A Whole School Approach to Supporting Children with Anxiety Problems

This paper sets out to delineate the effects of anxiety on a pupil's academic progress and social and emotional well-being. It offers a rationale for schools in promoting mental health for their student bodies. It proposes a series of interventions to help pupils with anxiety problems. Methods for the implementation of these interventions on a whole school basis are explored.

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INTRODUCTION

The words "anxiety" and "stress" are now encountered on an almost daily basis, either in conversation or print. Whereas once anxiety was thought to belong to the realm of the "mentally ill" (as it was then termed), now it is accepted as part of everyday adult life. Up until reasonably recently, there appears to have been a general societal assumption that children, if not always happy, were at least very resilient to life's vicissitudes. Many academic writers in the education and psychology fields, however, have questioned this. Mays (1970), cited in Varma (1973), offers the opinion that childhood, even now, is far from being a happy phase of life. This view has been echoed in more recent times by Carter, Briggs-Gowan and Davis (2004, p. 110): "A final issue that deserves mention is our societal nurturance of the myth that childhood, and especially early childhood, is a 'sacred', happy time". Long and Fogell (1999, p. 37) have observed that "children today face more stress than ever. Evidence shows that there is an increase in many childhood disorders". They go on to hypothesise that reasons for this may be "changing work patterns, secularisation of society, changing family patterns and the influence of the media". Children are not immune from anxiety. Many of the children who have anxiety problems may not have the ability to describe and label their feelings, which puts them at a further disadvantage.

DEFINITIONS AND PREVALENCE

Definitions
Anxiety has its basis in fear, a fact that gives a species an evolutionary survival advantage. There are many definitions of fear. Fear is the natural response to a stimulus which poses a threat to well-being, safety or security. "Fear involves specific reactions to very specific situations, such as a specific threat" (Merrell, 2001, p. 7). Fear, then, has a survival value for us. It enables us to muster resources to avoid or diminish a perceived threat to our existence. When unfounded fears degrade the quality of our everyday life, that beneficial value is lost. Goleman (1998) points out that when arousal that might be appropriate for confronting a given threat intrudes into another situation, it sabotages an appropriate response.

Anxiety has been described as "a future-oriented feeling of dread or apprehension associated with the sense that events are both uncontrollable and unpredictable" (Anthony and Swinson, 2000, p. 6). A strong, unrealistic, and sometimes irrational fear is referred to as anxiety. It could be said then, that fear is a response to a specific

threat but is of short duration, as it dissipates when the perceived threat is removed. Anxiety may or may not have a specific focus, can be diffuse and of long duration.

Prevalence
Studies have indicated a prevalence of anxiety problems in children ranging from a low of three percent (Merrell, 2001) to a higher estimate of nine percent (Carr, 1999). In the Irish context, a study by Porteous (1991) estimated that at least one in every ten children is suffering quite significant emotional disturbance. In a relatively recent report from Amnesty International (Irish Section), the Chief Medical Officer of the Department of Health And Children commented that up to 18 per cent of the children under the age of 16 years will experience significant mental health problems at some period of their development (Crowley, 2003).

These figures would represent the cohort of children who meet the specific diagnostic criteria set out in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM – IV) (APA, 1994). This would seem to suggest that there is a larger cadre below the clinical cut off point who experience anxiety problems, if not disorders. This article will confine itself to those pupils who are exhibiting anxieties but who have not received a clinical diagnosis of anxiety disorder.

At present in our society, the term "anxiety" has negative connotations. It would be unwise, however, to seek to eliminate all sources of anxiety. Powell and Enright (1990) point out that a certain amount of anxiety is both normal and necessary to perform any task properly. A caveat must be entered, then, that teachers would not become prone to over-identifying and seeking to eliminate all sources of anxiety.

RATIONALE FOR SCHOOL BASED INTERVENTION

The question might reasonably be posed: Since the over-riding concern of school is the academic progress of the pupils and since the vast majority of teachers have no professional therapeutic training, should the school have any involvement in an intervention programme relating to anxiety problems and, indeed, to the promotion of mental health in its broadest terms within the school? This question can be dealt with both in the context of the philosophy of education and in the identification of discrete areas of school life. Following identification of the area of concern, strategies can then be drawn up in an attempt to address the problems.

