although my project did not find anything of true significance, I feel like I learned a lot throughout the process that may work to help me in my future working with children. For example, this research makes me ask these questions: If mental health is not affected much during one's actual time as a "gifted" student, how can teachers and counselors work to combat the emergence of these problems in adulthood? How can we better work to offer all students the support that they may need throughout their lives?

## Academic Progress and Well Being for Ages 10 to 14

### Introduction

The impact of giftedness on students' mental health and happiness is a very controversial subject. Some existing research has found that "gifted" students are generally less happy than their unlabeled peers (Casino-Garcia et al., 2019), while other studies have found no differences between the two (Bergold et al. 2015). The increase of demands that "gifted" or accelerated classes come with, puts these students at a higher risk for unhappiness and negative mental health than their peers (Fang et al. 2022). Even simply having the label of "gifted" can result in negative outcomes for these students. Studies have found that the label of "gifted" can lead to struggles in the students' school lives. In one 30-year longitudinal study, students labeled as "gifted" were found to have more emotional problems than their peers of the same intelligence without the label (Freeman, 2001). Being labeled as "gifted" can lead to expectations of the student from adults and others around them. Studies have found that these students notice negative components of giftedness such as extremely high expectations from parents and teachers as well as bullying and upset over disappointing others with their work (Pereira & Gentry, 2013; Cross et al., 2003, p. 204).

In addition to this, the increase of stressors that Generation Z has been facing may put these students at an even greater risk of facing adverse effects of the "gifted" label than the generations before them and little to no research has been done using students affected by the Covid-19 pandemic. The purpose of this study was to evaluate the relationships between depression and anxiety, happiness, and perceived social support among the "gifted" and their unlabeled peers.

### **Mental health and Giftedness**

According to the Center for Disease Control, among the general population of children aged 3 -17 years, there were approximately 5.8 million showing symptoms of anxiety and 2.7 million showing symptoms of depression. Additionally, the rate of children being diagnosed with either anxiety or depression has increased from 5.4% in 2003 to 8.4% in 2011-2012. Because one's mental health is important for their overall health, it is important to understand the possibility of increased risk for struggles in some students. As stated previously, there is little research that clearly shows the differences between the mental health issues of "gifted" vs unlabeled students. Some studies have shown these "gifted" students to be at risk of problems like anxiety and depression (Wellisch & Brown, 2012), while others have found the "gifted" to be better adjusted than their peers. The present study aims to further examine the differing rates of anxiety and depression between "gifted" and unlabeled students.

On one hand, giftedness has been thought to increase the vulnerability of students' susceptibility to a variety of social and emotional problems. These problems can be caused by a variety of experiences that "gifted" students typically face such as unrealistic academic expectations, fear of rejection by parents or teachers upon failure, social pressures to excel, negative stereotyping, bullying, and isolation (Coleman, Micko, & Cross, 2015).

On the other hand, the aspect of giftedness and cognitive ability has also been viewed as a protective factor that works to help students cope with the stresses of development. In this perspective, "gifted" students are seen as more successful and social than their unlabeled peers (Mueller, 2009).

The present study aims to examine these factors as well by comparing rates of anxiety and depression.

### **Anxiety and Depression**

There is a challenge in getting “gifted” students the mental health resources that they may need because of the lack of clear statistical evidence indicating that mental health issues are more prevalent among “gifted” students when compared to their unlabeled peers (Winsor & Mueller, 2020; Martin, Burns, & Schonlau, 2010).

There is a lack of statistical evidence in part due to contradictory findings. For example, one study found “gifted” children to report lower levels of life satisfaction in comparison to their peers. Life satisfaction has been found to be negatively and significantly correlated with anxiety, depression, and stress. With this information, “gifted” students would likely be found to report higher levels of depression and anxiety if they are less satisfied. However, this same study also found “gifted” children to report lower levels of anxiety overall when compared to their peers (Fouladchang et al. 2010).

