



Associations among teachers' depressive symptoms and students' classroom instructional experiences in third grade[☆]

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ABSTRACT

Recent studies have established connections among teachers' mental health and student outcomes, however there is limited understanding of how these teacher characteristics manifest in the classroom to affect students. The present study informed this gap by examining the associations among third grade teachers' ($N = 32$) self-reported symptoms of clinical depression and their students' ($N = 326$) classroom instructional experiences. Eight student experiences described by the Individualizing Student Instruction framework were investigated, including academic instruction facilitated by the teacher in various student groupings, students' independent and group work, teachers' planning/organizing instruction, and students' time off-task and in transitions. Multilevel modeling revealed negative associations between teachers' depressive symptoms and (a) teacher-facilitated academic instruction provided to the whole class and (b) teachers' planning/organizing instruction. Results suggest that teachers experiencing more symptoms may under-utilize instructional approaches that require more effort on their part. We discussed the implications of our findings for students' academic and social-emotional learning, and the potential benefits of incorporating mental health support components into teacher training and professional development aimed at improving instructional practices.

1. Introduction

Recent work has identified teachers' mental health as an important contributor to classroom processes and student outcomes (Roberts, LoCasale-Crouch, Hamre, & DeCoster, 2016; Sandilos et al., 2015). Teachers' depressive symptoms, in particular, have been explored in relation to classroom and student factors: McLean and Connor (2015) found that third-grade teachers who reported more depressive symptoms were more likely to have lower-quality classrooms (operationalized as a combination of classroom organization, instruction, and teacher management of/responsiveness to students). This association between teachers' depressive symptoms and classroom quality, in addition to research documenting links between classroom quality and students' classroom instructional experiences (Connor et al., 2014; Kane & Staiger, 2012; McLean, Sparapani, Toste, & Connor, 2016; Pianta, Paro, & Hamre, 2007) suggests that teachers' depressive symptoms might also influence the types and amounts of instruction that students experience in the classroom. Although the field has begun to identify associations among teachers' depressive symptoms and globally-observed aspects of the classroom environment (McLean & Connor, 2015; Roberts et al., 2016; Sandilos et al., 2015), little is known about the extent to which teachers' depressive symptoms influence individual students' exposures to various types of instruction within the classroom.

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Given the documented links between the instruction students receive and their developmental outcomes (Connor et al., 2010; McLean et al., 2016), such investigation may provide insight into how exactly teachers' mental health characteristics operate in the classroom to affect students.

We drew on the Bio-Ecological Model of Human Development (Bronfenbrenner & Morris, 2006) to frame this investigation. The Bio-Ecological Model highlights the importance of the proximal developmental contexts (in this case, the classroom) that children experience in contributing to their development. Additionally, this model illustrates the potential for the individual characteristics participants bring into a context (e.g., teachers' depressive symptoms) to contribute to the nature of that system's influence on others (e.g., the types and amounts of instruction students experience). Student-level classroom observation methods show promise in elucidating these potential relations as they portray classroom experiences from the vantage point of students in contrast to the classroom-level features captured by global observation methods. This is especially relevant in that students within the same classroom and between classrooms can have vastly different instructional experiences (Connor, Piasta, et al., 2009). However, very few studies to date have examined the influences of teachers' depressive symptoms on students' classroom experiences utilizing student-level observation methods. Importantly, one such investigation was recently undertaken which revealed relations among teachers' mental health characteristics and the academic feedback their students received (McLean & Connor, 2017). The McLean and Connor study provides a foundation upon which the present study expands, as we investigate how teachers' depressive symptoms relate to a wider range of instructional experiences.

The present study sought to address current gaps in the field by utilizing a student-level observational system to investigate whether the students of teachers reporting more depressive symptoms had systematically different classroom instructional experiences compared to students in classrooms led by teachers with fewer symptoms. We investigated students' experiences in literacy instruction exclusively because, according to a recent large-scale report, U.S. third-graders spend a larger percentage of time in literacy instruction than they do in any other subject (Hoyer & Sparks, 2017). This proportionately large amount of exposure to literacy instruction, considered alongside the potential for depressive symptoms to influence the nature of a teachers' interactions with students during classroom instruction (McLean & Connor, 2017), illustrates the value of investigating teachers' depressive symptoms within this domain of instruction. We anticipate results of this effort will inform teacher training and professional development programs and policies that aim to improve teachers' instructional practices, particularly in the context of literacy.

1.1. Teachers' depressive symptoms

Clinical depression, also known as Major Depressive Disorder, is recognized by the DSM-V as a mental disorder that has the potential to affect all aspects of a person's life including their professional performance. In general, this disorder is associated with a dampening of positive affect, energy, and motivation, with symptoms including prolonged feelings of fatigue and decreases in concentration, motivation, and engagement with others (American Psychiatric Association, 2013). Even the presence of depressive symptoms at non-clinical levels can negatively affect an individual, and is one of the strongest predictors of later major depressive episodes and other mental-health related struggles (Allen, Chango, Szwedlo, & Schad, 2014; Horwath, Johnson, Klerman, & Weissman, 1994). Recent work has highlighted the importance of conducting mental health research in teacher populations: Whitaker, Becker, Herman, and Gooze (2013) observed that reports of poor mental health were more prevalent among early childhood teachers relative to a comparable national sample, with 24% of teachers classified as at-risk for clinical depression compared to 18% in the general population. Given that teaching is one of the most stressful occupations (Johnson et al., 2005; Travers, 2001), it could be that the unique demands of the teaching profession leave its practitioners more prone to experiencing negative mental health symptoms.

We assessed a constellation of symptoms indicative of clinical depression utilizing an established measure of depression risk. Investigations into the contributions of depressive symptoms to teachers' classroom practices have revealed negative associations between symptoms (such as pervasive stress and feelings of burnout) and a teacher's ability to positively engage with, and provide high-quality instruction to, their students (Chang, 2009; Darr & Johns, 2008; McLean & Connor, 2017; Sandilos et al., 2015). For example, McLean and Connor (2017) recently reported that teachers who reported more depressive symptoms provided positive academic feedback less frequently to their students. In addition, depressive symptoms have been found to be negatively associated with teachers' monitoring and management of student behavior (Aloe, Amo, & Shanahan, 2014; Li Grining et al., 2010; Raver et al., 2008). Sandilos et al. (2015) further reported that preschool teachers' depressive symptoms were negatively associated with the observed quality of classroom-level instructional support and organization (elements of more general classroom quality). Lastly, Hamre and Pianta (2004) found that non-familial caregivers (i.e., preschool teachers and daycare workers) who reported more depressive symptoms were more withdrawn in their interactions with young children. Considering these findings along with the well-established negative effects of depressive symptoms on one's energy, motivation, and likeliness of engaging with others (APA, 2013) we hypothesized that teachers' depressive symptoms would influence the types of teacher-initiated and teacher-monitored instructional experiences their students have in the classroom.

1.2. Students' classroom instructional experiences

Students' instructional experiences in the classroom are robust correlates of achievement, highlighting the value of investigations which aim to identify novel predictors of those instructional experiences. Foundational associations between instructional experiences and achievement were highlighted in the seminal process-product research of the 1970s. Syntheses from this large body of research pinpointed multiple influential instructional experiences, including active teaching (i.e., instruction provided directly by the

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