Curriculum philosophy
Prior to the formulation and publication of Curaclam Na Bunscoile (An Roinn Oideachais, 1971), emphasis was placed on the teaching content of each discrete curricular subject. This was described as a "subject based" curriculum. The 1971 curriculum introduced the idea of a "child based" curriculum. It did not, however, allude explicitly to any monitoring or promotion of the affective states of the pupil in the school setting.

The Primary School Curriculum, Department of Education and Science (DES) (1999), acknowledges the importance of the pupil's affective state in both the principles and specific aims. In the section on principles of learning it is stated: "Social and emotional dimensions are important factors in learning" (p. 8). In both the specific aims and general objectives sections, specific mention is made of the child's affective

states and social and personal development. Long and Fogell, (1999) endorse the idea of school intervention. They feel that schools have a central role to play in supporting all children through adverse and difficult events. They understand that the school cannot solve all of the child's problems but are strongly of the opinion that the school should try to make a difference where it can.

This view is strongly supported by Gross (1993) who feels that there should not be a need for schools to justify time spent by their children in discussing their emotional reactions to experiences, as skill in this area may help to prevent later behavioural difficulties.

Research by Goodwin, Fergusson and Horwood (2004) indicates that children with early anxious/withdrawn behaviour are an at-risk population for later internalising disorders. It would appear, then, that early identification and treatment of anxiety difficulties could have a life-long benefit for the individual.

Discrete areas of school life affected by anxiety
If the ideological view is accepted that school does have a part to play in the emotional welfare of its pupils, then an attempt should be made to identify discrete areas of a pupil's school life that are affected by anxiety problems. If a child's social/emotional development or academic progress are being restricted by anxiety problems, it is appropriate that the school would address these issues.

- One of the major reasons that schools should be concerned is that a child's affective state can hugely impinge on his or her cognitive learning ability. Moore and Oaksford (2002) refer to a series of research investigations demonstrating that mood or emotion modulates cognition. Long and Fogell (1999, p. 14) also refer to the connection between emotion and cognition: "Learning is an emotional experience which involves confidence and risk taking. Emotional well-being helps or hinders learning, it is never neutral". A paper by Green, Sedikes, Saltzberg, Wood and Fortzano (2003) found that positive mood often leads to superior self-regulation relative to negative mood.
- On the level of humane and holistic care of the pupils in our charge, we should all be cognisant of the fact that for children with social withdrawal, the potential for free association with other pupils in the school playground during break times, brings not happiness but misery. They are often unable to join in games or conversations with other pupils. Left wandering the playground on their own, they are at increased risk of becoming victims of bullying. Worrying about being bullied feeds into the child's existing anxiety and exacerbates the problem. Varma (1993) points out that the child who is subjected to teasing and bullying becomes increasingly anxious about school while finding it ever more difficult to concentrate on school work. The school, then, has a duty of care not simply to prevent physical injury to the child during play time but to try to ensure that he or she is part of a secure social grouping.
- Social anxiety has been defined as "a fear of becoming humiliated or embarrassed in social situations" (The Child Anxiety Network Homepage, 2005). Common fears of children with social anxiety are talking to authority figures such as teachers or principal, fear of speaking/reading in front of others or fear of eating in public. The rates of prevalence reported for social phobia

vary from 3% to 20%. The DSM-IV (APA, 1994) indicates a prevalence ranging from 3% to 13% and notes that it is usually manifested in mid childhood. One worrying aspect is that onset may abruptly follow a stressful or humiliating experience. Given the unequal balance in the power relationship between pupil and teacher, the potential exists for such stressful or humiliating experiences to occur. Teachers who have an insight into this type of anxiety could be more sensitive to the pupil's needs and could ensure that the child was affirmed in a way that would not draw unwanted public attention. A pupil might be allowed to read and present information to a small group rather than to an entire class.

- Separation anxiety, often manifesting as school phobia, can result in frequent or prolonged absences from school. This obviously impinges on the child's academic progress. Carr (1999, p. 450) points out that "school involvement is important where the child experiences anxiety in school or in going to school. School staff may assist with supporting and rewarding the child for exposure to feared school-based situations". It is interesting to note that Brandibas, Jeunier, Clanet and Fourasté (2004, p. 119) challenge the prevailing view that school phobia is a manifestation of separation anxiety when they contend that "school phobia constitutes a specific form of refusal in which the rejection of school is the objective".