### **Happiness and the “gifted” student**

Happiness remains a confusing concept among scholars and literature. There is debate as to what happiness means and the differences in happiness among cultures and lifestyles. Some studies have claimed that “gifted” students are thought to be more resourceful and high achieving, making them happier with their lives (Diener & Fujita, 1995). However, giftedness can also lead to adverse effects such as maladaptive perfectionism and obsessive behaviors that can lead to psychological stress or harm that adversely affect their well-being and/or quality of life (Chan, 2012). These maladaptive forms of perfectionism have been found to leave students feeling more stressed, depressed, hopeless, and academically inferior (Rice et al. 2006).

Additionally, studies have found that these “gifted” students often have high expectations and



standards to live up to, resulting in immense academic pressure that can erode life satisfaction (Huang et al. 2018).

### **The Impact of Social Support**

Social support can be defined as “one’s perception that they are valued, cared for, and considered important by others such as their parents, peers, and teachers” and has been related to better health and well being (Saylor & Leach 2009; Cohen, Underwood, & Gottlieb, 2000). Social support has also been found to be negatively related to depression, anxiety, and stress (Shelton et al. 2017). Perceived social support has been found to be related to children of all backgrounds, including “gifted” children (Dunn et al. 1987).

Studies have suggested that perceived social support has a negative relationship with adverse school outcomes such as school burnout in middle school students (Gungor, 2019). Additionally, social support from parents has been found to be a protective factor against the development of depression (Young et al. 2005). Research has also found that support outside of the family takes great importance during the transition of adolescence. One study found that many American adolescents viewed non-family adults as important sources of support (Chen et al. 2003). In addition to this, support from teachers has also been found to be negatively related to depressive symptoms (Colarossi and Eccles 2003).

Finally, studies have suggested that honor students that develop a more maladaptive form of perfectionism that could lead to less happiness or depressive feelings, typically lack a social safety net among peers (Petschauer & Wallace, 2005).

## **The Impact of the COVID-19 Pandemic**

We have all experienced disruptions to our daily lives as a result of the COVID-19 Pandemic. Today's youth have been through a time of school closures, social distancing, isolation, and stress. Empirical evidence has suggested that there has been a significant increase in children's mental health symptoms including signs of depression and/or anxiety. Throughout 2020, there was found to be a 27.6% increase in depressive disorders and a 25.6% increase in anxiety disorders globally (Santomauro D. F. et. al. 2021). With this being said, as the world has started to move toward its new "normal" the results of this study will likely show little impact in regards to COVID-19.

## **The Current Study**

The current study aimed to provide additional evidence to the relationship between giftedness and mental health and happiness as well as mental health and happiness and perceived social support. Furthermore, the study aimed to add to previous literature by focusing on students going through the transitional period of middle school to examine how these students may be more or less affected than others from previous studies.

The current study hypothesized that students who are aware of their label of high ability at Burriss will score higher on scales of depression and anxiety and score lower in happiness (Hypothesis 1a) while those who are not aware of their label will score lower on scales of depression and anxiety and higher in happiness. (Hypothesis 1b). Additionally, the current study hypothesized that students, regardless of their label, will find importance in social support (hypothesis 2a); however, high ability students may find more importance in support from teachers than their peers (Hypothesis 2b).

## **Method**

### **Definition of “Gifted”**

One of the struggles with giftedness research comes with the disparity in the literature’s definition of “gifted.” The differences between these definitions have resulted in literature and research that is difficult to replicate and generalize. For the present study, the term “gifted” will be used to describe students enrolled in Burriss’ High Ability courses.

### **Participants**

Participants included 5 students, 3 of which were labeled as “gifted” students. This sample consisted of 3 males and 2 females with a mean age of 13.5. All of these students, save one male, were enrolled in 8th grade. Participants had to be enrolled at Burriss Laboratory School in grades 5 through 8 and be aged 10 to 14. Anyone not meeting these criteria was excluded.