- A child's irrational and uncharacteristic behaviour can sometimes be explained by a phobic reaction on the part of the child. A pupil, for example, may have a phobia about thunder or perhaps, dogs. These pupils may normally be compliant and well behaved children. When faced with the triggers of their respective phobias, however, they will become extremely agitated and seek to avoid the cause of their anxiety. If all school staff members are aware of these difficulties, strategies for calming these pupils can be carried out on a consistent basis when the need arises.

- Whereas most children deal with anxiety by withdrawal and avoidance, some children demonstrate attention-getting behaviour, as reported in Brandiabas *et al,* (2004). When discussing the term "anxious attachment", Barret and Trevilt (1991) note that some of the feelings that the child has about interacting with the attachment figures are transferred to their teachers. This would seem to suggest that if a class teacher had an insight into the motivation of a child with attachment behaviour, the cycle of attention-seeking / disapproval could be ameliorated.

- Anxiety itself, because it compromises the immunological system, may lead to ill health. McCormack (1993) notes that when faced with sustained anxiety, we suffer a general weakening of the immune system to fight off colds and infection, and we become more prone to accidents, back troubles, migraine and headaches.

- School itself must also be seen as a potential stressor. Slavin (2003, p. 346) theorises that "anxiety is a constant companion of education". Cornwall and Tod (1998) allude to the pathogenic influence of school itself.

- With the strong emphasis on the inclusion of pupils with special educational needs in mainstream classrooms, many teachers will possibly encounter children with Autistic Spectrum Disorder, in particular, Asperger Syndrome. These pupils experience much higher levels of anxiety than the "ordinary" child. Atwood (1998) offers an explanation that for these pupils, school is a

social minefield with natural changes in routine – something which may cause intense distress.

- The form of anxiety encountered by most pupils is probably test anxiety. For the vast majority of children this is a fleeting experience. For some, however, it can have long-term effects. Slavin (2003, p. 346) cites studies which indicate that "for certain students, anxiety seriously inhibits learning or performance, particularly on tests". A study by Hill and Wigfield (1984), cited in Ergene (2003), projected that two or three students in a typical classroom are "highly anxious" when faced with a test. Krohne and Laux (1982), cited in Ergene (2003), postulate that students who suffer from test anxiety choose careers which involve only infrequent evaluations and which may not challenge their cognitive abilities. It would seem, then, that teachers would need to be able to differentiate between the level of anxiety required by a pupil to be motivated to perform well in a test and the level at which a pupil with anxiety problems might "freeze". Within the classroom, a teacher might place more emphasis on mastery goals rather than on performance goals. This strategy will reduce the competitive element of testing and, perhaps, produce more self-regulated learners.

The above reasons demonstrate a very sound rationale for the school, in its entirety, to monitor and promote the mental health of its student population.

POTENTIAL INTERVENTION STRATEGIES

The Primary School Curriculum (DES, 1999) does not explicitly advert to the mental health of pupils. The Social, Personal and Health Education (SPHE) curriculum does, however, encompass areas closely allied to the affective domain. Being able to describe and discuss feelings and emotions is a spiral theme in the SPHE curriculum. The title of this article refers to supporting children with anxiety problems. A two-pronged campaign is proposed to achieve this objective. The first element would be to explicitly promote pupil mental health within the school. The overall aim of this strategy would be to make staff members more aware of the problems caused by anxiety and to seek to reduce the number and intensity of the stressors in school. Many of the problem areas could be targeted by whole class activities. The second element of the campaign would be to help formulate strategies for classroom teachers to deal with particular areas that cause anxieties for pupils in that class.

Promoting Mental Health Within the School
The topic of promoting mental health within the school might be introduced at a staff meeting at the beginning of the school year. The rationale for school intervention would be cited in an abbreviated form. Children who do have anxiety problems could be taught coping strategies within the ambit of the whole class. This would make them feel less self-conscious, as they would not be singled out. It might also help to develop life skills in coping with anxiety in other pupils within the class group.

Relevant literature on anxiety in children, available from The National Phobics Society (www.phobics-society.org.uk), would be circulated to all staff members. Interested members of staff might form a school-based team, comprising teachers of children who are presenting with anxiety problems, a member of the special education staff and the school principal. Links would be made with the SPHE curriculum and

support documents such as Stay Safe and Walk Tall. At the end of the school year the efficacy of this support programme would be evaluated,

Learning To Identify Feelings

Some work may have been done already by class teachers in this area, in the Strand Unit "Feelings and Emotions", in the SPHE curriculum. A more directed and sustained programme would be proposed using the SPHE curriculum and support documents, focusing on comfortable and uncomfortable feelings. The aims of this programme are: to increase self-identification of one's patterns of emotionality and to increase one's emotional vocabulary. It would also intended to enhance awareness of emotional states that accompany specific events or circumstances.

Work could first be done on naming various feeling. After discussion, the pupils could use a worksheet to try to describe comfortable and uncomfortable feelings. This work should be useful for increasing awareness of emotions in general and for evaluating the words used to describe feelings and emotions. The next step might be learning how to express feelings. This could initially be done by a sentence completion technique, which might help those who are academically less able. A lot of modelling and role-play may need to be done beforehand to make the children feel comfortable about expressing their emotions in public. Many will also need positive feedback as encouragement to expand and elaborate. Pupils might be encouraged to fill in a "Mood Pie" (**Figure 1**) for a week.
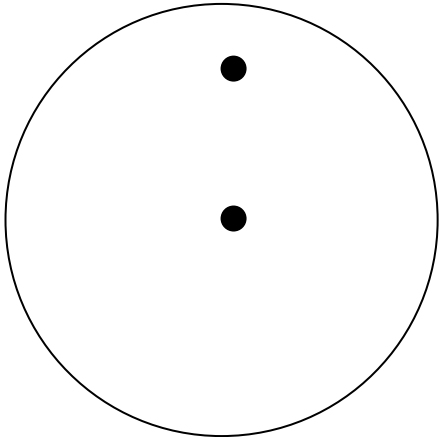
Figure 1

Mood Pie

At the same time each day for the period of a week, you might describe your feelings.
We can think of the whole day as a full pie. Our feelings can be thought of as slices of that pie.
When one feeling is bigger than another it may make up a larger slice of the pie.
From the list below, pick at least two feelings for each day. Write the name of the feeling (or just the letter that stands for this feeling – if you have many slices) in each slice that you have drawn.

H = Happy   S = Sad   N = Normal   W = Worried   A = Angry/Mad   T = Tense

Relaxation Techniques
Anxiety causes muscular tension. Children with emotional and behavioural difficulties experience a high level of frustration, which can also lead to tension in the muscular system. Learning how to deliberately relax the muscles can help children to (a) identify the fact that they are under anxiety/stress and (b) give them some method of alleviating the tension.

Relaxation does not have to be a purely physical activity but can also be done in the imaginal sense. The concept of visualising might also generate benefits in other curriculum areas. The ability to use visualisation skills helps not only in relaxation strategies, but can have spin-off benefits for many other area of school life. Bell (1991) maintains that visualising can help address difficulties in reading and oral language comprehension.

Progressive Muscle Relaxation
This is probably the most widely used technique for teaching students to become completely relaxed and in practising relaxation when exposed to anxiety-provoking stimuli. It can be presented to the class as a "fun" activity but also pointed out to them that it is a useful way to de-stress yourself when the need arises. It would normally be used by older pupils and adolescents but a modified version can be used by younger children. Merrell (2001) suggests that the script used for these exercises must not be too abstract or sophisticated. He provides an abbreviated script for this exercise **(Figure 2).**

Figure 2

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<u>Instructions for Abbreviated Relaxation Technique</u>
1. Find a quiet comfortable place.
2. Get into a relaxed and comfortable position.
3. Sit Quietly.
4. Close your eyes.
5. Focus on your breathing; draw in deep, full breaths, let them out slowly, and feel yourself relax as you breathe out. Let your worries go.
6. Tense and tighten your muscles, group by group. Then let them relax. Notice how calm they feel as you let them relax.
7. Let your whole body relax, and continue to breathe in and out in deep, slow breaths.
8. Think about being in a favourite place, and being relaxed and calm.
9. Do these steps for a few minutes, then sit quietly for a few minutes more.