### **Measures**

The Revised Children’s Anxiety and Depression Scales (See Appendix A) or RCADS (Chorpita et al. 2000) is a 47-item child self-report measure that assesses anxiety and depression disorder symptoms on a 4-point scale of “never” to “always”. The survey contains 5 anxiety subscales of separation anxiety (7 items; e.g. “I worry about being away from my parents”), panic disorder (9 items; e.g. “All of the sudden I feel really scared for no reason at all”), social phobia (9 items e.g. “I worry what other people think of me”), and obsessive-compulsive (6 items; e.g. “I have to do some things just the right way to stop bad things from happening”). The survey also contains a depression scale of 10 items with statements such as “I feel sad or empty.” The present study did not include the anxiety subscales of separation anxiety and obsessive-compulsive. The RCADS has been found to have excellent reliability and validity in clinical and non-clinical samples (Chorpita et al. 2000).

The Oxford Happiness Questionnaire (See Appendix B) or OHQ is a 29-item self-report measure that assesses participant happiness. Each item is presented as a single statement, such as “I feel that life is very rewarding,” measured on a 6 points scale of “1 =strongly disagree” to “6 = strongly agree.” Total scores are obtained by reverse coding questions and adding up the results and dividing by 29. Total scores can range from 1 to 6 with scores of 1-2 and 2-3 indicating levels of unhappiness, 3-4 indicating indifference, 4 - 5 and 5 - 6 indicating moderate happiness or above, and a score of 6 indicating that the participant is “too happy” to the point they are likely operating at suboptimal levels. The OHQ demonstrates high reliability and internal consistency.

Social support was assessed using the Child and Adolescent Support Scale (See Appendix C) or CASSS (Malecki et al. 2000). The CASSS consists of 60 item scale measuring perceived social support from parents, teachers, classmates, a close friend, and people at school. The current study did not include subscales of close friends or people at school, resulting in 36 total questions. Each item is presented as a single statement such as “my teacher(s). . . makes it OK to ask questions” measured first on a 6 point scale of “1=never” to “6=always” and then on a 3 point scale of “1 = not important” to “3= very important”. The CASSS has demonstrated excellent reliability and validity (Malecki et al. 2002).

### **Procedure**

The sample was a convenience sample recruited through forwarded emails from the High Ability Coordinator/Counselor at Burris. This study was approved by the University’s Institutional Review Board (see Appendix D), and parental consent and child assent were obtained for all participants.

All survey data were collected through an online Qualtrics survey. Parents were forwarded an email from the PI by the school's high ability coordinator - the email included a short message from the PI as well as a recruitment flyer and a parental permission form. Students' parents received the link to the survey only after they had filled out a parental consent form. The children were permitted to take the surveys when and wherever their parents provided it to them. The surveys were taken individually and the student was permitted to take the survey at their own pace.

## **Results**

### **“Gifted” Group**

Results for students considered “gifted” included one female and two males, all of which were 14-year-old students in the 8th grade.

Regarding these students' scores on the RCADS, one student reached the clinical threshold (t-score = 70+) for social phobia and one student reached the borderline clinical threshold (t-score = 65 - 69) for social phobia. Only one student total reached the clinical threshold (t-score = 70+) on the subscales of generalized anxiety, panic disorder, and depression.

These students' Oxford Happiness scores were interpreted as not particularly unhappy or happy with a mean score of 3.85.

These students' support scale results consisted of means of 48, 53, and 40 out of 72 for parent, teacher, and classmate support respectively, with a mean support score of 141 out of 216. Their mean importance ratings for these forms of support consisted of 25, 26, and 21 out of 36 for parent, teacher, and classmate importance respectively with a mean support importance score of 72 out of 108.

### **General Education Group**

Results for students not considered to be a part of the “gifted” group consisted of one 12-year-old male student and one 13-year-old female student in 6th and 8th grade.

Regarding these students’ scores on the RCADS, only one student total reached the clinical threshold (t-score = 70+) on the subscales of panic disorder, depression, and social phobia.

These students’ Oxford happiness scores were interpreted as not particularly unhappy or happy with a mean score of 3.65.

These students’ support scale results consisted of means of 52 and 48 for parent and classmate support respectively with one student’s teacher support scores being inconclusive due to lack of data and the other’s scores being 51. Their importance ratings of these forms of support consisted of means of 28, 26, and 25 for parent, teacher, and classmate importance respectively with a mean support importance score of 79 out of 108.

### **Discussion**

Due to a lack of data, what was found cannot be generalized on a large scale; however, we can analyze the data between the groups that we have. With these results, it can be said that in the cases of these students - hypotheses 2a and 2b are supported. Hypothesis 2a “students, regardless of their label, will find importance in social support” is supported by the data in the fact that all students rated these forms of support as important in some way across the board. Additionally, hypothesis 2b “high ability students may find more importance in support from teachers than their peers” is also supported by the given data. The ratings for the importance of support from teachers were higher than that of ratings for the importance of support from parents

for “gifted” students while their general education peers rated the importance of parental support as higher.

As stated previously, research indicates that rates of depression and anxiety in students are negatively related to support. Because “gifted” students reported support from teachers as more important than that of parents and classmates, it is likely that a lack of support in this area would have a greater negative impact. With knowledge of these findings, teachers of “gifted” classes can better understand the needs of their students when it comes to supporting them.

Finally, given these results, hypotheses 1a and 1b are not supported. Hypothesis 1a, “students who are aware of their label of high ability at Burriss will score higher in scales of depression, anxiety, and lower in happiness” and 1b “ those [students] who are not aware of their label will score lower in scales of depression and anxiety and higher in happiness” are not supported given that all students save one “gifted” student scored high in any given aspect of depression or anxiety and all students scored within scales of not unhappy or happy on the happiness measure.

Although they are not generalizable, these findings are supported by previous literature where no difference in rates of anxiety, depression, or happiness was found. This can be looked at as a favorable finding because these students labeled as “gifted” are not showing any more adverse effects than their unlabeled peers. However, looking at the results of the RCADS tests - a majority of the students tested show clinical levels of at least one or more disorders. These findings could indicate that there is a need to look into whether or not there may be an underlying cause for the number of mental health issues they are showing.

***Limitations***

One of the primary limitations of this research is the severely limited sample size and lack of grade diversity. With a larger sample size, it may have been possible for this research to have yielded significant results. Additionally, more diversity in grades would have not only potentially found relationships between factors as students age through school, but also would have given the potential to generalize results for middle school students.

***Future Research***

This study was able to provide support to past research into the importance of social support to children and the importance of teacher support to students labeled as “gifted”. Although this study was unable to provide additional evidence regarding the relationships between anxiety, depression, and happiness to one’s label as “gifted” research into this subject is still necessary in order to find ways of helping these students in the struggles with mental health and happiness that they may have. Potential for further research could be found in a longitudinal study of students labeled as “gifted” in elementary school and followed throughout their academic career in order to see how one’s mental health and happiness may progress over their time as a “gifted” student.



### References

- Bergold, S., Wirthwein, L., Rost, D. H., & Steinmayr, R. (2015). Are gifted adolescents more satisfied with their lives than their non-gifted peers? *Frontiers in Psychology, 6*, 1623. <https://doi.org/10.3389/fpsyg.2015.0162>
- Casino-García, A. M., García-Pérez, J., & Llinares-Insa, L. I. (2019). Subjective emotional well-being, emotional intelligence, and mood of gifted vs. unidentified students: A Relationship Model. *International Journal of Environmental Research and Public Health, 16*(18), 3266. <https://doi.org/10.3390/ijerph16183266>
- Chan D. W.(2012) Life satisfaction, happiness, and the growth mindset of healthy and unhealthy perfectionists among Hong Kong Chinese gifted students, *Roepers Review, 34*(4) 224-233, [DOI: 10.1080/02783193.2012.715333](https://doi.org/10.1080/02783193.2012.715333)
- Chen, C., Greenberger, E., Farruggia, S., Bush, K. & Dong, Q. (2003). Beyond parents and peers: The role of important non-parental adults (VIPs) in adolescent development in China and the United States. *Psychology in the Schools., 40*: 35-50. <https://doi-org.proxy.bsu.edu/10.1002/pits.10068>
- Cohen, S., Underwood, L. G., Gottlieb, B. H. (2000) Social support measurement and intervention, New York, NY: Oxford University Press.