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The pupils could be requested to try this at home. Those pupils with anxiety difficulties might find this useful and possibly incorporate it into their lifestyle. Merrell also makes the suggestion that an audio recording of the script be made under controlled conditions so that the right pacing and the most relaxation-producing tone of voice is achieved. Many examples of this type of relaxation script are now available commercially, for example, *Relax in 20 Minutes* (www.ppimk.com) or *I*

Can Relax! (www.childanxiety.net). Lewis (1988) lists some techniques for teaching younger children relaxation skills. He suggests that with younger children it might be more appropriate to initially increase muscular tension by use of active imagination. The children would be asked to imagine any vigorous activity that demands a great expenditure of energy. The child's attention is then directed to his/her legs, arms, shoulders and torso. The child is asked to imagine that his/her limbs are feeling warm, heavy and relaxed. When the child is fully relaxed, they are presented with drawings, such as a Floppy Bear, which is aimed at intensifying the feelings of relaxation. The pairing of images and emotion will help the child to switch quickly to a positive frame of mind in real-life situations.

Imaginal Relaxation
McNamara (1998) suggests that when the students have mastered the abbreviated muscular relaxation techniques, they can then be taught to associate the relaxed state with mental images of a relaxed, serene situation, for example a quiet beach, a glade in a wood, in a hot air balloon and so on. One of the ways to maintain concentration and focus during this exercise is to use an audio recording. There are now many commercially available recordings of woodland sounds, for example Summer Sounds (www.newworldmusic.com), water sounds, seashore sounds. In themselves, the sounds produce relaxation. Lewis (1988) discusses the creation of "Mind Movies" which develop powerful mental images. He gives an example of the "Island of Peace" in which pupils are encouraged to imagine themselves on a deserted tropical beach. While imagining the sounds of the waves on the shore, they are led through a series of exercises, aimed at slowing their breathing and relaxing their muscles. This particular exercise might work very well with a seashore audio recording. McNamara, (1998) suggests that these images of the relaxed state can be drawn upon by the student in preparation for examinations or other anxiety-provoking situations.

Meditation
This technique is closely allied to imaginal relaxation. One difference might be that in many of the meditations suggested there is no explicit mention of anxiety, stress or tension. One author who has specifically written meditations for children is Maureen Garth. In her book, "The Inner Garden", (Garth, 1994) she puts forward the idea that meditation is a very soothing, relaxing way of coping with the stress and anxiety of daily life. Garth's meditations take place in a lovely garden. The scripts are intended to be read in a slow, calm, measured way. Some meditations are aimed at inducing a relaxed state in general (Garth, 1992). Others are specifically targeted at healing the past, increasing creativity or reducing exam anxiety.

Ergene (2003) has pointed out that at present there is a dearth of available resources for assisting in test anxiety reduction. Any staff willing to trial various strategies in this area could consider themselves to be in the vanguard of an important movement – another selling point in the aim to make it a truly whole school approach.

SOCIAL SKILL TRAINING

Social anxiety can have a demoralising and, at times, isolating effect on the school child. Not being able to become part of a social group makes play time quite lonely and puts the child more at risk of being bullied. An issue that has to be addressed when considering social skills training is whether the pupil has deficits in social skills

or lacks confidence in using them. A model is proposed whereby the class containing a pupil identified as having social anxiety/withdrawal problems could be taught social skills as a class group. The identified pupil/s could then practise these skills in a small group setting. This group could be directed by a member of the Special Education Support Team (SEST). An alternative model might be that a member of the SEST would support in class, allowing the class teacher to conduct the small group, thus establishing a stronger personal relationship with the target child. Most of the interventions suggested below could be done both on a whole class basis and used for reinforcement in the small group setting.

Social Communication Skills
Much of this work can be carried out through teacher-directed discussion, modelling, role-play and use of work cards. A series of lessons on communication skills can be constructed. Pupils would assess themselves on discrete elements of conversational skill such as listening, starting a conversation, taking turns, asking questions, answering questions, being relevant, repairing a conversation and ending a conversation. These skills may need to modelled and used in role-play situations in the small group setting. When pupils are more confident about their conversational skills, work can be done on assertiveness.