Colarossi L. G., Jacquelynne S. Eccles, (March 2003). Differential effects of support providers on adolescents' mental health, *Social Work Research*, 27(1), Pages 19–30,

<https://doi.org/10.1093/swr/27.1.19>

Coleman, L. J., Micko, K. J., & Cross, T. L. (2015). Twenty-five years of research on the lived experience of being gifted in school: capturing the students' voices. *Journal for the Education of the Gifted*, 38(4), 358–376. <https://doi.org/10.1177/0162353215607322>

Diener, E., & Fujita, F. (1995). Resources, personal strivings, and subjective well-being: A nomothetic and idiographic approach. *Journal of Personality and Social Psychology*, 68(5), 926–935. <https://doi-org.proxy.bsu.edu/10.1037/0022-3514.68.5.926>

Fang, L., Yuen, M., Fung, E. *et al.* (2022) Life satisfaction of gifted and average adolescents in Hong Kong: validation of the Chinese Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS). *Applied Research Quality Life*, 17, 751–761.

<https://doi-org.proxy.bsu.edu/10.1007/s11482-021-09932-8>

Gungor, A. (2019). Investigating the relationship between social support and school burnout in Turkish middle school students: The mediating role of hope. *School Psychology International*, 40(6), 581–597. <https://doi.org/10.1177/0143034319866492>

Mahboobeh Fouladchang, Akram Kohgard, Vahideh Salah, (2010). A study of psychological health among students of gifted and nongifted high schools, *Procedia - Social and Behavioral Sciences*, 5, Pages 1220-1225, ISSN 1877-0428,

<https://doi.org/10.1016/j.sbspro.2010.07.264>.

Malecki, Christine & Demaray, Michelle. (2002). Measuring perceived social support: Development of the child and adolescent social support scale (CASSS). *Psychology in the Schools*. 39, 1 - 18. 10.1002/pits.10004.

Martin, L. T., Burns, R. M., & Schonlau, M. (2010). Mental disorders among gifted and nongifted youth: A selected review of the epidemiologic literature. *Gifted Child Quarterly*, 54(1), 31–41 <https://doi.org/10.1177/0016986209352684>

Mueller. (2009). Protective factors as barriers to depression in gifted and nongifted adolescents. *The Gifted Child Quarterly*, 53(1), 3–14. <https://doi.org/10.1177/0016986208326552>

Rice, K. G., Leever, B. A., Christopher, J., & Porter, J. D. (2006). Perfectionism, stress, and social (dis)connection: A short-term study of hopelessness, depression, and academic adjustment among honors students. *Journal of Counseling Psychology*, 53(4), 524–534. <https://doi-org.proxy.bsu.edu/10.1037/0022-0167.53.4.524>

Rueger, S. Y., Chen, P., Jenkins, L. N. *et al.* (2014). Effects of perceived support from mothers, fathers, and teachers on depressive symptoms during the transition to middle school.

*Journal of Youth and Adolescence* 43, 655–670.

<https://doi-org.proxy.bsu.edu/10.1007/s10964-013-0039-x>

Santomauro D. F. *et al.* (2021). Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic, *The Lancet*, 398(10312), 1700-1712, ISSN 0140-6736,

[https://doi.org/10.1016/S0140-6736\(21\)02143-7](https://doi.org/10.1016/S0140-6736(21)02143-7).

Saylor, C. F., Leach, J. B. (2009) Perceived bullying and social support in students accessing special inclusion programming. *Journal of Developmental and Physical Disabilities*, 21, 69–80. [doi:10.1007/s10882-008-9126-4](https://doi.org/10.1007/s10882-008-9126-4).