Dealing With an Individual Child's Needs
There will be times when an individual child with a specific anxiety problem cannot be catered for in a group setting. Strategies will need to be worked out for the teacher or teachers who encounter this child in various school settings. One example of this would be a child experiencing separation anxiety. In the classroom, or in the play ground the child may often complain of feeling unwell and seek to contact, or be allowed go, home. The child might be listened to kindly and their complaint taken at face value but not acted on immediately. The pupil might be distracted through talking about something pleasurable to come in the day or by getting the pupil involved in some attention-consuming activity. Neville, Hamilton and Ollendick (1994) propose that the child's parents, in consultation with the school authority, establish a clear statement, in the form of a contract, of the rewards for attending school. The class teacher could then remind the child of the reward to be gained by staying in the school willingly.

For those children with phobias, all staff could be made aware by the School Based Team of strategies that might alleviate the child's distress. The children in question could be told that staff have been informed of their problem and can be approached for help. Staff could be made aware of the trigger for these children's fears and an explicit procedure can be drawn up for dealing with the situation.

Children who experience social anxiety/withdrawal or social skills deficit find it difficult, if not impossible, to spontaneously approach a group of their peers and join in play. This often leaves them lonely and isolated. Being a member of a group not only makes school playtime more enjoyable but also confers other benefits. Noshpitz and Coddington (1990) point out that the group can provide a basis for affection and acceptance of the individual. The pupils under discussion need the intervention of teachers to provide a framework for them, to enable them to get an entrée into a group of their peers. One strategy would be for the class teacher to "buddy up" the target pupil with a popular child in the class. This would have to be done in a sensitive way.

The teacher could suggest that teams for playtime games could be picked in the classroom prior to break time. He/she could unobtrusively ensure that the child was on the team.

Chazan, Laing and Davies (1994) offer some suggestions. The class teacher might also build on a tentative friendship established in the classroom by suggesting a cooperative activity outside. All teachers/staff on supervision duty should be aware that the target child may need encouragement to play and may need to be covertly facilitated in a group already playing.

A child who demonstrates extreme anxiety about testing/exams might need to be spoken to in a quiet, reassuring way out of sight and earshot of their peers. The child could be reminded of the relaxation techniques that they have learned and advised to use the method that they found to be most effective. The teacher could assure the pupil that their assessment of him/her will not be based solely on this exam but will also take into account work done over the term/year.

SUMMARY AND CONCLUSION

Human beings, because of their capacity to reflect on the past and anticipate the future, experience anxiety at some stage in their lives. A certain level of anxiety has a stimulating and motivating effect. Most people learn strategies to cope with the anxieties that they experience. This is also true for most of the children that we deal with. For some children, however, the level of anxiety that they experience has a deleterious effect on their academic and social growth. The school needs to recognise this and make some attempt at addressing the problem. Because members of staff are not trained therapists, the optimum strategy may be to (a) promote mental health on a whole school basis as an ongoing anxiety reduction strategy, and (b) devise strategies for dealing with the specific problems of individual children.

The establishment of a School Based Team might be an effective way of getting an anxiety management/reduction programme in place. The inclusion of staff in different class streams and school settings would be an ideal way to promulgate the concept of, and strategies for, the promotion of mental health and consequent anxiety reduction.

REFERENCES

American Psychiatric Association (APA) (1994) *Diagnostic and Statistical Manual of Mental Disorders (4*[th] *ed)*, Boston: American Psychiatric Association.

An Roinn Oideachais (1971) *Curaclam Na Bunscoile: Lámhleabhar An Oide Cuid 1*, Baile Átha Cliath: Oifig an tSoláthair.

Anthony, M. and Swinson, R. (2000) *The Shyness and Social Anxiety Workbook: Proven Techniques For Overcoming Your Fears*, Oakland: New Harbinger Publications.

Atwood, T. (1998) *Asperger's Syndrome: A Guide for Parents and Professionals*, London: Jessica Kingsley.

Anxiety Care Homepage. http://www.anxietycare.org.uk (23rd February 2005).

Barrett, M. and Trevilt, J. (1991) *Attachment Behaviour and the Schoolchild*: *An Introduction to Educational Therapy*, London: Routledge.

Bell, N. (1991) *Visualizing and Verbalizing: For Language Comprehension and Thinking*, Paso Robles, CA: Academy of Reading Publications.

Brandibas, G., Jeunier, B., Clanet, C. and Fourasté, R. (2004) Truancy, School Refusal and Anxiety, *School Psychology International*, Vol. 25 (1), pp. 117-125.

Carr, A. (1999) *The Handbook of Child and Adolescent Clinical Psychology: A Contextual Approach*, London: Routledge.

Carter, S., Briggs-Gowan, M. and Davis, N. (2004) Assessment of Young Children's Social-Emotional Development and Psychopathology: Recent Advances and Recommendations for Practice, *Journal of Child Psychology and Psychiatry*, Vol. 25 (1), pp. 109-134.

Chazan, M., Laing, A. and Davies, D. (1994) *Emotional and Behavioural Difficulties in Middle School: Identification, Assessment and Intervention in School,* London: Falmer Press.

Cornwall, J. and Tod, J. (1998) *Emotional and Behavioural Difficulties*, London: David Fulton.

Crowley, F. (2003) *The Neglected Quarter*, Dublin: Amnesty International (Irish Section).

Department of Education and Science (1999) *Primary School Curriculum: Introduction*, Dublin: The Stationery Office.

Ergene, T. (2003) Effective Interventions on Test Anxiety Reduction, *School Psychology International*, Vol. 24 (3), pp. 313-323.

Garth, M. (1994) *The Inner Garden: Meditations for Life from 9 To 90,* North Blackburn: Collins Dove.

Garth, M. (1992) *Moonbeam: A Book of Meditations for Children*, Sydney: Harper Collins.

Goleman, D. (1998) *Vital Lies, Simple Truths: The Psychology of Deception*, London: Bloomsbury.

Goodwin, R., Fergusson, D. and Horwood, J. (2004) Early Anxious/Withdrawn Behaviours Predict Later Internalising Disorders, *Journal of Child Psychology and Psychiatry*, Vol. 45 (4), pp. 847-883.

Green, J., Sedikes, C., Saltzberg, J., Wood, J. and Fortzano, L. (2003) Happy Mood Decreases Self-focused Attention, *British Journal of Social Psychology*, Vol. 42 (1), pp. 146-155.

Gross, J. (1993) *Special Educational Needs in the Primary School: A Practical Guide*, Bristol: Open University Press.

Lewis, D. (1998) *Helping Your Anxious Child,* London: Vermillion.

Long, R. and Fogell, J. (1999) *Supporting Pupils with Emotional Difficulties*, London: David Fulton.

McCormack, E. (1993) *Surviving Breakdown*, London: Vermillion.

McNamara, E. (1998) *Positive Behaviour Management: The Theory and Practice of Anxiety Management – A Form Teacher's Manual*, Ainsdale: Positive Behaviour Management.

Merrell, K. (2001) *Helping Students Overcome Depression and Anxiety: A Practical Guide*, New York: The Guilford Press.

Moore, S. and Oaksford, M. (2002) Some Long-term Effects of Emotion on Cognition, *British Journal of Psychology*, Vol. 93 (3), pp. 383-394.

Neville, K., Hamilton, D. and Ollendick, T. (1994) *Children's Phobias: A Behavioural Perspective*, Chichester: John Wiley & Sons.

Noshpitz, J. and Coddington, R. (1990) *Stressors and the Adjustment Disorders,* New York: John Wiley.

Porteous, M. (1991) A Study of Behavioural and Emotional Problems in Irish Primary School Children, *The Irish Journal of Psychology*, Vol. 12 (3), pp. 304-315.

Powell, T. and Enright, S. (1990) *Anger and Stress Management*, London: Routledge.

Slavin, R.E. (2003) *Educational Psychology: Theory and Practice* (7th ed), Boston: Allyn and Bacon.

The Anxiety Network International Home Page. http://www.anxietynetwork.com (2nd March 2005).

The Child Anxiety Network Homepage. http://www.childanxiety.net (6th March 2005).

The Mental Health Promotion Homepage (UK). http://www.mentalhealth.org.uk (15th March (2005).

Varma, V. (ed.) (1973) *Stresses in Children*, London: University of London Press.

Varma, V. (ed.) (1993) *How and Why Children Fail,* London: Jessica Kingsley.