Shelton, A. J., Wang, C. D., Zhu, W. (2017) Perceived social support and mental health: Cultural orientations as moderators. *Journal of College Counseling*, 20(3): 194–207.  
[doi:10.1002/jocc.12062](https://doi.org/10.1002/jocc.12062).

Wellisch, Mimi & Brown, Jac. (2012). An integrated identification and intervention model for intellectually gifted children. *Journal of Advanced Academics*, 23, 145-167.  
10.1177/1932202X12438877.

Winsor, DL, Mueller, CE. (2020). Depression, suicide, and the gifted student: A primer for the school psychologist. *Psychology in the Schools*, 57, 1627– 1639.

<https://doi-org.proxy.bsu.edu/10.1002/pits.22416>

Young, J. F., Berenson, K., Cohen, P., & Garcia, J. (2005). The role of parent and peer support in predicting adolescent depression: A longitudinal community study. *Journal of Research on Adolescence*, 15(4), 407–423.

<https://doi-org.proxy.bsu.edu/10.1111/j.1532-7795.2005.00105.x>

**Appendix A - RCADS**

Please put a circle around the word that shows how often each of these things happens to you. There are no right or wrong answers.

	Never	Sometimes	Often	Always
1. I worry about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel sad or empty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I have a problem, I get a funny feeling in my stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I worry when I think I have done poorly at something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Nothing is much fun anymore	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel scared when I have to take a test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel worried when I think someone is angry with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I worry that I will do badly at my school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. I worry that something awful will happen to someone in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I suddenly feel as if I can't breathe when there is no	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
reason for this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have problems with my appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I have no energy for things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I worry I might look foolish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I am tired a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I worry that bad things will happen to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. When I have a problem, my heart beats really fast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I cannot think clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I suddenly start to tremble or shake when there is no reason for this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. I worry that something bad will happen to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. When I have a problem, I feel shaky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I feel worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I worry about making mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I worry what other people think of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. All of a sudden I feel really scared for no reason at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I worry about what is going to happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I suddenly become dizzy or faint when there is no reason for this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I think about death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I feel afraid if I have to talk in front of my class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. My heart suddenly starts to beat too quickly for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---



31. I feel like I don't want to move

32. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of

33. I feel afraid that I will make a fool of myself in front of people

34. I feel restless









How important to you is it that your parent(s) . . .

	Not Important	Important	Very important
... show they are proud of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... understand me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... listen to me when I need to talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...make suggestions when I don't know what to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...give me good advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...help me solve problems by giving me information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... tell me I did a good job when I do something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...nicely tell me when i make mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... reward me when I've done something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... help me practice my activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... take time to help me decide things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... get me many of the things i need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



How important to you is it that your teacher(s) . . .

	Not Important	Important	Very important
... cares about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... treats me fairly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... makes it okay to ask questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... explains things that I don't understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... shows me how to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... helps me solve problems by giving me information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... tells me I did a good job when I've done something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... tells me when I make mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... tells me how well I do on tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... makes sure I have what I need for school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... takes time to help me learn to do something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... spends time with me when I need help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





How important to you is it that your classmates . . .

	Not Important	Important	Very important
...treat me nicely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... like most of my ideas and opinions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...pay attention to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... give me ideas when I don't know what to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... give me information so I can learn new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... give me good advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...tell me I did a good job when I've done something well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... nicely tell me when I make mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... notice when I have worked hard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... ask me to join activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...spend time doing things with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...help me with projects in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix D - IRB Approval Letter

Office of Research Integrity  
 Institutional Review Board (IRB)  
 2000 University Avenue  
 Muncie, IN 47306-0155  
 Phone: 765-285-5052  
 E-mail: orihelp@bsu.edu



**BALL STATE  
 UNIVERSITY**

---

**DATE:** May 17, 2022

**TO:** Robin Blom, PhD

**FROM:** Ball State University IRB

**RE:** IRB protocol # 1889990-1

**TITLE:** Academic Progress and Well Being for Ages 10 to 14

**SUBMISSION TYPE:** New Project

**BOARD DECISION:** APPROVED

**PROJECT STATUS:** ACTIVE

**DECISION DATE:** May 17, 2022

**REVIEW TYPE:** Expedited: This protocol has been determined by the IRB to meet the definition of minimal risk.

---

The Institutional Review Board has approved your New Project for the above protocol, effective on May 17, 2022. Your project falls into the Expedited Category indicated below. As such, there will be no further review of your protocol, and you are cleared to proceed with the procedures outlined in your protocol. As an expedited study, there is no requirement for continuing review. Your protocol will remain on file with the IRB as a matter of record. All research under this protocol must be conducted in accordance with the approved submission and in accordance with the principles of the Belmont Report.

**Your project falls under the indicated Expedited Categories:**

	<b>Category 1:</b> Clinical studies of drugs and medical devices
	<b>Category 2:</b> Collection of blood samples by Finger stick, Heel stick, Ear stick, or Venipuncture
	<b>Category 3:</b> Prospective collection of biological specimens for research purposes by noninvasive means
	<b>Category 4:</b> Collection of data through Non-Invasive Procedures Routinely Employed in Clinical Practice, excluding procedures involving Material (Data, Documents, Records, or Specimens) that have been collected, or will be collected solely for non-research purposes (such as medical treatment or diagnosis)
	<b>Category 5:</b> Research involving materials that have been collected or will be collected solely for non-research purposes.
	<b>Category 6:</b> Collection of Data from Voice, Video, Digital, or Image Recordings Made for Research Purposes
x	<b>Category 7:</b> Research on Individual or Group Characteristics or Behavior or Research Employing Survey, Interview Oral History, Focus Group, Program Evaluation, Human Factors, Evaluation, or Quality Assurance Methodologies
	<b>Category 8:</b> Continuing review of research previously approved by the convened IRB
	<b>Category 9:</b> Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories 2-8 do not apply but the

	IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and not additional risks have been identified.
--	--

**Categories where the IRB has decided to downgrade protocol to Expedited review:**

	<b>Category 1:</b> Continuing review of research previously approved by the convened IRB, where research activities are limited to data analysis only.
	<b>Category 2:</b> Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) research involves no greater than minimal risk and no additional risks have been identified.
	<b>Category 3:</b> Protocol modifications have resulted in the protocol becoming minimal risk and qualifying for Expedited review.

While your project does not require continuing review, it is the responsibility of the P.I. (and, if applicable, faculty supervisor) to inform the IRB if the procedures presented in this protocol are to be modified or if problems related to human research participants arise in connection with this project. Any of these notifications must be addressed in writing and submitted electronically to IRBNet ([www.irbnet.org](http://www.irbnet.org)). Please reference your IRB protocol number 1889990-1 in any communication to the IRB regarding this project. Be sure to allow sufficient time for review and approval of requests for modification or continuation. If you have questions, please contact the Office of Research Integrity at [orihelp@bsu.edu](mailto:orihelp@bsu.edu) or Sena Lim, HRPP manager at 765-285-5034 or [slim2@bsu.edu](mailto:slim2@bsu.edu).

In the case of an adverse event and/or unanticipated problem, you will need to submit written documentation of the event to IRBNet under this protocol number and you will need to directly notify the Office of Research Integrity (<http://www.bsu.edu/irb>) **within 5 business days**. If you have questions, please contact the Office of Research Integrity at [orihelp@bsu.edu](mailto:orihelp@bsu.edu) or Sena Lim, HRPP manager at 765-285-5034 or [slim2@bsu.edu](mailto:slim2@bsu.edu).

Please note that all research records must be retained for a minimum of three years after the completion of the project or as required under Federal and/or State regulations (ex. HIPAA, FERPA, etc.). Additional requirements may apply.